Tax Rate and Fee Schedule

Attachment B

County General Fund Services

	Adopted FY 2024	Adopted FY 2025	Proposed FY 2026	Increase / (Decrease)	I/(D) Percent
Ad Valorem Tax Rates*					
General Government Fund	0.1632	0.1632	0.1124	(0.0508)	(31.10%)
General Government Debt Budgetary Fund	0.0175	0.0175	0.0106	(0.0069)	(39.40%)
Education Budgetary Fund (UCPS & SPCC)	0.3742	0.3742	0.2678	(0.1064)	(28.40%)
Education Debt Fund (UCPS & SPCC)	0.0292	0.0292	0.0389	0.0097	33.20%
Economic Development Budgetary Fund	0.0039	0.0039	0.0045	0.0006	15.40%
Total Ad Valorem Tax Rate	**0.5880**	**0.5880**	**0.4342**	**(0.1538)**	**(26.20%)**

*During FY 2024, the tax rate was bifurcated and established the following funds: Education Budgetary Fund, Education Debt Fund, and Economic Development Budgetary Fund. Prior to FY 2024, Education Budgetary Fund was included in the General Government Fund and Education Debt and Economic Development Debt were included in the General Government Debt Budgetary Fund.

Volunteer Fire Services

	Adopted FY 2024	Adopted FY 2025	Proposed FY 2026	Increase / (Decrease)	I/(D) Percent
Fire Tax District Tax Rates					
Allens Crossroads Fire Protection District	0.0689	0.0800	0.0646	(0.0154)	(19.30%)
Bakers Fire Protection District	0.0522	0.0638	0.0496	(0.0142)	(22.30%)
Beaver Lane Fire Protection District	0.0671	0.0736	0.0670	(0.0066)	(9.00%)
Fairview Fire Protection District	0.0503	0.0605	0.0565	(0.0040)	(6.60%)
Griffith Road Fire Protection District	0.0200	0.0229	0.0173	(0.0056)	(24.50%)
Hemby Bridge Fire Protection District	0.0441	0.0512	0.0427	(0.0085)	(16.60%)
Jackson Fire Protection District	0.0399	0.0502	0.0446	(0.0056)	(11.20%)
Lanes Creek Fire Protection District	0.0546	0.0658	0.0531	(0.0127)	(19.30%)
New Salem Fire Protection District	0.0384	0.0588	0.0713	0.0125	21.30%
Providence Fire Protection District **	0.0375	-	-	-	100.00%
Sandy Ridge Fire Protection District	0.0329	0.0371	0.0267	(0.0104)	(28.00%)
Springs Fire Protection District	0.0464	0.0552	0.0474	(0.0078)	(14.10%)
Stack Road Fire Protection District	0.0348	0.0508	0.0440	(0.0068)	(13.40%)
Stallings Fire Protection District	0.0478	0.0535	0.0462	(0.0073)	(13.60%)
Unionville Fire Protection District	0.0614	0.0677	0.0540	(0.0137)	(20.20%)
Waxhaw Fire Protection District	0.0419	0.0523	0.0460	(0.0063)	(12.00%)
Wesley Chapel Fire Protection District **	0.0375	0.0398	0.0304	(0.0094)	(23.60%)
Wingate Fire Protection District	0.0670	0.0855	0.0719	(0.0136)	(15.90%)

** In FY 2025, Wesley Chapel, Providence, and Weddington (previously funded by Town of Weddington) will consolidate into the Wesley Chapel district.

Tax Rate and Fee Schedule

Attachment B

Agricultural Services Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)		I/(D) Percent	
	Standard	Non-Prof*	Standard	Non-Prof*	Standard	Non-Prof*	Standard	Non-Prof*	Standard	Non-Prof*
Conference Center Rental Rates										
Weekday - Half Day License**										
A four-hour block between 7 am - 11 pm, Monday through Thursday. Up to two additional hours may be purchased between the hours of 7 am - 11 pm for $50 per hour per hall.										
One Hall	500.00	400.00	500.00	400.00	500.00	400.00	-	-	-%	-%
Two Halls	750.00	600.00	750.00	600.00	750.00	600.00	-	-	-%	-%
All Three Halls	1,000.00	800.00	1,000.00	800.00	1,000.00	800.00	-	-	-%	-%
Weekday - Full Day License**										
An eight-hour block between 7 am - 11 pm, Monday through Thursday. Additional hours may be purchased between the hours of 7 am - 11 pm for $50 per hour per hall.										
One Hall	750.00	600.00	750.00	600.00	750.00	600.00	-	-	-%	-%
Two Halls	1,125.00	900.00	1,125.00	900.00	1,125.00	900.00	-	-	-%	-%
All Three Halls	1,500.00	1,200.00	1,500.00	1,200.00	1,500.00	1,200.00	-	-	-%	-%
Weekend - Full Day License**										
A license between 10 am - 11 pm, Friday through Sunday. Additional hours from 8 am - 10 am & 11 pm - 1 am the following day, may be purchased for $100 per hour per hall.										
One Hall	1,125.00	900.00	1,125.00	900.00	1,125.00	900.00	-	-	-%	-%
Two Halls	1,750.00	1,350.00	1,750.00	1,350.00	1,750.00	1,350.00	-	-	-%	-%
All Three Halls	2,250.00	1,800.00	2,250.00	1,800.00	2,250.00	1,800.00	-	-	-%	-%
Wedding Packages										
Wedding Packages include: One Day for Event Setup (8:00 am to 5:00 pm), Event & Tear-down Day(s) (10:00 am to 11:00 pm; 1 day for a 2 Day Pkg or 2 days for a 3 day Pkg; No less than 2 hours must be scheduled for tear-down, a additional hours may be purchased for $300/hour but may not exceed Center's Rental Hour Policy), Half Day Decorator/Planner Consult (must be scheduled 90 days prior to event between the hours of 9 am to 4 pm), and Event Caterer (must be chosen from the Qualified List).										
Two Day Weekend - All Halls	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	7,500.00	-	-	N/A	N/A
Three Day Weekend - All Halls	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	-	-	N/A	N/A
Special Event Center at Jesse Helms Park Rental Rates										
Weekday License	375.00	335.00	565.00	500.00	565.00	500.00	-	-	-%	-%
A license between 7 am - 11 pm, Monday through Thursday. Up to two additional hours for standard reservations or seven additional hours for nonprofit reservations may be purchased between the hours of 7 am - 11 pm for $50 per hour.										
Weekend License	450.00	400.00	675.00	600.00	675.00	600.00	-	-	-%	-%
A license between 10 am - 11 pm, Friday through Sunday. Additional hours from 8 am - 10 am and 11 pm - 1 am may be purchased for $100 per hour.										

Tax Rate and Fee Schedule

Attachment B

Agricultural Services Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)		I/(D) Percent	
	Standard	Non-Prof*	Standard	Non-Prof*	Standard	Non-Prof*	Standard	Non-Prof*	Standard	Non-Prof*
Other Fees										
Farmers Market Vendor Rental Fees:										
On an Annual Basis	100.00 per year		150.00 per year		150.00 per year		-		-	
On a Weekly Basis	5.00 per week		20.00 per week		20.00 per week		-		-	
Farmers Market Craft Fair Vendor Fee	10.00 per person		20.00 per person		20.00 per person		-		-	
Master Gardener Training Program Fees	125.00 per person		175.00 per person		175.00 per person		-		-	
Extension Gardening Classes	10.00 per person		10.00 per person		10.00 per person		-		-	
Pesticide Manuals	30.00 per item		35.00 per item		35.00 per item		-		-	
Storm Damage Tree Workshop	20.00 per person		20.00 per person		20.00 per person		-		-	
Chainsaw Safety Workshop	20.00 per person		20.00 per person		20.00 per person		-		-	
Food Preservation Classes	25.00 per person		25.00 per person		25.00 per person		-		-	
Safe Plate Class	150.00 per person		150.00 per person		150.00 per person		-		-	

* In order to qualify for non-profit rates, an organization must provide a copy of its 501(c)(3) tax-exempt status from the IRS. Without such documentation, standard rates shall apply.

** Licensed reservation times should include time needed for your decorating team and caterer to set up and tear-down your event. No items can be stored before or after the licensed hours. This means that all tear-down and clean up must be completed, and all attendees and vendors must be out of the building by your

Tax Rate and Fee Schedule

Attachment B

Building Code Enforcement Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Residential Dwelling Units								
Permits/new and additions (attached, heated or unheated):								
Permit fees for building, electrical, plumbing, and mechanical permits shall be determined by multiplying the total gross building floor area (under roof) by a cost per SF. *	0.513	per SF	0.700	per SF	0.84	per SF	0	20%
Permits/new and additions (detached, unheated):								
Permit fees for building and electrical permits shall be determined by multiplying the total gross building floor area by a cost per SF. *	0.146	per SF	0.200	per SF	0.240	per SF	0	20%
**These permits will be affected by a $10.00 surcharge effective October 1, 1991 as mandated by House Bill 37 – "Homeowners Recovery Fund" (G.S. 87-15.6).*	10	per permit	10	per permit	10	per permit	-	-%
Commercial Construction								
Permit fees for building, electrical, plumbing, and mechanical permits shall be determined by multiplying the total gross building floor area by the cost per SF as follows for each type of Occupancy Group:								
12,000 SF and Less:								
Assembly	0.410	per SF	0.550	per SF	0.660	per SF	*0*	*20%*
Business	0.280	per SF	0.380	per SF	0.460	per SF	*0*	*21%*
Educational	0.410	per SF	0.550	per SF	0.660	per SF	*0*	*20%*
Factory/Industrial	0.220	per SF	0.300	per SF	0.360	per SF	*0*	*20%*
Hazardous	0.180	per SF	0.240	per SF	0.290	per SF	*0*	*21%*
Institutional	0.410	per SF	0.550	per SF	0.660	per SF	*0*	*20%*
Mercantile	0.190	per SF	0.260	per SF	0.310	per SF	*0*	*19%*
Residential	0.240	per SF	0.330	per SF	0.400	per SF	*0*	*21%*
Storage	0.310	per SF	0.420	per SF	0.500	per SF	*0*	*19%*
Utility	0.150	per SF	0.200	per SF	0.240	per SF	*0*	*20%*
Plan Review Fee	0.030	per SF	0.040	per SF	0.050	per SF	*0*	*25%*
Greater Than 12,000 SF:								
Assembly	0.370	per SF	0.500	per SF	0.600	per SF	*0*	*20%*
Business	0.280	per SF	0.330	per SF	0.400	per SF	*0*	*21%*
Educational	0.370	per SF	0.500	per SF	0.600	per SF	*0*	*20%*
Factory/Industrial	0.180	per SF	0.240	per SF	0.290	per SF	*0*	*21%*
Hazardous	0.140	per SF	0.190	per SF	0.230	per SF	*0*	*21%*
Institutional	0.380	per SF	0.520	per SF	0.620	per SF	*0*	*19%*
Mercantile	0.160	per SF	0.220	per SF	0.260	per SF	*0*	*18%*
Residential	0.220	per SF	0.300	per SF	0.360	per SF	*0*	*20%*
Storage	0.240	per SF	0.330	per SF	0.400	per SF	*0*	*21%*
Utility	0.120	per SF	0.160	per SF	0.190	per SF	*0*	*19%*
Plan Review Fee	0.020	per SF	0.030	per SF	0.040	per SF	*0*	*33%*
Electrical Schedule								
Power Service or Sub-Panel:								
0 - 100 AMPS	82.50	per unit	110.00	per unit	130.00	per unit	*20*	*18%*
101 - 200 AMPS	125.00	per unit	170.00	per unit	200.00	per unit	*30*	*18%*
201 - 400 AMPS	165.00	per unit	225.00	per unit	270.00	per unit	*45*	*20%*
401 - 600 AMPS	210.00	per unit	285.00	per unit	340.00	per unit	*55*	*19%*
601 - 1000 AMPS	250.00	per unit	340.00	per unit	400.00	per unit	*60*	*18%*
1001 - 2000 AMPS	330.00	per unit	450.00	per unit	540.00	per unit	*90*	*20%*
2001 - ABOVE AMPS	370.00	per unit	500.00	per unit	600.00	per unit	*100*	*20%*

Tax Rate and Fee Schedule

Attachment B

Building Code Enforcement Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Wiring for Mechanical or Plumbing Change Out	60.00	per unit	80.00	per unit	100.00	per unit	*20*	*25%*
Identical Replacement of Equipment	60.00	per unit	80.00	per unit	100.00	per unit	*20*	*25%*
Fees for All Other Installations	60.00	per unit	80.00	per unit	100.00	per unit	*20*	*25%*
Solar Farms:								
Per megawatt up to 5 MW	1000.00	per MW	1350.00	per MW	1620.00	per MW	*270*	*20%*
Per megawatt up to 5 less than 10 MW	850.00	per MW	1150.00	per MW	1380.00	per MW	*230*	*20%*
Per megawatt over 10 MW	775.00	per MW	1050.00	per MW	1260.00	per MW	*210*	*20%*
Mechanical Schedule								
Heat Pump, Gas Pack, Furnace with or without AC, etc.	60	per unit	80	per unit	100	per unit	*20*	*25%*
Gas Water Heater, Light, Line, etc.	60	per unit	80	per unit	100	per unit	20	25%
Fee for All Other Installations	60	per unit	80	per unit	100	per unit	20	25%
Plumbing Schedule								
Water Heater	60	per unit	80	per unit	100	per unit	20	25%
Miscellaneous Fixtures	60	per unit	80	per unit	100	per unit	20	25%
Fee for All Other Installations	60	per unit	80	per unit	100	per unit	20	25%
Permit Fees Schedule								
Change of Contractor	60	per change	80	per change	100	per change	20	25%
Mobile Home Setup:								
Single Wide	240	per unit	325	per unit	390	per unit	*65*	20%
Double Wide	270	per unit	365	per unit	430	per unit	65	18%
Pools:								
In Ground	210	per unit	285	per unit	340	per unit	*55*	19%
Above Ground	210	per unit	285	per unit	140	per unit	(145)	(51%)
Modular Home - Residential	0.7	of Res. Rate	0.7	of Res. Rate	0.7	of Res. Rate	-	-%
Move-In Residence	0.7	of Res. Rate	0.7	of Res. Rate	0.7	of Res. Rate	-	-%
Residential Renovations (SF of the Existing Residence x Rate x 50%)	0.513	per SF x 50%	0.700	per SF x 50%	0.840	per SF x 50%	0	20%
Modular Units - Commercial** (SF x Fee of Occupancy x 70%)	SF x Fee of Occupancy		SF x Fee of Occupancy x 70%		SF x Fee of Occupancy x 70%		-	-%
Construction Trailer	60	per trade	80	per trade	100	per trade	20	25%
Shell Building - Initial Permit** (SF x Fee of Utility Occupancy)	SF x Fee of Utility Occupancy		SF x Fee of Utility Occupancy		SF x Fee of Utility Occupancy		-	-%
Upfit of Shell Building** (SF x Fee of Occupancy)	SF x Fee of Occupancy		SF x Fee of Occupancy		SF x Fee of Occupancy		-	-%
Renovations** (SF of Renovated Area x Fee of Occupancy x 75%)	SF x Fee of Occupancy x 75%		SF x Fee of Occupancy x 75%		SF x Fee of Occupancy x 75%		-	-%
Day Care, Therapeutic Home & Group Home Inspections	60	per unit	80	per unit	100	per unit	20	25%
Change of Occupancy Permit (Change of Use)	60	per unit	80	per unit	100	per unit	20	25%
Conditional Power	60	per utility	80	per utility	100	per utility	20	25%
Demolition Permit	60	per unit	80	per unit	100	per unit	20	25%
Signs	120	per unit	160	per unit	190	per unit	30	19%
Minimum Permit Fee	60	per unit	80	per unit	100	per unit	20	25%
Starting Work Without Permit	Double Permit Fee		Double Permit Fee		Double Permit Fee		-	-%
Re-Inspection Fee	80	per unit	100	per unit	120	per unit	20	20%
Archive Research	25	per unit	25	per unit	25	per unit	-	-%
Refunds on Permits (no refunds after first inspection)	60	per unit	80	per unit	100	per unit	20	25%

Tax Rate and Fee Schedule

Attachment B

Building Code Enforcement Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Returned Check Fee	25	per check	25	per check	25	per check	-	-%
State Recovery Fund Charged to Contractors	10	per unit	10	per unit	10	per unit	-	-%
Renewal for Expired Permit	60	per permit	80	per permit	100	per permit	20	25%

**Refer to Commercial Construction tables on previous page to determine Fee of Occupancy Rate.

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Tax Rate and Fee Schedule

Attachment B

Emergency Medical Services Fee Schedule

	FY24 Adopted Fee	FY25 Adopted Fee	FY26 Proposed Fee	Increase/ (Decrease)	I/(D) Percent
Level of Service					
A0426 ALS Non-Emergency	550.00	550.00	563.00	13.00	2.36%
A0427 ALS Emergency	725.00	725.00	769.00	44.00	6.07%
A0428 BLS Non-Emergency	425.00	425.00	435.00	10.00	2.35%
A0429 BLS Emergency	600.00	600.00	648.00	48.00	8.00%
A0433 ALS 2	1,000.00	1,000.00	1,113.00	113.00	11.30%
A0434 Specialty Care Transport	1,100.00	1,100.00	1,315.00	215.00	19.55%
BLS Treatment - No Transport	225.00	225.00	236.00	11.00	4.89%
ALS Treatment - No Transport	225.00	225.00	236.00	11.00	4.89%
A0425 Mileage	13.75	13.75	14.00	0.25	1.82%

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Tax Rate and Fee Schedule

Attachment B

Environmental Health Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
On-Site Water Protection Program								
Improvement Permit Application (Site Evaluation for On-Site Wastewater System Approval): • The maximum lot size evaluated per Improvement Permit (site evaluation) application is limited to 3 acres. • Property owner or applicant must provide a back hoe (minimum 2' wide bucket) with trained operator for new system soil/site evaluations. A back hoe is not required when soil/site evaluations are conducted to evaluate an existing on-site wastewater disposal system for repair or expansion.								
Residential	300	per app.	400	per app.	400	per app.	-	-%
Commercial	450	per app.	500	per app.	500	per app.	-	-%
Construction Authorization Permit (By System Type):								
Type II c	200	per permit	200	per permit	200	per permit	-	-%
Type III b	300	per permit	300	per permit	300	per permit	-	-%
Type IV a	450	per permit	450	per permit	450	per permit	-	-%
Type V	600	per permit	600	per permit	600	per permit	-	-%
Type VI	1,200.00	per permit	1,200.00	per permit	1,200.00	per permit	-	-%
On-Site Wastewater System Repair Permit	100	per permit	100	per permit	100	per permit	-	-%
On-Site Wastewater System Component Replacement Permit	100	per permit	100	per permit	100	per permit	-	-%
On-Site Wastewater System Permit Re-Design	125	per permit	125	per permit	125	per permit	-	-%
Inspection of Existing On-Site Wastewater System and Well	75	per inspect. request	125	per inspect. request	125	per inspect. request	-	-%
On-Site Wastewater System Site Re-Visit	75	per visit	75	per visit	75	per visit	-	-%
On-Site Wastewater System Reflagging Site Visit	75	per visit	75	per visit	75	per visit	-	-%
Engineered Option Permit:								
Per NC General Statue 130A-336.1(n): 30% of the cumulative total fees to obtain an Improvement, Construction Authorization and Operation Permit for the type of onsite wastewater system designed.								
Well Permit	480	per permit	500	per permit	500	per permit	-	-%
Well Permit Redesign	125	per permit	125	per permit	125	per permit	-	-%
Well Repair Permit	100	per permit	100	per permit	100	per permit	-	-%
Well Site Re-Visit	50	per visit	50	per visit	50	per visit	-	-%
Well Water Sampling								
Bacterial Analysis	70	per sample	70	per sample	70	per sample	-	-%
Inorganic Panel	130	per sample	130	per sample	130	per sample	-	-%
Nitrate/Nitrite	75	per sample	75	per sample	75	per sample	-	-%
Pesticides	110	per sample	110	per sample	110	per sample	-	-%
Herbicides	110	per sample	110	per sample	110	per sample	-	-%
Petroleum/Volatile Organic Compounds	105	per sample	105	per sample	105	per sample	-	-%
Anion Analysis (fluoride, chloride, sulfate)	80	per sample	80	per sample	80	per sample	-	-%
Ion Analysis (up to 3 metals plus uranium)	100	per sample	100	per sample	100	per sample	-	-%
Fluoride (with Physician/Dentist written referral)	10	per sample	10	per sample	10	per sample	-	-%
Iron Bacteria/Arsenic Speciation	80	per sample	80	per sample	80	per sample	-	-%
Sulfur Bacteria	80	per sample	80	per sample	80	per sample	-	-%

Tax Rate and Fee Schedule

Attachment B

Environmental Health Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Hexavalent Chromium	100	per sample	100	per sample	100	per sample	-	-%
Food and Lodging and Institutions Program								
Food Establishment Plan Review (New and Renovation to Existing)	250	per review app.	250	per review app.	250	per review app.	-	-%
Lodging Facility Plan Review (New and Renovation to Existing)	250	per review app.	250	per review app.	250	per review app.	-	-%
Mobile Food Unit/Push Cart Plan Review	150	per review app.	150	per review app.	150	per review app.	-	-%
Limited Food Establishment Plan Review	75	per review app.	75	per review app.	75	per review app.	-	-%
Temporary Food Establishment Plan Review	75	per review app.	75	per review app.	75	per review app.	-	-%
Public (Commercial) Swimming Pools								
Year-Round Public Swimming Pool Operation Permit	275	per permit app.	350	per permit app.	350	per permit app.	-	-%
Seasonal Public Swimming Pool Operation Permit	275	per permit app.	300	per permit app.	300	per permit app.		
Public Swimming Pool Plan Review (pools greater than 2,000 sq/ft)	250	per review app.	500	per review app.	500	per review app.	-	-%
Public Swimming Pool Plan Review (pools less than 2,000 sq/ft) (New and Renovation)	250	per review app.	350	per review app.	350	per review app.		
Commercial Pool Re-Visit Fee (prior to permit issuance)	75	per visit	100	per visit	100	per visit	-	-%
Land Use Plat Review Fees								
Subdivision Review:								
Up to 8 lots	15	per review	15	per review	15	per review	-	-%
9-25 lots	35	per review	35	per review	35	per review	-	-%
26+ lots	50	per review	50	per review	50	per review	-	-%
Revisions to Submittals:								
Insignificant Changes	-	-	-	-	-	-	-	-%
Minor Changes	10	per review	10	per review	10	per review	-	-%
Major Changes	25	per review	25	per review	25	per review	-	-%
Zoning for Commercial Development Review	25	per review	25	per review	25	per review	-	-%
Other Fees								
Permit Record Request (On-Site Wastewater Systems and Wells)	10	per request	10	per request	10	per request	-	-%
Mass Gathering Permit Application	375	per permit app.	375	per permit app.	375	per permit app.	-	-%
Tattoo Permit Application	200	per permit app.	200	per permit app.	200	per permit app.	-	-%
Temporary Tattoo Artist Permit (15 days or less at approved location)	125	per permit app.	125	per permit app.	125	per permit app.	-	-%
Refund Processing Fee *	25	per request	25	per request	25	per request	-	-%

* Charged when refunds are requested after a service request has been submitted and administratively processed. Refunds are not issued after services are rendered.

Tax Rate and Fee Schedule

Attachment B

Fire Marshal's Office Fee Schedule

		Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
		Rate	Basis	Rate	Basis	Rate	Basis		
Required Construction Permits & NC Fire Code Reference									
105.6.1	Automatic fire extinguishing systems	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.2	Compressed gases	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.3	Cryogenic liquids	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.4	Emergency responder radio coverage	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.6	Fire alarm & detection systems & related equipment	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.7	Fire pumps & related equipment	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.8	Flammable & combustible liquids	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.11	Gates and barricades across fire apparatus access roads	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.12	Hazardous materials (quantities requiring a permit)	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.14	Industrial ovens	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.18	Private fire hydrants	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.19	Smoke control or smoke exhaust systems	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.20	Solar photovoltaic power systems	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.22	Spraying or dipping	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.23	Standpipe systems	150.00	per permit	150.00	per permit	150.00	per permit	-	-%
105.6.24	Temporary membrane structure, tents & canopies*	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
Retest fee for performance testing failed inspection		100.00	per inspect	100.00	per inspect	100.00	per inspect	-	-%
105.6.5	Energy Storage Systems					150.00	per permit	150	-%
105.6.9	Fuel Cell					150.00	per permit	150	-%
105.6.10	Gas Detection system					150.00	per permit	150	-%
105.6.16	Motor vehicle repair rooms & booths					150.00	per permit	150	-%
105.6.17	Plant extraction systems					150.00	per permit	150	-%
105.6.21	Special event structure					150.00	per permit	150	-%

* Permits for Temporary membrane structures and tents apply to tents greater than 800 square feet in size or an aggregate of tents combined to that exceeds 800 square feet. Membrane structures such as inflatable bouncing houses must exceed 400 square feet in size measured at the ground contact of the base of the structure shall require permit issuance and inspection to comply with Section 105.6.45 of 2018 NC Fire Code.

Required Operational Permits & NC Fire Code Reference

A maximum of $300.00 will be charged for all "Required Operational Permits" when multiple permits are issued at the same address (effective October 7, 2013).

105.5.3	Amusement buildings	100.00	per permit	100.00	per permit	100.00	per permit	-	-%
105.5.5	Carnivals & fairs	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
105.5.7	Combustible dust-producing operations	100.00	per permit	100.00	per permit	100.00	per permit	-	-%
105.5.10	Covered mall buildings	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
105.5.15	Exhibits & trade shows	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
105.5.16	Explosives	100.00	per permit	100.00	per permit	100.00	per permit	-	-%
105.5.18	Flammable & combustible liquids	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
105.5.18	Operation of fuel dispensing facility	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
105.5.18	Temporarily place out of service a flammable/combustible liquid tank	100.00	per permit	100.00	per permit	100.00	per permit	-	-%
105.5.18	Change contents of flammable/ combustible liquid tank	100.00	per permit	100.00	per permit	100.00	per permit	-	-%
105.5.18	Manufacture, process, blend or refine flammable/ combustible liquids	100.00	per permit	100.00	per permit	100.00	per permit	-	-%
105.5.28	Liquid or gas fueled vehicles/equipment in assembly buildings	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
105.5.41	Private fire hydrants	50.00	per permit	50.00	per permit	100.00	per permit	50	100%
105.5.42	Pyrotechnic special effects	200.00	per permit	200.00	per permit	200.00	per permit	-	-%
105.5.47	Spraying & dipping	100.00	per permit	100.00	per permit	100.00	per permit	-	-%
105.5.1	Additive Manufacturing					100.00	per permit	100	100%
1.5.5.14	Energy Storage Systems					100.00	per permit	100	100%
105.5.24	High-piled storage					100.00	per permit	100	100%
105.5.32	Mobile food preparation vehicles					100.00	per permit	100	100%

Tax Rate and Fee Schedule

Attachment B

Fire Marshal's Office Fee Schedule

		Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
		Rate	Basis	Rate	Basis	Rate	Basis		
105.5.38	Outdoor assembly events					100.00	per permit	100	100%
105.5.39.1	Nightclubs					100.00	per permit	100	100%
105.5.40	Plant extraction systems					100.00	per permit	100	100%
105.5.53	Temporary sleeping units for disaster relief workers					100.00	per permit	100	100%
On Site Fireworks Operational Assistants		100.00	per assistant	100.00	per assistant	100.00	per assistant	-	-%
Other Permit Fees									
Starting Work without a Permit		Double	Permit Fee	Double	Permit Fee	Double	Permit Fee	N/A	N/A
Expiring Permits									
A permit issued pursuant to G.S. 153-A-357 expires six months, or any lesser time fixed by ordinance of the county, after the date of issuance if the work authorized by the permit has not commenced. If after commencement the work is discontinued for a period of 12 months, the permit therefore immediately expires. No work authorized by a permit that has expired may thereafter be performed until a new permit has been secured. (G.S. 153A-358). Therefore, the following fees will be charged for permits that are allowed to expire:									
1) Permit expiring six months after issuance:									
A) A new, second, permit will be issued within six months of the expiration date of the first permit		50.00	per permit	50.00	per permit	50.00	per permit	-	-%
B) Time that lapses beyond six months of the expiration date.		Full Amount of Fees		Full Amount of Fees		Full Amount of Fees		N/A	N/A
2) Permit expiring after a year with no work being done:									
A) A new, second, permit will be issued.		Full Amount of Fees		Full Amount of Fees		Full Amount of Fees		N/A	N/A
Plan Review Fees									
Plan Review Fees are due at the time of submittal and are non-refundable.									
Building Plan Reviews:									
Minimum Plan Review Fee		30.00	per plan	30.00	per plan	50.00	per plan	20	67%
Less Than or Equal to 12,000 SF		0.020	per SF	0.020	per SF	0.040	per SF	0	100%
Greater Than 12,000 SF		0.015	per SF	0.015	per SF	0.030	per SF	0	100%
Commercial Site Plan				0.00	per plan	150.00	per plan	150	100%
Residential Site Plan				100.00	per plan	150.00	per plan	50	100%
Revisions Reviews:									
First & Second Revisions		No	Charge	No	Charge	No	Charge	N/A	N/A
Each Revision Thereafter		50.00	per revision	50.00	per revision	50.00	per revision	-	-%
Public Exhibition of Pyrotechnics Review Fee		100.00	per event	100.00	per event	100.00	per event	-	-%
Other Fees									
Environmental Site Assessment Research (one hour minimum)		25.00	per hour	25.00	per hour	25.00	per hour	-	-%
After Hours Inspection - Special Request (two hour minimum)		35.00	per hour	35.00	per hour	100.00	per hour	65	186%
Mass Gathering / Assembly Permit Review		25.00	per permit	25.00	per permit	100.00	per permit	75	300%
Fire Inspection Fees									
Foster Home, Day Care, Therapeutic, & Group Home Inspection		60.00	per inspect	60.00	per inspect	80.00	per inspect	20	33%
ABC Inspection		60.00	per inspect	60.00	per inspect	80.00	per inspect	20	33%
All Other Inspections:									
Initial Inspection		No	Charge	No	Charge	No	Charge	N/A	N/A
Re-inspection		75.00	per inspect	75.00	per inspect	100.00	per inspect	25	33%
Additional inspection trips made necessary through the failure of any person, firm or corporation in charge of work, to give specific locations of work to be inspected, or to otherwise create conditions making such additional inspections or trips necessary, are hereby designed "Re-inspections." For each such "Re-inspection", the following fee schedule shall apply for each offense. This shall apply to all Inspections unless otherwise noted.									

Tax Rate and Fee Schedule

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Fire Marshal's Office Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Civil Penalties and Fines by Violation								
Open Burning Violation (Violation of Air Quality or Burn Ban):								
Residential:								
First Offense	Written Notice		Written Notice		Written Notice			
Second Offense	50.00	per offense	50.00	per offense	50.00	per offense	-	-%
Third Offense	100.00	per offense	100.00	per offense	100.00	per offense	-	-%
Commercial:								
First Offense	Written Notice		Written Notice		Written Notice			
Second Offense	250.00	per offense	250.00	per offense	250.00	per offense	-	-%
Third Offense	500.00	per offense	500.00	per offense	500.00	per offense	-	-%
Chapter 10 Fire Code Violation May be issued without notice after 75 days and three written notices. May be issued at first offense for overcrowding.	250.00	per day	250.00	per day	250.00	per day	-	-%
Locked Exit / Exit Obstruction: May be issued without notice.								
First Offense	500.00	per offense	500.00	per offense	500.00	per offense	-	-%
Second Offense	1,000.00	per offense	1,000.00	per offense	1,000.00	per offense	-	-%
Fire Detection / Protection:								
First Offense	250.00	per offense	250.00	per offense	250.00	per offense	-	-%
Recurring Violations	500.00	per day	500.00	per day	500.00	per day	-	-%

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Tax Rate and Fee Schedule

Attachment B

Library Services Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Late Fees								
Library Materials	0.25	per day	0.25	per day	0.25	per day	-	-%
Tracer Projector	1.00	per day	1.00	per day	1.00	per day	-	-%
Board Games	3	per day	2.50	per day	2.50	per day	-	-%
LCD Projector	10.00	per day	10.00	per day	10.00	per day	-	-%
Launchpad Devices	10	per day	10.00	per day	10.00	per day	-	-%
Hotspots	10.00	per day	10.00	per day	10.00	per day	-	-%
Reader Pen	10.00	per day	10.00	per day	10.00	per day	-	-%
Book Sale Prices								
All Hardcovers	1.00	per item	1.00	per item	1.00	per item	-	-%
All Paperbacks	0.50	per item	0.50	per item	0.50	per item	-	-%
CDs	1.00	per item	1.00	per item	1.00	per item	-	-%
DVDS & Audiobooks	3.00	per item	3.00	per item	3.00	per item	-	-%
Magazines	0.25	per item	0.25	per item	0.25	per item	-	-%
Costs for Lost or Terminally Damaged Materials if Price is not in the Reco								
Blue Ray-DVD's	35.00	per item	35.00	per item	35.00	per item	-	-%
DVDs	20.00	per item	20.00	per item	20.00	per item	-	-%
DVDs with 3 or more Discs	30.00	per item	30.00	per item	30.00	per item	-	-%
Children Read-along	20.00	per item	20.00	per item	20.00	per item	-	-%
Books on Disc-Juvenile	15.00	per item	15.00	per item	15.00	per item	-	-%
Books on Disc-Adult and Teen Fiction	30.00	per item	30.00	per item	30.00	per item	-	-%
Books, Hardcover-Juvenile and Teen	18.00	per item	18.00	per item	18.00	per item	-	-%
Books, Hardcover- Adult Fiction and Nonfiction	25.00	per item	25.00	per item	25.00	per item	-	-%
Large Print Book	30.00	per item	30.00	per item	30.00	per item	-	-%
Trade Paperbacks-Adult and Teen Nonfiction	20.00	per item	20.00	per item	20.00	per item	-	-%
Trade Paperbacks-Adult and Teen Fiction	15.00	per item	15.00	per item	15.00	per item	-	-%
Paperbacks of any size - Juvenile	10.00	per item	10.00	per item	10.00	per item	-	-%
Board Books	10.00	per item	10.00	per item	10.00	per item	-	-%
Board Game Replacement Costs Due to Loss or Damage								
Board Games	20	per item	20.00	per item	20.00	per item	-	-%
Replacement Bag	10	per item	10.00	per item	10.00	per item	-	-%
Total Replacement	30	per item	30.00	per item	30.00	per item	-	-%
LCD Projector Kit Replacement Costs Due to Loss or Damage								
Projector	300.00	per item	300.00	per item	300.00	per item	-	-%
Projector Bag	39.00	per item	39.00	per item	39.00	per item	-	-%
Remote Control	25.00	per item	25.00	per item	25.00	per item	-	-%
Computer Cord	12.00	per item	12.00	per item	12.00	per item	-	-%
Power Cord	12.00	per item	12.00	per item	12.00	per item	-	-%
Improper Return Charge	50.00	per item	50.00	per item	50.00	per item	-	-%
HDMI Cord	12.00	per item	12.00	per item	12.00	per item	-	-%
Total Kit	400.00	per item	400.00	per item	400.00	per item	-	-%
Hotspot Replacement Costs Due to Loss or Damage								
Hotspot - Wireless Hotspot Unit	100.00	per item	100.00	per item	100.00	per item	-	-%
Hotspot - Power Adapter	10.00	per item	10.00	per item	10.00	per item	-	-%
Hotspot - Case	10.00	per item	10.00	per item	10.00	per item	-	-%
Hotspot - Power Cord	5.00	per item	5.00	per item	5.00	per item	-	-%
Hotspot - Total Replacement	125.00	per item	125.00	per item	125.00	per item	-	-%
Improper Return Charge	50.00	per item	50.00	per item	50.00	per item	-	-%

Tax Rate and Fee Schedule

Attachment B

Library Services Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Reader Pen Replacement Costs Due to Loss or Damage								
Reader Pen - Case	10.00	per item	10.00	per item	10.00	per item	-	-%
Reader Pen	250.00	per item	250.00	per item	250.00	per item	-	-%
Reader Pen - Total Replacement	260.00	per item	260.00	per item	260.00	per item	-	-%
Improper Return Charge	50.00	per item	50.00	per item	50.00	per item	-	-%
Launchpad Replacement Cost Due to Lost or Damage								
Launchpad with Protective Cover	130	per item	130.00	per item	130	per item	-	-%
Launchpad - Case	10	per item	10.00	per item	10	per item	-	-%
Launchpad - Power Adapter	10	per item	10.00	per item	10	per item	-	-%
Launchpad - Total Replacement	150	per item	150.00	per item	150	per item	-	-%
Improper Return Charge	25	per item	25.00	per item	25	per item	-	-%
Type of Damage Costs Associated with Repairable Damage								
Barcodes	1.00	per item	1.00	per item	1.00	per item	-	-%
Media Cases	3.00	per item	3.00	per item	3.00	per item	-	-%
Spine Labels	0.25	per item	0.25	per item	0.25	per item	-	-%
Book Club Kit - Bag	10.00	per item	10.00	per item	10.00	per item	-	-%
RFID Tag	0.75	per item	0.75	per item	0.75	per item	-	-%
Mylar Book Cover	1.00	per item	1.00	per item	1.00	per item	-	-%
Computer Replacement Fees								
Optical Mouse	10.00	per item	10.00	per item	10.00	per item	-	-%
Mouse Pad	5.00	per item	5.00	per item	5.00	per item	-	-%
Keyboard	15.00	per item	15.00	per item	15.00	per item	-	-%
Monitor (20 in.)	150.00	per item	150.00	per item	150.00	per item	-	-%
CPU	Fair	Market Value	Fair	Market Value	Fair	Market Value	-	
Hardware								
Ear Buds	1.00	per set	1.00	per set	1.00	per set	-	-%
Flash Drives	5.00	per item	5.00	per item	5.00	per item	-	-%
Genealogy Fees								
Obituary Look-up and Copy	-	per copy	-	per copy	-	per copy	-	-%
Internet Fees								
Guest Internet passes	2.00	per day	2.00	per day	2.00	per day	-	-%
Printing/Copying/Faxing								
Print/Copies - Black and White - 8½ x 11	0.25	per page	0.25	per page	0.25	per page	-	-%
Print/Copies - Black and White - 8½ x 14 or 11 x 17	0.50	per page	0.50	per page	0.50	per page	-	-%
Print/Copies - Color - 8½ x 11	0.50	per page	0.50	per page	0.50	per page	-	-%
Print/Copies - Color - 8½ x 14 or 11 x 17	1.00	per page	1.00	per page	1.00	per page	-	-%
Faxing (capped at $10.00)	1.00	per page	1.00	per page	1.00	per page	-	-%
Non-Resident Fees								
Non-Resident Account(s)-2 years	45.00	per household	45.00	per household	45.00	per household	-	-%
Non-Resident Account(s)-1 year	25.00	per household	25.00	per household	25.00	per household	-	-%
Non-Resident Account(s)-6 months * Fee was approved by Library Board of Trustees during FY 2024.	15.00	per household	15.00	per household	15.00	per household	-	-%

* Fee was approved by Library Board of Trustees during FY 2024.

Tax Rate and Fee Schedule

Attachment B

Parks & Recreation Services Fee Schedule

Cane Creek Park Day Use Area (March-October)*	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)		I/(D) Percent	
	Resident	Non-Res.	Resident	Non-Res.	Resident	Non-Res.	Resident	Non-Res.	Resident	Resident
Entrance										
Vehicle	4.00	4.00	4.00	4.00	4.00	4.00	-	-	-%	-%
Trailer (Boat or Horse)	4.00	4.00	4.00	4.00	4.00	4.00	-	-	-%	-%
Bus	20.00	20.00	20.00	20.00	20.00	20.00	-	-	-%	-%
Permits										
Annual Entrance For Vehicle Only	40.00	60.00	40.00	60.00	40.00	60.00	-	-	-%	-%
Annual Entrance for Vehicle w/Trailer	80.00	120.00	80.00	120.00	80.00	120.00	-	-	-%	-%
Senior Permit (Ages 65 & Up)	5.00	-	-	5.00	-	5.00	-	-	100.00%	-%
Replacement Permit	5.00	5.00	5.00	5.00	5.00	5.00	-	-	-%	-%
Activities										
Fishing and Biking	Free	Free	Free	Free	Free	Free	-	-	-%	-%
Swimming (Ages 2 & Up)	2.00	2.00	2.00	2.00	2.00	2.00	-	-	-%	-%
Miniature Golf	2.00	2.00	2.00	2.00	2.00	2.00	-	-	-%	-%
Pedal boats (Per Person-30 Min. Ride)	2.00	2.00	2.00	2.00	2.00	2.00	-	-	-%	-%
Jon Boat/Canoe/ Kayak Rental (Deposit Required) (Per Hour)	4.00	4.00	10.00	10.00	10.00	10.00	-	-	-%	-%
Pontoon Boat Ride By Reservation Only (Holds 12 Passengers)	25.00	25.00	-	-	-	-	-	-	100.00%	100.00%
Day Pass (Ages 2 & Up) Unlimited Swimming, Golf, Pedal Boats	5.00	5.00	5.00	5.00	5.00	5.00	-	-	-%	-%
Miscellaneous Fees										
Late Departure Fee	40.00	40.00	40.00	40.00	40.00	40.00	-	-	-%	-%
Administrative/Reservation Fee	4.00	4.00	4.00	4.00	4.00	4.00	-	-	-%	-%
Copies:										
Black and White	0.25	0.25	0.25	0.25	0.25	0.25	-	-	-%	-%
Colored	0.50	0.50	0.50	0.50	0.50	0.50	-	-	-%	-%
Shelter/Field Rentals										
Small - Canopies and Gazebo (Holds up to 30 People Maximum)	30.00	30.00	30.00	30.00	30.00	30.00	-	-	-%	-%
Medium - Shelter #5 and #6 (Holds up to 75 People Maximum)	50.00	50.00	50.00	50.00	50.00	50.00	-	-	-%	-%
Large - Shelters #1 through #4 (Holds up to 150 People Maximum)	100.00	100.00	100.00	100.00	100.00	100.00	-	-	-%	-%
Softball/Baseball Field Rental Half Day Reservation w/ Shelter Only	15.00	15.00	15.00	15.00	15.00	15.00	-	-	-%	-%
Soccer Field Rental Half Day Reservation w/ Shelter Only	15.00	15.00	15.00	15.00	15.00	15.00	-	-	-%	-%
*Discount of 50% given to Veteran's with Honorable Status on all Day Use Area activities, not to include field rentals, with proper identification. Accepted Documentation is Military I.D. Card, DD-214, Office Veteran's Card, or letter from Office of Veteran's Affairs.										
Cane Creek Park Year-Round Campground Lakeside Lodge Rentals**										
Lakeside Lodge (Per Hour; 4 hours min, 8 hours maximum)	37.50	50.00	37.50	50.00	37.50	50.00	-	-	-%	-%
Additional Lakeside Lodge hour requests	45.00	60.00	45.00	60.00	45.00	60.00	-	-	-%	-%
Lakeside Lodge Damage deposit Required from all organizations at time of reservation and refundable after the events.	100.00	100.00	100.00	100.00	100.00	100.00	-	-	-%	-%
**Discounts: Union County Residents will receive a 25% discount with State Issued I.D. or Current Car Registration. No charge for Union County Government Agencies/ Departments.										
Year-Round Campground Fees										
Daily Rates***										
Water/Electric/Sewer	26.25	35.00	30.00	40.00	30.00	40.00	-	-	-%	-%
Water/Electric	22.50	30.00	26.25	35.00	26.25	35.00	-	-	-%	-%
Wilderness	15.00	20.00	15.00	20.00	15.00	20.00	-	-	-%	-%
Horse Camping	15.00	20.00	15.00	20.00	15.00	20.00	-	-	-%	-%
Group Camping:										
Large	30.00	40.00	30.00	40.00	30.00	40.00	-	-	-%	-%

Tax Rate and Fee Schedule

Attachment B

Parks & Recreation Services Fee Schedule

Cane Creek Park Day Use Area (March-October)*	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)		I/(D) Percent	
	Resident	Non-Res.	Resident	Non-Res.	Resident	Non-Res.	Resident	Non-Res.	Resident	Resident
Small	22.50	30.00	22.50	30.00	22.50	30.00	-	-	-%	-%
Cabins (Holds up to 6 People Maximum):										
Friday - Sunday	48.75	65.00	48.75	65.00	48.75	65.00	-	-	-%	-%
Monday - Thursday	37.50	50.00	37.50	50.00	37.50	50.00	-	-	-%	-%
December - February	30.00	30.00	-	-	-	-	-	-	100.00%	100.00%
***Discounts: Union County Residents will receive a 25% discount with State Issued I.D. or Current Car Registration.										
Key Deposit (Cash/Check Only)	40.00	40.00	40.00	40.00	40.00	40.00	-	-	-%	-%
Visitor /Guest Fee Per Car (Does not include swimming.)	4.00	4.00	4.00	4.00	4.00	4.00	-	-	-%	-%
Annual Campsites:										
Waterfront (Per Year)	-	-	-	-	-	-	-	-	-%	-%
Non-Waterfront (Per Year)	-	-	-	-	-	-	-	-	-%	-%
Key Deposit	-	-	-	-	-	-	-	-	-%	-%
Fred Kirby and Jesse Helms Parks										
Athletic Fees										
2-hour Practice Session	15.00	30.00	-	-	-	-	-	-	100%	100%
Practice Session per hour	-	-	15.00	30.00	15.00	30.00	-	-	-%	-%
1 Game*	50.00	100.00	-	-	-	-	-	-	100%	100%
2 Games*	80.00	160.00	-	-	-	-	-	-	100%	100%
3 Games*	110.00	220.00	-	-	-	-	-	-	100%	100%
4 Games or 9 hours max.*	120.00	240.00	-	-	-	-	-	-	100%	100%
Price per game (no rates for multiple games)	-	-	50.00	50.00	50.00	50.00	-	-	-%	-%
Lights per hour	15.00	30.00	20.00	40.00	20.00	40.00	-	-	-%	-%
Additional Service Requests for Use of Athletic Fields										
Non-Standard Prep Fees for Non-Tournament Play (Game or Practice)										
The painting of the soccer/baseball fields for the week's scheduled games is normally completed once a week (Thursday or Friday). There would be no charge for this normally scheduled painting of the fields. For special painting, the fees below would apply										
Additional Lining of Soccer Field	75.00	75.00	75.00	75.00	75.00	75.00	-	-	-%	-%
Additional Dragging and Lining of Baseball Field	50.00	50.00	50.00	50.00	50.00	50.00	-	-	-%	-%
Lining of Field for Football	125.00	125.00	125.00	125.00	125.00	125.00	-	-	-%	-%
Lining of Field for Lacrosse	75.00	75.00	75.00	75.00	75.00	75.00	-	-	-%	-%
Mowing	75.00	75.00	75.00	75.00	75.00	75.00	-	-	-%	-%
Special Prep Fees (less than 3 days advance notice)	50.00	50.00	50.00	50.00	50.00	50.00	-	-	-%	-%
Charge for Authorizing Renting Organization to Collect Gate Fees										
Per Game/Single Field	25.00	25.00	25.00	25.00	25.00	25.00	-	-	-%	-%
Multiple Games/Single Field	50.00	50.00	50.00	50.00	50.00	50.00	-	-	-%	-%
Concession Fees for Non-Tournament Play										
One Game	25.00	25.00	-	-	-	-	-	-	100.00%	100.00%
Full Day	50.00	50.00	50.00	50.00	50.00	50.00	-	-	-%	-%

Tax Rate and Fee Schedule

Attachment B

Planning Department Fee Schedule

	FY 2024 Adopted		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Board of Adjustments								
Special Use Permit & Variance	800.00	per application	800.00	per application	800.00	per application	-	-%
Appeal of Administrative Decision*	350.00	per application	350.00	per application	350.00	per application	-	-%
*If the appeal is successful, the application fee will be refunded to the applicant.								
Major Subdivision (SD)								
Preliminary Plan Review	100.00 plus 10.00 per lot		100.00 plus 10.00 per lot		100.00 plus 10.00 per lot		-	-%
Surcharge for Traffic Impact Analysis	TBD (Actual Cost Passed on to Development)		TBD (Actual Cost Passed on to Development)		TBD (Actual Cost Passed on to Development)		-	-%
Planned Unit Development (PUD)	100.00 per PUD review plus 10.00 per lot w/in PUD 10.00 per lot		100.00 per PUD review plus 10.00 per lot w/in PUD 10.00 per lot		100.00 per PUD review plus 10.00 per lot w/in PUD 10.00 per lot		-	-%
Final Plat	10.00 per lot		10.00 per lot		10.00 per lot		-	-%
Minor Subdivision (SD)								
Review	35.00 per review		35.00 per review		35.00 per review		-	-%
Revisions to Approved Subdivision Plans								
Insignificant	Free		Free		Free		-	-%
Minor	25.00 per revision		25.00 per revision		25.00 per revision		-	-%
Major	100.00 plus 10.00 per lot		100.00 plus 10.00 per lot		100.00 plus 10.00 per lot		-	-%
Planned Unit Development (PUD)	100.00 plus 10.00 per lot		100.00 plus 10.00 per lot		100.00 plus 10.00 per lot		-	-%
Non-Residential Review Fees								
Commercial Site Plan:								
Less Than 1 Acre	300.00 per review		300.00 per review		300.00 per review		-	-%
1+ Acres	300.00 plus 50.00 per acre (or portion thereof)		300.00 plus 50.00 per acre (or portion thereof)		300.00 plus 50.00 per acre (or portion thereof)		-	-%
Surcharge for Traffic Impact Analysis	TBD (Actual Cost Passed on to Development)		TBD (Actual Cost Passed on to Development)		TBD (Actual Cost Passed on to Development)		-	-%
Revisions to Approved Non-Residential Plans								
Insignificant	Free		Free		Free		-	-%
Minor	25.00 per revision		25.00 per revision		25.00 per revision		-	-%
Major	300.00 plus 50.00 per acre (or portion thereof)		300.00 plus 50.00 per acre (or portion thereof)		300.00 plus 50.00 per acre (or portion thereof)		-	-%
Zoning Review								
Zoning Permit	40.00 per unit		40.00 per unit		40.00 per unit		-	-%
Zoning Verification Letter	25.00 per request		25.00 per request		25.00 per request		-	-%
Final Zoning Re-Inspection	80.00 per request		80.00 per request		80.00 per request		-	-%
Other Fees								
Text Amendment	300.00 per amend.		300.00 per amend.		300.00 per amend.		-	-%
Rezoning **	600.00 per rezoning		600.00 per rezoning		600.00 per rezoning		-	-%
Rezoning Conditional **	900.00 per rezoning		100.00 per rezoning		100.00 per rezoning		100	11%
	-	-	2,000	per rezoning (301-600 homes or 100,001-200,000 SF Comm)	2000	per rezoning (301-600 homes or 100,001-200,000 SF Comm)	-	-%

Tax Rate and Fee Schedule

Attachment B

Planning Department Fee Schedule

	FY 2024 Adopted		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
	-	-	3,000	per rezoning (600 + homes or more than 200,000 SF Comm)	3000	per rezoning (600 + homes or more than 200,000 SF Comm)	-	-%
Copies of Plans	20.00 per plan		20.00 per plan		20.00 per plan		-	-%
Ordinance	20.00 per ordinance		20.00 per ordinance		20.00 per ordinance		-	-%
Stormwater Plan Reviews - Residential								
General Drainage	350.00 per site plus 10.00 per acre		350.00 per site plus 10.00 per acre		350.00 per site plus 10.00 per acre		-	-%
General Drainage with Detention (SMF: Stormwater Management Facility)	350.00 per site plus 10.00 per acre plus 200.00 per SMF		350.00 per site plus 10.00 per acre plus 200.00 per SMF		350.00 per site plus 10.00 per acre plus 200.00 per SMF		-	-%
Revisions to Approved Plans:								
Minor	250.00 per plan		250.00 per plan		250.00 per plan		-	-%
Major (Revisions that necessitate a re-examination of	500.00 per plan		500.00 per plan		500.00 per plan		-	-%
Stormwater Plan Reviews - Non-Residential								
General Drainage	250.00 per disturbed acre (1 acre minimum)		250.00 per disturbed acre (1 acre minimum)		250.00 per disturbed acre (1 acre minimum)		-	-%
General Drainage with Detention (SMF: Stormwater Management Facility)	250.00 per disturbed acre plus 300.00 per SMF (1 acre minimum)		250.00 per disturbed acre plus 300.00 per SMF (1 acre minimum)		250.00 per disturbed acre plus 300.00 per SMF (1 acre minimum)		-	-%
Floodplain Reviews								
Minor	100.00 per review		100.00 per review		100.00 per review		-	-%
Flood Study (No-Rise, Length of Reach Prorated, New or Modified Crossings)	200.00 per review plus 150.00 per 1000 ft of study reach plus 200.00 per crossing		200.00 per review plus 150.00 per 1000 ft of study reach plus 200.00 per crossing		200.00 per review plus 150.00 per 1000 ft of study reach plus 200.00 per crossing		-	-%
Major Encroachment Impact (per each CLOMR & LOMR) (Length of Reach Prorated, New or Modified Crossings)	200.00 per review plus 250.00 per 1000 ft of study reach plus 200.00 per crossing		200.00 per review plus 250.00 per 1000 ft of study reach plus 200.00 per crossing		200.00 per review plus 250.00 per 1000 ft of study reach plus 200.00 per crossing		-	-%
Review Revisions								
Revisions (first review and submittal)	Included in Above Fees		Included in Above Fees		Included in Above Fees		-	-%
Next Revision	Half the Initial Plan Review Fee		Half the Initial Plan Review Fee		Half the Initial Plan Review Fee		-	-%
Each Revision Thereafter	Full Plan Review Fee		Full Plan Review Fee		Full Plan Review Fee		-	-%
Final Plats								
Major:								
If Less Than 15 Lots with common area, roads, etc.	150.00 per plat		150.00 per plat		150.00 per plat		-	-%
If 15 Lots or Greater	10.00 per lot within plat		10.00 per lot within plat		10.00 per lot within plat		-	-%
Surety Review (renewals, reductions, releases)	150.00 per surety		150.00 per surety		150.00 per surety		-	-%

Tax Rate and Fee Schedule

Attachment B

Public Health Fee Schedule

Dental Clinic		Adopted	Adopted FY	Proposed FY	Increase /	I/(D)
CPT	Service Description	FY 2024	2025	2026	(Decrease)	Percent
D0120	Periodic Oral Exam	36.75	38.59	40.52	1.93	5.00%
D0140	Limited Oral Exam - Emergency	48.83	51.27	53.84	2.57	5.00%
D0145	Oral Evaluation - 3 and Under	50.93	53.48	56.15	2.67	5.00%
D0150	Initial Oral Exam	59.25	62.21	65.32	3.11	5.00%
D0170	Emer. (Re-evaluation only)	33.60	35.28	37.04	1.76	5.00%
D0210	Intraoral Complete Films Series	95.35	100.12	105.13	5.01	5.00%
D0220	Intraoral - Periapical, 1st	19.80	20.79	21.83	1.04	5.00%
D0230	Intraoral - Periapical, each additional	15.97	16.77	17.61	0.84	5.00%
D0240	Occlusal Periapical	21.23	22.29	23.41	1.12	5.00%
D0270	Bitewing - One Film	12.60	13.23	13.89	0.66	5.00%
D0272	Bitewing - Two Film	24.57	25.80	27.09	1.29	5.00%
D0273	Bitewing - Three Film	36.13	37.94	39.84	1.90	5.00%
D0274	Bitewing - Four Film	42.61	44.74	46.98	2.24	5.00%
D0330	Panoramic X-Rays	68.25	71.66	75.25	3.59	5.00%
D1110	Prophylaxis - Adult (13+)	63.00	66.15	69.46	3.31	5.00%
D1120	Prophylaxis - Child	36.75	38.59	40.52	1.93	5.00%
D1206	Topical Fluoride Varnish under 3 yrs	22.48	23.60	24.78	1.18	5.00%
D1208	Topical Fluoride (<20)	20.87	21.91	23.01	1.10	5.00%
D1351	Sealant - Per Tooth	36.75	38.59	40.52	1.93	5.00%
D1354	Interim caries arresting medicament, SDF	26.25	27.56	28.94	1.38	5.00%
D1510	Space Maintainer - fixed - Unilateral	231.00	242.55	254.68	12.13	5.00%
D2140	Amalgam - 1 Surface Prim and Perm	94.33	99.05	104.00	4.95	5.00%
D2150	Amalgam - 2 Surface Prim and Perm	119.51	125.49	131.76	6.27	5.00%
D2160	Amalgam - 3 Surface Prim and Perm	138.38	145.30	152.56	7.26	5.00%
D2161	Amalgam - 4+ Surface Prim and Perm	152.33	159.95	167.95	8.00	5.00%
D2330	Resin - 1 Surface, Anterior, Prim and Perm	87.53	91.91	96.51	4.60	5.00%
D2331	Resin - 2 Surface, Anterior, Prim and Perm	108.13	113.54	119.22	5.68	5.00%
D2332	Resin - 3 Surface, Anterior, Prim and Perm	132.30	138.92	145.87	6.95	5.00%
D2335	Resin - 4 Surface, Anterior, Prim and Perm	161.92	170.02	178.52	8.50	5.00%
D2391	Resin - 1 Surface, Post Prim and Perm	110.25	115.76	121.55	5.79	5.00%
D2392	Resin - 2 Surface, Post Prim and Perm	157.50	165.38	173.65	8.27	5.00%
D2393	Resin - 3 Surface, Post & Perm Only	179.55	188.53	197.95	9.42	5.00%
D2394	Resin - 4 Surface, Post Prim and Perm	231.00	242.55	254.68	12.13	5.00%
D6059	Crown-Porcelain fused to high noble metal Private Pay	525.00	551.25	578.81	27.56	5.00%
D2920	Dental Recement Crown	26.25	27.56	28.94	1.38	5.00%
D2930	Prefab Stainless Steel Crown, Prim	191.64	201.22	211.28	10.06	5.00%
D2931	Prefab Stainless Steel Crown, Perm	206.09	216.39	227.21	10.82	5.00%
D2940	Sedative Filling	52.83	55.47	58.24	2.77	5.00%
D3220	Therapeutic Pulpotomy	100.10	105.11	110.37	5.26	5.00%
D4341	Perio Scale per Quad	133.54	140.22	147.23	7.01	5.00%
D4342	Perio Scaling / Root Planing - 1 to 3 / Quadrant	65.10	68.36	71.78	3.42	5.00%
D4346	Dental Scaling of gingival inflammation	78.75	82.69	86.82	4.13	5.00%
D4355	Full Mouth Debridement	89.49	93.96	98.66	4.70	5.00%
D4381	Localized Delivery of Antimicrobial Agent (Arestin)	68.25	71.66	75.24	3.58	5.00%
D4910	Periodontal Maintenance	64.34	67.56	70.94	3.38	5.00%
D5110	Complete Denture - Mandibular	776.79	815.63	856.41	40.78	5.00%
D5120	Complete Denture - Mandicular	776.79	815.63	856.41	40.78	5.00%
D5130	Immediate Maxillary Denture	735.00	771.75	810.34	38.59	5.00%
D5140	Immediate Mandibular Denture	735.00	771.75	810.34	38.59	5.00%
D5211	Maxillary Partial Denture - Resin Base	576.06	604.86	635.11	30.25	5.00%
D5212	Mandibular Partial Denture - Resin Base	576.06	604.86	635.11	30.25	5.00%
D5213	Maxillary Partial Denture - Cast Metal w/ Resin	857.33	900.20	945.21	45.01	5.00%
D5214	Mandibular Partial Denture - Cast Metal w/ Resin	857.33	900.20	945.21	45.01	5.00%
D5282	Removable Unilateral Partial Denture-Mandibular	362.25	380.36	399.38	19.02	5.00%

Tax Rate and Fee Schedule

Attachment B

Public Health Fee Schedule

Dental Clinic		Adopted	Adopted FY	Proposed FY	Increase /	I/(D)
CPT	Service Description	FY 2024	2025	2026	(Decrease)	Percent
D5283	Removable Unilateral Partial Denture-Maxillary	362.25	380.36	399.38	19.02	5.00%
D5286	Flexible Unilateral Removable Partial - Mandibular	315.00	330.75	347.29	16.54	5.00%
D5284	Flexible Unilateral Removable Partial - Maxillary	315.00	330.75	347.29	16.54	5.00%
D5225	Flexible Base Maxillary Partial	761.25	799.31	839.28	39.97	5.00%
D5226	Flexible Base Mandibular Partial	761.25	799.31	839.28	39.97	5.00%
D5410	Adjust Complete Denture - Maxillary	61.95	65.05	68.30	3.25	5.00%
D5411	Adjust Complete Denture - Mandibular	61.95	65.05	68.30	3.25	5.00%
D5421	Adjust Partial Denture - Maxillary	61.95	65.05	68.30	3.25	5.00%
D5422	Adjust Partial Denture - Mandibular	61.95	65.05	68.30	3.25	5.00%
D5511	Repair broken complete denture, Mandibular	102.48	107.60	112.98	5.38	5.00%
D5512	Repair broken complete denture, Maxillary	102.48	107.60	112.98	5.38	5.00%
D5520	Replace Missing / Broken Teeth - Denture	86.36	90.68	95.21	4.53	5.00%
D5611	Repair resin partial denture, Mandibular	102.48	107.60	112.98	5.38	5.00%
D5612	Repair resin partial denture, Maxillary	102.48	107.60	112.98	5.38	5.00%
D5630	Repair or Replace Broken Clasp	196.56	206.39	216.71	10.32	5.00%
D5640	Replace Broken Teeth - Per Tooth	84.39	88.61	93.04	4.43	5.00%
D5650	Add Tooth to Existing Partial Denture	105.63	110.91	116.46	5.55	5.00%
D5660	Add Clasp to Existing Partial Denture	192.15	201.76	211.85	10.09	5.00%
D5750	Reline Complete Maxillary Denture (Lab)	229.30	240.77	252.81	12.04	5.00%
D5751	Reline Mandibular Partial Denture (Lab)	229.30	240.77	252.81	12.04	5.00%
D5760	Reline Maxillary Partial Denture (Lab)	224.28	235.49	247.27	11.78	5.00%
D5761	Reline Mandibular Partial Denture (Lab)	224.28	235.49	247.27	11.78	5.00%
D5810	Interim Complete Denture (Maxillary)	288.75	303.19	318.35	15.16	5.00%
D5811	Interim Complete Denture (Mandibular)	288.75	303.19	318.35	15.16	5.00%
D5820	Flipper/Interim Acrylic Partial (Max. Temp)	288.75	303.19	318.35	15.16	5.00%
D5821	Flipper/Interim Acrylic Patrial (Mand. Temp)	288.75	303.19	318.35	15.16	5.00%
D7111	Extraction, Coronal Remnants - Deciduous Tooth	79.80	83.79	87.98	4.19	5.00%
D7140	Extraction, Permanent Tooth	96.60	101.43	106.50	5.07	5.00%
D7210	Surgical Removal - Tooth / Bone	145.08	152.33	159.95	7.62	5.00%
D7510	Incision / Drain Abcess Intr-Soft	183.75	192.94	202.59	9.65	5.00%
D9110	Palliative Treat (Min. Proc)	47.25	49.61	52.09	2.48	5.00%
D9230	Nitrous Oxide Analgesia	56.70	59.54	62.51	2.97	5.00%
D9944	Hard Night Guard	236.25	248.06	260.47	12.41	5.00%
D9945	Soft Night Guard	120.75	126.79	133.13	6.34	5.00%
LU404	Copy of X-Ray Films (Paper or Electronic)	10.00	10.00	10.00	-	-%

Tax Rate and Fee Schedule

Attachment B

Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
0001A	COVID Imm Admin - 1st Dose Pfizer	40.00	40.00	40.00	-	-%
0002A	COVID Imm Admin - 2nd Dose Pfizer	40.00	40.00	40.00	-	-%
0003A	COVID Imm Admin - 3rd Dose Pfizer	40.00	40.00	40.00	-	-%
0004A	COVID Imm Admin - Booster Dose Pfizer	40.00	40.00	40.00	-	-%
0011A	COVID Imm Admin - 1st Dose Moderna	40.00	40.00	40.00	-	-%
0012A	COVID Imm Admin - 2nd Dose Moderna	40.00	40.00	40.00	-	-%
0013A	COVID Imm Admin - 3rd Dose Moderna	40.00	40.00	40.00	-	-%
0031A	COVID Imm Admin - 1st Janssen	40.00	40.00	40.00	-	-%
0034A	COVID Imm Admin - Booster Janssen	40.00	40.00	40.00	-	-%
0041A	COVID Imm Admin - 1st Dose Novavax	40.00	40.00	40.00	-	-%
0042A	COVID Imm Admin - 2nd Dose Novavax	40.00	40.00	40.00	-	-%
0051A	Pfizer Covid-19 Diluted (Gray Cap) - 1st Dose	65.00	65.00	65.00	-	-%
0052A	Pfizer Covid-19 Diluted (Gray Cap) - 2nd Dose	65.00	65.00	65.00	-	-%
0053A	Pfizer Covid-19 Diluted (Gray Cap) - 3rd Dose	65.00	65.00	65.00	-	-%
0054A	Pfizer Covid-19 Diluted (Gray Cap) - Booster	65.00	65.00	65.00	-	-%
0064A	COVID Imm Admin - Booster Dose Moderna	40.00	40.00	40.00	-	-%
0071A	Pfizer Covid-19 Pediatric - 1st Dose	40.00	40.00	40.00	-	-%
0072A	Pfizer Covid-19 Pediatric - 2nd Dose	40.00	40.00	40.00	-	-%
0073A	Pfizer Covid-19 Pediatric - 3rd Dose	65.00	65.00	65.00	-	-%
0074A	Pfizer Covid-19 Pediatric - Booster Dose	40.00	40.00	40.00	-	-%
0081A	Pfizer Covid Pediatric (6 mo - 4 yr) - 1st Dose	40.00	40.00	40.00	-	-%
0082A	Pfizer Covid Pediatric (6 mo - 4 yr) - 2nd Dose	40.00	40.00	40.00	-	-%
0083A	Pfizer Covid Pediatric (6 mo - 4 yr) - 3rd Dose	40.00	40.00	40.00	-	-%
0111A	Moderna Covid Pediatric (6 mo - 5 yr) - 1st Dose	40.00	40.00	40.00	-	-%
0112A	Moderna Covid Pediatric (6 mo - 5 yr) - 2nd Dose	40.00	40.00	40.00	-	-%
0124A	Pfizer Covid (12+ yr) - Booster	40.00	40.00	40.00	-	-%
0134A	Moderna Covid (18+ yr) - Booster	40.00	40.00	40.00	-	-%
0144A	Moderna Covid (6 - 11 yr) - Booster	40.00	40.00	40.00	-	-%
0154A	Pfizer Covid (5 - 11 yr) - Booster	40.00	40.00	40.00	-	-%
0202U	Respiratory Profile, nasal swab	-	-	541.81	541.81	100.00%
10060	Drainage of skin abscess	120.00	120.00	120.00	-	-%
10061	Drainage of skin abscess	148.14	148.14	148.14	-	-%
10160	Puncture drainage of lesion	99.36	99.36	99.36	-	-%
11000	Debride infected skin	42.49	42.49	42.49	-	-%
11200	Removal of skin tags	63.98	63.98	63.98	-	-%
11201	Remove skin tags add-on	15.21	15.21	15.21	-	-%
11400	Exc tr-ext b9+marg 0.5 < cm	94.50	94.50	94.50	-	-%
11640	Exc face-mm malig+marg 0.5 <	149.77	149.77	149.77	-	-%
11750	Removal of nail bed	166.87	166.87	166.87	-	-%
11765	Excision of nail fold, toe	99.10	99.10	99.10	-	-%
11976	Removal of Norplant	200.00	200.00	200.00	-	-%
11981	Insert drug implant device	120.00	120.00	120.00	-	-%
11982	Remove drug implant device	146.00	146.00	146.00	-	-%
11983	Remove/insert drug implant	211.00	211.00	211.00	-	-%
12001	Repair small laceration	175.00	175.00	175.00	-	-%
12002	Repair large laceration	200.00	200.00	200.00	-	-%
16030	Dress/debrid p-thick burn, l	165.36	165.36	165.36	-	-%
17000	Wart removal of one wart	65.00	65.00	65.00	-	-%
17003	Wart removal 2 to 14 warts	15.00	15.00	15.00	-	-%
17250	Chemical cauterization of granulation	70.00	70.00	70.00	-	-%
36415	Routine venipuncture	5.00	5.00	5.00	-	-%
46916	Cryosurgery, anal lesion(s)	168.43	168.43	168.43	-	-%
51701	Insert bladder catheter	75.00	75.00	75.00	-	-%
54050	Chemical wart treatment male	104.78	104.78	104.78	-	-%

Tax Rate and Fee Schedule

Attachment B

Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
54065	Destruction wart male cryotherapy	175.00	175.00	175.00	-	-%
56405	I & D Abscess of vulva/perineum	93.84	93.84	93.84	-	-%
56441	Lysis of labial lesion(s)	128.40	128.40	128.40	-	-%
56501	Destruction of lesion vulva cryotherapy	105.00	105.00	105.00	-	-%
56820	Colposcopy of vulva without biopsy	150.00	150.00	150.00	-	-%
56821	Colposcopy of vulva with biopsy	128.01	128.01	128.01	-	-%
57000	Drainage of pelvic lesion	160.97	160.97	160.97	-	-%
57061	Chemical wart treatment female	95.00	95.00	95.00	-	-%
57065	Destroy vag lesions, complex	155.00	155.00	155.00	-	-%
57170	Fitting of diaphragm/cap	95.00	95.00	95.00	-	-%
57452	Colposcopy of cervix without biopsy	130.00	130.00	130.00	-	-%
57454	Colposcopy of cervix with biopsy	170.00	170.00	170.00	-	-%
57456	Colpo cervical with ECC	205.00	205.00	205.00	-	-%
57500	Biopsy of Cervix, single or multiple, or local excision of lesion	128.00	128.00	128.00	-	-%
57505	Endocervical curettage	151.00	151.00	151.00	-	-%
57511	Cryotherapy of cervix	160.00	160.00	160.00	-	-%
58100	Endometrial sampling biopsy	90.00	90.00	90.00	-	-%
58300	IUD insertion	150.00	150.00	150.00	-	-%
58301	IUD removal	120.00	120.00	120.00	-	-%
59025	NST	60.00	60.00	60.00	-	-%
59425	4 to 6 Antepartum visits	365.28	365.28	365.28	-	-%
59426	7 or more Antepartum visits	653.12	653.12	1,316.60	663.48	101.60%
59430	Postpartum Care Only	136.00	136.00	236.16	100.16	73.60%
65205	Remove foreign body from eye	55.00	55.00	55.00	-	-%
65220	Remove foreign body from eye	55.00	55.00	55.00	-	-%
69200	Remove foreign body from ear	115.00	115.00	115.00	-	-%
69210	Remove impacted ear wax	65.00	65.00	65.00	-	-%
76801	Limited OB Ultrasound less than 14 weeks	125.16	125.16	125.16	-	-%
76815	Limited OB Ultrasound	85.00	85.00	85.00	-	-%
76816	OB Ultrasound for Fetal Biophysical	71.00	71.00	116.52	45.52	64.10%
76817	Vaginal OB Ultrasound	100.52	100.52	100.52	-	-%
76818	Fetal biophys profile w/NST	127.00	127.00	127.00	-	-%
76819	Biophysical Profile without NST	125.16	125.16	125.16	-	-%
76830	Vaginal Ultrasound	100.52	100.52	100.52	-	-%
76856	Pelvic Ultrasound	164.34	164.34	164.34	-	-%
80048	Chem 7 Basic Metabolic Panel	14.00	14.00	14.00	-	-%
80051	Electrolyte panel	12.00	12.00	12.00	-	-%
80053	Chem 13 Complete metabolic panel	14.00	14.00	20.53	6.53	46.60%
80061	Lipid panel	25.00	25.00	25.00	-	-%
80074	Acute hepatitis panel	82.00	82.00	82.00	-	-%
80076	Hepatic function panel	16.00	16.00	16.00	-	-%
80156	Assay, carbamazepine, total	23.00	23.00	23.00	-	-%
80185	Assay of phenytoin, total	20.00	20.00	20.00	-	-%
80186	Assay of phenytoin, free	27.00	27.00	27.00	-	-%
81000	Urinalysis, nonauto w/scope	20.00	20.00	20.00	-	-%
81001	Urinalysis, with micro	20.00	20.00	20.00	-	-%
81002	Urinalysis nonauto w/o scope	15.00	15.00	15.00	-	-%
81003	Urinalysis, automated without micro	15.00	15.00	15.00	-	-%
81015	Microscopic exam of urine	15.00	15.00	15.00	-	-%
81025	Urine pregnancy test	20.00	20.00	20.00	-	-%
81050	Urinalysis, volume measure	5.00	5.00	5.00	-	-%
81243	Fragile X mental retardation gene analysis	70.86	70.86	70.86	-	-%
81244	Fragile X mental retardation gene analysis	55.76	55.76	55.76	-	-%

Tax Rate and Fee Schedule

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Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
82105	Quad screen AFP	27.70	27.70	27.70	-	-%
82120	Amines, vaginal fluid	7.00	7.00	7.00	-	-%
82150	Amylase	11.00	11.00	11.00	-	-%
82239	Bile acids, total	28.00	28.00	28.00	-	-%
82247	Bilirubin, total	13.69	13.69	13.69	-	-%
82248	Bilirubin, direct	13.69	13.69	13.69	-	-%
82270	Fecal Occult Blood X3	15.00	15.00	15.00	-	-%
82306	Vitamin D	45.00	45.00	45.00	-	-%
82465	Assay, bld/serum cholesterol	22.00	22.00	22.00	-	-%
82533	Total cortisol	29.00	29.00	29.00	-	-%
82540	Creatine Clearance	7.67	7.67	7.67	-	-%
82565	Serum creatinine	15.00	15.00	15.00	-	-%
82575	Urine 24 hour creatinine clearance test	17.00	17.00	17.00	-	-%
82607	Vitamin B-12	23.00	23.00	23.00	-	-%
82610	Cystatin C	23.13	23.13	23.13	-	-%
82627	DHEA Sulfate	-	-	36.75	36.75	100.00%
82670	Estradiol	-	-	39.36	39.36	100.00%
82677	Assay of estriol	35.00	35.00	35.00	-	-%
82728	Iron Panel Ferritin panel	25.00	25.00	25.00	-	-%
82731	Assay of fetal fibronectin	95.00	95.00	95.00	-	-%
82746	Blood folic acid serum	26.00	26.00	26.00	-	-%
82784	Celiac Antibodies Profile	-	-	15.36	15.36	100.00%
82785	Allergy testing Total IGE	25.00	25.00	25.00	-	-%
82947	Glucose Random Fasting	8.00	8.00	8.00	-	-%
82948	Reagent strip/blood glucose	18.00	18.00	18.00	-	-%
82950	Glucose Tolerance Test 1 hour	20.00	20.00	20.00	-	-%
82951	Glucose tolerance test (GTT) 1st 3	50.00	50.00	50.00	-	-%
82952	GTT beyond 3rd sample	8.00	8.00	8.00	-	-%
82960	Test for G6PD enzyme	11.00	11.00	11.00	-	-%
82977	Assay of GGT	12.00	12.00	12.00	-	-%
83001	Gonadotropin (FSH)	30.00	30.00	30.00	-	-%
83002	Gonadotropin (LH)	30.00	30.00	30.00	-	-%
83036	HgB A1C	16.00	16.00	16.00	-	-%
83498	17-Hydroxyprogesterone	-	-	44.88	44.88	100.00%
83540	Iron Panel Assay of iron	15.00	15.00	15.00	-	-%
83550	Iron Panel Iron binding test	14.00	14.00	14.00	-	-%
83615	LDH	15.00	15.00	15.00	-	-%
83690	Lipase	11.00	11.00	11.00	-	-%
83718	Assay of lipoprotein	14.00	14.00	14.00	-	-%
83735	Assay of magnesium	12.00	12.00	12.00	-	-%
84146	Prolactin level	29.00	29.00	29.00	-	-%
84153	Assay of psa, total	33.00	33.00	33.00	-	-%
84156	Assay of protein, urine	6.00	6.00	6.00	-	-%
84403	Assay of total testosterone	46.00	46.00	46.00	-	-%
84436	Assay of total thyroxine	10.00	10.00	10.00	-	-%
84439	Thyroid Panel Free T4	15.00	15.00	15.00	-	-%
84443	Thyroid Panel TSH	25.00	25.00	25.00	-	-%
84450	Transferase (AST) (SGOT)	8.50	8.50	8.50	-	-%
84460	Alanine amino (ALT) (SGPT)	8.50	8.50	8.50	-	-%
84478	Assay of triglycerides	10.00	10.00	10.00	-	-%
84479	Thyroid Panel T3 or T4	12.00	12.00	12.00	-	-%
84481	Free assay (FT-3)	27.00	27.00	27.00	-	-%
84520	Assay of urea nitrogen	8.00	8.00	8.00	-	-%
84550	Uric acid	9.00	9.00	9.00	-	-%

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Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
84702	HCG Titer	14.00	14.00	14.00	-	-%
84703	Chorionic gonadotropin assay	13.00	13.00	13.00	-	-%
85007	Differential	5.00	5.00	5.00	-	-%
85018	Hemoglobin	15.00	15.00	15.00	-	-%
85025	CBC with Differential and Platelet	14.00	14.00	14.00	-	-%
85027	CBC with Platelet without Diff	20.00	20.00	20.00	-	-%
85044	Retic CT	8.00	8.00	8.00	-	-%
85045	Automated reticulocyte count	7.00	7.00	7.00	-	-%
85240	Blood clot factor VIII test	29.60	29.60	29.60	-	-%
85245	Blood clot factor VIII test	37.62	37.62	37.62	-	-%
85246	Blood clot factor VIII test	37.62	37.62	37.62	-	-%
85247	Blood clot factor VIII test	37.62	37.62	37.62	-	-%
85597	Lupus Coagulant	27.00	27.00	27.00	-	-%
85610	Prothrombin time	8.00	8.00	8.00	-	-%
85651	Sedimentation rate	6.00	6.00	6.00	-	-%
85652	Rbc sed rate, automated	6.00	6.00	6.00	-	-%
85670	Thrombin time, plasma	10.00	10.00	10.00	-	-%
85730	Thromboplastin time, partial	11.00	11.00	11.00	-	-%
86003	Allergen specific IgE; quantitative or s....	9.00	9.00	9.00	-	-%
86005	Qualitative, multiallergen screen (,disk....	13.00	13.00	13.00	-	-%
89008x2	Allergen Profile-Egg	-	-	8.37	8.37	100.00%
86038	Antinuclear antibodies	22.00	22.00	22.00	-	-%
86060	Antistreptolysin o, titer	16.00	16.00	16.00	-	-%
86140	C-reative Protein (CRP)	-	-	8.55	8.55	100.00%
86146	Beta-2 Glycoprotein	23.99	23.99	23.99	-	-%
86147	Anticardiolipin antibodies	22.00	22.00	22.00	-	-%
86231	Celiac Antibodies Profile	-	-	15.36	15.36	100.00%
86258	Celiac Antibodies Profile	-	-	10.22	10.22	100.00%
86280	Flu Culture	9.67	9.67	9.67	-	-%
86308	ANA and Monospot	10.00	10.00	10.00	-	-%
86328	Strip	58.80	58.80	58.80	-	-%
86359	T cells, total count	67.00	67.00	67.00	-	-%
86360	T cell, absolute count/ratio	83.00	83.00	83.00	-	-%
86361	CD4	82.00	82.00	82.00	-	-%
86364	Transglutaminase (TTG)	-	-	13.64	13.64	100.00%
86382	Rabies Titer	52.00	52.00	52.00	-	-%
86403	Particle agglutination test	18.00	18.00	18.00	-	-%
86430	Rheumatoid factor test	18.00	18.00	18.00	-	-%
86431	Rheumatoid factor	10.00	10.00	10.00	-	-%
86480	Quantiferon TB test	110.00	110.00	110.00	-	-%
86513/ 85732	Lupus Anticoagulant Reflex	8.00	8.00	10.70	2.70	33.80%
86376	Thyroid Antibodies	-	-	22.91	22.91	100.00%
86580	PPD low risk only	20.00	20.00	20.00	-	-%
86592	Syphilis test, RPR Qualitative	8.00	8.00	8.00	-	-%
86593	Syphilis test, RPR Titer	8.00	8.00	8.00	-	-%
86606	Aspergillus antibody	23.00	23.00	23.00	-	-%
86618	Lyme disease antibody	25.00	25.00	25.00	-	-%
86644	CMV antibody	22.00	22.00	22.00	-	-%
86645	CMV antibody, IgM	22.00	22.00	22.00	-	-%
86663	Epstein-barr antibody test 1	22.00	22.00	22.00	-	-%
86664	Epstein-barr antibody test 2	22.00	22.00	22.00	-	-%
86665	Epstein-barr antibody test 3	24.00	24.00	24.00	-	-%
86677	Helicobacter Pylori Antibody IGG	40.00	40.00	40.00	-	-%

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Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
86687	HIV	58.00	58.00	58.00	-	-%
86689	HTLV/HIV confirmatory test	34.00	34.00	34.00	-	-%
86694	Herpes simplex test	22.00	22.00	22.00	-	-%
86695	Herpes simplex type I IGG and IGM	18.89	18.89	18.89	-	-%
86696	Herpes simplex type 2 IGG and IGM	28.00	28.00	28.00	-	-%
86703	Antibody; HIV-1 and HIV-2, single result	21.00	21.00	21.00	-	-%
86704	Hep b core antibody, total	23.00	23.00	23.00	-	-%
86706	Hep B surface antibody	18.00	18.00	18.00	-	-%
86707	Hep be antibody	22.00	22.00	22.00	-	-%
86708	Hep a antibody, total	20.00	20.00	20.00	-	-%
86709	Hep a antibody, igm	18.00	18.00	18.00	-	-%
86710	Flu Culture	22.41	22.41	22.41	-	-%
86735	Mumps antibody	22.00	22.00	22.00	-	-%
86747	Parvovirus antibody	22.00	22.00	22.00	-	-%
86756	RSV culture	40.00	40.00	40.00	-	-%
86762	Rubella antibody	22.00	22.00	22.00	-	-%
86765	Measles Rubeola antibody	20.00	20.00	20.00	-	-%
86769	(SARS-CoV-2)	54.77	54.77	54.77	-	-%
86777	Toxoplasma antibody	22.00	22.00	22.00	-	-%
86778	Toxoplasma antibody, igm	17.00	17.00	23.80	6.80	40.00%
86787	Varicella-zoster antibody	40.00	40.00	40.00	-	-%
86800	Thyroid Antibodies	-	-	26.29	26.29	100.00%
86803	Hepatitis C antibody	22.00	22.00	22.00	-	-%
86804	Hep c ab test, confirm	21.00	21.00	21.00	-	-%
86850	Antibody screening	37.00	37.00	37.00	-	-%
86870	RBC antibody identification	35.00	35.00	35.00	-	-%
86880	Coombs test, direct	10.00	10.00	10.00	-	-%
86900	ABO Grouping	6.00	6.00	6.00	-	-%
86901	Rho (D) typing	6.00	6.00	6.00	-	-%
87015	Specimen concentration	12.00	12.00	12.00	-	-%
87040	Blood culture for bacteria	18.00	18.00	18.00	-	-%
87045	Stool culture salmonella and shigella	15.00	15.00	15.00	-	-%
87046	Stool culture enteric	15.00	15.00	15.00	-	-%
87070	Bacterial culture screening	14.00	14.00	14.00	-	-%
87076	Culture anaerobe ident, each	13.25	13.25	13.25	-	-%
87077	Culture aerobic identify	14.00	14.00	14.00	-	-%
87081	MRSA or Group B Strep or Strep A culture	15.00	15.00	15.00	-	-%
87086	Urine Culture/Routine	17.00	17.00	17.00	-	-%
87088	Urine bacteria culture	14.00	14.00	14.00	-	-%
87102	Fungus isolation culture	15.00	15.00	15.00	-	-%
87110	Chlamydia culture	29.00	29.00	29.00	-	-%
87116	Sputum mycobacteria culture	19.00	19.00	19.00	-	-%
87177	Stool ova and parasites culture	14.70	14.70	14.70	-	-%
87186	Microbe susceptible, mic	16.00	16.00	16.00	-	-%
87205	Urethral smear	8.00	8.00	8.00	-	-%
87206	Sputum Smear	10.00	10.00	10.00	-	-%
87207	Smear, special stain	20.12	20.12	20.12	-	-%
87209	Smear, complex stain	22.00	22.00	22.00	-	-%
87210	Vaginal Wet Mount	7.00	7.00	7.00	-	-%
87230	C Diff	29.00	29.00	29.00	-	-%
87252	Herpes culture	85.00	85.00	85.00	-	-%
87253	Virus inoculate tissue, addl	73.00	73.00	73.00	-	-%
87324	Clostridium ag, eia	19.00	19.00	19.00	-	-%
87338	H. Pylori Stool Antigen	23.06	23.06	23.06	-	-%

Tax Rate and Fee Schedule

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Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
87340	Hepatitis B surface antigen	16.00	16.00	16.00	-	-%
87350	Hepatitis be ag, eia	18.00	18.00	18.00	-	-%
87389	HIV Screen	42.00	42.00	42.00	-	-%
87400	Flu A and B swab	40.00	40.00	40.00	-	-%
87425	Rotavirus ag, eia	18.00	18.00	18.00	-	-%
87426	CORONAVIRUS Antigen Detect AG IA	49.57	49.57	49.57	-	-%
87486	Respiratory Pathogen Profile	39.21	39.21	39.21	-	-%
87491	NAAT Chlamydia	43.00	43.00	43.00	-	-%
87502	Influenza A and B	66.72	66.72	88.50	21.78	32.60%
87517	Hepatitis b, dna, quant	58.00	58.00	58.00	-	-%
87522	Infectious agent detection by nucleic ac....	58.00	58.00	58.00	-	-%
87536	Infectious agent detection by nucleic ac....	94.00	94.00	94.00	-	-%
87563	Mycoplasma genitalium NAAT	32.16	33.15	33.15	-	-%
87591	Gonorrhea	34.26	34.26	34.26	-	-%
87624	HPV Co Testing	43.00	43.00	43.00	-	-%
87625	HPV 16 and 18	39.00	39.00	39.00	-	-%
87635	SARS-COV-2 COVID-19 AMP PRB	66.04	66.04	66.04	-	-%
87651	Strep A	30.56	30.56	40.53	9.97	32.60%
87661	Infectious Agent Detection by nucleic acid; Trichomonas	31.41	31.41	31.41	-	-%
87798	Detect agent nos, dna, amp	78.62	78.62	78.62	-	-%
87800	Detect agnt mult, dna, direc	71.00	71.00	71.00	-	-%
87880	Strep A Assay w/ Optic	25.00	25.00	25.00	-	-%
87901	Infectious agent genotype analysis by	138.00	138.00	138.00	-	-%
87902	Genotype, dna, hepatitis C	586.00	586.00	586.00	-	-%
88141	Cytopath, c/v, interpret	35.00	35.00	35.00	-	-%
88142	Old CLN PAP code	30.00	30.00	30.00	-	-%
88175	PAP smear	43.00	43.00	43.00	-	-%
88305	Pathology x qty	DELETE FEE	-	-		
88342	Immunohistochemistry	71.00	71.00	71.00	-	-%
88738	Trans Total Hemoglobin	15.00	15.00	15.00	-	-%
90471	Immunization admin 1st injection	14.00	14.00	14.00	-	-%
90472	Immunization admin, each additional	14.00	14.00	14.00	-	-%
90473	Immunization admin oral/nasal only	14.00	14.00	14.00	-	-%
90474	Immunization admin oral/nasal and	14.00	14.00	14.00	-	-%
90619	Meningococcal conjugate vaccine	209.00	209.00	209.00	-	-%
90620	Menincoccal Group B Vaccine Bexsero	225.00	225.00	225.00	-	-%
90621	Meningococcal Group B Vaccine Trumenba	162.00	162.00	162.00	-	-%
90623	Prenbaya Vaccine	-	-	307.97	307.97	100.00%
90632	Hepatitis A vaccine, adult	75.00	75.00	107.87	32.87	43.80%
90632	VAQTA 50 Unit S/ML Syringe - Hep A Vaccine (Adult)	-	-	116.97	116.97	100.00%
90633	Hepatitis A Pediatric Private	33.00	33.00	49.89	16.89	51.20%
90633	VAQTA 25 Units S/0.5 ML Syringe - Hep A Vaccine (Ped)	-	-	51.01	51.01	100.00%
90636	Twinrix Private	105.00	105.00	166.97	61.97	59.00%
90647	Hib P vax Private	27.17	27.17	39.94	12.77	47.00%
90648	HIB Private	27.00	27.00	27.00	-	-%
90649	H papilloma vacc 3 dose im	160.00	160.00	160.00	-	-%
90651	HPV vaccine Gardasil 9 Private	242.00	384.00	384.00	-	-%
90655	Influenza virus vaccine, trivalent, spli....	16.00	16.00	16.00	-	-%
90656	Influenza virus vaccine, trivalent, spli....	16.00	16.00	25.42	9.42	58.90%
90657	Influenza virus vaccine, trivalent, spli....	16.00	16.00	16.00	-	-%
90658	Influenza virus vaccine, trivalent, spli....	16.00	16.00	24.83	8.83	55.20%

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Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
90660	Influenza Virus Vaccine, Trivalent, Live	-	-	33.07	33.07	100.00%
90670	Prevnar Private	124.00	124.00	124.00	-	-%
90672	Flumist Private	25.00	25.00	25.00	-	-%
90675	Rabies vaccine	252.51	252.51	507.53	255.02	101.00%
90677	Prevnar 20 Vaccine PRIVATE	-	332.40	332.40	-	-%
90680	Rota Virus Private	80.00	80.00	131.31	51.31	64.10%
90685	Influenza (Quad) 6 to 35 mths Private	23.23	23.23	23.23	-	-%
90686	Influenza (Quad) PF Private	25.00	25.00	25.00	-	-%
90691	Typhoid vaccine	80.00	80.00	129.21	49.21	61.50%
90697	Vaxelis (DTaP-IPV-Hib-HepB) State	195.00	195.00	203.68	8.68	4.50%
90698	Pentacel Private	92.00	92.00	137.15	45.15	49.10%
90700	Dtap Private	24.00	24.00	35.54	11.54	48.10%
90702	Dt Pediatric Private	36.23	36.23	36.23	-	-%
90707	MMR Private	87.10	87.10	124.46	37.36	42.90%
90710	MMRV Private	-	347.30	347.30	-	-%
90713	Polio Private	45.00	45.00	45.00	-	-%
90714	TD(pf) Private	22.00	22.00	37.47	15.47	70.30%
90715	Tdap Private	40.00	61.04	61.04	-	-%
90716	Varicella Private	92.00	232.41	232.41	-	-%
90717	Yellow fever vaccine	120.00	120.00	275.12	155.12	129.30%
90723	Pediarix Private	84.12	84.12	84.12	-	-%
90732	Pneumovax 23 Private	50.00	50.00	156.77	106.77	213.50%
90733	Meningococcal vaccine, sc	115.00	115.00	115.00	-	-%
90734	Menveo/Menactra Private	115.00	115.00	198.17	83.17	72.30%
90736	Zostavax	200.00	200.00	200.00	-	-%
90744	Hepatitis B Pediatric Private	25.10	25.10	36.36	11.26	44.90%
90744	Hepatitis B Vaccine, Pediatric or Adolescent Dosage (3 dose schedule for intramuscular use)	-	-	124.46	124.46	100.00%
90746	Hepatitis B vaccine, adult	70.00	70.00	91.13	21.13	30.20%
90785	PSYTX Complex Interactive	-	5.15	18.95	13.80	268.00%
90791	Psych Diagnostic Evaluation	-	163.01	163.01	-	-%
90832	PSYTX W PT 30 Minutes	-	67.91	96.21	28.30	41.70%
90834	PSYTX W PT 45 Minutes	-	88.21	127.18	38.97	44.20%
90837	PSYTX W PT 60 Minutes	-	129.25	187.23	57.98	44.90%
90839	PSYTX Crisis Initial 60 Min	-	162.86	162.86	-	-%
90840	PSYTX Crisis Ea Addl 30 Min	-	137.11	137.11	-	-%
90845	Psychoanalysis	-	82.46	82.46	-	-%
90846	Family PSYTX w/o PT 50 min	-	95.82	95.82	-	-%
90847	Family PSYTX w/ PT 50 min	-	118.99	118.99	-	-%
90849	Multiple Family Group PSYTX	-	35.69	46.66	10.97	30.70%
90853	Group Psychotherapy	-	33.92	33.92	-	-%
92551	Audiometry	20.00	20.00	20.00	-	-%
92587	OAE	40.45	40.45	40.45	-	-%
94060	Evaluation of wheezing	61.00	61.00	61.00	-	-%
94640	Nebulizer Treatment	40.00	40.00	40.00	-	-%
94760	Measure blood oxygen level	3.00	3.00	3.00	-	-%
96110	Developmental Screening ASQ or MCHAT	20.00	20.00	20.00	-	-%
96127	PSC or Vanderbilt or FP PP Depression	7.70	7.70	7.70	-	-%
96152	Intervene hlth/behave, indiv	19.97	19.97	19.97	-	-%
96160	HEADSSS	6.77	6.77	6.77	-	-%
96161	Maternal Depression Screen completed in	6.77	6.77	6.77	-	-%
96372	Therapeutic, prophylactic, or diagnostic....	25.00	25.00	25.00	-	-%
97802	Medicial Nutrition Therapy	31.86	31.86	31.86	-	-%
97803	Med nutrition, individual, subsequent vi....	15.80	15.80	27.87	12.07	76.40%

Tax Rate and Fee Schedule

Attachment B

Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
98960	Education Training, 1 pt 30 min	24.11	24.11	24.11	-	-%
98966	HC PRO Phone Call 5-10 min	-	11.60	11.60	-	-%
98967	HC PRO Phone Call 11-20 min	27.75	27.75	27.75	-	-%
98968	HC PRO Phone Call 21-30 min	-	33.10	33.10	-	-%
99000	Handling and/or conveyance of specimen f....	10.00	10.00	10.00	-	-%
99070	Supplies and materials (except	15.00	15.00	15.00	-	-%
99177	Instrument-based ocular screening (eg,	5.53	5.53	5.53	-	-%
99201	EM Brief visit New patient	70.00	70.00	70.00	-	-%
99202	EM Problem focused New patient	100.00	100.00	100.00	-	-%
99203	EM Expanded appt New patient	138.00	138.00	138.00	-	-%
99204	EM Detailed appt New patient	198.00	198.00	198.00	-	-%
99205	EM Comprehensive appt New patient	246.00	246.00	246.00	-	-%
99211	EM Brief visit Established patient	43.00	43.00	43.00	-	-%
99211	EM Brief visit Established patient	43.00	43.00	43.00	-	-%
99212	EM Problem focused appt Established pt	65.00	65.00	65.00	-	-%
99213	EM Expanded appt Established pt	86.00	86.00	86.00	-	-%
99214	EM Detailed appt Established pt	128.00	128.00	128.00	-	-%
99215	EM Comprehensive appt Established pt	186.00	186.00	186.00	-	-%
99241	Office consultation for a new or establi....	110.00	110.00	110.00	-	-%
99242	Office consultation for a new or establi....	170.00	170.00	170.00	-	-%
99243	Office consultation for a new or establi....	200.00	200.00	200.00	-	-%
99244	Office consultation for a new or establi....	245.00	245.00	245.00	-	-%
99245	Office consultation for a new or establi....	308.00	308.00	308.00	-	-%
99367	Medical team conference with	18.75	18.75	18.75	-	-%
99381	Preventative visit, new pt, infant	110.00	110.00	110.00	-	-%
99382	Preventative visit, new pt, age 1-4	120.00	120.00	120.00	-	-%
99383	Preventative visit, new pt, age 5-11	164.00	164.00	164.00	-	-%
99384	Preventative visit, new pt, age 12-17	110.00	110.00	110.00	-	-%
99385	Preventative visit, new pt, age 18-39	183.00	183.00	183.00	-	-%
99386	Preventative visit, new pt, age 40-64	214.00	214.00	214.00	-	-%
99387	Preventative visit, new pt, age 65 & ove....	230.00	230.00	230.00	-	-%
99391	Preventative visit, established pt, infa....	100.00	100.00	100.00	-	-%
99392	Preventative visit, established pt, age	115.00	115.00	115.00	-	-%
99393	Preventative visit, established pt, age	136.00	136.00	136.00	-	-%
99394	Preventative visit, established pt, age	161.00	161.00	161.00	-	-%
99395	Preventative visit, established pt, age	157.00	157.00	157.00	-	-%
99396	Preventative visit, established pt, age	173.00	173.00	173.00	-	-%
99397	Preventative visit, established, 65 & ov....	195.00	195.00	195.00	-	-%
99406	Tobacco counsel 3 to 10 minutes	11.93	11.93	18.58	6.65	55.70%
99407	Tobacco counsel greater than 10 min.	23.05	23.05	34.78	11.73	50.90%
99408	CRAFFT screening	30.73	30.73	43.82	13.09	42.60%
99421	E/M Svc 5 - 10 min	12.76	59.20	59.20	-	-%
99422	E/M Svc 11 - 20 min	25.47	81.80	81.80	-	-%
99423	E/M Svc 21+ min	41.16	127.01	127.01	-	-%
99441	Phone E/M 5-10 min	11.89	59.20	59.20	-	-%
99442	Phone E/M 11-20 min	23.16	81.80	81.80	-	-%
99443	Phone E/M 21-30 min	33.95	127.01	127.01	-	-%
99446	PH1/Internet/EHR 5-10	15.20	18.82	18.82	-	-%
99447	PH1/Internet/EHR 11-20	30.69	38.00	38.00	-	-%
99448	PH1/Internet/EHR 21-30	45.89	56.81	56.81	-	-%
99449	PH1/Internet/EHR 31 +	61.15	75.71	75.71	-	-%
99492	1st Psychiatric Collab Care MGMT 1st 70....	-	169.83	229.10	59.27	34.90%
99493	SBSQ Psychiatric Collab Care MGMT 1st 60...	-	135.90	222.69	86.79	63.90%
99494	1ST/SBSQ Psych Collab Care MGMT EA ADDL	-	70.30	95.08	24.78	35.20%

Tax Rate and Fee Schedule

Attachment B

Public Health Fee Schedule

CPT	Name	Adopted FY 2024 Outpatient	Adopted FY 2025 Outpatient	Proposed FY 2026 Outpatient	Increase / (Decrease) Outpatient	I/(D) Percent Outpatient
99501	Home visit, postpartum	60.00	60.00	60.00	-	-%
99502	Home visit, Newborn assessment	60.00	60.00	60.00	-	-%
D0145	Fluoride Oral Evaluation, pt < 3yrs	38.07	38.07	50.93	12.86	33.80%
D1206	Fluoride Topical Application	18.52	18.52	18.52	-	-%
G0008	Admin influenza vaccine Medicare	17.49	17.49	17.49	-	-%
G0009	Admin pneumococcal vaccine	17.49	17.49	17.49	-	-%
G0108	Diab manage trn per indiv	22.00	22.00	22.00	-	-%
G0109	Diab manage trn ind/group	12.00	12.00	12.00	-	-%
G2023	Specimen collection for severe acute res....	30.50	30.50	30.50	-	-%
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional	-	66.21	66.21	-	-%
G9919	Positive Health Disparity Screening and provision of recommendations	40.69	40.69	40.69	-	-%
H0031	MH Health Assess by Non-MD	-	25.75	25.75	-	-%
H0032	MH SVC Plan Dev by Non-MD	-	105.63	105.63	-	-%
J0561	Injection, Penicillin, 100,000 units	3.92	3.92	34.87	30.95	789.50%
J0570	Penicillin G 1 2 UN	50.00	50.00	50.00	-	-%
J0696	Rocephin injection 250 mg	20.00	20.00	20.00	-	-%
J0702	Betamethasone	11.00	11.00	11.00	-	-%
J1050	Depo Provera 1mg	0.37	0.57	0.57	-	-%
J1580	Gentamicin up to 80 mg	10.00	10.00	10.00	-	-%
J1726	17P Injection, Makena, 10 mg	DELETE FEE	-	-		
J2310	Naloxone	DELETE FEE	-	-		
J2790	Rhogam injection	120.00	120.00	120.00	-	-%
J3490	17P Injection Compounded Formula	20.00	20.00	20.00	-	-%
J7296	Kyleena - 19.5mg Levonorgestrel-Releasing	650.00	650.00	650.00	-	-%
J7297	Lileta IUD 3 year	50.00	50.00	50.00	-	-%
J7298	Mirena IUD 5 year	286.91	286.91	286.91	-	-%
J7300	Paragard IUD 10 year	300.00	300.00	300.00	-	-%
J7301	Skyla IUD	741.36	741.36	741.36	-	-%
J7304	Contraceptive hormone patch	10.00	10.00	10.00	-	-%
J7307	Nexplanon Implant	543.00	543.00	543.00	-	-%
LU018	Copy of Medical Records	1.00	1.00	1.00	-	-%
LU249	Breast Assessment	43.00	43.00	43.00	-	-%
Q2038	Fluzone Medicare	16.00	16.00	16.00	-	-%
S0280	Medical home program, initial plan	50.00	50.00	50.00	-	-%
S0281	Medical home program, maintenance of	150.00	150.00	150.00	-	-%
S4993	S4993 Contraceptive Pills	2.71	2.71	12.10	9.39	346.50%
S9443	Lactation class	65.00	65.00	65.00	-	-%
S9465	Diabetic Management Program	60.00	60.00	60.00	-	-%
S9470	Nutritional counseling, diet	60.00	60.00	60.00	-	-%
T1001	Nursing assessment/evaluatn	88.00	88.00	88.00	-	-%
T1002	RN services up to 15 minutes	19.50	19.50	19.50	-	-%
T1016	Case management	21.74	21.74	21.74	-	-%
T1017	Targeted case management	29.30	29.30	29.30	-	-%
U0001	2019 - NCOV Diagnostic	35.91	35.91	35.91	-	-%
U0002	COVID - 19 Lab Test NON-CDC	51.31	51.31	51.31	-	-%

For fees that have an approved Medicaid rate, the County's standard fee setting method is to use the Medicaid rate + 30% administrative overhead, and for those that do not have an approved Medicaid reimbursement rate but do have an approved commercial rate, we would recommend the fee be set at the commercial rate + 30

Tax Rate and Fee Schedule

Attachment B

Register of Deeds Fee Schedule

Register of Deeds Fee Schedule	Adopted FY 2023 Rate	Adopted FY 2023 Basis	Adopted FY 2024 Rate	Adopted FY 2024 Basis	Proposed FY 2026 Rate	Proposed FY 2026 Basis	Increase / (Decrease)	I/(D) Percent
Land Records								
Instruments in General	26.00 up to 15 pgs		26.00 up to 15 pgs		26.00 up to 15 pgs		-	-%
	4.00 per add'l pg		4.00 per add'l pg		4.00 per add'l pg		-	-%
Deeds	26.00 up to 15 pgs		26.00 up to 15 pgs		26.00 up to 15 pgs		-	-%
	4.00 per add'l pg		4.00 per add'l pg		4.00 per add'l pg		-	-%
Deeds of Trust and Mortgages	64.0O up to 35 pgs		64.00 up to 35 pgs		64.00 up to 35 pgs		-	-%
	4.00 per add'l pg		4.00 per add'l pg		4.00 per add'l pg		-	-%
Excise Tax on Deeds	2.00 per $1,000 purchase price		2.00 per $1,000 purchase price		2.00 per $1,000 purchase price		-	-%
Cancellations or Satisfactions	No Fee		No Fee		No Fee		-	-%
Non-Standard Document (EFF 7-1-2002 and Revised 10-01-2011)	25.00 per document plus recording fee		25.00 per document plus recording fee		25.00 per document plus recording fee		-	-%
Subsequent Instrument Reference (Assignments Only)	10.00 per add'l reference		10.00 per add'l reference		10.00 per add'l reference		-	-%
Indexing Parties - All Documents	2.00 per name over 20 names		2.00 per name over 20 names		2.00 per name over 20 names		-	-%
Plats	21.00 per plat		21.00 per plat		21.00 per plat		-	-%
Certified Copy	5.00 per copy		5.00 per copy		5.00 per copy		-	-%
Uncertified Copy	1.00 per copy		1.00 per copy		1.00 per copy		-	-%
By Mail	2.00 per copy		2.00 per copy		2.00 per copy		-	-%
Right of Way Plans	21.00 per plan		21.00 per plan		21.00 per plan		-	-%
	5.00 per add'l pg		5.00 per add'l pg		5.00 per add'l pg		-	-%
Certified Copies	5.00 for first page		5.00 for first page		5.00 for first page		-	-%
	2.00 per add'l pg		2.00 per add'l pg		2.00 per add'l pg		-	-%
Uniform Commericial Code (UCC's)	38.00 for first 2 pgs		38.00 for first 2 pgs		38.00 for first 2 pgs		-	-%
	45.00 for pgs 3 - 10		45.00 for pgs 3 - 10		45.00 for pgs 3 - 10		-	-%
	2.00 for pgs > 10		2.00 for pgs > 10		2.00 for pgs > 10		-	-%
Uncertified Copies:								
In Person	0.25 per page		0.25 per page		0.25 per page		-	-%
By Mail	1.00 per page		1.00 per page		1.00 per page		-	-%

* NOTE: Effective 7-1-2002 and revised 10-01-2011, any instrument presented for registration must meet all of the following requirements:

1. Presented on 8½" x 11" or 8½" x 14" paper
2. Has a blank margin at top of first page of 3" and ¼" on remaining sides of the first page and all sides of subsequent pages.
3. Typed or printed in black on white paper in a legible font that is not smaller than 9 pt. in size.
4. Is printed on single-sided pages.
5. Indicates the type of instrument at the top of the first page.
6. The new requirements permit blanks to be filled in and corrections to be made by hand in pen. If a document presented for recording does not meet all of the requirements, the register should first collect the new $25.00 fee for filing a "non-standard" document. After this fee has been collected, the register may then record the document and collect the applicable recording fees.

Tax Rate and Fee Schedule

Attachment B

Register of Deeds Fee Schedule

Register of Deeds Fee Schedule	Adopted FY 2023 Rate	Adopted FY 2023 Basis	Adopted FY 2024 Rate	Adopted FY 2024 Basis	Proposed FY 2026 Rate	Proposed FY 2026 Basis	Increase / (Decrease)	I/(D) Percent
Vital Records								
Certified Copies (Birth, Death and Marriage Certificates)								
County Residents	10.00	each	10.00	each	10.00	each	-	-%
Out of County Births (certified only 1971 and up)	24.00	for first copy	24.00	for first copy	24.00	for first copy	-	-%
	15.00	add'l copies	15.00	add'l copies	15.00	add'l copies	-	-%
Out of County Deaths (certified only August 2020 and up)	24.00	for first copy	24.00	for first copy	24.00	for first copy	-	-%
	15.00	add'l copies	15.00	add'l copies	15.00	add'l copies	-	-%
Birth and Death Amendment (Raleigh's Fee is 15.00)	10.00	each	10.00	each	10.00	each	-	-%
Legitimations (Raleigh's Fee is 15.00)	10.00	each	10.00	each	10.00	each	-	-%
Delayed Birth Certificate Application (No Fee to Raleigh)	10.00	each	10.00	each	10.00	each	-	-%
Marriage Licenses:								
Issuing a License	60.00	each	60.00	each	60.00	each	-	-%
Marriage License Correction	10.00	each	10.00	each	10.00	each	-	-%
Notary Authentication	5.00	each	5.00	each	5.00	each	-	-%
Notary Oaths	10.00	each	10.00	each	10.00	each	-	-%
Uncertified Copies:								
In Person	1.00	each	1.00	each	1.00	each	-	-%
By Mail	1.00	each	1.00	each	1.00	each	-	-%
DD-214 (Military Discharge Registration and Copies)	No Fee		No Fee		No Fee		-	
Passports								
Passport Execution Fee	35.00	each	35.00	each	35.00	each	-	-%
Photo Fee	10.00	each	10.00	each	15.00	each	5.00	50.00%

Tax Rate and Fee Schedule

Attachment B

Solid Waste Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Household Bagged Garbage								
Small Garbage Bag (up to 13 gallons) Eligible for Free Disposal (10 are eligible for free disposal)	1.00	per bag after 10 Free	1.00	per bag after 10 Free	-	per bag after 10 Free	(1.00)	(100.00%)
Large Garbage Bag (14 to 55 gallons) Eligible for Free Disposal (5 are eligible for free disposal)	2.00	per bag after 5 Free disposed	2.00	per bag after 5 Free disposed	-	per bag after 5 Free disposed	(2.00)	(100.00%)
Tipping Fees								
A "secured load" as referenced herein is a load which meets the requirements of N.C.G.S. § 20-116(g). Any load which does not meet such requirements shall be considered an "unsecured load".								
Municipal Solid Waste (MSW) Tipping Fee (1)								
0-1,500 tons per month (secured load)	47.00	per ton	54.00	per ton	60.00	per ton	6.00	11.00%
0-1,500 tons per month (unsecured load)	89.00	per ton	108.00	per ton	120.00	per ton	12.00	11.00%
1,501-3,000 tons per month (secured load)	43.00	per ton	48.00	per ton	48.00	per ton	-	-%
1,501-3,000 tons per month (unsecured load)	81.00	per ton	96.00	per ton	96.00	per ton	-	-%
> 3001 tons per month (secured load)	39.00	per ton	44.00	per ton	44.00	per ton	-	-%
> 3001 tons per month (unsecured load)	71.00	per ton	88.00	per ton	88.00	per ton	-	-%
							-	100.00%
Construction & Demolition (C&D) Materials Tipping Fee (2)								
0-200 tons per month (secured load)	41.00	per ton	52.00	per ton	58.00	per ton	6.00	12.00%
0-200 tons per month (unsecured load)	77.00	per ton	104.00	per ton	116.00	per ton	12.00	12.00%
201-400 tons per month (secured load)	39.00	per ton	45.00	per ton	49.00	per ton	4.00	9.00%
201-400 tons per month (unsecured load)	73.00	per ton	90.00	per ton	98.00	per ton	8.00	9.00%
401 or greater tons per month (secured load)	35.00	per ton	40.00	per ton	40.00	per ton	-	-%
401 or greater tons per month (unsecured load)	65.00	per ton	80.00	per ton	80.00	per ton	-	-%
Yard Waste								
0> tons per month (secured load)	35.00	per ton	45.00	per ton	60.00	per ton	15.00	33.00%
0> tons per month (unsecured load)	70.00	per ton	90.00	per ton	120.00	per ton	30.00	33.00%
Wood Pallet Tipping Fee	35.00	per ton	50.00	per ton	50.00	per ton	-	-%
(1) Minimum Fee for Municipal Solid Waste (Effective July 1, 2013)	5.00	per vehicle	5.00	per vehicle	5.00	per vehicle	-	-%
(2) NC Solid Waste Disposal Tax (Pursuant to NCGS 105-187.61)	Included in Fees		Included in Fees		Included in Fees		-	-%
Flat Rate Trailer Fees @ Solid Waste Management Facility								
A "secured load" as referenced herein is a load which meets the requirements of N.C.G.S. § 20-116(g). Any load which does not meet such requirements shall be considered an "unsecured load".								
MSW								
Single Axle Trailer (secured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Single Axle Trailer (unsecured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Pick-up Truck, Car, SUV, or Van (secured load)	10.00	per load	20.00	per load	20.00	per load	-	-%

Tax Rate and Fee Schedule

Attachment B

Solid Waste Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Pick-up Truck, Car, SUV, or Van (unsecured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or less - secured load)	10.00	per load	20.00	per load	20.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or less - unsecured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or greater - secured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or greater - unsecured load)	40.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Trailer (secured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Dual Axle Trailer (unsecured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or less - secured load)	30.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or less - unsecured load)	60.00	per load	160.00	per load	160.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or greater - secured load)	40.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or greater - unsecured load)	80	per load	160	per load	160	per load	-	-%
Box Truck or Covered Trailer < 16 ft long	30	per load	80	per load	80	per load	-	-%
Box Truck or Covered Trailer > 16 ft long	40	per load	80	per load	80	per load	-	-%
C&D								
Single Axle Trailer (secured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Single Axle Trailer (unsecured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Pick-up Truck (secured load)	10.00	per load	20.00	per load	20.00	per load	-	-%
Pick-up Truck (unsecured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or less - secured load)	10.00	per load	20.00	per load	20.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or less - unsecured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or greater - secured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or greater - unsecured load)	40.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Trailer (secured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Dual Axle Trailer (unsecured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or less - secured load)	30.00	per load	80.00	per load	80.00	per load	-	-%

Tax Rate and Fee Schedule

Attachment B

Solid Waste Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or less - unsecured load)	60.00	per load	160.00	per load	160.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or greater - secured load)	40.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or greater - unsecured load)	80.00	per load	160.00	per load	160.00	per load	-	-%
Box Truck or Covered Trailer < 16 ft long	30.00	per load	80.00	per load	80.00	per load	-	-%
Box Truck or Covered Trailer > 16 ft long	40.00	per load	80.00	per load	80.00	per load	-	-%
Yard Waste								
Single Axle Trailer (secured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Single Axle Trailer (unsecured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Pick-up Truck, Car, SUV, or Van (secured load)	10.00	per load	20.00	per load	20.00	per load	-	-%
Pick-up Truck, Car, SUV, or Van (unsecured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or less - secured load)	10.00	per load	20.00	per load	20.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or less - unsecured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or greater - secured load)	20.00	per load	40.00	per load	40.00	per load	-	-%
Single Axle Flat Bed Truck or Single Axle Trailer (2 ft. Sides or greater - unsecured load)	40.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Trailer (secured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Dual Axle Trailer (unsecured load)	N/A	N/A	N/A	N/A	N/A	N/A	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or less - secured load)	30.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or less - unsecured load)	60.00	per load	160.00	per load	160.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or greater - secured load)	40.00	per load	80.00	per load	80.00	per load	-	-%
Dual Axle Flat Bed Truck or Dual Axle Trailer (2 ft sides or greater - unsecured load)	80.00	per load	160.00	per load	160.00	per load	-	-%
Box Truck or Covered Trailer < 16 ft long	30.00	per load	80.00	per load	80.00	per load	-	-%
Box Truck or Covered Trailer > 16 ft long	40.00	per load	80.00	per load	80.00	per load	-	-%
Other Fees and Services								
Solid Waste Management Facility Commercial Truck Permit	250.00	annual per customer	250.00	annual per customer	250.00	annual per customer	-	-%
Returned Check Fee	25.00	per check	25.00	per check	25.00	per check	-	-%

Tax Rate and Fee Schedule

Attachment B

Solid Waste Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Late Fee Union County will assess late fees on credit accounts not paid by the statement due date. Late fees will be compounded if account balance and late fees are not paid in full by following billing statement date. (Effective July 1, 2013)	Minimum 5.00 or 1.5% of Late Balance (whichever is greater)		Minimum 5.00 or 1.5% of Late Balance (whichever is greater)		Minimum 5.00 or 1.5% of Late Balance (whichever is greater)		-	-%
Recyclables and Hazardous Household Waste Information Union County no longer offers credits for recyclables.								
Disposal of Recyclables and Hazardous Household Waste (County Residents Only)	Free		Free		Free		-	-%
Electronics	10.00	per TV/CRT	10.00	per TV/CRT	0.00	per TV/CRT	(10.00)	(100.00%)
Scrap Tires - Not Eligible for Free Disposal (Five or fewer tires are eligible for free disposal)	82.00	per ton	130.00	per ton	130.00	per ton	-	-%
Disposal of On-Road Tires (Certified Businesses Only)	Free		Free		Free		-	-%
Household Hazardous Waste - Advertised Events Only (County Residents Only)	Free		Free		Free		-	-%

The Proposed fee changes are necessary to keep pace with inflationary impact on solid waste programs, secure a more resilient revenue structure, fund CIP and a target operating reserve of 180 days of operating expenditures.

Tax Rate and Fee Schedule

Attachment B

Transportation Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Passenger Fares								
Transportation provided in rural areas (RGP)	2.00	per trip	2.00	per trip	2.00	per trip	-	-%
Transportation provided to work (DOTE2)	2.00	per trip	2.00	per trip	2.00	per trip	-	-%
Other Fees								
Late Cancellation Fee	2.00	per trip	2.00	per trip	2.00	per trip	-	-%
Scheduled trip is canceled after 12:00 pm on business day preceeding trip								
No Show Fee (Passenger does not board scheduled trip)	10	per trip	10.00	per trip	10.00	per trip	-	-%

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Tax Rate and Fee Schedule

Attachment B

Sheriff's Office Fee Schedule

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Animal Services								
Reclaim Fees								
A fee of $5.00 per day for each day the animal is impounded will be required for strays and quarantined animals in addition to the fees below.								
Strays (increases $25.00 per occurrence):								
First Occurrence	25.00	per animal	25.00	per animal	25.00	per animal	-	-%
Second Occurrence	50.00	per animal	50.00	per animal	50.00	per animal	-	-%
Third Occurrence	75.00	per animal	75.00	per animal	75.00	per animal	-	-%
Fourth Occurrence	100.00	per animal	100.00	per animal	100.00	per animal	-	-%
Fifth Occurrence	125.00	per animal	125.00	per animal	125.00	per animal	-	-%
Sixth Occurrence & Up	150.00	per animal	150.00	per animal	150.00	per animal	-	-%
Quarantined Animals (The Animal Shelter quarantines animals that have bitten for 10 days.):								
Retrieval Fee	25.00	per animal	25.00	per animal	25.00	per animal	-	-%
Adoptions	85.00	per animal	85.00	per animal	85.00	per animal	-	-%
Rescues (For approved 501c-3 animal rescue organizations.)	25.00	per animal	25.00	per animal	25.00	per animal	-	-%
Medical Charges In order to reclaim an impounded animal, proof of rabies vaccination must be provided. If not provided, the vaccination will be given by one of the shelter's staff at the owner's expense.	5.00	per shot	5.00	per shot	5.00	per shot	-	-%
Sheriff's Office								
Gun Permits (Purchase Permits)	-	-	-	-	-	-	-	-%
Concealed Carry Weapons (CCW) Permit:								
For Initial Application	90.00	each	90.00	each	90.00	each	-	-%
For Renewal	75.00	each	75.00	each	75.00	each	-	-%
CCW - Retired Law Enforcement Officer:								
For Initial Application	45.00	each	45.00	each	45.00	each	-	-%
For Renewal	40.00	each	40.00	each	40.00	each	-	-%
Duplicate CCW Permit	15.00	each	15.00	each	15.00	each	-	-%
Officer Fees: This fee is set by NC Statute and covers the cost of serving civil processes.								
Process Issued in NC	30.00	each	30.00	each	30.00	each	-	-%
Process Issued Out of State	50.00	each	50.00	each	50.00	each	-	-%
Criminal Subpoena	5.00	each	5.00	each	5.00	each	-	-%
Restitution - Varies by Defendant and Individual Cases	Varies		Varies		Varies		-	-%
* Repealed by Senate Bill 41 on March 29, 2023.								
Bulk Records Requests								
Photocopies	-	-	0	each	0.10	each	-	-%
Support Services Supervisor Labor	-	-	35	hour	35.00	hour	-	-%
Public Information Officer Labor	-	-	45	hour	45.00	hour	-	-%
Chief Legal Counsel Labor	-	-	65	hour	65.00	hour	-	-%
Lab Services								
Cell Phone Brute Force Mobile Phone Break	-	-	-	-	500.00	each	-	-%
Digital Media Download	-	-	-	-	125.00	hour	-	-%
Latent Print Examination - Analysis and/or Verification	-	-	-	-	125.00	hour	-	-%
Drug Identification	-	-	-	-	150.00	per item	-	-%
Blood Alcohol Testing (per blood sample)	-	-	-	-	150.00	per sample	-	-%

	Adopted FY 2024		Adopted FY 2025		Proposed FY 2026		Increase / (Decrease)	I/(D) Percent
	Rate	Basis	Rate	Basis	Rate	Basis		
Blood Drug Testing (per blood sample)	-	-	-	-	200.00	per sample	-	-%
Expert Witness Deposition/Testimony and Court Preparation	-	-	-	-	200.00	hour	-	-%

The Proposed fee changes are associated with indicated lab services and subsequent expert witness services for regional law enforcement partners.