

APPLICATION FOR ANNEXATION TO THE WEST BAY SANITARY DISTRICT

Chec	k the applicable box(es) below:
	☐ Annexation ☐ On-Site Wastewater Disposal Zone
A.	GENERAL INFORMATION
1.	Briefly describe the nature of the proposed change of organization or reorganization.
2.	What are the reasons for the proposal?
3.	Does this application have 100% consent of landowners in the affected area? Yes No
4.	Estimated acreage: Assessor's Parcel Number:
В.	SERVICES
1.	List the name or names of all existing cities and special districts whose service area or service responsibility would be altered by the proposed change of organization or reorganization.

2.	List all changes to the pattern of delivery of local services to the affected area. For each service affected by the proposed change(s) of organization, list the present source of service (state "none" if service is not now provided), the proposed source of service and the source of funding for construction of necessary facilities (if any) and operation. NOTE: Examples are given on the first two lines of the spaces below.					
	<u>SERVICE</u>	PRESENT SOURCE	PROPOSED SOURCE	FUNDING SO CONSTRUCTION C		
	<u>Police</u> <u>Sewer</u>	<u>Co. Sheriff</u> <u>None</u>	<u>City Police</u> <u>WBSD</u>	<u>N/A</u> <u>Proponent</u>	<u>Taxes</u> <u>Fees</u>	
C.	PROJECT PROPOS	SAL INFORMATION				
1.	Please describe the general location of the territory that is the subject of this proposal. Refer to major highways, roads and topographical features.			posal. Refer to		
2.	Describe the present land use(s) in the subject territory.					
3.	How are adjacent lar	How are adjacent lands used?				
	North:					
	South:					
	East:					
	West:					
4.	Will the proposed ch subject territory to be	Vill the proposed change of organization result in additional development? If so, how is the ubject territory to be developed?				
5.	What is the general	olan designation of the	subject territor	y?		

6.	What is the existing zoning designation of the subject territory?			
7.	What pre-zoning, environmental review or development approvals have already been obtained for development in the subject territory?			
8.	What additional approvals will be required to proceed?			
9.	Does any portion of the subject territory contain any of the followingagricultural preserves, sewer or other service moratorium or wetlands subject to the State Lands Commission jurisdiction?			
10.	If no specific development projects are associated with this proposal, will the proposal increase the potential for development of the property? If so, how?			
	***********	*****		
propo	Bay Sanitary District will consider the person signingsed action(s). Notice and other communications reger directed to the proponent at:			
NAME	≣:			
ADDRESS:		PHONE:		
	; 	_		
ATTN:		Signature of Proponent		
		Signature of Proponent		



CONSENT TO INCLUSION OF PROPERTY

The undersigned owner(s) of property hereby consent(s) to inclusion of that property within a proposed annexation to the West Bay Sanitary District.

If signatures are affixed representing 100% of the affected property the San Mateo Local Agency Formation Commission may consider the proposal without a noticed public hearing.

DATE	PRINTED NAME(S)	SIGNATURE(S)	ASSESSOR'S PARCEL NO.(s)



REQUEST TO WAIVE CONDUCTING HEARING AUTHORITY

The undersigned owner(s) of property hereby request that the West Bay Sanitary District and the San Mateo Local Agency Formation Commission "Waive Conducting Hearing Authority," pursuant to Government Code Section 56837.

<u>DATE</u>	PRINTED NAME(S)	SIGNATURE(S)	ASSESSOR'S PARCEL NO.(s)
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Supplemental Information for Completing the Annexation Application

A. General Information

- 1. To annex property into the West Bay Sanitary District.
- 2. To obtain sewer service to replace existing septic system and reason why: for example, failing septic; plans to remodel, or construct additions; etc.
- 3. This applies only to the property owners of the parcel to be annexed.
- 4. self-explanatory

B. Services

- 1. West Bay Sanitary District
- 2. Sewer None WBSD Proponent Fees

CONSENT TO INCLUSION OF PROPERTY – Page 4

- The property owners of the parcel need to fill in a date, print and sign their name(s) and the assessor's parcel number.
- Return to WBSD with application.
- All owners on the title must appear on the form.

REQUEST TO WAIVE CONDUCTING HEARING AUTHORITY - Page 5

- If property owners wish to simplify the approval process, they need to complete this form exactly like the previous form.
- All owners on the title must appear on the form.

W:/AdminData/Annexation/Annex Forms and Samples/Information Sheet-Annexation Application Updated: 11-2-11



SCHEDULE OF STANDARD FEES AND DEPOSITS

FEES COLLECTED BY AND PAYABLE TO WEST BAY SANITARY DISTRICT:

Annexation to the West Bay Sanitary District only:

Per Parcel \$ 655: Processing Fee

(Applicant to be notified by West Bay when fee due) \$8,608.00 connection fee after annexation \$490.00 Class 1A permit fee after annexation

Annexation into West Bay Sanitary District and On-Site Wastewater Disposal Zone:

Per Parcel \$2,400: Publication Deposit (Effective 7/1/23)

(Payable at time OWDZ application submitted) \$1,310: Processing Fees (=\$655

District Annex & \$655 OWDZ Annex)

Class 5 Sewer Permit (If required) \$ 5,600: Permit Fee (Effective 7/1/23

Higher deposit amount could be required if WBSD staff time & costs estimated higher for

applicant's project

Connection Fee – Single-Family Residence \$8,608.00 (Effective 07/1/22)

Reimbursement Fees: Applicable only if applicant's connection is to a portion of main line sewer that is served by a signed Reimbursement Agreement that the developer has established with the District to spread the construction costs equitably between all connectors. Reimbursement fees will vary with each agreement and also by the numerical order the connection is within the agreement. Reimbursement Agreements may have an interest factor or ENR construction factor in the fee calculation. A new connector may have to pay into and be part of more than one Reimbursement Agreement.

FEES COLLECTED BY SMCO LAFCo

Contact Rob Bartoli at San Mateo County LAFCo, 650-363-4224 for their fee schedule.

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