

**FOR OFFICE USE**

Received: \_\_\_\_\_ Paid On: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt: \_\_\_\_\_ CK-CC-CH \_\_\_\_\_  
Initial: \_\_\_\_\_ RowID: \_\_\_\_\_ Parent: \_\_\_\_\_ Juris: COA / TC / ILA



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

Phone: (512) 978-0300 Email: [ehsd.service@austintexas.gov](mailto:ehsd.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)

**Certificate of Occupancy Inspection Application**  
**Type: Pool, Spa, Public Interactive Water Features & Fountains (PIWFF)**

**Business Information**

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

<b>Business Name:</b> _____	<b>Type:</b> ( ) Pool ( ) Spa ( ) PIWFF
<b>Physical Address:</b> _____ Street City State Zip Code	
<b>Additional Notes:</b> _____ _____	

**Contact Information**

*Print full legal names as they would appear on a Government Issued Photo ID(s)*

<b>Business Owner:</b> _____ Contact Person (Last Name, First Name)	<b>Phone:</b> _____ (###) ### - ####
<b>Email Address:</b> _____ <i>Email addresses will not be distributed. (Internal use only)</i>	
<b>Home Address:</b> _____ Street City State Zip Code	
<b>On Site Contact:</b> _____ Contact Person (Last Name, First Name)	<b>Phone:</b> _____ (###) ### - ####
<b>Email Address:</b> _____ <i>Email addresses will not be distributed. (Internal use only)</i>	
<b>Home Address:</b> _____ Street City State Zip Code	

**Fee Information:**

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

<b>Inspection Type Requested</b>	<b>City of Austin (Contracted Municipalities*)</b>	<b>Travis County</b>
Certificate of Occupancy Inspection	\$191.00 (Per Inspection)	No Fee Required
Expedite an Inspection	\$144.00 (Additional Fee, Per Inspection)	No Fee Required

\* 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 (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email ([ehsd.service@austintexas.gov](mailto:ehsd.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 pools, spas & PIWFF.

Revised: 10/01/2017

[www.SurveyMonkey.com/EHSDSurvey](http://www.SurveyMonkey.com/EHSDSurvey)