



# PLANNING & DEVELOPMENT SERVICES

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## Preliminary Site Evaluation Form

This preliminary Site Evaluation Form is used to determine the appropriate Traffic Impact Analysis Tier. It must be completed by a traffic consultant prior to preparing a Traffic impact Analysis. Planning staff will review the completed form and either agree with the consultant's determination, request additional information, or reject the determination. Refer to the current Traffic Impact Analysis Guidelines Methodology for acceptable trip calculation methods and data sources.

**Project and/or Development Name:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**Anticipated Build-out Year** \_\_\_\_\_ **Is the project located in a Pennies for Progress Area?** \_\_\_\_\_

**Applicant/Developer/Agent:**

Name (Printed): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Traffic Consultant:**

Name (Printed): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Trip Generation Table										
ITE LUC	Proposed Land Use	Intensity	Daily Trips	AM Peak Trips			PM Peak Trips			Data Source
				Enter	Exit	Total	Enter	Exit	Total	

Based upon Section 154.362 of the Land Development Code, the estimated trips meet York County's threshold for a TIA:

- Tier Zero     Tier One     Tier Two

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

# Preliminary Site Evaluation: Staff Analysis

York County Planning staff has reviewed the preliminary site evaluation form. Based upon the information presented, the following determination has been made. Any changes in the development plan will require a re-evaluation of staff's determination.

Agree with evaluation. The Traffic consultant is requested to begin the TIA scoping stage for Tier One and Tier Two.

Unable to complete evaluation. Please provide the following additional information.

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Disagree with evaluation. Reason for determination.

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

*Any and all information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.*