

CITY OF CAMBRIDGE
Special Permit Transportation Impact Study (TIS)

Summary Sheet

Planning Board Permit Number: _____

PROJECT NAME: _____

Address: _____

Owner/Developer Name: _____

Contact Person: _____

Contact Address: _____

Contact Phone: _____

SIZE:

ITE sq. ft.: _____

Zoning sq. ft.: _____

Land Use Type: _____

PARKING:

Existing Parking Spaces: _____ Use: _____

New Parking Spaces: _____ Use: _____

Date of Parking Registration Approval: _____

TRIP GENERATION:

	Daily	AM Peak Hour	PM Peak Hour	Saturday Peak Hour (retail only)
Total Trips				
Vehicle				
Transit				
Pedestrian				
Bicycle				

MODE SPLIT (PERSON TRIPS):

Vehicle: _____% Bicycle: _____%

Transit: _____% Rideshare: _____%

Pedestrian: _____%

TRANSPORTATION CONSULTANT:

Company Name: _____

Contact Name: _____

Phone: _____

Date of Building Permit Approval: _____