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AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
 P.O. Box 142529 Austin, TX 78714
 Phone: (512) 978-0300; Fax: (512) 978-0322



VARIANCE REQUEST AND/OR HACCP APPLICATION

Name of Food Enterprise or Pool/Spa/PIWFF: _____

Address of Facility: _____

Name of Owner: _____

Contact Phone #: _____

Email Address: _____

REVIEW FEE (check one)	CITY OF AUSTIN / ILA	TRAVIS COUNTY
<input type="checkbox"/> Food Enterprise HACCP (may also include a Variance)	\$150	No Fee
<input type="checkbox"/> Food Variance Request (when no HACCP required)	\$150	No Fee
<input type="checkbox"/> Pool/Spa/PIWFF Variance Request	\$150	No Fee

- Submit a **Food HACCP Plan** and/or a **Food Variance Request** or a **Pool/Spa/PIWFF Variance Request**, along with supportive documentation and fee to this Department for review and approval prior to implementing or utilizing a condition or process which requires a 1)Food HACCP Plan, 2)Food Variance Request or 3)Pool/Spa/PIWFF Variance Request.
- Supportive documentation for a Variance Request shall include (not necessarily limited to):
 - cover letter providing a name and physical address of the facility(s)
 - single point of contact information
 - applicable Food Enterprise TFER Code section number(s) or Pool/Spa/PIWFF TAC Chapter 265 Code section numbers(s)
 - rationale statement of how the potential health hazard(s) addressed by the relevant code section(s) is to be addressed by the proposed variance.
- Approved Variance Requests and Food HACCP Plans are final and no modifications may occur without prior review/approval by this Department.
- Modifications to an approved Variance Request or Food HACCP Plan are subject to additional Review Fees.
- Failure to provide all required supportive documentation may result in the need for additional Review Fees. An additional Review Fee shall be assessed for the third re-submittal and for each re-submittal thereafter.
- Food HACCP Plans and all Variance Requests may be sent to this office via:
 - walk-in @ 1520 Rutherford Lane, Building 1, Suite 224, Mon thru Fri from 7:45 AM – 4:30 PM
 - email to ECHU.Service@austintexas.gov Fax to (512) 978-0322
 - USPS mail to City of Austin-EHSD, P.O. Box 142529, Austin, TX 78714 (all other couriers may deliver to physical address @ 1520 Rutherford Lane, Suite 224, Austin, TX 78754)

Signature of Applicant

Print Name

Date