

# 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 packet and copying the completed application.

- \_\_\_ 1. Application form completed with **original signatures**.
- \_\_\_ 2. Filing fee/Deposit.
- \_\_\_ 3. Legal description and map prepared to State Board of Equalization specifications. Provide an original copy, stamped by the engineer on 8½" x 11" paper. *A separate fee for the State Board of Equalization filing will be determined and collected at time of project approval.*
- \_\_\_ 4. Vicinity map.
- \_\_\_ 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 and Notice of Determination.
  - \_\_\_ B. If annexation to a district, resolution or copy of development approval – tentative subdivision map, use permit, conditions of approval, etc. Include the CEQA Initial Study and Notice of Determination.
  - \_\_\_ C. Resolution of city council or district governing board stating it can provide necessary service(s) with documentation supporting the ability to provide services.
- \_\_\_ 6. Twenty-five (25) copies of the following: application, legal description, map, vicinity map, evidence of approval (resolutions), initial study, and notice of determination as prepared by the lead agency (or LAFCO environmental questionnaire, if required). *Note: The actual number of copies required will be determined by the Executive Officer at the pre-submittal meeting.*
- \_\_\_ 7. Two (2) sets of labels including the property owners and registered voters within the boundaries of the proposal as well as property owners within 300ft of the proposal (provide map showing this area).

If you have any questions regarding your proposal or preparation of your packet, please contact the LAFCO staff at (209) 525-7660.

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## APPLICATION FOR (Check all that apply):

- Sphere of Influence Amendment
- Reorganization
- 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 ADDRESSES OF PARCEL(S): \_\_\_\_\_

\_\_\_\_\_

### 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 more than one property owner for site, 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 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: \_\_\_\_\_

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: \_\_\_\_\_

**INTERESTED AGENCIES (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: \_\_\_\_\_

**SCHOOL DISTRICTS (School District(s) affected by proposal):**

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**

Please provide a list of registered voters and their addresses within the boundaries of the proposal. This information can be obtained from the Stanislaus County Elections Office.

**III. LAND USE**

A. Area of Proposal (Acres – Indicate Gross and/or Net): \_\_\_\_\_

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:

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E. Evidence of approval. Are there any land use entitlements involved in the project or contract? 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) \_\_\_\_\_

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**VI. AGRICULTURE AND OPEN SPACE**

A. Is the current zoning classification for the site: Agriculture?  Yes  No  
Open Space?  Yes  No

B. Is the current general plan designation for the site: Agriculture?  Yes  No  
Open Space?  Yes  No

C. Is the site currently used for agriculture?:  Yes  No

D. Number of Acres considered Prime Agricultural Land: \_\_\_\_\_  
(as defined by the Soil Conservation Service as being prime, unique or of statewide importance, and defined by Government Code Section 51201(c) and 56064)

E. Number of Acres considered Agricultural Lands: \_\_\_\_\_  
(as defined by Gov. Code Section 56016)

F. Is the site under Williamson Act Contract(s)?: \_\_\_\_\_  
If yes, please provide the following information (attach additional sheets if necessary):  
Contract Number: \_\_\_\_\_  
Date of Williamson Act contract execution: \_\_\_\_\_  
Has a non-renewal been filed for the contract? \_\_\_\_\_  
Date of Williamson Act contract expiration/cancellation: \_\_\_\_\_

G. Number of Acres considered Open Space Lands: \_\_\_\_\_  
(as defined by Gov. Code Section 56059)

H. Does the site have an open space easement?:  Yes  No

I. Is the site within or adjacent to an approved greenbelt?:  Yes  No

If yes, name/location: \_\_\_\_\_

**VII. POPULATION AND HOUSING**

A. Population: \_\_\_\_\_

B. Number/Type of Dwelling Units within the proposed area:

Existing: \_\_\_\_\_

Proposed: \_\_\_\_\_

C. Please explain the extent to which the proposal will assist the receiving entity in achieving its fair share of the regional housing needs as determined by the appropriate council of governments (Government Code Section 56668):

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

**VIII. PLAN FOR PROVIDING PUBLIC SERVICES**

A. New Development:

1. Is the reorganization requested for a proposed development?  Yes  No
2. If yes, 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 complete supplemental information as well, including attachment of relevant studies/master plans. Use additional sheets if necessary.

(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					

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

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 Environmental Health Department of 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?  
  
(If yes, please attach letter to application)  Yes  No  
  
If no: Will the agency be prepared to furnish sewer service upon annexation?  
 Yes  No  
  
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: \_\_\_\_\_  
\_\_\_\_\_
5. Indicate the method of financing improvements and on-going operations (e.g., general property tax, assessment district, landowner/developer fees, etc.): \_\_\_\_\_  
\_\_\_\_\_
6. 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?  
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

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:

\_\_\_\_\_

\_\_\_\_\_

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 water system?

\_\_\_\_\_

#### E. Police Service

1. If annexation to the 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, 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 the 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, 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 under CEQA Guidelines Section \_\_\_\_\_ Class \_\_\_\_\_ Title \_\_\_\_\_ 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. ND# \_\_\_\_\_ (Please attach.)
- 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. ND # \_\_\_\_\_ (Please attach.)

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, 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 & Game fees).*

**X. SPHERE OF INFLUENCE APPLICATION**

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

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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: \_\_\_\_\_

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

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

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. LAFCO has adopted policies to implement the law which are attached to this application. 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: \_\_\_\_\_

\_\_\_\_\_