

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	ITE Code	DU/SF	AM Peak Hour			PM Peak Hour			Other Peak Hour**			ADT
			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	None	Tier 1	Tier 2	Tier 3
Study Required	None	Report		