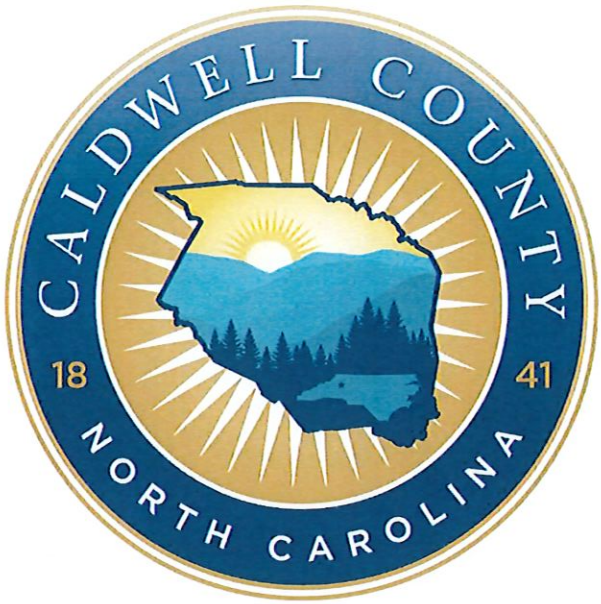


Departmental Fee Schedule

2026-2027



Caldwell County

ANIMAL CARE ENFORCEMENT

Richard Gilliland, Director

Animal Care Enforcement Fees

Description	Current Fee
Adoption Fee/Large Animal	Actual Cost
Adoption Fee/ Canines & Felines	$75.00
Adoption Fee for Veterans (Military ID Required)	$35.00
Adoption Fee/Small Animal	$10.00
Canine Health Vaccine	$10.00
Check Return	$25.00
Copy Fee	$0.25
Dangerous Dog Signage	$20.00
Feline Health Vaccine	$10.00
Heartworm Test	$10.00
Identification Tag (Digital)	$5.00
Kennel Fee	$10.00
Livestock Haul Fee	$75.00
Hog Trap Fee	$525.00
Pick Up Fee	$25.00
Wormer Medication	$10.00
Quarantine/Isolation Fee	$15.00
Rabie Replacement Tag	$2.00
Rabies Vaccine	$10.00
Stolen/Damaged Cat Trap	$55.00
Stolen/Damaged Dog Trap	$225.00
Tranquilize Request (Owners Animal)	$50.00
Small Animal Fee (Birds, rabbits, chickens, rats, etc.)	$5.00

180 Government Way Lenoir, NC 28645- 828-572-4535

Caldwell County
NORTH CAROLINA
Board of Elections

2026 Filing Fees

Contest	Filing Fee
Board of Commissioners	$57.00
Board of Education	$12.00
Sheriff	$912.71
Clerk of Superior Court	$1234.88
NC House District 87	$139.51
NC Senate District 45	$139.51
NC Senate District 47	$139.51
Soil and Water Conservation District Supervisor	$5

Caldwell County Permit Fee Schedule

Effective Date 7/01/2026-6/30/2027

Building Permits

Residential - heated - .45 psf
Non-Residential - heated - .55 psf
Expired Permit % original fee
Minimum - $75.00
Sign Permits - $75.00
Insulation - $50.00
Residential - remodel/rehab/repair - 1/2 residential heated or unheated rate
Non Resid. - remodel/repair - 1/2 non-residential heated or unheated rate
Residential Handicap Ramp — No Charge
Re-roofing - Non-Residential - $175.00
Residential - $75.00
Non-Residential Handicap Ramp - $100.00
Foundation - $85.00Spray Booth - $50.00
Retaining Wall - $50.00
Work started w/o permit penalty – Double Fee

Electrical Permits

Residential = house, apt, condo, etc. - per unit - up to 200 Amps - $75.00
Non-Residential first 100 Amps - $100.00 applied to each service/distribution/sub-panel then .25 per amp
Minimum - $75.00
Swimming Pool - Inground 85.00 (bonding only - no charge)
Above ground 75.00
Residential - Garage/Storage - $50.00
Service Change - $75.00 Change Meter Base Only $40.00
Load Controls - $25.00
ETS Units - $25.00
Cell Tower 0-Locate - $200.00
Alarm Systems - $60.00
Power Supplies - $35.00
New - 500.00
Spray Booth - $40.00
Exhaust Fan - $40.00
Miscellaneous - Temp, fence, pump, barn, sign, well, gas island, camper, welding, reconnect, generator, dock-$75.00

Plumbing Permits

Residential Kitchen & (1) Bath - $75.00 then $20.00 each additional fixture
Non-Residential — per fixture - $75.00 then $20.00 each additional fixture
Minimum - $75.00
Sprinkler System - $100.00
Gas Line & (1) appliance - $50.00 then $20.00 each additional appliance
Standpipe - 75.00
Water or Sewer Line - $40.00 each
Water Heater - $50.00
Change Tub Valve - $40.00

Mechanical Permits

Residential - First combined unit - $75.00 then $20.00 per unit
Non-Residential - First combined unit - $100.00 then $75.00 per unit
Residential or Non-Res. Individual Heat or Air units - $40.00
Minimum - $75.00
Exhaust Fan - $40.00
Hood System - $75.00
Refrigeration-first unit-$100.00 then $20 per unit
Vent Change Out - $40.00
Boiler - $100.00
Appliance Permits - Residential - $75.00
Non-Residential - $100.00

Mobile Home Permits

Set Up - Single wide -100.00
- Double wide - 200.00
Electrical - $60.00
Plumbing - $60.00
HVAC -$60.00
Marriage-wall only - $50.00

Modular Home Permits

Foundation - $100.00
Electrical - $60.00
Plumbing — Kitchen & (2) Baths - $60.00
HVAC - $60.00
Marriage-wall only - $50.00

Miscellaneous Permits

Zoning - $25.00
Pools Above ground 75.00
Hot Tubs - $85.00
A.L.E. - $75.00
Cell Tower Foundation - $100.00
Returned Check Fee - $50.00
Consultation - $60.00

Recovery Fund - $10.00
In ground 150.00
Daycare - $75.00
Re-inspections - $75.00
Minimum Housing - $50.00
Late Payment Penalty - $25.00
All Others - $75.00

Solar

Photo Voltaic - $100.00
Water Heater - $50.00
Mechanical - $75.00

Plan Review 100.00
Const. Trailer 175.00
Change of Contractor 75.00

CALDWELL COUNTY
EMERGENCY SERVICES
P.O. Box 2200 • Lenoir, NC 28645
Trevor C. Key-Director

"A Legacy of Service and Dedication"

Required Construction Permits & NC Fire Code Reference

105.7.1	Automatic fire extinguishing systems	100.00 per permit
105.7.2	Battery systems more than 50-gal liquid	75.00 per permit
105.7.3	Compressed gases	50.00 per permit
105.7.4	Cryogenic liquids	50.00 per permit
105.7.5	Emergency responder radio coverage	75.00 per permit
105.7.6	Fire alarm & detection systems & related equipment	75.00 per permit
105.7.7	Fire pumps & related equipment	75.00 per permit
105.7.8	Flammable & combustible liquids	100.00 per permit
105.7.9	Gates and barricades across fire apparatus access roads	75.00 per permit
105.7.10	Hazardous materials (quantities requiring a permit)	150.00 per permit
105.7.11	Industrial ovens	75.00 per permit
105.7.13	Private fire hydrants	50.00 per permit
105.7.14	Smoke control or smoke exhaust systems	50.00 per permit
105.7.15	Solar photovoltaic power systems	100.00 per permit
105.7.16	Spraying or dipping	75.00 per permit
105.7.17	Standpipe systems	75.00 per permit
105.7.18	Temporary membrane structure, tents & canopies	75.00 per permit
Retest fee for performance testing failed inspection		100.00 per inspect

*Permits for Temporary membrane structures and tents apply to tents greater than 800 square feet in size or an aggregate of tents combined to that exceeds 800 square feet. Membrane structures, such as inflatable bounce houses, exceeding 400 square feet in size (measured at the ground contact of the base of the structure) shall require permit issuance and inspection to comply with Section 105.6.45 of the 2018 NC Fire Code.

Required Operational Permits & NC Fire Code Reference

A maximum of $300.00 will be charged for all "Required Operational Permits" when multiple permits are issued at the same address.

105.6.2	Amusement buildings	100.00 per permit
105.6.5	Carnivals & fairs	50.00 per permit
105.6.7	Combustible dust-producing operations	100.00 per permit
105.6.10	Covered mall buildings	50.00 per permit
105.6.14	Exhibits & trade shows	50.00 per permit
105.6.15	Explosives	100.00 per permit
105.6.17	Flammable & combustible liquids	50.00 per permit
105.6.17	Operation of a fuel dispensing facility	50.00 per permit
105.6.17	Temporarily place out of service a flammable/ Combustible liquid tank	100.00 per permit
105.6.17	Change contents of flammable/combustible liquid tank	100.00 per permit
105.6.17	Manufacture, process, blend or refine flammable/ Combustible liquids	100.00 per permit
105.6.20	Fumigation & thermal insecticidal fogging	100.00 per permit
105.6.27	Liquid or gas fueled vehicles/equipment in assembly	50.00 per permit
105.6.37	Private fire hydrants	50.00 per permit

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105.6.38	Pyrotechnic special effects	150.00 per permit
105.6.43	Spraying & dipping	100.00 per permit
105.6.45	Temporary membrane structure, tents & canopies*	50.00 per permit
On Site Fireworks Operational Assistants		75/Hr per assistant
Fire Watch Personnel		50/Hr per assistant

*Permits for Temporary membrane structures and tents apply to tents greater than 800 square feet in size or an aggregate of tents combined to that exceeds 800 square feet. Membrane structures such as inflatable bounding houses must exceed 400 square feet in size measured at the ground contact of the base of the structure shall require permit issuance and inspection to comply with Section 105.6.45 of the 2018 NC Fire Code.

Other Permit Fees

Starting Work without a permit — Double Permit Fee

Expiring Permits

A permit issued pursuant to G.S. 153-A-357 expires six months, or any lesser time fixed by ordinance of the county, after the date of issuance if the work authorized by the permit has not commenced. If after the commencement, the work is discontinued for a period of 12 months, the permit therefore immediately expires. No work authorized by a permit that has expired may thereafter be performed until a new permit has been secured. (G.S. 153A-358). Therefore, the following fees will be charge for permits that are allowed to expire:

1) Permit expiring six months after issuance:
   a. A new, second permit will be issued within six months of the expiration date of the fire permit — 50.00 per permit
   b. Time that lapses beyond six months of the expiration date — Full amount of fees
2) Permit expiring after a year with no work being done:
   a. A new, second permit will be issued — Full amount of fees

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Plan Review Fees

Plan Review Fees are due at the time of submittal and are non-refundable.

Sire & Fire Plan Reviews:	
0-999 SF	50.00 per plan
1,000-2,499 SF	100.00 per plan
2,500-9,999 SF	150.00 per plan
10,000-49,999 SF	200.00 per plan
50,000-99,999 SF	300.00 per plan
100,000 > SF	500.00 per plan
Site Plan Subdivision Review:	
0-29 Lots	50.00 per plan
30-99 Lots	100.00 per plan
100-249 Lots	200.00 per plan
250-499 Lots	250.00 per plan
500 or More Lots	300.00 per plan
Revisions Reviews:	
First & Second Revisions	No Charge
Each Revision Thereafter	50.00 per revision

Other Fees

Public Exhibition of Pyrotechnics	100.00 per event
Environmental Site Assessment Research (one hour minimum)	25.00 per hour
After Hours Inspection – Special Request (two hour minimum)	35.00 per hour
Mass Gathering / Assembly Permit Review	25.00 per permit

Fire Inspection Fees

Day Care, Therapeutic & Group Home Inspection	75.00 per inspect
ABC Inspection	75.00 per inspect
Foster Home Inspection	No Charge
All Other Inspections:	
Initial Inspection	No Charge
Re-Inspection	75.00 per inspect

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There shall be no initial fee for fire inspection of Level I, II, or III properties required under the NC State Fire Code mandatory inspection schedule. Thirty (30) days following the initial fire inspection, a re-inspection shall be conducted by the fire official. If all violations of the fire code have been corrected, no fee shall be imposed. If all violations of the fire code have not been corrected (or a reasonable attempt to correct has not been made), a second notice to comply shall be issued and a fee of $75.00 shall be imposed. Seven (7) days following the issuance of the second order to comply, the fire official shall return for a re-inspection. If all violations have not been corrected, a final notice shall be issued and an additional fee of $150.00 shall be imposed. Seven (7) days following the issuance of the final notice, the fire official shall return for a re-inspection. If all violations have not been corrected, and/or all fees have not been paid, the fire inspector shall initiate criminal proceedings, if necessary, to bring the establishment into compliance with the NC Fire Code.

Civil Penalties and Fines by Violation

Open Burning Violation (Violation of Air Quality or Burn Ban):	
Residential:	
First Offense	Written Notice
Second Offense	50.00 per offense
Third Offense	100.00 per offense
Commercial:	
First Offense	Written Notice
Second Offense	250.00 per offense
Third Offense	500.00 per offense
Chapter 10 Fire Code Violation May be issued without notice after 75 days and three written notices May be issued at first offense for overcrowding.	250.00 per day
Locked Exit/Exit Obstruction: May be issued without notice.	
First Offense	500.00 per offense
Second Offense	1,000.00 per offense
Fire Detection/Protection:	
First Offense	250.00 per offense
Recurring Violations	500.00 per day

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Hazardous Material/Emergency Response Fees

Fire Engine, Ladder Truck, Rescue Apparatus	$250.00 per hour
Ambulance	$150.00 per hour
Ambulance Bus	$225.00 per hour
Support Vehicle(s) (as needed to support operation)	$50.00 per hour
Mobile Command Trailer	$200.00 per hour
Message Board	$15 per hour
Light Tower	$25 per hour
Supplies and Materials (Booms, Suits, Absorbent)	Cost / plus 20%
Cost associated with extended operations	Cost / plus 20%

Special Event Coverage Fee Schedule

ALS Ambulance	$175.00 per hour
BLS Ambulance	$125.00 per hour
Ambulance Bus/MPV	$200.00 per hour
EMS UTV Team	$125.00 per hour
EMS Supervisor and/or Single Resource	$85.00 per hour
Mobile Command Trailer	$200.00 per hour
Support Vehicle(s) (as needed to support operation)	$50.00 per hour

Ambulance Transport Fee Schedule

ALS Non Emergency	$663.94
ALS Emergency	$1051.22
BLS Non Emergency	$553.28
BLS Emergency	$885.24
ALS 2	$1521.50
Specialty Care Transports	$1798.14
Mileage	$18.66/Mile
Hospice ALS Emergency	$525.61
Hospice ALS Non Emergency	$331.97
Hospice BLS Emergency	$442.62
Hospice BLS Non Emergency	$276.64
Hospice Mileage	$9.33/Mile

EMS Non-Transport Fees

ALS Treat No Transport	$245.00
BLS Treat No Transport	$150.00
Lift Assist	$100.00
Lift Assist-Facility	$250.00

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A non-emergent lift assist fee will be assessed to individuals & licensed care facilities each time Caldwell County EMS personnel help pick up a subject that has fallen and has no apparent injuries or emergent medical needs. A lift assist requires no additional medical evaluation or transport to an emergency room, only to lift the resident from one surface (i.e. the floor) to another (i.e. a bed or chair). Individuals will be charged $100.00 per incident after 5 documented public assists in a one (1) year period. The one (1) year period will run by calendar year. Caldwell County EMS will reconcile a monthly report on public assist incidents and bill the individual based on the number of public assist response(s) greater than 5 in the calendar year. Licensed Care Facilities will be charged $250.00 per incident. This charge is intended to be a disincentive for the practice of using publicly- funded emergency services to provide non-emergent assistance to a licensed care facility.

Caldwell County
NORTH CAROLINA
Health Department

FY 2026-2027

ENVIRONMENTAL HEALTH FEE SCHEDULE

SERVICE	Fee
Septic Improvement Permit (Soil Evaluation for single site on property) Non- Refundable $50 Admin Fee	
Up to 480 gpd (up to 4 bedrooms)	$ 225.00
481-900 gpd	$ 275.00
901-3000 gpd	$ 450.00
>3001 gpd	$ 700.00
Septic Construction Authorization (when CA is not issued at same time as Improvement Permit, Redesign, Redraw, or when CA Follows an Improvement Permit ONLY and a separate visit is required to lay in the system)	$ 100.00
EOP Fee- 30% of IP/CA fee (G.S. 130A- 336.1)	30% of IP/CA
Single family residential repair (must meet definition of failing system per .1961 (a)(1))	$ -
Non Residential Repair	1/2 IP/CA
Redraw of CA (no new soil work required)	$ 100.00
Tank Relocation (due to building addition)	$ 125.00
Compliance Visit (to verify setbacks of proposed structures to existing systems)	$ 100.00
Revisit fee (assessed when extra trips are required due to incomplete site preparation)	$ 100.00
Expansion of Existing System (see New Improvement Permit and Construction Authorization)	
Voluntary application change before permit issuance	$ 25.00
Mandated Septic O&M Inspection (15A NCAC 18 .1961) Per Visit	
Type IIIb (single pump)- Every 5 yrs.	$ 100.00
Type IV- Every 3 yrs.	$ 125.00
Type V- Every Year	$ 150.00
Type VI- Twice per year	$ 200.00
Water Supply Wells	
Well Construction Permit	$ 325.00
Well Repair Permit (deepening an existing well)	$ 175.00
Well Abandonment Permit	$ -
Water Samples*	
Bacteria	$ 70.00
Nitrate/Nitrite	$ 70.00
Lead	$ 75.00
Pesticide	$ 124.00
Petroleum	$ 124.00
Inorganic (metals & anions)	$ 115.00
Volatile Organic	$ 124.00

Food, Lodging and Institutions		
Food and Lodging Plan Review	$	250.00
Hotdog Stand Plan Review	$	100.00
Mobile food unit plan review fee	$	150.00
Mobile food unit commissary plan review fee	$	100.00
Temporary Food Establishment (TFE)	$	75.00
Compliance Visit (to inspect existing structures that are proposed food service establishments (pre transitional or pre plan review questions))	$	75.00
Swimming Pool/Spa Inspection		
Year Around	$	225.00
Seasonal	$	175.00
Plan Review	$	250.00
Tattoo Artist		
Annual Permit	$	200.00
Tattoo Event*/Guest Artist**	$	75.00
* Event: >10 artist, <5 days, 1x per year, broken down at the end of the event ** Guest Artist: must be at an existing shop with at least one permitted artist. Permit expires after 2 weeks.		
Other Fees		
Wastewater Administrative Penalty (per day)	$	50.00
Tobacco Use Fine (per day)	$	200.00

CALDWELL COUNTY CLINIC FEE SCHEDULE

FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
Office Visits and Services	10060	I & D, Cyst	$ 69.47	$ 173.68	$ 173.68
	10061	Multi I & D	$ 123.86	$ 309.65	$ 309.65
	10120	Foreign Body Removal, Skin	$ 68.12	$ 170.30	$ 170.30
	11200	Removal of Skin Tags	$ 50.59	$ 126.48	$ 126.48
	11201	Removal Skin Tags Add-on	$ 12.89	$ 32.23	$ 32.23
	11300	Shave Skin Lesion Trunk, Arms or Legs	$ 22.84	$ 57.10	$ 57.10
	11301	Shave Skin Lesion Trunk, Arms or Legs	$ 38.83	$ 97.08	$ 97.08
	11302	Shave Skin Lesion Trunk, Arms or Legs	$ 48.15	$ 120.38	$ 120.38
	11303	Shave Skin Lesion Trunk, Arms or Legs	$ 56.48	$ 141.20	$ 141.20
	11305	Shave Skin Lesion < .5 cm.	$ 28.91	$ 72.28	$ 72.28
	11400	Removal of Skin Lesion	$ 55.14	$ 137.85	$ 137.85
	11401	Excision- Benign Lesion .6-1.0 cm.	$ 102.96	$ 257.40	$ 257.40
	11402	Excision- Benign Lesion 1.1-2 cm.	$ 114.91	$ 287.28	$ 287.28
	11403	Excision- Benign Lesion 2.1-3 cm.	$ 132.48	$ 331.20	$ 331.20
	11404	Excision- Benign Lesion 3.1-4 cm.	$ 150.91	$ 377.28	$ 377.28
	11406	Excision of Benign Skin Lesion over 4 cm	$ 213.73	$ 534.33	$ 534.33
	11420	Remove Skin Lesion <.5 cm.	$ 84.58	$ 211.45	$ 211.45
	11421	Excision-Benign Lesion .6-1cm	$ 110.06	$ 275.15	$ 275.15
	11422	Remove Skin Lesion 1.1-2 cm.	$ 122.96	$ 307.40	$ 307.40
	11426	Remove Skin Lesion >4 cm.	$ 238.20	$ 595.50	$ 595.50
	11730	Avulsion of Nail Plate, partial or complete, simple	$ 72.54	$ 181.35	$ 181.35
	11732	Avulsion of Nail Plate, partial or complete,each a	$ 33.86	$ 84.65	$ 84.65
	11740	Evacuation of Subungual Hematoma	$ 32.81	$ 82.03	$ 32.81
	12001	Repair Superficial Wounds	$ 107.64	$ 269.10	$ 269.10
	12002	Simple Rep Superf Eds Sca Neck Axil Ext Gen Tru	$ 114.76	$ 286.90	$ 286.90
	12004	Simple Rep Superf Eds Sca Neck Axil Ext Gen Tru/ Ex	$ 135.47	$ 338.68	$ 338.68
	12005	Simple Rep Superf Eds Sca Neck Axil Ext Gen Tru/ Ex	$ 168.97	$ 422.43	$ 422.43
	12006	Simple Rep Superf Eds Sca Neck Axil Ext Gen Tru/ Ex	$ 209.91	$ 524.78	$ 524.78
	12007	Simple Rep Superf Eds Sca Neck Axil Ext Gen Tru/ Ex	$ 237.75	$ 594.38	$ 594.38
	17000	Destruction by any method premalignant Lesion	$ 57.13	$ 142.83	$ 142.83
	17003	Destruction by any method including laser	$ 5.55	$ 13.88	$ 13.88
	17110	Destruction Benigh Lesions	$ 78.99	$ 197.48	$ 197.48
	19000	Drain Breast Lesion	$ 83.44	$ 208.60	$ 208.60
	56405	I & D, Vulva/Perineum	$ 84.07	$ 210.18	$ 210.18

CALDWELL COUNTY CLINIC FEE SCHEDULE

FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
	56420	Drain Gland Abscess	$ 96.44	$ 241.10	$ 241.10
	56501	Destruction, Vulva (Lesion)	$ 100.34	$ 250.85	$ 250.85
Office Visits and Other Services	56605	Biopsy of Vulva/Lesion	$ 64.85	$ 162.13	$ 162.13
	56606	Biopsy Vulva/Perineum	$ 30.07	$ 75.18	$ 75.18
	57100	Vaginal Biopsy, Simple	$ 68.73	$ 171.83	$ 171.83
	57105	Vaginal Biopsy, Extensive	$ 104.86	$ 262.15	$ 262.15
	57500	Cervical Biopsy	$ 101.51	$ 253.78	$ 253.78
	59425	Antepartum Care	$ 566.11	$ 1,415.28	$ 1,415.28
	59426	Antepartum Care	$ 1,012.77	$ 2,531.93	$ 2,531.93
	69200	Remove Foreign Body from Ear Canal	$ 88.36	$ 220.90	$ 220.90
	69205	Clear Outer Ear Canal	$ 76.02	$ 190.05	$ 190.05
	69210	Remove Impacted Cerumen	$ 37.03	$ 92.58	$ 92.58
	76857	US Exam Pelvic Limited	$ 80.55	$ 201.38	$ 201.38
	87626	HPV High Risk Vaginal Swab	$ 70.20	$ 175.50	$ 175.50
	90474	Intranasal/Oral Admin	$ 13.71	$ 34.28	$ 34.28
	96110	Developmental Testing	$ 11.99	$ 29.98	$ 29.98
	96127	Emotional Behavior Assessment	$ 5.21	$ 13.03	$ 13.03
	99201	Office Visit-New	$ 62.10	$ 155.25	$ 155.25
	99202	Office Visit-New_low	$ 93.15	$ 232.88	$ 232.88
	99203	Office Visit- New_mod. (FP also)	$ 132.48	$ 331.20	$ 331.20
	99204	Office Visit- New_mod. To high	$ 194.58	$ 486.45	$ 486.45
	99205	Office Visit-New_ Hi	$ 244.26	$ 610.65	$ 610.65
	99211	Office Visit- Est.	$ 34.16	$ 85.40	$ 85.40
	99212	Office Visit-Est_Mod.-Low	$ 56.93	$ 142.33	$ 142.33
	99213	Office Visit-Est_Mod.	$ 78.66	$ 196.65	$ 196.65
	99214	Office Visit-Est_Mod.-Hi	$ 122.13	$ 305.33	$ 305.33
	99215	Office Visit-Est_Hi	$ 182.16	$ 455.40	$ 455.40
	T1002	RN Services up to 15 minutes	$ 18.59	$ 46.48	$ 46.48

CALDWELL COUNTY CLINIC FEE SCHEDULE

FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
PREVENTATIVE SERVICES	99381	Rout. Prev. Visit - New Under 1 YR	$ 90.00	$ 225.00	$ 225.00
	99382	Rout. Prev. Visit- New- 1-4 Yrs.	$ 90.00	$ 225.00	$ 225.00
	99383	Rout. Prev. Visit- New- 5-11 Yrs.	$ 154.00	$ 385.00	$ 385.00
	99384	Rout. Prev. Visit- New- 12-17 Yrs.	$ 169.00	$ 422.50	$ 422.50
	99385	Rout. Prev. Visit- New- 18-39 Yrs.	$ 167.00	$ 417.50	$ 417.50
	99386	Rout. Prev. Visit- New- 40-64 Yrs.	$ 199.00	$ 497.50	$ 497.50
	99387	Rout. Prev. Visit- New- 65 Yrs. +	$ 215.00	$ 537.50	$ 537.50
	99391	Rout. Prev. Visit- Est. - Under 1 Yr.	$ 90.00	$ 225.00	$ 225.00
	99392	Rout. Prev. Visit- Est. - 1-4 Yrs.	$ 90.00	$ 225.00	$ 225.00
	99393	Rout. Prev. Visit- Est. - 5-11 Yrs.	$ 126.00	$ 315.00	$ 315.00
	99394	Rout. Prev. Visit- Est. - 12-17 Yrs.	$ 146.00	$ 365.00	$ 365.00
	99395	Rout. Prev. Visit- Est. - 18-39 Yrs.	$ 142.00	$ 355.00	$ 355.00
	99396	Rout. Prev. Visit- Est. - 40-64 Yrs.	$ 158.00	$ 395.00	$ 395.00
	99397	Rout. Prev. Visit- Est.-65Yrs. +	$ 175.00	$ 437.50	$ 437.50
	99401	Preventative Medicine Counseling	$ 32.94	$ 82.35	$ 82.35
Telephone codes	99441	Telephonic E/M 5-10 Minutes	$ 45.54	$ 113.85	$ 113.85
	99442	Telephonic E/M 11-20 Minutes	$ 62.90	$ 157.25	$ 157.25
	99443	Telephonic E/M 21-30 Minutes	$ 97.70	$ 244.25	$ 244.25
PRENATA;/ POST NATAL	0501F	Prenatal Flowsheet			
	59430	Postpartum Care Only, Separate Proc	$ 181.66	$ 454.15	$ 454.15
	76801	OB US < 14 wks Single Fetus	$ 105.27	$ 263.18	$ 263.18
	76802	OB US, Pregnant Uterus, Real Time	$ 59.91	$ 149.78	$ 149.78
	76805	OB US>/= 14 wks Single Fetus	$ 117.09	$ 292.73	$ 292.73
	76810	OB US >/= 14 wks Added Fetus	$ 78.82	$ 197.05	$ 197.05
	76811	OB US Detailed Single Fetus	$ 165.57	$ 413.93	$ 413.93
	76812	OB US Detailed Added Fetus	$ 162.09	$ 405.23	$ 405.23
	76815	OB US Limited Fetus(s)	$ 72.91	$ 182.28	$ 182.28
	76816	OB US Follow-up per Fetus	$ 89.63	$ 224.08	$ 224.08
	76817	Transvaginal Us - Obstetric	$ 81.41	$ 203.53	$ 203.53
	76819	Fetal Biophysical Profile	$ 75.32	$ 188.30	$ 188.30
	76830	GYN US, Transvaginal	$ 95.90	$ 239.75	$ 239.75
	99501	Home Visit Postnatal Assessment	$ 58.29	$ 145.73	$ 145.73
	99502	Home Visit for Newborn Assessment	$ 60.00	$ 150.00	$ 150.00
	Q3014	Telecommunications	$ 22.94	$ 57.35	$ 57.35
MEDICARE	G0438	Initial Visit/Annual Wellness Visit	$ 175.00	$ 175.00	$ 175.00
	G0439	Subseq Annual Wellness Visit	$ 175.00	$ 20.00	$ 175.00
	G0008	Admin Influenza Vaccine	$ 17.55	$ 17.55	$ 17.55
	G0009	Admin Pneumococcal Vaccine	$ 17.55	$ 17.55	$ 17.55
	G0010	Admin Hep B Vaccine	$ 17.55	$ 17.55	$ 17.55

CALDWELL COUNTY CLINIC FEE SCHEDULE

FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
LAB TESTS	36415	Routine Venipuncture	$ 2.78	$ 6.95	$ 6.95
	36416	Routine Capillary Blood Draw	$ 2.78	$ 6.95	$ 6.95
	85018	Hemoglobin Fingersticks	$ 3.01	$ 7.53	$ 7.53
	80053	B/C Metabolic Panel		ref lab	Billing done by ref lab
	80061	Lipid Profile		ref lab	Billing done by ref lab
	80076	Hepatic Function Panel		ref lab	Billing done by ref lab
	81001	Urinalysis, Auto W/Scope		ref lab	Billing done by ref lab
	81002	Urinalysis Routine w/o Microscopy		ref lab	Billing done by ref lab
	81003	Urinalysis, Auto W/O Scope		ref lab	Billing done by ref lab
	81025	Urine Pregnancy Test		ref lab	Billing done by ref lab
	82270	Occult		ref lab	Billing done by ref lab
	82677/86336	Quad Screen		ref lab	Billing done by ref lab
	82947	Blood Sugar		ref lab	Billing done by ref lab
	82950	O'Sullivan		ref lab	Billing done by ref lab
	82951	OGTT		ref lab	Billing done by ref lab
	83021	Hempglobinopathy		ref lab	Billing done by ref lab
	83036	Hemoglobin A1C		ref lab	Billing done by ref lab
	83655	Blood Lead		ref lab	Billing done by ref lab
	84443	TSH		ref lab	Billing done by ref lab
	85018	HGB (QW)		ref lab	Billing done by ref lab
	85025	CBC w/ Diff		ref lab	Billing done by ref lab
	86280	Influenza Culture		ref lab	Billing done by ref lab
	86592	RPR Syphillis		ref lab	Billing done by ref lab
	86803	Hep C Screen		ref lab	Billing done by ref lab
	86850	Antibody Screen		ref lab	Billing done by ref lab
	86703	HIV 1 & 2		ref lab	Billing done by ref lab

CALDWELL COUNTY CLINIC FEE SCHEDULE
FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
	86762	Rubella Titer		ref lab	Billing done by ref lab
	86787	Varicella-Zoster Antibody		ref lab	Billing done by ref lab
	86901	Blood Type / RH Factor		ref lab	Billing done by ref lab
	87071	Bacteria Aerobic Culture		ref lab	Billing done by ref lab
	87081	Culture Screen Only		ref lab	Billing done by ref lab
	87086	Urine Culture		ref lab	Billing done by ref lab
	87150	Group B Strep		ref lab	Billing done by ref lab
	87184	Strep Group B Reflex to Sus		ref lab	Billing done by ref lab
	87205	Gram Stain		ref lab	Billing done by ref lab
	87210	Wet Mount Saline/Ink		ref lab	Billing done by ref lab
	87340	Hep B Screen		ref lab	Billing done by ref lab
	87491/87591	CT/GC		ref lab	Billing done by ref lab
	87529	HSV		ref lab	Billing done by ref lab
	87804	Rapid Flu Test		ref lab	Billing done by ref lab
	87880	Rapid Strep Test		ref lab	Billing done by ref lab
	88142	Cytopath, C/V Thin Layer		ref lab	Billing done by ref lab
	88164	Cytopath TBS C/V Manual		ref lab	Billing done by ref lab
	90380	Beyfortus .5 mL		*TBD	*TBD
	90381	Beyfortus 1 mL		*TBD	*TBD
	90471	Immun. Administration (1 vaccine)	$ 13.71	$ 34.28	$ 34.28
	90472	Immunizations Admin, Each Add	$ 13.71	$ 34.28	$ 34.28
	90480	Covid Vaccine Administration	$ 65.00		$ 162.50
	90619	MenQuadfi Meningococcal			*TBD
	90620	Meningitis B (bexsero)		*TBD	*TBD
	90632	Hep. A Vaccine Adult IM		*TBD	*TBD
	90633	Hep A Vaccine Ped/Adol 2 dose		*TBD	*TBD
	90636	HepA/Hep B Vaccine Adult IM		*TBD	*TBD
	90647	Influenza B			*TBD
	90648	ACTHIV		*TBD	*TBD
	90651	Gardasil 9		*TBD	*TBD
	90656	Influenza (PFS)		*TBD	*TBD
	90662	Influenza- High Dose (PFS)		*TBD	*TBD
	90670	Pneumococcal-infant or toddler (Prevnar		*TBD	*TBD

CALDWELL COUNTY CLINIC FEE SCHEDULE

FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
VACCINES	90675	Rabies Vaccine		*TBD	*TBD
	90677	Prevnar 20			*TBD
	90678	Abrysvo		*TBD	*TBD
	90680	Rotavirus (3 dose oral)		*TBD	*TBD
	90696	DTaP-IPV (Kinrix)		*TBD	*TBD
	90698	DTAP-HIB-IP vaccine IM		*TBD	*TBD
	90700	Pediarix		*TBD	*TBD
	90707	MMR Vaccine SC		*TBD	*TBD
	90713	POLIO IPV		*TBD	*TBD
	90714	TD Vaccine		*TBD	*TBD
	90715	TDAP Vaccine		*TBD	*TBD
	90716	Varicella Vaccine SC		*TBD	*TBD
	90723	Pediarix		TBD	*TBD
	90732	Pneumococcal Vaccine		*TBD	*TBD
	90734	Meningococcal, Vaccine, IM		*TBD	*TBD
	90744	Hep B Pediatric			*TBD
	90746	Hep. B Vaccine Adult IM		*TBD	*TBD
	91321	COVID Vaccine Peds			*TBD
	91322	COVID Vaccine Adult			*TBD
	95115	Immunotherapy, One Injection		*TBD	$ 21.48
	95117	Immunotherapy Injections		*TBD	$ 26.03
	J2790	Rhogam Globulin Injection	$ 81.16	$ 85.63	$ 202.90

***CCHD is authorized to offer vaccines based on public demand and need. The fee for each vaccination is the cost of the vaccine plus a flat Administrative fee of $25.00. Please call 828-426-8464 for the current pricing of each vaccine.**

ICES	11981	Implant Insertion	$ 101.87	$ 254.68	$ 254.68
	11982	Implant Removal	$ 117.41	$ 293.53	$ 293.53
	11983	Implant Removal w/Insertion	$ 182.72	$ 456.80	$ 456.80
	57452	Exam Cervix W/Scope	$ 85.22	$ 213.05	$ 213.05
	57454	Bx/Curett of Cervix W/Scope	$ 120.87	$ 302.18	$ 302.18
	57460	Bx of Cervix W/Scope "Leep"	$ 229.65	$ 574.13	$ 574.13
	57511	Cryocautery of Cervix	$ 112.58	$ 281.45	$ 281.45
	58100	Biopsy Uterus Lining	$ 85.88	$ 214.70	$ 214.70
	58300	IUD Insertion	$ 60.97	$ 152.43	$ 152.43
	58301	IUD Removal	$ 74.87	$ 187.18	$ 187.18
	86580	PPD (patient pay or billed)	$ 30.00	$ 30.00	$ 30.00
	92551	Pure Tone Hearing Test, Air	$ 8.27	$ 20.68	$ 20.68

CALDWELL COUNTY CLINIC FEE SCHEDULE
FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
OTHER CLINICAL SERV	96127	0-5 year olds; 6-10 year olds (PSC) PSC-Y, ADHD, Depression, Anxiety	$ 5.21	$ 13.03	$ 13.03
	96160	Bright Futures Supplemental Adolescent Questionnaires	$ 3.74	$ 9.35	$ 9.35
	96161	1-6 month olds (edinburg or PHQ-2/PHQ-9)	$ 3.74	$ 9.35	$ 9.35
	96372	Ther/Prophy/Diaf Inj SC/IM	$ 17.04	$ 42.60	$ 42.60
	99070	Supplies/Materials (Non routine)		$ 24.28	$ 24.28
	99173	Screening Test Visual Acuity	$ 8.27		$ 20.68
	99406	Intermediate Smoking & Tobacco Cessation <10 min	$ 14.29	$ 35.73	$ 35.73
	99407	Intensive Smoking & Tobacco Cessation >10min	$ 26.75	$ 66.88	$ 66.88
	99408	Alcohol/Substance Abuse Screening 15-30 min	$ 33.71	$ 84.28	$ 84.28
	99409	Alcohol/Substance Abuse Screening >30 min	$ 64.60	$ 161.50	$ 161.50

OTHER CLINICAL SERVICES	J1050	Depo Injection		*TBD	*TBD
	J3490	Unclassified Drug Injection	$ 20.00		$ 20.00
	J7296	IUD-Kyleena		*TBD	*TBD
	J7297	IUD-Liletta		*TBD	*TBD
	J7298	IUD-Mirena		*TBD	*TBD
	J7300	IUD-Paraguard		*TBD	*TBD
	J7301	IUD-Skyla		*TBD	*TBD
	J7302	IUD Device		*TBD	*TBD
	J7307	Implant (Nexplanon)		*TBD	*TBD
	LU018	Copy of Documents or Medical Records	$ 0.25	$ 0.25	$ 0.25
	LU021	Complete Form Verify Exam	$ 15.00	$ 15.00	$ 15.00
	LU031	Returned Check Fee	$ 25.00	$ 25.00	$ 25.00
	LU402	Medicaid Co Pay	$ 4.00	$ 4.00	$ 4.00
	S0280	PMH Risk Screening	$ 70.00	$ 73.50	$ 70.00
	S0281	PMH Postpartum Visit	$ 210.00	$ 220.50	$ 210.00
	S4993	Contraceptive Pills for BC	$ 3.00	$ 3.00	$ 3.00
	S9442	Birthing Class 1 unit = 15 minutes	$ 8.69	$ 21.73	$ 8.69
	99000	Specimen Handling- Biospy Collection	$ 40.00	$ 40.00	$ 40.00
	Q3014	Telehealth Facility Fee	$ 22.94	$ 57.35	$ 57.35

* dentoes a 340B Drug--price will flucuate with each order.

		NON SLIDING FLAT FEES			

CALDWELL COUNTY CLINIC FEE SCHEDULE

FY 2026-2027

	CPT CODE	DESCRIPTION	MEDICAID RATE	PROPSED FEE	FEE
NON SLIDING FLAT FEES	LU281	Sports Physical		$ 50.00	$ 50.00
	LU282	Kinder/Daycare Physical		$ 50.00	$ 50.00
	LU283	Adult Physical with provider approval		$ 100.00	$ 100.00
	LU284	Medication Refill (labs not covered in fee)		$ 20.00	$ 20.00
	LU285	Sick/Problem Visit (routine labs covered in fee)		$ 20.00	$ 50.00
	LU286	Headcheck		$ 20.00	$ 20.00
	86580	TB Skin Test		$ 20.00	$ 20.00
		In-House Labs: NON SLIDING FLAT FEE			
	81003QW	Urine Analysis		$ 3.00	$ 3.00
	81002	Urine 2 dip		$ 2.00	$ 2.00
	87880	Rapid Strep		$ 3.00	$ 3.00
	87804	FluTest (see billing note)		$ 16.00	$ 16.00
	87365	Rapid Covid-19 Test		$ 41.00	$ 41.00
	82947QW	Blood Sugar		$ 3.00	$ 3.00
	87420	RSV		$ 15.00	$ 15.00

To bill for Flu Testing: There is one test for two strains.
strain A is billed with CPT Code 87804 with QW modifier
Strain B is billed with CPT Code 8708 with QW and 76 modifiers
For non-sliding appts-the fee is $7.50 per test

DENTAL FEE SCHEDULE
FY 2026-2027

CPT CODE	DESCRIPTION	FEE
D0120	Oral Exam Periodic	$ 70.93
D0140	Oral Exam-Emer.	$ 101.10
D0150	Oral Exam Initial	$ 122.68
D0170	Re-Evaluation	$ 79.00
D0210	Introral-Complete Seris including Bitewings	$ 197.43
D0220	Intraoral Periapical First F	$ 41.00
D0230	Pax Film - Add	$ 33.08
D0240	Intraoral - occlusal radiographic image	$ 43.95
D0270	Bitewing - 1	$ 31.18
D0272	Bitewing - 2	$ 50.88
D0273	Bitewings=Three Films	$ 69.48
D0274	Bitewing - 4	$ 88.23
D0330	Panoramic Film	$ 162.95
D0414	Laboratory Processing of Microbial specimen	$ 133.83
D0460	Pulp Vitality Test	$ -
D0470	Diagnostic Cast	$ 117.65
D1110	Prophylaxis Adult	$ 104.78
D1120	Prophylaxis Child	$ 74.83
D1206	Topical Fluoride Varnish	$ 43.23
D1208	Topical application of fluoride	$ 44.10
D1351	Sealant/Tooth	$ 78.60
D1354	Interim Caries arresting medicament application-per tooth	$ 27.50
D1510	Space maintainer - fixed - unilateral	$ 525.15
D1575	Distal shoe space maintainer- fixed-unilateral	$ 525.15
D2140	Amalgam - 1, Perm.	$ 195.30
D2150	Amalgam - 2, Perm.	$ 247.48
D2160	Amalgam - 3, Perm.	$ 286.53
D2161	Amalgam - 4+, Perm.	$ 316.53
D2330	Resin- 1 Surface Anterior	$ 181.23
D2331	Resin- 2 Surface Anterior	$ 223.88
D2332	Resin- 3 Surface Anterior	$ 264.65
D2335	Resin- 4 or More Surface Anterior	$ 335.25
D2390	Resin Based Composite Crown-Anterior	$ 476.58
D2391	Resin- 1 Surface Posterior	$ 209.00
D2392	Resin- 2 Surfaces Posterior	$ 277.30

DENTAL FEE SCHEDULE
FY 2026-2027

CPT CODE	DESCRIPTION	FEE
D2393	Resin- 3 Surfaces Posterior	$ 337.25
D2394	Resin- 4+ Surfaces Posterior	$ 408.65
D2930	SS Crown, Prim.	$ 396.78
D2931	SS Crown, Perm.	$ 426.70
D2932	Prefabricated resin crown	$ 466.18
D2933	Resin Based Composite-Three Surfaces, Posterior	$ 337.25
D2934	Resin-Based Composite 4 or more surfaces posterior	$ 408.65
D2940	Protective Restoration	$ 109.38
D2950	Core buildup, including any pins	$ 270.20
D2951	Pin Retention- per tooth	$ 65.63
D3220	Pulpotomy	$ 223.00
D3222	Partial Pulpotomy for apexogenesis	$ 216.33
D3230	Pulpal therapy (resorbable filling)- anterior, primary tooth	$ 393.85
D3240	Pulpal Therapy - Posterior Tooth	$ 525.15
D3310	Endodontic therapy, anterior tooth	$ 779.85
D3320	Endodontic therapy, bicuspid tooth	$ 921.60
D3330	Endodontic therapy, molar	$ 1,127.23
D4210	Gingival flap procedure, including root planing- 4+ per quadrant	$ 683.43
D4211	Gingival flap procedure, including root planing- 1-3 per quadrant	$ 253.80
D4241	Gingival Flap Procedure 1-2 continuous Teeth per Quadriant	$ 680.58
D4341	Periodontal scaling and root planing- four or more contiguous teeth per quadrant	$ 276.48
D4342	Periodontal scaling and root planing- one to three teeth per quadrant	$ 160.83
D4346	Perio Scaling Gross	$ 104.78
D4355	Debridement	$ 185.28
D4910	Periodontal Maintenance	$ 136.38
D5410	Adjust complete denture- maxillary	$ 87.48
D5411	Adjust complete denture- mandibular	$ 87.48
D5421	Adjust partial denture- maxillary	$ 87.48

DENTAL FEE SCHEDULE
FY 2026-2027

CPT CODE	DESCRIPTION	FEE
D5422	Adjust partial denture- mandibular	$ 87.48
D6985	Pediatric Partial Denture, Fixed	$ 943.08
D7111	Extraction. Coronal Remnants	$ 141.80
D7140	Extraction	$ 174.73
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	$ 300.38
D7220	Removal of impact tooth- soft tissue	$ 341.73
D7230	Removal of impact tooth- partially bony	$ 456.48
D7240	Removal of impacted tooth- completely bony	$ 531.73
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$ 581.33
D7285	Biopsy of oral tissue- hard (bone, tooth)	$ 375.68
D7286	Biopsy of oral tissue- soft (all others)	$ 297.50
D7310	Alveoloplasty in conjunction with extractions 4+ tooth spaces, per quadrant	$ 283.05
D7311	Alveoloplasty in conjunction with extractions 1-3 tooth spaces, per quadrant	$ 264.65
D7410	Excision of benign lesion up to 1.25 com	$ 444.05
D7450	Removal of benign odontogenic cyst or tumor	$ 488.90
D7510	Incision and drainage of abscess- intraoral soft tissue	$ 305.25
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	$ 347.38
D7971	Excision of Pericoronal Gingiva	$ 420.13
D9110	Palliative (emergency) treatment of dental pain - minor procedure	$ 117.08
D9230	Inhalation of nitrous oxide/anziolysis, analgesia	$ 118.18
D9995	Teledentistry -synchronous; real-time encounter	$ 164.08

Caldwell County Public Library

Fee structure:
Partially Fine Free Materials: audiobooks, audio-enabled books, books, DVDs, and magazines

Materials with Fines: backpacks, board games, launchpads, puzzles, and video games.

- No fines for 30 days.
- Items not returned after 30 days will be considered lost, and the full replacement value of the item(s) will be charged against the customer's account.
- However, if items are returned in good condition after 30 days, there will be no replacement fees or late fines for those items.
- Items that are long overdue (more than 6 months) may be accepted without fines or fees at the discretion of the Library Director.
- Items that are damaged beyond repair will be charged to the customer's account at full replacement value.

Item	Overdue fees per day
Backpacks	**$1**
Boardgames/Puzzles	**$0.50**
Launchpad	**$0.50**
Video Games	**$0.50**

Service Fees

- Printing/Copying - per page: $0.25 for black and white and $0.50 for color

Incidental Fees

- Lost card fee: $1
- Earbuds fee: $2
- Flash Drive fee: $2

Caldwell County
NORTH CAROLINA

PLANNING DEPARTMENT

Rezoning	$650.00
Special Use Permit	425.00
Variance	425.00
Cell Tower Application (New Tower)	5,000.00
Cell Tower Modification	1,000.00
Cell Tower Co-Location	0
Zoning Ordinance Copy	35.00
Other Ordinance Copy	20.00
Preliminary Plat Review	250.00+5.00 per lot
Final Plat Review	200.00+5.00 per lot
Minor Plat Review	65.00
Family Plat Review	65.00
Bond Review	100.00
Exempt Plat Review	25.00
Zoning Map (Large)	25.00
Zoning Map (Small)	10.00
Custom Map (Large)	25.00
Custom Map (Small)	10.00
Residential Zoning Permit	25.00
Zoning Permit Requiring Site Plan	50.00
Zoning Verification Letter	20.00
Text Amendment Request	560.00

*Caldwell County takes cash, check, and credit/debit cards (All major credit cards accepted).

PUBLIC RECORDS REQUESTS

Duplication and Mailing Fees; Special Service Charges:

If the requestor has asked for copies of the public records to be produced in writing, then prior to the release of copies, the County will collect any applicable duplication and delivery fees. **The County will not charge for the costs of paper copies unless they exceed 25 pages.** The following is the current fee schedule for copies of public records:

- 8 ½ x 11" single-sided hardcopy: $0.10 per page (Black and White) and $0.25 per page (Color)
- DVD Duplication of Meeting: At-cost for purchase of the DVD
- USB flash drive: At-cost for purchase of the USB flash drive, dependent on size of the USB flash drive needed
- Standard US Postal Service first-class mailing fees will be charged for mailing copies of public records to any requester, except that the County will not charge for mailings that cost less than $0.70

A special service charge may apply if:

- Responding to the records request requires extensive use of information technology resources or extensive clerical or supervisory assistance by County personnel, and/or
- Producing the records in the particular medium requested results in a greater use of information technology resources than that established by the County for reproduction of the volume of information requested. See G.S. §132-6.2(b).

**Multiple requests within a short period of time from the same individual or organization may be considered a single request for purposes of determining whether a special service charge is applicable. The special service charge will be reasonable and no greater than the actual costs incurred. The County will work with the requestor to execute a contract agreeing to the special service charge, with a 50-percent deposit required prior to staff beginning the process of fulfilling the request.

REGISTER OF DEEDS

FY 2026-2027

Description	Fee
Deed of Trust 1-35 Pages	$64.00
Deed of Trust Additional Pages Over 35	$4.00
Deeds and All Other Real Estate Documents and Instruments 1-15 Pages	$26.00
Deeds and All Other Real Estate Documents and Instruments Additional Pages Over 15	$4.00
Multi-Instrument Fee***	$10.00
Additional Indexing Cross Reference on an Assignment	$10.00
Excise Tax	$1.00 on Each $500.00 or Fractional Part Thereof of the Consideration or Value of the Interest Conveyed
Excessive Recording Data	$2.00 for Each Party Listed in the Instrument in Excess of 20
Satisfaction/Cancellation of Deed of Trust	No Charge
Non-Standard Document Fee	$25.00
Plats- 1st Page	$21.00
Plats- Each Additional Page	$21.00
Plats- Certified Copy	$5.00
Plats- Uncertified Copy	$2.00
Uniform Commercial Code Filings (Initial Corrections, Amendments, & Terminations. Fixture Filing Only)	1-2 Pages $38.00 3-10 Pages $45.00 Over 10 Pages $45.00 +$2.00 each page over 10

Marriage License	$60.00
Certified Copy of Marriage License	$10.00
Certified Copy of Birth/Death Certificate	$10.00
Birth/Death Certificate Amendment (Payable to State of NC)	$15.00
Birth/Death Certificate Amendment (Payable to State of NC)	$15.00
Notary- Oaths	$10.00
Notary- Verification of Commission	$5.00
Request for Uncertified Copies	$0.25
Request for Certified Copies- 1st Page	$5.00
Request for Certified Copies- Each Additional Page	$2.00

** Two or more recordings combined into one document to be indexed separately.

Passport Fees

Description	Fee
Passport Book (16 & Up)*	$130.00
Passport Book (Under 16)*	$100.00
Passport Card (16 & Up)*	$30.00
Passport Card (Under 16)*	$15.00
New Application Execution Fee	$35.00
Photo Fee	$15.00

CALDWELL COUNTY SHERIFF'S OFFICE
SHERIFF KEVIN H. BEAN
2351 MORGANTON BLVD. SW * LENOIR, NC 28645
PHONE: 828-758-2324 * FAX: 828-757-8685

2026-2027
CALDWELL COUNTY SHERIFF'S OFFICE
TABLE OF FEES

CIVIL FEE	$30.00 PER PERSON SERVED
CONCEALED CARRY PERMIT	$90.00
CONCEALED CARRY PERMIT RENEWAL	$75.00
CONCEALED CARRY PERMIT DUPLICATE	$15.00
ARREST REPORT COPIES	$4.00 PER COPY
INCIDENT REPORT COPIES	$4.00 PER COPY
ATTORNEY CHECK FEES	$4.00
CALLS FOR SERVICE/CAD REPORT	$4.00
DVO STORAGE FEE	$1.00 A DAY PER GUN UP TO 4 GUNS $.65 PER GUN THEREAFTER
IN COUNTY FINGERPRINTS	$7.00
OUT OF COUNTY FINGERPRINTS	$15.00
NOTARY SERVICE FEE	$5.00
AUDIO RECORDING FEE	$10.00
RETURN CHECK FEE	$35.00 PER CHECK
TRESPASS SIGNS	$2.00 PER SIGN

Caldwell County does not discriminate on the basis of race, color, national origin, sex religion, age, or disability in employment or the provision of services.

TAX OFFICE

Description	Fee
8 ½ X 11 B/W Copies	1st copy free then $0.25 per copy
8 ½ X 11 Color Copies	$1.00 per copy
11 X 17 B/W Copies	$1.00 per copy
11 X 17 Color Copies	$3.00 per copy
18 X 24 B/W or Color Copies	$5.00 per copy
24 X 36 B/W or Color Copies	$5.00 per copy
36 X 48 B/W or Color Copies	1st copy $10.00 then $5.00 per copy

Commissioners
Randy T. Church, Chairman
Mike LaBrose, Vice Chairman
Jeff Branch
Donnie Potter
Patrick Starnes

Shane Fox, County Manager

County of Caldwell
PO Box 2200
Lenoir, NC 28645
Phone (828) 757-1300
Fax (828) 757-1295

www.caldwellcountync.org

RATE AND FEE SCHEDULE
JULY 1, 2026 – JUNE 30, 2027

Tap Fees

¾" W/ Meter	$1,500.00	4" W/ Meter	$10,000.00	6" Tap Only	$6,000.00
1" W/ Meter	$1,800.00	4" Tap Only	$5,000.00	8" W/ Meter	$18,000.00
2" W/ Meter	$4,500.00	6" W/ Meter	$12,000.00	8" Tap Only	$7,000.00
				12" Tap Only	$8,000.00

- **Certain commercial/industrial water service connections may require customer-provided "RPZ"/back-flow prevention appurtenances**

Water Rates

Residential		Business	
0-99 gallons (availability fee)	$18.05	0-99 gallons (availability fee)	$18.05
100-3000 gallons	$18.05 + 13.10 = $31.15	100-3000 gallons	$18.05 + 15.20 = $33.25
All over 3,000 gallons	$6.80 per 1,000	All over 3,000 gallons	$7.05 per 1,000

Fire Department Water Rates

Fire Departments	$33.25	Fire Departments Fire Suppression	No Charge

Caldwell County
NORTH CAROLINA
Water Department

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RATE AND FEE SCHEDULE
JULY 1, 2024 – JUNE 30, 2025

Penalty Fees

Late Payment	**$20.00 per month**
Returned Check	**$25.00**
Reconnection During Business Hours	**$50.00**
Reconnection After Business Hours	**$65.00**
Damage to County Owned Service Appurtenances	**$25.00** + labor & materials

Fees for Services Rendered

Flow Test	**$250.00**	**Account Transfer**	**$50.00 (nonrefundable)**
Relocation of Meter	**$350.00**	**Renter Deposit**	**$100.00 (refundable)**
Relocation of Hydrant	**$1,000.00**	**Meter Exchange Customer Request**	**$25.00**
Admin. Fee:	**10% of amount collected**	**Hydrant Meter Deposit**	**$150.00 (refundable)**

Caldwell County
NORTH CAROLINA
Water Department