

# RESIDENTIAL TDM APPLICATION

June 2009



Boca Raton's Transportation Demand Management (TDM) program requires residential properties to implement programs that encourage alternatives to drive-alone and peak period commuting to their worksites. Reducing commute trips helps improve air quality, reduce traffic congestion, and decrease the use of petroleum fuels.

Residential developments may be required to participate in the City's program to comply with Section 23-243 through 23-250 of the City Code of Ordinances or conditions placed on their Development Order. Please complete the following application as carefully and completely as you can. In addition, a TDM narrative/summary is required as an attachment to this application. The narrative/summary should outline the elements included in the program. You may visit [www.bocatmi.com](http://www.bocatmi.com) for additional information on the City's TDM program.

If you have any questions on how to complete this form, please contact the City's Transportation Management Initiative (TMI) Administrator at 561-416-3375. If, after filing the application, your organization determines that you want to modify the TDM plan, contact the City's TMI Administrator to amend your program.

Date Submitted (Mo/Yr): \_\_\_\_\_

1. Property Control Number (PCN): \_\_\_\_\_

2. Development Approval # (IDA#, SPA#, CA#) \_\_\_\_\_

3. Residential Development Name \_\_\_\_\_

4. Residential Development Physical Address \_\_\_\_\_

## **DEVELOPMENT DESCRIPTION**

5. Is this development located within the City of Boca Raton Downtown CRA?  Yes  No

6. Is this development:  Existing  Redevelopment  New Development

7. What is the total square feet of the development(s)? \_\_\_\_\_

a. Total number of units: \_\_\_\_\_

8. In addition to residential units, does your site have mixed uses?  Yes  No

a. If yes, does your organization oversee or serve as the Property Manager for the non-residential development?  
 Yes  No

If yes, you must also complete and submit a Property Owner TDM Application.

b. If yes, what are the commercial/retail businesses at the property:

Finance, insurance, real estate

Retail/trade

Construction

Professional/office services

Manufacturing

Transportation

Info services, software, technical

Health care

Government

Entertainment

Public utilities

Education

Restaurant

Military

Other \_\_\_\_\_

## **TRANSPORTATION COORDINATOR (TC) INFORMATION**

The City of Boca Raton requires your organization to appoint a Transportation Coordinator (TC) for the development. The responsibilities of the TC are to oversee the TDM program developed for the development including program development, distribution of information, and implementation of the TDM program. The TC also serves as the main contact for the City of Boca Raton TMI and other regional transportation agencies.

9. TC Name \_\_\_\_\_

10. TC Title \_\_\_\_\_

Property Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

11. Company/Organization \_\_\_\_\_ 12. Mailing Address (if different than above) \_\_\_\_\_

13. TC Phone Number \_\_\_\_\_ 14. TC Fax Number \_\_\_\_\_ 15. TC Email Address \_\_\_\_\_

16. Is the TC identified above an employee of the:  Developer/Owner  Property Management Company

17. Where will the TC's name and contact information be displayed at the development for residents and employees to view?  
 \_\_\_\_\_

**RESIDENTIAL EMPLOYEE INFORMATION**

18. How many total individuals are employed at/by the development (including daily contract services such as valet, housekeeping, ground maintenance, etc)? \_\_\_\_\_

19. Is your TDM program offered to all employees?  Yes  No

20. Do the employees have multiple shifts?  Yes  No

a. If yes, please describe: \_\_\_\_\_

**DEVELOPMENT CHARACTERISTICS**

21. Are any of the following facilities located on site or within 3 blocks of the development and accessible to residents?

	No	Onsite	Within 3 Blocks	How Many
a. Transit Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Palm Tran Bus Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Tri-Rail Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Shuttle (Company or City Operated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Shuttle (Tri-Rail Operated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Car/Vanpool Loading/Unloading Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Bike Lane or Shared Use Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Long Term Bicycle Parking (lockers,etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Short Term Bicycle Parking (racks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Shower & Locker Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Sidewalk or Pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Restaurants/Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Child Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o. Bank/ATM Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Fitness Center/Gym	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

22. If you have long-term bicycle parking, will it be administered:  Internally  by SFCS

a. Please describe your long-term bicycle parking: \_\_\_\_\_  
 \_\_\_\_\_

Property Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

**PARKING INFORMATION AND PARKING MANAGEMENT**

23. Has your development received a reduction in the code required number of parking spaces?  Yes  No  
a. If yes, how much of a reduction did you received? \_\_\_\_\_

24. Does your development have a shared parking agreement with another site?  Yes  No  
a. If yes, provide:  
Property Name: \_\_\_\_\_  
Property Control Number (PCN): \_\_\_\_\_

25. How many total parking spaces does this site have for residential use?  
26. If the residential parking spaces are leased from another organization, how much does your organization pay per month per parking space?  
27. How many parking spaces are provided per unit?  
28. How many handicapped parking spaces are provided?

On-Site	Off-Site
#	#
\$	\$
#	#
#	#

29. Do your residents pay (outside of their lease/purchase agreement) for parking?  Yes  No  
a. If yes, on average how much do resident's pay? \_\_\_\_\_  
b. Will any of the proceeds from your parking charges go to your TDM program?  Yes  No

30. Does your development offer valet parking for residents?  Yes  No  
31. Are parking spaces, other than those provided by the developer (such as off-street parking, municipal parking lot, commercial parking garage) available within 3 blocks?  Yes  No  
32. Are onsite parking spaces available for your employees?  Yes  No  
a. Briefly describe the parking arrangements for employees:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBSIDIES AND INCENTIVES**  
**Financial Subsidies & Incentives:**

33. Has your development provided a contribution to the City of Boca Raton to operate shuttle service?  Yes  No  
a. If yes, how much was your initial contribution? \$ \_\_\_\_\_  
b. If your development will be providing an annual contribution, how much will it be? \$ \_\_\_\_\_  
34. Does your property provide privately operated shuttle service for residents?  Yes  No

Property Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

35. Will you offer any of the following to your residents?

	Yes	No	Average monthly subsidy paid per user
a. Palm Tran Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>	
b. Tri-Rail Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>	
c. Carpool Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>	
d. Vanpool Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>	
e. Bicycling Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>	
f. Walking Subsidy / Incentive	<input type="checkbox"/>	<input type="checkbox"/>	
g. Other Transportation Allowance / Stipend	<input type="checkbox"/>	<input type="checkbox"/>	

**Non-Financial Incentives:**

36. What type of non-financial incentives will be offered to alternative mode users at the development? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee Incentives:**

37. Briefly describe any subsidies or incentives provided to residential development employees that utilize alternative modes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM ACTIVITIES, STRATEGIES, MARKETING, AND PROMOTION**

38. Will any of the following program activities, strategies, etc. be offered to residents?

	Yes	No
a. Install a transportation kiosk If yes, how many? _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide transportation literature to new residents	<input type="checkbox"/>	<input type="checkbox"/>
c. Promote SFCS' ridematching program to residents	<input type="checkbox"/>	<input type="checkbox"/>
d. Promote SFCS' Emergency Ride Home program to residents	<input type="checkbox"/>	<input type="checkbox"/>
e. Distribute a transportation survey to residents	<input type="checkbox"/>	<input type="checkbox"/>
f. Distribute literature or a summary on the development's TDM program	<input type="checkbox"/>	<input type="checkbox"/>
g. Invite transportation vendors to participate in events held by the development	<input type="checkbox"/>	<input type="checkbox"/>
h. Promote regional and national transportation promotions and/or campaigns	<input type="checkbox"/>	<input type="checkbox"/>
i. Distribute electronic messages about TDM program	<input type="checkbox"/>	<input type="checkbox"/>
j. Publish TDM articles in newsletters/correspondence	<input type="checkbox"/>	<input type="checkbox"/>
k. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

39. If you are installing transportation kiosk(s), where will the kiosk(s) be located at the development? \_\_\_\_\_

\_\_\_\_\_

40. Have you included any additional activities, strategies, etc. being offered at the development in the attached TDM narrative?  Yes  No

Property Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

**TDM ACTIVITIES AND PROGRAM ELEMENTS**

The TDM plan should include a reasonable and effective combination of TDM strategies identified in the City’s TDM Program including but not limited to what is listed in Section 23-243 through 23-250 of the City Code of Ordinances and/or the Development Order. The TDM plan should be appropriate to the size, scale, and location of the development and demonstrate that reasonable and practicable actions will be taken in conjunction with and over the life of the development that will produce a reduction in traffic and related impacts of the development.

- 41. Attach TDM narrative/summary outlining the property’s overall TDM plan in accordance with the City’s TDM Program including but not limited to TDM strategies listed in Section 23-243 through 23-250 of the City Code of Ordinances and/or the Development Order. Please include a description of the TDM activities, campaigns, promotions, subsidies, and incentives your development plans to conduct to support your TDM program.

**TDM STATUS**

Please complete the following information if this is new construction or the redevelopment of an existing development.

- 42. Have you submitted a traffic impact study of the proposed development that shall be in conformance with Sections 23-86, 23-187, 23-188, 23-190, 23-191, and 23-192, Code of Ordinances, and the guidelines for access/impacts reports adopted by the City Traffic Engineer?  Yes  No
- 43. Is the traffic impact study prepared, signed and sealed by a professional engineer registered in the State of Florida?  Yes  No

**REPORT PREPARATION**

Identify the individual responsible for completing the TDM Application:

\_\_\_\_\_  
44. Name

\_\_\_\_\_  
45. Title

\_\_\_\_\_  
46. Organization

\_\_\_\_\_  
47. Mailing Address

\_\_\_\_\_  
48. Phone Number

\_\_\_\_\_  
49. Fax Number

\_\_\_\_\_  
50. Email Address

Property Name: \_\_\_\_\_ PCN #: \_\_\_\_\_

**PROPERTY COMMITMENT**

**The completion of this report requires the signature of the CEO or highest ranking official responsible for the property.**

I understand that our property is required by the City of Boca Raton to submit a TDM Application & Plan and to implement the program it describes. These actions comply with the City of Boca Raton TDM program including Section 23-243 through 23-250 of the City Code of Ordinances and/or the Development Order. I am aware that the goal of this program is to reduce our Peak Period Vehicle Trip (PPVTR) and Vehicle Employee Ration (VER) to this property.

I have reviewed the referenced document and believe the TDM Plan is appropriate to the size, scale, and location of the property and demonstrates that reasonable and practical actions will be taken in conjunction with and over the life of the property that will produce a reduction in traffic and related impacts of the property.

I commit to the implementation of all the elements listed and submitted for your approval. I will ensure that the City of Boca Raton is notified if information in the document changes. I understand a TDM Annual Report is to be submitted no later than January 15<sup>th</sup>.

\_\_\_\_\_  
50. Name

\_\_\_\_\_  
51. Title

\_\_\_\_\_  
52. Company/Organization

\_\_\_\_\_  
53. Mailing Address

\_\_\_\_\_  
54. Phone Number

\_\_\_\_\_  
55. Fax Number

\_\_\_\_\_  
56. Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date