ATTACHMENT 1



DISCLOSURE FORM

Please Type or Print

File No.	Quad.
/	
Related Files	
DEPARTME	ENT USE ONLY

Project Title: Stony Point Lane - 2542 Old Stony Point (Include site address) 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. Identify all individuals 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 5 C LO LLCs: Identify all members, managers, partners, officers and directors. Identify all trustees and beneficiaries. Trusts: 5 Option Holders: Identify all holders of options on the real property. U R Full Name: Address: Ε PO BOX 551, Calistoga, CA 94515 Dean Briones 0 Parinaz Azari Same R DBPA Capital Same In addition, please identify the name of each civil engineer, architect, and consultant for the project. Full Name: Address: Andy Bordessa Civil Design Consultants WRA Biology Consultant - CEQA Hogan Land Service Consultant Adobe Associates Consultant Carlos Silva LProjecto - International Design Consultant RUBA QATANI CONSULTANT ☐ Yes ■ No 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. 2/5/18 I certify that the above information is true and correct: Applicant Date

Disclosure Form

01/16