

TTP HIGHWAY DESIGN STANDARDS CERTIFICATION

Project Number and Name: _____

NTTFI Route(s) and Section Number(s): _____

Type of Project: New Construction Reconstruction RRR Other (describe)

Description of Work: _____

- System:**
- TTP BIA National Highway System (NHS)
 - TTP Tribal State Transportation Plan Non NHS
 - TTP County, Borough or Municipal Off State Transportation Plan
 - TTP State Other (describe)

Functional Classification Description: _____

Owner Agency & Address: _____

Terrain: _____

TRAFFIC	YEAR	AVERAGE	SEASONAL	DHV	PERCENT		D
					TRUCKS	DHV	
					ADT		
Current					%	%	
Design					%	%	

- Design Standards:** AASHTO Green Book AASHTO Low Volume County/Borough
- State Other (describe)

GEOMETRIC AND BRIDGE CRITERIA - Show Station Range			
GEOMETRIC AND BRIDGE CRITERIA	STANDARD	AS DESIGNED	EXCEPTION
Design Speed	<p style="text-align: center;">_____</p> <p style="text-align: center;">Design Speed should equal or exceed Posted or Regulatory Speed of completed facility</p>		<input type="checkbox"/>
Lane Width			<input type="checkbox"/>
Shoulder Width			<input type="checkbox"/>
Horizontal Curve Radius			<input type="checkbox"/>
Superelevation Rate			<input type="checkbox"/>
Stopping Sight Distance			<input type="checkbox"/>
Maximum Grade			<input type="checkbox"/>
Cross Slope			<input type="checkbox"/>
Vertical Clearance			<input type="checkbox"/>
Design Loading Structural capacity			<input type="checkbox"/>

For each exception provide description (including context), reasons, alternatives considered, analysis of risk, and proposed mitigation. (Attach additional sheet if needed)

RECOMMENDED ACTION

- There are no exceptions to applicable standards.
- The listed exceptions to design standards and their related risks have been reviewed with the appropriate agencies and interested parties, and are considered acceptable for this project.

PREPARED BY:

Lead Designer, Consultant Firm

Stamp and Date

APPROVAL IS RECOMMENDED:

Design Manager or Project Manager, Consultant Firm

Stamp and Date

Tribal Road Department: _____

Date: _____

I CONCUR WITH THE ABOVE RECOMMENDATIONS (optional):

Owning Agency: _____

Date: _____

Maintaining Agency: _____
(if different from above)

Date: _____

THE ABOVE RECOMMENDATIONS ARE APPROVED:

Tribal Transportation Program,
Federal Lands Highway Office

Date: _____