

# TEXAS DEPARTMENT OF LICENSING AND REGULATION



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EABPRJ

## IMPORTANT INSTRUCTIONS - PLEASE READ BEFORE BEGINNING

A project registration is not complete unless a complete set of construction documents and applicable fees are also submitted with this form to the Department, a Registered Accessibility Specialist, or a Contract Provider. **Failure to submit any of these items will delay processing. Please print or type.**

### ARCHITECTURAL BARRIERS PROJECT REGISTRATION FORM

<b>1. Project Name</b>			
2. Project Address		City	Zip
		County	
3. <b>TENANT Name</b> (if other than owner)		Phone ( )	
4. Tenant Address		City	Zip
		County	
5. Contact Name		Phone ( )	
6. Contact Address		City	Zip
		County	
<b>7. BUILDING/FACILITY Name</b>			
8. Building /Facility Owner (Person or entity that holds title to property)		Phone ( )	
9. Owner Address		City	State
		Zip	
10. Contact Name (if other than owner)		Phone ( )	
11. Contact Address		City	State
		Zip	
<b>12. DESIGN FIRM</b>		Phone ( )	
13. Firm Address		City	State
		Zip	
14. Designer Name		**Email	
15. 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		License Number: (if applicable)	
<b>PROJECT DESCRIPTION</b>			
16. Start Date (MM/YY):		17. Completion Date (MM/YY):	18. Estimated Cost: \$
19. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Additions to Existing Bldg. <input type="checkbox"/> Alterations <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Public Right-of-Way			
20. Does this building(s) have more than one level? (Check One)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are there any elevators, escalators, or platform lifts in this building? (Check One)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Type of Funds: (Check One) <input type="checkbox"/> Public Funds or is a State Lease <input type="checkbox"/> Privately Funded, on Private Land, for Private Use		23. State Lease No. (if applicable)	
24. Scope of Work: (Detailed description of construction activities)			