



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: Neighborhoodly Development Telephone: _____
Applicant Mailing Address: 2925 River Rd, Suite 100, Salem, OR 97302
Location of New Development: 1700 Baxter Rd SE (083W14BD/TL 100+200)
(Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)
Description and Size of New Development: Partition 9.61 acres into 3 Parcels
(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): _____
existing SFD to be removed
Planning Action Involved, if any: PAR Building Permit Involved: Yes ☐ No ☒
(e.g., zone change, subdivision, partition, conditional use, PUD, mobile home park, etc.)

Section 2 (To be completed by City staff.)

| Proposed Use | Existing Use |
|---------------------------------------|-----------------------------------------|
| Development Quantity: _____ | Development Quantity: _____ |
| ITE Land Use Code: _____ | ITE Land Use Code: _____ |
| Trip Generation Rate/Equation: _____ | Trip Generation Rate or Equation: _____ |
| Average Daily Trips: _____ | Average Daily Trips: _____ |
| ELNDT Adjustment Factors | ELNDT Adjustment Factors |
| Trip Length: _____ Linked Trip: _____ | Trip Length: _____ Linked Trip: _____ |
| TSDC Trips: _____ | TSDC Trips: _____ |

Section 3 (To be completed by City staff.)

| Transportation Impact Analysis (TIA) | Transportation Systems Development Charge |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Net Increase in Average Daily Trips: _____ (Proposed use minus existing use.) | Net Increase in TSDC Trips: _____ (Proposed use minus existing use.) |
| <input type="checkbox"/> A TIA will be required: <input type="checkbox"/> Arterial/Collector—1000 Trip/day Threshold <input type="checkbox"/> Local Street/Alley—200 Trip/day Threshold <input type="checkbox"/> Other: _____ | <input type="checkbox"/> A TSDC will be required. (Fee determined by Development Services.) |
| <input type="checkbox"/> A TIA will not be required. | <input type="checkbox"/> 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: _____