**This form must be completed and submitted along with payment.**

Name/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_ Cash

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Online Payment

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Confirm # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_ Rec’d by: \_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ 150.00 \_\_\_\_\_

$ 200.00 \_\_\_\_\_

$ 250.00 \_\_\_\_\_

$ 250.00 \_\_\_\_\_

$ 150.00 \_\_\_\_\_

$ 50.00 \_\_\_\_\_

$ 125.00 \_\_\_\_\_

$ 225.00 \_\_\_\_\_

$ 175.00 \_\_\_\_\_

$ 175.00 \_\_\_\_\_

$ 175.00 \_\_\_\_\_

$ 175.00 \_\_\_\_\_

$ 225.00 \_\_\_\_\_

$ 225.00 \_\_\_\_\_

$ 175.00 \_\_\_\_\_

$ 25.00 \_\_\_\_\_

$ 250.00 \_\_\_\_\_

$ 100.00 \_\_\_\_\_

$ 175.00 \_\_\_\_\_

$ 175.00 \_\_\_\_\_

$ 50.00 \_\_\_\_\_

$ 75.00 \_\_\_\_\_

$ 100.00 \_\_\_\_\_

$ 50.00 \_\_\_\_\_

$ \_\_\_\_\_\_ \_\_\_\_\_

**FOOD PROTECTION:**

Low Risk …………………………………………………………………………………………………………….…

Medium Risk …………………………………………………………………………………………………………..

High Risk ……………………………………………………………………………………………………………....

Catering Operations ……………………………………………………………………………………………….…

Mobile Unit (per vehicle) ……………………………………………………………………………………………..

Single Temporary (one location, 14 days or less) ……………………………………………….…………….…..

Multiple Temporary (preapproval required, call for more information) …………………………………………..

**TEMPORARY RESIDENCES, CAMPS AND RECREATION:**

Children’s Camp………………………………………………………………………………………………………..

Hotel/Motel ………………………………………………………………………………………………………….....

Campground …………………………………………………………………………………………………………..

Bathing Beach ………………………………………………………………………………………………………...

Swimming Pool ………………………………………………………………………………………………………..

Migrant Farmworker Housing/Pre-Operational Inspection ……………………………………………………….

Additional Pre-Operational Inspection by Request ………………………………………………………..

Mobile Home Park ……………………………………………………………………………………………………

**PRIVATE SEWAGE / WATER:**

Well Construction Permit …………………………………………………………………………………………….

Soil Percolation Test - Site Evaluation ……………………………………………………………………………..

Additional Perc Test …………………………………………………………………………………………..

Permit to Construct Septic System (includes final inspection) …………………………………………………..

Evaluation of Septic System (by request for any purpose) ………………………………………………………

Septic Permit Renewal (within 60 days of expiration; same applicant) …………………………………………

Septic Tank Only (Replace/Upgrade) ………………………………………………………………………………

Evaluation of Water System (includes sanitary survey, bacteriological sample & analysis) …………………

Water Sample Resampling (includes bacteriological sample & analysis) ……………………………..………

Additional Water Testing (per test, see Water Sampling packages) ……………………………………………

$ 175.00 \_\_\_\_\_

$ 100.00 \_\_\_\_\_

$ 150.00 \_\_\_\_\_

$ 300.00 \_\_\_\_\_

$ 300.00 \_\_\_\_\_

$ \_\_\_\_\_ \_\_\_\_\_

$ 400.00 \_\_\_\_\_

$ 300.00 \_\_\_\_\_

$ 25.00 \_\_\_\_\_

$ 150.00 \_\_\_\_\_

$ 400.00 \_\_\_\_\_

$ 500.00 \_\_\_\_\_

$ 25.00 \_\_\_\_\_

$ 75.00 \_\_\_\_\_

$ 250.00 \_\_\_\_\_

$ 5.00 \_\_\_\_\_

$ 150.00 \_\_\_\_\_

$ 2500.00 \_\_\_\_\_

$ 125.00 \_\_\_\_\_

$ 50.00 \_\_\_\_\_

$ 75.00 \_\_\_\_\_

$ \_\_\_\_\_ \_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_\_\_

**SPECIAL WATER SAMPLES (Non-Potable, Process or Agricultural Water):**

Presence/absence of Total Coliform &/or E. Coli (Standard Plate Count) …………………………………….

Presence/absence of Total Coliform &/or E. Coli only …………………………………………………………..

**ENGINEERING & PLAN REVIEW FEES:**

Engineering Report Audit …….………………………………………………………………………………….…

Individual Residential Sewage Disposal System ………………………………………………………………..

Commercial / Industrial Sewage Disposal System ………………………………………………………………

Engineering Resubmittals / Corrections @ $150 per hour………………………………..# of Hours \_\_\_\_\_\_\_

Campgrounds / RV Parks / MHP Projects …………………………………………………………………………

Public Water Supply (Source / Treatment / Distribution / Storage / Modification) …………………………….

Distribution Additional per mile >2 ………………………………………………………………………….

Cross Connection Control/RPZ …………………………………………………………………………………….

Swimming Pools/ Bathing Beach ………………………………………………………………………………….

Mass Gathering Plan Review Fee ………………………………………………………………………………….

Realty Subdivision (fee per lot) ……………………………………………………………………………………..

Food Service Establishment ……………………………………………………………………………………..…..

**GENERAL:**

3rd Party Audit (Including Temporary Housing) …………………………………………………………………….

Replace Document Fee ………………………………………………………………………………………………

Smoking Waiver (Annual) …………………………………………………………………………………………….

Mass Gathering ………………………………………………………………………………………………………..

Tanning Facilities (biennial registration fee) ………………………………………………………………………..

UV Devices @ $50 each …………………………………………………….. # of UV Devices \_\_\_\_\_\_\_\_

Food Safety Manager Certification Exam @ $75 each …..…………….………… # of Registrants \_\_\_\_\_\_\_\_

Miscellaneous ………………………………………………………………………………………………………….

**TOTAL AMOUNT DUE**

**Fines and Fees:**

1. Facilities operating with an expired permit will receive a Notice of Violation and $100 fine. Facilities must submit a completed renewal application, including all supporting documentation and appropriate fees, prior to the current permit’s expiration.
2. A late fee of $50.00 is charged to Temporary Food Service applicants (Single and Multi) when the application is received by this office less than 7 days prior to the event.

**Please make checks payable to the appropriate department:**

**Genesee County Health Department –** or **– Orleans County Health Department**

Payments may be submitted electronically at **GOHealthny.org.**

**There will be a $25.00 service charge for all returned checks.**