

SCOTLAND COUNTY FY 2014-2015 FEE SCHEDULE ADMINISTRATION

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County ID replacement	\$5.00 non-County/Courthouse employee

**Scotland County
Board of Elections
Schedule of Fees
Fiscal Year 2014-2015**

Printed reports	First 5 pages are free Each additional page is 15 cents per page
Election CD	\$25.00 per CD – Fee includes compact disc
Filing Fees	Set by general statues during even # years and by each municipality in odd number years.

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
ADULT HEALTH SCH/WORK PHYSICAL									
LU203	Work	-	\$ 49.00	-	-	-	-	-	Patient Pay Only
LU212	School Physical	-	\$ 49.00	-	-	-	-	-	Patient Pay Only
LU253	Wellness Physical	-	\$ 60.00	-	-	-	-	-	Patient Pay Only
LU250	Pap Only (goes w/wellness phy)	-	\$ 14.41	-	-	-	-	-	Patient Pay Only
G0101	Cer/Vag Screening	-	\$ 46.00	\$ 46.00	\$ 36.80	\$ 27.60	\$ 18.40	\$ 9.20	Sliding Fee,Bill Medicare Only(Includes Breast Ex)
Q0091	Screening Pap Smear	-	\$ 49.00	\$ 49.00	\$ 39.20	\$ 29.40	\$ 19.60	\$ 9.80	Sliding Fee, Bill Mediare Only
CHILD. SPECIAL NEEDS NEW									
99201	Problem Focused Hx & Exam	\$ 62.10	\$ 88.00	\$ 88.00					No Sliding Fee, Bill Medicaid & Private Ins.
99202	Expanded PF Hx & Exam	\$ 93.15	\$ 132.00	\$ 132.00					No Sliding Fee, Bill Medicaid & Private Ins.
99203	Detailed Hx & Exam	\$ 132.48	\$ 188.00	\$ 188.00					No Sliding Fee, Bill Medicaid & Private Ins.
99204	Comprehensive Hx & Exam	\$ 194.58	\$ 307.00	\$ 307.00					No Sliding Fee, Bill Medicaid & Private Ins.
99205	Comp. Hx & Exam (HC)	\$ 244.26	\$ 347.00	\$ 347.00					No Sliding Fee, Bill Medicaid & Private Ins.
CHILD. SPECIAL NEEDS EST.									
99211	Eval. & Mgt.	\$ 34.16	\$ 49.00	\$ 49.00					No Sliding Fee, Bill Medicaid & Private Ins.
99212	Problem Focused Hx & Exam	\$ 56.93	\$ 82.00	\$ 82.00					No Sliding Fee, Bill Medicaid & Private Ins.
99213	Expanded PF Hx. & Exam	\$ 78.66	\$ 142.00	\$ 142.00					No Sliding Fee, Bill Medicaid & Private Ins.
99214	Detailed Hx & Exam	\$ 122.13	\$ 193.00	\$ 193.00					No Sliding Fee, Bill Medicaid & Private Ins.
99215	Comp. Hx & Exam (HC)	\$ 182.16	\$ 258.00	\$ 258.00					No Sliding Fee, Bill Medicaid & Private Ins.
EIC NEW PATIENT									
99201	Problem Focused Hx & Exam	\$ 62.10	\$ 88.00	\$ 88.00					Bill Medicaid, Ryan White
99202	Expanded PF Hx & Exam	\$ 93.15	\$ 132.00	\$ 132.00					Bill Medicaid, Ryan White
99203	Detailed Hx & Exam	\$ 132.48	\$ 188.00	\$ 188.00					Bill Medicaid, Ryan White
99204	Comprehensive Hx & Exam	\$ 194.58	\$ 307.00	\$ 307.00					Bill Medicaid, Ryan White
99205	Comp. Hx & Exam (HC)	\$ 244.26	\$ 347.00	\$ 347.00					Bill Medicaid, Ryan White
EIC EST PATIENT									
99211	Eval. & Mgt.	\$ 34.16	\$ 49.00	\$ 49.00					Bill Medicaid, Ryan White
99212	Problem Focused Hx & Exam	\$ 56.93	\$ 82.00	\$ 82.00					Bill Medicaid, Ryan White
99213	Expanded PF Hx. & Exam	\$ 78.66	\$ 142.00	\$ 142.00					Bill Medicaid, Ryan White
99214	Detailed Hx & Exam	\$ 122.13	\$ 193.00	\$ 193.00					Bill Medicaid, Ryan White
99215	Comp. Hx & Exam (HC)	\$ 182.16	\$ 258.00	\$ 258.00					Bill Medicaid, Ryan White
NEW PATIENTS									
99201	Problem Focused Hx & Exam	\$ 62.10	\$ 88.00	\$ 88.00	\$ 70.40	\$ 52.80	\$ 35.20	\$ 17.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99202	Expanded PF Hx & Exam	\$ 93.15	\$ 132.00	\$ 132.00	\$ 105.60	\$ 79.20	\$ 52.80	\$ 26.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99203	Detailed Hx & Exam	\$ 132.48	\$ 188.00	\$ 188.00	\$ 150.40	\$ 112.80	\$ 75.20	\$ 37.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99204	Comprehensive Hx & Exam	\$ 194.58	\$ 307.00	\$ 307.00	\$ 245.60	\$ 184.20	\$ 122.80	\$ 61.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99205	Comp. Hx & Exam (HC)	\$ 244.26	\$ 347.00	\$ 347.00	\$ 277.60	\$ 208.20	\$ 138.80	\$ 69.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
ESTABLISHED PATIENTS									
99211	Eval. & Mgt. (RN Visits Only)	\$ 34.16	\$ 49.00	\$ 49.00	\$ 39.20	\$ 29.40	\$ 19.60	\$ 9.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99212	Problem Focused Hx & Exam	\$ 56.93	\$ 82.00	\$ 82.00	\$ 65.60	\$ 49.20	\$ 32.80	\$ 16.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99213	Expanded PF Hx. & Exam	\$ 78.66	\$ 142.00	\$ 142.00	\$ 113.60	\$ 85.20	\$ 56.80	\$ 28.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99214	Detailed Hx & Exam	\$ 122.13	\$ 193.00	\$ 193.00	\$ 154.40	\$ 115.80	\$ 77.20	\$ 38.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99215	Comp. Hx & Exam (HC)	\$ 182.16	\$ 258.00	\$ 258.00	\$ 206.40	\$ 154.80	\$ 103.20	\$ 51.60	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
PREVENTIVE NEW (FP)									
99383	Preventive New 5 - 11	\$ 154.00	\$ 226.00	\$ 226.00	\$ 180.80	\$ 135.60	\$ 90.40	\$ 45.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99384	Preventive New 12 - 17	\$ 169.00	\$ 249.00	\$ 249.00	\$ 199.20	\$ 149.40	\$ 99.60	\$ 49.80	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99385	Preventive New 18 - 39	\$ 167.00	\$ 245.00	\$ 245.00	\$ 196.00	\$ 147.00	\$ 98.00	\$ 49.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99386	Preventive Est. 40 - 64	\$ 199.00	\$ 292.00	\$ 292.00	\$ 233.60	\$ 175.20	\$ 116.80	\$ 58.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99387	Preventive New 65 - over	\$ 215.00	\$ 316.00	\$ 316.00	\$ 252.80	\$ 189.60	\$ 126.40	\$ 63.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
PREVENTIVE EST. (FP)									
99393	Preventive Est. 5 - 11	\$ 126.00	\$ 185.00	\$ 185.00	\$ 148.00	\$ 111.00	\$ 74.00	\$ 37.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99394	Preventive Est. 12 - 17	\$ 146.00	\$ 215.00	\$ 215.00	\$ 172.00	\$ 129.00	\$ 86.00	\$ 43.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99395	Preventive Est. 18 - 39	\$ 142.00	\$ 205.00	\$ 205.00	\$ 164.00	\$ 123.00	\$ 82.00	\$ 41.00	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99396	Preventive Est. 40 - 64	\$ 158.00	\$ 231.00	\$ 231.00	\$ 184.80	\$ 138.60	\$ 92.40	\$ 46.20	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
99397	Preventive Est. 65 - over	\$ 175.00	\$ 257.00	\$ 257.00	\$ 205.60	\$ 154.20	\$ 102.80	\$ 51.40	Sliding Scale Charge, Medicare, Medicaid, Pvt.Ins.
CHILD. SPECIAL NEEDS									
29345	Long Leg Cast-Thigh/Toe	\$ 97.13	\$ 153.00	\$ 153.00					No Sliding Fee. Bill Private Ins. & Medicaid
29355	Long Leg Cast-Ambulatory	\$ 100.72	\$ 157.00	\$ 157.00					No Sliding Fee. Bill Private Ins. & Medicaid
29425	Short Leg Cast	\$ 69.35	\$ 108.00	\$ 108.00					No Sliding Fee. Bill Private Ins. & Medicaid
29450	Clubfoot Cast-Long/Short	\$ 113.74	\$ 173.00	\$ 173.00					No Sliding Fee. Bill Private Ins. & Medicaid
COMMUNICABLE DISEASE									
T1002	RN Services (15 Minutes)	\$ 18.59	\$ 71.00	\$ -	\$ -	\$ -	\$ -	\$ -	Per Unit. Medicaid, Non/C Medicare, Pvt. Ins.
FAMILY PLANNING									
57170	Diaphragm	\$ 53.91	\$ 111.00	\$ 111.00	\$ 88.80	\$ 66.60	\$ 44.40	\$ 22.20	Sliding Scale Charge, Medicaid, Private Insurance
S4993	Pills Per Pack	\$ 3.03	\$ 10.00	\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	Sliding Fee, Medicaid, Medicare, Private Insurance
Not to exceed 14 pks. per year									

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
IMMUNIZATIONS (0-18 Yrs)									
90645-52	HIB (Titer) 1 2 3 4	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
90669-52	Prevnar 1 2 3 4	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
90700-52	DTAP 1 2 3 4 5	\$ -	N/C	N/C to patients who meet the state eligibility criteria					Injection Charge Only to Medicaid, Private Ins.
90702-52	DT 1 2 3 4 5	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
90707-52	MMR (0 - 17) 1 2	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
90713-52	IPV 1 2 3 4	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
90716-52	Varicella (1-18 yrs)	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
90718-52	TD (adult)	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
90744-52	HEP B (0 - 18) 1 2 3	\$ -	N/C	\$ -	\$ -	\$ -	\$ -	\$ -	Injection Charge Only to Medicaid, Private Ins.
INJECTABLES (2 - 18 yrs)									
90633	HEP A (2 - 18) 1 2		N/C						Injection Charge Only to Medicaid, Private Ins.
INJECTABLES (19yrs & Over)									
86580	TB Skin Test	\$ 5.59	\$ 15.00	Medicaid will reimburse if pt.'s have been exposed to TB					Patient Pay
90632	HEP A (Adult) 1 2	\$ 44.16	\$ 25.00						Injection Charge of \$23.00 Per Injection
90636	Twinrix (18+) 1 2 3		N/C						State Supplied
90649	Gardasil	\$ 135.73	\$ 153.00	\$ 153.00	\$ 122.40	\$ 91.80	\$ 61.20	\$ 30.60	Medicaid, Patient Pay
90658	Influenza	\$ 12.74	\$ 14.50						Patient Pay, Medicaid, Private Insurance
Q2037	Influenza	\$ -	\$ 14.50	Medicare reimburses \$ 14.21					Medicare
90669	Prevnar 1 2 3 4		N/C						State Supplied
90675	Rabies Pre/Post Expo. 1 2 3	\$ 147.06	\$ 237.00						Injection Charge of \$23.00 Per Injection
90707	MMR (Adult)	\$ 41.02	\$ 53.00	Medicaid will not reimburse for pt.'s 21 years & older					Injection Charge of \$23.00 Per Injection
90715	T-Dap	\$ 39.49	\$ 29.85	Medicaid and Private Ins. Patients					Injection Charge of \$23.00 Per Injection
90716	Varicella (19 & Older)	\$ 86.42	\$ 97.00						Injection Charge of \$23.00 Per Injection
90718	TD (adult) 1 2 3		N/C						State Supplied
90732	Pneumonia	\$ 31.53	\$ 66.00	Medicare reimburses \$ 64.68					Patient Pay, Medicaid, Medicare, Private Insurance
90746	HEP B (Adult Series) 1 2 3	\$ 55.20	\$ 36.00						Injection Charge of \$23.00 Per Injection
96372	Haldol / Prolixin	\$ 17.04	\$ 48.00						Inj. Charge to Medicaid, Medicare, Private Insurance
J1050	Depo Injection (S.P. & P. Ins.)	\$ 28.50	\$ 58.50	\$ 58.50	\$ 46.80	\$ 35.10	\$ 23.40	\$ 11.70	Sliding Scale Charge, Private Insurance
J1055	Depo Injection (Medicaid)	\$ 28.50	\$ 58.50						Medicaid

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
IN HOUSE LAB SERVICES									
80101	Drug Screening		\$ 25.00						DSS
81001	Urinalysis (w/Micro)	\$ 4.03	\$ 17.00	\$ 17.00	\$ 13.60	\$ 10.20	\$ 6.80	\$ 3.40	Sliding Scale Charge, Pvt. Ins, Medicaid
81003	Urinalysis (w/out Micro)	\$ 2.86	\$ 12.00	\$ 12.00	\$ 9.60	\$ 7.20	\$ 4.80	\$ 2.40	Sliding Scale Charge, Pvt. Ins, Medicaid
81025	Pregnancy Test (Urine)	\$ 8.04	\$ 10.00	\$ 10.00	\$ 8.00	\$ 6.00	\$ 4.00	\$ 2.00	SFS only applies to FP, Pvt. Ins, Medicaid
82120	Amines	\$ 4.78	\$ 12.00						Test Charge to Private Ins, Medicaid
82270	FOBT (stool for occult blood)	\$ 4.13	\$ 12.00	\$ 12.00	\$ 9.60	\$ 7.20	\$ 4.80	\$ 2.40	Sliding Scale Charge, Pvt. Ins, Medicaid
82947QW	Glucose: Fast/Rand (waived)	\$ 4.99	\$ 12.00	\$ 12.00	\$ 9.60	\$ 7.20	\$ 4.80	\$ 2.40	Sliding Scale Charge, Pvt. Ins, Medicaid
82950QW	Glucose 1 & 2 hr. challenge	\$ 6.04	\$ 14.00	\$ 14.00	\$ 11.20	\$ 8.40	\$ 5.60	\$ 2.80	Sliding Scale Charge, Pvt. Ins, Medicaid
85018	Hemoglobin	\$ 3.01	\$ 8.00	\$ 8.00	\$ 6.40	\$ 4.80	\$ 3.20	\$ 1.60	Sliding Scale Charge, Pvt. Ins, Medicaid
86790	Rabies Titer	\$ 16.38	\$ 37.00	ADD VENIPUNCTURE CHARGE OF \$11.00 + UPS S/C					Test Charge to Patient Pay, Private Ins
87070	GC Culture	\$ 10.95	\$ 38.00						Test Charge to Private Ins, Medicaid
87205	GC Smear	\$ 5.42	\$ 12.00						Test Charge to Private Ins, Medicaid
87210	Wet Mount (Prep)	\$ 4.85	\$ 12.00						Test Charge to Private Ins, Medicaid
87810	Chilamydia Eia	\$ 14.57	\$ 65.00						Test Charge to Private Ins, Medicaid
88175	Pap Smear (Thin Prep Kit)	\$ -	\$ 14.41	\$ 14.41	\$ 11.53	\$ 8.65	\$ 5.76	\$ 2.88	Sliding Scale Charge, Pvt. Ins
OTHER									
LU 030	UPS (Rabies Titer Multiple)	\$ -	\$ 75.00						No Sliding Fee. Private Pay
36415	Venipuncture	\$ 2.78	\$ 11.00	\$ 11.00	\$ 8.80	\$ 6.60	\$ 4.40	\$ 2.20	Test Charge to Patient, Private Pay, Medicaid
90471EP	Immunization Update	\$ 13.71	\$ 23.00						Injection Charge to Private Insurance, Medicaid
90471	Injection Admin. (Adult)	\$ 13.71	\$ 23.00						Injection Charge to Pt. Pay, Private Ins. Medicaid
90472EP	Injection Administering Charge	\$ 13.71	\$ 21.00						Bill Medicaid for 2 or More Injections
90472	Injection Administering Charge	\$ 10.00	\$ 21.00						Bill Medicaid for 2 or More Injections
99000	Handling Charge	\$ -	\$ 11.00						Report Only (Med) Charge for Sch/Work Physicals
G0008	Influenza Injection Admin.	\$ -	\$ 23.00	Medicare reimburses \$22.54					Bill to Medicare Only
G0009	Pneumonia Injection Admin.	\$ -	\$ 23.00	Medicare reimburses \$ 22.54					Bill to Medicare Only
G0010	Hep B Admin (Medicare)	\$ -	\$ 23.00						Bill to Medicare Only
G0108	Cohart 4 Individual Counseling	\$ 18.37	\$ 55.00	Medicare reimburses \$ 51.52					Bill to Medicare, Medicaid, FCC, P.P.
G0109	Cohart 4 Group Sessions	\$ 10.29	\$ 20.00	Medicare reimburses \$ 14.21					Bill to Medicare, Medicaid, FCC, P.P.
LU017	Disability Verification/Leave	\$ -	\$ 15.00						Flat Rated Charge
LU018	Medical Record Copy	\$ -	\$ 10.00						.25 per page after first 10 pages
LU102	Comp. of Record for TB SCR		\$ 15.00						Patient Pay Only
LU300	Backless Belt Position Booster Seat		\$ 10.00						Patient Pay Only
LU301	High Back Belt Position Booster Seat		\$ 10.00						Patient Pay Only
LU302	Forward Facing Combination Seat		\$ 20.00						Patient Pay Only
LU303	Forward Facing Convertible Seat		\$ 20.00						Patient Pay Only
LU304	Rear Facing Infant/Convertible Seat		\$ 20.00						Patient Pay Only
LU400	Miscellaneous Serices								
LU402	Medicaid Co-Pay		\$ 5.00						Medicaid Patients Only
LU403	Private Ins. Co-Pay		\$ 20.00						Private Ins. Patients Only

RABIES TITER: Test done through
Rapid Fluorescent Focus Inhibition Test
Department Of Veterinary Diagnosis
1800 Denison Avenue
KSU Veterinary Medical Center

COUNTY EMPLOYEE' (DSS, HEALTH DEPT, EMS, SHERIFF'S DEPT/JAIL, PUBLIC BUILDING & GROUNDS
VETERANS OFFICE, COUNTY ADMIN. & GENERAL SER., TAX OFFICE, ELECTION OFFICE, REGISTER OF

CODE	OFFICE SERVICES	MEDICAID RATE	SCHD FEE	CHARGE AT 100%	CHARGE AT 80%	CHARGE AT 60%	CHARGE AT 40%	CHARGE AT 20%	COMMENT
	Manhattan, KS 66506-5600 (785) 532-4483								DEEDS, TRANSPORTATION, INSPECTION, SOIL & WATER, PARKS & RECREATION, COOPERATIVE EXT., AND LANDFILL. Do Not Charge Admin. Fee's for Injections. Charge cost of vaccine only.

Scotland County Department of Inspections 2015 Permit Fee Schedule (New Residential/Commercial Additions & Alterations)

1. BUILDING PERMIT FEES: (Recovery Fee \$10.00 for All General Contractors All Residential)

A. Residential Dwellings, Modular Homes and Additions: (\$60.00 Min. Any Building Permit)

Gross Area in square feet:

	<u>Heated</u>	<u>Unheated</u> (All Unheated .06/sq ft)
Up to 500 sq ft	\$60.00(Min.)	
500 sq ft – 2000 sq ft	.12/sq ft	
Above 2,000 sq ft	.12/sq ft first 2,000 plus .06 For each additional sq ft over 2,000	

B. Multi-family Residential Apartments, Buildings & Condominiums:

First unit same as residential dwelling
Each additional unit: 75% of first

C. Residential Renovations Which Do Not Add Square Feet to Residence:

Up to \$5,000	\$60.00
\$5,000 - \$10,000	\$90.00
Above \$10,000	\$90.00 plus (\$ 2/per \$1,000 above \$10,000)

D. Non-Residential Building: New, Additions or Renovations: (Modular Offices, Storage Buildings etc.)

Up to \$5,000	\$60.00
\$5,000 - \$10,000	\$90.00
Above \$10,000	\$90.00 plus (\$4/per \$1,000 above \$10,000)

E. Large Commercial Projects

- \$1,000,000 – less than \$10,000,000
\$3.90 per \$1,000
- \$10,000,000 – less than \$20,000,000
\$3.60 per \$1,000
- \$20,000,000 – less than \$50,000,000
\$3.50 per \$1,000
- Projects over \$50,000,000 have no additional fees for Plbg., Elect., & Mech.
\$3.30 per \$1,000

F. Structure other than Buildings: (Signs, Coolers, Ramps, Towers etc.)

Up to \$5,000	\$60.00
Above \$5,000	\$60.00 plus (\$2/per \$1,000 above \$5,000)

G. Certificate of Occupancy Inspection Fee:

For use of a structure for which a permit is not required, such as change of use, or any other type of inspection where a permit is not required

	\$50.00
H. Demolition Permit:	\$50.00
I. Swimming Pool Permit	\$90.00

II. MANUFACTURED HOME PERMITS (*Only Mobile Homes not Modular Homes*)

Single- Wide	\$165.00
Multi – Wide	\$210.00

(*Includes set-up, electrical, mechanical and plumbing*)

III. ELECTRICAL PERMITS:

A. New Residence:

Up to 200 amp service	\$90.00
Over 200 amp service	\$120.00 (<i>Plus .20 per amp. Over 200 amps.</i>)

B. Service Repair or Service Change: (*Residential or Non-Residential*)

0 to 200 amps	\$50.00
201 to 400 amps	\$75.00
More than 400 amp service (unlimited)	\$95.00

C. Non-Residential: (*New Commercial*)

0 to 100 amp service	\$75.00
101 to 200 amp service	\$120.00
More than 200 amp service	\$120.00 (<i>Plus .20 per amp over 200 amps</i>)

Motors up to 4 horsepower	\$3.50
Motors more than 4 horsepower	\$6.00

D. Gasoline Pumps:

First Pump	\$50.00
Each Additional Pump	\$10.00

E. Signs:	\$50.00
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F. Temporary Service:	\$50.00
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G. Solar Projects

A. Building Permit Application Fee:	\$50.00	“If there are no other Building Type structures”
B. Electrical Permit Application Fee:	\$50.00 plus	
Transformers	\$10.00 each	
Inverts	\$10.00 each	
Strings	\$ 5.00 each	“20 Panels with 20 combined circuits = one String or UL Listed DC Circuit

H. All Other Electrical Permits:	\$50.00
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IV. PLUMBING PERMITS

A. Minimum Fee for separate Plumbing Permits:

Base Fee	\$50.00
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B. Fees shall be based on:

Bath or ½ bath	\$30.00
Add.’l Fixtures (<i>not in bath</i>)	\$5.00/ea
(<i>K. Sinks, W.H., D.W., W.M.</i>)	

C. Fire Sprinkler System:

First 100 Heads	\$120.00
Each Additional head	\$ 0.50

V. INSULATION PERMITS

A. Min. Insulation Permit	\$50.00
B. Buildings	\$.025 (sq. ft. rounded up to next dollar) (2,000 SF/ Break Even)

VI. MECHANICAL PERMITS

A. First Unit	\$50.00
Each Additional units	\$10.00
<i>(Includes but not limited to residential range hoods, bathroom ventilators, Dryers etc.)</i>	
B. Commercial Range Hoods	\$60.00
C. Fire Suppression System	\$60.00
D. Fire Alarms	\$50.00
E. Gas Piping	\$50.00
F. Note: for Chillers and Boilers please see (Structures other than Buildings to figure Permit Fee)	
G. All Other Mech. Permits Not Listed	\$50.00

VII. ZONING PERMITS

A. Approved Subdivisions	\$25.00
B. Other Areas	\$25.00

VIII. DAY CARE INSPECTION PERMITS

Basic Fee	\$50.00
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IX. SUBDIVISION OF MANUFACTURED HOME PARK APPLICATION

Base Fee	\$250.00
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X. RE-ZONING APPLICATION

Base Fee	\$3000
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XI. BOARD OF ADJUSTMENT APPLICATION

Variance	\$150.00
Appeal	\$150.00

XII. EXTRA INSPECTIONS

First Trip	\$30.00
Second Extra Trip	\$40.00
Third Extra Trip	\$60.00

****Extra inspections are the third trip for the same inspection or building*

Scotland County Memorial Library		
Fiscal Year 2014-2015		
Item	Fee	Limit
Book (Overdue)	\$0.10 / day	\$10.00 / item
Book (Processing)	\$10.00 / item	None
Book (Replacement)	Item Cost	None
DVD (Overdue)	\$1.00 / day	\$30.00 / item
DVD (Processing)	\$10.00 / item	None
DVD (Replacement)	Item Cost	None
Copy (Microfilm)	\$0.20 / page	None
Copy (Machine)	\$0.20 / page	None
Copy (Computer)	\$0.10 / page	None
Library Card (Replacement)	\$2.00	None
Library Card (NC - Out of County)	\$5.00 / year	None
Library Card (Out of State)	\$25.00 / year	None
*Computer user (without library card)	\$1.00 / 30 minutes	None
*DVD Cleaning	\$2.00 / disc	None
*Food 4 Fines	1 can = \$2.00	None

* Proposed additions to the current fee structure

2014-2015 Recording Fees

FEES EFFECTIVE OCTOBER 1, 2011

Recording Real Estate Instruments

Instruments except deeds of trust and mortgages

\$26 first 15 pages

\$4 ea. add'l page

Deeds of trust and mortgages

\$56 first 15 pages

\$4 ea. add'l page

Plats

\$21 ea. sheet

Nonstandard document

\$25

Multiple instruments as one, each

\$10

Satisfaction instruments

No fee

Add'l subsequent instrument index reference

\$25 each

UCC Records

One or two pages in writing

\$38

More than two pages in writing

\$45 up to 10 pages

\$2 ea. page over 10

\$30 Filed electronically if permitted

Response to written request for information

\$38

Response to electronic request if permitted

\$30

Copy of statement

\$2 ea. page

Marriage Licenses

Marriage license

\$60

Delayed marriage certificate, with one certified copy

\$20

Application or license correction with one certified copy

\$10

Marriage license certified copy

\$10

Other Records

Recording military discharge

No fee

Military discharge certified copy as authorized

No fee

Birth certificate certified copy

\$10 (*register may waive for person over 62 years old*)

\$20 Birth certificate after one year or more for same county, with one certified copy.

Papers for birth certificate in another county one year or more after birth

\$10

Birth certificate for papers from another county one year or more after birth, with one certified copy

\$10

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Death certificate certified copy

\$10

Birth record amendment

\$10

<p>Death record amendment \$10</p> <p>Legitimations \$10</p> <p>Certified copies unless statute otherwise provides \$5 first page, \$2 ea. add'l page</p> <p>Uncertified copies Cost as posted</p>	
<p>Other Services</p>	
<p>Notary public oath \$10</p> <p>Notarial acts \$5 ea. signature <i>(not charged if performed with acts for which there is a fee except if fee is for registering instruments or plats)</i></p> <p>Comparing copy for certification \$5</p> <p>State vital records search \$10</p> <p>State vital records for network access \$24 first copy \$15 ea. add'l copy</p>	
<p>Uncertified copies- .25</p> <p>Fax- Local- \$1.00 for 1st page-, .25 for ea. additional</p> <p>Fax –Long Distance- \$2.00 for the 1st page, .25 for ea. additional</p>	

Scotland County Sheriff's Department
Schedule of Fees
FY 2014-2015

Concealed Carry Permit – New - \$80

Concealed Carry Permit – Renewal - \$75

Concealed Carry Permit – L.E.O - \$45

Concealed Carry Permit – Duplicate - \$10

Pistol Purchase Permit - \$5

Replacement Security Card - \$5

D.V. Storage Fee - \$25

Finger Prints – CCP - \$10

Finger Prints – Other - \$15

RECYCLE CENTER FEE SCHEDULE

<u>WEIGHT</u>	<u>COSTS</u>	
	In County	Out of County
0 – 10	1.00	2.00
11 – 20	2.00	4.00
21 – 30	3.00	6.00
31 – 40	4.00	8.00
41 – 50	5.00	10.00
51 – 60	6.00	12.00
61 – 70	7.00	14.00
71 – 80	8.00	16.00
81 – 90	9.00	18.00
91 – 100	10.00	20.00
Undocumented Scrap Tires	4.00	8.00

06/06/13

**SCOTLAND COUNTY
SOLID WASTE FEE SCHEDULE
FISCAL 2014 – 2015**

Listed below are the tipping fees for solid waste disposal at the county's transfer station, landfill, yard waste, inert debris and recycle facilities:

<u>FACILITY</u>	<u>SCOTLAND COUNTY</u>	<u>STATE TAX</u>	<u>TOTAL TIPPING FEE</u>
Transfer Station	\$ 53.00	\$ 2.75	\$ 55.75 /ton
Landfill	\$ 42.50	\$ 2.75	\$ 45.25 /ton
Yard Waste	\$ 31.50		\$ 31.50 /ton
Inert Debris	\$ 15.00		\$ 15.00 /ton
Undocumented Scrap Tires	\$ 80.00/ ton		
Recycle Centers Schedule	See Attached		

**WATER DISTRICT I & II
FEE SCHEDULE
2014 - 2015**

WATER RATES:

0 - 2000 GALLONS	\$ 23.59
2001 - 5000 GALLONS	\$ 23.59 plus \$2.75 for every 1,000 gallons between 2,000 and 5,000 gallons
OVER 5000 GALLONS	\$ 31.81 plus \$4.00 for every 1,000 gallons over 5,000 gallons

MORE THAN ONE DWELLING PER METER:

When more than one dwelling unit is served by a single meter, each and all dwelling units must comply with the requirement of the SCHEDULE; and the monthly bill shall be computed by dividing the total water metered during the billing period by the number of dwelling units; then calculating a bill "per dwelling unit". The total bill shall be the "per dwelling unit" bill multiplied by the number of dwelling units.

TAP FEE:

Up to ¾"	\$ 1,000.00
Greater the ¾"	Direct cost of tap

PAYMENT AND SERVICE CHARGE FOR LATE PAYMENTS:

Bill shall be paid at Laurinburg's City Hall on or before the 20th day of the month during which the bill is due. If payment is not made within this period, a charge shall be added. This charge will be 1.5% of the balance due after the 20th of the month in which the bill is rendered, or \$5.00, whichever is greater.

The Water District will accept the following bank credit cards for bill payments, deposits, or fees:

1. Master Card
2. Discover
3. American Express
4. Visa

The Water District will accept a card payment in person only and will verify each charge with the issuing bank.

DISCONTINUANCE OF SERVICE:

A reminder notice may be sent to the customer after the 20th of each month. If payment is not received by the 25th of the same month, services will be disconnected without further notice. Failure of the customer to receive notice is not acceptable as an excuse for failure to pay a utility bill when due.

RETURNED CHECK:

The Water District will charge \$25.00 for each check made payable to the Water District if the check is returned. This charge shall be in addition to any other bills or charges that are due and payable.

SERVICE CHARGE FOR RESTORING SERVICE:

If services are disconnected for non-payment or a service call to disconnect services has been made, a charge of \$35.00 will be added to the account and full payment, or agreement of full payment, will have to be made before services are restored.

In event that the reconnection is made after normal working hours for the convenience of the Customer, the reconnection charge shall be \$ 75.00.

After having been disconnected for delinquent payment or for any other reason, and the meter has been reconnected by anyone other than an authorized person, a charge of \$50.00 and up will be added to the account.

UTILITY DEPOSIT:

A utility deposit will be required at the time of application for service is made or restoring disconnected services.

WATER: \$ 63.00

COMMERCIAL AND OTHER SCHEDULES:

Deposit required - Two month's bill as estimated by the City.

A utility deposit is also required if at any time services have been disconnected or a service call to disconnect services has been made. The deposit amount will need to meet the requirements set above.

STATE SALES TAX:

Sales tax as imposed by the state will be shown as a separate item on each monthly bill.