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

City of Mesa Construction Permit PMT23-19379



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

Record: PMT23-19379 Issued On:

Printed On: 12/27/2023

Project Address: 9915 E TILLMAN AVE, MESA, AZ 85212 Zoned: PC

Subdivision: CADENCE AT GATEWAY PHASE 2 Lot: 48

PARCEL Q

951006

Assessor Parcel: 31219048

Census Tract: 522757

Classification: Non-Structural Units: Buildings:

Valuation: \$0.00

Sales Tax Code:

Occ Grp	Const Type	SqFt	Occ Load
R-4 Residential Care/Assisted Living	VB	2248	
	Total SQ FT :	2248	

OWNER: NAZIR KASHIF

Address: 1629 E DONNER DR Telephone: Fax:

TEMPE, AZ 85282

CONTRACTOR:

Address: Telephone: Fax:

Fees:

Group Home Registration Fee Certificate of Occupancy Fee Technology Fee \$250.00 \$120.00 \$10.00

Total Fees:

\$380.00

CONDITIONS

Zoning Inspection Req - Zoning Inspection Req

Building Inspections Required - Building Inspections Required

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

R-4 OCCUPANCY GROUP CONDITION 1. Community Residence Registration Application and Certificate of Occupancy for a residential care home operating as a Behavioral Health Residential Care Facility. Name: Better Opportunities for Self Success LLC. Applicant requested 6 number of residents. MZO allows up to 10 residents, excluding staff. No skilled nursing services. 24-hour care. R-4 Occupancy Group Condition 1. MBC 310.5: 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. No automatic fire sprinklers required. VB Construction. No construction work under this permit. No inspection required.

Record: PMT23-19379 Issued On:

Printed On: 12/27/2023

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.

Х

AUTHORIZED AGENT OWNER SIGNATURE

DATE



Certificate of Occupancy Building Safety Division

said Code (International Codes) and with Title XI, of the Mesa City Code entitled "Zoning" and with the various his 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 ordinances of the City regulating building construction and use insofar as ascertained by the undersigned:

Building Permit #: PMT23-19379

Owner's Name: NAZIR KASHIF

Owner's Address: 1629 E DONNER DR, TEMPE, AZ, 85282

Project Address: 9915 E TILLMAN AVE, MESA, AZ 85212

Project Name: Better Opportunities for Self Success LLC

OCCUPANCY:

Occupancy Group	Constr Type	Sq Ft	Occ Loa
R-4 Residential Care/Assisted Living	VB	2248	
	Total SO ET .	2248	

Zoning District: PC

Special Stipulations/Conditions: R-4 Condition 1

No Fire Sprinklers Required

Approved for up to 6 Residents Excluding Staff

Deputy Director/Building Official: John Sheffer

ANY ALTERATIONS OR CHANGES TO THE OCCUPANCY ABOVE SHALL VOID THIS CERTIFICATE.

01/02/2024

Date:

POST AND MAINTAIN THIS CERTIFICATE IN A CONSPICUOUS PLACE.



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

Number of Residents: 6, excluding staff	Fire Sprinklers Installed? Yes No
Facility's Address: 9915 E Tillman Ave	
City: Mesa	State: AZ Zip Code: 85212
Facility's Mailing Address, if different: 4435 E Chan	dler Blvd Ste 200 #5022
City: Phoenix	State: AZ Zip Code: 85048
Facility's Phone Number: 623-336-1645	Facility's E-Mail: zrainey@bossarizona.com
Facility's Operator: Zaria Rainey	
Operator's Phone Number: 623-336-1645	Operator's E-Mail: zrainey@bossarizona.com
Property Owner (Print): Nazir Kashif	
Property Owner's Address: 1629 E Donner Dr	
Tempe	State: AZ Zip Code: 85282
Property Owner's Phone Number: 602-334-8402	Property Owner's E-Mail: knazir@c21northwest.com
Property Owner's Signature: Kcishif	(owner authorization is required)
	Torritor addition to reduce of
the site and verifies that the proposed site is in compliant responsible for the accuracy of all information provided for failure to disclose any requested information may resupplication may result in loss of registration, and remo- community Residences.	regulations of the City of Mesa; has physically inspected new with all applicable city, state and federal laws; and if in this application, Submittal of erroneous information with the denial of application. Errors found after processing and of registered location from Mesa Map of Registered this registration is true and correct to the best of metal this registration is true and correct to the best of metal this registration is true and correct to the best of metal this registration.
the site and verifies that the proposed site is in compliant responsible for the accuracy of all information provided for failure to disclose any requested information may resupplication may result in loss of registration, and remo- community Residences.	nce with all applicable city, state and federal laws; and a I in this application. Submittal of erroneous information ult in denial of application. Errors found after processin

P: FYI - Property is in the Cadence Planned Community (Cadence PC) zoning district and meets the 1,200 foot separation requirement to be a registered Community Residence. No response is required for this comment.

Occupancy Confirmation Worksheet



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

	nue, Mesa AZ 85212 Mesa, AZ 85212
Facility Name: Better Opportunities For	Self Success LLC
Type of residential care Facility as licensed:	Behavioral Health Home
Number of Care Residents (not including sta	off): 6
s the home equipped with automatic fire spaceordance with Mesa Fire Code? Yes*	prinkler protection and attic protection monitored off site by a third party in No *If Yes, Provide a Current Third Party Fire Inspection Report.
Select the appropriate occupancy group, pe	r Mesa Building Code and Mesa Fire Code:
	re the occupants are primarily permanent in detached one- and two-family
	gs (townhouses) and their accessory structures conforming with the Mesa
Residential Code. 24-hour care facility R-5 oc	
	cility, with 5 or fewer residents, all capable of self-preservation or responding to
an emergency situation without physical ass	
	omes including facilities providing directed care services, with 5 or fewer
	preservation or responding to an emergency situation without physical assistance protected with automatic sprinkler systems in accordance with section 903.3
	th section 907.2.10.1.3. MBR 4-2-1 Section 310.6
and a smoke diarm system in accordance with	THE SECOND SECON
staff, who reside on a 24-hour basis in a sup- includes persons receiving care who have the who have mental and psychiatric complication	ere than five but not more than 10 persons in care (per MZO 11-31-14), excludir ervised residential environment and receive custodial care (custodial care e ability to respond to emergency situations and evacuate at a slower rate and/o ons). R-4 includes, but is not limited to, the following: Alcohol and drug center, ilities, Group Home, Halfway Houses, Residential board and care facilities, Social
R-4 Condition 1; This occupancy cond	dition shall include buildings in which all persons receiving custodial care, withou an emergency situation to complete building evacuation. MBR 4-2-1 Section
	me with 6 to 10 residents [per Mesa Zoning Ordinance], not including staff, all
capable of self-preservation. This occupancy	y 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
custodial care into regains minion refer of	
building evacuation. Automatic fire sprinkle	rs with attic protection monitored by third party required. MBR 4-2-1 Section
building evacuation. Automatic fire sprinkles	rs with attic protection monitored by third party required. MBR 4-2-1 Section
building evacuation. Automatic fire sprinkler 310.5 The applicant has read and understands all a perifies that the proposed site is in complian accuracy of all information provided in this of the equested information may result in denial of	rules and regulations of the City of Mesa; has physically inspected the site and ace with all applicable city, state and federal laws; and is responsible for the application. Submittal of erroneous information, or failure to disclose any of application. Errors found after processing application may result in loss of confirming the true and correct occupancy for this facility.
building evacuation. Automatic fire sprinkler 310.5 The applicant has read and understands all a verifies that the proposed site is in compliant accuracy of all information provided in this concern in the proposed in the	rules and regulations of the City of Mesa; has physically inspectedthe site and ice with all applicable city, state and federal laws; and is responsible for the application. Submittal of erroneous information, or failure to disclose any of application. Errors found after processing application may result in loss of
building evacuation. Automatic fire sprinkler 310.5 The applicant has read and understands all a verifies that the proposed site is in complian accuracy of all information provided in this of requested information may result in denial cocal jurisdiction approval. The applicant is constant to the sequent of the sequent in the sequent is a cocal jurisdiction approval.	rules and regulations of the City of Mesa; has physically inspected the site and ace with all applicable city, state and federal laws; and is responsible for the application. Submittal of erroneous information, or failure to disclose any of application. Errors found after processing application may result in loss of confirming the true and correct occupancy for this facility.

Better Opportunities For Self Success LLC 9915 E. Tillman Ave Mesa, AZ 85212 zrainey@bossarizona.com 623-336-1645

December 7, 2023

Narrative

-The name of the facility:

Better Opportunities For Self Success LLC

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

for the facility:

Zaria Rainey 623-336-1645 zrainey@bossarizona.com,

4435Chandler Blvd Suite 200 #5022, Phoenix, AZ 85048

-The type of Community Residence:

Behavioral Health Residential Facility

-The number of residents:

6, excluding staff

-The age range of the residents:

18 and over

-What Arizona State agency will be licensing this facility?

Arizona Department Of Health

-Indicate whether or not all residents are capable of recognizing and responding to emergency situations without assistance from staff.:

Yes, all residents are capable of recognizing and responding to emergency situations without assistance from staff.

- Does the residence have fire sprinklers?

No

Better Opportunities For Self Success LLC 9915 E. Tillman Ave Mesa, AZ 85212 zrainey@bossarizona.com 623-336-1645

- Are the fire sprinklers monitored by an off-site agency? If yes, please provide verification of off-site monitoring.

No

- Explain what services are provided at the facility.

1. Objective:

The objective of this scope of service is to outline the range of services provided by our organization to residents, focusing on teaching social skills, life skills, offering a community environment, and supporting medication management. The scope also addresses counseling services provided both individually and in a group setting, with an emphasis on teaching coping skills, the importance of staying sober, recognizing triggers, and assisting in the self-administration of medication.

2. Services Offered:

a. Social Skills Training:

- -Teaching residents appropriate social skills and behaviors.
- -Promoting effective communication techniques.
- -Encouraging positive interactions within the community.

b. Life Skills Training:

- -Assisting residents with job search techniques.
- -Providing support for job applications and interview preparation.
- -Teaching essential life skills, including time management, problem-solving, and decision-making
- -Offering guidance on maintaining proper personal hygiene.
- -Residents admitted or retained who require personal care services will have a primary behavioral health condition.

c. Community Living:

- -Providing residents with an opportunity to live and function within a community environment.
- -Supporting residents in adhering to their specific court-ordered terms, if applicable.

Better Opportunities For Self Success LLC 9915 E. Tillman Ave Mesa, AZ 85212 zrainey@bossarizona.com 623-336-1645

d. Medication Management:

- -Assistance in self-administration of medication.
- -Educating residents on the importance of adhering to medication regimens.
- -Monitoring and documenting medication adherence and any side effects.

di. Counseling Services:

- Individual Counseling:

- -Offering individual counseling sessions tailored to each resident's needs.
- -Addressing personal challenges, emotional well-being, and goal setting.
- -Teaching coping skills to manage stress, cravings, and difficult emotions.
- -Emphasizing the importance of staying sober and developing strategies to maintain sobriety.
- -Assisting residents in recognizing triggers that may lead to substance use.

- Group Counseling:

- -Conducting group counseling sessions to foster a supportive and interactive environment and providing education on coping skills, relapse prevention and long term sobriety.
- -Facilitating discussions on recognizing and managing triggers that can contribute to substance use.
- -Encouraging peer support and sharing of experiences to enhance recovery.

-Explain how the residents are supervised at the facility.

-We will have 2 rotating staff on site 24 hours.



Property Owner's Authorization Signature Form

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

Property Owner:	Applicant:					
Nazir Kashif	Zaria Rainey					
Name	Name					
1629 E DONNER DR. TEMPE AZ 85282	9915 E Tillman Ave, Mesa, AZ 85212					
Address (Street, City, State, Zip Code) 602-334-8402	Address (Street, City, State, Zip Code) 623-336-1645					
Phone Number	923-330-1045 Phone Number					
	The state of the s					
Fax Number	Fax Number					
knazir@c21northwest.com	zrainey@bossarizona.com					
Lachie 11/13/2	11/13/23					
Signature Date	Signature Date					
	Registration Number (required for professional registrants)					
Address of Site: 9915 E Tillman Ave, Mesa, AZ 85212	APN: 312-19-048					
Address of Oite. The E thinks the most, the obete	AFN. ota 10 010					
Select Type of Request:						
☐ Administrative Review						
Minor Modifications/Changes to existing cases	 Historic Preservation (Certificate of Appropriateness) 					
Desert Uplands Reviews	Medical Marijuana					
Form Based Code /Zoning Clearance Load Disirion (Let Spills)	 Wireless Communication Facilities (Cell Towers) 					
Land Division (Lot Splits)						
☐ Planning & Zoning						
Rezone	 Site Plan Review/Modifications Special Use Permits 					
Pre-Plats Council No. Bornita	Minor General Plan Amendments					
 Council Use Permits Development Unit Plans 						
C Based of Adjustment						
☐ Board of Adjustment						
 Variances Substantial Conformance Improvement Permit (SCIP) 	Special Use Permits					
Development Incentive Permit (DIP)	Wireless Communication Facilities (Cell Towers)					
□Design Review	R-4 OCCUPANCY GROUP CONDITION 1. Community Residence Registration					
	Application and Certificate of Occupancy for a residential care home					
□Annexation	operating as a Behavioral Health Residential Care Facility. Name: Better					
	Opportunities for Self Success LLC. Applicant requested 6 number of					
☐General Plan Amendment – Major	residents. MZO allows up to 10 residents, excluding staff. No skilled nursing					
*Community Pacidones [Pacidontial	services. 24-hour care. R-4 Occupancy Group Condition 1. MBC 310.5: This					
⊕Community Residence [Residential	occupancy condition shall include buildings in which all persons receiving					

permit. No inspection required.

plcommon(K:)\Applications\PropertyOwnersSignature

Care Home]

☐ Group Foster Care Home [DCS]

Revised 8/5/21

custodial care, without any assistance, are capable of responding to an

emergency situation to complete building evacuation. No automatic fire sprinklers required. VB Construction. No construction work under this

ARTICLES OF ORGANIZATION

OF LIMITED LIABILITY COMPANY

ENTITY INFORMATION

ENTITY NAME: BETTER OPPORTUNITIES FOR SELF SUCCESS LLC

ENTITY ID: 23601920
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 11/02/2023

CHARACTER OF BUSINESS: Health Care and Social Assistance

MANAGEMENT STRUCTURE: Manager-Managed

PERIOD OF DURATION: Perpetual PROFESSIONAL SERVICES: N/A

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Zaria Rainey

PHYSICAL ADDRESS: 5339 West Buffalo Place, CHANDLER, AZ 85226

MAILING ADDRESS: 5339 West Buffalo Place, CHANDLER, AZ 85226

PRINCIPAL ADDRESS

5339 West Buffalo Place, CHANDLER, AZ 85226

PRINCIPALS

Manager: Zaria Rainey - 5339 West Buffalo Place, CHANDLER, AZ, 85226, USA - zrainey@bossarizona.com - Date of Taking Office:

ORGANIZERS

Zaria Rainey: 5339 West Buffalo Place, CHANDLER, AZ, 85226, USA, zrainey@bossarizona.com

SIGNATURES

Authorized Agent: Zaria Rainey - 11/02/2023



COMMISSIONERS

Corporations Division

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

Date: 11/2/2023 Delivered via: Email

Zaria Rainey

RE: Entity Name: Better Opportunities For Self Success LLC

ACC File Number: 23601920

ACC Order Number: 202311022397432 Document Received 11/02/2023

Date:

Document Type: Articles of Organization

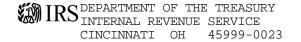
We are pleased to notify you that the document referenced above submitted for the entity referenced above has been APPROVED for filing.

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 11/02/2023, 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 11/02/2023, 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. 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



Date of this notice: 11-02-2023

Employer Identification Number:

93-4226965

Form: SS-4

Number of this notice: CP 575 G

BETTER OPPORTUNITIES FOR SELF SUCCESS ZARIA RAINEY SOLE MBR 5339 W BUFFALO PL CHANDLER, AZ 85226

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-4226965. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is BETT. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep	this	part	for	your	records.	CP	575	G	(Rev.	7-2007)
------	------	------	-----	------	----------	----	-----	---	-------	---------

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 11-02-2023

() - EMPLOYER IDENTIFICATION NUMBER: 93-4226965

FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

BETTER OPPORTUNITIES FOR SELF SUCCESS ZARIA RAINEY SOLE MBR 5339 W BUFFALO PL CHANDLER, AZ 85226

Site Plan 9915 E Tillman Ave, Mesa AZ 85212



FLOOR PLAN 9915 E Tillman Ave, Mesa, AZ 85212 1st Floor



FLOOR PLAN 9915 E Tillman Ave, Mesa, AZ 85212 2nd Floor

