



CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 Industrial Boulevard, Suite 400A

Lewisburg, PA 17837

Expedited or Additional Plan Review

Project Name: _____

Address: _____

Subsequent review after the first (\$80/hour)

Expedited plan review (\$120/hour)

Name of person requesting the expedited plan review: _____

Written request for plan review received

REVIEW RECORD

Date	From	To	Subtotal Hours	Rate (Circle one)		Total
				\$80/hr	\$120/hr	
				\$80/hr	\$120/hr	
				\$80/hr	\$120/hr	
				\$80/hr	\$120/hr	
				\$80/hr	\$120/hr	
				\$80/hr	\$120/hr	

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

Subtotals:

Subsequent Reviews: \$ _____

Expedited Reviews: \$ _____

Submittal fee: \$ _____

Total Additional Charges: \$ _____

Plans Examiner: _____