

ADMINISTRATIVE CODE
BOARD OF COUNTY COMMISSIONERS

CATEGORY: Utilities/Refuse	CODE NUMBER: AC-10-2
TITLE: Policies and Procedures for Implementation of Mandatory Garbage Ordinance X6-14, as Amended.	ADOPTED: 1/21/87
	AMENDED: 11/9/94 7/29/97
	ORIGINATING DEPARTMENT: Solid Waste

PURPOSE/PROCEDURE:
This Administrative Codes is established for the purpose of implementing Mandatory Garbage Ordinance 86-14 (adopted June 11, 1986), as amended.

POLICY/PROCEDURE:
A. MANDATORY GARBAGE HARDSHIP DEFERRAL

- (1) Distribution of **Hardship Deferral** Applications and **instructions** will be made by Lee County of Solid Waste Section, 1500 Monroe **Street, Fort** Myers, Florida 33901. It is the responsibility of **the** applicant to obtain this Hardship Deferral Application, refiling yearly for each Fiscal Year with the of Solid Waste **Section**.
- (2) The applicant's eligibility will be based on ownership, assets, and U.S. Citizenship. **A Certificate of Domicile** and possession of a Homestead Certificate, along with a State of Florida Identification card (with picture). There shall be no action taken for Hardship consideration **until** a signed application, notarized by a State of **Florida Notary**, with attached copies of **applicant's** eligibility papers are presented to the Solid Waste Section for **processing**.
- (3) Duplexes, multi-family units, condos, and mobile homes are, applicable for Hardship Deferral **from** their residential garbage collection billing. Any rental income derived from ownership of more than one residence **and/or** multi-family units will be considered as "gross income" on the Hardship Deferral Application.
- (4) Military Exemptions are available in the event the property owner/applicant is called for reserve/emergency military duty on a case by case basis.
- (5) Income levels should not exceed the (current) State of **Florida Low** Income Guidelines. Exceptions will be made **pertaining** to income requirements when proof of excessive medical bills show applicant's income level is severely depleted **and** there is no **medical** insurance benefit for the applicant(s)

POLICY/PROCEDURE (CONTINUED)

B. INSTRUCTIONS FOR COMPLETING HARDSHIP DEFERRAL APPLICATION FORM

ALL INFORMATION REQUESTED ON THIS APPLICATION ALONG WITH COPIES OF PROOF OF IDENTITY (**PHOTO I.D./FLORIDA DRIVERS LICENSE PREFERRED**), PROOF OF **LEE COUNTY** RESIDENCY/US. CITIZENSHIP, (HOMESTEAD EXEMPTION AND/OR A CERTIFICATE OF DOMICILE ARE ACCEPTABLE. INCOME PROOF OF THE TOTAL AMOUNT ALL FAMILY MEMBERS EARNED **YEARLY** MUST BE FURNISHED ON **THE APPLICATION AND SUBMITTED TO THE SOLID WASTE SECTION FOR HARDSHIP CONSIDERATION.** Please refer to the following instructions:

- (1) Print your name (owner of property), Strap Number, Mailing Address, and phone **numbers** of home and work.
- (2) Enter the name of each immediate family member living in household, their social security numbers, age, gross income per month, employer and/or **source** such as rentals, dividends, etc. Roomers, Boarders and Guests, **are** not considered family members. An exception will be made for a medical attendant residing at the applicant's residence (for the purpose of continuous care for the handicapped applicant) if the applicant's income is used to pay the medical attendant's salary, **or** excessive medical bills.
- (3) **Please** include proof of income such as copies of Social Security, Disability compensation, Alimony, etc. Public assistance payments such as Aide for Dependent Children, Child Support, etc., **are** not considered income. In the event of no income, applicant will be required to submit a notarized statement of **zero** income, **or** proof of denied unemployment compensation.
- (4) All information requested on the Hardship, Deferral **Application** must be complete. Unanswered **or** incomplete information that cannot be clarified by telephone, **or** in the interview process will automatically void the Hardship Deferral Application.
- (5) Approval of this application shall defer the garbage collection payment for one year from date of application. The Hardship Deferral must be resubmitted yearly. The deferral will be recorded as a lien on the property by the Tax Collector, **but will** not result in a tax sale. When the applicant's property is sold, **transferred** through an estate, **or** title/name changed, the Tax Collector will collect all monies owed from the applicant readjusting owed payments paying back to the Garbage Collection Program Account. If **not**, the present property **owner** to which the property was transferred shall be liable for all past due garbage collection **billings**, encumbrances **or assessments** on the applicant's property.

RIGHT OF APPEAL

IT SHALL BE THE **POLICY OF THE** LEE COUNTY SOLID WASTE SECTION TO **EXTEND** THE RIGHT OF SUPERVISORY AND ADMINISTRATIVE **REVIEW** OF ALL CASES. IF **APPLICANT'S HARDSHIP** DEFERRAL (CASE) IS DENIED, AN **INDEPENDENT** REVIEW PANEL CAN BE CALLED UPON TO REVIEW **THE** CASE FOR A FINAL DETERMINATION OF APPLICANT'S OBJECTION. THE **APPLICANT** SHALL RESPOND WITHIN TEN **(10)** WORKING DAYS AND INCLUDE PROOF OF INCOME, COPY OF FLORIDA I.D. WITH PICTURE AND CERTIFICATE OF DOMICILE. FAILURE TO RESPOND WITHIN **TEN (10)** WORKING DAYS AND INCLUDE PROOF WILL VOID THE **REVIEW** BOARD FROM MEETING ON APPLICANT'S CASE FOR **THE** REMAINDER OF THE **FISCAL** YEAR,

NOTE: THERE SHALL BE NO ACTION TAKEN FOR HARDSHIP DEFERRAL UNTIL A SIGNED APPLICATION WITH CORRESPONDING PROOF OF **INCOME/RECEIPTS** ARE RECEIVED.

2. MANDATORY GARBAGE RURAL VARIANCE

- (1) Distribution of Rural **Variance** Applications and instructions **will** be made by Lee **County** Environmental Services/Solid Waste Section, **1500 Monroe Street**, Fort Myers, FL **33901**. **It is the responsibility of the** applicant to obtain a Rural **Variance** Application; variance shall apply until conditions change.
- (2) **The Environmental Services/ Solid Waste Section** will review all physiographics **of the** applicant's area **along with** pertinent road conditions. Any initial or request for a Rural Variance shall be in, compliance with existing policies, i.e., the physical Structure (residence) shall be a minimum of one (1) mile from the boundaries of the main **service** road in order to qualify for a Rural Variance.
- (3) All **Rural** Variance sites will be inspected by an employee of the Environmental Services/Solid Waste Section for **conformance with** policies and procedures. The Franchise Hauler will also qualify the application by also inspecting applicant's site. Approval from the Environmental Services/Solid Waste Section will prevail in the case of a Franchise Hauler's **disagreement** of the Rural Variance.
- (4) When extenuating (differences of opinion) **circumstances** prevail, the Environmental Services/Solid Waste section Director, or his designee, **will make a** final determination in accordance with policies and procedures, whether to approve the applicant's Rural Variance for submittal to the Board of County commissioners.
- (5) In the event a Municipal Service Benefit (Taxing) Unit is completed and the applicant's road is paved or graded to **driveable** conditions, then the Rural **Variance will** be void at the beginning of the next fiscal year.
- (6) When concurrence of the application by the Environmental Services/Solid Waste **Section** Director, the application will be submitted to the Board of County Commissioners for approval. The **Tax Collector's** Office and the Property Appraiser's Office will be contacted by the Environmental Services/Solid Waste Section to cancel the billing; and adjust the payment to the **Franchise Hauler**.
- (7) **APPROVED RURAL VARIANCE APPLICANTS WILL BE RESPONSIBLE FOR DISPOSING OF THEIR GARBAGE, AND HORTICULTURAL DEBRIS IN AN ENVIRONMENTALLY SAFE, SANITARY MANNER. RURAL VARIANCE APPLICANTS ARE ENCOURAGED TO RECYCLE AS MUCH OF THEIR WASTE AS POSSIBLE.**

RIGHT OF APPEAL

IT SHALL BE THE POLICY OF THE LEE COUNTY, **ENVIRONMENTAL SERVICES/SOLID WASTE SECTION** TO EXTEND THE RIGHT OF SUPERVISORY AND ADMINISTRATIVE **REVIEW OF ALL RURAL VARIANCE CASES. IF THE APPLICANT'S RURAL VARIANCE IS DENIED, THE ENVIRONMENTAL SERVICES/SOLID WASTE SECTION DIRECTOR, OR HIS DESIGNEE, WILL MAKE A FINAL DETERMINATION IN ACCORDANCE WITH POLICIES AND PROCEDURES.**

BOARD OF COUNTY COMMISSIONERS OF LEE COUNTY
DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL SERVICES DIVISION
SOLID WASTE SECTION

MAILING 1500 MONROE STREET
ADDRESS: FORT MYERS, FL 33901

PHONE: (941) 479-8160

APPLICATION FOR MANDATORY HARDSHIP PAYMENT DEFERRAL

APPLICANT TO FILE THIS APPLICATION YEARLY (EVERY FISCAL YEAR OCT. 1- SEPT. 30TH)

New: _____

Renewal: _____

Print Name of
Property Owner (s): _____

Strap Number: _____
(As Shown On Tax Bill)

Mailing Address: _____

Home Phone: _____
Work Phone: _____

Site Address: _____
(If Different
from Mailing Add.) _____

List names of family members living in-house; Social Security Number; age; gross income if any; and source of income or employer (use blank sheet if necessary). List all other sources of income for the household (i.e., Social Security, pension, rentals, dividends, interest, etc.)

<u>Name (s)</u>	<u>Soc. Sec.</u>	<u>Age</u>	<u>Gross Income (Per Month)</u>	<u>Employer or Source</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Please Continue on Page 2)

Enter current monthly mortgage payment: \$ _____

Enter Amount of ~~unpaid~~, delinquent property taxes: \$ _____

Do you own, any property other than your primary home of residence? Yes ___ No ___

Do you rent any portion of your primary property or have any rentals? Y e s - No ___

If "yes", please print address (es): _____

I authorize sources mentioned herein to disclose any financial information pertaining to me from their records. Further, I affirm that I am a full-time resident of Lee County Florida, a U.S. Citizen, living at the above listed primary address which I own. I also understand that a lien will be tiled on my (this) property until such time as reimbursement in full will be made to Lee County, when the property is sold, or transferred through an estate to another individual/owner of said property.

STATE OF FLORIDA
COUNTY OF LEE

The foregoing was acknowledged before me this _____ by _____
(Date) (Print Name)

who has produced _____ as identification and who did
(Type of identification with photo, & number)
(did not) take an oath.

Signature of Applicant Date

(Signature) Notary

(Notary Seal)

(Printed Notary Name)

Notary Public

Commission Number

THIS DOCUMENTATION MAY BE CONSIDERED A PUBLIC RECORD, OPEN FOR PUBLIC INSPECTION.

Application Approved: _____ Disapproved: _____

(Signature) _____
Lindsey J. Sampson, P.E./Director
Solid Waste Section

INSTRUCTIONS FOR COMPLETING
HARDSHIP DEFERRAL
APPLICATION FORM

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- A) Print your name (owner of Property), **Strap Number**, Mailing Address, and phone numbers of home and work.
- B) Enter the name of each immediate family member living in household, their social security numbers, age, gross income per month, employer and/or source such as rentals, dividends, etc. Roomers, Boarders and Guests, are not considered family members. An exception will **be made** for a medical attendant residing at the applicant's residence (for **the** purpose of continuous care for the handicapped applicant) if the applicant's **income is** used to pay the medical attendant's salary, or excessive medical bills.
- C) Please include proof of income such as copies of Social Security, Disability compensation, Alimony, etc. Public assistance payments such as Aide for Dependent Children, Child Support, etc., are not considered income. In the event of no income, applicant will be required to submit a notarized statement of Zero income, or proof of denied unemployment compensation.
- D) All information requested on the Hardship Deferral Application must be complete. Unanswered or incomplete information that cannot be clarified by telephone, or in the interview **process** will automatically void the Hardship Deferral Application.
- E) Approval of this application shall defer the garbage collection payment for one year from date of application. The Hardship Deferral must be resubmitted yearly. The **deferral will** be recorded as a lien on the property 'by **the** Tax Collector, but will not result in a tax sale.. When the applicant's property is **sold**, transferred through **an estate**, or title/name changed, the Tax Collector will collect all monies owed from the applicant readjusting owed payments paying back to the Garbage Collection **Program** Account. If not, **the** present property owner to which the property was transferred shall be liable for all past due garbage collection billings, **encumbrances** or assessments on **the applicant's** property.

Right of Appeal

It shall be the policy of the Lee County Department of Public Works, Environmental Services Division, Solid Waste Section to extend the right of supervisory and administrative review of all cases. If applicant's hardship, deferral (case) is denied, an independent review panel can be called upon to review the **case** for a final determination of applicant's, objection. The Applicant shall respond within ten (10) working days and include proof of income, copy of Florida I.D. with picture and certificate of domicile. Failure to respond **within** ten (10) working days and include proof will void the Review Board **from** meeting on Applicant's case for the remainder of the fiscal year.

NOTE: There shall be no action taken for hardship deferral until a signed application with corresponding proof of income/receipts are received.,

INSTRUCTIONS FOR COMPLETING
RURAL VARIANCE APPLICATION FORM

All information on the application must be furnished correctly so that proper consideration can be given the applicant for a Rural Variance. The following is provided for your information and should be read carefully and understood fully before completing this application.

1. Fill in your name, and complete address, phone number, strap number (On your tax bill).
2. List the reason you are applying for a Rural Variance i.e., your road is completely inaccessible, etc.
3. PLEASE BE AWARE THAT IF YOU ARE CURRENTLY RECEIVING GARBAGE SERVICE FROM YOUR HAULER YOU WILL NOT QUALIFY FOR A RURAL VARIANCE.
4. Any initial or new request for rural variance shall be in compliance with the existing policies, i.e. the “physical structure” (residence) shall be a minimum of one (1) mile from the boundaries of the main service road in order to qualify for a Rural Variance.
5. APPROVED RURAL VARIANCE APPLICANTS WILL BE RESPONSIBLE FOR DISPOSING OF THEIR GARBAGE, AND HORTICULTURAL DEBRIS IN AN ENVIRONMENTAL SAFE, SANITARY MANNER. RURAL VARIANCE APPLICANTS ARE ENCOURAGED TO RECYCLE AS MUCH OF THEIR WASTE AS POSSIBLE.
- 6 . Please bring in this application to:

Department of Public Works
Environmental Services Division
Solid Waste Section
1500 Monroe Street, Fort Myers, FL 33901
(941) 479-8160

BOARD OF COUNTY COMMISSIONERS OF LEE COUNTY
DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL SERVICES DIVISION
SOLIDWASTE SECTION
1500 Monroe Street, Fort Myers, FL 33901
(941) 479-8160

APPLICATION FOR MANDATORY GARBAGE RURAL VARIANCE

Name: _____ New _____ Renewal _____

Street Address: _____

City: _____ Zip: _____ Phone: _____

Strap No./Property Identification Numbers: _____

DESCRIBE LOCATION OF PROPERTY: _____

Please list reason for Variance such as, "Narrow road or present road conditions are not accessible by any vehicle, etc."

Approved By: _____

_____	_____	Applicant/Owner	Date
Director, Solid Waste Section	Date	_____	_____
		Applicant/Owner	Date

STATE OF FLORIDA
COUNTY OF LEE

This instrument was acknowledged before me this _____ day of _____, 19____, by
_____ who has produced _____ as identification

(Applicant)

(Type of Application)

and who did (did not) take an oath.

Signature of Applicant Date

Signature of Notary _____

(Notary Seal)

Commission # _____

Franchise Haulers Approval _____ Disapproval _____

Comments: _____

Inspector Approval _____ Disapproval _____

Comments: _____
