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DISCLOSURE FORM

Please Type or Print

, ile No. DR18-003		
Related Files	D	217

7-075

Quad. SE

DEPARTMENT USE ONLY

	srcity.org				
	Project Title: SESSION CLIMBING + FITNESS 983, (Include site address) 945 STREET SNITA ROSA, CA 95404 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.				
E	Full Name:	Address:			
F	BRAD BAKER	1400 VALLEY HOUSE DRIVE, SUITE 110, ROHNERST			
O R	PARK, CA 94928				
M					
24					
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.				
	Full Name:	Address:			
	ARCHILDGIX	50 JANTA ROSA AVE, SANTA ROSA, CA 95404			
	BKF	200 4TH ST. SUITE 300, SANTA ROSA, LA 95401			
	ALLEN LAND DESIGN	1478 OLIVET RD, SANTA ROSA, CA 95401			
	×				
	Additional names and addresses attached: 🛛 Yes 🗖 No				
2 - 2					

The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action. 1/11/18 I certify that the above information is true and correct: City of Santa Rosa Applicant Date 01/16

Disclosure Form

JAN | | 2018 Planning & Economic Development Department