

FOR OFFICE USE

Date Received: _____ Amount Paid: \$ _____

Check:# _____ Received By: _____ Receipt#: _____



AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
PUBLIC HEALTH AND COMMUNITY SERVICE DIVISION
ENVIRONMENTAL AND CONSUMER HEALTH UNIT
P.O. Box 1088, Austin, TX 78767
Phone: (512) 978-0300; Fax: (512) 978-0322



http://www.ci.austin.tx.us/health/commercial_pools.htm

SWIMMING POOL/SPA PERMIT & PLAN REVIEW APPLICATION

NOTE: This application is not to be completed for Certificate of Occupancy (C.O.) inspections.

- Name of Business/Establishment: _____
- Address: _____
- Owner's Name: _____ Phone: _____
- Management Company Name (if applicable): _____
- Single Point of Contact Name: _____ Phone: _____
Date of Birth: _____ Position Title: _____
(MM/DD/YYYY)
- Mailing Address: _____ Zip: _____
- Mail Permits / Renewals to: _____
Mailing Address: _____ Zip: _____
- Type of Business/Establishment: _____ (i.e., apartment, condo, HOA, hotel, private club, etc.)
- NUMBER OF POOLS:** _____ **NUMBER OF SPAS:** _____ (Permit fees are based on the number of pools or spas at a property. If a pool(s)/spa(s) flows directly into another, the total number of pools and/or spas will be determined by the number of filtration systems present.)

FEE TYPE INFORMATION

City of Austin

Swimming Pool Permit to Operate	\$200.00 each x _____
Spa Permit to Operate	\$200.00 each x _____
Additional Spa Permit (for 2 nd or greater spa)	\$ 75.00 each x _____
Re-Inspection of Annual Inspection	\$100.00
After/Before Work Hours Inspection	\$100.00
Late Permit Renewal Fee	\$100.00
Plan Review (see below for submittal info)	\$150.00 (See City of Austin plan submittal info below)

Travis County

Swimming Pool Permit	\$95.00 each x _____
Spa Permit	\$95.00 each x _____
Plan Review	\$50.00 (See Travis County plan submittal info below)

PERMIT FEES, RE-INSPECTION FEES, and TRAVIS COUNTY PLAN REVIEW FEES/PLANS must be made payable to ATCHHSD (or Austin-Travis County Health and Human Services Department) and sent/submitted along with an application to:

**ECHU-Pool/Spa
P.O. Box 1088
Austin, Texas 78767**

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

CITY OF AUSTIN PLAN REVIEW FEES/PLANS must be made payable to **CITY OF AUSTIN and sent/submitted along with this application to:**

**One Texas Center/Health Review
505 Barton Springs Road, 2nd floor
Austin, Texas 78704**

PERMIT NOTE: All permits expire one year from date of issue. An annual renewal application will be mailed each year to be completed and returned with the annual permit fee.

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

Signature of Applicant

Date