

FORM 20-F

CHECKLIST FOR TRAFFIC IMPACT STUDY
PARISH OF LIVINGSTON

COMMERCIAL/MULTI-FAMILY DEVELOPMENT NAME: _____

REVIEWED BY: _____

LOCATION: SECTION(S) _____, TOWNSHIP _____ SOUTH, RANGE _____ EAST

OWNER/DEVELOPER (NAME, ADDRESS & PHONE NUMBERS) _____

DATE: _____

<u>ITEM</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Following items submitted to the Planning Commission Office and the Review Engineer	_____	_____	_____
1. Commercial/Multi-Family development name	_____	_____	_____
2. Description of property	_____	_____	_____
3. Owner/Developer (O/D) name, address and phone number	_____	_____	_____
4. Surveyor/Engineer's name	_____	_____	_____
5. Proposed trip generation and distribution	_____	_____	_____
6. Source of Information (Trip Generation Manual) or a comparison to an equivalent site in Livingston Parish	_____	_____	_____
7. Analysis of the ingress/egress of the development in relation to level-of-service of the adjacent roadway system	_____	_____	_____
8. Recommendations for any roadway and/or intersection improvements to maintain or improve the existing level-of-service	_____	_____	_____
9. Analysis of the roadway capacity (existing and/or proposed) on all roadway links abutting the proposed development site and identify necessary roadway and/or intersection improvements to maintain the existing level-of-service	_____	_____	_____

ITEM

YES

NO

N/A

10. An analysis of the nearest signalized intersection in each direction from the major site driveway

11. Identify any deficiencies determined by this analysis and resolve such deficiencies

12. If the Development is located within 0.25 miles of a State Hwy DOTD will need to be notified

REMARKS: _____
