



# 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 #):			
<b>PERSON REGISTERING PROJECT</b>			
1. Name			RAS # (if applicable)
2. Address		City	State
3. Phone ( ) ( )		**Email	
<b>PROJECT</b>			
4. Project Name			
5. Building or Facility Name			
6. Address		City	Zip
		State	County
<b>TENANT (if other than owner)</b>			
7. Tenant Contact Name			Phone ( ) ( )
<b>BUILDING OR FACILITY OWNER (person or entity that holds title to property)</b>			
8. Name			Phone ( ) ( )
9. Address		City	State
		Zip	
10. Owner Contact Name			
11. Address		City	State
		Zip	
12. Phone ( ) ( )		**Email	
<b>DESIGN FIRM</b>			
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)
<b>PROJECT DESCRIPTION</b>			
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: _____			