## APPLICATION FORM

Please complete the following information to process an application under the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (indicate N/A if Not Applicable).

**TITLE OF PROPOSAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF PROPOSAL**

Annexation  Sphere of Influence Amendment  District Dissolution

Detachment  Out-of-Agency Service  District Formation

Consolidation  Incorporation  Other

Latent Power Activation  Reorganization (involving an Annexation and Detachment(s)

**AGENCY CHANGES RESULTING FROM THIS PROPOSAL**

Agency or Agencies gaining territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Agency or Agencies losing territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICANT**

|  |  |
| --- | --- |
| Applicant/Agency |  |
| Mailing Address |  |
| City/State/Zip |  |
| Telephone |  |

**DESIGNATED CONTACT PERSON**

|  |  |
| --- | --- |
| Name/Title |  |
| Telephone |  |
| E-mail |  |

**GENERAL INFORMATION**

Please provide project-related information for the following questions:

1. The principal reasons for the proposal: (Describe in detail - use additional sheets if necessary)
2. The proposed action is requested to be made subject to the following terms and conditions:
3. The territory included in the proposal is:

Inhabited (12 or more registered voters)

Uninhabited (less than 12 registered voters)

1. What is the current population of the subject territory?
2. Does the application contain 100% written consent of each property owner in the subject territory?

Yes  No

1. Has the proposal been discussed with owners of neighboring properties? Has anyone expressed interest in participating in the proposal? Has anyone raised objections to the proposal?

**PROPOSAL BOUNDARY**

1. Explain how the boundaries of this proposal were determined:
2. Would this proposal create an island of non-agency territory?

Yes  No

If YES, please explain.

1. Is the proposal consistent with the sphere of influence of all affected agencies?

Yes  No

1. Total land area:

**LAND USE INFORMATION**

1. List the affected Assessor Parcel Numbers, Owners of Record, and Parcel Sizes (attach separate sheet if necessary):

|  |  |  |
| --- | --- | --- |
| **Assessor’s Parcel Number (APN)** | **Owner of Record** | **Parcel Size (Acres)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Describe existing land uses within the subject territory.

Has an application been filed for an underlying project (such as Development Plan, Conditional Use Permit, or Tentative Subdivision Map)?  Yes  No

If YES, please attach a Project Site Plan or Tentative Subdivision Map.

1. Will the proposal result in development of property now or in the near future? Describe the type of development proposed and the number of units or facilities.
2. If development is proposed, what discretionary approvals are needed? Be specific regarding General Plan amendments, zoning changes, subdivision maps, or conditional use permits.
3. Does the project involve agricultural or open space lands?

**PUBLIC SERVICES**

1. List those public services or facilities which will be provided to the subject territory as a result of the proposed action.
2. What effect will approval of this proposal have on the type or level of services within the subject territory?
3. Indicate which of these services or facilities will require main line extensions or facility upgrades in order to serve the subject territory.
4. Will the future delivery of services by any other public agency or service provider be affected by this proposal? If yes, list the agencies and indicate any comments received from these agencies.

**FINANCIAL INFORMATION**

1. How will public services be financed? List any assessments, taxes, fees or other charges to be extended or levied as part of this proposal. (Note: a fiscal analysis and/or projected budget may be required).
2. Will the annexed territory be liable for its share of existing bonded indebtedness?

Yes  No

If YES, please explain.

1. Will the annexed territory be included within any particular Tax Division or Zone of the annexing territory? Please specify.
2. A Plan for Services explaining how the affected area will be served and financed by the applicant agency is included as Attachment \_\_\_\_.

**PROPERTY TAX EXCHANGE**

An agreement for property tax exchange (if relevant) must be in place prior to LAFCo approval. The Tax and Revenue Code requires negotiation of such an agreement to be completed within 60 days of its initiation or the LAFCo application is considered null and void. To assure satisfaction of this requirement, LAFCo requires applications to be accompanied by documentation that property tax negotiations have been completed. Please contact LAFCo if you have questions about this matter.

**ENVIRONMENTAL COMPLIANCE**

Copies of environmental documentation, pursuant to the California Environmental Quality Act (CEQA), prepared by the lead agency should be submitted with the application. Please include a copy of the Notice of Determination/Notice of Exemption showing the date filed with the County Clerk, and the environmental filing fee receipt from the California Department of Fish and Wildlife if required.

The following environmental document has been prepared:

Statutory or Categorical Exemption

Negative Declaration

Environmental Impact Report

Other (please specify):

**NOTIFICATION**

Please indicate the names, addresses and telephone numbers of all Applicants, Applicant’s Agents, and all affected Agencies who are to receive the hearing notice and the Executive Officer’s Report:

|  |  |  |
| --- | --- | --- |
| **Name** | **Mailing Address** | **Telephone/Email Address** |
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(Attach a separate sheet if necessary.)

**SUBMITTALS**

In order for this application to be processed, the following information needs to be provided. Electronic copies are preferred.

Signed copy of this Application Form

Signed Resolution of Application of the affected agency (preferred); or a petition of landowners or registered voters making application to LAFCo (as appropriate)

Plan for Services along with a schematic diagram of water, sewer and storm drainage systems (refer to Government Code (GOV) §56653; for Latent Power Activation refer to GOV §56824.12(a))

Proposal map showing the subject territory and its relationship to the affected jurisdiction (and prepared to State Board of Equalization specifications)

Vicinity Map (if not included on the proposal map)

Metes and bounds description of the subject territory

Project design maps (site plan, development plan, or subdivision map)

Written permission from each affected property owner or signature form, (in order to be processed as a 100% consent proposal)

Project environmental documents and Notice of Determination

Property Tax Exchange Agreement (Revenue & Tax Code §99), if completed

Agreement to Pay form, which includes an indemnification provision

Filing and processing fees in accordance with the LAFCo Fee Schedule and the State Board of Equalization Fee Schedule

**DISCLOSURE REQUIREMENTS**

Pursuant to Government Code Sections 56700.1 and 81000 et seq., any person or group of persons acting in concert who directly or indirectly contribute $1,000 or more in support of or in opposition to a change of organization or reorganization that has been submitted to Trinity LAFCo must comply with the disclosure requirements of the Political Reform Act of 1974 applicable to local initiative measures to be submitted to the electorate. These requirements contain provisions for making disclosures of contributions and expenditures at specified intervals. Additional information about the requirements pertaining to local initiative measures to be presented to the electorate can be obtained by calling the fair Political Practices Commission at (916) 322-5660.

**CERTIFICATION**

The undersigned hereby certifies that all LAFCo filing requirements will be met and that the statements made in this application are complete and accurate to the best of their knowledge.

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(Signature) (Date)

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(Printed Name) (Title)