

**ARKANSAS DEPARTMENT OF HEALTH  
PROJECT COST ESTIMATE WORKSHEET**

PROJECT NAME \_\_\_\_\_  
\_\_\_\_\_

PROJECT ID# (ADH Use Only)
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PROJECT LOCATION \_\_\_\_\_ CITY \_\_\_\_\_

OWNER/CONTACT NAME \_\_\_\_\_

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

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

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

WATER SYSTEM IMPROVEMENTS.....	\$ _____
SEWER SYSTEM IMPROVEMENTS.....	\$ _____
PLUMBING.....	\$ _____
SWIMMING POOL.....	\$ _____
FOOD ESTABLISHMENT IMPROVEMENTS.....	\$ _____
HEALTH FACILITY IMPROVEMENTS .....	\$ _____
OTHER.....	\$ _____
<b>TOTAL ESTIMATED COST.....</b>	<b>\$ _____</b>

**A. PLAN REVIEW FEE:**..... \$ \_\_\_\_\_  
1% of total est. cost, not less than \$50 and not to exceed \$500. (see #1 on reverse side)

**B. PLAN REVIEW FEE for INDIVIDUAL SEWAGE DISPOSAL 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 \$ \_\_\_\_\_

RECOMMEND THAT (A) AND (B) BE SEPARATE CHECKS. MAKE CHECKS PAYABLE TO: ADH.

PREPARED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
 EHP-17 (R 1/08)