



APPLICATION

Petition for proceedings pursuant to
the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000

The undersigned hereby petition(s) the Local Agency Formation Commission of Imperial County for approval of a proposed change of organization, and stipulate(s) as follows:

OWNER INFORMATION	
NAME JAIME TAMAYO	COMPANY WEST WIND PARKING & STORAGE
MAILING ADDRESS 425 E. HEBER RD.	TELEPHONE NUMBER (760) 996-2531
CITY, STATE, ZIP HEBER, CA 92249	EMAIL ADDRESS JAIME@WESTWINDPARKING.COM
APPLICANT INFORMATION (IF DIFFERENT FROM THE OWNER)	
NAME DAVID MONIGOLD	COMPANY
MAILING ADDRESS 832 STEVEN ST.	TELEPHONE NUMBER (760) 442-7877
CITY, STATE, ZIP BRAWLEY, CA 92227	EMAIL ADDRESS DTMONIGOLD@GMAIL.COM
PROJECT INFORMATION	
NAME OF PROPOSAL HAUD EXTENSION OF SERVICES TO WESTWIND	DATE 10/10/2024
PROJECT ADDRESS 429 E. HEBER RD.	APN(S) 054-240-022-000 054-240-023-000 054-240-024-000 054-240-025-000
CITY, STATE, ZIP HEBER, CA 92249	TOTAL LAND AREA (ACRES) 57.43
THIS PROPOSAL IS MADE PURSUANT TO THE CALIFORNIA GOVERNMENT CODE (COMMENCING WITH SECTION 56000, CORTESE-KNOX-HERTZBERG LOCAL GOVERNMENT REORGANIZATION ACT OF 2000).	
1	PROPOSED CHANGE(S) OF ORGANIZATION: <input type="checkbox"/> ANNEXATION <input checked="" type="checkbox"/> SPHERE OF INFLUENCE <input type="checkbox"/> OTHER <input type="checkbox"/> DETACHMENT <input type="checkbox"/> CONSOLIDATION <input checked="" type="checkbox"/> EXTENSION OF SERVICES <input type="checkbox"/> INCORPORATION <input type="checkbox"/> FORMATION OF _____
2	NAME OF THE CITY/SPECIAL DISTRICT BEING AFFECTED HEBER PUBLIC UTILITY DISTRICT
3	THE PROPOSED BOUNDARIES OF THE TERRITORY(IES) INCLUDED IN THE PROPOSAL ARE AS DESCRIBED IN THE EXHIBIT(S) ATTACHED HERETO AND BY THIS REFERENCE INCORPORATED HEREIN. <input type="checkbox"/> YES, BOUNDARY EXHIBITS ARE ATTACHED

4	PLEASE LIST ANY OTHER DOCUMENTS BEING SUBMITTED WITH THE APPLICATION (EXCEPT THOSE ALREADY REQUIRED BY LAFCO). _____ _____
5	THE TERRITORY(IES) INCLUDED IN THE PROPOSAL IS/ARE: <input checked="" type="checkbox"/> UNINHABITED <input type="checkbox"/> INHABITED (12 OR MORE REGISTERED VOTERS)
6	CURRENTLY, THE TERRITORY(IES) INCLUDED IN THE PROPOSAL IS/ARE: <input checked="" type="checkbox"/> DEVELOPED <input type="checkbox"/> UNDEVELOPED
7	IS THIS PROPOSAL CONSISTENT WITH THE SPHERE OF INFLUENCE OF THE AFFECTED CITY AND/OR DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO
8	PLEASE DESCRIBE IN DETAIL THE REASONS FOR THE PROPOSED CHANGE OF ORGANIZATION (ANNEXATION, DETACHMENT, ETC.). USE THE ATTACHED SHEET IF NECESSARY. <u>REQUEST FOR HPUD TO EXTEND THEIR SERVICES TO WEST WIND PARKING & STORAGE</u>
9	THE PROPOSED CHANGE OF ORGANIZATION IS REQUESTED, SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS: _____ _____
10	WOULD THIS PROPOSAL CREATE AN ISLAND OF UNINCORPORATED TERRITORY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, PLEASE EXPLAIN. _____ _____
11	IS THERE A GOOD LIKELIHOOD OF A SIGNIFICANT INCREASE IN POPULATION IN THE SUBJECT AREA WITHIN THE NEXT TEN YEARS? IN UNINCORPORATED AREAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IN INCORPORATED AREAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ESTIMATED ADDITIONAL POPULATION: <u>N/A</u>
12	WHAT IS THE EXISTING ZONING? <u>M-1-N-G-SPA, C-2-N-G-SPA</u> WHAT IS THE PROPOSED ZONING? _____
13	HAS OR IS THE AREA BEEN/BEING PRE-ZONED? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT IS THE PRE-ZONING CLASSIFICATION? _____ WHAT DATE WAS THIS PRE-ZONED? _____

14	WHAT IS THE PLANNED GENERAL PLAN DESIGNATION OF THE AREA BY THE AFFECTED CITY? _____
15	DESCRIBE ANY SPECIAL LAND USE CONCERNS EXPRESSED IN THE ABOVE PLANS. _____
16	SPECIFY ANY AND ALL EXISTING LAND USES. <u>TRUCK, TRAILER, AND CONTAINER</u> <u>PARKING AND STORAGE</u> WHAT ARE THE PROPOSED LAND USES? _____ DESCRIBE YOUR PROJECT IN DETAIL: <u>EXTEND WATER AND SEWER UTILITIES</u> <u>APPROXIMATELY 300 LF TO THE SUBJECT PROPERTY</u> <u>LINE.</u>
17	DOES THE APPLICATION CONTAIN 100% WRITTEN CONSENT OF EACH PROPERTY OWNER IN THE SUBJECT TERRITORY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
18	WILL THE ANNEXED TERRITORY BE LIABLE FOR ITS SHARE OF EXISTING BONDED INDEBTEDNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
19	WILL THE ANNEXED TERRITORY BE INCLUDED WITHIN ANY PARTICULAR TAX DIVISION OR ZONE OF THE ANNEXING TERRITORY? PLEASE SPECIFY. _____
20	IF THE PROPOSAL INCLUDES THE CONSOLIDATION OF SPECIAL DISTRICTS, THE PROPOSED NAME OF THE CONSOLIDATED DISTRICT IS: _____
21	IF AN INCORPORATION IS INCLUDED IN THE PROPOSAL: (A) THE NAME PROPOSED FOR THE NEW CITY IS: _____ (B) PROVISIONS ARE REQUESTED FOR THE APPOINTMENT OF: (I) CITY MANAGER <input type="checkbox"/> YES <input type="checkbox"/> NO (II) THE CITY CLERK AND CITY TREASURER <input type="checkbox"/> YES <input type="checkbox"/> NO

22	<p>IF THE FORMATION OF A NEW DISTRICT(S) IS INCLUDED IN THE PROPOSAL:</p> <p>(A) THE PRINCIPAL ACT(S) UNDER WHICH SAID DISTRICT(S) IS/ARE PROPOSED TO BE FORMED IS/ARE:</p> <p>_____</p> <p>_____</p> <p>(B) THE PROPOSED NAME(S) OF THE NEW DISTRICT(S) IS/ARE:</p> <p>_____</p> <p>_____</p> <p>(C) THE BOUNDARIES OF THE PROPOSED NEW DISTRICT(S) ARE AS DESCRIBED IN EXHIBITS _____ INCORPORATED HEREIN.</p>
23	<p>THE PERSON(S) SIGNING THIS PETITION HAVE SIGNED AS: (CHECK ONLY ONE)</p> <p><input type="checkbox"/> REGISTERED VOTERS</p> <p><input checked="" type="checkbox"/> OWNERS OF LAND</p>
24	<p>AS REQUIRED, THE FOLLOWING ITEMS ARE ENCLOSED WITH THIS APPLICATION:</p> <p><input checked="" type="checkbox"/> DEPOSIT (PAID) <input checked="" type="checkbox"/> LEGAL DESCRIPTION</p> <p><input checked="" type="checkbox"/> INDEMNIFICATION AGREEMENT <input type="checkbox"/> ANNEXATION MAP (10 COPIES)</p>



 APPLICANT SIGNATURE

10/10/2024

 DATE

*Please complete the names and addresses of **additional** persons (**not including** the owner/applicant previously listed at the beginning of the application) who are requesting to have furnished copies of the agenda and Executive Officer's Report and/or mailed notices of the hearing of this proposal. Please attach additional pages if necessary.*

PERSON 1	REQUESTS: <input type="checkbox"/> AGENDA COPIES <input type="checkbox"/> PUBLIC NOTICE OF HEARING <input type="checkbox"/> HEARING PACKAGE HARD COPY <input type="checkbox"/> HEARING PACKAGE ON CD
NAME	COMPANY
MAILING ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIP	EMAIL ADDRESS

PERSON 2	REQUESTS: <input type="checkbox"/> AGENDA COPIES <input type="checkbox"/> PUBLIC NOTICE OF HEARING <input type="checkbox"/> HEARING PACKAGE HARD COPY <input type="checkbox"/> HEARING PACKAGE ON CD
NAME	COMPANY
MAILING ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIP	EMAIL ADDRESS

NOTICE:

Prior to the effective date of any jurisdictional change (i.e., annexation, detachment, etc.), the governing bodies of all agencies whose service areas or service responsibilities would be altered by such change shall meet to determine the amount of property tax revenues to be exchanged between and among such affected agencies. Notwithstanding any other provisions of law, no such jurisdictional change shall become effective until each county and city included in such negotiation agrees, BY RESOLUTION, to accept the negotiated exchange of property tax revenues.

NOTE:

The resolutions referred to above shall be attached to this application prior to filing with the Local Agency Formation Commission. The Executive Officer of the Local Agency Formation Commission shall not issue a Certificate of Completion (COC) until such resolution is filed with LAFCO.

Wherefore, petitioner(s) request(s) that proceedings be taken in accordance with the provisions of Section 56000, et seq. of the Government Code and herewith affix signature(s) as follows:

Chief Petitioners (not to exceed three):

_____	_____
Print Name	Date
_____	_____
Signature	Residence Address
_____	_____
Print Name	Date
_____	_____
Signature	Residence Address
_____	_____
Print Name	Date
_____	_____
Signature	Residence Address

for LAFCO use only

Lori Zinn
APPLICATION RECEIVED BY

10/10/2024
DATE RECEIVED

CHECK THE DOCUMENTS SUBMITTED WITH THE APPLICATION:

- | | |
|---|---|
| <input checked="" type="checkbox"/> DEPOSIT | <input type="checkbox"/> LEGAL DESCRIPTION |
| <input checked="" type="checkbox"/> INDEMNIFICATION AGREEMENT | <input type="checkbox"/> ANNEXATION MAP (10 COPIES) |

HPUD 2-24
PROJECT NO. ASSIGNED

DATE ACCEPTED