

Shell

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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 2427 Baker Dr Mesquite TX 75150

Name of Business (DBA) MUTUAL MANAGEMENT WEALTH TRUST

Proposed Use (s) PARKING LOT (SHELL) 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: MUTUAL MANAGEMENT WEALTH TRUST
Name

Non-Business Mailing Address PO Box 866783
City PLANO State TX Zip 75086 Telephone # 972 805 7587

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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] 4/19/17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ Signature / Date YJ / 4-19-17
(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 GR 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. B111070
Date 4-19-17
Fee 100
Inspection Date Requested: 4-24-17

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)

5351 Samuell Blvd ste 200, Mesquite, TX 75149
Address of Use

Coca-Cola Beverages Southwest LLC
Name of Business (DBA)

Shirout equipment vending machine refurbishment
Proposed Use (s) Refurbished equipment, store coolers, venders, Square Footage 150,000

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: Jerome Yearby
Name

12713 Natalie Drive
Non-Business Mailing Address

Balch Springs TX 75180 210 900 0794
City State Zip Telephone #

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Signature of Owner: Jerome Yearby Date: 4/17/17

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ Signature / Date: SA / 4-17-17
(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-SCH CAM?
Occupancy Group F-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: 4-20-17

Receipt No. BUTLER 3
Date 4-17-17
Fee 100
4-20-17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

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Address of Use 3601 US HIGHWAY 80E, MESQUITE, TX 75150

Name of Business (DBA) LUNA LODGE

Proposed Use (s) HOTEL/MOTEL Square Footage 53,000

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: NPRONED HOLDINGS LLC

Name 7600 BRADFORD PEAR DR, IRVING, TX 75063

Non-Business Mailing Address IRVING TX 75063 E-mail Address 469-438-4797

City IRVING State TX Zip 75063 Telephone # 469-438-4797

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Srinivas Khan 4/14/17
Signature of Owner Date

OFFICE USE ONLY

Comments: Legal non-conforming

1. Planning & Zoning Comments: Permitted 3/14/2017 Signature / Date 4/14/2017
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 R-1 Send to Health? Yes No
Type of Construction IB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. 31002
Date 4-14-17
Fee 100
Inspection Date Requested: 4-19-17

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 103 West MAIN ST.

Name of Business (DBA) PARADISE SNOW CONE PARLOR

Proposed Use (s) SNOW CONES, Ice cream, COFFEE, PASTRIES, Chips, Soda, Candy
Clothes, shoes, VINYL Records Square Footage 1062

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? 100%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: MARVIN BLAKEY
328 Park Brook Dr.

City DALLAS State TX Zip 75218 Telephone # 214 454 1214

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Marvin Blakely 4-14-17
Signature of Owner Date

OFFICE USE ONLY

Comments: USED MERCHANDISE IS ~~PERMISS~~ ALLOWED IN THE CB DISTRICT

1. Planning & Zoning Comments: Current Zoned 4/14/17
(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 CB CAM?

Occupancy Group A-2 Send to Health? Yes No

Type of Construction IB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. Bullet
Date 4-14-17
Fee 100
Inspection Date Requested: 4-19-17

I need to be assigned suite # before finalized

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

CITY OF MESQUITE

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(PLEASE PRINT)

Address of Use 1604 W. Bruton Rd. Mesquite TX 75149

Name of Business (DBA) EZ Trip - EL Trompo Loco

Proposed Use (s) Taqueria Square Footage 2692

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: Dalia Renteria
1252 Cedarcrest Dr Mesquite
Non-Business Mailing Address: Mesquite TX 75149 Telephone # 409 348 4994

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Renteria
Signature of Owner _____ Date _____

OFFICE USE ONLY

Comments: _____

- 1. Planning & Zoning Comments: _____ Signature / Date 2/4-18-17
- 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 A2 Send to Health? Yes No
Type of Construction JB Copy to Ron Self? Yes No
Will Call for Inspection: Yes No
Receipt No. BU 2397
Date 2/18/17
Fee 100.00
Inspection Date Requested: 2/21/17
Distribution: White - Building Inspection Yellow - Inspector Pink - Fire Department

CITY OF MESQUITE

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Address of Use 1228 W Seyenc RD #124 Mesquite TX 75149

Name of Business (DBA) POP'S Computer Repair

Proposed Use (s) Office Space Square Footage 1000^{sq}

Do you intend to sell: 1. Any used merchandise? Yes No If yes, what percentage? 5%
2. Beer or wine? Yes No
(Off-premises consumption)

Owner / Tenant Information: Michael D Jenkins
Name

Non-Business Mailing Address 2212 Crystal DR E-mail Address _____
Balch Springs TX 75180 972.670-8693
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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M Jenkins 04/17/2017
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: no repair on premises LD/4-17-2017
(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-MPSC 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. BV134100
Date 4/19/17
Fee 100.00
Inspection Date Requested: 4/21/17

Michael D Jenkins

CITY OF MESQUITE

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Address of Use 1426 Mariposa Dr. Mesquite Tx 75150

Name of Business (DBA) Blackwater Communications

Proposed Use (s) Construction Company Square Footage 6500

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: Ray Jonas
Name

6410 Lancashire Dr.
Non-Business Mailing Address

Rockwall TX 75087 469-547-2654
City State Zip E-mail Address Telephone #

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Signature of Owner Date

OFFICE USE ONLY

Comments: outdoor storage must be screened from street. JR

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) JR 4/18/17
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 S-1

Type of Construction IB

Will Call for Inspection: Yes No

Send to Health? Yes No

Copy to Ron Self? Yes No

Receipt No. BV3399

Date 4/10/17

Fee 100.00

Inspection Date Requested: 4/21/17

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

CITY OF MESQUITE

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Address of Use 3315^N Town East Blvd

Name of Business (DBA) Reggae Wings & Tings Inc

Proposed Use (s) Restaurant Square Footage 2930

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: Roy & Marci LaBeach

Non-Business Mailing Address: 427 Feathercrest Ln
Mesquite Tx 75150 E-mail Address: 214-455-1559
City State Zip Telephone #

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Mari Dlabach 3-2-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) [Signature] 3/21/17
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. [Signature]
Date [Signature]
Fee [Signature]
Inspection Date Requested: will call

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

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(PLEASE PRINT)

Address of Use 412 W. Kimbrough Mesquite, TX. 75149

Name of Business (DBA) Trade Shire

Proposed Use (s) Remodelling trade - kitchen/bath Storage/woodworking/showroom
Square Footage 3200

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: Craig Bruner
Name

Non-Business Mailing Address P.O. Box 850102
City Mesquite State TX Zip 75185 E-mail Address 972-841-3461
Telephone #

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Craig Bruner 4-20-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: Incidental outdoor storage must be screened CB / 4-20-17
(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 CB CAM?

Occupancy Group F-1 Send to Health? Yes No

Type of Construction IB Copy to Ron Self? Yes No

Will Call for Inspection: Yes No

Receipt No. BUD104
Date 4-20-17
Fee 100
Inspection Date Requested: 4-25-17

CITY OF MESQUITE

CERTIFICATE OF OCCUPANCY APPLICATION

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(PLEASE PRINT)

1460 EAST GLEN MESQUITE, TX 75149
 Address of Use
 Carolyn's Unique Learning Activity Center
 Name of Business (DBA)
 Proposed Use (s) Adult Day CARE Square Footage 7,625
~~Historic School Program~~
 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: CAROLYN JOHNSON
3214 OAK HILL DR. Na.
IRVING TEXAS 75043 214-664-6900
 Non-Business Mailing Address City State Zip Telephone #

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Carolyn Johnson 4/20/17
 Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____ Signature / Date LA/4-20-17
 (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 CR CAM?
 Occupancy Group F-4 Send to Health? Yes No
 Type of Construction IB Copy to Ron Self? Yes No
 Will Call for Inspection: Yes No
 Receipt No. B12103
 Date 4-20-17
 Fee 100
 Inspection Date Requested: 4-25-17

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 2517 Franklin, Ste. B, Mesquite, Texas 75150

Name of Business (DBA) Tex Pro Tire Inc.

Proposed Use (s) warehouse Square Footage 1,000

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: Ana Barillas
Name

Non-Business Mailing Address 2612 Independence Dr. Mesquite, TX. 75150

E-mail Address _____
Telephone # 214 773 9017

City _____ State _____ Zip _____

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[Signature] 4-21-17
Signature of Owner Date

OFFICE USE ONLY

Comments: _____

1. Planning & Zoning Comments: _____
(Reviewed for use and CAM compliance only) [Signature] 4/21/17
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 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. B42109
Date 4-21-17
Fee 100
Inspection Date Requested: 4-26-17

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