	Office of Planni P.O. Box 3044, Sacramento, C		From: (Public Agency):	
	County Clerk			
	County of:		(Address)	
Proje	ct Title:			
Proje	ct Applicant: _			
Proje	ct Location - Sp	ecific:		
Proje	ct Location - Cit	y:	Project Location - County:	
Description of Nature, Purpose and Beneficiaries of Project:				
Name	e of Public Ager	ncy Approving Projec	st:	
Name of Person or Agency Carrying Out Project:				
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)); 			
Ľ				
	Categorical Exemption. State type and section number:			
C			le number:	
Reas	ons why project	is exempt:		
Lead Agency Contact Person:			Area Code/Telephone/Extension:	
Conta				
	d by applicant: . Attach certified	: d document of exem	ption finding.	
			iled by the public agency approving the project? \Box Yes \Box No	
Signa	ature:	_ GHY	Date: Title:	
		by Lead Agency 🗆 S		
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		1083 and 21110, Public 8, 21152, and 21152.1, F	Resources Code. Date Received for filing at OPR: Public Resources Code.	