

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

**City of Mesa**  
**Construction Permit**  
**PMT23-08413**



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

**Record: PMT23-08413**

**Issued On: 06/05/2023**

**Printed On: 6/5/2023**

Project Address: 661 W 10TH ST, MESA, AZ 85201  
Subdivision: COLONIAL MANOR MESA PHASE 4  
2ND AMD  
Assessor Parcel: 13517282  
Census Tract: 421102  
Sales Tax Code: 041000  
Classification: Non-Structural  
Valuation: \$0.00

Zoned: RM-3

Lot: 87

Units:

Buildings:

Occ Grp	Const Type	SqFt	Occ Load
R-5 Livable	VB	1890	5
Total SQ FT :		1890	

OWNER: OLUBAMBO ADEYEMI

Address: 661 W 10TH ST  
MESA, AZ 85201

Telephone:

Fax:

CONTRACTOR:

Address:

Telephone:

Fax:

Fees:

Technology Fee	\$14.80
Duplicate Certificate of Occupancy - Existing building more than 12 months after original C of O is	\$120.00
Group Home Registration Fee	\$250.00
Total Fees:	\$384.80

**CONDITIONS**

**Building Inspections Required** - Building Inspections Required

**Zoning Inspection Req** - Zoning Inspection Req

**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**

Community Residence Registration Application and Certificate of Occupancy for residential care home with a maximum of 5 residents. Operating as a Behavioral Health Home for adults 18 to 60 years old. Facility name: Omo-Esu Behavioral Health. R-5 Occupancy. VB Construction. No fire sprinklers installed; all residents capable of self-preservation and responding to an emergency situation without physical assistance from staff to complete building evacuation as an individual. 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.

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 #: PMT23-08413  
Owner's Name: OLUBAMBO ADEYEMI  
Owner's Address: 661 W 10TH ST, MESA, AZ, 85201  
Project Address: 661 W 10TH ST, MESA, AZ 85201  
Project Name: New Certificate of Occupancy Omo-Esu Behavioral

### OCCUPANCY:

Occupancy Group	Constr Type	Sq Ft	Occ Load
R-5 Livable	VB	1890	5
Total SQ FT :		1890	

Zoning District: RM-3

Special Stipulations/Conditions: Fire sprinklers not installed.

Deputy Director/Building Official: John Sheffer

Date:

06/05/2023

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



**REVIEWED**

By Pamela Williams at 9:25 am, May 30, 2023



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

## Occupancy Confirmation Worksheet

Property Address: 661 W. 10<sup>th</sup> St. Mesa, AZ 85201

Facility Name: OMO-ESU Behavioral Health

Type of residential care Facility as licensed: Select Behavioral Health residential facility

Number of Care Residents (not including staff): Select 5

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:

Adajemi Oluibambo

Applicant Printed Name

Adajemi

Applicant Signature

05/05/23

Date

PMT23-08413



**APPROVED**

By Charlotte Bridges at 4:40 pm, May 30, 2023



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

Facility Name: OMD-ESU Behavioral health

Number of Residents: 5 (five) Fire Sprinklers Installed? ☐ Yes ☒ No

Facility's Address: 661 W 10th st

City: Mesa State: AZ Zip Code: 85201

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

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

Facility's Phone Number: 480-938-8232 Facility's E-Mail: yemi@thevitalsignshealth.com

Facility's Operator: Adeyemi Olubambo

Operator's Phone Number: 480-938-8232 Operator's E-Mail: yemi@thevitalsignshealth.com

Property Owner (Print): Adeyemi Olubambo

Property Owner's Address: 661 W. 10th st

City: Mesa State: AZ Zip Code: 85201

Property Owner's Phone Number: 480-938-8232 Property Owner's E-Mail: yemi@thevitalsignshealth.com

Property Owner's Signature: Adeyemi (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:

Adeyemi

Applicant's Signature

05/05/23

Date

Located in the Multiple Residence-3 (RM-3) zoning district and meets 1,200 ft. separation requirement.

PMT23-08413



## Property Owner's Authorization Signature Form

[www.mesaaz.gov/planning](http://www.mesaaz.gov/planning)  
480-644-2385

### Property Owner:

Name: Adeyemi Olubambo  
Address (Street, City, State, Zip Code): 661 W 10<sup>th</sup> St, Mesa, AZ, 85201  
Phone Number: 480-938-8232

Fax Number: \_\_\_\_\_  
E-mail: yemi@thevitalsignshealth.com  
Signature: Adeyemi Date: 05/05/23

### Applicant:

Name: Adeyemi Olubambo  
Address (Street, City, State, Zip Code): 661 W 10<sup>th</sup> St, Mesa, AZ, 85201  
Phone Number: 480-938-8232

Fax Number: \_\_\_\_\_  
E-mail: yemi@thevitalsignshealth.com  
Signature: Adeyemi Date: 05/05/23

Registration Number (required for professional registrants)

Address of Site: 661 W 10<sup>th</sup> St, Mesa, AZ 85201 APN: 13517282

### 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

#### ☐ Annexation

#### ☐ General Plan Amendment – Major

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

#### ☐ Group Foster Care Home [DCS]

- 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)

B: Community Residence Registration Application and Certificate of Occupancy for residential care home operating as a Behavioral Health Home for adults 18 to 60 years old. Facility name: Omo-Esu Behavioral Health. R-5 Occupancy. VB Construction. No fire sprinklers installed; all residents capable of self-preservation and responding to an emergency situation without physical assistance from staff to complete building evacuation as an individual. 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.

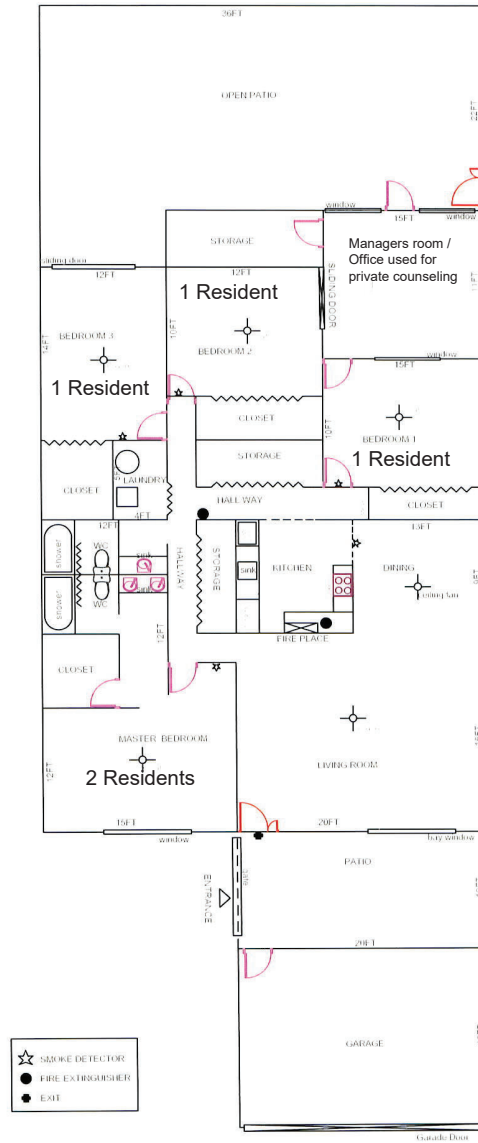




661 W 10th St

PMT23-08413

THE VITAL SIGNS HEALTH LLC.  
661 W. 10th ST Mesa, AZ 85201 (Single Story Home)



PMT23-08413



Hello, I am applying for certificate of occupancy to operate a Behavioral Health residential facility on my property at 661 W. 10<sup>th</sup> St, Mesa, AZ 85201. Below is the answer to the questions that are requested from each applicant.

Name of Facility: Omo-Esu Behavioral Health

Name: Adeyemi Olubambo

Telephone number: 480-938-8232

Email address: [yemi@thevitalsignshealth.com](mailto:yemi@thevitalsignshealth.com)

Mailing address: 661 W. 10<sup>th</sup> st, Mesa Arizona 85201

Type of Community residence: Behavioral Health Residential Facility

Number of residents: 5 (five)

Age range of residents: 18 -60

State agency licensing the facility: Arizona Department of Health Services

Residents' ability to respond to emergencies: All residents will be capable of responding and recognizing emergency situations at all times.

Sprinkler system availability: The house does not have a sprinkler system.

**PMT23-08413**