

DEPARTMENT OF  
 PUBLIC SERVICE

**TRAFFIC STUDY MEMORANDUM**

Case Number:

Date:

Applicant Name:

Email:

Phone:

Traffic Engineer:

Email:

Phone:

Attorney/Agent:

Email:

Phone:

Project Name:

Site Plan Attached

Site Address/Location:

Brief Description of Project & Proposal (Land Use, Proposed Zoning District, Size, Density for each type on site):

Additional Jurisdictions:

Type of Study:	Traffic Impact Study	Traffic Access Study	To Be Determined
Action Required:	Site Compliance	Rezoning	Preliminary Subdivision Plat Approval
	Change in Use	Special Permit	Zoning Variance

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Opening Year No-Build

Design Year No-Build

Interim Year(s) No-Build

Opening Year Build

Design Year Build

Interim Year(s) Build

Describe Interim Year Analysis Needs:

AM Peak (Adjacent Street)

PM Peak (Adjacent Street)

Weekend Off-Peak

AM Peak (Generator)

PM Peak (Generator)

Describe Weekend Off-Peak:

**Applicant Name:**

**Project Name:**

**24-Hour volume count to be taken, location:**

**Turning movement counts to be taken for the following intersections:**

**AM Peak Hour**

**PM Peak Hour**

**14-Hour Count (6AM-8PM)**

**Other**

**Future volumes will be est. based on a % growth rate of:**

**Proposed PHF to be used:**

**From ITE**

**Other:**

**Mode Split:**

**Passby:**

**Internal Capture:**

**Interim review of traffic forecast (ONLY for large scale studies or when alternative volume calculation methods used)**

**Capacity analysis at study intersections in the peak hour(s)**

**Roundabout feasibility and analysis:**

**Signal warrants at unsignalized intersections:**

**Left turn lane warrants at unsignalized intersections**

**Right turn lane warrants at unsignalized intersections**

**Turn lane sizing**

**Horizontal sight distance study at site access points**

**Vertical sight distance study at site access points**

**Queuing analysis at signalized intersections**

**Describe critical queues:**

**Other:**

**OTHER DEVELOPMENT TRAFFIC VOLUMES:**

**COMMENTS:**

**APPROVED BY:**

**DATE:**

*Submit completed Memorandum to [DPSDevelopmentTrafficStudies@columbus.gov](mailto:DPSDevelopmentTrafficStudies@columbus.gov)*