

**Traffic Mitigation Offer to a City by a Development in the Unincorporated County**

The applicant completes part 1 and submits it to the County with a completed City traffic worksheet. The County completes part 2 and sends it to the City. The City completes part 3 and sends it back to the County.

Part One to be completed by Applicant

<b>Name of the City to Which This Offer is Being Made</b> _____				
<b>Basic Development Information</b> Name of Proposed Development _____ County Project File Number (if known) _____ Name of Applicant _____ Address of Applicant _____				
<b>Proportionate Share Calculation: Choose Option A or B</b> <input type="checkbox"/> Option A: Based on a percentage of the City's adopted impact fee (Attach traffic worksheet.)  1. The applicable percentage of the City's fee: _____ % 2. Net New Units or Trips Generated: _____ 3. The adopted City impact fee rate for this development: _____ \$ per _____ 4. Total Proportionate Share Amount: \$ _____  <input type="checkbox"/> Option B: Based on a comprehensive traffic study (Attach traffic worksheet and traffic study)				
List by Names/Description the Impacted City Projects (attach other pages if necessary)	City Project ID#	PHTs Impacting Project	Capacity Cost per PHT	Proportionate Share Obligation per Impacted Project
1.				
2.				
3.				
4. Total Proportionate Share Amount (sum of obligations for each impacted project)				\$ _____
<input type="checkbox"/> <b>Trip Distribution and Assignment if Required</b> If required, attach AM and PM peak-hour trip distribution and assignment. (Attach traffic worksheet showing whether or not it is required and traffic study).				
<input type="checkbox"/> <b>Mitigation of Other Impacts if Required</b> Mitigation of Impacts on Level of Service _____ No impact or not applicable      _____ Mitigation as described in attached traffic study.  Mitigation of Impacts on Documented Safety Problem Locations _____ No impact or not applicable      _____ Mitigation as described in attached traffic study.  Mitigation for Impacts on Access or Circulation _____ No impact or not applicable      _____ Mitigation as described in attached traffic study.  Frontage Improvements, Right of Way, and Access Point Requirements _____ No impact or not applicable      _____ Mitigation as described in attached traffic study.				
<input type="checkbox"/> <b>Written Offer</b> The Applicant hereby voluntarily agrees to pay the total proportionate share amount shown above for impacts of the proposed development on the capacity of City of _____ streets and provide mitigation of all other impacts as indicated above and described in attached documents.  BY: _____ Date _____ Signature by Authorized Official of Applicant or Authorized Representative  Print Name and Title _____				
<u>Instructions to Applicant.</u> Submit this offer, a completed county traffic worksheet, and any other attachments to the county with your initial application.				

Part Two: To be completed by the County

**Receipt of Written Offer and Attachments by County and Routing to City**

Name of Proposed Development \_\_\_\_\_  
 County Project File Number \_\_\_\_\_  
 Date Received \_\_\_\_\_  
 County Staffer Assigned to Project \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

*Instructions to County.* Send this offer and all attachments to the City. Send copy to staffer shown above.

BY: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Initialed by County Staffer Print Name and Title

Part Three: To be completed by the City

**Receipt of Offer and Attachments by City and Routing Back to County**

Name of Proposed Development \_\_\_\_\_  
 County Project File Number \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Initialed by City Staffer Print Name and Title

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**City of Mitigation Request to County**

The City of \_\_\_\_\_ has reviewed the traffic study worksheet and mitigation offer submitted by the applicant and has determined as follows:

The City requests that the County impose the mitigation offered above as a condition of approval for the Development. The City agrees to accept changes in the mitigation payment amount shown above resulting from TDM or lot-yield adjustments approved by the County.

The City requests that the County require additional supplemental information to adequately evaluate the proposed development's impacts.  The information requested is shown in the notes below.

BY: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature by Authorized City Staffer Print Name and Title

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**Routing Back to County**

*Instructions to City* Send this offer and all attachments to the County Staffer shown in Part Two above.

Sent by: \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Initialed by County Staffer Print Name and Title

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**Notes**