

# PRE-SCOPE OF WORK MEETING FORM

## Comprehensive Transportation Analysis Base Assumptions



The applicant is responsible for entering the relevant information and submitting the form below to FCDOT and VDOT alongside the request to schedule a scoping meeting.

<b>Contact Information</b>			
Consultant Name: Telephone: E-mail:			
Developer/Owner Name: Telephone: E-mail:			
<b>Project Information (Background)</b>			
Project Name:			
Submission Type:	Corridor Study <input type="checkbox"/>	Zoning Action <input type="checkbox"/>	Plan Amendment <input type="checkbox"/>
Area Type:	<input type="checkbox"/> Area Type 1: Urban Centers and Transit Station Areas <input type="checkbox"/> Area Type 2: Suburban Centers and Community Business Centers <input type="checkbox"/> Area Type 3: Suburban Neighborhoods <input type="checkbox"/> Area Type 4: Low Density Residential <input type="checkbox"/> Area Type 5: Industrial Areas		
Modal Emphasis:	Vehicle <input type="checkbox"/>	Pedestrian <input type="checkbox"/>	Bicycle <input type="checkbox"/> Transit <input type="checkbox"/>
Project Description: <small>(including details on the project location, land use, acreage, phasing, access location, attach GDP/Plan with Scope if available)</small>			
Project Area Context: <small>(including unique land uses, special considerations, opportunities for improving access)</small>			

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<b>Proposed Use(s):</b> (check all that apply; attach additional pages as necessary)	<b>Residential Uses(s)</b> Number of Units: _____  ITE LU Code(s): _____ _____ _____  <b>Commercial Use(s)</b> ITE LU Code(s): _____ _____ _____ _____  Square Ft or Other Variable(s): _____	<b>Other Use(s)</b> ITE LU Code(s): _____ _____ _____  Independent Variable(s): _____ _____ _____
Trip Generation (Attach table with calculations) <input type="checkbox"/>		
CTA Type:	Tier 2: (1000-2999 ADT) <input type="checkbox"/>	Tier 3: (3000-4999 ADT) <input type="checkbox"/>
<b>Non-Auto Analysis Assumptions</b>		
Pedestrian Trip Generators Quarter Mile Radius (Attach more if necessary)  <i>e.g. Grocery store, Park, School</i>		
Pedestrian Level of Comfort/ Gap Analysis – Quarter Mile Radius Location (attach map) <input type="checkbox"/>		
Bicycle Level of Traffic Stress/ Gap Analysis – Half Mile Radius Location (attach map) <input type="checkbox"/>		
Transit Access/ Bus Stop Inventory – Half Mile Radius Location (attach map if different than Bike Gap Map) <input type="checkbox"/>		
Pedestrian Delay Analysis Signalized Intersections (Attach more if necessary)		

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<b>Auto Analysis Assumptions</b>			
Study Period	Existing Year:	Build-out Year(s):	Horizon Year:
Study Area Boundaries (attach map) <input type="checkbox"/>		Trip Distribution (attach map) <input type="checkbox"/>	
Number of Study Intersections (include site access, identify possible roundabouts, and show on Study Area Boundaries Map)			
External Factors That Could Affect Project <small>(Planned road improvements, other nearby developments)</small>			
Available Traffic Data <small>(Historical, forecasts)</small>			
Peak Period	Peak Period for Study: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> SAT <input type="checkbox"/> SUN	Annual Vehicle Trip Growth Rate:	
	Peak Hour of the Adjacent Street Traffic <input type="checkbox"/> Peak Hour of the Generator <input type="checkbox"/>		
Trip Adjustment Factors	Internal allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduction: ____% trips	Pass-by allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduction: ____% trips Land Use(s):	
	Proposed TDM reduction: <input type="checkbox"/> Yes <input type="checkbox"/> No Reduction: ____% trips Land Use(s):		
Software Methodology	<input type="checkbox"/> Synchro <input type="checkbox"/> HCS (v.2000/+) <input type="checkbox"/> aaSIDRA <input type="checkbox"/> CORSIM <input type="checkbox"/> Other		
Background Traffic Studies Considered			
Safety Analysis Intersections (Attach more if necessary)			
Potential Issues to be Addressed	<input type="checkbox"/> Queuing analysis <input type="checkbox"/> Actuation/Coordination <input type="checkbox"/> Weaving analysis <input type="checkbox"/> Merge analysis <input type="checkbox"/> Bike/Ped Accommodations <input type="checkbox"/> Waiver/Exception <input type="checkbox"/> Other _____		

**NOTES ON ASSUMPTIONS:**

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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant or Consultant

PRINT NAME: \_\_\_\_\_  
Applicant or Consultant

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
FCDOT

PRINT NAME: \_\_\_\_\_  
FCDOT

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
VDOT

PRINT NAME: \_\_\_\_\_  
VDOT

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