

Appendix C Meeting Request and Review Fee Application Forms

Electronic versions of the following forms are located in the Development Coordination Portal within the “Doing Business with DelDOT” portion of the DelDOT website (<http://deldot.gov/information/business/>).



DeIDOT – Development Coordination Meeting Request Form

In an effort to improve efficiency and prepare for meetings, please complete the requested information below and forward it via email to subdivision@state.de.us. Items **Highlighted** below are required information for all meetings. Please call (302) 760-2266 if you need assistance. Thank you.

Date of request: / /

Show Existing Form Fields



Required Information

1. Project Name:
2. New Project: For All projects, a Pre-Submittal Meeting is required prior to making a formal plan submittal for review IF any of the following apply: The proposed traffic entering and exiting the site, (based upon published ITE Trip Generation Manuals), exceeds 200 Average Daily Trips (ADT), DeIDOT approval is more than 3 years old, or Commercial Access (or Development Entrance) along the State roadway network is proposed. If any of these apply, refer to the **Pre-Submittal Meeting** section below.
3. Tax Parcel I.D.:
4. Purpose of Meeting:
5. External Attendees (please include yourself):

Name: Email/Telephone: *Legal Counsel

*Please be advised that the attendance of attorneys or legal counsel to meetings will require advanced coordination to ensure that DeIDOT's legal representation can attend, otherwise meetings can only be held absent legal counsel for all parties.

6. Dates Available to Meet:
7. DeIDOT Subdivision Reviewer ([Statewide Plan Review Map](#)):
8. Plans: Depending on the purpose of the meeting, plans or exhibits may be helpful to allow for a productive meeting. Forward pdfs of applicable plans or exhibits with this form when requesting the meeting. Plans Attached:
9. Additional Sections or DeIDOT Personnel Requested:
10. Anticipated Meeting Duration:
11. Additional Comments:

Pre-Submittal Meeting

Please complete the requested information below (**Items A through C are required**) and forward it and the following documents via email to subdivision@state.de.us or by mail at least **two weeks prior** to the meeting for review by the respective County Review Coordinator and Subdivision Reviewer as defined on the [Statewide Plan Review Map](#):

- A. Conceptual Site Plan Attached:
- B. Trip Generation Diagram(s) based upon the current sample on the DeIDOT website: [Top 10 Most Frequently Seen Errors](#) (Please differentiate between Existing and Proposed ADT and provide Site Total ADT for all concurrent site uses). Attached:
- C. Auxiliary Lane Worksheet: <http://www.deldot.gov> > [auxiliary_lane_worksheet.xlsm](#) Attached:



DelDOT – Development Coordination INITIAL STAGE FEE CALCULATION FORM

Project Name: _____	County: _____
Project Location/ Address: _____	Tax Parcel ID: _____
Engineer's Name: _____	Developer: _____
Engineer's Company: _____	Development Company: _____
Engineer's Phone: _____	Developer Phone: _____
Engineer's Email: _____	Developer Email: _____

All checks and/or money orders must be made payable to the **Delaware Department of Transportation**, and be dated within 90 days of the submittal date. Checks should be mailed along with this completed form to the Department's Finance Section, **Attention: Controller, P.O. Box 778, Dover, DE 19903**. Hand delivered checks may only be remitted at the front desk, which is located in the main lobby of the Dover Administration Building. **No cash in any amount will be accepted.** A photocopy of the check and this form shall be submitted to the Development Coordination Section.

I. Record Plan Submission

- A. ___ Minor Residential Subdivision (5 or less lots) **Number of lots** _____
 Check this box, if Senate Bill 49 Applies
- B. ___ Major Residential Subdivision (6 or more lots) **Number of lots** _____
- C. ___ Non-residential land development (i.e., commercial, school, office, church)
Number of lots _____ **Gross Floor Area** (square feet) _____
- D. ___ Mixed Use

II. Initial Stage Fee Calculations

- A. Minor Residential Subdivision (5 lots or less).....\$100
- B. Major Residential Subdivision \$400 + (Number of Lots x \$10) = Total fee
\$400 + [_____ x \$10] = \$ _____

Number of Lots
Total
- C. Non-Residential development ... \$500 + (Number of Lots x \$20) = total fee **OR**
\$500 + (Gross floor area/1000 s.f. x \$20) = total fee **(WHICHEVER IS GREATER)**
Number of Lots: \$500 + [_____ x \$20] = \$ _____

Number of Lots
Total

Gross Floor Area: \$500 + [_____ ÷ 1000 x \$20] = \$ _____

Gross Floor Area
Total
- D. Mixed Use = _____ + _____ = \$ _____

B
C
Total

III. Total Amount Remitted: \$ _____ **Check/M.O. Number:** _____

IV. Signatures: Applicant: _____ Date: _____

DelDOT Reviewer: _____ Deposit Date: _____

(Signatures attest that the provided fee is accurate and does not constitute approval of the project by the Department.)

REMARKS: _____

Revised 5/30/2013



DelDOT – Development Coordination AREA WIDE STUDY FEE CALCULATION FORM

Project Name: _____ **County:** _____
Project Location/Address: _____ **Tax Parcel ID:** _____
Engineer's Name: _____ **Developer:** _____
Engineer's Company: _____ **Development Company:** _____
Engineer's Phone: _____ **Developer Phone:** _____
Engineer's Email: _____ **Developer Email:** _____

All checks and/or money orders must be made payable to the **Delaware Department of Transportation**, and be dated within 90 days of the submittal date. Checks should be mailed along with this completed form to the Department's Finance Section, **Attention: Controller, P.O. Box 778, Dover, DE 19903**. Hand delivered checks may only be remitted at the front desk, which is located in the main lobby of the Dover Administration Building. **No cash in any amount will be accepted.** A photocopy of the check and this form shall be submitted to the Development Coordination Section.

I. Development Description and Trip Generation Calculation

Type of Development	Size (X)	Formula	Average Daily Trips
Single Family Detached Housing	dwellings	$\text{Ln}(T) = 0.92\text{Ln}(X) + 2.72$	
Apartment	dwellings	$T = 6.06(X) + 123.56$	
Residential Condominium/Townhouse	dwellings	$\text{Ln}(T) = 0.87\text{Ln}(X) + 2.46$	
Mobile Home Park	dwellings	$T = 3.52(X) + 277.51$	
Senior Adult Housing - Detached	dwellings	$\text{Ln}(T) = 0.89\text{Ln}(X) + 2.06$	
General Office Building	thousand gross square feet	$\text{Ln}(T) = 0.76\text{Ln}(X) + 3.68$	
Medical-Dental Office Building	thousand gross square feet	$T = 40.89(X) - 214.97$	
Shopping Center	thousand gross square feet	$\text{Ln}(T) = 0.65\text{Ln}(X) + 5.83$	
Specialty Retail Center (excludes convenience stores, pharmacies, banks, restaurants and gas stations)	thousand gross square feet	$T = 42.78(X) + 37.66$	
Mixed Use	Attach calculations and supporting documents		
Not listed above	Attach calculations and supporting documents		
For the uses that are not represented by a formula and/or on noted on this form, the ITE Manual 9th Edition or the most current version must be utilized to compute the trip generation, and all calculations and supporting documents must be attached to this form.			

A. Area-Wide Study Fee Calculation

_____ X \$10 = \$ _____
 Average Daily Trips (T) Total

II. Total Amount Remitted: \$ _____ **Check/M.O. Number:** _____

III. Signatures: Applicant: _____ Date: _____

DelDOT Reviewer: _____ Deposit Date: _____

(Signatures attest that the provided fee is accurate and does not constitute approval of the project by the Department.)

REMARKS: _____

Revised 5/30/2013