

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: Brandie Dalton Telephone: 503-363-9027
 Applicant Mailing Address: 1155 13th St. SE, Salem, OR 97302
 Location of New Development: 4072 Market St. (072W1980/TL 3501)
 (Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)
 Description and Size of New Development: 28-unit apartment complex
 (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): Vacant

Planning Action Involved, if any: SPR/OR/AOTJ 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	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: _____