#### **John Sheffer**

**From:** Heather Dukes <hdukesesq@gmail.com>

**Sent:** Tuesday, April 1, 2025 5:54 PM **To:** Nana Appiah; John Sheffer

Cc: Richard Miller

**Subject:** Legacy Recovery Center - Response to 3/20 and 3/25 Request for Info

Attachments: HND N Appiah and J Sheffer re Legacy Community Residence C of O and License

2025.04.01.pdf; Exhibit A - PMT24-21631 - Review Comments - 01-06-2025.pdf; Exhibit B - PMT24-21631 - Community Residence Approved 2338 E Minton St 2025.02.05.pdf; Exhibit C - C of O for 2338 E Minton St.pdf; Exhibit D - BHRF License for Minton Street -

2025.03.27.pdf

#### This Message Is From an Unknown Sender

You have not previously corresponded with this sender. Use caution when clicking links/attachments or replying.

Report Suspicious

Dear Director Appiah and Deputy Director Sheffer,

Please see our response to your March 20th and March 25<sup>th</sup> emails regarding the Legacy Recovery Center community residence at 2338 E. Minton Street.

A second email will be sent with additional attachments.

Sincerely,

Heather N. Dukes, Esq. DUKES LAW, PLLC 5527 N. 25th Street Phoenix, AZ 85016

Mobile: (602)320-8866

Email: hdukes@dukeslawaz.com

CONFIDENTIALITY NOTICE - THIS ELECTRONIC TRANSMISSION AND ANY ATTACHED DOCUMENTS CONTAIN CONFIDENTIAL OR PRIVILEGED INFORMATION BELONGING TO THE SENDER. IF YOU RECEIVED THIS MESSAGE ERRONEOUSLY, PLEASE IMMEDIATELY DELETE THIS COMMUNICATION FROM YOUR SYSTEM AND DESTROY ANY COPIES. PLEASE ALSO NOTIFY THE SENDER THAT YOU HAVE DONE SO BY REPLYING TO THIS MESSAGE. THANK YOU.

### HND N Appiah and J Sheffer re Legacy Community Residence C of O and License 2025.04.01

#### DUKES LAW, PLLC

5527 N. 25<sup>th</sup> Street Phoenix, AZ 85016 602.320.8866

#### VIA EMAIL

Mr. Nana Appiah, PhD, AICP
Development Services Director
Mr. John Sheffer, PE, CBO
Deputy Director/Building Official
CITY OF MESA
Development Services Department
55 N. Center Street
Mesa, AZ 85211-1466

April 1, 2025

RE: Response to March 20, 2025 and March 25, 2025 City of Mesa Emails regarding Legacy

Recovery Center Community Residence at 2338 E. Minton Street, Mesa, AZ 85213

(Assessor Parcel Number 141-06-237) (the "Property")

Dear Director Appiah and Deputy Director Sheffer:

On behalf of my client, Legacy Recovery Center, LLC, an Arizona limited liability company, ("Legacy") and the owners of the above-referenced Property, Dr. Roland Segal and Dr. Ehab S. Abdallah, I am submitting this response to your March 20, 2025 and March 25, 2025 emails notifying us of significant neighborhood opposition received by the City after the issuance of community residence and certificate of occupancy approvals for the Property and your requests for additional information. While Legacy is providing the additional information requested and has conducted voluntary open houses and a voluntary neighborhood meeting on Friday, March 28th, we must emphasize that these actions are being taken in a good faith attempt to work with the City and the neighbors to alleviate concerns. The information provided in our community residence application was accurate, was found to comply with the zoning requirements, and resulted in both a certificate of occupancy approval by the City and a behavioral health residential facility license approval by the Arizona Department of Health Services ("ADHS"), upon which Legacy has reasonably relied. Any attempt to suspend or revoke the vested community residence approval or certificate of occupancy would be opposed by Legacy, especially when such revocations would require certain evidentiary and due process considerations.

Furthermore, Legacy's use and the disabled residents being served are afforded protections under the Fair Housing Act, which protects the rights of disabled individuals to live in communities of their choice and to request, at a minimum, a reasonable accommodation of zoning ordinance requirements.

#### The Community Residence Approval Was Issued Based on Compliance with Zoning Requirements.

City staff reviewed the resident length of stay disclosure as part of Legacy's application on at least three (3) occasions: (1) in an email to City Planning staff on October 7, 2024, (2) in Legacy's community residence application narrative dated November 29, 2024, and (3) in Legacy's first revised narrative dated January 28, 2025. On all three of those occasions, the information supplied to the City was accurate and identical:

There is no maximum or minimum time period that residents may live at the home. Some residents may live there for 3-6 months while others may choose to live there for longer than a year.

City staff reviewed this response and deemed Legacy's community residence to be in compliance with the "family community residence" use as defined in the Zoning Ordinance. No additional information or documentation was requested. See City Review Comments attached hereto as **Exhibit A**. Thereafter, the City issued a building permit approval and certificate of occupancy approval, both of which are issued only after staff determine a use is in compliance with zoning requirements. See **Exhibits B and C**, respectively.

Legacy's family environment for its residents is the key factor in this determination. As disclosed in our application:

The residents at the property are in treatment/recovery for substance and alcohol use, with some residents seeking treatment for co-occurring behavioral health issues (i.e. depression, anxiety). The only individuals receiving treatment at the location will be the 10 individuals approved to occupy the home. Legacy's housing replicates a family environment in the look and feel of the home. Residents at Legacy are not adjudicated, and they come to the program of their own free will to seek help with behavioral health issues. Clinical services provided on-site include resident assessments, individual therapy, and group therapy. The therapists and house managers will also assist with teaching life skills such as cooking and cleaning, resume building, and employer interview coaching.

No medical or treatment services will be provided at the Property that would not typically occur in a residential setting. A nursing assessment and vitals check are completed upon intake, but those are the only medical services provided at the location. No detoxification will occur on-site.

The residents live in a family environment and emulate a family. They go grocery shopping, cook, clean and complete chores together. They hold each other accountable and support one another.

This description is accurate and describes the family model implemented at Legacy's residence. Once again, staff reviewed this description as part of the family community residence approval. Any alleged error would not be a result of Legacy's actions or the information provided. Thus, the approval was issued based on accurate information and cannot be rescinded at this point. See vested rights analysis below.

#### The Community Residence Approval is a Final Registration.

Pursuant to Section 11-31-14.C.1 of the Zoning Ordinance, an applicant obtains final registration when evidence of the required license from the Arizona Department of Health Services is provided within 120 days from the date the provisional registration was approved for the community residence. In this case, Legacy received provisional registration approval on February 6, 2025 (PMT24-21631). See Exhibit B attached hereto. On March 27, 2025, ADHS issued the necessary behavioral health residential facility license for the Property (BHRF20001). See Exhibit D attached hereto. We are providing a copy of the ADHS license to the City within the 120-day time period. Therefore, Legacy's community residence registration is final and cannot be removed or suspended as a provisional approval.

### The Community Residence Approval is Vested and the City is Equitably Estopped from Rescinding, Suspending or Revoking its Approval.

Due process under the United States and Arizona Constitutions requires that when a building or approval is legitimately issued and the landowner, in reliance on the permit, incurs considerable expenses, the right to continue construction or operations becomes a vested property right which a local government cannot revoke. *Town of Paradise Valley v. Gulf Leisure Corp.*, 27 Ariz.App. 600, 557 P.2d 532 (App.Div.1 1976). To acquire a vested right, the landowner must incur expenses in good faith. *Phoenix City Council v. Canyon Ford, Inc.*, 12. Ariz.App. 595, 473 P.2d 797 (1970).

In this case, Legacy acquired its vested rights in the community residence approval and incurred expenses in good faith. Legacy submitted an accurate community residence application, received City registration approval and a certificate of occupancy for the Property, paid for and performed significant upgrades to the residence, submitted the behavioral health residential facility license application to ADHS, conducted and passed the ADHS inspection, and hired behavioral health staff – all before the City sent the March emails requesting additional information.

Equitable estoppel would also apply to prevent the City's rescission, suspension or revocation of Legacy's community residence approval and certificate of occupancy. In Arizona, there are three elements of equitable estoppel: (1) the party to be estopped commits acts inconsistent with a position it later adopts; (2) reliance by the other party; and (3) injury to the latter resulting from the former's repudiation of its prior conduct. *Pingitore v. Town of Cave Creek,* 194 Ariz. 261, 265, 981 P.2d 129, 133 (App.Div.1 1998). The City approved the community residence registration on February 6, 2025 and issued a certificate of occupancy for the Property. The City is now considering action to revoke the approvals (which would require a due process hearing first). Such inconsistent acts would satisfy the first test of estoppel. The second test is satisfied by Legacy's reliance on the City approvals to make its application for a state license, perform improvements to the property totaling approximately \$500,000, and proceeding to hire staff and develop its policies and procedures for the community residence operations. Finally, Legacy would satisfy the 3<sup>rd</sup> test of estoppel by demonstrating the significant financial injury resulting from the City's repudiation of its prior approval.

Furthermore, Section 11-31-14(C)(4) of the Mesa Zoning Ordinance limits revocation of a community residence registration or conditional use permit to situations where the ADHS license is denied or revoked, which is not at issue in this case.

#### Information Supplied by Neighbors.

In the March 25, 2025 email from the City, a statement is made that certain information provided by neighbors to the City seems inconsistent with the information in Legacy's community residence application. On March 25<sup>th</sup>, I responded by requesting a copy of those records by March 27th. Those records have not been produced to us as requested. Thus, Legacy reserves the right to respond with additional information upon receipt of those records from the City.

Audio Recording: The alleged audio recording of a purported representative of Legacy Recovery Center has not been provided to Legacy. Without being provided a copy of the audio recording, Legacy is in no position to verify that employee or the information provided. Typically, Legacy requests a commitment of a minimum of 4 to 6 weeks initially. Patients are then reevaluated weekly and then on 30-day treatment periods to better determine the scope of treatment and length of residency needed to best serve them.

**Sworn Statement:** The sworn statement alleging that a Legacy representative indicated the Minton location will operate like the Chandler location is inconclusive. The operations are similar in large part due to the statutory requirements and regulations adopted by ADHS, which all behavioral health residential facilities must satisfy and abide by. Similar disabilities are treated at both locations (with some differences), similar protocols and services are offered, and, most importantly, both locations allow residents to live together in a family environment. No copy of the sworn statement has been provided to Legacy. We have requested a copy and will be able to address any statements as necessary.

Chandler Facility Website: The allegation that the "Chandler facility's website" indicates certain information is also inapplicable to this particular Property. Legacy is in the process of creating a separate website for the 2338 E. Minton Street Property and will be sending longer-term residents to live at this Property.

Since February 2025, Legacy has made over 100 modifications to its Chandler website. Much of the information was outdated or no longer accurate. Legacy is still in the process of making modifications with its website consultant. The Chandler website modifications are not complete.

Legacy has updated the Chandler website in an attempt to convey that each individual undergoes a medical and clinical evaluation for a personalized level of care. The website also refers to a "30-day treatment period." There is a key difference between total length of stay and treatment period. Legacy routinely evaluates residents on a weekly basis, but reviews and adjusts the treatment plan on a standard 30-day period. In other words, every 30 days, the resident is billed for their treatment services and a new treatment period with a new plan begins the next 30 days. Once again, each resident is individually evaluated for service needs, goals, history, health, ability to pay, etc. There is no typical length of stay and to market a typical length of stay could provide residents with a false sense of hope or expectation that they would be ready to depart the residence after 30 days.

#### Requested Documentation

Please find attached hereto the license application to ADHS for the Property. See Exhibit E attached hereto. We have also attached a copy of the financial agreement that each resident enters into with Legacy after the initial and subsequent evaluations. See Exhibit F attached hereto. The financial agreement is the form of documentation that Legacy would use to house and treat a resident. We would note that the

CITY OF MESA April 1, 2025 Page **5** of **5** 

Zoning Ordinance does not require that this information be provided to the City as part of the community residence application. We are providing this information in the interest of transparency.

Legacy also has a standard good neighbor policy and is creating a specialized schedule so that residents are together within the residence participating in group therapy at school drop-off and release time periods raised by neighbors. If you would like a copy of that documentation, we can provide that as well.

Please contact me with any questions or to discuss this matter further. I appreciate

Very truly yours,

/s/ Heather N. Dukes

Heather N. Dukes, Esq.

602.320.8866 | hdukes@dukeslawaz.com

Enclosures

### Exhibit A - PMT24-21631 - Review Comments - 01-06-2025



#### A COMPLETE SET OF REVISED PLANS IS REQUIRED FOR RESUBMITTAL

#### **1st Consolidated Plan Review Comments**

**Record Number: PMT24-21631** 

Report Date: 01/06/2025

Address: 2338 MINTON ST, MESA, AZ, 85213

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

#### **Reviewer Contact Information:**

| Reviewer Name     | Reviewer Email               | Reviewer Phone |
|-------------------|------------------------------|----------------|
| Pamela Williams   | Pamela.Williams@MesaAZ.gov   | 480-644-5427   |
| Charlotte Bridges | Charlotte.Bridges@MesaAZ.gov | 480-644-6712   |

#### **General Comments**

Corrections in the following table need to be applied before a plan is approved

#### Document: Community Residence App Packet for 2338 E Minton St.pdf - 1st Submittal

| Comment ID             | Comment Date         | Page Ref | Reviewer : Department                  | Review Comments  |  |  |
|------------------------|----------------------|----------|--|--|--|--|
| <b>Building Plan F</b> | Building Plan Review |          |  |  |  |  |
| 4                      | 01/06/2025           | 1        | Pamela Williams : Building Plan Review | B: Please state the type of community residence in the project narrative ie: residential behavioral health, residential sober living, residential foster care etc  |  |  |
| 5                      | 01/06/2025           | 1        | Pamela Williams : Building Plan Review | B: Please define an age range (on the project narrative) of the residents that will be occupying the facility.   |  |  |
| 8                      | 01/06/2025           | 2        | Pamela Williams : Building Plan Review |  |  |  |
| 6                      | 01/06/2025           | 3        | Pamela Williams : Building Plan Review | B: Please document the person responsible for the facility including the name, mailing address, email address and phone number. If this person is the person responsible for the facility, please add the mailing address. |  |  |
| 7                      | 01/06/2025           | 4        | Pamela Williams : Building Plan Review | B: Please have the property owner sign the Community Residence Registration form   |  |  |
| 1                      | 12/30/2024           | 13       | Pamela Williams : Building Plan Review | B: This is not a third-party fire inspection report. A third-party fire inspection would need to be conducted by a party (not the applicant or the City of Mesa).  |  |  |
| Planning Revie         | Planning Review      |          |  |  |  |  |

| Comment ID | Comment Date | Page Ref | Reviewer : Department               | Review Comments   |
|------------|--------------|----------|-------------------------------------|---|
| 10         | 01/06/2025   | 1        | Charlotte Bridges : Planning Review | Maricopa County records indicate Roland Segal and Ehab Abdallah are the owners of the subject property. Please revise the first paragraph of the narrative to indicate the correct property owners' names.  |
| 9          | 01/06/2025   | 4        | Charlotte Bridges : Planning Review | FYI: Property is in the Single Residence-15 (RS-15) zoning district and meets the 1,200 feet separation requirement to be a registered Community Residence with a maximum of 10 individuals. (A response to this review comment is not required).   |
| 13         | 01/06/2025   | 4        | Charlotte Bridges : Planning Review | Please revise the documents and provide additional information as outlined in these review comments. Resubmit the revised Community Residence package including the Community Residence Registration form, Occupancy Confirmation Worksheet, Project Narrative, Property Owner's Authorization Signature form, site plan, floor plan and the Articles of Amendment to Articles of Organization for Legacy Recovery Center, LLC. Do not resubmit the redlined documents. |
| 11         | 01/06/2025   | 8        | Charlotte Bridges : Planning Review | Maricopa County records indicate Roland Segal and Ehab Abdallah as the owners of the property. A copy of the Warranty Deed indicating the same is not required. Please delete the copy of the Warranty Deed from the Community Residences package resubmitted for 2nd Review.   |
| 14         | 01/06/2025   | A2       | Charlotte Bridges : Planning Review | Revise the Fire Alarm Note on the floor plan to indicate a fire alarm system will be installed in a future permit.  |

#### DUKES LAW, PLLC

5527 N. 25<sup>th</sup> Street Phoenix, AZ 85016 602.320.8866

Mr. Kwasi Abebrese CITY OF MESA Development Services Department 55 N. Center Street

Maricopa County records indicate Roland Segal and Ehab Abdallah are the owners of the subject property. Please revise the first paragraph of the narrative to indicate the correct property owners' names.

November 29, 2024

Mesa. AZ 85211-1466

RE: Narrative for Family Community Residence Located at 2338 E. Minton Street, Mesa, AZ 85213 (Assessor Parcel Number 141-06-237) (the "Property")

Dear Mr. Abebrese:

On behalf of my client Legacy Recovery Center, LLC, an Arizona limited liability company, ("Legacy" or the "Applicant") and the owners of the above-referenced Property, I am submitting this narrative in support of the enclosed community residence application. The Property is comprised of approximately 0.48 acres within the RS-15 residential zoning district and has been developed with a large home offering 6 bedrooms and approximately 6,194 s.f. of livable space. The Property is being licensed as a behavioral health residential facility ("BHRF") with the Arizona Department of Health Services.

The following information is responsive to the City's request for a narrative describing the proposed family community residence:

- The name of the facility:
  - o Legacy Recovery Center, LLC will be the license-holder and applicant.

The type of Community Residence:

- B: Please state the type of community residence in the project narrative ie: residential behavioral health, residential sober living, residential foster care etc....
- Family Community Residence
- The number of residents:
  - o Up to 10 residents:
- The age range of the residents
  - o Adults

B: Please define an age range (on the project narrative) of the residents that will be occupying the facility.

- What Arizona State agency will be licensing this facility?
  - o The Arizona Department of Health Services will be licensing this residence as a behavioral health residential facility.
- Indicate whether or not all residents are capable of recognizing and responding to emergency situations without assistance from staff.
  - o Yes, all residents are capable of recognizing and responding to emergency situations without assistance from staff. They are ambulatory and able to complete tasks and chores necessary to live as a family.
- Does the residence have fire sprinklers?
  - o Yes
- Explain what services are provided at the facility.
  - o The residents at the property are in treatment/recovery for substance and alcohol use, with some residents seeking treatment for co-occurring behavioral health issues (i.e. depression, anxiety). The only individuals receiving treatment at the location will be the 10 individuals approved to occupy the home. Legacy's housing replicates a family environment in the look and feel of the home. Residents at Legacy are not adjudicated, and they come to the program of their own free will to seek help with behavioral health issues. Clinical services provided on-site include resident assessments, individual therapy, and group therapy. The therapists and house managers will also assist with teaching life skills such as cooking and cleaning, resume building, and employer interview coaching.
  - o No medical or treatment services will be provided at the Property that would not typically occur in a residential setting. A nursing assessment and vitals check are completed upon intake, but those are the only medical services provided at the location. No detoxification will occur on-site.
  - The residents live in a family environment and emulate a family. They go grocery shopping, cook, clean and complete chores together. They hold each other accountable and support one another.
- Explain how the residents are supervised at the facility.
  - The residence will be staffed at all hours. No staff live on-site. There will be a total of 6-7 staff members with staggered shifts, as follows:
    - A house manager who will be scheduled in shifts throughout the week.
    - A licensed therapist who will provide individual and group therapy intermittently on weekdays (Monday through Friday).
    - A staff member to coordinate transportation for resident appointments and to provide support to residents in the event the house manager is busy helping another resident.
    - A registered, on-call nurse,
    - A program director, and

- Richard Miller, CEO and Member of Legacy Recovery Center, LLC.
- o Typically, a max of 2-3 staff members will be on-site between 8 a.m. and 4 p.m. Approximately 2 staff members will be on-site after hours.

#### • Length of Residency

o There is no maximum or minimum time period that residents may live at the home. Some residents may live there for 3-6 months while others may choose to live there for longer than a year.

#### Vehicles

o Residents living in the community residence do not have their own vehicles onsite. Legacy staff will provide transportation to residents with a company vehicle.

#### Visitors

o Visitors at the location will be allowed in the evenings from 4 to 8 pm during the week, and weekends from 4 to 9 pm. Legacy allows up to 2 adult visitors per resident, with one-hour time slots. The visitors are staggered so that only 2 to 3 residents have visitors on-site at any given time.

If you need any additional information or documentation to process this request, please do not hesitate to contact me at the email address or phone number below. Thank you.

Very truly yours,

/s/ Heather N. Dukes

Heather N. Dukes, Esq.

602.320.8866 | hdukes@dukeslawaz.com

B: Please document the person responsible for the facility including the name, mailing address, email address and phone number. If this person is the person responsible for the facility, please add the mailing address.

Enclosures



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

| Facility Name: Legacy Recovery Center  | 3   |  |  |  |
|--|---|--|--|--|
| Number of Residents: 10  | Fire Sprinklers Installed?                                  |  |  |  |
| Facility's Address: 2338 E. Minton Street  |   |  |  |  |
| City: Mesa   | State: AZZip Code: 85213                                    |  |  |  |
| Facility's Mailing Address, if different:  |   |  |  |  |
| City:  | State: Zip Code:  |  |  |  |
| City:  | Facility's E-Mail: richard@legacyrecoverycenter.com         |  |  |  |
| Facility's Operator: Richard Miller, CEO of Legac  | y Recovery Center, LLC                                      |  |  |  |
| Operator's Phone Number: (936) 615-0981  | Operator's E-Mail: richard@legacyrecoverycenter.com         |  |  |  |
| Property Owner (Print): Roland Segal and Ehab A  | bdallah   |  |  |  |
| Property Owner's Address: 24745 S. Lindsay Road  |   |  |  |  |
| City: Chandler   | State: AZ Zip Code: 85249                                   |  |  |  |
| Property Owner's Phone Number: (936) 615-0981  | Property Owner's F-Mail· drsegal@azforensicpsychiatry.com   |  |  |  |
| Property Owner's Signature: Su attached Pr   | roperty Duner (owner authorization is required)             |  |  |  |
| Property Owner's Signature: Su attached Property Authorization Signature:  | ture Form   |  |  |  |
|  |   |  |  |  |
| The applicant has read and understands all rules and re  | egulations of the City of Mesa: has physically inspected    |  |  |  |
| the site and verifies that the proposed site is in compliance  | ce 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  | lt 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. |   |  |  |  |
| Community Indicated to   |   |  |  |  |
| I affirm that the information presented in support of this registration is true and correct to the best of my                        |   |  |  |  |
| knowledge:   | knowledge:  |  |  |  |
| Heather N. DWB_  | A a   |  |  |  |
| TICONO IN. DIVOY   | 11/22/2024  |  |  |  |
| Applicant's Signature  |   |  |  |  |

FYI: Property is in the Single Residence-15 (RS-15) zoning district and meets the 1,200 feet separation requirement to be a registered Community Residence with a maximum of 10 individuals. (A response to this review comment is not required).

Please revise the documents and provide additional information as outlined in these review comments. Resubmit the revised Community Residence package including the Community Residence Registration form, Occupancy Confirmation Worksheet, Project Narrative, Property Owner's Authorization Signature form, site plan, floor plan and the Articles of Amendment to Articles of Organization for Legacy Recovery Center, LLC. Do not resubmit the redlined documents.

Maricopa County records indicate Roland Segal and Ehab Abdallah as the owners of the property. A copy of the Warranty Deed indicating the same is not required. Please delete the copy of the Warranty Deed from the Community Residences package resubmitted for 2nd Review.

# Unofficial 20 Document

24 am

Recording Requested by: First American Title Insurance Company

When recorded mail to: Ehab Abdallah 10840 E Scopa TRL Scottsdale, AZ 85262

#### WARRANTY DEED

Escrow No. 203-6329560 (HE)

For the consideration of TEN AND NO/100 DOLLARS, and other valuable considerations, I or we,

Franchini LLC, an Arizona limited liability company, the GRANTOR does hereby convey to

Roland Segal, a married man and Ehab Abdallah, a married man, the GRANTEE

The following described real property situate in Maricopa County, Arizona with the title being conveyed to the grantee as set forth in the attached acceptance by the grantee:

Lot 13, of HERMOSA VISTAS, according to the plat of record in the office of the County Recorder of Maricopa County, Arizona, recorded in Book 455 of Maps, Page 17 and Certificate of Correction recorded as 99-0986326 and Affidavit of change recorded as 2001-0791571, both of official records.

Subject To: Existing taxes, assessments, covenants, conditions, restrictions, rights of way, easements and all other matters of record.

And the GRANTOR does warrant the title against all persons whomsoever, subject to the matters set forth above.



### Mesa Fire and Medical Department Fire Administration

An Internationally Accredited Fire Department



#### Good morning,

Currently the Mesa Fire and Medical Department is no longer renewing/issuing Fire Safety Operational Permits (FSOP) or completing fire inspections for residential <u>adult</u> group homes. The Arizona Department of Health Services is aware of this and should not issue a violation regarding this specific matter.

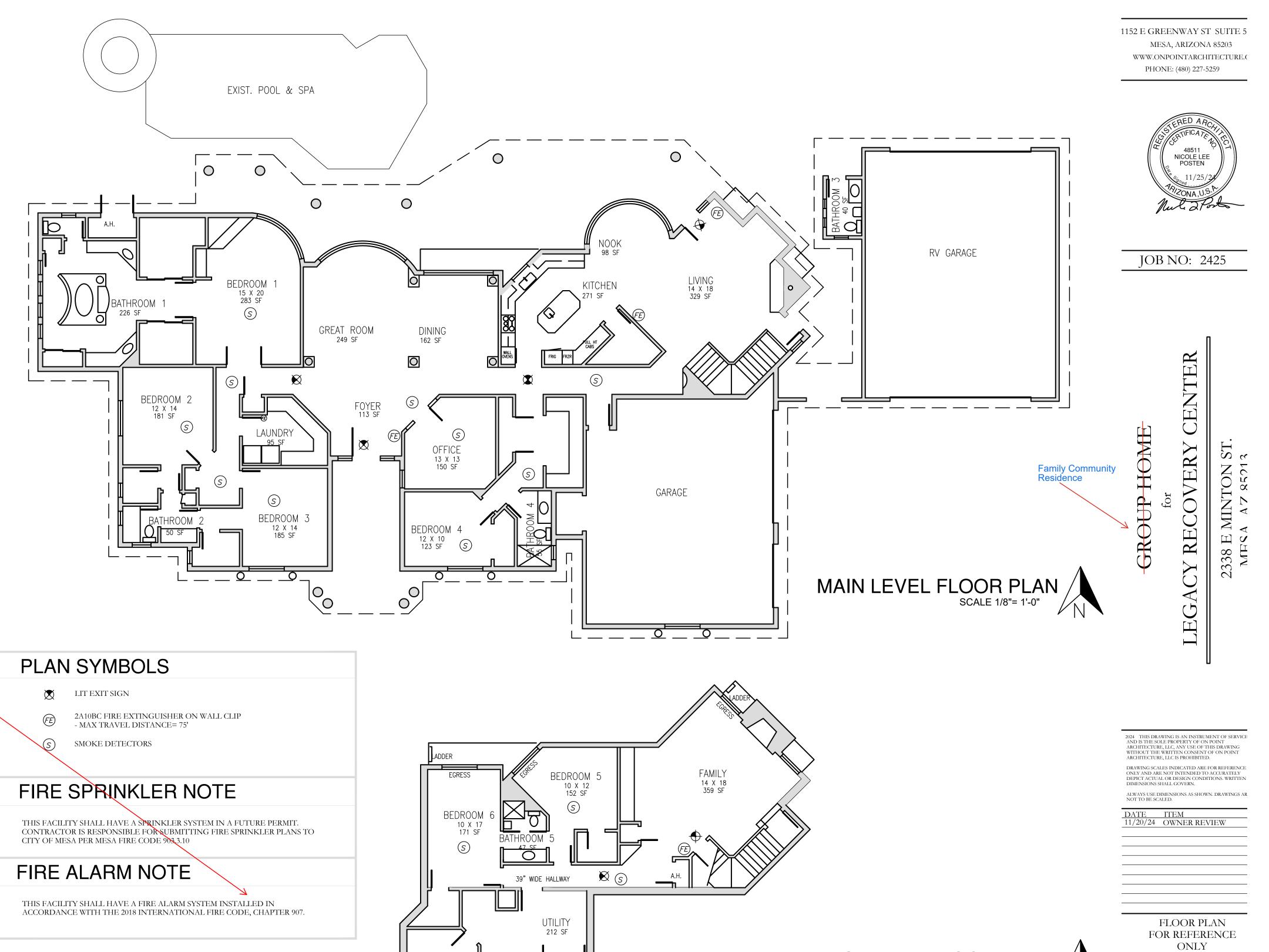
Please let us know if there are any further questions.

Respectfully,

Mesa Fire and Medical Department
Prevention Division
(480) 644-2622
Please note, City of Mesa hours are Monday-Thursday 7am-6pm (closed on Fridays and holidays)



DWG NO:



STORAGE 80 SF BASEMENT FLOOR PLAN
SCALE 1/8"= 1'-0"

Revise the Fire Alarm Note on the floor plan to indicate a fire alarm system will be installed in a future permit.

# Exhibit B - PMT24-21631 - Community Residence Approved 2338 E Minton St 2025.02.05

#### **REVIEWED**

By PW at 02/04/2025 15:15:30

#### **APPROVED**

By CB at 02/05/2025 13:57:35

PMT24-21631



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

| Facility Name: Legacy Recovery Center  |  |  |  |
|--|--|--|--|
| Number of Residents: 10 Fire Sprinklers Installed?   |  |  |  |
| Facility's Address: 2338 E. Minton Street  |  |  |  |
| City: Mesa State: AZ Zip Code: 85213   |  |  |  |
| Facility's Mailing Address, if different:  |  |  |  |
| City: State: Zip Code:   |  |  |  |
| City: State: Zip Code: Facility's Phone Number: (936) 615-0981 Facility's E-Mail: richard@legacyrecoverycenter.com   |  |  |  |
| Facility's Operator: Richard Miller, CEO of Legacy Recovery Center, LLC  |  |  |  |
| Operator's Phone Number: (936) 615-0981 Operator's E-Mail: richard@legacyrecoverycenter.com  |  |  |  |
| Property Owner (Print): Roland Segal   |  |  |  |
| Property Owner's Address: 24745 S. Lindsay Road  |  |  |  |
| City: Chandler State: AZ Zip Code: 85249   |  |  |  |
| Property Owner's Phone Number: $(936) 615-0981$ Property Owner's E-Mail: $(936) 615-0981$  |  |  |  |
| Property Owner's 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:   |  |  |  |
| Applicant 3 Signature  |  |  |  |

FYI -- Property is in the Single Residence-15 (RS-15) zoning district, meets the 1,200 feet separation requirement and is eligible to be a Registered Community Residence with a maximum of 10 residents.



#### **Occupancy Confirmation Worksheet**

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

| Property Address: 2338 E. Minton  | St., Mesa, Arizona  |   |  |  |  |
|---|---|---|--|--|--|
| Facility Name: Legacy Recovery Center   |   |   |  |  |  |
| Type of residential care Facility as licensed: Behavioral Health Home   |   |   |  |  |  |
| Number of Care Residents (not inclu   | uding staff): 10  |   |  |  |  |
| Is the home equipped with automataccordance with Mesa Fire Code?  | tic fire sprinkler protection and attic protection monitored  Yes* No *If Yes, Provide a Current Third Par  |   |  |  |  |
| R-5. Residential Group R-5 occupance dwellings and multiple single-family Residential Code. 24-hour care facility R-5 Residential care/assisted an emergency situation without phy R-5 Residential care/assisted residents, any (persons) not capable from staff. Such assisted living home | roup, per Mesa Building Code and Mesa Fire Code: cies where the occupants are primarily permanent in detach dwellings (townhouses) and their accessory structures confety R-5 occupancies include: living facility, with 5 or fewer residents, all capable of self-posicial assistance from staff. MBR 4-2-1 Section 310.6 living homes including facilities providing directed care sent of self-preservation or responding to an emergency situation as shall be protected with automatic sprinkler systems in access ance with section 907.2.10.1.3. MBR 4-2-1 Section 310.6 | orming with the Mesa preservation or responding to vices, with <b>5 or fewer</b> on without physical assistance     |  |  |  |
| staff, who reside on a 24-hour basis includes persons receiving care who who have mental and psychiatric con Assisted living facilities, Congregate rehabilitations.  | y for more than five but not more than 10 persons in care (in a supervised residential environment and receive custodic have the ability to respond to emergency situations and evaluations). R-4 includes, but is not limited to, the following care facilities, Group Home, Halfway Houses, Residential bouncy condition shall include buildings in which all persons received.   | ial care (custodial care cuate at a slower rate and/or g: Alcohol and drug center, eard and care facilities, Social |  |  |  |
| any assistance, are capable of responsible.   | nding to an emergency situation to complete building evacu  | ation. MBR 4-2-1 Section  |  |  |  |
| R-4 Condition 2; Residential of capable of self-preservation. This occustodial care who require limited vo  | care home with <b>6 to 10</b> residents [per Mesa Zoning Ordinan ccupancy condition shall include buildings in which there are erbal or physical assistance while responding to an emerger sprinklers with attic protection monitored by third party required.  | e any persons receiving<br>ncy situation to complete  |  |  |  |
| verifies that the proposed site is in co<br>accuracy of all information provided<br>requested information may result in   | nds all rules and regulations of the City of Mesa; has physiompliance with all applicable city, state and federal laws; of this application. Submittal of erroneous information, or denial of application. Errors found after processing application is confirming the true and correct occupancy for this f  | and is responsible for the<br>failure to disclose any<br>tion may result in loss of                                 |  |  |  |
| I affirm that the information presented in support of this registration is true and correct to the best of my knowledge:  |   |   |  |  |  |
| Heather N. Dukes  | Heather N. Dubs_  | 11/22/2024  |  |  |  |
| Applicant Printed Name  | Applicant Signature   | Date  |  |  |  |

PMT24-21631



### **Property Owner's Authorization Signature Form**

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

| Prop              | erty Owner:  | Applicant:   |
|-------------------|--|--|
| Ehab              | Abdallah and Roland Segal  | Heather N. Dukes of Dukes Law, PLLC  |
| Name              |  | Name   |
| 24745             | S. Lindsay Road, Chandler, AZ 85249  | 5527 N. 25th Street, Phoenix, AZ 85016   |
|                   | s (Street, City, State, Zip Code)  | Address (Street, City, State, Zip Code)  |
| (936)             | 615-0981   | 602-320-8866   |
| Phone I           | Number   | Phone Number   |
| N/A               |  | N/A  |
| Fax Nu            |  | Fax Number   |
| esabd             | allah07@gmail.com; drsegal@azforensicpsychiatry.com  | hdukes@dukeslawaz.com  |
| E-mail<br>Signatu | A Segal Ms IIIRA   | E-mail Heather N. DWB 11/18/2024 Signature   |
|                   |  | Date   |
|                   |  | N/A  |
|                   |  | Registration Number (required for professional registrants)  |
| Addr              | ress of Site: 2338 E. Minton Street, Mesa. AZ 85213  | <b>APN</b> : 141-06-237  |
|                   |  |  |
| Selec             | t Type of Request:   |  |
|                   |  |  |
|                   | Administrative Review  |  |
|                   | <ul> <li>Minor Modifications/Changes to existing cases</li> <li>Desert Uplands Reviews</li> <li>Form Based Code /Zoning Clearance</li> <li>Land Division (Lot Splits)</li> </ul> | <ul> <li>Historic Preservation (Certificate of Appropriateness)</li> <li>Medical Marijuana</li> <li>Wireless Communication Facilities (Cell Towers)</li> </ul>   |
| _                 |  |  |
| Ц                 | Planning & Zoning  |  |
|                   | Rezone   | <ul> <li>Site Plan Review/Modifications Special Use Permits</li> </ul>   |
|                   | Pre-Plats     Council Lie Pouring  | Minor General Plan Amendments  |
|                   | <ul><li>Council Use Permits</li><li>Development Unit Plans</li></ul>   |  |
|                   | - Development Onterialis   |  |
|                   | Board of Adjustment  |  |
|                   | <ul> <li>Variances</li> </ul>  | Special Use Permits  |
|                   | <ul> <li>Substantial Conformance Improvement Permit (SCIP)</li> <li>Development Incentive Permit (DIP)</li> </ul>  | 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 operating   |
|                   | Annexation   | as a Residential Behavioral Health Facility. Name: Legacy Recovery Center. Applicant requested 10, number of residents. MZO allows up to 10 residents,   |
|                   | General Plan Amendment – Major   | 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 essistance, are capable.                                     |
| ×                 | Community Residence [Residential Care Home]  | 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. |
|                   | Group Foster Care Home [DCS]   |  |

#### DUKES LAW, PLLC

5527 N. 25<sup>th</sup> Street Phoenix, AZ 85016 602.320.8866

#### VIA EMAIL

Pamela Williams Charlotte Bridges CITY OF MESA Development Services Department 55 N. Center Street Mesa, AZ 85211-1466

January 28, 2025

RE: 1st Revised Narrative for Family Community Residence Located at 2338 E. Minton Street, Mesa, AZ 85213 (Assessor Parcel Number 141-06-237) (the "Property")

Dear Ms. Williams and Ms. Bridges,

On behalf of my clients, Legacy Recovery Center, LLC, an Arizona limited liability company, ("Legacy" or the "Applicant") and the owners of the above-referenced Property, Roland Segal and Ehab Abdallah (the "Property Owners"), I am submitting this narrative in support of the enclosed community residence application for a behavioral health residence. The Property is comprised of approximately 0.48 acres within the RS-15 residential zoning district and has been developed with a large home offering 6 bedrooms and approximately 6,194 s.f. of livable space. The Property is being licensed as a behavioral health residential facility ("BHRF") with the Arizona Department of Health Services.

The following information is responsive to the City's request for a narrative describing the proposed family community residence:

- The name of the facility:
  - o Legacy Recovery Center, LLC will be the license-holder and applicant.
- The type of Community Residence:
  - o Family Community Residence specializing in residential behavioral health
- The number of residents:
  - o Up to 10 residents:
- The age range of the residents
  - o Adults (Typically 18 to 60 years old)

- What Arizona State agency will be licensing this facility?
  - o The Arizona Department of Health Services will be licensing this residence as a behavioral health residential facility.
- Indicate whether or not all residents are capable of recognizing and responding to emergency situations without assistance from staff.
  - o Yes, all residents are capable of recognizing and responding to emergency situations without assistance from staff. They are ambulatory and able to complete tasks and chores necessary to live as a family.
- Does the residence have fire sprinklers?
  - o Yes
- Explain what services are provided at the facility.
  - The residents at the property are in treatment/recovery for substance and alcohol use, with some residents seeking treatment for co-occurring behavioral health issues (i.e. depression, anxiety). The only individuals receiving treatment at the location will be the 10 individuals approved to occupy the home. Legacy's housing replicates a family environment in the look and feel of the home. Residents at Legacy are not adjudicated, and they come to the program of their own free will to seek help with behavioral health issues. Clinical services provided on-site include resident assessments, individual therapy, and group therapy. The therapists and house managers will also assist with teaching life skills such as cooking and cleaning, resume building, and employer interview coaching.
  - o No medical or treatment services will be provided at the Property that would not typically occur in a residential setting. A nursing assessment and vitals check are completed upon intake, but those are the only medical services provided at the location. No detoxification will occur on-site.
  - o The residents live in a family environment and emulate a family. They go grocery shopping, cook, clean and complete chores together. They hold each other accountable and support one another.
- Explain how the residents are supervised at the facility.
  - The residence will be staffed at all hours. No staff live on-site. There will be a total of 6-7 staff members with staggered shifts, as follows:
    - A house manager who will be scheduled in shifts throughout the week.
    - A licensed therapist who will provide individual and group therapy intermittently on weekdays (Monday through Friday).
    - A staff member to coordinate transportation for resident appointments and to provide support to residents in the event the house manager is busy helping another resident.
    - A registered, on-call nurse,
    - A program director, and

CITY OF MESA 1<sup>st</sup> Revised Narrative January 28, 2025 Page **3** of **3** 

- Richard Miller, CEO and Member of Legacy Recovery Center, LLC.
- o Typically, a max of 2-3 staff members will be on-site between 8 a.m. and 4 p.m. Approximately 2 staff members will be on-site after hours.

#### Length of Residency

o There is no maximum or minimum time period that residents may live at the home. Some residents may live there for 3-6 months while others may choose to live there for longer than a year.

#### Vehicles

o Residents living in the community residence do not have their own vehicles onsite. Legacy staff will provide transportation to residents with a company vehicle.

#### Visitors

o Visitors at the location will be allowed in the evenings from 4 to 8 pm during the week, and weekends from 4 to 9 pm. Legacy allows up to 2 adult visitors per resident, with one-hour time slots. The visitors are staggered so that only 2 to 3 residents have visitors on-site at any given time.

#### • Contact Information for Person Responsible for Facility

Contact Name: Richard Miller, CEO and Member
 Mailing Address: LEGACY RECOVERY CENTER

24745 S. Lindsay Road Chandler, AZ 85249

o **Email Address:** richard@legacyrecoverycenter.com

o Phone No.: (936) 615-0981

If you need any additional information or documentation to process this request, please do not hesitate to contact me at the email address or phone number below. Thank you.

Very truly yours,

/s/ Heather N. Dukes

#### Heather N. Dukes, Esq.

602.320.8866 | hdukes@dukeslawaz.com

**Enclosures** 

### PROJECT DATA AND STATISTICS

SITE ADDRESS: 2338 E MINTON, MESA, ARIZONA 85213

PARCEL NUMBER: 141-06-237 RS-15 EXISTING ZONING:

EXISTING USE: SINGLE FAMILY RESIDENTIAL FAMILY COMMUNITY RESIDENCE PROPOSED USE:

ADJACENT ZONING DISTRICTS:

WEST: RS-15 NORTH: RS-9 EAST: RS-15 SOUTH: RS-15

LOT SIZE & SITE DIMENSIONS: 21,073 SF (0.48 ACRES)

### **BUILDING CODE DATA**

APPLICABLE BUILDING CODES:

2018 IRC

2018 IECC CITY OF MESA AMENDMENTS

**BUILDING AREAS:** 

TOTAL EXISTING LIVABLE BUILDING AREA: 6194 SF TOTAL NON-LIABLE BUILDING AREA: 2180 SF TOTAL COVERED PATIO AREA: 991 SF

ALLOWABLE AREA:

CONSTRUCTION TYPE: TYPE V-B OCCUPANCY: R-4

OCCUPANCY COUNT: 10 RESIDENTS

### PROJECT DESCRIPTION

CONVERT A SINGLE FAMILY RESIDENCE TO A FAMILY COMMUNITY RESIDENCE WITH A BEHAVIORAL HEALTH RESIDENTIAL FACILITY LICENSE TO BE ISSUED BY THE ARIZONA DEPARTMENT OF HEALTH SERVICES.

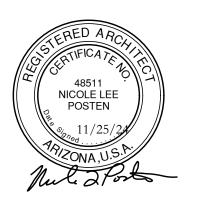
### ARCHITECT INFO

ARCHITECT:

ON POINT ARCHITECTURE, LLC. NICOLE POSTEN, RA 1152 E GREENWAY ST., STE 5 MESA, ARIZONA 85203



1152 E GREENWAY ST SUITE 5 MESA, ARIZONA 85203 WWW.ONPOINTARCHITECTURE.COM PHONE: (480) 227-5259



JOB NO: 2425

SIDENC CENTER

CY RECOVERY LEGA

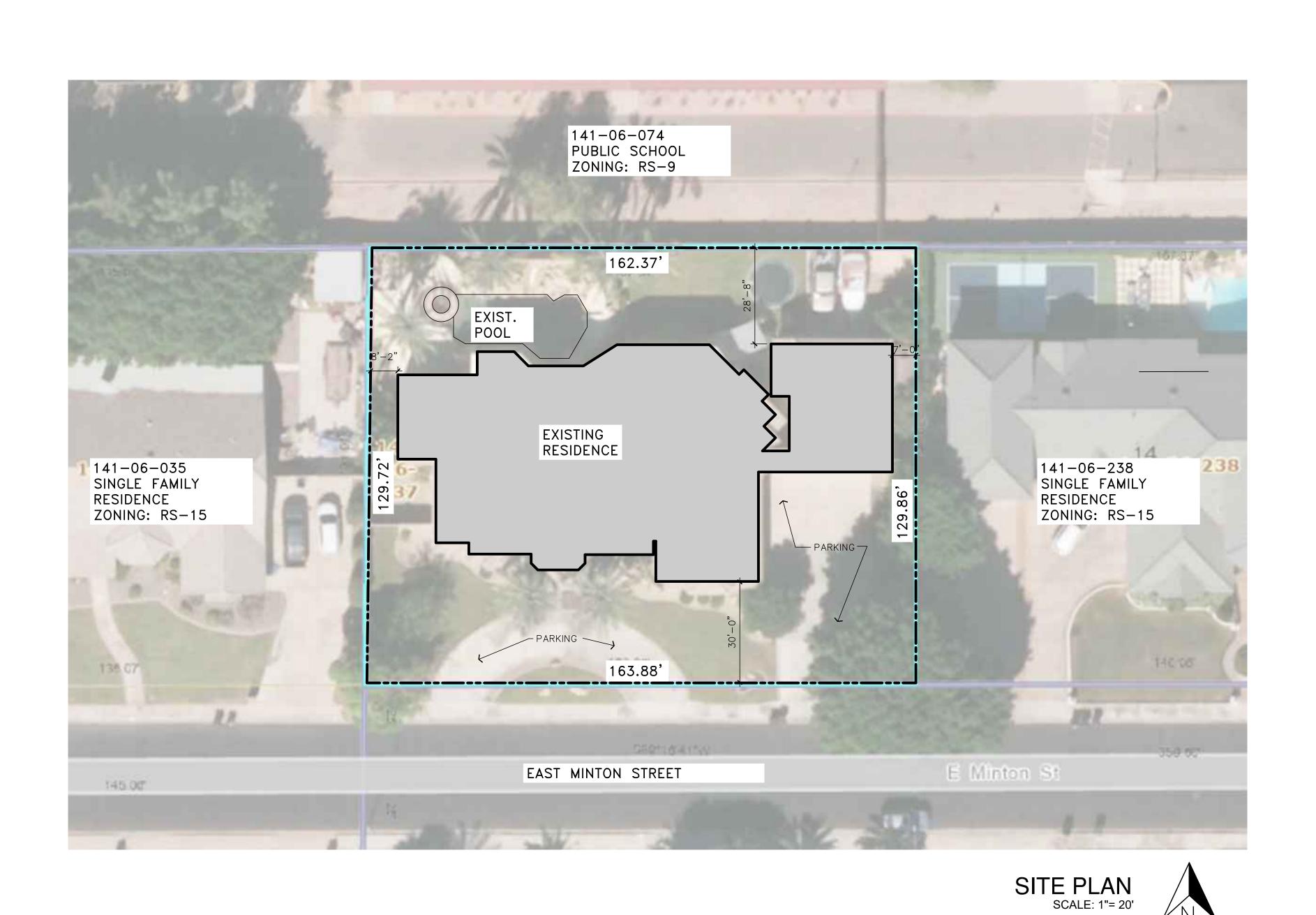
2024 THIS DRAWING IS AN INSTRUMENT OF SERVICE AND IS THE SOLE PROPERTY OF ON POINT ARCHITECTURE, LLC, ANY USE OF THIS DRAWING WITHOUT THE WRITTEN CONSENT OF ON POINT ARCHITECTURE, LLC IS PROHIBITED. DRAWING SCALES INDICATED ARE FOR REFERENCE ONLY AND ARE NOT INTENDED TO ACCURATELY DEPICT ACTUAL OR DESIGN CONDITIONS. WRITTEN DIMENSIONS SHALL GOVERN. ALWAYS USE DIMENSIONS AS SHOWN. DRAWINGS ARE NOT TO BE SCALED.

DATE ITEM 11/20/24 OWNER REVIEW

SITE PLAN FOR REFERENCE ONLY

DWG NO:

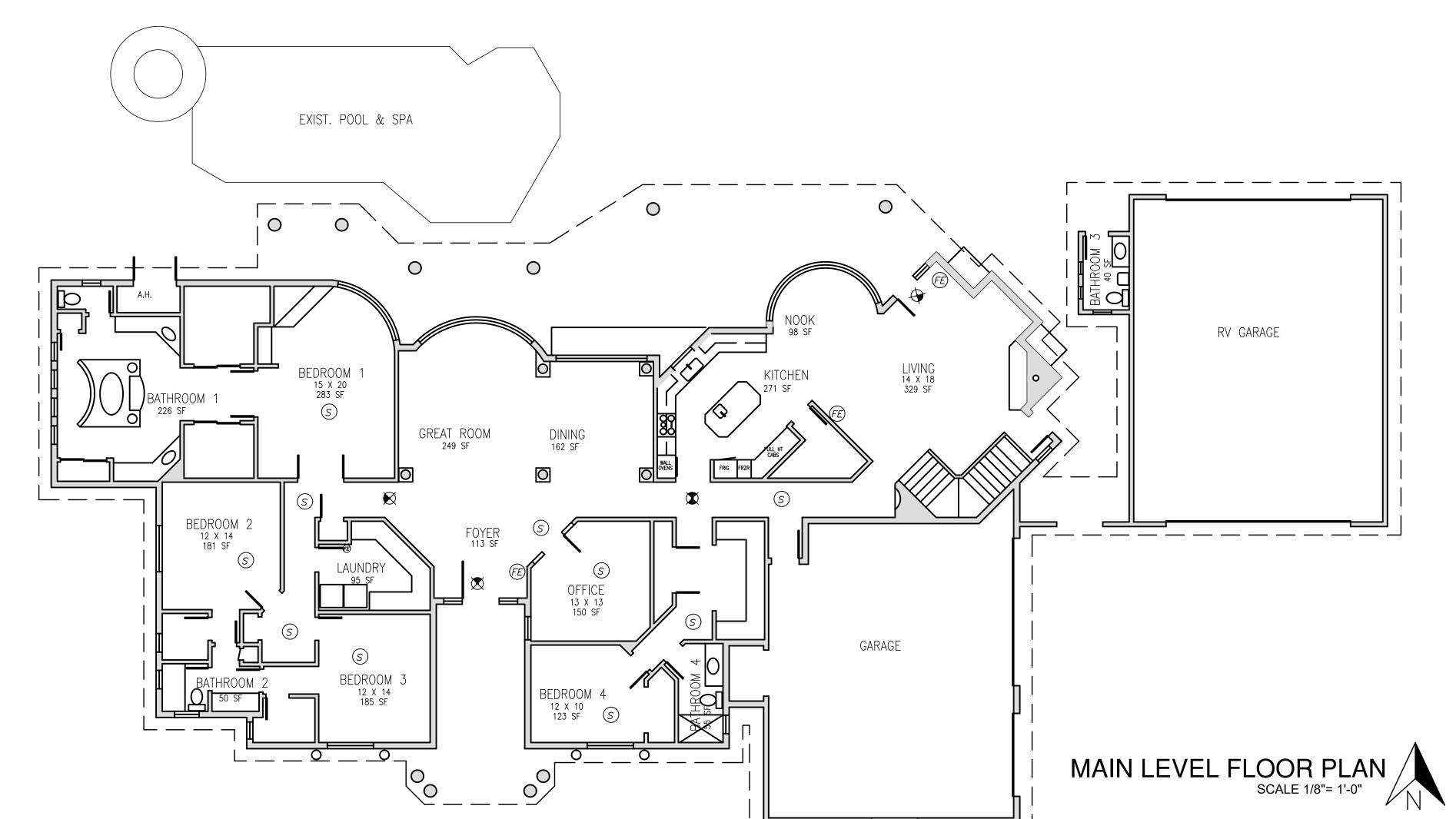




1152 E GREENWAY ST SUITE 5

JOB NO: 2425

MESA, ARIZONA 85203 WWW.ONPOINTARCHITECTURE.



/ RESIDENCE

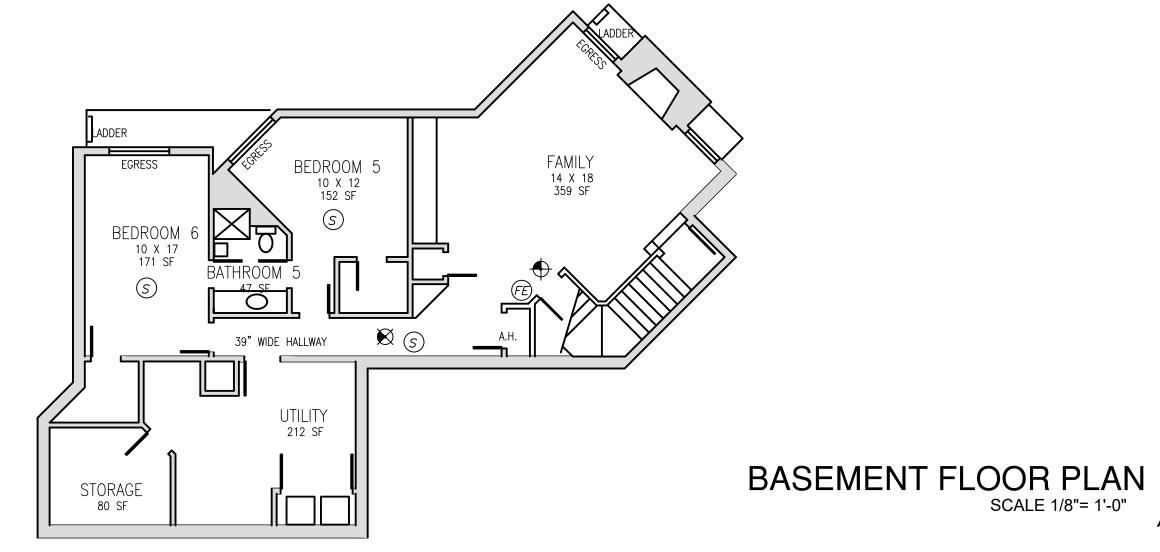
### PLAN SYMBOLS

2A10BC FIRE EXTINGUISHER ON WALL CLIP - MAX TRAVEL DISTANCE= 75'

SMOKE DETECTORS

### FIRE SPRINKLER NOTE

THIS RESIDENCE HAS AN EXISTING AUTOMATIC FIRE SPRINKLER SYSTEM.



2024 THIS DRAWING IS AN INSTRUMENT OF SERVICE AND IS THE SOLE PROPERTY OF ON POINT ARCHITECTURE, LLC, ANY USE OF THIS DRAWING WITHOUT THE WRITTEN CONSENT OF ON POINT ARCHITECTURE, LLC IS PROHIBITED.

DRAWING SCALES INDICATED ARE FOR REFERENCE ONLY AND ARE NOT INTENDED TO ACCURATELY DEPICT ACTUAL OR DESIGN CONDITIONS. WRITTEN DIMENSIONS SHALL GOVERN.

DATE ITEM 11/20/24 OWNER REVIEW

FLOOR PLAN FOR REFERENCE ONLY

DWG NO:

#### ARTICLES OF ORGANIZATION

#### OF LIMITED LIABILITY COMPANY

#### **ENTITY INFORMATION**

**ENTITY NAME:** LEGACY RECOVERY CENTER, LLC

ENTITY ID: 23282452
ENTITY TYPE: Domestic LLC
EFFECTIVE DATE: 10/08/2021

CHARACTER OF BUSINESS: Health Care and Social Assistance

MANAGEMENT STRUCTURE: Member-Managed

PERIOD OF DURATION: Perpetual PROFESSIONAL SERVICES: N/A

#### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** Ehab S. Abdallah

PHYSICAL ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262

MAILING ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262

#### PRINCIPAL ADDRESS

4666 E. Redfield Road, GILBERT, AZ 85234

#### **PRINCIPALS**

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - esabdallah07@gmail.com - Date of Taking Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - drsegal@azforensicpsychiatry.com - Date of Taking Office:

#### **ORGANIZERS**

Ehab S. Abdallah: 10840 E Scopa TRL, SCOTTSDALE, AZ, 85262, USA, esabdallah07@gmail.com Richard Cullen Miller: 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA, rcm6113@gmail.com Roland Segal: 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA, drsegal@azfornsicpsychiatry.com

#### **SIGNATURES**

Organizer: Ehab S. Abdallah - 10/08/2021 Organizer: Richard Cullen Miller - 10/08/2021 Organizer: Roland Segal - 10/08/2021

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

#### LIMITED LIABILITY COMPANY

#### **ENTITY INFORMATION**

**ENTITY NAME:** LEGACY RECOVERY CENTER, LLC

ENTITY ID: 23282452
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual

PROFESSIONAL SERVICES:

CHARACTER OF BUSINESS: Health Care and Social Assistance

MANAGEMENT STRUCTURE: Member-Managed

FORMER ENTITY NAME

No name change

#### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** Ehab S. Abdallah

**PHYSICAL ADDRESS:** 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262 **MAILING ADDRESS:** 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85262

#### KNOWN PLACE OF BUSINESS

4666 E. Redfield Road, GILBERT, AZ 85234

#### **PRINCIPALS**

Member: Andy Bennett - 8350 E. Raintree Dr., Suite 130, SCOTTSDALE, AZ, 85259, USA - - Date of Taking Office:

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - esabdallah07@gmail.com - Date of Taking Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85259, USA - drsegal@azforensicpsychiatry.com - Date of Taking Office:

#### **SIGNATURE**

Member: Ehab S. Abdallah - 01/10/2022

#### TEXT OF AMENDMENT FOR LEGACY RECOVERY CENTER, LLC

The Articles of Organization for Legacy Recovery Center, LLC, are amended to add Andy Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, as a member.

Ehab S. Abdallah Ehab S. Abdallah, Member

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

#### LIMITED LIABILITY COMPANY

#### **ENTITY INFORMATION**

**ENTITY NAME:** LEGACY RECOVERY CENTER, LLC

ENTITY ID: 23282452
ENTITY TYPE: Domestic LLC
PERIOD OF DURATION: Perpetual

PROFESSIONAL SERVICES:

CHARACTER OF BUSINESS: Health Care and Social Assistance

MANAGEMENT STRUCTURE: Member-Managed

FORMER ENTITY NAME

No name change

#### STATUTORY AGENT INFORMATION

**STATUTORY AGENT NAME:** Ehab S. Abdallah

**PHYSICAL ADDRESS:** 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260 **MAILING ADDRESS:** 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260

#### KNOWN PLACE OF BUSINESS

24745 S. Lindsay Road, CHANDLER, AZ 85249

#### **PRINCIPALS**

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA - esabdallah07@gmail.com - Date of Taking Office:

Member: John Bennett - 8350 E. Raintree Dr., Suite 130, SCOTTSDALE, AZ, 85260, USA - - Date of Taking

Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA - rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA - drsegal@azforensicpsychiatry.com - Date of Taking Office:

#### **SIGNATURE**

Member: Ehab S. Abdallah - 03/31/2022

#### TEXT OF AMENDMENT FOR LEGACY RECOVERY CENTER, LLC

The Articles of Organization for Legacy Recovery Center, LLC, are amended to:

- 1. Change the street and mailing address of the statutory agent, Ehab S. Abdallah, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85262, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
- Change the address of member, Ehab S. Abdallah, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
- 3. Change the address of member, Richard Cullen Miller, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
- 4. Change the address of member, Roland Segal, from 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
- 5. Change the name and address of member, Andy Bennett, from Andy Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85259, to John Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260;
- 6. Change the address of the LLC's known place of business from 4666 E. Redfield Road, Gilbert, Arizona 85234, to 24745 S. Lindsay Road, Chandler, Arizona 85249.

Ehab S. Abdallah Ehab S. Abdallah, Member

#### ARTICLES OF AMENDMENT TO ARTICLES OF **ORGANIZATION**

#### LIMITED LIABILITY COMPANY

#### **ENTITY INFORMATION**

**ENTITY NAME:** LEGACY RECOVERY CENTER, LLC

**ENTITY ID:** 23282452 **ENTITY TYPE:** Domestic LLC PERIOD OF DURATION: Perpetual

PROFESSIONAL SERVICES:

**CHARACTER OF BUSINESS:** Health Care and Social Assistance

MANAGEMENT STRUCTURE: Member-Managed

No name change FORMER ENTITY NAME

#### STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Ehab S. Abdallah

PHYSICAL ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260 MAILING ADDRESS: 8350 E Raintree Dr. Suite 130, SCOTTSDALE, AZ 85260

#### KNOWN PLACE OF BUSINESS

24745 S. Lindsay Road, CHANDLER, AZ 85249

#### **PRINCIPALS**

Member: Ehab S. Abdallah - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -

esabdallah07@gmail.com - Date of Taking Office:

Member: Richard Cullen Miller - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -

rcm6113@gmail.com - Date of Taking Office:

Member: Roland Segal - 8350 E Raintree Dr Suite 130, SCOTTSDALE, AZ, 85260, USA -

drsegal@azforensicpsychiatry.com - Date of Taking Office:

#### **SIGNATURE**

Member: Ehab S. Abdallah - 08/05/2024

#### TEXT OF AMENDMENT FOR LEGACY RECOVERY CENTER, LLC

The Articles of Organization for Legacy Recovery Center, LLC, are amended to remove John Bennett, 8350 E. Raintree Dr., Suite 130, Scottsdale, Arizona 85260, as a member.

Ehab S. Abdallah Ehab S. Abdallah, Member



## Annual Fire Sprinkler Report CUSTOMER INFORMATION

ARIZONA FIRE SYSTEMS 2098 S. SAILOR WAY GILBERT, AZ 85295 602-714-0801

chad@arizonafiresystems.com ROC#

C16 310827

|               | <u>Le</u>  | gacy Recovery Center |   |
|---------------|------------|----------------------|---|
|               | 23         | 38 E Minton St.      |   |
| 11            | Me         | esa, AZ 85213        |   |
|               | Phone      | 936-615-0981 /       |   |
| <b>IFPA</b> ® | E-mail     | rcm6113@gmail.com    |   |
|               | Customer # | Ticket #             | : |
|               | Date       | January 24th, 2025   |   |
|               | Next Insp. | January 1, 2026      |   |

| SYSTEM INFORMATION   | J                     | SYSTEM INFORMATION   |
|--|-----------------------|--|
| System # 1   |                       | System# 2  |
| Location Garage Access   | : Hatch               | Location   |
| Mfg/Size Residental /  | 1"                    | Mfg/Size /   |
| System Type  | <u>.</u>              | System Type  |
|  |                       |  |
| SYSTEM TEST & CONDITI  | ON                    | SYSTEM TEST & CONDITION  |
| Main control valve exercised and is in good condition? Type: Ball Valve  | Yes                   | Main control valve exercised and is in good condition? Type:             |
| Alarm Valve Internally Inspected?  | N/A                   | Alarm Valve Internally Inspected?  |
| Main waterflow switch operating properly? Set @ Low Trip @ 2 Sec.        | Yes                   | Main waterflow switch operating properly? Set @ Trip @ Sec.              |
| Main tamper switch operating properly?                                   | N/A                   | Main tamper switch operating properly?                                   |
| Local alarm operating properly?  | Yes                   | Local alarm operating properly?  |
| ITV Location At F  | Riser                 | ITV Location   |
| All visible piping and heads free of rust, dust, corrosion and leaks?    | Yes                   | All visible piping and heads free of rust, dust, corrosion and leaks?    |
| All visible hangers and bracing in good condition?                       | Yes                   | All visible hangers and bracing in good condition?                       |
| Sprinkler coverage acceptable?   | Yes                   | Sprinkler coverage acceptable?   |
| FDC has caps/plugs, is working properly, unobstructed & correct threads? | N/A                   | FDC has caps/plugs, is working properly, unobstructed & correct threads? |
| Spare head box present & complete?  Missing?                             | Yes                   | Spare head box present & complete? Missing?                              |
| Flow Test System gauge's MFG Date:                                       | 11/22/22              | Flow Test System gauge's MFG Date:                                       |
| Pressure Before Residual   | After                 | Pressure Before Residual After   |
|  | 100                   | /  |
| Comments:  |                       |  |
| Found two sprinkler heads in basement room                               | which where taned for | r nainting nurnoses. Tape was removed                                    |
| r cana the opinime reads in sacoment ream                                | minor minoro tapoa is | r painting purposes. Tape trae terriorea.                                |
| Provided to customer spare head box and                                  | wrentch. Custome      | had spare heads from another location to fill box.                       |
|  |                       |  |
|  |                       |  |
|  |                       |  |
|  |                       |  |
|  |                       |  |
|  |                       |  |

CERTIFICATION OF SYSTEM OPERATION All operational features and functions of this system were tested this service in accordance with the NFPA 25 as well as local AHJ requirements and was found to be: Passing

### Exhibit C - C of O for 2338 E Minton St



#### 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 #: PMT24-21631

Owner's Name: Roland Segal and Ehab Abdallah

Owner's Address: 24745 S. Lindsay Road, Chandler, AZ, 85249
Project Address: 2338 E MINTON ST, MESA, AZ 85213

Project Address: 2338 E MINTON ST, MES
Project Name: Legacy Recovery Center

OCCUPANCY: Occupancy

 Occupancy Group
 Constr Type
 Sq Ft
 Occ Load

 R-4 Residential Care/Assisted Living
 VB
 5194

 Total SQ FT : 5194

Zoning District: RS-15

Special Stipulations/Conditions: R-4 Condition 1

No Fire Sprinklers Required

Approved for up to 10 Residents Excluding Staff

Deputy Director/Building Official: John Sheffer

Date:

02/06/2025

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

### Exhibit D - BHRF License for Minton Street - 2025.03.27



### LEGACY RECOVERY CENTER, LLC Legacy Recovery Center 2338 East Minton Street Mesa, AZ 85213

The facility above is licensed to operate as a(n) Behavioral Health Residential Facility. This license has been issued under the authority of Title 36, Chapter 4, Arizona Revised Statutes and pursuant to Department of Health Services' Rules, is not transferable and is valid only for the location identified above.

#### THIS CERTIFICATE IS NOT TRANSFERABLE

License Number: BHRF20001 Effective Date: March 27, 2025 Expiration Date: March 26, 2026 Total Capacity: 10

#### HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

Recommended By: Tiffany Slater, Bureau Chief

Issued By: Tom Salow, Assistant Director



#### LEGACY RECOVERY CENTER, LLC

Legacy Recovery Center 2338 East Minton Street Mesa, AZ 85213 **Facility Services** 

Services for Individuals 18 Years of Age and Older - Residential

Recommended By: Tiffany Slater, Bureau Chief

Issued By: Tom Salow, Assistant Director