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# Executive Summary

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| **Executive Summary** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Planner, firm: |  | | Division: | Existing No. of Lanes: | | Existing Median: Yes/No | | ncdot/local PROJECT MANAGER: |  | | WBS: | Proposed No. of Lanes: | | Addition of Median(s): Yes/No | | Document TYPE:  nepa  Sepa | | PROJECT TYPE:  dIVISION  Central  LOCALLY-ADMIN. Program PROJECT (LAPp) | Existing control of access:  No Control  Partial Control  Limited Control  Full Control | | Proposed control of access:  No Control  Partial Control  Limited Control  Full Control | | | CS PROJECT reviewer (IF APPLICABLE): |  | | | project description: | | | | | | | |
| Summary of Findings |
| **Summary of proposed project modifications**   * Include a one paragraph summary in narrative format. |
| **Summary of the time horizon, and notable features**   * Include a one paragraph summary of time horizon in narrative format and notable features in bulleted list of the results. |
| **Summary of the growth trends occurring/expected, development regulations**   * Include a one paragraph summary of the results in narrative format. |
| **Summary of the screening tool results**   * Include a one paragraph summary and bulleted list of the results, including a rationale as to why (including data) values were assigned in the matrix. |
| **Summary statement of findings in the screening report**   * Include a one paragraph summary and bulleted list of the results. |

# Project Overview

Provide a quick description of the project. If available, quote the proposed or adopted Purpose and Need.

## Existing Roadway Conditions

Provide information about the existing route. This should specify number of lanes, right-of-way turn lanes, sidewalks, worn paths, etc.

Provide information on the street network – why are people likely using the roadway.

## Proposed Modifications

Provide as much detail possible about the modifications that will be proposed. Note the beginning and the end of the project, the number of lanes proposed, the preferred amount of right-of-way.

If there is a local or state request for bike or pedestrian accommodations, include it here.

# Future Land Use Study Area

Provide written description here of the land included in the Future Land Use Study Area. Provide supporting evidence as to why this area was selected.

# Time Horizon

Include a narrative description.

# Other Transportation, Infrastructure, and Development Projects

Include a bulleted list.

# Forecasted Population Growth

Include a narrative description.

# Forecasted Employment Growth

Include a narrative description.

# Notable Features

## Human Environmental Features

Include a narrative description.

## Natural Environmental Features

Include a narrative description.

# Transportation Impact-Causing Activities

## Travel Times

*Will the project result in travel time savings of more than one minute?*

Include a narrative description.

## New Network Connections

*Will the project permanently add to the existing road network (i.e. new connections, intersection-to-interchange conversions or service roads)?*

Include a narrative description.

## Property Access

*Will the project provide new or expanded access to properties?*

Insert a narrative description.

## Creation of Activity Centers

*Will the project open areas for concentrated, moderate to high intensity land development or redevelopment?*

Insert a narrative description.

# Water and Sewer Availability

Include a narrative description.

# Available Land

Include a narrative description.

# Market for Development

## Current Development Pressures

Include a narrative description.

## Development Market Assumptions

Include a narrative description.

# Indirect Land Use Effects

Insert standard language:

The categories listed on the ICE Screening Matrix have been shown to influence land development decisions in numerous areas statewide and nationally. Each characteristic is assessed individually and the results of the table are looked at comprehensively to determine the indirect and cumulative effects potential of the proposed project. The scope of the project and change in accessibility categories are given extra weight to determine if future growth in the area is related to the project modification. Further examination of potential indirect and cumulative effects will be undertaken on projects that have more categories noted as moderate to high concern.

## Screening Tool Results

Insert an image of the completed Indirect Land Use Effects Screening Tool.

Insert a narrative description.

## Summary of Screening Assessment Criteria

Insert a narrative description.

# Indirect Summary Statement

Insert a narrative description.

# Water Quality Statement

Insert a narrative description.

# Cumulative Effects Summary Statement

Insert a narrative description.

# Recommendations

# Sources

**Appendices**

A. Maps

B. Interviews

# Appendix A: Maps

|  |
| --- |
| **Appendix A, Map 1: Future Land Use Study Area** |
| Insert FLUSA Map |

|  |
| --- |
| **Appendix A, Map 2: Project Area Transportation Projects** |
| Insert Project Area Transportation Projects Map |

|  |
| --- |
| **Appendix A, Map 3: Notable Human Environmental Features Map** |
| Insert Notable Human Environmental Features Map |

|  |
| --- |
| **Appendix A, Map 4: Notable Natural Environmental Features Map** |
| Insert Notable Natural Environmental Features Map |

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| --- |
| **Appendix A, Map 5: Water and Sewer Availability Map** |
| Insert Water and Sewer Availability Map |

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| **Appendix A, Map 6: Available Land Map** |
| Insert Available Land Map |

# Appendix B: Interviews

Complete the tables below to document the results of local official contacts. If more than one official is contacted (for example, multiple jurisdictions), then include a table for each.

First Contact Date: Enter the date of the first contact attempt.

Method(s): Check the applicable box(es).

Form returned on: Check this box if the form is returned via email, fax, or snail mail. Include the date.

Interview on: Check this box if you interviewed the contact person by phone or in-person. Include the date.

No response: Check this box if you do not receive a response or are unable to reach the person by the time that you submit the report to Community Studies.

Comments: Examples of comments include date of last contact attempt (only if no response), returned blank or incomplete form.

Attach completed Local Official Input Forms. If there is no response, insert the text “No response received.”

|  |  |  |
| --- | --- | --- |
| Name:  Title:  Agency:  Phone:  Email: | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. | |
| FIRST CONTACT DATE | METHOD(S) | RESULT |
| Click here to enter date. | Email  Phone  In-person | Form returned on (date)  Interview on (date)  No response  Comments: |