



Ledge Light Health District

943 North Road • Route 117

P.O. Box 909 • Groton, Connecticut 06340-0909

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

Francis L. "Sam" Crowley, MPH, JD
Director of Health

FEE FOR SERVICE FORM, THIS IS NOT A PERMIT

I, _____, hereby make payment to the Ledge Light Health District for the following services,
(Print Applicant's Name)

at _____ (Street Address and Town) _____ (Phone Number) _____ (Fax Number)

SEPTIC SYSTEM AND WELL FEES

Permit to Install (includes plan review)	New- \$125	Repair- \$75	= _____
Septic Design Plan Review (includes 1 revision)		\$ 100.00	= _____
Subdivision or Commission review (includes 1 revision)		50.00 per lot	= _____
Revised Septic Design Plan Review Beyond 1 Revision	Half the price of the original review		= _____
Witness Soil Testing for New Construction		\$ 50.00 per lot	= _____
Witness Soil Testing for Subdivisions		\$ 50.00 per lot	= _____
LLHD Witness/Record Test Holes and Percolation Tests (<i>repair only</i>) ¹		\$ 100.00	= _____
Well applications		\$ 50.00	= _____
19-13-B100a REVIEWS Additions, pools, decks, change in use, etc. served by a septic system)			
Plan review, perform soil testing, consultation ¹ and design		\$ 50.00	= _____

FOOD FEES

Class I-IV Yearly Food Licenses (Jan 1-Dec 31)	I- \$120	II- \$150	III- \$180	IV-\$210	= _____
Vendors (Jan 1-Dec 31)	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			\$ 100.00		= _____
Reinstating a Revoked or Suspended Food License			\$ 100.00		= _____
Re-inspection Fee (inspections scores less than 80 and/or with one or more 4-point demerits)			\$ 100.00		= _____
Same Violation Debited on Three Inspections			\$ 50.00 per violation		= _____
Liquor Control Permit			\$50.00		= _____
Food Service Plan Review (Attach scaled floor plan, menu, equipment info, suppliers and septic/water info ²)			\$75		= _____

OTHER FEES

Public Lodging Yearly Permit	1-25 units- \$50	26+ units-	\$75	= _____
Public Pools (per pool) Yearly Permit	Seasonal- \$50	Year Round-	\$75	= _____
Day Care Centers Inspection Fee (does not include food permit)			\$ 50.00	= _____
Group Homes Inspection Fee (does not include food permit)			\$ 75.00	= _____

¹ As the applicant, I agree to provide soil and percolation test holes as well as any other materials necessary to assess soil conditions.

² Applicant is to provide any and all information regarding the properties connection to onsite-septic, sewer, wells or municipal water.

(Applicant's Signature)

(Date)

(Director of Health or Agent Signature)

(Date)

Make check payable to: Ledge Light Health District (There is a \$ 25.00 service charge for all returned checks)

DISTRICT COMMENTS:

Fee Paid: _____ Check # _____ Cash _____ Receipt # _____ Received by and date _____