PLAN REVIEW / INSPECTION FEE WORKSHEET

Submittal Date:_____________________ Application Number:_______________________________

Project Name:________________________________________________________________________

Project Address:________________________________________________________________________

Contact Name :___________________________________________________________________________

Work Phone:(_____)_____________ Cell/Nextel: (_____)_____________ Fax: (_____)______________

☐ Commercial Project: Total Square Feet of Project: __________________________
   Base Fee: (A) $150.00
   Divide Total Square Feet
   of Project by 100 and enter on line(B)________________
   Multiply Line (B) by $1.50 and enter amount on line (C) (C)_______________
   Second follow-up re-inspection fee $50.00 (D) (D)_______________
   Subsequent Follow-up re-inspection fees $50.00 each (E) (E)_______________
   After Hours Inspection Fee $150.00 for the first hour - before
   8:00 a.m. and after 4:00 p.m. Monday-Friday. (F)_______________
   Subsequent after hours fee $50.00 each additional hour. (G)_______________

   Add line (A) through (G) for Total Fee $ _______________

☐ Subdivision/Complex review:
   Base Fee: (A) $50.00
   Enter total number of lots/units on line (B)________________
   Multiply line (B) by $2.50 and enter on line (C) (C)_______________
   Enter the total number of fire hydrants on line (D)__________
   Multiply line (D) by $25.00 and enter amount on line (E) (E)_______________
   Second follow-up re-inspection fee $50.00 (D) (D)_______________
   Subsequent Follow-up re-inspection fees $50.00 each (E) (E)_______________

   Add line (A),(C), (D), (E) for Total Fee $ _______________

☐ Fireworks Fee:
   Private fireworks fee $150.00
   Total Fee $ _______________
PLAN REVIEW/INSPECTION FEE WORKSHEET CONTINUED

Inspection Date:_____________________     Application Number:_______________________________

Project Name:__________________________________________________________________________

Project Address:________________________________________________________________________

Contact Name :_________________________________________________________________________

Work Phone:(_____)_____________  Cell/Nextel: (_____)_____________ Fax: (____)______________

☐ Re-inspection Fee for Annual Inspections:
   A fee will not be assessed until the 3rd reinspection (Date ____________) (A) $50.00
   Subsequent re-inspection fees are increased in fifty dollar increments.
   4th reinspection $100.00 (Date ________________) (B) ________________
   5th reinspection $150.00 (Date ________________) (C) ________________

   Add line (A), (B), and (C) for Total Fee $ ________________

   Notes: ____________________________________________________________________________

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☐ Tent Inspection Fee:
   Base Fee: For tents that exceed 10 by 10, public use only. (A) $50.00
   Enter the total number of tents on line (B)_________________
   Multiply line (B) by $50.00 and enter on total fee line

   Total fee $ ________________