

Request for Approval of Design Variance(s) to Supplemental Criteria for Low Volume Bridges

Submitted By Engineer of Record: _____
Print Name Signature _____ /_____/_____
Date

To: _____
SCDOT Program Manager

PROJECT CHARACTERISTICS

County: _____ Project ID Number: _____
Road/Route Number: _____ Road/Route Name: _____
From: _____ To: _____
Length : _____ (miles) Letting Date: ____/____
Work Description: _____
Functional Classification: _____
Local Road/Street Group Designation (if applicable): (1 / 2 / 3 / 4)
Type of Terrain: (Level / Rolling / Mountainous)

Design Speed: _____ (mph) Current Posted Speed: _____ (mph)

Current Year ADT % Trucks Design Year ADT % Trucks

TOTAL PROJECT ESTIMATE (\$) _____

CHECK APPROPRIATE BOX(ES) FOR ROADWAY DESIGN VARIANCE(S)

Request for Approval of Design Variance(s) to “*Supplemental Design Criteria for Low Volume Bridge Replacement Projects*”

Structural Design Criteria

Geotechnical Design Criteria

Hydraulic Design Criteria

Roadway Design Criteria

PROVIDE ADDITIONAL DOCUMENTATION (Attach additional sheets as needed)

RECORD OF DECISION

- For
- Against

Program Manager or Contracts Manager

Date: ____/____/____

- For
- Against

Regional Design Manager or District Engineering Administrator

Date: ____/____/____

- For
- Against

Discipline Design Support Engineer

Date: ____/____/____

- Approved
- Denied

Regional Production Engineer

Date: ____/____/____

- Approved
- Denied

Preconstruction Support Engineer

Date: ____/____/____