

**City of O'Fallon – Engineering Department**

100 North Main Street  
O'Fallon, Missouri 63366  
www.ofallon.mo.us  
636.379.5556



**Traffic Study Scoping Request Form**

**Subject Property Information:**

Project: \_\_\_\_\_  
Property Location: \_\_\_\_\_  
Brief Description of Project: \_\_\_\_\_  
Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

**Contact Information (Please Type or Print):**

**Applicant:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Property Owner:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Engineer:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Traffic Consultant:**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Traffic Management Policy**

Section 18 – Is a Traffic Impact Study Required? \_\_\_\_\_

Section 14 – Does the proposed layout meet the Connection Spacing Policy? \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date of Submittal: \_\_\_\_\_

Date: \_\_\_\_\_

**Meeting Date:** \_\_\_\_\_

**Section 1 – Study Area**

A. What roadways, intersections or interchanges are being directly affected?

\_\_\_\_\_

B. What roadways, intersections or interchanges are being indirectly affected?

\_\_\_\_\_

**Section 2 – Scenarios**

A. What are the planning horizons?

\_\_\_\_\_

B. Is a Technical Memo required? \_\_\_\_\_

C. Describe reasoning for yes/no:

\_\_\_\_\_

**Section 3 – Peak Hours**

A. What peak hours are being evaluated?

\_\_\_\_\_

**Section 4 – Trip Generation and Distribution**

A. What are the generation and distribution points?

\_\_\_\_\_

B. Are there reductions or other variations that will affect the study?

\_\_\_\_\_

**Section 5 – Capacity Analysis and Simulation Tools**

A. What analysis programs will be utilized?

\_\_\_\_\_

**Section 6 – Existing Safety Issues**

A. Any known safety issues?

\_\_\_\_\_

B. Does data need to be analyzed from police records? \_\_\_\_\_

**Section 7 – Special Considerations**

A. What current projects are in design or on the 5 year CIP within the direct or indirect areas being affected?

\_\_\_\_\_

B. Other considerations of note?

\_\_\_\_\_

**Section 8 – Miscellaneous Comments**

\_\_\_\_\_

**City of O’Fallon Contact Information:**

**Director of Planning:**

Contact Person: David Woods  
Address: 100 N Main  
City/State/Zip: O’Fallon, MO 63366  
Phone: 636.379.5541  
E-mail: dwoods@ofallon.mo.us

**City Engineer:**

Contact Person: Wade Montgomery  
Address: 100 N Main  
City/State/Zip: O’Fallon, MO 63366  
Phone: 636.379.5567  
E-mail: wmontgomery@ofallon.mo.us

**City’s Traffic Consultant:**

Company: Hanson Professional Services  
Contact Person: Todd Artz  
Address: 13801 Riverport Dr, Suite 300  
City/State/Zip: Maryland Heights, MO 63043  
Phone: 314.942.5284  
E-mail: TArtz@hanson-inc.com

**Attendance:**

Name:	Company:	Phone:	Email
1. _____	_____	_____._____._____	_____
2. _____	_____	_____._____._____	_____
3. _____	_____	_____._____._____	_____
4. _____	_____	_____._____._____	_____
5. _____	_____	_____._____._____	_____
6. _____	_____	_____._____._____	_____

**Traffic Study Scoping Meeting**

7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____