

EXHIBIT 'A'

NUISANCE RESPONSE PLAN

Permit Number: 2249

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: 3094 Bayshore Ave, Ventura, CA 93001
APN# (if known): 080-0-291-085

PROPERTY OWNER(S)

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

Owner Name: Martin LaVere

Mailing Address: 1219 Napoleon Street #317
South Bend, IN 46617

Contact Telephone: (805) 766-4121 ()

Martin LaVere 5-11-16
Owner Signature Date

Owner Name: _____

Mailing Address: _____

Contact Telephone: () _____ () _____

Owner Signature Date

Maximum Number of Overnight Occupants: 8

Number of Off Street Parking Spaces: 2

Number of Bedrooms available: 4

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:

T.R.E.E. Real Estate

CONTACT ADDRESS:

428 Poli Street #2B, Ventura, CA 93001

Telephone No. 1: (805) 654-1413 Telephone No. 2: (805) 661-5022

Telephone No. 3: Business Hours After Hours

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: _____ Date: _____