



**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 PROJECT REGISTRATION

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).

TDLR FILING FEE SCHEDULE		WHAT TO SUBMIT TO TDLR
Project Registration Fee	\$175	The completed AB Project Registration form and a check or money order for the filing fee payable to the Texas Department of Licensing and Regulation mailed to P.O. Box 12157, Austin, TX 78711.
Late Project Registration Fee	\$300	

IMPORTANT: The construction documents and any fees applicable to plan review and/or inspection services **MUST** be submitted to the Registered Accessibility Specialist (RAS). RAS's set and collect their own fees. Construction documents received by TDLR will not be forwarded, returned, or uploaded into the Texas Architectural Barriers online System (TABS).

PRINT OR TYPE

RAS INFORMATION				
1. Name:			RAS #:	
PROJECT				
2. Project Name:				
3. Building or Facility Name:				
4. Address:		City:	Zip Code:	County:
PROJECT DESCRIPTION				
5. Estimated Start Date:		6. Estimated Completion Date:		7. Estimated Cost: \$
8. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Additions to Existing Building				
9. Type of Funding: (Check One) <input type="checkbox"/> Public funds, public lands, or federally funded roadway project <input type="checkbox"/> Private funds, private lands for private use Are the private funds provided by a tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No			10. State Lease No.: (if applicable)	
11. Estimate of Square footage:				
12. Scope of Work:				
TENANT (If other than owner)				
13. Tenant Contact Name:		Phone Number:	Email:	
DESIGNATED AGENT (if applicable)				
If this section is filled out, you must attach a Designated Agent Form				
14. Designated Agent Name:		Phone Number:	Email:	
15. Address:		City:	State:	Zip Code: County:
BUILDING or FACILITY OWNER (person or entity that holds title to the property)				
16. Owner Name:			Phone Number:	
17. Address:		City:	State:	Zip Code: County:
18. Email:				
DESIGN FIRM				
19. Design Firm Name:			Phone Number:	
20. Firm Address:		City:	State:	Zip Code: County:
21. Design Professional Name:		Email:		
22. License Type: (Check One)		<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Registered Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other (includes not licensed)		License Number (if applicable):

NOTE: The project number will be emailed to the owner at the email address listed above in box 18.