

**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

**20-107231**

**Trip Generation Estimate**

Street \_\_\_\_\_

Bin # \_\_\_\_\_ TGE # **2020040**

Date Received **6-8-2020**

**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: <b>28 UNITS</b>	Development Quantity: <b>Vacant</b>
ITE Land Use Code: <b>221-MF MIDRISE</b>	ITE Land Use Code: _____
Trip Generation Rate/Equation: <b>3.44 TRIPS/UNIT</b>	Trip Generation Rate or Equation: _____
Average Daily Trips: <b>152</b>	Average Daily Trips: _____
<b>ELNDT Adjustment Factors</b>	<b>ELNDT Adjustment Factors</b>
Trip Length: <b>0.97</b> Linked Trip: <b>1.00</b>	Trip Length: _____ Linked Trip: _____
TSDC Trips: <b>147</b>	TSDC Trips: <b>0</b>

**Section 3** (To be completed by City staff.)

Transportation Impact Analysis (TIA)	Transportation Systems Development Charge
Net Increase in Average Daily Trips: <b>152</b> (Proposed use minus existing use.)	Net Increase in TSDC Trips: <b>147</b> (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 checked="" type="checkbox"/> A TSDC will be required. (Fee determined by Development Services.)
<input checked="" 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: **6-15-2020**

- cc: ☐ Chief Development Services Engineer  
☐ Community Development  
☐ Building Permit Application  
☐ \_\_\_\_\_

By: **Tony**