

Texas Department of Licensing and Regulation
Architectural Barriers
Project Registration Online

Email: customer.service@tdlr.texas.gov

Telephone: 1-800-803-9202

Please complete all required fields marked by a * with valid data.

NOTE: INCOMPLETE FORMS WILL DELAY REGISTRATION

PERSON REGISTERING PROJECT

*Name			
*Address Line 1			
*Address Line 2			
*City		*State	*Zip
*Phone	(10 digit number, ex 5129999999)		
*Email			
*RAS Number	00000055 KELLEY, JEFFERY L		

PROJECT

*Project Name			
*Building or Facility Name			
*Address Line 1			
*Address Line 2			
*City		*State	*Zip
*County Name			

TENANT (if other than owner)

Tenant Contact Name			
Phone	(10 digit number, ex 5129999999)		

BUILDING OR FACILITY OWNER (person or entity that holds title to property)

*Name			
*Address Line 1			
*City		*State	*Zip
*County			
*Phone	(10 digit number, ex 5129999999)		
*Owner Contact Name			
Address Line 1			
City		*State	*Zip
Phone	(10 digit number, ex 5129999999)		
*Email			

DESIGN FIRM

*Name			
*Address Line 1			
*City		*State	*Zip
*County			
*Phone	(10 digit number, ex 5129999999)		
*Designer Name			
*Email			
*Type of License	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Interior Designer <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Other (Includes not licensed)		
*License Number			

PROJECT DESCRIPTION

*Scheduled Construction Start Date (mm/dd/yy)	Month: <input type="text"/> (mm) Day: <input type="text"/> (dd) Year: <input type="text"/> (yy)
*Scheduled Construction Completion Date (mm/dd/yy)	Month: <input type="text"/> (mm) Day: <input type="text"/> (dd) Year: <input type="text"/> (yy)
*Estimated Project Construction Cost	<input type="text"/> (ex. 55000.00)
*Square Footage	<input type="text"/>
*Type of Work	<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Additions to Existing Building <input type="checkbox"/> Historic Preservation
*Scope of Work	<input style="width: 100%;" type="text"/>
*Type of Funds	<input type="checkbox"/> This project involves public funds, public land, or is a state lease. <input type="checkbox"/> This project is privately funded , on private land for private use.
<small>* Required for registration</small>	Are the private funds provided by a tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No
State Lease No. (if applicable)	<input type="text"/>