PROJECT NAME – TIA scope

Attachment B

CITY OF HUTTO
TRAFFIC IMPACT ANALYSIS (TIA) DETERMINATION WORKSHEET
APPLICANT MUST FILL IN WORKSHEET PRIOR TO SUBMITTING FOR TIA DETERMINATION

PROJECT NAME: PROJECT NAME
LOCATION: PROJECT LOCATION
APPLICANT'S AGENT: FIRM NAME (ENGINEER NAME) TELEPHONE NO.: XXX-XXX-XXXX
APPLICATION STATUS: DEVELOPMENT ASSESSMENT:___ZONING__SITE PLAN: ____

EXISTING:

PARCEL NUMBER	BLDG SQ.FT.	LAND USE	**ITE CODE**	**DAILY TRIP RATE/EQ**	**DAILY TRIPS**

PROPOSED

TRACT NUMBER	BLDG SQ.FT.	LAND USE	**ITE CODE**	**DAILY TRIP RATE/EQ**	**DAILY TRIPS**	**AM / PM TRIP RATE/EQ**	**AM TRIPS**	**PM TRIPS**
1 (Phase)								
2 (Phase)								
				Total			**1,746**	

ABUTTING ROADWAYS

STREET NAME	PROPOSED ACCESS?	PAVEMENT WIDTH	CLASSIFICATION*

*Classification reflects Mobility Master Plan, 2024

NOTE: A TIA determination must be made prior to submittal of any zoning or site plan application. Therefore, this completed and reviewed form MUST ACCOMPANY any subsequent application for the IDENTICAL project. CHANGES to the proposed project will REQUIRE a new TIA determination to be made.