

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

FORM 850-040-17
SYSTEMS PLANNING
03/94

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
_____ 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: _____