



Development Services / maranatraffic@maranaaz.gov

11555 West Civic Center Drive / Marana, AZ 85653

Ph (520) 382-2600 / Fax (520) 382-2641 / maranaaz.gov

PRE-SUBMITTAL TRANSPORTATION IMPACT ANALYSIS FORM

CONTACT INFORMATION

NOTE: Complete this form and return to Marana Traffic Engineering Division for review and acceptance. Submit the completed and accepted form with your study. Studies will not be reviewed without the accepted form attached. Acceptance of this form does not constitute acceptance of the study.

Consultant:	Contact Name:		
Address:	City:	State:	Zip:
Email:	Phone No.:		

Was the consultant actively involved in the site circulation, roadway layout and selection of access locations: Yes No

PROJECT INFORMATION

Project Name:	
Project Location/Address:	
Description of Work:	
Current Zoning:	Proposed Zoning:
Pre-submittal held on (date):	Applicant/Developer:
Pre-submittal Meeting Summary:	

Nature of the Transportation Study:
 Rezoning Development Plan Block Plat Subdivision Plan

Proposed Access Location(s):

New Median Openings Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access via Non-Town Roadways: <input type="checkbox"/> Yes <input type="checkbox"/> No	Coordination with Non-Town Agency(s): <input type="checkbox"/> Yes <input type="checkbox"/> No
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TRANSPORTATION STUDY PARAMETERS

Trip Generation (Land Use Categories and Rates):

Traffic Impact Analysis Category: I II III IV V

Horizon Year(s):

Trip Distribution To/From - North: South: East: West: Other:

Passer-by Traffic and Internal Capture (Rates):

Alternate Mode Considerations

Bike:

Pedestrian:

Transit:

Traffic Data and Preliminary Trip Generation:

ANALYSIS ELEMENTS AND METHODS

Roadways:

Intersections:

Traffic Safety and other special considerations:

I, the undersigned, certify that all of the facts set forth in this form are true and correct to the best of my knowledge and that the study will include the parameters and elements described above. I understand that additional study parameters or elements (other than those discussed in this form) may be required following the first submittal of the study, if the Town deems that they are critical to the study findings.

Consultant Signature

Date

Consultant Name (PRINT)

Title

FOR OFFICIAL USE ONLY

Project No. _____

Date Received _____

Form Accepted

Accepted Date _____

Accepted By _____

Town Authorized Signature _____

Title _____