# PLAN REVIEW FEE SCHEDULE

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

### A. NEW CONSTRUCTION & ADDITIONS:

- **Volume**: cu. ft. X of Bldg.


  \[ \text{Volume} \times 0.014 = \] $ \tag{A-1}

  b. **All Other Groups (Excluding Healthcare)**

  \[ \text{Volume} \times 0.022 = \] $ \tag{A-2}

### 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)

- **Estimated cost up to and including $50,000.00**

  \[ \text{Estimated cost} \times \frac{15.00}{1000} = \] $ \tag{B-1}

- **Portion of cost $50,001.00 to and including $100,000.00**

  \[ \text{Additional fee} \times \frac{11.00}{1000} = \] $ \tag{B-2}

- **Portion of cost above $100,000.00**

  \[ \text{Additional fee} \times \frac{10.00}{1000} = \] $ \tag{B-3}

**Subtotal Regular Plan Review Fee (Sum of above items in A and B):** $ \tag{B-4}

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

### C. NEW CONSTRUCTION & ADDITIONS:

\[ \text{Volume} \times 0.031 = \] $ \tag{C-1}

### D. RECONSTRUCTION, ALTERATION, RENOVATION, REPAIR--including site construction associated with premanufactured construction and external connections for premanufactured construction

**Renovation Cost:** (All Disciplines)

- **Estimated cost up to and including $50,000.00**

  \[ \text{Estimated cost} \times \frac{20.00}{1000} = \] $ \tag{D-1}

- **Portion of cost $50,001.00 to and including $100,000.00**

  \[ \text{Additional fee} \times \frac{16.00}{1000} = \] $ \tag{D-2}

- **Portion of cost above $100,000.00**

  \[ \text{Additional fee} \times \frac{13.00}{1000} = \] $ \tag{D-3}

**Subtotal Healthcare Plan Review Fee: (Sum of above items C and D):** $ \tag{D-4}

## 3. PLAN REVIEW FEE: (Sum of above items 1 and 2): $ \tag{E-1}

## 4. ELEVATOR PLAN REVIEW FEE:

- **Groups R-3, R-4 and R-5** - $70.00 per elevator

- **All other Groups** - $365.00 per elevator

**No. of elevators:**

**Total Elevator Plan Review Fee:** $ \tag{F-1}

## 5. ELEVATOR UNIT TEST & INSPECTION FEES:

**Total from Elevator Safety Unit Fee Schedule (enclosed):** $ \tag{G-1}

## 6. GRAND TOTAL OF ALL FEES (Sum of lines 3 through 5): $ \tag{H-1}

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