



# GENESEE COUNTY HEALTH DEPARTMENT



Public Health  
Prevent. Promote. Protect.

3837 West Main St. Rd., Batavia, NY 14020-9406  
Phone (585) 344-2580 ext. 5555  
Fax (585) 344-4713  
[www.co.genesee.ny.us/departments/health](http://www.co.genesee.ny.us/departments/health)

Paul A. Pettit, MSL  
Public Health Director

## Plan Review Fee Determination Schedule

**CAUTION: Improperly completed forms or improperly calculated fees will be returned and may delay processing of plans.**

Instruction to applicant for completion of this form:

To determine what fee applies to your project:

1. Locate category type on the list below.
2. Enter the amount indicated under "Fee Calculation" on the right side of the form.
3. Enter total at bottom of form.
4. Make check payable to the "Genesee County Health Department" in the total amount.
5. **Sign and date** the fee determination schedule.
6. Mail this form with the check to the address noted above, accompanied by all appropriate applications, drawings, reports, etc.

Name of Facility/Project Description: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Project	Fee (per project)	Fee Calculation
Engineer Report Audit	\$100.00	_____
Residential Onsite Wastewater Treatment System	\$150.00	_____
Commercial/Industrial Onsite Wastewater Treatment System	\$200.00	_____
Campgrounds/RV Parks	\$200.00	_____
Hotel/Motel	\$200.00	_____
Additional per room > 20	\$20.00	_____
Sprinklers	\$150.00	_____
Mobile Home Park	\$200.00	_____
Swimming Pool	\$400.00	_____
Bathing Beach	\$400.00	_____
Public Water Supply		
Source/Treatment	\$200.00	_____
Distribution	\$200.00	_____
Additional per mile > 2	\$25.00	_____
Storage/Modification	\$200.00	_____
Cross Connection Control	\$150.00	_____
Realty Subdivision	\$25.00/per lot	_____
Food Service Establishment	\$55.00	_____
Mass Gathering	\$500.00	_____
<b>TOTAL</b>		_____

**Certification Statement: I hereby certify that the statements made above are accurate to the best of my knowledge.**

\_\_\_\_\_  
Please Print Name Title Date

\_\_\_\_\_  
Signature