



Planning Division
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Traffic Study Review Application

Project Name:	Tax Parcel Number:
Property Address:	

Owner(s) of Record	
Name(s):	
Mailing Address:	
Phone:	Email:

Applicant/Project Coordinator	
Name:	Company:
Mailing Address:	
Phone:	E-mail:

Project Information		
New Peak Hour Trips	AM:	PM:
Proposed Uses (list type; ITE land use code and number of units or square footage as appropriate):		
Location and access:		

I certify that the above statements are correct and true to the best of my knowledge.

Applicant Signature: _____

Date: _____