



COMMUNITY DEVELOPMENT SERVICES

DEPARTMENT OF TRANSPORTATION

<http://www.edcgov.us/DOT/>

TIM FEE DETERMINATION REQUEST FORM

Applicant Information

Name: _____ Date: _____

Address: _____ City/State: _____

Email Address: _____

Project Information

Project Name: _____ APN: _____

Project Address: _____

Nearest Major Street: _____ Nearest Minor Street: _____

Time of Operation: _____ Number of Employees: _____

Days of Operation: _____ Number of Parking Spaces: _____

Maximum number of people that may occupy the project Facility: _____

Total Square Footage of the Building(s): _____

Current land use of the Building where project is located: _____

Is a Traffic Study or any type of analysis available for this project: Yes No

Is a business plan available for this project: Yes No

Project Type

Check the type of use for this project and describe the type of use below. Check all of the applicable boxes if it is used for multiple uses.

Office Use

Residential Use

Commercial Use

Industrial Use

Agricultural Use

Lodging Use

Religious Use

Educational Use

Medical Use

Recreational Use

Brewery Processing

Winery/Brewery Tasting Rm

Project Description in Detail



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Please attach the following item with this form (if applicable):

1. Drawing of the project indicating the square footage of each room and the purpose.
2. Project Location map (copy of map indication the project and surrounding roadways).
3. Business Plan for the project, if available.
4. Copy of Traffic Study or Traffic Analysis, if available.
5. Copy of Transportation Impact Study (TIS) Initial Determination form, if available.

TO BE COMPLETED BY EL DORADO COUNTY DOT STAFF:

TIM Fee Zone: _____ Region/Area: _____

BUILDING PERMITS HISTORY:

1. Permit Number _____ Date Issued _____ Date Finaled _____
 Use _____ Tim Fee details _____

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2. Permit Number _____ Date Issued _____ Date Finaled _____
 Use _____ Tim Fee details _____

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3. Permit Number _____ Date Issued _____ Date Finaled _____
 Use _____ TIM Fee details _____

Authorized DOT Approval Signature: _____ Date _____