

# San Luis Obispo Local Agency Formation Commission

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## Outside User Agreement Application for Contractual Agreement Approval



*If you have any questions, please contact us at:*

1042 PACIFIC STREET, SUITE A, SAN LUIS OBISPO, CA 93401

TEL: 805-781-5795 | FAX: 805-788-2072

EMAIL: [RFITZROY@SLO.LAFCO.CA.GOV](mailto:RFITZROY@SLO.LAFCO.CA.GOV) | [WWW.SLO.LAFCO.CA.GOV](http://WWW.SLO.LAFCO.CA.GOV)

UPDATED: SEP 2022

**OUTSIDE USER AGREEMENT**  
**APPLICATION FOR CONTRACTUAL AGREEMENT APPROVAL**

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

Agency: \_\_\_\_\_

|                        |                 |                            |
|------------------------|-----------------|----------------------------|
| <b>Contact Person:</b> | <b>Address:</b> | <b>Telephone&amp; Fax:</b> |
|                        |                 |                            |
| <b>Email:</b>          |                 |                            |

|                        |                 |                             |
|------------------------|-----------------|-----------------------------|
| <b>Property Owner:</b> | <b>Address:</b> | <b>Telephone &amp; Fax:</b> |
|                        |                 |                             |
| <b>Email:</b>          |                 |                             |

|                          |                    |                    |
|--------------------------|--------------------|--------------------|
| <b>Property Address:</b> | <b>Parcel Nos.</b> | <b>Parcel Nos.</b> |
|                          |                    |                    |
|                          |                    |                    |

**PLEASE COMPLETE ALL RELEVANT PORTIONS:**

1. Is the territory within the agency's sphere of influence? If no, a sphere of influence amendment must be requested concurrent with this application.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. Type of service to be provided: \_\_\_\_\_

3. Please describe the reason for the service agreement/contract. Explain why a jurisdictional change is not possible at this time. Indicate if this is an emergency health and safety situation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Is the reorganization of the territory anticipated at a future date? If yes, when?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No      Possible reorganization date: \_\_\_\_\_

5. If development is proposed, please provide a description of the project:

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6. Is the approval ministerial:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

7. If the project approval is discretionary, please attach all supporting development documentation and resolutions including, but not limited to:

- \_\_\_\_\_ Tentative Map & Conditions
  - \_\_\_\_\_ Subdivision Map or Parcel Map
  - \_\_\_\_\_ Specific Plan
  - \_\_\_\_\_ General Plan Amendment
  - \_\_\_\_\_ Rezoning
  - \_\_\_\_\_ Other (describe) \_\_\_\_\_
- 
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8. Please provide a detailed description of how services are to be extended to the property:

- a. Distance for connection: \_\_\_\_\_
- b. Cost of improvements: \_\_\_\_\_
- c. Financing: \_\_\_\_\_

**ENVIRONMENTAL REVIEW:**

Please include a copy of the environmental review conducted for the project. If exempt, please provide a copy of the Notice of Exemption.

\_\_\_\_\_ Environmental Review attached                      \_\_\_\_\_ Notice of Exemption attached

**MAPS**

Please provide a vicinity map showing the property, district, or city boundary and relevant proposed and existing infrastructure.

**AGREEMENT/CONTRACT**

Please attach a copy of the proposed agreement or contract.

**COST ACCOUNTING AGREEMENT**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The cost of processing an application may exceed the initial deposit required. In order to recover any additional costs associated with processing your application, the Local Agency Formation Commission, LAFCO, has found it necessary to implement a provision of the Fee Schedule that provides full cost recovery for processing an application.

I, \_\_\_\_\_, the landowner and/or responsible Applicant, agree to pay the actual costs pursuant to the Fee Schedule attached hereto, plus copying charges and related expenses incurred in the processing of this application. I also understand that if payment on any billings prior to final action is not paid within thirty (30) days, I agree that processing of my application will be suspended until payment is received.

In order to implement the cost accounting provisions, please sign and date this statement indicating your agreement to the cost accounting procedure agreement. This signed agreement is required for your application to be accepted for processing. Checks may be made payable to LAFCO and delivered or mailed to the LAFCO Office at 1042 Pacific Street, Suite A, San Luis Obispo, CA 93401. If you have questions regarding your application, please contact the LAFCO Office at (805) 781-5795.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date