

## **Traffic Impact Analysis Determination Form**

Complete this form as an aid to determine if your project requires a Traffic Impact Analysis (TIA)

| Site Location Information             |  |  |  |  |                |   |                      |  |
|---------------------------------------|--|--|--|--|----------------|---|----------------------|--|
| Project Name:                         |  |  |  |  |                |   |                      |  |
| Property Address:                     |  |  |  |  |                |   |                      |  |
| County Appraisal District Parcel ID # |  |  |  |  |                |   |                      |  |
| perty (if no                          | address):  |  |  |  |                |   |                      |  |
| Preparer Information                  |  |  |  | Date:  |                |   |                      |  |
|                                       |  |  |  |  |                |   |                      |  |
| Address:                              |  |  |  |  |                |   |                      |  |
| (Street)                              |  |  |  | (City  | (City)         |   | (Zip)                |  |
| Email:                                |  |  |  |  | ·              |   |                      |  |
| ont.                                  |  |  |  |  |                |   |                      |  |
| Number                                | r Peak Hour  |  |  | Peak Hour  | Peak Hou       | r Trip R  | ate Source           |  |
| of Units                              | (e.g., :   | 5-6 pm, wee  | kdays/   | Trip Rate  |                |   | E Code)              |  |
|                                       |  |  |  |  |                | ITE Code:   |                      |  |
| opment (ad                            | d additio  | nal sheets i   | f necessaı   | y)   |                |   |                      |  |
| Project Size                          |  | Peak Hour  |  | Peak Hour  | Peak Hour      | Trip Rate   |                      |  |
| Acres                                 | GFA  | Other*   | (e.g., 5-6 pm, weekdays/weekends)  |  | Trip Rate      | Trips   | Source<br>(ITE Code) |  |
|                                       |  |  |  |  |                |   |                      |  |
|                                       |  | I  | l  |  |                |   |                      |  |
|                                       |  |  | eparing th   | e study must n   | neet with city | staff to discus   | s the scope and      |  |
|                                       |  |  |  | the proposed   | development    | does not exce   | ed the               |  |
| ysis has bee                          | n waived   | for the follo  | wing reaso   | on(s):   |                |   |                      |  |
|                                       | (Street)  nt  Number of Units  P  Acres  rsis is require y before beginning to the service of th | (Street)  nt  Number of Units  perty (if no address):  (e.g., :  ppment (add additional project Size Acres GFA  rsis is required. The cap before beginning the region of the | (Street)  (Street)  Email:  nt  Number of Units  Peak Hour (e.g., 5-6 pm, weekends)  ppment (add additional sheets in the project Size)  Acres GFA Other*  Other*  Project Size  Acres GFA Other*  Other*  The consultant project Size of the study.  The consultant project Size of the study. | (Street)  Email:  nt  Number of Units (e.g., 5-6 pm, weekdays/weekends)  ppment (add additional sheets if necessar Project Size Pea (e.g. yeekdays/weekdays/weekdays/weekdays/weekdays/sis is required. The consultant preparing the yefore beginning the study. | ct Parcel ID # | perty (if no address):  Date:  (Street) (City)  Total  The mail:  Number of Units (e.g., 5-6 pm, weekdays/ weekends)  Peak Hour Trip Rate Trips  Project Size Peak Hour (e.g., 5-6 pm, weekdays/weekends)  Project Size Peak Hour (e.g., 5-6 pm, weekdays/weekends) | ct Parcel ID #       |  |