Attachment 1

Quad.



DISCLOSURE FORM

Please Type or Print

File No.

Related Files

DEPARTMENT USE ONLY

www.	www.srcity.org		
D-SCLOS	Project Title: <u>60 Maxwell Court</u> , <u>Santa Rosa</u> , <u>CA</u> . (Include site address) <u>APN: 010-131-033</u>		
	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.		
U R	Option Holders: Identify all holders of o		
H FORM	Full Name:	Address:	
	Brandon Levine	1511 Willowside Road Santa Rosa CA 95403	
	Aron Mihaly	1511 Willowside Road Santa Rosa CA 95403 13 Chaucer Place, Petolung CA 94954	
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
	Full Name:	Address:	
	Kaven Mantele	P.O. Box 783, Lucerne, CA. 95458 (consultant	
	Karen Mantele Peter Stanley	50 ganta Rosa Ave, Suite 400, Santa Rosa, CA (architect)	

 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:

 2/28/17
 Date

Disclosure Form

01/16