



DISCLOSURE FORM

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Project Title: 4015 SKY FARM, SANTA ROSA CA 95403
 (Include site address)

Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.

- Individuals: Identify all individuals
 Partnerships: Identify all general and limited partners
 Corporations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed.
 LLCs: Identify all members, managers, partners, officers and directors.
 Trusts: Identify all trustees and beneficiaries.
 Option Holders: Identify all holders of options on the real property.

Full Name:	Address:
SCHEHERAZADE SHAMSAVARI	2274 CHANATE RD. SANTA ROSA CA. 95404

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
JEFFREY LOE, RESURE ENGINEERING	5468 SKYLANE BLVD ST. 203. S.R. CA. 95403
VAL E. PIZZINI STRENGTH	1400 GUERNEVILLE RD. SANTA ROSA, CA. 95403
PETERS EXCAVATING	5715 SEBASTOPL RD, SEBASTOPL. CA. 95472
GENERAL ENG. CONTRACTING	
IRVIN KLEIN	DESIGNER 676 SPEERS RD. SANTA ROSA CA. 95409

Additional names and addresses attached: Yes No

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.

I certify that the above information is true and correct: *Scheherazade Shamsavari* Applicant 29-8-2016 Date