



DISCLOSURE FORM

(Form 3 of 5)



Project Title: GIFFEN BUILDING ONE

(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:
KATY CLARK, OWNER	1206 4TH ST. SANTA ROSA CA., 95404

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

Full Name:	Address:
TROY LEYVA , TNLDB ARCHITECTURE, ARCHITECT	1640 STOCKTON ST., UNIT 330132 SAN FRANCISCO, CA. 94133
JOHN THOMPSON, B&R , CIVIL ENGINEER	475 AVIATION BLVD., SUITE 120 SANTA ROSA CA., 95403

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

Date