City of Santa Rosa

DISCLOSURE FORM

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DISCLOSURE FORM

Project Title: 619 POLK ADU
(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:
DEBORAH CRIPPEN	619 POLK Street SR CA 95401

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

Full Name:	Address:
ROBIN STEPHANI	N 10th STREET SR CA 95401
PAUL FRITZ	PO BOX 1074 SEBASTOPOL CA 95473

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: _____ Applicant 26 June 16 Date