

**TEXAS DEPARTMENT OF LICENSING AND REGULATION
ARCHITECTURAL BARRIERS - INSPECTION RESPONSE**

PLEASE READ THESE IMPORTANT INSTRUCTIONS

Building/facility owners or their agents may use this form to indicate the status of outstanding violations cited as a result of a Texas Accessibility Standards (TAS) inspection required by the Texas Architectural Barriers Act. To ensure proper processing, follow each **STEP** making sure to return the completed form (fax, mail, or hand-deliver) to the Registered Accessibility Specialist (RAS) or TDLR inspector that inspected the building/facility.

STEP 1: PRINT OR TYPE

| | | | |
|-------------------------|------------------|-----------------|-------------|
| <i>Project Name:</i> | | <i>EABPRJ#:</i> | |
| <i>Project Address:</i> | <i>Suite No.</i> | <i>City:</i> | <i>Zip:</i> |

STEP 2: COMPLETE A OR B AS APPROPRIATE

A. All of the _____ (# of violations) violations cited on the inspection report relating to the above referenced project have been corrected as of _____ (date).

B. Only _____ (# of violations) cited on the inspection report relating to the above referenced project have been corrected as of _____ (date). The remaining _____ (# of violations) will be addressed as noted below.

The following violations _____ (TAS section#) will not be corrected.

An extension is requested until _____ (date).

Variance(s) for the following violation(s) _____ (TAS section #) will be submitted.

STEP 3: PRINT OR TYPE

| | | | | |
|--|---------------|------------------------|---------------|-------------|
| <i>Owner/Agent Name:</i> | | <i>Company Firm:</i> | | |
| <i>Address:</i> | | <i>City:</i> | <i>State:</i> | <i>Zip:</i> |
| <i>Telephone:</i> | <i>Fax #:</i> | <i>E-mail Address:</i> | | |
| <p style="text-align: center;">I am the owner of this building/facility or an agent designated by the owner to act on their behalf:</p> <p style="text-align: center;"><input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent</p> <p>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.</p> <p>Signature: _____ Date: _____</p> | | | | |

STEP 4: RETURN THIS FORM TO THE INSPECTOR

| FOR INSPECTORS ONLY | | | |
|---|-------------------------------|---|----------------------|
| <i>Name of inspector and/or Company/Firm:</i> Leonard G. Lane, Jr./Chelsea Design Investigations | | | |
| <i>Address:</i> 3200 Southwest Freeway, Suite 2121 | <i>City:</i> Houston | <i>State:</i> Texas | <i>Zip:</i> 77027 |
| <i>Telephone #:</i> 713-621-5599 | <i>Fax #:</i> 713-621-5816 | <i>E-mail address:</i> lane@cpdhouston.com | |

TDLR AB 029 07-03

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) have the Department correct information about the individual that is incorrect, under Section 559.004 of the Texas Govt. Code