

## TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/Architectural Barriers Program P. O. Box 12157 • Austin, Texas 78711 • (512) 539-5669 • (877)278-0999 Fax: (512) 539-5690 • Email: techinfo.ab@tdlr.texas.gov • Web site: www.tdlr.texas.gov

## **REQUEST FOR INSPECTION**

In accordance with Texas Government Code, Chapter 469.105, and TDLR Administrative Rule 68.52, the owner of a building or facility subject to compliance with Chapter 469.101 shall obtain an inspection to verify compliance with the Texas Accessibility Standards (TAS) not later than the first anniversary of the completion of construction.

The request for an inspection must be made by completing this form and submitting it to a Registered Accessibility Specialist (RAS) not later than 30 calendar days after the completion of construction.

The completed Request for Inspection form must be received prior to proceeding with the inspection. Following the inspection, the owner will be advised in writing of the results.

| PROJECT INFORMATION  |                      |  |        | PLEASE PRINT OR TYPE |            |          |  |
|--|----------------------|--|--------|----------------------|------------|----------|--|
| 1. Project Name:   |                      |  |        | 2. EAE               | BPRJ #:    |          |  |
| 3. Project Address:  |                      |  |        | Suite #              | <b>t</b> : |          |  |
| City:  | County:              |  |        | Zip:                 |            |          |  |
| OWNER / AGENT INFORMATION (Check One)  |                      |  |        |                      |            |          |  |
| I am the Owner (the person/entity that holds title to the property)                                  |                      |  |        |                      |            |          |  |
| ☐ I am the Owner's Designated Agent **   |                      |  |        |                      |            |          |  |
| **If you are not the owner, a completed Owner Agent Designation Form must accompany this form.       |                      |  |        |                      |            |          |  |
| 4. Name:   | 5. Company / Agency: |  |        |                      |            |          |  |
| 6. Address:  |                      |  |        |                      |            | Suite #: |  |
| City:  |                      |  |        | State:               |            | Zip:     |  |
| 7. Phone:  | 8. Fax:              |  |        | 9. **Email:          |            |          |  |
| 10. Signature of Owner/Designated Agent  |                      |  |        | <br>Date             |            |          |  |
| I have authorized the following Registered Accessibility Specialist (RAS) to perform the inspection: |                      |  |        |                      |            |          |  |
| RAS Name:  |                      |  |        |                      | RAS#       |          |  |
| Address:   | City:                |  |        |                      | State:     | Zip:     |  |
| Phone:   | Fax:                 |  | Email: |                      |            |          |  |

TDLR FORM 041AB 02-14 NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept.) is entitled to the following

- to be informed about the information that the Dept. collects about the individual, upon their request and subject to a few exceptions;
- to receive and review the information, under Sections 552.021 and 552.023 of the Texas Govt. Code; and
- have the Dept, correct information about the individual that is incorrect, under Section 559,004 of the Texas Govt. Code.

<sup>\*\*</sup>The Department will add your address to the Architectural Barriers email notification list, which automatically provides Department information on matters affecting Architectural Barriers. Your email address is confidential pursuant to the Texas Public Information Act; the Department will not share it with the public. For additional information link to: