To:	Office of Planning and Research P.O. Box 3044, Room 113 Sacramento, CA 95812-3044 County Clerk	From: (Public Agency):	
	County of:	(Address)	
Proje	ect Title:		
Proje	ect Applicant:		
Proje	ect Location - Specific:		
Proje	ect Location - City:	Project Location - County:	
	cription of Nature, Purpose and Beneficia		
Nam	ne of Public Agency Approving Project: _		
Nam	ne 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		
Cont	tact Person:	Area Code/Telephone/Extension:	
	ed by applicant:  1. Attach certified document of exemption 2. Has a Notice of Exemption been filed	by the public agency approving the project? Yes No	
Sign	ature: //luss 1. / C	Date: Title:	
	Signed by Lead Agency Sign	ned by Applicant	
uthor	ity cited: Sections 21083 and 21110, Public Res		