

Central Keystone Council of Governments (CKCOG)
1610 Industrial Blvd., Suite 400A
Lewisburg, PA 17837
570-522-1326/1-877-457-940

Hearing Fee: \$2500.00
Checks Payable to: Central Keystone COG
Paid Date: _____

Payment must accompany the appeal application.

Attn: Appeals Board

This is to appeal a decision of the Central Keystone Council of Governments (Building Official/Code Official) as permitted under the _____ Code / _____ Edition.

The subject of this appeal is located at: _____

Parcel Number(s) _____

I am _____ (Owner/Agent) Representing _____

I am hereby appealing the decision of the Central Keystone Council of Governments Keystone Council of Governments (Building Official/Code Official) rendered on _____ (date)

whereby it was determined that _____

The (Building Official/Code Officials) decision was based on Section (s) _____ of the _____ edition (date) of the _____ (code).

This appeal is being filed for the following reason or reasons: _____

The following points are relevant: _____

Submitter's Signature

Submission Date

<p style="text-align: center;">Official Use Only</p>	<p style="text-align: center;">Case No. _____</p>
<p style="text-align: center;">Actions Taken</p>	<p style="text-align: center;">Date</p>
Application filed	
Fee paid <u> \$2500.00 </u>	
Receipt issued	
Place on calendar for Appeals Board Hearing on _____	
Hearing notices a. mailed to Applicant b. faxed or mailed to the Daily Item	
Hearing held	
Decision made	
Notification of Decision sent	
Appeal filed	