

Development Review Complete Streets Checklist

This checklist is designed to assist the applicant and jurisdiction staff identify and assess a range of Complete Streets-related needs in the vicinity of each development. These needs, if addressed, would better serve the multimodal transportation needs of those coming and going from the site and the surrounding area. The checklist is to be completed during the pre-application phase, but can be used as a reference throughout the development and design of the project. Following completion of the checklist, staff will identify and document project modifications for further evaluation and discussion.

Project Name _____ Project Description / Project Type: _____
 Project Location _____
 Project Manager _____
 Anticipated construction date _____

Pre-Application Phase

Project Description

- What are the proposed land uses (check all that apply)?
 - residential commercial /mixed use industrial
 - civic/institutional
 - other _____
- What are the major trip generators near the project site, if any? (existing and future)
 - a) Schools yes no
 - b) Major employers yes no
 - c) Civic/community destinations yes no
 - d) Medium to high-density residential yes no
 - e) Senior centers/healthcare facilities yes no
 - f) Daily needs (grocery, retail, etc.) yes no
 - g) Other _____
- Is the project site located on the path to/from nearby trip generators?
 - yes no
 - Explain: _____
- Based on the modal priority maps (available at <http://gis.fehrandpeers.com/AlamedaCTC/Typology/>), list the modal priorities on adjacent streets (check all that apply):

Adjacent Street 1 Name: _____

Auto	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Bicycle	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Pedestrian	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Transit	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Trucks	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

Adjacent Street 2 Name: _____

Auto	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Bicycle	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Pedestrian	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Transit	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Trucks	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

Adjacent Street 3 Name: _____

Auto	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Bicycle	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Pedestrian	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Transit	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Trucks	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

Work with Transportation and Engineering Staff to fill out questions 5-8.

5. Within the past five years, have there been any fatal or severe injury collisions within ¼ mile of the site? yes no

If yes, explain _____

6. Within the past five years, have there been any collisions within ¼ mile of the site involving pedestrians or bicyclists? yes no

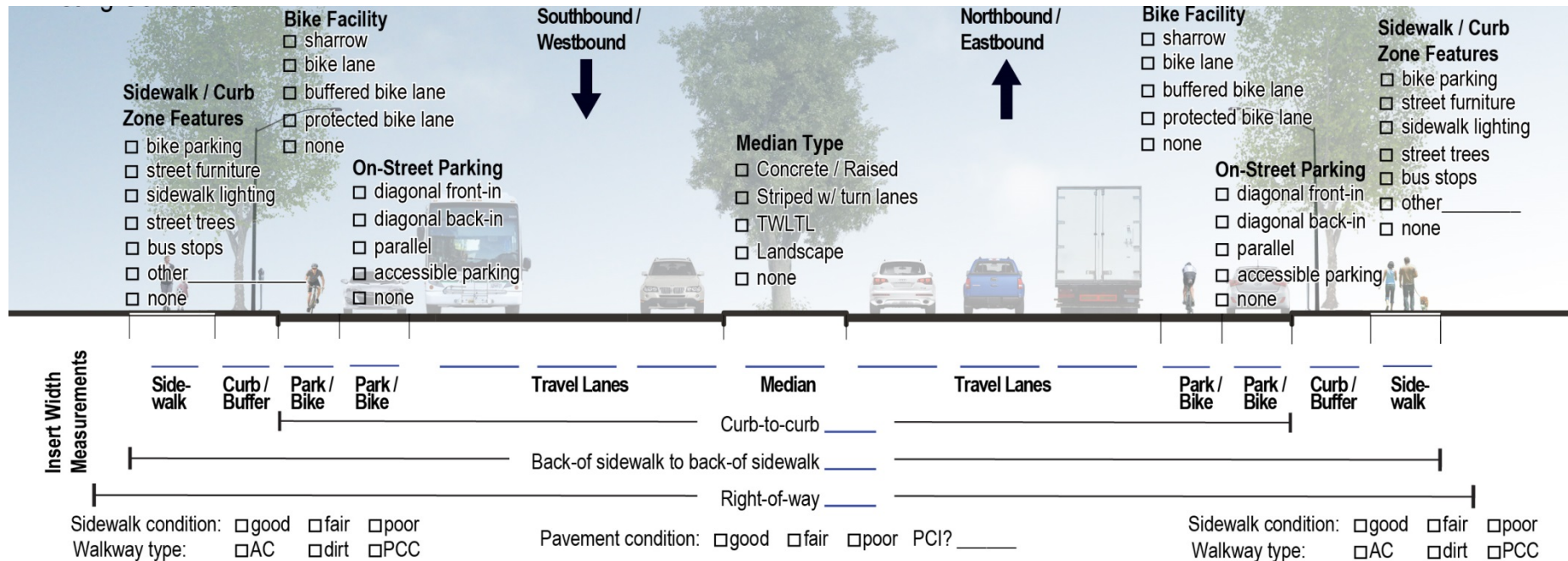
If yes, explain _____

7. Have you observed other opportunities to improve safety performance? (based on field observation) yes no If yes, note:

Existing Physical Conditions

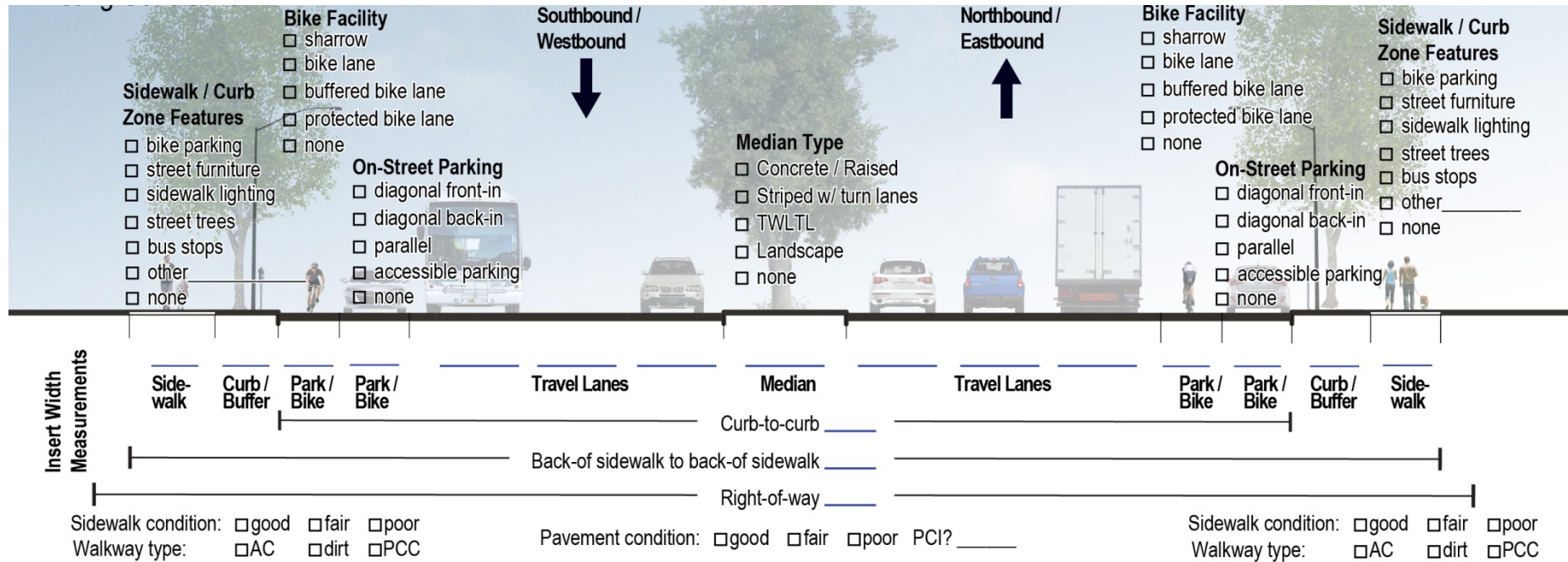
8. What are the existing right-of-way elements adjacent to the project site? Use cross section graphic for each street adjacent to the site.

Adjacent Street 1: Street name _____

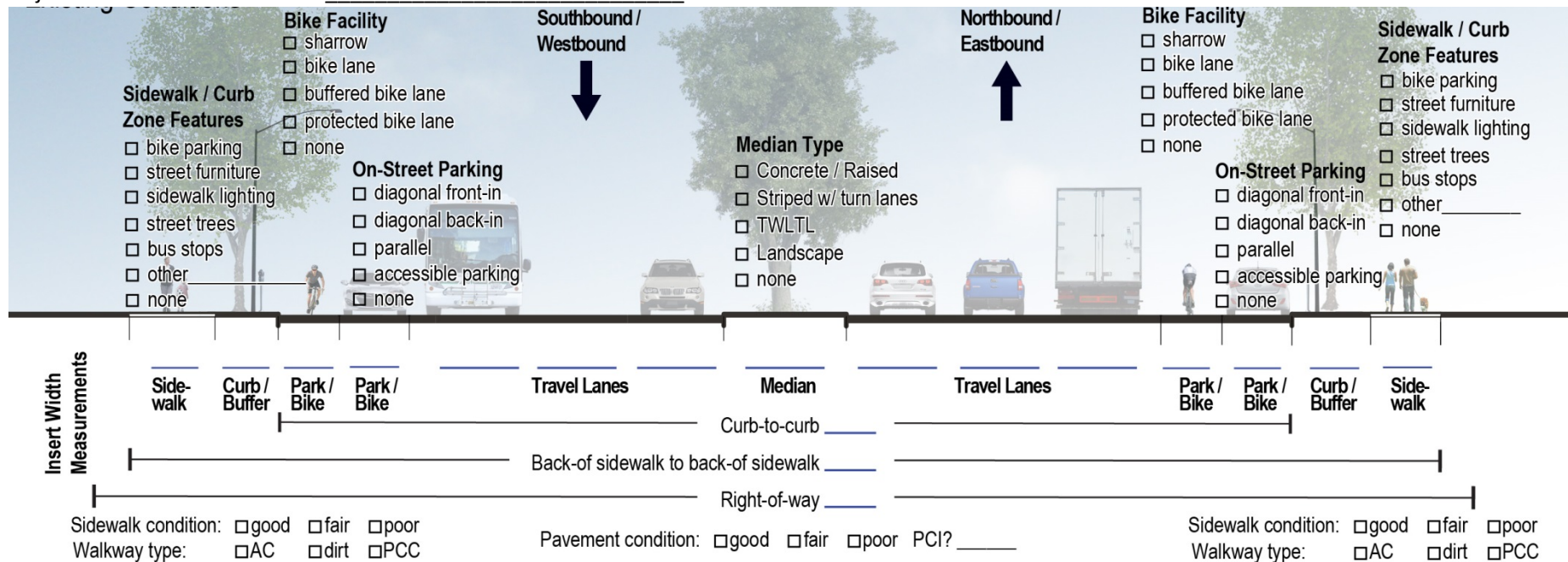


TWLTL = two-way left turn lane | AC = asphalt concrete | PCC = poured cement concrete | PCI = pavement condition index

Adjacent Street 2: Street name _____



Adjacent Street 3: Street name _____



Plans, Policies, Guidelines, and Standards

9. What are **relevant ongoing or existing plans**?

Plan	Identified Needs (yes or no)				
	Ped	Bike	Transit	Vehicular	Other
<i>Bicycle Master Plan</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Mission Blvd Corridor Specific Plan</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Hayward Cannery Area Design Plan</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

List any transportation improvement needs identified in the plan documents listed above:

Transportation Evaluation

10. Indicate whether the following elements have been evaluated for existing conditions at the site and surrounding area and list the result for each mode:

Pedestrian

- Internal site circulation and pedestrian routes yes no
- Site access and street frontage yes no
- Signage and wayfinding yes no
- Intersections and street crossings yes no
- Access to/from surrounding area yes no
- Lighting yes no
- ADA facilities yes no
- Other _____ yes no

List any pedestrian deficiencies identified:

Bicycle

- Parking supply and ease of use yes no
- Site access yes no
- Signage and wayfinding yes no
- Intersections yes no
- Access to/from surrounding area yes no
- Other _____ yes no

List any bicycle deficiencies identified:

Auto

- On-street parking yes no
- Off-street parking yes no
- Disabled parking yes no
- Green infrastructure yes no
- Driveway placement and ped/bike conflict points yes no
- Other _____ yes no

List any auto deficiencies identified:

Transit

- Bus stop placement yes no
- Waiting area amenities and stop design parameters yes no
- Other _____ yes no

List any transit deficiencies identified:

Trucks and Heavy Vehicles

- Curbside loading areas yes no
- On-site loading areas yes no
- Turning radii yes no
- Emergency vehicle access yes no
- Other _____ yes no

List any truck/heavy vehicle deficiencies identified:

11. How does the proposed **site design** impact conditions for each mode? If negative or positive, note the impact. (Note: both negative and positive impacts could be found for one mode.)

Mode	Impacts	
Auto	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. intersection delay; reduced on-street parking supply)</i>
Bicycle	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. increase in vehicle speeds; narrowing of bike lanes)</i>
Pedestrian	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. increase in roadway width; removal of sidewalk space; increased signal cycle lengths)</i>
Transit	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. intersection delay; removal of stop amenities)</i>
Trucks	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	<i>(e.g. intersection delay; reduction or removal of loading zones; reduce maneuverability)</i>
Other mode?	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	

External Agency/Stakeholder Coordination

12. List agencies requiring coordination:

Agency	Has coordination occurred? Note any issues that are outstanding.
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no

Maintenance and Construction Phase Considerations

13. How will access for all modes be maintained during construction (check one box per mode)?

Agency	Auto	Bicycle	Pedestrian	Transit	Trucks
Detour for duration of project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-of-day closures only (e.g. nighttime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term closures (e.g. 24 hour) with detour route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access maintained with reduced facilities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full access maintained (work does not impact mode)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*"Access maintained with reduced facilities" could mean some travel lanes closed for vehicles; could mean bicycle lane is closed, with signage for bicycles to share travel lane; could mean that sidewalk is closed with pedestrian space provided on shoulder; could mean that some transit stops are closed; etc.)

14. Will any transportation facilities or street elements be privately maintained? yes no If yes, explain:

15. Will Complete Streets design be applied on privately maintained facilities? yes no