



DEPARTMENT OF PUBLIC WORKS AND ENGINEERING

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TRAFFIC STUDY APPLICATION

All information must be complete to initiate processing of application

SUBJECT PROPERTY

Street Address _____

LOCATION DESCRIPTION _____

PROJECT NAME _____

APPLICANT/BILLING CONTACT

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

OWNER

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

DEVELOPER

Business Name _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

ENGINEER

Business Name _____ MD Registration No. _____

Primary Contact _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Cell _____ E-mail Address _____

SUBMITTAL TYPE Preliminary Final

PROJECT DESCRIPTION

Number of Peak Hour Trips Generated by the Site _____