

EXHIBIT 'A'
NUISANCE RESPONSE PLAN

Permit Number: 2127

In accordance with SMBC Sec. 6.455.060, the following nuisance response plan is submitted. A letter will be mailed to the occupant and/or owner of properties located within a 300-foot radius of the vacation rental advising of its use and a copy of this Nuisance Response Plan will be placed on the City's Internet web site for public access.

PROPERTY ADDRESS: 1074 BATH LN VENTURA CA 93001

APN# (if known): 076-0-244-110


PROPERTY OWNER(S)

List all Owners on the Deed. If more than two, use an additional sheet of paper.

Owner Name: ROBERT STEPHEN SHANK & LINDA DIANNE SHANK LIVING TRUST

Mailing Address: 1074 BATH LN
VENTURA CA 93001

Contact Telephone: (303) 981-5956 ()

 01/23/2018
Owner Signature Date

Owner Name: _____

Mailing Address: _____

Contact Telephone: () ()

Owner Signature Date

Maximum Number of Overnight Occupants: 8

Number of Off Street Parking Spaces: 4

Number of Bedrooms available: 3

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 forty-five (45) 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.

NUISANCE RESPONSE CONTACTS

THERE MUST BE A DESIGNATED CONTACT PERSON 24 HOURS PER DAY, 7 DAYS PER WEEK.

CONTACT NO. 1

DAY & TIME DESIGNATION

24 HOURS PER DAY, 7 DAYS PER WEEK or,

F/ _____ Sa/ _____ Su/ _____
M/ _____ Tu/ _____ W/ _____
Th/ _____

CONTACT NAME: ROBERT STEPHEN SHANK _____

CONTACT ADDRESS: 1074 BATH LN VENTURA CA 93001 _____

Telephone No. 1: 303-981-5956 _____ Telephone No. 2: _____

Telephone No. 3: _____

CONTACT NO. 2

DAY & TIME DESIGNATION

24 HOURS PER DAY, 7 DAYS PER WEEK or,

F/ _____ Sa/ _____ Su/ _____
M/ _____ Tu/ _____ W/ _____
Th/ _____

CONTACT NAME: _____

CONTACT ADDRESS: _____

Telephone No. 1: _____ Telephone No. 2: _____

Telephone No. 3: _____

CONTACT NO. 3

DAY & TIME DESIGNATION

24 HOURS PER DAY, 7 DAYS PER WEEK or,

F/ _____ Sa/ _____ Su/ _____
M/ _____ Tu/ _____ W/ _____
Th/ _____

CONTACT NAME: _____

CONTACT ADDRESS: _____

Telephone No. 1: _____ Telephone No. 2: _____

Telephone No. 3: _____

Submitted By: ROBERT STEPHEN SHANK _____ Date: 01/23/2018 _____