



GALLOWAY TOWNSHIP
TRAFFIC IMPACT STATEMENT
COMPLETENESS CHECKLIST

Block: _____

Lot(s): _____

Zoning District:

1. Name of Project: _____
2. Applicant: _____ Preparer: _____
 Address: _____
 E-Mail: _____
3. Are there variances required for this project? YES/ NO
4. ITE Land Use Code: _____ Description: _____
5. Location of Project: _____
6. Size of development: _____
 (All developments should be measured by SF. of land use or by number of dwelling units, unless otherwise directed by the Board engineer.)
7. Will the project add more than 50 vehicles trips in **any** peak hour based on the ITE manual Trip Generation? YES/ NO
 - A. If **“yes”**, a Traffic Impact Statement is required. The Traffic Impact Study shall be prepared in accordance with Chapter 700 of the Atlantic County Land Development Standards. Complete Parts 6-8 below.
 - B. If **“no”** complete the following.

Trip Generation¹					
Weekday Daily Volume	Weekday AM Peak Hour Volume	Weekday PM Peak Hour Volume	Saturday Peak Volume ²	Saturday Peak Hour Volume ²	Other ³
Trip Distribution at Site Access Point (Provide Sketch of access point(s) with turning movement volumes. Attach additional sheet(s) if necessary.)					
Existing Adjacent Roadway Volumes⁴					

¹ Trip Generation based on rates established by the Institute of Transportation Engineer's Trip Generation. If no such land use exists, attach written justification for rates used to establish trip generation.

² Saturday volumes are only required for commercial/retail land uses

³ Additional Peak Hour(s) for special land uses at the request of Planning Board Engineer

⁴ It is recommended that the preparer contact the Atlantic County Department of Regional Planning and Development and/or the New Jersey Department of Transportation for Traffic Volumes. If no volumes are available through that agency, then it is the responsibility of the preparer to collect traffic volume information

8. For commercial/retail land uses provide a brief statement as the type, frequency, and scheduling of delivery vehicles:

9. Is access to the site provided on a (circle one) Municipal Roadway, County Roadway, or State Highway?

Provide Roadway Name(s)/Route No.(s) _____

If State Highway is a N.JDOT Access Permit Required? Minor: _____ Major: _____ Major(w/planning): _____ None: _____

(TO BE COMPLETED BY THE PLANNING BOARD ENGINEER)

Completeness: Yes: _____ No: _____

Comments: _____

