

Shortened Review Request Form

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

To: State Clearinghouse
P.O. Box 3044
Sacramento, CA 95812-3044

From: **City of Glendale, CA**
Lead Agency: **633 East Broadway, Room 103**
Address: **Glendale, CA 91206**

Phone #: **(818) 937-8157**

SCH # _____

Contact: **Dennis Joe, Planner**

Project Title: **New Single-family Residence**

Project Location: **1248 Corona Drive Glendale, CA 91205**

Los Angeles County

City

County

Explain "exceptional circumstances" (CEQA, Section 15205(d)) for requesting a shortened review. Identify which of the 5 criteria in Appendix K are met for this project.

No Requirement for State Agency Review - 20 Day Local Review Only

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):

N/A

As designated representative for the lead agency, I verify, in their behalf, that there is no "statewide, regional, or areawide significance" to this project.

Length of review being requested: **20** days

5/1/2020

Dennis Joe

Today's Date

Print Name

Signature



Revised 2006