

# **San Luis Obispo** **Local Agency Formation Commission**

## Proposal Application



*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@SLOLAFCO.COM](mailto:RFITZROY@SLOLAFCO.COM) | [WWW.SLOLAFCO.COM](http://WWW.SLOLAFCO.COM)

UPDATED: FEB 2022

**COST ACCOUNTING AGREEMENT**

Applicant: DONALD VALLEY

Mailing Address: 3051 AUGUSTA ST., UNIT 9  
SAN LUIS OBISPO, CA 93401

Telephone: (805) 773-6454

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

E-mail Address: SLOVAL1@AOL.COM

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, DONALD VALLEY, 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

6/22/22  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**SAN LUIS OBISPO LAFCO  
Local Agency Formation Commission**

**Proposal Application**

The California Government Code requires the Commission to review specific factors in its consideration of this proposal. Please complete this form to facilitate our review.

Please provide the names and addresses of the Applicant's Agent or and/or other persons to whom copies of the Agenda, Executive Officer's report and any required notice or hearing is to be furnished.

Name	Applicant/Agents Address	Telephone Number
DONALD VALLEY	3051 AUGUSTA ST #9 S.L.O., CA 93901	(805) 773-6454

Name	Interested Parties Address	Telephone Number

E-mail Addresses	
SLOVALI@AOL.COM	

**Proposal Type:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ANNEXATION          | <input type="checkbox"/> OUTSIDE USER AGREEMENT     | <input type="checkbox"/> SPECIAL STUDY          |
| <input type="checkbox"/> SPHERE OF INFLUENCE | <input type="checkbox"/> SPECIAL DISTRICT FORMATION | <input type="checkbox"/> INCORPORATION OF CITY  |
| <input type="checkbox"/> DISSOLUTION         | <input type="checkbox"/> MERGERS                    | <input type="checkbox"/> DIVEST/ACTIVATE POWERS |
| <input type="checkbox"/> CONSOLIDATIONS      | <input type="checkbox"/> REORGANIZATIONS            | <input type="checkbox"/> DETACHMENT             |

## General Information

Name & Type of Proposal: VALLEY - SINGLE FAMILY HOME (APN 06A-405-016)  
(e.g., name, type, jurisdiction)  
ANNEXATION TO CAYUCOS SANITARY DISTRICT

1. This Application was initiated by:

Petition       Resolution of Application

2. Does the application include 100% written consent of each property owner in the affected territory?

Yes       No

3. State reason(s) for requesting the proposed action: CONNECTION TO  
PUBLIC SEWER

4. State location of affected territory: LOT AT CORNER OF CHANEY  
AND GILBERT, CAYUCOS

5. Is the affected territory inhabited or uninhabited (less than 12 registered voters)?

Inhabited       Uninhabited

6. Do the boundaries of the district or city overlap or conflict with the boundaries of the proposed annexation?

Yes       No

If yes, justify the need for overlapping or conflicting boundaries: \_\_\_\_\_

7. Do the boundaries of the territory split lines of assessment?

Yes       No

8. Do the boundaries of the territory proposed create an island or corridor of unincorporated territory or a strip?

Yes  No

If yes, justify the necessity for the boundaries as proposed: \_\_\_\_\_  
\_\_\_\_\_

9. If the proposed boundary follows a street or highway, does it include the entire street or highway?

Yes  No

10. List the cities or district(s) that will be affected by this proposal: \_\_\_\_\_  
\_\_\_\_\_

**Land Use Information**

11. Total acreage: 0.0823

APN #s 064-405-016

12. Indicate the zoning. County and City rezoning of the site:

County: \_\_\_\_\_

City: RESIDENTIAL

13. Describe any special land use concerns found in General Plans: \_\_\_\_\_  
\_\_\_\_\_

14. Describe the existing land use: EMPTY LOT

15. What is the proposed land use? CONSTRUCTION OF SINGLE  
FAMILY HOME

16. Has the affected territory been rezoned?  Yes  No

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

(Please attach ordinance)

If yes, what is the rezoning use and densities (if applicable) permitted? \_\_\_\_\_

17. Describe the specific development potential of the property: 1957<sup>#</sup> SFR

18. Has a Land use Permit, Conditional Use Permit, Tract Map, or Specific Plan or other land use approval been given for the property(ies)?

Yes       No

\*If yes, please attach a copy of the approval\*

**Environmental Information**

(Please submit any environmental studies that have been completed.)

19. Has an environmental determination (Negative Declaration-Environmental Impact Report) been certified by a legislative body?

Yes       No

\*If yes, please attach a copy\*

20. Is the site presently zoned for or engaged in agricultural use?

Yes       No

If yes, please explain: \_\_\_\_\_

Prime agricultural land:

Yes       No

21. Will extension of services requested for this proposal induce growth on affected property?       Yes       No

On adjacent properties?       Yes       No

Unincorporated?  Yes  No  
Both?  Yes  No

22. Will the proposal require public services from any agency or facility that is currently operating at or near capacity, i.e., sewer, water, police, or fire?  
 Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

23. Please describe the environmental setting of the site: MODERATELY  
SLOPING SITE

24. Terrain: Level to gently rolling (0-10%)   
Slopes (10-30%)   
Steep slopes (over 30%)

25. Hydrology (streams, lakes, or marshes on site)?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

26. Vegetation:  
Has the natural vegetation already removed or altered?  
 Yes  No

27. Are there any endangered plant species on site?  Yes  No

28. Have any endangered or threatened species been identified?  
 Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FORM B

**NOTICE OF INTENTION TO CIRCULATE PETITION**

Before circulating any petition for change of organization, the Applicant shall file a notice of intention with the Executive Officer that shall include the name and mailing address of the Applicant and a written statement, not to exceed 500 words in length, setting forth the reasons for the proposal. Please provide this information below.

1. Please print your name, address, and phone number.

DONALD VALLEY  
3051 AUGUSTA ST, UNIT 9  
S.L.O., CA 93401  
(805) 773-6454

2. Notice is hereby given of the intention to circulate a petition proposing to

ANNEX APN 064-405-016 TO THE  
CAYUCOS SANITARY DISTRICT

3. Please provide the reasons for the proposal:

TO BUILD A SFR AT 3579 GILBERT AV., CAYUCOS

  
Signature/Applicant

6/22/22  
Date



**TO:**

Local Agency Formation Commission  
County of San Luis Obispo  
1042 Pacific Street, Suite A  
San Luis Obispo, CA 93401

To be filled in by LAFCO

File No: \_\_\_\_\_

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

Officially Filed: \_\_\_\_\_

Designated as: \_\_\_\_\_

LAFCO Action: \_\_\_\_\_

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

**PETITION FOR**

ANNEXATION OF APN 064-405-016 TO CAYUCOS SANITARY DIST  
(Name of Proposal)

**The undersigned by their signature hereon DO HEREBY REPRESENT REQUEST AND PETITION as follows:**

1. The proposal is made pursuant to Part 3, Division 3, Title 5 of the California Government Code (commencing with section 56000, Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000).

2. The nature of the proposed change of organization (i.e., annexation, detachment, Reorganization, etc.) is/are:

ANNEXATION

3. The name or names of all districts and/or cities for which any such change or organization is proposed is as follows:

CAYUCOS SANITARY DISTRICT

4. The names of all other affected counties, cities and districts are:

\_\_\_\_\_

5. The territory(ies) proposed for ANNEXATION

is/are: UNINHABITED  
(uninhabited [less than 12 people] or inhabited [12 or more people])

6. This proposal is ~~is not~~ within the sphere of influence of the affected city and/or district.  
(Circle one)

7. Complete description of the exterior boundaries of the territory proposed for annexation. **Please attach legal description to this petition.**

8. Do the boundaries of the districts or cities listed above overlap or conflict with the boundaries of the proposed annexation?  Yes  No

If yes, justify the need for overlapping or conflicting boundaries:

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9. List any of the districts or cities, as above listed, which possess authority to perform the same or similar function as requested herein.

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(Name of public agency or agencies)

10. Do the boundaries of the territory proposed split lines of assessment?  
 Yes  No

11. Do the boundaries of the territory proposed create an island or corridor of unincorporated territory or a strip?  Yes  No

If yes, justify the necessity for the island corridor or strip:

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12. If the proposed boundary follows a street or highway, does it follow the center of the street or highway?  Yes  No

13. It is desired that this proposal provides for and be made subject to the following terms and conditions:

A. 

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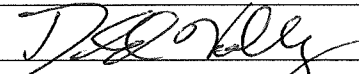
B. 

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20. Proponents of this proposal: (Names of Chief Petitioners, not to exceed three (3), who hereby request that proceedings be taken in accordance with the provisions of Section 56000, et. seq. of the Government Code and herewith affix signatures) as follows:

Please sign on the top line and print on the lines below

Name	Mailing Address
1. 	3051 AUGUSTIA ST, UNIT 9
DONALD VALLEY	S.L.O., CA 93401
2.	
3.	

When a form is completed and the requisite number of qualified signatures has been obtained (after circulation), the petition is to be filed with the Executive Officer.

**The petition and signature sheets must be left intact. Removal of the signature sheets from one counterpart to another counterpart will invalidate the entire petition.**

**NOTE: THIS PAGE MUST BE COMPLETED AND ATTACHED TO EACH PETITION.**

According to Election Code, Section 104, whenever any petition is submitted to the elections official, each section of the petition shall have attached to it a declaration signed by the Circulator of the petition, setting forth, in the Circulator's own hand, the following:

**PRINTED NAME OF CIRCULATOR** (including given name, middle name or initial and last name):

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**RESIDENCE ADDRESS OF CIRCULATOR:**

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**DATES ON WHICH ALL SIGNATURES TO THE PETITION WERE OBTAINED:**

Starting date: \_\_\_\_\_

Ending date: \_\_\_\_\_

The Circulator, by affixing his/her signature below, hereby certifies:

1. That the Circulator circulated the attached petition and witnessed the appended signatures being written.
2. That, according to the best information and belief of the Circulator, each signature is the genuine signature of the person whose name it purports to be.
3. That the Circulator shall certify to the content of the declaration as to its truth and correctness, under penalty or perjury under the laws of the State of California, with the signature of his or her name at length, including given name, middle name, or initial, and last name.

\_\_\_\_\_

Date

\_\_\_\_\_

Name (as required above)

As a signer of this Petition, I hereby certify that I have read the content of the Petition and request that proceedings be taken for the proposal as provided by said Petition.

**PLEASE SIGN NAME ON THE TOP LINE**  
**PRINT NAME ON THE SECOND LINE**

Date signed	Signature & printed name of Petitioners	Residential Address of Petitioners	Official Use Only
6/22/22	Sign: <i>Donald Valley</i> Print: DONALD VALLEY	3051 AUGUSTA ST, UNIT 9 SLC, CA 93401	
	Sign:		
	Print:		
	Sign:		
	Print:		
	Sign:		
	Print:		
	Sign:		
	Print:		
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	Sign:		
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	Sign:		
	Print:		



**EXHIBIT "A"**  
Legal Description

**For APN/Parcel ID(s): 064-405-016**

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THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE UNINCORPORATED AREA, COUNTY OF SAN LUIS OBISPO, STATE OF CALIFORNIA AND IS DESCRIBED AS FOLLOWS:

LOTS 20 AND 21 IN BLOCK 21 OF MORRO STRAND UNIT NO. 1, UNINCORPORATED AREA, IN THE COUNTY OF SAN LUIS OBISPO, STATE OF CALIFORNIA, ACCORDING TO MAP RECORDED MAY 21, 1928 IN BOOK 3 AT PAGE 105 OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.