TEXAS DEPARTMENT OF LICENSING AND REGULATION
REGULATORY PROGRAM MANAGEMENT - ARCHITECTURAL BARRIERS
P.O. Box 12157 • Austin, Texas 78711 • (512) 539-5669 • (877) 278-0999 • FAX (512) 539-5690
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ARCHITECTURAL BARRIERS - INSPECTION RESPONSE

Building or facility owners or the owners' designated agent may use this form to indicate the status of outstanding violations associated with the referenced construction project that were identified during the inspection performed by a Registered Accessibility Specialist (RAS) or TDLR Investigator to verify compliance with the Texas Accessibility Standards (TAS).

STEP 1 - PROJECT INFORMATION   **PRINT OR TYPE**

Name:		TDLR Project Number:	
Address:	Suite No:	City:	Zip Code:

STEP 2 - INSPECTION STATUS INFORMATION (Check only one - A, B or C)

A. ☐	<u>All violations</u> cited on the inspection report relating to the above referenced project <u>have been corrected</u>.
B. ☐	All violations cited on the inspection report relating to the above referenced project will be corrected by: _____ (completion date). Note: Projects inspected by a RAS, have 270 calendar days from the date of the inspection report to correct inspection violations. Completion dates after 270 calendar days of the inspection report must be approved by TDLR.
C. ☐	The following violations cited on the inspection report relating to the above referenced project <u>will not be corrected</u>: TAS violation reference(s) _____ A Variance Application has been submitted and/or approved for: _____

STEP 3 – RAS information

Name:	RAS # (if applicable):	Company/Agency:		
Address:		City:	State:	Zip Code:
Phone Number: ( )	Fax Number: ( )	Email:		

STEP 4 - OWNER / DESIGNATED AGENT INFORMATION

Owner/Designated Agent Name:		Company/Firm:		
Address:		City:	State:	Zip Code:
Phone Number: ( )	Fax Number: ( )	Email:		

I am the owner of this building/facility or the agent designated by the owner to act on their behalf (check one):

☐ Owner (Person or entity that holds title to this property)   ☐ Owner's Designated Agent (must attach a Designated Agent Form.)

I certify by my signature below that the information provided is true and accurate. I also understand that failure to correct the violation(s) may result in this project being forwarded to the Enforcement Division of TDLR.

_____   _____   _____
Printed name of owner or designated agent   Signature of owner or designated agent   Date

TDLR 029AB   *December 2018*