



City of Goleta
Short-Term Vacation Rental
Declaration of Notification

130 Cremona Drive, Suite B • Goleta, CA 93117

Phone: (805) 961-7500 • Fax: (805) 685-2635 • Email: businesslicense@cityofgoleta.org

Please indicate which ONE type of notification you are reporting:

- NUISANCE RESPONSE PLAN - Section One (Must be completed before Permit's are issued)
 AMENDMENT OF NUISANCE RESPONSE PLAN - Section Two (Must be completed annually)

A LIST OF RELEVANT ADDRESSES IS REQUIRED

You must submit a list of the addresses of the neighboring residences and businesses located within 200 feet of the dwelling to be used as Short-Term Vacation Rental. To submit a list of addresses, either complete Page 2 of this form, or submit a separate sheet containing the addresses in question along with Page 1 of this form.

Please indicate how you will submit a list of the addresses in question:

- I WILL COMPLETE PAGE 2 OF THIS FORM
 I WILL ATTACH A SEPARATE SHEET CONTAINING THE ADDRESSES

1 | SERVICE OF NUISANCE RESPONSE PLAN (Must be provided before Permits are issued)

Name of Applicant:	Permit No.	Date of delivery:
As administrator of the associated Short-Term Vacation Rental Permit, I hereby attest to the delivery of Nuisance Response Plans to the above addresses on the date indicated, in compliance with Section 5.08.070 of the City of Goleta Municipal Code.		
Signature:	Date:	

2 | SERVICE OF AMENDED NUISANCE RESPONSE PLAN (Must be updated annually)

Name of Applicant:	Permit No.	Date of delivery:
As administrator of the associated Short-Term Vacation Rental Permit, I hereby attest to the delivery of Amended Nuisance Response Plans to the above addresses on the date indicated, in compliance with Section 5.08.070 of the City of Goleta Municipal Code.		
Signature:	Date:	

FOR OFFICE USE ONLY

Permit No.	Comments:
<input type="checkbox"/> Approved by: _____ Date: _____ <input type="checkbox"/> Denied by: _____ Date: _____	

LIST OF ADDRESSES NOTIFIED

You must submit a list of the addresses of the neighboring residences and businesses located within 200 feet of the dwelling to be used as Short-Term Vacation Rental. Either complete Page 2 of this form, or submit a separate sheet containing the addresses in question along with Page 1 of this form.

1	ADDRESS	CITY	STATE	ZIP CODE
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2	ADDRESS	CITY	STATE	ZIP CODE
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3	ADDRESS	CITY	STATE	ZIP CODE
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4	ADDRESS	CITY	STATE	ZIP CODE
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5	ADDRESS	CITY	STATE	ZIP CODE
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6	ADDRESS	CITY	STATE	ZIP CODE
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7	ADDRESS	CITY	STATE	ZIP CODE
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8	ADDRESS	CITY	STATE	ZIP CODE
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9	ADDRESS	CITY	STATE	ZIP CODE
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10	ADDRESS	CITY	STATE	ZIP CODE
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11	ADDRESS	CITY	STATE	ZIP CODE
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12	ADDRESS	CITY	STATE	ZIP CODE
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13	ADDRESS	CITY	STATE	ZIP CODE
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14	ADDRESS	CITY	STATE	ZIP CODE
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15	ADDRESS	CITY	STATE	ZIP CODE
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16	ADDRESS	CITY	STATE	ZIP CODE
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17	ADDRESS	CITY	STATE	ZIP CODE
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18	ADDRESS	CITY	STATE	ZIP CODE
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19	ADDRESS	CITY	STATE	ZIP CODE
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20	ADDRESS	CITY	STATE	ZIP CODE
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