



*** Reprinted Reinspection *** Print Date: 27Apr2005

FIRS Number 03087	District 1	Shift I	Insp. # 1	Engine Ladder 5	Reassign 6	Permit 7	Insp. Freq. T	UBC B2	Alarm System Service Date 10	Assign Month/Year JUN-2007
Street # 1320	Suite Number & Street Name PETALUMA HILL RD B							Zip Code 95404		
Occupancy Information DETAIL TO PERFECTION					Occupancy Information MASI PETER B & MASI 000 000 0000					
Business Name RICARDO SERRATO			Business Phone (707) 541-7134		Owner Name or Property Mgmt. Co. 4038 TOURMALINE CT			Phone 95405		
Occupant Name ROSA ABRICA			Business Phone (707) 566-9421		Street Address SANTA ROSA CA			Zip Code 95405		
Emergency Contact Name			Emergency Phone		City and State			Zip Code		
Mailing Name, Address, Zip, or Same as Occupant or Owner DETAIL TO PERFECTION 1320 PETALUMA HILL RD B SANTA ROSA 95404									Last Inspection Date 14Apr2005	

NOTICE OF FIRE AND SAFETY HAZARDS AND/OR FIRE DEPARTMENT PERMITS REQUIRED

Corrected	Code	Description	#	FP
Y	PERMIT 40 CMP: 14Apr2005 Last Insp: 62	PERMIT REQUIRED-HAZARDOUS MATERIALS HAZ MAT PERMITS ONCE BOOTH APPROVED NO PERMIT TO OPERATE A SPRAY BOOTH OBTAINED	4	
Y	PERMIT 75 CMP: 04Dec2004 Last Insp: 33	PERMIT REQUIRED - SPRAYING OR DIPPING APPLY FOR SPRAY BOOTH, INSTALL PERMIT AT FIRE DEPT	3	
Y	X-MISC CMP: 04Dec2004 Last Insp: 33	OTHER VIOLATIONS INSIDE LIQUID STORAGE ROOM FOR PAINT MIXING	3	
N				
N				
N				
N				
N				

Comments/Remarks This is our 5th inspection. Uncorrected violations may cause the is of a citation and assessment of a minimum re-inspection fee ranging from \$48.92 - \$76.23/hr

ORDER TO COMPLY: You are in violation of State and/or Local Fire Codes and Ordinances. To bring your facility into compliance, you are hereby ordered to correct the noted Fire and Safety Hazards and/or obtain Fire permits required. A reinspection will be conducted on or after the REINSPECTION DATE set forth above. Failure to comply with the foregoing order before the reinspection shall be a separate violation and may render you liable to penalties provided by law.

Dist 20	Shift 21	Badge # Insp. # 22	Date Inspected 23	Reinspection Date 24
Dist 25	Shift 26	Badge # Insp. # 27	Date Inspected 28	Reinspection Date 29

PREMISES REP. BUILDING OWNER MANAGER

X _____
SIGNATURE OF BOX CHECKED ABOVE

X _____
INSPECTING OFFICER

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X _____
SIGNATURE OF BOX CHECKED ABOVE

X _____
INSPECTING OFFICER