

MARSHALL COUNTY HEALTH DEPARTMENT

#

P.O. Box 429, Moundsville WV 26041 304-845-7840

APPLICATION FOR ENVIRONMENTAL HEALTH PERMIT

(All fees and outstanding re-inspection invoices must be paid in full prior to issuance of permit)

Late fees are applied to payments received more than 10 days after permit expires.

OWNER OR AGENT: _____ **DATE:** _____

BUSINESS OR CLIENT NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____

Signature of applicant () Owner () Agent

Please check the box(es) below for which you are applying.

<u>FOOD</u>	<u>FEE</u>	<u>RECREATION</u>	<u>FEE</u>
<input type="checkbox"/> Food Service Est. (0-20 seats)	100.00	<input type="checkbox"/> Swimming Pool/Bathing Beach	100.00
<input type="checkbox"/> Food Service Est. (21-35 seats)	152.50	<input type="checkbox"/> Campgrounds (1-10 sites)	50.00
<input type="checkbox"/> Food Service Est. (36-50 seats)	200.00	<input type="checkbox"/> Campgrounds (11-30 sites) Each:	5.00
<input type="checkbox"/> Food Service Est. (51-80 seats)	300.00	<input type="checkbox"/> Campgrounds (31-35 sites)	152.50
<input type="checkbox"/> Food Service Est. (80+ seats)	400.00	<input type="checkbox"/> Campgrounds (36-60 sites) Each:	5.00
<input type="checkbox"/> Food Service with liquor license add:	61.00	<input type="checkbox"/> Campgrounds (61-79 sites)	305.00
<input type="checkbox"/> Mobile Food Unit	100.00	<input type="checkbox"/> Campgrounds (80+ sites)	400.00
<input type="checkbox"/> Temporary Food Service	50.00		
<input type="checkbox"/> Vending Machines (each, up to 6 max)	50.00		
<input type="checkbox"/> Retail Checkouts (each, up to 6, max)	50.00		
		<u>WATER</u>	<u>FEE</u>
		<input type="checkbox"/> Water well	100.00
		<input type="checkbox"/> Heat Exchange Well ≤ 50 tons	150.00
		<input type="checkbox"/> Heat Exchange Well ≥ 51 tons	300.00
<u>HOUSING</u>	<u>FEE</u>	<u>SEWAGE</u>	<u>FEE</u>
<input type="checkbox"/> Hotel/Motel (up to 20 rooms)	100.00	<input type="checkbox"/> Conventional Single Family Dwelling	150.00
<input type="checkbox"/> Hotel/Motel (21-35 rooms)	152.50	<input type="checkbox"/> All Other Types of Systems	292.50
<input type="checkbox"/> Hotel/Motel (36-50 rooms)	200.00	<input type="checkbox"/> Sewage Tank Cleaning Truck Permit	50.00
<input type="checkbox"/> Hotel/Motel (51-80 rooms)	300.00		
<input type="checkbox"/> Family Day Care (7-12 kids)	50.00	<u>SUB-DIVISIONS</u>	<u>FEE</u>
<input type="checkbox"/> Day Care Center (13+ kids)	75.00	<input type="checkbox"/> 1-10 Sites	100.00
<input type="checkbox"/> Mobile Home Park (up to 20 sites)	100.00		
<input type="checkbox"/> Mobile Home Park (21-25 sites) Each:	5.00	<u>OTHER</u>	<u>FEE</u>
<input type="checkbox"/> Mobile Home Park (26-29 sites)	125.00	<input type="checkbox"/> Tattoo Parlor	200.00
<input type="checkbox"/> Mobile Home Park (30-34 sites)	150.00	<input type="checkbox"/> Mass Gathering (500 or more people)	30.75
<input type="checkbox"/> Mobile Home Park (35-39 sites)	152.50	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Mobile Home Park (40-44 sites)	200.00		
<input type="checkbox"/> Bed and Breakfast	30.75		
<input type="checkbox"/> Care Facility	30.75		
<input type="checkbox"/> 25% Late Fee (See top of form)	_____		

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Date: _____ **Amount Paid:** _____

Received from: _____ **Cash** **Check #** _____

For: _____

Received by: _____
Signature of health department representative

White ... Environmental

Pink ... Financial

Yellow ... Applicant

***** RETURN ALL THREE COPIES TO THE HEALTH DEPARTMENT *****