



TOWN OF CHRISTIANSBURG

100 East Main Street
 Christiansburg, VA 24073
 Phone (540) 382-6120 Fax (540) 381-7238

VDOT Traffic Impact Analysis Supplemental Application

This application, appropriate fee, and accompanying documentation must be submitted in conjunction with the corresponding rezoning, conditional use permit, site plan, or subdivision application before any application can be reviewed by staff. If you have any questions, please contact the Planning or Engineering Departments.

Name of Development: _____
 Landowner(s): _____ Phone: _____
 Landowner's Address: _____
 Address/Location: _____
 Tax Map Parcel(s): _____ Size of Site: _____
 Proposed Use: _____
 Current Zoning District: _____
 Current Future Land Use Map Classification: _____

This application is submitted in conjunction with:

- Rezoning Application. Proposed Zoning District: _____
- Conditional Use Permit Application
- Site Plan Application
- Subdivision Application
- Comprehensive Plan Amendment. Proposed Future Land Use: _____

This is the first second third or subsequent submission of the TIA for review by VDOT.

A traffic impact analysis is is not required for the proposed project:

1. **Yes or** **No**, the site is located _____ feet along the vehicle path of traffic which is less than 3,000 feet from VDOT maintained roadways, or is within 3,000 feet of a non-limited access state controlled highway, or is within 3,000 feet of a connection to a state limited access highway.
2. **If the answer to question #1 is Yes, complete the following:**
 - a. **Yes or** **No**, the proposed residential project generates _____ *vph* which is greater than the VDOT requirement of 100 vehicles per hour, **or**
 - b. **Yes or** **No**, the proposed subdivision on low volume roads generates _____ *vpd* and at least doubles existing volume, which is greater than the VDOT requirement of 200 vehicles per day and at least doubles existing volume, **or**
 - c. **Yes or** **No**, the proposed non-residential project generates _____ *vph* which is greater than the VDOT requirement of 250 vehicles per hour or _____ *vpd* which is greater than the VDOT requirement of 2,500 vehicles per day.
3. **Yes or** **No**, the proposed comprehensive plan amendment results in substantial impact of 5,000 additional vehicle trips per day or results in substantial changes to the existing transportation network and infrastructure of state controlled highways.
4. **Yes or** **No**, a new TIA study is not required because a previously submitted TIA is still applicable for the project site. *(Note: the appropriate documentation must be attached)*

5. **Yes** or **No**, a VDOT Scope of work meeting has been held.

If a TIA is required, please provide the following information:

Name of Property Owner(s): _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

Applicant to whom review comments will be sent: _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

Project Engineer who prepared Traffic Impact Analysis (if different from applicant):

Address: _____

Phone: _____ Fax: _____

Email address: _____

Please check all applicable boxes of information submitted with this application:

1. Review Fee Check made payable to VDOT for:

First Review by VDOT or *Third or Subsequent Submission by VDOT:*

a. \$500 for rezoning/subdivision plats/site plans of 100 VPH or less

b. \$1,000 for rezoning/subdivision plats/site plans of more than 100 VPH

c. \$1,000 for comprehensive plan amendments

No fee required because this is the second submission for review by VDOT

2. For the Town of Christiansburg, please provide a digital submission and a paper copy of the following:

a. **One signed copy** of the Town's VDOT Supplemental TIA application.

b. **One complete copy** of the TIA submitted to VDOT including a completed checklist of information and signed scope of work meeting agreement.

c. **One copy** of the VDOT review fee check.

d. **One copy** of letter and supporting information documenting why a new or updated TIA is not required for this project.

3. **For VDOT, three paper copies** of the complete Traffic Impact Analysis. Forms and additional information can be found at <http://www.virginia-dot.org/projects/chapter527/default.asp>.

By signing below, I acknowledge that all information on this application and included in the supporting documentation is correct and accurate, and has been prepared by an appropriate licensed professional.

SIGNATURE OF APPLICANT: _____ **Date:** _____

For Staff Use Only:

Date Received: _____ First Submission Second Submission Third or Subsequent Submission

Reviewed and accepted as complete by _____ Date _____

TIA forwarded to VDOT by _____ Date _____

Rejected by _____ Date _____

Reason for rejection: _____
