

**AI-46069****Health & Human Services Dept. 11. B.****CC - REGULAR****Meeting** 08/25/2014  
**Date:****Submitted For:** Eddie Olivarez **Submitted By:** Mike Escaname, HEALTH & HUMAN SERVICES DEPT.**Department:** HEALTH & HUMAN SERVICES DEPT.**Information****CAPTION**

1. Requesting approval to have the renovations of county health clinics inspected pursuant to the Texas Architectural Barriers Act.
2. Requesting approval to have County Judge sign the inspection notice.
3. Requesting approval to have County Judge sign the Request for Inspection form.

**BACKGROUND****Fiscal Impact****FISCAL YEAR:** 2014**ACCT. #:** 4-1100-441-00-340-003-0-811**FUNDS AVAILABLE Y/N?:** Y/Pending**MATCHING FUNDS Y/N?:** N**BUDGETARY IMPACT:**

AI-46068 - Line item transfer scheduled for 08/25/14 will place enough funds to cover inspection / licensing fee.

Requisition# 262084

**Attachments****Info****Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Debbie Tamez	08/19/2014 02:19 PM
Manuel Chapa	Manuel Chapa	08/19/2014 03:56 PM
Purchasing Department	Monica Badillo	08/21/2014 05:39 PM
Form Started By: Mike Escaname		Started On: 08/19/2014 11:11 AM
	Final Approval Date: 08/21/2014	



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Compliance Division/Architectural Barriers Program

P. O. Box 12157 • Austin, Texas 78711 • (512) 539-5669 • (877)278-0999

Fax: (512) 539-5690 • Email: [techinfo.ab@tdlr.texas.gov](mailto:techinfo.ab@tdlr.texas.gov) • Web site: [www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## REQUEST FOR INSPECTION

In accordance with Texas Government Code, Chapter 469.105, and TDLR Administrative Rule 68.52, the owner of a building or facility subject to compliance with Chapter 469.101 shall obtain an inspection to verify compliance with the Texas Accessibility Standards (TAS) not later than the first anniversary of the completion of construction.

The request for an inspection must be made by completing this form and submitting it to a Registered Accessibility Specialist (RAS) not later than 30 calendar days after the completion of construction.

The completed Request for Inspection form must be received prior to proceeding with the inspection. Following the inspection, the owner will be advised in writing of the results.

### PROJECT INFORMATION

PLEASE PRINT OR TYPE

1. Project Name: <b>Renovation of Several Health Clinics</b>		2. EABPRJ #: <b>A9809567</b>
3. Project Address: <b>cities of Edinburg, Weslaco, McAllen, Mission, and Hidalgo</b>		Suite #:
City:	County: <b>Hidalgo</b>	Zip:

### OWNER / AGENT INFORMATION (Check One)

- I am the Owner (the person/entity that holds title to the property)  
 I am the Owner's Designated Agent \*\*

\*\*If you are not the owner, a completed Owner Agent Designation Form must accompany this form.

4. Name: <b>Ramon Garcia, County Judge</b>		5. Company / Agency: <b>Hidalgo County</b>	
6. Address: <b>PO Box 1356</b>			Suite #:
City: <b>Edinburg,</b>		State: <b>Tx.</b>	Zip: <b>78540</b>
7. Phone:	8. Fax:	9. **Email:	
10. <i>Ramon Garcia</i> Signature of Owner/Designated Agent		<u>12-3-14</u> Date	

I have authorized the following Registered Accessibility Specialist (RAS) to perform the inspection:

RAS Name: <b>Anthony Covacevich</b>		RAS # <b>00000097</b>	
Address: <b>401 Southgate Circle</b>		City: <b>Weslaco</b>	State: <b>Tx.</b>
Phone: <b>956-279-0910</b>		Fax:	Zip: <b>78596</b>
		Email: <b>covacevich@aol.com</b>	

TDLR FORM 041AB 02-14 NOTE An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept ) is entitled to the following

- Approved by Commissioners' Court on 8/25/14
- 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.

\*\*The Department will add your address to the Architectural Barriers email notification list, which automatically provides Department information on matters affecting Architectural Barriers. Your email address is confidential pursuant to the Texas Public Information Act, the Department will not share it with the public. For additional information link to <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>



# Purchase Order COUNTY OF HIDALGO

PO# 717876

DATE: 11/26/14

PAGE NO: 1 OF 1

PO TYPE:

VENDOR: 89931

REQ: 00266461

PHONE: (956) 279-0910

Fax: (956) 968-2484

EMAIL:

SHIP TO: HEALTH DEPARTMENT

1304 S. 25TH

EDINBURG TX 78539

ANTHONY COVACEVICH CONSULTANTS  
401 SOUTHGATE CIRCLE  
WESLACO TX 78596

CONTACT:

SITE: HEALTH

CONTRACT NO:

RECEIVED

DEC 01 2014

Hidalgo County Health & Human Services

**SPECIAL INSTRUCTIONS:**

**VENDOR NOTES**

1. Do not add to, or alter this Purchase Order. This Order is not renewable.
2. TAX EXEMPTION: This Purchase Order may be accepted in lieu of Exemption Certificate.
3. This Order is also placed F.O.B. Destination. Vendor must repay all shipping costs.
4. Invoice each Purchase Order singly. Original invoices are required customer copy may be accepted. Out number must appear on all invoices, bills of lading, and packages.
5. Payment will be made only for bona fide and full completed orders, unless otherwise attached.

QTY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
		CLINICS: EDINBURG CLINIC, 3105 E. RICHARDSON, EDBG WESLACO CLINIC 1901 N. BRIDGE, WESLACO MCALLEN CLINIC, 300 E. HACKBERRY, MCALLEN MISSION CLINIC, 211 N. SCHUERBACH, MISSION HIDALGO CLINIC, 702 E. TEXANO, HIDALGO		
1.00	EACH	OM TDLR TEXAS ACCESSIBILITY STANDARDS (TAS 1994) INSPECTION FEES FOR VARIOUS HEALTH CLINIC RENOVATIONS	1,600.00	1,600.00
		<b>TOTAL:</b>		1,600.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		***** For Hidalgo County use only		
		4-1100-441-00-340-001-0-811	400.00	
		4-1100-441-00-340-003-0-811	1,200.00	

Authorized by:

*Martha L Salazar*

*406/2014  
12/15/14*

**Subject:** Fwd: A9809567 Renovation of various health clinics  
**From:** Mague Gonzalez <mague.gonzalez@wic.co.hidalgo.tx.us>  
**Date:** 8/18/2014 3:39 PM  
**To:** josie.escalante@hchd.org

Josie, this is the attachment that Anthony Covacevich sent. You will need this in order to process P.O.

Margarita Gonzalez  
Accountant IV  
Hidalgo County WIC Program  
3105 W. University  
Edinburg, Texas 78539  
(956)381-4646 ext. 4042  
(956)381-0017  
mague.gonzalez@wic.co.hidalgo.tx.us

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**From:** "Anthony Covacevich" <covacevich@aol.com>  
**To:** "mague gonzalez" <mague.gonzalez@wic.co.hidalgo.tx.us>  
**Sent:** Monday, August 18, 2014 3:33:35 PM  
**Subject:** A9809567 Renovation of various health clinics

Ms. Gonzalez,  
Thank you for contacting ACC to meet your accessibility needs. As you can see from the attached Project Confirmation Page, this is a 2009 which involved the health clinics in various locations. ACC will conduct a TDLR Texas Accessibility Standards (TAS 1994) inspection for a fee of \$1,600. The inspection of the various clinics will be conducted with a representative of the owner on site and the report will be submitted to the owner. All required forms and reports to TDLR will also be submitted. The inspection will occur at a date agreeable to all parties and at the time after ACC receives the project file from TDLR. Please call or email me if you have a question.  
Thanks!

**Anthony Covacevich, A.P.A.**  
R.A.S. 00000097  
Accessibility Checks and Controls  
401 Southgate Circle  
Weslaco, Tx. 78596  
Cell 956-279-0910

— Attachments: —

AB Project Reprint Confirmation Page.pdf

494 KB

3<sup>rd</sup> quote

Reg# 262084

**Texas Department of Licensing and Regulation**  
**Architectural Barriers Project Registration Confirmation Page**  
**Saturday, March 14, 2009**  
**EABPRJA9809567**

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**PERSON FILING FORM**

**Name:** Anthony Covacevich    **Phone:** 956-279-0910  
**Person Address:** 401 Southgate Circle, Weslaco, Tx 78596  
**Ras Number:** 00000097

**Project Name:** Renovation of several Health Clinics  
**Project Address:** Hidalgo Co. Health and Human Services CI  
3105 E. Schunior and others  
Edinburg, TX 78539    **County:** Hidalgo

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**TENANT**

**Contact Name:**    **Phone:**  
**Contact Address:**

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**BUILDING/FACILITY Name:** Hidalgo Co. Health and Human Services CI  
**FACILITY Owner:** Hidalgo County    **Phone:** 956-318-2600  
**Owner Address:** PO Box 1356, Edinburg, tx 78539  
**Contact Name:** Rigoberto Hinojosa    **Phone:** 956-383-6221  
**Contact Address:** PO Box 1356, Edinburg, Tx 78539

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**DESIGN FIRM Name:** Reynaldo Vargas dba VA Architecture    **Phone:** 956-631-2242  
**Firm Address:** 2029 Industrial Dr., McAllen, Tx 78504  
**Designer Name:** Reynaldo Vargas  
**Type of License:** Architect    **License Number:** 7125

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**PROJECT DESCRIPTION**

**Start Date:** 11/2008    **Completion date:** 11/2010    **Estimated Cost:** \$330,000.00  
**Type of Work:** Renovation/Alteration  
**Type of Funds:** This project involves public funds, public land, or is a state lease.  
**State Lease No. :**

**Scope of Work:** Renovations of several clinics located in the cities of Edinburg, Weslaco, McAllen, Mission, and H.dalgo,

**Does this building(s) have more than one level?** No  
**Are there any elevators, escalators, or platform lifts in this building?** No  
**Are there any boiler in this building?** No

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This AB Project registration Confirmation Page, construction documents, and applicable fees must be submitted in accordance with the Texas Administrative Code Chapter 68, [Rule 68.51](#).

If TDLR will be performing the review or inspection services, see [Rule 68.80](#).

If a RAS will be performing the review or inspection services, please contact the RAS as they set and collect their own fees, see [Rule 68.75](#).

In accordance with [Rule 68.52](#), the owner of a building or facility must also obtain an inspection from the department or a registered accessibility specialist not later than the first anniversary of the completion of construction. Request for inspection shall be made by completing the Request for Inspection form and submitting it no later than 30 calendar days after the completion of construction.

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