

DISCLOSURE FORM (Form 3 of 5)





Date

Project Title: The Dungen House (Include site address)	52 Bst Santa Rosa (A 9540.7
	al, partnership, corporation, LLC, or trust who has an interest in the proposed applicants, developers, property owners, and each person or entity that holds
corporation is listed on any must be listed.	wning 10% or more of the stock and all officers and directors (unless the y major stock exchange, in which case only the identity of the exchange agers, partners, officers and directors.
Full Name:	Address:
Khaled Agil	452 B St Sonta Rosa CA 95401
Mohammad Shehaden	452 B St Santa Rosa (A 95407
In addition, please identify the name of each Full Name:	ch civil engineer, architect, and consultant for the project. Address:
none	Audicos.
City of Santa Posa	
evelopment Depariment	es and addresses attached:
I certify that the above information is true	and correct: 1-12-202

Applicant



Electronic/Digital Signature Disclosure

Project Address: 452 B STREET SANTA ROSA CA 95401
I understand and agree that (i) electronically signing and submitting any document(s) to the City of Santa Rosa legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Santa Rosa, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Santa Rosa's electronically stored copy of any other documents.
By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.
Signature:
Title: CEO KHALED AQIL Relationship to Project: CEO
Company/Organization: THE DUNGEON

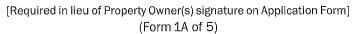
City of Jants Fosa

IM 247. 3.

Planning & Economic Development Departmen



PROPERTY OWNER(S) CONSENT





Project Information:			
Project Name: PIERCING ROOM	THE DUNGEON		
Site Address(es): 452 B STREET	SANTA ROSA CA 9540)1	
Assessor's Parcel Number(s): 010-0			
Applicant Name: KHALED AQIL			
Brief Project Description: Please descriptions and characteristics, or propose			
proposed structures:			
THE DUNGEON MON-SAT 10A	M-10PM, SUN 10AM-7	PM	
WE WILL USE A 300 SWUARE	FOOT ROOM FOR BO	DY PIERCING AN	D 100SF
ROOM TO CLEAN AND SANIT	ZE TOOLS USED FOR	R PIERCINGS. ALL	MEETING
ABOVE ALL HEALTH DEPART	MENT STANDARDS.		
Property Owner Information:			
Contact Name: CHANG GEORGE			
Mailing Address: 1929 IRVING S			
		Zin: 94122	2
City: SAN FRANCISCO Phone: (415) 516- 7974	Alternate Ph	one: N/A	
Email Address: N/A	,		
:			
I declare under penalty of perjury that property owner to file this application the best of my knowledge and belief. invalidate any approval of this application. PROPERTYOWNER'S SIGNATURE:	. I certify that all the submi I understand that any misr	tted information is true	e and correct to
			<u> </u>

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Planning & Economic Development Department