### SEMINOLE COUNTY, FLORIDA

### RESOLUTION

of the

### SEMINOLE COUNTY BOARD OF COUNTY COMMISSIONERS

### AMENDING SECTION 20.26 OF THE SEMINOLE COUNTY ADMINISTRATIVE CODE REVISING CERTAIN RATES, FEES AND CHARGES FOR SERVICES RENDERED BY THE SEMINOLE COUNTY HEALTH DEPARTMENT; PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, Seminole County Ordinance No. 89-28 created the Seminole County Administrative Code; and

WHEREAS, pursuant to Section 154.06, Florida Statutes (2022), as this statute may be amended from time to time, Seminole County was given authority to establish and amend, as needed, a schedule of fees for services by the County Health Department; and

WHEREAS, the County Health Department is requesting modification of the fees charged in certain primary care, community public health, and environmental services provided; and

WHEREAS, the fees established in the fee schedule represent the maximum charge for each service but may be adjusted on a sliding scale based upon the income of the recipient of the services, pursuant to State of Florida guidelines.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Seminole County, Florida that:

Section 1. Incorporation of Recitals. The above recitals represent the legislative findings of the Seminole County Board of County Commissioners supporting the need for this Resolution.

**Section 2.** Section 20.26 of the Seminole County Administrative Code is amended as identified in the attached revised Fee Resolution. Said amendment is attached to this Resolution and incorporated as Exhibit A.

**Section 3.** This Resolution will become effective upon adoption by the Board of County Commissioners.

**ADOPTED** this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

ATTEST:

# BOARD OF COUNTY COMMISSIONERS SEMINOLE COUNTY, FLORIDA

By:

AMY LOCKHART, Chairman

GRANT MALOY Clerk to the Board of County Commissioners of Seminole County, Florida.

Date:

Attachment: Exhibit A - Section 20.26, Health Department Fee Resolution

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Authority: Section 154.06, Florida Statutes

### SECTION 20. FEE RESOLUTIONS

#### 20.26 HEALTH DEPARTMENT

**A. PURPOSE.** To establish public health service fees in order to expand existing public health services to the community at large.

#### B. PRIMARY CARE SERVICES.

(1) All Primary Care serves will be charged on a fee-for-service rate based on local-cost-comparison of similar services and will not be less than current Medicaid rate nor more than Medicare rate if the service is covered by either payer. The fee will be derived by considering the type of visit, the client sliding fee scale, if applicable, based on Federal OMB guidelines and the current State Medicaid Rate. Proof of active Medicaid coverage will be accepted as full payment in lieu of charges for any service that is covered under the Medicaid program.

(2) School Physicals - A one-time service, \$30.00 per physical (Completion of School Health Entry Form). Replacement Forms - \$10.00 each.

(3) Dental Clinic - Adults from the ages of twenty-one (21) years to sixty-two (62) years with eligible Medicaid can be serviced at the Florida Department of Health in Seminole County for limited services. Residents of Seminole County who do not meet the requirement of being "active Medicaid", from the ages of eighteen (18) to sixty-two (62) or pregnant (using Medicaid Services), can be screened through Community Assistance for basic dental services at this clinic. Additionally, children and adults who do not have valid Medicaid will be charged one hundred forty percent (140%) of the Medicaid Child Fee for certain dental services. Dental services are offered for children ages five (5) through twenty (20) years. Limited dental services are available for adults twenty-one (21) years and over. Children and adults who do not have valid Medicaid will be charged 160% of the Medicaid fee for dental services, with an option of applying for eligibility for sliding scale fees.

Procee	dure	140%-160%-of the Child Medicaid Fee for Service
(a)	Comprehensive Exam	<del>\$33.00 <u>\$38.00</u></del>
<u>(b)</u>	Limited Exam	<u>\$19.00</u>
<del>(b) <u>(c)</u></del>	PA x-ray	<del>\$8.00 <u></u>\$10.00</del>
<del>(c) <u>(</u>d)</del>	2 Bitewing x-rays	<del>\$18.73</del> <u>\$21.00</u>
<del>(d) <u>(e)</u></del>	4 Bitewing x-rays	<del>\$22.89</del>
<del>(e) <u>(f)</u></del>	Panoramic x-ray	<del>\$62.00</del>

# SEMINOLE COUNTY ADMINISTRATIVE CODE

	Cleaning – Full Mouth Debridement ( <u>basic cleaning)</u>	<del>\$76.51 (99%</del> <del>Child Medicaid</del> f <del>ee) <u>\$124.00</u></del>
<del>(g) <u>(h)</u> l</del>	Prophylaxis <u> (polishing)</u>	<u>\$37.00 <u>\$43.00</u></u>
<del>(h)-<u>(i)</u>  </del>	Fluoride Varnish	<del>\$23.00</del>
<del>(i)</del> ,	Amalgam fillings (3 surfaces)	<del>\$106.00</del>
	Resin, Anterior <del>(3 surfaces)</del> ( <u>1 surface) filling</u>	<del>\$92.00</del> _ <u>\$81.00</u>
(k)	Resin, Anterior (2 surface) filling	<u>\$93.00</u>
<u>(I)</u>	Resin, Anterior (3 surface) filling	<u>\$105.00</u>
	Resin, Posterior <del> (3 surfaces)</del> ( <u>1 surface) filling</u>	<del>\$106.00 <u>\$74.00</u></del>
<u>(n)</u> <u> </u>	Resin, Posterior (2 surface) filling	<u>\$98.00</u>
<u>(o)</u>	Resin, Posterior (3 surface) filling	<u>\$121.00</u>
<u>(p)</u>	Oral Hygiene Instruction	<u>\$14.00</u>
(+) +	Pulpotomy excluding Final Restoration	<del>\$104.00</del>
<del>(m)</del> l	Extraction - Simple	<del>\$100.00</del>
<del>(n)</del> ;	Sealants, per tooth	<del>\$27.00</del>
<del>(o)</del> I	Resin, Anterior (1 surface)	<del>\$70.74</del>
<del>(p)</del> I	Resin, Anterior (2 surfaces)	<del>\$81.15</del>
<del>(q)</del>	Resin, Posterior (1 surface)	<del>\$64.51</del>
<del>(r)</del>	Resin, Posterior (2 surfaces)	<del>\$85.31</del>
<del>(s) <u>(</u>q)</del>	Pulp Cap Direct	<del>\$27.04_<u>\$31.00</u></del>
<del>(t) <u>(r)</u></del>	Pulp Cap Indirect	<del>\$22.89</del>
<del>(u) <u>(s)</u></del>	Sedative Filling	<del>\$37.45</del> _ <u>\$43.00</u>
<u>(t)</u>	Extraction (Simple) / includes supply costs	<u>\$100.00</u>
<u>(u)</u>	Sealants (per tooth)	<u>\$31.00</u>
<u>(v)</u>	Pulpotomy	<u>\$119.00</u>

# SEMINOLE COUNTY ADMINISTRATIVE CODE

(4)	Pregnancy Test (urine or serum) - Nurse Consultation * The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB Guidelines.	\$45.00 (or less*) <u>\$50.00</u>
	Pregnancy Statement Replacement	\$15.00
(5)	Pregnancy Test – under Age 19	No Charge
(6)	Thin-Prep PAP laboratory test	\$35.00
(7)	Family Planning Initial or Annual Exam	\$100.00
(8)	Family Planning Counseling and Supply Visit	\$50.00
(9)	Adult Physical – College/Employment (Exclusions Apply)	<u>\$45.00 <u>\$50.00</u></u>
COM	IUNITY PUBLIC HEALTH SERVICES	
(1)	Tuberculin (TB) Skin Test, with reading and nurse assessment.	\$40.00
(2)	Tuberculosis (TB) Symptom Assessment for previous positive reactors	\$25.00
(3)	I-693 Forms for Immigration Chest x-ray	\$50.00
(4)	Quantiferon Gold TB Test	<u>\$40.00-\$60.00</u>
<del>(5)</del>	Fit Testing for Respirators	<del>\$20.00</del>
<del>(6) <u>(5)</u></del>	TB Patient FMLA or Disability Forms Completion	\$25.00
<del>(7) <u>(6)</u></del>	Hepatitis Panel Testing (If not funded by Hepatitis Program)	\$25.00

С.

## (8) (7) Sexually Transmitted Diseases

(a)	Exam and Testing - The fee will be derived by considering the client sliding fee group which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the State Medicaid Program. Medicaid identification will be accepted as full payment in lieu of charges. Patients referred by the Disease Intervention Specialist for initial testing may be charged.	\$110.00
(b)	STD screening tests including: Syphilis, HIV, Chlamydia and Gonorrhea for asymptomatic clients.	\$55.00
(c)	STD exam only	\$55.00
(d)	Cryo Wart Removal (No Eligibility) One (1) Wart Two (2) to Five (5) Warts Six (6) to Ten (10) Warts Eleven (11) or more Warts	\$55.00 <del>\$65.00 <u>\$</u>90.00</del> <del>\$85.00 <u>\$125.00</u> \$135.00 <u>\$180.00</u></del>
(e)	Testing for HIV I Antibodies Routine Serum or Rapid	\$20.00
(f)	Herpes (HSV 1 or 2) Serum – No Eligibility	<del>\$30.00</del> - <u>\$35.00</u>
(g)	Herpes Culture and Typing – No Eligibility	<del>\$50.00</del> - <u>\$26.00</u>
(h)	Anal Pap	<u>\$25.00-\$47.00</u>
(i)	Herpes (HSV-1 and HSV-2) (No Eligibility)	<del>\$45.00</del> - <u>\$53.00</u>
(j)	Aptima Trich (No Eligibility)	<del>\$45.00</del> - <u>\$38.00</u>
(k)	Treatment Only Visit-(Excludes Syphillis/700)*	<del>\$35.00</del> - <u>\$23.00</u>
<del>(I)</del>	Syphillis/700 Visit (Needs Exam, Labs and Treatment)*	<del>\$100.00</del>
<del>(m)</del>	2 <sup>nd</sup> and 3 <sup>rd</sup> Bacillin Injections*	\$35.00/each
 	1	

\* Services provided regardless of ability to pay.

### (9) (8) HIV Post Exposure Prophylaxis/Non-Occupational Post Exposure Prophylaxis

Exam and Testing – The fee will be derived by considering the client sliding fee group, which is calculated at eligibility determination, based on Federal OMB Guidelines. The fee group will be applied to the rate established by the State Medicaid Program. Medicaid identification will be accepted as full payment in lieu of charges.

(		HIV, H	creening tests including: Syphilis, lepatitis panel, CMP, Chlamydia and rhea (site of exposure)	<del>\$60.00</del>
(		Testin	<del>ise Testing:</del> g for HIV I Antibodies – Rapid <del>Catch</del>	<del>\$20.00</del> <del>\$12.00</del>
(	<del>c)</del>	Provid	er Exam/Consult	<del>\$55.00</del>
(	/	Lab Fo Lab Pi	<del>ce:</del> rocessing Fee Blood/Urine Draw	<del>\$15.00</del>
(	a)	<u>test ar</u> syphili	er exam and consult; STD screening nd lab processing fee for the following: s, HIV, hepatitis panel, CMP, chlamydia pnorrhea (site of exposure)	<u>\$110.00</u>
(	<del>e) <u>(b)</u></del>	Pregna	ancy Test	<del>\$13.00 <u></u>\$10.00</del>
ii V	ncludi /accin	ng inte ations,	on services for children and adults rnational travel consults and recommended adult immunizations, ions and replacements:	
<u> </u>	<u>Adults</u>			
(	a)	(i)	Prevailing vaccine cost rounded up to the nearest dollar	
		(ii)	Vaccine administrative fee:	<del>\$15.00</del> - <u>\$25.00</u>
(	b)	Colleg	e Entry Immunization Forms	

<del>\$10.00</del> \$25.00

Administrative Form Processing Fee

### <u>Children</u>

(a)	(i)	Vaccine administrative fee/ Administrative Form Processing Fee for original Form DH680 – certification for school entry (except Medicaid)	<del>\$15.00</del>
		Vaccine and Form processing administrative fee (except Medicaid)	<u>\$25.00</u>
	(ii)	Replacement- <u>for 680-Form</u> (except Medicaid)	\$10.00
	<del>(iii)</del>	Form DH681	No Charge
	<del>(i∨)</del>	Medicaid	No Charge
	<del>(∨) <u>(</u>iii</del>	) Recommended <u>vaccines</u> for children 2 months through 18 years eligible for Vaccines for Children Program (VFC)	No Charge
	(vi)	Required <u>vaccines</u> for school/daycare entry through 18 years	No Charge
Trave	<u>əl</u>		
(a)	<u>thirty</u> travel (fee v	el Consult Fee (a minimum of ten (10) (30) minutes of consult time and printed I information regarding disease prevention vaived for per additional family members ber when seen together)	\$45.00
(b)		nistrative Form Replacement <u>form</u> cement for Yellow Fever Certificate	\$10.00
(c)		ria Prevention Prescription Fee ention prescription fee	\$25.00
<u>(d)</u>	<u>Vacci</u>	ine administrative fee	<u>\$25.00</u>
<u>Spec</u>	ial Eve	<u>nts</u>	
(a)	at risl vacci	ial immunization clinics for populations < for complications of infection from ne preventable diseases, including flu, monia and others as indicated through	No Charge f

No Charge for Vaccine & Services

surveillance and reporting.

(	<del>(11) <u>(1</u></del>	<u>0)</u> Laboratory Services: Prevailing lal plus blood drawing or urine and speci collection fee.		
		Blood Drawing or Urine Specimen Col	lection Fee:	<del>\$15.00</del> - <u>\$20.00</u>
•	<del>(12) <u>(</u>1</del>	1) Community Health and Wellness P (The fee shall cover the cost of community and wellness program activities and/or fees, not to exceed \$50.00 above actu- unit for production and delivery of mat- services. Fees are based on the scope	unity health r program lal cost per erials and	¢50.00
	(4.0) (4	duration of activity.)		\$50.00
•	<del>(13) <u>(1</u></del>	<u>+</u> HIV Class/Seminar registration (per person)		
			HIV 501 Update HIV 500 HIV 501	\$15.00 \$25.00 \$75.00
,	<del>(14)</del>	3) American Heart Association – CPR Basic Life Support Courses for Health Professionals: a 4-hour course that co Adult, Child, and Infant one-rescuer C AED, as well as focused emphasis on team work with the Adult, Child, and Ir two-person rescue. Topics also include Rescue Breathing and Foreign Body Airway Obstruction.	care overs PR nfant	\$30.00
(	<del>(15) <u>(1</u></del>	<u>4)</u> Men's Health Screenings – include lab, and blood pressure check, return for consultation of lab results and refer Clinics/Smoking Cessation/AA/Mental Dental and Medicaid and other financi	appointment rrals (PCP/ Health/IMMS/	\$50.00
1	VITAL	STATISTICS:		
(	(1)	Birth Certificates:		
		County Fee State Fee pursuant to Section 382.025 FS (Surcharge for Certificates Issued		\$10.00
		Local Registrars)		\$ 3.50
		State Surcharge, Child Welfare Trainir Trust Fund Total Fee for Birth Certificates	IJ	<u>\$  1.50</u> \$15.00
	(2)	Additional Copies		\$8.00

D.

## SEMINOLE COUNTY ADMINISTRATIVE CODE

	(3)	Protective covers	\$3.00	
	(4)	Death Certificates - Certified Copy	\$10.00	
	(5)	Additional Copies	\$5.00	
	(6)	Fee to Expedite	\$10.00	
	(7)	Notary Services	\$10.00	
MEDICAL RECORDS:				
	Соруі	ng of Medical Record (per page)	No charge	
	PUBL	IC RECORDS:		
	Соруі	ng of Public Record (per page)	No charge	

Ε.

F.

(1)

**G. ENVIRONMENTAL HEALTH SERVICES:** The following Environmental Health fees are hereby adopted as authorized by State of Florida Administrative Code or Policy, unless otherwise indicated.

Wate	r	
(a)	Health Department Laboratory analysis per sample	\$20.00
(b)	Chemical sampling per site visit State Fee County Fee Total	\$60.00 <u>\$20.00</u> \$80.00
(c)	Chemical sampling per site visit for Delineated areas State Fee County Fee Total	\$50.00 <u>\$20.00</u> \$70.00
(d)	Combined chemical/microbiological Sample visit State Fee County Fee Total	\$70.00 <u>\$10.00</u> \$80.00
(e)	Limited use public water system annual operating permit State Fee (Initial) County Fee Total	\$90.00 <u>\$30.00</u> \$120.00

	State Fee (Renewal) County Fee Total	\$90.00 <u>\$30.00</u> \$120.00
(f)	Private potable well and private irrigation well permit State Fee County Fee Total Fee	\$200.00 <u>\$ 50.00</u> \$250.00
(g)	Private potable well and private irrigation well abandonment permit State Fee County Fee Total Fee	\$    0.00 <u>\$150.00</u> \$150.00
(h)	Private potable well and private irrigation well variances State Fee County Fee Total Fee	\$100.00 <u>\$ 50.00</u> \$150.00
Swim	ming Pools and Bathing Places	
(a)	Annual operating permit - up to and Including 25,000 gallons <u>State Fee</u> County Fee Total	\$125.00 <u>\$0.00</u> <u>\$50.00</u> \$175.00
(b)	Annual operating permit - more than 25,000 gallons <u>State Fee</u> County Fee Total	\$250.00 <u>\$ 0.00</u> <u>\$100.00</u> \$350.00
(c)	Late fee - (on permits paid after June 30) County Fee	\$50.00
(d)	Re-inspection Fee per each re-inspection County Fee	\$50.00
<del>(e)</del>	Variance Applications	<del>\$50.00</del>
<del>(f) <u>(</u>e)</del>	Exempted Condo Pools State Fee County Fee Total	\$50.00 <u>\$25.00</u> \$75.00

(2)

# (3) Septic Tanks (Onsite Sewage Treatment and Disposal Systems) (OSTDS)

(a)	New septic tank State fee pursuant to Chapter- <u>64E_62</u> -6, F.A.C. County Fee Total fee for standard or filled septic tank	\$350.00 <u>\$175.00</u> <u>\$-75.00</u> \$100.00 \$425.00 <u>\$275.00</u>
(b)	Septic Tank Modification(s) State fees pursuant to Chapter- <u>64E_62</u> -6, F.A.C. County Fee Total fee for Septic Tank Modification(s)	<del>\$330.00                                 </del>
(c)	Septic tank repair permit State fee pursuant to Chapter- <u>64E_62</u> -6, F.A.C County Application Fee Total fee for septic tank repair permit	<del>\$300.00</del>
(d)	Re-inspection fee per each non- compliance re-inspection <u>State Fee pursuant to Chapter 62-6, F.A.C.</u> County Fee <u>State Fee pursuant to Chapter 64E-6, F.A.C.</u> Total	<u>\$50.00</u> <del>\$25.00 <u>\$50.00</u> <u>\$50.00</u> <del>\$75.00</del> \$100.00</del>
(e)	Septic System Abandonment Permit State Fee County Fee Total	\$ 50.00 <u>\$50.00</u> <u>\$ 75.00</u> <u>\$100.00</u> <u>\$125.00</u>
(f)	Variance Application for a Single Family Residence per each lot or building site State Fee County Fee Total	\$200.00 <u>\$_75.00</u> _ <u>\$100.00</u> <del>\$275.00</del> _ <u>\$300.00</u>
(g)	Variance Application for a Multi-family or Commercial building per each building site State Fee County Fee Total	\$300.00 <u>\$_75.00</u>
(h)	Onsite Sewage Consultation Fees and Field Work Requests Not Related to Formal Permitting	
	(i) Plan Review <u>State Fee</u> County Fee	<u>\$  0.00</u> <del>\$65.00</del>

	(ii)	Soil Profile Fee <u>State Fee</u> County Fee	<u>\$0.00</u> <del>\$100.00_</del> \$125.00
(i)	Opera	Fees for Delinquent Onsite Sewage ating Permits ty Fee	\$ <del>50.00</del> \$75.00
(j)	State	it amendment Fee ty Fee	\$ <u>55.00                                  </u>
(k)	State	itary timed inspection Fee ty Fee	<u>\$0.00</u> <del>\$75.00</del> - <u>\$100.00</u> <u>\$100.00</u>
<del>(I)</del>		Track Permitting Consultation for Modification & Existing Sewage	<del>\$75.00</del>
<del>(m)</del>		<del>Plan Review Small Site Plan,</del> I <del>opment Plan</del>	<del>\$35.00</del>
<del>(n)</del>	& Fina	Plan Review Site Plan, Preliminary al Engineering Subdivision (4 reviews) ws after 4)	<del>\$150.00</del> <del>\$35.00</del>
<del>(0)</del>		<del>ged System Fee</del> t <del>y Fee</del>	<del>\$50.00</del>
<del>(p) <u>(</u>l)</del>	State	Re-Evaluation Fee Fee ty Fee	\$ 75.00 <u>\$ 25.00</u> \$100.00
<del>(q) <u>(</u>m</del>	Annua State	bic Treatment Unit Maintenance al Permit Fee ty Fee	\$25.00 <u>\$50.00</u> \$75.00

	<del>(r) <u>(n)</u></del>	Aerobic Treatment Unit Operation Permit (every 2 years) State Fee County Fee Total	<u>\$100.00</u> <u>\$50.00</u> \$150.00
	<del>(s) <u>(</u>o)</del>	Annual Operating Performance Permits for Performance Based Systems State Fee County Fee Total	\$100.00 <u>\$100.00</u> \$200.00
	<u>(q)</u>	Annual Operating Permit Industrial/Manufacturing or Commercial Sewage Waste State Fee County Fee Total	<u>\$150.00</u> <u>\$75.00</u> <u>\$225.00</u>
	<del>(t) <u>(</u>q)</del>	Existing System Evaluations	
		<ul> <li>(i) Inspected within last three (3) years</li> <li>State Fee</li> <li>County Fee</li> <li>Total</li> </ul>	\$35.00 <u>\$</u> 50.00 \$50.00 \$85.00 <u>\$100.00</u>
	<del>(ii)</del>	Not inspected within last three (3) years State Fee County Fee Total	<del>\$ 85.00</del> <u>\$ 50.00</u> \$135.00
	<del>(u) <u>(</u>r)</del>	Springs Protection Act Priority Focus Area Additional review, permitting, and inspections required for nitrogen reducing systems. <u>State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$ 0.00</u> <u>\$50.00</u> <u>\$50.00</u>
(4)	Food	Service	
	(a)	Late renewal of Annual Certificates State Fee County Fee Total	\$25.00 <u>\$20.00</u> \$45.00
	(b)	Alcoholic Beverage Establishment Inspection State Fee County Fee Total	<del>\$30.00 <u>\$</u>190.00</del> <u>\$20.00</u> <del>\$50.00 <u>\$210.00</u></del>

(c)	Reinspection Fee (1 <sup>st</sup> ) <u>State Fee</u> <u>County Fee</u> <u>Total</u>	\$ 75.00 <u>\$ 0.00</u> <u>\$100.00</u>
(d)	Annual Permit – Adult Living Facilities State Fee County Fee Total	\$135.00 <u>\$65.00</u> \$200.00
(e)	Annual Permit – Schools State Fee County Fee Total	\$200.00 <u>\$100.00</u> \$300.00
(f)	Annual Permit – Civic Organizations State Fee County Fee Total	\$190.00 <u>\$100.00</u> \$290.00
(g)	Annual Permit – Detention Centers & Jails State Fee County Fee Total	\$250.00 <u>\$_50.00</u> \$300.00
(h)	Food Service Plan Review State Fee/hour (1 hour minimum) County Fee Total/hour (1 hour minimum)	\$40.00 <u>\$50.00</u> \$90.00
(i)	Limited Food Service Operation State Fee County Fee Total	\$110.00 <u>\$_50.00</u> \$160.00
(j)	Vending Machine State Fee County Fee Total	\$ 85.00 <u>\$ 25.00</u> \$110.00
(k)	Temporary Food Service Event Sponsor State Fee County Fee Total	\$100.00 <u>\$ 50.00</u> \$150.00
(I)	Temporary Food Service Event – Vendor/Booth State Fee County Fee Total	\$ 50.00 <u>\$ 50.00</u> \$100.00

## (5) Other Services

(a)	Tanning Facilities <u>Annual Permit State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$150.00</u> <u>\$0.00</u> <u>\$150.00</u>
	<u>Fee for each additional device</u> <u>State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$55.00</u> <u>\$0.00</u> <u>\$55.00</u>
	Re-inspection fee per each re-inspection <u>State Fee</u> County Fee <u>Total</u>	\$ 0.00 <u>\$75.00</u> <u>\$75.00</u>
	Plan Review (new permits only) <u>State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$ 0.00</u> <u>\$65.00</u> <u>\$65.00</u>
(b)	Body Piercing	
	<u>Annual Permit</u> <u>State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$150.00</u> <u>\$0.00</u> <u>\$150.00</u>
	<u>Temporary Establishment</u> <u>State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$75.00</u> <u>\$0.00</u> <u>\$75.00</u>
	Re-Inspection fee per required re-inspection State Fee County Fee Total	<u>\$ 0.00</u> <u>\$75.00</u> <u>\$75.00</u>
	Plan Review (new permits only) <u>State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$ 0.00</u> <u>\$65.00</u> <u>\$75.00</u>
(c)	Tattoo Establishments and Tattoo Artists	
	<ul> <li>(i) Tattoo Establishment License</li> <li><u>State Fee</u></li> <li>County Fee</li> <li>Total</li> </ul>	\$200.00 <u>\$ 50.00</u> \$250.00

	(ii)	Tattoo Artist License <u>State Fee</u> County Fee Total	\$  60.00 <u>\$  50.00</u> \$110.00
	(iii)	Late Fee – State (Reactivation Fee) Reactivation Fee State Fee County Fee Total	<u>\$ 0.00</u> <u>\$75.00</u> <u>\$75.00</u>
	(iv)	Guest Tattoo Artist Registration (Appearing at fairs, festivals or other limited time events): <u>State Fee</u> County Fee Total	\$35.00 <u>\$50.00</u> \$85.00
	(v)	Reinspection Fee <u>State Fee</u> County Fee <u>Total</u>	<u>\$ 0.00</u> \$75.00 <u>\$75.00</u>
(d)	Rabie	es test (low-risk species)	<del>\$100.00</del>
<del>(e)</del>	Group	Care Homes and Facilities	
	(i)	Residential Group Home(s) Voluntary request for inspection - <u>State Fee</u> County Fee <u>Total</u>	<u>\$0.00</u> <u>\$100.00</u> <u>\$100.00</u>
	(ii)	Adult Living Facilities General sanitation inspection as required by Agency for Health Care Administration - <u>State Fee</u> County Fee <u>Total</u>	<u>\$0.00</u> \$100.00 \$100.00
	(iii)	Day Care Centers Annual general sanitation inspections - <u>State Fee</u> County Fee <u>Total</u>	<u>\$0.00</u> \$100.00 \$100.00

	(iv)	Reinspection Fee <u>State Fee</u> County Fee <u>Total</u>	<u>\$ 0.00</u> \$75.00 \$75.00
<del>(f) <u>(</u>e</del> )	inspe <u>State</u>	ols: Semi-annual environmental health ection of school facilities (Annual Fee) Fee ty Fee	<u>\$ 0.00</u> \$100.00 \$100.00
<del>(g) <u>(f</u>)</del>	Adult <u>State</u>	ty Fee	<u>\$ 0.00</u> \$50.00 \$50.00
<del>(h)-<u>(</u>g</del>	State	ty Fee	<u>\$ 0.00</u> \$60.00 <u>\$60.00</u>
(i)	set fo <u>State</u>	ty Fee	<u>\$ 0.00</u> <u>\$50.00</u> <u>\$50.00</u>
(j)	State	ty Fee	\$ 85.00 <u>\$ 50.00</u> \$135.00
	<u>State</u>	ty Fee	<u>\$ 0.00</u> \$65.00 <u>\$65.00</u>
(k)	x) Mobile Home Parks		
	(i)	State Fee (up to 25 spaces) County Fee (up to 25 spaces) Total	\$100.00 <u>\$ 50.00</u> \$150.00
	(ii)	State Fee (26-149 spaces) County Fee (26-149 spaces)	\$ 4.00 per space \$100.00 per park
	(iii)	State Fee (150 spaces and over) County Fee (150 spaces and over) Total	\$600.00 <u>\$100.00</u> \$700.00

	(iv)	Reinspection Fee State Fee County Fee Total	<u>\$  0.00</u> <u>\$75.00</u> <u>\$75.00</u>
	(v)	Plan Review (new permits only) <u>State Fee</u> <u>County Fee</u> <u>Total</u>	<u>\$ 0.00</u> \$65.00 <u>\$65.00</u>
(I)	Migrant Labor Camp Inspection State Fee County Fee Total		\$150.00 <u>\$    0.00</u> \$150.00

### H. ACADEMIC INTERNSHIP.

Fee for fingerprinting and Level 2 Background Screening, per person (Required in accordance with Section 435.04, Florida Statutes)

\$37.25

I. AUTHORITY. Resolution 2004-R-23 adopted February 10, 2004 Resolution 2006-R-130 adopted June 13, 2006 Resolution 2006-R-213 adopted September 26, 2006 Resolution 2007-R-170 adopted September 25, 2007 Resolution 2008-R-219 adopted September 23, 2008 Resolution 2009-R-191 adopted October 13, 2009 Resolution 2010-R-196 adopted September 28, 2010 Resolution 2011-R-1 adopted January 11, 2011 Resolution 2011-R-187 adopted October 11, 2011 Resolution 2012-R-164 adopted September 11, 2012 Resolution 2013-R-221 adopted September 24, 2013 Resolution 2014-R-39 adopted February 11, 2014 Resolution 2014-R-76 adopted April 8, 2014 Resolution 2014-R-160 adopted August 26, 2014 Resolution 2015-R-39 adopted February 24, 2015 Resolution 2015-R-157 adopted September 22, 2015 Resolution 2016-R-136 adopted September 13, 2016 Resolution 2017-R-153 adopted September 26, 2017 Resolution 2018-R-123 adopted September 25, 2018 Resolution 2020-R-04 adopted January 14, 2020 Resolution 2020-R-143 adopted December 8, 2020 Resolution 2022-R-13 adopted January 25, 2022 Resolution 2023-R- adopted