

No. \_\_\_\_\_

**IN THE  
SUPREME COURT OF THE UNITED STATES**

Constantine N. Polites, pro se  
Petitioner,  
versus

City of Philadelphia, Law Department,  
Respondent.

On Petition for Writ Of Certiorari  
To The Supreme Court of Pennsylvania

**PETITION FOR WRIT OF  
CERTIORARI**

Petitioner  
Constantine N. Polites, pro se  
801 Yale Ave. #1023  
Swarthmore, PA 19081  
Tel, 610 543 4336  
[polites@scaffolding.com](mailto:polites@scaffolding.com)

Respondent  
City of Philadelphia, Law Department  
Jane Seu, Esq, 14<sup>th</sup> Floor  
1515 Arch Street  
Philadelphia, PA 19102--1595  
Tel. 215 683 5226  
[Jane.Seu@Phila.gov](mailto:Jane.Seu@Phila.gov)

(i)

## **INTRODUCTION**

This case concerns the denial of petitioner's Request for Extraordinary Jurisdiction made to the Supreme Court of Pennsylvania. The case presented to that court concerned the respondent's requirement of a Contractor's License to obtain a building permit in the city of Philadelphia for certain groups of property owners and exempts another group. It is petitioner's view that the practice is discriminatory and asks for the Court's review.

## **QUESTIONS PRESENTED FOR REVIEW**

- (1) Is respondent, the City of Philadelphia, discriminating against two groups of property owners (a) non resident owners of residential properties and (b) owners of commercial properties, by requiring a Contractor's License from them should they wish to perform work on their own property while exempting another group?
- (2) Did the Supreme Court of Pennsylvania, in Order dated October 6, 2020, 63 EM 2020 , err by denying petitioner's Petition for Extraordinary Jurisdiction under 42 PA C.S. §726 concerning discrimination against certain property owners of Philadelphia?
- (3) Is the Contractor's License requirement as applied to the two groups of property owners a violation of the Equal Protection clause of the 14<sup>th</sup> Amendment to the Constitution of the United States ?

**JURISDICTION**

The Supreme Court of Pennsylvania denied petitioner's Request for Extraordinary Jurisdiction on October 6, 2020.

This Court has jurisdiction in this matter pursuant to 28 U.S.C. § 1257.

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(1)

## STATEMENT OF CASE

### ARGUMENT

#### DISCRIMINATION

Petitioner alleges that defendant discriminates against petitioner and two groups of property owners: non- resident residential property owners and commercial property owners who wish to perform work on their own properties. Respondent requires those groups to obtain a Contractor's License in order to obtain a building permit. Respondent exempts resident owners of residential properties from the Contractor's License requirement.

In a similar matter, the Pennsylvania Supreme Court concluded that the Uniformity Clause of the Pennsylvania Constitution was violated by the School District's policy regarding classification of properties. See Appendix, Exhibit G. Valley Forge Towers vs Upper Marion Area School District.

#### IMMEDIATE PUBLIC IMPORTANCE

The outcome of this petition will have broad application to the two groups of Philadelphia property owners mentioned above. Removing the Contractor's License requirement as applied to those two groups, will allow those property owners to obtain permits and make repairs which will add to the safety and appearance of their properties without the extra cost and burden of the Contractor's License.

**(2)**

**Contractor's License requirements**

Contractor's Liability Insurance Cost \$ \$ 600 per year (insurance does not cover owner's property).

OSHA Training 30 Hrs. Test \$112 one time.

Commercial Activity License.

Business Tax Identification Number.

Motor Vehicle Liability Coverage ( for business vehicle).

Contractor License Annual Cost \$ 100.

Contractors shall display their license number on the following:

Advertisements;

Contractor's stationary;

Proposals and contracts;

Job sites;

Contractor's main place of business

Business vehicles displaying the Contractor's business name

License number displayed on vehicles must be at least 2 " in height and clearly visible.

(3)

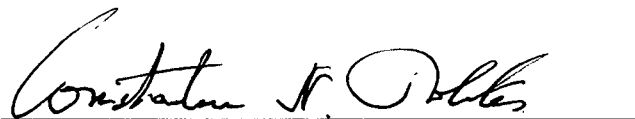
### **REASONS FOR GRANTING THE WRIT**

This case is of importance to all of the property owners of the city of Philadelphia. A favorable decision would enable all property owners to obtain building permits themselves without the costly and burdensome Contractor's License requirement. It would eliminate the discrimination presently in effect against the two groups of property owners in Philadelphia, Pennsylvania.

### **CONCLUSION**

The Court should grant the Petition for Writ of Certiorari.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Constantine N. Polites", is written over a horizontal line.

Constantine N. Polites

8 January 2021

Constantine N. Polites, pro se  
801 Yale Ave. #1023  
Swarthmore, PA 19081  
Tel, 610 543 4336  
[polites@scaffolding.com](mailto:polites@scaffolding.com)

Constantine N. Polites, pro se

Petitioner,

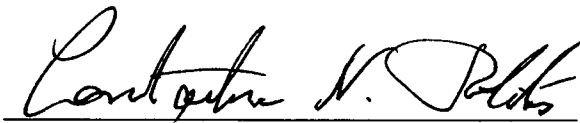
versus

City of Philadelphia, Law Department,

Respondent.

### **CERTIFICATE OF COMPLIANCE**

As required by Supreme Court Rule 33.1(h), I certify that the petition for a writ of certiorari contains 784 words, excluding the parts of the petition that are exempted by Supreme Court Rule 33.1(d). I declare under penalty of perjury that the foregoing is true and correct.



---

8 January 2021

### **DECLARATION OF COMPLIANCE WITH 28 U.S.C. §1746.**

I declare under penalty of perjury that the foregoing is true and correct. Executed on



---

8 January 2021

Constantine N. Polites, pro se  
Petitioner,  
versus

City of Philadelphia, Law Department,  
Respondent.

## **APPENDIX**

# **LIST OF EXHIBITS**

## **Exhibit A**

**Supreme Court of Pennsylvania, denial of petition.**

## **Exhibit B**

**Contractor's Liability Policy**

## **Exhibit C**

**OSHA 30 hr. course and test.**

## **Exhibit D**

**Philadelphia Tax Account Number  
Philadelphia Commercial Activity License**

## **Exhibit E**

**License Application, Contractor**

## **Exhibit F**

**Certificate of Liability Insurance**

## **Exhibit G**

**Supreme Court of Pennsylvania ,  
Opinion, Uniformity Clause of Pennsylvania Constitution.**

# EXHIBIT A



## Supreme Court of Pennsylvania

Eastern District

Phoenicia D. W. Wallace, Esq.  
Deputy Prothonotary  
Patricia A. Johnson  
Chief Clerk

468 City Hall  
Philadelphia, PA 19107  
(215) 560-6370  
[www.pacourts.us](http://www.pacourts.us)

October 6, 2020

Mr. Constantine N. Polites  
801 Yale Ave Unit 1023  
Swarthmore, PA 19081

RE: Polites, C., Pet. v. City of Phila. Law Dept.  
No. 63 EM 2020  
Lower Appellate Court Docket No:  
Trial Court Docket No: April Term, 2019 No. 04196

Dear Mr. Polites:

Enclosed please find a certified copy of an order dated October 6, 2020 entered in the above-captioned matter.

Very truly yours,  
Office of the Prothonotary

/ko

Enclosure

cc: Jane Seu, Esq.  
The Honorable Lisette Shirdan-Harris, Judge

Attest:  
Deputy Prothonotary  
Supreme Court of Pennsylvania

**Fivestar Business Quotation**

**Quote Prepared For:** Constantine N Polites  
**Policy Period:** 04/15/2019-04/15/2020  
**Agency:** BERLANCO INSURANCE AGENCY INC

**Quote Premium Summary**

Coverage	Premium
<b>Property Coverage Part:</b>	
Glass and Lettering	included
Mechanical and Electrical Breakdown	included
<b>General Liability Coverage Part</b>	\$592.00
<b>Total Quote Premium</b>	<b>\$592.00</b>

This quotation is an estimate of premium based on the information provided by you. This quotation is subject to change, as a result of, but not limited to, additional or inaccurate information, occurrence of losses or a rate change. No coverage is provided by this quotation and it is not an insurance policy. Coverage is not in effect until coverage is bound by an ERIE agent or ERIE. For specific terms, exclusions and limitations of coverage, refer to the final policy declarations and coverage forms.

Thank you for considering Erie Insurance.

Erie Insurance is a regional, multi-line insurance company offering auto, homeowners, commercial and life insurance through independent agents. The company has been based in Erie, Pa., since its founding in 1925.  
[www.erieinsurance.com](http://www.erieinsurance.com)



## OSHA 30 Construction - \$112

The 30-hour OSHA Outreach courses provide training on an expanded list of safety topics associated with workplace hazards, including the recognition, avoidance, abatement, and prevention of workplace hazards.

Courses also provide overview information regarding OSHA, including workers' rights, employer responsibilities, and how to file a complaint.

- The OSHA 30 course equates to 3 Continuing Education Units (CEU)
- OSHA card mailed direct in 6-8 weeks. Certificate of completion available immediately after successfully completing the course.
- OSHA 30 hour training must take at least 4 days to complete.
- Summit is an OSHA-authorized online Outreach Training Program provider.

**BUY NOW**

## OSHA 30 General Industry - \$112

The 30-hour OSHA Outreach courses provide training on an expanded list of safety topics associated with workplace hazards, including the recognition, avoidance, abatement, and prevention of workplace hazards.

Courses also provide overview information regarding OSHA, including workers' rights, employer responsibilities, and how to file a complaint.

- The OSHA 30 course equates to 3 Continuing Education Units (CEU)
- OSHA card mailed direct in 6-8 weeks. Certificate of completion available immediately after successfully completing the course.
- OSHA 30 hour training must take at least 4 days to complete.
- Summit is an OSHA-authorized online Outreach Training Program provider.

**BUY NOW**

## CITY OF PHILADELPHIA

APPLICATION FOR  
PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER  
COMMERCIAL ACTIVITY LICENSE  
WAGE TAX WITHHOLDING ACCOUNT

EXHIBIT D

READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM  
CLEARLY PRINT OR TYPE ALL INFORMATION  
You can register online at [www.phila.gov/revenue](http://www.phila.gov/revenue).

**There is no fee for a Commercial Activity License.**

## DEPARTMENT USE ONLY

PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PHILADELPHIA COMMERCIAL ACTIVITY LICENSE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

REVENUE CODE 3702

1A. IF THIS ACCOUNT IS FOR <b>WAGE TAX</b> WITHHOLDING ONLY, CHECK HERE: <input type="checkbox"/>		<b>YOU MUST ENTER YOUR FEDERAL EMPLOYER IDENTIFICATION AND/OR SOCIAL SECURITY NUMBER</b>  EMPLOYER IDENTIFICATION NUMBER <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> SOCIAL SECURITY NUMBER <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> PA STATE SALES and USE TAX NUMBER <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																																																
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6A. PRIMARY TYPE OF BUSINESS <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RETAIL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> SERVICES <input type="checkbox"/> OTHER																																																																		
6B. DESCRIBE EXACT TYPE OF BUSINESS																																																																		
7. ENTITY NAME		8. TRADE NAME (IF APPLICABLE)																																																																
9. BUSINESS ADDRESS (NUMBER AND STREET. DO NOT USE P.O. BOX NUMBERS.)		CITY	STATE																																																															
10. MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS.)		CITY	STATE																																																															
11. BRANCH OFFICE ADDRESS, IF ANY. (IF MULTIPLE LOCATIONS, ATTACH SEPARATE SHEET.)		CITY	STATE																																																															
12. BUSINESS TELEPHONE NUMBER	13. HOME TELEPHONE NUMBER	14. FAX NUMBER	15. E-MAIL ADDRESS																																																															
16. TYPE OF ORGANIZATION (CHECK ONE) A) <input type="checkbox"/> SOLE PROPRIETOR B) <input type="checkbox"/> CORPORATION C) <input type="checkbox"/> ESTATE/TRUST		D) <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> DISREGARDED ENTITY (LLC) CORPORATION <input type="radio"/> PARTNERSHIP <input type="radio"/> SOLE PROPRIETORSHIP <input type="radio"/> If Disregarded Entity, enter the City account number of the parent company _____ E) <input type="checkbox"/> PARTNERSHIP GENERAL PARTNERSHIP <input type="radio"/> LIMITED LIABILITY PARTNERSHIP <input type="radio"/> LIMITED PARTNERSHIP <input type="radio"/> Check here if any member is a corporation. <input type="checkbox"/> F) <input type="checkbox"/> JOINT VENTURE Check here if any member is a corporation. <input type="checkbox"/>																																																																
<b>WAGE TAX ONLY</b> <input type="checkbox"/> <b>GOVERNMENT</b> <input type="checkbox"/> <b>ASSOCIATION</b> <input type="checkbox"/> <b>NON-PROFIT UNDER INTERNAL REVENUE CODE §501 (C) (3) (ATTACH COPY OF THE IRS EXEMPTION LETTER.)</b> <input type="checkbox"/>																																																																		
17. INDIVIDUALS, PARTNERS OR OFFICERS NAMES		18. HOME ADDRESS																																																																
19. SSN OR FEDERAL EIN																																																																		
20A. VOLUNTARY DISCLOSURE OF RACE AND GENDER INFORMATION <b>RACE/NATIONAL ORIGIN:</b> <input type="checkbox"/> ASIAN, PACIFIC ISLANDER <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER (SPECIFY): _____ <b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		20B. PRIMARY LANGUAGE OF BUSINESS OWNER <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> KOREAN <input type="checkbox"/> RUSSIAN <input type="checkbox"/> OTHER (SPECIFY): _____																																																																
I understand that if I knowingly make any false statement(s) herein, I am subject to penalties as prescribed by law.																																																																		
SIGNATURE		PRINT NAME																																																																
PHONE NUMBER		DATE																																																																

Mail the completed application to the **CITY OF PHILADELPHIA, DEPARTMENT OF REVENUE, P.O. BOX 1600, PHILADELPHIA, PA 19105-1600** or **FAX to 215-686-6635**. If submitting by fax, **do not** mail this form.

# EXHIBIT E

CITY OF PHILADELPHIA • DEPARTMENT OF LICENSES AND INSPECTIONS



## LICENSE APPLICATION CONTRACTOR

Follow instructions listed on Instruction Sheet  
For further information call (215) 686-8686

WHEN COMPLETED, MAIL TO:

DEPARTMENT OF LICENSES AND INSPECTIONS  
CUSTOMER CARE UNIT, PUBLIC SERVICE CONCOURSE  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102-1687

USE A SINGLE CHECK OR MONEY ORDER FOR ALL FEES,  
PAYABLE TO "CITY OF PHILADELPHIA"

1. NAME OF OWNER

2. BUSINESS NAME

3. BUSINESS ADDRESS

CITY

STATE

ZIP CODE

4. DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

5. BILLING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)

CITY

STATE

ZIP CODE

6. PHILADELPHIA BUSINESS INCOME AND RECEIPTS TAX NUMBER

7. PHILADELPHIA COMMERCIAL ACTIVITY LICENSE NUMBER

8.

A. CONTRACTOR APPLICATION SHALL BE ACCOMPANIED BY THE FOLLOWING:

### 1. Proof of Insurance in the following areas:

#### a. Worker's Compensation and Employer's Liability

- |                            |                         |
|----------------------------|-------------------------|
| (1) Worker's Compensation: | Statutory Limits        |
| (2) Employer's Liability:  | \$100,000 each accident |
|                            | \$100,000 each employee |
|                            | \$500,000 policy limit  |

#### b. Comprehensive General Liability (Including products and completed operations)

Minimum Limit of \$500,000 Per Occurrence

#### c. Motor Vehicle Liability Insurance

Minimum Limit of \$300,000

2. Payment of non-refundable application fee of \$100.00.

B. CURB SETTER APPLICATION SHALL BE ACCOMPANIED BY:

### 1. A Performance Bond in the amount of \$1,000.00.

9. LICENSE TYPE	FEE	REVENUE CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> CONTRACTOR	\$ 100.00	3527	MARCH 31	
<input type="checkbox"/> CURB SETTER	\$ 20.00	3528	DECEMBER 31	

TOTAL FEES..... \$ \_\_\_\_\_

PLEASE BE SURE TO READ THE OTHER SIDE OF THIS FORM AND COMPLETE WHERE NECESSARY



# EXHIBIT F

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/20

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER XYZ Company 123 Main Street Anytown, USA	~~~~~ SAMPLE ~~~~~	CONTACT NAME:	
		PHONE (A/C No. Ext):	FAX (A/C No.):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: CBA Insurance Company	
		INSURER B: RST Insurance Company	
		INSURER C: XYZ Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		CBA12345	7/1/2020	6/30/2021	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 5,000
							PERSONAL & ADV INJURY
							\$ 1,000,000
							GENERAL AGGREGATE
							\$ 3,000,000
							PRODUCTS - COMP/OP AGG
							\$ 1,000,000
							\$
A	AUTOMOBILE LIABILITY	X		CBA12345	7/1/2020	6/30/2021	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident)	\$			
							PROPERTY DAMAGE (Per accident)
							\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					\$
		<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
							\$
	DED <input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		RST12345	7/1/2020	6/30/2021	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N						E.L. EACH ACCIDENT
	If yes, describe under SPECIAL PROVISIONS below						\$ 100,000
							E.L. DISEASE - EA EMPLOYEE
							\$ 100,000
							E.L. DISEASE - POLICY LIMIT
							\$ 500,000
A	Physical Abuse/Sexual Molestation	X		CBA12345	7/1/2020	6/30/2021	Per Occ \$500,000/Aggregate \$2,000,000
C	Professional Liability	X		XYZ12345	7/1/2020	6/30/2021	Per Occ \$1,000,000/Aggregate \$2,000,000
A	Property-All Risk/Special Form	X		CBA12345	7/1/2020	6/30/2021	Per Occ \$1,000,000/Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PCA and the Commonwealth of PA and their directors, officers, employees, and agents are hereby added as Addtl Insureds with an endorsement stating that the coverage afforded the Addtl Insured shall be primary & non-contributory to any other coverage available. Certificate evidences the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation, or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss (except in connection with physical abuse/sexual molestation coverage for which insurer shall report any impairment of the aggregate insurance available) no later than the time period for a notice of cancellation as set forth in the policy. General liability insurance includes coverage for physical abuse/molestation with sublimits of at least \$500,000 per occurrence and \$2,000,000 per annual aggregate with no self-insured retention and no endorsements excluding or limiting coverage.

### CERTIFICATE HOLDER

### CANCELLATION

Philadelphia Corporation for Aging 642 N. Broad Street Philadelphia, PA 19130-3409 Attn:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, THE ISSUING INSURER WILL MAIL WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
	AUTHORIZED REPRESENTATIVE

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# EXHIBIT G

**[J-14-2017]**  
**IN THE SUPREME COURT OF PENNSYLVANIA**  
**MIDDLE DISTRICT**

**SAYLOR, C.J., BAER, TODD, DONOHUE, DOUGHERTY, WECHT, MUNDY, JJ.**

VALLEY FORGE TOWERS	:	No. 49 MAP 2016
APARTMENTS N, LP; MORGAN	:	
PROPERTIES ABRAMS RUN OWNER	:	Appeal from the Order of the
LP; KBF ASSOCIATES, LP; GULPH	:	Commonwealth Court at No. 1960 CD
MILLS VILLAGE APARTMENTS LP; AND	:	2014 dated 9/10/15 affirming the order
THE LAFAYETTE AT VALLEY FORGE LP	:	of the Montgomery County Court of
	:	Common Pleas, Civil Division, at No.
	:	2014-09870 dated 10/9/14
	:	
v.	:	
	:	ARGUED: March 8, 2017
	:	
UPPER MERION AREA SCHOOL	:	
DISTRICT AND KEYSTONE REALTY	:	
ADVISORS, LLC	:	
	:	
APPEAL OF: MORGAN PROPERTIES	:	
ABRAMS RUN OWNER LP; KBF	:	
ASSOCIATES, LP	:	

## ***OPINION***

**CHIEF JUSTICE SAYLOR**

**DECIDED: July 5, 2017**

This appeal raises the question of whether the Uniformity Clause of the Pennsylvania Constitution permits a taxing authority to selectively appeal only the assessments of commercial properties, such as apartment complexes, while choosing not to appeal the assessments of other types of property – most notably, single-family residential homes – many of which are under-assessed by a greater percentage.

The particular appeal policy employed by a taxing district lies within its discretion. Our task is limited to enforcing the constitutional boundaries of any such approach, and our holding here is limited to the conclusion that the appeal policy Appellants have alleged – in terms of its classification of properties by type and/or the residency status of their owners – transgresses those boundaries. Accordingly, Appellants' complaint sets forth a valid claim that the School District's appeal policy violates the Uniformity Clause.

#### **IV. Conclusion**

For the reasons given above, the School District's preliminary objections should not have been sustained. The order of the Commonwealth Court is accordingly reversed and the matter is remanded for further proceedings.

Justices Baer, Todd, Donohue, Dougherty, Wecht and Mundy join this opinion.