



Town of Bluffton Traffic Calming Policy Application

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843) 706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

| Applicant | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| Name: | | | | |
| Mailing Address: | | | | |
| Physical Address: (if different than above) | | | | |
| Phone: | | | | |
| E-mail: | | | | |
| Development or Community Association: | | | | |
| Area of Concern | | | | |
| Street/Road(s): | Type of Concern: | | | |
| | Safety | Speeding | Cut-through | Other |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Provide Additional Description of Problem/Concern: | | | | |
| | | | | |
| Provide Proposed Type of Traffic Calming Measure and Location | | | | |
| | | | | |
| I hereby acknowledge by my signature below that I am a property owner within the "Area of Concern" and I am willing to be the project's on-site representative and main point-of-contact. | | | | |
| Applicant Signature: | Date: | | | |



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For Office Use

Date Received: Click or tap to enter a date.

Verification of Eligibility

| Street / Road(s) Name and/or Number | Ownership (check all that apply): | | | | |
|-------------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Town | County | SCDOT | Private | Unknown |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If Street/Road(s) is not owned by Town, then coordination would be required with other governmental entity and shall follow their guidelines. If multiple ownership, it would require a joint-agency review. If Street/Road(s) is owned by the Town, proceed to next section.

Note: If more than one road, complete a checklist for each one.

Checklist for Initial Review

| | |
|---|--|
| Street / Road Name: | |
| Functional Classification: <u>Choose an item.</u> | Posted Speed Limit: <u>Choose an item.</u> |
| Average Annual Daily Traffic (AADT) Volume: | 600 <= AADT <= 3,500: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Project Corridor, include map: | |
| Description of Service Area, include map: | |
| Functional Classification of other roads in Service Area: | |

If Street/Road(s) meets Eligibility and Initial Review requirements, project may proceed to next section pursuant to authorization of funds.



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Data Collection and Studies

- Average daily traffic volumes with directional splits for peak hours (*attach separately*)
- Average speed with 85th percentile speed in both directions (*attach separately*)
- Crash/Accident Data (*attach separately*)
- Graphical representation of all traffic control devices (signs, markings, and signals) (*attach separately*)
- Description of roadways to include but not limited to:

Lane Width: _____ Paved Median/Turn Lane Width: _____

On-street Parking: Yes No If yes, Type: Choose an item.

Roadway Section: Choose an item.

Shoulder – select all that apply:

- Grassed - Average Width: _____ Paved – Average Width: _____
- Curb & Gutter – Width: _____ and Shelf Width: _____
- Valley Gutter – Width: _____ and Shelf Width: _____

Drainage – select all that apply:

- Ditch – Type: _____, Front Slope: _____, Back Slope: _____
- Closed System – Catchbasin Type(s): _____

Pedestrian/Bicycle Accommodations – select all that apply:

- Sidewalk – Width: _____ Bicycle Lane – Width: _____
- Shared Lane, included in lane width Shared-use Path – Width: _____
- ADA Ramps

Transit Accommodations: Yes No

Project Area Description (*zoning, current uses, facilities such as schools, parks, churches, assisted living, etc.*)

- Additional Information, if needed
 - Turning Movement Counts
 - Pedestrian/Bicycle Counts
 - Origin/Destination Study (to determine percentage of cut-through traffic)
 - Intersection Control Analysis
- Other Information Required: _____
- Project Information Complete
- Town Council Approval
- Funding Source: _____
- Petition Signatures