



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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EABPRJ

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.**

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
3. Phone () ()		**Email	
PROJECT			
4. Project Name			
5. Building or Facility Name			
6. Address		City	Zip
		State	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			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: _____			