

Town of Cary
TRANSPORTATION & FACILITIES DEPARTMENT
Application Form
REQUEST FOR ROADWAY TRAFFIC ANALYSIS REPORT (TAR)

Applicant Name: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____
FAX: _____ e-mail address: _____

Contact Name: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip: _____
FAX: _____ e-mail address: _____

REQUIRED INFORMATION

Reason for Request: (Planned Development District, Rezoning, Mixed Use Sketch 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: _____