



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

# Ownership Disclosure Statement

ATTACHMENT 8

**FORM  
DS-318**

October 2017

**Approval Type:** Check appropriate box for type of approval(s) requested:  Neighborhood Use Permit  Coastal Development Permit  
 Neighborhood Development Permit  Site Development Permit  Planned Development Permit  Conditional Use Permit  Variance  
 Tentative Map  Vesting Tentative Map  Map Waiver  Land Use Plan Amendment •  Other \_\_\_\_\_

**Project Title:** \_\_\_\_\_ **Project No. For City Use Only:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Specify Form of Ownership/Legal Status (please check):**

Corporation  Limited Liability -or-  General – What State? \_\_\_\_\_ Corporate Identification No. \_\_\_\_\_  
 Partnership  Individual

By signing the Ownership Disclosure Statement, the owner(s) acknowledge that an application for a permit, map or other matter will be filed with the City of San Diego on the subject property with the intent to record an encumbrance against the property. Please list below the owner(s), applicant(s), and other financially interested persons of the above referenced property. A financially interested party includes any individual, firm, co-partnership, joint venture, association, social club, fraternal organization, corporation, estate, trust, receiver or syndicate with a financial interest in the application. If the applicant includes a corporation or partnership, include the names, titles, addresses of all individuals owning more than 10% of the shares. If a publicly-owned corporation, include the names, titles, and addresses of the corporate officers. (A separate page may be attached if necessary.) If any person is a nonprofit organization or a trust, list the names and addresses of **ANY** person serving as an officer or director of the nonprofit organization or as trustee or beneficiary of the nonprofit organization. A signature is required of at least one of the property owners. Attach additional pages if needed. Note: The applicant is responsible for notifying the Project Manager of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Manager at least thirty days prior to any public hearing on the subject property. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

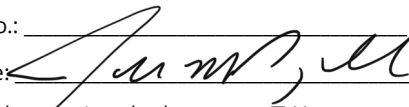
**Property Owner**

Name of Individual: \_\_\_\_\_  Owner  Tenant/Lessee  Successor Agency

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Additional pages Attached:  Yes  No

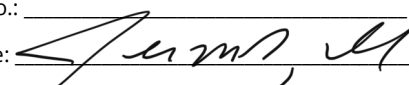
**Applicant**

Name of Individual: \_\_\_\_\_  Owner  Tenant/Lessee  Successor Agency

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Additional pages Attached:  Yes  No

**Other Financially Interested Persons**

Name of Individual: \_\_\_\_\_  Owner  Tenant/Lessee  Successor Agency

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional pages Attached:  Yes  No



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

# Ownership Disclosure Statement

ATTACHMENT 8

**FORM  
DS-318**

October 2017

**Approval Type:** Check appropriate box for type of approval(s) requested:  Neighborhood Use Permit  Coastal Development Permit  
 Neighborhood Development Permit  Site Development Permit  Planned Development Permit  Conditional Use Permit  Variance  
 Tentative Map  Vesting Tentative Map  Map Waiver  Land Use Plan Amendment •  Other \_\_\_\_\_

**Project Title:** \_\_\_\_\_ **Project No. For City Use Only:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Specify Form of Ownership/Legal Status (please check):**

Corporation  Limited Liability -or-  General – What State? \_\_\_\_\_ Corporate Identification No. \_\_\_\_\_  
 Partnership  Individual

By signing the Ownership Disclosure Statement, the owner(s) acknowledge that an application for a permit, map or other matter will be filed with the City of San Diego on the subject property with the intent to record an encumbrance against the property. Please list below the owner(s), applicant(s), and other financially interested persons of the above referenced property. A financially interested party includes any individual, firm, co-partnership, joint venture, association, social club, fraternal organization, corporation, estate, trust, receiver or syndicate with a financial interest in the application. If the applicant includes a corporation or partnership, include the names, titles, addresses of all individuals owning more than 10% of the shares. If a publicly-owned corporation, include the names, titles, and addresses of the corporate officers. (A separate page may be attached if necessary.) If any person is a nonprofit organization or a trust, list the names and addresses of **ANY** person serving as an officer or director of the nonprofit organization or as trustee or beneficiary of the nonprofit organization. A signature is required of at least one of the property owners. Attach additional pages if needed. Note: The applicant is responsible for notifying the Project Manager of any changes in ownership during the time the application is being processed or considered. Changes in ownership are to be given to the Project Manager at least thirty days prior to any public hearing on the subject property. Failure to provide accurate and current ownership information could result in a delay in the hearing process.

**Property Owner**

Name of Individual: \_\_\_\_\_  Owner  Tenant/Lessee  Successor Agency

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: *Stephen B. [Signature]* Date: \_\_\_\_\_

Additional pages Attached:  Yes  No

**Applicant**

Name of Individual: \_\_\_\_\_  Owner  Tenant/Lessee  Successor Agency

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: *[Signature]* Date: 4/23/20

Additional pages Attached:  Yes  No

**Other Financially Interested Persons**

Name of Individual: \_\_\_\_\_  Owner  Tenant/Lessee  Successor Agency

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

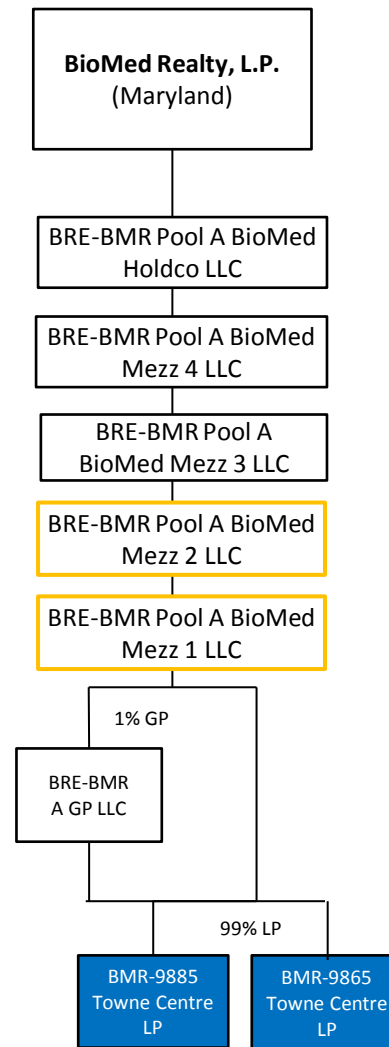
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional pages Attached:  Yes  No

**ATTACHMENT A TO OWNERSHIP DISCLOSURE STATEMENT**  
**OTHER FINANCIALLY INTERESTED PERSONS**

THIS STRUCTURE CHART IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

**ATTACHMENT 8**



All entities are Delaware entities unless otherwise noted.

Address for all entities:

17190 Bernardo Center Drive

San Diego, CA 92128

Attention: Jon Bergschneider

Telephone: (415) 385-3588

Email: [jon.bergschneider@biomedrealty.com](mailto:jon.bergschneider@biomedrealty.com)