Attachment 1



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DISCLOSURE FORM

Please Type or Print

CUPIG-027	Quad
Related Files 9 P.E.Z.	14-01510R14-0
DEPARTMENT	USE ONLY

Attachment 1

0 - 0 0 - 0	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.		
SU	Option Holders: Identify all holders of options on the real property.		
RE	Full Name: Address:		
FOR	JEFF KONNOFF IHB WUR PORE DR. SANTA POSA		
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
	Full Name: Address:		
	CITY OF SANTA ROSA		
	Santa Rosa, CA		
	APR 0 5 2016		
	DEPARTMENT OF COMMUNITY DEVELOPMENT		
	\ 3		
	Additional names and addresses attached:		
	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 Date		