City of Santa Fe, New Mexico

memo

DATE: October 19, 2015 for the October 28, 2015
TO: Governing Body

VIA: Brian K. Snyder, City Manager
Lisa D. Martinez, Land Use Department Director
Greg Smith, Current Planning Division Director

FROM: Daniel A. Esquibel, Land Use Planner Senior, Current Planning Division

455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER.

Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center Master Plan Amendments. WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for Master Plan Amendments. (Dan Esquibel, Case Manager)

RECOMMENDATION:

The Governing Body should adopt the enclosed resolution approving the amended master plan, subject to conditions of approval recommended by the Planning Commission and city staff as identified in Exhibits A and A2 (Master Plan including condition 36 and 12,000 square-foot future addition to the "Medical Dental Building).

The Planning Commission also approved two variances, a development plan and a special use permit for the hospital expansion project, all subject to approval of the master plan amendment by the Governing Body. Those Commission decisions have been appealed to the Governing Body, and the appeals are also scheduled for public hearing at tonight's meeting.

Staff would note that the Applicant concurs with the conditions of approval as recommended by the commission and staff for both the Master Plan and Development Plan, with two exceptions:

- The applicant believes Condition 36, which limits construction hours, was intended to apply only to the development plan, and not to the master plan:

  36. "The construction hours for outside Project improvements shall be: Monday through Friday, 7 a.m. to 7 p.m.; Saturday, 8 a.m. to 5 p.m., with no work on Sunday."
- The applicant maintains that the addition to the Medical Dental building was previously approved for addition of three stories at 12,000 square-feet each, for a total of 36,000 square feet in that building.

The applicant's proposals are attached as Exhibit A3, and the discrepancies with the Commission

recommendation and previous approvals are discussed in Section I.D (page 13).

Subsection 14-3.9(B)(3) "Master Plans" states that "final actions concerning ...use permits, development plans and construction permits shall include a specific finding or determination that the action complies with all applicable provisions of the master plan."

This requires the Governing Body to act on the Master Plan amendments before acting on the appeals, in the order listed on the agenda. The Governing Body may choose to consolidate the public testimony for all of the agenda items.

The Land Use Department has determined that the proposed applications comply with the approval criteria for Master Plan amendments. Should the Governing Body approve the proposed Master Plan amendments, staff recommends the conditions listed in Exhibit A and A2 (Master Plan including condition 36). Exhibit A3 (the master plan without condition 36 and with the 36,000 square foot 3 story addition with decreased parking standards) has also been included for the Governing Body's consideration.

I. APPLICATION SUMMARY

A. Report Format

The agenda packet for this case includes a significant amount of background material. The staff report and other materials are organized as follows:

- Section I(A) - page 2: describes how this memorandum is formatted for the review of the Christus St. Vincent Regional Medical Center (Hospital) proposed project.
- Section I(B) - page 2: provides an Executive Summary,
- Section I(C) - page 4: provides tables of information that summarize the master plan amendments and other related actions.
- Section I(D) - page 12: Master Plan Amendment addresses specific requirements pursuant to 14-3.9 *"Master Plans"*,
- Section II - page 14: is the Conclusion
- Section III - Page 14: Exhibit List, which identifies the relevant documents from the record of the Planning Commission hearings, the application, and documents submitted by concerned citizens.

The attached exhibits include the Finding of Facts and Conclusions of Law from the August 6, 2015 Planning Commission meeting, proposed amended Resolution, minutes from both Planning Commission meetings of July 2, 2015 and August 6, 2015, along with Staff Memorandums, maps, applicant submittals, and neighborhood correspondence. Minutes and other documentatioin from the 2006 amendment hearing are also attached. The supporting material is extensive as a result of two long and in-depth Planning Commissions meetings concerning the Hospital project. In order to provide quick reference to discussed material see Exhibit C *"Referenced Exhibits"*. Additionally, the attached Master Plan map has been updated to incorporate all relevant information from the 1985 and 2006 Master Plans, including the proposed changes to the conditions of approval.

B. Executive Summary

Hospital site development is required to comply with provisions of a phased master plan that was first approved in 1985, and which was substantially amended in 2006. An application requesting additional amendments to the Master Plan is the current subject before the Governing Body

In addition to the Master Plan amendment, the hospital expansion project involves three other application components which are outlined in detail in *"Table 2 - Scope of Requests"* on Pages 5 & 6. These are as follows: Variances, Development Plan and Special Use Permit. The four application components seek approval to construct a two-story addition to the hospital, with new inpatient rooms on the second story and hospital related services on the first floor. There would be no significant change to overall hospital patient capacity - most of the new rooms would be for single-patient occupancy, and many of the existing multi-patient rooms would be converted to single occupancy. However, the Hospital recently reduced the amount of State licensed beds from 248 licensed beds down to 200 licensed beds. Most of the proposed building addition would comply with special height limits that were approved as part of the 1985 Master Plan, and the Planning Commission has approved a variance for the portion of the building that exceeds the 1985 approval.

On August 6, 2015 the Planning Commission approved the Development Plan and Special Use Permit (including variances to building heights), and recommended approval of the Hospital Master Plan subject to conditions. The conditions are listed in Exhibit A:

The applications originally included a request for variances to the sign regulations, but that request was withdrawn when it was determined the signage proposal was within the scope of the 1985 master plan approval.

The existing hospital has been developed pursuant to several city approvals granted over a period of nearly 50 years:

- **In 1977**, the hospital relocated from its historic downtown site to the current location, on a tract of land zoned R-2 that was originally somewhat smaller than the current site.
- **In 1985**, zoning was changed from R-2 to C-1 by Ordinance No. 1985-15, along with Master Plan approval of the St. Vincent Hospital Campus with Resolution 1985-36. The Master Plan included over 40 pages of text and several maps, copies of which are included in the applicant's submittals and Governing Body Packet in Exhibit C3. The 1985 Master Plan included a requirement that each phase of development receive approval of a development plan. It also approved building height limits that exceed normal C-1 regulations for various sub-areas of the site, and allowed more and larger signs than normally permitted (Table 4, page 7 and page 34 of the 1985 Master Plan in Exhibit C).
- **In 1985**, the South Central Highway Corridor Overlay District (SCHC) was adopted, which includes 600 feet of the hospital property along St. Michael's Drive. Although the overlay regulations include a 25-foot building height limit, the code has been interpreted in the past to apply the Master Plan height limits in preference to the overlay height limits (Table 4, page 7 and page 34 of the 1985 Master Plan in Exhibit C).
- **In 2006**, an amendment to the original Master Plan was approved by Resolution No. 2006-83, which included 15 conditions of approval and a revised site plan (Table 4, page 7 and page 34 of the 1985 Master Plan in Exhibit C7).

Residents from nearby neighborhoods have identified various concerns with the hospital plans, some of which pre-date the 2006 amendment. Many of the neighbor concerns have been addressed by Applicant plan modifications, or by conditions of approval recommended by the Commission. However, one neighbor has appealed the Development Plan and Special Use Permit approvals granted by the Planning Commission. The appeals are addressed in a separate staff report by the City Attorney's Office. Issues presented to the Planning Commission by the adjacent San Mateo Area Society of Homeowners *(SMASH)* included

- helicopter, generator and pedestrian traffic noise;
- employee smoking at the shared property line;
- the extent of landscaped buffer area provided on the hospital property;
- traffic generated by the Hospital that affects the neighborhood;
- the Hospital's responsibility to comply with the 2006 Master Plan conditions concerning landscaping and on-site circulation that were not addressed;

whether the Hospital has exceeded the intensity of use that is appropriate within a C-1 Office and Limited Commercial zone.

C. Tables of information

Table 1 - Table Index

Table Name	Table Location
Table 1 - Table Index	Page 4
Table 2 - Scope of Requests	Page 5 & 6
Table 3 - Adjoining Properties	Page 6
Table 4 - 1985 Master Plan	Page 7
Table 5 - 2006 Master Plan Amendment	Pages 8
Table 6 - 2015 Proposed Master Plan Changes	Page 9
Table 7 - 2015 Master Plan Existing and Proposed	Page 10
Table 8 Parking and Loading	Page 11

Table 2 Scope of Requests

SCOPE OF REQUESTS	TYPE OF DECISION
Master Plan Amendments	**Recommendation for approval** by the Planning Commission on August 6, 2015. **Final Decision Required by Governing Body**
Addition of 65,500 square foot two story new patient wing	
Removal of the ring road,	
Revision of access restriction on Hospital Drive due to recent median changes and removal of left out from Entrance/Exit at St. Michael's Drive,	
Removal of parking area on the east side of the Existing Behavioral Science Building (45 spaces),	
Removal of Future Support Addition (10,000 sf),	
Removal of Future Critical Care Facility (8,500 sf),	
Removal of Future 2 Story Ancillary Building in Zone D (45,000 sf),	
Removal of Future Child Development Center (15,000 sf),	
Addition of a 10,000 sf Storage Building located on Tract D, and	
Adjustment of Area Boundaries that were created in 1985 that identified Floor Area Ratios, Maximum Building Heights and Open Space requirements,	
Amendment to allow the southern driveway on Hospital Drive to remain as currently constructed. (Previous 2006 Master Plan Condition Number 6, which called for this intersection to become a right in –right out only.)	
Construction of an 1,800 Square Foot Central Utility Plant	
"As a clarification and Amendment to the Master Plan, we request that the signage throughout the campus be governed as recommended in the 1985 Master Plan." "We request that the signage for the campus be reviewed and approved at the discretion of the Land Use Director and be considered a minor modification of the Development Plan."	

Variances	
Variance to the "Maximum Height of Structures" per Table 14-7.3-1: *"Table of Dimensional Standards for Nonresidential Districts"* to allow 49' where 36' is the maximum,	**Approved** by the Planning Commission on August 6, 2015. *(Subject to separate appeal determination.)*
Variance to the "Maximum Height of Structures" per Subsection14 5.5(A)(4) "Standards" to allow 49' where 25' is the maximum,	
Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum,	**Withdrawn** by Applicant, determination by staff that sign plan is within the scope of the 1985 Master Plan (added as part of the Master Plan Amendment Reference ***B. Executive Summary 3rd Paragraph*** *Page 3*)
Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.	
Development Plan	**Approved** by the Planning Commission on August 6, 2015. *(Subject to separate appeal determination.)*
Development Plan to construct a 65,500 square foot addition	
Construction of an 1,800 Square Foot Central Utility Plant	
Supporting infrastructure including but not limited to: lighting, landscaping, trails, parking, noise compliance and offsite improvements.	
Special Use Permit	**Approved** by the Planning Commission on August 6, 2015. (Not part of this request before the Governing Body.)
Special Use Permit for a Hospital in a C-1 District to include the construction of a 65,500 square foot addition for a new inpatient bed wing, main entrance and lobby for the hospital.	

Table 3 Adjoining Properties (reference Exhibit C4 – *"Adjoining Zoning Map"*)

Direction	Zoning	Use
North, Northeast	R-2 (Residential - 2 dwelling unit per acre) and R-1 (Residential - 1 dwelling unit per acre)	Residential San Mateo Area Society of Homeowners (SMASH)
East	R-1 (Residential - 1 dwelling unit per acre) and HZ (Hospital Zone District) and C-1 (General Office)	Tennis Courts (R-1), W.K. Jones Subdivision (Calle Medico commercial development area) (C-1), Santa Fe Development Co. (HZ) and Branch Family Holdings (HZ)
West	C-1 (General Office) and HZ (Hospital Zone District)	Hospital Drive, FNBS Bank (C-1) and various medical business (HZ)
South	C-1 (General Office)	St. Michael's Drive and Vacant land

Table 4 - 1985 Master Plan ***(Information extracted from 1985 Master Plan)***

Use	1985 Master Plan	
	Existing Buildings	**Future Additions**
	(Gross square feet)	
Hospital moved to current location in 1977		
Licensed beds: 231		
Total Existing Parking: 795 Parking Spaces (639 Parking Spaces required in 1977)		
Area 1		
• Hospital	234,000	
o Cancer Treatment Center	8,000	
o Ambulatory Surgical Center	6,000	
o Psychiatric Treatment Center	34,000	
• Warehouse/Utility Plant	4,000	
Not part of Development Area		
Medical Dental office building	60,000	
Area 2		
Undeveloped	0	
Area 3		
Undeveloped	0	
1985 Master Plan Totals	**346,000**	

Unspecified

Table 5– 2006 Master Plan Amendment

Use	2006 Master Plan	
	Existing Buildings	Future Additions
	(Gross square feet)	
Licensed beds: 248		
Total Parking spaces required 1,311 (Parking Spaces provided 1,592)		
Area1/Zone A		
• Hospital	234,000	
o Cancer Treatment Center	8,000	
o Ambulatory Surgical Center	6,000	
o Psychiatric Treatment Center	34,000	
o *Emergency Room Expansion*	*21,500*	
o *Surgery Center*	*7,000*	
o *Out Patient Services*	*4,000*	
• *El Norte Building*	*15,761*	
o *Support Addition***		*10,000*
• *Warehouse/Utility Plant*	*4,700*	
• *Critical Care Addition*		*8,500*
Area 2/Zone B		
Medical Dental office building	60,000	
• *Addition***		*12,000*
Area3/Zone C		
Physician's Plaza	*52,000*	
Zone D		
2 Story Ancillary Building		*45,000*
Zone E		
Child Development Center		*15,000*
Subtotal	**446,961**	**90,500**
2006 Master Plan Totals	**537,461**	

(Italicized text identifies 2006 Master Plan amendment)

** Proposed future development approved as part of the Hospital Master Plan by the Governing Body July 12, 2006 .

Table 6 - 2015 Proposed Master Plan Changes

Proposed Building Changes		
	2015 Master Plan Amendment	
	Building Removal	Future Additions
	(square feet)	
Zone A		
Support Addition***	10,000	
Critical Care Facility***	8,500	
Proposed 2 Story Bed Wing*		65,500
Central Utility Plant*		1,800
Zone B		
Medical Dental addition**		12,000
Zone C		
No change		
Zone D		
2 Story Ancillary Building***	45,000	
Child Development Center ***	15,000	
Future Storage Building**		10,000
Subtotal	**78,500**	**77,300**
Proposed 2015 Master Plan Total	**536,216 (difference of -1,200)**	

*2015 proposed Master Plan changes (current application).
**Proposed for future development.
*** Proposed for Removal from the Master Plan.

Table 7 2015 Existing Master Plan Plus Proposed Changes

2015 Master Plan with Amendments		
Licensed beds: 200		
Total Parking spaces required 1,455 (Parking Spaces provided 1,482)		
Use	**Existing Buildings**	**Future Additions**
	(Gross square feet)	
Zone A		
• Hospital	234,000	
○ Cancer Treatment Center	8,000	
○ Ambulatory Surgical Center	6,000	
○ Psychiatric Treatment Center	34,000	
○ Emergency Room Expansion	21,500	
○ Surgery Center	7,000	
○ Out Patient Services	4,000	
• El Norte Building	15,761	
• Warehouse/Utility Plant	4,700	
• Proposed 2 Story Bed Wing*		65,500
• Central Utility Plant*		1,800
Zone B		
Medical Dental office building	60,000	
• Addition**		12,000
Zone C		
Physician's Plaza	52,000	
Zone D		
Future Storage Building**		10,000
Zone E Eliminated.		
Subtotal	**446,961**	**89,300**
2015 Master Plan Totals	**536,261**	

*2015 proposed Master Plan changes (current application).

**Proposed for future development.

Table 8 Parking and Loading

EXHIBIT A TABLE 14-8.6-1: Parking and Loading Requirements		
Category	**Specific Use**	**Parking and Loading**
Hospital	Hospital, medical center, other treatment facilities	One space per four beds, plus the number required, based on square feet measurement, for office, clinic, testing, research, administrative, teaching and similar activities associated with the principal use, at one space per each 350 square feet of net leasable area except for teaching facilities, which shall be one per each four seats
Office	Medical Offices	One space per each 200 square feet of net leasable area
Warehouse	Warehouse and distribution	One space per 500 square feet of net leasable area

Building	**Net Leasable** Area Square Feet	**USE**	**Required Parking Spaces**	**Total Provided**
Zone A				
Hospital Complex	205,000	Licensed Beds: 200 (reduced from the original 248) plus other existing Admin./Office/Clinic	636	
New wing (first story)	32750	Beds included with Hospital Admin./Office/Clinic	94	
El Norte Building	15,353	One space per each 200 square feet of net leasable area	77	
Warehouse/Utility Plant	4,465	One space per each 500 square feet of net leasable area	9	
Central Utility Plant	1800	N/A		
Zone B				
Medical Dental office building (including Addition)	68,400	One space per each 200 square feet of net leasable area	342	
Zone C				
Physician's Plaza	41,500	One space per each 200 square feet of net leasable area	208	
Zone D				
Future Storage Building	9500	One space per each 500 square feet of net leasable area	20	
		TOTAL	**1,384**	**1,482**

D. Master Plan Amendments
The requested changes to the Master Plan are identified in Table 2 *"Scope of Requests"* on pages 5 & 6 and the 2006 Master Plan Amendment is located in packet attachments.

The proposed square footage and type of use is generally consistent with the intent of the 1985 Master Plan, as amended in 2006. The 2015 proposed master plan amendments also include building heights that exceed the special height limits approved as part of the 1985 Master Plan and variances to building heights for the C-1 and SCHC Districts.

Approval of a Master Plan amendment requires the following findings:

(a) the Master Plan is consistent with the general plan;

Staff Response:
The Hospital complies with two sections of the General Plan; 5.2.2 Major Employment Center and 9.3.3 Human Services.

(b) the Master Plan is consistent with the purpose and intent of the zoning districts that apply to, or will apply to, the Master Plan area, and with the applicable use regulations and development standards of those districts;

Staff Response:
A Hospital is a permitted use within a C-1 District. The intent of the C-1 identifies:

> *"The purpose of the C-1 office and related commercial district is to provide areas for government offices; professional and business offices; medical and dental offices or clinics; personal care facilities for the elderly; and hospitals, laboratories, pharmacies and related complementary businesses that provide sales or service of office equipment, medical and dental supplies and office supplies. This district serves as a transitional buffer between more intense commercial use districts and residential districts."*

Hospitals are permitted uses within a C-1 or C-2 Zoned District subject to a Special Use Permit. The proposed changes are in line with the strategies and goals of the 1985 St. Vincent's Master Plan for health services to the community. However, the adjacent neighborhood has expressed concern that the intensity of the hospital has reached and/or exceeded the appropriate scale of use for a "transitional buffer between more intense commercial use districts and residential districts."

The General Plan does not provide specific policies regarding the appropriate scale or intensity for a hospital use in the C-1 district, nor are there specific development criteria in Chapter 14, other than the height, lot coverage and nonresidential open space standards that apply to all uses. The hospital site is also located within the "South Central Highway Corridor Overlay District" (SCHC, Section 14-5.5), which establishes special height and landscaping standards. The project application includes a variance to the SCHC.

The proposed master plan complies with the applicable Chapter 14 standards, with one exception: the 1985 Master Plan permits taller buildings than would normally be allowed

in a C-1 and SCHC districts. That issue is discussed in more detail below and in the staff reports to the Planning Commission.

The Planning Commission's recommendation for approval of the master plan and action to approve the variances, special use permit and development plan includes conditions of approval that address issues related to appropriate scale and intensity. The final decision of such controls resides within the governance and authority of the Governing Body.

(c) development of the Master Plan area will contribute to the coordinated and efficient development of the community; and

Staff Response:
The Hospital Master Plan has been in place since 1985. Continued development of the Master Plan is in line with their mission to provide hospital care services and patient education to the community.

(d) the existing and proposed infrastructure, such as the streets system, sewer and water lines, and public facilities, such as fire stations and parks, will be able to accommodate the impacts of the planned development.

Staff Responses:
Existing and proposed infrastructure has been reviewed by the City's Development Review Team (DRT). Comments and conditions have been included in Exhibit A and referenced in Exhibit C6. The proposed changes in overall design are supported by the proposed Development Plan which incorporates improvements to infrastructure in order to support proposed phased development (subject to conditions).

Relationship of Variances to Master Plan. As part of their decision to approve the special use permit and development plan, the Planning Commission also approved a variance that would allow a portion of the proposed addition to be built with a height of 41 feet on a part of the site that was restricted to a height of 22 feet by the 1985 Master Plan. The building height variances solely affect the area where boundary adjustments are proposed, allowing for a maximum building height of 41 feet from finished grade.

The 2015 proposed master plan amendments would retain special building height limits that were approved as part of the 1985 Master Plan, and which override the limits that normally apply in the C-1 district and the South Central Highway Corridor Overlay district.

Requested variances can be found in Exhibit C5 "Staff Memorandum" *Section II.* Below is a review specific to Chapter14-3.9(D) Approval Criteria.

Discrepancies between Master Plan Submittals and Previous Approvals. Much of the analysis done by staff – including the report to the Planning Commission – was based on materials submitted by the applicant that showed a 12,000-square-foot addition to the existing "Medical Dental Building" located west of the main hospital building. Subsequent to the Commission hearing, and after notice was published for the Governing Body hearing, the applicant advised staff that they had intended the approved master plan to include a three-story addition with 12,000 square feet on each floor, for a total of 36,000 square feet.

After a careful review of the Commission hearing record and previous approvals, staff has determined that:

- The 2006 Master Plan Amendment that was approved by the Governing Body on July 12, 2006 indicated "12,000 square foot addition."
- The amended master plan was not recorded until September 12, 2011. The recorded version of the plan indicates "Proposed Medical Dental Addition 12,000 SF/floor, 3 Stories."
- The 3-story height as recorded appears to have been inconsistent with the master plan and with the underlying zoning height limits that were in effect in 2006 and in 2011.
- The minutes of the 2006 approval and the other materials on file do not explain the difference between the 2006 and 2011 versions of the plan.
- The current application has included materials with inconsistent documentation of the square footages. The application included the 2011 Master Plan and a Traffic Impact Analysis that use the 36,000 square foot figure, but also included email correspondence with staff that indicated 12,000 square feet.
- The current application also uses the incorrect parking ratio for the Medical Dental building, although there is adequate parking provided on site to meet the correct ratio.
- Land Use staff's report to the Planning Commission on the current application, including parking calculations, was based on 12,000 square feet rather than 36,000 square feet.

II. CONCLUSION

The applicant has complied with all application process requirements. The applicant conducted a pre-application meeting on October 30, 2014, an ENN on March 17, 2015 and complied with notice requirements pursuant to Section 14-3.1(H).

On August 6th, 2015 the Planning Commission approved:

- Variance to building heights,
- Development Plan
- Special Use Permit
- Recommended approval of the Master Plan amendments (reference *Table 2 - Scope of Requests* on pages 5 & 6).

The proposed Master Plan Amendments identified a reduction in total number of state approved patient beds (200 from 248) and building square footage by 1,200 square feet relative to the July 12th, 2006 Governing Body approved Master Plan.

The Land Use Department has determined that the proposed applications comply with the approval criteria for Master Plan amendments. Should the Governing Body approve the proposed Master Plan amendments, staff recommends the conditions listed in Exhibit A and A2 (Master Plan including condition 36). Exhibit A3 (the master plan without condition 36 and with the 36,000 square foot 3 story addition with decreased parking standards) has also been included for the Governing Body's consideration.

III. EXHIBITS

Exhibit A- Conditions of Approval
A1- Resolution
A2- Resolution Exhibit A master plan with Condition 36

A3- Resolution Exhibit A master plan without Condition 36

Exhibit B - August 6, 2015 Findings of Facts and Conclusions of Law
B2 - August 6 2015 Minutes
B3 - July 2, 2015 Minutes

Exhibit C – Referenced Exhibits
C1. Master Plan Sign Study
C2. 14-3.9(C)(2) reference
C3. 1985 Resolution 1985-36 and Master Plan for St. Vincent's Hospital Campus
C4. Adjoining Properties Map
C5. Variance Review (excerpt)
C6. DRT Comments
1. Archaeological clearance
2. Traffic Engineering Division
3. City Engineer for Land Use Department Terrain Management and Lighting
4. Landscaping
5. Environmental Services
6. Waste Water
7. City Water
8. Fire Marshal
9. Metropolitan Planning Organization (MPO)
10. Technical Review Water Budget

C7. Resolution 2006-83

Exhibit D- August 6, 2015 Planning Commission Packet

Exhibit E- July 2, 2015 Planning Commission Packet

Exhibit F - July 12, 2006 Governing Body Hospital Master Plan and Minutes
F1 – 2006 File Copy of Master Plan

Exhibit G- Master Plan Drafts

October 28, 2015

Governing Body

Case #2015-47
455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

EXHIBIT A

CONDITIONS OF APPROVAL AND RESOLUTION

EXHIBIT A
Conditions of Approval
Case #2015-47
455 St. Michaels Drive St. Vincent Regional Medical Center

	Condition	Department	Staff
	1. Based on the submitted TIA, the intersection of Galisteo/San Mateo is projected to fail during the implantation year (2017) of the proposed 65,500 square foot development. The proposed 65,500 square foot development is expected to contribute 17.52% of the total traffic at this intersection. This intersection can be improved with implementing either a roundabout or a traffic signal. The developer shall contribute fair share contribution for improvements to this intersection based on the above mentioned percentage and based on a total cost to be determined by the City's Public Works Department. This cost will be based on the more expensive of the two identified improvements. 2. The Traffic Engineering Division's Condition #2, which relates to the 2006 Master Plan Condition #4, shall be amended to read: "The developer shall limit access at their southernmost access point onto Hospital Drive to an entrance only, ~~right-in/left-in right-in/right-out only~~. This shall be accomplished by signage ~~constructing a raised median~~." The third and fourth sentences of the Division's condition shall still apply. 3. The developer shall perform intersection improvement at the Hospital's northern most access onto Hospital drive (across from Harkle Road) so as to improve pedestrian crossing across Hospital Drive. The design shall be reviewed and approved by the City's Public Works Department. 4. The proposed Master Plan also includes a 36,000 square foot addition (in addition to the proposed 65,500 square foot addition submitted with this Development Plan). a. The Traffic Engineering Division's Condition #4a, which relates to the 2006 Master Plan Condition #6b, shall be amended to add: "Funds equal to the developer's contribution will be placed and held in an escrow account to be maintained by the City. The developer's contribution shall be used solely for the costs that are necessarily incurred for the design, construction or right-of-way acquisition, with either a traffic signal or a roundabout at the Galisteo/San Mateo intersection ("Improvements") and for no other purpose. Any remaining escrow funds not used for the design, construction or right-of-way acquisition of the Improvements within five years of the recordation of the Development Plan shall be returned to the Developer upon request of the Developer."	Traffic Engineering Division	John Romero June 18, 2015

	b. Traffic Engineering Division's Condition #4b, which relates to the 2006 Master Plan Condition #6d, shall be amended to read: "The TIA projects that during this phrase of development, the Hospital's northern most access onto Hospital Drive (across from Harkle Road) will fail. At the time of development, the developer shall evaluate all options, including but not limited to implementation of a roundabout, ~~limit access at this location to right-in/right-out/left-in only~~, unless a revised TIA with more recent traffic data shows that the access operates at adequate levels of service under its current configuration." 5. There shall be an additional condition to the Traffic Engineering Division's conditions which shall read: "Applicant shall provide pro rata participation in traffic calming along Hospital Drive if and to the extent such traffic calming is determined to be necessary by the Public Works Department." 6. There shall be an additional condition to the Traffic Engineering Division's conditions which shall read: "Applicant shall make improvements to provide that St. Michael's Drive is the primary access point to the property, based on review by the Transit Division and review and approval of the Public Works Department."		
	Staff recommends the following Conditions of Approval added to the plat prior to recordation: 1. The owner, will at all times, properly maintain all plant materials shown in the Master Plan, including but not limited to; proper pruning, soil testing, fertilizing and weeding. 2. All plant material shown in the Master Plan shall be maintained and replaced as needed. All quantities and sizes of plant materials must be maintained as shown in the Master Plan. 3. Any deviations from the Master Plan landscaping shall be discussed and approved by the Land Use Department Director or designee. 4. The Land Use Department Landscaping conditions, which relate to the 2006 Master Plan Condition #1, shall include an additional condition, which shall read: "Landscape improvements associated with Sheet LP-104, LP-105, and L-106 shall be installed in Spring 2016."	Land Use Department Landscaping	Noah Berke June 24, 2015

EXHIBIT A
Conditions of Approval
Case #2015-47
455 St. Michaels Drive St. Vincent Regional Medical Center

	1. Stormwater ponding for the following will be constructed under the building permit for the proposed New Inpatient Bed Wing: *Detention in the amount of 3831 CF for the new building. *Ponding for Basin D on the east side of the hospital, which was previously constructed but no longer exists. *Detention in the amount of 8520 CF for Basin #8. 2. Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9. 3. Outdoor lighting for the entire campus will be adjusted, as part of the permit for the new building, to meet the requirements of Article 14-8.9.	Land Use Department Terrain Management And Lighting	Risana "RB" Zaxus, PE June 23, 2015
	1. Add note to the Development Plan that Wastewater Utility Expansion Charge (UEC) shall be paid at the time of building permit application. 2. Add note to the Development Plan and the Utility Plans that the on-site sewer system serving the Development is private. 3. Identify the proposed on-site sewer lines as private on the Utility Plans.	Wastewater Management Division	Stan Holland, P.E. May 15, 2015
	5. 4. Show the existing off-site public sewer line and easement on the Grading Plans. There may be required improvement to the public sewer line dirt access road outside of the new retaining walls on the southeast corner of the development. 6. City of Santa Fe sewer manhole covers shall not be used for the on-site sewer manholes. Indicate on the Utility Plans that the manhole covers are to be labeled "Private Sewer". 7. 6. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail. 8. 7. Indicate on the drainage plans where the discharge points are located from the Development to help determine if the site discharge will impact the existing public	Wastewater Management Division	Stan Holland, P.E. May 15, 2015

EXHIBIT A
Conditions of Approval
Case #2015-47
455 St. Michaels Drive St. Vincent Regional Medical Center

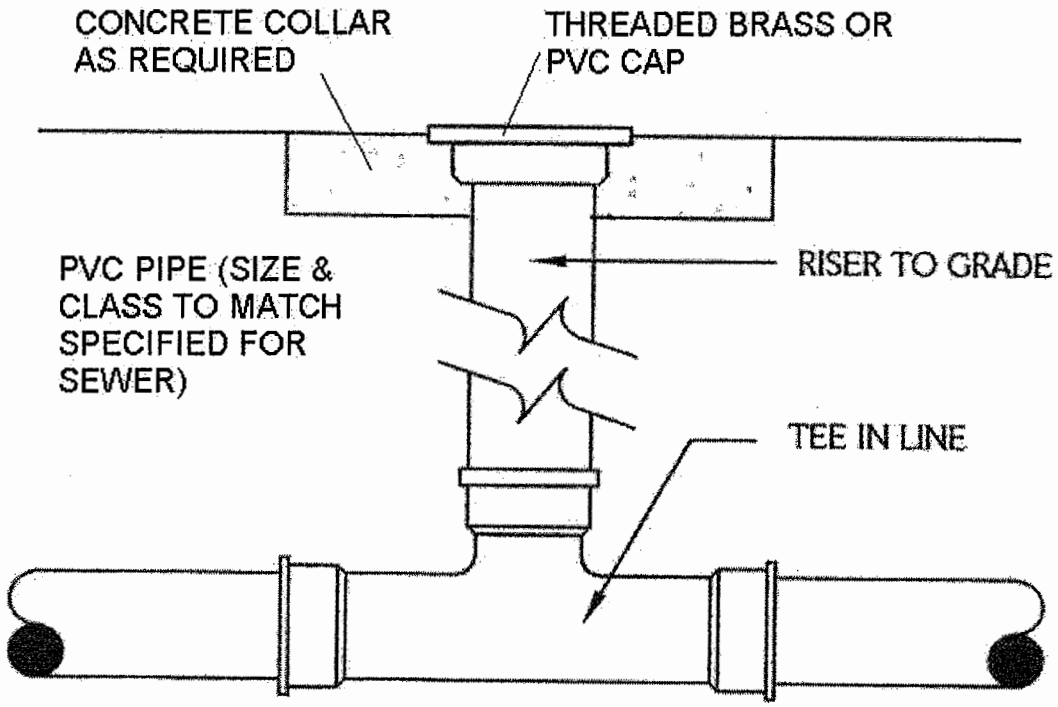
	Condition	Department	Staff
	sewer line and access. 9. See attachment		
	All backflow preventers must be evaluated and upgraded if necessary to meet current requirements.	Water Division	Dee Beingessner P.E. May 4, 2015
	1. All Fire Department access shall be no greater that a 10% grade throughout. 2. Fire Department Access shall not be less than 20 feet width and a minimum width of 26 feet for any building or portion of building more than 30 feet in height. 3. Shall meet the 150 feet driveway requirements must be met as per IFC, or an emergency turn-around that meets the IFC requirements shall be provided. 4. Fire Department shall have 150 feet distance to any portion of the building on any new construction. 5. Shall have water supply that meets fire flow requirements as per IFC, and may be required to install an automatic sprinkler system. 6. May be required to provide two separate and approved fire apparatus access roads.	Fire Marshal	Reynaldo Gonzales Fire Marshal June 3, 2015

	1. A water budget addressing both areas of the city code will need to be addressed prior to moving forward to the Governing Body for review. 2. The Land Use Department Current Planning's Condition #2 shall be amended to read: "Noise from generators and or mechanical equipment within the Hospital Master Plan campus at the residential property shall not exceed 50 dBA <u>twenty-four hours a day</u> ~~from the hours between 9:00pm to 7:00am and 55dBA from the hours between 7:00am to 9:00pm."~~ 3. Applicant to submit engineers cost estimate for all required on and off site required improvements with finical guarantee. The finical guarantee shall be I favor of the city. 4. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant may expand its Internal Site Traffic Circulation Plan to create an Internal Pedestrian Circulation Plan." 5. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall return to the Planning Commission within one year to provide a review of progress and compliance with all Master Plan conditions." 6. The Land Use Department Current Planning conditions shall include an additional condition: "The construction hours for outside Project improvements shall be: Monday through Friday, 7 a.m. to 7 p.m.; Saturday, 8 a.m. to 5 p.m., with no work on Sunday." 7. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall follow its own sustainability plan as provided in its Application." 8. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall use true stone and not stucco stone on the outside of the addition." 9. The Land Use Department Current Planning conditions shall include an additional condition: The Land Use Department shall have the authority to administratively approve such signage as is consistent with the goals of the 1985 Master Plan and may do so without the need for a variance if such signage exceeds the standards in the Land Development Code."	Land Use Department Current Planning	Dan Esquibel This Memo

INDUSTRIAL PRE-TREATMENT SAMPLE POINT

(IPSP)

Each separate building or leased / rented area within a building shall have its own Industrial Pre-treatment Sampling Point ("IPSP"). The IPSP is similar to a cleanout except it has a tee fitting instead of a sweep. Note that sampling at a manhole is no longer allowed The IPSP is in addition to the cleanouts shown on the plans. The IPSP shall be located in an easily accessible area for possible future sampling. The IPSP must also be located in an unobstructed area that will allow the placement of a 2'x'2'x2' sampler that will need to be in place for a week. The IPSP can be located inside or outside of the building. If the IPSP is located outside the building, it must be in area where there is no vehicular traffic and in area which the sampler will not impede pedestrian traffic. The IPSP must be located where the entire wastewater discharge of the building or leased/ rented area is flowing and where no other outside wastewater flows are introduced. The IPSP must be located downstream of any Industrial Pre-treatment facilities (such as grease trap). If you have any question regarding the Industrial Pre-treatment requirements or question about the sampling point location, call the Industrial Pre-treatment Section at 955-4635 (Raul Martinez). For all other question, please call the Wastewater Management Utility Development Section at 955-4613 (Douglas Flores) or 955-4637 (Stan Holland). **Show the IPSP on the plans.**



INDUSTRIAL PRE-TREATMENT SAMPLE POINT

(IPSP)

2-18-10

A1

CITY OF SANTA FE, NEW MEXICO

RESOLUTION NO. 2015-__

A RESOLUTION

AMENDING THE MASTER PLAN FOR A PARCEL KNOWN AS TRACT A-l, TRACT A-2, TRACT B-1, TRACT B-2-A, TRACT B-2-B, TRACT C AND TRACT D, WITHIN SECTION 36, T17N, R9E, N.M.P.M., COMPRISING AN AREA OF +/- 47.8 ACRES, LOCATED AT THE NORTHEAST CORNER OF HOSPITAL DRIVE AND ST. MICHAEL'S DRIVE (CASE NO. 2015-47, CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER MASTER PLAN AMENDMENT).

WHEREAS, on April 11, 1985, the Governing Body adopted Resolution 1985-36 which approved the future development of the St. Vincent Hospital Campus; and

WHEREAS, on July 12, 2006, the Governing body adopted Resolution 2006-83 which approved an amendment to the St. Vincent Hospital Campus Master Plan; and

WHEREAS, the agent for the owner of the subject property has submitted an application to amend the St. Vincent Hospital Campus Master Plan, now the Christus St. Vincent Regional Medical Center Master Plan ("Master Plan"); and

WHEREAS, future development on the property encompassed within the amended master

plan requires early neighborhood notification meetings and an early neighborhood notification meeting was held on March 17, 2015; and

WHEREAS, review by the Planning Commission is required by Subsection 14-3.19(D) of the City Code; and the Planning Commission recommended approval of the amendments to the Master Plan on August 6, 2015.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF SANTA FE that the Master Plan for Tracts A-1, A-2, B-1, B-2-A, B-2-B, C and D within Section 36, T17N, R9E, N .M.P .M. is amended as shown on Exhibit A, attached hereto, subject to the conditions of approval shown thereon.

PASSED, APPROVED, and ADOPTED this ___ day of _____, 2015.

_____

JAVIER M. GONZALES, MAYOR

ATTEST:

_____

YOLANDA Y. VIGIL, CITY CLERK

APPROVED AS TO FORM:

_____

KELLEY A. BRENNAN, CITY ATTORNEY

A2

exhibit A

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

PROPOSED CAMPUS MASTER PLAN

APPROVED BY RESOLUTION NO. 1985-36 AND AMENDED BY RESOLUTION NO. 2006-83

EXHIBIT A MASTERPLAN 3 PAGES
RESOLUTION 2015 - ___
PAGE 1 OF 3
(OPTION 1)

WHR ARCHITECTS
Architecture with People in Mind

3131 McKinney Avenue, Suite 340
Dallas, Texas 75204
214.468.8505 phone · whrarchitects.com

AREA CALCULATIONS AS PROPDSED

Area 1	
TOTAL AREA	387,918 SF
LANDSCAPING	66,463 SF
PERCENTAGE OPEN	17.1%
FLOOR AREA RATIO	1.18
Area 1a	
TOTAL AREA	33,303 SF
LANDSCAPING	15,340 SF
PERCENTAGE OPEN	46%
FLOOR AREA RATIO	0.8
Area 2	
TOTAL AREA	437,396 SF
LANDSCAPING	139,864 SF
PERCENTAGE OPEN	31.9%
FLOOR AREA RATIO	0.0
Area 3	
TOTAL AREA	490,359 SF
LANDSCAPING	177,683 SF
PERCENTAGE OPEN	36.2%
FLOOR AREA RATIO	0.08
OVERLAY	
TOTAL AREA	70,377 SF
LANDSCAPING	36,832 SF
PERCENTAGE OPEN	52.4%
FLOOR AREA RATIO	.042
OVERLAY AREA 3	
TOTAL AREA	244,050 SF
LANDSCAPING	186,059 SF
PERCENTAGE OPEN	76.2%
FLOOR AREA RATIO	0.009
AREA 4a	
TOTAL AREA	169,707 SF
LANDSCAPING	169,707 SF
PERCENTAGE OPEN	100%
FLOOR AREA RATION	0.0

MASTER PLAN, BUILD OUT SITE CALCULATIONS

Zone A			
Use	Net Leasable	Parking Per Beds	Parking Net
Hospital	20,5000sq.ft.	200 beds	1:350 Ratio
New Bed Wing		50	586
		(sub-total	636 parking spaces)
			Parking net
			1:200 Ratio
El Norte	15,353 sq.ft.		94 parking spaces
			Parking net
			1:500 Ratio
Warehouse	4,465 sq.ft.		9 parking spaces
Utility Bld.	1,800 sq.ft.		0 parking spaces
	(Zone A - 815 Required Parking spaces)		
Zone B			
Med.			
Dental Bld.	68,4000 sq.ft.		1:200 Ratio
			342 parking spaces
	(Zone B - 342 Required Parking spaces)		
Zone C			
Physician's			
Plaza	41,500 sq. ft.		1:200 Ratio
			208 parking spaces
	(Zone C - 208 Required Parking spaces)		
Zone D			
Storage Bld.	10,000 sq. ft.		1:500 Ratio
			20 parking spaces
	(Zone D - 20 Required Parking spaces)		

TOTAL PARKING SPACES REQUIRED	
1385	
TOTAL PARKING SPACES PROVIDED	
1,502	
(INCLUDING 100 CAR GRAVEL OVERFLOW LOT)	
MINIMUM HANDICAPPED SPACES REQUIRED	
(PER NMBC TABLE 1106.1)	22
TOTAL HANDICAPPED SPACES PROVIDED	43

EXISTING CONDITIONS No. 2006-83

1. NEW DEVELOPMENT SHALL COMPLY WITH THE STANDARDS OF SECTION 14-5.5(A)(3),
2. "AREA 3 OVERLAY" HEIGHT LIMIT FROM ORIGINAL MASTER PLAN SHALL CONTINUE TO APPLY (MAXIMUM BUILDING HEIGHT OF 18 FEET WITHIN 120 FEET OF NORTHERLY RESIDENTIAL PROPERTY LINE).
3. R-2 ZONED PORTION OF THE HOSPITAL PROPERTY SHALL BE LIMITED TO SINGLE-FAMILY RESIDENTIAL USE, PARKING LOT USE WITH MINIMUM 20-FOOT LANDSCAPED SETBACK FROM ALL PROPERTY LINES, OPEN SPACE OR DETENTION PONDING WITH A DEPTH OF THREE FEET OR LESS AND SIDE SLOPES NOT STEEPER THAN 4:1. OTHER USES, IF ANY, PERMITTED FOR R-2 ZONED PROPERTY UNDER CHAPTER 14 SHALL ALSO BE ALLOWED.
4. HELIPAD FACILITY SHALL NOT BE RELOCATED WITHOUT APPROVAL OF A SPECIAL EXCEPTION OR MASTER PLAN AMENDMENT.
5. THE HELIPAD SHALL ONLY BE USED FOR EMERGENCY, CRITICAL MEDICAL FLIGHTS OR AT THE DIRECTION OF A PHYSICIAN.
6. THESE CONDITIONS OF APPROVAL SHALL BE NOTED ON THE MASTER PLAN, WHICH SHALL REPLACE AND SUPERSEDE THE PROVISIONS OF THE ORIGINAL MASTER PLAN. EXCEPT AS SPECIFIED BY THESE CONDITIONS, DEVELOPMENT OF THE PROPERTY SHALL BE SUBJECT TO ALL OTHER APPLICABLE PROCEDURES AND DEVELOPMENT STANDARDS OF CITY CODES.
7. EXCEPT AS SPECIFICALLY AMENDED BY THIS RESOLUTION NO. 2006-83, THE MASTER PLAN APPROVED BY RESOLUTION NO. 1985-36 SHALL REMAIN IN EFFECT.

CITY OF SANTA FE APPROVAL

REVIEWED AND APPROVED BY THE CITY OF SANTA FE GOVERNING BODY OF THE CITY OF SANTA FE AT IT'S MEETING ON _____

AS CASE NUMBER _____

MAYOR	DATE
ASSISTANT CITY CLERK	DATE
LAND USE ENGINEER	DATE
CITY PLANNER	DATE

AREA DEVELOPMENT STANDARDS

AREA 1 (HOSPITAL & ENVIRONS)

MAXIMUM BUILDING HEIGHT: 65 FEET
OVERLAY ZONE: 45 FEET
FLOOR AREA RATIO: 1 . 8
OVERLAY ZONE: 1 . 5

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.

BUILDING SETBACKS: FROM BOUNDARY PERIMETER, NONE
OPEN SPACE: TEN PERCENT OF THE AREA· WITHIN THE PERIMETER BOUNDARY SHALL BE RETAINED AS PERMANENT OPEN SPACE.

AREA 1A (HOSPITAL & ENVIRONS)

MAXIMUM BUILDING HEIGHT: 41 FEET
OVERLAY ZONE: 45 FEET
FLOOR AREA RATIO: 1 . 8
OVERLAY ZONE: 1 . 5

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.

BUILDING SETBACKS: FROM BOUNDARY PERIMETER, NONE

OPEN SPACE: TEN PERCENT OF THE AREA· WITHIN THE PERIMETER BOUNDARY SHALL BE RETAINED AS PERMANENT OPEN SPACE.

AREA 2 (ST. MICHAELS DRIVE)

MAXIMUM BUILDING HEIGHT: 22 FEET MEASURED AT THE BUILDING SETBACK LINE FROM ST. FRANCIS DRIVE
FLOOR AREA RATIO: 1 . 5

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.

BUILDING SETBACKS: 50 FEET FROM ST. MICHAELS DRIVE
20 FEE FROM HOSPITAL DRIVE
10 FEET FROM ALL OTHER PERIMETER BOUNDARIES AND INTERIOR ROADS.

OPEN SPACE: 20 PERCENT OF THE AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

PARKING: PARKING AREAS SHALL BE SETBACK FROM ALL PUBLIC RIGHTS-OF-WAY AND PRIVATE INTERIOR ROADS A MINIMUM OF 10 FEET, EXCEPT FOR ST. MICHAEL'S DR. WHERE A 25 FOOT SETBACK IS REQUIRED.

LANDSCAPE AREA: 25 FEET FROM ST. MICHAELS DRIVE TO REMAIN UNDISTURBED, OR FOR LANDSCAPING ONLY.

AREA 3 (NORTHERN CAMPUS.)

MAXIMUM BUILDING HEIGHT: 36 FEET
OVERLAY ZONE: 18 FEET OR ONE STORY WITHIN 120 FEET OF NORTHERN PROPERTY BOUNDARY.
FLOOR AREA RATIO: . 65

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.
BUILDING SETBACKS: 20 FEET FROM HOSPITAL DRIVE
EXCEPT FOR OVERLAY ZONE, 10 FEET FROM PERIMETER BOUNDARIES AND INTERIOR ROADS.
OVERLAY ZONE: 50 FEET FROM NORTHERN PROPERTY BOUNDARY.

OPEN SPACE: 20 PERCENT OF AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

PARKING: PARKING AREAS SHALL BE SETBACK FROM ALL PUBLIC RIGHTS-OF-WAY A MINIMUM OF 10 FEET.
OVERLAY ZONE: PARKING AREAS SHALL LE SETBACK FROM THE NORTHERN PROPERTY BOUNDARY A MINIMUM OF 15 FEET.

LIGHTING WITHIN OVERLAY ZONE: EXTERIOR LIGHTING OF PARKING AREAS SHALL NOT EXCEED 10 FEET IN HEIGHT, NOR SHALL THE LUMINATION BE DIRECTED TOWARD THE ADJACENT RESIDENTIAL PROPERTIES.

AREA 4 (LUPITA STREET)

MAXIMUM BUILDING HEIGHT: 24 FEET
FLOOR AREA RATIO: . 30

BUILDING SETBACKS: 20 FEET FROM LUPITA
20 FEET FROM HOSPITAL DRIVE
10 FEET FROM GALISTEO STREET
10 FEET FROM ALL OTHER PERIMETER BOUNDARIES

OPEN SPACE: 20 PERCENT OF THE AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

AREA 4A

MAXIMUM BUILDING HEIGHT: 18 FEET
FLOOR AREA RATIO: .3

BUILDING SETBACK: 20 FEET FROM LUPITA
10 FEET FROM HOSPITAL DRIVE
20 FEET FROM EAST BOUNDARY
10 FEET FROM ALL PERIMETER BOUNDARIES
OPEN SPACE: 20 PERCENT OF THE AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

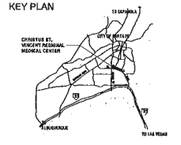
RESIDENTIAL DEVELOPMENT
MAXIMUM DENSITY FOR RESIDENTIAL DEVELOPMENT WILL NOT EXCEED 12 DWELLINGS PER ACRE.

PROPOSED CONDITIONS No. 2015-__

1. BASED ON THE SUBMITTED TIA, THE INTERSECTION OF GALISTEO/SAN MATEO IS PROJECTED TO FAIL DURING THE IMPLANTATION YEAR (2017) OF THE PROPOSED 65,500 SQUARE FOOT DEVELOPMENT. THE PROPOSED 65,500 SQUARE FOOT DEVELOPMENT IS EXPECTED TO CONTRIBUTE17.52% OF THE TOTAL TRAFFIC AT THIS INTERSECTION. THIS INTERSECTION CAN BE IMPROVED WITH IMPLEMENTING EITHER A ROUNDABOUT OR A TRAFFIC SIGNAL. THE DEVELOPER SHALL CONTRIBUTE FAIR SHARE CONTRIBUTION FOR IMPROVEMENTS TO THIS INTERSECTION BASED ON THE ABOVE MENTIONED PERCENTAGE AND BASED ON A TOTAL COST TO BE DETERMINED BY THE CITY'S PUBLIC WORKS DEPARTMENT. THIS COST WILL BE BASED ON THE MORE EXPENSIVE OF THE TWO IDENTIFIED IMPROVEMENTS.
2. THE DEVELOPER SHALL LIMIT ACCESS AT THEIR SOUTHERNMOST ACCESS POINT ONTO HOSPITAL DRIVE TO AN ENTRANCE ONLY, RIGHT-IN LEFT-IN ONLY. THIS SHALL BE ACCOMPLISHED BY SIGNAGE
3. THE DEVELOPER SHALL PERFORM INTERSECTION IMPROVEMENT AT THE HOSPITAL'S NORTHERN MOST ACCESS ONTO HOSPITAL DRIVE (ACROSS FROM HARKLE ROAD) SO AS TO IMPROVE PEDESTRIAN CROSSING ACROSS HOSPITAL DRIVE. THE DESIGN SHALL 8E REVIEWED AND APPROVED BY THE CITY'S PUBLIC WORKS DEPARTMENT.
4. FUNDS EQUAL TO THE DEVELOPER'S CONTRIBUTION WILL BE PLACED AND HELD IN AN ESCROW ACCOUNT TO BE MAINTAINED BY THE CITY. THE DEVELOPER'S CONTRIBUTION SHALL BE USED SOLELY FOR THE COSTS THAT ARE NECESSARILY INCURRED FOR THE DESIGN, CONSTRUCTION OR RIGHT-OF-WAY ACQUISITION, WITH EITHER A TRAFFIC SIGNAL OR A ROUNDABOUT AT THE GALISTEO/SAN MATEO INTERSECTION ("IMPROVEMENTS") AND FOR NO OTHER PURPOSE. ANY REMAINING ESCROW FUNDS NOT USED FOR THE DESIGN, CONSTRUCTION OR RIGHT-OF-WAY ACQUISITION OF THE IMPROVEMENTS WITHIN FIVE YEARS OF THE RECORDATION OF THE DEVELOPMENT PLAN SHALL BE RETURNED TO THE DEVELOPER UPON REQUEST OF THE DEVELOPER.
5. THE TIA PROJECTS THAT DURING THIS PHRASE OF DEVELOPMENT, THE HOSPITAL'S NORTHERN MOST ACCESS ONTO HOSPITAL DRIVE (ACROSS FROM HARKLE ROAD) WILL FAIL. AT THE TIME OF DEVELOPMENT, THE DEVELOPER SHALL EVALUATE ALL OPTIONS, INCLUDING BUT NOT LIMITED TO IMPLEMENTATION OF A ROUNDABOUT, UNLESS A REVISED TIA WITH RECENT TRAFFIC DATA SHOWS THAT THE ACCESS OPERATES AT ADEQUATE LEVELS OF SERVICE UNDER ITS CURRENT CONFIGURATION
6. APPLICANT SHALL PROVIDE PRO RATA PARTICIPATION IN TRAFFIC CALMING ALONG HOSPITAL DRIVE IF AND TO THE EXTENT SUCH TRAFFIC CALMING IS DETERMINED TO BE NECESSARY BY THE PUBLIC WORKS DEPARTMENT.
7. APPLICANT SHALL MAKE IMPROVEMENTS TO PROVIDE THAT ST. MICHAEL'S DRIVE IS THE PRIMARY ACCESS POINT TO THE PROPERTY, BASED ON REVIEW BY THE TRANSIT DIVISION AND REVIEW AND APPROVAL OF THE PUBLIC WORKS DEPARTMENT.
8. LANDSCAPE IMPROVEMENTS ASSOCIATED WITH SHEET LP-104, LP-10S, AND L-106 SHALL BE INSTALLED IN SPRING 2016.
9. THE OWNER, WILL AT TIMES, PROPERLY MAINTAIN ALL PLANT MATERIALS SHOWN IN THE MASTER PLAN, INCLUDING BUT NOT LIMITED TO; PROPER PRUNING, SOIL TESTING, FERTILIZING AND WEEDING.
10. ALL PLANT MATERIAL SHOWN IN THE MASTER PLAN SHALL BE MAINTAINED AND REPLACED AS NEEDED. ALL QUANTITIES AND SIZES OF PLANT MATERIALS MUST BE MAINTAINED AS SHOWN ON THE MASTER PLAN.
11. ANY DEVIATIONS FROM THE MASTER PLAN LANDSCAPING SHALL BE DISCUSSED AND APPROVED BY THE LAND USE DEPARTMENT DIRECTOR OR DESIGNEE.
12. STORMWATER PONDING FOR THE FOLLOWING WILL BE CONSTRUCTED UNDER THE BUILDING PERMIT FOR THE PROPOSED NEW INPATIENT BED WING:
    a. DENTITION IN THE AMOUNT OF 3831 CF FOR THE NEW BUILDING
    b. PONDING FOR BASIN D ON THE EAST SIDE OF THE HOSPITAL, WHICH WAS PREVIOUSLY CONSTRUCTED BUT NO LONGER EXISTS.
    c. DETENTION IN THE AMOUNT OF 8520 CF FOR BASIN #8.
13. OUTDOOR LIGHTING FOR THE PROPOSED NEW BUILDING WILL MEET THE REQUIREMENTS OF ARTICLE 14-8.9
14. OUTDOOR LIGHTING FOR THE ENTIRE CAMPUS WILL BE ADJUSTED, AS PART OF THE PERMIT FOR THE NEW BUILDING TO MEET THE REQUIREMENTS OF ARTICLE 14-8.9
15. WASTEWATER UTILITY EXPANSION CHARGE (UEC) SHALL BE PAID AT THE TIME OF BUILDING PERMIT APPLICATION.
16. ON-SITE SEWER SYSTEM SERVING THE DEVELOPMENT IS PRIVATE.
17. ON-SITE SEWER LINES TO BE SHOWN ON UTILITY PLANS.
18. OFF-SITE PUBLIC SEWER LINE AND EASEMENT TO BE SHOWN ON THE GRADING PLANS.
19. CITY OF SANTA FE SEWER MANHOLE COVERS SHALL NOT BE USED FOR THE ON-SITE SEWER MANHOLES. MANHOLE COVERS ARE TO BE LABELED "PRIVATE SEWER" ON UTILITY PLANS.
20. INDUSTRIAL PRE-TREATEMENT SAMPLING PORTS (IPSP) ARE REQUIRED AND SHALL BE SHOWN ON THE UTILITY PLANS.
21. DISCHARGE POINTS TO BE INDICATED ON DRAINAGE PLANS.
22. ALL BACKFLOW PREVENTERS MUST BE EVALUATED AND UPGRADED IF NECESSARY TO MEET CURRENT REQUIREMENTS.
23. ALL FIRE DEPARTMENT ACCESS SHALL BE NO GREATER THAN A 10% GRADE THROUGHOUT.
24. FIRE DEPARTMENT ACCESS SHALL NOT BE LESS THAN 20 FEET WIDTH AND A MINIMUM WIDTH OF 26 FEET FOR ANY BUILDING OR PORTION OF BUILDING MORE THAN 30 FEET IN HEIGHT.
25. MUST MEET 150 FEET DRIVEWAY REQUIREMENT PER IFC OR AN EMERGENCY TURN-AROUND THAT MEETS THE IFC REQUIREMENTS SHALL BE PROVIDED.
26. FIRE DEPARTMENT SHALL HAVE 150 FEET DISTANCE TO ANY PORTION OF THE BUILDING ON ANY NEW CONSTRUCTION.
27. DEVELOPMENT SHALL HAVE WATER SUPPLY THAT MEETS FIRE FLOW REQUIREMENTS AS PER IFC. AND MAY BE REQUIRED TO INSTALL AN AUTOMATIC SPRINKLER SYSTEM.
28. APPLICANT MAY BE REQUIRED TO PROVIDE TWO SEPARATE AND APPROVED FIRE APPARATUS ACCESS ROADS.
29. THE APPLICANT SHALL EXPAND ITS INTERNAL SITE TRAFFIC CIRCULATIDN PLAN TO STUDY AN INTERNAL PEDESTRIAN CIRCULATION PLAN.
30. THE APPLICANT SHALL RETURN TO THE PLANNING COMMISSION WITHIN ONE YEAR TO PROVIDE A REVIEW OF PROGRESS AND COMPLIANCE WITH ALL MASTER PLAN CONDITIONS.
31. ON-SITE SEWER SYSTEM SERVING THE DEVELOPMENT IS PRIVATE.
32. EXCEPT AS SPECIFICALLY AMENDED BY THIS RESOLUTION NO. 2015-___, THE MASTER PLAN APPROVED BY RESOLUTION NO. 2006-83 SHALL REMAIN IN EFFECT.
33. NOISE FROM GENERATORS AND OR MECHANICAL EQUIPMENT WITHIN THE HOSPITAL MASTER PLAN CAMPUS AT RESIDENTIAL PROPERTY SHALL NOT EXCEED 50 DBA TWENTY FOUR HOURS A DAY.
34. THE APPLICANT SHALL FOLLOW ITS OWN SUSTAINABILITY PLAN AS PROVIDED IN ITS APPLICATION.
35. THE LAND USE DEPARTMENT SHALL HAVE THE AUTHORITY TO ADMINISTRATIVELY APPROVE SUCH SIGNAGE AS IS CONSISTENT WITH THE GOALS OF THE 1985 MASTER PLAN AND MAY DO SO WITHOUT THE NEED FOR A VARIANCE IF SUCH SIGNAGE EXCEEDS THE *STANDARDS IN THE LAND DEVELOPMENT CODE.*
36. **THE CONSTRUCTIOn HOURS FOR OUTSIDE PROJECT IMPROVEMENTS SHALL BE: MONDAY THROUGH FRIDAY A7 A.M. ; SATURDAY 8 A.M. TO 5 P.M., WITH NO WORK ON SUNDAY. (PLANNING COMMISSION EXHIBIT "A" #6)**

Revisions		
No.	Date	Description

KEY PLAN



CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

CHRISTUS ST. VINCENT Regional Medical Center

CBRE

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

455 ST. MICHAEL'S DRIVE, SANTA FE, NEW MEXICO 87505

NOTES AND CONDITIONS

PHASE: CONSTRUCTION DOCUMENTS
DATE: 09-30-2015

MP- 1

PROJECT NO.
5103

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CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER
PROPOSED CAMPUS MASTER PLAN
APPROVED BY RESOLUTION NO. 1985-36 AND AMENDED BY RESOLUTION NO. 2006-83

EXHIBIT A MASTERPLAN 3 PAGES
RESOLUTION 2015 - ___

DEVELOPMENT AREAS LEGAL DESCRIPTION

Area 1 Legal Description

A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 81°28'59" West, a distance of 487.04';
Thence from said point of beginning North 05°17'55" West, a distance of 37.66';
Thence North 06°38'11" West, a distance of 38.37';
Thence southeasterly and easterly a distance of 32.18' along the curve concave to the north having a radius of 25.00' and a central angle of 73°44'36" and being subtended by a chord which bears South 73°52'18" East 30.00';
Thence North 69°15'00" East, a distance of 53.00';
Thence easterly a distance of 310.05' along the curve concave to the south, having a radius of
652.70' and a central angle of 27°13'00" and being subtended by a chord which bears North 82°51'30" East 307.14';
Thence South 83°32'00" East, a distance of 20.00';
Thence easterly, northeasterly, northerly and northwesterly a distance of 23.57' along the curve concave to the northwest having a radius of 10.00' and a central angle of 135°02'10" and being subtended by a chord which bears North 28°58'00" East 18.48';
Thence North 38°32'00" West, a distance of 29.65';
Thence North 10°08'01" West, a distance of 69.30';
Thence North 38°32'00" West, a distance of 58.50';
Thence northwesterly and westerly a distance of 131.56' along the curve concave to the
southwest, having a radius of 155.52' and a central angle of 48°28'04" and being subtended by a chord which bears North 62°46'00" West 127.67';
Thence North 87°00'14" West, a distance of 129.10';
Thence North 30°00'00" West, a distance of 38.15';
Thence North 09°52'30" West, a distance of 30.72';
Thence North 52°19'50" East, a distance of 39.30';
Thence northeasterly and easterly a distance of 344.01' along the curve concave to the south having a radius of 518.34' and a central angle of 38°01'35" and being subtended by a chord which bears North 77°01'46" East 337.73';
Thence South 83°57'27" East, a distance of 72.03';
Thence South 86°24'51" East, a distance of 77.61';
Thence South 46°32'22" East, a distance of 20.25';
Thence South 38°30'18" East, a distance of 84.24';
Thence South 83°24'50" East, a distance of 230.88';
Thence South 83°24'50" East, a distance of 103.20';
Thence South 38°58'25" East, a distance of 23.53';
Thence South 06°35'10" West, a distance of 571.16';
Thence North 83°24'50" West, a distance of 106.48';
Thence North 83°24'50" West, a distance of 13.52';
Thence North 83°24'50" West, a distance of 220.08';
Thence North 83°24'50" West, a distance of 51.78';
Thence North 83°24'50" West, a distance of 70.47';
Thence westerly a distance of 195.72' along the curve concave to the north having a radius of 550.00' and a central angle of 20°23'21" and being subtended by a chord which bears North 87°59'41" West 194.69';
Thence North 72°36'27" West, a distance of 53.60';
Thence westerly and northwesterly a distance of 246.64' along the curve concave to the
northeast, having a radius of 500.00' and a central angle of 28°15'48" and being subtended by a chord which bears North 58°27'32" West 244.15';
Thence North 58°18'30" West, a distance of 17.26' to the Point of Beginning.
Containing 11.3051 Acres, more or less.

Area 1A Legal Description

A certain tract of land lying and being situate in Section 36, Township 17 North, Range 09 East,
N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Northwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears North 84°35'19" West, a distance of 1076.40';
Thence from said point of beginning South 83°24'50" East, a distance of 220.08';
Thence South 83°24'50" East, a distance of 13.52';
Thence South 38°28'42" East, a distance of 119.15';
Thence South 51°31'18" West, a distance of 165.00';
Thence North 38°28'42" West, a distance of 284.52' to the Point of Beginning.
Containing 0.7645 Acres, more or less.

Overlay Area Legal Description

A certain tract of land lying and being situate in Section 36, Township 17 North, Range 09 East,
N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears North 84°23'22" West, a distance of 1296.44';
Thence from said point of beginning North 06°35'10" East, a distance of 587.63';
Thence South 83°24'50" East, a distance of 103.20';
Thence South 38°58'25" East, a distance of 23.53';
Thence South 06°35'10" West, a distance of 571.16';
Thence North 83°24'50" West, a distance of 106.48';
Thence North 83°24'50" West, a distance of 13.52' to the Point of Beginning.
Containing 1.6156 Acres, more or less.

Area 4A Legal Description

A certain tract of land lying and being situate in Section 35, Township 17 North, Range 09 East,
N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 11°27'30" West, a distance of 1213.68';
Thence from said point of beginning North 04°30'37" East, a distance of 131.20';
Thence northerly and northeasterly a distance of 23.62' along the curve concave to the southeast, having a radius of 25.00' and a central angle of 54°08'00" and being subtended by a chord which bears North 31°34'37" East 22.75';
Thence North 58°38'37" East, a distance of 15.41';
Thence northeasterly, easterly and southeasterly a distance of 23.62' along the curve concave to
the south, having a radius of 25.00' and a central angle of 54°08'00" and being subtended by a chord which bears North 85°42'37" East 22.75';
Thence South 67°13'23" East, a distance of 109.00';
Thence South 22°18'58" West, a distance of 168.96';
Thence North 67°45'35" West, a distance of 102.01' to the Point of Beginning.
Containing 0.4891 Acres, more or less.

Overlay Area 3 Legal Description

A certain tract of land lying and being situate in Sections 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 12°16'03" West, a distance of 1087.75';
Thence from said point of beginning North 04°30'37" East, a distance of 126.97';
Thence South 67°45'35" East, a distance of 102.01';
Thence South 67°16'44" East, a distance of 407.31';
Thence South 67°19'00" East, a distance of 95.00';
Thence North 79°24'06" East, a distance of 307.59';
Thence North 78°14'57" East, a distance of 46.77';
Thence South 38°58'25" East, a distance of 1155.09';
Thence South 68°53'59" West, a distance of 126.09';
Thence North 38°58'25" West, a distance of 446.67';
Thence North 38°58'25" West, a distance of 23.53';
Thence North 38°58'25" West, a distance of 574.30';
Thence South 79°10'20" West, a distance of 318.49';
Thence North 67°23'38" West, a distance of 601.18' to the Point of Beginning.
Containing 5.6278 Acres, more or less.

Area 2 Legal Description

A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the corner along the west property line of said property herein described, from which point Right-of-way Marker 89+29.27, bears North 73°15'48" West, a distance of 260.76';
Thence from said point of beginning North 03°40'27" West, a distance of 65.57';
Thence North 03°40'27" West, a distance of 99.98';
Thence North 03°39'50" West, a distance of 434.08';
Thence North 81°40'58" East, a distance of 6.17';
Thence North 86°22'28" East, a distance of 311.09';
Thence South 30°20'23" East, a distance of 32.37';
Thence South 10°39'59" East, a distance of 40.69';
Thence South 55°35'27" West, a distance of 57.18';
Thence southwesterly and southerly a distance of 251.08' along the curve concave to the east, having a radius of 187.83' and a central angle of 76°35'26" and being subtended by a chord which bears South 17°17'44" West 232.80';
Thence South 21°00'00" East, a distance of 33.50';
Thence southerly and southeasterly a distance of 32.16' along the curve concave to the northeast, having a radius of 115.19' and a central angle of 15°59'55" and being subtended by a chord which bears South 29°00'00" East 32.06';
Thence South 37°00'00" East, a distance of 17.90';
Thence South 06°38'11" East, a distance of 38.37';
Thence South 05°17'55" East, a distance of 37.66';
Thence South 58°18'30" East, a distance of 17.26';
Thence southeasterly and easterly a distance of 246.64' along the curve concave to the northeast having a radius of 500.00' and a central angle of 28°15'48" and being subtended by a chord which bears South 58°27'32" East 244.15';
Thence South 72°36'27" East, a distance of 53.60';
Thence easterly a distance of 195.72' along the curve concave to the north having a radius of 550.00' and a central angle of 20°23'21" and being subtended by a chord which bears South 87°59'41" East 194.69';
Thence South 83°24'50" East, a distance of 70.47';
Thence South 83°24'50" East, a distance of 51.78';
Thence South 83°24'50" East, a distance of 220.08';
Thence South 83°24'50" East, a distance of 13.52';
Thence South 83°24'50" East, a distance of 106.48';
Thence South 64°13'09" East, a distance of 94.32';
Thence South 25°39'57" West, a distance of 115.12';
Thence South 60°45'42" West, a distance of 108.30';
Thence South 25°09'11" West, a distance of 139.71';
Thence South 43°05'14" West, a distance of 25.24';
Thence North 67°03'04" West, a distance of 111.17';
Thence South 23°34'44" West, a distance of 48.02';
Thence North 68°17'21" West, a distance of 117.73';
Thence North 20°53'29" East, a distance of 20.27';
Thence North 67°08'31" West, a distance of 275.01';
Thence North 67°10'09" West, a distance of 149.99';
Thence South 20°57'51" West, a distance of 20.28';
Thence North 67°00'35" West, a distance of 402.36';
thence northwesterly and northerly a distance of 55.57' along the curve concave to the northeast having a radius of 50.00' and a central angle of 63°40'24" and being subtended by a chord which bears North 35°30'33" West 52.75' to the Point of Beginning.
Containing 9.8214 Acres, more or less.

Addition Area 2 Legal Description

A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico..
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 81°28'59" West, a distance of 487.04';
Thence from said point of beginning North 05°17'55" West, a distance of 37.66';
Thence South 46°08'53" East, a distance of 75.79';
Thence southeasterly and easterly a distance of 113.08', along the curve concave to the northeast having a radius of 186.59' and a central angle of 34°43'20" and being subtended by a chord which bears South 63°59'41" East, 111.35';
Thence South 84°38'29" East, a distance of 185.76';
Thence easterly and northeasterly a distance of 154.37', along the curve concave to the north having a radius of 248.70' and a central angle of 35°33'53" and being subtended by a chord which bears North 77°19'41" East, 151.90';
Thence South 24°17'17" East, a distance of 131.49';
Thence North 83°24'50" West, a distance of 70.47';
Thence westerly a distance of 195.72', along the curve concave to the north having a radius of
550.00' and a central angle of 20°23'21" and being subtended by a chord which bears North 87°59'41" West, 194.69';
Thence North 72°36'27" West, a distance of 53.60';
Thence westerly and northwesterly a distance of 246.64', along the curve concave to the northeast having a radius of 500.00' and a central angle of 28°15'48" and being subtended by a chord which bears North 58°27'32" West, 244.15';
Thence North 58°18'30" West, a distance of 17.26' to the Point of Beginning.
Containing 0.7819 Acres, more or less.

Area 3 Legal Description

A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 21°59'38" West, a distance of 564.38';
Thence from said point of beginning North 03°39'40" West, a distance of 160.00';
Thence North 04°30'37" East, a distance of 83.00';
Thence North 04°30'37" East, a distance of 298.11';
Thence North 04°30'37" East, a distance of 126.97';
Thence South 67°45'35" East, a distance of 102.01';
Thence South 67°16'44" East, a distance of 407.31';
Thence South 67°19'00" East, a distance of 95.00';
Thence North 79°24'06" East, a distance of 307.59';
Thence North 78°14'57" East, a distance of 46.77';
Thence South 38°58'25" East, a distance of 1155.09';
Thence South 68°53'59" West, a distance of 126.09';
Thence South 68°53'59" West, a distance of 66.21';
Thence South 49°21'54" West, a distance of 192.19';
Thence South 25°39'57" West, a distance of 124.44';
Thence North 64°13'09" West, a distance of 94.32';
Thence North 06°35'10" East, a distance of 571.16';
Thence North 38°58'25" West, a distance of 23.53';
Thence North 83°24'50" West, a distance of 103.20';
Thence North 83°24'50" West, a distance of 230.88';
Thence North 38°30'18" West, a distance of 84.24';
Thence North 46°32'22" West, a distance of 20.25';
Thence North 86°24'51" West, a distance of 77.61';
Thence North 83°57'27" West, a distance of 72.03';
Thence westerly and southwesterly a distance of 344.01' along the curve concave to the south, having a radius of 518.34' and a central angle of 38°01'35" and being subtended by a chord which bears North 77°01'46" East 337.73';
Thence South 52°19'50" West, a distance of 39.30';
Thence North 10°39'59" West, a distance of 40.69';
Thence North 30°20'23" West, a distance of 32.37';
Thence South 86°22'28" West, a distance of 311.09';
Thence South 81°40'58" West, a distance of 6.17' to the Point of Beginning.
Containing 17.1157 Acres, more or less.

WHR ARCHITECTS
Architecture with People in Mind
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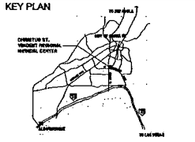
Dallas, Texas 75204
214.468.8505 phone · whrarchitects.com

Revisions		
No.	Date	Description

KEY PLAN



CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

CHRISTUS ST. VINCENT Regional Medical Center

CBRE

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER
455 ST. MICHAEL'S DRIVE, SANTA FE, NEW MEXICO 87505

NOTES AND CONDITIONS

PHASE: CONSTRUCTION DOCUMENTS
DATE: 09-30-2015
PROJECT NO. 5103

MP- 2

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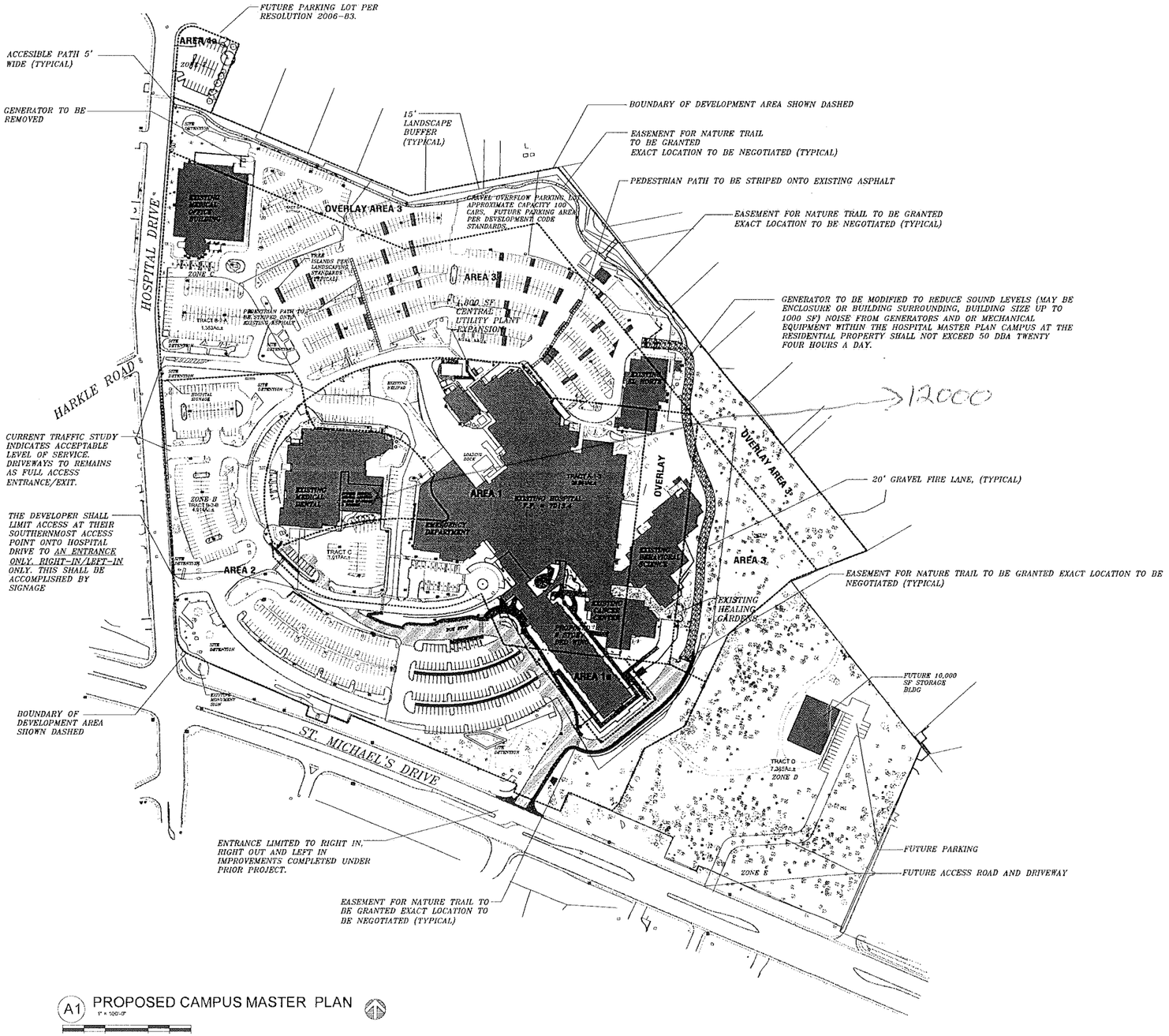
CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

PROPOSED CAMPUS MASTER PLAN

APPROVED BY RESOLUTION NO. 1985-36 AND AMENDED BY RESOLUTION NO. 2006-83

EXHIBIT A MASTERPLAN 3 PAGES
RESOLUTION 2015 - ___
PAGE 3 OF 3



A1 PROPOSED CAMPUS MASTER PLAN

0' 50' 100' 200' 250' 300'

SCALE 1" = 100'

WHR ARCHITECTS
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Dallas, Texas 75204
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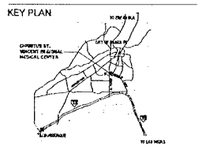
Revisions		
No.	Date	Description

KEY PLAN



CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

CHRISTUS ST. VINCENT Regional Medical Center

CBRE

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

455 ST. MICHAEL'S DRIVE, SANTA FE, NEW MEXICO 87505

PROPOSED CAMPUS MASTER PLAN

PHASE CONSTRUCTION DOCUMENTS
DATE: 09-30-2015

MP-3

PROJECT NO.
5103

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A3

Exhibit A3

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

PROPOSED CAMPUS MASTER PLAN

APPROVED BY RESOLUTION NO. 1985-36 AND AMENDED BY RESOLUTION NO. 2006-83

EXHIBIT A MASTERPLAN 3 PAGES
RESOLUTION 2015 - ___
PAGE 1 OF 3
(OPTION 2)

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AREA CALCULATIONS AS PROPOSED

Area 1	
TOTAL AREA	387,918 SF
LANDSCAPING	66,463 SF
PERCENTAGE OPEN	17.1%
FLOOR AREA RATIO	1.18
Area 1a	
TOTAL AREA	33,303 SF
LANDSCAPING	15,340 SF
PERCENTAGE OPEN	46%
FLOOR AREA RATIO	0.8
Area 2	
TOTAL AREA	437,396 SF
LANDSCAPING	139,864 SF
PERCENTAGE OPEN	31.9%
FLOOR AREA RATIO	0.0
Area 3	
TOTAL AREA	490,359 SF
LANDSCAPING	177,683 SF
PERCENTAGE OPEN	36.2%
FLOOR AREA RATIO	0.08
OVERLAY	
TOTAL AREA	70,377 SF
LANDSCAPING	36,832 SF
PERCENTAGE OPEN	52.4%
FLOOR AREA RATIO	.042
OVERLAY AREA 3	
TOTAL AREA	244,050 SF
LANDSCAPING	186,059 SF
PERCENTAGE OPEN	76.2%
FLOOR AREA RATIO	0.009
AREA 4a	
TOTAL AREA	169,707 SF
LANDSCAPING	169,707 SF
PERCENTAGE OPEN	100%
FLOOR AREA RATION	0.0

MASTER PLAN, BUILD OUT SITE CALCULATIONS

PARKING:

ZONE A: HOSPITAL COMPLEX

CURRENT CONDITIONS
NET SF OF ADMIN./OFFICE/CLINIC, ETC. – 205,000 SF
PARKING REQUIRED (1 PER 350 SF)– 586 SPACES
BED AREAS – HOSPITAL & PSYCH – 200
PARKING REQUIRED 1 PER 4 BEDS = 50 SPACES

PROPOSED PHASE I CONSTRUCTION
PROPOSED CONSTRUCTION 65,600 SF
36 (6 NEW) PRIVATE BEDS WITHIN SURGICAL WING
PARKING REQUIRED 1 PER 4 BEDS = 2 SPACES
OFFICE/CLINIC SHELL SPACE 20,150 SF NET LEASABLE
PARKING REQUIRE (1 PER 350 SF) = 58 SPACES
CENTRAL UTILITY PLANT EXPANSIONS 1,800 SF GROSS
PARKING REQUIRE (1 PER 350 SF NET) = 6 SPACES

ZONE A TOTAL REQUIRED = 702
ZONE A TOTAL PROVIDED = 996

ZONE B: MEDICAL DENTAL COMPLEX
NET LEASABLE BLDG. SF – 47,150 SF
PARKING REQUIRED – 1 PER 200 SF = 236 SPACES
PARKING PROVIDED – 244 SPACES

PHASE II CONSTRUCTION
NET SF OF OFFICE/LAB/CLINIC, ETC. – 26000 SF
PARKING REQUIRED (1 PER 350 SF)– 75 SPACES

ZONE C: PHYSICIANS PLAZA
NET LEASABLE BLDG. SF – 41,500 SF
PARKING REQUIRED – 1 PER 200 SF = 208 SPACES
PARKING PROVIDED – 214 SPACES

ZONE D: FUTURE STORAGE BLDG
NET LEASABLE BLDG. SF – 10,000 SF
PARKING REQUIRED – 1 PER 500 SF = 20 SPACES
PARKING PROVIDED – 20 SPACES

ZONE F:
PARKING PROVIDED – 28 SPACES

TOTAL PARKING:

TOTAL PARKING SPACES REQUIRED
1,241
TOTAL PARKING SPACES PROVIDED
1,502
(INCLUDING 100 CAR GRAVEL OVERFLOW LOT)

MINIMUM HANDICAPPED SPACES REQUIRED (PER NMBC TABLE 1106.1)	22
TOTAL HANDICAPPED SPACES PROVIDED	43

EXISTING CONDITIONS No. 2006-83

1. NEW DEVELOPMENT SHALL COMPLY WITH THE STANDARDS OF SECTION 14-5.S(A)(3),
2. "AREA 3 OVERLAY" HEIGHT LIMIT FROM ORIGINAL MASTER PLAN SHALL CONTINUE TO APPLY (MAXIMUM BUILDING HEIGHT OF 18 FEET WITHIN 120 FEET OF NORTHERLY RESIDENTIAL PROPERTY LINE).
3. R-2 ZONED PORTION OF THE HOSPITAL PROPERTY SHALL BE LIMITED TO SINGLE-FAMILY RESIDENTIAL USE, PARKING LOT USE WITH MINIMUM 20-FOOT LANDSCAPED SETBACK FROM ALL PROPERTY LINES, OPEN SPACE OR DETENTION PONDING WITH A DEPTH OF THREE FEET OR LESS AND SIDE SLOPES NOT STEEPER THAN 4:1. OTHER USES, IF ANY, PERMITTED FOR R-2 ZONED PROPERTY UNDER CHAPTER 14 SHALL ALSO BE ALLOWED.
4. HELIPAD FACILITY SHALL NOT BE RELOCATED WITHOUT APPROVAL OF A SPECIAL EXCEPTION OR MASTER PLAN AMENDMENT.
5. THE HELIPAD SHALL ONLY BE USED FOR EMERGENCY, CRITICAL MEDICAL FLIGHTS OR AT THE DIRECTION OF A PHYSICIAN.
6. THESE CONDITIONS OF APPROVAL SHALL BE NOTED ON THE MASTER PLAN, WHICH SHALL REPLACE AND SUPERSEDE THE PROVISIONS OF THE ORIGINAL MASTER PLAN. EXCEPT AS SPECIFIED BY THESE CONDITIONS, DEVELOPMENT OF THE PROPERTY SHALL BE SUBJECT TO ALL OTHER APPLICABLE PROCEDURES AND DEVELOPMENT STANDARDS OF CITY CODES.
7. EXCEPT AS SPECIFICALLY AMENDED BY THIS RESOLUTION NO. 2006-83, THE MASTER PLAN APPROVED BY RESOLUTION NO. 1985-36 SHALL REMAIN IN EFFECT.

CITY OF SANTA FE APPROVAL

REVIEWED AND APPROVED BY THE CITY OF SANTA FE GOVERNING BODY OF THE CITY OF SANTA FE AT IT'S MEETING ON _____

AS CASE NUMBER _____

MAYOR	DATE
ASSISTANT CITY CLERK	DATE
LAND USE ENGINEER	DATE
CITY PLANNER	DATE

AREA DEVELOPMENT STANDARDS

AREA 1 (HOSPITAL & ENVIRONS)

MAXIMUM BUILDING HEIGHT: 65 FEET
OVERLAY ZONE: 45 FEET
FLOOR AREA RATIO: 1.8
OVERLAY ZONE: 1.5

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.

BUILDING SETBACKS: FROM BOUNDARY PERIMETER, NONE
OPEN SPACE: TEN PERCENT OF THE AREA· WITHIN THE PERIMETER BOUNDARY SHALL BE RETAINED AS PERMANENT OPEN SPACE.

AREA 1A (HOSPITAL & ENVIRONS)

MAXIMUM BUILDING HEIGHT: 41 FEET
OVERLAY ZONE: 45 FEET
FLOOR AREA RATIO: 1.8
OVERLAY ZONE: 1.5

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.

BUILDING SETBACKS: FROM BOUNDARY PERIMETER, NONE

OPEN SPACE: TEN PERCENT OF THE AREA· WITHIN THE PERIMETER BOUNDARY SHALL BE RETAINED AS PERMANENT OPEN SPACE.

AREA 2 (ST. MICHAELS DRIVE)

MAXIMUM BUILDING HEIGHT: 22 FEET MEASURED AT THE BUILDING SETBACK LINE FROM ST. FRANCIS DRIVE
FLOOR AREA RATIO: 1.5

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.

BUILDING SETBACKS: 50 FEET FROM ST. MICHAELS DRIVE
20 FEE FROM HOSPITAL DRIVE
10 FEET FROM ALL OTHER PERIMETER BOUNDARIES AND INTERIOR ROADS.

OPEN SPACE: 20 PERCENT OF THE AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

PARKING: PARKING AREAS SHALL BE SETBACK FROM ALL PUBLIC RIGHTS-OF-WAY AND PRIVATE INTERIOR ROADS A MINIMUM OF 10 FEET, EXCEPT FOR ST. MICHAEL'S DR. WHERE A 25 FOOT SETBACK IS REQUIRED.

LANDSCAPE AREA: 25 FEET FROM ST. MICHAELS DRIVE TO REMAIN UNDISTURBED, OR FOR LANDSCAPING ONLY.

AREA 3 (NORTHERN CAMPUS.)

MAXIMUM BUILDING HEIGHT: 36 FEET
OVERLAY ZONE: 18 FEET OR ONE STORY WITHIN 120 FEET OF NORTHERN PROPERTY BOUNDARY.
FLOOR AREA RATIO: .65

BASEMENTS AND BELOW GRADE PARKING AREAS SHALL NOT COUNT TOWARD THE ALLOWABLE FLOOR AREA.
BUILDING SETBACKS: 20 FEET FROM HOSPITAL DRIVE
EXCEPT FOR OVERLAY ZONE, 10 FEET FROM PERIMETER BOUNDARIES AND INTERIOR ROADS.
OVERLAY ZONE: 50 FEET FROM NORTHERN PROPERTY BOUNDARY.

OPEN SPACE: 20 PERCENT OF AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

PARKING: PARKING AREAS SHALL BE SETBACK FROM ALL PUBLIC RIGHTS-OF-WAY A MINIMUM OF 10 FEET.
OVERLAY ZONE: PARKING AREAS SHALL LE SETBACK FROM THE NORTHERN PROPERTY BOUNDARY A MINIMUM OF 15 FEET.

LIGHTING WITHIN OVERLAY ZONE: EXTERIOR LIGHTING OF PARKING AREAS SHALL NOT EXCEED 10 FEET IN HEIGHT, NOR SHALL THE LUMINATION BE DIRECTED TOWARD THE ADJACENT RESIDENTIAL PROPERTIES.

AREA 4 (LUPITA STREET)

MAXIMUM BUILDING HEIGHT: 24 FEET
FLOOR AREA RATIO: .30

BUILDING SETBACKS: 20 FEET FROM LUPITA
20 FEET FROM HOSPITAL DRIVE
10 FEET FROM GALISTEO STREET
10 FEET FROM ALL OTHER PERIMETER BOUNDARIES

OPEN SPACE: 20 PERCENT OF THE AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

AREA 4A

MAXIMUM BUILDING HEIGHT: 18 FEET
FLOOR AREA RATIO: .3

BUILDING SETBACK: 20 FEET FROM LUPITA
10 FEET FROM HOSPITAL DRIVE
20 FEET FROM EAST BOUNDARY
10 FEET FROM ALL PERIMETER BOUNDARIES
OPEN SPACE: 20 PERCENT OF THE AREA TO REMAIN AS PERMANENT OPEN SPACE. PARKING AREAS ARE NOT INCLUDED WITHIN THE DEFINITION OF OPEN SPACE.

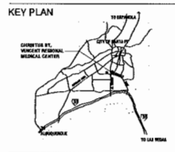
RESIDENTIAL DEVELOPMENT
MAXIMUM DENSITY FOR RESIDENTIAL DEVELOPMENT WILL NOT EXCEED 12 DWELLINGS PER ACRE.

PROPOSED CONDITIONS No. 2015-__

1. BASED ON THE SUBMITTED TIA, THE INTERSECTION OF GALISTEO/SAN MATEO IS PROJECTED TO FAIL DURING THE IMPLANTATION YEAR (2017) OF THE PROPOSED 65,500 SQUARE FOOT DEVELOPMENT. THE PROPOSED 65,500 SQUARE FOOT DEVELOPMENT IS EXPECTED TO CONTRIBUTE17.52% OF THE TOTAL TRAFFIC AT THIS INTERSECTION. THIS INTERSECTION CAN BE IMPROVED WITH IMPLEMENTING EITHER A ROUNDABOUT OR A TRAFFIC SIGNAL. THE DEVELOPER SHALL CONTRIBUTE FAIR SHARE CONTRIBUTION FOR IMPROVEMENTS TO THIS INTERSECTION BASED ON THE ABOVE MENTIONED PERCENTAGE AND BASED ON A TOTAL COST TO BE DETERMINED BY THE CITY'S PUBLIC WORKS DEPARTMENT. THIS COST WILL BE BASED ON THE MORE EXPENSIVE OF THE TWO IDENTIFIED IMPROVEMENTS.
2. THE DEVELOPER SHALL LIMIT ACCESS AT THEIR SOUTHERNMOST ACCESS POINT ONTO HOSPITAL DRIVE TO AN ENTRANCE ONLY, RIGHT-IN LEFT-IN ONLY. THIS SHALL BE ACCOMPLISHED BY SIGNAGE
3. THE DEVELOPER SHALL PERFORM INTERSECTION IMPROVEMENT AT THE HOSPITAL'S NORTHERN MOST ACCESS ONTO HOSPITAL DRIVE (ACROSS FROM HARKLE ROAD) SO AS TO IMPROVE PEDESTRIAN CROSSING ACROSS HOSPITAL DRIVE. THE DESIGN SHALL BE REVIEWED AND APPROVED BY THE CITY'S PUBLIC WORKS DEPARTMENT.
4. FUNDS EQUAL TO THE DEVELOPER'S CONTRIBUTION WILL BE PLACED AND HELD IN AN ESCROW ACCOUNT TO BE MAINTAINED BY THE CITY. THE DEVELOPER'S CONTRIBUTION SHALL BE USED SOLELY FOR THE COSTS THAT ARE NECESSARILY INCURRED FOR THE DESIGN, CONSTRUCTION OR RIGHT-OF-WAY ACQUISITION, WITH EITHER A TRAFFIC SIGNAL OR A ROUNDABOUT AT THE GALISTEO/SAN MATEO INTERSECTION ("IMPROVEMENTS") AND FOR NO OTHER PURPOSE. ANY REMAINING ESCROW FUNDS NOT USED FOR THE DESIGN, CONSTRUCTION OR RIGHT-OF-WAY ACQUISITION OF THE IMPROVEMENTS WITHIN FIVE YEARS OF THE RECORDATION OF THE DEVELOPMENT PLAN SHALL BE RETURNED TO THE DEVELOPER UPON REQUEST OF THE DEVELOPER.
5. THE TIA PROJECTS THAT DURING THIS PHRASE OF DEVELOPMENT, THE HOSPITAL'S NORTHERN MOST ACCESS ONTO HOSPITAL DRIVE (ACROSS FROM HARKLE ROAD) WILL FAIL. AT THE TIME OF DEVELOPMENT, THE DEVELOPER SHALL EVALUATE ALL OPTIONS, INCLUDING BUT NOT LIMITED TO IMPLEMENTATION OF A ROUNDABOUT, UNLESS A REVISED TIA WITH RECENT TRAFFIC DATA SHOWS THAT THE ACCESS OPERATES AT ADEQUATE LEVELS OF SERVICE UNDER ITS CURRENT CONFIGURATION
6. APPLICANT SHALL PROVIDE PRO RATA PARTICIPATION IN TRAFFIC CALMING ALONG HOSPITAL DRIVE IF AND TO THE EXTENT SUCH TRAFFIC CALMING IS DETERMINED TO BE NECESSARY BY THE PUBLIC WORKS DEPARTMENT.
7. APPLICANT SHALL MAKE IMPROVEMENTS TO PROVIDE THAT ST. MICHAEL'S DRIVE IS THE PRIMARY ACCESS POINT TO THE PROPERTY, BASED ON REVIEW BY THE TRANSIT DIVISION AND REVIEW AND APPROVAL OF THE PUBLIC WORKS DEPARTMENT.
8. LANDSCAPE IMPROVEMENTS ASSOCIATED WITH SHEET LP-104, LP-105, AND L-106 SHALL BE INSTALLED IN SPRING 2016.
9. THE OWNER, WILL AT TIMES, PROPERLY MAINTAIN ALL PLANT MATERIALS SHOWN IN THE MASTER PLAN, INCLUDING BUT NOT LIMITED TO; PROPER PRUNING, SOIL TESTING, FERTILIZING AND WEEDING.
10. ALL PLANT MATERIAL SHOWN IN THE MASTER PLAN SHALL BE MAINTAINED AND REPLACED AS NEEDED. ALL QUANTITIES AND SIZES OF PLANT MATERIALS MUST BE MAINTAINED AS SHOWN ON THE MASTER PLAN.
11. ANY DEVIATIONS FROM THE MASTER PLAN LANDSCAPING SHALL BE DISCUSSED AND APPROVED BY THE LAND USE DEPARTMENT DIRECTOR OR DESIGNEE.
12. STORMWATER PONDING FOR THE FOLLOWING WILL BE CONSTRUCTED UNDER THE BUILDING PERMIT FOR THE PROPOSED NEW INPATIENT BED WING:
    a. DENTITION IN THE AMOUNT OF 3831 CF FOR THE NEW BUILDING
    b. PONDING FOR BASIN D ON THE EAST SIDE OF THE HOSPITAL, WHICH WAS PREVIOUSLY CONSTRUCTED BUT NO LONGER EXISTS.
    c. DETENTION IN THE AMOUNT OF 8520 CF FOR BASIN #8.
13. OUTDOOR LIGHTING FOR THE PROPOSED NEW BUILDING WILL MEET THE REQUIREMENTS OF ARTICLE 14-8.9
14. OUTDOOR LIGHTING FOR THE ENTIRE CAMPUS WILL BE ADJUSTED, AS PART OF THE PERMIT FOR THE NEW BUILDING TO MEET THE REQUIREMENTS OF ARTICLE 14-8.9
15. WASTEWATER UTILITY EXPANSION CHARGE (UEC) SHALL BE PAID AT THE TIME OF BUILDING PERMIT APPLICATION.
16. ON-SITE SEWER SYSTEM SERVING THE DEVELOPMENT IS PRIVATE.
17. ON-SITE SEWER LINES TO BE SHOWN ON UTILITY PLANS.
18. OFF-SITE PUBLIC SEWER LINE AND EASEMENT TO BE SHOWN ON THE GRADING PLANS.
19. CITY OF SANTA FE SEWER MANHOLE COVERS SHALL NOT BE USED FOR THE ON-SITE SEWER MANHOLES. MANHOLE COVERS ARE TO BE LABELED "PRIVATE SEWER" ON UTILITY PLANS.
20. INDUSTRIAL PRE-TREATEMENT SAMPLING PORTS (IPSP) ARE REQUIRED AND SHALL BE SHOWN ON THE UTILITY PLANS.
21. DISCHARGE POINTS TO BE INDICATED ON DRAINAGE PLANS.
22. ALL BACKFLOW PREVENTERS MUST BE EVALUATED AND UPGRADED IF NECESSARY TO MEET CURRENT REQUIREMENTS.
23. ALL FIRE DEPARTMENT ACCESS SHALL BE NO GREATER THAN A 10% GRADE THROUGHOUT.
24. FIRE DEPARTMENT ACCESS SHALL NOT BE LESS THAN 20 FEET WIDTH AND A MINIMUM WIDTH OF 26 FEET FOR ANY BUILDING OR PORTION OF BUILDING MORE THAN 30 FEET IN HEIGHT.
25. MUST MEET 150 FEET DRIVEWAY REQUIREMENT PER IFC OR AN EMERGENCY TURN-AROUND THAT MEETS THE IFC REQUIREMENTS SHALL BE PROVIDED.
26. FIRE DEPARTMENT SHALL HAVE 150 FEET DISTANCE TO ANY PORTION OF THE BUILDING ON ANY NEW CONSTRUCTION.
27. DEVELOPMENT SHALL HAVE WATER SUPPLY THAT MEETS FIRE FLOW REQUIREMENTS AS PER IFC. AND MAY BE REQUIRED TO INSTALL AN AUTOMATIC SPRINKLER SYSTEM.
28. APPLICANT MAY BE REQUIRED TO PROVIDE TWO SEPARATE AND APPROVED FIRE APPARATUS ACCESS ROADS.
29. THE APPLICANT SHALL EXPAND ITS INTERNAL SITE TRAFFIC CIRCULATION PLAN TO STUDY AN INTERNAL PEDESTRIAN CIRCULATION PLAN.
30. THE APPLICANT SHALL RETURN TO THE PLANNING COMMISSION WITHIN ONE YEAR TO PROVIDE A REVIEW OF PROGRESS AND COMPLIANCE WITH ALL MASTER PLAN CONDITIONS.
31. ON-SITE SEWER SYSTEM SERVING THE DEVELOPMENT IS PRIVATE.
32. EXCEPT AS SPECIFICALLY AMENDED BY THIS RESOLUTION NO. 2015-___, THE MASTER PLAN APPROVED BY RESOLUTION NO. 2006-83 SHALL REMAIN IN EFFECT.
33. NOISE FROM GENERATORS AND OR MECHANICAL EQUIPMENT WITHIN THE HOSPITAL MASTER PLAN CAMPUS AT RESIDENTIAL PROPERTY SHALL NOT EXCEED 50 DBA TWENTY FOUR HOURS A DAY.
34. THE APPLICANT SHALL FOLLOW ITS OWN SUSTAINABILITY PLAN AS PROVIDED IN ITS APPLICATION.
35. THE LAND USE DEPARTMENT SHALL HAVE THE AUTHORITY TO ADMINISTRATIVELY APPROVE SUCH SIGNAGE AS IS CONSISTENT WITH THE GOALS OF THE 1985 MASTER PLAN AND MAY DO SO WITHOUT THE NEED FOR A VARIANCE IF SUCH SIGNAGE EXCEEDS THE STANDARDS IN THE LAND DEVELOPMENT CODE.

Revisions		
No.	Date	Description

KEY PLAN



CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

CHRISTUS ST. VINCENT Regional Medical Center

CBRE

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER
455 ST. MICHAEL'S DRIVE, SANTA FE, NEW MEXICO 87505

NOTES AND CONDITIONS

PHASE: CONSTRUCTION DOCUMENTS
DATE: 09-30-2015

MP- 1

PROJECT NO.
5103

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CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER
PROPOSED CAMPUS MASTER PLAN
APPROVED BY RESOLUTION NO. 1985-36 AND AMENDED BY RESOLUTION NO. 2006-83

EXHIBIT A MASTERPLAN 3 PAGES
RESOLUTION 2015 - __
PAGE 2 OF 3

DEVELOPMENT AREAS LEGAL DESCRIPTION

Area 1 Legal Description

A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 81°28'59" West, a distance of 487.04';
Thence from said point of beginning North 05°17'55" West, a distance of 37.66';
Thence North 06°38'11" West, a distance of 38.37';
Thence southeasterly and easterly a distance of 32.18' along the curve concave to the north having a radius of 25.00' and a central angle of 73°44'36" and being subtended by a chord which bears South 73°52'18" East 30.00';
Thence North 69°15'00" East, a distance of 53.00';
Thence easterly a distance of 310.05' along the curve concave to the south, having a radius of
652.70' and a central angle of 27°13'00" and being subtended by a chord which bears North 82°51'30" East 307.14';
Thence South 83°32'00" East, a distance of 20.00';
Thence easterly, northeasterly, northerly and northwesterly a distance of 23.57' along the curve concave to the northwest having a radius of 10.00' and a central angle of 135°02'10" and being subtended by a chord which bears North 28°58'00" East 18.48';
Thence North 38°32'00" West, a distance of 29.65';
Thence North 10°08'01" West, a distance of 69.30';
Thence North 38°32'00" West, a distance of 58.50';
Thence northwesterly and westerly a distance of 131.56' along the curve concave to the
southwest, having a radius of 155.52' and a central angle of 48°28'04" and being subtended by a chord which bears North 62°46'00" West 127.67';
Thence North 87°00'14" West, a distance of 129.10';
Thence North 30°00'00" West, a distance of 38.15';
Thence North 09°52'30" West, a distance of 30.72';
Thence North 52°19'50" East, a distance of 39.30';
Thence northeasterly and easterly a distance of 344.01' along the curve concave to the south having a radius of 518.34' and a central angle of 38°01'35" and being subtended by a chord which bears North 77°01'46" East 337.73';
Thence South 83°57'27" East, a distance of 72.03';
Thence South 86°24'51" East, a distance of 77.61';
Thence South 46°32'22" East, a distance of 20.25';
Thence South 38°30'18" East, a distance of 84.24';
Thence South 83°24'50" East, a distance of 230.88';
Thence South 83°24'50" East, a distance of 103.20';
Thence South 38°58'25" East, a distance of 23.53';
Thence South 06°35'10" West, a distance of 571.16';
Thence North 83°24'50" West, a distance of 106.48';
Thence North 83°24'50" West, a distance of 13.52';
Thence North 83°24'50" West, a distance of 220.08';
Thence North 83°24'50" West, a distance of 51.78';
Thence North 83°24'50" West, a distance of 70.47';
Thence westerly a distance of 195.72' along the curve concave to the north having a radius of 550.00' and a central angle of 20°23'21" and being subtended by a chord which bears North 87°59'41" West 194.69';
Thence North 72°36'27" West, a distance of 53.60';
Thence westerly and northwesterly a distance of 246.64' along the curve concave to the
northeast, having a radius of 500.00' and a central angle of 28°15'48" and being subtended by a chord which bears North 58°27'32" West 244.15';
Thence North 58°18'30" West, a distance of 17.26' to the Point of Beginning.
Containing 11.3051 Acres, more or less.

Area 1A Legal Description

A certain tract of land lying and being situate in Section 36, Township 17 North, Range 09 East,
N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Northwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears North 84°35'19" West, a distance of 1076.40';
Thence from said point of beginning South 83°24'50" East, a distance of 220.08';
Thence South 83°24'50" East, a distance of 13.52';
Thence South 38°28'42" East, a distance of 119.15';
Thence South 51°31'18" West, a distance of 165.00';
Thence North 38°28'42" West, a distance of 284.52' to the Point of Beginning.
Containing 0.7645 Acres, more or less.

Overlay Area Legal Description

A certain tract of land lying and being situate in Section 36, Township 17 North, Range 09 East,
N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears North 84°23'22" West, a distance of 1296.44';
Thence from said point of beginning North 06°35'10" East, a distance of 587.63';
Thence South 83°24'50" East, a distance of 103.20';
Thence South 38°58'25" East, a distance of 23.53';
Thence South 06°35'10" West, a distance of 571.16';
Thence North 83°24'50" West, a distance of 106.48';
Thence North 83°24'50" West, a distance of 13.52' to the Point of Beginning.
Containing 1.6156 Acres, more or less.

Area 4A Legal Description

A certain tract of land lying and being situate in Section 35, Township 17 North, Range 09 East,
N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 11°27'30" West, a distance of 1213.68';
Thence from said point of beginning North 04°30'37" East, a distance of 131.20';
Thence northerly and northeasterly a distance of 23.62' along the curve concave to the southeast, having a radius of 25.00' and a central angle of 54°08'00" and being subtended by a chord which bears North 31°34'37" East 22.75';
Thence North 58°38'37" East, a distance of 15.41';
Thence northeasterly, easterly and southeasterly a distance of 23.62' along the curve concave to
the south, having a radius of 25.00' and a central angle of 54°08'00" and being subtended by a chord which bears North 85°42'37" East 22.75';
Thence South 67°13'23" East, a distance of 109.00';
Thence South 22°18'58" West, a distance of 168.96';
Thence North 67°45'35" West, a distance of 102.01' to the Point of Beginning.
Containing 0.4891 Acres, more or less.

Overlay Area 3 Legal Description

A certain tract of land lying and being situate in Sections 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 12°16'03" West, a distance of 1087.75';
Thence from said point of beginning North 04°30'37" East, a distance of 126.97';
Thence South 67°45'35" East, a distance of 102.01';
Thence South 67°16'44" East, a distance of 407.31';
Thence South 67°19'00" East, a distance of 95.00';
Thence North 79°24'06" East, a distance of 307.59';
Thence North 78°14'57" East, a distance of 46.77';
Thence South 38°58'25" East, a distance of 1155.09';
Thence South 68°53'59" West, a distance of 126.09';
Thence North 38°58'25" West, a distance of 446.67';
Thence North 38°58'25" West, a distance of 23.53';
Thence North 38°58'25" West, a distance of 574.30';
Thence South 79°10'20" West, a distance of 318.49';
Thence North 67°23'38" West, a distance of 601.18' to the Point of Beginning.
Containing 5.6278 Acres, more or less.

Area 2 Legal Description

A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the corner along the west property line of said property herein described, from which point
Right-of-way Marker 89+29.27, bears North 73°15'48" West, a distance of 260.76';
Thence from said point of beginning North 03°40'27" West, a distance of 65.57';
Thence North 03°40'27" West, a distance of 99.98';
Thence North 03°39'50" West, a distance of 434.08';
Thence North 81°40'58" East, a distance of 6.17';
Thence North 86°22'28" East, a distance of 311.09';
Thence South 30°20'23" East, a distance of 32.37';
Thence South 10°39'59" East, a distance of 40.69';
Thence South 55°35'27" West, a distance of 57.18';
Thence southwesterly and southerly a distance of 251.08' along the curve concave to the east, having a radius of 187.83' and a central angle of 76°35'26" and being subtended by a chord which bears South 17°17'44" West 232.80';
Thence South 21°00'00" East, a distance of 33.50';
Thence southerly and southeasterly a distance of 32.16' along the curve concave to the northeast, having a radius of 115.19' and a central angle of 15°59'55" and being subtended by a chord which bears South 29°00'00" East 32.06';
Thence South 37°00'00" East, a distance of 17.90';
Thence South 06°38'11" East, a distance of 38.37';
Thence South 05°17'55" East, a distance of 37.66';
Thence South 58°18'30" East, a distance of 17.26';
Thence southeasterly and easterly a distance of 246.64' along the curve concave to the northeast having a radius of 500.00' and a central angle of 28°15'48" and being subtended by a chord which bears South 58°27'32" East 244.15';
Thence South 72°36'27" East, a distance of 53.60';
Thence easterly a distance of 195.72' along the curve concave to the north having a radius of 550.00' and a central angle of 20°23'21" and being subtended by a chord which bears South 87°59'41" East 194.69';
Thence South 83°24'50" East, a distance of 70.47';
Thence South 83°24'50" East, a distance of 51.78';
Thence South 83°24'50" East, a distance of 220.08';
Thence South 83°24'50" East, a distance of 13.52';
Thence South 83°24'50" East, a distance of 106.48';
Thence South 64°13'09" East, a distance of 94.32';
Thence South 25°39'57" West, a distance of 115.12';
Thence South 60°45'42" West, a distance of 108.30';
Thence South 25°09'11" West, a distance of 139.71';
Thence South 43°05'14" West, a distance of 25.24';
Thence North 67°03'04" West, a distance of 111.17';
Thence South 23°34'44" West, a distance of 48.02';
Thence North 68°17'21" West, a distance of 117.73';
Thence North 20°53'29" East, a distance of 20.27';
Thence North 67°08'31" West, a distance of 275.01';
Thence North 67°10'09" West, a distance of 149.99';
Thence South 20°57'51" West, a distance of 20.28';
Thence North 67°00'35" West, a distance of 402.36';
thence northwesterly and northerly a distance of 55.57' along the curve concave to the northeast having a radius of 50.00' and a central angle of 63°40'24" and being subtended by a chord which bears North 35°30'33" West 52.75' to the Point of Beginning.
Containing 9.8214 Acres, more or less.

Addition Area 2 Legal Description
A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 81°28'59" West, a distance of 487.04';
Thence from said point of beginning North 05°17'55" West, a distance of 37.66';
Thence South 46°08'53" East, a distance of 75.79';
Thence southeasterly and easterly a distance of 113.08', along the curve concave to the northeast having a radius of 186.59' and a central angle of 34°43'20" and being subtended by a chord which bears South 63°59'41" East, 111.35';
Thence South 84°38'29" East, a distance of 185.76';
Thence easterly and northeasterly a distance of 154.37', along the curve concave to the north having a radius of 248.70' and a central angle of 35°33'53" and being subtended by a chord which bears North 77°19'41" East, 151.90';
Thence South 24°17'17" East, a distance of 131.49';
Thence North 83°24'50" West, a distance of 70.47';
Thence westerly a distance of 195.72', along the curve concave to the north having a radius of
550.00' and a central angle of 20°23'21" and being subtended by a chord which bears North 87°59'41" West, 194.69';
Thence North 72°36'27" West, a distance of 53.60';
Thence westerly and northwesterly a distance of 246.64', along the curve concave to the northeast having a radius of 500.00' and a central angle of 28°15'48" and being subtended by a chord which bears North 58°27'32" West, 244.15';
Thence North 58°18'30" West, a distance of 17.26' to the Point of Beginning.
Containing 0.7819 Acres, more or less.

Area 3 Legal Description

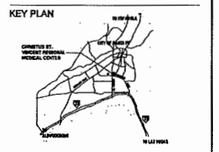
A certain tract of land lying and being situate in Section 35 & 36, Township 17 North, Range 09
East, N.M.P.M., City and County of Santa Fe, New Mexico.
Beginning at the Southwest corner of said property herein described, from which point
Right-of-way Marker 89+29.27, bears South 21°59'38" West, a distance of 564.38';
Thence from said point of beginning North 03°39'40" West, a distance of 160.00';
Thence North 04°30'37" East, a distance of 83.00';
Thence North 04°30'37" East, a distance of 298.11';
Thence North 04°30'37" East, a distance of 126.97';
Thence South 67°45'35" East, a distance of 102.01';
Thence South 67°16'44" East, a distance of 407.31';
Thence South 67°19'00" East, a distance of 95.00';
Thence North 79°24'06" East, a distance of 307.59';
Thence North 78°14'57" East, a distance of 46.77';
Thence South 38°58'25" East, a distance of 1155.09';
Thence South 68°53'59" West, a distance of 126.09';
Thence South 68°53'59" West, a distance of 66.21';
Thence South 49°21'54" West, a distance of 192.19';
Thence South 25°39'57" West, a distance of 124.44';
Thence North 64°13'09" West, a distance of 94.32';
Thence North 06°35'10" East, a distance of 571.16';
Thence North 38°58'25" West, a distance of 23.53';
Thence North 83°24'50" West, a distance of 103.20';
Thence North 83°24'50" West, a distance of 230.88';
Thence North 38°30'18" West, a distance of 84.24';
Thence North 46°32'22" West, a distance of 20.25';
Thence North 86°24'51" West, a distance of 77.61';
Thence North 83°57'27" West, a distance of 72.03';
Thence westerly and southwesterly a distance of 344.01' along the curve concave to the south, having a radius of 518.34' and a central angle of 38°01'35" and being subtended by a chord which bears North 77°01'46" East 337.73';
Thence South 52°19'50" West, a distance of 39.30';
Thence North 10°39'59" West, a distance of 40.69';
Thence North 30°20'23" West, a distance of 32.37';
Thence South 86°22'28" West, a distance of 311.09';
Thence South 81°40'58" West, a distance of 6.17' to the Point of Beginning.
Containing 17.1157 Acres, more or less.

WHR ARCHITECTS
Architecture with People in Mind

3131 McKinney Avenue, Suite 340
Dallas, Texas 75204
214.468.8505 phone · whrarchitects.com

Revisions		
No.	Date	Description

KEY PLAN



CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

CHRISTUS ST. VINCENT Regional Medical Center

CBRE

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER
455 ST. MICHAEL'S DRIVE, SANTA FE, NEW MEXICO 87505

NOTES AND CONDITIONS

PHASE: CONSTRUCTION DOCUMENTS
DATE: 09-30-2015

PROJECT NO. 5103

MP- 2

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CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

PROPOSED CAMPUS MASTER PLAN

APPROVED BY RESOLUTION NO. 1985-36 AND AMENDED BY RESOLUTION NO. 2006-83

EXHIBIT A MASTERPLAN 3 PAGES
RESOLUTION 2015 - __
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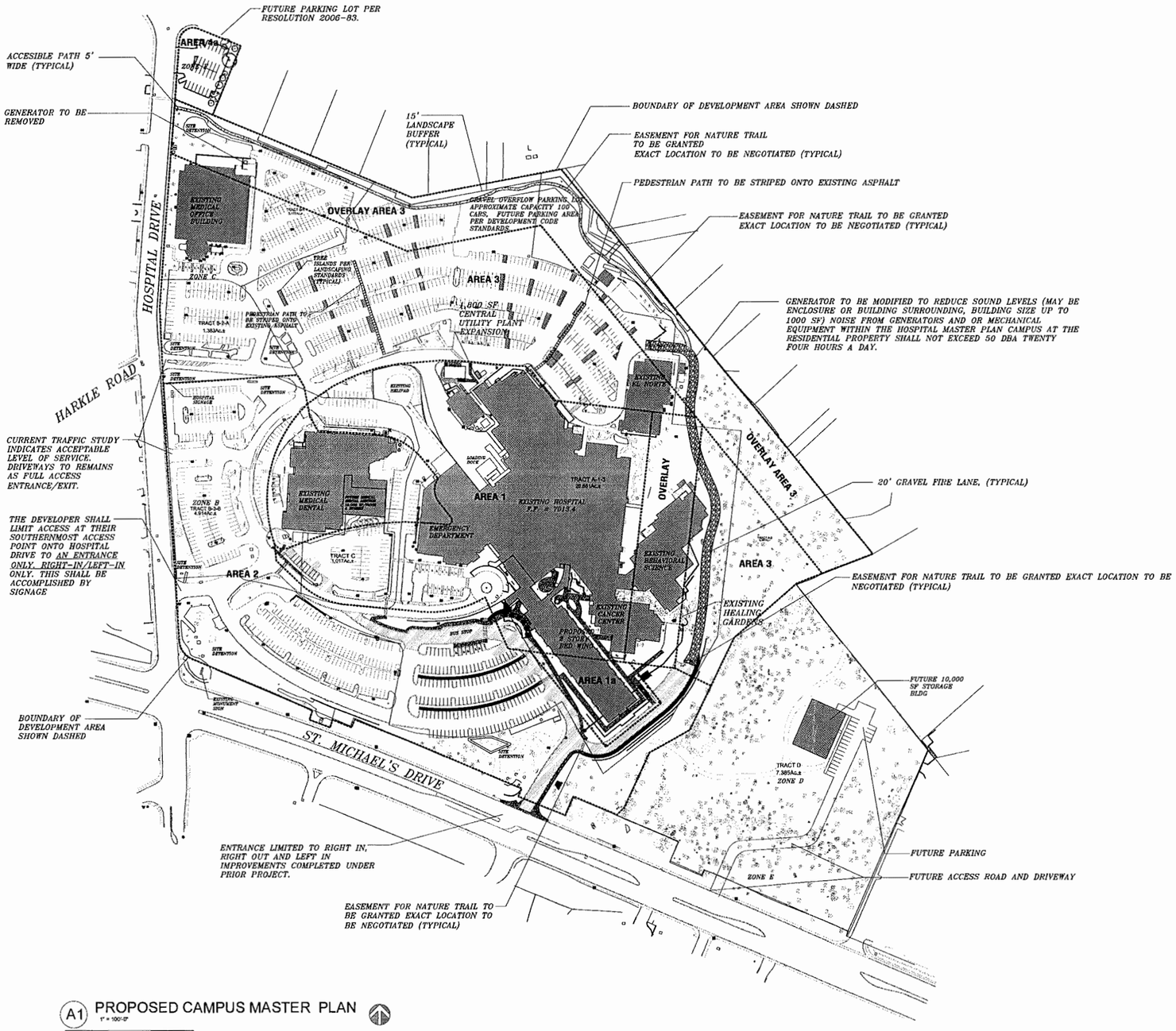

A1 PROPOSED CAMPUS MASTER PLAN
1" = 100'-0"

0' 50' 100' 200' 250' 300'

SCALE 1" = 100'

WHR ARCHITECTS
Architecture with People in Mind

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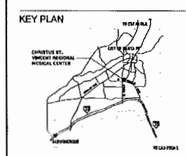
Revisions		
No.	Date	Description

KEY PLAN



CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

CHRISTUS ST. VINCENT Regional Medical Center

CBRE

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

455 ST. MICHAEL'S DRIVE, SANTA FE, NEW MEXICO 87505

PROPOSED CAMPUS MASTER PLAN

PHASE CONSTRUCTION DOCUMENTS
DATE: 09-30-2015

MP-3

PROJECT NO. 5103

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October 28, 2015

Governing Body

Case #2015-47
455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

EXHIBIT B

FINDINGS OF FACTS AND CONCLUSIONS OF LAW

ITEM # 15-0893

City of Santa Fe
Planning Commission
Findings of Fact and Conclusions of Law

Case #2015-47
455 St. Michaels Drive Christus St. Vincent Regional Medical Center Master Plan Amendment
Case #2015-74
455 St. Michaels Drive Christus St. Vincent Regional Medical Center Development Plan & Variances
Case #2015-75
455 St. Michaels Drive Christus St. Vincent Regional Medical Center Special Use Permit

Owner's Name – Christus St. Vincent Regional Medical Center
Applicant's Name – WHR Architects, Inc.

THIS MATTER came before the Planning Commission (Commission) for hearing on July 2, 2015 and August 6, 2015 upon the application (Application) of WHR Architects, Inc., as agent for Christus St. Vincent Regional Medical Center (Applicant).

The property is located within the St. Vincent Hospital Campus Master Plan. The original master plan was approved in 1985 and was amended in 2006. The Applicant now: (1) requests recommendation for approval of amendments to the St. Vincent Hospital Campus Master Plan; (2) requests approval of a Development Plan, which includes the construction of a 65,500 square foot addition on Tract A-I-3 containing 20.65± acres and Tract A-2 containing 9.29± acres and two variances (a) under Table 14-7.3-1 to allow 41 feet where 36 feet is the maximum structure height in a C-1 district; (b) under Code Section 14-5.5(A)(4) to allow 41 feet where 25 feet is the maximum structure height in the South Central Highway Corridor Protection District and (3) requests approval of a special use permit, which includes construction of a 65,500 square foot addition of a hospital facility in a C-1 District.

After conducting a public hearing and having heard from staff and all interested persons, the Commission hereby FINDS as follows:

FINDINGS OF FACT

General

1. The Commission heard testimony and took evidence from staff, the Applicant, and members of the public interested in the matter.
2. Code § 14-3.9 (C) sets out certain procedures for amendments to master plans including, without limitation, a public hearing by the Commission and recommendation to the Governing Body based upon the criteria set out in Code §14-3.9(D).
3. Code §14-3.6(C) sets out certain procedures for special use permit approval, including, without limitation, a public hearing by the Commission and approval based upon the criteria set out in Code §14-3.6(D).

4. Code § 14-3.8(C) sets out certain procedures for development plan approval, including, without limitation, a public hearing by the Commission and approval based upon the criteria set out in Code §14-3.8(D).
5. Code §14-3.1 sets out certain procedures to be followed on the Application, including, without limitation, (a) a pre-application conference [§14-3.1(E)]; (b) an Early Neighborhood Notification (ENN) meeting [§14-3.1(F) and (c) compliance with Code Section 14-3.1(H) notice and public hearing requirements.
6. Code §14-3.1(F) establishes procedures for the ENN meeting, including (a) scheduling and notice requirements [Code §14-3.1(F)(4) and (5)]; (b) regulating the timing and conduct of the meeting [Code §14-3.1(F)(5)]; and (c) setting out guidelines to be followed at the ENN meeting [§14-3.1(F)(6)].
7. A pre-application conference was held on October 30, 2014 in accordance with the procedures for subdivisions set out in Code § 14-3.1(E).
8. An ENN meeting was held on the Application on March 17, 2015 at the Santa Fe University of Art and Design Forum Lecture Theater.
9. Notice of the ENN meeting was properly given.
10. The ENN meeting was attended by the Applicant and City staff; there were 17 members of the public in attendance and concerns were raised.
11. Commission staff provided the Commission with June 25, 2015 and July 29, 2015 reports (Staff Report) evaluating the factors relevant to the Application.
12. City Land Use Department staff reviewed the Application and related materials and information submitted by the Applicant for conformity with applicable Code requirements and provided the Commission with a written report of its findings in the Staff Report, subject to certain conditions (the Conditions) set out in such report.

Master Plan Amendment

13. Under Code Section 14-3.9, an amendment to the Master Plan requires submittal of an application for review and recommendation to the Governing Body by the Planning Commission.
14. The Commission has considered the criteria established by Code Section 14-3.9(D)(1)(a) and finds the following facts: *The master plan is consistent with the general plan.* The St. Vincent Hospital Campus Master Plan complies with the existing density and land use proposed by the City General Plan.
15. The Commission has considered the criteria established by Code Section 14-3.9(D)(1)(b) and finds the following facts: *The master plan is consistent with the purpose and intent of the zoning districts that apply to, or will apply to, the master plan area, and with the applicable use regulations and development standards of those districts.* Consistent with General Plan policies, the Master Plan amendment includes construction at an institutional facility.
16. The Commission has considered the criteria established by Code Section 14-3.9(D)(1)(c) and finds the following facts: *Development of the master plan area will contribute to the coordinated and efficient development of the community.* Consistent with General Plan policies, the amendments to the Master Plan will enhance the provision of medical care and ensure provision of community services for residents.

17. The Commission has considered the criteria established by Code Section 14-3.9(D)(1)(d) and finds the following facts: *The existing and proposed infrastructure, such as the streets system, sewer and water lines, and public facilities, such as fire stations and parks, will be able to accommodate the impacts of the planned development.* Necessary infrastructure and road alignments were previously determined and approved as part of the master plan. The 2006 Master Plan included fifteen conditions, some of which were to be met for all phases subsequent to the Emergency Room Expansion. The subsequent Outpatient Services project was permitted and built without addressing some of the requirements of the 2006 Master Plan.
18. The Applicant requests to modify or delete conditions #1, 4, 5, 6, 7, 8, 11, 12, 13, 14 as found in Sheet MP-1.
19. The Staff Report supported the modification or deletion of these conditions, provided they are replaced with a series of new conditions found in Staff's Exhibit A and the MPO's written submittal (collectively hereinafter as "Exhibit A").
20. Based on the Staff Report and public testimony, the Commission adopted Exhibit A, contingent on the adoption of several modifications to Exhibit A.
21. There was testimony from the City's Traffic Engineering Division and from the public regarding unresolved traffic issues and the 2006 Master Plan.
22. The Traffic Engineering Division's Condition #2, which relates to the 2006 Master Plan Condition #4, shall be amended to read: "The developer shall limit access at their southernmost access point onto Hospital Drive to an entrance only, right-in/left-in ~~right-in/right-out only~~. This shall be accomplished by signage ~~constructing a raised median.~~" The third and fourth sentences of the Division's condition shall still apply.
23. The Traffic Engineering Division's Condition #4a, which relates to the 2006 Master Plan Condition #6b, shall be amended to add: "Funds equal to the developer's contribution will be placed and held in an escrow account to be maintained by the City. The developer's contribution shall be used solely for the costs that are necessarily incurred for the design, construction or right-of-way acquisition, with either a traffic signal or a roundabout at the Galisteo/San Mateo intersection ("Improvements") and for no other purpose. Any remaining escrow funds not used for the design, construction or right-of-way acquisition of the Improvements within five years of the recordation of the Development Plan shall be returned to the Developer upon request of the Developer."
24. Traffic Engineering Division's Condition #4b, which relates to the 2006 Master Plan Condition #6d, shall be amended to read: "The TIA projects that during this phase of development, the Hospital's northern most access onto Hospital Drive (across from Harkle Road) will fail. At the time of development, the developer shall evaluate all options, including but not limited to implementation of a roundabout~~, limit access at this location to right-in/right-out/left-in only,~~ unless a revised TIA with more recent traffic data shows that the access operates at adequate levels of service under its current configuration."
25. The 2006 Master Plan Condition #6d called for traffic improvements/mitigation on Hospital Drive.
26. There shall be an additional condition to the Traffic Engineering Division's conditions which shall read: "Applicant shall provide pro rata participation in traffic calming along

Hospital Drive if and to the extent such traffic calming is determined to be necessary by the Public Works Department."

27. The 2006 Master Plan Condition #6c called for a review of access points to the property and Condition #7 called for a review of the entrance on St. Michael's Drive.
28. The Applicant's testimony provided that its goal is to have St. Michael's Drive as the primary access point to the property.
29. The City Transit Division's testimony provided that it could re-route all of its buses to have St. Michael's Drive as the primary access point to the property (and thus avoid an access point on Hospital Drive) provided the grade of the primary access point was corrected to eliminate damage to the back side of the buses.
30. There shall be an additional condition to the Traffic Engineering Division's conditions which shall read: "Applicant shall make improvements to provide that St. Michael's Drive is the primary access point to the property, based on review by the Transit Division and review and approval of the Public Works Department."
31. There was testimony from Staff and from the public regarding unresolved landscaping issues from the 2006 Master Plan.
32. The Land Use Department Landscaping conditions, which relate to the 2006 Master Plan Condition #1, shall include an additional condition, which shall read: "Landscape improvements associated with Sheet LP-104, LP-105, and L-106 shall be installed in Spring 2016."
33. There was testimony from the public regarding unresolved internal circulation issues from the 2006 Master Plan Condition #12.
34. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall expand its Internal Site Traffic Circulation Plan to study an Internal Pedestrian Circulation Plan."
35. There was testimony from the public regarding unresolved completion of the 1985 and 2006 Master Plan conditions.
36. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall return to the Planning Commission within one year to provide a review of progress and compliance with all Master Plan conditions."
37. The City Engineering Division and the State Department of Transportation did not support a new curb cut on the eastern part of St. Michael's Drive for a future access driveway for maintenance vehicles.
38. Based on the above, the Commission did not adopt this new curb cut as part of its approval of the Master Plan.
39. The Applicant provided testimony that the structural systems of the two-story 65,500 square foot addition will be designed and constructed in order to accommodate the cost effective construction of two additional stories. The Commission did not address this further addition as part of its approval of the Master Plan.

The Special Use Permit

40. Under Code Section 14-3.6(C), a special use permit requires a submittal of an application for review and approval by the Planning Commission.

41. Code Section 14-3.6(C) requires: (a) Approval of a site plan and other site development drawings necessary to demonstrate that the Project can be accomplished in conformance with applicable Code standards [§14-3.6(C)(1)]; (b) submittal of an application indicating the Code section under which the special use permit is sought and stating the grounds on which it is requested [§14-3.6(C)(2)]; and (c) that a special use permit is limited to the specific use and intensity granted, requiring a new or amended special use permit if the use is changed or intensified [§14-3.6(C)(3)].
42. The Commission has considered the criteria established by Code Section 14-3.6(D)(1)(a) and finds the following facts: *that the Commission has the authority to grant a special use permit for the Project.* The Planning Commission under Code Section 14-2.3(C)(3) is granted the authority to take action on a special use permit if it is part of a development plan.
43. The Commission has considered the criteria established by Code Section 14-3.6(D)(1)(b) and finds the following facts: *That granting a special use permit for the Project does not adversely affect the public interest.* The special use permit does not adversely affect the public interest in that the building addition will provide a benefit to the health, safety and privacy of the hospital's patients.
44. The Commission has considered the criteria established by Code Section 14-3.6(D)(1)(c) and finds the following facts: *That the Project is compatible with and adaptable to adjacent properties and other properties in the vicinity of the Project.* City Code establishes a hospital as an Institutional use, which is permissible within a C-1 District with a special use permit. The building addition is compatible with and adaptable to adjacent properties and other properties in the vicinity of the Project in that the building addition has been sited on the south side of the property to minimize adverse visual, traffic and noise and other impacts to the neighborhood on the north side of the property.
45. Pursuant to Code Section 14-3.9(B)(3), the special use permit is consistent with the Master Plan.

Development Plan

46. Under Code Section 14-3.8(B)(3), a development plan requires a submittal of an application for review and approval by the Planning Commission.
47. Code Section 14-3.8(C)(1) requires applicants for development plan approval to submit certain plans and other documentation that show compliance with applicable provisions of the Code (the Submittal Requirements).
48. The Applicant has complied with the development plan Submittal Requirements.
49. The Commission has considered the criteria established by Code Section 14-3.8(D)(1)(a) and finds the following facts: *that the Commission has the authority to approve the development plan for the Project.* Pursuant to Code Section 14-3.8(B)(3)(a), approval of a development plan by the Commission is required prior to new development with a likely gross floor area of thirty thousand square feet or more located within any residential district in the City. The building addition will be a 65,500 square foot addition.
50. The Commission has considered the criteria established by Code Section 14-3.8(D)(1)(b) and finds the following facts: *That approving the development plan for the Project does not adversely affect the public interest.* Based upon the analysis contained in the Staff

Report, the evidence presented at the public hearing and the facts set forth in paragraph 42 above, approving the development plan will not adversely affect the public interest.

51. The Commission has considered the criteria established by Code Section 14-3.8(D)(1)(c) and finds the following facts: *That the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the Project.* Based upon the analysis contained in the Staff Report, the evidence presented at the public hearing and the facts set forth in paragraph 43 above, the Project is compatible with and adaptable to adjacent properties and to other properties in the vicinity of the Project.
52. Pursuant to Code Section 14-3.9(B)(3), the development plan is consistent with the Master Plan.
53. Code Section14-3.8(D)(2) provides that the Commission may specify conditions of approval that are necessary to accomplish the proper development of the area and to implement the policies of the general plan.
54. The Staff Report provided a set of conditions as found in Exhibit A.
55. The Applicant stated it will enclose the generator on the northeast side of the property with a manufactured enclosure during the early phases of the upcoming construction project. The generator in the central part of the property is already enclosed. The Applicant presented a letter from the current owner of the Physicians Plaza Building stating that the generator would be removed.
56. The Applicant stated it could limit the noise levels to 50dBA throughout the day and night.
57. The Land Use Department Current Planning's Condition #2 shall be amended to read: "Noise from generators and or mechanical equipment within the Hospital Master Plan campus at the residential property shall not exceed 50 dBA twenty-four hours a day ~~from the hours between 9:00pm to 7:00am and 55dBA from the hours between 7:00am to 9:00pm.~~"
58. The Land Use Department Current Planning conditions shall include an additional condition: "The construction hours for outside Project improvements shall be: Monday through Friday, 7 a.m. to 7 p.m.; Saturday, 8 a.m. to 5 p.m., with no work on Sunday."
59. The Applicant provided a sustainability plan, which included such items as low flow toilets and lighting fixtures, within its Application.
60. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall follow its own sustainability plan as provided in its Application."
61. The Applicant, at the hearing, stated they would not use stucco stone on the outside of the addition.
62. The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall use true stone and not stucco stone on the outside of the addition."
63. The 1985 Master Plan had a section titled: "Signing" and states a "separate study should be conducted on the sign treatment for the Hospital."
64. The Land Use Department, at the hearing, stated it would evaluate the entire campus under a sign plan, including all existing and proposed signs, to ensure the signs meet the goals of the 1985 Master Plan.

65. The Land Use Department Current Planning conditions shall include an additional condition: "The Land Use Department shall have the authority to administratively approve such signage as is consistent with the goals of the 1985 Master Plan and may do so without the need for a variance if such signage exceeds the standards in the Land Development Code."

Variance

66. Under Code Section 14-2.3(C)(3) a variance request that is part of a development plan requires submittal of the variance request for review and approval by the Planning Commission.
67. The Applicant has applied for development plan and variance requests.
68. Pursuant to Code Section 14-3.1(F)(2)(a)(vii) an separate Early Neighborhood Notification meeting is not required for variances.
69. Code Section 14-3.16(B) authorizes the Commission to approve, approve with conditions or deny the variances based on the Application, input received at the public hearing and the approval criteria set forth in Section 14-3.16(C).
70. City Land Use Department staff reviewed the Application and related materials and information submitted by the Applicant for conformity with applicable Code requirements and provided the Commission with a written report of its findings (Staff Report) together with a recommendation to the Commission that the approval criteria for variances had been met for the building heights.
71. Under Table 14-7.3-1, the maximum structure height in a C-1 district is 36 feet and the Applicant is requesting to build to 41 feet.
72. Under Section 14-5.5(A)(4), the maximum structure height in a South Central Highway Corridor Protection District is 25 feet and the Applicant is requesting to build to 41 feet.
73. The information contained in the Staff Report and the testimony and evidence presented at the hearing is sufficient to establish with respect to the Applicant's request for variances from the requirements are met in that (a) unusual physical characteristics exist that distinguish the Building from others in the vicinity that are subject to the same regulations, in that the existing structure has unusual existing characteristics in its design and configuration, including the existing triangular medical surgical bed units and their relationship and proximity to existing support services within the existing structure; (b) special circumstances exist as the location of the Building on the Property, including the connection height of the new addition is necessary to provide for a level floor-to-floor connection to the existing floors of the hospital and the hospital is subject to state and federal regulations that require a ducted return air system that adds to the structural height of the facility; (c) the intensity of development will not exceed that which is allowed on other properties in the vicinity that are subject to the same regulations, in that as result of the renovation only six new medical surgical beds will be added; (d) the variance is the minimum variance that will make possible the reasonable use of the structure, in that the request is the minimum height that would make it possible to construct the new addition; (e) the variance is not contrary to the public interest, in that the benefits associated with more private hospital rooms, include reduced infection rates, reduced patient stress,

increased patient safety and increased possibility of overnight stays by a patient's family member.

74. Under Code Section 14-8.10(G)(2), the maximum sign size in a C-1 District is 32 square feet and the Applicant had initially requested a variance and under Section 14-8.10(G)(4) the maximum sign height in a C-1 District is 15 feet and the Applicant had initially requested a variance, but Applicant withdrew these variance requests, pursuant to Findings of Fact #63-65.

CONCLUSIONS OF LAW

Under the circumstances and given the evidence and testimony submitted during the hearing, the Commission CONCLUDES as follows:

General

1. The proposals were properly and sufficiently noticed via mail, publication, and posting of signs in accordance with Code requirements.
2. The ENN meeting complied with the requirements established under the Code.
3. The Commission adopts the written report of its findings Staff Report, subject to certain conditions as set out in such report unless as itemized below.

The Master Plan Amendment

4. The Commission has the power and authority at law and under the Code to review the proposed amendment to the Master Plan and to make recommendations to the Governing Body regarding such amendment.
5. The Applicable Requirements have been met.

Special Use Permit

6. The Commission has the authority to review and approve the special use permit.
7. The Applicable Requirements have been met.

Development Plan & Variances

8. The Commission has the authority to review and approve the development plan.
9. The Commission has the authority to review and approve the variance requests.
10. The Applicable Requirements have been met.

WHEREFORE, IT IS ORDERED ON THE 3rd DAY OF SEPTEMBER, 2015 BY THE PLANNING COMMISSION OF THE CITY OF SANTA FE:

That for the reasons set forth in the foregoing Findings of Fact and Conclusions of Law, the Commission recommends approval of the master plan amendments to the Governing Body, subject to Staff Conditions and with the conditions:

a) The Traffic Engineering Division's Condition #2, which relates to the 2006 Master Plan Condition #4, shall be amended to read: "The developer shall limit access at their southernmost access point onto Hospital Drive to an entrance only, right-in/left-in ~~right-in/right-out only~~. This shall be accomplished by signage ~~constructing a raised median~~."
b) The Traffic Engineering Division's Condition #4a, which relates to the 2006 Master Plan Condition #6b, shall be amended to add: "Funds equal to the developer's contribution will be placed and held in an escrow account to be maintained by the City. The developer's contribution shall be used solely for the costs that are necessarily incurred for the design, construction or right-of-way acquisition, with either a traffic signal or a roundabout at the Galisteo/San Mateo intersection ("Improvements") and for no other purpose. Any remaining escrow funds not used for the design, construction or right-of-way acquisition of the Improvements within five years of the recordation of the Development Plan shall be returned to the Developer upon request of the Developer."
c) Traffic Engineering Division's Condition #4b, which relates to the 2006 Master Plan Condition #6d, shall be amended to read: "The TIA projects that during this phrase of development, the Hospital's northern most access onto Hospital Drive (across from Harkle Road) will fail. At the time of development, the developer shall evaluate all options, including but not limited to implementation of a roundabout~~, limit access at this location to right-in/right-out/left-in only,~~ unless a revised TIA with more recent traffic data shows that the access operates at adequate levels of service under its current configuration."
d) There shall be an additional condition to the Traffic Engineering Division's conditions which shall read: "Applicant shall provide pro rata participation in traffic calming along Hospital Drive if and to the extent such traffic calming is determined to be necessary by the Public Works Department."
e) There shall be an additional condition to the Traffic Engineering Division's conditions which shall read: "Applicant shall make improvements to provide that St. Michael's Drive is the primary access point to the property, based on review by the Transit Division and review and approval of the Public Works Department."
f) The Land Use Department Landscaping conditions, which relate to the 2006 Master Plan Condition #1, shall include an additional condition, which shall read: "Landscape improvements associated with Sheet LP-104, LP-105, and L-106 shall be installed in Spring 2016."
g) The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall expand its Internal Site Traffic Circulation Plan to study an Internal Pedestrian Circulation Plan."
h) The Land Use Department Current Planning conditions shall include another condition: "The Applicant shall return to the Planning Commission within one year to provide a review of progress and compliance with all Master Plan conditions."

That for the reasons set forth in the foregoing Findings of Fact and Conclusions of Law, the Applicant's request for special use permit and development plan is approved, subject to Staff conditions and **with the conditions:**

i) The Land Use Department Current Planning's Condition #2 shall be amended to read: "Noise from generators and or mechanical equipment within the Hospital Master Plan campus at the residential property shall not exceed 50 dBA twenty-four hours a day ~~from the hours between 9:00pm to 7:00am and 55dBA from the hours between 7:00am to 9:00pm.~~

j) The Land Use Department Current Planning conditions shall include an additional condition: "The construction hours for outside Project improvements shall be: Monday through Friday, 7 a.m. to 7 p.m.; Saturday, 8 a.m. to 5 p.m., with no work on Sunday."

k) The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall follow its own sustainability plan as provided in its Application."

l) The Land Use Department Current Planning conditions shall include an additional condition: "The Applicant shall use true stone and not stucco stone on the outside of the addition."

m) The Land Use Department Current Planning conditions shall include an additional condition: "The Land Use Department shall have the authority to administratively approve such signage as is consistent with the goals of the 1985 Master Plan and may do so without the need for a variance if such signage exceeds the standards in the Land Development Code."

Michael Harris, Chair — Date: 9/3/15

FILED:

Yolanda Y. Vigil
City Clerk — Date: 9/8/15

APPROVED AS TO FORM:

Zachary Shandler
Assistant City Attorney — Date: 9/3/15

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Thursday, August 6, 2015

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– VARIANCE TO THE "MAXIMUM HEIGHT OF STRUCTURES" PER TABLE 14-7.3-1: "TABLE OF DIMENSIONAL STRUCTURES FOR NONRESIDENTIAL DISTRICTS" TO ALLOW 49' WHERE 36' IS THE MAXIMUM; AND – VARIANCE TO THE "MAXIMUM HEIGHT OF STRUCTURES" PER SUBSECTION 14-5.5(A)(4) "STANDARDS," TO ALLOW 49' WHERE 25' IS THE MAXIMUM; AND	Approved	6-75
– VARIANCE TO THE MAXIMUM SIZE OF SIGN PER SUBSECTION 14-8.10(G)(2) FOR C-1 DISTRICTS TO ALLOW 80 SQUARE FOOT SIGNS WHERE 32 SQUARE FEET IS THE MAXIMUM; AND – VARIANCE TO THE MAXIMUM HEIGHT OF SIGN PER SUBSECTION 14-8.10(G)(4) FOR C-1 DISTRICTS TO ALLOW A SIGN HEIGHT OF 37 AND 46 FEET WHERE 15 FEE IS THE MAXIMUM	Approved	6-75

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Public Hearing

Presentation by the Applicant

Jeff Mathis, 820 Vistas Encantada, owner was sworn. Mr. Mathis said he has no comment at this time. He said, "We feel like we provided the requested information. We feel that our request does meet the intent of the Escarpment District, even though it at present violates it. We think it's the least impactful.

Chair Harris asked Mr. Mathis if he has read, understand accept the 7 conditions of approval.

Mr. Mathis said, "I have read, and we accept, the 7 conditions."

Speaking to the Request

There was no one speaking to the request.

The Public Testimony Portion of the Public Hearing was closed

MOTION: Commissioner Kadlubek moved, seconded by Commissioner Kapin, to approve Case #2015-66, 820 Camino Vistas Encantada Variance, with all conditions of approval as recommended by staff.

VOTE: The motion was approved unanimously on a voice vote, with Commissioners, Greene, Gutierrez, Kadlubek, Kapin and Propst, voting in favor of the motion, no one voting against, and Commissioner Chavez absent for the vote [5-0].

E. OLD BUSINESS

1. CASE #2015-47. 455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER MASTER PLAN AMENDMENT. WHR ARCHITECTS, INC., AGENT FOR CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER, REQUEST REVIEW AND APPROVAL FOR MASTER PLAN AMENDMENT. (DAN ESQUIBEL, CASE MANAGER) (Postponed from July 2, 2015)

Items E(1) Case #2015-47, E(2) Case #2015-74, and E(3) Case #2015-75, were combined for the purposes of presentation and discussion, but were voted upon separately.

A Memorandum dated July 29, 2015 for the August 6, 2015 Meeting, to the Planning Commission from Daniel A. Esquibel, Land Use Planner Senior, Current Planning Division, regarding Case #2015-47, 455 St. Michaels Drive Christus St. Vincent Regional Medial Center Master Plan Amendments, Case #2015-74, 455 St. Michaels Drive Christus St. Vincent Regional Medial Center Development Plan and Variances, and Case #2015-75, 455 St. Michaels Drive Christus St. Vincent Regional Medial Center Special Use Permit, is incorporated herewith to these minutes as Exhibit "6."

Copies of the following documents are on file in, and can be obtained from, the Land Use Department:

A letter dated July 19, 2015, with attachments, to the Planning Commission, from David Aube, regarding Christus St. Vincent Regional Medical Center, Inpatient Bed Wing Project;
Campus Master Plan, Approved by Resolution No. 1985-36 and amended by Resolution No. 2006-83;
Christus St. Vincent Nursing Unit, WHR Architects; and
Ordinance 1985-15.

A Memorandum dated August 6, 2015, with attachments, to the Planning Commission, regarding additional information, submitted by staff, is incorporated herewith to these minutes as Exhibit "7.

A letter dated August 3, 2015, to Gail Rapoport, with attachments, from Daniel Slavin, SVHsupport, Director of Finance, is incorporated herewith to these minutes as Exhibit "8."

A copy of *Proposed Condition of Approval regarding 17.5% fair share contribution to improvements at Galisteo/San Mateo Intersection*, submitted for the record by Jennifer Jenkins, is incorporated herewith to these minutes as Exhibit "9."

An aerial photo of the subject site, submitted for the record by Annette Granillo, Transit Division, is incorporated herewith to these minutes as Exhibit "10."

A series of color drawings used by Jennifer Jenkins in her presentation, demonstrating Vehicular Traffic Flow, Vertical Circulation & Department Adjacencies, Façade and Roof Materials, and the Campus Master Plan, are incorporated herewith collectively to these minutes as Exhibit "11."

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Chair Harris said, "Let me just state that when we have postponed cases in the past, such as the series of Las Soleras cases that we just approved the findings...we're back in the portion of the consideration that is really for the Commissioners to ask questions, get those answers and really a dialogue for the most part between the staff, the Case Manager Mr. Esquibel or any other staff members who may be present, certainly the Applicant. We do not reopen the Public Hearing, but there is specific new information that comes to light, we would ask that a representative from the Homeowner's Association can step forward and speak to that, but the public session was held a month ago, so we're just really going to focus on the Q & A from the Commissioners as well as any response on new information that may come up as a result of that Q & A. So with that, Mr. Esquibel."

Dan Esquibel presented information in this matter. Please see Exhibit "6," for specifics of this presentation. Mr. Esquibel would like to include as part of the conditions on Exhibit A, the requested conditions as part of the MPO, which was listed in Exhibit B in the new DR, noting those mainly address the trails.

Chair Harris said there is a new statement in response to the proposed Master Plan Amendment. He said before he moves into the specifics of the questions and answers that have been asked previously, as well as any new ones that may come up, he would like to hear what the Commissioners have to say about the proposed Master Plan Amendment, on which the Commissioner will make a recommendation to the Governing Body. He said a new analysis was written as the result of discussions between staff and the applicant which is comprehensive and well stated.

Mr. Esquibel said staff looked at the analysis of the Master Plan and compared it to the Master Plan criteria. There is an existing Master Plan, amended in 2006 and the requests for changes which actually change some of the conditions that were proposed and solidified under the Resolution that was adopted in 2006. Those changes are also identified in the Memo on page 3 under Scope. He said with regard to items that were not solidified based on the questions asked by Chair Harris at the initial meeting, those were included in Exhibit B, the last page starting after the DRT comments. Staff outlined which conditions were not perfected by the applicant. A building permit was issued subsequent to the Emergency Room expansion, the Surgical Center. He said at the time that went through, under the previous Director, it was deemed that because the building did not exceed 10,000 sq. ft., it did not trigger a development plan. And as such they were allowed to move forward with a building permit to construct, and the reasons these conditions weren't implemented. He said this is based on a discussion he had with David Aube, and he has no reason not to believe that is what happened since they did get a building permit for that.

Chair Harris said on Table 1, Scope of Request, on page 3 of the Staff Report, removing certain buildings and doing certain things and adding an 1,800 sq. ft. Central Utility Plan, you don't list the 65,500 sq. ft. addition. It is listed under the Development Plan.

Mr. Esquibel said that was an oversight by him, but that would be included as part of the overall master plan, and "I would state that for the record."

Chair Harris said regarding the 30 year request. The Master Plan was approved in 1985, amended in 2006, and in 2015 we're looking at a Special Use Permit in a C-1 District. He said a month ago there was a discussion about the reason it isn't zoned appropriately as HZ, a Hospital Zone. There was disagreement between the applicant and staff about what HZ meant. He said if you look at Chapter 14, it's really not clear HZ is to encompass. He said we have a specific recommendation here, and he isn't saying we should be looking at a rezoning now. He is going to propose a further recommendation for the Master Plan Amendment to the Governing Body to state something like the following, "The Commission further recommends that this be the final amendment to the 1985 Master Plan and that the further development of the Christus St. Vincents Regional Medical Center properties be in response to rezoning of the property to an HZ classification with specific criteria for a CSV Hospital Zone." He hasn't discussed this with staff, and asked what the staff, Commissioners and Applicant think about this language. He said after 30 years, we're still trying to make it work. We have a defined Hospital Zone in Las Soleras, a site of a similar size and he thinks its appropriate to start a process to define the Christus St. Vincents Regional Medical Center and surrounding properties as a Hospital Zone and what that means.

Greg Smith said, "I tried to briefly explain the history of the HZ and won't go back into that. We did discuss the alternative zoning text and map amendments as opposed to continuing variances and master plan amendments. In general, staff takes the position that a decision by today's Planning Commission and the City Council that purports to prohibit any of any future amendments, although it's clear in stating the intent, the effect is problematic in that condition could itself be amended at a future time. And the process the Commission may recommend to the Council and to future Commission, in effect... it's not coming out as a clear explanation. I do believe that the steps that you describe would be legally proper to do. And as noted in the past, staff understands the issues related to the continued amendment of a 30 year old master plan versus the possibility of a Code amendment that would make it more clear. It would also likely streamline the process for future applications. And the Commission, I suppose, might recommend master plan language regarding the Commission's intent that there not be further amendments to this master plan. The Commission might, as a separate action, recommend that the Governing Body initiate appropriate Code amendments to the HZ regulations and the zoning map."

Chair Harris said he doesn't fully understand what Mr. Smith just said, to be clear. But he thinks he heard him say he thinks there are legal issues associated with prohibiting further master plan amendments. He thought he read and understands that there is a life of perhaps 15 years to master plans within the Land Use Code.

Mr. Smith said master plans expire if not used in 5 years. Once the master plan is developed, the provisions of the development remain in effect indefinitely. The Commission or the Governing Body may grant a longer than 5 year period for explorations of phasing to do that, then they approve phasing that stretches out over a longer period than 5 years if they choose to do that.

Chair Harris asked Mr. Shandler his thoughts on how this could be brought to the Governing Body for its consideration, if it's appropriate, and without being a waste of time if it's simply not going to happen by amending a master plan that barely works.

Zachary Shandler, Assistant City Attorney said, "I'm focused on the verb 'recommend.' I think that may alleviate any legal concerns. I'm now doing research on when master plans expire, and I'll try to get back to you once I find the appropriate citation."

Mr. Esquibel said Legal Counsel has indicated, when the Planning Commission makes a recommendation to the City Council, it is a non-binding recommendation. It is up to the Governing Body to consider the recommendation and take it a step further. He said by making a recommendation to take it from a master plan and special use permit to an actual zoning classification for HZ, it's not necessarily a waste of time, it's what the Commission has vetted during the process and made and recommended to the Governing Body. If one of the Councilors finds it's a good cause and wants to sponsor that bill, they have the ability to initiate that process, but that's where it would go.

Chair Harris said this is the reason he began with "further recommends." He understands it's a recommendation, but he thinks it's worthy of discussion. He asked the Commissioner's thoughts.

Commissioner Greene said he kind of agrees, but he doesn't like the idea of kicking the ball down the court, but he likes the opportunity with the applicant, because "we as a body can start that process. And maybe we as a body want to start the HZ rezoning process here today and get staff to start that process."

Mr. Smith said, "Working from memory, amendments to the zoning map, and amendments to the zoning text may be initiated by the Planning Commission in theory and practice. The procedures of the Governing Body require that there be a City Council sponsor before a bill is introduced to the Governing Body for formal consideration."

Chair Harris thinks a Master Plan amendment now would be appropriate to move things forward in some fashion. He is thinking about a year of discussion while the site is being worked on, the neighbors are involved and people are thinking of the Christus St. Vincents Regional Medical Center and what it means. We heard testimony last month they plan to be there 40-50 years as reflected in the minutes, and he expects them to be there. He said the option of amending a master plan every so often that is already outdated and hard to read – it's appropriate to ask the Governing Body if it's worthy of discussion. He thinks they would send it back to us if they agree.

Mr. Smith said again, in terms of the amendment, it is clearly within the purview of the Planning Commission to apply for rezoning in preference to pursuing future Master Plan amendments.

Commissioner Kadlubek said he is interested in knowing what HZ actually is in its current form. He said we heard testimony from the applicant when we last saw this case, that HZ isn't a zoning that would serve a hospital, ironically. He said he would feel more comfortable about making a recommendation if he understood what HZ is more fully. He said our intention should be to have some agility here, especially with an institution that is going to be serving the public and the public good for the next 50 years, and should have that agility to serve as efficiently as possible. He doesn't know if HZ is the right zoning, and if that needs to be modified. He said another question would be an explanation of how the Las Soleras HZ zoning was put in place and how that was modified to serve the hospital in Las Soleras.

Mr. Smith said, "In a brief recap of the history of the various iterations of the HZ, in the timeframe of 1985-1986, I believe several things happened. First, the Hospital site was zoned C-1. As conditions of approval in that C-1 rezoning, the Governing Body approved as part of the Hospital Rezoning Ordinance, a requirement that there be a Master Plan they approved by Resolution, a Master Plan for a hospital campus all in the C-1 District. During that same several year time period, shortly thereafter, the Planning Commission and Governing Body adopted the Highway Corridor Overlay District, and also within that same several year timeframe, they adopted the HZ Hospital Overlay Zone, it was called at the time. And the HZ zone, when it was adopted, was intended to provide to accommodate small scale, primarily medical office related businesses in the area generally north of St. Michael's Drive within several blocks primarily west of the Hospital, and that is where it is applied today."

Mr. Smith continued, "In 2007-2008, the Hospital Zone was amended, its purpose expanded to make specific provisions for the Las Soleras Hospital Zoning site, so there were specific provisions. In the two subdistricts, St. Vincents Hospital Subdistrict and Las Soleras Hospital Subdistrict, were created in 2007. So currently the Hospital Zone has two very distinct characteristics. It is intended to accommodate small scale office development in the vicinity of the St. Vincent Hospital, and it is intended to accommodate the very large scale hospital that is intended to be build in the Soleras District."

Commissioner Propst said the question is, is an HZ Zone going to make this process easier the next time the Hospital wants to do something. And if the answer is yes, then we should think about that.

Chair Harris said in his opinion he thinks it would be easier with a broader set of criteria to which the applicant could respond without getting into some of the specifics that we find ourselves dealing with now. He said it would be no small matter to get to a definition that would be workable for all parties.

Mr. Esquibel said that is correct. "The zoning would allow you to establish development standards specifically for that particular area you are rezoning. Where a height variance may be required, you might establish height standards and only if they were breaching that height standard would they need a variance. Setbacks would also be incorporated, terrain management standards would fall under the same standards. There are specific criteria you can develop specifically for this hospital, taking into account all of the areas such as the South Central Highway Corridor, the area surrounding the residences and including what is need in order to identify the scope of the Hospital needs. So when they apply, it would meet that criteria specific to that Hospital Zone as they ran through the application process, and whether it triggered a review before this body through those standards, or they were able to apply under administrative review, those development standards specific to the Hospital Zone would kick in. Rather than special use and variances.

Chair Harris said, in his opinion, for example, the South Central Highway Corridor, as it applies to the 600 feet of frontage that Christus St. Vincent has, doesn't mean a thing. There are a lot of hoops have been created over time that are no longer appropriate. He thinks a process should be considered to bring everybody current.

Commissioner Kapin asked Mr. Smith to further clarify the difference. She understands and can see on the map around Christus that some of the smaller areas are zoned HZ where there are medical offices and support. She asked what got updated to Las Soleras that sets it apart. She can see how these two things are very different. After that, she would offer an example that she learned last time about the zoning, and how she thinks it could be useful.

Mr. Smith said, "The Soleras simply added a completely independent provision that established a height limit for a hospital building in that zoning district that was created for the Las Soleras HZ Hospital District. There were also... at that point the Council added language to that in terms of the need to review various hospital need type issues, in economic demand and supply of hospital services provisions that were added with regard to the Soleras Hospital District specifically. So as Mr. Esquibel points out, and I stopped short of saying in my previous response, the point would be to add a third set of provisions that would be specific to the form of the review process for the St. Vincents Hospital future expansions."

Chair Harris recognized Jennifer Jenkins for remarks.

Jennifer Jenkins, Agent for the Applicant, was sworn. Ms. Jenkins said they could not agree more on this question that it is appropriate to pursue a rezoning classification. She said they will be writing a zoning classification that does not exist currently. They have what was done for Las Soleras which was created in the EZ when that property was still in the County. She said there are elements there that could serve as a template for a Hospital Zone for an acute care facility like St. Vincents. She said, "It's a square peg in a round hole, with respect to the current C-1 zoning. To create something that is appropriate and reflective of this facility, we would agree. And we actually have every intention of connecting with staff once we are through this process and get construction underway, about what are the steps to collaborate with staff and actually widen the zoning classification."

Ms. Jenkins continued, "They have no anticipation of master plan amendments that may come up, and it's not a process they would invite in the future." She said they can't control the outcome of the process. It will be completely discretionary on the part of the Governing Body to engage in it and/or to approve a zoning classification. They have to approve a new Ordinance that creates it, and then they have to approve a rezoning to that, which could take years. She said they would welcome a separate motion to the Governing Body encouraging this, and they are completely on board. However, a prohibition against additional master plan amendments would be problematic if something comes up that is unexpected with respect to the site, or an additional improvement that would necessitate where there is a process we don't have 100% control over, that would definitely be problematic.

Chair Harris thanked Ms. Jenkins for her input.

Commissioner Greene asked the Chair if he would like to treat this as a condition of the Master Plan, as a condition to put a timeline that the Applicant has to start applying and working with staff to develop this.

Chair Harris wants to state it in some fashion, noting Mr. Smith talked about the legality of finality, saying his language isn't appropriate in terms of a final amendment, and perhaps we can take a stab at it while we're having this discussion.

Commissioner Propst asked if she understood staff to say they want a separate motion for this outside the conditions of approval.

Chair Harris said we are providing recommendations to the Governing Body for the Master Plan Amendment, and it is outlined for us in the staff report. He was considering expanding on the recommendation, commenting perhaps it is more appropriate to have a motion. He asked Mr. Smith and Mr. Shandler to comment.

Mr. Smith said, "It's possible to conceive of a motion that limits the time within which an application for a master plan amendment you might imagine conditions of approval. You might be able to create conditions of approval that would effectively the Applicant to either apply to amend the Master Plan in an unusual way, or to file a completely separate application. I hear Commissioners mentioning conditions of

approval of this Master Plan Amendment that requires them at some future date or by a future deadline to pursue a separate action. In general, I think it would be cleaner if the Commission acted on its conditions of approval for this application, and then a separate motion with regard to their advice to the Governing Body and the Applicant with regard to future applications."

Chair Harris said then you're recommending a separate motion, and Mr. Smith said he believes it is the most simple and clear way to do it.

Commissioner Kadlubek said it seems as if this is a decision that probably should be made ultimately by the Governing Body and not added to this current case. It seems to be a larger discussion and should have a bit more breathing room than tied to something that is so urgent and immediate.

Chair Harris reiterated that we are recommending as worthy of discussion and possible movement – letting them know our thoughts as the result of working through this case.

Commissioner Kadlubek reiterated he thinks it should be a recommendation to the Governing Body rather than a condition of approval. He said we are going to recommend that the Governing Body recommend amending the HZ zoning, that we also take into consideration the need to bring the interests of the neighborhood into it. He said that way the surrounding neighborhoods aren't placed in a whole new zoning category that could have more intense repercussions.

Commissioner Kapin asked the harm in creating a condition with a timeline that it needs to be initiated by the applicant at a certain point, commenting she thinks this would be productive. She said the neighborhood is engaged, the Applicant is engaged, things are happening and there is discussion of this building being improved in the future – that is anticipated even if it's 10-15 years down the road. She wonders the harm in such a condition.

Commissioner Gutierrez said Ms. Jenkins stated that they do agree the zoning needs to be changed. He asked if they were to bring it forward, do they need to find a sponsor on the Governing Body.

Mr. Esquibel said an application by the Applicant would come before this body and then it would go to the City Council. He said an application that came from the City needs to be sponsored by one of the Councilors in order for it to move forward.

Commissioner Gutierrez said St. Vincents is thinking the build-out is about 18 months.

All those speaking on behalf of the Applicant were sworn en masse at this time

Jason Adams, Chief Operating Officer, Christus St. Vincents was sworn. Mr. Adams said with regard to the timeline, the new portion of the building is about 18 months, and then they will go back and do the refurbishment component which will take 2½ to 3 years, depending on what they run into with their NEP systems. The project is defined by two very distinct phases with new construction versus refurbishment. He wanted to make sure this is clear in terms of the overall timeframe.

Commissioner Chavez arrived at the meeting

Commissioner Gutierrez asked if the new construction would require a Certificate of Occupancy and Mr. Adams said yes.

Commissioner Gutierrez asked if we're thinking about an 18 month timeframe, and Mr. Adams said approximately.

Commissioner Gutierrez said since we're talking about timelines and "you guys have said you are willing to come in, what if you ask for a condition of approval to start at 12 months and make sure the ball is rolling before the CO is issued. He said the neighbors have said several things were left undone in the last project.

Mr. Adams said, as discussed at the last meeting, in terms of being able to receive the CO for the building, all those Master Plan requirements we've discussed previously must be fulfilled prior to receiving the CO, so he thinks that is the neighborhood's protection in terms of assuring it is completed. He said, "Since it's a process we don't completely control, I'm hesitant to say I can't get a CO for a $40 million building until this process is moved along. We can certainly submit a letter of interest stating we would like to work with the City to create a true acute care hospital zone, and I think that's very important to define this as an acute care hospital and not just HZ. It is his understanding the HZ has some specifics for medical office buildings and things of that nature that may or may not apply to our campus. So we can certainly submit within the next 6 months a letter of interest to start that process, but to withhold the CO associated with it making or having any traction or movement, I'm a little concerned about that process."

Commissioner Kadlubek said where he sees the harm in adding this as a condition of approval, is that this is not the Applicant's problem. This is the City's zoning problem. He said by attaching it as condition of approval for the Applicant, we're putting something on the Applicant's shoulders that needs to be done by the Governing Body through Land Use – to come up with proper zoning for a hospital. We would be tying them to a large bureaucratic process that should be happening "for them, not by them."

Commissioner Greene said there can be some give and take, because the Applicant is asking for something. He said we need to keep open that they're willing to work and maybe think about some sort of timeframe.

Commissioner Kapin asked if the rezoning is initiated by the Applicant, if it could just get into process versus having to be initiated by a City Councilor. Are these the two options – the same outcome, but one initiated by the Applicant and could go straight into work with Land Use.

Mr. Smith said, "Two general procedures. One is the procedure for amendment of the Zoning Map, and any property owner may apply to rezone his property to any existing zone district, given consistency with the General Plan and other application requirements. Christus St. Vincent could apply to rezone the property to the HZ Hospital District. However, the complication is that the text of the Ordinance does not envision a specific standard or bridge of allowed uses. So it also has to be a text amendment. The standard process for text amendment is different and typically does require a Council sponsor. I

would imagine that if the Commission provides strong direction/strong recommendation to the property owner and the Governing Body, and the Governing Body accepts that recommendation, then the staff and the Governing Body and the Applicant will be able to work out that application process. Yes, it works at the Applicant's initiative, if the Council accepts the Commission's recommendation, staff and the Applicant will be able to make that process work."

Commissioner Kadlubek said it seems like the larger problem here is that we don't even have the zoning right now that is appropriate to even apply for.

MOTION: Chair Harris moved that the Planning Commission recommend that the Governing Body and the Applicant consider a process to effect a rezoning of the Christus St. Vincents Regional Medical Center to an HZ zoning classification with specific criteria for a CSV Hospital Zone.

DISCUSSION PRIOR TO SECOND: Commissioner Kadlubek would like it to say "initiate" rather than "consider," and to include language that the Applicant wishes to have it to be specifically designated as an acute care facility.

Chair Harris said we are discussing about the acute care facility primarily, but that's not the only property that is within the Master Plan. The acute care facility is one element of a proposed Hospital Zone. The proposed Hospital Zone would have specific criteria for the outliers. It's really a medical campus in that sense, and the reason he wouldn't limit it to acute care.

RESTATEMENT OF THE MOTION: Chair Harris moved, seconded by Commissioner Kadlubek, that the Planning Commission recommends that the Governing Body and the Applicant initiate a rezoning of the Christus St. Vincents Regional Medical Center properties to an HZ classification with specific criteria for a CSV Hospital Zone.

DISCUSSION: Chair Harris said this is the rough outline of a motion and he would ask Mr. Shandler to clean up the motion, and asked Mr. Shandler if that is acceptable if the motion is approved.

Mr. Shandler said yes.

VOTE: The motion was approved unanimously on a voice vote, with Commissioners Gutierrez, Chavez, Greene, Kadlubek, Kapin and Propst, voting in favor of the motion and no one voting against [6-0].

Chair Harris said now we can move to the Old Business which we discussed a month ago. He said there were a lot of issues related to the Development Plan and Special Use Permit. He said he would propose that we discuss traffic first of all, which probably is the one that needs the greatest attention.

Chair Harris said, "We had an initial TIA, we had a supplementary TIA. I would maybe ask, just to get the ball rolling if either Mr. Romero or Mr. Gomez want to speak to the supplemental TIA that talked primarily about the warrants associated with a possible signalization at what we're calling the main entrance on St. Michael's Drive. Mr. Esquibel."

Mr. Esquibel said we have someone from City Transit in attendance since you indicated you may have some questions.

Mike Gomez, Santa Fe Engineering, Professional Traffic Operations Engineer for applicant [previously sworn], said after the last meeting they went ahead and did a warrants analysis based on the existing traffic counts we had in 2015. They modified the intersection to allow all movements to encourage the traffic signal. When they did the warrants analysis they notified the Department of Transportation, the State Traffic Engineer and the District 5 Traffic Engineer. He said, "We went over the warrants and basically the bottom line is that we do not meet any warrant for a traffic signal. The warrants for a traffic signal are a necessity before you can put in a traffic signal. There is no variance process for that. There is a variance process for the distance between signals, provided that you can show that it will not have an adverse effect on the corridor. But as the DOT stated, until we meet a traffic warrant, they would not consider a signal at that location."

Mr. Shandler asked, "Before you leave Mr. Gomez, what about the entryway for the storage shed. Wasn't there some information from the State about that."

Mr. Gomez said, "Yes we discussed it, and St. Michael's Drive is owned by the DOT, but it's my understanding that the City of Santa Fe has permanent authority on that road. So we presented different options to the DOT staff, and they came back late today and said they would prefer that any driveway use the internal system within the Hospital. But this is a permitting issue, and it's been shown in every Master Plan and previous Master Plan and it's been approved for CS & E. So we think this is something that can be looked at in the future in the permit process where we can go ahead and have an access somewhere in the south at an undetermined location."

Responding to the Chair, Mr. Shandler said, "I was privy to an email this afternoon and I wanted to make sure that got on the record."

Chair Harris said he saw the 3 options, and what was proposed initially by the architect. He said as a permitting issue it has to do with alignment with curb cuts on the other side of St. Michael's Drive, and as you say, that would be worked out at a future date. He asked Mr. Romero if he has anything to add.

John Romero, Director, Traffic Division, said, "It would be a permitting issue, but the key word is issue. It is still a DOT facility. We are the people that supply and approve the permits, but we do it in coordination with the DOT. We wouldn't do anything they wouldn't want us to. That being said, even if this was a City road, the DOT brought up a very good point. And that fact is that they would not, nor would I, recommend a full access at that point due to the fact there would not be enough room for a left turn/ deceleration lane into that. So the example the DOT gave was, if a person is pulling a trailer out of the Hospital with supplies, gets onto St. Michael's Drive, has to make a right, has to make a u-turn, then there wouldn't be room for a left turn bay for them to turn into that to that separate little site."

Mr. Romero continued, "I agree with their recommendation after seeing their reasons for it, basically that no access would be granted and that they would recommend they resolve it with internal circulation. Now the process would be, if they would submit an access permit to my office, I would deny it based on all that. And then there would be an appeal process to the City Council and without further research, I wouldn't know how much authority Council has on that appeal process, being that it is a DOT facility. I believe in Chapter 23 of City Code, separate from land development, there is an appeal process, and Chapter 23 is in regard to driveway permits. It could be intended for City streets. Again, if it is a DOT street we don't own, I would think that the Exchange Agreement that governs our authority to permit the access with concurrence from the DOT would govern whose ultimate authority it would be for that access, if that makes sense."

Chair Harris said that doesn't preclude the approval of a master plan, noting the amended master plan anticipated two buildings and didn't demonstrate how those would be accessed. If a permit wasn't okayed by the DOT, it would have to be accessed internally.

Mr. Romero said what he would suggest if you wanted to leave the development of that site in the Master Plan that we don't provide any specificity as far as access in the Master Plan.

Chair Harris recognized Ms. Jenkins for remarks.

Ms. Jenkins said she agrees with "John's last statement, that we leave any specificity about the access point out of the master plan again. There's a whole process in terms of permitting any new access to St. Michael's Drive. I just want to point a key element to this, is that it is a separate legal lot of record, Tract D. We could sell Tract D tomorrow to Dr. Mann who wants to build his doctor's office there. It is zoned for that use and they cannot be denied access to a public way. They can be provided limited access. The DOT stated that right-in, right-out only would work, which would mandate some u-turns at the adjacent signals. The concern with right-in, right-out only was just proximity to adjacent driveways. And there is a variance process to the DOT and that comes up a lot where a driveway is needed to access a legal lot of record, but there is a proximity issue, so you go through a variance process with the DOT. But I agree that this is a level of minutiae that is not critical to the Master Plan and we're showing the potential building there, but the Master Plan doesn't permit to build anything. We have to go through further processes to permit that, and we are comfortable with that approach."

Mr. Romero said, "Ms. Jenkins, your statement brings up another good point. Say, for instance, since it is a separate lot and we don't establish an easement as part of this Master Plan, which I think we can, an internal easement from this lot through the bigger Hospital lot, if we didn't do that, would the proposed use as identified in the Master Plan be appropriate with the right-in, right-out access. How would you be able to use this lot for it's intended use as identified in the Master Plan as a maintenance yard if you only had right-in, right-out. How would maintenance vehicles get from the bulk of the Hospital campus to that site with right-in, right-out. To me, it is appropriate for the Master Plan to determine that. If a right-in, right-out is not appropriate, then a recommendation would be that an easement be granted between the two lots that are governed by the Master Plan."

Chair Harris said this is one of the categories of a special use permit, and we can require that.

Ms. Jenkins said she would remind the Commission that there is an arroyo that is also a designated FEMA flood plain that separates Tract D from the main part of the campus. Any potential development on Tract D would not financially support the construction of a bridge over a FEMA flood plain to get to two buildings. That is a financial infeasibility, to deal with the Army Corps of Engineers in a 404 Permit, and dealing with FEMA to build a private bridge over a riparian corridor doesn't seem like a real feasible solution in that regard.

Chair Harris said it might not be feasible today, but we're talking 40-50 years in the future.

Ms. Jenkins said a right-in, right-out does work. That's why the U-turn approach Mr. Romero supports in other parts of town is an appropriate methodology to create safe access. They're comfortable with a right-in, right-out.

Commissioner Greene said the building is problematic for storage, so if access across the arroyo becomes an issue, it seems like a campus building should be internally connected. If the use changes in the future, the building is built and it is retrofitted to something else, the access becomes another level of issue without going before this Board. He asked if the building on that site is too problematic to be solved with a right in, right-out and no internal.... he asked if there another place for storage – Is there 10,000 sq. feet somewhere that makes better sense.

Ms. Jenkins said the reason that site was located to accommodate necessary storage was to enclose it, and to keep it away from the other neighborhood. The other options are to the north, and it creates more impact for adjacent neighbors, so this area was identified as preferable.

Chair Harris questioned whether we need to place an easement to define it. He thinks it is up to the Applicant to solve the problem if they develop that property.

Chair Harris said he wants to move on to discussion of Hospital Drive, commenting conditions were imposed in 2006, and we saw a TIA that the 2006 condition said right-out only from the southernmost curbcut entrance. He said what we heard from the TIA and what Mr. Romero agreed to in writing in the packet is that right-in, right-out would be appropriate at that location. There has been discussion since then, and a condition about emergency vehicles and the route they need to take to the emergency room, was brought up by Mr. Shandler.

Mr. Romero said the concern that was brought up, was if an ambulance was to respond to something on Galisteo north, how would they want to enter the campus to get to the emergency room. He referred the question to someone from the Fire Department.

Fire Marshal Rey Gonzales said the review he did revealed two hydrants in that location, and when there is a general alarm, 3 fire stations respond, and they will be coming from all 3 directions – Station 3 on Cerrillos Road, Station #1 on Murales, and Station #4 next to the Hospital. He said limiting access to that driveway may cause a delay.

Chair Harris said then that would apply to emergency vehicles as well.

Fire Marshal Gonzales said that is correct. He said one hydrant has been identified at the southernmost curb cut, and asked where is the other hydrant on Hospital Drive.

Fire Marshal Gonzales said it is directly across from Harkle. He said you could put a drive over median there that would give them fire access from both directions.

Chair Harris asked if he is referring to the northern or southern.

Fire Marshal Gonzales said either one, because they have a hydrant at both.

Mr. Romero said his understanding from the Fire Marshal is they need access and that would rule.

Chair Harris asked if that means we're going to have basically full access at the southernmost curb cut.

Mr. Romero said it would if it was a two-way entrance, but if it was an entrance only it would allow only left-ins and items which would alleviate his concern about the left-outs so close to the intersection with all the traffic coming back from the signal.

Chair Harris asked if there is room to define a left-in only that would allow the stacking that occurs southbound if you're trying to get onto St. Michael's Drive and turn left onto St. Michael's.

Mr. Romero said it would be allowed with striping similar to what we have right now. It would be the same situation, other than internal signage that does not allow people to exit out of that location. So, as far as Hospital Drive, it will look exactly the same. It will be striped the same because right now left-in is a permitted movement with the striping we have. So we would leave the striping the same as it is right now.

Chair Harris asked if there is left-out activity at that intersection.

Mr. Romero said right now, the intersection control is full access, so left-ins are permitted with the current signage and striping so nothing would have to be changed to allow the left-in, it will just continue to be accommodated. He said to prevent left-outs internally in the hospital, they would have to place "Do not enter" signs wherever that road begins internally.

Commissioner Greene asked if there is a better location for the hydrant, and asked if it is critical it be so close to the intersection, and if there is somewhere internally that would be more useful – what are the goals of that.

Fire Marshal Gonzales said the hydrants are quite costly. He said in terms of access to the existing hydrant, they can work with the conditions if they do want to move it to a different location. He's just going off what exists now.

Commissioner Greene asked if the other two hydrants are sufficient to cover the general area of the Hospital.

Fire Marshal Gonzales said at this point they are, but with the proposed extensions to the Hospital, they are required to meet more fire flow requirements, which will require more hydrants and more water accessibility.

Commissioner Green said, "And these proposals, currently, would require the third hydrant."

Fire Marshal Gonzales said, "Yes, and what is existing now is required in place."

Commissioner Greene asked if the location in the middle of the construction would be a better place closer to the facility than having to string hoses 400 feet.

Fire Marshal Gonzales said, "My understanding, what they require in terms of hydrant placement, is the City Water company doesn't like putting them on private property due to the maintenance, so that's also one of the conditions required when they put hydrants."

Commissioner Greene asked if that fixes the traffic problem.

Fire Marshal Gonzales said, "As long as we have access to it, and it's within the distance required for the construction, the Fire Department is okay with it."

Mr. Shandler said, "Let me just try to clarify. We're talking about the southern intersection or the southern entrance at Hospital Drive. It seems we've talked about at least 4 different options: the *status quo*, all 4 *[inaudible]*, another option would be 3, which means left-out would be prohibited, but everything else would be allowed. Another option we talked about is 2 which would be right-in, right-out only and then another option that was talked about before was to make it a one-way. I just want to try to summarize some of the different options that you've heard so far."

Chair Harris said one-way, in the sense that it's entrance only from Hospital Drive it would be right-in as well as left-in, which is what we've heard the Fire Marshal say, not only for purposes of access to hydrants, but in an emergency situation if an ambulance is coming from the north, they need to turn left into that southmost entry. He asked Mr. Romero if that would be his recommendation of all the things we've talked about for the southernmost entrance.

Mr. Romero said, "My recommendation would have the southernmost entrance an entrance only, and left-in and right-in both allowed."

Commissioner Kadlubek asked for clarification, if the more northern entry and exit would be for a four-way, right-in, left-in, right-out, left-out.

Mr. Romero said, "Yes. There are two more access points north of the Emergency Room access point and both of those have always been recommended to be full access. The TIA has shown that they operate adequately."

Chair Harris said the conditions do say at some point the northernmost will fail. Again, #4 conditions, Condition 4B, "TIA projected during this phase of development. The Hospital's northernmost access onto Hospital Drive will fail. *At the time of development, the developer shall limit access at this location to right-in, right-out, left-in only, in other words, no left-out, unless a revised TIA with more recent shows the access operates.* He is a little confused about where it stands."

Mr. Romero said you are correct and we need to talk about this today. He said it is projected with a 1% traffic growth per year on Hospital Drive, and the left-out at Harkle in the year 2027, 10 years after implementation, that it will start to marginally fail. He said he put a caveat on the condition that when the time comes we will want to reanalyze it, because he thinks 1% traffic growth is fairly conservative and doesn't believe traffic will grow that much over that long a period, so there is a chance it wouldn't be anything.

Chair Harris said the way the main entrance on St. Michael's is now, which does not permit a left-out, that even more people will be leaving the Hospital site onto Hospital Drive, and that the concern expressed in 2006 and again in 2015, is that if the traffic is really only practically able to turn right, we're just talked about the northernmost that is projected to fail at a certain time. Although, Mr. Romero thinks it's based on a conservative assumption, let's assume it failed. We also know the intersection of Galisteo and San Mateo is projected to fail, we know there's been a discussion about a fair share contribution. We know the Applicant wanted to restrict that to 5 years, which he personally would oppose. He also doesn't like the notion of anybody's capital being set aside for years and years and years. He thinks those capital resources should be put to work whenever possible.

Chair Harris continued, "I had a discussion with Mr. Romero today about the possibility of putting a roundabout at the intersection of Harkle and Hospital Drive that I felt would solve many of the problems. We know one of the conditions from 2006 is also pedestrian at that intersection. We also know, in terms of traffic calming, we can't do anything vertically, no speed tables or anything like that, but there is the possibility of horizontal measures being implemented. To my way of thinking, a roundabout, a focus of the fair share contribution and trying to put the money to work at that location would serve everyone's interest pretty well. It certainly provides an easy way to leave the Hospital if you're using that intersection to go any direction you want. If you come out of the Hospital at the southernmost, you would do what I do when I am leaving Sprouts onto Zafarano and I cannot get across to Lowe's or turn left. I simply go down to the roundabout, 100 yards down the road and do a u-turn legally, comfortably, safely and then I'm headed back in the direction I want to go. This is what I talked with Mr. Romero about, so maybe you could expand on that a little bit. And also I know that this came up mid-day and it was presented to the Applicant very briefly sometime this afternoon. And I don't think they've had much chance to really direct it, but I think it's worthy of discussion. Do you want to add to what I've just said then, Mr. Romero."

Mr. Romero said he appreciates that if at all possible, saying they don't want to be taking money and holding onto it for some undetermined amount of time. He said regarding placing a roundabout at that intersection, it would have benefits, and left-outs from the campus at that location would be a lot easier. He said if you leave the Emergency Room you can still make a left-out, and a lot of people wait for 15 minutes or more to make a left-out. He said at the Harkle intersection, since the TIA doesn't demonstrate a failing implementation, but it does demonstrate a potential one 10 years out. He would be comfortable amending his condition where it says to prohibit left-outs, subject to a revised traffic study and revise it to say implement a roundabout, subject to a revised traffic study saying that it's not needed.

Commissioner Greene asked why not have a smart traffic light to use technology to solve in and out as opposed to the brute force of traffic circles and things he finds more complicated.

Mr. Romero said, "As odd as it seems, we do have traffic signals and they do detect cars, it's not a new technology what we have. And it's for the same reason he wouldn't recommend placing a signal here is it would not meet warrants. In addition, it wouldn't meet federal guidelines. If we were in the habit of placing signals at every possible driveway that would make it easier to make a left out, we would be placing a lot of signals throughout the entire City. Another thing that happens with signals when unwarranted, it increases crashes because people start ignoring them because there is very little side street traffic, especially when it turns red on the main street to let out 1-2 cars and the red stays on for the required minimum time, people start running the red light causing crashes, things like that. That's the reason I would recommend placing a signal at that intersection."

Commissioner Kapin said she was opposed to taking away the left turn from the southernmost drive because she didn't want send more traffic to the neighborhood. She asked, "But with a roundabout at the northernmost driveway could the... I'm getting confused about this, could the southernmost one just be entrance only... would you still suggest that, would you recommend the southernmost one be entrance only... and a right, I'm getting a little bit tongue-tied."

Mr. Romero said, "Yes, I would. And for the analogy used with Sprouts, some of us do make a right and make a u-turn, but there are a lot of people that wait there to try to force that left turn out. They figure the shortest distance is the most efficient one, and oftentimes, it's not."

Commissioner Propst said, to try to move toward a resolution, it seems that for the southernmost access point we have a pretty strong recommendation based on the emergency access, but also the concerns about crashes near there, so that seems pretty reasonable. She's lived in the neighborhood a long time herself, and the entrances are not that far apart from one another, and they're visible. There's not a lot of trees blocking them, so she thinks people would pick up on the fact that they could go down to the roundabout pretty quickly if they needed to, or see that's a better place to come out if they want to go left than even having to turn right and then go around the roundabout, so it seems like something we should amend. She likes his suggestion.

Commissioner Greene said if we're doing a roundabout there, we're probably moving the fire hydrant, so we would be moving the fire hydrant either way.

Commissioner Propst said it sounds like the recommendation is to take a look at this down the road in 10-12 years, so not to do a roundabout tomorrow.

Commissioner Kadlubek said he thinks it would be part of the condition of approval for it to read, "*At the time of development, the developer shall implement a roundabout unless a revised TIA with more recent traffic data shows that the access operates adequately as a service,*" so it doesn't seem like 10-12 years."

Mr. Romero said, "So the analysis looked at a hypothetical horizon there, so for the next phase of development after this, we would then reevaluate it, so what Commissioner Kadlubek said is correct. It's not a finite 10 years. So if they come in 5 years down the road and we analyze it, and it fails, then okay. If it doesn't then we keep on moving."

Commissioner Kadlubek asked what happens if San Mateo and Galisteo fail with the southernmost entry being right in, left-in.

Mr. Romero said right now, it's on the cusp of failing. Any increase whether it's the Hospital *[inaudible]* is going to cause it to fail.

Mr. Kadlubek asked if making the southernmost entrance only and making Harkle a roundabout, will we still see failure at San Mateo and Galisteo.

Mr. Romero said yes. At any point in time, if any traffic growth occurs there will be failure.

Commissioner Kadlubek said having a roundabout at Harkle does not change the fact that we still need to deal with San Mateo and Galisteo and possibly have a roundabout at Galisteo and San Mateo.

Mr. Romero said, "Correct."

Commissioner Kadlubek said then we're asking the applicant to cover the cost of a roundabout at San Mateo and Galisteo, and the new recommendation of potentially covering the cost of a roundabout at Harkle and Hospital.

Chair Harris said not necessarily. He said, "When I expressed this to Mr. Romero, I did not think it would be appropriate to try and do both."

Commissioner Kadlubek said it seems this would serve some issues at Harkle and Hospital, but we still would have to deal with the issues at San Mateo and Galisteo. He asked the Applicant how they feel about the Harkle/Hospital roundabout idea.

Ms. Jenkins said, "Generally, in concept, I think it could serve at some point in the future. I think it's very important to remember that intersection works fine today. With this application, we're not creating issues. We have left-out movements there at that intersection. What is an imminent issue is Galisteo and San Mateo, and we have a mandate per our Master Plan to contribute to that solution. And contributing and solving Galisteo at San Mateo is a more imminent issue which is also important to the neighborhood to see that solved. And so yes, and actually, I'm going to go ahead and *[inaudible because Ms. Jenkins moved away from the microphone to hand out Exhibit "9" to the Commissioners].*"

Ms. Jenkins continued, "And to that point and yours, Chair Harris, with respect to our request that there be some time limit with respect to how long the City can retain those funds without spending them. We discussed this with Mr. Romero and we agreed that the funds definitely could be used within any 5 year period for actually designing whether a signalized intersection or roundabout at Galisteo and San Mateo... use it for design and hopefully use it for construction. But it's after 5 years, whatever is left over if they haven't spent it all.... and I can tell you it's easily going to cost $84,000 to design something there. That's easy. So the moneys we are contributing as our fair share contribution could very likely be spent in the next couple of years. So this is a revised condition that we have crafted for your consideration that addresses the monies to be used for design, because you have to design it before you can build it. And we would appreciate your consideration, because again, any funds left over could be returned after 5 years. So I just wanted to call that to your attention."

Chair Harris said then Ms. Jenkins is saying that the fair share contribution, 17.5%, is equivalent to approximately $84,000.

Ms. Jenkins said that is their guestimate right now, but they will be doing a full engineer's estimate.

Chair Harris said he is certain that to design that will not cost anywhere $84,000. He still has the same problems with returning the money. He said he has problems with the money is sitting there doing nothing, and with returning the money if it isn't used.

Ms. Jenkins said this is their effort for a compromise to allow the funds to be used in a more interim fashion before they're ready for construction, so the funds aren't wasted and can be put to good use.

Chair Harris said what led him to this is an anticipation of a failed intersection. He agrees that it is working now, the northernmost, but it is a real tool to turn the traffic away from the neighborhood.

Unidentified said if we have an entrance only and we already have a four-way out, a right-in right-out, left-in left-out, then why does traffic need to a do a u-turn at any point any way. They're not coming out of southernmost, and if they're coming out of the northernmost, they can turn left.

Ms. Jenkins said at the last meeting you asked us to study the access on Hospital Drive closest to St. Michaels Drive with the southernmost access to study what would the benefits or negative impacts be of eliminating the right-out, so northbound. So eliminating a right-out at this location to go northbound, and they studied it. There was no measurable benefit to eliminating the right-out, zero. She said it doesn't

benefit anything. The traffic engineers are telling you there is no measurable benefit to doing this. She said these are important decisions in how public rights-of-way are being used, and she thinks it's very important that we allow the expertise and data to inform those decisions. She said there is perception, but we can't allow perception of some possible maybe benefit to rule our decisions in this regard. You asked them to study it, they did and they get answers, so let's get the benefit of those answers.

Chair Harris said he thinks the roundabout provides a safer access for pedestrians and he also considered traffic calming measures, so it's not just turning the traffic away.

Ms. Jenkins said, using maps of the subject site on the overhead, "And one thing I want to point if I may, Chair Harris, I apologize. This, the access before access at Harkle here, that's how ambulances come in. They come in the back door when they are arriving with patients. The public access is the emergency room this way. The ambulances come in here."

Chair Harris said we heard otherwise from the Fire Marshal saying they come in the southernmost.

Ms. Jenkins said there's a difference between a fire truck responding and an ambulance bringing a patient back to the hospital for care.

Chair Harris said he thinks the Fire Marshal made the distinction between the two, and asked him to come forward and speak to this.

Fire Marshal Gonzales said, "What I was referring to was the hydrant access for our pumpers and our fire engines coming in. As far as ambulance access, we do have the main back entrance there we were discussing on Harkle Road with the roundabout."

Chair Harris said then that is where your ambulances come in.

Fire Marshal Gonzales said, "That is correct, because they access the rear of the Hospital where their emergency drop-off is."

Chair Harris said, "Thank you for the clarification and you're correct Ms. Jenkins."

Chair Harris said as a reminder, we have the middle access point which is full access, noting it "doesn't get discussed at all hardly." He said he has also heard that Santa Fe Trails uses that, or will be using that. He wants to talk a little bit about the internal circulation and how that's proposed. He said we saw a traffic circulation plan attached as an exhibit. He asked the individual from Santa Fe Trails to talk about the bus routes and how it works now and how it will be affected by what is being proposed.

Annette Granillo, Operations Manager, Santa Fe Trails, using the enlarged maps on the overhead, said right now they have two routes, currently serving St. Vincents on the first four. The bus stop that currently is the one that is proposed to stay there. Route #5 is the St. Michaels route and it uses the entrance to St. Michaels and exit to St. Michaels Drive. Route # 6 is the one that comes from Santa Fe

Place Mall going to downtown and it uses both St. Michaels Drive to enter when it's going downtown and the Galisteo entrance, the southernmost entrance to come in and out when it's using Route #6 going toward the Mall.

Chair Harris said, "To make sure I understand. So Route #5 enters and exits at the St. Michael's entrance."

Ms. Granillo said that is correct.

Chair Harris asked Ms. Granillo if she has reviewed the Traffic Circulation Plan presented by the Applicant.

Ms. Granillo said no, she has reviewed the Master Plan.

Chair Harris provided a copy of the Traffic Circulation Plan for Ms. Granillo. He said he thinks Route #5 would be fairly consistent with what they have here. So he would like to see it coming in, going to the bus stop shown at the main entrance, and then making a left and then kind of wraps around that parking lot and goes back out.

Mr. Romero said, "I think what we have on the screen is the Circulation Plan."

Commissioner Kadlubek said maybe Jennifer can draw in the route on that picture.

Ms. Jenkins, referring to the aerial photo on the overhead, said, "So we have Route 5 is the green and that uses the entrance on St. Michaels Drive. So 'here's' the entrance on St. Michaels Drive, so it come in and then exits 'here,' as well, so it turns around."

Ms. Granillo said, "It comes down to the parking lot and exits on the left and then it goes out."

Ms. Jenkins said, "So Route 5 comes in the main entrance, and 'there's' going to be the new drop-off area, and then it comes back out, like 'that.' Pretty straightforward. And then Route #6 is using full access of exiting 'here as well'."

Ms. Granillo said, "Only on the outbound going toward the Mall. Coming into... going toward downtown, it will enter through and exit right."

Ms. Jenkins said, "So it comes up 'this' way and then it enters. So Route #6 goes 'this' way and then it exits and heads north. Correct. Okay. So it's coming 'this' way, going through the campus and then heading north with a right-out 'there'."

Ms. Granillo said, "Coming back in, it comes in through the Galisteo side near the bottom.'

Ms. Jenkins said, "Oh, it comes all the way into the left end 'here,' and then it comes down 'here,' and it comes up and then goes back out. Oh, it goes back out this way. So we have left-out movements for transit 'here,' and we have right-out movements for transit at this location."

Chair Harris asked if there have been difficulties on a left-out movement at the southernmost.

Ms. Granillo said, "No, but we understand it does get congested and from time to time there are problems. We understand at times it does become busy. The vehicle is big enough for us to be able to make that left and be able to commit to that, and we have not experienced a high volume of accidents there at the time."

Chair Harris said it will work if a left-out was no longer allowed.

Ms. Granillo said, "That will cause us to go all the way down to St. Michael's Drive, wait for the intersection of the light, go ahead and use the St. Michaels entrance, exit and come back out to Galisteo and then continue on its route. We don't oppose that as much. The roundabout is definitely a more difficult place for us to go through. If you were to do that on the most northern entrance, as well as I have the concern with inside near the medical-dental, that small, narrow road, being only 20 feet, if two of my buses were to meet there could be some brushing of each other because it is a narrow street."

Chair Harris said that is the other issue, noting they are proposing that it be one way.

Ms. Granillo said that will be difficult to achieve that as well. The only other problem we can see with all of this, is the maintenance it is going to take on our vehicles. She said, "I don't know if it is proposed right now, but the entrance grade on St. Michaels Drive and the entrance to the Hospital is at a very high grade with the low floor vehicles that we currently have. So if that could be repaired, we don't mind use that St. Michaels Drive for an exit for everything."

Chair Harris said he has been concerned about the internal traffic and how it is limited. He asked Mr. Aube to come forward and talk about the situation, noting it is a half-ring road. He asked the reason we are doing it that way, rather than making it a two-way.

David Aube, Civil Engineer, the Design group, Albuquerque, said, "The reason we wanted to put in that one way link between the internal ring road and the land dropping down to the lower part, in 'this' area, was we have a lot of people that come in off Hospital Drive. They come in 'here,' and they miss this first turn 'right here.' And immediately, they are on the path up to the Emergency department which was the intent when that roadway was initially constructed. The criteria was the fastest path to be able to drop off your friend at the Emergency Room. With this other configuration, now it became a little bit confusing for people as they entered from Hospital Drive, how to get over down into this lower level. The idea was, if you came in from 'this' entrance, you could go up to this decision point 'here.'

Mr. Aube continued saying, " We could install some directional signage to guide people that says emergency department and main Hospital to the right. You would come over to 'this' next location, and find another series of directional signage that says, 'Emergency Room straight ahead, Main Hospital

Entrance, down to the right. So you would come over 'here,' and you would be at the lower level avoiding that big retaining wall, and then you would park in 'this' area and work your way toward the front door. It encouraged more traffic to exist at St. Michael's instead of pushing it onto Hospital Drive and back north through the neighborhood. But the main purpose of that was to allow new visitors to the campus, that missed the immediate right turn coming in from Hospital drive, another decision point and an easy path."

Chair Harris said looking at the circulation plan, particularly if we have entrance only at the southernmost, that means a lot of people would wrap around the parking lot, have to make the right, and go up one of two full access. He thought it might be worth considering to make that lane two-way.

Mr. Aube said they looked at that after you recommended it at the July 2nd hearing, and to do that we would need to come to this point 'here,' we would have to dip a lane down so we could come more at a 90 degree intersection where it ties back into the lane that only goes to the emergency department. He said when we have intersections that are more that 15 degrees from perpendicular, people think they have the right-of-way and both feel that way and there are a lot more accident. We always put in the 90 degree intersections with sufficient queuing so people can pull to the stop, wait their turn and then make a left. They looked at that and decided it was getting a little bit more circuitous for the drivers, and their preferred solution was to keep the southern drive with a right-out option back onto Hospital Drive, so drivers wouldn't start going toward Hospital Drive and have to go to the right toward Medical-Dental and the internal ring road going to north to one of the two full access intersections to get back down.

Commissioner Greene said if anybody went back to the 1985, one of the comments was internal circulation is terrible, access is terrible and we're not making it better. It takes a little bit of commitment on ourselves to deal with traffic lights, an internal plan that is more than fixing around the edge, and a signage plan that would end up being deferred to the Director. With all due respect, we've seen less than good solutions go through this out of our hands, and this is our chance to say let's get a light where we need it, or a roundabout. Let's get what we need to do this internally that is the best solution.

Commissioner Greene continued saying, the 2006 plan, although never built, if you take the ring road out on the east side, the ring road on the 3/4 around, allows for clear traffic throughout. It might need tweaking to allow for circulation at the ends, but there are solutions here, noting the current *status quo* isn't very good, and he doesn't think we're committing to something that would be a good solution.

Chair Harris noted the same comments on internal circulation in the 1985 plan and the signage.

Commissioner Kadlubek said, "I appreciate the willingness of this body to try to take these cases and use them as opportunities to tackle things that aren't part of the cases. But I think, the way that I would like to sit on this body and make decisions, I would like to deal with the case that is in front of us, to yield to the expertise of the staff that we are trusted with, not try to be the experts up here, but listen to the experts on staff and our attorneys, and testimony on the cases in front of us and deal with that. If we have additional recommendations similar to the 1½ hours we spent on an addition motion that wasn't already part of the case, but we dealt with."

Commissioner Kadlubek continued, "If we have additional things we want to recommend, we recommend them to the Governing Body and have them set staff forward. If we want to talk about slowing traffic and looking at Hospital Drive, and reworking Hospital Drive so circulation is better, maybe it's not used as a through street as much, and we have a personal about that, based on not even our own expertise, but just on how we think it should be, then we can entertain a motion to have the Governing Body look into that and to direct staff to look into dealing with the intensity of traffic on Hospital Drive. But I don't think we should try to attach those to the case that is in front of us."

Chair Harris said, "Thank for your comments Commissioner Kadlubek, I think it's our job, to tell you the truth. And what I've heard in recent Council meetings is that they would just as soon we deal with these issues and not push it off to them. So let's continue to work on it."

Mr. Esquibel said, "In regard to the condition put before you by the Applicant [Exhibit "9"], the staff is in agreement with that, provided that we make minor change to that. And I have talked with the Applicants and they're okay with that. And that is in the sentence where it says, "*The developer's contribution shall be solely for costs that are necessarily incurred for the design,*" right there we would add, " design, construction of right-of-way acquisition *of either a traffic signal or a roundabout at the Galisteo/San Mateo Intersection (the "Improvements") and for no other purpose."* He said with this change they are okay with the language presented by the Applicant.

Commissioner Greene ask if there is a potential to add all of the deficiencies leading from that intersection to the Hospital, including striping and trails that are part of the MPO at Galisteo and Hospital Drive.

Mr. Romero said, "The way I understand the condition submitted by the Applicant, it pertains to one specific condition regarding San Mateo/Galisteo. If you would like to add additional ones for every one, I would add a separation condition. We're not tied to one big condition."

Chair Harris asked Ms. Granillo if the problem with the buses with clearance at the main entrance, is that in the highway right-of-way, or is that on Christus St. Vincent property. Does it occur at the curb-line.

Ms. Granillo said it occurs leaving St. Vincent Hospital, and what ends up happening is the street is like 'this,' coming out 'this' way. It is a 40 foot bus so once it goes onto St. Michael's, the rear of the bus hits and scrapes on that driving out, causing damage to the driveway, but most importantly it causes damage to, and repairs on, the bus constantly."

Chair Harris asked Mr. Esquibel, if it is fair to say the discussion around traffic, these conditions kind of overlap, but it really is part of the Development Plan. He is thinking of things like noise mitigation under a special use permit. He said to him, physical improvements, are related to a Development Plan, and asked if it fair to say that.

Mr. Esquibel said, "Yes they are. However, the bulk of special use and the Development Plan are married, if you will, so they both would basically apply to both. All of the infrastructure requirements as stated originally by the Applicants are included as part of the permit, so they are looked at it as part of the construction review, site visits and site inspections to make sure they would all be done. That, included with the Engineer's cost estimate and a letter of credit, to provide the assurance that these improvements are being done. So a lot of the improvements already are included as part of the building permit, as they are going to submit, as originally stated by the Applicant at the first meeting. These would also include many of the conditions that would be subject to their traffic analysis, or the conditions that would be imposed by the Traffic Division, so they would also be included, they would just be worked with John in order to make sure that they would get done."

Chair Harris said the conditions aren't motioned separately. He said to his way of thinking what we've done is go through the conditions and agree on an understanding of those conditions, how they may be accepted as is, or revised. He said, "So to summarize on traffic, what I think I've heard is the City Traffic Engineer would recommend of the options that were laid out by Mr. Shandler as a summary, he would really prefer the option that describes entrance-only on the southernmost access point."

Mr. Romero said, "In light of what the City's representative from the Transit Division said, they utilize that as a full access right now, but if I understand her correctly, if the access point at St. Michael's drive was fixed all the routes can go in and out of that. So my recommendation would say further, *'An entrance-only with a re-engineered and reconstructed driveway onto St. Michael's Drive.*"

Chair Harris asked if that could be worked under a separate motion that would deal with any balance of a fair share contribution, or is that something that can be required as a condition now without any consideration on the fair share contribution.

Mr. Romero said, "I would ask the City Attorney to make sure I don't mess this up, but what I would do, I'm sure there is a great list of conditions of approval, and if you guys were to make your motion, it would be to accept all staff conditions of approval with the exception of X, Y, Z, adding this condition, amending that condition, in that manner would probably be the easiest way."

Mr. Esquibel said, "We would also have to include that internal circulation within the visitor parking area would also have to include some appropriate access point so the buses can maneuver within the parking area safely to go out of that St. Michael's area, so we would need some leeway to work with the Applicant to ensure we can maneuver those buses in and out of that area."

Commissioner Greene said another point is potentially creating a clear traffic lane as opposed to a parking lane on the southernmost aisle of parking, that is some sort of grander or larger scale loop for the bus for ease of navigation without the potential of a car backing out into the through traffic lane, similar to what is there on the southernmost lane. But, then in this case in the new parking area they're putting back there

Mr. Esquibel said, "I think that, if this condition were to be put in place where the buses are to access St. Michael's Drive, I think that, working the applicant and Transit, to make sure that all parties can maneuver appropriately would be a lot easier on the staff, and giving us the flexibility to come up with a good design for all parties, would help more than trying to figure it out right here."

Mr. Shandler said, "I guess in the broader context, the Master Plan from 2006 has a series of conditions written on, and one of them I guess is 6D, Traffic Improvements and mitigation on Hospital Drive. And the applicant wants that deleted. And so, that's kind of the context of whether it should be deleted or not, whether it's been met or not. And Mr. Romero had said there are concerns about the left-out on Hospital Drive. The neighbors have said they don't want traffic driven, pushed down toward Lupita. The buses now are saying it's too steep on St. Michael's. So, I actually don't know where all of the players stand. So before you make a motion, I would humbly request a 5-minute break, because I don't even think there's agreement right now. There might be, but I don't think there is agreement on what conditions are going in and what's going out. So staff can give you uniform language, I would humbly request that before you make the motions, give us 5 minutes to try to figure out what's going in and what's going out."

Chair Harris said this is a great idea.

Break 8:30 to 9:00 p.m.

Ms. Jenkins said we have been talking about a lot of scenarios, commenting that it is important to maintain the left-in to support emergency access. She said Christus is here to help you. She said they studied internal circulation prior to and subsequent to last month's meeting, and what they are showing works best. She said ripping this up now is a huge expense. She said what they show has the benefit of the exit being used to the greatest extent possible, commenting that Harkle Road is no problem – it has full access and it works. She said the roundabout presents problems for emergency vehicles. She said they are in agreement that when the time comes the intersection is failing, a TIA at that time would address that. She said a lot of work has gone into this, and they are confident it works. She said the huge infrastructure collaborative can't burden this one non-revenue generating project.

Chair Harris asked if she is trying to shame us into this, and Ms. Jenkins said no.

Chair Harris said he thinks the roundabout possibility should be left in, commenting it is important and necessary for fire for non-ambulance emergencies. He is trying to wrap up all of the traffic concerns into a motion, with a condition to resolve all off site traffic problems.

Chair Harris read Condition #6 from PC Questions and Responses 2015-07-30, *For all phases subsequent to the emergency room expansion, the developer will be required to assess certain off-site traffic operations and provide mitigation measures where needed. These improvements are listed in an Engineering Division traffic memo which was handed out as additional correspondence at the May 4, 2006 Planning Commission meeting, and may include:*

* *improvements to the intersection of Hospital Drive and Galisteo Road*
* *traffic mitigation at the intersection of San Mateo and Galisteo*
* *all existing and proposed access points to the development*
* *traffic improvements/mitigation on Hospital Drive*
* *examine possibilities for shifting the main entrance on St. Michael's Drive further east.*

He said only the last bullet is no longer up for discussion.

Chair Harris said the improvements to the intersection of Hospital Drive and Galisteo Road really haven't been addressed. We all regard it as kind of an odd intersection, but I don't know of anything to be done right now. He said regarding traffic mitigation at the intersection of San Mateo and Galisteo, we have a specific recommendation from the Applicant with a proposed adjusted language. He thinks it's reasonable to accept the following: "*Funds equal to the developer's contribution will be placed and held in an escrow account to be maintained by the City. The developer's contribution shall be used solely for the costs that are necessarily incurred for the design, construction or right-of-way acquisition of either a traffic signal or a roundabout at the Galisteo/San Mateo intersection (the "Improvements") and for no other purpose. ~~Any remaining escrow funds not used for the design and/or construction of the Improvements within five years of the recordation of the Development Plan shall be returned to the developer.~~*"

Chair Harris said he thinks the statement should end after "for no other purpose." He doesn't see any good reason, under the circumstances that we have to return it to the developer.

Commissioner Kadlubek asked Mr. Esquibel if he said that he is in agreement with the final sentence, or was it Mr. Romero.

Mr. Romero said, "The reason I'm comfortable with it now, is if we can utilize it for design right-of-way, I'm fairly confident we could expend that money within 5 years."

Chair Harris moved to all existing and proposed access points to the development. He said there are four. He said there is the main entrance on St. Michael's Drive and he thinks there should be some engineering improvements to deal with the problems described by Santa Fe Trails that if it is long term it is going to damage the City's assets and he sees no reason to leave that condition in place and it falls with all existing and proposed access points to the development. If we flatten that out, it makes the approach going up toward the main entrance it makes it a little steeper, but he is trusting they can modify it in such a way that it won't be that great an expense, nor will it create that steep a driveway and solve the long standing problem.

Chair Harris continued, saying, in regard to the southernmost entrance, he concurs with Mr. Romero's recommendation of entrance only, right-in left-in. He believes given the way the intersection has been used, and if it remains that way, he thinks we will have an accident, because of the nature of how close the southernmost entrance is to a busy intersection, Hospital Drive/St. Michaels Drive. He noted the recommendation was modified by the Fire Marshal in explaining their concerns.

Chair Harris said the middle entrance is proposed to be left as is, which is full access, right-in right-out, left-in left-out, and asked Mr. Romero if this is correct.

Mr. Romero said this is correct.

Chair Harris said then there is language for the northernmost that says it will fail sometime in the future, and Mr. Romero thinks the numbers used were fairly aggressive in terms of more traffic that he thinks will occur. He said this will be in an updated TIA to look at all of the options, including the possibility of a roundabout and of a signalized intersection although not likely. We will look at an updated TIA to help inform the decision. He said this leaves the northernmost access point full access – left-in, left-out, right-in right-out.

Chair Harris continued, saying in the meantime we also are going to drop back to the condition that says to improve the pedestrian access. He said this is Condition #3 as proposed under the Current Exhibit A of conditions where it says, "*The developers shall perform intersection improvement at the Hospital's northernmost access on Hospital Drive so as to improved pedestrian crossing across Hospital Drive. The design shall be reviewed and approved by the City's Public Works Department.*"

Commissioner Kadlubek said he understood something different about the southernmost, commented the Chair said the recommendation is an entrance only. He said the most recent recommendation we just heard was to also have a right-out, and asked Mr. Romero if this is correct.

Mr. Romero said with the Applicant's recommendation, we also allow right-out. The reason he doesn't feel comfortable with that and recommends entrance only is because he doesn't think it will be possible to provide the adequate channelization to physically prohibit left-outs while simultaneously allowing left-ins at that location.

Commissioner Greene asked if an applicant was coming forward with these 3 entrances and exits along Hospital Drive at that rapid rhythm, would those be approved, or would they be asked to consolidate to 2 access points on that surface.

Mr. Romero said, "Under the context of a brand new development with a brand new site plan, we would definitely look at access BC, but my opinion is based off the existing site plan and the limitations of modifying where the emergency room is, the medical-dental all that is. I wouldn't want this access all together, but being this is the way it is, I don't feel recommending closing down. Similar with this and all this parking area, I really think the access control is, in my opinion a balance of keeping flow of traffic and providing adequate access to a site, and I really think what I suggested is as good of compromise and as good of a balance of all those features."

Commissioner Greene asked Mr. Romero which two he would choose, between the 3 on that side on Hospital Drive.

Mr. Romero said he would choose to recommend to leave all 3 open.

Commissioner Propst said, "With the list you outlined with the clarification from Mr. Romero about the entrance only at the southernmost, I'm ready to move forward with that."

Chair Harris said, "I have one thing to add that goes back to the 2006 document on Condition #3. The 2006 condition, under #6 said, "*The developer, the Applicant will provide pro rata participation, traffic calming measures and off site mitigation measures.*" He said what we do is that vertical traffic calming is not appropriate for this stretch of Hospital Drive, emergency vehicles, but horizontal. And so, as part of the consideration for the pedestrian crossing at Hospital and Harkle, I don't know what can be done, but if there are bulb outs that make it safer and easier, or however it may work, to see if there is a possibility for some traffic calming in the vicinity of that intersection. That's all, and I won't go any further than that."

Chair Harris said that combines the 2006 conditions as well as what's being discussed right now.

Commissioner Kadlubek asked for clarification about the 17.5% fair share contribution to improvements at Galisteo/San Mateo intersection, saying he wants clarification on the last sentence. He said, "I want to know whether the last sentence, *Any remaining escrow funds not used for the design and/or construction of the improvements within 5 years of recordation of the development plan shall be returned to the developer.*" He asked if the last sentence is accepted by Mr. Romero.

Mr. Romero said, "Being that we can use it for both design and right-of-way acquisition activities as well as the actual purchase of the property, I believe we should be able to spend most if not all of that funding within a 5-year period."

Commissioner Kadlubek asked if the recommendation as opposed to the beginning sentence being proposed as a condition of approval is only for the Galisteo/San Mateo intersection, but for all conditions that we're putting forward, all the traffic calming, all of the intersections that we're saying that are in the scope of this project, that it has to broader than just that one intersection, that the whole area can be master-planned by Traffic and find a better solution than at 17.5% regardless how big or how small it goes.

Chair Harris said the 17.5% fair share is specific to San Mateo and Galisteo.

Commissioner Kadlubek said, "But is it for the same reason."

Mr. Romero said the clarifications of the Commission approval that Chair Harris made about what the Applicant has to do to remedy everything, they are 100% responsible for those, so this only applies to San Mateo because that is the one they're only 17.5% responsible for.

Chair Harris said we are done with traffic, and asked Commissioner Propst if she has a topic she would like to move forward on.

Commissioner Kapin said she would propose the next in line on conditions have to do with the plant material, the buffer zone, is that okay, and she would love an update on what's happened starting with the Applicant, and if the remedies have been started in the buffer zone.

Ms. Jenkins said the requirement per the Master Plan as per Code, there is a situation where the Code and the Master Plan are aligned in this regard. When you have a commercial use adjacent to residentially zoned property a 15 foot landscape buffer is required, which is what you see here.

Commissioner Kapin said that was already in place and has not been kept up.

Ms. Jenkins said there definitely are issues with maintenance.

Commissioner Kapin asked what has happened since that time.

Ms. Jenkins noted on a construction project, the landscaping is the last thing that goes in, because it typically ends up getting damaged in all of this. She said, "We have agreed to put that at the front end of the project, and it is part of the Landscape Plan. The Landscape Plan for what we're reflecting here will be part of the building permit application, but we will put that at the front end instead of at the back end of the project. That is what we have agreed to do to accelerate the plantings."

Chair Harris said this is what he had in mind and phrased it, and I wanted a landscape architect to weigh in on the optimum time to plant. He asked when is the optimum time for this plant schedule to go in place.

Greg Miller, Landscape Architect, MRW Landscape Architects, Albuquerque [previously sworn], said a lot of the shrubs can be planted any time it isn't freezing, anytime other than November-February. He said trees are recommended not to be planted in the summer, so that's excluding June-August. He said typically they like an early Spring or a late Summer planting season.

Chair Harris said this is what he was considering, '*Construct landscape improvements with necessary drip irrigation for the work described on Sheets LP-104, LP-105, LP-106 as well as a 20 foot landscape buffer on the R-2 Lot known as Zone F. The two year maintenance and warranty agreement from the landscape contractor shall be awarded the project for the purpose of successful establishment of a landscaper buffet.*' He said this is a very common practice to incorporate landscape requirements and scope of work in the contract, and part of their contract is a two-year maintenance and warranty.

Mr. Miller said, "Those things can be negotiated on a contract by contract basis. In the past, some projects done on the campus, Christus has retained the company that installed it to do maintenance. That's really a contract specification that is on a case by case."

Chair Harris said this is how he proposes doing it, commenting he knows it is a contract, and thinks it works well.

Chair Harris said the first condition in the 2006 Amendment says, '*New development shall comply with the standards of Section 14-5.5(A)(3), South Central Highway Corridor Overlay District, including a 25 foot landscape buffer within the 50 foot building setback from residential property lines.*' He said the neighborhood generally has interpreted that to mean a consistent 25 buffer and if you look at the Overlay, even the LP-104 seems to be outside of the overlay.

Chair Harris said if you did a calculation for 25 feet in the sections he described, whatever square footage that may be, even though there is 15 described in LP-104. We have in excess of 20 feet in other cases. It varies, noting LP106 is constrained by the existing curb line. He thinks the Landscape Plan is appropriate and can work. The only reference to irrigation is in the Water Budget, but he assumes they will provide a drip system for all of this plant material.

Ms. Jenkins said yes, that is a fair assumption, everything will be subject to drip irrigation.

Commissioner Kapin asked where "in this does the agreement to do this work up front show up."

Ms. Jenkins said they are on the record, and it is in the minutes.

Commissioner Kapin said it's a great solution and she's glad to hear it, and wants to get it down as part of this agreement.

Mr. Esquibel said, "A lot of the time when an Applicant comes in and starts the process of construction, they sit with all of the inspectors and the Construction Division so they can start itemizing when these things will put in place so inspections can coincide and everything meshes. When they submit their building permit, and my understanding is they came in to see if they can get their building reviewed, so when the approvals are in place they can pull it. I think that will allow staff to review the application so they can coordinate all inspections necessary to fulfill the Development Plan requirements and that will be part of the CO we would be looking for, prior to allowing them to move in, so that will be part of our process for construction."

Chair Harris said, "Given the process described by Mr. Esquibel and the timing you described, I would propose to put in as a condition that there would be a Spring installation for those sheets. It doesn't make any sense to put landscaping around the building and in the parking lots which will be affected by construction traffic and everything that needs to be done. But certainly, these outliers, the landscape buffer can and should be accomplished as soon as possible."

Greg said, "In discussions with the neighborhood about the landscape buffer, we committed to them that once the project gets to the approval process and we can pull the proper permits that we would put the plantings in, in the spring where they have the highest probability of surviving at the beginning of the property. The other trees and elements of that will be phased appropriate relative to when they're done in the construction process, but we are committed to the neighborhood to put in the buffer in the Spring, as soon as the planting allows."

Mr. Shandler said, "The Master Plan has 15 conditions, and Sheet MP-1 from the Applicant, deletes a number of them, but leaves a couple on. I guess I was curious what your plan was for all these different conditions, were you planning to add them to MP-1, or did you want it as a separate document, or were you expecting it to be in findings. Tell me what your thought process was."

Mr. Esquibel said as soon a decision is made by this body, then a compilation of all conditions will be put together and compiled and made a part of the Development Plan for those phases that are necessary that each condition will impact. That is the only way our Construction Division is able to identify what the conditions were at the time of building permit. So when the Development Plan is being put together, that final Mylar, there will be a condition sheet attached to it so that everybody is aware of what those standards will be."

Mr. Shandler said, "A follow up. At the previous meeting, the Applicant used a lot of this phrase, before the Certificate of Occupancy is issued. In you mind, do you think that she is going to have a lot of those sentences in there, or no."

Mr. Esquibel said, "What we will do is to make it as humanly readable as possible for those individuals who are actually going to review the building permit, so they understand exactly what the conditions were that were adopted by this body."

Mr. Shandler said, "The reason is it sounds like there is actually some agreement on this particular topic, but there are trust issues I think that have been brought up at a previous hearing. So I want to make sure the wording is memorialized so all people can walk away with a document that says, aha, this is exactly when A, B and C will happen. So that's why I'm just trying to nail you down on when and what kind of language and what the document will look like. You don't have to answer the question. I just wanted to give a context of why I'm asking these questions."

Chair Harris said he agrees with Mr. Shandler. He said, "I'm sure you heard me add to that list the 20 foot landscape buffer on the R-2 Lot known as Zone F, which was one of the conditions in 2006. Do you agree to that."

Ms. Jenkins said, "I would like to actually speak to that. Your timing is perfect. So going up on the screen right now, so I believe what you're speaking of is there is a residential lot on the corner of Hospital Drive and Lupita, as shown right 'there.' So there's a residence next door and where you see that kind of just north of that little turnaround. As you can see it's heavily vegetated. There is a lot of naturally occurring vegetation there. Our understanding of the requirement for a landscape buffer is triggered only such time if a parking area is developed in that location. As you can see, there is a significant amount of vegetation that screens this vacant property from its neighbor to the east. And so it feels unnecessary at this point, when there is no development or use of that property to install additional landscaping in that location. But we do understand that if, at some point in the future, the Hospital elects per the Master Plan, to develop a parking area there, then the requisite landscape buffer adjacent to the residential properties would be required."

Chair Harris asked about a fence.

Ms. Jenkins said, "I am unsure a fence is part of the mandate. I can't speak to that off the top of my hear.

Chair Harris asked, in view of our discussion this evening, do you think the Applicant would agree to install a fence along the line.

Ms. Jenkins said she needs to confer with her clients to answer that question.

Mr. Jenkins said, "We have not had any discussions with the direct neighbor in that location, so I wouldn't want to mandate a fence unless there was some.... working with the neighbor, because *[inaudible]* they just preferred the traditional of landscaping that may be a preference in that regard. We would be happy to explore that with the neighbor when the time comes."

Chair Harris thinks the time is now.

Commissioner Kadlubek asked how the idea of a fence arose.

Chair Harris said it was part of the neighborhood's discussion, and they would like to see a fence extended where it is isn't in place, and repair where it's not in place.

Ms. Jenkins said that refers to 'this' section that we pulled up, over on the east side of the Campus and we have the fire lane, a dirt lane you see there, and those are our residential neighbors to the east. There is a place where the fence stops, yes, so you can see 'there,' that's where the fence currently stops. So 'this' is the area they were talking about in terms of a request to extend fencing. There was a particular neighbor who suggested, because they call the area where the nature trail is the forest, and right to that point. That's what had been discussed. There was one neighbor who didn't want any fencing because they have a nice view of the trees and the arroyo.

Chair Harris said the way it reads from 2006, *"R-2 Zoned portion of the Hospital property shall be limited to single family, residential use, parking lot use with minimum 20 foot landscape setback from all property lines, open space or detention ponding.'*

Ms. Jenkins said currently it is open space today.

Commissioner Greene asked the Chair if he wants to impose a condition of "them actually building/permitting the parking lot that there would then be triggered the requirement to discuss a fence or wall with the neighbors."

Chair Harris said he thinks it's appropriate to go ahead insert the condition under the second grouping for landscaping, "so I'll drop the 20 foot fence on the R-2 site."

Chair Harris asked if the Applicant has an issue with inserting contract language for a two-year maintenance and warranty for the landscaping.

[The response and the person speaking here is inaudible because the person was speaking from the audience without a microphone]

Chair Harris said, "Okay. So you don't have a problem with it."

Mr. Shandler said, "Because it's late, I just want to make an extra effort that we're clear. So initially, it said 25 feet in Condition #1. Staff has recommended 15 feet. And then you were talking about 20 feet, so I just to make clear. Your 20 feet was talking about a different condition. Correct.":

Chair Harris said, "Here's where I started drafting it as, again the second grouping, I'm just putting it in at #4, as follows:'*Landscape improvements associated with LP-104, LP-105, and LP-106 will be installed in Spring 2016, subject to a building permit*'."

Mr. Esquibel said there is a condition that was incorporated by Noah Berke that just identified that landscaping be maintained consistently which will more than address the needs of the landscaping, both for the staff and the neighbors.

Chair Harris said, "So the phrase 'all quantities and size of plant materials must be maintained as shown on the Master Plan. I think that's the language you're referring to."

Mr. Esquibel said yes, it's one of the conditions included in the comments made by Noah on his DRT comments.

Chair Harris said then let's keep it simple then, *Landscape improvements associated with LP-104, LP-105 and LP-106 will be installed in Spring 2016.*

Bob Walsh, 1552 Camino Amado, President, San Mateo Neighborhood Association, was sworn. Mr. Walsh said, "Frequent references by the developer to the neighborhood, what the neighborhood thinks and has agreed to. We're here and can confirm whether or not those things are accurate. We just heard the developer say that this landscaping which was required 30 years ago will not be replaced unless he gets a building permit. Thank you."

Mr. Esquibel said the Applicant would like to make a small clarification on the issue of the contract for the landscaping.

Jason Adams, Christus, said, "I just want to clarify on the 2-year contract required for landscape maintenance, we have full intent to do that, but I will not be issuing a 2-year contract to one landscaper. We would reserve the right to use a landscaper of our choice, and to terminate the individual based to failure to perform and hire another."

Chair Harris he stopped that language to keep it simple in response to Mr. Berke's note that there is already a condition that states *'All quantities and sizes of plant materials must be maintained as shown in the Master Plan.'* He said the landscape buffer was a requirement in the 1985 document, it was installed and was torn out or died. So I agree with Mr. Walsh, why would we make it conditioned on issuance on a building permit.

Mr. Adams said because all the funding for the landscape to be installed is tied up with the project moving forward, otherwise he would have to go back and budget that separately. The path of least resistence to get it implemented in the Spring is to associate it with the project and then it moves forward. However, if it doesn't go forward the funding would no be available to plan it, and he would have to request that through the Board and be approved those funds.

Chair Harris said, "I don't think it's going to be a real problem for you, I think you can make it work, Mr. Adams. And I do think there was a prior condition, there was an attempt to make it work and it fell by the wayside. Think of it in terms of good well. Is there no reason not to try and reinforce the good will that has been lost."

Mr. Jason said, "We have absolutely tried to do that at every step. We have met and had positive meetings with the majority of the neighbors we've met with, I won't say all. And it is our intent to put the landscape buffer in, but again if the project doesn't move forward, I don't have access to those funds, I can't come up with $500,000 overnight, so I will have to request that funding at a board, have it approved to install the landscaping. That is corporate process for getting funding for that amount of money, and it requires checks and balances."

Chair Harris asked the Commissioners their thought on this issue.

Mr. Smith said, "On behalf of staff, staff would intend to proceed in a timely fashion on the past due landscaping, if the permit process falls apart or if the permit is never issued. Staff has not assigned a high priority clearly to the enforcement of the past due landscaping, the deteriorated landscaping in the past, but we understand that the Commission, the neighbors, and we suspect the Council will provide direction to staff to follow-up on enforcement, if the coordination with the permitting process falls apart."

Chair Harris said, in other words, you see no reason to have the qualifier on issuance of a building permit.

Mr. Smith said, "I don't think that adds anything meaningful to our ability to enforce either the permit process as going ahead and we have conditions attached to it which we can enforce as part of the process, if the permit process is not going ahead, and we need to find independent authority to do the enforcement."

Chair Harris said, "I'll listen if you think I'm moving too slow, I'll listen if you think I'm moving too fast. So again, I think it's a simple statement as condition #4, *'Landscape improvements associated with LP-104, LP-105 and LP-106, shall be constructed in Spring 2016.'* This is what I propose and I'll hear what the Commissioners have to say when we vote."

Chair Harris said next in the condition is stormwater ponding which is relatively straightforward, I assume. Ms. Zaxus if you'll come up. Probably there are more questions associated with the outdoor lighting."

Chair Harris asked Ms. Zaxus if she has remarks on the stormwater ponding, reiterating it is relatively straightforward.

Ms. Zaxus said, "I think so."

Chair Harris said he knows Ms. Zaxus likes to see them design and construct in such a way that there isn't a steep hole with rocks in bottom."

Ms. Zaxus said, "That is correct. In fact, we're proposing some rather shallow berms to make up the inefficiencies in the stormwater storage behind this."

Chair Harris asked about the light, and asked her to elaborate on this, noting he didn't have time to look at 14-8.9. And also, if you have had a chance to look at the statement from SMASH, San Mateo Association of Homeowners.

Ms. Zaxus said, "14-8.9, details the photometric requirements for outdoor lighting. All of those standards meet the dark sky requirements and are a little more restrictive than the State standards since they were revised about 10 years ago. We've had some very good success. I think if you look around town at WalMart and some of the Las Soleras developments and so forth, they look nice. I've been checking on that at night to see how the actual windows match, the visuals. I would anticipate that meeting those standards for this project would result in somewhat similar and that's quite acceptable in terms of the amount of light not generated – the minimum amount of light that's generated."

Chair Harris asked about timers on a certain numbers. He said the neighborhood was proposing some of the outer ring in the evening when there is less traffic, less parking, maybe on a timer.

Ms. Zaxus said that would be a condition you might want to consider, it's not part of our Code. I don't know if that's been done at any time.

Commissioner Kapin said that brings up considerations of safety with the parking not being lit, and wants to look at that, dark pockets in a parking lot.

Chair Harris asked, in 14-8.9, the minimum/maximum height of a light standard in a parking lot.

Ms. Zaxus said she thinks there is a maximum, but in looking at the Code she didn't find it, commenting she thought there was a 20 foot maximum, but there is not.

Chair Harris asked the Applicant what would be the height.

Morty Huie, WHR Architects [previously sworn], said they were able to find it in the Code, but right now he can't tell you where to find it, but the project is designed at 24 feet.

Chair Harris said so your photometrics are based on a 24 foot light standard. He asked if he looked at a lower height.

Mr. Huie said they looked at a higher height, and they came back after review, and you were able to help us find it at that time, the 24 ft. height, and that's what we reduced it and designed it to. He said lowering it more would require more lights, and they were trying to reduce the number of light standards, because it causes inefficiency in parking.

Chair Harris asked if they specified a shielded fixture, noting the shielding is for adjoining properties.

Mr. Huie said yes, there is zero at the property line and no more that 0.5 of the photometrics from the center and it is directed downward.

Chair Harris asked if these are LED lights.

Mr. Huie said he doesn't remember and doesn't know. He said they believe it is, but he doesn't want to say unless he is absolutely sure.

Chair Harris said then there is not a lot of resistence to a condition that specifies an LED fixture.

Commissioner Greene asked Ms. Zaxus if there is a requirement for a cistern for irrigation, but as we progress through this, irrigation is using a lot of water, and the Hospital uses a lot of well water. He asked if we could harvest water and start to use it in cisterns for irrigation, with an additional 10,000 gallons or something that doubles the current capacity, and if that would make a difference.

Ms. Zaxus said, "I suppose that would make a difference, but there already is a cistern of 10,000 gallons which isn't included and is an extra basically, not included in the calculation for the required volume. They already are directing some of the stormwater to the plantings. So they are doing some of that, but it's actually not required."

Commissioner Greene said he can hold off until we discuss water usage, but now that we're talking about landscape, he would think that's a good place to start the conversation to cut down the water use.

Unidentified Commissioner said she likes the Chair's LED recommendations.

Mr. Huie said, "To answer your question, currently it is planned as an LED light fixture, but to have it as a condition, I would request that not occur, because I want the opportunity to go back and do a cost/benefit analysis, depends on where this discussion ends in the evening, with all the additions being requested, that's going to have a substantial cost impact. So I want to be able to back and vet to be sure we are being most judicious with the dollars we have allocated, spending them in the right place. If I could save $20,000 on halogen versus LED and it doesn't outweigh itself over a three-year payback period and us that for another purpose we've discussed this evening. I would like the flexibility to go back and reevulate that. So that is the current plan, but I would request not to have it as a requirement."

Chair Harris said we'll hear what the Commissioners have to say when we get to that point, and your points will be considered.

Lisa Martinez, Director, Land Use Department, said, "In terms of the water harvesting requirements, while we all know that's a good idea and we certainly encourage that developers and homeowners do what they can in that regard, I just wanted to make note that we do not currently have... the Council has not adopted a formal green building code for commercial projects. So whether or not it can be mandated she thinks might be a legal question."

Chair Harris asked if lighting is proposed for the path, the trails, ground based lighting.

Ms. Jenkins said, "No. There currently is no lighting proposed. But again, this is a 24-hour facility and so it is critical for security purposes and wayfinding that the lights are on all the time. And so the pathways proposed will have ambient light even if they're not right under a fixture they will have the benefit of the ambient light."

Chair Harris said the next category is straightforward with standard language on wastewater, noting there is nothing to add.

Chair Harris said regarding Water Division, "*Backflow preventers must be evaluated and upgraded if necessary.*"

Chair Harris said regarding Fire, the Hospital has a private fire line, private hydrants, and he has seen School Districts with private hydrants that are never tested or inspected, which in an emergency, which he has seen, they dribble, they don't pump. He asked the protocol for inspecting and testing your private hydrants.

Mr. Adams said he may have to refer to the Hospital on that. He said there are two 8-inch connections into the 18 inch line on St. Michaels, so those two feeds come in and there is a lasso, a loop, around the entire building. So there's a lot of flow rate, a lot of pressure that's available. He said Dee with the Water Authority analyzed that and she did indicate we had about 3,500 gallons a minute available, still with 50 psi available. He said that should be more than enough unless valves are closed.

Chair said the issues are the valves if they're not tested periodically, that's where it breaks down. His question is, again, is there any protocol in place for testing those and do you have to report that to anybody.

Mr. Adams said his recollection on the frequency is that they are tested annually to ensure proper flow. They have a triennial survey with the Joint Commission for Accreditation of Health Care Organizations that has a component of physical plant evaluation, and that is one of the major inspection points we have as a facility to go through and evaluate our fire suppression system that goes beyond the sprinkler system as well as ensuring we have proper 1 and 2 hour smoke and fire walls in the appropriate places to create compartments within the facility. They go all the way to deck, so that's a very focused component of the survey we go through every 3 years with that governing body.

Chair Harris said the hydrants are inspected annually, asking if this is correct.

Mr. Adams said that is correct, that is his recollection of the frequency and he can provide the information that clarifies that.

Chair Harris said he believes the Santa Fe Fire Department has a particular thread they use, so "you're nodding your head Mr. Aube, you're aware of it, and any new hydrants will be specified with the correct thread."

Mr. Aube said that is correct.

Chair Harris said the last category has 3 items, the first of which is a water budget which was submitted which is a requirement for consideration of a development plan. He saw the Memo from Ms. Encinias, and asked if that incorporate the approximately 2 afy associated with the irrigation system.

Ms. Jenkins said, "Yes and no. That is unfortunately, not a completely easy question to answer. A couple of things. When we talk about future improvements, if you look at the bottom of the water budget, we have proposed additions. Those calculations are based on the City's standard water budget formulas. The Water Division, every few years, analyzes how much water, actually uses, use. How much water does a hotel use on an annual basis, how much water does a gas station use, how much water does an office building use. All these things are analyzed, and so they came up with a budget. So for new projects they say, okay for ever 10,000 sq. ft. office you're going to use this much water and that's how we establish the water budget. And those numbers include irrigation, so it's not broken out between domestic which is used inside the building. They're looking at total water use for that facility, regardless of what kind of facility it is. So when we talk about the proposed addition, that does incorporate irrigation."

Ms. Jenkins continued, "And then also, we're looking at the existing water consumption we have on site that also is including irrigation. Those are total numbers. However, with some of the new plantings, there is going to be an increase. The new trees we're doing in the north parking lot, the parking lot improvements associated with the new patient wing, as well as a landscape buffer, so our irrigation budget is going to increase and why we attached it as a separate budgetary item."

Chair Harris said we note as part of the calculation in her summary, this is 20,000 sq. ft., which is the first floor. We supposedly have a 65,000 sq. ft. addition and asked the reason for that.

Ms. Jenkins said, "In working with staff with respect to the patient wing that will be on the second floor, there is no measurable increase, because water use is a function of additional patients. So that was seen to be a wash. But when the force for shower is improved to have clinic space or office space, there will be an increase in water use associated with that. But there's really not a significant increase in water associated with the second floor patient wing."

Chair Harris said you are going to add 6 beds.

Ms. Jenkins said, "Yes, so that was our discussion with staff and they concurred."

Chair Harris said it's just calculated at 20,000 sq. ft.

Ms. Jenkins said it is based on a net leasable kind of component, and there's lobby space, circulation space, and things like that.

Commissioner Greene said you are pumping over 5.5 million gallons of water from the site. He asked if the City has the potential to shift this to its own resources so we're not depleting the aquifer.

Chair Harris asked if he is talking about limiting the use of the well, and Commissioner Greene said yes.

Chair Harris said he has no idea but he doubts it.

Mr. Esquibel said, "I did talk with Marcos upstairs in the Legal Department, and at this point in time, there is no mechanism that would require us to shift them over to the City Water system. Their well is, in a sense, grandfathered in."

Commissioner Greene said, "But their plan isn't, but fine, if it's not an issue. I think it is. Do you want to continue the topic. So just to continue the topic for a second, in my mind I was thinking of some sort of, not that they would be cut off tomorrow, but there would be like a 10-year, this is a master plan. We're going to talk 10 years out there, that in 10 years they could cut it by 50% that might be good for us, but I don't know if that's viable with legal, or if we can make that a condition of the Master Plan, or.."

Mr. Shandler said, "That might be outside the bounds of the application and it may not be viable."

Commissioner Propst said, "That also has, my limited understanding of this, is it also has State Engineer implications who has oversight in other places of wells and water use. A worthy goal, but no within the scope of what we're here to talk about."

Chair Harris said we haven't been able to do it in the past for smaller projects, although he agrees it is a substantial amount of water, but he hasn't seen it done in the past, and "you've heard the comments here, so unless the Applicant has plans to diminish use of the well water. No plans. Okay."

Chair Harris said conditions, noise and generators, mechanical equipment, shall not exceed 50 dBA and 55, that's Code essentially. He said, again, it's a piece of machinery. We know you've got problems with the generators already. You're going to provide the mufflers, the equipment to get it down to a level of 50 dBA. He asked why we wouldn't just do 50 dBA, 24 hours a day.

Ms. Jenkins said, "The plan, with respect to the generator on the northeast side is to enclose it. We looked at various options, and we are going to be enclosing it. And so, yes, we will be at 50 dBA because if you're getting it down to what is permissible at night, that's going to be the same level you will maintain during the day. So we're including it."

Chair Harris asked when they propose to enclose the generator.

Ms. Jenkins said it will be part of the projects at the front end of the project, similar to the landscaping improvements.

Chair Harris said 3 generators were identified a month ago, and you referred to the one on the northeast.

Ms. Jenkins demonstrated the location on the map overhead. She said there is one centrally located generator, but it is already interior to the building. In the northwest corner there is a generator on the north side of the Physicians Plaza Building. She said as previously stated, Christus St. Vincent does not own that building, but we did do a couple of things. The noise levels were tested at that generator and confirmed the noise levels. It's not so much an issue of the noise coming out of the generator, but it's a ricochet effect, bouncing off the wall and it is increasing the noise level."

Ms. Jenkins said, "We reached out to the owners of that building, and we have a letter from the owners of the Physicians Plaza Building to the most adjacent neighbor, Gail Rappaport, who had expressed concern about the generator noise. And the good news is that they are going decommission the generator. They realize they no longer need it. There used to be surgical services that building that mandated the generator, but they no longer provide surgical services. So they do have to make some changes with respect to emergency lighting and different things of that nature, and the letter outlines that. So we did pursue that and we got a good result."

Unidentified Commissioner said, "This letter is about the decommissioning. I don't see decommissioning."

Ms. Jenkins said, "It's in the beginning of the letter they talk about that we will be removing the generator. They have some electrical upgrades that will have to made to maintain, that's required as far as emergency lighting and existing lighting and things of that nature in the building that are currently tied to the generator, so they'll have to make some adjustments in that regard."

Chair Harris the northeast generator is about 60 feet from the property line, and asked if they are going to build an addition around that.

Ms. Jenkins said, "We are building a building around it. Correct. And it will have be approved with sound attenuation in the interior of the building as far as the wall structure goes."

Mr. Huie, WHR Architects, said, "It's not a building, it's a manufactured enclosure, designed by the generator company. They can sell this generator for people who are out in the middle of the field, or in our situation, that is close to a property line where we're trying to not have such a high decibel rate. It's been brought to our attention and this manufacturer has already come out and given us an estimate, and we're signing-up with them to have it enclosed."

Commissioner Kadlubek said, "I have a comment. So far, being on the Planning Commission for the short amount of time I have been, I haven't seen really any applicant go to the lengths of dealing with individual neighbor issues like I see in this letter right here, and I just want to commend the Applicant for doing that."

Chair Harris said it's not the Applicant.

Chair Harris said this goes through the conditions, and he thinks we have touched on most of the questions and answers. But there is one, where we finished up and it has to do with this letter. He said, "I can't remember the language or your response, I'm trying to flip through this. It really has to do with the Master Plan and how it applies to Christus St. Vincent Regional Medical Center and its affiliates, and asked who are its affiliates.

Ms. Jenkins asked Mr. Adams to speak to this issue.

Mr. Adams said, "We are Christus St. Vincent Regional Medical Center. We have a physician group that we employ 85 physicians through. We have multiple office spaces throughout town. We own Physicians Medical Center which you're familiar with. Those are all under the umbrella of Christus St. Vincent."

Chair Harris asked Mr. Adams to describe the relationship between Christus St. Vincents and SVH Support."

Mr. Adams said SVH Support is the former Hospital authority that owned the Hospital before Christus bought 50%. And SVH support is a 50% owner in Christus St. Vincent.

Chair Harris said Ms. Jenkins just made the statement, regarding this letter from SVH Support, that certainly they're participating, and asked if it is SVH Support's position that the conditions, the requirements of a Master Plan do not apply to them.

Mr. Adams said SVH Support is a separate entity. They own the building and the land that the building sits on separate and apart from Christus St. Vincent. He said they last conversation they got into, we said we would work with them to see if we could get resolution. He said, "But I do not, as management within Christus St. Vincent have the autonomy nor authority to go to that group as a third party and tell them what to do with their assets. That's why we indicated that would work with them to get resolution which they have committed to."

Chair Harris said, "Well, I don't want to get too deep in your business, but if SVH Support is half of Christus St. Vincent Regional Medical Center there is a contractual connection there at some level, and I would think that in a fairly complex arrangement, again I'm not going to get into it, but it seems like SVH Support, give their half ownership of the Hospital properties and its affiliates, I guess, I don't understand why they wouldn't participate in this."

Mr. Adams said they have been a willing participant in resolving the issue once it was brought to light.

Chair Harris said signator is probably a better word.

Mr. Adams said, "The conversation we had at the last meeting was asking whether I could guarantee that, and I cannot guarantee that because I function in this box right here and they're in the box right above me, so I can coordinate with them, but I cannot require them to do anything, but they're absolutely a willing participant in resolving the issues that have been brought forward."

Chair Harris said we're amending a Master Plan that has multiple lots, most of which I guess, are owned by, and maybe I should ask. Are the lots identified in the Master Plan owned by Christus St. Vincent with the exception of B-2.

Unidentified person said yes.

Chair Harris said we have one lot owned by a different entity, what is their position vis a vis an approved Master Plan.

Mr. Shandler said, "I thought there was somewhere in the material this had all been worked out, but I guess it's still not. Let me try to find that citation that I'm looking for."

Unidentified Commissioner asked, "Can you explain a little bit further what your question is circling around this."

Chair Harris said, "If we're considering an Amendment to a Master Plan that deals with all the properties, it seems appropriate to me that you would have the owners of the various properties, and we've been told it's all Christus Regional Medical except for one. It seems like the City of Santa Fe would want them as a signator to a Master Plan. It seems to me. I know Mr. Delgado was here earlier and I don't see him now."

Unidentified Commissioner asked the Chair if it was Lot B-2 that he was saying was not owned by you guys.

Chair Harris said that was from memory.

Mr. Adams said it is the Physicians Plaza Lot and not the Medical-Dental Building B-2. We own medical dental, we just bought that in the last 45 days.

Unidentified Commissioner said, then everything we're contemplating here affects the properties owned by Christus St. Vincent, so do we need to...

Chair Harris said we are amending a Master Plan that was amended previously, that describes this property, B-1. It's in the Master Plan. Now we're proposing to amend the Master Plan, and it seems problematic if you don't have all the property owners as signators.

Mr. Esquibel said, "With regard to B-2, again, there are no changes to that lot. The Applicant has agreed to mitigate the noise levels at that lot, and it is still part of the Master Plan. It appears to me that everybody is still in line with the overall Master Plan as it is progressing and as it has been proposed. I think with regard to signatures on the Master Plan and the Development Plan, I think we can probably work that out among the attorneys at a later date."

Mr. Shandler said, "The reference I was looking to was the submittal from the Applicant. It's in Old Business, 1,2,3 is the label, it's Exhibit B. Chairman Harris's questions and applicant responses. Number 4. Are all tracts affected by the proposed Master Plan Amendment owned by the same entity. If not, will all ownership interests be required to agree to any and all conditions imposed by the Commission. Answer: All land identified in the Development and Master Plan is owned by Christus St. Vincent Regional Medical Center or its affiliates."

Chair Harris said that's not what we just heard.

Mr. Adams said, "We can pull legal documents to clarify the ownership. It is my understanding that we do not own the land that building is on."

Chair Harris said right, but it's part of the Master Plan. So when you say all land identified on the Development and Master Plans is owned by Christus St. Vincent, that seems not to be the case.

Mr. Adams said he'll have to look into the history of that, to see if there is an oversight with that. He said, "I think the important piece is that the individual who does own the property has committed to rectifying the situation that was question, without getting into the legality of who owns which lot. And we will clarify that and resubmit that documentation."

Chair Harris said, "Mr. Smith, you're pretty good at hypotheticals, I don't want to belabor it, but if they want to expand that particular building can they do so."

Mr. Smith said, "They would have to apply to the Planning Commission for approval of the Development Plan for expansion. They would have to show that they are consistent with whatever conditions of the Master Plan that remain in place that affect their property."

Chair Harris said okay.

Mr. Smith said, "I would note that the original construction of that building was itself subject to approval as a Master Plan by the remaining conditions of approval that are specific to that particular building as well, although we have not researched them.

Chair Harris said the last "hot topic," for him is the proposed 65,000 sq. ft. addition. He said, "Although I asked for the elevation from the right-of-way, as near as I can tell, the property line is about 190 feet from the closest point of the addition. The answer was given that it is approximately 268 feet from the back of the curb to the closest point of the addition. And the building itself... well the elevation of St. Michael's Drive is 6,987 and the finished floor of the new wing is 7,013, so there's 26 feet there. And you're asking for a variance to go up to, actually I've seen two numbers, 49 or 41. 49 is in the cover, and 41 is in the text. Let's use the smaller number. And that's the finished floor of the wing where we have parapets. And we've got a building that is going to project up perhaps 70-80 feet above St. Michael's Drive. It's a significant presence within the Highway Corridor."

Chair Harris continued, saying he wanted to be sure people understand the numbers and get a sense of the scale of the building as it's perceived from St. Michael's Drive. He said, "Quite frankly, I'm okay with it, the way it stands right now. What I'm not okay with is the potential of two more stories on top of what we have. That be another approximately 40 feet. My own hope and belief is that the City will accept and appreciate what's being proposed in it's current form. I'm less convinced that the City will appreciate another two stories on top of it. Ms. Jenkins."

Ms. Jenkins said she would like to add, as discussed that the last hearing, that they have no imminent plans to do that, if that if they were to proceed with that, that would have to come back before this body. She said, "And with this application there is no entitlement for any additional stories on the new wing."

Chair Harris said, "Right, I know, but if you're anticipating, we can also go back to the Master Plan and make you include that as an amendment to the Master Plan. You're talking about the potential for a 10,000 sq. ft. storage addition. It seems to me you really should be talking about the potential of another 65,000 sq. ft. building addition. I mean, really, that's what you're saying. If you anticipate it, not only in your plans, but in the money you're spending for a foundation system that will support it, you know. Master Plan Amendment aside, again, I think there would be resistance now if that's what you were proposing. You're not suggesting it's going to happen, but you're not making a formal request. And since you're not making a formal request, I see no way to construct it in such a way that would allow it to be built through a future Master Plan Amendment. Again, this is what we talked about at the beginning."

Ms. Jenkins said, "Sure. Absolutely. I just think it would be fiscally irresponsible not to construct this building in a manner that would support an addition in the future, should that be needed. It's not needed right now, but to invest in this structure without accommodating the possibility for an addition, in terms of the Hospital's own fiscal responsibility, that is why it's being designed the way it is."

Chair Harris said, "Yes. Well I think you can reverse that. I think, given what we've heard about the money constraints, it seems to me it would be fiscally irresponsible to spend money for a foundation for something that won't be approved."

Mr. Adams said, "As we discussed in our last meeting, when you look at the health care front, everything that is changing in health care, it's continually evolving. Everything is moving from in-patient to out-patient. When you look at the surrounding communities and the hospitals that exist in those communities, as health care continues to change, or will become increasingly more difficult for them to survive, we are preparing for the fact that in the future, we may be receiving in-patients from more of those communities and it may require expansion for beds. If you're going to build the building, the only place to put the med-surg beds adjacent to where they should be, based on proper hospital design, is on top of the two floors that we are proposing right now."

Mr. Adams continued, "When you look at the concrete, you get to do this only once. It would be irresponsible not to put the footings in the ground to support a future 4-story building, whether or not it is approved. Again, as we discussed last time, we don't anticipate that being a need for the next 10 years, but we're building a 40-50 year physical plant here and I can't tell you what's going to happen in the next 20-30, so we're going to prepare for that today."

Commissioner Propst said that response raises a question for her about the levels. She said a big deal has been made about everything needing to be on the second floor, but if you're "looking at putting up," why can't you go down now instead, and avoid this height variance and everything else.

Mr. Adams said, "By Code, hospitals are required for patient rooms to have windows with a certain distance from other buildings, so there is a clear view to allow sun in. This is all going to be patient care area with the exception of the first floor which is undetermined at this point. So it's required to go up, based on the national requirements."

Ms. Propst asked if it could go on the first floor.

Mr. Adams said, "That could be an option in the future. Like I said, we haven't determined what the first floor is going to be for, but it is highly unusual for hospitals to put patient care on the first floor, adjacent to a lobby at your main point of entry. It is where you have the most noise, the most volume of people coming in and out of the Hospital and it's not conducive to a quite environment for patient healing."

Chair Harris said while you described a hypothetical where potentially some hospitals would close down, they would need to aggregate those services at Christus St. Vincent. He said, "I also think of another hypothetical which involves a dual hospital, which as we know, is a real hospital in this town. And I think the dynamic between the two hospitals, I have to believe, would probably satisfy the needs of Northern New Mexico for the next 40-50 years."

Mr. Adams said no one has expressed interest in building another hospital to date. He said, "We know a competitor has bought land in town, but they've owned that land for a significant number of years without development. So, whether or not there will be two acute care hospitals in Santa Fe in the near future is undetermined at this point in time."

Chair Harris said, "Like I say, you described a hypothetical and so did I."

Mr. Adams said, "Absolutely."

Commissioner Kapin said, "If you're applying for a foundation for a building that potentially could be 4-stories, that's sort of what we need to assess this process as. And it does pose... well I mean... the argument about it being infeasible to put it elsewhere because it needs to be lined up on the second floor, kind of goes out the window when the 3rd and 4th floors potentially aren't going to line up with anything and it makes that criteria a little hard to.... I mean maybe you can address that. Again, that was the question that I had."

Ms. Jenkins said, "This was discussed at the last hearing, but I think it would be better for Mr. Adams to discuss the proximity to services with going up to the 3rd and 4th floor."

Mr. Adams said Mr. Huie has a diagram on this, noting they are cohorting all the med-surg units together, and they can see by the diagram he's going to bring up, this is the closest adjacency where we're building today to align those med-surg units. It is also note that in working with the neighborhoods, the neighbors do not want us to build a two-story building behind the hospital which is the only other viable place the building can go. Therefore, it dictates that it go in the front of the building."

Chair Harris said, "Well, I wouldn't accept that. I think parking structures an option to open different portions of the site."

Mr. Adams said, "As discussed in the last meeting, when you look at the physical layout of the Hospital and where certain departments are located, future growth zones are dedicated for those areas, and you don't build in those areas to interrupt the future growth zones for, say your E.R., or your O.R., or you imaging services, which prevents us from putting the building on other parts of this Hospital. This is standard hospital design throughout the country."

Marty Huie, Hartman & Majewski Design Group [previously sworn], using a drawing from Exhibit "11," said, "If I may. WHR Architects strictly design hospitals, that's all we do. And the layout of this with the location of the med-surg, right 'here,' this is the second floor. 'Here' is the present ground floor and this is our third floor. As we see here, our second floor, here is where the O.R. and ICUs are. The location could possibly be back 'here,' closer to the neighbors as has been suggested, but if we do that, we are taking med-surg patients through a restricted area. And staff, to come down here to, this is where lab function occurs. And that lab function happens a lot during the day, during that time. 'This' staff functions with the other blue staff here throughout the day. And here is the emergency room. We take people from the emergency room, transport them back to the back corridor, not through the main lobby, to the appropriate room if they get admitted. Surgery happens back 'here,' and people go out of surgery into recovery and ICU and then in the med-surg. That's why all the med-surg beds are located where they are. To make the comment that they go on the ground floor, the beds could go on the ground floor down 'here,' but the problem of the beds on the ground floor and that is an option for future, the problem of doing that, is we have sidewalks along the way."

Mr. Huie continued, "Views are required out of patient rooms. So by having views out, you are having to move a lot of landscaping and everything, a lot of buffer zone in front of the hospital, reducing parking and everything else. As Mr. Adams said, a lot of noise there... I'm going to zoom-in on the second floor... for us to move a patient to the first floor we would be taking them through the main lobby. There's no back door to get there. We would walking patients through the ICU where it has to be quiet, and infection control aid flow is very very important. There was a huge grading score we performed, locating it back 'here,' locating it over 'here,' actually looking at 'demoing' the cancer center at one time, placing it at this angle, placing it down 'here,' truly this location 'here' for all the grading scores for infection control, travel distance for public, dramatically placed it 'here.' If we placed it back 'here' the travel distance from here for a family member to come visit is truly 3 football fields back, as opposed to keeping the main function of why all the med-surg beds are located 'here.' And the med-surg is the primary point where you have visitors come visit family members. ICU limited hours, limited time to see."

Mr. Walsh said, "This site intended for a community hospital and it's now trying to be a regional medical center. I think what you heard, is this site has reached it's capacity. And for growth it needs to involve another site. Thank you."

Chair said we're getting pretty close. He wants to hear the Commissioner's thoughts on the point he just raised at the appropriate time.

Chair Harris said on the look of the building, asked if the stone proposed to be used is a real stone, or a faux stone like a stucco stone.

Mr. Huie said it is a 4-inch stone veneer, nothing it is still under budget talks with McCarthy, the contractor because they are trying to get a non-modular look and a non-uniform look to it that is more natural to the area.

Chair Harris said, "So, you would accept a condition on not using any faux stone, sometimes referred to as stucco stone. There you get that irregular modular, but it's fake stone."

Mr. Huie said, "I would almost say what we're suggesting, it could be argued, depending on how strict an architectural reviewer would want to be, a purist would be saying, what we're suggesting to be used is a true stone, but it is a modular element, but it's not a stucco stone... with core ten steel at the entrance, just to give a little variety of texture to the front entrance."

Chair Harris said but there are other materials that are available for that same effect, as opposed to steel at the main entrance to a hospital. Essentially, steel columns is how it will be read. He asked if they looked at other alternatives.

Mr. Huie said it was studied by the team in looking at it, we came back to the core ten for the history of the railroad in the area. That was part of the philosophy. "We went out to the Four Seasons, looked at what they had developed out there with their core ten and how well it fit into the natural environment."

Chair Harris said he was thinking about the core ten steel on Siler Road. He has a hard time accepting it as being reflective of any railroad connection, and seemed very inappropriate for the entrance to the hospital.

Kipp Schecht, WHR Architects, designer on the project [previously sworn], said, "I do have ties to this region. Part of the tie-in with the core ten steel was to the railroad, its history in Santa Fe. The steel look, the way that it patinas over time, it's almost like a living thing. It changes through the course of time in color, texture. It's part of the building... it's an accent piece that I do believe is appropriate in the area."

Commissioner Greene said, "While talking about the façade of the building, in looking at Exhibit "6," some of the photos from St. Michaels and from the intersection, a lot of the buffer trees currently in the area where this building would be located, seem to be taking out, and the amount of landscaping that is replaced in front of it is a pretty meager 10 feet of trees in front of the façade there and probably not sufficient to mask a two-story wing that is already on 14-16 feet of well, as well as something that might end up being 4-stores on top of 14-16 feet of fill. Is there any potential to shift the road further from the wings so there could be more landscaping and something to hide this building a little bit."

Mr. Schecht said, "I guess I need to clarify or understand, shift away from the wings."

Commissioner Greene said the current entry road that comes up from St. Michaels cut right to the face of the building, smack toward the façade. If it was pulled slightly to the west, and moved further to the west, there could be more space for pedestrian loading and unloading, but also for some trees to shield the façade along the face.

Mr. Schecht said, let me understand what you're asking, 'this' right 'here,' and Commissioner Greene said that's correct."

Mr. Huie said, "The reason we set the drive lane where we did, is we have the cistern and other irrigation related, the water catchment and the cistern right there at that location. And that was built in the last 4 years, so we were trying to maintain that landscaping area as it existed. And we also run into utility easements and thing like that, that we can't push the building any further. I know the roadway could shift, but it was the cistern and other circulation, maintaining as much parking as possible that we were shooting for."

Commissioner Greene said, "I've seen comments throughout since 1984 and 2006, both that you're over-parked and that the distance from parking to the entrance has been an issue. So unless you're proposing to push the parking under your building, there's not that argument as much. And for the driveway and the circulation, and the buffer of some landscaping, I think there would be potential to mask this building when you drive along St. Francis and you have our beautiful skyline of mountains behind it, to have a 2-4 story straight façade across there. With the largest trees on the site currently being taken out, I think there's a chance to put those back, even if it's just a little buffer in front of it."

Mr. Huie said for clarification, noting they had discussions this week concerning landscaping, and right now the landscaping we are providing in front of this hospital exceed Code standards dramatically, is 3 times landscaping required.

Mr. Esquibel said, "A note on top or architecture. We did take a look at the architectural with the Applicant. It is should be noted the Applicant is in line with meeting the architectural point standards. We actually sat with Director Martinez in a long meeting to discuss the architectural requirements. And at this point in time, the proposal is in line with all point requirements with Chapter 14 for architectural styles. And the applicant is correct, we did utilize the additional landscaping they provided as part of our reason for supporting the variance for this building."

Commissioner Greene said, "The 3 largest cottonwoods on the site will be demoed by this and what is being put back in its place, is just more parking, but not necessarily more equivalent landscaping in front of it."

Mr. Miller said, "And I may add that we're exceeding the number of trees that are coming out significantly. One of the tables on Sheet L-1, LP-101 lists all of the trees in those islands and the quantities of trees going back around the building, exceeds what's there now. And they are mixing species that are going to get tall." He noted as you come north off St. Michaels there is a significant D-shaped area with heavy trees as you come in, the part that is closest to St. Michaels. As the slope comes up, the trees will get taller in front of buildings, so there will be more living trees in front of the building.

Commissioner Greene said from looking at the drawings, it appears there is a 15 foot buffer for trees, so a good size tree will be brushing the building if it has an 8 feet crown, or 15 foot size tree. But a good size tree that might want to be 30 ft. round probably needs more space than that and you're not giving it.

Mr. Miller said, "I feel the species we've selected will be more fastigiate, meaning they go up instead of out. There are some nice elm species we're proposing in there. We don't want to do cottonwoods in that location, so we're not proposing to put back the tree species that are there, nor are they are proposing ponderosa pine which are both inappropriate. What we feel now that is the plan are appropriate trees."

Commissioner Greene said those are more urban trees, like street trees, so not as large, not as able to shield the building, but more of a little accent pieces.

Mr. Miller said they're not as spreading, but they do give some height.

Commissioner Greene asked the expected height.

Mr. Miller said he doesn't have the plan in front of him to know the species we're talking about.

SUMMARY OF CONDITIONS AND CONSIDERATION OF MOTIONS

Chair Harris proposed to summarize and consider motions at this time, with which the Commission agreed.

Mr. Esquibel said, "Since a lot of conditions are being adopted, can we make sure everything is clearly stated in the microphone so we can pick it up, that way I can extract them from the minutes."

Chair Harris said, "The first case is 2015-47, 455 St. Michaels Drive, Christus St. Vincent Regional Medical Center Master Plan. And to remind everybody, the way the recommendation is written simply states, 'Recommend approval of Case 2015-47 to the Governing Body, subject to conditions of approval identified in Exhibit A and approved variances and Development Plan. So we can act on this, but knowing this will be tempered actions on the subsequent cases, regarding the Development Plan and the Special Use Permit and any conditions that were placed. Or do we need to describe the conditions right now."

Mr. Esquibel said, "What I would recommend is that all conditions apply equally to everything. Since everything is married, we will just make sure that all of the conditions that are applied will be represented on the Resolution for the Master Plan as well as placed as part of the Development Plan when they put in place. So all you have to do is make one recommendation, one set of conditions and everything will apply across the board."

Chair Harris said, "We do ask you to break up the cases, which I appreciate, but I think what I heard you say is we should go ahead and get it out of the way and make an attempt to describe to the conditions right now associated with the first case. Would you agree with that Mr. Shandler."

Mr. Shandler said, "You'll have another chance to see this all in writing in the Findings of Fact, and so if I put the conditions on the wrong case, we'll have time to correct that. So I think, given the late hour and the depth of the topic, maybe if you could get all your conditions out and we'll present it in writing. If you agree or disagree, we'll sort it all out at the next meeting."

Chair Harris said, "Looking at Exhibit A, the first category deals with traffic, I think the modification to point number two, or the condition, the way I would propose to amend it, "*The developer shall limit access at their southernmost access point onto Hospital Drive to* entrance only, right-in-left-in."

Commissioner Kadlubek said there is also a change on Condition 1, but we can go back to that if we need to.

Chair Harris said that is correct, but he was going to deal with it on 4A.

Chair Harris said what he heard previously, is it's going to be accomplished by striping, not by constructing a raised median.

Mr. Romero said, "It would be through on-site signage. No striping alterations to Hospital Drive are proposed."

Chair Harris said, "So the limitation to entrance-only would be accomplished through on-site signage."

Mr. Romero said, "Yes."

Chair Harris said then we strike the second sentence, and he thinks the third and fourth sentences still apply.

Chair Harris said, "Third under traffic, *The developer shall perform intersection improvement at the Hospital's northernmost access onto Hospital Drive so as to improve pedestrian crossing across Hospital Drive.* I think the discussion about traffic calming on Hospital Drive, I had originally thought we would attach 'that' to 'this' one, but I think you expanded it Commissioner Greene, to where we must have a separate condition that talks about consideration of traffic calming the length of Hospital Drive. Is that correct Commissioner Greene."

Mr. Greene said yes.

Chair Harris said, "So again, I think what we have there is appropriate."

Chair Harris said, "The fourth one. *The proposed Master Plan also includes a 36,000 sq. ft. addition..... a. The developer shall calculate fair share contributions.* So we're going to propose to substitute language. Do you want to read that Commissioner Kadlubek.

Commissioner Kadlubek said, "The developer shall calculate fair share contributions for the needed improvements to Galisteo/San Mateo intersection at the time a development is submitted. Funds equal to the developer's contribution will be placed and held in an escrow account to be maintained by the City. The developer's contribution shall be used solely for the costs that are necessarily incurred for the design and construction and right-of-way acquisition, with either a traffic signal or a roundabout at the Galisteo/San Mateo intersection improvements and for no other purpose. Any remaining escrow funds not used for the design and/or construction of the improvements within 5 years of the recordation of the development plan shall be returned to the developer."

Chair Harris said he proposes to strike that language.

Commissioner Kadlubek said, "I think that both the City staff and the Applicant are in agreement that this last *[inaudible]* can stay."

Chair Harris said, "Mr. Romero again, what I heard was that with right-of-way acquisition, the approximately $84,000 will be, in your opinion consumed. So what is your position in striking the proposed language "to return after 5 years any remaining balance."

Mr. Romero said, "I prefer to leave that to the Planning Commission. All I can state is that I feel fairly comfortable that we can spend most, if not all of the funding within 5 years."

Chair Harris said, "Okay. Asked and answered. Commissioner Chavez."

Commissioner Chavez said, "I'm also comfortable with that provision, because I think it behooves the City to have motivation, since it says 2017 is the year this is supposed to be implemented, that there is additional motivation to start developing and designing of these improvements as soon as possible. So, I'm okay with the language staying for that reason as well."

Commissioner Greene asked if it would be possible to extend this to the intersection of Galisteo and Hospital Drive as well, because the solution might be there and more of a critical juncture for a more timely solution.

Chair Harris said, "if we're tracking and responding to the TIA, which shows the imminent failure of only one intersection, at Galisteo/San Mateo, so I think that's where our attention has to be."

Chair Harris said, "These things take time. If we leave the language in, would you consider 7 years instead of 5 years. The impetus is still there that Commissioner Chavez described."

Mr. Smith said, "Might I also suggest that we have the phrase, "on request from the developer," which will put the onus to ask, in a timely fashion, for the refund of the money on the developer, rather than staff to remember 7 years from now."

Commissioner Propst said that sounds like a reasonable recommendation, but we've heard from staff they can use the money in 5 years, and doesn't think we need to do 7 years, it's sort of pulled out of the air, and thinks we're asking a lot from the Applicants and we could leave it the way it's written and agreed to earlier.

Chair Harris said, with the additional language referencing right-of-way acquisition, we are essentially going to track with what the Applicant has proposed, and asked if that is correct.

An unidentified Commissioner said that is correct.

Chair Harris said that language will be inserted under 4(a)

Commissioner Kadlubek said he thinks the last sentence already in 4(a) should also be included, which is *'The developer will be required to contribute these fair share contributions at the time of development.'*

Chair Harris asked what the Commission would like to do about 4(b).

Commissioner Kadlubek said 4(b) is, '*The TIA projects that during this phase of development, the Hospital's northernmost access onto Hospital drive, across from Harkle Road, will fail. At the time of development, the developer shall implement a roundabout.*'

Commissioner Propst said they still could evaluate all options, including a roundabout.

Commissioner Kadlubek continued, "*The TIA projects that during this phase of development, the Hospital's northernmost access onto Hospital drive, across from Harkle Road, will fail. At the time of development, the developer shall evaluate all options, including but not limited to implementation of a roundabout, unless a revised TIA with more recent traffic data recent traffic data shows that the access operates at adequate levels of service under its current configuration.*'

Chair Harris asked Commissioner Greene to take a stab a drafting a fifth condition that deals with implementing traffic calming measures along Hospital Drive, based on the design to be reviewed and approved by the City Public Works Department.

Commissioner Greene said it sounds as if he has already drafted it. He said his concern is about pedestrian off/on the site, noting some of it is bicycle, some of it is traffic and it's a whole laundry list of deficiencies in the neighborhood, to which the Hospital has a fair share of contribution. He asked how we make that part of this Master Plan.

Mr. Romero said, "We can address that. So, regarding Hospital Drive, right now there is a parking lot on it, so the bicycle facility on that would be a shared traffic ring. On Galisteo and San Mateo, the Santa Fe MPO's Bicycle and Trail Master Plan currently includes a plan to improve that area. With that being said, some of the City's 2012 GO bond has funded a portion of it. We are looking to get the remaining funding to accomplish those bicycle improvements as identified in the Bicycle and Trail Master Plan from the City's 2014 CIP bond. It was set to go to the Bicycle and Trail Advisory Meeting at it's last meeting, but it was postponed. So the next one, has the endorsement of the Subcommittee for On-Road Bicycle Improvements, so there are imminent plans and it looks like imminent funding to accomplish bicycle improvements in this area."

Commissioner Greene asked if it is to complete sidewalks where there are no sidewalks at the intersection of Hospital and Galisteo. There are a bunch of sections there that do not have sidewalks that lead into the neighborhood or to other Hospital facilities or Hospital Zoning facilities.

Mr. Romero said, "As far as being able to attribute it directly to the Hospital, if the Hospital is drawing a significant pedestrian demand, I guess you may consider. But again, the Santa Fe Metropolitan Planning Organization is working on adopting a Pedestrian Master Plan, and part of that is prioritization for infill projects. Once that is adopted, we are going to present it to Council. Right now, we have about $500,000 of CIP bond money from 2012 and 2014 identified for what is calls Small Sidewalks. So we're waiting to spend that money after that Pedestrian Master Plan is approved, and after we present it at Council. This is one area where we're going to be suggesting that we spend that money as part of the Bicycle Improvement Project."

Commissioner Greene said, "And lastly, if we're not going to have any vertical traffic calming, street trees are considered... like a steady rhythm of street trees are good to slow down traffic as well as, I think they've just announced that we live longer if we have street trees in our neighborhoods."

Mr. Romero said, "I agree with the fact that it does help to calm traffic, but as far as committing to place them, I wouldn't be able to do so without consulting with the Parks Department who would have to maintain them. I would understand it would be difficult to install irrigation for one specific tree at a time, so they would more than likely have to water it with a truck. And I would have to consult them to see if it is feasible with current staffing."

Commissioner Greene said, "I wasn't thinking of island trees which would be great too. However, I was thinking more of street trees in front of the Hospital. Something along the sidewalk along that side, but whatever traffic calming method works the best would be better than nothing."

Chair Harris asked how the condition be written dealing with traffic calming along Hospital Drive. He said his rough language is, '*Traffic Calming Measures along the length of Hospital Drive, based on review and approval of the Public Works Department,*' and asked the Commissioners if this wording is okay.

Commissioner Greene asked if there would be equal contribution between the Hospital and the City, to try to make it a fair share.

Chair Harris said, "To me, this goes back to the 2006 Amendment, which requires the Applicant to deal with traffic mitigation and calming, is how it is phrased. So I think it's on them. Just like the pedestrian crossing would be on them. Okay."

Chair Harris said one additional condition that we talked about were improvements at the St. Michael's Drive entrance to be made after review of design by the Transit Division, and approval of the City Public Works Department. He said he is sure this condition will get fleshed-out in the Findings.

Chair Harris said this is all he has for traffic-related conditions external to the property.

Chair Harris with regard to landscape, he said what he felt we settled was the addition of a fourth condition of approval as follows, '*Landscape improvements associated with LP-104, LP-105 and LP-106, will be installed in Spring 2016.*'

Ms. Propst said that reflects her notes as well.

Commissioner Greene said he would like to request the landscaping buffer in front of the wing to closer to 25 or 30 feet as opposed to 12-15 feet, noting right now it's about 10 feet of landscaping and 5 feet of sidewalk, which isn't much landscaping buffer space. He said it's within Code, but it is a variance on the height and size of the building, but it's for the debate of the Commissioners. He said if there is support it would be great, but if not, he will defer.

Mr. Aube said, "I don't believe that I can do that and maintain that cistern that is there. By the time I shift that drive lane over and all of that to create the buffer larger at the building, then I will need to remove and relocate the entire 10,000 gallon cistern and all the pumps and everything else related to that."

Commissioner Greene asked Mr. Aube to point out the location of the cistern on the map on the overhead.

Mr. Aube said, pointing on the overhead, "It is right at the intersection...."

Commissioner Greene asked, "Is it in the knuckle...

Mr. Aube said, "It is to the inside of that curve, just to the south of the parking area, right against the driving lane. And it was set there, because back in 2006, we had proposed a different ring road, and we were trying to balance both of those things to allow the ring road, if that was desired in the future, to come back in and still get the cistern in there that the landscaping needed."

Unidentified said, "And I would add to that, that that's at the very lowest spot of the parking lot, so that's why all the water goes right there."

Commissioner Greene said, "I will just close with that we're going to look at this for 30 years, and we're going to drive by this façade, and we're going to say we wish there were more trees in front of that, but that's fine, so thank you."

Chair Harris said, with regard to stormwater and lighting.

Unidentified Commissioner said, "I was somewhat persuaded by the Applicant's response on that, that maybe that is a little micromanaging on our part, but I would leave it to discussion."

Chair Harris asked, "What's your own experience. This is the business you're in. Have you seen studies of a similar nature."

Unidentified Commissioner said, "I can't cite any studies right now, but I that if they do the cost/ benefit, they're probably going to do it anyway, so that's why I'm not as worried about dictating it."

Chair Harris asked if that is with the assurance that the Applicant does a cost/benefit analysis.

Chair Harris said there are no changes further changes in lighting and stormwater, or in sewer, water backflow prevention. With regard to fire hydrants, his concerns were answered regarding the protocol with the Hospital employees for testing those private hydrants, and the engineer acknowledged using the Santa Fe *[inaudible]*, so he thinks that should be good to go.

Chair Harris said the last miscellaneous group deals with the water budget. He said, "The changes to that, I don't think so. Okay."

Chair Harris said, "I heard the Applicant say, characterize, '*The northeast generator will be enclosed in a specialized unit at the front end of the project.*' Okay. I still would like to see the language read, 50 dBA 24 hours a day. That's just logic to me."

Chair Harris said, "We didn't talk about the *'Engineer's cost estimate for all required on and off site improvements with financial guarantee. The financial guarantee shall be in favor of the City.'* I think that's standard operation procedure."

Mr. Shandler said, "Back on the noise, do you want your standard construction time."

Chair Harris said, "I was going to add that. I've got a little list here, but thank you."

Chair Harris said, "So that was number 3."

Chair Harris, responding to an inaudible comment by a Commissioner said, "That's a good point. Maybe we just wrap up the conditions."

Chair Harris said, "I propose a condition to limit construction activity to the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday and 8:00 a.m. to 2:00 p.m. on Saturday with no construction activity on Sunday."

Chair Harris said, "I propose as a further condition, that the Internal Site Traffic Circulation Plan be expanded to study the Internal Pedestrian Circulation Plan. It's hard to say, my own experience is basically you walk from one parking lot to another, and step over a curb in order to make a short cut. So I think there needs to be an analysis of appropriate Pedestrian Circulation Plan as part of the Internal Site Circulation Plan."

Commissioner Greene said, "To add some specifics to that, one of the things I noticed there were no sidewalks to get from any of the buildings on the campus to the street. So there's a sidewalk that wraps two sides of the site, but none of those turn into the property. So if you wanted to in, you would have to take an active roadway or go across a grass lawn. So if we could be specific about adding 5 foot wide sidewalks at all vehicle access points with curb and gutter that lead to all buildings, and specifically to add at 5 foot wide clear passage between all buildings on campus. For instance, Medical-Dental Building to Physicians Plaza, or Physicians Plaza to the back of Surgical Center, or something like that. These specific points that might have people walking across. They put some of them on already, but I think the ones that get specifically to the street, to Hospital Drive and to St. Michaels are desperately needed. So in a form, added to the motion, to add 5 foot wide sidewalks to main buildings to St. Michaels and Hospital Drive, including all vehicular access along each side of vehicular accesses."

Mr. Shandler said, "I would just ask that the verb be 'may' instead of 'shall,' because I'm not sure that type of depth was discussed on that particular matter. And given the late hour..."

Commissioner Kadlubek said, "I totally agree. I think some of these last conditions, I don't feel comfortable supporting, because we didn't have a chance to talk about it, talk to the Applicant, talk to staff."

Chair Harris asked, "Do you have any problem with the generic development of a pedestrian plan."

Commissioner Kadlubek said, "Using the word 'may,' I'm fine with a generic development, and the use of the word may, rather than shall in Commissioner Greene's condition."

Chair Harris said, "There was no discussion about the response on sustainable practices, zero discussion amazingly. And so is that because we agree with, so the exhibit they provide really represents the condition for sustainable practices. Again, this is part of the can be, and should be part of a consideration for a special use permit. Everybody read that memo of what they're proposing, again it seemed pretty generic to me."

Commissioner Greene said, "Maybe not for this case, but I would ask staff and maybe the Council at some point to start to put metrics together for specific areas where we could measure sustainability, whether that's water use, energy use, location to other services and mixed use things. At this point, I guess we've missed our chance on this to be specific."

Commissioner Kadlubek, "I would add, I agree with Commissioner Greene, it's hard to me to imagine what a sustainability plan looks like, means, what the weight of it is. I would look toward staff and other Commissioners with more expertise to lead the way on that. But mostly I look toward staff to lay that out a little more clearly what it looks like, so I agree."

Unidentified Commissioner said, "I agree. I think we need more from staff on that going forward and should work together on how we can improve that. You're right, a sustainability plan can be really excellent or really weak and something people hide behind and not do much."

Commissioner Greene said the sustainability plan is very weak in that regard.

Chair Harris asked, "The document provided by the Applicant in response to our question, is that an acceptable condition. We talked about low flow toilets, talked about LED lighting internally to the building."

Commissioner Propst said, "It isn't what I was hoping to see from the Applicant, but again we don't have a lot of specifics to work from, around what we can expect. So I don't think it's fair to try to implement things right now on this project mid-way without some sort of clear direction from staff and from the Council potentially."

Chair Harris said, "Yes, but if the Applicant has made these representations, it seems to me like we can accept them."

Commissioner Kadlubek said we can definitely accept what they gave us, absolutely yes.

Chair Harris asked Mr. Shandler if he can capture that, and Mr. Shandler nodded he can.

Chair Harris said, "I'm going to propose a condition that true stone would be an acceptable veneer material, true stone.... I just want to get away from any consideration of a faux stone, a stucco stone. Say yea or nay. These are conditions you are going to vote on. I only vote in case of a tie."

Commissioner Kadlubek said, "Personally, I don't really care either way. If it's something you want, I'll yield to your leadership here, Chair Harris. And if that's something that matters, I'm not in a position to say either way how I feel. That's the truth."

Mr. Esquibel said, "Not associated with this, but I just want to make sure that the conditions that were put in place by MPO are also included as part of staff conditions. It didn't get put in the matrix. They are on the DRT list and those deal with the trails that we've all agreed on. And I believe the Applicant would like to discuss the time schedule for noise if you would allow it."

Chair Harris said we will, once we have a complete list. I know the Applicant does want to talk about it.

Chair Harris said, "Not a condition, but I really want the Applicant, the design team and the people who live [near] and use Christus St. Vincent's Regional Medical to consider something other than steel at the entrance. It's the wrong message to your patients and their families, in my opinion."

Chair Harris said, "One thing we've not talked about, but I want to propose with the final condition is that, *'The Applicant return to the Planning Commission within one year for review of progress and compliance with all the Master Plan conditions. I would like a report.'* Okay. Commissioner Chavez."

Commissioner Chavez asked if we want to have a conditioner in there about the northwest generator. That wasn't mentioned when we were talking about the generators. We only talked about the building on the east side. Do we want to have a condition in there, even though it's not their building, can we. I'm not sure what the protocol is on that, to ensure that's taken care of as well."

Chair Harris said he wants to know whether or not SVH Support is a signator. He said we do have a letter from SVH Support and the representations they're making. "So that's where I was going to leave it. Mr. Shandler."

Mr. Shandler said, "The dilemma that I understand, is that this is a Master Plan and there may another entity that's on this Master Plan. And this one citizen has brought up an example of how she raised a complaint. And the Hospital said, sorry we can't do anything, that's someone else, even that's on our Master Plan. I think that's the context of the discussion. I think that if you're on the Master Plan you're subject to the conditions of the Master Plan, regardless of what your entity is. But, I don't know if I can resolve that right at this moment clearly."

Chair Harris said that's the reason he was deferring. He said, "Perhaps we could, at the very least, just attach the letter from SVH Support as an exhibit, not necessarily as a condition, but at least it's on the record of what they 're intending to do to solve this. Short of you telling us, hey, they've got to sign off on this and agree, which you're not prepared to do, I don't know what else to do."

Mr. Esquibel said, "Since you've already made a recommendation to look at the progress of this, you can also check on that to find the progress of where they are with removal of that within a year's time. So you would be able to address that at that time if it's not satisfactory."

Chair Harris said, "Let's finesse it. I'm willing to assume that SVH Support will honor the commitment they've made in writing, attach it as an exhibit to the case, and that should be reported back, as well within the year. At the very least, in terms of Code enforcement, the City of Santa Fe needs to talk to them. We already know they're above the accepted levels. So, cite them, give them 30 days, 45 days to correct it."

Mr. Smith said, "I think the staff will take to heart your recommendation that we investigate enforcement activity, independently against a possible noise violation at that location."

Commissioner Propst asked if this moves us to the MPO conditions, asking if we need to move through those as well.

Chair Harris said he thinks Mr. Esquibel mentioned it, but he doesn't know if we need to reinforce that, but if you go ahead and state it for the record, Mr. Shandler will capture that as an additional condition.

Commissioner Propst said, "Mr. Shandler, please capture the Santa Fe MPO proposed conditions of approval as additional conditions."

Ms. Jenkins said, "One very critical issue I wanted to speak to relates to the construction hours. As you can see on the screen right now, the proposed addition, measuring to our nearest residential neighbor is 775 feet away. And then, over 'here' in 'this' area is the lay down yard where construction materials can be kept and transported for the purpose of constructing 'here.' That is 818 feet away from our nearest residential neighbor. And there's a building in the way. Buildings are good at reducing the spread of noise and sound. I think it's a barrier just from a contact standpoint. We're not building up 'here,' we're not building over 'here,' we're not building right here, literally on top of our neighbors."

Ms. Jenkins continued, "When this issue came up with respect to a reduction in the construction hours, we reached out to our general contractor and said, what is the financial implication of that reduction, in terms of schedule, and schedule being the biggest issue. It adds over a year of time to the project and about $1.5 million. And it has a significant impact. Our goal is to get it enclosed as quickly as possible, so all the activity is happening on the interior of the building, so I think it's going to unintended consequence of drawing out the construction timeframe. Which that point of that request is to reduce the impact on the neighbors, but having us out there working longer I don't think accomplishes that."

Unidentified Commissioner asked, "Can I ask how long they're planning to work, including the hours they're planning to work."

Ms. Jenkins said, "In accordance with the City Code, there is a noise level requirement that can occur from 7:00 a.m., there's different noise level maximums that are permitted from 7:00 a.m. to 9:00 p.m. We intend to start at 7:00 a.m., and usually the crews are off site by 3:00 or 4:00 p.m. in the afternoon. That's 5 days a week, and most of the crews are gone by 3:00 or 4:00 p.m. in the afternoon. There will be some crews there until 5:00 or 6:00 p.m."

Unidentified Commissioner said, "The five o'clock is okay on the tail end of it, but you are requesting 7:00 a.m., instead of 8:00 a.m."

Ms. Jenkins said, "Technically we would like to follow the Code. That is our request, to comply with the City Code."

Unidentified Commissioner asked, "Can I ask a question about the drawing. I understand what you're saying about the building buffering. My question is the difference between the bottom of that triangle there, is how far, and how do you propose that gigantic materials are going to get from that spot to the building. There is no noise buffer between that spot until you get to the building zone. And I think that's the concern of the neighborhood. And our concern."

Ms. Jenkins said, "I understand. So from a staging standpoint, there is a retaining wall that will be constructed 'here,' to accommodate the fire lane. Until that time, they will be transported across 'this' area to the construction site. There has, in the past, been some storage of different materials in 'this' area of the site. The neighbors expressed concern to us about not utilizing 'this' area, and we have no intention of utilizing 'this' area. So identifying area 'here,' for the purpose of staging the construction, we wanted to identify that because that was in direct response to concerns expressed about this area."

Unidentified Commissioner said, "You didn't really answer the question."

Ms. Jenkins said, "I'm sorry, I apologize."

Unidentified Commissioner said, "No, the question is about noise at 7:00 in the morning, and also there are the residents in the Hospital right behind this wing I'm wondering about. Going from where you're talking about staging over to the building is quite a bit of area that has zero buffer. This doesn't really address that."

Ms. Jenkins said it's a distance issue. The distance really serves at that buffer, with the added benefit of the building here. But just the strict linear footage sound will dissipate significantly over that distance.

Commissioner Greene asked how they will get from the staging area to the construction site. There isn't a curb cut across the arroyo. He asked if that is the plan, and Ms. Jenkins said, "That's the plan."

Commissioner Greene said, "So this is the FEMA flood plain that is so difficult to get across, but now is really easy to move construction material across."

Ms. Jenkins said, "I'm going to let somebody else respond to that."

Mr. Aube said, "Under one of the previous projects for the Emergency Department in 2005, an area over in 'this' area was used as a borrow pit to bring in the fill for building up this area. There currently is a lane that comes in right in 'this' area and cuts across the arroyo and they did put in a culvert to allow the drainage to go underneath that. If a 100 year flood comes, it's going to over-top that. So there is currently a lane that links that together to this open area in Tract D. So in the interim, until the retaining walls are constructed, that lane would be available to us to store the materials to deliver that to the construction area. But once the retaining walls are in there, those things will block all access down into the flood plain and our retaining walls are very close to the edge of that defined flood plain."

Commissioner Greene said, "So once you have materials beyond retaining walls, concrete work, and once you start doing a floor there is steel and all that. Where is that going to be staged."

Mr. Aube said he would think that is still in Tract D, and they would hold off on building a portion of the retaining wall to allow that access, but once we back out of that area and formalize the walls, then it wouldn't be accessible any more.

Commissioner Greene asked how they will access St. Michaels.

Mr. Aube said a project is being proposed by the City of Santa Fe to rebuild its water tanks over in 'this' area. He said, "They have come to the Hospital and requested to be able to utilize this area as well for a staging area. As part of that agreement, they were creating a temporary roadway to St. Michaels to allow their construction materials to be delivered, and we would just retain that lane that will be built by that project for delivery of our materials."

Chair Harris said we could have heard that earlier.

Chair Harris said there is one thing he talked about, but doesn't know how Commissioners feel about it. He thinks by rights, the current Master Plan Amendment should reflect the possibility of two additional stories. The reason is that they're proposing to construct a portion of it. He said they are going to spend money to build a portion of those two stories, and questioned why that wouldn't be an amendment to the Master Plan.

Mr. Esquibel said, "They have already indicated they are not looking to propose a second or third story on top of that. I'm not sure if you understand that, but the original hospital was designed to incorporate additional stories on top of that, and they chose not to go in that direction. So while they are proposing to construct the Hospital to meet a standard to attach the hallways together at the appropriate locations, it is their intent to also construct that in order that future development, they may or not need as a hedge against possible...."

Chair Harris said it's a Master Plan, and they may or may not need the 10,000 sq. ft. storage. They may sell the property. We've heard that tonight too, so again, they are proposing to construct a portion of the future addition, and Mr. Esquibel said this is true.

Chair Harris said the amendment to the Master Plan doesn't reflect that at all.

Mr. Smith said, "Staff's view is that it is clear that they have no authority under the Master Plan, as approved to build the third and forty story on that new wing, and they would have to come back to the Planning Commission and Governing Body for subsequent amendments through this same hearing process, when and if they expressed intentions to proceed with that. But it's unusual, and I can't think of any precedent where the Commission or the Council has regulated the underground construction on a Development Plan or a Master Plan."

Chair Harris said, "I don't know how the other Commissioners fee about it, but let's wrap it up."

Commissioner Kadlubek said, "I feel personally in regard to this, if it has to come back before the Planning Commission, and maybe 10-20 years from now, that the City that I live in and grew up in, I want to be able to leave some agility for the hospital that's servicing the City to be able to grow if it needs to. And if that growth is because we need more beds, or citizens that need more services, that they have the agility to come back and say, we need to grow in here. And the Planning Commission can make up their mind as to how they feel about that proposal."

Commissioner Greene said, "We don't have specific language that we do not endorse a third and fourth floor at this point, and the third and fourth floor aren't part of this case, and if there's going to be a third and fourth floor, that would be up to the Planning Commission at that time. I don't think we have to say that we're endorsing a third and fourth floor, because a third and fourth floor is not before us."

Commissioner Propst said, "I agree, while I share your frustration, your irritation that they seem to be contemplating something that they're not actually proposing to us to take a look at it all together, it's kind of at their risk, if they're going to spend the money and do this, having a foundation that could support other growth in the future, and it's got to come back to the Planning Commission. It's on them if they're going to take that risk that it might not be approved in the future if they plan to expand it, so I'm comfortable with the way it is."

Chair Harris said, "Commissioner Kapin, I see the same. Commissioner Gutierrez did you want to add."

Commissioner Gutierrez said, "Just a few quick comments, I haven't said much tonight. After learning about this entrance the City is going to use for the water tank, that they're going to piggy-back on, and after listening to the architect, for lack of a better word, I think there's a little bit of trickery going on as far as some of the things we weren't informed with. Being that entrance, this variance for the height. I'm kind of with you. I think that they keep going back and saying the neighbors, the neighbors, the neighbors. And the architect said part of the reason you put it here is because of X, Y and Z, if you guys listened to him. There's more to it than just the neighbors. There's economic impacts of why they decided to put in

the front. I have no problem with them going two stories today, but in the future, and I do think it is our job to look into the future, not just the hearing now, four stories is too much for that area, for that scenic corridor, the overlay. Thank you. It is my personal feeling, if we are going to get into this and we are going to discuss the future, I'm going to respond to Commissioner's Gutierrez's remarks is that if four stories is good enough for hotel rooms, tourists and downtown Santa Fe, that four stories is good enough for hospital beds for the citizens of our City."

Lisa Martinez, Director, Land Use Department, said, "Just a couple of comments I would like to make with regard to the architectural materials and the discussion we had about the stone and the steel. If I'm not mistaken, and somebody please correct me if I'm wrong, but in other parts of the Hospital that have been renovated, like the surgical area, I believe it's the same stonework that is being proposed on the addition. It is the same material that was used in that particular area."

Mr. Huie said, "That is correct."

Ms. Martinez said, "And I believe the same steel, the core 10 steel that is proposed for the entry way is the same material that was used in that area as well, except it may be painted."

Mr. Huie said, "It is painted, we are planning to leave it natural so it will patina and age over time, as Kipp, the designer explained."

Ms. Martinez said, "As sort of a general comment, and I'm of course new to this process as well, but I don't want to take things too far in terms of micromanaging some of the materials if they're already been used in other parts of the Hospital, and they 're there right now. We talk about this a lot on the Historic Design Review Board and how far we can take those selections. In our particular case, they have more specifics that allow them to do some of that, but of course, it specifically pertains to historic styles and what's in the surrounding neighborhood. And so I just want to be cautious and careful about that. I just wanted to make that comment."

Chair Harris said, "I think the way it was stated, we really only have one condition, that focuses on true stone versus faux stone, and that is what they have there now, and I was assuming they would do the same. The steel we ended up just basically making a suggestion to look at it more closely. It was not a condition."

Chair Harris said we did resolve the issue of the foundation that would support future additions. Work hours, hours of operation, it's in our purview.

Commissioner Kapin asked if the restrictions on work hours something that other large projects that have come before the Commission and you've worked with.

Mr. Smith said, "I believe there are one, or a few, projects where the Planning Commission has imposed special conditions. The staff has noted in the past, and would note again, concerns with the *[inaudible]* of staff having to enforce special conditions of approval in different neighborhoods. I think we would agree with statement that it is arguably with the purview of the Commission to do that. I think again,

we would urge the Commission to be cautious in how much control they try to exercise in that field."

Ms Jenkins said, "If I may, Chair Harris, I have a suggestion as a potential compromise, if it would be helpful. We would be in agreement with 7-7 Monday through Friday, and 8-5 on Saturday. So no late evenings, and that's idea I wanted to bring up."

Chair Harris asked how that is different from what you describe as the City Code.

Ms. Jenkins said the City Code is 7-9 Monday through Friday, and believes it is 8:00 a.m. on Saturdays, but it still goes to 9:00 p.m. on Saturday.

Mr. Smith said he can quote if they'll give him 10 minutes to research.

Chair Harris said no, lets just settle it, and asked the Commission its thoughts.

Commissioner said it seems like a reasonable compromise.

Chair Harris said, "So the proposal is Monday-Friday, 7-7, Saturday 8-5, no work on Sunday. Okay. It looks like there's an agreement on that."

****

MOTION: Commissioner Kadlubek moved, seconded by Commissioner Kapin, to suspend the rules to continue the meeting past midnight.

VOTE: The motion was approved unanimously on a voice vote, with Commissioners Gutierrez, Chavez, Greene, Kadlubek, Kapin and Propst, voting in favor of the motion and no one voting against [6-0]

****

Chair Harris said, "This represents, I think a complete list of conditions. And, as you say, we'll have the opportunity to review the language when we look at the findings. I hope we've captured everything. Commissioner Kadlubek did want to drop back and look at Table 1 provided by staff."

Commissioner Kadlubek said, "Part of the recommended approval of Case #2015-47, Master Plan Amendment, does say, Reference Table 1, Scope of Requests. So looking at Scope of Request, I think there's only one change that needs to happen to this Table, Scope of Request which is the 9th box down, Amendment to allow the southern driveway on Hospital Drive to remain as currently construction. Previous Condition #6 from the previous Master Plan, called for this intersection to become right-in right-out only. I believe that now needs to be changed to be amended to allow the southern drive on Hospital Drive to be entrance-only."

Chair Harris said, "Yes, that's the other thing I was going to mention."

Commissioner Kadlubek said so we got that one.

Unidentified Commissioner asked if we need to do something on the 65,000 sq. ft. omission from that Table.

Chair Harris said, "Yes, I think Mr. Esquibel just acknowledged an earlier comment that they will put it as part of the Motion."

Chair Harris said we have had full discussion on Case #2015-47, but we do not have a motion, but now we have a full listing of Commission, and asked if someone wants to "take a stab at a motion," saying they might look at page 2 of the Staff Report and use that as a guide.

MOTION: Commissioner Kapin moved, seconded by Commissioner Kadlubek, to recommend approval of Case #2015-47 "Master Plan Amendments," to the Governing Body, subject to conditions of approval identified this evening and approved variances and Development Plan (reference amended "Table 1 Scope of Requests," Master Plan Amendment).

DISCUSSION: Commissioner Greene said, "Just to be clear, this doesn't address the variances at this point, this is just the Master Plan."

Chair Harris said, "No. We're going to bundle everything and then drop back. We'll talk about variances and Development Plan next. Okay. Further discussion. Could we have a roll call vote first."

VOTE: The motion was approved on the following Roll Call vote [6-0]:

For: Commissioner Chavez, Commissioner Greene, Commissioner Gutierrez, Commissioner Kadlubek, Commissioner Kapin and Commissioner Propst.

Against: None.

2. **CASE #2015-74. 455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER DEVELOPMENT PLAN AND VARIANCES. WHR ARCHITECTS, INC., AGENT FOR CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER, REQUEST REVIEW AND APPROVAL FOR A DEVELOPMENT PLAN TO CONSTRUCT A 65,500 SQUARE FOOT ADDITION ON TRACT A-1-3 CONTAINING 20.65± ACRES AND FOUR VARIANCES TO INCLUDE:**

   a. **VARIANCE TO THE "MAXIMUM HEIGHT OF STRUCTURES" PER TABLE 14-7.3-1: "TABLE OF DIMENSIONAL STRUCTURES FOR NONRESIDENTIAL DISTRICTS" TO ALLOW 49' WHERE 36' IS THE MAXIMUM; AND**
   b. **VARIANCE TO THE "MAXIMUM HEIGHT OF STRUCTURES" PER SUBSECTION 14-5.5(A)(4) "STANDARDS," TO ALLOW 49' WHERE 25' IS THE MAXIMUM; AND**
   c. **VARIANCE TO THE MAXIMUM SIZE OF SIGN PER SUBSECTION 14-8.10(G)(2) FOR C-1 DISTRICTS TO ALLOW 80 SQUARE FOOT SIGNS WHERE 32 SQUARE FEET IS THE MAXIMUM; AND**
   d. **VARIANCE TO THE MAXIMUM HEIGHT OF SIGN PER SUBSECTION 14-8.10(G)(4) FOR C-1 DISTRICTS TO ALLOW A SIGN HEIGHT OF 37 AND 46 FEET WHERE 15 FEE IS THE MAXIMUM .**

(DAN ESQUIBEL, CASE MANAGER) (Postponed from July 2, 2015)

Chair Harris said Mr. Esquibel started out talking about modified language for signage and asked him to repeat his remarks, commenting he thinks he heard him say that after further negotiation, the Land Use Department can agree to modified variance language for signage.

Mr. Esquibel said, "What I stated, was that the Applicant, instead of going to the variance criteria, we discussed the variance criteria at large, with regard to the signage and both the Applicant's attorney and I both agreed it would be impossible to meet the standards. In order to be able to address the issue, they included the existing language within the 1985 Master Plan that identified the sign portion of that to be approved as a Sign Plan, both internal and external. That was requested as staff's review to work with the Applicant to meet that goal which will fall under the Land Use Director's authority within Chapter14."

Chair Harris said, "So that Sign Plan would address all existing, campus wide, all existing and proposed signs, is that correct."

Mr. Esquibel said, "We would evaluate the entire campus under a Sign Plan, that is correct, both on and off site, to meet the goals of the Master Plan as specified within the 1985 Master Plan."

Chair Harris said, "The way you stated it, then there's no variance to consider, it's just simply a condition to the Development Plan."

Mr. Esquibel said, "To the Master Plan which you just voted on, which was listed in there on one of those items. We did recommend denial of the variance to the sign plan, because they could not meet that standard."

Chair Harris said, "Oh yes that's right. Thank you. So then, to be clear, the variances just deal with height."

Mr. Esquibel said that is correct.

Chair Harris said, "I read 49 feet in the cover, but then back in the text, it does say 41 feet, can you, on page 10. So it says in a couple of places, '*The Hospital is proposing a 41 ft. high two-story building*....."

Mr. Esquibel said, "Because this is running through a couple of areas, you have the South Central Highway Corridor which measures to the roof deck. Then you have a C-1 District which will measure to the parapets. Then they also have additional sites that are going to buffer that, such as the elevator shaft and other stuff which are not technically included as part of Chapter 14, they're exempt to a certain standard. So we looked at all of those measured to the height requirement that they're allowed to, which came to a 41 foot height, excluding the extraneous rooftop appurtenances that are attached that are exempt under Chapter 14. So the actual height is 41 feet they need a variance too, the balance will just fall off as the result of exemptions in Chapter 14. So they need a 16 foot height variance within the South Central Highway Corridor, and I believe they need a 5 foot variance within the C-1 District, and that brings it to a 41 foot height limit."

Chair Harris said, "So we don't say... again the cover says '*Variance to the maximum height per subsection to allow 49 feet where 25 is the maximum.*' So that's one of them. In both cases, it says *'to allow 49 where 36 is the maximum.* You say that the Applicant is going up to 41 and for the other appurtenances, there are exceptions or language that deals within Chapter 14."

Mr. Esquibel said, "That is correct, so when that language was written and posted, it was actually before when we had to get the publication out, and we actually found out through the review process where the actual limits were that they needed in order to achieve those variances. So the publication identified the overall height, which included the heights of the elevator shaft which they included. It wasn't until later when the advised them that those are exempt, and the height that you need, that we will allow is 41 feet, which would meet that requirement."

Chair Harris said, "But, is that how the variance should be stated. That's really my question. To we state it at 41 or do we state it at 49."

Mr. Esquibel said, "Again the litter shafts are exempt, they don't need to be included in the 41 feet which will work for the applicant, based on what they've submitted. Remember, this is only giving the area that we're adjusting within Area 2, because Area 1 allows them already that heigh limit. So it's only in that Area 1 for the adjustment to move that boundary to accommodate the height of that new proposed structure."

Chair Harris said, "I think we understand, but again at 41 feet."

Mr. Esquibel said 41 feet.

Chair Harris said the Development Plan was discussed in detail and documented in the conditions we just addressed, and we now have 2 variances to consider as well.

Mr. Esquibel said there are 2 variances. One for the South Central Highway Corridor of 16 feet and one for the C-1 District which is a 5 foot height variance.

Commissioner Propst asked if she should replace 49 feet with 41 feet in the motion and Chair Harris said yes.

MOTION: Commissioner Propst moved, seconded by Commissioner Kapin, to approve the following variances requests to Case #2015-74 as follows:

a. Variance to the "Maximum Height of Structures" per Table 14-7.2-1: "Table of Dimensional Structures for non-residential districts: to allow 41 ft. where 36 ft. is the maximum; and

b. Variance to the "Maximum Height of Structure," per Subsection 14-5.5(A)(4) "Standards," to allow 41 ft. where 25 ft. is the maximum; and

approval of the Development Plan, subjects to conditions of approval identified this evening, and approved variances to building height.

VOTE: The motion was approved on the following Roll Call vote [6-0]:

For: Commissioner Chavez, Commissioner Greene, Commissioner Gutierrez, Commissioner Kadlubek, Commissioner Kapin and Commissioner Propst.

Against: None.

3. **CASE #2015-66 455 ST. MICHAELS DRIVE, CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER SPECIAL USE PERMIT. WHR ARCHITECTS, INC., AGENT FOR CHRISTUS ST. VINCENT REGIONAL MEDICAL ENTER, REQUEST REVIEW AND APPROVAL FOR A SPECIAL USE PERMIT TO PERMIT A HOSPITAL IN A C-1 DISTRICT TO INCLUDE THE CONSTRUCTION OF A 65,500 SQUARE FOOT ADDITION NEW INPATIENT BED WING, MAIN ENTRANCE AND LOBBY FOR THE HOSPITAL. (DAN ESQUIBEL, CASE MANAGER) (Postponed from July 2, 2015.)**

MOTION: Commissioner Kapin moved, seconded by Commissioner Chavez, subject to approve Case #2015-75, Special Use Permit, 455 St. Michaels Drive Christus St. Vincent Regional Medical Center, subject to approval of the Master Plan, building height variances and Development Plan, with conditions as stated tonight.

VOTE: The motion was approved on the following Roll Call vote [7-0]:

For: Commissioner Chavez, Commissioner Greene, Commissioner Gutierrez, Commissioner Kadlubek, Commissioner Kapin and Commissioner Propst.

Against: None.

F. NEW BUSINESS

1. **CASE #2015-66. 820 CAMINO VISTAS ENCANTADA VARIANCE. [HEARD PREVIOUSLY AFTER BEING MOVED UP ON THE AGENDA]**

2. **CASE #2015-57. CASE #2015-57. GERHART APARTMENTS GENERAL PLAN AMENDMENT. SCOTT HOEFT OF SANTA FE PLANNING GROUP, AGENT FOR STORM RIVER LLC REQUESTS APPROVAL OF A GENERAL PLAN FUTURE LAND USE MAP AMENDMENT TO CHANGE THE DESIGNATION OF 11.83± ACRES OF LAND FROM LOW DENSITY RESIDENTIAL (1-3 DWELLING UNITS PER ACRE) TO HIGH DENSITY RESIDENTIAL (12-29 DWELLING UNITS PER ACRE). THE PROPERTY IS LOCATED AT 2800 SOUTH MEADOWS ROAD. (DONNA WYNANT, CASE MANAGER)**

Items F(2) and F(3) were combined for purposes of presentation, discussion and public hearing but were voted upon separately

A Memorandum dated July 29, 2015 for the August 6, 2015 Meeting, to the Planning Commission from Donna Wynant, Senior Planner, in this matter, is incorporated herewith to these minutes as Exhibit "12"

Copies of the following documents are on file in, and can be obtained from, the Land Use Department:

The Site Plan, Slope Analysis Terrain Management, Floor Plan and Elevations;
Development Report, *General Plan Amendment and Rezoning Application*;
Preliminary Site Plan; and
Gerhart Apartments: General Plan Amendment and Rezoning Submittal.

Ms. Martinez thanked everyone who have patiently waited this evening for these additional cases to come up. She would like to give the public and the staff an idea of how much longer the meeting might go, because it would helpful to extend that courtesy and give them a little bit of information.

City of Santa Fe, New Mexico

memo

DATE: July 29, 2015 for the August 6, 2015 Planning Commission Meeting

TO: Planning Commission

VIA: Lisa D. Martinez, Director, Land Use Department
Greg Smith, Current Planning Division Director

FROM: Daniel A. Esquibel, Land Use Planner Senior, Current Planning Division

455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER.

Case #2015-47. 455 **St. Michaels Drive Christus St. Vincent Regional Medical Center Master Plan Amendments.** WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for Master Plan Amendments. (Dan Esquibel, Case Manager) (POSTPONED FROM JULY 2, 2015)

Case #2015-74. **455 St. Michaels Drive Christus St. Vincent Regional Medical Center Development Plan and Variances.** WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for a Development Plan to construct a 65,500 square foot addition on Tract A-I-3 containing 20.65± acres and Tract A-2 containing 9.29± acres, and four variances to include:

- Variance to the "Maximum Height of Structures" per Table 14-7.3-1: *"Table of Dimensional Standards for Nonresidential Districts"* to allow 49' where 36' is the maximum, and
- Variance to the "Maximum Height of Structures" per Subsection14-5.5(A)(4)"Standards" to allow 49' where 25' is the maximum, and
- Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum, and
- Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum. (Dan Esquibel, Case Manager) (POSTPONED FROM JULY 2,2015)

Case #2015-75. **455 St. Michaels Drive Christus St. Vincent Regional Medical Center Special Use Permit.** WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for a Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital. (Dan Esquibel, Case Manager) (POSTPONED FROM JULY 2, 2015)

This staff report is revised and expanded in response to questions raised by Commissioners at the initial hearing on July2, or submitted in writing after the hearing. Tables comparing the current proposals to the 1985 and 2006 master plans have been expanded, and the portion of the staff report that addresses the variance requests has been revised in response to the applicant's revised submittals.

The applicant has provided additional information, including copies of the original master plan and a "recompiled" version of the master plan that includes all of the standards and plan sheets that will be in effect if the current applications are approved.

The packet also includes responses to the specific questions asked by Commissioners. These are primarily in the form of separate responses from various city staff members and from the applicant's traffic engineer and other consultants.

Changes to the Memorandum include the following:

- New Master Plan request by the applicant reference :
  - "As a clarification and Amendment to the Master Plan, we request that the signage throughout the campus be governed as recommended in the 1985 Master Plan." Reference *"Table 1 Scope of Requests"* on Page 3, *"Table 4 Development Summary – Current Application" on page 4*, and *"Table 5 Compiled 2015 Master Plan "on page 4.*
  - Addition of a 10,000 sf Storage Building located on Tract D, and
  - 1,800 Square Foot Central Utility Plant
- New Variance responses and Staff review (reference page 10 of the Memorandum):
  - to the "Maximum Height of Structures" per Table 14-7.3-1: *"Table of Dimensional Standards for Nonresidential Districts"* to allow 49' where 36' is the maximum, and
  - Variance to the "Maximum Height of Structures" per Subsection14-5.5(A)(4)"Standards" to allow 49' where 25' is the maximum, and
- Additional square footage information
- Staff recommendation and conclusion

This project contains several components noted above (Master Plan Amendment, four variances, Development Plan and Special Use Permit) and requires separate motions for each component. However, the review contained in this memorandum and discussion at the Planning Commission Meeting will be as a single project.

RECOMMENDATION:

Staff recommends that the Commission take the following actions for **Cases #2015-47, #2015-74** and **#2015-75** 455 St. Michaels Drive Christus St. Vincent Regional Medical Center" subject to conditions identified in **Exhibit A:.**

1. Recommend ***APPROVE*** of **Case #2015-47** "Master Plan Amendments" to the Governing Body subject to conditions of approval identified in Exhibit A and approved variances and Development Plan (reference *"Table 1 Scope of Requests"*, Master Plan Amendment).
2. ***APPROVE*** the following variances and Development Plan requests to Case **#2015-74**

- Variance to "Maximum Height of Structures" per Table 14-7.3-1: *"Table of Dimensional Standards for Nonresidential Districts"* to allow 49' where 36' is the maximum, and
- Variance to "Maximum Height of Structures" per Subsection14 5.5(A)(4) "Standards" to allow 49' where 25' is the maximum.
- Development Plan, subject to conditions of approval identified in Exhibit A and approved variances to building height.

3. ***DENY*** the following variances requests to Case **#2015-74**
   - Variances to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum, and
   - Variance to Maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.
4. ***APPROVE*** the special use permit subject to approval of the master plan, building height variances and development plan.

I. APPLICATION SUMMARY

A. Scope of Requests

The proposal is comprised four components requiring the following motions, decisions and recommendations:

The proposal is comprised four components requiring the following motions, decisions and recommendations:

Table 1 Scope of Requests

SCOPE OF REQUESTS	TYPE OF DECISION
Master Plan Amendment	**14-2-3(C)(1) Recommendation to the Governing Body**
Removal of the ring road,	
Revision of access restriction on Hospital Drive due to recent median changes and removal of left out from Entrance/Exit at St. Michael's Drive,	
Removal of parking area on the east side of the Existing Behavioral Science Building (45 spaces),	
Removal of Support Addition (10,000 sf),	
Removal of Future Critical Care Facility (8,500 sf),	
Removal of Proposed 2 Story Ancillary Building in Zone D (45,000 sf),	
Removal of Proposed Child Development Center (15,000 sf),	
Addition of a 10,000 sf Storage Building located on Tract D, and	
Adjustment of Area Boundaries that were created in 1985 that identified Floor Area Ratios, Maximum Building Heights and Open Space requirements,	
Amendment to allow the southern driveway on Hospital Drive remain as currently constructed. (Previous Condition Number 6, from the previous Master Plan, called for this intersection to become a right in –right out only.)	
1,800 Square Foot Central Utility Plant	
"As a clarification and Amendment to the Master Plan, we	

request that the signage throughout the campus be governed as recommended in the 1985 Master Plan." "We request that the signage for the campus be reviewed and approved at the discretion of the Land Use Director and be considered a minor modification of the Development Plan."	
Variances	**14-2-3(C)(3) Final Decision**
Variance to the "Maximum Height of Structures" per Table 14-7.3-1: *"Table of Dimensional Standards for Nonresidential Districts"* to allow 49' where 36' is the maximum,	
Variance to the "Maximum Height of Structures" per Subsection14 5.5(A)(4) "Standards" to allow 49' where 25' is the maximum,	
Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum,	
Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.	
Development Plan	**14-2-3(C)(1) Final Decision**
Development Plan to construct a 65,500 square foot addition	
Construct 1,800 Square Foot Central Utility Plant	
Supporting infrastructure including but not limited to: lighting, landscaping, trails, parking, noise compliance and offsite improvements.	
Special Use Permit	**14-2-3(C)(3) Final Decision**
Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital.	

A lot line adjustment will be submitted separately pending the outcome of this case. The lot line adjustment is an administrative process.

The property is located at the northeast corner of St. Michaels Drive and Hospital Drive. Tract A-1-3 containing 20.65+ acres is zoned C-1 (General Office) and Tract A-2 containing 9.29+ acres is zoned HZ (Hospital Zone). Both Tracts fall within the South Central Highway Corridor and Suburban Archaeological Overlay Districts. Both tracts are included in the original master plan, but Tract A-2 is not directly affected by the proposed amendments.

The City granted archaeological clearance for the site on May 13, 2015.

Adjoining Properties
The surrounding zoning and land uses (reference Exhibit D – *"Adjoining Zoning Map"*):

Table 2 Adjoining Properties

Direction	Zoning	Use
North, Northeast	R-2 (Residential - 2 dwelling unit per acre) and R-1 (Residential - 1 dwelling unit per	Residential San Mateo Area Society of Homeowners

	acre)	(SMASH)
East	R-1 (Residential - 1 dwelling unit per acre) and HZ (Hospital Zone District) and C-1 (General Office)	Tennis Courts (R-1), W.K. Jones Subdivision (Calle Medico commercial development area) (C-1), Santa Fe Development Co. (HZ) and Branch Family Holdings (HZ)
West	C-1 (General Office) and HZ (Hospital Zone District)	Hospital Drive, FNBS Bank (C-1) and various medical business (HZ)
South	C-1 (General Office)	St. Michael's Drive and Vacant land

According to the September 27, 1984 "St. Vincent Hospital Campus Master Plan", the Hospital moved in 1977 from their downtown location of 228 East Palace Avenue to its present location at 455 St. Michaels Drive. At the time of relocation the hospital development consisted of approximately 234,000 square feet with the number of beds set by the State License at 231 beds. To date the New Mexico Department Of Health (DOH) currently has the Hospital licensed at 248 beds. The Hospital's application states that a request was filed with the DOH on February 20, 2015 to reduce the total number of beds down to 200 beds. Table 3 *"Development Summary – 2006 Master Plan Amendment"* below identifies both existing and proposed square footages for the Hospital campus identified on the 2006 Hospital Master Plan. Table 4 *"Development Summary – Current Application"* on page 6 identifies square footage changes proposed with this Master Plan amendment request and the 1985 Master Plan can be found in the packet attachments.

Table 3 Development Summary – 2006 Master Plan Amendment

Use	2006 Master Plan	
	Existing Buildings	Future Additions
	(Gross square feet)	
Zone A		
• Hospital	234,000	
o Cancer Treatment Center	8,000	
o Ambulatory Surgical Center	6,000	
o Psychiatric Treatment Center	34,000	
o Emergency Room Expansion	21,500	
o Surgery Center	7,000	
o Out Patient Services	4,000	
• El Norte Building	15,761	
o Support Addition***		10,000
• Warehouse/Utility Plant	4,700	
• Critical Care Addition***		8,500
Zone B		
Medical Dental office building	60,000	
• Addition**		12,000
Zone C		

Physician's Plaza	52,000	
Zone D		
2 Story Ancillary Building***		45,000
Zone E		
Child Development Center***		15,000
Subtotal	**446,961**	**90,500**
2006 Master Plan Totals	**537,461**	

Table 4 Development Summary – Current Application

Proposed Building Changes		
	2015 Master Plan Amendment	
	Building Removal	**Future Additions**
	(square feet)	
Zone A		
Support Addition***	10,000	
Critical Care Facility***	8,500	
Proposed 2 Story Bed Wing*		65,500
Central Utility Plant*		1,800
Zone B		
Medical Dental addition**		12,000
Zone C		
No change		
Zone D		
2 Story Ancillary Building***	45,000	
Child Development Center ***	15,000	
Future Storage Building**		10,000
Subtotal	**78,500**	**77,300**
Proposed 2015 Master Plan Total	**536,216 (difference of -1,200)**	

*Proposed for development plan and construction with this application.
**Proposed for future development.
*** Proposed for Removal from the Master Plan.

Table 5 Compiled 2015 Master Plan

Compiled 2015 Master Plan		
Use	**Existing Buildings**	**Future Additions**
	(Gross square feet)	
Zone A		
• Hospital	234,000	
o Cancer Treatment Center	8,000	
o Ambulatory Surgical Center	6,000	
o Psychiatric Treatment Center	34,000	
o Emergency Room Expansion	21,500	
o Surgery Center	7,000	
o Out Patient Services	4,000	
• El Norte Building	15,761	
• Warehouse/Utility Plant	4,700	

• Proposed 2 Story Bed Wing*		65,500
• Central Utility Plant*		1,800
Zone B		
Medical Dental office building	60,000	
• Addition**		12,000
Zone C		
Physician's Plaza	52,000	
Zone D		
Future Storage Building**		10,000
Subtotal	**446,961**	**89,300**
2015 Master Plan Totals	**536,261**	

*Proposed for development plan and construction with this application.
**Proposed for future development.

B. Original Master Plan Approval and Regulatory Framework

The existing hospital has been developed pursuant to several city approvals granted over a period of nearly 50 years:

- The hospital apparently relocated from its historic downtown site to the current location in 1977, on a tract of land zoned C-1 that is somewhat smaller than the current site.
- In 1985, the C-1 zoning was expanded by Ordinance No. 1985-15, and Resolution 1985-36 approved a master plan for development of the site. The master plan comprised over 40 pages of text and several maps, copies of which are included in the applicant's submittals. That plan included a requirement that each phase of development receive approval of a development plan. It also approved building height limits that exceed normal C-1 regulations for various sub-areas of the site, and allowed more and larger signs than normally permitted.
- In 1985, the South Central Highway Corridor Overlay District (SCHC) was adopted, which includes 600 feet of the hospital property along St. Michael's Drive. Although the overlay regulations include a 25-foot building height limit, the code has been interpreted in the past to apply the master plan height limits in preference to the overlay height limits.
- In 2006, an amendment to the original master plan was approved by Resolution No. 2006-83, which included 15 conditions of approval and a revised site plan (reference Packet attachments).

After reviewing the history of the city approvals, city staff has determined that the following procedures apply to the current application:

- Although it is not clear under what authority the increased building height and signage provisions of the1985 master plan were approved, they remain in effect and take precedence over the C-1 and SCHC height limits.
- Approval of variance findings is required for master plan amendments that would exceed the 1985 height limits and the current height limits, or that would extend the boundaries of the sub-areas that have increased building height standards.

II. MASTER PLAN AMMENDMENT

The requested changes to the Master Plan are identified in Table 1 *"Scope of Requests"* on page 3 and the 2006 Master Plan Amendment is located in packet attachments. The criteria for approval for Master Plans state:

14-3.9(D) Approval Criteria; Conditions

(1) Necessary Findings
(Ord. No. 2014-31 § 5)

Approval or amendment of a master plan requires the following findings:

(a) the master plan is consistent with the general plan;

(b) the master plan is consistent with the purpose and intent of the zoning districts that apply to, or will apply to, the master plan area, and with the applicable use regulations and development standards of those districts;

(c) development of the master plan area will contribute to the coordinated and efficient development of the community; and

(d) the existing and proposed infrastructure, such as the streets system, sewer and water lines, and public facilities, such as fire stations and parks, will be able to accommodate the impacts of the planned development.

The proposed square footage and type of use is consistent with the intent of the 1985 Master Plan and the 2006 Amendment. Although construction of the new wing within the original Area 1 Boundary would be consistent with the original plan, it is not clear that the application to relocate the new wing outside of the original "Area 1" is consistent with the master plan or with the overlay district standards. The request to adjust the boundary between Area 1 and Area 2 (reference Exhibit D-Maps "1985 Master Plan Areas Map "and "Area 1 and Area 2" and packet attachments) is predicated on the approval of two height variances to allow the proposed 41 foot high two story bed wing in Area 2. Without the variances the maximum height allowed in Area 2 applies (22 feet). The review for requested variances can be found in *Roman Numeral II* on Page 8 of this Memorandum. The criteria pursuant to *14-3.9(D) "Approval Criteria"* for the proposed Master Plan changes have been integrated throughout this Memorandum including recommendations and conditions.

The City Traffic Division has reviewed a traffic impact analysis for this request and those comments and conditions can be found in Exhibit B *"Traffic Engineering Division"*. Traffic Division recommendations and conditions are in line with the intent of the 2006 Master Plan Amendments.

II. VARIANCE

As noted above, approval of variance findings is required for master plan amendments that would exceed the 1985 height limits and the current height limits, or that would extend the boundaries of the sub-areas that have increased building height standards.

The following findings are required for variance approval:

14-3.16(C) Approval Criteria
Subsections 14-3.16(C)(1) through (5) are required to grant a variance.

14-3.16(C)(1) One or more of the following special circumstances applies:

(a) unusual physical characteristics exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14, characteristics that existed at the time of the adoption of the regulation from which the variance is sought, or that were created by natural forces or by government action for which no compensation was paid;
(b) the parcel is a legal nonconforming lot created prior to the adoption of the regulation from which the variance is sought, or that was created by government action for which no compensation was paid;
(c) there is an inherent conflict in applicable regulations that cannot be resolved by compliance with the more-restrictive provision as provided in Section 14-1.7; or
(d) the land or structure is nonconforming and has been designated as a landmark, contributing or significant property pursuant to Section 14-5.2 (Historic Districts).

14-3.16(C)(2) The special circumstances make it infeasible, for reasons other than financial cost, to develop the property in compliance with the standards of Chapter 14.

14-3.16(C)(3) The intensity of development shall not exceed that which is allowed on other properties in the vicinity that are subject to the same relevant provisions of Chapter 14.

14-3.16(C)(4) The variance is the minimum variance that will make possible the reasonable use of the land or structure. The following factors shall be considered:

(a) whether the property has been or could be used without variances for a different category or lesser intensity of use;
(b) consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.

14-3.16(C)(5) The variance is not contrary to the public interest.

There are two height variances and two sign variances with the Master Plan.

A. Height Variances.

The first request is triggered as a result of the proposed adjustment to Area 1 and 2 of the proposed Master Plan amendment, and the construction of a 2 story structure that straddles both Areas and exceeds the maximum heights of structures allowed within a C-1 District and South Central Highway Corridor Overlay District (SCHC). The Hospital is proposing a 41 foot high two story build where 36 feet is the maximum height allowed within a C-1 District and 25 feet is the maximum allowed within the SCHC District. Within the C-1 District, height is measured from finished grade to the top of the parapets and for height measurement within the SCHC District, maximum height is measured from finished grade to the roof deck. Chapter 14 provides exceptions to height allowing *"chimneys, antennas, ventilators, elevator housings or other non-freestanding structures placed on and anchored to the roof of a building and not intended for human occupancy, by up to eight (8) feet for mixed use and nonresidential structures."*

The height variances are specific and affect only the region of the adjusted area between Area 1 and 2 in order to include that portion of the proposed building within Area 1 that otherwise would be in area 2. The variance requests will allow the 2 story building to exceed maximum heights within the C-1 District of 5 feet and 16 feet within the SCHC District, as well as, recognize the proposed Master Plan area boundary adjustment between both Areas 1 and 2. Therefore, if the variances to height are approved, maximum height limits for a portion of the 2 Story Bed Wing building and the adjusted portion of Area 1 will be set to a maximum height of 41 feet, leaving the balance of the new Bed Wing building and the unaltered region of Area 1 subject to the Area 1 Master Plan entitlements identified below.

Area 1 (Hospital & Environs)
Maximum Building Height: 65 feet

Area 2 St. Michaels Drive)
Maximum Building Height: 22 feet measured at the building setback line from St. Francis Drive

Applicant's response to 14-3.16(C)(1):

The existing hospital facility has several unusual physical characteristics that distinguish it from other structures in the vicinity that are subject to the same relevant provisions of Chapter 14. The hospital is the only hospital in Santa Fe and, as a result, it has unique and unusual characteristics that are integral to the structure's use and operation as a hospital, including existing medical surgical bed units, various units, such as the intensive care and surgical units, devoted to particular types of medical services, an emergency department and all of the various support services, such as labs, radiology and other services that support the provision of health care to patients of the hospital.

By virtue of being a hospital, the existing structure has unusual existing characteristics in its design and configuration, including the existing triangular medical surgical bed units and their relationship and proximity to existing support services within the existing structure. The existing structure is also unusual relative to other structures in the vicinity as a result of the hospital's size and use, and that size and use, as well as the structures' existing layout, create an unusual condition relative to the surrounding residential neighborhood. Simply put, the hospital, including its use, design and internal configuration, is unique to Santa Fe.

Staff Response:
The applicants response to 14-3.16(C)(1) describes the unusual physical characteristics that distinguish the structure form others in the vicinity by uses and function (hospital), design and internal configuration. It is not clear that the particular use of the property is relevant to the variance criteria – the variance process is intended to permit use of property that would otherwise be unusable, not to accommodate a particular type or intensity of use. Several of the types of uses permitted in the C-1 might make an argument similar to the hospital's, and that argument would be more properly applied to support an amendment to the district standards than to variance requests. However, the functional problems cited by the hospital regarding interconnection of the existing building to any addition provide a clearer basis for consistency with (C)(1(a).

Applicant's response to 14-3.16(C)(2):
The term "infeasible" does not require the applicant to demonstrate that it would be "impossible" to develop the property in accordance with the standards of Chapter 14. Rather, the commonly understood meaning of "infeasible" includes "not easily or conveniently" accomplished. Additionally, the City of Santa Fe, in granting requests for variances, has historically not applied or interpreted the term "infeasible" to require an applicant to demonstrate that it would be impossible for the applicant to comply with the relevant provisions of Chapter 14 from which a variance is requested but only that it would be difficult to comply with the applicable standard. In this case, for the reasons stated below, it would be infeasible (as that term has been interpreted and applied in this context) for the applicant to comply with the height restrictions imposed by the South Central Highway Corridor District as to that portion of the new additional that falls outside of Area 1 from the 1985 Master Plan.

The connection height of the new addition is necessary to provide for a level floor-to-floor connection to the existing floors of the hospital. The location of the new addition as proposed would also provide connectivity to existing medical surgical units and associated support services, including radiological and the lab as well as the emergency department, surgical unit and the surgical recovery unit on the hospital's second level, as shown on the attached floor plan. The height of the proposed addition is higher than what would typically be required for a two-story commercial structure because of the existing structures' unusual 14 feet floor to floor height. It would not be acceptable to construct the new addition in such a manner that the floor level of the new addition would not match the floor level of the existing second level, with the different floor levels connected using ramps. This is because creating a sloped floor in a hospital is dangerous for transporting patients in wheel chairs and hospital beds.

The unusual characteristics of the structure also include its size and use as a hospital (because it is the only hospital in Santa Fe) and, by virtue of those characteristics, associated potential impacts on neighboring residential properties. These characteristics make it infeasible to locate the new addition on the north side of the existing structure and outside of the South Central Highway Corridor District because the new addition would be placed in close proximity to the adjacent residential neighborhood and result in adverse impacts, such as interference with views, disruption during construction, increased lighting and other impacts that would be unacceptable to and inappropriate to impose on the owners and occupants of those residential properties.

Placing the new addition on the north side of existing structure would also be infeasible because, as shown in the attached floor plan, the hospital's intensive care unit is located on the north side of the second floor and would create an obstacle to the connection with the existing medical surgical units and support services on the second level of the hospital. In contrast, locating the addition as proposed allows for an efficient and readily attainable connection to those existing units and facilities.

The foregoing justifications are all "reasons other than financial cost" because they relate to the medical needs, as well as the reduction in adverse impacts to the nearby residential neighbor, associated with the project as opposed to a desire to reduce the costs of the project.

Staff Response:
Staff concurs with the reasoning provided by the applicant for criterion listed in Chapter 14-3.16(C)(2) above. The Applicant's response starts by first addressing the word "infeasible" which is not defined in Chapter 14. An internet search provides the following definitions for the word "infeasible".

Table 6 Definitions

Google	*Merriam-Webster*	*The Free Dictionary*
adjective: infeasible		
not possible to do easily or conveniently; impracticable.	*: not feasible : impracticable*	*not capable of being carried out or put into practice; "refloating the sunken ship proved impracticable because of its fragility"; "a suggested reform that was unfeasible in the prevailing circumstances"*

Staff's understanding of the intent of this provision, and the practice of the planning commission and board of adjustment, has been to require that the applicant demonstrate an exceptionally high level of physical, technical or other practical difficulty, other than cost, that would be required to comply with the applicable standard.

Staff believes that the special circumstances related to interconnection with the existing building do establish that it is infeasible to develop the property in compliance with the standards.

Applicant's response to 14-3.16(C)(3):
The term "intensity" is defined in Chapter 14 to mean the "extent of development per unit of area; or the level of use as determined by the number of employees and customers and degree of impact on surrounding properties such as noise and traffic." The new private bed addition will be constructed in conjunction with the conversion of existing medical surgical semi-private rooms to private rooms. As a result, the renovation, including the construction of the new addition, will result in the addition of only six new medical surgical beds. Thus, the intensity of the proposed addition is extremely low and would not exceed what is allowed on other properties in the vicinity that are subject to height restriction imposed by the South Central Highway Corridor. Those properties, located along St. Michaels Drive in the vicinity of hospital, are zoned C1 and HZ, both of which permit hospitals as a special use.

Staff Response:
Two basic questions are relevant under (C)(3): is there an increase in the intensity of use of the property; and does the intensity exceed that which is allowed on other properties. As pointed out by the Applicant's response, the increase in intensity of the medical surgical functions is relatively low. The first floor expansion under the surgical floor, and the expansion of the storage building also constitute a modest increase in intensity.

Comparison to the intensity allowed on other properties that are located in the C-1 zone and/or the SCHC Overlay Zone is not a clear-cut evaluation, because there are no other hospitals or other non-residential uses with such a large campus. For many factors, the hospital's intensity is similar to other C-1 uses. Floor area ratio, lot coverage, traffic generation per acre, employees per acre and noise levels appear to be similar to other office and medical office uses located nearby. The height and scale of the hospital buildings are somewhat greater than most of the others that are nearby, although those factors are not specifically addressed in the "intensity" regulation. The information submitted provides qualifying factors to the criteria specific to 14-3.16(C)(3) above.

Applicant's response to 14-3.16(C)(4):
As explained by Jason Adams, the hospital's Chief Operations Officer, at the Planning Commission meeting on July 2, 2015, the construction of the new addition is part of and will make possible the conversion of the hospital's semi-private medical-surgical rooms to private rooms and will result in all of benefits associated with private hospital rooms, including reduced infection rates, reduced patient stress, increased patient safety, and possibility of overnight stays by a patient's family members. Thus, the new addition will most certainly make possible a "reasonable use" of the property.

The variance is also the minimum variance that will make it possible to construct the new addition. No heights are requested beyond that which would provide for the structurally appropriate connection to the existing structure in a manner that will accommodate its unusual characteristics and as necessary for the safe and efficacious delivery of health care services to the hospital's patients while at the same time avoiding adverse impacts to the adjacent neighborhood that would otherwise occur by locating the new addition on the north side of the property.

This part of the variance criteria states that the "factors" in subparts (a) and (b) shall be "considered." This terminology means only that the factors in subparts (a) and (b) will be weighed or taken in consideration but they are not decisive in determining whether the variance is "the minimum variance that will make possible the reasonable use of the land or structure." Historically, the first factor, which asks "whether the property has been or could be used without variances for a different category or lesser intensity of use," has not been strictly enforced by the City in deciding whether to grant variances. It would be an extremely rare situation in which the applicant for a variance would be able to demonstrate that the property in question could not be used without a variance or for lesser intensity of use. This would essentially require the applicant to demonstrate that no use could be made of the property unless a variance is granted, and that has not been the standard applied by the City in granting variances and is not required under New Mexico law for the purpose of granting dimensional variances.

In this case, the property is zoned C1 and could obviously be used for less intensive uses than a hospital, but that does not mean that the height variance requested is anything more than "the minimum variance that will make possible the reasonable use of the land or structure."

In response to subpart 4(b) of the criteria, Section 14-3 of the Code states that one of the goals of Chapter 14 is to accomplish "a coordinated, adjusted and harmonious development of Santa Fe that will best promote health, safety, order, convenience, prosperity and the general welfare...." This project will certainly do that for all of the various reasons explained by Mr. Adams to the Planning Commission.

Pages 25 to 26 of the application report submitted for the project identify particular provisions from the City's General Plan in further support of this part of the criteria. Section 1.7.2 of the General Plan states that one goal of the General Plan is to "[e]nhance the quality of life of the community and ensure the availability of community services for residents." The same section states that the "General Plan seeks to promote the interests of the community-at-large over private ones." Earl Potter, on behalf of the applicant and in support of the proposed addition, explained to the Planning Commission that the new addition is intended to meet the community-wide need for "21st century [hospital] rooms to receive the best health care."

Staff Response:
There are several components to evaluate whether the requested variance is "the minimum variance that will make possible the reasonable use of land or structure".

(a) whether the property has been or could be used without variances for a different category or lesser intensity of use;
(b) consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.

Determining "reasonable use" involves evaluation of (a) and (b); there is no separate definition of that term.

The first component – whether the property has been or could be used without variances for a lesser intensity of use – is linked to a term that is undefined within Chapter 14, "reasonable use". Staff concurs with the Applicant's response to 14-3.16(C)(4) in that, the Applicant has presented a fair evaluation and argument to establish qualifying factors to the criteria specific to 14-3.16(C)(4) above. However, it is up to the Planning Commission to evaluate the information presented to establish whether this is a "minimum variance that will make reasonable use of land or structure".

Additional analysis is relevant with regard to the purpose and intent of the applicable regulations. The Commission must find that the variance is consistent with the purpose and intent section of the SCHC Overlay District:

SCHC South Central Highway Corridor Protection District
Purpose and Intent
(1) Because openness, quiet and continuity adjoining the highway corridors in the south central section of the city is considered a special asset that should be retained as the area develops, it is the intent of the SCHC district to:

(a) establish a clear sense of visual openness and continuity of development, as seen from major highway entrances to Santa Fe;
(b) protect the openness and continuity of the existing landscape by retaining and planting native and other drought-tolerant, low maintenance trees, shrubs and groundcovers;
(c) ensure that landscaping provides an appropriate and attractive visual buffer, compatible with neighborhood landscaping character; conserves water by use of storm water collection and drip irrigation systems; and screens transformers and loading areas or outdoor storage;
(d) encourage the use of architectural style and scale that is representative of Santa Fe; and
(e) preserve clean air and a sense of quiet and reduce the potential negative impacts of noise, air pollution, lights, movement of cars, activities on site or other nuisances on adjoining properties.

The General Plan does not include policies that specifically address the South Central Highway Corridor or the hospital district.

Although the hospital master plan was adopted prior to the SCHC ordinance, the SCHC regulations do not specifically address the hospital master plan or that type of use. It isn't clear whether that was by intent, or was an oversight. The properties and streetscape within the South Central Highway Corridor vary in zoning, use and intensity. This adds to the complexity of the overlay when taking into account the overlay's purpose and intent when evaluating what is a "minimum variance that will make possible the reasonable use of the land or structure" against the strict application of the standards (reference Exhibit E). It is up to the Planning Commission to evaluate the information presented to determine compliance with 14-3.16(C)(4).

Applicant's response to 14-3.16(C)(5):
The granting of the height variance is not contrary to the public interest because it will allow the hospital to provide private hospital rooms with all of the associated benefits with minimal impacts to surrounding properties.

Staff Response:
As a regional trauma center the Hospital is an invaluable resource to the City of Santa Fe in both emergency and health care, but also, employment, economic development and gross receipts. Yet its land use and development is not without physical impacts both positive and negative to the area, adjacent neighborhoods and city resources. The proposed variances when viewed holistically and in conjunction with the goals and policies of the Hospital Master Plan "to better serve the public" to "provide the highest quality healthcare", states that "the height variance is not contrary to the public interest because it will allow the hospital to provide private hospital rooms with all of the associated benefits with minimal impacts to surrounding properties." Given the applicants responses to 14-3.16(C)(1) through (4), the applicant has presented information specific to the subject site to support that granting the proposed height variances would not be contrary to the public interest, establishing overall qualifying factors to the criteria specific to 14-3.16(C)(5).

B. Sign Variances
The Hospital's two sign variance requests are to take down the existing signs in their current locations and put up two new signs in new locations.

The existing signs were permitted in 2008 (permit 08-1870) as two 40 square foot Hospital identification signs. The new sings will be one 80 square foot Hospital identification sign with a Hospital logo comprising 16 square feet and the second sign will be a 16 square feet Hospital logo The Hospital's existing signs are located near the Cancer Center and at the visitor entrance of the Emergency Department at the main entrance. The new 2 story bed wing building will block visibility of these signs once constructed. The Hospital is requesting to eliminate the old signs and location with the new signs at more visible locations once the 2 story bed wing building is constructed. The new signs and sign location require variances to height and size with in a C-1 district.

The proposed new logo location will be placed at a height of 37 feet above finished grade near the main entrance door and the identification sign will be located on the stone accent wall placed at a height of 45 feet above finished grade (unaltered region of Area 1). The maximum height of signs within a C-1 District is 15 feet and maximum size of signs within a C-1 District is 32 square feet. The applicant's submittals identify that City approval was granted for existing signs in 2007. The building permit allowing the change from St. Vincent's hospital to Christus St. Vincent's was actually issued in 2008 (permit 08-1870). The permit allowed 33 signs including directional, logo and identification signs.

The applicant has identified responses to the variance criteria listed above and can be found in Exhibit F - *"Applicant's Data"*.

The applicants response to 14-3.16(C)(1) addresses compliance to this criterion by identifying that the new patient bed wing will compromise visibility of two existing 80 square foot signs located on the firsts and second levels of the main entrance. The application states that the signs will *"no longer be visible to patients and visitors from the parking areas,"* and that *"the sign at the Emergency Department misleads visitors into thinking that is a main entrance."* The application adds that signs *"serve as wayfinding for patients and visitors and identify the main entrance of the hospital."*

While these issues describe a need to relocate the existing signs they do not address issues relevant to size and allowed height of signs in a C-1 district. Nor does the information explain how this relates to unusual physical characteristics that exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14. This is further complicated by the fact that the variance requests to height for the new patient bed wing are uncertain. Additionally, the building permits issued (permit #08-1870) for new signs for the Hospital in 2008 permitted two 40 square foot signs that replaced existing 40' square foot signs in a like for like manor to address nonconformity. No information regarding height of signs or how these signs became 80 square feet in size is available.

The application also states that *"the first of these signs needs to be visible from St. Michael's Drive that is approximately 450' to the driveway at St. Michael's. The distance is increased if we include the driver's response time to slow and turn into the facility. Stopping sight distance from 45 mph is 310'. For the south-east facing sign this distance becomes about 640'."* However, the information fails to indicate that there is an approximate 117 square foot sign located at the intersection of Hospital Drive and St. Michaels Drive, 80 square foot signs at all entrances along Hospital Drive and St. Michaels Drive each approximately 16 feet in height that establish identification and direction as well as, a multitude of directional signs approximately 20 square feet in size, 10 feet high within the campus.

Staff is unable to support the sign variances for height and size at this time. The qualifying factors for a variance have not been satisfied.

III. DEVELOPMENT PLAN

A. Existing Conditions

The Hospital property comprises four tracts totaling 44.15± acres. The hospital's 2 story 65,500 square foot new inpatient bed wing is proposed on Tracts A-1-3 (comprising +/- 22.55 acres) and on Tract D (comprising +/- 7.39 acres).

Existing construction for the Hospital is listed in Table 3 *"Development Summary – 2006 Master Plan Amendment"* page 5 of this memorandum. According to the Hospital Master Plan the proposed inpatient bed wing is being located within Area 1 and Area 2 of the Master Plan. The Applicant has proposed to adjust the boundaries between the two areas in order to incorporate the inpatient bed wing within Area 1.

Wet utilities consist of city services and Dry utilities consist of electric, phone, and gas. A flood zone runs along the boundaries of Tracts A-2 and Tract D.

B. Access and Traffic

Access onto the Hospital Campus can be achieved from either St. Michaels Drive or Hospital Drive. Two driveways obtain access directly off Hospital Drive and one driveway directly access off St. Michaels Drive. A traffic impact analysis for the proposed development has been provided.

The City Traffic Engineer will be available at the Planning commission meeting for question. Comments received from the Traffic Division state:

> *"Based on the submitted TIA, the intersection of Galisteo/San Mateo is projected to fail during the implantation year (2017) of the proposed 65,500 square foot development. The proposed 65,500 square foot development is expected to contribute 17.52% of the total traffic at this intersection.*
>
> *This intersection can be improved with implementing either a roundabout or a traffic signal."*

Traffic Engineering Division comments can be viewed on Exhibit B - *"Traffic Engineering Division"* and Traffic Engineering conditions have been incorporated in Exhibit A.

C. Parking and Loading

Parking was analyzed for hospital, medical center, and other treatment facilities. Santa Fe City Code, Section 14-8.6-1, *"Exhibit A Table 14-8.6-1 Parking and Loading Requirements"*, establishes parking standards for "Hospitals" as follows:

Table 7 Parking and Loading

EXHIBIT A TABLE 14-8.6-1: Parking and Loading Requirements		
Category	**Specific Use**	**Parking and Loading**
Hospital	Hospital, medical center, other treatment facilities	One space per four beds, plus the number required, based on square feet measurement, for office, clinic, testing, research, administrative, teaching and similar activities associated with the principal use, at one space per each 350 square feet of net leasable area except for teaching facilities, which shall be one per each four seats
Office	Medical Offices	One space per each 200 square feet of net leasable area

Building	**Net Leasable Area Square Feet**	**USE**	**Required Parking Spaces**	**Total Provided**
Zone A				
Hospital Complex	205,000	Licensed Beds: 248 (200 reduction request) plus Admin./Office/Clinic	638 (650)	
New 2 Story Bed wing	32750	Beds included with Hospital Admin./Office/Clinic	89	
El Norte Building	15,353	One space per each 200 square feet of net leasable area	77	
Warehouse/Utility Plant	4,465	One space per each 200 square feet of net leasable area	22	
Central Utility Plant	1800	N/A		
Zone B				
Medical Dental office building (including Addition)	68,400	One space per each 200 square feet of net leasable area	342	
Zone C				
Physician's Plaza	41,500	One space per each 200 square feet of net leasable area	208	
Zone D				
Future Storage Building	9500	One space per each 200 square feet of net leasable area	48	
		TOTAL	**1421 (1433)**	**1492**

Zone E has been eliminated.

ADA parking will be evaluated at the time of building permit review.

D. Loading
The loading provides adequate loading and unloading operation without compromise to parking, public streets, walkways or alleyways. Loading is located on the north side of the hospital.

E. Bicycle Parking
Santa Fe City Code, Table 14-8.6.3, establishes a ratio of required bicycle parking spaces relative to the number of vehicle parking spaces of a development. Hospital exceeds 151 vehicle parking spaces requiring 25 the applicant did not include bicycle parking in the development plan for review. The applicant is required to provide 25 bicycle parking spaces.

F. Landscaping
The plans appear to meet applicable minimum standards for landscaping, including the percentage of the lot that is open space, provision of a 15-foot landscaped buffer adjacent to residential uses, and interior planting and perimeter screening for the parking lot. A detailed review of plant material, tree locations, etc., will be done at the time of construction permits.

The Landscaping plan complies with the Development Plan process *(reference Exhibit B – "Landscaping")*. DRT conditions have been incorporated in Exhibit A. Detailed review of landscape and irrigation design is typically finalized at the time building permit review.

G. Trails
The applicant will utilize the proposed emergency fire access road as part of the bicycle and trails rout. The trail will continue north along the north property line and connect to Camino Teresa. The proposed trails rout will be dedicated to the city and will integrate with the City's Trails Master Plan. Comments and conditions from the Metropolitan Planning Organization (MPO) are located in Exhibit B. MPO conditions have been incorporated into Exhibit A.

H. Terrain Management
Stormwater ponding for as part of building review for the proposed New Inpatient Bed Wing, no negative comments or conditions have been received from Land Use Technical Review Division (reference Exhibit B - *"City Engineer for Land Use Department Terrain Management and Lighting"*). The Terrain Management conditions have been incorporated with in Exhibit A - *"Conditions"*.

I. Solid Waste
The facility utilizes a large compactor at the loading dock for their refuse service. No negative comments have been received by City Environmental Services (reference Exhibit B - *"Environmental Services"*).

J. Waste Water
The hospital is serviced by city Waste Water. No negative comments have been received from City Waste Water Management Division (reference Exhibit B - *"Waste Water"*). Conditions received require incorporating notes on the Development Plan. The Waste Water Management Division conditions have been incorporated with in Exhibit A - *"Conditions"*.

K. Water – Fire Protection

The Hospital has a water meter for a 6" domestic service at the corner of Hospital Drive and St. Michael's Drive. The Hospital did not provide water use estimates for the proposed 2 Story Bed Wing. The Hospital identified that the new building was only changing the location of existing beds, and that this change did not affect existing water use. However, while staff concurs with the water use on existing beds, there is an increase in water use as a result of new landscaping added to the campus, along with the first floor of the new 2 Story Bed Wing. While the second floor is slated for bed use the first floor (32,750 square feet) is designated for office and clinical use.

The applicant is proposing to sprinkle the new building. Additionally, there are two 8" fire services, one the corner of Hospital Drive and St. Michael's Drive and the second off St. Michaels Drive. Both fire services connect to a loop around the main Hospital.

No negative comments have been received by the City Water Division or the City Fire Marshal (reference Exhibit B- "Water & Fire"). Fire Marshal conditions have been incorporated with in Exhibit A - "Conditions". Staff will continue to work with the applicant regarding Chapter 14-8.13 and Chapter 25 for Development Plans and Phased Projects. A water budget addressing both areas of the city code will need to be addressed prior to moving forward to the Governing Body for review.

L. Lighting

The applicants have provided a photometric analysis. The lighting plan shows 24 foot high pole mounted fixtures with LED Lamps placed throughout the campus. The analysis identifies the average foot candle (Fc) units at 0.99 Fc with the max at 1.6 Fc. The goal of the Hospital is to meet 0 Fc at the perimeter to bring lighting into compliance.

Comments received from Technical Review identify Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9 (Reference Exhibit B – *"City Engineer for Land Use Department Terrain Management and Lighting"*).

M. Architecture

The two story addition will be located and attached to the south portion of the Hospital, north of the hospitals St. Michael's entrance. The Hospital architecture appears to be a simplified Spanish Pueblo Revival form of architecture with block massing. The new addition does not contain block massing similar to the hospital and appears lean more on the contemporary side.

The applicants report states that *"The proposed building has been designed in conformance to the Architectural Points Standards in Subsection 14-8.7 (C) of the Code. We have addressed each of the criteria and feel this project exceeds the requirements of the Architectural Points Standards."* Staff was unable to locate a preliminary architectural point's analysis addressing of Chapter 14-8.7. Staff will confirm compliance at the building permit stage.

N. 14-3.8(D) Approval Criteria

To approve a development plan, a land use board must make the following findings:

(a) that it is empowered to approve the plan under the section of Chapter 14 described in the application;

(b) *that approving the development plan will not adversely affect the public interest; and*

(c) *that the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the premises under consideration.*

IV. SPECIAL USE PERMIT

The Santa Fe City Code requires A Special Use Permit review and approval for a Hospital use within a C-1 District. The Development Plan review in the previous section of this report provides site development information necessary to document the type and extent of development proposed. The site is also located within the "South Central Highway Corridor" (SCHC) adopted in 1986.

A special use permit is granted for a specific use and intensity. Pursuant to Section 14-3.6(D) (*Approval Criteria and Conditions*), to grant a special use permit the Planning Commission shall make the following findings:

Necessary Findings
14-2.3(D)(1)(a)- (Authority): *"that the land use board has the authority under the section of Chapter 14 described in the application to grant a special use permit;"*

Staff Analysis
The Hospital submitted a Development Plan as a part of the application. Pursuant to Santa Fe City Code Section 14-2.3(C) (*Powers and Duties*), the Planning Commission is granted the authority to take action on a special use permit if it is part of a development plan or subdivision request.

14-2.3(D)(1)(b)- (Public Interest): *"that granting the special use permit does not adversely affect the public interest, and"*

Staff Analysis
The Governing Body has implemented the General Plan as stated in Section 14-1.3 (*General Purposes).* The resulting ordinances establish minimum standards for health, safety and welfare affecting land uses and developments as a means to protect the public interest from within the municipality. The city has reviewed the proposed Special Use Permit application in accordance with these ordinances. As outlined in this memorandum together with recommended conditions, the proposed Special Use Permit application complies with minimum standards of Chapter 14 SFCC.

14-2.3(D)(1)(c)- (Compatible With And Adaptable To): *"that the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the premises under consideration."*

Staff Analysis

There are two components within the third required finding. First, that the use is compatible with, and adaptable to, any associated buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration; and second, that any associated buildings are compatible with, and adaptable to, buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration. The application complies with this finding for the following reasons.

The first component is established by Chapter 14 Table 14-6.1-1- "*Table of Permitted Uses*" (reference Exhibit E for copy of table excerpt). Under the *"Specific Use Category", "Hospitals and Extended Care Facilities", "Hospitals"* is identified as an allowable use subject to approval under the provisions of Section 14-3.6 (*Special Use Permits*). City code establishes *Hospitals* as a *Institutional* use permissible within an C-1 District provided a special use permit is granted. Future Land Use Map also identifies the Hospital property as Institutional. The Hospital was established at the 455 St. Michaels Drive Location in 1977 followed by a Masterplan backed by Resolution in 1986. The proposed use is adaptable to buildings in the vicinity provided licensing requirements, as defined by the State of New Mexico relating to operations, and Chapter 14 SFCC related to zoning, have been satisfied. The proposed Hospital Special Use Permit request fits the definition of the Hospital. Chapter 14 defines a "Hospital" as follows:

> *HOSPITAL*
>
> *An institution providing primary health services and medical or surgical care to persons, primarily in-patients, suffering from illness, disease, injury, deformity or other abnormal physical or mental conditions, and includes, as an integral part of the institution, related facilities such as laboratories, outpatient facilities or training facilities.*

The existing use and proposed additions will contain elements that will generate noise, traffic or other impacts. However, recommended conditions for approval provide additional measures to help mitigate these issues.

The issue of noise from generators from adjoining neighbors has been raised. All mechanical equipment is required to meet the noise standards for residential districts in Section 10.2-5 (50 dBA nighttime, 55dBA daytime). The applicant conducted a noise analyses on June 7, 2015 (5:PM). No information has been provided to the Land Use Department pertaining to the results of the study or mitigation measures. The Traffic comments are addressed in City Traffic review (reference Exhibit B – "Traffic Engineering Division").

The second component requires that any associated buildings are compatible with, and adaptable to, buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration. This component was partially addressed within the Variance review section under "*Staff Analysis for Building Height Variance (page 8)*" and Development review sections under "*Architecture (page 20)*" and of this memorandum.

There are no code definitions for *"compatible with"* and *"adaptable to"*. In order to gauge compliance to this finding the Planning Commission will need to evaluate the information submitted by the applicant to establish whether the new construction is *compatible with* abutting buildings, structures, and uses of the abutting property.

VII. EARLY NEIGHBORHOOD NOTIFICATION (ENN)

The applicant conducted two ENNs for this project. The first ENN was held on March 17, 2015 at the Santa Fe University of Art & Design - Forum Lecture Theater at 1600 St. Michaels Dr. Road and was well attended.

The applicant presented the project followed by a series of questions by the audience that were answered by the applicant. The concerns raised were:

- Landscaping along the north property line.
- The wheel chair trail path along the north property line.
- Increased traffic.
- Increased noise of the development.
- Trust between the Hospital and the Neighbors

The applicant has advised staff they intend to meet with concerned neighbors and a mediator on June 25. City staff does not participate in that type of meeting, and results are not binding on action by the Commission.

Correspondence from the neighborhood has been submitted and can be viewed in Exhibit G.

VII. CONCLUSION

The applicant has complied with all application process requirements. The applicant conducted a pre-application meeting on October 30, 2014, ENN on March 17, 2015 and complied with notice requirements pursuant to Section 14-3.1(H).

The proposed Master Plan Amendments identified a reduction in total building square footage by 1,200 square feet and is not out of line with the 1985 Master Plan. The proposed changes in overall design are supported by the proposed Development Plan which incorporates improvements to infrastructure in order to support proposed phased development (subject to conditions). However, Staff is unable to support the proposed sign variance requests at this time the applicants have not satisfied the variance criteria.

Variances are intended to be provide relief for properties with unique physical characteristic, and not as a substitute for code amendments or rezoning. The applicant has presented a reasonable argument for variances to hospital buildings. However, a code amendment or rezoning application may be a better resolve over the need for variances.

If after consideration of the facts the Planning Commission recommends approval of the building height variances to the Governing Body, the balance of the Master Plan, Development Plan and Special Use Permit are compliant subject to staff conditions. It should be noted that height limits within the region of Area 1 and Area 2 if the boundary is adjusted without the variances, will be subject to 22 feet high. This would require the applicant to redesign the Bed Wing addition to match Master Plan height limits commensurate within Area 2.

The Development Plan is specific to the construction of a 65,500 square foot two story Hospital Bed wing and 1,800 square foot Central Utility Plant. Traffic, parking, terrain management, landscaping, wet utilities, fire, refuge and lighting have been evaluated subject to city code standards. However, this proposal is predicated upon variances to building heights within the C-1 and SCHC Districts.

The hospital use was not required a Special Use Permit when it moved to 455 St. Michaels Drive in 1977. However, in 1985 the City approved the Hospital Master which was supported by City Resolution. The 1985 Master Plan identified goals and policies in hospital care, as well as, design standards in effect today.

The Special Use Permit will not adversely affect the public interest, and the use and any associated buildings are adaptable to buildings, structures and uses of a C-1 District. It is unclear whether the architecture compatibly of the proposed Bed wing commensurate with existing Hospital Architecture is compatible. The Planning Commission will need to evaluate the information provided to assess appropriate architectural compatibility.

The Land Use Department has determined that the proposed applications can comply with the necessary approval criteria for Master Plan amendment, Development Plan and Special Use Permit provided the variance request to heights are approved. Should the Planning Commission approve the Variances to building height, Development Plan, Special Use Permit and make favorable recommendations to the Governing Body for the Master Plan amendment, Staff recommends the conditions listed in Exhibit A.

EXHIBITS (new material in identified by bold font)

Exhibit A- Conditions of Approval

Exhibit B - DRT comments

1. Archaeological clearance (no change reference original packet material)
2. **Traffic Engineering Division (new material)**
3. City Engineer for Land Use Department Terrain Management and Lighting (no change reference original packet material)
4. Landscaping (no change reference original packet material)
5. Environmental Services (no change reference original packet material)
6. Waste Water (no change reference original packet material)
7. Water (no change reference original packet material)
8. Fire (no change reference original packet material)
9. **Metropolitan Planning Organization (MPO) (new material)**
10. **Technical Review Water Budget (new material)**
11. **Commission question responce**

Exhibit C- ENN (no change reference original packet material)

1. ENN Notes
2. Guideline Questions

Exhibit D- Maps

1. 1985 Master Plan Areas Map (no change reference original packet material)
2. Area 1 and Area 2 Map (no change reference original packet material)

The Development Plan is specific to the construction of a 65,500 square foot two story Hospital Bed wing and 1,800 square foot Central Utility Plant. Traffic, parking, terrain management, landscaping, wet utilities, fire, refuge and lighting have been evaluated subject to city code standards. However, this proposal is predicated upon variances to building heights within the C-1 and SCHC Districts.

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The Special Use Permit will not adversely affect the public interest, and the use and any associated buildings are adaptable to buildings, structures and uses of a C-1 District. It is unclear whether the architecture compatibly of the proposed Bed wing commensurate with existing Hospital Architecture is compatible. The Planning Commission will need to evaluate the information provided to assess appropriate architectural compatibility.

The Land Use Department has determined that the proposed applications can comply with the necessary approval criteria for Master Plan amendment, Development Plan and Special Use Permit provided the variance request to heights are approved. Should the Planning Commission approve the Variances to building height, Development Plan, Special Use Permit and make favorable recommendations to the Governing Body for the Master Plan amendment, Staff recommends the conditions listed in Exhibit A.

EXHIBITS (new material in identified by bold font)

Exhibit A- Conditions of Approval

Exhibit B - DRT comments

1. Archaeological clearance (no change reference original packet material)
2. **Traffic Engineering Division (new material)**
3. City Engineer for Land Use Department Terrain Management and Lighting (no change reference original packet material)
4. Landscaping (no change reference original packet material)
5. Environmental Services (no change reference original packet material)
6. Waste Water (no change reference original packet material)
7. Water (no change reference original packet material)
8. Fire (no change reference original packet material)
9. **Metropolitan Planning Organization (MPO) (new material)**
10. **Technical Review Water Budget (new material)**

Exhibit C- ENN (no change reference original packet material)

1. ENN Notes
2. Guideline Questions

Exhibit D- Maps

1. 1985 Master Plan Areas Map (no change reference original packet material)
2. Area 1 and Area 2 Map (no change reference original packet material)
3. Adjoining Zoning (no change reference original packet material)

3. Adjoining Zoning (no change reference original packet material)
4. **South Central Highway Corridor Map (no change reference original packet material)**

Exhibit E- Code sections

1. **South Central Highway Corridor (SCHC)**

Exhibit F- Applicant's Data

1. **Variance Response**

Exhibit G- Correspondence

1. **New Neighborhood Response**

Packet Attachment -Plans and Maps

City of Santa Fe, New Mexico

memo

DATE: June 18, 2015

TO: Daniel Esquibel, Planning and Land Use Department

FROM: John Romero, Public Works Department/ Traffic Engineering Division

SUBJECT: Case #2015-47, 455 St. Michaels Drive Christus St. Vincent Regional Medical Center

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ISSUE

Request for Master Plan Amendment, Four Variances, Development Plan to construct 65,500 square feet addition on Tract A-1-3 and Tract A-2, & Special Use Permit. This Memo supplements my memo dated June 18, 2015.

RECOMMENDED ACTION:

The comments below are based on comments and questions resulting from the July 2, 2015 Planning Commission meeting and from a supplemental Traffic Study dated July 2015:

1. The supplemental Traffic Study performed a signal warrant analysis at the Hospital's access to St Michaels Drive. In the analysis, they assumed a full access (left-outs allowed) adding the respective traffic. The intersection did not meet warrants. Based on this study and due to the very poor accessing/spacing along St Michaels drive, I do not recommend placing a signal at this intersection.

   It is worth noting that the signal warrant criteria is mandated by federal guidelines established by the Federal Highway Administration (FHWA). Also, the developer met with the New Mexico Department of Transportation (NMDOT), who owns and maintains St Michaels Drive. The NMDOT was doubtful that they would allow a signal at this location.

2. The supplemental Traffic Study evaluated the possibility of further limiting access of the southern access point onto Hospital Drive (Emergency Room Access) to right-in only. The evaluation showed no negative effects on the surrounding roadway network. Based on this evaluation, I do not oppose restricting access to right-in only.

If you have any questions or need any more information, feel free to contact me at 955-6638. Thank you.

N:\Traffic Engineering\Traffic Engineering Section\01-TIAs\2015\St Vincents Hospital Master Plan (2015)\CSV MP 07-21-15.doc

MEMORANDUM

Date:	July 22, 2015
From:	Keith Wilson, MPO Senior Planner
To:	Dan Esquibel, Planning and Land Use Department
Cc:	Leroy Pacheco, Roadways and Trails Engineering
	John Romero, Traffic Engineering
	Sandra Kassens, Traffic Engineering
	Erick Aune, MPO Transportation Planner
	Mark Tibbetts, MPO Officer
Re:	**Case #2015-47, 455 St Michael's Drive Christus St Vincent Regional Medical Center**

The following supersedes the May 15th and July 22nd memos from MPO staff for Case #2015-47

Trails

The Master Plan Application has the following references to Trails:

"Condition #13. Also, a 20' wide non-motorized trail easement should be granted to the city along the south and east property line to accommodate a 10 ft. wide paved trail. Exact location should be verified in the field with the City Trails and Open Space Coordinator.

Following discussions with the applicant and hearing concerns from the neighborhood the MPO Staff supports requiring only one point of access at Camino Teresa from the neighborhoods to the north and east of the hospital. This point of access will allow suitable access to cyclists utilizing the Don Gaspar on-road bikeway connection from Downtown to this area. Based on projected use of the paved trail connection through the hospital grounds and constraints highlighted by the applicant, MPO Staff would support an 8ft wide paved trail from Camino Teresa to the north and south through the Hospital to Hospital Drive utilizing the proposed fire lane for part of the trail alignment. See the attached map for recommended conceptual alignment for the trail.

Proposed Conditions

- An 8ft wide paved trail should be constructed from the end of Camino Teresa to the north and south through the Hospital to Hospital Drive utilizing the proposed fire lane for part of the trail alignment.
- If it not already it should be made clear that the "non-motorized trail easement" being granted should be specified for Public Access.
- The 8ft wide paved trail should be designed and constructed to meet all applicable AASHTO, MUTCD and ADA Guidelines. Trail design should be approved by City Staff.

- There does not appear to be any timeframe of when the paved trail is to be constructed by the Hospital. If there is not already an identified timeframe, it is recommended that one be set as part of this approval process.

Pedestrian Access

The Master Plan Application has the following references to Pedestrian Access:

"Condition #14. Address Pedestrian and Wheel Chair Access with staff, from Camino Teresa and Encina Road on the north side of the campus and from other possible locations along the east side of the campus. A minimum of two gates must be for pedestrians, wheel chair, and bicycle access. The applicant must also address creating access from these locations across the campus to the bus stop, to St. Michael's and to Hospital Drive.

Following discussions with the applicant and hearing concerns from the neighborhood the MPO Staff supports requiring only one point of access at Camino Teresa from the neighborhoods to the north and east of the hospital. Pedestrian access would share the 8ft wide paved trail.

Proposed Conditions

- There is no pedestrian access (sidewalks) to Hospital Building from any of the driveways into the property. A sidewalk pathway should be shown and constructed from each of the driveway locations (3 on Hospital and 1 on St Michael's Drive) either to the existing sidewalk network or to building entrances where an existing logical pedestrian route is not in existence.

Bicycle Parking

Sheet 3 provides Parking Calculations for motor vehicles, but no calculation for the required number of spaces for bicycle parking. It is recommended that this calculation be added to this sheet in the Parking Calculations section.

No reference to a design of bicycle parking was found on the plans. Chapter 6 of the AASHTO Guide for the Design of Bicycle Facilities provides guidance on the location and bicycle rack design. This guidance is included in the MPO's Bicycle Master Plan (http://santafempo.org/bicycle-master-plan/ page 38). The key design elements are:

- that the rack can support a bicycle at two points above the center of gravity,
- can accommodate high security U-shaped bike locks,
- can accommodate locks securing the frame and one or both wheels, and
- provides adequate distance (minimum 36 inches) between spaces so that bicycles do not interfere with each other.

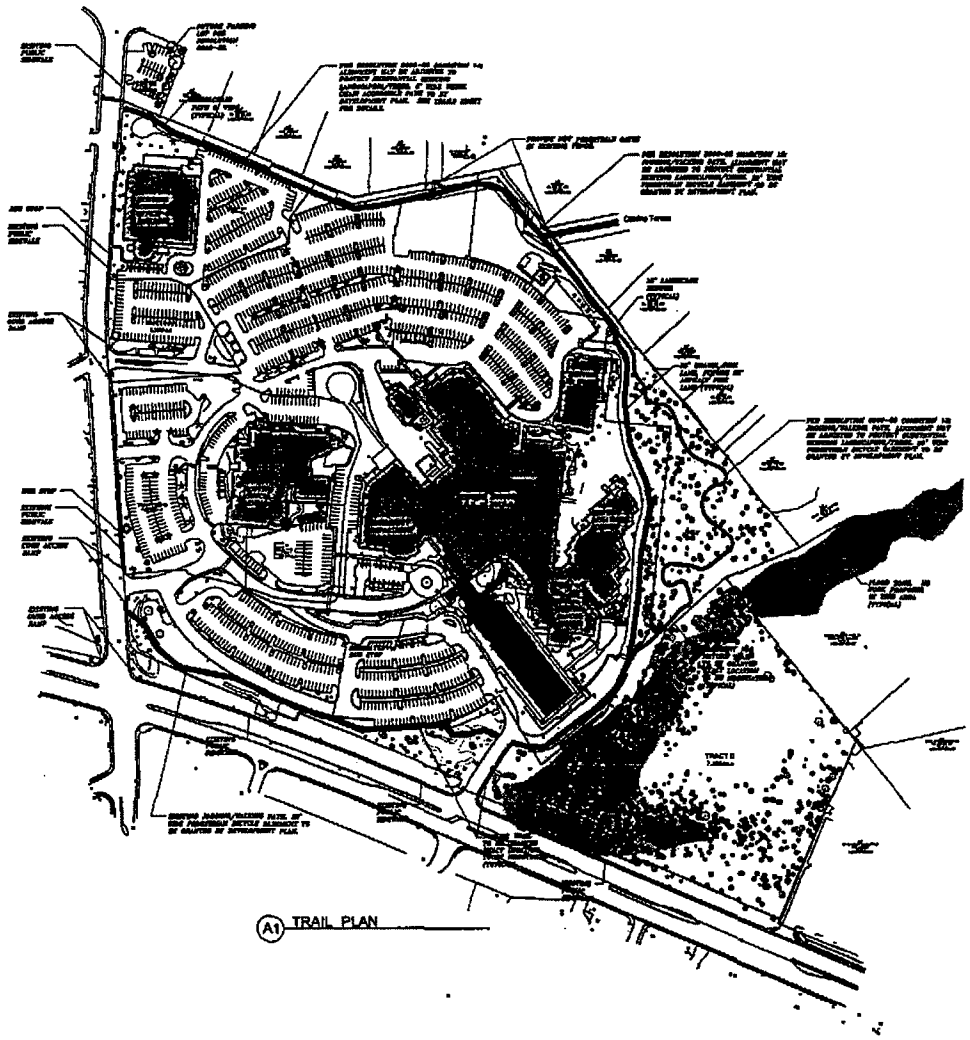
Proposed Conditions

- The required number of bicycle parking spaces should be calculated and shown on Sheet 3.
- Bicycle rack design shall meet the guidelines referenced above from the MPO Bicycle Master Plan.
- The location of the bicycle racks should meet the standards for location set in Chapter 14.

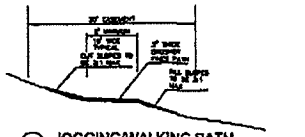
CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

TRAIL PLAN

APPROVED BY RESOLUTION NO. 1985-36 AND AMENDED BY RESOLUTION NO. 2006-83



A1 TRAIL PLAN



A1 JOGGING/WALKING PATH

SHEET 12 of 22

WHR ARCHITECTS

Design Group

CHRISTUS ST. VINCENT NURSING UNIT

CHRISTUS ST. VINCENT Regional Medical Center

CBRE

CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

TRAIL PLAN

TRAILS

City of Santa Fe, New Mexico

memo

DATE: July 30, 2015

TO: Dan Esquibel, Land Use Senior Planner
Case Manager, Land Use Dept.

FROM: Amanda Enc[illegible], Planner Tech Sr.
Water Budget Office, Land Use Dept.

RE: Case #2015-47 Christus St. Vincent Regional Medical Center

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After reviewing the water budget submitted on July 22, 2015, it is determined that the proposed addition of Christus St. Vincent will require an additional 4.162 AFY. The project will rely on two sources of water supply. The following is how water service will be provided:

- Medical Office - 1st Floor Shell Space of New Patient Wing 20,000 0.72 afy/10,000 sf **1.44 afy (on-site well)**
- Storage Building - Tract D 10,000 0.13 afy/10,000 sf **0.13 afy (on site-well)**
- Medical/Dental Building Addition 36,000 0.72 afy/10,000 sf **2.59 afy (city water system)**

The applicant will only be required to offset 2.59 afy for the Medical/Dental Building portion. The offset requirement may be met by providing toilet retrofits or by purchasing this amount from the City's Water Bank. A water rights transfer is not required.

*Refer to SFCC 14-8.13 for more detailed information

Questions Submitted by the Commission

Commissioner Kapin

moved to postpone this Case #2015-47 at 455 St. Michael's Drive, pending more information to better justify the variance request, seconded by Greene.

- asked under approval criteria for variance (14-3.16 c 2) on "not feasible for reasons other than financial," she would like to see the internal flow plan to be able to have that answered clearly.

Chair Harris

- more information on the water budget and what consumption is now from the well and from the city system.
  The agenda and Memorandum have been separated to reflect caption issues.

- what consumption is now from the well and from the city system.
  Reference attached applicant responses to question.

- add to Commissioner Kadlubek's statement on storage

  The applicant increased the prosed 5000 storage to 10,000 in Zone D. the additional 5000 square feet has been included in the Staff report tables and assessed for parking (reference Pages 3, 5, 6 and 17.)

- further study between the Applicant and Mr. Romero to see if access is even possible there.

  New comments from the Traffic Division have been included in Exhibit B – DRT Comments of the Staff report.

- The corridor along Area 2 seems to be a buffer to the street in how it was conceived. He was following up on Commissioner Greene's question about open space requirements and what that meant vis a vis the parking situation.

  Reference attached applicant responses to question.

- Chair Harris would like closer attention to the noise generation. In the past, the Commission has limited construction activities to a certain time. That is what neighbors requested also. In a recent case, the Commission limited construct to 8 -5 on Monday through Friday; 8-2 p.m. on Saturday and no activity on Sunday.

  Reference attached applicant responses to question.

- There were questions from Commissioner Chavez that were not fully addressed. One of the conditions on the Special Use Permit which he listed as a through r. Condition p was sustainable use of energy, recycling and solid waste disposal which needs a lot more information.

  Reference attached applicant responses to question.

- The Commission heard one neighbor express real concerns about the accessible routes and he would like to know more about the proposed connections. The access points as he understand are pedestrian.

  Reference section G on Page 18 of the Staff report and Exhibit B MPO comments for trails information.

- chair Harris also would like a clear condition from staff that all previous conditions from 1985 and 2006 have been met or not.

  Reference Exhibit E of the Staff Report for 1985 Master Plan Resolution and 2006 Master Plan and Resolution.

  Conditions not met (7,000 square foot surgical building):

  4) For all phases subsequent to the emergency room expansion, make south entrance from Hospital Drive an entrance only. Staff design recommendations may require a triangular bulb-out to prevent right-tum exit and a street island on Hospital Drive to prevent left tum exit.

  5) For all phases subsequent to the emergency room expansion, make south entrance from
  Hospital Drive an entrance only. Staff design recommendations may require a triangular
  bulb-out to prevent right-tum exit and a street island on Hospital Drive to prevent left tune
  exit.

  6) For all phases subsequent to the emergency room expansion, the developer will be required to assess certain off-site traffic operations and provide mitigation measures where needed. These improvements are listed in an Engineering Division traffic memo which was handed out as additional correspondence at the May 4, 2006 Planning Commission meeting and may include:

  - *improvements to the intersection of Hospital Drive and Galisteo Road*
  - *traffic mitigation at the intersection of San Mateo and Galisteo*
  - *all existing and proposed access points to the development*
  - *traffic improvements/mitigation on Hospital Drive*
  - *examine possibilities for shifting the main entrance on St. Michael 's Drive further east*

7) For all phases subsequent to the Emergency Room Expansion, close and/or modify
driveway entrances at Hospital Drive and St. Michaels Drive as shown on the amended master plan, including modifications to turn lanes on St. Michaels Drive.

13) Also, a 20ft wide non-motorized trail easement should be granted to the City along the south and east property lines to accommodate a 10 ft. wide paved trail. Exact location should be verified in the field with the City trails and open space coordinator.

14). Address pedestrian and wheel chair access with staff from Camino Teresa and Encino Road on the north side of the campus and from other possible locations along the east side of the campus. A minimum of two gates must be for pedestrian, wheel chair and bicycle access. The applicant must also address creating access from these locations across the campus to the bus stop, to St. Michael's Drive and to Hospital Drive.

- Why was it deemed appropriate/necessary to bundle all actions into one case? Can they be reformatted into individual cases after having been documented and identified publicly as one case?

  Captions have been changed.

- In the Table of Contents to the Applicants' submittal, an Ordinance, two Resolutions and Plans are referenced in the Appendices. These documents were not included in the packet for the Commission and need to be made available for review along with any other resolutions, plans, or conditions that have affected the original C-1 zone. These documents should be made available for viewing in the offices of the Land Use Department as soon as possible.

  These documents have been available in the Land Use Office and can be viewed upon request.

- Provide full size drawings (24"x36") of the applicants' Development Plan submittal. Additionally, a request was made as part of the Commission's hearing that floor plans showing how the proposed addition will connect to the existing facility be provided. All drawings should be full size and made available for viewing in the offices of the Land Use Department.

  Once an application is submitted for review in the Land Use Department all material concerning that application (including full size drawings) is available for review by the public upon request.

- Are all tracts affected by the proposed master plan amendment owned by the same entity? If not, will all ownership interests be required to agree to any and all conditions imposed by the Commission?

  All land originally part of the Master Plan in 1985 and all land incorporated into the Master Plan in 2006 are affected by the Master Plan. Reference attached applicant responses to questions for ownership.

- As stated in the Applicants' submittal, it seems that the proposed amendment to the master plan should include, 1) addition of proposed inpatient bed wing and, 2) revisions to required and provided parking. They are currently not identified in the staff report as part of the amendment but only through the Development Plan and Special Use Permit. Please clarify.

  There are three cases in the revised caption; the variances are grouped for action with the development plan. The proposed inpatient bed wing and the revisions to the parking both involve each of the cases to some extent..

- Have studies been undertaken in the past by the applicant to identify other options for the inpatient bed wing?

  Reference attached applicant responses to questions.

- Does the applicant intend to incorporate structural systems that would allow additional stories to be constructed on the proposed two story wing?

  Reference attached applicant responses to questions.

- Provide background information for the statement on Page 5 of the staff report which reads, ". . .the code has been interpreted in the past to apply master plan height limits in preference to the overlay height limits."

  14-3.9(C)(2) Special Development Standards and Design Guidelines

  > *(a) Approval of the master plan may include approval of special development standards or design guidelines to be applied within the master plan area when such regulations are necessary to implement specific goals of the master plan. Issuance of construction permits since 1986, approvals of the various independent buildings on the campus, and the 2006 master plan amendment have established this precedent.*

- What is the distance from the edge of the St. Michael's Drive ROW to the closest point of the proposed addition?

  Reference attached applicant responses to questions.

- What is difference in elevation from the paved surface of St. Michael's Drive to the first floor of the proposed addition?

  Reference attached applicant responses to questions.

- Two fire hydrants are identified in the staff report, are they private hydrants or public within a dedicated easement? A fire line loop around the main Hospital is noted in the report, is it contained within properly recorded easement?

  Reference attached applicant responses to questions.

- The applicant must submit a water budget to the Planning Commission consistent with the requirements of 14-8.13.

  Reference attached applicant responses to questions.

- The applicant must provide a noise attenuation plan for all emergency generators within the master plan, solid waste facilities, and air ambulance traffic. Compliance with noise standards will be handled by staff at the construction permit stage.

  Reference attached applicant responses to questions.

- The applicant should provide plans for sustainable use of energy, recycling, and water harvesting.

  Reference attached applicant responses to questions. Note that the city has not adopted specific standards for these issues.

Commissioner Greene

- Applicant to look at the traffic circulation to make it clear and have it make sense. That isn't so now.

  Reference attached applicant responses to questions. And Traffic Division comments in Exhibit B of the Staff report

- And accesses in Hospital Drive and St. Michael's Drive to come up with a Master Plan to make it better.

  Reference attached applicant responses to questions, and Traffic Division comments in Exhibit B of the Staff report

- Look at parking under the new wing with 4' of fill under it. It might have two levels of parking and provide easier loading/uploading.

Reference attached applicant responses to questions.

- Commissioner Chavez had mentioned solar with some plan for the future and better use of water for landscaping.

  Reference attached applicant responses to questions.

- The trails on the north and the east of Tract D looked like they would cross the arroyo and that is not really feasible to make a more compelling trail system.

  The applicant has proposed revisions to the trail alignments, which address some neighbor concerns and are acceptable to staff. Reference attached applicant responses to questions, Staff Memo Section G and MPO comments in Exhibit B DRT Comments.

- The corner of Lupita and Hospital parking doesn't seem necessary and should be eliminated.

  Reference attached applicant responses to questions.

- Mr. Romero to reach out to the State to make sure it is not feasible to do a traffic light at St. Michael's. He hoped that could be updated for the Commission's decision.

  Reference attached applicant responses to questions, and Traffic Division comments in Exhibit B of the Staff report

Emailed questions

- Photos for reference
- Traffic issues
- Internal circulation issues

  Reference attached applicant responses to questions.

- Parking

  Reference Staff Memo Table 5 Parking and Loading located on Page 17.

Commissioner Kadlubek

- said it includes the additional conditions Ms. Jenkins brought up to incorporate regarding the financial guarantee;

  Reference attached applicant responses to questions, and Conditions.

- Contribution five year issue to revert back.

Reference attached applicant responses to questions.

- We need clarity in the increase in size of storage space;

  The applicant increased the proposed 5000sf storage to 10,000sf in Zone D. the additional 5000 square feet has been included in the Staff report tables and assessed for parking (reference Pages 3, 5, 6 and 17.)

- and the biggest question holding it up for him was the right turn only and how traffic flows through there.

  Reference attached applicant responses to questions, and Traffic Division comments in Exhibit B of the Staff report

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EXHIBIT D

MAPS

14-5.5 HIGHWAY CORRIDOR PROTECTION DISTRICTS

(Ord. No. 2011-37 § 6)

(A) SCHC South Central Highway Corridor Protection District

(1) Purpose and Intent

Because openness, quiet and continuity adjoining the highway corridors in the south central section of the city is considered a special asset that should be retained as the area develops, it is the intent of the SCHC district to:

(a) establish a clear sense of visual openness and continuity of *development*, as seen from major highway entrances to Santa Fe;

(b) protect the openness and continuity of the existing *landscape* by retaining and planting native and other drought-tolerant, low maintenance trees, shrubs and groundcovers;

(c) ensure that *landscaping* provides an appropriate and attractive visual buffer, compatible with neighborhood *landscaping* character; conserves water by use of storm water collection and drip irrigation systems; and screens transformers and loading areas or outdoor storage;

(d) encourage the use of architectural style and scale that is representative of Santa Fe; and

(e) preserve clean air and a sense of quiet and reduce the potential negative impacts of noise, air pollution, lights, movement of cars, activities on site or other nuisances on adjoining *properties*.

(2) Boundaries

(a) The SCHC district encompasses the land within six hundred feet of the edge of the *right of way* on both sides of the following *streets* designated as special review districts in the *general plan* and shown on the official zoning map in the south central section of Santa Fe: St. Michael's Drive; Old Pecos Trail; St. Francis Drive; Rodeo Road; and Interstate 25 and its frontage roads.

(b) *persons* with *property* divided by the SCHC district boundary are required to comply with the SCHC district standards only for that segment of the *property* within the boundary. In cases where the rear *lot* line depth exceeds the six hundred (600) foot boundary, *property owners* have the right to petition the *governing body* in the form of a rezoning *application* at any time for inclusion of the remainder of their *property* in the SCHC district.

(3) Uses

The uses allowed in this district are the same as those allowed in the underlying district.

(4) Standards

The standards applicable to *development* within the SCHC district are the same as the underlying zoning district and, in addition, any new *development* in the SCHC district shall comply with this paragraph.

(a) Development and Design Standards

(i) Density –

The *density* for *residential development* shall be the same as in the underlying district, but in no case shall it exceed a maximum *density* of twenty-one units per acre;

(ii) Height

The maximum height of *structures* shall be twenty-five (25) feet, not including a parapet;

(iii) Setback or yard

The minimum *building setback* or *yard* from the edge of the *right-of-way* shall be fifty (50) feet except that the minimum building setback from Old Pecos Trail between I-25 and St. Michael's Drive shall be seventy-five (75) feet; and

(Ord. No. 2012-11 § 10)

(iv) Floor area ratio

The maximum floor area ratio for office uses allowed in the district is:

(Ord. No. 2012-11 § 11)

TABLE 14-5.5-1: Maximum Floor Area Ratio

Building Use	Building Size	Maximum Ratio
Professional and Other Office	One story	0.25
	Two story	0.35
Medical Office	One story	0.20
	Two story	0.30

(b) Landscaping Standards

(i) existing *landscaping* -- to the greatest extent possible, existing natural *landscaping* shall not be disturbed within twenty-five feet of the *property* line that adjoins the *street right of way*.

This area shall be labeled as *open space setback*. No *structures* or parking are allowed in this *setback*;

(ii) plant material -- plant material shall be provided in the *open space setback* where that area has been disturbed and shall be provided for surrounding *buildings* and parking areas at a minimum width of five (5) feet.

(iii) parking and loading area *screening* -- If parking is provided in the required *front yard,* it shall be effectively *screened* by earth berms or *landscaping* that shall be at least four (4) feet above parking *lot grade*. Loading areas shall be *screened* and located on *side or rear yards*;

(iv) arroyos/*floodplains* -- In order to preserve natural *landscaping* on the banks of the arroyos, an undisturbed *setback* of ten feet shall be retained next to the major arroyos where *one percent chance flood events* have been recorded;

(v) *open space* -- for any *nonresidential* permitted use, a minimum of thirty-five percent of the *lot* and for any *residential* permitted use, a minimum of fifty percent of the *lot* shall be *open space*; and

(vi) outdoor storage -- *outdoor storage* shall not be allowed.

(c) Additional standards

When *nonresidential* uses abut R-1 through R-7 *residential densities*:

(i) all of the *structures* for the *nonresidential* uses shall be set back fifty (50) feet from the *residential property* line and a twenty-five (25) foot *landscape* buffer meeting the standards set forth in Subsection 14-5.5(A)(4)(b) shall be located between the *residential* and *nonresidential* uses; or

(ii) all of the *structures* for the *nonresidential* uses shall have a twenty-five (25) foot *landscape* buffer meeting the standards set forth in Subsection 14-5.5(A)(4)(b) and a masonry *wall* or a fence as approved by the *land use director* located between the *residential* and *nonresidential* uses.

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EXHIBIT F

APPLICANT'S DATA

SUPPLEMENTAL RESPONSE TO VARIANCE CRITERIA
IN SUPPORT OF REQUEST FOR HEIGHT VARIANCE

(1) One or more of the following special circumstances applies:

(a) unusual physical characteristics exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14, characteristics that existed at the time of the adoption of the regulation from which the variance is sought, or that were created by natural forces or by government action for which no compensation was paid;

(b) the parcel is a legal nonconforming lot created prior to the adoption of the regulation from which the variance is sought, or that was created by government action for which no compensation was paid;

(c) there is an inherent conflict in applicable regulations that cannot be resolved by compliance with the more-restrictive provision as provided in Section 14-1.7; or

(d) the land or structure is nonconforming and has been designated as a landmark, contributing or significant property pursuant to Section 14-5.2 (Historic Districts).

Applicant's Response:

The existing hospital facility has several unusual physical characteristics that distinguish it from other structures in the vicinity that are subject to the same relevant provisions of Chapter 14. The hospital is the only hospital in Santa Fe and, as a result, it has unique and unusual characteristics that are integral to the structure's use and operation as a hospital, including existing medical surgical bed units, various units, such as the intensive care and surgical units, devoted to particular types of medical services, an emergency department and all of the various support services, such as labs, radiology and other services that support the provision of health care to patients of the hospital.

By virtue of being a hospital, the existing structure has unusual existing characteristics in its design and configuration, including the existing triangular medical surgical bed units and their relationship and proximity to existing support services within the existing structure. The existing structure is also unusual relative to other structures in the vicinity as a result of the hospital's size and use, and that size and use, as well as the structures' existing layout, create an unusual condition relative to the surrounding residential neighborhood. Simply put, the hospital, including its use, design and internal configuration, is unique to Santa Fe.

An additional unusual physical characteristic is the floor to floor height of the existing structure. Floor to floor height for most commercial office structures is 12 feet floor to floor.

In order to accommodate the mechanical systems and plumbing necessary for patient rooms, the floor to floor height for the hospital is 14 feet. Also, unlike other commercial buildings, the hospital is subject to state and federal regulations that require a ducted return air system that adds to the structural height of the facility.

(2) The special circumstances make it infeasible, for reasons other than financial cost, to develop the property in compliance with the standards of Chapter 14.

Applicant's Response:

The term "infeasible" does not require the applicant to demonstrate that it would be "impossible" to develop the property in accordance with the standards of Chapter 14. Rather, the commonly understood meaning of "infeasible" includes "not easily or conveniently" accomplished. Additionally, the City of Santa Fe, in granting requests for variances, has historically not applied or interpreted the term "infeasible" to require an applicant to demonstrate that it would be impossible for the applicant to comply with the relevant provisions of Chapter 14 from which a variance is requested but only that it would be difficult to comply with the applicable standard. In this case, for the reasons stated below, it would be infeasible (as that term has been interpreted and applied in this context) for the applicant to comply with the height restrictions imposed by the South Central Highway Corridor District as to that portion of the new additional that falls outside of Area 1 from the 1985 Master Plan.

The connection height of the new addition is necessary to provide for a level floor-to-floor connection to the existing floors of the hospital. The location of the new addition as proposed would also provide connectivity to existing medical surgical units and associated support services, including radiological and the lab as well as the emergency department, surgical unit and the surgical recovery unit on the hospital's second level, as shown on the attached floor plan. The height of the proposed addition is higher than what would typically be required for a two-story commercial structure because of the existing structures' unusual 14 feet floor to floor height. It would not be acceptable to construct the new addition in such a manner that the floor level of the new addition would not match the floor level of the existing second level, with the different floor levels connected using ramps. This is because creating a sloped floor in a hospital is dangerous for transporting patients in wheel chairs and hospital beds.

The unusual characteristics of the structure also include its size and use as a hospital (because it is the only hospital in Santa Fe) and, by virtue of those characteristics, associated potential impacts on neighboring residential properties. These characteristics make it infeasible to locate the new addition on the north side of the existing structure and outside of the South Central Highway Corridor District because the new addition would be placed in close proximity to the adjacent residential neighborhood and result in adverse impacts, such as interference with views, disruption during construction, increased lighting and other impacts that would be unacceptable to and inappropriate to impose on the owners and occupants of those residential properties.

Placing the new addition on the north side of existing structure would also be infeasible because, as shown in the attached floor plan, the hospital's intensive care unit is located on the north side of the second floor and would create an obstacle to the connection with the existing medical surgical units and support services on the second level of the hospital. In contrast, locating the addition as proposed allows for an efficient and readily attainable connection to those existing units and facilities.

The foregoing justifications are all "reasons other than financial cost" because they relate to the medical needs, as well as the reduction in adverse impacts to the nearby residential neighbor, associated with the project as opposed to a desire to reduce the costs of the project.

(3) The intensity of development shall not exceed that which is allowed on other properties in the vicinity that are subject to the same relevant provisions of Chapter 14.

Applicant's Response:

The term "intensity" is defined in Chapter 14 to mean the "extent of development per unit of area; or the level of use as determined by the number of employees and customers and degree of impact on surrounding properties such as noise and traffic." The new private bed addition will be constructed in conjunction with the conversion of existing medical surgical semi-private rooms to private rooms. As a result, the renovation, including the construction of the new addition, will result in the addition of only six new medical surgical beds. Thus, the intensity of the proposed addition is extremely low and would not exceed what is allowed on other properties in the vicinity that are subject to height restriction imposed by the South Central Highway Corridor. Those properties, located along St. Michaels Drive in the vicinity of hospital, are zoned C1 and HZ, both of which permit hospitals as a special use.

(4) The variance is the minimum variance that will make possible the reasonable use of the land or structure. The following factors shall be considered:

(a) whether the property has been or could be used without variances for a different category or lesser intensity of use;

(b) consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.

Applicant's Response:

As explained by Jason Adams, the hospital's Chief Operations Officer, at the Planning Commission meeting on July 2, 2015, the construction of the new addition is part of and will make possible the conversion of the hospital's semi-private medical-surgical rooms to private rooms and will result in all of benefits associated with private hospital

rooms, including reduced infection rates, reduced patient stress, increased patient safety, and possibility of overnight stays by a patient's family members. Thus, the new addition will most certainly make possible a "reasonable use" of the property.

The variance is also the minimum variance that will make it possible to construct the new addition. No heights are requested beyond that which would provide for the structurally appropriate connection to the existing structure in a manner that will accommodate its unusual characteristics and as necessary for the safe and efficacious delivery of health care services to the hospital's patients while at the same time avoiding adverse impacts to the adjacent neighborhood that would otherwise occur by locating the new addition on the north side of the property.

This part of the variance criteria states that the "factors" in subparts (a) and (b) shall be "considered." This terminology means only that the factors in subparts (a) and (b) will be weighed or taken in consideration but they are not decisive in determining whether the variance is "the minimum variance that will make possible the reasonable use of the land or structure."

Historically, the first factor, which asks "whether the property has been or could be used without variances for a different category or lesser intensity of use," has not been strictly enforced by the City in deciding whether to grant variances. It would be an extremely rare situation in which the applicant for a variance would be able to demonstrate that the property in question could not be used without a variance or for lesser intensity of use. This would essentially require the applicant to demonstrate that no use could be made of the property unless a variance is granted, and that has not been the standard applied by the City in granting variances and is not required under New Mexico law for the purpose of granting dimensional variances. In this case, the property is zoned C1 and could obviously be used for less intensive uses than a hospital, but that does not mean that the height variance requested is anything more than "the minimum variance that will make possible the reasonable use of the land or structure."

In response to subpart 4(b) of the criteria, Section 14-3 of the Code states that one of the goals of Chapter 14 is to accomplish "a coordinated, adjusted and harmonious development of Santa Fe that will best promote health, safety, order, convenience, prosperity and the general welfare...." This project will certainly do that for all of the various reasons explained by Mr. Adams to the Planning Commission.

Pages 25 to 26 of the application report submitted for the project identify particular provisions from the City's General Plan in further support of this part of the criteria. Section 1.7.2 of the General Plan states that one goal of the General Plan is to "[e]nhance the quality of life of the community and ensure the availability of community services for residents." The same section states that the "General Plan seeks to promote the interests of the community-at-large over private ones." Earl Potter, on behalf of the applicant and in support of the proposed addition, explained to the Planning Commission that the new addition is intended to meet the community-wide need for "21st century [hospital] rooms to receive the best health care."

(5) The variance is not contrary to the public interest.

Applicant's Response:

The granting of the height variance is not contrary to the public interest because it will allow the hospital to provide private hospital rooms with all of the associated benefits with minimal impacts to surrounding properties.

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EXHIBIT F

CORRESPONDENCE

San Mateo Area Society of Homeowners

Response to Supplemental Submissions
for Planning Commission Cases
#2015-47, #2015-74, and #2015-75

EXECUTIVE SUMMARY AND INDEX

1. Introduction -- P. 1

The representatives of the neighborhood association are grateful for the time and attention that the Commissioners are devoting to these issues. The representatives have used the month since the previous Planning Commission meeting to improve their understanding of the issues and the factors that the Commission will be taking into consideration. They have attempted unsuccessfully to negotiate issues with the Developer. They have reviewed the Developer's supplemental submittals.

2. Postponement -- P. 2

The neighborhood association requests a further postponement in order to determine whether the Developer will persist in violation of the unfulfilled requirements and conditions previously imposed. During such postponement, the Commission might expect the following:

- Creation of a financial guarantee that would assure timely restoration of the required 25-foot landscaped buffer and establishment of the associated accessible pathway, regardless of whether further development is approved.
- Signage that changes the south entrance from Hospital Dr. to entrance-only, with no exit.

3. Master Plan Amendment, Case #2015-47 Pp. 7-9

We continue to question two items in the proposed amended master plan. We question the new inpatient bed wing because the Developer has failed to provide patient projections supporting a need for any particular number of beds and because the proposed wing would increase intensity of use due to increased helicopter overflights. The other item is the entrance from Hospital Dr.

4. Development Plan and Variances, Case #2015-74 Pp. 10-13

(a) The architectural style of the proposed wing is not compatible with the existing building.

(b) The Developer fails to satisfy three of the five necessary criteria for the height variance.

(i) 14-3.16(C)(2) requires that the special circumstances make it infeasible to develop the property in compliance with the standards. It is not a reasonable requirement for a hospital to have all of its patient rooms on the same floor as radiology, laboratory, and recovery rooms. **This point is proven by the fact that two medical-surgical units are already located at levels that are higher than the specialty areas.**

(ii) 14-3.16(C)(3) provides that the intensity shall not exceed that which is allowed on other properties in the vicinity. The major source of noise intensity is the helicopter overflights (for which the Developer disclaims all responsibility). Even a small increase in beds will increase this intensity, which no other property in this vicinity causes.

(iii) 14-3.16(C)(4) provides that the requested variance be the minimum variance that will make possible the reasonable use of the land or structure. Clearly, the existing hospital building is already a reasonable use and is at least a minimum.

(c) Sign Variance **(P. 13)** - the proposed signage would primarily serve to advertise the Hospital, rather than guide patients and visitors.

5. Special Use Permit, Case # 2015-75 P. 14

This section presents the following objections to the Special Use Permit (SUP), any one of which is sufficient reason to deny the SUP:

(a) The current use is already inappropriate for the site.

(b) The application for the SUP is incomplete.

(c) Granting the intensification requested by the SUP would adversely affect the public interest. The proposed use and associated buildings are not compatible with the quiet use of the neighboring residential properties.

6. **Should a Special Use Permit be granted,** we request that several Conditions be attached before a Certificate of Occupancy be issued:

A. Limit the number of beds to 200 **(P. 15)**

B. Require restoration of the required 25 foot landscape buffer. **(P. 15)**

C. Require a landscaped 20 ft. setback on the R-2 lot at the corner of Hospital Drive and West Lupita Road. **(P. 15)**

D. Make the south parking lot Hospital Drive entrance an "entrance" only. **(P. 15)**

E. Require the Developer to make improvements to the three affected neighborhood intersections, in consultation with the City Engineering Division. **(P. 15)**

F. Provide smooth pedestrian accesses from Camino Teresa to the trail. **(P. 16)**

G. Take steps (as detailed in our document) to clarify that St. Michaels is the primary entrance. **(P. 16)**

H. Take all necessary steps to mitigate the noise and odor of the diesel generators. **(P. 16)**

I. the Developer shall establish and communicate a campus-wide policy of turning off unnecessary lights and modifying those that must be on to eliminate lighting that is visible in residences in spite of screening. **(P. 16)**

J. establish a policy of requiring informed consent for air transport. **(P. 16)**

K. The Hospital shall provide a diagram of recommended flight paths to all services that have used the heliport within the past year, with copies to the City and to the two neighborhood associations. **(P. 16)**

L. No building constructed under this Special Use Permit shall be specified to have a foundation or structure intended to support more than two stories. **(P. 17)**

M. All dumpsters on the campus shall be moved to positions at least 300 feet from residential property lines. **(P. 17)**

N. Construction activities, including delivery of construction materials and removal of construction waste, shall be limited to the time between 8 a.m. and 5 p.m. Monday through Friday and between 8 a.m. and 2 p.m. on Saturdays. **(P. 17)**

O. Extend and make repairs to the existing border fence as approved by the Land Use Director. **(P. 17)**

P. Developer compliance with the master plan, the Special Use Permit, and these conditions shall be reviewed by the Planning Commission annually in a public meeting. **(P. 17)**

Q. The Hospital shall modify outdoor lighting to conform with 14-8.9(E)(2), Maximum Illumination Standards. Further, the Developer shall modify all parking lighting within 120 ft. of its north property line to conform to the requirements in the original Master Plan **(P. 17)**

San Mateo Area Society of Homeowners

Response to Supplemental Submissions for Planning Commission Cases #2015-47, #2015-74, and #2015-75

1. Introduction

The representatives of the neighborhood association are grateful for the time and attention that the Commissioners are devoting to these issues.

Representatives of San Mateo Area Society of Homeowners (the neighborhood association) have used the month since the previous Planning Commission meeting to improve their understanding of the issues and the factors that the Planning Commission will be taking into consideration. They have attempted unsuccessfully to negotiate some issues with [redacted] (the Developer). They have reviewed the supplemental submittals from the Developer.

The remainder of this document presents the current position of the neighborhood association. It is arranged in the order of the items on the 6 August agenda.

- Section 2 requests further postponement to determine whether the Developer intends to persist in its violations of previously imposed requirements and conditions.
- Section 3 presents our remaining objections to the proposed master plan amendment.
- Section 4 discusses problems with the development plan and objections to the variances.
- Section 5 opposes the Special Use Permit (SUP) and list conditions that the neighborhood would like to see whenever an SUP is approved.

2. Postponement

The neighborhood association requests that the Planning Commission once again postpone its decision regarding the proposed development. The purpose of the postponement would be to determine whether the Developer intends to persist in its violation of the requirements and conditions imposed by the governing body when previous master plans were approved. During such postponement, the Planning Commission might expect the following actions by the Developer:

- Creation of a financial guarantee, perhaps in the form of a letter of credit, that would assure timely restoration of the required 25-foot landscaped buffer and establishment of the associated accessible pathway, regardless of whether further development is approved.
- Signage that changes the south entrance from Hospital Dr. to entrance-only, with no exit. This item is discussed further below.

Compliance Failures

Our neighborhood relies on the governing body to protect the quiet enjoyment of our homes by rejecting adjacent development that is too intensive or by requiring mitigating conditions to relieve the intensity of the use.

We continue to oppose consideration of the proposed master plan at this time. In approving previous master plans proposed by this Developer, the governing body approved features and imposed conditions that were designed to mitigate the impact of the development on the neighborhood. The Developer has failed to provide these mitigating features and failed to adhere to these mitigating conditions.

The governing body is asked to consider new amendments to the master plan when the Developer has failed to comply with mitigating features and conditions included in previous master plans. The Developer's supplemental submission contains a tabulated "Compliance List" as Exhibit #8, which is a response to a Commission question. All of the listed conditions were required before the addition to the surgical center, but that addition was completed several years ago.

The said Compliance List contains sixteen items, one from the original master plan of 1985 and all fifteen conditions from the 2006 amendment. Of these 16 items, only one is shown as "Completed." Our position is that not even that one item has been completed.

The item shown as "Completed" is the 1985 requirement for a landscaped buffer along the adjacent residences. The note says "installed but has not been properly maintained." Apparently "Completed" and "not been properly maintained" are euphemisms for "been completely bulldozed everywhere inside of the fence."

Condition 1 from 2006 specified a 25-foot landscape buffer, which is now 30 years late. The Compliance List notes that the current plan includes a 15-foot buffer, maybe next year, but the Developer has warned neighborhood representatives that even that may not happen if its proposals are not approved by the governing body. The Developer has not explained why the existing drought-tolerant, low-maintenance landscaping was destroyed nor why restoration was not begun this year.

Condition 4 from 2006 required that the south entrance from Hospital Drive be an entrance only. According to the Compliance List, having failed to comply with this condition, the Developer now agrees to a Right-In/Right-Out driveway. The neighbors strongly oppose a right-out exit and insist that that it be changed immediately to entrance only, as required nine years ago. This item is discussed further below.

Condition 5 from 2006 required the Developer to provide pro-rata participation in traffic calming and off-site traffic mitigation. The Compliance List asks that this participation be removed from the master plan. [redacted]

Condition 7 required modifications to driveway entrances as shown on the 2006 master plan. According to the Compliance List, the Developer, having failed for nine years to make these modifications, "is working with neighborhood to determine modifications." In fact, representatives of the neighborhood negotiated a draft agreement with a representative of the Developer. However, the Developer rejected the agreement, offering a counterproposal that contained none of the items requested by the neighborhood. We expect the required changes to be implemented promptly, separate from any proposed development.

Condition 10 from 2006 required that the helipad only be used for flights which are emergent, critical or at the direction of a physician. The Compliance List shows this item as "Satisfied." However, the Developer does not check that flights meet this criterion, has never rejected a flight when the helipad was available, and does not keep records to show whether this condition is satisfied.

Condition 12 required internal circulation as shown on the amended master plan to include a ring road. The Compliance List states that the ring road routed traffic too close to neighbors. In fact, the ring road became impractical when the El Norte facility was built astride the best route for the ring road, in violation of the 1985 master plan and without review by the Planning Commission.

Condition 13 concerns the trail easement. The Compliance List states "Agree to Provide as part of this project." This suggests, once again, that the Developer does not agree to comply with this previous condition if the project is not approved. In response to a request from the Commission that the Developer verify the neighborhood position on trail access, the Developer replied, "We are scheduling a meeting with the relevant parties ...." No such meeting has been scheduled with the neighborhood.

Condition 14 addresses pedestrian and wheel chair access from the north side of the campus. The Compliance List states, "Agree to Provide as part of this project." As with the landscaped buffer, the Developer has not given a reason for failing to provide this when required and has warned that it may not happen if its proposals are not approved. The neighborhood, however, has a strong preference that the sole access to the trail easement from the neighborhood be from the west of Camino Teresa, as it is now. Further, the Developer should provide for some type of surface improvement from the edge of the street to the property line of the campus.

Chairman Harris asked the Developer whether all ownership interests will be required to agree to any and all conditions imposed by the Commission. The Developer responded, "All land identified on the Development and Master Plan is owned by Christus St. Vincent Regional Medical Center or its affiliates." This is not a direct answer to the question. Previously, the Developer has said that it cannot control actions taken by Physicians Plaza.

South Entrance from Hospital Drive

The Compliance List states, "Current Traffic Study recommends this driveway become a Right In/Right Out." On the one hand, that is an incorrect statement of the conclusion in the traffic study. On the other hand, the traffic study did not even consider issues of importance to the neighborhood.

The traffic study looked at levels of service at the various driveways and at three intersections, with emphasis on delays during peak hours. Drivers during peak hours are mostly employees and therefore very familiar with the neighboring streets. The study compared the right in only with the right in /right out alternative and concluded:

> The level of service and delays are virtually the same, except at the Galisteo Street / West San Mateo intersection, where the delay was reduced on the northbound leg by 14 seconds.

Therefore, the traffic study found that the entrance-only option is slightly better.

However, the study did not consider the intersection of Hospital Dr. and Lupita. It also did not consider traffic loads on Lupita and in two directions on San Mateo.

The conclusions of the traffic study regarding this entrance were based on traffic counts and numerical models. There was no consideration of the characteristics of the usage of this specific entrance and no consideration of the complexity of the surrounding streets.

The south entrance from Hospital Dr. is the access to the Emergency Room for patients arriving in private vehicles. Such a car would have to arrive from St. Michaels, driven by someone who may be completely unfamiliar with the neighborhood. The driver's natural instinct would be to return the same way. If not rerouted to St. Michaels while still on the grounds and before reaching Hospital Dr., the driver would find that he or she was forced to turn right. Then the driver would be looking for a cross street that enables a return to St. Michaels. The first available cross street is Harkle, but the driver choosing that option would once again be forced to turn right on reaching Galisteo. The next cross street is Lupita. Even if the driver realizes upon entering Lupita that it may be wrong, it would be too late to turn back because Lupita is a one-way street. Upon reaching Don Gaspar, a familiar major street name, the driver might try to turn right, but

would encounter a neighborhood with no other outlet. The neighbors living behind the hospital are experienced in providing assistance to lost drivers.

The Traffic Engineer testified that having an entrance-only would not be a problem. The neighbors strongly oppose a right-out exit and insist that that it be converted promptly to entrance only, as was required nine years ago.

3. Master Plan Amendment, Case #2015-47

Once the Planning Commission is satisfied that the Developer will comply with requirements and conditions imposed by the governing body, it will be ready to make a decision regarding the proposed master plan amendment. This section updates the position of the neighborhood association regarding that proposed master plan.

Proposed Master Plan

In our previous submittal, we asked that the master plan specify the locations for emergency diesel generators. Although we still believe that they should be included in the master plan, we are now confident that City staff will assure that the Developer comply with the relevant noise ordinance. However, not all of the emergency generators may be needed. In response to Commissioner Green's inquiry about emergency capacity demand and requirements, the Developer replied, "This information is not readily available."

In our previous submittal, we asked that the master plan include facility for a critical-care ground ambulance, in order to reduce the noise impact from helicopter flights. However, we now understand that transfers out of the facility are a relatively small percentage of the helicopter flights, so we withdraw that request.

As noted in our original discussion of the ring road, it is of greater interest to the neighborhood at large to eliminate the exit at the south end of Hospital Dr. If internal circulation can be made adequate without that exit and without the ring road, the elimination of the ring road is acceptable.

We continue to question two items in the amended master plan. First, we question the inclusion of a new inpatient bed wing in the master plan for the following reasons, each of which is discussed below:

1. The Developer has failed to provide projections supporting a need for any particular number of beds.
2. The proposed wing is expected to increase intensity of use by increasing the noise from helicopter flights.

3. Rather than develop a new wing at this location, the Developer's long-term plans should include development of a new facility with helipad at a more appropriate location.

Secondly, as explained above, we object to the proposal for the south entrance from Hospital Dr., which is a change from no-exit to right-out.

Projected Demand for Beds

The Developer has provided no data or projections to justify increasing the number of beds from 194 to 200. Hospital stays are expected to become shorter, on average. Without data or projections, it is not clear whether the existing facility could be converted to all private rooms and still meet demand. Nor has the Developer provided specific references to industry standards that are being applied.

Noise Intensity

Chairman Harris requested that the Developer provide a noise attenuation plan for air ambulance traffic. The Developer's response is, "CSV is making every effort to ensure that the operator is informed of the approved flight path." This response, although inadequate, contradicts the Developer's statements, in two public meetings, that the Developer takes no responsibility for overflights and that complaints should be addressed instead to the FAA.

The usage of the helipad has been steadily increasing. On Thursday, July 23rd, for example, there were four arrivals between 1:30 p.m. and 8:30 p.m. Each arrival has a sound level at the property line in excess of 80 dB with a duration of two or three minutes. The pilot may choose to skirt the residences on the northeast edge of the hospital or fly directly over homes in the neighborhood. In such cases, which include the four flights mentioned before, the sound level exceeds 90 dB for thirty to sixty seconds, and some residents report sympathetic vibrations in the structures of their buildings. Each incoming flight is followed later by a departure, again with a sound level in excess of 80 dB for two or three minutes. The preceding noise levels are conservative estimates, based on measurements taken further away.

This helicopter noise severely impacts the quiet enjoyment of our homes. The proposed inpatient wing would increase the number of beds from 194 to 200 and can only increase the number of flights.

Long-Term Plan

The Developer stated in the first Planning Commission hearing that the demand for beds is expected to increase in the long term. This was stated as the reason for developing a building foundation that would support four stories instead of just the planned two stories. Because of the provision for expansion to four floors, it is clear that the Developer has at least a rough long-term plan for the facility.

A master plan "provides for comprehensive and coordinated planning for the development of land, often involving multiple phases occurring over a period of several years or more" [14-3.9(A)(2)(a)]. The proposed master plan amendment should be evaluated in the context of a long-term plan.

By 2035, will the facility have double the number of beds and triple the number of helicopter flights, with piecemeal adjustments to steadily deteriorating internal and external traffic conditions? Rather than a new wing, the Developer's long-term plans should include a new facility and a helipad at a more appropriate location.

4. Development Plan and Variances, Case #2015-74

Development Plan

In their previous submissions the neighborhood associations identified the following deficiencies in the development plan:

- The architectural style of the Project is not compatible with the existing hospital.
- The development plan has no provision for water harvesting.

The questions from the Commissioners have made it clear that the Commission will address sustainability issues with more skill and experience than the neighborhoods can provide. We remain concerned about the architectural style.

As was noted in our previous submittal, one of the standards on page 33 of the 1985 Master Plan is, "The architectural style for additions or buildings in Area 1 shall be compatible with the architectural style of St. Vincent Hospital." The development plan fails to meet that standard in two respects:

1. The stone accent walls are inconsistent with the plain walls of the existing hospital.
2. The rectangular box design is different from the stepped massing that characterizes the existing hospital.

Regarding the rectangular box design, Commissioner Green asked whether there is any consideration of a stepped SE end of the new wing. The Developer's reply is, "The new addition cannot step down the slope due to the requirement that the patient rooms all be on one level with no ramps or stairways. The retaining walls have been stepped as much as possible given the proximity of the arroyo."

The Developer already has patients on two levels. The new patient rooms could all be on the lower floor of the new wing, which would allow for a shorter second floor and therefore stepped massing.

Variances

Height Variance

In a supplemental response, the Developer has provided further support for its request for height variances. The additional material addresses the variance criteria in 14-3.16(C) of the Land Use Code, all of which are required to grant a variance. The responses below were not available to the Land Use Department in time it to consider for its recommendation.

14-3.16(C)(1) requires that a special circumstance apply. The Developer argues that the special circumstance is that there are unusual physical characteristics of the structure.

14-3.16(C)(2)

This criterion requires that the special circumstances make it infeasible to develop the property in compliance with the standards. The definition of infeasible is "not feasible." The definition of feasible is "capable of being carried out."

The Developer argues that it is necessary to provide a level floor-to-floor connection to the existing floors of the hospital. This could be accomplished with an elevator at the NW end of the addition, so that the patient rooms could be on the ground floor. It is not a reasonable requirement for a hospital to have all of its patient rooms on the same floor as radiology, laboratory, and recovery rooms. **This point is proven by the fact that two medical-surgical units are already located at levels that are higher than the specialty areas.**

There is nothing infeasible about this that is caused by the special circumstance. Therefore, this criterion is not met.

14-3.16(C)(3)

This criterion is that the intensity shall not exceed that which is allowed on other properties in the vicinity. Noise is the aspect of intensity that is of the greatest impact to the residential neighborhood. The major source of noise is helicopter traffic.

Helicopter traffic is not allowed on other properties in the vicinity. Therefore even a small increase in helicopter traffic would violate this criterion. A small increase in the number of available beds can be expected to cause an increase in helicopter traffic.

Therefore, this criterion is not met.

14-3.16(C)(4)

This criterion is that the variance be the minimum variance that will make possible the reasonable use of the land or structure. Clearly, the existing hospital is already a reasonable use of the land and structure and is at least a minimum. Therefore, this criterion is not met.

However, the code also provides two factors to be considered. The first factor is whether the property has been or could be used without variances for a different category or lesser intensity of use. Clearly, the property already is being used for a lesser intensity of use. Therefore, by this factor the criterion is not met.

The Developer states that "this factor has not been strictly enforced by the City in deciding whether to grant variances." Such mistakes should not be perpetuated.

> The purpose of variances is not ... to alleviate ... inconveniences for property owners. Gould v. Santa Fe County, 131 N.M. 405, 408, 37 P.3d 122, 125 (Ct.. App. 2001).

The remaining factor is consistency with the purpose and intent of the articles and sections from which the variance is granted. There are two sections that are relevant here; the Developer's argument addresses neither of them.

One is 14-5.5(A), the South Central Highway Corridor Protection District. The stated intent includes to establish a clear sense of openness. The requested variance is not consistent with that intent.

The other relevant section is 14-4.3(A), C-1 District. A stated purpose of this district is to serve as a transitional buffer between more intense commercial use districts and residential districts. With respect to noise, the present use is the most intense in the city. The proposed development is expected to increase noise and is therefore not consistent with that intent.

In summary, three of the five necessary criteria for granting the height variance have not been met.

Sign Variance

The Developer has not provided further support for its request for sign variances. The requested sign variance is also unnecessary. As before, we call attention to four items:

1. The Application notes that, "The purpose of the sign is to guide patients and visitors to the hospital." However, it is not wall signs that patients and visitors need, but signs at the intersection and at the entrances.
2. The Application also argues that, "Taking a loved one to the hospital in an emergency situation, makes people drive faster than they should at the same time they are less able to process all the visual clues." However, the proposed signs are not at the emergency entrance and may serve only to misdirect in an emergency.
3. The wall signs serve only to promote the presence of the Hospital, not to direct traffic. Therefore they are not a necessary variance.
4. Although the existing signs were grandfathered at one time, the Project is an opportunity to bring the Hospital into compliance with this regulation for a C-1 district.

5. Special Use Permit, Case #2015-75

We continue to have the following objections to the Special Use Permit (SUP), any one of which is sufficient reason to deny the SUP:

- The current use is already inappropriate for the site.
- The application for the SUP is incomplete.
- Granting the intensification requested by the SUP would adversely affect the public interest.
- The proposed use and associated buildings are not compatible with the quiet use of the neighboring residential properties.

Section 3 of our previous submission discusses these objections in further detail.

6. Conditions on SUP

This section becomes relevant when the City decides that a proposed SUP can be granted. This section lists the conditions of approval expected by the neighborhood associations, with appropriate modifications as the process unfolds. Designated by letters here to avoid confusion with the numbered conditions on the 2005 master plan amendment, these mitigating conditions are, with authorizing provision of the City Code in brackets:

- Condition A [intensity, 14-3.6(D)(2)(k)]: The number of beds in the hospital shall not exceed 200 without modification of this Special Use Permit.
- Condition B [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall restore a 25-foot drought-tolerant landscape buffer along all residential property lines.
- Condition C [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall provide, on the R-2 zoned portion of the campus, a 20-foot landscaped setback from all property lines.
- Condition D [vehicular circulation, 14-3.6(D)(2)(c)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall make the south entrance from Hospital Drive an entrance only.
- Condition E [street improvements, 14-3.6(D)(2)(d)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall make the following improvements, as may be required by the City Engineering Division in consultation with the San Mateo Area Society of Homeowners:
    - improvements to the intersection of Hospital Drive and Galisteo Road
    - traffic mitigation at the intersection of San Mateo and Galisteo
    - traffic improvements/mitigation on Hospital Drive

- Condition F [pedestrian circulation, 14-3.6(D)(2)(c)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall provide smooth pedestrian accesses from Camino Teresa with minimal grades consistent with the topography.

- Condition G [vehicular circulation, 14-3.6(D)(2)(c)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall close and/or modify driveway entrances at Hospital Drive and St. Michaels Drive as shown on the 2005 amended master plan, including modifications to turn lanes on St. Michaels Drive and modification of signs facing outward to clarify that the primary entrance is on St. Michaels Drive.

- Condition H [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall replace the diesel generators with better technology, move them, or otherwise mitigate their effects to the satisfaction of the San Mateo Area Society of Homeowners.

- Condition I [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall establish and communicate a campus-wide policy of turning off unnecessary lights and modifying those that must be on to eliminate lighting that is visible in residences in spite of screening.

- Condition J [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall establish a policy of requiring informed consent for air transport, including a form that has a place for estimated charges and includes a statement of risks with a list of accidents and fatalities involving services based in this region.

- Condition K [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project and once per year thereafter, the Developer shall provide a diagram of recommended flight paths to

all services that have used the heliport within the past year, with copies to the City and to the two neighborhood associations.

- Condition L [unusual site conditions (SCHC), 14-3.6(D)(2)(j)]: No building constructed under this Special Use Permit shall be specified to have a foundation or structure intended to support more than two stories.
- Condition M [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, all dumpsters on the campus shall be moved to positions at least 300 feet from residential property lines.
- Condition N [noise attenuation, 14-3.6(D)(2)(e)]: Construction activities, including delivery of construction materials and removal of construction waste, shall be limited to the time between 8 a.m. and 5 p.m. on weekdays or between 8 a.m. and 2 p.m. on Saturdays.
- Condition O [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall extend and make repairs to the existing border fence as approved by the Land Use Director.
- Condition P [periodic review, 14-3.6(D)(2)(o)]: Developer compliance with the master plan, the Special Use Permit, and these conditions shall be reviewed by the Planning Commission annually in a public meeting.
- Condition Q [other appropriate conditions, 14-3.6(D)(2)(q)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall modify outdoor lighting to conform with 14-8.9(E)(2), Maximum Illumination Standards. Further, the Developer shall modify all parking lighting within 120 ft. of its north property line to conform to the requirements in the original Master Plan.

August 6, 2015
Planning Commission
Case #2015-47, #2015-74 and #2015-75

455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

EXHIBIT A

CONDITIONS

EXHIBIT A
Conditions of Approval
Case #2015-47
455 St. Michaels Drive St. Vincent Regional Medical Center

	Condition	Department	Staff
	1. Based on the submitted TIA, the intersection of Galisteo/San Mateo is projected to fail during the implantation year (2017) of the proposed 65,500 square foot development. The proposed 65,500 square foot development is expected to contribute 17.52% of the total traffic at this intersection. This intersection can be improved with implementing either a roundabout or a traffic signal. The developer shall contribute fair share contribution for improvements to this intersection based on the above mentioned percentage and based on a total cost to be determined by the City's Public Works Department. This cost will be based on the more expensive of the two identified improvements. 2. The developer shall limit access at their southernmost access point onto Hospital Drive to right-in/right-out only. This shall be accomplished by constructing a raised median. The need for this comes from the subject driveway's proximity to the signalized intersection of St Michaels/Hospital Drive. Southbound traffic from this signal is shown to queue past this driveway causing operational and safety problems. 3. The developer shall perform intersection improvement at the Hospital's northern most access onto Hospital drive (across from Harkle Road) so as to improve pedestrian crossing across Hospital Drive. The design shall be reviewed and approved by the City's Public Works Department. 4. The proposed Master Plan also includes a 36,000 square foot addition (in addition to the proposed 65,500 square foot addition submitted with this Development Plan). a. The developer shall calculate fair share contributions for the needed improvements to the Galisteo/San Mateo intersection at the time a development plan is submitted. The developer will be required to contribute these fair share contributions at the time of development plan. b. The TIA projects that during this phase of development, the Hospital's northern most access onto Hospital drive (across from Harkle Road) will fail. At the time of development, the developer shall limit access at this location to right-in/right-out/left-in only, unless a revised TIA with more recent traffic data shows that the access operates at adequate levels of service under its current configuration.	Traffic Engineering Division	John Romero June 18, 2015

EXHIBIT A
Conditions Approval
Case #2015-47
455 St. Michaels Drive St. Vincent Regional Medical Center

	Staff recommends the following Conditions of Approval added to the plat prior to recordation: 1. The owner, will at all times, properly maintain all plant materials shown in the Master Plan, including but not limited to; proper pruning, soil testing, fertilizing and weeding. 2. All plant material shown in the Master Plan shall be maintained and replaced as needed. All quantities and sizes of plant materials must be maintained as shown in the Master Plan. 3. Any deviations from the Master Plan landscaping shall be discussed and approved by the Land Use Department Director or designee.	Land Use Department Landscaping	Noah Berke June 24, 2015
	1. Stormwater ponding for the following will be constructed under the building permit for the proposed New Inpatient Bed Wing: *Detention in the amount of 3831 CF for the new building. *Ponding for Basin D on the east side of the hospital, which was previously constructed but no longer exists. *Detention in the amount of 8520 CF for Basin #8. 2. Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9. 3. Outdoor lighting for the entire campus will be adjusted, as part of the permit for the new building, to meet the requirements of Article 14-8.9.	Land Use Department Terrain Management And Lighting	Risana "RB" Zaxus, PE June 23, 2015
	1. Add note to the Development Plan that Wastewater Utility Expansion Charge (UEC) shall be paid at the time of building permit application. 2. Add note to the Development Plan and the Utility Plans that the on-site sewer system serving the Development is private. 3. Identify the proposed on-site sewer lines as private on the Utility Plans.	Wastewater Management Division	Stan Holland, P.E. May 15, 2015

	4. 4. Show the existing off-site public sewer line and easement on the Grading Plans. There may be required improvement to the public sewer line dirt access road outside of the new retaining walls on the southeast corner of the development. 5. City of Santa Fe sewer manhole covers shall not be used for the on-site sewer manholes. Indicate on the Utility Plans that the manhole covers are to be labeled "Private Sewer". 6. 6. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail. 7. 7. Indicate on the drainage plans where the discharge points are located from the Development to help determine if the site discharge will impact the existing public sewer line and access. 8. See Exhibit A1	Wastewater Management Division	Stan Holland, P.E. May 15, 2015
	All backflow preventers must be evaluated and upgraded if necessary to meet current requirements.	Water Division	Dee Beingessner P.E. May 4, 2015
	1. All Fire Department access shall be no greater that a 10% grade throughout. 2. Fire Department Access shall not be less than 20 feet width and a minimum width of 26 feet for any building or portion of building more than 30 feet in height. 3. Shall meet the 150 feet driveway requirements must be met as per IFC, or an emergency turn-around that meets the IFC requirements shall be provided. 4. Fire Department shall have 150 feet distance to any portion of the building on any new construction. 5. Shall have water supply that meets fire flow requirements as per IFC, and may be required to install an automatic sprinkler system. 6. May be required to provide two separate and approved fire apparatus access roads.	Fire Marshal	Reynaldo Gonzales Fire Marshal June 3, 2015

EXH" 'T A
Conditions Approval
Case #2015-47
455 St. Michaels Drive St. Vincent Regional Medical Center

	Condition	Department	Staff
	1. A water budget addressing both areas of the city code will need to be addressed prior to moving forward to the Governing Body for review. 2. Noise from generators and or mechanical equipment within the Hospital Master Plan campus at the Residential property line shall not exceed 50 dBA from the hours between 9:00 p.m. to 7:00 a.m. and 55 dBA from the hours between 7:00 a.m. to 9:00 p.m. 3. Applicant to submit engineers cost estimate for all required on and off site required improvements with finical guarantee. The finical guarantee shall be I favor of the city.	Land Use Department Current Planning	Dan Esquibel This Memo

August 6, 2015
Planning Commission
Case #2015-47, #2015-74 and #2015-75
455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

EXHIBIT B

DRT

City of Santa Fe, New Mexico

memo

DATE: August 6, 2015

TO: Planning Commission

FROM: Current Planning Division

RE: Additional Information

The attached information is not in your August 6, 2015 Planning Commission packet. The information is in the following order:

Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center Master Plan Amendment.
Case #2015-74. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center Development Plan and Variances.
Case #2015-75. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center Special Use Permit.

- Neighborhood Addendum.
- State License for St. Vincent Hospital.
- Hospital floor plan.

Case #2015-66. 820 Camino Vistas Encantada Variance.

- Review comments from Stan Holland P.E., Wastewater Management Division.

Case #2015-57. Gerhart Apartments General Plan Amendment.
Case #2015-58. Gerhart Apartments Rezoning.

- Two letters of concern from neighbors.

Exhibit "7"

San Mateo Area Society of Homeowners

SUMMARY

The representatives of SMASH respectfully request that Members of the Planning Commission consider granting the following requests prior to making decisions on Case #2015-47 and Case # 2015-74 regarding proposed expansions at Christus St. Vincent Regional Medical Center:

1. Make a site visit in order to fully comprehend the issues identified and faced by the neighborhood.

2. Postpone further consideration of the development proposal pending completion of a Hospital/SMASH mediated negotiation.

3. Postpone further consideration of the Hospital's development proposal until the Hospital has fulfilled all the conditions set forth in the existing Master Plan.

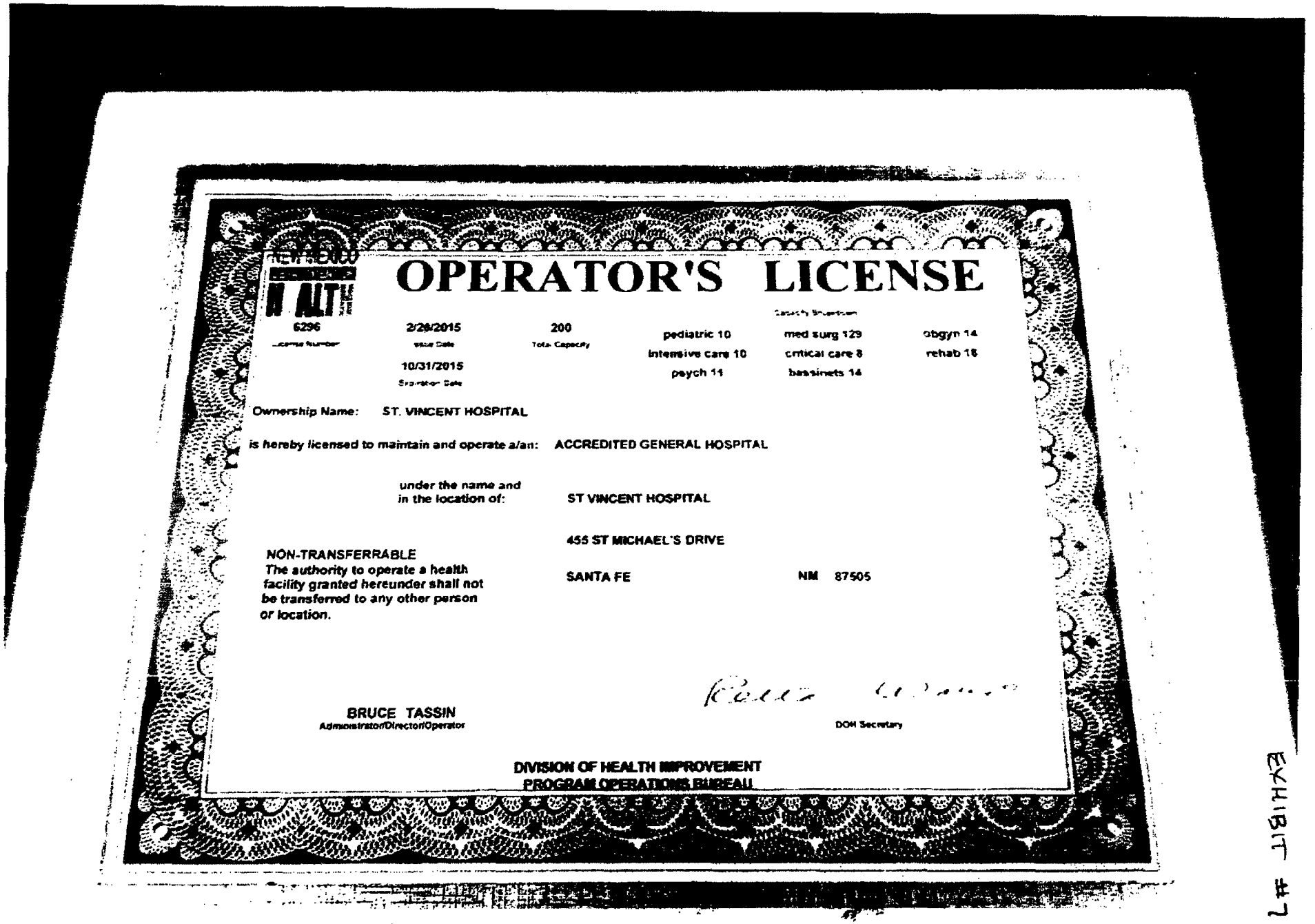
RATIONALE

1. SITE VISIT: The primary issues faced by the SMASH neighborhood are caused by the ever-increasing intensity of use occasioned by the Hospital. The proposed addition will exacerbate this intensity. Proposals made by SMASH to mitigate intensity can be best understood and appreciated if the Commission members will visit the site and physically view the issues from the neighborhood perspective, through the eyes of residents as it were.

2. MEDIATED NEGOTIATION: During the hiatus since the last Planning Commission meeting, SMASH representatives sent a comprehensive proposal to the Hospital in an effort to resolve all outstanding issues. We proposed inclusion of several items that the Hospital had previously indicated were acceptable, two new items that the neighborhood desired, and offered two concessions that would support the Hospital's indicated needs. The Hospital responded in an email in which it essentially accepted the concessions the neighborhood had offered, rejected the two new items, and ignored the remainder of the neighborhood proposal.

Despite the failure of negotiations thus far, the neighborhood has not given up hope that an agreement can be reached. With the assistance of a professional mediator, the neighborhood might better understand the Hospital's reluctance to compromise and the Hospital could better gauge the benefits of an agreement. Therefore, a postponement that would allow the parties to engage in such an endeavor could benefit the neighborhood, the Hospital and also ease the Commission's deliberations.

3. **FULFILLMENT OF PREVIOUS CONDITIONS**: This proposal is explained in detail in the **SMASH Response to Supplemental Submissions for Planning Commission Cases#2015-47, #2015-74, and #2015-75** filed previously with the Commission.



OPERATOR'S LICENSE

6296 — License Number

2/29/2015 — Issue Date

10/31/2015 — Expiration Date

200 — Total Capacity

Capacity Breakdown

pediatric 10	med surg 129	obgyn 14
intensive care 10	critical care 8	rehab 16
psych 11	bassinets 14	

Ownership Name: ST. VINCENT HOSPITAL

is hereby licensed to maintain and operate a/an: ACCREDITED GENERAL HOSPITAL

under the name and in the location of: ST VINCENT HOSPITAL

455 ST MICHAEL'S DRIVE

SANTA FE NM 87505

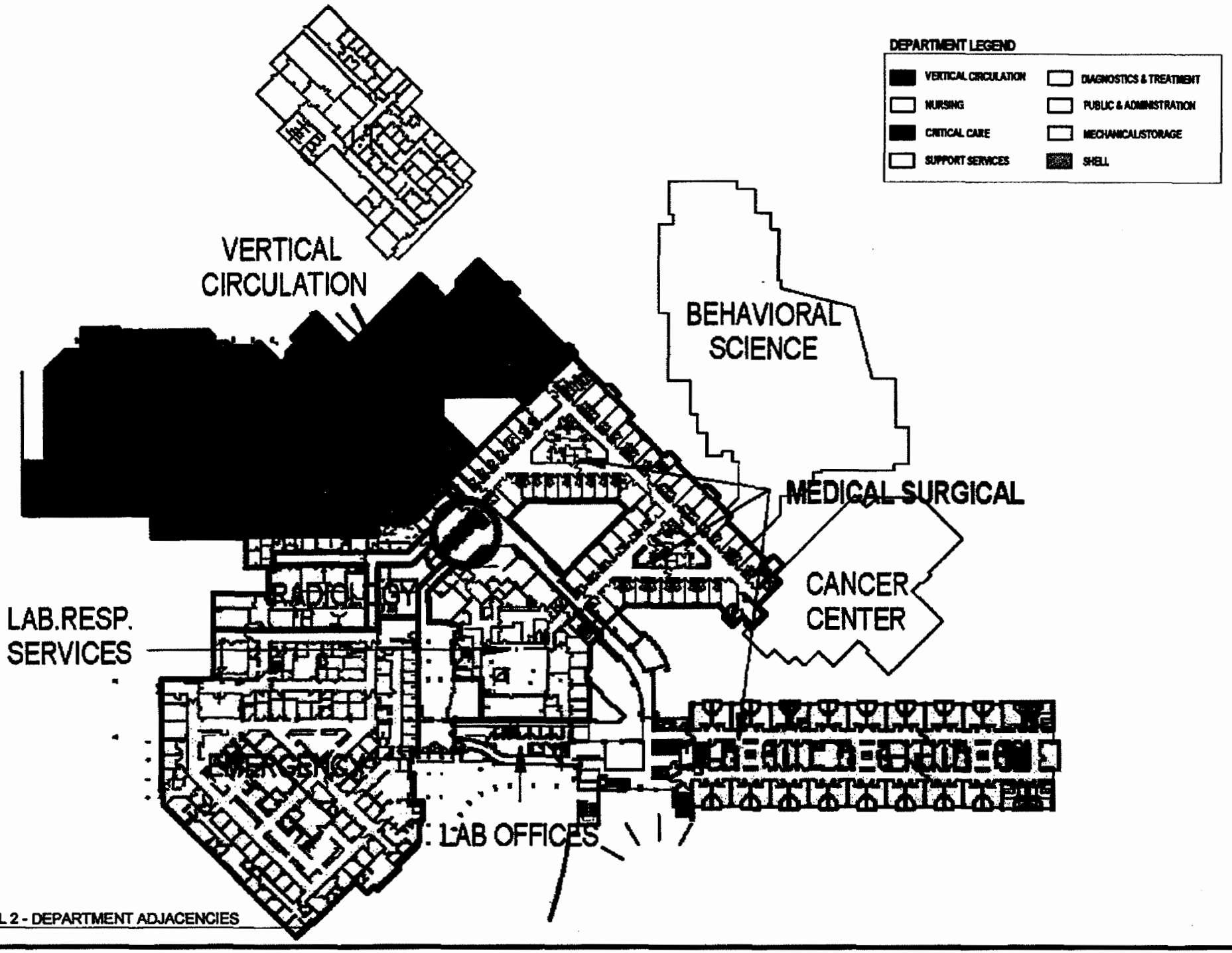
NON-TRANSFERRABLE
The authority to operate a health facility granted hereunder shall not be transferred to any other person or location.

BRUCE TASSIN
Administrator/Director/Operator

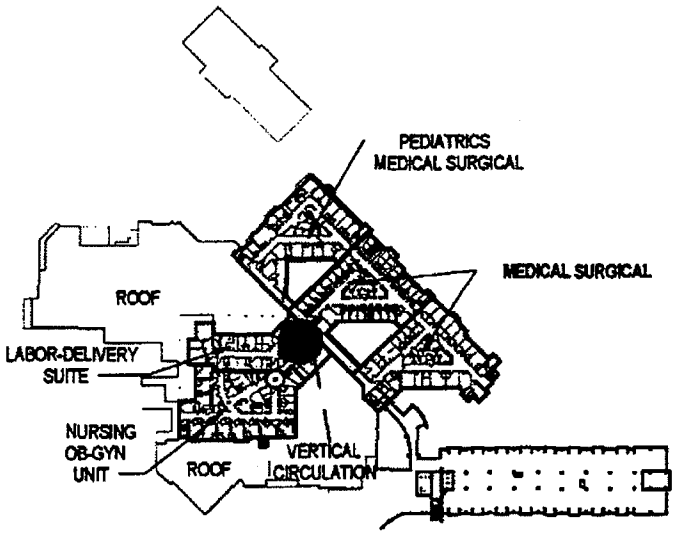
DOH Secretary

DIVISION OF HEALTH IMPROVEMENT
PROGRAM OPERATIONS BUREAU

EXHIBIT #7

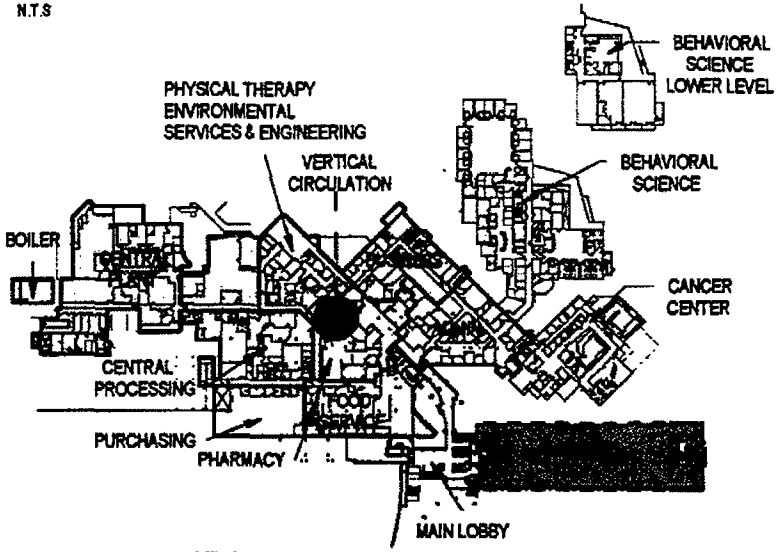


LEVEL 2 - DEPARTMENT ADJACENCIES



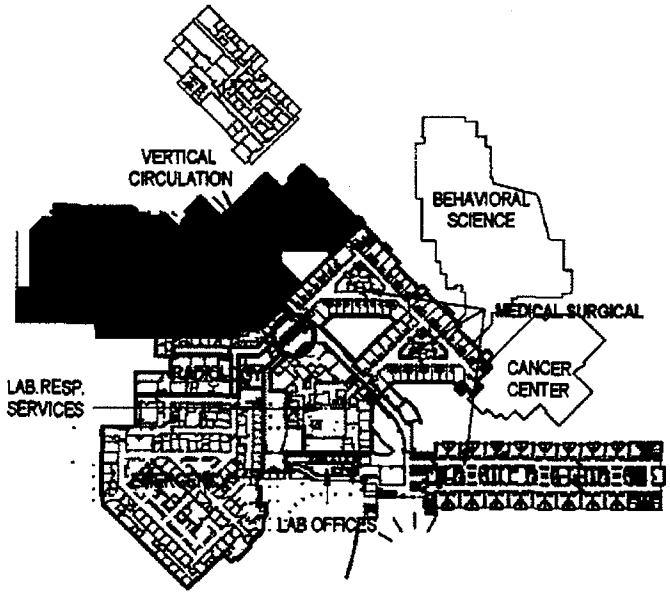
LEVEL 3 - DEPARTMENT ADJACENCIES

N.T.S



LEVEL 1- DEPARTMENT ADJACENCIES

N.T.S



LEVEL 2 - DEPARTMENT ADJACENCIES

N.T.S

DEPARTMENT LEGEND

- VERTICAL CIRCULATION
- NURSING
- CRITICAL CARE
- SUPPORT SERVICES
- DIAGNOSTICS & TREATMENT
- PUBLIC & ADMINISTRATION
- MECHANICAL/STORAGE
- SHELL

City of Santa Fe
New Mexico

MEMO

Wastewater Management Division
DEVELOPMENT REVIEW COMMENTS

E-MAIL DELIVERY

Date: July 28, 2015

To: Noah Berke, Case Manager

From: Stan Holland, P.E.
Wastewater Management Division

Subject: Case 205-66 820 Vistas Encantada Variance

The subject property is accessible (within 200 feet) to the City public sewer system.

The following shall be required as a condition of approval:

1. Any new structures or dwelling units constructed on the property shall be required to connect to the City's public sewer system. There is an existing public sewer line within Camino Vistas Encantadas.

August 2, 2015

Dear Commissioners:

I am writing to ask that you send the plan for the Gerhard Apartments back to the ENN process. I attended the one meeting for this plan at El Camino Real Academy a few months ago, and in spite of numerous concerns from those neighbors in attendance, I believe (Gerald Peters) is going ahead with the original plan. There has been no second meeting scheduled to address the original concerns of the neighborhood. I list them below:

1. The development is directly next to the new El Camino Real Academy. In fact, it laps around it on the east side of the school, and in spite of the fact that all of the grades for that school have not yet been added, the school is already over capacity, as are all the other schools on the Southside. When I asked what demographic the developers wished to attract with their apartment complex, the spokesperson for the development proposal, answered, "Why, we want families of course!" and when asked where the school-age children of the apartments would go to school, he happily pointed next door to El Camino Real Academy.

2. This (very big) development is right next to the boundary of Agua Fria Traditional Village. This, even though the County Master Plan and Sustainable Master Plan both state that Santa Fe County traditional villages are at risk due to encroaching development and that a buffer zone should be adopted at the boundaries of the villages. (Agua Fria, La Cienguita, La Cinegua and Tesuque Villages). Currently, there is nothing on this scale located near any of these traditional villages.

3. The development is directly across from the Santa Fe River. Pedestrians will have to cross South Meadows Road to get to the proposed Educational Park (River Greenway Study 2013), which it is assumed would be frequented by children from the school as well as the proposed 250-unit apartment complex. Also, an apartment complex of this size should not be sited directly across from what is proposed to be a Greenway Park and a Living River. A traffic study considering the proposed park and increased pedestrian traffic in that area needs to be done at the very least.

4. I sigh every day I drive by the back of Home Depot on Rufina Street and see the sizeable lot there that has been for sale for months, (represented by Barker Realty), that has been reduced in price and is still for sale. This is a much more reasonable location for the two recent very large apartment complex proposals. Of course, affordability will be a big part of this presentation. Please be sure that what they are calling "affordable" actually is affordable to people who live in this neighborhood. Most of the residents of the Southside could not afford the rents at El Rio and it's likely that they won't be able to afford these either.

5. Lest I get labeled as one more old person who doesn't want change, and/or as a "NIMBY", let me be clear. Affordable places to live are crucial for Santa Fe. There are plenty of better areas to locate them than along the Santa Fe River, unless that Greenway Study in 2013 was just a feel good exercise. If we want to preserve the history of Santa Fe and not just the small area that the tourists usually see, then

we need to protect our traditional historic villages and provide them with the buffer zone that they've been promised.

Gerald Peters has a lot more power in this town than most of the residents of Santa Fe's Southside. I hope you don't take that into consideration when you make your decision.

I'm giving up an entirely entertaining freak show of a Republican debate on Thursday, in order to attend the Planning Commission Meeting. This demonstrates how important your decision regarding this development is to me. See you there.

Cheryl Odom
1152 Vuelta de las Acequias
Santa Fe, 87507

August 4, 2015

Dear Planning Commissioners:

The West Santa Fe River Alliance is made up of neighborhoods along Agua Fria and Alameda that will be significantly impacted by the proposed rezoning in Cases #2015-57 and 2015-58. We urge you to deny these cases for three compelling reasons:

1. ***Before we deviate so substantially from current zoning, we need a comprehensive plan for the river corridor, particularly the newly annexed areas.*** As staff states on page 3 of the application, "No detailed land plan has been approved for the vicinity." In view of that, current code does not allow uses or change that is significantly different from or inconsistent with the prevailing use and character of the area. Staff reports that this growing area is in transition. It is exactly because it is in transition that we need a comprehensive plan for how this area will develop before we change zoning so significantly.

2. ***No construction should be allowed this close to the river without a complete environmental impact study.*** The proposed development is literally on the banks of the river (400 feet), certainly within the 100-year flood plain, and yet there is no mention about the environmental impact or remediation. The footprint of 240 apartments and paved parking lot will impact drainage, the water table and river pollution. A major focus on a comprehensive plan needs to be the impact that any new development has on the Santa Fe River. In the interim, no construction should be allowed this close to the river without a complete environmental impact study

3. ***This application does not meet any of the criteria for a zoning change. Section 14-3.5(A) and (C) SFCC 2001C is clear that zoning may change ONLY IF:***

   - "There was a mistake in the original zoning." As staff state, ***there was no mistake in this zoning.***

   - "There has been a change in the surrounding area, altering the character of the neighborhood to justify changing the zoning." ***There has not been a change in the character of the neighborhood.*** There are "plans" and "talk about" changes, but Commissioners must apply City code based on actual conditions, not promises of what might happen in the future.

   - "A different use category is more advantageous to the community." **The 'community' has not had adequate opportunity to comment on or negotiate about this project.**

     The Governing Body recently passed a resolution creating a *Homeowners Bill of Rights* that calls for "housing to be controlled through democratic structures and processes with particular emphasis and special protections allowed for

neighborhoods that are composed of a majority of people of color and/or low-income residents".

There has only been one ENN on this controversial application that dramatically affects people of color and low-income residents in nearby neighborhoods. We urge Commissioners to support the Homeowners Bill of Rights and send this application back to further ENNs and dialogues with the nearby neighborhoods that will be most impacted.

Sincerely,

West Santa Fe River Alliance

Representatives:

Jim Grey, President,
Maggi Grey
Kathryn C. Sherlock, Ph.D.
Anna Hansen,
William Mee
Bette Booth
Rick Martinez
Jennifer Kilbourn
Terry Rostro
Hilario Romero

svhsupport

406 Botulph Lane
Suite 2
Santa Fe, NM 87505

505-989-3336 office
505-989-1242 fax
svhsupport.org

August 3, 2015

Gail Rapoport
216 W. Lupita Road
Santa Fe, NM 87505

Dear Gail,

Thank you for taking the time to meet with the management of SVHsupport on July 17th, 2015. Your input as a neighbor of Physicians Plaza is sincerely appreciated.

Attached is the list of our commitments in addressing your concerns. By the way, it appears that the generator will no longer be needed so we will begin the process of removing it from the building. I currently do not have a time when that will be completed.

If you have any questions please do not hesitate to call Robert Collins (505) 395-5919 or me (505) 395-5916.

Very truly yours,

Daniel Slavin
SVHsupport, Director of Finance

Enclosure

cc: Dave Delgado
SVHsupport President

Exhibit "B"

svhsupport

List Attachment

1. No waste pickup during the week before 8am and none on Saturday mornings. This will be monitored by contacting Waste Management services (the cardboard recycling vendor) and the city of Santa Fe Waste management services to facilitate this request.

2. The monthly running of the generator will be held during the third Monday evening of every month at 5p.m. (Until the generator is removed).

3. The yearly running of the generator for the required four hour testing will be conducted on a Saturday in October; exact date will be determined yearly and a notification will be sent out to you 2 weeks in advance. (until the generator is removed).

4. Regarding any proposed non-routine maintenance activities that will impact the neighbors with noise, we will notify you 2 weeks in advance.

5. The second floor building lighting being left on at night has been a past concern. There have been meetings with all of the building managers of CSVRMC. Additionally, all of the staff know to turn lighting off in the evenings and the shades on the north side of the building are to be kept down at night.

6. Parking lot lighting has been a past concern; the Kiva building lighting and front door bollards have been put onto a timer to turn off after 10pm at night.

Christus St. Vincent Regional Medical Center

Proposed Condition of Approval regarding 17.5% fair share contribution to improvements at Galisteo/San Mateo intersection:

"Funds equal to the developer's contribution will be placed and held in an escrow account to be maintained by the City. The developer's contribution shall be used solely for the costs that are necessarily incurred for the design and construction of either a traffic signal or a roundabout at the Galisteo/San Mateo intersection (the "Improvements") and for no other purpose. Any remaining escrow funds not used for the design and/or construction of the Improvements within five years of the recordation of the Development Plan shall be returned to the developer."

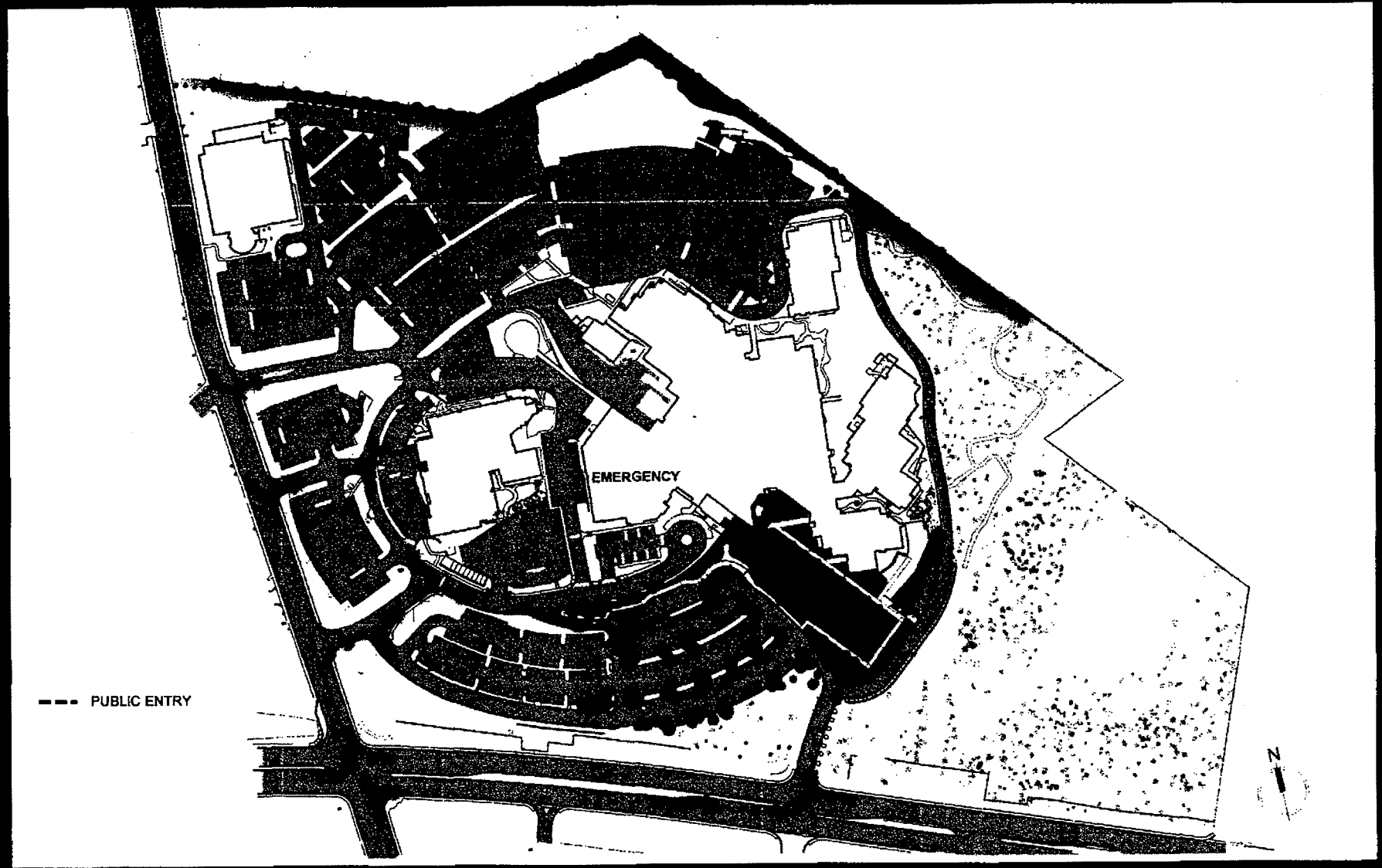
Exhibit "9"

Routes
Select: all | none
Rte 1
Rte 2
Rte 21
Rte 22
Rte 24
Rte 26
Rte 4
Rte 5
Rte 6
Rte M
SANTA FE TRAILS
Map
Satellite

Exhibit "10"

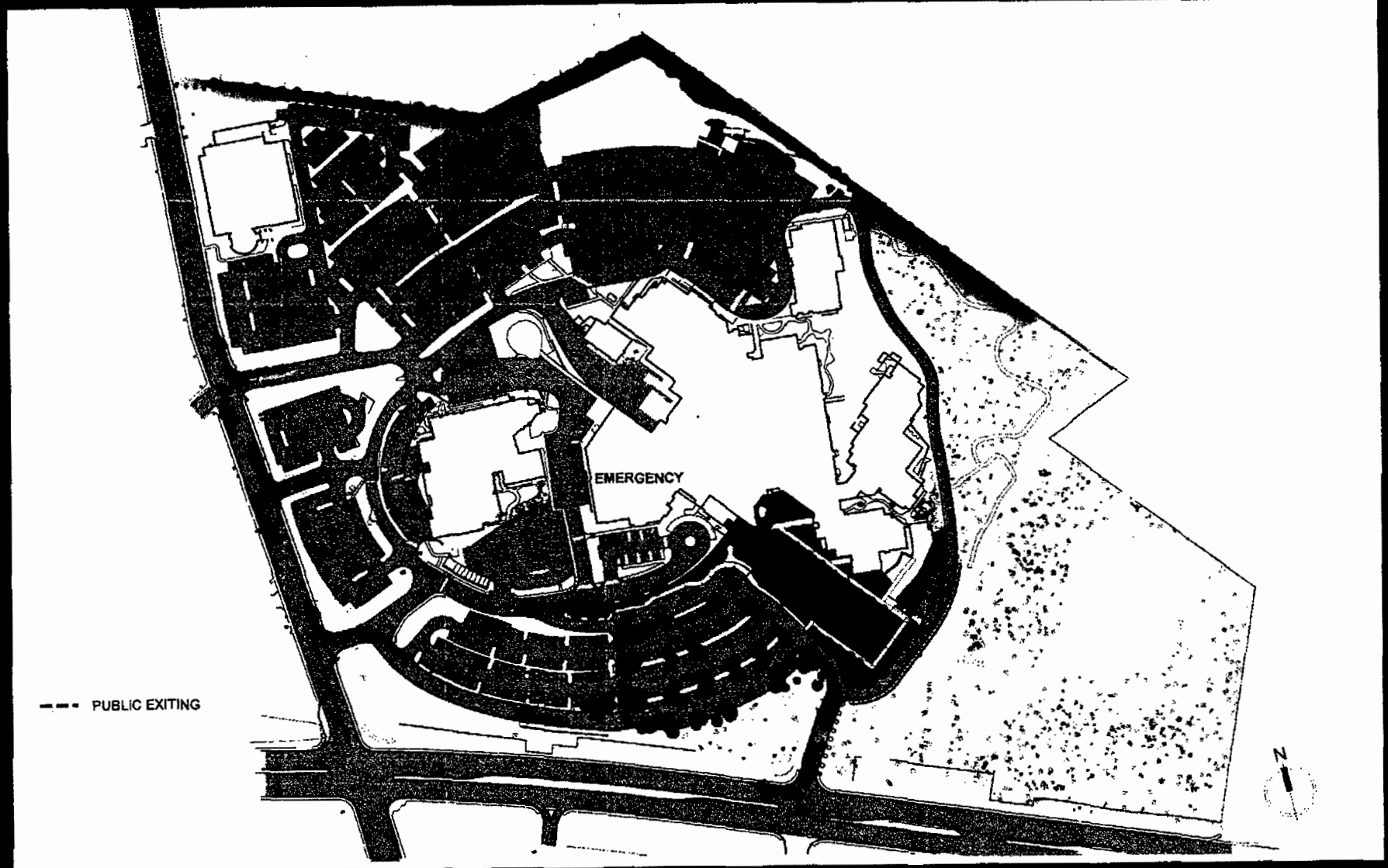
Exhibit "11"

CHRISTUS.ST.VINCENT
Regional Medical Center



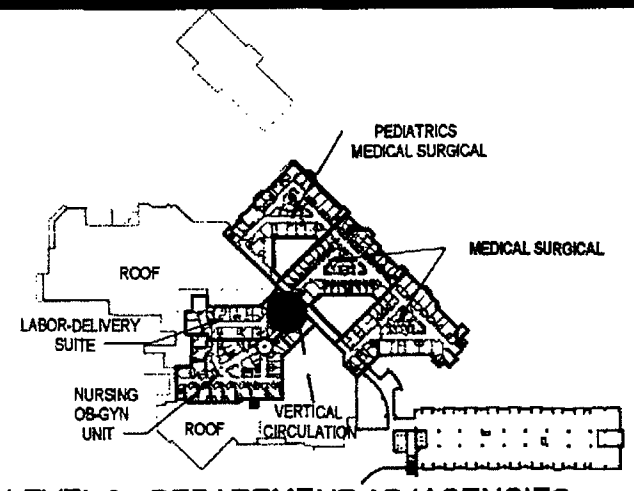
WHR ARCHITECTS | The Hartman + Majewski Design Group | McCarthy | CBRE

CHRISTUS.ST. VINCENT
Regional Medical Center



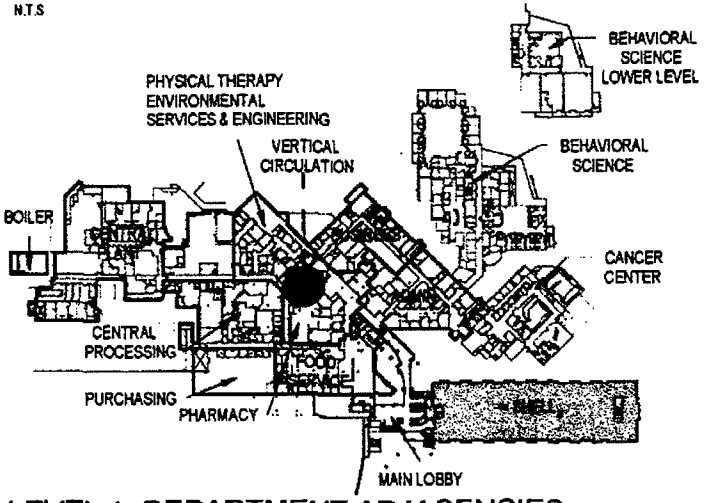
WHR ARCHITECTS | The Hartman + Majewski Design Group | McCarthy | CBRE

CHRISTUS ST. VINCENT
Regional Medical Center



LEVEL 3 - DEPARTMENT ADJACENCIES

N.T.S



LEVEL 1- DEPARTMENT ADJACENCIES

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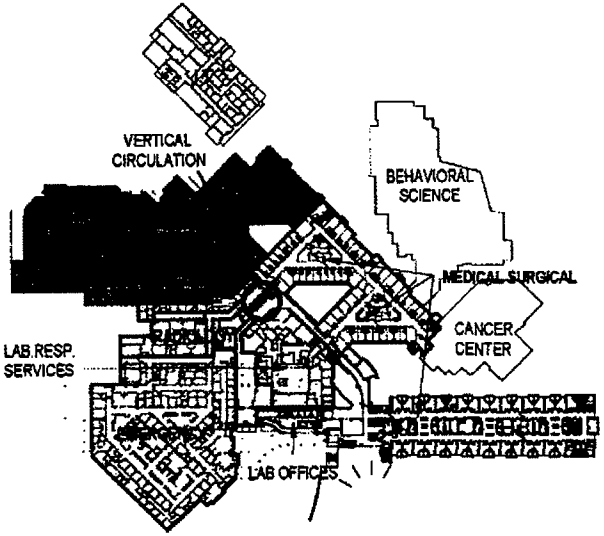


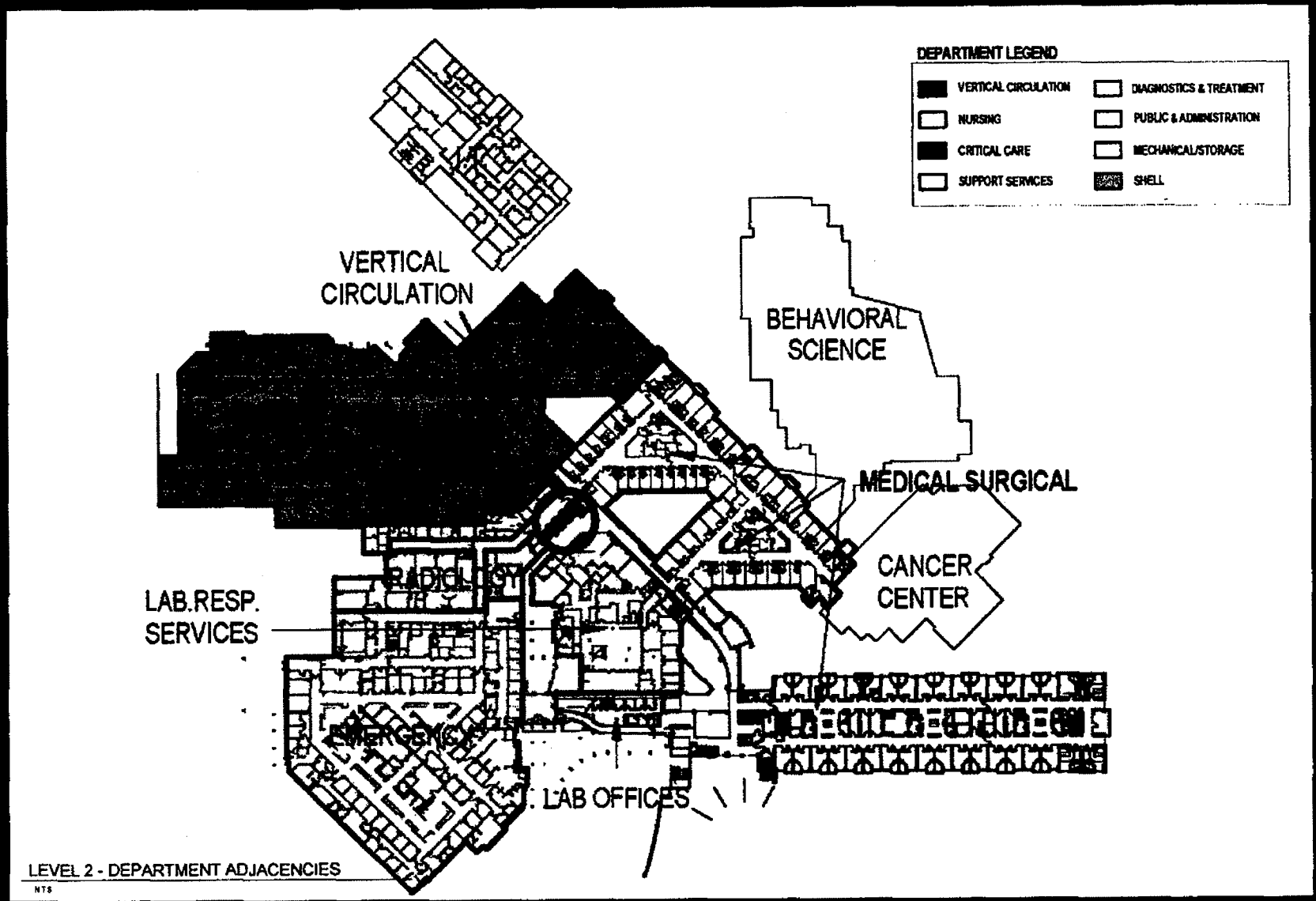
LEVEL 2 - DEPARTMENT ADJACENCIES

N.T.S

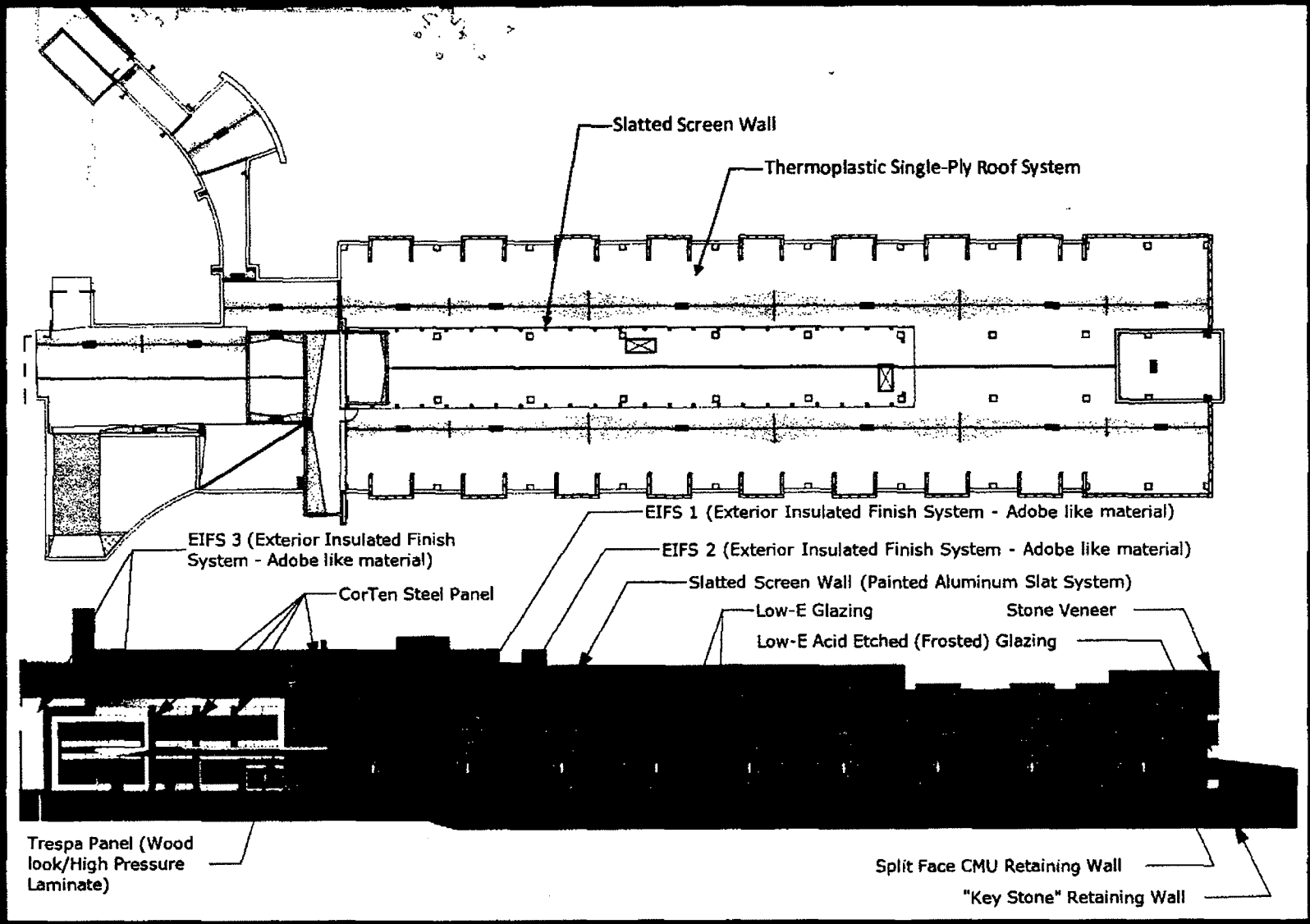
DEPARTMENT LEGEND

VERTICAL CIRCULATION	DIAGNOSTICS & TREATMENT
NURSING	PUBLIC & ADMINISTRATION
CRITICAL CARE	MECHANICAL/STORAGE
SUPPORT SERVICES	SHELL

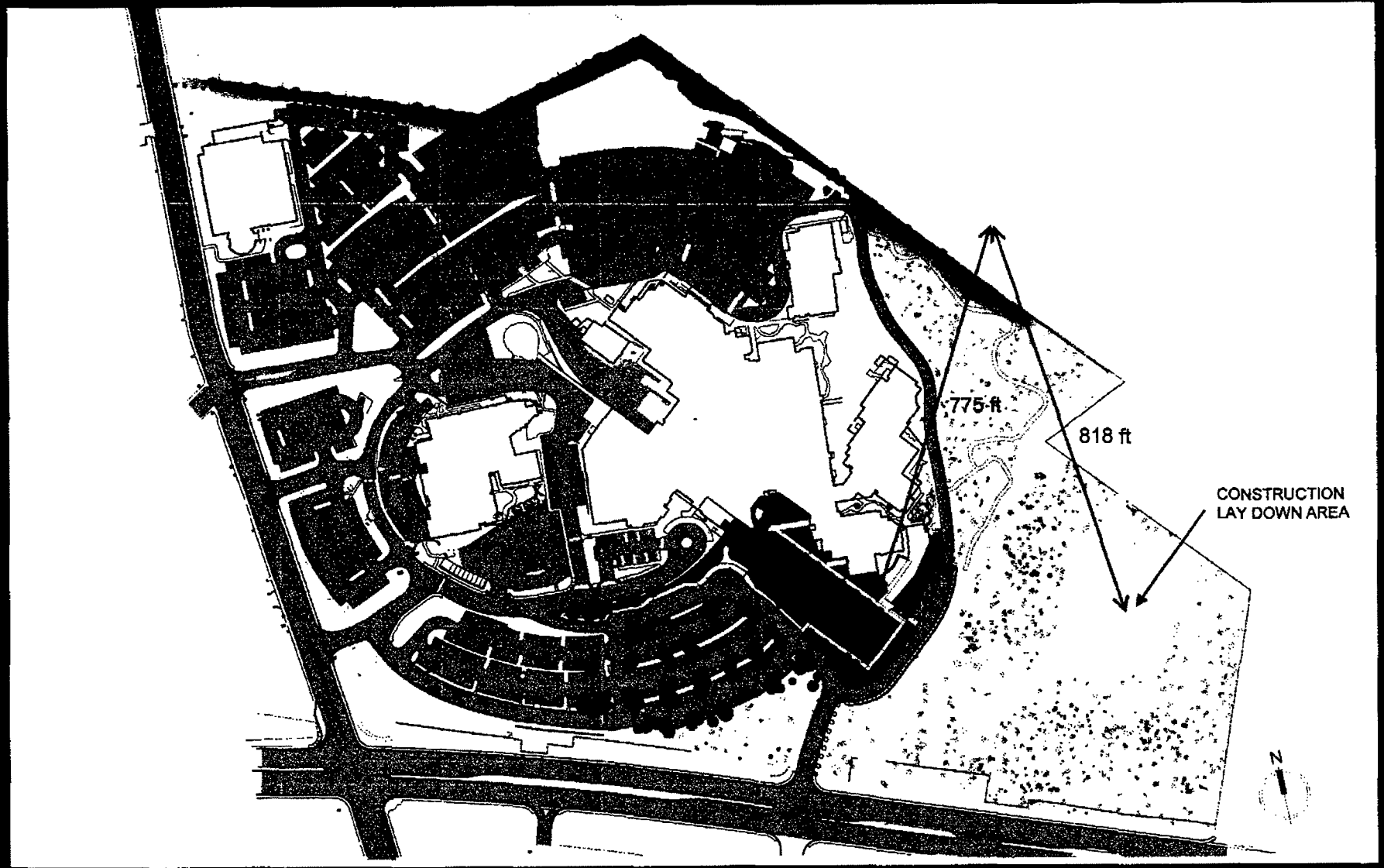
CHRISTUS.ST.VINCENT
Regional Medical Center



CHRISTUS ST. VINCENT
Regional Medical Center



CHRISTUS ST. VINCENT
Regional Medical Center



WHR ARCHITECTS | The Hartman + Majewski Design Group | McCarthy | CBRE

B3

Commissioner Kadlubek asked about the process of the sign plan approval.

Mr. Esquibel said currently, as Chapter 14 identified signs in the SC-3 District, the sign plan would have to be brought here for approval, especially for signs that exceed the ordinance and it might include an ordinance change request if it requires variances to achieve those goals.

Commissioner Kadlubek asked how items get on the consent agenda.

Mr. Smith said the only type that is placed on consent are time extensions. There is not a provision for any other type.

Action of the Commission

Commissioner Kadlubek moved in Case #2015-54 at 4250 Cerrillos Road, to approve a Sign Variance to allow a 169 square foot wall sign for Bed, Bath, and Beyond where 80 square feet is the maximum. Commissioner Kapin seconded the motion.

Commissioner Gutierrez asked if that motion would be subject to getting building permit.

Mr. Smith clarified that the permit is a code requirement whether stated or not in a motion.

The motion passed by unanimous voice vote.

Commissioner Kadlubek moved in Case #2015-55 at 4250 Cerrillos Road, to approve a Sign Variance to allow a 151.8 square foot wall sign for Cost Plus World Market where 80 square feet is the maximum. Commissioner Greene seconded the motion and it passed by unanimous voice vote.

3. **Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center.** WHR architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for:
   a. Master Plan Amendment,
   b. Four variances to include:
      - Variance to the "Maximum Height of Structures" per Table 14-7.3-1: "Table of Dimensional Standards for Nonresidential districts" to allow 49' where 36' is the maximum, and
      - Variance to the "maximum Height of Structures" per Subsection 14-5.5(A)(4) Standards" to allow 49' where 25' is the maximum, and
      - Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square feet signs where 32 square feet is the maximum.
      - Variance to the maximum height of sign per Subsection 14-8.1-0(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.
   c. Development Plan to construct a 65,500 square foot addition on Tract A-1-3 containing 20.65± acres and Tract A-2 containing 9.29± acres,

d. Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital. (Dan Esquibel, Case Manager)

A Memorandum dated June 25, 2015 for the July 2, 2015 Planning Commission meeting from Daniel Esquibel, Planner Senior, Current Planning Division, in this matter, is incorporated herewith to these minutes as Exhibit 5.

Chair Harris asked why these matters were all bundled into one case. He recalled that last time with Las Soleras case, there was General Plan amendment, a Master Plan amendment, and a subdivision plat and the Commission considered them as separate cases.

Mr. Smith agreed and said the caption identified four distinct cases and they are identified as separate action items: the Master Plan, the four variances, the Development Plan and the Special Use Permit. The variances are distributed in an unusual way between the Master Plan and the Development Plan, so staff is trying how best to characterize it. They could have chosen to put more than four action items, each with its own action numbers but it didn't seem to be a reasonable way to consider it.

Chair Harris heard that and read it but he was confused about why they are doing that this way. It hasn't been done this way in his four years as a Commissioner.

Mr. Shandler stated that there is not a legal impediment to how it is captioned.

Chair Harris asked if the Commission needed to make four separate motions.

Mr. Shandler said he didn't know how staff intends to proceed on it.

Commissioner Kadlubek asked if a motion would say the case number and then a bullet point number or letter.

Mr. Esquibel thought that would work to identify the different modules in the case and that would adequately distinguish it in the minutes.

Mr. Smith said Mr. Esquibel will get into more detail but the Land Use Department staff has a change in the recommendation per the Legal Department and on page 2 and 3 in the Staff Report. There is a matrix under the application summary with four categories there. The first is Master Plan Amendment and it states under the type of decision a recommendation to the Governing Body. Staff believes that would be the appropriate motion by the Commission.

The second category is Variances. The Attorney Staff has advised the Land Use Department Staff that there was a different interpretation of appropriate action on variances. Their advice was that it is more appropriate to say the Planning Commission action is final on variances for that motion.

The Third category is the Development Plan and he was not certain of the Attorney's recommendation

but he believed the Planning Commission action is final.

The fourth category is Special Use Permit and the motion is for final action by the Planning Commission.

Chair Harris proposed to use (1) for the Master Plan amendment, (2) for the Variances, (3) for the Development Plan and (4) for the Special Use Permit sections.

Mr. Shandler agreed that would be acceptable.

Mr. Smith said there has been some evolution in the review but the Land Use Department Staff does concur with that advice from the Attorney.

Mr. Esquibel suggested since there are actually two types of variances, one for signs and the other for building heights, there would need to be 2-a and 2-b within those parentheses to consider for each type.

Secondly, for the Development Plan, Special Use Permit and Variances, all of these are contingent upon the Master Plan approval by the Governing Body so the final decisions will all be subject to that approval.

Chair Harris thanked him and said there is a, b, c, d for the four separate variances.

Staff Presentation.

Mr. Esquibel read from his staff report, reading the caption first. This is a special exception as required from 2012 ordinance. Page 2 has the recommendations which he read. The recommendations are subject to the conditions in Staff Exhibit A. He recognized the other members of the Development Review Team: Ms. RB Zaxus is here for drainage and lighting issues, Mr. John Romero is here on traffic analysis, the Fire Marshal on fire protection issues and Mr. Noah Berke on landscaping issues.

Applicant's Presentation

Ms. Jennifer Jenkins (previously sworn) set up the presentation and turned to the Christus St. Vincent (CSV) COO.

Present and sworn was **Mr. Jason Adams, 1248 Crus** Blanca who introduced himself as the Chief Operations Officer of Christus St. Vincent Regional Medical Center. He introduced his project team, Mr. Marty Hughes, Chief Architect from WHR, Dave Aube and Doug Magouski, from Design Group in Albuquerque, and Ms. Penny Bush, Project Manager from Dallas as well as Ms. Jenkins.

Mr. Adams said that health care has evolved over the last 30 years. This facility built in 1977 with a combination of private and semi-private rooms. With different levels of care, ranging from intensive care

beds, intermediate care beds, labor and delivery and medical surgical beds. They are all different levels of care and, historically in 1977, most hospitals were built with semi-private med-surg beds. What that means is that you have a combination of some people having private rooms and other people sharing a room. This addition of 65,000 sq. ft. near the current main entrance of the hospital, will add 36 beds (rooms) to the hospital on the second story. It is important to add that on the second story because they will create a two-story connector between the old hospital and the new addition that will connect on the first floor a new lobby for better wayfinding. For the last 30 years, the hospital has had an identity crisis with the lobby being on the lower floor and an upper lobby. This project gives us the opportunity to meet the requirements and connecting the two buildings to finally satisfy that issue and create one identifiable primary lobby. And on the second floor it will allow them to have the new med-surg beds connect with the current med surg beds and renovate the floors. Once completed with the new wing, they were renovate all the current rooms (four units) to become all private rooms. This has been the current trend in health care for the past 25 to 30 years. Also the studies including this one from Dr. Roger Ulrich at Texas A&M University, that demonstrate that private rooms will reduce infection rates in hospitals and also lower stress for patients. It will provide higher quality of care. Roommates are a source of stress 85 to 90% of the time. In addition it provides increased staff and patient safety when they do transfers. Every time a patient is moved there is potential risk for a fall. So having private rooms will reduce injuries.

Mr. Adams displayed the drawing showing a typical room of modern design in the hospital. In the corner is a staff sink for hand washing at the entrance. That reduces infections or cross contaminations. Couches allow a family member to stay around the clock with family member patient. Rooms will be 260 square feet or about 20 square feet bigger than current semi-private rooms. They will comply with national standards. It will significantly increase patient satisfaction.

Ms. Jenkins addressed the various applications in this case.

1. Master Plan Amendment

Ms. Jenkins said they were first requesting an amendment to the Master Plan. The C-1 zoning requires a hospital to seek a special use permit, a development plan, and variance on signage and height.

As background, the Hospital was constructed in 1977 on this property. In 1985, the property was rezoned to C-1. C-1 is traditionally usually office zoning. A lot of the area along St. Michael's Drive and St. Francis Drive have high concentrations of office and it is C-1 zoning. That is the zoning of the 48 acre campus. The Master Plan commensurate with that zoning approval in 1985 laid out various development standards and future improvements. The Master Plan was amended by the City Council in 2006. They made adjustments to future improvements and additional buildings they envisioned for the future. There were also some conditions of approval that would be triggered by future developments. This is the proverbial future improvement.

She showed the site plan that shows the new addition and a critical element of the application is that it has to connect with existing the med/surg unit for staff proximity on the second floor. They can't have ramps or stairways for patient and staff safety. In the area being connected is radiology, laboratory and surgery are proximate. The hospital spent time analyzing the best location for the new addition. This one is

the best and accomplishes several things. It minimizes distance. The connection to existing building gave great opportunity for a new main entry lobby that will greatly improve wayfinding. It will benefit more vehicles on St. Michael's as opposed to the entry on Hospital Drive. This was not contemplated in the 2006 Master Plan so this is an amendment. Also on that 2006 Master Plan there was a circular drive around the campus and that is not needed so it will be removed.

The traffic analysis called for changed access and removing the parking area on the east where the residential neighborhood area is located.

Several other buildings were proposed in 2006 that are no longer in long term plans. With this addition and removal of those buildings, it is actually a net reduction of 3000 square feet for the campus.

. The storage building on tract D (east side) was proposed first at 5,000k square feet for maintenance vehicles and the maximum now is potentially 10,000 in the plan but probably will be less.

Also they are adjusting area boundaries created in the 1985 Master Plan to incorporate the new addition in the proper area.

Ms. Jenkins displayed a perspective of the brand new entry and below that, a view from St. Michaels of the new wing and new entry on west side. She also showed a view of new entrance and waiting area and a new meditation space that looks out on a garden. At very east end is another waiting area on the second floor for families to be closer to the patients.

She explained the various areas of the Master Plan that have different standards. With the addition attached to the existing building, they had to include it in Area 1 and swapped the 3,200 square feet space between Area 1 and Area 2. The areas are the same size but adjusted for the new addition.

2. Height Variance

Regarding height, she explained that 65' is the maximum height in the original Master Plan for Area 1 but they are not proposing that height now. Part of the property is also in the Couth Central Highway Corridor. It is an overlay that has different standards for the lower portion of St. Michael's Drive and Old Pecos Trail with a lower height limit of 25'. The entire campus is zoned C-1 which is usually a 36' height limit but is further limited by the highway corridor. So they are asking for height variances from the C1 height limit and also from the highway corridor height limit only for new addition that is outside of area 1. The portion that is in Area 1 is not subject to the variance requests. They are asking for a height of 41' to allow for various appurtenances. To the top of roof deck is only 28'. That is a variance of 5' over the 36' of C-1 and 16' over the highway corridor limit.

She reiterated that they are proposing a 2-story building to accomplish connectivity for patient and staffing that has to connect with the existing patient area. They considered putting it on the north but that is much closer to residential neighbors so for that and longer traveling distance for staff and visitors to that location. So for that and other reasons, this is the absolute best option.

3. Signage Variance

Ms. Jenkins said they are also asking for signage variances. The 1985 Master Plan contemplated a 500,000 square foot regional hospital has unique signage needs that might not be contemplated in the Code and probably would need a study at some point to understand what signage needs to make sure there is adequate wayfinding for the public.

In the C-1 zones, the signs are limited to 32 square feet maximum and CSV is asking for one sign of 90 square feet and one sign of 16 square feet.

Two existing 40 square feet signs would be removed and replaced with one 80 square feet sign and one more of 16 square feet. The 80 square foot sign would be placed on the stone wall of the new wing to be visible from St. Michael's to draw visitors into the hospital from St. Michael's Drive so they can avoid going down Hospital Drive where the Emergency entrance is located. The sign on the stone wall is really not that big compared with the building.

She pointed out how people take Hospital Drive and it leads to ER. St. Michael's is the main entry point. They are constructing a new drive from Hospital Drive to go to the front entry. In multiple meetings with neighbors, they discussed the new entry way which will greatly reduce confusion.

The traffic impact analysis was reviewed by John Romero. The recommendations out of it and working with Mr. Romero, are to provide a financial contribution to the roundabout /light intersection at San Mateo and Galisteo. 17.5% of traffic is attributed to the hospital. So whichever costs more (signal or roundabout), CSV will write a check for about $85,000 to be held in escrow with the City for that traffic improvement.

She referred to the Traffic memo with the proposed "clarifications" to the Recommended Action which they have discussed with Mr. Romero are as follows:

1. The money given to the City are ear-marked specifically for improvements at that intersection.

2. If the City doesn't spend that money, SCV would get it back after 5 years. She said that is standard practice in the City. There are many others like it in Santa Fe for fair share. The City cannot sit on the money indefinitely and not spend it. For a non-profit regional hospital, $85,000 is a lot of money.

3. The Master Plan shows a potential future addition to the medical/dental building on the campus and CSV might be required to give an added donation for that intersection. Mr. Romero is comfortable with that change.

The Hospital Drive entrance, based on the analysis, shows that traffic has decreased since 2006 and was at one time to be an entrance only but now will be changed to only right in/right out and no left turn there so a median will prevent that.

Ms. Jenkins stated that with this application, all of the 2006 Master Plan conditions are being satisfied.

Ms. Jenkins said they had many meeting with neighbors to north and those to the east. In the dozen meetings, also met with individual neighbors to resolve their concerns. They had the formal ENN followed by another last week to address all concerns.

As a result, some additional concerns are also being addressed. There is a 15' landscape buffer on the northeast side that has been neglected and they are reviving that existing landscaping. They are making lighting modifications - pole heights will be lowered and some bulbs will have less brightness. Generator noise is being addressed. The backup generator is a federal mandate. It is on east side and it has to be tested weekly and a power surge can also kick it on. They have been exceeding code's maximum noise so CSV will either enclose it in the building or relocate it to the central plant to bring it into compliance.

Open areas on east side had been used by staff for smoke breaks and now the whole campus is non-smoking. So they have beefed up security and neighbors have been given a direct line to security to report violations.

Lastly, CSV is providing an email tree for neighbors to report hospital and construction issues back and forth with the hospital.

CSV will have an annual neighborhood meeting with Hospital administration to deal with issues.

She showed the parking islands and water retention areas on the north parking lot and explained the existing nature trail improvements on the south side, wrapping around to east side up to the landscape buffer.

There will be accessible routes to and from the neighborhood at several locations and to the bus stops on Hospital Drive. It will all be ADA accessible. And all lighting will comply with the ordinance so there will be no light pollution.

Ms. Jenkins concluded her presentation and requested right of rebuttal after the public hearing.

Public Hearing

Chair Harris asked members of the public to line up to be sworn en masse. They were sworn.

Mr. Lawrence Barty, 202 West Lupita Road said he was representing the San Mateo Neighborhood Association and the Task Force of that Association who were are immediately affected by and are immediately adjacent to the Hospital, specifically, West Lupita Road residences, Camino Amado and the south end of Don Gaspar.

He said, "We support the hospital's efforts to modernize and upgrade its facilities. That's not why we are here because we know that's important to the entire community. But some of our neighbors have issues with the design and height of the proposed St. Mike addition - not all, but many do. We address this in the formal reply that is in your packet. [The reply is attached to these minutes as Exhibit 6.]

"I am going to focus on four issues that are particularly important to us. In Master Plans dating back to 1985, the hospital, which was then Sisters of Charity and then another entity, agreed to put in the buffer zone. The buffer zone is important to us, to those of us who live along the edge because it provides visual screening and, to some degree, quieting of hospital activity. That buffer zone was never put in. I gave you a handout and a ring binder. If you look at page 9, you will see a picture of what it looks like today. It is kind of a vacant road there. Nothing has happened over the years.

"We met, as Jennifer said, with the Hospital ten days ago and it was a very positive meeting. I think a lot of things are moving in the right direction toward resolution and improvement. Mr. Adams said that the buffer is part of the budget for this new addition and I take him at his word. But because of the 30 year history of this, we are looking for further assurance if a new CEO comes in or if a new entity buys the Hospital before this is done for if there are budget changes, that this buffer zone be there. We would like Planning Commission to make it a requirement that it be a condition of granting the Special Use Permit. It's not because we don't trust the word. It's just because we have this history.

"The second issue that we've got concerns traffic flow between the visitor and patient parking lot. People come in. (He pointed out the location.)

"In that lot as it presently stands, people come in either from two ways. One, from St. Michael's Drive at the store entrance and also from Hospital Drive. If you stand at that intersection for any length of time, you see that most people come in from the City from the west, come up to the intersection at Hospital Drive and St. Mike's and they see the hospital and they see a sign that says hospital. In smaller letters it does say emergency room. And the bulk of them turn on Hospital Drive and then turned into that parking lot. It's just a natural thing. And then that's where they leave. There is an exit onto St. Michaels' Drive but it's hard to see, it's hard to find. But I think its common nature when coming in an entrance, to turn around when you get ready to leave and go out the same way. What the hospital and the traffic engineer are now proposing, contrary to the 2006 Master Plan which said that this entrance would be an entrance only and never became an entrance only but has remained an open exit, is to make that a right out only. Now I understand what the purpose of that is to keep people from turning left right there at that intersection because it is dangerous and all. The consequence of making that a right only is that most of the traffic that is leaving that parking lot is going to go out and go right up Hospital Drive thrust right into what is already a very congested neighborhood. They are going to go to the top and they are going to turn right onto Lupita, which is a dirt road or they are going to cut across and be up on Galisteo at that intersection with San Mateo that Jennifer was talking about, which is where Martinez Elementary School is where people are walking dogs, people walking children,. I understand there is a traffic study and that are details that say, yes, this ought to be done. But what they are doing is dumping a bunch more traffic into our neighborhood which is not a through neighborhood by any means.

"It seems to me and the rest of us, that if instead, we fulfill the 2006 Master Plan and turn that into an entrance only, people will come in and can be directed by hospital signage so whenever they get ready to leave, they will come out on St. Michael's and go wherever they need to go without becoming embroiled in the neighborhood where someone will get lost. They are always asking for directions because they are on a dirt road and cannot figure out where they are. It makes no sense to me and my group that it become a

right only exit onto Hospital Drive.

The third issue that I want to address is that of the construction activity. If you grant the hospital's request it will be done on the south end. They have a lot of vacant space to the north. And they have already stored some materials for various projects and things. We are concerned that there will be construction activity on the north side of the campus. And it generally starts at the crack of dawn and there will be trucks and deliveries conceivably. We would like to see the hospital limit the activities on the north side to reasonable hours, 8-5, Monday through Friday so that we have a chance to enjoy our yards, to enjoy our family. I don't think it is unreasonable restriction on what I think will be a relatively low level of activity on the north end. You can help us protect our property that way.

Finally, I need to address the staff report. The staff report suggests on page 9 that the hospital could build this addition in a different part of area 1 and not need the height variances that they were asking for. The only space in area 1 that is available is at that north end. This would be a building that, at most, would be several dozen yards from some of the residences. Apart from the construction mayhem of two years and building that high and that close with the additional activity that goes on around it, the values of the homes along that edge will plummet. And if the difference here is on a commercial corridor - St. Mike's - the building is somewhat higher than the code technically allows versus an essential disruption of several dozen homes along that edge. If it comes down to that choice, we would like to see the Hospital redesign it lower. I don't know if that is possible. If it comes to that choice, we would not stand in the way of a height variance.

"I also gave you a letter separately from a neighbor, Barbara Chatterly, who raised issues on design and could not be here tonight. She had several questions about design and the purpose. I hope you will read that and take that into account. Those are her views and solely her views."

Ms. Mary Schruben, 2119 Rancho Siringo Road who had a couple of questions. "Could you explore with applicant, what would be the condition of the highway height regulation of 25' for the highway corridor if St. Michael's Drive loses its highway designation under the 'ReMike' program where they are looking to make it a two-lane street. I know the two-lane street would not extend that far east but I wondered whether you have given consideration to the removal of that restriction because of the highway corridor.

"Secondly, I didn't understand about the raised median to be constructed at the south entrance, which I believe is on St. Michael's Drive and whether or not that means it would be closed to vehicles driving east and they would not be able to turn left there. If you could explain that, I would like to understand it a little better.

Thirdly - about the smokers. This is endemic all over Santa Fe. What does your security plan say about dealing with visitors and patients who are smoking outside? I'm also unclear about where the entrance to the cancer center has moved or if it has moved exactly. Could you show that again please?

Regarding the signage, will you be removing the street signs existing at the corner of Hospital at St. Mike's and the south entrance at St. Mike's completely or just the building mounted signs and whether or not there will be a street sign indicating where the emergency entrance is, because that is not clear now.

Pardon me for saying this but I believe that the overhang is ugly and doesn't fit here in Santa Fé. I would like to see that we designed. It doesn't fit with the character of Santa Fe at all.

Lastly, I'm all in favor of the buffer for the neighborhood that was supposed to have been done years ago, hasn't been done, and has been maintained. However, I would caution you that the Municipal Tree Board has come out with a new list of trees that are approved for our drought conditions and new watering standards and I'd like for you to consider those carefully because it is quite a large buffer and it's going to be a significant one for the neighborhood and for the hospital. And we want to see it thrive so be sure that you put that in your planning.

Also the change the applicant has made to include all of the Master Plan, development plan, variances and special use permit under one case is confusing to people who have monitored cases for a long time and will make this case difficult to follow the tracking of all that stuff. I encourage staff and Commission to adhere to the previously acceptable numbering system.

Ms. Gail Rappaport, 216 W Lupita Road said she is the house right behind Physicians' Plaza, facing the dumpster and the generator.

She said, "I realize the issue this evening is the proposed addition to the actual hospital for increased patient bed space. However, as a 36 year homeowner on Lupita Road, directly adjacent to the hospital campus, I was to provide a bit of history and a few comments.

"I spoke at a City Council meeting on February 11, 2004. Actually, I spoke in favor of the proposal to build Physicians' Plaza. I was asked to do so at the request of the developers and Rick Crabtree, the now discredited former CEO of the hospital. And at that time, my comments related to my support for the need of a state of the art hospital campus to meet the growing needs of this community. I was thanked profusely in the newspaper and by Alex Valdez, then CEO, and others. And they even sent me some flowers which was somewhat insulting because they wouldn't do that for a man. But they were trying. Unfortunately, I now consider my support a mistake from a number of reasons. It should be noted that it was St. Vincent's hospital that was the force behind building Physician's Plaza. They were the folks who spoke of it in February. Although the building is on their campus and should be part of their Master Plan, it seems Christus St. Vincent's now wants to distance themselves from any responsibility for that building and their ongoing problems.

The hospital should obviously be responsible for all setbacks. There are setback issues and the parking so close to the fence is the hospital's problem. And, of course, the landscaping issue that has been addressed. The problems with Physicians' Plaza continue to be the placement of the dumpster and the garbage pickup and obviously the generator.

I have had intermittent success in working with the property manager. An example is lighting that building all night. They have stopped that.

Currently there has been some discussion with the manager of that property. Recently they put in a

concrete pad without talking with any neighbors because they were having trouble with the garbage pick-up. They started at dawn and I complained. I always have to call them and ask what they are doing. They never come to the neighbors and say this is what we are doing. So they had to change that area to correct garbage pick-up problems.

Two weeks ago, on the hospital property along the fence, a line was cut to my property cutting internet and telephone. It took five days to restore the service. And the cut was traced back to the hospital perimeter. It was on the hospital property. As usual, no one adjacent to the hospital was informed of work being done. Only because of the noise and the large equipment, was I able to trace my problem to their property where they were doing some construction along the fence. I don't know what they were doing and I don't know if they had a permit.

In conclusion, these problems and others are constant. Promises made under the Master Plan have not been completed. And I find it hard to believe the hospital can be trusted in this new phase to follow through on their promises. We had the Master Plan in 1985 and they built that building starting in 2004. In 2006 it was amended. And the neighbors are still waiting for a lot of those things that were promised to happen. It would be a pleasant surprise it they do what they said and I continue to believe the Hospital should not abdicate their responsibility to via Physicians' Plaza. That would be disingenuous, to say the least.

I knew when I bought the house adjacent to hospital property there would be constant growth. And I support that. We all need state of the art care. And when we need to go someplace, it is to their hospital. I just want them to be good neighbors.

I wanted to say one other thing that wasn't written down.

Turning right out of there ... originally, in the Master Plan, the entrance was to be on St. Michael's Drive, not on Hospital Drive. I think that is impossible now because you are not going to be able to turn out on Hospital Drive. They have put up an island there because you did something across the street with Presbyterian there. So people won't be able to come out of the hospital and turn left. So they are going to turn right. They also are only going to be able to get in on Hospital Drive. You are saying you want them to come down and around. It hasn't happened so far. We'll see. Maybe they'll put up some signage. But if people only turn right, they have to go past E. J. Martínez School and Galisteo. My children went to E. J. Martinez School. I've been in that house for 35 years. They are very successful people who got their schooling here in Santa Fe. I am not a newcomer. My children went on to Princeton; they went on to Northwestern. They are doctors. And they were educated in this town. It started at E. J. Martinez. I think it is really dangerous that you are going to push all the traffic towards that school. I think the entrance needs to be in the front of the hospital. It is in every other hospital. You've got it on the side road there now. Whatever traffic study you did, it is hard to believe you are not going to get more traffic on Hospital Drive.

At the City Council you changed Lupita for a few blocks to a one-way street because there were a number of accidents that happened on Lupita. So it was changed to one-way street which people don't always follow. But if you push all the traffic there, it will probably have to be changed back from being a one-way street.

Ms. Mary Benton, 2225 Calle Alvorado

"I'm on the board for ACSyL that borders the hospital and also on the board of the Neighborhood Network. Tonight I'm representing ACSyL and also myself. Listening to the presentation by Ms. Jenkins, some things came up that are of note. She said that ramps don't happen in hospitals. I'm just going in order that she mentioned. As an asthmatic, I've visited a number of hospitals around the U.S. and also the world. And let me tell you, there are ramps in hospitals. One in particular that comes to mind is Stanford Hospital. Top of the world - has ramps. So to say that they can't have ramps at St. Vincent's is a misnomer. Another top hospital is the one in Hong Kong - has ramps.

Number two – sections that are similar don't have to connect. They don't connect at UCSF; they don't connect at the University of Sydney; they don't connect at Hong Kong and they don't connect at Stanford. So to say that they have to connect at St. Vincent's is also a misnomer. I know that from practical experience, being an asthmatic around the world.

One of the things that is also a concern is ow the traffic is going to be fitting at the various intersections. They say that the hospital will pay 17% so who pays the rest? The City? As far as I understand from City Council meetings and the newspaper, we don't have the money and the hospital is being so generous in giving us the money and in five years retract it, they get it back in five years and are going to be pushing more traffic through these intersections. I think that is something that we... that the City is being set up for failure. Just on that alone, I would suggest that you don't pass this through Planning.

But going forward, as some others, the look of this, facing ACSyL, we got half of a George Jensen on the left and a 1970's high school on the right. This doesn't fit into our neighborhood in this location, in my opinion. So you shouldn't pass this.

Regarding the signage, we've just had Presbyterian come in and they have abided by the signage. But here, they are asking for a variances up to 300% of what the signage is. The State, the City and ACSyL fought to have this section of St. Mike's be more of a calming. All of our neighbors are fitting in and respecting the code. And St. Vincent's is up to 300% by my calculations. But I'm just an engineer. Do I know math or not? It is ridiculous and you shouldn't pass on these variances. To add 65,000 square feet on there and have it look like a 1970's school yard. St. Vincent's is affording lots of advertising, lots of dollars so it seems, at the very minimum, that their expansions should fit into the neighborhood.

There have been a number of promises not kept but they expect the City will make variances for them. If the hospital wants to keep good neighbor relations, they should hold up to the promises made in the past. As a representative of ACSyL and myself, I urge you not to approve this Case 2015-47.

Mr. Mark Sonowsky, 2225 Calle Alvarado. "I work on Hospital Drive and drive six blocks. There are many accidents at Hospital Drive and St. Mikes – about every two months. And I would strongly like to recommend that you to ask Traffic not to allow left had turn onto Hospital Drive from St. Mike's and have them stick to that right only entrance and right only exit only onto St. Michael's.

Ms. Julia Catron, 205 West Lupita Road said, "Who doesn't want a state of the art hospital. That sounds great. But I think we can think about it more creatively. I always wanted to own a house in Santa Fe growing up here. I was finally able to in this really awesome neighborhood. The neighbors all know my house because I can't work on it right now. There is trash everywhere. There are surgical gloves floating around. And they did a really nice clean up after our last meeting. And I thank you for that. But then it got trashy again and we got the spring winds. It is not consistently maintained in a way that I feel safe walking around the neighborhood, especially with my dog who eats everything on the ground. Also, I think there are just so many things you could do rather than put this building out here. You could still build it on the south side but maybe put it where the hill is now, where that line of trees is between the circle for emergencies and the parking lot and preserve the views. I walk down Hospital Drive to Botulph Road or drive, depending on the day every day because that's where I work and part of the wonderful things about moving back to Santa Fe is being able to see the mountains when you are driving down St. Michael's Drive or walking to work or whatever. So I just think some more creativity can be done or at least the architectural - could be lowered just so you don't block the views everybody of the mountains when they are going down St. Mike's Drive. It's one of the last really pretty entrances to the City – is that entrance to the City.

I feel really badly for John Romero because everybody is complaining about the traffic study. And I'm going to also. But it is because I'm on Hospital Drive and Botulph Road every day, all day, and it is really frustrating. A lot of people do turn out of the hospital and come to the stop sign and kind of have to go down there. And they turn right on Lupita Road and like 'Where am I?" And they think if they go faster it will somehow end their nightmare of being in a place that they don't know. And it is frustrating to the neighbors. I think if you turn that into a right turn only, and you've only addressed 17% of that extra traffic before that right turn only, you are actually looking at an increase beyond 17% there. So you really should, if that's the way it is going to go, maybe see what the hospital needs to put in escrow after that is done. But I definitely would recommend against that because it jam packs the neighborhood. One of the reasons I bought a house there is that is a really sweet neighborhood and you can get to anyplace else you want on your bike. You can walk to a school. And funneling the traffic back that way is really going to change the nature of that and it is really going to make me sad about a place that I was finally able to afford a house to live in.

And that's all. Thank you guys for cleaning up and I would approve a second round of clean up. Have them do that corner again.

Mr. Leo McMillan, 1560 Camino Amado, which is adjacent neighbor to the hospital on the east boundary. He said, "I would respectfully accede whatever time you have allotted me to Mr. Barty, our first speaker, if he should need to make additions to his testimony."

Ms. Karen Heldmeyer 325 E Berger. She said, "I have been working here over 20 years and a lot of talk in the last few weeks in particular about now neighborhoods and developers should get together; that there should be consensus; that there should be compromise. This neighborhood has been trying that since 1985, particularly the San Mateo Neighborhood, which pre-dates the hospital. When you saw the plat that had the pink semicircle above the hospital. That was once filled with small houses surrounding the hospital. They have tried to work with various ownerships, various administrators within those ownerships. Sometimes successfully and sometimes not. Ironically, Crabtree was one of the best people to work with neighbors. Too bad things turned out like they did with him.

They (neighbors) were told in 2006 by the Council that certain things were going to happen. They were told when the Master Plan was adopted. And when the new plans for this new part came out, they said, 'What happened – all the promises that were made to us then?' And the answer was, 'There was no timeline on those. We'll get around to them eventually.' Some of those promises have been made for 20 years. But they kind of filed in the 2006 Master Plan.

We saw a slide from Jennifer saying they are doing those things now. And then they are going to do some additional things that have come out of the discussions. Well, some of those things that are listed as coming out of the discussions were things were in the 2006 Master Plan.

If promises are being made, you know, that if you are nice and if you compromise and put up with some of the problems that are going to occur when you live beside a hospital. Then it is the responsibility of the City and the hospital to make sure those promises are kept. So your (Commission's) responsibility in a case that involves a whole bunch of change, including a Special Use Permit, and Special Use Permits can have conditions of approval on them - it is your duty to make sure those conditions that they were promised before, are put into effect and put into effect quickly. And the ones that are promised for the future have a time line on them and not five years but something fairly quick. We all know that putting a hospital near an existing residential neighborhood has put additional strains on the neighborhood. The City and the hospital need to do everything they can to mitigate those problems."

Ms. Heather Ligresti, 119 West Lupita Road. She said, "I have three points. One that no one has addressed is that top accessibility route to and from neighborhood. We haven't really talked about it. We were not invited to any discussions with the hospital. I'm sorry to have to address it like this. But personally, as a neighbor, I don't want access from my yard to the hospital. There is no reason why there should be accessible routes to and from the neighborhood on the back side of the hospital. I think that increases crime possibility and just has no purpose commercially that I could think of. So I definitely would want to oppose that.

And then the second one is traffic. A lot of people are thinking about that. We have a lot of problems on our street. It is a dirt road. People go really fast. Kids can't play in the street. Our dogs are in danger of walking there. And it is going to get much worse if there is traffic coming from the hospital. So I definitely wouldn't recommend that.

And then the last thing is that nature trail. Again, I don't know why they are directing their patients to the neighborhood. You don't see it but those are all lots and neighbors along that side where that nature trail is going. I don't know why they put those little dots for some kind of nature trail. I don't know why they would direct that right to the neighbors. There are places inside where they could do a nature trail that would not affect the neighborhood so much. Personally, I don't know much about the Commission, but would you want the commercial nature trail right behind your property where you have kids out playing in your yard and you have all these patients and nurses and visitors going right there. I mean they are backed up right against these property lines. Those are the three oppositions that I have.

Mr. Gio Ligresti, 119 West Lupita Road "I'm her husband so it is the same address, 119 West Lupita

Road and I agree with my neighbors about the right only exit from the hospital on Hospital Drive with the right only traffic into our neighborhood. That's going to make it any nicer. And the exit right in front of our house. Right now there is a fence that has been cut with the park and we actually went and asked the hospital if they were going to fix it because people were using it for doing stuff and would be right in our neighborhood. I don't see any reason why there should be an entrance into our neighborhood in the back of the hospital unless the City is to do something later, which is going to ruin our neighborhood completely if actually that becomes the real entrance into the hospital in front of our house.

So we agree with our neighborhood if they could make Hospital Drive not just a right turn into our neighborhood. That accessible route to and from the neighborhood has no meaning except a future real entrance to the neighborhood. I hope you guys don't approve that.

Mr. Charles Kinead, 601 Calle de Marcos at the corner of Calle de Sebastian. He said, "I am here as the Treasurer of the Southeast Neighborhood Association and as an individual. I would just encourage the Commission to give their greatest attention to neighborhood concerns and recommendations. Thank you. Save Old Pecos Trail.org."

Ms. Sharon Salazar Hickey. 806 Camino Zozobra. "I live, like many of the other members of the public that have spoken, in the neighborhood and have lived there over 30 years. I would like to say that, first of all, I am a member of the Hospital Board at Christus St. Vincent's and I am also a member of the Board of the Hospital Foundation. Through my actions, I am in very strong favor of this proposal and I'm speaking on my own personal behalf, not as a member of the Board or the personal associations that I belong to: Arroyo Paraisis. I walk every day with my dog through the neighborhood, Zia Road, Hospital Drive and Lupita Road, this entire neighborhood. You'll see my husband also walking every day. And I strongly support the recommendation that is being made by the Hospital. Thank you for your consideration."

Mr. Jon Velasquez, 1560 Camino Amado. He said, "Good evening and thank you for your service. I understand it is a tremendous responsibility. My name is John Velasquez. I live at 1650 Camino Amado. I concur with Laurice?? Presentation. We have met. We came together. I do appreciate the comments that others have made who have not met and I would encourage everyone to have meetings and collect your thoughts and present them to this body so we can have a comprehensive understand of the whole picture. I heard tonight traffic, traffic, traffic. Let's shift that to hospital, hospital, hospital. You will change your positions here because you are elected and I believe you are elected. Is that correct? No, you are appointed. Okay. The hospital has changed. I'm not here to defend them. They have met with us. I truly believe that they are bargaining in good faith. And as a philosophy instructor, I used to tell my students, Kierkegaard says, 'Either we renew our faith or we fall into despair.' We have to bargain in good faith.

I spent Saturday to yesterday with a traveling member of the Hospital. You have a tremendous experiment inside of that building. You have some fabulous people and I'm not saying that as a compliment but as a compliment to the City of Santa Fe. I come from southern California and I've never seen such compassion, such care, such professionalism. We are working on the outside now.

As an artist, I understand that you like the New Mexico look. This is a changing world. We are going to

have to work with what we have. It is like a collage. Some people make mistakes architecturally, design-wise. And we can't fix everything. We can't fix traffic. We can't fix this. Someone is going to be uncomfortable with any decisions that we make. But I would like to say that we met together at the hospital. I truly believe they are bargaining in good faith. And I would hope that you will see the tremendous work this hospital ... It is a big employer and I think we need to begin a new relationship with neighbors and I think we can address all of these issues that were outlined here tonight. I thank you for your time. And I do appreciate your work for the City. I think you are doing a tremendous service just by volunteering because people don't volunteer any more. You almost have to drag them in to the theater. So thank you very much and I think we can work out our problems if we have them and we can celebrate that you have a tremendous hospital and a tremendous city and people are beginning to discover you.

There were no other speakers from the public. Chair Harris closed the public portion of the meeting for this case.

Rebuttal Presentation

Chair Harris allowed a very brief rebuttal from the Applicant on a few points.

Ms. Jenkins agreed to be brief.

She said there are a few key elements she wanted to clarify. The 2006 Master Plan was very explicit for future phases, of which today is the day. We are here with the proverbial future phase. The following items shall be addressed. With this project, we are addressing every single one. Yes, trust and faith are wonderful things. But the beauty of it in this situation, they are actually not even necessary. Our building permit application has to include everything – all the landscaping, the lighting, and the off-site traffic and roadway improvements. All of it has to be in the building permit. It is a very important point. Trust doesn't really play into it. And then, when the building is complete, the last step is called the Certificate of Occupancy. All the inspectors come out. They inspect the work. They make sure everything has gone according to plans, according to Code and then they grant a Certificate of Occupancy that says it is a habitable building – you can start utilizing that building.

Unless everything is done that was in the building permit, you don't get your Certificate of Occupancy. There are so many checks and balances on this. This is the phase of improvement of the hospital that the 2006 Master Plan is referring to, kind of retroactively. We are here today to address these items. And in addition, we also have to put up a financial guarantee to show the city that we got the cash for all that infrastructure improvement - all the terrain management, the grading, roadway improvements, lighting, etc. and if for some reason it doesn't get done, then the City has the right to access that money to ensure it gets done. So there is layer upon layer upon layer of checks and balances to ensure that the provisions of the Master Plan are complied with in this project.

And to that point, we would like to propose a couple of other conditions of approval. One refers to the financial guarantee for all required infrastructure: landscaping, terrain management, lighting, noise abatement. All the access improvements that are recommended by the cities, traffic division are completed prior to the issuance of the Certificate of Occupancy.

And one other point. This new patient wing is adding six beds. There is no increase in traffic associated with this application. Currently there are 173 patient beds in the hospital. With the addition of the 36 private rooms and the renovation of the semi-private rooms to make them private rooms we are going from 173 to 179 beds. So there will be no associated increase in traffic with this new patient wing.

And one other item that is important to point out. Do you notice the St. Michael's driveway that comes just south onto St. Michael's Drive. There is a new median improvement there that was referenced. Right now at St. Michael's, you can turn left into the campus or right into the campus but you cannot turn left out of that driveway anymore. This is a very recent change, and go east on St. Michael's Drive. That was done as a result of the new Presbyterian Clinic across the street. We agree that St. Michaels' should be the main entrance. And the on-site improvements we are making to the circulation and the new front entry and the associated site is going to support just that. We completely concur and we are doing everything within our power to ensure that is the case. And a lot of this has been motivated by that effort

Ms. Jenkins said she would be happy to stand for questions.

Brief Recess

The Commission took a break at 8:45 and reconvened at 8:55 p.m.

Questions and Comments from the Commission.

Chair Harris asked if there has been any real discussion about rezoning this to the HZ hospital zone.

Mr. Esquibel said they did place that in the staff memo that it would be better to have a hospital zone. And they realized it would be better to deal with those standards. That has occurred with the Las Soleras property and the Presbyterian Hospital there. That would be an answer for them and staff did suggest it in the memo.

Chair Harris saw it there and wondered why for years, they were going through different hoops that didn't really apply even though the C-1 was put into place. But in fact, in 2015, HZ seems like an appropriate zoning for being really and truly a hospital, which they are. He pointed out that rezoning can be initiated by the public or the Planning Commission could initiate a rezoning.

Mr. Smith agreed but a Commissioner would need the concurrence of one City Councilor to get that rezoning placed on the Council agenda.

Mr. Shandler concurred.

Chair Harris had a hard time making a decision with the information at hand. The Commission has some work to do and really needs that information to make an informed decision.

Mr. Esquibel said a lot of those changes were placed in the form of conditions. As we put them into the memo, those were basic conditions that they wished to change that were adopted as part of that 2006 Master Plan. It didn't provide any additional information on the map that isn't already shown other than notes on that map in the form of conditions.

Chair Harris agreed but they are not fully legible because it is cut off on our copy of the plat. The only way he was able to read a fault condition was when he got to the applicant's packet, where point by point they listed the condition and had a specific response. But even in those conditions, another question has to do with longevity of a particular Master Plan. We see other language in Chapter 14 that certain things have to happen. The only thing that happened in 2006 Master Plan was one construction project: the Emergency Room. There was mention of another subsequent construction project but he would have to go back and dig it out. He thought he read that the 2006 Master Plan had a 15 year life. Perhaps that is in the ordinance but he couldn't say for sure.

Hospital in any community is critically important. We want them to prosper and serve the community in a manner that the community feels it deserves and in a manner that they want to perform. But for the Commission to make a really informed decision, there is some more work to do. Why do we keep putting layers on it? It should be a hospital in an HZ zone. There may be some resistance from some of the neighbors. C-1 is office zoning as a transitional to residential neighborhoods. But as near as he could tell, the neighbors have legitimate concerns, regardless of the zone.

Commissioner Kadlubek ask if he could ask for a member of the public to address a question.

Chair Harris agreed.

Commissioner Kadlubek asked a question to Karen Heldmeyer. Part of his deliberation were the promises she mentioned that were not kept and without having a history or knowledge of it, he asked what the promises were that were not kept.

Ms. Heldmeyer said the neighbors could give more specific answers. From 1998 to 2008 she couldn't work with them on land use issues because she was on the Planning Commission or on the City Council but as a Councilor, she could work with them on other issues like noise, helicopter and traffic that kept coming up. What upset them the most was the idea of the landscape buffer. At one point there was one and it was taken out and that was upsetting to them.

The whole matter of traffic in relation to Lupita - making Lupita one-way - was a compromise of the 2006 Master Plan and it hasn't worked out well. It created a triangular no-man's land where it runs into Hospital Drive.

Ms. Rappaport said that was a compromise to deal with accidents on Lupita. It works most of the time. The neighborhood had wanted to have it blocked entirely and the compromise was to make it one-way. But there was a concern that too many would go on down to the school. She didn't see where they could maintain that with right turn only. The effort was to make the entrance not on Hospital Drive but on St.

Michael's

Commissioner Kadlubek asked Ms. Jenkins if she could speak. He was hearing that a lot of compromises were made to correct past wrongs. One significant one is the buffer. What is the plan for the buffer and to make sure the buffer is pleasing to the neighbors?

Ms. Jenkins said the 50' buffer was installed but not maintained. Christus has owned this property since 2008. Things planted there died. This is part of the building permit and financial guarantee. Our landscape architect is here. Trees and shrubs are what we are talking about and a focus on drought-tolerant and long term maintenance. That is a commitment the hospital has made.

Commissioner Kadlubek said the landscape architect would be nice to speak with.

Mr. Gregory Miller was sworn.

Commissioner Kadlubek asked him for a more descriptive response.

Mr. Miller said there were several layers to the buffer. The first is primarily the existing coyote fence along that entire boundary and will remain. Inside of that on hospital property will be the trees, both deciduous and evergreen, medium sized shrubs and then low shrubs. It blocks both visually and provides some sound buffer. It is a 15' minimum buffer in several situations. Some are quite wider - up to 25 and 30' wide. Those plans were submitted and were reviewed by Mr. Berke, who made comments on some of the different species we selected.

Commissioner Kadlubek asked Mr. Berke to respond.

Ms. Jenkins said the condition of approval in the staff report that specifically addresses long-term maintenance of that buffer.

Commissioner Kadlubek asked for Mr. Berke's opinion on the plan. Do you feel it is appropriate and will it serve its purpose?

Mr. Berke said he reviewed it and listened to the neighbors. He noted a pathway is in this buffer zone. Upon site visits numerous times, this seems like the best case scenario for the neighborhood and it is fully compliance with the landscape code and with making it a 15' buffer.

Commissioner Kapin asked Mr. Esquibel to explain, if this was HZ zoned, how it would affect this building and how the plan would change.

Mr. Esquibel replied that in 1985, when Council asked for a Master Plan, it was zoned as an R-2 district and was converted to C-1. After that, they adopted the South Central Corridor and they all have their own areas within it with varied development standards. The Master Plan has height standards that allow them to go higher. The overlay district restricts it to 25'. The Master Plan allows a height limit of 65' in Area 1 and the Master Plan allows 22' in Area 2. All of this lies within a C-1 District which has 36' height maximum and

the overlay of the corridor reduces the C-1 to 25'. If they had HZ zoning, all of these standards could have been incorporated for specific hospital structures. If they go beyond those standards, they have to ask for a variance. And all of those issues could have been encapsulated within an HZ zone.

Commissioner Kapin asked if their proposed height be allowed as the maximum height if they had HZ zoning.

Mr. Esquibel said it would depend on what Council would allow for that area. But it would help them to be more flexible in a hospital zone. C-1 has a lot more restrictions. Los Soleras has its own standards for Presbyterian where the height standard is up to 100'.

Mr. Smith said the original hospital zone had 36' and that was applied to the hospital. That remains the height limit for the hospital zone. It is also correct that the Soleras zone for hospital allows 70' for a hospital zone. So it is likely that would be the height limit here.

Commissioner Kapin asked Ms. Jenkins if she had looked at this as an option

Ms. Jenkins said when she first became involved in this project and getting familiarized with it, she asked why they would not just ask for HZ zoning. All zones have an intent. C-1 is for office. HZ is for properties surrounding the hospital, not the hospital itself and the height limit is about the same. So it wouldn't do much to ameliorate it. There is not an existing zone for regional hospital. So Las Soleras realized that and asked for a special zone. So we could ask for the HZ zone but none exists today that deals with a hospital. So the 1985 Master Plan fit more with the needs of a regional hospital. She had asked the exact same question about C-1 zone and when she looked, HZ is not for a hospital. The only zone that allows it is a Business Industrial Park. We are very interested in continuing that dialogue with the City.

Mr. Esquibel clarified that it isn't that with HZ that a hospital is not allowed but that a Special Use Permit allows a body such as Planning Commission to look at the size and impact of the hospital development on adjacent communities. A house can be built without a public hearing but not a Hospital with 500,000 square feet. That requires a higher level of review to address impacts on the surrounding community. That is why zoning has those stops in place. So it gets further review.

Commissioner Chávez asked Mr. Esquibel why Staff didn't recommend HZ when looking at this plan and why that wasn't on the table.

Mr. Esquibel didn't know, as part of initial work with the hospital if that was discussed because he wasn't part of that discussion. He thought they did look at the issue but in his discussion with them, it was the amount of time that it would take for rezoning along with development plan for construction. Rezoning could take up to six months and then the development plan and then the special use permit. A lot of design of uses would make it not easy.

Commissioner Kadlubek asked Mr. Esquibel to clarify the height variance. It looks there are three different variance.

Mr. Esquibel said the C-1 zone has a 36' height maximum. The SCHC overlay is 25' to the roof deck. The 1985 Master Plan limit in area 1 is 65 feet and area 2 is 22 feet.

Commissioner Kadlubek noted that it also says that the 1985 signage restrictions take precedence over the C-1 and SCHC limits.

Mr. Esquibel agreed and said if a variance is not granted, they have requested an amendment to the Master Plan to move up the height to 41', the height they are requesting. The most restrictive is the Master Plan which is 22'. So where the area boundary cuts that property in half, by adjusting the boundary it was determined they would have to apply for a 16' height variance in the overlay and a 5' variance in the C-1 District.

Commissioner Kadlubek understood that area 2 is the strictest limit.

Commissioner Kadlubek recalled that Ms. Jenkins said earlier that it is only an increase of 5'.

Ms. Jenkins said the maximum allowable height they are requesting is 41' so in looking at the difference from 36', that is the 5' variance. Hospitals have unique structural needs from floor to floor and 14' is really the industry standard for the mechanical equipment and needs in patient rooms. They have 14' floor to floor in the existing part of the hospital now.

Chair Harris heard Ms. Jenkins qualify the 41' "right now." The Commission hasn't seen it but he read that the structural design would accommodate 4 floors. He asked if it is anticipated that this building would go up.

Ms. Jenkins didn't know.

Mr. Adams said they wanted to think 30 to 40 years into the future. With pressures on the Hospital with advances in health care and economic pressures, we look around to nine counties in which hospitals could be forced to close so the plan could include up to four floors. So if those smaller hospitals had to close, those communities would refer to Santa Fé so we want that possibility for the future.

Chair Harris thanked him. That might prompt further discussion about HZ and what those standards might me. The short term is 10 years. He would hate to see their successors have to deal with a 2015 Master Plan down the road. It is really appropriate to have a discussion about what a hospital zone specific to CSV would look like on those 41 acres. He appreciated Mr. Adams' honesty about what might happen in the future but we have to do so also.

Mr. Adams absolutely agreed. If we don't plan for that today it would force them to look to other expansion on the back and understood that was not desired by the neighbors or by CSV.

Commissioner Kadlubek posited that if all of this was in Area 1, it would still fall under the 65'. So he asked if there is any reason why the Commission is not adjusting the area 1 boundaries.

Mr. Esquibel said when they originally considered this project, the 1985 plan had other restrictive standards afterward. And if they adjusted it now, they would have to comply with current standards. Adjustments to the overlay district would be required. That could be a different interpretation, rendering variances obsolete. And this body would have to find for that and that would be a recommendation to the Governing Body to accept. Our review required them to seek variances if they are to adjust those boundaries but enjoy those benefits now.

Commissioner Kadlubek suggested perhaps those height restrictions were appropriate in 1985 but today, the area 2 height restriction doesn't make sense. Neighbors were concerned with area 1 where it is 65'. The area 2 expansion doesn't seem like that height would have such an effect.

Mr. Smith said in the highway corridor which was under discussion at the time of C-1 approval, the appropriate process was for the Planning Commission to approve the 65' height.

Commissioner Gutierrez asked if the variance is approved whether that meant they could build another floor above without a variance.

Mr. Esquibel said there are several components and now it is for the 41' height variance to supersede all of the height restrictions. They are limited to conform exactly to what they get from the Special Use Permit, the Development Plan and the Variances and they would have to come back to Planning Commission to change that.

Chair Harris turned to questions on traffic for Mr. Romero. Section 14-6 B 3 vi which is specific standards for specific uses. Under hospitals, Las Soleras has very specific language and that was related to this case. He read from that document. What he read relates to approval of additions to the Master Plan. He said what was in the code for Las Soleras seems very appropriate. It seems that same standard should apply to CSV and be coordinated to the community. That is a major consideration he would have in amending the Master Plan. The other additional information is found in the statement of special conditions for special use permit like noise, location of generators, water harvesting which is also in the 2006 Master Plan and not much was accomplished in that. He was curious if anything was accomplished on those grounds in that regard and what it meant in a broader way for CSV for coordinated and efficient development of our community.

He would also like to know the status of their application to the Department of Health and if it is appropriate for the Commission to know the status of that application.

Ms. Jenkins said the DOH asked for a modification to the license to reduce to 200 patients. It has been approved and is hanging in the hospital. She asked if he would like for her to speak to coordination.

Chair Harris asked how reduction of licensed beds contributes to the coordination with the community.

Ms. Jenkins said there is a trend that results in reductions of patient admissions. Provision of private beds is a huge benefit to health and healing of patients. This improvement to the hospital is doing that. The

hospitals have to evolve and this is efficiency in use of space. Cost effectiveness is key. This is a huge investment that has no revenue attached to it.

Chair Harris thanked her and noted that all three of his children were born in that hospital and he was very familiar with it.

Mr. Adams elaborated on health care. It is a $40 million investment. He pointed out that this didn't provide any restriction for them. Although they were licensed for 246 beds, they have only operated 173 beds so reducing licensed beds to 200 doesn't impact CSV. We will have 179 beds so an increase of six. Most Americans who didn't have insurance could still access hospital care. The ACA expanded insurance for all Americans and they are looking at decentralizing as the newest trend. We are doing more decentralizing but always have a need for acute care in a hospital.

In terms of coordinating, they have a $160 million payroll for employees to spend here. So it is about an $800 million positive impact to this community and northern New Mexico. When employee gets paid they go to get gas and groceries.

Mr. Earl Potter, Hospital Board Member was sworn. He said he wanted to share with the Planning Commission the Hospital Board's thinking process in coming to this decision. It has gotten obscured. The Board, like everyone else in Santa Fe, is very concerned to have the best health care possible. When you think of this facility, what you think about it is essential to your health care. In the past two years, quality was key. If you look at patient satisfaction results and what your friends and neighbors say, the Board hears that we need 21st century rooms to receive the best healthcare. Right now CSV has very few private rooms.

As Mr. Adams spelled out for the Commission, the connection of private rooms and quality health care is direct connection. There are no new semi-private rooms in hospitals today. That is a limiting factor - a critical limiting factor, so the Board pushed the administration. We pushed Christus, our partner, on that. And they pushed from their research to make this a number one priority. It will cost $40 million to make these rooms state of the art and the financial return for the hospital is not there. This improvement won't produce more revenue. It will cost. But we have raised the $40 million. No entity gave it to the hospital. "We put together the financing so we could have a first class facility."

He understood the Chairman's point about the utility of having this property under the rubric of Hospital Zone but CSV needs these rooms quickly. And if we choose to rezone, it would take at least 2-3 years. So he understood that the Commission has a difficult decision. It is very complicated and messy. But I want you to know this project is being driven by something that will affect every family in this town. That is a few years from now. We will have a hospital equal to the quality of any hospital in this country.

Commissioner Kadlubek asked Ms. Jenkins about the public concerns on the accessible routes. He asked her to describe the accessible routes and whether she had talked with neighborhoods about them.

Ms. Jenkins said the accessible route on the northwest side goes along bus stops and along the nature trail and they were transitioned straight out of the 2006 Master Plan. If neighbors want it to be different, we

are okay with negotiation and we are comfortable with revisions if neighbors don't think the routes are necessary.

Commissioner Kadlubek asked how long they anticipated noise reduction to take.

Ms. Jenkins said it is very short for construction. Once it is permitted she hoped for October for permits and 18 months to build the building. Landscaping is the last phase. A commitment was made to the neighbors however that the noise reduction would be done on the front end.

Commissioner Kadlubek asked Mr. Esquibel if all signage is equal in chapter 14 so signage for the hospital would be the same as a taco shack.

Mr. Esquibel said the code does address a broad range of uses so the City can apply them equally to everyone. There are specific standards for specific areas. In 2008, the hospital did come in with a sign plan that changed over from St. Vincent's to Christus St. Vincent's and numerous signage throughout the campus for directions and the 1985 Master Plan has a section that does address unique hospital uses and that it might be more appropriate for a sign plan to be submitted for emergency transportation. That hasn't been done.

Commissioner Kadlubek asked if there are notes from ENN.

Mr. Esquibel believed they were in the packet. There were about 30-40 people at the ENN and a series of Q/A sessions about two weeks ago. As a result of a meeting with the neighborhood, they had a 3-4 hour meeting to address every item in the packet they had concerns about. At the end, he contacted the hospital that the neighbors would like to meet with the CEO and they hired a mediator. So today you saw a balance in that. They have come a long way from where they were under St. V's to where they are at CSV today and was a result of this process.

Commissioner Kadlubek agreed the public portion was cordial tonight and it pointed to better way to do that.

Commissioner Kadlubek trusted that these five points were the main ones. He requested that in the future the Planning Commission could have more specific minutes from the ENN to be able to see actually what the neighbors are saying.

Commissioner Greene had a couple of questions for the architect and Mr. Berke on terrain management. He asked if the slopes on the east were analyzed for 30% slopes.

Mr. Berke said he no longer reviews for commercial terrain management. RB Zaxus does.

Mr. David Aube with Design Group in Albuquerque was sworn and said he did analyze the retaining wall, etc in the arroyo. A lot of it has already been disturbed and portions exceed 20% but not along the arroyo.

Commissioner Greene asked how much fill is being put under the road and under the actual pad at the end of the building.

Mr. Aube said total between finished floor and the bottom of the arroyo would be close to 30 feet. The roadway is up about 12' and at the slopes they are about 15' high at the building.

Commissioner Greene understood it was about 30' to the finished floor and added to the building at 28' with pop out and parapets, it would be a total of 58 feet more or less. He commented that it is a pretty steep vertical in little space.

Mr. Aube said the height is established from finished grade up to roof structure. They balanced all of that as best they could. And as discussed before, the patient level is the most important thing.

Commissioner Greene asked if two more floors would throw out that argument. He explained his question to Mr. Adams -

Mr. Adams said adjacencies in the future, if they elect to build more floors, would connect to other units (pediatrics) on the third floor for support staff. But a fourth floor would be a standalone floor and not connect to any other areas of the hospital. Actual patient care and not support services are where it should be level. There are no other growth zones for patient care.

Commissioner Greene appreciated locating those on the lower level of the site.

Commissioner Chávez went back to the beds and asked if the trend for fewer beds is a national trend.

Ms. Jenkins agreed.

Commissioner Kapin pointed out that Santa Fe is an older community and asked how that affects the trend.

Ms. Jenkins said as a population ages the service lacking is a skilled nursing facility which is critical for an aging population. As Mr. Adams said before, we would have had uninsured going to ER for everything but now, we can decentralize that.

Mr. Adams added that access to preventative care minimizes hospital admissions. On the national trend, since 2008, a 10% reduction. The economy dip drove less utilization and people shifted to lower cost insurance with higher deductibles.

The design today with ACA is to keep people out of the hospital. Our average length of stay went from 5 to 3.5 days. The future planning for the two floors are only based on outlying hospitals closing.

Commissioner Kapin told Ms. Jenkins what wasn't included was an interior floor plan so the Commission could look at a confusion about being close to patient services - but the red triangles are more patient rooms. This is hard to read. The MRI and X-ray areas are not close to this.

Ms. Jenkins said they didn't want it on the north side. Here, the proximity to the existing patient rooms is an issue of staff. The lab, diagnostics and distance to ER are close to the core area. They are there because the existing patient beds are there.

Commissioner Kapin asked if they could pivot the floor 90 degrees and put it in that area.

Ms. Jenkins said they didn't want to negatively impact the Emergency Room.

Mr. Aube said they looked at that. There are lots of utilities coming out of the hospital near the ER that go down the arroyo and under St. Michaels so it would require disruption to them and decided it was not the way to go.

Commissioner Chávez asked about water use and energy efficiency and what was considered there.

Ms. Jenkins said they use the low-flow standard for all plumbing fixtures throughout in new and existing wings. All the new lighting will be LED which has huge savings. We are not increasing patients or staff so water use is consistent.

Commissioner Chávez asked if there would be any water capturing or solar.

Ms. Jenkins said it is not part of this project. Retention ponds are used but solar is not a reality with our budget.

Commissioner Kadlubek said he wanted to see as part of future cases and staff analysis to have water impact as part of the cases.

Mr. Smith said staff will include water budget as part of the packet in future cases.

Chair Harris also had the concern of not having a water budget with this. Amanda Martínez provided a link to him and he asked Mr. Smith to share that link with the other commissioners.

Mr. Esquibel said he did discuss water with the applicant and their contention was that there is no impact and under their analysis, there is no impact. But he did include as a condition to submit a water budget before moving forward, before going to the Governing Body.

Commissioner Greene noted there are about 35,000 square feet of impervious surface and that could have included how to catch that runoff.

Mr. Esquibel deferred to Ms. Zaxus.

Ms. Zaxus said usually, with impervious surfaces, the City does require calculations regarding discharge and that was done on this project and she was satisfied with it. The engineer looked at all of the site for storm water and did a brand new analysis. The storm water plans will be up to speed on the total

storage required on site.

Commissioner Greene asked about cisterns or other water harvesting.

Ms. Zaxus said they have 10,000 gallons already that they use for irrigation and they will capture some from paved areas for irrigation and water harvesting.

Commissioner Kapin noted the landscaping has a lot of coverage and asked how they will keep all of that plant life alive.

Mr. Esquibel said not only are they connected to city water but they also have a well on site so we will have to discuss where those impacts are and where the water for landscape irrigation comes from.

He made one correction on square footages. On page 4 in the report where it addresses all the square footages on the project to be eliminated and proposed. The difference is 8,000 square feet, not 3,000 square feet. Today they wanted to include 5,000 square feet for storage shed but they want to change that to 10,000 square feet. In normal circumstances we would say that was not noticed but we can address that here. The impacts are fairly negligible regarding parking so they only have to address some architectural consideration and can do that if the Commission includes it as part of the review.

Chair Harris asked John Romero to come forward. Starting with the St. Michael's curb cut into the property, there is a left turn and a right turn into the main access road. With the changes made as a result of the Presbyterian Clinic, they can no longer left turn onto St. Mikes.

Mr. Romero agreed.

Chair Harris said in the neighborhood response there was a fairly detailed discussion using the acronym, RCUT, wherein the exit is like that at GCCC. You can only exit to the right so if they want to go east, they make a U-turn at the end of that island on Rodeo. Much of the improvements, whether Cerrillos Road or Rodeo Road, increase U-turns throughout the city. He asked if there is a possibility to modify St. Mikes there since it is so close to Hospital Drive and Botulph Road.

Mr. Romero said the situation at GCCC is a little different because left in turns are not permitted there either. The left outs are challenging because to make a left out, the driver would have to negotiate four lanes of traffic. We have implemented access controls at various places in the City. We've received lots of comments. The "indirect left" is a safer way, as proven nationally by the data. When making a left turn it would impact at Botulph but that isn't as critical of a conflict point because it would not be a T-bone crash and would happen at lower speeds. The City used the highway safety funds to install access control and explain the remedy. Now that is finished, the City has a very, very, huge improvement in safety. So those indirect left turns provide great benefit.

Chair Harris said there is one at his house. People make those indirect lefts constantly. So Mr. Romero is saying it might be possible but he didn't think people would understand >because it had not been a habit at that intersection. He asked if Mr. Romero was not opposed to the indirect left on St. Michaels' Drive at that intersection.

Mr. Romero agreed. At that signal, that is what they are trying to impose. People could still enter from either direction. That was included in his staff report at the 2006 Master Plan.

Commissioner Kapin said people go really fast on St. Michaels and to turn out right and merge over to left hand lane made her wonder if there are safety considerations with that. She asked if there is a left turn lane there. Merging over to the left lane is questionable.

Mr. Romero said the speeds there are similar to Airport and Cerrillos Road and the data shows a reduction in crashes. There is always loading at signals. From a safety standpoint and merging across. He would rather get hit while going 20 mph rather than being t boned. He understood that people thought that it was counter-intuitive but the numbers show it works and is a lot safer.

Commissioner Kapin asked if it was not possible to have lights there (at the exit).

Mr. Romero said it was not allowed, not only because of proximity to the intersection but also because of the low volume. Even with this as the main entrance/exit, it would not even be close to the minimum volume required for signals.

Commissioner Kadlubek said the speeds on St. Michael's seem greater. There is a lot heading to Los Chamisos. This will be an increase of six beds. Does that increase traffic?

Mr. Romero agreed but the traffic report included not only the six beds but also the 35,000 square feet of first floor and the future development of offices.

Commissioner Kadlubek asked Mr. Romero if he accepted the conditions proposed by the applicant.

Mr. Romero said he accepted all except the five year limit on the financial contribution. The improvement there is scheduled later than five years from now.

Commissioner Kadlubek clarified that he agreed with them putting the money in escrow but no reversion. He asked who would pay for the rest of the improvement beyond the 17.5%.

Mr. Romero explained that the percentage was based on the traffic study and the total traffic there.

Commissioner Kadlubek reasoned the applicant would compensate the City for causing the increased traffic.

Mr. Romero explained that the percentage was based on existing traffic and the projected traffic at the intersection. And at the time of development of the medical and dental offices they will make a new calculation.

Commissioner Kadlubek asked if the City can cover the rest.

Mr. Romero said there is nothing in the budget now. The Metropolitan Planning Organization (MPO) does the planning and their Metropolitan Transportation Plan is being revised right now. The draft doesn't include this within the next five years. But the Council could include it in a new bond issue.

Commissioner Kadlubek asked if it was Mr. Romero's opinion that the Lupita Road one-way there isn't working.

Mr. Romero explained that the one-way decision wasn't to mitigate and reduce crash problems but to eliminate the cut through. When Don Gaspar and Galisteo became one-way, the motorists went down to Lupita to cut through to Zia or Botulph. What the City did was just put up a sign. There is no enforcement there to speak of.

With the median closure, he didn't foresee forcing traffic down Lupita happening. He didn't envision those cars turning on a dirt road but continuing straight to Galisteo.

Commissioner Kadlubek asked if closing off Lupita is even on the table.

Mr. Romero didn't see that happening. There would at least have to be an emergency access gate there.

Commissioner Greene noted that the last time a signal was studied was before Presbyterian so with them there now, it should it be restudied. By signalizing, it might help with wayfinding with both of those institutions there.

Mr. Romero said they could do it but he didn't think it would be close. It takes a lot to justify a signal. We put them at major cross streets. St. Michael's Drive is a state-owned facility and the State would have to approve it. Plus it is terribly close to another signal. If prohibiting left turns is shown to operate successfully, there would be less reason to signalize it. Other things have to be considered before signalizing. That would be his preference.

Commissioner Greene thought the distance looks about 700 feet which isn't too close.

Mr. Romero said 700 feet is actually very close. It needs to be about a quarter mile. It depends on the type of road and speeds and makes it harder to establish a good progression (green, green, green). He tried to think about comparable distances.

Commissioner Greene asked what the distance for Galisteo to Hospital Drive is.

Mr. Romero said that is substandard. We get many requests for signals. It creates inefficiencies.

Chair Harris asked if there are considerations for realignment for the Emergency Room off Hospital Drive. Going in the main entrance, it would jog around where you could turn left on Hospital Drive. It is like a maze to go through CSV. And it seemed to him necessary to train people to go around the west side to

the northernmost intersection with Hospital. That might be a question for Mr. Aube. On the development plan it indicated a driver would have to make a jog to get back onto that road.

Mr. Aube said that road was set up because we were diverting traffic but the ring road would disturb the neighbors and is no longer desirable. We are trying to mitigate traffic confusion when people come in on Hospital Road and would have wayfinding directing motorists either to the ER or medical/dental and then another with a six foot drop ramp to parking. The retaining wall is 4' high. That is the justification.

Chair Harris envisioned the entry progression coming in off St. Mike's Drive and see that decision point to the new main entrance. There is a drop-off area and then it narrows down considerably with maybe 150 feet before that existing driveway. He asked why that is so narrow.

Mr. Aube said it is one-way down the hill. It is mostly from the wayfinding from Hospital Drive. So it is a one way, downhill going east.

Chair Harris noted if you come in off St. Michael's, you cannot get back onto that existing roadway.

Mr. Aube disagreed. They moved Ring Road out in 2005 for that purpose.

Chair Harris thought they would have to go back through the parking lot and come to the southern Hospital Road exit. He asked why not direct them to the northernmost exit and why they were making it one-way.

Mr. Aube said it is to direct them to the main entrance. 80% of them want to go west.

Commissioner Kadlubek asked why it was right turn only there at the first point.

Mr. Romero said the stacking at the signal would be through a que of traffic. If the left turn bay is backed up, it is called a multiple danger situation.

Commissioner Kapin asked if they studied whether that could be an entrance only off Hospital Drive.

Mr. Romero said it would be no problem from a traffic standpoint but didn't see the need for it. They did a study after the 2006 Master Plan on a cul de sac. They were coming through Zia and Botulph. They looked at a lot of cars going straight downtown. Everyone would go down Galisteo – a straight shot. He didn't think it would accomplish that.

Commissioner Kapin said they were just looking for solutions from Mr. Romero about the neighborhood's concerns.

Mr. Romero didn't see people using that route and didn't see why they would use Lupita to get where they wanted to go. There are speeders and people going the wrong way. Everyone on Lupita complains of speeders and want a stop sign. Traffic looked at it and counted cars and there are not enough and people were not speeding that much. In his opinion, it is just perception. The data doesn't show it.

Mr. Shandler asked how a signal would work there and what impediments would be there if the Council decided to put a signal there.

Mr. Romero said Council could pass a resolution to put one there but it wouldn't necessarily bring permission for Traffic to place one there.

Commissioner Greene said there are a number of places beyond the Galisteo/San Mateo, leading back to the hospital needing pedestrian striping or other improvements. He asked if there were any cost considerations for improving that for traffic flow or if the applicants might consider reaching into that area.

Mr. Romero said the study would not show left turn recommendations. There is enough asphalt for left turn lane but at the expense of the bicycle lane there. There is a desire for a bike trail there at Galisteo and St. Michael's.

Commissioner Kadlubek said the neighbors were talking about increased traffic that would end up at Galisteo at San Mateo. He could see that but asked how many cars leaving the hospital to begin with.

Mr. Romero said about 425 cars total leave there in the pm hours. About 45 make right turn there at the southern access point in the PM peak hour. 1 makes a right in front of med/dental building and at the driveway across from Harkle Drive, there are 108 making a right turn in the peak hour. The left out of southern is 76, next is 18 and third is 133.

Commissioner Kadlubek reasoned that those 76 who want to turn left would end up turning right.

Mr. Romero agreed and they could make their left at Galisteo. Right now at that intersection, in the book of the 2027 Master Plan that intersection would be a Level of Service C which is 8 vehicles west-bound and 216 vehicles making right turns.

Commissioner Kadlubek concluded it would go from 8 to 84. So would that be an issue.

Mr. Romero didn't see it as an issue. It is not much over an hour's time.

Commissioner Kadlubek asked if traffic staff would work on solving it if it becomes a problem. Mr. Romero agreed.

Commissioner Kadlubek said currently, at that south exit, you can turn left now and we don't see much increase in traffic. Is this just an opportunity to mitigate potential traffic issues?

Mr. Romero said there is through traffic that backs up at that intersection now. 245 are going down and 135 going toward downtown. That LOS is C - an average car has to wait 3 seconds to make a turn. He thought with a revamped entry, people would use it more.

Commissioner Greene wondered, if there are 400+ cars leaving at rush hour, whether that meant a

need for parking for 400 cars there. There are 1,400 spots on site.

Mr. Romero couldn't answer that. He believed the code officer would have that information.

Mr. Esquibel said, like any development out there, each one would have their own study for projecting their own needs. Chapter 14 has standards and the hospital exceeds the minimum requirements. On top of beds and visitors, they also have staff parking needs. So they need to accommodate those needs.

Commissioner Greene asked the applicant why they planned so many parking slots there.

Mr. Adams said there are times with peak visitation and with high staffing, they would use most of the parking and it would be extremely risky to do just the minimum.

Chair Harris noted what was apparently a new curb cut on St. Michael's at the new storage facility. It is seen in the proposed campus Master Plan. He asked for Mr. Romero's thoughts on it.

Mr. Romero said he would not recommend an access point that close to the other one. It wasn't included on the plans for the traffic study.

Chair Harris thought this is the only place it is shown.

Mr. Shandler asked what if the Council asked Traffic to do the roundabout there.

Mr. Romero said that facility is owned by NMDOT so the Council would not have that authority.

Chair Harris said Mr. Adams said noise creates stress so the generator noise would create stress for neighbors.

Mr. Adams agreed and they intend to address it.

Chair Harris wanted to know before acting on the case where they will locate it. He also asked if there are separate generators for the other building and where they were located.

Mr. Adams said the hospital owns generators at the central plant. Two are required per federal regulations. One is located on the northwest for the IT records building. That is the one that fails the noise requirement so CSV will either enclose it completely to meet the requirement or relocate it to the central plant. It would require a buried power line to that outlying location.

Chair Harris pointed to another one and said that even though the building shows up in the Master Plan, that one is not the hospital responsibility.

Mr. Adams agreed they don't own that building or that generator and he couldn't speak on their behalf. He would be happy to take back those concerns to the owners. It was used for a surgery center that closed 5 months ago and he was not aware of any other needs for it for that building. They would test it monthly.

Chair Harris asked what the status of Zone F is regarding its use now.

Mr. Adams said they met with neighbors about cleanliness and parking on it. We agreed to pick up the trash and notified the third party and asked them to not park there. They stopped doing it. The property is owned by the hospital and shown as future parking.

Chair Harris asked why that is needed.

Mr. Adams said they own the property across the street where people could be using it and might require parking there.

Commissioner Greene asked how many drop off spots are there now and how many are planned.

Mr. Adams said there are two main locations - front door and within 50' of where it is today. The need is for one under the overhang for weather protection and also at the ER location and then for day surgery on the north.

Commissioner Greene asked if several cars could stack up there.

Mr. Adams said 5-6 could be at the canopy but it could accommodate more than that.

Commissioner Greene asked if any waiting areas would be taken away.

Mr. Adams said they will all still be there. Currently it is two-way traffic flow and it will continue as two-way. The space is a little larger than needed and creates a little confusion in front of the building but will be resolved with this plan.

Chair Harris asked Mr. Aube for any altemative to the proposed curb cut on St. Michael's Drive to access the storage building.

Mr. Aube thought they could shift it to the west but there is more terrain management issues there. It is only used for snow equipment and he didn't think the curb cut would cause problems.

Mr. Romero said Traffic would look at the spacing requirements and run it by NMDOT. Regarding the peak traffic, the traffic counts were at am, noon and pm. In the morning, ten entering and the new plan is ten and afternoon is 18 so there would not be much cut through traffic on Lupita.

Action of the Commission

Commissioner Kapin moved to postpone this Case #2015-47 at 455 St. Michael's Drive, pending more information to better justify the variance request.

Chair Harris said it would need to be to a date certain -

Mr. Esquibel suggested the next available Planning Commission meeting.

Mr. Smith said it would be August sixth.

Commissioner Greene seconded the motion.

Chair Harris said the Commission needs to give specificity on the information needed.

Commissioner Kadlubek said it includes the additional conditions Ms. Jenkins brought up to incorporate regarding the financial guarantee; also the five year issue to revert back. Mr. Romero wouldn't agree with it. We need clarity in the increase in size of storage space; and the biggest question holding it up for him was the right turn only and how traffic flows through there.

Chair Harris said fairly recently the Commission had a major case in Las Soleras related to the Pulte development, not the hospital, and discussion went about the same amount of time. To take action tonight the Commission would have to suspend the rules and didn't think they were ready to do that. He encouraged Commissioners to provide some written questions to staff so the Applicant and Staff could both follow-up systematically. Beyond that, he had other things that need to be more fully explained.

He would like to have more information on the water budget and what consumption is now from the well and from the city system. To add to Commissioner Kadlubek's statement on storage, further study between the Applicant and Mr. Romero to see if access is even possible there. It almost has to be off of St. Mikes' to be part of the Master Plan. He knew there is a broad statement on open space requirements and it is a moving target. The corridor along Area 2 seems to be a buffer to the street in how it was conceived. He was following up on Commissioner Greene's question about open space requirements and what that meant vis a vis the parking situation.

Mr. Esquibel said the hospital does exceed the minimum requirements on open space but he would like clarification on the right out request from Commissioner Kadlubek if that was the right out to Hospital Drive.

Commissioner Kadlubek agreed.

Chair Harris would like closer attention to the noise generation. In the past, the Commission has limited construction activities to a certain time. That is what neighbors requested also. In a recent case, the Commission limited construct to 8 -5 on Monday through Friday; 8-2 p.m. on Saturday and no activity on Sunday.

There were questions from Commissioner Chávez that were not fully addressed. One of the conditions on the Special Use Permit which he listed as a through r. Condition p was sustainable use of energy, recycling and solid waste disposal which needs a lot more information.

The Commission heard one neighbor express real concerns about the accessible routes and he would

like to know more about the proposed connections. The access points as he understand are pedestrian routes between homes and the hospital and that needs more explanation.

Mr. Esquibel said the noise reduction is part of the Master Plan and they all agreed it is part of noise across the board including the two generators at Physicians' Plaza.

Regarding solid waste, Staff did a get comment from SWMA in which they have a compactor located at the rear of the hospital that will be sufficient for all of their needs. Their bio-hazard waste plan meets all standards. Water consumption is addressed through a condition and they can address the private well/city water issue if Council will accept it.

Chair Harris said he would like to know about it now.

Mr. Esquibel said the storage was not advertised for specific size and staff's analysis. The only issue would be that it is incorporated in the drawing.

Chair Harris also would like a clear condition from staff that all previous conditions from 1985 and 2006 have been met or not.

Mr. Esquibel said many of them have not been met but in their current proposal many of those will be addressed as staff review and the Certificate of Occupancy as part of their assurance to meet those standards that previous administrations didn't do.

Chair Harris wanted to know what was not met.

Commissioner Greene said in his list to investigate was that he would encourage the Applicant to look at the traffic circulation to make it clear and have it make sense. That isn't so now. And accesses in Hospital Drive and St. Michael's Drive to come up with a Master Plan to make it better. He would like to ask them to look at parking under the new wing with 4' of fill under it. It might have two levels of parking and provide easier loading/uploading. Commissioner Chávez had mentioned solar with some plan for the future and better use of water for landscaping. The trails on the north and the east of Tract D looked like they would cross the arroyo and that is not really feasible to make a more compelling trail system. The corner of Lupita and Hospital parking doesn't seem necessary and should be eliminated.

Commissioner Greene asked Mr. Romero to reach out to the State to make sure it is not feasible to do a traffic light at St. Michael's. He hoped that could be updated for the Commission's decision.

Commissioner Kapin asked under approval criteria for variance (14-3.16 c 2) on "not feasible for reasons other than financial," she would like to see the internal flow plan to be able to have that answered clearly.

Commissioner Kadlubek observed that he just gave a long laundry list for when they hear it again. A lot of what he heard tonight are fantastic improvements to the hospital. This is a $40 million investment that won't create revenue. He is sold on the private rooms and that is legitimate. He commended the Hospital

Board for improving the quality of CSV. That is where their heart is.

He saw a deteriorated buffer and CSV committed to its redevelopment and making it beautiful and thank the Applicant for tackling that. This is a responsible project. It does increase beds and is a positive and fulfilling other parts of the Master Plan which is commendable. There may be other things in the Master Plan the neighbors no longer want. So he was impressed with the majority of what he saw.

This is a very dynamic and cordial interaction of Applicant with neighbors. The neighbors' concerns were very definite and the Applicant is willing to negotiate and compromise. He appreciated the effort they put forth to make it a better process.

Chair Harris asked Ms. Jenkins about the things requested. He agreed with Commissioner Kadlubek on the importance of CSV hospital but to get to approval, the Commission needs to refine what information it has as the next layer. He asked her if she thought these questions can be answered.

Ms. Jenkins agreed.

Chair Harris asked for a deadline to receive written questions.

Mr. Smith said July 10th would be best for questions to staff to have a response in the packet.

Chair Harris noted that July 10 is a Friday. He ask for written comments by the morning of July 13.

Mr. Smith concurred with that.

Chair Harris thought that worked well last time.

The Commission agreed.

Mr. Smith said the minutes will be in the packet and asked if the members wanted them earlier.

Chair Harris agreed.

Mr. Smith said the standard is a week to the Clerk's office.

The motion to postpone this case to the August 6 Planning Commission meeting passed by unanimous voice vote.

J. STAFF COMMUNICATIONS

Mr. Smith said Staff may be asking some members to sign previous meeting and ask who from the Summary committee would sign on behalf of Chair or Vice Chair.

City of Santa Fe, New Mexico

memo

DATE: June 25, 2015 for the July 02, 2015 Planning Commission Meeting

TO: Planning Commission

VIA: Lisa D. Martinez, Director, Land Use Department
Greg Smith, Current Planning Division Director

FROM: Daniel A. Esquibel, Land Use Planner Senior, Current Planning Division

455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER.

Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center. WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for:

- Master Plan Amendment,
- Four variances to include:
  - Variance to the "Maximum Height of Structures" per Table 14-7.3-1: "Table of Dimensional Standards for Nonresidential Districts" to allow 49' where 36' is the maximum, and
  - Variance to the "Maximum Height of Structures" per Subsection14-5.5(A)(4) "Standards" to allow 49' where 25' is the maximum, and
  - Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum, and
  - Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.
- Development Plan to construct a 65,500 square foot addition on Tract A-1-3 containing 20.65+ acres and Tract A-2 containing 9.29+ acres,
- Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital. (Dan Esquibel, Case Manager)

This project contains several components noted above (Resolution and Master Plan Amendment, four variances, Development Plan and Special Use Permit) and requires separate motions for each component. However, the review contained in this memorandum and discussion at the Planning Commission Meeting will be as a single project.

RECOMMENDATION:
Staff recommends that the Commission take the following actions for Case #2015-47 455 St. Michaels Drive Christus St. Vincent Regional Medical Center subject to conditions identified in **Exhibit A:.**

1. The Commission should recommend that the Governing Body approve the master plan amendments, excluding the portions that would require variances and excluding the revision to the access restriction on the southerly driveway on Hospital Drive (Previous Condition 6).
2. If the Commission determines that one or more of the varianees meet applicable criteria for approval, the Commission may recommend approval to the Governing Body.
3. The Commission should recommend that the Governing Body approve the development plan, excluding the portions that would require variances and excluding the revision to the access restriction on the southerly driveway on Hospital Drive (Previous Condition 6).
4. The commission should approve the special use permit subject to approval of the master plan and development plan by the Governing Body.

I. APPLICATION SUMMARY

A. Scope of Requests

The proposal is comprised four components requiring the following motions, decisions and recommendations:

The proposal is comprised four components requiring the following motions, decisions and recommendations:

Table 1 Scope of Requests

SCOPE OF REQUESTS	TYPE OF DECISION
Master Plan Amendment	**14-2-3(C)(1) Recommendation to the Governing Body**
Removal of the ring road,	
Revision of access restriction on Hospital Drive due to recent median changes and removal of left out from Entrance/Exit at St. Michael's Drive,	
Removal of parking area on the east side of the Existing Behavioral Science Building (45 spaces),	
Removal of Support Addition (10,000 sf),	
Removal of Future Critical Care Facility (8,500 sf),	
Removal of Proposed 2 Story Ancillary Building in Zone D (45,000 sf),	
Removal of Proposed Child Development Center (15,000 sf),	
Addition of a 5,000 sf Storage Building located on Tract D, and	
Adjustment of Area Boundaries that were created in 1985 that identified Floor Area Ratios, Maximum Building Heights and Open Space requirements,	
Amendment to allow the southern driveway on Hospital Drive remain as currently constructed. (Previous Condition Number 6, from the previous Master Plan, called for this intersection to become a right in –right out only.)	

Table 1 (continued)

Variances	**14-2-3(C)(1) Recommendation to the Governing Body**
Variance to the "Maximum Height of Structures" per Table 14-7.3-1: "Table of Dimensional Standards for Nonresidential Districts" to allow 49' where 36' is the maximum,	
Variance to the "Maximum Height of Structures" per Subsection14 5.5(A)(4) "Standards" to allow 49' where 25' is the maximum,	
Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum,	
Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.	
Development Plan	**14-2-3(C)(1) Recommendation to the Governing Body**
Development Plan to construct a 65,500 square foot addition	
Special Use Permit	**14-2-3(C)(3) Final Decision**
Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital.	

A lot line adjustment will be submitted separately pending the outcome of this case. The lot line adjustment is an administrative process.

The property is located at the northeast corner of St. Michaels Drive and Hospital Drive. Tract A-1-3 containing 20.65+ acres is zoned C-1 (General Office) and Tract A-2 containing 9.29+ acres is zoned HZ (Hospital Zone). Both Tracts fall within the South Central Highway Corridor and Suburban Archaeological Overlay Districts. Both tracts are included in the original master plan, but Tract A-2 is not directly affected by the proposed amendments.

The City granted archaeological clearance for the site on May 13, 2015.

Adjoining Properties
The surrounding zoning and land uses (reference Exhibit D – *"Adjoining Zoning Map"*):

Table 2

Direction	Zoning	Use
North, Northeast	R-2 (Residential - 2 dwelling unit per acre) and R-1 (Residential - 1 dwelling unit per acre)	Residential San Mateo Area Society of Homeowners (SMASH)
East	R-1 (Residential - 1 dwelling unit per acre) and HZ (Hospital Zone District) and C-1 (General Office)	Tennis Courts (R-1), W.K. Jones Subdivision (Calle Medico commercial development area) (C-1),

		Santa Fe Development Co. (HZ) and Branch Family Holdings (HZ)
West	C-1 (General Office) and HZ (Hospital Zone District)	Hospital Drive, FNBS Bank (C-1) and various medical business (HZ)
South	C-1 (General Office)	St. Michael's Drive and Vacant land

According to the September 27, 1984 "St. Vincent Hospital Campus Master Plan", the Hospital moved in 1977 from their downtown location of 228 East Palace Avenue to its present location at 455 St. Michaels Drive. At the time of relocation the hospital development consisted of approximately 234,000 square feet with the number of beds set by the State License at 231 beds. To date the New Mexico Department Of Health (DOH) currently has the Hospital licensed at 248 beds. The Hospital's application states that a request was filed with the DOH on February 20, 2015 to reduce the total number of beds down to 200 beds. However, DOH was unable to verify submittal of application for bed reduction. Table 3 below identifies both existing and proposed square footages for the Hospital campus identified on the 2006 Hospital Master Plan. Table 4 on page 5 identifies square footage changes proposed with this Master Plan amendment request.

Table 3 Development Summary – 2006 Master Plan Amendment

Use	2006 Master Plan	
	Existing Buildings	Future Additions
	(Gross square feet)	
Zone A		
• Hospital	234,000	
o Cancer Treatment Center	8,000	
o Ambulatory Surgical Center	6,000	
o Psychiatric Treatment Center	34,000	
o Emergency Room Expansion	21,500	
o Surgery Center	7,000	
o Out Patient Services	4,000	
• El Norte Building	15,761	
o Support Addition***		10,000
• Warehouse/Utility Plant	4,700	
• Critical Care Addition***		8,500
Zone B		
Medical Dental office building	60,000	
• Addition**		12,000
Zone C		
Physician's Plaza	52,000	
Zone D		
2 Story Ancillary Building***		45,000
Zone E		
Child Development Center***		15,000
Subtotal	**446,961**	**90,500**

2006 Master Plan Totals	537,861

Table 4 Development Summary – Current Application

Proposed Building Changes		
	2015 Master Plan Amendment	
	Building Removal	Future Additions
	(square feet)	
Zone A		
Support Addition***	10,000	
Critical Care Facility***	8,500	
Proposed 2 Story Bed Wing*		65,500
Zone B		
Medical Dental addition**		12,000
Zone C		
No change		
Zone D		
2 Story Ancillary Building***	45,000	
Child Development Center ***	15,000	
Future Storage Building**		5,000
Subtotal	**78,500**	**82,500**
Proposed 2015 Master Plan Total	**529,461 (difference of -8,000)**	

*Proposed for development plan and construction with this application.
**Proposed for future development9
*** Proposed for Removal from the Master Plan

B. Original Master Plan Approval and Regulatory Framework

The existing hospital has been developed pursuant to several city approvals granted over a period of nearly 50 years:

- The hospital apparently relocated from its historic downtown site to the current location in 1977, on a tract of land zoned C-1 that is somewhat smaller than the current site.
- In 1985, the C-1 zoning was expanded by Ordinance No. 1985-15, and Resolution 1985-36 approved a master plan for development of the site. The master plan comprised over 40 pages of text and several maps, copies of which are included in the applicant's submittals. That plan included a requirement that each phase of development receive approval of a development plan. It also approved building height limits that exceed normal C-1 regulations for various sub-areas of the site, and allowed more and larger signs than normally permitted.
- In 1985, the South Central Highway Corridor Overlay District (SCHC) was adopted, which includes 600 feet of the hospital property along St. Michael's Drive. Although the overlay regulations include a 25-foot building height limit, the code has been interpreted in the past to apply the master plan height limits in preference to the overlay height limits.
- In 2006, an amendment to the original master plan was approved by Resolution No. 2006-83, which included 15 conditions of approval and a revised site plan.
-

After reviewing the history of the city approvals, city staff has determined that the following procedures apply to the current application:

- Although it is not clear under what authority the increased building height and signage provisions of the1985 master plan were approved, they remain in effect and take precedence over the C-1 and SCHC height limits.
- Approval of variance findings is required for master plan amendments that would exceed the 1985 height limits and the current height limits, or that would extend the boundaries of the sub-areas that have increased building height standards.

II. MASTER PLAN AMMENDMENT

The requested changes to the Master Plan are identified in Table 1 on page 3. The criteria for approval for Master Plans state:

14-3.9(D) Approval Criteria; Conditions

(1) Necessary Findings
(Ord. No. 2014-31 § 5)

Approval or amendment of a master plan requires the following findings:

(a) the master plan is consistent with the general plan;

(b) the master plan is consistent with the purpose and intent of the zoning districts that apply to, or will apply to, the master plan area, and with the applicable use regulations and development standards of those districts;

(c) development of the master plan area will contribute to the coordinated and efficient development of the community; and

(d) the existing and proposed infrastructure, such as the streets system, sewer and water lines, and public facilities, such as fire stations and parks, will be able to accommodate the impacts of the planned development.

The proposed square footage and type of use is consistent with the intent of the 1985 Master Plan and the 2006 Amendment. Although construction of the new wing within the original Area 1 Boundary would be consistent with the original plan, it is not clear that the application to relocate the new wing outside of the original "Area 1" is consistent with the master plan or with the overlay district standards. The request to adjust the boundary between Area 1 and Area 2 (reference Exhibit D-Maps "1985 Master Plan Areas Map "and "Area 1 and Area 2") is predicated on the approval of two height variances to allow the proposed 41 foot high two story bed wing in Area 2. Without the variances the maximum height allowed in Area 2 applies (22 feet). The review for requested variances can be found in *Roman Numeral II* on Page 7 of this Memorandum. The criteria pursuant to *14-3.9(D) "Approval Criteria"* for the proposed Master Plan changes have been integrated though out this Memorandum including recommendations and conditions.

The City Traffic Division has reviewed a traffic impact analysis for this request and those comments and conditions can be found in Exhibit B *"Traffic Engineering Division"*. Traffic Division recommendations and conditions are in line with the intent of the 2006 Master Plan Amendments.

II. VARIANCE

As noted above, approval of variance findings is required for master plan amendments that would exceed the 1985 height limits and the current height limits, or that would extend the boundaries of the sub-areas that have increased building height standards.

The following findings are required for variance approval:

14-3.16(C) Approval Criteria

Subsections 14-3.16(C)(1) through (5) are required to grant a variance.

14-3.16(C)(1) One or more of the following special circumstances applies:

(a) unusual physical characteristics exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14, characteristics that existed at the time of the adoption of the regulation from which the variance is sought, or that were created by natural forces or by government action for which no compensation was paid;

(b) the parcel is a legal nonconforming lot created prior to the adoption of the regulation from which the variance is sought, or that was created by government action for which no compensation was paid;

(c) there is an inherent conflict in applicable regulations that cannot be resolved by compliance with the more-restrictive provision as provided in Section 14-1.7; or

(d) the land or structure is nonconforming and has been designated as a landmark, contributing or significant property pursuant to Section 14-5.2 (Historic Districts).

14-3.16(C)(2) The special circumstances make it infeasible, for reasons other than financial cost, to develop the property in compliance with the standards of Chapter 14.

14-3.16(C)(3) The intensity of development shall not exceed that which is allowed on other properties in the vicinity that are subject to the same relevant provisions of Chapter 14.

14-3.16(C)(4) The variance is the minimum variance that will make possible the reasonable use of the land or structure. The following factors shall be considered:

(a) whether the property has been or could be used without variances for a different category or lesser intensity of use;

(b) consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.

14-3.16(C)(5) The variance is not contrary to the public interest.

There are two height variances and tow sign variances with the Master Plan.

A. Height Variances.
The first request is triggered as a result of the proposed adjustment to Area 1 and 2 of the proposed Master Plan amendment, and the construction of a 2 story structure that straddles both Areas and exceeds the maximum heights of structures allowed within a C-1 District and South Central Highway Corridor Overlay District (SCHC). The Hospital is proposing a 41 foot high two story build where 36 feet is the maximum height allowed within a C-1 District and 25 feet is the maximum allowed within the SCHC District. Within the C-1 District, height is measured from finished grade to the top of the parapets and for height measurement within the SCHC District, maximum height is measured from finished grade to the roof deck. Chapter 14 provides exceptions to height allowing *"chimneys, antennas, ventilators, elevator housings or other non-freestanding structures placed on and anchored to the roof of a building and not intended for human occupancy, by up to eight (8) feet for mixed use and nonresidential structures."*

The height variances are specific and affect only the region of the adjusted area between Area 1 and 2 in order to include that portion of the proposed building within Area 1 that otherwise would be in area 2. The variance requests will allow the 2 story building to exceed maximum heights within the C-1 District of 5 feet and 16 feet within the SCHC District, as well as, recognize the proposed Master Plan area boundary adjustment between both Areas 1 and 2.

Therefore, if the variances to height are approved, maximum height limits for a portion of the 2 Story Bed Wing building and the adjusted portion of Area 1 will be set to a maximum height of 41 feet, leaving the balance of the new Bed Wing building and the unaltered region of Area 1 subject to the Area 1 Master Plan entitlements identified below.

Area 1 (Hospital & Environs)
Maximum Building Height: 65 feet

Area 2 St. Michaels Drive)
Maximum Building Height: 22 feet measured at the building setback line from St. Francis Drive

The applicant's response to 14-3.16(C)(1) describes the unusual physical characteristics that distinguish the structure form others in the vicinity by uses (hospital) and industry standards to physical geometric and architectural design characteristics of the Structure. The application identifies that the typical industry standard for hospital floor to floor geometry *"to accommodate the mechanical systems and plumbing necessary for patient rooms"* for *"floor to floor height in a hospital is 14' minimum."* Between the existing floor to floor geometric design of the Hospital and the industry standards, this necessitates *"that the new addition be set at the same 14' floor to floor"* height of the Hospital. Further information from the applicant states:

1. *Having the floors line up with the adjacent existing floors of the hospital is needed to prevent having ramps. Ramps take up excessive floor space. We would be needing to add square footage to the length of the hospital. For every 1 foot list in height we would need at least 20 feet in length. Even if it was this little of the slope of the floor the Workmen's Comp. issues of pushing a bed/patient and/or equipment up or down the slope floor would be high. Also very difficult for patients and family to navigate.*

2. *Having a minimum of 8 to 9 foot high ceilings, 2 feet of concrete structure, 8 inches of light fixtures, 16 inches of mechanical ductwork, fire protection i.e. sprinkler pipe and plumbing needs about 12 inches.*
3. *These are typical minimum coordination distances. The plumbing pipe will have a slight slope to it and coordinating that with and crossing ductwork will still prove very difficult even with 14 foot floor to floor.*

However, within the C-1 and SCHC Districts there are building envelops to height established by code for both office (medical and nonmedical) and hospital buildings.
The request for variance only outlines existing conditions and an industry typical but does not establish that link to unusual *physical characteristics* within *the vicinity that are subject to the same relevant provisions of Chapter 14.* However, what the information does establish is need to evaluate the hospital use within a C-1 District to a Hospital Zone District which can better accommodate the Hospital's needs as they pertain to the goals of the Master Plan. The Planning Commission will need to evaluate the information provided to determine compliance to this criterion.

The applicants response to 14-3.16(C)(2) identifies that the *"the configuration of the proposed building addition is access to patient services within the existing hospital. Currently the hospital has three triangular shaped bed towers.*

These rooms are centrally located to reduce the time it takes to take a patient from their room for surgery, x-ray, or other services. The new Inpatient Bed Wing floor elevations will match up with the existing facility to allow access to patient support services." However, taking this approach identifies that the proposed bedroom wing could be constructed entirely within Area 1 to accomplish the same level of service without a variance. The argument presented by the applicant identified that *"the excessive travel distance for public from the main entrance became unacceptable."* and *"while support services were connected, the extended travel distance would require additional staff to provide the same level of care."* This was not supported by any information presented by the application. Staff requested a floor plan to corroborate and address distances to service. To date no information has been submitted by the applicant. The applicant identified "*a secondary benefit of the building location addition was that it allowed for a new Main Hospital Entrance that will assist patients and visitors to navigate to their destination. The new main entrance will improve wayfinding on the hospital campus."* While the intent of this section is in line with the 1985 master plan for "patient care and visitor circulation on the campus, information provided needs to be evaluated by the Planning Commission for compliance to the variance standards.

The applicants response to 14-3.16(C)(3) identifies that the construction of the hospital wing is within the allowable floor area ratio of the Master Plan of 1.8 and that the number of beds for the Hospital overall is reducing. Chapter 14 defines intensity as follows:

> *INTENSITY*
> *The extent of development per unit of area; or the level of use as determined by the number of employees and customers and degree of impact on surrounding properties such as noise and traffic.*

The proposed development will increase in intensity per unit area, traffic, employment, and noise.

However, with the exception to height, the extent of intensity within the vicinity falls within allowances relevant to provisions of Chapter 14. The Planning Commission will need to evaluate the information provided to determine compliance to this criterion.

The applicants response to 14-3.16(C)(4)(a) identifies that:

"The current need is to upgrade the patient rooms to meet industry standards."

"...private patients rooms are a major benefit to patients and therefore to the Hospital."

"To meet industry standards the hospital needs to convert the semi-private rooms to private."

"Without this conversion, there would be long term affects and could compromise the viability of the facility."

The criterion is to determine whether *"the variance is the minimum variance that will make possible the reasonable use of the land or structure."* To which two factors shall be considered.

(a) whether the property has been or could be used without variances for a different category or lesser intensity of use; and
(b) consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.

The applicant's response to "(a)" explains the Hospital's needs but fails to directly address the factor to be considered for 14-3.16(C)(4)(a). However, in discussions with the applicant and within the Applicant's written explanation (reference Exhibit E - *"Applicant's Data"*) support services are centrally located. This indicates that placement of the new Inpatient Bed Wing can locate within Area 1 eliminating the need for a variance. Unfortunately, without floor plans Staff is unable to verify the Applicant's claims regarding distance to support services if the new Inpatient Bed Wing were to be located entirely within Area 1. The applicant's response to "(b)" has adequately addressed components to applicable goals and policies of the general plan as well as, the Master Plan but has not fully addressed the *"consistency with the purpose and intent of Chapter 14"*. In order to establish relief of the standards for a variance, issues of compliance are needed relevant to the circumstances. The intent is not to deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the code but also, not confer on the applicant any special privilege that is denied by this Ordinance to owners of other lands within the same district. The Planning Commission will need to evaluate the information for compliance to the variance standards.

The applicants response to 14-3.16(C)(5) addresses a relationship of the variance to the goals and policies of the Hospital Master Plan *"to better serve the public"* to *"provide the highest quality healthcare"*, stating that *"the height variance to allow for private rooms for the inpatient beds serves the public interest."* Staff concurs that this is somewhat consistent with the goals and policies of the Hospital Master Plan commensurate with better patient care, which is supported by Resolution. However, other factor to consider are the General Plan goals and policies for which the code was adopted as stated in Section 14-1.3 (General Purposes). The resulting ordinances establish minimum standards for health, safety and welfare affecting land uses and developments as a means to protect the public interest from within the municipality.

It is clear that the Hospital Goals, General Plan Policies, and City Ordinances are important elements for this project addressing separate but vital components relevant to *public interest*. As a regional trauma center the Hospital is an invaluable resource to the City of Santa Fe in both emergency and health care, but also, employment, economic development and gross receipts. Yet its land use and development is not without physical impacts both positive and negative to the area, adjacent neighborhoods and city resources. Given the applicants responses to 14-3.16(C)(1) through (5) it is not clear that the applicant equally addressed the criteria for both areas to *public interest*. The Planning Commission will need to evaluate the information for compliance to the variance standards.

B. Sign Variances

The Hospital's two sign variance requests are to take down the existing signs in their current locations and put up two new signs in new locations. The existing signs were permitted in 2008 (permit 08-1870) as two 40 square foot Hospital identification signs. The new sings will be one 80 square foot Hospital identification sign with a Hospital logo comprising 16 square feet and the second sign will be a 16 square feet Hospital logo The Hospital's existing signs are located near the Cancer Center and at the visitor entrance of the Emergency Department at the main entrance. The new 2 story bed wing building will block visibility of these signs once constructed. The Hospital is requesting to eliminate the old signs and location with the new signs at more visible locations once the 2 story bed wing building is constructed. The new signs and sign location require variances to height and size with in a C-1 district.

The proposed new logo location will be placed at a height of 37 feet above finished grade near the main entrance door and the identification sign will be located on the stone accent wall placed at a height of 45 feet above finished grade (unaltered region of Area 1). The maximum height of signs within a C-1 District is 15 feet and maximum size of signs within a C-1 District is 32 square feet. The applicant's submittals identify that City approval was granted for existing signs in 2007. The building permit allowing the change from St. Vincent's hospital to Christus St. Vincent's was actually issued in 2008 (permit 08-1870). The permit allowed 33 signs including directional, logo and identification signs.

The applicant has identified responses to the variance criteria listed above and can be found in Exhibit E - *"Applicant's Data"*.

The applicants response to 14-3.16(C)(1) addresses compliance to this criterion by identifying that the new patient bed wing will compromise visibility of two existing 80 square foot signs located on the firsts and second levels of the main entrance. The application states that the signs will *"no longer be visible to patients and visitors from the parking areas,"* and that *"the sign at the Emergency Department misleads visitors into thinking that is a main entrance."* The application adds that signs *"serve as wayfinding for patients and visitors and identify the main entrance of the hospital."*

While these issues describe a need to relocate the existing signs they do not address issues relevant to size and allowed height of signs in a C-1 district. Nor does the information explain how this relates to unusual physical characteristics that exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14. This is further complicated by the fact that the variance requests to height for the new patient bed wing are uncertain.

Additionally, the building permits issued (permit #08-1870) for new signs for the Hospital in 2008 permitted two 40 square foot signs that replaced existing 40' square foot signs in a like for like manor to address nonconformity. No information regarding height of signs or how these signs became 80 square feet in size is available.

The application also states that *"the first of these signs needs to be visible from St. Michael's Drive that is approximately 450' to the driveway at St. Michael's. The distance is increased if we include the driver's response time to slow and turn into the facility. Stopping sight distance from 45 mph is 310'. For the south-east facing sign this distance becomes about 640'."* However, the information fails to indicate that there is an approximate 117 square foot sign located at the intersection of Hospital Drive and St. Michaels Drive, 80 square foot signs at all entrances along Hospital Drive and St. Michaels Drive each approximately 16 feet in height that establish identification and direction as well as, a multitude of directional signs approximately 20 square feet in size, 10 feet high within the campus.

Staff is unable to support the sign variances for height and size at this time. The qualifying factors for a variance have not been satisfied.

III. DEVELOPMENT PLAN

A. Existing Conditions

The Hospital property comprises four Tracts totaling 44.15± acres. The Hospital's 2 story 65,500 square foot new inpatient bed wing is proposed on Tracts A-1-3 (comprising +/- 22.55 acres) and on Tract D (comprising +/- 7.39 acres).

Existing construction for the Hospital is listed in Table 3 page 4 of this memorandum. According to the Hospital Master Plan the proposed inpatient bed wing is being located within Area 1 and Area 2 of the Master Plan. The Applicant has proposed to adjust the boundaries between the two areas in order to incorporate the inpatient bed wing within Area 1.

Wet utilities consist of city services and Dry utilities consist of electric, phone, and gas. A flood zone runs along the boundaries of Tracts A-2 and Tract D.

B. Access and Traffic

Access onto the Hospital Campus can be achieved from either St. Michaels Drive or Hospital Drive. Two driveways obtain access directly off Hospital Drive and one driveway directly access off St. Michaels Drive. A traffic impact analysis for the proposed development has been provided.

The City Traffic Engineer will be available at the Planning commission meeting for question. Comments received from the Traffic Division state:

> *"Based on the submitted TIA, the intersection of Galisteo/San Mateo is projected to fail during the implantation year (2017) of the proposed 65,500 square foot development. The proposed 65,500 square foot development is expected to contribute 17.52% of the total traffic at this intersection.*
>
> *This intersection can be improved with implementing either a roundabout or a traffic signal."*

Traffic Engineering Division comments can be viewed on Exhibit B - *"Traffic Engineering Division"* and Traffic Engineering conditions have been incorporated in Exhibit A.

C. Parking and Loading

Parking was analyzed for hospital, medical center, and other treatment facilities. Santa Fe City Code, Section 14-8.6-1, *Exhibit A Table 14-8.6-1 Parking and Loading Requirements,* establishes parking standards for "Hospitals" as follows:

Table 5 Parking and Loading

EXHIBIT A TABLE 14-8.6-1: Parking and Loading Requirements		
Category	**Specific Use**	**Parking and Loading**
Hospital	Hospital, medical center, other treatment facilities	One space per four beds, plus the number required, based on square feet measurement, for office, clinic, testing, research, administrative, teaching and similar activities associated with the principal use, at one space per each 350 square feet of net leasable area except for teaching facilities, which shall be one per each four seats
Office	Medical Offices	One space per each 200 square feet of net leasable area

Building	**Net Leasable** Area Square Feet	**USE**	**Required Parking Spaces**	**Total Provide d**
Zone A				
Hospital Complex	205,000	Licensed Beds: 248 (200 reduction request) plus Admin./Office/Clinic	638 (650)	
New 2 Story Bed wing	32750	Beds included with Hospital Admin./Office/Clinic	89	
El Norte Building	15,353	One space per each 200 square feet of net leasable area	77	
Warehouse/Utility Plant	4,465	One space per each 200 square feet of net leasable area	22	
Zone B				
Medical Dental office building (including Addition)	68,400	One space per each 200 square feet of net leasable area	342	
Zone C				
Physician's Plaza	41,500	One space per each 200 square feet of net leasable area	208	
Zone D				

EXHIBIT A TABLE 14-8.6-1: Parking and Loading Requirements				
Category	**Specific Use**	**Parking and Loading**		
Future Storage Building	4,750	One space per each 200 square feet of net leasable area	24	
		TOTAL	**1399 (1411)**	**1492**

Zone E has been eliminated.

ADA parking will be evaluated at the time of building permit review.

D. Loading

The loading provides adequate loading and unloading operation without compromise to parking, public streets, walkways or alleyways. Loading is located on the north side of the hospital.

E. Bicycle Parking

Santa Fe City Code, *Table 14-8.6.3*, establishes a ratio of required bicycle parking spaces relative to the number of vehicle parking spaces of a development. Hospital exceeds 151 vehicle parking spaces requiring 25 the applicant did not include bicycle parking in the development plan for review. The applicant is required to provide 25 bicycle parking spaces.

F. Landscaping

The plans appear to meet applicable minimum standards for landscaping, including the percentage of the lot that is open space, provision of a 15-foot landscaped buffer adjacent to residential uses, and interior planting and perimeter screening for the parking lot. A detailed review of plant material, tree locations, etc., will be done at the time of construction permits. Along with proposed landscaping the Hospital is also constructing a trail running along the north property line will be coordinated with city Trails and Open Space.

The Landscaping plan complies with the Development Plan process *(reference Exhibit B – "Landscaping")*. DRT conditions have been incorporated in Exhibit A. Detailed review of landscape and irrigation design is typically finalized at the time building permit review.

G. Terrain Management

Stormwater ponding for as part of building review for the proposed New Inpatient Bed Wing, no negative comments or conditions have been received from Land Use Technical Review Division (reference Exhibit B - *"City Engineer for Land Use Department Terrain Management and Lighting"*). The Terrain Management conditions have been incorporated with in Exhibit A - *"Conditions"*.

H. Solid Waste

The facility utilizes a large compactor at the loading dock for their refuse service. No negative comments have been received by City Environmental Services (reference Exhibit B - *"Environmental Services"*).

I. Waste Water

The hospital is serviced by city Waste Water. No negative comments have been received from City Waste Water Management Division (reference Exhibit B - *"Waste Water"*). Conditions

received require incorporating notes on the Development Plan. The Waste Water Management Division conditions have been incorporated with in Exhibit A - *"Conditions"*.

J. Water – Fire Protection

The Hospital has a water meter for a 6" domestic service at the corner of Hospital Drive and St. Michael's Drive. The Hospital did not provide water use estimates for the proposed 2 Story Bed Wing. The Hospital identified that the new building was only changing the location of existing beds, and that this change did not affect existing water use. However, while staff concurs with the water use on existing beds, there is an increase in water use as a result of new landscaping added to the campus, along with the first floor of the new 2 Story Bed Wing. While the second floor is slated for bed use the first floor (32,750 square feet) is designated for office and clinical use.

The applicant is proposing to sprinkle the new building. Additionally, there are two 8" fire services, one the corner of Hospital Drive and St. Michael's Drive and the second off St. Michaels Drive. Both fire services connect to a loop around the main Hospital.

No negative comments have been received by the City Water Division or the City Fire Marshal (reference Exhibit B- "Water & Fire"). Fire Marshal conditions have been incorporated with in Exhibit A - "Conditions". Staff will continue to work with the applicant regarding Chapter 14-8.13 and Chapter 25 for Development Plans and Phased Projects. A water budget addressing both areas of the city code will need to be addressed prior to moving forward to the Governing Body for review.

K. Lighting

The applicants have provided a photometric analysis. The lighting plan shows 24 foot high pole mounted fixtures with LED Lamps placed throughout the campus. The analysis identifies the average foot candle (Fc) units at 0.99 Fc with the max at 1.6 Fc. The goal of the Hospital is to meet 0 Fc at the perimeter to bring lighting into compliance.

Comments received from Technical Review identify Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9 (Reference Exhibit B – *"City Engineer for Land Use Department Terrain Management and Lighting"*).

L. Architecture

The two story addition will be located and attached to the south portion of the Hospital, north of the hospitals St. Michael's entrance. The Hospital architecture appears to be a simplified Spanish Pueblo Revival form of architecture with block massing. The new addition does not contain block massing similar to the hospital and appears lean more on the contemporary side.

The applicants report states that *"The proposed building has been designed in conformance to the Architectural Points Standards in Subsection 14-8.7 (C) of the Code.*
We have addressed each of the criteria and feel this project exceeds the requirements of the Architectural Points Standards." Staff was unable to locate a preliminary architectural point's analysis addressing of Chapter 14-8.7. Staff will confirm compliance at the building permit stage.

M. 14-3.8(D) Approval Criteria

To approve a development plan, a land use board must make the following findings:

(a) that it is empowered to approve the plan under the section of Chapter 14 described in the application;
(b) that approving the development plan will not adversely affect the public interest; and
(c) that the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the premises under consideration.

IV. SPECIAL USE PERMIT

The Santa Fe City Code requires A Special Use Permit review and approval for a Hospital use within a C-1 District. The Development Plan review in the previous section of this report provides site development information necessary to document the type and extent of development proposed. The site is also located within the "South Central Highway Corridor" (SCHC) adopted in 1986.

A special use permit is granted for a specific use and intensity. Pursuant to Section 14-3.6(D) (*Approval Criteria and Conditions*), to grant a special use permit the Planning Commission shall make the following findings:

Necessary Findings
14-2.3(D)(1)(a)- (Authority): *"that the land use board has the authority under the section of Chapter 14 described in the application to grant a special use permit;"*

Staff Analysis
The Hospital submitted a Development Plan as a part of the application. Pursuant to Santa Fe City Code Section 14-2.3(C) (*Powers and Duties*), the Planning Commission is granted the authority to take action on a special use permit if it is part of a development plan or subdivision request.

14-2.3(D)(1)(b)- (Public Interest): *"that granting the special use permit does not adversely affect the public interest, and"*

Staff Analysis
The Governing Body has implemented the General Plan as stated in Section 14-1.3 (*General Purposes).* The resulting ordinances establish minimum standards for health, safety and welfare affecting land uses and developments as a means to protect the public interest from within the municipality. The city has reviewed the proposed Special Use Permit application in accordance with these ordinances. As outlined in this memorandum together with recommended conditions, the proposed Special Use Permit application complies with minimum standards of Chapter 14 SFCC.

14-2.3(D)(1)(c)- (Compatible With And Adaptable To): *"that the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the premises under consideration."*

Staff Analysis
There are two components within the third required finding. First, that the use is compatible with, and adaptable to, any associated buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration; and second, that any associated buildings are compatible with, and adaptable to, buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration. The application complies with this finding for the following reasons.

The first component is established by Chapter 14 "Table 14-6.1-1-Table of Permitted Uses" (reference Exhibit D1 for copy of table excerpt). Under the *"Specific Use Category", "Hospitals and Extended Care Facilities", "Hospitals"* is identified as an allowable use subject to approval under the provisions of Section 14-3.6 (*Special Use Permits*). City code establishes *Hospitals* as a *Institutional* use permissible within an C-1 District provided a special use permit is granted. Future Land Use Map also identifies the Hospital property as Institutional. The Hospital was established at the 455 St. Michaels Drive Location in 1977 followed by a Masterplan backed by Resolution in 1986. The proposed use is adaptable to buildings in the vicinity provided licensing requirements, as defined by the State of New Mexico relating to operations, and Chapter 14 SFCC related to zoning, have been satisfied. The proposed Hospital Special Use Permit request fits the definition of the Hospital. Chapter 14 defines a "Hospital" as follows:

> *HOSPITAL*
>
> *An institution providing primary health services and medical or surgical care to persons, primarily in-patients, suffering from illness, disease, injury, deformity or other abnormal physical or mental conditions, and includes, as an integral part of the institution, related facilities such as laboratories, outpatient facilities or training facilities.*

The existing use and proposed additions will contain elements that will generate noise, traffic or other impacts. However, recommended conditions for approval provide additional measures to help mitigate these issues.

The issue of noise from generators from adjoining neighbors has been raised. All mechanical equipment is required to meet the noise standards for residential districts in Section 10.2-5 (50 dBA nighttime, 55dBA daytime). The applicant conducted a noise analyses on June 7, 2015 (5:PM). No information has been provided to the Land Use Department pertaining to the results of the study or mitigation measures. The Traffic comments are addressed in City Traffic review (reference Exhibit B – "Traffic Engineering Division").

The second component requires that any associated buildings are compatible with, and adaptable to, buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration. This component was partially addressed within the Variance review section under *"Staff Analysis for Building Height Variance (page 8)"* and Development review sections under *"Architecture (page 15)"* and of this memorandum.

There are no code definitions for *"compatible with"* and *"adaptable to"*. In order to gauge compliance to this finding the Planning Commission will need to evaluate the information submitted by the applicant to establish whether the new construction is *compatible with* abutting buildings, structures, and uses of the abutting property.

VII. EARLY NEIGHBORHOOD NOTIFICATION (ENN)

The applicant conducted two ENNs for this project. The first ENN was held on March 17, 2015 at the Santa Fe University of Art & Design - Forum Lecture Theater at 1600 St. Michaels Dr. Road and was well attended.

The applicant presented the project followed by a series of questions by the audience that were answered by the applicant. The concerns raised were:

- Landscaping along the north property line.
- The wheel chair trail path along the north property line.
- Increased traffic.
- Increased noise of the development.
- Trust between the Hospital and the Neighbors

The applicant has advised staff they intend to meet with concerned neighbors and a mediator on June 25. City staff does not participate in that type of meeting, and results are not binding on action by the Commission.

VII. CONCLUSION

The applicant has complied with all application process requirements. The applicant conducted a pre-application meeting on October 30, 2014, ENN on March 17, 2015 and complied with notice requirements pursuant to Section 14-3.1(H).

The proposed Master Plan Amendments identified a reduction in total building square footage by 8,000 square feet and is not out of line with the 1985 Master Plan. The proposed changes in overall design are supported by the proposed Development Plan which incorporates improvements to infrastructure in order to support proposed phased development (subject to conditions). However, Staff is unable to support the proposed four variances at this time as it is not clear that the applicants have satisfied the variance criteria. It appears that it would be feasible to construct the proposed addition without any height variances, by locating it completely within the "Area 1" designated by the original master plan. It is also not clear that the building wall sign variance requests meet approval criteria – visibility for emergency access is affected primarily by the existing large monument signs, not by wall signs.

Variances are intended to be provide relief for properties with unique physical characteristic, and not as a substitute for code amendments or rezoning. Some of the arguments cited by the applicant regarding – relevant height limits for hospital buildings, size of property relative to sign visibility, etc. – would be more relevant to a code amendment or rezoning application.

If after consideration of the facts the Planning Commission recommends approval of the building height variances to the Governing Body, the balance of the Master Plan, Development Plan and Special Use Permit are compliant subject to staff conditions. It should be noted that height limits within the region of Area 1 and Area 2 if the boundary is adjusted without the variances, will be subject to 22 feet high. This would require the applicant to redesign the Bed Wing addition to match Master Plan height limits commensurate within Area 2.

The Development Plan is specific to the construction of a 65,500 square foot two story Hospital Bed wing. Traffic, parking, terrain management, landscaping, wet utilities, fire, refuge and lighting have been evaluated subject to city code standards. However, this proposal is predicated upon variances to building heights within the C-1 and SCHC Districts.

The hospital use was not required a Special Use Permit when it moved to 455 St. Michaels Drive in 1977. However, in 1985 the City approved the Hospital Master which was supported by City Resolution. The 1985 Master Plan identified goals and policies in hospital care, as well as, design standards in effect today.

The Special Use Permit will not adversely affect the public interest, and the use and any associated buildings are adaptable to buildings, structures and uses of a C-1 District. It is unclear whether the architecture compatibly of the proposed Bed wing commensurate with existing Hospital Architecture is compatible. The Planning Commission will need to evaluate the information provided to assess appropriate architectural compatibility.

The Land Use Department has determined that the proposed applications can comply with the necessary approval criteria for Master Plan amendment, Development Plan and Special Use Permit provided the variance request to heights are approved. Should the Planning Commission approve the Special Use Permit and make favorable recommendations to the Governing Body for the Master Plan amendment, variances and Development Plan, Staff recommends the conditions listed in Exhibit A.

EXHIBITS

Exhibit A- Conditions of Approval

Exhibit B - DRT comments

1. Archaeological clearance
2. Traffic Engineering Division
3. City Engineer for Land Use Department Terrain Management and Lighting
4. Landscaping
5. Environmental Services
6. Waste Water
7. Water
8. Fire

Exhibit C- ENN

1. ENN Notes
2. Guideline Questions

Exhibit D- Maps

1. 1985 Master Plan Areas Map
2. Area 1 and Area 2 Map
3. Adjoining Zoning
4. South Central Highway Corridor Map

Exhibit E- Applicant's Data

Exhibit F- Correspondence

Packet Attachment -Plans and Maps

Neighborhood Input

- CSV impacts 1950's homes.
- CSV ignored commitments.
- CSV has increasingly adverse impact.
- If allow SUP, add conditions.
- Insist on Hosp. Dr. changes.

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

1950's Stamm homes

- Solidly built.
- No A/C.
- Windows open at night.
- Rear bedrooms for quiet.
- Condition still excellent.

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

1977 new St. V's built

- Community hospital
- Quiet zone
- Sisters of Charity
- "good neighbors"

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

1985 Master Plan

- C-1 transition, buffers intensity
  - buffer from intense noise
  - buffer from intense traffic
- Boundary fence in back
- Landscaped buffer in back

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

2006 MP Amendment

- Permits greater intensity
  - ER expansion
  - Other additions
  - Buildings
- Mitigating conditions
  - Mitigate noise impacts
  - Mitigate traffic impacts

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

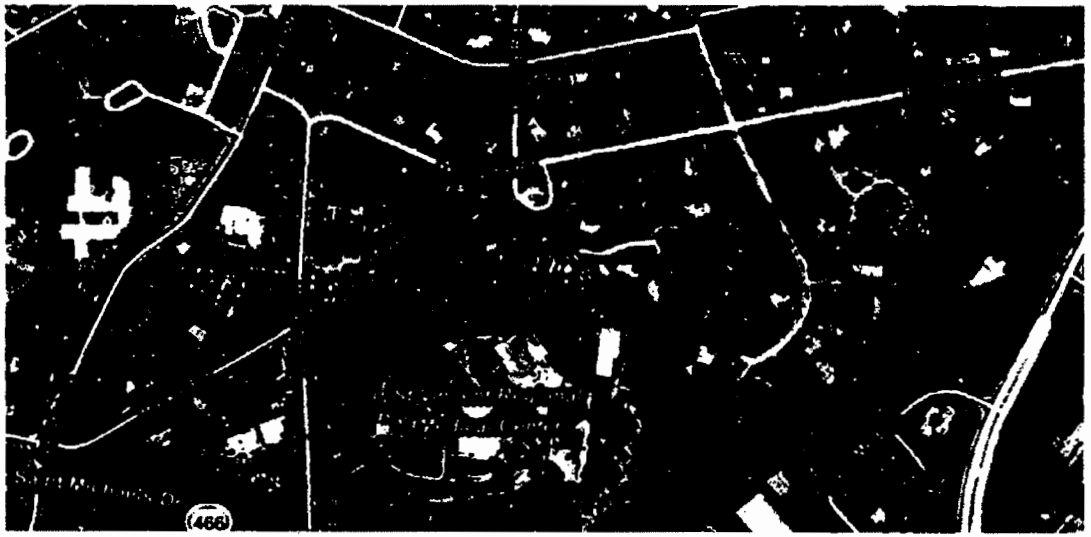
Intensity of Use: Noise

- Helicopters
- Diesel generators
- Heavy trucks

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

Intensity of Use: Traffic

- Poor directions to hospital
- Hospital Dr.
- Hospital/Galisteo intersection
- Galisteo/San Mateo
- On the hospital campus



PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

Failure to comply with 1985 Master Plan

- No fence along NE
- Landscaped buffer destroyed

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

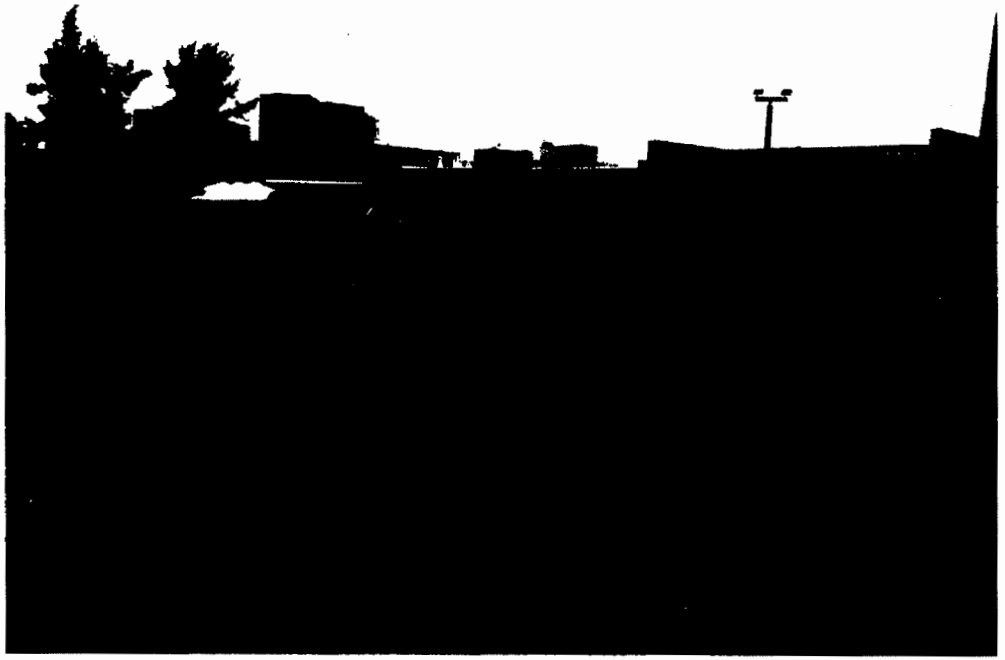
Failure to comply with 2006 Conditions

- St. Mikes entrance as primary
- restricted Hospital Dr. entrance
- traffic calming on Hospital Dr.
- restrictions on R-2 lot (at Lupita and Hospital Dr.)

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

New nuisances

- smokers in utility easement
- diesel generators



PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

If allow SUP, add conditions

- Meet previous commitments before building permit.
- Mitigate diesel generators.
- Limit intensity of use.
- Limit construction hours.
- Require annual review.

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

Hospital Dr. Entry

- Important 2006 provision.
- Would have mitigated traffic.
- CSV failed to make change in the past.

Condition 4: For all phases subsequent to the emergency room expansion, **make south entrance from Hospital Drive an entrance only.** (*Emphasis added*)

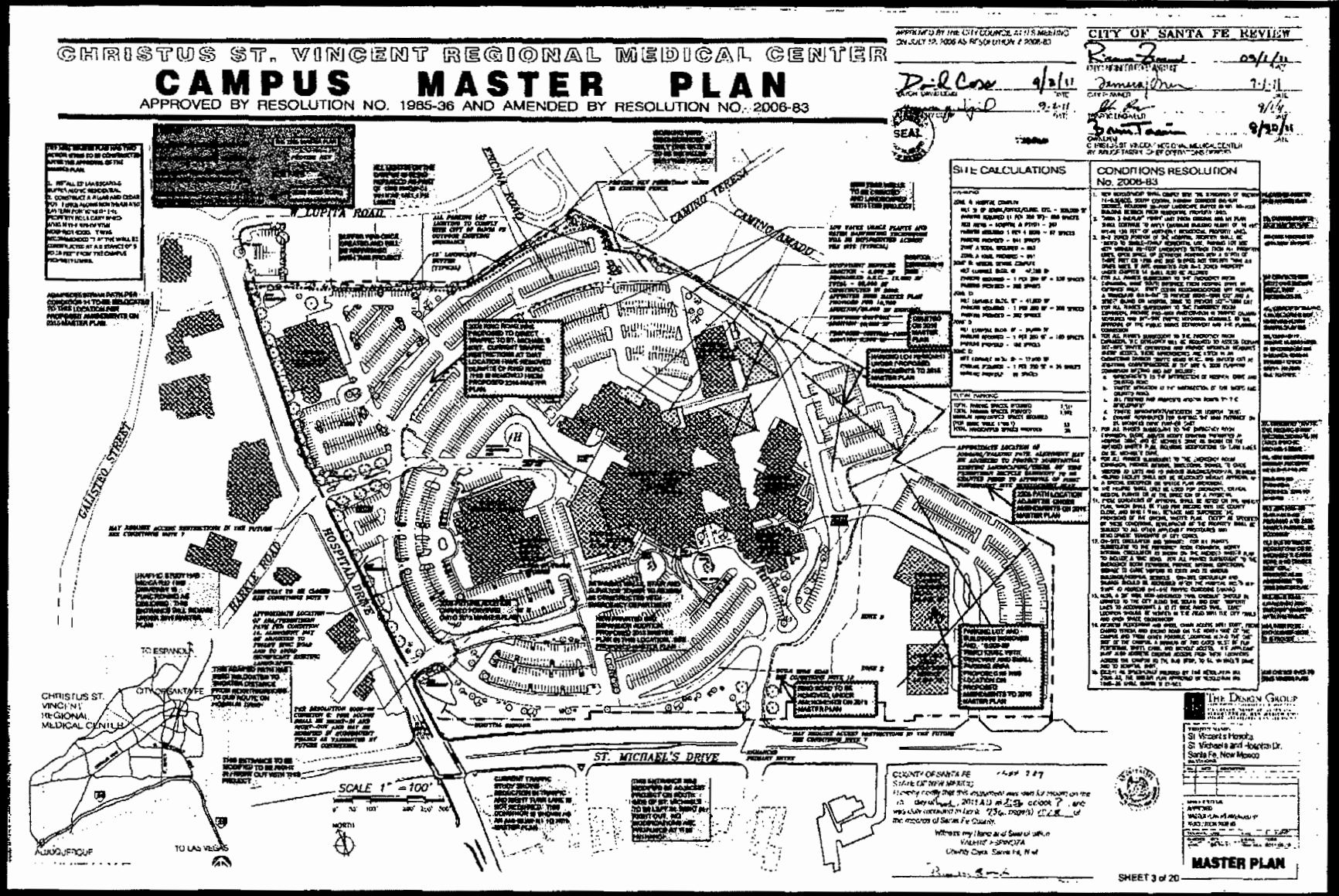
PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

Summary

- CSV impacts 1950's homes.
- CSV ignored commitments.
- CSV has increasingly adverse impact.
- If allow SUP, add conditions.
- Insist on Hosp. Dr. changes.

PLANNING COMMISSION
EXHIBIT 6 – July 2, 2015

CHRISTUS ST. VINCENT
Regional Medical Center



WHR ARCHITECTS | The Hartman + Majewski Design Group | McCarthy | CBRE

October 28, 2015
Governing Body

Case #2015-47
455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER

EXHIBIT C

REFERENCED EXHIBITS

SIGNING

Existing directional signs on the Campus are generally insufficient to assist the first time visitor to the Hospital in easily locating his/her destination. The directional signage for the Hospital should begin well off the Campus on the arterial streets which provide the principal access to the Hospital. There should be a uniformity in the sign design which not only directs visitors up to and within the Campus but provides a continuity of directional information into the Hospital as well.

A separate study should be conducted on the sign treatment for the Hospital. The preparation of signage for any large institutional facility is a specialized field that requires a specialized expertise.

C2

14-3.9 MASTER PLANS

14-3.9(C)(2) Special Development Standards and Design Guidelines

(a) Approval of the master plan may include approval of special development standards or design guidelines to be applied within the master plan area when such regulations are necessary to implement specific goals of the master plan.

(b) Special standards and guidelines must be approved as part of the master plan.

(c) Special standards and guidelines are normally more restrictive than the general standards contained in Chapter 14. All aspects of land use and development within a master planned area that are not addressed by a special guideline or standard are subject to the general standards of Chapter 14.

C3

City of Santa Fe, New Mexico

ORDINANCE NO. 15 , 1985

AN ORDINANCE

AMENDING THE OFFICIAL ZONING MAP OF THE CITY OF SANTA FE: CHANGING THE CLASSIFICATION OF A CERTAIN AREA FROM ITS PRESENT DESIGNATION AND CLASS OF R-2, SINGLE FAMILY RESIDENTIAL TO C-1, OFFICE AND RELATED COMMERCIAL: PROVIDING AN EFFECTIVE DATE.

BE IT ORDAINED BY THE GOVERING BODY OF THE CITY OF SNATA FE:

Section 1. The following area which is restricted to and classified as R-2, Single Family Residential is now restricted to and reclassified as C-1, Office and Related Commercial.

Firstly, a tract of land identified as Tracts A, B-1, B-2 and B-3 on a plat of survey entitled "St. Vincent - Rick Replat, Galisteo Road and Botulph Road, Santa Fe, New Mexico," and being more particularly described by metes and bounds as follows: Beginning at a point on the northerly boundary of the tract, being common with the southerly boundary of the right-of-way of Lupita Street, from which the City of Santa Fe Sanitary Sewer Manhole No. G-12, located in the intersection of Galisteo Road and Lupita Street bears N. 58° 27' 47" W., a distance of 218.86 feet, thence, from the said point of beginning, S. 67° 15' E., a distance of 109.00 feet to a point, thence S. 22° 45' W., a distance of 170.00 feet to a point, thence S. 67° 19' E., a distance of 504.04 feet to a point, thence N. 79° 15' E., a distance of 354.35 feet to a point, thence S. 38° 54' E., a distance of 1154.69 feet to a point, thence S. 68° 45' W., a distance of 190.43 feet to a point, thence S. 49° 24' W., a distance of 192.05 feet to a point, thence S. 26° 00' W., a distance of 239.88 feet to a point, thence S. 61° 10' W., a distance of 108.65 feet to a point, thence S. 24° 35' W., a distance of 139.87 feet to a point, thence S. 43° 46' W., a distance of 81.48 feet to a point, thence N. 67° 02' W., a distance of 1084.34 feet along the southerly boundary of

the tract, being common to the northerly boundary of the right-of-way of St. Michaels Drive, to a point, thence for a distance of 55.25 feet in a clockwise direction along a tangential curve having a radius of 50.00 feet, to a point, thence N. 03° 43' W., a distance of 762.61 feet along the westerly boundary of the tract, being common to the easterly boundary of the right-of-way of Hospital Drive, to a point; said point herein described as Point A, for purposes of this description, thence N. 04° 29' E., a distance of 634.94 feet along the westerly boundary of the tract, being common to the easterly boundary of the right-of-way of Hospital Drive, to a point, thence for a distance of 23.62 feet in a clockwise direction along a tangential curve having a radius of 25.0 feet, to a point, thence N. 58° 37' E., a distance of 15.47 feet to a point, thence for a distance of 23.62 feet in a clockwise direction along a tangential curve having a radius of 25.0 feet, to the point and place of beginning.
Excepting from the above described tract, Tract C of the indicated plat "St. Vincent-Pick Replat;" said Tract C being described more particularly by metes and bounds as follows: Beginning at a point on the westerly boundary of the tract (Tract C), from which the above noted Point A bears N. 53° 39' 54" W., a distance of 391.76 feet; thence, from the said point of beginning, N. 60° E., a distance of 7.0 feet, to a point, thence for a distance of 39.27 feet in a clockwise direction along a tangential curve having a radius of 25.0 feet, to a point, thence S. 30° E., a distance of 38.16 feet, to a point, thence S. 87° 00' E., a distance of 129.73 feet, to a point, thence for a distance of 131.54 feet in a clockwise direction along a tangential curve having a radius of 155.52 feet, to a point, thence S. 38° 32' E., a distance of 58.5 feet, to a point, thence for a distance of 59.03 feet in a counter-clockwise direction along a non-tangential curve having a center point which bears S. 55 E., a distance of 46.0 feet, thence from the said point on curve S. 38° 32' E., a distance of 46.5 feet, to a point, thence for a distance of 23.56 feet in a clockwise direction along a tangential curve having a radius of 10.0 feet, to a point, thence N. 83° 32' W., a distance of 20.0 feet, to a point, thence for a distance of 310.02 feet in a counter clockwise direction along a tangential curve having a radius of 652.70 feet, to a point, thence S. 69° 15' W., a distance of 53.0 feet, to a point, thence for a distance of 32.18 feet in a clockwise direction along a tangential curve having a radius of 25.0 feet, to a point, thence N. 37° 00' W., a distance of 17.9 feet, to a point, thence for a distance of 32.16 feet in a clockwise direction along a tangential curve having a radius of 115.19 feet, to a point, thence N. 21° 00' W., a distance of 33.5 feet, to a point, thence for a distance of

265.52 feet in a clockwise direction along a tangential curve having a radius of 187.83 feet, to the point and place of beginning.
The above described tract (Tract C) contains 2.18 acres, more or less.
The previously described tract (Tracts A, B-1, B-2, B-3, excepting Tract C) contains 39.21 acres, more or less.
Secondly, a tract of land identified as Tract D-1, on a plat of survey entitled "St. Vincent-Pick Replat, Galisteo and Botulph Roads, Santa Fe, New Mexico," and being more particularly described by metes and bounds as follows:
Beginning at a point on the westerly boundary of the tract from which the City of Santa Fe Sanitary Sewer Manhole No. G-12, located in the intersection of Galisteo Road and Lupita Street, bears N. 3° 27' E., a distance of 72.0 feet, thence, from the said point of beginning, for a distance of 39.11 feet in a clockwise direction along a tangential curve having a radius of 24.84 feet, to a point, thence S. 67° 15' E., a distance of 30.07 feet, to a point, thence for a distance of 172.15 feet in a clockwise direction along a tangential curve having a radius of 137.50 feet, to a point, thence S. 04° 29' W., a distance of 99.81 feet, to a point thence N. 85° 31' W., a distance of 249.61 feet, to a point, thence for a distance of 131.97 feet in a counter clockwise direction along a non-tangential curve having a center point which bears N. 39° 09' W., a distance of 673.14 feet, thence N. 22° 37' E., a distance of 67.95 feet, to the point and place of beginning.
The above tract (Tract D-1) contains 0.99 acres, more or less.
All of the above is shown on a plat of survey entitled "St. Vincent-Pick Replat, Galisteo and Botulph Roads, Santa Fe, New Mexico," as prepared by Jack G. Horne NMPE & LS No. 889, dated 7 Jan. 1978, and is recorded in the Office of the Santa Fe County Clerk as Reception No. 433,883.

Section 2. The offical zoning map of the City of Santa Fe adopted By Resolution No. 1981-6 is amended to conform to the change of classification set out in Section 1 of the Ordinance.

Section 3. This ordinance shall be published one time by title and general summary and become effective five days after publication.

PASSED, ADOPTED AND APPROVED THIS 24th DAY OF April 1985,

ATTEST:

City Clerk

APPROVED AS TO LEGAL FORM:

City Attorney

CITY OF SANTA FE

RESOLUTION NO. 1985-36

INTRODUCED BY:

A RESOLUTION

RELATING TO THE ADOPTION OF THE ST. VINCENT HOSPITAL CAMPUS MASTER PLAN; SPECIFYING THAT FUTURE DEVELOPMENT ON THE ST. VINCENT HOSPITAL CAMPUS MUST OCCUR IN CONFORMANCE WITH THE DEVELOPMENT STANDARDS AND LAND USE RECOMMENDATIONS OF ST. VINCENT HOSPITAL CAMPUS MASTER PLAN.

WHEREAS, St. Vincent Hospital has served the medical needs of the Santa Fe and the regional community for over 100 years; and

WHEREAS, in 1977 a new St. Vincent Hospital was constructed on land in the vicinity of St. Michael's Drive and Hospital Drive; and

WHEREAS, it is a mission statement of the St. Vincent Board of Trustees, that: "St. Vincent Hospital is committed to the development of total health care services which are responsive to the entire spectrum of health needs, ranging from maintenance of wellness to support in death."

WHEREAS, the St. Vincent Board of Trustees owns a 40.03 acre tract of land and is desirous of developing the vacant land for medical and

related uses over a period of 10 - 30 years; and

WHEREAS, the St. Vincent Board of Trustees has adopted, and the City Planning Commission has recommended approval of the St. Vincent Hospital Campus Master Plan.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY OF SANTA FE:

(1) that future development of the St. Vincent Hospital Campus shall occur in conformance with the St. Vincent Hospital Campus Master Plan, consisting of the Report attached as Exhibit A and a 12 sheet set of plans, attached as Exhibit B, and

(2) that development master plans for each phase of development shall be submitted to the Planning Commission for their review and approval; and

(3) that uses on the St. Vincent Hospital Campus shall be limited to medically-related services and facilities.

PASSED, APPROVED AND ADOPTED THIS 24th day of April, 1985.

LOUIS R. MONTANO, MAYOR

ATTEST:

JAN H. LYNCH, CITY CLERK

City of Santa Fe, New Mexico

EXHIBT A and B OF RESOLUTION 1985-36

PAGE 2 LINE 9 — 10 ARE FILED IN THE

CITY CLERKS OFFICE.

EXHIBIT A
to Resolution #1985-36

MASTER PLAN REPORT
FOR
ST. VINCENT HOSPITAL CAMPUS

Prepared
for
St. Vincent Hospital
Board of Trustees

Prepared
by
Stephen R. Flance & Assoc., Inc.
&
James W. Siebert & Assoc., Inc.

September 27, 1984

MASTER PLAN REPORT

FOR

ST. VINCENT HOSPITAL CAMPUS

Adopted by St. Vincent
Board of Trustees
September 27, 1984

ST. VINCENT REPORT

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ST. VINCENT HOSPITAL

MASTER PLAN REPORT

ST. VINCENT HOSPITAL - PHILOSOPHY & PURPOSE

In the preparation of the Master Plan, the consultants considered the purpose and philosophy of the St. Vincent Hospital as the foundation for preparing a development program for the Hospital Campus. The report, therefore, begins with a description and history on the legal status of the Hospital and a quote from the "Policy Statement" adopted by the Board of Trustees on the purpose and philosophy of St. Vincent Hospital

Organizational Description & Historical Account

St. Vincent Hospital is a voluntary, non-profit, private hospital, founded by the Sisters of Charity of Cincinnati in 1865. It has provided for the health care needs of Santa Fe and Northern New Mexico for over 100 years.

In 1973 the ownership and operation of St. Vincent was transferred to a non-profit corporation governed by a locally appointed Board of Trustees that is responsible for all hospital activity.

Philosophy

- *We believe that, as the principal health care center of the community, St. Vincent Hospital has the responsibility to provide high quality health care services. The hospital operates as a full service acute care general hospital whose services are available to everyone regardless of race, sex, color, creed, or ability to pay.

  The welfare of hospital employees and their continued competence at all levels and all areas is an obligation of the hospital, since care is rendered through these people. The hospital recognizes that each employee should be treated with respect and should be given opportunities for personal growth.

  We believe that the health interests of the community can be best served by community participation in planning and policy making. We further believe that the services of St. Vincent Hospital should be a reflection of the needs of the community.

Mission

St. Vincent Hospital is a community health care facility providing basic health services to the community of Santa Fe and various specialized health services

to Northern New Mexico. In support of this mission, St. Vincent Hospital engages in two major activities: 1) patient care and patient education; and 2) education of health manpower. Patient services include patient care that is responsive to individual health needs with emphasis on high quality and cost effectiveness; patient education promotes optimal wellness and health maintenance of individuals. Education of health manpower emphasizes basic and continuing education of health care providers and personnel. St. Vincent Hospital provides a variety of support services to other health care providers.

St. Vincent Hospital is committed to the development of total health care services which are responsive to the entire spectrum of health needs, ranging from maintenance of wellness to support in death.*

*Policy statement, adopted by St. Vincent Board of Trustees.

Purpose of Master Plan

The Master Plan has been designed to provide for the current and long range needs of the Hospital Campus, serving as guide for future development through the year 2000. The locational criteria and standards for uses set forth in the Master Plan establishes the guidelines for development activities on the property. In the past, the expansion of the hospital was dealt with on a case by case basis in response to a particular need without the benefit of a comprehensive plan or set of development policies.

The Master Plan sets forth order of magnitude costs for future capital expenditures associated with such Master Plan recommendations as utility installations and relocations, traffic circulation, parking and storm drainage management. These estimates of costs for capital expenditures can be programmed into the annual budget and longer range capital improvement program for the Hospital Campus.

The development standards outlined in the Master Plan serve as the basis for amending the Santa Fe City Code, permitting the physical implementation of the Plan. The St. Vincent Board of Trustees requests the recognition and adoption of the Hospital Campus Master Plan by the City Council. It is proposed that the Master Plan be incorporated into the City's 1983 General Plan by resolution of the City Council.

Due to the extended time frame for the Master Plan, the plan must be sufficiently flexible to accomodate a broad range of uses and medical technologies that are evolving and changing at an ever increasing rate. In addition, the local and regional community is requesting a broader range of health care services. St. Vincents has responded to this need by adding a Cancer Treatment Center, an Ambulatory Surgical unit to minimize health costs, (and, in the near future will provide psychiatric counseling at the new psychiatric center). St. Vincent is in the process of changing from the traditional role of healing and caring for "ill patients" to a hospital directing its resources to health and well being of the service population; the purpose of which is improvement in the quality of life.

The provision of quality health care at a reasonable cost has always been a concern to the Board of Trustees. The 40 acre tract of land owned by the Board should be considered a resource for generating revenues to help offset hospital operating costs and capital expenditures. The lease of land for use by private entities, as well as for its own purposes, in order to generate revenues is therefore, considered an important function of the lands owned by the Board.

Service Area & Historical Growth

A draft study by Touche-Ross & Company, (a consulting firm), dated June, 1984, has established three generalized areas where St. Vincent provides health care services. The primary service area is the City and County of Santa Fe, which accounts for 75 percent of the hospital's admissions. The secondary service area includes Rio Arriba and San Miguel Counties with 14 percent of the hospital's admissions residing in this service area. The counties of Colfax, Mora, Taos and Los Alamos comprise the tertiary service area, representing 5 percent of the hospital admissions. The remaining 6 percent of hospital admissions are for patients residing out-of-state or elsewhere in the state outside the tertiary service areas.*

It is evident that St. Vincent provides health care services not only to Santa Fe residents but the regional community as well. The installation of the latest advances in medical equipment and health services will assure the continued expansion of St. Vincent's role as a regional health facility.

The firm of Touche-Ross has projected the number of annual admissions increase from 10,420 in 1985 to 11,060 in 1988, with annual patient days increasing from 56,400 to 64,600 for the same time period.**

This increase in admissions and patient days along with a broader range of health care services that is being offered by St. Vincent translates into the need for the continued expansion of its campus facilities.

In 1977, St. Vincent Hospital moved to its present location from the downtown site. The prior St. Vincent Hospital building located at the southwest corner of Palace Ave. and Paseo de Peralta consisted of approximately 112,000 square feet of gross floor area, with capacity for 201 beds. At the time of relocation to its present site, the St. Vincent Hospital building consisted of approximately 234,000 square feet with the number of beds set by State license at 231.

Since 1977, the following buildings have been constructed on the tract of land owned by the Board of Trustees:

Use	Gross Floor Area
Cancer Treatment Center	8,000 Sq. Ft.
Ambulatory Surgical Center	6,000 Sq. Ft.
Warehouse	4,000 Sq. Ft.
Total	18,000 Sq. Ft.

A private medical office building was constructed on a 2.18 acre tract of land purchased from the Board of Trustees. This office building contains 60,000 feet of gross floor area.

*"Draft Report on Financial Feasibility Study", June 18, 1984.
**Op. Cit.

A Psychiatric Treatment Center has been approved by the City. The center consisting of 34,000 square feet of gross floor area will be attached to the Hospital. Completion of the center is scheduled for the Spring of 1985.

EXISTING CONDITIONS

Based on the most current subdivision plat prepared by Smith and Williams, the property under the ownership of the St. Vincent Board of Trustees consists of 40.03 acres. The land has been subdivided into the following three tracts:

Tract A-1, A-2	29.46 ac.
Tract B-1, B-2, B-3	9.58 ac.
Tract D	.99 ac.
TOTAL	40.03 ac.

Tract C, is a privately owned tract of land where the Medical-Dental Building is located, consisting of 2.18 acres of land. Tracts A-1, A-2 and B are situated on the east side of Hospital Drive, with Tract D having a location adjacent to Hospital Drive, Lupita Street and Galisteo Road. Two subdivision plats have been prepared prior to the Smith and Williams subdivision plat. The first subdivision plat was prepared by Jack Horne and was filed with the County Clerks Office on July 16, 1975, document number 377,172.

In 1979, Tract D was replatted. The St. Vincent-Pick Replat prepared by Jack Horne filed with the County Clerks Office on February 2, 1979, document number 433,883, eliminated the isolated strip of land along Galisteo and reduced Tract D to .99 acres from the original 1.05 acres. A reduced copy of the subdivision plat is included in the Appendix as Exhibit B.

Utility and drainage easements were also dedicated on the Jack Horne plat. These are discussed in detail under the "Utility" and "Storm Water Drainage" sections of this report.

A small section of the Hospital campus (approximately 1.3 acres on the northern end) is located outside the Hospital Overlay Zone. Under the present City Code a rezoning for medical uses under the Hospital Zone District (HZ) would not be permitted outside the Hospital Overlay Zone. The incorporation of the remainder of the Hospital Campus property could take place in association with the adoption of the Campus Master Plan by the City Council.

Applicable City Plans & Policies

The officially recognized plans and policies which apply to the St. Vincent Hospital tract are set forth in Plan 83: Santa Fe Area Comprehensive General Plan. "Plan 83" is the city's document which serves as a policy guide by the Planning Commission and City Council in their deliberation of land use issues. There are two sections in "Plan 83" which apply to the development of the St. Vincents tract.

- The "Limited Hospital & Medical Office District" establishes the following policies:
  - The area in the vicinity of the St. Vincent Hospital north of St. Michaels Drive has been designated as a separate district to allow for the location of medical offices near St. Vincent Hospital (Section 3-26 SFCC)
  - Provide for and encourage the location of medical and dental offices and pharmacies in proximity to St. Vincent Hospital.
  - Maintain a residential scale of development in the vicinity of St. Vincent Hospital.*

The southern portion of the St. Vincent tract also lies within the St. Michaels Drive Highway Corridor District.** Standards for this district have yet to be prepared which govern building placement, site coverage, placement of parking, landscape treatment & points of access.

The South Sector Plan, which is being prepared by the City Planning Division, has drafted a set of standards for the Highway Corridor District on the south side of St. Michaels Drive, east of St. Francis Drive. The draft of the South Sector Plan recommends building setbacks of 50 feet from St. Michaels Drive right-of-way for one story buildings and setbacks of 100 feet for two story buildings. The South Sector Plan has not been adopted by the Planning Commission or City. The development standards adopted on the south side of St. Michaels Drive will tend to dictate the standards for the north side of St. Michaels Drive. The development standards for the south side of St. Michaels Drive should be reviewed in light of their impact on the development of the St. Vincent property.

The San Mateo Area Society Homeowners Association (SMASH), has been working with City Planning staff in the preparation of a neighborhood plan for their area. Although work began on the plan in 1982, little progress has taken place to date. There are no policies, even in draft form, which could serve as a guide in the development of the St. Vincent's Master Plan; especially along the northern boundary of the property.

*Plan 83: Santa Fe Area Comprehensive General Plan, Adopted by City Council, Decmeber, 1983, pp. IV-6

**Op. Cit. p. V-5

UTILITIES

Electric

Electrical Service is provided by the Public Service Company of New Mexico through a three phase, 7000 kilowatt, underground cable located within the right-of-way on the north side of St. Michaels Drive. This line has the capacity to serve any future development on the Hospital property. St. Vincent's presently has a 4500 kilowatt line coming off this 7.2 kv. line with a private transformer adjacent to the warehouse building.

Gas

According to the Gas Company of New Mexico there are two existing gas mains in the area that are available to St. Vincent Hospital for future development. There is a 2 inch main located within Harkle Road and an 8 inch main located within the right-of-way on the north side of St. Michaels Drive. The Hospital presently derives its gas service from the 8 inch gas main on St. Michaels Drive.

Telephone

Telephone service presently comes off a Mountain Bell Telephone Company cable that lies within the right-of-way on the north side of St. Michaels Drive. This cable then runs north on Hospital Drive to a point aligned with Harkle Road. At this point the telephone cable enters the Hospital property and is called the Denver-El Paso Toll line with a 10 foot utility easement. This is a major truck line that feeds the southern portion of Santa Fe. This conduit may be moved at the Hospital's expense. Future developments on the Hospital Campus will have ample telephone service available.

Water

The Sangre de Cristo Water Company identifies three water mains in the vicinity of the Hospital. Two of these mains would be available for future developments at the Hospital site. These include a 16 inch ductile iron pipe that lies within the right-of-way on the north side of St. Michaels Drive and an 8 inch ductile iron pipe located in the east side of Hospital Drive.

A third main is a 24 inch ductile iron pipe that originates at the Sangre de Cristo water tank just northeast of the Hospital. This pipe has a 20 foot easement that runs along the arroyo within the Hospital property. This line is available only as an auxillary source since it is situated in a different pressure zone district.

The St. Vincent present water system is connected to the 16 inch water main at the corner of St. Michaels Drive and Hospital Drive. From this point there is an 8 inch fire service line, and a 6 inch water service line that surrounds the hospital building.

Sewer

There are four sewer lines which are located on or adjacent to the Hospital Campus. The location and size of the sewer lines are shown on the utility map. A 10 inch private sewer line presently serves the Hospital and Medical-Dental Building. This line extends from the westerly side of the entrance to the Hospital to the manhole on the public sewer line located in the St. Michaels Drive right-of-way at the far Southeast corner of the property. This 10 inch public sewer line then crosses under St. Michaels Drive and eventually intercepts the main sewer trunk located in the Arroyo de los Chamisos.

An eight inch public sewer line is located in the arroyo along the east side of the Campus. This sewer line provides service to the buildings located along Calle Medico. The private sewer from the Hospital intercepts this public sewer line just north of St. Michaels Drive. Discussions with Chuck Lange, City Sanitary Engineer indicate there are no capacity problems associated with this public sewer line. Both the private and public sewer lines have sufficient capacity to accomodate future construction on the St. Vincent property, and in the vicinity of Calle Medico.

An 8 inch private sewer line has been constructed in the Hospital Drive right-of-way. The installation of this sewer line was paid for by the Medical Specialty Association. An agreement was worked out with the City of Santa Fe, whereby the City would deny a building permit until a user pays a pro-rata share of the cost of this private sewer line. Pro-rata costs for the sewer line are paid to the Medical Specialty Association. The sewer line will remain a private line until December 4, 1988, at which time it will be dedicated to the City of Santa Fe as a public sewer line. Until December 4, 1988, anyone wishing to tie into the private sewer line must reimburse Medical Specialty Associates. The determination of pro-rata cost is based on the number of plumbing fixtures in the building. The cost for construction of the sewer line was $34,028.73 with interest added on an annualized basis of 15 percent.

The documents and correspondence relating to the agreement are included in the Appendix of the report. The private sewer line has sufficient capacity to accomodate the future development of the St. Vincent property as well as development along Hospital Drive.

An 8 inch public sewer line crosses the St. Vincents' property in the vicinity of the northeast corner. This sewer line was constructed assuming the future intersection of Encina St. and Camino Teresa. This sewer would serve the far northern sector of the hospital campus in the vicinity of the dead ends for Encina Street and Camino Teresa. Given the limited area which is capable of gravity flow into this sewer line, capacity is not a problem.

Map 1 indicates the location of sewer lines and approximates the limit of gravity flow for each of the four sewer lines. The limits of gravity flow can be modified based on the relationship of ground floor elevations to natural grade elevations.

Field Observation

Discussions with Claude Gilbert, Director of Grounds and Property, indicate that all sewer facilities are functioning properly on the St. Vincent property. Chuck Lange, City Sanitary Engineer has informed the consultants that some obstruction problems do occur where the 10 inch St. Vincent Hospital line ties into the public sewer manhole at the most southwest corner of the property. According to Mr. Lange, this problem area is taken care of through periodic maintenance. Any modifications to the manhole would occur in conjuction with the widening of St. Michaels Drive. The cost for these modifications will be the responsibility of the City of Santa Fe.

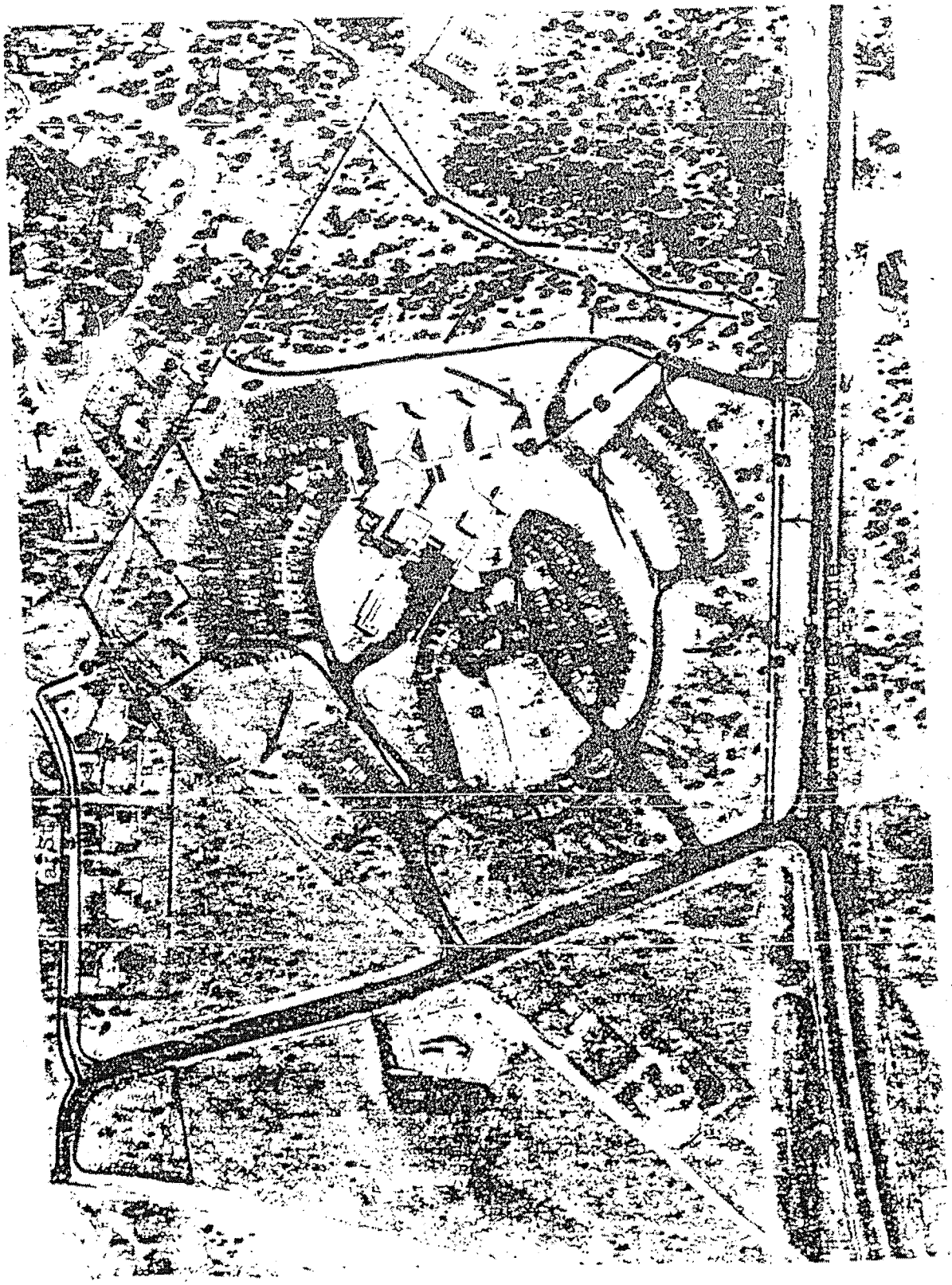
Future Sewer Lines

In order to provide sewer service to the southwest corner of the Hospital Campus a new sewer line must be constructed within the St. Michaels Drive and Hospital Drive rights-of-way. This sewer would intersect with the existing public sewer line at the southeast corner of the Campus. This future sewer line would be approximately 1600 feet in length.

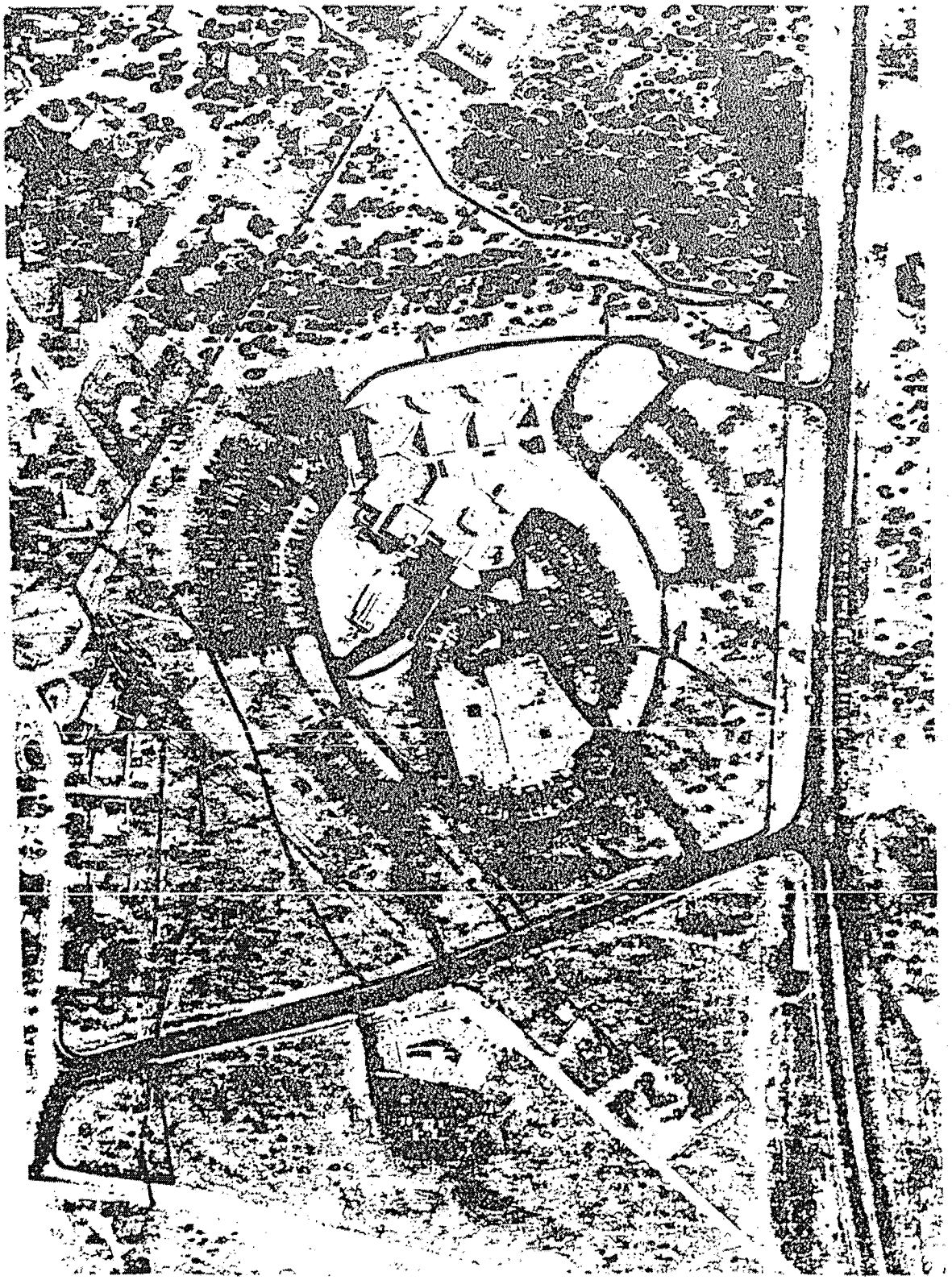
Summary of Utility Capacity

Assuming that future utility requirements will be the same as those associated with existing development on the campus, all utilities have sufficient capacity to accomodate the future development of the St. Vincent property. The utility capacities will have to be evaluated for any building with an unusually high utility requirement.

MAP 1
GRAVITY FLOW
SEWER LIMITS



MAP 2
GENERALIZED STORM
WATER DRAINAGE BASINS



NATURAL TOPOGRAPHY & STORM WATER DRAINAGE

Natural Topography

With the exception of the eastern boundary of the property, the land has gentle, 0-5 percent slopes, with a fall in elevation towards the south and west. The eastern boundary of the property has some limited slopes in excess of 20 percent. Although slopes are steep along the sides of the two arroyos along the eastern property boundary, there is a broad ridge with slopes of 5-10 percent located in this steeper area.

Storm Water Drainage

There are four distinct patterns of drainage within the St. Vincent property. These drainage areas are shown in a schematic fashion on Map 2. The northwestern portion of the property flows in a westerly direction to a 24 inch culvert which crosses under Hospital Drive. This natural swale which carries the storm waters is well defined in this area. On Tract D to the west of Hospital Drive, the natural drainage channel is not well defined. Jack Horne has noted on the St. Vincent-Pick Replat that the exact location of the drainage easement will be determined when Tract D is developed.

A portion of the employees parking lot, and the Medical-Dental Building drain to the approximate midway point on Hospital Drive. The drainage from the parking lots is carried in a rock-lined swale and crosses under the private road in a 24 inch culvert. The drainage from the discharge of the culvert to Hospital Drive is poorly defined, with ponding occuring before the storm waters reach Hospital Drive. The rooftop drainage and drainage from the western parking lot of the Medical-Dental Building discharge into a drop inlet, with storm waters carried in a 24 inch culvert underneath the private road. This drainage is then carried in a natural swale to Hospital Drive. The storm water drainage from the Emergency Room parking lot discharges at the southern extreme of the lot with water being collected in a swale on the north side of the private roadway. A 24 inch culvert then carries storm waters to a culvert which crosses under St. Michaels Drive. The storm water from the western section of the visitors parking lot is also carried to this same culvert which crosses under St. Michaels Drive.

The northwestern section of the hospital roof drains into drop inlets in or near the parking area by the loading docks. The storm water from these drop inlets is carried in a pipe along the west side of the hospital, discharging into a drop inlet at the western corner of the main entrance to the hospital. Roof drains at the main entrance to the hospital

carry storm water to drop inlets which discharge into a modified French drain, located in the landscaped area by the main entrance. According to Claude Gilbert, Director of Grounds & Property, the storm water which enter this drain bubbles out into the landscaped area and then flows south along the road.

Three roof drains discharge into the arroyo along the east side of the hospital. This arroyo in turn outlets into a larger arroyo which discharges storm waters into an 72 inch culvert which crosses under St. Michael's Drive.

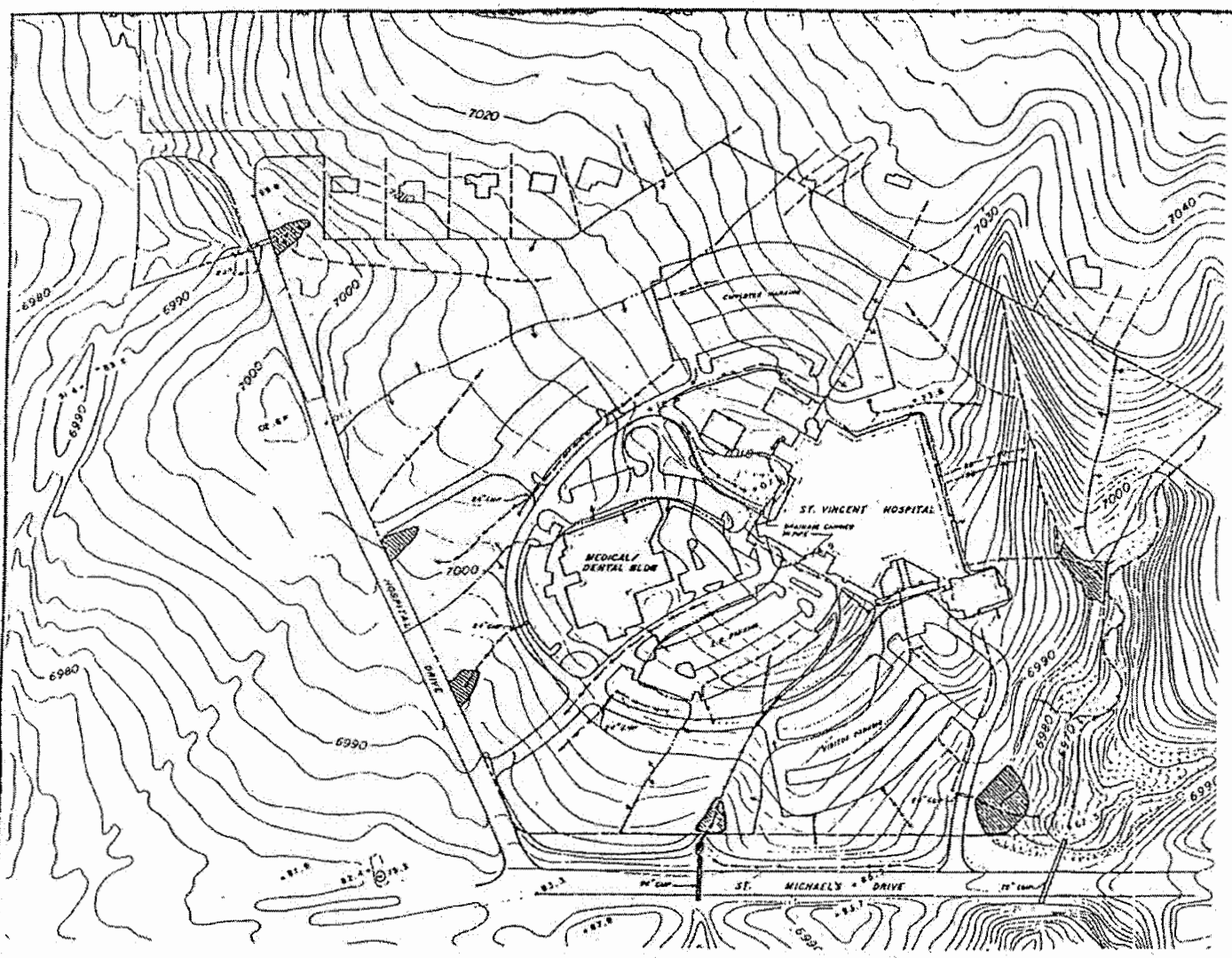
Field Survey

Overall, the storm water structures work properly, with no evidence of erosion problems. The drop inlet at the west side of the Medical-Dental Building is plugged, along with the discharge end of the culvert. This appears to be a maintenance rather than design problem. The French drain located in the landscaped area of the main entrance, although improperly designed, does not seem to create erosion problems. This problem area can be corrected as part of the longer range storm drainage improvements.

City Storm Drainage Requirements:

The City Terrain Management Regulations require that any additional storm waters created by the development of the property, measured against the property's prior undeveloped state must be detained or retained on-site. The storm drainage facilities must be designed for the 100 year event storm.

At some point in time, the future development on the St. Vincent property will have to conform to the City's storm drainage regulations. Various locations have been selected for storm water detention ponds. The sizing of the ponds will be dependent on the extent and design of development within each of the four drainage areas. The design and size of the detention ponds will occur in conjunction with the design of the buildings.



LEGEND:

- LIMIT OF DRAINAGE BASIN
- RECOMMENDED LOCATION FOR RETENTION OF STORM WATERS
- ROOF DRAINS

STEPHEN R. FLANCE, & ASSOC. INC.
COMMUNITY PLANNERS
SANTA FE, NEW MEXICO

JAMES W. SEBERT AND ASSOCIATES

REVISED	BY	DATE	SCALE: 1"=100'

ST. VINCENT HOSPITAL MASTER PLAN

DRAINAGE

SHEET 8 OF 1[illegible]

STORM WATER DRAINAGE

TRAFFIC CIRCULATION

External

St. Michaels Drive, San Mateo Road and Galisteo Road serve as the principal access roads to the hospital. The signalization of the St. Michaels Drive-Hospital Drive intersection has encouraged the use of the southern Hospital Drive entrance. This may have further encouraged the use of the Emergency Room entrance as a main point of access for visitors to the hospital. David Pfeffer has pointed this out in his "Space Use Study". The designation of a visitors entrance to the hospital needs to be clearly established, with the traffic circulation pattern clearly reflecting the primary access to the hospital.

There has been some discussion on the realignment of San Mateo with Lupita Street. The intent of the realignment is the reduction of traffic in front of the E.J. Martinez Elementary School. Recent meetings between City Planning staff and members of the San Mateo Area Society of Homeowners would indicate a lack of support for this solution.

The widening of St. Michaels Drive from the existing four lane section east of St. Francis Drive to Old Pecos Trail Road, and hence continuing on to I-25, has been scheduled to commence construction in the spring of 1988. Preliminary design and public hearings will be held in late 1985. This widening will increase the traffic volumes on St. Michaels Drive and most likely encourage even heavier use of the St. Michaels-Hospital Drive intersection, as the main access to the Hospital.

Discussions with the New Mexico State Highway Department Engineering staff indicate that sufficient right-of-way is available adjacent to the St. Vincent property to accomodate the widening of St. Michaels Drive.* The impact of the St. Michaels Drive widening project should be monitored by the Hospital administration.

The draft report of the South Sector Plan recommends the extension of Botulph Road to serve as a continuous link between St. Michaels Drive and Rodeo Road. Botulph Road is recommended for a secondary arterial street standard with a 66 feet right-of-way and four driving lanes.** This will help to improve access to the Hospital from the southeastern section of the City.

*Telephone discussion with Art Delong, Design Engineer, New Mexico State Highway Department, June 14, 1984.

**"South Sector Plan", prepared by Santa Fe Planning Department, p.23.

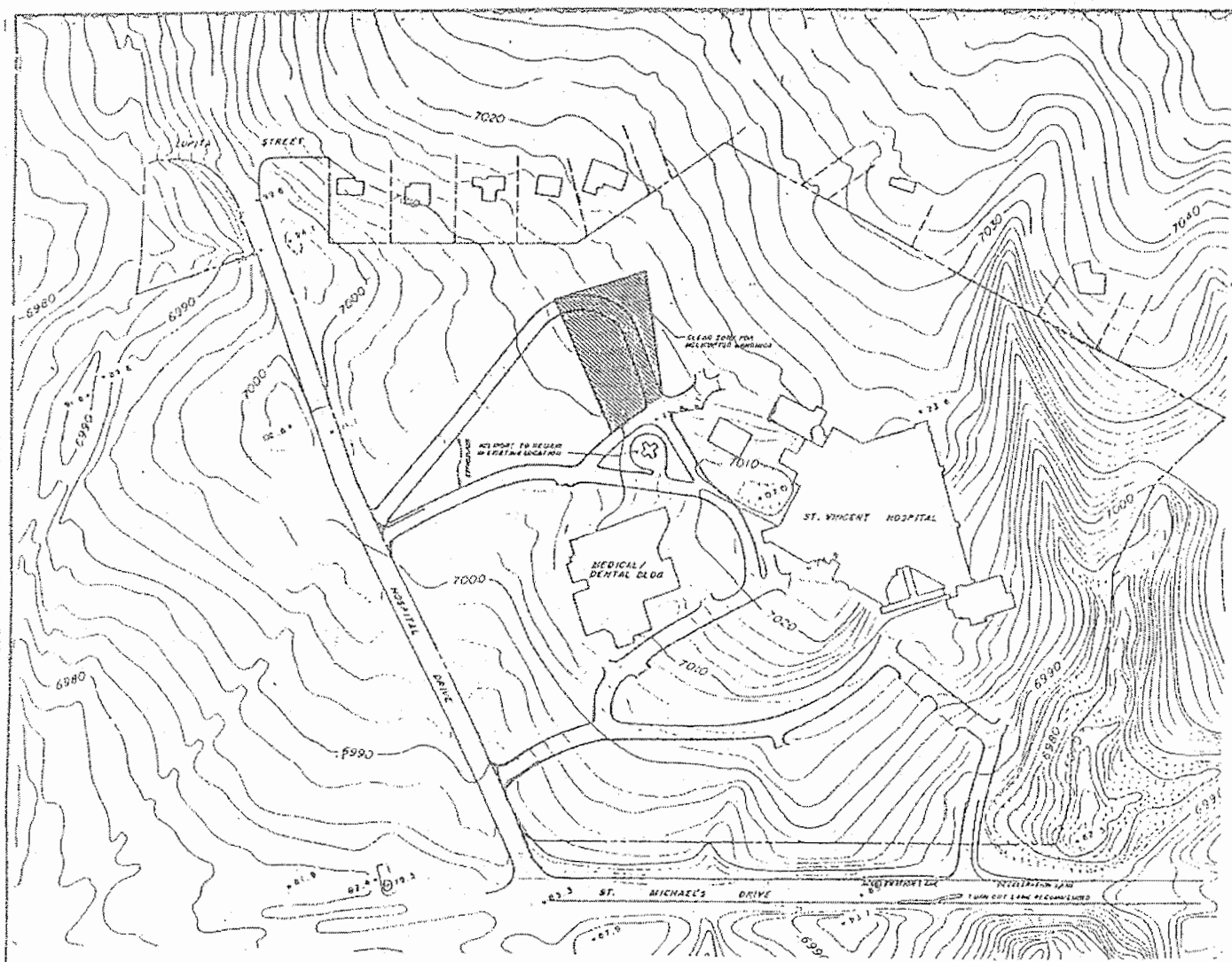
Internal

The traffic circulation patterns are confusing to visitors and patients who are not familiar with the hospital site and parking layouts. In many cases, there is no separation between the parking areas and the main access roads. The access to the emergency room parking terminates in the parking lot with no indication of exit movements from the parking lot.

It appears, that the original traffic circulation pattern for the hospital and immediate environs may have been designed as a loop system with access roads from the loop to entrances and parking lots. The truncation of the loop eliminates a continuous flow of traffic around the hospital, resulting in discontinuous roads and access routes terminating in parking lots.

The consultants had given some thought to the completion of the loop road. This alternative was discarded for two reasons. First, the completion of the loop would pass in front of the Psychiatric Treatment Center. The constant flow of traffic in close proximity to the center would have an adverse impact on the treatment of patients. Second, the road would have to be located to the east of the Psychiatric Treatment Center, requiring major modifications to the drainage channel; projected as a major expense.

MAP 4
TRAFFIC CIRCULATION



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SANTA FE, NEW MEXICO

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ST. VINCENT HOSPITAL MASTER PLAN

TRAFFIC CIRCULATION

SHEET 7 OF 11

PARKING

Existing Conditions

Field surveys and review of various aerial photographs would indicate there is sufficient parking to serve the St. Vincent medical facilities and the Medical-Dental Center building. Some of the parking is located at some distance from the entrances to the buildings and is, therefore, underutilized. The northwest extreme of the employees lot has several vacant spaces during the day shift. The southern and western extreme of the visitors parking lot has several spaces that remain empty for most of the day. If it were not for the shared use of the emergency room parking lot by patients and employees to the Medical-Dental building, the western extreme of this parking lot would also be underutilized. To improve parking space utilization, parking needs to be moved closer to the entrances of the buildings.

The total number of existing parking spaces is described below:

Parking Lot	Number of Spaces
Employee	288
Ambulatory Surgery	9
Medical-Dental, North Lot	84
Medical-Dental, West Lot	31
Medical-Dental, East Lot	36
Medical-Dental, Northeast Lot	56
Emergency Room	132
Visitor - Main Entrance	145
TOTAL	781
Handicapped Spaces*	14

*Handicapped spaces are not included in the parking lot counts.

*Santa Fe City Code, Chapter 3, Planning & Development; 1982 Compilation.

Required Parking

The parking standard established by City Code for hospitals is:

> One space per two beds, plus the number required, based on square feet measurement for office, clinic testing, research administrative, teaching and similar activities associated with the principal use, at one space per each 350 square feet of net leaseable area, except for teaching facilities which shall be one per each four seats.*

The parking standard for the Medical-Dental Building is one space per 200 square feet of net leaseable area.*

Utilizing the City parking standards, the total parking requirement for St. Vincent and the Medical-Dental Building is computed below.

Number of Beds	Required Parking Spaces
Hospital - 231	116
With Psychiatric Center - 267	134

Net area for administration, testing, clinical: 1 space/350 Sq.Ft.

Use	Square Feet	Required Parking Spaces
Hospital	87,000	249
Cancer Treatment	6,500	19
Ambulatory Surgery	4,500	13
Psych. Center	3,100	9
Total	101,100	290

Medical-Dental Center:

Net Leaseable Area	Required Parking Spaces
43,000	215

Total required parking spaces, includes Psychiatric Treatment Center and Medical-Dental Building:	639
Total spaces available on site, includes Medical-Dental parking* and excludes handicapped spaces:	781
Excess parking spaces:	142

*Medical-Dental Building was included in the analysis, due to the overlap in use between hospital and Medical-Dental Building parking.

Required Handicapped Parking Spaces:

2 percent of spaces - .02 x 781 = 16 handicaped spaces required. Present number of handicapped spaces: 14. Two additional handicapped spaces required.

The requirement for 16 handicapped spaces is excessive since areas have been provided at the main entrance and emergency room entrance for the pick-up and drop-off of individuals in wheelchairs. The availability of these areas, where use is restricted to pick-up and drop-off only, should be sufficient to satisfy the City's requirement for handicapped parking spaces.

Relationship of City Parking Requirement to Actual Parking Demand:

The day shift with 350 employees represents the greatest demand for parking between 8:00 AM and 5:00 PM. The Security Department at St. Vincent conducted a field survey of parking on June 12-14, to determine the number of vehicles parking in the Emergency Room and Vistor parking lots. The parked cars were counted on an hourly basis for a 24 hour period. The peak use for the Emergency parking lot occured at 1:00 PM count, while the peak use for the Visitor parking lot occured between 10:00 AM and 12:00 PM. The survey is found in Appendix C of the report.

A ratio of one parking space per 200 square feet of net leaseable area was used for the Medical-Dental Building. The City Planning Office has recently conducted a survey of parking for medical offices and has found that one space per 200 square feet of net leaseable area to be an accurate requirement, based on actual use.

	High	Low
Employees - Day Shift (assumes absense for illness & shared rides) Based on peak hour shift of 350 people	330	300
ER & Visitor parking lots based on field survey	215	190
Subtotal	545	490
Medical-Dental (one space/200 sq. ft.)	215	215
TOTAL	760	705

The City requirement of 647 parking spaces is more representative of the average daily use rather than peak hour use. Based on peak hour use, a need for 730 parking spaces would more accurately reflect the parking requirement on the Campus. This parking requirement includes the parking demand created by the Medical-Dental Building. Even with an average peak hour parking demand of 730 cars, there is an approximate surplus of 50 parking spaces.

An evaluation was also conducted on the amount of area presently dedicated for parking purposes. The land covered by buildings was first determined and then the parking area was calculated to establish a ratio of parking area to area covered by buildings.

Square feet of land covered by buildings:

Use	Square Feet of Ground Coverage
Hospital	95,000
Warehouse	4,000
Ambulatory Surgical Center	6,000
Cancer Treatment Center	8,000
Medical-Dental Building	37,000
	150,000 = 3.44 acres

Land area dedicated to parking: = 6 acres.

When viewed in terms of building coverage, almost twice the ground area taken up by buildings has been set aside for parking.

The portion of the parking area used for traffic circulation was included in the area calculations. Roads serving only for circulation purposes and not for backing out of parking spaces were excluded from the area calculations.

A rule of thumb for medical office buildings is one square foot of gross floor area to one square foot of parking area or a ratio of 1 to 1. For professional office buildings the ratio of gross floor area to parking area is .6 to 1. The gross floor area for St. Vincents and the Medical-Dental building is:

St. Vincent	234,000
Cancer Treatment	8,000
Ambulatory Surgery	6,000
Medical Dental	60,000
TOTAL	308,000 = 7.1 acres

The ratio of building area is:

$$\frac{\text{6.0 parking area}}{\text{7.1 gross floor area}} = .85 \text{ to } 1$$

This is less than the ratio for medical office buildings but exceeds the ratio for professional office buildings. Since a hospital is to some degree a combination of the two, the ratio of gross floor area to parking area is high.

LANDSCAPE TREATMENT

St. Michaels Dr. & Hospital Dr.

A consistant landscape theme, utilizing native plant materials is recommended for the St. Michaels Drive and Hospital Drive rights-of-way. The depth of the landscaped area will range from 10 to 25 feet.

Examples of recommended native plant materials consist of the following:

- Pinon
- Russian Olive
- Chamisa
- Grasses (Blue & Black gramma, Ring grass, Indian Rice grass)
- Wildflower mixes

There is some existing native vegetation, consisting of pinon and low lying grasses located adjacent to the St. Michaels Drive right-of-way. The drainage area to the west of the visitors parking lot, is heavily vegetated with pinon. This area should be preserved in the development of this tract. The use of native plant materials should be used to augment the existing vegetation along St. Michaels Drive.

A landscaped median is also recommended for the Visitors Entrance to the Hospital. Plant material should not obstruct the motorists view. This would also be an appropriate location for an informational and/or directional sign.

The property adjoining Hospital Drive right-of-way is sparsely vegetated. A landscape theme will have to be created in this area rather than enhanced, as is the case with St. Michaels Drive. The use of native plant materials is the existing landscape theme for the private medical offices located west of Hospital Drive. Occasional berms 2-3 feet in height should be created along Hospital Drive to break up the flatness of the terrain and reduce the visibility of parking areas.

Interior of Campus

The use of native plant materials should be continued on the interior of the Campus. This will help to create a consistent landscape theme for the entire Campus. Larger trees such as the Cottonwood and Locus should be planted adjacent to buildings in order to soften their exterior. The use of Aspen might be tried on an experimental basis in areas where storm water retention is recommended. If the growth of the Aspen is successful, further plantings could then take place in other storm water retention areas.

LANDSCAPE TREATMENT - NORTH & EAST CAMPUS

The consults considered various screening and landscape alternatives to provide privacy and security for the adjoining residential properties on the north and east Campus. The use of a berm was considered as one of the alternative landscaping methods. In order to provide adequate privacy, a berm would have to be 5'-6' in height. Experience has shown that it is difficult to maintain vegetation on such high artificially created berms.

A pillar and cedar post fence is recommended for the northern and eastern portions of the property boundary which adjoin the residential neighborhood. A fence is recommended in order to provide the needed privacy and security between the Hospital uses and adjoining residential properties. It is recommended that the wall be constructed at a distance of 5 to 15 feet from the Campus property limits. The wall would be staggered at various locations to lessen the visual impact of a continuous wall. Native plant material would be used on the side of the wall facing the residential properties. This will also help to soften the line of a continuous wall.

SIGNING

Existing directional signs on the Campus are generally insufficient to assist the first time visitor to the Hospital in easily locating his/her destination. The directional signage for the Hospital should begin well off the Campus on the arterial streets which provide the principal access to the Hospital. There should be a uniformity in the sign design which not only directs visitors up to and within the Campus but provides a continuity of directional information into the Hospital as well.

A separate study should be conducted on the sign treatment for the Hospital. The preparation of signage for any large institutional facility is a specialized field that requires a specialized expertise.

METHODOLOGY FOR DETERMINING GENERALIZED LOCATIONS OF SERVICES

Since the Hospital Campus Master Plan anticipates a 5-20 year development program for the Hospital, it is impossible to accurately project future medical services, and their respective siting requirements for the term of the Master Plan. There will be a need to reevaluate the assumptions on locational criteria made in the Master Plan on a 2-5 year basis and determine if they are still appropriate. The advent of new technologies may affect the locational criteria used in the Master Plan. Based on the events of the last 3-5 years, it is only reasonable to assume that significant changes in the nature of medical care will occur over the next 5-20 years.

The review of medical services and their respective locational requirements began with an evaluation of the functional relationships between logical groupings of services provided by the Hospital. Due to the nature of the health care delivery system, certain medical services require a spatial proximity to each other as well as a functional relationship with the Hospital building. These categories or groupings of medical services helped to define the relationship between the Hospital and the existing and projected medical services. The medical services requiring a continued spatial association with the Hospital (either within or attached to the Hospital) were assigned to the locational category shown on Map 5 designated as "Developed Area". The meaning of "Developed Area" is the generalized area where the physical plant exists at the present time. New construction and remodeling will continue to occur within the "Developed Area" but construction of additional medical and related space is determined for the most part by the Hospital.

The medical services not projected for the "Developed Area" were assigned to the "Developing Area". Within the "Developing Area" four environmental criteria were established as basis for making locational recommendations. Once again, it must be emphasized that a periodic review on a 2-5 year basis should be conducted to determine if the assumptions made in the Master Plan are still correct. The four selected environmental criteria are: access; visibility; terrain; and noise. Based on prior mapping such as slope, soils, traffic circulation, four generalized areas were selected within the Hospital Campus which corresponded to the four environmental criteria. Table A was prepared to establish the level of importance for each of the medical and related services designated for the developing area based on the four environmental criteria. For example, access is considered an important concern to an urgent

care facility; while access is not considered an essential requirement for skilled nursing care. Based on the level of importance for the four criteria, the medical and related services were recommended for one or two areas within the "Developing Area".

MEDICAL SERVICES AS FUNCTIONAL CATEGORIES

There are certain medical services which due to their functional relationship require a location within or attached to the Hospital. These medical and realted services have been assigned to the "Developed Area" as shown on Map 5. The medical and related services having a direct functional relationship with the Hospital are: Critical Care;and, In-Patient Care. The categories of medical services where close spatial relationship with the Hospital is not mandatory are: Out-Patient services and support services.

Critical Care

The saving of lives and treatment of injured is the primary purpose of St. Vincent Hospital. As a non-profit community Hospital, St. Vincent must be prepared to deal with not only the individual injuries which affect our everyday lives but such large scale emergencies as floods, fires, riots, and other disastrous events that occur in the community and region. The medical services associated with this functional category are the very heart and purpose of St. Vincent Hospital.

The medical services associated with this functional category are:

Emergency Room
Intensive Care Units (cardiac, pediatric)

In-Patient Care

These functions are generally associated with the maintenance of health and continuing treatment of patients. In-patient health care takes place in the Hospital, usually in association with treatment requiring at least an over-night stay in the Hospital.

Medical and related services within this functional category are:

Surgery (In-patient and ambulatory)
Recovery
Delivery
Pediatrics
Psychiatric Services
Cancer Treatment
X-ray
Laboratory
Pharmacy
Business Services

Certain subcategories within business services, such as accounting and records could just as well be located within the "Developing Area". This related service, therefore, appears in both the "Developed and Developing Areas".