

DESIGN EXCEPTION FORM

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Departure from any standard specified in the Springfield Engineering Design Standards and Procedures Manual will be considered by the City Engineer upon compliance with the following criteria:

- a) The change will achieve the intended result through a comparable or superior design.
- b) The change will not adversely affect safety and/or operation.
- c) The change will not adversely affect maintainability.

NOTE: Design exceptions for ADA curb ramps must be requested using the ADA Curb Ramp Design Exception Form

PROJECT DATA	
Project/Permit Number	Project Name
Description of Design Exception (attached drawings as needed)	
Location of Design Exception Feature	
Reasons for Design Exception Request	

DESIGN EXCEPTIONS		
<input type="checkbox"/> Design Speed	<input type="checkbox"/> Pavement Cross Slope	<input type="checkbox"/> Design Life and V/C Ratio
<input type="checkbox"/> Lane Width	<input type="checkbox"/> Superelevation	<input type="checkbox"/> Bike Lane/Multi-Use Path Width
<input type="checkbox"/> Shoulder Width/Shy Distance	<input type="checkbox"/> Clear Zone	<input type="checkbox"/> Sidewalk Width
<input type="checkbox"/> Bridge Width	<input type="checkbox"/> Structural Capacity	<input type="checkbox"/> Median Width
<input type="checkbox"/> Horizontal Alignment	<input type="checkbox"/> Vertical Clearance	<input type="checkbox"/> Parking Width
<input type="checkbox"/> Vertical Alignment	<input type="checkbox"/> Spiral Length	<input type="checkbox"/> Diagonal Parking
<input type="checkbox"/> Grade	<input type="checkbox"/> Superelevation Runoff	<input type="checkbox"/> Bridge Rail
<input type="checkbox"/> Stopping Sight Distance	<input type="checkbox"/> Pavement Design Life	<input type="checkbox"/> Transit Shelter Requirements
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Pedestrian Access Route (PAR)	<input type="checkbox"/> ADA Parking
<input type="checkbox"/> (Other)		

APPROVAL CRITERIA

(a) **The change will achieve the intended result through a comparable or superior design.**
(Describe how this criterion is met.)

(b) **The change will not adversely affect safety and/or operation.** (Describe how this criterion is met.)

(c) **The change will not adversely affect maintainability.** (Describe how this criterion is met.)

PROJECT ENGINEER

Print Name:

Phone Number:

Company Name:

Company Address:

Signature:

Date:

Engineer of Record Professional Engineer Stamp:

APPROVED BY

Signature:

Jeff Paschall
City of Springfield City Engineer

Date