



# DISCLOSURE FORM

Please Type or Print

DP 18-060 CU P18-130

File No. PR 18-054	Quad.
Related Files	
DEPARTMENT USE ONLY	

www.srcity.org

Project Title: **Piner Road Assisted Living Residence**  
(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.

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.

City of Santa Rosa

SEP 12 2018

Full Name:	Address:
Steven Ring	475 Gate 5 Road, Suite 316 Sausalito, CA 94965
David Ford	475 Gate 5 Road, Suite 316 Sausalito, CA 94965
Fulcrum Real Estate Development Inc	475 Gate 5 Road, Suite 316 Sausalito, CA 94965
Larry & Sandra Bertolone Trustees	1206 4th Street, Santa Rosa, CA 95404

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
Hilton Williams	7801 Folsom Blvd. Suite 110, Sacramento CA 95826
Tom Phillippi	425 Merchant Street, Vacaville CA 95688
Bruce Jett	2 Theatre Square, #218 Orinda, CA 94563
Jane Valerius	2893A Scotts Right of Way, Sebastopol, CA 95472

Additional names 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:

*[Signature]*  
Applicant

8.30.18  
Date