

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 San Jose, Planning Building and Code Enforcement
Lead Agency 200 East Santa Clara Street, 3rd Floor Tower
Address San Jose, CA 95114

Phone #: (408) 535-7659

SCH # _____

Contact: Cassandra van der Zweep

Project Title: Mitzi Place Apartments

Project Location: San Jose, CA Santa Clara County
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.
A twenty-day circulation period is requested Section 15105, because: (1) The project is not requesting state agency review and (2) The project is not of statewide/regional/area-wide 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

4/28/2020 Cassandra van der Zweep
Today's Date Print Name Signature