

APA-1
6/93

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Department or Agency Alabama Department of Public Health

Rule Number 420-5-21

Rule Title Appendix 1 and Appendix 2

 New Amend XXX Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? n/a

Are all facts of the rulemaking process designed solely for the purpose of and so they have as their primary effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer Jahnicia Blue Date May 22, 2012



FORM APA2
11/96

STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-5-21, Appendix 1 and Appendix 2

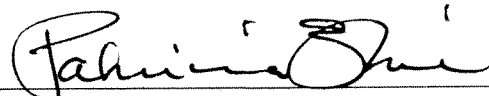
INTENDED ACTION: Repeal Appendix 1 and Appendix 2

SUBSTANCE OF PROPOSED ACTION: Remove fee worksheets from the rule to allow updates and corrections; will have no impact on fee amounts which are set by state law.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held Tuesday, June 19, 2012 at 9:30 a.m. at the Alabama Department of Public Health, RSA Tower, Suite 1586, 201 Monroe Street, Montgomery, Alabama 36104.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on July 5, 2012. All comments and requests for copies of the proposed amendments should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Victor Hunt, Director of the Office of Facilities Management, Department of Public Health, 201 Monroe Street, Suite 1550, Montgomery, Alabama 36104. Telephone number (334) 206-5218.



Patricia E. Ivie, Agency Secretary

FINAL PLAN REVIEW APPROVAL FEE WORKSHEET

TECHNICAL SERVICES, ALABAMA DEPARTMENT OF PUBLIC HEALTH

Project _____

ADPH # _____

Today's Date _____

Select the fee structure below that is applicable to your project's construction cost estimate. This fee is to be sent to Technical Services upon your receipt of the ADPH final plan review letter. Blocks 1, 3, 5, 7 and 9 relate to minimum or set fees and require no fee calculation. **Attach a copy of the latest cost estimate, and indicate the amount on the appropriate line below.**

<p>1. Up to \$100,000:</p> <p>\$ _____ X 0.012 = \$ _____ X 0.75 = \$ _____ minus \$500 = \$ _____ due. (latest cost estimate)</p>
<p>2. \$100,001 to \$240,000: \$1200 total fee X 0.75 minus \$500 = <u>\$400.00 due.</u> Latest cost estimate: \$ _____</p>
<p>3. \$240,001 to \$1,000,000:</p> <p>\$ _____ X 0.005 = \$ _____ X 0.75 = \$ _____ minus \$500 = \$ _____ due. (latest cost estimate)</p>
<p>4. \$1,000,001 to \$2,500,000: \$5000 total fee X 0.75 minus \$500 = <u>\$3,250.00 due.</u> Latest cost estimate: \$ _____</p>
<p>5. \$2,500,001 to \$5,000,000:</p> <p>\$ _____ X 0.002 = \$ _____ X 0.75 = \$ _____ minus \$500 = \$ _____ due. (latest cost estimate)</p>
<p>6. \$5,000,001 to \$10,000,000: \$10,000 total fee X 0.75 minus \$500 = <u>\$7,000.00 due.</u> Latest cost estimate: \$ _____</p>
<p>7. \$10,000,001 to \$15,000,000:</p> <p>\$ _____ X 0.001 = \$ _____ X 0.75 = \$ _____ minus \$500 = \$ _____ due. (latest cost estimate)</p>
<p>8. Over \$15,000,000: \$15,000 total fee X 0.75 minus \$500 = <u>\$10,750.00 due.</u> Latest cost estimate: \$ _____</p>

Make checks payable to "Alabama Department of Public Health" and include project number on check. Please round off fees to the nearest whole dollar.

FINAL INSPECTION FEE WORKSHEET

TECHNICAL SERVICES, ALABAMA DEPARTMENT OF PUBLIC HEALTH

Project _____

ADPH # _____

Today's Date _____

Select the fee structure below that is applicable to your project's construction cost. This fee is to be sent to Technical Services at the completion of the project's final inspection. **Attach a copy of the latest contractor's pay request.**

<p>1. Up to \$100,000:</p> <p>\$ _____ X 0.012 = \$ _____ minus \$ _____ = \$ _____ due. <small>(construction cost) (fees previously paid)</small></p>
<p>2. \$100,001 to \$240,000: \$1200 total fee, minus \$ _____ = \$ _____ due. <small>(fees previously paid)</small></p>
<p>3. \$240,001 to \$1,000,000:</p> <p>\$ _____ X 0.005 = \$ _____ minus \$ _____ = \$ _____ due. <small>(construction cost) (fees previously paid)</small></p>
<p>4. \$1,000,001 to \$2,500,000: \$5000 total fee, minus \$ _____ = \$ _____ due. <small>(fees previously paid)</small></p>
<p>5. \$2,500,001 to \$5,000,000:</p> <p>\$ _____ X 0.002 = \$ _____ minus \$ _____ = \$ _____ due. <small>(construction cost) (fees previously paid)</small></p>
<p>6. \$5,000,001 to \$10,000,000: \$10,000 total fee, minus \$ _____ = \$ _____ due. <small>(fees previously paid)</small></p>
<p>7. \$10,000,001 to \$15,000,000:</p> <p>\$ _____ X 0.001 = \$ _____ minus \$ _____ = \$ _____ due. <small>(construction cost) (fees previously paid)</small></p>
<p>8. Over \$15,000,000: \$15,000 total fee, minus \$ _____ = \$ _____ due. <small>(fees previously paid)</small></p>

Make checks payable to "Alabama Department of Public Health" and include project number on check. Please round off fees to the nearest whole dollar.