

SONOMA LOCAL AGENCY FORMATION COMMISSION

575 Administration Drive Room 104A

Santa Rosa, CA 95409

707-565-2577

www.sonomalafco.org

OUTSIDE SERVICE AREA AUTHORIZATION APPLICATION FORM

Date Submitted: _____

Applicant City or District: _____

City or District Contact Person: _____

City or District Mailing Address: _____

Contact Person Phone #: _____ FAX: _____ Email: _____

Affected Property Assessor Parcel Number(s) [APN]: _____

Property Owner: _____

Property Address: _____

Owner Mailing Address, if different: _____

Owner Phone #: _____

PLEASE COMPLETE ALL QUESTIONS: *Indicate N.A. if not applicable; attach additional sheets as needed*

1. Is the reason for application a threat to public health or safety of residents? Yes No

2. If response to #1 is "Yes," state problem: _____

3. If response to #1 is "No," what is the reason for application? _____

4. Is the affected territory, to be served, within the applicant city or district's sphere of influence? Yes No

NOTE: If the affected territory is outside the sphere of influence of the city or district from which services are desired, official documentation of a threat to the health or safety of the public or the residents of the affected territory must be provided to LAFCO, as part of the OSAA application. Contact LAFCO staff for specific information on the required documentation.

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5. What is the existing use of the site? Please be specific. _____

6. Is a change in use proposed? If so, please provide a description of the change.

7. Type of service to be provided: _____
8. Explain why a jurisdictional change (i.e., reorganization or annexation) is not being considered at this time as an alternative to providing services outside the agency's boundaries: _____

9. Is reorganization or annexation of the affected territory anticipated in the future? Yes No
10. If response to #9 is "Yes," what are the agency's plans and timelines for it? Please provide relevant information to demonstrate that the OSAA is in anticipation of a future reorganization or annexation. _____

11. If development is proposed, provide a description of the project. _____

12. Does the project require discretionary approval? (e.g., use permit, subdivision lot line adjustment) Yes No
13. If the answer to #12 is "Yes," attach all of the supporting development documentation including, but not limited to:
- | <u>Development Approval</u> | <u>Resolution Attached?</u> |
|-------------------------------|-----------------------------|
| Tentative Map and Conditions | <input type="checkbox"/> |
| Subdivision Map or Parcel Map | <input type="checkbox"/> |
| Specific Plan | <input type="checkbox"/> |
| General Plan Amendment | <input type="checkbox"/> |
| Use Permit | <input type="checkbox"/> |
| Other: _____ | |
14. Provide detailed description of how services would be extended to subject property:

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15. What is the distance to the connection? _____

16. What will the improvements cost? _____

17. How will financing occur? _____

Environmental Status of Application: *Check appropriate box to indicate the status of compliance with CEQA.*

(State name of applicant city or district) _____, as Lead Agency for environmental review of the project, in compliance with CEQA, has:

Determined that the proposal is exempt from the provisions of CEQA, pursuant to CEQA Guidelines section _____ (cite CEQA section) because (state the reason for the exemption): _____

Completed an Initial Study and Negative Declaration, three (3) copies of which are attached to this application.

Completed a final EIR for the project, three (3) copies of which are attached to this application.

Name of Person Completing Application: _____

Signature: _____

Date Signed: _____

Address: _____

Phone number: _____ Email address: _____