Development Services
Transportation Planning
305 Chestnut Street
Wilmington, NC 28402
Office: 910.341.3258
Fax: 910.341.7801

TRAFFIC IMPACT ANALYSIS REVIEW APPLICATION

Project Name: _____

Location: _____ _____
(Address) (Parcel Identification Number)

Property Owner(s): _____

Traffic Engineer and Firm: _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

Initial Submittal ☐ **Re-submittal** ☐

Fee: _____ **Payment method:** **Cash** ☐ **Check** ☐

Existing Site Trip Generation: _____

Proposed Site Trip Generation: _____

Applicant's Signature: _____ **Date:** _____

For staff use only

Accepted by: _____
Application #: _____
Project #: _____
Fee Paid: _____
Action Taken: _____