



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 #):			
PERSON REGISTERING PROJECT			
1. Name			RAS # (if applicable)
2. Address		City	State
3. Phone () ()		**Email	
PROJECT			
4. Project Name			
5. Building or Facility Name			
6. Address		City	Zip
TENANT (if other than owner)			
7. Tenant Contact Name			Phone () ()
BUILDING OR FACILITY OWNER (person or entity that holds title to property)			
8. Name			Phone () ()
9. Address		City	State
10. Owner Contact Name			
11. Address		City	State
12. Phone () ()		**Email	
DESIGN FIRM			
13. Name			Phone () ()
14. Address		City	State
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)
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/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 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. Does this building(s) have any boilers?			(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.

INSTRUCTIONS FOR COMPLETING A PROJECT REGISTRATION FORM – AB 005

1. **Person Registering Project Name** – Enter the name of the person completing the form
2. **Address** – Enter the mailing address and suite number (if applicable) of the person named in #1
3. **Phone** – Enter the phone number and email address (optional) of the person named in #1
4. **Project Name** - Enter the name of the project (examples: CLASSROOM ADDITION, TENANT FINISH OUT FOR DR. SMITH)
5. **Building / Facility Name** - If this project is located in a building or facility with a name, enter the name (examples: the “CLASSROOM ADDITION” is located in the building or facility named “WASHINGTON HIGH SCHOOL”; the “TENANT FINISH OUT FOR DR. SMITH” is located in the office building named “MEDICAL PLAZA II”)
6. **Project Address** - 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** - 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. **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 #11 if other than the owner.
12. **Contact Phone** – Enter the phone number and email address (optional) of the person named in #11 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 #14.
15. **Designer Name** - Enter the name of the architect, engineer, interior designer, or landscape architect with overall responsibility for the design of the project 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, 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. **Does this building(s) have any boilers?** – Check yes or no
26. **Scope of Work** - Enter a detailed description of the construction activities.