



Pre-Submittal Assessment (PSA) Process Form

Submittal Date:

*For optimal functionality, this form should be viewed with Adobe Reader.
You can download the reader for free here: <https://get.adobe.com/reader/>*

Project Information

Project type: Toll Road Express Lane Toll Bridge

Project name: _____

Project purpose and need:

MPO/RPO submitting project: _____

MPO/RPO point of contact: _____

Email: _____ Phone: _____

Is project part of Comprehensive Transportation Plan (CTP) or Metropolitan Transportation Plan (MTP):

If Yes, list CTP or MTP and year adopted: _____

Does project have a SPOT ID or CTP/MTP ID? If so please provide: _____

Route number: _____ Length (miles): _____

Termini: from: _____ to: _____

Description: _____

NCDOT Division: _____ County: _____

Toll-related improvement type:

Existing cross section:

Proposed cross section:

Roadway Attributes

Data for italicized fields are optional and will be completed by NCDOT if omitted.

Existing total number of general purpose lanes (both directions): _____

Total number of proposed express lanes (both directions):

Number of proposed intermediate access points:

Total number of proposed general purpose lanes after project completion (both directions): _____

Existing lane width: _____ *Existing shoulder width:* _____

Existing speed limit: _____ *Projected speed limit:* _____

Traffic Attributes

Data for italicized fields are optional and will be completed by NCDOT if omitted.

Current year: _____
Existing average annual daily traffic (AADT): _____
Opening year of project: _____
Opening year AADT: _____
Design year: _____
Projected design year AADT: _____
Existing truck percentage: _____
Projected design year truck percentage: _____

Funding Attributes

Data for italicized fields are optional and will be completed by NCDOT if omitted.

Funding sources: _____
Other funds (if any): _____
Estimated construction cost: \$ _____ Year of estimate: _____
Estimated ROW cost: \$ _____ Year of estimate: _____
Estimated utilities cost: \$ _____ Year of estimate: _____
Total estimated roadway capital cost: \$ _____ Year of estimate: _____
Expected Operations and Maintenance Cost (will be determined from financial feasibility assessment): \$ _____

Tolling Attributes

Data for italicized fields are optional and will be completed by NCDOT if omitted.

Proposed toll rate: \$ _____
Will transit vehicles be allowed to utilize the toll facility? _____

Additional Considerations

(Please use this space to provide or clarify any additional information pertinent to your project submittal. For example a description of an improvement type not listed above, availability of additional local data to further inform project attributes, or additional purpose and need details.)