



Marin Local Agency Formation Commission
Regional Service Planning | Subdivision of the State of California

MARIN LAFCO

**I. PETITION FOR PROCEEDING PURSUANT TO THE CORTESE-KNOX-HERTZBERG ACT
LOCAL GOVERNMENT REORGANIZATION ACT OF 2000**

The undersigned hereby petition(s) the Marin Local Agency Formation Commission for approval of a proposed change or organization or reorganization and stipulates as follows:

1. This proposal is made pursuant to Part 3, Division 3, and Title 5 of the California Government Code (commencing with Section 56000, Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000).
2. The specific change(s) of organization proposed (i.e. Annexation, Detachment, Reorganization, etc.) is/are _____

3. The boundaries of the territory(ies) included in the proposal are as described in Exhibits "A" and "B" attached hereto and by this reference incorporated herein.
4. The territory(ies) included in the proposal is/are:
 Inhabited (12 or more registered voters)
 Uninhabited (11 or fewer registered voters)
5. This proposal is or is not consistent with the sphere(s) of influence of the affected city and/or district(s).
6. The reason(s) for the proposed _____ (ie. Annexation, Detachment, Reorganization, etc.) is/are _____

7. The proposal is requested to be made subject to the following terms and conditions:

8. The persons signing this petition have signed as:
 Registered voters
 Owners of the land
 On behalf of the Board, City, District, or Agency

Print Name

Signature

Date



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II. LANDOWNERS SIGNATURES
(§56700, et seq.)

We the undersigned landowners hereby request proceedings be initiated pursuant to Government Code §56000, et seq. for the change(s) of organization described on the attached Proposal Application.

Name and Address of Applicant: _____

Contact Number: (____) _____ Email: _____

Agent Representative (optional)

I/We hereby authorize _____ to act as my/our agent to process all phases of the LAFCo action relating to the parcels listed below.

Name and Address of Agent: _____

Contact Number: (____) _____ Email: _____

All owners of each parcel **must** sign. Original signatures are required.

Property Owner Signature Date

Property Owner Signature Date

Property Owner Signature Date



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Additional Notification Approval (Optional)

I/We hereby authorize, that in addition to the application representative, the persons listed below are granted permission to receive copies of application notices, and reports.

Property Owner Signature

Please provide the names, email addresses, and phone numbers of any persons who are to be furnished copies of the Agenda, Executive Officer’s Report, and Notice of Hearings. This includes name, title, email address, and phone number of key staff you’ve worked with/talked to. This allows LAFCo to send information directly to the key person in each agency who is relevant to the application:

Please Print Name

Email Address

Phone Number



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MARIN LAFCO III. APPLICATION QUESTIONNAIRE

In accordance with requirements set forth in the California Government Code, the Commission must review specific factors in its consideration of this proposal. In order to facilitate the Commission's review, please respond to the following questions:

GENERAL INFORMATION

1. Please check the method by which this application was initiated:
 Petition (Landowner)
 Resolution of Application (City/Town or District)

2. Does the application possess 100% written consent of each property owner in the subject territory? Yes No

3. A. This application is being submitted for the following boundary change:
(BE SPECIFIC: For example, "annexation," "reorganization")

- B. The reason for the proposed action(s) being requested:
(BE SPECIFIC: For example, "Annexation to sewer district for construction of three homes")

4. State general location of proposal:



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5. Is the proposal within a city's boundaries?
Yes ___ Which city? _____
No ___ If the proposal is adjacent to a city, provide city name: _____

6. Is the subject territory located within an island of unincorporated territory?
Yes ___ No ___ If applicable, indicate city _____

7. Would this proposal create an island of unincorporated territory? Yes ___ No ___
If yes, please justify proposed boundary change: _____

8. Provide the following information regarding the area proposed for annexation:
(Attach additional if needed)

| A. <u>Assessor's Parcel Number(s)</u> | <u>Site Address(es)</u> |
|---------------------------------------|-------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

B. Total number of parcels included in this application: _____

9. Total land area in acres: _____



LAND USE AND DEVELOPMENT POTENTIAL

1. Describe any special land use concerns:

2. Indicate current land use: (such as: number of dwellings, permits currently held, etc.)

3. Indicate the current zoning (either city/town or county) title and densities permitted:

4. Has the area been rezoned? No _____ N/A _____ Yes _____

What is the rezoning classification, title and densities permitted?

5. Describe the specific development potential of the property: (Number of units allowed in zoning)



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ENVIRONMENT

1. Is the site presently zoned, or designated for, or engaged in agricultural use?

Yes _____ No _____

If yes, explain: _____

2. Will the proposal result in a reduction of public or private open space?

Yes _____ No _____

If yes, explain: _____

3. Will service extension accomplished by this proposal induce growth in:

- A. This site? Yes _____ No _____ N/A _____
- B. Adjacent sites? Yes _____ No _____ N/A _____
- C. Unincorporated? Yes _____ No _____
- D. Incorporated? Yes _____ No _____

4. State general description of site topography: _____

5. Indicated Lead Agency for this project: _____

6. Indicate Environmental Determination by Lead Agency: _____
with respect to (indicate project) _____
Dated: _____

(COPY OF ENVIRONMENTAL DOCUMENTS MUST BE SUBMITTED WITH APPLICATION.)



IV. INDEMNIFICATION AGREEMENT

As part of this Application, Applicant and its successors and assigns, shall indemnify, defend and hold harmless, LAFCo, its officials, officers, employees, agents, representatives, contractors and assigns from and against any and all claims, demands, liability, judgments, damages (including consequential damages), awards, interests, attorneys’ fees, costs and expenses of whatsoever kind or nature, at any time arising out of, or in any way connected with any legal challenges to or appeals associated with LAFCo’s review and/or approval of the Application (collectively, “Indemnification Costs”). Applicant’s obligation to indemnify, defend and hold harmless LAFCo, its officials, officers, employees, agents, representatives, contractors and assigns under this Agreement shall apply regardless of fault, to any acts or omissions, or negligent conduct, whether active or passive, on the part of the Applicant, LAFCo, its officials, officers, employees, agents, representatives, contractor or assigns. Applicant’s obligation to defend LAFCo, its officials, officers, employees, agents, representatives, contractor or assigns under this Agreement shall be at Applicant’s sole expense and using counsel selected or approved by LAFCo in LAFCo’s sole discretion.

In the event of a lawsuit, Applicant will be notified by LAFCo within three (3) business days of being served. An invoice will be submitted to the Applicant by LAFCo for an amount between \$10,000 and \$25,000 to cover a portion of the Indemnification Costs (“Reserve”), which shall depend upon the estimated cost to resolve the matter and shall be determined in LAFCo’s sole discretion. Applicant shall pay the Reserve to LAFCo within seven (7) calendar days of LAFCo’s request. The Reserve shall be applied against LAFCo’s final bill for the Indemnification Costs, with any unused portion to be returned to Applicant. LAFCo shall bill Applicant month for the Indemnification Costs, which shall be paid to LAFCo no later than 15 calendar days after receipt of LAFCo’s bill. LAFCo may stop defending the matter, if at any time LAFCo has not received timely payment of the Reserve and/or the Indemnification Costs. This will not relieve Applicant of any of its obligations pursuant to this Agreement.

As the Applicant I hereby attest with signature,

Applicant Signature

Date

Print Name

Title



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V. PLAN FOR PROVIDING SERVICES (For City/Town or District Only)

This section to be completed by a city/town or district representative for all **applications initiated by resolution or as required by Executive Officer.**

1. Enumerate and describe services to be extended to the affected territory:

Police: _____

Fire: _____

Sewer: _____

Water: _____

Other: _____

2. Advise whether any of the affected agencies serving or expected to serve this site are current operating at or near capacity: _____

3. Describe the level and range of services: _____

4. Indicate when services can/will be extended to the affected territory:

5. Note any improvements or upgrading of structures, roads, sewer or water facilities, or other conditions required within the affected territory: _____



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6. Describe financial arrangements for construction and operation of services extended to the affected territory. Will the territory be subject to any special taxes, charges or fees? (If so, please specify.)

This section completed by:

Signature

Title

Print Name

Agency

Contact Email

Contact Number