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DISCLOSURE FORM

Please Type or Print

		Attachment 1		
File No.	-Dyc	Quad.		
Related Files	22	16-026		
DEPARTMENT USE ONLY				

Santa Rosa

	Project Title: College Station - 6 West College Ave., Santa Rosa					
	(Include site address)					
0-00-00-0	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. Trusts: Identify all trustees and beneficiaries. Option Holders: Identify all holders of options on the real property.					
RE	Full Name:		Address:			
F	Glen Ellen Properti	es	49 Penninsula Road,	Belvedere, CA 94920		
OR	Mordechai Winrter, Partner					
M	Barbara Winter, Partner					
		1 1/2 1/4				
	In addition, please identify the	In addition, please identify the name of each civil engineer, architect, and consultant for the project.				
	Full Name:		Address:			
	EBA Engineering, Civil Engineer GLASS ARCHITECTS Stephanie McAllister, Landscape Architect		825 Sonoma Ave., Suite C Santa Rosa, CA 95404			
			200 E Street, Santa Rosa, CA 95404			
			145 Keller Street, Petaluma, CA 94952			
			2 4 PA			
	1 1/2 2/3	138 33				
	Add	litional nam	es and addresses attached:	es 🖪 No		
	The above information shall be	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 inform	ation is true a		May 5, 2016		
			Applicant	Date		