



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 P. O. Box 12157, Austin, Texas 78711
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 architectural.barriers@tdlr.texas.gov • www.tdlr.texas.gov

ARCHITECTURAL BARRIERS - INSPECTION RESPONSE FORM

Building or facility owners or the owners' designated agent may use this form to indicate the status of outstanding violations associated with the referenced construction project that were identified during the inspection performed by a Registered Accessibility Specialist (RAS) or TDLR Investigator to verify compliance with the Texas Accessibility Standards (TAS).

This form must be submitted to the RAS or TDLR representative noted in Step 4.

STEP 1 - PROJECT INFORMATION

PRINT OR TYPE

Name: Hidalgo County Pct. 4 Linn-San Manual EMS, Fire Dept.		EABPRJ #: B5820826	
Address: 78542, State Hwy. 186	Suite No:	City: Linn	Zip: 78563

STEP 2 - INSPECTION STATUS INFORMATION

A. All violations cited on the inspection report relating to the above referenced project have been corrected.

B. All violations cited on the inspection report relating to the above referenced project 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: _____

STEP 3 - OWNER / AGENT INFORMATION

Owner/Agent Name: Hidalgo County, Valde Guerra		Company/Firm: Hidalgo County Pct. 4	
Address: P.O. Box 1356		City: Edinburg	State: Texas
Phone #: (956) 292-7655	Fax #: (956) 292-7034	**Email: valde.guerra@co.hidalgo.tx.us	

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 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 for action.
 Signature: _____ Date: 12/17/19

STEP 4 - SUBMITTAL INFORMATION:

FOR RAS AND/OR TDLR USE ONLY

Name: Anthony Covacevich	RAS # 0000097 (if applicable):	Company/Agency: Accessibility Checks and Controls	
Address: 401 South Circle		City: Weslaco	State: Texas
Phone: 956-279-0910	Fax:	**Email: covacevich@aol.com	

TDLR 029AB 12-08

NOTE: An individual who completes and files this form with the Texas Department of Licensing and Regulation (the Dept.) is entitled to the following:
 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 Information Act; the Department will not share it with the public. For additional information link to: <http://www.tdlr.texas.gov/newsletters/TDLRNotificationLists.asp>

APPROVED BY
 COMMISSIONERS' COURT
