

RECEIVED

January 1, 2012

APR - 2 2018

Planning and Engineering
Department

OFFICE USE ONLY	
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: 30-R at CRC Residential
Address/Location: 1902 Research Center Drive
Tax Map Parcel: 317-3 13 and a portion of 317-9 5
Size of Site: 7.033 acres from 317-3 13 and 0.350 acres from 317-9 5
Proposed Use: Multi-Family Dwellings
Current Zoning District: RD (Research & Development)
Existing Future Land Use Classification: Planned Residential

This application is submitted in conjunction with a

- Rezoning Application. Proposed Zoning District: PRD (Planned Residential)
- 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 ±3,005 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 1,099 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): _____ N/A
Address: _____
Phone: _____ **Fax:** _____
Email address: _____

Applicant to whom review comments will be sent: _____ N/A

Address: _____

Phone: _____ Fax: _____

Email address: _____

Project Engineer who prepared TIA (if different from applicant): _____ N/A

Address: _____

Phone: _____ Fax: _____

Email address: _____

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

RECEIVED

APR - 2 2018

Planning and Engineering Department

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: _____

Jeanne Stepp

Date: 4-2-18

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