



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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For Department Use Only

IMPORTANT INSTRUCTIONS - PLEASE READ BEFORE BEGINNING

This is only the REGISTRATION of the construction project. The building/facility owner is responsible for ensuring that the Project Registration Form, construction documents, and applicable fees are mailed, shipped, or hand delivered to TDLR or a Registered Accessibility Specialist (RAS) for the required review and inspection of the project. **Please print or type.**

EABPRJ

ARCHITECTURAL BARRIERS PROJECT REGISTRATION FORM

| | | | |
|---|---------|--|-----------------------|
| The required plan review will be performed by: (Check One) <input type="checkbox"/> TDLR <input type="checkbox"/> RAS (Name/Lic #): | | | |
| PERSON REGISTERING PROJECT | | | |
| 1. Name | | | RAS # (if applicable) |
| 2. Address | City | State | Zip |
| 3. Phone | **Email | | |
| PROJECT | | | |
| 4. Project Name | | | |
| 5. Building or Facility Name | | | |
| 6. Address | City | Zip | County |
| TENANT (if other than owner) | | | |
| 7. Tenant Contact Name | | Phone | |
| BUILDING OR FACILITY OWNER (person or entity that holds title to property) | | | |
| 8. Name | | Phone | |
| 9. Address | City | State | Zip |
| 10. Owner Contact Name | | | |
| 11. Address | City | State | Zip |
| 12. Phone | **Email | | |
| DESIGN FIRM | | | |
| 13. Name | | Phone | |
| 14. Address | City | State | Zip |
| 15. Designer Name | | **Email | |
| 16. Type of License: (Check One) <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other (includes not licensed) | | License Number (if applicable) | |
| PROJECT DESCRIPTION | | | |
| 17. Start Date (MM/YY): | | 18. Completion Date (MM/YY): | |
| 19. Estimated Cost \$ | | | |
| 20. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alterations <input type="checkbox"/> Additions to Existing Building <input type="checkbox"/> Historic Preservation | | | |
| 21. Type of Funds: (Check One) <input type="checkbox"/> Public Funds, public land, or is a state lease <input type="checkbox"/> Privately funded, on private land for private use Are the private funds provided by a tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 22. State Lease No. (if applicable) | |
| 23. Does this building(s) have more than one level? | | (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Are there any elevators, escalators, or platform lifts in this building? | | (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25. Does this building(s) have any boilers? | | (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 26. Scope of Work: _____ | | | |

- 1) to be informed about the information that the Dept. collects about the individual, upon their request and subject to a few exceptions;
- 2) to receive and review the information, under Sections 552.021 and 552.023 of the Texas Govt. Code; and
- 3) to have the Dept. correct information about the individual that is incorrect, under Section 559.004 of the Texas Govt. Code.