

Submitted By: _____ Date: ____/____/____ Recommended: _____ Date: ____/____/____
Engineer of Record

To: _____
Program / Project Manager

BASIS OF DESIGN EXCEPTION

- Request for Approval of Design Exceptions to AASHTO Guidelines
- Request for Approval of Design Exceptions from Standard SCDOT Procedures

PROJECT CHARACTERISTICS

County: _____ Rd. / Route: _____ Const. Pin: _____
 From: _____ To: _____
 Length: _____ MPO / COG _____
 Work Type: _____
 Functional Classification: _____

Group Designation: (1 / 2 / 3 / 4) (if applicable)
 Type of Terrain: (Level / Rolling / Mountainous)
 Design Speed: _____ (mph)

_____ ADT _____
 _____ ADT _____
 TRUCKS _____ %

CRASH ANALYSIS

(Attach additional sheets with accident history data)

TOTAL PROJECT ESTIMATE (\$) _____

CHECK APPROPRIATE BOX(ES) FOR DESIGN EXCEPTION(S)

- | | | |
|---|--|--|
| <input type="checkbox"/> Design Speed | <input type="checkbox"/> Maximum Grade | <input type="checkbox"/> Travel Lane Width |
| <input type="checkbox"/> Horizontal Alignment | <input type="checkbox"/> Vertical Clearance | <input type="checkbox"/> Shoulder Width |
| <input type="checkbox"/> Minimum Radii | <input type="checkbox"/> Bridge Width | <input type="checkbox"/> Horizontal Clearances |
| <input type="checkbox"/> Vertical Alignment | <input type="checkbox"/> Structural Capacity | <input type="checkbox"/> Stopping Sight Distance |
| <input type="checkbox"/> Level SSD K-Values | <input type="checkbox"/> Superelevation Rate | |
| | <input type="checkbox"/> Cross Slope | |
| | <input type="checkbox"/> Travel Lanes | |
| | <input type="checkbox"/> Shoulders | |

DESCRIBE ELEMENT(S) FOR DESIGN EXCEPTION(S)

(Attach additional Sheets as needed) _____

JUSTIFICATION FOR DESIGN EXCEPTION(S)

(Attach additional Sheets as needed) _____

DESCRIBE STEPS TO ELIMINATE DESIGN EXCEPTION(S), INCLUDE COST

(Attach additional Sheets as needed) _____

HOW WILL FUTURE CONSTRUCTION IMPACT DESIGN EXCEPTION(S)?

(Attach additional Sheets as needed) _____

RECORD OF DECISION

- For
- Against

- For
- Against

- Approved
- Denied

_____/_____/_____
(Regional Design Manager/
Program Manager / DEA) Date

_____/_____/_____
(Regional Production Engineer) Date

_____/_____/_____
(Director of Preconstruction) Date

- Concur

_____/_____/_____
FHWA (NHS Routes > \$50 million & All Interstate)

cc:
Director of Preconstruction
FHWA
Preconstruction Support Engineer
Regional Production Group Engineer
District Engineering Administrator
Director of Traffic Engineering