

# **Hardship Waiver form**

## **Snow and Ice Bylaw**

### **2023-2024 Winter Season**

Article V, Section 4 of the Town's General Bylaws provides for penalties if the tenant, occupant, owner or person having care of any building or lot of land abutting upon any street or public place within the Town where there is a sidewalk fails within the proscribed time periods to clear the sidewalks and any abutting curb cuts or ramps of snow and ice or place sand, salt or similar material on the sidewalk if ice cannot be readily removed. Section 4(f) provides that the Board of Selectmen may promulgate regulations to implement this bylaw and that waivers shall be available for individuals who are disabled, elderly or have other special needs or circumstances.

A hardship waiver is available when due to disability, age or special needs or circumstances, an individual is prevented from performing snow and ice removal within the time period set forth in the Bylaw, and the individual is unable to hire someone else to complete this task.

If you wish to be considered for a hardship waiver, please complete the attached form and submit the same to the Town Administrator, Swampscott Town Hall, 22 Monument Avenue, Swampscott, MA 01907 with "CONFIDENTIAL—Snow and Ice Hardship Waiver" clearly marked on the mailing. Applications should be submitted by December 14, 2021 or as soon as reasonably practicable after any changed circumstances that may render an individual eligible for a hardship waiver.

Please note that the Town of Swampscott reserves the right to request additional information from the individual prior to rendering a decision on the applicant's eligibility for a waiver. Eligibility will be determined by the Assistant Town Administrator of Operations/DPW Director. All applicants must apply annually for the hardship waiver. If the Assistant Town Administrator of Operations/DPW Director denies a request for a hardship waiver, the individual may appeal said denial by filing a written request for review with the Town Administrator within 30 days of the denial. The Town Administrator's decision on appeal shall be final.

# SNOW AND ICE HARDSHIP WAIVER APPLICATION

Name (printed): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approximate Length of sidewalk abutting property: \_\_\_\_\_ feet

Please state whether you own or lease the property: \_\_\_\_\_

Number of adults/minors over age 12 living at residence: \_\_\_\_\_

**\$25.00 PROCESSING FEE MUST BE PAID WITH APPLICATION**

I receive the following benefit(s): Check all that apply

\_\_\_\_ SSI or SSDI Benefits

\_\_\_\_ MassHealth (Medicaid)

\_\_\_\_ Military or Veteran's Disability Benefits

\_\_\_\_ Other (please identify): \_\_\_\_\_

Please explain all reasons in support of your application for this waiver, including why you are unable to engage a third party to perform snow and ice removal services on your behalf (***MUST BE COMPLETED TO BE CONSIDERED***):

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SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date