FOR OFFICE USE Date Received: _____ Amount Paid: $_____
Check:# _____ Received By: _____ Receipt#:_____ ROW:_____

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
CHANGE OF OWNERSHIP (CHOW) INSPECTION APPLICATION

NOTE: This application must be completed for all CHOW Inspections. CHOW Inspections will not be conducted until this form has been completed and applicable fees have been paid. PIWFF means "Public Interactive Features & Fountains".

Name of Business/Establishment: _____

Address: _____

Owner Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

FEE INFORMATION

City of Austin and Contracted Municipalities:

- **$183** CHOW Inspection fee for each CHOW Inspection conducted.
- **$120** additional fee for expedited inspections and "after-hour" inspections; i.e., inspections conducted outside of normal working hours.

Travis County

- No CHOW 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