

COLORADO DEPARTMENT OF TRANSPORTATION <b>DESIGN EXCEPTION VARIANCE REQUEST</b>	TEA-21 program <input type="checkbox"/> NHS <input type="checkbox"/> STP	Project Code
Project name	Date	Project Number
Type (check all that are applicable)	Revised	Region
<input type="checkbox"/> New construction <input type="checkbox"/> Restoration <input type="checkbox"/> Resurfacing <input type="checkbox"/> Rehabilitation <input type="checkbox"/> _____ <input type="checkbox"/> Reconstruction <input type="checkbox"/> Safety <input type="checkbox"/> Enhancement <input type="checkbox"/> _____ <input type="checkbox"/> _____		

**Part 1 –** Complete A through G for all projects (if 3R type or Safety type project, show comfort speed: \_\_\_\_\_ mph or  if shown on CDOT Form 463a).

A. Short project description ( <input type="checkbox"/> see CDOT Form 463 for more detailed description)	<input type="checkbox"/> NHS standards apply <input type="checkbox"/> 3R standards apply <input type="checkbox"/> State standards apply <input type="checkbox"/> _____
B. Description of standard(s) reduced	PS&E approved by <input type="checkbox"/> CDOT <input type="checkbox"/> FHWA
C. Rational need for exception(s)	
Does this exception affect any existing potential hazards? <input type="checkbox"/> (If so, describe hazard and rationale for retaining above.)	
D. Mitigation measures proposed (include safety discussion)	
E. Description of adjoining sections: ( <input type="checkbox"/> see CDOT Form 463a) Other:	<input type="checkbox"/> same as existing project <input type="checkbox"/> same as proposed project
F. Accident data    Source:  Most recent statewide accident rate (calendar year) for this functional class / facility: a) _____    b) _____ Latest accident rate for this highway (usually 3 years): _____ a) _____    b) _____	G. Cost  Estimated item cost if built to full standard                 \$ _____ Estimated cost of exception item, as proposed                 \$ _____ ± difference in cost: _____                 \$ _____
H. Other (as needed)  Optional: See for traffic counts and/or additional speed data.	

**Part 2 –** Appropriate signatures required.

A. Submitted by (Project Manager)	Date	Approved by (Program Engineer)	Date

Required for Federal-oversight projects only

B. <input type="checkbox"/> Not approved or <input type="checkbox"/> approved with conditions	Condition(s) / comment(s)
Approved by (FHWA Division Administrator)	
Date	

Distribution:    Region \_\_\_\_\_ Project file  
                       Region \_\_\_\_\_ Project Manager  
                       Region \_\_\_\_\_ Program Engineer  
                       HQ \_\_\_\_\_ Records Center, Project file  
                       FHWA, if applicable

Instructions:    Refer to *The Roadside Design Manual*, Sections 1103.7& 1103.8 for 3R projects  
                       Refer to P.D. 548.1 if project is resurfacing or safety type