

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: Ruben Salas
Lead Agency City of Norco
Address 2870 Clark Avenue, Norco, CA 92860
Phone #: (951) 270-5682

SCH # _____ Contact: Alma Robles

Project Title: Saddle Ranch South

Project Location: 3166 Horseless Carriage Drive, Norco, CA 92860 Riverside
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.

The Project does not require state agency review. The Project is subject to local 20-day review period.

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

05/04/2020

Today's Date

Ruben Salas

Print Name

DocuSigned by:

Ruben Salas

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Signature