# ANNUAL FIRE INSPECTION

**BUSINESS NAME:** Tow House Inn.  
**ADDRESS:** 1604 N Wilson Way  
**STOCKTON BUS LIC:** Yes  
**FIRE PERMIT CERTIFICATE:** Yes  
**BUSINESS OWNER/REP:** Paula Shideman  
**PHONE:** 209-466-9667  
**DATE OF INSPECTION:** 9/8/2017  
**HAS INFORMATION CHANGED?** No  

### OCCUPANCY INFORMATION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Has Information Changed?</th>
<th>Phone</th>
<th>Date of Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>R-1</td>
<td>HOTEL</td>
<td>Yes</td>
<td>209-466-9667</td>
<td>9/28/2017</td>
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<tr>
<td>R-2</td>
<td>RESIDENCE</td>
<td>No</td>
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**NOTICE OF VIOLATION:**

<table>
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<th>Phone</th>
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<tr>
<td>A</td>
<td>Electrical</td>
<td>Yes</td>
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<tr>
<td>B</td>
<td>Special Hazards</td>
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<td>C</td>
<td>Ext / Fire Protection System</td>
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<td>D</td>
<td>Exiting</td>
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<td>E</td>
<td>General Housekeeping</td>
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</table>

**NOTES:**

- Smoke Detector Non Operational: Office Room 221
- Exposed Electrical: Extension Office Light: Hallway at Room 101, Laundry Room Outlet OK
- Hallway: Exit from Room 201 to Hallway OK
- Exposed Electrical: Extension Office Light: Hallway at Room 101, Laundry Room Outlet OK
- Smoke Detector Non Operational: Office Room 221
- Exit from Room 221 to Hallway OK

**Inspector:** Mike Bixler  
**Contact Phone #:** 9/8/2017

**Responsible Signature:** Date: 9/8/2017

---

**White Original - Fire Prevention**  
**Yellow Copy - Co File**

**FD-18 Revised 08-02-17**
**FIRE INSPECTION**

**BUSINESS NAME**: Town House Inn  
**ADDRESS**: 1604 N Wilson Way  
**Ste #**

**BUSINESS OWNER / REP**: Paula Shmuidan

**DATE OF INSPECTION**: 9/8/2017  
**2nd Inspection 9-28-2017**  
**Code Compliance**

## DEFICIENCIES AND COMMENTS

**CODE ENFORCEMENT/FIRE PREVENTION JOINT INSPECTION**

**Fire Extinguisher**  
Date: 1/2017

**Exposed Electrical Paneling At Offices, Hallway, Junction Box #221**

**Laundry Room (Just Outside) Blocked**

**Stairway-Extension Of Laundry Room And Property Line Not Routed**

**Fluorescent Light Near Egress-2nd Floor #214**

**All Items Inspected During Inspection**

---

**Inspector**  
Signature: 

**ID #**  
**Unit**  
**Shift:**  
**Contact Phone #**

**Responsible Signature**:  
Signature: 

**Date**: 9/8/2017

---

**FPD Office Use**

*Database*  
*Scan*  
*Firehouse*
ANNUAL FIRE INSPECTION

BUSINESS NAME: TOWN HOUSE INN
ADDRESS: 1604 N WILSON

STOCKTON BUS LIC: ☐Yes ☐No Lic #
FIRE PERMIT CERTIFICATE: ☐Yes ☐No ☐N/A

BUSINESS OWNER / REP: KATHY MORRIS
PHONE: 209 466-9667

DATE OF INSPECTION: 6-14-2017 2nd Inspection 7-5-2017
HAS INFORMATION CHANGED? ☐Yes ☐No 7-26-2017

CODE COMPLIANCE:

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
Number of Units 42
Number of Units Checked 6
☐R-2 RESIDENCE
☐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.

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B: Special Hazards
C: Ext / Fire Protection System
D: Exit ing
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: FIRE EXTINGUISHERS DATED 1/2017, SMOKE DETECTORS TESTING (PASS).

EXPOSED ELECTRICAL: REPAIR OF BLDG A, BREAKER BOX NEEDS COVER OK 7/17
EXPOSED ELECTRICAL: CEILING OF BOTH STAIRWAYS-B BUILDING, PLASTER NOT PAINTED, LIGHT BULD 2ND FLOOR OK 7/17
HOLE IN STUCCO, B BUILDING, 2ND FLOOR STAIRWELL, OK 7/17
EMERGENCY LIGHTS/ILLUMINATED EXIT SIGNS NOT OPERATIONAL: OK 7/17

trash removed, hear of bd. b. on going process. OK 7/17

FIRE CLEANUP COMPLETE

Inspector MIKE BIXLER
ID # PREM 4
Unit Shift: Contact Phone #

Responsible Signature: KATHY MOWS
Date: 6-14-2017

White Original - Fire Prevention  Yellow Copy – Co File

FD-18 Revised 04-09-15
ANNUAL FIRE INSPECTION

BUSINESS NAME: Town House Inn
ADDRESS: 1604 N Wilson St

STOCKTON BUS LIC: ☐ Yes ☐ No
Lic #

FIRE PERMIT CERTIFICATE: ☐ Yes ☐ No ☐ N/A

BUSINESS OWNER / REP: KATHY MORRIS
PHONE: 209-866-8667

DATE OF INSPECTION: 6-14-2017 2nd Inspection 7-5-2017
Code Compliance

HAS INFORMATION CHANGED? ☐ Yes ☐ No 7-26-2017

OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
   Occupancy Load ______

☐ B - Business/City Buildings

☐ C - Fabrication
   Storage area sq. ft. ______

☐ D - Hazardous Materials

☐ M - Merchandise/Retail Sales
   Number of Units 42
   Number of Units Checked 6

☐ N - 1 HOTEL

☐ N - 2 RESIDENCE

☐ O - High Piled Storage
   Storage Area sq. ft. ______

☐ S-1 - Repair Garage

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

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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: 


EXPOSED ELECTRICAL: REPAIR OF BLDG. A, BREAKOUT BOX NEEDS COVER, OK 7/17
EXPOSED ELECTRICAL: CUTLINE OF BOTH STAIRWAYS-B BUILDING, FLOOR LAMPS BLDG 2ND FLOOR, OK 7/17
HOLE IN STUCCO ON BUILDING, 2ND FLOOR STAIRWELL, OK 7/17
EMERGENCY LIGHTS/ILIUMINATED SIGNS NOT OPERATIONAL; OK 7/17
trash removed, repair of Bldg. B on going process - OK 7/17

FIRE CLEANANCE GRANTED

Inspector: MIKO BIXLER ID #: PREV.4 Unit: Shift: Contact Phone #

Responsible Signature: KATHER MOWRIS Date: 6-14-2017

White Original - Fire Prevention ☑ Yellow Copy - Co File

FD-18 Revised 04-09-15
BUSINESS NAME: Town House Motel
ADDRESS: 1604 N. Wilson Way

STOCKTON BUS LIC: □ Yes □ No Lic #
FAHRE PERMIT CERTIFICATE: □ Yes □ No □ N/A

BUSINESS OWNER/REP: ROGER AHMED
PHONE: 249-466 6779


HAS INFORMATION CHANGED? □ Yes □ No

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 44
  Number of Units Checked 7
□ S-1 - Repair Garage
□ High Piled Storage
  Storage Area sq. ft.

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

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CFC Sec. 105 Permit(s) Needed

Initial Inspection.......................... □ No Hazards Noted □ Violation(s) Noted
Second Inspection.......................... □ Violation(s) Corrected □ Violation(s) not Corrected: Reinspection date: 7/19/16
Third Inspection.......................... □ Violation(s) Corrected □ Violation(s) not Corrected: Reinspection date: Notify FPD date: 

NOTES: FIRE EXTINGUISHERS DATED: 2/2016
2ND FLOOR ENTRANCE SIGNS/GAMING ROOM LIGHTS MUST BURN 24 HOURS OK
ROOM OF BUILDINGS: MOISTURE ABATE MUST ABE MOUNTED WALL OK

FIRE CLEANS UP ACTIVITY

Inspector MIKE BIXLER ID #: PRA 4 Unit: Shift: Contact Phone #

Responsible Signature: Date: 6/16/2016

White Original - Fire Prevention ■ Yellow Copy - Co File

FD-18 Revised 06/26/13
ANNUAL FIRE INSPECTION

BUSINESS NAME: Town House Motel
ADDRESS: 1604 N. Wren Way Ste #

STOCKTON BUS LIC: Yes No Lic #: 14 DD 012402
FIRE PERMIT CERTIFICATE: Yes No N/A

BUSINESS OWNER / REPRESENTATIVE: Navin M. Hotel
PHONE: 446-2467 CELL PHONE: 24/7

DATE OF INSPECTION: June 2014 2nd Inspection Code Compliance

HAS INFORMATION CHANGED? Yes No

OCCUPANCY INFORMATION (Check Business Type)

☐ A - Place of Assembly
   Occupancy Load

☐ B - Business/City Buildings

☐ F - Fabrication
   Storage area sq. ft.

☐ M - Merchandise/Retail Sales

☐ R-1 HOTEL
   Number of Units 44
   Number of Units Checked: 8

☐ R-2 RESIDENCE

☐ H - Hazardous Materials

☐ S-1 - Repair Garage

OTHER:

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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: Check: 7/05/119/14/117/118/121/310/821 County: Kent

Hotel Motel - Approved

Inspector: Chris Cazzapio ID #: 2576 Unit: Shift: Contact Phone #: 637-6973

Responsible Signature: Katie Morris Date: Jun 20, 2014

White Original - Fire Prevention Yellow Copy - Co File

FD-18 Revised 06/26/13
MEMORANDUM

June 17, 2014

TO: PD – Brad Sleffert / Kyle Pierce
    M. Simon, Fire Department cc: RMiramontes, CLugo
    Dr. Corky Hull, City of Stockton Health Officer
    Linda Turkatte, San Joaquin County Environmental Health Dept.
    Supervising CEO: Jeff Hunt

FROM: Lin Gioseffi, Supervising Office Assistant

SUBJECT: HOTEL/MOTEL PERMIT TO OPERATE APPLICATION 2014-2015
    TOWN HOUSE MOTEL (1604 N WILSON WAY)
    Operator Name: CHANDUBHAI PATEL

Attached is the RENEWAL Permit to Operate Application for the Hotel/Motel described above. This hotel/motel has units 39 units and IS NOT a Residential Hotel/Motel.

Under Stockton Municipal Code (SMC) Section 5.80.130, the City has 45 days from the date the complete application is received to either grant, grant with specific conditions imposed, or deny the application for a Permit to Operate.

Please complete your investigation of the application, indicate your results on the bottom of this document and return your response to Lin Gioseffi in the Neighborhood Services Section, no later than 45 days after the date of this referral. If the application is denied, or has conditions imposed, please attach a full explanation for the denial, and/or what conditions must be met before full permit issuance.

Thank you for your cooperation and assistance. If you have any questions or require additional information, please contact me at 937-8818.

ERIC JONES
CHIEF OF POLICE

Lin Gioseffi
HOTEL/MOTEL ADVISORY COMMITTEE

Permit to Operate YEAR 2014-2015

Recommend Approval ☒ Conditional Approval, with quarterly (attach explanation)
Recommend Denial (attach explanation)

Print Name                          Signature                          Date

AACOUNT                             ☒                                    Jun 30 '14

NSS:

Recomm. Approval ☒ (attach explanation)  PO #:  
Conditional Approval with quarterly
Recomm. Denial (attach explanation)     EXP:  

DOC 398265
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET • STOCKTON, CA  95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME:   ADDRESS:   1601 N. WILSON  Ste #
STOCKTON BUS LIC: □ Yes □ No Lic #  FIRE PERMIT CERTIFICATE: □ Yes □ No □ N/A
BUSINESS OWNER / REP:  Mushtaq Ahmad  PHONE: 946-1967  CELL PHONE:
DATE OF INSPECTION: 11-12-11  2nd Inspection  Code Compliance
HAS INFORMATION CHANGED? □ Yes □ NO

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:

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CFC Sec. 105 Permit(s) Needed

Initial Inspection.............................. □ No Hazards Noted □ Violation(s) Noted
Second Inspection.............................. □ Violation(s) Corrected □ Violation(s) not Corrected:
Third Inspection.............................. □ Violation(s) Corrected □ Violation(s) not Corrected:

Reinspection date: ________________________
Reinspection date: ________________________
Notify FPD date: _________________________

NOTES:

________________________________________________________________________
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________________________________________________________________________

Inspector  J. Silva  ID # 9110  Unit 13  Shift: C  Contact Phone # 937-8023

Responsible Signature: ___________________________ Date: _______________________

White Original - Fire Prevention □ Yellow Copy – Co File

FPD Office Use

Database  Scan  SunPro

FD-18 Revised 06/07/10
**ANNUAL FIRE INSPECTION**

**BUSINESS NAME:** Town House  
**ADDRESS:** 1604 N. Wilson  
**STOCKTON BUS LIC:** □ Yes  □ No  Lic #  
**FIRE PERMIT CERTIFICATE:** □ Yes  □ No  □ N/A  
**BUSINESS OWNER / REP:** Mustaq Ahmed  
**PHONE:** 466-9667  
**CELL PHONE:**  
**DATE OF INSPECTION:** 10/6/10  
**2nd Inspection:**  
**3rd Inspection:**  

### OCCUPANCY INFORMATION (Check Business Type)

- [ ] A - Place of Assembly  
- [ ] D - Business/City Buildings  
- [ ] F - Fabrication  
- [ ] H - Hazardous Materials  
- [ ] M - Merchandise/Retail Sales  
- [ ] R-1 HOTEL  
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- [ ] High Piled Storage  
- [ ] S-1 - Repair Garage  

**OTHER:**  

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### NOTES:

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**Inspector:** J. Silva  
**ID #:** 9110  
**Unit:** 3  
**Shift:** C  
**Contact Phone #:** 937-8023  
**Date:** 10/6/10

**Responsible Signature:** Mustaq Ahmed  
**Date:** 10/6/10

*White Original - Fire Prevention ▪ Yellow Copy – Co File ▪ Pink Copy - Owner*
ANNUAL FIRE INSPECTION

BUSINESS NAME: Town House
ADDRESS: 1604 N. Wilson

STOCKTON BUS LIC: ☐ Yes  ☐ No  Lic #:
FIRE PERMIT CERTIFICATE: ☐ Yes  ☐ No  ☐ N/A

BUSINESS OWNER / REP: Mustag Ahmed
PHONE: 946 - 9667  CELL PHONE:

DATE OF INSPECTION: 10/07/12  2nd Inspection  3rd Inspection

OCCUPANCY INFORMATION:  (Check Business Type)

☐ A - Place of Assembly
   Occupancy Load __________

☐ B - Business/City Buildings
☐ F - Fabrication
   Storage area sq. ft. __________

☐ H - Hazardous Materials
☐ R-1 HOTEL  ☐ R-2 RESIDENCE
   Number of Units 40
   Number of Units Checked 4

☐ M - Merchandise/Retail Sales
☐ High Piled Storage
   Storage Area sq. ft. __________

☐ S-1 - Repair Garage

OTHER:

LIST OPERATIONAL FIRE PERMIT(S)

<table>
<thead>
<tr>
<th>Permit Type Required</th>
<th>Permit Type Required</th>
<th>Permit Type Required</th>
</tr>
</thead>
<tbody>
<tr>
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NOTICE OF VIOLATION: Number corresponds with violation(s) on back of this form:

<table>
<thead>
<tr>
<th>A: Electrical</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>15</th>
<th>16</th>
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<th>18</th>
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</thead>
<tbody>
<tr>
<td>No Hazards Noted</td>
<td></td>
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<td>Reinspection date:</td>
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</tr>
</tbody>
</table>

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: J. Silva  ID #: 9110  Unit 3  Shift: C  Contact Phone #: 937-8023

Responsible Signature: Mustag Ahmed  Date: 10/06/10

White Original - Fire Prevention  ■ Yellow Copy - Co File  ■ Pink Copy - Owner

FD-16 Revised 01/08/10
STOCKTON FIRE DEPARTMENT • FIRE PREVENTION DIVISION
345 NORTH EL DORADO STREET
STOCKTON, CA  95202 • (209) 937-8271

ANNUAL FIRE INSPECTION

BUSINESS NAME: _____________________________ ADDRESS: 1004 N. WILLSON  Ste #: ______
STOCKTON BUSINESS LIC #  09-00003938  EXPIRATION DATE 12/31/09
BUSINESS OWNER: M. A. NDER ASAINGH DABAR  PHONE: 209-460-9667  CELL PHONE: ______
DATE OF INSPECTION: 9/1/09  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: 40
   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:
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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: _________________________
Second Inspection:  ☐ Violation(s) Corrected  ☐ Violation(s) not Corrected:  Reinspection date: _________________________
Third Inspection:  ☐ Violation(s) Corrected  ☐ Violation(s) not Corrected:  Notify FPD date: _________________________

NOTES: NO HAZARD NOTED

______________________________
Inspector:  HOSKINSON  ID Number: 9362  Unit: 29  Shift: A B C

Responsible Signature: ________  Date: ________

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: [Redacted] ADDRESS: 1604 W WILSON Ste #:

STOCKTON BUSINESS LIC #: EXPIRATION DATE:

BUSINESS OWNER: PATEL ASHOK PHONE: 209.466.9667 CELL PHONE:

DATE OF INSPECTION: 4/17/08 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 ☐ P-2-RESIDENCE Number of Units
Units Checked 102, 105, 107, 115, 117

Other:
☐ Knox Box Location N/A ☐ Sprinkler Connection Location N/A
☐ 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/Blk 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:

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: 

Second Inspection .......... ☐ Violation(s) Corrected ☐ Violation(s) not Corrected: Reinspection date: 

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

NOTES: NO HAZARD NOTED

Inspector [Redacted] ID Number 9370 Unit F9 Shift: A B C

Responsible Signature:

Date: 4/17/08

FD-18 Revised 12/26/07 White Original - Fire Prevention Yellow Copy – Company File Pink Copy – Owner
**STOCKTON FIRE DEPARTMENT**
345 NORTH EL DORADO STREET
STOCKTON, CA 95202
(209) 937-8271

**BUSINESS** Townhouse Motel  
**ADDRESS:** 1604 N. Wilson Ste: __________

**Bus Owner:** Bill Thekor  
**Tel Num:** 916-746-9647  
**Cellular:** 916-572-5749

**DATE OF INSPECTION:** 10/22/07  
**2nd Inspection**  
**3rd Inspection**

**Stockton Business Lic #:**  
Expiration Date: __________

**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 40**

**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

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

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<tr>
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</table>

**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:**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**Third Inspection:**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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**NOTES:** # 102, 115, 212, 207

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**Inspector** Salvestrin  
**ID Number** 9061  
**Unit** Es 7  
**Shift:** A B C  
**Date:** 10/22/07

---

**Responsible Signature:**  
**Date:** 10/22/07

---

**FD-18 Rev 11/15/05:** ODMA/GRPWISE/COS.FD.FD_Library.16561.1

White – Fire Prevention  
Yellow – Co. File  
Pink – Business
BUSINESS: Town House Inn  
ADDRESS: 1604 Wilson Street

Bus Owner: maherday@q.com  
Tel Num: 209 466 9667  
Cellular: 213 205 5727

DATE OF INSPECTION: 5/11/06  
2nd Inspection 5/22/06  
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: 4

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:

<table>
<thead>
<tr>
<th>A: Electrical:</th>
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<th>B: Special Hazards:</th>
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<tr>
<th>C: Ext / Fire Prot Systems:</th>
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<table>
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<tr>
<th>D: Exit</th>
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<table>
<thead>
<tr>
<th>E: General Housekeeping:</th>
</tr>
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<tbody>
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</table>

**CFC Sec. 105 Permit(s) Needed** MULTIPLE ELECTRICAL PROBLEMS -

Initial Inspection:  
- No Hazard Noted  
- Violation(s) Noted:  
Reinspection date: 5/16

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

Third Inspection:  
- Violation(s) Corrected  
- Violation(s) not Corrected: Notify FPD date: 6/22

**NOTES:** 5/6/06, ALL UNITS BEING RENOVATED COMPLETE, composite units are ok.

Inspector: VITZ  
ID Number: 9031  
Unit: E9  
Shift: ABC

Responsible Signature: [Signature]  
Date: 5/11/06

White - Fire Prevention  
Yellow - Co. File  
Pink - Business
STOCKTON FIRE DEPARTMENT  
345 NORTH EL DORADO STREET  
STOCKTON, CA 95202  
(209) 937-8271

OWNER / OCCUPANT INFORMATION  
Occupancy Use: ☑ Residential  ☐ Both

Bus Name: Town, House, Floor  
Address: 1604 N. Wilson Way  
Ste: ___

Bus Owner: Subodh Patel  
Tel Num: (209) 463-5807  
Cellular: ___

Date of Inspection: 2-22-05  
1st Inspection  
2nd Inspection  
3rd Inspection  

BUILDING INFORMATION  
Occupancy Class: ☑ A  ☐ B  ☐ F  ☐ H  ☐ M  ☐ S  ☑ R-1  
Number of Units: 40

Area/Size: ______ 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  PDI / 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: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| B: Special Hazards | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| C: Ext / Fire Prot Systems | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| D: Exiting | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| E: General Housekeeping | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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: ☑ 2 4 1 OK

Inspector(s): ___________  
Unit: E9  
Shift: A B C

Responsible Signature: ___________  
Date: ___

---

FD-18 Rev. 7/16/02  :./DMAGRPWSE/COS.FD.FD_Library:16561
White - Fire Prevention  
Yellow - Co. File  
Pink - Business
**OWNER / OCCUPANT INFORMATION**  
Occcupancy Use:  □ Commercial  □ Residential  □ Both

<table>
<thead>
<tr>
<th>Bus Name</th>
<th>Town House Inn</th>
<th>Address</th>
<th>1604 N. Wilson</th>
<th>Ste:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus Owner</td>
<td>Subodh Patel</td>
<td>Tel Num</td>
<td>294963  209  493  5927</td>
<td>Cellular:</td>
</tr>
<tr>
<td>Date of Inspection</td>
<td>5-5-04</td>
<td>2nd Inspection</td>
<td>3rd Inspection</td>
<td></td>
</tr>
</tbody>
</table>

**BUILDING INFORMATION**

<table>
<thead>
<tr>
<th>Occupancy Class</th>
<th>□ A  □ B  □ F  □ H  □ M  □ S  □ R-1</th>
<th>Number of Units: 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area/Size:</td>
<td>1,000 sq. ft. / Basement □ yes □ no</td>
<td>If yes, is it sprinklered? □ yes □ no</td>
</tr>
</tbody>
</table>

**FIRE PROTECTION SYSTEMS**

<table>
<thead>
<tr>
<th>FIRE ALARM</th>
<th>□ smoke □ heat</th>
<th>Panel Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRE SPRINKLERS</td>
<td>□ full □ partial</td>
<td>Location(s): Monitor Co.</td>
</tr>
<tr>
<td>STANDPIPE</td>
<td>□ wet □ dry</td>
<td>EBC/PIV Location:</td>
</tr>
<tr>
<td>SPECIAL SYSTEMS</td>
<td>□ Hood &amp; Duct - Date of Tag</td>
<td>Foam □ CO² □ Medical Gas- □ Other</td>
</tr>
</tbody>
</table>

**PERMIT REQUIRED** (Type)

**CONFINED SPACE:** Location(s): 

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

<table>
<thead>
<tr>
<th>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18</th>
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<tr>
<td>A: Electrical:</td>
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<td>D: Exiting</td>
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<td>E: General Housekeeping</td>
</tr>
</tbody>
</table>

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:** 2 3 4 5 6  

Inspector(s): Gonzoli / Buszem \nResponsible Signature: A. Maheja Patel \nUnit: E9 \nShift: A B C \nDate: 5-5-04 

White – Fire Prevention Yellow – Co. File Pink – Business