



PRE-SCOPE OF WORK MEETING FORM

Information on the Project Traffic Impact Analysis Base Assumptions

The applicant is responsible for entering the relevant information and submitting the form to VDOT and the locality no less than three (3) business days prior to the meeting. If a form is not received by this deadline, the scope of work meeting may be postponed.

Contact Information	
Consultant Name: Tele: E-mail:	
Developer/Owner Name: Tele: E-mail:	

Project Information				
Project Name:				
Project Location: (Attach regional and site specific location map)				
Project Description: Including type of application (rezoning, subdivision, site plan), acreage, business square ft, number of dwelling units, access location, etc. Attach additional sheet if necessary)				
Locality/County:				
Proposed Use: (Check all that apply; attach additional pages as necessary)	Residential	Commercial	Mixed Use	Other
	Residential # of Units: _____ Commercial Use Sq Ft: _____ ITE LU Code(s): _____ _____ _____ _____	Mixed Use: # Res. Units: _____ ITE LU Code(s): _____ Commercial Use Sq Ft: _____ ITE LU Code(s): _____ Other: _____ ITE LU Code(s): _____ Sq Ft: _____		

It is important for the applicant to provide sufficient information to county and VDOT staff so that questions regarding geographic scope, alternate methodology, or other issues can be answered at the scoping meeting.

Traffic Impact Analysis Assumptions					
Study Period	Existing Year:	Build-out Year:		Design Year:	
Study Area Boundaries (Attach map)	North:		South:		
	East:		West:		
External Factors That Could Affect Project (Planned road improvements, other nearby developments)					
Consistency With Comprehensive Plan					
Available Traffic Data (Historical, forecasts)					
Trip Distribution (Attach sketch)	Road Name:	N ____%	S ____%	E ____%	W ____%
	Road Name:	N ____%	S ____%	E ____%	W ____%
	Road Name:	N ____%	S ____%	E ____%	W ____%
	Road Name:	N ____%	S ____%	E ____%	W ____%
Annual Vehicle Trip Growth Rate:		Peak Period for Study (check all that apply)		AM	PM SAT
Study Intersections and/or Road Segments (Attach additional sheets as necessary)	1.		6.		
	2.		7.		
	3.		8.		
	4.		9.		
	5.		10.		
Trip Adjustment Factors	Internal allowance: Yes No Reduction: _____ % trips		Pass-by allowance: Yes No Reduction: _____ % trips		
Software Methodology	Synchro	HCS (v.2000/+)	aaSIDRA	CORSIM	Other _____
Traffic Signal Proposed or Affected (Analysis software to be used, progression speed, cycle length)					

It is important for the applicant to provide sufficient information to county and VDOT staff so that questions regarding geographic scope, alternate methodology, or other issues can be answered at the scoping meeting.

Improvement(s) Assumed or to be Considered	
Background Traffic Studies Considered	
Plan Submission	Master Development Plan (MDP) Generalized Development Plan (GDP) Preliminary/Sketch Plan Other Plan type (Final Site, Subd. Plan)
Additional Issues to be addressed	Queuing analysis Actuation/Coordination Weaving analysis Merge analysis Bike/Ped Accommodations Intersection(s) TDM Measures Other _____

NOTES on ASSUMPTIONS: _____

SIGNED: _____ DATE: _____
 Applicant or Consultant

PRINT NAME: _____
 Applicant or Consultant

It is important for the applicant to provide sufficient information to county and VDOT staff so that questions regarding geographic scope, alternate methodology, or other issues can be answered at the scoping meeting.