



APPLICATION
TRAFFIC IMPACT ANALYSIS REVIEW

SECTION I

Owner / Developer: _____ Date _____

Address: _____ Phone _____

_____ Email: _____

Engineer: _____

Address: _____ Phone: _____

_____ Email: _____

County Trunk Highway _____ Name of subdivision street _____

Location: _____ Quarter • Section _____ • T _____ N • R _____ E

City Town Village of _____

Name of Development _____ Number of lots _____

Width of Frontage _____ Roadway width _____ ft. Curb & Gutter Open Ditch

Processing Time approx 30-60 days

SECTION II To be completed by DPW-Engineering Services

CTH Segment: _____ Controlled Access _____ Existing A.D.T. _____

Does another public road border the property? _____ Road Name: _____

Speed Limit _____ MPH _____ Statutory Sight distance required: _____

Verified Sight Distance _____ ft Measured: from _____ (B): _____

from _____ (B): _____

Intersection type required? _____ By-pass lane required? _____

Copy to Superintendent

Nash NB

NP Sus

Date Review Fee Paid: _____ Amount \$1,350 Check No. _____