

EAB PROJECT#

PERSON FILING FORM

Name:
Phone:
Address:
City:
State:
Zip:
Email :
RAS Number:

PROJECT INFORMATION

Project Name:
Project Address:
Project City:
Project Zip:
Project County:

Building/Facility Name:
Facility Owner:
Owner Phone:
Owner Address:
Owner City:
Owner State:
Owner Zip:

Owner/Contact Name:
Owner/Contact Phone:
Owner/Contact Address:
Owner/Contact City:
Owner/Contact State:
Owner/Contact Zip:
Owner/Contact Email:

Design Firm Name:
Phone:
Address:
City:
State:
Zip:

Designer Name:
Designer Email:
License Number:
Type of License:

☐ Architect
☐ Landscape Architect
☐ Interior Designer

☐ Engineer
☐ Other (includes not licensed)

Start Date:
Completion date:
Estimated Cost:

Tenant/Contact Name:
Tenant/Contact Phone:

Type of Work: ☐ New Construction ☐ Renovation/Alterations ☐ Additions to Existing Building ☐ Historic Preservation

Type of Funds: ☐ Public Funds, public land, or is a state lease ☐ Privately funded, on private land for private use

Are the private funds provided by a tenant? ☐ Yes ☐ No

State Lease No. :

Scope of Work:

Does this building(s) have more than one level? (Check One) ☐ Yes ☐ No

Are there any elevators, escalators, or platform lifts in this building? (Check One) ☐ Yes ☐ No

Are there any boiler in this building? (Check One) ☐ Yes ☐ No

Services Requested

- ☐ - State Filing ----- There is a State Filing Fee for all Jobs. Check if you have not registered.
☐ - Plan Review ----- We charge a flat rate for most plan reviews.
☐ - Inspection ----- We charge a flat rate for most inspections. No travel Charges.

Project Total:

Please make checks payable to "Texas Accessibility Solutions"