



TRANSPORTATION ASSESSMENT SCOPING FORM

This Transportation Assessment Scoping Form acknowledges that the transportation assessment for the following project will be prepared in accordance with the latest version of City's Transportation Operational Assessment Guidelines. **The completed form must be submitted via the City's online portal at: <https://cypressca.viewpointcloud.com/categories/1092/record-types/6520>**

Project Name: _____

Project Address: _____

Project Description: _____

Project Trip Generation Rate(s): ITE 11th Edition / Other _____

The project trip generation table with a summary of the proposed and existing land uses, ITE trip rates and forecast morning and afternoon peak hour trips are attached.

	<u>IN</u>	<u>OUT</u>	<u>TOTAL</u>	<u>TOTAL</u>
Net AM Trips	_____	_____	_____	Net Daily Trips _____
Net PM Trips	_____	_____	_____	

Trip Generation Adjustments: Exact amount of credit subject to acceptance by the City of Cypress Traffic Engineer.

	Yes (% applied)	No	Existing/Prior Use Counts Collected?
Existing/Prior Active Land Use			Yes / No
Internal Trip Capture			
Pass-By Trip			

Project Geographic Distribution: N _____ % S _____ % E _____ % W _____ %

Attach graphic illustrating project trip distribution (inbound and outbound) percentages at the studied intersections.

Project Buildout Year: _____ **Ambient Growth Rate:** _____ % Per Yr.

Related Projects: To be researched by the consultant. The related projects trip generation table and map are attached as part of the TAS.

Proposed Study Intersections: (May be subject to revision after initial impact analysis.)

1.	4.
2.	5.
3.	6.

Other Analysis/Assumptions or Exceptions:

Consultant Name: _____ Submitted by: _____

Phone: _____ Consultant Signature / Date

E-Mail: _____