



## Certificate of Occupancy Building Safety Division

This Certificate is issued pursuant to the requirements of the Mesa Administrative Code, Section 4-1-6 (B), which became effective February 10, 2019, certifying that on this date the structure and site listed below is in compliance with said Code ( International Codes) and with Title XI, of the Mesa City Code entitled "Zoning" and with the various ordinances of the City regulating building construction and use insofar as ascertained by the undersigned:

**Building Permit Number:** PMT22-11036  
**Owner's Name:** ELLIS JOHN/KRISTEN  
**Owner's Address:** 5525 S COYOTE CANYON, MESA, 85212  
**Project Address:** 5525 S COYOTE CANYON, MESA, AZ 85212  
**Project Name:** Sequoia Behavioral Health LLC

**OCCUPANCY:**

Occ Grp	Const Type	SqFt	Occ Load
R-4 Residential Care/Assisted Living	VB	3693	10
Total SQ FT :		3693	

**Zoning District:** PC

**Special Stipulations/Conditions:** Certificate of Occupancy for residential care home operating as a Behavioral Health Home. Name Change Only: Sequoia Behavioral Health LLC. Maximum 10 care residents. R-4 Occupancy, Condition 1. VB Construction. No fire sprinklers installed; all persons receiving custodial care, without any assistance, are capable of responding to an emergency situation to complete building evacuation. This is a primary mental health facility. No sober living and not a primary substance abuse center. No in-home acute medical care, skilled nursing. Detoxification services not allowed without further Planning approval and permits. No

**Deputy Director/Building Official: John Sheffer**

**Date:** 07/21/2022

**ANY ALTERATIONS OR CHANGES TO THE OCCUPANCY ABOVE SHALL VOID THIS CERTIFICATE.  
POST AND MAINTAIN THIS CERTIFICATE IN A CONSPICUOUS PLACE.**



**APPROVED**

By CBridge at 3:53 pm, Jun 28, 2022

**Community Residence, Assisted Living, and Nursing and  
Convalescent Home Registration Application**

Mesa

Facility Name: Sequoia Behavioral Health, LLC

Number of Residents: Max of 10 Fire Sprinklers Installed? ☐ Yes ☒ No

Facility's Address: 5525 S. Coyote Canyon, Mesa, AZ, 85212

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility's Mailing Address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility's Phone Number: 928-460-0862 Facility's E-Mail: emmanja3@gmail.com

Facility's Operator: Sean & Emilie Parsons

Operator's Phone Number: 928-458-4813 Operator's E-Mail: seanparsons@cox.net

Property Owner (Print): John Craig Ellis

Property Owner's Address: 5525 S. Coyote Canyon

City: Mesa State: AZ Zip Code: 85212

Property Owner's Phone Number: 970-980-9709 Property Owner's E-Mail: j2pumas@aol.com

Property Owner's Signature: [Signature] (owner authorization is required)

*The applicant has read and understands all rules and regulations of the City of Mesa; has physically inspected the site and verifies that the proposed site is in compliance with all applicable city, state and federal laws; and is responsible for the accuracy of all information provided in this application. Submittal of erroneous information, or failure to disclose any requested information may result in denial of application. Errors found after processing application may result in loss of registration, and removal of registered location from Mesa Map of Registered Community Residences.*

I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:

[Signature]  
Applicant's Signature

06/13/2022  
Date

**REVIEWED**

By Heather Omta at 11:55 am, Jul 15, 2022



## Property Owner's Authorization Signature Form

480-644-2385

### Property Owner:

Curtis and Kimberly Walsh

Name

5525 S Coyote Canyon Mesa, AZ 85212

Address (Street, City, State, Zip Code)

209-986-0199

Phone Number

Fax Number  
k1medigitalbga.com

DocuSigned by

Kimberly Walsh

6/10/2022

Date

Signature

Kimberly Walsh

Date

### Applicant:

Sequoia Behavioral Health, LLC

Name

5525 S. Coyote Canyon, Mesa, AZ 85212

Address (Street, City, State, Zip Code)

928-400-0862

Phone Number

Fax Number

stanparsons594@yahoo.com

E-mail

Signature

6-10-2022

Date

Registration Number (required for professional registrants)

Address of Site: 5525 S. Coyote Canyon, Mesa, AZ 85212

APN:

### Select Type of Request

#### ☐ Administrative Review

- Minor Modifications/Changes to existing cases
- Desert Uplands Reviews
- Form Based Code (Zoning Clearance
- Land Division (Lot Splits)

#### ☐ Planning & Zoning

- Rezone
- Pre-Plans
- Council Use Permits
- Development Unit Plans

#### ☐ Board of Adjustment

- Variances
- Substantial Conformance Improvement Permit (SCIP)
- Development Incentive Permit (DIP)

#### ☐ Design Review

#### ☐ Annexation

#### ☐ General Plan Amendment – Major

#### ☒ Community Residence [Residential Care Home]

- Historic Preservation (Certificate of Appropriateness)

- Medical Marijuana

- Wireless Communication Facilities (Cell Towers)

- Site Plan Review/Modifications Special Use Permits
- Minor General Plan Amendments

- Special Use Permits

- Wireless Communication Facilities (Cell Towers)

# Property Owner's Authorization Signature Form

480-644-2385

## Property Owner:

Name John Craig Ellis  
Address (Street, City, State, Zip Code) 5525 S. Coyote Canyon, Mesa, AZ, 85212  
Phone Number 930-980-9709

## Applicant:

Name Scquidia Behavioral Health, LLC  
Address (Street, City, State, Zip Code) 5525 S. Coyote Canyon, Mesa, AZ, 85212  
Phone Number 928-4100-0862

Fax Number \_\_\_\_\_  
E-mail jrcumas@q.com  
Signature JC Ellis Date 6/13/22

Fax Number \_\_\_\_\_  
E-mail scampars@ms594@yahoo.com  
Signature Scampars Date 06/13/22

Registration Number (required for professional registrants) \_\_\_\_\_

Address of Site: 5525 S. Coyote Canyon APN: \_\_\_\_\_  
Mesa, AZ, 85212

## Select Type of Request:

- ☐ **Administrative Review**
  - Minor Modifications/Changes to existing cases
  - Desert Uplands Reviews
  - Form Based Code /Zoning Clearance
  - Land Division (Lot Splits)
- ☐ **Planning & Zoning**
  - Rezone
  - Pre-Plats
  - Council Use Permits
  - Development Unit Plans
- ☐ **Board of Adjustment**
  - Variances
  - Substantial Conformance Improvement Permit (SCIP)
  - Development Incentive Permit (DIP)
- ☐ **Design Review**
  - Special Use Permits
  - Wireless Communication Facilities (Cell Towers)
- ☐ **Annexation**
- ☐ **General Plan Amendment – Major**
- ☒ **Community Residence [Residential Care Home]**





## Certificate of Occupancy Worksheet for Residential Care Facility

### Part I: Certificate Application

Property Address: 5525 S. Coyote Canyon, Mesa, AZ, 85212

Property Owner Name: John Craig Ellis

Facility Name: Sequoia Behavioral Health, LLC

Type of Residential Care Facility: Community residence / residential treatment center

Number of care residents (not including staff)? Max of 10

Is the residential home equipped with automatic fire sprinkler protection monitored by a third party?

☐ YES ☒ NO If yes, provide the permit number? \_\_\_\_\_

*The applicant has read and understands all rules and regulations of the City of Mesa; has physically inspected the site and verifies that the proposed site is in compliance with all applicable city, state and federal laws; and is responsible for the accuracy of all information provided in this application. Submittal of erroneous information, or failure to disclose any requested information may result in denial of application. Errors found after processing application may result in loss of local jurisdiction approval.*

I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:

Applicant Printed Name Sean Parsons Applicant Signature [Signature] Date 6/13/22

### Part II: Submit an Electronic Permit Application

- Go to the application portal website called Dimes:
- Login. Or create an account and then login.
- Select Apply for a Permit. Open **Construction Permit** dropdown, select **Commercial Permit**. Continue application.
- Under detail information, property type: **Commercial**; type of work: **Other**; classification type: **Certificate of Occupancy**. Complete the rest of the application.
- Upload required documents (worksheet & site plan), label docs as **Construction Documents**
- When the system issues a PMT #, the request has been submitted into the DIMES system.

FOR OFFICE USE ONLY

B: Certificate of Occupancy for residential care home operating as a Behavioral Health Home. Name Change Only: Sequoia Behavioral Health LLC. Maximum 10 care residents. R-4 Occupancy, Condition 1. VB Construction. No fire sprinklers installed; all persons receiving custodial care, without any assistance, are capable of responding to an emergency situation to complete building evacuation. No in-home acute medical care, skilled nursing, substance abuse treatment, or detoxification services allowed without further Planning approval and permits. No construction work under this permit. No inspection required.

REVIEWED

By Heather Omta at 11:56 am, Jul 15, 2022

### Sequoia Behavioral Health Narrative

Please prepare a typed narrative with the following information about the Community Residence:

- The name of the facility-  
Sequoia Behavioral Health, LLC

- The name, telephone number, email address and mailing address of the person responsible for the facility

Sean & Emilie Parsons  
Sean P(928) 460-0862  
Emilie p(928) 458-4813  
scparsons594@yahoo.com  
emmanja3@gmail.com

4746 S Griswold St  
Gilbert, AZ 85297

- The type of Community Residence  
Behavioral Health Residential Treatment Center
- The number of residents  
10 Max
- The age range of the residents  
18-65

- What Arizona State agency will be licensing this facility?

AZDHS

- Indicate if all residents are capable of recognizing and responding to emergency situations without assistance from staff.

Yes, we will not be admitting anyone incapable of responding to emergency situations.  
All patients will be ambulatory.



## ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

### ENTITY INFORMATION

ENTITY NAME: SEQUOIA BEHAVIORAL HEALTH LLC  
ENTITY ID: 23367118  
ENTITY TYPE: Domestic LLC  
EFFECTIVE DATE: 04/28/2022  
CHARACTER OF BUSINESS: Any legal purpose  
MANAGEMENT STRUCTURE: Manager-Managed  
PERIOD OF DURATION: Perpetual  
PROFESSIONAL SERVICES: N/A

### STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Registered Agents Inc.  
PHYSICAL ADDRESS: 1846 E. Innovation Park Dr Ste 100 ORO VALLEY, AZ 85755  
MAILING ADDRESS: 1846 E. Innovation Park Dr Ste 100 ORO VALLEY, AZ 85755

### PRINCIPAL ADDRESS

929 N Val Vista Dr, Ste 109 PMB 519, GILBERT, AZ 85234

### PRINCIPALS

Manager: Emilie Parsons - 4746 S Griswold St GILBERT, AZ 85297, USA - - Date of Taking Office:  
Manager: Michael Thomas - 1510 N Emerald Dr, PRESCOTT, AZ 86301, USA - - Date of Taking Office:  
Manager: Norman Knoll - 7955 S Sundance Rd PRESCOTT, AZ 86303, USA - - Date of Taking Office:  
Manager: Sean Parsons - 4746 S Griswold St, GILBERT, AZ 85297, USA - - Date of Taking Office:  
Member: E.S. Holdings, LLC - 929 N Val Vista Dr, Ste 109 PMB 519, GILBERT, AZ 85234, USA -  
emmanja3@gmail.com - Date of Taking Office

### ORGANIZERS

Sean Parsons

### SIGNATURES

Organizer: Sean Parsons - 04/28/2022



ARIZONA  
ASSOCIATION OF REALTORS®  
REAL SOLUTIONS. REALTOR® SUCCESS.

# COUNTER OFFER

1

Document updated:  
June 2021



The pre-printed portion of this form has been drafted by the Arizona Association of REALTORS®. Any change in the pre-printed language of this form must be made in a prominent manner. No representations are made as to the legal validity, adequacy and/or effects of any provision, including tax consequences thereof. If you desire legal, tax or other professional advice, please consult your attorney, tax advisor or professional consultant.



1. This is a Counter Offer originated by: ☒ Seller ☐ Buyer ☐ Landlord ☐ Tenant
2. This is a Counter Offer to the ☒ Offer ☐ Counter Offer dated 06/09/2022 between the following Parties:  
MOD/AYR
3. Seller/Landlord: Curits Walsh & Kimberly Walsh
4. Buyer/Tenant: John Ellis & Kristen Ellis
5. Premises Address: 5525 S Coyote Canyon Mesa AZ 85212
6. Acceptance of the above Offer and/or Counter Offer is contingent upon agreement to the following:  
Buyers to pay all HOA fees. COE to occur on or before July 8th with buyer possession taking place at 8pm on July 8th, 2022
7. taking place at 8pm on July 8th, 2022
8. All other terms and conditions to remain the same.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.

19. Terms of Acceptance: Unless acceptance of this Counter Offer is signed by all parties and a signed copy delivered in person, by mail, facsimile or electronically, and received by the originating party's Broker named in the Contract Section 8g or 9a as applicable

20. by June 10th, 2022 at 8:00 ☐ a.m. ☒ p.m., Mountain Standard Time, this Counter Offer shall be considered withdrawn.

21. Except as modified by this Counter Offer, all other terms and conditions of the above referenced Offer/Counter Offer(s) shall remain unchanged and deemed accepted. Until this Counter Offer has been accepted in the manner described above, the Parties understand that the Party originating this Counter Offer may withdraw the offer to buy, sell, or lease the Premises.

22. The undersigned acknowledges receipt of a copy hereof.

23. Kimberly Walsh Buyer ☐ Landlord ☐ Tenant Date: 6/10/2022 Time: 2:45

24. Kimberly Walsh Buyer ☐ Landlord ☐ Tenant Date: 6/10/2022 Time: 2:37

25. ☒ Seller ☐ Buyer ☐ Landlord ☐ Tenant

## RESPONSE

30. ☐ RESPONSE

31. An additional Counter Offer is attached, and is incorporated by reference. If there is a conflict between this Counter Offer and the additional Counter Offer, the provisions of the additional Counter Offer shall be controlling.

32. ☐ Seller ☐ Buyer ☐ Landlord ☐ Tenant Date: \_\_\_\_\_ Time: \_\_\_\_\_

33. ☐ Seller ☐ Buyer ☐ Landlord ☐ Tenant Date: \_\_\_\_\_ Time: \_\_\_\_\_

34. ☐ Seller ☐ Buyer ☐ Landlord ☐ Tenant Date: \_\_\_\_\_ Time: \_\_\_\_\_

35. ☐ Seller ☐ Buyer ☐ Landlord ☐ Tenant Date: \_\_\_\_\_ Time: \_\_\_\_\_

## ACCEPTANCE

36. ☐ ACCEPTANCE

37. The undersigned agrees to the terms and conditions of this Counter Offer and acknowledges receipt of a copy hereof.

38. John Ellis

39. ☐ Seller ☐ Buyer ☐ Landlord ☐ Tenant Date: 06/10/22 Time: 4:47 PM

40. Kristen Ellis

41. ☐ Seller ☐ Buyer ☐ Landlord ☐ Tenant Date: 06/10/22 Time: 4:46 PM

42. ☐ Seller ☐ Buyer ☐ Landlord ☐ Tenant

## For Broker Use Only:

Brokerage File/Log No. \_\_\_\_\_ Manager's Initials \_\_\_\_\_ Broker's Initials \_\_\_\_\_ Date \_\_\_\_\_ MOD/AYR





## Development Services

### 1st Plan Review Comments

**Project Address:** 5525 S COYOTE CANYON, MESA, AZ 85212  
**Project Title:** Sequoia Behavioral Health RTC  
**Permit No.:** PMT22-11036  
**Date:** June 30, 2022  
**Submission Cycle:** 1st

Provide a response to each comment and identify the location of revision on plans if applicable.

Resubmittals must be made within 180 days from the date of this notification.

Building Review		
Review By: Heather Omta		Heather.Omta@MesaAZ.gov
<p>1. Provide a list of treatment services provided and type of care. Unable to assign an occupancy group without further information. Select from the following:</p> <p>MBC 310.6 <i>We fall under the category R-4, condition 1. Please see additional comments below.</i></p> <p>Residential Group R-5. Residential Group R-5 occupancies where the occupants are primarily permanent as detached one- and two-family dwellings and multiple single-family dwellings (townhouses) and their accessory structures conforming with the Mesa Residential Code. R-5 occupancies may include:</p> <p><u>Adult care facilities providing accommodations for ten or fewer persons of any age for less than 24 hours within a single residence.</u></p> <p><u>Childcare facilities providing accommodations for ten or fewer persons of any age for less than 24 hours within a single residence.</u></p> <p><u>Assisted living homes with 5 or fewer residents capable of self-preservation or responding to an emergency situation without physical assistance from staff.</u></p> <p><u>Assisted living homes including facilities providing directed care services ( care of residents who are incapable of recognizing danger, summoning assistance, expressing need, or making basic care decisions. Directed care services includes providing life sustaining programs and services and may include personal care or supervisory care services) , with 5 or fewer residents that are not capable of self-preservation or responding to an emergency situation without physical assistance from staff. Such assisted living homes shall be protected with automatic sprinkler systems in accordance with section 903.3 and a smoke alarm system in accordance with section 907.2.10.1.3. (5482)</u></p> <p><u>Congregate living facilities with 16 or fewer occupants. (5482)</u></p> <p>MBC 310.5</p> <p>R?4 occupancy shall include buildings, structures or portions thereof for more than five but not more than 16 persons, excluding staff, who reside on a 24?hour basis in a supervised residential environment and receive custodial</p>		



### Building Review

B: R-4, Condition 1.  
Occupancy group  
selected by the applicant.

Review By: Heather Omta

Heather.Omta@MesaAZ.gov

care (

Custodial care includes persons receiving care who have the ability to respond to emergency situations and evacuate at a slower rate and/or who have mental and psychiatric complications)

. Buildings of Group R?4 shall be classified as one of the occupancy conditions specified in Section 310.5.1 or 310.5.2. R?4 As defined and governed by the International Building Code.

✓ R-4 Condition 1. This occupancy condition shall include buildings in which all persons receiving custodial care, without any assistance, are capable of responding to an emergency situation to complete building evacuation.

R-4 Condition 2. This occupancy condition shall include buildings in which there are any persons receiving custodial care who require limited verbal or physical assistance while responding to an emergency situation to complete building evacuation. Automatic fire sprinklers with attic protection monitored by third party required. [Page 5]

### Fire Review

Review By: Christopher Clark

480-644-6128

Christopher.Clark@MesaAZ.gov

1. See building plan reviewers comments.

Note: If this facility is deemed a Group R, Condition 2, the following will be required:

a. Fire sprinklers must protect all conditioned spaces in accordance with 2019 NFPA 13R. Mesa Fire Code 903.2.4.

b. The attic must be protected with one of the following items per Mesa Fire Code 903.3.1.2.3:

1. Fire Sprinklers
2. Heat detectors
3. The attic constructed with non-combustible materials
4. Fill the attic with non-combustible insulation.
- c. The fire sprinkler system must be monitored by a third-party entity. Mesa Fire Code 903.4 [Page 4]

### Fourth and Subsequent Submittals

Applicants submitting revisions beyond the third submittal will be assessed an additional plan review fee calculated at the rate of \$120.00 per staff hour, with a minimum of two hours. A non-refundable deposit of \$120.00 shall be collected at the time of fourth and any subsequent submittals.

Clients at Sequoia Behavioral Health fall under the category R-4 condition 1. Clients are individuals receiving mental health services between the ages of 18-65 who are ambulatory and capable of self preservation in the event of an emergency. We will not be equipped to provide services to those who need extensive assistance with activities of daily living or those persons who are physically handicapped, therefore, we will not admit these types of patients. Our scope of services includes treating individuals with mental health disorders through group therapy, individual therapy, individual case management, medical supervision, outdoor/recreational therapy, and medication management. AZDHS classifies these types of facilities at "residential treatment centers." We are also not considered a psychiatric hospital, so we will not be admitting patients actively endorsing suicidality or homicidality or clients incapable of caring for themselves due to their mental health disorders. The home will mimic the look of other homes in the area and individuals will work towards independence and integration into the community. The aim of our facility is to create a family-style, home-like environment where individuals learn to create healthy relationships and become productive members of society.

B: Narrative provided by applicant. No fire sprinklers installed. All persons must be able to recognize and respond to an emergency situation without assistance from staff.





## Certificate of Occupancy Building Safety Division

This Certificate is issued pursuant to the requirements of the Mesa Administrative Code, Section 4-1-6 (B), which became effective March 3, 2008, certifying that on this date the structure and site listed below is in compliance with said Code (2006 International Codes) and with Title XI, of the Mesa City Code entitled "Zoning" and with the various ordinances of the City regulating building construction and use insofar as ascertained by the undersigned:

**Building Permit Number:** PMT19-00562  
**Owner's Name:** CND-CADENCE LLC  
**Owner's Address:** 8058 S PRIEST DR 104, TEMPE, AZ, 85284  
**Project Address:** 5525 S COYOTE CANYON, MESA, AZ 85212  
**Project Name:** NSFR

**OCCUPANCY:**

Occ Grp	Const Type	SqFt	Occ Load
R-5 Livable	VB	3693	
R-5N Non-Livable	VB	818	
Total SQ FT :		4511	

**Zoning District:** PC

**Conditions/Restrictions:**

**Deputy Director/Building Official:**

**Date:** 07/26/2019

ANY ALTERATIONS OR CHANGES TO ITEMS ABOVE SHALL VOID THIS CERTIFICATE.  
POST AND MAINTAIN THIS CERTIFICATE IN A CONSPICUOUS PLACE.