



CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 INDUSTRIAL BLVD, SUITE 400A
LEWISBURG, PA 17837

Expedited *or* Additional Plan Review

Project Name: _____

Address: _____

Subsequent review after the first (\$85/hour)

Expedited plan review (\$125/hour)

Name of person requesting the expedited plan review: _____

Written request for plan review received.

REVIEW RECORD

Date	From	To	Subtotal		Total
			Hours	Rate (Circle one)	
				\$85/hr \$125/hr	
				\$85/hr \$125/hr	
				\$85/hr \$125/hr	
				\$85/hr \$125/hr	
				\$85/hr \$125/hr	
				\$85/hr \$125/hr	

Subsequent submittal charge (flat rate) _____ X \$150 = _____

Subtotals:

Subsequent Reviews: \$ _____

Expedited Reviews: \$ _____

Submittal fee: \$ _____

Total Additional Charges: \$ _____

Plans Examiner: _____