

January 1, 2012

<b>OFFICE USE ONLY</b>	
Date Received:	_____
RZN#	_____
CUP#	_____

**TOWN OF BLACKSBURG**  
**VDOT TRAFFIC IMPACT ANALYSIS (TIA) SUPPLEMENTAL APPLICATION**

*This application, appropriate fee, and accompanying documentation must be submitted in conjunction with the corresponding rezoning, conditional use permit, or comprehensive plan amendment before any application can be reviewed by staff. If you have any questions, please contact the Planning and Building Department.*

**Name of Development:** \_\_\_\_\_  
**Address/Location:** \_\_\_\_\_  
**Tax Map Parcel:** \_\_\_\_\_  
**Size of Site:** \_\_\_\_\_  
**Proposed Use:** \_\_\_\_\_  
**Current Zoning District:** \_\_\_\_\_  
**Existing Future Land Use Classification:** \_\_\_\_\_

**This application is submitted in conjunction with a**

- Rezoning Application. Proposed Zoning District: \_\_\_\_\_
- Conditional Use Permit Application. Proposed Conditional Use: \_\_\_\_\_
- Comprehensive Plan Amendment. Proposed Future Land Use: \_\_\_\_\_

This is the  first,  second,  third or subsequent submission of the TIA for review by VDOT.

**A traffic impact analysis  is  is not required for the proposed project:**

1.  **Yes or**  **No**, the site is located \_\_\_\_\_ feet along the vehicle path of traffic which is less than 3,000 feet from VDOT maintained roadways, or is within 3,000 feet of a non-limited access state controlled highway, or is within 3,000 feet of a connection to a state limited access highway.
2. **If the answer to question #1 is Yes, complete the following:**
  - a.  **Yes or**  **No**, the proposed development generates \_\_\_\_\_ vpd which is greater than the VDOT requirement of 5,000 vehicles per day.
3.  **Yes or**  **No**, the proposed comprehensive plan amendment results in substantial impact of 5,000 additional vehicle trips per day or results in substantial changes to the existing transportation network and infrastructure of state controlled highways.
4.  **No**, a new TIA study is not required because a previously submitted TIA is still applicable for the project site. (Note: the appropriate documentation must be attached to this application)
5.  **Yes or**  **No**, a VDOT Scope of work meeting has been held.

**If a TIA is required, please provide the following information:**

**Name of Property Owner(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Applicant to whom review comments will be sent:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Project Engineer who prepared TIA (if different from applicant):** \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Please check all applicable boxes of information submitted with this application:**

1. **Review Fee Check made payable to VDOT for**  
*First, Second or Third review by VDOT*
  - Rezoning or Conditional Use Permit request
    - Low volume road submission 24VAC30-155-40 A 3: \$250
    - All other submissions: \$1000
  - Comprehensive Plan Amendments: \$1000
2. **For the Town of Blacksburg, please provide a *digital submission of the following:***
  - a.  **One signed copy** of the Town's VDOT Supplemental TIA application.
  - b.  **One complete copy** of the TIA submitted to VDOT including a completed checklist of information and signed scope of work meeting agreement.
  - c.  **One copy** of the VDOT review fee check.
  - d.  **One copy** of letter and supporting information documenting why a new or updated TIA is not required for this project.
3.  **For VDOT, three paper copies** of the complete Traffic Impact Analysis. Forms and additional information can be found at <http://www.virginiadot.org/projects/chapter527/default.asp>

***By signing below, I acknowledge that all information on this application and included in the supporting documentation is correct and accurate, and has been prepared by an appropriate licensed professional.***

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Staff Use Only:**

First Submission    Second Submission    Third or Subsequent Submission

Reviewed and Accepted as complete by \_\_\_\_\_ Date \_\_\_\_\_

TIA forwarded to VDOT by \_\_\_\_\_ Date \_\_\_\_\_

Rejected by \_\_\_\_\_ Date \_\_\_\_\_

Reason for rejection: \_\_\_\_\_

*Town of Blacksburg, Planning & Building Department*  
300 South Main Street • PO Box 90003, Blacksburg, VA 24060-9003  
Phone: (540) 951-1126 • Fax: (540) 951-0672 • [www.blacksburg.gov](http://www.blacksburg.gov)