

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

Respondent
City of Philadelphia, Law Department
Jane Seu, Esq, 14th Floor
1515 Arch Street
Philadelphia, PA 19102-1595
Tel. 215 683 5226
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 14th Amendment to the Constitution of the United States ?

(ii)

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,



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

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

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

Eastern District

468 City Hall
Philadelphia, PA 19107
(215) 560-6370
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

IN THE SUPREME COURT OF PENNSYLVANIA
EASTERN DISTRICT

CONSTANTINE POLITES, : No. 63 EM 2020
Petitioner

v.

CITY OF PHILADELPHIA LAW
DEPARTMENT,

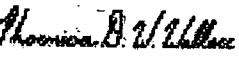
Respondent

ORDER

PER CURIAM

AND NOW, this 6th day of October, 2020, the "Petition for Extraordinary
Jurisdiction under 42 Pa.C.S. §726" is DENIED.

A True Copy Phoenicia D. W. Wallace, Esquire
As Of 10/06/2020

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

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



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

EXHIBIT D

DEPARTMENT USE ONLY

PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>					
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PHILADELPHIA COMMERCIAL ACTIVITY LICENSE NUMBER

<input type="text"/>				
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REVENUE CODE 3702

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

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

There is no fee for a Commercial Activity License.

1A. IF THIS ACCOUNT IS FOR <u>WAGE TAX WITHHOLDING ONLY</u> , CHECK HERE: <input type="checkbox"/>		YOU MUST ENTER YOUR FEDERAL EMPLOYER IDENTIFICATION AND/OR SOCIAL SECURITY NUMBER			
1B. IF THIS ACCOUNT IS FOR <u>NET PROFITS TAX ONLY</u> , CHECK HERE: <input type="checkbox"/>					
2A. DATE PHILADELPHIA BUSINESS BEGAN <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		2B. ARE YOU CLAIMING "NEW BUSINESS" TAX STATUS UNDER PHILADELPHIA CODE 19-3800? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. DO YOU NEED PRIOR YEAR TAX FORMS? YES <input type="checkbox"/> NO <input type="checkbox"/>		EMPLOYER IDENTIFICATION NUMBER <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
4. DATE WAGES FIRST PAID <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>		SOCIAL SECURITY NUMBER <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/>			
5. TAXABLE MONTHLY PAYROLL \$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/> <input type="text"/>		PA STATE SALES and USE TAX NUMBER <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
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	ZIP CODE	OWN <input type="checkbox"/> RENT <input type="checkbox"/>
10. MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS.)		CITY	STATE	ZIP CODE	
11. BRANCH OFFICE ADDRESS, IF ANY. (IF MULTIPLE LOCATIONS, ATTACH SEPARATE SHEET.)		CITY	STATE	ZIP CODE	OWN <input type="checkbox"/> RENT <input type="checkbox"/>
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 LIMITED LIABILITY PARTNERSHIP LIMITED PARTNERSHIP 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"/>	
<u>WAGE TAX ONLY</u>		G) <input type="checkbox"/> GOVERNMENT		H) <input type="checkbox"/> ASSOCIATION	
				I) <input type="checkbox"/> NON-PROFIT UNDER INTERNAL REVENUE CODE §501 (C) (3) (ATTACH COPY OF THE IRS EXEMPTION LETTER.)	
17. INDIVIDUALS, PARTNERS OR OFFICERS NAMES		18. HOME ADDRESS		19. SSN OR FEDERAL EIN	
20A. VOLUNTARY DISCLOSURE OF RACE AND GENDER INFORMATION RACE/NATIONAL ORIGIN: <input type="checkbox"/> ASIAN, PACIFIC ISLANDER <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER (SPECIFY): _____		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): _____			
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
<i>I understand that if I knowingly make any false statement(s) herein, I am subject to penalties as prescribed by law.</i>					
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	FEES	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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td colspan="2">INSURER A: CBA Insurance Company</td> </tr> <tr> <td colspan="2">INSURER B: RST Insurance Company</td> </tr> <tr> <td colspan="2">INSURER C: XYZ Insurance Company</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: CBA Insurance Company		INSURER B: RST Insurance Company		INSURER C: XYZ Insurance Company		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #															
INSURER A: CBA Insurance Company																
INSURER B: RST Insurance Company																
INSURER C: XYZ Insurance Company																
INSURER D:																
INSURER E:																
INSURER F:																
INSURED ABC Provider, Inc. 1234 Centre Street Everytown, PA																

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			CBA12345	7/1/2020	6/30/2021	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC		X				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
A	AUTOMOBILE LIABILITY			CBA12345	7/1/2020	6/30/2021	MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		X				PERSONAL & ADV INJURY	\$ 1,000,000
A	UMBRELLA LIAB						GENERAL AGGREGATE	\$ 3,000,000
	EXCESS LIAB	OCCUR					PRODUCTS - COMP/OP AGG	\$ 1,000,000
B	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/> Y / <input type="checkbox"/> N					N / A	RST12345
A	Physical Abuse/Sexual Molestation	X					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	Professional Liability	X					E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Property-All Risk/Special Form	X		CBA12345	7/1/2020	6/30/2021	Per Occ	\$ 500,000/Aggregate \$ 2,000,000
C				XYZ12345	7/1/2020	6/30/2021	Per Occ	\$ 1,000,000/Aggregate \$ 2,000,000
A				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

Philadelphia Corporation for Aging
642 N. Broad Street
Philadelphia, PA 19130-3409
Attn:

CANCELLATION

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

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
APARTMENTS N, LP; MORGAN
PROPERTIES ABRAMS RUN OWNER
LP; KBF ASSOCIATES, LP; GULPH
MILLS VILLAGE APARTMENTS LP; AND
THE LAFAYETTE AT VALLEY FORGE LP

: No. 49 MAP 2016
: Appeal from the Order of the
: Commonwealth Court at No. 1960 CD
: 2014 dated 9/10/15 affirming the order
: 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.