

## **TEXAS DEPARTMENT OF LICENSING & REGULATION**

P.O. Box 12157 • Austin TX 78711-2157 (512) 539-5669 • (877) 278-0999 • FAX (512) 539-5690 techinfo@tdlr.texas.gov • www.tdlr.texas.gov

## **REQUEST FOR INSPECTION**

In accordance with Texas Government Code, Chapter 469.105, and TDLR Administrative Rule 68.52, the owner of a building or facility subject to compliance with Chapter 469.101 shall obtain an inspection to verify compliance with the Texas Accessibility Standards (TAS) not later than the first anniversary of the completion of construction.

The request for an inspection can be made by completing this form and submitting it to a Registered Accessibility Specialist (RAS) not later than 30 calendar days after the completion of construction.

Following the inspection, the owner will be advised in writing of the results.

| <u> </u>                        |                           | 5                         |                      |                     |                     |                    |     |  |
|---------------------------------|---------------------------|---------------------------|----------------------|---------------------|---------------------|--------------------|-----|--|
|                                 | PF                        | ROJECT IN                 | FORM                 | ATION               |                     |                    |     |  |
| 1. Project Name:                |                           |                           |                      |                     | 2. TDLR F           | 2. TDLR Project #: |     |  |
| 3. Project Address:             |                           |                           |                      |                     | Suite #:            | Suite #:           |     |  |
| City:                           | County:                   |                           |                      |                     |                     |                    |     |  |
| *If you are not                 | OWNER / AG                | he person/e<br>Designated | entity th<br>I Agent | *                   | the property)       | this form.         |     |  |
| 4. Name:                        |                           |                           | 5. Company / Agency: |                     |                     |                    |     |  |
| 6. Address:                     |                           |                           |                      |                     |                     | Suite #:           |     |  |
| City:                           |                           |                           | State: 2             |                     |                     | Zip Code:          |     |  |
| 7. Phone Number: 8. Fax Number: |                           |                           |                      | 9. Email:           |                     |                    |     |  |
| 10. Signat                      | ure of Owner/Designated A | Agent                     |                      |                     |                     | Date               |     |  |
| l have authori                  | zed the following Regist  | ered Acces                | sibility             | Specialist (RAS     | S) to perform the l | inspection:        |     |  |
| RAS Name: PETER WALPER          |                           |                           |                      | RAS # 1491          |                     |                    |     |  |
| Address: 3101 HAYNES DR         |                           |                           | City:                | MIDLAND             | State: TX           | Zip Code: 797      | 705 |  |
| Phone Number:<br>432-967-4212   | Fax Number:               |                           | Emai                 | l:<br>ralper@me.com | 1                   |                    |     |  |