

Appendix O **TIS Scoping Meeting Checklist**

Scoping Meeting Information Form

Please fill in the required information below. The provided information will be used in preparing a scope of work and scheduling a scoping meeting for a traffic impact study for the subject development. You may attach additional pages of information as necessary.

Project Name:

Name and Address of Applicant (Developer)¹:

Contact Information for Scheduling Meeting¹:

Lot location (noting route, directional orientation, milepoint, municipality and / or County):

Tax Parcel identification numbers²:

¹ Include name of person requesting meeting, a telephone number, and, if desired, an e-mail address.

² Please attach a tax map as described in Section 2.5.1 in the Manual.

Acreage:

Is annexation proposed? (Yes / No)

If yes, please list the municipality to which the annexation is proposed:

Current Zoning:

Proposed Zoning:

Proposed land use (*please be as specific as possible*):

Proposed site access points (*number and location*):

Projected build-out year³:

Has a land use application been submitted to the local government land use department? (Yes / No):

If yes, please list the date of submission:

Has a subdivision or land development plan been submitted to DelDOT's Subdivision Section for review? (Yes / No):

If yes, please list the date of submission and attach a copy:

³ Please attach a tax map as described in Section 2.5.1 in the Manual.

⁴ When determining the projected build-out year, please refer to Section 2.9.10 in the Manual.

Has a site plan been prepared? (Yes / No):

If yes, please attach a copy.

Has the developer and current property owner of the scoping meeting been notified in writing of this meeting request? (Yes / No):

If yes, please attach a copy.

Names and Titles of proposed attendees⁴:

Other relevant information:

NOTE: Failure to properly fill out any of the above sections or attach the requested documents / plans to this form may result in the rejection of the scoping meeting request.

⁴ If you would like DelDOT to coordinate their attendance at the meeting, please provide telephone numbers and / or e-mail addresses.

~~DELDOT TRAFFIC IMPACT STUDY— SCOPING MEETING INFORMATION FORM~~

- ~~Project name.~~
- ~~Name and address of applicant.~~
- ~~Site location noting route, directional orientation, milepoint, municipality and/or county.~~
- ~~Tax parcel number(s), including block number, lot number and parcel number.~~
- ~~Traffic Analysis Zone number(s).~~
- ~~Size, type and zoning of each different existing and proposed land use on the site.~~
- ~~Proposed times and days to be analyzed.~~
- ~~Proposed build out year, or if project is to be phased, phase in dates.~~
- ~~Names and titles of people anticipated to attend the Scoping Meeting.~~

~~REQUIRED ATTACHMENTS: ———~~

- ~~Tax map.~~
- ~~Sketch site plan including:~~
- ~~Both sides of adjacent roadways.~~
- ~~Existing and proposed access.~~
- ~~proposed highway improvements.~~
- ~~Proposed study area for the TIS (list of facilities).~~
- ~~Map of proposed study area indicating facilities to be analyzed.~~
- ~~Projected trip generation, distribution and assignment to the road network for each land use and time period proposed to be analyzed.~~
- ~~List of committed developments within a two-mile radius of the exterior boundaries of the projects; discussion of the impacts of those developments on the project area.~~
- ~~List of anticipated required approvals for the proposed development.~~
- ~~Evidence that the applicant and the current property owner were notified of the request for the meeting.~~
- ~~Suggested agenda for Scoping Meeting.~~

~~OPTIONAL ATTACHMENTS:~~

- ~~Other analysis assumptions the applicant proposes using for the study.~~
- ~~Other information that would have a material bearing on the effect of the proposed development, including known transportation improvement projects within the area and available safety/accident data.~~