

# TRAFFIC IMPACT ANALYSIS THRESHOLD WORKSHEET

Updated: October, 2019

Permit # \_\_\_\_\_



## CONTACT INFORMATION

|                                    |  |                                |  |
|------------------------------------|--|--------------------------------|--|
| <b>Applicant's Name</b>            |  | <b>Property Owner</b>          |  |
| <b>Applicant's Mailing Address</b> |  | <b>Owner's Mailing Address</b> |  |
| <b>Applicant's Phone #</b>         |  | <b>Owner's Phone #</b>         |  |
| <b>Applicant's Email</b>           |  | <b>Owner's Email</b>           |  |

*Applicant = person or business responsible for construction. Owner = person or legal entity currently holding the title to the property.*

## PROPERTY INFORMATION

**Project / Development Name:** \_\_\_\_\_

**Subject Property Address:** \_\_\_\_\_

**Legal Description:** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

**Existing Land Use:** \_\_\_\_\_ **Existing Zoning District:** \_\_\_\_\_

## DESCRIPTION OF REQUEST

**Proposed Land Use:** \_\_\_\_\_ **Proposed Zoning District:** \_\_\_\_\_

**Accompanying Application Type:**  Zoning  PDD  Concept Plan  Preliminary Plat

**Final Plat**  **Other (specify):** \_\_\_\_\_ **Original or Subsequent Submittal?** \_\_\_\_\_

## AUTHORIZATION

*I certify the truthfulness of all the information in and attached to this request.*

**Filing Fee \$118      Technology Fee \$13      TOTAL FEE \$131**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**To be completed by Staff:**

\_\_\_\_\_ A traffic impact analysis **IS** required. The consultant preparing the study must meet with City staff to discuss the scope and requirements of the study before beginning the study. The traffic generated by the proposed development exceeds the threshold requirements (300 VPD for residential / 2,000 VPD for other streets)

\_\_\_\_\_ A traffic impact analysis is **NOT** required. The traffic generated by the proposed development does not exceed the threshold requirements (300 VPD for residential / 2,000 VPD for other streets)

\_\_\_\_\_ The traffic impact analysis has been waived for the following reason(s): \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**CHECKLIST FOR TRAFFIC IMPACT ANALYSIS THRESHOLD WORKSHEET**

| Items Required for Complete Submittal  |   | Staff Verification & Comments |  |
|--|---|-------------------------------|--|
| <input type="checkbox"/>   | Completed Application for Traffic Impact Analysis Threshold Worksheet | <input type="checkbox"/>      |  |
| <input type="checkbox"/>   | Completed Accompanying Application with all required documentation    | <input type="checkbox"/>      |  |
| <input type="checkbox"/>   | Completed Traffic Impact Table (below)                                | <input type="checkbox"/>      |  |
| <b>Additional information may be required at the request of the Department</b> |   |                               |  |

I hereby certify and attest that this application and all required documentation is complete and accurate. I hereby submit this application and attachments for review by the City of San Marcos.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

- Engineer     Architect/Planner     Surveyor     Owner     Agent

| <b>TRAFFIC IMPACT</b>  |          |                    |                    |                 |
|--|----------|--------------------|--------------------|-----------------|
| ITE CODE   | LAND USE | UNITS (of measure) | Trip Rate per Unit | Generated Trips |
|  |          |                    |                    |                 |
|  |          |                    |                    |                 |
|  |          |                    |                    |                 |
|  |          |                    |                    |                 |
|  |          |                    |                    |                 |
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|  |          |                    |                    |                 |
|  |          |                    |                    |                 |
|  |          |                    |                    |                 |
|  |          |                    |                    |                 |
| <b>TOTAL NUMBER OF TRIPS</b>   |          |                    |                    |                 |
| <b>Note: the use of the latest ITE Trip Generation Manual rates is required. ITE – Institute of Transportation Engineers, Trip Generation, 9<sup>th</sup> Edition, 525 School Street, S.W., Suite 410, Washington, DC 20024-2729; 202-554-8050</b> |          |                    |                    |                 |