

Traffic Calming Program Application

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CONTACT INFORMATION

Request from a Neighborhood Organization

Organization/Neighborhood Name _____

Contact Person _____ Position in Organization _____

Phone # _____ Email _____

This application must be approved by a vote of the organization's board or membership. Has such approval been obtained? YES _____ NO _____

OR

Request from Individuals

We four unrelated individuals, representing four separate households, request a Neighborhood Traffic Study. We have discussed this application with the neighborhood organization representing our area (if there is one).

1 Contact Person _____

Address _____ Phone _____

Email _____

2 Name _____

Address _____ Phone _____

Email _____

3 Name _____

Address _____ Phone _____

Email _____

4 Name _____

Address _____ Phone _____

Email _____

TARGET ZONE

Please identify which streets are of most concern, in order of highest priority (1.) to lesser priority (4.). You may list local streets and collector streets. The traffic calming program primarily addresses local residential streets and may consider collector streets at the discretion of the Metro Traffic Engineer. Arterial streets (larger multi-lane streets) do not qualify for traffic calming. Check the *Major and Collector Street Plan* to determine the street classification. (<https://maps.nashville.gov/MCSP/>)

1. Problem Street _____

Between _____ and _____

2. Problem Street _____

Between _____ and _____

3. Problem Street _____

Between _____ and _____

4. Problem Street _____

Between _____ and _____

Who is your Council Member?* _____

Have you discussed the issue with the Council Member? YES _____ NO _____

* Council Members will be notified of all traffic calming applications received.

CONCERNS

1. By circling 1, 2, or 3, please describe the concerns your neighborhood hopes to address through the neighborhood traffic calming program.

Most Important		Less Important	
1	2	3	Speeding
1	2	3	Drivers not yielding to pedestrians
1	2	3	Difficult to cross the street
1	2	3	Difficult to bike
1	2	3	Impacts of on-street parking
1	2	3	Too much "cut-through" traffic
1	2	3	School Traffic
1	2	3	Vehicle crashes
1	2	3	Other (please describe below)

2. What time of day or days of the week are these problems occurring?
3. What specific factors do you believe should be considered to determine if your neighborhood should be selected for traffic calming (over others also requesting traffic calming measures). For example, proximity to schools, lack of sidewalks, or other characteristics that make speeding in your neighborhood more of a problem.
4. Other information regarding your concerns. Please attach pictures, sketches, or other supporting information as desired.

PROGRAM UNDERSTANDING

We understand that the City has many neighborhoods and requests for traffic calming, and limited funding requires the City to prioritize neighborhoods based on data results and demonstrated need for the Traffic Calming Program. Because of this, we understand that making a request for traffic calming and completing this application may not result in immediate action in our neighborhood.

We also understand that if selected, proposed physical changes to the street and/or traffic calming plan may require a 70% majority approval of households within the affected area. We understand that it is our responsibility to solicit petition signatures, and the City will assist by providing petition forms and exhibits of the traffic calming plans/data as well as present the plan and answer questions at neighborhood meetings.

We understand that our neighbors have the right to be informed of any public meetings held with City officials in connection with this application for the Metro Traffic Calming Program. We promise to listen to the concerns of all of our neighbors and City representatives when meeting or discussing traffic in our neighborhood.

Signed by the Contact Person for your Group:

Signature: _____

Name: _____

Date: _____

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