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AUSTIN PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. BOX 142529 Austin, TX 78714

Phone: (512) 978-0300 Email: ehds.service@austintexas.gov
Web Address: http://www.austintexas.gov/ehsd

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Swimming Pool, Spa, & Public Interactive Water Feature/Fountain (PIWFF)
Plan Review Application

Business Information

Note: Incomplete applications will not be processed and will be returned

Business Name: _____ Specify the number of each: ___ Pool ___ Spa ___ PIWFF
Physical Address: _____
Street City State Zip Code
Property Type: ___ Apartment ___ Condo ___ HOA ___ Hotel ___ Fitness Center ___ School ___ Club Other _____
Plan Designer: _____ Phone: _____
Designer Name (###) ### - ####

Contact Information

Print names as they appear on the Government Issued Photo ID(s) submitted

Ownership: _____ Phone: _____ Email: _____
Last Name/First Name or Company Name (###) ### - #### (Internal use only)
Address: _____
Street (include Suite/Unit) City State Zip Code

Fee Information:

Note: Refund requests will not be honored after 180 days from date of payment

Note: A separate Plan Review fee is required for each pool, spa or PIWFF (yard/area). No fee is required for PIWFF(s) in the unincorporated Travis County jurisdiction.

Table with 4 columns: Fee Type, City of Austin, Contracted Municipalities*, Travis County. Rows include Plan Review Fee, Mail Address, and Walk-in Address.

* Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Make checks and money orders payable to: ATCHD or Austin/Travis County Health & Human Services
Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (see above) or in person at the walk-in location (see above). For customers submitting via email (ehds.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature _____ Print Name _____ Date _____

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the service, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing pool establishments.

PLAN REVIEW CHECKLIST

The following information is required for all plan submissions reviewed by the Environmental Health Services Division (EHSD) - This list serves as a minimum requirements guide and is not all-inclusive

The following items must be included on plans *(additional information may be required)*

- The property name and address (physical) on which the construction will take place.
- The plan designer's name with signature and seal if designed by a Registered Sanitarian, Professional Engineer/Architect or other design professional.
- The name and phone number of a responsible party or principal contact.
- A scaled overhead diagram of the pool/spa yard and surrounding area with dimensions, elevations and distances from buildings, emergency phone(s), restrooms, showers, water fountains, water or fill-hose connection(s), etc, as applicable.
- Specify the design turnover rate with calculations.
- Filter type/media specifications and capacity.
- Specify the method of disinfection.
- Provide a statement indicating how pool/spa filter backwash will be disposed (as applicable).

Additional Swimming Pool or Spa Requirements

- Enclosures must be designed in accordance with TAC Chapter 265 and TX HSC Chapter 757.
- The classification of pool, as per TAC Chapter 265; i.e., Class A, B, C or D.
- A scaled overhead diagram of the pool/spa indicating decking, entries & exits, return inlets, suction outlets, lights, skimmers, visual separation bands/demarcations, offset ledges, seat benches, water lounges, zero depth entries, deck-top "NO DIVING" wording and symbol, water depths, etc.
- A cross-section diagram of the pool/spa, enclosure, decking, pool/spa entry steps/ladders/recessed treads, etc, with all vertical/horizontal dimensions, including the depth of the pool/spa at various points and depth marker tiles.
- The volume of the pool/spa in gallons.
- The construction materials used for the finished pool/spa interior, decking and enclosure.
- Specify the suction outlet cover(s) or grate(s) and any suction vacuum release or anti-entrapment devices, in accordance with TAC Chapter 265 and the Virginia Graeme Baker Act.

Additional Public Interactive Water Feature/Fountain (PIWFF) Requirements

- A cross-section diagram of the PIWFF, including any areas where water is designed to pool.
- Specify the type of supplemental treatment system.
- Warning and notification signs must be posted at the entrance of all PIWFF(s), or where the signs are clearly visible to users entering the PIWFF area before contact with PIWFF water occurs. Signs should be securely mounted, clearly visible, and easily read with letters in a contrasting color to the background. The required signage can be combined into a single sign. The signage must contain the following notifications and warnings in letters that are at least 2 inches in height:
 - (1) "Non-Service Animals Prohibited"
 - (2) "Changing Diapers Within 6 Feet Of The Water Feature is Prohibited"
 - (3) "Use Of The Water Feature If Ill With A Contagious Disease is Prohibited"
 - (4) "Do Not Drink Water From The Water Feature"
 - (5) "Use Of The Water Feature When Ill With Diarrhea is Prohibited"
- PIWFF(s) without an on-site owner or operator a must post signage that provides a contact number to be used in the event of a malfunction, unsanitary condition, or any other non-emergency problem requiring correction. Letters and numbers on the posted sign must be a minimum of 2 inches in height and the sign must be clearly visible.

Location	Submission Address	Set of Plans Required	Review Fee
City of Austin	One Texas Center/Health Review 505 Barton Springs Road (2nd floor) Austin TX 78704	2 Pool/Spa 4 PIWFF (COA Only)	\$275 *
Austin Surrounding Areas	EHSD / Health Review P.O. Box 142529 Austin TX 78714	1 Pool/Spa	\$275 *
Travis County (Unincorporated) <i>excludes PIWFF(s)</i>		1 Pool/Spa	\$50 *
* Resubmission: The first resubmission will be free of charge; each subsequent resubmission will result in a fee.			
* Additional Fees: A separate plan review fee is required for each enclosed pool, spa or PIWFF (yard/area)			

SWIMMING POOL/SPA CODES

Texas Administrative Code: **Title 25 Chapter 265**
Title 25 Chapter 265.301 – 265.308
 Texas Health & Safety Code: **Chapter 757**
 City of Austin Code: **Chapter 10-7**
 Travis County Code: **Chapter 61.A**

Standards for Swimming Pools & Spas
 re: Public Interactive Water Features & Fountains (PIWFF)
 Pool Enclosures
 Pools and Spas
 Regulations and Permitting of Public Pools and Spas