

DISCLOSURE FORM

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DEPARTMENT LISE ONLY		

www	www.srcity.org		
	Project Title: Kawana Springs Senior Assisted Living Center (Include site address) 450 and 500 Kawana Springs Rd 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		
D-8CL08D	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.		
RE	Full Name:	Address:	
F	Griffin Fine Living, LLC	24005 Nontina Blod. Calaburar cm 91302	
O R	Platering Financial Corporation	5789 State Farm Dr. Suite 198	
M		Rohnert Park CA 94925	
100	Betly A. Bild Trust	24005 Ventura Blvd. Calaburar Cr 91302 5789 State Farm Dr. Svite 198 Rohnert Rock CA 94928 P.O. Box 1971, Pleasanton, CA 94566	
	In addition, please identify the name of each Full Name: Oberkamper & Associates	h civil engineer, architect, and consultant for the project. Address: 7200 Redwood Blvd. Ste 308 Noveto CA 94945 245 Fischer Ave. Suite B-2 Costa mesa CA 92626	
	Iruan Partners Architects	245 Fischer Ave. Suite B-2, Costamera, CA 92626	
	Land Contern	1750 Decre Ave. Santa Ava, CA 92705	
	Additional name	es and addresses attached: 🔲 Yes 💓 No	
	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		
		Disclosure Form 01/16	