

Office Use Only

Permit # _____ Date Paid _____ Amt \$ _____ Check # _____
Received By _____ Receipt # _____ New Existing ROW _____



**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>

SWIMMING POOL/SPA & PIWFF PERMIT & PLAN REVIEW APPLICATION

NOTE: PIWFF means Public Interactive Water Feature or Fountain

1. Name of Establishment/Property: _____
2. Property Address: _____
3. **Business Owner Name** (individual only if sole proprietor): _____ Phone: _____
4. Ownership Type: (Must include ownership papers to receive permit to operate) () Corporation () LLC () Partnership () Proprietorship
5. **Has a change of owner occurred since the previous permit renewal?** YES NO (circle one)
6. Name of Management Company (if applicable): _____ Phone: _____
7. Name of Responsible Individual: _____
Email Address: _____ Phone: _____ Date of Birth: _____
D.L. # or other Personal I.D.: _____
8. **Mail Permits / Renewals to:**
Addressee Name: _____
Mailing Address: _____ Zip: _____
9. Type of Business/Establishment: _____ (i.e. apartment, condo, HOA, hotel, private club, etc.)
10. **NUMBER OF POOLS:** _____ **NUMBER OF SPAS:** _____ **NUMBER OF PIWFFs:** _____

(Permit fees are based on the number of pools or spas at a property. If a pool(s)/spa(s) flows directly into another, the total number of pools and/or spas will be determined by the number of filtration systems present.)

FEE TYPE INFORMATION

City of Austin

Swimming Pool Permit to Operate	\$200.00 each x _____
Spa Permit to Operate	\$200.00 each x _____
Additional Spa Permit (for 2nd or greater spa)	\$135.00 each x _____
PIWFF Permit to Operate (COA only)	\$200.00 each x _____
Re-Inspection of Annual Inspection	\$135.00
After/Before Work Hours Inspection	\$126.00
Late Permit Renewal Fee	\$95.00
Plan Review	\$241.00 (see City of Austin plan submittal info below)

Travis County

Swimming Pool Permit to Operate	\$95.00 each x _____
Spa Permit to Operate	\$95.00 each x _____
Plan Review	\$50.00 (See Travis County plan submittal info below)

PERMIT FEES, RE-INSPECTION FEES, and **TRAVIS COUNTY PLAN REVIEW** FEES/PLANS must be made payable to ATCHHSD (or Austin-Travis County Health and Human Services Department) and sent/submitted along with an application to:

EHSD
P.O. Box 142529
Austin, Texas 78767

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (NO MAIL ACCEPTED HERE)

CITY OF AUSTIN PLAN REVIEW FEES/PLANS must be made payable to **CITY OF AUSTIN** and sent/submitted along with this application to:

One Texas Center/Health Review
505 Barton Springs Road, 2nd floor
Austin, Texas 78704

PERMIT NOTE: All permits expire one year from date of issue. An annual renewal application will be mailed each year to be completed and returned with the annual permit fee.

REFUND NOTE: No refunds for any reason after 180 days from receipt of payment.

Applicant Signature

Print Name

Date