

**MARSHALL COUNTY HEALTH DEPARTMENT #**

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

**APPLICATION FOR ENVIRONMENTAL HEALTH PERMIT**

(All fees must be paid in full prior to issuance of permit)

**OWNER OR AGENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BUSINESS OR CLIENT NAME:** \_\_\_\_\_

**ADDRESS/LOCATION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Signature of applicant ( ) Owner ( ) Agent

**Please check the box below for which you are applying.**

<u>FOOD</u>	<u>FEE</u>	<u>RECREATION</u>	<u>FEE</u>
<input type="checkbox"/> Food Service Est. (0-35 seats)	97.50	<input type="checkbox"/> Swimming Pool/Bathing Beach	97.50
<input type="checkbox"/> Food Service Est. (36-75 seats)	195.25	<input type="checkbox"/> Campgrounds (1-10 sites)	50.00
<input type="checkbox"/> Food Service Est. (76+ seats)	293.00	<input type="checkbox"/> Campgrounds (11-15 sites) per site:	5.00
<input type="checkbox"/> Food Service/Liquor (0-35 seats)	136.50	<input type="checkbox"/> Campgrounds (16-35 sites)	97.50
<input type="checkbox"/> Food Service/Liquor (36-75 seats)	234.25	<input type="checkbox"/> Campgrounds (40-75 sites)	195.25
<input type="checkbox"/> Food Service/Liquor (76+ seats)	332.00	<input type="checkbox"/> Campgrounds (76+ sites)	293.00
<input type="checkbox"/> Mobile Food Unit	97.50		
<input type="checkbox"/> Temporary Food Service	48.75	<b><u>SEWAGE</u></b>	<b><u>FEE</u></b>
<input type="checkbox"/> Vending Machines (each, up to 6 max)	48.75	<input type="checkbox"/> Conventional Single Family Dwelling	150.00
<input type="checkbox"/> Retail Checkouts (each, up to 6, max)	48.75	<input type="checkbox"/> All Other Types of Systems	187.50
		<input type="checkbox"/> Sewage Tank Cleaning Truck Permit	50.00
<b><u>HOUSING</u></b>	<b><u>FEE</u></b>	<b><u>SUB-DIVISIONS</u></b>	<b><u>FEE</u></b>
<input type="checkbox"/> Hotel/Motel (up to 35 rooms)	97.50	1-10 Sites	97.50
<input type="checkbox"/> Hotel/Motel (36-75 rooms)	195.25		
<input type="checkbox"/> Hotel/Motel (76+ rooms)	293.00	<b><u>OTHER</u></b>	<b><u>FEE</u></b>
<input type="checkbox"/> Family Day Care (7-12 kids)	48.75	<input type="checkbox"/> Tattoo Parlor	200.00
<input type="checkbox"/> Day Care Center (13+ kids)	48.75	<input type="checkbox"/> Mass Gathering (500 or more people)	19.75
<input type="checkbox"/> Mobile Home Park (up to 35 sites)	97.50	<input type="checkbox"/> _____	_____
<input type="checkbox"/> Mobile Home Park (36-75 sites)	195.25	<b><u>WATER</u></b>	<b><u>FEE</u></b>
<input type="checkbox"/> Mobile Home Park (76+ sites)	293.00	<input type="checkbox"/> Water well	97.50
<input type="checkbox"/> Bed and Breakfast	19.75		
<input type="checkbox"/> Care Facility	19.75		

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

**Date:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

**Received from:** \_\_\_\_\_

**For:** \_\_\_\_\_

**Received by:** \_\_\_\_\_

Signature of health department representative

White ... Environmental

Pink ... Financial

Yellow ... Applicant

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