

**BEFORE THE BOARD OF HEALTH
SPOKANE REGIONAL HEALTH DISTRICT**

RESOLUTION # 24-08

RE: ADOPTING THE 2025 SPOKANE REGIONAL HEALTH DISTRICT FEE SCHEDULE

WHEREAS, the Spokane Regional Health District Board of Health has determined that revenues from fees are necessary to provide funding for public health services in Spokane County; and

WHEREAS, in accordance with Resolution #24-07 Health District Fee Policy, fees are to be determined periodically; and

WHEREAS RCW 70.05.060 provides that the Board shall, "Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by the law and the rules of the State Board of Health: Provided, that such fees for services shall not exceed the actual cost of providing any such services."

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Health does hereby adopt the attached Spokane Regional Health District 2025 Fee Schedule.

Signed this 31st day of October 2024 in Spokane, Washington.

SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH


COMMISSIONER JOSH KERNS, CHAIR


COMMISSIONER MARY KUNEY


BOARD MEMBER MONICA BLYKOWSKI-MAY


BOARD MEMBER PATRICIA KIENHOLZ


COMMISSIONER AMBER WALDREF, VICE CHAIR


COUNCIL MEMBER MICHAEL CATHCART

ABSENT
BOARD MEMBER CHARLIE DURANONA

**Spokane Regional Health District
2025 Fee Schedule**

	2024 Approved Fee	2025 Proposed Fee	%	
GENERAL AND ADMINISTRATIVE SERVICES				
<u>PUBLIC RECORDS (RCW 42.56.120)</u>				
Public Records photocopies - <i>per page</i>	\$ 0.15	\$ 0.15	0%	<i>No Change per RCW</i>
Public Records scanned into electronic format - <i>per page</i>	\$ 0.10	\$ 0.10	0%	<i>No Change per RCW</i>
Public Records electronic files or attachment to email, electronic delivery - <i>per four files ; in addition to next line item</i>	\$ 0.05	\$ 0.05	0%	<i>No Change per RCW</i>
Public Records transmission in an electronic format - <i>per gigabyte</i>	\$ 0.10	\$ 0.10	0%	<i>No Change per RCW</i>
<u>HEALTH EQUITY TRAINING & CONSULTING</u>				
1/2 - Day Workshop	\$ 650.00	\$ 650.00	0%	<i>Program moved from CH to Admin</i>
1 - Day Workshop	\$ 1,300.00	\$ 1,300.00	0%	<i>Program moved from CH to Admin</i>
Standard Hourly Rate	\$ 160.00	\$ 160.00	0%	<i>Program moved from CH to Admin</i>
3.25% Credit Card Service Fee	3.25%	3.25%	0%	<i>Service fee to cover credit card service charges</i>
<u>ROOM RENTAL</u>				
Hourly Use of Meeting Rooms 310/311 or 320/321	\$ -	\$ 30.00	New	<i>New Fee - Excludes Spokane County per Fee Policy</i>
Hourly Use of Auditorium	\$ -	\$ 40.00	New	<i>New Fee - Excludes Spokane County per Fee Policy</i>
Room Setup and Furniture Realignment in Auditorium	\$ -	\$ 100.00	New	<i>New Fee - Excludes Spokane County per Fee Policy</i>
<u>MEETING AUDIO AND VIDEO SETUP/OPERATION</u>				
Public Address System with 1 wired and 1 wireless microphone (Auditorium only)	\$ -	\$ 90.00	New	<i>New Fee - Excludes Spokane County per Fee Policy</i>
<u>MULTIMEDIA PRODUCTION</u>				
Record audio includes operator - per hour	\$ -	\$ 125.00	New	<i>New Fee - Excludes Spokane County per Fee Policy</i>
One camera and operator - per hour	\$ -	\$ 200.00	New	<i>New Fee - Excludes Spokane County per Fee Policy</i>
Editing - per hour	\$ -	\$ 200.00	New	<i>New Fee - Excludes Spokane County per Fee Policy</i>
VITAL RECORDS				
<u>FEES SET BY STATE LEGISLATURE: (RCW 70.58.107)</u>				
Birth: Each Certified Record (zero charge for Stillborn Birth Certificates)	\$ 25.00	\$ 25.00	0%	<i>No Change per RCW</i>
Death: Each Certified Record (including Fetal Death Certificates)	\$ 25.00	\$ 25.00	0%	<i>No Change per RCW</i>
Short Form Death Certificate	\$ 25.00	\$ 25.00	0%	<i>No Change per RCW</i>
Noncertified Informational Copies of Birth/Death Records	\$ 25.00	\$ 25.00	0%	<i>No Change per RCW</i>
<u>FEES SET BY LHJ</u>				
VitalChek Certified Copies of Birth & Death Certificates (Telephone & Online Orders)	\$ 43.00	\$ 43.00	0%	
Counter Processed Copies of Birth & Death Certificates (VitalChek Lobby Kiosks)	\$ 40.00	\$ 40.00	0%	
Death Record Change: Re-issue fee	\$ 5.00	\$ 5.00	0%	
Birth & Death Certificate (Mail In Orders) Processing Fee (Record Fee + \$10 Processing Fee)	\$ 35.00	\$ 35.00	0%	
Birth Certificate Affidavit Preparation Fee (no charge if done within 1 year of birth)	\$ 10.00	\$ 10.00	0%	
Completion of Manual Burial Transit Permit for County outside of Spokane County	\$ 10.00	\$ 10.00	0%	
Completion of Manual Burial Transit Permit after record removed from EDRS	\$ 10.00	\$ 10.00	0%	
Issuing and Certifying a Communicable Disease Letter	\$ 10.00	\$ 10.00	0%	
Issuing a Disinterment Permit/Letter	\$ 10.00	\$ 10.00	0%	

**Spokane Regional Health District
2025 Fee Schedule**

	2024 Approved Fee	2025 Proposed Fee	% Increase/New
Filing a Death Certificate after Hours/Emergencies through EDRS	\$ 50.00	\$ 50.00	0%
Shipping Fee	\$ 2.00	\$ 2.00	0%

DISEASE PREVENTION AND RESPONSE

Standard Hourly Rate (Consulting & Technical Assistance)	\$ 130.00	\$ 130.00	0%
Digital Hosting Fee (annual)	\$ 2,500.00	\$ 2,500.00	0%

IMMUNIZATION OUTREACH PROGRAM

Annual one-day Educational Conference for healthcare providers and public health partners - Attendee Registration Fee	\$ 75.00	\$50.00 - \$75.00	N/A	<i>VaxExpo registration, for example (Revised description to call it an 'educational conference' and changed fee to a range)</i>
Exhibitor Booth	\$ 400.00	\$250.00 - \$400.00	N/A	<i>Changing single fee to a range</i>
Additional Tickets for Exhibitors	\$ 25.00	\$ 25.00	0%	
Sponsorship for Educational Conference	\$ 2,300.00	\$1,000.00 - \$3,000.00	N/A	<i>Removed various sponsorship levels (changed fee to a range)</i>

COMMUNITY HEALTH

SUPPORT SERVICES

Witness Testimony Fee (per hour) PHN	\$ 89.00	\$ 89.00	0%
Court Appearance (per hour) HPS/ECDS	\$ 89.00	\$ 89.00	0%

SMOKING AND VAPING VIOLATIONS RCW 70.160 (Resolution #16-01)

First Inspection No Violation	No Fee	No Fee	0%
First Inspection w/Violation	\$ 180.00	\$ 180.00	0%
First Reinspection No Violation	No Fee	No Fee	0%
First Reinspection w/Violation	\$ 270.00	\$ 270.00	0%
Second Reinspection No Violation	No Fee	No Fee	0%
Second Reinspection w/Violation	\$ 625.00	\$ 625.00	0%
Late Fee on Balances over 90 days due	\$ 50.00	\$ 50.00	0%
Civil Fine for Re-Offenders	\$ 180.00	\$ 180.00	0%
Variance Application	\$ 100.00	\$ 100.00	0%

HIV/AIDS/Case Management

Title XIX Case Management Part Month Assessment	\$ 86.86	\$ 86.86	0%
Title XIX Case Management Full Month Assessment	\$ 173.72	\$ 173.72	0%
Title XIX Case Management Comprehensive Assessment	\$ 139.12	\$ 139.12	0%

COMMUNITY HEALTH TRAINING & CONSULTING

1/2 - Day Workshop	\$ 650.00	\$ 650.00	0%
1 - Day Workshop	\$ 1,300.00	\$ 1,300.00	0%
Standard Hourly Rate	\$ 160.00	\$ 160.00	0%

TREATMENT SERVICES

GENERAL

**Spokane Regional Health District
2025 Fee Schedule**

	2024 Approved Fee	2025 Proposed Fee	% Increase/New
Witness Testimony Fee (per hour) Health Program Specialist	\$ 89.00	\$ 89.00	0%
Witness Testimony Fee (per hour) PHN	\$ 89.00	\$ 89.00	0%
Witness Testimony Fee (per hour) ARNP	\$ 118.00	\$ 118.00	0%
Witness Testimony Fee (per hour) MD	\$ 177.00	\$ 177.00	0%

OPIOID TREATMENT

Courtesy Dose Daily Rate (Uninsured/Self Pay)	\$ 15.81	\$ 15.81	0%
Courtesy Dose Daily Rate (Insured Billed at Rates Below)	Varies	Varies	0%
H0001 - New Patient Assessment (SelfPay/Pvt./POne/HCA/AI/AN/Kaiser) T19 Published Fee Schedule	\$ 161.59	\$ 161.59	0%
H0001 - New Patient Assessment (CHPW Medicaid & Cascade Select/Molina Medicaid/WLP)	\$ 162.98	\$ 162.98	0%
H0001 - New Patient Assessment (Molina MarketPlace)	\$ 145.69	\$ 145.69	0%
H0001 - New Patient Assessment (CCW)	\$ 338.74	\$ 338.74	0%
H0001 - New Patient Assessment (UHC Medicaid)	\$ 224.04	\$ 224.04	0%
H0001 - New Patient Assessment (Triwest)	\$ 181.41	\$ 181.41	0%
H0001 - New Patient Assessment (County Contract)	\$ 141.80	\$ 141.80	0%
H0001 - New Patient Assessment (Ambetter Contract)	\$ 243.00	\$ 243.00	0%
H0001 - New Patient Assessment (CJTA)	\$ 141.80	\$ 141.80	0%
H0001 - New Patient Assessment (SABG)	\$ 163.10	\$ 163.10	0%
H0020 - Daily Rate (Spokane County Detention Services)	\$ 19.29	\$ 19.29	0%
H0020 - Daily Rate (Uninsured/Self Pay)	\$ 15.81	\$ 15.81	0%
H0020 - Daily Rate (Pvt./POne/HCA/AI/AN/Kaiser) T19 Published Fee Schedule	\$ 19.29	\$ 19.29	0%
H0020 - Daily Rate (CHPW Medicaid & Cascade Select)	\$ 28.75	\$ 28.75	0%
H0020 - Daily Rate (CCW/WLP)	\$ 24.96	\$ 24.96	0%
H0020 -Daily Rate (Molina Marketplace)	\$ 17.39	\$ 17.39	0%
H0020 - Daily Rate (Molina Medicaid)	\$ 28.08	\$ 28.08	0%
H0020 - Daily Rate (UHC Medicaid)	\$ 32.98	\$ 32.98	0%
H0020 - Daily Rate (TriWest)	\$ 28.30	\$ 28.30	0%
H0020 - Daily Rate (Ambetter)	\$ 16.13	\$ 16.13	0%
H0020 - Daily Rate (CJTA)	\$ 21.51	\$ 21.51	0%
H0020 - Daily Rate (SABG)	\$ 24.74	\$ 24.74	0%
G2067 - Medicare Weekly Bundle (Medicare/UHC/AMG/CHW/Kaiser/Molina)	\$ 262.87	\$ 262.87	0%
G2067 - Commercial Weekly Bundle (UHC)	\$ 228.39	\$ 228.39	0%
G2074 - Medicare Weekly Bundle w/out Drug (Medicare/UHC/AMG/CHW/Kaiser/Molina)	\$ 210.19	\$ 210.19	0%
G2076 - Medicare Intake Activities (Medicare/UHC/AMG/CHW/Kaiser/Molina)	\$ 204.55	\$ 204.55	0%
G2078 - Medicare Seven Day Take Home Supply (Medicare/UHC/AMG/CHW/Kaiser/Molina)	\$ 40.71	\$ 40.71	0%
J0572 - Bupenorphine Per Unit	\$ 0.71	\$ 0.71	0%
J0574 - Bupenorphine Per Unit	\$ 2.12	\$ 2.12	0%

We receive 75% of billed charges

We receive 90% of billed charges

OUTPATIENT MENTAL HEALTH

90785 - Interactive Complexity	\$ -	No Fee	New
90791 - Psychiatric Diagnostic Evaluation (Per Encounter)	\$ 312.20	\$ 359.00	15%
90791 (MOD 52) UPDATE/Partial Diagnostic Evaluatiion (Per Encounter)	\$ -	\$ 89.80	New
90832 - Psych Tx 30 (16-37 mins)	\$ 109.20	\$ 125.60	15%
90833 - Psych Tx 30 (16-37 mins) w/Eval and Management	\$ 109.20	\$ 125.60	15%
90834 - Psych Tx 45 (38-52 mins)	\$ 163.80	\$ 188.40	15%
90836 - Psych Tx 45 (38-52 mins) w/Eval and Management	\$ 163.80	\$ 188.40	15%

Per Program Manager: mental health fees are what we charge for the service, actual reimbursement varies depending on payor.

New Line Item Added

New Fee Added

**Spokane Regional Health District
2025 Fee Schedule**

	2024 Approved Fee	2025 Proposed Fee	% Increase/New
90837 - Psych Tx 60 (53+ mins) w/Client and/or Family	\$ 218.30	\$ 251.00	15%
90838 - Psych Tx 60 w/Client and/or Family w/Eval and Management	\$ 218.30	\$ 251.00	15%
90846 - Family Psych Tx w/oClient, 15 mins	\$ 43.20	\$ 49.70	15%
90847 - Family Psych Tx w/Client, 15 mins	\$ 43.20	\$ 49.70	15%
90849 - Multiple Family Group Therapy, 15 mins	\$ 17.50	\$ 20.10	15%
90853 - Group Psychotherapy (other than a multiple-family group), 15 mins	\$ 18.75	\$ 20.10	7%
96110 - Developmental Screening	\$ 18.20	\$ 20.90	15%
96130 - Psychological Testing, First Hour	\$ 131.10	\$ 151.00	15%
96131 - Add on Code to 96130, Additional Hour	\$ 131.30	\$ 151.00	15%
96136 - Psychological or Neuropsychological Testing, First 30 mins	\$ 65.50	\$ 75.30	15%
96137 - Add on Code to 96136, Additional 30 mins	\$ 65.50	\$ 75.30	15%
96138 - Psychological or Neuropsychological Test by a Tech, First 30 mins	\$ 29.50	\$ 33.90	15%
96139 - Add on Code to 96138, Additional 30 mins	\$ 29.50	\$ 33.90	15%

SERI CODE OUTPATIENT MENTAL HEALTH

H0004 - Behavioral Health Counseling and Therapy	\$ 34.20	\$ 39.30	15%	
H0023 - Rehab Case Management	\$ 15.60	\$ 17.90	15%	
H0023 MOD U9 - Rehab Case Management Intake Services	\$ 214.00	\$ 246.10	15%	
H0025 - Behavioral Health Prevention Education	\$ 17.50	\$ 20.10	15%	
H0031 - Mental Health Assessment by Non-MD, reported per 15 mins, paid for total completed assessment	\$ 272.90	\$ 313.80	15%	
H0031 MOD 52 - Update Mental Health Assessment by Non-MD	\$ 68.30	\$ 78.50	15%	
H0032 - Mental Health Service Plan Development	\$ 34.20	\$ 39.30	15%	
H0033 - Oral Medication Administration, Direct Observe, 15 mins	\$ 4.20	\$ 4.80	14%	
H0034 - Medical Training and Support	\$ 32.80	\$ 37.70	15%	
H0036 - Community Support Treatment Face-to-Face (Per 15 Mins)	\$ 35.00	\$ 40.30	15%	
H0038 - Self-Help Peer Service	\$ 16.40	\$ 16.40	0%	New Fee
H0046 - Mental Health Service - NOS (does not include Modifier UB)	\$ 12.00	\$ 12.00	0%	
H0046 MOD UB - Request for Service	\$ -	\$ -	0%	
H2014 - Skills Training and Development	\$ 17.50	\$ 20.10	15%	
H2015 - Comprehensive Community Support Services	\$ 54.60	\$ 62.80	15%	
H2017 - Psychosocial Rehabilitation Services	\$ 17.50	\$ 20.10	15%	
H2027 - Psycho Educational Services	\$ 17.50	\$ 20.10	15%	

ENVIRONMENTAL PUBLIC HEALTH

GENERAL

Standard Hourly Rate (per hour)	\$ 160.00	\$ 180.00	13%	
Construction begun without approval (charged in addition to standard hourly rate construction includes site/plan review and preoccupancy inspection)	50% of Plan Review Charges	50% of Plan Review Charges	0%	
Enforcement Activity (Standard Hourly PLUS Legal Fees)	\$ 160.00	\$ 180.00	13%	
Enforcement Conference	\$ 200.00	\$ 360.00	80%	
Operating Without a Valid Permit	\$ 300.00	\$ 360.00	20%	Moved to General so All Programs Charge Same Fee across Division
Operating After Permit has Expired/Unapproved Owner Change	\$ 175.00	\$ 180.00	3%	Moved to General so All Programs Charge Same Fee across Division

**Spokane Regional Health District
2025 Fee Schedule**

	2024 Approved Fee	2025 Proposed Fee	%
			Increase/New
<u>ENVIRONMENTAL IMPACT STATEMENTS - SRHD LEADS</u>			
Initial 90 minute fee to begin EIS work (Standard Hourly for all additional)	\$ 240.00	\$ 270.00	13%
Communication costs related to notification are charged at market	Varies	Varies	0%
Review of SEPA Documents (by hour)	\$ 160.00	\$ 180.00	13%
Word Processing and Computer Services per hour	\$ 160.00	\$ 180.00	13%
Illegal Drug Lab Evaluation, Posting, and Cleanup Plan Review per hour	\$ 160.00	\$ 180.00	13%
Review of Projects Not Otherwise Specified Herein (Standard Hourly Rate)	\$ 160.00	\$ 180.00	13%
Reinstatement of Suspended Permit (Unless Otherwise noted)	\$ 360.00	\$ 360.00	0%
Late Collection Fee	\$ 110.00	\$ 110.00	0%
Administrative Fee (Cancelled Apps, Returned Checks, Mailings, Permit Transfers, Etc.)	\$ 60.00	\$ 90.00	50%
Rabies Specimen Handling (Standard Hourly PLUS Veterinary and Shipping Fee)	\$ 160.00	\$ 180.00	13%
Request for Waiver or Variance from Regulations (Except Solid Waste) Standard Hourly Rate with a 1.5 Hour Minimum Paid in Advance	\$ 240.00	\$ 270.00	13%
Epidemiology - Associated with a specific permitted facility (Standard Hourly Rate)	\$ 160.00	\$ 180.00	13%
<u>Routine Reinspection of Establishment</u>			
First Reinspection	\$ 190.00	\$ 190.00	0%
Second Reinspection without Follow-up Inspection	\$ 330.00	\$ 330.00	0%
Second Reinspection with Follow-up Inspection	\$ 490.00	\$ 490.00	0%
<u>Review of Plans and Preoccupancy</u>			
Site/Plan Review Hourly Rate (1.5 Hour Minimum Paid in Advance)	\$ 160.00	\$ 180.00	13%
Requested Expedited Plan Review (1.5 X Hourly Rate / per hour)	\$ 240.00	\$ 270.00	13%
Preoccupancy Inspection Hourly Rate	\$ 160.00	\$ 180.00	13%
Preconstruction Review Hourly Rate	\$ 160.00	\$ 180.00	13%
<u>WATER</u>			
Water Sampler Instruction and Certification (per person)	\$ 30.00	\$ 35.00	17%
Water Adequacy Review	\$ 160.00	\$ 180.00	13%
<u>WATER RECREATION FACILITIES</u>			
Permit to Operate Pool/Spa/Wading Pool/Recirculating Spray Pool *			
<i>When facilities have both an annual and seasonal pool, the annual pool will be permitted first and the seasonal pool will be permitted as an additional. Special use pools will be evaluated individually and placed in the appropriate fee category.</i>			
	<i>Annual</i> \$ 1,280.00	\$ 1,280.00	0%
	<i>Seasonal</i> \$ 770.00	\$ 770.00	0%
Permit to Operate Flow Through (Non-recirculating) Spray Pool			
	<i>Annual</i> \$ 670.00	\$ 670.00	0%
	<i>Seasonal</i> \$ 350.00	\$ 350.00	0%
Permit to Operate Additional Pool/Spa/Wading Pool/Recirculating Spray Pool at Same Premises*			
	<i>Annual</i> \$ -	\$ 575.00	New

Added to accurately reflect inspections of additional pools (currently combined with water slides and other features).

**Spokane Regional Health District
2025 Fee Schedule**

		2024 Approved Fee	2025 Proposed Fee	%	
				Increase/New	
	<i>Seasonal</i>	\$ -	\$ 350.00	New	<i>Added to accurately reflect inspections of additional pools (currently combined with water slides and other features).</i>
Permit to Operate Each Additional Feature (e.g., Water Slide) at Same Premises*					
	<i>Annual</i>	\$ 570.00	\$ 385.00	-32%	<i>This category now limited to water features. Additional pools are permitted separately as shown above.</i>
	<i>Seasonal</i>	\$ 220.00	\$ 235.00	7%	<i>This category now limited to water features. Additional pools are permitted separately as shown above.</i>

** Certified Pool Operator (at SRHD's determination, a water recreation facility employing a CPO/AFO but with a history of non-compliance may be charged the full permit fee); flow through pools (e.g., non-recirculating splash pads) are not eligible for CPO discount. The CPO discount is calculated as a reduction of 20% of the total fee rounded up to the nearest \$10.*

SOLID WASTE

Tipping Fee for the Regulation of Disposal of Solid Waste (per ton or equivalent)	\$.32/ton	.32/ton	0%
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Request for Regulation Variance

Without a Public Hearing	\$ 360.00	\$ 360.00	0%	
With a Public Hearing	\$ 1,200.00	\$ 1,200.00	0%	
Landfill in Closure or Post-Closure Status	\$ 600.00	\$ 600.00	0%	
Solid Waste Facility - Single Activity	\$ -	\$ 1,400.00	New	<i>New Fee</i>
Solid Waste Facility - 2 or More Activities	\$ -	\$ 2,500.00	New	<i>New Fee</i>

LIQUID WASTE

On-site Sewage Disposal System - Application

Residential System (includes one plan resubmittal)	\$ 770.00	\$ 1,000.00	30%
Commercial System (includes one plan resubmittal)	\$ 1,060.00	\$ 1,220.00	15%
Limited Facilities (includes one plan resubmittal)	\$ 320.00	\$ 370.00	16%
Building Sewer (includes one plan resubmittal)	\$ 320.00	\$ 370.00	16%

On-site Sewage Disposal System - Permit

Residential System	\$ 870.00	\$ 890.00	2%
Commercial System	\$ 920.00	\$ 1,060.00	15%
Limited Facilities	\$ 320.00	\$ 370.00	16%
Building Sewer	\$ 320.00	\$ 370.00	16%
Septic Tank Abandonment Inspection (Standard Hourly Rate in Excess of 1.5 Hours)	\$ 240.00	\$ 270.00	13%

On-Site Sewage System Installer's Permit

Sewage System Pumper Permit	\$ 300.00	\$ 345.00	15%	<i>Moved from Above Category</i>
Initial Permit for New Installer or Expired Permit	\$ 400.00	\$ 460.00	15%	
Annual Renewal of Current Installer Permit	\$ 270.00	\$ 315.00	17%	
Initial Permit for New O&M Provider Permit	\$ -	\$ 460.00	New	<i>New fee(s) to Support New Requirement in Regs</i>
Annual Renewal of Current O&M Provider Permit	\$ -	\$ 315.00	New	<i>New fee(s) to Support New Requirement in Regs</i>
Property Transfer Inspection Report Submittal (1 hour Standard Hourly Rate)	\$ -	\$ -	0%	<i>Placeholder for 2027 Implementation</i>
Copies of On-site Sewage As-built Drawings--each copy after first 5 (First 5 at no charge)	\$ 3.00	\$ 3.00	0%	

**Spokane Regional Health District
2025 Fee Schedule**

	2024 Approved Fee	2025 Proposed Fee	%	
Plan Resubmittal or Revision	\$ 320.00	\$ 360.00	13%	
Installation of OSS Without Approval/Inspection (Standard Hourly Rate in Excess of 2 Hours)	\$ 320.00	\$ 360.00	13%	
Processing Surcharge (Charged to applicants who fail to respond to requests for information by required deadline).	\$ 160.00	\$ 180.00	13%	
Hourly Test Hole Inspection, etc. (Standard Hourly Rate)	\$ 160.00	\$ 180.00	13%	
Deed Notification	Current Spokane County Fee + \$90.00 Administrative Fee (increased admin fee by \$30.00 for 2025)			
Additional Site Visit/Reinspection (Standard Hourly Rate in Excess of 2 Hours)	\$ 320.00	\$ 360.00	13%	
Additional OSS Pumper Fee Per Job in Spokane County (\$30.00)	\$ -	\$ -	Potential	<i>Potential Fee to Support New Requirement in Regs</i>

FOOD

Basic Food Establishment	\$ 290.00	\$ 290.00	0%	
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Caterer

	With Approved Catering Kitchen	\$ 570.00	\$ 570.00	0%	
	With Supplemental Kitchen	\$ 260.00	\$ 260.00	0%	
Concession Stand	\$ 240.00	\$ 240.00	0%		
Meat and Fish Shop	\$ 250.00	\$ 250.00	0%		

Mobile Food Service Unit

	With Approved Kitchen	\$ 630.00	\$ 630.00	0%	
	With Supplemental Kitchen	\$ 340.00	\$ 340.00	0%	
Each Additional Mobile Food Service Unit Under Common Commissary	\$ 120.00	\$ 120.00	0%		

Complex Restaurant	\$ 800.00	\$ 800.00	0%	
Limited Food Establishment (includes Seasonal Complex Food Establishments)	\$ 350.00	\$ 350.00	0%	
School Cafeteria	\$ 300.00	\$ 300.00	0%	
Micromarkets	\$ -	\$ 150.00	New	<i>New Permit Category</i>

Temporary Food Service Establishment (TFE) (21 Days or Less)

TFE Level 1 - 1 Day	\$ 100.00	\$ 100.00	0%	
TFE Level 1 - 2 to 4 Days	\$ 120.00	\$ 120.00	0%	
TFE Level 1 - 5 to 21 Days	\$ 140.00	\$ 140.00	0%	
TFE Level 1 - Annual/Recurring	\$ 160.00	\$ 160.00	0%	
TFE Level 2 - 1 Day	\$ 250.00	\$ 250.00	0%	
TFE Level 2 - 2 to 4 Days	\$ 300.00	\$ 300.00	0%	
TFE Level 2 - 5 to 21 Days	\$ 350.00	\$ 350.00	0%	
TFE Level 2 - Annual/Recurring	\$ 400.00	\$ 400.00	0%	
TFE Level 2 - Repeat/Additional	\$ 300.00	\$ 300.00	0%	
TFE Level 3 - 1 Day	\$ 300.00	\$ 300.00	0%	
TFE Level 3 - 2 to 4 Days	\$ 360.00	\$ 360.00	0%	
TFE Level 3 - 5 to 21 Days	\$ 420.00	\$ 420.00	0%	
TFE Level 3 - Recurring	\$ 480.00	\$ 480.00	0%	
TFE Level 3 - Repeat/Additional	\$ 300.00	\$ 300.00	0%	
Large Event Organizer Fee 20-39 Food Vendors	\$ -	\$ 500.00	100%	<i>New Fee</i>
Large Event Organizer Fee 40+ Food Vendors	\$ -	\$ 1,250.00	100%	<i>New Fee</i>
Donated Food Distributing Organization	\$ 60.00	\$ 60.00	0%	
Exempt From Permit Application Processing	\$ 25.00	\$ 45.00	80%	

**Spokane Regional Health District
2025 Fee Schedule**

	2024 Approved Fee	2025 Proposed Fee	%
Food Worker Card	\$ 10.00	\$ 10.00	0%
<u>LAND DEVELOPMENT</u>			
Short Plat Review and Response	\$ 1,200.00	\$ 1,200.00	0%
Long Plat, Binding Site Plan :			
Review and Response	\$ 1,600.00	\$ 1,600.00	0%
If Test Hole Analysis is Necessary When Public Sewer is not Available:			
First Lot	\$ 160.00	\$ 180.00	13%
Each Additional Lot	\$ 80.00	\$ 90.00	13%
Zone Change Review and Response/Comprehensive Plan Amendment	\$ 760.00	\$ 760.00	0%
Variance, Conditional Use Permit, Special Permit Review & Response	\$ 500.00	\$ 500.00	0%
Boundary Line Adjustment	\$ 170.00	\$ 180.00	6%

SCHOOL SERVICES

Base Fee by Enrollment*

Note: Alternative schools and schools that include elementary & secondary grades will be evaluated by SRHD and placed in appropriate category.

Elementary 1-99	\$ 600.00	\$ 600.00	0%
Elementary 100+	\$ 850.00	\$ 850.00	0%
Secondary 1 - 1000	\$ 1,250.00	\$ 1,250.00	0%
Secondary 1000+ (Due to complexity, STEM and TECH schools are placed in this fee category.)	\$ 2,350.00	\$ 2,350.00	0%
Inspections conducted by SRHD: Reinspections, Self-Inspections and Initial Routine Inspections following construction are conducted at the standard hourly rate in addition to the annual base	\$ 160.00	\$ 180.00	13%

** Late fees and/or standard hourly fees will be charged for SRHD time spent beyond typical administrative or inspection-related costs (e.g., reminder calls, etc.) and are not included in the annual base fee.*