



### Traffic Calming Needs Assessment Application

Applicant Information (Required)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Please check one:  Resident<sup>1</sup>  Property Owner<sup>2</sup>

Traffic Issue	Very Significant	Significant	Not Significant
<b>Speeding</b>			
<b>Traffic Volume</b>			
<b>Cut-through Traffic</b>			
<b>Traffic Accidents</b>			
<b>Pedestrian Safety</b>			
<b>Bike Safety</b>			
<b>Parking</b>			
<b>Other (please specify)</b>			

Location of concern- Please define geographic boundaries as clearly as possible (e.g. 400, 500, and 600 block of East 54<sup>th</sup> Street)

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\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup>Residents are defined as either owner occupiers or renters/lessees within the project area.

<sup>2</sup>Property owners are defined as the person or persons listed on the Chatham County Property Record index or the legal representative of an entity.

Conditions Necessitating Assessment – Please provide a detailed description of the problems observed in the Assessment Area:

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Please identify the time of the day when the traffic problems appear to be the worst (such as AM peak, PM peak, afternoon, evening, or night).

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Please describe any of the following characteristics of your neighborhood: heavy use by pedestrians, bicyclists, or other more vulnerable users; substandard streets (lack of sidewalks, narrow streets, right curves, limited sight distance, etc.) and pedestrian generating facilities (parks, elderly housing, shopping areas, etc.).

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Please describe if there are any schools, hospitals, places of worship, recreational centers, hotels, sports arenas or historical monuments in the vicinity of the location.

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Please describe if the traffic problems mainly occur during holidays such as Christmas, Thanksgiving, New Years, etc.)

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Please describe who you think is causing the traffic problems. For example, is it local residents or cut-through traffic? Is it cars or delivery trucks, etc?

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Please describe if the traffic problems create safety issues for pedestrians and bicyclists in your neighborhood. If yes, please describe how the traffic problems affect safety of pedestrians and bicyclists in your neighborhood.

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Are there any existing traffic calming measures with the assessment area you have defined? If yes, please describe if they are effective.

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If traffic calming is implemented, how would you feel about having traffic calming measures being placed in front of your home? These might include median islands, speed tables, corner bulb-outs, or other options. Are you willing to lose on-street parking in front of your home?

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Have you previously contacted the City of Savannah for help addressing your traffic problems? If yes, please indicated which departments.

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Is the area of concern an active construction zone? If yes, do you know the project name or can you provide a description of the project?

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Are there any traffic calming treatments that you would not find acceptable?

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Please provide us with any additional comments you feel would be helpful.

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Does the area of concern include any CAT bus stops or affect other transit access?

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**Please return the completed form to:**

City of Savannah  
Transportation Services Department  
ATTN: Traffic Calming Committee  
PO Box 1027  
Savannah, GA 31402