

**Howard County Health Department Fee Ordinance 2012 BCCO-11
Schedule A**

Fee schedule established and collected in accordance with Section IV-A and made a part thereof this ordinance No. 2006 BCC-17.

Section III-A

Birth Certificates	\$ 10.00
Wallet-sized Birth Certificates	\$ 10.00
Death Certificates	\$ 10.00
Corrections	\$ 30.00
Paternities	\$ 30.00
Legitimations	\$ 30.00
Genealogy Search	\$ 7.00
Lamination Fee/Certificate Pouch	\$ 3.00
Birth Notification	No Charge
Court Order Determining Parentage	No Charge

Section III-B

Retail Food Establishment Permits

Menu Type 1	\$ 125.00
Menu Type 2	\$ 175.00
Menu Type 3	\$ 200.00
Menu Type 4	\$ 200.00
Menu Type 5	\$ 200.00
Prior to July 1, full fee, after July 1, ½ fee	
Plan Review Fee	\$ 60.00

Seasonal Retail Food Establishment Permits: \$ 100.00 per 180 days
Not to exceed \$ 200.00

Temporary Retail Food Establishment Permits: per day \$ 15.00
Not to exceed \$ 75.00

Bed & Breakfast Establishment Permit Fees will reflect Menu Type

Section III-C

Late Fee: assessed on any permit not renewed by 1/31 \$ 25.00

Section III-D

Commercial Swimming Pools, Spas, Hot Tubs	
Annual per pool	\$ 150.00
Annual Pool & Spa	\$ 200.00
Seasonal per pool	\$ 100.00
Site Visit (repeat or other discretionary visit)	\$ 50.00

Section III-E

Animal Head Shipment to ISDH Rabies Lab	\$ 15.00
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Section III-F

Septic System Permit	
New Construction	\$ 200.00
Replacement	\$ 50.00
Repair	\$ 0.00
Site Visit (repeat or other discretionary visit)	\$ 50.00
Installers/Homeowners Test Fee	\$ 50.00
Installers License – Annual (due 2/28)	\$ 10.00

Section III-G

Tattoo Establishment Permit	\$ 150.00
Tattoo Artist Permit	\$ 50.00

Section III-H

Unfit Dwelling Occupancy Permit	\$ 100.00
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Section III-I

Self Pay Immunizations – Children	\$ 14.00
Self Pay Immunizations - Adult	\$ 15.00
Self Pay Tuberculosis Skin Tests	\$ 15.00

(All procedures administered to insured parties will be processed via an insurance claim to the individuals' insurance provider. Fees will vary dependent upon applicable coverage)

Fees charged under Section III A or H of this Schedule may be waived in the case of hardship at the discretion of the Health Officer or his authorized representative.

Section III-J

Fee for checks returned for non-sufficient funds	Greater of \$ 27.50 or 5%, (but not more than \$250.00) of the amount due.
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