

**ORDINANCE NO. 975**

**AN ORDINANCE ESTABLISHING FEES UNDER THE  
HEALTH ORDINANCE OF CHAMPAIGN COUNTY**

**WHEREAS**, the Champaign County Public Health Department was created by referendum passed on November 4, 1996;

**WHEREAS**, the Champaign County Board adopted Resolution Number 3812, *Resolution Establishing a County Health Department* on April 15, 1997 and the Champaign County Board correspondingly appointed a Board of Health;

**WHEREAS**, the Champaign County Board adopted Ordinance No. 969, *Health Ordinance of Champaign County, Illinois*, on November 19, 2015; and

**WHEREAS**, the Champaign County Board, through the *Health Ordinance of Champaign County, Illinois*, sub-paragraphs 12.1.2 and 12.2.1.3, authorized and directed the Board of Health to establish a fee for any service provided or action required to administer and enforce that Ordinance, and to annually review the fee schedule to determine its sufficiency and its efficacy in promoting the purposes of that Ordinance; and

**WHEREAS**, the Board of Health has determined that the fee schedule requires changes and additions in order to meet the goals of the *Health Ordinance of Champaign County, Illinois*

**NOW, THEREFORE, BE IT ORDAINED** by the Board of Health of the Champaign County Public Health Department that the following is and shall be the fee schedule for the *Health Ordinance of Champaign County, Illinois*:

**FEE SCHEDULE FOR HEALTH ORDINANCE OF CHAMPAIGN COUNTY, ILLINOIS**

- A. **PLAN REVIEW FEES (FOOD SERVICE ESTABLISHMENTS)** - Plan review fees are based on square footage of food service areas (ex: kitchen, food storage, bars, wait stations, soda stations, etc.) Also include toilet rooms and outside storage sheds.
- a. **NEW CONSTRUCTION OR CONVERSION OF EXISTING STRUCTURES:**
    - i. 100 to 1,000 square feet - \$200
    - ii. Over 1,000 to 10,000 square feet - \$300
    - iii. Over 10,000 to 50,000 square feet - \$400
    - iv. Over 50,000 square feet and up - \$500
  - b. **EXTENSIVE REMODEL OR CHANGE OF OWNER: 75% or greater of (a)**
    - i. 100 to 1,000 square feet - \$150
    - ii. Over 1,000 to 10,000 square feet - \$225
    - iii. Over 10,000 to 50,000 square feet - \$300
    - iv. Over 50,000 square feet and up - \$375
  - c. **MINOR REMODEL: less than 75% of (a)**
    - i. 100 to 1,000 square feet - \$100
    - ii. Over 1,000 to 10,000 square feet - \$150

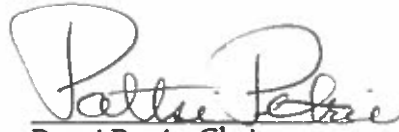
- iii. Over 10,000 to 50,000 square feet - \$200
- iv. Over 50,000 square feet and up - \$250
- B. ANNUAL OPERATING PERMIT FEES (FOOD SERVICES) – Annual permit fee should not be submitted until your facility is ready to open. Please do not submit it with your plan review information.
  - a. Category 1 - \$400 (December 1 – May 31) \$200 (June 1 – November 30)
  - b. Category 2 - \$300 (December 1 – May 31) \$150 (June 1 – November 30)
  - c. Category 3 - \$150 (December 1 – May 31) \$75 (June 1 – November 30)
- C. SPECIAL FEES (FOOD SERVICES)
  - a. Temporary Events (one day) - \$50
  - b. Temporary Events (two to fourteen consecutive days) - \$75
  - c. Reinspection Fee - \$25 per hour
  - d. Permit Reinstatement Fee - \$50
  - e. Health Permit (replacement copy) - \$5
  - f. Food Code Book (replacement copy) - \$8
  - g. Late Fee - \$25
- D. SEWAGE PROGRAM FEES
  - a. Private Sewage System Construction Permit - \$200
  - b. Variance - \$200
  - c. Sewage Code Book - \$8
  - d. Plat Review - 1-10 lots \$200  
Each lot over 10 \$15
- E. WATER PROGRAM FEES
  - a. Private Water Well Construction
    - i. Permit - \$100
    - ii. Inspection Fee - \$100
  - b. Closed Loop Well System (new or modification)
    - i. Construction Permit
      - 1. \$100 for the first 10 borcholes
      - 2. \$10 for each additional borehole
    - ii. Inspection
      - 1. Residential \$150
      - 2. Non-residential \$300
  - c. Water Well Testing for Non-valid Public Health Reasons (coliform only) \$49
- F. MISCELLANEOUS FEES
  - a. Insufficient Funds Fee - \$25
  - b. Freedom of Information Act Copying Fees
    - i. Black & white, letter or legal size - 1-50 pages Free  
51<sup>st</sup> page+ \$0.15 per page
    - ii. Color, letter or legal size - Actual cost of copies
    - iii. Other media - Actual cost of media

This FEE SCHEDULE shall be effective immediately upon its ratification.

The Champaign County Health Department shall cause this Fee Schedule to be published in whatever form the *Health Ordinance of Champaign County, Illinois*, is or will be published,


including but not limited to posting the Fee Schedule at the offices of the Champaign County Health Department, in a place or places readily apparent to the public, and on the website of the Champaign County Health Department.

**PRESENTED, ADOPTED, APPROVED and RECORDED** this 17<sup>TH</sup> day of December, A.D. 2015.



Patsi Petrie, Chair  
Champaign County Board

ATTEST:

  
Gordy Hulten, County Clerk  
and ex-officio Clerk of the  
Champaign County Board