



29799 SW Town Center Loop East
Wilsonville OR 97070
Phone: 503.682.4960 Fax: 503.682.7025
Web: www.ci.wilsonville.or.us

Planning Division Pre-Application Meeting Request

File No. _____

Note: Pre-application meeting will not be scheduled until the Planning Division staff receives the required fee and plans

Property Owner:

Name: _____
Company: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Authorized Representative:

Name: _____
Company: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail: _____

Property Owner's Signature (Required):

_____ Printed Name: _____ Date: _____

Property Description

Property Address (if available): _____
Location Description (if address not available): _____

Legal Description: T3S-R1W Map _____ Tax Lot(s) _____ County: Clackamas/ Washington

Project Type:

Residential Commercial Industrial Other: _____

Project Description:



REQUEST FOR TRAFFIC IMPACT STUDY

City of Wilsonville Engineering and Planning Divisions

Request Date:

<input type="checkbox"/> Traffic Scope of Services	<input type="checkbox"/> Traffic Impact Study Waiver	<input type="checkbox"/> A Determination of Demeaning of Traffic	<input type="checkbox"/> Other Traffic Related Issues
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Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent			Site Information	
Applicant:			Project Name:	
Address:			Project Address:	
City:	State:	Zip:	Tax Lot #:	Lot Size:
Email Address:				
Additional Information and Fees				
Is work related to a Proposed Development: Yes <input type="checkbox"/> No <input type="checkbox"/>			Land Use Case File Number:	
Is work related to a CIP: Yes <input type="checkbox"/> No <input type="checkbox"/>			CIP Number:	
Fee: Traffic Impact Study's Fee determined by the City's traffic consultant based on Scope of Services plus 15% for City overhead				

I, the applicant, certify that:

- To the best of my knowledge, all the information provided within this application package is complete and accurate.
- The above request does not violate any recorded deed restrictions that may be attached to or imposed upon the subject property.
- If the application is granted, I will exercise the rights granted in accordance with the terms and subject to all the conditions and limitations of the approval.

Applicant's or Authorized Agent's Signature	Print Name	Date
Property Owner's Signature (If not Applicant)	Print Name	Date
Address:	City/State/Zip:	Phone:

*Process: A Request, along with a site plan and project description must be submitted to the Engineering Division. The request is forwarded to the City's traffic consultant who will prepare a Scope of Services, which will include the necessary fee. The prepared Scope will be reviewed by the Engineering Division, and once approved, will be forwarded to the applicant/authorized agent listed above. When the applicant/authorized agent reviews and submits the fee indicated in the Scope of Services plus 15 percent for City overhead, the Scope will be authorized by Staff and forwarded to the traffic consultant. When the traffic impact study has been received and approved by the City's Engineering Division, it will be forwarded to the applicant/authorized agent and the Planning Division.

A Request for a Waiver from a Traffic Impact Study will be reviewed by the Community Director and the Engineering Division and the requestor will be notified by mail.

Note: If the project description and/or site plan change from what was originally submitted, additional traffic analysis and fees may be required.