

Local Agency Formation Commission of Napa County
1700 Second Street, Suite 268
Napa, California 94559
(707) 259-8645 Telephone
<http://napa.lafco.ca.gov>

Questionnaire for Amending a Sphere of Influence

1. Applicant information:

Name: _____

Address: _____

Telephone Number: _____ (Primary) _____ (Secondary)

E-Mail Address: _____

2. What is the purpose for the proposed sphere of influence amendment?

3. Describe the affected territory in terms of location, size, topography, and any other pertinent characteristics.

4. Describe the affected territory's present and planned land uses.

5. Identify the County of Napa's current land use designation and zoning standard for the affected territory.

6. Is the affected territory subject to a Williamson Act contract? If yes, please provide a copy of the contract along with any amendments.

7. If applicable, identify the governmental agencies currently providing the listed municipal services to the affected territory.

Water: _____

Sewer: _____

Fire: _____

Police: _____

Print Name: _____

Date: _____

Signature: _____