

**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