CASE: _____

CITY OF SCHERTZ

TIA DETERMINATION FORM

Complete this form as an aid to determine if your project requires a Traffic Impact Analysis

Current Property Owner's Name: _____

Street Address, City, State, Zip: _____

Ph#: _____ Fax#: _____ E-Mail: _____

Preparer's Name / Company: _____

Street Address, City, State, Zip: _____

Ph#: _____ Fax#: _____ E-Mail: _____

RESIDENTIAL DEVELOPMENT

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

NON-RESIDENTIAL DEVELOPMENT

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

Please check one:

☐ 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.

☐ A traffic impact analysis is <u>not required</u>. The traffic generated by the proposed development does not exceed the threshold requirements.

☐ The traffic impact analysis has been waived for the following reason(s): _____

_____

_____.