



TRAFFIC IMPACT STUDY / ANALYSIS

Application submittals must include all documents on this checklist as well as this page.

All applications shall be submitted electronically to epermitcenter@adcogov.org. If the submittal is too large to email as an attachment, the application may be sent as an unlocked OneDrive link. Alternatively, the application may be delivered on a flash drive to the One-Stop Customer Service Center. All documents should be combined in a single PDF. Once a complete application has been received, fees will be invoiced and payable online at <https://permits.adcogov.org/CitizenAccess/>.

1. Development Application Form (pg. 2)
2. Application Fee (see table below)
3. Traffic Impact Study/Analysis (*2 hard copies*)

Preliminary Traffic Impact Study:

- This shall include, but not limited to:
 - Trip generation estimates from the development,
 - Current traffic counts,
 - Projected future traffic counts to include background traffic projections and future traffic projections from the development.
 - A description of the traffic impacts that the development will have on the surrounding area.

Final Traffic Study:

- Shall have all of the information contained in a Preliminary Traffic Impact Study and it shall also include recommendations on how to mitigate the traffic impacts that are caused by the development. (See Chapter 8 of the Adams County Development Standards and Regulations for full description of requirements).

Application Fees:	Amount:	Due:
Traffic Impact Study/Analysis	\$600	After complete application received



Application Type:

Erosion and Sediment Control	Street Construction Plans
Floodplain Use Permit	Subdivision Engineering Review
On-Site Grading and Drainage	Traffic Impact Study/ Analysis

PROJECT NAME:

APPLICANT

Name(s): Phone #:

Address:

City, State, Zip:

2nd Phone #: Email:

OWNER

Name(s): Phone #:

Address:

City, State, Zip:

2nd Phone #: Email:

TECHNICAL REPRESENTATIVE (Consultant, Engineer, Surveyor, Architect, etc.)

Name: Phone #:

Address:

City, State, Zip:

2nd Phone #: Email:

DESCRIPTION OF SITE

Address:

City, State, Zip:

Area (acres or square feet):

Tax Assessor Parcel Number

Existing Zoning:

Existing Land Use:

Proposed Land Use:

Have you attended a Conceptual Review? YES NO

If Yes, please list PRE#:

I hereby certify that I am making this application as owner of the above described property or acting under the authority of the owner (attached authorization, if not owner). I am familiar with all pertinent requirements, procedures, and fees of the County. I understand that the Application Review Fee is non-refundable. All statements made on this form and additional application materials are true to the best of my knowledge and belief.

Name:

Date:

Owner's Printed Name

Name:

Owner's Signature