



**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)

CITY OF GOLETA  
 CALIFORNIA

FEB 18 2016

RECEIVED

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 # 317003  NEW RENTAL  AMENDMENT OF NUISANCE RESPONSE PLAN

1	PROPERTY ADDRESS	CITY	STATE	ZIP CODE
	414 Camino Laguna Vista	Goleta	CA	93117

2	OWNER NAME (IF MORE THAN TWO, USE AN ADDITIONAL SHEET OF PAPER)	3	PHONE
	Built Upon the Rock, LLC		719-310-1164

4	MAILING ADDRESS	CITY	STATE	ZIP CODE
	PO Box 80132	Goleta	CA	93118

5	OPTIONAL SECOND OWNER NAME	6	PHONE

7	MAILING ADDRESS	CITY	STATE	ZIP CODE

**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 checked="" type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR				
	SU M TU W TH F SA					
9	CONTACT NAME	Rose Lou Mac				
10	CONTACT ADDRESS	CITY	STATE	ZIP CODE		
		CA	CA	93118		
11	PHONE 1	12	PHONE 2			
	719-310-1164					

**CONTACT NO. 2**

13	DAY/TIME DESIGNATION	<input type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR				
	SU M TU W TH F SA					
14	CONTACT NAME					
15	CONTACT ADDRESS	CITY	STATE	ZIP CODE		
16	PHONE 1	17	PHONE 2			

**CONTACT NO. 3**

18	DAY/TIME DESIGNATION	<input type="checkbox"/> 24 HOURS PER DAY, 7 DAYS PER WEEK OR				
	SU M TU W TH F SA					
19	CONTACT NAME					
20	CONTACT ADDRESS	CITY	STATE	ZIP CODE		
21	PHONE 1	22	PHONE 2			