

TEXAS DEPARTMENT OF LICENSING & REGULATION

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PROOF OF INSPECTION

This form was created by the Texas Department of Licensing and Regulation (TDLR) to provide proof of inspection to a building owner and is not intended to imply that a Registered Accessibility Specialist (RAS) is an employee of TDLR or that they have been hired by TDLR to perform this inspection.

This form is to be filled out in full and signed at the time and location of the inspection.

To help combat the spread of COVID-19, the owner or owner designee that accompanied the RAS on the inspection may electronically sign the Proof of Inspection form on the day of the inspection.

inspection	may electronically sign the Proof	of Inspection form on t	the day of the inspection.	
	PROJECT I	NFORMATION	第二段指挥队员员第二个财务。	
1. Project Name:		2. TD	2. TDLR Project #:	
Coastal Bend Wellness Fe	oundation Addition	TABS	TABS2022002313	
3. Project Address:	Partition and a design of	Suite	Suite #:	
2882 Holly Rd.				
City: County:			Zip Code:	
Corpus Christi,	Nueces	7841	1	
	RAS INF	ORMATION		
4. Name:	,一个人,一个人,一个人,一个人,一个人,一个人,一个人,一个人,一个人,一个人		5. RAS #:	
Brian Grunberg		147	1475	
6. Company/Agency:				
o. Jonipany/ Igonoy.				
7. Address:		Suite #:		
PO Box 270172				
City:		State:	Zip Code:	
Corpus Christi		TX	78427	
8. Phone Number.	9. Fax Number:	10. Email:		
3614425092		Rasasap361@gmail.com		
11. RAS Signature		S - 26 · 23 Date of Inspection		
	OWNER/OWNER DESIGNEE* PR	RESENT DURING THE	INSPECTION	
12. Name: EM	ILY ROZTPAL			
13. Company/Agency:	EDR ARCHIT	eas		
14. Address: PO Box	271613	Suite #:		
City: Cold		State:	Zip Code: 78427	
301 20	16. Fax Number:	17. Email:	pale edrarchitect.	
I certify that I was present d	luring the inspection of the referenced cons	struction project:		
9 6) //		5-26-23	
		00-01		
18. Signature of Owner / D	esignee*		Date of Inspection	
* The designee may be so	omeone other than the owner or d	designated agent refere	enced in Administrative Rule 68.10 (11)	
The designed may be or	and the second s			