

TRAFFIC IMPACT ANALYSIS THRESHOLD WORKSHEET

Updated: February, 2019

Permit # _____



CONTACT INFORMATION

Applicant's Name		Property Owner	
Applicant's Mailing Address		Owner's Mailing Address	
Applicant's Phone #		Owner's Phone #	
Applicant's Email		Owner's Email	

Applicant = person or business responsible for construction. Owner = person or legal entity currently holding the title to the property.

PROPERTY INFORMATION

Project / Development Name: _____

Subject Property Address: _____

Legal Description: Lot _____ Block _____ Subdivision _____

Existing Land Use: _____ Existing Zoning District: _____

DESCRIPTION OF REQUEST

Proposed Land Use: _____ Proposed Zoning District: _____

Accompanying Application Type: Zoning PDD Concept Plan Preliminary Plat

Final Plat Other (specify): _____ Original or Subsequent Submittal? _____

AUTHORIZATION

I hereby certify and attest that this application and all required documentation is complete and accurate. I hereby submit this application and attachments for review by the City of San Marcos.

Filing Fee \$115 Technology Fee \$12 TOTAL FEE \$127

Applicant's Signature: _____ Date: _____

Printed Name: _____

Engineer Architect/Planner Surveyor Owner Agent

