EXHIBIT 'A'
NUISANCE RESPONSE PLAN

Permit Number: 2253

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: 15 E. Simpson Street #2F

APN# (if known): 071 007 126 0

PROPERTY OWNER(S)
List all Owners on the Deed. If more than two, use an additional sheet of paper.

Owner Name: Ventura Properties Inc. (Dave Stewart, President)

Mailing Address: P.O. Box 5216 Pine Mountain Club CA, 93222

Contact Telephone: (805) 727-1824 ( )

Owner Signature Date

Owner Name:

Mailing Address:

Contact Telephone: ( ) ( )

Owner Signature Date

Maximum Number of Overnight Occupants: 2 + 2 Per Bedrm (4 max.)

Number of Off Street Parking Spaces: 1

Number of Bedrooms available: 1

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: Dave Stewart

CONTACT ADDRESS: 15 E. Simpson Street Apt. 2G

Telephone No. 1: 805 300-1469 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: Dave Stewart Date: 7 1 2016