



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
techinfo@tdlr.texas.gov • www.tdlr.texas.gov

INSPECTION RESPONSE FORM

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

Texas Administrative Code Chapter 68.52(d) for written verification of corrections to be provided no later than 30 days from the date of the inspection and all corrections must be completed no later than 270 days from the date of the inspection.

1. PROJECT INFORMATION

Name:	TDLR Project #:
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	

2. INSPECTION STATUS INFORMATION (check only one A, B, or C)

A.	<u>All violations</u> cited on the inspection report related to the above referenced project <u>have been corrected</u> .
B.	All violations cited on the inspection report relating to the above referenced project not corrected by the end of 270 calendar days from the date of the inspection report will be corrected by: _____ (completion date). Note: 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: _____

3. RAS INFORMATION

Name:	RAS #:	Company/Agency:
Physical Address:		
Street Name, Number, Suite Number, City, State, Zip Code		
Phone Number:	Email:	

4. OWNER / DESIGNATED AGENT INFORMATION

Building/facility Owner or Designee:	Representative:
Physical Address:	
Street Name, Number, Suite Number, City, State, Zip Code	
Phone Number:	Email:

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)	Owner's Designated Agent (Must attach a Designated Agent Form)

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.

_____ Printed Name of Owner or Designated Agent	_____ Signature of Owner or Designated Agent	_____ Date
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INSPECTION RESPONSE FORM INSTRUCTIONS

UNLESS OTHERWISE INDICATED, ALL SECTIONS ARE REQUIRED AND MUST BE INCLUDED FOR THE INSPECTION RESPONSE FORM TO BE PROCESSED. Failure to include all information will result in a delay of processing and the form will be returned to the project owner. Form must be complete in print or type.

A building owner, per Texas Government Code Sec. 469.058, is responsible for any violation of the Elimination of Architectural Barriers program laws or rules and may be subject to administrative penalties for any violation.

1. **PROJECT INFORMATION** – Provide information about the project for which you designated an agent to act on your behalf. The agent designated in this form is only authorized to act as your representative for the project listed on this form. A separate form must be submitted for each project.
 - **PROJECT NAME** – Provide the name of the project as registered in TABS (example: CLASSROOM ADDITION).
 - **TDLR PROJECT #** – Provide the complete TDLR Project number assigned to the project. This form may not be submitted prior to registration of your project.
 - **PHYSICAL ADDRESS** – Provide the physical address of the project as registered in TABS, including the suite number (if applicable). If no physical address is available at the time of submission, provide the physical description of the project location as registered in TABS. Post office boxes will not be accepted.
2. **CORRECTIVE MODIFICATION RESPONSE** – Check the box that applies. Only check one box.
 - **A** – All violations listed on the inspection report have been corrected and are now TAS compliant.
 - **B** – The owner is requesting an extension to correct the remaining violations listed on the inspection report. If selected a new inspection response will need to be submitted to the project associated RAS or TDLR once all violations are completed.
 - **C** – The owner obtained a variance for elements that were found in violation at the inspection. Violations not waived by the Department have been corrected.
3. **RAS INFORMATION** – Provide the name and contact information for the Registered Accessibility Specialist (RAS) that performed the inspection.
 - **RAS NAME** – Provide the name of the RAS that performed the inspection.
 - **RAS NUMBER** – Provide the license number of the RAs that performed the inspection.
 - **RAS COMPANY** – Provide the name of the RAS company that performed the inspection (if applicable).
 - **ADDRESS** – Provide the RASs mailing address. A post office box can be used.
 - **PHONE** – Provide the RASs phone number.
 - **EMAIL** – Provide the RASs email address.
4. **OWNER OR AGENT INFORMATION** – Provide information about the building or facility owner.
 - **BUILDING/FACILITY OWNER OR DESIGNEE** – Provide the full name and of the individual or business entity who is the building/facility owner. If the form is signed by the owner's designated agent, the agent's name must be provided.
 - **REPRESENTATIVE** – Provide the full name of an individual or employee of the building or facility owner if the owner is a trust, business, or government entity. If the form is signed by the owner's designated agent, the agent's name must be provided. This person can be contacted for questions about the project or this form and is required to sign this form for it to be valid.
 - **ADDRESS** – Provide the Owner or Agent's mailing address. The mailing address provided is where we will send project related mail. A post office box can be used.
 - **PHONE** – Provide the Owner or Agent's phone number.
 - **EMAIL** – Provide the Owner or Agent's email address.
 - **SIGNATURE** – Acknowledgment of submission.

INSPECTION RESPONSE FORM INSTRUCTIONS cont'd

SEND YOUR COMPLETED DOCUMENTS TO:

Project associated Registered Accessibility Specialist (RAS)

OR

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157
techinfo@tdlr.texas.gov

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at:

<https://www.tdlr.texas.gov/ab/ab.htm>

For assistance with this form, you may contact techinfo@tdlr.texas.gov. For other issues you can request assistance via [TDLR webform](#). You may contact Customer Service Representatives at (800) 803- 9202 (in state only) or (512) 463-6599; Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday from 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the TDLR Public Information Act Policy at:

<https://www.tdlr.texas.gov/disclaimer.html#PublicInfoPolicy>.