

TEXAS DEPARTMENT OF LICENSING AND REGULATION

Code Review and Inspections Division

ARCHITECTURAL BARRIERS

P.O. Box 12157 • Austin, Texas 78711 • (512)463-3211 • (877)278-0999 • FAX (512)475-2886

www.[license.state.tx.us](http://license.state.tx.us) • [Architectural.Barriers@license.state.tx.us](mailto:Architectural.Barriers@license.state.tx.us)

VARIANCE APPLICATION

In accordance with Rule 68.31, I hereby apply for variance or waiver of a standard or specification required for compliance with the Architectural Barriers Act, Article 9102, Texas Civil Statutes as they apply to the facility described on the **attached Project Registration Form** on the grounds that literal compliance with the Department's regulations is impractical in this case. **NOTE:** A completed Project Registration Form must accompany variance application or the application will be returned as incomplete.

FORM MUST BE COMPLETED IN FULL

PLEASE PRINT OR TYPE

Project Name		AB Project Number: <small>*Required field if project is registered</small>	
Building/Facility Name			
Street Address		City/Zip	Telephone
Owner			
Mailing Address		City/Zip	Telephone
Is building/facility being considered for state lease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has bidding or award of contract occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to either, identify the state agency and provide a state agency contact name:			Telephone
Is a state agency <b>currently</b> located in this building/facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, identify state agency, provide location (i.e. floor, suite), and the state lease number if applicable:			
Total square footage of building/facility:		Per floor:	
Check the work performed: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/ Modification/ Alteration			
<input type="checkbox"/> Change in Occupancy			
State the section of the Texas Accessibility Standards for which a variance is being requested. Separate applications must be submitted for each standard or specification to be considered.			
Section #	Location and Description of Nonconforming Condition		
_____	_____		
_____	_____		
If the building/facility is a qualified historic building or facility, identify the historical designation and indicate date of designation, if applicable. _____			
NOTE: If this is a qualified historic building or facility, you must provide a determination of effect letter from the Texas Historical Commission.			
State <b>in detail</b> the reason why compliance with the standard or specification is impractical. Include the cost necessary to achieve compliance and any scaled drawings, photos, or other documentation that would assist in our determination. Use additional sheets if necessary. _____			
_____			
_____			

State the estimated cost of construction relating to this project: \_\_\_\_\_

Was a building permit required for this work?  Yes  No      Date Issued: \_\_\_\_\_

Have any other building permits been issued for this building/facility within the past 24 months?  Yes  No  
 If yes, state the date that permits were issued and the cost of construction for each permit: \_\_\_\_\_

Has a certificate of occupancy been issued for the building/facility?  Yes  No      Date Issued: \_\_\_\_\_

What is the original date of construction of this building/facility? \_\_\_\_\_

To the best of your knowledge, has a complaint ever been filed on this building/facility relative to accessibility?  
 Yes  No      If yes, what were the circumstances? \_\_\_\_\_

Was the complaint resolved?  Yes  No      Explanation: \_\_\_\_\_

State the phase of design or construction of the facility as of the date of this application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** The Department shall decide your application based on information submitted. You should therefore include all relevant information with your application. Drawings and photographs may be extremely beneficial.

\_\_\_\_\_ Date      \_\_\_\_\_ Name

\_\_\_\_\_ Company/Firm

Owner      \_\_\_\_\_ Address

Agent      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ Zip Code

\_\_\_\_\_ Signature      \_\_\_\_\_ Telephone

A \$175.00 **NON-REFUNDABLE** PAYMENT MUST ACCOMPANY EACH APPLICATION . MAKE CHECK PAYABLE TO THE TEXAS DEPARTMENT OF LICENSING AND REGULATION AND MAIL TO TDLR, P. O. BOX 12157, AUSTIN, TEXAS 78711. APPLICATIONS RECEIVED WITHOUT PAYMENT WILL NOT BE PROCESSED. INCOMPLETE APPLICATIONS WILL BE RETURNED