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 _3980 AIRWAY DRIVE_

Bin # _____   TGE # _____

Date Received _____

Section 1 (To be completed by applicant.)

Applicant Name: _WORD of LIFE Fellowship CHURCH_   Telephone: _503-559-0536_

Applicant Mailing Address: _945 MEADOWLAWN DR. SE SALEM OR 97317_

Location of New Development: _SALEM AIRPORT_
(Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)

Description and Size of New Development: _60' X 60' AIRCRAFT HANGAR_
(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): _none_

Planning Action Involved, if any: _none_   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: _____	Net Increase in TSDC Trips: _____
(Proposed use minus existing use.)	(Proposed use minus existing use.)
☐ A TIA **will** be required:	☐ A TSDC **will** be required.
☐ Arterial/Collector—1000 Trip/day Threshold	(Fee determined by Development Services.)
☐ Local Street/Alley—200 Trip/day Threshold	
☐ Other: _____	
☐ A TIA **will not** be required.	☐ 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: _____