

**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 appropriate fee(s)

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 _____

EMAIL _____

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

- 1. WATER SYSTEM IMPROVEMENTS..... \$ _____
For questions regarding water system improvements ENG (501) 661-2623
- 2. SEWER SYSTEM IMPROVEMENTS..... \$ _____
For questions regarding sewer system improvements ENG (501) 661-2623
- 3. PLUMBING..... \$ _____
For questions regarding plumbing plans (501) 661-2650
- 4. SWIMMING POOL..... \$ _____
For questions regarding swimming pool plans (501) 661-2171
- 5. FOOD ESTABLISHMENT IMPROVEMENTS..... \$ _____
For questions regarding food establishment plans (501) 661-2163
- 6. HEALTH CARE FACILITY IMPROVEMENTS..... \$ _____
For questions regarding health care facility improvements (501) 661-2201
- 7. OTHER..... \$ _____

- TOTAL ESTIMATED COST..... \$ _____**

- A. PLAN REVIEW FEE..... \$ _____
1% of total est. cost, not less than \$50.00 and not to exceed \$500.00. (see #1 on page 2)
- B. PLAN REVIEW FEE..... \$ _____
For plans utilizing onsite wastewater systems including subdivisions containing lots < 3 acres, mobile home and RV parks. (see #2 on page 2)

TOTAL FEES SUBMITTED \$ _____
(Add A & B) Recommend (A) & (B) be separate checks made payable to ADH.

PREPARED BY: _____ DATE _____

PRINT NAME: _____

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 establishing a fee for the review of plans for subdivisions containing lots <3 acres utilizing individual onsite wastewater systems.

SUBDIVISIONS on INDIVIDUAL ONSITE WASTEWATER SYSTEMS:

FIRST LOT @ \$100.00.....\$ 100
ADDITIONAL LOTS @ \$25.00/each.....\$ _____
TOTAL.....=\$ _____
(MAXIMUM FEE = \$1500.00)

#3) A.C.A. § 20-27-1201 established a review fee for Mobile Home Parks and Recreational Vehicle Parks utilizing onsite wastewater systems and is based on the number of spaces.

MOBILE HOME & RECREATIONAL VEHICLE PARKS UTILIZING ONSITE WASTEWATER SYSTEMS:

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