

ARKANSAS DEPARTMENT OF HEALTH

PROJECT COST ESTIMATE WORKSHEET

As required by A.C.A. § 20-7-123, this worksheet must be completed and submitted with the estimated fee or \$500 paid

PROJECT NAME _____

PROJECT ID# (ADH Use Only)

COUNTY _____

PROJECT LOCATION (911 if available) _____

CITY, STATE, ZIP _____

OWNER/SUBMITTER NAME _____ TELEPHONE _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

COST ESTIMATE: ESTIMATED COST SHALL BE BASED ONLY ON THOSE IMPROVEMENTS THAT REQUIRE A DEPARTMENT OF HEALTH REVIEW.

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|---|-----------------|
| 1. WATER SYSTEM IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding water system improvements ENG (501) 661-2623</i> | |
| 2. SEWER SYSTEM IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding sewer system improvements ENG (501) 661-2623</i> | |
| 3. PLUMBING..... | \$ _____ |
| <i>For questions regarding plumbing plans (501) 661-2642</i> | |
| 4. SWIMMING POOL..... | \$ _____ |
| <i>For questions regarding swimming pool plans (501) 661-2171</i> | |
| 5. FOOD ESTABLISHMENT IMPROVEMENTS..... | \$ _____ |
| <i>For questions regarding food establishment plans (501) 661-2171</i> | |
| 6. HEALTH FACILITY IMPROVEMENTS | \$ _____ |
| <i>For questions regarding health facility improvements (501) 661-2201</i> | |
| 7. OTHER..... | \$ _____ |
| TOTAL ESTIMATED COST..... | \$ _____ |

- | | |
|--|-----------------|
| A. PLAN REVIEW FEE:..... | \$ _____ |
| <i>1% of total est. cost, not less than \$50.00 and not to exceed \$500.00. (see #1 on reverse side)</i> | |
| B. PLAN REVIEW FEE for INDIVIDUAL ONSITE WASTEWATER SYSTEMS..... | \$ _____ |
| <i>For individual sewage disposal system permits; and for subdivisions whose lots are < 3 acres, and mobile home & RV trailer parks utilizing individual sewage disposal systems (see #2 on reverse side)</i> | |
| TOTAL FEES SUBMITTED | \$ _____ |
| <i>(Add A & B)</i> | |

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY: _____ DATE _____

EXPLANATION OF PLAN REVIEW FEES

#1) A.C.A. § 20-7-123 establishing a fee for the review of plans and specifications which are required by law or regulation to be reviewed by the Department. **(Line items # 1,2,3,4,5,6,7 on page 1)** The fee is 1% of the estimated cost of improvements, with a minimum fee of \$50.00 and a maximum fee of \$500.00. An Engineering estimate must accompany the plans unless the maximum fee of \$500.00 is paid.

IF TOTAL ESTIMATED COST IS \$5,000.00 OR LESS, REVIEW FEE IS \$50.00.
 IF TOTAL ESTIMATED COST IS \$50,000.00 OR MORE, REVIEW FEE IS \$500.00.
 IF TOTAL ESTIMATED COST IS BETWEEN \$5,000.00 AND \$50,000.00, CALCULATE AS FOLLOWS:

PLAN REVIEW FEE = (0.01) x (TOTAL ESTIMATED COST) = \$ _____

#2) A.C.A. § 14-236-116 to establish a review fee for subdivisions whose lots are < 3 acres which utilize individual sewage disposal systems and for individual sewage disposal system permits.

SUBDIVISIONS on INDIVIDUAL SEWAGE SYSTEMS:

FIRST LOT @ \$100.00	= \$	100
ADDITIONAL LOTS @ \$25.00/each.....	= \$	_____
TOTAL	= \$	_____

(MAXIMUM FEE = \$1500.00)

INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

1500 SQ.FT. OR LESS	= \$30
1501 – 2000 SQ.FT.	= \$45
2001 – 3000 SQ.FT.	= \$90
3001 - 4000 SQ.FT.	= \$120
4001 SQ.FT. & GREATER	= \$150
ALTERATION, REPAIR, OR EXTENSION	= \$30

SQUARE FOOTAGE DOES NOT INCLUDE GARAGES, CARPORTS, PORCHES OR SIMILAR AREAS

#3) A.C.A. § 20-27-1201 established a review fee for Mobile Home Parks and Travel Trailer Parks utilizing septic systems for sewage disposal based on the number of spaces:

MOBILE HOME & TRAVEL TRAILER PARKS ON INDIVIDUAL SEWAGE DISPOSAL SYSTEMS:

2-25 SPACES.....	\$25.00
26-50 SPACES.....	\$50.00
51-75 SPACES.....	\$75.00
76 OR MORE.....	\$100.00