MUNICIPAL HOME RULE PROGRAM

APPLICATION

Senate Bill 4 / June 2019

Municipal Home Rule Program APPLICATION

SECTION I: APPLICANT INFORMATION	
A. General Information	
Name of Municipality:	
Certifying Official:	Title:
Contact Person:	Title:
Address:	
City, State, Zip:	
Telephone Number:	Fax Number:
E-Mail Address:	
2010 Census Population:	
B. Municipal Classification	
□ Class I □ Class II	☐ Class III ☐ Class IV
C. Category of Issues to be Addressed (please attach descriptions for applicable	
categories)	
☐ Tax ☐ Organization ☐ Adm	inistration Personnel Other
SECTION II: NARRATIVE (written plan, including the following)	
Specific state laws, policies, acts, resolutions, rules or regulations that are preventing the municipality to carry out duties in the most cost effective, efficient, and timely manner. Specific problem(s) created by the laws, policies, acts, resolutions, rules or regulations. Proposed solution(s) to the perceived problem(s), including all proposed changes to law, policies, acts, resolutions, rules or regulations. Categorize and include: 1) Proposed solution(s) in one of the five areas (tax/administrative/organization/personnel/other) 2) If revenue related, estimate(s) for proposed solution(s) and how the fiscal impact was determined. Example: Estimated reduction of administrative time and costs = X. Please attach the worksheet or formula used to determine "X" amount.	
7. Freder deader the Worksheet of Tol	
SECTION III: AFFIDAVITS	
Hearing Mandate Verification Publication Mandate Verification Ordinance Authorizing Submission of Plan Fiscal Impact Worksheets/Formulas (if reven Feasibility Study (if taxes are proposed) Attorney Opinion (application complies with state State of West Virginia Fees Statement (none	utory requirements)