



TRAFFIC IMPACT STUDY – SCOPING FORM

CONTACT INFORMATION:

Consultant: _____ Contact Name: _____

Consultant Address: _____

Phone Number: _____ E-Mail: _____

Owner/Developer Contact: _____

Owner/Developer Address: _____

PROJECT INFORMATION:

Project Name: _____

Project Location: _____

8-Digit Parcel Tax ID # _____ (note any additional parcel IDs under remarks)

Project Description: _____

Project Timeframe: _____

SCOPE INFORMATION:

Counts to be taken AM Peak Hour (7-9 am) PM Peak Hour (4-6 pm) SAT (11 am – 1 pm)

Other: _____

Trip Generation Summary:

_____ AM Peak Hour _____ PM Peak Hour _____ SAT Peak Hour

Background Growth 2.5% Other _____

Intersections in addition to site access(s) (ramps can be given on one line if all movements are to be analyzed):

- | | |
|------------------|------------------|
| 1. _____ / _____ | 5. _____ / _____ |
| 2. _____ / _____ | 6. _____ / _____ |
| 3. _____ / _____ | 7. _____ / _____ |
| 4. _____ / _____ | 8. _____ / _____ |

Attachments

- Conceptual site design sketch with proposed site access location(s)
- Trip generation computation based on latest ITE, including land use code and unit break down
- Map (ADC, Google, GIS or similar) identifying project site, vicinity road/street network with all names labeled, proposed site traffic distribution in percentage, and proposed study intersections circled

CONSULTANT REMARKS:

Submitted By: _____ **Date:** _____

COUNTY REMARKS:

County Record No. TIS - -

BACKGROUND DEVELOPMENT:

Scope Issued By: _____ **Date:** _____