

# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Regulatory Program Management Division/Architectural Barriers Program P. O. Box 12157 • Austin, Texas 78711 • (512) 539-5669 • (877) 278-0999 Fax: (512) 539-5690 • techinfo@tdlr.texas.gov • www.tdlr.texas.gov

# **REQUEST FOR INSPECTION**

In accordance with Texas Government Code, Chapter 469.105, and TDLR Administrative Rule 68.52, the owner of a building or facility subject to compliance with Chapter 469.101 shall obtain an inspection to verify compliance with the Texas Accessibility Standards (TAS) not later than the first anniversary of the completion of construction.

The request for an inspection must be made by completing this form and submitting it to a Registered Accessibility Specialist (RAS) not later than 30 calendar days after the completion of construction for all projects registered before December 1, 2018.

The completed Request for Inspection form must be received prior to proceeding with the inspection. Following the inspection, the owner will be advised in writing of the results.

#### **PROJECT INFORMATION**

## PLEASE PRINT OR TYPE

1. Project Name:		2. EABPRJ #:
3. Project Address:		Suite #:
City:	County:	Zip Code:

## **OWNER / AGENT INFORMATION** (Check One)

I am the Owner (the person/entity that holds title to the property) I am the Owner's Designated Agent\*

\*If you are not the owner, a completed Owner Agent Designation Form must accompany this form.

4. Name:		5. Co	mpany / Agency:		
6. Address:					Suite #:
City:			State:		Zip Code:
7. Phone Number:	8. Fax Number: (  )		9. Email:		
10. Signature	of Owner/Designated Agent			Date	

I have authorized the following Registered Accessibility Specialist (RAS) to perform the inspection:

RAS Name: Michael Love			RAS # 007	
Address: P.O. Box 152592		City: Arlington	State: TX	Zip Code: 76015
Phone Number: (817)794-0500	Fax Number: (817)548-8990	Email: <u>MLove@AccessAtelier.com</u>	L	