



**TEXAS DEPARTMENT OF LICENSING AND REGULATION
ARCHITECTURAL BARRIERS - PROJECT REGISTRATION FORM**

P.O. Box 12157, Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • FAX (512) 475-2871
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PLEASE SEE IMPORTANT INSTRUCTIONS BEFORE BEGINNING

NOTE: A project submittal is not complete unless an Architectural Barriers Project Registration Form, a complete set of construction documents, and applicable fees are submitted to TDLR, a Registered Accessibility Specialist, or a Contract Provider.
Failure to submit any of these items will delay processing.

PRINT OR TYPE

1. Project Name			
2. Building/Facility Name			
3. Location/Address	City	Zip Code	County
4. Tenant (if other than owner)		Telephone Number ()	
5. Mailing Address	City	State	Zip Code
6. Contact Name		Telephone Number ()	
7. Mailing Address	City	State	Zip Code
8. Building/Facility Owner (NOT tenant)		Telephone Number ()	
9. Mailing Address	City	State	Zip Code
10. Contact Name		Telephone Number ()	
11. Mailing Address	City	State	Zip Code
12. Design Firm		Telephone Number ()	
13. Mailing Address	City	State	Zip Code
14. Designer Information:		Print Name:	Date Construction Documents Issued:
<input type="checkbox"/> Architect <input type="checkbox"/> Interior Designer <input type="checkbox"/> Engineer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other		License No. (If applicable)	
15. Construction Start Date (MM/YY):	16. Construction Completion Date (MM/YY):	17. Estimated Project Construction Cost \$	
18. Description: Indicate type of work and briefly describe scope. <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Additions/Renovations <input type="checkbox"/> Addition to Existing Bldg. <input type="checkbox"/> New Construction/Renovation <input type="checkbox"/> Historic Preservation Scope of work: _____			
19. <input type="checkbox"/> This project involves Public Funds, or is a State Lease <input type="checkbox"/> This project is Privately Funded, on Private Land, for Private Use		20. State Lease No. (if applicable)	
21. I hereby notify the Texas Department of Licensing and Regulation of the described project and of my intent to perform, or cause to be performed, all services necessary to design said project in accordance with the provisions of Texas Government Code, Chapter 469. I certify that I am the registered design professional with overall responsibility for the design of the project and whose seal is affixed to the construction documents.			
Signature of Design Professional		Date	*Email Address
OR			
I hereby notify the Texas Department of Licensing and Regulation of my intent to comply with the provisions of Texas Government Code, Chapter 469.			
Signature of Building Owner or Designated Agent		Date	*Email Address

NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation is entitled to the following:
 1) to be informed about the information that the Department 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 Department 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 information from the Department on matters affecting Architectural Barriers. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link:
<http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>

REGISTERED ACCESSIBILITY SPECIALIST USE ONLY			Date construction documents were submitted to RAS for Plan Review	
RAS Contact Information		REVIEW STATUS		
RAS#:	Ph#:	APPROVED		DISAPPROVED
Name:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address:				
*E-mail:				
I certify that the information pertaining to the submission date of the construction documents is true and correct.				
Signature of Registered Accessibility Specialist			Date	
DEPARTMENT USE ONLY				Date Submitted to TDLR
AB Number		Complaint Number		
Page 2 of 2				

INSTRUCTIONS FOR COMPLETING PROJECT REGISTRATION FORM – AB 005

1. **Project Name** - Enter the actual name of the project (examples: CLASSROOM ADDITION, PEDIATRIC FLOOR RENOVATION, CARD SHOP, DR. SMITH'S OFFICE, etc.) If named for a person, use the last name only (ex: WASHINGTON HIGH SCHOOL).
2. **Building/Facility Name** - If the "Project" is part of another building or facility, enter the name of the building or facility (examples: **Project:** CLASSROOM ADDITION, **Building/Facility:** WASHINGTON HIGH SCHOOL; **Project:** JONES & SMITH, INC. OFFICE RENOVATION, **Building/Facility:** AMERICAN OFFICE PLAZA; **Project:** CARD SHOP, **Building/Facility:** MAIN STREET MALL; **Project:** DR. SMITH'S OFFICE, **Building/Facility:** MEDICAL OFFICE TOWER). For facilities named after a person, use only the last name (example: WASHINGTON HIGH SCHOOL).
3. **Location** - Enter the physical location, including the street address if available and the suite number if applicable. Post Office Box numbers are not acceptable.
4. **Tenant** - Enter the name and telephone number of the person or persons, company, corporation, authority, commission, board, governmental entity, institution or any other unit that intends to occupy project space.
5. **Mailing Address** - Enter the complete mailing address of the tenant listed in #4.
6. **Contact** - Enter the name and telephone number of the person representing the tenant (as listed in #4).
7. **Mailing Address** - Enter the mailing address of the person named in #6, if different than the address entered in #5.
8. **Building/Facility Owner** - Enter the name and telephone number of the person or persons, company, corporation, authority, commission, board, governmental entity, institution or any other unit that holds title to subject building or facility.
9. **Mailing Address** - Enter the mailing address of the owner named in #8.
10. **Contact** - Enter the name and telephone number of the person representing the owner (as listed in #8) who is to receive all correspondence pertaining to the project, including post-construction reports.
11. **Mailing Address** - Enter the mailing address of the person named in #10, if different than the address entered in #9.
12. **Design Firm** - Enter the name and telephone number of the firm or company responsible for the design of the project.
13. **Mailing Address** - Enter the mailing address of the firm or company named in #12.
14. **Designer Information** - Enter the name of the architect, engineer, interior designer, landscape architect, or building designer having overall responsibility for the design of the project and whose seal is affixed to the drawings. Include type of license and license number, if applicable. The date the construction documents were issued must also be entered. **NOTE:** Issue is defined in Administrative Rule 68.10.
15. **Start Date** - Enter the date construction is scheduled to begin (month and year) or began.
16. **Completion Date** - Enter the estimated completion date (month and year) or the date the project was completed. If the estimated completion date changes, notify TDLR. **NOTE:** Administrative Rule 68.80 stipulates owner must pay applicable inspection fees and notify TDLR of the point of contact within 30 days of completion of construction.
17. **Project Cost** - Enter the estimated cost of construction.
18. **Project Description** - Provide a brief description of the project. Include square footage, floor levels, special features, etc.
19. **Funding** - Indicate the method of funding.
20. **State Lease Number**(if applicable) - Enter the state lease number if construction project is for purposes of a state agency lease contract and/or occupancy by a state agency.
21. **Name and Signature** - of either person noted below:
Signature of Design Professional - Signature of registered architect, engineer, interior designer, or landscape architect who has overall responsibility for the design of the project and whose seal is affixed to the drawings; or
Signature of Owner/Agent - Signature and title of the owner or owner agent named in #10. In the absence of a registered design professional, building designer may sign as owner's agent.

WHAT TO SUBMIT

1. One complete set of construction documents (plans and specifications that include all disciplines) submitted as one package to ensure inclusion in the review.
2. A completed and signed Architectural Barriers Project Registration Form for each site/address or State Lease Registration Form if applicable.
3. For TDLR services, submit check or money order payable to "Texas Department of Licensing and Regulation" at P.O. Box 12157, Austin, Texas 78711. **NOTE:** If inspection fees are not paid with review fees, owner must pay applicable inspection fees and notify TDLR of the point of contact within 30 days of completion of construction (based on date in #16).
4. When construction documents are submitted after completion of construction, the Late Project Filing Fee shall apply.
5. For Registered Accessibility Specialist (RAS) review and/or inspection services, contact the respective RAS.

TDLR FEE SCHEDULE

Project Cost	Project Filing Fee	*Late Project Filing Fee	Review Fee	Inspection Fee
\$50,000 - 200,000	\$175	\$300	\$250	\$350
\$200,001 - 500,000	\$175	\$300	\$315	\$375
\$500,001 - 1,000,000	\$175	\$300	\$380	\$400
\$1,000,001 - 5,000,000	\$175	\$300	\$445	\$445
\$5,000,001 - 10,000,000	\$175	\$300	\$575	\$575
\$10,000,001 - 15,000,000	\$175	\$300	\$620	\$620
\$15,000,001 - 25,000,000	\$175	\$300	\$785	\$785
\$25,000,001 - 50,000,000	\$175	\$300	\$955	\$955
\$50,000,001 - 75,000,000	\$175	\$300	\$1,175	\$1,175
Greater than \$75,000,001	\$175	\$300	Contact TDLR for Negotiated Fee	

*NOTE: This fee is only for those projects registered after completion of construction and is in lieu of (not in addition to) payment of the Project Filing Fee.

ALL FEES ARE NON-REFUNDABLE