

# City of Santa Fe, New Mexico

# memo

**DATE:** July 29, 2015 for the August 6, 2015 Planning Commission Meeting

**TO:** Planning Commission

**VIA:** Lisa D. Martinez, Director, Land Use Department  
Greg Smith, Current Planning Division Director



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



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

**Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center Master Plan Amendments.** WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for Master Plan Amendments. (Dan Esquibel, Case Manager) (POSTPONED FROM JULY 2, 2015)

**Case #2015-74. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center Development Plan and Variances.** WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for a Development Plan to construct a 65,500 square foot addition on Tract A-1-3 containing 20.65± acres and Tract A-2 containing 9.29± acres, and four variances to include:

- Variance to the "Maximum Height of Structures" per Table 14-7.3-1: *"Table of Dimensional Standards for Nonresidential Districts"* to allow 49' where 36' is the maximum, and
- Variance to the "Maximum Height of Structures" per Subsection 14-5.5(A)(4) "Standards" to allow 49' where 25' is the maximum, and
- Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum, and
- Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum. (Dan Esquibel, Case Manager) (POSTPONED FROM JULY 2, 2015)

**Case #2015-75. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center Special Use Permit.** WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for a Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital. (Dan Esquibel, Case Manager) (POSTPONED FROM JULY 2, 2015)

This staff report is revised and expanded in response to questions raised by Commissioners at the initial hearing on July 2, or submitted in writing after the hearing. Tables comparing the current proposals to the 1985 and 2006 master plans have been expanded, and the portion of the staff report that addresses the variance requests has been revised in response to the applicant's revised submittals.

The applicant has provided additional information, including copies of the original master plan and a "recompiled" version of the master plan that includes all of the standards and plan sheets that will be in effect if the current applications are approved.

The packet also includes responses to the specific questions asked by Commissioners. These are primarily in the form of separate responses from various city staff members and from the applicant's traffic engineer and other consultants.

Changes to the Memorandum include the following:

- New Master Plan request by the applicant reference :
  - "As a clarification and Amendment to the Master Plan, we request that the signage throughout the campus be governed as recommended in the 1985 Master Plan." Reference "Table 1 Scope of Requests" on Page 3, "Table 4 Development Summary – Current Application" on page 4, and "Table 5 Compiled 2015 Master Plan" on page 4.
  - Addition of a 10,000 sf Storage Building located on Tract D, and
  - 1,800 Square Foot Central Utility Plant
- New Variance responses and Staff review (reference page 10 of the Memorandum):
  - to the "Maximum Height of Structures" per Table 14-7.3-1: "Table of Dimensional Standards for Nonresidential Districts" to allow 49' where 36' is the maximum, and
  - Variance to the "Maximum Height of Structures" per Subsection 14-5.5(A)(4) "Standards" to allow 49' where 25' is the maximum, and
- Additional square footage information
- Staff recommendation and conclusion

*This project contains several components noted above (Master Plan Amendment, four variances, Development Plan and Special Use Permit) and requires separate motions for each component. However, the review contained in this memorandum and discussion at the Planning Commission Meeting will be as a single project.*

#### **RECOMMENDATION:**

Staff recommends that the Commission take the following actions for **Cases #2015-47, #2015-74 and #2015-75** 455 St. Michaels Drive Christus St. Vincent Regional Medical Center" subject to conditions identified in **Exhibit A:**

1. Recommend **APPROVE** of **Case #2015-47** "Master Plan Amendments" to the Governing Body subject to conditions of approval identified in Exhibit A and approved variances and Development Plan (reference "Table 1 Scope of Requests", Master Plan Amendment).
2. **APPROVE** the following variances and Development Plan requests to **Case #2015-74**

- Variance to “Maximum Height of Structures” per Table 14-7.3-1: “Table of Dimensional Standards for Nonresidential Districts” to allow 49’ where 36’ is the maximum, and
  - Variance to “Maximum Height of Structures” per Subsection 14 5.5(A)(4) “Standards” to allow 49’ where 25’ is the maximum.
  - Development Plan, subject to conditions of approval identified in Exhibit A and approved variances to building height.
3. **DENY** the following variances requests to Case #2015-74
- Variances to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum, and
  - Variance to Maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.
4. **APPROVE** the special use permit subject to approval of the master plan, building height variances and development plan.

**I. APPLICATION SUMMARY**

**A. Scope of Requests**

The proposal is comprised four components requiring the following motions, decisions and recommendations:

The proposal is comprised four components requiring the following motions, decisions and recommendations:

**Table 1 Scope of Requests**

SCOPE OF REQUESTS	TYPE OF DECISION
<b>Master Plan Amendment</b>	
<b>Removal of the ring road,</b>	<b>14-2-3(C)(1) Recommendation to the Governing Body</b>
Revision of access restriction on Hospital Drive due to recent median changes and removal of left out from Entrance/Exit at St. Michael’s Drive,	
Removal of parking area on the east side of the Existing Behavioral Science Building (45 spaces),	
Removal of Support Addition (10,000 sf),	
Removal of Future Critical Care Facility (8,500 sf),	
Removal of Proposed 2 Story Ancillary Building in Zone D (45,000 sf),	
Removal of Proposed Child Development Center (15,000 sf),	
Addition of a 10,000 sf Storage Building located on Tract D, and	
Adjustment of Area Boundaries that were created in 1985 that identified Floor Area Ratios, Maximum Building Heights and Open Space requirements,	
Amendment to allow the southern driveway on Hospital Drive remain as currently constructed. (Previous Condition Number 6, from the previous Master Plan, called for this intersection to become a right in –right out only.)	
1,800 Square Foot Central Utility Plant	
"As a clarification and Amendment to the Master Plan, we	

request that the signage throughout the campus be governed as recommended in the 1985 Master Plan.”	
“We request that the signage for the campus be reviewed and approved at the discretion of the Land Use Director and be considered a minor modification of the Development Plan.”	
<b>VariANCES</b>	
Variance to the “Maximum Height of Structures” per Table 14-7.3-1: <i>Table of Dimensional Standards for Nonresidential Districts</i> to allow 49’ where 36’ is the maximum,	<b>14-2-3(C)(3) Final Decision</b>
Variance to the “Maximum Height of Structures” per Subsection 14 5.5(A)(4) "Standards" to allow 49’ where 25’ is the maximum,	
Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum,	
Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.	
<b>Development Plan</b>	
Development Plan to construct a 65,500 square foot addition	<b>14-2-3(C)(1) Final Decision</b>
Construct 1,800 Square Foot Central Utility Plant	
Supporting infrastructure including but not limited to: lighting, landscaping, trails, parking, noise compliance and offsite improvements.	
<b>Special Use Permit</b>	
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.	<b>14-2-3(C)(3) Final Decision</b>

A lot line adjustment will be submitted separately pending the outcome of this case. The lot line adjustment is an administrative process.

The property is located at the northeast corner of St. Michaels Drive and Hospital Drive. Tract A-1-3 containing 20.65+ acres is zoned C-1 (General Office) and Tract A-2 containing 9.29+ acres is zoned HZ (Hospital Zone). Both Tracts fall within the South Central Highway Corridor and Suburban Archaeological Overlay Districts. Both tracts are included in the original master plan, but Tract A-2 is not directly affected by the proposed amendments.

The City granted archaeological clearance for the site on May 13, 2015.

**Adjoining Properties**

The surrounding zoning and land uses (reference Exhibit D – “Adjoining Zoning Map”):

**Table 2 Adjoining Properties**

Direction	Zoning	Use
North, Northeast	R-2 (Residential - 2 dwelling unit per acre) and R-1 (Residential - 1 dwelling unit per	Residential San Mateo Area Society of Homeowners

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

According to the September 27, 1984 "St. Vincent Hospital Campus Master Plan", the Hospital moved in 1977 from their downtown location of 228 East Palace Avenue to its present location at 455 St. Michaels Drive. At the time of relocation the hospital development consisted of approximately 234,000 square feet with the number of beds set by the State License at 231 beds. To date the New Mexico Department Of Health (DOH) currently has the Hospital licensed at 248 beds. The Hospital's application states that a request was filed with the DOH on February 20, 2015 to reduce the total number of beds down to 200 beds. Table 3 "Development Summary – 2006 Master Plan Amendment" below identifies both existing and proposed square footages for the Hospital campus identified on the 2006 Hospital Master Plan. Table 4 "Development Summary – Current Application" on page 6 identifies square footage changes proposed with this Master Plan amendment request and the 1985 Master Plan can be found in the packet attachments.

**Table 3 Development Summary – 2006 Master Plan Amendment**

Use	2006 Master Plan	
	Existing Buildings	Future Additions
	(Gross square feet)	
<b>Zone A</b>		
• Hospital	234,000	
○ Cancer Treatment Center	8,000	
○ Ambulatory Surgical Center	6,000	
○ Psychiatric Treatment Center	34,000	
○ Emergency Room Expansion	21,500	
○ Surgery Center	7,000	
○ Out Patient Services	4,000	
• El Norte Building	15,761	
○ Support Addition***		10,000
• Warehouse/Utility Plant	4,700	
• Critical Care Addition***		8,500
<b>Zone B</b>		
Medical Dental office building	60,000	
• Addition**		12,000
<b>Zone C</b>		

Physician's Plaza	52,000	
<b>Zone D</b>		
2 Story Ancillary Building***		45,000
<b>Zone E</b>		
Child Development Center***		15,000
<b>Subtotal</b>	<b>446,961</b>	<b>90,500</b>
<b>2006 Master Plan Totals</b>	<b>537,461</b>	

**Table 4 Development Summary – Current Application**

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

\*Proposed for development plan and construction with this application.

\*\*Proposed for future development.

\*\*\* Proposed for Removal from the Master Plan.

**Table 5 Compiled 2015 Master Plan**

<b>Compiled 2015 Master Plan</b>		
<b>Use</b>	<b>Existing Buildings</b>	<b>Future Additions</b>
	<b>(Gross square feet)</b>	
<b>Zone A</b>		
• Hospital	234,000	
○ Cancer Treatment Center	8,000	
○ Ambulatory Surgical Center	6,000	
○ Psychiatric Treatment Center	34,000	
○ Emergency Room Expansion	21,500	
○ Surgery Center	7,000	
○ Out Patient Services	4,000	
• El Norte Building	15,761	
• Warehouse/Utility Plant	4,700	

• Proposed 2 Story Bed Wing*		65,500
• Central Utility Plant*		1,800
<b>Zone B</b>		
Medical Dental office building	60,000	
• Addition**		12,000
<b>Zone C</b>		
Physician's Plaza	52,000	
<b>Zone D</b>		
Future Storage Building**		10,000
<b>Subtotal</b>	<b>446,961</b>	<b>89,300</b>
<b>2015 Master Plan Totals</b>		<b>536,261</b>

\*Proposed for development plan and construction with this application.

\*\*Proposed for future development.

### **B. Original Master Plan Approval and Regulatory Framework**

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

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

After reviewing the history of the city approvals, city staff has determined that the following procedures apply to the current application:

- Although it is not clear under what authority the increased building height and signage provisions of the 1985 master plan were approved, they remain in effect and take precedence over the C-1 and SCHC height limits.
- Approval of variance findings is required for master plan amendments that would exceed the 1985 height limits and the current height limits, or that would extend the boundaries of the sub-areas that have increased building height standards.

## II. MASTER PLAN AMMENDMENT

The requested changes to the Master Plan are identified in Table 1 “*Scope of Requests*” on page 3 and the 2006 Master Plan Amendment is located in packet attachments. The criteria for approval for Master Plans state:

### *14-3.9(D) Approval Criteria; Conditions*

- (1) *Necessary Findings*  
(Ord. No. 2014-31 § 5)

*Approval or amendment of a master plan requires the following findings:*

- (a) *the master plan is consistent with the general plan;*
- (b) *the master plan is consistent with the purpose and intent of the zoning districts that apply to, or will apply to, the master plan area, and with the applicable use regulations and development standards of those districts;*
- (c) *development of the master plan area will contribute to the coordinated and efficient development of the community; and*
- (d) *the existing and proposed infrastructure, such as the streets system, sewer and water lines, and public facilities, such as fire stations and parks, will be able to accommodate the impacts of the planned development.*

The proposed square footage and type of use is consistent with the intent of the 1985 Master Plan and the 2006 Amendment. Although construction of the new wing within the original Area 1 Boundary would be consistent with the original plan, it is not clear that the application to relocate the new wing outside of the original “Area 1” is consistent with the master plan or with the overlay district standards. The request to adjust the boundary between Area 1 and Area 2 (reference Exhibit D-Maps “1985 Master Plan Areas Map “and “Area 1 and Area 2” and packet attachments) is predicated on the approval of two height variances to allow the proposed 41 foot high two story bed wing in Area 2. Without the variances the maximum height allowed in Area 2 applies (22 feet). The review for requested variances can be found in *Roman Numeral II* on Page 8 of this Memorandum. The criteria pursuant to 14-3.9(D) “*Approval Criteria*” for the proposed Master Plan changes have been integrated throughout this Memorandum including recommendations and conditions.

The City Traffic Division has reviewed a traffic impact analysis for this request and those comments and conditions can be found in Exhibit B “*Traffic Engineering Division*”. Traffic Division recommendations and conditions are in line with the intent of the 2006 Master Plan Amendments.

## II. VARIANCE

As noted above, approval of variance findings is required for master plan amendments that would exceed the 1985 height limits and the current height limits, or that would extend the boundaries of the sub-areas that have increased building height standards.

The following findings are required for variance approval:

### **14-3.16(C) Approval Criteria**

Subsections 14-3.16(C)(1) through (5) are required to grant a variance.

*14-3.16(C)(1) One or more of the following special circumstances applies:*

- (a) unusual physical characteristics exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14, characteristics that existed at the time of the adoption of the regulation from which the variance is sought, or that were created by natural forces or by government action for which no compensation was paid;*
- (b) the parcel is a legal nonconforming lot created prior to the adoption of the regulation from which the variance is sought, or that was created by government action for which no compensation was paid;*
- (c) there is an inherent conflict in applicable regulations that cannot be resolved by compliance with the more-restrictive provision as provided in Section 14-1.7; or*
- (d) the land or structure is nonconforming and has been designated as a landmark, contributing or significant property pursuant to Section 14-5.2 (Historic Districts).*

*14-3.16(C)(2) The special circumstances make it infeasible, for reasons other than financial cost, to develop the property in compliance with the standards of Chapter 14.*

*14-3.16(C)(3) The intensity of development shall not exceed that which is allowed on other properties in the vicinity that are subject to the same relevant provisions of Chapter 14.*

*14-3.16(C)(4) The variance is the minimum variance that will make possible the reasonable use of the land or structure. The following factors shall be considered:*

- (a) whether the property has been or could be used without variances for a different category or lesser intensity of use;*
- (b) consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.*

*14-3.16(C)(5) The variance is not contrary to the public interest.*

There are two height variances and two sign variances with the Master Plan.

### **A. Height Variances.**

The first request is triggered as a result of the proposed adjustment to Area 1 and 2 of the proposed Master Plan amendment, and the construction of a 2 story structure that straddles both Areas and exceeds the maximum heights of structures allowed within a C-1 District and South Central Highway Corridor Overlay District (SCHC). The Hospital is proposing a 41 foot high two story build where 36 feet is the maximum height allowed within a C-1 District and 25 feet is the maximum allowed within the SCHC District. Within the C-1 District, height is measured from finished grade to the top of the parapets and for height measurement within the SCHC District, maximum height is measured from finished grade to the roof deck. Chapter 14 provides exceptions to height allowing *“chimneys, antennas, ventilators, elevator housings or other non-freestanding structures placed on and anchored to the roof of a building and not intended for human occupancy, by up to eight (8) feet for mixed use and nonresidential structures.”*

The height variances are specific and affect only the region of the adjusted area between Area 1 and 2 in order to include that portion of the proposed building within Area 1 that otherwise would be in area 2. The variance requests will allow the 2 story building to exceed maximum heights within the C-1 District of 5 feet and 16 feet within the SCHC District, as well as, recognize the proposed Master Plan area boundary adjustment between both Areas 1 and 2. Therefore, if the variances to height are approved, maximum height limits for a portion of the 2 Story Bed Wing building and the adjusted portion of Area 1 will be set to a maximum height of 41 feet, leaving the balance of the new Bed Wing building and the unaltered region of Area 1 subject to the Area 1 Master Plan entitlements identified below.

*Area 1 (Hospital & Environs)*

*Maximum Building Height: 65 feet*

*Area 2 St. Michaels Drive)*

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

#### ***Applicant’s response to 14-3.16(C)(1):***

*The existing hospital facility has several unusual physical characteristics that distinguish it from other structures in the vicinity that are subject to the same relevant provisions of Chapter 14. The hospital is the only hospital in Santa Fe and, as a result, it has unique and unusual characteristics that are integral to the structure’s use and operation as a hospital, including existing medical surgical bed units, various units, such as the intensive care and surgical units, devoted to particular types of medical services, an emergency department and all of the various support services, such as labs, radiology and other services that support the provision of health care to patients of the hospital.*

*By virtue of being a hospital, the existing structure has unusual existing characteristics in its design and configuration, including the existing triangular medical surgical bed units and their relationship and proximity to existing support services within the existing structure. The existing structure is also unusual relative to other structures in the vicinity as a result of the hospital’s size and use, and that size and use, as well as the structures’ existing layout, create an unusual condition relative to the surrounding residential neighborhood. Simply put, the hospital, including its use, design and internal configuration, is unique to Santa Fe.*

**Staff Response:**

*The applicants response to 14-3.16(C)(1) describes the unusual physical characteristics that distinguish the structure from others in the vicinity by uses and function (hospital), design and internal configuration. It is not clear that the particular use of the property is relevant to the variance criteria – the variance process is intended to permit use of property that would otherwise be unusable, not to accommodate a particular type or intensity of use. Several of the types of uses permitted in the C-1 might make an argument similar to the hospital's, and that argument would be more properly applied to support an amendment to the district standards than to variance requests. However, the functional problems cited by the hospital regarding interconnection of the existing building to any addition provide a clearer basis for consistency with (C)(1(a)).*

**Applicant's response to 14-3.16(C)(2):**

*The term "infeasible" does not require the applicant to demonstrate that it would be "impossible" to develop the property in accordance with the standards of Chapter 14. Rather, the commonly understood meaning of "infeasible" includes "not easily or conveniently" accomplished. Additionally, the City of Santa Fe, in granting requests for variances, has historically not applied or interpreted the term "infeasible" to require an applicant to demonstrate that it would be impossible for the applicant to comply with the relevant provisions of Chapter 14 from which a variance is requested but only that it would be difficult to comply with the applicable standard. In this case, for the reasons stated below, it would be infeasible (as that term has been interpreted and applied in this context) for the applicant to comply with the height restrictions imposed by the South Central Highway Corridor District as to that portion of the new additional that falls outside of Area 1 from the 1985 Master Plan.*

*The connection height of the new addition is necessary to provide for a level floor-to-floor connection to the existing floors of the hospital. The location of the new addition as proposed would also provide connectivity to existing medical surgical units and associated support services, including radiological and the lab as well as the emergency department, surgical unit and the surgical recovery unit on the hospital's second level, as shown on the attached floor plan. The height of the proposed addition is higher than what would typically be required for a two-story commercial structure because of the existing structures' unusual 14 feet floor to floor height. It would not be acceptable to construct the new addition in such a manner that the floor level of the new addition would not match the floor level of the existing second level, with the different floor levels connected using ramps. This is because creating a sloped floor in a hospital is dangerous for transporting patients in wheel chairs and hospital beds.*

*The unusual characteristics of the structure also include its size and use as a hospital (because it is the only hospital in Santa Fe) and, by virtue of those characteristics, associated potential impacts on neighboring residential properties. These characteristics make it infeasible to locate the new addition on the north side of the existing structure and outside of the South Central Highway Corridor District because the new addition would be placed in close proximity to the adjacent residential neighborhood and result in adverse impacts, such as interference with views, disruption during construction, increased lighting and other impacts that would be unacceptable to and inappropriate to impose on the owners and occupants of those residential properties.*

*Placing the new addition on the north side of existing structure would also be infeasible because, as shown in the attached floor plan, the hospital's intensive care unit is located on the north side of the second floor and would create an obstacle to the connection with the existing medical surgical units and support services on the second level of the hospital. In contrast, locating the addition as proposed allows for an efficient and readily attainable connection to those existing units and facilities.*

*The foregoing justifications are all "reasons other than financial cost" because they relate to the medical needs, as well as the reduction in adverse impacts to the nearby residential neighbor, associated with the project as opposed to a desire to reduce the costs of the project.*

**Staff Response:**

*Staff concurs with the reasoning provided by the applicant for criterion listed in Chapter 14-3.16(C)(2) above. The Applicant's response starts by first addressing the word "infeasible" which is not defined in Chapter 14. An internet search provides the following definitions for the word "infeasible".*

**Table 6 Definitions**

<b>Google</b>	<b>Merriam-Webster</b>	<b>The Free Dictionary</b>
<i>adjective; infeasible</i>		
<i>not possible to do easily or conveniently; impracticable.</i>	<i>: not feasible : impracticable</i>	<i>not capable of being carried out or put into practice; "refloating the sunken ship proved impracticable because of its fragility"; "a suggested reform that was unfeasible in the prevailing circumstances"</i>

*Staff's understanding of the intent of this provision, and the practice of the planning commission and board of adjustment, has been to require that the applicant demonstrate an exceptionally high level of physical, technical or other practical difficulty, other than cost, that would be required to comply with the applicable standard.*

*Staff believes that the special circumstances related to interconnection with the existing building do establish that it is infeasible to develop the property in compliance with the standards.*

**Applicant's response to 14-3.16(C)(3):**

*The term "intensity" is defined in Chapter 14 to mean the "extent of development per unit of area; or the level of use as determined by the number of employees and customers and degree of impact on surrounding properties such as noise and traffic." The new private bed addition will be constructed in conjunction with the conversion of existing medical surgical semi-private rooms to private rooms. As a result, the renovation, including the construction of the new addition, will result in the addition of only six new medical surgical beds. Thus, the intensity of the proposed addition is extremely low and would not exceed what is allowed on other properties in the vicinity that are subject to height restriction imposed by the South Central Highway Corridor. Those properties, located along St. Michaels Drive in the vicinity of hospital, are zoned C1 and HZ, both of which permit hospitals as a special use.*

**Staff Response:**

*Two basic questions are relevant under (C)(3): is there an increase in the intensity of use of the property; and does the intensity exceed that which is allowed on other properties. As pointed out by the Applicant's response, the increase in intensity of the medical surgical functions is relatively low. The first floor expansion under the surgical floor, and the expansion of the storage building also constitute a modest increase in intensity.*

*Comparison to the intensity allowed on other properties that are located in the C-1 zone and/or the SCHC Overlay Zone is not a clear-cut evaluation, because there are no other hospitals or other non-residential uses with such a large campus. For many factors, the hospital's intensity is similar to other C-1 uses. Floor area ratio, lot coverage, traffic generation per acre, employees per acre and noise levels appear to be similar to other office and medical office uses located nearby. The height and scale of the hospital buildings are somewhat greater than most of the others that are nearby, although those factors are not specifically addressed in the "intensity" regulation. The information submitted provides qualifying factors to the criteria specific to 14-3.16(C)(3) above.*

**Applicant's response to 14-3.16(C)(4):**

*As explained by Jason Adams, the hospital's Chief Operations Officer, at the Planning Commission meeting on July 2, 2015, the construction of the new addition is part of and will make possible the conversion of the hospital's semi-private medical-surgical rooms to private rooms and will result in all of benefits associated with private hospital rooms, including reduced infection rates, reduced patient stress, increased patient safety, and possibility of overnight stays by a patient's family members. Thus, the new addition will most certainly make possible a "reasonable use" of the property.*

*The variance is also the minimum variance that will make it possible to construct the new addition. No heights are requested beyond that which would provide for the structurally appropriate connection to the existing structure in a manner that will accommodate its unusual characteristics and as necessary for the safe and efficacious delivery of health care services to the hospital's patients while at the same time avoiding adverse impacts to the adjacent neighborhood that would otherwise occur by locating the new addition on the north side of the property.*

*This part of the variance criteria states that the "factors" in subparts (a) and (b) shall be "considered." This terminology means only that the factors in subparts (a) and (b) will be weighed or taken in consideration but they are not decisive in determining whether the variance is "the minimum variance that will make possible the reasonable use of the land or structure."*

*Historically, the first factor, which asks "whether the property has been or could be used without variances for a different category or lesser intensity of use," has not been strictly enforced by the City in deciding whether to grant variances. It would be an extremely rare situation in which the applicant for a variance would be able to demonstrate that the property in question could not be used without a variance or for lesser intensity of use. This would essentially require the applicant to demonstrate that no use could be made of the property unless a variance is granted, and that has not been the standard applied by the City in granting variances and is not required under New Mexico law for the purpose of granting dimensional variances.*

*In this case, the property is zoned C1 and could obviously be used for less intensive uses than a hospital, but that does not mean that the height variance requested is anything more than “the minimum variance that will make possible the reasonable use of the land or structure.”*

*In response to subpart 4(b) of the criteria, Section 14-3 of the Code states that one of the goals of Chapter 14 is to accomplish “a coordinated, adjusted and harmonious development of Santa Fe that will best promote health, safety, order, convenience, prosperity and the general welfare....” This project will certainly do that for all of the various reasons explained by Mr. Adams to the Planning Commission.*

*Pages 25 to 26 of the application report submitted for the project identify particular provisions from the City’s General Plan in further support of this part of the criteria. Section 1.7.2 of the General Plan states that one goal of the General Plan is to “[e]nhance the quality of life of the community and ensure the availability of community services for residents.” The same section states that the “General Plan seeks to promote the interests of the community-at-large over private ones.” Earl Potter, on behalf of the applicant and in support of the proposed addition, explained to the Planning Commission that the new addition is intended to meet the community-wide need for “21st century [hospital] rooms to receive the best health care.”*

***Staff Response:***

*There are several components to evaluate whether the requested variance is “the minimum variance that will make possible the reasonable use of land or structure”.*

- (a) whether the property has been or could be used without variances for a different category or lesser intensity of use;*
- (b) consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.*

*Determining “reasonable use” involves evaluation of (a) and (b); there is no separate definition of that term.*

*The first component – whether the property has been or could be used without variances for a lesser intensity of use – is linked to a term that is undefined within Chapter 14, “reasonable use”. Staff concurs with the Applicant’s response to 14-3.16(C)(4) in that, the Applicant has presented a fair evaluation and argument to establish qualifying factors to the criteria specific to 14-3.16(C)(4) above. However, it is up to the Planning Commission to evaluate the information presented to establish whether this is a “minimum variance that will make reasonable use of land or structure”.*

*Additional analysis is relevant with regard to the purpose and intent of the applicable regulations. The Commission must find that the variance is consistent with the purpose and intent section of the SCHC Overlay District:*

*SCHC South Central Highway Corridor Protection District  
Purpose and Intent*

- (1) Because openness, quiet and continuity adjoining the highway corridors in the south central section of the city is considered a special asset that should be retained as the area develops, it is the intent of the SCHC district to:*

- (a) establish a clear sense of visual openness and continuity of development, as seen from major highway entrances to Santa Fe;
- (b) protect the openness and continuity of the existing landscape by retaining and planting native and other drought-tolerant, low maintenance trees, shrubs and groundcovers;
- (c) ensure that landscaping provides an appropriate and attractive visual buffer, compatible with neighborhood landscaping character; conserves water by use of storm water collection and drip irrigation systems; and screens transformers and loading areas or outdoor storage;
- (d) encourage the use of architectural style and scale that is representative of Santa Fe; and
- (e) preserve clean air and a sense of quiet and reduce the potential negative impacts of noise, air pollution, lights, movement of cars, activities on site or other nuisances on adjoining properties.

*The General Plan does not include policies that specifically address the South Central Highway Corridor or the hospital district.*

*Although the hospital master plan was adopted prior to the SCHC ordinance, the SCHC regulations do not specifically address the hospital master plan or that type of use. It isn't clear whether that was by intent, or was an oversight. The properties and streetscape within the South Central Highway Corridor vary in zoning, use and intensity. This adds to the complexity of the overlay when taking into account the overlay's purpose and intent when evaluating what is a "minimum variance that will make possible the reasonable use of the land or structure" against the strict application of the standards (reference Exhibit E). It is up to the Planning Commission to evaluate the information presented to determine compliance with 14-3.16(C)(4).*

***Applicant's response to 14-3.16(C)(5):***

*The granting of the height variance is not contrary to the public interest because it will allow the hospital to provide private hospital rooms with all of the associated benefits with minimal impacts to surrounding properties.*

***Staff Response:***

*As a regional trauma center the Hospital is an invaluable resource to the City of Santa Fe in both emergency and health care, but also, employment, economic development and gross receipts. Yet its land use and development is not without physical impacts both positive and negative to the area, adjacent neighborhoods and city resources. The proposed variances when viewed holistically and in conjunction with the goals and policies of the Hospital Master Plan "to better serve the public" to "provide the highest quality healthcare", states that "the height variance is not contrary to the public interest because it will allow the hospital to provide private hospital rooms with all of the associated benefits with minimal impacts to surrounding properties." Given the applicants responses to 14-3.16(C)(1) through (4), the applicant has presented information specific to the subject site to support that granting the proposed height variances would not be contrary to the public interest, establishing overall qualifying factors to the criteria specific to 14-3.16(C)(5).*

**B. Sign Variances**

The Hospital's two sign variance requests are to take down the existing signs in their current locations and put up two new signs in new locations.

The existing signs were permitted in 2008 (permit 08-1870) as two 40 square foot Hospital identification signs. The new signs will be one 80 square foot Hospital identification sign with a Hospital logo comprising 16 square feet and the second sign will be a 16 square feet Hospital logo. The Hospital's existing signs are located near the Cancer Center and at the visitor entrance of the Emergency Department at the main entrance. The new 2 story bed wing building will block visibility of these signs once constructed. The Hospital is requesting to eliminate the old signs and location with the new signs at more visible locations once the 2 story bed wing building is constructed. The new signs and sign location require variances to height and size within a C-1 district.

The proposed new logo location will be placed at a height of 37 feet above finished grade near the main entrance door and the identification sign will be located on the stone accent wall placed at a height of 45 feet above finished grade (unaltered region of Area 1). The maximum height of signs within a C-1 District is 15 feet and maximum size of signs within a C-1 District is 32 square feet. The applicant's submittals identify that City approval was granted for existing signs in 2007. The building permit allowing the change from St. Vincent's hospital to Christus St. Vincent's was actually issued in 2008 (permit 08-1870). The permit allowed 33 signs including directional, logo and identification signs.

The applicant has identified responses to the variance criteria listed above and can be found in Exhibit F - "*Applicant's Data*".

The applicant's response to 14-3.16(C)(1) addresses compliance to this criterion by identifying that the new patient bed wing will compromise visibility of two existing 80 square foot signs located on the first and second levels of the main entrance. The application states that the signs will "*no longer be visible to patients and visitors from the parking areas,*" and that "*the sign at the Emergency Department misleads visitors into thinking that is a main entrance.*" The application adds that signs "*serve as wayfinding for patients and visitors and identify the main entrance of the hospital.*"

While these issues describe a need to relocate the existing signs they do not address issues relevant to size and allowed height of signs in a C-1 district. Nor does the information explain how this relates to unusual physical characteristics that exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14. This is further complicated by the fact that the variance requests to height for the new patient bed wing are uncertain. Additionally, the building permits issued (permit #08-1870) for new signs for the Hospital in 2008 permitted two 40 square foot signs that replaced existing 40' square foot signs in a like for like manner to address nonconformity. No information regarding height of signs or how these signs became 80 square feet in size is available.

The application also states that "*the first of these signs needs to be visible from St. Michael's Drive that is approximately 450' to the driveway at St. Michael's. The distance is increased if we include the driver's response time to slow and turn into the facility. Stopping sight distance from 45 mph is 310'. For the south-east facing sign this distance becomes about 640'.*" However, the information fails to indicate that there is an approximate 117 square foot sign located at the intersection of Hospital Drive and St. Michaels Drive, 80 square foot signs at all entrances along Hospital Drive and St. Michaels Drive each approximately 16 feet in height that establish identification and direction as well as, a multitude of directional signs approximately 20 square feet in size, 10 feet high within the campus.

Staff is unable to support the sign variances for height and size at this time. The qualifying factors for a variance have not been satisfied.

### III. DEVELOPMENT PLAN

#### A. Existing Conditions

The Hospital property comprises four tracts totaling 44.15± acres. The hospital's 2 story 65,500 square foot new inpatient bed wing is proposed on Tracts A-1-3 (comprising +/- 22.55 acres) and on Tract D (comprising +/- 7.39 acres).

Existing construction for the Hospital is listed in Table 3 "*Development Summary – 2006 Master Plan Amendment*" page 5 of this memorandum. According to the Hospital Master Plan the proposed inpatient bed wing is being located within Area 1 and Area 2 of the Master Plan. The Applicant has proposed to adjust the boundaries between the two areas in order to incorporate the inpatient bed wing within Area 1.

Wet utilities consist of city services and Dry utilities consist of electric, phone, and gas. A flood zone runs along the boundaries of Tracts A-2 and Tract D.

#### B. Access and Traffic

Access onto the Hospital Campus can be achieved from either St. Michaels Drive or Hospital Drive. Two driveways obtain access directly off Hospital Drive and one driveway directly access off St. Michaels Drive. A traffic impact analysis for the proposed development has been provided.

The City Traffic Engineer will be available at the Planning commission meeting for question. Comments received from the Traffic Division state:

*"Based on the submitted TIA, the intersection of Galisteo/San Mateo is projected to fail during the implantation year (2017) of the proposed 65,500 square foot development. The proposed 65,500 square foot development is expected to contribute 17.52% of the total traffic at this intersection.*

*This intersection can be improved with implementing either a roundabout or a traffic signal."*

Traffic Engineering Division comments can be viewed on Exhibit B - "*Traffic Engineering Division*" and Traffic Engineering conditions have been incorporated in Exhibit A.

#### C. Parking and Loading

Parking was analyzed for hospital, medical center, and other treatment facilities. Santa Fe City Code, Section 14-8.6-1, "*Exhibit A Table 14-8.6-1 Parking and Loading Requirements*", establishes parking standards for "Hospitals" as follows:

**Table 7 Parking and Loading**

<b>EXHIBIT A TABLE 14-8.6-1: Parking and Loading Requirements</b>				
<b>Category</b>	<b>Specific Use</b>		<b>Parking and Loading</b>	
Hospital	Hospital, medical center, other treatment facilities		One space per four beds, plus the number required, based on square feet measurement, for office, clinic, testing, research, administrative, teaching and similar activities associated with the principal use, at one space per each 350 square feet of net leasable area except for teaching facilities, which shall be one per each four seats	
Office	Medical Offices		One space per each 200 square feet of net leasable area	
<b>Building</b>	<b>Net Leasable Area Square Feet</b>	<b>USE</b>	<b>Required Parking Spaces</b>	<b>Total Provided</b>
<b>Zone A</b>				
Hospital Complex	205,000	Licensed Beds: 248 (200 reduction request) plus Admin./Office/Clinic	638 (650)	
New 2 Story Bed wing	32750	Beds included with Hospital Admin./Office/Clinic	89	
El Norte Building	15,353	One space per each 200 square feet of net leasable area	77	
Warehouse/Utility Plant	4,465	One space per each 200 square feet of net leasable area	22	
Central Utility Plant	1800	N/A		
<b>Zone B</b>				
Medical Dental office building (including Addition)	68,400	One space per each 200 square feet of net leasable area	342	
<b>Zone C</b>				
Physician's Plaza	41,500	One space per each 200 square feet of net leasable area	208	
<b>Zone D</b>				
Future Storage Building	9500	One space per each 200 square feet of net leasable area	48	
<b>TOTAL</b>			<b>1421 (1433)</b>	<b>1492</b>

Zone E has been eliminated.

ADA parking will be evaluated at the time of building permit review.

#### **D. Loading**

The loading provides adequate loading and unloading operation without compromise to parking, public streets, walkways or alleyways. Loading is located on the north side of the hospital.

#### **E. Bicycle Parking**

Santa Fe City Code, Table 14-8.6.3, establishes a ratio of required bicycle parking spaces relative to the number of vehicle parking spaces of a development. Hospital exceeds 151 vehicle parking spaces requiring 25 the applicant did not include bicycle parking in the development plan for review. The applicant is required to provide 25 bicycle parking spaces.

#### **F. Landscaping**

The plans appear to meet applicable minimum standards for landscaping, including the percentage of the lot that is open space, provision of a 15-foot landscaped buffer adjacent to residential uses, and interior planting and perimeter screening for the parking lot. A detailed review of plant material, tree locations, etc., will be done at the time of construction permits.

The Landscaping plan complies with the Development Plan process (*reference Exhibit B – “Landscaping”*). DRT conditions have been incorporated in Exhibit A. Detailed review of landscape and irrigation design is typically finalized at the time building permit review.

#### **G. Trails**

The applicant will utilize the proposed emergency fire access road as part of the bicycle and trails route. The trail will continue north along the north property line and connect to Camino Teresa. The proposed trails route will be dedicated to the city and will integrate with the City’s Trails Master Plan. Comments and conditions from the Metropolitan Planning Organization (MPO) are located in Exhibit B. MPO conditions have been incorporated into Exhibit A.

#### **H. Terrain Management**

Stormwater ponding for as part of building review for the proposed New Inpatient Bed Wing, no negative comments or conditions have been received from Land Use Technical Review Division (*reference Exhibit B - “City Engineer for Land Use Department Terrain Management and Lighting”*). The Terrain Management conditions have been incorporated with in Exhibit A - *“Conditions”*.

#### **I. Solid Waste**

The facility utilizes a large compactor at the loading dock for their refuse service. No negative comments have been received by City Environmental Services (*reference Exhibit B - “Environmental Services”*).

#### **J. Waste Water**

The hospital is serviced by city Waste Water. No negative comments have been received from City Waste Water Management Division (*reference Exhibit B - “Waste Water”*). Conditions received require incorporating notes on the Development Plan. The Waste Water Management Division conditions have been incorporated with in Exhibit A - *“Conditions”*.

### **K. Water – Fire Protection**

The Hospital has a water meter for a 6” domestic service at the corner of Hospital Drive and St. Michael’s Drive. The Hospital did not provide water use estimates for the proposed 2 Story Bed Wing. The Hospital identified that the new building was only changing the location of existing beds, and that this change did not affect existing water use. However, while staff concurs with the water use on existing beds, there is an increase in water use as a result of new landscaping added to the campus, along with the first floor of the new 2 Story Bed Wing. While the second floor is slated for bed use the first floor (32,750 square feet) is designated for office and clinical use.

The applicant is proposing to sprinkle the new building. Additionally, there are two 8” fire services, one the corner of Hospital Drive and St. Michael’s Drive and the second off St. Michaels Drive. Both fire services connect to a loop around the main Hospital.

No negative comments have been received by the City Water Division or the City Fire Marshal (reference Exhibit B- “Water & Fire”). Fire Marshal conditions have been incorporated with in Exhibit A - “Conditions”. Staff will continue to work with the applicant regarding Chapter 14-8.13 and Chapter 25 for Development Plans and Phased Projects. A water budget addressing both areas of the city code will need to be addressed prior to moving forward to the Governing Body for review.

### **L. Lighting**

The applicants have provided a photometric analysis. The lighting plan shows 24 foot high pole mounted fixtures with LED Lamps placed throughout the campus. The analysis identifies the average foot candle (Fc) units at 0.99 Fc with the max at 1.6 Fc. The goal of the Hospital is to meet 0 Fc at the perimeter to bring lighting into compliance.

Comments received from Technical Review identify Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9 (Reference Exhibit B – “City Engineer for Land Use Department Terrain Management and Lighting”).

### **M. Architecture**

The two story addition will be located and attached to the south portion of the Hospital, north of the hospitals St. Michael’s entrance. The Hospital architecture appears to be a simplified Spanish Pueblo Revival form of architecture with block massing. The new addition does not contain block massing similar to the hospital and appears lean more on the contemporary side.

The applicants report states that “*The proposed building has been designed in conformance to the Architectural Points Standards in Subsection 14-8.7 (C) of the Code. We have addressed each of the criteria and feel this project exceeds the requirements of the Architectural Points Standards.*” Staff was unable to locate a preliminary architectural point’s analysis addressing of Chapter 14-8.7. Staff will confirm compliance at the building permit stage.

### **N. 14-3.8(D) Approval Criteria**

*To approve a development plan, a land use board must make the following findings:*

- (a) *that it is empowered to approve the plan under the section of Chapter 14 described in the application;*

- (b) *that approving the development plan will not adversely affect the public interest; and*
- (c) *that the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the premises under consideration.*

#### **IV. SPECIAL USE PERMIT**

The Santa Fe City Code requires A Special Use Permit review and approval for a Hospital use within a C-1 District. The Development Plan review in the previous section of this report provides site development information necessary to document the type and extent of development proposed. The site is also located within the “South Central Highway Corridor” (SCHC) adopted in 1986.

A special use permit is granted for a specific use and intensity. Pursuant to Section 14-3.6(D) (*Approval Criteria and Conditions*), to grant a special use permit the Planning Commission shall make the following findings:

##### ***Necessary Findings***

***14-2.3(D)(1)(a)- (Authority):*** *“that the land use board has the authority under the section of Chapter 14 described in the application to grant a special use permit;”*

##### **Staff Analysis**

The Hospital submitted a Development Plan as a part of the application. Pursuant to Santa Fe City Code Section 14-2.3(C) (*Powers and Duties*), the Planning Commission is granted the authority to take action on a special use permit if it is part of a development plan or subdivision request.

***14-2.3(D)(1)(b)- (Public Interest):*** *“that granting the special use permit does not adversely affect the public interest, and”*

##### **Staff Analysis**

The Governing Body has implemented the General Plan as stated in Section 14-1.3 (*General Purposes*). The resulting ordinances establish minimum standards for health, safety and welfare affecting land uses and developments as a means to protect the public interest from within the municipality. The city has reviewed the proposed Special Use Permit application in accordance with these ordinances. As outlined in this memorandum together with recommended conditions, the proposed Special Use Permit application complies with minimum standards of Chapter 14 SFCC.

***14-2.3(D)(1)(c)- (Compatible With And Adaptable To):*** *“that the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the premises under consideration.”*

## Staff Analysis

There are two components within the third required finding. First, that the use is compatible with, and adaptable to, any associated buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration; and second, that any associated buildings are compatible with, and adaptable to, buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration. The application complies with this finding for the following reasons.

The first component is established by Chapter 14 Table 14-6.1-1- "*Table of Permitted Uses*" (reference Exhibit E for copy of table excerpt). Under the "*Specific Use Category*", "*Hospitals and Extended Care Facilities*", "*Hospitals*" is identified as an allowable use subject to approval under the provisions of Section 14-3.6 (*Special Use Permits*). City code establishes *Hospitals* as a *Institutional* use permissible within an C-1 District provided a special use permit is granted. Future Land Use Map also identifies the Hospital property as Institutional. The Hospital was established at the 455 St. Michaels Drive Location in 1977 followed by a Masterplan backed by Resolution in 1986. The proposed use is adaptable to buildings in the vicinity provided licensing requirements, as defined by the State of New Mexico relating to operations, and Chapter 14 SFCC related to zoning, have been satisfied. The proposed Hospital Special Use Permit request fits the definition of the Hospital. Chapter 14 defines a "Hospital" as follows:

### *HOSPITAL*

*An institution providing primary health services and medical or surgical care to persons, primarily in-patients, suffering from illness, disease, injury, deformity or other abnormal physical or mental conditions, and includes, as an integral part of the institution, related facilities such as laboratories, outpatient facilities or training facilities.*

The existing use and proposed additions will contain elements that will generate noise, traffic or other impacts. However, recommended conditions for approval provide additional measures to help mitigate these issues.

The issue of noise from generators from adjoining neighbors has been raised. All mechanical equipment is required to meet the noise standards for residential districts in Section 10.2-5 (50 dBA nighttime, 55dBA daytime). The applicant conducted a noise analyses on June 7, 2015 (5:PM). No information has been provided to the Land Use Department pertaining to the results of the study or mitigation measures. The Traffic comments are addressed in City Traffic review (reference Exhibit B – "Traffic Engineering Division").

The second component requires that any associated buildings are compatible with, and adaptable to, buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration. This component was partially addressed within the Variance review section under "*Staff Analysis for Building Height Variance (page 8)*" and Development review sections under "*Architecture (page 20)*" and of this memorandum.

There are no code definitions for "*compatible with*" and "*adaptable to*". In order to gauge compliance to this finding the Planning Commission will need to evaluate the information submitted by the applicant to establish whether the new construction is *compatible with* abutting buildings, structures, and uses of the abutting property.

## **VII. EARLY NEIGHBORHOOD NOTIFICATION (ENN)**

The applicant conducted two ENNs for this project. The first ENN was held on March 17, 2015 at the Santa Fe University of Art & Design - Forum Lecture Theater at 1600 St. Michaels Dr. Road and was well attended.

The applicant presented the project followed by a series of questions by the audience that were answered by the applicant. The concerns raised were:

- Landscaping along the north property line.
- The wheel chair trail path along the north property line.
- Increased traffic.
- Increased noise of the development.
- Trust between the Hospital and the Neighbors

The applicant has advised staff they intend to meet with concerned neighbors and a mediator on June 25. City staff does not participate in that type of meeting, and results are not binding on action by the Commission.

Correspondence from the neighborhood has been submitted and can be viewed in Exhibit G.

## **VII. CONCLUSION**

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

The proposed Master Plan Amendments identified a reduction in total building square footage by 1,200 square feet and is not out of line with the 1985 Master Plan. The proposed changes in overall design are supported by the proposed Development Plan which incorporates improvements to infrastructure in order to support proposed phased development (subject to conditions). However, Staff is unable to support the proposed sign variance requests at this time the applicants have not satisfied the variance criteria.

Variances are intended to be provide relief for properties with unique physical characteristic, and not as a substitute for code amendments or rezoning. The applicant has presented a reasonable argument for variances to hospital buildings. However, a code amendment or rezoning application may be a better resolve over the need for variances.

If after consideration of the facts the Planning Commission recommends approval of the building height variances to the Governing Body, the balance of the Master Plan, Development Plan and Special Use Permit are compliant subject to staff conditions. It should be noted that height limits within the region of Area 1 and Area 2 if the boundary is adjusted without the variances, will be subject to 22 feet high. This would require the applicant to redesign the Bed Wing addition to match Master Plan height limits commensurate within Area 2.

The Development Plan is specific to the construction of a 65,500 square foot two story Hospital Bed wing and 1,800 square foot Central Utility Plant. Traffic, parking, terrain management, landscaping, wet utilities, fire, refuge and lighting have been evaluated subject to city code standards. However, this proposal is predicated upon variances to building heights within the C-1 and SCHC Districts.

The hospital use was not required a Special Use Permit when it moved to 455 St. Michaels Drive in 1977. However, in 1985 the City approved the Hospital Master which was supported by City Resolution. The 1985 Master Plan identified goals and policies in hospital care, as well as, design standards in effect today.

The Special Use Permit will not adversely affect the public interest, and the use and any associated buildings are adaptable to buildings, structures and uses of a C-1 District. It is unclear whether the architecture compatibility of the proposed Bed wing commensurate with existing Hospital Architecture is compatible. The Planning Commission will need to evaluate the information provided to assess appropriate architectural compatibility.

The Land Use Department has determined that the proposed applications can comply with the necessary approval criteria for Master Plan amendment, Development Plan and Special Use Permit provided the variance request to heights are approved. Should the Planning Commission approve the Variances to building height, Development Plan, Special Use Permit and make favorable recommendations to the Governing Body for the Master Plan amendment, Staff recommends the conditions listed in Exhibit A.

## **EXHIBITS (new material in identified by bold font)**

Exhibit A- Conditions of Approval

Exhibit B - DRT comments

1. Archaeological clearance (no change reference original packet material)
2. **Traffic Engineering Division (new material)**
3. City Engineer for Land Use Department Terrain Management and Lighting (no change reference original packet material)
4. Landscaping (no change reference original packet material)
5. Environmental Services (no change reference original packet material)
6. Waste Water (no change reference original packet material)
7. Water (no change reference original packet material)
8. Fire (no change reference original packet material)
9. **Metropolitan Planning Organization (MPO) (new material)**
10. **Technical Review Water Budget (new material)**
11. **Commission question response**

Exhibit C- ENN (no change reference original packet material)

1. ENN Notes
2. Guideline Questions

Exhibit D- Maps

1. 1985 Master Plan Areas Map (no change reference original packet material)
2. Area 1 and Area 2 Map (no change reference original packet material)

The Development Plan is specific to the construction of a 65,500 square foot two story Hospital Bed wing and 1,800 square foot Central Utility Plant. Traffic, parking, terrain management, landscaping, wet utilities, fire, refuge and lighting have been evaluated subject to city code standards. However, this proposal is predicated upon variances to building heights within the C-1 and SCHC Districts.

The hospital use was not required a Special Use Permit when it moved to 455 St. Michaels Drive in 1977. However, in 1985 the City approved the Hospital Master which was supported by City Resolution. The 1985 Master Plan identified goals and policies in hospital care, as well as, design standards in effect today.

The Special Use Permit will not adversely affect the public interest, and the use and any associated buildings are adaptable to buildings, structures and uses of a C-1 District. It is unclear whether the architecture compatibly of the proposed Bed wing commensurate with existing Hospital Architecture is compatible. The Planning Commission will need to evaluate the information provided to assess appropriate architectural compatibility.

The Land Use Department has determined that the proposed applications can comply with the necessary approval criteria for Master Plan amendment, Development Plan and Special Use Permit provided the variance request to heights are approved. Should the Planning Commission approve the Variances to building height, Development Plan, Special Use Permit and make favorable recommendations to the Governing Body for the Master Plan amendment, Staff recommends the conditions listed in Exhibit A.

#### **EXHIBITS (new material in identified by bold font)**

Exhibit A- Conditions of Approval

Exhibit B - DRT comments

1. Archaeological clearance (no change reference original packet material)
2. **Traffic Engineering Division (new material)**
3. City Engineer for Land Use Department Terrain Management and Lighting (no change reference original packet material)
4. Landscaping (no change reference original packet material)
5. Environmental Services (no change reference original packet material)
6. Waste Water (no change reference original packet material)
7. Water (no change reference original packet material)
8. Fire (no change reference original packet material)
9. **Metropolitan Planning Organization (MPO) (new material)**
10. **Technical Review Water Budget (new material)**

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1. ENN Notes
2. Guideline Questions

Exhibit D- Maps

1. 1985 Master Plan Areas Map (no change reference original packet material)
2. Area 1 and Area 2 Map (no change reference original packet material)
3. Adjoining Zoning (no change reference original packet material)

3. Adjoining Zoning (no change reference original packet material)
4. **South Central Highway Corridor Map (no change reference original packet material)**

Exhibit E- Code sections

1. **South Central Highway Corridor (SCHC)**

Exhibit F- Applicant's Data

1. **Variance Response**

Exhibit G- Correspondence

1. **New Neighborhood Response**

**Packet Attachment -Plans and Maps**

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

# **EXHIBIT A**

CONDITIONS

EXHIBIT A  
Conditions of Approval  
Case #2015-47

455 St. Michaels Drive St. Vincent Regional Medical Center

Condition	Department	Staff
<p>1. Based on the submitted TIA, the intersection of Galisteo/San Mateo is projected to fail during the implantation year (2017) of the proposed 65,500 square foot development. The proposed 65,500 square foot development is expected to contribute 17.52% of the total traffic at this intersection.</p> <p>This intersection can be improved with implementing either a roundabout or a traffic signal. The developer shall contribute fair share contribution for improvements to this intersection based on the above mentioned percentage and based on a total cost to be determined by the City's Public Works Department. This cost will be based on the more expensive of the two identified improvements.</p> <p>2. The developer shall limit access at their southernmost access point onto Hospital Drive to right-in/right-out only. This shall be accomplished by constructing a raised median. The need for this comes from the subject driveway's proximity to the signalized intersection of St Michaels/Hospital Drive. Southbound traffic from this signal is shown to queue past this driveway causing operational and safety problems.</p> <p>3. The developer shall perform intersection improvement at the Hospital's northern most access onto Hospital drive (across from Harkle Road) so as to improve pedestrian crossing across Hospital Drive. The design shall be reviewed and approved by the City's Public Works Department.</p> <p>4. The proposed Master Plan also includes a 36,000 square foot addition (in addition to the proposed 65,500 square foot addition submitted with this Development Plan).</p> <p style="margin-left: 40px;">a. The developer shall calculate fair share contributions for the needed improvements to the Galisteo/San Mateo intersection at the time a development plan is submitted. The developer will be required to contribute these fair share contributions at the time of development plan.</p> <p style="margin-left: 40px;">b. The TIA projects that during this phase of development, the Hospital's northern most access onto Hospital drive (across from Harkle Road) will fail. At the time of development, the developer shall limit access at this location to right-in/right-out/left-in only, unless a revised TIA with more recent traffic data shows that the access operates at adequate levels of service under its current configuration.</p>	<p style="text-align: center;">Traffic Engineering Division</p>	<p style="text-align: center;">John Romero June 18, 2015</p>

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

	<p>Staff recommends the following Conditions of Approval added to the plat prior to recordation:</p> <ol style="list-style-type: none"> <li>1. The owner, will at all times, properly maintain all plant materials shown in the Master Plan, including but not limited to; proper pruning, soil testing, fertilizing and weeding.</li> <li>2. All plant material shown in the Master Plan shall be maintained and replaced as needed. All quantities and sizes of plant materials must be maintained as shown in the Master Plan.</li> <li>3. Any deviations from the Master Plan landscaping shall be discussed and approved by the Land Use Department Director or designee.</li> </ol>	<p style="text-align: center;">Land Use                  Department                  Landscaping</p> <p style="text-align: right;">Noah Berke                  June 24, 2015</p>
<ol style="list-style-type: none"> <li>1. Stormwater ponding for the following will be constructed under the building permit for the proposed New Inpatient Bed Wing:                         <ul style="list-style-type: none"> <li>*Detention in the amount of 3831 CF for the new building.</li> <li>*Ponding for Basin D on the east side of the hospital, which was previously constructed but no longer exists.</li> <li>*Detention in the amount of 8520 CF for Basin #8.</li> </ul> </li> <li>2. Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9.</li> <li>3. Outdoor lighting for the entire campus will be adjusted, as part of the permit for the new building, to meet the requirements of Article 14-8.9.</li> </ol>	<p style="text-align: center;">Land Use                  Department                  Terrain Management                  And                  Lighting</p> <p style="text-align: right;">Risana "RB"                  Zaxus, PE                  June 23, 2015</p>	
<ol style="list-style-type: none"> <li>1. Add note to the Development Plan that Wastewater Utility Expansion Charge (UEC) shall be paid at the time of building permit application.</li> <li>2. Add note to the Development Plan and the Utility Plans that the on-site sewer system serving the Development is private.</li> <li>3. Identify the proposed on-site sewer lines as private on the Utility Plans.</li> </ol>	<p style="text-align: center;">Wastewater                  Management                  Division</p> <p style="text-align: right;">Stan Holland,                  P.E.                  May 15, 2015</p>	

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

	<p>4. Show the existing off-site public sewer line and easement on the Grading Plans. There may be required improvement to the public sewer line dirt access road outside of the new retaining walls on the southeast corner of the development.</p> <p>5. City of Santa Fe sewer manhole covers shall not be used for the on-site sewer manholes. Indicate on the Utility Plans that the manhole covers are to be labeled "Private Sewer".</p> <p>6. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail.</p> <p>7. Indicate on the drainage plans where the discharge points are located from the Development to help determine if the site discharge will impact the existing public sewer line and access.</p> <p>8. See Exhibit A1</p>	<p style="text-align: center;">Wastewater Management Division</p>	<p style="text-align: center;">Stan Holland, P.E. May 15, 2015</p>
	<p>All backflow preventers must be evaluated and upgraded if necessary to meet current requirements.</p>	<p style="text-align: center;">Water Division</p>	<p style="text-align: center;">Dee Beingsner P.E. May 4, 2015</p>
	<p>1. All Fire Department access shall be no greater than a 10% grade throughout.</p> <p>2. Fire Department Access shall not be less than 20 feet width and a minimum width of 26 feet for any building or portion of building more than 30 feet in height.</p> <p>3. Shall meet the 150 feet driveway requirements must be met as per IFC, or an emergency turn-around that meets the IFC requirements shall be provided.</p> <p>4. Fire Department shall have 150 feet distance to any portion of the building on any new construction.</p> <p>5. Shall have water supply that meets fire flow requirements as per IFC, and may be required to install an automatic sprinkler system.</p> <p>6. May be required to provide two separate and approved fire apparatus access roads.</p>	<p style="text-align: center;">Fire Marshal</p>	<p style="text-align: center;">Reynaldo Gonzales Fire Marshal June 3, 2015</p>

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

	<b>Condition</b>	<b>Department</b>	<b>Staff</b>
	<ol style="list-style-type: none"> <li>1. A water budget addressing both areas of the city code will need to be addressed prior to moving forward to the Governing Body for review.</li> <li>2. Noise from generators and or mechanical equipment within the Hospital Master Plan campus at the Residential property line shall not exceed 50 dBA from the hours between 9:00 p.m. to 7:00 a.m. and 55 dBA from the hours between 7:00 a.m. to 9:00 p.m.</li> <li>3. Applicant to submit engineers cost estimate for all required on and off site required improvements with final guarantee. The final guarantee shall be I favor of the city.</li> </ol>	<p style="text-align: center;">Land Use          Department Current          Planning</p>	<p style="text-align: center;">Dan Esquibel          This Memo</p>

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

# **EXHIBIT B**

DRT

# City of Santa Fe, New Mexico

## memo

**DATE:** June 18, 2015

**TO:** Daniel Esquibel, Planning and Land Use Department

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

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

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### ISSUE

Request for Master Plan Amendment, Four Variances, Development Plan to construct 65,500 square foot addition on Tract A-1-3 and Tract A-2, & Special Use Permit. This Memo supplements my memo dated June 18, 2015.

### RECOMMENDED ACTION:

The comments below are based on comments and questions resulting from the July 2, 2015 Planning Commission meeting and from a supplemental Traffic Study dated July 2015:

1. The supplemental Traffic Study performed a signal warrant analysis at the Hospital's access to St Michaels Drive. In the analysis, they assumed a full access (left-outs allowed) adding the respective traffic. The intersection did not meet warrants. Based on this study and due to the very poor accessing spacing along St Michaels drive, I do not recommend placing a signal at this intersection.

It is worth noting that the signal warrant criteria is mandated by federal guidelines established by the Federal Highway Administration (FHWA). Also, the developer met with the New Mexico Department of Transportation (NMDOT), who owns and maintains St Michaels Drive. The NMDOT was doubtful that they would allow a signal at this location.

2. The supplemental Traffic Study evaluated the possibility of further limiting access of the southern access point onto Hospital Drive (Emergency Room Access) to right-in only. The evaluation showed no negative effects on the surrounding roadway network. Based on this evaluation, I do not oppose restricting access to right-in only.

If you have any questions or need any more information, feel free to contact me at 955-6638. Thank you.

N:\Traffic Engineering\Traffic Engineering Section\01-TIAs\2015\St Vincents Hospital Master Plan (2015)\CSV MP 07-21-15.doc



## Santa Fe Metropolitan Planning Organization

*"Promoting Interconnected Transportation Options"*



### MEMORANDUM

Date: July 22, 2015  
From: Keith Wilson, MPO Senior Planner  
To: Dan Esquibel, Planning and Land Use Department  
Cc: Leroy Pacheco, Roadways and Trails Engineering  
John Romero, Traffic Engineering  
Sandra Kassens, Traffic Engineering  
Erick Aune, MPO Transportation Planner  
Mark Tibbetts, MPO Officer  
Re: Case #2015-47, 455 St Michael's Drive Christus St Vincent Regional Medical Center

The following supersedes the May 15<sup>th</sup> and July 22<sup>nd</sup> memos from MPO staff for Case #2015-47

#### Trails

The Master Plan Application has the following references to Trails:

***"Condition #13. Also, a 20' wide non-motorized trail easement should be granted to the city along the south and east property line to accommodate a 10 ft. wide paved trail. Exact location should be verified in the field with the City Trails and Open Space Coordinator.***

Following discussions with the applicant and hearing concerns from the neighborhood the MPO Staff supports requiring only one point of access at Camino Teresa from the neighborhoods to the north and east of the hospital. This point of access will allow suitable access to cyclists utilizing the Don Gaspar on-road bikeway connection from Downtown to this area. Based on projected use of the paved trail connection through the hospital grounds and constraints highlighted by the applicant, MPO Staff would support an 8ft wide paved trail from Camino Teresa to the north and south through the Hospital to Hospital Drive utilizing the proposed fire lane for part of the trail alignment. See the attached map for recommended conceptual alignment for the trail.

#### **Proposed Conditions**

- An 8ft wide paved trail should be constructed from the end of Camino Teresa to the north and south through the Hospital to Hospital Drive utilizing the proposed fire lane for part of the trail alignment.
- If it not already it should be made clear that the "non-motorized trail easement" being granted should be specified for Public Access.
- The 8ft wide paved trail should be designed and constructed to meet all applicable AASHTO, MUTCD and ADA Guidelines. Trail design should be approved by City Staff.

- There does not appear to be any timeframe of when the paved trail is to be constructed by the Hospital. If there is not already an identified timeframe, it is recommended that one be set as part of this approval process.

### **Pedestrian Access**

The Master Plan Application has the following references to Pedestrian Access:

***“Condition #14. Address Pedestrian and Wheel Chair Access with staff, from Camino Teresa and Encina Road on the north side of the campus and from other possible locations along the east side of the campus. A minimum of two gates must be for pedestrians, wheel chair, and bicycle access. The applicant must also address creating access from these locations across the campus to the bus stop, to St. Michael’s and to Hospital Drive.*”**

Following discussions with the applicant and hearing concerns from the neighborhood the MPO Staff supports requiring only one point of access at Camino Teresa from the neighborhoods to the north and east of the hospital. Pedestrian access would share the 8ft wide paved trail.

### **Proposed Conditions**

- There is no pedestrian access (sidewalks) to Hospital Building from any of the driveways into the property. A sidewalk pathway should be shown and constructed from each of the driveway locations (3 on Hospital and 1 on St Michael’s Drive) either to the existing sidewalk network or to building entrances where an existing logical pedestrian route is not in existence.

### **Bicycle Parking**

Sheet 3 provides Parking Calculations for motor vehicles, but no calculation for the required number of spaces for bicycle parking. It is recommended that this calculation be added to this sheet in the Parking Calculations section.

No reference to a design of bicycle parking was found on the plans. Chapter 6 of the AASHTO Guide for the Design of Bicycle Facilities provides guidance on the location and bicycle rack design. This guidance is included in the MPO’s Bicycle Master Plan (<http://santafemppo.org/bicycle-master-plan/> page 38). The key design elements are:

- that the rack can support a bicycle at two points above the center of gravity,
- can accommodate high security U-shaped bike locks,
- can accommodate locks securing the frame and one or both wheels, and
- provides adequate distance (minimum 36 inches) between spaces so that bicycles do not interfere with each other.

### **Proposed Conditions**

- The required number of bicycle parking spaces should be calculated and shown on Sheet 3.
- Bicycle rack design shall meet the guidelines referenced above from the MPO Bicycle Master Plan.
- The location of the bicycle racks should meet the standards for location set in Chapter 14.



# City of Santa Fe, New Mexico

## memo

DATE: July 30, 2015

TO: Dan Esquibel, Land Use Senior Planner  
Case Manager, Land Use Dept.

FROM: Amanda Enchinas, Planner Tech Sr.  
Water Budget Office, Land Use Dept.

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

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After reviewing the water budget submitted on July 22, 2015, it is determined that the proposed addition of Christus St. Vincent will require an additional 4.162 AFY. The project will rely on two sources of water supply. The following is how water service will be provided:

- Medical Office - 1st Floor Shell Space of New Patient Wing 20,000 0.72 afy/10,000 sf **1.44 afy (on-site well)**
- Storage Building - Tract D 10,000 0.13 afy/10,000 sf **0.13 afy (on site-well)**
- Medical/Dental Building Addition 36,000 0.72 afy/10,000 sf **2.59 afy (city water system)**

The applicant will only be required to offset 2.59 afy for the Medical/Dental Building portion. The offset requirement may be met by providing toilet retrofits or by purchasing this amount from the City's Water Bank. A water rights transfer is not required.

\*Refer to SFCC 14-8.13 for more detailed information

## Questions Submitted by the Commission

### Commissioner Kapin

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

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

### Chair Harris

- more information on the water budget and what consumption is now from the well and from the city system.  
*The agenda and Memorandum have been separated to reflect caption issues.*
- what consumption is now from the well and from the city system.  
*Reference attached applicant responses to question.*
- add to Commissioner Kadlubek's statement on storage  
  
*The applicant increased the proposed 5000 storage to 10,000 in Zone D. the additional 5000 square feet has been included in the Staff report tables and assessed for parking (reference Pages 3, 5, 6 and 17.)*
- further study between the Applicant and Mr. Romero to see if access is even possible there.  
  
*New comments from the Traffic Division have been included in Exhibit B – DRT Comments of the Staff report.*
- The corridor along Area 2 seems to be a buffer to the street in how it was conceived. He was following up on Commissioner Greene's question about open space requirements and what that meant vis a vis the parking situation.  
  
*Reference attached applicant responses to question.*
- Chair Harris would like closer attention to the noise generation. In the past, the Commission has limited construction activities to a certain time. That is what neighbors requested also. In a recent case, the Commission limited construct to 8 -5 on Monday through Friday; 8-2 p.m. on Saturday and no activity on Sunday.  
  
*Reference attached applicant responses to question.*

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

*Reference attached applicant responses to question.*

- The Commission heard one neighbor express real concerns about the accessible routes and he would like to know more about the proposed connections. The access points as he understand are pedestrian.

*Reference section G on Page 18 of the Staff report and Exhibit B MPO comments for trails information.*

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

*Reference Exhibit E of the Staff Report for 1985 Master Plan Resolution and 2006 Master Plan and Resolution.*

*Conditions not met (7,000 square foot surgical building):*

*4) For all phases subsequent to the emergency room expansion, make south entrance from Hospital Drive an entrance only. Staff design recommendations may require a triangular bulb-out to prevent right-tum exit and a street island on Hospital Drive to prevent left tum exit.*

*5) For all phases subsequent to the emergency room expansion, make south entrance from Hospital Drive an entrance only. Staff design recommendations may require a triangular bulb-out to prevent right-tum exit and a street island on Hospital Drive to prevent left tune exit.*

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

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

7) For all phases subsequent to the Emergency Room Expansion, close and/or modify driveway entrances at Hospital Drive and St. Michaels Drive as shown on the amended master plan, including modifications to turn lanes on St. Michaels Drive.

13) Also, a 20ft wide non-motorized trail easement should be granted to the City along the south and east property lines to accommodate a 10 ft. wide paved trail. Exact location should be verified in the field with the City trails and open space coordinator.

14). Address pedestrian and wheel chair access with staff from Camino Teresa and Encino Road on the north side of the campus and from other possible locations along the east side of the campus. A minimum of two gates must be for pedestrian, wheel chair and bicycle access. The applicant must also address creating access from these locations across the campus to the bus stop, to St. Michael's Drive and to Hospital Drive.

- Why was it deemed appropriate/necessary to bundle all actions into one case? Can they be reformatted into individual cases after having been documented and identified publicly as one case?

*Captions have been changed.*

- In the Table of Contents to the Applicants' submittal, an Ordinance, two Resolutions and Plans are referenced in the Appendices. These documents were not included in the packet for the Commission and need to be made available for review along with any other resolutions, plans, or conditions that have affected the original C-1 zone. These documents should be made available for viewing in the offices of the Land Use Department as soon as possible.

*These documents have been available in the Land Use Office and can be viewed upon request.*

- Provide full size drawings (24"x36") of the applicants' Development Plan submittal. Additionally, a request was made as part of the Commission's hearing that floor plans showing how the proposed addition will connect to the existing facility be provided. All drawings should be full size and made available for viewing in the offices of the Land Use Department.

*Once an application is submitted for review in the Land Use Department all material concerning that application (including full size drawings) is available for review by the public upon request.*

- Are all tracts affected by the proposed master plan amendment owned by the same entity? If not, will all ownership interests be required to agree to any and all conditions imposed by the Commission?

*All land originally part of the Master Plan in 1985 and all land incorporated into the Master Plan in 2006 are affected by the Master Plan. Reference attached applicant responses to questions for ownership.*

- As stated in the Applicants' submittal, it seems that the proposed amendment to the master plan should include, 1) addition of proposed inpatient bed wing and, 2) revisions to required and provided parking. They are currently not identified in the staff report as part of the amendment but only through the Development Plan and Special Use Permit. Please clarify.

*There are three cases in the revised caption; the variances are grouped for action with the development plan. The proposed inpatient bed wing and the revisions to the parking both involve each of the cases to some extent..*

- Have studies been undertaken in the past by the applicant to identify other options for the inpatient bed wing?

*Reference attached applicant responses to questions.*

- Does the applicant intend to incorporate structural systems that would allow additional stories to be constructed on the proposed two story wing?

*Reference attached applicant responses to questions.*

- Provide background information for the statement on Page 5 of the staff report which reads, ". . .the code has been interpreted in the past to apply master plan height limits in preference to the overlay height limits."

*14-3.9(C)(2) Special Development Standards and Design Guidelines*

*(a) Approval of the master plan may include approval of special development standards or design guidelines to be applied within the master plan area when such regulations are necessary to implement specific goals of the master plan. Issuance of construction permits since 1986, approvals of the various independent buildings on the campus, and the 2006 master plan amendment have established this precedent.*

- What is the distance from the edge of the St. Michael's Drive ROW to the closest point of the proposed addition?

*Reference attached applicant responses to questions.*

- What is difference in elevation from the paved surface of St. Michael's Drive to the first floor of the proposed addition?

*Reference attached applicant responses to questions.*

- Two fire hydrants are identified in the staff report, are they private hydrants or public within a dedicated easement? A fire line loop around the main Hospital is noted in the report, is it contained within properly recorded easement?

*Reference attached applicant responses to questions.*

- The applicant must submit a water budget to the Planning Commission consistent with the requirements of 14-8.13.

*Reference attached applicant responses to questions.*

- The applicant must provide a noise attenuation plan for all emergency generators within the master plan, solid waste facilities, and air ambulance traffic. Compliance with noise standards will be handled by staff at the construction permit stage.

*Reference attached applicant responses to questions.*

- The applicant should provide plans for sustainable use of energy, recycling, and water harvesting.

*Reference attached applicant responses to questions. Note that the city has not adopted specific standards for these issues.*

### **Commissioner Greene**

- Applicant to look at the traffic circulation to make it clear and have it make sense. That isn't so now.

*Reference attached applicant responses to questions. And Traffic Division comments in Exhibit B of the Staff report*

- And accesses in Hospital Drive and St. Michael's Drive to come up with a Master Plan to make it better.

*Reference attached applicant responses to questions, and Traffic Division comments in Exhibit B of the Staff report*

- Look at parking under the new wing with 4' of fill under it. It might have two levels of parking and provide easier loading/uploading.

*Reference attached applicant responses to questions.*

- Commissioner Chavez had mentioned solar with some plan for the future and better use of water for landscaping.

*Reference attached applicant responses to questions.*

- The trails on the north and the east of Tract D looked like they would cross the arroyo and that is not really feasible to make a more compelling trail system.

*The applicant has proposed revisions to the trail alignments, which address some neighbor concerns and are acceptable to staff. Reference attached applicant responses to questions, Staff Memo Section G and MPO comments in Exhibit B DRT Comments.*

- The corner of Lupita and Hospital parking doesn't seem necessary and should be eliminated.

*Reference attached applicant responses to questions.*

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

*Reference attached applicant responses to questions, and Traffic Division comments in Exhibit B of the Staff report*

### **Emailed questions**

- Photos for reference
- Traffic issues
- Internal circulation issues

*Reference attached applicant responses to questions.*

- Parking

*Reference Staff Memo Table 5 Parking and Loading located on Page 17.*

### **Commissioner Kadlubek**

- said it includes the additional conditions Ms. Jenkins brought up to incorporate regarding the financial guarantee;

*Reference attached applicant responses to questions, and Conditions.*

- Contribution five year issue to revert back.

*Reference attached applicant responses to questions.*

- We need clarity in the increase in size of storage space;

*The applicant increased the proposed 5000sf storage to 10,000sf in Zone D. the additional 5000 square feet has been included in the Staff report tables and assessed for parking (reference Pages 3, 5, 6 and 17.)*

- and the biggest question holding it up for him was the right turn only and how traffic flows through there.

*Reference attached applicant responses to questions, and Traffic Division comments in Exhibit B of the Staff report*

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

# **EXHIBIT D**

MAPS

## 14-5.5 HIGHWAY CORRIDOR PROTECTION DISTRICTS

(Ord. No. 2011-37 § 6)

### (A) SCHC South Central Highway Corridor Protection District

#### (1) Purpose and Intent

Because openness, quiet and continuity adjoining the highway corridors in the south central section of the city is considered a special asset that should be retained as the area develops, it is the intent of the SCHC district to:

- (a) establish a clear sense of visual openness and continuity of *development*, as seen from major highway entrances to Santa Fe;
- (b) protect the openness and continuity of the existing *landscape* by retaining and planting native and other drought-tolerant, low maintenance trees, shrubs and groundcovers;
- (c) ensure that *landscaping* provides an appropriate and attractive visual buffer, compatible with neighborhood *landscaping* character; conserves water by use of storm water collection and drip irrigation systems; and screens transformers and loading areas or outdoor storage;
- (d) encourage the use of architectural style and scale that is representative of Santa Fe; and
- (e) preserve clean air and a sense of quiet and reduce the potential negative impacts of noise, air pollution, lights, movement of cars, activities on site or other nuisances on adjoining *properties*.

#### (2) Boundaries

- (a) The SCHC district encompasses the land within six hundred feet of the edge of the *right of way* on both sides of the following *streets* designated as special review districts in the *general plan* and shown on the official zoning map in the south central section of Santa Fe: St. Michael's Drive; Old Pecos Trail; St. Francis Drive; Rodeo Road; and Interstate 25 and its frontage roads.
- (b) *persons* with *property* divided by the SCHC district boundary are required to comply with the SCHC district standards only for that segment of the *property* within the boundary. In cases where the rear *lot* line depth exceeds the six hundred (600) foot boundary, *property owners* have the right to petition the *governing body* in the form of a rezoning *application* at any time for inclusion of the remainder of their *property* in the SCHC district.

#### (3) Uses

The uses allowed in this district are the same as those allowed in the underlying district.

(4) Standards

The standards applicable to *development* within the SCHC district are the same as the underlying zoning district and, in addition, any new *development* in the SCHC district shall comply with this paragraph.

(a) Development and Design Standards

(i) Density –

The *density* for *residential development* shall be the same as in the underlying district, but in no case shall it exceed a maximum *density* of twenty-one units per acre;

(ii) Height

The maximum height of *structures* shall be twenty-five (25) feet, not including a parapet;

(iii) Setback or yard

The minimum *building setback* or *yard* from the edge of the *right-of-way* shall be fifty (50) feet except that the minimum building setback from Old Pecos Trail between I-25 and St. Michael's Drive shall be seventy-five (75) feet; and

(Ord. No. 2012-11 § 10)

(iv) Floor area ratio

The maximum floor area ratio for office uses allowed in the district is:

(Ord. No. 2012-11 § 11)

<b>Building Use</b>	<b>Building Size</b>	<b>Maximum Ratio</b>
Professional and Other Office	One story	0.25
	Two story	0.35
Medical Office	One story	0.20
	Two story	0.30

(b) Landscaping Standards

(i) existing *landscaping* -- to the greatest extent possible, existing natural *landscaping* shall not be disturbed within twenty-five feet of the *property* line that adjoins the *street right of way*.

This area shall be labeled as *open space setback*. No *structures* or parking are allowed in this *setback*;

- (ii) plant material -- plant material shall be provided in the *open space setback* where that area has been disturbed and shall be provided for surrounding *buildings* and parking areas at a minimum width of five (5) feet.
  - (iii) parking and loading area *screening* -- If parking is provided in the required *front yard*, it shall be effectively *screened* by earth berms or *landscaping* that shall be at least four (4) feet above parking *lot grade*. Loading areas shall be *screened* and located on *side or rear yards*;
  - (iv) arroyos/*floodplains* -- In order to preserve natural *landscaping* on the banks of the arroyos, an undisturbed *setback* of ten feet shall be retained next to the major arroyos where *one percent chance flood events* have been recorded;
  - (v) *open space* -- for any *nonresidential* permitted use, a minimum of thirty-five percent of the *lot* and for any *residential* permitted use, a minimum of fifty percent of the *lot* shall be *open space*; and
  - (vi) outdoor storage -- *outdoor storage* shall not be allowed.
- (c) Additional standards

When *nonresidential* uses abut R-1 through R-7 *residential densities*:

- (i) all of the *structures* for the *nonresidential* uses shall be set back fifty (50) feet from the *residential property* line and a twenty-five (25) foot *landscape* buffer meeting the standards set forth in Subsection 14-5.5(A)(4)(b) shall be located between the *residential* and *nonresidential* uses; or
- (ii) all of the *structures* for the *nonresidential* uses shall have a twenty-five (25) foot *landscape* buffer meeting the standards set forth in Subsection 14-5.5(A)(4)(b) and a masonry *wall* or a fence as approved by the *land use director* located between the *residential* and *nonresidential* uses.

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

# **EXHIBIT F**

<b>APPLICANT'S DATA</b>
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**SUPPLEMENTAL RESPONSE TO VARIANCE CRITERIA  
IN SUPPORT OF REQUEST FOR HEIGHT VARIANCE**

**(1) One or more of the following special circumstances applies:**

**(a) unusual physical characteristics exist that distinguish the land or structure from others in the vicinity that are subject to the same relevant provisions of Chapter 14, characteristics that existed at the time of the adoption of the regulation from which the variance is sought, or that were created by natural forces or by government action for which no compensation was paid;**

**(b) the parcel is a legal nonconforming lot created prior to the adoption of the regulation from which the variance is sought, or that was created by government action for which no compensation was paid;**

**(c) there is an inherent conflict in applicable regulations that cannot be resolved by compliance with the more-restrictive provision as provided in Section 14-1.7; or**

**(d) the land or structure is nonconforming and has been designated as a landmark, contributing or significant property pursuant to Section 14-5.2 (Historic Districts).**

**Applicant's Response:**

The existing hospital facility has several unusual physical characteristics that distinguish it from other structures in the vicinity that are subject to the same relevant provisions of Chapter 14. The hospital is the only hospital in Santa Fe and, as a result, it has unique and unusual characteristics that are integral to the structure's use and operation as a hospital, including existing medical surgical bed units, various units, such as the intensive care and surgical units, devoted to particular types of medical services, an emergency department and all of the various support services, such as labs, radiology and other services that support the provision of health care to patients of the hospital.

By virtue of being a hospital, the existing structure has unusual existing characteristics in its design and configuration, including the existing triangular medical surgical bed units and their relationship and proximity to existing support services within the existing structure. The existing structure is also unusual relative to other structures in the vicinity as a result of the hospital's size and use, and that size and use, as well as the structures' existing layout, create an unusual condition relative to the surrounding residential neighborhood. Simply put, the hospital, including its use, design and internal configuration, is unique to Santa Fe.

An additional unusual physical characteristic is the floor to floor height of the existing structure. Floor to floor height for most commercial office structures is 12 feet floor to floor.

In order to accommodate the mechanical systems and plumbing necessary for patient rooms, the floor to floor height for the hospital is 14 feet. Also, unlike other commercial buildings, the hospital is subject to state and federal regulations that require a ducted return air system that adds to the structural height of the facility.

**(2) *The special circumstances make it infeasible, for reasons other than financial cost, to develop the property in compliance with the standards of Chapter 14.***

**Applicant's Response:**

The term "infeasible" does not require the applicant to demonstrate that it would be "impossible" to develop the property in accordance with the standards of Chapter 14. Rather, the commonly understood meaning of "infeasible" includes "not easily or conveniently" accomplished. Additionally, the City of Santa Fe, in granting requests for variances, has historically not applied or interpreted the term "infeasible" to require an applicant to demonstrate that it would be impossible for the applicant to comply with the relevant provisions of Chapter 14 from which a variance is requested but only that it would be difficult to comply with the applicable standard. In this case, for the reasons stated below, it would be infeasible (as that term has been interpreted and applied in this context) for the applicant to comply with the height restrictions imposed by the South Central Highway Corridor District as to that portion of the new addition that falls outside of Area 1 from the 1985 Master Plan.

The connection height of the new addition is necessary to provide for a level floor-to-floor connection to the existing floors of the hospital. The location of the new addition as proposed would also provide connectivity to existing medical surgical units and associated support services, including radiological and the lab as well as the emergency department, surgical unit and the surgical recovery unit on the hospital's second level, as shown on the attached floor plan. The height of the proposed addition is higher than what would typically be required for a two-story commercial structure because of the existing structures' unusual 14 feet floor to floor height. It would not be acceptable to construct the new addition in such a manner that the floor level of the new addition would not match the floor level of the existing second level, with the different floor levels connected using ramps. This is because creating a sloped floor in a hospital is dangerous for transporting patients in wheel chairs and hospital beds.

The unusual characteristics of the structure also include its size and use as a hospital (because it is the only hospital in Santa Fe) and, by virtue of those characteristics, associated potential impacts on neighboring residential properties. These characteristics make it infeasible to locate the new addition on the north side of the existing structure and outside of the South Central Highway Corridor District because the new addition would be placed in close proximity to the adjacent residential neighborhood and result in adverse impacts, such as interference with views, disruption during construction, increased lighting and other impacts that would be unacceptable to and inappropriate to impose on the owners and occupants of those residential properties.

Placing the new addition on the north side of existing structure would also be infeasible because, as shown in the attached floor plan, the hospital's intensive care unit is located on the north side of the second floor and would create an obstacle to the connection with the existing medical surgical units and support services on the second level of the hospital. In contrast, locating the addition as proposed allows for an efficient and readily attainable connection to those existing units and facilities.

The foregoing justifications are all "reasons other than financial cost" because they relate to the medical needs, as well as the reduction in adverse impacts to the nearby residential neighbor, associated with the project as opposed to a desire to reduce the costs of the project.

**(3) *The intensity of development shall not exceed that which is allowed on other properties in the vicinity that are subject to the same relevant provisions of Chapter 14.***

**Applicant's Response:**

The term "intensity" is defined in Chapter 14 to mean the "extent of development per unit of area; or the level of use as determined by the number of employees and customers and degree of impact on surrounding properties such as noise and traffic." The new private bed addition will be constructed in conjunction with the conversion of existing medical surgical semi-private rooms to private rooms. As a result, the renovation, including the construction of the new addition, will result in the addition of only six new medical surgical beds. Thus, the intensity of the proposed addition is extremely low and would not exceed what is allowed on other properties in the vicinity that are subject to height restriction imposed by the South Central Highway Corridor. Those properties, located along St. Michaels Drive in the vicinity of hospital, are zoned C1 and HZ, both of which permit hospitals as a special use.

**(4) *The variance is the minimum variance that will make possible the reasonable use of the land or structure. The following factors shall be considered:***

**(a) *whether the property has been or could be used without variances for a different category or lesser intensity of use;***

**(b) *consistency with the purpose and intent of Chapter 14, with the purpose and intent of the articles and sections from which the variance is granted and with the applicable goals and policies of the general plan.***

**Applicant's Response:**

As explained by Jason Adams, the hospital's Chief Operations Officer, at the Planning Commission meeting on July 2, 2015, the construction of the new addition is part of and will make possible the conversion of the hospital's semi-private medical-surgical rooms to private rooms and will result in all of benefits associated with private hospital

rooms, including reduced infection rates, reduced patient stress, increased patient safety, and possibility of overnight stays by a patient's family members. Thus, the new addition will most certainly make possible a "reasonable use" of the property.

The variance is also the minimum variance that will make it possible to construct the new addition. No heights are requested beyond that which would provide for the structurally appropriate connection to the existing structure in a manner that will accommodate its unusual characteristics and as necessary for the safe and efficacious delivery of health care services to the hospital's patients while at the same time avoiding adverse impacts to the adjacent neighborhood that would otherwise occur by locating the new addition on the north side of the property.

This part of the variance criteria states that the "factors" in subparts (a) and (b) shall be "considered." This terminology means only that the factors in subparts (a) and (b) will be weighed or taken in consideration but they are not decisive in determining whether the variance is "the minimum variance that will make possible the reasonable use of the land or structure."

Historically, the first factor, which asks "whether the property has been or could be used without variances for a different category or lesser intensity of use," has not been strictly enforced by the City in deciding whether to grant variances. It would be an extremely rare situation in which the applicant for a variance would be able to demonstrate that the property in question could not be used without a variance or for lesser intensity of use. This would essentially require the applicant to demonstrate that no use could be made of the property unless a variance is granted, and that has not been the standard applied by the City in granting variances and is not required under New Mexico law for the purpose of granting dimensional variances. In this case, the property is zoned C1 and could obviously be used for less intensive uses than a hospital, but that does not mean that the height variance requested is anything more than "the minimum variance that will make possible the reasonable use of the land or structure."

In response to subpart 4(b) of the criteria, Section 14-3 of the Code states that one of the goals of Chapter 14 is to accomplish "a coordinated, adjusted and harmonious development of Santa Fe that will best promote health, safety, order, convenience, prosperity and the general welfare..." This project will certainly do that for all of the various reasons explained by Mr. Adams to the Planning Commission.

Pages 25 to 26 of the application report submitted for the project identify particular provisions from the City's General Plan in further support of this part of the criteria. Section 1.7.2 of the General Plan states that one goal of the General Plan is to "[e]nhance the quality of life of the community and ensure the availability of community services for residents." The same section states that the "General Plan seeks to promote the interests of the community-at-large over private ones." Earl Potter, on behalf of the applicant and in support of the proposed addition, explained to the Planning Commission that the new addition is intended to meet the community-wide need for "21<sup>st</sup> century [hospital] rooms to receive the best health care."

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

**Applicant's Response:**

The granting of the height variance is not contrary to the public interest because it will allow the hospital to provide private hospital rooms with all of the associated benefits with minimal impacts to surrounding properties.

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# **EXHIBIT F**

CORRESPONDENCE

**San Mateo Area Society of Homeowners**  
**Response to Supplemental Submissions**  
**for Planning Commission Cases**  
**#2015-47, #2015-74, and #2015-75**

# EXECUTIVE SUMMARY AND INDEX

## 1. Introduction -- P. 1

The representatives of the neighborhood association are grateful for the time and attention that the Commissioners are devoting to these issues. The representatives have used the month since the previous Planning Commission meeting to improve their understanding of the issues and the factors that the Commission will be taking into consideration. They have attempted unsuccessfully to negotiate issues with the Developer. They have reviewed the Developer's supplemental submittals.

## 2. Postponement -- P. 2

**The neighborhood association requests a further postponement in order to determine whether the Developer will persist in violation of the unfulfilled requirements and conditions previously imposed.** During such postponement, the Commission might expect the following:

- Creation of a financial guarantee that would assure timely restoration of the required 25-foot landscaped buffer and establishment of the associated accessible pathway, regardless of whether further development is approved.
- Signage that changes the south entrance from Hospital Dr. to entrance-only, with no exit.

## 3. Master Plan Amendment, Case #2015-47 Pp. 7-9

**We continue to question two items in the proposed amended master plan.** We question the new inpatient bed wing because the Developer has failed to provide patient projections supporting a need for any particular number of beds and because the proposed wing would increase intensity of use due to increased helicopter overflights. The other item is the entrance from Hospital Dr.

## 4. Development Plan and Variances, Case #2015-74 Pp. 10-13

- (a) The architectural style of the proposed wing is not compatible with the existing building.
- (b) The Developer fails to satisfy three of the five necessary criteria for the height variance.
  - (i) 14-3.16(C)(2) requires that the special circumstances make it infeasible to develop the property in compliance with the standards. It is not a reasonable requirement for a hospital to have all of its patient rooms on the same floor as radiology, laboratory, and recovery rooms. **This point is proven by the fact that two medical-surgical units are already located at levels that are higher than the specialty areas.**
  - (ii) 14-3.16(C)(3) provides that the intensity shall not exceed that which is allowed on other properties in the vicinity. The major source of noise intensity is the helicopter overflights (for which the Developer disclaims all responsibility). Even a small increase in beds will increase this intensity, which no other property in this vicinity causes.
  - (iii) 14-3.16(C)(4) provides that the requested variance be the minimum variance that will make possible the reasonable use of the land or structure. Clearly, the existing hospital building is already a reasonable use and is at least a minimum.
- (c) Sign Variance (P. 13) - the proposed signage would primarily serve to advertise the Hospital, rather than guide patients and visitors.

## **5. Special Use Permit, Case # 2015-75 P. 14**

This section presents the following objections to the Special Use Permit (SUP), any one of which is sufficient reason to deny the SUP:

- (a) The current use is already inappropriate for the site.
- (b) The application for the SUP is incomplete.
- (c) Granting the intensification requested by the SUP would adversely affect the public interest. The proposed use and associated buildings are not compatible with the quiet use of the neighboring residential properties.

**6. Should a Special Use Permit be granted**, we request that several Conditions be attached before a Certificate of Occupancy be issued:

- A. Limit the number of beds to 200 **(P. 15)**
- B. Require restoration of the required 25 foot landscape buffer. **(P. 15)**
- C. Require a landscaped 20 ft. setback on the R-2 lot at the corner of Hospital Drive and West Lupita Road. **(P. 15)**
- D. Make the south parking lot Hospital Drive entrance an "entrance" only. **(P. 15)**
- E. Require the Developer to make improvements to the three affected neighborhood intersections, in consultation with the City Engineering Division. **(P. 15)**
- F. Provide smooth pedestrian accesses from Camino Teresa to the trail. **(P. 16)**
- G. Take steps (as detailed in our document) to clarify that St. Michaels is the primary entrance. **(P. 16)**
- H. Take all necessary steps to mitigate the noise and odor of the diesel generators. **(P. 16)**
- I. the Developer shall establish and communicate a campus-wide policy of turning off unnecessary lights and modifying those that must be on to eliminate lighting that is visible in residences in spite of screening. **(P. 16)**
- J. establish a policy of requiring informed consent for air transport. **(P. 16)**
- K. The Hospital shall provide a diagram of recommended flight paths to all services that have used the heliport within the past year, with copies to the City and to the two neighborhood associations. **(P. 16)**
- L. No building constructed under this Special Use Permit shall be specified to have a foundation or structure intended to support more than two stories. **(P. 17)**
- M. All dumpsters on the campus shall be moved to positions at least 300 feet from residential property lines. **(P. 17)**
- N. Construction activities, including delivery of construction materials and removal of construction waste, shall be limited to the time between 8 a.m. and 5 p.m. Monday through Friday and between 8 a.m. and 2 p.m. on Saturdays. **(P. 17)**
- O. Extend and make repairs to the existing border fence as approved by the Land Use Director. **(P. 17)**
- P. Developer compliance with the master plan, the Special Use Permit, and these conditions shall be reviewed by the Planning Commission annually in a public meeting. **(P. 17)**
- Q. The Hospital shall modify outdoor lighting to conform with 14-8.9(E)(2), Maximum Illumination Standards. Further, the Developer shall modify all parking lighting within 120 ft. of its north property line to conform to the requirements in the original Master Plan **(P. 17)**

# **San Mateo Area Society of Homeowners**

## **Response to Supplemental Submissions for Planning Commission Cases #2015-47, #2015-74, and #2015-75**

### **1. Introduction**

The representatives of the neighborhood association are grateful for the time and attention that the Commissioners are devoting to these issues.

Representatives of San Matco Area Society of Homeowners (the neighborhood association) have used the month since the previous Planning Commission meeting to improve their understanding of the issues and the factors that the Planning Commission will be taking into consideration. They have attempted unsuccessfully to negotiate some issues with **Christus St. Vincent Hospital** (the Developer). They have reviewed the supplemental submittals from the Developer.

The remainder of this document presents the current position of the neighborhood association. It is arranged in the order of the items on the 6 August agenda.

- Section 2 requests further postponement to determine whether the Developer intends to persist in its violations of previously imposed requirements and conditions.
- Section 3 presents our remaining objections to the proposed master plan amendment.
- Section 4 discusses problems with the development plan and objections to the variances.
- Section 5 opposes the Special Use Permit (SUP) and list conditions that the neighborhood would like to see whenever an SUP is approved.

## 2. Postponement

The neighborhood association requests that the Planning Commission once again postpone its decision regarding the proposed development. The purpose of the postponement would be to determine whether the Developer intends to persist in its violation of the requirements and conditions imposed by the governing body when previous master plans were approved. During such postponement, the Planning Commission might expect the following actions by the Developer:

- Creation of a financial guarantee, perhaps in the form of a letter of credit, that would assure timely restoration of the required 25-foot landscaped buffer and establishment of the associated accessible pathway, regardless of whether further development is approved.
- Signage that changes the south entrance from Hospital Dr. to entrance-only, with no exit. This item is discussed further below.

### Compliance Failures

Our neighborhood relies on the governing body to protect the quiet enjoyment of our homes by rejecting adjacent development that is too intensive or by requiring mitigating conditions to relieve the intensity of the use.

We continue to oppose consideration of the proposed master plan at this time. In approving previous master plans proposed by this Developer, the governing body approved features and imposed conditions that were designed to mitigate the impact of the development on the neighborhood. The Developer has failed to provide these mitigating features and failed to adhere to these mitigating conditions.

The governing body is asked to consider new amendments to the master plan when the Developer has failed to comply with mitigating features and conditions included in previous master plans. The Developer's supplemental submission contains a tabulated "Compliance List" as Exhibit #8, which is a response to a Commission question. All of the listed conditions were required before the addition to the surgical center, but that addition was completed several years ago.

The said Compliance List contains sixteen items, one from the original master plan of 1985 and all fifteen conditions from the 2006 amendment. Of these 16 items, only one is shown as “Completed.” Our position is that not even that one item has been completed.

The item shown as “Completed” is the 1985 requirement for a landscaped buffer along the adjacent residences. The note says “installed but has not been properly maintained.” Apparently “Completed” and “not been properly maintained” are euphemisms for “been completely bulldozed everywhere inside of the fence.”

Condition 1 from 2006 specified a 25-foot landscape buffer, which is now 30 years late. The Compliance List notes that the current plan includes a 15-foot buffer, maybe next year, but the Developer has warned neighborhood representatives that even that may not happen if its proposals are not approved by the governing body. The Developer has not explained why the existing drought-tolerant, low-maintenance landscaping was destroyed nor why restoration was not begun this year.

Condition 4 from 2006 required that the south entrance from Hospital Drive be an entrance only. According to the Compliance List, having failed to comply with this condition, the Developer now agrees to a Right-In/Right-Out driveway. The neighbors strongly oppose a right-out exit and insist that that it be changed immediately to entrance only, as required nine years ago. This item is discussed further below.

Condition 5 from 2006 required the Developer to provide pro-rata participation in traffic calming and off-site traffic mitigation. The Compliance List asks that this participation be removed from the master plan. **Why should the City relieve the Developer from this obligation?**

Condition 7 required modifications to driveway entrances as shown on the 2006 master plan. According to the Compliance List, the Developer, having failed for nine years to make these modifications, “is working with neighborhood to determine modifications.” In fact, representatives of the neighborhood negotiated a draft agreement with a representative of the Developer. However, the Developer rejected the agreement, offering a counterproposal that contained none of the items requested by the neighborhood. We expect the required changes to be implemented promptly, separate from any proposed development.

Condition 10 from 2006 required that the helipad only be used for flights which are emergent, critical or at the direction of a physician. The Compliance List shows this item as “Satisfied.” However, the Developer does not check that flights meet this criterion, has never rejected a flight when the helipad was available, and does not keep records to show whether this condition is satisfied.

Condition 12 required internal circulation as shown on the amended master plan to include a ring road. The Compliance List states that the ring road routed traffic too close to neighbors. In fact, the ring road became impractical when the El Norte facility was built astride the best route for the ring road, in violation of the 1985 master plan and without review by the Planning Commission.

Condition 13 concerns the trail easement. The Compliance List states “Agree to Provide as part of this project.” This suggests, once again, that the Developer does not agree to comply with this previous condition if the project is not approved. In response to a request from the Commission that the Developer verify the neighborhood position on trail access, the Developer replied, “We are scheduling a meeting with the relevant parties ....” No such meeting has been scheduled with the neighborhood.

Condition 14 addresses pedestrian and wheel chair access from the north side of the campus. The Compliance List states, “Agree to Provide as part of this project.” As with the landscaped buffer, the Developer has not given a reason for failing to provide this when required and has warned that it may not happen if its proposals are not approved. The neighborhood, however, has a strong preference that the sole access to the trail easement from the neighborhood be from the west of Camino Teresa, as it is now. Further, the Developer should provide for some type of surface improvement from the edge of the street to the property line of the campus.

Chairman Harris asked the Developer whether all ownership interests will be required to agree to any and all conditions imposed by the Commission. The Developer responded, “All land identified on the Development and Master Plan is owned by Christus St. Vincent Regional Medical Center or its affiliates.” This is not a direct answer to the question. Previously, the Developer has said that it cannot control actions taken by Physicians Plaza.

## **South Entrance from Hospital Drive**

The Compliance List states, "Current Traffic Study recommends this driveway become a Right In/Right Out." On the one hand, that is an incorrect statement of the conclusion in the traffic study. On the other hand, the traffic study did not even consider issues of importance to the neighborhood.

The traffic study looked at levels of service at the various driveways and at three intersections, with emphasis on delays during peak hours. Drivers during peak hours are mostly employees and therefore very familiar with the neighboring streets. The study compared the right in only with the right in /right out alternative and concluded:

The level of service and delays are virtually the same, except at the Galisteo Street / West San Mateo intersection, where the delay was reduced on the northbound leg by 14 seconds.

Therefore, the traffic study found that the entrance-only option is slightly better.

However, the study did not consider the intersection of Hospital Dr. and Lupita. It also did not consider traffic loads on Lupita and in two directions on San Mateo.

The conclusions of the traffic study regarding this entrance were based on traffic counts and numerical models. There was no consideration of the characteristics of the usage of this specific entrance and no consideration of the complexity of the surrounding streets.

The south entrance from Hospital Dr. is the access to the Emergency Room for patients arriving in private vehicles. Such a car would have to arrive from St. Michaels, driven by someone who may be completely unfamiliar with the neighborhood. The driver's natural instinct would be to return the same way. If not rerouted to St. Michaels while still on the grounds and before reaching Hospital Dr., the driver would find that he or she was forced to turn right. Then the driver would be looking for a cross street that enables a return to St. Michaels. The first available cross street is Harkle, but the driver choosing that option would once again be forced to turn right on reaching Galisteo. The next cross street is Lupita. Even if the driver realizes upon entering Lupita that it may be wrong, it would be too late to turn back because Lupita is a one-way street. Upon reaching Don Gaspar, a familiar major street name, the driver might try to turn right, but

would encounter a neighborhood with no other outlet. The neighbors living behind the hospital are experienced in providing assistance to lost drivers.

The Traffic Engineer testified that having an entrance-only would not be a problem. The neighbors strongly oppose a right-out exit and insist that that it be converted promptly to entrance only, as was required nine years ago.

### **3. Master Plan Amendment, Case #2015-47**

Once the Planning Commission is satisfied that the Developer will comply with requirements and conditions imposed by the governing body, it will be ready to make a decision regarding the proposed master plan amendment. This section updates the position of the neighborhood association regarding that proposed master plan.

#### **Proposed Master Plan**

In our previous submittal, we asked that the master plan specify the locations for emergency diesel generators. Although we still believe that they should be included in the master plan, we are now confident that City staff will assure that the Developer comply with the relevant noise ordinance. However, not all of the emergency generators may be needed. In response to Commissioner Green's inquiry about emergency capacity demand and requirements, the Developer replied, "This information is not readily available."

In our previous submittal, we asked that the master plan include facility for a critical-care ground ambulance, in order to reduce the noise impact from helicopter flights. However, we now understand that transfers out of the facility are a relatively small percentage of the helicopter flights, so we withdraw that request.

As noted in our original discussion of the ring road, it is of greater interest to the neighborhood at large to eliminate the exit at the south end of Hospital Dr. If internal circulation can be made adequate without that exit and without the ring road, the elimination of the ring road is acceptable.

We continue to question two items in the amended master plan. First, we question the inclusion of a new inpatient bed wing in the master plan for the following reasons, each of which is discussed below:

1. The Developer has failed to provide projections supporting a need for any particular number of beds.
2. The proposed wing is expected to increase intensity of use by increasing the noise from helicopter flights.

3. Rather than develop a new wing at this location, the Developer's long-term plans should include development of a new facility with helipad at a more appropriate location.

Secondly, as explained above, we object to the proposal for the south entrance from Hospital Dr., which is a change from no-exit to right-out.

### **Projected Demand for Beds**

The Developer has provided no data or projections to justify increasing the number of beds from 194 to 200. Hospital stays are expected to become shorter, on average. Without data or projections, it is not clear whether the existing facility could be converted to all private rooms and still meet demand. Nor has the Developer provided specific references to industry standards that are being applied.

### **Noise Intensity**

Chairman Harris requested that the Developer provide a noise attenuation plan for air ambulance traffic. The Developer's response is, "CSV is making every effort to ensure that the operator is informed of the approved flight path." This response, although inadequate, contradicts the Developer's statements, in two public meetings, that the Developer takes no responsibility for overflights and that complaints should be addressed instead to the FAA.

The usage of the helipad has been steadily increasing. On Thursday, July 23<sup>rd</sup>, for example, there were four arrivals between 1:30 p.m. and 8:30 p.m. Each arrival has a sound level at the property line in excess of 80 dB with a duration of two or three minutes. The pilot may choose to skirt the residences on the northeast edge of the hospital or fly directly over homes in the neighborhood. In such cases, which include the four flights mentioned before, the sound level exceeds 90 dB for thirty to sixty seconds, and some residents report sympathetic vibrations in the structures of their buildings. Each incoming flight is followed later by a departure, again with a sound level in excess of 80 dB for two or three minutes. The preceding noise levels are conservative estimates, based on measurements taken further away.

This helicopter noise severely impacts the quiet enjoyment of our homes. The proposed inpatient wing would increase the number of beds from 194 to 200 and can only increase the number of flights.

### **Long-Term Plan**

The Developer stated in the first Planning Commission hearing that the demand for beds is expected to increase in the long term. This was stated as the reason for developing a building foundation that would support four stories instead of just the planned two stories. Because of the provision for expansion to four floors, it is clear that the Developer has at least a rough long-term plan for the facility.

A master plan “provides for comprehensive and coordinated planning for the development of land, often involving multiple phases occurring over a period of several years or more” [14-3.9(A)(2)(a)]. The proposed master plan amendment should be evaluated in the context of a long-term plan.

By 2035, will the facility have double the number of beds and triple the number of helicopter flights, with piecemeal adjustments to steadily deteriorating internal and external traffic conditions? Rather than a new wing, the Developer’s long-term plans should include a new facility and a helipad at a more appropriate location.

#### **4. Development Plan and Variances, Case #2015-74**

##### **Development Plan**

In their previous submissions the neighborhood associations identified the following deficiencies in the development plan:

- The architectural style of the Project is not compatible with the existing hospital.
- The development plan has no provision for water harvesting.

The questions from the Commissioners have made it clear that the Commission will address sustainability issues with more skill and experience than the neighborhoods can provide. We remain concerned about the architectural style.

As was noted in our previous submittal, one of the standards on page 33 of the 1985 Master Plan is, “The architectural style for additions or buildings in Area 1 shall be compatible with the architectural style of St. Vincent Hospital.” The development plan fails to meet that standard in two respects:

1. The stone accent walls are inconsistent with the plain walls of the existing hospital.
2. The rectangular box design is different from the stepped massing that characterizes the existing hospital.

Regarding the rectangular box design, Commissioner Green asked whether there is any consideration of a stepped SE end of the new wing. The Developer’s reply is, “The new addition cannot step down the slope due to the requirement that the patient rooms all be on one level with no ramps or stairways. The retaining walls have been stepped as much as possible given the proximity of the arroyo.”

The Developer already has patients on two levels. The new patient rooms could all be on the lower floor of the new wing, which would allow for a shorter second floor and therefore stepped massing.

## VariANCES

### Height Variance

In a supplemental response, the Developer has provided further support for its request for height variances. The additional material addresses the variance criteria in 14-3.16(C) of the Land Use Code, all of which are required to grant a variance. The responses below were not available to the Land Use Department in time it to consider for its recommendation.

14-3.16(C)(1) requires that a special circumstance apply. The Developer argues that the special circumstance is that there are unusual physical characteristics of the structure.

### 14-3.16(C)(2)

This criterion requires that the special circumstances make it infeasible to develop the property in compliance with the standards. The definition of infeasible is “not feasible.” The definition of feasible is “capable of being carried out.”

The Developer argues that it is necessary to provide a level floor-to-floor connection to the existing floors of the hospital. This could be accomplished with an elevator at the NW end of the addition, so that the patient rooms could be on the ground floor. It is not a reasonable requirement for a hospital to have all of its patient rooms on the same floor as radiology, laboratory, and recovery rooms. **This point is proven by the fact that two medical-surgical units are already located at levels that are higher than the specialty areas.**

There is nothing infeasible about this that is caused by the special circumstance. Therefore, this criterion is not met.

### 14-3.16(C)(3)

This criterion is that the intensity shall not exceed that which is allowed on other properties in the vicinity. Noise is the aspect of intensity that is of the greatest impact to the residential neighborhood. The major source of noise is helicopter traffic.

Helicopter traffic is not allowed on other properties in the vicinity. Therefore even a small increase in helicopter traffic would violate this criterion. A small increase in the number of available beds can be expected to cause an increase in helicopter traffic.

Therefore, this criterion is not met.

14-3.16(C)(4)

This criterion is that the variance be the minimum variance that will make possible the reasonable use of the land or structure. Clearly, the existing hospital is already a reasonable use of the land and structure and is at least a minimum. Therefore, this criterion is not met.

However, the code also provides two factors to be considered. The first factor is whether the property has been or could be used without variances for a different category or lesser intensity of use. Clearly, the property already is being used for a lesser intensity of use. Therefore, by this factor the criterion is not met.

The Developer states that “this factor has not been strictly enforced by the City in deciding whether to grant variances.” Such mistakes should not be perpetuated.

The purpose of variances is not ... to alleviate ... inconveniences for property owners. Gould v. Santa Fe County, 131 N.M. 405, 408, 37 P.3d 122, 125 (Ct. App. 2001).

The remaining factor is consistency with the purpose and intent of the articles and sections from which the variance is granted. There are two sections that are relevant here; the Developer’s argument addresses neither of them.

One is 14-5.5(A), the South Central Highway Corridor Protection District. The stated intent includes to establish a clear sense of openness. The requested variance is not consistent with that intent.

The other relevant section is 14-4.3(A), C-1 District. A stated purpose of this district is to serve as a transitional buffer between more intense commercial use districts and residential districts. With respect to noise, the present use is the most intense in the city. The proposed development is expected to increase noise and is therefore not consistent with that intent.

In summary, three of the five necessary criteria for granting the height variance have not been met.

Sign Variance

The Developer has not provided further support for its request for sign variances. The requested sign variance is also unnecessary. As before, we call attention to four items:

1. The Application notes that, “The purpose of the sign is to guide patients and visitors to the hospital.” However, it is not wall signs that patients and visitors need, but signs at the intersection and at the entrances.
2. The Application also argues that, “Taking a loved one to the hospital in an emergency situation, makes people drive faster than they should at the same time they are less able to process all the visual clues.” However, the proposed signs are not at the emergency entrance and may serve only to misdirect in an emergency.
3. The wall signs serve only to promote the presence of the Hospital, not to direct traffic. Therefore they are not a necessary variance.
4. Although the existing signs were grandfathered at one time, the Project is an opportunity to bring the Hospital into compliance with this regulation for a C-1 district.

## **5. Special Use Permit, Case #2015-75**

We continue to have the following objections to the Special Use Permit (SUP), any one of which is sufficient reason to deny the SUP:

- The current use is already inappropriate for the site.
- The application for the SUP is incomplete.
- Granting the intensification requested by the SUP would adversely affect the public interest.
- The proposed use and associated buildings are not compatible with the quiet use of the neighboring residential properties.

Section 3 of our previous submission discusses these objections in further detail.

## 6. Conditions on SUP

This section becomes relevant when the City decides that a proposed SUP can be granted. This section lists the conditions of approval expected by the neighborhood associations, with appropriate modifications as the process unfolds. Designated by letters here to avoid confusion with the numbered conditions on the 2005 master plan amendment, these mitigating conditions are, with authorizing provision of the City Code in brackets:

- Condition A [intensity, 14-3.6(D)(2)(k)]: The number of beds in the hospital shall not exceed 200 without modification of this Special Use Permit.
- Condition B [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall restore a 25-foot drought-tolerant landscape buffer along all residential property lines.
- Condition C [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall provide, on the R-2 zoned portion of the campus, a 20-foot landscaped setback from all property lines.
- Condition D [vehicular circulation, 14-3.6(D)(2)(c)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall make the south entrance from Hospital Drive an entrance only.
- Condition E [street improvements, 14-3.6(D)(2)(d)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall make the following improvements, as may be required by the City Engineering Division in consultation with the San Mateo Area Society of Homeowners:
  - improvements to the intersection of Hospital Drive and Galisteo Road
  - traffic mitigation at the intersection of San Mateo and Galisteo
  - traffic improvements/mitigation on Hospital Drive

- Condition F [pedestrian circulation, 14-3.6(D)(2)(c)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall provide smooth pedestrian accesses from Camino Teresa with minimal grades consistent with the topography.
- Condition G [vehicular circulation, 14-3.6(D)(2)(c)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall close and/or modify driveway entrances at Hospital Drive and St. Michaels Drive as shown on the 2005 amended master plan, including modifications to turn lanes on St. Michaels Drive and modification of signs facing outward to clarify that the primary entrance is on St. Michaels Drive.
- Condition H [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall replace the diesel generators with better technology, move them, or otherwise mitigate their effects to the satisfaction of the San Mateo Area Society of Homeowners.
- Condition I [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall establish and communicate a campus-wide policy of turning off unnecessary lights and modifying those that must be on to eliminate lighting that is visible in residences in spite of screening.
- Condition J [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall establish a policy of requiring informed consent for air transport, including a form that has a place for estimated charges and includes a statement of risks with a list of accidents and fatalities involving services based in this region.
- Condition K [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project and once per year thereafter, the Developer shall provide a diagram of recommended flight paths to

all services that have used the heliport within the past year, with copies to the City and to the two neighborhood associations.

- Condition L [unusual site conditions (SCHC), 14-3.6(D)(2)(j)]: No building constructed under this Special Use Permit shall be specified to have a foundation or structure intended to support more than two stories.
- Condition M [noise attenuation, 14-3.6(D)(2)(e)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, all dumpsters on the campus shall be moved to positions at least 300 feet from residential property lines.
- Condition N [noise attenuation, 14-3.6(D)(2)(e)]: Construction activities, including delivery of construction materials and removal of construction waste, shall be limited to the time between 8 a.m. and 5 p.m. on weekdays or between 8 a.m. and 2 p.m. on Saturdays.
- Condition O [screening, 14-3.6(D)(2)(b)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall extend and make repairs to the existing border fence as approved by the Land Use Director.
- Condition P [periodic review, 14-3.6(D)(2)(o)]: Developer compliance with the master plan, the Special Use Permit, and these conditions shall be reviewed by the Planning Commission annually in a public meeting.
- Condition Q [other appropriate conditions, 14-3.6(D)(2)(q)]: Before receiving a Certificate of Occupancy for the Inpatient Bed Expansion Project, the Developer shall modify outdoor lighting to conform with 14-8.9(E)(2), Maximum Illumination Standards. Further, the Developer shall modify all parking lighting within 120 ft. of its north property line to conform to the requirements in the original Master Plan.