



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) [] TDLR [X] RAS (Name/Lic #): Mary Davies RAS #1035
PERSON REGISTERING PROJECT
1.Name Mary Davies RAS # (if applicable) 1035
2.Address 614 E Shady Grove City Irving State TX Zip 75060
3. Phone (972) 438 6134 **Email mary@redinktexas.com FAX 972 579 0504
PROJECT
4. Project Name
5. Building or Facility Name
6.Address City Zip County
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 Zip
10. Owner Contact Name
11. Address City State Zip
12. Phone () **Email
DESIGN FIRM
13. Name Phone ()
14. Address City State Zip
15. Designer Name **Email
16. Type of License: (Check One) [] Architect [] Engineer License Number (if applicable)
[] Interior Designer [] Landscape Architect [] Other (includes not licensed)
PROJECT DESCRIPTION
17. Start Date (MM/YY): 18. Completion Date (MM/YY): 19. Estimated Cost \$
20. Type of Work: (Check One) [] New Construction [] Renovation/Alterations [] Additions to Existing Building [] Historic Preservation
21. Type of Funds: (Check One) [] Public Funds, public land, or is a state lease 22. State Lease No. (if applicable)
[] Privately funded, on private land for private use
23. Does this building(s) have more than one level? (Check One) [] Yes [] No
24. Are there any elevators, escalators, or platform lifts in this building? (Check One) [] Yes [] No
25. Does this building(s) have any boilers? (Check One) [] Yes [] No
26. Scope of Work: _____