SAN BERNARDINO LAFCO APPLICATION FOR EXTENSION OF SERVICE BY CONTRACT

(A certified copy of the City Council/District Board of Directors resolution or a letter from the City Manager/General Manager requesting approval for an out-of-agency service agreement must be submitted together with this application form.)

AGENCY TO EXTEND SERVICE:		
AGENCY NAME:		
CONTACT PERSON:		
ADDRESS:		
PHONE:		
EMAIL:		
CONTRACTING PARTY:		
NAME OF PROPERTY OWNER:		
CONTACT PERSON:		
MAILING ADDRESS:		
PHONE:		
EMAIL:		
ADDRESS OF PROPERTY PROPOSED FOR CONTRACT:		
CONTRACT NUMBER/IDENTIFICATION:		
PARCEL NUMBER(S):	<u> </u>	
ACREAGE:		
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Extension of Service by Contract
Application Form

(FOR	LAFCO	USE	ONLY)

The following questions are designed to obtain information related to the proposed agreement/contract to allow the Commission and staff to adequately assess the proposed service extension. You may include any additional information which you believe is pertinent. Please use additional sheets where necessary.

(a)	List the type or types of service(s) to be provided by this agreement/contract.
(b)	Are any of the services identified above "new" services to be offered by the agency? YES NO. If yes, please provide explanation on how the agency is able to provide the service.
Is the	e property to be served within the agency's sphere of influence? YES NO
Pleas	se provide a description of the service agreement/contract.
(a)	Is annexation of the territory by your agency anticipated at some point in the future? YES NO. If yes, please provide a projected timeframe when it anticipates filing an application for annexation of territory that would include the area to be served. If no, please provide an explanation as to why a jurisdictional change is not possible at this time.

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(FOR LAFCO USE ONLY)

	Is the property to be served contiguous to the agency's boundary? YES NO. If yes, please provide explanation on why annexation to the agency is not being contemplated.
to a the Gover	service agreement/contract outside the Agency's sphere of influence in response for the public health and safety of the existing residents as defined by rement Code Section 56133(c)? ES \[\] NO. If yes, please provide documentation regarding the circumstance (i.e. from Environmental Health Services or the Regional Water Quality Control Boar
(a)	What is the existing use of the property?
(b)	Is a change in use proposed for the property? YES NO. If yes, please provide a description of the land use change.
	service agreement/contract is for development purposes, please provide a lete description of the project to be served and its approval status.

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8.	☐ YE:	ere any land use entitlements/permits involved in the agreem S \(\subseteq\) NO. If yes, please provide documentation for this entions of approval and environmental assessment that are being project. Please check and attach copies of those docume	itlement including the ng processed togethe	
		Tentative Tract Map / Parcel Map Permit (Conditional Use Permit, General Plan Amendment, Conditions of Approval Negative Declaration (Initial Study) Notice of Determination (NOD)/Notice of Exemption (NOE) Department of Fish and Game (DFG) Receipt Others (please identify below)		
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9.	contra	e agency proposing to extend service conducted any CEQA ct? YES NO. If yes, please provide a copy of the agament including a copy of the filed NOD/NOE and a copy of the filed NOD/NOE.	gency's environmenta	al
10.	Plan fo	or Service:		
	(a)	Please provide a detailed description of how services are to property. The response should include, but not be limited to 1) capacity of existing infrastructure, 2) type of infrastructure added to serve the area, 3) location of existing infrastructure area to be served, 4) distance of infrastructure to be extend and 5) other permits required to move forward with the server server in the serv	o, a description of: e to be extended or e in relation to the ded to serve the area	
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(b)	Please provide a detailed description of the	ne overall cost to se	rve the proper
	The response should include the costs to connection charges, etc.) and also the co		
	serve the area (i.e. material/equipment co		
	etc.).		
	Description of Fees/Charges	Cost	Total
	Total Costs		
(c)	Please identify any unique costs related to premium outside City/District rates or add		
	(i.e. fees/charges attributable to other age		

	(d)	If financing is to occur, please provide any special financial arrangement between the agency and the property owner, including a discussion of any later repayment or reimbursement (If available, a copy of the agreement for repayment/reimbursement is to be provided).
11		Does the City/District have any policies related to extending service(s) outside its
		boundary? YES NO. If yes, has a copy been provided to LAFCO? YES NO. If not, please include a copy of the policy or policies (i.e. resolution, municipal code section, etc.) as part of the application.
		CERTIFICATION

This indemnification obligation shall include, but not be limited to, damages, penalties, fines and other costs imposed upon or incurred by San Bernardino LAFCO should San Bernardino LAFCO be named as a party in any litigation or administrative proceeding in connection with this application.

The agency signing this application will be considered the proponent for the proposed action(s) and will receive all related notices and other communications. I understand that if this application is approved, the Commission will impose a condition requiring the applicant to indemnify, hold harmless and reimburse the Commission for all legal actions that might be initiated as a result of that approval.

Extension	of Service	by	Contract
Application	n Form		

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I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this evaluation of service extension to the best of my ability, and that the facts, statement and information presented herein are true and correct to the best of my knowledge and belief.

SIGNED	
NAME:	
POSITION TITLE:	
DATE:	

REQUIRED EXHIBITS TO THIS APPLICATION:

- 1. Copy of the agreement/contract.
- 2. Map(s) showing the property to be served, existing agency boundary, the location of the existing infrastructure, and the proposed location of the infrastructure to be extended.
- 3. Certified Plan for Service (if submitted as a separate document) including financing arrangements for service.

Please forward the completed form and related information to:

Local Agency Formation Commission for San Bernardino County 1170 W. Third Street, Unit 150, San Bernardino, CA 92415-0490 PHONE: (909) 388-0480 • FAX: (909) 388-0481

Rev: krm - 8/19/2015