



**Mail Invoices to:**

**Company / Facility Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Department:** \_\_\_\_\_

**Contact Person for Fiscal Matters:**

**Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**ANNUAL FACILITIES PROGRAM FEES**

Fees are assessed on a monthly basis. Payment is expected within 30 days of statement. Fees that are not paid promptly can result in suspension of services.

Fees are calculated as follows:

\$500 Non-Refundable Application Fee  
\$750 Initial Registration Fee  
**\$1,250 Total Initial Application Fee**

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 \$750 Annual Renewal Fee  
 \$190 Per hour for inspection services, minimum 1 hour  
 \$190 Per hour for plan review services, minimum 1 hour  
 Plans may be reviewed in the field or office

**Staff Use Only**

City Facility #: I - \_\_\_\_\_