

FIGURE 4.01 - Trip Generation Data Form (Part 1)

Part A - Street System Improvements

ite Institute of Transportation Engineers
Trip Generation Data Form (Part 1)

Land Use/Building Type: ¹ Existing Building / First Baptist Church	ITE Land Use Code: Private School 534
Source:	Source No. (by ITE): NA
Name of Development:	Day of the Week: N/A
City: Keller	State/Province: TX Zip/Postal Code: 76248
Country: Tarrant	Day: _____ Month: _____ Year: _____
Metropolitan Area: _____	

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area: <input type="checkbox"/> (1) CBD <input checked="" type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (5) Rural <input type="checkbox"/> (2) Urban (Non-CBD) <input type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given			Detailed Description of Development: ³ 230 students for existing building			
Independent Variable: (include data for as many as possible) ²			Actual	Estimated	Actual	Estimated
_____ (1) Employees (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (10) Parking Spaces (#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (11) Occupied Beds (#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (3) Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (12) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (4) Occupied Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (13) Servicing Positions/Vehicle Fuelling Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (5) Building Area (gross sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (14) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (% of development occupied _____)			_____ (15) AM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (16) PM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (7) Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (17) Other Students	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____ (8) Occupied Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (18) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (9) Acres	<input type="checkbox"/>	<input type="checkbox"/>				

2. Definitions for several independent variables can be found in the Trip Generation User's Guide.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

Other Data: NA Vehicle Occupancy (#) AM _____ PM _____ 24-hour % Percent by Transit: AM % _____ PM % _____ 24-hour % Percent by Carpool/Vanpool: AM % _____ PM % _____ 24-hour % Full-time Employees by Shift: First Shift: Start Time _____ End Time _____ Employees (#) _____ Second Shift: Start Time _____ End Time _____ Employees (#) _____ Third Shift: Start Time _____ End Time _____ Employees (#) _____ Parking Cost on Site: Hourly _____ Daily _____	Transportation Demand Management (TDM) Information: N/A At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) under way? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of this TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary) <input type="checkbox"/> (1) Transit Service <input type="checkbox"/> (5) Employer Support Measures <input type="checkbox"/> (9) Tolls and Congestion Pricing <input type="checkbox"/> (2) Carpool Programs <input type="checkbox"/> (6) Preferential HOV Treatments <input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks <input type="checkbox"/> (3) Vanpool Programs <input type="checkbox"/> (7) Transit and Ridesharing Incentives <input type="checkbox"/> (11) Telecommuting <input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements <input type="checkbox"/> (8) Parking Supply and Pricing Management <input type="checkbox"/> (12) Other _____
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Please Complete Form on Other Side

FIGURE 4.02 - Trip Generation Data Form (Part 2)

Part A - Street System Improvements

Institute of Transportation Engineers
Trip Generation Data Form (Part 2)

Trip Gen shows less than 2,000 vehicles per day and below TIA requirements.

Summary of Driveway Volumes (All = All Vehicles Counted; Trucks = Heavy Duty Trucks & Buses)

	Average Weekday (M-F)						Saturday						Sunday						
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total		
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	
24-Hour Volume	472		473		945														
A.M. Peak Hour of Adjacent Street Traffic (7-9) Time:	215		94		209														
P.M. Peak Hour of Adjacent Street Traffic (4-6) Time:	28		32		60														
A.M. Peak Hour: Generator ² Time:	120		94		214														
P.M. Peak Hour: Generator Time:	97		76		143														
No. of Days Counted	1/1																		

1, 2. Please refer to the Trip Generation User's Guide for a definition of the terms.

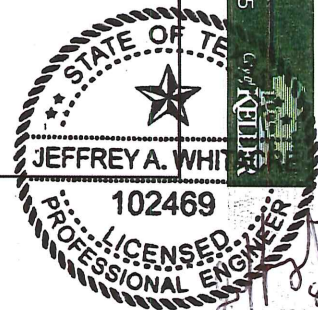
Detailed Driveway Volumes - Average Weekday (M-F)

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-6:15							11:00-11:15							3:00-3:15						
6:15-6:30							11:15-11:30							3:15-3:30						
6:30-6:45							11:30-11:45							3:30-3:45						
6:45-7:00							11:45-12:00							3:45-4:00						
7:00-7:15							12:00-12:15							4:00-4:15						
7:15-7:30							12:15-12:30							4:15-4:30						
7:30-7:45							12:30-12:45							4:30-4:45						
7:45-8:00							12:45-1:00							4:45-5:00						
8:00-8:15							1:00-1:15							5:00-5:15						
8:15-8:30							1:15-1:30							5:15-5:30						
8:30-8:45							1:30-1:45							5:30-5:45						
8:45-9:00							1:45-2:00							5:45-6:00						
9:00-9:15														6:00-6:15						
9:15-9:30														6:15-6:30						

Please attach any additional site information or comments regarding special site characteristics, if available.
 Check if additional information is attached.

Survey conducted by: Name: Jeff Whitacre
 Organization: Kimley-Horn & Assoc.
 Address: 801 Cherry St
 City/State/Zip: Ft Worth
 Telephone #: 817-721-0188 Fax #: _____ E-mail: jeff.whitacre@kimley-horn.com

Trip Gen



ARTICLE FIVE
 Unified Development Code

Adopted: July 7, 2015