

Traffic Impact Analysis (TIA) Threshold Worksheet

Complete this form as an aid to determine if your project requires a Traffic Impact Analysis, as per Unified Development Code, Section 9.5(4).

Project Name: _____

Location: _____

Applicant: _____ Owner or Agent

Address: _____ Phone Number: _____

Application Type (check one):

Preliminary Plan Site Plan Other: _____

Worksheet Type (check one):

Original Updated

RESIDENTIAL DEVELOPMENT

Box A-PK

Anticipated Land Use	FHWA Vehicle Classification	Number of Units	Peak Hour? (e.g., 5-6 pm, Wkday)	Peak Hour Trip Rate	Peak Hour Trips	Trip Rate Source (i.e., ITE Code:)

Box A-AVG

Anticipated Land Use	FHWA Vehicle Classification	Number of Units	Average Daily Trip Rate	Average Daily Trips	Trip Rate Source (i.e., ITE Code:)

NON-RESIDENTIAL DEVELOPMENT

Box B-PK

Anticipated Land Use	FHWA Vehicle Classification	Project Size			Peak Hour? (e.g., 5-6 pm, Wkday)	Peak Hour Trip Rate	Peak Hour Trips	Trip Rate Source (i.e., ITE Code:)
		Acres	GFA	Other*				

*specify: Fueling Positions (Gas Station), Stall (Car Wash), etc.

