Office Use Only			
Date Received	Amt Paid \$	Check #	Receipt#
Received By	Parent	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 CERTIFICATE OF OCCUPANCY (C.O.) INSPECTION APPLICATION

completed for all C.O. Inspections. C.O. Inspections will not be conducted e/e

until this form has been comp Water Feature or Fountain".						
Name of Business/Establis	hment:					
Address: Street						
			State	Zip Code		
		Phone Number:Phone Number:				
Email Address:						
	FEE INF	ORMATION				
City of Austin and Contr	acted Municipalities	<u> </u>				
• \$183 C.O. Inspection	n fee for each C.O. In:	spection conducted.				
	for expedited inspection of normal working hou	ons and "after-hour" inspo rs.	ections; i.e., insp	pections		
Travis County						
No C.O. Inspection	fees					
Fees payable to: ATC Mail to: EHSD Pool/Sp	•	County Health & Human S Austin, TX 78714	Services Departme	ent)		
Walk-in Location: 152 NE corner of Rutherford		ilding 1 East Entrance (No	o Mail Accepted h	ere)		
REFUND NOTE: No refund	ds for any reason after	180 days from receipt of	payment.			
Signature o	of Applicant	Dat	te			