

SUMMARY INDEX
PLANNING COMMISSION

July 2, 2015

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PLANNING COMMISSION
Thursday, July 2, 2015 - 6:00pm
City Council Chambers
City Hall 1st Floor - 200 Lincoln Avenue

CALL TO ORDER

A regular meeting of the City of Santa Fé Planning Commission was called to order by Chair Michael Harris on the above date at approximately 6:12 p.m. in the Council Chambers at City Hall, 200 Lincoln Avenue, Santa Fé, New Mexico.

A. ROLL CALL

Members Present

Commissioner Michael Harris, Chair
Commissioner Brian Patrick Gutierrez, Secretary
Commissioner Katharine Anne Chávez
Commissioner Justin Greene
Commissioner Vince Kadlubek
Commissioner Piper Kapin

Members Absent

Commissioner Sarah Cottrell Probst [excused]

OTHERS PRESENT:

Ms. Lisa Martínez, Planning and Land Use Department Director
Mr. Greg Smith, Current Planning Division Director and Staff Liaison
Mr. Daniel A. Esquibel, Senior Planner, Current Planning Division
Mr. Zach Shandler, Assistant City Attorney
Mr. Carl Boaz, Stenographer

NOTE: All items in the Committee packet for all agenda items are incorporated herewith by reference. The original Committee packet is on file in the Planning and Land Use Department.

B. PLEDGE OF ALLEGIANCE

The Pledge of Allegiance was recited.

Chair Harris acknowledged two new Commissions have been appointed and only one was present at this meeting, Commissioner Justin Greene. The Commission welcomed him.

C. ELECTION OF OFFICERS

Commissioner Gutierrez nominated Commissioner Harris to remain as Chair. Commissioner Greene seconded the nomination and he was elected by unanimous voice vote.

Commissioner Kapin nominated Commissioner Kadlubek to be Vice-Chair. Commissioner Chávez seconded the nomination and he was elected by unanimous voice vote.

Commissioner Greene nominated Commissioner Gutierrez to be Secretary. Commissioner Kadlubek seconded the nomination and he was elected by unanimous voice vote.

Commissioner Kadlubek nominated Commissioner Greene to serve on the Long Range Planning Committee. Commissioner Gutierrez seconded the nomination and he was appointed by unanimous voice vote.

The Long Range Planning Committee is composed of Commissioner Kadlubek, Commissioner Kapin and Commissioner Greene.

Commissioner Kadlubek nominated Commissioner Gutierrez to be Chairman of the Summary Committee. Commissioner Kapin seconded the nomination and he was elected by unanimous voice vote.

Chair Harris said he had a discussion with Commissioner Cottrell Probst on Monday and she agreed to serve on the Summary Committee.

Commissioner Chávez nominated Commissioner Probst to serve on the Summary Committee. Commissioner Gutierrez seconded the nomination and she was appointed by unanimous voice vote.

Commissioner Chávez nominated Commissioner Kadlubek to serve on the Summary Committee. Commissioner Gutierrez seconded the nomination and he was appointed by unanimous voice vote.

Chair Harris said those committees will elect their own officers.

D. APPROVAL OF AGENDA

Mr. Smith had no changes to the agenda.

Commissioner Kadlubek moved to approve the agenda as published. Commissioner Chávez seconded the motion and it passed by unanimous voice vote.

E. APPROVAL OF MINUTES AND FINDINGS/CONCLUSIONS

1. MINUTES:

a. May 21, 2015

Commissioner Kadlubek requested the following changes to the minutes:

On page 38, last paragraph, first sentence where it should say, "Commissioner Kadlubek said as a new person on the Commission, 'I am already seeing a trend of master plans or ~~master plans~~ or general plans that might be outdated...'"

On page 43, last paragraph - half way down (fifth sentence) should say, "I don't know of other parks." Two sentences later, "...where it does exist" should read, "where does it exist..."

Chair Harris requested the following changes to the minutes:

On page 11, the second paragraph says, "Mr. Goodwin said he will strike it." It should say "he will stripe it."

On page 12, 3rd paragraph, third line, should say "Chair Harris said that it will not work very well." That refers to the location of the mail boxes.

On page 15, he commented that the Commission wasn't looking at Findings for the Lost Peak case,

Mr. Shandler, countered that in the motion it says, "With all the conditions of approval set out in the staff report and with the agreement for the twelve parking spaces, and that the road be modified for continuous parking along tract 13." But the Commission also came up with an additional condition that had to do with CC&R's. Rather than staff review and approval, we said we would modify the first specific language regarding staff review of CC&R's and provided the code reference, 14-9.5 A 2 for the record.

There were no other corrections requested to the May 21, 2015 minutes.

**Commissioner Greene moved to approve the minutes of May 21, 2015 as amended.
Commissioner Kapin seconded the motion and it passed by unanimous voice vote.**

b. June 4, 2015

Mr. Smith said there were no changes from staff.

Chair Harris requested the following corrections to these minutes:

On page 9 he commented that names are important. Mr. Jeff Seres is the applicant's agent for Case

#2015-42. His name is misspelled as "Sears" twelve times on pages 9-12.

On page 10, in response to testimony by Stephanie Beninato, the Chair did acknowledge her statement and agreed with her comments about the AV equipment not working. His response was not included in those minutes.

There were no other corrections requested for these minutes.

Commissioner Chávez moved to approve the minutes of the June 4, 2015 meeting as amended. Commissioner Kadlubek seconded the motion and it passed by unanimous voice vote.

2. FINDINGS/CONCLUSIONS:

a. Case #2015-39. 1964 Cerros Colorados Terrain Management Variance

A copy of the Findings of Fact and Conclusions of Law in Case #2015-39, 1964 Cerros Colorados Terrain Management Variance, is incorporated herewith to these minutes as Exhibit 1.

Commissioner Kadlubek moved to approve the Findings and Conclusions for Case #2015-39 as submitted. Commissioner Kapin seconded the motion and it passed by unanimous voice vote.

b. Case #2015-42. Wagon Road Self Storage Development Plan

A copy of the Findings of Fact and Conclusions of Law in Case #2015-42, Wagon Road Self Storage Development Plan is incorporated herewith to these minutes as Exhibit 2.

Mr. Shandler noted a correction to the draft Findings that was sent out to the Commission. It is in the conditions and as corrected, it says, the amendments of the development plan is approved as submitted, subject to the conditions in the staff report, except the following additional conditions that supersede the condition in Exhibit A from the City Water Division Engineer. Separate water metering will be required to the extent required by the water chapter in the Municipal Code. That is on page 10 of the minutes.

Commissioner Kapin moved to approve the Findings and Conclusions for Case #2015-42 as amended. Commissioner Kadlubek seconded the motion and it passed by unanimous voice vote.

c. Case #2015-46. River Trail Lofts, 2180 and 2184 West Alameda Rezoning to R-7 and River Trail Lofts, 2180 and 2184 West Alameda Development Plan Development Plan

A copy of the Findings of Fact and Conclusions of Law in Case #2015-46, River Trail Lofts, 2180 and 2184 West Alameda Rezoning to R-7 Rezoning and River Trails Lofts, 2180 and 2184 West Alameda Development Plan, is attached herewith to these minutes as Exhibit 3.

Mr. Shandler pointed out that in two places it refers to "properties along the south side of West Alameda have developed over the years as multi-family type housing rather than single family subdivisions." Upon review of the full record, the findings should be corrected by striking "rather than" and inserting "as well as."

Commissioner Greene moved to adopt the Findings and Conclusions for Case #2015-46 as amended. Commissioner Chávez seconded the motion and it passed by unanimous voice vote.

G. CONSENT AGENDA

1. **Case #2015-48. Plaza Piñones Final Development Plan Time Extension.** Report of the Land Use Director's approval of a second one-year administrative time extension for 40 townhomes on 7.44± acres east of Fifth Street and south of St. Michael's Drive. The May 8, 2015 approval expiration would be extended to May 8, 2016. JenkinsGavin Design & Development, Inc., agents for Soñar LLC, Ken Raymond. (Zach Thomas, Case Manager)

Commissioner Chávez moved to approve the Consent Agenda as presented. Commissioner Kadlubek seconded the motion and it passed by unanimous voice vote.

H. OLD BUSINESS

There was no Old Business.

I. NEW BUSINESS

1. **Case #2015-54. 4250 Cerrillos Road Sign Variance,** JenkinsGavin Design & Development, agent for Santa Fe Mall Property Owner LLC, request a Variance to the maximum size of sign per Subsection 14-8.10(E)(6) "Wall Signs" and 14-8.10(G) "General Requirements for Signs According to District" to allow 169 square foot wall sign where 80 square feet is the maximum. (Dan Esquibel, Case Manager)

A Memorandum dated June 24, 2015 for the July 2, 2015 Meeting, to the Planning Commission from Dan Esquibel, Planner Senior, Current Planning Division, in this matter and in Case #2015-55, is incorporated herewith to these minutes as Exhibit 4. Mr. Esquibel explained that there are actually two applications but one owner so his report deals with both Case #2015-54 and Case #2015-55. Issue - if the applicant addressed the variance standards.

2. **Case #2015-55. 4250 Cerrillos Road Sign Variance,** JenkinsGavin Design & Development, agent for Santa Fe Mall Property Owner LLC, request a Variance to the maximum size of sign per Subsection 14-8.10(E)(6) "Wall Signs" and 14-8.10(G) "General Requirements for Signs According

to District" to allow 136 square foot wall sign where 80 square feet is the maximum. (Dan Esquibel, Case Manager)

Mr. Esquibel presented the staff report for these cases. He explained that each case needs its own motion. Please see Exhibit 4 for specifics of this presentation.

Chair Harris thought the attachment was stapled out of order and the fifth image is what is allowed and second is what is proposed.

Mr. Esquibel briefly described the photographs and explained why he took each one. They were chosen so the Commission would have a visual reference commensurate with the rules.

Chair Harris thanked him for the helpful explanation.

Presentation by the Applicant.

Present and sworn was **Ms. Jennifer Jenkins, JenkinsGavin Design & Development, 130 Grant Avenue, Suite 101, Santa Fe**, on behalf of Santa Fé Place Mall.

Ms. Jenkins displayed slides in her presentation. She said the proposed new addition is happening on the north side of the mall where the theater space was located. She pointed out where World Market and Bed, Bath & Beyond want to locate. To the right side of Dillard's is the proposed addition for the two new retailers with a new entrance. That is the location for the two signs proposed. She then showed the elevations as they relate to the façades and zoomed in on the proposed location of the signs. This is SC-3 zoning (Planned Shopping Center) and it is a unique zone because it is the only zone for a regional mall. Santa Fé Place is the only regional mall in Santa Fe. It had movies and restaurants, was built in 1985 and has suffered from lack of redevelopment and re-investment; lack of merchandising; and lack of new tenant mix. But malls are evolving and coming back with a consolidation of retailers. She shared some examples. They usually happen through bankruptcy and acquisition. There is too much in-line space. This mall is almost 700,000 square feet and the largest building in Santa Fe. A regional mall has an important role economically not only for goods and services but it also has been the largest generator of GRT in past years. Right now it is not doing that job in that regard for several years.

The mall has new owners as of last September who believe in this mall, this market and this community and they are investing millions of dollars in redeveloping and rebranding to serve Santa Fé with more dining, entertainment and retail options.

She said this mall has been on life support and the City is fortunate that this group wants to invest here. These exterior retailers eat up some of that interior space. It is about evolution and this mall is evolving. The Sports Authority wanted to take most of Mervyn's space on the west side in 2012 and asked for a similar variance from the Planning Commission for their sign there. One of our positions regarding the variance is that the Sports Authority sign is 445 feet from the street so for wayfinding from the street, a larger sign is needed.

The location for this sign variance is for a sign on the north side of the mall is 1.7 football fields away from Rodeo Road, not to mention 20 feet below Rodeo Road. It is obvious from the imagery that an 80' sign would look ridiculous. The provisions in the code don't take a 700,000 square foot building into account. Signs should be proportionate to the building size and should be 20% of the façade instead of 1.5%.

The Sports Authority sign was granted in 2012 and by no means does it seem enormous. It is proportionate to the façade. She was present at this meeting to request two similar proportionate signs.

In the 1985 development plan that was done, there was not a signage plan. Staff recommended a signage plan, rather than asking for variances repeatedly. So they are now working on a signage plan for the mall to bring to the Planning Commission.

Right now, the retailers want to be open for Christmas so they are working quickly on building permit applications right now. So they are not in a position right now with these two tenants to wait for that signage plan. A lot of work has already been done on the interior.

Public Hearing

Chair Harris announced this is a public hearing and asked for public comment for this particular case.

There were no speakers from the public regarding these two cases. Chair Harris closed the public portion of the meeting for these two cases.

Questions by the Commission

Commissioner Kadlubek asked Mr. Esquibel how the other gigantic signs were approved for anchor stores (Dillard's, J. C. Penney, Mervyns) – also by variance or some other way.

Mr. Esquibel wasn't sure at what point they got that size sign and couldn't find out in his research. Some were part of the mall development back when it was originally adopted as a regional mall. They are there and with exception of Sports Authority, he couldn't tell the Commission. He explained that their records get destroyed after ten years. He assumed the signs that are below 80 square feet were by regular approval. Out of 16 signs on the mall, five meet the requirements and the rest exceed the 80 square feet requirement.

Commissioner Kadlubek asked if the Planning Commission had to listen to Target or Wal-Mart for them to get approved for their sign that exceeded 80 square feet, or if they fell under different criteria.

Mr. Esquibel explained that everyone who wanted to sign exceeding 80 square feet had to come to the Planning Commission or Board of Adjustment in order to obtain a variance. In the past, the variance criteria was much easier to attain. After 2012, the variance criteria change and they are more difficult to meet.

Commissioner Kapin noted in #2, the City Land Development Code allows for a wall sign to encompass 20% of a façade. She asked where the 80 square feet come in to that 20% of façade.

Mr. Esquibel all of the sign requirements in Chapter 14 have to be met. There are requirements for no more than two sizes of fonts, no more than three colors. And for wall mounted signs, it is based on the linear feet of that façade not to exceed 80 square feet. That is the way the standard is written. It applies to different types. This one is in the Cerrillos Road Highway Corridor and that has different standards where there's businesses that are not on the Cerrillos Road Highway Corridor do not. There are also different zones on that corridor. This location is in Zone 4 and others might have different standards. Each one is different, depending on location. Most of the sign regulations do limit the business to 80 square feet. In some cases, with a ground mounted sign, it could go up to 150 square feet.

Chair Harris recalled that he was probably the only Commissioner who dealt with the sign variance for Sports Authority and the issue at that time was less about the size of the lettering and more about color. The Sports Authority corporate brand is the red color. The Planning Commission at that time got beyond it. He asked if color is an issue now.

Mr. Esquibel explained that at this time, he didn't know the proposed colors for certain. Chapter 14 says if the sign's structure is an integral part of the sign, the entire area gets counted as part of sign area. And color in that case, it is part of the integral part.

Chair Harris thought the 151 square feet for the Sports Authority was just the lettering.

Chair Harris asked Ms. Jenkins for more detail including about the lettering as distinct from the background and said she knew all 24 pages of the sign ordinance.

Ms. Jenkins said for what is reflected here, the Bed, Bath and Beyond lettering is proposed to be white and the lettering for World Market is proposed to be maroon and the signs will be mounted on the stucco side of the building. Everything is proposed. The side has to be covered with either stucco or sign or metal. But everything has not been resolved yet from an architectural standpoint. .

Mr. Shandler noted that for the Sports Authority application said that the applicant anticipated a development plan to the Commission at a future date and asked if that plan had been done.

Ms. Jenkins said it has been done and they did an administrative development plan amendment but just reallocated some square footage. They had an out parcel that was entitled to so much square footage and they wanted to reallocate that around the site so they processed it administratively with staff.

Mr. Shandler asked for the Findings regarding the sign size. He asked if they are 169 square feet and 136 square feet or 169 and 151.8 square feet respectively.

Ms. Jenkins responded their calculations show that the sign is 169 square feet on Bed Bath and Beyond and 151.8 square feet on Cost Plus World Market. Then she apologized and said Mr. Esquibel indicated they may have miscalculated. So it is 136 square feet on Cost Plus World Market.

Commissioner Kapin asked about how many more anchor businesses there would be anticipated.

Ms. Jenkins said that Sears, Dillard's, Penney's and these two new ones are junior anchors. They already have a restaurant pad site going up. It is a brew pub and they are talking to other restaurants as well. There is possibility of wholesale wine business and she apologized that she is limited in what she can share. On the south there is potentially a large fitness institution and they don't need as much visibility.

Commissioner Kapin asked what the difference is between an anchor and a junior anchor and if the request for a sign would be different.

Ms. Jenkins agreed. She explained that they are not expecting any other anchors at this time. If Sears closed down and another big department store came, they would address a sign of that same magnitude.

She added that the code says if a building has more than one store, each one is allowed one 80 square feet. She asked if the Commission could imagine this mall with 80 square feet signs outside on each one of the stores. The signage plan will address what each level is entitled to and lay it out with dimensional standards, etc. Those with no exterior entrance would not have an outdoor sign.

Mr. Esquibel commented regarding the difference from 151.8 to 136 square feet, that they were calculating more space than they would actually have on that façade. So that is how the 136 was decided.

Commissioner Greene asked Ms. Jenkins if there would be an effort for outdoor patios and the restaurants in the plan.

Ms. Jenkins agreed. There will be landscaping improvements and outdoor seating and an opportunity on the south side as well.

Commissioner Greene asked if that plan will come before the Commission.

Ms. Jenkins explained that it is not building permit stuff but just moving things around but if they wanted to do something outside of that, it will come forward here. She said they could also provide progress reports to the Planning Commission as an informational update.

Mr. Esquibel apologized and corrected his earlier statement that 151.8 is the correct size for World Market. It was not 136 after they recalculated the space.

Commissioner Gutierrez asked Ms. Jenkins if with the redevelopment, there is an intent to put signs at the entrances.

Ms. Jenkins said they are there now and will just be redesigned a little. They will also have one low to the ground and some interior directional sign. They will all be freshened up.

Commissioner Gutierrez asked if those signs would list the tenants.

Ms. Jenkins said they will just list the anchors and junior anchors.

Commissioner Kadlubek asked about the process of the sign plan approval.

Mr. Esquibel said currently, as Chapter 14 identified signs in the SC-3 District, the sign plan would have to be brought here for approval, especially for signs that exceed the ordinance and it might include an ordinance change request if it requires variances to achieve those goals.

Commissioner Kadlubek asked how items get on the consent agenda.

Mr. Smith said the only type that is placed on consent are time extensions. There is not a provision for any other type.

Action of the Commission

Commissioner Kadlubek moved in Case #2015-54 at 4250 Cerrillos Road, to approve a Sign Variance to allow a 169 square foot wall sign for Bed, Bath, and Beyond where 80 square feet is the maximum. Commissioner Kapin seconded the motion.

Commissioner Gutierrez asked if that motion would be subject to getting building permit.

Mr. Smith clarified that the permit is a code requirement whether stated or not in a motion.

The motion passed by unanimous voice vote.

Commissioner Kadlubek moved in Case #2015-55 at 4250 Cerrillos Road, to approve a Sign Variance to allow a 151.8 square foot wall sign for Cost Plus World Market where 80 square feet is the maximum. Commissioner Greene seconded the motion and it passed by unanimous voice vote.

3. **Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center.** WHR architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for:
 - a. Master Plan Amendment,
 - b. Four variances to include:
 - Variance to the "Maximum Height of Structures" per Table 14-7.3-1: "Table of Dimensional Standards for Nonresidential districts" to allow 49' where 36' is the maximum, and
 - Variance to the "maximum Height of Structures" per Subsection 14-5.5(A)(4) Standards" to allow 49' where 25' is the maximum, and
 - Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square feet signs where 32 square feet is the maximum.
 - Variance to the maximum height of sign per Subsection 14-8.1-0(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.
 - c. Development Plan to construct a 65,500 square foot addition on Tract A-1-3 containing 20.65± acres and Tract A-2 containing 9.29± acres,

- d. Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital. (Dan Esquibel, Case Manager)

A Memorandum dated June 25, 2015 for the July 2, 2015 Planning Commission meeting from Daniel Esquibel, Planner Senior, Current Planning Division, in this matter, is incorporated herewith to these minutes as Exhibit 5.

Chair Harris asked why these matters were all bundled into one case. He recalled that last time with Las Soleras case, there was General Plan amendment, a Master Plan amendment, and a subdivision plat and the Commission considered them as separate cases.

Mr. Smith agreed and said the caption identified four distinct cases and they are identified as separate action items: the Master Plan, the four variances, the Development Plan and the Special Use Permit. The variances are distributed in an unusual way between the Master Plan and the Development Plan, so staff is trying how best to characterize it. They could have chosen to put more than four action items, each with its own action numbers but it didn't seem to be a reasonable way to consider it.

Chair Harris heard that and read it but he was confused about why they are doing that this way. It hasn't been done this way in his four years as a Commissioner.

Mr. Shandler stated that there is not a legal impediment to how it is captioned.

Chair Harris asked if the Commission needed to make four separate motions.

Mr. Shandler said he didn't know how staff intends to proceed on it.

Commissioner Kadlubek asked if a motion would say the case number and then a bullet point number or letter.

Mr. Esquibel thought that would work to identify the different modules in the case and that would adequately distinguish it in the minutes.

Mr. Smith said Mr. Esquibel will get into more detail but the Land Use Department staff has a change in the recommendation per the Legal Department and on page 2 and 3 in the Staff Report. There is a matrix under the application summary with four categories there. The first is Master Plan Amendment and it states under the type of decision a recommendation to the Governing Body. Staff believes that would be the appropriate motion by the Commission.

The second category is Variances. The Attorney Staff has advised the Land Use Department Staff that there was a different interpretation of appropriate action on variances. Their advice was that it is more appropriate to say the Planning Commission action is final on variances for that motion.

The Third category is the Development Plan and he was not certain of the Attorney's recommendation

but he believed the Planning Commission action is final.

The fourth category is Special Use Permit and the motion is for final action by the Planning Commission.

Chair Harris proposed to use (1) for the Master Plan amendment, (2) for the Variances, (3) for the Development Plan and (4) for the Special Use Permit sections.

Mr. Shandler agreed that would be acceptable.

Mr. Smith said there has been some evolution in the review but the Land Use Department Staff does concur with that advice from the Attorney.

Mr. Esquibel suggested since there are actually two types of variances, one for signs and the other for building heights, there would need to be 2-a and 2-b within those parentheses to consider for each type.

Secondly, for the Development Plan, Special Use Permit and Variances, all of these are contingent upon the Master Plan approval by the Governing Body so the final decisions will all be subject to that approval.

Chair Harris thanked him and said there is a, b, c, d for the four separate variances.

Staff Presentation.

Mr. Esquibel read from his staff report, reading the caption first. This is a special exception as required from 2012 ordinance. Page 2 has the recommendations which he read. The recommendations are subject to the conditions in Staff Exhibit A. He recognized the other members of the Development Review Team: Ms. RB Zaxus is here for drainage and lighting issues, Mr. John Romero is here on traffic analysis, the Fire Marshal on fire protection issues and Mr. Noah Berke on landscaping issues.

Applicant's Presentation

Ms. Jennifer Jenkins (previously sworn) set up the presentation and turned to the Christus St. Vincent (CSV) COO.

Present and sworn was **Mr. Jason Adams, 1248 Crus Blanca** who introduced himself as the Chief Operations Officer of Christus St. Vincent Regional Medical Center. He introduced his project team, Mr. Marty Hughes, Chief Architect from WHR, Dave Aube and Doug Magouski, from Design Group in Albuquerque, and Ms. Penny Bush, Project Manager from Dallas as well as Ms. Jenkins.

Mr. Adams said that health care has evolved over the last 30 years. This facility built in 1977 with a combination of private and semi-private rooms. With different levels of care, ranging from intensive care

beds, intermediate care beds, labor and delivery and medical surgical beds. They are all different levels of care and, historically in 1977, most hospitals were built with semi-private med-surg beds. What that means is that you have a combination of some people having private rooms and other people sharing a room. This addition of 65,000 sq. ft. near the current main entrance of the hospital, will add 36 beds (rooms) to the hospital on the second story. It is important to add that on the second story because they will create a two-story connector between the old hospital and the new addition that will connect on the first floor a new lobby for better wayfinding. For the last 30 years, the hospital has had an identity crisis with the lobby being on the lower floor and an upper lobby. This project gives us the opportunity to meet the requirements and connecting the two buildings to finally satisfy that issue and create one identifiable primary lobby. And on the second floor it will allow them to have the new med-surg beds connect with the current med surg beds and renovate the floors. Once completed with the new wing, they were renovate all the current rooms (four units) to become all private rooms. This has been the current trend in health care for the past 25 to 30 years. Also the studies including this one from Dr. Roger Ulrich at Texas A&M University, that demonstrate that private rooms will reduce infection rates in hospitals and also lower stress for patients. It will provide higher quality of care. Roommates are a source of stress 85 to 90% of the time. In addition it provides increased staff and patient safety when they do transfers. Every time a patient is moved there is potential risk for a fall. So having private rooms will reduce injuries.

Mr. Adams displayed the drawing showing a typical room of modern design in the hospital. In the corner is a staff sink for hand washing at the entrance. That reduces infections or cross contaminations. Couches allow a family member to stay around the clock with family member patient. Rooms will be 260 square feet or about 20 square feet bigger than current semi-private rooms. They will comply with national standards. It will significantly increase patient satisfaction.

Ms. Jenkins addressed the various applications in this case.

1. Master Plan Amendment

Ms. Jenkins said they were first requesting an amendment to the Master Plan. The C-1 zoning requires a hospital to seek a special use permit, a development plan, and variance on signage and height.

As background, the Hospital was constructed in 1977 on this property. In 1985, the property was rezoned to C-1. C-1 is traditionally usually office zoning. A lot of the area along St. Michael's Drive and St. Francis Drive have high concentrations of office and it is C-1 zoning. That is the zoning of the 48 acre campus. The Master Plan commensurate with that zoning approval in 1985 laid out various development standards and future improvements. The Master Plan was amended by the City Council in 2006. They made adjustments to future improvements and additional buildings they envisioned for the future. There were also some conditions of approval that would be triggered by future developments. This is the proverbial future improvement.

She showed the site plan that shows the new addition and a critical element of the application is that it has to connect with existing the med/surg unit for staff proximity on the second floor. They can't have ramps or stairways for patient and staff safety. In the area being connected is radiology, laboratory and surgery are proximate. The hospital spent time analyzing the best location for the new addition. This one is

the best and accomplishes several things. It minimizes distance. The connection to existing building gave great opportunity for a new main entry lobby that will greatly improve wayfinding. It will benefit more vehicles on St. Michael's as opposed to the entry on Hospital Drive. This was not contemplated in the 2006 Master Plan so this is an amendment. Also on that 2006 Master Plan there was a circular drive around the campus and that is not needed so it will be removed.

The traffic analysis called for changed access and removing the parking area on the east where the residential neighborhood area is located.

Several other buildings were proposed in 2006 that are no longer in long term plans. With this addition and removal of those buildings, it is actually a net reduction of 3000 square feet for the campus.

. The storage building on tract D (east side) was proposed first at 5,000k square feet for maintenance vehicles and the maximum now is potentially 10,000 in the plan but probably will be less.

Also they are adjusting area boundaries created in the 1985 Master Plan to incorporate the new addition in the proper area.

Ms. Jenkins displayed a perspective of the brand new entry and below that, a view from St. Michaels of the new wing and new entry on west side. She also showed a view of new entrance and waiting area and a new meditation space that looks out on a garden. At very east end is another waiting area on the second floor for families to be closer to the patients.

She explained the various areas of the Master Plan that have different standards. With the addition attached to the existing building, they had to include it in Area 1 and swapped the 3,200 square feet space between Area 1 and Area 2. The areas are the same size but adjusted for the new addition.

2. Height Variance

Regarding height, she explained that 65' is the maximum height in the original Master Plan for Area 1 but they are not proposing that height now. Part of the property is also in the Couth Central Highway Corridor. It is an overlay that has different standards for the lower portion of St. Michael's Drive and Old Pecos Trail with a lower height limit of 25'. The entire campus is zoned C-1 which is usually a 36' height limit but is further limited by the highway corridor. So they are asking for height variances from the C1 height limit and also from the highway corridor height limit only for new addition that is outside of area 1. The portion that is in Area 1 is not subject to the variance requests. They are asking for a height of 41' to allow for various appurtenances. To the top of roof deck is only 28'. That is a variance of 5' over the 36' of C-1 and 16' over the highway corridor limit.

She reiterated that they are proposing a 2-story building to accomplish connectivity for patient and staffing that has to connect with the existing patient area. They considered putting it on the north but that is much closer to residential neighbors so for that and longer traveling distance for staff and visitors to that location. So for that and other reasons, this is the absolute best option.

3. Signage Variance

Ms. Jenkins said they are also asking for signage variances. The 1985 Master Plan contemplated a 500,000 square foot regional hospital has unique signage needs that might not be contemplated in the Code and probably would need a study at some point to understand what signage needs to make sure there is adequate wayfinding for the public.

In the C-1 zones, the signs are limited to 32 square feet maximum and CSV is asking for one sign of 90 square feet and one sign of 16 square feet.

Two existing 40 square feet signs would be removed and replaced with one 80 square feet sign and one more of 16 square feet. The 80 square foot sign would be placed on the stone wall of the new wing to be visible from St. Michael's to draw visitors into the hospital from St. Michael's Drive so they can avoid going down Hospital Drive where the Emergency entrance is located. The sign on the stone wall is really not that big compared with the building.

She pointed out how people take Hospital Drive and it leads to ER. St. Michael's is the main entry point. They are constructing a new drive from Hospital Drive to go to the front entry. In multiple meetings with neighbors, they discussed the new entry way which will greatly reduce confusion.

The traffic impact analysis was reviewed by John Romero. The recommendations out of it and working with Mr. Romero, are to provide a financial contribution to the roundabout /light intersection at San Mateo and Galisteo. 17.5% of traffic is attributed to the hospital. So whichever costs more (signal or roundabout), CSV will write a check for about \$85,000 to be held in escrow with the City for that traffic improvement.

She referred to the Traffic memo with the proposed "clarifications" to the Recommended Action which they have discussed with Mr. Romero are as follows:

1. The money given to the City are ear-marked specifically for improvements at that intersection.
2. If the City doesn't spend that money, CSV would get it back after 5 years. She said that is standard practice in the City. There are many others like it in Santa Fe for fair share. The City cannot sit on the money indefinitely and not spend it. For a non-profit regional hospital, \$85,000 is a lot of money.
3. The Master Plan shows a potential future addition to the medical/dental building on the campus and CSV might be required to give an added donation for that intersection. Mr. Romero is comfortable with that change.

The Hospital Drive entrance, based on the analysis, shows that traffic has decreased since 2006 and was at one time to be an entrance only but now will be changed to only right in/right out and no left turn there so a median will prevent that.

Ms. Jenkins stated that with this application, all of the 2006 Master Plan conditions are being satisfied.

Ms. Jenkins said they had many meeting with neighbors to north and those to the east. In the dozen meetings, also met with individual neighbors to resolve their concerns. They had the formal ENN followed by another last week to address all concerns.

As a result, some additional concerns are also being addressed. There is a 15' landscape buffer on the northeast side that has been neglected and they are reviving that existing landscaping. They are making lighting modifications - pole heights will be lowered and some bulbs will have less brightness. Generator noise is being addressed. The backup generator is a federal mandate. It is on east side and it has to be tested weekly and a power surge can also kick it on. They have been exceeding code's maximum noise so CSV will either enclose it in the building or relocate it to the central plant to bring it into compliance.

Open areas on east side had been used by staff for smoke breaks and now the whole campus is non-smoking. So they have beefed up security and neighbors have been given a direct line to security to report violations.

Lastly, CSV is providing an email tree for neighbors to report hospital and construction issues back and forth with the hospital.

CSV will have an annual neighborhood meeting with Hospital administration to deal with issues.

She showed the parking islands and water retention areas on the north parking lot and explained the existing nature trail improvements on the south side, wrapping around to east side up to the landscape buffer.

There will be accessible routes to and from the neighborhood at several locations and to the bus stops on Hospital Drive. It will all be ADA accessible. And all lighting will comply with the ordinance so there will be no light pollution.

Ms. Jenkins concluded her presentation and requested right of rebuttal after the public hearing.

Public Hearing

Chair Harris asked members of the public to line up to be sworn en masse. They were sworn.

Mr. Lawrence Barty, 202 West Lupita Road said he was representing the San Mateo Neighborhood Association and the Task Force of that Association who were are immediately affected by and are immediately adjacent to the Hospital, specifically, West Lupita Road residences, Camino Amado and the south end of Don Gaspar.

He said, "We support the hospital's efforts to modernize and upgrade its facilities. That's not why we are here because we know that's important to the entire community. But some of our neighbors have issues with the design and height of the proposed St. Mike addition - not all, but many do. We address this in the formal reply that is in your packet. [The reply is attached to these minutes as Exhibit 6.]

"I am going to focus on four issues that are particularly important to us. In Master Plans dating back to 1985, the hospital, which was then Sisters of Charity and then another entity, agreed to put in the buffer zone. The buffer zone is important to us, to those of us who live along the edge because it provides visual screening and, to some degree, quieting of hospital activity. That buffer zone was never put in. I gave you a handout and a ring binder. If you look at page 9, you will see a picture of what it looks like today. It is kind of a vacant road there. Nothing has happened over the years.

"We met, as Jennifer said, with the Hospital ten days ago and it was a very positive meeting. I think a lot of things are moving in the right direction toward resolution and improvement. Mr. Adams said that the buffer is part of the budget for this new addition and I take him at his word. But because of the 30 year history of this, we are looking for further assurance if a new CEO comes in or if a new entity buys the Hospital before this is done for if there are budget changes, that this buffer zone be there. We would like Planning Commission to make it a requirement that it be a condition of granting the Special Use Permit. It's not because we don't trust the word. It's just because we have this history.

"The second issue that we've got concerns traffic flow between the visitor and patient parking lot. People come in. (He pointed out the location.)

"In that lot as it presently stands, people come in either from two ways. One, from St. Michael's Drive at the store entrance and also from Hospital Drive. If you stand at that intersection for any length of time, you see that most people come in from the City from the west, come up to the intersection at Hospital Drive and St. Mike's and they see the hospital and they see a sign that says hospital. In smaller letters it does say emergency room. And the bulk of them turn on Hospital Drive and then turned into that parking lot. It's just a natural thing. And then that's where they leave. There is an exit onto St. Michaels' Drive but it's hard to see, it's hard to find. But I think its common nature when coming in an entrance, to turn around when you get ready to leave and go out the same way. What the hospital and the traffic engineer are now proposing, contrary to the 2006 Master Plan which said that this entrance would be an entrance only and never became an entrance only but has remained an open exit, is to make that a right out only. Now I understand what the purpose of that is to keep people from turning left right there at that intersection because it is dangerous and all. The consequence of making that a right only is that most of the traffic that is leaving that parking lot is going to go out and go right up Hospital Drive thrust right into what is already a very congested neighborhood. They are going to go to the top and they are going to turn right onto Lupita, which is a dirt road or they are going to cut across and be up on Galisteo at that intersection with San Mateo that Jennifer was talking about, which is where Martinez Elementary School is where people are walking dogs, people walking children,. I understand there is a traffic study and that are details that say, yes, this ought to be done. But what they are doing is dumping a bunch more traffic into our neighborhood which is not a through neighborhood by any means.

"It seems to me and the rest of us, that if instead, we fulfill the 2006 Master Plan and turn that into an entrance only, people will come in and can be directed by hospital signage so whenever they get ready to leave, they will come out on St. Michael's and go wherever they need to go without becoming embroiled in the neighborhood where someone will get lost. They are always asking for directions because they are on a dirt road and cannot figure out where they are. It makes no sense to me and my group that it become a

right only exit onto Hospital Drive.

The third issue that I want to address is that of the construction activity. If you grant the hospital's request it will be done on the south end. They have a lot of vacant space to the north. And they have already stored some materials for various projects and things. We are concerned that there will be construction activity on the north side of the campus. And it generally starts at the crack of dawn and there will be trucks and deliveries conceivably. We would like to see the hospital limit the activities on the north side to reasonable hours, 8-5, Monday through Friday so that we have a chance to enjoy our yards, to enjoy our family. I don't think it is unreasonable restriction on what I think will be a relatively low level of activity on the north end. You can help us protect our property that way.

Finally, I need to address the staff report. The staff report suggests on page 9 that the hospital could build this addition in a different part of area 1 and not need the height variances that they were asking for. The only space in area 1 that is available is at that north end. This would be a building that, at most, would be several dozen yards from some of the residences. Apart from the construction mayhem of two years and building that high and that close with the additional activity that goes on around it, the values of the homes along that edge will plummet. And if the difference here is on a commercial corridor - St. Mike's - the building is somewhat higher than the code technically allows versus an essential disruption of several dozen homes along that edge. If it comes down to that choice, we would like to see the Hospital redesign it lower. I don't know if that is possible. If it comes to that choice, we would not stand in the way of a height variance.

"I also gave you a letter separately from a neighbor, Barbara Chatterly, who raised issues on design and could not be here tonight. She had several questions about design and the purpose. I hope you will read that and take that into account. Those are her views and solely her views."

Ms. Mary Schruben, 2119 Rancho Siringo Road who had a couple of questions. "Could you explore with applicant, what would be the condition of the highway height regulation of 25' for the highway corridor if St. Michael's Drive loses its highway designation under the 'ReMike' program where they are looking to make it a two-lane street. I know the two-lane street would not extend that far east but I wondered whether you have given consideration to the removal of that restriction because of the highway corridor.

"Secondly, I didn't understand about the raised median to be constructed at the south entrance, which I believe is on St. Michael's Drive and whether or not that means it would be closed to vehicles driving east and they would not be able to turn left there. If you could explain that, I would like to understand it a little better.

Thirdly - about the smokers. This is endemic all over Santa Fe. What does your security plan say about dealing with visitors and patients who are smoking outside? I'm also unclear about where the entrance to the cancer center has moved or if it has moved exactly. Could you show that again please?

Regarding the signage, will you be removing the street signs existing at the corner of Hospital at St. Mike's and the south entrance at St. Mike's completely or just the building mounted signs and whether or not there will be a street sign indicating where the emergency entrance is, because that is not clear now.

Pardon me for saying this but I believe that the overhang is ugly and doesn't fit here in Santa Fé. I would like to see that we designed. It doesn't fit with the character of Santa Fe at all.

Lastly, I'm all in favor of the buffer for the neighborhood that was supposed to have been done years ago, hasn't been done, and has been maintained. However, I would caution you that the Municipal Tree Board has come out with a new list of trees that are approved for our drought conditions and new watering standards and I'd like for you to consider those carefully because it is quite a large buffer and it's going to be a significant one for the neighborhood and for the hospital. And we want to see it thrive so be sure that you put that in your planning.

Also the change the applicant has made to include all of the Master Plan, development plan, variances and special use permit under one case is confusing to people who have monitored cases for a long time and will make this case difficult to follow the tracking of all that stuff. I encourage staff and Commission to adhere to the previously acceptable numbering system.

Ms. Gail Rappaport, 216 W Lupita Road said she is the house right behind Physicians' Plaza, facing the dumpster and the generator.

She said, "I realize the issue this evening is the proposed addition to the actual hospital for increased patient bed space. However, as a 36 year homeowner on Lupita Road, directly adjacent to the hospital campus, I was to provide a bit of history and a few comments.

"I spoke at a City Council meeting on February 11, 2004. Actually, I spoke in favor of the proposal to build Physicians' Plaza. I was asked to do so at the request of the developers and Rick Crabtree, the now discredited former CEO of the hospital. And at that time, my comments related to my support for the need of a state of the art hospital campus to meet the growing needs of this community. I was thanked profusely in the newspaper and by Alex Valdez, then CEO, and others. And they even sent me some flowers which was somewhat insulting because they wouldn't do that for a man. But they were trying. Unfortunately, I now consider my support a mistake from a number of reasons. It should be noted that it was St. Vincent's hospital that was the force behind building Physician's Plaza. They were the folks who spoke of it in February. Although the building is on their campus and should be part of their Master Plan, it seems Christus St. Vincent's now wants to distance themselves from any responsibility for that building and their ongoing problems.

The hospital should obviously be responsible for all setbacks. There are setback issues and the parking so close to the fence is the hospital's problem. And, of course, the landscaping issue that has been addressed. The problems with Physicians' Plaza continue to be the placement of the dumpster and the garbage pickup and obviously the generator.

I have had intermittent success in working with the property manager. An example is lighting that building all night. They have stopped that.

Currently there has been some discussion with the manager of that property. Recently they put in a

concrete pad without talking with any neighbors because they were having trouble with the garbage pick-up. They started at dawn and I complained. I always have to call them and ask what they are doing. They never come to the neighbors and say this is what we are doing. So they had to change that area to correct garbage pick-up problems.

Two weeks ago, on the hospital property along the fence, a line was cut to my property cutting internet and telephone. It took five days to restore the service. And the cut was traced back to the hospital perimeter. It was on the hospital property. As usual, no one adjacent to the hospital was informed of work being done. Only because of the noise and the large equipment, was I able to trace my problem to their property where they were doing some construction along the fence. I don't know what they were doing and I don't know if they had a permit.

In conclusion, these problems and others are constant. Promises made under the Master Plan have not been completed. And I find it hard to believe the hospital can be trusted in this new phase to follow through on their promises. We had the Master Plan in 1985 and they built that building starting in 2004. In 2006 it was amended. And the neighbors are still waiting for a lot of those things that were promised to happen. It would be a pleasant surprise if they do what they said and I continue to believe the Hospital should not abdicate their responsibility to via Physicians' Plaza. That would be disingenuous, to say the least.

I knew when I bought the house adjacent to hospital property there would be constant growth. And I support that. We all need state of the art care. And when we need to go someplace, it is to their hospital. I just want them to be good neighbors.

I wanted to say one other thing that wasn't written down.

Turning right out of there ... originally, in the Master Plan, the entrance was to be on St. Michael's Drive, not on Hospital Drive. I think that is impossible now because you are not going to be able to turn out on Hospital Drive. They have put up an island there because you did something across the street with Presbyterian there. So people won't be able to come out of the hospital and turn left. So they are going to turn right. They also are only going to be able to get in on Hospital Drive. You are saying you want them to come down and around. It hasn't happened so far. We'll see. Maybe they'll put up some signage. But if people only turn right, they have to go past E. J. Martínez School and Galisteo. My children went to E. J. Martínez School. I've been in that house for 35 years. They are very successful people who got their schooling here in Santa Fe. I am not a newcomer. My children went on to Princeton; they went on to Northwestern. They are doctors. And they were educated in this town. It started at E. J. Martínez. I think it is really dangerous that you are going to push all the traffic towards that school. I think the entrance needs to be in the front of the hospital. It is in every other hospital. You've got it on the side road there now. Whatever traffic study you did, it is hard to believe you are not going to get more traffic on Hospital Drive.

At the City Council you changed Lupita for a few blocks to a one-way street because there were a number of accidents that happened on Lupita. So it was changed to one-way street which people don't always follow. But if you push all the traffic there, it will probably have to be changed back from being a one-way street.

Ms. Mary Benton, 2225 Calle Alvarado

"I'm on the board for ACSyL that borders the hospital and also on the board of the Neighborhood Network. Tonight I'm representing ACSyL and also myself. Listening to the presentation by Ms. Jenkins, some things came up that are of note. She said that ramps don't happen in hospitals. I'm just going in order that she mentioned. As an asthmatic, I've visited a number of hospitals around the U.S. and also the world. And let me tell you, there are ramps in hospitals. One in particular that comes to mind is Stanford Hospital. Top of the world - has ramps. So to say that they can't have ramps at St. Vincent's is a misnomer. Another top hospital is the one in Hong Kong - has ramps.

Number two – sections that are similar don't have to connect. They don't connect at UCSF; they don't connect at the University of Sydney; they don't connect at Hong Kong and they don't connect at Stanford. So to say that they have to connect at St. Vincent's is also a misnomer. I know that from practical experience, being an asthmatic around the world.

One of the things that is also a concern is how the traffic is going to be fitting at the various intersections. They say that the hospital will pay 17% so who pays the rest? The City? As far as I understand from City Council meetings and the newspaper, we don't have the money and the hospital is being so generous in giving us the money and in five years retract it, they get it back in five years and are going to be pushing more traffic through these intersections. I think that is something that we... that the City is being set up for failure. Just on that alone, I would suggest that you don't pass this through Planning.

But going forward, as some others, the look of this, facing ACSyL, we got half of a George Jensen on the left and a 1970's high school on the right. This doesn't fit into our neighborhood in this location, in my opinion. So you shouldn't pass this.

Regarding the signage, we've just had Presbyterian come in and they have abided by the signage. But here, they are asking for a variances up to 300% of what the signage is. The State, the City and ACSyL fought to have this section of St. Mike's be more of a calming. All of our neighbors are fitting in and respecting the code. And St. Vincent's is up to 300% by my calculations. But I'm just an engineer. Do I know math or not? It is ridiculous and you shouldn't pass on these variances. To add 65,000 square feet on there and have it look like a 1970's school yard. St. Vincent's is affording lots of advertising, lots of dollars so it seems, at the very minimum, that their expansions should fit into the neighborhood.

There have been a number of promises not kept but they expect the City will make variances for them. If the hospital wants to keep good neighbor relations, they should hold up to the promises made in the past. As a representative of ACSyL and myself, I urge you not to approve this Case 2015-47.

Mr. Mark Sonowsky, 2225 Calle Alvarado. "I work on Hospital Drive and drive six blocks. There are many accidents at Hospital Drive and St. Mikes – about every two months. And I would strongly like to recommend that you to ask Traffic not to allow left had turn onto Hospital Drive from St. Mike's and have them stick to that right only entrance and right only exit only onto St. Michael's.

Ms. Julia Catron, 205 West Lupita Road said, "Who doesn't want a state of the art hospital. That sounds great. But I think we can think about it more creatively. I always wanted to own a house in Santa Fe growing up here. I was finally able to in this really awesome neighborhood. The neighbors all know my house because I can't work on it right now. There is trash everywhere. There are surgical gloves floating around. And they did a really nice clean up after our last meeting. And I thank you for that. But then it got trashy again and we got the spring winds. It is not consistently maintained in a way that I feel safe walking around the neighborhood, especially with my dog who eats everything on the ground. Also, I think there are just so many things you could do rather than put this building out here. You could still build it on the south side but maybe put it where the hill is now, where that line of trees is between the circle for emergencies and the parking lot and preserve the views. I walk down Hospital Drive to Botolph Road or drive, depending on the day every day because that's where I work and part of the wonderful things about moving back to Santa Fe is being able to see the mountains when you are driving down St. Michael's Drive or walking to work or whatever. So I just think some more creativity can be done or at least the architectural - could be lowered just so you don't block the views everybody of the mountains when they are going down St. Mike's Drive. It's one of the last really pretty entrances to the City - is that entrance to the City.

I feel really badly for John Romero because everybody is complaining about the traffic study. And I'm going to also. But it is because I'm on Hospital Drive and Botolph Road every day, all day, and it is really frustrating. A lot of people do turn out of the hospital and come to the stop sign and kind of have to go down there. And they turn right on Lupita Road and like "Where am I?" And they think if they go faster it will somehow end their nightmare of being in a place that they don't know. And it is frustrating to the neighbors. I think if you turn that into a right turn only, and you've only addressed 17% of that extra traffic before that right turn only, you are actually looking at an increase beyond 17% there. So you really should, if that's the way it is going to go, maybe see what the hospital needs to put in escrow after that is done. But I definitely would recommend against that because it jam packs the neighborhood. One of the reasons I bought a house there is that is a really sweet neighborhood and you can get to anyplace else you want on your bike. You can walk to a school. And funneling the traffic back that way is really going to change the nature of that and it is really going to make me sad about a place that I was finally able to afford a house to live in.

And that's all. Thank you guys for cleaning up and I would approve a second round of clean up. Have them do that corner again.

Mr. Leo McMillan, 1560 Camino Amado, which is adjacent neighbor to the hospital on the east boundary. He said, "I would respectfully accede whatever time you have allotted me to Mr. Barty, our first speaker, if he should need to make additions to his testimony."

Ms. Karen Heldmeyer 325 E Berger. She said, "I have been working here over 20 years and a lot of talk in the last few weeks in particular about now neighborhoods and developers should get together; that there should be consensus; that there should be compromise. This neighborhood has been trying that since 1985, particularly the San Mateo Neighborhood, which pre-dates the hospital. When you saw the plat that had the pink semicircle above the hospital. That was once filled with small houses surrounding the hospital. They have tried to work with various ownerships, various administrators within those ownerships. Sometimes successfully and sometimes not. Ironically, Crabtree was one of the best people to work with neighbors. Too bad things turned out like they did with him.

They (neighbors) were told in 2006 by the Council that certain things were going to happen. They were told when the Master Plan was adopted. And when the new plans for this new part came out, they said, 'What happened – all the promises that were made to us then?' And the answer was, 'There was no timeline on those. We'll get around to them eventually.' Some of those promises have been made for 20 years. But they kind of filed in the 2006 Master Plan.

We saw a slide from Jennifer saying they are doing those things now. And then they are going to do some additional things that have come out of the discussions. Well, some of those things that are listed as coming out of the discussions were things were in the 2006 Master Plan.

If promises are being made, you know, that if you are nice and if you compromise and put up with some of the problems that are going to occur when you live beside a hospital. Then it is the responsibility of the City and the hospital to make sure those promises are kept. So your (Commission's) responsibility in a case that involves a whole bunch of change, including a Special Use Permit, and Special Use Permits can have conditions of approval on them - it is your duty to make sure those conditions that they were promised before, are put into effect and put into effect quickly. And the ones that are promised for the future have a time line on them and not five years but something fairly quick. We all know that putting a hospital near an existing residential neighborhood has put additional strains on the neighborhood. The City and the hospital need to do everything they can to mitigate those problems."

Ms. Heather Ligresti, 119 West Lupita Road. She said, "I have three points. One that no one has addressed is that top accessibility route to and from neighborhood. We haven't really talked about it. We were not invited to any discussions with the hospital. I'm sorry to have to address it like this. But personally, as a neighbor, I don't want access from my yard to the hospital. There is no reason why there should be accessible routes to and from the neighborhood on the back side of the hospital. I think that increases crime possibility and just has no purpose commercially that I could think of. So I definitely would want to oppose that.

And then the second one is traffic. A lot of people are thinking about that. We have a lot of problems on our street. It is a dirt road. People go really fast. Kids can't play in the street. Our dogs are in danger of walking there. And it is going to get much worse if there is traffic coming from the hospital. So I definitely wouldn't recommend that.

And then the last thing is that nature trail. Again, I don't know why they are directing their patients to the neighborhood. You don't see it but those are all lots and neighbors along that side where that nature trail is going. I don't know why they put those little dots for some kind of nature trail. I don't know why they would direct that right to the neighbors. There are places inside where they could do a nature trail that would not affect the neighborhood so much. Personally, I don't know much about the Commission, but would you want the commercial nature trail right behind your property where you have kids out playing in your yard and you have all these patients and nurses and visitors going right there. I mean they are backed up right against these property lines. Those are the three oppositions that I have.

Mr. Gio Ligresti, 119 West Lupita Road "I'm her husband so it is the same address, 119 West Lupita

Road and I agree with my neighbors about the right only exit from the hospital on Hospital Drive with the right only traffic into our neighborhood. That's going to make it any nicer. And the exit right in front of our house. Right now there is a fence that has been cut with the park and we actually went and asked the hospital if they were going to fix it because people were using it for doing stuff and would be right in our neighborhood. I don't see any reason why there should be an entrance into our neighborhood in the back of the hospital unless the City is to do something later, which is going to ruin our neighborhood completely if actually that becomes the real entrance into the hospital in front of our house.

So we agree with our neighborhood if they could make Hospital Drive not just a right turn into our neighborhood. That accessible route to and from the neighborhood has no meaning except a future real entrance to the neighborhood. I hope you guys don't approve that.

Mr. Charles Kinead, 601 Calle de Marcos at the corner of Calle de Sebastian. He said, "I am here as the Treasurer of the Southeast Neighborhood Association and as an individual. I would just encourage the Commission to give their greatest attention to neighborhood concerns and recommendations. Thank you. Save Old Pecos Trail.org."

Ms. Sharon Salazar Hickey, 806 Camino Zozobra. "I live, like many of the other members of the public that have spoken, in the neighborhood and have lived there over 30 years. I would like to say that, first of all, I am a member of the Hospital Board at Christus St. Vincent's and I am also a member of the Board of the Hospital Foundation. Through my actions, I am in very strong favor of this proposal and I'm speaking on my own personal behalf, not as a member of the Board or the personal associations that I belong to: Arroyo Paraisis. I walk every day with my dog through the neighborhood, Zia Road, Hospital Drive and Lupita Road, this entire neighborhood. You'll see my husband also walking every day. And I strongly support the recommendation that is being made by the Hospital. Thank you for your consideration."

Mr. Jon Velasquez, 1560 Camino Amado. He said, "Good evening and thank you for your service. I understand it is a tremendous responsibility. My name is John Velasquez. I live at 1650 Camino Amado. I concur with Laurice?? Presentation. We have met. We came together. I do appreciate the comments that others have made who have not met and I would encourage everyone to have meetings and collect your thoughts and present them to this body so we can have a comprehensive understand of the whole picture. I heard tonight traffic, traffic, traffic. Let's shift that to hospital, hospital, hospital. You will change your positions here because you are elected and I believe you are elected. Is that correct? No, you are appointed. Okay. The hospital has changed. I'm not here to defend them. They have met with us. I truly believe that they are bargaining in good faith. And as a philosophy instructor, I used to tell my students, Kierkegaard says, 'Either we renew our faith or we fall into despair.' We have to bargain in good faith.

I spent Saturday to yesterday with a traveling member of the Hospital. You have a tremendous experiment inside of that building. You have some fabulous people and I'm not saying that as a compliment but as a compliment to the City of Santa Fe. I come from southern California and I've never seen such compassion, such care, such professionalism. We are working on the outside now.

As an artist, I understand that you like the New Mexico look. This is a changing world. We are going to

have to work with what we have. It is like a collage. Some people make mistakes architecturally, design-wise. And we can't fix everything. We can't fix traffic. We can't fix this. Someone is going to be uncomfortable with any decisions that we make. But I would like to say that we met together at the hospital. I truly believe they are bargaining in good faith. And I would hope that you will see the tremendous work this hospital ... It is a big employer and I think we need to begin a new relationship with neighbors and I think we can address all of these issues that were outlined here tonight. I thank you for your time. And I do appreciate your work for the City. I think you are doing a tremendous service just by volunteering because people don't volunteer any more. You almost have to drag them in to the theater. So thank you very much and I think we can work out our problems if we have them and we can celebrate that you have a tremendous hospital and a tremendous city and people are beginning to discover you.

There were no other speakers from the public. Chair Harris closed the public portion of the meeting for this case.

Rebuttal Presentation

Chair Harris allowed a very brief rebuttal from the Applicant on a few points.

Ms. Jenkins agreed to be brief.

She said there are a few key elements she wanted to clarify. The 2006 Master Plan was very explicit for future phases, of which today is the day. We are here with the proverbial future phase. The following items shall be addressed. With this project, we are addressing every single one. Yes, trust and faith are wonderful things. But the beauty of it in this situation, they are actually not even necessary. Our building permit application has to include everything – all the landscaping, the lighting, and the off-site traffic and roadway improvements. All of it has to be in the building permit. It is a very important point. Trust doesn't really play into it. And then, when the building is complete, the last step is called the Certificate of Occupancy. All the inspectors come out. They inspect the work. They make sure everything has gone according to plans, according to Code and then they grant a Certificate of Occupancy that says it is a habitable building – you can start utilizing that building.

Unless everything is done that was in the building permit, you don't get your Certificate of Occupancy. There are so many checks and balances on this. This is the phase of improvement of the hospital that the 2006 Master Plan is referring to, kind of retroactively. We are here today to address these items. And in addition, we also have to put up a financial guarantee to show the city that we got the cash for all that infrastructure improvement - all the terrain management, the grading, roadway improvements, lighting, etc. and if for some reason it doesn't get done, then the City has the right to access that money to ensure it gets done. So there is layer upon layer upon layer of checks and balances to ensure that the provisions of the Master Plan are complied with in this project.

And to that point, we would like to propose a couple of other conditions of approval. One refers to the financial guarantee for all required infrastructure: landscaping, terrain management, lighting, noise abatement. All the access improvements that are recommended by the cities, traffic division are completed prior to the issuance of the Certificate of Occupancy.

And one other point. This new patient wing is adding six beds. There is no increase in traffic associated with this application. Currently there are 173 patient beds in the hospital. With the addition of the 36 private rooms and the renovation of the semi-private rooms to make them private rooms we are going from 173 to 179 beds. So there will be no associated increase in traffic with this new patient wing.

And one other item that is important to point out. Do you notice the St. Michael's driveway that comes just south onto St. Michael's Drive. There is a new median improvement there that was referenced. Right now at St. Michael's, you can turn left into the campus or right into the campus but you cannot turn left out of that driveway anymore. This is a very recent change, and go east on St. Michael's Drive. That was done as a result of the new Presbyterian Clinic across the street. We agree that St. Michael's should be the main entrance. And the on-site improvements we are making to the circulation and the new front entry and the associated site is going to support just that. We completely concur and we are doing everything within our power to ensure that is the case. And a lot of this has been motivated by that effort

Ms. Jenkins said she would be happy to stand for questions.

Brief Recess

The Commission took a break at 8:45 and reconvened at 8:55 p.m.

Questions and Comments from the Commission.

Chair Harris asked if there has been any real discussion about rezoning this to the HZ hospital zone.

Mr. Esquibel said they did place that in the staff memo that it would be better to have a hospital zone. And they realized it would be better to deal with those standards. That has occurred with the Las Soleras property and the Presbyterian Hospital there. That would be an answer for them and staff did suggest it in the memo.

Chair Harris saw it there and wondered why for years, they were going through different hoops that didn't really apply even though the C-1 was put into place. But in fact, in 2015, HZ seems like an appropriate zoning for being really and truly a hospital, which they are. He pointed out that rezoning can be initiated by the public or the Planning Commission could initiate a rezoning.

Mr. Smith agreed but a Commissioner would need the concurrence of one City Councilor to get that rezoning placed on the Council agenda.

Mr. Shandler concurred.

Chair Harris had a hard time making a decision with the information at hand. The Commission has some work to do and really needs that information to make an informed decision.

Mr. Esquibel said a lot of those changes were placed in the form of conditions. As we put them into the memo, those were basic conditions that they wished to change that were adopted as part of that 2006 Master Plan. It didn't provide any additional information on the map that isn't already shown other than notes on that map in the form of conditions.

Chair Harris agreed but they are not fully legible because it is cut off on our copy of the plat. The only way he was able to read a fault condition was when he got to the applicant's packet, where point by point they listed the condition and had a specific response. But even in those conditions, another question has to do with longevity of a particular Master Plan. We see other language in Chapter 14 that certain things have to happen. The only thing that happened in 2006 Master Plan was one construction project: the Emergency Room. There was mention of another subsequent construction project but he would have to go back and dig it out. He thought he read that the 2006 Master Plan had a 15 year life. Perhaps that is in the ordinance but he couldn't say for sure.

Hospital in any community is critically important. We want them to prosper and serve the community in a manner that the community feels it deserves and in a manner that they want to perform. But for the Commission to make a really informed decision, there is some more work to do. Why do we keep putting layers on it? It should be a hospital in an HZ zone. There may be some resistance from some of the neighbors. C-1 is office zoning as a transitional to residential neighborhoods. But as near as he could tell, the neighbors have legitimate concerns, regardless of the zone.

Commissioner Kadlubek ask if he could ask for a member of the public to address a question.

Chair Harris agreed.

Commissioner Kadlubek asked a question to Karen Heldmeyer. Part of his deliberation were the promises she mentioned that were not kept and without having a history or knowledge of it, he asked what the promises were that were not kept.

Ms. Heldmeyer said the neighbors could give more specific answers. From 1998 to 2008 she couldn't work with them on land use issues because she was on the Planning Commission or on the City Council but as a Councilor, she could work with them on other issues like noise, helicopter and traffic that kept coming up. What upset them the most was the idea of the landscape buffer. At one point there was one and it was taken out and that was upsetting to them.

The whole matter of traffic in relation to Lupita - making Lupita one-way - was a compromise of the 2006 Master Plan and it hasn't worked out well. It created a triangular no-man's land where it runs into Hospital Drive.

Ms. Rappaport said that was a compromise to deal with accidents on Lupita. It works most of the time. The neighborhood had wanted to have it blocked entirely and the compromise was to make it one-way. But there was a concern that too many would go on down to the school. She didn't see where they could maintain that with right turn only. The effort was to make the entrance not on Hospital Drive but on St.

Michael's

Commissioner Kadlubek asked Ms. Jenkins if she could speak. He was hearing that a lot of compromises were made to correct past wrongs. One significant one is the buffer. What is the plan for the buffer and to make sure the buffer is pleasing to the neighbors?

Ms. Jenkins said the 50' buffer was installed but not maintained. Christus has owned this property since 2008. Things planted there died. This is part of the building permit and financial guarantee. Our landscape architect is here. Trees and shrubs are what we are talking about and a focus on drought-tolerant and long term maintenance. That is a commitment the hospital has made.

Commissioner Kadlubek said the landscape architect would be nice to speak with.

Mr. Gregory Miller was sworn.

Commissioner Kadlubek asked him for a more descriptive response.

Mr. Miller said there were several layers to the buffer. The first is primarily the existing coyote fence along that entire boundary and will remain. Inside of that on hospital property will be the trees, both deciduous and evergreen, medium sized shrubs and then low shrubs. It blocks both visually and provides some sound buffer. It is a 15' minimum buffer in several situations. Some are quite wider - up to 25 and 30' wide. Those plans were submitted and were reviewed by Mr. Berke, who made comments on some of the different species we selected.

Commissioner Kadlubek asked Mr. Berke to respond.

Ms. Jenkins said the condition of approval in the staff report that specifically addresses long-term maintenance of that buffer.

Commissioner Kadlubek asked for Mr. Berke's opinion on the plan. Do you feel it is appropriate and will it serve its purpose?

Mr. Berke said he reviewed it and listened to the neighbors. He noted a pathway is in this buffer zone. Upon site visits numerous times, this seems like the best case scenario for the neighborhood and it is fully compliance with the landscape code and with making it a 15' buffer.

Commissioner Kapin asked Mr. Esquibel to explain, if this was HZ zoned, how it would affect this building and how the plan would change.

Mr. Esquibel replied that in 1985, when Council asked for a Master Plan, it was zoned as an R-2 district and was converted to C-1. After that, they adopted the South Central Corridor and they all have their own areas within it with varied development standards. The Master Plan has height standards that allow them to go higher. The overlay district restricts it to 25'. The Master Plan allows a height limit of 65' in Area 1 and the Master Plan allows 22' in Area 2. All of this lies within a C-1 District which has 36' height maximum and

the overlay of the corridor reduces the C-1 to 25'. If they had HZ zoning, all of these standards could have been incorporated for specific hospital structures. If they go beyond those standards, they have to ask for a variance. And all of those issues could have been encapsulated within an HZ zone.

Commissioner Kapin asked if their proposed height be allowed as the maximum height if they had HZ zoning.

Mr. Esquibel said it would depend on what Council would allow for that area. But it would help them to be more flexible in a hospital zone. C-1 has a lot more restrictions. Los Soleras has its own standards for Presbyterian where the height standard is up to 100'.

Mr. Smith said the original hospital zone had 36' and that was applied to the hospital. That remains the height limit for the hospital zone. It is also correct that the Soleras zone for hospital allows 70' for a hospital zone. So it is likely that would be the height limit here.

Commissioner Kapin asked Ms. Jenkins if she had looked at this as an option

Ms. Jenkins said when she first became involved in this project and getting familiarized with it, she asked why they would not just ask for HZ zoning. All zones have an intent. C-1 is for office. HZ is for properties surrounding the hospital, not the hospital itself and the height limit is about the same. So it wouldn't do much to ameliorate it. There is not an existing zone for regional hospital. So Las Soleras realized that and asked for a special zone. So we could ask for the HZ zone but none exists today that deals with a hospital. So the 1985 Master Plan fit more with the needs of a regional hospital. She had asked the exact same question about C-1 zone and when she looked, HZ is not for a hospital. The only zone that allows it is a Business Industrial Park. We are very interested in continuing that dialogue with the City.

Mr. Esquibel clarified that it isn't that with HZ that a hospital is not allowed but that a Special Use Permit allows a body such as Planning Commission to look at the size and impact of the hospital development on adjacent communities. A house can be built without a public hearing but not a Hospital with 500,000 square feet. That requires a higher level of review to address impacts on the surrounding community. That is why zoning has those stops in place. So it gets further review.

Commissioner Chávez asked Mr. Esquibel why Staff didn't recommend HZ when looking at this plan and why that wasn't on the table.

Mr. Esquibel didn't know, as part of initial work with the hospital if that was discussed because he wasn't part of that discussion. He thought they did look at the issue but in his discussion with them, it was the amount of time that it would take for rezoning along with development plan for construction. Rezoning could take up to six months and then the development plan and then the special use permit. A lot of design of uses would make it not easy.

Commissioner Kadlubek asked Mr. Esquibel to clarify the height variance. It looks there are three different variance.

Mr. Esquibel said the C-1 zone has a 36' height maximum. The SCHC overlay is 25' to the roof deck. The 1985 Master Plan limit in area 1 is 65 feet and area 2 is 22 feet.

Commissioner Kadlubek noted that it also says that the 1985 signage restrictions take precedence over the C-1 and SCHC limits.

Mr. Esquibel agreed and said if a variance is not granted, they have requested an amendment to the Master Plan to move up the height to 41', the height they are requesting. The most restrictive is the Master Plan which is 22'. So where the area boundary cuts that property in half, by adjusting the boundary it was determined they would have to apply for a 16' height variance in the overlay and a 5' variance in the C-1 District.

Commissioner Kadlubek understood that area 2 is the strictest limit.

Commissioner Kadlubek recalled that Ms. Jenkins said earlier that it is only an increase of 5'.

Ms. Jenkins said the maximum allowable height they are requesting is 41' so in looking at the difference from 36', that is the 5' variance. Hospitals have unique structural needs from floor to floor and 14' is really the industry standard for the mechanical equipment and needs in patient rooms. They have 14' floor to floor in the existing part of the hospital now.

Chair Harris heard Ms. Jenkins qualify the 41' "right now." The Commission hasn't seen it but he read that the structural design would accommodate 4 floors. He asked if it is anticipated that this building would go up.

Ms. Jenkins didn't know.

Mr. Adams said they wanted to think 30 to 40 years into the future. With pressures on the Hospital with advances in health care and economic pressures, we look around to nine counties in which hospitals could be forced to close so the plan could include up to four floors. So if those smaller hospitals had to close, those communities would refer to Santa Fé so we want that possibility for the future.

Chair Harris thanked him. That might prompt further discussion about HZ and what those standards might be. The short term is 10 years. He would hate to see their successors have to deal with a 2015 Master Plan down the road. It is really appropriate to have a discussion about what a hospital zone specific to CSV would look like on those 41 acres. He appreciated Mr. Adams' honesty about what might happen in the future but we have to do so also.

Mr. Adams absolutely agreed. If we don't plan for that today it would force them to look to other expansion on the back and understood that was not desired by the neighbors or by CSV.

Commissioner Kadlubek posited that if all of this was in Area 1, it would still fall under the 65'. So he asked if there is any reason why the Commission is not adjusting the area 1 boundaries.

Mr. Esquibel said when they originally considered this project, the 1985 plan had other restrictive standards afterward. And if they adjusted it now, they would have to comply with current standards. Adjustments to the overlay district would be required. That could be a different interpretation, rendering variances obsolete. And this body would have to find for that and that would be a recommendation to the Governing Body to accept. Our review required them to seek variances if they are to adjust those boundaries but enjoy those benefits now.

Commissioner Kadlubek suggested perhaps those height restrictions were appropriate in 1985 but today, the area 2 height restriction doesn't make sense. Neighbors were concerned with area 1 where it is 65'. The area 2 expansion doesn't seem like that height would have such an effect.

Mr. Smith said in the highway corridor which was under discussion at the time of C-1 approval, the appropriate process was for the Planning Commission to approve the 65' height.

Commissioner Gutierrez asked if the variance is approved whether that meant they could build another floor above without a variance.

Mr. Esquibel said there are several components and now it is for the 41' height variance to supersede all of the height restrictions. They are limited to conform exactly to what they get from the Special Use Permit, the Development Plan and the Variances and they would have to come back to Planning Commission to change that.

Chair Harris turned to questions on traffic for Mr. Romero. Section 14-6 B 3 vi which is specific standards for specific uses. Under hospitals, Las Soleras has very specific language and that was related to this case. He read from that document. What he read relates to approval of additions to the Master Plan. He said what was in the code for Las Soleras seems very appropriate. It seems that same standard should apply to CSV and be coordinated to the community. That is a major consideration he would have in amending the Master Plan. The other additional information is found in the statement of special conditions for special use permit like noise, location of generators, water harvesting which is also in the 2006 Master Plan and not much was accomplished in that. He was curious if anything was accomplished on those grounds in that regard and what it meant in a broader way for CSV for coordinated and efficient development of our community.

He would also like to know the status of their application to the Department of Health and if it is appropriate for the Commission to know the status of that application.

Ms. Jenkins said the DOH asked for a modification to the license to reduce to 200 patients. It has been approved and is hanging in the hospital. She asked if he would like for her to speak to coordination.

Chair Harris asked how reduction of licensed beds contributes to the coordination with the community.

Ms. Jenkins said there is a trend that results in reductions of patient admissions. Provision of private beds is a huge benefit to health and healing of patients. This improvement to the hospital is doing that. The

hospitals have to evolve and this is efficiency in use of space. Cost effectiveness is key. This is a huge investment that has no revenue attached to it.

Chair Harris thanked her and noted that all three of his children were born in that hospital and he was very familiar with it.

Mr. Adams elaborated on health care. It is a \$40 million investment. He pointed out that this didn't provide any restriction for them. Although they were licensed for 246 beds, they have only operated 173 beds so reducing licensed beds to 200 doesn't impact CSV. We will have 179 beds so an increase of six. Most Americans who didn't have insurance could still access hospital care. The ACA expanded insurance for all Americans and they are looking at decentralizing as the newest trend. We are doing more decentralizing but always have a need for acute care in a hospital.

In terms of coordinating, they have a \$160 million payroll for employees to spend here. So it is about an \$800 million positive impact to this community and northern New Mexico. When employee gets paid they go to get gas and groceries.

Mr. Earl Potter, Hospital Board Member was sworn. He said he wanted to share with the Planning Commission the Hospital Board's thinking process in coming to this decision. It has gotten obscured. The Board, like everyone else in Santa Fe, is very concerned to have the best health care possible. When you think of this facility, what you think about it is essential to your health care. In the past two years, quality was key. If you look at patient satisfaction results and what your friends and neighbors say, the Board hears that we need 21st century rooms to receive the best healthcare. Right now CSV has very few private rooms.

As Mr. Adams spelled out for the Commission, the connection of private rooms and quality health care is direct connection. There are no new semi-private rooms in hospitals today. That is a limiting factor - a critical limiting factor, so the Board pushed the administration. We pushed Christus, our partner, on that. And they pushed from their research to make this a number one priority. It will cost \$40 million to make these rooms state of the art and the financial return for the hospital is not there. This improvement won't produce more revenue. It will cost. But we have raised the \$40 million. No entity gave it to the hospital. "We put together the financing so we could have a first class facility."

He understood the Chairman's point about the utility of having this property under the rubric of Hospital Zone but CSV needs these rooms quickly. And if we choose to rezone, it would take at least 2-3 years. So he understood that the Commission has a difficult decision. It is very complicated and messy. But I want you to know this project is being driven by something that will affect every family in this town. That is a few years from now. We will have a hospital equal to the quality of any hospital in this country.

Commissioner Kadlubek asked Ms. Jenkins about the public concerns on the accessible routes. He asked her to describe the accessible routes and whether she had talked with neighborhoods about them.

Ms. Jenkins said the accessible route on the northwest side goes along bus stops and along the nature trail and they were transitioned straight out of the 2006 Master Plan. If neighbors want it to be different, we

are okay with negotiation and we are comfortable with revisions if neighbors don't think the routes are necessary.

Commissioner Kadlubek asked how long they anticipated noise reduction to take.

Ms. Jenkins said it is very short for construction. Once it is permitted she hoped for October for permits and 18 months to build the building. Landscaping is the last phase. A commitment was made to the neighbors however that the noise reduction would be done on the front end.

Commissioner Kadlubek asked Mr. Esquibel if all signage is equal in chapter 14 so signage for the hospital would be the same as a taco shack.

Mr. Esquibel said the code does address a broad range of uses so the City can apply them equally to everyone. There are specific standards for specific areas. In 2008, the hospital did come in with a sign plan that changed over from St. Vincent's to Christus St. Vincent's and numerous signage throughout the campus for directions and the 1985 Master Plan has a section that does address unique hospital uses and that it might be more appropriate for a sign plan to be submitted for emergency transportation. That hasn't been done.

Commissioner Kadlubek asked if there are notes from ENN.

Mr. Esquibel believed they were in the packet. There were about 30-40 people at the ENN and a series of Q/A sessions about two weeks ago. As a result of a meeting with the neighborhood, they had a 3-4 hour meeting to address every item in the packet they had concerns about. At the end, he contacted the hospital that the neighbors would like to meet with the CEO and they hired a mediator. So today you saw a balance in that. They have come a long way from where they were under St. V's to where they are at CSV today and was a result of this process.

Commissioner Kadlubek agreed the public portion was cordial tonight and it pointed to better way to do that.

Commissioner Kadlubek trusted that these five points were the main ones. He requested that in the future the Planning Commission could have more specific minutes from the ENN to be able to see actually what the neighbors are saying.

Commissioner Greene had a couple of questions for the architect and Mr. Berke on terrain management. He asked if the slopes on the east were analyzed for 30% slopes.

Mr. Berke said he no longer reviews for commercial terrain management. RB Zaxus does.

Mr. David Aube with Design Group in Albuquerque was sworn and said he did analyze the retaining wall, etc in the arroyo. A lot of it has already been disturbed and portions exceed 20% but not along the arroyo.

Commissioner Greene asked how much fill is being put under the road and under the actual pad at the end of the building.

Mr. Aube said total between finished floor and the bottom of the arroyo would be close to 30 feet. The roadway is up about 12' and at the slopes they are about 15' high at the building.

Commissioner Greene understood it was about 30' to the finished floor and added to the building at 28' with pop out and parapets, it would be a total of 58 feet more or less. He commented that it is a pretty steep vertical in little space.

Mr. Aube said the height is established from finished grade up to roof structure. They balanced all of that as best they could. And as discussed before, the patient level is the most important thing.

Commissioner Greene asked if two more floors would throw out that argument. He explained his question to Mr. Adams -

Mr. Adams said adjacencies in the future, if they elect to build more floors, would connect to other units (pediatrics) on the third floor for support staff. But a fourth floor would be a standalone floor and not connect to any other areas of the hospital. Actual patient care and not support services are where it should be level. There are no other growth zones for patient care.

Commissioner Greene appreciated locating those on the lower level of the site.

Commissioner Chávez went back to the beds and asked if the trend for fewer beds is a national trend.

Ms. Jenkins agreed.

Commissioner Kapin pointed out that Santa Fe is an older community and asked how that affects the trend.

Ms. Jenkins said as a population ages the service lacking is a skilled nursing facility which is critical for an aging population. As Mr. Adams said before, we would have had uninsured going to ER for everything but now, we can decentralize that.

Mr. Adams added that access to preventative care minimizes hospital admissions. On the national trend, since 2008, a 10% reduction. The economy dip drove less utilization and people shifted to lower cost insurance with higher deductibles.

The design today with ACA is to keep people out of the hospital. Our average length of stay went from 5 to 3.5 days. The future planning for the two floors are only based on outlying hospitals closing.

Commissioner Kapin told Ms. Jenkins what wasn't included was an interior floor plan so the Commission could look at a confusion about being close to patient services - but the red triangles are more patient rooms. This is hard to read. The MRI and X-ray areas are not close to this.

Ms. Jenkins said they didn't want it on the north side. Here, the proximity to the existing patient rooms is an issue of staff. The lab, diagnostics and distance to ER are close to the core area. They are there because the existing patient beds are there.

Commissioner Kapin asked if they could pivot the floor 90 degrees and put it in that area.

Ms. Jenkins said they didn't want to negatively impact the Emergency Room.

Mr. Aube said they looked at that. There are lots of utilities coming out of the hospital near the ER that go down the arroyo and under St. Michaels so it would require disruption to them and decided it was not the way to go.

Commissioner Chávez asked about water use and energy efficiency and what was considered there.

Ms. Jenkins said they use the low-flow standard for all plumbing fixtures throughout in new and existing wings. All the new lighting will be LED which has huge savings. We are not increasing patients or staff so water use is consistent.

Commissioner Chávez asked if there would be any water capturing or solar.

Ms. Jenkins said it is not part of this project. Retention ponds are used but solar is not a reality with our budget.

Commissioner Kadlubek said he wanted to see as part of future cases and staff analysis to have water impact as part of the cases.

Mr. Smith said staff will include water budget as part of the packet in future cases.

Chair Harris also had the concern of not having a water budget with this. Amanda Martínez provided a link to him and he asked Mr. Smith to share that link with the other commissioners.

Mr. Esquibel said he did discuss water with the applicant and their contention was that there is no impact and under their analysis, there is no impact. But he did include as a condition to submit a water budget before moving forward, before going to the Governing Body.

Commissioner Greene noted there are about 35,000 square feet of impervious surface and that could have included how to catch that runoff.

Mr. Esquibel deferred to Ms. Zaxus.

Ms. Zaxus said usually, with impervious surfaces, the City does require calculations regarding discharge and that was done on this project and she was satisfied with it. The engineer looked at all of the site for storm water and did a brand new analysis. The storm water plans will be up to speed on the total

storage required on site.

Commissioner Greene asked about cisterns or other water harvesting.

Ms. Zaxus said they have 10,000 gallons already that they use for irrigation and they will capture some from paved areas for irrigation and water harvesting.

Commissioner Kapin noted the landscaping has a lot of coverage and asked how they will keep all of that plant life alive.

Mr. Esquibel said not only are they connected to city water but they also have a well on site so we will have to discuss where those impacts are and where the water for landscape irrigation comes from.

He made one correction on square footages. On page 4 in the report where it addresses all the square footages on the project to be eliminated and proposed. The difference is 8,000 square feet, not 3,000 square feet. Today they wanted to include 5,000 square feet for storage shed but they want to change that to 10,000 square feet. In normal circumstances we would say that was not noticed but we can address that here. The impacts are fairly negligible regarding parking so they only have to address some architectural consideration and can do that if the Commission includes it as part of the review.

Chair Harris asked John Romero to come forward. Starting with the St. Michael's curb cut into the property, there is a left turn and a right turn into the main access road. With the changes made as a result of the Presbyterian Clinic, they can no longer left turn onto St. Mikes.

Mr. Romero agreed.

Chair Harris said in the neighborhood response there was a fairly detailed discussion using the acronym, RCUT, wherein the exit is like that at GCCC. You can only exit to the right so if they want to go east, they make a U-turn at the end of that island on Rodeo. Much of the improvements, whether Cerrillos Road or Rodeo Road, increase U-turns throughout the city. He asked if there is a possibility to modify St. Mikes there since it is so close to Hospital Drive and Botolph Road.

Mr. Romero said the situation at GCCC is a little different because left in turns are not permitted there either. The left outs are challenging because to make a left out, the driver would have to negotiate four lanes of traffic. We have implemented access controls at various places in the City. We've received lots of comments. The "indirect left" is a safer way, as proven nationally by the data. When making a left turn it would impact at Botolph but that isn't as critical of a conflict point because it would not be a T-bone crash and would happen at lower speeds. The City used the highway safety funds to install access control and explain the remedy. Now that is finished, the City has a very, very, huge improvement in safety. So those indirect left turns provide great benefit.

Chair Harris said there is one at his house. People make those indirect lefts constantly. So Mr. Romero is saying it might be possible but he didn't think people would understand >because it had not been a habit at that intersection. He asked if Mr. Romero was not opposed to the indirect left on St. Michaels' Drive at that intersection.

Mr. Romero agreed. At that signal, that is what they are trying to impose. People could still enter from either direction. That was included in his staff report at the 2006 Master Plan.

Commissioner Kapin said people go really fast on St. Michaels and to turn out right and merge over to left hand lane made her wonder if there are safety considerations with that. She asked if there is a left turn lane there. Merging over to the left lane is questionable.

Mr. Romero said the speeds there are similar to Airport and Cerrillos Road and the data shows a reduction in crashes. There is always loading at signals. From a safety standpoint and merging across. He would rather get hit while going 20 mph rather than being t boned. He understood that people thought that it was counter-intuitive but the numbers show it works and is a lot safer.

Commissioner Kapin asked if it was not possible to have lights there (at the exit).

Mr. Romero said it was not allowed, not only because of proximity to the intersection but also because of the low volume. Even with this as the main entrance/exit, it would not even be close to the minimum volume required for signals.

Commissioner Kadlubek said the speeds on St. Michael's seem greater. There is a lot heading to Los Chamisos. This will be an increase of six beds. Does that increase traffic?

Mr. Romero agreed but the traffic report included not only the six beds but also the 35,000 square feet of first floor and the future development of offices.

Commissioner Kadlubek asked Mr. Romero if he accepted the conditions proposed by the applicant.

Mr. Romero said he accepted all except the five year limit on the financial contribution. The improvement there is scheduled later than five years from now.

Commissioner Kadlubek clarified that he agreed with them putting the money in escrow but no reversion. He asked who would pay for the rest of the improvement beyond the 17.5%.

Mr. Romero explained that the percentage was based on the traffic study and the total traffic there.

Commissioner Kadlubek reasoned the applicant would compensate the City for causing the increased traffic.

Mr. Romero explained that the percentage was based on existing traffic and the projected traffic at the intersection. And at the time of development of the medical and dental offices they will make a new calculation.

Commissioner Kadlubek asked if the City can cover the rest.

Mr. Romero said there is nothing in the budget now. The Metropolitan Planning Organization (MPO) does the planning and their Metropolitan Transportation Plan is being revised right now. The draft doesn't include this within the next five years. But the Council could include it in a new bond issue.

Commissioner Kadlubek asked if it was Mr. Romero's opinion that the Lupita Road one-way there isn't working.

Mr. Romero explained that the one-way decision wasn't to mitigate and reduce crash problems but to eliminate the cut through. When Don Gaspar and Galisteo became one-way, the motorists went down to Lupita to cut through to Zia or Botolph. What the City did was just put up a sign. There is no enforcement there to speak of.

With the median closure, he didn't foresee forcing traffic down Lupita happening. He didn't envision those cars turning on a dirt road but continuing straight to Galisteo.

Commissioner Kadlubek asked if closing off Lupita is even on the table.

Mr. Romero didn't see that happening. There would at least have to be an emergency access gate there.

Commissioner Greene noted that the last time a signal was studied was before Presbyterian so with them there now, it should be restudied. By signaling, it might help with wayfinding with both of those institutions there.

Mr. Romero said they could do it but he didn't think it would be close. It takes a lot to justify a signal. We put them at major cross streets. St. Michael's Drive is a state-owned facility and the State would have to approve it. Plus it is terribly close to another signal. If prohibiting left turns is shown to operate successfully, there would be less reason to signalize it. Other things have to be considered before signalizing. That would be his preference.

Commissioner Greene thought the distance looks about 700 feet which isn't too close.

Mr. Romero said 700 feet is actually very close. It needs to be about a quarter mile. It depends on the type of road and speeds and makes it harder to establish a good progression (green, green, green). He tried to think about comparable distances.

Commissioner Greene asked what the distance for Galisteo to Hospital Drive is.

Mr. Romero said that is substandard. We get many requests for signals. It creates inefficiencies.

Chair Harris asked if there are considerations for realignment for the Emergency Room off Hospital Drive. Going in the main entrance, it would jog around where you could turn left on Hospital Drive. It is like a maze to go through CSV. And it seemed to him necessary to train people to go around the west side to

the northernmost intersection with Hospital. That might be a question for Mr. Aube. On the development plan it indicated a driver would have to make a jog to get back onto that road.

Mr. Aube said that road was set up because we were diverting traffic but the ring road would disturb the neighbors and is no longer desirable. We are trying to mitigate traffic confusion when people come in on Hospital Road and would have wayfinding directing motorists either to the ER or medical/dental and then another with a six foot drop ramp to parking. The retaining wall is 4' high. That is the justification.

Chair Harris envisioned the entry progression coming in off St. Mike's Drive and see that decision point to the new main entrance. There is a drop-off area and then it narrows down considerably with maybe 150 feet before that existing driveway. He asked why that is so narrow.

Mr. Aube said it is one-way down the hill. It is mostly from the wayfinding from Hospital Drive. So it is a one way, downhill going east.

Chair Harris noted if you come in off St. Michael's, you cannot get back onto that existing roadway.

Mr. Aube disagreed. They moved Ring Road out in 2005 for that purpose.

Chair Harris thought they would have to go back through the parking lot and come to the southern Hospital Road exit. He asked why not direct them to the northernmost exit and why they were making it one-way.

Mr. Aube said it is to direct them to the main entrance. 80% of them want to go west.

Commissioner Kadlubek asked why it was right turn only there at the first point.

Mr. Romero said the stacking at the signal would be through a que of traffic. If the left turn bay is backed up, it is called a multiple danger situation.

Commissioner Kapin asked if they studied whether that could be an entrance only off Hospital Drive.

Mr. Romero said it would be no problem from a traffic standpoint but didn't see the need for it. They did a study after the 2006 Master Plan on a cul de sac. They were coming through Zia and Botolph. They looked at a lot of cars going straight downtown. Everyone would go down Galisteo – a straight shot. He didn't think it would accomplish that.

Commissioner Kapin said they were just looking for solutions from Mr. Romero about the neighborhood's concerns.

Mr. Romero didn't see people using that route and didn't see why they would use Lupita to get where they wanted to go. There are speeders and people going the wrong way. Everyone on Lupita complains of speeders and want a stop sign. Traffic looked at it and counted cars and there are not enough and people were not speeding that much. In his opinion, it is just perception. The data doesn't show it.

Mr. Shandler asked how a signal would work there and what impediments would be there if the Council decided to put a signal there.

Mr. Romero said Council could pass a resolution to put one there but it wouldn't necessarily bring permission for Traffic to place one there.

Commissioner Greene said there are a number of places beyond the Galisteo/San Mateo, leading back to the hospital needing pedestrian striping or other improvements. He asked if there were any cost considerations for improving that for traffic flow or if the applicants might consider reaching into that area.

Mr. Romero said the study would not show left turn recommendations. There is enough asphalt for left turn lane but at the expense of the bicycle lane there. There is a desire for a bike trail there at Galisteo and St. Michael's.

Commissioner Kadlubek said the neighbors were talking about increased traffic that would end up at Galisteo at San Mateo. He could see that but asked how many cars leaving the hospital to begin with.

Mr. Romero said about 425 cars total leave there in the pm hours. About 45 make right turn there at the southern access point in the PM peak hour. 1 makes a right in front of med/dental building and at the driveway across from Harkle Drive, there are 108 making a right turn in the peak hour. The left out of southern is 76, next is 18 and third is 133.

Commissioner Kadlubek reasoned that those 76 who want to turn left would end up turning right.

Mr. Romero agreed and they could make their left at Galisteo. Right now at that intersection, in the book of the 2027 Master Plan that intersection would be a Level of Service C which is 8 vehicles west-bound and 216 vehicles making right turns.

Commissioner Kadlubek concluded it would go from 8 to 84. So would that be an issue.

Mr. Romero didn't see it as an issue. It is not much over an hour's time.

Commissioner Kadlubek asked if traffic staff would work on solving it if it becomes a problem. Mr. Romero agreed.

Commissioner Kadlubek said currently, at that south exit, you can turn left now and we don't see much increase in traffic. Is this just an opportunity to mitigate potential traffic issues?

Mr. Romero said there is through traffic that backs up at that intersection now. 245 are going down and 135 going toward downtown. That LOS is C - an average car has to wait 3 seconds to make a turn. He thought with a revamped entry, people would use it more.

Commissioner Greene wondered, if there are 400+ cars leaving at rush hour, whether that meant a

need for parking for 400 cars there. There are 1,400 spots on site.

Mr. Romero couldn't answer that. He believed the code officer would have that information.

Mr. Esquibel said, like any development out there, each one would have their own study for projecting their own needs. Chapter 14 has standards and the hospital exceeds the minimum requirements. On top of beds and visitors, they also have staff parking needs. So they need to accommodate those needs.

Commissioner Greene asked the applicant why they planned so many parking slots there.

Mr. Adams said there are times with peak visitation and with high staffing, they would use most of the parking and it would be extremely risky to do just the minimum.

Chair Harris noted what was apparently a new curb cut on St. Michael's at the new storage facility. It is seen in the proposed campus Master Plan. He asked for Mr. Romero's thoughts on it.

Mr. Romero said he would not recommend an access point that close to the other one. It wasn't included on the plans for the traffic study.

Chair Harris thought this is the only place it is shown.

Mr. Shandler asked what if the Council asked Traffic to do the roundabout there.

Mr. Romero said that facility is owned by NMDOT so the Council would not have that authority.

Chair Harris said Mr. Adams said noise creates stress so the generator noise would create stress for neighbors.

Mr. Adams agreed and they intend to address it.

Chair Harris wanted to know before acting on the case where they will locate it. He also asked if there are separate generators for the other building and where they were located.

Mr. Adams said the hospital owns generators at the central plant. Two are required per federal regulations. One is located on the northwest for the IT records building. That is the one that fails the noise requirement so CSV will either enclose it completely to meet the requirement or relocate it to the central plant. It would require a buried power line to that outlying location.

Chair Harris pointed to another one and said that even though the building shows up in the Master Plan, that one is not the hospital responsibility.

Mr. Adams agreed they don't own that building or that generator and he couldn't speak on their behalf. He would be happy to take back those concerns to the owners. It was used for a surgery center that closed 5 months ago and he was not aware of any other needs for it for that building. They would test it monthly.

Chair Harris asked what the status of Zone F is regarding its use now.

Mr. Adams said they met with neighbors about cleanliness and parking on it. We agreed to pick up the trash and notified the third party and asked them to not park there. They stopped doing it. The property is owned by the hospital and shown as future parking.

Chair Harris asked why that is needed.

Mr. Adams said they own the property across the street where people could be using it and might require parking there.

Commissioner Greene asked how many drop off spots are there now and how many are planned.

Mr. Adams said there are two main locations - front door and within 50' of where it is today. The need is for one under the overhang for weather protection and also at the ER location and then for day surgery on the north.

Commissioner Greene asked if several cars could stack up there.

Mr. Adams said 5-6 could be at the canopy but it could accommodate more than that.

Commissioner Greene asked if any waiting areas would be taken away.

Mr. Adams said they will all still be there. Currently it is two-way traffic flow and it will continue as two-way. The space is a little larger than needed and creates a little confusion in front of the building but will be resolved with this plan.

Chair Harris asked Mr. Aube for any alternative to the proposed curb cut on St. Michael's Drive to access the storage building.

Mr. Aube thought they could shift it to the west but there is more terrain management issues there. It is only used for snow equipment and he didn't think the curb cut would cause problems.

Mr. Romero said Traffic would look at the spacing requirements and run it by NMDOT. Regarding the peak traffic, the traffic counts were at am, noon and pm. In the morning, ten entering and the new plan is ten and afternoon is 18 so there would not be much cut through traffic on Lupita.

Action of the Commission

Commissioner Kapin moved to postpone this Case #2015-47 at 455 St. Michael's Drive, pending more information to better justify the variance request.

Chair Harris said it would need to be to a date certain -

Mr. Esquibel suggested the next available Planning Commission meeting.

Mr. Smith said it would be August sixth.

Commissioner Greene seconded the motion.

Chair Harris said the Commission needs to give specificity on the information needed.

Commissioner Kadlubek said it includes the additional conditions Ms. Jenkins brought up to incorporate regarding the financial guarantee; also the five year issue to revert back. Mr. Romero wouldn't agree with it. We need clarity in the increase in size of storage space; and the biggest question holding it up for him was the right turn only and how traffic flows through there.

Chair Harris said fairly recently the Commission had a major case in Las Soleras related to the Pulte development, not the hospital, and discussion went about the same amount of time. To take action tonight the Commission would have to suspend the rules and didn't think they were ready to do that. He encouraged Commissioners to provide some written questions to staff so the Applicant and Staff could both follow-up systematically. Beyond that, he had other things that need to be more fully explained.

He would like to have more information on the water budget and what consumption is now from the well and from the city system. To add to Commissioner Kadlubek's statement on storage, further study between the Applicant and Mr. Romero to see if access is even possible there. It almost has to be off of St. Mikes' to be part of the Master Plan. He knew there is a broad statement on open space requirements and it is a moving target. The corridor along Area 2 seems to be a buffer to the street in how it was conceived. He was following up on Commissioner Greene's question about open space requirements and what that meant vis a vis the parking situation.

Mr. Esquibel said the hospital does exceed the minimum requirements on open space but he would like clarification on the right out request from Commissioner Kadlubek if that was the right out to Hospital Drive.

Commissioner Kadlubek agreed.

Chair Harris would like closer attention to the noise generation. In the past, the Commission has limited construction activities to a certain time. That is what neighbors requested also. In a recent case, the Commission limited construct to 8 -5 on Monday through Friday; 8-2 p.m. on Saturday and no activity on Sunday.

There were questions from Commissioner Chávez that were not fully addressed. One of the conditions on the Special Use Permit which he listed as a through r. Condition p was sustainable use of energy, recycling and solid waste disposal which needs a lot more information.

The Commission heard one neighbor express real concerns about the accessible routes and he would

like to know more about the proposed connections. The access points as he understand are pedestrian routes between homes and the hospital and that needs more explanation.

Mr. Esquibel said the noise reduction is part of the Master Plan and they all agreed it is part of noise across the board including the two generators at Physicians' Plaza.

Regarding solid waste, Staff did get comment from SWMA in which they have a compactor located at the rear of the hospital that will be sufficient for all of their needs. Their bio-hazard waste plan meets all standards. Water consumption is addressed through a condition and they can address the private well/city water issue if Council will accept it.

Chair Harris said he would like to know about it now.

Mr. Esquibel said the storage was not advertised for specific size and staff's analysis. The only issue would be that it is incorporated in the drawing.

Chair Harris also would like a clear condition from staff that all previous conditions from 1985 and 2006 have been met or not.

Mr. Esquibel said many of them have not been met but in their current proposal many of those will be addressed as staff review and the Certificate of Occupancy as part of their assurance to meet those standards that previous administrations didn't do.

Chair Harris wanted to know what was not met.

Commissioner Greene said in his list to investigate was that he would encourage the Applicant to look at the traffic circulation to make it clear and have it make sense. That isn't so now. And accesses in Hospital Drive and St. Michael's Drive to come up with a Master Plan to make it better. He would like to ask them to look at parking under the new wing with 4' of fill under it. It might have two levels of parking and provide easier loading/uploading. Commissioner Chávez had mentioned solar with some plan for the future and better use of water for landscaping. The trails on the north and the east of Tract D looked like they would cross the arroyo and that is not really feasible to make a more compelling trail system. The corner of Lupita and Hospital parking doesn't seem necessary and should be eliminated.

Commissioner Greene asked Mr. Romero to reach out to the State to make sure it is not feasible to do a traffic light at St. Michael's. He hoped that could be updated for the Commission's decision.

Commissioner Kapin asked under approval criteria for variance (14-3.16 c 2) on "not feasible for reasons other than financial," she would like to see the internal flow plan to be able to have that answered clearly.

Commissioner Kadlubek observed that he just gave a long laundry list for when they hear it again. A lot of what he heard tonight are fantastic improvements to the hospital. This is a \$40 million investment that won't create revenue. He is sold on the private rooms and that is legitimate. He commended the Hospital

Board for improving the quality of CSV. That is where their heart is.

He saw a deteriorated buffer and CSV committed to its redevelopment and making it beautiful and thank the Applicant for tackling that. This is a responsible project. It does increase beds and is a positive and fulfilling other parts of the Master Plan which is commendable. There may be other things in the Master Plan the neighbors no longer want. So he was impressed with the majority of what he saw.

This is a very dynamic and cordial interaction of Applicant with neighbors. The neighbors' concerns were very definite and the Applicant is willing to negotiate and compromise. He appreciated the effort they put forth to make it a better process.

Chair Harris asked Ms. Jenkins about the things requested. He agreed with Commissioner Kadlubek on the importance of CSV hospital but to get to approval, the Commission needs to refine what information it has as the next layer. He asked her if she thought these questions can be answered.

Ms. Jenkins agreed.

Chair Harris asked for a deadline to receive written questions.

Mr. Smith said July 10th would be best for questions to staff to have a response in the packet.

Chair Harris noted that July 10 is a Friday. He ask for written comments by the morning of July 13.

Mr. Smith concurred with that.

Chair Harris thought that worked well last time.

The Commission agreed.

Mr. Smith said the minutes will be in the packet and asked if the members wanted them earlier.

Chair Harris agreed.

Mr. Smith said the standard is a week to the Clerk's office.

The motion to postpone this case to the August 6 Planning Commission meeting passed by unanimous voice vote.

J. STAFF COMMUNICATIONS

Mr. Smith said Staff may be asking some members to sign previous meeting and ask who from the Summary committee would sign on behalf of Chair or Vice Chair.

Chair Harris proposed that Commissioner Gutierrez sign those as acting Chair who was involved on those cases. He is the logical one to review plats and sign off.

Mr. Smith agreed. He asked that there be a secretary too.

Chair Harris asked Commissioner Kapin to be acting secretary.

Commissioner Kapin agreed.

Mr. Smith said July 8 is City Council meeting at Santa Fe High School Gymnasium for the Morningstar project.

Chair Harris asked Mr. Smith to email the proposed changes to the ordinance establishing membership requirements.

Mr. Smith agreed.

K. MATTERS FROM THE COMMISSION

Chair Harris asked Mr. Shandler about the ordinances. They are a legislative matter. Is there any constraint for Commissioners to speak with Councilors?

Mr. Shandler said no.

Commissioner Kadlubek was interested in knowing more about neighborhood association creation and the criteria for them, particularly about notifying all members of the neighborhood. At the last Council meeting there seemed to be a lot of them where his friends didn't now they existed. Is there an official process?

Mr. Esquibel said the City doesn't currently have a process to require a neighborhood association to follow. They are formed by filing as a corporation with the Secretary of State. We keep a catalog of those that register with us for ENN notices and public hearings. But their boundaries is their business to build and who joins and who doesn't. But we have no process for that. So the person who has an interest would need to contact their president about boundaries, etc.

Commissioner Kadlubek said if the Commission ever needed direction from an association, they would need time as part of public comment to work in a direction on decision making so that the Planning Commission could have some certainty that there is legitimacy behind the claim of the association. It is good to include them and it will make for a stronger committee development but not to give extra weight to those who are created the day of the Council meeting. So the Commission should have some certainty of their legitimacy and recommend a process for that.

He would also like to make a recommendation to the Governing Body to direct staff to look at the ENN

process to see if it is effective and creating the right environment for a healthy discussion. He thought the process starts too late - after a developer has a plan or amendments to the code that could create a sense of threat. He acknowledged he is new to this and didn't know where there might be a process. But there needs to be a way to have official conversations prior to development of those plans.

Mr. Smith said he could do that as a staff report for the Commission on those topics including the history of the more formal rules about those plans and the evolution of the ENN process either as a formal study session or informal report.

Chair Harris said he is an advocate of study sessions and has called for one. It is a good place for dialogue early on. We still are quasi-judicial and it allows us to have a dialogue face-to-face. If we could start to work on that, let us know how best to respond and see what we agree with.

Mr. Esquibel said regarding the neighborhood association question that he didn't know dates but remembered a large crowd of people where the city was looking at regulation on what qualified and the room got full and it got dropped. Karen Heldmeyer could probably address that better. It was tried and dropped.

Ms. Heldmeyer said there was a resolution on the books since 2001 to do what Commissioner Kadlubek asked and has been repeatedly killed by Staff. It is a process used in Albuquerque and endorsed by the Neighborhood Network and the Neighborhood Law Center.

Mr. Smith said he would look for that resolution. He also announced they did not anticipate a Planning Commission second meeting in July or August. Summary Committee will meet August 6 at 11:00 a.m.

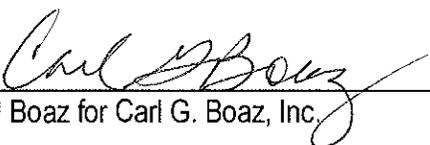
L. ADJOURNMENT

The meeting adjourned at 12:15 a.m.

Approved by:

Michael Harris, Chair

Submitted by:


Carl Boaz for Carl G. Boaz, Inc.