ATTACHMENT 1



DISCLOSURE FORM

Please Type or Print

File No. DR18-0023	Quad. S W			
Related Files				
DEPARTMENT USE ONLY				

	Project Title: Stony Point Lane - 2542 Old Stony Point			
	(Include site address)			
Trade Section	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.			
D-SCLOSURE F	Partnerships: Corporations: LLCs: Trusts:	os: Identify all general and limited partners		
	Full Name:		Address:	
	Dea	n Briones	PO BOX 551, Calistoga, CA 94515	
O R	Parinaz Azari		Same	
M	DBF	PA Capital	Same	
	In addition, pleas	e identify the name of e	ach civil engineer, architect, and consultant for the project.	
	Full Name:		Address:	
	Andy	/ Bordessa	CiviL Design Consultants	
	Warre	n Hedgpeth	Consultant - Architect	
	WRA		Biology Consultant - CEQA	
	Hogan Land Service		Consultant	
	Adobe	e Associates	Consultant	
	Ca	rlos Silva	LProjecto - International Design Consultant	
	PUBA	QATANI	CONSULTANT	
		Additional na	mes 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