Index 700 Roadside Offsets (Rev. 01/16)

Design Criteria

AASHTO Roadside Design Guide; FDOT Plans Preparation Manual (PPM), FDOT Utility Accommodation Manual (UAM), AASHTO - A Policy on Geometric Design of Highways and Streets (AASHTO Green Book).

Design Assumptions and Limitations

This index is intended for maintenance and permitting purposes, and the values obtained in Tables A, B, and C are representative of new construction and Resurfacing, Restoration, and Rehabilitation (RRR) projects, see the ***PPM***, Volume 1, Chapter 4 for roadside slope criteria. Utility agencies, owners or permittees shall refer the ***UAM*** for roadside offsets for utilities.

General

To establish Minimum Recoverable Terrain and Horizontal Clearance (Lateral Offset), follow the steps listed below:

1. Obtain the Design Speed - See the ***PPM*** for minimum criteria. Contact the District Roadway Design Office or District Traffic Operations Offices for existing design speeds or for approval of a proposed design speed.
2. Select the Minimum Recoverable Terrain based on the lane type and design speed. Travel Lanes and Multilane Ramps have the same requirements for minimum recoverable terrain. Auxiliary Lanes and Single Ramp Lanes have the requirements for minimum recoverable terrain.
3. Determine if the facility meets ALL the restricting conditions in Table B (Restricting Conditions).
    - If no, then proceed to Step 4A in the Index. Based on the object, obstruction, or condition use the Restricted column of Table C to determine the horizontal clearance requirements.
    - If yes, then proceed to Step 4B in the Index. As shown in Figure 1, determine the Clear Zone. If Traversable Nonrecoverable Terrain is present within the required Minimum Recoverable Terrain offset (Table A), an additional 10 feet of Recoverable Terrain must be provided beyond the limits of the Traversable Nonrecoverable Terrain. Based on the object, obstruction, or condition, use the Nonrestricted column of Table C to determine the horizontal clearance requirements.