

DISCLOSURE FORM

Please Type or Print

File No.	Quad.	
Related Files		
DEPARTMENT USE ONLY		

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	Project Title: 403 Brown 6 (Include site address)	it. LMA	
	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.		
0-80		limited partners s owning 10% or more of the stock and all officers and directors (unless the any major stock exchange, in which case only the identity of the exchange must be	
LOSU	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:	
FORM	Brian EMeuser		
In addition, please identify the name of each civil engineer, architect, and consultant for the project. Full Name: Address:			
	Jan Stang	636 Fifth St., Santa Rosa CA 95404	
	LINY Blanco	POBOX 3244, Napa, CA 94558	
THE STATE OF			
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: Control Cont		