

DISCLOSURE FORM

Please Type or Print

DEPARTME	NT USE ONLY
Related Files	
File No.	Quad.

	Project Title:Terrazzo at Fountaingrov	re 1601 Fountaingrove Parkway, Santa Rosa		
	(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-sc.	Identify all individuals Identify all general and limited partners 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 mu listed.			
10	LLUS. IDENTIFY ALL MEMBERS MANAGERS DARTHERS OTHERS AND DIRECTORS			
S	Trusts: Identify all trustees and beneficiaries.			
UR	Option Holders: Identify all holders of options on the real property.			
E	Full Name:	Address:		
F	Fountaingrove Terrazzo GP	200 Fourth Street, Ste. 240, Santa Rosa, CA 95401		
R				
	In addition, please identify the name of each civil engineer, architect, and consultant for the project.			
	Full Name:	Address:		
	Hugh Futrell Corporation Jon Worden Architects	200 Fourth Street, Ste. 240, Santa Rosa, CA 95401		
	Quadriga Landscape Arch	512 Matheson Street, Healdsburg, CA 95441 1212 Fourth Street, Studio K, Santa Rosa, CA 95404		
	Carlile Macy Civil Eng	15 Third Street, Santa Rosa, CA 95404		
		10 11ma 01/00t, Carta (100a, C/1 0040)		
	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: Applicant Applicant Date			