

**Traffic Calming Assessment Petition  
Applicant Questionnaire**

Note: Please fill out if you are a resident of the affected neighborhood

*Applicant Information (Required)*

Name: ANC 6A by Vice-Chair, J. Omar Mahmud

Address: P.O. Box 75115  
Washington, DC 20013

Telephone #: \_\_\_\_\_

Email Address: mahmud6a01@gmail.com

Requestor Signature: J. Omar Mahmud

Traffic Issue	Very Significant	Significant	Not Significant
Speeding	X		
Traffic Volumes		X	
Cut-through Traffic		X	
Traffic Accidents	X		
Traffic Noise			X
Pedestrian Safety	X		
Bike Safety		X	
Parking	X		
Other (please specify)			

Location of Requested Assessment - Please define geographic boundaries as clearly as possible (e.g. 400, 500, and 600 block of X Street, NE):

1200 block of Florida Ave. NE -  
South side

Conditions Necessitating Assessment - Please provide a detailed description of the problems observed in the Assessment Area:

See attached ANC letter for all  
DDOT Traffic Calming Application details, including answers to many of  
the questions on the following page 5.

Please identify the time of the day when the traffic problems appear to be the worst (such as AM peak, PM peak, afternoon, evening or night).

Various

Please describe any of the following characteristics of your neighborhood: heavy use by pedestrians, bicyclists, or other more vulnerable users; substandard streets (lack of sidewalks, narrow streets, right curves, limited sight distance, etc) and pedestrian generating facilities (parks, elderly housing, shopping areas, etc).

This location is used by pedestrians, motorists + bicyclists. The turn we are concerned about from K Street into Florida is creating a dangerous situation for all because the traffic lane flows right into a parking lane.

Please describe if there are any schools, hospitals, places of worship, recreational centers, hotels, sports arenas or historical monuments in the vicinity of the location.

Churches

Please describe if the traffic problems mainly occur during holidays (such as Christmas, Thanksgiving, New Year, Jewish Holidays etc)

N/A

Please describe who you think is causing the traffic problems. For example is it local residents or the cut-through traffic? Is it cars or delivery trucks etc?

All of the above.

Please describe if the traffic problems create safety issues for pedestrians and bicyclists in your neighborhood. If yes, then please describe how the traffic problems affect safety of pedestrians and bicyclists in your neighborhood?

See

Are there any existing traffic calming measures within the Assessment area you have defined (e.g. speed bumps, rumble strips, median, curb extensions)? If yes, then please describe if they effective in

N/A

If traffic calming is implemented, how would you feel about having traffic calming measures (median islands, speed humps, corner bulbouts, etc) being placed in front of your home?

measures would be welcomed.

Any effective

Have you previously contacted District Department of Transportation for help in addressing your traffic problems? If yes, please indicate which departments have been contacted.

Yes, parking division



---

---

Is the area of concern an active construction zone? If so, do you know the project name or can you provide a description of the project?

No

---

---

Are there any traffic calming treatments that would not be acceptable to the petitioners?

We would like to see the options first.

---

---

Please provide us with any additional comments you feel would be helpful.

N/A

---

---

Does the area of concern include any Metro bus stops or affect other transit access?

Not sure.

---

---