

ARCHITECTURAL BARRIERS PROJECT STATUS NOTIFICATION FORM

This form may be used by building or facility owners or the owners' designated agent for the purpose of providing the Registered Accessibility Specialist (RAS) with an accurate status of a project. Each change in applicable project status requires the submittal of a new form to the RAS each new form must contain the project Information, owner Information and signature. In addition, each form must reflect only the new status change. Forms that are illegible and/or incomplete will not be processed.

PROJECT INFORMATION

PLEASE PRINT OR TYPE

Project Name:	EABPRJ #
Project Address:	

PROJECT STATUS (Check the status that applies and provide the required information)

<input type="checkbox"/> CHANGE IN ESTIMATED COMPLETION DATE (ECD)				New ECD:			
				MONTH	DAY	YEAR	
<input type="checkbox"/> TO BE CLOSED	<input type="checkbox"/> Not constructed	<input type="checkbox"/> Exempted by Rule	<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> Duplicate (registered more than once) of: EABPRJ			
<input type="checkbox"/> OTHER (Explain): _____							
<input type="checkbox"/> CHANGE IN CONTACT INFORMATION (Provide information below)							

CHANGE IN CONTACT INFORMATION (Check One): Owner (holds title to the property) Owner's Agent Design Professional

Name:		Company/Agency:		
Address:		City:	State:	Zip:
Phone:	Fax:	Email:		

OWNER/AGENT INFORMATION

Name:		Company/Firm:		
Address:		City:	State:	Zip:
Phone:	Fax:	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

I certify that the following information provided to the RAS accurately reflects the status of the referenced project:

Signature _____	Date _____
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