



Transportation Worksheet



For information or assistance contact:

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 200 West Oak Street, Suite 3000
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www.larimer.org/engineering/development

A. General Information

Project Name: _____ Date: _____

Contact Name: _____ Phone Number: _____ Email: _____

Property Address: _____ Parcel Number: _____

Accesses onto (name of road(s)): _____

Description of Existing Land Use: _____

Description of Proposed Land Use: _____

Note: If this project is adjacent to a road that is under the jurisdiction of another entity (CDOT, City of Fort Collins, City of Loveland, etc.) you should contact that entity to determine the level of traffic analysis that may be required.

B. Access and Adjacent Road Information

	Existing	Proposed
Number of Accesses onto the public street from this property	_____	_____
Is the adjacent road paved? (Y or N)	_____	_____
Paved apron to the edge of the right-of-way line (non-residential)? (Y or N)	_____	_____
Paved apron 4 feet from edge of pavement or shoulder (residential)? (Y or N)	_____	_____
Access Easement width/Physical Access width (feet)	/	/
Length of Dead End access (feet)	_____	_____

C. Non-Residential Development

	Existing	Proposed
Total Building Area (square feet), or other traffic generating unit	_____	_____
Number of Employees on site each day	_____	_____
Number of Customers on site each day	_____	_____
Number of Vendors on site each day (UPS, trash, services, deliveries, etc.)	_____	_____

D. Non-Residential Development Traffic Details (circle all that apply)

Proposed months of traffic generation	J	F	M	A	M	J	J	A	S	O	N	D
Proposed days of traffic generation	S	M	T	W	T	F	S					
Anticipated peak traffic generation	Early Morning		Morning		Afternoon		Evening		Night			
Proposed types of traffic	Pedestrians		Bicyclists		Cars/Trucks		Large Trucks/Buses					

E. Residential Development

	Existing	Proposed
Single Family detached/dwelling units	_____	_____
Multi-Family dwelling units	_____	_____

F. Additional Comments

G. Staff Comments (to be completed by County Staff)

	Existing	Proposed	Notes
Adjacent Road Existing Traffic Counts/Year	_____	_____	_____
Estimated Property ADT	_____	_____	_____
Estimated Peak Hour Trips	_____	_____	_____
Source of Trip Generation Data (ITE, TIS, Past Project, etc)	_____	_____	_____
Estimated traffic distribution/Direction	_____	_____	_____
Paving Threshold warranted (LCRARS Table 4-2)	_____	_____	_____
Auxiliary Lane Warranted (LCRARS 4.9.1.6)	_____	_____	_____
Spacing requirements satisfied (LCRARS Table 10-1)	_____	_____	_____
Sight distance requirements satisfied (SHAC Section 4)	_____	_____	_____
Structurally or capacity deficient roads or bridges?	_____	_____	_____
Capacity deficient roads/intersections?	_____	_____	_____
Road name/traffic control signage required? (LCRARS 4.10)	_____	_____	_____
Design Vehicle requirements satisfied? (LCRARS 4.9.1.7)	_____	_____	_____
Impact another jurisdiction (city, CDOT, etc)	_____	_____	_____

Full TIS: _____ Intermediate TIS: _____ TIS Waived: _____
 Reviewed By: _____ Date: _____

Notes:
