

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 1301 - N. Belt line Rd, mesquite, Tx-75149.
Name of Business (DBA) Believers Gospel Church
Proposed Use (s) CHURCH. Square Footage 2 Building 8000sq

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Varughese philipose
Non-Business Mailing Address 1002 - Summer Dr, mesquite, Tx-75149. E-mail Address _____
Mesquite Tx 75149. 214-274-7524.
City State Zip Telephone #

By signing this application, I request that the City of Mesquite issue me and/or my business a revocable Certificate of Occupancy to conduct specified uses on the above-described premises. I declare that the uses listed above represent ALL uses, which shall be conducted on the premises, and I understand that additional uses may not take place without my applying for, and receiving, an amended Certificate. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances and regulations of the City of Mesquite, and that the Certificate holder will maintain in perpetuity the terms, conditions and covenants of any site plan affecting the premises and remove any nonconforming signage as required by ordinance.

→ I agree. [Do not sign this application unless you agree.]
→ I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]

[Signature] 1-30-17
Signature of Owner Date

OFFICE USE ONLY

- Comments: _____
1. Planning & Zoning Comments: [Signature] 1/31/17
(Reviewed for use and CAM compliance only) Signature / Date
2. City Engineer Comments: _____ Signature / Date
3. Food Service Comments: _____ Signature / Date
4. Fire Comments: _____ Signature / Date
5. Building Inspection Comments: _____ Signature / Date
6. Parks & Recreation Comments: _____ Signature / Date

Zoning R-3 CAM?
Occupancy Group A-3 Send to Health? Yes No
Type of Construction VB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. B43220
Date 1/31/2017
Fee 100.00
Inspection Date Requested: 2/3/17

Distribution: White - Building Inspection Yellow - Inspector Pink - Fire Department

Released:	_____
Entered:	_____
Mailed:	_____
Scanned:	_____

CITY OF MESQUITE

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Address of Use 1331 US Highway 80 E, Suite 106, Mesquite, TX 75150

Name of Business (DBA) Emanuel Harston Delivery LLC

Proposed Use (s) Administrative Offices Square Footage 440

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? %

2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Sheila Harston
Name

2501 Bent Brook Dr.
Non-Business Mailing Address

Mesquite TX 75181
City State Zip

E-mail Address
Telephone #

By signing this application, I request that the City of Mesquite issue me and/or my business a revocable Certificate of Occupancy to conduct specified uses on the above-described premises. I declare that the uses listed above represent ALL uses, which shall be conducted on the premises, and I understand that additional uses may not take place without my applying for, and receiving, an amended Certificate. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances and regulations of the City of Mesquite, and that the Certificate holder will maintain in perpetuity the terms, conditions and covenants of any site plan affecting the premises and remove any nonconforming signage as required by ordinance.

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Sheila Harston 1/30/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) LA/1-30-17
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning C CAM?
 Occupancy Group B Send to Health? Yes No
 Type of Construction IIB Copy to Ron Self? Yes No
 Will Call for Inspection: Yes No

Receipt No. B43218
 Date 1/30/2017
 Fee 100

Inspection Date Requested: Feb 2, 2017

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.

Address of Use US Hwy 30E (PLEASE PRINT)
4111 ~~Hwy 30E~~ Suite 107

Name of Business (DBA) Iglesia Apostolica de la FE EN CRISTO JESUS IN THE U.S

Proposed Use (s) Church Square Footage 1200 S.F.

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Manuel Jimenez
Name

401 Jarrell Cir
Non-Business Mailing Address

Portland Tx 75042 469-925-9007
City State Zip Telephone #

By signing this application, I request that the City of Mesquite issue me and/or my business a revocable Certificate of Occupancy to conduct specified uses on the above-described premises. I declare that the uses listed above represent ALL uses, which shall be conducted on the premises, and I understand that additional uses may not take place without my applying for, and receiving, an amended Certificate. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances and regulations of the City of Mesquite, and that the Certificate holder will maintain in perpetuity the terms, conditions and covenants of any site plan affecting the premises and remove any nonconforming signage as required by ordinance.

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Manuel Jimenez 01/30/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ LS/1-30-17
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning C CAM?

Occupancy Group A-3 Send to Health? Yes No

Type of Construction IB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. BU1780
Date 1-30-17
Fee 100
Inspection Date Requested: 2-2-17

CITY OF MESQUITE

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Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 2414 E Hwy 80 suite 403

Name of Business (DBA) Excel Audio Visual

Proposed Use (s) Storage & Office Square Footage 1731

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Perry Blouin
Name

Non-Business Mailing Address 7023 Alden Ln Dallas TX 75221
City State Zip E-mail Address Telephone #

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[Signature] Signature of Owner 1-30-17 Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: [Signature] Signature / Date 1/30/17
(Reviewed for use and CAM compliance only)

2. City Engineer Comments: _____ Signature / Date

3. Food Service Comments: _____ Signature / Date

4. Fire Comments: _____ Signature / Date

5. Building Inspection Comments: _____ Signature / Date

6. Parks & Recreation Comments: _____ Signature / Date

Zoning C CAM?

Occupancy Group _____ Send to Health? Yes No
Type of Construction _____ Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. BU1857
Date 1-30-17
Fee 100
Inspection Date Requested: 2-2-17

CITY OF MESQUITE

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Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 701 E Cartwright Rd Ste 129, Mesquite, TX 75149

Name of Business (DBA) MetroPCS

Proposed Use (s) Wireless Retailer Square Footage 1400

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Hoon Rank Choi
2300 Marsh Ln Apt 1524, Carrollton, TX 75006
City Carrollton State TX Zip 75006 Telephone # 817-343-7360

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[Signature] 01/30/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: PD 3285 YD/1-30-17
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning UR CAM?

Occupancy Group _____ Send to Health? Yes No
Type of Construction _____ Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. BU1855
Date 1-30-17
Fee 100
Inspection Date Requested: 2-2-17

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(PLEASE PRINT)

2937 Motley Dr.
Address of Use

Mr. Joe's Food Mart
Name of Business (DBA)

Proposed Use (s) Convenient store, 4 game machines Square Footage 2,000

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: ~~Doris~~ ~~John~~ Basim
Name

619 Amesbury
Non-Business Mailing Address

Mesquite
City

Tx
State

75150
Zip

(214) 975-1396
E-mail Address
Telephone #

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Basim Basim
Signature of Owner

10/20/16
[Signature]
Date

OFFICE USE ONLY

Comments: TABC (BQ) approved 1-20-17

Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only)

JL/1-30-17
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning GR CAM?

Occupancy Group _____
Type of Construction _____

Send to Health? Yes No
Copy to Ron Self? Yes No

Receipt No. 041797

Date 01/30/17

Fee \$100.00

Will Call for Inspection: Yes No

Inspection Date Requested: 2-2-17

Released: _____
Entered: _____
Mailed: _____
Scanned: _____

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Address of Use 6514 TOWN EAST MALL

Name of Business (DBA) JERUSALEM GIFTS

Proposed Use (s) RETAIL Square Footage 60 Ft

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Maha Alyahim

Non-Business Mailing Address 1613 Teakwood Dr

City Wylie State TX Zip 75098 E-mail Address 314-368 9247

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Pamartin 1-27-17
Signature of Owner Date

OFFICE USE ONLY

Comments: SIC: 5947 Gift Shop

1. Planning & Zoning Comments: Marnetta 2/27/17
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____ Signature / Date

3. Food Service Comments: _____ Signature / Date

4. Fire Comments: _____ Signature / Date

5. Building Inspection Comments: _____ Signature / Date

6. Parks & Recreation Comments: _____ Signature / Date

Zoning C/TERRA CAM?

Occupancy Group M-KIOSK Send to Health? Yes No
Type of Construction II B Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. B42117
Date 1/27/2017
Fee 100
Inspection Date Requested: 2/1/2017

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Address of Use 510 PEACH TREE #300

Name of Business (DBA) StoneCrop technologies

Proposed Use (s) ware house only Square Footage 156,293

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? _____ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: StoneCrop Technologies Name

3737 W. Miller Road Business Mailing Address

Carroll City Texas State 75042 Zip 318-525-6362 Telephone #

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[Signature]
Signature of Owner

12/13/14
Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ Signature / Date LJ/1-30-17
(Reviewed for use and CAM compliance only)

2. City Engineer Comments: _____ Signature / Date

3. Food Service Comments: _____ Signature / Date

4. Fire Comments: _____ Signature / Date

5. Building Inspection Comments: _____ Signature / Date

6. Parks & Recreation Comments: _____ Signature / Date

Zoning I-SLH CAM?

Occupancy Group S-1 Send to Health? Yes No

Type of Construction IB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. _____

Date 1-27-2017

Fee Bldg Permit

Inspection Date Requested: RECEIVED

CITY OF MESQUITE

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Address of Use 1080 E. Cantwright Rd, Mesquite TX 75149 (shell)

Name of Business (DBA) Mesquite MOB Partners, LLC

Proposed Use (s) Shell Building Square Footage ~~12,500~~ 12,500

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Bryan W. Worch
Name
5300 Town and Country Blvd Ste 260
Business Mailing Address
Frisco TX 75034
City State Zip
469-320-9820
E-mail Address Telephone #

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[Signature] 1/26/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) [Signature] 1/26/17
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning GR CAM?
Occupancy Group Shell
Type of Construction IB
Send to Health? Yes No
Copy to Ron Self? Yes No
Will Call for Inspection: Yes No

Receipt No. _____
Date 1/26/17
Fee _____
Inspection Date Requested: 1/27/17

Released:	_____
Entered:	_____
Mailed:	_____
Scanned:	_____

CITY OF MESQUITE

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Address of Use 2604 Towne Centre # ^{7A} ~~7B~~ Mesquite TX

Name of Business (DBA) ~~Sal Gift~~ SAL NOVELTY

Proposed Use (s) RETAIL Square Footage 120

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: SALAH KHALDOUN KHALED
Name

Non-Business Mailing Address 3400 WILLGLEN, MESQ

City MESQUITE State TX Zip 75150 E-mail Address 2145588328
Telephone #

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[Signature] Signature of Owner
1-18-17 Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) [Signature] 1/10/17
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning C/TERRA CAM?

Occupancy Group M

Type of Construction IB

Will Call for Inspection: Yes No

Send to Health? Yes No

Copy to Ron Self? Yes No

Receipt No. B43213

Date 1/26/17

Fee 100

Inspection Date Requested: Jan 31, 2017

Released:	_____
Entered:	_____
Mailed:	_____
Scanned:	_____

CITY OF MESQUITE

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Address of Use 3819 Towne Crossing Suite #203

Name of Business (DBA) Mesquite Independent School District

Proposed Use (s) OFFICE SPACE Square Footage 2800

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Scott Owens
Name

800 E. Kearney
Business Mailing Address
City Mesquite State TX Zip 75149
E-mail Address 214/282-5696
Telephone #

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Scott Owens 1/26/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) LA/1-26-17
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____

Zoning PD-GR CAM?

Occupancy Group B
Type of Construction IB

Will Call for Inspection: Yes No

Send to Health? Yes No
Copy to Ron Self? Yes No

perm# _____ Signature / Date
Receipt No. 55783
Date 1-26-17
Fee _____
Inspection Date Requested: 1-31-17

CITY OF MESQUITE

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1200 E Davis st st 128 Mesquite Tx
Address of Use

Maria Bonita Beauty Salon
Name of Business (DBA)

Proposed Use (s) Hair Salon Square Footage 840

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Adriana Damian
Name

4147 David phillips st
Non-Business Mailing Address

Dallas TX 75227 469 8109262
City State Zip Telephone #

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[Signature] 1-26-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) *LD/1-26-17*
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____

Zoning BR CAM?

Occupancy Group B Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Signature / Date
Receipt No. B41852
Date 1-26-17
Fee 100
Inspection Date Requested: 1-31-17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 1080 E. Cartwright Rd. Ste. 120, Mesquite TX 75149

Name of Business (DBA) Code 3 Urgent Care at Mesquite

Proposed Use (s) Urgent Care Square Footage 658

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? _____ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Carrie de Moor MD
Name

5300 Town and Country Blvd. Ste. 260,
Non-Business Mailing Address

Frisco TX 75034 City State Zip
169-320-9820 Telephone #

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[Signature] Signature of Owner
1/25/17 Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) LD/1-25-17 Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning PD-GR CAM?

Occupancy Group B

Type of Construction IB

Will Call for Inspection: Yes No

Send to Health? Yes No

Copy to Ron Self? Yes No

Receipt No. _____

Date 1/25/17

Fee 100

Inspection Date Requested: 1/30/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.

US Hwy 80 E (PLEASE PRINT)

Address of Use 2414 E Highway 80, Suite 402

Name of Business (DBA) DTX Designs

Proposed Use (s) Office / Embroidery Square Footage 1,800

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Collin Siegel
Name

2310 Valente Ct.
Business Mailing Address

Garland Texas 75043 (214) 418 5307
City State Zip Telephone #

By signing this application, I request that the City of Mesquite issue me and/or my business a revocable Certificate of Occupancy to conduct specified uses on the above-described premises. I declare that the uses listed above represent ALL uses, which shall be conducted on the premises, and I understand that additional uses may not take place without my applying for, and receiving, an amended Certificate. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances and regulations of the City of Mesquite, and that the Certificate holder will maintain in perpetuity the terms, conditions and covenants of any site plan affecting the premises and remove any nonconforming signage as required by ordinance.

- I agree. [Do not sign this application unless you agree.]
- I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]

Collin Siegel 1/25/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: Marnett Zepher 1/25/2017
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning C CAM?

Occupancy Group m Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. BUD 173
Date 1-25-17
Fee 100
Inspection Date Requested: 1-30-17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 2329 Oates Drive Mesquite Tx 75150

Name of Business (DBA) Allstar Donuts

Proposed Use (s) Donuts Square Footage 800

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: LARRY BENG Name
2013 Vista Crest Dr.
Non-Business Mailing Address
Carrollton TX 75007 City State Zip
(510) 915-5713 E-mail Address Telephone #

By signing this application, I request that the City of Mesquite issue me and/or my business a revocable Certificate of Occupancy to conduct specified uses on the above-described premises. I declare that the uses listed above represent ALL uses, which shall be conducted on the premises, and I understand that additional uses may not take place without my applying for, and receiving, an amended Certificate. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances and regulations of the City of Mesquite, and that the Certificate holder will maintain in perpetuity the terms, conditions and covenants of any site plan affecting the premises and remove any nonconforming signage as required by ordinance.

I agree. [Do not sign this application unless you agree.]
 I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]

Larry Beng Signature of Owner
01-25-17 Date

OFFICE USE ONLY

- Comments: _____
1. Planning & Zoning Comments: Jeff [Signature] 1/25/17
(Reviewed for use and CAM compliance only) Signature / Date
2. City Engineer Comments: _____ Signature / Date
3. Food Service Comments: _____ Signature / Date
4. Fire Comments: _____ Signature / Date
5. Building Inspection Comments: _____ Signature / Date
6. Parks & Recreation Comments: _____ Signature / Date

Zoning GR CAM?
Occupancy Group A-2
Type of Construction VB
Will Call for Inspection: Yes No

Send to Health? Yes No
Copy to Ron Self? Yes No

Receipt No. 336991
Date 1/25/17
Fee 100.00

Inspection Date Requested: will call

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 1925 TOWNE CENTRE DR STE 108 MESQUITE TX 75150

Name of Business (DBA) DEB CIGAR CORNER

Proposed Use (s) TOBACCO RETAIL SALES / LOUNGE Square Footage 1200

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: TIM R. DAVISON

1221 SUTTERS WAY ^{Name} MESQUITE TX 75181
-Business Mailing Address
MESQUITE TX 75181 214-336-3363
City State Zip Telephone #

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I agree. [Do not sign this application unless you agree.]
 I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]
Tim Davison 1/25/17
Signature of Owner Date

OFFICE USE ONLY

Comments: SIC 5993 Tobacco Store - Allowed

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) Marcetta Z... 1/25/17
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning GR CAM?
Occupancy Group m Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. B43210
Date 1/25/17
Fee 100
Inspection Date Requested: 1/30/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

~~SP#~~ # 6536 Town East Mall
Address of Use

Magic Pillow
Name of Business (DBA)

Proposed Use (s) sales Square Footage 60

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Cleef Charles
9300 Coit rd #1913
Name

Plano Texas 75025 347-898-2141
Non-Business Mailing Address City State Zip Telephone #

By signing this application, I request that the City of Mesquite issue me and/or my business a revocable Certificate of Occupancy to conduct specified uses on the above-described premises. I declare that the uses listed above represent ALL uses, which shall be conducted on the premises, and I understand that additional uses may not take place without my applying for, and receiving, an amended Certificate. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances and regulations of the City of Mesquite, and that the Certificate holder will maintain in perpetuity the terms, conditions and covenants of any site plan affecting the premises and remove any nonconforming signage as required by ordinance.

→ I agree. [Do not sign this application unless you agree.]
→ I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]

[Signature] 1/25/17
Signature of Owner Date

OFFICE USE ONLY

Comments: SIC: 5719 Misc Home Furnishings

1. Planning & Zoning Comments: [Signature] 1/25/17
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning C/TERRA CAM?

Occupancy Group M Send to Health? Yes No
Type of Construction II-B Copy to Ron Self? Yes No

Receipt No. B43211
Date 1/25/17
Fee 100

Will Call for Inspection: Yes No Inspection Date Requested: 1/30/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 6508 ~~space #~~ Town East Mall

Name of Business (DBA) T & C GIFTS

Proposed Use (s) sales Square Footage 60

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Cleef Charles

9300 Coit Rd #1913 ^{Name} Plano, TX, 75025

Plano Texas 75025 347-898-2141
City State Zip Telephone #

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- I agree. [Do not sign this application unless you agree.]
- I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]

[Signature] 1/25/17
Signature of Owner Date

OFFICE USE ONLY

Comments: SIC: 5947 Gift & Souvenir Shop

1. Planning & Zoning Comments: [Signature] 1/25/17
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____ Signature / Date

3. Food Service Comments: _____ Signature / Date

4. Fire Comments: _____ Signature / Date

5. Building Inspection Comments: _____ Signature / Date

6. Parks & Recreation Comments: _____ Signature / Date

Zoning C-TERRA CAM?

Occupancy Group m Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. B43211
Date 1/25/17
Fee 100

Inspection Date Requested: 1/30/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

2692 N Galloway #402 Mesquite Tx 75150 (972) 270-4800
 Address of Use
 Barker Bariatric Center - Wade N. Barker, MD
 Name of Business (DBA)
 Proposed Use (s) medical office Square Footage 1850
 Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___%
 2. Beer or wine? Yes No
 (Off-premises consumption)
 Owner / Tenant Information: Wade N. Barker, MD.
3509 Euclid Ave Dallas TX 75205
 Business Mailing Address
 City Dallas State TX Zip 75205 Telephone # 214 282 9942
 E-mail Address

By signing this application, I request that the City of Mesquite issue me and/or my business a revocable Certificate of Occupancy to conduct specified uses on the above-described premises. I declare that the uses listed above represent ALL uses, which shall be conducted on the premises, and I understand that additional uses may not take place without my applying for, and receiving, an amended Certificate. I understand further that if this application is approved, the Certificate holder is responsible for abiding by all laws, ordinances and regulations of the City of Mesquite, and that the Certificate holder will maintain in perpetuity the terms, conditions and covenants of any site plan affecting the premises and remove any nonconforming signage as required by ordinance.

→ I agree. [Do not sign this application unless you agree.]
 → I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]
Dana Lackey 1/31/17
 Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ Signature / Date JA/1-31-17
 (Reviewed for use and CAM compliance only)

2. City Engineer Comments: _____ Signature / Date

3. Food Service Comments: _____ Signature / Date

4. Fire Comments: _____ Signature / Date

5. Building Inspection Comments: _____ Signature / Date

6. Parks & Recreation Comments: _____ Signature / Date

Zoning D-O CAM?
 Occupancy Group B Send to Health? Yes No
 Type of Construction IB Copy to Ron Self? Yes No
 Will Call for Inspection: Yes No
 Receipt No. BU1862
 Date 1-31-17
 Fee 100
 Inspection Date Requested: 2-3-17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 106 ~~S~~ Bryan Beltline rd. Mesquite TX 75149

Name of Business (DBA) Psychic Astrologist Reader

Proposed Use (s) Tarot Card Readings - Palm Readings Square Footage 1600 ^{sq ft}

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Rockey Mitchell
Name

Non-Business Mailing Address 819 S. Zang blvd.
City Dallas TX State _____ Zip 75208 E-mail Address _____ Telephone # (214) 957-9710

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I agree. [Do not sign this application unless you agree.]
 I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]
Rockey Mitchell Signature of Owner
2/2/17 Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) LS/2-2-17 Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning CB CAM?

Occupancy Group B
Type of Construction VB

Will Call for Inspection: Yes No

Send to Health? Yes No
Copy to Ron Self? Yes No

Receipt No. BL/2708
Date 2/2/17
Fee 100.00
Inspection Date Requested: 2/7/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 1331 ^{vs} HWY 80E. Suite 101 Mesquite, TX 75051

Name of Business (DBA) GEB Tax Service

Proposed Use (s) Tax Service / Preparation Square Footage 448 sq Ft

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Carlos Garza
12504 Cardinal Creek Name

City VISCO TX State TX Zip 75033 Telephone # _____
E-mail Address _____

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I agree. [Do not sign this application unless you agree.]
 I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]
Carlos Garza Signature of Owner 2/2/17 Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: PD-1620 ^{Ord.} LD/2-2-17
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____ Signature / Date

3. Food Service Comments: _____ Signature / Date

4. Fire Comments: _____ Signature / Date

5. Building Inspection Comments: _____ Signature / Date

6. Parks & Recreation Comments: _____ Signature / Date

Zoning PD-C CAM?
Occupancy Group B Send to Health? Yes No
Type of Construction IIIB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. B42787
Date 2/2/17
Fee 100.00
Inspection Date Requested: 2/7/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

Address of Use 1228 W. Scyene # 121 Mesquite TX 75149

Name of Business (DBA) Bayo la Union del Espiritu Santo

Proposed Use (s) Office Square Footage 1000

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? _____ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Ruben E. Gonzalez

Business Mailing Address 1406 Randolph Dr.

City Darland State TX Zip 75041 E-mail Address (214) 455-9122
Telephone # _____

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I agree. [Do not sign this application unless you agree.]
 I acknowledge receipt of "Phasing Out Existing Pole Signs." [Do not sign this application unless you have been given this document.]

Ruben Gonzalez 1/2/2017
Signature of Owner Date

OFFICE USE ONLY

Comments: Office use for church

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) Barnett 2/1/2017
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning C/MP-SC CAM?
Occupancy Group B Send to Health? Yes No
Type of Construction IRB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. BU2784
Date 2/1/17
Fee 100w
Inspection Date Requested: 2/16/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.

(PLEASE PRINT)

19330 NABT #109 Mesquite, TX 75150
Address of Use

New Liberty of Deliverance Worship Center
Name of Business (DBA)

Proposed Use (s) Church Service Square Footage 800

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: PS Business / NLDWC
Name

P.O. Box 872194 Mesq
Business Mailing Address

Mesquite, TX 75187 469-805-4583
City State Zip Telephone #

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Atendie Henphell 2-1-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) *[Signature]* 2/1/17
Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

4. Fire Comments: _____
Signature / Date

5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning PD-C (1977) CAM?
Occupancy Group B Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. BU2103
Date 2/1/17
Fee 100.00
Inspection Date Requested: 2/16/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

Notice to Applicant: Any Certificate of Occupancy issued on the basis of incorrect information may be revoked.
(PLEASE PRINT)

2533 Franklin Dr. S04.11A
Address of Use

AK Electrical services
Name of Business (DBA)

Proposed Use (s) Office / storage for parts Square Footage 1020

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? ___ %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Kietnan Lewis
Name

1013 Clear Creek Dr
on-Business Mailing Address

Mesquite TX 75181 214 534 7041
City State Zip Telephone #

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I agree. [Do not sign this application unless you agree.]
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ASUM PIG
Signature of Owner Date 2-1-17

OFFICE USE ONLY

Comments: SIC: 173 Electrical Contractor No outdoor storage

1. Planning & Zoning Comments: Permitted by Ord 2/1/2017
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____ Signature / Date

3. Food Service Comments: _____ Signature / Date

4. Fire Comments: _____ Signature / Date

5. Building Inspection Comments: _____ Signature / Date

6. Parks & Recreation Comments: _____ Signature / Date

Zoning C CAM?

Occupancy Group B Send to Health? Yes No

Type of Construction VB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No Inspection Date Requested: 2/16/2017

Receipt No. B42102
Date 2/1/2017
Fee 100.00