



Traffic Impact Study Meeting Checklist

Date:

Time:

Location:

People Attending

Name, title, affiliation, address, phone number

Study Preparer:

Preparer's Name and Title

Organization & Telephone Number:

Reviewer(s)

Reviewer's Name & Title:

Organization & Telephone Number:

Reviewer's Name & Title:

Organization & Telephone Number:

Applicant

Applicant's Name, Address, & Telephone Number:

Proposed development

Name:

Location:

Location within area

Applicant's Guide to Traffic Impact Analysis

ITE Land Use Code(s)#

Description:

Proposed number of development units:

Zoning

Existing:

Comprehensive plan recommendation:

Requested:

Findings of the Preliminary Study:

Study Type Needed:

Complete Study

Traffic Operations

None

Study Area

Boundaries:

Additional intersections to be analyzed:

Horizon Year(s):

Analysis Time Period(s):

Future Off-Site Developments

Source of Trip Generation Rates

Reduction in Trip Generation Rates

None (check if applicable)

Pass-by trips:

Internal trips (mixed-used developments):

Transit use:

Other:

Horizon Year Roadway Network Improvements

Methodology & Assumptions

Non-site traffic estimates:

Site trip generation:

Trip distribution method:

Traffic assignment method:

Traffic growth rate:

Accident locations:

Sight distance:

Queueing:

Access location & configuration:

Traffic control:

Signal system location & progression needs:

On-site parking needs:

Data Sources:

Base maps:

Prior Study reports:

Access policy and jurisdiction:

Review Process:

Requirements:

Miscellaneous: