



**PROPERTY OWNER(S):**

If more than two property owners for proposal area, please provide the name, with address and contact information, on a separate page.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
e-mail: \_\_\_\_\_

**AFFECTED AGENCIES IN PROPOSAL AREA:**

(Agencies with overlying boundaries or spheres of influence). If more than two affected agencies, please provide the names and information, on a separate page:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONS REQUESTING TO BE NOTIFIED:**

If more than two names, please provide the names and information on a separate page.

Name: Laurie Munn, Camarillo Sanitary District  
Address: P O Box 248, Camarillo, CA 93011-0248  
Phone: (805) 388-5380 FAX: (805) 388-5318 e-mail: lmun@ci.camarillo.ca.us

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ e-mail: \_\_\_\_\_

**SCHOOL DISTRICTS:**

(School District(s) affected by proposal)

School District:

Address:

Phone:

FAX:

e-mail:

Contact Person:

Title:

School District:

Address:

Phone:

FAX:

e-mail:

Contact Person:

Title:

**Please respond to all items in this questionnaire. Indicate N/A when a question *does not* apply. Any additional information pertinent to the application should be included with the application at the time of submittal.**

**1. LANDOWNER CONSENT**

Have all property owners involved with the proposal given their written consent?

Yes *(If yes, please attach Agreement to Annexation, petitions, letters, or applications)*

No *(If no, please provide the name, address, and Assessor's Parcel Numbers of those property owners not consenting.)*

**2. LAND USE**

A. Area of Proposal: \_\_\_\_\_(circle one) Acre / Square Mile / Square Feet

B. Site Information *(please fill out site information for each proposal area submitted):*

	LAND USE	ZONE DISTRICT CLASSIFICATION	GENERAL PLAN DESIGNATION
Current		County: City:	County: City:
Proposed		County: City:	County: City:

C. Surrounding Land Uses:

	LAND USE	ZONE DISTRICT CLASSIFICATION	GENERAL PLAN DESIGNATION
North:		County: City:	County: City:
South:		County: City:	County: City:
East:		County: City:	County: City:
West:		County: City:	County: City:

D. The proposal area is entirely or partially within the sphere of influence of all of the following:

CITY: Camarillo  
SPECIAL DISTRICTS: Camarillo Sanitary District.

E Describe any public easements/oil well operations/cellular site leases, etc. that currently exist on the site:

F Describe any land use entitlements or permits approved or pending for the proposal area:

G Describe the physical features of the subject parcel(s). Refer to major highways, roads, watercourses, and topographical features: (Drainage and any natural features on the parcel, environmental issues) \_\_\_\_\_

H Drainage and average slopes: \_\_\_\_\_

**3. AGRICULTURE AND OPEN SPACE**

A. Number of Acres considered Prime Agricultural Land: N/A  
(as defined by the Soil Conservation Service as being prime, unique or of statewide importance, and as defined by Government Code Section 51201(c) and 56064)

B. Number of Acres considered Agricultural Lands: N/A  
(as defined by Gov. Code Section 56016)

C. If the site is considered Prime Agricultural Land, has there been an alternative site analysis performed?

Yes  No If yes, please submit analysis.  
(refer to Sections 3.1.5. & 4.1.5. of the LAFCO Commissioner’s Handbook)

D. Is the site under a Land Conservation Act contract?  Yes  No  
If yes to above:  
Contract Number:  
Date of Contract execution:  
Date of Contract expiration/cancellation:  
Is the contract considered a Farmland Security Zone Area (20 year)?  Yes  No

E. Number of Acres considered Open Space Lands:  
(as defined by Gov. Code Section 56059)

F. Does the site have an open space easement?:  Yes  No  
If yes: Number of Acres in open space easement:

G. Is the site within or adjacent to an approved greenbelt?  Yes  No  
If yes, name:

H. Is the site subject to voter approval (e.g. SOAR, CURB, HUPA)?  City  County  No  
Is the site within a City's CURB Boundary?  Yes  No  N/A

**4. POPULATION**

A. Number/Type Dwelling Units within the proposal area:  
Existing: \_\_\_\_\_  
Proposed: \_\_\_\_\_

B. Is the proposal area considered to be inhabited (12 or more registered voters)?:  
 Yes  No (as defined by Gov. Code Section 56046)

**5. PLAN FOR PROVIDING PUBLIC SERVICES:**

A. Provision of Services: Describe the services that are provided or are to be provided to subject property: *If water and/or sewer agency annexation is also part of the request, also complete the supplemental questions in B and/or C on the next page. Use additional sheets of necessary.*

Service	Current Service Provider	Proposed Service Provider	Describe Level/Range of Service of Proposed Service Provider	Approx. Date Service will be available	Method to Finance
Water					
Sewer		CamSan District	Sewer Service		Owner/ developer
Police					
Fire					
Streets					
Drainage					
Recreation & Parks					
Other Services (list)					

B. Supplemental Sewer Information:

1. Is extension of sewer service part of this application?  Yes  No
2. Is the owner requesting annexation due to a failed septic system? (If yes, please include a copy of any letters from the Environmental Health Department or private septic system company)  Yes  No
3. Has the agency that will be providing sewer service issued an "Intent to Serve" letter? *(If yes, please attach letter to application)*  Yes  No  
 If No: Will the agency be prepared to furnish sewer service upon annexation?  Yes  No

4. Does the agency have the necessary contractual and design capacity to provide sewer service to the proposed area? Yes  No

If no, please describe the agency's plan to increase capacity:

5. Indicate the method of financing improvements and on-going operations (e.g., general property tax, assessment district, landowner/developer, user fees, etc.):
6. What is the distance for connection to the agency's existing sewer system?  
feet
7. Is there an Agreement to Annex that requires the landowner to annex to the appropriate city at such time is requested by the City? Yes  No  
(Please attach any agreements to the application)
8. Is parcel currently connected? Yes  No

**6. BOUNDARIES**

- A. Is the proposal contiguous to the annexing City or District boundary?  
 Yes  No (as defined by Gov. Code Section 56031)
- B. The proposal is within the boundaries of which city? \_\_\_\_\_
- C. Is the proposal area co-terminus with:  
the Assessor's Parcel boundaries?:  Yes  No  
the legal lot boundaries?  Yes  No
- D. Is the proposal considered to be an unincorporated island of territory?  
 Yes  No (as defined in Government Code Section 56375.3)  
Which City surrounds the proposal area? Camarillo

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**7. ASSESSMENT, INDEBTEDNESS AND TAX EXCHANGE:**

- A. Does the city/district have current plans to establish any new assessment districts in order to pay for new or extended service(s) to the proposal area?  Yes  No  
If yes, please describe which services and status of assessment district formation:
- B. Will the subject territory assume any existing bonded indebtedness upon annexation to the city/district?  Yes  No  
How will the indebtedness be repaid? (e.g. property taxes, assessments, service fees):  
\_\_\_\_\_

C. Is there an existing Property Tax Exchange Agreement between the City or Special District and the County for the proposal?

- Yes - Please include Agreement in application materials unless there is a Master Tax Exchange Agreement between the City and the County already on file.
- No - Will the City or District be requesting a property tax adjustment/allocation per Revenue and Taxation Code Section 99? Explain:

**8. ENVIRONMENTAL ANALYSIS**

A. Lead Agency for project: \_\_\_\_\_

B. The project:

- is exempt under CEQA Guidelines Section 19 Class Title 19a and a Notice of Exemption has been prepared by the lead agency.
- will have no significant adverse environmental impacts and a Negative Declaration was prepared.
- may have significant adverse environmental impacts and in accordance with Section 15070 of the CEQA Guidelines, a Mitigated Negative Declaration (MND) has been certified by the lead agency.
- will have significant adverse environmental impacts and the lead agency has prepared an Environmental Impact Report (EIR).
- Based on the certified final EIR all significant impacts can be mitigated.
- Based on the certified final EIR there are significant unavoidable impacts that cannot be mitigated and a Statement of Overriding Considerations has been adopted. *(Submit three (3) copies of the Statement of Overriding Considerations)*

**9. REGIONAL HOUSING NEEDS**

A. Describe how the proposal will assist the City and the County in achieving their respective fair shares of the regional housing needs as determined by the appropriate council of governments: (see Gov. Code Section 56668)

**10. SPHERE OF INFLUENCE**

A. A Sphere of Influence Amendment is necessary for services to be extended to the proposal area and a Sphere of Influence Amendment Supplemental Application has been included:

- Yes
- No

**11. CERTIFICATION**

I certify, under penalty of perjury, under the laws of the State of California, that the information contained in this application is true and correct. I acknowledge and agree that the Ventura Local Agency Formation Commission is relying on the accuracy of the information provided and my representations in order to process this application proposal.

Date: \_\_\_\_\_

Print Name: Tom Fox

Title: Assistant District Manager, Camarillo Sanitary District

Signature: \_\_\_\_\_

- City or District Applicant
- Property Owner Applicant
- Applicant's Representative/Agent



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Tel 805-654-2575 • Fax 805-477-7101

## INDEMNITY AGREEMENT

As part of this application, the applicant agrees to defend, indemnify, hold harmless and release the Ventura Local Agency Formation Commission (LAFCO), its officers, employees, attorneys, or agents from any claim, action or proceeding brought against any of them, the purpose of which is to attack, set aside, void, or annul, in whole or in part, LAFCO's action on the proposal or on the environmental documents submitted to support it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney fees, and expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the application.

LAFCO Case Name and No. \_\_\_\_\_ (LAFCO USE ONLY)

Date:

APPLICANT OR APPLICANT'S REPRESENTATIVE:  
(Proof of authority to sign must be provided)

Signature: \_\_\_\_\_

Name: Tom Fox

Agency: Camarillo Sanitary District

Title: Assistant District Manager

Address: P O Box 248, Camarillo, CA 93011-0248

## **AGREEMENT FOR PAYMENT OF LAFCO FEES**

Name of Applicant (City, Special District, Individual or Petitioner):

LAFCO Case Name and No. \_\_\_\_\_ (LAFCO USE ONLY)

The Applicant understands and agrees as follows:

1. The Ventura Local Agency Formation Commission ("LAFCO") has established a fee schedule pursuant to Government Code 56383 to recover a portion of the estimated reasonable costs of LAFCO proceedings. Applicant has submitted a request for action to LAFCO that requires an initial deposit of funds in accordance with the fee schedule. Applicant hereby pays the initial deposit fee of \$ \_\_\_\_\_ (LAFCO USE ONLY) to reimburse LAFCO for costs associated with the request.
2. LAFCO's costs of processing the request, consisting of LAFCO staff time at hourly rates based on the most recent LAFCO fee schedule, and all direct LAFCO costs associated with Applicant's request, will be charged to Applicant and deducted from the initial deposit fee. LAFCO's costs include but are not limited to: (a) Staff time spent reviewing application materials, responding by phone or correspondence to all inquiries relating to the request, preparing reports, attendance and participation at meetings, and making filings necessary to complete proceedings, and; (b) Direct costs for public notices, legal counsel, County, state and federal agency review and information, and consultants hired by LAFCO to assist in the review and processing of the request.
3. If the LAFCO Executive Officer determines the initial deposit fee is insufficient to reimburse all of LAFCO's costs incurred and to be incurred to complete the requested action, LAFCO will bill Applicant for, and Applicant must pay, an additional deposit equal to the additional fee estimated by the Executive Officer as necessary to fully reimburse LAFCO.
4. After all requested actions are complete the LAFCO Executive Officer will compute the actual final costs and will refund any unused portion of the deposit, or will bill Applicant for any unreimbursed costs. Any refunds will be solely for the unused portion of the deposit and will not include any interest.

- 5. If Applicant fails to pay in full any sums billed by LAFCO within 15 days of the billing, the LAFCO Executive Officer may stop processing Applicant's request and/or set the request for hearing by LAFCO with a recommendation for denial due to failure to pay fees. The Executive Officer shall not be required to record a certificate of completion or otherwise complete any requested action until and unless all fees are paid in full.
- 6. Applicant may make a written request to LAFCO for an accounting of billed sums, and LAFCO will respond within a reasonable period. Applicant's obligations to pay the required fees shall not be delayed or deferred by such a request.
- 7. The undersigned is (check one):
  - The individual applicant or petitioner who agrees to be bound by the terms of this agreement and to pay the sums due LAFCO.
  - The authorized representative of the Applicant who is empowered to execute this agreement and who agrees the Applicant shall be bound by its terms and shall pay the sums due LAFCO.
  - The property owner or real party in interest for an application or petition filed or to be filed with LAFCO by a City or Special District. I agree to be bound by the terms of this agreement as they are applicable to Applicant and to pay to LAFCO all sums due from Applicant. I agree that notice to Applicant of any obligation arising hereunder shall be construed to be notice to me.

Date:

Name: Tom Fox

Agency: Camarillo Sanitary District

Title: Assistant District Manager

Address: P O Box 248, Camarillo, CA 93011-0248

Phone: (805) 388-5380

Signature: \_\_\_\_\_