



ENGINEERING & OPERATIONS DEPARTMENT

PO Box 1110, Tampa, FL 33601-1110
813-635-5400 | Fax: (813) 272-5811

SUBJECT: APPROVAL COVER LETTER ☐ **DESIGN EXCEPTION**

TO: _____ **DATE:** _____
County Engineer and Technical Services Division Director

County Street Name and/or Road Number: _____
Project Description (limits): _____
County Capital Improvement Program Number: _____
Context-Based Classification: _____

TYPE OF CONSTRUCTION: (check all that apply)

- | | | |
|--|--|---|
| ☐ New Construction | ☐ Intersections | ☐ Bridge Widening and Replacements |
| ☐ Corridor Reconstruction | ☐ Complete Street | |

DESIGN EXCEPTION FOR THE FOLLOWING ELEMENT: (check one)

- | | | | |
|--|--|--|---|
| ☐ Design Speed | ☐ Clear Zone | ☐ Stopping Sight Distance | ☐ Vertical Clearance |
| ☐ Lane Widths | ☐ Horizontal Curve Radius | ☐ Maximum Grade | ☐ Design Loading Structural Capacity |
| ☐ Shoulder Widths | ☐ Superelevation Rate | ☐ Cross Slope | ☐ American with Disabilities Act (ADA) |

Include statement identifying location, project limits, functional and context classifications, posted speed, design vehicle, existing roadway characteristics, and required criteria versus proposed criteria:

Attach all supporting documentation to this form in accordance with HCTDM Section 1.3.5.1.

SIGNATURES AND APPROVALS:

Recommended by:

Recommended by:

Approved by:

Name: _____
Responsible Professional Engineer

Name: _____
Technical Services Division Director

Name: _____
County Engineer