



**City of Goleta**  
**Nuisance Response Plan (Exhibit A)**  
 130 Cremona Drive, Suite B • Goleta, CA 93117  
 Phone: (805) 961-7500 • Fax (805) 685-2635 • Email: [businesslicense@cityofgoleta.org](mailto:businesslicense@cityofgoleta.org)

In accordance with Goleta Municipal Code Sec. 5.08.060 the following nuisance response plan is submitted. A letter has been mailed to the occupant and/or owner of properties located within a 200-foot radius of the vacation rental advising of its use. A copy of this Nuisance Response Plan will be placed on the City's website for public access.

IF APPLICABLE, SHORT TERM VACATION RENTAL # SHR0001  NEW RENTAL  AMENDMENT OF NUISANCE RESPONSE PLAN

1	PROPERTY ADDRESS <u>329 Pebble Beach Dr.</u>	CITY <u>Goleta</u>	STATE <u>CA</u>	ZIP CODE <u>93117</u>
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2	OWNER NAME (IF MORE THAN TWO, USE AN ADDITIONAL SHEET OF PAPER) <u>Sabrina Cruz</u>	3	PHONE <u>805 886 0426</u>
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4	MAILING ADDRESS <u>same</u>	CITY	STATE	ZIP CODE
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5	OPTIONAL SECOND OWNER NAME <u>—</u>	6	PHONE
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7	MAILING ADDRESS <u>same</u>	CITY	STATE	ZIP CODE
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**NUISANCE COMPLAINT CONTACTS:**

The following person(s) will be available by telephone, and will be responsible for promptly responding to a nuisance complaint arising out of the occupancy of the short term rentals by tenants, their visitors and/or guests. A return telephone call to a complainant within thirty (30) minutes of the initial complaint shall be deemed "prompt."

No more than a total of THREE persons can be designated and only ONE can be designated during any particular period of time.

THERE MUST BE A DESIGNATED CONTACT PERSON 24 HOURS PER DAY, 7 DAYS PER WEEK. BELOW IS THE CONTACT INFORMATION FOR THE DAYS AND TIMES OF EACH DAY.

**CONTACT NO. 1**

8	DAY/TIME DESIGNATION	<input type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR:
	<input checked="" type="radio"/> SU <input checked="" type="radio"/> M <input checked="" type="radio"/> TU <input checked="" type="radio"/> W <input checked="" type="radio"/> TH <input checked="" type="radio"/> F <input checked="" type="radio"/> SA	

9	CONTACT NAME <u>Sabrina Cruz</u>
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10	CONTACT ADDRESS <u>same</u>	CITY	STATE	ZIP CODE
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11	PHONE 1 <u>same 805-886-0426</u>	12	PHONE 2
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**CONTACT NO. 2**

13	DAY/TIME DESIGNATION	<input type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR:
	<input checked="" type="radio"/> SU <input checked="" type="radio"/> M <input checked="" type="radio"/> TU <input checked="" type="radio"/> W <input checked="" type="radio"/> TH <input checked="" type="radio"/> F <input checked="" type="radio"/> SA	

14	CONTACT NAME <u>Marie Meng</u>
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15	CONTACT ADDRESS <u>3340 McCaw Ave #211</u>	CITY <u>SB</u>	STATE <u>CA</u>	ZIP CODE <u>93105</u>
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16	PHONE 1 <u>805 898 9565</u>	17	PHONE 2 <u>805 637 7571</u>
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**CONTACT NO. 3**

18	DAY/TIME DESIGNATION	<input type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR:
	<input type="radio"/> SU <input type="radio"/> M <input type="radio"/> TU <input type="radio"/> W <input type="radio"/> TH <input type="radio"/> F <input type="radio"/> SA	

19	CONTACT NAME
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20	CONTACT ADDRESS	CITY	STATE	ZIP CODE
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21	PHONE 1	22	PHONE 2
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