

SONOMA LOCAL AGENCY FORMATION COMMISSION

111 Santa Rosa Ave Ste 240 Santa Rosa, CA 95404
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 #: _____

Email: _____

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

Property Owner Name: _____

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

If response to #1 is "Yes," state problem in detail: _____

NOTE: 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.

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

SONOMA LOCAL AGENCY FORMATION COMMISSION

2. Can the failing system be repaired or replaced? Yes No

If response to #1 is "No," what is the reason? _____

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

4. What is the existing use of the site? Please be specific (e.g., residential, care home, business) _____

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

6. What are the number, size and type of dwellings and/or structures currently located on the parcel? _____

7. Type of service to be provided: _____

8. Explain why a jurisdictional change (i.e., 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 near future?

Yes No

SONOMA LOCAL AGENCY FORMATION COMMISSION

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. _____

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

11. Provide detailed description of how services would be extended to subject property:

12. What is the distance to the connection? _____

13. What will the improvements cost? _____

14. How will financing occur? _____

15. Environmental Status of Application: Check appropriate box to indicate the status of compliance with CEQA. Enter the 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(s)) 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.

SONOMA LOCAL AGENCY FORMATION COMMISSION

City or District Representative Completing Application: _____

Signature: _____

Date Signed: _____

Address: _____

Phone number: _____

Email address: _____