

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**



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For Department Use Only
EABPRJ

**IMPORTANT INSTRUCTIONS - PLEASE READ BEFORE BEGINNING**

A project registration is not complete unless a complete set of construction documents and applicable fees are also submitted with this form to the Department, a Registered Accessibility Specialist, or a Contract Provider. **Failure to submit any of these items will delay processing. Please print or type.**

**ARCHITECTURAL BARRIERS PROJECT REGISTRATION FORM**

<b>1. Project Name</b>			
2. Project Address		City	Zip
		County	
3. <b>TENANT Name</b> (if other than owner)		Phone ( )	
4. Tenant Address		City	Zip
		County	
5. Contact Name		Phone ( )	
6. Contact Address		City	Zip
		County	
<b>7. BUILDING/FACILITY Name</b>			
8. Building /Facility Owner (Person or entity that holds title to property)		Phone ( )	
9. Owner Address		City	State
		Zip	
10. Contact Name (if other than owner)		Phone ( )	
11. Contact Address		City	State
		Zip	
<b>12. DESIGN FIRM</b>		Phone ( )	
13. Firm Address		City	State
		Zip	
14. Designer Name		**Email	
15. Type of License: (Check One) <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other		License Number: (if applicable)	
<b>PROJECT DESCRIPTION</b>			
16. Start Date (MM/YY):		17. Completion Date (MM/YY):	18. Estimated Cost: \$
19. Type of Work: (Check One) <input type="checkbox"/> New Construction <input type="checkbox"/> Additions to Existing Bldg. <input type="checkbox"/> Alterations <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Public Right-of-Way			
20. Does this building(s) have more than one level? (Check One)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Are there any elevators, escalators, or platform lifts in this building? (Check One)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Type of Funds: (Check One) <input type="checkbox"/> Public Funds or is a State Lease <input type="checkbox"/> Privately Funded, on Private Land, for Private Use		23. State Lease No. (if applicable)	
24. Scope of Work: (Detailed description of construction activities)			

NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept.) is entitled to the following:  
 1) to be informed about the information that the Dept. collects about the individual, upon their request and subject to a few exceptions;  
 2) to receive and review the information, under Sections 552.021 and 552.023 of the Texas Govt. Code; and  
 3) to have the Dept. correct information about the individual that is incorrect, under Section 559.004 of the Texas Govt. Code.

\*\*The Department will add your address to the Architectural Barriers email notification list, which automatically provides Department information on matters affecting Architectural Barriers. Your email address is confidential pursuant to the Texas Public Information Act; the Department will not share it with the public. For additional information link to: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>

## INSTRUCTIONS FOR COMPLETING A PROJECT REGISTRATION FORM – AB 005

1. **Project Name** - Enter the name of the project (examples: CLASSROOM ADDITION, TENANT FINISH OUT FOR DR. SMITH)
2. **Project Address** - Enter the physical address (if available) and the suite number (if applicable) of the project. Post Office Box numbers are not acceptable.
3. **Tenant Name** - Enter the name and phone number of the person or persons, company, corporation, authority, commission, board, governmental entity, institution or any other unit that will occupy the project space.
4. **Tenant Address** - Enter the mailing address and the suite number (if applicable) of the tenant named in #3.
5. **Contact Name**- Enter the name and phone number of the person representing the tenant (as listed in #3).
6. **Contact Address:** Enter the mailing address and the suite number (if applicable) of the person named in #5.
7. **Building / Facility Name** - If this project is located in a building or facility with a name, enter the name (examples: the "CLASSROOM ADDITION" is located in the building or facility named "WASHINGTON HIGH SCHOOL"; the "TENANT FINISH OUT FOR DR. SMITH" is located in the office building named "MEDICAL PLAZA II")
8. **Facility Owner** - Enter the name and phone number of the person or entity (company, corporation, authority, commission, board, governmental entity, institution or any other unit) that holds title to the property.
9. **Owner Address** - Enter the mailing address and the suite number (if applicable) of the facility owner named in #8.
10. **Contact Name**- If there is a contact person other than the facility owner (as listed in #8), enter the name and phone number of the person representing the owner
11. **Contact Address** - Enter the mailing address and the suite number (if applicable) of the person named in #10 if other than the owner.
12. **Design Firm** - Enter the name and phone number of the design firm or company responsible for the design of the project.
13. **Firm Address** - Enter the mailing address and the suite number (if applicable) of the firm named in #12.
14. **Designer Name:** Enter the name of the architect, engineer, interior designer, or landscape architect with overall responsibility for the design of the project and whose seal is affixed to the drawings and enter their e-mail address.
15. **Type of License:** Check the box for the applicable license type of the designer and enter the license number (if applicable). If no design professional, check the box for "other".
16. **Start Date** - Enter the date construction is scheduled to begin (month and year).
17. **Completion Date** - Enter the date construction is scheduled to be completed (month and year).
18. **Estimated Cost** - Enter the estimated cost of construction. Cost should not include site acquisition, furnishings, or equipment that is not part of the building mechanical systems.
19. **Type of Work** – Check the box for the applicable type of work.
20. **Does this building(s) have more than one level?** – Check yes or no
21. **Are there any elevators, escalators, or platform lifts in this building?** – Check yes or no
22. **Type of Funds** - Check the box for the applicable method of funding.
23. **State Lease No.** (if applicable) - Enter the state lease number if the construction project is for purposes of a state agency lease contract and/or occupancy by a state agency.
24. **Scope of Work** - Enter a detailed description of the construction activities.

### TDLR FEE SCHEDULE

The following fees are applicable only to services performed by TDLR.  
Registered accessibility specialists set and collect their own fees for services.

Estimated Construction Cost	Plan Review Fee	Project Filing Fee	Inspection Fee
50,000 - 200,000	\$250	\$175	\$350
200,001 - 500,000	\$315	\$175	\$375
500,001 - 1,000,000	\$380	\$175	\$400
1,000,001 - 5,000,000	\$445	\$175	\$445
5,000,001 - 10,000,000	\$575	\$175	\$575
10,000,001 - 15,000,000	\$620	\$175	\$620
15,000,001 - 25,000,000	\$785	\$175	\$785
25,000,001 - 50,000,000	\$955	\$175	\$955
50,000,001 - 75,000,000	\$1175	\$175	\$1175
> 75,000,000	Contact TDLR	\$175	Contact TDLR
Late Project Filing Fee		\$300	
Preliminary Review Fee		\$145 each	
State Lease Inspection (no construction)		\$225 per lease	
Special Inspection Fee		\$215 per hour, one hour minimum	
Variance Application Fee		\$175 each	
Variance Appeal Fee		\$200 each	

**Example:** Estimated construction cost is \$250,000; submit the project filing fee of \$175.00 and the review fee of \$315.00 for a total of \$490.00. The inspection fee would be \$375.00.

**NOTE: All fees are non-refundable.**

### WHAT TO SUBMIT

1. One complete set of construction documents (plans and specifications) for all disciplines. All documents applicable to the project should be submitted as one package.
2. A completed Architectural Barriers Project Registration Form or AB Project Registration Confirmation page for each site/address or State Lease Registration Form (if applicable).
3. If the review and/or inspection will be performed by TDLR, submit a check or money order payable to "Texas Department of Licensing and Regulation" at P.O. Box 12157, Austin, Texas 78711.
4. When construction documents are submitted **after** completion of construction, the late submittal Project Filing fee shall apply.
5. An architect, interior designer, landscape architect, or engineer with overall responsibility for the design of a building or facility subject to §469.101 of the Act, shall mail, ship, or hand-deliver the construction documents along with a Proof of Submission form to the department, a registered accessibility specialist, or a contract provider not later than the fifth day after the plans and specifications are issued. In computing time under this subsection, a Saturday, Sunday or legal holiday is not included.
6. In instances when there is not a design professional with overall responsibility, the owner of a building or facility subject to §469.101 of the Act, shall mail, ship, or hand-deliver construction documents to the department, a registered accessibility specialist, or a contract provider prior to filing an application for building construction permit or commencement of construction.
7. An Elimination of Architectural Barriers Project Registration form or Architectural Barriers Project Registration Confirmation Page must be completed for each subject building or facility and submitted along with the applicable fees when the design professional or owner submits the construction documents. (One complete set of construction documents (plans and specifications) for all disciplines). All documents applicable to the project should be submitted as one package.