

**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: <input type="text"/>	(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): \$ -

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

C. NEW CONSTRUCTION & ADDITIONS:

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: <input type="text"/>	(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): \$ -

3. PLAN REVIEW FEE: (Sum of above items 1 and 2): \$ -

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. GRAND TOTAL OF ALL FEES (Sum of lines 3 through 4): \$ -

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