

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**



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EABPRJ

**IMPORTANT INSTRUCTIONS - PLEASE READ BEFORE BEGINNING**

A project registration is not complete unless a complete set of construction documents and applicable fees are also submitted with this form to the Department, a Registered Accessibility Specialist, or a Contract Provider. **Failure to submit any of these items will delay processing. Please print or type.**

**ARCHITECTURAL BARRIERS PROJECT REGISTRATION FORM**

<b>1. Project Name</b>			
2. Project Address		City	Zip
		County	
3. <b>TENANT Name</b> (if other than owner)		Phone ( )	
4. Tenant Address		City	Zip
		County	
5. Contact Name		Phone ( )	
6. Contact Address		City	Zip
		County	
<b>7. BUILDING/FACILITY Name</b>			
8. Building /Facility Owner (Person or entity that holds title to property)		Phone ( )	
9. Owner Address		City	State
		Zip	
10. Contact Name (if other than owner)		Phone ( )	
11. Contact Address		City	State
		Zip	
<b>12. DESIGN FIRM</b>		Phone ( )	
13. Firm Address		City	State
		Zip	
14. Designer Name		**Email	
15. Type of License: (Check One) <input type="checkbox"/> Architect <input type="checkbox"/> Engineer		License Number: (if applicable)	
<input type="checkbox"/> Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other			
<b>PROJECT DESCRIPTION</b>			
16. Start Date (MM/YY):		17. Completion Date (MM/YY):	18. Estimated Cost: \$
19. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Additions to Existing Bldg. <input type="checkbox"/> Alterations			
<input type="checkbox"/> Historic Preservation <input type="checkbox"/> Public Right-of-Way			
20. Does this building(s) have more than one level? (Check One)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are there any elevators, escalators, or platform lifts in this building? (Check One)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Type of Funds: (Check One) <input type="checkbox"/> Public Funds or is a State Lease		23. State Lease No. (if applicable)	
<input type="checkbox"/> Privately Funded, on Private Land, for Private Use			
24. Scope of Work: (Detailed description of construction activities)			
25. Intent to Comply: I hereby notify the Texas Department of Licensing and Regulation of my intent to comply with the provisions of Texas Government Code, Chapter 469.			
Printed Name			
Signature of Building Owner or Designated Agent		Date	** Email

NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept.) is entitled to the following:  
 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.

\*\*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: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>