

TRAFFIC IMPACT REVIEW WORKSHEET

General Assembly enacted legislation that requires traffic impact studies to be prepared for many development projects. This form must be completed, signed, and returned to County staff in order to determine the need for a traffic impact analysis. If your project meets the thresholds for a traffic impact analysis, that analysis must be performed prior to a rezoning, Comprehensive Plan amendment, site plan, preliminary plat, or similar land development activity. Preparation of a previous study does not preclude the requirement that another study be prepared. The applicant will be contacted within three business days of the County's decision on whether or not to require the Traffic Impact Analysis.

A. General Information

1. Project Name: _____
2. Current Owner of Property: _____
3. Location of Property: _____
4. Tax Map and Parcel Number: _____
5. Area of Parcel: _____
6. Acreage to be rezoned by Zoning Classification and expected number of units or square footage of business or industrial space, if applicable:

_____ acres to Single Family Residential	_____ number of units
_____ acres to Duplex Residential	_____ number of units
_____ acres to Townhouse Residential	_____ number of units
_____ acres to Multi-Family Residential	_____ number of units
_____ acres to Business	_____ square feet
_____ acres to Industrial	_____ square feet

NOTE: Dwelling units and square footage will be used to determine the need for a Traffic Impact Analysis. Unless you are planning on proffering a limit in these categories, a "worst case" or most intensely developed scenario should be utilized at this preliminary step to decrease the possibility that a study will be required later in the process or that revisions to the study will be required.

OR

Site Plan to be submitted for: _____
(describe request)

OR

Special Use Permit to be Requested: _____
(describe request)

7. Site Plan attached: Yes _____ No _____

8. Proffers attached: Yes _____ No _____

Please Complete and Sign	
Signature of Person Completing Worksheet	
Printed Name	
Date	
Daytime Contact Number	
Email	

For County Use Only	
Date Received:	
TIA Determination:	_____ Study Needed _____ Study Not Needed
Staff Name:	
Signature:	