

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 Monrovia
Lead Agency 415 South Ivy Avenue
Address Monrovia, CA 91016
Phone #: (626) 932-5504

SCH # _____ Contact: Vincent Gillespie, Planning Technician

Project Title: Norumbega Drive Residence Project Draft IS/MND

Project Location: Monrovia Los Angeles 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.
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

2/28/2022 Vincent Gillespie
Today's Date Print Name

Vincent Gillespie
Signature