



CITY OF HUTTO
TRAFFIC IMPACT ANALYSIS (TIA) DETERMINATION WORKSHEET
 APPLICANT MUST FILL IN WORKSHEET PRIOR TO SUBMITTING FOR TIA DETERMINATION

PROJECT NAME: _____
 LOCATION: _____
 APPLICANT'S AGENT: FIRM NAME _____ (ENGINEER NAME) _____
 TELEPHONE NO.: _____ APPLICANT'S EMAIL ADDRESS _____
 APPLICATION STATUS: DEVELOPMENT ASSESSMENT: ___ ZONING ___ SITE PLAN: ___ OTHER: _____

EXISTING:

PARCEL NUMBER	BLDG SQ.FT.	LAND USE	ITE CODE	DAILY TRIP RATE/EQ	DAILY TRIPS

PROPOSED:

TRACT NUMBER	BLDG SQ.FT.	LAND USE	ITE CODE	DAILY TRIP RATE/EQ	DAILY TRIPS	AM / PM TRIP RATE/EQ	AM TRIPS	PM TRIPS
1 (Phase)								
2 (Phase)								
				Total				

ABUTTING ROADWAYS

STREET NAME	PROPOSED ACCESS?	PAVEMENT WIDTH	CLASSIFICATION*

*Classification reflects Mobility Master Plan, 2018

NOTE: A TIA determination must be made prior to submittal of any zoning or site plan application. Therefore, this completed and reviewed form **MUST ACCOMPANY** any subsequent application for the **IDENTICAL** project. **CHANGES** to the proposed project will **REQUIRE** a new TIA determination to be made.