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: __BRos Monroe-Oregon LLC__   Telephone: _____

Applicant Mailing Address: __717 S LANDER ST SeATTLE WA 98154__

Location of New Development: __VACANT LOT NEXT TO 3120 22ND SE__
(Please provide street address. If unknown, provide approximate address and geographical description/nearest cross streets.)

Description and Size of New Development: __11 200 SF WAREHOUSE__
(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): __VACCANT LOT__
__NexT TO WAREHOUSE EXISTG WAREHOUSE__

Planning Action Involved, if any: __SPR 2__   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)

Net Increase in Average Daily Trips: _____
(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 TIA **will not** be required.

Transportation Systems Development Charge

Net Increase in TSDC Trips: _____
(Proposed use minus existing use.)

☐ A TSDC **will** be required.
(Fee determined by Development Services.)

☐ 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: _____