

PR-1 FORM

PLAN REVIEW INPUT FORM (OAR 333-675-0000 through 333-675-0040)

(To be submitted with Schematic Drawings and Final Construction Documents)

1. **Facility Name:** _____
2.
 - a. Project Description: _____
 - b. (IBC) Occupancy Classification: _____
 - c. (IBC) Construction Type: _____
 - d. Bed Count Alterations: _____
3. **Project Address, City & Zip:** _____
4. **Local Building Codes Jurisdiction (City or County):** _____
5. **State Deputy Fire Marshal Jurisdiction:** _____
6. **Date of Submission:** _____
7. **Type of Review* Requested:** ~ Schematic Documents ~ Construction Documents

Project Type, Size and Estimated Costs

8. New Construction		*9.Existing Building Conversion		10. EXISTING BUILDING REMODEL	
Sq. Ft.		Sq. Ft.		Sq. Ft.	
Cost/Sq. Ft.	\$			Cost/Sq. Ft.	\$
New Constr.	\$	Building Value	\$	Remodel	\$
SUBTOTAL		SUBTOTAL		SUBTOTAL	
TOTAL PROJECT COST (#8, #9 & #10 Total)					\$

*Conversions are reviewed from plans of both the existing building and renovation plans. Review fees are based on the tax assessed value of the existing structure (or prorated part of a structure if not all to be converted) and estimated remodel costs.

11. **PROJECT SPONSOR'S NAME:** _____
 Project Contact Person (if different from sponsor's name): _____
 Address: _____
 Phone Number: _____ FAX Number: _____
 E-mail Address: _____
12. **ARCHITECT/ENGINEER:** _____
 Contact Person: _____
 Address: _____
 Phone Number: _____ Fax Number: _____
 E-Mail Address: _____
13. **FEES**
 - a. **SCHEMATIC DOCUMENT REVIEW FEE INCLUDED.** *(One-third of total review fee indicated on Table 1 of OAR 333-675-0050, and based on initial construction cost estimate):* \$ _____
 - b. **FINAL CONSTRUCTION DOCUMENT REVIEW FEE INCLUDED.** *(Per Table 1 of OAR 333-675-0050 minus any amount previously submitted for schematic review and based on bids or the latest revised construction cost estimate):* \$ _____
 - c. **TOTAL REVIEW FEE SUBMITTED:** \$ _____

Please Make Checks Payable to: OCHHP, FACILITIES PLANNING AND SAFETY

(Checks must be submitted at the time of plan submission.) FP&S address is: 3420 Cherry Ave., NE, #110, Keizer, OR., 97303

TABLE 1
(OAR 333-675-0050)

PROJECT COSTS OVER	BUT NOT OVER	THE FEE IS	
Range of Estimated Project Costs and Fee Schedule			
HEALTH CARE FACILITIES			
\$0	\$ 50,000	\$ 375	
\$50,000	\$100,000	\$1,000	
\$100,000	\$250,000	\$1,625	
\$250,000	\$575,000	\$2,610	
\$575,000	\$1,000,000	\$3,750	
\$1,000,000	\$3,000,000	\$5,280	
\$3,000,000	\$6,000,000	\$7,405	
\$6,000,000	\$10,000,000	\$9,530	
\$10,000,000	\$30,000,000	\$13,030	
\$30,000,000	\$500,000,000	\$16,705	
\$500,000,001	-----	\$17,880	Plus \$0.05 for every \$10,000 in Cost over \$500,000,000

Range of Estimated Project Costs and Fee Schedule			
RESIDENTIAL CARE/ASSISTED LIVING FACILITY			
\$0	\$ 50,000	\$ 250	
\$50,000	\$100,000	\$ 666	
\$100,000	\$250,000	\$1,083	
\$250,000	\$575,000	\$1,740	
\$575,000	\$1,000,000	\$2,500	
\$1,000,000	\$3,000,000	\$3,520	
\$3,000,000	\$6,000,000	\$4,935	
\$6,000,000	\$10,000,000	\$6,350	
\$10,000,000	\$30,000,000	\$8,685	
\$30,000,000	\$500,000,000	\$11,135	
\$500,000,001	-----	\$11,920	Plus \$0.033 for every \$10,000 in Cost over \$500,000,000