



## Traffic Calming Needs Assessment Application

**Applicant Information (Required)**

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

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

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

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_ (e-sign)

Resident<sup>1</sup>  Property Owner<sup>2</sup>

Traffic Issue	Very Significant	Significant	Not Significant
Speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Volumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut-through Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedestrian Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bike Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of Requested Needs Assessment - Please define geographic boundaries as clearly as possible (e.g. 400, 500, and 600 block of East 54th 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 Year, 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, then 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 within the Assessment area you have defined? If yes, then please describe if they are effective.

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If traffic calming is implemented, how would you feel about having traffic calming measures (median islands, speed humps, corner bulb-outs, etc.) being placed in front of your home? 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 in addressing your traffic problems? If yes, please indicate which departments have been contacted.

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Is the area of concern an active construction zone? If so, 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 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 Traffic Calming Needs Assessment to:

**City of Savannah**  
**Traffic Engineering Department**  
**ATTN: Traffic Calming Committee**  
**PO Box 1027**  
**Savannah, GA 31402**