

Office Use Only

Date Received _____ Amt Paid \$ _____ Check # _____ Receipt# _____

Received By _____ Parent _____ ROW _____

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

P.O. BOX 142529

Austin, TX 78714

Phone: (512) 978-0300 Email: EHSD.Service@austintexas.gov

<http://www.austintexas.gov/department/pools-and-spas>**SWIMMING POOL/SPA or PIWFF
CHANGE OF OWNERSHIP (CHOW) INSPECTION APPLICATION**

NOTE: This application must be completed for all CHOW Inspections. CHOW Inspections will not be conducted until this form has been completed and applicable fees have been paid. PIWFF means "Public Interactive Features & Fountains".

Name of Business/Establishment: _____

Address: _____
Street City State Zip Code

Owner Name: _____ Phone Number: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

FEE INFORMATION**City of Austin and Contracted Municipalities:**

- **\$183** CHOW Inspection fee for each CHOW Inspection conducted.
- **\$126** additional fee for expedited inspections and "after-hour" inspections; i.e., inspections conducted outside of normal working hours.

Travis County

- No CHOW Inspection fees

Fees payable to: ATCHHSD (or Austin-Travis County Health & Human Services Department)**Mail to:** EHSD Pool/Spa CO, PO BOX 142529, Austin, TX 78714**Walk-in Location:** 1520 Rutherford LN

NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

REFUND NOTE: No refunds for any reason after 180 days from receipt of payment._____
Signature of Applicant_____
Date