# TOWN OF MARANA ARIZONA
# TRANSPORTATION IMPACT STUDY
# CHECKLIST AND SUBMITTAL FORM

Please complete this form and return to Marana Development Services, Traffic Engineering Division, for review and acceptance. Submit the completed and accepted form with your study. Studies will not be reviewed without this checklist attached. (Acceptance of this form does **not** constitute acceptance of the study.)

**Project Name:**

**Project Location:**

**Applicant/Developer**

**Consultant:**

**Address** **Phone**

**City/Town**

**State** **E-mail**

**Arizona Civil Engineering Registrant?**

**Was the consultant actively involved in the site circulation, roadway layout, and selection of access locations?**

**Brief description of project:**

**Current and proposed zoning:**

☐ **Pre-submittal Meeting Held on** _____

**Summary of Meeting:**

**Nature of Transportation Study**

| | | |
|---|---|---|
| **Rezoning study?** | ☐ **Yes** | ☐ **No** |
| **Development Plan?** | ☐ **Yes** | ☐ **No** |
| **Block Plat?** | ☐ **Yes** | ☐ **No** |
| **Subdivision Plat?** | ☐ **Yes** | ☐ **No** |

**Proposed access locations:**

| | | |
|---|---|---|
| **New Median Openings requested?** | ☐ **Yes** | ☐ **No** |
| **Access via Non-Town Roadways?** | ☐ **Yes** | ☐ **No** |
| **Coordination with Non-Town Agency(s)?** | ☐ **Yes** | ☐ **No** |

## Transportation Study Parameters

**Trip Generation**
**Horizon Year(s)**

**Land Use Categories and Rates:**

**Trip Distribution**

**To/From** **North:** **East:**
**South:** **West:**
**Other:**

**Passer-by Traffic & Internal Capture**

**Rate(s)**

**Alternate Modes Considerations**

**Bike**
**Pedestrian**
**Transit**

**Traffic Data and Preliminary Trip Generation**

## Analysis Elements and Methods

**Roadways**

**Intersections**

**Traffic Safety and other Special Considerations**

***We concur that the information above is correct and that the study will include the parameters and elements described above.***

**Consultant Concurrence in Study Requirements** **Consultant signature:**

**Printed name:**

**Title:** **Date:**

***Checklist Accepted** **Town of Marana authorized signature:**

**Printed name:**

**Title:** **Date:**

**MARANA USE ONLY:**

** As there may be instances when one or more study requirements are inadvertently not discussed during the pre-submittal meeting, additional study parameters or elements (other than those discussed in this Checklist) may be required following the first submittal of the study if the Town deems that they are critical to the study findings.*