

# STANISLAUS LAFCO

## Stanislaus Local Agency Formation Commission

1010 – 10th Street, 3<sup>rd</sup> Floor ♦ Modesto, CA 95354

(209) 525-7660 ♦ FAX (209) 525-7643

[www.stanislauslafco.org](http://www.stanislauslafco.org)

### FILING REQUIREMENTS FOR SUBMITTING APPLICATIONS

This checklist is provided as a guide for the preparation of a complete application packet to LAFCO. **You are required to consult with LAFCO staff prior to the submittal of the completed application.** If you have any questions regarding your proposal or preparation of your application packet, please contact the LAFCO staff at (209) 525-7660.

- \_\_\_ 1. Application form completed with **original signatures** and required attachments.
- \_\_\_ 2. Filing fee (deposit) payable to Stanislaus LAFCO. (See [Schedule of Fees and Deposits.](#))
- \_\_\_ 3. Vicinity Map (8½"x11" paper)
- \_\_\_ 4. Legal description and map prepared to State Board of Equalization (SBOE) specifications. Provide an original copy, stamped by the engineer on 8½"x11" paper. *A separate fee for the SBOE filing will be determined and collected at time of project approval.*
- \_\_\_ 5. Evidence of approval. Please check the appropriate items:
  - \_\_\_ A. If annexation is to a city, the resolution and map of rezoning is required. Include the CEQA Initial Study, Notice of Determination, and copy of Fish & Wildlife receipt.
  - \_\_\_ B. If annexation is to a district, resolution or copy of development approval (e.g. tentative subdivision map, use permit, conditions of approval, etc). Include the CEQA Initial Study, Notice of Determination, and copy of Fish & Wildlife receipt.
  - \_\_\_ C. If applicant is city or district, a Resolution of Application by the city council or district governing board.
  - \_\_\_ D. If application is by petition of registered voters or landowners, a [Notice of Intent to Circulate Petition](#) has been provided and a completed petition is attached. (See [Petition for Proceedings](#) template.)
- \_\_\_ 6. Plan for Services, prepared pursuant to Government Code Section 56653 demonstrating the agency's ability to provide services, a financing plan, and evidence of the timely availability of water supplies adequate for projected needs (Section 56668k).
- \_\_\_ 7. Plan for Agricultural Preservation: For a sphere of influence expansion or annexation to a city or special district providing one or more urban services (i.e. potable water, sewer) that includes agricultural lands, a Plan for Agricultural Preservation must be provided, consistent with Commission Policy 22.
- \_\_\_ 8. For applications with lengthy support documents, compact discs may be requested for the Commission.
- \_\_\_ 9. Two (2) sets of labels for property owners and registered voters within the boundaries of the proposal and one (1) set of labels for property owners and registered voters within a 300ft radius, outside the proposal area (provide a map showing this area).

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## APPLICATION FOR (Check all that apply):

- Sphere of Influence Amendment
- Annexation to: City of: \_\_\_\_\_ District: \_\_\_\_\_
- Detachment from: City of: \_\_\_\_\_ District: \_\_\_\_\_
- Formation of a Special District: - Type of District: \_\_\_\_\_
- Other: \_\_\_\_\_

NAME OF PROPOSAL: \_\_\_\_\_

## GENERAL DESCRIPTION OF PROPOSAL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REASONS FOR PROPOSAL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LOCATION AND ASSESSOR'S PARCEL NUMBERS (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

## APPLICANT'S REPRESENTATIVE:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

### LAFCO Use Only:

Proposal Name: \_\_\_\_\_ LAFCO Application No. \_\_\_\_\_

Submittal Date: \_\_\_\_\_ Cert. of Filing Date: \_\_\_\_\_

LAFCO Filing Fee: \$ \_\_\_\_\_ Fees Paid? \_\_\_\_\_ Yes \_\_\_\_\_ No

SBOE Fee: \$ \_\_\_\_\_ Fees Paid? \_\_\_\_\_ Yes \_\_\_\_\_ No

100% Property Owners Consent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Territory Uninhabited? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PROPERTY OWNER(S):**

If multiple property owners, please provide the names, with address information, on a separate page.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SUBJECT AGENCIES WITHIN PROPOSAL AREA THAT WILL GAIN OR LOSE TERRITORY:**

If more than three subject agencies, please provide the names and information on a separate page.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**AFFECTED AGENCIES WITHIN PROPOSAL AREA:** (Agencies that may have overlying boundaries or sphere of influence.) If more than two affected agencies, please provide the names and information, on a separate page.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**SCHOOL DISTRICTS:** (School districts within the proposal area)

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

INTERESTED AGENCIES: (Other agencies which provide facilities or services to proposal area.) If more than two interested agencies, please provide the name and information, on a separate page.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONS REQUESTING TO BE NOTIFIED:**

If more than two names, please provide the names and information on a separate page.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**Please respond to all items in this questionnaire and indicate N/A when a question does not apply. Any additional information that is pertinent to the application filing should be included in the application at the time of submittal.**

**I. LANDOWNER CONSENT**

Have all property owners involved with the proposal given their written consent?

- YES (If yes, please attach the original signed petitions, letters or applications)
- NO (If no, please attach the petitions, letters or applications with the original signatures of those consenting and provide the name, address and APN of those property owners not consenting.)

**II. REGISTERED VOTER INFORMATION**

A. Number of Registered Voters residing within the proposal: \_\_\_\_\_

(This information can be obtained from the Stanislaus County Elections Office.)

**III. LAND USE**

A. Area of Proposal (Gross Acres): \_\_\_\_\_

B. Land Uses of Proposed Area:

	EXISTING	PROPOSED
Zoning	<input type="checkbox"/> City <input type="checkbox"/> County	<input type="checkbox"/> City <input type="checkbox"/> County
General Plan Designation	<input type="checkbox"/> City <input type="checkbox"/> County	<input type="checkbox"/> City <input type="checkbox"/> County
Use of Proposal Area		

C. Surrounding Land Uses:

	Describe (including specific uses)	Zoning	General Plan Designation	City or County Designation
North				<input type="checkbox"/> City <input type="checkbox"/> County
South				<input type="checkbox"/> City <input type="checkbox"/> County
East				<input type="checkbox"/> City <input type="checkbox"/> County
West				<input type="checkbox"/> City <input type="checkbox"/> County

D. Describe any public easements/oil well operations/cellular site leases, etc. that currently exist on the site:

\_\_\_\_\_

\_\_\_\_\_

E. Evidence of Approval -- Are there any land use entitlements involved in the project?

Yes     No

If yes, please provide a copy of the documentation for this entitlement. Please check those documents, which may apply:

- Tentative Map and Conditions
- Subdivision Map or Parcel Map
- Specific Plan
- Rezoning
- General Plan Amendment
- Rezoning
- Other - (provide explanation):

\_\_\_\_\_

\_\_\_\_\_

**IV. TOPOGRAPHY**

A. Describe the physical features of the subject parcel(s). Refer to major highways, roads, watercourses, and topographical features:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Drainage and average slopes: \_\_\_\_\_

**V. BOUNDARIES AND ASSESSMENT**

A. Is the property contiguous to the existing City or District boundary?:  Yes  No  
(Contiguous is defined by Govt. Code Section 56031)

B. Is the project co-terminus with:  
 The Assessor's Parcel boundaries?  Yes  No  
 The legal lot boundaries?  Yes  No

C. Is the proposal completely surrounded by the annexing city or district?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

D. Maps and Legal Description – Attach the following:

1. A map (8½"x11") which shows specifically the boundaries of the proposal, all bearings and distances, and the relationship of the boundaries to those of the existing district or city boundaries. The map must be drawn to the State Board of Equalization requirements.
2. A generalized/vicinity map (8½"x11") showing the boundaries and relative size of the proposal with respect to the surrounding area.
3. A written legal description of the boundaries of the proposal. The legal description must be written clearly pursuant to State Board of Equalization Requirements.
4. Tax Assessor Parcel Information (Use additional sheets if necessary; information can be obtained from the County Assessor's Office):

<u>Assessor's Parcel Number</u>	<u>Tax Rate Area</u>	<u>Assessed Land Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Total:	_____



**VIII. PUBLIC SERVICES**

A. Services for the Proposal Area:

1. Is the reorganization requested for a proposed development?  Yes  No
2. Describe what services will be provided to subject property: (Please attach any "Intent to Serve" letters for water and/or sewer services). If sewer and/or water agency annexation is also part of the request, please expand upon the agency's ability to provide services in the Plan for Services document and attach any relevant studies/master plans.

*Note: Evidence must also be included to demonstrate the timely availability of water supplies adequate for projected needs of the area (Government Code Section 56668).*

(A)	(B)	(C)	(D)	(E)	(F)
Service	Current Service Provider	Level & Range of Service	To be Provided by this Proposal?	If YES to (D), Approx. Date Service Will Be Available	If YES to (D), Method to Finance
WATER					
SEWER					
POLICE					
FIRE					

B. Assessment and Indebtedness of Service Areas:

1. Does the City/District/County have current plans to establish any new assessment districts in order to pay for new or extended service(s) to the proposal area?
  - Yes  No
  - If yes, please describe: \_\_\_\_\_
2. Will the subject territory assume any existing bonded indebtedness upon annexation to the City/District?:
  - Yes  No
  - How will indebtedness be repaid? (e.g., property taxes, assessments, service fees):  
\_\_\_\_\_
3. Will the proposal area be subject to special assessments or fees?:
  - Yes  No
  - Explain: \_\_\_\_\_



C. Sewer Information:

1. Is extension of sewer service part of this application?  Yes  No
2. Is a developed parcel requesting annexation due to failed septic system?  
 Yes  No  
If yes, please include a copy of any letters from the Dept. of Environmental Resources or a private septic system company.
3. Is the subject parcel(s) within the sphere of influence of a district or city that provides public sewer service?  Yes  No  
If yes, which agency? \_\_\_\_\_
4. Has the agency that will be providing service issued an "Intent to Serve" letter?  
 Yes  No (If yes, please attach letter to application.)  
  
If no: Will the agency be prepared to furnish sewer service upon annexation?  
 Yes  No
5. Does the agency have the necessary contractual and design capacity to provide sewer service to the proposed area?  Yes  No  
If no, please describe the agency's plan to increase capacity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Indicate the method of financing improvements and on-going operations (e.g., general property tax, assessment district, landowner/developer fees, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
7. What is the distance for connection to the agency's existing sewer system?:  
\_\_\_\_\_  
\_\_\_\_\_

D. Water Information:

1. Is extension of water part of this application?  Yes  No
2. Is a well or other on-site water system currently used on this property?  Yes  No
3. Is the subject parcel(s) within the sphere of influence of a district or city that provides public water service?  Yes  No  
If yes, which agency? \_\_\_\_\_
4. Please list:  
Wholesale Water Agency: \_\_\_\_\_  
Retail Water Agency: \_\_\_\_\_
5. Has the agency that will be providing service issued an "Intent to Serve" letter?  
 Yes  No (If yes, please attached letter to application)  
  
If no: Will the agency be prepared to furnish water service upon annexation?  
 Yes  No

6. Does the agency have the necessary contractual and design capacity to provide water service to the proposed area?  Yes  No

If no, please describe the agency's plan to increase capacity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Indicate the method of financing improvements and on-going operations (e.g. general property tax, assessment district, landowner/developer fees, etc.):

\_\_\_\_\_  
\_\_\_\_\_

8. What is the distance for connection to the agency's existing water system?

\_\_\_\_\_

E. Police Service

1. If annexation to a City, what are the existing police service levels provided within the City limits? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What level of police services will be provided to the area upon full development?

\_\_\_\_\_  
\_\_\_\_\_

Will the service levels be maintained?  Yes  No

If yes, how will the City finance or maintain existing service levels to the area (master service plans, CIP, etc.)? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

F. Fire Protection Service

1. If annexation to a City, what are the existing fire protection service levels provided within the City limits? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What level of fire protection services will be provided to the area upon full development?

\_\_\_\_\_  
\_\_\_\_\_

Will the service levels be maintained?  Yes  No

If yes, how will the City finance or maintain existing service levels to the area (master service plans, CIP, etc.)? Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. What are the "Insurance Services Office (ISO)" Class ratings of the affected agencies?

City \_\_\_\_\_ District \_\_\_\_\_

**IX. ENVIRONMENTAL ANALYSIS**

A. Lead Agency for project: \_\_\_\_\_

B. The project:

- Is exempt pursuant to CEQA section \_\_\_\_\_ and a Notice of Exemption has been prepared by the lead agency (please attach).
- Will have no significant adverse environmental impacts and a Negative Declaration was prepared. (Please attach Notice of Determination.)
- Was found to be within the scope of a Master Environmental Impact Report (EIR) pursuant to CEQA Guidelines Section 21157.1. (Please attach Notice of Determination.)
- May have significant adverse environmental impacts and in accordance with Section 15070 of the CEQA Guidelines, a Mitigated Negative Declaration (MND) has been certified by the lead agency. (Please attach Notice of Determination.)

List impact areas in the MND that propose mitigation measures to lessen the environmental impacts to less than significant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Will have significant adverse environmental impacts and the lead agency has prepared an Environmental Impact Report (EIR). (Please attach.)

List impact areas that were found to be unmitigatable in the EIR: (Attach any Statement of Overriding Considerations, as applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please note: Include with the above requested attachments the complete environmental documentation (e.g., Initial Study, NOD, NOE, EIR, etc.) and copies of receipts from any filing fees paid (including Fish & Wildlife fees).*

**X. SPHERE OF INFLUENCE APPLICATION**

For those proposals requesting a Sphere of Influence Amendment, has a [Sphere of Influence Supplemental Application](#) has been included?  Yes  No

**XI. CERTIFICATION**

I certify, under penalty of perjury, under the laws of the State of California, that the information contained in this application is true and correct. I acknowledge and agree that the Stanislaus Local Agency Formation Commission is relying on the accuracy of the information provided and my representations in order to process this application proposal.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- City or District Applicant
- Property Owner Applicant
- Applicant’s Representative/Agent (Proof of authority must be provided)

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## INDEMNITY AGREEMENT

As part of this application, the applicant agrees to defend, indemnify, hold harmless and release the Stanislaus Local Agency Formation Commission (LAFCO), its officers, employees, attorneys, or agents from any claim, action or proceeding brought against any of them, the purpose of which is to attack, set aside, void, or annul, in whole or in part, LAFCO's action on a proposal or on the environmental documents submitted to support it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney fees, and expert witness fees that may be asserted by any person or entity, including the applicant arising out of or in connection with the application.

Date: \_\_\_\_\_

APPLICANT OR APPLICANT'S REPRESENTATIVE:

(Proof of authority must be provided)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

\_\_\_\_\_

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## COMPLIANCE WITH POLITICAL EXPENDITURE AND CONTRIBUTION DISCLOSURE REQUIREMENTS

Effective January 1, 2008: Pursuant to Government Code Sections 56700.1 and 57009 of the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000, and 82015 and 82025 of the Political Reform Act, applicants for LAFCO approvals and those opposing such proposals are required to report to LAFCO all political contributions and expenditures with respect to the proposal that exceed \$1,000. By your signature to this application, you are binding the applicant to abide by these disclosure requirements. You are further agreeing that should LAFCO be required to enforce these requirements against you (or if the agency is the formal applicant, the real party in interest) that you will reimburse LAFCO for all staff cost and legal fees, and litigation expenses incurred in that enforcement process.

Date: \_\_\_\_\_

APPLICANT OR APPLICANT'S REPRESENTATIVE:  
(Proof of authority must be provided)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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

\_\_\_\_\_

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## FINANCIAL DISCLOSURE STATEMENT

Consistent with the requirements of the State of California Fair Political Practices Commission, each applicant or their agent must complete and submit this Statement of Disclosure form with any application that requires discretionary action by Stanislaus LAFCO (Government Code §84308 of the Political Reform Act).

Person is defined as: "Any individual, firm, co-partnership, joint venture, association, social club, fraternal organization, corporation, estate, trust, receiver, syndicate, this and any other county, city and county, city, municipality, district or other political subdivision, or any other group or combination acting as a unit."

1. List the names of all persons having any ownership interest in the property involved or any financial interest in the application. (Use additional sheets if necessary.)

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2. If any person identified pursuant to #1 is a corporation or partnership, list the names of all individuals owning more than 10% of the shares in the corporation or owning any partnership interest in the partnership.

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3. If any person identified pursuant to #1 is a non-profit organization or a trust, list the names of any person serving as director of the non-profit organization or as trustee or beneficiary or trustor of the trust.

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4. Has any person identified pursuant to #1 had \$250 or more worth of business transacted with any Commissioner or Alternate or Commission staff person within the past 12 months?  Yes /  No

If Yes, please indicate person's name/s:

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5. Has any person identified pursuant to #1, or his or her agent, contributed \$250 or more to any Commissioner or Alternate within the past 12 months?  Yes /  No

If Yes, please indicate person(s) or agent(s) making contribution:

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Name/s of Commissioner(s)/Alternate(s) receiving contribution:

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**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_