



Design Deviation Memorandum Short Form

To: _____
Technical Services Director

Date: _____

County CIP No.: _____ Federal Aid Number: _____

Design/Posted Speed: _____ Context Classification: _____ Functional Classification: _____

Project Name: _____

County Road Name: _____ Section/Township/Range: _____

Begin Project Sta.: _____ End Project Sta.: _____

Request for: Design Deviation

Design Element	Sta.: Beg-End	Existing	Proposed	Required	Attr. Crashes	Approved	Denied	Addl. Docum.
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1. _____	_____	_____	_____	_____	☐	☐	☐	☐
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Justification: _____

2. _____	_____	_____	_____	_____	☐	☐	☐	☐
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Justification: _____

3. _____	_____	_____	_____	_____	☐	☐	☐	☐
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Justification: _____

4. _____	_____	_____	_____	_____	☐	☐	☐	☐
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Justification: _____

Design Element	Sta.: Beg-End	Existing	Proposed	Required	Attr. Crashes	Approved	Denied	Addl. Docum.
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5.	_____	_____	_____	_____	_____	☐	☐	☐
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Justification: _____

6.	_____	_____	_____	_____	_____	☐	☐	☐
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Justification: _____

Appendices: Yes ☐ No ☐

This Item has been Recommended and Digitally Signed, Sealed and Dated by:

(Seal)

Responsible Professional Engineer
On the Date Adjacent to the Seal.
Signature must be verified on any electronic copies.

Approved by:

Name: _____ Date _____
Technical Services Director