



CITY OF STOCKTON
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION, CITY HALL
STOCKTON, CALIFORNIA 95202

PHONE: (209) 937-8561
24 Hr. Inspection Request
937-8560

Application Number
06 00003329

PERMIT

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

ANDERSON'S SIGN & CRANE

CONTRACTOR _____
LICENSE NO. _____
LICENSE TYPE _____ DATE _____
STOCKTON BUS. LIC. NO. _____

Job Address _____
2546 TURNPIKE RD

Issue Date
6/19/06

Permit Type . . : SIGN PERMIT-----2L
Subdivision . . :
Parcel Nbr . . : 165 261 26
Geo Code . . : 2400 05 12 15 0
Owner Name . . : DAVIDSON ALVIN B TR ET
Address . . . : 3744 MONITOR CIR S
STOCKTON CA 95219
Appl Type . . : SIGNS - MONUMENT OR FREE STANDING
Desc of Work : ILLUMINATED
POLE
SIGN

Valuation . . : 9,700
Square ftg . . : 840 Zoning . . . : IG
Occup Group . . : Const Type . . :

Special Notes and Conditions

ANDERSON SIGNS
703533 33107
STATE FUND 10107
84543 123106
C45

INSTALL ONE DOUBLE FACED ILLUMINATE
POLE SIGN FOR "ACME TRUCK PARTS..."
Owner/Builder shall be responsible for locating any public
easements and make sure the sign does not encroach on them.

FEES

PERMIT FEE	174.30
A25-TECHNOLOGY FEE	9.70
A26-CAP. PRES. FEE----*LL	9.70
A20-GPHI-----*KK	19.40
A17-SHIP-COMMERCIAL---*H9	2.04
A35-LAND UPDATE-----*HH	3.10
A10-MICROFILM/IMAGING-*LO	3.24
A30-PERMIT TRACKING---*HH	13.00
A81 FW CON CONST FC *TD	264.00

PERMIT TOTAL 498.48

CK #455A

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec.7031.5: Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044), Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to any owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.)

I am exempt under Sec. _____ B & P.C. for this reason _____

Date _____ Owner _____

NOTE: To protest the imposition of any development fee, dedication, reservation or other exaction imposed on your project, you must file written notice with the City Clerk's office within 90 days after approval of the project or imposition of the fees, dedications, reservations or other exactions stating that the required payment is tendered or will be tendered when due, or that any conditions which have been imposed are provided for or satisfied, under protest, along with a statement of the actual elements of the dispute and the legal theory forming the basis for the protest.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec.3800, Lab. C.) Policy No. _____

Company _____

Certified copy is hereby furnished. Expires _____
 Certified copy is filed with the city building inspection department.
Date 6/19/06 Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

This section need not be completed. If the permit is for one hundred dollars (\$100) or less.

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNED _____ ADDRESS _____
JOB ADDRESS _____

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

SIGNATURE _____

Melissa Awad
[Signature]
[Signature]

Permit No. **A**
Jun 27 04 57287

APPLICATION DATE 6/27/84		944-8560		<input type="checkbox"/> CONSTRUCTION PERMIT <input type="checkbox"/> BUILDING PERMIT		<input type="checkbox"/> ELECTRICAL PERMIT <input checked="" type="checkbox"/> PLUMBING PERMIT		<input type="checkbox"/> MECHANICAL PERMIT <input type="checkbox"/> WRECKING PERMIT	
WORK DESCRIPTION GREASE TRAP FOR CLEANING AUTO PARTS				CENSUS TRACT 2400	TR. ZONE 05	BLOCK 06	PARCEL 52		
JOB ADDRESS 2546 TURNPIKE				ASSESSOR PARCEL NO.		OTHER FEES			
LEGAL DESCRIPTION				LOT		BLOCK		SUBDIVISION	
OWNER DAVE BLOOM				OWNER ADDRESS 2546 TURNPIKE		PHONE		SCHOOL FEE 84-0211-	
CONTRACTOR LEE WALTHALL				ADDRESS 350 W. CLAYTON ST.		PHONE 982-5621		TREE & SIGN FEES 15-0610-002	
ARCHITECT/ENGINEER				ADDRESS		LICENSE NO.		PHONE	
ZONING				CONSTR. CODE 44		NO. OF BEDROOMS		VALUATION 2,000.00	
OCCUP. GROUP				NO. OF HOUSING UNITS		PERMIT - ISSUANCE APP'VD. BY D. W.		MICRO FEE 10-0619-003	
TYPE CONSTR.				CONTR. CREDIT NO.		REMARKS LARRY WILLIAMS (MUD)		TRAFFIC SIGNAL FEE	
OCCUP. LOAD				SPRINKLERS		105 90-103		SMIP FEE 84-0251-013	
NO. OF STORIES				BASEMENT		ZONE 15-0633-00 CITY WIDE 15-0633-005		CERT. OF OCC. 10-0424-000	
TOTAL FLOOR AREA				USE PERMIT NO.				WATER CONN IN CITY 24-0645-001	
								SEWER CONN IN CITY 72-0645-001	
								TOTAL FEES 18.50	

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CONTRACTOR LEE WALTHALL
 LICENSE NO. 351492
 LICENSE TYPE _____ DATE 6/27/84
 STOCKTON BUS. LIC. NO. 91

OWNER-BUILDER DECLARATION
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I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044), Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.)

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I am exempt under Sec. _____, B. & P.C. for this reason _____
 Date _____ Owner _____

CONSTRUCTION LENDING AGENCY
 I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____
 Lender's Address _____

DIMENSIONS		PARKING		VALIDATION	
PARCEL FRONTAGE	EXIST:	NEW		57287	
LOT AREA	PLANS RECEIVED BY				
1st FLOOR AREA	PLANS CHECKED BY				
2nd FLOOR AREA	PERMIT - ISSUED BY NMH				
RESIDENTIAL	ESTIMATED VALUE				
GARAGE					
PORCH					

WORKERS' COMPENSATION DECLARATION
 I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.) Policy No. _____
 Company work alone
 Certified copy is hereby furnished. Expires _____
 Certified copy is filed with the city building inspection department.
 Date 6/27/84 Applicant _____

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
 This section need not be completed if the permit is for one hundred dollars (\$100) or less.
 I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.
 Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNED Lee Walthall ADDRESS 2546 TURNPIKE
 JOB ADDRESS _____

NO.	DATE REC'D.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVALS	
ENVIR IMPACT REPORT	HISTORIC
PUBLIC WORKS	BOARD OF APPEALS
RENEWAL	

Permit No. **A**

3-17-83

MAR 17 83 5 16 70

ISSUE DATE 6/16/83		<input type="checkbox"/> CONSTRUCTION PERMIT		<input type="checkbox"/> ELECTRICAL PERMIT		<input type="checkbox"/> MECHANICAL PERMIT	
		<input type="checkbox"/> BUILDING PERMIT		<input type="checkbox"/> PLUMBING PERMIT		<input type="checkbox"/> WRECKING PERMIT	
WORK DESCRIPTION relocated canopy				CENSUS TRACT 24.00	TR ZONE 05/	BLOCK 06	PARCEL 51.52
JOB ADDRESS 2546 Turnpike Road				ASSESSOR PARCEL NO		OTHER FEES	
LEGAL DESCRIPTION LOT BLOCK SUBDIVISION						SCHOOL FEE 84-0211-	
OWNER Donald M. Bloom						DEVEL FEE 15-0610-002	
OWNER ADDRESS same 466 5423				PHONE		PARK LAND 15-0610-003	
CONTRACTOR Fisher Brothers 2801 Lovelace Rd. Manteca 982 0283				PHONE		PLAN CHECK 10-0424-000	
ARCHITECT/ENGINEER				LICENSE NO		PERMIT FEE 10-0424-000 63.50	
ZONING MP. & r-1	CONSTR CODE 42	NO. OF BEDROOMS	PERMIT ISSUANCE APP'VD. BY BOB ART.	VALUATION 3,000.00		MICRO FEE 10-0619-003 2.52	
OCCUP. GROUP H-4	NO. OF HOUSING UNITS	REMARKS 2944 90-103 BLDG. PERMIT				SMIP FEE 84-0251-013 .50	
TYPE CONSTR VN	CONTR. CREDIT NO					CERT. OF OCC. 10-0424-000 30.00	
OCCUP LOAD 12	SPRINKLERS					WATER CONN IN CITY 24-0645-001 CAL WATER	
NO OF STORIES 1211	BASEMENT					SEWER CONN IN CITY 72-0645-001 NO SEWER	
TOTAL FLOOR AREA	USE PERMIT NO					TOTAL FEES 96.52	

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 CONTRACTOR FISHER BRO.
 LICENSE NO. _____
 LICENSE TYPE _____ DATE _____
 STOCKTON BUS. LIC. NO. _____

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I am exempt under Sec. _____, B. & P.C. for this reason _____
 Date _____ Owner Donald M. Bloom

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Lender's Name _____
 Lender's Address _____

DIMENSIONS	PARKING	VALIDATION
PARCEL FRONTAGE	EXIST	MAR 17 83 5 16 70
LOT AREA	NEW	
1st FLOOR AREA	PLANS RECEIVED BY fn	
2nd FLOOR AREA	PLANS CHECKED BY	
RESIDENTIAL GARAGE PORCH	ESTIMATED VALUE \$3,000.	

WORKERS' COMPENSATION DECLARATION
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 Company _____
 Certified copy is hereby furnished. Expires _____
 Certified copy is filed with the city building inspection department.

Date _____ Applicant _____
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Date _____ Applicant _____
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 I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNED Donald M. Bloom
 ADDRESS _____
 JOB ADDRESS 2546 Turnpike Road

PLAN RECORD DATA

NO.	DATE REC'D.
_____	ARCHIT. PLANS
_____	STRUCT. PLANS
_____	ELECT. PLANS
_____	MECH. PLANS
_____	SPECIFICATIONS
_____	CALCULATIONS <u>coming</u>
_____	SOILS REPORT
_____	ENERGY
_____	NOISE
_____	PLOT PLAN

APPROVALS

ENVIR IMPACT REPORT BN 3/25/83	HISTORIC
PUBLIC WORKS	BOARD OF APPEALS
RENEWAL	

**INSPECTION DEPARTMENT — CITY OF STOCKTON
APPLICATION FOR BUILDING, ELECTRICAL, PLUMBING PERMITS
AND/OR CERTIFICATE OF OCCUPANCY**

ORIGINAL

No. 73337

Date - Oct. 28 1970 **IMPORTANT- COMPLETE ALL ITEMS
MARK BOXES WHERE APPLICABLE**

Official Address 2546 Turnpike Road		Gen. Tr.	Tr. Zone	Block	Per
Legal Desc.	Blk.				Zoning R 1
Work Description wall sign "Bloom's Auto Parts"					Code 27
Owner Bloom's Auto Parts	Address			Zip	
Contractor Federal Signs	Address 536 N. Wilson Way			Phone 466 6829	
Arch. or Engr.	Address			Phone	
Lender	Address			Phone	

II. PERMIT SPECIFICATION

VALUE \$ 600.

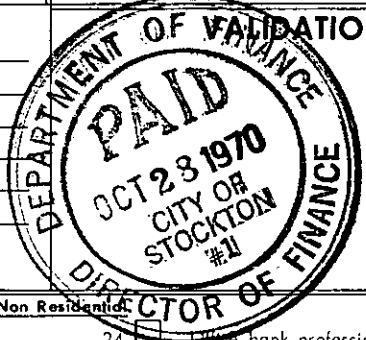
A.	1 <input type="checkbox"/> New building	B. APPROVALS
2 <input type="checkbox"/> Addition (enter number of new housing units added in H-13)	Public Works _____	
3 <input type="checkbox"/> Alteration (See 2 above)	Use Permit Frank Alford	
4 <input type="checkbox"/> Moving (relocation)	Board of Appeals _____	
5 <input type="checkbox"/> Repair, replacement	Approved to Issue Permit Clawson	
6 <input type="checkbox"/> Wrecking (If multifamily residential) enter number of units in H-13	Issued by fn no job #	
7 <input type="checkbox"/> Plumbing 10 <input checked="" type="checkbox"/> Sign		
8 <input type="checkbox"/> Heating & Air Cond.		
9 <input type="checkbox"/> Electric 11 <input type="checkbox"/>		

C. FEES

Bldg. Permit Fee	\$ <u>15.00=</u>
Plan Ck. Fee	_____
Plumb. Perm. Fee	_____
Elect. Perm. Fee	_____
Cert. Occ. Fee	_____
Miscellaneous	_____
Total Fees	15.00

III. SELECTED CHARACTERISTICS OF BUILDING

D. BUILDING CODE	E. OWNERSHIP	F. DIMENSIONS
Occupancy _____	<input checked="" type="checkbox"/> Private	Parcel Front Ft. _____
Type Const. _____	<input type="checkbox"/> City	Stories _____
Fire Zone <u>3</u>	<input type="checkbox"/> County	Basement _____
Sprinklers _____	<input type="checkbox"/> State	Grd. Fl. Area _____
	<input type="checkbox"/> Fed.	Lot Area _____
	<input type="checkbox"/> Educational	G. PARKING SPACES
	<input type="checkbox"/> Semi Public	Exist _____ New _____



H. PROPOSED USE - For "Wrecking" most recent use

Residential	18 <input type="checkbox"/> Amusement, recreational	24 <input type="checkbox"/> Office, bank, professional
12 <input type="checkbox"/> One family	19 <input type="checkbox"/> Church, other religious	25 <input type="checkbox"/> Public utility
13 <input type="checkbox"/> Two or more family - Enter number of units _____	20 <input type="checkbox"/> Industrial	26 <input type="checkbox"/> School, library, other educational
14 <input type="checkbox"/> Transient hotel, motel or dormitory - Enter number of units _____	21 <input type="checkbox"/> Parking garage	27 <input type="checkbox"/> Stores, mercantile
15 <input type="checkbox"/> Garage	22 <input type="checkbox"/> Service station, repair garage	28 <input type="checkbox"/> Tanks, towers
16 <input type="checkbox"/> Carport	23 <input type="checkbox"/> Hospital, institutional	29 <input type="checkbox"/> Other - Specify _____
17 <input type="checkbox"/> Other - Specify _____	REMARKS	

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 the laws governing building, electrical work and/or plumbing within the City of Stockton and the State of California, and the amendments thereof, and that the above building and/or structure will be built in conformity therewith. I agree to call for all inspections.

State Contr. Lic. No. 217730	Type C-45
I am exempt from State Laws governing Licensed Contract	
SIGNATURE	

Official Address 2546 Turnpike Road
Signed Roy Kelly (SOTK1652) PERMIT No. 73337



Commercial Inspection Details:

Date of Inspection: 2/7/2020
 Time of Inspection: 2:00:00 PM
 Weather Conditions: Sunny
 Inspector: Zach Solow
 Business Name: Pride Truck Sales Ltd.
 Inspection Address: 2546 Turnpike Rd.
 Business Type: Automotive Related Facilities

Tenant Information	Property Owner Information
Name of Business: <u>Pride Truck Sales Ltd.</u>	Name of Business: <u>Marcia E Davidson TR</u>
Contact Person: _____	Contact Person: _____
Business Address <u>2546 Turnpike Rd.</u>	Business Address <u>3400 Wagner Heights Rd.</u>
City: <u>Stockton</u>	City: <u>Stockton</u>
State: <u>CA</u>	State: <u>CA</u>
Zip Code: <u>95206</u>	Zip Code: <u>95209</u>
Phone Number: _____	Phone Number: _____
Email Address: _____	Email Address: _____

Storm Drains:	Score (1-5)	3
----------------------	--------------------	----------

(Onsite Storm drains, Storm drain contents, Storm drain treatment maintenance documentation (private), Storm drain labeling)
 Inspection consisted of: Observing storm drains, contents of the storm drains, Onsite treatment devices and reviewing maintenance history of the treatment device, if storm drains are correctly labeled.



Comments: Storm drains observed to not be labeled w/ sediment accumulation inside drain.

Facility Structure, Parking Lots, Yards, Ect.:	Score (1-5)	1
---	--------------------	----------

(Excessive parking lot staining, Soil Staining, Oily parts or equipment, Rusted equipment, Equipment maintenance conducted in open areas, Equipment fueling, Dust suppression, etc.)

Inspection consisted of: Observing Parking Lots for staining, facility yards for staining and other potential pollution contributors, any dust generation where dust suppression is necessary, uncovered equipment maintenance, oily; wrecked or discarded equipment, etc.

Comments:

Waste Management:	Score (1-5)	1
--------------------------	--------------------	----------

(Trash receptacles covered & plugged, Operational Trash, Personal Trash, Floatables, pet waste management, staining around trash receptacles, etc.)

Inspection consisted of: Observing site trash, trash receptacles and surrounding area, and pet waste management, leaking or heavily damaged receptacles

Comments:

Fluid Management:	Score (1-5)	1
--------------------------	--------------------	----------

(Chemicals, On-site Fueling stations, Spills of any kind, Containers, Secondary confinement applications, spill kits)

Inspection consisted of: Observing fueling station miss-management, on-site fluid containers; labeling practices and secondary confinement uses.

Comments:

Illicit Connections or Fluid Exiting (Present or Past) Facility:	Score (1-5)	1
---	--------------------	----------

(Illicit Storm drain connection internal to the facility, Fluids exiting the facility current, Fluids exiting the facility past signs)

Inspection consisted of: Observing the facility for fluids exiting the facility, staining from fluids exiting the building, asking facility operator if any known interior drain connections exist if so inspecting them, looking for indications of possible interior drain connections.

Comments:

INSPECTION FEE: \$189.00

INSPECTION RESULT: FAIL

Signature of Facility Representative*: _____ Name: *(printed)* Dildeep _____ Date: 2/7/2020

**Note: Signature of facility representative does not attest to content of report, only that the inspection occurred.*

The City of Stockton Inspector is required to photograph items/areas that would contribute to a violation of City Stormwater Code (Title 13).