**DESIGN EXCEPTION INFORMATION**

**Route:**       **County:**       **Job No.:**

**A**. **Design Stage:**

[ ] Conceptual Plan [ ] R/W Certification [ ] Preliminary Plan [ ] Final (PS&E) [ ] Other (     )

**B.** **Provide data for only those items that are proposed to have a design exception.**

Functional Classification:       Design ADT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Existing Condition | Standard | Proposed | Location |
| 1. Design Speed |       |       |       |       |
| 2. Lane Width |       |       |       |       |
| 3. Shoulder Width Inside Outside |       |       |       |       |
| 4. Bridge Width |       |       |       |       |
| 5. Horizontal Alignment |       |       |       |       |
| 6. Superelevation |       |       |       |       |
| 7. Vertical Alignment  |       |       |       |       |
| 8. Grade % |       |       |       |       |
| 9. Stopping Site Distance |       |       |       |       |
| 10. Cross Slope |       |       |       |       |
| 11. Vertical Clearance |       |       |       |       |
| 12. Lateral Offset to Obstruction |       |       |       |       |
| 13.Structural Capacity |       |       |       |       |
| 14. Other (Non-Controlling) (Describe) |       |       |       |       |

C. **Give reasons for requesting design exceptions for each design element.**

D. **Detail any safety considerations (including the HSM analysis, if applicable)**

Request for Design Exceptions:

(NOTE: Include only for consultant designed projects.)

By:        Date:

 Consultant Project Manager Name of Consulting Firm

By:       Date:

 MoDOT Transportation Project Manager

By:       Date:

 MoDOT Structural Project Manager or Structural Liaison

Approved: (Include only applicable signatures.)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 District Engineer

Comments:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 State Bridge Engineer

Comments:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 State Design Engineer

Comments:

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

 FHWA

Comments: