

DISCLOSURE FORM

Please Type or Print

LMA19-603	Quad.	
Related Files		
DEPARTMENT U	JSE ONLY	

www.	www.srcity.org						
	Project Title:	502 Santa Rosa Avenue (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.						
D - % C	Individuals: Partnerships: Corporations:	tnerships: Identify all general and limited partners		unless the exchange must be			
- 0 0 D	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	502 SR AVE L	LC	458 Sebastopol Avenue; SR 95401				
ORM	(Eric Anderson, as	s Manager & Sole Member)	458 Sebastopol Avenue; SR 95401				
	In addition, please identify the name of each		ch civil engineer, architect, and consultant for the project.				
	Full Name:		Address:				
	Bear Flag Engineers (Civil)		15 West MacArthur St; Sonoma, CA. 95476				
	Base Design (Structural)		582 Market St #1402; SF. 94104 -Katy Briggs, Principal				
	Cordone Design LLC		90 Hamilton Ave: Hastings-on-Hudson, NY. 10706				
	(Historic Consultant & Designer)						
	Additional names and addresses attached:						
	Additional names and addresses attached: LJ Yes XXJ 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 a	and correct:Applicant	Text Date			