

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)

6500 Northwest Dr. #162 Mesquite-75150

Address of Use

A. A Viviendo Libres-Grupo

Name of Business (DBA)

Proposed Use (s) Lifestyle TRAINING MEETINGS ^{2 hr each evening} 7000 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:

Santos A. Ruiz

Non-Business Mailing Address 3941 University Dr.

Garland

State

TX

Zip

75043

E-mail Address

214 730 9038

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.]

Santos A. Ruiz 2-13-17
Signature of Owner Date

OFFICE USE ONLY

Comments: 2 hr meetings each evening

1. Planning & Zoning Comments: [Signature] 2/14/17
(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-3

Type of Construction II B

Will Call for Inspection: Yes No

Send to Health? Yes No

Copy to Ron Self? Yes No

Receipt No. B43243

Date 2/14/2017

Fee \$100.00

Inspection Date Requested: 2/17/2017

** Open at 10:00 **

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

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Address of Use 6500 Northwest Dr suite #365

Name of Business (DBA) Hnuzz Tobacco

Proposed Use(s) Tobacco, Lottery, Glass, ^{coin-operated} machines 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: Ashek Panta

Non-Business Mailing Address 1001 morning side ct Name
Mesquite TX 75150 City State Zip
(972) 653-2739 E-mail Address Telephone #

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@shokpanta Signature of Owner
02/14/17 Date

OFFICE USE ONLY

Comments: Maximum of 4 coin operated games

1. Planning & Zoning Comments: _____ Signature / Date
(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 GR CAM?
Occupancy Group m Send to Health? Yes No
Type of Construction II B Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Inspection Date Requested: 2-17-17

Receipt No. 2013309
Date 2-14-17
Fee 100

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Address of Use 3349 IH30 Mesquite, TX 75150

Name of Business (DBA) Vickery Development Inc.

Proposed Use (s) Office Space Square Footage 6300

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: Vickery Development Inc
/Name
920 Tension Memorial Dr.

Non-Business Mailing Address
City Dallas State TX Zip 75223 E-mail Address 214-660-3535
Telephone #

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[Signature]
Signature of Owner Date 2-8-2017

OFFICE USE ONLY

Comments: Office use allowed

1. Planning & Zoning Comments: [Signature] 2/15/2017
(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? Yes No
Occupancy Group B Send to Health? Yes No
Type of Construction VB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. 7843235
Date 2/8/17
Fee 100
Inspection Date Requested: 2/13/17