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)		½ price of original	=____
□	Soil Testing		$110 per lot	=____
□	Well Applications		$50	=____
□	19-13-B100a Review		$50	=____
□	Permit to Discharge Renewal		$45	=____

Food Service Fees_____
Name of Establishment

□	Yearly License Fee	Class I= $150	Class II = $185	Class III = $225	Class IV = $260 = ____
□	Vendors		Within District = $120		Outside District = $200 = ____
□	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				$210 = ____
□	Café Training Class			Individual = $30	Group = $200 = ____
□	Qualified Food Operator Training				$180 Per Person = ____

Other Fees_____
Name of Establishment

□	Tattoo Parlor Registration	$100	=____
□	Public Lodging Yearly License Fee	$75	=____
□	Public Pool Yearly License Fee	$100	=____
□	Day Care Center Inspection Fee	$75	=____
□	Group Home Inspection Fee	$75	=____
□	Cosmetology Establishment Yearly License Fee	$100	=____
□	Laboratory Transportation	$100	=____
□	Hourly Rate (for miscellaneous environmental health services not listed)	$60	=____
□	Tick Submission	$20	=____

Contact Name:_____ **Contact Number:**_____

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

District Comments:

Check#_____ Cash_____ Amt. Paid_____ Rec'd By/Date_____