

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

**1. Regular Plan Review Fee for Occupancy Groups Excluding All Healthcare B, I-1, I-2, and I-4:**

**A. NEW CONSTRUCTION & ADDITIONS:**

- |   |  |         |       |
|---|--|---------|-------|
| a. Groups A-1, A-2, A-3, A-4, A-5,<br>F-1, F-2, S-1, S-2                  | Volume <input style="width: 80px;" type="text"/> cu. ft. X<br>of Bldg. | 0.013 = | <hr/> |
| b. All Other Groups<br><i>(Excluding Healthcare B, I-1, I-2, and I-4)</i> | Volume <input style="width: 80px;" type="text"/> cu. ft. X<br>of Bldg. | 0.020 = | <hr/> |

**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 style="width: 80px;" type="text"/>               | <i>(All Disciplines)</i>              |                       |       |
| a. Estimated cost up to and including \$50,000.00 <i>plus</i>            |                                       | \$13.00 per \$1,000 = | <hr/> |
| b. Portion of cost \$50,001.00 to and including \$100,000.00 <i>plus</i> | Additional fee of \$10.00 per \$1,000 | =                     | <hr/> |
| c. Portion of cost above \$100,000.00                                    | Additional fee of \$9.00 per \$1,000  | =                     | <hr/> |

**Subtotal Regular Plan Review FEE (Sum of above items in A and B):**

**2. Healthcare Plan Review Fee--Occupancy Groups Healthcare B, I-1, I-2, and I-4 Only:**

- |                                  |  |         |       |
|----------------------------------|--|---------|-------|
| C. NEW CONSTRUCTION & ADDITIONS: | Volume <input style="width: 80px;" type="text"/> cu. ft. X<br>of Bldg. | 0.028 = | <hr/> |
|----------------------------------|--|---------|-------|

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

- |  |                                       |                       |       |
|--|---------------------------------------|-----------------------|-------|
| Renovation Cost: <input style="width: 80px;" type="text"/>               | <i>(All Disciplines)</i>              |                       |       |
| a. Estimated cost up to and including \$50,000.00 <i>plus</i>            |                                       | \$18.00 per \$1,000 = | <hr/> |
| b. Portion of cost \$50,001.00 to and including \$100,000.00 <i>plus</i> | Additional fee of \$14.00 per \$1,000 | =                     | <hr/> |
| c. Portion of cost above \$100,000.00                                    | Additional fee of \$11.00 per \$1,000 | =                     | <hr/> |

**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 - \$63.00 per elevator | No. of elevators: <input style="width: 60px;" type="text"/> |
| All other Groups - \$328.00 per elevator       | No. of elevators: <input style="width: 60px;" type="text"/> |
| Total Elevator Plan Review Fee:                |   |

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

Total from Elevator Safety Unit Fee Schedule (enclosed)

**6. GRAND TOTAL OF ALL FEES (Sum of lines 3 through 5):**

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