

# 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

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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 #: \_\_\_\_\_

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**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:

Development Approval

Resolution Attached?

Tentative Map and Conditions

Subdivision Map or Parcel Map

Specific Plan

General Plan Amendment

Use Permit

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: \_\_\_\_\_