

# DEVELOPMENT REVIEW



## Transportation Worksheet

### A. General Information

Project Name:

Date:

Contact Name:

Phone:

Email:

Property Address:

Parcel No:

Access onto (name of road/s):

Description of Existing Land Use:

Description of Proposed Land Use:

**Note:** Contact other groups (like CDOT, cities, etc.), if the road belongs to them, for traffic analysis needs.

### B. Access and Road Information

	Existing	Proposed
Number of accesses onto the public street from this property		
Is the road paved? (Y or N)		
Paved apron to the edge of the right-of-way line (non-residential) Y or N)		
Paved apron 4 feet from edge of pavement or shoulder (residential) (Y or N)		
Access easement width/physical access width (feet)	/	/
Length of dead-end access (feet)		

### C. Non-Residential Development

	Existing	Proposed
Total building area (square feet)		
Number of employees on site each day		
Number of customers on site each day		
Number of vendors on site each day (UPS, trash, services, deliveries, etc.)		

**D. Non-Residential Development Traffic Details (select all that apply)**

Proposed months of traffic generation		Jan Jul	Feb Aug	Mar Sep	Apr Oct	May Nov	Jun Dec
Proposed days of traffic generation	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Anticipated peak traffic generation	Early Morning	Morning		Afternoon	Evening		Night
Proposed types of traffic	Pedestrians	Bicyclists		Cars/Trucks		Large Trucks/Buses	

**E. Additional Comments**

**F. Staff Comments (to be completed by County Staff)**

	Notes
Adjacent road existing traffic counts/year	_____
Paving threshold warranted (LCRARS Table 4-2)	_____
Auxiliary lane warranted (LCRARS 4.9.1.6)	_____
Spacing requirements satisfied (LCRARS Table 10-1)	_____
Sight distance requirements satisfied (SHAC Section 4)	_____
Structurally or capacity deficient roads or bridges	_____
Capacity deficient roads/intersections	_____
Impact another to jurisdiction (city, CDOT, etc.)	_____

Traffic Impact Study

Full

Intermediate

Waived

Reviewed by:

Date:

**Notes:**