

# **HIGHLANDS COUNTY SCHEDULE OF FEES**



**Effective October 01, 2016**

# Table of Contents

<b>Introduction .....</b>	<b>1</b>
<b>Dishonored Check / Credit Card Service Fee .....</b>	<b>1</b>
<b>Public Records .....</b>	<b>1</b>
<b>Highlands County Rental Building Use Rules .....</b>	<b>2</b>
<b>Highlands County Rental Building Fee Schedule .....</b>	<b>5</b>
<b>Animal Control .....</b>	<b>6</b>
<b>Building Department .....</b>	<b>8</b>
<b>Emergency Medical Services .....</b>	<b>19</b>
<b>Engineering .....</b>	<b>20</b>
<b>Fire Services.....</b>	<b>23</b>
<b>Health Department .....</b>	<b>25</b>
<b>Library System .....</b>	<b>36</b>
<b>Road &amp; Bridge Department .....</b>	<b>38</b>
<b>Planning &amp; Zoning Department .....</b>	<b>39</b>
<b>Solid Waste Management Center.....</b>	<b>42</b>
<b>Sports Complex .....</b>	<b>43</b>



## Introduction

This document offers a compilation of the user fees which Highlands County charges to customers for funding of the services provided. The fees have been divided into the specific departments responsible for the services. However, the fees imposed for public records requests, dishonored checks, credit card payment, and notary services are uniform throughout the County. Specific questions regarding requirements for issuance of permits, inspections, etc., shall be directed to the appropriate department. In each department schedule we have included the address and telephone number, for additional information. Also provided is a list of facilities available for public rental.

### Dishonored Check Service Fee FY16-17

Any item not exceeding \$50	\$25.00
Items exceeding \$50 but not exceeding \$300	\$30.00
Items that exceed \$300	\$40.00 or 5% of face value (whichever is greater)

### Credit Card Payment Service Fee FY16-17

- ❖ A 3.5% Service Fee will be charged to all credit card payments

### Public Record Service Fee FY16-17

Computer Disc - CD-R	\$0.35
DVD	\$0.45
Copies - 1 sided	\$0.15
Certify Copies	\$1.00
Copies - 2 sided	\$0.20

Pre-payment is required before any copies are made. To avoid the spread of viruses, no outside computer discs may be used. Citizens requesting a copy in electronic format must purchase a new, unused DVD or CD from the county. The public has the right to inspect copyrighted documents. However, copyrighted documents may NOT be copied by the public without permission from the copyright holder. This includes architectural plans, photographs and any written (copyrighted) information. All county publications must be sold at cost, not as a revenue making project. County departments will not fax responses to public records requests. Responses will be mailed with a return receipt to insure that all responses are received at the appropriate address. Public record fees are revised during the annual budget cycle each fiscal year.

**HIGHLANDS COUNTY  
BUILDING RENTAL USE RULES  
FY 16-17**

1. **Responsibility:** The responsibilities of the renter are not limited to inside the facility but extend to the surrounding County property.
2. **Reservations:** Reservations for use of the Ag Center, Desoto Community Center, Lorida Community Center, and the Venus Community Center are made with the Facilities Management Office. NOTE: The Venus Community Center is not currently available for rent. Reservations for use of the H.L. Bishop Park Clubhouse are made with the Parks & Recreations Office.

Reservations may be made during normal business hours, from 8:00 am to 4:30 pm, Monday through Friday. Reservations may be made up to six (6) months in advance but should be made no later than ten (10) days prior to the event. Reservations not made ten (10) days prior to the event must be paid with cashier's check, money order or cash. Reservations are on a first come first serve basis and cannot be confirmed until payment is received. The responsible renter must be 21 years of age or older.

3. **Refunds:** Refunds will only be processed when reservations are canceled at least ten (10) day prior to the event. Exceptions to this policy require County Administered approval.
4. **Usage Hours:** The hours for use, including set-up and clean-up, will be shown on the rental agreement. **All private functions are limited to a total of 8 hours** except by prior approval from the Facilities Management Office or the Parks & Recreation Office. Government and non-profit seminars, classes, events, etc. will be exempt from this rule.
5. **Admission:** Except for approved non-profit organizations, County buildings shall not be used for events where admission is charged or anything is sold for the personal gain of one or more persons or businesses.
6. **Alcohol:** Section 3-5 Highlands County Code of Ordinances prohibits consumption of alcoholic beverages and the possession of any open container containing alcoholic beverages while on County property. Any person convicted of violation of any of the provisions of this section shall be punished by a fine not to exceed \$500.00 or by imprisonment in the county jail for a period not to exceed 60 days, or both such fine and imprisonment for each such offense.
7. **Fireworks:** Fireworks and explosives are not permitted on County property.
8. **Smoking:** Smoking and/or the use of smokeless tobacco or snuff are not permitted on County property.
9. **Animals:** With the exception of certified assistance animals, animals are not permitted on County property.

## 10. Decorations:

**Ceilings** - Banners and bunting shall not be hung from the ceiling by any means, other than ceiling grid hangers specifically designed for this purpose. Tape, glue, pins, staples, nails, etc. may not be used. Any damage to the ceiling tiles or grids, regardless of hanging method, will be the responsibility of the renter.

**Walls** - Nothing shall be hung on the walls in any building by any method.

**Tables** - Table skirting may be fastened to tables by plastic clips or connectors specifically designed for this purpose. Tape, glue, pins, staples, nails, etc. must not be used.

**Confetti** - The use of confetti is not permitted on County property.

**Candles** - The use of candles or open flames is not permitted on County property.

## 11. Tables & Chairs: Tables and chairs are to be used inside the building only.

Tables and chairs for use outside the building must be privately procured by the renter. At the Ag Center, County staff will provide tables and chairs on roll carts; however, the renter is responsible for setting them up and placing them back on the cart at end of event. If set-up or tear-down is required, an additional charge will apply.

## 12. Doors: Doors are not to be propped open for any reason.

## 13. Cooking: If food is to be served and/or consumed inside the building, tablecloths must be used and tables must be wiped down after use. If outdoor cooking equipment is used, such as smokers or grills, they must be set-up a minimum of 50 feet from the edge of any building rooflines.

## 14. Overnight Parking: Overnight parking or use of camping equipment is prohibited.

## 15. Cleanup: Cleanup is the responsibility of the renter and all trash generated must be properly disposed of. **Renters must supply their own garbage bags and remove garbage from the building for proper disposal in County dumpsters.** Floors are to be left broom cleaned and no substances are to be placed on floors for any purpose. The deposit, as specified by fee schedule, will be refunded only if the building and grounds have been cleaned and left in good condition and all rules have been followed. Failure to comply with any of the cleaning and/or rules will result in forfeiture of all or a portion of the deposit.

Any renter who leaves a building or grounds in a manner requiring damage repair or an extraordinary amount of clean-up will be charged an additional fee, as specified in the fee schedule. This amount will be deducted from the refundable damage deposit.

## 16. Physical Security: Physical security for rented buildings is the responsibility of the renter. All doors and windows must be checked to ensure they are secured prior to the renter leaving the building.

**17.Proof of Liability Insurance:** Proof of insurance is required for every event. Insurance may be obtained online, by contacting a local insurance agency or through Sherri Bennett, Highlands County Board of County Commissioners Risk Management Coordinator at 863-402-6792. The County does not receive a commission from policies obtained.

## Highlands County Building Rental Fee Schedule FY16-17

Building	Hours Available for Rental	Capacity (approx.)	Damage Deposit Refundable	Private, Education, Civic, Religious, Non-Profit Rate (Per Day)	Gov't Rate (Per Day)	Additional Fees	Set-up or Extraordinary Cleanup * (* held from deposit)	Event Insurance Required
Ag Center Auditorium 4509 W. George Blvd. Sebring, Fl 33872 863-402-6758	8 am to 12 am	346	\$250.00	\$250.00 plus tax*	No Fee	Marquee-\$25 per day	\$20.00 per hour plus tax*	Yes
Ag Center Conf. Room 1 Ag Center Conf. Room 2 Ag Center Conf. Room 3 Ag Center Home Economics (each room rented separately)	8 am to 12 am	36 54 46 44	\$20.00	\$40.00 plus tax*	No Fee	Marquee-\$25 per day	\$20.00 per hour plus tax*	Yes
Desoto Community Center 6305 State Road 17A South Sebring, Fl 33870 863-402-6758	8 am to 12 am	43	\$25.00	\$50.00 plus tax*	No Fee	None	\$20.00 per hour plus tax*	Yes
Lorida Community Center 1867 Oak Avenue Lorida, Fl 33857 863-402-6758	8 am to 12 am	146	\$50.00	\$100.00 plus tax*	No Fee	None	\$20.00 per hour plus tax*	Yes
Venus Community Center  Venus, Fl 863-402-6758	8 am to 12 am	98	\$50.00	\$100.00 plus tax*	No Fee	None	\$20.00 per hour plus tax*	Yes
H.L. Bishop Park Clubhouse 10 Lake June Clubhouse Rd. Lake Placid, Fl 33852 863-402-6812	8 am to 10 pm  No holidays	100	\$50.00	0-50 ppl \$100.00 plus tax*  51 + ppl \$130.00 plus tax*	No Fee	\$20.00 per hour plus tax*  After 6 pm only	\$20.00 per hour plus tax*	Yes

\* Florida sales tax will be waived with proof of tax exemption.



**Highlands County Animal Control  
7300 Haywood Taylor Blvd.  
Sebring, Florida 33876  
(863) 655-6475  
Service Fees - FY16-17**

**Adoption Charges**

<b>Male Cats</b>	
Castration/Neuter Fee	\$35.00
Impounding Fee	\$10.00
Rabies Shot	\$10.00
<b>Total</b>	<b>\$55.00</b>
<b>Female Cats</b>	
Spaying Fee	\$50.00
Impounding Fee	\$10.00
Rabies Shot	\$10.00
<b>Total</b>	<b>\$70.00</b>
<b>Female Canines</b>	
Spaying Fee	\$55.00
Impounding Fee	\$15.00
Rabies Shot	\$10.00
<b>Total</b>	<b>\$80.00</b>
<b>Male Canines</b>	
Neuter/Castration Fee	\$45.00
Impounding Fee	\$15.00
Rabies Shot	\$10.00
<b>Total</b>	<b>\$70.00</b>
<b>Reclaim Charges</b>	
Altered Dog Impounding Fee	
1 <sup>st</sup> Time	\$20.00
2 <sup>nd</sup> Time	\$30.00
3 <sup>rd</sup> Time and thereafter	\$50.00
County Reg Tag only if current on rabies	\$10.00
Rabies Shot	\$10.00
<b>Add \$10.00 per day that the dog is boarded</b>	
Altered Cat Impounding Fee	
1 <sup>st</sup> Time	\$20.00
2 <sup>nd</sup> Time	\$30.00
3 <sup>rd</sup> Time and thereafter	\$50.00

<b>Reclaim Charges (continued)</b>	
County Reg Tag only if current on rabies	\$10.00
Rabies Shot	\$10.00
Large Animal Impounding Fee	\$50.00
<b>Add \$10.00 per day that the animal is boarded</b>	
Un-Altered Dog Impounding Fee	
1 <sup>st</sup> Time	\$40.00
2 <sup>nd</sup> Time	\$75.00
3 <sup>rd</sup> Time and thereafter	\$100.00
County Reg Tag only if current on rabies	\$25.00
Rabies Shot	\$10.00
<b>Add \$10.00 per day that the animal is boarded</b>	
Un-Altered Cat impounding fee	
1 <sup>st</sup> Time	\$40.00
2 <sup>nd</sup> Time	\$75.00
3 <sup>rd</sup> Time and thereafter	\$100.00
County Reg Tag only if current on rabies	\$25.00
Rabies Shot	\$10.00
<b>Add \$10.00 per day that the animal is boarded</b>	
<b>Quarantine Fees</b>	
10-day Quarantine Fee	\$40.00
Board Fee (\$10.00 per day for 10 days)	\$100.00
Rabies Shot	\$10.00
<b>Total</b>	<b>\$150.00</b>
<b>Dangerous Dog Fees</b>	
Dangerous Dog Yearly Registration Fee	\$165.00
Dangerous Dog Collar & Tag	\$30.00
Dangerous Dog Sign	\$16.00
<b>Other</b>	
Supplies	\$25.00
Mileage	\$0.56 per mile
Chemical Immobilization Fee	\$8.00
Preventative Vaccination Fee	\$5.00
Euthanasia Fee without Carcass Disposal	\$5.00
Euthanasia Fee with Carcass Disposal	\$10.00
Registration Tag Replacement	\$10.00

**Highlands County Building Department  
501 South Commerce Avenue  
Sebring, FL 33870  
(863) 402-6643**

**Fee Schedule - FY16-17**

**Right to collect fees per: FL Statue 125.56(2), 166.22 & 553.80 & County Ordinance Article VI, Section One, Part, Part M, Paragraph 3, Paragraph 4.**

**Starting Work without a Permit**

Work without a permit: If any work is commenced without permit, the penalty will be double the permit fee or \$100.00, whichever is greater, and this penalty will be in addition to the permit fee which will be assessed.

**Please be aware that refunds will not be granted on requests involving:**

- Permit fees of \$100.00 or less
- Permits which have expired
- Permits under which work has commenced
- Permits having a change of contractor
- Request received three months after permit issuance

**Refunds Where Permits Will Not Be Used**

A full refund less \$100.00 or 50% of the permit fee, whichever is greater rounded to the nearest dollar, shall be granted to the permit holder providing:

- The department receives a written request from the permit holder requesting cancellation and refund.
- The permit holder submits with the request the original validated receipt; if the original validated receipt is not available, a copy of the cancelled check along with an affidavit stating which job location
- No work has been performed under the permit
- The permit is still valid
- The permit has not been revoked
- The refund request is received within 90 days after permit issuance
- The cost of the permit exceeded \$100.00

**Refunds of Overcharge**

For refunds of an overcharge of permit fees, the following must be submitted:

- Letter from the permit holder requesting a refund explaining the overcharge
- Copy of the validated permit card
- The permit is still valid
- The permit has not been revoked

**Full Refunds:**

Full refunds are granted only in cases where an error has occurred on the part of the department, such as in cases where the permit is issued for work outside the jurisdiction of the building department. Refunds are not given on duplicated permits submitted/issued by the contractor and/or owner.

**Where to direct your refund request:**

Highlands County Building Department  
P.O. Box 1926  
Sebring, FL 33871

## Cancellation Policy

### Cancellations Where No Work Has Been Performed:

In order to cancel a permit where the work will not be taking place, the following must be submitted.

- Letter from the contractor or permit holder requesting permit cancellation and stating no work has been performed. The letter must include the permit number, job address, reasons for cancellation and a contact name and telephone number. If the contractor is no longer available or unwilling to submit the letter, **the request can be made by the property owner**. If the permit is valid at the time of request for cancellation and the permit holder is not submitting the request, then the property owner will be required to complete a hold harmless letter. Please note that in cases where a hold harmless letter is required, there will be a 10 working day waiting period prior to cancellation. Additionally, the department will notify all interested parties (original permit holders and all subsidiary permit holders) of the cancellation request.
- Original validated permit
- Job set of plans (if applicable)

Following the receipt of your letter, the department will verify that no work was performed. If the department determines no work was performed, the permit will be cancelled. If work has started but is not complete, you will be required to obtain a new permit and proceed with the mandatory inspections. Failure to do so may result in the issuance of a civil violation notice or ticket requiring payment of a fine and correction of the violation.

### Cancellations Where Work Has Been Performed:

A letter from the contractor requesting permit cancellation and stating all work that has been performed, to include the permit number, job address, reasons for cancellation and a contact name and telephone number. Upon receiving this information, the permit will be put on hold. An inspection will be performed to verify the work in place has received all of the required inspections. Following the performance of the inspection, the permit will be cancelled.

If the contractor is no longer available or unwilling to submit the letter, the request can be made by the **property owner**. The owner of the property will need to submit a Hold Harmless Letter Form. The Hold Harmless Letter needs to be signed by the owner of the property and in cases where the change is for a subsidiary permit, then by the general contractor as well. The signatures must be notarized.

The Hold Harmless Letter and the application from the new contractor must be submitted to the Building Department. There will be a 10 working day waiting period for the change of contractor to become effective. Please refer to the Building Department Fee Schedule for applicable fees.

### Where To Direct Your Request To Cancel A Permit:

Highlands County Building Department  
P.O. Box 1926  
Sebring, FL 33871

**Request To Surrender Permits Where The Contractor/Qualifier Is No Longer Going To Perform Work On The Project:**

A contractor who is no longer going to perform work on a project must send the department a letter advising of this fact and include a copy of the permit. The letter must include the permit number, job address and an explanation as to why the permit is being surrendered. In the case of the qualifying agent separating from the employ of the contractor, you must also provide a copy of the change of qualifying agent. A hold will be placed under the permit to prevent inspections until the owner has completed the hold harmless process to change the permit into the name of the new contractor.

**Cancellations When The Owner Will Hire A New Contractor:**

The owner of the property will need to submit a Hold Harmless Letter Form. The Hold Harmless Letter needs to be signed by the owner of the property and in cases where the change is for a subsidiary permit, then by the general contractor as well. The signatures must be notarized.

The Hold Harmless Letter and the application from the new contractor must be submitted to the Building Department. There will be a 10 working day waiting period for the change of contractor to become effective. Please refer to the Building Department Fee Schedule for applicable fees.

**Where To Direct Your Request To Surrender A Permit:**

Highlands County Building Department  
P.O. Box 1926  
Sebring, FL 33871

**Highlands County Building Department  
501 S. Commerce Ave.  
Sebring, FL 33870**

**HOLD HARMLESS**

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Re: Property located at (address and legal description) \_\_\_\_\_

Gentlemen:

As legal owner of subject property, I request the cancellation of permit number (in full) \_\_\_\_\_

\_\_\_\_\_, issued to (name of pervious permit holder) \_\_\_\_\_ (mailing address) \_\_\_\_\_

\_\_\_\_\_ on (date) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ for the following reason \_\_\_\_\_

Date of last inspection \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I no longer authorize the previous permit holder to proceed with the work covered by the permit. I

hereby apply as owner-builder, or authorize (new Contractor) \_\_\_\_\_

\_\_\_\_\_ to apply for such permits to complete the construction on subject property.

I agree to hold Highlands County, its agents and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fee) resulting from the cancellation of the existing permit or the issuance of a new permit. I furthermore assume responsibility for the correction, if required, of work performed under the permit for which I am requesting cancellation. In the event there has been a change of ownership of the property, the new owner assumes the responsibility for notifying the previous owner of his or her intent to transfer the permit.

**Owner**

\_\_\_\_\_  
\_\_\_\_\_

**Contractor**

\_\_\_\_\_  
\_\_\_\_\_

**State of Florida  
County of Highlands**

The person whose signature appears above, deposes that he/she is the legal owner of the above property.

Sworn to and subscribed \_\_\_\_\_ before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
By \_\_\_\_\_

\_\_\_\_\_  
Notary

**State of Florida  
County of Highlands**

The person whose signature appears above, deposes that he/she is the legal owner of the above property.

Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
By \_\_\_\_\_

\_\_\_\_\_  
Notary

## Plans Review

All applications for building plan approvals will be accompanied by the appropriate number of drawings and specifications and a non-refundable fee will be collected based upon the following fee schedule:

One & Two Family Dwellings	\$0.10 per sq. ft
Garages, additions, & accessory structures	\$0.10 per sq. ft.
Pre-fabricated sheds, mobile homes, docks, seawalls, non-master filed hurricane shutters, and any structure that requires a plan review and does not fall in another category	\$15.00
No charge for roofs, fences, master filed hurricane shutters, and companion electric, plumbing and mechanical.	N/C
Pool cages & screen enclosures	\$30.00
Master File	\$0.10 per sq. ft.
Repetitious submittal	\$100.00
<b>All Other Building Occupancies:</b>	
0-10,000	\$55.00
10,001-25,000	\$85.00
25,001-50,000	\$160.00
50,001-100,000	\$260.00
100,001-500,000	\$500.00
500,001-1,000,000	\$900.00

The fee shall be determined by the amount over one million applied to the chart and added to the fee.

NOTE: Six months after plans have been approved for permit issuance, or notification to applicant that plans require additional information or revisions, plans will be discarded and applicant will be required to resubmit plans and pay another submittal fee. No extensions will be granted.

## Construction Valuation Fees

Up to 1,000.00	\$75.00
1,001 thru 25,000	\$75.00 + \$3.00 per thousand or fraction thereof
25,001 thru 100,000	\$147.00 + \$2.00 per thousand or fraction thereof
100,000 and Up	\$297.00 + \$1.50 per thousand or fraction thereof

Residential Applications are based on the construction cost of the residence being \$90.00 per square foot or confirmed contract price.

Commercial Applications are based on the construction cost of the commercial structure being \$150.00 per square foot or confirmed contract price.

### Miscellaneous Fees

Minimum permit fees for signs, fences, walls, roofing, demolitions, etc.		\$75.00
Permit re-issuance fee for Commercial, 1&2 Family, Mobile Homes		\$175.00
Permit re-issuance fee for additions, alterations & accessory structures		\$75.00
BCAIF Surcharge	Minimum \$2.00 or 1.5% of permit fee	Effective 10-1-10 Section 553.721 and Section 468.631
DCA Surcharge	Minimum \$2.00 or 1.5% of permit fee	
Pre-move inspection fee (each occurrence)		\$50.00
Permit to move a building or structure (includes connection of utilities)		\$190.00
Power Company Reconnection Permit		\$40.00
Property Search Confirmation Response per property		\$4.00
Certificate of Occupancy		\$10.00
Certificate of Completion		\$10.00
Re-inspection fee (each occurrence)		\$50.00
Change in Contractor		\$175.00
Copies		\$0.15 ea
Computer Reports per page		\$0.55 ea
Copy of Construction Plans		\$4.00
Low Voltage Alarm System Labels		\$55.00

### Roofing Permits

Shingle price per square	\$115.00 or confirmed contract
Metal price per square	\$150.00 or confirmed contract

Multiply number of squares by price per square for valuation then apply to fee schedule.

Up to 1,000.00	\$75.00
1,001 thru 25,000	\$75.00 plus \$3.00 per thousand or fraction thereof
25,001 thru 100,000	\$147.00 plus \$2.00 per thousand or fraction thereof
100,001 and up	\$297.00 plus \$1.50 per thousand or fraction thereof
Minimum permit	\$75.00
Certificate of completion	\$10.00

\*NOC must be recorded and a certified copy on file for all work valued \$2,500.00 or greater.

\*\*If the number of squares is misrepresented on the building permit application, the Building Inspector may issue a stop work/red tag. Prior to proceeding the contractor or owner will need to correct the permit application to reflect the correct number of squares, pay any additional fees and record a notice of commencement before work can recommence.



### Mobile Home Fees

Parking Fee	\$100.00
Electrical	\$30.00
Plumbing	\$30.00
Mechanical	\$30.00
Certificate of Occupancy	\$10.00

### Residential Plan Review Fees

All applications for building plan approvals will be accompanied by the appropriate number of copies of drawings and specifications and a non-refundable fee will be collected based upon the following fee schedule.

One & Two Family Dwellings	\$0.10 per sq. foot
Mobile Homes, Vinyl Siding Windows, Doors, etc...	\$15.00
Repetitious Submittal	\$100.00

### Mechanical Fees

Minimum permit fee	\$75.00
Fee for each thousand or fraction thereof	\$5.00

For Repair or replacement of an existing heating or air conditioning system in an amount less than \$7,500.00 a notice of commencement is not required.

### Plumbing Fees

Minimum permit fee	\$75.00
All fixtures	\$4.00
Drain or tap	\$4.00
Sewer Pipe	\$4.00
Water heater or vent	\$4.00
Installation, alteration, repair	\$4.00

### Irrigation Permit Fees

The same cost as building permits.

### Swimming Pool Fees

The same cost as building permits.

## Electrical Permit Fees

Electrical permit fees are based upon the total amperage of the service required to meet the need of all the fixtures.

<b>1 Phase 450 Volt</b>	
0 to 100	\$75.00
101 to 150	\$80.00
151 to 200	\$85.00
201 to 400	\$105.00
401 to 600	\$155.00
601 to 800	\$205.00
801 to 1,000	\$255.00
Over 1,001	\$155.00*
<b>3 Phase 208 or 240 Volt</b>	
0 to 100	\$92.00
101 to 150	\$100.00
151 to 200	\$118.00
201 to 400	\$152.00
401 to 600	\$238.00
601 to 800	\$325.00
801 to 1,000	\$412.00
Over 1,001	\$238.00*
<b>3 Phase 480 Volt</b>	
0 to 100	\$144.00
101 to 150	\$160.00
151 to 200	\$196.00
201 to 400	\$264.00
401 to 600	\$436.00
601 to 800	\$610.00
801 to 1,000	\$784.00
Over 1,001	\$610.00*

\*Over 1,000 charge fee per each additional thousand amperes of fraction thereof: take amp ÷ 100 then multiply by 83.54166. Change in service: The fee shall be determined by the difference between the new service amperage and the previous service amperage, which is then applied to the chart.

**NOTE:** Temporary Service or E-TUG ..... \$35.00

Change in service: The fee shall be determined by the difference between the new service amperage and the previous service amperage which is then applied to the chart.

## Contractor Registration Fees

Certified Contractor Administrative Fee (CC1)	\$35.00
General & Building Contractors (CR4)	\$100.00
Residential Contractors (CR3)	\$75.00
Contractors address under Chapter 489 F.S. (CR3)	\$75.00
Sheet metal, Roofing Contractor, Air Condition Contractor	
Mechanical Contractor, Commercial Pool Contractor, Residential Pool Contractor	
Swimming Pool Service Contractor, Plumbing Contractor, Electrical Contractor	
Specialty Contractor (CR2)	\$50.00
Journeyman (CR05)	\$25.00
Inactive (go from inactive to active the \$30 will be subtracted from the registration fee) 489 (CR5) Specialty (CR6) Gen/Bldg (CR7)	\$30.00
Handy Person Registration (0033)	\$50.00
Unlicensed Activity Fee ( to be assessed on all registration renewals and original licensure) (CAF)	\$5.00

**Late registration is double the original amount!** A grace period of 90 days is given from September 30<sup>th</sup>.

**Board Review**..... \$25.00

**Letter of Reciprocity**..... \$25.00

## Electrical Addition or Equipment Replacement Fee Schedule

Outlets, Switches and Lights	\$0.50
Flood Light: pole or ground mounted	\$10.00
Outlet for window air conditioning	\$1.00
Sub feed panel each	\$2.00
Motors or generators up to 5 hp	\$2.00
More than 5 hp but not over 50 hp	\$5.00
Over 50 hp	\$10.00
Disconnect and automatic controller to 10 hp	\$2.00
Sign outlet - per circuit	\$1.00
Heating and heating appliances - up to 10 kw	\$5.00
Water heaters	\$5.00
Dryer	\$1.00
Compacter	\$1.00
Dishwasher	\$1.00
Disposal	\$1.00
Electric Range	\$1.00
Cook top	\$1.00
Oven	\$1.00
X-Ray	\$2.00
Dental Unit	\$2.00
Exhaust Fan under ¼ hp	\$0.50
Exhaust Fan over ¼ hp up to 1 hp	\$1.00
Exhaust fan over 1 hp	\$1.00
Attic Fan	\$1.00
Electric elevator	\$10.00
Electric welder up to 50 amps	\$2.00
Electric welder over 50 amps	\$5.00
Electric signs - up to 30 sockets	\$2.00
Each additional 20 sockets	\$1.50
Sign Flash	\$0.50
Time switch	\$1.00
Neon transformer	\$1.00
Each additional transformer	\$0.50
Display case w/ up to 10 lights	\$1.00
Over 10 lights - each light	\$0.20
Power transformer up to 10 KVA	\$1.00
Each additional 10 KVA or fraction thereof	\$1.00
Change in service location without amperage	\$15.00
Installation of Equipment regardless amperage. Type of equipment being installed:_____	\$15.00
Writing Permit	\$75.00
Certificate of Completion (if stand-alone permit)	\$10.00
State Surcharge	3% of total fees or minimum \$4.00

## Valuation Fee Schedule

<b>1,000</b>	\$75.00	<b>26,000</b>	\$149.00	<b>51,000</b>	\$199.00	<b>76,000</b>	\$249.00
<b>2,000</b>	\$78.00	<b>27,000</b>	\$151.00	<b>52,000</b>	\$201.00	<b>77,000</b>	\$251.00
<b>3,000</b>	\$81.00	<b>28,000</b>	\$153.00	<b>53,000</b>	\$203.00	<b>78,000</b>	\$253.00
<b>4,000</b>	\$84.00	<b>29,000</b>	\$155.00	<b>54,000</b>	\$205.00	<b>79,000</b>	\$255.00
<b>5,000</b>	\$87.00	<b>30,000</b>	\$157.00	<b>55,000</b>	\$207.00	<b>80,000</b>	\$257.00
<b>6,000</b>	\$90.00	<b>31,000</b>	\$159.00	<b>56,000</b>	\$209.00	<b>81,000</b>	\$259.00
<b>7,000</b>	\$93.00	<b>32,000</b>	\$161.00	<b>57,000</b>	\$211.00	<b>82,000</b>	\$261.00
<b>8,000</b>	\$96.00	<b>33,000</b>	\$163.00	<b>58,000</b>	\$213.00	<b>83,000</b>	\$263.00
<b>9,000</b>	\$99.00	<b>34,000</b>	\$165.00	<b>59,000</b>	\$215.00	<b>84,000</b>	\$265.00
<b>10,000</b>	\$102.00	<b>35,000</b>	\$167.00	<b>60,000</b>	\$217.00	<b>85,000</b>	\$267.00
<b>11,000</b>	\$105.00	<b>36,000</b>	\$169.00	<b>61,000</b>	\$219.00	<b>86,000</b>	\$269.00
<b>12,000</b>	\$108.00	<b>37,000</b>	\$171.00	<b>62,000</b>	\$221.00	<b>87,000</b>	\$271.00
<b>13,000</b>	\$111.00	<b>38,000</b>	\$173.00	<b>63,000</b>	\$223.00	<b>88,000</b>	\$273.00
<b>14,000</b>	\$114.00	<b>39,000</b>	\$175.00	<b>64,000</b>	\$225.00	<b>89,000</b>	\$275.00
<b>15,000</b>	\$117.00	<b>40,000</b>	\$177.00	<b>65,000</b>	\$227.00	<b>90,000</b>	\$277.00
<b>16,000</b>	\$120.00	<b>41,000</b>	\$179.00	<b>66,000</b>	\$229.00	<b>91,000</b>	\$279.00
<b>17,000</b>	\$123.00	<b>42,000</b>	\$181.00	<b>67,000</b>	\$231.00	<b>92,000</b>	\$281.00
<b>18,000</b>	\$126.00	<b>43,000</b>	\$183.00	<b>68,000</b>	\$233.00	<b>93,000</b>	\$283.00
<b>19,000</b>	\$129.00	<b>44,000</b>	\$185.00	<b>69,000</b>	\$235.00	<b>94,000</b>	\$285.00
<b>20,000</b>	\$132.00	<b>45,000</b>	\$187.00	<b>70,000</b>	\$237.00	<b>95,000</b>	\$287.00
<b>21,000</b>	\$135.00	<b>46,000</b>	\$189.00	<b>71,000</b>	\$239.00	<b>96,000</b>	\$289.00
<b>22,000</b>	\$138.00	<b>47,000</b>	\$191.00	<b>72,000</b>	\$241.00	<b>97,000</b>	\$291.00
<b>23,000</b>	\$141.00	<b>48,000</b>	\$193.00	<b>73,000</b>	\$243.00	<b>98,000</b>	\$293.00
<b>24,000</b>	\$144.00	<b>49,000</b>	\$195.00	<b>74,000</b>	\$245.00	<b>99,000</b>	\$295.00
<b>25,000</b>	\$147.00	<b>50,000</b>	\$197.00	<b>75,000</b>	\$247.00	<b>100,000</b>	\$297.00

Over 100,000, fee is \$297.00 plus \$1.50 per thousand thereafter or fraction thereof.

**Highlands County Emergency Medical Service (EMS)  
4500 George Blvd, Sebring FL 33872  
(863) 402-6630**

**Fee Schedule – FY16-17**

Treatment/Transport to Landing Zone will be charged appropriate base rate plus a minimum of one (1) mile	
Service Type	Fee
BLS Base Rate (IV or less, including glucose check w/o ALS assessment or procedure/treatment)	\$450.00
ALS 1 Base Rate (ALS assessment; ALS procedure, excl. IV only) *	\$500.00
ALS 2 Base Rate *	\$650.00
Mileage (per loaded mile)	\$12.00
Treatment Only, No Transport	\$75.00
Refusal (for habitual abuse of the system, administrative discretion)	\$75.00
Ambulance Standby Coverage, ALS, per hour, minimum 2 hrs.	\$100.00
Service Type: Medicare hospital inpatients transferred for testing and returned**	Fee
BLS Base Rate	\$276.42
ALS 1 Base Rate *	\$328.26
ALS 2 Base Rate *	\$475.10
Mileage (per load mile)	\$8.00

\* ALS 2 Base Rate:

- I. At least three administrations of medications **or**
  - II. One of the following procedures:
    - a. Manual defibrillation/cardioversion
    - b. Endotracheal Intubation
    - c. Central venous IV line
    - d. Cardiac pacing
    - e. Chest decompression
    - f. Surgical airway
    - g. Intraosseous line
1. Medications **must** be by IV push, bolus, or infusion.
  2. Three administrations of the SAME medication qualify for the 3 medications rule.
  3. The following medications DO NOT qualify for the 3 medication rule
    1. Crystalloid, Hypotonic or Hypertonic solutions
    2. D5W
    3. Normal Saline
    4. Ringer's Lactate
    5. Oxygen
    6. Aspirin

\*\*These charges apply only when a hospital orders a round-trip transfer of a Medicare-covered inpatient for treatment or testing. The hospital is billed the amount that Medicare would reimburse EMS, and must file for Medicare Part A reimbursement. All other emergency and non-emergency transports are billed to the patient at the usual rate.

**Highlands County Engineer  
505 South Commerce Avenue  
Sebring, FL 33870  
(863) 402-6877**

**Fee Schedule - FY16-17**

<b>Comprehensive Plan Map Amendments</b>	
<b>Small Scale Map Amendment</b>	
Pre-Application Conference (Optional)	\$150.00
Concurrency Traffic Analysis Review	\$80.00
<b>Large Scale Map Amendment</b>	
Pre-Application Conference	\$200.00
Concurrency Traffic Analysis Review	\$120.00
<b>Developments Within Adjacent Municipality</b>	
<b>Concurrency Review Of</b>	
Small Projects w/traffic analysis by County Engineer	Fee Waived
Minor Project w/ Minor Traffic Impact Analysis (TIA)	\$300.00
Major Project w/ Major Traffic Impact Analysis (TIA)	\$500.00
Pre-Application Conference - Major Traffic Impact Analysis (TIA) (Mandatory)	\$150.00
Off-Site Construction Plans Review - Minor (per sheet)	\$500.00
Off-Site Construction Plans Review - Major (per sheet)	\$500.00
Commercial Driveway - Roadway Construction (Small)	\$300.00
Commercial Driveway - Roadway Construction (Minor)	\$500.00
Commercial Driveway- Roadway Construction (Major)	\$500.00
<b>Developments Within the Unincorporated Areas</b>	
<b>Concurrency Review Of</b>	
Small Project w/Analysis by County Engineer	\$300.00
Project w/ Minor Traffic Impact Analysis (TIA)	\$400.00
Project w/ Major Traffic Impact Analysis (TIA)	\$600.00
Pre-Application Conference- Major Traffic Impact Analysis (TIA) (Mandatory)	\$150.00
<b>Development of Regional Impact</b>	
Base Fee	\$3,000.00
Additional Charge per Acre over 400 Acres	\$5.00
Substantial Deviation (DRI)	\$1,000.00
Annual Review Fee	\$300.00
Variance Requests to Land Development Regulations	\$350.00
<b>Flood Hazard Development Permit</b>	\$500.00
<b>Improvement (Development) Plans Review</b>	
Improvement Plans Review (per sheet)	\$500.00
Revision of Previously Approved Improvement Plan (per sheet)	\$350.00

## Developments Within the Unincorporated Areas (Continued)

<b>Planned Development District Review</b>	
Base Fee	\$3,000.00
Additional Charge Per Acre Over 400 Acres	\$5.00
Post Approval Revisions Review/Text Amendments	\$1,000.00
Annual Review Fee	\$300.00
<b>Commercial Development</b>	
Preliminary Site Plan Review	\$500.00
Final Site Plan Review	\$500.00
Commercial Driveway (Connection) Permit	\$800.00
Revision of Previously Approved Preliminary or Final Plan (per sheet)	\$350.00
<b>Site Plan Exemption</b>	\$400.00
<b>Preliminary Plat Review (Some Commercial Development May Follow These Procedures)</b>	
Control Point Monuments	\$7.00
1-50 Property Corners, Permanent Control Points/Monuments	\$700.00
Each Additional Corners, Permanent Control Points/Monuments	\$300.00
<b>Final Plat Review and Field Locate All Corners (Some Commercial Development May Follow These Procedures)</b>	
1-50 Property Corners, Permanent Control Points/Monuments	\$700.00
Each Additional 1-50 Corners, Permanent Control Points/Monuments	\$300.00
<b>Mining Permits</b>	
Base Fee, Plan Review (per sheet)	\$500.00
Per Mining Acre	\$10.00
Annual Review Fee	\$500.00
<b>Residential Driveway Permit (All With Grades Set)</b>	
New Driveway, One Access	\$150.00
Existing Driveway Inspection	\$80.00
Conversion, Existing Driveway to New Driveway, One Access	\$70.00
New Driveway, Two Access Points	\$210.00
Renewal of Expired Permit	\$70.00
Resetting of Grade Stakes	\$80.00
Re-Inspection of Finals	\$80.00
<b>Sod Letter Check and Recheck</b>	\$80.00
<b>Seed &amp; Mulch Letter Check and Recheck</b>	\$80.00
<b>Ditch Closure/Modification (Includes Grades)</b>	\$400.00
<b>Road Damage (per square yard)</b>	\$90.00
<b>Red Tag Fee</b>	\$60.00
<b>Right of Way Use Permits</b>	
Temporary Use	\$400.00
Other Right-Of-Way Construction	\$400.00
General Utility Permit	\$400.00
House Moving Permit	\$400.00
<b>Vacation of Right-of-Way</b>	\$800.00
<b>Vacation of Right-of-Way Due to Existing Encroachments</b>	\$1,000.00



<b>Mining Permits (Continued)</b>	
Vacation of Easement	\$500.00
Vacation of Easement Due to Existing Encroachments	\$600.00
Vacation of Plat	\$800.00
<b>GIS/Addressing</b>	
Addressing - New Construction (Non-County Initiated) Other than New Development	\$25.00
Address Verification (Non-County Initiated)	\$10.00
Renaming Roadway (Private and Public)	\$150.00
Readdressing of changed Site Plan/Plat	\$150.00
Addressing Fee - Commercial Platting (To be charged at the time addresses are initially assigned to the development) First 10 addresses Each additional addresses	\$15.00 per \$5.00 per
<b>Media Processing, Manuals &amp; Standards Costs</b>	
Land Development Regulations (Hard Copy)	\$75.00
Technical Standards Manual (Hard Copy)	\$25.00
Aerial Map	\$5.00
Highlands County Road Map	\$1.50
Map of Roads Maintained by Highlands County	\$50.00
<b>Copies/Prints (All)</b>	
Letter Size (F.S. 119.07)	\$0.15
Legal Size (F.S. 119.07)	\$0.15
11X17 Copies	\$0.25
Two Sided- Letter Size (F.S. 119.07)	\$0.20
Two Sided- Legal Size (F.S.119.07)	\$0.20
Two Sided 11 x 17	\$0.30
<b>Plots, Including Color</b>	
Up to 42", Per Sheet	\$5.00
In Excess of 42", Per Sheet, Up to 120" Long	\$10.00
<b>Digital Analysis, Overlay and Associated Manual Work</b>	
Minimum Charge (one hour)	\$75.00
Additional Hours	\$30.00
<b>Electronic Database and Digital Map Files (per hour)</b>	
Minimum Charge (one hour)	\$25.00
Additional Hours	\$30.00
Computer Time (per hour)	\$25.00
Staff Time (per hour)	\$25.00

**Highlands County Fire Services  
6850 W. George Blvd  
Sebring, FL 33875  
(863) 385-1112**

**Fee Schedule - FY 16-17**

<b>Routine Fire Inspections*</b>		
<b># of Square Feet</b>	<b>Normal Fee</b>	<b>Re-Inspection Fee</b>
Up to 5,000	\$25.00	\$50.00
5,001 - 10,000	\$30.00	\$60.00
10,001 - 15,000	\$35.00	\$70.00
15,001 - 20,000	\$40.00	\$80.00
20,001 - 25,000	\$45.00	\$90.00
25,001 - 30,000	\$50.00	\$100.00
30,001 - 35,000	\$55.00	\$110.00
35,5001 - 40,000	\$60.00	\$120.00
40,001 - 45,000	\$65.00	\$130.00
45,001 - 50,000	\$70.00	\$140.00
50,001 - 55,000	\$75.00	\$150.00
55,001 - 60,000	\$80.00	\$160.00
60,001 - 65,000	\$85.00	\$170.00
65,001 - 70,000	\$90.00	\$180.00
70,001 - 75,000	\$95.00	\$190.00
75,001 - 80,000	\$100.00	\$200.00
Above 80,001	\$105.00	\$210.00
<b>C.O. Inspections</b>		
Up to 5,000	\$25.00	\$50.00
5,001 - 10,000	\$30.00	\$60.00
10,001 - 15,000	\$35.00	\$70.00
15,001 - 20,000	\$40.00	\$80.00
20,001 - 25,000	\$45.00	\$90.00
25,001 - 30,000	\$50.00	\$100.00
Above 30,000	\$55.00	\$110.00

**Re-Inspections:**

The first re-inspection is free. Each subsequent re-inspection will be billed at twice the inspection charge.

Routine Inspection	\$25.00-\$100.00
Pre-Inspection	\$25.00
Re-Inspection	\$25.00-\$210.00

<b>Inspection:</b>	
Department of Children and Families Service*	\$25.00
For Certificate of Construction Plan	\$25.00-\$110.00
Sprinkler Systems, Standpipes and Smoke Alarms	\$25.00
Pre-Review of Construction Plan	\$20.00 per page
Construction Plan Review	\$20.00 per page
Revision of Construction Plans	\$20.00 per page
Sparkler Permit	\$30.00
Public Fireworks Display Permit	\$100.00
Tent Permit	\$30.00
Fire Safety Program Fee*	* \$5.00 per occupational License

**Effective: May 27, 2003 (Per Resolution 02-03-132)**

**\* Currently the fees for Routine Fire Inspections, Department of Children and Families Services Inspections, and the Fire Safety Program Fees, are not being collected.**

## HIGHLANDS COUNTY HEALTH DEPARTMENT (HCHD) PAY GROUPS

### 2016-2017 FEE SCHEDULE

**NOTE: Fees for HCHD enrolled clients are based on their financial eligibility determination and are adjusted accordingly. Non-HCHD clients pay at 100%**

			A	B	C	D	E	F	G
			0%	17%	33%	50%	67%	83%	100%
<b>Office Visit (OV) NEW</b> (plus individual labs)		<b>CPT CODES</b>							
02,03,23,25,29,37	- Problem/Focused	99201	0.00	6.97	13.53	20.50	27.47	34.03	41.00
02,03,23,25,29,37	- Expanded Problem	99202	0.00	7.31	14.19	21.50	28.81	35.69	43.00
02,03,23,25,29,37	- Detailed Low	99203	0.00	10.71	20.79	31.50	42.21	52.29	63.00
02,03,23,25,29,37	- Comprehensive Hx & Exam	99204	0.00	15.13	29.37	44.50	59.63	73.87	89.00
<b>Office Visit (OV) Established</b> (plus individual labs)			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
02,03,23,25,29,37	- Minimal	99211	0.00	2.21	4.29	6.50	8.71	10.79	13.00
02,03,23,25,29,37	- Problem Focused	99212	0.00	4.76	9.24	14.00	18.76	23.24	28.00
02,03,23,25,29,37	- Expanded Prob Focused	99213	0.00	5.95	11.55	17.50	23.45	29.05	35.00
02,03,23,25,29,37	- Detailed Hx and Exam	99214	0.00	9.18	17.82	27.00	36.18	44.82	54.00
<b>Adult Physical Exam (Initial)</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
37	Phy Initial Eval age 18-39 years	99385	0.00	21.25	41.25	62.50	83.75	103.75	125.00
37	Phy Initial Eval age 40-64 years	99386	0.00	22.95	44.55	67.50	90.45	112.05	135.00
<b>Adult Physical Exam (Periodic)</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
37	Phy periodic Eval age 18-39 years	99395	0.00	17.51	33.99	51.50	69.01	85.49	103.00
37	Phy periodic Eval age 40-64 years	99396	0.00	19.21	37.29	56.50	75.71	93.79	113.00
<b>DOT Physical</b>									
37	DOT Physical (Department of Transportation) <b>FLAT FEE</b>	99385/99386							150.00
<b>99385 (18-39) and 99386 (40-64) DOT physicals not eligible for sliding fee schedule</b>									
<b>Exams - Medicare Visit</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
37	Phy Initial Eval over 65 - (IPPE)	GO402	0.00	28.90	56.10	85.00	113.90	141.10	170.00
37	Phy Initial Annual Wellness Eval over 65 - (PPS)	GO438	0.00	28.90	56.10	85.00	113.90	141.10	170.00
37	Phy Subsequence Annual Wellness Eval over 65	GO439	0.00	20.40	39.60	60.00	80.40	99.60	120.00
<b>Program Services</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
02,03,04,23,25,37	HIV Counseling, 15 minutes	99401	0.00	4.25	8.25	12.50	16.75	20.75	25.00
02,03,04,23,25,37	HIV Counseling, 30 minutes	99402	0.00	7.14	13.86	21.00	28.14	34.86	42.00
03,04	TB Risk Factor Assessment & PPD	85680							25.00
03,04	TB Risk Factor Assessment with Quantiferon Gold								37.50
LOCAL CODE	LTBI clinic visit	99211	0.00	2.21	4.29	6.50	8.71	10.79	13.00
37	College Physical								45.00
29	School Entry Physical								25.00
29,37	Sports Physical								25.00
37	Screening Pelvic and Clinical Breast Exam - Medicare	G0101							48.00
29,37	Impacted cerumen	99211	0.00	2.21	4.29	6.50	8.71	10.79	13.00
29,37	Cerumen Removal with Instrument	69210	0.00	6.80	13.20	20.00	26.80	33.20	40.00
25,29,37	Suture removal	99211	0.00	2.21	4.29	6.50	8.71	10.79	13.00
29,37	I & D Simple SQ (abcess, cyst)	10060	0.00	13.60	26.40	40.00	53.60	66.40	80.00
23,37	I & D Bartholin Abcess Drainage	56420	0.00	14.62	28.38	43.00	57.62	71.38	86.00

29,37	Nebulizer Treatment	94640	0.00	2.21	4.29	6.50	8.71	10.79	13.00
29,37	Foreign Body Removal, Skin Simple	10120	0.00	17.00	33.00	50.00	67.00	83.00	100.00
	<b>IMMUNIZATIONS (Adult)</b>	<b>CPT Codes per vaccine</b>		<b>IMMS Services are NOT based on a sliding fee scale.</b>					
LOCAL CODE	RN Immunization Travel Immunization evaluation	99211							13.00
	Influenza Adult								25.00
	Influenza High dose (65 yrs and up) (Price locked in for one year)								49.00
	Hepatitis B (contracted cost for Highlands County employees)								47.00
	<b>RABIES VACCINE (cost plus 30%) - Pre Exposure</b>	90675		<b>Cost vary depends of the cost of vaccine</b>					
	<b>RABIES VACCINE (cost + \$15) - Post Exposure</b>	90675		<b>Cost vary depends of the cost of vaccine</b>					
	<b>Rabie Immune Globulin (cost )</b>	90375		<b>Cost vary depends of the cost of product</b>					
<b>Family Planning uses different eligibility criteria for participating clients. The fee scale is adjusted accordingly.</b>									
			<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
	<b>FAMILY PLANNING (Including Lab)</b>								
23	RN FP Counseling with Supply - CPT Code 99211 (Include EC)		0.00	5.61	10.89	16.50	22.11	27.39	33.00
23	RN FP Counseling without Supply - CPT Code 99403 (Include PT)		0.00	7.65	14.85	22.50	30.15	37.35	45.00
23/J7300/J7302	IUD Counseling (include labs) - CPT Code 99403		0.00	9.01	17.49	26.50	35.51	43.99	53.00
23	IUD insertion - CPT Code 58300		0.00	8.16	15.84	24.00	32.16	39.84	48.00
23	IUD Removal - CPT Code 58301		0.00	11.39	22.11	33.50	44.89	55.61	67.00
23/J7307	Nexplanon Insertion - CPT Code 11981		0.00	16.15	31.35	47.50	63.65	78.85	95.00
23	Nexplanon Removal - CPT Code 11982		0.00	18.19	35.31	53.50	71.69	88.81	107.00
23	Nexplanon Removal with Re-insertion CPT Code 11983		0.00	24.65	47.85	72.50	97.15	120.35	145.00
	<b>Family Planning Exam (Initial)</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
23	Family Planning Initial Exam age 12 - 17 years old	99384	0.00	19.55	37.95	57.50	77.05	95.45	115.00
23	Family Planning Initial Exam age 18-39 years	99385	0.00	21.25	41.25	62.50	83.75	103.75	125.00
23	Family Planning Initial Exam age 40-64 years	99386	0.00	22.95	44.55	67.50	90.45	112.05	135.00
	<b>Family Planning Exam (Periodic)</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
23	Family Planning Initial Exam age 12-17 years	99394	0.00	15.81	30.69	46.50	62.31	77.19	93.00
23	Family Planning Initial Exam age 18-39 years	99395	0.00	17.51	33.99	51.50	69.01	85.49	103.00
23	Family Planning Initial Exam age 40-64 years	99396	0.00	19.21	37.29	56.50	75.71	93.79	113.00
	<b>Sterilization</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
23	Vasectomy Counseling and Referral/Purchase Order		0.00	76.50	148.50	225.00	301.50	373.50	450.00
23	Pre-Tubal Ligation Exam and Laproscopic Referral/Purchase Order		0.00	340.00	660.00	1000.00	1340.00	1660.00	2000.00
	Pre-Tubal Ligation Exam and Bi-lateral (open) Referral/Purchase Order		0.00	340.00	660.00	1000.00	1340.00	1660.00	2000.00
	<b>Pharmaceuticals</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
23/J7307	Nexplanon (340B Pricing)		0.00	59.50	115.50	175.00	234.50	290.50	350.00
23/J7302	Mirena (AT COST - will slide)		0.00	130.39	253.11	383.50	513.89	636.61	767.00
23/J7300	Paraguard		0.00	101.66	197.34	299.00	400.66	496.34	598.00
	<b>Lab Corp</b>								
	Lab Corp labs are all sent out; service is collected, No fees collected								
	<b>QUEST LABS (Cost plus 50%)</b>								

<b>STATE Lab Cost</b>										
<b>In-House Tests (not part of office visit)</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>	
29,34,37	IH ECG		0.00	4.25	8.25	12.50	16.75	20.75	25.00	
<b>DENTAL SERVICES:</b>										
<b>DIAGNOSTIC</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>	
DXRAY	COPY OF X-RAYS ON USB/CD/FLASHDRIVE		0.00	2.04	3.96	6.00	8.04	9.96	12.00	
D0120	PERIODIC ORAL EVALUATION		0.00	5.10	9.90	15.00	20.10	24.90	30.00	
D0140	LIMITED ORAL EVALUATION		0.00	5.95	11.55	17.50	23.45	29.05	35.00	
D0145	ORAL EVALUATION FOR PATIENT UNDER 3 YEARS OF AGE		0.00	4.25	8.25	12.50	16.75	20.75	25.00	
D0150	COMPREHENSIVE ORAL EVALUATION		0.00	7.65	14.85	22.50	30.15	37.35	45.00	
D0170	RE-EVALUATION, LIMITED, FOCUSED EST		0.00	4.25	8.25	12.50	16.75	20.75	25.00	
D0180	COMPREHENSIVE PERIODONTAL EVALUATION		0.00	5.95	11.55	17.50	23.45	29.05	35.00	
D0210	FMX WITH BITE WINGS		0.00	12.75	24.75	37.50	50.25	62.25	75.00	
D0220	INTRAORAL-PERAPICAL X-RAY, 1ST FILM		0.00	2.89	5.61	8.50	11.39	14.11	17.00	
D0230	INTRAORAL PERIAPICAL X-RAY, EACH ADDITIONAL		0.00	2.04	3.96	6.00	8.04	9.96	12.00	
D0240	INTRAORAL OCCLUSAL X-RAY		0.00	2.89	5.61	8.50	11.39	14.11	17.00	
D0270	BITEWING XRAY, SINGLE		0.00	2.89	5.61	8.50	11.39	14.11	17.00	
D0272	BITEWING XRAY, 2 FILMS		0.00	4.25	8.25	12.50	16.75	20.75	25.00	
D0274	BITEWING XRAY, 4 FILMS		0.00	5.27	10.23	15.50	20.77	25.73	31.00	
D0330	PANORAMIC X-RAY		0.00	10.20	19.80	30.00	40.20	49.80	60.00	
D0460	PULP VITALITY TEST- INCLUDES MULTIPLE TEETH		0.00	2.38	4.62	7.00	9.38	11.62	14.00	
<b>PREVENTATIVE</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>	
D0470	DIAGNOSTIC CASTS			2.55	4.95	7.50	10.05	12.45	15.00	
D1110	ADULT PROPHY (12+)			11.05	21.45	32.50	43.55	53.95	65.00	
D1120	CHILD PROPHY			5.10	9.90	15.00	20.10	24.90	30.00	
D1206	TOPICAL FLUORIDE VARNISH			4.25	8.25	12.50	16.75	20.75	25.00	
D1204	TOPICAL FLUORIDE - ADULT		0.00	2.72	5.28	8.00	10.72	13.28	16.00	
D1330	ORAL HYGIENE INSTRUCTION		0.00	1.70	3.30	5.00	6.70	8.30	10.00	
D1351	SEALANT-per tooth		0.00	4.25	8.25	12.50	16.75	20.75	25.00	
D1310	NUTRITIONAL COUNSELING		0.00	2.55	4.95	7.50	10.05	12.45	15.00	
D1320	TOBACCO COUNSELING		0.00	2.55	4.95	7.50	10.05	12.45	15.00	
D1510	SPACE MAINTAINER-fixed-unilateral		0.00	34.00	66.00	100.00	134.00	166.00	200.00	
D1515	SPACE MAINTAINER-fixed-bilateral		0.00	51.00	99.00	150.00	201.00	249.00	300.00	
D1550	RECEMENT SPACE MAINTAINER		0.00	5.95	11.55	17.50	23.45	29.05	35.00	
D1555	REMOVAL OF SPACE MAINTAINER-not originally placed		0.00	5.95	11.55	17.50	23.45	29.05	35.00	
<b>RESTORATIVE</b>			<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>	
D2140	AMALGAM 1 SURFACE- PRIMARY OR PERMANENT		0.00	9.35	18.15	27.50	36.85	45.65	55.00	
D2150	AMALGAM 2 SURFACES- PRIMARY OR PERMANENT		0.00	11.90	23.10	35.00	46.90	58.10	70.00	
D2160	AMALGAM 3 SURFACES- PRIMARY OR PERMANENT		0.00	14.45	28.05	42.50	56.95	70.55	85.00	
D2161	AMALGAM 4 + SURFACES- PRIMARY OR PERMANENT		0.00	17.00	33.00	50.00	67.00	83.00	100.00	
D2330	RESIN- ONE SURFACE, ANTERIOR		0.00	17.00	33.00	50.00	67.00	83.00	100.00	
D2331	RESIN- TWO SURFACE, ANTERIOR		0.00	21.25	41.25	62.50	83.75	103.75	125.00	
D2332	RESIN- THREE SURFACE, ANTERIOR		0.00	25.50	49.50	75.00	100.50	124.50	150.00	
D2335	RESIN- 4+ SURFACES OR INCISAL ANGLE		0.00	27.20	52.80	80.00	107.20	132.80	160.00	

D2390	RESIN- CROWN ANTERIOR		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D2391	RESIN- 1 SURFACE, POST		0.00	20.40	39.60	60.00	80.40	99.60	120.00
D2392	RESIN- 2 SURFACE, POST		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D2393	RESIN- 3 SURFACE, POST		0.00	29.75	57.75	87.50	117.25	145.25	175.00
D2394	RESIN- 4+ SURFACES, POST		0.00	31.45	61.05	92.50	123.95	153.55	185.00
	<b>CROWN AND BRIDGE</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D2510	INLAY-METALLIC ONE SURFACE		0.00	85.00	165.00	250.00	335.00	415.00	500.00
D2520	INLAY-METALLIC TWO SURFACE		0.00	89.25	173.25	262.50	351.75	435.75	525.00
D2530	INLAY-METALLIC THREE+ SURFACE		0.00	93.50	181.50	275.00	368.50	456.50	550.00
D2542	ONLAY METALLIC TWO SURFACE		0.00	93.50	181.50	275.00	368.50	456.50	550.00
D2543	ONLAY METALLIC THREE SURFACE		0.00	97.75	189.75	287.50	385.25	477.25	575.00
D2544	ONLAY METALLIC FOUR+ SURFACE		0.00	102.00	198.00	300.00	402.00	498.00	600.00
D2610	INLAY, PORCELAIN/CERAMIC, ONE SURFACE		0.00	102.00	198.00	300.00	402.00	498.00	600.00
D2620	INLAY, PORCELAIN/CERAMIC, 2 SURFACES		0.00	106.25	206.25	312.50	418.75	518.75	625.00
D2630	INLAY, PORCELAIN/CERAMIC, 3 OR MORE SURFACES		0.00	112.20	217.80	330.00	442.20	547.80	660.00
D2710	CROWN-FULL RESIN -LAB		0.00	49.30	95.70	145.00	194.30	240.70	290.00
D2721	CROWN-RESIN WITH PRE BASE METAL		0.00	93.50	181.50	275.00	368.50	456.50	550.00
D2740	CROWN-FULL PROC		0.00	127.50	247.50	375.00	502.50	622.50	750.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL		0.00	119.00	231.00	350.00	469.00	581.00	700.00
D2752	CROWN-PORC FUSED/NOBEL METAL		0.00	119.00	231.00	350.00	469.00	581.00	700.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL		0.00	119.00	231.00	350.00	469.00	581.00	700.00
D2792	CROWN-FULL CAST NOBLE METAL		0.00	102.00	198.00	300.00	402.00	498.00	600.00
D2791	CROWN-FULL CAST BASE METAL		0.00	102.00	198.00	300.00	402.00	498.00	600.00
D2799	PROVISIONAL CROWN TO BE WORN ATLEAST 6 MONTHS		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D2910	RECEMENT INLAY		0.00	11.90	23.10	35.00	46.90	58.10	70.00
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE		0.00	8.50	16.50	25.00	33.50	41.50	50.00
D2920	RECEMENT CROWN		0.00	9.35	18.15	27.50	36.85	45.65	55.00
D2930	STAINLESS STEEL CROWN-PRIMARY TOOTH		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D2931	STAINLESS STEEL CROWN-PERMANENT TOOTH		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D2932	PREFABRICATED RESIN CROWN		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D2933	STAINLESS STEEL CROWN/RESIN WITH RESIN WINDOW		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D2940	TEMP SEDATIVE RESTORATION		0.00	8.50	16.50	25.00	33.50	41.50	50.00
D2950	CORE BUILDUP WITH PINS		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D2951	PIN RETENTION		0.00	4.25	8.25	12.50	16.75	20.75	25.00
D2952	CAST POST & CORE, IN ADD TO CROWN		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D2954	PREFAB POST & CORE IN ADD TO CROWN		0.00	26.35	51.15	77.50	103.85	128.65	155.00
D2960	LABIAL VENEER (RESIN LAMINATE)-CHAIRSIDE		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY		0.00	79.90	155.10	235.00	314.90	390.10	470.00
D2962	VENEERS (LABIAL VENEER PROCELAIN LAMINATE LAB)		0.00	127.50	247.50	375.00	502.50	622.50	750.00
D2970	TEMP CRN AS IMMED. PROTECTION, NOT AS TEMP FOR PERM CRN FABRICATION		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D2980	CROWN REPAIR BY REPORT		0.00	49.30	95.70	145.00	194.30	240.70	290.00
	<b>ENDODONTICS</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D3110	PULP CAP-DIRECT		0.00	3.40	6.60	10.00	13.40	16.60	20.00
D3120	PULP CAP-INDIRECT		0.00	3.40	6.60	10.00	13.40	16.60	20.00
D3220	PULPOTOMY-PRI OR PERM		0.00	17.00	33.00	50.00	67.00	83.00	100.00

D3221	PULPAL DEB, PRI AND PERM		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D3230	PULPAL THERAPY (RESORBABLE FILLING) ANT,PRI		0.00	17.00	33.00	50.00	67.00	83.00	100.00
D3240	PULPAL THERAPY (RESORBABLE FILLING) POST,PRIM		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D3310	ANTERIOR ENDODONTICS		0.00	76.50	148.50	225.00	301.50	373.50	450.00
D3320	PREMOLAR ENDODONTICS		0.00	86.70	168.30	255.00	341.70	423.30	510.00
D3330	MOLAR ENDODONTICS		0.00	110.50	214.50	325.00	435.50	539.50	650.00
D3331	TREATMENT OF ROOT CANAL OBST;NON SURG		0.00	24.82	48.18	73.00	97.82	121.18	146.00
D3333	INTERAL ROOT REPAIR OF PERFORMANCE DEFECTS		0.00	21.42	41.58	63.00	84.42	104.58	126.00
D3346	ENDODONTIC RETREATMENT-ANT		0.00	82.45	160.05	242.50	324.95	402.55	485.00
D3347	ENDODONTIC RETREATMENT-PREMOLA		0.00	91.80	178.20	270.00	361.80	448.20	540.00
D3348	ENDODONTIC RETREATMENT-MOLAR		0.00	117.30	227.70	345.00	462.30	572.70	690.00
D3351	APEXIFICATION-INITAL TREATMENT		0.00	30.77	59.73	90.50	121.27	150.23	181.00
D3352	APEXIFICATION-INTERIM TREATMENT		0.00	15.64	30.36	46.00	61.64	76.36	92.00
D3353	APEXIFICATION-FINAL VISIT		0.00	43.01	83.49	126.50	169.51	209.99	253.00
D3410	APICOECTOMY-ANTERIOR		0.00	64.60	125.40	190.00	254.60	315.40	380.00
D3430	RETROGRADE FILLING-PER ROOT		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D3450	AMPUTATION		0.00	20.91	40.59	61.50	82.41	102.09	123.00
D3470	INTENTIONAL REMOVAL AND REPLANTATION WITH SPLINTING		0.00	51.00	99.00	150.00	201.00	249.00	300.00
	<b>PERIODONTICS</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D4210	GINGIVOPLASTY/PER QUADRANT FOUR OR MORE TEETH		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D4211	GINGICOPLASTY/1-3 TEETH IN QUAD OR SPACE		0.00	20.40	39.60	60.00	80.40	99.60	120.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING, 4 OR MORE TEETH		0.00	51.00	99.00	150.00	201.00	249.00	300.00
D4241	GINGIVAL FLAP PROCEDURE INCLUDING ROOT PLANING, 1-3 TEETH PER QUADRANT		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D4249	CLINICAL CROWN LENGTHENING		0.00	59.50	115.50	175.00	234.50	290.50	350.00
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) 4 or > CONTIGUOUS TEETH OR BC		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) 1 to 3 CONTIGUOUS TEETH OR BC		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D4271	FREE SOFT TISSUE GRAFT		0.00	68.00	132.00	200.00	268.00	332.00	400.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D4341	PER SCALING/ROOT PLANING-QUAD+4		0.00	27.20	52.80	80.00	107.20	132.80	160.00
D4342	PER SCALING PLAN QUAD 1-3		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D4355	FULL MOUTH DEBRIDMENT		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D4381	LOCALIZED DELIVERY ANTIMICROBIAL AGENT VIA CONTROL RELEASE		0.00	30.09	58.44	88.50	118.59	146.94	177.00
D4910	PERIDONTAL MAINTENANCE		0.00	13.60	26.40	40.00	53.60	66.40	80.00
D4999	UNSPECIFIED PERIODONTIST PROCEDURE		0.00	8.50	16.50	25.00	33.50	41.50	50.00
	<b>PROSTHETICS</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D5110	COMPLETE DENTURE (MAXILLARY)		0.00	136.00	264.00	400.00	536.00	664.00	800.00
D5120	COMPLETE DENTURE (MANDIBULAR)		0.00	136.00	264.00	400.00	536.00	664.00	800.00
D5130	IMMEDIATE UPPER DENTURE		0.00	136.00	264.00	400.00	536.00	664.00	800.00
D5140	IMMEDIATE LOWER DENTURE		0.00	136.00	264.00	400.00	536.00	664.00	800.00
D5211	MAXILLARY PARTIAL DENTURE-RESI		0.00	85.00	165.00	250.00	335.00	415.00	500.00
D5212	MANDIBULAR PARTIAL DENTURE-RES		0.00	85.00	165.00	250.00	335.00	415.00	500.00
D5213	MAX PARTIAL DENTURE-CAST		0.00	144.50	280.50	425.00	569.50	705.50	850.00
D5214	MAN PARTIAL DENTURE-CAST		0.00	144.50	280.50	425.00	569.50	705.50	850.00
D5225	MAXILLARY PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)		0.00	119.00	231.00	350.00	469.00	581.00	700.00
D5226	MANDIBULAR PARTIAL DENTURE-FLEXIABLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)		0.00	119.00	231.00	350.00	469.00	581.00	700.00



D5410	ADJUST COMPLETE DENTURE,UPPER		0.00	7.65	14.85	22.50	30.15	37.35	45.00
D5411	COMPLETE DENTURE ADJUSTMENT, LOWER		0.00	7.65	14.85	22.50	30.15	37.35	45.00
D5421	PARTIAL DENTURE ADJUSTMENT, UPPER		0.00	7.65	14.85	22.50	30.15	37.35	45.00
D5422	PARTIAL DENTURE ADJUSTMENT, LOWER		0.00	7.65	14.85	22.50	30.15	37.35	45.00
D5510	REPAIR BROKEN COMPLETE DENTURE BASE		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE		0.00	27.20	52.80	80.00	107.20	132.80	160.00
D5610	REPAIR RESIN/PARTIAL BASE		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D5620	REPAIR CASE FRAMEWORK		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D5630	REPAIR OR REPLACE BROKEN CLASP		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D5640	REPLACE BROKEN TOOTH (PER TOOTH)		0.00	20.40	39.60	60.00	80.40	99.60	120.00
D5650	ADD TOOTH TO EXIST PARTIAL DENTURE CLASP EXIST PARTIAL		0.00	20.40	39.60	60.00	80.40	99.60	120.00
D5660	ADD CLASP EXIST PARTIAL		0.00	24.65	47.85	72.50	97.15	120.35	145.00
D5670	REPLACE TEETH AND ACRYLIC MAXILLARY PARTIAL DENTURE		0.00	72.25	140.25	212.50	284.75	352.75	425.00
D5671	REPLACE TEETH AND ACRYLIC MANDIBULAR PARTIAL DENTURE		0.00	72.25	140.25	212.50	284.75	352.75	425.00
D5730	RELINE MAX DENTURE (CHAIRSIDE)		0.00	30.60	59.40	90.00	120.60	149.40	180.00
D5731	RELINE MAN COMPLETE (CHAIRSIDE)		0.00	30.60	59.40	90.00	120.60	149.40	180.00
D5740	RELINE MAX PART DENT (CHAIRSIDE)		0.00	28.90	56.10	85.00	113.90	141.10	170.00
D5741	RELINE MAN PART DENT (CHAIRSIDE)		0.00	28.90	56.10	85.00	113.90	141.10	170.00
D5750	RELINE MAX COMPLETE DENT (LAB)		0.00	46.75	90.75	137.50	184.25	228.25	275.00
D5751	RELINE MAN COMPLETE DENT (LAB)		0.00	46.75	90.75	137.50	184.25	228.25	275.00
D5760	RELINE MAX PART DENT (LAB)		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D5761	RELINE MAN PART DENT (LAB)		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D5820	INTERIM PARTIAL DENTURE MAX		0.00	46.75	90.75	137.50	184.25	228.25	275.00
D5821	INTERIM PARTIAL DENTURE MAN		0.00	46.75	90.75	137.50	184.25	228.25	275.00
D5850	MAXILLARY TISSUE CONDITIONING		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D5851	MANDIBULAR TISSUE CONDITIONING		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D5862	PRECISION ATTACHMENT BY REPORT		0.00	21.25	41.25	62.50	83.75	103.75	125.00
D5899	OPEN FACE CROWN FOR DENTURE		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D5982	SURGICAL STENT		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D5986	FLUORIDE GEL CARRIER		0.00	17.51	33.99	51.50	69.01	85.49	103.00
	<b>IMPLANT</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D6053	IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH		0.00	144.50	280.50	425.00	569.50	705.50	850.00
D6054	IMPLANT ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH		0.00	144.50	280.50	425.00	569.50	705.50	850.00
D6055	DENTAL IMPLANT SUPPORT CONNECTING BAR		0.00	221.00	429.00	650.00	871.00	1079.00	1,300.00
D6056	PREFABRICATED ABUTMENT-INCLUDES PLACEMENT		0.00	68.00	132.00	200.00	268.00	332.00	400.00
D6057	CUSTOM ABUTMENT-INCLUDES PLACEMENT		0.00	85.00	165.00	250.00	335.00	415.00	500.00
D6058	ABUTMENT SUPPORTED PORCELAIN CERAMIC CROWN		0.00	127.50	247.50	375.00	502.50	622.50	750.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)		0.00	127.50	247.50	375.00	502.50	622.50	750.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)		0.00	110.50	214.50	325.00	435.50	539.50	650.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN CERAMIC FPD		0.00	127.50	247.50	375.00	502.50	622.50	750.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)		0.00	127.50	247.50	375.00	502.50	622.50	750.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)		0.00	110.50	214.50	325.00	435.50	539.50	650.00
D6078	IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH		0.00	136.00	264.00	400.00	536.00	664.00	800.00
D6079	IMPLANT ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH		0.00	136.00	264.00	400.00	536.00	664.00	800.00
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT		0.00	29.75	57.75	87.50	117.25	145.25	175.00

D6091	REPLACEMENT OF SEMI PRECISION ATTACHMENT PER (PRECISION ATTACHMENT	0.00	76.50	148.50	225.00	301.50	373.50	450.00
D6092	RECEMENT IMPLANTABUTMENT SUPPORTED CROWN	0.00	17.00	33.00	50.00	67.00	83.00	100.00
D6093	RECEMENT IMPLANT ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	0.00	18.70	36.30	55.00	73.70	91.30	110.00
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	0.00	29.75	57.75	87.50	117.25	145.25	175.00
D6210	FIXED PARTIAL DENTURE - PONTIC GOLD HIGH (NOBLE)	0.00	110.50	214.50	325.00	435.50	539.50	650.00
D6240	FIXED PARTIAL DENTURE - PONTIC PORCELAIN FUSED TO HIGH NOBLE METAL	0.00	110.50	214.50	325.00	435.50	539.50	650.00
D6245	PONTIC-PORCELAIN/CERAMIC	0.00	68.00	132.00	200.00	268.00	332.00	400.00
D6545	RETAINER, CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	0.00	68.00	132.00	200.00	268.00	332.00	400.00
D6548	RETAINER-PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	0.00	136.00	264.00	400.00	536.00	664.00	800.00
D6750	FIXED PARTIAL DENTURE - ABUTMENT PORCELAIN FUSED TO NOBLE HIGH METAL	0.00	127.50	247.50	375.00	502.50	622.50	750.00
D6752	CROWN, PORCELAIN FUSED TO NOBLE METAL	0.00	127.50	247.50	375.00	502.50	622.50	750.00
D6790	FIXED PARTIAL DENTURE - ABUTMENT GOLD HIGH (NOBLE)	0.00	110.50	214.50	325.00	435.50	539.50	650.00
D6930	RECEMENT FIXED PARTIAL DENTURE	0.00	12.75	24.75	37.50	50.25	62.25	75.00
D6940	STRESS BREAKER	0.00	29.75	57.75	87.50	117.25	145.25	175.00
D6950	IMPLANT PRECISION ATTACHMENT	0.00	63.92	124.08	188.00	251.92	312.08	376.00
D6980	BRIDGE REPAIR BY REPORT	0.00	17.00	33.00	50.00	67.00	83.00	100.00
	<b>ORAL SURGERY</b>	<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D7111	EXTRACTION DECIDUOUS TEETH	0.00	10.20	19.80	30.00	40.20	49.80	60.00
D7140	EXTRACTION,ERUPTED TOOTH OR EXPOSED ROOT	0.00	17.00	33.00	50.00	67.00	83.00	100.00
D7210	SURGICAL REMOVAL ERUPTED TOOTH	0.00	18.70	36.30	55.00	73.70	91.30	110.00
D7220	REMOVAL OF IMPACTION-SOFT TISSUE	0.00	23.80	46.20	70.00	93.80	116.20	140.00
D7230	REMOVAL OF IMPACTION-PART BONY	0.00	30.60	59.40	90.00	120.60	149.40	180.00
D7240	REMOVAL OF IMPACTION-COMP BONY	0.00	38.25	74.25	112.50	150.75	186.75	225.00
D7241	REMOVAL OF IMPACTION-DIFFICULT	0.00	25.50	49.50	75.00	100.50	124.50	150.00
D7250	SURGICAL REMOVAL RESIDUAL ROOT	0.00	20.40	39.60	60.00	80.40	99.60	120.00
D7260	ORANTAL FISTULA CLOSURE	0.00	68.00	132.00	200.00	268.00	332.00	400.00
D7270	TOOTH REPLANTATION AND STABILITY	0.00	42.50	82.50	125.00	167.50	207.50	250.00
D7280	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED-NOT TO BE EXTRACTED	0.00	44.20	85.80	130.00	174.20	215.80	260.00
D7285	BIOPSY OF ORAL TISSUE-HARD	0.00	25.50	49.50	75.00	100.50	124.50	150.00
D7286	BIOPSY OF ORAL TISSUE-SOFT	0.00	20.40	39.60	60.00	80.40	99.60	120.00
D7310	ALVELOPLASTY/EXTRACTION-FOUR OR MORE TEETH OR TOOTH SPACES, PER QUAD	0.00	25.50	49.50	75.00	100.50	124.50	150.00
D7311	ALVELOPLASTY/EXTRACTION-ONE TO THREE TEETH OR TOOTH SPACES, PER QUAD	0.00	22.10	42.90	65.00	87.10	107.90	130.00
D7320	ALVELOPLASTY/NO EXTRACT-FOUR OR MORE TEETH OR TOOTH SPACES,PER QUAD	0.00	34.00	66.00	100.00	134.00	166.00	200.00
D7321	ALVELOPLASTY/NO EXTRACT-ONE TO THREE TEETH OR TOOTH SPACES,PER QUAD	0.00	27.20	52.80	80.00	107.20	132.80	160.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	0.00	25.50	49.50	75.00	100.50	124.50	150.00
D7411	EXCISION OF BENIGN LESION OVER 1.25 CM	0.00	34.00	66.00	100.00	134.00	166.00	200.00
D7450	REMOVAL ODONTOGENIC CYST<1.25 CM	0.00	42.50	82.50	125.00	167.50	207.50	250.00
D7471	REMOVAL OF EXOSTOSIS	0.00	68.00	132.00	200.00	268.00	332.00	400.00
D7510	INCISION & DRAINAGE OF ABSCESS-INTRORAL SOFT	0.00	17.00	33.00	50.00	67.00	83.00	100.00
D7520	I & D OF ABCESS-EXTRORAL SOFT TISS	0.00	20.40	39.60	60.00	80.40	99.60	120.00
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS	0.00	17.00	33.00	50.00	67.00	83.00	100.00
D7540	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM	0.00	42.50	82.50	125.00	167.50	207.50	250.00
D7820	CLOSE REDUCTION TMJ DISLOCATION	0.00	10.54	20.46	31.00	41.54	51.46	62.00
D7880	OCCLUSAL ORTHOTIC DEVICE, BY REPORT	0.00	73.44	142.56	216.00	289.44	358.56	432.00
D7910	SUTURE SMAL WOUND >5 CM	0.00	17.00	33.00	50.00	67.00	83.00	100.00

D7911	COMPLICATED SUTURE > 5 CM		0.00	44.20	85.80	130.00	174.20	215.80	260.00
D7960	FRENULECTOMY		0.00	34.00	66.00	100.00	134.00	166.00	200.00
D7970	EXCISION-HYPERPLASTIC TISSUE PER ARCH		0.00	38.25	74.25	112.50	150.75	186.75	225.00
D7971	EXCISION-PERICORONAL GINGIVAE ON IMPACTED OR PARTIALLY ERRUPTED		0.00	17.00	33.00	50.00	67.00	83.00	100.00
	<b>ORTHODONTICS</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D8010	LIMITED ORTHO TREATMENT OF THE PRI DENTITION		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D8020	LIMITED ORTHO TREATMENT OF THE TRANSITIONAL DENTITION		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D8030	LIMITED ORTH TREATMENT OF THE ADOLESCENT DENTITION		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D8040	LIMITED ORTHO TREATMENT OF THE ADULT DENTITION		0.00	42.50	82.50	125.00	167.50	207.50	250.00
D8070	COMPREHENSIVE ORTHO TREATMENT-TRANS		0.00	510.00	990.00	1500.00	2010.00	2490.00	3,000.00
D8080	COMPREHENSIVE ORTHO TREATMENT-ADOLESCENT		0.00	544.00	1056.00	1600.00	2144.00	2656.00	3,200.00
D8090	COMPREHENSIVE ORTHO TREATMENT-ADULT DENT		0.00	595.00	1155.00	1750.00	2345.00	2905.00	3,500.00
D8210	REMOVALBE HABIT APPLIANCE		0.00	51.00	99.00	150.00	201.00	249.00	300.00
D8220	FIXED HABIT APPLIANCE		0.00	51.00	99.00	150.00	201.00	249.00	300.00
D8999	UNSPECIFIED ORTHODONTICS BY REPORT		0.00	8.50	16.50	25.00	33.50	41.50	50.00
	<b>MISCELLANEOUS</b>		<b>0%</b>	<b>17%</b>	<b>33%</b>	<b>50%</b>	<b>67%</b>	<b>83%</b>	<b>100%</b>
D9110	EMERGENCY / PALLIATIVE TREATMENT		0.00	10.20	19.80	30.00	40.20	49.80	60.00
D9120	FIXED PARTIAL DENTURE SECTIONING		0.00	17.00	33.00	50.00	67.00	83.00	100.00
D9210	LOCAL ANESTHESIA		0.00	1.70	3.30	5.00	6.70	8.30	10.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA		0.00	1.70	3.30	5.00	6.70	8.30	10.00
D9215	LOCAL ANESTHESIA		0.00	1.70	3.30	5.00	6.70	8.30	10.00
D9220	GENERAL ANESTHESIA/FIRST 30 MIN		0.00	26.01	50.49	76.50	102.51	126.99	153.00
D9221	GENERAL ANTHESIA-EACH ADD.30 MIN		0.00	12.41	24.09	36.50	48.91	60.59	73.00
D9230	ANALGESIA - NITROUS OXIDE PER 15 minutes		0.00	5.95	11.55	17.50	23.45	29.05	35.00
D9310	PROFESSIONAL CONSULTATION		0.00	8.50	16.50	25.00	33.50	41.50	50.00
D9430	OFFICE VISIT POST OPERATIVE (NO CHARGE)		0.00	0.00	0.00	0.00	0.00	0.00	-
D9440	OFFICE VISIT, AFTER REGULAR SCHEDULED HOURS		0.00	12.75	24.75	37.50	50.25	62.25	75.00
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT		0.00	1.87	3.63	5.50	7.37	9.13	11.00
D9910	DESENSITIZING MEDICATION PER VISIT		0.00	4.42	8.58	13.00	17.42	21.58	26.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH		0.00	4.42	8.58	13.00	17.42	21.58	26.00
D9920	BEHAVIOR MGT (15 MIN INCREMENTS)		0.00	8.50	16.50	25.00	33.50	41.50	50.00
D9930	POST SURGICAL COMPLICATIONS		0.00	10.20	19.80	30.00	40.20	49.80	60.00
D9940	OCCLUSAL GUARD IN HOUSE		0.00	11.05	21.45	32.50	43.55	53.95	65.00
D9940	OCCLUSAL GUARD OFF SITE LAB		0.00	55.25	107.25	162.50	217.75	269.75	325.00
D9941	FABRICATION-ATHLETIC MOUTHGUARD		0.00	12.75	24.75	37.50	50.25	62.25	75.00
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD		0.00	8.50	16.50	25.00	33.50	41.50	50.00
D9950	OCCLUSION ANALYSIS-MOUNTED CASE		0.00	12.75	24.75	37.50	50.25	62.25	75.00
D9951	OCCLUSAL ADJUSTMENT-LIMITED		0.00	5.10	9.90	15.00	20.10	24.90	30.00
D9952	COMPLETE OCCLUSAL ADJUSTMENT		0.00	51.00	99.00	150.00	201.00	249.00	300.00
D9971	ODONTOPLASTY 1-2 TEETH		0.00	2.55	4.95	7.50	10.05	12.45	15.00
D9972	BLEACHING, EXTERNAL PER ARCH		0.00	25.50	49.50	75.00	100.50	124.50	150.00
D9974	INTERNAL BLEACHING PER TOOTH		0.00	8.50	16.50	25.00	33.50	41.50	50.00
D9999	UNSPECIFIED BY REPORT		0.00	8.50	16.50	25.00	33.50	41.50	50.00
BLEACH	BLEACHING TUBE ONLY, 2 TUBES		0.00	8.50	16.50	25.00	33.50	41.50	50.00
TOOTH	EACH ADDITIONAL TOOTH ADDED TO PARTIAL		0.00	10.20	19.80	30.00	40.20	49.80	60.00

<b>ENVIRONMENTAL HEALTH Fees</b>		<b>NOTE: EH Services are NOT based on a sliding fee scale.</b>							
<b>361 - OSTDS</b>									
	OSTDS I/M Permit (county fee)								15.00
	OSTDS Aerobic Permit (county fee)								20.00
	OSTDS Septic Tank Manufacturer Annual Permit (county fee)								25.00
	County Fee OSTDS Application								115.00
	County Fee OSTDS Operating Permit								15.00
	OSTDS County Other Service								50.00
<b>348 - Food Service</b>									
	County Fee Bars/Lounges, drink service only								60.00
	County Fee Fraternal/Civic Organizations								60.00
	County Fee Institutional								60.00
	County Fee Jail / Prison								60.00
	County Fee Limited Event								75.00
	County Fee Movie Theatre								60.00
	County Fee Residential Facility								60.00
	County Fee School Cafeteria, more than 9 mos of operation								60.00
	County Fee School Cafeteria, less than 9 mos of operation								60.00
	County Fee Limited Food								60.00
	County Fee Catering								60.00
	County Fee Mobile								60.00
<b>357 - Limited Use Water</b>									
	County Fee Annual Public Water Permit								40.00
<b>360 - Swimming Pools / Bathing Places</b>									
	County Fee Annual Permit, Pool over 25000 gal								110.00
	County Fee Annual Permit, Pool under 25000 gal								60.00
<b>359 - Other Water Laboratory Fees</b>									
	Nitrate Analysis, per sample								45.00
<b>354 - Mobile Home/RV</b>									
	County Fee Mobile Home/RV Application								100.00
<b>351 - Group Care</b>									
	County Fee Application								125.00
<b>352 - Migrant Labor Camp</b>									
	County Fee Annual Permit, more than 100 residents								200.00
	County Fee Annual Permit, 51 to 100 residents								160.00
	County Fee Annual Permit, less than 50 residents								160.00
<b>364 Biomedical Waste Generators</b>									
	County Fee Annual Permit								55.00
<b>369 Tanning Facility</b>									
	County Fee Annual Permit								50.00
<b>359 - Wells</b>									
	Augmentation well								100.00
	Public Water Well 6 inch to 12 inch								400.00

	Public Water Well less than 6 inch								300.00
	Replacement well/Redrill								80.00
	Domestic Well								90.00
	Domestic Irrigation Well up to 4 inches								80.00
	Commercial Irrigation Well 4 inches or less								100.00
	Commercial Irrigation Well greater than 4 inches								150.00
	Other Irrigation Well								100.00
	Fire Use Well								150.00
	Heat Exchange Well (Commercial)								200.00
	Heat Exchange Well (Domestic)								100.00
	Monitoring/Piezometers/Test Wells - per well								50.00
	Air Sparging Well (up to 8 wells)								75.00
	Elevator Shaft								500.00
	Well Modification up to 4 inch								50.00
	Well Modification greater than 4 inch								100.00
	Well Abandonment (up to 6 inches)								50.00
	Well Abandonment (greater than 6 inches)								100.00
	Re-inspection Fee/Site Revisit (Domestic)								50.00
	Re-inspection Fee/Site Revisit (Commerical)								100.00
	Variance Application for Replacement Well								50.00
	Variance Application for FAC 64E-8								150.00
	Partial Long/Short Test Re-test								75.00
	Late Fee for Limited Use Water System - Permit renewal after October 1								75.00
	Inspector General Service Per hour								50.00
	<b>361 - Indor Air Toxins Services per hour</b>								
	Indoor air quality assessment - residential								60.00
	Indoor air quality assessment - commercial (or greater than 4000 square feet)								60.00
	Indoor air quality assessment per hour or additional hour								60.00
	* Minimum 2 hour charge for commerical.								
	<b>VITAL STATISTICS Fees</b>								
	1 Birth Certificate								12.00
	Extra Copies of same Birth Certificate								7.00
	1 Death Certificate								10.00
	Extra Copies of same Death Certificate								8.00
	Expediting/Over Night Mailing								15.00
	Plastic Sleeves for Birth Certificate protection								2.00
	<b>PROFESSIONAL FEE FOR LEGAL SERVICES AND COPYING CHARGES</b>								
	Testimony (Depositions, Trial, Hearings)								
	<b>Physician, Dentist</b>								
	Travel, Per hour								75.00
	Preparation, Per hour								150.00
	Testimony, Per hour								150.00
	<b>ARNP, PA, PE, RD, RS</b>								

Travel, Per hour									50.00
Preparation, Per hour									75.00
Testimony, Per hour									75.00
<b>Environmental Specialist, Epidemiologist, RN, Other</b>									
Travel, Per hour									25.00
Preparation, Per hour									50.00
Testimony, Per hour									50.00
<b>Medical Records by client request</b>									
Pages 1-25									1.00
Subsequent pages									0.25
USB Flash Drive									12.50
<b>Medical Records by Subpoena, General Civil and Criminal Court</b>									
Pages 1-25									1.00
Subsequent pages									0.25
USB Flash Drive									12.50
<b>Medical Records by Subpoena, Workmens Compensation Court</b>									
Per page									0.50
Postage (including return receipt)									5.00
Expediting									25.00
USB Flash Drive									12.50
<b>MISCELLANEOUS FEE</b>									
NSF - Nonsufficient Funds (Returned Check)									25.00
FDLE - Fingerprint and FBI - Background Check - Field Print									58.25

## Heartland Library Cooperative Fee Schedule - FY16-17

<b>LATE FEES</b>				
Audio Cassette, Kits, Music CD		\$0.25 per day		
Audio CD Sets		\$1.00 per day		
Video Cassette		\$0.25 per day		
DVD		\$1.00 per day		
Video Game		\$1.00 per day		
Books		\$0.25 per day		
Periodicals		\$0.25 per day		
Pink Cart Books		\$1.00 per day		
Playaways		\$1.00 per day		
Maximum Fine Per Item		\$50.00		
<b>GENERAL FEES</b>				
<b>Non Resident Library Cards:</b>	3 Months	\$10.00		
	6 Months	\$20.00		
	12 Months	\$30.00		
Resident Library Card		FREE		
Collection Agency Fee		\$10.00		
Processing Fee/Replacements		\$5.00 each		
Processing Fee/Damaged Material		Cost of replacement plus \$5.00 processing		
Replacement Library Card		\$5.00		
Copies, B&W 8 x 11		\$0.25 each		
Copies, Color 8 x 11		\$1.00 each		
Copies, legal sized		\$0.25 each		
Guest Pass for Public Access Computers		\$3.00 per hour		
Guest Pass for Wireless Access		FREE		
Computer Printouts, B&W		\$0.25 each		
Computer Printouts, Color		\$1.00 each		
<b>ESTIMATED REPLACEMENT COSTS</b>				
Description	Default		Description	Default
Cassette Audiobook	\$50.00	\$9.00 per tape or CD	CD Audiobook	\$60.00
DVD Single	\$18.00		DVD Set	\$60.00
Hardback Book	\$25.00		Easy Book	\$17.00
Easy Board Book	\$ 8.00		J Cassette Audiobook	\$50.00
J CD Audiobook	\$60.00		J DVD	\$18.00

**ESTIMATED REPLACEMENT COSTS continued...**

<b>Description</b>	<b>Default</b>		<b>Description</b>	<b>Default</b>
J Hardback Book	\$17.00		J Mass Market PBK	\$5.00
J Music CD	\$20.00		J Trade PBK	\$10.00
J VHS	\$18.00		Magazine	\$5.00
Mass Market PBK	\$ 8.00		Music CD	\$20.00
Reference	\$60.00		Trade PBK	\$16.00
VHS	\$18.00		YA Cassette Audiobook	\$50.00
YA CD Audiobook	\$60.00		YA DVD	\$18.00
YA Hardback Book	\$17.00		YA Mass Market PBK	\$5.00
YA Trade PBK	\$10.00		YA VHS	\$30.00
Video Game	\$48.00		Computer Software	\$25.00



**Highlands County  
Road and Bridge Department  
4344 George Blvd., Sebring, FL 33872  
(863) 402-6529**

**Fee Schedule - FY 16-17**

Mechanic Shop Rate	\$38.58 per hr
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**Highlands County  
Development Services Department  
501 S. Commerce Ave, Sebring, FL 33870  
Planning – (863) 402-6650      Zoning – (863) 402-6638**

**Fee Schedule – FY 16-17**

Rural Land Stewardship (RLS)	TBD (To Be Determined)
Development of Regional Impact (DRI)	\$21,800.00
Zoning Change Only	\$1,950.00
Large Scale Comprehensive Plan (LSCP) Amendment Only	\$2,025.00
Small Scale Comprehensive Plan (SSCP) Amendment Only	\$1,125.00
PD (Planned Development District) Amendment (minor amendment excluded) Only	\$1,950.00
Special Use Permit Only	\$2,925.00
FUD (Flexible Unit Development) Amendment (minor amendment excluded) Only	\$1,950.00
Revision of legal on resolution, ordinance or ad when applicant provides revised legal	\$1,375.00
Concurrency Traffic Analysis Reviews for LSCP and SSCP Amendment	Contact Engineering Dept.
Special Exception Application Only	\$975.00
Special Exception Application for a Tower Only	\$1,300.00
Special Exception Application for Goats, Hogs, Sheep, and Chickens	\$0.00
Variance Application Only	\$650.00
Notice requirements, (zoning changes, LSCP, SSCP, variances, special use permit, special exceptions and the like)	Actual or pro-rated expense for public notice requirements depending on the application
Environmental Clearance Report Processing Fee (> 2 acres w/ impact)	\$425.00
“Simplified” Environmental Clearance Report Processing Fee (>2 acres no impact)	\$200.00
Environmental Exemption Fee:	
This fee is collected with other building permit fees for projects that would otherwise have to go through Environmental Clearance even though preparation of the Environmental Clearance report would be unnecessary.	
For each Residential Dwelling Unit ** Note	\$130.00
For each Commercial/Industrial Building Permit **Note	\$325.00
Developer Requested Conference *Note	\$400.00
Plat Review (Preliminary Plat and Final Plat, each)	\$275.00
Vacation of Plat	\$175.00
Vacation of Easement	\$130.00
Road (Vacation) Closures	\$130.00
Site Plan Review	\$425.00
Special Approval:	
Car Tent Sales Permit	\$500.00
Beverage License Review	\$150.00
Temporary Beverage License (1 to 3 days permit) Review	\$25.00

<b>Amusements:</b>	
Bingo	\$130.00
Bingo - nonprofit - no fee for a temporary permit (1 to 3 days)	\$0.00
Carnival	\$325.00
Rodeo	\$200.00
Palm Reading	\$325.00
Zoning/FLUM (Future Land Use Map) Confirmation Letter per property	\$20.00
Boat Dock/Boat House	\$40.00
Permit Review-New Structures	\$65.00
Shed, Carport, Driveway, Slab, Screen Room, Garage, Additions, Swimming Pools, and the like	\$40.00
Form Board, Fence and Seawall	\$20.00
CO (Certificate of Occupancy) Review	\$20.00
Addressing	\$20.00
Exempt from Planning and Zoning review: re-roof, interior remodel with no change in use, window replacement size for size, hurricane shutters, siding, and garage door.	

<b>Nuisance Abatement Fees</b>	
Standard Abatement (\$25.00 per hour)	TBD (To Be Determined)
Noticing, Abatement involving asbestos (cost of the Asbestos Survey includes an additional fee)	TBD (To Be Determined)
Open Code Violations and/or Lien Confirmation Letter per property	\$20.00
<b>Document or Map Purchases</b>	
Zoning Text	per County policy
Comprehensive Plan (text)	\$35.00
Evaluation & Appraisal Report Document	\$125.00
Color Maps (each FLUM or other map)	\$20.00
Blueprint Maps (each FLUM or other map "32 x 32")	\$10.00
Blueprint Maps (each FLUM or other map "24 x 36")	\$5.00
Copies or Xerox charges - one sided	per County policy
Copies or Xerox charges - two sided	per County policy
Computer Discs with information	per County policy
Cassette tape - 90 minutes	per County policy
Computer Disc without information	per County policy
Garage Sale/Yard Sale Permit ***Note	\$5.00
<b>Vesting Order Applications</b>	
Single Lots of Record	\$175.00
Subdivisions (under 26 units)	\$425.00
Subdivisions (26 or more units)	\$850.00
Commercial & Industrial Property	\$850.00
Appeals (deposit on account)	\$1,625.00

**\*Note:** In an effort to better serve the public, Highlands County Planning and Zoning Staff believe effective communication early in the planning process prevents expensive setbacks later in the process. To this regard, two coordination meetings are available to facilitate effective communication between developer and staff: a pre-application meeting and an application review meeting. It is most beneficial to meet with the Highlands County Planning and Zoning Staff to review a proposal for basic conformity with county land use regulations. The pre-application meeting does well to circumvent routine problems that would otherwise cause delay and added expense. Prior to submitting the application, an application review meeting is also highly recommended to ensure the package is complete and as detailed as possible. There are no fees for the pre-application meeting or the application review meeting. All meetings requested by the developer after the pre-application meeting (excluding the application review meeting) or after an application is submitted qualify as a developer requested conference.

**\*\*Note:** No Environmental Exemption Fee will be collected on building permits to replace existing mobile homes and residential dwellings on their original lot or for constructing accessory in unoccupied structures, or remodeling or adding to existing structures.

Development Agreement Legal Review Fee: Actual cost incurred by the legal review and services rendered by the Board Attorney and/or other law firm or service for this purpose.

**\*\*\*Note:** Garage/Yard Sale Permits to be obtained and paid for at the Tax Collector's Offices.

**Highlands County**  
**Solid Waste Management Center**  
**Arbuckle Landfill – 12700 Arbuckle Creek Rd.**  
**Sebring, FL 33870**  
**(863) 402-7786**

**Fee Schedule – FY16-17**

<b>Type of Material</b>	<b>Landfill Tipping</b>
Class I Waste/Residential MSW (Bulk only)	\$45.00 per ton
Class I Waste/Commercial MSW (Bulk only)	\$45.00 per ton
White Goods (refrigerators, stoves, water heaters,	\$20.00 per ton
Horticultural/Yard Waste (bulk)	\$25.00 per ton
Horticultural/Yard Waste (bagged)	\$0.50 per bag
Construction & Demolition (C & D)Waste/Debris	\$25.00 per ton
Minimum Charge for Class 1 & Horticultural Bulk	\$10.00 minimum
Minimum Charge for C & D Bulk Items	\$10.00 minimum
Tires, Bulk Rate	\$110.00 per ton
Tires, Individual Car Tires (Residential, Up to 20”)	FREE
Tires, Individual Truck Tires (Over 20” Tire Size)	\$7.50 each
Tires, Individual Mobile Home Tires	\$5.00 each
Tires, Large Truck Tires and OTR Tires	\$15.00 each
Vehicle & Trailer Weight Tickets	\$5.00 per ticket
Animal Carcasses	\$75.00 per ton
Asbestos (Need 48 hour notice)	\$150.00 per ton
Contaminated Soil (Less than 25 tons, Same	\$45.00 per ton
Road Base Material (concrete and asphalt paving and	FREE
Grass Clippings	FREE
Mobile Home Trailer 40' or less = 10 tons	\$200.00 per trailer
Mobile Home Trailer w/drywall 40' or less = 10 tons	\$350.00 per trailer
Mobile Home Trailer over 40' = 15 tons	\$300.00 per trailer
Mobile Home Trailer w/drywall over 40' = 15 tons	\$450.00 per trailer
Fined Load Fee (Enforcement of Tarp Ordinance)	\$50.00 per ton
Freon Removal	\$15.00 per appliance
Landfill Cover Material Unless Waived	\$5.00 per ton
Hazardous Waste	NOT ACCEPTED
Paint Disposal - Commercial	\$3.00 per gallon
Fine Dust (Granite, Plastic, Other Materials)	\$10.00 per ton
Residential Illegal Dump Property Cleanup by Owner (With Documentation)	FREE

**Highlands County Sports Complex**  
**216 Sheriff's Tower Rd, Sebring, Florida 33870**  
**Fee Schedule - FY 16-17**

<b>Softball Tournaments</b>	
Field Rental	\$75.00*
Light Fee	\$20.00/Hour/Field
Field Elements	\$12.00/Bag/Turface
Maintenance Fee	\$25.00 per hour
Concession Rental	\$150.00 Daily***
Conference Room/Umpire Lounge	\$50.00 Daily or \$10.00 per hour
Propane Fee	\$25.00 per day
BBQ Grill Pad	\$25.00 per day
<b>Athletic &amp; Event Program Fees</b>	
Softball/Flag Football (10 game)	\$385.00/Team**
Senior Softball (10 Weeks)	\$200.00/Team (no officials or lights)
Softball Field Rental	\$20.00 per hour /\$25 per hour with lights
Light Fee	\$20.00/Hour/Field
Portable Pitching Mound or Fencing	\$25.00 Day
Concession Rental ***	\$125.00 week****
Announcer's Booth / Meeting Room	\$50.00 /Day
Individual User Card	\$25.00 pp annual / \$15.00 pp partial year
Multi-Use Field A	\$20.00 practice 1-3 hrs / \$100.00 daily game
Multi-Use Fields B,C,D	\$15.00/practice 1-3 hrs / \$60.00 game day
Restroom Fee	1-4 Hours \$25.00 or 4 + Hours \$50.00
Daily Event Fee (Tournaments, Festivals, Field Days, etc.)	Field A \$150.00 day / Fields B,C,D \$100.00 day, each field****

\* Includes Use of lined softball field from 8:00 a.m. - 11:59 pm. Does not include officials, lights, or maintenance other than initial lining & dragging at beginning of tournament.

\*\* Fee includes 10 games, sanctioning fee (annual fee) and a final tournament. All subsequent registration fees will be \$360.00.

\*\*\* Concession rental requires an additional \$50.00 damage deposit refundable after inspection of facility. No frying oil is supplied with rental. Foods for sale are prohibited when concession building is rented. Weekly rental of softball concession is Monday thru Thursday to coincide with local league play.

\*\*\*\* Lessee of Field A has first rights to rent Youth Concession Building.

All fees quoted do not include applicable taxes. Taxes will be added unless a tax exemption certificate is provided at the time of reservation of fields.

Note: Individual user cards are \$25.00 per person, per year (renewable January 1), and \$15.00 for a partial year. They are needed to use softball fields only. Green spaces are open to the public at no charge subject to availability.

All tournament organizers provide equipment, goals, balls, and other items as needed. Tournament organizers shall provide liability insurance coverage naming Highlands County Board of County Commissioners as additional insured prior to start of event.