



# DISCLOSURE FORM

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DISCLOSURE FORM

Project Title: VA Clinic 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.

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.

Full Name:	Address:
Joshua Hausman, WD Schorsch LLC	694 Grandview Lane, Lake Forest, IL 60045
Megan Maki, Ryan Companies US, Inc	4275 Executive Square, Suite 370, La Jolla, CA 92037

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

Full Name:	Address:
Tyler Depew, Lantz-Boggio Architects	5650 DTC Parkway, Suite 200, Englewood, Colorado 80111
Jessica Begley, BC Engineering	418 B Street, 3rd Floor
Steve Kovanis, BC Engineering	418 B Street, 3rd Floor

City of Santa Rosa  
MAR 04 2020  
Planning & Economic  
Development Department

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:

Megan Maki  
Applicant

2/28/2020  
Date