| **FOR OFFICE USE** | Date Received: _____ | Amount Paid: $_____ |
|---|---|---|
| Check:# _____ | Received By: _____ | Receipt#: _____ |

AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICE DIVISION
PO BOX 142529
Austin, TX 78714
Phone: (512) 978-0300; Fax: (512) 978-0322

http://www.austintexas.gov/department/pools-and-spas

# SWIMMING POOL/SPA or PIWFF CERTIFICATE OF OCCUPANCY (C.O.) INSPECTION APPLICATION

***NOTE:*** This application must be completed for all C.O. Inspections. C.O. Inspections will not be conducted until this form has been completed and applicable fees have been paid. PIWFF means "Public Interactive Water Feature or Fountain".

Name of Business/Establishment: _____

Address: _____

Owner Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

## FEE INFORMATION

**City of Austin and Contracted Municipalities:**

- **$135** C.O. Inspection fee for each C.O. Inspection conducted.
- **$120** additional fee for expedited inspections and "after-hour" inspections; i.e., inspections conducted outside of normal working hours.

**Travis County**

- No C.O. Inspection fees

**Fees payable to:** ATCHHSD (or Austin-Travis County Health & Human Services Department)
**Mail to:** EHSD Pool/Spa CO, PO BOX 142529, Austin, TX 78714

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

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

_____ _____
Signature of Applicant Date

REVISED 3/13/14