

APPENDIX A - FEES

Legislative History – Adopted by Res#2002-138, 7/1/02; amended by Res#2003-197, 10/2/03; amended by Res#2005-181, 6/30/05; amended by Res#2006-254, 6/22/06; amended by Res#2006-536, 12/7/06; amended by Res#2007-327, 6/21/07; amended by Res#2007-328, 6/21/07; amended by Res#2008-59, 5/8/08; amended by Res#2008-90, 6/26/08; amended by Res#2009-03, 4/9/09; amended by Res#2009-72, adopted 6/25/09; amended by Res#2010-18, adopted 2/25/10; amended by Res#2010-87, 6/24/10; amended Res#2010-122, 10/28/10; amended by Res#2011-49, 6/23/10; amended by Res#2011-75, 10/6/11; amended by Res#2012-32, 5/10/12; amended by Res#2012-62, 6/28/12; amended by Res#2013-51, 6/27/13; amended by Res#2014-01, 1/9/14; amended by Res#2014-59, 6/26/14; amended by Ord#03-2014, 7/31/14; amended by Res#2015-64, 6/25/15; amended by Res#2015-110, 10/22/15; amended by Res#2016-39, 5/5/16; amended by Res#2016-53, 6/30/16; amended by Res#2017-68, 6/29/17; amended by Res#2018-57, 6/28/18; amended by Res#2018-101, 10/11/18; Amended by Ord#01-2019, 2/21/19; amended by Res#2019-63, 6/27/19; Amended by Res#2020-42, 6/18/20; Amended by Res#2022-56, 6/16/22.					
Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
<b>ASSESSMENT &amp; TAXATION</b>					
Declass from Farm/Forest & other special uses	ORS 321.760 & ORS 358.525		x		Varies by value and number of years declassified
Foreclosure title search	ORS 312.120(5)(b)	x actual cost			\$200
Public records (includes copies of appraisal records, tax records, maps, magnetic tapes, etc.)	ORS 192.440(3)		x		Recapture cost to produce (See public records policy and procedure)
Warrant fees	ORS 311.633	x actual cost			\$92
Manufactured structure exemption from ownership processing fee	Code §1.01.090			x	\$55
<b>BCC - COUNTY ADMINISTRATION</b>					
Public records request	ORS 192.440(3)		x		\$1.00 for first page and \$0.10 for all subsequent pages. Also, when more than nominal staff time is necessary to research, redact, copy or compile records: the actual cost of staff time, calculated at the hourly rate of the employee who performs the work. See public records policy and procedure.

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Delivery of public records	ORS 192.440(4)(a)		x		
Postage and mailing					actual cost
Express mail					actual cost
Courier					actual cost
Other modes of delivery					actual cost
Packaging materials					actual cost
<b>BUSINESS &amp; COMMUNITY SERVICES - LIBRARY NETWORK</b>					
Out of area library cards	Code §1.01.090			x	\$95/year
Library by mail	Code §1.01.090			x	\$2/item
Printing charges for reverence and online material (no fee copies for tax forms)	Code §1.01.090			x	First 5 pages free, \$0.10 a page after first five pages.
<b>BUSINESS &amp; COMMUNITY SERVICES - PARKS</b>					
<b>Day-Use Shelters</b>	Code §1.01.090			x	
Covered shelter 20 persons					\$55
Covered shelter 75 persons					\$130
Covered shelter 100 persons					\$140
Covered shelter 150 persons					\$165
Covered shelter 300 persons					\$195
Covered shelter - Eagle Fern Area 2 - A frame					\$325
Covered shelter - Barton Area 6 - Pavilion					\$650
<b>Day-Use Picnic Areas</b>	Code §1.01.090			x	
Picnic Area 75 persons					\$60
Picnic Area 100 persons					\$75
Picnic Area 150 persons					\$85
Picnic Area 200 persons					\$105
<b>Camp Area Shelters</b>	Code §1.01.090			x	
Covered shelter 100 persons					\$110
<b><i>Drop in rental fee for all shelters/picnic areas, as well as off-season fee where available, is 25% less than listed rental fee (rounded to the nearest dollar)</i></b>					
Each picnic area - refundable cleanup deposit	Code §1.01.090			x	\$50
Routson pavilion (Barton Area #6) and A-frame (EF Area #2) - refundable cleanup deposit	Code §1.01.090			x	\$100
Camping – primitive sites per night	Code §1.01.090			x	\$22
Camping - standard sites (no utilities) per night					\$28
Camping – partial utility (H20/elec.) sites per night	Code §1.01.090			x	\$37
Camping - fully utility (H20/elec./sewer) sites per night					\$43
Camping - partial utility, Non-Oregon resident - per night	Code §1.01.090			x	\$46

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Camping - full utility, Non-Oregon resident - per night	Code §1.01.090			x	\$54
Camping - Barton Bunk House					\$41
Group camping - Barton Group Camp					\$81
Reservation fee – nonrefundable per site	Code §1.01.090			x	\$11
Change in Reservation per site	Code §1.01.090			x	\$11
Cancellation in Reservation per site	Code §1.01.090			x	\$11
Extra Vehicle Fee	Code §1.01.090			x	\$8
Extra tent fee per tent					\$8
Day Use Parking Fee - daily	Code §1.01.090			x	\$8
Day Use Parking Fee - Limited Service park - daily					\$4
Day Use Parking Fee - 1 year vehicle pass	Code §1.01.090			x	\$55
Day Use Parking Fee - 2 year vehicle pass					\$90
Commercial Day Use Parking Fee	Code §1.01.090			x	\$27
Commercial Day Use Season Pass Parking Fee	Code §1.01.090			x	\$135
OSMB Licensed Boat Parking Fee	Code §1.01.090			x	\$2
OSMB Licensed Boat Season Pass Parking Fee - 1 year pass	Code §1.01.090			x	\$27
OSMB Licensed Boat Season Pass Parking Fee - 2 year pass					\$43
Replacement charge for lost/stolen parking pass	Code §1.01.090			x	\$11
Firewood Full box	Code §1.01.090			x	\$10
Firewood Bundle	Code §1.01.090			x	\$6
Ice, Bagged	Code §1.01.090			x	\$4
Sportsbag Rentals - per day	Code §1.01.090			x	\$10/day w/\$20 refundable deposit
Dump station	Code §1.01.090			x	\$20
Activities permit for amplified sound/bouncy house/other inflatable - nonrefundable fee	Code §1.01.090			x	\$22/Item
Activities permit for caterer					\$80
Witness deposit for park rule violation hearing - per witness	Code §6.06.16.03			x	\$27
<b>Special Use Permit Fees (For non-reserved park areas)</b>					
- up to 100 people - per day					\$275
- over 100 people - per day					\$550
- over 250 people - per day					\$800
- over 500 people - per day					\$1,000
NOTE: Allowable numbers may vary by park/park capacity. Parks staff may reduce or waive Special Use Fees for schools, non-profits, and public entities in light of service projects or other considerations.					

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<b>COMMUNICATIONS</b>					
Audio Recording (includes printout)	ORS 192.440		x		\$55/hour
CAD Event Research Printout	ORS 192.440		x		\$10/copy
Public records	ORS 192.440		x		\$55/hour
<b>COMMUNITY CORRECTIONS</b>					
Community Service Fee - set up	Code §1.01.090	x			\$40 per sentence
Community Service Fee - reset	Code §1.01.090	x			\$15 per reset appointment
Compact Transfer Application	Code §1.01.090	x			\$50 per account
<b>COUNTY CLERK</b>				x	
Public Land Corner Preservation Fund	ORS 203.148(2)			x	\$10
Plat recording fee	ORS 92.070(5)				\$45 (\$93 total with other required fees)
San Francisco Plat Map	Code §1.01.090				
- Each copy		x			\$0.50
- Certification			x	x	\$3.75
- Mailing tube				x	\$2.75
- Postage, if mailed					\$3
- Total – if certified and mailed					\$10
GIS Technology Fee	Code §1.01.090				\$5
Assessment and Taxation fee	ORS 205.323				\$16
Per side of each page recording fee	ORS 205.320(4)(b)			x	\$5
For each add'l release, assignment or satisfaction embodied in one document, an add'l	ORS 205.320(12)			x	\$5
For each add'l transaction embodied in one document, an add'l	ORS 205.320(13)		x		\$5
Nonstandard document fee for noncompliance of first page requirements and/or page/print size - an additional	ORS 205.234 & ORS 205.232		x		\$20
Surveyor PLC fee	ORS 203.148(2)		x		\$10
Oregon Land Info System fee	ORS 205.323		x		\$1
Low Income Housing	ORS 205.320(2)(e)		x		\$60
Affordable housing collection	ORS		x		\$2
Copies of recorded records	ORS 205.320(4)(c)		x		\$3.75 first page + \$0.25 each add'l page (does not include Marriage Records)
- Search			x		\$3.75
first page copy and each additional page					0.25

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Certification of copies	ORS 205.320		x		\$3.75
Images of Recorded Documents	Code §1.01.090				\$0.25 per image
OLCC Licensing	ORS 471.166 (8)				
- Original application			x	x	\$100
- Change of ownership, location or privilege					\$75
- Renewal or temporary			x		\$35
Passport service fees	22 CFR §22.1		x		
- application acceptance fee	22 CFR §22.1		x		\$35
- adult passport book	22 CFR §22.1		x		\$75
- adult passport card	22 CFR §22.1		x		\$20
- child (15 yrs & younger) passport book	22 CFR §22.1		x		\$60
- child (15 yrs & younger) passport card	22 CFR §22.1		x		\$10
- expedited service (3 week delivery)	22 CFR §22.1		x		\$60
- postage for overnight delivery of applic.	Code §1.01.090			x	\$15
Passport photo services	Code §1.01.090			x	\$15 general; \$10 veterans & seniors
Social gambling license application	Code §8.05.040				\$25
Marriage License or Declaration of Domestic Partnership	ORS 107.615(1) and ORS 205.320(5)				\$60 (cash only)
Waiving the three-day waiting period for marriage license	Code §1.01.090				\$15 general; \$0 veterans
Duplicate marriage license	Code §1.01.090				\$15
Amendment of marriage license	Code §1.01.090	x	x		\$20
Passport photo services	Code §1.01.090	x			\$15 general; \$10 veterans & seniors
<b>DTD - ADMINISTRATION</b>				x	
Research/Consultation fee	Code §1.01.090		x		\$120/hour - 1 hour minimum
Paper copies					
8 1/2" x 11" or 14"	ORS 209.070 (3); Code §1.01.090		x	x	\$2 / page
11" x 17"	ORS 209.070 (3); Code §1.01.090		x	x	\$2.50 / page
18" x 24"	ORS 209.070 (3); Code §1.01.090		x	x	\$3.50 / page
Large Format	ORS 209.070 (3); Code §1.01.090		x	x	\$0.75 sq ft (\$5.00 minimum)

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Credit/Debit card service fee	Not a COUNTY fee - - service fee is charged by US Bank on applicable transactions.		x		Actual cost
Returned check fee	Code §1.01.090			x	\$25
Vehicle registration fee	Code §7.07.040			x	
- Motorcycles/mopeds				x	\$15 per year
- Utility/Light Trailer				x	\$5 per year
- All other vehicles not otherwise exempt				x	\$30 per year
<b>DTD - BUILDING CODES DIVISION</b>					
All Collected Fees	ORS 455				12% are returned to the State
Inspections outside normal business hours (minimum charge 4 hours)	ORS 455			x	\$85 + OT
Reinspection fees	ORS 455				\$85
Inspections for which no fee is specifically indicated (min. ½ hour)	ORS 455		x		\$85/hr
Add'l plan review required by change, additions, or revisions to approve plans (min. charge 1 hour)	ORS 455		x		\$85/hr
Residential Certificate of Occupancy (charged at time of permit issuance)			x		\$43
Temporary Certificate of Occupancy (commercial)			x		\$85/hr with min. 2 hr chrg.
Certificate of Occupancy (commercial)			x		\$85/hr with min. 2 hr chrg.
1 & 2 Family Mechanical Minimum permit fee & reinspection fee	ORS 455				85
For each supplemental permit	ORS 455				21
HVAC:					
Air Conditioner	ORS 455		x		18
Fire/Smoke Dampers/duct smoke detectors	ORS 455				12
Heat Pump	ORS 455		x		\$18.00
Install/replace/relocate heaters-suspended, wall or floor mounted	ORS 455		x		18
Environmental exhaust & ventilation:			x		
Appliance vent	ORS 455		x		\$12
Exhaust fan	ORS 455		x		\$9
Dryer Exhaust	ORS 455				9
Kitchen Exhaust	ORS 455		x		\$12
Other appliance/equipment:			x		
Decorative fireplace	ORS 455				\$18

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Insert-type	ORS 455				\$18
Woodstove/Pellet Stove	ORS 455				18
HVAC Air Handling Unit	ORS 455		x		
0-10K CFM			x		\$12
over 10K CFM			x		\$23
Boiler/Compressor	ORS 455		x		
Boiler not to exceed 1.5 cubic feet					18
Furnace	ORS 455				
to 100K BTU					\$18
>100K BTU					\$23
Fuel Piping	ORS 455				
0 – 4 outlets					\$5
each additional (4 or more outlets requires a schematic)					\$2
Other	ORS 455				
Water Heater					\$9
Cooktop			x		12
Gas logs			x		\$12
Fuel Gas Regulators					\$12
Mechanical Commercial	ORS 455				\$85 min. + a fee based on valuations listed below
Based on Valuation Minimum					
\$1 - \$5,000	ORS 455				\$85
\$5,001 - \$10,000	ORS 455		x		\$85 + \$1.66 per \$100 over \$5,000
\$10,001 to \$100,000	ORS 455				\$168 + \$12.34 per \$1,000 over \$10,000
\$100,000 +	ORS 455		x		\$1,279 + \$8.47 per \$1,000 over \$100,000
Commercial Plan Review	ORS 455		x		25% of permit fee
Manufactured Dwellings, Park Trailers, Cabana Fees			x		
Site installation/set up fee for manufactured dwelling, park trailer or cabana	ORS 455 & 446		x		407
Earthquake Resistant Bracing system installation fee. In addition to site installation fee described above.	ORS 455 & 446		x		103
Reinspection fee per each inspection. Fee must be paid prior to next inspection	ORS 455 & 446				\$85
Installations w/o permits	ORS 455 & 446		x		Actual cost of investigation
Inspections outside normal business hours. Min. of four hours OT rate	ORS 455 & 446		x		\$85/hr
Oregon Mfg. Dwelling Standard Publication. Required when no installer is involved.	ORS 455 & 446		x		12

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Mobile Home Park construction & recreational park development	ORS 446		x		Varies w/ number of spaces
Electrical Fees	ORS 455 & 479		x		
Fee includes a prescribed number of inspections. See Electrical Permit application for quantities.			x		
Electrical plan review is required for new construction and alterations in the following locations per OAR 918-311-0040:			x		25% of Permit fee
A. Service or feeder beginning at 400 amps with available fault current greater than 10,000 amps at 150 volts or less to ground or any system greater than 14,000 volts					
B. Installation of a 150 KVA or larger separately derived system per Article 100 of the NEC					
C. Addition of a new motor load greater than 100 HP or more					
D. Fire pump installations as defined in Article 695 of the NEC					
E. Emergency systems installations as defined in Article 700 of the NEC					
F. 6 or more residential units in one structure or any A, E, 1-2 or 1-3 occupancies as defined in the Oregon Structural Speciality Code					
G. Service or feeder rated at 60 amps or over					
H. System over 600 supply volts nominal					
I. Building more than 3 stories in height					
J. Building over 10,000 sq. ft.					
K. Occupant load over 99 persons					
L. Manufactured Structures Park or Recreational Vehicle Park; new addition or alterations					
M. Classified area or structure containing special occupancy as described in NEC Chapter 5					
Residential single-or multi-family dwelling units including attached garages	ORS 455 & 479				270
And covered areas not more than 1,000 sq. ft.					
Each additional 500 Sq. ft.	ORS 455 & 479				55
Limited energy: up to two inspections only	ORS 455 & 479				109
Limited Energy, Residential					109
Limited Energy, Multi-family					109

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Note: This fee covers all limited energy systems in residential occupancies when installed at the same time by the permittee. Installations such as antenna wire, computer wire, and alarm wire done by other contractors require separate permits and fees. No limited energy permit is required if the original permittee installs wire for doorbells, garage door openers, and heating & air conditioning controls			x		
Manufactured Home Service or feeder	ORS 455 & 479				109
Temp. Const. Service, Feeder	ORS 455 & 479				
Less than 200 amps					\$94
201-400 amps			x		\$200
401-600 amps			x		\$270
601-1000 amps					\$482
>1000 amps					\$882
Permanent Service, Feeder	ORS 455 & 479				
<200 amps					\$161
201-400 amps					213
401-600 amps			x		\$321
601-1000 amps					\$482
>1000 amps					\$882
Service Reconnect only	ORS 455 & 479				\$109
Branch Circuits-new, alteration, extension per panel	ORS 455 & 479				
With purchase service or feeder					12
Without purchase service or feeder:			x		
First circuit			x		\$90
Each additional					\$12
Renewable Electrical Energy	ORS 455 & 479				
5 kva or less (2)					\$144
5.01 to 15 kva (2)					\$169
15.01 to 25 kva (2)			x		280
Misc. fees, hourly rate					\$85
Each additional inspection					\$85
Special Fees	ORS 455 & 479				
Water/sewer pump					\$109
Sign/Outline Lighting					109
Signal Circuit/Limited Energy panel, alteration or extension			x		\$109
Minimum permit fee and reinspection fee					\$85
Master Permit Fee per hour (aka Electrical in-plant inspections)					\$85/hour
Commercial/Industrial Structural Code Fees	ORS 455				

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Fire & life safety plan review					65% of building permit fee
In conjunction with regular plan review					35% of building permit fee
Independently			x		40% of building permit fee
\$1.00 - \$2,000	ORS 455				\$85
\$2,001 - \$25,000	ORS 455				\$85 + \$7.40 per \$1,000 over \$2,000 to \$25,000
\$25,001 - \$50,000	ORS 455				\$255.20 + \$6.72 per \$1,000 over \$25,000 to \$50,000
\$50,001 to \$100,000	ORS 455		x		\$423.20 + \$4.48 per \$50,001 to \$100,000
\$100,001 +	ORS 455		x		\$647.20 + \$3.75 for each additional \$1,000
1&2 Family Structural Fees			x		
New Construction, Additions, Remodels, Alterations			x		
Regular plan review	ORS 455		x		65% of building permit fee
\$1.00 - \$500.00	ORS 455				\$85
\$501 - \$2,000	ORS 455				85
\$2,001 - \$25,000	ORS 455		x		\$85 + \$7.40 per \$1,000 over \$2,000 to \$25,000
\$25,001 - \$50,000	ORS 455		x		\$255.20 + \$6.72 per \$1,000 over \$25,000 to \$50,000
\$50,001 to \$100,000	ORS 455		x		\$423.20 + \$4.48 per \$1,000 over \$100,000
\$100,000.00 +	ORS 455		x		\$647.20+\$3.75 for each \$1,000
<b>DTD - CODE ENFORCEMENT</b>			x	x	
Enforcement Hearings Officer -	Code §2.07.090.A.7			x	
Administrative Compliance Fee				x	\$75 per month or a portion thereof. Fee to be charged on the date that Code Enforcement first verifies a violation.
<b>DTD - DOG SERVICES</b>				x	
Licensing	Code §5.01.030				
Fertile Valid 0-12 months				x	\$50
Altered Valid 0-12 months					\$30
Licensing Late Fee	Code §5.01.030				\$10
Tag Fee (replacement)	Code §5.01.030.D				\$5/tag
Impound/Intake Fee	Code §5.01.060.C				
1st Impound				x	\$65
Subsequent impounds in the same year:				x	

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2nd Impound					\$125
3rd Impound				x	\$200
Note: Waive fee for first-time strays picked up with license and vaccination.					
Daily Board	Code §5.01.060.C			x	\$24/day-no max
Adoption Fee - Fee includes spay/neuter if needed, rabies vaccination, base vaccinations (DHPP & Bordetella), microchip, in-house veterinary exam and first year license	Code §5.01.060.F			x	
Dogs over 6 years					\$150
Dogs under 6 years, including puppies				x	\$200
Spay/Neuter	Code §1.01.090				\$100
Rabies Vaccination	Code §1.01.090			x	\$15
Multiple Dog license - 1 year	Code §5.01.030.A.2			x	\$225
Dangerous dog registration	Code §5.01.050.C.4			x	\$150 annually
Owner surrender fee	Code §1.01.090			x	125
Dead animal disposal	Code §1.01.090			x	\$55
Outside license sales - veterinarian retention, flat fee per license sale	Code §1.01.090			x	\$5
Microchipping	Code §1.01.090			x	\$20
Other surgery or procedure under sedation (for animals being held in the shelter)	Code §1.01.090			x	\$100 minimum; actual cost
<b>DTD - ENGINEERING</b>				x	
Development Permit:					
Commercial, Multifamily, & Industrial (includes apartments & condominiums); Permit and Inspection	Code §1.01.090			x	\$2,000 min. or 8.83% of public improvements & 5% of onsite transportation improvements
Structured Parking: (Fee calculated using the average number of spaces per level, not total spaces in garage)	Code §1.01.090			x	\$122 per number of spaces/level or \$2,000 min. fee whichever is greater
Residential subdivision/partition/non-land use related permit & inspection	Code §1.01.090				\$2,000 min. or 8.83% of public and private road improvements, whichever is greater.
Non DTD public agency work (capital projects) in existing road right-of-way	Code §1.01.090			x	Actual cost; deposit based upon County estimate

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Development permit and/or Development agreement time extension	Code §1.01.090			x	\$400
Erosion Control Review - Single-Family Residence	Code §1.01.090			x	\$310
Erosion Control Review- Non-Single Family Residence	Code §1.01.090			x	\$460 + \$80/acre over one acre
Erosion Control Inspection Fee	Code §1.01.090			x	\$70 + \$25/acre over one acre
Plan Review (beyond three reviews)	Code §1.01.090			x	Actual Cost.
Reinspection	Code §1.01.090			x	Actual Cost.
Entrance Permit:					
Existing entrance; surface, resurface, minor upgrade and/or extend exiting driveway	Code §1.01.090				\$300
New entrance; permit & inspection, subdivision w/in UGB	Code §1.01.090			x	\$250
New entrance; permit & inspection, under 150 feet in length	Code §1.01.090			x	\$400
New entrance; permit & inspection, 150 feet and over in length	Code §1.01.090			x	\$500
Non-maintained local access road paving (5000 sf or more)	Code §1.01.090				\$500
Right-of-Way Permit:					
Road right-of-way improvements (not requiring a development permit)					
Ditches, culverts, or drainage, minor surfacing (under 5000 sf) or other minor work	Code §1.01.090			x	\$300
Work in the right-of-way; work completed by DTD, DTD contractors or railroads	Code §1.01.090				\$0
Gates on public roads: preliminary feasibility study	Code §1.01.090; 7.03.090			x	\$250
Gates on public roads: review and permitting	Code §1.01.090; 7.03.090			x	Actual costs (50% deposit of estimated costs)
Road Vacation - Preliminary feasibility study	Code §1.01.090			x	\$250
Road Vacation	Code §1.01.090			x	Actual costs (50% deposit of estimated costs)
Bike, run, walk, parade and race event w/ traffic control review	Code §1.01.090			x	\$300
Filming with traffic control review	Code §1.01.090			x	\$150
Revocable Encroachment (Individual)	Code §1.01.090			x	\$750
Revocable Encroachment (Entity)	Code §1.01.090			x	\$1,000
Temporary Road Closures	Code §1.01.090			x	\$500
Guide & Tourist-Oriented Directional sign:				x	
Installation	Code §1.01.090			x	\$500/each
Replacement/reinstallation	Code §1.01.090			x	\$300/each
Hamlet or Village Sign:					

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Manufacture/installation/repair/replacement	Code §1.01.090			x	Actual cost
Other fees:					
ADA Exception Review per Permit	Code §1.01.090			x	\$850
Design Modification Review Type 1	Code §1.01.090			x	\$500
Design Modification Review Type 2	Code §1.01.090			x	\$400
Fee in lieu of (sidewalks)	§1.01.090			x	Actual construction costs (based on engineer or county estimate)
Refund, permit application withdrawn/denied	Code §1.01.090			x	Application or appeal fee refunded less \$200
Reimbursement District Application (Zone of Benefit)	Code §1.01.090; §4.03.030(B)(6)			x	Actual costs/\$10,000 deposit
Surface Water Plan Review	Code §1.01.090			x	\$710
Time Extension	Code §1.01.090			x	\$150
Traffic control plan review (if not associated with another Engineering permit)	Code §1.01.090				\$300
<b>DTD - GRADING</b>				x	
Grading Plan Check	Code §1.01.090			x	65% of the permit fee for all quantities
less than or equal to 50 cu. yds.				x	
51-100 cu. yds.				x	
101-1,000 cu. yds.				x	
1,001-10,000 cu. yds.					
10,001-100,000 cu. yds.					
100,001-200,000 cu. yds.					
200,001 + cu. yds.					
Additional Grading Plan Review	Code §1.01.090				\$85/hr (min. 1/2 hour)
Grading permits	Code §1.01.090				
less than or equal to 50 cu. yds.				x	\$85 minimum fee (1 inspection)
51-100 cu. Yds					\$85 minimum fee (1 inspection)
101-1,000 cu. yds.					\$85+\$51 for each 100 cu. yds. (2 inspections)
1,001-10,000 cu. yds.					\$544 +\$51 for each 1,000 cu. yds. (3 inspections)
10,001-100,000 cu. yds.					\$1,003 +\$165 for each 10,000 cu .yds. (4 inspections)
100,001+ cu. yds.					\$2,488 +\$118 for each 10,000 cu. yds. (5 inspections)

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Additional grading permits beyond number indicated					\$85 per inspection
<b>DTD - PLANNING – Land Use Applications</b>					
Accessory Historic Dwelling	ZDO §1307.15			x	\$450
Agriculture Land Dwellings - Type II	ZDO §1307.15			x	\$1,670
Agriculture Land Dwellings - Type III	ZDO §1307.15				\$2,740
Agriculture Land Lot Division	ZDO §1307.15				\$960
Appeal	ZDO §1307.15				\$250
Application or appeal withdrawn (no public notice sent, staff report issued or decision issued)	Code §1.01.090			x	Retain 25% of original application fee or a minimum of \$250, whichever is more.
Application or appeal withdrawn (public notice sent)	Code §1.01.090			x	Retain 50% of original application fee or a minimum of \$500, whichever is more.
Application or appeal withdrawn (staff report or decision issued)	Code §1.01.090			x	No refund
Comprehensive Plan Map Amendment	ZDO §1307.15			x	\$12,410
Comprehensive Plan Amendment to the inventory of mineral and aggregate resource sites	ZDO §1307.15			x	\$12,500
Conditional Use	ZDO §1307.15			x	\$3,905
Conditional Use – Mining	ZDO §1307.15			x	\$10,400
Design Review	ZDO §1307.15			x	.384% of construction cost but no less than \$1,340 and no more than \$36,835
Design Review - Signs	ZDO §1307.15			x	\$530
Forest Land Dwelling	ZDO §1307.15			x	\$1,340
Forest Land Lot Division	ZDO §1307.15			x	\$1,065
Groundwater Hydrogeologic Review/Supplemental Review by a Qualified Professional	ZDO §1307.15			x	\$530 permit fee + non-refundable \$3,500hydrogeologist review fee
Hearings Officer Review	ZDO §1307.15			x	\$3,830
Home Occupation	ZDO §1307.15			x	\$1,065
Home Occupation Exception	ZDO §1307.15			x	\$2,250
Interpretation; Comprehensive Plan or Zoning & Development Ordinance	ZDO §1307.15			x	\$1,300
Land Use Permit - Type II, Not otherwise listed	ZDO §1307.15			x	\$1,065
Marijuana Land Use Application - Type I	ZDO §1307.15			x	\$1,000
Marijuana Land Use Application - Type II (Natural Resource District; Public Notification Requirement)	ZDO §1307.15			x	\$1,505
Mineral and Aggregate Overlay District, Impact Area Permit	ZDO §1307.15			x	\$315
Mineral and Aggregate Overlay District, Site Plan Review	ZDO §1307.15			x	\$165

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Modification	ZDO §1307.15			x	\$2,185
Mobile Home Park Conversion	ZDO §1307.15			x	\$2,600
Mobile Vending Unit Level Two	ZDO §1307.15			x	\$940
Mobile Vending Unit Level Three	ZDO §1307.15			x	\$2,830
Nonconforming Use - Alteration or Verification	ZDO §1307.15			x	\$1,405
Open Space Review	ZDO §1307.15			x	\$1,065
Open Space Review - Conflict Resolution	ZDO §1307.15			x	\$1,065
Partition	ZDO §1307.15			x	\$2,705
Plat Vacations	ZDO §1307.15			x	\$845
Private use airport and Safety Overlay Zone, New use	ZDO §1307.15			x	\$2,740
Private use airport and Safety Overlay Zone, Expansion of existing use	ZDO §1307.15			x	\$1,065
Property Line Adjustment - Type II	ZDO §1307.15			x	\$1,050
Property Line Adjustment - Type I	ZDO §1307.15			x	\$795
Public use airport and Safety Overlay Zone, Use Permitted Subject to Review	ZDO §1307.15			x	\$2,740
Replacement Dwelling - EFU District	ZDO §1307.15			x	\$995
Replat - Type II	ZDO §1307.15			x	\$2,705
Sensitive bird habitat district, alteration or development	ZDO §1307.15			x	\$1,065
Steep Slope Review - Type II	ZDO §1307.15			x	\$1,065
Steep Slope Review - Type I	ZDO §1307.15			x	\$455
Subdivision Major (11 or more lots)	ZDO §1307.15			x	\$4,040 + \$45/lot
Subdivision Minor (4 – 10 lots)	ZDO §1307.15			x	\$2,705
Temporary Dwelling for Care Permit - New and Renewal	ZDO §1307.15			x	\$835
Temporary Use Otherwise Prohibited	ZDO §1307.15			x	\$1,065
Temporary Dwelling While Building	ZDO §1307.15			x	\$500
Temporary Structure of Emergency Shelter	ZDO §1307.15			x	\$500
Time Extension	ZDO §1307.15			x	\$1,065
Time Extension - Type 1	ZDO §1307.15			x	\$560
Variance	ZDO §1307.15			x	\$1,120
Vested Right Determination	ZDO §1307.15			x	\$5,105
Wireless telecommunication facility - Type III (with an adjustment)	ZDO §1307.15			x	\$2,740
Wireless telecommunication facility - Type II	ZDO §1307.15			x	\$950
Wireless telecommunication – Type I	ZDO §1307.15			x	\$585
Zone Change	ZDO §1307.15			x	\$3,060
Zone Change - filed concurrently with another land use application for the same property	ZDO §1307.15			x	\$2,510
<b>DTD - PLANNING – Other Fees</b>				x	

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Bike Map	Code §1.01.090			x	\$6
Building or Placement Permit - New Single Family or Manufactured Dwelling	ZDO §1307.15				\$315
Building Permit - New Accessory Structure	ZDO §1307.15				\$315
Building Permit - Addition to a Single Family Dwelling, Manufactured Dwelling or Accessory Structure	ZDO §1307.15			x	\$315
Clackamas County Comprehensive Plan	Code §1.01.090			x	\$75
Clackamas County Zoning and Development Ordinance	Code §1.01.090			x	\$125
Claim for Just Compensation for Land Use Regulation ("Measure 49" Claim)	Code §1.01.090			x	\$845
Comprehensive Plan Map	Code §1.01.090			x	\$40
GIS/AutoCAD mapping and drafting	Code §1.01.090			x	\$120/hour - 1 hour minimum
Land Use Compatibility Statement (LUCS)	ZDO §1307.15			x	\$270
Notification surcharge, Expanded notification area (Pursuant to ZDO §1307)	ZDO §1307.15			x	\$150
Pre-Application Conference	ZDO §1307.15			x	\$1,120
Pre-Application Meeting - Minor, as determined by the Planning Director	ZDO §1307.15			x	\$280
Road Naming Application	Code §1.01.090			x	\$280
Refund of Groundwater Hydrogeologic review/Supplemental Review fee	ZDO §1307.15			x	Refund if hydrogeologist has not performed any work on the file
Refund of Hearings Officer Review fee	ZDO §1307.15			x	Refund if the hearing has not occurred.
Renotification Fee	ZDO §1307.15			x	\$200
Signs – No Design Review	ZDO §1307.15			x	\$135
Zoning Map	Code §1.01.090			x	\$40
<b>DTD - PLANNING - Water Resource Applications</b>				x	
Construction Management Plan	ZDO §1307.15			x	\$730
Floodplain Development Permit - Type II	ZDO §1307.15			x	\$1,400
Floodplain Development	ZDO §1307.15			x	\$785
Floodplain Development - Type I	ZDO §1307.15			x	\$315
Willamette River Greenway Permit	ZDO §1307.15				\$1,470
Habitat Conservation Area – Map Verification	ZDO §1307.15			x	\$950
Habitat Conservation Area – Development Permit – Pursuant to Subsection 706.10(A)	ZDO §1307.15			x	\$1,320
Habitat Conservation Area – Development Permit – Pursuant to Subsection 706.10(B)	ZDO §1307.15			x	\$1,685
Principal River Conservation Area Permit	ZDO §1307.15			x	\$1,635
Stream Conservation Area Permit	ZDO §1307.15			x	\$960

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Water Quality Resource Area District – Boundary Verification	ZDO §1307.15			x	\$785
Water Quality Resource Area District – Development Permit	ZDO §1307.15			x	\$1,685
<b>DTD - PLUMBING</b>				x	
Minimum Permit Fee	ORS 455 & 447			x	\$85
Plumbing plan review is required for new construction and alterations in the following locations per OAR 918-780-0040: Medical gas and vacuum systems in health care facilities; Chemical drain, waste, and vent systems; Sewer waste water pretreatment systems; Vacuum drainage, waste and vent systems; Reclaimed waste water systems; Commercial potable water pressure booster pumps for water supplied by a municipality; Building water service lines with an interior diameter of 2 inches or larger (2 inch water service stamped by professional engineer is exempt); Residential multi-purpose fire sprinkler systems.	ORS 455 & 447				25% - this is a proposed reduction to our current fee structure to make our plan review percentages equal across all permit types (M/P/E) and also to move our plumbing plan review fee in line with industry standards.
1 & 2 family dwellings	ORS 455 & 447				
1 bath			x		\$761
2 baths			x		\$864
3 baths			x		\$956
each additional bathroom or half					\$87
each additional kitchen					\$87
Note: These fees include rainwater disposal system, including leaders & drains to approved disposal area, plumbing fixtures or waste discharging devices, including drain, waste & vent piping, water piping, hot water heaters, the first 100 ft of water service & sanitary sewer line & under floor low point drain					
Sanitary Sewer	ORS 455 & 447				\$145
Water closet	ORS 455 & 447				\$31
Shower bath	ORS 455 & 447				\$31
Bathtub	ORS 455 & 447		x		\$31
Basin, Lav.	ORS 455 & 447		x		\$31
Sink, kitchen	ORS 455 & 447		x		\$31
Dishwasher	ORS 455 & 447		x		\$31
Disposal	ORS 455 & 447		x		\$31
Clothes Washer	ORS 455 & 447		x		\$31
Water Heater	ORS 455 & 447		x		\$31
Laundry Tray or Service Sink	ORS 455 & 447		x		\$31
Floor Drains	ORS 455 & 447		x		\$31

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Bar Sinks	ORS 455 & 447		x		\$31
Ice Maker	ORS 455 & 447		x		\$31
House moves (not including storm, sanitary sewer or water service inspection)	ORS 455 & 447		x		\$91
Prefabricated Commercial Structures (not including storm or sanitary sewer, or water service inspection)	ORS 455 & 447		x		\$182
Hub/Case Drain	ORS 455 & 447		x		\$31
Floor sinks	ORS 455 & 447		x		\$31
Drinking Fountain	ORS 455 & 447		x		\$31
Urinals/Toilets	ORS 455 & 447		x		\$31
Water System/First 100 ft.	ORS 455 & 447		x		\$100
Water System – additional 100 ft. between 101 ft and 200 ft in length	ORS 455 & 447		x		\$100
Water System - Each additional 100 ft. above 200 ft in length	ORS 455 & 447		x		\$25
Storm Sewer – First 100 ft or less	ORS 455 & 447		x		\$110
Storm Sewer – each add'l 100 ft.	ORS 455 & 447		x		\$74
Sanitary Sewer – 150 ft or less total length	ORS 455 & 447		x		\$145
Sanitary Sewer – Over 150 ft. total length:			x		
first 50 ft.	ORS 455 & 447		x		\$110
each additional	ORS 455 & 447		x		\$74
Septic tank conn. – first 50 ft. or less	ORS 455 & 447				\$110
Septic tank conn. – additional 100 ft.	ORS 455 & 447		x		\$74
Roof Drains – (Commercial leader or conductor)	ORS 455 & 447		x		\$19
Roof Drain Package – Residential & Duplex	ORS 455 & 447		x		\$182
1/2 Roof Drain Package	ORS 455 & 447		x		\$91
Trap Primers (1-5)	ORS 455 & 447		x		\$31
Trap Primers (over 5, each additional)	ORS 455 & 447		x		\$5 each
Catch Basins (area drains)	ORS 455 & 447		x		\$31
Backflow prevention devices	ORS 455 & 447		x		\$31
Interceptors, grease, etc.	ORS 455 & 447		X		\$31
Miscellaneous	ORS 455 & 447		x		\$31
Drywells/leach line/trench drain	ORS 455 & 447		x		\$31
Manufactured home utilities	ORS 455 & 447		x		\$126
Manholes	ORS 455 & 447		x		\$31
Absorption valves	ORS 455 & 447		x		\$31
Backflow preventer	ORS 455 & 447		x		\$31
Backwater valve	ORS 455 & 447		x		\$31
Ejectors/sump	ORS 455 & 447		x		\$31
Expansion tanks (devices)	ORS 455 & 447		x		\$31

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Fixture/sewer cap	ORS 455 & 447		x		\$31
Floor drains/floor sinks/hub	ORS 455 & 447		x		\$31
Hose bib	ORS 455 & 447		x		\$31
Sump	ORS 455 & 447		x		\$31
Hourly rate for any plumbing, electrical, building or manufactured dwelling permit regardless of type	ORS 455 & 447		x		\$85/hr
Reactivation of any plumbing, electrical, building or manufactured dwelling permit expired up to one year	ORS 455 & 447		x		50% of New permit fee
Any permit expired more than one year			x		100% of New permit fee
Plumbing Medical Gas Installation	ORS 455 & 447		x		\$121 plus a fee based on installation costs listed below
Fees shall be determined based on the value of the medical gas equipment & installation costs			x		
\$1 to \$5,000	ORS 455 & 447				\$121
\$5,001 - \$10,000	ORS 455 & 447		x		\$121 + \$1.82 each add'l \$100 over \$5,000
\$10,001 to \$100,000	ORS 455 & 447				\$212 plus \$12.34 for each additional \$1,000 over \$10,000
\$100,001 and above	ORS 455 & 447		x		\$1,322.60 + \$8.47 for each additional \$1,000 over \$100,000
Plan Review	ORS 455 & 447		x		50% of the installation permit fee
Residential Fire Suppression Systems			x		
Multi-purpose or continuous loop systems			x		
0 - 2,000 sq. ft.	ORS 455 & 447		x		\$105
2,001 - 3,600 sq. ft.	ORS 455 & 447				\$156
3,601 – 7,200 sq. ft.	ORS 455 & 447				\$198
> 7,201 sq. ft (includes Plan Review fee)	ORS 455 & 447		x		\$242
Stand Alone Systems			x		
0 – 2,000 sq. ft	ORS 455 & 447		x		\$198
2,001 - 3,600 sq. ft.	ORS 455 & 447		x		283
3,601 - 7,200 sq. ft	ORS 455 & 447				327
> 7,201 sq. ft & greater (includes Plan Review fee)	ORS 455 & 447		x		368
Fees for partial installations shall be based on the square footage of the area in which the fire suppression is to be installed. Fees for stand-alone systems do not include required backflow prevention device. A separate fee is required for this installation.	ORS 455 & 447		x		
Phased Project Fee	ORS 455		x		\$250 + 10% of the total project building permit fee. Not to exceed \$1,500 for each phase)

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Deferred Submittal	ORS 455		x		65% of the permit fee according to OAR 918-050-0110 (2)(3) using the value of the particular deferred portion or portions of the project, with a minimum fee of \$250. This fee is in addition to the project plan review fee based on the total project value
<b>DTD - SDC</b>			x		
Transportation SDC - installment payment application	Code §11.03.040.D.1		x		\$500*approved through Ordinance revision 05/06
Transportation SDC - appeal fee	Code §11.03.080.B		x		\$1,050 Deposit plus actual costs
Transportation SDC - Annual CPI Adjustment	Code §11.03.030.J			x	Annual adjustment change in Engineering News Record (ENR) Northwest (Seattle, Washington) Construction Cost Index from January to January
Refund	Code §11.03.060.B			x	\$150
Credit Voucher/Private Party Transfer(s)	Code §11.03.060.B			x	\$70
Alternate Trip Generation/Staff Review	Code §11.03.050.F.2			x	\$100
Development agreement	Code §11.03.030.E			x	\$250 Deposit plus actual costs
<b>DTD - SEPTIC &amp; ONSITE WASTEWATER PROGRAM</b>				x	
Site Evaluation - Residential & Commercial				x	
Single Family Dwelling - per lot	ORS 454.725				\$735*
Residential Plan Review Fee (in addition to permit fees)	ORS 454.725				\$85
Commercial Facility or Community System - first 1,000 gallons	ORS 454.725				\$735*
Commercial Facility or Community System - each additional 500 gallons	ORS 454.725			x	\$176
Compliance recovery fee	OAR 340-071-0140(7)		x		Equal to permit fee
Construction Permits				x	
Standard system	ORS 454.725			x	\$1,296*
Pressure Distribution	ORS 454.725			x	\$1,496*
Alternative Treatment Technology	ORS 454.725				\$1,496*

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Redundant System	ORS 454.725			x	\$1,296*
Steep Slope	ORS 454.725			x	\$1,296*
Tile Dewatering	ORS 454.725			x	\$1,496*
Seepage Trench	ORS 454.725			x	\$1,296*
Gray Water Disposal Sump or other Nonwater-Carried System	ORS 454.725			x	\$736*
Capping Fill	ORS 454.725			x	\$1,496*
Sand Filter	ORS 454.725			x	\$1,808
Saprolite	ORS 454.725			x	\$1,296*
Commercial Holding Tank	ORS 454.725			x	\$720*
Pump System (in addition to permit fee)	ORS 454.725			x	64
Commercial Plan Review				x	
>=600 GPD	ORS 454.725			x	\$560
>600 GPD to <1,000 GPD	ORS 454.725			x	\$560
>+1,000 GPD	ORS 454.725				\$560
Permit Renewal - No Field Visit	ORS 454.725			x	\$195*
Permit Renewal - Field Visit	ORS 454.725			x	\$520*
Residential Repair				x	
Minor Repair Residential	ORS 454.725			x	\$360*
Major Repair Residential	ORS 454.725			x	\$645*
Commercial Repair					
Minor Repair Commercial	ORS 454.725			x	\$464*
Major Repair Commercial	ORS 454.725			x	\$1,008*
Commercial Repair Review fee (601-2,500 GPD) in addition to repair permits	ORS 454.725				\$221
Alteration Permits				x	
Minor Alteration	ORS 454.725			x	\$370*
Major Alteration	ORS 454.725			x	\$665*
Authorization Notice					
Authorization Notice without field visit	ORS 454.725			x	\$255*
Authorization Notice with field visit	ORS 454.725			x	\$624*
Additional Services					
Site Evaluation (for repair or alteration)	ORS 454.725			x	\$735*
Existing System Report (no water, requires staff site visit)	ORS 454.725			x	\$630*
Existing System Report (no site visit)	ORS 454.725				\$85
Pumper Truck Inspection - First truck	ORS 454.725			x	\$231
Pumper Truck Inspection - additional truck	ORS 454.725			x	103
Evaluation of a Temporary/Mobile Home hardship	ORS 454.725			x	\$340
Annual/Biennial Inspection of Alternative System	ORS 454.725			x	\$528
Annual Report Evaluation for a Holding Tank	ORS 454.725			x	\$75

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Annual Report Evaluation, O&M Systems	ORS 454.725			x	\$70
Plot Plan Check (New building permits)	ORS 454.725			x	\$165
Plot Plan Check (Remodel building permits)	ORS 454.725			x	\$85
Reinspection Fee/Additional Field Visit	ORS 454.725			x	\$100/hour
Oregon DEQ Surcharge	ORS 454.725			x	\$100 - charged on permits above as indicated with *
<b>DTD - SURVEYOR</b>				x	
Affidavit of correction	ORS 92.170(6), 110.115(7), 209.255(6)			x	\$75 plus recording fees
Affidavit of plat monumentation	ORS 92.070 (5)			x	\$75 plus recording fees
Print Fees					
Mailing fee	ORS 209.070 (3)		x		\$5 plus postage
Returned check fee	Code §1.01.090		x		\$25
Certified copies of public records	ORS 192.440 & ORS 209.090(2)		x		
First Page	ORS 192.440 & ORS 209.090(2)		x		\$15
Additional Pages	ORS 192.440 & ORS 209.090(2)			x	\$3
Record of survey filing fee	ORS 209.260		x		\$450 plus \$50 per page after first 3 pages
Property line adjustment survey	ORS 209.260		x		\$475 plus \$50 per page after first 3 pages
Plat & Street Vacation (collected by Clerk)	ORS 271.230 (2)		x		\$125 plus recording fee
Termination of condominium plat	ORS 100.105(2)(b) or (7)(d), 100.600		x		\$125 plus recording fee
Condominium plat amendment	ORS 100.116		x		Deposit required. Actual cost plus filing fee
Correction amendment to condominium plat	ORS 100.118			x	Deposit required. Actual cost plus filing fee
Supplemental condominium plat review and approval	ORS 100.120		x		Deposit required. Actual cost plus filing fee
Partition Plat	Code §1.01.090		x		Deposit required. \$1,800 minimum; actual costs
Subdivision Plat	ORS 100.116		x		Deposit required. Actual costs
<b>DTD - TRANSPORTATION MAINTENANCE</b>				x	

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Canby Ferry Ridership Fees			x		The Department of Transportation and Development, may, as part of standard Canby Ferry operations, advertise and offer a discounted fare and/or modified operational hours as a promotion during key community events (such as the County Fair). The advertisements may be publicised through the #ClackCo newsletter, on the #ClackCo website and through other county information outlets, including social medial, as well as outside materials advertising the community event, depending on the timeline in relation to the advertised event. Confirmation of event attendance may be required to take advantage of the discount, but any terms and conditions will be included in the advertisement.
Motorcycles, bicycles and pedestrians	Code §1.01.090		x		3
1 space vehicle (car/pickup/trailer - up to 22 feet in length)	Code §1.01.090				5
2 space vehicle (car/pickup/trailer - more than 22 and less than 44 feet in length)	Code §1.01.090				10
3 space vehicle (large oversize - more than 44 feet in length)	Code §1.01.090			x	15
6 space vehicle (large oversize - using whole ferry)	Code §1.01.090			x	30
Punch Pass 20 crossings (1 space vehicle)	Code §1.01.090			x	80
<b>DTD - WEIGHMASTER</b>				x	
Extraordinary Move Permits	Code §1.01.090			x	145
Motor Carrier Permit Refunds	Code §1.01.090			x	No refund provided for permits voided after issuance.
<b>RESOLUTION SERVICES</b>				x	
Marriage License Fee	ORS 107.615				\$10
Resolution Services - general program services of counseling, facilitation and mediation	Code §1.01.090			x	\$125 per hour
Family Law Education Programs - Parent education program	ORS 3.425				\$75 per class, no discount
Family law education classes	ORS 3.425		x		\$30
Family law clinic	ORS 3.425			x	\$125

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Advanced Internship Training	Code §1.01.090		x		\$2,000 per academic year
Domestic Relations Mediation Training	Code §1.01.090		x		\$1,250 per 40-hour training
Training	Code §1.01.090		x		
- participant fee				x	\$30 per hour for each participant
- Trainer fee				x	\$125 per our for class
Fee for Cost of Clinical Supervision Towards Licensure	Code §1.01.090			x	\$125 per hour for individual supervision; \$30 per hour for group supervision
Small claims mediation	Code §1.01.090				
- Claim is \$2500 or less					\$50 per side
- Claim is \$2500 to \$10,000				x	\$90 per side
<b>FINANCE - Facilities</b>					
Non-refundable Public Usage Fee for County Owned Facilities	Code §1.01.090				\$50
Refundable Public Usage Fee for County Owned Facilities	Code §1.01.090				\$500
<b>HEALTH, HOUSING &amp; HUMAN SERVICES</b>					
<b>COMMUNITY HEALTH – Administration</b>				x	
NSF Check Charge	Code §1.01.090			x	\$25
File Copies	Code §1.01.090				\$0.25 per page
Copies of Births Lists	Code §1.01.090				\$0.50 per page
				x	
<b>HEALTH, HOUSING &amp; HUMAN SERVICES</b>				x	
<b>HEALTH CENTER LABS</b>				x	
Panel tests	Code §1.01.090				\$12.00
6000 LabCorp test 791686	Code §1.01.090				\$17.50
6001 LabCorp test 791687	Code §1.01.090				\$12.00
6002 LabCorp test 791688	Code §1.01.090			x	\$17.50
6003 LabCorp test 791689	Code §1.01.090			x	\$12.50
6004 LabCorp test 791690	Code §1.01.090			x	\$18.00
6005 LabCorp test 791691	Code §1.01.090			x	\$15.00
6015 LabCorp test 768860	Code §1.01.090			x	\$20.50
6016 LabCorp test 768872	Code §1.01.090			x	\$15.00
6017 LabCorp test 768884	Code §1.01.090			x	\$20.50
6018 LabCorp test 768895	Code §1.01.090			x	\$15.50
6019 LabCorp test 768932	Code §1.01.090			x	\$21.00

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
6020 LabCorp test 768909				x	
Individual Tests	Code §1.01.090			x	\$25.00
6006 LabCorp test 798090	Code §1.01.090			x	\$25.00
6007 LabCorp test 798272	Code §1.01.090				\$45.00
6008 LabCorp test 790742	Code §1.01.090			x	\$25.00
6009 LabCorp test 737610	Code §1.01.090			x	\$25.00
6010 LabCorp test 763404	Code §1.01.090			x	\$25.00
6011 LabCorp test 764032	Code §1.01.090			x	\$39.00
6012 LabCorp test 811061	Code §1.01.090			x	\$45.00
6013 LabCorp test 790350	Code §1.01.090			x	\$25.00
6014 LabCorp test 763400				x	
<b>Other Services</b>				x	
10060 Drainage of skin abscess	Code §1.01.090			x	\$260
10061 Drainage of skin abscess	Code §1.01.090				\$587
10080 Drainage of Pilonidal cyst, simple	Code §1.01.090				\$485
10120 Remove foreign body skin, simple	Code §1.01.090			x	\$338
10121 Remove foreign body, complicated	Code §1.01.090			x	\$656
10140 Drainage of hematoma/fluid	Code §1.01.090			x	\$374
10160 Puncture drainagel of lesion	Code §1.01.090			x	\$323
11055 Paring/cutting, benign hyperkeratotic lesion, single lesion	Code §1.01.090			x	\$61
11056 Paring/cutting, benign hyperkeratotic lesion 2-4 lesions	Code §1.01.090			x	\$76
11057 Paring/cutting, benign hyperkeratotic lesion >4 lesions	Code §1.01.090			x	\$82
11100 Biopsy, skin, subq mucous membrande single lesion	Code §1.01.090			x	\$228
11101 Biopsy, skin add-on	Code §1.01.090			x	\$95
11200 Removal of skin tags	Code §1.01.090			x	\$213
11201 Removal sk tgs mlt fibrq tags any area each <10	Code §1.01.090			x	\$70
11300 Shave skin lesion	Code §1.01.090			x	\$172
11301 Shave skin lesion	Code §1.01.090			x	\$217
11302 Shave skin lesion	Code §1.01.090			x	\$246
11305 Shave skin lesion	Code §1.01.090			x	\$162
11306 Shave skin lesion	Code §1.01.090			x	\$199
11311 Shave skin lesion	Code §1.01.090			x	\$230
11312 Shave skin lesion	Code §1.01.090			x	\$276
11400 Exc Tr Ext B9 plus Marg less than 0.5 cm	Code §1.01.090			x	\$268
11401 Exc Tr Ext B9 plus Marg 0.6 to 1 cm	Code §1.01.090			x	\$325
11402 Exc Tr Ext B9 plus Marg 1.1 to 2 cm	Code §1.01.090			x	\$372
11403 Exc Tr Ext B9 plus Marg 2.1 to 3 cm	Code §1.01.090			x	\$456
11404 Exc Tr Ext B9 plus Marg 3.1 to 4 cm	Code §1.01.090			x	\$551

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
11406 Exc Tr Ext B9 plus Marg greater than 4 cm	Code §1.01.090			x	\$822
11420 Exc H F Nk Sp B9 plus Marg less than 0.5 cm	Code §1.01.090			x	\$268
11421 Exc H F Nk Sp B9 plus Marg 0.6 to 1 cm	Code §1.01.090			x	\$335
11422 Exc H F Nk Sp B9 plus Marg 1.1 to 2 cm	Code §1.01.090			x	\$401
11423 Exc H F Nk Sp B9 plus Marg 2.1 to 3 cm	Code §1.01.090			x	\$499
11440 Exc Face MM B9 plus Marg less than 0.5 cm	Code §1.01.090			x	\$300
11441 Exc Face MM B9 plus Marg 0.6 to 1 cm	Code §1.01.090			x	\$391
11443 Exc Face MM B9 plus Marg 2.1 to 3 cm	Code §1.01.090			x	\$568
11601 Exc Tr Ext Mlg plus marg 0.6 to 1 cm	Code §1.01.090			x	\$473
11720 Debride nail, 1 to 5	Code §1.01.090			x	\$38
11721 Debride nail, 6 or more	Code §1.01.090			x	\$57
11730 Removal of nail plate	Code §1.01.090			x	\$140
11732 Removal nail plate, add on	Code §1.01.090			x	\$71
11740 Drain blood from under nail	Code §1.01.090			x	\$95
11750 Removal of nail bed	Code §1.01.090			x	\$333
11900 Injection into skin lesions	Code §1.01.090			x	\$124
11976 Removal of contraceptive capsule	Code §1.01.090			x	\$351
11981 Insertion, non-biodegradable drug delivery implant	Code §1.01.090			x	\$330
11982 Removal, non-biodegradeable drug delivery implant	Code §1.01.090			x	\$370
11983 Removal, w/ reinsertion, non-biodegradable drug delivery implant	Code §1.01.090			x	\$572
12001 Repair superficial wounds	Code §1.01.090			x	\$307
12002 Repair superficial wounds	Code §1.01.090			x	\$379
12011 Repair superficial wounds	Code §1.01.090			x	\$372
12021 Closure of split wound	Code §1.01.090			x	\$351
12031 Repair intermediate S/A/T/E 2.5cm/<	Code §1.01.090			x	\$501
17000 Destroy benign/premlg lesion	Code §1.01.090			x	\$99
17003 Destroy lesions, 2-14	Code §1.01.090			x	\$16
17004 Destroy lesions, 15 or more	Code §1.01.090			x	\$251
17106 Destruction of skin lesions	Code §1.01.090			x	\$635
17110 Destruct lesions 1-14	Code §1.01.090			x	\$142
17111 Destruct lesion 15 or more	Code §1.01.090			x	\$185
19081 Bx breat w device 1st lesion stereotactic guid	Code §1.01.090			x	\$1,086
20103 Explore wound, extremity	Code §1.01.090			x	\$1,436
20526 Ther injection, carp tunnel	Code §1.01.090			x	\$190
20550 Injections single tendon sheath, ligament, aponeurosis	Code §1.01.090			x	\$136
20551 Injections single tendon origin insertion	Code §1.01.090			x	\$151
20552 Injections single multiple trigger points 1-2 muscles	Code §1.01.090			x	\$140
20553 Inject trigger oints, equal to or greater than 3	Code §1.01.090			x	\$178

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
20600 Drain/inject, joint/bursa small	Code §1.01.090			x	\$124
20605 Drain/inject, joint/bursa intermediate	Code §1.01.090			x	\$140
20610 Drain/inject, joint/bursa major	Code §1.01.090			x	\$179
20612 Aspiration &/or injection, ganglion cysts any location	Code §1.01.090			x	\$151
21555 Remove lesion, neck/chest	Code §1.01.090			x	\$982
23930 Incision & drainage, upper arm/elbow area, deep abscess/hematoma	Code §1.01.090			x	\$815
27604 Incision & drainage, leg/ankle, infected bursa	Code §1.01.090			x	\$1,477
28190 Removal, FB, foot, subq	Code §1.01.090			x	\$560
29125 Application, short arm splint (forearm to hand) static	Code §1.01.090			x	\$183
36416 Collection, capillary blood specimen	Code §1.01.090			x	\$15
40800 Drainage of mouth lesion	Code §1.01.090			x	\$483
46083 Incision, thrombosed hemorrhoid, ext	Code §1.01.090			x	\$403
46600 Diagnostic anoscopy	Code §1.01.090			x	\$203
51701 Insert bladder catheter	Code §1.01.090			x	\$154
51702 Insert temp bladder catheter	Code §1.01.090			x	\$198
54056 Cryosurgery, penis lesions	Code §1.01.090			x	\$275
56420 Drainage of gland abscess	Code §1.01.090			x	\$358
56501 Destroy, vulva lesions, sim	Code §1.01.090			x	\$306
57061 Destroy vag lesions, simple	Code §1.01.090			x	\$286
57065 Destroy vag lesions, complex	Code §1.01.090			x	\$553
57170 Fitting of diaphragm, cap	Code §1.01.090			x	\$164
57452 Exam of cervix w/ scope	Code §1.01.090			x	\$287
57454 Bx/Curett of cervix w/ scope	Code §1.01.090			x	\$410
57455 Biopsy of cervix w/ scope	Code §1.01.090			x	\$363
57456 Endocerv curettage w/ scope	Code §1.01.090			x	\$358
57500 Biopsy of cervix	Code §1.01.090			x	\$305
57511 Cryocautery of cervix	Code §1.01.090			x	\$331
58100 Biopsy of uterus lining	Code §1.01.090			x	\$265
58300 Insert intrauterine device	Code §1.01.090			x	\$228
58301 Remove intrauterine device	Code §1.01.090			x	\$211
59025 Fetal non stress test	Code §1.01.090			x	\$159
64402 Injection, anesthetic agent, facial nerve	Code §1.01.090			x	\$270
69000 Drainage ext ear, abscess/hematoma, simple	Code §1.01.090			x	\$492
69210 Remove impacted ear wax	Code §1.01.090			x	\$128
71010 Radiologic exam, chest, single view, frontal	Code §1.01.090			x	\$50
71020 Radiologic exam, chest, 2 views, frontal & lateral	Code §1.01.090			x	\$77
80048 Basic metabolic panel calcium total	Code §1.01.090			x	\$27
80051 Electrolyte panel	Code §1.01.090			x	\$23

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
80053 Compre metab panel	Code §1.01.090			x	\$37
80055 Obstetric panel	Code §1.01.090			x	\$168
80061 Lipid panel	Code §1.01.090			x	\$47
80069 Renal function panel	Code §1.01.090			x	\$28
80074 Acute hepatitis panel	Code §1.01.090			x	\$210
80076 Hepatic function panel	Code §1.01.090			x	\$29
80156 Assay of carbamazepine (tegretol)	Code §1.01.090			x	\$59
80162 Assay of digoxin	Code §1.01.090			x	\$48
80164 Assay of dipropylacetic acid (valproic acid)	Code §1.01.090			x	\$55
80178 Assay of lithium	Code §1.01.090			x	\$37
80184 Assay of Phenobarbital	Code §1.01.090			x	\$16
80185 Phenytoin	Code §1.01.090			x	\$55
80186 Assay of phenytoin, free	Code §1.01.090			x	\$54
81001 Urinalysis, automated w/ microscopy	Code §1.01.090			x	\$21
81002 Urinalysis, dipstick, nonauto, w/o micro	Code §1.01.090			x	\$6
81003 Urinalysis, routine	Code §1.01.090			x	\$11
81025 Urine pregnancy test, visual color comparison methods	Code §1.01.090			x	\$21
82024 Assay of acth	Code §1.01.090			x	\$116
82043 Microalbumin, random urine, quant (w/o creat)	Code §1.01.090			x	\$40
82085 Assay of aldolase	Code §1.01.090			x	\$54
82088 Assay of aldosterone, serum	Code §1.01.090			x	\$118
82103 Alpha 1 antitrypsin, total	Code §1.01.090			x	\$65
82105 Alpha-fetoprotein, serum	Code §1.01.090			x	\$66
82140 Assay of ammonia	Code §1.01.090			x	\$43
82150 Amylase, serum	Code §1.01.090			x	\$25
82239 Bile acids, total	Code §1.01.090			x	\$43
82247 Bilirubin, total	Code §1.01.090			x	\$13
82270 Occult blood by perox activity, 1-3 spec (82270)	Code §1.01.090			x	\$11
82274 Fecal globin by immunochemistry (FIT)	Code §1.01.090			x	\$33
82306 Vitamin D, 25 hydroxy	Code §1.01.090			x	\$137
82310 Calcium	Code §1.01.090			x	\$15
82330 Calcium, ionized	Code §1.01.090			x	\$43
82360 Calculus assay, quant	Code §1.01.090			x	\$43
82384 Catecholamines 24 hr urine fractionated	Code §1.01.090			x	\$114
82390 Assay of ceruloplasmin	Code §1.01.090			x	\$52
82436 Chloride, urine random	Code §1.01.090			x	\$15
82465 Cholesterol	Code §1.01.090			x	\$12
82525 Copper, blood or serum	Code §1.01.090			x	\$61
82530 Cortisol, free	Code §1.01.090			x	\$43

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
82533 Total cortisol	Code §1.01.090			x	\$86
82550 Creatine kinase (CK), (CPK), total	Code §1.01.090			x	\$22
82553 Creatine kinase (CK), (CPK), MB fraction only	Code §1.01.090			x	\$31
82570 Urine creatine random	Code §1.01.090			x	\$15
82595 Assay of cryoglobulin	Code §1.01.090			x	\$33
82607 Cyanocobalamin (vitamin B-12)	Code §1.01.090			x	\$62
82626 Dehydroepiandrosterone (DHEA)	Code §1.01.090			x	\$91
82627 Dehydroepiandrosterone-sulfate (DHEA-S)	Code §1.01.090			x	\$75
82652 Vitamin D, 1, 25, dihydroxy (calcitriol)	Code §1.01.090			x	\$129
82670 Estradiol	Code §1.01.090			x	\$76
82705 Fat/lipids, feces, qualitative	Code §1.01.090			x	\$44
82728 Assay of ferritin	Code §1.01.090			x	\$49
82746 Folic acid, serum	Code §1.01.090			x	\$53
82947 Glucose, quantitative, blood (except reagen)	Code §1.01.090			x	\$12
82948 Glucose, blood, reagent strip	Code §1.01.090			x	\$9
82950 Glucose, post glucose dose (includes glucose)	Code §1.01.090			x	\$18
82951 Glucose tolerance (GTT), 3 spec (75g)	Code §1.01.090			x	\$39
82977 GGT: glutamyl transferase	Code §1.01.090			x	\$12
83001 FSH - gonadotropin, follicle stimulating hormone	Code §1.01.090			x	\$65
83002 Luteinizing hormone (LH)	Code §1.01.090			x	\$59
83036 Hemoglobin, glycosylated (A1C)	Code §1.01.090			x	\$36
83090 Homocysteine	Code §1.01.090			x	\$61
83525 Assay of insulin, fasting	Code §1.01.090			x	\$88
83615 Lactate dehydrogenase (LD), (LDH)	Code §1.01.090			x	\$18
83655 Lead, blood	Code §1.01.090			x	\$35
83690 Assay of lipase	Code §1.01.090			x	\$32
83695 Lipoprotein (A)	Code §1.01.090			x	\$66
83718 Lipoprotein, direct measurement, high density cho*	Code §1.01.090			x	\$26
83721 Lipoprotein, direct measurement	Code §1.01.090			x	\$35
83735 Assay of magnesium (serum)	Code §1.01.090			x	\$27
83880 B-type natriuretic peptide (BNP)	Code §1.01.090			x	\$113
83930 Osmolality, blood	Code §1.01.090			x	\$37
83935 Osmolality, urine	Code §1.01.090			x	\$38
83970 PTH (parathyroid hormon) intact	Code §1.01.090			x	\$147
84030 Phenylalanine (PKU) blood	Code §1.01.090			x	\$17
84075 Phosphate, alkaline	Code §1.01.090			x	\$12
84100 Assay of phosphorus	Code §1.01.090			x	\$13
84132 Potassium, serum/plasma	Code §1.01.090			x	\$16
84134 Assay of prealbumin	Code §1.01.090			x	\$53

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
84144 Assay of progesterone	Code §1.01.090			x	\$77
84146 Assay of prolactin	Code §1.01.090			x	\$108
84153 Prostate specific antigen (PSA), total	Code §1.01.090			x	\$73
84165 Protein, electrophoretic fractionation & quantita*	Code §1.01.090			x	\$32
84207 Assay of Vitamin B 6	Code §1.01.090			x	\$121
84244 Assay of renin	Code §1.01.090			x	\$98
84270 Assay of sex hormone globul	Code §1.01.090			x	\$67
84300 Sodium, uring, random	Code §1.01.090			x	\$12
84315 Specific gravity (except urine)	Code §1.01.090			x	\$9
84402 Testosterone, free	Code §1.01.090			x	\$83
84403 Testosterone, total	Code §1.01.090			x	\$78
84432 Assay of thyroglobulin	Code §1.01.090			x	\$62
84439 Free T4 (thyroxine, free)	Code §1.01.090			x	\$41
84443 Thyroid stimulating hormone (TSH)	Code §1.01.090			x	\$52
84660 Alt (SGPT)	Code §1.01.090			x	\$12
84478 Assay of triglycerides	Code §1.01.090			x	\$19
84480 Triiodothyronine Tc, total (TT-3)	Code §1.01.090			x	\$54
84481 Triiodothyronine T3, free	Code §1.01.090			x	\$100
84550 Assay of blood/uric acid	Code §1.01.090			x	\$13
84590 Assay of vitamin A	Code §1.01.090			x	\$45
84630 Assay of zinc	Code §1.01.090			x	\$36
84702 HCG, chorionic gonadotropin quant	Code §1.01.090			x	\$52
84703 HCG, chorionic gonadotropin assay, qual, serum	Code §1.01.090			x	\$22
85008 Peripheral smear w/o diff WBC count	Code §1.01.090			x	\$19
85025 CBC with auto diff	Code §1.01.090			x	\$26
85027 Blood count, complt CBC, auto (HGB, HCT, RBC, WBC, PLT)	Code §1.01.090			x	\$25
85045 Automated reticulocyte county	Code §1.01.090			x	\$21
85060 Pathology review of peripheral smear	Code §1.01.090			x	\$55
85246 Clotting, factor VIII, VW factor antigen	Code §1.01.090			x	\$179
85610 Prothrombin time	Code §1.01.090			x	\$13
85652 Sedimentation rate, erythrocyte, automated	Code §1.01.090			x	\$20
85730 Thromboplastin time, partial (PTT), plasma/whole*	Code §1.01.090			x	\$25
86003 Allergen spc IGE crude allergen extract each	Code §1.01.090			x	\$19
86038 Antinuclear antibodies (ANA)	Code §1.01.090			x	\$62
86060 Antistreptolysin O, titer	Code §1.01.090			x	\$39
86140 C-reactive protein	Code §1.01.090			x	\$33
86141 C-reactive protein, high sensitivity (HSCRP)	Code §1.01.090			x	
86200 Cyclic citrullinated peptide (CCP), antibody					\$67
86200 Cyclic citrullinated peptide (CCP) antibody	Code §1.01.090			x	\$103

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
86226 Anti-DNA antibody, single stranded	Code §1.01.090			x	\$45
86235 SM/nuclear antigen AB	Code §1.01.090			x	\$64
86304 CA125	Code §1.01.090			x	\$83
86308 Mononucleosis (heterophile) AB screen	Code §1.01.090			x	\$21
86337 Insulin antibodies	Code §1.01.090			x	\$146
86340 Intrinsic factor antibody	Code §1.01.090			x	\$92
86341 Islet cell antibody	Code §1.01.090			x	\$74
86361 T cell, absolute CD4 count	Code §1.01.090			x	\$114
86431 Rheumatoid factor, quantitative	Code §1.01.090			x	\$29
86480 TB test cell immun measure	Code §1.01.090			x	\$189
86580 Skin test, tuberculosis, intradermal	Code §1.01.090			x	\$20
86592 Syphilis test, qualitative	Code §1.01.090			x	\$26
86618 Lyme disease antibody	Code §1.01.090			x	\$61
86677 Helicobacter pylori antibody	Code §1.01.090			x	\$34
86694 Herpes simplex AB, non-specific type test	Code §1.01.090			x	\$69
86695 HSV type 1 IGG	Code §1.01.090			x	\$55
86696 HSV type 2 IGG	Code §1.01.090			x	\$53
86704 Hepatitis B core antibody (HBCAB) total	Code §1.01.090			x	\$43
86705 Hep B core antibody, IGM	Code §1.01.090			x	\$53
86706 Hepatitis B surface antibody (HBSAB) qual	Code §1.01.090			x	\$38
86708 Hepatitis A antibody (HAAB) total	Code §1.01.090			x	\$50
86709 Hepatitis A antibody (HAAB), IGM antibody	Code §1.01.090			x	\$37
86765 Rubelola antibody	Code §1.01.090			x	\$62
86778 Toxoplasma antibody IGM	Code §1.01.090			x	\$49
86800 Thyroglobulin antibody	Code §1.01.090			x	\$52
86803 Hepatitis C antibody	Code §1.01.090			x	\$44
86850 Antibody screen	Code §1.01.090			x	\$21
86870 Antibody identification, RBC antibodies, each pan	Code §1.01.090			x	\$60
86901 Blood typing, RH D	Code §1.01.090			x	\$14
87070 Culture, bacterial, except urine/blood	Code §1.01.090			x	\$33
87075 Culture, bacterial, any source expt blood, anaerob w/isolate presumptive ID, isolates	Code §1.01.090			x	\$35
87077 Culture, bacterial aerobic (isolate only)	Code §1.01.090			x	\$21
87086 Urine culture/colony count	Code §1.01.090			x	\$37
87101 Culture, fungi (mold/yeast) isolation, w/ presumptive ID of isolates, skin/hair/nail	Code §1.01.090			x	\$25
87177 OVA & parasites, direct smears, concentration & idenfication	Code §1.01.090			x	\$33
87186 Microbe susceptivle, mic	Code §1.01.090			x	\$25

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
87207 Smear, primary source w/ interp, special sta	Code §1.01.090			x	\$18
87220 Tissue exam by koh slide of samples from skin/hair/nails	Code §1.01.090			x	\$17
87255 HSV culture without typing	Code §1.01.090			x	\$103
87324 Clostridium AG, EIA, stool	Code §1.01.090			x	\$74
87338 H pylori, stool, enzyme immunoassay (EIA)	Code §1.01.090			x	\$83
87340 Hepatitis B surface AG, EIA	Code §1.01.090			x	\$43
87350 Hepatitis BE antigen	Code §1.01.090			x	\$42
87430 Strep A AG, EIA	Code §1.01.090			x	\$25
87491 Chlmyd trach, DNA, amp probe	Code §1.01.090			x	\$104
87517 Hep B DNA PCR quantitative	Code §1.01.090			x	\$288
87521 Hep C RNA PCR qual/confirmatory	Code §1.01.090			x	\$244
87529 HSV, DNA, amp probe	Code §1.01.090			x	\$122
87536 HIV 1, quant, real-time PCR (nongraphical)	Code §1.01.090			x	\$276
87591 N. gonorrhoeae, DNA, amp probe	Code §1.01.090			x	\$104
87661 Iadna trichomonas vaginalis amplified probe tech	Code §1.01.090			x	\$122
87902 Hep C viral RNA genotype	Code §1.01.090			x	\$474
88141 Cytopath, C/V, interpret	Code §1.01.090			x	\$81
88175 Cytopath gyn IG liq-based pap	Code §1.01.090			x	\$110
88300 Surgical path, gross (path level I)	Code §1.01.090			x	\$63
88304 Tissue exam by pathologist (path level III)	Code §1.01.090			x	\$163
90281 Human IG, IM	Code §1.01.090			x	\$68
90471 Immunization admin	Code §1.01.090			x	\$43
90472 Immunization admin, each add	Code §1.01.090			x	\$27
90473 Imadm intransl/oral 1 vacc	Code §1.01.090			x	\$37
92015 Determination, refractive state	Code §1.01.090			x	\$45
92551 Pure tone hearing test, air	Code §1.01.090			x	\$29
92552 Pure tone audiometry, air	Code §1.01.090			x	\$44
92567 Tympanometry (impedance testing)	Code §1.01.090			x	\$44
93000 ECG routine ECG w/ least 12 LDS w/ I&R	Code §1.01.090			x	\$72
93016 Cardiovascular stress test w/ ECG monitor, physician supervision only w/o interpretation & report	Code §1.01.090			x	\$81
93040 Rhythm ECG with rreport	Code §1.01.090			x	\$48
94010 Breathing capacity test	Code §1.01.090			x	\$75
94060 Evaluation of wheezing	Code §1.01.090			x	\$121
94200 Maximum breathing capacity, maximal voluntary ventilation	Code §1.01.090			x	\$38
94640 Airway inhalation treatment	Code §1.01.090			x	\$39
96110 Developmental test LIM	Code §1.01.090			x	\$27
96150 Hlth/Behav assess/intervention, initial assess	Code §1.01.090			x	\$42

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
96151 Hlth/Behav assess/intervention, Re-assess	Code §1.01.090			x	\$27
96152 Hlth/Behav assess/intervention, individual	Code §1.01.090			x	\$21
96153 Hlth/Behav assess/intervention, group (2+)	Code §1.01.090			x	\$5
96154 Hlth/Behav assess/intervention, family & patient	Code §1.01.090			x	\$22
96372 Therapeutic prophylactic/DX injection subq/IM	Code §1.01.090			x	\$63
97602 RMVL devital tiss N-SLCTV DBRDMT w/o anes 1 sess	Code §1.01.090			x	\$85
97802 Medical nutrition, indiv, in	Code §1.01.090			x	\$56
97803 Med nutrition, indiv, subseq	Code §1.01.090			x	\$51
97804 Medical nutrition, group	Code §1.01.090			x	\$35
98925 Osteopathic manipulative treatment (OMT) 1-2 body regions involved	Code §1.01.090			x	\$87
98927 Osteopathic manipulative treatment (OMT) 5-6 body regions involved	Code §1.01.090			x	\$11
98928 Osteopathic manipulative treatment (OMT) 7-8 body regions involved	Code §1.01.090			x	\$134
98929 Osteopathic manipulative treatment (OMT) 9-10 body regions involved	Code §1.01.090			x	\$168
99024 Postoperative follow up visit	Code §1.01.090			x	\$49
99188 Application topical fluoride varnish by Phs/qhp	Code §1.01.090			x	\$30
99201 Office visit, problem focused - new	Code §1.01.090			x	\$107
99202 Office visit, expanded prob foc - new	Code §1.01.090			x	\$176
99203 Office visit, detailed - new	Code §1.01.090			x	\$256
99204 Office visit, comprehensive/mod - new	Code §1.01.090			x	\$384
99205 Office visit, comprehensive/high - new	Code §1.01.090			x	\$492
99211 Office outpatient visit 5 minutes	Code §1.01.090			x	\$62
99212 Office visit, problem focused - estab	Code §1.01.090			x	\$110
99213 Office visit, expanded prob foc - estab	Code §1.01.090			x	\$166
99214 Office visit, detailed - estab	Code §1.01.090			x	\$245
99215 Office visit, comprehensive/mod - estab	Code §1.01.090			x	\$346
99381 1st preventive medicine new patient <1 yr	Code §1.01.090			x	\$249
99382 1st preventive medicine new patient age 1-4 yrs	Code §1.01.090			x	\$264
99383 1st preventive medicine new patient age 5-11 yrs	Code §1.01.090			x	\$266
99384 1st preventive medicine new patient age 12-17 yrs	Code §1.01.090			x	\$294
99385 1st preventive medicine new patient age 18-39 yrs	Code §1.01.090			x	\$337
99386 1st preventive medicine new patient age 40-64 yrs	Code §1.01.090			x	\$375
99387 1st preventive medicine new patient age 65 yrs & >	Code §1.01.090			x	\$384
99391 Periodic preventive med established patient <1 yr	Code §1.01.090			x	\$216
99392 Periodic preventive med established patient 1-4 yrs	Code §1.01.090			x	\$229
99393 Periodic preventive med established patient 5-11 yrs	Code §1.01.090			x	\$231

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99394 Periodic preventive med established patient 12-17 yrs	Code §1.01.090			x	\$253
99395 Periodic preventive med established patient 18-39 yrs	Code §1.01.090			x	\$289
99396 Periodic preventive med established patient 40-64 yrs	Code §1.01.090			x	\$310
99397 Periodic preventive med established patient 65 yrs & >	Code §1.01.090			x	\$327
99401 Prev med cnsl indiv spx 15 min	Code §1.01.090			x	\$66
99402 Preventive counseling, ind 30 min	Code §1.01.090			x	\$112
99403 Preventive counseling, ind 45 min	Code §1.01.090			x	\$151
99404 Preventive counseling, ind 60 min	Code §1.01.090			x	\$126
99406 Smoking & tobacco use cessation counseling visit intermediate > than 3 minutes up to 10 minutes	Code §1.01.090			x	\$30
99408 Alcohol &/or substance other than tobacco abuse structured screening eg audit dast & brief intervention SBI services 15 -30 minutes	Code §1.01.090			x	\$55
A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Code §1.01.090			x	\$42
A4477 Garment, belt, sleeve or other covering, elastic or similar stretchable	Code §1.01.090			x	\$31
A4550 Surgical trays	Code §1.01.090			x	\$45
A4565 Slings	Code §1.01.090			x	\$18
A6451 Mod comp bandage, elastic, knit/woven, load resist 1.25-1.34 ft lb at 50% max stretch >= 3 in < in per yard	Code §1.01.090			x	\$6
D0120 Periodic oral evaluation	Code §1.01.090			x	\$64
D0140 Limited oral evaluation - problem focused	Code §1.01.090			x	\$96
D0145 Oral evaluation for patient under three years of age and counseling with primary caregiver	Code §1.01.090			x	\$91
D0150 Comprehensive oral evaluation - new or established patient	Code §1.01.090			x	\$105
D0160 Detailed and extensive oral evaluation - problem focused, by report	Code §1.01.090			x	\$168
D0170 Re-evaluation - limited, problem focused, established patient, not post-operative	Code §1.01.090			x	\$89
D0180 Comprehensive periodontal evaluation - new or established patient	Code §1.01.090			x	\$124
D0191 Assessment of patient	Code §1.01.090			x	\$39
D0210 Intraoral-complete series (incl bitewings)	Code §1.01.090			x	\$146
D0220 Intraoral-periapical - first film	Code §1.01.090			x	\$31
D0230 Intraoral-periapical - each additional film	Code §1.01.090			x	\$25
D0240 Intraoral-occlusal film	Code §1.01.090			x	\$42
D0250 Extraoral - first film	Code §1.01.090			x	\$57

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D0270 Bitewings - single film	Code §1.01.090			x	\$31
D0272 Bitewings - two films	Code §1.01.090			x	\$47
D0273 Bitewings - three films	Code §1.01.090			x	\$57
D0274 Bitewings - four films	Code §1.01.090			x	\$68
D0277 Vertical bitewings - 7-8 films	Code §1.01.090			x	\$101
D0321 Other temporomandibular joint films, by report	Code §1.01.090			x	\$166
D0330 Panoramic film	Code §1.01.090			x	\$120
D0460 Pulp vitality tests	Code §1.01.090			x	\$69
D0470 Diagnostic casts	Code §1.01.090			x	\$146
D1110 Prophylaxis - adult	Code §1.01.090			x	\$99
D1120 Prophylaxis - child	Code §1.01.090			x	\$74
D1201 Topical application of fluoride (incl prophy*)	Code §1.01.090			x	\$98
D1206 Topical application of fluoride varnish	Code §1.01.090			x	\$50
D1208 Topical application of fluoride - excluding varnish	Code §1.01.090			x	\$43
D1351 Sealant - per tooth	Code §1.01.090			x	\$58
D1352 Preventive resin restoration in a moderate to high *	Code §1.01.090			x	\$93
D1354 Interim caries arresting medicament application	Code §1.01.090			x	\$64
D1510 Space maintainer - fixed unilateral	Code §1.01.090			x	\$338
D1515 Space maintainer - fixed bilateral	Code §1.01.090			x	\$497
D1520 Space maintainer - removable unilateral	Code §1.01.090			x	\$338
D1525 Space maintainer - removable bilateral	Code §1.01.090			x	\$483
D1550 Recementation of space maintainer	Code §1.01.090			x	\$77
D1555 Removal of fixed space maintainer	Code §1.01.090			x	\$81
D2140 Amalgam-one surface, primary or permanent	Code §1.01.090			x	\$149
D2150 Amagam-two surfaces, primary or permanent	Code §1.01.090			x	\$183
D2160 Amalgam-three surfaces, primary or permanent	Code §1.01.090			x	\$218
D2161 Amalgam-four or more surfaces, primary or pe*	Code §1.01.090			x	\$256
D2330 Resin-one surface, anterior	Code §1.01.090			x	\$166
D2331 Resin-two surfaces, anterior	Code §1.01.090			x	\$200
D2332 Resin-three surfaces, anterior	Code §1.01.090			x	\$240
D2335 Resin-four or more surfaces or involving incisal angle (anterior)	Code §1.01.090			x	\$290
D2390 Resin-based composite - crown, anterior	Code §1.01.090			x	\$365
D2391 Resin-based composite - one surface, posterior	Code §1.01.090			x	\$183
D2392 Resin-based composite - two surfaces, posterior	Code §1.01.090			x	\$234
D2392 Resin-based composite - three surfaces, posterior	Code §1.01.090			x	\$284
D2394 Resin-based composite - four or more surfaces, posterior	Code §1.01.090			x	\$327
D2740 Crown-porcelain/ceramic substrate	Code §1.01.090			x	\$1,088
D2750 Crown-porcelain fused to high noble metal	Code §1.01.090			x	\$1,036

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
D2751 Crown-porcelain fused to predominantly base*	Code §1.01.090			x	\$902
D2752 Crown-porcelain fused to noble metal	Code §1.01.090			x	\$972
D2780 Crown-3/4 cast high noble metal	Code §1.01.090			x	\$110
D2781 Crown-3/4 cast predominantly base metal	Code §1.01.090			x	\$1,035
D2782 Crown-3/4 cast noble metal	Code §1.01.090			x	\$1,084
D2783 Crown-3/4 porcelain/ceramic	Code §1.01.090			x	\$1,172
D2790 Crown-full cast high noble metal	Code §1.01.090			x	\$1,072
D2791 Crown-fullcast predominantly base metal	Code §1.01.090			x	\$919
D2792 Crown-full cast noble metal	Code §1.01.090			x	\$971
D2910 Recement inlay, onlay or partial coverage re*	Code §1.01.090			x	\$104
D2920 Recement crown	Code §1.01.090			x	\$99
D2930 Prefabricated stainless steel crown-primary tooth	Code §1.01.090			x	\$262
D2931 Prefabricated stainless steel crown-permanent tooth	Code §1.01.090			x	\$298
D2932 Prefabricated resin crown	Code §1.01.090			x	\$314
D2933 Prefabricated stainless stell crown with resin window	Code §1.01.090			x	\$328
D2940 Protective restoration	Code §1.01.090			x	\$103
D2941 Int therapeutic restoration	Code §1.01.090			x	\$65
D2950 Core build-up, incl any pins	Code §1.01.090			x	\$270
D2951 Pin retention-per tooth, in additioni to rest*	Code §1.01.090			x	\$48
D2952 Cast post and core in addition to crown	Code §1.01.090			x	\$362
D2953 Each additional cast post - same tooth	Code §1.01.090			x	\$191
D2954 Prefabricated post and core in addition to crown	Code §1.01.090			x	\$311
D2955 Post removal (not in conjunction with endodontic therapy)	Code §1.01.090			x	\$262
D2957 Each additional prefabricated post - same tooth	Code §1.01.090			x	\$134
D3110 Pulp cap-direct (excluding final restoration)	Code §1.01.090			x	\$73
D3120 Pulp cap-indirect (excluding final restorat*	Code §1.01.090			x	\$69
D3220 Therapeutic pupotomy (excluding final resto*	Code §1.01.090			x	\$182
D3221 Pulpal debridement, primary and permanent teeth	Code §1.01.090			x	\$192
D3222 Partial pulpotomy for apexogenesis	Code §1.01.090			x	\$295
D3230 Pulpal therapy (resorbable filling) anterior, primary tooth excluding final restoration	Code §1.01.090			x	\$240
D3240 Pulpal therapy (resorbable filling) posterior, primary tooth excluding final restoration	Code §1.01.090			x	\$259
D3310 Anterior (excluding final restoration)	Code §1.01.090			x	\$752
D3320 Bicuspid (excluding final restoration)	Code §1.01.090			x	\$880
D3330 Molar (excluding final restoration)	Code §1.01.090			x	\$1,117
D4211 Gingivectomy or gingivoplasty - one to three*	Code §1.01.090			x	\$203
D4249 Clinical crown lengthening - hard tissue	Code §1.01.090			x	\$673
D4320 Provisional splinting - intracoronal	Code §1.01.090			x	\$322

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D4341 Periodontal scaling and root planing - four*	Code §1.01.090			x	\$307
D4342 Periodontal scaling and root planing - one to three teeth, per quadrant	Code §1.01.090			x	\$219
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis	Code §1.01.090			x	\$200
D4910 Periodontal maintenance	Code §1.01.090			x	\$194
D5110 Complete denture - maxillary	Code §1.01.090			x	\$1,277
D5120 Complete denture - mandibular	Code §1.01.090			x	\$1,241
D5130 Immediate denture - maxillary	Code §1.01.090			x	\$1,329
D5140 Immediate denture - mandibular	Code §1.01.090			x	\$1,251
D5211 Upper partial-resin base (incl any conventional clasps, rests and teeth)	Code §1.01.090			x	\$860
D5212 Lower partial-resin base (incl any conventional clasps, rests and teeth)	Code §1.01.090			x	\$868
D5213 Maxillary partial denture - cast metal frame*	Code §1.01.090			x	\$1,497
D5214 Mandibular partial denture - cast metal frame*	Code §1.01.090			x	\$1,489
D5281 Removable unilateral partial denture-one piece cast metal (incl clasps and	Code §1.01.090			x	\$757
D5410 Adjust complete denture - maxillary	Code §1.01.090			x	\$90
D5411 Adjust complete denture - mandibular	Code §1.01.090			x	\$89
D5421 Adjust partial denture - maxillary	Code §1.01.090			x	\$93
D5422 Adjust partial denture - mandibular	Code §1.01.090			x	\$91
D5510 Repair broken complete denture base	Code §1.01.090			x	\$184
D5520 Replace missing or broken teeth - complete denture (each tooth)	Code §1.01.090			x	\$157
D5610 Repair resin denture base	Code §1.01.090			x	\$185
D5611 Repair resin partial denture base, mandibular	Code §1.01.090			x	\$185
D5612 Repair resin partial denture base, maxillary	Code §1.01.090			x	\$185
D5620 Repair cast framework	Code §1.01.090			x	\$230
D5621 Repair cast partial framework - mandibular	Code §1.01.090			x	\$230
D5622 Repair cast partial framework - maxillary	Code §1.01.090			x	\$230
D5630 Repair or replace broken clasp	Code §1.01.090			x	\$227
D5640 Replace broken teeth - per tooth	Code §1.01.090			x	\$171
D5650 Add tooth to existing partial denture	Code §1.01.090			x	\$202
D5660 Add clasp to existing partial denture	Code §1.01.090			x	\$228
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	Code §1.01.090			x	\$655
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	Code §1.01.090			x	\$627

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
D5710 Rebase complete maxillary denture	Code §1.01.090			x	\$521
D5711 Rebase complete mandibular denture	Code §1.01.090			x	\$502
D5720 Rebase maxillary partial denture	Code §1.01.090			x	\$539
D5721 Rebase mandibular partial denture	Code §1.01.090			x	\$541
D5750 Reline complete maxillary denture (laborator*	Code §1.01.090			x	\$464
D5751 Reline complete mandibular denture (laborato*	Code §1.01.090			x	\$459
D5760 Reline maxillary partial denture (laboratory)	Code §1.01.090			x	\$465
D5761 Reline mandibular partial denture (laborator*	Code §1.01.090			x	\$470
D5810 Interim complete denture (maxillary)	Code §1.01.090			x	\$693
D5811 Interim complete denture (mandibular)	Code §1.01.090			x	\$720
D5820 Interim partial denture (maxillary)	Code §1.01.090			x	\$515
D5821 Interim partial denture (mandibular)	Code §1.01.090			x	\$543
D5850 Tissue conditioning, maxillary	Code §1.01.090			x	\$151
D5851 Tissue conditioning, mandibular	Code §1.01.090			x	\$151
D6210 Pontic-cast high noble metal	Code §1.01.090			x	\$957
D6211 Pontic-cast predominantly base metal	Code §1.01.090			x	\$882
D6212 Pontic-cast noble metal	Code §1.01.090			x	\$901
D6240 Pontic-porcelain fused to high noble metal	Code §1.01.090			x	\$987
D6241 Pontic-porcelain fused to predominantly base*	Code §1.01.090			x	\$869
D6242 Pontic-porcelain fused to noble metal	Code §1.01.090			x	\$940
D6245 Pontic-porcelain/ceramic	Code §1.01.090			x	\$1,042
D6750 Crown-porcelain fused to high noble metal	Code §1.01.090			x	\$1,042
D6751 Crown-porcelain fused to predmoninantly base*	Code §1.01.090			x	\$924
D6752 Crown-porcelain fused to noble metal	Code §1.01.090			x	\$996
D6790 Crown-full cast high noble metal	Code §1.01.090			x	\$1,042
D6791 Crown-full cast predominantly base metal	Code §1.01.090			x	\$919
D6792 Crown-full cast noble metal	Code §1.01.090			x	\$981
D6930 Recement bridge	Code §1.01.090			x	\$162
D7110 Oral surgery single tooth	Code §1.01.090			x	\$92
D7111 Extraction, coronal remnants, deciduous tooth	Code §1.01.090			x	\$123
D7140 Extraction, erupted tooth or exposed root (e*	Code §1.01.090			x	\$165
D7210 Surgical removal of erupted tooth requiring removal of bone*	Code §1.01.090			x	\$292
D7220 Removal of impacted tooth-soft tissue	Code §1.01.090			x	\$348
D7230 Removal of impacted tooth-partially bony	Code §1.01.090			x	\$443
D7240 Removal of impacted tooth-completely bony	Code §1.01.090			x	\$513
D7241 Removal of impacted tooth-completely bony, with unusual surgical complications	Code §1.01.090			x	\$606
D7250 Surgical removal of residual tooth roots (cu*	Code §1.01.090			x	\$311

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
D7311 Alveoloplasty in conjunction with extractions - one to three teeth	Code §1.01.090			x	\$230
D7510 Incision and drainage of abscess-intraoral soft tissue	Code §1.01.090			x	\$227
D7940 Osteoplasty-for orthognathic deformities	Code §1.01.090			x	\$3,518
D9110 Palliative (emergency) treatment of dental p*	Code §1.01.090			x	\$170
D9210 Local anesthesia not in conjunction with operative or surgical procedures	Code §1.01.090			x	\$38
D9215 Local anesthesia in conjunction with operative or surg*	Code §1.01.090			x	\$45
D9230 Inhalation of nitrous oxide/anxiolysis, analgesia	Code §1.01.090			x	\$68
D9310 Consultation (diagnostic services provided by*	Code §1.01.090			x	\$152
D9430 Office visit for observation (during regular*	Code §1.01.090			x	\$82
D9930 Treatment of complications (post surgical) *	Code §1.01.090			x	\$77
D9951 Occlusal adjustment-limited	Code §1.01.090			x	\$107
G0008 Administration of influenza vaccine	Code §1.01.090			x	\$43
G0009 Administration of pneumococcal vaccine	Code §1.01.090			x	\$43
G0010 Administration of hepatitis B vaccine	Code §1.01.090			x	\$43
G0179 Physician re-certification for medicare-covered home health services under a	Code §1.01.090			x	\$80
G0180 Physician certification for medicare-covered home health services under a home	Code §1.01.090			x	\$103
G0181 Physical supervision of a patient receiving medicare-covered services provided	Code §1.01.090			x	\$134
G0396 Alcohol and/or substance other than tobacco abuse structured assessment eg audit dast and brief intervention 15-30 minutes	Code §1.01.090			x	\$51
G0397 Alcohol and/or substance other than tobacco abuse structured assessment eg audit dast and brief intervention greater than 30 minutes	Code §1.01.090			x	\$134
G0438 PR medicare annual wellness initial visit	Code §1.01.090			x	\$248
G0439 PR medicare annual wellness subsequent visit	Code §1.01.090			x	\$187
G9001 Coordinated care fee, initial rate	Code §1.01.090			x	\$101
G9005 Coordinated care fee, risk adjusted maintenance	Code §1.01.090			x	\$51
G9006 Coordinated care fee, home monitoring	Code §1.01.090			x	\$218
G9011 Coordinated care fee, risk adjusted maintenance, level 5	Code §1.01.090			x	\$22
G9012 Other specified case management service not elsewhere classified	Code §1.01.090			x	\$218
J0696 Injection, ceftriaxone sodium, per 250 mg	Code §1.01.090			x	\$25
J1885 Injection, ketoralac tromethamine, per 15 mg	Code §1.01.090			x	\$10

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
J2315 Injection, naltrexone, depot form, 1 mg	Code §1.01.090			x	\$7
J2788 Injection, Rho D immune globulin, human, minidose, 50 mcg	Code §1.01.090			x	\$33
S9470 Nutritional counseling, dietitian visit	Code §1.01.090			x	\$41
				x	
<b>HEALTH, HOUSING &amp; HUMAN SERVICES</b>				x	
<b>COMMUNITY HEALTH - Behavioral Health</b>	ORS 471.432, 430.375, 813.270, OAR 309-014-0030			x	
<b>Court Programs</b>					
One-time Participant Fee					\$500
Full Fee					\$200
Indigent	ORS 471.432, 430.375, 813.270, OAR 309-014-0030				
<b>DUII Service Billing Rates</b>					
DUII Information Education Session only					\$90/session
Full Fee			x		\$45/session
Indigent – 50%					
Intake Evaluation					\$160
Full Fee					\$85
Indigent					
Individual Treatment Service					\$167/hour
Full Fee					\$83/hour
Indigent – 50%					
Group Treatment Service (Active)					\$90/group
Full Fee					\$45/group
Indigent - 50%					
Group Treatment Service (Monitoring)					\$90/group
Full Fee					\$45/group
Indigent	ORS 471.432, 430.375, 813.270, OAR 309-014-0030				Range of \$12-\$45

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Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Urinalysis and Handling Fees	ORS 430.630(10)(b), (d)(H), OAR 309- 014-0030				
<b>General Billing Rates for all Behavioral Health Division Treatment Services</b>					
Assessment Fees					\$258/hr
Psychiatrist			x		\$258/hr
Psychologist					\$258/hr
Psychiatric Nurse Practitioner					\$258/hr
Mental Health Professional – Masters Level					
Individual Treatment Service					\$221/hr
Psychiatrist					\$195/hr
Psychologist					\$195/hr
Psychiatric Nurse Practitioner					\$167/hr
Mental Health Qualified Professional – Masters Level					\$167/hr
Registered Nurse					\$107/hr
Mental Health Qualified Associate – Bachelors Level					\$167/hr
Interns – Masters Level					\$60/hr
Group Treatment Service					\$45/hr
Daily Structure and Support	ORS 430.630(10)(g)(K), OAR 309-014- 0030, Code §1.01.090				Established fees, as set forth in Code are discounted according to the client's sliding scale eligibility according to the current division sliding fee scale per annual Federal Poverty Guidelines.
Mental Health Division Sliding Fee Scale					
<b>HEALTH, HOUSING &amp; HUMAN SERVICES</b>					
<b>COMMUNITY HEALTH - Dental</b>	Code §1.01.090		x		\$40

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Minimum Dental Visit Charge - Patient Fee	Code §1.01.090				Established fees, as set forth in Code are discounted according to the client's sliding scale eligibility according to the current division sliding fee scale per annual Federal Poverty Guidelines.
Dental Fees	Code §1.01.090				Established fees, as set forth above, are discounted according to the client's ability to pay according to the current division sliding fee scale
Dental Services Sliding Fee Scale				x	
<b>HEALTH, HOUSING &amp; HUMAN SERVICES</b>				x	
<b>COMMUNITY HEALTH - Primary Care Services</b>	Code §1.01.090				\$20
Minimum Medical Visit Charge – Patient Fee	Code §1.01.090				\$20
Minimum Surgical Visit Charge - Patient Fee	Code §1.01.090				\$15
Tuberculin Skin Test - Patient Fee	Code §1.01.090			x	Medical Fees are established at 90% of the usual and customary fee from a copyrighted fee study performed by Captiva Software Corporation for 2007. This study was specific to the local area and included fees for over 4,800 medical service codes. Specific charges for individual service codes are available separately.
Medical Procedure Fee per RVU* – Patient Fee	Code §1.01.090			x	Medical Fees are established at 90% of the usual and customary fee from a copyrighted fee study performed by Captiva Software Corporation for 2007. This study was specific to the local area and included fees for over 4,800 medical service codes. Specific charges for individual service codes are available separately.
Surgical Procedure Fee per RVU* – Patient Fee	Code §1.01.090			x	Cost + 25%
Durable Good, purchased vaccines, and Supplies				x	Established fees, as set forth in Code are discounted according to the client's sliding scale eligibility according to the current division sliding fee scale per annual Federal Poverty Guidelines.
Primary Care Services Sliding Fee Scale				x	

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
<b>HEALTH, HOUSING &amp; HUMAN SERVICES</b>				x	
<b>ENVIRONMENTAL HEALTH - Public Health</b>	Code §1.01.090				
Food Service/Restaurant Licenses					
Full Service Restaurants	ORS 624.490(1)		x		
0-15 seats				x	\$690
16-50 seats					\$765
51-150 seats					\$840
151+ seats	ORS 624.490				\$990
Limited Restaurants	ORS 624.490				\$324
License reinstatement fee	ORS 624.490(2)		x		\$100
Benevolent Kitchen	ORS 624.490(3)		x		\$100
Bed & Breakfasts					
Breakfast only			x		\$465
Full menu	ORS 624.650		x		\$469
Temporary Restaurants					
Single event					\$160
Intermittent			x		\$160
Seasonal					\$160
Temporary Restaurant Late Fee	ORS 624.106				\$50
Benevolent					
1 day event					\$50
2 day event			x		\$50
3-4 day event					\$50
5-30 day event					\$50
90 day event	ORS 624.650				\$50
Mobil Units & Pushcarts					
Class I					\$600
Class II			x		\$600
Class III					\$690
Class IV					\$708
Mobile Unit Inspection					\$25
Commissaries					\$705
Comb. commissaries					\$465
Food Worker Certificate	ORS 624.020(3)				\$10
Duplicate					\$5
Warehouses					
Reinspection fee			x		\$390

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Pool/Spa					
Year round primary					\$840
Year round secondary					\$505
Seasonal primary					\$465
Seasonal secondary					\$280
Day care					
Family home (15 children max)					\$262
School care facility					\$262
Child care centers (1-40 children)					\$337
Child care centers (41+ children)	Code §1.01.090				\$412
Certificates of Sanitation Well/Septic					
Septic Inspections					\$178
Well Inspections				x	\$525
Well/Septic (combination)					\$403
Wells, second revisit					\$187
Duplicate Copy					\$5
Record Search	Code §1.01.090				\$10
Public Drinking Water System Review					\$354
Schools (USDA and non-USDA)					
Full kitchen				x	\$431
Satellite kitchen					\$337
Miscellaneous Fees - Hourly Rate					\$227/1st hour & \$152 each add'l hour
Food service re-inspection		x			\$150
Non-County MU inspection	ORS 624.650	x			\$25
Tourist Accommodations					
1-10 units					\$300
11-25 units					\$337
26-50 units					\$450
51-75 units					\$487
76-100 units					\$525
101+ units					\$562
Recreation vehicle parks					
1-10 spaces					\$570
11-25 spaces					\$600
26-50 spaces					\$675
51-75 spaces					\$750
76+ spaces					\$825
Organizational camps					
no food service					\$600

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
with food service					\$825
Picnic Parks	Code §1.01.090				\$450
Vending					
1-10 units					\$375
11-20 units				x	\$399
21-30 units					\$426
31-40 units					\$450
41-50 units					\$474
51-75 units					\$501
76-100 units					\$546
101-250 units					\$786
251-500 units					\$1,104
501-750 units					\$1,425
751-1000 units					\$1,749
<b>Plan Review Fees</b>					
Restaurants					
0-50 seats				x	\$637
51-150 seats					\$712
151+ seats					\$787
Temporary restaurant					\$75
Schools					\$637
Bed & Breakfasts					\$487
Mobile Units & Pushcarts					
Class I					\$412
Class II					\$412
Class III					\$487
Class IV					\$562
Commisary					\$487
Warehouses					\$262
Pools					
Per pool or spa					\$1,200
Plan permits - minor alterations					\$750
Add'l inspection - const. revisit					\$150
Tourist Facilities					
1-10 units					\$412
11-25 units					\$412
26+ units					\$487
RV Parks					
1-5 spaces					\$337

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
6-9 spaces					\$337
10+ spaces					\$412
Picnic Park					\$412
Organization camps					\$562
Job Corps Program (quarterly)					\$2,550
Day care centers					\$292
<b>HEALTH, HOUSING &amp; HUMAN SERVICES</b>				x	
<b>Health Centers - Primary Care Telemedicine</b>					
98966 Non-Physician Phone Visit (5-10 min)	Code §1.01.090			x	\$25
98967 Non-Physician Phone Visit (11-20 min)	Code §1.01.090			x	\$43
98968 Non-Physician Phone Visit (21-30 min)	Code §1.01.090			x	\$67
98970 Non-Physician Digital Visit (Text Based; 5-10 min)	Code §1.01.090			x	\$0
98971 Non-Physician Digital Visit (Text Based; 11-20 min)	Code §1.01.090			x	\$0
98972 Non-Physician Digital Visit (Text Based; 21+ min)	Code §1.01.090			x	\$0
99421 Physician Digital Visit (Text Based; 5-10 min)	Code §1.01.090			x	\$19
99422 Physician Digital Visit (Text Based; 11-20 min)	Code §1.01.090			x	\$38
99423 Physician Digital Visit (Text Based; 21+ min)	Code §1.01.090			x	\$61
99441 Physician Phone Visit (5-10 min)	Code §1.01.090			x	\$40
99442 Physician Phone Visit (11-20 min)	Code §1.01.090			x	\$41
99443 Physician Phone Visit (21-30 min)	Code §1.01.090			x	\$76
<b>HEALTH, HOUSING &amp; HUMAN SERVICES - SOCIAL SERVICES</b>	Code §8.08.030.B.11 & §8.08.050				
Lapsed Adult Foster Home License fee	Code §8.08.030.B11 & §8.08.050				\$50 per resident bed
Adult Foster Home Application Fee (initial and renewal)	Code §8.08.030.B11& §8.08.050			x	\$30 per resident bed
Adult Foster Home Reclassification Fee	Code §8.08.030.B11& §8.08.050				\$25 per application
Annual Provider Re-qualification	Code §8.08.030.B11& §8.08.050			x	\$10 per applicant
Change in Resident Manager Fee					\$10 per change

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
	Code §8.08.030.B11& §8.08.050				
Adult Day Care Facility Application (initial and renewal)	Code §8.08.030.B11& §8.08.050				\$10 per participant
Lapsed Adult Day Care Facility License	Code §8.08.030.B11& §8.08.050			x	\$20 per participant
Adult Foster Home Orientation – Current Class Fee	ORS 192.440(4)			x	\$30 per participant
Public Records Request	Code §8.08.030.B				\$1.00 for first page and \$0.10 for all subsequent pages. Also, when more than nominal staff time is necessary to research, review, redact, copy, or
Criminal history check					\$15 per caregiver application
<b>JUVENILE</b>	Code §1.01.090		x		
Urinary Analysis retest when first test tampered with	Code §1.01.090			x	\$5.50 per person
IMPACT – 40 hr a week course	Code §1.01.090				\$20 per person
DHS fingerprinting	Code §1.01.090			x	\$15
Drug Court fee				x	\$30 per month per youth for 8 months
<b>LAW LIBRARY</b>	Code §1.01.090			x	
Copies				x	
Photocopy					\$.25 per copy
Laser Printer				x	\$.25 per copy
Microfilm					\$.50 per copy
Color photocopy					\$0.50 per copy
Color printer copy					\$0.50 per copy
Microfilm copies made by staff					\$.50 per page plus postage
Copies made by staff and mailed					\$.50 per page plus postage
Copies/scans/prints made by staff and emailed					\$5.00 per page
Legal document request					\$1.00 per citation, case number or results list faxed or emailed
PACER search/retrieval	Code §1.01.090				\$0.25 per page
Overdue material	Code §1.01.090				\$1.00 per day, replacement cost after 120 days
Processing fee for billing copy charges					\$5.00

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Processing fee for late payment (over 60 days)					\$5.00
Processing fee for replacing lost or damaged materials	Code §1.01.090			x	\$25.00
Lost or damaged material					actual cost
Notary Services by appointment	Code §1.01.090			x	
- court related documents					\$5.00 per signature, notarian may waive fee
- non-court related couments					\$10.00 per signature, notarian may waive fee
Stevens Ness Legal Forms by appointment	Code §1.01.090			x	
- individual form					\$5
- form kit					\$10
- non-individual/non-kit forms					Actual cost
<b>SHERIFF</b>					
Public Records Request	ORS 192.440(4)			x	All reports \$10.00 & \$0.20 per page after 30 pages. Microfilmed reports \$10.00 & \$0.20 per page after 10 pages. *Also, when more than nominal staff time is necessary to research, review, redact, copy, or compile records: the actual cost of staff time, calculated at the hourly rate of the employee(s) who performs the work. See Public Records Policy and Procedure.
Electronic Documents	ORS 192.440 (4)				\$1.00 per printed page*
Photographs	ORS 192.440 (4)				\$10 to be paid at the time of request, plus any add'l cost.*

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Mugshots	ORS 192.440 (4)		x		\$5
Visa Letters, Passport letters, Adoption letters, Background letters	ORS 192.440 (4)		x		\$5
Traffic Diagrams	ORS 192.440 (4)		x		\$25
Photo CD's (traffic cases)	ORS 192.440 (4)		x		\$50 1 <sup>st</sup> CD; \$35 add'l CD
CHL application fee			x		
with fingerprinting			x		\$65
without fingerprinting	Code §1.01.090		x		\$50
CHL address change	Code §1.01.090				\$15
CHL online application administrative fee	Code §1.01.090				\$4
Fingerprints	Code §1.01.090			x	\$15 per card
Alcohol Tobacco & Firearm Forms	Code §8.07.030.A			x	\$10 per application
Alarm User Permits			x		
Residence				x	\$20 per year
Business	ORS 179.505(10)			x	\$50 per year
Jail Medical Records	ORS 179.505(10)				1-10 pgs \$6; 11 + pages \$0.50 per page
Jail Reports or Summaries	ORS 169.166				\$30
Intoxilyzer logs and records	ORS 169.166		x		\$10
Jail video footage	ORS 179.505(10)		x		\$50 + \$35/hr for each hour after 1st hour
Attending physician's statement to insurance company, Welfare, or Worker's Compensations	ORS 169.076 Oregon Jail Stds & Federal Law		x		\$20
Hospital/Emergency room	ORS 169.076 Oregon Jail Stds & Federal Law		x		Actual cost

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Law library legal material and forms printing from Library computers	Fed Cons Arguello v. Clack. Cty.		x		1-10 pages \$1.00 min fee; \$0.10 each additional page
Bus passes	Oregon Jail Stds & Federal Law		x		Actual cost
Restitution, repair or replacement cost	ORS 179.505(10)		x		Actual cost of repair or replacement of damage or item
Fee to review file on premises	ORS 192.440 (4)		x		\$20 per hour
Verification or documentation of dates incarcerated	ORS 192.440 (4)		x		\$10
Verification or documentation of Time Served	ORS 192.440 (4)		x		\$10
Computer Printouts of Crime Activity	Code §7.01.220.F		x		\$30
Vehicle Administration Fee for release of towed vehicle	Code §7.01.220.E		x		\$75
Vehicle Administration Fee for release of vehicle towed from traffic crime scene	Code §7.01.220(B)(6)		x	x	\$150
Boot Fee	Code §7.01.070(B)			x	\$10
Witness deposit fee	Code §8.05.040			x	\$15 per witness
Social gaming license application	Code §8.03.060			x	\$25 nonrefundable
Secondhand dealer permit application	Code §8.03.060			x	\$395
Secondhand dealer permit renewal	Presiding Judge Selander Gen. Order 98-6			x	\$150 per year nonrefundable
Courthouse Security Bypass card				x	\$50
Application fee				x	\$25
Replacement card					\$25
<b>Sheriff - Civil</b>					
Writ of Garnishment	ORS 18.652(5)				\$25
Summons, Petition					
Up to two persons at same address	ORS 21.300(1)(a)	x			\$45
Three or more at the same address	ORS 21.300(1)(a)	x			\$25 per party
Notice with Enforcement Process - plus costs	ORS 21.300(1)(b)				\$80
Security and inventory services (after first hour)	ORS 21.300(1)(b)				Actual cost
Reasonable amount for Keeper's fee	ORS 21.300(1)(b)	x			Actual cost
Sale of property	ORS 18.930(5)	x			
Advertising, posting, sale preparation, conducting the sale, and mailings	ORS 21.300(1)(a)				Actual cost

APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
Post sale administration	ORS 21.300(1)(a)				Actual cost
Posting of sale notices	ORS 21.300(1)(a)	x			\$45
Copy of any process, order, notice or other instrument in writing, when necessary to complete service	ORS 21.300(1)(d)	x			\$3/per 100 words
Creating Sheriff's Deed, Certificate of Redemption or conveyance of real property sold on any process	ORS 21.300(1)(c)	x			50
Mileage for process service (involving travel in excess of 75 miles round trip)	ORS 21.300(4)	x			\$45
		x			
<b>Sheriff - Public Safety Training Center</b>	Code §1.01.090	x			
<b>Rooms for rent</b>		x			
Room 110					\$50/hour
Room 111				x	\$50/hour
Room 214					\$50/hour
Defensive tactics					\$40/hour
MILO					\$75/hour
Armory classroom					\$40/hour
Computer lab					\$50/hour
<b>Range</b>					
with ammo					\$50/hour
without ammo					\$75/hour
membership					\$219/year
<b>Range Fees and Memberships</b>					
Lane Fee					\$18
Gun rentals					\$12 (\$10 members)
Targets					\$1 (\$2 for zombie targets)
General membership					\$219
Renewal					\$189
2 person membership					\$319
Renewal					\$289
3 person membership					\$419
Renewal					\$389
Each additional member after 3 people					\$50/member
Passport photo (set of 2)					\$15
<b>TECHNOLOGY SERVICES - GIS</b>	Code §1.01.090				\$55/hr
Labor Costs					
Media Costs	Code §1.01.090				
Maps without photography (dimensions in inches)				x	\$1
8 1/2 x 11					\$4

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
11 x 17				x	\$15
24 x 36					\$25
36 x 42					\$30
> 36 x 48					\$35
> 36 x more than 56 to a max of 60	Code §1.01.090				
Maps with photography (dimensions in inches)					\$15
Small standard storefront					\$35
Large standard storefront				x	Add 30% to the cost of maps without photography prices
For custom maps that include photography					Actual cost of individual panel
For paneled maps	Code §1.01.090				
<i>Mailing costs (to be added to cost of project)</i>					\$3.75
Small tube					\$5
Large tube				x	\$0.75
Single road map					\$1.50
2-5 road maps	ORS 190.050				
<i>Digital Vector Data</i>					
Note: All data supplied in shapefile format. DXF is surcharged \$10 per section per layer. These documents require a signed data licensing agreement.					\$20 per layer
Digital data by section			x		\$30 per section
Digital data by section with tax lot annotations					\$10 per section
Assessor's data which has been tied to GIS layers					\$200 per layer
County-wide layers					\$600 line work only
County-wide tax lots with "basic" Assessor's data					\$1,000
County-wide tax lots with Assessor's data and tax lot annotation					\$25,000
All County-wide layers available publically (updates are treated as a new request)	ORS 190.050				
<i>Digital Orthophoto Data</i>					
Note: Only images outside of the Metro consortium area are provided. For data requests inside that area, customer must go to Metro.					\$25 for single image; \$18 for each add'l image ordered at the same time
2006 images: Rural			x		\$35 for single image; \$30 for each add'l image ordered at the same time
2008 images: Rural	Code §1.01.090				
All data prices stated are for data posted to FTP site or emailed to customer. If customer wants data on media, the costs are as follows:					\$2
CD ROM					\$4

# APPENDIX A - FEES

Department/Division	AUTH. LEGISLATION	FEE SET BY ORS	ORS AUTH. FEE	CODE AUTH. FEE	FEE AMOUNT
DVD				x	\$1
Floppy					\$2
PlanMap report					\$25
Address list from PlanMap in .xls or .doc format	Code §1.01.090				\$4
Road Maps	Code §1.01.090				\$600/year
Subscription to PlanMap	Code §1.01.090				\$200/year w/ quarterly updates
Data subscription to PlanMap				x	
<b>TREASURER</b>	Code §1.01.090			x	.01% of portfolio or \$185,000 ann.
Investment portfolio management	Code §1.01.090			x	\$25.00
Bad Checks					
				x	
				x	