



**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: Deacon Development, LLC Telephone: 503-297-8791

Applicant Mailing Address: 019 NE Glisan St suite 100, Portland OR 97232

Location of New Development: 420 Center Street

(Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)

Description and Size of New Development: New 157 unit apartment building.

(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): \_\_\_\_\_

107,085 sf retail building to be removed.

Planning Action Involved, if any: SPR 3, Driveway, DR 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 <b>will</b> be required:	<input type="checkbox"/> A TSDC <b>will</b> 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: _____	(Fee determined by Development Services.)
<input type="checkbox"/> A TIA <b>will not</b> be required.	<input type="checkbox"/> A TSDC <b>will not</b> 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: \_\_\_\_\_