

**Texas Department of Licensing and Regulation
Architectural Barriers**

PROJECT INFORMATION FORM

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NOTE: INCOMPLETE FORMS OR INVALID INFORMATION WILL DELAY REGISTRATION

RAS INFORMATION

Name: William G. Gipson RAS #: 1221

PERSON REGISTERING PROJECT

Name:

Address:

City: State: Zip:

Phone: () Email:

PROJECT

Project Name:

Building or Facility Name:

Address:

City: State: Zip: County:

TENANT (If other than owner)

Tenant Contact Name:

Phone: () Email:

BUILDING OR FACILITY OWNER (Person or entity that holds title to property)

Owner Name:

Address:

City: State: Zip: County:

Phone: () Email:

DESIGN FIRM

Design Firm Name:

Firm Address:

City: State: Zip: County:

Phone: () Email:

Design Professional Name: Email:

License Type: Architect Engineer Registered Interior Designer License Number (if applicable):
 Landscape Architect Other (includes not licensed)

PROJECT DESCRIPTION

Scheduled Construction Start Date: (mm) (dd) (yy)
(mm/dd/yy)

Scheduled Construction Completion Date: (mm) (dd) (yy)
(mm/dd/yy)

Estimated Project Construction Cost: (ex. 75000.00)

Estimated Square Footage:

Type of Work: New Construction Renovation/Alteration Additions to Existing Building Historic Preservation

Type of Funds: (Check one)
 This project involves public funds, public land, or is a state lease.
 This project is privately funded, on private land for private use.

Are the private funds provided by a tenant? Yes No

State Lease No. (If applicable)

Scope of Work: