



TEXAS DEPARTMENT OF LICENSING AND REGULATION
COMPLIANCE DIVISION – ARCHITECTURAL BARRIERS

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VARIANCE APPLICATION

A separate variance application for each (non-compliant) condition within a single building or facility must be submitted by the owner (or owner's designated agent) and must include a \$175.00 **non-refundable application fee** and if the project has not already been registered and assigned a TDLR project number, an additional \$175.00 **non-refundable registration fee**.

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 to the commission 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 Chapter 469.151 and 469.152 and the information submitted with the application.

****IMPORTANT INFORMATION****

Variance Applications submitted more than 270 calendar days after the date of the inspection report will not be processed.
Incomplete applications and applications received without the required fee(s) will not be processed.

FORM MUST BE COMPLETED IN FULL

PLEASE PRINT OR TYPE

1. Has this project been reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. If yes, name of reviewer:	
3. Has this project been inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No		4. If yes, name of inspector:	5. If yes, date of inspection:
6. Project Name:		7. EABPRJ#: (If registered.)	
8. Building/Facility Name:			
9. Address:	Suite No. :	City:	Zip Code:
10. Description: Indicate the type of project: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration		11. Scope of Work (Describe the construction activities):	
12. Estimated Project Construction Cost:		13. Original date of construction of this building/facility:	
14. Square Footage of Building:		15. Square Footage Per Floor:	
16. Is this building a qualified historic building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of the determination of effect letter from the Texas Historical Commission (THC) must accompany this application.		17. Is this building being considered for a state lease? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a state agency currently located in this building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the state lease number:	
18. State the TAS reference number for which the variance is requested:		19. State the specific location of the violation within the building or site:	
20. Explain <u>in detail</u> , why compliance with this TAS standard cannot be achieved (attach additional sheets if necessary)			
21. 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 <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent			
22. Name:		23. Company/Firm:	
24. Address:		City:	State: Zip:
25. Phone::	26. Fax:	27. **Email:	
28. Signature:			29. Date:

- 1) to be informed about the information that the Dept. collects about the individual, upon their request and subject to a few exceptions;
- 2) to receive and review the information, under Sections 552.021 and 552.023 of the Texas Govt. Code; and
- 3) have the Dept. correct information about the individual that is incorrect, under Section 559.004 of the Texas Govt. Code.

INSTRUCTIONS FOR COMPLETING VARIANCE APPLICATION FORM – AB 013

1. **Has this project been reviewed?** – Check yes or no.
2. **If yes, name of reviewer:** Enter the name of the TDLR employee, Registered Accessibility Specialist (RAS), or a Contract Provider that reviewed this project.
3. **Has this project been inspected?** – Check yes or no.
4. **If yes, name of inspector** – Enter the name of the TDLR employee, Registered Accessibility Specialist (RAS) or a Contract Provider that inspected this project.
5. **If yes, date of inspection** – Enter the date of the inspection report issued by the TDLR employee, Registered Accessibility Specialist (RAS) or contract provider.
6. **Project Name** - Enter the name of the project (examples: CLASSROOM ADDITION, TENANT FINISH OUT FOR DR. SMITH)
7. **EABPRJ#** - Enter the TDLR project number for the project if one has been assigned.
8. **Building/Facility Name** – If the project is part of another building or facility, enter the name of the building or facility (examples: **Project Name:** CLASSROOM ADDITION, **Building/Facility:** WASHINGTON HIGH SCHOOL; **Project Name:** JONES & SMITH, INC. OFFICE RENOVATION, **Building/Facility:** MEDICAL OFFICE TOWER). For facilities named after a person, use only the last name (example: WASHINGTON HIGH SCHOOL).
9. **Address**- Enter the physical location, including the street address if available and the suite number if applicable, city and zip. Post office box numbers are not acceptable.
10. **Description: Indicate the type of project: New Construction/Addition/Alteration** – Check one box which represents if this is a new construction, an addition or alteration project.
11. **Scope of Work** – Provide a brief description of the scope of work for this project.
12. **Estimated Project Construction Cost** – Enter the estimated cost of construction.
13. **Original date of construction of this building/facility**– Enter the year of initial construction of this building/facility (Month/Year)
14. **Square Footage of Building** – Enter the total gross square footage of the building for which the variance is being requested.
15. **Square Footage per Floor** - Enter the total gross square footage per floor for which the variance is being requested.
16. **Is this building a qualified historic building?** – Check yes or no. If yes is checked a copy of the determination of effect letter from the Texas Historical Commission (THC) must accompany this application.
17. **Is this building being considered for a state lease?** – Check yes or no. If yes, provide the state lease number.
18. **State the TAS reference number for which the variance is requested** - Enter the TAS reference number (for example: TAS 4.4, 4.5, 4.6, etc.). A separate variance application is required for each non-compliant condition (TAS reference number)
19. **State the specific location of the violation within the building or site:** Enter the location of the violation (for example: 2nd floor break room; accessible parking in northwest parking lot, etc.).
20. **Explain in detail why compliance with the TAS standard cannot be achieved** – Enter the justification(s) for non-compliance. Adequate proof must be provided with the application (for example: if the justification for non-compliance is based on site conditions, the application should be accompanied by a grading plan or other verifiable documentation that demonstrates the limitations of the site). Non-compliance based on cost will not be considered for any new construction projects
21. **Intent to Apply** – Read the "Intent to Comply" statement and indicate whether the applicant is the owner or owner's agent.
22. **Name** – Enter the name of the Owner or Owner's Agent by checking box 21 and signing box 28.
23. **Company/Firm** – Enter the name of the company or the firm of the Owner or Owner's Agent.
24. **Address** – Enter the mailing address of the Owner or Owner's Agent entered in box 22.
25. **Phone** – Enter the telephone number for the Owner or Owner's Agent entered in box 22.
26. **Fax** – Enter the fax number for the Owner or Owner's Agent entered in box 22.
27. **Email** – Enter the e-mail address for the Owner or Owner's Agent entered in box 22.
28. **Signature** – Signature of the Owner or Owner's Agent entered in box 22.
29. **Date** – Enter the date this form is signed.

WHAT TO SUBMIT

1. A completed and signed Variance Application Form for each non-compliant condition.
2. \$175.00 non-refundable fee for each application. Submit a check or money order payable to "Texas Department of Licensing and Regulation": P.O. Box 12157, Austin, Texas 78711.
3. A completed and signed Architectural Barriers Project Registration Form or AB Confirmation Page and the \$175.00 non-refundable registration fee must accompany this application, if the project has not already been assigned a TDLR project number (EABPRJ#). Projects with an estimated construction cost of less than \$50,000 are not required to obtain a plan review or inspection; however, the fees are still required.
4. The applicant must submit documentation to support the request for variance to prove that compliance with a particular standard is impractical. Such documentation may include, but is not limited to, floor plans, site plans, grading plans, photograph(s), and plumbing fixture counts.