

**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 ADDRESS (911 if available) \_\_\_\_\_

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

SUBMITTERS NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

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

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

EMAIL (**REQUIRED**): \_\_\_\_\_

**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.

**PLEASE SUBMIT FOOD SERVICE PERMIT FEE OF \$35 ON A SEPARATE CHECK.**

SUBMITTER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_