

**FOR OFFICE USE**

Received: \_\_\_\_\_ Paid On: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt: \_\_\_\_\_ CK-CC-CH \_\_\_\_\_

Initial: \_\_\_\_\_ RowID: \_\_\_\_\_ Parent: \_\_\_\_\_ Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
P.O. BOX 142529 Austin, TX 78714  
Phone: (512) 978-0300 Email: [ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)  
Web Address: <http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

**Change of Ownership Inspection Application**  
**Type: Pool, Spa, Public Interactive Water Features & Fountains (PIWFF)**

**Business Information**

Note: Incomplete applications **will not** be processed and will be returned

Business Name: \_\_\_\_\_ Type: ( ) Pool ( ) Spa ( ) PIWFF  
Physical Address: \_\_\_\_\_  
Street City State Zip Code  
Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

**Owner Information**

Print full legal names as they would appear on a Government Issued Photo ID(s)

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name/First Name or Company Name (###) ### - ####  
Email Address: \_\_\_\_\_  
Email addresses will not be distributed. (Internal use only)  
Mail Address: \_\_\_\_\_  
Street City State Zip Code

**Contact Information**

Print full legal names as they would appear on a Government Issued Photo ID(s)

On Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Person (Last Name, First Name) (###) ### - ####  
Email Address: \_\_\_\_\_  
Email addresses will not be distributed. (Internal use only)  
Home Address: \_\_\_\_\_  
Street City State Zip Code

**Fee Information:**

Note: Refund requests **will not** be honored after 180 days from date of payment

Inspection Type Requested	City of Austin (Contracted Municipalities*)	Travis County
Change of Ownership Inspection	\$191.00 (Per Inspection)	No Fee Required
Expedite an Inspection	\$144.00 (Additional Fee, Per Inspection)	No Fee Required

\* Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills

**DO NOT MAIL CASH PAYMENTS**

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX  
Make checks and money orders payable to: ATCHD or Austin/Travis County Health & Human Services  
Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email ([ehsd.service@austintexas.gov](mailto:ehsd.service@austintexas.gov)) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the service, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing pools, spa & PIWFF.