



Sedgwick County Fire District 1

Administrative Office: 7750 N. Wild West Dr. - Park City, KS 67147
 Phone: 316-660-3473 - www.sedgwickcounty.org - Fax: 316-660-3474



*Sedgwick County...
working for you*

BUILDING PLAN REVIEW APPLICATION

Tenant/Business Name: _____

Job Site/Property Address: _____ City: _____

Applicant Name: _____ E-Mail: _____ Phone: _____

Description of work to be done: _____

Project Valuation: _____ (based upon your job cost, not including land costs)

Plan review multiplier: _____ Plan Review fee due: _____ (Min. Charge - \$50.00)

PLAN REVIEW FEE SCHEDULE

Valuation			Multiplier
\$0.00	to	\$50,000.00	0.0015*
\$50,001.00	to	\$100,000.00	0.0012
\$100,001.00	to	\$150,000.00	0.00098
\$150,001.00	to	\$200,000.00	0.000975
\$200,001.00	to	\$300,000.00	0.00082
\$300,001.00	to	\$400,000.00	0.000785
\$400,001.00	to	\$500,000.00	0.00075
\$500,001.00	to	\$600,000.00	0.00072
\$600,001.00	to	\$700,000.00	0.0007
\$700,001.00	to	\$800,000.00	0.00068
\$800,001.00	to	\$900,000.00	0.00067
\$900,001.00	to	\$1,000,000.00	0.00065
\$1,000,001.00	to	\$2,000,000.00	0.00063
\$2,000,000.00 +			0.0006

I hereby acknowledge that I have read this application and state that the above information is correct. I agree to comply with the Fire Code requirements adopted by Sedgwick County and the requirements contained in the National Fire Protection Association Standards. I understand that the Sedgwick County Fire Marshal's office must be contacted to schedule all inspections and that a final inspection shall be done before occupancy is given. I further understand that it is the responsibility of the contractor to make sure that all work is completed before an inspection is scheduled.

Architect / Contractor Signature: _____ Date: _____

Date Plans Received: _____ Date Plans completed: _____ (a min. of 10 working days)

Received by: _____ Date: _____ Check No.: _____