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. ☐ All violations cited on the inspection report related to the above referenced project have been corrected.

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 will not be corrected:

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