

City of San Diego
Development Services
1222 First Ave., MS-302
San Diego, CA 92101
(619) 446-5000

## Ownership Disclosure Statement

Approval Type: Check appropriate by Neighborhood Development Perr	nit Site Development Permit	Planned Development Permit	X Conditional Use Permit	
Project Title	, , , , , , , , , , , , , , , , , , ,		Project No. For City Use Only	
Federal Blvd. MMCC				
Project Address:	-			
	0.00444			
6176 Federal Blvd., San Diego	o, CA 92114			
Part I - To be completed when p	roperty is held by Individua	<b>(s)</b>		
below the owner(s) and tenant(s) (if a who have an interest in the property, r individuals who own the property). A from the Assistant Executive Director Development Agreement (DDA) has Manager of any changes in ownership	an Diego on the subject property applicable) of the above reference recorded or otherwise, and state to signature is required of at least coff the San Diego Redevelopment been approved / executed by the oduring the time the application it ays prior to any public hearing of	with the intent to record an encuned property. The list must include the type of property interest (e.g., teone of the property owners. Attach the Agency shall be required for all precity Council. Note: The applicars being processed or considered.	map or other matter, as identified nbrance against the property. Please list he names and addresses of all persons nants who will benefit from the permit, all additional pages if needed. A signature oject parcels for which a Disposition and it is responsible for notifying the Project Changes in ownership are to be given to provide accurate and current ownership	
• •				
Name of Individual (type or print): Darryl Cotton			Name of Individual (type or print): Rebecca Berry	
X Owner			Owner X Tenant/Lessee Redevelopment Agency	
<b>C</b>	1. Tread-velopinion rigidity	3m-st		
Street Address: 6176 Federal Blvd		Street Address: 5982 Gullstrand St		
City/State/Zip:		City/State/Zip:		
San Diego Ca 92114		San Diego / Ca / 92122 Phone No:	FN	
Phone No: (619 A)954-4447	Fax No:	8589996882	Fax No:	
Signature:	Date:	Signature:	Date:	
	10-31-2016	_ MALLEGOO TOV	10-31-2016	
Name of Individual (type or print		Name of Individual (type of	print):	
Owner Tenant/Lessee	Redevelopment Agency	Owner Tenant/Les	ssee Redevelopment Agency	
Street Address:		Street Address:		
City/State/Zip:	* *************************************	City/State/Zip:		
Phone No:	Fax No:	Phone No:	Fax No:	
Signature:	Date:	Signature :	Date:	

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