Calaveras Local Agency Formation Commission
5050 Laguna Blvd. Ste. 112-711 Elk Grove, CA 95758
www.calaveraslafco.org
310-936-2639

General Application for Change of Organization

Applicant Information - *Affected Agency/Landowner(s)/Registered Voter(s)*		
Name/Agency		Daytime Phone
Mailing Address		Email address
City	State	Zip
Agent Authorization – *This authorization allows representation for all applications, hearings, appeals, and to sign all documents necessary for said processing, but not including document(s) relating to record title interest.*		
Primary Contact/Authorized Agent		Daytime Phone
☐ Legal Property Owner or Representative with written authorization ☐ If By Petition, Chief Petitioner/Representative with written authorization ☐ Representative of Legislative Body Submitting Application (City/District Manager or Authorized Representative		
Mailing Address		Email Address
City	State	Zip
Did the lead agency provide notice to LAFCo and affected local agencies of intent to adopt a resolution? ☐ Yes ☐ No		
Additional Persons to be Noticed: 1. (name); Address Email Phone 2. (name); Address Email Phone		

Certification		
I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief. I also certify that I am the owner of the above property or an assigned agent for the project and have attached the owner's written consent to file this application. Applicants request that proceedings as described in this application be taken in accordance with the provisions of Government Code Section 56000 et seq. and herewith affix their signatures.		
Applicant/Authorized Agent Signature		Date
Property Information (provide separate attachment if needed)		
Address	APN	Owner Name
Is the territory inhabited (12 or more registered voters)? ☐ Yes ☐ No	Does the proposal have 100% property owner consent? ☐ Yes ☐ No	

Action Requested – Please check all applicable actions related to the proposal and attach the appropriate supplemental application materials in support of the request. (GC56652c) *See application supplement questionnaire for additional information.*

☐ Annexation to a city	☐ Annexation to a district	☐ Consolidation of districts	☐ Extension of Service
☐ Detachment from a city	☐ Detachment from a district	☐ Establishment of Subsidiary District	☐ Extension of FIRE Services
☐ Consolidation of cities	☐ Formation of a district	☐ Divestiture of Powers	☐ Sphere of Influence Amendment
☐ City Incorporation	☐ District Merger	☐ Expansion of Powers	☐ Sphere of Influence Update
☐ City Disincorporation	☐ District Dissolution	☐ Municipal Service Review/Update	☐ Reconsideration Request

What is the nature of the request? *(Agencies involved, services needed, existing use or new development)*

Application Packet Checklist

☐ One (1) completed copy of the **Standard Application**.

☐ One (1) Supplemental **Project Specific Questionnaire**
(e.g. annexation, detachment, service extension, formation, sphere amendment, etc.)

Provide as Attachments 1- 4 the items listed below:

☐ 1. (a) A certified **Resolution of Application** from the affected agency; or

(b) A landowner or registered voter **Petition** making application to LAFCo.

☐ 2. **List of Affected Parcels** including APN, address, valuation, and owner information

☐ 3. A **Map and written description**, acceptable to the executive officer, of the boundaries of the affected territory for each proposed change of organization or reorganization. (GC56652)

☐ 4. One (1) paper copy and one (1) electronic copy of **Environmental Documentation** complying with the California Environmental Quality Act (CEQA) including documentation (Notice of Intent/Notice of Preparation) that the documents were circulated to LAFCO for review and comment.
- ☐ Categorical Exemption including Notice of Exemption
- ☐ Negative Declaration including Initial Study and Notice of Determination
- ☐ Environmental Impact Report (EIR) including Draft and Final EIR

☐ Appropriate **fees** obtained from LAFCO Fee Schedule attached:

Deposit (*payable to Calaveras LAFCO*)	$_____
Sphere of Influence (*payable to Calaveras LAFCO*)	$_____
State Board of Equalization (*payable to SBE*)	$_____

Items to be requested upon project approval:

☐ One (1) paper copy and one (1) electronic copy of **legal description** of the subject area complying with State Board of Equalization standards.

☐ One (1) 8 ½ x 11 paper copy and one (1) electronic copy of the **map/plat stamped by a licensed engineer** depicting the subject area, vicinity map, and affected agency jurisdictional boundaries complying with State Board of Equalization standards.