

FIGURE 4.02 – Trip Generation Data Form (Part 2)

## Part A – Street System Improvements

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

Summary of Driveway Volumes

(All = All Vehicles Counted; Trucks = Heavy Duty Trucks &amp; 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	110				110													
A.M. Peak Hour of Adjacent <sup>1</sup> Street Traffic (7 – 9) Time: 0800-0900	273				518													
P.M. Peak Hour of Adjacent <sup>1</sup> Street Traffic (4 – 6) Time: 1645-1745	263				456													
A.M. Peak Hour: Generator <sup>2</sup> Time:	3	77	6		9													
P.M. Peak Hour: Generator Time:	8		3		11													
No. of Days Counted																		

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: CLAYTON REDINGER  
 Organization: DSOTR, INC.  
 Address: 420 JOHNSON RD. SUITE 303  
 City/State/Zip: KELLER TX 76248  
 Telephone #: 817-253-5727 Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Adj. Street Traffic from Southlake Traffic Count Report (2015)

FIGURE 4.01 – Trip Generation Data Form (Part 1)

## Part A – Street System Improvements

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

Land Use/Building Type: <sup>1</sup> <u>RESIDENTIAL</u>		ITE Land Use Code: <u>210</u>	
Source:		Source No. (by ITE):	
Name of Development: <u>ENLAVS @ SKY CREEK</u>		Day of the Week:	
City: <u>KELLER</u>	State/Province: <u>TX</u>	Zip/Postal Code: <u>76248</u>	Day: _____ Month: _____ Year: _____
Country: <u>USA</u>		Metropolitan Area: <u>DFW</u>	

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: <sup>3</sup> <u>11-LOT RESIDENTIAL</u> <u>BYBDIVISION</u>	
Independent Variable: (Include data for as many as possible) <sup>2</sup>		Actual	Estimated	Actual	Estimated
(1) Employees (#)		<input type="checkbox"/>	<input type="checkbox"/>	(10) Parking Spaces (#)	<input type="checkbox"/> <input type="checkbox"/>
(2) Persons (#)		<input type="checkbox"/>	<input type="checkbox"/>	(11) Occupied Beds (#)	<input type="checkbox"/> <input type="checkbox"/>
<u>11</u> (3) Units (#)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	(12) Seats (#)	<input type="checkbox"/> <input type="checkbox"/>
(4) Occupied Units (#)		<input type="checkbox"/>	<input type="checkbox"/>	(13) Servicing Positions/Vehicle Fueling Positions	<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"/>
(% of development occupied _____)				(15) AM Peak Hour Volume of Adjacent Street Traffic	<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"/>
(7) Gross Leasable Area (sq. ft.)		<input type="checkbox"/>	<input type="checkbox"/>	(17) Other _____	<input type="checkbox"/> <input type="checkbox"/>
(8) Occupied Gross Leasable Area (sq. ft.)		<input type="checkbox"/>	<input type="checkbox"/>	(18) Other _____	<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.

<b>Other Data:</b> 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: <table style="width: 100%;"> <tr> <th>First Shift:</th> <th>Start Time</th> <th>End Time</th> <th>Employees (#)</th> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <th>Second Shift:</th> <th>Start Time</th> <th>End Time</th> <th>Employees (#)</th> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <th>Third Shift:</th> <th>Start Time</th> <th>End Time</th> <th>Employees (#)</th> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Parking Cost on Site:      Hourly _____      Daily _____	First Shift:	Start Time	End Time	Employees (#)		_____	_____	_____	Second Shift:	Start Time	End Time	Employees (#)		_____	_____	_____	Third Shift:	Start Time	End Time	Employees (#)		_____	_____	_____	<b>Transportation Demand Management (TDM) Information:</b> 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 checked="" 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) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> (1) Transit Service</td> <td><input type="checkbox"/> (5) Employer Support Measures</td> <td><input type="checkbox"/> (9) Tolls and Congestion Pricing</td> </tr> <tr> <td><input type="checkbox"/> (2) Carpool Programs</td> <td><input type="checkbox"/> (6) Preferential HOV Treatments</td> <td><input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks</td> </tr> <tr> <td><input type="checkbox"/> (3) Vanpool Programs</td> <td><input type="checkbox"/> (7) Transit and Ridesharing Incentives</td> <td><input type="checkbox"/> (11) Telecommuting</td> </tr> <tr> <td><input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements</td> <td><input type="checkbox"/> (8) Parking Supply and Pricing Management</td> <td><input type="checkbox"/> (12) Other _____</td> </tr> </table>	<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 _____
First Shift:	Start Time	End Time	Employees (#)																																		
	_____	_____	_____																																		
Second Shift:	Start Time	End Time	Employees (#)																																		
	_____	_____	_____																																		
Third Shift:	Start Time	End Time	Employees (#)																																		
	_____	_____	_____																																		
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Please Complete Form on Other Side