Design Modification Request

Per Roadway Standards: Section 170

Internal use only
Case#

Todays date: **Type 1 - $500 Type 2 - $400:**

PROJECT INFORMATION
Project name:
Nearest address or intersection:
Functional classification of road:
Posted speed:
Applicable roadway standard:
Description of modification & reason for request:
Supporting documentation:
Mitigation for modification:
Public Benefit:

APPLICANT
Name:
Day phone: ( )
Email:

PROPERTY OWNER		
Name:		
Address:		
City:	**State:**	**ZIP Code:**
Phone: ( )		
Email:		

COUNTY ENGINEERING STAFF USE ONLY	
Effects on modified standards:	
Land use decision issued? ☐ YES ☐ NO	**Related to condition of approval?** ☐ YES ☐ NO
Traffic impact and speed study? ☐ YES ☐ NO	**Submitted?**
Average Daily Traffic:	**Calculated at (N S E W) of cross steet:**
Crash history of potential:	
Staff discussion:	
Decision: ☐ **Approval** ☐ **Denial**	**Approved by:**
Conditions:	
Type I	**Type II**
▪ **Geometric design (horizontal, vertical curve design)** ▪ **Alteration of roadway cross section element**	**Sight distance, clear zone, access spacing, number of access points, intersection angle**