

**THIS IS NOT A PERMIT**

***Ledge Light Health District***

943 North Road • Route 117

Groton, Connecticut 06340

(860) 448-4882 / Fax: 448-4885

**FEE FOR SERVICE FORM**

I, \_\_\_\_\_, acting as agent for \_\_\_\_\_, hereby make payment to the Ledge Light  
(Print Applicant's Name) (Owner/Operator)  
Health District for the following services at \_\_\_\_\_  
(Street Address and Town) (Phone Number) (Fax Number)

**SEPTIC SYSTEM AND WELL FEES**

- Permit to Install New- \$175 Repair- \$100 = \_\_\_\_\_
- Septic Design Plan Review (includes 1 revision) \$150 = \_\_\_\_\_
- Subdivision or Commission review (includes 1 revision) \$125 per lot = \_\_\_\_\_
- Revised Septic Design Plan Review Beyond 1 Revision Half the price of the original review = \_\_\_\_\_
- Soil Testing \$100 per lot = \_\_\_\_\_
- Well applications \$50 = \_\_\_\_\_
- 19-13-B100a Review \$50 = \_\_\_\_\_

**FOOD SERVICE FEES**

- Food Establishment Yearly Licenses Class I- \$145 Class II- \$180 Class III- \$215 Class IV- \$250 = \_\_\_\_\_
- Vendors Within District- \$120 Outside District- \$200 = \_\_\_\_\_
- Temporaries (14 days or less at a single location) For Profit- \$50 Not for Profit- \$25 = \_\_\_\_\_
- Late Application Fee 0-10 days- \$100 11 + days- \$100/day = \_\_\_\_\_
- Operating With a Suspended or Revoked License \$100 = \_\_\_\_\_
- Reinstating a Revoked or Suspended Food License \$100 = \_\_\_\_\_
- Re-inspection Fee (inspection scores less than 80 and/or with one or more 4-point demerits) \$100 = \_\_\_\_\_
- Same Violation Debited on Three Inspections \$50 per violation = \_\_\_\_\_
- Food Service Plan Review \$200 = \_\_\_\_\_

**OTHER FEES**

- Public Lodging Yearly License 1 -25 units- \$75 26+ units- \$100 = \_\_\_\_\_
- Public Pools (per pool) Yearly License Seasonal- \$75 Year Round- \$100 = \_\_\_\_\_
- Day Care Centers Inspection Fee (does not include food permit) \$75 = \_\_\_\_\_
- Group Homes Inspection Fee (does not include food permit) \$75 = \_\_\_\_\_
- Cosmetology Establishment Yearly License \$100 = \_\_\_\_\_
- Hourly Rate (for miscellaneous environmental health services not otherwise listed) \$60 = \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director of Health or Agent Signature)

\_\_\_\_\_  
(Date)

Make check payable to: Ledge Light Health District (There is a \$25 service charge for all returned checks)

DISTRICT COMMENTS:

Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Town \_\_\_\_\_ Received by and date \_\_\_\_\_