

#### TEXAS DEPARTMENT OF LICENSING AND REGULATION P. O. Box 12157, Austin, Texas 78711 (512) 539-5669 • (877) 278-0999 • FAX (512) 539-5690 architectural.barriers@tdlr.texas.gov • www.tdlr.texas.gov

# **ARCHITECTURAL BARRIERS - INSPECTION RESPONSE FORM**

Building or facility owners or the owners' designated agent may use this form to indicate the status of outstanding violations associated with the referenced construction project that were identified during the inspection performed by a Registered Accessibility Specialist (RAS) or TDLR Investigator to verify compliance with the Texas Accessibility Standards (TAS).

# This form must be submitted to the RAS or TDLR representative noted in Step 4.

# **STEP 1 - PROJECT INFORMATION**

PRINT OR TYPE

Name:		EABPRJ #:			
Address:	Suite No:	City:	Zip:		

#### **STEP 2 - INSPECTION STATUS INFORMATION**

A.	All violations cited on the inspection report relating to the above referenced project have been corrected.
B.	All violations cited on the inspection report relating to the above referenced project will be corrected by:(completion date).
	<b>Note:</b> Projects inspected by a RAS, have 270 calendar days from the date of the inspection report to correct inspection violations.
	Completion dates after 270 calendar days of the inspection report must be approved by TDLR.
C.	The following violations cited on the inspection report relating to the above referenced project <u>will not be corrected</u> : TAS violation reference(s)
	A Variance Application has been submitted and/or approved for:

## **STEP 3 - OWNER / AGENT INFORMATION**

Owner/Agent Name:		Company/Firm:				
Address:		City: State: Zip:				
Phone #:	Fax #:	**Email:	1	1		
I am the owner of this building/facility or the agent designated by the owner to act on their behalf (check one):						
Owner (Person or entity that holds title to this property)						
I certify by my signature below that the information provided is true and accurate. I also understand that failure to correct the violation(s) may result in this project being forwarded to the Enforcement Division of TDLR for action. Signature:						

Date:

## STEP 4 – SUBMITTAL INFORMATION:

FOR RAS AND/OR TDLR USE ONLY								
Name: BERNARD AD	ESHINA RAS (if appli	# 1361 cable):	Company/Agency:OSR	CONSTR	UCTION	SERV	ICES,	LLC
Address: 17311 E MILL VILLAGE CIR.			City: HOUSTON		State: TX	Zip:	77095	
Phone: 832.335.8375	Fax:		**Email:					
TDLR 029AB 12-08 NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept.) is entitled to the following: to be informed about the information that the Dept. collects about the individual, upon their request and subject to a few exceptions; to be informed about the information, under Sections 552.021 and 552.023 of the Texas Govt. Code; and the two the Dept. correct information about the information that the begins of the Texas Govt. Code; and the two the Dept. correct information about the information 550.004 of the Texas Govt. Code; and the two the Dept. correct information about the individual that is incorrect, under Sections 550.004 of the Texas Govt. Code; and							ıg:	

\*\*The Department will add your address to the Architectural Barriers email notification list which automatically provides Department information and its monoral and its monor