



Stockton Fire Department

Occupancy: **ROSCELLI, STEVEN DDS**
Occupancy ID: **58778**
Address: **4255 Pacific AVE**
Stockton CA 95204

Inspection Type: **OPERATIONAL - ANNUAL**
Inspection Date: **2/16/2021** By: **McConahey, Paul (15164)**
Time In: **09:30** Time Out: **10:00**
Authorized Date: **02/16/2021** By: **McConahey, Paul (15164)**

Form: SFD GENERAL
INSPECTION

Inspection Topics:

GENERAL INFORMATION

Business Rep/Contact Number

Enter the name and phone number of the responsible party.

Status: **Approved**

Notes: **Steven Rossellini.**
209-478-3723

Current Operational Fire Permit posted?

Current Operational Fire Permit shall be posted with other licenses and permits as required.

Status: **Approved**

Notes: **Yes. 5/4/2021. Ok**
Compress gases

Current Stockton Business License posted?

Current Stockton Business License shall be posted for current occupant.

Status: **Approved**

Notes: **Yes. Exp. 3/31/2021**
21-00005413

Has contact information changed?

Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.

Status: **Approved**

Notes: **No**

Permit Type Required

CFC 105 - List all required Operational Fire Permits

Status: **Approved**

Notes: **Compress gases**

EXTINGUISHERS

Provide annual service. Service shall be performed by a licensed contractor.

CFC 906

Status: **Approved**

Notes: **Ok. 3/19/2020**

Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time
----------	-------------------	-----------------

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 30 minutes

Total Time: 30 minutes

Summary:

Overall Result: Approved

Inspector Notes: No firecode violations

Closing Notes:

By order of the Fire Chief and Fire Marshal. All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour. Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:

Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414
McConahey, Paul:



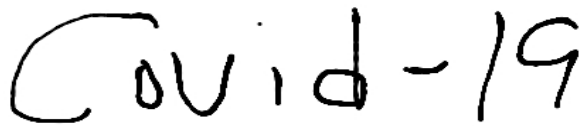
Signed on: 02/16/2021 10:01

Signature

Date

Representative Signature:

Signature of: Covid 19 on 02/16/2021 10:02



Signature

Date



ANNUAL FIRE INSPECTION

BUSINESS NAME Professional Medical Center ADDRESS: 4255 Pacific Av Ste # 1
 STOCKTON BUS LIC: Yes No Lic # _____ FIRE PERMIT CERTIFICATE: Yes No N/A
 BUSINESS OWNER / REP Dr. Brad Louie PHONE: 488216 CELL PHONE: _____
 DATE OF INSPECTION: 10/22/13 2nd Inspection Code Compliance _____
 HAS INFORMATION CHANGED? Yes NO W.V. call when complete

OCCUPANCY INFORMATION (Check Business Type)

<input type="checkbox"/> A - Place of Assembly Occupancy Load _____	<input type="checkbox"/> B - Business/City Buildings	<input type="checkbox"/> F - Fabrication Storage area sq. ft. _____	<input type="checkbox"/> H - Hazardous Materials
<input type="checkbox"/> M - Merchandise/Retail Sales	<input type="checkbox"/> R-1 HOTEL <input type="checkbox"/> R-2 RESIDENCE Number of Units _____ Number of Units Checked _____	<input type="checkbox"/> High Piled Storage Storage Area sq. ft. _____	<input type="checkbox"/> S-1 - Repair Garage

OTHER: _____

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required
<u>N/A</u>		

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
A: Electrical																			
B: Special Hazards																			
C: Ext / Fire Protection System																			
D: Exiting																			
E: General Housekeeping																			

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection..... No Hazards Noted Violation(s) Noted Reinspection date: 9/12/13
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: Gates 1+3 - Must be operable from inside
Gates 2+4 - Post signage directing pedestrians to gates 1+3
 NA
 Gate 4
 Gate 3
 Gate 1
 Gate 2

Inspector Pat Chang ID # 11281 Unit FPD Shift: _____ Contact Phone # 9378271
 Responsible Signature: _____ Date: 7/30/13

RECEIVED

APR 07 2015



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

CITY OF STOCKTON
FIRE PREVENTION DIV.

3/31/15 ANNUAL FIRE INSPECTION

BUSINESS NAME Roscelli, STEVENS A DOS ADDRESS: 4255 Pacific Ste # 7
 STOCKTON BUS LIC: Yes No Lic # 15-5413 FIRE PERMIT CERTIFICATE: Yes No N/A
 BUSINESS OWNER / REP: STEVENS Roscelli PHONE: 478-3723 CELL PHONE: _____
 DATE OF INSPECTION: 2/11/15 2nd Inspection Code Compliance _____
 HAS INFORMATION CHANGED? Yes NO

OCCUPANCY INFORMATION (Check Business Type)

A - Place of Assembly
Occupancy Load _____
 B - Business/ City Buildings
Medical gas
 F - Fabrication
Storage area sq. ft. _____
 H - Hazardous Materials
 M - Merchandise/Retail Sales
 R-1 HOTEL R-2 RESIDENCE
Number of Units _____
Number of Units Checked _____
 High Piled Storage
Storage Area sq. ft. _____
 S-1 - Repair Garage

OTHER: _____

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required
<u>Compass gas</u>		

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical																		
B: Special Hazards																		
C: Ext / Fire Protection System																		
D: Exiting																		
E: General Housekeeping																		

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection..... No Hazards Noted Violation(s) Noted Reinspection date: _____
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: _____

Inspector P. McConkey ID # 5164 Unit FPD Shift: _____ Contact Phone # 639-2311
 Responsible Signature: [Signature] Date: 2/11/15

White Original - Fire Prevention ■ Yellow Copy - Co File

FPD Office Use

Database	
Scan	
SunPro	

[Signature]

F.H.
4/3/15

2/11/15
12/16/14-011

BAL #0

92924



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

JUNE

FIRE INSPECTION

BUSINESS NAME LEAMON Laboratory ADDRESS: 4255 Pac. f.c. W Ste # 2
 BUSINESS OWNER / REP Greg Leamon 474-2977
 DATE OF INSPECTION: 6/25/19 2nd Inspection _____ Code Compliance _____
Greg Leamon 329-1963

DEFICIENCIES AND COMMENTS

Fire Permit HOT WORKS 9/20/17 OK.
 Bus Lic # 3/31/19 19-00130667

All OK
 P.M. Ganshey
 6/25/19

OK 9/14/17

EXTINGUISHER

Inspector P.M. Ganshey ID # 5164 Unit PRD Shift: _____ Contact Phone # 639 2311
 Responsible Signature: Greg E Leamon Date: 6/25/19

FPD Office Use	
Database	<u>NOV</u>
Scan	<u>BA</u>
Firehouse	<u>BA</u>

7/11/19



ANNUAL FIRE INSPECTION

BUSINESS NAME Learnon Laboratories ADDRESS: 4255 Pacific Ste # 8A
 STOCKTON BUS LIC: Yes No Lic # 20-1030117 FIRE PERMIT CERTIFICATE: Yes No N/A 91414
 BUSINESS OWNER / REP Greg Learnon PHONE: 4742977 CELL PHONE: _____
 DATE OF INSPECTION: 4/17/19 2nd Inspection _____ Code Compliance _____
 HAS INFORMATION CHANGED? Yes NO

OCCUPANCY INFORMATION

<input type="checkbox"/> A - Place of Assembly Occupancy Load _____	<input type="checkbox"/> B - Business/City Buildings	E S S
<input type="checkbox"/> M - Merchandise/Retail Sales	<input type="checkbox"/> R-1 HOTEL <input type="checkbox"/> R-2 RESIDENCE Number of Units _____ Number of Units Checked _____	

OTHER: _____

Property owner

LIST OPERATIONAL

Permit Type Required	Permit Type
<u>Hot Works</u>	

209-478-5616

Bradley C. Louie, D.D.S.
FAMILY DENTISTRY

Property

www.bradlouiedds.com 4255 Pacific Ave. Ste. 1
bradleylouie@comcast.net Stockton, CA 95207

NOTICE OF VIOLATION: Number correct

	1	2	3	4	5	6
A: Electrical						
B: Special Hazards						
C: Ext / Fire Protection System						
D: Exiting						
E: General Housekeeping						

CFC Sec. 105 Permit(s) Needed

Initial Inspection.....	<input checked="" type="checkbox"/> No Hazards Noted	<input type="checkbox"/> Violation(s) Noted	Reinspection date: _____
Second Inspection.....	<input type="checkbox"/> Violation(s) Corrected	<input type="checkbox"/> Violation(s) not Corrected:	Reinspection date: _____
Third Inspection.....	<input type="checkbox"/> Violation(s) Corrected	<input type="checkbox"/> Violation(s) not Corrected:	Notify FPD date: _____

NOTES:

Inspector Pat Cross ID # 9385 Unit FPD Shift: _____ Contact Phone # 990 1416
 Responsible Signature: Greg Learnon Date: 4/17/19

White Original - Fire Prevention ■ Yellow Copy - Co File

FPD Office Use

Database	
Scan	
Firehouse	<u>PC</u>

FD-18 Revised 08-02-17

prop owner greg.learnon@juno.com
bradleylouie@comcast.net



Stockton Fire Department

Occupancy: **1ST PRIORITY DENTAL LABORATORY, INC**

Occupancy ID: **101659**

Address: **4255 Pacific AVE Apt/Suite #7**

Stockton CA 95207

Inspection Type: **BUSINESS LICENSE/NEW PERMIT**

Inspection Date: **1/25/2023**

By: **McConahey, Paul (15164)**

Time In: **11:46**

Time Out: **12:44**

Authorized Date: **01/25/2023**

By: **McConahey, Paul (15164)**

Form: SFD GENERAL INSPECTION

Inspection Topics:

GENERAL INFORMATION

Business Rep/Contact Information

Enter the name, email address and phone number of the responsible party. If other than operational inspection, note reason for inspection.

Status: **Approved**

Notes:



Current Operational Fire Permit posted?

Current Operational Fire Permit shall be posted with other licenses and permits as required.

Status: **Approved**

Notes: **Requires Open flame and torches. Operational Fire Permit**

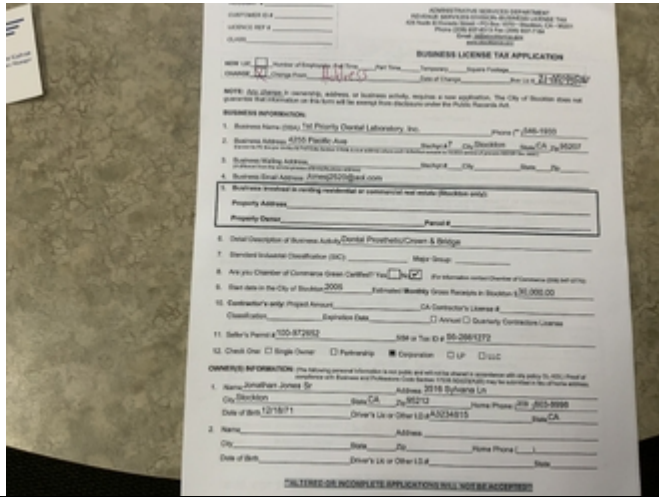


Current Business License posted?

Current City of Stockton or SJ County Business License shall be posted for current occupant.

Status: **Approved**

Notes:



Has contact information changed?

Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.

Status: **Approved**

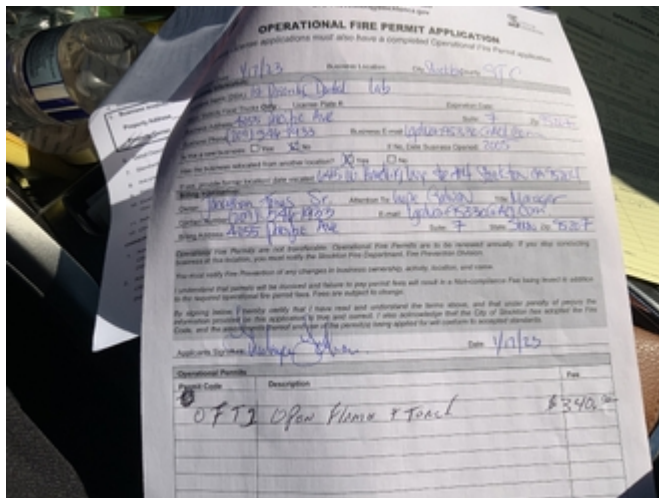
Notes: **Yes. New business.**

Permit Type(s) Required - Indicate if a new operational fire permit application was submitted.

CFC 105 - List all required Operational Fire Permits. Note any Operational Permits to be added or removed and reason. Invoice forthcoming. Pay invoice upon receipt to avoid additional fees for failure to obtain operational fire permit. NOTE: OPERATIONAL FIRE PERMITS WILL BE INVOICED BASED ON INFORMATION ON FILE OR PROVIDED ON NEW APPLICATION.

Status: **Approved**

Notes: **Required Open flame and torch. OFT1. \$340.00
Left with owner a copy of operational for permit application**



BUILDING INFORMATION

Knox box in place?

Confirm the keys are current, update as needed.

Status: **Approved**

Notes: **No**

Fire alarm?

Does the FACP display read "NORMAL"? Verify annual service through service records kept in the document box on the FACP. Is signage in place identifying the FACP location?

Status: **Approved**

Notes: **No**

Fire Sprinklers?

Confirm fire sprinklers have current annual and 5 year certification tags on each riser.

Status: **Approved**

Notes: **No**

EXTINGUISHERS

Provide annual service. Service shall be performed by a licensed contractor.

CFC 906

Status: **Disapproved**

Notes: **Service fire extinguishers. Requires, 2 extinguishers. Mount 3-5 feet above floor .**



MISCELLANEOUS

Secure all compressed gas containers, cylinders, tanks and systems against accidental dislodgement and against access by unauthorized personnel in accordance with CFC 5303.5.1 through CFC 5303.5.3.

CFC 5303.5

Status: **Disapproved**

Notes: **Secure all compressed cylinders**



Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time
----------	-------------------	-----------------

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 58 minutes

Total Time: 58 minutes

Summary:

Overall Result: Disapproved

Inspector Notes: Reinspection February 22, 2023

Closing Notes:

By order of the Fire Chief and Fire Marshal. All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour. Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:

Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414
Email(s): Paul.McConahey@stocktonca.gov
McConahey, Paul:




Signed on: 01/25/2023 12:16

Signature

Date

Representative Signature:

Signature of: Covid 19 on 01/25/2023 12:16



Signature

Date



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET
STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: DR Roselli DDS ADDRESS: 4255 Pacific Ave Ste #: 2
 STOCKTON BUSINESS LIC # 09-00005413 EXPIRATION DATE 3-31-09
 BUSINESS OWNER: DR. Steven Roselli PHONE: 478-3723 CELL PHONE: 951-69189
 DATE OF INSPECTION: 2-19-09 2nd Inspection _____ 3rd Inspection _____

OCCUPANCY INFORMATION (Type of Business)

- A-Place of Assembly B-Business/City Buildings F- Fabrication H-Repair Garage/Auto Body Repair Shop/Haz Mats
 M-Merchandise/Retail Sales S-Service Garage & Warehouse Storage R-2- RESIDENCE Number of Units _____
 Units Checked _____

Other : _____

Knox Box Location _____ Sprinkler Connection Location _____

Prefire Plan Prefire Plan needed

PERMIT(S)

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

- Place of Assembly Repair Garage Service Garage Flammable/Combustible Liquid Storage Tire Storage
 Combustible Material Storage High-Piled Storage Pallet/Bin Storage Motor Vehicle Fuel Dispensing
 Compressed Gases Hot-works Application of Flammable Finishes Lumber Yards Auto Wrecking Yard
 OTHER _____

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed _____
 Initial Inspection..... No Hazard Noted Violation(s) Noted: _____ Reinspection date: _____
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: _____ Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: _____ Notify FPD date: _____

NOTES: _____

Inspector R. Howard ID Number 3695 Unit T-4 Shift: A

Responsible Signature: [Signature] Date: 2-19-09



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET
STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME Dr Steven Roscelli DDS ADDRESS: 4255 Pacific Ste #: _____
 STOCKTON BUSINESS LIC # 09-0000543 EXPIRATION DATE 3-31-09
 BUSINESS OWNER: S/A PHONE: 428-3723 CELL PHONE: _____
 DATE OF INSPECTION: 9-30-08 2nd Inspection _____ 3rd Inspection _____

OCCUPANCY INFORMATION (Type of Business)

- A-Place of Assembly B-Business/City Buildings F- Fabrication H-Repair Garage/Auto Body Repair Shop/Haz Mats
 M-Merchandise/Retail Sales S-Service Garage & Warehouse Storage R-2- RESIDENCE Number of Units _____
 Units Checked _____

Other : _____
 Knox Box Location _____ Sprinkler Connection Location _____
 Prefire Plan Prefire Plan needed

PERMIT(S)

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

- Place of Assembly Repair Garage Service Garage Flammable/Combustible Liquid Storage Tire Storage
 Combustible Material Storage High-Piled Storage Pallet/Bin Storage Motor Vehicle Fuel Dispensing
 Compressed Gases Hot-works Application of Flammable Finishes Lumber Yards Auto Wrecking Yard
 OTHER _____

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed _____
 Initial Inspection..... No Hazard Noted Violation(s) Noted: Reinspection date: _____
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: _____

Inspector J. Miller ID Number 9015 Unit T4 Shift: A B C

Responsible Signature: Jenn Tejada Date: 9-30-08



STOCKTON FIRE DEPARTMENT
 345 NORTH EL DORADO STREET
 STOCKTON, CA 95202
 (209) 937-8271



BUSINESS Steven Roscelli DDS ADDRESS: 4255 Pacific Ave Ste: 7

Bus Owner: Steven Roscelli Tel Num: 209 478-3723 Cellular: _____

DATE OF INSPECTION: 2/28/07 2nd Inspection _____ 3rd Inspection _____

Stockton Business Lic # 07-0005413 Expiration Date: 3/31/07

OCCUPANCY INFORMATION Type of Business

- A-Place of Assembly
- B-Business/City Buildings
- F- Fabrication
- H-Repair Garage/Auto Body Repair Shop/Haz Mats
- M-Merchandise/Retail Sales
- S-Service Garage & Warehouse Storage
- R-1- RESIDENCE NUMBER OF UNITS _____

Other : _____

PERMIT(S) *

- Place of Assembly
- Repair Garage
- Service Garage
- Flammable/Combustible Liquid Storage
- Tire Storage
- Combustible Material Storage
- High-Piled Storage
- Pallet/Bin Storage
- Motor Vehicle Fuel Dispensing
- Compressed Gases
- Hotworks
- Application of Flammable Finishes
- Lumber Yards
- Auto Wrecking Yard

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection: No Hazard Noted Violation(s) Noted: Reinspection date: 3/7/07
 Second Inspection: Violation(s) Corrected Violation(s) not Corrected: Reinspection date: 3/19/07
 Third Inspection: Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: Extinguishers overdue appx made today

Inspector Speed ID Number 9317 Unit T4 Shift: (A) B C
 Responsible Signature: Tom Lakoda Date: 2/28/07



STOCKTON FIRE DEPARTMENT
 345 NORTH EL DORADO STREET
 STOCKTON, CA 95202
 (209) 937-8271



BUSINESS STEVEN ROSCELLI DDS ADDRESS: 4255 PACIFIC Ste: 7
 Bus Owner: STEVEN A. ROSCELLI DDS Tel Num: (209) 478-3723 Cellular: _____
 DATE OF INSPECTION: MAY 5, 06 2nd Inspection _____ 3rd Inspection _____

OCCUPANCY INFORMATION Type of Business

- A-Place of Assembly B-Business/City Buildings F- Fabrication H-Repair Garage/Auto Body Repair Shop/Haz Mats
 M-Merchandise/Retail Sales S-Service Garage & Warehouse Storage R-1- RESIDENCE NUMBER OF UNITS _____
 Other : DOMESTIC OFFICE

PERMIT(S) *

- Place of Assembly Repair Garage Service Garage Flammable/Combustible Liquid Storage Tire Storage
 Combustible Material Storage High-Piled Storage Pallet/Bin Storage Motor Vehicle Fuel Dispensing
 Compressed Gases Hotworks Application of Flammable Finishes Lumber Yards Auto Wrecking Yard

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection: No Hazard Noted Violation(s) Noted: Reinspection date: _____
 Second Inspection: Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection: Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: _____

Inspector GARDUCCI SATOOSKI ID Number _____ Unit T-4 Shift: (A) B C

Responsible Signature: Ken Sakeda Date: MAY 5, 06



STOCKTON FIRE DEPARTMENT
345 NORTH EL DORADO STREET
STOCKTON, CA 95202
(209) 937-8271

OWNER / OCCUPANT INFORMATION Occupancy Use: Commercial Residential Both

Bus Name: Steve Roscelli DDS Address: 4255 Pacific Ste: _____

Bus Owner: Stawn Roscelli Tel Num: 478-3723 Cellular: _____

Date of Inspection: 6-1-05 2nd Inspection _____ 3rd Inspection _____

BUILDING INFORMATION

Occupancy Class: A B F H M S R-1 Number of Units _____

Area/Size: 1,000 sq. ft. / Basement yes no If yes, is it sprinklered? yes no

FIRE PROTECTION SYSTEMS

FIRE ALARM: smoke heat Panel Location: _____ KNOX Box - Location _____

FIRE SPRINKLERS: full partial - Location(s): _____ Monitor Co. _____

STANDPIPE: wet dry FDC / PIV Location: _____

SPECIAL SYSTEMS: Hood&Duct - Date of Tag _____ Foam CO² Medical Gas- Other _____

PERMIT REQUIRED (Type) _____

CONFINED SPACE: Location(s): _____

INSPECTION REPORT: Number correspond with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial Inspection: No Hazard Noted Violation(s) Noted: Reinspection date: _____

Second Inspection: Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____

Third Inspection: Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: _____

Inspector(s) R. Howard 3695

Unit T-4 Shift: A B C

Responsible Signature: Yum Takeda

Date: 6-1-05

me

FIRE-PERMIT SURV

1. Business Name Dr. Steven Roselli Business License Number 03-05413
Business Address 4255 Pacific Ave
Suite #7 Stockton, CA (Zip Code) 95207

2. No Permit Required.
(Explanation Required):

3. Permit on Site. 4. Permit Required. 5. UNSURE if Permit Required.

6. Describe Business (What type of business?)

Dental/Medical Building
Contact Person JERRI Phone Number 478 3723

7.		<u>California Fire Code</u>	
Permit On Site	Permit Required	Section:	
<input type="checkbox"/>	<input type="checkbox"/>	105.8 a.1	Aerosol Products
<input type="checkbox"/>	<input type="checkbox"/>	105.8 a.5	Automobile Wrecking Yard
<input type="checkbox"/>	<input type="checkbox"/>	105.8 b.1	Battery System
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.5	Combustible Fiber Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.6	Combustible Material Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.8	Commercial Rubbish-Handling Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 d.2	Dust-Producing Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 f.3	Flammable or Combustible Liquids
<input type="checkbox"/>	<input type="checkbox"/>	105.8 h.2	High-Piled Combustible Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 h.3	Hot-Work Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 i.1	Liquefied Petroleum Gases
<input type="checkbox"/>	<input type="checkbox"/>	105.8 m.3	Motor Vehicle Fuel-Dispensing Stations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 o.3	Ovens, Industrial Baking or Drying
<input type="checkbox"/>	<input type="checkbox"/>	105.8 p.2	Places of Assembly
<input type="checkbox"/>	<input type="checkbox"/>	105.8 r.3	Repair Garages
<input type="checkbox"/>	<input type="checkbox"/>	105.8 s.1	Spraying and Dipping (Application of Flammable Finishes)
<input type="checkbox"/>	<input type="checkbox"/>	105.8 t.2	Tire Storage
<input type="checkbox"/>	<input type="checkbox"/>	SMC 4-013	Pallets and Palletized Packing Boxes and Bin Boxes
<input type="checkbox"/>		Other Permit:	_____
<input checked="" type="checkbox"/>		105.8 c.7	Compressed Gases (Refer to FPD if over 2 "H" Cylinders)
<input type="checkbox"/>		105.8 h.1	Hazardous Materials (Refer to FPD)

____ Total Permits On Site and Total Permits Needed.

8. Inspected By: G Jackson Company FPB Shift _____ Date 12/22/03
Officer's Signature: _____ Officer's Name (Print) _____



Bal 20
Feb

3/31/2020 OK

ANNUAL FIRE INSPECTION

5/2/19-04

BUSINESS NAME Roscelli, Steven A ADDRESS: 4255 Pacific Ste # 7
 STOCKTON BUS LIC: Yes No Lic # 20-00005413 FIRE PERMIT CERTIFICATE: Yes No N/A
 BUSINESS OWNER / REP Steven Roscelli PHONE: 479-3723
 CELL PHONE: 598-5866 EMAIL ADDRESS: grsrbr3@gmail.com
 DATE OF INSPECTION: 2/19/2020 2nd Inspection Code Compliance
 HAS INFORMATION CHANGED? Yes NO

OCCUPANCY INFORMATION (Check Business Type)

<input type="checkbox"/> A - Place of Assembly Occupancy Load _____	<input type="checkbox"/> KNOX BOX Current Keys <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FACP "Normal" <input type="checkbox"/> YES <input type="checkbox"/> NO Annual Service <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> See attached FD-18 B
<input type="checkbox"/> R-1 HOTEL <input type="checkbox"/> R-2 RESIDENCE Number of Units _____ Number of Units Checked _____ Unit # Inspected _____	<input type="checkbox"/> FIRE ALARM Monitored <input type="checkbox"/> YES <input type="checkbox"/> NO Company _____	<input type="checkbox"/> SPRINKLER Annual <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____ 5-Year <input type="checkbox"/> YES <input type="checkbox"/> NO Date _____	<input checked="" type="checkbox"/> OTHER

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required
<i>Compress gas</i>		

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical																		
B: Special Hazards																		
C: Ext / Fire Protection System																		
D: Exiting																		
E: General Housekeeping																		

All OK
J. McCowley
2/19/2020

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection.....	<input checked="" type="checkbox"/> No Hazards Noted	<input type="checkbox"/> Violation(s) Noted	Reinspection date: _____
Second Inspection.....	<input type="checkbox"/> Violation(s) Corrected	<input type="checkbox"/> Violation(s) not Corrected:	Reinspection date: _____
Third Inspection.....	<input type="checkbox"/> Violation(s) Corrected	<input type="checkbox"/> Violation(s) not Corrected:	Notify FPD date: _____

NOTES:

Inspector J. McCowley ID # 5164R Unit PRD Shift: _____ Contact Phone # 990-1414
 Responsible Signature: Tenni Takeda Date: 2/19/2020

White Original - Fire Prevention ■ Yellow Copy - Co File

Tenni Takeda

FPD Office Use

Database	
Scan/SharePoint	
Firehouse	

ER
3/3/2020

J. McCowley

EX-1901588



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

6/13/17

Feb

5/3/16

3/31/18

BUSINESS NAME: Roscoll, Steven A. ADDRESS: 4255 Pact-c Ave Ste # 7
 STOCKTON BUS LIC: Yes No Lic # 18-0005413 FIRE PERMIT CERTIFICATE: Yes No N/A
 BUSINESS OWNER / REP: Doanbush, Kathy PHONE: 478-3723 CELL PHONE: _____
 DATE OF INSPECTION: 5/23/17 2nd Inspection Code Compliance _____
 HAS INFORMATION CHANGED? Yes NO STEVEN ROSCOLL: 951-6919

OCCUPANCY INFORMATION (Check Business Type)

<input type="checkbox"/> A - Place of Assembly Occupancy Load _____	<input type="checkbox"/> B - Business/City Buildings	<input type="checkbox"/> F - Fabrication Storage area sq. ft. _____	<input type="checkbox"/> H - Hazardous Materials
<input type="checkbox"/> M - Merchandise/Retail Sales	<input type="checkbox"/> R-1 HOTEL <input type="checkbox"/> R-2 RESIDENCE Number of Units _____ Number of Units Checked _____	<input type="checkbox"/> High Piled Storage Storage Area sq. ft. _____	<input type="checkbox"/> S-1 - Repair Garage

OTHER: _____

RECEIVED
AUG 21 2017
CITY OF STOCKTON
FIRE PREVENTION DIV.

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required
<u>Compass GAS</u>		

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical								///	///	///	///	///	///	///	///	///	///	///
B: Special Hazards								///	///	///	///	///	///	///	///	///	///	///
C: Ext / Fire Protection System								///	///	///	///	///	///	///	///	///	///	///
D: Exiting								///	///	///	///	///	///	///	///	///	///	///
E: General Housekeeping								///	///	///	///	///	///	///	///	///	///	///

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection..... No Hazards Noted Violation(s) Noted Reinspection date: 6/13/17
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected Notify FPD date: _____

NOTES: SERVIC EXTINGUISHER (2/29/16)
[Signature]

Inspector: [Signature] ID # 5764 Unit FD Shift: _____ Contact Phone # 639-2311

Responsible Signature: _____ Date: 5/23/17

White Original - Fire Prevention ■ Yellow Copy - Co File

FPD Office Use

Database	<u>[Signature]</u>
Scan	<u>[Signature]</u>
SunPro	<u>[Signature]</u>

6/17/17

NO
5/29/16
EXTING



Stockton Fire Department

Occupancy: **LEAMON LABORATORY**

Occupancy ID: **92924**

Address: **4255 Pacific AVE Apt/Suite #8
Stockton CA 95207**

Inspection Type: **OPERATIONAL - ANNUAL**

Inspection Date: **7/14/2021**

By: **McConahey, Paul (15164)**

Time In: **09:00**

Time Out: **09:20**

Authorized Date: **07/14/2021**

By: **McConahey, Paul (15164)**

Form: SFD GENERAL
INSPECTION

Inspection Topics:

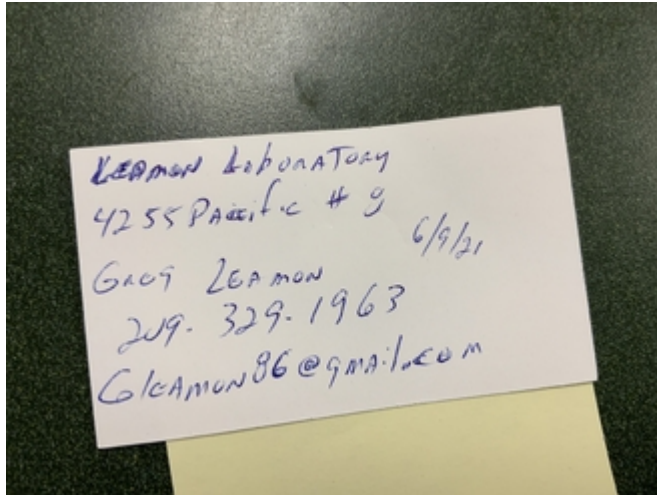
GENERAL INFORMATION

Business Rep/Contact Number

Enter the name and phone number of the responsible party.

Status: Approved

Notes:

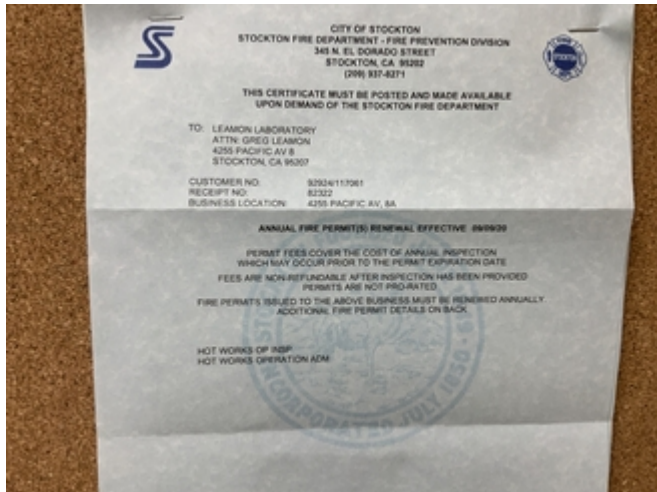


Current Operational Fire Permit posted?

Current Operational Fire Permit shall be posted with other licenses and permits as required.

Status: Approved

Notes: Effective date 9/9/2021 ok

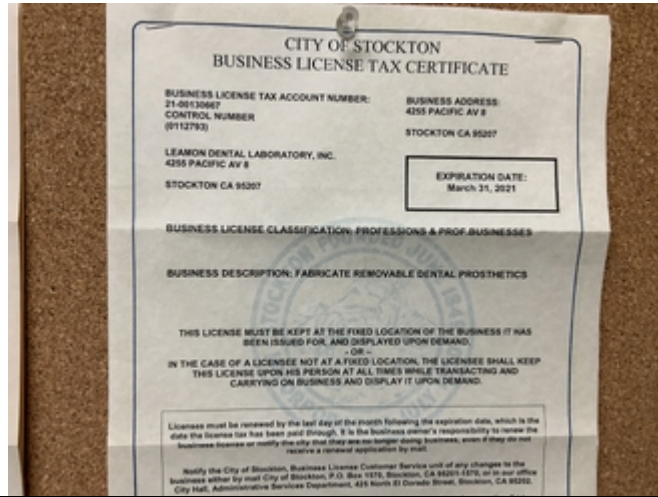


Current Stockton Business License posted?

Current Stockton Business License shall be posted for current occupant.

Status: **Approved**

Notes: **Expires 3/31/2031.**



Has contact information changed?

Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.

Status: **Approved**

Notes: **No**

Permit Type Required

CFC 105 - List all required Operational Fire Permits

Status: **Approved**

Notes: **Hot works.**

BUILDING INFORMATION

Knox box in place?

Confirm the keys are current, update as needed.

Status: **Approved**

Notes: **No**

Fire alarm?

Does the FACP display read "NORMAL"? Verify annual service through service records kept in the document box on the FACP. Is signage in place identifying the FACP location?

Status: **Approved**

Notes: **No**

Fire Sprinklers?

Confirm fire sprinklers have current annual and 5 year certification tags on each riser.

Status: **Approved**

Notes: **No**

EXTINGUISHERS

Provide annual service. Service shall be performed by a licensed contractor.

CFC 906

Status: Approved

Notes: Lasted serviced. 7/29/2020.

Service extinguisher. Pin has been pulled. Plastic tie missing.



Additional Time Spent on Inspection:

Category	Start Date / Time	End Date / Time
----------	-------------------	-----------------

Notes: No Additional time recorded

Total Additional Time: 0 minutes

Inspection Time: 20 minutes

Total Time: 20 minutes

Summary:

Overall Result: Approved

Inspector Notes: Do you like 14th 2021 violation correct it

Closing Notes:

By order of the Fire Chief and Fire Marshal. All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour. Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL DORADO ST - STOCKTON, CA 95202 - (209)937-8271

Inspector:

Name: McConahey, Paul
Rank: Program Specialist
Work Phone(s): 209-990-1414
McConahey, Paul:

Signed on: 07/14/2021 09:11

Signature

Date

Representative Signature:

Signature of: Covid 19 on 07/14/2021 09:15

Covid-19

Signature

Date

52975/62655 Old Cust # from 4550 N. Peashing

RECEIVED



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

SEP 21 2017

ANNUAL FIRE INSPECTION

CITY OF STOCKTON
FIRE PREVENTION DIV

BUSINESS NAME LEAMON DENTAL LAB INC ADDRESS: 4255 PACIFIC AVE Ste # GA
 STOCKTON BUS LIC: Yes No Lic # 18-123019 FIRE PERMIT CERTIFICATE: Yes No N/A will apply for new permit
 BUSINESS OWNER / REP GREG LEAMON PHONE: 474-2977 CELL PHONE: NEW LOCATION cell. 329-1963
 DATE OF INSPECTION: 9/12/17 2nd Inspection Code Compliance
 HAS INFORMATION CHANGED? Yes NO SAME OWNER NEW LOCATION

OCCUPANCY INFORMATION (Check Business Type)

<input type="checkbox"/> A - Place of Assembly Occupancy Load _____	<input type="checkbox"/> B - Business/City Buildings	<input checked="" type="checkbox"/> F - Fabrication <u>TEETH</u> Storage area sq. ft. _____	<input type="checkbox"/> H - Hazardous Materials
<input type="checkbox"/> M - Merchandise/Retail Sales	<input type="checkbox"/> R-1 HOTEL <input type="checkbox"/> R-2 RESIDENCE Number of Units _____ Number of Units Checked _____	<input type="checkbox"/> High Piled Storage Storage Area sq. ft. _____	<input type="checkbox"/> S-1 - Repair Garage

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required
<u>HOT WORKS</u>		

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
A: Electrical																			
B: Special Hazards																			
C: Ext / Fire Protection System																			
D: Exiting																			
E: General Housekeeping																			

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection..... No Hazards Noted Violation(s) Noted Reinspection date: 9/26/17
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: SERVICE EXTINGUISHER (9/12/17)
CAUSE 14 day NOTICE Due 10/16/17 HOT WORKS
SAME BUSINESS - NEW LOCATION - SAME OWNER
NEW 14 day NOTICE - START AT ANNUAL FEE/RATE

Inspector P. McConahy ID # 5164 Unit FPD Shift: _____ Contact Phone # 639-2311

Responsible Signature: Betty Pina Date: 9/22/17

White Original - Fire Prevention ■ Yellow Copy - Co File

FPD Office Use

Database	
Scan	
Firehouse	



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
 345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

COST # 58995/62655
 Address 4550 N. Pershing

ANNUAL FIRE INSPECTION

3/31/19

BUSINESS NAME Common Dental Lab INC ADDRESS: 4255 Pacific Ave Ste # 8-17
 STOCKTON BUS LIC: Yes No Lic # 18-123019 FIRE PERMIT CERTIFICATE: Yes No N/A
 BUSINESS OWNER / REP GREG LEAMON PHONE: 474-2977 CELL PHONE: _____
 DATE OF INSPECTION: 9/12/17 2nd Inspection Code Compliance
 HAS INFORMATION CHANGED? Yes NO owner Greg Leamon 329-1963 cell

OCCUPANCY INFORMATION (Check Business Type)

<input type="checkbox"/> A - Place of Assembly Occupancy Load _____	<input type="checkbox"/> B - Business/City Buildings	<input type="checkbox"/> F - Fabrication Storage area sq. ft. _____	<input type="checkbox"/> H - Hazardous Materials
<input type="checkbox"/> M - Merchandise/Retail Sales	<input type="checkbox"/> R-1 HOTEL <input type="checkbox"/> R-2 RESIDENCE Number of Units _____ Number of Units Checked _____	<input type="checkbox"/> High Piled Storage Storage Area sq. ft. _____	<input type="checkbox"/> S-1 - Repair Garage

OTHER: _____

RECEIVED
 DEC 07 2017
 CITY OF STOCKTON
 FIRE PREVENTION DIV.

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required
<u>Hot works</u>		

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical																		
B: Special Hazards																		
C: Ext / Fire Protection System																		
D: Exiting																		
E: General Housekeeping																		

CFC Sec. 105 Permit(s) Needed _____
 Initial Inspection..... No Hazards Noted Violation(s) Noted Reinspection date: 9/20/17
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected Notify FPD date: _____

NOTES: Seavico extinguisher 9/12/17 9/12/12

Inspector P. McConahay ID # 5164 Unit FPD Shift: _____ Contact Phone # 639-2311
 Responsible Signature: Greg Leamon Date: 9/12/17

White Original - Fire Prevention ■ Yellow Copy - Co File

FPD Office Use

Database	
Scan	
Firehouse	

7/19/17

9/12/12
 EXTING



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET
STOCKTON, CA 95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME Matthew Cardinali DDS ADDRESS: 4255 Pacific Ave Ste #: 14
 STOCKTON BUSINESS LIC # 09-00009003 EXPIRATION DATE 3/31/09
 BUSINESS OWNER: Matthew Cardinali DDS PHONE: 478-7898 CELL PHONE: _____
 DATE OF INSPECTION: 2/19/09 2nd Inspection _____ 3rd Inspection _____

OCCUPANCY INFORMATION (Type of Business)

- A-Place of Assembly B-Business/City Buildings F- Fabrication H-Repair Garage/Auto Body Repair Shop/Haz Mats
 M-Merchandise/Retail Sales S-Service Garage & Warehouse Storage R-2- RESIDENCE Number of Units _____
 Units Checked _____

Other : _____

Knox Box Location _____ Sprinkler Connection Location _____

Prefire Plan Prefire Plan needed

PERMIT(S)

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

- Place of Assembly Repair Garage Service Garage Flammable/Combustible Liquid Storage Tire Storage
 Combustible Material Storage High-Piled Storage Pallet/Bin Storage Motor Vehicle Fuel Dispensing
 Compressed Gases Hot-works Application of Flammable Finishes Lumber Yards Auto Wrecking Yard
 OTHER _____

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed

Initial Inspection..... No Hazard Noted Violation(s) Noted: _____ Reinspection date: _____
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: _____ Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: _____ Notify FPD date: _____

NOTES: _____

Inspector Tim Hill ID Number 9097 Unit T4 Shift: A B **(C)**

Responsible Signature: Km Calvar Date: 2/19/09



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET
STOCKTON, CA 95202 • (209) 937-8271

10-6
[Signature]

ANNUAL FIRE INSPECTION

BUSINESS NAME FAUSTO PRADO, DDS ADDRESS: 4255 PACIFIC AV. Ste #: 14
 STOCKTON BUSINESS LIC # 09-00009003 EXPIRATION DATE 3/31/09
 BUSINESS OWNER: FAUSTO PRADO, DDS PHONE: 209-952-5454 CELL PHONE: 209-478-7898
 DATE OF INSPECTION: 9/30/08 2nd Inspection _____ 3rd Inspection _____

OCCUPANCY INFORMATION (Type of Business)

- A-Place of Assembly
 - B-Business/City Buildings
 - F- Fabrication
 - H-Repair Garage/Auto Body Repair Shop/Haz Mats
 - M-Merchandise/Retail Sales
 - S-Service Garage & Warehouse Storage
 - R-2- RESIDENCE Number of Units _____
- Other : DENTIST OFFICE Units Checked _____

- Knox Box Location _____
- Sprinkler Connection Location _____
- Prefire Plan Prefire Plan needed

PERMIT(S)

Each business permit assignment has obtained the necessary permit(s). Mark below which permit(s) applies to this business.

- Place of Assembly
- Repair Garage
- Service Garage
- Flammable/Combustible Liquid Storage
- Tire Storage
- Combustible Material Storage
- High-Piled Storage
- Pallet/Bin Storage
- Motor Vehicle Fuel Dispensing
- Compressed Gases
- Hot-works
- Application of Flammable Finishes
- Lumber Yards
- Auto Wrecking Yard
- OTHER _____

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection.....	<input checked="" type="checkbox"/> No Hazard Noted	<input type="checkbox"/> Violation(s) Noted:	Reinspection date: _____
Second Inspection.....	<input type="checkbox"/> Violation(s) Corrected	<input type="checkbox"/> Violation(s) not Corrected:	Reinspection date: _____
Third Inspection.....	<input type="checkbox"/> Violation(s) Corrected	<input type="checkbox"/> Violation(s) not Corrected:	Notify FPD date: _____

NOTES: * NO LONGER HAS NITROUS OXIDE OR GAS PERMIT
PER CAPT. KINCAID

Inspector J. Miller ID Number 9015 Unit T4 Shift: A B C

Responsible Signature: [Signature] Date: 9/30/08



STOCKTON FIRE DEPARTMENT
 345 NORTH EL DORADO STREET
 STOCKTON, CA 95202
 (209) 937-8271



BUSINESS Prato, Fausto DDS ADDRESS: 4255 Pacific Ave. Ste. 14 Ste: _____
 Bus Owner: Prato Tel Num: 952-5454 Cellular: 474-8096

DATE OF INSPECTION: 2/28/07 2nd Inspection 3/1/07 3rd Inspection _____

Stockton Business Lic # 07-00009003 Expiration Date: March 31, 2007

OCCUPANCY INFORMATION Type of Business

- A-Place of Assembly B-Business/City Buildings F- Fabrication H-Repair Garage/Auto Body Repair Shop/Haz Mats
 M-Merchandise/Retail Sales S-Service Garage & Warehouse Storage R-1- RESIDENCE NUMBER OF UNITS _____
 Other : _____

PERMIT(S) *

- Place of Assembly Repair Garage Service Garage Flammable/Combustible Liquid Storage Tire Storage
 Combustible Material Storage High-Piled Storage Pallet/Bin Storage Motor Vehicle Fuel Dispensing
 Compressed Gases Hotworks Application of Flammable Finishes Lumber Yards Auto Wrecking Yard

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection: No Hazard Noted Violation(s) Noted: Reinspection date: _____
 Second Inspection: Violation(s) Corrected Violation(s) not Corrected: Reinspection date: 3/1/07 for
 Third Inspection: Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: Business Lic. #

NOTES: Need to Produce Business Lic. - will call when found. 3/1/07
Done 3/1/07

Inspector D. Looney ID Number 9039 Unit T4 Shift: A B C
 Responsible Signature: K. Cuevas Date: 3/1/07



STOCKTON FIRE DEPARTMENT
 345 NORTH EL DORADO STREET
 STOCKTON, CA 95202
 (209) 937-8271



BUSINESS PRATO FAUSTO DDS ADDRESS: 4255 PACIFIC SUITE 14 Ste: 14
 Bus Owner: FAUSTO PRATO Tel Num: 952 5454 Cellular: _____
 DATE OF INSPECTION: 5/5/06 2nd Inspection _____ 3rd Inspection _____

OCCUPANCY INFORMATION Type of Business

- A-Place of Assembly B-Business/City Buildings F- Fabrication H-Repair Garage/Auto Body Repair Shop/Haz Mats
 M-Merchandise/Retail Sales S-Service Garage & Warehouse Storage R-1- RESIDENCE NUMBER OF UNITS _____
 Other : _____

PERMIT(S) *

- Place of Assembly Repair Garage Service Garage Flammable/Combustible Liquid Storage Tire Storage
 Combustible Material Storage High-Piled Storage Pallet/Bin Storage Motor Vehicle Fuel Dispensing
 Compressed Gases Hotworks Application of Flammable Finishes Lumber Yards Auto Wrecking Yard

*Each business permit assignment has obtained the necessary permit(s). Mark above which permit(s) applies to this business.

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection: No Hazard Noted Violation(s) Noted: Reinspection date: _____
 Second Inspection: Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection: Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: OK

Inspector P. ROBINSON ID Number 6504 Unit TY Shift A B C

Responsible Signature: [Signature] Date: May 5, 2006



STOCKTON FIRE DEPARTMENT
 345 NORTH EL DORADO STREET
 STOCKTON, CA 95202
 (209) 937-8271

OWNER / OCCUPANT INFORMATION Occupancy Use: Commercial Residential Both

Bus Name: FAUSTO Prato DDS Address: 4255 Pacific ave Ste: #14

Bus Owner: FAUSTO Prato Tel Num: 478-7898 Cellular: _____

Date of Inspection: 6-1-05 2nd Inspection _____ 3rd Inspection _____

BUILDING INFORMATION

Occupancy Class: A B F H M S R-1 Number of Units _____

Area/Size: 1000 sq. ft. / Basement yes no If yes, is it sprinklered? yes no

FIRE PROTECTION SYSTEMS

FIRE ALARM: smoke heat Panel Location: _____ KNOX Box - Location _____

FIRE SPRINKLERS: full partial - Location(s): _____ Monitor Co. _____

STANDPIPE: wet dry FDC / PIV Location: _____

SPECIAL SYSTEMS: Hood&Duct - Date of Tag _____ Foam CO² Medical Gas- Other _____

PERMIT REQUIRED (Type) _____

CONFINED SPACE: Location(s): _____

INSPECTION REPORT: Number correspond with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B: Special Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C: Ext / Fire Prot Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D: Exiting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E: General Housekeeping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Initial Inspection: No Hazard Noted Violation(s) Noted: Reinspection date: _____
 Second Inspection: Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection: Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES: _____

Inspector(s) R. Howard 3695 Unit T-4 Shift: A B C
 Responsible Signature: K. Cuvas Date: 6-1-05

MC

1. Business Name DR. FALSTO DDS Business License Number _____

Business Address 4255 Pacific Ave

Suite _____ Stockton, CA (Zip Code) _____

2. No Permit Required.
(Explanation Required):

3. Permit on Site. 4. Permit Required. 5. UNSURE if Permit Required.

6. Describe Business (What type of business?)

Contact Person _____ Phone Number _____

7. California Fire Code

Permit On Site	Permit Required	Section:	
<input type="checkbox"/>	<input type="checkbox"/>	105.8-a.1	Aerosol Products
<input type="checkbox"/>	<input type="checkbox"/>	105.8 a.5	Automobile Wrecking Yard
<input type="checkbox"/>	<input type="checkbox"/>	105.8 b.1	Battery System
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.5	Combustible Fiber Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.6	Combustible Material Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.8	Commercial Rubbish-Handling Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 d.2	Dust-Producing Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 f.3	Flammable or Combustible Liquids
<input type="checkbox"/>	<input type="checkbox"/>	105.8 h.2	High-Piled Combustible Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 h.3	Hot-Work Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 i.1	Liquefied Petroleum Gases
<input type="checkbox"/>	<input type="checkbox"/>	105.8 m.3	Motor Vehicle Fuel-Dispensing Stations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 o.3	Ovens, Industrial Baking or Drying
<input type="checkbox"/>	<input type="checkbox"/>	105.8 p.2	Places of Assembly
<input type="checkbox"/>	<input type="checkbox"/>	105.8 r.3	Repair Garages
<input type="checkbox"/>	<input type="checkbox"/>	105.8 s.1	Spraying and Dipping (Application of Flammable Finishes)
<input type="checkbox"/>	<input type="checkbox"/>	105.8 t.2	Tire Storage
<input type="checkbox"/>	<input type="checkbox"/>	SMC 4-013	Pallets and Palletized Packing Boxes and Bin Boxes

Other Permit: _____

105.8 c.7 Compressed Gases (Refer to FPD if over 2 "H" Cylinders)
 105.8 h.1 Hazardous Materials (Refer to FPD)

____ Total Permits On Site and Total Permits Needed.

8. Inspected By: Jackson Jr Company FPB Shift _____ Date 2/11/4

Officer's Signature: _____ Officer's Name (Print) _____

FIRE-PERMIT SURVEY

DEC 10 2003

1. Business Name DR PRATO DDS Business License Number 02-21264
Business Address 4255 Pacific Avenue
Suite 14 Stockton, CA (Zip Code) 95207

2. No Permit Required.
(Explanation Required):

3. Permit on Site. 4. Permit Required. 5. UNSURE if Permit Required.

6. Describe Business (What type of business?)

DENTIST
Contact Person KAM CUEZAS Phone Number 952-5454

7.		<u>California Fire Code</u>	
Permit On Site	Permit Required	Section:	
<input type="checkbox"/>	<input type="checkbox"/>	105.8 a.1	Aerosol Products
<input type="checkbox"/>	<input type="checkbox"/>	105.8 a.5	Automobile Wrecking Yard
<input type="checkbox"/>	<input type="checkbox"/>	105.8 b.1	Battery System
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.5	Combustible Fiber Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.6	Combustible Material Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 c.8	Commercial Rubbish-Handling Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 d.2	Dust-Producing Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 f.3	Flammable or Combustible Liquids
<input type="checkbox"/>	<input type="checkbox"/>	105.8 h.2	High-Piled Combustible Storage
<input type="checkbox"/>	<input type="checkbox"/>	105.8 h.3	Hot-Work Operations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 i.1	Liquefied Petroleum Gases
<input type="checkbox"/>	<input type="checkbox"/>	105.8 m.3	Motor Vehicle Fuel-Dispensing Stations
<input type="checkbox"/>	<input type="checkbox"/>	105.8 o.3	Ovens, Industrial Baking or Drying
<input type="checkbox"/>	<input type="checkbox"/>	105.8 p.2	Places of Assembly
<input type="checkbox"/>	<input type="checkbox"/>	105.8 r.3	Repair Garages
<input type="checkbox"/>	<input type="checkbox"/>	105.8 s.1	Spraying and Dipping (Application of Flammable Finishes)
<input type="checkbox"/>	<input type="checkbox"/>	105.8 t.2	Tire Storage
<input type="checkbox"/>	<input type="checkbox"/>	SMC 4-013	Pallets and Palletized Packing Boxes and Bin Boxes
<input type="checkbox"/>		Other Permit:	_____
<input checked="" type="checkbox"/>		105.8 c.7	Compressed Gases (Refer to FPD if over 2 "H" Cylinders)
<input type="checkbox"/>		105.8 h.1	Hazardous Materials (Refer to FPD)

Den 2
12/12/03

____ Total Permits On Site and Total Permits Needed.

8. Inspected By: G Jackson Jr Company FPB Shift _____ Date 12/08/03
Officer's Signature: _____ Officer's Name (Print) _____



City of Stockton
Fire Prevention Division
 345 North El Dorado Street
 Stockton, CA 95202
 (209) 937-8271

FIRE PERMIT AND SPECIAL INSPECTION APPLICATION

City County

Permit No. 03-846

Date 11 Dec 03

Application is hereby made for a permit/special inspection as required by the Stockton Municipal Code:

Art./Sec(s)	Permit(s)	Fee(s)
<u>105.8.C.7</u>	<u>Compressed Gas</u>	<u>169⁰⁰</u>

Comments: _____ Total Fee: 169⁰⁰

Business Name Dr. Prato DDS
Address 4255 Pacific Ave Ste. 14 Zip 95207
Telephone 952-5454
Contact Person _____ **Telephone** _____

Business Owner/Contractor Dr. Prato, DDS.
Address 4255 Pacific Ave #14
City/Zip Stockton, CA 95207 **Telephone** (209) 952-5454

I have read the above application and know the contents thereof; the same is true and correct. I further state that I am familiar with accepted fire protection and prevention practices as set forth in the City of Stockton Uniform Fire Code, and the amendments thereof, and use of the permit being applied for will conform to these practices.

Applicant's Signature: [Signature]
 Inspected/Issued by: [Signature]
 Date Issued: 12/16/03

Ck# 130 2019 Amt. 169⁰⁰
 Code: **5A** (City) **R6** (County)

::ODMA\GRPWISE\COS.FD.FD_Library:3995.1

[Handwritten mark]

3/13/18

3/28/18

Bol \$0

58779
Cust #



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

Feb

ANNUAL FIRE INSPECTION

5/2/17 use

3/31/18

BUSINESS NAME: Roscelli, Steven DDS ADDRESS: 4255 Pacific Ste # 7
 STOCKTON BUS LIC: Yes No Lic # 18-5413 FIRE PERMIT CERTIFICATE: Yes No N/A
 BUSINESS OWNER / REP: STEVEN Roscelli PHONE: 478-3723 CELL PHONE: _____
 DATE OF INSPECTION: 2/20/18 2nd Inspection Code Compliance _____
 HAS INFORMATION CHANGED? Yes NO STEVEN Roscelli Home 951-6919

OCCUPANCY INFORMATION (Check Business Type)

A - Place of Assembly Occupancy Load _____
 B - Business/City Buildings
 F - Fabrication Storage area sq. ft. _____
 H - Hazardous Materials
 M - Merchandise/Retail Sales
 R-1 HOTEL R-2 RESIDENCE
 Number of Units _____
 Number of Units Checked _____
 High Piled Storage Storage Area sq. ft. _____
 S-1 - Repair Garage
 OTHER: _____

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical																		
B: Special Hazards																		
C: Ext / Fire Protection System																		
D: Exiting																		
E: General Housekeeping																		

CFC Sec. 105 Permit(s) Needed
 Initial Inspection..... No Hazards Noted Violation(s) Noted Reinspection date: 3/13/18
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: 2/28/18

NOTES: SIGNALS ON BACK DOOR COMPRESS GAS.

Inspector Paul Conahan ID # 5164 Unit FPD Shift: _____ Contact Phone # 639-2311

Responsible Signature: Gen Sakeda Date: 2/20/18

White Original - Fire Prevention ■ Yellow Copy - Co File

FPD Office Use

Database	<u>NW</u>
Scan	
Firehouse	<u>Jan</u>

5/4/18

OK 3/30/17 EXTING



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
 345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

Cust # 58778

3/31/19

BAL. \$0
Feb

5/1/19 - ok

ANNUAL FIRE INSPECTION

BUSINESS NAME Roscell, Steven A. ADDRESS: 4255 Pacific Ste # 7
 STOCKTON BUS LIC: Yes No Lic # 1A-5413 FIRE PERMIT CERTIFICATE: Yes No N/A
 BUSINESS OWNER / REP STEVEN A. Roscell PHONE: 479-3733 CELL PHONE: _____
 DATE OF INSPECTION: 2/13/19 2nd Inspection _____ Code Compliance _____
 HAS INFORMATION CHANGED? Yes NO

OCCUPANCY INFORMATION (Check Business Type)

<input type="checkbox"/> A - Place of Assembly Occupancy Load _____	<input checked="" type="checkbox"/> B - Business/City Buildings <u>RESTAURANT</u>	<input type="checkbox"/> F - Fabrication Storage area sq. ft. _____	<input type="checkbox"/> H - Hazardous Materials
<input type="checkbox"/> M - Merchandise/Retail Sales	<input type="checkbox"/> R-1 HOTEL <input type="checkbox"/> R-2 RESIDENCE Number of Units _____ Number of Units Checked _____	<input type="checkbox"/> High Piled Storage Storage Area sq. ft. _____	<input type="checkbox"/> S-1 - Repair Garage

OTHER: _____

LIST OPERATIONAL FIRE PERMIT(S)

Permit Type Required	Permit Type Required	Permit Type Required
<u>Compress gas</u>		

NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical																		
B: Special Hazards																		
C: Ext / Fire Protection System																		
D: Exiting																		
E: General Housekeeping																		

CFC Sec. 105 Permit(s) Needed _____

Initial Inspection..... No Hazards Noted Violation(s) Noted Reinspection date: _____
 Second Inspection..... Violation(s) Corrected Violation(s) not Corrected: Reinspection date: _____
 Third Inspection..... Violation(s) Corrected Violation(s) not Corrected: Notify FPD date: _____

NOTES:

P. M. McCann
2/13/19

Inspector P. M. McCann ID # 5764 Unit FPD Shift: _____ Contact Phone # 639-2311

Responsible Signature: Tenn Takeda Date: 2/13/19

White Original - Fire Prevention ■ Yellow Copy - Co File

Tenn Takeda

FPD Office Use	
Database	
Scan	
Firehouse	<u>BM</u>

2/19/19

OK. 6/2/19
LT T. J. ...