

**SHORTENED REVIEW REQUEST FORM**

(To be filled out and signed by the **Lead Agency** and submitted with the DEIR or Negative Declaration to SCH)

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| TO: | State Clearinghouse  P.O. Box 3044  Sacramento, CA 95812-3044  State Clearinghouse Number: | FROM: | Lead Agency:  Address:    Phone #:  Contact: |

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| Project Title: |
| Specific Project Location – Identify street address and cross street or attach a map showing project site (preferably a USGS 15’ or 7 ½’ topographical map identified by quadrangle name): |
| General Project Location (City and/or County): |
| Type of Environmental Document:  Environmental Impact Report (EIR). The Lead Agency issued a Notice of Preparation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and received comments from applicable State agencies.  Negative Declaration (ND) or Mitigated Negative Declaration (MND). The Lead Agency consulted with applicable State agencies on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| Brief Project Description: |

Explain “exceptional circumstances” (State CEQA Guidelines Section 15205(d)) for requesting a shortened review. Identify which of the following five (5) criteria in State CEQA Guidelines Appendix K are met for this project.

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|  |  | The Lead Agency is operating under an extension of the one-year period for completion of an EIR and would not otherwise be able to complete the EIR within the extended period. |
|  |  | The public project applicant is under severe time constraints with regard to obtaining financing or exercising options which cannot be met without shortening the review period. |
|  |  | The document is a supplement to a draft EIR or proposed negative declaration or mitigated negative declaration previously submitted to the State Clearinghouse. |
|  |  | The health and safety of the community would be at risk unless the project is approved expeditiously. |
|  |  | The document is a revised draft EIR, or proposed negative declaration or mitigated negative declaration, where changes in the document are primarily the result of comments from agencies and the public. |
|  |  | Explain how the above criteria applies to the project. |

In compliance with the State and Local CEQA Guidelines, the Lead Agency has contacted and obtained prior approval for a shortened review from the applicable State responsible and trustee agencies. List responsible and trustee state agencies with contact person, phone number and date of consent for the shortened review, as well as any agencies that have commented on the project (attach additional pages, if necessary):

As designated representative for the Lead Agency, I verify, in the Lead Agency’s behalf, that there is no “statewide, regional, or areawide significance” to this project.

Length of review being requested: \_\_\_\_\_\_\_\_\_\_\_\_ days

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| Date: | Signature of Designated Lead Agency Representative  Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Received for Filing: |  |