

# KELLY P. REYNOLDS & ASSOCIATES, INC.

A NEVADA CORPORATION

BUILDING CODE CONSULTANTS

PLAN REVIEW SPECIALISTS

TECHNICAL SEMINARS

PHONE 1-800-950-CODE (2633) • FAX 1-866-814-2633

## WESTERN OFFICE

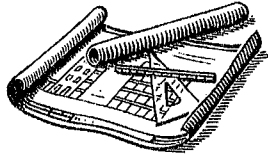
16182 West Magnolia  
P. O. Box 5518  
Goodyear, AZ 85338-5518

## ILLINOIS OFFICE

616 Executive Drive  
Willowbrook, IL 60527-5610

## EASTERN OFFICE

%Keystone Codes LLC  
1459 South East St.  
Amherst, MA 01002



## PLAN REVIEW FEE SCHEDULE

### • BUILDING CONSTRUCTION - Volume/Cubic Ft.

Up to .150,000 cu. ft.	510.00	
150,001 to 200,000 cu. ft.	560.00	
Over 200,000 cu. ft.	650.00	+\$6.50 for each 10,000 cu. ft. over 200,000 cu. ft.

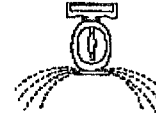


**Fee Multipliers:** X 1.5 for phased construction; for Mechanical, Plumbing, Electrical reviews; for use groups assembly, educational, institutional, high hazard, high rise, atriums, covered malls, special uses.

- All reviews performed within ten (10) working days (BASE FEE)
- 5 Day Review = 2 x Base Fee
- 3 Day Review = 3 x Base Fee

### • FIRE SPRINKLER SYSTEMS

NUMBER OF HEADS	PIPE SCHEDULE	HYDRAULIC
Up to 500	\$350.00	\$680.00
Over 500	425.00	825.00
+Each Head Over 500	.70 cents @	\$1.35 @



- **FIRE DETECTION / ALARM SYSTEMS** - \$170.00 per 5,000 sq. ft. of floor area
- **STANDPIPE** (No charge with sprinkler review) - \$175.00 per standpipe
- **SPECIALIZED EXTINGUISHING AGENT** - \$200.00 per 50 pounds agent
- **HOOD & DUCT EXTINGUISHING SYSTEM** - \$225.00 per system

Kelly P. Reynolds  
President

MEMBERS: AIA, ALA, ICC, NFPA, SARA, WOBO  
Publishers of *CODES AND STANDARDS* Newsletter



E-mail: CODEEXPERTS@AOL.COM  
website: www.Kellypreynolds.com

Serving Government and Industry since 1979

Effective: 1-1-2014

# PLAN REVIEW REQUEST

## KELLY P. REYNOLDS & ASSOCIATES, INC.

616 Executive Drive Willowbrook, IL 60527-5610	16182 West Magnolia P. O. Box 5518 Goodyear, AZ 85338-5518
PHONE 1-800-950-CODE (2633) • FAX 1-866-814-2633 • E-mail: CODEXPERTS@AOL.COM	

RE: \_\_\_\_\_  
 Name of Project to be Reviewed:

\_\_\_\_\_  
 Township, County or City and State where Project is located:

**A. Please accept this as a formal letter of authorization to review the above-named project. Review the enclosed documents for compliance, based on the following codes and amendments *only*. (Check the appropriate Codes and indicate Editions.)**

- |                                      |                                     |                                    |  |                        |                  |
|--------------------------------------|-------------------------------------|------------------------------------|--|------------------------|------------------|
| _____ IBC <input type="checkbox"/>   | _____ BOCA <input type="checkbox"/> | _____ UBC <input type="checkbox"/> | _____ Building Code <input type="checkbox"/>   | _____ Edition          | _____ Supplement |
| _____ IPC <input type="checkbox"/>   | _____ BOCA <input type="checkbox"/> | _____ UPC <input type="checkbox"/> | _____ Plumbing Code <input type="checkbox"/>   | _____ Edition          | _____ Supplement |
| _____ IMC <input type="checkbox"/>   | _____ BOCA <input type="checkbox"/> | _____ UMC <input type="checkbox"/> | _____ Mechanical Code <input type="checkbox"/> | _____ Edition          | _____ Supplement |
| _____ Fire Prevention Code           |                                     |                                    |  | _____ Edition          | _____ Supplement |
| _____ National Electrical Code       |                                     |                                    |  | _____ Edition          | _____ Supplement |
| _____ Fire Suppression System (NFPA) |                                     |                                    |  | _____ Edition          | _____ Supplement |
| _____ Fire Alarm System (NFPA)       |                                     |                                    |  | _____ Edition          | _____ Supplement |
| _____ State Amendments               |                                     |                                    |  | _____ Edition          | _____ Supplement |
| _____ Local Amendments               |                                     |                                    |  | _____ Ordinance(s) No. |                  |
| _____ Energy Conservation            |                                     |                                    |  | _____ Edition          | _____ Supplement |
| _____ Other                          |                                     |                                    |  |                        |                  |

**B. We wish to have the plans reviewed by the following method:**

- \_\_\_\_\_ Standard TEN DAY Service.      \_\_\_\_\_ The Express Service (Add x 3 the normal fee from schedule.)  
 \_\_\_\_\_ Phased Construction (Add x 1.5 the normal fee from schedule.)

If you should have any further questions regarding this project, please contact me at:

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
 Signature of Building Official or other Authorized Personnel

\_\_\_\_\_  
 Date

PLEASE RETURN REVIEW TO THE FOLLOWING:	SEND INVOICE TO:
Name _____	Name _____
Dept _____	Company _____
Address _____	Address _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Phone ( ) _____ FAX ( ) _____	Phone ( ) _____ FAX ( ) _____
E-mail _____	E-mail _____