## **Transport Assessment Scoping Form**

1. Applicant			
2. Location			
Proposed Development			
Land Use	Description	Size	Unit
Food Retail	•		GFA (m <sup>2</sup> )
Non-Food Retail			GFA (m <sup>2</sup> )
Business			GFA (m <sup>2</sup> )
Industry			GFA (m <sup>2</sup> )
Housing			No. Units
Leisure			GFA (m <sup>2</sup> )
Education			GFA (m <sup>2</sup> )
Distribution/Warehousing			GFA (m <sup>2</sup> )
Health			GFA (m <sup>2</sup> )
Cinema/Conferencing			No. Seats
Other (please specify)			Specify
4. What is the current use of development?	of the site and the size of any	y existing	·

5.	What ho	urs will the propose	ed developn	nent operate?	•	
6.	Г	e the anticipated tim	nes of the p	eak periods (	peak hours	3)?
	AM					
	РМ [					
7.	Please 6	estimate the following	ng:			
		AM Peak PM Peak			Peak	
			IN	OUT	IN	OUT
Exis				<u> </u>		<del></del>
		staff, visitors etc)				
No. (						
	Vans/delive	eries				
	osed					<del></del>
No. people (inc staff, visitors etc)						
No. (						
No. \	Vans/delive	eries				
8.	Does yo	ur organisation curr	ently have	a travel plan?	)	
	Yes (org	anisation policy)				
	Yes (at specific locations)					
	No					
9.	How will	the new developme	ent be acce	essed?		
Ву Са	ar:					
By P	ublic Trans	sport:				
By M	/alking/Cyd	rlina:				
by VV	raikii ig/Oyd	omig.				

10.	How many parking spaces are –
	Existing
	Proposed
11.	What is the proposed date of completion for the development?
12.	Is the development phased and if so how?
	re are any other issues or information relating to transport that you wish to then please provide this below (continue on a separate sheet if necessary).
1	

The completed form should be returned to:

Principal Transportation Planner Traffic and Transportation, Development Services Clackmannanshire Council Kilncraigs, Greenside Street, Alloa, FK10 1EB roads@clacks.gov.uk or faxed to 01259 727451