



WASHINGTON COUNTY
 Dept. of Land Use & Transportation
 Planning and Development Services Division
 Current Planning Section
 155 N. 1st Avenue, #350-13
 Hillsboro, OR 97124
 Ph. (503) 846-8761 Fax (503) 846-2908
 http://www.co.washington.or.us

Traffic Impact Statement (T.I.S.) Request

REQUIRED IF DEVELOPMENT GENERATES 40 A.D.T.
 UNLESS APPLICANT SUBMITS T.I.S. WAIVER
 FORM

**FEE FOR SITE INSPECTION &
 REPORT: \$400.00** (7/01/18 - 6/30/19)

Taken in By: _____ Date: _____

Existing Use:

Proposed Development Action:

If Residential: Total # of Dwelling Units _____

Single Family _____ Multi-Family _____

If Industrial or Commercial:

	<u>EXISTING</u>	<u>PROPOSED</u>
# of employees	_____	_____
# of sq. feet/ or gross floor area	_____	_____

If Institutional:

# of sq. feet.	_____	_____
# of students, employees, or members	_____	_____

A T.I.S. provides potential land development applicants with a site-specific list of typical requirements and public improvements relating to County roads, but does not constitute all possible requirements. The T.I.S. report must be completed before the applicant submits a Land Development Application. The completed T.I.S. report is considered part of a complete Application for all development that generates 40 A.D.T. (4 or more lots, etc.)

Submit **\$400.00**, this completed **request form**, an **8½" x 11" or 11" x 17" reduced site plan showing all access points**, and an **8½" x 11" copy of the current tax map** indicating all subject properties to Teri Heino, Assistant Planner, in Current Planning Services.

NOTE: Please allow at least 8 weeks for processing.

The applicant may be required to submit an Access Report (to assure safe function of the site's access) if the project generates >500 trips per day. If required, the Access Report must be accepted by a County Traffic Analyst, (503) 846-7950, before submittal of a Land Development Application (allow approx. 10 days for review).

(For office use) → 020

**PLEASE TYPE OR PRINT IN INK.
 Applicant or Applicant's Representative:**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMAIL: _____

PHONE: _____

Owner:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CPO _____ **Land Use Designation (Zoning)** _____
Urban (inside the UGB) or Rural (outside the UGB)
Property Description:

Tax Map(s): _____ **Lot Number(s):** _____

Site Size _____

Site Address _____

Nearest cross street (or directions to site):

ALL proposed access to the site **MUST BE INDICATED ON A SITE PLAN AND MARKED IN THE FIELD** with a stake and flag. (i.e. lath & fluorescent Surveyor's ribbon).

List all Roads on which the site has frontage:

	Road Name	Functional Class
1.	_____	_____
2.	_____	_____
3.	_____	_____
