

## **DISCLOSURE FORM**



(Form 3 of 5)

	EGGERT REZONE FOR PARCEL	. MAP WAIVER CC2	20-003 ~ 1434 PE	TERSON LANE
Project Title				

(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:			
JUSTIN EGGERT & WEIPING HE	2302 HEIDI PLACE. SANTA ROSA, CA	95403		
In addition, please identify the name of ea	ch civil engineer, architect, and consultant for the project.			
Full Name:	Address:			
DIMENSIONS 4 ENGINEERING, INC.	2952 MENDOCINO AVE. STE. "C"~ SANTA RO	SA CA 95403		
ATTN: DOUG DONMON	SAME MAIL ADD. doug@d4e.ne	[		
ATTN: DAN WRIGHT	SAME MAIL ADD. dan@d4e.net			
ATTN: MARIA GHISLETTA	SAME MAIL ADD. maria@d4e.ne	t		
Additional nam	es 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: In Eys hims the	3/30/2021		
Applicant Date				