

TEXAS DEPARTMENT OF LICENSING AND REGULATION

Code Review and Inspections Division

ARCHITECTURAL BARRIERS

P.O. Box 12157 • Austin, Texas 78711 • (512)463-3211 • (877)278-0999 • FAX (512)475-2886

www.license.state.tx.us • Architectural.Barriers@license.state.tx.us

POST CONSTRUCTION VARIANCE APPLICATION

In accordance with Rule 68.31, I hereby apply for a post construction variance or waiver of a standard or specification required for compliance with the Architectural Barriers Act, Article 9102, Texas Civil Statutes as they apply to the facility described below on the grounds that literal compliance with the Department's regulations is impractical in this case.

FORM MUST BE COMPLETED IN FULL

PLEASE PRINT OR TYPE

Project Name		AB Project Number
Building/Facility Name		
Street Address	City/Zip	Telephone
Owner		
Mailing Address	City/Zip	Telephone
Is a state agency located in this building/facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify state agency and the state lease number. _____		
State agency contact name:		Telephone
Has bidding or award of contract occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total square footage of building/facility: _____ Per floor: _____		
Check the work performed: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/ Modification/ Alteration <input type="checkbox"/> Change in Occupancy		
State the section of the Texas Accessibility Standards for which a post construction variance is being requested. Separate applications must be submitted for each standard or specification to be considered.		
Section #	Location and Description of Nonconforming Condition	
_____	_____	
_____	_____	
If the building/facility is a qualified historic building or facility, identify the historical designation and indicate date of designation applicable.		
If the building/facility is a qualified historic building or facility, you must provide a determination of effect letter from the Texas Historical Commission.		
State in detail the reason why compliance with the standard or specification is impractical. Include the cost necessary to achieve compliance.		

Was a building permit required for this work? ____ Yes ____ No Date Issued: _____

State the actual cost of construction relating to this project. _____

Have any other building permits been issued for this building/facility within the past 24 months? ____ Yes ____ No
If yes, state the date that permits were issued and the cost of construction for each permit: _____

Has a certificate of occupancy been issued for the building/facility? ____ Yes ____ No Date Issued _____

What is the original date of construction of this building/facility? _____

To the best of your knowledge, has a complaint ever been filed on this building/facility relative to accessibility?
____ Yes ____ No If yes, what were the circumstances? _____

Was the complaint resolved? ____ Yes ____ No

Explanation: _____

Has an inspection been performed by TDLR or a Contract Provider? ____ Yes ____ No

Date of Inspection: _____

Name of Inspector: _____

PLEASE NOTE: The Department shall decide your application based on information submitted. You should therefore include all relevant information with your application. Drawings and photographs may be extremely beneficial.

_____	_____
Date	Name

	Company/Firm
<input type="checkbox"/> Owner	_____
	Address
<input type="checkbox"/> Agent	_____
	City State Zip Code

	Signature Telephone

A \$175.00 **NON-REFUNDABLE** PAYMENT MUST ACCOMPANY EACH APPLICATION. MAKE CHECK PAYABLE TO THE TEXAS DEPARTMENT OF LICENSING AND REGULATION AND MAIL TO TDLR, P. O. BOX 12157, AUSTIN, TEXAS 78711. APPLICATIONS RECEIVED WITHOUT PAYMENT WILL NOT BE PROCESSED. INCOMPLETE APPLICATIONS WILL BE RETURNED.