

***Design Exception Request***

**State Project No.**

**Federal-Aid Project No.**

**Date:**

**Oversight Project: Yes ( ) No ( )**

**Design Exception Abstract:** (Provide a short summary detailing the nature of the exception, reasons for the request, etc.)

**RECOMMENDATION:**

The purpose of this project is to:

The most effective method of addressing this is:

Based upon the conditions presented, it is recommended that a design exception be approved for the controlling substandard design element as justified.

**Recommended By:** \_\_\_\_\_  
Squad Manager

**Recommended By:** \_\_\_\_\_  
Group Engineer

**Recommended By:** \_\_\_\_\_  
Assistant Director-Transportation Solutions

**Recommended By:** \_\_\_\_\_  
Assistant Director-Design

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Chief Engineer

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Federal Highway Administration  
(NHS Oversight Projects Only)

Enclosures: