



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

*techinfo@tdlr.texas.gov • www.tdlr.texas.gov*

## VARIANCE APPLICATION

In addition, the application must be accompanied by plans (site and/or architectural) of all affected areas and any supporting documentation that provides adequate proof that compliance with the specific Texas Accessibility Standard (TAS) is impractical or irrelevant to the nature, use, or function of the building or facility. The department shall issue a decision based on the information submitted with the application as well as Texas Government Code §469.151 and §469.152.

### FORM MUST BE COMPLETED IN FULL

#### 1. RAS INFORMATION

Has this project been reviewed for compliance with TAS?	Yes	No	If yes, name of RAS who reviewed the project:	
---	-----	----	---	--

Has this project been inspected for compliance with TAS?	Yes	No	If yes, name of RAS who inspected the project:	If yes, date of inspection:
--	-----	----	--	-----------------------------

#### 2. PROJECT INFORMATION

Project Name:	TDLR Project #: (If already registered.)
---------------	---

Building or Facility Name:

Address:

Description: Indicate the type of project: New Construction    Addition    Alteration	Scope of Work: (Describe the construction activities)
--	---

Estimated Project Construction Cost:	Original date of construction of this building/facility:
--------------------------------------	--

Square Footage of Building:	Square Footage Per Floor:
-----------------------------	---------------------------

Is this building a qualified historic building?    Yes    No  
**If yes, a copy of the determination of effect letter from the Texas Historical Commission (THC) must accompany this application.**

Is this building being considered for a state lease?	Yes	No	If yes, provide the state lease number:
--	-----	----	---

Is a state agency currently located in this building?	Yes	No
---	-----	----

State the TAS section number(s) for which the variance is requested:	State the specific location of the violation within the building or site:
--	---

Explain in detail, why compliance with this TAS standard cannot be achieved: (attach additional sheets if necessary)


#### 3. PERSON MAKING THE SUBMISSION

Company/Firm:	Representative:
---------------	-----------------

Address (Street name, number, suite number, city state, zip code):

Email:	Phone:
--------	--------

**Intent to Apply: I hereby apply for a variance or waiver from the Texas Accessibility Standards as required for compliance with the Texas Architectural Barriers Act, Government Code, Chapter 469.** (Check One): I am the    Owner    Owner's Agent  
 (If you are not the owner, a completed Owner Agent Designation form must accompany this application).  
***This form may be electronically signed.***

Signature:	Date:
------------	-------