

***CITY OF BEREA***

***212 CHESTNUT ST.***

***BEREA, KY 40403***

***(859) 986-8528***

***2007 KBC PLAN REVIEW FEE WORKSHEET***

**FEE PAID BY: PH.** (\_ ) -

Date:

**COMPANY:** Check#:

**MAILING ADDRESS:** Check Amount: $

**CITY/ STATE/ ZIP:**

**FOR:**

**BUSINESS NAME:**

**PROJECT NAME: STREET NAME:**

**CALCULATING YOUR FEE**

When calculating the total (gross) area, please use the outside dimensions of the structure. Include the area of all usable floor space, mezzanine levels, basements and all areas within horizontal projection of the roof. The minimum fee for review of plans under this section shall be two hundred dollars.($250).

***NEW CONSTRUCTION:***

Cost per square foot: X total area ***=FEE$***

(SEE FEE SCHEDULE)

***ADDITIONS TO EXISTING BUILDINGS:***

Cost per square foot: X total area of addition ***=FEE$***

(SEE FEE SCHEDULE)

***ALTERATIONS OR REPAIRS:***

**.0025** X cost of alterations $ or same as ***NEW CONSTRUCTION ,*** whichever is less = ***FEE*** $

***TOTAL FEE THIS SECTION***

**Include** the following specialized fees only when the plans for the specialized system accompany payment.

See ***FEE SCHEDULE*** *on reverse side for specialized fees.*

|  |  |  |
| --- | --- | --- |
| Sprinkler Fee | Clean Agent Suppression Fee |  |
| Fire Detection Fee | Commercial Range Hoods |  |
| Standpipe Fee | Dry Chemical Systems |  |
| C02 Suppression Fee | Haz. Materials Tank Fee |  |
| Foam Suppression Fee |  ***TOTAL SPECIALIZED FEES*** |  ***\_\_\_\_\_\_\_\_*** |

When subm1tttng plans, please include one copy of the worksheet, the requ1red number of plans and your check,

made payable to the **City of Berea..**

***SEE FEE SCHEDULE ON REVERSE SIDE***

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