All development projects are required to complete this Traffic Impact Study Pre-Scoping Checklist and email to the traffic Impact Study Coordinator. This form is provided in Microsoft Word for convenience. Please type or print out and hand write required information. Do not alter the document, contents, or directions.

DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 1. Project Name

|  |  |
| --- | --- |
| *Project Name* |  |
| *Project Address* |  |

### 2. Owner/Developer Full Legal Name

(Person and legal entity entering into the TIS/TMA agreement with the City of Baltimore)

|  |  |
| --- | --- |
| *Legal Entity* |  |
| *Authorized Representative* |  |
| *Title* |  |
| *Address* |  |
| *Phone* |  |
| *Email* |  |

### 3. Site Engineer/Owner Representative

(Contact person on behalf of owner/developer for DOT to communicate TIS/TMA requirements)

|  |  |
| --- | --- |
| *Company* |  |
| *Name and Title* |  |
| *Address* |  |
| *Phone* |  |
| *Email* |  |

### 4. Proposed Development

|  |  |
| --- | --- |
| *Is this a new development? (Yes/No)* |  |
| *Is this an addition to an existing building? (Yes/No)* |  |

Complete the following table regarding all proposed uses of the development.

|  |  |  |
| --- | --- | --- |
| *Proposed Use (Construction)* | *Square Footage* | *Number of Dwelling Units (for residential)* |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Square Footage: |  |  |

## 5. Prior Occupancy:

|  |  |  |
| --- | --- | --- |
| *Is the property currently vacant?* | *(Yes/No)* | Number of Years Vacant |
|  |  |  |

If occupied within the last 36 months, complete the table below

|  |  |  |  |
| --- | --- | --- | --- |
| Prior use | date final tenant moved out or year last occupied | Square footage of use  | number of dwelling units (for residential) |
|  |  |  |  |
|  |  |  |  |

## 6. Projected Horizon (Build Out) Date

|  |  |
| --- | --- |
| *Anticipated Permit Application Submission* |  |
| *Start Construction* |  |
| *End Construction* |  |
| *Certificate of Occupancy* |  |

### 7. Statement of Operations

(Describe operations - hours of operation, days of week operating, loading, deliveries, etc.)

|  |
| --- |
|  |

Please return completed form to:

Baltimore City Department of Transportation, TIS Coordinator at 417 East Fayette Street, 5th Floor

Baltimore, MD 21202

Valorie.LaCour@baltimorecity.gov