

## ORDINANCE NO. 2470

AN ORDINANCE OF THE CITY OF SALISBURY AMENDING CHAPTER 15.24 - HOUSING STANDARDS, ARTICLE X - MEANS OF APPEAL AND ARTICLE VI OF CHAPTER 17.12 – BOARD OF ZONING APPEALS, TO ALLOW FOR A REQUEST FOR WAIVER OF APPEAL FEES.

**WHEREAS**, there is a fee of \$100 for any person that wishes to appeal a decision of the City; and

**WHEREAS**, the Mayor and City Council wish to ensure that all residents of the City are able to Appeal decisions of City officials, regardless of their ability to pay the appeal fee; and

**WHEREAS**, the Housing and Community Development Department does recommend approval of these proposed code changes.

**NOW, THEREFORE**, be it enacted and ordained by the City Council of the City of Salisbury, Maryland, that Chapters 15.24 and 17.12 be amended by adding new sections as follows:

### **Chapter 15.24 HOUSING STANDARDS**

#### 15.24.391 – Request for Waiver of Fee.

A person unable by reason of poverty to pay the appeal fee, may appeal and request a waiver of the fee. This provision shall apply to an Appeal within the City of Salisbury. This shall not apply to an appeal of a municipal citation, ~~municipal infraction~~, an appeal to the District Court, or an appeal to any Court or agency outside of the jurisdiction of the City of Salisbury.

- A. Any person wishing to request a waiver of the appeal fee may submit a completed Request for Waiver of Fee form with their application for Appeal.
- B. The Board of Appeals shall review any Request for Waiver of Fee forms that are submitted and may require the person submitting the request to supplement or explain any of the matters set forth in the request.
- C. In determining whether to grant a waiver, the Board shall consider:
  1. Whether the person requesting fee waiver is receiving services from a State or Federal program serving low income individuals; and
  2. Whether the household income is equal or less than that which would qualify for one of the low income programs in paragraph C.1. of this chapter; and
  3. Whether there is any other factor that may be relevant to the person's ability to pay the fee.



- D. Upon notification of the Request for Waiver being denied, the person appealing shall have 10 days to pay the appeal fee.
  - 1. If paid within that time, the application for appeal shall be deemed to have been filed on the date the application for appeal and request for waiver forms were filed.
  - 2. If the fees are not paid within that time, the application for appeal shall be deemed to have been withdrawn.
- E. If the request for waiver is approved, the appeal shall proceed as though the fee had been paid.
- F. If the appeal fee is waived and the appeal is denied, the appeal fee shall be due, unless a Request for Waiver of Final Fee is submitted, within 10 days of the notice of decision, and approved.
- G. If the appeal fee is waived and the appeal is successful, the individual shall owe nothing.

**Chapter 17.12**  
**ARTICLE VI – BOARD OF ZONING APPEALS**

17.12.095 – Request for Waiver of Fee.

A person unable by reason of poverty to pay the appeal fee, may appeal and request a waiver of the fee. This provision shall apply to an Appeal within the City of Salisbury. This shall not apply to an appeal of a municipal citation, ~~municipal infraction~~, an appeal to the District Court, or an appeal to any Court or agency outside of the jurisdiction of the City of Salisbury.

- A. Any person wishing to request a waiver of the appeal fee may submit a completed Request for Waiver of Fee form with their application for Appeal.
- B. The Board of Appeals shall review any Request for Waiver of Fee forms that are submitted and may require the person submitting the request to supplement or explain any of the matters set forth in the request.
- C. In determining whether to grant a waiver, the Board shall consider:
  - 1. Whether the person requesting fee waiver is receiving services from a State or Federal program serving low income individuals; and
  - 2. Whether the household income is equal or less than that which would qualify for one of the low income programs in paragraph C.1. of this chapter; and
  - 3. Whether there is any other factor that may be relevant to the person’s ability to pay the fee.
- D. Upon notification of the Request for Waiver being denied, the person appealing shall have 10 days to pay the appeal fee.
  - 1. If paid within that time, the application for appeal shall be deemed to have been filed on the date the application for appeal and request for waiver forms were filed.
  - 2. If the fees are not paid within that time, the application for appeal shall be deemed to have been withdrawn.
- E. If the request for waiver is approved, the appeal shall proceed as though the fee had been paid.
- F. If the appeal fee is waived and the appeal is denied, the appeal fee shall be due, unless a Request for Waiver of Final Fee is submitted, within 10 days of the notice of decision, and approved.
- G. If the appeal fee is waived and the appeal is successful, the individual shall owe nothing.



AND BE IT FURTHER ENACTED AND ORDAINED BY THE CITY OF SALISBURY, MARYLAND, that the Ordinance shall take effect upon final passage.

THIS ORDINANCE was introduced and read at a meeting of the Council of the City of Salisbury held on the 13<sup>th</sup> day of November, 2017 and thereafter, a statement of the substance of the ordinance having been published as required by law, in the meantime, was finally passed by the Council on the 27<sup>th</sup> day of November, 2017.

ATTEST:

  
\_\_\_\_\_  
Diane K. Carter, Assistant City Clerk

  
\_\_\_\_\_  
John R. Heath, City Council President

Approved by me, this 28<sup>th</sup> day of NOVEMBER, 2017.

  
\_\_\_\_\_  
Jacob R. Day, Mayor



**REQUEST FOR WAIVER OF APPEAL FEE**

I, \_\_\_\_\_, wish to file an application for appeal which I have completed and attached. I am unable to pay the appeal fee in this matter because of poverty.

Affidavit of Income

I respectfully submit that:

1. There are \_\_\_\_\_ number of family members living in my household, including myself. (Do not include renters or temporary guests.)
2. The total gross household income (before taxes) is \$ \_\_\_\_\_ (total income earned by all persons in the household) per \_\_\_ WEEK/ \_\_\_ MONTH/ \_\_\_ YEAR.
3. The gross household income (before taxes) is from the following sources (list amounts before taxes) per \_\_\_ WEEK/ \_\_\_ MONTH/ \_\_\_ YEAR:

- Wages..... \$ \_\_\_\_\_
- Commissions/Bonuses..... \$ \_\_\_\_\_
- Social Security/SSI..... \$ \_\_\_\_\_
- Retirement Income..... \$ \_\_\_\_\_
- Unemployment Insurance..... \$ \_\_\_\_\_
- Maryland TDAP (Temporary Disability Assistance Program)..... \$ \_\_\_\_\_
- Alimony/Spousal Support..... \$ \_\_\_\_\_
- Rent received from tenants..... \$ \_\_\_\_\_
- Any Other Income (Do not include food stamps/SNAP)..... \$ \_\_\_\_\_

4. I own the following property. (Do not list your home, one vehicle per household, and/or personal items in your home.):

NONE

- Real estate other than principal home ..... \$ \_\_\_\_\_
- Other vehicles including boats and recreational vehicles..... \$ \_\_\_\_\_
- Bank Accounts..... \$ \_\_\_\_\_
- Stocks or other securities..... \$ \_\_\_\_\_
- Other property (describe):..... \$ \_\_\_\_\_

5. I owe the following debts:

NONE

- Credit Card:..... \$ \_\_\_\_\_
- Car Loan:..... \$ \_\_\_\_\_
- Other Debt:..... \$ \_\_\_\_\_

6. Other information to demonstrate my inability to pay the required fee:

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For these reason, I request a waiver of the appeal fee.

I understand that if my appeal is unsuccessful, I shall have to pay this fee at the end of the case, unless the Board grants a final waiver of appeal fee, and I understand that if I want a final waiver of appeal fee I must request the waiver at the conclusion of the action in accordance with Salisbury Municipal Code 15.24.391E.

I affirm under the penalties of perjury that what I have said above is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip



**REQUEST FOR FINAL WAIVER OF APPEAL FEE**

I, \_\_\_\_\_, wish to file an application for appeal which I have completed and attached. I am unable to pay the appeal fee in this matter because of poverty.

Affidavit of Continuing Eligibility

- This Board waived the Application for Appeal Fee in this matter; and
- There has been no material change in my financial situation since the waiver of appeal fee was granted.

Affidavit of Income (Complete this section only if the section above does not apply to you)

I respectfully submit that:

1. There are \_\_\_\_\_ number of family members living in my household, including myself. (Do not include renters or temporary guests.)
2. The total gross household income (before taxes) is \$ \_\_\_\_\_ (total income earned by all persons in the household) per \_\_\_ WEEK/ \_\_\_ MONTH/ \_\_\_ YEAR.
3. The gross household income (before taxes) is from the following sources (list amounts before taxes) per \_\_\_ WEEK/ \_\_\_ MONTH/ \_\_\_ YEAR:

- Wages..... \$ \_\_\_\_\_
- Commissions/Bonuses..... \$ \_\_\_\_\_
- Social Security/SSI..... \$ \_\_\_\_\_
- Retirement Income..... \$ \_\_\_\_\_
- Unemployment Insurance..... \$ \_\_\_\_\_
- Maryland TDAP (Temporary Disability Assistance Program)..... \$ \_\_\_\_\_
- Alimony/Spousal Support..... \$ \_\_\_\_\_
- Rent received from tenants..... \$ \_\_\_\_\_
- Any Other Income (Do not include food stamps/SNAP)..... \$ \_\_\_\_\_

4. I own the following property. (Do not list your home, one vehicle per household, and/or personal items in your home.):

NONE

- Real estate other than principal home ..... \$ \_\_\_\_\_
- Other vehicles including boats and recreational vehicles..... \$ \_\_\_\_\_
- Bank Accounts..... \$ \_\_\_\_\_
- Stocks or other securities..... \$ \_\_\_\_\_
- Other property (describe):..... \$ \_\_\_\_\_

5. I owe the following debts:

NONE

Credit Card:..... \$ \_\_\_\_\_

Car Loan:..... \$ \_\_\_\_\_

Other Debt:..... \$ \_\_\_\_\_

6. Other information to demonstrate my inability to pay the required fee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For these reason, I request a waiver of the appeal fee.

I affirm under the penalties of perjury that what I have said above is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip

SC2

MEMORANDUM

TO: Julia Glanz, City Administrator  
FROM: S. Mark Tilghman, City Solicitor  
DATE: October 11, 2017  
SUBJECT: Proposed Hardship Waiver of Appeal Fees Ordinance

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The Council is concerned that residents who are unable to afford the fee to file an appeal application in the City would be unable to file such an appeal in compliance with the standards set forth in chapter 15.24 and chapter 17.12 of the Salisbury Code of Ordinances.

These amendments, if enacted, would allow for an application for a waiver of the appeal application fee on the basis of poverty.

If the Administration has no objections to the amendments as they are presented in the enclosed attachment, please forward to Council.

Thank you.

