

FOR OFFICE USE

Date Received: _____ Amount Paid: \$ _____

Check:# _____ Received By: _____ Receipt#: _____



AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
PUBLIC HEALTH AND COMMUNITY SERVICE DIVISION
ENVIRONMENTAL AND CONSUMER HEALTH UNIT
15 Waller Street, Austin, TX 78702
Phone: (512) 972-5600; Fax: (512) 972-5630
http://www.ci.austin.tx.us/health/environmental_health.htm



APPLICATION TO OPERATE A SWIMMING POOL OR SPA

- Name of Business/Establishment: _____
- Address: _____
- Owner's Name: _____ Phone: _____
- Management Company Name (if applicable): _____
- Single Point of Contact Name: _____ Phone: _____
Date of Birth: _____ Position Title: _____
(MM/DD/YYYY)
- Mailing Address: _____ Zip: _____
- Mail Permits / Renewals to: _____
Mailing Address: _____ Zip: _____
- Type of Business/Establishment: _____ (i.e., apartment, condo, HOA, hotel, private club, etc.)
- NUMBER OF POOLS :** _____ **NUMBER OF SPAS:** _____ (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.)

CIRCLE APPROPRIATE FEE TYPE(S) BELOW

CITY OF AUSTIN

Swimming Pool Permit to Operate \$200.00 each x _____
 Spa Permit to Operate \$200.00 each x _____
 Each Additional Spa Permit (when more than one spa) \$ 75.00 each x _____
 C.O. Inspection/C.O. Re-Inspection (new pools/spas) \$100.00
 Annual Permit Re-Inspection (existing pools/spas) \$100.00
 After/Before Work Hours Inspection \$100.00
 Late Permit Renewal Fee \$100.00
 Plan Review (see below for submittal info) \$150.00 (refer to ECHU Plan Review Fee Policy for multiple pools/spas)

TRAVIS COUNTY

Swimming Pool Permit \$95.00 each x _____
 Spa Permit \$95.00 each x _____
 Plan Review \$50.00
 * See below regarding Travis County Plan Review submittal information

PERMIT FEES, ANNUAL PERMIT RENEWAL RE-INSPECTION FEES, C.O. INSPECTION/RE-INSPECTION FEES and TRAVIS COUNTY PLAN REVIEW FEES/PLANS must be made payable to **ATCHHSD (Austin-Travis County Health & Human Services Dept)** and sent/submitted along with an application to:

AUSTIN-TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
RBJ Health Center/ Environmental and Consumer Health Unit
15 Waller Street, 4th Floor
Austin, Texas 78702

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

CITY OF AUSTIN
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.

All of the information contained in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the orders and ordinances of Austin, and shall be subject to all provisions of the codes and statutes and all rules adopted under the codes and statutes of the State of Texas.

Signature of Applicant

Date