IOWA DOT

Form 517118 (12-15)

Accessibility Exceptions Certification

Agency Name: _____ Project Number: _____

Project Description: _____

City: _____

As the registered professional engineer or landscape architect responsible for the design of this project, I do hereby verify the project described above has been designed to meet the Americans with Disabilities Act (ADA) accessibility requirements specified in Chapter 12 of the Iowa DOT Design Manual, except as indicated below.

☐ Full compliance has been determined to be structurally impracticable for newly constructed facilities in the following specific locations for the following reasons:

☐ Full compliance has been determined to be technically infeasible for altered existing facilities in the following specific locations for the following reasons:

☐ Full compliance would create an unsafe condition in the following specific locations for the following reasons:

Additional supporting documentation, including drawings, calculations, or other information as appropriate is attached.

Name: _____ Signature: _____

License Number: _____ Date: _____