

**TABLE 1**  
**(OAR 333-675-0050)**

Estimated Cost Range of Construction Project	Standard Project Review Fee for Health Care Facilities	Standard Project Review Fee for Residential Care/ Assisted Living Facilities
\$ 0 to \$ 499	\$ 34.00	\$ 23.00
500 to 999	56.00	37.00
1,000 to 1,999	84.00	56.00
2,000 to 2,999	113.00	75.00
3,000 to 4,999	169.00	113.00
5,000 to 9,999	225.00	150.00
10,000 to 19,999	281.00	187.00
20,000 to 29,999	366.00	244.00
30,000 to 39,999	450.00	300.00
40,000 to 49,999	534.00	356.00
50,000 to 64,999	623.00	415.00
65,000 to 79,999	703.00	469.00
80,000 to 99,999	788.00	525.00
100,000 to 124,999	872.00	581.00
125,000 to 149,999	956.00	637.00
150,000 to 199,999	1,069.00	712.00
200,000 to 249,999	1,118.00	787.00
250,000 to 324,999	1,264.00	843.00
325,000 to 449,999	1,519.00	1,013.00
450,000 to 574,999	1,744.00	1,163.00
575,000 to 699,999	1,969.00	1,313.00
700,000 to 849,999	2,250.00	1,500.00
850,000 to 999,999	2,531.00	1,687.00
1,000,000 to 1,249,999	2,813.00	1,875.00
1,250,000 to 2,499,999	3,094.00	2,063.00
2,500,000 to 2,999,999	3,375.00	2,250.00
3,000,000 to 3,499,999	3,713.00	2,475.00
3,500,000 to 4,999,999	4,200.00	2,800.00
5,000,000 to 6,999,999	4,500.00	3,000.00
7,000,000 to 9,999,999	5,063.00	3,375.00
10,000,000 to 14,999,999	5,625.00	3,750.00
15,000,000 to 19,999,999	6,188.00	4,125.00
20,000,000 to 29,999,999	6,750.00	4,500.00
30,000,000 to 39,999,999	7,313.00	4,875.00
40,000,000 and over	7,875.00	5,250.00

# PR-1 FORM

## PLAN REVIEW INPUT FORM

**OAR 333-675-0000 through 333-675-0040**

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

1. **Facility Name:** \_\_\_\_\_
2. a. Project Description: \_\_\_\_\_  
 b. (IBC) Occupancy Classification: \_\_\_\_\_  
 c. (IBC) Construction Type: \_\_\_\_\_
3. **Address:** \_\_\_\_\_ **City & Zip:** \_\_\_\_\_
4. **Local Building Codes Jurisdiction** (*City or County*): \_\_\_\_\_
5. **State Deputy Fire Marshal and Jurisdiction:** \_\_\_\_\_
6. **Date Submitted:** \_\_\_\_\_
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.	\$	Cost/Sq. Ft.	\$
New Constr.		Building Value		Remodel	
SUBTOTAL	\$	SUBTOTAL	\$	SUBTOTAL	\$
<b>11. TOTAL PROJECT COST (#8, #9 &amp; #10 TOTAL)</b>					\$

\*Conversions are reviewed from plans of both the existing building and renovation plans. If plans of an existing building are unavailable, an on-site visit is typically necessary. 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.

12. **Project Sponsor's Name:** \_\_\_\_\_  
*Project Contact Person:* \_\_\_\_\_  
*(if different from sponsor's name):* \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **FAX Number:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_
13. **Architect/Engineer:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_
14. **Fees**
  - a. **Schematic Review Fee Included.** (*One-third (1/3) of total review fee indicated on Table 1 of OAR 333-675-0010, and based on initial construction cost estimate*) \$ \_\_\_\_\_
  - b. **Final Construction Documents Review Fee Included.** (*Per Table 1 of OAR 333-675-0010 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.)