



**Certificate of Occupancy**  
**Office of Zoning Administration**  
**CITY OF SHREVEPORT, LA**

**DATE OF ISSUANCE:** December 20, 2023

**CERTIFICATE NO:** 23-403-COR

*THIS CERTIFICATE IS ISSUED IN COMPLIANCE WITH THE PROVISIONS OF ALL ORDINANCES OF THE CITY OF SHREVEPORT PERTINENT THERETO:*

**NAME OF BUSINESS:** P & P CARE GIVER SERVICE  
**ADDRESS:** 1504 CARMEL DR  
**PHONE:** (678)-522-3389  
**TYPE OF BUSINESS:** OFFICE - CARE GIVER SERVICE  
*(NOTE: MUST BE A USE LISTED IN THE ZONING ORDINANCE)*

**PROPERTY ZONED:** R-1-7

**CASE NO, IF APPLICABLE:** N/A

**REMARKS:**  
NOT A SEXUALLY ORIENTED BUSINESS

**EXPIRES, IF APPLICABLE:** December 20, 2025

**OTHER COMMENTS:**

**OWNER OF BUSINESS:** PATRICIA WEBSTER

**REGINALD P. JORDAN**

ISSUING OFFICIAL (TYPED)

SIGNATURE OF ISSUING OFFICIAL

*THIS CERTIFICATE IS NOT AN OCCUPATIONAL LICENSE (PLACE IN A CONSPICUOUS PLACE)*

**Certificate of Occupancy**  
**CITY OF SHREVEPORT, LA**  
**(KEEP FOR FUTURE REFERENCE)**

**CERTIFICATE NO:** 23-403-COR

**IF YOUR BUSINESS CLOSED DURING THE YEAR PLEASE NOTIFY: CITY OF SHREVEPORT, REVENUE DIVISION, P.O. BOX 30002, SHREVEPORT, LA 71130**

**A NEW CERTIFICATE OF OCCUPANCY MUST BE OBTAINED FROM THE ZONING OFFICE; AND IF A "LIQUOR LICENSE" WAS ISSUED, PLEASE NOTIFY THE SHREVEPORT POLICE DEPARTMENT, ABO OFFICE, IF ANY OF THE FOLLOWING OCCUR:**

- 1. CHANGE THE NAME OF THE BUSINESS
- 2. CHANGE OWNERSHIP
- 3. MOVE OR OPEN A NEW LOCATION
- 4. EXPAND SERVICES OR FACILITIES AT THE PRESENT LOCATION