

**DEPARTMENT OF COMMUNITY AFFAIRS  
Bureau of Construction Project Review  
PLAN REVIEW FEE SCHEDULE**

**1. Regular Plan Review Fee for Occupancy Groups Excluding Healthcare:**

**A. NEW CONSTRUCTION & ADDITIONS:**

a. Groups A-1, A-2, A-3, A-4, A-5, F-1, F-2, S-1, S-2	Volume <input type="text"/> cu. ft. X of Bldg.	0.014 = \$	-
b. All Other Groups (Excluding Healthcare)	Volume <input type="text"/> cu. ft. X of Bldg.	0.022 = \$	-

**B. RECONSTRUCTION, ALTERATION, RENOVATION, REPAIR--including site construction associated with pre-engineered systems of commercial farm buildings, premanufactured construction and external connections for premanufactured construction**

Renovation Cost:  (All Disciplines)

a. Estimated cost up to and including \$50,000.00 plus	\$15.00 per \$1,000	= \$	-
b. Portion of cost \$50,001.00 to and including \$100,000.00 plus	Additional fee of \$11.00 per \$1,000	= \$	-
c. Portion of cost above \$100,000.00	Additional fee of \$10.00 per \$1,000	= \$	-

**Subtotal Regular Plan Review FEE (Sum of above items in A and B):** \$ align="right">-

**2. Healthcare Plan Review Fee--Occupancy Groups for Healthcare Only:**

<b>C. NEW CONSTRUCTION &amp; ADDITIONS:</b>	Volume <input type="text"/> cu. ft. X of Bldg.	0.031 = \$	-
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**D. RECONSTRUCTION, ALTERATION, RENOVATION, REPAIR--including site construction associated with premanufactured construction and external connections for premanufactured construction**

Renovation Cost:  (All Disciplines)

a. Estimated cost up to and including \$50,000.00 plus	\$20.00 per \$1,000	= \$	-
b. Portion of cost \$50,001.00 to and including \$100,000.00 plus	Additional fee of \$16.00 per \$1,000	= \$	-
c. Portion of cost above \$100,000.00	Additional fee of \$13.00 per \$1,000	= \$	-

**Subtotal Healthcare Plan Review FEE: (Sum of above items C and D):** \$ align="right">-

**3. PLAN REVIEW FEE: (Sum of above items 1 and 2):** \$ align="right">-

**4. ELEVATOR PLAN REVIEW FEE:**

Groups R-3, R-4 and R-5 - \$70.00 per elevator	No. of elevators: <input type="text"/>		
All other Groups - \$365.00 per elevator	No. of elevators: <input type="text"/>		
Total Elevator Plan Review Fee:		\$	-

**5. ELEVATOR UNIT TEST & INSPECTION FEES:**

Total from Elevator Safety Unit Fee Schedule (enclosed) \$ align="right">-

**6. GRAND TOTAL OF ALL FEES (Sum of lines 3 through 5):** \$ align="right">-

Remit payment, rounded to nearest dollar, payable to "Treasurer, State of New Jersey" in this amount.