

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 2540 N. Galloway Av. Suite 207

Name of Business (DBA) Clinical Pathology Lab.

Proposed Use (s) laboratory Square Footage 1700

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: Clinical Pathology Lab.
Name

Non-Business Mailing Address 4555 Excel Pkwy

City Addison State TX Zip 75001 E-mail Address 469 374 2322
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 of Owner [Signature] Date 2/23/17

OFFICE USE ONLY

Comments: _____

- 1. Planning & Zoning Comments: _____ Signature / Date JS / 2-23-17
(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 PD-O CAM?
Occupancy Group B
Type of Construction IFB
Will Call for Inspection: Yes No

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

Receipt No. B11912
Date 2/23/2017
Fee 100.00
Inspection Date Requested: 2/20/2017

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Address of Use 5005 SAMUELL BOULEVARD, MESQUITE, TX 75149

Name of Business (DBA) JIM COOPER CONSTRUCTION COMPANY, INC

Proposed Use (s) FEDEX DISTRIBUTION CENTER Square Footage 351,897

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: 42 MESQUITE, LP

Name 2105 COMMERCE ST, SUITE 312
Non-Business Mailing Address
City DALLAS State TX Zip 75201 E-mail Address 214/739-4209
Telephone # _____

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TBR (TAYLOR BROWN) 2/23/17
Signature of Owner PROJECT MANAGER Date

OFFICE USE ONLY

Comments: _____

- * (1) Planning & Zoning Comments: PD estd. through Ord. 4299 JA/2-23-17
(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-I CAM?
Occupancy Group B/S-1 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: _____

perm# _____ Signature / Date
Receipt No. 54856
Date 2-23-17
Fee _____

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Address of Use 1331 U.S. HIGHWAY 80 E, SUITE 207, MESQUITE, TX 75150

Name of Business (DBA) INNOVATE FAST, LLC

Proposed Use (s) OFFICE SPACE Square Footage 544

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: ROBIN ALEX
Name

Non-Business Mailing Address 1214 LAKE BREEZE DR

City GARLAND State TX Zip 75043 Telephone # (469) 583-1284

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Signature of Owner RA Date 2/21/17

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: Marnett Zford 2/21/2017
(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 II B Copy to Ron Self? Yes No

Receipt No. B41904
Date 2/21/17
Fee 100

Will Call for Inspection: Yes No Inspection Date Requested: 2/24/17

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Address of Use: 2564 Hwy 80 E Mesquite, Tx 75154
Name of Business (DBA): Aircraft Air Conditioning Refrigeration Mechanics → AAM

Proposed Use (s): All company parts & service Square Footage: 1600

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: Todd Starobes
Name: _____
Non-Business Mailing Address: 2825 Millerton Ave
City: Mesquite State: Tx Zip: 75150 Telephone #: 409 722 9392

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Signature of Owner: [Signature] Date: 2-20-17

OFFICE USE ONLY

Comments: Only incidental outdoor storage permitted

1. Planning & Zoning Comments: _____ Signature / Date: [Signature] / 2-20-17
(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: B/S-1 Send to Health? Yes No
Type of Construction: VB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. 1343248
Date: 2/20/17
Fee: 100
Inspection Date Requested: 2/13/17

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

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Address of Use 1765 N. TOWN EAST BLVD - SUITE 112, 75

Name of Business (DBA) My Eye Lab

Proposed Use (s) EYE WEAR - Retail / Examinations Square Footage 5112

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: MERAT AHMED KHAN
Name

Non-Business Mailing Address 3012 RIDGE HOLLOW DR
City PLANO TX State TX Zip 75023 E-mail Address (347) 610-6518
Telephone #

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M. Khan Signature of Owner 02/15/2017 Date

OFFICE USE ONLY

Comments: _____

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/TEARA CAM?
Occupancy Group m
Type of Construction TIB
Will Call for Inspection: Yes No

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

Receipt No. BUS315
Date 2/15/2017
Fee 100
Inspection Date Requested: 2/27/2017

CITY OF MESQUITE

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Address of Use 910 N. Galloway Ave # 302 Mesquite TX

Name of Business (DBA) Texas Pain Physicians

Proposed Use (s) medical clinic Square Footage 2,500

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: Al Mustater
Name

Non-Business Mailing Address 5520 LBS FWY # 100

City Dallas State TX Zip 75240 E-mail Address 972-636-5727
Telephone # _____

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[Signature] Signature of Owner
2/23/17 Date

OFFICE USE ONLY

Comments: _____

① Planning & Zoning Comments: See Ord. 4092 for PD standards LS/2-23-17
(Reviewed for use and CAM compliance only) Signature / Date

2. City Engineer Comments: _____
Signature / Date

3. Food Service Comments: _____
Signature / Date

④ 4. Fire Comments: _____
Signature / Date

⑤ 5. Building Inspection Comments: _____
Signature / Date

6. Parks & Recreation Comments: _____
Signature / Date

Zoning PD-O CAM?
Occupancy Group B
Type of Construction IFB
Will Call for Inspection: Yes No

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

Receipt No. BV1911
Date 2/23/2017
Fee 100.00
Inspection Date Requested: will call