

**APPLICATION TO DISSOLVE A ZONE BENEFIT
WITHIN A COUNTY SERVICE AREA**

Your request to dissolve a zone of benefit will be processed upon receipt of a complete application packet. The following items comprise a complete packet:

1. **APPLICATION SUMMARY** – This document must be completed prior to obtaining signatures. Persons signing the petition must read and understand what they are signing.
2. **PETITION** – For each signature, include the Assessor's Parcel Number (APN). Signatures will be verified. Petition signatures must represent no less than ten percent (10%) of the residents registered to vote within the boundaries of the zone.

Petition may be executed in counterpart. The petition must be filed no more than six (6) months from the date of the first signature, and not more than sixty (60) days from the date of the last signature.

Refer to Parts II and III of the Program Guidelines for supporting documentation requirements:

- Professionally prepared map(s).
 - A boundary description of the zone which meets the requirements for filing a jurisdictional boundary change with the State Board of Equalization (SBE).
 - The Surveyor's website provides a list of Private Land Surveyors to assist with maps and legal boundary descriptions.
 - When formation of a zone of benefit was a condition of approval for development, a copy of the full project conditions as approved by the County is required.
 - If assistance is needed for aged map conditions, please submit an email to zoneofbenefit@edcgov.us.
3. **DEPOSIT** – A deposit of \$1,000 is required to initiate the dissolution process. The County will first charge the zone's assets for administrative costs related to the dissolution, and if those assets are exhausted the County will charge costs against the deposit. Costs in excess of the deposit, if any, must be paid prior to recordation of the dissolution or may be charged against remaining zone assets. You will be notified of any excess fee charges after the public hearing.
 4. **GENERAL VACATION APPLICATION, DEPOSIT & AGREEMENT TO PAY**– A General Vacation Application and \$1,500 deposit may be required as the County may need to vacate any interests in the road(s) and/or public service easement(s). County staff will determine if this process applies and notify you accordingly.

Once all the items in the packet are determined to be complete and correct, a public hearing will be scheduled before the Board of Supervisors and/or the Planning Commission when applicable.

If at the hearing, the Board determines that more than fifty percent (50%) of the registered voters residing within the zone boundaries have filed written objections to the dissolution, the Board shall find that a majority protest exists and shall terminate proceedings.

If no majority protest exists, the Board shall adopt the resolution dissolving the zone of benefit. The dissolution will be recorded and filed with the State Board of Equalization.



APPLICATION SUMMARY FOR DISSOLUTION OF A COUNTY SERVICE AREA ZONE OF BENEFIT

Zone Name: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Services to be eliminated:

(Check all that apply)

- Road improvement and/or maintenance
- Drainage facility maintenance
- Other (Specify): _____

Attachments:

- Deposit of \$1,000
- Completed Petition
- Professionally prepared map
- Professional prepared boundary description



FOR COUNTY STAFF USE ONLY

Staff initial and date

_____/_____/____ Petition complete as to form

Comments: _____

_____/_____/____ APNs confirmed

10% of registered voters

Comments: _____

_____/_____/____ Petition signatures verified by Registrar of Voters

Comments: _____



PETITION TO DISSOLVE
A COUNTY SERVICE AREA ZONE OF BENEFIT

Zone name/number: _____

INSTRUCTIONS: Provide printed name, signature, Assessor's Parcel Number (APN), address (if none, so state), name of incorporated community, and date petition is signed.

YOUR SIGNATURE ON THIS PETITION INDICATES YOUR DESIRE TO HAVE THE ABOVE NAMED ZONE OF BENEFIT DISSOLVED.

Form section for the first signature verification, including fields for Name (Print), Signature, Date, APN, and APN Address.

Signature verification (Registrar of Voters):

Form section for the second signature verification, including fields for Name (Print), Signature, Date, APN, and APN Address.

Signature verification (Registrar of Voters):

Form section for the third signature verification, including fields for Name (Print), Signature, Date, APN, and APN Address.

Signature verification (Registrar of Voters):

Form section for the fourth signature verification, including fields for Name (Print), Signature, Date, APN, and APN Address.

Signature verification (Registrar of Voters):

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____,
(here insert name and title of the officer)

personally appeared _____

_____ ,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

ZONE PARCEL LIST

Zone name/number: _____

INSTRUCTIONS: Provide Assessor's Parcel Number (APN), parcel owner name and address (if none, so state), name of incorporated city of unincorporated community for each parcel within the boundaries of the zone. List assessed value of land, improvements, and total assessed value.

ASSESSOR'S PARCEL NUMBER (APN)	ASSESSED VALUE		
PARCEL OWNER NAME AND ADDRESS	LAND	IMPROVEMENTS	TOTAL
APN:			
Name:			
Address:			
APN:			
Name:			
Address:			
APN:			
Name:			
Address:			
APN:			
Name:			
Address:			
APN:			
Name:			
Address:			
APN:			
Name:			
Address:			
APN:			
Name:			
Address:			