



**CITY OF MODESTO**  
**Community Facilities District Application (Bond-Financed)**

**Instructions:**

1. Please complete the following sections in the spaces provided.
2. Attach additional sheets if necessary.
3. Provide the requested documentation.
4. Provide a \$64,500 deposit for Formations or a \$9,500 deposit for Annexations if not pursuing bonds

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Relationship to Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
*Last First*

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email : \_\_\_\_\_

**Landowner Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
*Last First*

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email : \_\_\_\_\_

**Project Engineer**

Name: \_\_\_\_\_  
*Last First*

Mailing Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
*Last First*

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email : \_\_\_\_\_

## Project Information

Name of Project: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

Project Land Use Summary (i.e. number of units/acres by land use category):

Additional Project Information:

1. Previous Names under which this project has been known or processed by the City (provide names and dates):

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2. City planning approvals (subdivision approval received to date, dates of approval and current processing status):

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3. All existing and proposed taxes, assessments, liens or other secured interests on all property within the proposed districts. (Provide a copy of recent property tax bill):

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4. Prior experience developer/landowner has had with community facilities district financing:

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5. Other land development ventures by landowner and/or developer in the City of Modesto and in California within the last five years (include location, land use summary, period of construction, etc.):

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6. For all parcels within the proposed district, list the Assessor's Parcel Number, zoning/land use, owner(s) and length of ownership:

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7. State the future plans for the properties of the district (i.e. sale to merchants or builders, home buyers, etc.):

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## Documents Required

- Current Title Report
- Boundary Map – The boundary map shall identify all Assessor's parcels within the project boundary and the boundary of the proposed district. The map must follow existing parcel lines and be certified by a licensed civil engineer. The wording to be provided on the Boundary Map is provided in the attachment entitled "Boundary Map Requirements." The boundary map shall initially be provided in PDF and later in Mylar for recordation.

The undersigned hereby declares that the property taxes and assessments are current for the properties included in this application and that the information contained in the application is accurate and complete to the best of the undersigned's knowledge.

In lieu of paying the required \$64,500 application deposit, the undersigned applicant hereby agrees that the proceeds from any bonds issued in connection with the proposed community facilities district ("CFD") shall be used to reimburse the City for the CFD formation cost, plus annual interest accrued at the Wall Street Journal prime rate as of the date the application is submitted. In the event the CFD is not formed and/or bonds are not issued within five (5) years from the date of this application, the undersigned applicant hereby agrees to reimburse the City for the CFD formation costs of \$64,500 or the total costs incurred, whatever is higher. If applicant fails to reimburse the City after receipt of a written request, the City may pursue all available legal remedies to recover payment.

By checking this box, the undersigned applicant chooses not to pursue bonds, and will pay the application deposit.

Submitted by:

Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
*Last* *First*

Signature: \_\_\_\_\_

**Office Use Only:**

Proposed CFD No: \_\_\_\_\_ CFD No \_\_\_\_\_ Proposed CFD Name: \_\_\_\_\_  
File No: \_\_\_\_\_ Tidemark Case No: \_\_\_\_\_