

**FORSYTH COUNTY  
OFFICE OF ENVIRONMENTAL ASSISTANCE AND PROTECTION**

Application for a Permit to Construct/Operate a Transportation Facility

Filed by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For EAP Use Only
Date Received
Premise #
Date Issued
Permit #

**APPLICATION INSTRUCTIONS**

THIS APPLICATION IS NOT COMPLETE UNLESS ALL REQUIRED INFORMATION IS SUBMITTED.

1. PRINT OR TYPE ONLY. For assistance, call the Office of Environmental Assistance and Protection at 336-703-2440.
2. Submit two (2) copies of the application, engineering drawings, specifications, and other supporting data and documents.

Forsyth County Office of Environmental Assistance and Protection  
201 N. Chestnut Street  
Winston-Salem, NC 27101

3. All permit applicants must complete Part I. Parking facility applicants must complete Part II for all parking lots or decks to be permitted. Airport applicants must complete Part III, and if appropriate, Part II.
4. A traffic study and/or modeling analysis must be submitted with all permit applications. When modeling is required, a modeling plan must be submitted and approved prior to submitting the modeling

PART I - TRANSPORTATION FACILITY PERMIT APPLICATION-GENERAL INFORMATION

PLEASE TYPE OR PRINT

Date: 01/02/2013

Site Location

Lat: \_\_\_\_\_

Long: \_\_\_\_\_

1) \_\_\_\_\_  
Permittee (Responsible Individual, Owner of Installation or development)

2) \_\_\_\_\_  
Facility Name (Company, Establishment, Town, Etc.)

3) \_\_\_\_\_  
Site Location (St/Rd./Hwy) City Zip Code Forsyth County

4) \_\_\_\_\_  
Mailing Address (P.O. Box/St/Rd/Hwy)

\_\_\_\_\_ City State Zip Code (Area Code)Phone

5) \_\_\_\_\_  
Company Contact Title (Area Code)Phone

\_\_\_\_\_ Air Quality Analysis Contact (Area Code)Phone

- 6) Description of Application
- Alteration/addition to existing facility or development
  - Ownership change of existing installation or development
  - New installation or development (to be constructed)
  - Other (specify) \_\_\_\_\_

- 7) Include the following information with the permit application and facility data supplement(s):
- (a) A dimension drawing of the installation or development showing vehicle entrance and exit orientations and stop/yielding conditions.
  - (b) Current and projected (project completion) maps of local streets, expressways, freeways, stop/yielding conditions, parking facilities and sensitive areas (discrete receptor locations such as day care centers, recreational parks, retirement homes) within a minimum of a one half mile radius of the proposed site, including all intersections. Indicate direction of north by arrow and include overlay of modeling coordinate system.
  - (c) Modeling analysis and/or traffic study analysis to demonstrate compliance with the National Ambient Air Quality Standard for carbon monoxide. Contact the Forsyth County Office of Environmental Assistance and Protection for more information.

8) Complete all applicable facility data supplements.

9) \_\_\_\_\_  
Signature of responsible person or company official Date

10) \_\_\_\_\_  
Name (Type or Print) of person signing Title (Area Code) Phone

PART II - PARKING FACILITY SUPPLEMENT

Note: Fill out a separate data sheet for each parking deck or lot to be permitted.

1) \_\_\_\_\_  
Facility Name or ID Number

2) \_\_\_\_\_  
Description of Operation and Primary Usage

3) \_\_\_\_\_  
Technical Contact Title (Area Code) Phone

4) \_\_\_\_\_  
Construction Start Date

5) \_\_\_\_\_  
Operation Start Date

6) Type of Parking Facility:  Open Lot  Parking Deck

7) Operation Data Existing Proposed\*

(a) Hours per day of operation \_\_\_\_\_

(b) Busiest hour(s) of the day \_\_\_\_\_

(c) Busiest day(s) of the year \_\_\_\_\_

(d) Number of vehicles entering or leaving (per peak hour) \_\_\_\_\_

8) Parking Facility Data Existing Proposed\*

(a) Number of levels \_\_\_\_\_

(b) Parking capacity (total spaces) \_\_\_\_\_

(Note all levels below ground level)

	size (ft <sup>2</sup> )	elevation	Existing # spaces	Proposed* # spaces
Level 1 I/Lot	_____	_____	_____	_____
Level 2	_____	_____	_____	_____
Level 3	_____	_____	_____	_____
Level 4	_____	_____	_____	_____
Level 5	_____	_____	_____	_____
Level 6	_____	_____	_____	_____
Level 7	_____	_____	_____	_____
Level 8	_____	_____	_____	_____
Level 9	_____	_____	_____	_____
Level 10	_____	_____	_____	_____

(c) Number of exits \_\_\_\_\_

(d) Number of entrances \_\_\_\_\_

\* proposed should include existing and new additions

PART III - AIRPORT SUPPLEMENT

*Note: complete separate data sheet for each facility to be permitted.*

*Also complete parking facility data supplement (Part II) for each parking deck or lot to be permitted.*

1)	_____		
	Facility Name or ID Number		
2)	_____		
	Description of Operation and Primary Usage		
3)	_____	_____	_____
	Technical Contact	Title	(Area Code) Phone
4)	_____		
	Construction Start Date		
5)	_____		
	Operation Start Date		
6)	Airport Facility Data	Existing	Proposed*
	(a) Annual aircraft operations**	_____	_____
	(b) Peak hour aircraft operation**	_____	_____

*\*proposed should include existing and new additions*

*\*\*one operation equals one takeoff **or** one landing*