

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 2033 Military Pkwy Suite 403 D Mesquite TX.

Name of Business (DBA) Centro Evangelistico "BETESDA"

Proposed Use (s) CHURCH Square Footage 2,400

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

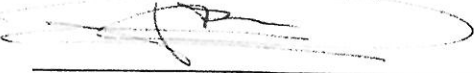
Owner / Tenant Information: Yovani Palma Name

3087 Fallbrook Dr. Rockwall TX 75082
Non-Business Mailing Address E-mail Address

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 of Owner Date 2-3-17

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: Barnett Zborak 2/3/17
(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-1C 1973 CAM?

Occupancy Group A-3
Type of Construction II B

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

Receipt No. B42790
Date 2/3/2017
Fee 100.00
Inspection Date Requested: 2/8/2017

Will Call for Inspection: Yes No

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(PLEASE PRINT)

920 State Hwy 352 SUITE 100

Address of Use

Urology Clinics of North Texas

Name of Business (DBA)

Proposed Use (s) Doctors office Square Footage 3,100

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: Urology Clinics of North Texas

13719 Ashridge Drive

Name

Non-Business Mailing Address

Dallas TX 75240

E-mail Address

(469) 235-5481

City

State

Zip

Telephone #

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[Signature]

Signature of Owner

2/1/17

Date

OFFICE USE ONLY

Comments: _____

① Planning & Zoning Comments: [Signature] 2/3/17
(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 G-Rd PD-1C CAM?

Occupancy Group B Send to Health? Yes No

Type of Construction III B Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Inspection Date Requested: _____

Receipt No. n/chg Bldg
Date _____
Fee n/chg
[Signature]

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Address of Use 3301 N. Town East Blvd. (Shell)

Name of Business (DBA) Bive Sky SK, LLC

Proposed Use (s) new owner CO. (Shell) Square Footage 42,228

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: Krishna Pant

Non-Business Mailing Address 3320 Willow Creek Dr. Sunnyville, TX 75182 E-mail Address _____

City Sunnyville State TX Zip 75182 Telephone # 972-261-8065

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(Signature) 2/6/2017
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ Signature / Date LA/2-6-17
(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 BR CAM?
Occupancy Group Shell Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. 1643229
Date 2/10/17
Fee 1150
Inspection Date Requested: 2/9/17

CITY OF MESQUITE

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1228 W Sycamore Rd # 107
Address of Use _____

Breakthrough Fitness
Name of Business (DBA) _____

Proposed Use (s) Office / Training Space 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: Carlos Seth Chavez
917 Birchwood Dr. Name _____

Mesquite TX 75149 469-777-1155
City State Zip Telephone #

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Carlos S. Chavez 2/6/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1 Planning & Zoning Comments: _____ Signature / Date *LS/2-6-17*
(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: _____

Zoning C-MPSC 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. *Bldg 792*
Date *2-6-17*
Fee *100*
Inspection Date Requested: *2-9-17*

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Address of Use 1919 Fathon P. Lucas Blvd Suite 145 ~~145~~

Name of Business (DBA) Dollar \$ Plus

Proposed Use (s) 2100 net sq Retail store Square Footage 2100 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: Fabiana Smith-Jones and Alexina Frances Okatan
Name 2009 Red River Rd

City Mesquite State TX Zip 75181 Telephone # 751263475815529

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Smith Signature of Owner
02/10/17 Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: Darrell J. Ford 2/10/17
(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 B
Type of Construction II B
Will Call for Inspection: Yes No

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

Receipt No. BU 3504
Date 2-10-17
Fee 100
Inspection Date Requested: 2-15-17

SUITE 100A
CITY OF MESQUITE

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

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Address of Use 2929 N. Galloway St. 100A Mesquite, TX, 75150

Name of Business (DBA) Paul's burgers and Chicken

Proposed Use (s) Restaurant Square Footage 3000 ^{340 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: Paul Evans
2317 N. Henderson St 509

Non-Business Mailing Address
City Dallas State TX Zip 75206 E-mail Address 972-801-7573
Telephone #

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Paul Evans 2-9-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: Burnett Zboral 2/9/2017
(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 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. B42794
Date 2-9-17
Fee 100
Inspection Date Requested: 2-14-17

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Address of Use 1502 S Beltline Rd Mesquite TX #A

Name of Business (DBA) La Calentanita Taqueria

Proposed Use (s) RESTAURANT Square Footage _____

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: Marra del Rosario Medina Catalan
Name

2522 Decoy Dr. Mesquite
Non-Business Mailing Address

Mesquite TX 75149
City State Zip

_____ E-mail Address
_____ Telephone #

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Marra del Rosario 2-8-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) [Signature] 2/8/17
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 SR 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. 342793
Date 2/8/17
Fee 100
Inspection Date Requested: 2/13/17

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Address of Use 1012 Ridgeview Suite 103 Mesquite Tx 75149

Name of Business (DBA) Live Better Now

Proposed Use (s) Personal Training/Fitness classes Square Footage 1300

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: Stacie Nalls
Name

201 Magic Ln
Non-Business Mailing Address

Sunnyvale TX 75182 214 405 4413
City State Zip Telephone #

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Stacie Nalls 2/9/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

① Planning & Zoning Comments: _____ LA/2-9-17
(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: _____

Zoning GR 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

Signature / Date
Receipt No. B43301
Date 2-9-17
Fee 100
Inspection Date Requested: 2-14-17

CITY OF MESQUITE

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Address of Use 1700 East Davis St. #101A, Mesq, 75149.

Name of Business (DBA) Texas Insurance

Proposed Use (s) Insurance Bonds & Tax Serv. Square Footage 1100

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: Mohammed Kasim
Name

Non-Business Mailing Address 715 Michelle Way, Mesquite TX 75149 E-mail Address _____

City _____ State _____ Zip _____ Telephone # _____

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MKasim
Signature of Owner _____ Date _____

OFFICE USE ONLY

Comments: SIC 64 Insurance Agent

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) Marcella Zepher 2/9/2017
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 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

Signature / Date _____
Receipt No. 1843236
Date 2/9/17
Fee 1000
Inspection Date Requested: 2/14/17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

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Address of Use 1925 Towne Centre Dr, Mesquite TX 75150 Ste 110

Name of Business (DBA) Relax & Therapy LLC

Proposed Use (s) Massage Square Footage 2500

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: Lin Zhou
Name
1832 Silverwood Ln Plano TX 75075
Non-Business Mailing Address
City _____ Zip _____ E-mail Address _____ Telephone # 469-500-7068

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Lin Zhou 2/9/17
Signature of Owner _____ Date _____

OFFICE USE ONLY

Comments: Requires State License Permitted as a Massage therapist

1. Planning & Zoning Comments: Marrett Zford 2/9/2017
(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 GIR CAM?
Occupancy Group B Send to Health? Yes No
Type of Construction ILB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. 55951
Date 2/9/17
Fee 100
Inspection Date Requested: 2/14/17

CITY OF MESQUITE CERTIFICATE OF OCCUPANCY APPLICATION

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Address of Use 412 W. Kimbrough St.

Name of Business (DBA) SIATURN 5 TRANSPORTATION LLC

Proposed Use (s) Auto Repair / Storage Square Footage 2800

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? 0 %
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: ANN YEAGER - 627 E. Tripp Rd -
Name

Sunnyvale TX 94086 E-mail Address _____
Non-Business Mailing Address

City _____ State _____ Zip _____ Telephone # _____

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Tom Wood agent 2-9-17
Signature of Owner Date

OFFICE USE ONLY

Comments: Minor Auto Repair Allowed

Accessory Outdoor Storage Allowed
Subject to Section 3-603 of Zoning Ord.

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) Barbara A. Johnson 2/9/17
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 CBD CAM?

Occupancy Group IB

Type of Construction SI

Will Call for Inspection: Yes No

Send to Health? Yes No

Copy to Ron Self? Yes No

Receipt No. 1343238

Date 2/9/17

Fee 100

Inspection Date Requested: 2/14/17