

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

Licensing Division · P. O. Box 12157 · Austin, Texas 78711
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For Department Use Only

IMPORTANT INSTRUCTIONS - PLEASE READ BEFORE BEGINNING

This is only the REGISTRATION of a construction project. The building/facility owner is responsible for ensuring that the plan review and inspection required by Chapter 469.101 and 469.105 are completed by a Registered Accessibility Specialist (RAS). **Please print or type.**

ARCHITECTURAL BARRIERS PROJECT REGISTRATION FORM

The plan review will be performed by RAS (Name and License #): Brian Gary Stanton #25			
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. Owner Name		Phone	
9. Address	City	State	Zip
10. Owner Contact Name			
11. Address	City	State	Zip
12. Phone	**Email		
DESIGN FIRM			
13. Design Firm Name		Phone	
14. Firm Address	City	State	Zip
15. Design Professional 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/Alteration <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. Are there any boilers in this building?		(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.