



CITY OF Salem
AT YOUR SERVICE

Traffic Engineering Section
Public Works Department
555 Liberty Street SE, Room 325 Telephone: 503-588-6211
Salem, Oregon 97301-3513 TTY: 503-588-6292

Trip Generation Estimate

Street _____

Bin # _____ TGE # _____

Date Received _____

Section 1 (To be completed by applicant.)

Applicant Name: _____ Telephone: _____

Applicant Mailing Address: _____

Location of New Development: _____

(Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)

Description and Size of New Development: _____

(e.g., 150 single-family homes, 20,000 sq. ft. office addition, 12-pump gas station, 50-student day care, additional parking, etc.)

Description and Size of Existing/Past Development, if any (note whether to remain or be removed): _____

Planning Action Involved, if any: _____ Building Permit Involved: _____

(e.g., zone change, subdivision, partition, conditional use, PUD, mobile home park, etc.)

Yes ☐ No ☐

Section 2 (To be completed by City staff.)

Proposed Use

Development Quantity: _____

ITE Land Use Code: _____

Trip Generation Rate/Equation: _____

Average Daily Trips: _____

ELNDT Adjustment Factors

Trip Length: _____ Linked Trip: _____

TSDC Trips: _____

Existing Use

Development Quantity: _____

ITE Land Use Code: _____

Trip Generation Rate or Equation: _____

Average Daily Trips: _____

ELNDT Adjustment Factors

Trip Length: _____ Linked Trip: _____

TSDC Trips: _____

Section 3 (To be completed by City staff.)

Transportation Impact Analysis (TIA)

Net Increase in Average Daily Trips: _____

(Proposed use minus existing use.)

☐ A TIA **will** be required:

☐ Arterial/Collector—1000 Trip/day Threshold

☐ Local Street/Alley—200 Trip/day Threshold

☐ Other: _____

☐ A TIA **will not** be required.

Transportation Systems Development Charge

Net Increase in TSDC Trips: _____

(Proposed use minus existing use.)

☐ A TSDC **will** be required.

(Fee determined by Development Services.)

☐ A TSDC **will not** be required.

(For additional information, refer to the back of this application.)

Section 4 (To be completed by City staff.)

Remarks: _____

Date: _____

cc: ☐ Chief Development Services Engineer

☐ Community Development

☐ Building Permit Application

☐ _____

By: _____