

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**RECORD OF WAIVED REQUIREMENTS
FOR ALL CATEGORIES**

THIS FORM SHALL BE KEPT WITH THE APPLICATION FILE

PART 1: IDENTIFICATION

Project Name: _____

Application Number: _____

Applicant: _____

Telephone: _____

PART 2: STAFF INFORMATION

Staff Person: _____

Date of Contact: _____

- Type of Contact:
- Telephone
 - Visit
 - E-mail
 - Written Request

PART 3: REQUIREMENT WAIVED

PART 4: JUSTIFICATION

This Justification will be based on principles found in existing Florida Statutes or Department Administrative Rules

Signature of Staff Person: _____

Title: _____

Date: _____