

Town of Cary
DEPARTMENT OF DEVELOPMENT SERVICES
Application Form

REQUEST FOR APPROVED TRAFFIC ANALYSIS REPORT FOR ROADS

Applicant Name: _____

Address: _____ Phone #: _____

FAX: _____ e-mail address: _____

Contact Name: _____

Address: _____ Phone #: _____

FAX: _____ e-mail address: _____

REQUIRED INFORMATION

Reason for Request: (Planned Unit Development, Conditional Use Rezoning, Development Plan)

Description of Proposed Project: (Estimated completion date, phasing plan if appropriate)

Proposed Land Use (be specific):

Potential Development Yield (number of residential units)/Building Square Footage (projected number of employees, hours of operation):

Location: _____

Existing Zoning: _____

Subject Property Address (if available):

- *Attach concept plan for development applications and planned unit development (PUD) request that shows all access points and adjacent streets. As applicant, I agree to pay to the Town of Cary 90% of the entire cost of the Traffic Impact Analysis.*

Applicant Signature: _____

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