To:	Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044 County Clerk	From: (Public Agency):	
	County of:	(Address)	
Project Title:			
Proje	ect Applicant:		
Proje	ect Location - Specific:		
Proje	ect Location - City:	Project Location - County:	
Desc	cription of Nature, Purpose and Beneficia	aries of Project:	
Nam	e of Public Agency Approving Project: _		
Nam	e of Person or Agency Carrying Out Pro	ject:	
	Exempt Status: (check one): Ministerial (Sec. 21080(b)(1); 15268); Declared Emergency (Sec. 21080(b)(3); 15269(a)); Emergency Project (Sec. 21080(b)(4); 15269(b)(c)); Categorical Exemption. State type and section number: Statutory Exemptions. State code number:		
Reas	sons why project is exempt:		
	d Agency tact Person:	Area Code/Telephone/Extension:	
:		by the public agency approving the project? ☐ Yes ☐ No	
Sign	ature: Matthew Dulcich	Date: Title:	
	☐ Signed by Lead Agency ☐ Sign	ned by Applicant	
uthor	ity cited: Sections 21083 and 21110, Public Res		

Governor's Office of Planning & Research

MAY 28 2020

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