

Office Use Only

Date Received _____ Amt Paid \$ _____ Check # _____ Receipt# _____
Received By _____ Parent _____ ROW _____



**AUSTIN/TRAVIS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION**

PO Box 142529
Austin, TX 78714
Phone (512) 978-0300; Fax (512) 978-0322



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

FOOD ENTERPRISE CERTIFICATE OF OCCUPANCY INSPECTION APPLICATION

➤ Inspections will not be conducted until fees have been paid and this form has been completed.

1. Contact Person for Inspections: _____ Phone: _____

2. Establishment Name: _____

3. Establishment Address: _____
Street Unit City State Zip Code

4. Establishment Owner: _____ Phone: _____

5. _____ New Construction OR _____ Remodel

6. _____ Initial Inspection OR _____ Re-Inspection

7. Building Permit #: _____

8. Projected Opening Date: _____

City of Austin and Contracted Municipalities

\$191 Inspection Fee for each inspection conducted
\$126 additional fee for expedited inspections and
inspections conducted outside of normal working hours.

Travis County

no fees

No refunds for any reason after 180 days from receipt of payment.

Fee payable to Austin-Travis County Health and Human Services Department (ATCHHSD) Mail to:
EHSD Certificate of Occupancy • P.O. Box 142529 • Austin, TX 78714