2016 Neighborhood Traffic Calming Project Application

Residential

Application Due ON or BEFORE March 7th, 2016

Neighborhood:		
Name:	Phone:	
Address:	City:	State:
Zip:Email:		
Neighborhood Chair Signature:		
If the project falls on the boundary neighborhood chair to receive acce	, ,	d another neighborhood please inform the Council for project requested:
Bordering Neighborhood Chair Sig	gnature:	
that landscaping would be included <u>Traffic Calming Toolbox</u> to guide id end of the application please provi	d, choose landscaping along with the lentifying the perceived problem as ide pictures, maps and any other in Please remember all traffic issues ngineering standards.	to the problem. If you choose a feature the other solution. Please refer to the as well as the appropriate solution. At the information that will help to identify the es will be subject to review by City of
be specific as possible.		
Project Rank: Rank project against neighborhood. 1 2	arterial project, there can only be	e one number 1 project in your
Project Approval:		
the necessary 50%+1 approval sign	natures from the affected business	ocated in the application packet to obtain ses and residents within a 400ft. buffer of f the affected properties, please turn in
Perceived Problem:		
SPEEDING ISSUE		
Suggested Solutions:		
Narrowed Lanes	Bulb Out/Neckdown/Curb E	Extension Chicanes

Traffic Islands & Medians	Landscaping or Street Trees Speed Feedback Sign	
Reduced Corner Radii	Signage; describe type:	
	School Signage Other:	
Perceived Problem:		
SAFETY ISSUE		
Suggested Solution: In-fill Sidewalks Other:		
Perceived Problem:		
TRAFFIC VOLUME ISSUE		
Suggested Solution:		
Roadway Closure Other:_		
Project Cost:		
for your chosen suggested solution. matching funds (e.g. gifts, CDBG, Sabe more than \$40,000, if possible a	ore than \$40,000; use the Traffic Calming Toolbox to get an estimated cost If the requested project is over \$40,000 please identify potential fe Routes to School, etc):\$ Projects may neighborhood can phase a project over multiple years to complete a ty Council may choose to fund an entire project even if it is over the	
Additional Information:		
Instructions: Please check all that apply to the project area or on the street segment of the project.		
Pedestrian Generators:		
School(s) Park Libra	ary Community Center Business Center	
Other (please describe):		
Comprehensive Plan (Chapter 4: Tr	ansportation):	
currently adopted Planned Bikeway the designated bike facility as stated	kane's Comprehensive Plan to identify if the projects roadway is on the Network Map (Map TR 1), if location is on Map TR 1, (please check below don the map). Please check the Draft Pedestrian Priority Map to see if the estrian Priority area. Check all that apply.	
On Planned Bikeway Network N	lap; as a: Located within a Draft Pedestrian Priority Area	
Shared Roadway Marked/S	hared Roadway	
Shared Use or Multiuse Path	Bicycle Blvd Roadway	

Unusable Sidewalk Sections: Instructions: Identify any unusable sidewalk sections in or near your projects. Broken up/heaved sidewalk Lack of ADA accessibility Blocked sections **Unique Roadway Geometry: Instructions:** Identify any unique roadway geometry (i.e. restriction or visibility) in project area, check all that apply. Other:____ Sight Restrictions Offset Intersection **Transit Information: Instructions:** Please identify transit stops or routes that are near your project. For any bus stop and/or any bus information please contact Mike Hynes of Spokane Transit Authority at mhynes@spoaknetransit.com or 325-6059. Near Bus Stop; approximately how close? At Bus Stop; Stop #____ On a Route; Route #____ Near a Bus Route; how close? **Additional Information: Instructions:** Please include a written description with any additional information such as a Google map, pictures and other helpful information. Be specific and make sure your described location is correct.

