



TIA REGULATION SUBMITTAL INFORMATION SHEET

This sheet is a summary of information on a Chapter 527 submittal for entering into the LandTrack data base.

Submission Details

Project Name _____	Locality's Project ID _____
VDOT District _____	Jurisdiction _____
Locality Contact _____	TIA Preparer _____

Location

Route Number	Street Name	Principal Rte	ADT
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____

Site Details

Submission Type

- | | |
|--|--------------------------|
| <input type="checkbox"/> Comprehensive Plan Review | <input type="checkbox"/> |
| <input type="checkbox"/> Zoning TIA Review | <input type="checkbox"/> |

Facility Type

- | | |
|---|---|
| <input type="checkbox"/> Commercial - Banks/Drug Store | <input type="checkbox"/> Commercial - Superstore |
| <input type="checkbox"/> Commercial - Cinema | <input type="checkbox"/> Commercial - Gas Station |
| <input type="checkbox"/> Commercial - Fast Food Restaurant | <input type="checkbox"/> Commercial - Sit Down Restaurant |
| <input type="checkbox"/> Commercial - Grocery Store | <input type="checkbox"/> Mixed Use - Commercial/Residential |
| <input type="checkbox"/> Commercial - Health/Fitness Center | <input type="checkbox"/> Residential - Mixed Type |
| <input type="checkbox"/> Commercial - Industrial | <input type="checkbox"/> Residential - Multi Family |
| <input type="checkbox"/> Commercial - Mixed Type | <input type="checkbox"/> Residential - Single Family |
| <input type="checkbox"/> Commercial - Office | <input type="checkbox"/> Residential - Townhouse |
| <input type="checkbox"/> Commercial - Other | <input type="checkbox"/> Local Policy Change |
| <input type="checkbox"/> Commercial - Shopping Center | |

Residential Units _____	Acreage _____
VPH (net) _____	Commercial SqFt _____
	VPD (net) _____

Principal Parcel ID _____

Doubles Road VPD Yes No

Other Parcel ID(s) _____

Payment

Fee Waived Yes No

Reason for Waiver _____

Payment Included Yes No

Payment Type Check Money Order

Check # _____

Check Holder _____

Payment Amount _____

Received From _____

Tracking

Date Received by Locality _____

Locality's Requested Due Date _____

Comments

(Include any further comments on additional sheets)

Submission Number (for second and subsequent submissions) _____