



**CITY OF BERA
212 CHESTNUT ST.
BEREA, KY 40403
(859) 986-8528**

2013 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 eighty five dollars.(\$285).

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:

.0030 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 _____
CO ² Suppression Fee	Haz. Materials Tank Fee _____
Foam Suppression Fee	TOTAL SPECIALIZED FEES _____

When submitting plans, please include one copy of the worksheet, the required number of plans and your check, made payable to the **City of Berea**.