

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 East Chapman Avenue
Address Orange, CA 92868
Phone #: (714) 508-4100

SCH # _____

Contact: Monique Schwartz

Project Title: TTM 17847 Project

Project Location: Orange

City

Orange

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.

Local review only.

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

June 3, 2026

Today's Date

Monique Schwartz, Principal Planner

Print Name



Signature