

Ascension Parish Office of Planning & Development
Traffic Scoping Information Form

Submittal Date _____

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 (Ascension Parish ULDC, App. IV, Section 17-4060).

Property Owner Information

Name _____ Company (if applicable) _____

Mailing Address _____

Phone _____ E-mail _____

Designated Contact Information (If Primary Contact is not the Owner)

Name _____

Company/Entity (if applicable) _____

Mailing Address _____

Phone _____ E-mail _____

Relationship to Owner _____

Property Information

Property 911 Address _____

City, State, Zip Code _____

Roadway adjacent to 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) _____

Existing or Dedicated public streets, roads highways, or access easements bordering or within the property. _____

List nearest Signalized Intersections within 1 mile of site _____

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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 (Peak Hour AM/PM): _____

Estimated TIA Threshold: 1 / 2

Required Additional Information

- Vicinity Map
- Site Plan (Show access locations, adjacent roadways, and internal circulation)
- Trip Generation (per most recent ITE manual or count data from equivalent site)
- List of suggested intersections for inclusion in the study area (only required if Threshold 2)
- Sight Distance Evaluation at proposed driveway locations (show sight distance triangles)

----- SECTION BELOW IS TO BE COMPLETED BY ASCENSION PARISH STAFF -----

Is a Traffic Scoping Meeting Required? Yes / No

TIA Preparer Contact Information (Registered LA Professional Engineer with PTOE certification)

Name _____

Company/Entity (if applicable) _____

Mailing Address _____

Phone _____ E-mail _____