

Initiating event and contributing factors;

Root cause(s);

Whether off-site responders were notified; and

Operational or process changes that resulted from the investigation of the release.

- (2) The stationary source shall annually submit a report of the accident history to Contra Costa Health Services. The first report shall be due two years after the effective date of the ordinance codified in this chapter, and subsequent reports shall be due on the anniversaries of the effective date of the ordinance codified in this chapter.
- (f) Certification. The owner or operator shall submit in the safety plan a single certification that, to the best of the signer's knowledge, information, and belief formed after reasonable inquiry, the information submitted is true, accurate, and complete.
- (g) Security and Vulnerability Assessment. Each stationary source shall perform and document a security and vulnerability assessment as defined in the Contra Costa County CalARP program guidance document, within one year of the effective date of the ordinance codified in this chapter, and at least once every five years after the initial assessment, or as prescribed by Federal regulation. The stationary source shall document its process for assuring that recommendations are addressed.
- (h) Safety Culture Assessment. The stationary source shall conduct a safety culture assessment. The assessment shall be based upon a method listed in the Contra Costa County CalARP program guidance document or shall be reviewed by Contra Costa Health Services to determine substantial equivalency. The initial assessment shall be performed by one year following the revisions to the Industrial Safety Ordinance guidance document that addresses the safety culture assessment, and at least once every five years thereafter. The safety culture assessment will be reviewed during the audit and inspection of the stationary source. Contra Costa Health Services may perform its own safety culture assessment after a major chemical accident or release or the occurrence of any incident that could reasonably have led to a major chemical accident or release, or based on Contra Costa Health Services audit results of the stationary source.
- (i) Inherently Safer Systems Analysis.
 - (1) The stationary source shall conduct an inherently safer systems analysis (ISAA) for each covered process as follows:
 - (A) The stationary source shall conduct an ISAA on existing covered processes every five years.
 - (B) The stationary source shall conduct an ISSA in the development and analysis of recommended action items identified in a PHA.
 - (C) Effective September 30, 2014, whenever a major change is proposed at a facility that could reasonably result in a major chemical accident or release, the stationary source shall conduct an ISAA as part of a management of change review required by subsection (a)(6)(B) of this section.
 - (D) If an incident occurs on or after September 30, 2014, an investigation of the incident is conducted pursuant to subsection (a)(9)(A) of this section and the incident investigation report recommends a major change that could reasonably result in a major chemical accident or release, the stationary source shall commence and complete an ISSA of the recommend major change as soon as administratively practicable after completion of the incident investigation report.
 - (E) If an incident occurs on or after September 30, 2014, a root cause analysis of the incident is conducted as required by subsections (c)(1) or (c)(2) of this section, and the root cause analysis report or an associated incident investigation report recommends a

major change that could reasonably result in a major chemical accident or release, the stationary source shall commence an ISSA of recommended major change as soon as administratively practicable after completion of the root cause analysis report.

- (F) The stationary source shall conduct an ISSA during the design of new processes, process units and facilities. Immediately upon completion of the ISSA report referred to in subsection (i)(2) of this section, the stationary source shall advise Contra Costa Health Services of the availability of the ISSA report.
- (2) The stationary source shall prepare a written report documenting each ISSA within thirty days of completion of the ISSA and make the report available to Contra Costa Health Services during an audit or inspection and upon request. The ISSA report must contain, at a minimum, the following information:
 - (A) Identification and a description of the inherently safer system(s) analyzed in the ISSA;
 - (B) A description of the methodology used to analyze the inherently safer system(s);
 - (C) The conclusions of the analysis;
 - (D) The rationale for the conclusions; and
 - (E) An action plan, including a timeline to implement the inherently safer system(s) recommended in the ISSA.
- (3) The stationary source shall select and implement each inherently safer system identified in an ISSA report to the greatest extent feasible and as soon as administratively practicable. If a stationary source concludes that implementation of an inherently safer system is not feasible, the stationary source shall document the basis for this conclusion in meaningful detail. The documentation shall include sufficient evidence to demonstrate to Contra Costa Health Services' satisfaction that implementing the inherently safer system is not feasible and the reasons for this conclusion. A claim that implementation of an inherently safer system is not feasible shall not be based solely on evidence of reduced profits or increased costs.
- (j) Safeguard Protection Analysis.
 - (1) Effective September 30, 2014, a stationary source shall conduct a layer of protection analysis or an alternative type of analysis approved by Contra Costa Health Services that uses a quantitative, qualitative or equivalent semi-quantitative method to determine the effectiveness of existing safeguards and safeguards recommended in a PHA to reduce the probability and/or severity of a catastrophic release. The safeguard protection analysis may be a standalone analysis or incorporated within a PHA.
 - (2) The stationary source shall complete the safeguard protection analysis no later than June 30, 2019. A safeguard protection analysis that was completed by a stationary source within five years prior to June 30, 2019, in accordance with the standards set forth in subsection (j)(1) of this section, will be deemed to comply with this requirement. The stationary source shall update and revalidate the safeguard protection analysis at least once every five years.
 - (3) All safeguard protection analyses shall be performed by a team with expertise in engineering and process operations. The team shall include at least one employee who has experience and knowledge specific to the safeguards and one member who is knowledgeable about the specific safeguard protection analysis method used.
 - (4) The stationary source shall prepare a written report that documents the safeguard protection analysis in accordance with the standard of practice applicable to the type of analysis conducted. The stationary source will complete the report within thirty days after the completion of the safeguard protection analysis and make the report available to Contra Costa Health Services during an audit or inspection and upon request.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.100 - Review, audit and inspection.

- (a) Upon submission of a safety plan by the stationary source, Contra Costa Health Services shall review the safety plan to determine if all the elements required by Section 6.43.090 are included and complete. Contra Costa Health Services shall provide to the stationary source a written notice of deficiencies, if any. The stationary source shall have 60 calendar days from receipt of the notice of deficiencies to make any corrections. The stationary source may request, in writing, a one-time 30-day calendar day extension to correct deficiencies. By the end of the 60 calendar days or any extension period, the stationary source shall resubmit the revised safety plan to Contra Costa Health Services. After Contra Costa Health Services determines that the safety plan is complete, Contra Costa Health Services shall schedule a public meeting on the stationary source's safety plan to explain its contents to the public and take public comments. Contra Costa Health Services shall make portions of the safety plan, which are not protected trade secret information, available to the public for the public meeting.
- (b) Contra Costa Health Services shall, within one year of the submission of the stationary source's safety plan, conduct an initial audit and inspection of the safety program to determine compliance with this chapter; as follows:
 - (1) Based upon Contra Costa Health Services' review of the safety plan and the audit and inspection of the stationary source, Contra Costa Health Services may require modifications or additions to the safety plan submitted by the stationary source, or safety program limited to bringing the safety plan or safety program into compliance with the requirements of this chapter. Any determination that modifications or additions to the safety plan or safety program are required shall be in writing, collectively referred to as the "preliminary determination." The preliminary determination shall explain the basis for the modifications or additions required to bring the safety plan or safety program into compliance with the requirements of this chapter. The preliminary determination shall be mailed to the stationary source.
 - (2) The stationary source shall respond in writing to the preliminary determination issued by Contra Costa Health Services. The response shall state that the stationary source will incorporate into the safety plan or safety program the revisions contained in the preliminary determination or shall state that the stationary source rejects the revisions, in whole or in part. For each rejected revision, the stationary source shall explain the basis for rejecting such revision. Such explanation may include substitute revisions.
 - (3) The stationary source's written response to Contra Costa Health Services' preliminary determination shall be received by Contra Costa Health Services within 90 days of the issuance of the preliminary determination or such shorter time as Contra Costa Health Services specifies in the preliminary determination as being necessary to protect public health and safety. Prior to the written response being due and upon written request from the stationary source, Contra Costa Health Services may provide, in writing, additional time for the response to be received.
 - (4) After receiving the written response from the stationary source, Contra Costa Health Services shall issue a public notice and make portions of the safety plan, the preliminary determination and the stationary source's responses which are not protected trade secret information, available for public review. Public comments on the safety plan shall be taken by Contra Costa Health Services for a period of 45 days after the safety plan, the preliminary determination and the stationary source's responses are made available to the public. Contra Costa Health Services shall schedule a public meeting on the safety plan during the 45 day comment period. The public meetings shall be held in the affected community on evenings or weekends.
- (c) Based upon Contra Costa Health Services' preliminary determination, review of the stationary source's responses, and review of public comments on the safety plan, the preliminary determination and the stationary source's responses, Contra Costa Health Services may require modifications or additions to the safety plan submitted by the stationary source or safety program limited to bringing the safety plan or safety program into compliance with the requirements of this chapter. Any determination that modifications or additions to the safety plan or safety program are required, and any determination that no modifications or additions to the safety plan or safety program are required, shall be in writing (collectively referred to as "final determination"), shall be mailed to the stationary

source and shall be made available to the public. A copy of the final determination report will be sent to Cal/OSHA, EPA, and the Richmond Fire Department. Contra Costa Health Services may not include in a final determination any requirements to a safety plan or safety program which would cause a violation of, or conflict with, any State or Federal law or regulation or a violation of any permit or order issued by any State or Federal agency.

- (d) Within thirty days of Contra Costa Health Services' final determination, the stationary source and/or any interested person may appeal the final determination to the City Council of the City of Richmond by a verified written notice of appeal filed with the City Clerk and payment of the applicable appeal fee. The appeal shall be limited to issues raised during the public comment period. The notice shall state the grounds for any such appeal, including:
 - (1) The reasoning that the appeal is necessary because the stationary source is in compliance with this chapter; or
 - (2) The reasoning that the appeal is necessary to bring the stationary source into compliance with this chapter.
- (e) In acting on the appeal, the City Council shall receive and consider the recommendation from the Contra Costa Health Services Director concerning the appeal and shall have the same authority over the final determination as Contra Costa Health Services. The City Council may require modifications or additions to the safety plan or safety program limited to bringing the safety plan or safety program into compliance with the requirements of this chapter. The City Council may not include in its decision on the final determination any requirements to a safety plan or safety program which would cause violation of, or conflict with, any State or Federal law or regulation or a violation of any permit or order issued by any State or Federal agency. The decision of the City Council shall be final with respect to the final determination.
- (f) The safety plan shall be valid for a period of three years from the date of final action and shall be reviewed and updated by the stationary source every three years pursuant to the requirements of this chapter. Any revisions to the safety plan as a result of the review and update shall be submitted to Contra Costa Health Services and shall be subject to the provisions of this section.
- (g) Contra Costa Health Services may, within 30 days of a major chemical accident or release, conduct a safety inspection to review and audit the stationary source's compliance with the provisions of Section 6.43.090. Contra Costa Health Services shall review and audit the stationary source's compliance with the provisions of Section 6.43.090 at least once every three years. Contra Costa Health Services may audit the stationary source based upon any of the following criteria: accident history of the stationary source; accident history of other stationary sources in the same industry; quantity of regulated substances present at the stationary source; location of the stationary source and its proximity to the public and environment receptors; the presence of specific regulated substances; the hazards identified in the safety plan; a plan for providing neutral and random oversight or a complaint from the stationary source's employees or their representative. Subject to the provisions and limitations of Section 6.43.090, the stationary source shall allow Contra Costa Health Services to conduct these inspections and audits. Contra Costa Health Services, at its option, may select an outside consultant to assist in conducting said inspection.
- (h) Within thirty days of a major chemical accident or release, Contra Costa Health Services may commence an incident safety inspection with respect to the process involved in the incident pursuant to the provisions of Section 6.43.090(c).
- (i) Based upon Contra Costa Health Services' audit, safety inspection or an incident inspection, Contra Costa Health Services may require modifications or additions to the safety plan submitted by the stationary source or safety program limited to bringing the safety plan or safety program into compliance with the requirements of this chapter.
 - (1) Any determination by Contra Costa Health Services shall be in writing and shall be mailed to the stationary source (referred to as the "notice of findings"). The stationary source shall have sixty calendar days from receipt of the notice of findings to make any corrections. The stationary source may request, in writing, a one-time thirty-day calendar day extension to make corrections. Contra

Costa Health Services may not include in its notice of findings requirements to a safety plan or safety program which would cause a violation of, or conflict with, any State or Federal law or regulation or a violation of any permit or order issued by any State or Federal agency. The notice of findings made by Contra Costa Health Services will be available to the public.

- (2) Within thirty days of Contra Costa Health Services' notice of findings, the stationary source and/or any interested person may appeal the notice of findings to the City Council by a verified written notice of appeal filed with the City Clerk and payment of the applicable appeal fee. The appeal must state the grounds for any such appeal, including:
 - (A) The reasoning that the appeal is necessary because the stationary source is in compliance with this chapter; or
 - (B) The reasoning that the appeal is necessary to bring the stationary source into compliance with this chapter.
 - (3) In acting on the appeal, the City Council shall receive and consider the recommendation from the Contra Costa Health Services Director concerning the appeal and shall have the same authority over the notice of findings as Contra Costa Health Services. The City Council may require modifications or additions to the safety plan or safety program limited to bringing the safety plan or program into compliance with the requirements of this chapter. The City Council may not include in its decision on the notice of findings any requirements to a safety plan or safety program which would cause a violation of, or conflict with, any State or Federal law or regulation or a violation of any permit or order issued by any State or Federal agency. The decision of the City Council shall be final with respect to the notice of findings.
- (j) Nothing in this section shall preclude, limit or interfere in any way with the authority of the City to exercise its enforcement, investigatory and information gathering authorities under any other provision of law; nor shall anything in this chapter effect or diminish the rights of the stationary source to claim legal privileges such as attorney-client privilege and/or attorney work product with respect to information and/or documents required to be submitted to or reviewed by Contra Costa Health Services.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.110 - Trade secrets.

The disclosure of any trade secret information required by this chapter shall be governed by California Health and Safety Code Section 25538, as amended from time to time, or as otherwise protected or required by law.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.120 - Industrial safety programs ombudsperson.

The City of Richmond shall utilize the County of Contra Costa's Hazardous Materials Ombudsperson as its Industrial Safety Programs Ombudsperson. The Industrial Safety Programs Ombudsperson will serve as a single point of contact for people who live or work in Richmond regarding environmental health concerns, questions, and complaints about industrial safety programs. The Industrial Safety Programs Ombudsperson shall be empowered to identify and solve problems and make recommendations to Contra Costa Health Services. The Industrial Safety Programs Ombudsperson's role will be one of investigating concerns and complaints, facilitating their resolution and assisting people in gathering information about programs, procedures, or issues. The Industrial Safety Programs Ombudsperson may provide technical assistance to the public if it is required.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.130 - Public information bank.

- (a) Contra Costa Health Services shall collect and provide ready access, including the use of electronic accessibility as reasonably available, to public documents which are relevant to the goals of this chapter, including at a minimum, business plan inventories and emergency response plans, risk management plans, safety plans, and incident reports. This section shall not apply to trade secret information or other information protected from disclosure under Federal or State law.
- (b) Copies of the records or information collected by Contra Costa Health Services pursuant to subsection (a) above, which pertain to stationary sources located within the City of Richmond, shall also be deposited with the Richmond Public Library and made available for review by the public.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.140 - Fees.

Contra Costa Health Services may, upon a majority vote of the City Council, adopt a schedule of fees to be collected from each stationary source subject to the requirements of this chapter. Any review, inspection, audit fee schedule shall be set in an amount sufficient to pay only those costs reasonably necessary to carry out the requirements of this chapter, including allocable costs of staff and/or consultant time or public hearings and administrative overhead. The fee schedule shall include the cost of the Industrial Safety Programs Ombudsperson.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.150 - Penalties.

Regardless of the availability of other civil or administrative remedies and procedures for enforcing this chapter, every act or condition prohibited or declared unlawful by this chapter, and every knowing or willful failure or omission to act as required herein, is a violation of this chapter and shall be punishable as a misdemeanor and subject to enforcement pursuant to the provisions of Section 1.04.100 through 1.04.160 of this Code.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.160 - Annual performance review and evaluation.

- (a) Contra Costa Health Services shall annually:
 - (1) Review its activities to implement this chapter; and
 - (2) Evaluate the effectiveness of this chapter in achieving its purpose and goals pursuant to Section 6.43.030 of this chapter.
- (b) An annual performance review and evaluation report shall be prepared by Contra Costa Health Services based upon the previous fiscal year's activities and shall be submitted to the City Council on or before October 31, 2002 and each year thereafter. The report shall contain:
 - (1) A brief description of how Contra Costa Health Services is meeting the requirements of this chapter as follows:
 - (A) Effectiveness of Contra Costa Health Services' program to ensure stationary source compliance with this chapter;
 - (B) Effectiveness of the procedures for records management;

- (C) Number and type of audits and inspections conducted by Contra Costa Health Services pursuant to this chapter;
 - (D) Number of root cause analyses and/or incident investigations conducted by Contra Costa Health Services;
 - (E) Contra Costa Health Services' process for public participation;
 - (F) Effectiveness of the public information bank, including status of economic accessibility;
 - (G) Effectiveness of the hazardous materials ombudsperson; and
 - (H) Other required program elements necessary to implement and manage this chapter;
- (2) A listing of all stationary sources covered by this chapter, including for each:
- (A) The status of the stationary sources' safety plan and program;
 - (B) A summary of all stationary source safety plan updates and a listing of where the safety plans are publicly available;
 - (C) The annual accident history report submitted by the stationary source pursuant to Section 6.43.090(e)(2) of this chapter;
 - (D) A summary, including the status, of any root cause analyses conducted or being conducted by the stationary source and required by this chapter, including the status of implementation of recommendations;
 - (E) A summary, including the status, of any audits, inspections, root cause analyses and/or incident investigations conducted or being conducted by Contra Costa Health Services pursuant to this chapter, including the status of implementation of recommendations;
 - (F) Description of inherently safer systems implemented by the stationary source;
 - (G) Legal enforcement actions initiated by Contra Costa Health Services, including administrative, civil, and criminal actions pursuant to this chapter;
 - (H) Process safety indicators reported by the stationary source as required under Section 6.43.090(a)(13)(D)(i) of this chapter;
- (3) Total penalties assessed as a result of enforcement of this chapter;
- (4) Total fees, service charges, and other assessments collected specifically for the support of this chapter;
- (5) Total personnel and personnel years utilized by the jurisdiction to directly implement or administer this chapter;
- (6) Comments from interested parties regarding the effectiveness of the local program that raise public safety issues;
- (7) The impact of this chapter in improving industrial safety.
- (c) Contra Costa Health Services shall provide a copy of the annual performance audit submission required by Title 19, Chapter 4.5, Section 2780.5 of the California Code of Regulations to the City Council on or before October 31 of each year.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.170 - Construction.

Notwithstanding any other provision of this Code and for the purpose of this chapter, wherever it provides that Contra Costa Health Services shall act, such direction in all instances shall be deemed and is directory, discretionary and permissive and not mandatory.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.180 - Conditional use permit.

When any stationary source, as defined in Section 6.43.050(o), changes its process to include the use of a higher hazard category material than currently being used, the facility shall obtain a conditional use permit in accordance with the procedures set forth in Section 15.04.820.025 of the Richmond Municipal Code.

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)

6.43.190 - Determination of hazard category.

The hazard category of a material or waste shall be determined pursuant to this section.

(a) Method of Determination.

- (1) The primary method of determining the material hazard category of a hazardous waste or material shall be reference to the Winter 1994 version of the U.S. Department of Transportation ("D.O.T.") Code of Federal Regulations, Title 49 ("49 CFR"), Section 172.101, "Hazardous Materials Table" (from columns (3) and (5), extract the "Hazardous Class or Division" and "Packing Group" information, then proceed to 49 CFR 173.2 to determine the material hazard category as either A, B or C). If a material is listed in 49 CFR 172.101 more than once, the rating that results in the highest hazard category shall be used. The hazard category of a mixture is determined according to its common name as defined in Title 49.
- (2) Where a hazardous material, waste, or mixture is not referenced in 49 CFR 172.101, and the hazard category cannot be determined using the primary method, refer to the manufacturer's MSDS for the D.O.T. "Hazard Class or Division," "Packing Group" and "Name of Class or Division." Proceed to subsection (c) of this section to determine the material hazard category as either A, B or C.
- (3) Where the preceding methods are not successful, Contra Costa Health Services or its designee shall be responsible for determining a material's hazard category.
- (4) Regardless of the hazard category obtained using the methods set forth above, materials with the word "poison" in column (6) of 49 CFR 172.101, methyl chloride, and the metals antimony, mercury, lead, arsenic, thallium and cadmium and their compounds, shall be Hazard Category A materials, and denatured alcohol and methanol shall be Hazard Category B materials for purposes of this chapter.

(b) Exclusions. Regardless of the hazard category obtained using the methods set forth in subsection (a), above, hot coke, hot coal briquettes, and materials not regulated by D.O.T. or which have no D.O.T. Hazard Class or Division are not regulated by this chapter.

(c) Hazard Categories.

- (1) Hazard Category A materials including the following:
 - (A) Forbidden materials, as referenced in 49 CFR 173.21 and 173.54;
 - (B) Explosives and blasting agents, Class 1, as defined in 49 CFR 173.50(b)(1) through 173.50(b)(6);
 - (C) Reactive materials, air reactive materials — Class 4, Division 4.2 as defined in 49 CFR 173.124(b)(1) and (2); Water reactive materials — Class 4, Division 4.3 as defined in 49 CFR 173.124(c); and Organic peroxides — Class 5, Division 5.2 as defined in 49 CFR 173.128;
 - (D) Radioactive materials, Class 7 as defined in 49 CFR 173.403(y);

- (E) Oxidizers D.O.T. Packing Group I, Class 5, Division 5.1 as defined in 49 CFR 173.127(a) when Packing Group I is required per 49 CFR 173.127(b)(2)(i);
 - (F) Poisons, D.O.T., Poisons, Class 6, Division 6.1 as defined in 49 CFR 173.133 (applies to all hazard zones), Infectious substances, Class 6, Division 6.2 as defined in 49 CFR 13.134;
 - (G) Poison gas, Class 2, Division 2.3 as defined in 49 CFR 173.115(c).
- (2) Hazard Category B materials including the following:
- (A) Flammable liquids, Class 3 Packing Groups I and II as defined in 49 CFR 173.120(a);
 - (B) Flammable solids, Class 4, Division 4.1 as defined in 49 CFR 173.124(a);
 - (C) Oxidizers, D.O.T. Packing Group II, Class 5, Division 5.1 as defined in 49 CFR 173.127(a) when Packing Group II is required per 49 CFR 173.127(b)(2)(ii);
 - (D) Flammable gases, Class 2, Division 2.1 as defined in 49 CFR 173.115(a);
 - (E) Corrosives, D.O.T. Packing Group I or II, Class 8 Packing Groups I or II as defined in 49 CFR 173.136(a) and 173.137(a) and (b).
- (3) Hazard Category C materials include the following:
- (A) Non-flammable compressed gases, Class 2, Division 2.2 as defined in 49 CFR 173.115(b);
 - (B) Combustible liquids, Class 3 Packing Group III as defined in 49 CFR 173.120(b);
 - (C) Miscellaneous hazardous materials, Class 9 as defined in 49 CFR 173.155;
 - (D) Oxidizers D.O.T. Packing Group III, Class 5, Division 5.1 as defined in 49 CFR 173.127(a) when Packing Group III is required per 49 CFR 173.127(b)(2)(iii); and
 - (E) Corrosives D.O.T. Packing Group III, Class 8 Packing Group III as defined in CFR 49 173.136(a) and 173.137(c).

(Source: Ordinance No 42-01)

(Ord. No. 1-13 N.S., § I, 2-5-2013; Ord. No. 13-14 N.S., § I, 7-1-2014)