



CITY OF TUMWATER
555 ISRAEL RD. SW, TUMWATER, WA 98501

Email: cdd@ci.tumwater.wa.us
(360) 754-4180

TRANSPORTATION CONCURRENCY
Application

TUM -

DATE STAMP

RCVD BY

Application fee: \$100.00; Traffic Impact Analysis review fee: \$200.00

SUBJECT PROPERTY

ADDRESS OF PROPERTY (COMPLETE): _____

PROJECT NAME: _____

PARCEL NUMBER(S): _____

APPLICANT *(please print neatly)*

NAME OF APPLICANT: _____

APPLICANT'S MAILING ADDRESS (COMPLETE): _____

APPLICANT'S TELEPHONE(S): _____

APPLICANT'S E-MAIL: _____

PROJECT REPRESENTATIVE

NAME OF PROJECT REPRESENTATIVE: _____

REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): _____

REPRESENTATIVE'S TELEPHONE(S): _____

REPRESENTATIVE'S E-MAIL: _____

PROPERTY OWNER

NAME OF PROPERTY OWNER: _____

OWNER'S MAILING ADDRESS (COMPLETE): _____

OWNER'S TELEPHONE(S): _____

OWNER'S E-MAIL: _____

PROJECT DESCRIPTION *(attach additional sheets and documentation, as needed)*

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site or am duly authorized by the owner to act with respect to this application. Further, I grant permission to any and all employees and representatives of the City of Tumwater and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I agree to pay all fees of the City that apply to this application.

Signature of Applicant

Date

Please attach the **Transportation Concurrency submittal checklist** to this Application.



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TRANSPORTATION CONCURRENCY
Submittal Checklist

TUM -	DATE STAMP
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APPLICANT INFORMATION (please print neatly)

NAME OF APPLICANT: _____

SUBJECT PROPERTY INFORMATION

ADDRESS OF PROPERTY (COMPLETE): _____

If a proposed development requires review under the State Environmental Policy Act (SEPA), a submittal for a Transportation Concurrency Ruling shall consist of all items on this checklist unless waived by Staff.

A. APPLICATION	N/A	Provided	Staff
1. Provide a complete and signed (by owner or authorized representative) application and applicable fee.		<input type="checkbox"/>	<input type="checkbox"/>
2. Five copies of a site trip distribution diagram showing new p.m. peak trips (weekday 4:00 to 6:00 p.m.) distributed out to a single trip.		<input type="checkbox"/>	<input type="checkbox"/>
B. ELECTRONIC SUBMITTAL	N/A	Provided	Staff
1. Submitting online: Upload documents, naming them with the project address and document name (project address – application, checklist, plans, etc).	<input type="checkbox"/>	<input type="checkbox"/>	
Submitting in person: USB drive containing apps, checklist, plans, reports, etc. as outlined under B and C above, in PDF-file format. Maximum format shall be 300 dpi.	<input type="checkbox"/>	<input type="checkbox"/>	

I verify that all required documents associated with this application have been submitted.

Signature of Applicant/Representative

Date