

FOR OFFICE USE

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Initial: \_\_\_\_\_ Row ID: \_\_\_\_\_ 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 (No Mail Accepted here)

**Variance Request / HACCP\* Application**  
**\* Hazard Analysis & Critical Control Points**

**Business Information**

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

**Business Name:** \_\_\_\_\_ **Type:** ( ) Food Enterprise ( ) Pool/Spa/Water Feature/Fountain  
**Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Contact Information**

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

**On Site Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Contact Person (Last Name, First Name) (###) ### - ####  
**Email Address:** \_\_\_\_\_  
*Email addresses will not be distributed. (Internal use only)*  
**Home Address:** \_\_\_\_\_  
Street City State Zip Code

**Review Fee Information**

Review Requested	City of Austin (Contracted Municipalities*)	Travis County
Food Enterprise HACCP (may include Variance)	\$290.00 (Per Review – 1 <sup>st</sup> resubmission gratis)	Not Applicable
Food Variance Request (w/o HACCP)	\$290.00 (Per Review – 1 <sup>st</sup> resubmission gratis)	Not Applicable
Pool/Spa/PIWFF Variance Request	\$290.00 (Per Review – 1 <sup>st</sup> resubmission gratis)	Not Applicable

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

**Plan Submission:** Submit a Pool/Spa/PIWFF Variance Request or a Food HACCP Plan and/or Food Variance Request along with any supporting documentation to the department. The department must review and approve all plans before the process/condition under review can be used or implemented. Failure to provide required supporting documentation may result in additional review fees.

**Documentation:** Documentation for Variance Requests include but are not limited to:  
• Cover letter containing the name and physical address of the facility or facilities in review  
• Applicable Food Enterprise TFER & Pool/Spa/PIWFF TAC Chapter 265 Code section number(s)  
• Rationale statement of how the potential health hazard(s) addressed by the relevant code section(s) can be addressed by the proposed variance.

**Plan Modifications:** Any modifications to an approved Variance Requests of HACCP Plan are subject to additional review fees and must undergo another review/approval by the department.

**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 food establishments.