

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

21-1063A2

Trip Generation Estimate

Street 3980 AIRWAY DRIVE

Bin # _____ TGE # 202106A

Date Received 10-6-2021

Section 1 (To be completed by applicant.)

Applicant Name: WORD OF LIFE FELLOWSHIP CHURCH Telephone: 503-554-0536

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 80' AIRCRAFT HANGAR 4000 sq
(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: 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: <u>4000 sq</u>	Development Quantity: <u>N/A</u>
ITE Land Use Code: <u>COB AIRPORT HANGAR</u>	ITE Land Use Code: _____
Trip Generation Rate/Equation: <u>0.50 TRIPS/KSF</u>	Trip Generation Rate or Equation: _____
Average Daily Trips: <u>2</u>	Average Daily Trips: _____
ELNDT Adjustment Factors	ELNDT Adjustment Factors
Trip Length: <u>1.0</u> Linked Trip: <u>1.0</u>	Trip Length: _____ Linked Trip: _____
TSDC Trips: <u>2</u>	TSDC Trips: <u>0</u>

Section 3 (To be completed by City staff.)

Transportation Impact Analysis (TIA)	Transportation Systems Development Charge
Net Increase in Average Daily Trips: <u>2</u> (Proposed use minus existing use.)	Net Increase in TSDC Trips: <u>2</u> (Proposed use minus existing use.)
☐ A TIA will be required: ☐ Arterial/Collector—1000 Trip/day Threshold ☐ Local Street/Alley—200 Trip/day Threshold ☐ Other: _____	☒ A TSDC will be required. (Fee determined by Development Services.)
☒ 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: 10-26-2021

cc: ☐ Chief Development Services Engineer
☐ Community Development
☐ Building Permit Application
☐ _____

By: Tony

