

**FOR OFFICE USE**

Date Received: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

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**AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT  
PUBLIC HEALTH AND COMMUNITY SERVICE DIVISION  
ENVIRONMENTAL AND CONSUMER HEALTH UNIT**

PO BOX 1088, Austin, TX 78767  
Phone: (512) 978-0300; Fax: (512) 978-0322



[http://www.ci.austin.tx.us/health/commercial\\_pools.htm](http://www.ci.austin.tx.us/health/commercial_pools.htm)

**SWIMMING POOL/SPA CERTIFICATE OF OCCUPANCY (C.O.)  
INSPECTION APPLICATION**

**NOTE:** This application must be completed for all C.O. inspections. C.O. Inspections will not be conducted until this form has been completed and applicable fees have been paid.

Name of Business/Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FEE INFORMATION**

**City of Austin and Contracted Municipalities:**

- \$100 C.O. inspection fee for each C.O. inspection conducted.
- \$100 additional fee for expedited inspections and "after-hour" inspections; i.e., inspections conducted outside of normal working hours.

**Travis County**

- No C.O. Fees

**Fees payable to:** ATCHHSD (or Austin-Travis County Health & Human Services Department)

**Mail to:** ECHU Pool/Spa CO, PO BOX 1088, Austin, TX 78767

**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