



County Manager

Davie County Government

123 S. Main Street | Mocksville, NC 27028 | 336.753.6003

DavieCountyNC.gov



County of Davie FY 2020-2021 Fees Schedule

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Davie County EMS
FY20 Medicare Fee Analysis

Level Of Service	FY20 Medicare Fee Schedule	Davie Charges Eff. 1/1/2020	150% Above MFS
ALS E A0427	\$431.74	\$647.61	\$647.61
ALS NE A0426	\$272.68	\$409.02	\$409.02
BLS E A0429	\$363.57	\$545.36	\$545.36
BLS NE A0428	\$227.23	\$340.85	\$340.85
ALS 2 A0433	\$624.89	\$937.34	\$937.34
SCT A0433	\$738.50	\$1,107.75	\$1,107.75
Rural Mileage 1-17 A0425	\$11.54	\$17.31	\$17.31
ALS TNT A0998	n/a	\$100.00	n/a
ALS Defib Supplies A0392	n/a	\$50.00	n/a
ALS Disp Supplies A0398	n/a	\$50.00	n/a
ALS Intubation Supplies A0396	n/a	\$50.00	n/a
ALS IV Supplies A0394	n/a	\$50.00	n/a
BLS Disp Supplies A0382	n/a	\$50.00	n/a
Extra Attendant A0424	n/a	\$50.00	n/a
Oxygen A0244	n/a	\$25.00	n/a
Paramedic Intercept A0432	n/a	\$300.00	n/a
Wait Time Per 1/2 Hr A0420	n/a	\$2.00	n/a
BLS TNT	n/a	\$100.00	n/a

Davie County Health Department - Clinic Fees

*Insurance Type Master Fee Schedule
 *Location Davie County Health Dept.
 #*Year 2021
 *Start Date 7/1/2020
 *End Date 6/30/2021

NOTE: 01: CPT charge entries are read from the 11th Row onwards(excluding header). The reading terminates at a record having empty CPTCode.
 By default 50 records are provided. You can add or delete rows.
 02: Only the first tab of a multi-tabbed template will be imported.
 03: (*) For Import Template reference only.Not used during import, (#) indicates year from the end-date

Serial #	CPTCode	CPTTitle	Units	Charge Amount	Allowed Charge Amount
1	96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	1	15.00	15.00
2	90696	Administration of diphtheria, tetanus, acellular pertussis, and inactivated polio vaccine	1	60.00	60.00
3	90698	Administration of diphtheria, tetanus, acellular pertussis, haemophilus influenzae type B, and polio vaccine	1	100.00	100.00
4	90723	Administration of diphtheria, tetanus, acellular pertussis, hepatitis B and inactivated poliovirus vaccine	1	85.00	85.00
5	90700	Administration of diphtheria, tetanus, and acellular pertussis vaccine, <7	1	50.00	50.00
6	90744	Administration of hepatitis B vaccine, pediatric/adolescent dosage	1	40.00	40.00
7	90713	Administration of inactivated poliovirus vaccine	1	45.00	45.00
8	90707	Administration of live measles, mumps, and rubella (MMR) vaccine	1	75.00	75.00
9	90716	Administration of live varicella vaccine	1	132.00	132.00
10	90710	Administration of measles, mumps, rubella, and varicella (MMRV) vaccine	1	200.00	200.00
11	96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	1	15.00	15.00
12	90714	Administration of tetanus and diphtheria toxoids (Td)>=7	1	45.00	45.00
13	90715	Administration of tetanus, diphtheria, and acellular pertussis vaccine>7	1	60.00	60.00
14	99420	Admn & interpj health risk assessment instrument	1	50.00	50.00
15	J7613	Albuterol non-comp unit	1	0.25	0.25
16	99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes	1	40.00	40.00
17	99409	Alcohol and/or substance abuse screening and intervention, greater than 30 minutes	1	60.00	60.00
18	99394	Annual examination of established patient 12 to 17 years of age	1	400.00	400.00
19	99395	Annual examination of established patient age 18 to 39 years	1	450.00	450.00
20	59425	Antepartum care only 4-6 visits	1	1,750.00	1,750.00
21	59426	Antepartum care only 7 or more visits	1	3,050.00	3,050.00
22	86703	Antibody; HIV-1 and HIV-2, single result	1	15.00	15.00
23	17250	Application of chemical agent to excessive wound tissue	1	250.00	250.00
24	97005	Athletic training evaluation	1	75.00	75.00
25	81003	Automated dipstick urinalysis without microscopy	1	28.00	28.00
26	87070	Bacterial culture	1	25.00	25.00
27	85018	Blood count; hemoglobin (Hgb)	1	15.00	15.00
28	96127	Brief emotional or behavioral assessment	1	10.00	10.00
29	99201	Brief evaluation and management of new patient	1	200.00	200.00
30	36416	CAPILLARY BLOOD DRAW	1	20.00	20.00
31	82962	Capillary blood glucose measurement by glucometer	1	30.00	30.00
32	59430	CARE AFTER DELIVERY	1	300.00	300.00
33	87621	Cervical human papillomavirus (HPV) 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA detection by amplified probe technique	1	40.30	40.30
34	S9442	CHILDBIRTH EDUCATION CLASS	1	25.00	25.00
35	99214	Clinic visit for established patient for 25 minutes	1	330.00	330.00
36	99215	Clinic visit for established patient for 40 minutes	1	395.00	395.00
37	99205	Complex new patient outpatient visit	1	495.00	495.00
38	S4993	CONTRACEPTIVE PILLS FOR BC	1	30.00	30.00
39	87086	Culture, bacterial; quantitative colony count, urine	1	25.00	25.00
40	87081	Culture, presumptive, pathogenic organisms, screening only;	1	15.00	15.00
41	88141	Cytopathology, cervical or vaginal(any reporting system), requiring interpretation by physician	1	-	-
42	88142	Cytp cerv/vag auto thin layer prep mnl screen	1	20.70	20.70
43	94664	Demonstration and/or evaluation of patient use of aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	1	25.00	25.00
44	J1055	DEPO	1	75.00	75.00
45	17110	DESTROY BENIGN LESION, 1-14	1	300.00	300.00
46	17111	DESTRUCTION LESION, 15 OR MORE	1	300.00	300.00
47	56515	Destruction, lesion, vulva, extensive	1	500.00	500.00
48	56501	Destruction, lesion, vulva, simple	1	375.00	375.00
49	96110	Developmental screening w/interpr&reprt std for	1	40.00	40.00
50	G0109	Diab manage trn ind/group	1	25.00	25.00
51	G0108	Diab manage trn per indiv	1	65.00	65.00

52	3510F	Docj TB screen performed & results interpret	1	-	-
53	10060	DRAIN SKIN ABSCESS	1	345.00	345.00
54	G0434	Drug screen multi drug class	1	25.00	25.00
55	54065	Dstrj lesion penis extensive	1	200.00	200.00
56	54050	Dstrj lesion penis simple chemical	1	100.00	100.00
57	54056	Dstrj lesion penis simple cryosurgery	1	125.00	125.00
58	99213	EPSDT office visit, expanded problem-focused, established patient	1	305.00	305.00
59	99395	EPSDT preventive office visit, established patient 18-39 years old	1	310.00	310.00
60	99384	EPSDT preventive office visit, new patient 12-17 years old	1	495.00	495.00
61	99391	EST PREVENTIVE AGE 0-1	1	380.00	380.00
62	99392	EST PREVENTIVE AGE 1-4	1	375.00	375.00
63	99396	EST PREVENTIVE AGE 40-64	1	450.00	450.00
64	99393	EST PREVENTIVE AGE 5-11	1	375.00	375.00
65	92587	EVOKED AUDITORY TEST	1	80.00	80.00
66	90846	Family psychotherapy	1	118.08	118.08
67	90846	Family psychotherapy	1	97.20	97.20
68	90847	Family psychotherapy including patient	1	185.00	185.00
69	90847	Family psychotherapy including patient	1	120.60	120.60
70	82270	Fecal occult blood detection for colorectal cancer screening	1	26.00	26.00
71	D1206	FLOURIDE CHILD < AGE 21	1	85.00	85.00
72	90665	FLU VACCINE (PERSERV-FREE)	1	25.00	25.00
73	82950	Glucose level post glucose dose	1	59.00	59.00
74	82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	1	130.00	130.00
75	87802	Group B Streptococcus antigen detection by immunoassay	1	20.00	20.00
76	90853	Group psychotherapy	1	34.20	34.20
77	90853	Group psychotherapy	1	48.66	48.66
78	97150	GROUP THERAPEUTIC PROCEDURES	1	60.00	60.00
79	82952	GTT each additional specimen beyond 3 specimens	1	35.00	35.00
80	99000	Handlg&/or convey of spec for tr office to lab	1	23.00	23.00
81	83036	Hemoglobin A1C level	1	25.00	25.00
82	83020	Hemoglobin fractj/quantj electrophoresis	1	50.00	50.00
83	90633	HEP A, VACC, PED/ADOL, 2DOSE	1	70.00	70.00
84	90636	Hepatitis A & B vaccine HepA-HepB adult IM	1	100.00	100.00
85	86706	Hepatitis B surface antibody (HBsAb)	1	11.00	11.00
86	90746	Hepatitis b vaccine, adult dosage (3 dose schedule), for intramuscular use	1	75.00	75.00
87	83021	Hgb Electrophoresis	1	20.00	20.00
88	90648	HIB VACCINE, ACTHIB	1	45.00	45.00
89	90647	HIB VACCINE, PEDVAX	1	45.00	45.00
90	87389	HIV	1	-	-
91	87252	HSV Viral Culture	1	35.00	35.00
92	90649	Human papilloma virus vaccine quadriv 3 dose im	1	200.00	200.00
93	87880	laadiadoo streptococcus group A	1	35.00	35.00
94	87491	ladna Chlamydia trachomatis amplified probe tq	1	35.00	35.00
95	87624	ladna human papillomavirus high-risk types	1	65.00	65.00
96	90471	IM ADMIN	1	90.00	90.00
97	90472	IM ADMIN	1	45.00	45.00
98	95117	IMMUNOTHERAPY INJECTIONS	1	25.00	25.00
99	51701	In-and-out catheterization of bladder	1	150.00	150.00
100	99401	Individual preventive counseling for 15 minutes	1	90.00	90.00
101	99402	Individual preventive counseling for 30 minutes	1	30.00	30.00
102	90655	Influenza vacc trivalent prsrv free 6-35 mo IM	1	35.00	35.00
103	90656	Influenza virus vacc split prsrv free 3 yrs/> IM	1	35.00	35.00
104	90658	Influenza virus vaccine split virus 3/> yrs IM	1	30.00	30.00
105	90660	Influenza virus vaccine, trivalent, live, for intranasal use	1	50.00	60.00
106	99384	Initial new patient preventive medicine evaluation, age 12 through 17 years	1	390.00	390.00
107	99386	Initial preventive medicine new patient 40-64yrs	1	475.00	475.00
108	99385	Initial preventive medicine new pt age 18-39yrs	1	475.00	475.00
109	99385	Initial preventive medicine new pt age 18-39yrs	1	400.00	400.00
110	J0696	Injection, ceftriaxone sodium, per 250 mg	1	26.00	26.00
111	J1050	Injection, medroxyprogesterone acetate, 1 mg	1	0.17	0.17
112	90785	Interactive complexity	1	3.00	3.00
113	90632	Intramuscular administration of hepatitis A virus vaccine in adult	1	54.00	54.00
114	90685	Intramuscular administration of preservative free quadrivalent influenza vaccine in patient 6 to 35 months of age	1	35.00	35.00
115	90686	Intramuscular administration of preservative free quadrivalent influenza vaccine in patients 3 years or older	1	35.00	35.00
116	90675	Intramuscular administration of rabies vaccine	1	295.00	295.00
117	90672	Intranasal administration of live influenza vaccine in patient 5 to 49 years of age	1	35.00	35.00
118	J7300	IUD DEVICE	1	427.50	427.50
119	58300	IUD INSERT	1	250.00	250.00
120	58301	IUD REMOVAL	1	350.00	350.00
121	83655	Lead	1	-	-
122	J7302	LEVONORGESTREL IU CONTRACEPTIVE	1	477.20	477.20
123	99204	Limited new patient visit for 31 to 40 minutes	1	450.00	450.00
124	80061	Lipid Panel	1	50.00	50.00

125	99212	Low level established patient office visit	1	225.00	225.00
126	99202	Low level new patient office visit	1	275.00	275.00
127	2000F	Measurement of blood pressure	1	15.00	15.00
128	90734	Meningococcal conj vaccine tetravalent im	1	140.00	140.00
129	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, for intramuscular use	1	195.00	195.00
130	99211	Minor level established patient office visit	1	150.00	150.00
131	99203	Moderate level new patient office visit	1	395.00	395.00
132	94640	NEBULIZER TREATMENT	1	65.00	65.00
133	87591	Neisseria gonorrhoeae detection by nucleic acid amplification	1	-	-
134	99383	NEW FP PREVENTIVE AGE 5-11	1	435.00	435.00
135	99381	NEW PREVENTIVE AGE 0-1	1	400.00	400.00
136	99382	NEW PREVENTIVE AGE 1-4	1	420.00	420.00
137	99502	NEWBORN HOME VISIT	1	375.00	375.00
138	S3620	Newborn metabolic screening	1	-	-
139	97802	NUTRITIONAL INITIAL	1	75.00	75.00
140	97803	NUTRITIONAL RETURN	1	50.00	50.00
141	S0119	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	1	6.35	6.35
142	90473	ORAL ADMIN	1	90.00	90.00
143	D0145	ORAL EVALUATION, PAT<3YRS	1	100.00	100.00
144	90474	ORAL/INTRANASAL	1	45.00	45.00
145	S0622	Phys exam for college	1	120.00	120.00
146	90732	PNEUMOCOCCAL	1	75.00	75.00
147	90670	PNEUMOCOCCAL VACC, 13 VAL IM	1	194.00	194.00
148	90669	PNEUMOCOCCAL VACC, 7 VAL IM	1	60.00	60.00
149	99501	POSTNATAL HOME VISIT	1	375.00	375.00
150	S0281	Postpartum Screening Form Completion	1	200.00	200.00
151	LU114	PPD WITH STATE-SUPPLIED VACCINE	1	-	-
152	J7510	Prednisolone oral, per 5 mg	1	-	-
153	81025	PREGNANCY TEST (URINE)	1	25.00	25.00
154	99429	Preventive service	1	60.00	60.00
155	95115	Prof svcs allg immntx x w/prv allgic xtrcs 1 njx	1	22.00	22.00
156	90791	Psychiatric diagnostic evaluation	1	164.70	164.70
157	90791	Psychiatric diagnostic evaluation	1	518.93	518.93
158	90839	Psychotherapy for crisis, first 60 minutes	1	183.00	183.00
159	90832	Psychotherapy, 30 minutes with patient and/or family member	1	69.30	69.30
160	90832	Psychotherapy, 30 minutes with patient and/or family member	1	68.37	68.37
161	90832	Psychotherapy, 30 minutes with patient and/or family member	1	75.48	75.48
162	90834	Psychotherapy, 45 minutes with patient and/or family member	1	106.07	106.07
163	90834	Psychotherapy, 45 minutes with patient and/or family member	1	89.10	89.10
164	90834	Psychotherapy, 45 minutes with patient and/or family member	1	103.11	103.11
165	90837	Psychotherapy, 60 minutes with patient and/or family member	1	130.50	130.50
166	90837	Psychotherapy, 60 minutes with patient and/or family member	1	145.00	145.00
167	90837	Psychotherapy, 60 minutes with patient and/or family member	1	137.48	137.48
168	94760	PULSE OXIMETRY	1	45.00	45.00
169	92552	Pure tone audiometry	1	45.00	45.00
170	92551	Pure tone hearing screen	1	60.00	60.00
171	86480	QUANTIFERON GOLD TESTING	1	78.00	78.00
172	99173	Quantitative screening for visual acuity	1	65.00	65.00
173	87804	Rapid influenza A and B antigen detection	1	25.00	25.00
174	69210	REMOVE IMPACTED EAR WAX	1	175.00	175.00
175	86900	Rh+ABO+Ab Screen	1	23.00	23.00
176	J2790	RHO D IMMUNE GLOBULIN INJECT	1	125.00	125.00
177	S0280	Risk Screening Form Completion	1	100.00	100.00
178	T1002	RN SERVICES	1	135.00	135.00
179	90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	1	100.00	100.00
180	36415	ROUTINE VENIPUNCTURE	1	20.00	20.00
181	86762	Rubella Titer	1	54.00	54.00
182	T1013	Sign language or oral interpretive services, per 15 minutes	1	-	-
183	99407	Smoking and tobacco use intensive counseling, greater than 10 minutes	1	25.00	25.00
184	99406	Smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes	1	15.00	15.00
185	87210	Smr prim src wet mount nfct agt	1	27.00	27.00
186	A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	1	15.00	15.00
187	0555F	Symptom management plan of care documented (HF)	1	-	-
188	86592	Syphilis serology	1	-	-
189	86580	TB PPD	1	22.85	22.85
190	96372	THER/PROPHY/DIAG INJ, SC/IM	1	50.00	40.00
191	92567	Tympanometry (impedance testing)	1	40.00	40.00
192	J3490	Unclassified drugs	1	19.20	19.20
193	88175	With screening by automated system and manual rescreening or review, under physician supervision	1	-	-

DAVIE COUNTY ENVIRONMENTAL HEALTH FEE SCHEDULE

ONSITE WASTE WATER PROGRAM	
Site Evaluations/Improvement Permit	\$200.00
Authorization to Construct (ATC) Permit: New Residential	200.00
New Commercial	300.00
Repair Residential	100.00
Repair Commercial	250.00
Site Revisit	75.00
Redraw	50.00
Existing Systems w/ visit	100.00
Existing Systems w/o visit	50.00
Expansion to existing system	200.00
PRIVATE WELL WATER PROGRAM	
Application/New Permit	250.00
Application/Repair Permit	50.00
Application/Abandonment Certification	50.00
Site Revisit	50.00
Sampling/New Well	150.00
Sampling/ Existing Well : Bacteria	60.00
Chemical	95.00
Nitrate	60.00
Other	105.00
FOOD SERVICE PROGRAM	
Food Service Plan Review	250.00
Temporary Food Event Permits	75.00
Limited Food Service Permit	75.00
SWIMMING POOL PROGRAM	
Swimming Pool Plan Review	300.00
Swimming Pool Permit	150.00
Year Round Swimming Pool Permit	150.00
Wading Pool Permit	150.00
Spa Permit	150.00
Revisit	75.00
TATTOOING PROGRAM	
Tattoo Artist (Annual Fee)	250.00
Temporary Tattoo Fee (3 day)	50.00
MOBILE HOME PARK INSPECTIONS	
MHP with OSWW systems	100.00
MHP without OSWW systems	50.00
MHP Well Sample	100.00
SERVSAFE CLASS	
ServSafe Class (per person)	120.00



Development & Facilities Services

298 E. Depot Street, Ste 100 | Mocksville, NC 27028 | 336.753.6050 | f 336.751.7689

DavieCountyNC.gov



2020-2021 Davie County Building Fee Schedule

Residential Building—Single Family, Modular, Duplex & Townhomes

Recovery Fee (Homeowners Recovery Fund—NC GS 87-15.6) \$10.00

Building 2.85 per thousand of contract
(\$75.00 minimum)

Residential Building-- Manufactured Homes

Single Wide	Set Up	150.00
	Electrical	80.00
	Plumbing	85.00
	Mechanical	60.00

Sectional	Set Up	300.00
	Electrical	100.00
	Plumbing	85.00
	Mechanical	75.00

Electrical

Saw service	60.00
Pole Service	60.00
Service Change	75.00
Temporary Power	75.00 (30 days)
Rough In	70.00
Final	80.00
New Residence	150.00
Add/Remodel/Accessory	80.00

Plumbing

Per Fixture	8.00
Base Fee	60.00

Mechanical

First Unit	75.00
All Additional Units	40.00
Appliance Fee	45.00
HVAC Change out	50.00 1st unit 25.00 each additional unit
Gas Lines	30.00

Other Than Above/Commercial

Building	3.25 per thousand of contract
Electrical	3.25 per thousand of contract
Plumbing	3.25 per thousand of contract
Mechanical	3.25 per thousand of contract
(\$75.00 minimum fee)	
Plan Review Fee	.03 per square foot
Fire/Sprinkler	3.25 per thousand of contract

Miscellaneous Fees

New Water Line (not associated w/const.)	50.00
New Sewer Line(not associated w/const.)	50.00
Temporary CO (30 days)	50.00
Safety/ALE Permit	100.00
Daycare/Group Home/Foster Care	No Charge
Change of Use/Occupancy Fire Inspection	50.00 plus \$20.00 Setup of Annual Fire Inspection
Low Voltage (Data/Phone)	
Commercial	3.25 per thousand of contract
Residential	80.00
On Site Consultation	50.00
Permit Renewal	50% of original fee
Work without Permit	Double the fee
Re-Inspection/1 st return trip	0.00
Re-Inspection/Call Back 2 nd trip	100.00
Re-Inspection/Call Back 3 rd trip	100.00
Technology Fee	\$7 per permit

The minimum permit fee for any trade/work not listed is \$75.00

An additional fee of \$50.00 will be charged for inspections that were called in, but not ready at the time of inspection.

Effective: July 1, 2019





DAVIE COUNTY DEVELOPMENT AND FACILITIES SERVICES DIVISION FEE SCHEDULE

Required inspections per North Carolina State Building Code Fire Prevention Code do not incur cost.

Re-inspection fee (Inspection not ready) Assessed after second failed inspection per visit \$50

Failure to obtain required permit before work begin DOUBLE ORIGINAL PERMIT COSTS

FIRE AND LIFE SAFETY PLAN REVIEW

Automatic Water-based Fire Extinguishing System (Includes plan review, rough in inspections, acceptance testing): NOT INCLUDED ARE RE-INSPECTION FEES.	Square footage covered	1-5000	\$100
		5001-15000	\$125
		15001-100000	\$150
		100001-250000	\$175
		250001-500000	\$200
		500001-750000	\$225
		750001-1000000	\$250
	1000000+	\$300	

Fire Alarm Detection and Notification Systems (Includes plan review, document review, rough in inspections, acceptance testing): NOT INCLUDED ARE REINSPECTION FEES.	Square footage covered	SAME AS WATER-BASED TABLE ABOVE
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Commercial cooking fire suppression hood systems/Spray paint booths (Includes plan review, acceptance testing): NOT INCLUDES ARE RE-INSPECTION FEES	\$120
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Life Safety Plan Review for Building Construction (Includes site plan)	Square footage covered	1-5000	\$100
		5001-15000	\$150
		15001-10000	\$200
		100001-250000	\$250
		250001-500000	\$300
		500001-750000	\$350
		750001-1000000	\$400
	1000000+	\$500	

SPECIAL USE/PROCESSES/EVENTS PERMITS

ABC License	\$100
Amusement Buildings (Haunted Houses/Trails,etc)	\$100
Bonfires	\$ 50
Carnivals and fairs	\$ 50
Combustible Dust-Producing Operations	\$ 50
Explosives/Blasting	\$100
Flammable/Combustible Liquid Storage	\$100
Open flames in E Occupancy(Educational use only. Not bonfire/ceremonial type.	N/C
All pyrotechnic firework displays (Does not include Fire Department Standby)	\$200
Tents/Temporary Membrane/Canopies	\$100
Flammable/combustible tank install/removal	\$100
Private fire hydrants/private systems	\$100

PERMIT APPLICATIONS AND FEES SHALL BE RECEIVED MINIMUM 96 HOURS PRIOR

LIFE SAFETY CODE VIOLATION FINES

8	First offense	IMMEDIATE REPAIR DURING INSPECTION
	Second offense and subsequent offenses	\$200 per infraction increase \$100 subsequent



Development & Facilities Services

298 E. Depot Street, Ste 100 | Mocksville, NC 27028 | 336.753.6050 | f 336.751.7689

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PLANNING FEES 2020-2021	
Preliminary plat review	\$200
Final plat review	\$300
Exempt Plats (Recombination, Family etc..)	\$120
Abbreviated, minor, and 5 acre tract subdivision plat review	\$150
Construction Plan	\$150
<u>Zoning Reviews</u>	
Amendment to Zoning Text	\$800
Amendment to Zoning Map-Residential	\$300
Amendment to Zoning Map-Residential Special Conditions	\$500
Amendment to Zoning Map-Non-Residential	\$800
Amendment to Zoning Map-Non-Residential Special Conditions	\$1000
Watershed 10/70 Request or Variance Request	\$500
Variance	\$500
Vested Rights Application	\$300
Special Use Permit-Residential	\$500
Special Use Permit-Non-Residential	\$800
Planned Unit Development-Residential	\$300
Planned Unit Development-Non-Residential	\$300
Special Use Permit for Manufactured Home, Temporary Use Permits	\$250
<u>Zoning Compliance Permits</u>	
<u>Zoning Permit (Adult Establishment)</u>	\$1,000.00
Zoning Permit (residential single family dwelling - site built home or manufactured home, duplex, or residential accessory structure.)	\$30.00
Zoning Permit (Non-residential Upfit/Accessory structure)	\$30.00
Zoning Permit(multi-family apartment, townhouse, condominium, or group development)	\$100
Zoning Permit(sign)	\$50.00
Zoning Permit(civic, recreation, or nonprofit use)	\$50.00

Zoning Permit(New Construction-commercial or industrial, as classified by NC Building Code)	\$150
Advertising sign permit(off-premise billboard)	\$300
<u>Site Plan Review</u>	
Site Plan Review Residential	\$300
Site Plan Review Non-Residential	\$500
<u>Technology Fee (per permit)</u>	\$7.00
<u>Other/Miscellaneous</u>	
Wireless Facilities (Tower)	\$5,000
Wireless Facilities (Co-locate)	\$1,000
Road Name Change Request (owner initiated)	\$300
<u>Copies of Ordinances</u>	
Zoning ordinance text	\$10
Zoning map	\$5
Subdivision regulations text	\$10
Copy of 2020 Land Development Plan	\$20
Zoning Certification Letter	\$40 no site visit required; \$100 w/ site visit



GEOGRAPHIC INFORMATION SYSTEMS
FEE SCHEDULE

Maps (includes (2) copies)

Largest size (up to 42 inches wide by 60 inches in length)	\$25.00
D-size (24 x 36 inches)	\$20.00
C-size (18 x 24 inches)	\$15.00
11 x 17 inches	\$5.00
8 ½ x 11	\$2.00

Copies of GIS Data (if requested on physical media)

\$50.00 base rate, which includes one (1) hour.
\$10.00 per hour for each hour over one (1).

Media and shipping costs may be extra. Data is provided as is, where is. No special data conversion is provided.

(Note: most data is available for free download from the County website; data is available for electronic distribution at no cost if the data can be transmitted electronically via download, file-share or file-transfer)

**Davie County Public Library
Fee Schedule
2020-2021**

OVERDUE FINES

Overdue fines are 25 cents per day for new books and 10 cents per day for other items. The exceptions are: audiovisual materials that are \$1.00 per day per item.

DAMAGED MATERIALS POLICY

The charge for minor damage to library materials is \$3.00 per item. Minor damage includes slight tearing of 1-3 pages, stained covers that can be cleaned, damaged or missing plastic book jacket, barcode, book bags, and other similar damage. Damage must not be severe enough to prevent the item from circulating in order to be considered minor.

Library customers who return library materials that cannot be easily repaired or cleaned must pay the full list price of the item borrowed plus a \$2.00 processing fee. Once paid, the library customer may keep the damaged item.

LOST CARD POLICY

Lost library cards, damaged cards, and cards on which the patron barcode can no longer be read must be replaced. The charge to replace a lost card is \$1.00. There is no charge for replacement of damaged cards or cards on which the patron barcode can no longer be read, if the damaged card is returned at the time of replacement.

REPLACEMENT OF LOST MATERIALS POLICY

The charge to the customer for replacement of materials shall be the cost of the item as listed on the database plus a \$2.00 processing fee for each item. The charge for the loss of magazines is \$3.00 per item.

STUDENT ACCESS ACCOUNTS

10 books or audiobooks may be checked out on the DAVIE COUNTY PUBLIC LIBRARY 3 Student Access account; no overdue fines will be charged. If an item on a Student Access account is kept out for more than 180 days, the student will be charged the whole amount for the item plus a \$2.00 processing fee.

PRINT SERVICES

The charge for copies or prints is 10 cents per page for black and white, and 25 cents per page for color printouts and copies. The charge to laminate items is \$1.00 per item.

FAXES

Pricing for outgoing faxes is \$1.50 for first page and \$0.50 for each additional page, and incoming faxes is \$0.10 per page.

RENTAL FEE FOR MULTI-PURPOSE ROOM

The standard fee to rent the library multi-purpose room is \$30 for the first 3 hours plus \$10/hour thereafter. Fee is waived with proof of Non-Profit status. Should any damage occur during the reserved time, the patron is responsible to arrange payment for such damage. The Library will determine the reasonable amount required for replacement/repair of damages or cleaning service required.

Davie County Recreation and Parks

Fee Schedule

Effective: April 6, 2020

Meeting Room Rentals	Rental Fee	Duration
Gymnasium for Event (B-1, P-1, P-2)	\$60.00	Per Hour
Refundable Damage Deposit	\$100.00	Per Event
Brock 1	\$40.00	Per Hour
Brock 2	\$30.00	Per Hour
Brock 3	\$25.00	Per Hour
Splash 1	\$40.00	Per Hour
Splash 2	\$30.00	Per Hour
Splash 3	\$30.00	Per Hour
Splash 4	\$25.00	Per Hour
Conference 5	\$30.00	Per Hour
Park 6	\$40.00	Per Hour
Park 7	\$30.00	Per Hour
Park 8	\$30.00	Per Hour
Refundable Damage Deposit	1-Hour Rate	Per Event

** Rental Combinations are Available*

Shelter Rental Fees	Rental Fee	Duration
Medium Shelter	\$15.00	Per Hour
Large Shelter	\$20.00	Per Hour

Athletic Rental	Rental Fees	Duration	
Gymnasium	(Weekday)	\$30.00	Per Hour
	(Weekend)	\$40.00	Per Hour
Stadium and Turf Field	(Weekday)	\$30.00	Per Hour
	(Weekend)	\$40.00	Per Hour
Ballfield or Multipurpose	(Weekday)	\$20.00	Per Hour
	(Weekend)	\$30.00	Per Hour
Refundable Damage Deposit	\$100.00	Per Tournament Event	

Weekdays: Monday – Thursday, Weekends: Friday - Sunday

Additional Rental Fees	Rental Fee	Duration
Staff Set Up Fee	\$25.00	Per Event
Change Of Date Fee	\$25.00	Per Event
Day Before Set Up Fee	\$100.00	4 Hours
Special Event Permit	\$50.00	Per Day
Knockerball Party Package (up to 10 balls)	\$50.00	Per Event
Stadium Lights Fee	\$10.00	Per Hour
Press Box Fees	\$25.00	Per Day
Gate/Admission Fees	\$50.00	Per Day
Concession Rights	\$50.00	Per Day
Field Maintenance (Games)	(Stadium) \$75.00	Per Day
	(Ballfield/Multipurpose) \$100.00	Per Day

Davie County Recreation and Parks

Fee Schedule

Effective: April 6, 2020

Amphitheater and Civic Green	Rental Fees	Duration
Event Venue	\$100.00	Per Hour
Refundable Damage Deposit	\$100.00	Per Event
Staff Set-up	\$100.00	Per Event
Sound (DCRP staff required)	\$100.00	Per Event

Vendor Permits (Department Sponsored Events)	Fees	Duration
Non-Food Vendor (10'x10' or smaller area)	\$25.00	Per Event
Food Vendor (10'x10' or smaller area)	\$50.00	Per Event
Food Vendor (larger than 10'x10' area)	\$75.00	Per Event

Advertising Fees	Fees	Duration
Marquee Advertisements	\$30.00	1 Day
* Available at Brock Recreation Center and Davie County Community Park	\$90.00	3 Days
	\$125.00	5 Days
	\$175.00	7 Days
Seasonal Program Guide Advertising	\$400.00	Full
	\$250.00	1/2 Page
	\$150.00	1/4 Page

Special Event / Athletic Sponsorship	Fees	Duration
DCRP Sponsorship Guide	www.daviecountync.gov/dcrp	

Splash Pad Fees	Fees	Duration
Child (Ages 15 & Under)	\$1.00	Per Day
Adults (Ages 16+)	\$2.00	Per Day
Splash Pad Entry Add-on (Rental Required)	\$50.00	Per Event
Splash Pad Exclusive Rental (2 hours only)	\$150.00	Per Event

Dog Park Fees	Fees	Duration
Single Dog (County Resident)	\$20.00	Annually
Multi-Dog (max of 3 dogs)	\$5 per dog	Annually
Single Dog (Non-Resident)	\$40.00	Annually
Multi-Dog (max of 3 dogs)	\$5 per dog	Annually
Lost/Stolen Key Card Replacement	\$10.00	Each

Program Fees	Fees		
General Programs	Free	to	\$60.00
Athletic Programs	\$20.00	to	\$125.00
Specialty Camps	\$30.00	to	\$100.00
Special Events	Free	to	\$40.00
Athletic Sports/Leagues (Youth and Adult)	\$25.00	to	\$450.00
All Program (Drop In)	\$3.00	to	\$15.00
Gate Fee (Youth and Adult)	\$1.00	to	\$2.00

Davie County Senior Services Fee Schedule for 2020/2021

Copies (black & white)

- \$0.10 per copy

Copies (color)

- \$0.15 per copy

Fax

- \$0.10 per page

Day Trip/Outing Transportation Fee

- \$5.00 transportation plus any charge made by the location we are visiting

Homebound Meal Private Pay

- \$4.18 (may vary once grants are complete)

Congregate Private Pay

- \$3.30 (may vary once grants are complete)

Rentals

- Non-profit \$150.00 for 4 hour block / \$50.00 per additional hour

In addition Senior Services offers various classes, trips, events, etc., some of which may have a fee. Fees vary based on type and cost of such events.

Davie County Sheriff's Office
Fee Schedule
FY 2020-2021

Civil Process Fees

In State Paper Service	\$30
Out of State Paper Service	\$50
Fingerprints	\$10

Gun/Concealed Carry Permits

Online Gun Permit Applicant	\$5 per gun
Gun Purchase Permit Applicant	\$5 per gun
New Concealed Carry Permit	\$90 Cash only
Renewal Concealed Carry Permit	\$85 Cash only
Duplicate Permit	\$15

Storing Firearms/Ammunition seized under a
50B Domestic Violence Protection Order

Minimum Charge	\$50
Each Day Additional after 16 days	\$1
Maximum	\$100

**FEE SCHEDULE
REGISTER OF DEEDS
PURSUANT TO G.S. 161-10
Effective 12-22-2016**

<u>LAND RECORDS</u>	
INSTRUMENTS IN GENERAL	\$26.00 for the first 15 pages 4.00 for each additional page
DEEDS OF TRUSTS OR MORTGAGES	\$64.00 for the first 35 pages 4.00 for each additional page
STATE EXCISE TAX ON REAL ESTATE CONVEYANCES	\$2.00 per thousand (\$1.00 up to \$500.00)
ADDITIONAL INDEX REFERENCE ON ASSIGNMENT	\$10.00 Each
ADDITIONAL REQUIRED INDEXED PARTY (OVER 20)	\$2.00 per name
SATISFACTIONS	No Fee
STATE EXCISE TAX ON REAL ESTATE CONVEYANCES	\$2.00 per thousand (\$1.00 up to \$500.00)
MULTIPLE INSTRUMENTS IN ONE DOCUMENT A document consists of multiple instruments when it contains 2 or more instruments with different legal consequences or intent, each of which is separately executed and acknowledged and could be recorded alone. Note: Register is not required to index any multiple instrument whose title does not appear on the first page of the document.	\$10.00 each additional instrument
NONSTANDARD DOCUMENT For registering or filing any document not in compliance with the recording standards adopted under G.S. 161-14(b)	\$25.00, in addition to all other applicable recording fees
PLATS:	
Each original or revised plat recorded	\$21.00 per sheet or page
Certified copy	\$5.00

UNIFORM COMMERCIAL CODE: Effective 7-1-2001: Original financing statements and amendments whose collateral includes goods that are or are to become fixtures, timber to be cut or as-extracted collateral should be filed in the local office. Local filing fees for initial financing statements, correction statements, and all amendments, including terminations:	
One or two pages	\$38.00
Three to ten pages	\$45.00
Over ten pages	\$45.00, plus \$2.00 per additional page over ten
REMOVAL OF GRAVES CERTIFICATE	\$12.00 for the first page \$ 3.00 for each additional page
RIGHT-OF-WAY PLANS:	
Each original or amended plan and profile sheet	\$21.00 for the first page
Each additional page	\$5.00
Certified copy	\$5.00
COMPARING COPY FOR CERTIFICATION	\$5.00
MILITARY SERVICE RECORD:	
Filing and recording discharge	No fee
1 certified copy	No fee
CERTIFIED COPY OF AN INSTRUMENT FOR WHICH NO OTHER PROVISION IS MADE	\$5.00
Each additional page or fraction	\$2.00
<u>VITAL RECORDS</u>	
MARRIAGE LICENSE FEES:	
Issuing license	\$60.00 (includes \$35 state fee)
Delayed certificate with 1 certified copy	\$20.00
Amendment of marriage application, license or certificate, with 1 certified copy	\$10.00

Certified copy	\$10.00
CERTIFIED COPIES:	
Certified copy of a Vital Record (Birth, Death, Marriages)	\$10.00
REGISTRATION OF BIRTH CERTIFICATE ONE YEAR OR MORE AFTER BIRTH (DELAYED BIRTH CERTIFICATE):	
For preparation of paperwork when birth to be registered in another county	\$10.00
For registration when papers prepared in another county, with 1 certified copy	\$10.00
For preparation of papers and registration in the same county, with 1 certified copy	\$20.00
AMENDMENT OF BIRTH OR DEATH RECORD:	
Preparation of amendment affecting correction	\$10.00 to county (\$15.00 to NC Vital Records) (\$15.00 to NC Vital Records for expedited service)
1 certified copy	\$10.00
LEGITIMATIONS:	
For preparation of documents (does not include a certified copy)	\$10.00 to county (\$15.00 to NC Vital Records) (\$15.00 to NC Vital Records for expedited service)
Certified copy of birth record	\$10.00
QUALIFICATION OF NOTARY PUBLIC	\$10.00
NOTARY AUTHENTICATION	\$5.00
ACKNOWLEDGMENTS – for those offices that provide this service, refer to G.S. 161-10 (12)	\$5.00 per signature or \$10.00 per signature for electronic notarial acts
STATE VITAL RECORDS SEARCH	\$14.00 each
STATE VITAL RECORDS FOR NETWORK ACCESS	\$24.00 first copy, \$15 each additional copy
<u>MISCELLANEOUS SERVICES</u>	Check with county registers because misc. fees & services may vary

2020/2021 Tax Administration Fee Schedule

Collection

Insufficient Funds	\$25.00
Garnishment	\$60.00
Bank Attachment	\$60.00
Advertisement	\$3.00

Credit Card	Greater of \$1.50 or 2.4% of the transaction, Visa Debit \$3.95 and electronic check \$1.50
Foreclosure	Fee is set by foreclosing law firm (Kania)
Civil Execution	Fee is charged by the Sheriffs Department

Administration

Printed Maps

11X17 Color	\$5.00
11X17 Grayscale	\$5.00
8 1/2 X 11 Color	\$3.00
8 1/2 X11 Grayscale	Free
Property Record Card	Free



Public Utilities

Davie County Government

298 E. Depot St, Suite 200 | Mocksville, NC 27028 | 336.753.6090 | fax 336.751.5855

DavieCountyNC.gov



Below is the requested rate increase from Raftelis the rate consultant that reviews our rates annually during the budget process. This request follows all policies that the Davie County Board of Commissioners has set for the Public Utility. Please let me know if you have any questions or need any additional information.

Water and Sewer Rates				
	Current	Proposed		
	FY 2020	FY 2021	% Change	
<u>Water</u>				
Bi-monthly Base Charge (includes 3 kgal)	\$ 27.18	\$ 27.80	2.3%	
> 3,000 gallons	\$ 5.23	\$ 5.35	2.3%	
<u>Irrigation</u>				
Bi-monthly Base Charge (includes 3 kgal)	\$ 27.18	\$ 27.80	2.3%	
> 3,000 gallons	\$ 6.80	\$ 6.95	2.3%	
<u>Cooleemee Sewer</u>				
Bi-monthly Base Charge (includes 3 kgal)	\$ 25.09	\$ 25.65	2.3%	
> 3,000 gallons	\$ 4.13	\$ 4.25	3.0%	
<u>East Davie Sewer</u>				
Bi-monthly Base Charge (includes 3 kgal)	\$ 35.13	\$ 35.95	2.3%	
> 3,000 gallons	\$ 12.08	\$ 12.35	2.2%	

Johnny L. Lambert
Director of Public Utilities

CC: John Eller, County Manager