

**ANNEXATION REQUEST FORM
FOR COMMUNITY FACILITIES DISTRICT (CFD) FORMATION
FOR COMMERCIAL/INDUSTRIAL/ MULTI-FAMILY (CIMF)
FEATURE MAINTENANCE**

**CITY OF FRESNO, DEPARTMENT OF PUBLIC WORKS
Traffic & Engineering Services Division**

Date: _____

As a representative of the owner of at least 10% of the land within the below referenced subdivision, I am hereby requesting annexation into a City of Fresno CFD for the purposes of maintenance and replacement of the features specified below.

***Package considered complete when all information has been filled in and the listed items below have been submitted.**

APPLICANT COMPANY NAME: _____

ADDRESS: _____ **CONTACT:** _____

CITY: _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

OWNER COMPANY NAME: _____

AUTHORIZED SIGNATORY: _____ **TITLE:** _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

EMAIL: _____

SITE PLAN NUMBER: _____

C.U.P. NUMBER: _____

FINAL TRACT MAP NO. _____

FINAL PARCEL MAP NO. _____

OTHER: _____

Is this Final Map part of a phased development? _____

**ALL ITEMS LISTED BELOW MUST BE SUBMITTED WITH THE REQUEST PACKAGE
AS APPLICABLE**

____ Engineers quantified estimate of listed items to be included for maintenance (to include the items below) Additional information may be required

___ Total Square Feet per each Taxable Lot

___ A copy of the approved Conditions of Approval w/all attachments

___ One copy of the Site Plan and /or C.U.P. **This plan shall show all features to be maintained identified and located.**

___ One copy of the approved Tentative Map (If Applicable)

___ One copy of the ***Technically Correct Final Map. Must have all required landscape areas and all additional features identified and located.** (If Applicable)

___ One set of ***Technically Correct Landscape Plans** (If Applicable)

___ One set of ***Technically Correct Street Construction Plans**

___ One set of ***Technically Correct Street Light Plans**

___ Send electronic CAD drawing of Final Map or Site Plan (to include details of all items to be maintained) to Luis.Gonzalez@fresno.gov

___ Detailed plans for all other features to be included for maintenance (ie. Stamped concrete, sound walls, etc.) Include specifications and cost estimates for nonstandard items to be reviewed and approved

***Technically Correct shall mean that CFD maintained quantities are not subject to change after acceptance for processing**

For questions regarding submittal requirements please contact Adrian Gonzalez (559) 621-8693 or Luis.Gonzalez@fresno.gov

I am requesting the following items to be maintained by the CFD:

STANDARD MAINTAINED LANDSCAPING AND FEATURES WITHIN CITY RIGHTS-OF-WAY:

***Exceptions: Required public trail easements and landscape easements located between required sound walls and City rights-of-way**

___ Landscaping and Irrigation Systems (SF)

___ All Approved Trees (EA)

___ Median Island Hardscaping (SF)

___ Sidewalks (SF), ___ Curbs and Gutters (LF), ___ Curbs (LF), ___ Valley Gutters (SF), ___ Curb Ramps (SF), ___ Street Paving (SF)(Local

Streets Only), _____ Street Lights (EA), _____ Street Name Signage (EA)
(Local Streets Only)
_____ Designated City Trail(s): Trail (SF), Landscape & Irrigation (SF), Trees
(EA), Amenities, i.e. benches, lighting etc.

NONSTANDARD ITEMS:

***All nonstandard items subject to approval by the Engineer of Work at Public Works
Department (559) 621-8650**

Submit a complete CFD request package to Traffic and Engineering Services Division for review. **Seven (7)** working days are allowed for reviewing the submittal package for completeness at which time determination will be made for acceptance of the request for processing. **All Construction Plans, CUP or Site Plan, and/or Final Map shall be *Technically Correct prior to acceptance for processing.** The applicant will be contacted if any additional information is needed for acceptance.

**I UNDERSTAND THAT, FOLLOWING ACCEPTANCE FOR PROCESSING, ANY
CHANGES TO THE AMOUNTS OR TYPES OF FEATURES WILL CAUSE DELAYS AND
WILL REQUIRE ADDITIONAL PROCESSING CHARGES.**

Applicant Signature _____ Date _____

Print Name _____

ACCEPTED FOR REVIEW

Signature _____ Date _____

_____ **\$3,600.00** Processing Charge CM/ARN: _____

ACCEPTED FOR PROCESSING

Signature _____ Date _____