

City of Santa Rosa Planning & Economic **Development Department**

03/10/2023

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DISCLOSURE FORM (Form 3 of 5)

Full Name:

Project Title: CALIBER COLLISION - 3310 INDUSTRIAL DR, 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.

Identify all members, managers, partners, officers and directors. LLCs:

Address:

Identify all trustees and beneficiaries. Trusts:

Option Holders: Identify all holders of options on the real property.

CALIBER COLLISION CENTERS	2941 LAKE VISTA DR, LEWISVILLE, TX 75	067
KEEGAN & COPPIN CO., INC.	1355 N DUTTON AVE, SANTA ROSA, CA 95	401
CAPITAL RIVERS COMMERCIAL	1821 Q STREET, SACRAMENTO, CA 958	11
In addition, please identify the name of ea	ch civil engineer, architect, and consultant for the project.	
Full Name:	Address:	
RANDY OROZCO / RPO DESIGNS, INC (PROJECT DESIGNER)	11662 WEST ST, GARDEN GROVE, CA 928	340
JAMES GORDON FOX (STRUCTURAL ENGINEER)	851 PANORAMA RD, FULLERTON, CA 928	331
Additional nam	nes and addresses attached: 🗖 Yes 🕱 No	
The above information shall be promptly	updated by the applicant to reflect any change that occurs pr	or to final action.
I certify that the above information is true	and correct:	3/3/23
	'Applicant	Date