

ITE Institute of Transportation Engineers

Trip Generation Data Form (Part I)

Land Use/Building Type: ¹	SINGLE FAMILY DETACHED HOUSING			ITE Land Use Code:	210		
Source:				Source No. (by ITE):			
Name of Development:	WESTBURY ESTATES			Day of the Week:			
City:	KELLER	State/Province:	TX	Zip/Postal Code:	Day:	Month:	Year:
Country:	USA			Metropolitan Area:			

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

Location Within Area:				Detailed Description of Development: ³			
☐ (1) CBD ☐ (2) Urban (Non-CBD) ☒ (3) Suburban (Non-CBD) ☐ (4) Suburban CBD ☐ (5) Rural ☐ (6) Freeway Interchange Area (Rural) ☐ (7) Not Given				9.58 Acre single family detached development with 23 proposed residences. ONE STREET CONNECTION.			
Independent Variable: (include data for as many as possible) ²							
(1) Employees (#)	Actual	Estimated	(10) Parking Spaces (#)	Actual	Estimated		
(2) Persons (#)			(11) Occupied Beds (#)				
23 (3) Units (#)			(12) Seats (#)				
(4) Occupied Units (#)			(13) Servicing Positions/Vehicle Fueling Positions				
(5) Building Area (gross sq. ft.)			(14) Shopping Center % Out-parcels/pads				
(% of development occupied _____)			(15) AM Peak Hour Volume of Adjacent Street Traffic				
(6) Net Rentable Area (sq. ft.)			(16) PM Peak Hour Volume of Adjacent Street Traffic				
(7) Gross Leasable Area (sq. ft.)			(17) Other				
(8) Occupied Gross Leasable Area (sq. ft.)			(18) Other				
(9) Acres							

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:		Transportation Demand Management (TDM) Information:	
Vehicle Occupancy (#) AM _____ PM _____ 24-hour % Percent by Transit: AM % _____ PM % _____ 24-hour % Percent by Carpool/Vanpool: AM % _____ PM % _____ 24-hour %		At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) under way? ☒ No ☐ 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)	
Full-time Employees by Shift:		☐ (1) Transit Service ☐ (2) Carpool Programs ☐ (3) Vanpool Programs ☐ (4) Bicycle/Pedestrian Facilities and Site Improvements	
First Shift: Start Time _____ End Time _____ Employees (#) _____ Second Shift: Start Time _____ End Time _____ Employees (#) _____ Third Shift: Start Time _____ End Time _____ Employees (#) _____		☐ (5) Employer Support Measures ☐ (6) Preferential HOV Treatments ☐ (7) Transit and Ridesharing Incentives ☐ (8) Parking Supply and Pricing Management	
Parking Cost on Site: Hourly _____ Daily _____		☐ (9) Tolls and Congestion Pricing ☐ (10) Variable Work Hours/Compressed Work Weeks ☐ (11) Telecommuting ☐ (12) Other _____	

Please Complete Form on Other Side

FIGURE 4.01 – Trip Generation Data Form (Part 1)

Part A – Street System Improvements

