



Siskiyou Local Agency Formation Commission

806 South Main Street, Yreka, California 96097
Phone: (530) 841-2100 / Email: lafco@co.siskiyou.ca.us
<https://www.co.siskiyou.ca.us/lafco>

1. Name and Address of Applicant (must be public agency):

2. Contact Name and Title: _____

Telephone: _____ Email: _____

3. Application Initiated By:

Agency Name: _____

Resolution No.: _____ Date Adopted: _____

Submit one (1) copy of Resolution of application and two (2) copies of proposed out of area service agreement with application.

4. Property Owner and Location of Property to be Served (list additional owners/properties on separate sheet if necessary):

a. Name of Property Owner(s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Email: _____

Assessor Parcel Number(s): _____

b. Name of Property Owner(s): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Email: _____

Assessor Parcel Number(s): _____

5. Type of Service to be Provided:

Check one or more: Water ☐ Sewer ☐ Police ☐ Fire ☐ Garbage ☐

Other(s): _____

6. Description of Property to be Served:

- a. Is parcel to be served **within** your current Sphere of Influence (SOI)? Yes ☐ No ☐
- b. If "Yes", provide (a) general description of property location in relationship to current city/district boundary line and (b) attach a project area map showing parcel(s), district and SOI boundaries:

- c. If No, provide (a) description of property location in relationship to the SOI boundary, (b) identify other agencies with jurisdiction over area in which property is located, and (c) attach a project area map showing parcel(s), SOI boundary of agency requesting service, and SOI boundaries of other agencies that may provide service.

Other agencies that could provide service: _____

- d. How is the property currently being used?

Residential ☐ Commercial ☐ Agriculture ☐ Vacant/Undeveloped ☐

Church, school, other public use ☐ Industrial ☐ Habitat, Recreation ☐

- e. What is the current zoning designation? _____

County General Plan constraints (describe): _____

Provide the following land use maps with legends for the project site and immediately adjacent parcels, and clearly identify the project site, County General Plan, City General Plan, County Zoning, and City Prezoning if applicable, and Community/Specific Plan if applicable.

- f. Are there any development or building applications on file that would authorize a different or higher density on the subject property or adjacent properties? Yes ☐ No ☐

If Yes, explain and attach a list of projects and application processing numbers.

g. Is property inhabited? Yes ☐ No ☐ If Yes, how many residents? _____

h. Provide the number of existing dwelling units/buildings on the property.

Single family _____ Multi-family _____ Commercial/Industrial _____

Square footage for commercial/industrial _____

i. Are there other service contracts/agreements currently in effect to serve this parcel or adjoining parcels? Yes ☐ No ☐

If Yes, (a) explain and (b) attach one copy of other agreements or contracts:

j. Adjacent Land Uses:

Direction	Existing Land uses	City General Plan	City Prezoning
North			
South			
East			
West			

7. **Environmental Review:** This application is subject to the requirements of the California Environmental Quality Act (CEQA). If CEQA review has already been undertaken by another agency, please provide two copies of the environmental documentation including the Notice of Exemption or Notice of Determination and proof of payment of applicable California Department of Fish and Wildlife fees.

a. Lead Agency: _____

b. Responsible Agencies: _____

c. Type of action taken:

Exemption ☐ Negative Declaration ☐ Environmental Impact Report ☐

d. Date of Certification/Adoption: _____

8. Contract Service Issues:

- a. Explain how services are to be extended, what the anticipated cost of service extension will be, and how the costs will be financed?

- b. Will the provision of services be growth inducing? Explain:

- c. Does the proposed service provider have existing capacity to serve the project site?

Yes ☐ No ☐

- d. Will existing customers continue to receive the same or higher level of service if this project is approved?

Yes ☐ No ☐

- e. Will the same level of service be provided to the project site as other customers receive?

Yes ☐ No ☐

9. Justification for Out of Area Service Agreement (must check one box below):

Pursuant to Government Code Section 56133, this application is submitted (you must check one):

- ☐ To address a threat to public health or safety (answer question 9a)
☐ In anticipation of a later change of organization (answer question 9b)

a. Public health or Safety Condition

- i. Please summarize the nature, extent and duration of the public health or safety emergency (attach additional page(s) if needed) and attach a copy of certification from appropriate Public Health Officials and any additional information verifying existence of emergency situation.

- ii. What alternatives have been explored to mitigate emergency situation in lieu of executing out of agency service agreement?

- iii. Is Interim Emergency Approval (expedited review) requested? Yes ☐ No ☐

b. Other Special Circumstances

What are other special conditions or unique circumstances that justify use of an out of area service agreement in lieu of filing for annexation? Respond to following (use extra sheet of paper if necessary):

Has annexation been considered? Yes ☐ No ☐

Why was it found infeasible?

What barriers need to be overcome before filing an annexation application?

How long would the annexation be anticipated to take? _____

Is there a contractual obligation? _____

Explanation: _____

10. Public Notice, Disclosure, and Other Requirements:

- a. Provide an 8-1/2 x 11 map indicating the project site.
- b. Provide any other comments or justifications regarding the proposal from any affected local agency, landowner or resident.
- c. Enclose all pertinent staff reports, environmental review documents, and supporting documentation related to this proposal. Note any changes in the approved project that are not reflected in these materials.

11. Certification:

I hereby certify that the above information and accompanying documents are true and correct to the best of my knowledge. I hereby agree to pay all required filing and processing fees as may be needed to complete this application.

I hereby agree that either an Indemnification Agreement or a Voluntary Waiver of Indemnification is required for the project application to be deemed complete

Further, I understand that Siskiyou County LAFCo will not process an incomplete application.

Name of Applicant's Authorized Representative

Signature of Applicant's Authorized Representative

Date