

# 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 Orange  
Lead Agency 300 E Chapman Avenue  
Address Orange, CA 92866  
Phone #: (714) 744-7220  
Contact: Kelly Ribuffo

SCH # \_\_\_\_\_

Project Title: Park Plaza Memory Care

Project Location: 574 S Glassell Street, Orange Orange  
*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.  
Per Executive Order N-54-20 COVID-19, all materials for the project have been submitted electronically to the State Clearinghouse CEQAnet Web Portal. In accordance with CEQA Guidelines Section 15073, there are no State agencies required to review the IS/MND or are responsible or trustee agencies. The project is not of statewide, regional or areawide significance.

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

5/14/2020 Ashley Brodtkin  
Today's Date Print Name

  
Signature