



TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division · P. O. Box 12157 · Austin, Texas 78711
(512) 463-6599 · (800) 803-9202 Fax · (512) 475-2871 · www.tdlr.texas.gov

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 #):			
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: _____			

INSTRUCTIONS FOR COMPLETING A PROJECT REGISTRATION FORM – AB 005

1. **Person Registering Project Name** – Enter the name of the person completing the form and RAS # (if applicable).
2. **Address** – Enter the mailing address and suite number (if applicable) of the person named in #1.
3. **Phone and Email** – Enter the phone number and email address (optional) of the person named in #1.
4. **Project Name** - Enter the name of the project (example: CLASSROOM ADDITION).
5. **Building or Facility Name** - If this project is located in a building or facility with a name, enter the name of the building (example: WASHINGTON HIGH SCHOOL).
6. **Address (Project)** - Enter the physical address (if available) and the suite number (if applicable) of the project. Post Office Box numbers are not acceptable.
7. **Tenant Contact Name and Phone** - Enter the name and phone number for the contact person or persons, company, corporation, authority, commission, board, governmental entity, institution or any other unit that will occupy the project space.
8. **Building or Facility Owner** - Enter the name and phone number of the person or entity (company, corporation, authority, commission, board, governmental entity, institution or any other unit) that holds title to the property.
9. **Owner Address** - Enter the mailing address and the suite number (if applicable) of the facility owner named in #9.
10. **Owner Contact Name** - If there is a contact person other than the facility owner (as listed in #9), enter the name and phone number of the person representing the owner.
11. **Contact Address** - Enter the mailing address and the suite number (if applicable) of the person named in #10 if other than the owner.
12. **Contact Phone** – Enter the phone number and email address (optional) of the person named in #10 if other than the owner.
13. **Design Firm** - Enter the name and phone number of the design firm or company responsible for the design of the project.
14. **Firm Address** - Enter the mailing address and the suite number (if applicable) of the firm named in #13.
15. **Design Professional Name and Email** - Enter the name and email address (optional) of the architect, engineer, interior designer, or landscape architect with overall responsibility for the design and whose seal is affixed to the drawings and enter their e-mail address.
16. **Type of License** - Check the box for the applicable license type of the designer and enter the license number (if applicable). If no design professional, check the box for “other”.
17. **Start Date** - Enter the date construction is scheduled to begin (month and year).
18. **Completion Date** - Enter the date construction is scheduled to be completed (month and year).
19. **Estimated Cost** - Enter the estimated cost of construction. Cost should not include site acquisition, architectural, engineering, or consulting fees, furnishings, or equipment that is not part of the building mechanical systems.
20. **Type of Work** – Check the box for the applicable type of work.
21. **Type of Funds** - Check the boxes for the applicable method of funding.
22. **State Lease No.** (if applicable) - Enter the state lease number if the construction project is for purposes of a state agency lease contract and/or occupancy by a state agency.
23. **Does this building(s) have more than one level?** – Check yes or no
24. **Are there any elevators, escalators, or platform lifts in this building?** – Check yes or no
25. **Are there any boilers in this building?** – Check yes or no
26. **Scope of Work** – Enter a detailed description of the construction activities.

TDLR FEE SCHEDULE		WHAT TO SUBMIT TO TDLR
Project Filing Fee	\$175	1. The completed Architectural Barriers Project Registration Form and a check or money order for the Project Filing Fee payable to the “ <i>Texas Department of Licensing and Regulation</i> ” P. O. Box 12157, Austin TX 78711. 2. If the project is registered after completion of construction, the Late Project Filing fee shall apply. 3. An Architectural Barriers Project Registration form must be completed for each address of a subject building or facility. IMPORTANT: The construction documents and any fees applicable to plan review or inspection services performed by a Registered Accessibility Specialist (RAS) must be submitted to the RAS. RAS set and collect their own fees. Construction documents received by TDLR will not be forwarded.
Late Project Filing Fee	\$300	
State Lease Inspection (no construction)	\$225 per lease	
Variance Application Fee	\$175	
Variance Appeal Fee	\$200	