

Justification for Proposal and Preliminary Environmental Description Form

INTRODUCTION: The questions on this form and its supplements are designed to obtain enough data about the proposed project site to allow the Commission, its staff and others to adequately assess the project. By taking the time to fully respond to the questions on the forms, you can reduce the processing time for your project. You may also include any additional information which you believe is pertinent. Use additional sheets where necessary, or attach any relevant documents.

GENERAL INFORMATION

1. NAME OF PROPOSAL: _____

2. NAME OF APPLICANT: _____
MAILING ADDRESS: _____

PHONE: (____) _____
FAX: (____) _____
E-MAIL ADDRESS: _____
3. GENERAL LOCATION OF PROPOSAL: _____

4. Does the application possess 100% written consent of each landowner in the subject territory?
YES ____ NO ____ If YES, provide written authorization for change.
5. Indicate the reasons that the proposed action has been requested. _____

6. Would the proposal create a totally or substantially surrounded island of unincorporated territory?
YES ____ NO ____ If YES, please provide a written justification for the proposed boundary configuration.

LAND USE AND DEVELOPMENT POTENTIAL

1. Total land area (defined in acres):

2. Current dwelling units in area:

3. Approximate current population in area:

4. Indicate the General Plan designation(s) of the affected city (if any) and uses permitted by this designation(s):

Trinity County General Plan designation(s) and uses permitted by this designation(s):

5. Describe any special land use concerns expressed in the above plans.

6. Indicate the existing land use.

What is the proposed land use?

7. For a city annexation, State law requires pre-zoning of the territory proposed for annexation. Provide a response to the following:

a. Has pre-zoning been completed? YES ____ NO ____

b. If the response to "a" is NO, is the area in the process of pre-zoning? YES ____ NO ____

Identify below the pre-zoning classification, title, and densities permitted. If the pre-zoning process is underway, identify the timing for completion of the process.

8. On the following list, indicate if any portion of the territory contains the following by placing a checkmark next to the item:
- | | |
|--|--|
| <input type="checkbox"/> Agricultural Land Uses | <input type="checkbox"/> Agricultural Preserve Designation |
| <input type="checkbox"/> Williamson Act Contract | <input type="checkbox"/> Area where Special Permits are Required |
| <input type="checkbox"/> Any other unusual features of the area or permits required: _____ | |
9. If a Williamson Act Contract(s) exists within the area proposed for annexation to a City, please provide a copy of the original contract, the notice of non-renewal (if appropriate) and any protest to the contract filed with the County by the City. Please provide an outline of the City's anticipated actions with regard to this contract.
10. Will the proposal require public services from any agency or district which is currently operating at or near capacity (including sewer, water, police, fire, or schools)? YES ____ NO ____ If YES, please explain.

ENVIRONMENTAL INFORMATION

1. Provide general description of topography. _____
2. Describe any existing improvements on the site as % of total area.
- | | |
|--------------------|---------------------|
| Residential _____% | Agricultural _____% |
| Commercial _____% | Vacant _____% |
| Industrial _____% | Other _____% |

3. Describe the surrounding land uses:

NORTH _____

EAST _____

SOUTH _____

WEST _____

4. Describe site alterations that will be produced by improvement projects associated with this proposed action (installation of water facilities, sewer facilities, grading, flow channelization, etc.).

5. Will service extensions accomplished by this proposal induce growth on this site? YES ____
NO ____ Adjacent sites? YES ____ NO ____ Unincorporated ____ Incorporated ____

6. Is this project a part of a larger project or series of projects? YES ____ NO ____ If YES, please explain.

NOTICES

Please provide the names and addresses of persons who are to be furnished mailed notice of the hearing(s) and receive copies of the agenda and staff report.

NAME _____ TELEPHONE NO. _____

ADDRESS:

NAME _____ TELEPHONE NO. _____

ADDRESS:

NAME _____ TELEPHONE NO. _____

ADDRESS:

CERTIFICATION

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

DATE _____

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

TITLE

PLEASE CHECK SUPPLEMENTAL FORMS ATTACHED:

- ☐ ANNEXATION, DETACHMENT, REORGANIZATION SUPPLEMENT
- ☐ SPHERE OF INFLUENCE CHANGE SUPPLEMENT
- ☐ CITY INCORPORATION SUPPLEMENT
- ☐ FORMATION OF A SPECIAL DISTRICT SUPPLEMENT
- ☐ ACTIVATION OF LATENT POWERS SUPPLEMENT

APPLICATION TO BE SUBMITTED TO:

LOCAL AGENCY FORMATION COMMISSION
P.O. Box 755, 190 Glen Road
Weaverville, CA 96093
PHONE: (530)623-1351 • FAX: (530) 623-1353
E-mail address: tdias@trinitycounty.org