SAN JOAQUIN COUNTY
Greatness grows here.

COMMUNITY DEVELOPMENT DEPARTMENT

NUISANCE RESPONSE PLAN

FILE NUMBER: _____

DATE FILED: _____

Project Type
Type of Application Associated with the Nuisance Response Plan *(please attach)*:
☐ Special Event
☐ Short-Term Rental
☐ Other (explain):

Property Information			
Assessor Parcel Number(s)	Property Address	Property Size	Williamson Act Contract (Y or N)

CONTACTS

(Listed contacts must be available for the times given, or a revised Nuisance Response Plan must be submitted. A maximum of 4 contacts may be listed.)

Contact #1	Contact #2
Available during the following times: ☐ 7 AM to 10 PM ☐ 10 PM to 7 AM ☐ 24 HRS ☐ Weekends Only (Friday 10 PM to Sunday 10 PM)	Available during the following times: ☐ 7 AM to 10 PM ☐ 10 PM to 7 AM ☐ 24 HRS ☐ Weekends Only (Friday 10 PM to Sunday 10 PM)
Name:	Name:
Mailing Address:	Mailing Address:
Phone:	Phone:
Email:	Email:
Contact #3	**Contact #4**
Available during the following times: ☐ 7 AM to 10 PM ☐ 10 PM to 7 AM ☐ 24 HRS ☐ Weekends Only (Friday 10 PM to Sunday 10 PM)	Available during the following times: ☐ 7 AM to 10 PM ☐ 10 PM to 7 AM ☐ 24 HRS ☐ Weekends Only (Friday 10 PM to Sunday 10 PM)
Name:	Name:
Mailing Address:	Mailing Address:
Phone:	Phone:
Email:	Email: