MENDOCINO

Local Agency Formation Commission

Ukiah Valley Conference Center | 200 South School Street | Ukiah, California 95482 Telephone: (707) 463-4470 | E-mail: eo@mendolafco.org | Web: www.mendolafco.org

Application Out-of-Agency Services Agreement

Please complete the following information to process an application for Out-of-Agency Services under Government Code Section 56133. Please do not leave information blank on this form; specify N/A if a portion is not applicable.

Applicant Inform	iation		
1) Agency Name:			
2) Agency Contac	t Information:		
Name & Title			
Phone			
Email			
Address			
ocation of Terri	itory to be serveu (os	se the Supplemental Property S	meet for multiple properties
Assessor Par		Current Use	Proposed Use
	rel		
Assessor Par	rel		
Assessor Par	rel		
Assessor Par	rcel Size		
Assessor Par Number	rcel Size		
Assessor Par Number	rcel Size		
Assessor Par Number Landowner Nam Mailing Address Email	rcel Size	Current Use	
Assessor Par Number Landowner Nam Mailing Address Email	ne Size	Current Use	

D.	Justification					
	1)	Is the subject territory located within the agency's Sphere of Influence?				
		□ Yes □ No				
	2)	Is the reason for the application a threat to the health and safety of the public or the affected residents?				
		\square Yes - Provide documentation from the Public Health Officer.				
		☐ No - Explain the reason for the application at this time.				
	3)	Explain why a jurisdictional change (e.g., annexation) is not being considered at this time as an alternative to providing services outside the agency's boundaries.				
	4)	Is annexation of the subject territory or affected property anticipated in the near future? ☐ Yes ☐ No				
		Please describe the agency's plans and timelines, or provide other relevant information.				
Е.	Ser 1)	vice Information Describe how the agency would provide the proposed new or extended service to the subject territory Please identify any onsite and offsite infrastructure or facility improvements, any permits required from regulatory agencies, and associated funding requirements to provide service to the subject territory.				
	2)	If the proposed new or extended service involves water or sewer, identify the anticipated demand in terms of use (i.e., gallons, acre-feet) and frequency of delivery (per day/month/etc.) associated with serving the subject territory. For extended service, please estimate the difference in comparison to existing demand.				
	3)	Describe compensation for the proposed service (i.e., fee/household, fee/truck/tank, etc.).				
	4)	Does the agency have sufficient capacities to provide the proposed new or extended service to the subject territory without adversely effecting existing service levels?				

5)	What services, if any, are currently provided to the subject territory?			
6)	Are there any alternate service providers or other service options available to the subject territory?			
Lan	d Use Information			
1)	Identify the subject territory's land use designation, zoning, and minimum parcel density requirements and clarify whether the proposed provision of service(s) will increase onsite development potential or be growth inducing for the area.			
2)	Are there any proposed or approved, but not yet built, development projects involving the subject territory?			
	□ Yes □ No			
	If yes, describe the proposed projects or land use entitlements and the timeline for implementation.			
3)	The Commission's action regarding this request by the agency to provide new or extended services outside its jurisdictional boundary is subject to the requirements of the California Environmental Quality Act (CEQA). Has the agency conducted any CEQA reviews for any projects associated with this application?			
	□ Yes □ No			
	If yes, please provide copies of the environmental documentation, including the Notice of Exemption or Notice of Determination and proof of payment of applicable California Department of Fish & Wildlife fees.			
	6) Lan 1)			

FEE AGREEMENT AND VOLUNTARY INDEMNIFICATION AGREEMENT

All applications must include signed <u>Fee Agreement and Voluntary Indemnification Agreement</u> forms, which are located at <u>www.mendolafco.org/application-materials</u>.

FEES

Per the Mendocino LAFCo <u>Fee Schedule</u>, deposits toward the actual cost of processing proposals must be paid at the time an application is submitted. All deposits are initial payments toward the actual costs of processing proposals, including staff time and materials (e.g., noticing, postage, copying). In signing the Fee Agreement and Voluntary Indemnification, the applicant consents to reimburse LAFCo for all costs incurred in processing, including pre-application assistance.

CERTIFICATION

The undersigned hereby certifies that all LAFG in this application are complete and accurate	Co filing requirements will be met and that the statements made to the best of my knowledge.
(Signature)	(Date)
Print or Type Name:	Daytime Telephone:
	Email:

Supplemental Property Sheet

Assessor Parcel Number	Size	Current Use	Proposed Use
Landowner Name			
Mailing Address			
Email			
Landowner Name			
Mailing Address			
Email			
Landowner Name			
Mailing Address			
Email			
Landowner Name			
Mailing Address			
Email			
Landowner Name			
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