

DISCLOSURE FORM

Please Type or Print

	Ext17-0010(TM) Ext17-0011 (DR)
ile No. 9 PRJ17-007	SW Quad.
Related Files MAJ	04-039; DRIS-620,0
DEPARTI	MENT USE ONLY

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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.

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U R Trusts:

LLCs: Identify all members, managers, partners, officers and directors. Identify all trustees and beneficiaries.

Option Holders: Identify all holders of options on the real property.

E	Full Name:	Address:
F	W Santa Resa 2 uc	3121 michelson Ivving Ca 926/2
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M		
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.	
	Full Name:	Address:
	Hurt Hale Janes	444 spear st. #108 St. (2 94105
	CIAI Design Consultants	2200 Zange Ac. Fronta Pora Ca 95403
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Additional names and addresses attached: ☐ Yes

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: