## **Ascension Parish Office of Planning & Development Traffic Scoping Information Form**

Submittal Date	
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Provide the following information with the required additional information listed below to the Department of Planning and Development in accordance with the Traffic Impact Analysis Policy.

Policy.	
Property Owner Info	<u>rmation</u>
Name	Company (if applicable)
Mailing Address	
Phone	E-mail
Designated Contact I	nformation (If Primary Contact is not the Owner)
Name	
Company/Entity (if ap	plicable)
Mailing Address	
Phone	E-mail
Relationship to Owner	
Property Information	<u>1</u>
Property 911 Address	
City, State, Zip Code _	
	Property
Property is located on	the (circle applicable) N S E W side of the roadway miles
(circle applicable) N	S E W from (nearest major roadway)
	public streets, roads highways, or access easements bordering or within
	Intersections
Are signals interconne	cted? What signals are coordinated?

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## TIA Preparer Contact Information (Registered LA Professional Engineer with PTOE certification) Company/Entity (if applicable) Mailing Address Phone E-mail **Development Information** Development Type \_\_\_\_\_ If commercial development, indicate number and types of business and square footage of each: If residential development, indicate types and number of units (single family, apartment, townhome, etc.): Estimated Number of New Vehicle Trips: \_\_\_\_\_ Estimate Start/Completion Dates: 1<sup>st</sup> Phase \_\_\_/\_\_\_\_ 2<sup>nd</sup> Phase (if applicable) \_\_\_\_/\_\_\_\_ 3<sup>rd</sup> Phase (if applicable) \_\_\_\_\_/\_\_\_ **Required Additional Information** ☐ Vicinity Map ☐ Site Plan (Show access locations, adjacent roadways, and internal circulation) ☐ Trip Generation ☐ List of suggested intersections for inclusion in the study area