



**City of Lacey**  
DEPARTMENT OF PUBLIC WORKS  
420 College Street S.E.  
P.O. Box 3400  
Lacey, WA 98509-3400  
(360) 491-5600

**RESIDENTIAL  
TRAFFIC  
GENERATION  
WORKSHEET**

Date: \_\_\_\_\_

Project No.: \_\_\_\_\_

Project Name: \_\_\_\_\_

Parcel No.: \_\_\_\_\_

Project Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

**Existing Use**

Is there an existing use on the proposed project site?  Yes  No

*If existing use is commercial, please complete the commercial worksheet also.*

If the existing use is residential, please explain the number and type of unit(s):

Has the existing use been vacant for more than 18 months?  Yes  No

Will the existing unit(s) be demolished?  Yes  No

Remarks:

**Proposed Use (Include Site Plan)**

Check the proposed type of development (check all that apply):

	Number of Units		Number of Units
<input type="checkbox"/> Single Family Detached Housing	_____	<input type="checkbox"/> Senior Adult Housing – Attached	_____
<input type="checkbox"/> Apartment	_____	<input type="checkbox"/> Congregate Care Facility	_____
<input type="checkbox"/> Residential Condominium/Townhouse	_____	<input type="checkbox"/> Assisted Living	_____
<input type="checkbox"/> Rental Townhouse	_____	<input type="checkbox"/> Continuing Care Retirement Community	_____
<input type="checkbox"/> Mobile Home Park	_____	<input type="checkbox"/> Residential Planned Unit Development	_____
<input type="checkbox"/> Senior Adult Housing – Detached	_____	<input type="checkbox"/> Other ( <i>Please Explain</i> )	_____

List other information useful in determining traffic characteristics:

I declare that I have completed this form and to the best of my knowledge and belief the above information is true and correct. I understand the City is relying on this information to accurately determine the traffic impacts from my development.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only:**

HTE Number: _____	Approved for Traffic Division By: _____
Development Reviewer: _____	Planner: _____
Land Use Code: _____	Discounts Applied: _____
Total PM Peak Hour Trips: _____	New PM Peak Hour Trips: _____
Comments: _____	
Calculated by: _____	