

Form: SFD GENERAL INSPECTION

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)

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 T	ime: 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-ir Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one ho the result of this inspection shall not be construed to be an approval of a violation of the provisions of this cod ordinances of the jurisdiction. STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION 345 N EL STOCKTON, CA 95202 - (209)937-8271	ur. Approval as le or of other
Inspector:	
Name: McConahey, Paul Rank: Program Specialist Work Phone(s): 209-990-1414 McConahey, Paul: Signed on: 02/16/2021 10:01	
Signature	
Representative Signature:	
Signature of: Covid 19 on 02/16/2021 10:02	
Covid-19	

Date

Signature



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION 345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271DEC 0 2 2013

ANNUAL FIRE INSPECTION

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STOCKTON BUS LIC: Yes No Lic# FIRE PERMIT CERTIFICATE: Yes No NA					
BUSINESSOWNER REP	r. Br.	ad Louis		BSLIL CELL	
DATE OF INSPECTION:	2/13	2 nd Inspecti	\	Code Complia	
HAS INFORMATION CHANGED?			/ 1//. 1//	. 1 . 1	en complete
	OCCL	PANCY INFO	RMATION (Check		on comper-
☐ A - Place of Assembly		ess/City Buildings	☐ F-Fabrica		☐ H - Hazardous Materials
Occupancy Load			Storage area		
☐ M - Merchandise/Retail Sales		TEL R-2 RESI			☐ S-1 - Repair Garage
	Number of I	Jnits Jnits Checked	Storage Are	a sq. ft	
OTHER:	I Number of C	Jnits Checked			
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N/A					r omit Type Required
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NOTICE	1 2	3 4 5	er corresponds with vi	olation(s) on back of	
A: Electrical	 	3 7 3	0 7 0 9	10 11 12	13 14 15 16 17 18
B: Special Hazards				7 7	
C: Ext / Fire Protection System					
D: Exiting					
E: General Housekeeping					
CFC Sec. 105 Permit(s) Needed _		-			
Initial Inspection	☐ No Hazard	ds Noted	Violation(s) Noted	Reinspectio	n date: 4 12 13
	☐ Violation(s	-	Violation(s) not Correcte	ed: Reinspectio	n date:
Third Inspection	☐ Violation(s	s) Corrected	Violation(s) not Correcte	d: Notify FPD o	late:
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Inspector was Cha	18	ID#112	8) UniteDshi	t: Contact Pho	ne# <i>9378271</i>
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STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION 345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

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CITY OF STOCKTON

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STOCKTON BUS LIC: Yes	∃No Lic#	5.5413	<u>}</u>	FIRE PERMI	T CERTIF	ICATE: XY	es 🗌 No	□ N/A	
STOCKTON BUS LIC: TYPES [BUSINESS OWNER / REP	16N9 K	Los Coll.	j.	PHONE:	78.37	223 CELL	. PHONE:		
DATE OF INSPECTION:				. *			1Ce		
HAS INFORMATION CHANGED?	⊒Yes XNO	en				·		*******	
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☐ M - Merchandise/Retail Sales	R-1 HOTE Number of U		SIDENCE	☐ High Pile Storage Are	_		□ S-1 - Re	pair Garage	
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OTHER:	i.						J		
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B: Special Hazards			View			MM	MM	MMM.	11
C: Ext / Fire Protection System	11/1	19/1	VIPO ,	,				TMM	D
D: Exiting		AMPLE	2/11/						
E: General Housekeeping	1 0' 1	1-11	10/11	112					
CFC Sec. 105 Permit(s) Needed	No House	- Nat							
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Inspector J. M. Consol	log	ID#_ \$ 7	164	Unit _F Sh		Contact Pho	one #_65	9.23 11	Z.
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STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION 345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271

FIRE INSPECTION

BUSINESS NAME LEA MON LABORATORY ADDRESS: 4255 PAC. F.C. AN Ste # 9 BUSINESS OWNER REP GREY, LEAMON 474-2977
DATE OF INSPECTION: 2nd Inspection Code Compliance
ENGG LOAMON 329. 1963
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Bus L.C # 3/31/19 19-00130667
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Inspector J-ME Grabey ID# 5/64 Unit Pshift: Contact Phone # 639 23/1
Responsible Signature: Signature: Date: 6/25/19
FPD Office Use
Database

Database Scan
Firehouse





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

ANNUAL FIRE INSPECTION

BUSINESS NAME 4	Men	Laborativa	DRESS: 4255 Pacific Ste#A
STOCKTON BUS LIC: Yes [_No Lic#2	0-1030/1/7	FIRE PERMIT CERTIFICATE: Yes No No N/A 9/41
BUSINESS OWNER / REP	. I	amin	PHONE: 4742977 CELL PHONE:
DATE OF INSPECTION:	7119	2 nd Inspection	Code Compliance
HAS INFORMATION CHANGED?	_/_/ ∐Yes □NO		Code Compliance
		PANCY INFORMAT	
☐ A - Place of Assembly	T	ess/City Buildings	
Occupancy Load			E sunar
☐ M - Merchandise/Retail Sales		EL R-2 RESIDENCE	
	Number of U Number of U	Inits Checked	SI OUNCY
OTHER:			
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Permit Type Required		Permit Type	
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			FAMILY DENTISTRY
NOTICE	OF VIOLA	ATION: Number corre	I cherty' _
A: Electrical	1 2	3 4 5 6	www.bradlouiedds.com 4255 Pacific Ave. Sto. 1
B: Special Hazards			www.bradlouiedds.com 4255 Pacific Ave., Ste. 1 bradleyclouie@comcast.net Stockton, CA 95207
C: Ext / Fire Protection System			Mail (1977) 53207
D: Exiting			
E: General Housekeeping	<u> </u>		TO STATE OF THE ST
CFC Sec. 105 Permit(s) Needed	☑ No Hazard		
Second Inspection	☐ Violation(s)		n(s) Noted Reinspection date: n(s) not Corrected: Reinspection date:
Third Inspection	☐ Violation(s)		n(s) not Corrected: Notify FPD date:
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Inspector 1	130-	10# 138 h	Unit D) Shift: Contact Phone # 990 1414
Responsible Signature:	4 4	Lin	Date: 4/17/19
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Form: SFD GENERAL INSPECTION

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)

Inspection Topics:

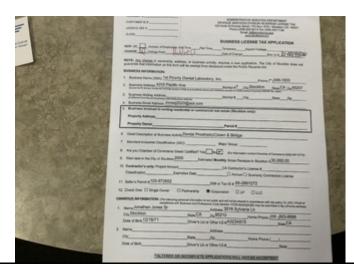
GENERAL INFORMATION

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:



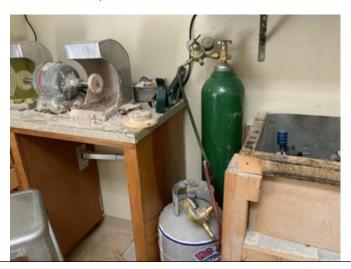


Current Operational Fire Permit posted?

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

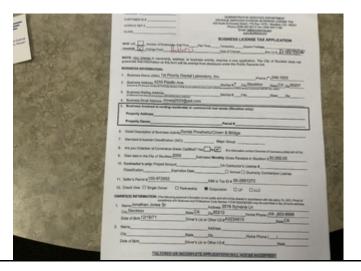


Current Business License posted?

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

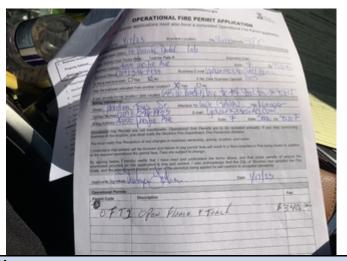
Notes: Yes. New business.

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		
		Additional Time: 0 minutes aspection 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 shadditional charges shall incur after the first re-inspection at the prevailing the result of this inspection shall not be construed to be an approval of a prodinances of the jurisdiction. STOCKTON FIRE DEPARTMENT - FIRE STOCKTON, CA 95202 - (209)937-8271	g hourly rate, in increment a violation of the provision	nts of one hour. Approval as
nspector:		
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
01/9/11/05/9	O 9/9/104 9/11 9 1/20/	2320 12.10
Signature	Date	
Representative Signature:		
Signature of: Covid 19 on 01/25/2023 12:16		
Ca1.2-19		
Signature	 	



FD-18 Revised 12/26/07

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

ANNUAL FIRE INSPECTION

BUSINESS NAME OR ROSe// DOS ADDRESS: 4255 PACIFIC AVE Ste #: 2
STOCKTON BUSINESS LIC # 09-00054/3 EXPIRATION DATE 3-31-09
BUSINESS OWNER: DR. Steven Roselli PHONE: 478-3723 CELL PHONE: 951-69189
DATE OF INSPECTION: 2 · 19-09 2 nd Inspection 3 rd Inspection
OCCUPANCY INFORMATION (Type of Business)
OCCOPANCY INFORMATION (Type of Business)
☐ A-Place of Assembly XB-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
☐ 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
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:
B: Special Hazards:
C: Ext / Fire Prot Systems:
D: Exiting:
E: General Housekeeping:
CFC Sec. 105 Permit(s) Needed
Initial Inspection
Third Inspection
NOTES:
Inspector R. MANAGO ID Number 3695 Unit T-4 Shift: A
Inspector No. 10 Number 3695 Unit 7-4 Shift: A Responsible Signature: X XXXIII Date: 2-19-09
Responsible Signature: XXXXIII Date: 2-19-09
FD-18 Revised 12/26/07 White Original - Fire Prevention Yellow Copy - Company File Pink Copy - Owner

Yellow Copy - Company File

Pink Copy - Owner



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

ANNUAL FIRE INSPECTION

BUSINESS NAME Par Steven Poscelli DDS ADDRESS: 4255 Parfic ste#
STOCKTON BUSINESS LIC #
BUSINESS OWNER: PHONE: 43-3727 CELL PHONE:
DATE OF INSPECTION: 9'-30-0 2 nd Inspection 3 rd 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
OTHER
NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:
A: Electrical: B: Special Hazards: C: Ext / Fire Prot Systems: D: Exiting: E: General Housekeeping:
CFC Sec. 105 Permit(s) Needed
Initial Inspection
Third Inspection
NOTES:
Inspector J. Milk ID Number 901 Unit 74 Shift: ABC Responsible Signature: + Jenn Jakeda Date: 9-30-08
FD-18 Revised 12/26/07 White Original - Fire Prevention Yellow Copy - Company File Pink Copy - Owner
1 D-10 Notices 12 20101 Finite Original - 1 no 1 to following the Copy - Owner





BUSINESS Steven Proscell. DDS ADDRESS: 4255 Pacific Ac Ste: 7
Bus Owner: Staven Roscetti Tel Num: 209 478-3723 Cellular:
DATE OF INSPECTION: 2/28/07 2 nd Inspection 3 rd Inspection
Stockton Business Lic #07-6005113 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:
A: Electrical: B: Special Hazards: C: Ext / Fire Prot Systems: D: Exiting: E: General Housekeeping:
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: 3/9/07 Third Inspection: Violation(s) Corrected Violation(s) not Corrected: Notify FPD date:
NOTES: Extinguishess avedere appt made today
Inspector Spead ID Number 9317 Unit 74 Shift: (A) B C
Responsible Signature: Date: 2/28/07
FD-18 Rev. 11/15/05 ::ODMA\GRPWISE\COS.FD.FD Library:16561.1





Pink - Business

BUSINESS STEVEN ROSCELLI DOS ADDRESS: 4255 PACITIC STE	. 7
Bus Owner: <u>578VEN</u> A ROSCELLI DOS Tel Num: (309) 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/Ha	ız Mats
☐ M-Merchandise/Retail Sales ☐ S-Service Garage & Warehouse Storage ☐ R-1- RESIDENCE NUMBER OF UNITS	
Other: DONTIST DEFICE	
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 bus	iness.
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 Prot Systems:	
D: Exiting:	
E: General Housekeeping:	
CFC Sec. 105 Permit(s) Needed	
Initial Inspection: Vo Hazard Noted Violation(s) Noted: Reinspection date:	
Second Inspection:	
Third Inspection: Uiolation(s) Corrected Violation(s) not Corrected: Notify FPD date:	
NOTES:	01
Inspector GARDUSIO ID Number Unit T-4 Shift: (A)	В С
Responsible Signature: Lea Sakede Date: May 5,06	
FD-18 Rev. 11/15/05 ::ODMA\GRPWISE\COS.FD.FD_Library:16561.1	
White – Fire Pevention Yellow – Co. File Pink – Business	



OWNER/OCCUPANT I	NFORMATION Occupancy Use: Commercial Residential Both
	Kosce// DO Address: 4255 PAJRIC Ste:
Bus Owner: Staun	Loscel// Tel Num: 478-3723 Cellular:
Date of Inspection: <u>6</u> -	/-05 2 nd Inspection 3 rd Inspection
	IQN X B
FIRE PROTECTION SY: FIRE ALARM: sm	STEMS oke heat Panel Location: KNOX Box - Location
FIRE SPRINKLERS: full	ll partial - Location(s):Monitor Co
STANDPIPE:	et dry FDC / PIV Location:
SPECIAL SYSTEMS: H	ood&Duct - Date of Tag
PERMIT REQUIRED (T	ype)
CONFINED SPACE: Loc	ation(s):
INSPECTION REPORT:	Number correspond with violation(s) on back of this form:
A. Flankingle	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 Prot Systems	
D: Exiting:	
E: General Housekeeping:	
. 0	
Initial Inspection:	No Hazard Noted
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. D	WHPD 3695 Unit T-4 Shift: A BC
Responsible Signature:	em Takede Date: 6-1-05

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White - Fire Pevention

Yellow - Co. File

Pink - Business



FIRE-PERMIT	SURV				
1. Business Name	2. Stough Rosell, Business License Number 63-054 13				
Business Address	4255 Pacific Aug				
Suite #)	Stockton, CA (Zip Code) 95707				
2. No Permit Requir					
(Explanation F	Required):				
3. Permit on Site.	4. Permit Required. 5. UNSURE if Permit Required.				
6. Describe Business	(What type of business?)				
	Denhat/madical Building				
Contact Person	11797773				
Contact Person					
7. Permit	Acrosol Products Automobile Wrecking Yard Automobile Versions Automobile Wrecking Yard Automobile Wrecking Yard Automobile Versions Automobile Wrecking Yard Automobile Versions Automobil				
105.8	c.7 Compressed Gases (Refer to FPD if over 2 "H" Cylinders)				
105.8	Permits On Site and Total Permits Needed.				
lotal	remins on site and rotal remins recoded.				
8. Inspected By: Company B Shift Date 12/22/03					
Officer's Signature:_	Officer's Name (Print)				



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

9/31/2020 OK	ANNUAL FIR	RE INSPECTION	5/2/19-04				
		ADDRESS: 4255 Pac					
STOCKTON BUS LIC: Ses No	Lic #20-000054	//> FIRE PERMIT CERTIFICATE: 🖒	Ýes □ No □ N/A				
		PHONE: 479-3	723				
CELL PHONE: 598-586 (CE	MAIL ADDRESS: Grov	br3@amail.com					
1///	2nd Inspection	Code Complia	ance				
HAS INFORMATION CHANGED? □Ye	_						
	OCCUPANCY INFORMATION (Check Business Type)						
☐ A - Place of Assembly	☐ KNOX BOX	□FACP	☐ See attached FD-18 B				
Occupancy Load	Current Keys ☐ YES ☐ NO	"Normal" ☐ YES ☐ NO					
		Annual Service YES NO					
R-1 HOTEL R-2 RESIDENCE Number of Units	☐ FIRE ALARM Monitored ☐ YES ☐ NO	SPRINKLER Annual ☐ YES ☐ NO Date	OTHER				
Number of Units Checked	Company	5-Year ☐ YES ☐ NO Date					
Unit # Inspected							
100000000000000000000000000000000000000	LIST OPERATIO	NAL FIRE PERMIT(S)					
Permit Type Required		t Type Required	Permit Type Required				
Com Oness GAS							
	F 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	Part A						
D: Exiting	1 000 //	ME Man					
E: General Housekeeping		The Control of	119				
CFC Sec. 105 Permit(s) Needed	· · · · · · · · · · · · · · · · · · ·		11/3030				
		iolation(s) Noted Reinspect					
		iolation(s) not Corrected: Reinspect Reinspect Rolation(s) not Corrected: Notify FPE					
Third Inspection	Violation(s) Corrected	iolation(s) not Corrected: Notify FPE	, uate.				
NOTES:							
		10					
Inspector M. Condicio ID# 5/64R Unit Shift: Contact Phone # 990-14/4							
Responsible Signature: Jun Jailles Date: 0/19/0000							

FD-18 Revised 08-19-19

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Tenri Takeda

FPD Office Use

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Scan/SharePoint
Firehouse

3/3/2020

EXT. NOUShon

STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION 345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271 66 FIRE ANNUAL INSPECTION ADDRESS: 4255 STOCKTON BUS LIC: DYes FIRE PERMIT CERTIFICATE: Tes INO IN/A PHONE: 476-3723 CELL PHONE: BUSINESS OWNER / REP. DATE OF INSPECTION: 2nd Inspection Code Compliance HAS INFORMATION CHANGED? TYES DMO BUEN. OCCUPANCY INFORMATION (Check Business Type) ☐ A - Place of Assembly ☐ B- Business/City Buildings ☐ F-Fabrication ☐ H - Hazardous Materials Occupancy Load Storage area sq. ft. ☐ M - Merchandise/Retail Sales R-1 HOTEL R-2 RESIDENCE ☐ High Piled Storage S-1 - Repair Garage Number of Units Storage Area sq. ft. AUG 2 1 2017 Number of Units Checked 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: 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: ID# 5/64

Unit

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Yellow Copy - Co File

FPD Office Uşe Database

Contact Phone #

Scan SunPro

FD-18 Revised 06/26/13

Responsible Signature:

Inspector



Form: SFD GENERAL INSPECTION

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)

Inspection Topics:

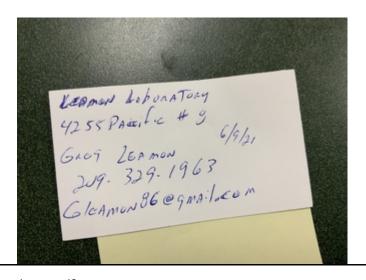
GENERAL INFORMATION

Business Rep/Contact Number

Enter the name and phone number of the responsible party.

Status: Approved

Notes:

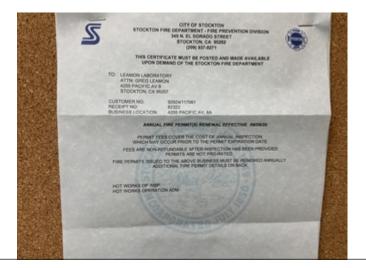


Current Operational Fire Permit posted?

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

Status: Approved

Notes: Effective date 9/9/2021 ok

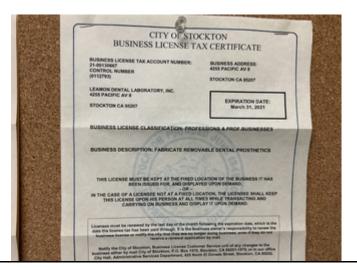


Current Stockton Business License posted?

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:

Son Molaho	Signed on: 07/14/2021 09:11
Signature	Date

Representative Signature:		
Signature of: Covid 19 on 07/14/2021 09:15		
Con/12 -10		
Signature	 Date	

52995/6265501d Cust # from 4550 No Penshing STOCKTON FIRE DEPARTMENT • FIRE PREVENTION

CITY OF STOCKTON

Database Scan Firehouse



STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271 2 1 207

VET I		NN				IRI				EC			- Eyrone	ULLY	Ut	510	UKI	
BUSINESS NAME LEAR MO	'N	De	wTA	1 4	203	立か	ADDRI	ESS:	42.	55	6	90:	1,0	1 Ma	IVE	SI	te#	A
STOCKTON BUS LIC: Yes [□No	Lic#	18	· /e	230	19	F	IRE PE	RMIT	CERTI	FICAT	E:X	Yes	No No		N/A P	SRM	in
BUSINESS OWNER / REP GA	59	10	A/	non	V		F	PHONE	49					ONE.	VEL	U 2.	oc A'	Tion
DATE OF INSPECTION: 9/	12,	//=	2		specti					C	ode C	ompli	Cell	/ · 3	129	. 19	63	?
HAS INFORMATION CHANGED?	□Yes	₩Ń	0 4					. 1	21	5 W				28				
	Water Sci	STREET, SQUARE,	STATE OF THE PARTY OF										fet /	TOW			idoleja	
☐ A - Place of Assembly		3- Busii						ION (Check Business Type) F-Fabrication 1667						terials				
Occupancy Load					3			Storage area sq. ft					. -					
☐ M - Merchandise/Retail Sales	□F	R-1 HO	TEL	☐ R-	2 RES	IDENC	E	☐ Hig	h Piled	Storag	ge] S-1 -	Repai	r Gara	ge	
	2000-00000	ber of			_			Storag	e Area	sq. ft.								
OTHER:	Num	ber of	Units (Checke	ed													
OTHER.			LICT	ODE	-DAT	TION	AL F	IDE	DED	NAIT/C	21		diorn's	an gri		15-25-01		575.046
Permit Type Required			LISI	UPI		ermit Ty			PER	MIT(S)		Pe	ermit Typ	oe Reau	ired		
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NOTICE	OF	VIOI	ATI	N.	Numb	05 005	roons	ndo u	ith vic	lation/	a) an	hook	of this	form	尼亚尔 ()		1997-1059	ALTEL
NOTICE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
A: Electrical				-/	/				0	1	1	1						
B: Special Hazards			/	911				/	1/1/	ME	ON	Ah	9					
C: Ext / Fire Protection System				0	1/	1		$\perp U$	10				_		19919			
D: Exiting	—			1	1/9	//	1											
E: General Housekeeping						4												
CFC Sec. 105 Permit(s) Needed		A 100 000			1	7			(-						91	1//	11	
	TOTAL V	Hazar	TEX. TO J. D. CT. C					Noted		al.		spect			40	14/	/ /	
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NOTES: SERVICE	E	XT	ing	U	56	61	-	9/1.	2/1	2/								
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	0	7	001												-			
	/								10	\sim								
Inspector J. M. CONAGE ID# 5/64 Unit Pshift: Contact Phone # 639-381/																		
Responsible Signature: Betty Pina Date: 9/02/17																		
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58995/62655 STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION 50775162655
345 NORTH EL DORADO STREET • STOCKTON, CA 95202 • (209) 937-8271 Address
4550 N. Fershing

)(110	22.010	· · · · · ·					
BUSINESS NAME COA MON	DENT.	tol 206 Ide	DRESS: 4255	PAC.L.	: puc	Ste # 💆	1-A
STOCKTON BUS LIC: Yes No Lic # 2 1230/9 FIRE PERMIT CERTIFICATE: Yes No N/A							
BUSINESS OWNER PREP GARGE LEAMON PHONE: 474-297 JELL PHONE:							
DATE OF INSPECTION: 9/6	2/17	2 nd Inspection_		ode Compliance			
HAS INFORMATION CHANGED?	☐Yes ☐NC	BUNGA.	,		9.191	(7)	-//
OCCUPANCY INFORMATION (Check Business Type)							
☐ A - Place of Assembly		ess/City Buildings	☐ F-Fabrication		☐ H - Hazardou	s Materials	
Occupancy Load			Storage area sq. ft.	EIV/E	and land		
☐ M - Merchandise/Retail Sales	☐ R-1 HOT		☐ High Piled Storag	je I	S-1 - Repair	Garage	Total Broad
2/4 1/2 Callia	Number of L		Storage Area sq. ft.		DEC	0 7 2017	
OTHER:	Juliuber of C	Jnits Checked				- 65 67 11	
	ı	IST OPERATIONAL	FIRE DEDMIT	3)	Spillake Malar Parkett	STOCK	1 1 71 54
Permit Type Required		Permit Type			FIRE PRE Permit Type Requir	VENTION PORTER	J DIV.
Hot works							
	-				i		
		<u> </u>			1		
NOTICE	OF VIOL	ATION: Number corres	sponds with violation(s) on back of th	is form:	Mar Lucies III	1-3-13
	1 2	3 4 5 6	7 8 9 10	11 12 13		16 17	18
A: Electrical				1/1	0 1		
B: Special Hazards				100			
C: Ext / Fire Protection System		A hal	1	<u> </u>			
D: Exiting E: General Housekeeping			1 610				
CFC Sec. 105 Permit(s) Needed		() () (7 1001	,			
	☐ No Hazard	ds Noted Violation	n(s) Noted	Reinspection of	date: 9/7	(11.	7
	☐ Violation(s		n(s) not Corrected:	Reinspection of			
Third Inspection							
						-	
NOTES: SEAU.CO EXTINGUISHER 9/12/19 9/12/12							
NOTES.		The Joistier	1/12///		12/10		
		N ₂					
							_
							1
- Danc/	7 /		100		1201	130 //	
Inspector	Nohisy	ID# 5/64	Unit Shift:	Contact Phone	# 659-	1311	
	,	7		Q.	112	1	2
Responsible Signature:	eg C	Lenny	Date	e: 7//	2/17		
	/	0 5"			1 ' /		
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					Scan	436	
ED-18 Revised 04-09-15				12/1	Fireho	use 9	24



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

ANNUAL FIRE INSPECTION

BUSINESS NAME Watthew Cardwalli DDS ADDRESS: 4255 Pacific Are Ste#: 14 STOCKTON BUSINESS LIC# 09-0000 9003 EXPIRATION DATE 3/31/09 BUSINESS OWNER: Matthew Cardwalli DDS PHONE: 478-7898 CELL PHONE:
STOCKTON BUSINESS LIC# 09-000 9003 EXPIRATION DATE 3/31/09
Matthey Cardinalli DDS 1298 2898 Consum
BUSINESS OWNER: 1/2 / A 9
DATE OF INSPECTION: 2/19/09 2 nd Inspection 3 rd Inspection
OCCUPANCY INFORMATION (Type of Business)
☐ A-Place of Assembly
☐ M-Merchandise/Retail Sales ☐ S-Service Garage & Warehouse Storage ☐ R-2- RESIDENCE Number of Units
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:
B: Special Hazards:
C: Ext / Fire Prot Systems:
E: General Housekeeping:
CFC Sec. 105 Permit(s) Needed
Initial Inspection
Second Inspection
Third Inspection
NOTES:
Inspector Tim Hil ID Number 9097 Unit TH Shift: A B C
Responsible Signature: Kinch away Date: 2/19/09
FD-18 Revised 12/26/07 White Original - Fire Prevention Yellow Copy - Company File Pink Copy - Owner



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



ANNUAL FIRE INSPECTION

BUSINESS NAME FALISTO PRADO, DOS ADDRESS: 4255 PACIFIC AV. Ste #: 14				
70 000 700 7				
BUSINESS OWNER: FAUSTO PRADO, Dr. S. PHONE: 29.952-5454 PHONE: 478-7898				
DATE OF INSPECTION: 9/36/68 2 nd Inspection 3 rd Inspection				
OCCUPANCY INFORMATION (Type of Business)				
OCCUPATION (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 Other: □ CFFIGE Units Checked □ Units Checked □ Ch				
☐ 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.				
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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:				
Second Inspection Violation(s) Corrected				
Third Inspection				
NOTES: # NO LONGER HAS NITROUS EXIDE OR GAS PRIMIT				
NOTES: * NO LONGER HAS NITROUS EXIDE OR GAS PRINT PER CAPT. KINCAID				
NOTES: # NO LONGER HAS NITROUS EXIDE OR GAS PRINT PER CAPT. KINCAID Inspector J- Miller 10/5 Unit TY Shift: A BC				





BUSINESS Prato, Fausto DDSADDRESS: 4255 Pacific Ave. Stc. 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
BUSINESS Prato, Fausto DDSADDRESS: 4255 Pacific Ake. Stc. 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 # 07-0000903 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
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A: Electrical:
B: Special Hazards:
C: Ext / Fire Prot Systems:
D: Exiting:
E: General Housekeeping:
CFC Sec. 105 Permit(s) Needed
Initial Inspection:
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 Lice
NOTES: Need to Produce Business Lic Will call when found?
Inspector D. Looney ID Number 9039 Unit T4 Shift: A B C
Responsible Signature: R. Cuebto Date: 3 1 07
FD-18 Rev. 11/15/05 ::ODMA\GRPWISE\COS FD FD Library:16561.1





BUSINESS PRATO FAUSIN DDS ADDRESS: 4255 PACIFIC SUITETY Ste: 14 Bus Owner: FAUSTO PRATO Tel Num: 952 5454 Cellular: DATE OF INSPECTION: 5/5/06 2nd Inspection 3rd Inspection
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: B: Special Hazards: C: Ext / Fire Prot Systems: D: Exiting: E: General Housekeeping:
CFC Sec. 105 Permit(s) Needed
Initial Inspection:
NOTES: O/C
Inspector P. Rosinson ID Number 6504 Unit TY Shift A B C Responsible Signature: Date: Dat

White – Fire Pevention

Yellow - Co. File

Pink - Business



OWNER / OCCUPANT I	NFORMATION Occupancy Use: Commercial Residential Both							
Bus Name FAUSTO	Prato DOS Address: 4255 PACIFIC QUE Ste: \$14							
Bus Owner: +Austo	Bus Owner: FAUSTO Prato Tel Num: 478-7898 Cellular:							
Date of Inspection: 6 -	/-05 2 nd Inspection3 rd Inspection							
BUILDING INFORMATION Occupancy Class: A B B F H M S R-1 Number of Units								
	ft. / Basement ges no If yes, is it sprinklered? yes no							
1								
FIRE PROTECTION SY FIRE ALARM: Sm	STEMS oke heat Panel Location: KNOX Box - Location							
	ll partial - Location(s):Monitor Co							
	et dry FDC / PIV Location:							
SPECIAL SYSTEMS: H	ood&Duct - Date of Tag Foam CO ² Medical Gas- Other							
pe design to a manufactural								
PERMIT REQUIRED (T								
CONFINED SPACE: LOC	ration(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::								
B: Special Hazards								
C: Ext / Fire Prot Systems								
D: Exiting:								
E: General Housekeeping:								
Taiaial Income diam	My Hand Need Division (NY)							
Initial Inspection: Second Inspection:	No Hazard Noted							
Third Inspection:	☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Reinspection date: ☐ Violation(s) not Corrected: Notify FPD date:							
Time inspection.	Violation(s) corrected Violation(s) not corrected. Notify 11 D date.							
NOTES:								
011								
Inspector(s)	Wall 3695 Unit T-4 Shift: A B							
Responsible Signature:	R. Cuevaz Date: 6.1.05							

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White - Fire Pevention

Yellow - Co. File

Pink - Business

ple

1. Busi	1. Business Name D2. Thusto DDS Business License Number					
Business Address 4255 Profice AUZ						
Suite Stockton, CA (Zip Code)						
2. No Permit Required. (Explanation Required):						
3. ☑Permit on Site. 4. ☐Permit Required. 5. ☐UNSURE if Permit Required.						
6. Desc	cribe Bu	siness (What t	ype of business?)			
Contac	t Perso	n	Phone Number			
7. Permit On Site	Permit Required	Section: 105.8-a.1 105.8 a.5 105.8 b.1 105.8 c.5 105.8 c.6 105.8 d.2 105.8 f.3 105.8 h.2 105.8 h.3 105.8 m.3 105.8 m.3 105.8 g.2 105.8 p.2 105.8 s.1 105.8 s.1 105.8 s.1	California Fire Code Aerosol Products Automobile Wrecking Yard Battery System Combustible Fiber Storage Combustible Material Storage Commercial Rubbish-Handling Operations Dust-Producing Operations Flammable or Combustible Liquids High-Piled Combustible Storage Hot-Work Operations Liquefied Petroleum Gases Motor Vehicle Fuel-Dispensing Stations Ovens, Industrial Baking or Drying Places of Assembly Repair Garages Spraying and Dipping (Application of Flammable Finishes) Tire Storage Pallets and Palletized Packing Boxes and Bin Boxes			
		Other Permit:				
M C			Compressed Gases (Refer to FPD if over 2 "H" Cylinders) Hazardous Materials (Refer to FPD)			
•	Total Permits On Site and Total Permits Needed. 8. Inspected By: Company FPB Shift Date Z 1 4 Officer's Signature: Officer's Name (Print)					

FIRE-PERMIT SU	RVFY ~~
1. Business Name 1)2	Prato DDS Business License Number 02-21264
	55 Pacific Augus
Suite_14 Sto	ckton, CA (Zip Code) 95207
2. ☐No Permit Required. (Explanation Requ	ired):
3. ☐Permit on Site.	4. ▶ Permit Required. 5. □UNSURE if Permit Required.
6. Describe Business (Wh	at type of business?)
	ENTIST
Contact Person	1 Cu2048 Phone Number 952-5454
7. Permit Permit On Site Required Section: 105.8 a.1 105.8 a.5	California Fire Code Aerosol Products Automobile Wrecking Yard
105.8 b.1 105.8 c.5 105.8 c.6 105.8 c.6 105.8 c.8 105.8 d.2 105.8 f.3	Battery System Combustible Fiber Storage Combustible Material Storage Commercial Rubbish-Handling Operations Dust-Producing Operations Flammable or Combustible Liquids
105.8 h.2 105.8 h.3 105.8 i.1 105.8 m.3 105.8 o.3	High-Piled Combustible Storage Hot-Work Operations Liquefied Petroleum Gases Motor Vehicle Fuel-Dispensing Stations Ovens, Industrial Baking or Drying
105.8 p.2 105.8 r.3 105.8 s.1 105.8 t.2 SMC 4-013	Places of Assembly Repair Garages Spraying and Dipping (Application of Flammable Finishes) Tire Storage Pallets and Palletized Packing Boxes and Bin Boxes
Other Perr	nit:
105.8 c.7 105.8 h.1	Compressed Gases (Refer to FPD if over 2 "H" Cylinders) Hazardous Materials (Refer to FPD)
Total Pern	nits On Site and Total Permits Needed.
8. Inspected By:	Ackson 12 Company FPB Shift Date 12/08/03
Officer's Signature:	Officer's Name (Print)

NOTICE OF VIOLATION

Stockton Fire Department
Fire Prevention Division
345 North El Dorado Street 937-8271

Date 1208 @3
ocation: 4255 PACIFIC QUENCE Owner or Agent
In inspection of the above-referenced premises has revealed violations of the Californi ire Code and/or Stockton Municipal Code. Requirements for corrections are as follows
Section Description
105.8e.7 Compressed GASES
ou are hereby notified that violations must be corrected immediately.
Reinspection Date: 12 5 03
ssued by Grint Clearly) Co./Shift FPB Phone 937 - 82
Signature K. Culvas Phone 952-5454

FD 63C

FD 1422



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 County

Permit No. <u>53</u>	-846	Date // Dec	.02
Application is hereby	made for a permit/special inspection	as required by the Stockton Mun	icipal Code:
Art./Sec(s)	Permit(s)		Fee(s)
105.8C7	Compressed	628	1690c
Comments:	······································	Total Fee:	16906
Business Name Address Telephone Contact Person	Dr Ryato DD 55 12080 A 2-5454	Ste. 14 Z	ip <u>9520</u> 7
Business Owner Address 15 City/Zip 50	5 PACORe Ave	DDS, #14 87 Telephone (199)	-952- 5454
I am familiar with acce	Analoga (10)	tices as set forth in the City of Stockt	on Uniform Fire practices.

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

White: FPD File

Goldenrod: Finance

Yellow: FPD Déposits

Pink: Customer

M

3/28/19

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58 779 Cust #___

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

13/18	ANNUAL	FIRE	INSPECT	ION	5/2/170	180			
BUSINESS NAME ROSC			RESS: 4255 /	Pacific	Ste # /	Z			
STOCKTON BUS LIC: Yes []No Lic# 15-54	1/3_	FIRE PERMIT CERTIF	ICATE: Ye	s No N/A				
BUSINESS OWNER / REP 576	WEN RUSCE	11:	PHONE: 478.3	723cell	PHONE:				
DATE OF INSPECTION: 2	20/18 2nd Ins	pection	, Co	ode Complianc	ce				
HAS INFORMATION CHANGED?	□Yes □NO	SPON	Con Rocelli L	nde 9	51-6919				
	OCCUPANCY I	NFORMATION	ON (Check Busines	ss Type)					
A - Place of Assembly Occupancy Load	A STATE OF THE STA		☐ F-Fabrication		☐ H - Hazardous Materials				
☐ M - Merchandise/Retail Sales	☐ R-1 HOTEL ☐ R-2	RESIDENCE		е	S-1 - Repair Garage				
	Associated and the second second second	1	Storage Area sq. ft						
OTHER:	Number of Office Checket	1			*				
	LIST OPE	RATIONAL	FIRE PERMIT(S	V OF A BURNE	CONTRACTOR OF THE STATE OF THE				
Permit Type Required					Permit Type Required				
NOTICE	OF VIOLATION: N	Jumber corregr	onds with violation(s	s) on back of i	this form:	Post-E			
Ronoz	1 2 3 4	5 6 7	9 10			18			
A: Electrical			0/10						
B: Special Hazards									
C: Ext / Fire Protection System	1 V m W		7/70/						
D: Exiting E: General Housekeening		1 1 1							
		1				_			
Second Inspection									
Third Inspection	☐ Violation(s) Corrected	☐ Violation(s) not Corrected:	Notify FPD da	ate: 128/18				
		1							
NOTES: Significa Compass 908.									
	ON BARN DOWN		11						
N									
X									
	1		1						
Inspector & M. Consh	ID#_	5/64	UnitShift:	Contact Phon	ne#_639.23//				
Responsible Signature:	u Jake	la	Date	: 2/	24/116				
White Original - Fire Prevention	1 ■ Yellow Copy – Co) File		*.	FPD Office Use	5			
	CCUPANCY INFORMATION (Check Business Type) Boundary Boundary								

FD-18 Revised 08-02-17



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

7/3//9		AMI	N U	AL	F	IRE	:	INS	PE	CI	10	N		*	5/	1/,	15	- 06		
BUSINESS NAME ROSCE	.//.	5	Tax	Di) S A.	Δ	DDRE	ss: _	4) <	5	6	DO.	fil		1	St	e#). -		
STOCKTON BUS LIC: Yes [1	,	2												Пи		C #			
BUSINESS OWNER / REP 576			2 2	1	colls	DP.)	RE PE	47	9-3	733		I DU	UNE:		W/A				
DATE OF INSPECTION:	13/	10	, , ,		spection			HONL						JNL						
HAS INFORMATION CHANGED?	DVac		<u> </u>	2" in	spection	on				C	ode C	omplia	ance_							
HAS INFORMATION CHANGED?	TO ASSESSED THE			ICV	NICO	DMA	TIO	AL (C					511550				Oles Roser			
☐ A - Place of Assembly		Busir				KIVIA		N (C			ess ly	pe)	T	u u	Office of the second	- NA-4		E S IF		
Occupancy Load		Dusii	(20)		_		- 1	F-Fabrication Storage area sq. ft						☐ H - Hazardous Materials						
☐ M - Merchandise/Retail Sales	□R	-1 HO	IV	1	2 RESI	DENC					je			S-1 -	Repair	Garag	je			
		ber of	area area					Storage												
OTHER:	Num	ber of	Jnits C	Checke	d															
JITEK:																				
Permit Type Required			LIST	OPE				IRE I	PERI	WIT(S	5)		De	mit Tue	no Dane	irad				
	560				re	rmit Ty	se req	uneu					Pel	инт тур	e Requ	irea				
onf/1055 9AS	2																			
NOTICE	- 05	MOI	ATI	211.			through the							V ₂ resolved	SAME OF STREET		V=1 Cal D Ca			
NOTICE	1	VIOL 2	3	JN:	Numb	er cor	respo	onds w	ith vio	lation(s) on	back of	of this	form:	15	16	17	18		
A: Electrical	<u> </u>	-			5		<i>'</i>			10		12	13	14	13	10	17	10		
3: Special Hazards																				
C: Ext / Fire Protection System	<u> </u>																			
D: Exiting	-													1						
E: General Housekeeping																				
CFC Sec. 105 Permit(s) Needed _						7														
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Third Inspection	☐ Vio							not Co not Co				spect fy FPD								
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nspector J. M. Conne	A 67	7		ID #_	51	164	<u> </u>	nit _/	Shif	t:	Cont	act Ph	one #	_6	03	9.	3	//		
Responsible Signature: <u>Ver</u>	u	Tal	beo	Da						Date	e:	2/	12	3/1	19					
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FD-18 Revised 08-02-17												11	191	10	Fireh	ouse	10	11		