

FOR OFFICE USE

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Initial: _____ Issue On: _____ Expires On: _____ Permit: _____ Juris: COA / TC / ILA



AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. BOX 142529 Austin, TX 78714



Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
<http://www.austintexas.gov/department/pools-and-spas>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

**Pool, Spa, Public Interactive Water Feature or Fountain (PIWFF)
Operational Permit Application**

Business Information

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

Permits Requested: _____ Pool _____ Spa _____ PIWFF * For Pool(s) or Spa(s) which flow directly into another pool/spa, enter the total number of filtration systems present.
Business Name: _____ Org Type: () Corporation () LLC () Partnership () Proprietorship
Physical Address: _____
Street (include Suite/Unit) City State Zip Code
Property Type: () Apartment () Condo () HOA () Hotel () Fitness Center () School () Club () Other _____
Management Co: _____ Phone: _____
If Applicable Management Co: (###) ### - ####

Contact Information

Print names as they appear on the Government Issued Photo ID(s) submitted

Business Owner: _____
Mail Address: _____
Street City State Zip Code
Government ID / Driver's License: _____ Phone: _____ Email Address: _____
ID# State (###) ### - ####
Responsible Party: _____ Date of Birth: _____
Last Name First Name Middle Name MM/DD/YYYY
Mail Address: _____
Street City State Zip Code
Government ID / Driver's License: _____ Phone: _____ Email Address: _____
ID# State (###) ### - ####

Mailing Address

Permits and Renewal Notifications will be mailed to the following address

Mail To (Name): _____
Mail Address: _____
Street (include Suite/Unit) City State Zip Code

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.

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

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) 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 permit, for which I am applying, is subject to all provisions of the orders & ordinances of Austin/Travis County, and all of the provisions of the codes, statutes & rules adopted under the codes and statutes of the State of Texas governing pool/spa/PIWFF establishments.

Pool / Spa / PIWFF Application: Supplemental Information

Applying for a Permit

All necessary applications must be submitted and approved before a permit can be issued. For application assistance call (512) 978-0300. Permits approval is based upon compliance with state & local health ordinances. Application for a permit does not guarantee that a permit will be granted. The application fee is refundable, upon request, within 180 days of payment; if the permit was not issued.

Applications must include:

- 1) A completed "Pool/Spa/PIWFF Operational Application" form
- 2) Ownership Papers
- 3) Permit Fee (See Fee Schedule Below)

Permit Fee Schedule

(Fees are based on the total number of employees working, at the establishment.)

Permit Type Requested	City of Austin (Contracted Municipalities*)	Travis County
Swimming Pool	\$200.00	\$95.00
Spa	\$200.00	\$95.00
Additional Spa (2 nd or greater spa)	\$135.00	\$95.00
PIWFF (City of Austin only)	\$200.00	Permit not Required in Travis County

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

Renewing a Permit

All permits expire 1 year from the date of issuance. Prior to expiration, a renewal notice will be mailed to the mailing address listed on the application. The renewal form must be completed and returned to the department along with the permit renewal fee. The operator is responsible for completing the renewal application and submitting payment regardless of whether a renewal notice is sent or received.

Terminology Definitions

Business Owner:	Any entity or individual(s) that maintains full or partial ownership control over a food enterprise. See ownership documentation requirements for further clarification.
Responsible Party:	Any individual(s) who ensures the food establishment operations/practices are in accordance with all food codes and ordinances. This individual(s) also assumes legal responsibility in all cases of non-compliance.
Class A:	For accredited competitive aquatic events such as Federation Internationale De Natation Amateur (FINA), National Collegiate Athletic Association (NCAA), National Federation of State High School Associations (NFHS).
Class B:	For public recreation and open to the general public.
Class C:	For member/guest usage, but not open to the general public such as 1) hotel/motel or apartment/condo 2) private organizations/clubs 3) school/college/university
Class D:	For wading pools with a maximum water depth of 24 inches at any point.
PIWFF:	Public Interactive Water Features & Fountain also known as splash pads.

Ownership Documentation

Proprietorship: Provide a date-stamped copy of the Certificate of Assumed Name.

General Partnership: On a separate page please provide the name, mailing address, residential street address, and business street address for each member of the partnership. Also provide a copy of the fully executed Partnership Agreement.

Limited Partnership: On a separate page please provide the name, mailing address, residential street address, and business address for each member of the partnership. Also provide a date-stamped copy of the Certificate of Limited Partnership.

Limited Liability Corporation (LLC): On a separate page please provide: 1) the name, mailing address, residential address, and percentage ownership for each member and 2) the name, mailing address, residential address for the registered agent. Provide a date stamped copy of the Certificate of Filing or Formation filed with the Secretary of State. Also include the Articles of Organization filed with the Secretary of State.

Corporation: On a separate page please provide: 1) the name, mailing address, residential street address, and business street address of each officer and 2) the name, mailing address, residential street address, business street address, service of process address, date of birth, and government ID (driver's license) for the director and the registered agent of the corporation or named person of responsibility. Also provide a date-stamped copy of the Articles of Incorporation filed with the Secretary of State and a certified copy of the corporate resolution authorizing the corporation to file an application pursuant to these rules and designating the officer authorized to execute the application.

Plan Review and Approval

Prior to the issuance of a permit for new construction or extensively remodeled facility, a plan review must be conducted to assure the specifications of the enclosures, meet all applicable regulations. Plans must include a scaled overhead diagram, cross-section diagram, construction materials, mechanical plans, and signage. (See Plan Review application for further details regarding plans.)