

Building Safety 480-644-4273  
Fax 480-644-2418

**City of Mesa**  
**Construction Permit**  
**PMT23-09243**



Development Services  
P.O. Box 1466 Mesa,  
Arizona 85211-1466  
www.mesaaz.gov

**Record: PMT23-09243**

**Issued On: 08/02/2023**

**Printed On: 8/2/2023**

Project Address: 610 W FRITO AVE, MESA, AZ 85210

Zoned: RS-6

Subdivision: POWELL ESTATES UNIT 2

Lot: 200

Assessor Parcel: 13417365

Census Tract: 422105

Sales Tax Code: 041000

Classification: Single Family (Detached)

Units: 1

Buildings: 1

Valuation: \$15.00

Occ Grp	Const Type	SqFt	Occ Load

OWNER: ZOKIAN HAGOP

Address: 610 W FRITO AVE  
MESA, AZ 85210

Telephone:

Fax:

CONTRACTOR:

Address:

Telephone:

Fax:

Fees:

Technology Fee	\$4.80
Duplicate Certificate of Occupancy - Existing building more than 12 months after original C of O is	\$120.00
Total Fees:	\$124.80

CONDITIONS

**Building Inspections Required - Building Inspections Required**

**Maricopa County Dust Control Permit - Maricopa County Dust Control Permit**

**Maricopa County Dust Control Plan - Maricopa County Dust Control Plan**

INSPECTION REQUESTS

To request an inspection online, log into your account and enter the permit number. Click the down arrow under 'Record Info' and click on 'Inspections'. Click 'Schedule or Request an Inspection' and select the type of inspection. Select the date, time, and click 'Continue'. Enter notes for the inspector if necessary and then click 'Finish'. Your inspection is now scheduled

REMARKS

Residential Care Facility does not meet separation requirements – limited to four (4) or fewer residents, excluding staff, per Mesa Zoning Code (MZO). Application for name change only Certificate of Occupancy. MBC 310.6. R-5 occupancy group. VB Construction. The Mesa Zoning Code defines Family as an individual or two (2) or more individuals related by blood, marriage or adoption, or a group of no more than four (4) unrelated individuals, living together as a single housekeeping unit. A family includes a couple in a domestic relationship and biological, adopted, and foster children of either partner. The term family includes unrelated persons with developmental disabilities (as defined in A.R.S. § 36-581) living together in compliance with A.R.S. § 36-582. Chapter 87 – definitions. No skilled nursing services. No construction work under this permit. No inspection required.

NOTICE: PERMIT AUTHORIZES CONSTRUCTION ONLY PURSUANT TO PLANS REVIEWED FOR CODE COMPLIANCE AND APPLICABLE LAWS AND ORDINANCES. PERMIT DOES NOT NEGATE APPLICABLE PRIVATE COVENANTS, CONDITIONS, AND RESTRICTIONS. CONTRACT WORK SHALL BE PERFORMED BY PROPERLY LICENSED CONTRACTORS WITH VALID MESA AND STATE PRIVILEGE SALES TAX LICENSES. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ADANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

X \_\_\_\_\_  
AUTHORIZED AGENT OWNER SIGNATURE DATE



# 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 #: PMT23-09243  
Owner's Name: ZOKIAN HAGOP  
Owner's Address: 610 W FRITO AVE, MESA, AZ, 85210  
Project Address: 610 W FRITO AVE, MESA, AZ 85210  
Project Name: BEST OPTIONS FOR RECOVERY LLC

### OCCUPANCY:

Occupancy Group	Constr Type	Sq Ft	Occ Load
R-5 Livable	VB	1288	
Total SQ FT :		1288	

Zoning District: RS-6

Special Stipulations/Conditions:

No Fire Sprinklers Required  
Approved for up to 3

Deputy Director/Building Official: John Sheffer

Date:

08/02/2023

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

## **Best Options For Recovery**

**610 W Frito Ave Mesa AZ 85210**

Best Options For Recovery is a Behavioral Health Facility, which will be licensed by the State of Arizona Department of Health. The number of residents receiving services will be 3 and they will be ages 18 and over. There will be no sprinkler system installed on the premises, but the property will have an alarm system as well as smoke detectors in each bedroom and in the hallway of the home.

As a behavioral health provider, Best Options For Recovery will work with adults who have been diagnosed with mental health disorders and/or have a history of substance abuse. We provide integrated health care for this population and offer a variety of services including counseling, job coaching, culturally and age-appropriate wellness activities, all within a safe and healthy environment. Best Options For Recovery is governed by the policies and mandates established by the Arizona Department of Health.

Best Options For Recovery considers the safety and health of our clients a priority and as such, we will provide 24 hour care and supervision for the residents in our home. All our residences will be capable to recognize and respond to Emergencies without any assistance from Staffs. They will not need any assistant from staff. They will be 100% able to get themselves out in case of fire or any other emergency

### **Contact Information**

Awout Bagat  
610 W Frito Ave  
Mesa, AZ 85210  
623.213.9207

B: Residential Care Facility does not meet separation requirements - limited to four (4) or fewer residents, excluding staff, per Mesa Zoning Code (MZO). Application for name change only Certificate of Occupancy. MBC 310.6. R-5 occupancy group. VB Construction. The Mesa Zoning Code defines Family as an individual or two (2) or more individuals related by blood, marriage or adoption, or a group of no more than four (4) unrelated individuals, living together as a single housekeeping unit. A family includes a couple in a domestic relationship and biological, adopted, and foster children of either partner. The term family includes unrelated persons with developmental disabilities (as defined in A.R.S. § 36-581) living together in compliance with A.R.S. § 36-582. Chapter 87 - definitions. No skilled nursing services. No construction work under this permit. No inspection required.



## Occupancy Confirmation Worksheet

Residential Care – Non-Treatment (Assisted Living Facility/Behavioral Health/Foster/Group/Sober Living)

Property Address: 610 W Frito Ave, Mesa AZ 85210  
Facility Name: Best Options For Recovery LLC  
Type of residential care Facility as licensed: Select Behavioral Health Home  
Number of Care Residents (not including staff): Select 3

Is the home equipped with automatic fire sprinkler protection and attic protection monitored off site by a third party in accordance with Mesa Fire Code? Yes\* ☐ No ☒ \*If Yes, Provide a Current Third Party Fire Inspection Report.

Select the appropriate occupancy group, per Mesa Building Code and Mesa Fire Code:

**R-5.** Residential Group R-5 occupancies where the occupants are primarily permanent in detached one- and two-family dwellings and multiple single-family dwellings (townhouses) and their accessory structures conforming with the Mesa Residential Code. 24-hour care facility R-5 occupancies include:

☐ R-5 Residential care/assisted living facility, with **5 or fewer** residents, all capable of self-preservation or responding to an emergency situation without physical assistance from staff. MBR 4-2-1 Section 310.6

☐ R-5 Residential care/assisted living homes including facilities providing directed care services, with **5 or fewer** residents, any (persons) 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. MBR 4-2-1 Section 310.6

**R-4** Residential Group R-4 occupancy for **more than five but not more than 10 persons** in care (per MZO 11-31-14), excluding staff, who reside on a 24-hour basis in a supervised residential environment and receive custodial 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*). R-4 includes, but is not limited to, the following: Alcohol and drug center, Assisted living facilities, Congregate care facilities, Group Home, Halfway Houses, Residential board and care facilities, Social rehabilitations.

☐ **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. MBR 4-2-1 Section 310.5

☐ **R-4 Condition 2;** Residential care home with **6 to 10** residents [per Mesa Zoning Ordinance], not including staff, all capable of self-preservation. 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. MBR 4-2-1 Section 310.5

**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. The applicant is confirming the true and correct occupancy for this facility.**

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

Anout Bagat

Applicant Printed Name

Anout Bagat

Applicant Signature

5-25-23

Date





## Property Owner's Authorization Signature Form

www.mesaaz.gov/planning  
480-644-2385

### Property Owner:

Name: Hagop ZAKIAN  
Address (Street, City, State, Zip Code): 6794 W Harrison St Chandler AZ 85226  
Phone Number: 623-282-5060

Fax Number

E-mail: HagopZAKIAN@yahoo.com

Signature: [Signature] Date: 4-11-23

### Applicant:

Name: Awout Bagat  
Address (Street, City, State, Zip Code): 7711 E Beatrice St Scottsdale AZ 85257  
Phone Number: (623) 213-9207

Fax Number

E-mail: awoutbakat@yahoo.com

Signature: [Signature] Date: 4-11-23

Registration Number (required for professional registrants)

Address of Site: 610 W Frito Ave Mesa AZ 85210 APN: 134-17-365

### Select Type of Request:

#### ☐ Administrative Review

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

- Historic Preservation (Certificate of Appropriateness)
- Medical Marijuana
- Wireless Communication Facilities (Cell Towers)

#### ☐ Planning & Zoning

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

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

#### ☐ Board of Adjustment

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

- Special Use Permits
- Wireless Communication Facilities (Cell Towers)

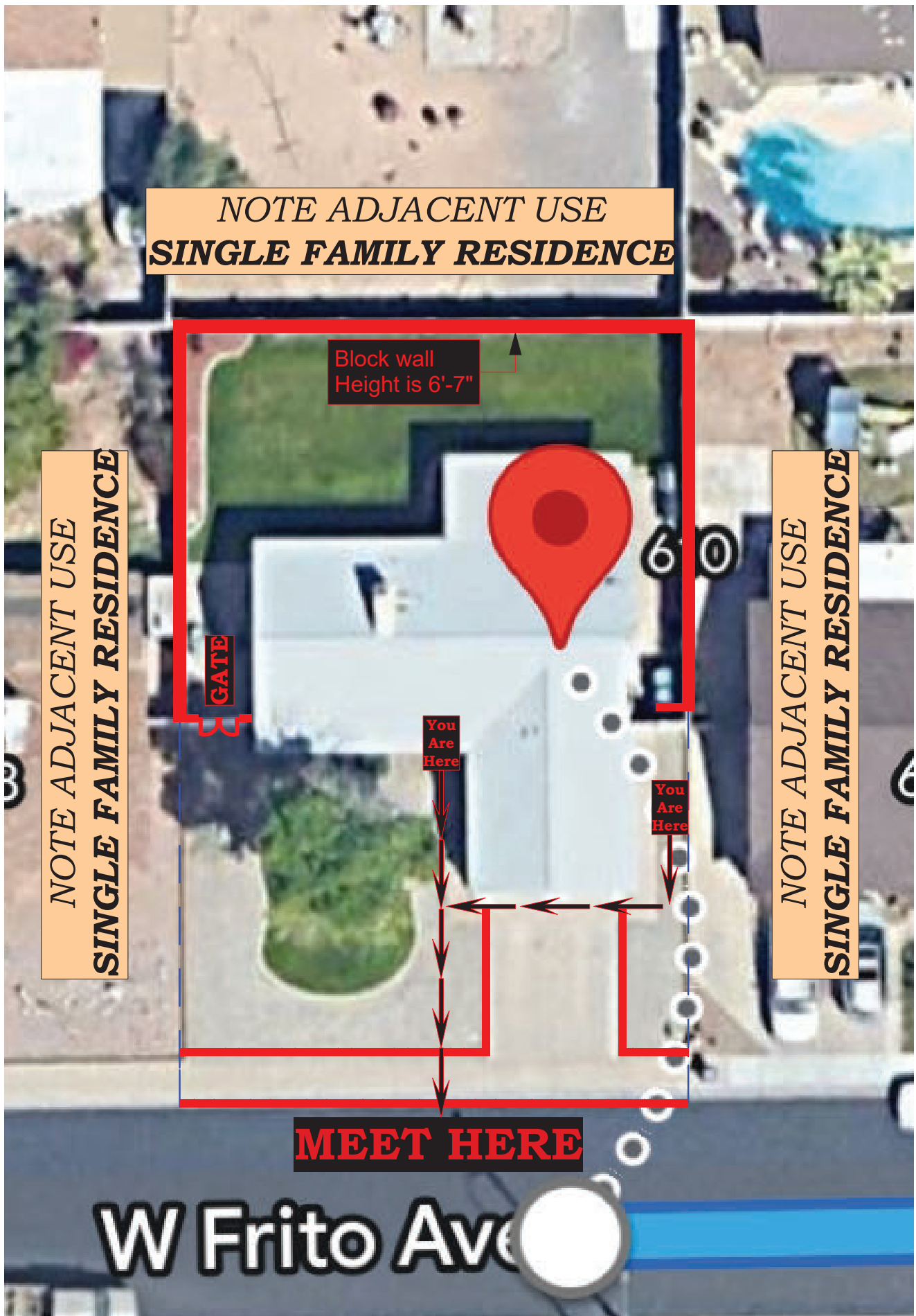
#### ☐ Design Review

#### ☐ Annexation

#### ☐ General Plan Amendment – Major

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

#### ☐ Group Foster Care Home [DCS]



**Name:** Best Options For Recovery, LLC  
**Contact:** Cell # 623-213-9207

**Address:** 610 W Frito Ave,  
Mesa, AZ, 85210.

**SITE PLAN**  
(1 Story Home)



Corporations Division

## COMMISSIONERS

Jim O'Connor - Chairman  
Lea Márquez Peterson  
Anna Tovar  
Kevin Thompson  
Nick Myers

Date: 3/16/2023

Delivered via: Email

awoutbakat@yahoo.com

AZ.

USA

RE: Entity Name: BEST OPTIONS FOR RECOVERY LLC  
ACC File Number: 23500951  
ACC Order Number: 202303152096898  
Document Received: 03/15/2023  
Date:  
Document Type: Articles of Organization

We are pleased to notify you that the document referenced above submitted for the entity referenced above has been APPROVED for filing.

**If the statutory agent street address is NOT in Maricopa County or Pima County,** the document must be published. The publication must be completed within 60 days after 03/16/2023, which is the date the ACC approved the document for filing, and must be in a newspaper of general circulation in the county of the statutory agent's street address in Arizona for three consecutive publications. A list of acceptable newspapers in each county is available on the ACC website at <http://azcc.gov/docs/default-source/corps-files/newspaper-list-for-publishing.pdf>. You may receive an Affidavit of Publication from the newspaper that may be filed with the ACC, but filing it is not mandatory.

**If the statutory agent street address is in Maricopa County or Pima County,** the Commission has already posted notice of the approved document on its website at <http://ecorp.azcc.gov/publicnotice/index>. This posting by the Commission satisfies the statutory requirement for public notice, and no further action on your part is required in order to satisfy the notice requirement. You may, however, choose to provide additional public notice by publishing a copy of the approved document in a newspaper. If you choose to publish, the publication must be completed within 60 days after 03/16/2023, which is the date the ACC approved the document for filing, and must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of acceptable newspapers in each county is available on the ACC website at <http://azcc.gov/docs/default-source/corps-files/newspaper-list-for-publishing.pdf>.

The Corporations Division strongly recommends that you periodically monitor your limited liability company's public record, which can be viewed at [ecorp.azcc.gov](http://ecorp.azcc.gov). If you have questions or for further information, contact Customer Service at 602-542-3026, or, within Arizona only, 800-345-5819.

Division Director Tanya Gibson  
1300 W. Washington Street, Phoenix, AZ 85007 | 602-542-3026 | [azcc.gov](http://azcc.gov)



DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

## ARTICLES OF ORGANIZATION

Read the Instructions L010I

**1. ENTITY TYPE** - check only one to indicate the type of entity being formed:

☒ **LIMITED LIABILITY COMPANY**  
(entity name must contain  
the words "Limited Liability  
Company", "LLC" or "L.C.")

☐ **PROFESSIONAL LIMITED LIABILITY COMPANY**  
(entity name must contain the words "Professional  
Limited Liability Company", "PLLC" or "PLC")

**2. ENTITY NAME** - see Instructions L010I for full naming requirements - give the exact name of the LLC:

Best options for Recovery LLC

**3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES** - If and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

**4. STATUTORY AGENT for service of process** - see Instructions L010I

**4.1 REQUIRED** - give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:

Awout Bagat

Statutory Agent Name

Attention (optional)

7711 E Beatrice St

Address 1

Address 2 (optional)

City Scottsdale

AZ

State

Zip

85257

**4.2 REQUIRED** - mailing address in Arizona of Statutory Agent (can be a P.O. Box):

☒ Check box if same as physical/street address.

Attention (optional)

Address 1

Address 2 (optional)

City

AZ

State

Zip

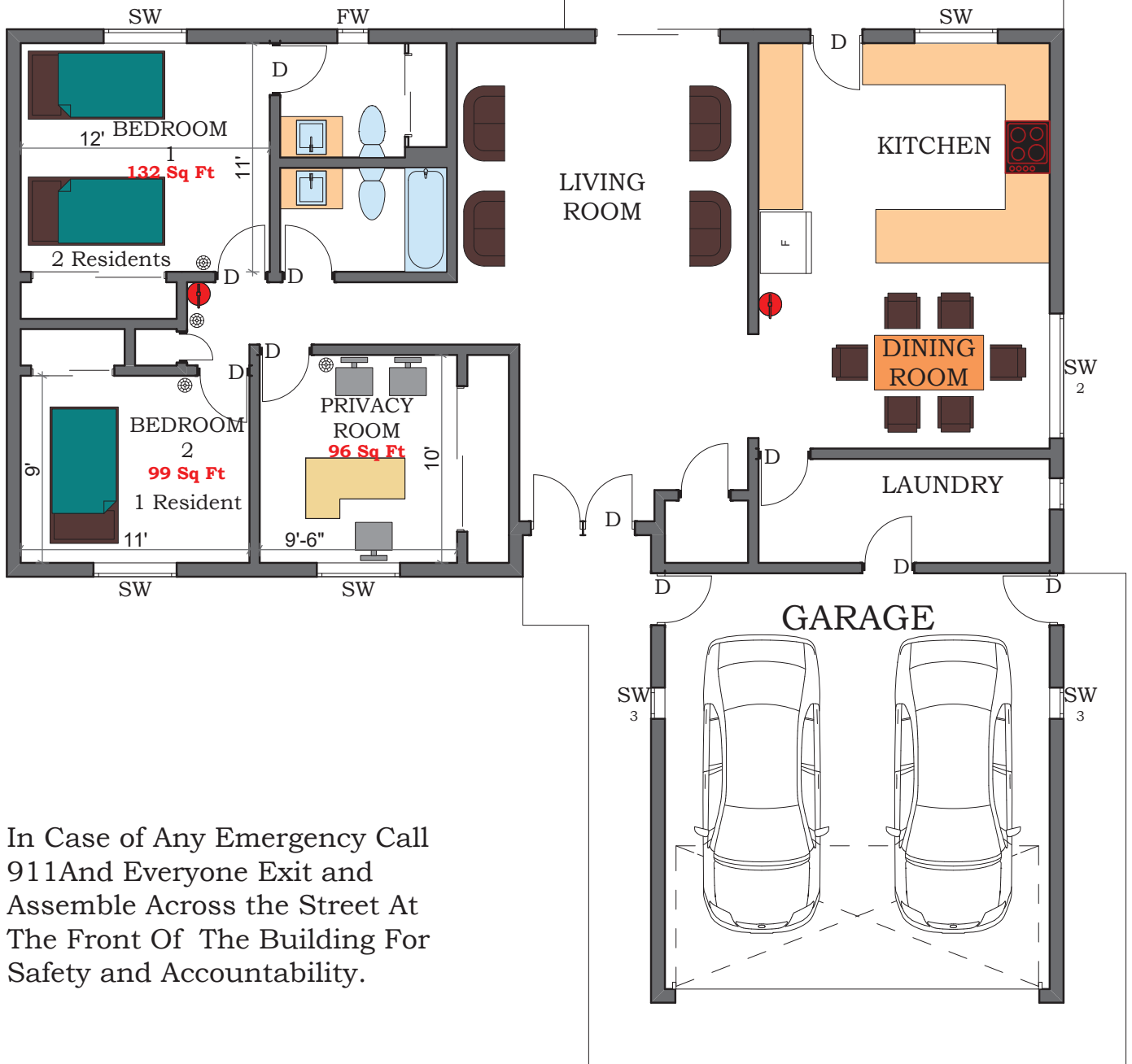
**4.3 REQUIRED** - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.

**5. PRINCIPAL ADDRESS:**

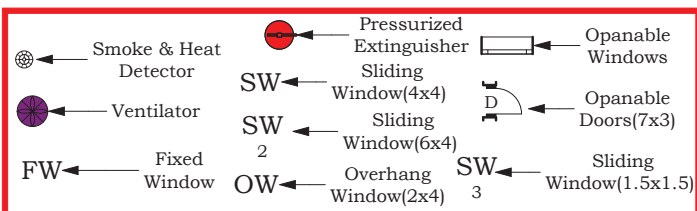
**5.1** Is the principal address the same as the **street address** of the statutory agent?

☒ **Yes** - go to number 6 and continue

☐ **No** - go to number 5.2 and continue



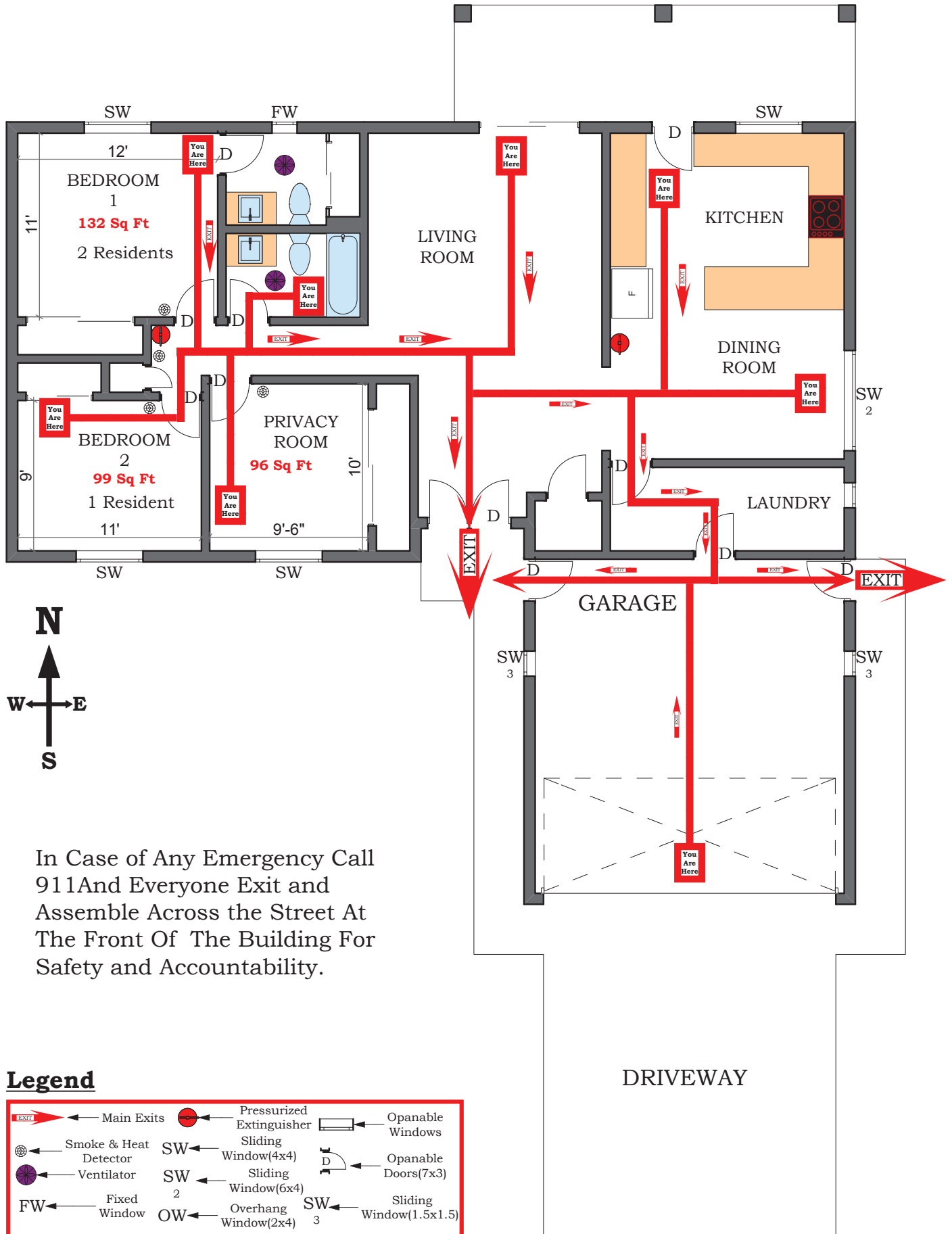
### Legend



**Name:** Best Options For Recovery, LLC  
**Contact:** Cell # 623-213-9207

**Address:** 610 W Frito Ave,  
 Mesa, AZ, 85210.

**FLOOR PLAN**  
 (1 Story Home)



**Name:** Best Options For Recovery, LLC  
**Contact:** Cell # 623-213-9207

**Address:** 610 W Frito Ave,  
Mesa, AZ, 85210.

**EVACUATION PLAN**  
*(1 Story Home)*