



Transportation Concurrency Request Form

To be filled out by applicant:

Date: _____

Applicant Contact Information (name, phone, email):

Project Name:

City Case Number:

Project Location:

(Also attach roadway map with site identified)

Project Type/Size (# of units, square footage, etc...): _____

To be filled out by City Staff:

_____ Project meets Transportation Concurrency. Approval granted.

_____ Additional information is required. Staff will contact the applicant.

_____ Project requires a Traffic Impact Analysis.

_____ Project meets Transportation concurrency upon payment of proportionate fair-share at existing Proportionate fair-share project locations. Staff will provide the applicant with a Fair-Share Agreement. Please execute and return the agreement to staff, so that it can be scheduled for City Council review and approval.

_____ Project does not meet concurrency. Staff will contact the applicant to discuss mitigation options.

City Transportation Planner

Date