



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 #): Jay Heilman/00000048			
PERSON REGISTERING PROJECT			
1. Name Delores Heilman			RAS # (if applicable)
2. Address 1020 W. Main Street		City Lewisville	State TX
		Zip 75067	
3. Phone (972) 353-3025		**Email DHeilman@AccessibleSolution.com	
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) <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)			
PROJECT DESCRIPTION			
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: _____			