



Design Variance Deviation Request Form

DVDR#:	_____	Revision #:	_____	Date Submitted:	_____
Project# / PPN#:	_____			Date Received:	_____
Project Name:	_____			Date Returned:	_____
Requestor / Title:	_____			Response Due:	_____
TPC Firm Name:	_____			Status:	_____
Discipline(s):	_____				

Description of Design Variance being requested:

A. Deviating Form:

B. Describe the existing policy/value that is not being met:

C. Explain the reasons for not attaining standards(s):

D. Summarize the proposed alternate design(s):

E. What other alternatives were considered?

F. Design deviation impact and mitigation strategies:	
a. Describe the impacts of the design deviation on safety and any applicable mitigation strategies:	
b. Describe the impacts of the design deviation on cost and any applicable mitigation strategies:	

F. Design deviation impact and mitigation strategies:	
c. Describe the impacts of the design deviation on schedule and any applicable mitigation strategies:	
d. Describe the impacts of the design deviation on future construction and any applicable mitigation strategies:	

Supporting Documents
Attach and list all supporting documents:

General Notes
Input any additional relevant information:

Reviewer Response		
<input type="checkbox"/> Approved as submitted	<input type="checkbox"/> Approved with Changes	<input type="checkbox"/> Request Denied
Comments:		

Reviewer's Name

Reviewer's Title / Firm Name

Reviewer's Signature

Date