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CITY OF Salem	Trip Generation Estimate
AT YOUR SERVICE	
Traffic Engineering Section	Street
Public Works Department 555 Liberty Street SE, Room 325 Telephone: 503-588-6211	Bin # TGE # 2019010
Salem, Oregon 97301-3513 TTY: 503-588-6292	Date Received 11-8-2019
	Date Received
Section 1 (To be completed by applicant.)	
Applicant Name: Brandie Da	Lton Telephone: 503-363-922
Applicant Name	F-Salem-08-97302
Location of New Development: Kale Rd	(062W32C/TL 700 +800)
(Please provide street address. If unknown, provide approximate address a	and geographical description/nea/est cross streets.)
Description and Size of New Development: 324-Dr (e.g., 150 single-family homes, 20,000 sq. ft, office addition, 12-pump gas s	nt apartment complex
(e.g., 150 single-family homes, 20,000 sq. ft, office addition, 12-pump gas s Description and Size of Existing/Past Development, if any (n	
Vacan t	
Planning Action Involved, if any: SPR/DR	Building Permit Involved:
Planning Action Involved, if any: SPK/DR (e.g., zone change, subdivision, partition, conditional ose, PUD, mobile hom	ne park, etc.) Yes 🗆 No 🗙
Section 2 (To be completed by City staff.)	
Proposed Use	Existing Use
Development Quantity: 324 UNITS	Development Quantity:VacAnt
ITE Land Use Code: 221- MULTIFAM MIDRISE	ITE Land Use Code:
Trip Generation Rate/Equation: 5.44 TRIPS/UNT	Trip Generation Rate of 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:	Net Increase in TSDC Trips:
(Proposed use minus existing use.)	(Proposed use minus existing use.) X A TSDC will be required.
A TIA will be required: Arterial/Collector—1000 Trip/day Threshold	(Fee determined by Development Services.)
□ Local Street/Alley-200 Trip/day Threshold	AT B.P
A TIA will not be required.	□ A TSDC will not be required.
, (For additional information, re	efer to the back of this application.)
Section 4 (To be	e completed by City staff.)
Remarks:	Date:
TIA - HAS BEEN REQUESTED	
cc:	
□ Community Development	
□ Building Permit Application	1 minut
	By: OIII
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