

DISCLOSURE FORM

Please Type or Print

File No.	Quad.
Related Files	
DEPARTM	ENT USE ONLY

	Project Title: SR 4 (STONY Village) SR 5 (GROVE VILLAGE) (Include site address)		
D-00-00	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. SANTIA ROSA 4 THV, LLC SANTIA ROSA 5, THV, LLC. Individuals: Identify all individuals 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	CRAIG LITKINS-CHARMAY	3121 Michelson Parts, Sile 160 Termes, CA 92612	
OR	MARK BICKLIMD-CEO	16	
M	Scott Hommy - CPO	T C T C	
	MIKE WHITE - SVP	1.7	
	In addition, please identify the name of ea	ch civil engineer, architect, and consultant for the project.	
	Full Name:	Address:	
	COV CONSUCTION	6 ORCHARD, Suite 200 LAKE FOREST, CA 92630	
	HWT HALE JONE	444 SPEAR ST. #105 SAM FRANCISO, CA 94105	
	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.		
	I certify that the above information is true and correct: Applicant Date		