## JUSTIFICATION OF PROPOSAL

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).

### SHORT TITLE OF THE PROPOSAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### TYPE OF PROPOSAL

□ City Incorporation □ Sphere of Influence Amendment □ District Formation

□ Annexation □ Sphere of Influence Update □ District Dissolution

□ Detachment □ Out-of-Agency Service □ Consolidation

□ Add Latent Power □ Reorganization (involving an Annexation and Detachment(s)

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### AGENCY CHANGES RESULTING FROM THIS PROPOSAL

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

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

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

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

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**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:

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

**PROJECT INFORMATION**Please provide project-related information for the following questions:

1. Do the proposed boundaries create an island of non-agency territory? [ ] Yes [ ] No

2. Do the proposed boundaries split lines of assessment or ownership? [ ] Yes [ ] No

3. Does the proposal involve public rights-of-way or easements? [ ] Yes [ ] No

4. Does the proposal involve public land or land assessed by the State? [ ] Yes [ ] No

5. Does any part of the proposal involve land under a Williamson Act [ ] Yes [ ] No
 Contract or Farmland Security Zone?

6. Does any part of the proposal involve land with a Wildlife/Habitat [ ] Yes [ ] No

 Easement or Agricultural Land Conservation Easement?

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

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| --- | --- | --- |
| **Assessor’s Parcel Number (APN)** | **Owner of Record** | **Parcel Size (Acres)** |
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1. Physical Location of Proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street/Road, distance from and name of Cross Street, quadrant of City)

1. 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.

 If No, please provide an estimate of when development will occur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. List those public services or facilities which will be provided to the affected territory as a result of the proposed action:
2. Indicate which of these services or facilities will require main line extensions or facility up-grades in order to serve the affected territory:
3. Has the affected agency negotiated a tax share agreement or made a determination that the proposal is revenue neutral (§99 of the California Revenue & Taxation Code)? Please include documentation or explanation.
4. Provide any other justification that will assist the Commission in reviewing the merits of this request. (Attach separate sheets as necessary)

**SUBMITTALS**

In order for this application to be processed, the following information needs to be provided:

* Two copies of this Justification of Proposal, completed and signed with original signature(s)
* Agreement to Pay form, completed and signed with original signature(s)
* Five prints of a full-scale proposal map showing the affected territory and its relationship to the affected jurisdiction (and prepared to State Board of Equalization specifications) – include an electronic version if available
* Five copies of an 8.5” x 11” or 11” x 17” reduction of the proposal map, include an electronic version if available
* Three copies of a metes and bounds description of the affected territory, include an electronic version if available
* One certified copy of the City Council and/or Special District Board of Directors Resolution of Application; or a petition making application to LAFCo (as appropriate)
* Written permission from each affected property owner (or signature form)
* One copy of the project environmental document (One Compact Disc if more than 25 pages)
* One copy of the project Notice of Determination
* Three 8.5” x 11” copies of the Vicinity Map (if not included on the proposal map);
* One copy of the plan for providing services along with a schematic diagram of water, sewer and storm drainage systems (refer to Government Code (GC) §56653);
* One copy of the Tax Share Agreement (Revenue & Tax Code §99), if completed;
* One copy of the Pre-Zoning map or description (as required by GC §56375);
* One copy of the Statement of Open Space (Ag) Land Conversion (refer to GC §56377);
* One Copy of the Statement of Timely Availability of Water Supplies (refer to GC §56668(l);
* One copy of the Statement of Fair Share Housing Needs (if residential land uses are included in the proposal) (refer to GC §56668(m));
* One copy of the project design (site plan, development plan, or subdivision map);
* One copy of the Residential Entitlement matrix form (if residential land uses are included in the proposal); and
* Filing and processing fees in accordance with the LAFCo Fee Schedule and the State Board of Equalization Fee Schedule.

Note: Additional information may be required during staff review of the proposal.

**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 my knowledge.

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 (Signature) (Date)

Print or Type Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_