City of Santa Rosa

DISCLOSURE FORM

Please Type or Print

File No. LMA19-003	Quad.
Related Files	
DEPARTMENT USE ONLY	

www.srcity.org

DISCLOSURE FORM

Project Title: **502 Santa Rosa Avenue**
(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:
502 SR AVE LLC	**458 Sebastopol Avenue; SR 95401**
(Eric Anderson, as Manager & Sole Member)	**458 Sebastopol Avenue; SR 95401**

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

Full Name:	Address:
Bear Flag Engineers (Civil)	**15 West MacArthur St; Sonoma, CA. 95476**
Base Design (Structural)	**582 Market St #1402; SF. 94104 -Katy Briggs, Principal**
Cordone Design LLC	**90 Hamilton Ave: Hastings-on-Hudson, NY. 10706**
(Historic Consultant & Designer)	

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 **Text** Date