

**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.

- 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) 661-2642
- 4. SWIMMING POOL..... \$ _____
For questions regarding swimming pool plans (501) 661-2171
- 5. FOOD ESTABLISHMENT IMPROVEMENTS..... \$ _____
For questions regarding food establishment plans (501) 661-2171
- 6. HEALTH FACILITY IMPROVEMENTS \$ _____
For questions regarding health 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 reverse side)

B. PLAN REVIEW FEE for INDIVIDUAL ONSITE
WASTEWATER SYSTEMS..... \$ _____
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)

TOTAL FEES SUBMITTED \$ _____
(Add A & B)

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