

# 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:			Locality/County:	
Project Location: (Attach regional and site specific location map)				
Submission Type	Comp Plan <input type="checkbox"/>	Rezoning <input type="checkbox"/>	Site Plan <input type="checkbox"/>	Subd Plat <input type="checkbox"/>
Project Description: (Including details on the land use, acreage, phasing, access location, etc. Attach additional sheet if necessary)				
Proposed Use(s): (Check all that apply; attach additional pages as necessary)	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Mixed Use <input type="checkbox"/>	Other <input type="checkbox"/>
	<b>Residential Uses(s)</b> Number of Units: _____ ITE LU Code(s): _____ _____ _____ <b>Commercial Use(s)</b> ITE LU Code(s): _____ _____ _____ Square Ft or Other Variable: _____		_____ _____ _____ <b>Other Use(s)</b> ITE LU Code(s): _____ _____ _____ Independent Variable(s): _____ _____ _____	
Total Peak Hour Trip Projection:	Less than 100 <input type="checkbox"/>	100 – 499 <input type="checkbox"/>	500 – 999 <input type="checkbox"/>	1,000 or more <input type="checkbox"/>

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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 (Land use, transportation plan)			
Available Traffic Data (Historical, forecasts)			
Trip Distribution (Attach sketch)	Road Name:	Road Name:	
	Road Name:	Road Name:	
Annual Vehicle Trip Growth Rate:		Peak Period for Study (check all that apply)	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> SAT
		Peak Hour of the Generator	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduction: _____% trips		Pass-by allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduction: _____% trips
	<input type="checkbox"/> Synchro <input type="checkbox"/> HCS (v.2000/+) <input type="checkbox"/> aaSIDRA <input type="checkbox"/> CORSIM <input type="checkbox"/> Other _____		
Software Methodology			
Traffic Signal Proposed or Affected (Analysis software to be used, progression speed, cycle length)			

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

NOTES on ASSUMPTIONS: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant or Consultant

PRINT NAME: \_\_\_\_\_  
Applicant or Consultant

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