

CITY OF FRANKLIN - ENGINEERING DEPARTMENT
TRAFFIC IMPACT STUDY (TIS) MEMORANDUM OF UNDERSTANDING (MOU) & AGREEMENT

CONTACT INFO	
DEVELOPER/OWNER <input type="checkbox"/> PRIMARY CONTACT	CIVIL CONSULTANT <input type="checkbox"/> PRIMARY CONTACT
Contact Name:	Contact Name:
Company:	Company:
Address:	Address:
Email:	Email:
Phone:	Phone:
DEVELOPERS TIS CONSULTANT CONTACT INFO: complete if study was completed by Developer's consultant.	
Contact Name:	Company:
Address:	
Email:	Phone:

TRANSPORTATION IMPACT ANALYSIS – MEMORANDUM OF UNDERSTANDING (MOU)	
This MOU acknowledges that the transportation impact analysis for the following project will be prepared in accordance with the latest version of the City of Franklin Zoning Ordinance.	
PROJECT INFORMATION:	
Name:	
Address:	
Description:	
Existing Land Use (be specific):	
Proposed Land Use (be specific):	
Reason for Request: (Planned Unit Development, Site Plan, Rezoning)	
Potential Development Yield (number of residential units; building square footage, projected number of employees, hours of operations):	
List any OFF SITE BACKGROUND TIA's:	
<input type="checkbox"/>	Attach a conceptual development plan showing all access points and adjacent streets.
<input type="checkbox"/>	Attach a site map and a trip generation table with a description of the proposed land uses, ITE rates, estimated daily, morning, midday & afternoon peak hour volumes (ins/outs/totals), proposed trip credits, etc.

Project Buildout Year: _____ Ambient or CMP Growth Rate (% Per Year): _____

STUDY INTERSECTIONS: *use additional pages as necessary

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

TRIP CREDITS (EXACT AMOUNT OF CREDIT SUBJECT TO APPROVAL BY CITY OF FRANKLIN):

	YES (indicate ___% of total trips)	NO
Transit Usage	<input type="checkbox"/> %	<input type="checkbox"/>
Existing Active Land Use	<input type="checkbox"/> %	<input type="checkbox"/>
Previous Land Use	<input type="checkbox"/> %	<input type="checkbox"/>
Internal Trip	<input type="checkbox"/> %	<input type="checkbox"/>
Pass-By Trip	<input type="checkbox"/> %	<input type="checkbox"/>

MEMORANDUM OF UNDERSTANDING SIGN OFF:

APPLICANT: _____
 Name Signature Date

I understand that no work will commence until FULL payment is received and that it is NON-REFUNDABLE.
ALL FEES PAID DIRECTLY TO CONSULTANT

3RD PARTY TRAFFIC CONSULTANT: _____
 Name Signature Date

CITY TRAFFIC ENGINEER: _____
 Name Signature Date

ASSISTANT DIRECTOR OF ENGINEERING: _____
 Name Signature Date