

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 1704 Military Parkway Suite 600 Mesquite, TX 75149

Name of Business (DBA) Cowboy Up

Proposed Use (s) Restaurant Square Footage 1600

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

Owner / Tenant Information: Corey Austin
Name

3008 TOWNGATE DRIVE
Non-Business Mailing Address

GALLAND TX 75149 469-835-3261
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] 3/2/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) [Signature] 3/2/17
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: _____

Zoning C/MARE CAM?
Occupancy Group A-2
Type of Construction IFB
Will Call for Inspection: Yes No

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

Receipt No. BU3349
Date 3-2-17
Fee 100
Inspection Date Requested: 3-7-17

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 2533 Franklin Dr. Suite # 1B

Name of Business (DBA) Balloon Junkie

Proposed Use (s) Balloon Gift Shop Custom Square Footage 300

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? 95%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Melanda Hopkins
Name

621 Bristol Court
Non-Business Mailing Address

Mesquite TX 75749 214-859-7292
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.]

Melanda Hopkins 3/6/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ JA/3-6-17
(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 M Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No

Receipt No. BU2056
Date 3-6-17
Fee 100
Inspection Date Requested: 3-9-17

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 3905 Casa ridge mesquite, tx 75150
 Name of Business (DBA) Beauty The fragrance world
 Proposed Use (s) Salon Square Footage 750

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: Rosa Garcia
Name
2420 Lewis St
Non-Business Mailing Address
Irving TX 75061 (214) 406-1750
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]
 Signature of Owner 03-06-17
Date

OFFICE USE ONLY

Comments: _____
 1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) LD/3-6-17
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 IB Copy to Ron Self? Yes No
 Will Call for Inspection: Yes No
 Receipt No. BUD055
 Date 3/8/17
 Fee _____
 Inspection Date Requested: 3-9-17
 Distribution: White - Building Inspection Yellow - Inspector Pink - Fire Department

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 2929^N Galloway Ste. 109 Mesquite, Tx.

Name of Business (DBA) MMM... Sister's Snacks

Proposed Use (s) Snack Bar Square Footage 2400

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: Brenda Martinez / Nancy Maiorca
13416 Sarah Ln. Dallas, TX. 75253
Name Non-Business Mailing Address

*E-mail Address Telephone # 214-664-2866

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.

City _____ State _____ Zip _____ Telephone # _____

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.]

B. Martinez Signature of Owner 3-3-17 Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) LD/3-3-17
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 BR CAM?

Occupancy Group M Send to Health? Yes No

Type of Construction FB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. BU3350
Date 3/3/17
Fee 100
Inspection Date Requested: 3/8/17

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 844 DALWORTH DR. #10 MESQUITE TX 75149

Name of Business (DBA) APPROACH PLATE CLOTHING

Proposed Use (s) CLOTHES SALES 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: COREY RISPER

Non-Business Mailing Address 1339 GLENCLIFF CT DALLAS, TX 75217

City DALLAS State TX Zip 75217 Telephone # 361 816-0284

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] 3/3/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

① Planning & Zoning Comments: _____ LL/3-3-17
(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 I CAM?
Occupancy Group m Send to Health? Yes No
Type of Construction IN Copy to Ron Self? Yes No
Will Call for Inspection: Yes No Inspection Date Requested: 3/9/17

Receipt No. BU2051
Date 3/3/2017
Fee 100.00

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)

Space # 5505 (60 sqf) TOWN EAST MALL
Address of Use

MY TEETH DENTAL Orthodontics
Name of Business (DBA)

Proposed Use (s) Marketing 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: OMAR FETOUH
Name

5223 ROYAL LN
Non-Business Mailing Address

DALLAS TX 75229 716-743-9855
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] 3-6-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

① Planning & Zoning Comments: no dental work LS/3-6-17
(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-TER CAM?
Occupancy Group B Send to Health? Yes No
Type of Construction Kiosk Copy to Ron Self? Yes No
Will Call for Inspection: Yes No

Receipt No. BUD056
Date 3-6-17
Fee 100
Inspection Date Requested: 3-9-17

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 1220 N. TOWN EAST Blvd. suite 230 Mesquite TX 75

Name of Business (DBA) (SFS MMA) SALWANGSANG FIGHTING SYSTEMS MIXED MARTIAL ARTS

Proposed Use (s) MARTIAL ARTS Square Footage 2100

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: Anthony D. Salwangsang
Name
11319 Rupley Ln. Dallas TX 75218
Non-Business Mailing Address
City Dallas State TX Zip 75218 Telephone # 972-288-2161

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.]

Anthony D. Salwangsang 3/8/17
Signature of Owner Date

OFFICE USE ONLY

- Comments: _____
1. Planning & Zoning Comments: Off Comment 3/8/17
(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 Send to Health? Yes No
Type of Construction EB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No Inspection Date Requested: 3-13-17

Receipt No. Bu2002
Date 3-8-17
Fee 100

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)

3300 GUS THOMASSON RD. MESQUITE, TX 75150
Address of Use

TRINITY CHRISTIAN WORSHIP FELLOWSHIP HALL SUITES 204-05
Name of Business (DBA)

Proposed Use (s) HOSPITALITY CHURCH EVENTS Square Footage 2,900

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: TRINITY CHRISTIAN WORSHIP CHURCH
1633 MEADOWGLEN LN ^{Name}

Non-Business Mailing Address MESQUITE TX 75150 E-mail Address 214 695-4110
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.]
Cynthia Fledge 3/7/17
Signature of Owner REP. Date

OFFICE USE ONLY

Comments: Church functions only

1. Planning & Zoning Comments: _____ JH/Anna 3/7/17
(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 B Send to Health? Yes No
Type of Construction IRB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Distribution: ~~White~~ - Building Inspection Yellow - Inspector Pink - Fire Department

Receipt No. BUD del
Date 3-10-17
Fee 100
Inspection Date Requested: 3-10-17

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

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 1200 E DAVIS ST, UNIT 117

Name of Business (DBA) GTA TAE KWON DO

Proposed Use (s) TAE KWON DO SCHOOL Square Footage 2600

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: NICHOLAS and JWALA LENAHAN

Name ISOMO TIMOTY LN BALCHSPRINGS

City BALCH SPRINGS State TX Zip 75180 Telephone # 972.968.5877 5787
5698

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.]

Jwala Lenahan 3/7/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) JHant 3/7/17
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 A-3

Type of Construction IB

Will Call for Inspection: Yes No

Send to Health? Yes No

Copy to Ron Self? Yes No

Receipt No. B41933

Date 3/7/2017

Fee 100

Inspection Date Requested: 3/10/2017

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

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

Address of Use: 510 N Peachtree Road, Suite 200 Mesquite TX 75149
 Name of Business (DBA): Branco Packaging Corporation
 Proposed Use (s): Office/Warehouse Square Footage: 95,707

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: Melinda Fey Name
1905 Springwood
Non-Business Mailing Address
Mesquite TX 75181 407-446-4062
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] 3-10-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____
 1. Planning & Zoning Comments: Marrett Zepher 3/10/2017
(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: I/SLH CAM?
 Occupancy Group: B/S-1 Send to Health? Yes No
 Type of Construction: _____ Copy to Ron Self? Yes No
 Will Call for Inspection: Yes No Inspection Date Requested: 3-15-17
 Distribution: ~~White~~ - Building Inspection Yellow - Inspector Pink - Fire Department

Perm # 550154
 Receipt No _____
 Date 3-10-17
 Fee _____

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: 4111 US 80 Mesquite Tx Suite 201 & 202

Name of Business (DBA): Unity Commercial Solutions

Proposed Use (s): Warehouse - Office Square Footage: 1800 ^{900 sq.}

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: P.S. Business Parks, Raina Kelly

Non-Business Mailing Address: 1840 Hutten Dr. Suite 100 Name

City: Carrollton Tx. State: Tx. Zip: 75006 Telephone #: 972-907-3610 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.]

Lucas Flores 3-10-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ LA/3-10-17
(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 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. BU2018
Date 3-10-17
Fee 100
Inspection Date Requested: 3-15-17

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: 4111 US 80 Mesquite TX SUITE 202
 Name of Business (DBA): Unity Commercial Solutions
 Proposed Use (s): Warehouse - Office. Square Footage: 900 Sq²

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: P.S. Business Parks, Raina Kelly
Name
1840 Hutton Dr. Suite 160
Non-Business Mailing Address
Carrollton TX 75006
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.]
Raina Kelly 3-10-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

- 1. Planning & Zoning Comments: _____ Yes / 3-10-17
(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: _____

Zoning C CAM?
 Occupancy Group B/S-1 Send to Health? Yes No
 Type of Construction IB Copy to Ron Self? Yes No
 Will Call for Inspection: Yes No
 Inspection Date Requested: 3-15-17
 Receipt No. B42069
 Date 3-10-17
 Fee 100