



# 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 \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

EMAIL (if available) \_\_\_\_\_

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

1. WATERSYSTEM IMPROVEMENTS (non-plumbing)..... \$ \_\_\_\_\_

*For questions regarding water system improvements ENGINEERING (501) 661-2623*

2. SEWER SYSTEM IMPROVEMENTS (non-plumbing)..... \$ \_\_\_\_\_

*For questions regarding sewer system improvements ENGINEERING (501) 661-2623*

3. PLUMBING..... \$ \_\_\_\_\_

*For questions regarding plumbing plans (501) 661-2650*

**Water Purveyor / Provider:** \_\_\_\_\_

4. SWIMMING POOL (public)..... \$ \_\_\_\_\_

*For questions regarding swimming pool plans (501) 661-2171*

5. FOOD SERVICE- Retail or Wholesale/Manufacturing (new/reno) ..... \$ \_\_\_\_\_

*For questions regarding food establishment plans (501) 661-2171*

**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)

**TOTAL FEES SUBMITTED** ..... \$ \_\_\_\_\_

*(Checks or money orders 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 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) = \$ \_\_\_\_\_

**Complete Below Only for plans utilizing onsite wastewater systems including subdivisions containing lots < 3 acres, mobile home and RV parks.**

#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:

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 & RV 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**

**PLAN REVIEW FEE:**

**Total Submitted (#2 + #3)** \_\_\_\_\_  
 (Checks or money orders payable to ADH)

For more information regarding Sections #2 and #3, please contact ADH Engineering 501-661-2623.