

**WALKER COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH**

**SECTION**

**FEE SCHEDULE**

**EFFECTIVE 2004**

Services Provided	Fees
<b>Food Service</b>	
Annual inspection	<u>\$200</u>
Initial permit w/ plan review	<b>Seating</b> <25= <u>\$300</u> 26-99= <u>\$350</u> 100+ = <u>\$375</u>
Temporary/Seasonal	<u>\$110</u>
Transfer of ownership	<u>\$85</u>
Re-inspection Fee	<u>\$50</u>
<b>On-site Sewage</b>	
Septic tank application /site visit (non-commercial)	<u>\$175</u>
Delayed permit (Construction prior to permitting)	<u>\$350</u>
Commercial system	<500gpd- <u>\$175</u> <1500gpd- <u>\$200</u> <5000gpd- <u>\$200</u> <10,000gpd- <u>\$275</u>
Subdivision Review	1-25 lots= <u>\$225</u> >25 lots = <u>\$225</u> + \$10/lot > 25
Existing system evaluation	<u>\$75</u>
Alternative system permit	<u>\$225</u>
Re-inspection fee	<u>\$50</u>
Lot evaluation (Buying purposes)	<u>\$100</u>
Non-Subdivision review (cost/lot)	<u>\$75 min + \$10/lot</u>
Financial Letter	<u>\$50</u>
<b>Tourist Courts</b>	
Annual Permit	<u>\$175</u>
Initial permit w/ plan review or change of ownership	<u>\$310</u>
Transfer of ownership	<u>\$95</u>
Re-inspection fee	<u>\$50</u>
<b>Swimming pools/Spa</b>	
Annual permit	<u>\$150</u>
Initial permit w/ plan review	<1000sqft= <u>\$285</u> >1000sqft= <u>\$325</u>
Re-inspection fee	<u>\$50</u>
<b>Water samples</b>	
Private wells	<u>\$60</u>
<b>Private adoption</b>	
Home evaluation	<u>\$50</u>
<b>Lead Evaluation</b>	
Comprehensive	<u>\$230</u>
Post Abatement	<u>\$200</u>
<b>Tattoo Establishments (Fees effective as of 10/06/24)</b>	
Annual Studio Fee	<u>\$200</u>
Studio Plan Review Fee	<u>\$75</u>
Temporary Studio	<u>\$50</u>
Reinspection Fee (after 3 <sup>rd</sup> inspection)	<u>\$100</u>

**Re-Inspection Fees** will begin on the 3<sup>rd</sup> inspection

**Delayed Permit Fee** applied if construction is started prior to permit being issued

**Late Fees** for all programs = \$30 for every 30-day period

**Example:** If the original fee was \$150 and payment had not been received 90 days after the due date, payment in full would require a total of \$240 dollars.

Original Fee	30 days late	60 days late	90 days late	Total (90 days)
\$150.00	\$150 + \$30	\$150 + \$60	\$150 + \$90	\$240.00