

City of Alexandria
Transportation Screening Worksheet

Date: _____

Project Name: _____

Property Address (include vicinity map): _____

Application # if available: _____

Point of contact name: _____

Phone: _____

Email: _____

Existing uses	No. of units	Square feet
Use 1:		
Use 2:		
Use 3:		
Use 4:		

Proposed uses*	No. of units	Square feet
Use 1:		
Use 2:		
Use 3:		
Use 4:		

Project Description: _____

Trip Generation			AM Peak Hour			PM Peak Hour			Other Peak Hour**			ADT
	ITE Code	DU/SF	In	Out	Total	In	Out	Total	In	Out	Total	
Existing uses												
1:												
2:												
3:												
4:												
Total Existing Trips												
Proposed uses*												
1:												
2:												
3:												
4:												
Total Proposed Trips												
New Site Trips												

City staff is available to assist in calculating trip generation.

* As approximate as possible.

** If applicable. See page X of the Transportation Planning Administrative Guidelines for "Other Peak Hour" requirements.

Administrative Use Only

Reviewed by:	Date:	
TMP Required	No	Yes
Study Required	None	Report