

Out-Patient Services

These medical and related services are most characteristically associated with the continuing care of patients, not requiring lengthy stays in the Hospital. While medical treatments may occur on a continuing basis, the actual treatment itself takes place in a relatively short period of time.

Examples of medical and related services within this functional category are listed below. Due to rapidly evolving nature of health care services, this list of medical services cannot be sufficiently inclusive to anticipate the range of medical services that will occur over the next 5-10 years. Examples of Out-Patient services are:

- Respiratory Therapy
- Cardiac Rehabilitation
- Physical Therapy
- Occupational Therapy
- Specialty Clinics
- Urgent Care
- Birthing Center
- Skilled Nursing Care
- Private Medical Offices
- Wellness/Diagnostic Center

Within the Out-Patient category there are medical services which have both an In-Patient and Out-Patient component. For example, respiratory therapy is administered on an In-Patient basis for sickness, or subsequent to surgery and on a continuing Out-Patient basis for longer term therapy. Examples of medical services having both an In-Patient and Out-Patient component are:

- Respiratory Therapy
- Cardiac Rehabilitation
- Physical Therapy
- Occupational Therapy

From a locational standpoint, these medical services could be located both within the "Developed Area" and the "Developing Area".

Support Services

Those services that relate more directly to the support of the building and personnel fall within this category. The direct association with patients is not an essential requirement of this functional category.

The medical and related services within this category are:

- Day Care
- Business Services (accounting)
- Purchasing/Warehouse
- Property and Grounds
- Housing (staff and families of patients)

Siting Considerations

The medical and related services within the Critical Care and In-Patient categories are considered most appropriate for location within the "Developed Area". The medical and related services within the Out-Patient and Support Services categories are included in the locational evaluation for siting within the "Developing Area".

LOCATIONAL CRITERIA FOR MEDICAL AND RELATED SERVICES
WITHIN DEVELOPING AREA

The following locational criteria have been developed as the method for rationally determining the optimum siting of medical and related services within the "Developing Area".

The four locational criteria are:

Access

A higher level of access may be required by traffic volumes generated by the use, or by the need for a higher level of access due to the urgent nature of the medical care.

Visibility

For those uses which need to market their services, the visibility of the building becomes an important business consideration. There is to some degree an overlap between the need for visibility and the requirement for higher levels of access.

Terrain

The uses and services requiring large structures are best constructed on ground with a flat gradient rather than steeper slopes. This minimizes the cost for earth work and storm water management.

Noise

Certain medical services are noise sensitive. While noise levels are not presently a problem on the campus, the proximity to major arterial streets may cause problems in the future with increased traffic volumes.

On a conceptual level, four areas evolved from the locational criteria. These four areas are delineated on Map 6.

Within the "Developing Area", Table A was utilized as the basis for projecting recommended locations for medical and related services. The environmental criteria having a greater degree of importance or relevance served as basis for making locational decisions. As an example, for "Respiratory Therapy", when considering the four environmental criteria, minimum slopes and sensitivity to noise had a higher level of importance. Access and visibility were considered less important for this medical service. "Respiratory Therapy" therefore, was considered most appropriate for Area 2. Area 4 was not considered due to future noise levels. Area 3 was considered inappropriate due to the steep slopes. Area 1 was considered less suitable since access was not considered an important siting criteria. Where practical, Area 1 has been reserved for medical services where access is important.

Housing

Housing as it relates to the siting criteria, requires further definition. The housing proposed by the Board of Trustees is limited to residences which serve only the staff, patients or families of patients. In order to have highly skilled individuals, the hospital administration may need to provide temporary housing until a new employee locates permanent housing. The high cost of housing and lack of rental housing in Santa Fe has made it difficult for corporations requiring skilled personnel to entice workers to relocate.

Families of patients at the Hospital, not only find it difficult to find a hotel/motel room during the tourist season, but would prefer to find lodging closer to the Hospital. It is not the purpose of the housing on the Hospital Campus to compete with the hotel industry. Campus housing will provide convenient, short term residences to patients families as part of its medical care program.

There are also out of town patients that require care on a longer term continuing care basis. This need for continued medical treatment has become especially evident since the opening of the Cancer Treatment Center.

TABLE A

Relationship of Siting Criteria to Medical Services

Medical & Related Services	Access		Visibility		Terrain			Noise	
	Important	Less Important	Important	Less Important	Minimum Slopes	Less of a Constraint	Steeper Slopes-	Noise Sensitive	Less Noise Sensitive
Respiratory Therapy		X			X		X		X
Cardiac Rehabilitation		X			X		X		X
Physical Therapy		X		X			X		X
Occupational Therapy		X			X		X		X
Specialty Clinics		X		X			X		X
Urgent Care	X			X			X		X
Birthing Center	X			X			X		X
Skilled Nursing Care		X		X			X		X
Private Medical Offices	X			X			X		X
Wellness/Diagnostic Center		X			X		X		X
Day Care		X			X		X	X	X
Business Services		X			X		X		X
Purchasing/Warehouse		X			X		X		X
Grounds & Property		X			X		X		X
Housing (Staff & Families of Patients)		X			X		X		X

Based on the level of importance or relevance from Table A, the medical and related services were assigned to generalized locations shown on Map 6. While these locations are considered optimum at this point in time, a periodic reevaluation will have to be conducted to determine if there have been changes in the original assumptions. Since there are a greater number of uses for Area 2, which is smaller in size than Area 1, it is anticipated that Area 2 will reach saturation of development more rapidly than Area 1. Certain services in Area 2 could also be located off campus. In some cases, a medical service or related use may be equally appropriate for two areas.

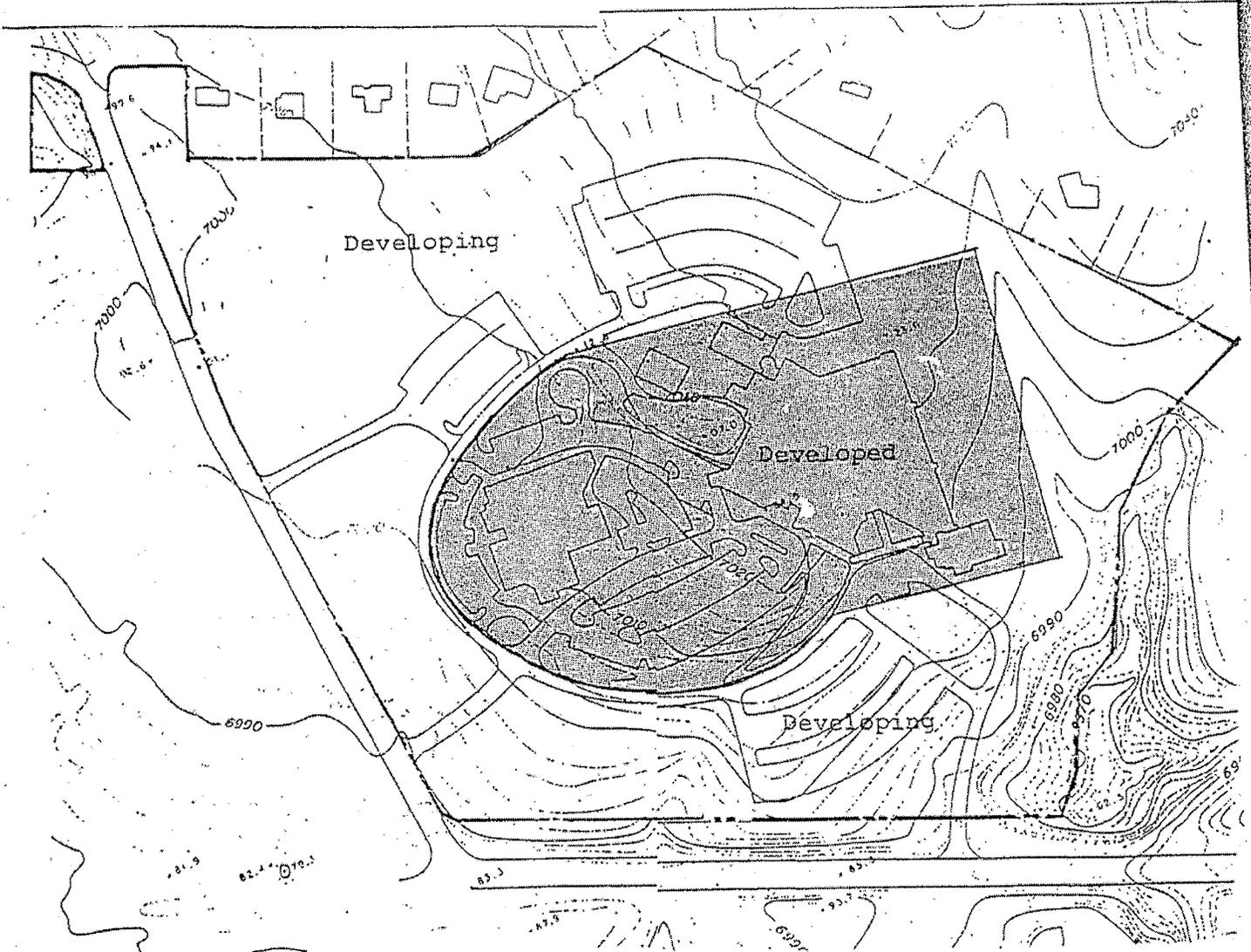
The area recommendations for each of the medical and related uses is set forth below.

<u>Type of Service</u>	<u>Area Designation</u>
Respiratory Therapy	2
Cardiac Rehabilitation	2
Physical Therapy	1 & 2
Occupational Therapy	1 & 4
Specialty Clinics	1 & 4
Urgent Care	1
Birth Center	1
Skilled Nursing Care	1 & 2
Private Medical Offices	1 & 4
Wellness Center	2 & 4
Day Care	2 & 3
Business Services	2
Purchasing/Warehouse	2
Grounds/Property	2
Housing (staff and families of patients)*	2 & 3

*See definition of housing on Page 28.

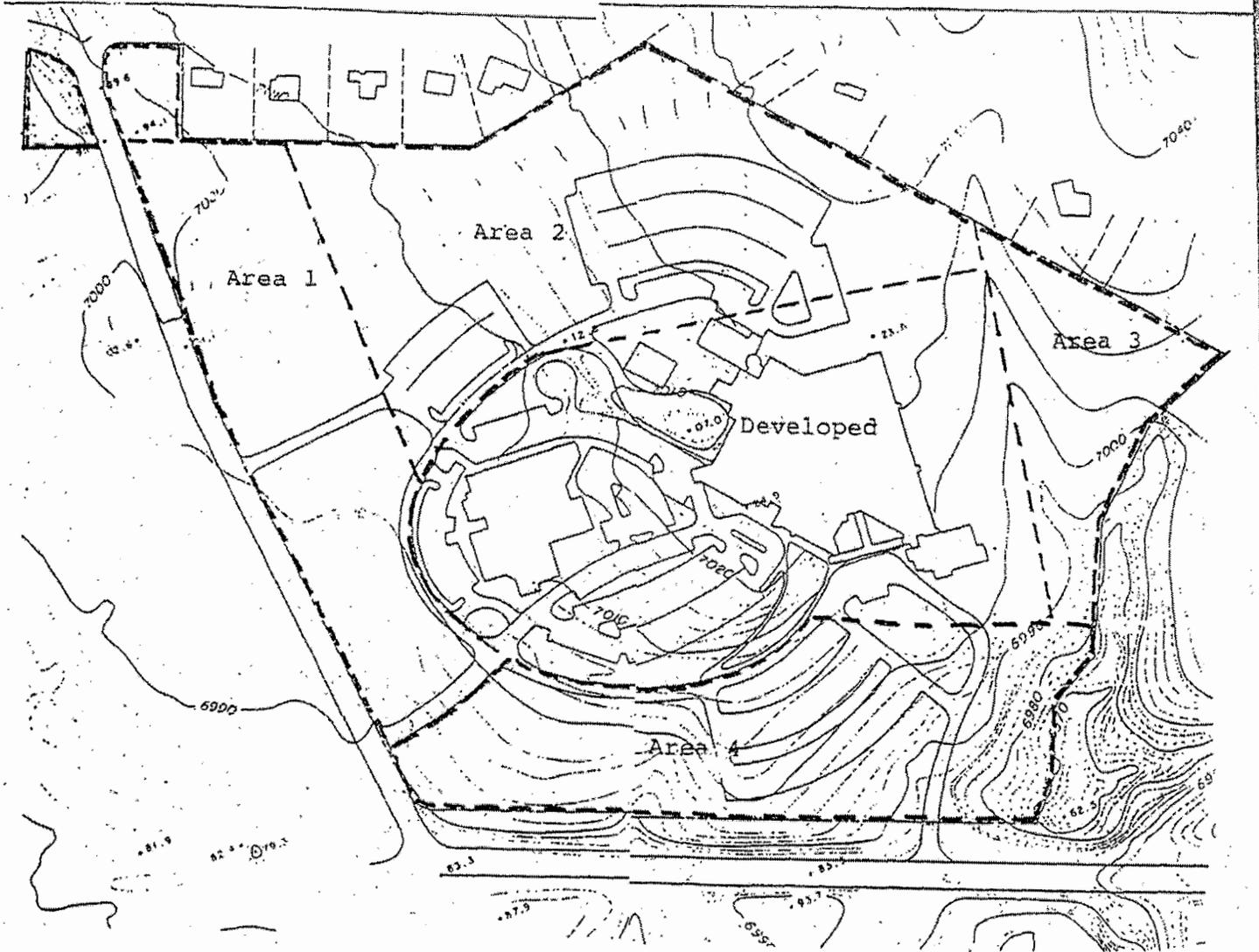
MAP 5

DEVELOPED & DEVELOPING
AREAS OF CAMPUS



MAP 6
SITING CRITERIA

Area 4.



PROPOSED
ST. VINCENT HOSPITAL
DEVELOPMENT STANDARDS

STANDARDS APPLICABLE TO ENTIRE CAMPUS

Signs

Each building providing a medical service, attached or separate from the hospital shall be permitted two identification signs. Overall sign measurements for each sign shall not exceed 20 square feet. Maximum height of identification signs shall not exceed 15 feet. Identification signs shall not be located closer than 10 feet from a property line. Directional signs shall be permitted at the intersections where private campus roads intersect with public roads. Directional signs shall also be permitted at the intersections of private interior roads. The height of directional signs shall not exceed 10 feet nor shall the area exceed 20 square feet.

Because of the nature of emergency medical care, the directional signs may be illuminated and placed in a perpendicular position to public or private rights-of-way.

Architectural Style

The architectural style for additions or buildings in Area 1 shall be compatible with the architectural style of St. Vincent Hospital. For all other areas the architectural style of the building shall be consistent with the design concepts set forth in the "Architectural Design Review Guidelines".*

Parking

The number of parking spaces shall conform to the City parking requirement as set forth in Section 3-4-8 of the Santa Fe City Code. Where feasible parking shall be located to the facade of the building which is furthest away from a public street.

Landscape Treatment

St. Michaels Dr. & Hospital Dr.

A consistent landscape theme comprised of native plant materials ranging in depth from 10-25 feet will be provided along the St. Michaels Drive and Hospital Drive rights-of-way. The planting of these areas will take place in conjunction with the development of the vacant tracts of land situated along the respective right-of-way.

*Adopted by the City Council on December 9, 1981. Booklet is dated January, 1982.

PROPOSED
AREA 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 2 (St. Michaels Drive)

Maximum Building Height: 22 feet measured at the building setback line from St. Francis Drive

Floor Area Ratio: .5

Basements and below grade parking areas shall not count toward the allowable floor area.

Building Setbacks: 50 feet from St. Michaels Drive
20 feet 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.

Landscaped 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 be 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 Setback: 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.

RECOMMENDATIONS

Recognition of St. Vincent Hospital Campus Master Plan by Governing Body of Santa Fe

It is proposed by the consultants that the St. Vincent Hospital Campus Master Plan be adopted by resolution of the City Council. The adoption of a St. Vincent Hospital Zoning District, utilizing the development standards set forth in the Master Plan should also be considered by the City Council. If the Campus Master Plan and St. Vincent Hospital Zoning District were adopted by the City Council, development within the Campus could take place as a matter "of right" provided it met the standards of the zoning district.

The adoption of the Campus Master Plan and St. Vincent Hospital Zoning District will require City staff review, a recommendation by the City Planning Commission and final action by the City Council. The adoption of the St. Vincent Hospital Zoning District would require at least one public hearing by the City Council.

Parking

The parking areas should be located as close as possible to the Visitor and Employees entrances. The Visitors Parking Lot could be extended into the existing landscaped berm. The western extreme of the Visitors Parking Lot is consistently vacant of parked cars. This section of the parking lot is underutilized due to its distance from the Visitors entrance. Providing for additional parking near the Visitors entrance will not only encourage the use of this entrance rather than the Emergency Room entrance, but provide much needed parking for the Cancer Treatment Center. The existing outlet from the storm water pipes will have to be eliminated and additional pipe installed to carry storm waters to the arroyo on the eastern side of the Hospital. Additional parking should also be provided as close as possible to the Employees entrance on the north side of the Hospital. The northwest extreme of the Employees Parking Lot is underutilized due to its distance from the Employees entrance to the Hospital.

Consideration should be given to restriping the parking lots to provide for compact and standard car sizes. Some of the parking lots have been recently restriped. It would not be cost effective, therefore, to begin an immediate restriping program.

Presently all car spaces are striped for standard sized cars. It is estimated that 100-140 additional parking spaces could be provided by a restriping program which includes compact car spaces (this includes the Medical-Dental parking). The compact parking could be phased in when the condition of each parking lot requires restriping.

Traffic Circulation

Wherever cost effective the parking areas should be separated from the principal access roads. In order to create a visual continuity in the traffic circulation system, it is important to distinguish the parking areas from the main roadways.

The internal roads should be continuous. Presently the vehicular egress from the Emergency Room entrance is back through the ER Parking Lot. Although a secondary exit is available adjacent to the ambulance area, the circulation pattern is not evident to the motorist. A motorist entering the Campus from Hospital Drive is visually directed to the Emergency Room entrance. This is one reason that the Emergency Room entrance is more heavily used than the Visitors entrance.

The proposed traffic circulation system would realign the access from Hospital Drive closest to St. Michaels Drive, orienting the roadway towards the Visitors entrance. The existing access road to the Emergency Room entrance would be modified to T intersect with the realigned main entrance to the Campus from Hospital Drive.

The access road to the Emergency Room entrance is proposed as a continuous roadway, being realigned to the west of the ambulance area. This roadway to the ER entrance would then connect with the Employee and Ambulatory Surgical Center access or continue further north and loop back to Hospital Drive along the telephone line easement. The decision on the orientation of the Emergency Room roadway at its north end could be made in conjunction with the phased development of the Campus. A more northern alignment may be appropriate when the northwestern sector of the Campus is developed.

In order to maintain the existing ambulance access to the Emergency Room, the proposed realigned roadway will require the acquisition of approximately 2000 square feet of land from the Medical-Dental Building property.

The proposed circulation system utilizes the existing roadways wherever possible. Realignment occurs mainly at intersections. The use of the existing roadways will help to reduce costs for implementation of the traffic circulation system.

Night time access to the Hospital would be greatly improved by the installation of street lights at the southerly entrance on Hospital Drive and the Visitors entrance on St. Michaels Drive.

The Board of Trustees should request assistance from the City and State Highway Department in the construction of a turn-out lane on St. Michaels Drive into the Visitor's entrance, and the construction of acceleration and deceleration lanes. Drivers presently prefer to make their turning movement at the signalized intersection of St. Michaels Drive and Hospital Drive. The danger associated with a left hand turning movement into the Visitor's entrance, discourages the use of the Visitor's

entrance to the Hospital and encourages the use of the heavily utilized Emergency Room parking lot.

Signing

The present signing at the Hospital is confusing and lacks consistency of design. A program for directional signing should be developed which directs traffic along major arterial streets to the two main Hospital entrances. The signing should have a consistent design which directs the patient/visitor not only to the desired Campus, medical services but continues the directional information into the building as well.

It is recommended that a consultant specialized in sign design and orientation be employed to prepare a detailed signing program for the Hospital.

Utilities

The existing sewer line at the north-central sector of the Campus will require relocation prior to the development of the area north of the Employees Parking Lot. The sewer line can be relocated along the northern property boundary. The City will require a 20 feet easement for maintenance purposes.

The telephone line which crosses diagonally through the northern end of the Campus, should be evaluated for relocation depending on the uses which locate in this area. Mountain Bell telephone has the cost of relocating this line to be in the range of \$100,000-120,000. Due to the cost of relocating the line it would be most cost effective to develop site plans which utilize the telephone easement for roadways, driveways, parking and open space. Buildings cannot be constructed on the easement. Relocations of this telephone line should be considered as a last resort.

The recurring problem with blockages in the sewer manhole located at the southwest corner of the Campus should be corrected during the construction phase of the St. Michaels Drive improvements, scheduled for 1988. The City of Santa Fe is financially responsible for the repairs to the sewer manhole.

Amendments to Subdivision Plat

The drainage easements at the western and north-central sector of the Campus should be abandoned. The easements as shown do not relate to the actual drainage patterns. The drainage easement which runs parallel to the telephone easement hinders the development potential for this sector of the Campus.

Any realignment or widening of existing roadways will require a replatting of the ingress-egress easements. The replatting of ingress-egress easements will have to take place in advance of the actual road construction.

If the Mountain Bell telephone line is relocated, both Mountain Bell and the Public Service Company of New Mexico will have to agree to abandon the easement. Research by the consultants indicates that PNM also has a claim to the telephone easement.

Storm Drainage

As development of the Campus occurs, the retention ponds as shown on the Storm Drainage Plan should be constructed to satisfy the City's Terrain Management Regulations. These retention ponds can also be used as open space and landscaped areas.

Landscaping

The Landscape Plan for St. Michaels Drive and Hospital Drive should be implemented in conjunction with the development of various tracts on the Campus. The wall and landscape treatment at the northern end of the Campus should be scheduled into the St. Vincent's capital improvements program.

Heliport

It is recommended that the heliport remain in its present location. Two alternative sites were considered in order to provide a landing area with more unrestricted approach path. The southwestern extreme of the Visitors Parking Lot was considered along with the western end of the ER Parking Lot. The location of the heliport in the Visitors Parking Lot would require the use of an ambulance to transport patients from the helicopter to the Emergency Room. This not only slows down the response time, but requires the one additional movement of injured patients. A heliport at the western end of the ER Parking Lot would necessitate the maneuvering of a stretcher in and out of parked cars.

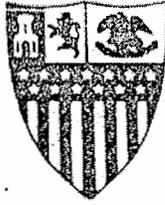
The present heliport offers the closest and most direct approach to the Emergency Room with the minimum movement of injured patients. It is recommended that a clear zone, consisting of a parking area be provided on the north side of the heliport. This allows for an upwind approach by the helicopter during the spring and summer when the prevailing winds are from the south.

EXHIBIT C

PARKING SURVEY*

	ER Parking Lot	Visitor Parking Lot
TIME: 12:00 AM	36	9
1:00 AM	21	6
2:00 AM	22	8
3:00 AM	18	8
4:00 AM	16	9
5:00 AM	19	9
6:00 AM	18	8
7:00 AM	21	9
8:00 AM	107	55
9:00 AM	110	65
10:00 AM	117	83
11:00 AM	115	83
12:00 PM	120	83
1:00 PM	125	82
2:00 PM	125	80
3:00 PM	127	63
4:00 PM	117	46
5:00 PM	92	49
6:00 PM	100	46
7:00 PM	75	43
8:00 PM	80	45
9:00 PM	60	35
10:00 PM	30	10
11:00 PM	28	8

* Conducted by St. Vincent Security Staff, June 12-14, 1984 (Tues-Thurs).



City of Santa Fe, New Mexico

EXHIBIT A and B OF RESOLUTION 1985-36
PAGE 2 LINE 9 - 10 ARE FILED IN THE
CITY CLERKS OFFICE.

Resolution 2006-83
CHRISTUS St. Vincent Regional Medical Center
Campus Master Plan

1 CITY OF SANTA FE, NEW MEXICO

2 RESOLUTION NO. 2006-83

3 INTRODUCED BY:

4
5
6
7
8
9
10 A RESOLUTION

11 AMENDING THE MASTER PLAN FOR A PARCEL KNOWN AS TRACT A-1, TRACT
12 A-2, TRACT B-1, TRACT B-2-A, TRACT B-2-B, TRACT C AND TRACT D, WITHIN
13 SECTION 36, T 17 N, R 9 E, N.M.P.M., COMPRISING AN AREA OF +/- 47.8 ACRES,
14 LOCATED AT THE NORTHEAST CORNER OF HOSPITAL DRIVE AND ST.
15 MICHAEL'S DRIVE (CASE NO. M 2004-47, ST. VINCENT'S HOSPITAL MASTER
16 PLAN AMENDMENT).

17
18 WHEREAS, the agent for the owner of the subject property has submitted an application
19 to amend the St. Vincent's Hospital Master Plan; and

20 WHEREAS, the Master Plan amendment criteria in the following adopted ordinances
21 and resolutions have been met: 1) Resolution 1985-36 for Adoption of a Master Plan for St.
22 Vincent's Hospital; 2) Ordinance 1985-15 for Rezoning to C-1; and

23 WHEREAS, the hospital is expected to address and mitigate various on and off-site
24 traffic issues per the conditions recommended by staff and Council after approval is granted for
25 construction of the emergency room addition and before expanding and constructing any other

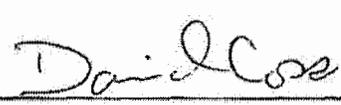
1 buildings which are shown on the master plan which are listed in the attached conditions of
2 approval as shown in "Exhibit A" attached hereto; and

3 WHEREAS, future development on the property encompassed within the amended
4 master plan shall require early neighborhood notice meetings and approval by the Planning
5 Commission as required by Chapter 14 of the City Code; and

6 WHEREAS, the proposed emergency room addition does not require early
7 neighborhood notice meetings or Planning Commission approval.

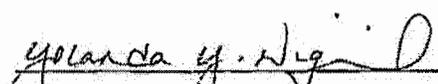
8 NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE
9 CITY OF SANTA FE that the Master Plan for Tracts A-1, A-2, B-1, B-2-A, B-2-B, C and D
10 within Section 36, T 17 N, R 9 E, N.M.P.M. is amended as shown in "Exhibit B" attached
11 hereto.

12 PASSED, APPROVED and ADOPTED this 12th day of July, 2006.

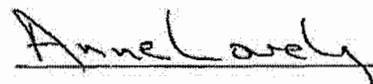
13
14 

15 DAVID COSS, MAYOR

16 ATTEST:

17
18 
19 _____
YOLANDA VIGIL, CITY CLERK

20
21 APPROVED AS TO FORM:

22
23 
24 _____
FRANK D. KATZ, CITY ATTORNEY

25 \\file-svr-2\home\acharnden\Planning Commission and City Council\St Vincent's Hospital Campus Master Plan

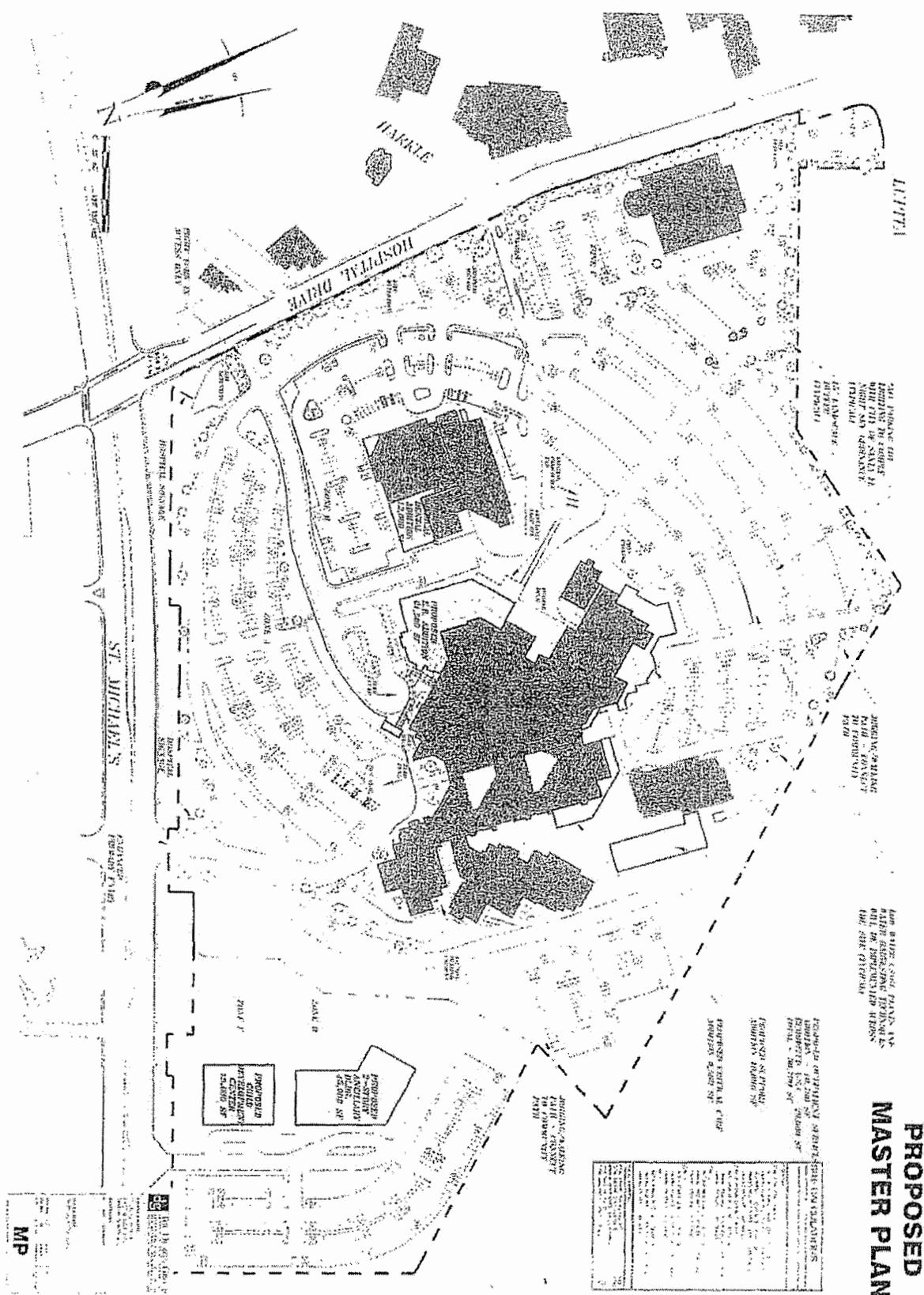
**ST. VINCENT'S HOSPITAL CAMPUS MASTER
PLAN AMENDMENT CONDITIONS OF APPROVAL:**

At their July 12, 2006 meeting the Council of the City of Santa Fe voted to approve the above referenced request including the following conditions of approval:

1. New development shall comply with the standards of Section 14-5.5(A)(3), South Central Highway Corridor Overlay District, including 25-foot landscape buffer within 50-foot building setback from residential property lines.
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. 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-turn exit and a street island on Hospital Drive to prevent left-turn exit.
5. For all phases subsequent to the Emergency Room Expansion, provide pro-rata participation in traffic calming measures and off-site traffic mitigation measures to the approval of the Public Works Department and the Planning Commission.
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.

**EXHIBIT A
RESOLUTION 2006-83**

8. For all phases subsequent to the emergency room expansion, provide internal directional signage to guide visitors to exits and to various buildings/hospital services.
9. Helipad facility shall not be relocated without approval of a special exception or master plan amendment.
10. Helipad facility shall only be used for flights which are emergent, critical or at the direction of a physician.
11. These conditions of approval shall be noted on the master plan, which shall be filed for record with the County Clerk, and 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.
12. On-site circulation and signage: For all phases subsequent to the emergency room expansion, modify internal circulation as shown on the amended master plan to include a ring road. For all phases subsequent to the emergency room expansion, provide internal directional signage to guide visitors to exits and to various buildings/hospital services. On-site circulation and signage should be addressed after the hospital meets with staff to address off-site traffic concerns (above).
13. Also, a 20 ft 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.
15. Except as specifically amended by this Resolution No. 2006-83, the master plan approved by Resolution No. 1985-36 shall remain in effect.



**PROPOSED
MASTER PLAN**

FOR THE USE OF THE PLANNING BOARD AND THE BOARD OF SUPERVISORS OF THE COUNTY OF ALBANY

PREPARED BY THE ARCHITECTURAL FIRM OF

FRANCIS ST. MICHAEL
ARCHITECTS AND PLANNERS
1000 WEST 10TH STREET
SACRAMENTO, CALIFORNIA 95811

NO.	DESCRIPTION	ACRES	PERCENTAGE OF TOTAL
1	EXISTING BUILDING FOOTPRINTS	1.2	1.2
2	EXISTING PARKING LOTS	1.8	1.8
3	EXISTING DRIVEWAYS	0.5	0.5
4	EXISTING STREETS	0.2	0.2
5	EXISTING UTILITIES	0.1	0.1
6	EXISTING LANDSCAPE	0.3	0.3
7	EXISTING TOTAL	4.1	4.1
8	PROPOSED BUILDING FOOTPRINTS	1.5	1.5
9	PROPOSED PARKING LOTS	2.2	2.2
10	PROPOSED DRIVEWAYS	0.6	0.6
11	PROPOSED STREETS	0.3	0.3
12	PROPOSED UTILITIES	0.1	0.1
13	PROPOSED LANDSCAPE	0.4	0.4
14	PROPOSED TOTAL	5.1	5.1
15	TOTAL PROJECT AREA	9.2	9.2

Exhibit "g"

**Plans from the 1985 Master Plan,
Approved under Resolution 1985-36.**

EXHIBIT B

ST. VINCENT HOSPITAL CAMPUS MASTER PLAN

PREPARED FOR:

**ST. VINCENT HOSPITAL,
BOARD OF TRUSTEES**

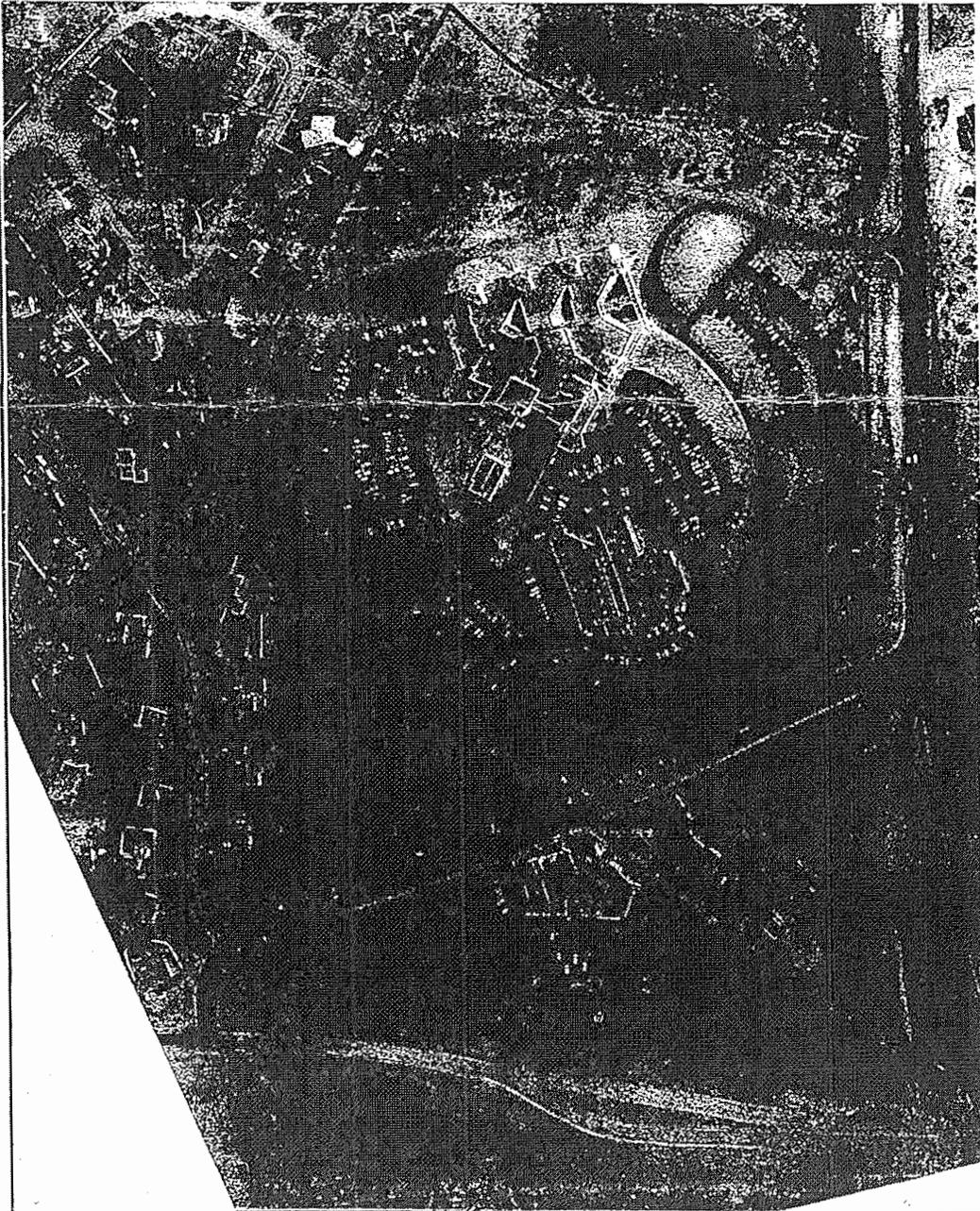
PREPARED BY:

STEPHEN R. FLANCE & ASSOC. INC.
COMMUNITY PLANNERS
SANTA FE, NEW MEXICO



AUGUST 26, 1984

SHEET NO.	DESCRIPTION
1	COVER
2	AREA MAP
3	EXISTING CONDITIONS
4	SOILS AND SLOPE MAP
5	UTILITIES
6	DRAINAGE
7	TRAFFIC CIRCULATION
8	DEVELOPMENT STANDARDS MAP
9	SITING CRITERIA MAP
10	LANDSCAPE PLAN
11	RECOMMENDATIONS



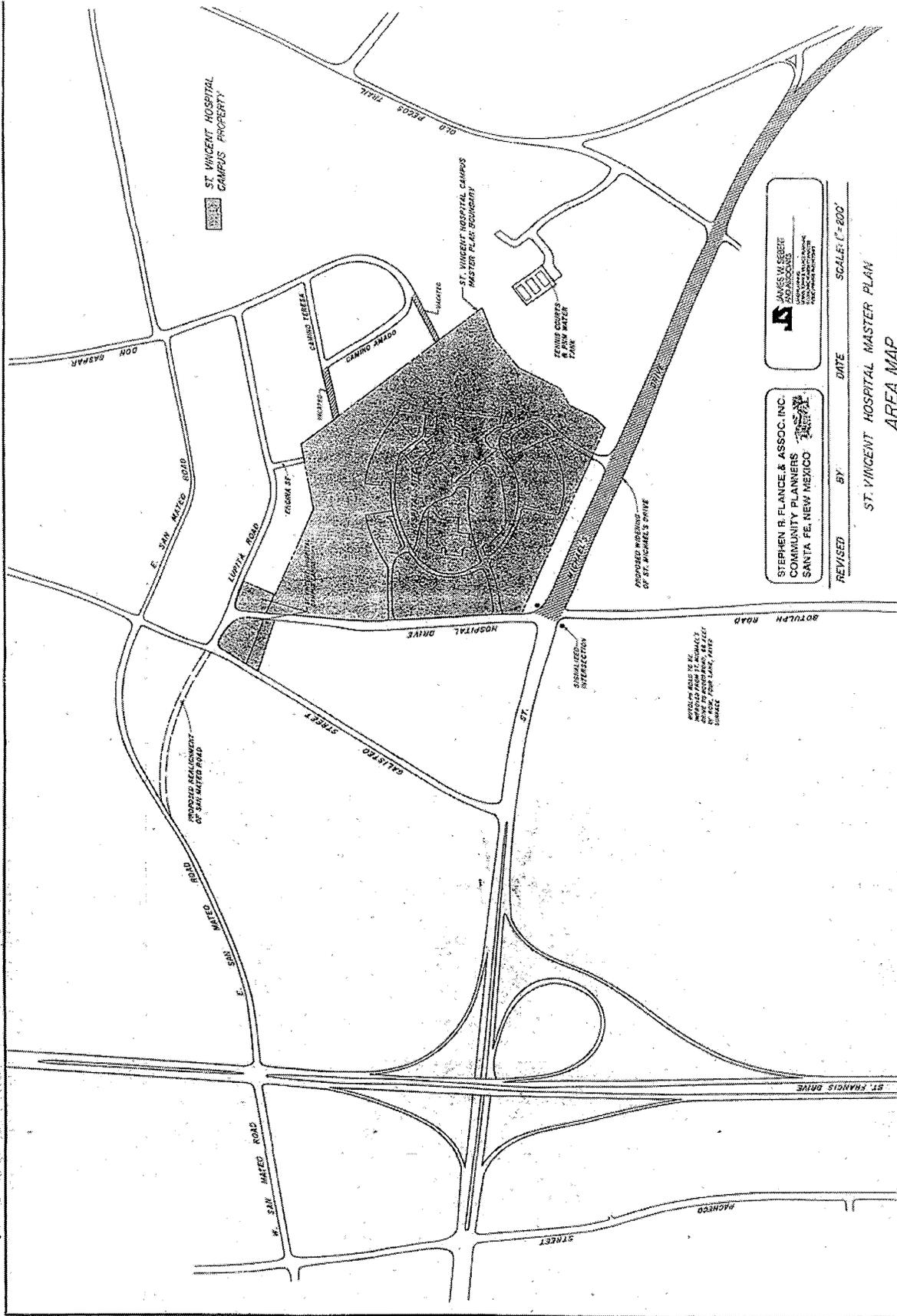
THIS PROJECTING IS FINISHED
DATE BY A SCALE OF 1"=100'



**ST. VINCENT HOSPITAL CAMPUS
MASTER PLAN BOUNDARY**

DATE OF PHOTOGRAPHY: OCT 19, 1981
NORMAL SCALE: 1"=100'

SHEET 1 OF 11





 JAMES W. SEBER & ASSOCIATES

 COMMUNITY PLANNERS

 SANTA FE, NEW MEXICO

STEPHEN R. FLANCE & ASSOC. INC.

 COMMUNITY PLANNERS

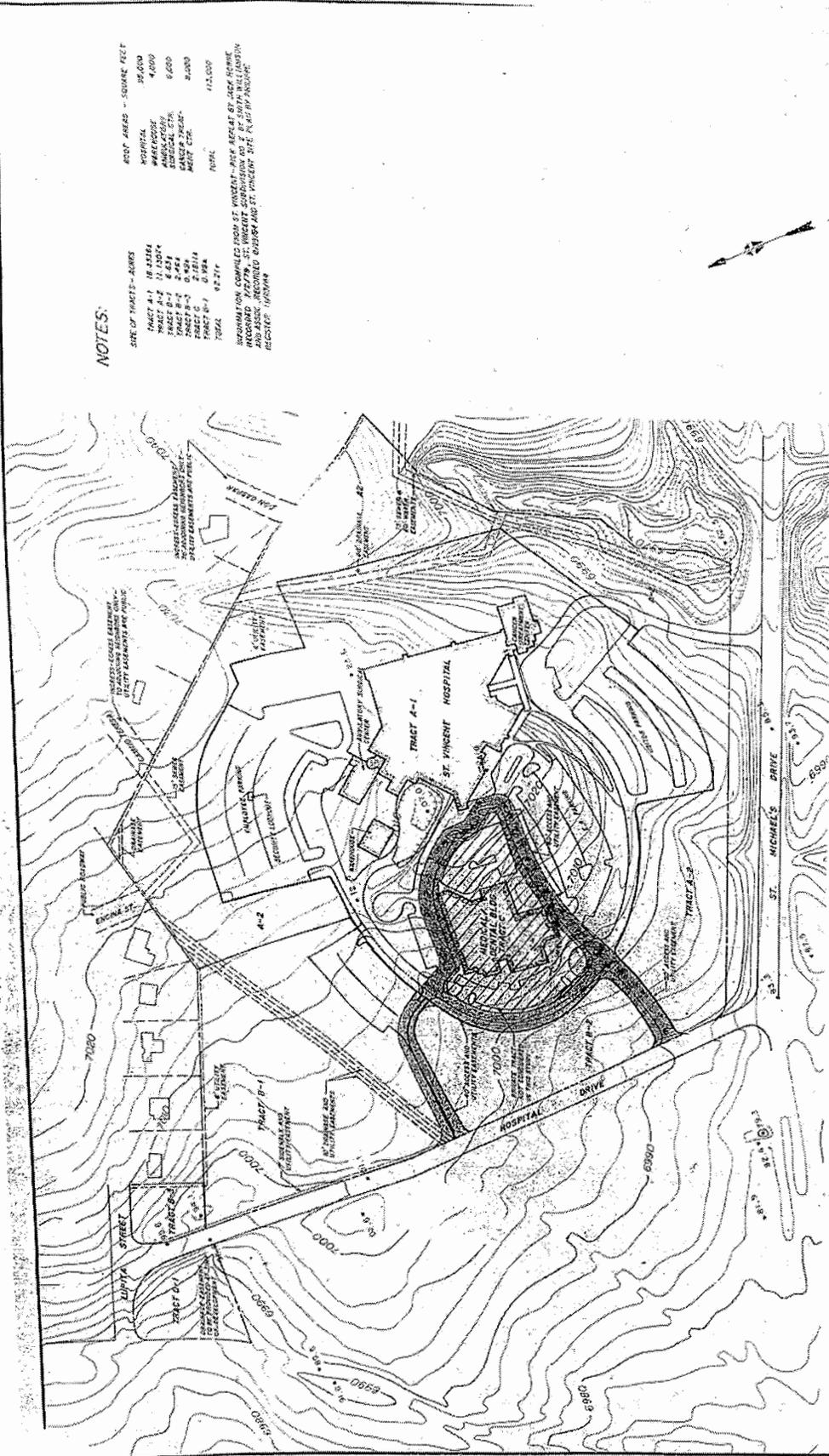
 SANTA FE, NEW MEXICO

REVISED BY DATE SCALE: 1" = 200'

ST. VINCENT HOSPITAL MASTER PLAN
 AREA MAP

SHEET # 1011

WORK ON THIS SITE
 SHOULD BE COMPLETED
 BEFORE THE PROPOSED REALIGNMENT
 OF SAN MATEO ROAD



NOTES:

SIZE OF TRACTS - ACRES
 TRACT A-1 18.4184
 TRACT A-2 11.13074
 TRACT A-3 5.441
 TRACT A-4 0.439
 TRACT A-5 0.184
 TOTAL 35.7174

SIZE OF AREAS - SQUARE FEET
 HOSPITAL 35,600
 WALKWAY 4,000
 MEDICAL OFF. 6,000
 LABORATORY 2,000
 NURSING 2,000
 TOTAL 49,600

INFORMATION COMPILED FROM ST. VINCENT - JACK REELEY BY JACK REELEY
 INFORMATION COMPILED FROM ST. VINCENT SUBDIVISION NO. 2 OF SANTA FE, NEW MEXICO
 AND ASSOC. RECORDED QUINCY AND ST. VINCENT SITE PLANS BY JACK REELEY
 RECEIVED 1/10/54

STEPHEN R. FLANCE & ASSOC. INC.
 COMMUNITY PLANNERS
 SANTA FE, NEW MEXICO

JAMES H. BECKER
 ARCHITECTS
 100 W. WASHINGTON
 SANTA FE, NEW MEXICO

REVISED BY DATE SCALE 1" = 100'

ST. VINCENT HOSPITAL MASTER PLAN

EXISTING CONDITIONS



LEGEND:
 PERCENTAGE OF SLOPE
 20+
 10-20
 5-10
 LESS THAN 5

INCHES LIMIT OF SOIL TYPE
 Cl/Ch CERULLOS FINE SANDY LOAM
 Fe FERRILE LOAM
 Pb PANNY FINE SANDY LOAM
 Pm POLYQUE-ROUGH BROKEN LAUD COMPLEX

STEPHEN R. FLANCE & ASSOC. INC.
 COMMUNITY PLANNERS
 SANTA FE, NEW MEXICO

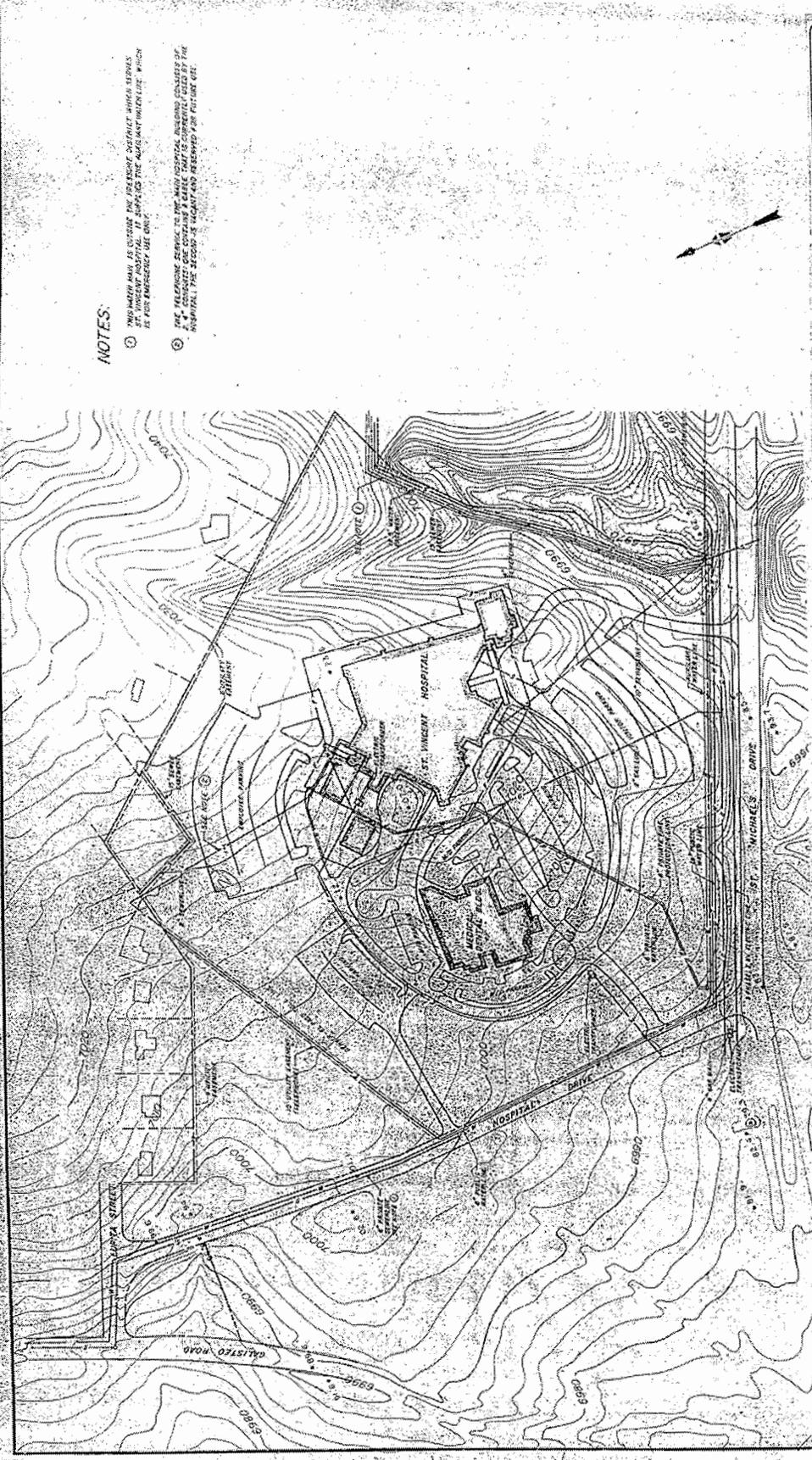
NATIONAL CENTER
 ADVANCED
 COMMUNITY PLANNING

REVISED BY DATE SCALE: 1" = 100'

ST. VINCENT HOSPITAL MASTER PLAN

SOILS AND SLOPE MAP

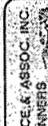
SHEET 4 OF

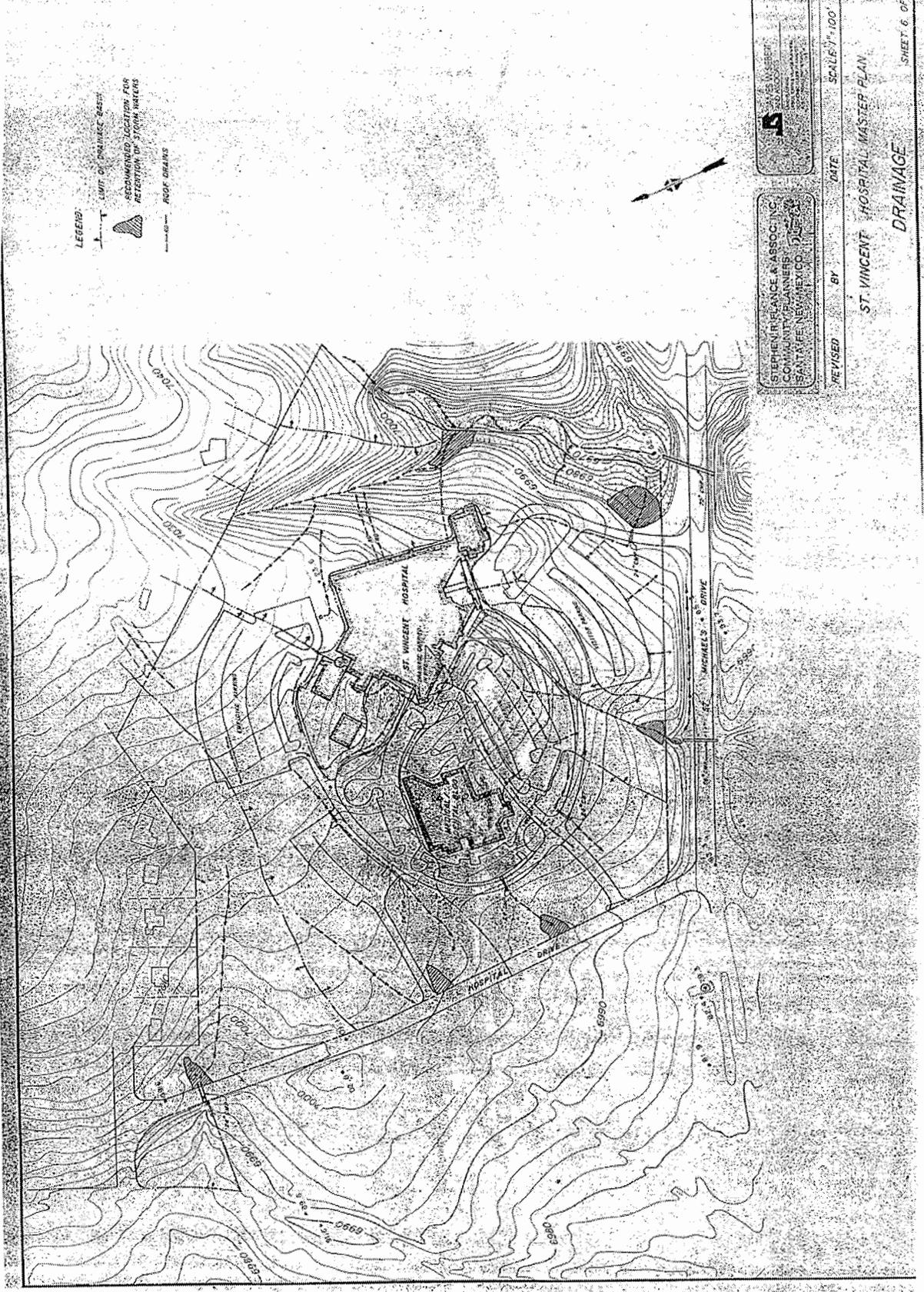


NOTES:

- ① THIS MAP IS OUTSIDE THE FIREWORKS DISTRICT WHICH BEARS THE BURDEN OF THE FIREWORKS DISTRICT WHICH IS FOR EMERGENCY USE ONLY.
- ② THE TELEPHONE SERVICE TO THE MAIN HOSPITAL BUILDING CHANGES AT THE CORNER OF CALISTO ROAD THAT IS CURRENTLY USED BY THE HOSPITAL THE SERVICE IS MOVED AND RECONNECTED FOR THE USE OF THE

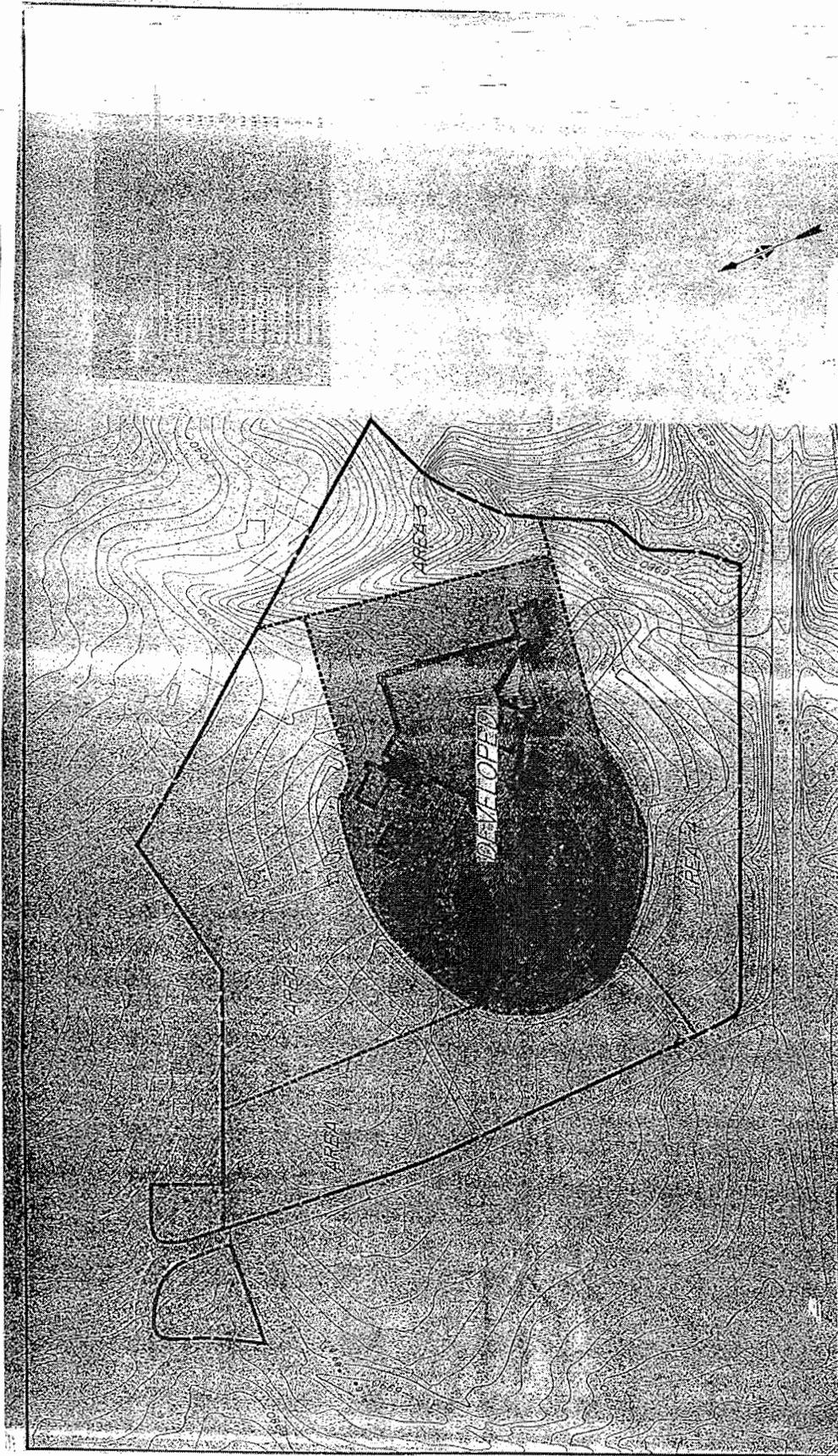


			
STEPHEN R. FLANCE & ASSOC. INC. COMMUNITY PLANNERS SANTA FE, NEW MEXICO		ST. VINCENT HOSPITAL UTILITIES	
REVISED	BY	DATE	SCALE: 1" = 100'
ST. VINCENT HOSPITAL MASTER PLAN		SHEET 5 OF 11	



LEGEND
 - - - - - LIMIT OF DRAINAGE BASIN
 PROPOSED LOCATION FOR RETENTION OF STORM WATERS
 ROOF DRAINS

 STEPHEN R. LAWRENCE & ASSOCIATES, INC. COMMUNITY PLANNERS SAN ANTONIO, TEXAS		DATE _____ SCALE: 1" = 100'
REVISIONS: _____ BY _____		ST. VINCENT HOSPITAL MASTER PLAN DRAINAGE
		SHEET 6 OF _____



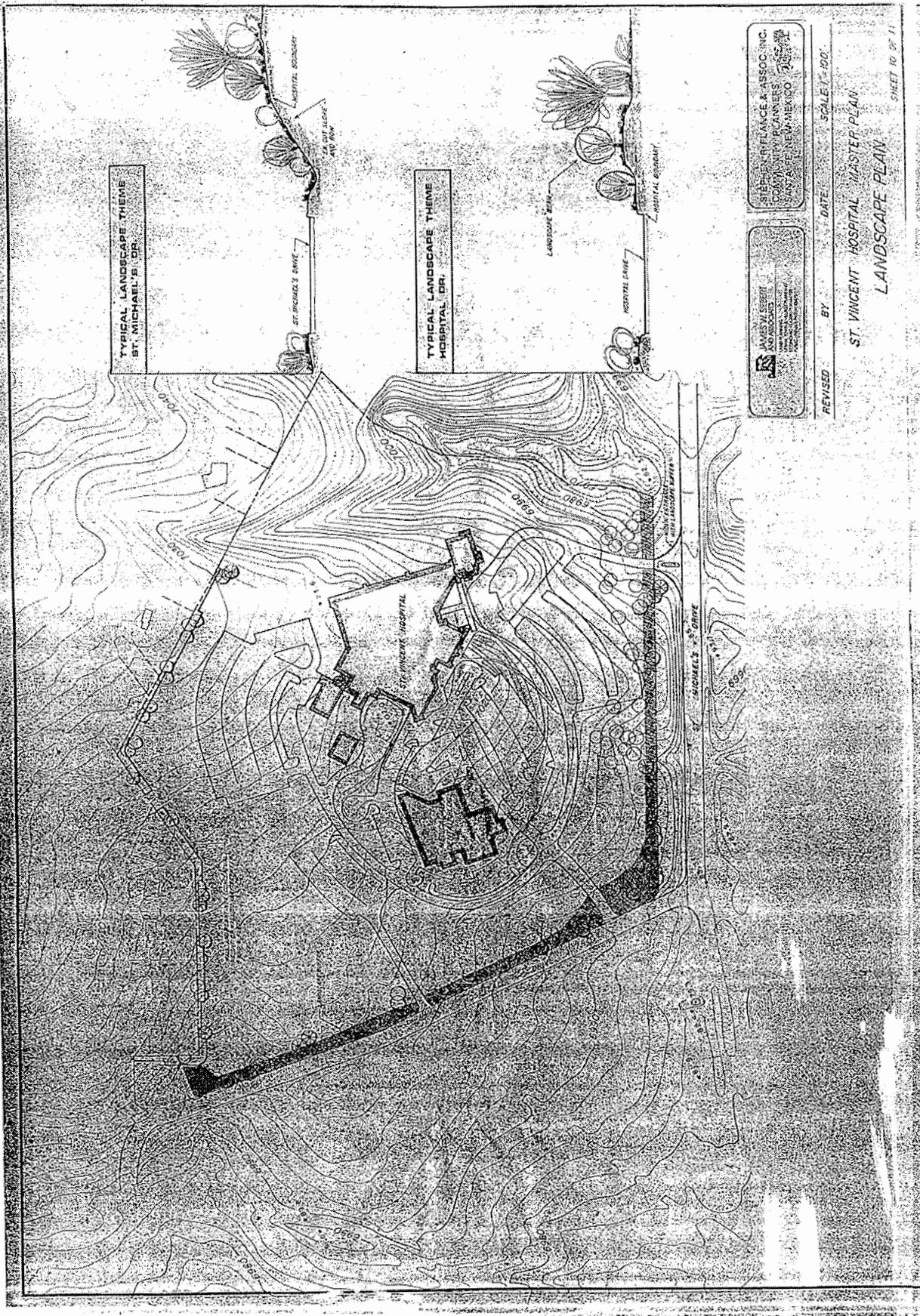
STEPHEN R. PLANCE & ASSOC. INC.
 COMMUNITY PLANNERS
 SANTA FE, NEW MEXICO

REVISED BY DATE SCALE: 1" = 100'

ST. VINCENT HOSPITAL MASTER PLAN

SITING CRITERIA MAP

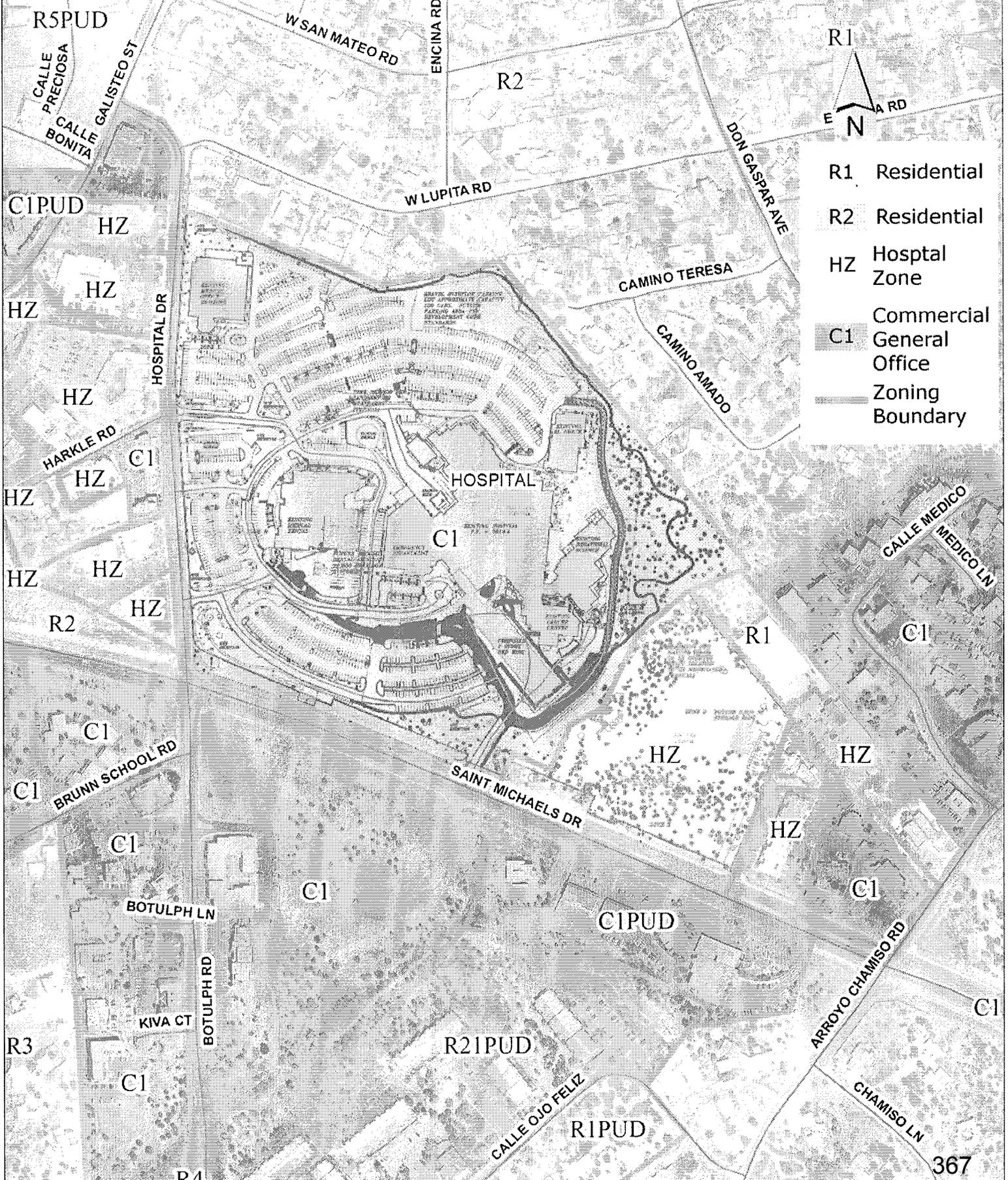
SHEET 9 OF 11



C4

ADJOINING ZONING REFERENCE MAP

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



- R1 Residential
- R2 Residential
- HZ Hospital Zone
- C1 Commercial General Office
- Zoning Boundary

C5

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 from 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 addition 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
<i>adjective: infeasible</i>		
<i>not possible to do easily or conveniently; impracticable.</i>	<i>: not feasible : impracticable</i>	<i>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"</i>

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.

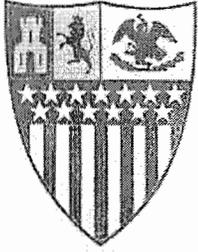
Staff Response:

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.

C6



City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909
www.santafenm.gov

Javier M. Gonzales, Mayor

Councilors:

Peter N. Ives, Mayor Pro Tem, Dist. 2
Patti J. Bushee, Dist. 1
Signe I. Lindell, Dist. 1
Joseph M. Maestas, Dist. 2
Carmichael A. Dominguez, Dist. 3
Christopher M. Rivera, Dist. 3
Ronald S. Trujillo, Dist. 4
Bill Dimas, Dist. 4

May 14, 2015

Marty Huie
WHR Architects
3131 McKinney, Ste. 340
Dallas, TX 75204

NOTICE OF ARC ACTION

Project Location: 455 St. Michael's Drive
ARC Case Number: AR-12-15

Dear Mr. Huie,

At their hearing on May 13, 2015, the City of Santa Fe Archaeological Review Committee (ARC) voted unanimously to approve an archaeological reconnaissance report prepared by Stephen Post covering 48.1 acres at 455 St. Michael's Drive in Santa Fe, finding it to be in compliance with the requirements of the Santa Fe Archaeological Review Districts Ordinance. With this action, the City has officially issued an Archaeological Clearance Permit for the parcel, and development may proceed. If you have questions or concerns, please do not hesitate to contact me at 505-955-6660 or lgroach@santafenm.gov.

Sincerely,

Handwritten signature of Lisa G. Roach in cursive.

Lisa G. Roach
Senior Planner / Archaeological Liaison
Historic Preservation Division
City of Santa Fe

CC: Stephen Post, consulting archaeologist
3924 Old Santa Fe Trail
Santa Fe, NM 87505



**CITY OF SANTA FE
ARCHAEOLOGICAL SUBMITTAL CHECKLIST/CLEARANCE PERMIT AND APPROVAL**



Case File Number AR-12-15 Date Application Submitted 4/21/2015
 District: Historic Downtown District _____; River & Trails-Regular _____; Santa Fe Trail _____; Suburban _____
 Building Sq. Ft. _____ Development Acreage 48.11 acres
 Project Description: addition
 Site Address/Location: 55 St. Michaels Dr. Property Owner: Christus St. Vincent
 Permit: Grading _____; Development ; Building _____
 Applicant Information: Name: Christus St. Vincent Regional Medical Center
 Mailing Address: 1111 R. A. Roberts Blvd. Durango, CO 81301 Phone No.: 214 239 2648
 Archaeological Consultant: Stephen Post Dallas TX 75209 817-7725

RECONNAISSANCE REPORT

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> Project Archaeologist's Resume | f. _____ Historic Photos (needed if in Historic Downtown District) |
| 2. <input checked="" type="checkbox"/> Vicinity Map | g. _____ Information from Title Abstract (if available) |
| 3. _____ Project Site Description | 8. <u>NA</u> 2% Testing (Historic Downtown District Only) |
| 4. <input checked="" type="checkbox"/> Development Project Description | 9. _____ Description of Prehistoric & Historic Occupation & Land Use |
| 5. _____ Outline of Research & Methodology | 10. <input checked="" type="checkbox"/> Description of Cultural Remains Discovered and Significance |
| 6. <input checked="" type="checkbox"/> Site Map or Aerial Photograph at a Minimum of 1"=200' for Downtown Dist. & 1"=400' for other Districts | 11. <input checked="" type="checkbox"/> NM Site Inventory Forms and Other Documentation |
| 7. <input checked="" type="checkbox"/> Archival Research | 12. <input checked="" type="checkbox"/> Recommended Site Significance |
| a. _____ Historic Maps & Aerial Photos | 13. <input checked="" type="checkbox"/> Assessment of Development's Impact on Cultural Remains |
| b. _____ ARMS Files & Archaeological Reports | 14. <input checked="" type="checkbox"/> Recommended Treatment for Site |
| c. _____ General Land Office (BLM) Surveys or Land Grant Plats | 15. <input checked="" type="checkbox"/> Listing of Sources, i.e. historic maps, aerials, reports, etc. |
| d. _____ 1917 Hydrological Survey and Santa Fe Acequia System Report (needed if acequia present or nearby) | |
| e. _____ National and State Register Nominations (needed if in Historic Downtown District or near Historic Structure) | |

ARC APPROVAL: MEETING DATE: 5/1/2015
 Special Conditions: _____ Yes (see attachment)
 _____ No

TREATMENT PLAN REQUIRED:

Yes: _____ No: _____
 TREATMENT PLAN ARC APPROVAL: MEETING DATE: _____
 Special Conditions: _____ Yes (see attachment) _____ No

PRELIMINARY TREATMENT REPORT

- | | |
|--|--|
| _____ a. Research Design Outline | _____ d. Description of Cultural Remains Discovered |
| _____ b. Site Map of Excavations | _____ e. Description of Prehistoric and Historic Occupation and Land Use |
| _____ c. Other Documentation: Photographs and New Mexico Site Inventory Forms; if applicable | _____ f. Listing of Sources |

TREATMENT REPORT ARC APPROVAL: MEETING DATE: _____
 Special Conditions: _____ Yes (see attachment) _____ No

FINAL TREATMENT REPORT

_____ Date Final Report Due _____ Date Final Report Received

Permit Approved: _____ Date: 4/21/2015
 Archaeological Review Committee Chairperson

PL10010 PMS 9/94

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 *J*

SUBJECT: Case #2015-47, 455 St. Michaels Drive Christus St. Vincent Regional Medical Center

ISSUE

Request for Master Plan Amendment, Four Variances, Development Plan to construct 65,500 square foot addition on Tract A-1-3 and Tract A-2, & Special Use Permit.

RECOMMENDED ACTION:

The comments below are based on submittals received April 29, 2015 and a Traffic Impact Analysis (TIA) received on June 18, 2015. These comments should be considered as Conditions of Approval to be addressed prior to subsequent submittals unless otherwise noted:

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.

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 09-18-16.doc

DATE: June 23, 2015
TO: Dan Esquibel, Case Manager
FROM: Risana "RB" Zaxus, PE
City Engineer
RE: Case # 2015-47
455 St. Michael's Drive
Christus St. Vincent Regional Medical Center

I reviewed a set of plans and the Drainage Study, and have the following comments to be regarded as conditions of approval:

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.

City of Santa Fe, New Mexico

memo

DATE: June 24, 2015
TO: Daniel Esquibel, Land Use Planner Senior
FROM: Noah Berke, CFM, Land Use Planner Senior
SUBJECT: Final Comments for Case #2015-47, Case #2015-47, 455 St. Michaels Drive Christus St. Vincent Regional Medical Center

Below are landscaping review comments and recommended conditions for Case #2015-47 455 St. Michaels Drive Christus St. Vincent Regional Medical Center. These comments are based on documentation and plans dated June 10, 2015:

The landscaping, as proposed, is in compliance with Article 14-8.4 "Landscape and Site Design". 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.

ESQUIBEL, DANIEL A.

From: LUCERO, ERIC J.
Sent: Thursday, May 14, 2015 9:36 AM
To: ESQUIBEL, DANIEL A.
Subject: Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center.

Dan,

Sorry for the late response. I was out sick this week.

I have no comments regarding Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center. The facility utilizes a large compactor at the loading dock for their refuse service. By looking at the plans, I doesn't look like that will change.

Thanks,

Eric J Lucero
City of Santa Fe
Environmental Services
Operations Manager
505-955-2205 office
505-670-6562 cell
ejlucero@santafenm.gov



MEMO

Wastewater Management Division DEVELOPMENT REVIEW COMMENTS

E-MAIL DELIVERY

Date: May 15, 2015

To: Dan Esquibel, Case Manager

From: Stan Holland, P.E.
Wastewater Management Division

Subject: Case 2015-47 Saint Michaels Christus Saint Vincent Nursing Unit

The subject property is accessible to the City public sewer system. Accessible is defined as within 200 feet of a public sewer line.

The following are conditions of approval:

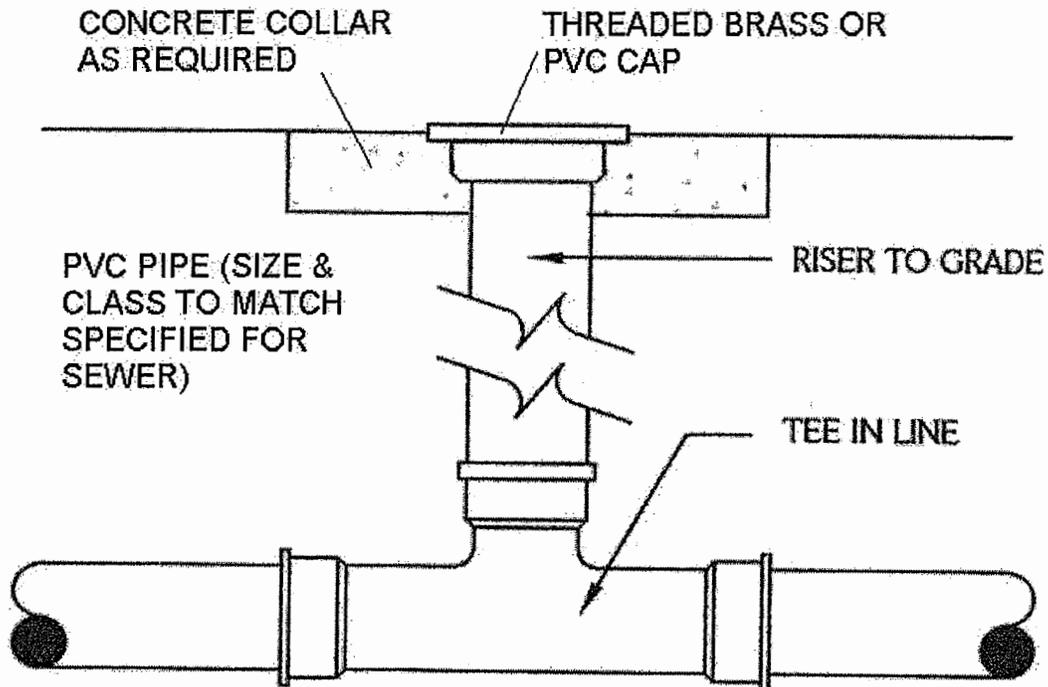
1. Add note to the Development Plan that Wastewater Utility Expansion Charge (UEC) shall be paid at the time of building permit application.
2. Add note to the Development Plan and the Utility Plans that the on-site sewer system serving the Development is private.
3. Identify the proposed on-site sewer lines as private on the Utility Plans.
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. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail.
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

Attachments: IPSP Detail

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

City of Santa Fe
memo

DATE: May 4, 2015
TO: Dan Esquibel, Land Use Planner, Land Use Department
FROM: Dee Beingessner, Water Division Engineer 
SUBJECT: Case # 2015-47 455 St. Michael's Drive Christus St. Vincent Regional Medical Center

The Christus St. Vincent Regional Medical Center currently has a water meter for a 6" domestic service at the corner of Hospital Drive and St. Michael's Drive. In addition the property is served with an 8" fire service connection at the same location and a 6" fire service connection next to the hospital exit further east on St. Michael's Drive. All backflow preventers must be evaluated and upgraded if necessary to meet current requirements.

Fire protection requirements are addressed by the Fire Department.

City of Santa Fe, New Mexico

memo

DATE: June 3, 2015

TO: Dan Esquibel, Case Manager

FROM: Reynaldo Gonzales, Fire Marshal 

SUBJECT: Case #2015-44 455 St. Michaels Drive Christus St. Vincent

I have conducted a review of the above mentioned case for compliance with the International Fire Code (IFC) Edition. If you have questions or concerns, or need further clarification please call me at 505-955-3316.

Prior to any new construction or remodel shall comply with the current code adopted by the governing body.

1. All Fire Department access shall be no greater than 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.

C7

1 CITY OF SANTA FE, NEW MEXICO

2 RESOLUTION NO. 2006-83

3 INTRODUCED BY:

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A RESOLUTION

AMENDING THE MASTER PLAN FOR A PARCEL KNOWN AS TRACT A-1, TRACT A-2, TRACT B-1, TRACT B-2-A, TRACT B-2-B, TRACT C AND TRACT D, WITHIN SECTION 36, T 17 N, R 9 E, 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. M 2004-47, ST. VINCENT'S HOSPITAL MASTER PLAN AMENDMENT).

WHEREAS, the agent for the owner of the subject property has submitted an application to amend the St. Vincent's Hospital Master Plan; and

WHEREAS, the Master Plan amendment criteria in the following adopted ordinances and resolutions have been met: 1) Resolution 1985-36 for Adoption of a Master Plan for St. Vincent's Hospital; 2) Ordinance 1985-15 for Rezoning to C-1; and

WHEREAS, the hospital is expected to address and mitigate various on and off-site traffic issues per the conditions recommended by staff and Council after approval is granted for construction of the emergency room addition and before expanding and constructing any other

 1

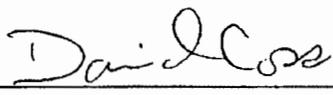
1 buildings which are shown on the master plan which are listed in the attached conditions of
2 approval as shown in "Exhibit A" attached hereto; and

3 WHEREAS, future development on the property encompassed within the amended
4 master plan shall require early neighborhood notice meetings and approval by the Planning
5 Commission as required by Chapter 14 of the City Code; and

6 WHEREAS, the proposed emergency room addition does not require early
7 neighborhood notice meetings or Planning Commission approval.

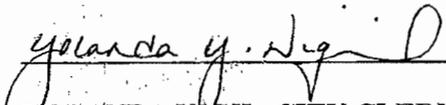
8 NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE
9 CITY OF SANTA FE that the Master Plan for Tracts A-1, A-2, B-1, B-2-A, B-2-B, C and D
10 within Section 36, T 17 N, R 9 E, N.M.P.M. is amended as shown in "Exhibit B" attached
11 hereto.

12 PASSED, APPROVED and ADOPTED this 12th day of July, 2006.

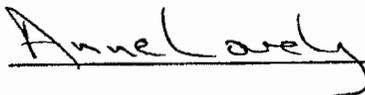
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15 DAVID COSS, MAYOR

16 ATTEST:

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18 
19 YOLANDA VIGIL, CITY CLERK

20
21 APPROVED AS TO FORM:

22
23 
24 FRANK D. KATZ, CITY ATTORNEY

25 \\file-svr-2\home\$\acharnden\Planning Commission and City Council\St Vincent's Hospital Campus Master Plan

**ST. VINCENT'S HOSPITAL CAMPUS MASTER
PLAN AMENDMENT CONDITIONS OF APPROVAL:**

At their July 12, 2006 meeting the Council of the City of Santa Fe voted to approve the above referenced request including the following conditions of approval:

1. New development shall comply with the standards of Section 14-5.5(A)(3), South Central Highway Corridor Overlay District, including 25-foot landscape buffer within 50-foot building setback from residential property lines.
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. 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-turn exit and a street island on Hospital Drive to prevent left-turn exit.
5. For all phases subsequent to the Emergency Room Expansion, provide pro-rata participation in traffic calming measures and off-site traffic mitigation measures to the approval of the Public Works Department and the Planning Commission.
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.

**EXHIBIT A
RESOLUTION 2006- 83**

8. For all phases subsequent to the emergency room expansion, provide internal directional signage to guide visitors to exits and to various buildings/hospital services.
9. Helipad facility shall not be relocated without approval of a special exception or master plan amendment.
10. Helipad facility shall only be used for flights which are emergent, critical or at the direction of a physician.
11. These conditions of approval shall be noted on the master plan, which shall be filed for record with the County Clerk, and 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.
12. On-site circulation and signage: For all phases subsequent to the emergency room expansion, modify internal circulation as shown on the amended master plan to include a ring road. For all phases subsequent to the emergency room expansion, provide internal directional signage to guide visitors to exits and to various buildings/hospital services. On-site circulation and signage should be addressed after the hospital meets with staff to address off-site traffic concerns (above).
13. Also, a 20 ft 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.
15. Except as specifically amended by this Resolution No. 2006-83, the master plan approved by Resolution No. 1985-36 shall remain in effect.

**October 28, 2015
Governing Body**

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

EXHIBIT D

AUGUST 6, 2015 PLANNING COMMISSION PACKET

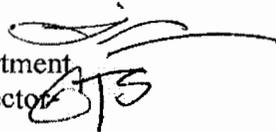
City of Santa Fe, New Mexico

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 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 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 July 2, 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 Subsection 14-5.5(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 Subsection 14 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	
Removal of the ring road,	14-2-3(C)(1) Recommendation to the Governing Body
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.”	
Variations	
Variance to the “Maximum Height of Structures” per Table 14-7.3-1: <i>“Table of Dimensional Standards for Nonresidential Districts”</i> to allow 49’ where 36’ is the maximum,	14-2-3(C)(3) Final Decision
Variance to the “Maximum Height of Structures” per Subsection 14 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	
Development Plan to construct a 65,500 square foot addition	14-2-3(C)(1) Final Decision
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	
○ 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
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 the 1985 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 from 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 addition 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
<i>adjective: infeasible</i>		
<i>not possible to do easily or conveniently; impracticable.</i>	<i>: not feasible : impracticable</i>	<i>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"</i>

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 signs 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 within 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 applicant's 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 first 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 manner 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. Michael's Drive, 80 square foot signs at all entrances along Hospital Drive and St. Michael's 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 route. The trail will continue north along the north property line and connect to Camino Teresa. The proposed trails route 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 response**

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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Exhibit A- Conditions of Approval

Exhibit B - DRT comments

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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

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
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p style="margin-left: 20px;">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.</p> <p style="margin-left: 20px;">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.</p>	<p>Traffic Engineering Division</p>	<p>John Romero June 18, 2015</p>

EXHIBIT A
Conditions of Approval
Case #2015-47

455 St. Michaels Drive St. Vincent Regional Medical Center

	<p>Staff recommends the following Conditions of Approval added to the plat prior to recordation:</p> <ol style="list-style-type: none"> 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. 	<p style="text-align: center;">Land Use Department Landscaping</p>	<p style="text-align: center;">Noah Berke June 24, 2015</p>
	<ol style="list-style-type: none"> 1. Stormwater ponding for the following will be constructed under the building permit for the proposed New Inpatient Bed Wing: <ul style="list-style-type: none"> *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. 	<p style="text-align: center;">Land Use Department Terrain Management And Lighting</p>	<p style="text-align: center;">Risana "RB" Zaxus, PE June 23, 2015</p>
	<ol style="list-style-type: none"> 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. 	<p style="text-align: center;">Wastewater Management Division</p>	<p style="text-align: center;">Stan Holland, P.E. May 15, 2015</p>

EXHIBIT A
Conditions of Approval
Case #2015-47

455 St. Michaels Drive St. Vincent Regional Medical Center

	<p>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.</p> <p>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".</p> <p>6. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail.</p> <p>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.</p> <p>8. See Exhibit A1</p>	<p>Wastewater Management Division</p>	<p>Stan Holland, P.E. May 15, 2015</p>
	<p>All backflow preventers must be evaluated and upgraded if necessary to meet current requirements.</p>	<p>Water Division</p>	<p>Dee Beingessner P.E. May 4, 2015</p>
<p>1. All Fire Department access shall be no greater than a 10% grade throughout.</p> <p>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.</p> <p>3. Shall meet the 150 foot driveway requirements must be met as per IFC, or an emergency turn-around that meets the IFC requirements shall be provided.</p> <p>4. Fire Department shall have 150 feet distance to any portion of the building on any new construction.</p> <p>5. Shall have water supply that meets fire flow requirements as per IFC, and may be required to install an automatic sprinkler system.</p> <p>6. May be required to provide two separate and approved fire apparatus access roads.</p>		<p>Fire Marshal</p>	<p>Reynaldo Gonzales Fire Marshal June 3, 2015</p>

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

Condition	Department	Staff
<ol style="list-style-type: none"> 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 final guarantee. The final guarantee shall be I favor of the city. 	<p style="text-align: center;">Land Use Department Current Planning</p>	<p style="text-align: center;">Dan Esquibel This Memo</p>

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: June 18, 2015

TO: Daniel Esquibel, Planning and Land Use Department

FROM: John Romero, Public Works Department/ Traffic Engineering Division *JR*

SUBJECT: Case #2015-47, 455 St. Michaels Drive Christus St. Vincent Regional Medical Center

ISSUE

Request for Master Plan Amendment, Four Variances, Development Plan to construct 65,500 square foot 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

Page 3 of 165 - 7/95



Santa Fe Metropolitan Planning Organization

"Promoting Interconnected Transportation Options"



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.

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 Encinas, Planner Tech Sr.
Water Budget Office, Land Use Dept.

RE: Case #2015-47 Christus St. Vincent Regional Medical Center

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 proposed 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

August 6, 2015
Planning Commission
Case #2015-47, #2015-74 and #2015-75
**455 ST. MICHAELS DRIVE CHRISTUS
ST. VINCENT REGIONAL MEDICAL
CENTER**

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)

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.

August 6, 2015
Planning Commission
Case #2015-47, #2015-74 and #2015-75
**455 ST. MICHAELS DRIVE CHRISTUS
ST. VINCENT REGIONAL MEDICAL
CENTER**

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 addition 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.

August 6, 2015
Planning Commission
Case #2015-47, #2015-74 and #2015-75
**455 ST. MICHAELS DRIVE CHRISTUS
ST. VINCENT REGIONAL MEDICAL
CENTER**

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 Christus St. Vincent Hospital (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. Why should the City relieve the Developer from this obligation?

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.

**October 28, 2015
Governing Body**

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

EXHIBIT E

JULY 2, 2015 PLANNING COMMISSION PACKET

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 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 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 variances 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)

Variations		
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,		14-2-3(C)(1) Recommendation to the Governing Body
Variance to the "Maximum Height of Structures" per Subsection 14 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		
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.		14-2-3(C)(3) Final Decision

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
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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 the 1985 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 envelopes 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 I 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 I. 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 signs 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 within 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 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		
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 Building	Storage	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 compatibility 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

July 2, 2015
Planning Commission
Case #2015-47

**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
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p style="margin-left: 40px;">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.</p> <p style="margin-left: 40px;">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.</p>	<p style="text-align: center;">Traffic Engineering Division</p>	<p style="text-align: center;">John Romero June 18, 2015</p>

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

	<p>Staff recommends the following Conditions of Approval added to the plat prior to recordation:</p> <ol style="list-style-type: none"> 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. 	<p style="text-align: center;">Land Use Department Landscaping</p>	<p style="text-align: center;">Noah Berke June 24, 2015</p>
	<ol style="list-style-type: none"> 1. Stormwater ponding for the following will be constructed under the building permit for the proposed New Inpatient Bed Wing: <ul style="list-style-type: none"> *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. 	<p style="text-align: center;">Land Use Department Terrain Management And Lighting</p>	<p style="text-align: center;">Risana "RB" Zaxus, PE June 23, 2015</p>
	<ol style="list-style-type: none"> 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. 	<p style="text-align: center;">Wastewater Management Division</p>	<p style="text-align: center;">Stan Holland, P.E. May 15, 2015</p>

EXHIBIT A
Conditions of Approval
Case #2015-47

455 St. Michaels Drive St. Vincent Regional Medical Center

	<p>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.</p> <p>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".</p> <p>6. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail.</p> <p>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.</p> <p>8. See Exhibit A1</p>	<p style="text-align: center;">Wastewater Management Division</p>	<p style="text-align: center;">Stan Holland, P.E. May 15, 2015</p>
	<p>All backflow preventers must be evaluated and upgraded if necessary to meet current requirements.</p>	<p style="text-align: center;">Water Division</p>	<p style="text-align: center;">Dee Beingessner P.E. May 4, 2015</p>
	<ol style="list-style-type: none"> 1. All Fire Department access shall be no greater than 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. 	<p style="text-align: center;">Fire Marshal</p>	<p style="text-align: center;">Reynaldo Gonzales Fire Marshal June 3, 2015</p>

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

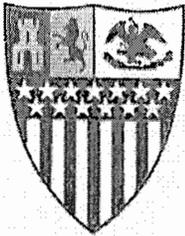
	Condition	Department	Staff
	1. A water budget addressing both areas of the city code will need to be addressed prior to moving forward to the Governing Body for review. 2. Noise from generators and or mechanical equipment within the Hospital Master Plan campus at the Residential property line shall not 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.	Land Use Department Current Planning	Dan Esquibel This Memo

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT B

DRT



City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909
www.santafenm.gov

Javier M. Gonzales, Mayor

Councilors:

Peter N. Ives, Mayor Pro Tem, Dist. 2
Patti J. Bushee, Dist. 1
Signe J. Lindell, Dist. 1
Joseph M. Maestas, Dist. 2
Carmichael A. Dominguez, Dist. 3
Christopher M. Rivera, Dist. 3
Ronald S. Trujillo, Dist. 4
Bill Dimas, Dist. 4

May 14, 2015

Marty Huie
WHR Architects
3131 McKinney, Ste. 340
Dallas, TX 75204

NOTICE OF ARC ACTION

Project Location: 455 St. Michael's Drive
ARC Case Number: AR-12-15

Dear Mr. Huie,

At their hearing on May 13, 2015, the City of Santa Fe Archaeological Review Committee (ARC) voted unanimously to approve an archaeological reconnaissance report prepared by Stephen Post covering 48.1 acres at 455 St. Michael's Drive in Santa Fe, finding it to be in compliance with the requirements of the Santa Fe Archaeological Review Districts Ordinance. With this action, the City has officially issued an Archaeological Clearance Permit for the parcel, and development may proceed. If you have questions or concerns, please do not hesitate to contact me at 505-955-6660 or lgroach@santafenm.gov.

Sincerely,

Lisa G. Roach
Senior Planner / Archaeological Liaison
Historic Preservation Division
City of Santa Fe

CC: Stephen Post, consulting archaeologist
3924 Old Santa Fe Trail
Santa Fe, NM 87505



CITY OF SANTA FE

ARCHAEOLOGICAL SUBMITTAL CHECKLIST/CLEARANCE PERMIT AND APPROVAL



Case File Number AR-12-15 Date Application Submitted 4/21/2015

District: Historic Downtown District; River & Trails-Regular; Santa Fe Trail; Suburban

Building Sq. Ft. _____ Development Acreage 40.1 acres

Project Description: addition

Site Address/Location: 455 McManis Dr. Property Owner: Charles St. Vincent

Permit: Grading; Development ; Building

Applicant Information: Name: Charles St. Vincent Regional Medical Center

Mailing Address: WHR Architects 3131 McKinney St #100 Dallas TX 75204 Phone No.: 214 239 2648

Archaeological Consultant: Stephen Post 620-7785

RECONNAISSANCE REPORT

- 1. Project Archaeologist's Resume
- 2. Vicinity Map
- 3. Project Site Description
- 4. Development Project Description
- 5. Outline of Research & Methodology
- 6. Site Map or Aerial Photograph at a Minimum of 1"=200' for Downtown Dist. & 1"=400' for other Districts
- 7. Archival Research
 - a. Historic Maps & Aerial Photos
 - b. ARMS Files & Archaeological Reports
 - c. General Land Office (BLM) Surveys or Land Grant Plats
 - d. 1917 Hydrological Survey and Santa Fe Acequia System Report (needed if acequia present or nearby)
 - e. National and State Register Nominations (needed if in Historic Downtown District or near Historic Structure)
- f. Historic Photos (needed if in Historic Downtown District)
- g. Information from Title Abstract (if available)
- 8. 2% Testing (Historic Downtown District Only)
- 9. Description of Prehistoric & Historic Occupation & Land Use
- 10. Description of Cultural Remains Discovered and Significance
- 11. NM Site Inventory Forms and Other Documentation
- 12. Recommended Site Significance
- 13. Assessment of Development's Impact on Cultural Remains
- 14. Recommended Treatment for Site
- 15. Listing of Sources, i.e. historic maps, aerials, reports, etc.

ARC APPROVAL: MEETING DATE: 4/1/15
Special Conditions: Yes (see attachment) No

TREATMENT PLAN REQUIRED:

Yes: _____ No: _____
TREATMENT PLAN ARC APPROVAL: MEETING DATE: _____
Special Conditions: Yes (see attachment) No

PRELIMINARY TREATMENT REPORT

- a. Research Design Outline
- b. Site Map of Excavations
- c. Other Documentation: Photographs and New Mexico Site Inventory Forms; if applicable
- d. Description of Cultural Remains Discovered
- e. Description of Prehistoric and Historic Occupation and Land Use
- f. Listing of Sources

TREATMENT REPORT ARC APPROVAL: MEETING DATE: _____
Special Conditions: Yes (see attachment) No

FINAL TREATMENT REPORT

_____ Date Final Report Due _____ Date Final Report Received

Permit Approved: _____ Archaeological Review Committee Chairperson Date: 4/21/2015

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 *JR*

SUBJECT: Case #2015-47, 455 St. Michaels Drive Christus St. Vincent Regional Medical Center

ISSUE

Request for Master Plan Amendment, Four Variances, Development Plan to construct 65,500 square foot addition on Tract A-1-3 and Tract A-2, & Special Use Permit.

RECOMMENDED ACTION:

The comments below are based on submittals received April 29, 2015 and a Traffic Impact Analysis (TIA) received on June 18, 2015. These comments should be considered as Conditions of Approval to be addressed prior to subsequent submittals unless otherwise noted:

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.

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 09-18-16.doc

DATE: June 23, 2015
TO: Dan Esquibel, Case Manager
FROM: Risana "RB" Zaxus, PE
City Engineer
RE: Case # 2015-47
455 St. Michael's Drive
Christus St. Vincent Regional Medical Center

I reviewed a set of plans and the Drainage Study, and have the following comments to be regarded as conditions of approval:

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.

City of Santa Fe, New Mexico

memo

DATE: June 24, 2015
TO: Daniel Esquibel, Land Use Planner Senior
FROM: Noah Berke, CFM, Land Use Planner Senior
SUBJECT: Final Comments for Case #2015-47, Case #2015-47, 455 St. Michaels Drive Christus St. Vincent Regional Medical Center

Below are landscaping review comments and recommended conditions for Case #2015-47 455 St. Michaels Drive Christus St. Vincent Regional Medical Center. These comments are based on documentation and plans dated June 10, 2015:

The landscaping, as proposed, is in compliance with Article 14-8.4 "Landscape and Site Design". 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.

ESQUIBEL, DANIEL A.

From: LUCERO, ERIC J.
Sent: Thursday, May 14, 2015 9:36 AM
To: ESQUIBEL, DANIEL A.
Subject: Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center.

Dan,

Sorry for the late response. I was out sick this week.

I have no comments regarding Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center. The facility utilizes a large compactor at the loading dock for their refuse service. By looking at the plans, I doesn't look like that will change.

Thanks,

Eric J Lucero
City of Santa Fe
Environmental Services
Operations Manager
505-955-2205 office
505-670-6562 cell
ejlucero@santafenm.gov



MEMO

Wastewater Management Division DEVELOPMENT REVIEW COMMENTS

E-MAIL DELIVERY

Date: May 15, 2015

To: Dan Esquibel, Case Manager

From: Stan Holland, P.E.
Wastewater Management Division

Subject: Case 2015-47 Saint Michaels Christus Saint Vincent Nursing Unit

The subject property is accessible to the City public sewer system. Accessible is defined as within 200 feet of a public sewer line.

The following are conditions of approval:

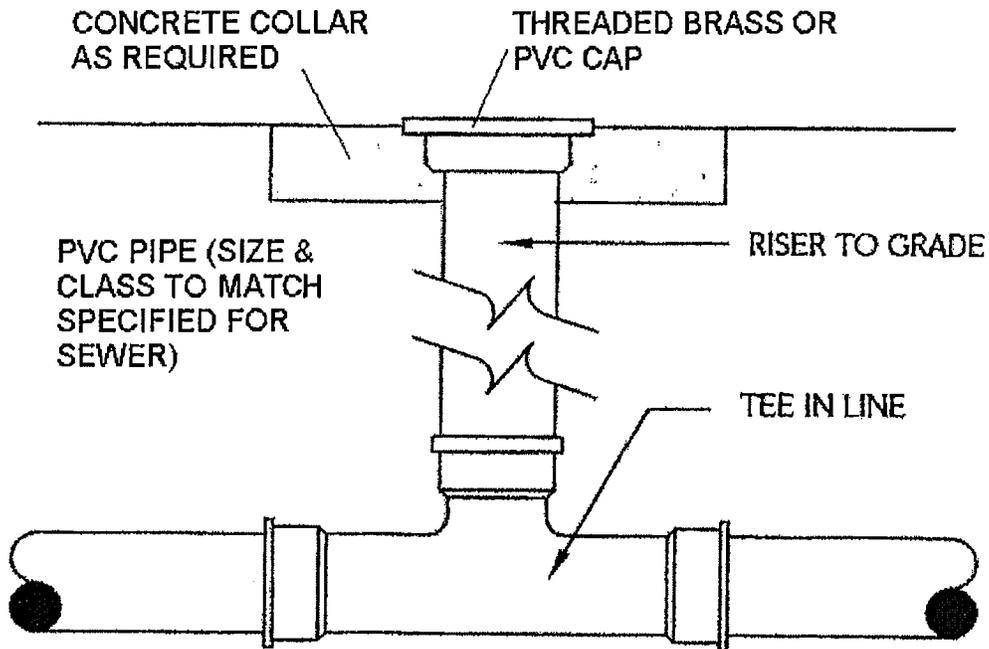
1. Add note to the Development Plan that Wastewater Utility Expansion Charge (UEC) shall be paid at the time of building permit application.
2. Add note to the Development Plan and the Utility Plans that the on-site sewer system serving the Development is private.
3. Identify the proposed on-site sewer lines as private on the Utility Plans.
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. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail.
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

Attachments: IPSP Detail

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)

City of Santa Fe
memo

DATE: May 4, 2015
TO: Dan Esquibel, Land Use Planner, Land Use Department
FROM: Dee Beingessner, Water Division Engineer 
SUBJECT: Case # 2015-47 455 St. Michael's Drive Christus St. Vincent Regional Medical Center

The Christus St. Vincent Regional Medical Center currently has a water meter for a 6" domestic service at the corner of Hospital Drive and St. Michael's Drive. In addition the property is served with an 8" fire service connection at the same location and a 6" fire service connection next to the hospital exit further east on St. Michael's Drive. All backflow preventers must be evaluated and upgraded if necessary to meet current requirements.

Fire protection requirements are addressed by the Fire Department.

City of Santa Fe, New Mexico

memo

DATE: June 3, 2015
TO: Dan Esquibel, Case Manager
FROM: Reynaldo Gonzales, Fire Marshal 
SUBJECT: Case #2015-44 455 St. Michaels Drive Christus St. Vincent

I have conducted a review of the above mentioned case for compliance with the International Fire Code (IFC) Edition. If you have questions or concerns, or need further clarification please call me at 505-955-3316.

Prior to any new construction or remodel shall comply with the current code adopted by the governing body.

1. All Fire Department access shall be no greater than 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.

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT C

ENN



**City of Santa Fe
Land Use Department
Early Neighborhood Notification
Meeting Notes**

<i>Project Name</i>	Christus St. Vincent Medical Center Expansion
<i>Project Location</i>	455 St. Michaels Drive
<i>Project Description</i>	Master Plan Amendment; Special Use Permit; Development plan and Height Variance to construct an inpatient bed facility.
<i>Applicant / Owner</i>	Christus St. Vincent Medical Center
<i>Agent</i>	WHR Architects, Inc.
<i>Pre-App Meeting Date</i>	October 30, 2014
<i>ENN Meeting Date</i>	March 17, 2015
<i>ENN Meeting Location</i>	Santa Fe University of Art & Design - Forum Lecture Theater
<i>Application Type</i>	ENN
<i>Land Use Staff</i>	Dan
<i>Other Staff</i>	Tamara Bear
<i>Attendance</i>	17 plus the Applicants'

Notes/Comments:

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

(d) RELATIONSHIP TO EXISTING DENSITY AND LAND USE WITHIN THE SURROUNDING AREA AND WITH LAND USES AND DENSITIES PROPOSED BY THE CITY GENERAL PLAN

The CHRISTUS St. Vincent development plan for a two story medical surgical unit complies with the existing density and land use proposed by the City General Plan. This development plan will meet the criteria outlined in the developed Campus Master Plan for St. Vincent Hospital. This development plan will meet the City of Santa Fe planning and zoning requirements.

(e) EFFECTS ON PARKING, TRAFFIC PATTERNS, CONGESTION, PEDESTRIAN SAFETY, IMPACTS OF THE PROJECT ON THE FLOW OF PEDESTRIAN OR VEHICULAR TRAFFIC AND PROVISION OF ACCESS FOR THE DISABLED, CHILDREN, LOW-INCOME AND ELDERLY TO SERVICES

One of the primary goals of this development plan is to improve patient, staff and visitor satisfaction and effectiveness. This expansion and upgrade will allow CHRISTUS St. Vincent Regional Medical Center to continue to be a leader in healthcare and within the community. The vehicular and pedestrian access both to the campus and internally on the campus will be improved as a result of this project. The CHRISTUS St. Vincent development Plan improves parking, traffic patterns and eases congestion by providing improved signage and site circulation. A new patient drop off area and canopy is proposed.

An accessible route from the north part of the campus adjacent to the adjoining residential neighborhood to the bus stop will be provided as part of this project.

(f) IMPACT ON THE ECONOMIC BASE OF SANTA FE

Access to quality healthcare is one of the important issues facing most communities today. Providing improved access to quality healthcare can have a positive economic impact and support economic growth, sustainability, and stability. The CHRISTUS St. Vincent development plan for a two story medical surgical unit will create access to improved physical environment for the medical surgical unit that should have a positive impact on the economic base of Santa Fe. Construction and related jobs will be created by this project.

(g) EFFECT ON THE AVAILABILITY OF AFFORDABLE HOUSING AND AVAILABILITY OF HOUSING CHOICES FOR ALL SANTA FE RESIDENTS

The CHRISTUS St. Vincent development plan for a two story medical surgical unit will not affect the availability of affordable housing choices for Santa Fe residents.

(h) EFFECT UPON PUBLIC SERVICES SUCH AS FIRE, POLICE PROTECTION, SCHOOL SERVICES AND OTHER PUBLIC SERVICES OR INFRASTRUCTURE ELEMENTS SUCH AS WATER, POWER, SEWER, COMMUNICATIONS, BUS SYSTEMS, COMMUTER OR OTHER SERVICES OR FACILITIES

The CHRISTUS St. Vincent development plan for a two story medical surgical unit will enhance public services by providing better fire and police access to the site as well as on-site public bus service and bike parking.

(i) IMPACTS UPON WATER SUPPLY, AVAILABILITY AND CONSERVATION METHODS

The CHRISTUS St. Vincent development plan for a two story medical surgical unit will maintain the use of a private well for water supply and will improve conservation by providing low water use planting and permeable ground area. Maintaining on-site water detention also will improve irrigation conservation.

(j) EFFECT ON THE OPPORTUNITIES FOR COMMUNITY INTEGRATION AND SOCIAL BALANCE THROUGH MIXED LAND USE, PEDESTRIAN ORIENTED DESIGN, AND LINKAGES AMONG NEIGHBORHOODS AND RECREATIONAL ACTIVITY AND EMPLOYMENT CENTERS

The CHRISTUS St. Vincent development plan for a two story medical surgical unit makes provisions for enhanced pedestrian access and traffic flow will enhance the overall neighborhood integration.

(k) EFFECT ON SANTA FE'S URBAN FORM

The CHRISTUS St. Vincent development plan for a two story medical surgical unit will have a positive impact on Santa Fe's Urban form. The overall appearance of the hospital and main entry to the hospital will be enhanced by this project. The project scale form, texture, material and colors are complementary to the existing elements on the hospital campus.

(l) ADDITIONAL COMMENTS (optional)

July 2, 2015
Planning Commission
Case #2015-47

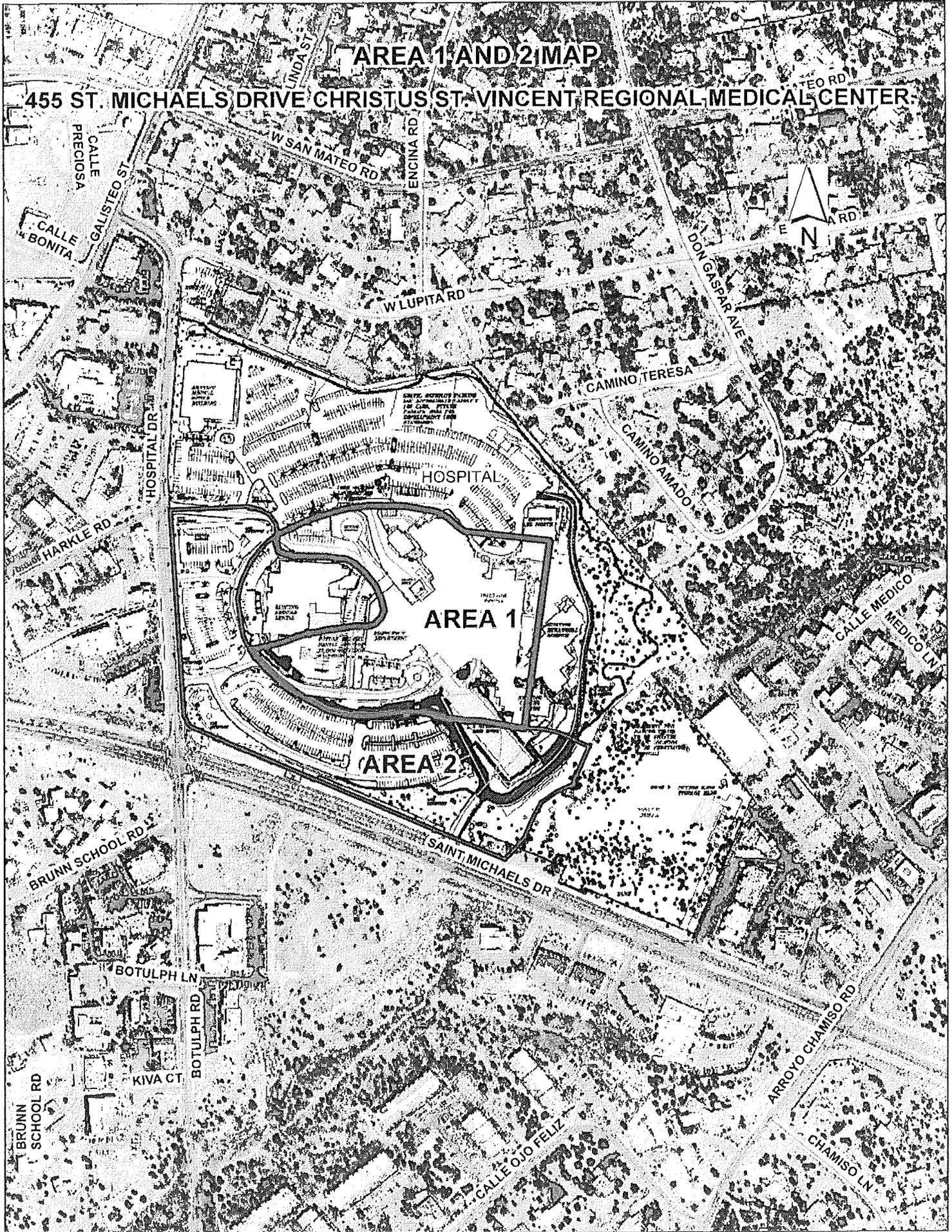
**455 ST. MICHAELS DRIVE CHRISTUS
ST. VINCENT REGIONAL MEDICAL
CENTER**

EXHIBIT D

MAPS

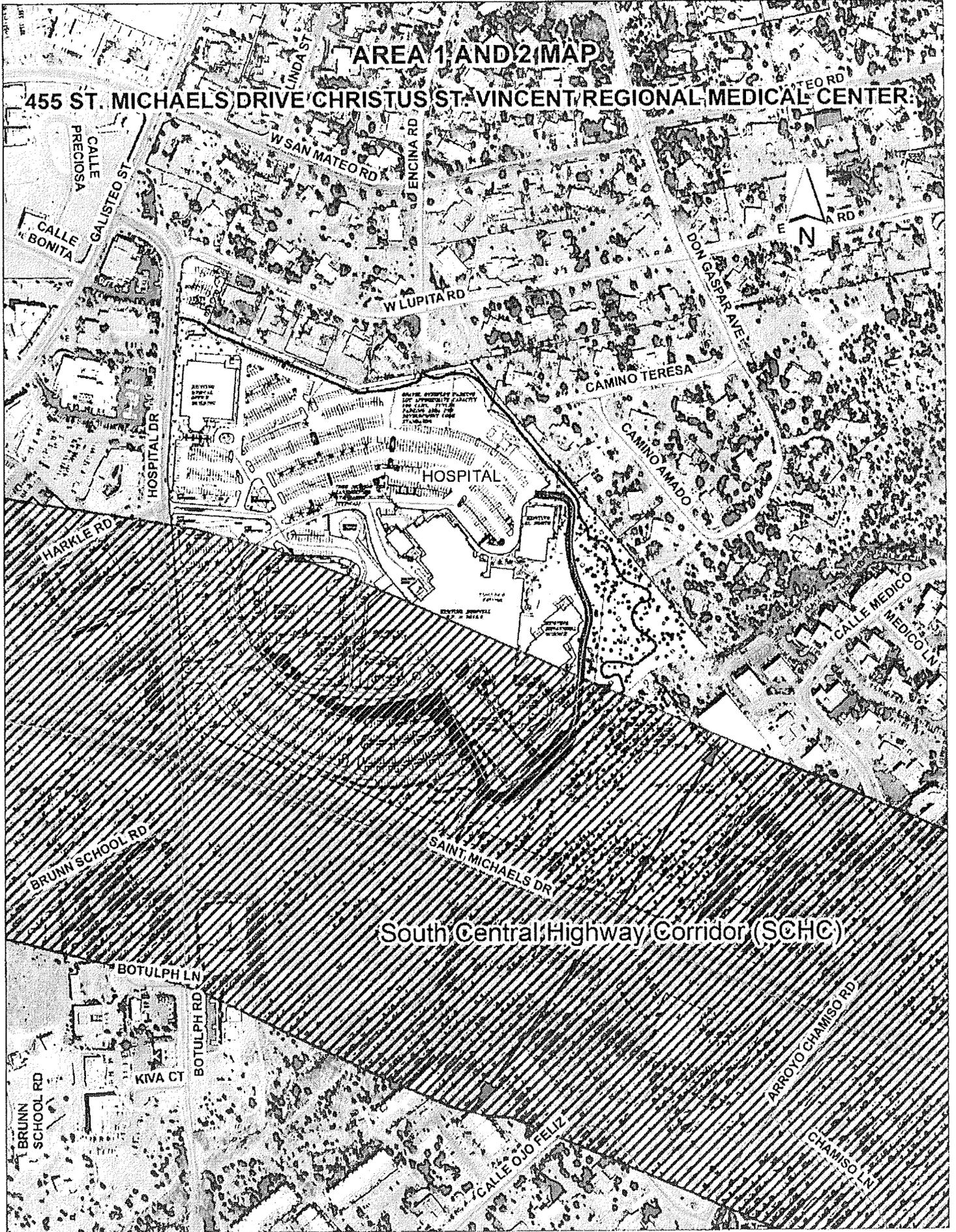
AREA 1 AND 2 MAP

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



AREA 1 AND 2 MAP

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



July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT E

APPLICANT DATA

CHRISTUS
St. Vincent
Regional Medical
Center

Inpatient Bed
Expansion
Project

Submitted April 24, 2015

TABLE OF CONTENTS

- Application forms
 - Master Plan Application
 - Special Use Permit Application 14-3.6
 - Development Plan Application
 - Variance Application
- Vicinity Map
- Letter of Application Narrative
 - Introduction P.5
 - Request for Special Use Permit for New Patient Wing P.6
 - Request for Development Plan for New Patient Wing P.7
 - How are conditions of 2006 Master Plan being addressed P.11
 - Proposed Amendments to 2006 Master Plan P.17
 - Request for Variances P.20
- Separate letter for special use permit P.30
- Statement addressing approval criteria P.32
- Legal Lot of Record, Legal Description P.34
- ENN Meeting Notes P.35

APPENDICIES

- Archaeological Clearance P.37
- Traffic Impact Analysis P.38
- Ordinance 1985-15 P.39
- Resolution 1985-36 P.40
- Resolution 2006-83 P.41
- Plans from the 1985 Master Plan, Approved under Resolution 1985-36. P.42
- Zoning Map P.43
- SCHC Overlay Map and Ordinance P.44

DRAWINGS

Sheet No.	Sheet Title	Sheet Description
1	COV	Cover
2	AREA	Area Map
3	MASTER PLAN	Amended Master Plan approved under Resolution 2006-83.
4	SURV	Survey
5	EXISTING	Existing Conditions
6	DEMO	Demo Plan
7	MP-1	Master Plan
8	DP-1	Development Plan (Overall Plan) (pedestrian and vehicular circulation, parking, and loading) * see 14-3.8 SFCC 1987, include signage specifications on this plan?
9	DP-2	Development Plan (Enlarged Plan)
10	ST-1	Standards for Development (Amended from 1985 Master Plan)
11	ELEV	Elevations
12	TRAILS	Trails Plan
13	GR-1	Grading Plan *see 14-8.2 SFCC 1987 (Overall)
14	GR-2	Grading Plan *see 14-8.2 SFCC 1987 (Enlarged)
15	SOILS	Terrain Management Plan (Soils Map, Stormwater Management) *see 14-8.2 SFCC 1987
16	SLOPE	Terrain Management Plan (Slope Map, Stormwater Management) *see 14-8.2 SFCC 1987
17	L-101	Landscape Plan (Enlarged)
18	L-102	Landscape Plan (Enlarged)
19	L-102	Landscape Plan (Enlarged)
20	UT-1	Utility Plan (Overall)
21	UT-2	Utility Plan (Enlarged)
22	LP-1	Lighting Plan

I. INTRODUCTION

This application includes a request on behalf of CHRISTUS St. Vincent Regional Medical Center for the following actions:

- A Special Use Permit for the construction of a new inpatient bed wing and related improvements, including a new main entrance and lobby for the hospital,
- Development Plan approval for the proposed inpatient bed wing and related improvements, which will also include the manner in which various conditions contained in the existing Master Plan for the hospital campus will be addressed,
- A variance to exceed the maximum permitted height of 36' under C-1 zoning for portions of the new inpatient bed wing that will be located outside of the South Central Highway Corridor Protection District,
- A variance to exceed the maximum permitted height of 25' for portions of the new inpatient bed wing located within the South Central Highway Corridor Protection District,
- A variance to exceed the maximum permitted sign square footage for relocated existing building mounted signs,
- A variance to exceed the maximum permitted sign height of 15' for relocated existing building mounted sign, and
- An amendment to the existing Master Plan that was approved by Resolution 2006-83 (the "2006 Master Plan").

The hospital intends to construct the new inpatient bed wing in order to better meet market demand and expectations, and to improve patient satisfaction and patient care, by creating private inpatient rooms within the new proposed addition. The new private inpatient beds in the new addition will take the place of the same number of existing semi-private beds in the hospital. That portion of the campus where the addition will be located is zoned C1; however, portions of the new addition also lie within the South Central Highway Corridor Protection District (the "Highway Corridor"). A special use permit and Development Plan approval are requested for the construction of the new addition. We are also requesting a variance to exceed the maximum permitted height of 36' under C1 zoning and a variance to exceed the maximum permitted height of 25' for portions of the addition that fall within the Highway Corridor. Another Variance is sought for the installation of Hospital identification signage that will exceed the allowable sign size and installation height limit for C1 zoning.

Additionally, we are also intending to address various conditions contained in the 2006 Master Plan, as explained below, and we are also requesting to amend the 2006 Master Plan in order to update the Master Plan to include the new inpatient bed wing and related improvements that are part of the proposed project and to accurately reflect other conditions and the anticipated future development of the campus.

The attached applications and narrative below follow the approval requested in the order listed above. A comprehensive set of supporting drawings are also included with this application. Four separate

planning action application forms are attached before the narrative, with supporting studies, reports and historic documents located in appendices.

II. REQUEST FOR SPECIAL USE PERMIT FOR NEW INPATIENT WING

The proposed inpatient wing is comprised of a two-story addition to the existing main hospital building that will include 36 new private inpatient rooms on the second floor, with the first floor build out to be completed at a later date. These 36 new rooms will allow for conversion of all of the Med/Surgical semi-private rooms to private accommodations. In a separate action, CHRISTUS St. Vincent has recently requested a reduction in Licensed Beds for the campus. The total number of licensed beds will actually decrease by 48 from the current total of 248 to 200 licensed beds. This Hospital Licensure Application was filed with the Department of Health (DOH) on February 20, 2015. The change in licensed bed is still under evaluation by the DOH.

The hospital is also intending to construct a new entry lobby with a communicating stair for access to both patient room levels. A new access corridor will connect the new patient wing back to the existing hospital on the first and second floors. Other related improvements, as shown on the proposed Development Plan, are also proposed.

Subsection 14-3.6(C) of the City's Land Development Code (the "Code"), states that a special use permit for "is required for any significant expansion or intensification of a special use." What follows is an explanation of how the criteria for the approval criteria for a special use permit, as provided in Subsection 14-3.6(D) of the Code, is satisfied:

The first item is to verify the following findings:

- (a) *That the Land Use Board has the authority under the section of Chapter 14 described in the application to grant the special use permit;* Subsection 14-3.6(B) states that "The planning commission and the board of adjustment have the authority to hear and decide *applications* for special use *permits* as authorized by Chapter 14; to decide questions that are involved in determining whether special use *permits* should be granted; and to grant special use *permits* with such conditions and safeguards as appropriate under Chapter 14 or to deny special use *permits* when not in harmony with the intent and purpose of Chapter 14." This confirms that the Planning Commission has the authority to make the findings to evaluate and grant the special use permit.
- (b) *That granting the special use permit does not adversely affect the public interest.* This project will have a positive impact on the community by providing private rooms for Med/Surgical patients. Studies have shown that patients in private rooms heal faster than those in semi-private rooms.
- (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.* The orientation and location of the building was established to minimize the impact to the surrounding neighborhoods and to assist the wayfinding of patients and visitors to the main entrance.

The hospital campus is zoned C-1. The new addition will neither result in any change in the use, nor increase the licensed bed capacity of the hospital. The project is to simply convert many of the semi-private rooms into private rooms. The “intensification of the special use” is the driving factor for this application.

The definition of “intensity within the Land development Code discusses an increase in “*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”. As mentioned above this addition will not increase bed counts, will not add a significant amount of nursing or maintenance staff, and will not affect traffic counts accessing the facility.

The item that does apply to this project is the “*development* per unit of area”. The Floor area Ratio will be increased by this project and therefore we are requesting this Special Use Permit.

III. REQUEST FOR DEVELOPMENT PLAN APPROVAL FOR NEW INPATIENT BED WING

We are also requesting development plan approval, pursuant to Subsection 14-3.8 of the Code, for the new inpatient wing and related improvements that a part of the proposed project. What follows is summary of how the requirements for development plan approval are satisfied.

Pursuant, Subsection 14-3.1(F) of the Code, the applicant conducted an early neighborhood notice meeting for which all required notice was provided. The ENN was held at 5:30 pm on March 17, 2015 at Forum Lecture Theatre of the Santa Fe University of Art and Design. The meeting was well attended and constructive. A copy of the meeting notes and sign in sheets are included in the Appendix.

In addition to the ENN, an informal meeting was held with representatives of the San Mateo and Arroyo Chamisa/Sol y Lomas Neighborhood Associations on February 26, 2015. This meeting was conducted in the Southeast conference room of the hospital. Approximately 10 individuals from the foregoing neighborhoods attended the meeting. The meeting focused primarily on the manner in which the hospital would address various conditions in the 2006 Master Plan. Comments by the neighbors were considered and incorporated in proposals that were communicated at the ENN.

The Development Plan under review is an update to both the 2006-83 Master Plan and the 1985-36 Master Plan. It should be pointed out that many conditions of approval were placed on the 2006 Master Plan but a majority of the plan remains unchanged from the 1985 Master Plan. Condition #15 on the 2006 Master Plan states: *Condition #15. Except as specifically amended by this Resolution 2006-83, the Master Plan approved by Resolution 1985-36 shall remain in effect.*

This is critical because the “Standards for Development” were created in 1985 and are still in effect. A copy of Resolution 1985-36 is included in the Appendix for easy reference. The 1985 Master Plan identified areas that were “Developed” and established allowable, heights, floor area ratios, and open space requirements that were appropriate for the Hospital Complex.

The applicant complies with the technical requirements for development plan approval for the reasons stated below:

1. *Submittal Requirements*

a. *Existing conditions on the site and within 200 feet of the site;*

Our site plan identifies the limit and character of the existing buildings, parking, driveway, landscaping, etc. within the campus. An aerial photo is used to provide context of the surrounding areas extending the minimum 200 feet from the perimeter of the campus.

b. *Proposed Modifications;*

The primary focus of this project is to construct the new inpatient bed wing and related improvements. A new corridor will connect the new patient wing back to the existing hospital on the first and second floors. The connections back to the existing hospital are vital for access to patient services inside the existing facility. The existing floor to floor height will be maintained to eliminate ramps along patient pathways.

The proposed inpatient wing is comprised of a two-story addition to the existing main hospital building that will include 36 new private inpatient rooms on the second floor, with the first floor build out to be completed at a later date. These 36 new rooms will allow for conversion all of the Med/Surgical semi-private rooms to private accommodations. In a separate action, CHRISTUS St. Vincent has recently filled paperwork to reduce their Licensed Beds for the campus. The total number of licensed beds will actually decrease by 48 from the current total of 248 to 200 licensed beds. This Hospital Licensure Application was files with the Department of Health (DOH) on February 20, 2015. The change in licensed bed will now match the actual number of licensed beds as filed with DOH.

There are currently three patient bed towers (in a triangular configuration) within the existing hospital. The 2006 Master Plan was approved with 267 beds. There is a separate action underway through the DOH to reduce the licensed bed count within the hospital to 200 beds. There are 129 Med/Surgical beds. The proposed addition will allow all Med/Surgical rooms to be converted to private rooms.

Along with the building addition, we propose to modify the parking area adjacent to the new building to direct drivers and pedestrians to the new main entrance of the hospital. This area will be enhanced with sidewalks between parking areas, installation of tree islands to comply with Subsection 14-8.4, Landscape and Site Design, of the Land Development Code. The proposed Development Plan shows that a total of 1,082 parking spaces are required parking spaces for the campus with the new addition. A total of 1,482 spaces will be provide as shown on the proposed Development Plan.

A one-way access drive lane will be constructed from the drive lane that leads from Hospital Drive to the Emergency Department entrance. This lane is being added for convenience to patients and visitors entering the campus from Hospital Drive that may miss the circulation road that leads to the main entrance. Wayfinding signage will be added to help guide patients and visitors.

A dedicated fire lane will be enhanced along the eastern side of the existing hospital as requested by the Fire Marshal. This lane will be gated on each end to restrict access to the Fire Department and maintenance staff only.

c. Type and Intensity of Proposed Use;

The proposed addition will be approximately 65,500 gross square feet. The second floor of the addition will include private patient rooms with the first floor be built out at a future date. Pursuant to the Master Plan approved by Resolution 1985-36, the Campus Master Plan included an Area 1 (Hospital and Environs) that allowed a Floor Area Ratio (FAR) of 1.8. This same area required 10% Open Space, and allowed a Maximum Height of 65 feet. Including this addition the FAR will be 0.87 up from the previous 0.74.

There is an Area 2, to the south of Area 1, that has a Floor Area Ratio of 0.5, and requires 20% Open Space. Our Project is spanning across the dividing line. As part of the Amendment to the Master Plan we are requesting an adjustment to the boundary line between Area 1 and Area 2. There are portions of the site to the west of our proposed project that are dedicated to access of Emergency Vehicle that would not make sense to convert to building area.

We propose to adjust the boundary limits such that the surface area of the two "Areas" will remain the same as approved in 1985. Only the shape of the two areas will be adjusted. The proposed adjustment is shown on Sheet ST-1 of the attached Drawings.

d. Infrastructure modifications, including public streets, driveways and traffic control measures and utilities;

A one way access drive lane will be constructed from the drive lane that leads from Hospital Drive to the Emergency Department entrance. This lane is being added for convenience to patients and visitors entering the campus from Hospital Drive that may miss the circulation road that leads to the main entrance. Wayfinding signage will be added to help guide patients and visitors.

A dedicated fire lane will be enhanced along the eastern side of the existing hospital as requested by the Fire Marshal. This lane will be gated on each end to restrict access to the Fire Department vehicles and hospital maintenance staff.

A Traffic Impact Study was completed in preparation for this project. A copy of that study is included in the Appendix for reference. The Traffic Impact Analysis shows that all intersections are an acceptable Level of Service. At this time we are waiting for review and acceptance of the Traffic Study by the City of Santa Fe Traffic Engineering Department. Once the study is reviewed we will work with the traffic engineer to determine which if any of the intersections identified above will require mitigation measures to be constructed.

The proposed Development Plan shows a reduction, from the previous Master Plan, in Parking Spaces required at 1,082 and a Total Parking Spaces Available of 1,482.

An internal fire line loop and internal sanitary sewer lines will need to be relocated as part of this project. See the Attached Utility Drawing for more details.

e. Development standards, lot coverage, height of structures and open space;

As mentioned above, Resolution 1985-36 approved a Master Plan that included a Standards for Development sheet that created an Allowable Floor Area Ratio of 1.8 within "Area 1". The Amendment to the Master Plan in 2006 did not modify the allowable Floor Area Ratio. Following the 2006 Master

Plan, the total area of the Existing Hospital in Area 1 was Net Leasable 205,000 square feet plus the area within the separately listed Patient Rooms (with a total floor gross area of 361,336 sf). The total area of "Area 1" was estimated to be 492,230 square feet. This gives an Existing Floor Area Ratio of 0.74 which is well below the allowable per the 1985 Master Plan. After the 65,500 square feet for the new inpatient bed wing is added the Proposed Floor Area Ratio will become 0.87 which is still well below the allowable per the 1985 Master Plan.

Open Space in this "Area 1" is required to be 10% per Resolution 1985-36. To achieve this 10% Open Space we would need to have 49,223 square feet within "Area 1". We have computed that we actually have 78,830 sf (16.8%) which exceeds the required Open Space for "Area 1".

The height of the current structures in "Area 1" range from single-story to the three-story triangular bed towers with stair and elevator elements extending approximately 12' beyond the three story roof. Each floor is approximately 14' tall. This gives a height of the existing structure at 54' above the lowest floor level.

f. Phases of development;

At this time we are proposing to build the new inpatient bed wing as well as completing the adjustments in the parking lot adjacent to the new addition. We will be enhancing the fire lane (compacted roadway base course) in compliance with the State of New Mexico Fire Marshal's office standards to support the 72,000 lb. fire truck.

As a second phase, to be completed within 3 years, we will be constructing the tree islands in the northern parking lot. Each of these areas will be depressed to harvest storm runoff and to reduce excess runoff leaving the site.

A future phase will include completion of an approximate 100 space parking lot on the north end of the site. When this lot is completed it will comply with the current Land Development Code requirements for parking stall size, tree islands, setbacks and screening to the adjacent neighborhood.

Another future phase will be to apply an asphalt surface to the dedicated Fire Lane. This lane will see very little traffic. At this time the paving does not seem warranted. If erosion of the fire lane occurs the paving may become necessary.

A future 5,000 square foot storage building is proposed over on Tract D, east of the arroyo. This storage building would be utilized to hold construction materials as well as medical equipment during upgrades. Access to this building will be strictly from St. Michael's Drive because the deep arroyo makes create an access road internal to the site difficult.

g. Residential development;

No residential development is proposed with this project. This section does not apply.

h. Water budget;

We have discussed our project with the Water Department. Because we are not adding beds to the facility, but simply displacing the beds from semi-private rooms to single occupancy, we are not adding water demand. Per discussions with City Staff, no water budget is required for this project.

i. Development standards and any variance or waiver required;

A proposed Terrain and Stormwater Management concept has been submitted to the City of Santa Fe for preliminary review. We have received a preliminary acceptance of our stormwater management concept. Erosion control measures will be developed and will require approval from city staff prior to being installed on the campus. Other provisions of Subsection 14-8.2 Terrain and Stormwater Management will be developed during the building permit phase of this project.

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.

As part of this Development Plan we will be requesting a height variance as explained more fully in Section V below.

A second variance is sought for site signage as described in Section V below.

j. Preliminary Development Plan;

A Preliminary Development Plan is not being requested as part of this project.

IV. HOW CONDITIONS IN THE 2006 MASTER PLAN ARE BEING ADDRESSED

The 2006 Master Plan included 15 conditions, some of which were required to be satisfied for “phases subsequent to the emergency room expansion,” which we have understood to mean the next project after the emergency room expansion for which development plan approval is required. The new inpatient bed wing is the first such project since the emergency room expansion. Each of the conditions are listed below with a brief description of how that condition applies to the proposed inpatient bed project.

Condition #1. New development shall comply with the Standards of Section 14-5.5(A)(3) South Central Highway Corridor Overlay District, including 25-foot landscaping buffer within 50-foot building setback from residential property lines.

The 25’ landscaping buffer has been provided within the 50’ setback from the edge of St. Michael’s Drive. This required landscaping buffer was recently, within the last three years, completed with new plantings and an irrigation system fed from a cistern collecting storm runoff from the adjacent parking lot. We believe that this condition has been satisfied. A copy of the SCHC is included in the Appendix for easy reference.

Condition #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).

This condition does not apply to the proposed Development Plan. We proposed to carry this condition forward onto the Amended Master Plan.

Condition #3. R-2 Zoned Portion of the Hospital Property shall be limited to single family residential use, parking lot use with minimum 20-foot landscaping 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.

There is a small lot located at the south-east corner of West Lupita Road and Hospital Drive. This lot was previously shown as a parking lot. The Amendment to the Master Plan will not change this condition. We would like to preserve the right to construct a parking lot at this location, following the conditions described above.

Condition #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-turn exit and a street island on Hospital Drive to prevent left-turn exit.

A traffic study has been performed and indicates a reduction in traffic along Hospital Drive. We will work with City of Santa Fe Traffic Engineering Department Staff to determine specifics for vehicular movement restriction and modifications to Hospital Drive at this location if necessary.

Condition #5. For all phases subsequent to the Emergency Room Expansion, provide pro-rata participation in traffic calming measures and off-site traffic mitigation measures to the approval of the Public Works Department and Planning Commission.

This condition refers to an older proposal by City of Santa Fe Traffic Division to reduce the width of Hospital Drive and to install bulb-outs and possibly traffic circles to reduce speeding. Our last discussions with the Traffic Engineer indicated that this item may no longer be desirable.

The need for this condition may have changed due to the City's desire to make the entrance on St. Michaels a right in and right out only. This item may require an updated traffic study.

A recent traffic study was performed and indicates a reduction in traffic along Hospital Drive from the 2004 traffic study to current traffic counts. We will work with City of Santa Fe Traffic Engineering Department Staff to determine specifics for vehicular movement restrictions and modifications on Hospital Drive.

Condition #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 Memo which was handed out as additional correspondence at the May 4, 2006 Planning Commission Meeting and may include:

- a. **Improvements to the intersection of Hospital Drive and Galisteo Road,**
- b. **Traffic mitigation at the intersection of San Mateo and Galisteo Road,**

- c. All existing and proposed access points to the development,
- d. Traffic improvements/mitigation on Hospital Drive, and
- e. Examine possibilities for shifting the main entrance on St. Michael's Drive further east.

These intersections were re-evaluated by the recent Traffic Impact Analysis. In general traffic counts have reduced throughout Santa Fe. Traffic counts along Hospital Drive follow that trend and have reduced.

The inpatient bed project is relocating existing beds from semi-private rooms to single occupancy rooms. This project does not increase the traffic to the campus. Existing traffic counts and proposed traffic numbers will be almost identical.

The Traffic Impact Analysis shows that all intersections are an acceptable Level of Service. At this time we are waiting for review and acceptance of the Traffic Study by the City of Santa Fe Traffic Engineering Department. Once the study is reviewed we will work with the traffic engineer to determine which if any of the intersections identified above will require mitigation measures to be constructed.

Below is an excerpt from the May 4, 2006 Planning Commission Engineering Division Memo the Traffic Calming measures for easy reference.

Traffic Calming:

The emergency room expansion is not expected to significantly increase traffic. The existing emergency room can not handle the current and predicted future patient volume. Staff recommends (see above) that upon completion of the proposed Emergency room addition and before any other expansion, the applicant install traffic calming measures on Hospital Drive and potentially at Hospital Drive and Galisteo. The applicant should meet with staff after approval of the masterplan

St. Vincent Hospital Master Plan Amendment
Case No. M 2004-47

May 4, 2006 Planning Commission
Page 4

to determine whether a traffic circle is feasible at Hospital Drive and Galisteo. A financial contribution to a traffic circle at Galisteo and San Mateo may also be required if the neighborhood and City decide that it be constructed. Staff may also require a raised or street-level pedestrian crosswalk across Hospital Drive north of Harkle Road. The applicant is expected to meet with City staff after approval of the master plan in order to determine appropriate traffic calming measures. Traffic Calming measures are to be to the approval of City Engineering, based on a revised final TIA.

The traffic calming process is underway with traffic engineering and neighbors on San Mateo and Don Gaspar Streets to bring excessive speeds down to the speed limit. No specific plan has been adopted to date for these streets. Traffic calming proposed for the hospital master plan should be compatible with whatever plan is developed by the city staff and neighbors for these streets.

Condition #7. For all phases subsequent to the Emergency Room Expansion, Close and/or modify driveway entrances at Hospital Drive and St. Michael's as shown on the Amended Master Plan, including modifications to turn lanes on St. Michael's Drive.

This condition identified the installation of a right turn lane for southbound Hospital Drive onto Westbound St. Michael's Drive, adding a raised median and barrier curb at centerline on Hospital Drive, North of the traffic signal at St. Michael's Drive.

This intersection was re-evaluated by the recent Traffic Impact Analysis. In general traffic counts have reduced throughout Santa Fe. Traffic counts along Hospital Drive follow that trend and have reduced.

The inpatient bed project is relocating existing beds from semi-private rooms to single occupancy rooms. This project does not increase the traffic to the campus. Existing traffic counts and proposed traffic numbers will be almost identical.

The Traffic Impact Analysis shows that all intersections are an acceptable Level of Service. At this time we are waiting for review and acceptance of the Traffic Study by the City of Santa Fe Traffic Engineering Department. Once the study is reviewed we will work with the traffic engineer to determine which if any of the intersections identified above will require mitigation measures to be constructed.

Condition #8. For all phases subsequent to the Emergency Room Expansion, Provide Internal Directional Signage to Guide Visitors to exits and to various buildings/hospital services.

Wayfinding signs have been added throughout the campus since the 2006 Master Plan approval. With the reconfiguration of parts of the campus, additional signage will be needed. A new Monument Sign will be added along the main entrance from St. Michael's and additional wayfinding signage will be installed as needed.

Condition #9. Helipad Facility shall not be relocated without approval of a special exception of Master Plan Amendment.

There are no modifications to the existing helipad associated with this project.

Condition #10. The Helipad shall only be used for Emergency, Critical Medical Flights or at the direction of a physician.

There are no modifications to the existing helipad associated with this project.

Condition #11. These conditions of approval shall be noted on the Master Plan, which shall be filed for record with the county clerk, and 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.

The Master Plan approved in 2006 has been recorded with the County Clerk's Office. This Condition was satisfied prior to this project.

No further actions are required with this project to satisfy this condition.

Condition #12. On-Site circulation and signage: For all phases subsequent to the Emergency Room Expansion, Modify internal circulation as shown on the Amended Master Plan to include a ring road. For all phases subsequent to the Emergency Room Expansion, provide internal directional signage to guide visitors to exits and to various buildings /hospital services. On-site circulation and signage should be addressed after the hospital meets with staff to address off-site traffic concerns above.

Wayfinding signage has already been added around the campus to guide visitors and patients to the various buildings/ hospital services. Additional signage will be added as needed where modifications to site circulation are made as part of this project.

As a result of the elimination of the left turn out onto St. Michael's Drive, we have evaluated the benefit of the formerly proposed ring road. During an informal neighborhood coordination and information exchange meeting, there were mixed feelings on the Ring Road. Residents along the north east edge of the hospital would prefer to see the ring road eliminated because doing so would reduce traffic on the east side of the campus.

The Fire Department has requested a Fire Lane along the east side of the buildings. Currently there is a dirt road that does not meet current "All Weather Conditions" load capacity requirements. We will be creating the Fire Lane but access will be restricted to emergency vehicles and hospital maintenance staff. While the Fire Lane is not part of the ring road, it is mentioned here because the location of the fire lane follows the previous 2006 Master Plan location for the ring road along the eastern side of the building.

For these reasons, we are proposing to eliminate the ring road from within the main parking lot areas and as shown on the proposed Amended Master Plan. The proposed Amended Master Plan shows the current conditions for interior circulation within parking areas. At this time we do not feel the ring road will benefit traffic circulation within the campus.

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.

Please refer to the Trails Plan within the drawings to assist in following the explanation below. .

In satisfaction of this condition, a non-motorized trail easement will be granted as part of this project. The exact location of the easement will be coordinated with city Trails and Open Space prior to formalizing the easement. CHRISTUS St. Vincent Regional Medical Center would like to reserve the right to relocate this easement to accommodate future development should that need arise. This can be completed on the easement language. The plans show our proposed route. This will be coordinated with City Trails and Open Space prior to recording of easement.

Access gates will be installed into the neighborhood at Camino Teresa and Encina Road as requested by the San Mateo Neighborhood Association and a neighbor adjacent to the hospital.

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.

Please refer to the Trails Plan within the drawings to assist in following the explanation below. .

We have evaluated several possible routes for this pedestrian and wheel chair access. There is a significant grade change across the campus. In an effort to minimize the travel length, we propose to provide a wheel chair path from Camino Teresa and Encina Road along the northern side of the site out to Hospital Drive. There is a current walking path that passes on the north side of the Existing MOB at the north-west corner of the site. This path can be formalized to create a 5' wide wheel chair path that leads to the nearest Bus Stop. A transfer Bus Stop is located just west of the Existing MOB.

Should pedestrians choose to continue southbound along Hospital Drive, a public sidewalk with curb access ramps will allow access to St. Michael's Drive.

This proposed path will connect to the non-motorized trail for access into the neighborhood. Access gates will be installed into the neighborhood at Camino Teresa and Encina Road as recommended by the San Mateo Neighborhood Association and the neighbor adjacent to the Hospital.

During the ENN, some of the neighbors expressed their concerns about the need for the path that is contemplated by this condition. We are open to eliminating this path if the neighborhood prefers that it not be installed.

Condition #15. Except as specifically amended by this Resolution 2006-83, the Master Plan approved by Resolution 1985-36 shall remain in effect.

The 1985 St. Vincent Master Plan included a drawing that established Standards for Development. The site was divided into zones. Each zone was given an open space percentage required, floor area ratio, and a maximum building height. Area 1 (Hospital and Environs) encompassed the Main Hospital. This Area 1 was to be limited to 65' in height, with a Floor Area Ratio of 1.8. Open Space was reduced to 10%.

We are proposing to adjust the area boundary of the 1985 St. Vincent Master Plan as it relates to this condition. The previous 1985 Master Plan is important to discussions on height limitations on the campus as it established the Standards for Development.

Additional Noted Requirements on 2006 Master Plan

There are several additional requirements noted in the 2006 Master Plan, not stated as "conditions" per se, which will be addressed as follows:

One item that will be completed with this project is the re-installation of a "15' Landscaping Buffer (Typical)" on the north and east side of the campus where abutting residential. This item was discussed

with neighbors at both the informal neighborhood information exchange meeting and the ENN. In addition, the design team went door to door on March 28, 2015 to discuss the landscaping with the adjacent neighbors. These meetings were productive, and the design team will continue to work with the adjacent neighbors on this important aspect of the project.

In response to the note "Provide new pedestrian gates in Existing Fence," there is currently a lack of consensus between neighbors on the number and location of these access points. We agree to continue to work with the neighborhood and to provide up to two gates after the San Mateo Neighborhood Association has arrived at an agreement amongst themselves.

In response to the note "Low water usage plants and water harvesting techniques will be implemented across the site (typical)", As part of this project we will be installing tree wells in the northern parking lots. See the Development Plan for location and quantity of these proposed tree wells. These tree wells will contain vegetation that complies with the low water usage plant list for the City of Santa Fe as well as being localized water harvesting areas depressed from the surrounding parking areas.

V. PROPOSED AMENDMENTS TO THE 2006 MASTER PLAN

The 2006 Master Plan was intended to apply for a 15-year period. Future anticipated buildings shown on the 2006 Master Plan included the Emergency Department (constructed shortly after approval of the 2006 Master Plan), an Outpatient Surgery Center addition (4,000 sf), an addition to the El Norte Building (10,000 sf), an addition to Critical Care Unit (8,500 sf), a 2 Story Ancillary Building (45,000 sf) and Child Development Center (15,000 sf) on the east side of the campus, and an addition to the Medical Dental Building of (12,000 sf).

As of this date, the Emergency Department and the Outpatient Surgery Center have been completed. The total square footage anticipated on the 2006 Master Plan that remained to be constructed totaled 90,500 square feet.

Parking totals reflected the additional square footage that was anticipated. The required parking for the campus was 1,311 spaces. The Master Plan shows 1,592 parking spaces provided.

The 2006 Master Plan also called for the creation of a ring road for internal traffic circulation. The ring road was included in the 2006 in response to requests at the time from City and the neighbor to make the driveway on St. Michael's Drive the primary entrance to the hospital with the expectation that traffic would be reduced on Hospital Drive. Currently there are three driveways from Hospital Drive into the campus. The 2006 Master Plan indicated that these driveways will "be required to assess certain off-site traffic operations and provide mitigation measures where needed" (See Condition #6).

At this time we are requesting the following Amendments to the Master Plan approved by Resolution 2006-83. The modifications include:

- Addition of the proposed inpatient bed wing and related improvements,
- Revisions to required and provided parking to reflect building areas and uses being proposed on the Amended Master Plan,

- 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.

Each of the items listed above will be further described below in more detail, including rationale for the changes.

The need and justification for the inpatient bed wing and lobby-related improvements is stated above.

The proposed inpatient wing is comprised of a two-story addition to the existing main hospital building that will include 36 new private inpatient rooms on the second floor, with the first floor build out to be completed at a later date. These 36 new rooms will allow for conversion all of the Med/Surgical semi-private rooms to private accommodations. In a separate action, CHRISTUS St. Vincent has recently filled paperwork to reduce their Licensed Beds for the campus. The total number of licensed beds will actually decrease by 48 from the current total of 248 to 200 licensed beds. This Hospital Licensure Application was filed with the Department of Health (DOH) on February 20, 2015. The change in licensed bed will now match the actual number of licensed beds as filed with DOH.

There are currently three patient bed towers (in a triangular configuration) within the existing hospital. The 2006 Master Plan was approved with 267 beds. There is a separate action underway through the DOH to reduce the licensed bed count within the hospital to 200 beds. There are 129 Med/Surgical beds. The proposed addition will allow all Med/Surgical rooms to be converted to private rooms.

Tabulated Parking calculations are shown on the Amended Master Plan. The 2006 Master Plan indicated 1,311 parking spaces required with 1,592 parking spaces provided. The proposed Amended Master Plan shows a reduction in parking spaces required at 1,167 and a total of 1,492 spaces provided. This reduction is partially due to the reduction in inpatient beds but also reflects a reduction in anticipated building additions that were shown on the 2006 Master Plan.

The 2006 Master Plan showed a ring road surrounding the main hospital buildings. At this time with the restriction of traffic exiting through the south entrance/exit onto St. Michael's Drive the benefit of the ring road is greatly reduced if not eliminated. Another consideration for removal of the ring road was the residents along the northeast edge of the hospital would prefer to see the ring road eliminated,

because doing so will reduce traffic on the east side of the campus. This was identified during an informal neighborhood coordination and information exchange meeting.

One portion of the ring road will still remain. The Fire Department has requested a fire lane along the east side of the buildings. Currently there is a dirt road that does not meet current "All Weather Conditions" load capacity requirements. We will be enhancing the Fire Lane, but access will be restricted to emergency vehicles and hospital maintenance staff.

The Traffic Study that was completed in 2004-2006 indicated that many of the surrounding streets as driveways into the campus were at a Level of Service E or F. This indicated that the intersections were not functioning as intended at the time of the 2004 study.

We request that each of the intersections listed in Condition 6 be re-evaluated based on the 2015 traffic study and reduction in traffic volumes surrounding and accessing the campus. We agree to work with the City of Santa Fe Traffic Engineering Department to determine the limits and types of modifications that are required on Hospital Drive.

There is a parking lot located on the east side of the site near to the residential areas. This vegetated area is a valued amenity to hospital staff taking walks on their break as well as creating a buffer for neighbors adjacent to the hospital. At this time we would like to delete this parking area from the 2006 Master Plan. The restricted access fire lane described above would not have provided access staff or visitors access to this parking area.

At the north and east sides of the campus, we are requesting removal of the following buildings and associated parking from the 2006 Master Plan: (1) the "Proposed Support Addition 10,000 SF" located on the east side of the Existing El Norte Building, (2) the "Proposed Critical Care Addition 8,500 SF", located on the east side of the main hospital near the triangular patient towers, (3) the "Proposed 2-Story Ancillary Bldg 45,000 SF and (4) the Proposed Child Development Center 15,000 SF" shown to east across the arroyo and flood zone.

A 5,000 square foot storage building is proposed over on Tract D, east of the arroyo. This storage building would be utilized to hold construction materials as well as medical equipment during upgrades. Access to this building will be strictly from St. Michael's Drive because the deep arroyo makes create an access road internal to the site difficult.

We are also requesting changes to the shape of Area Boundaries that was identified in the 1985 Master Plan. There is a Standards for Development Sheet that identifies four (4) different areas of the Campus. In addition to those four areas there is also two overlay areas that add further restriction to the Proposed Area Standards. Per Resolution 1985-36 the Campus Master Plan included Area 1 (Hospital and Environs) allowing a Floor Area Ratio of 1.8, 10% Open Space, and allowed a Maximum Height of 65 feet.

There is an Area 2, to the south of Area 1, that has a Floor Area Ratio of 0.5, and requires 20% Open Space. Our Project is spanning across the dividing line. As part of the Amendment to the Master Plan we are requesting an adjustment to the boundary line between Area 1 and Area 2. There are portions of the site to the west of our proposed project that are dedicated Emergency Vehicle access routes and would not make sense to convert to building area.

We propose to adjust the boundary limits such that the square footage of the two "Areas" will remain the same as approved in 1985. We are proposing to displace 33,500 sf of each Area 1 and 2, simply trading with the other area. Only the shape of the two areas will be adjusted. The proposed adjustment is shown on Sheet ST-1 (Standards for Development) of the attached Drawings.

VI. REQUEST FOR VARIANCES

As part of this Development Plan the hospital will be requesting a Height Variance. There are two different heights restrictions that apply to the hospital campus. C-1 Zoning restricts the building height to 36' above average finished grade surrounding the building. Section 14-7.3 (A) Nonresidential and Mixed Use Districts, Table of Dimensional Standards limits the Maximum Height of Structures to 36'. Parapets may extend 4' above the roof, and non-occupied structural elements may extend 8' beyond the roof structure.

The southern 600' portion of the property also lies within the South Central Highway Corridor (SCHC) Protection District defined in Subsection 14-5.5(A) of the Land Development Code, which limits height to 25' not including parapets. A variance of 16' is requested from the maximum height permitted in the SCHC to accommodate the new building.

Another item that is identified on the Development Plan that requires a Variance is the installation of Building Mounted Signs. There are two existing signs approximately 80 square feet each that are located on the first and second levels of the main entrance to the hospital. The first is near the Cancer Center, the second is located at the visitor entrance for the Emergency Department. These two signs will be removed as part of the proposed development. The first because it will no longer be visible to patients and visitors from the parking areas, and the second because the sign at the Emergency Department misleads visitors into thinking that is a main entrance.

As part of the Development Plan, two new building mounted signs near the main entrances are required. They serve as wayfinding for patients and visitors and identify the main entrance of the hospital.

The Variance Criteria is defined in Subsection 14-3.16 as it relates to the **Height Variance**.

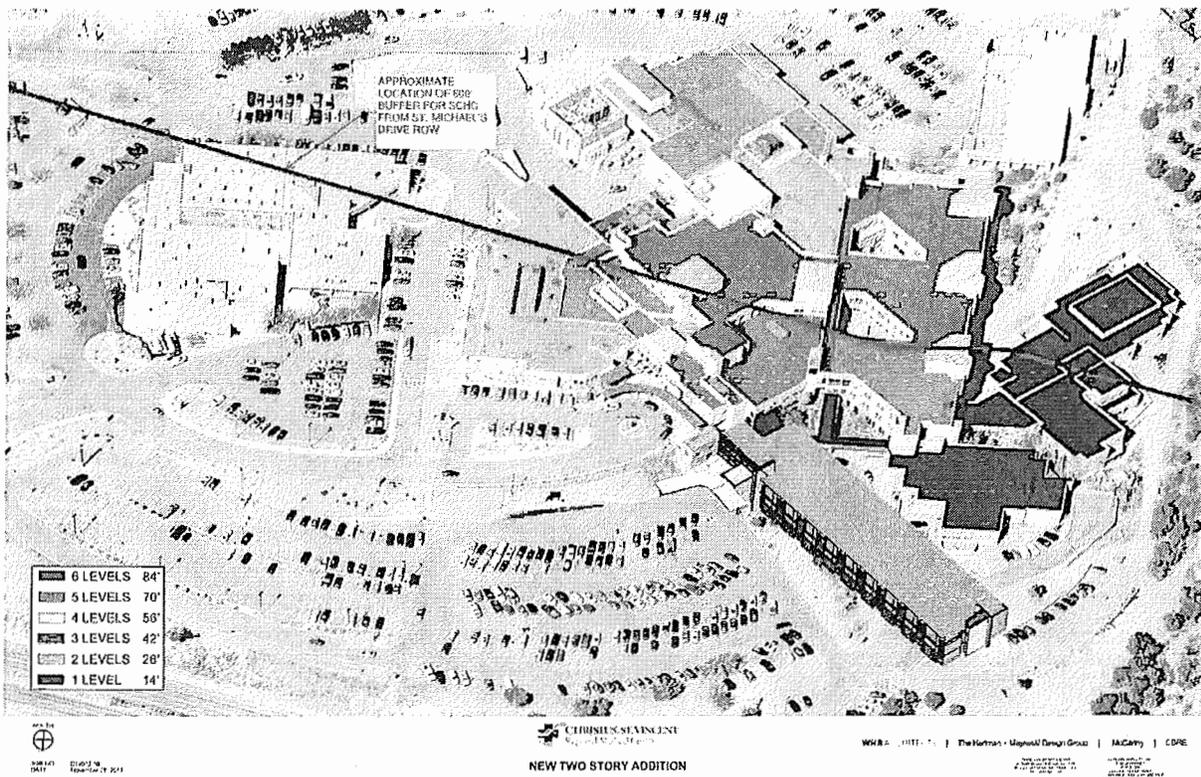
The first criteria for a variance is defined by Subsection 14-3.16(C)(1)(a). It states that "One or more of the following special circumstances applies". Subsection 14-3.16(C)(1)(a) requires that "special circumstances" that may be met when requesting a variance. The following identifies how this project provides evidence of "unusual physical characteristics exist to distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14, characteristics that exist at the time of the adoption of the regulation which the variance is sought, or that were created by natural forces or by government action for which no compensation was paid;"

As part of this evaluation, the following items will be discussed;

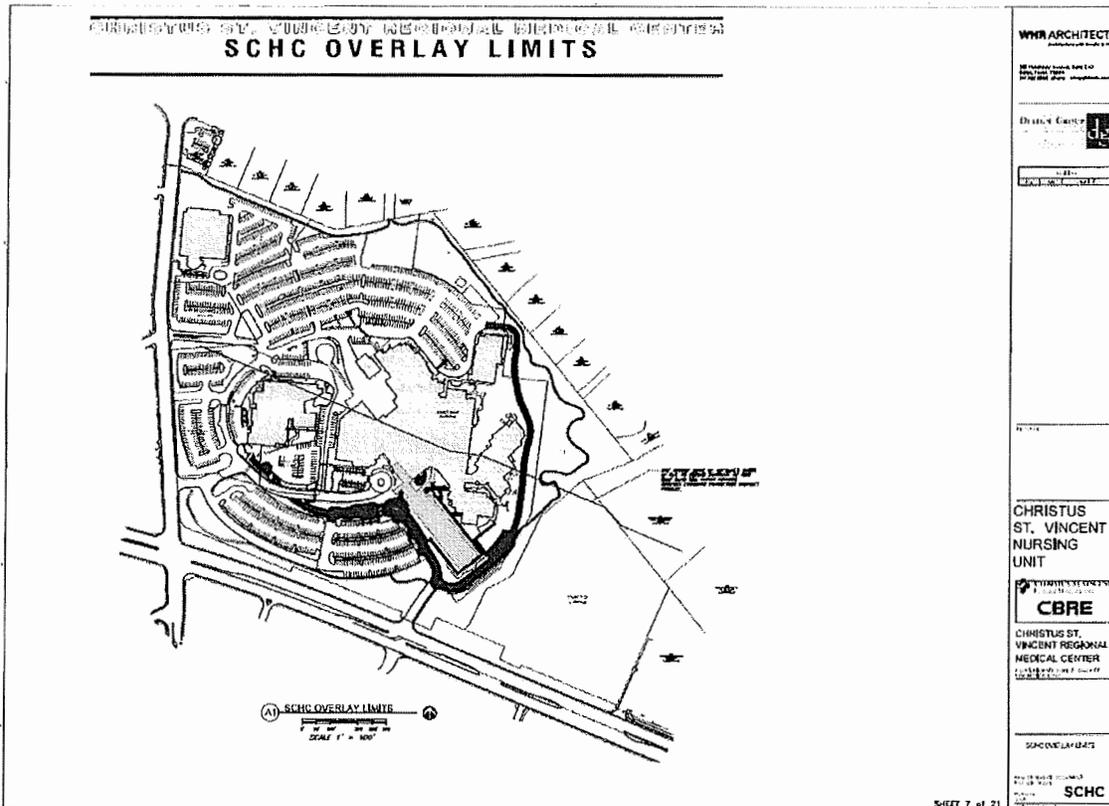
- Original Master Plan from 1985 that we accepted after the zoning was changed to C-1.
- Timing of SCHC Protection District adoption

- Existing conditions and how that relates to the SCHC overlay
- Connectivity to the existing structure for patient access
- Required floor to floor heights for mechanical systems within a hospital
- Clarification of location and heights of structure that create the need for variance

In 1985 St. Vincent Hospital developed a Master Plan that identified a portion of the site that was allowed to be built up to 65' in overall building height. The Master Plan was adopted by Resolution 1985-36 and is included in the appendix for easy reference. The reader is encouraged review Sheet 8 of 11 for "Standards for Development" of the 1985 Master Plan. The hospital at that time had portions of the building that were 56' high (four stories). The floor to floor height is 14' in the existing structure. We have included a birds-eye view of the site that identifies the existing roof heights. These heights do not include the parapets. The reader can see that many areas of the hospital were constructed prior to the limitation of the Zoning being changed to C-1 by Ordinance 1985-15.



Bird-eye view of Campus with roof heights in relation to finished floors below.



Site plan with SCHC Overlay Limits (600' buffer) from St. Michael's Drive.

Two years after the Approval of the Master Plan by Resolution 1985-36 the SCHC was approved limiting the height to 25' within 600' adjacent to St. Michael's. In reviewing Subsection 14-5.5(A) there is no mention of the hospital, and non-residential discussions are limited to the Professional and Office Buildings. A majority of the campus is beyond the 600' overlay zone. The hospital property is up to about 1400' deep from the edge of the St. Michael's Right of Way.

About 40% of the existing hospital is located within the 600' overlay. There are 2, 3 and 4 story portions of the building that all are currently considered a non-conforming existing condition in relation to the 25' height limit in the SCHC. The reader can review the bird-eye to see the cyan, green and yellow portions of the building that constitute a non-conforming existing use.

CHRISTUS St. Vincent Regional Medical Center is the only hospital in the vicinity of the subject property and has unusual physical characteristics for the site and structure. The size, height and overall characteristics of the hospital distinguish it from other non-hospital commercial businesses in the area that are subject to the height restriction in the South Central Highway Corridor District. Most facilities in the area are Physician and Office Buildings typically one or two stories. The Hospital has three large facilities on site. The Main hospital is approximately 300,000 square feet, Medical Dental is about 60,000 sf., and Physicians Plaza is 52,000 sf. The normal and allowable Floor Area Ratio in the area is 0.35 or less per the SCHC. The FAR for the Hospital in Area 1 from the "Standards for Development"

page of the 1985 Master Plan indicates a limit of 1.8 on the FAR. The FAR is the measurement by which Intensity is defined within the Land Development Code for the City of Santa Fe. This site by the allowable FAR of 1.8 creates a clear distinction between the hospital facility and the surrounding office buildings.

The unusual physical characteristic for the structure is the floor to floor height. Most office buildings can be designed to allow for 12' floor to floor heights. To accommodate the mechanical systems and plumbing necessary for patient rooms the typical floor to floor height in a hospital is 14' minimum. The current hospital is set up, over 30 years ago, with 14' floor to floor heights. This new building addition will be connecting to both the lower and second floors. The existing geometry requires that the new addition be set at the same 14' floor to floor. With two stories the height is 28' to the roof structure, plus the drop to the finished grade adjacent to the structure. Subsection 14-7.1 (C)(1)(a) defines the maximum height of the structure. Pursuant to the code the minimum structure height would be approximately 29'. There is provisions for parapets and non-occupied portions are limited to 4' and 8' respectfully above the height limitations set in Chapter 14.

Parapets will be installed for fall protection on the roof and to screen mechanical system components on the roof. The parapets will typically be 4' tall, and be limited to 8' above the roof structure. There are elevator housings that will extend up to 10' beyond the main addition roof structure.

A structural element is proposed that will extend beyond the elevator housing. The top of the accent wall is proposed at 10' above the elevator housing roof surface, which is 38' above the first floor elevation. Access stairs, and the elevator housing account for approximately 2530sf of the floor area. This is less than 8% of the building roof area.

To summarize the proposed variance for height, the main building roof structure is only 4' above the SCHC height limit and non-occupied structural Elements extend up to 38' height at the exit stair on the south east side, and near the main entrance. An accent wall is also proposed near the main entrance that will be a total of 48' height above the finished grade. This accent wall constitutes a non-occupied structural element and therefore can be 8' above the limiting roof height. By requesting a roof height of 41' (25' allowed and 16' variance) the hospital could have the 40' tall roof height plus the adjacent finished grade at up to 1' below finished floor.

Many different locations for the proposed addition were evaluated. There were possible locations at the back side of the building that were eliminated due to unacceptable travel distance requirements for patients, staff and visitors to the Inpatient Bed areas. 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. By keeping the new Inpatient Bed Wing on the same floor and as close as possible to the current support services the access to support services is maintained.

Another factor that was evaluated was the proximity of the building addition to the residential areas to the north and east of the campus. The hospital felt that it is preferred to request a variance based on the other items listed above than to propose the building addition adjacent to the neighborhood.

The second variance criteria is found in Subsection 14-3.16(C)(2), which states:

- (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.

As discussed above, one aspect driving 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.

Many different configurations were explored for the proposed addition. Other options pushed the Bed Wing Expansion closer to the residential neighborhood on the north or east sides. While these options provided connectivity back to support services, the excessive travel distance for public from the main entrance became unacceptable. Additionally, while support services were connected, the extended travel distance would require additional staff to provide the same level of care.

The proposed location for the new bed unit will provide a closer proximity to the emergency department. This close proximity is highly desired to accommodate patients being moved from the emergency department to an inpatient isolation bed. Another consideration is that close proximity reduces the possibility of infection to other patients and staff.

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. Presently the emergency department entrance, looks and feels like a main entrance. This project will rectify some vehicular movement issues and direct patients and visitors to the appropriate location, i.e. the emergency department for emergencies and the main entrance for visitors.

The third variance criteria is found in Subsection 14-3.16(C)(3), which states:

- (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.

After the new addition is built, the hospital will have a Floor Area Ratio of 0.87. This is still below the allowable maximum FAR of 1.8. The FAR was identified as 1.8 in Area 1 on the "Standards for Development" Sheet 8 of 11 in the approved 1985 Master Plan. After the proposed addition the hospital is still well below this Master Plan limit.

One important item to mention is that while this proposal add square footage to the facility it does not add beds. In fact, the Hospital has recently made a request to reduce the number of Licensed Beds. This project is all about the quality of care, life safety and patient satisfaction. The FAR is increasing slightly, but the patient room total is decreasing.

The SCHC does not contain any comparisons with the same intensity of development such as a Hospital. There are FAR's identified for the Professional and Office Buildings but not for a comparable development (hospital facility) in the vicinity. A hospital by all measures is a more intense use than professional or office buildings and therefore comparisons are difficult.

We have looked along the length of the SCHC corridor and found very few buildings that compare to the intensity of use with the hospital. Old Pecos Trail is primarily residential, St. Michael's Drive is primarily Professional and Office Buildings, St. Francis has a variety of uses, but there are no other hospitals in Santa Fe. The Master Plan that was approved in 1985 and updated in 2006 showed many different locations for new facilities on the campus. The proposed Master Plan reflects a reduction in anticipated building square footage.

While intensity of development is clearly defined in the code as "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.". We are not proposing any increase in Employees, the change from semi-private to private rooms will not generate more traffic, so the only part of the criteria that applies is the FAR. We are still well below the allowable FAR of 1.8 from the 1985 Master Plan.

The fourth variance criteria, broken up into two parts, is found in Subsection 14-3.16(C)(4), which states:

- (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;

The Hospital is well established. The current need is to upgrade the patient rooms to meet industry standards. As mentioned previously, private patients rooms are a major benefit to patients and therefore to the Hospital. By reducing the length of stay, the patient satisfaction goes up.

Maintaining the ability to provide the highest quality healthcare is the most important concern of 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.

- (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*.

11.7.3 Transportation Alternatives – Allowing this variance is supportive of transportation alternatives. By granting this variance, the hospital can continue to provide essential healthcare services to the community in this location, which is located with access to multiple forms of transportation, including transit, bike, and pedestrian.

1.7.5 Sustainable Growth -allowing this variance is supportive of sustainable growth. By granting this variance, the hospital can continue to provide essential healthcare services to the community in this location, which supports reasonable density and use of this established site versus having to create a new hospital facility on the edge of the community which is less sustainable.

1.7.7 Water -Allowing this variance is supportive of water conservation. By granting this variance, the hospital can continue to provide essential healthcare services to the community in this location. With

this project, the water use will not significantly increase, as the patient load will not significantly increase, but the patients will have single rooms versus shared rooms. Therefore, the water use will not significantly increase as a result of this project and variance request.

1.7.8 Character – Allowing this variance is supportive of the character of the city, this area, and this campus. By granting this variance, the proposed project is in concert with the existing massing, scale, textures, colors, fenestration, and landscape elements of this campus and area.

1.7.9 Urban Form - Allowing this variance is supportive of the urban form of the city. By granting this variance, the proposed project is in concert with the existing density, massing, scale, textures, colors, fenestration, and landscape elements of this campus and area.

Quality of Life - Allowing this variance is supportive of the improved quality of life for this community. By granting this variance, the hospital can continue to provide essential healthcare services to the community in this location. Access to quality healthcare is essential to the quality of life of Santa Fe. With this project, patients will have single rooms versus shared rooms. This will support higher quality healthcare services and create an improved work environment for the healthcare providers of this community.

Transit Supportive Development. - Allowing this variance is supportive of transit development. By granting this variance, the hospital can continue to provide essential healthcare services to the community in this location, which is located with access to multiple transportation networks in the city. Given this location, this project can be considered as transit orientated development.

Lastly, Section 14-3.16(C)(5) states:

(5) The variance is not contrary to the public interest.

This application is to create private rooms to better serve the public. Maintaining the ability to provide the highest quality healthcare is the most important concern of the hospital. The height variance to allow for private rooms for the inpatient beds serves the public interest.

In closing, the height variance is 16' and the building is set back a minimum of 190' from the closest point to the St. Michael's Right of Way. On average the building is 350' back from the ROW. One of the Goals of the Land Development Code is to have the upper floors set back from the lower floors. This addition will be the first level with taller existing projections of the hospital beyond.

The Variance Criteria is defined in Subsection 14-3.16 as it relates to the **Sign Locations and Size**.

The first criteria for a variance is defined by Subsection 14-8.10(G)(1). It states that;

For C-1, C-4 and HZ districts not more than two *signs* are allowed *per building*, the combined surface area of which shall not exceed thirty-two (32) square feet. In addition, an entrance *sign* is allowed as set forth in Subsection 14-8.10(E).

Additionally Subsection that applies is 14-8.10(E)(6)(b) states; “

(b) Shall, in no case, exceed twenty percent of the area of the wall on which they are displayed or eighty (80) square feet in sign area, whichever is less, even if the district permits a larger total sign area.

The previous section defined how CHRISTUS St. Vincent Regional Medical Center meets the overall criteria for a variance. To limit redundancy we will refer the reader back to the Building Height Variance discussions for Subsection of 14-3.16. Below are only discussions specific to the signage location and size.

Page 33 of Resolution 1985-36 defines Standards Applicable to Entire Campus. The first item on that page discusses signs anticipated as the campus develops. The main hospital was constructed in 1977 prior to the creation of the 1985 Master Plan. The signage on the building face would have already had installed as there was no mention of signs specific to the hospital itself. All discussions were directed toward the anticipated support buildings around the campus.

The Existing signs are approximately 80 square feet each. There are two signs that are proposed to be removed as part of this project. The first is near the existing Cancer Center, the second is located at the visitor entrance for the Emergency Department. These signs were permitted and installed in 2007.

As part of the Development Plan, two new building mounted signs near the main entrances are required. They serve as wayfinding for patients and visitors and identify the main entrance of the hospital. The first sign will be placed on the stone accent wall at 46' (to top of sign) to guide visitors and patients to the main entrance from St. Michael's Drive. This sign will be 80 square feet in size.

The second would be the CHRITUS logo that is only 15 square feet, and be placed near the main entrance door place at 37' (to top of sign). 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'.

Sign companies have charts for the required sizes of letters to be readable based on viewing distance. Using the nearest value in a visibility chart the Maximum Readable distance of 630', letters need to be at least 15" tall. For letters to be readable the rule of thumb is that for each 10' of distance the letter height should be 1". This gives a recommended letter height of 64" tall to be easily readable as the driver approaches. The CHRISTUS St. Vincent sign is proposed to have letters that are 18" tall what can be easily readable at 180' with a maximum readable distance of 750'.

As mentioned earlier the unusual physical characteristic for the structure is the floor to floor height. To accommodate the mechanical systems and plumbing necessary for patient rooms the typical floor to floor height in a hospital is 14' minimum. For the hospital identification sign to be readable from St. Michael's it needs to be located above the parapets far enough to be seen. This issue is compounded by

the fact that St. Michael's Drive is physically lower than the building by approximately 27' below the finished floor. An image has been prepared to show the size and location of the proposed sign as viewed from the St. Michael's Drive entrance. As you can see the impact of this sign from that vantage point is still minimal.

We cannot emphasize enough that wayfinding signage is critical to patients locating a hospital. 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. A hospital needs to be easy to find and signage is the first step.



Image of New Bed Wing with Signage as viewed from St. Michael's Drive entrance.

The second variance criteria is found in Subsection 14-3.16(C)(2), which states:

- (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.

As discussed above, the distance from the street to the proposed signage is approximately 640'. The size and location of the sign are critical to wayfinding. If the sign was installed with a maximum size of 32 square feet the letter would be too small for the average person to read from St. Michael's Drive.

The third variance criteria is found in Subsection 14-3.16(C)(3), which states:

- (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.

The Intensity of the development is not affected by the size of the Hospital sign. The other thing to consider is that the depth of the Hospital lot is much greater than surround properties. With the building set 450' away from the street the signage becomes more difficult to read. Hospital need to be easy to find.

The fourth variance criteria, broken up into two parts, is found in Subsection 14-3.16(C)(4), which states:

- (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;

The Hospital signage has been in place for almost 40 years. The request is the minimum that will allow a person with good eye sight to be able to read the sign. The sign would need to have letters 64" tall. We are proposing letters that are 18" tall.

- (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 sign size and location are consistent with the General Plan and Chapter 14. The purpose of the sign is to guide patients and visitors to the hospital. Without a legible sign on St. Michael's Drive the drivers may need to travel back and forth before entering the campus. Every second counts, and a small sign on a hospital is not in the public interest.

Lastly, Section 14-3.16(C)(5) states:

- (5) The variance is not contrary to the public interest.

The purpose of the sign is to guide patients and visitors to the hospital. Without a legible sign on St. Michael's Drive the drivers may need to travel back and forth before entering the campus. Every second counts, and a small sign on a hospital is not in the public interest.

In closing, the sign size and location variance is necessary in response to the sign location in relation to the closest point to the St. Michael's Drive. A driver will be traveling at 45 mph on St. Michaels' Drive and need 310' to reach, slow and turn into the driveway. The sign needs to be visible at that distance and needs to be located high enough to be visible above the neighboring trees and parapets on the building.

April 2, 2015

Planning Department
Planning Commission, and
City Council
City of Santa Fe
200 Lincoln Avenue
Santa Fe, New Mexico 87501

RE: Special Use Permit Application

Dear Planning Staff, Commissioners, and Councilors:

This application to the City of Santa Fe Planning Commission is for a New inpatient bed wing project for the CHRISTUS St. Vincent Regional Medical Center. This application to the City of Santa Fe Planning Commission and City Council includes the following actions;

Attached you will find an application, submitted on behalf of CHRISTUS St. Vincent Regional Medical Center for the following approvals.

- A Special Use Permit for the construction of a new inpatient bed wing and related improvements, including a new main entrance and lobby for the hospital,
- Development Plan approval for the proposed inpatient bed wing and related improvements, which will also include the manner in which various conditions contained in the existing Master Plan for the hospital campus will be addressed,
- A variance to exceed the maximum permitted height of 36' under C1 zoning for portions of the new inpatient bed wing that will be located outside of the South Central Highway Corridor Protection District,
- A variance to exceed the maximum permitted height of 25' for portions of the new inpatient bed wing located within the South Central Highway Corridor Protection District,
- A variance to exceed the maximum permitted sign square footage for relocated existing building mounted signs,
- A variance to exceed the maximum permitted sign height of 15' for relocated existing building mounted sign, and
- An amendment to the existing Master Plan that was approved by Resolution 2006-83 (the "2006 Master Plan").

The attached applications and narratives follows the requested action list in the same order. A comprehensive set of drawings were developed to provide supporting data, to the reader, following the requested actions identified in the application narrative. Four (4) separate planning action application forms are attached before the narrative, with supporting studies, reports and historic documents located in appendices.

The Master Plan requirement was created by Ordinance 1985-15, and the first Master Plan was approved by City Council under Resolution 1985-36. The Master Plan was updated in 2006 and approved under Resolution 2006-83. The purpose of this project is to enhance patient satisfaction and patient care by creating private inpatient beds. In order to complete this goal a new inpatient bed wing will need to be constructed to allow for existing semi-private rooms to be converted to private rooms.

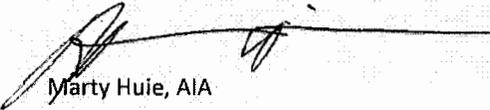
The development of the site is controlled by the 2006 Master Plan. In order for the Development Plan that is required for all building addition in a C-1 Zoned site to be processed, the Master Plan need to be Amended. A Special Use Permit was created in 1985 as part of the Master Plan requirements and we have included a renewal of that Special Use Permit, even though a Hospital is not changing zoning or intensifying the existing use as identified in 14-3.6(C)(3) of the Land Development Code. Lastly because of the 1987 South Central Highway Corridor Protection District that overlays the site we will be requesting a Height Variance.

In the application package we have outlined how the site is different from adjacent parcels and provided justification as Required in 14-3.16 Variance of the Land Development Code. Please refer back to the Application Narrative and review the sections for **Height Variance for Maximum Building Height and Sign Location and Size.**

Thank you very much for your consideration of our proposed development and we look forward to presenting our full proposal to you in person on June 4th, 2015.

Respectfully submitted,

WHR Architects, Inc.



Marty Huie, AIA

April 2, 2015

Planning Department
Planning Commission, and
City Council
City of Santa Fe
200 Lincoln Avenue
Santa Fe, New Mexico 87501

RE: Statement Outlining Approval Criteria

Dear Planning Staff, Commissioners, and Councilors

This application to the City of Santa Fe Planning Commission is for a new inpatient bed wing project for the CHRISTUS St. Vincent Regional Medical Center. This application to the City of Santa Fe Planning Commission and City Council includes the following actions;

- An Amendment to the 2006 Master Plan that was approved by Resolution 2006-83,
- A Special Use Permit as part of the Master Plan Amendment,
- A Development Plan for the proposed inpatient bed wing,
- A 5' building height Variance from the C-1 zoning that limits height to 36',
- A 16' building height Variance from the South Central Highway Corridor Protection District that limits height to 25',
- A sign size variance for hospital identification signage on the proposed inpatient bed wing to make sign readable from St. Michael's Drive, and
- A sign location variance to make the hospital identification sign visible to drivers on St. Michael's Drive.

The approval sequence will be as follows:

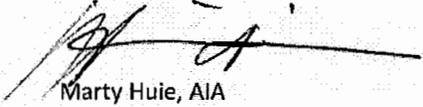
- First the plans are submitted to the Current Planning Department for review and recommendation to the Planning Commission
- Second, the plans including recommendation from Staff, will be made available to the Planning Commission, which can conditionally approve the Development Plan, but will make recommendation to City Council for the Master Plan, Special Use Permit and Variance requests.
- Third, City Council would review the Findings of Fact from the Planning Commission as well as review the project, prior to approving the Master Plan, and Variances.

- Fourth and final step is returning to the Current Planning Department that would be allowed to complete the conditional approval of the Development Plan.

Thank you very much for your consideration of our proposed development and we look forward to presenting our full proposal to you in person on June 4th, 2015.

Respectfully submitted,

WHR Architects, Inc.



Marty Huie, AIA

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT F

CORRESPONDENCE

July 2, 2015
Planning Commission
Case #2015-47

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

APPLICANT ATTACHMENTS

APPLICANT DATA AND PLAN ATTACHMENTS

Neighborhood Response
to
Christus Application
for
Inpatient Bed Expansion

1. Introduction and Summary

In this document, the affected neighborhoods respond to the April 2015 application (the Application) to the City of Santa Fe (the City) by Christus St. Vincent Regional Medical Center (the Hospital) for approval of New Patient Wing Project (the Project).

This response has been prepared on behalf of the San Mateo Area Society of Homeowners (SMASH) and the Arroyo Chamisa and Sol y Lomas Neighborhood Association (ACSyL). It primarily addresses issues of concern to the neighborhoods. However, it also calls the attention to some issues that affect Santa Fe as a whole.

Section 2 lists failures of the Hospital to act in good faith with the City's efforts to protect the quiet use of the homes in the neighborhood of the Hospital campus. It cites failures of the Hospital to comply with mitigating conditions previously required by the City. It also cites failures of the Hospital to comply with noise and pollution requirements in the City Code. The list of failures may not be complete.

Because of these failures and because the Hospital has a long record of poor compliance with City requirements, the adjacent neighborhoods expect the City to protect the peaceful enjoyment of their homes by deferring consideration of the Application until all previous requirements are acknowledged and met. Any one of these failures is sufficient reason to defer consideration of the Application.

In preparation for the time when the City does consider the Application, Section 3 presents the following objections, any one of which is sufficient reason to deny the request for a Special Use Permit (SUP):

- The current use may already have developed into a taking, in that it has had such an increasingly severe impact on the quiet enjoyment of the neighboring residences that compensation is justified.
- The Application to grant the SUP is incomplete.
- The Application fails to show that the SUP is in the public interest.

- The proposed use and associated buildings are not compatible with the quiet use of the abutting residential property and other residential properties in the vicinity.

Intensification of the use of this site is contrary to the purpose of a C-1 district. The intense commercial use may already be a taking, in that it has deprived homeowners of the enjoyment of their property. It has reduced the market value of the neighboring homes. For the older families in this neighborhood, the equity in their homes represents most of their personal wealth.

This remaining sections becomes relevant when the City decides that a proposed SUP can be granted, as follows:

- Section 4 recommends conditions of approval for a SUP.
- Section 5 presents objections to certain amendments to the master plan proposed in the Application. It also proposes additional amendments that the City should require the Hospital to include in the Application, for the benefit of the residents of Santa Fe as well as the adjacent neighborhoods.
- Section 6 describes deficiencies in the development plan that make it inconsistent with the City's goals for the South Central Highway Corridor.
- Section 7 explains why the requested variances are inconsistent with the law and should not be granted.

The principal contact for the neighborhood associations is Bob Walsh, President of SMASH, 1553 Camino Amado, Santa Fe, NM 87505 His email address is walshb@cybermesa.com. Major support has been provided by Barbara Chatterjee, barbaracnm@aol.com, Nancy Ruiz, nkruiz@cybermesa.com, and many residents of the adjacent neighborhoods.

We understand that the Hospital is in the process of supplementing the Application with additional data requested by City staff. The neighborhood associations are also seeking additional data to supplement this response. Therefore, this response may be revised as more information becomes available.

2. Violations of the 2006 Master Plan, Its Conditions, and the City Code

Background

When the master plan for the St. Vincent Hospital campus was proposed in 1984, a hospital district was expected to be a quiet zone. Streets along some hospitals had signs saying, “Quiet, Hospital.” Page 27 of that master plan report notes that, “Certain medical services are noise sensitive,” but “noise levels are not presently a problem on the campus.” The 1985 rezoning of most of the campus to C-1 reflected this understanding; the C-1 “district serves as a transitional buffer between more intense commercial use districts and *residential* districts” [Article 14-4.3(A)]. Also, the Sisters of Charity promised to be “good neighbors.” Therefore, it may have seemed acceptable to develop this facility adjacent to an established residential neighborhood.

Subsequently, the hospital campus became one of the most intense commercial activities in the city. Helicopter flights, originally rare, became more and more frequent. Then a helicopter was based at the hospital, doubling the take-offs and landings as the unit flew to the airport for refueling, and necessitating a second helipad. Faced with strong opposition from the neighbors, the hospital agreed to stop hosting a helicopter, eliminate the second helipad, and work with the flight services to identify flight paths that minimize the impact on residences.

In 2006, over the objections of the neighbors and despite a negative recommendation from its Planning Commission, the City Council approved amendment to the master plan, including an emergency room addition. The Council resolution, 2006-83, specifies that, “the proposed emergency room addition does not require early neighborhood notice meetings or Planning Commission approval.” It also states the “the hospital is expected to address and mitigate various on and off-site traffic issues per the conditions recommended by staff and Council after approval is granted for construction of the emergency room addition and before **expanding** and constructing any other buildings which are shown on the master plan” [emphasis added].

The City Council specified at the time that most of the expansions and constructions on the amended master plan would not require a neighborhood notification

meeting, because each involved less than 10,000 square feet of floor space, but the mitigating conditions should be implemented promptly. The exception to immediate mitigation was made for the emergency room addition because of its perceived urgency. The resolution explicitly states that the mitigating conditions were to be addressed before expanding any other buildings. In fact, some of the conditions also include the phrase “For all phases subsequent to the emergency room expansion, ...” However, after constructing the emergency room addition, the hospital developed the Outpatient Services Addition shown on the master plan, without addressing many of the mitigating conditions included in Resolution 2006-83, as described in the remainder of the section.

Furthermore, the Hospital has failed to comply with provisions in the City Code and the master plan that are intended to mitigate impact on residential property. Specifically,

- Emergency diesel generators were installed close to the residential property lines. They are not in the master plan and they cause noise and pollution to reach homes in excess of the limits specified in the City Code.
- The fence specified in the master plan has never been extended to homes on the northeast border of the campus.

Attached as Appendix A is a petition from the hospital neighbors demanding that the Planning Commission protect their right to quiet enjoyment of their homes by deferring consideration of further development of the hospital campus until previous requirements are met.

As evidenced by these outstanding issues, the Hospital has acted in bad faith to avoid sensible solutions that would mitigate the impact of this intense commercial use on the older residential neighborhood adjacent to its site. Having been disappointed first by the Sisters of Charity and then by a locally controlled management, the neighbors have no expectation that the current Christus management can be trusted to implement mitigating improvements in the future.

The neighborhood associations expect the City to require that the problems discussed in the remainder of this section be corrected before the City even considers the

Application. Previous experience has shown that the Hospital is unlikely to implement required mitigations once it has received approval for a proposed development. Therefore, failure to implement even one mitigation would be sufficient reason to defer consideration of the Application.

In summary, the neighborhood associations expect the City to require that the Hospital take all of the following actions, as explained in the remainder of this section, before the City even considers the Application:

- Restore a 25-foot drought-tolerant landscape buffer along all residential property lines.
- Provide the 20-foot landscaped setback on the R-2 lot at Lupita Road and Hospital Drive.
- Make the south entrance from Hospital Drive into the hospital campus a right-turn entrance only, with no exit.
- Install traffic calming measures on Hospital Drive to the satisfaction of the City and SMASH.
- Close and/or modify entrances as shown on the 2006 amended master plan.
- Provide smooth accesses into the hospital campus both from Camino Teresa and from Encina Road.
- Replace the diesel generators with better technology, move them, or otherwise mitigate their effects to the satisfaction of SMASH.
- Extend the incomplete border fence until it borders the three adjacent residential properties with Camino Amado addresses.

Condition 1

Condition 1 of Resolution 2006-83 requires a “25-foot landscape buffer within 50-foot setback from residential property lines.” This mitigation is an expansion of the 15-foot buffer shown on the master plan map. At the time of the master plan, an adequate landscape buffer existed along most of the residential lines. In particular, an exercise course with native, drought-tolerant landscaping extended more than 25 feet

from the adjacent Camino Amado and Camino Teresa properties. Remnants of that exercise course still remain, described on p. 19 of the Proposal as a vegetated area that is “a valued amenity to hospital staff taking walks on their break as well as creating a buffer for neighbors adjacent to the hospital.”

Figures 1 and 2 are photographs taken along the fence in May 2015, looking south from the end of Camino Teresa. Figure 1 shows the utility easement on the outside of the fence. After the Hospital declared the campus a smoke-free zone, this utility easement was used until very recently by employees as a smoking area during all shifts.

Figure 2 shows the inside of the fence, with the remnants of the exercise course barely visible in the distance. As Figure 2 shows, the existing drought-tolerant landscaping has been destroyed along this property line; there is no landscape buffer at all.

On p. 11 of the Application, the Hospital is taking the position that Condition 1 only applies to residences within the highway corridor. As there are no such residences adjacent to the Hospital, that interpretation renders Condition 1 meaningless.

At the time of the master plan amendment, it was the clear intention of the City Council, the city staff, the neighborhood, **and the hospital** that new development preserve the existing 25-foot landscape buffer along the actual residential property lines, independent of whether they were in the corridor district. It seems disingenuous for the Hospital to be quibbling over an extra 10 feet of buffer instead of apologizing for destroying the entire landscaped buffer.

The neighborhood associations expect the City to require that the Hospital restore a 25-foot drought-tolerant landscape buffer along all residential property lines before the City even considers the Application.



Figure 1. Looking south along easement parallel to Camino Amado, from end of Camino Teresa