

THIS IS NOT A PERMIT – THIS IS ONLY A RECEIPT

Ledge Light Health District

216 Broad St. * New London, CT 06320 * Phone: (860) 448-4882 * Fax: (860) 448-4885

FEE FOR SERVICE FORM

Land Use Fees

Address

- Permit to Install New - \$175 Repair - \$100 = _____
- Septic Design Plan Review (includes 1 revision) \$155 = _____
- Subdivision or Commission Review (includes 1 revision) \$150 per lot = _____
- Revised Septic Design Plan Review (beyond 1 revision) 1/2 price of original = _____
- Soil Testing \$150 per lot = _____
- Water Treatment Wastewater Disposal System Review \$100 = _____
- Well Applications \$75 = _____
- 19-13-B100a Review \$25 = _____
- 19-13-B100a Site Visit \$50 = _____

Food Service Fees

Name & Address of Establishment

- Yearly License Fee Class I= \$205 Class II = \$245 Class III + Class IV = \$280 = _____
- Vendors Yearly License Fee \$150 = _____
- Temporaries (14 days or less at a single location) For Profit = \$55 Non-Profit = \$25 = _____
- Late Application Fee 0-10 days = \$100 11+ days = \$100/day = _____
- Operating with a Suspended or Revoked License \$100 = _____
- Re-Instating a Revoked or Suspended License \$100 = _____
- Re-Inspection Fee (inspection scores less than 80 and/or with one or more 4 point demerits) \$100 = _____
- Food Service Plan Review \$300 = _____
- Café Training Class Individual = \$30 Group = \$200 = _____
- Qualified Food Operator Training \$180 Per Person = _____
- QFO Re-Test ONLY \$90 Per Person = _____

Other Fees

Name & Address of Establishment

- Public Lodging Yearly License Fee \$100 = _____
- Public Pool Yearly License Fee \$100 = _____
- Day Care Center Inspection Fee \$100 = _____
- Group Home Inspection Fee \$100 = _____
- Cosmetology Establishment Yearly License Fee \$100 = _____
- Cosmetology Establishment Plan Review \$300 = _____
- Hourly Rate (for miscellaneous environmental health services not listed) \$60 = _____
- State Exception Review \$100 = _____

Contact Name: _____

Contact Number: _____

There is a \$25 service charge for all returned checks

District Comments:

Check# _____ Cash _____ Amt. Paid _____ Rec'd By/Date _____