

24A19-016



DISCLOSURE FORM

Please Type or Print

File No.	Quad.
Related Files	
DEPARTMENT USE ONLY	

www.srcity.org

DISCLOSURE FORM	Project Title: <u>MKG & ArchiLOGIX 528 B Street Mixed Use Development</u> (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:
	MKG, Tom Karston	528 B Street, Santa Rosa, CA 95401-5211
In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
Full Name:	Address:	
ArchiLOGIX, Mitch Conner	50 Santa Rosa Ave Suite 400, Santa Rosa, CA 95404	
Christine Talbot, Quadriga	1212 4th St Studio K, Santa Rosa, CA 95404	

City of Santa Rosa
City of Santa Rosa
July 29 2019
Planning & Economic
Development Department

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:	<u>Mitch Conner</u> <u>7/29/19</u> Applicant Date