



# 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) <input type="checkbox"/> TDLR <input checked="" type="checkbox"/> RAS (Name/Lic #): <b>Joseph Husband RAS # 0027</b>			
<b>PERSON REGISTERING PROJECT</b>			
1. Name <b>Alicia Hartzell / Lone Star Access Inc.</b>			RAS # (if applicable)
2. Address <b>1108 Lavaca Street, Suite 110-313</b>		City <b>Austin</b>	State <b>TX</b>
		Zip <b>78701-2172</b>	
3. Phone (512) <b>238-8675</b>		**Email <b>alicia.lonestar@att.net</b>	
<b>PROJECT</b>			
4. Project Name			
5. Building or Facility Name			
6. Address		City	Zip
		County	
<b>TENANT (if other than owner)</b>			
7. Tenant Contact Name		Phone ( )	
<b>BUILDING OR FACILITY OWNER (person or entity that holds title to property)</b>			
8. Name		Phone ( )	
9. Address		City	State
		Zip	
10. Owner Contact Name			
11. Address		City	State
		Zip	
12. Phone ( )		**Email	
<b>DESIGN FIRM</b>			
13. Name		Phone ( )	
14. Address		City	State
		Zip	
15. Designer Name		**Email	
16. Type of License: (Check One) <input type="checkbox"/> Architect <input type="checkbox"/> Engineer		License Number (if applicable)	
<input type="checkbox"/> Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other (includes not licensed)			
<b>PROJECT DESCRIPTION</b>			
17. Start Date (MM/YY):		18. Completion Date (MM/YY):	19. Estimated Cost \$
20. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alterations <input type="checkbox"/> Additions to Existing Building <input type="checkbox"/> Historic Preservation			
21. Type of Funds: (Check One) <input type="checkbox"/> Public Funds, public land, or is a state lease		22. State Lease No. (if applicable)	
<input type="checkbox"/> Privately funded, on private land for private use			
23. Does this building(s) have more than one level?		(Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Are there any elevators, escalators, or platform lifts in this building?		(Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Does this building(s) have any boilers?		(Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Scope of Work: _____			