

City of Santa Fe, New Mexico

memo

DATE: June 25, 2015 for the July 02, 2015 Planning Commission Meeting

TO: Planning Commission

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

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

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

Case #2015-47. 455 St. Michaels Drive Christus St. Vincent Regional Medical Center. WHR Architects, Inc., agent for Christus St. Vincent Regional Medical Center, request review and approval for:

- Master Plan Amendment,
- Four variances to include:
 - Variance to the "Maximum Height of Structures" per Table 14-7.3-1: "Table of Dimensional Standards for Nonresidential Districts" to allow 49' where 36' is the maximum, and
 - Variance to the "Maximum Height of Structures" per Subsection 14-5.5(A)(4) "Standards" to allow 49' where 25' is the maximum, and
 - Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum, and
 - Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.
- Development Plan to construct a 65,500 square foot addition on Tract A-1-3 containing 20.65+ acres and Tract A-2 containing 9.29+ acres,
- Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital. (Dan Esquibel, Case Manager)

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

RECOMMENDATION:

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

1. The Commission should recommend that the Governing Body approve the master plan amendments, excluding the portions that would require variances and excluding the revision to the access restriction on the southerly driveway on Hospital Drive (Previous Condition 6).
2. If the Commission determines that one or more of the variancees meet applicable criteria for approval, the Commission may recommend approval to the Governing Body.
3. The Commission should recommend that the Governing Body approve the development plan, excluding the portions that would require variances and excluding the revision to the access restriction on the southerly driveway on Hospital Drive (Previous Condition 6).
4. The commission should approve the special use permit subject to approval of the master plan and development plan by the Governing Body.

I. APPLICATION SUMMARY

A. Scope of Requests

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

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Table 1 Scope of Requests

SCOPE OF REQUESTS	TYPE OF DECISION
Master Plan Amendment	14-2-3(C)(1) Recommendation to the Governing Body
Removal of the ring road,	
Revision of access restriction on Hospital Drive due to recent median changes and removal of left out from Entrance/Exit at St. Michael's Drive,	
Removal of parking area on the east side of the Existing Behavioral Science Building (45 spaces),	
Removal of Support Addition (10,000 sf),	
Removal of Future Critical Care Facility (8,500 sf),	
Removal of Proposed 2 Story Ancillary Building in Zone D (45,000 sf),	
Removal of Proposed Child Development Center (15,000 sf),	
Addition of a 5,000 sf Storage Building located on Tract D, and	
Adjustment of Area Boundaries that were created in 1985 that identified Floor Area Ratios, Maximum Building Heights and Open Space requirements,	
Amendment to allow the southern driveway on Hospital Drive remain as currently constructed. (Previous Condition Number 6, from the previous Master Plan, called for this intersection to become a right in –right out only.)	

Table 1 (continued)

Variations		
Variance to the "Maximum Height of Structures" per Table 14-7.3-1: "Table of Dimensional Standards for Nonresidential Districts" to allow 49' where 36' is the maximum,		14-2-3(C)(1) Recommendation to the Governing Body
Variance to the "Maximum Height of Structures" per Subsection 14 5.5(A)(4) "Standards" to allow 49' where 25' is the maximum,		
Variance to the maximum size of sign per Subsection 14-8.10(G)(2) for C-1 Districts to allow 80 square foot signs where 32 square feet is the maximum,		
Variance to the maximum height of sign per Subsection 14-8.10(G)(4) for C-1 Districts to allow a sign height of 37 and 46 feet where 15 feet is the maximum.		
Development Plan		14-2-3(C)(1) Recommendation to the Governing Body
Development Plan to construct a 65,500 square foot addition		
Special Use Permit		14-2-3(C)(3) Final Decision
Special Use Permit to permit a Hospital in a C-1 District to include the construction of a 65,500 square foot addition new inpatient bed wing, main entrance and lobby for the hospital.		

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

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

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

Adjoining Properties

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

Table 2

Direction	Zoning	Use
North, Northeast	R-2 (Residential - 2 dwelling unit per acre) and R-1 (Residential - 1 dwelling unit per acre)	Residential San Mateo Area Society of Homeowners (SMASH)
East	R-1 (Residential - 1 dwelling unit per acre) and HZ (Hospital Zone District) and C-1 (General Office)	Tennis Courts (R-1), W.K. Jones Subdivision (Calle Medico commercial development area) (C-1),

		Santa Fe Development Co. (HZ) and Branch Family Holdings (HZ)
West	C-1 (General Office) and HZ (Hospital Zone District)	Hospital Drive, FNBS Bank (C-1) and various medical business (HZ)
South	C-1 (General Office)	St. Michael's Drive and Vacant land

According to the September 27, 1984 “St. Vincent Hospital Campus Master Plan”, the Hospital moved in 1977 from their downtown location of 228 East Palace Avenue to its present location at 455 St. Michaels Drive. At the time of relocation the hospital development consisted of approximately 234,000 square feet with the number of beds set by the State License at 231 beds. To date the New Mexico Department Of Health (DOH) currently has the Hospital licensed at 248 beds. The Hospital’s application states that a request was filed with the DOH on February 20, 2015 to reduce the total number of beds down to 200 beds. However, DOH was unable to verify submittal of application for bed reduction. Table 3 below identifies both existing and proposed square footages for the Hospital campus identified on the 2006 Hospital Master Plan. Table 4 on page 5 identifies square footage changes proposed with this Master Plan amendment request.

Table 3 Development Summary – 2006 Master Plan Amendment

Use	2006 Master Plan	
	Existing Buildings	Future Additions
	(Gross square feet)	
Zone A		
• Hospital	234,000	
o Cancer Treatment Center	8,000	
o Ambulatory Surgical Center	6,000	
o Psychiatric Treatment Center	34,000	
o Emergency Room Expansion	21,500	
o Surgery Center	7,000	
o Out Patient Services	4,000	
• El Norte Building	15,761	
o Support Addition***		10,000
• Warehouse/Utility Plant	4,700	
• Critical Care Addition***		8,500
Zone B		
Medical Dental office building	60,000	
• Addition**		12,000
Zone C		
Physician’s Plaza	52,000	
Zone D		
2 Story Ancillary Building***		45,000
Zone E		
Child Development Center***		15,000
Subtotal	446,961	90,500

2006 Master Plan Totals	537,861
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Table 4 Development Summary – Current Application

Proposed Building Changes		
	2015 Master Plan Amendment	
	Building Removal	Future Additions
(square feet)		
Zone A		
Support Addition***	10,000	
Critical Care Facility***	8,500	
Proposed 2 Story Bed Wing*		65,500
Zone B		
Medical Dental addition**		12,000
Zone C		
No change		
Zone D		
2 Story Ancillary Building***	45,000	
Child Development Center ***	15,000	
Future Storage Building**		5,000
Subtotal	78,500	82,500
Proposed 2015 Master Plan Total	529,461 (difference of -8,000)	

*Proposed for development plan and construction with this application.

**Proposed for future development

*** Proposed for Removal from the Master Plan

B. Original Master Plan Approval and Regulatory Framework

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

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

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

II. MASTER PLAN AMMENDMENT

The requested changes to the Master Plan are identified in Table 1 on page 3. The criteria for approval for Master Plans state:

14-3.9(D) Approval Criteria; Conditions

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

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

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

The proposed square footage and type of use is consistent with the intent of the 1985 Master Plan and the 2006 Amendment. Although construction of the new wing within the original Area 1 Boundary would be consistent with the original plan, it is not clear that the application to relocate the new wing outside of the original "Area 1" is consistent with the master plan or with the overlay district standards. The request to adjust the boundary between Area 1 and Area 2 (reference Exhibit D-Maps "1985 Master Plan Areas Map" and "Area 1 and Area 2") is predicated on the approval of two height variances to allow the proposed 41 foot high two story bed wing in Area 2. Without the variances the maximum height allowed in Area 2 applies (22 feet). The review for requested variances can be found in *Roman Numeral II* on Page 7 of this Memorandum. The criteria pursuant to 14-3.9(D) "Approval Criteria" for the proposed Master Plan changes have been integrated though out this Memorandum including recommendations and conditions.

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

II. VARIANCE

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

The following findings are required for variance approval:

14-3.16(C) Approval Criteria

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

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

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

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

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

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

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

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

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

A. Height Variances.

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

The height variances are specific and affect only the region of the adjusted area between Area 1 and 2 in order to include that portion of the proposed building within Area 1 that otherwise would be in area 2. The variance requests will allow the 2 story building to exceed maximum heights within the C-1 District of 5 feet and 16 feet within the SCHC District, as well as, recognize the proposed Master Plan area boundary adjustment between both Areas 1 and 2.

Therefore, if the variances to height are approved, maximum height limits for a portion of the 2 Story Bed Wing building and the adjusted portion of Area 1 will be set to a maximum height of 41 feet, leaving the balance of the new Bed Wing building and the unaltered region of Area 1 subject to the Area 1 Master Plan entitlements identified below.

*Area 1 (Hospital & Environs)
Maximum Building Height: 65 feet*

*Area 2 St. Michaels Drive)
Maximum Building Height: 22 feet measured at the building setback line from St. Francis Drive*

The applicant’s response to 14-3.16(C)(1) describes the unusual physical characteristics that distinguish the structure form others in the vicinity by uses (hospital) and industry standards to physical geometric and architectural design characteristics of the Structure. The application identifies that the typical industry standard for hospital floor to floor geometry *“to accommodate the mechanical systems and plumbing necessary for patient rooms”* for *“floor to floor height in a hospital is 14’ minimum.”* Between the existing floor to floor geometric design of the Hospital and the industry standards, this necessitates *“that the new addition be set at the same 14’ floor to floor”* height of the Hospital. Further information from the applicant states:

- 1. Having the floors line up with the adjacent existing floors of the hospital is needed to prevent having ramps. Ramps take up excessive floor space. We would be needing to add square footage to the length of the hospital. For every 1 foot list in height we would need at least 20 feet in length. Even if it was this little of the slope of the floor the Workmen's Comp. issues of pushing a bed/patient and/or equipment up or down the slope floor would be high. Also very difficult for patients and family to navigate.*

2. *Having a minimum of 8 to 9 foot high ceilings, 2 feet of concrete structure, 8 inches of light fixtures, 16 inches of mechanical ductwork, fire protection i.e. sprinkler pipe and plumbing needs about 12 inches.*
3. *These are typical minimum coordination distances. The plumbing pipe will have a slight slope to it and coordinating that with and crossing ductwork will still prove very difficult even with 14 foot floor to floor.*

However, within the C-1 and SCHC Districts there are building envelopes to height established by code for both office (medical and nonmedical) and hospital buildings.

The request for variance only outlines existing conditions and an industry typical but does not establish that link to unusual *physical characteristics within the vicinity that are subject to the same relevant provisions of Chapter 14*. However, what the information does establish is need to evaluate the hospital use within a C-1 District to a Hospital Zone District which can better accommodate the Hospital's needs as they pertain to the goals of the Master Plan. The Planning Commission will need to evaluate the information provided to determine compliance to this criterion.

The applicants response to 14-3.16(C)(2) identifies that the *"the configuration of the proposed building addition is access to patient services within the existing hospital. Currently the hospital has three triangular shaped bed towers.*

These rooms are centrally located to reduce the time it takes to take a patient from their room for surgery, x-ray, or other services. The new Inpatient Bed Wing floor elevations will match up with the existing facility to allow access to patient support services." However, taking this approach identifies that the proposed bedroom wing could be constructed entirely within Area 1 to accomplish the same level of service without a variance. The argument presented by the applicant identified that *"the excessive travel distance for public from the main entrance became unacceptable."* and *"while support services were connected, the extended travel distance would require additional staff to provide the same level of care."* This was not supported by any information presented by the application. Staff requested a floor plan to corroborate and address distances to service. To date no information has been submitted by the applicant. The applicant identified *"a secondary benefit of the building location addition was that it allowed for a new Main Hospital Entrance that will assist patients and visitors to navigate to their destination. The new main entrance will improve wayfinding on the hospital campus."* While the intent of this section is in line with the 1985 master plan for "patient care and visitor circulation on the campus, information provided needs to be evaluated by the Planning Commission for compliance to the variance standards.

The applicants response to 14-3.16(C)(3) identifies that the construction of the hospital wing is within the allowable floor area ratio of the Master Plan of 1.8 and that the number of beds for the Hospital overall is reducing. Chapter 14 defines intensity as follows:

INTENSITY

The extent of development per unit of area; or the level of use as determined by the number of employees and customers and degree of impact on surrounding properties such as noise and traffic.

The proposed development will increase in intensity per unit area, traffic, employment, and noise.

However, with the exception to height, the extent of intensity within the vicinity falls within allowances relevant to provisions of Chapter 14. The Planning Commission will need to evaluate the information provided to determine compliance to this criterion.

The applicants response to 14-3.16(C)(4)(a) identifies that:

“The current need is to upgrade the patient rooms to meet industry standards.”

“...private patients rooms are a major benefit to patients and therefore to the Hospital.”

“To meet industry standards the hospital needs to convert the semi-private rooms to private.”

“Without this conversion, there would be long term affects and could compromise the viability of the facility.”

The criterion is to determine whether *“the variance is the minimum variance that will make possible the reasonable use of the land or structure.”* To which two factors shall be considered.

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

The applicant’s response to “(a)” explains the Hospital’s needs but fails to directly address the factor to be considered for 14-3.16(C)(4)(a). However, in discussions with the applicant and within the Applicant’s written explanation (reference Exhibit E - *“Applicant’s Data”*) support services are centrally located. This indicates that placement of the new Inpatient Bed Wing can locate within Area I eliminating the need for a variance. Unfortunately, without floor plans Staff is unable to verify the Applicant’s claims regarding distance to support services if the new Inpatient Bed Wing were to be located entirely within Area I. The applicant’s response to “(b)” has adequately addressed components to applicable goals and policies of the general plan as well as, the Master Plan but has not fully addressed the *“consistency with the purpose and intent of Chapter 14”*. In order to establish relief of the standards for a variance, issues of compliance are needed relevant to the circumstances. The intent is not to deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the code but also, not confer on the applicant any special privilege that is denied by this Ordinance to owners of other lands within the same district. The Planning Commission will need to evaluate the information for compliance to the variance standards.

The applicants response to 14-3.16(C)(5) addresses a relationship of the variance to the goals and policies of the Hospital Master Plan *“to better serve the public”* to *“provide the highest quality healthcare”*, stating that *“the height variance to allow for private rooms for the inpatient beds serves the public interest.”* Staff concurs that this is somewhat consistent with the goals and policies of the Hospital Master Plan commensurate with better patient care, which is supported by Resolution. However, other factor to consider are the General Plan goals and policies for which the code was adopted as stated in Section 14-1.3 (General Purposes). The resulting ordinances establish minimum standards for health, safety and welfare affecting land uses and developments as a means to protect the public interest from within the municipality.

It is clear that the Hospital Goals, General Plan Policies, and City Ordinances are important elements for this project addressing separate but vital components relevant to *public interest*. As a regional trauma center the Hospital is an invaluable resource to the City of Santa Fe in both emergency and health care, but also, employment, economic development and gross receipts. Yet its land use and development is not without physical impacts both positive and negative to the area, adjacent neighborhoods and city resources. Given the applicants responses to 14-3.16(C)(1) through (5) it is not clear that the applicant equally addressed the criteria for both areas to *public interest*. The Planning Commission will need to evaluate the information for compliance to the variance standards.

B. Sign Variances

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

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

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

The applicants response to 14-3.16(C)(1) addresses compliance to this criterion by identifying that the new patient bed wing will compromise visibility of two existing 80 square foot signs located on the 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 manor to address nonconformity. No information regarding height of signs or how these signs became 80 square feet in size is available.

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

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

III. DEVELOPMENT PLAN

A. Existing Conditions

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

Existing construction for the Hospital is listed in Table 3 page 4 of this memorandum. According to the Hospital Master Plan the proposed inpatient bed wing is being located within Area 1 and Area 2 of the Master Plan. The Applicant has proposed to adjust the boundaries between the two areas in order to incorporate the inpatient bed wing within Area 1.

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

B. Access and Traffic

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

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

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

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

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

C. Parking and Loading

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

Table 5 Parking and Loading

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

EXHIBIT A TABLE 14-8.6-1: Parking and Loading Requirements					
Category	Specific Use		Parking and Loading		
Future Building	Storage	4,750	One space per each 200 square feet of net leasable area	24	
TOTAL				1399 (1411)	1492

Zone E has been eliminated.

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

D. Loading

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

E. Bicycle Parking

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

F. Landscaping

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

Along with proposed landscaping the Hospital is also constructing a trail running along the north property line will be coordinated with city Trails and Open Space.

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

G. Terrain Management

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

H. Solid Waste

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

I. Waste Water

The hospital is serviced by city Waste Water. No negative comments have been received from City Waste Water Management Division (*reference Exhibit B - “Waste Water”*). Conditions

received require incorporating notes on the Development Plan. The Waste Water Management Division conditions have been incorporated with in Exhibit A - "Conditions".

J. Water – Fire Protection

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

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

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

K. Lighting

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

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

L. Architecture

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

The applicants report states that "*The proposed building has been designed in conformance to the Architectural Points Standards in Subsection 14-8.7 (C) of the Code.*

We have addressed each of the criteria and feel this project exceeds the requirements of the Architectural Points Standards." Staff was unable to locate a preliminary architectural point's analysis addressing of Chapter 14-8.7. Staff will confirm compliance at the building permit stage.

M. 14-3.8(D) Approval Criteria

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

- (a) that it is empowered to approve the plan under the section of Chapter 14 described in the application;*
- (b) that approving the development plan will not adversely affect the public interest; and*
- (c) that the use and any associated buildings are compatible with and adaptable to buildings, structures and uses of the abutting property and other properties in the vicinity of the premises under consideration.*

IV. SPECIAL USE PERMIT

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

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

Necessary Findings

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

Staff Analysis

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

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

Staff Analysis

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

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

Staff Analysis

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

The first component is established by Chapter 14 “Table 14-6.1-1-Table of Permitted Uses” (reference Exhibit D1 for copy of table excerpt). Under the *“Specific Use Category”*, *“Hospitals and Extended Care Facilities”*, *“Hospitals”* is identified as an allowable use subject to approval under the provisions of Section 14-3.6 (*Special Use Permits*). City code establishes *Hospitals* as a *Institutional* use permissible within an C-1 District provided a special use permit is granted. Future Land Use Map also identifies the Hospital property as Institutional. The Hospital was established at the 455 St. Michaels Drive Location in 1977 followed by a Masterplan backed by Resolution in 1986. The proposed use is adaptable to buildings in the vicinity provided licensing requirements, as defined by the State of New Mexico relating to operations, and Chapter 14 SFCC related to zoning, have been satisfied. The proposed Hospital Special Use Permit request fits the definition of the Hospital. Chapter 14 defines a “Hospital” as follows:

HOSPITAL

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

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

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

The second component requires that any associated buildings are compatible with, and adaptable to, buildings, structures, and uses of the abutting property and other properties in the vicinity of the premises under consideration. This component was partially addressed within the Variance review section under *“Staff Analysis for Building Height Variance (page 8)”* and Development review sections under *“Architecture (page 15)”* and of this memorandum.

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

VII. EARLY NEIGHBORHOOD NOTIFICATION (ENN)

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

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

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

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

VII. CONCLUSION

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

The proposed Master Plan Amendments identified a reduction in total building square footage by 8,000 square feet and is not out of line with the 1985 Master Plan. The proposed changes in overall design are supported by the proposed Development Plan which incorporates improvements to infrastructure in order to support proposed phased development (subject to conditions). However, Staff is unable to support the proposed four variances at this time as it is not clear that the applicants have satisfied the variance criteria. It appears that it would be feasible to construct the proposed addition without any height variances, by locating it completely within the "Area 1" designated by the original master plan. It is also not clear that the building wall sign variance requests meet approval criteria – visibility for emergency access is affected primarily by the existing large monument signs, not by wall signs.

Variances are intended to be provide relief for properties with unique physical characteristic, and not as a substitute for code amendments or rezoning. Some of the arguments cited by the applicant regarding – relevant height limits for hospital buildings, size of property relative to sign visibility, etc. – would be more relevant to a code amendment or rezoning application.

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

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

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

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

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

EXHIBITS

Exhibit A- Conditions of Approval

Exhibit B - DRT comments

1. Archaeological clearance
2. Traffic Engineering Division
3. City Engineer for Land Use Department Terrain Management and Lighting
4. Landscaping
5. Environmental Services
6. Waste Water
7. Water
8. Fire

Exhibit C- ENN

1. ENN Notes
2. Guideline Questions

Exhibit D- Maps

1. 1985 Master Plan Areas Map
2. Area 1 and Area 2 Map
3. Adjoining Zoning
4. South Central Highway Corridor Map

Exhibit E- Applicant's Data

Exhibit F- Correspondence

Packet Attachment -Plans and Maps

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT A

CONDITIONS

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

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

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

	<p>Staff recommends the following Conditions of Approval added to the plat prior to recordation:</p> <ol style="list-style-type: none"> 1. The owner, will at all times, properly maintain all plant materials shown in the Master Plan, including but not limited to; proper pruning, soil testing, fertilizing and weeding. 2. All plant material shown in the Master Plan shall be maintained and replaced as needed. All quantities and sizes of plant materials must be maintained as shown in the Master Plan. 3. Any deviations from the Master Plan landscaping shall be discussed and approved by the Land Use Department Director or designee. 	<p style="text-align: center;">Land Use Department Landscaping</p> <p style="text-align: right;">Noah Berke June 24, 2015</p>
	<ol style="list-style-type: none"> 1. Stormwater ponding for the following will be constructed under the building permit for the proposed New Inpatient Bed Wing: <ul style="list-style-type: none"> *Detention in the amount of 3831 CF for the new building. *Ponding for Basin D on the east side of the hospital, which was previously constructed but no longer exists. *Detention in the amount of 8520 CF for Basin #8. 2. Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9. 3. Outdoor lighting for the entire campus will be adjusted, as part of the permit for the new building, to meet the requirements of Article 14-8.9. 	<p style="text-align: center;">Land Use Department Terrain Management And Lighting</p> <p style="text-align: right;">Risana "RB" Zaxus, PE June 23, 2015</p>
	<ol style="list-style-type: none"> 1. Add note to the Development Plan that Wastewater Utility Expansion Charge (UEC) shall be paid at the time of building permit application. 2. Add note to the Development Plan and the Utility Plans that the on-site sewer system serving the Development is private. 3. Identify the proposed on-site sewer lines as private on the Utility Plans. 	<p style="text-align: center;">Wastewater Management Division</p> <p style="text-align: 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 Beingessner P.E. May 4, 2015</p>
	<p>1. All Fire Department access shall be no greater than a 10% grade throughout.</p> <p>2. Fire Department Access shall not be less than 20 feet width and a minimum width of 26 feet for any building or portion of building more than 30 feet in height.</p> <p>3. Shall meet the 150 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

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

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT B

DRT



City of Santa Fe, New Mexico

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

www.santafenm.gov

Javier M. Gonzales, Mayor

Councilors:

Peter N. Ives, Mayor Pro Tem, Dist. 2

Patti J. Bushee, Dist. 1

Signe I. Lindell, Dist. 1

Joseph M. Maestas, Dist. 2

Carmichael A. Dominguez, Dist. 3

Christopher M. Rivera, Dist. 3

Ronald S. Trujillo, Dist. 4

Bill Dimas, Dist. 4

May 14, 2015

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

NOTICE OF ARC ACTION

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

Dear Mr. Huie,

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

Sincerely,

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

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



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



Case File Number AR-12-15 Date Application Submitted 4/21/2015
 District: Historic Downtown District _____; River & Trails-Regular _____; Santa Fe Trail _____; Suburban
 Building Sq. Ft. _____ Development Acreage 48.1 acres
 Project Description: addition
 Site Address/Location: 455 St. Michael's Dr. Property Owner: Christus St. Vincent
 Permit: Grading _____; Development ; Building _____
 Applicant Information: Name: Christus St. Vincent Regional Medical Center
WAR Architects 3131 McKinney St 310 Phone No.: 214 239 2648
 Mailing Address: _____
 Archaeological Consultant: Stephen Post Dallas TX 75204 820-7785

RECONNAISSANCE REPORT

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

ARC APPROVAL: MEETING DATE: 5/13/2015
 Special Conditions: _____ Yes (see attachment)
 No

TREATMENT PLAN REQUIRED:

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

PRELIMINARY TREATMENT REPORT

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

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

FINAL TREATMENT REPORT

_____ Date Final Report Due _____ Date Final Report Received

Permit Approved: [Signature] Date: 5/13/2015
 Archaeological Review Committee Chairperson

P41010134-994

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 *JE*

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

ISSUE

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

RECOMMENDED ACTION:

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

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

This intersection can be improved with implementing either a roundabout or a traffic signal. The developer shall contribute fair share contribution for improvements to this intersection based on the above mentioned percentage and based on a total cost to be determined by the City's Public Works Department. This cost will be based on the more expensive of the two identified improvements.

2. The developer shall limit access at their southernmost access point onto Hospital Drive to right-in/right-out only. This shall be accomplished by constructing a raised median. The need for this comes from the subject driveway's proximity to the signalized intersection of St Michaels/Hospital Drive. Southbound traffic from this signal is shown to queue past this driveway causing operational and safety problems.
3. The developer shall perform intersection improvement at the Hospital's northern most access onto Hospital drive (across from Harkle Road) so as to improve

pedestrian crossing across Hospital Drive. The design shall be reviewed and approved by the City's Public Works Department.

4. The proposed Master Plan also includes a 36,000 square foot addition (in addition to the proposed 65,500 square foot addition submitted with this Development Plan).
 - a. The developer shall calculate fair share contributions for the needed improvements to the Galisteo/San Mateo intersection at the time a development plan is submitted. The developer will be required to contribute these fair share contributions at the time of development plan.
 - b. The TIA projects that during this phase of development, the Hospital's northern most access onto Hospital drive (across from Harkle Road) will fail. At the time of development, the developer shall limit access at this location to right-in/right-out/left-in only, unless a revised TIA with more recent traffic data shows that the access operates at adequate levels of service under its current configuration.

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

N:\Traffic Engineering\Traffic Engineering Section\01-TIAs\2015\St Vincents Hospital Master Plan (2015)\CSV MP 09-18-16.doc

DATE: June 23, 2015

TO: Dan Esquibel, Case Manager

FROM: Risana "RB" Zaxus, PE
City Engineer

RE: Case # 2015-47
455 St. Michael's Drive
Christus St. Vincent Regional Medical Center

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

1. Stormwater ponding for the following will be constructed under the building permit for the proposed New Inpatient Bed Wing:

*Detention in the amount of 3831 CF for the new building.

*Ponding for Basin D on the east side of the hospital, which was previously constructed but no longer exists.

*Detention in the amount of 8520 CF for Basin #8.

2. Outdoor lighting for the proposed new building will meet the requirements of Article 14-8.9.

3. Outdoor lighting for the entire campus will be adjusted, as part of the permit for the new building, to meet the requirements of Article 14-8.9.

City of Santa Fe, New Mexico

memo

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

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

The landscaping, as proposed, is in compliance with Article 14-8.4 "Landscape and Site Design". Staff recommends the following Conditions of Approval added to the plat prior to recordation:

1. The owner, will at all times, properly maintain all plant materials shown in the Master Plan, including but not limited to; proper pruning, soil testing, fertilizing and weeding.
2. All plant material shown in the Master Plan shall be maintained and replaced as needed. All quantities and sizes of plant materials must be maintained as shown in the Master Plan.
3. Any deviations from the Master Plan landscaping shall be discussed and approved by the Land Use Department Director or designee.

ESQUIBEL, DANIEL A.

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

Dan,

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

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

Thanks,

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

City of Santa Fe



New Mexico

MEMO

Wastewater Management Division DEVELOPMENT REVIEW COMMENTS

E-MAIL DELIVERY

Date: May 15, 2015

To: Dan Esquibel, Case Manager

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

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

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

The following are conditions of approval:

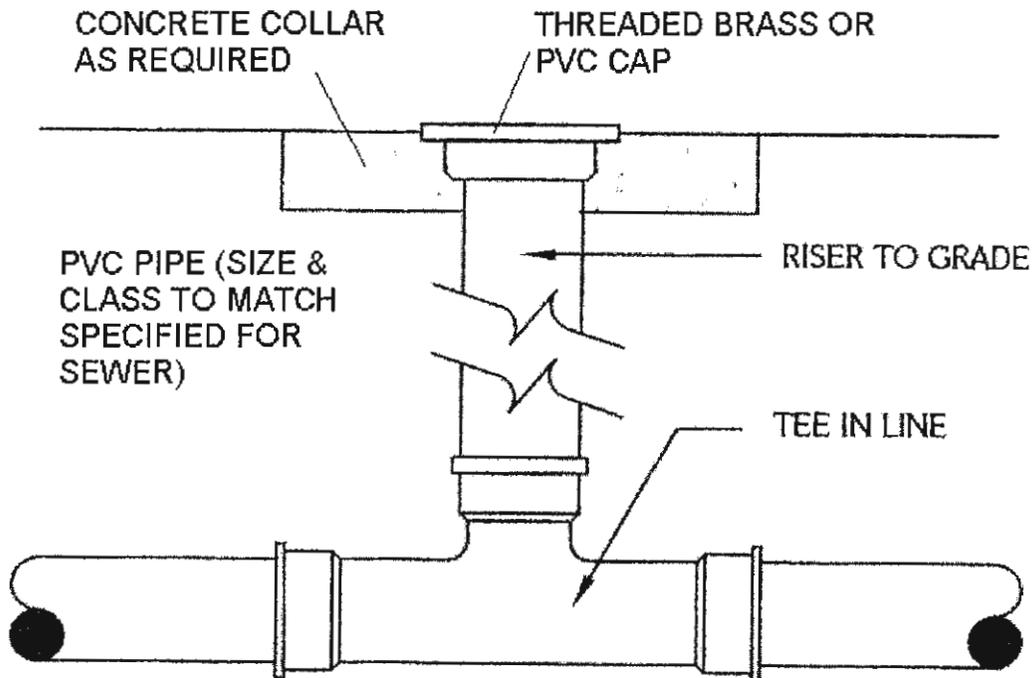
1. Add note to the Development Plan that Wastewater Utility Expansion Charge (UEC) shall be paid at the time of building permit application.
2. Add note to the Development Plan and the Utility Plans that the on-site sewer system serving the Development is private.
3. Identify the proposed on-site sewer lines as private on the Utility Plans.
4. Show the existing off-site public sewer line and easement on the Grading Plans. There may be required improvement to the public sewer line dirt access road outside of the new retaining walls on the southeast corner of the development.
5. City of Santa Fe sewer manhole covers shall not be used for the on-site sewer manholes. Indicate on the Utility Plans that the manhole covers are to be labeled "Private Sewer".
6. Industrial Pre-Treatment Sampling Ports (IPSP) are required and shall be shown on the Utility Plans. See attached detail.
7. Indicate on the drainage plans where the discharge points are located from the Development to help determine if the site discharge will impact the existing public sewer line and access

Attachments: IPSP Detail

INDUSTRIAL PRE-TREATMENT SAMPLE POINT

(IPSP)

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



INDUSTRIAL PRE-TREATMENT SAMPLE POINT

(IPSP)

City of Santa Fe
memo

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

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

Fire protection requirements are addressed by the Fire Department.

City of Santa Fe, New Mexico

memo

DATE: June 3, 2015

TO: Dan Esquibel, Case Manager

FROM: Reynaldo Gonzales, Fire Marshal 

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

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

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

1. All Fire Department access shall be no greater than a 10% grade throughout.
2. Fire Department Access shall not be less than 20 feet width and a minimum width of 26 feet for any building or portion of building more than 30 feet in height.
3. Shall meet the 150 foot driveway requirements must be met as per IFC, or an emergency turn-around that meets the IFC requirements shall be provided.
4. Fire Department shall have 150 feet distance to any portion of the building on any new construction.
5. Shall have water supply that meets fire flow requirements as per IFC, and may be required to install an automatic sprinkler system.
6. May be required to provide two separate and approved fire apparatus access roads.

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT C

ENN



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

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

Notes/Comments:

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

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



ENN GUIDELINES

Applicant Information

Project Name: CHRISTUS St. Vincent Regional Medical Center Inpatient Bed Tower Addition

Name: Adams, Jason

Last

First

M.I.

Address: 455 St. Michael's Drive

Street Address

Suite/Unit #

Santa Fe

NM

87505

City

State

ZIP Code

Phone: (505) 983-3361

E-mail Address:

Jason.Adams@stvin.org

Please address each of the criteria below. Each criterion is based on the Early Neighborhood Notification (ENN) guidelines for meetings, and can be found in Section 14-3.1(F)(5) SFCC 2001, as amended, of the Santa Fe City Code. A short narrative should address each criterion (if applicable) in order to facilitate discussion of the project at the ENN meeting. These guidelines should be submitted with the application for an ENN meeting to enable staff enough time to distribute to the interested parties. For additional detail about the criteria, consult the Land Development Code.

(a) EFFECT ON CHARACTER AND APPEARANCE OF THE SURROUNDING NEIGHBORHOODS

The CHRISTUS St. Vincent development plan for a two story expansion for medical surgical unit will effectively enhance the character and appearance of the neighborhood by maintaining and enhancing the architecture, landscape, parking areas and signage of the hospital campus. The scale, texture and colors proposed will coincide with those already found on the campus. A proposed landscape buffer will be incorporated along the Northern edge of the property.

(b) EFFECT ON PROTECTION OF THE PHYSICAL ENVIRONMENT

The proposed CHRISTUS St. Vincent development plan for a two story medical surgical unit will satisfy the landscaping and site planning review standards set by the City of Santa Fe. The proposed parking lots are separated by landscaping. New landscape materials will be provided in these project areas. Existing perimeter planting strips of a minimum 25 feet in width with trees and shrubs will remain between parking lots and property lines. Ground and pole mounted artificial lighting sources will be shielded from public view. Existing drainage ways have been preserved.

(c) IMPACTS ON ANY PREHISTORIC, HISTORIC, ARCHAEOLOGICAL OR CULTURAL SITES OR STRUCTURES, INCLUDING ACEQUIAS AND THE HISTORIC DOWNTOWN

There are no known prehistoric, historic, archaeological or cultural sites or structures included within the St. Vincent Hospital development plan for the inpatient expansion.

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

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

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

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

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

(f) IMPACT ON THE ECONOMIC BASE OF SANTA FE

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

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

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

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

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

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

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

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

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

(k) EFFECT ON SANTA FE'S URBAN FORM

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

(l) ADDITIONAL COMMENTS (optional)

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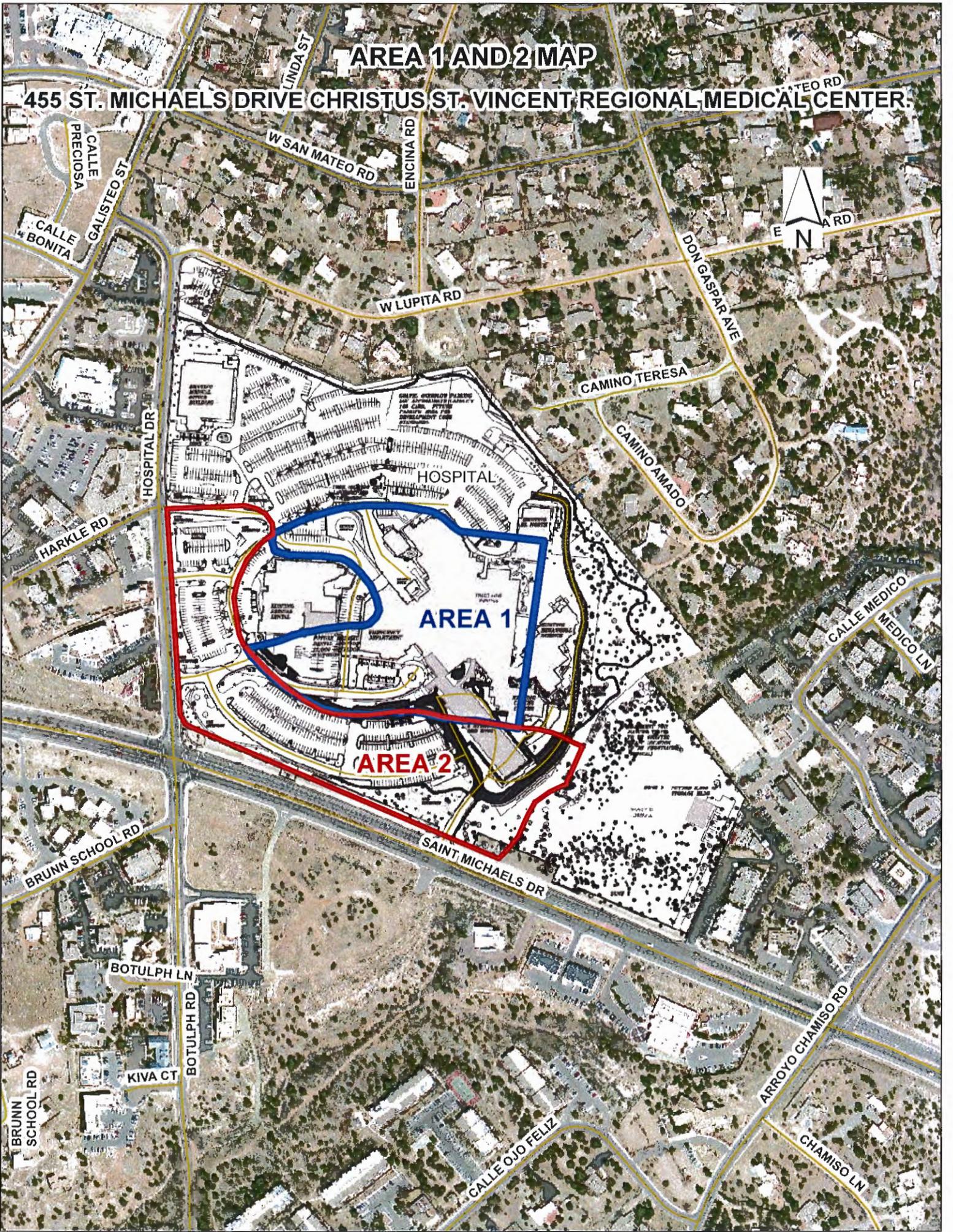
**455 ST. MICHAELS DRIVE CHRISTUS
ST. VINCENT REGIONAL MEDICAL
CENTER**

EXHIBIT D

MAPS

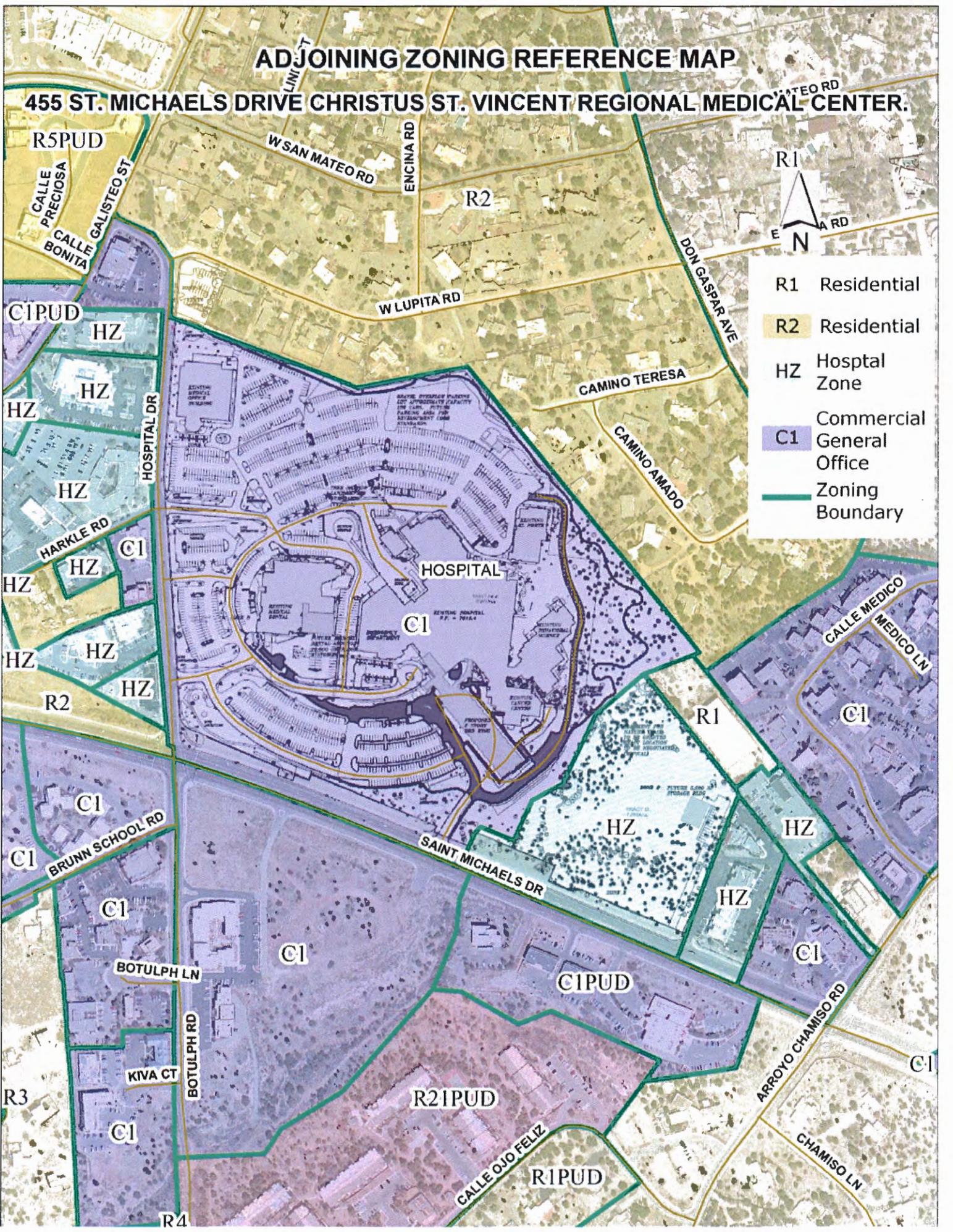
AREA 1 AND 2 MAP

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



ADJOINING ZONING REFERENCE MAP

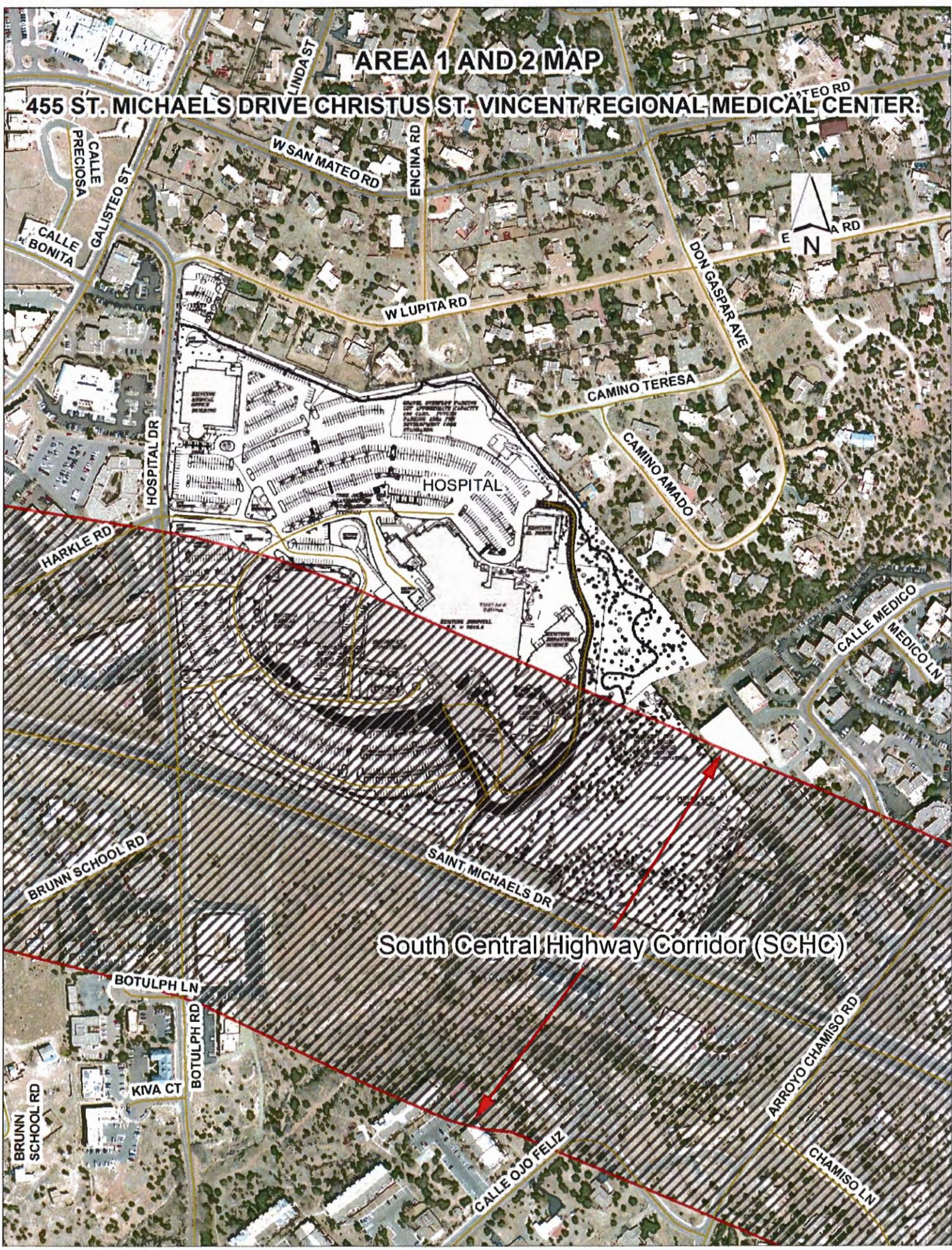
455 ST. MICHAELS DRIVE CHRISTUS ST. VINCENT REGIONAL MEDICAL CENTER.



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

AREA 1 AND 2 MAP

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



HOSPITAL

South Central Highway Corridor (SCHC)

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT E

APPLICANT DATA

CHRISTUS
St. Vincent
Regional Medical
Center

Inpatient Bed
Expansion
Project

Submitted April 24, 2015

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 - Special Use Permit Application 14-3.6
 - Development Plan Application
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APPENDICIES

- Archaeological Clearance P.37
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DRAWINGS

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

I. INTRODUCTION

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

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

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

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

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

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

II. REQUEST FOR SPECIAL USE PERMIT FOR NEW INPATIENT WING

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

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

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

The first item is to verify the following findings:

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

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

The definition of “intensity within the Land development Code discusses an increase in “*development* per unit of area; or the level of use as determined by the number of *employees* and customers and degree of impact on surrounding *properties* such as noise and traffic”. As mentioned above this addition will not increase bed counts, will not add a significant amount of nursing or maintenance staff, and will not affect traffic counts accessing the facility.

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

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

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

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

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

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

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

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

1. Submittal Requirements

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

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

b. Proposed Modifications;

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

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

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

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

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

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

c. Type and Intensity of Proposed Use;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f. Phases of development;

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

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

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

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

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

g. Residential development;

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

h. Water budget;

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

i. Development standards and any variance or waiver required;

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

The proposed building has been designed in conformance to the Architectural Points Standards in Subsection 14-8.7 (C) of the Code. We have addressed each of the criteria and feel this project exceeds the requirements of the Architectural Points Standards.

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

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

j. Preliminary Development Plan;

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

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

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

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

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

Condition #2. “Area 3 Overlay” height limit from original Master Plan shall continue to apply (Maximum Building Height of 18 feet within 120 feet of northerly residential property line).

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

Condition #3. R-2 Zoned Portion of the Hospital Property shall be limited to single family residential use, parking lot use with minimum 20-foot landscaping setback from all property lines, open space or detention ponding with a depth of three feet or less and side slopes not steeper than 4:1. Other uses, if any, permitted for R-2 Zoned Property under Chapter 14 shall also be allowed.

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

Condition #4. For all phases subsequent to the Emergency Room Expansion, Make south entrance from Hospital Drive an Entrance Only. Staff design recommendations may require a triangular bulb-out to prevent right-turn exit and a street island on Hospital Drive to prevent left-turn exit.

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

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

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

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

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

Condition #6. For all phases subsequent to the Emergency Room Expansion, the developer will be required to assess certain off-site traffic operations and provide mitigation measures where needed. These improvements are listed in an Engineering Division Memo which was handed out as additional correspondence at the May 4, 2006 Planning Commission Meeting and may include:

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

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

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

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

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

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

Traffic Calming:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Condition #11. These conditions of approval shall be noted on the Master Plan, which shall be filed for record with the county clerk, and which shall replace and supersede the provisions of the original Master Plan. Except as specified by these conditions, development of the property shall be subject to all other applicable procedures and Development Standards of City Codes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Additional Noted Requirements on 2006 Master Plan

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

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

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

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

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

V. PROPOSED AMENDMENTS TO THE 2006 MASTER PLAN

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

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

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

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

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

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

- Removal of the ring road,
- Revision of access restriction on Hospital Drive due to recent median changes and removal of left out from Entrance/Exit at St. Michael's Drive,
- Removal of parking area on the east side of the Existing Behavioral Science Building (45 spaces),
- Removal of Support Addition (10,000 sf),
- Removal of Future Critical Care Facility (8,500 sf),
- Removal of Proposed 2 Story Ancillary Building in Zone D (45,000 sf),
- Removal of Proposed Child Development Center (15,000 sf),
- Addition of a 5,000 sf Storage Building located on Tract D, and
- Adjustment of Area Boundaries that were created in 1985 that identified Floor Area Ratios, Maximum Building Heights and Open Space requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VI. REQUEST FOR VARIANCES

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

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

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

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

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

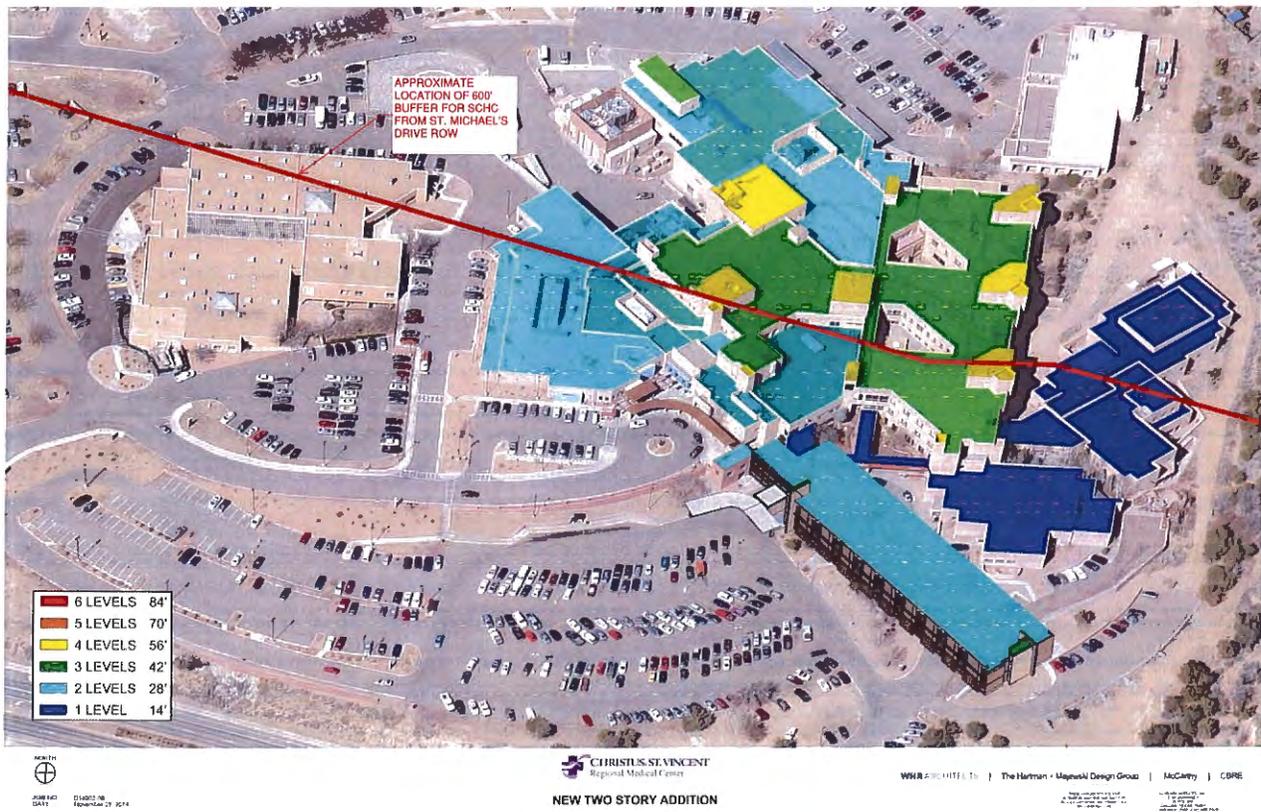
The first criteria for a variance is defined by Subsection 14-3.16(C)(1)(a). It states that “One or more of the following special circumstances applies”. Subsection 14-3.16(C)(1)(a) requires that “special circumstances” that may be met when requesting a variance. The following identifies how this project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

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

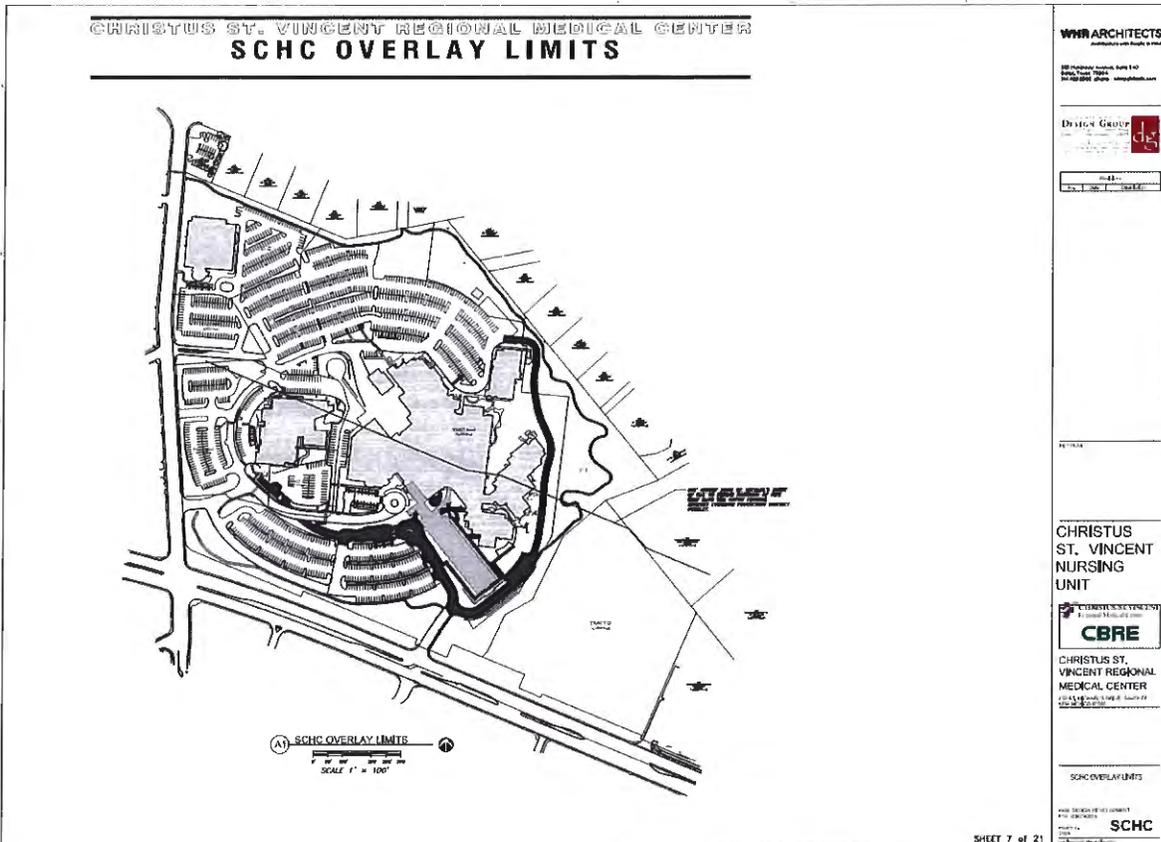
- Original Master Plan from 1985 that we accepted after the zoning was changed to C-1.
- Timing of SCHC Protection District adoption

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

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



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



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

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

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

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

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

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

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

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

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

Many different locations for the proposed addition were evaluated. There were possible locations at the back side of the building that were eliminated due to unacceptable travel distance requirements for patients, staff and visitors to the Inpatient Bed areas. Currently the hospital has three triangular shaped bed towers. These rooms are centrally located to reduce the time it takes to take a patient from their room for surgery, x-ray, or other services. By keeping the new Inpatient Bed Wing on the same floor and as close as possible to the current support services the access to support services is maintained.

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

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

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

As discussed above, one aspect driving the configuration of the proposed building addition is access to patient services within the existing hospital. Currently the hospital has three triangular shaped bed towers. These rooms are centrally located to reduce the time it takes to take a patient from their room for surgery, x-ray, or other services. The new Inpatient Bed Wing floor elevations will match up with the existing facility to allow access to patient support services.

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

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

A secondary benefit of the building location addition was that it allowed for a new Main Hospital Entrance that will assist patients and visitors to navigate to their destination. The new main entrance will improve wayfinding on the hospital campus. Presently the emergency department entrance, looks and feels like a main entrance. This project will rectify some vehicular movement issues and direct patients and visitors to the appropriate location, i.e. the emergency department for emergencies and the main entrance for visitors.

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

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

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

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

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

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

While intensity of development is clearly defined in the code as "The extent of *development* per unit of area; or the level of use as determined by the number of *employees* and customers and degree of impact on surrounding *properties* such as noise and traffic.". We are not proposing any increase in Employees, the change from semi-private to private rooms will not generate more traffic, so the only part of the criteria that applies is the FAR. We are still well below the allowable FAR of 1.8 from the 1985 Master Plan.

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

- (4) The variance is the minimum variance that will make possible the reasonable use of the land or *structure*. The following factors shall be considered:
 - (a) whether the *property* has been or could be used without variances for a different category or lesser intensity of use;

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

Maintaining the ability to provide the highest quality healthcare is the most important concern of the hospital. To meet industry standards the hospital needs to convert the semi-private rooms to private. Without this conversion, there would be long term affects and could compromise the viability of the facility.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The second would be the CHRITUS logo that is only 15 square feet, and be placed near the main entrance door place at 37' (to top of sign). The first of these signs needs to be visible from St. Michael's Drive that is approximately 450' to the driveway at St. Michael's. The distance is increased if we include the driver's response time to slow and turn into the facility. Stopping sight distance from 45 mph is 310'. For the south-east facing sign this distance becomes about 640'.

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

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

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

We cannot emphasize enough that wayfinding signage is critical to patients locating a hospital. Taking a loved one to the hospital in an emergency situation, makes people drive faster than they should at the same time they are less able to process all the visual clues. A hospital needs to be easy to find and signage is the first step.



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

April 2, 2015

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

RE: Special Use Permit Application

Dear Planning Staff, Commissioners, and Councilors:

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

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

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

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

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

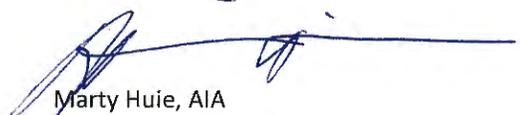
The development of the site is controlled by the 2006 Master Plan. In order for the Development Plan that is required for all building addition in a C-1 Zoned site to be processed, the Master Plan need to be Amended. A Special Use Permit was created in 1985 as part of the Master Plan requirements and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

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

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

Respectfully submitted,

WHR Architects, Inc.



Marty Huie, AIA

April 2, 2015

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

RE: Statement Outlining Approval Criteria

Dear Planning Staff, Commissioners, and Councilors

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

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

The approval sequence will be as follows:

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

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

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

Respectfully submitted,

WHR Architects, Inc.



Marty Huie, AIA

July 2, 2015
Planning Commission
Case #2015-47

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

EXHIBIT F

CORRESPONDENCE

July 2, 2015
Planning Commission
Case #2015-47

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

APPLICANT ATTACHMENTS

APPLICANT DATA AND PLAN ATTACHMENTS

Neighborhood Response
to
Christus Application
for
Inpatient Bed Expansion

1. Introduction and Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

Background

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

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

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

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

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

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

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

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

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

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

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

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

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

Condition 1

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

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

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

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

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

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

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



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



Figure 2. Looking south inside fence parallel to Camino Amado, from end of Camino Teresa

Condition 3

Condition 3 of Resolution 2006-83 limits the use of the hospital-owned R-2 lot on W. Lupita Rd. For several years, until the Application was being prepared, the lot was used for parking, without the required landscaped setback. On p. 12 of the Application, the Hospital asks to preserve the right to use it for parking. Once any pending development is approved, it is not likely that the hospital will once again enforce parking restrictions in this area. Therefore, the neighborhood associations expect the City to require that the Hospital provide the 20-foot landscaped setback on the R-2 lot before the City even considers the Application.

Condition 4

The amended master plan of Resolution 2006-83 shows the south entrance from Hospital Drive as “RIGHT TURN IN ACCESS ONLY.” The entrance from St. Michaels is designated “ENHANCED PRIMARY ENTRY.” Condition 4 required prompt implementation of the change to the south entrance from Hospital Drive, in order to mitigate traffic on Hospital Drive. Unlike the traffic mitigation measures mentioned in Conditions 5 and 6, this requirement was not conditional on the approval of the City nor assessment of off-site traffic conditions. However, this requirement was ignored for the intervening nine years.

On p. 12 of the Application, the Hospital cites a reduction in traffic along Hospital Drive and proposes to defer this change still further until consultation with city staff. In fact, p. IV-2 of the submitted Traffic Impact Analysis does note that measured traffic has decreased significantly since the beginning of the recession. However, in its projections for future traffic, that analysis only includes an increase of 1% a year, with no adjustment for recovery from the recession. There is also no adjustment for an increase in the currently low occupancy of the Physicians Plaza building.

The Application also cites the recent changes to the intersection at the St. Michaels entrance as an excuse for not changing the Hospital Drive entrance. The newly modified St. Michael’s exit is like a Restricted Crossing U-Turn (RCUT) Intersection. The RCUT is characterized by the prohibition of left-turn and through movements from side street approaches as permitted in conventional designs. Instead, the RCUT intersection accommodates these movements by requiring drivers to turn right onto the main road and then make a U-turn maneuver. A fully implemented RCUT would accommodate U-turns with a one-way median opening 400 to 1,000 ft after the intersection. The following is from the Federal Highway Administration publication no. FHWA-HRT-09-059 on RCUTs:

The RCUT intersection appears to offer substantial safety advantages over conventional intersections. For example, for the RCUT intersections on the U.S. Route 23/74 corridor in North Carolina, there was a 17-percent decrease in total crashes, a 31-percent decrease in total crash rate, a 41-percent decrease in fatal/injury crashes, and a 51-percent decrease in fatal/injury crash rate. Higher reductions were observed for the three unsignalized RCUTs that replaced conventional intersections on the Eastern Shore of Maryland. For the U.S. Route 17 corridor in North Carolina, total crash rates were found to be lower than the 10-year

average for 25 signalized conventional intersections in Charlotte, NC, with comparable annual average daily traffic.

This safety improvement to the St. Michaels exit has no bearing on the south entrance on Hospital Drive.

The neighborhood associations expect the City to require that the Hospital implement the specified changes to the south entrance from Hospital Drive before the City even considers the Application.

Condition 6

Condition 6 of Resolution 2006-83 states, “For all phases subsequent to the Emergency Room Expansion, the developer will be required to assess certain off-site traffic operations and provide mitigation where needed,” and cites an Engineering Division traffic memo. That memo recommends that, “upon completion of the proposed Emergency room addition and before any other expansion, the applicant install traffic calming measures on Hospital Drive.” It also says, “Traffic calming ... should be compatible with whatever plan is developed by the city staff and neighbors.”

The Hospital performed neither the required assessment nor any traffic calming measures before developing the Outpatient Services Addition. No traffic calming measures for Hospital Drive have ever been discussed with SMASH. As noted in the submitted Traffic Impact Analysis, there is not even a speed limit posted on Hospital Drive.

Page 13 of the Proposal once again cites the recent traffic measurements, which are reduced temporarily because of the recession. The neighborhood associations expect the City to require that the Hospital install traffic calming measures on Hospital Drive, to be approved by the City and SMASH, before the City even considers the Application. We feel that the City should post a speed limit of about 20 mph because most of the cars using Hospital Drive are entering or leaving the offices along Hospital Drive or entering Lupita Road.

Condition 7

Condition 7 of Resolution 2006-83 specifies, “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.” The Hospital failed to complete these activities before developing the Outpatient Services Addition.

As noted above, the amended master plan of Resolution 2006-83 shows the southernmost entrance from Hospital Drive as “RIGHT TURN IN ACCESS ONLY.” The entrance from St. Michael’s is designated “ENHANCED PRIMARY ENTRY.”

Figure 3 shows one side of the sign at the intersection of Hospital Drive and St. Michaels Drive; the other side contains the same information. This sign does not direct visitors to the primary entry. Figure 4 is a photograph of the sign at the entrance from St. Michaels Drive. This sign does not indicate that it is the primary entry. In fact, it directs elsewhere for the “upper-level entrance,” and does not indicate a visitors’ entrance, only mentioning Specialty Services. Figure 5 is a photograph of the sign at the south entrance from Hospital Drive, which suggests that it is the primary entry for both upper-level and lower-level entrances to the Hospital.

The Hospital having failed to comply with Condition 7 for nine years, now uses as an excuse the recent traffic measurements, which are admitted to be temporarily reduced by the recession. The neighborhood associations expect the City to require that the Hospital close and/or modify these entrances as shown on the 2006 amended master plan before the City even considers the Application.



Figure 3. Sign at intersection of St. Michaels Dr. and Hospital Dr.



Figure 4. Sign at St. Michaels Dr. entrance



Figure 5. Sign at southernmost Hospital Dr. entrance

Condition 14

Condition 14 of Resolution 2006-83 covers pedestrian and wheel chair access from Camino Teresa and Encina Road. It specifies, “A minimum of two gates must be for pedestrian, wheel chair and bicycle access.” It also requires that the applicant address creating access across the campus to the bus stop, to St. Michaels Drive and to Hospital Drive.

The requirement for wheel chair access was requested by Santa Fe Trails. That organization needs to be consulted before committing to construction of a special wheel chair path across the northern edge of the campus. The transfer point for Santa Fe Trails is currently in front of the Hospital main entrance (lower-level). The bus stops on

Hospital Drive are only used by the #6 route. It is true that the most southern of the Hospital Drive stops are also used by the RailRunner shuttle and the El Dorado shuttle, but those shuttles are scheduled to accommodate employees; they are not used by the neighbors.

Pedestrian access from Camino Teresa has been provided at the prodding of SMASH, years after it was required. SMASH would consider it satisfactory to have another opening in the fence at the end of Encina Road and at each access to provide a smooth surface, not necessarily paved, from the property line to a paved parking area.

The neighborhood associations expect the City to require that the Hospital provide smooth accesses both from Camino Teresa and Encina Road before the City even considers the Application.

Diesel Generators

It is critically important for hospital facilities to have emergency backup power and to test that capability at regular intervals. This hospital campus is using diesel generators, which were included neither in the original master plan nor in the 2006 amended master plan. They are not even shown on the Proposed Master Plan in the Application.

Two diesel generators were installed near the residential property lines. Figure 6 is a photograph taken from the residential property at 1554 Camino Amado. The green diesel generator can be seen sticking up behind the wooden enclosure. The fencing barely visible on the far right side of the picture is on the residential property; there is no fence on this portion of the commercial property. The portable restroom on the left is typical of unsightly construction materials near residences. Figure 7 is a blowup with an arrow pointing to the upper left-hand corner of the generator.

During a test at 5:40 pm on 6 May 2015, the noise level on this residential lot was measured at a steady 75 dB, in violation of the Article 10-2.5 limit of 55 dBA. This noise level continued for at least thirty minutes. In 1999, the World Health Organization concluded that the available evidence suggested a weak correlation between long-term noise exposure above 67-70 dB(A) and hypertension [Berglund, B; Lindvall T; Schwela

D; Goh KT (1999). "[World Health Organization: Guidelines for Community Noise](#)". [World Health Organization](#)]. These generators also emit noxious diesel exhaust.

The neighborhood associations expect that, before even considering the Application, the City will require the Hospital to replace the diesel generators with better technology, to move them, or otherwise to mitigate their effects to the satisfaction of SMASH.



Figure 6. Diesel generator enclosure from 1554 Camino Amado



Figure 7. Blowup of diesel generator enclosure (arrow points to generator)

Truncated Fence

The 1985 master plan provided a fence “for the northern and eastern portions of the property boundary which adjoin the residential neighborhood ... to provide the needed privacy and security.” A fence was installed along the portions of the boundary which are adjacent to residences with Lupita Drive and Camino Teresa addresses. However, the fence did not extend to the residences with Camino Amado addresses, as shown for example in Figure 6.

The neighborhood associations expect the City to require that the Hospital extend the fence until it borders the three adjacent residential properties with Camino Amado addresses, before the City even considers the Application.

3. No Special Use Permit for New Inpatient Wing

This section becomes relevant when the City decides it is time to consider the Application. This section presents 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.

The rest of this section discusses these objections in further detail.

The current use is already inappropriate for the site.

The intense commercial use is already a taking, in that it has deprived homeowners of the enjoyment of their property. Even if the Hospital tried to comply with its requirements and made an effort to be a good neighbor, the use would be too intense for a site adjacent to an established residential neighborhood.

As mentioned above, the hospital campus has become one of the most intense commercial activities in Santa Fe. Helicopter flights, originally rare, have become more and more frequent, up to four or more in a day. Heavy trucks deliver materials to staging areas adjacent to the residential properties. Dumpsters near the residential properties are noisily filled and emptied. Diesel generators produce noise on residential property that exceeds legal limits by up to 20 dB, not to mention noxious fumes.

Many of the homes that were here before the hospital and were designed to make use of high-desert “Santa Fe air conditioning.” Windows were left open during the cool summer nights and then closed to keep out the heat of the day. After being awakened too many times by helicopters, some homeowners have felt it necessary to suffer the expense

and artificiality of refrigerated air conditioning, so that windows could be kept closed at night.

Traffic along Galisteo Street and West San Mateo Road has increased because of the presence of the Hospital and the failure to take planned mitigating actions. The presence of the Hospital also makes some traffic calming measures inappropriate because the Fire Department has designated them as emergency routes.

The intense use has reduced the market value of neighboring homes. For the older families in this neighborhood, the equity in their homes represents most of their personal wealth, accumulated over a lifetime of labor.

Rather than make additional investments at this location, it is time for the Hospital and the City to begin planning a move to a more appropriate site, such as the Physicians Medical Center on Rodeo Park Dr. E, purchased by SVH Support for \$14.8 million in 2011.

The application for the SUP is incomplete.

The request for the SUP is contained in Section II of the Application. In Article 14-3.6 of the City Code, subsection (C) specifies the procedures for an application and subsection (D) specifies the criteria for approval.

Article 14-3.6(C)(1) states:

Special use *permits* shall include approval of a site plan and other site *development* drawings necessary to document that the type and extent of *development* proposed can be accomplished in conformance with applicable *development* standards.

In fact, the development is not in conformance with applicable development standards, but requires variances. As will be shown in Section 7, the requested variances are inconsistent with the law and should not be granted

Article 14-3.6(C)(2) states:

The *application* shall indicate the section of Chapter 14 under which the special use *permit* is sought and state the grounds on which it is requested

The application fails to indicate the section of Chapter 14 under which the SUP is sought.

The Hospital is applying for the SUP without providing any indication of its expected future needs. The Application needs to provide a background to assist the City in judging the appropriate use of the present site.

The Application does not state specifically the special use for which the Hospital is applying. The Application confuses the SUP with the Project.

The Application implies that the special use is merely the elimination of semi-private rooms. However, the scope of the Project greatly exceeds that use.

The Application does not provide the data needed to support the number of new patient rooms. How many actual beds are in the Hospital? How many semi-private rooms?

The use for the first floor is not stated, but it does not seem to include additional patient rooms. If the SUP is intended to cover the Project, it does not specify all of the special uses.

Granting the intensification requested by the SUP would adversely affect the public interest.

Article 14-3.6(D)(1)(b) states that to grant a SUP, the board must make the following finding:

(b) that granting the special use *permit* does not adversely affect the public interest, and

The Application submits one public-interest justification for the SUP; namely, that patients in private rooms heal faster. However, this is one of many findings in a 2005 literature review [*The Use of Single Patient Rooms versus Multiple Occupancy Rooms in Acute Care Environments*, Coalition for Health Environments Research]. This report is available online at

https://www.healthdesign.org/sites/default/files/use_of_single_patient_rooms_v_multiple_occ_rooms-acute_care.pdf

That report includes many other findings, including:

- Isolation in private rooms with proper ventilation systems stops infection from spreading. In an informal meeting the Hospital discussed upgrading ventilation systems in the existing hospital, but that topic is not discussed in the Application.
- Multi-occupancy rooms may be more appropriate for patients who are more likely to fall.
- Some researchers discovered that patients in private rooms were more likely to use narcotics.
- Mixed results were obtained in studies and surveys of patients' preferences for room design, although the majority of patients prefer single room.
- Patient stress can be reduced if preoperative patients are assigned to rooms with postoperative or non-surgical patients.

From these findings, it appears that a mix of private and semi-private rooms is desirable, with the allocation of a particular patient being based on the judgment of the physician and the preference of the patient. It appears that the current mix of rooms in the Hospital, mostly private with a few semi-private, is already optimal. Therefore, there is no public-interest justification for the SUP.

Rather, the allocation of resources to the Project would be contrary to the public interest. It would divert resources from other needs, such as increasing nursing staff, providing on-site availability of critical-care ground transport, and reducing city-wide exposure to helicopter noise by moving the Hospital to a more suitable location. Therefore, 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.

Article 14-3.6(D)(1)(b) states that to grant a SUP, the City must make the following finding:

(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.

Article 14-4.3(A) states that the C-1 district “serves as a transitional buffer between more intense commercial use districts and *residential* districts.” As described above, the hospital campus has developed into one of the most intense commercial uses in the city. The worst problem is noise, but the presence of the Hospital also has limited the options for traffic calming. The Santa Fe Fire Department has opposed traffic-calming measures on the adjacent streets to assure emergency access. The residential neighbors are also impacted by noxious fumes and inappropriate lighting.

Intensification of the use of this site is contrary to the purpose of the C-1 district. Rather, there should be a reduction in the intensity of use. Because modern hospitals are no longer quiet zones, some are being moved away from residential neighborhoods. For example, the University of Colorado Hospital in Denver moved away from a residential neighborhood to a site on a former military base

Further development of new patient rooms should be at a more appropriate location. Patients requiring neither emergency services nor surgical services should be accommodated at another site, such as the Physicians Medical Center on Rodeo Park Dr. E, purchased by SVH Support for \$14.8 million in 2011. Plans should also include eventual relocation of emergency services, to reduce the traffic of emergency air ambulances.

4. Conditions on Approval of a 2015 Special Use Permit

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. 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 [intensity, 14-3.6(D)(2)(k)]: The number of parking spaces on the Hospital campus shall not exceed 1,492 without modification of this Special Use Permit.
- Condition C [screening, 14-3.6(D)(2)(b)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital shall restore a 25-foot drought-tolerant landscape buffer along all residential property lines.
- Condition D [screening, 14-3.6(D)(2)(b)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital shall provide, on the R-2 zoned portion of the hospital property, a 20-foot landscaped setback from all property lines.
- Condition E [vehicular circulation, 14-3.6(D)(2)(c)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital shall make the south entrance from Hospital Drive an entrance only.
- Condition F [street improvements, 14-3.6(D)(2)(d)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital 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 G [pedestrian circulation, 14-3.6(D)(2)(c)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital shall provide smooth pedestrian accesses from Camino Teresa and Encina Road with minimal grades consistent with the topography.
- Condition H [vehicular circulation, 14-3.6(D)(2)(c)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital 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 I [noise attenuation, 14-3.6(D)(2)(e)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital 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 J [screening, 14-3.6(D)(2)(b)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital 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 K [noise attenuation, 14-3.6(D)(2)(e)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital 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 L [noise attenuation, 14-3.6(D)(2)(e)]: Before applying for a building permit for the Inpatient Bed Expansion Project and once per year thereafter, 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.

- Condition M [noise attenuation, 14-3.6(D)(2)(e)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital shall provide a smoking area for employees that is isolated from the residential neighborhood.
- Condition N [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 O [noise attenuation, 14-3.6(D)(2)(e)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital shall move all dumpsters on the campus to at least 300 feet from residential property lines.
- Condition P [fence regulations, 14-8.5(C)(2)]: The Hospital shall erect a solid masonry wall not less than six feet in height along the edges of each parking lot that is within 50 feet of a residential property line. The wall shall be between the parking lot and the perimeter fence.
- Condition Q [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 7 a.m. and 7 p.m.
- Condition R [open space, 14-3.6(D)(2)(a)]: Within 60 days, the Hospital shall cease outdoor storage in the North area of the campus.
- Condition S [screening, 14-3.6(D)(2)(b)]: Before applying for a building permit for the Inpatient Bed Expansion Project, the Hospital shall make repairs to the existing border fence as approved by the Land Use Director.
- Condition T [periodic review, 14-3.6(D)(2)(o)]: Hospital compliance with the master plan, the Special Use Permit, and these conditions shall be reviewed annually in a public meeting at 6 p.m. on the second Thursday of October, commencing in the year 2016.

5. Amendments to the 2006 Master Plan

This section becomes relevant when the City decides that a proposed SUP can be granted. This section presents objections to certain proposed amendments to the master plan. It also proposes additional amendments that the City should require the Hospital to include in the Application, for the benefit of the residents of Santa Fe as well as the adjacent neighborhoods.

The Application includes proposed amendments to the 2006 master plan that are not related to the proposed development. These are acceptable to the adjacent neighborhoods. In particular:

- The deletion of all of the proposed but unbuilt buildings eliminates a threat of further traffic, parking, noise and pollution.
- The proposed storage building should help the Hospital to cease outdoor storage in the open space of the North area of the campus.

Also, the proposed adjustments of area boundaries appear to be minimal.

The two remaining amendments proposed in the Application are:

1. Hospital Drive Access Restriction
2. Removal of the Ring Road

This section discusses those proposed amendments as well as two additional amendments to the master plan that the City should require the Hospital to include in the Application :

1. Facilities for Emergency Backup Power
2. Facility for 24/7 Availability of Critical-Care Ground Ambulance

Hospital Drive Access Restriction

One amendment proposed in the Application is labeled, “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,” but is not supported by further specific discussion. The changes at St. Michael’s Drive are irrelevant to this issue. For convenience, we repeat here the discussion in Section 2.

The newly modified St. Michael’s exit is like a Restricted Crossing U-Turn (RCUT) Intersection. The RCUT is characterized by the prohibition of left-turn and

through movements from side street approaches as permitted in conventional designs. Instead, the RCUT intersection accommodates these movements by requiring drivers to turn right onto the main road and then make a U-turn maneuver. A fully implemented RCUT would accommodate U-turns with a one-way median opening 400 to 1,000 ft after the intersection. The following is from the Federal Highway Administration publication no. FHWA-HRT-09-059 on RCUTs:

The RCUT intersection appears to offer substantial safety advantages over conventional intersections. For example, for the RCUT intersections on the U.S. Route 23/74 corridor in North Carolina, there was a 17-percent decrease in total crashes, a 31-percent decrease in total crash rate, a 41-percent decrease in fatal/injury crashes, and a 51-percent decrease in fatal/injury crash rate. Higher reductions were observed for the three unsignalized RCUTs that replaced conventional intersections on the Eastern Shore of Maryland. For the U.S. Route 17 corridor in North Carolina, total crash rates were found to be lower than the 10-year average for 25 signalized conventional intersections in Charlotte, NC, with comparable annual average daily traffic.

This safety improvement to the St. Michaels exit has no bearing on the south entrance on Hospital Drive.

The restriction to the south entrance from Hospital Drive were developed to reduce the intensity and impact of traffic on Hospital Drive. Having failed to implement this requirement for nine years, the Hospital chooses to give weak excuses rather than cooperate with he neighborhood.

This amendment should not be approved.

Removal of the Ring Road

The 1985 master plan did not include a ring road. In discussing the internal traffic circulation, p. 14 of the 1984 Master Plan Report made the following observation [original usage of commas retained]:

It appears, that the original traffic circulation pattern for the hospital and immediate environs may have been designed as a loop system with access roads from the loop to entrances and parking lots. The truncation of the loop eliminates a continuous flow of traffic around the hospital, resulting in discontinuous roads and access routes terminating in parking lots.

Nevertheless completion of the loop road was discarded for two reasons. The first was that the constant flow of traffic in front of the Psychiatric Treatment Center would

have an adverse impact on the treatment of patients. This objection is no longer valid because that facility does not exist.

The second objection was that the modifications required were projected as a major expense. Nevertheless, the ring road was restored in the 2006 amendment.

In the Application the Hospital wants again to remove the ring road, giving two reasons. The first relates to the restriction of left turns from the St. Michaels exit. As noted above, the change to an RCUT intersection is a safety improvement, not a restriction. It has no bearing on the benefit of the ring road.

The second reason given is that residents along the edge of the hospital would like the ring road to be eliminated, based on input at an informal meeting. However, restoration of the 25-foot landscape buffer and completion of the barrier fence will reduce impact from the ring road. Of greater interest to the neighborhood at large is the elimination of the exit at the south end of Hospital Drive. If the internal circulation can be made adequate without that exit and without the ring road, then elimination of the ring road is acceptable.

Facilities for Emergency Backup Power

As noted above, it is critically important for hospital facilities to have emergency backup power and to test that capability at regular intervals. A master plan that excludes provision for such capability is deficient.

The proposed master plan still does not include the existing facilities for emergency backup power. The existing diesel generators, which were installed without appropriate review and approval, have unacceptable noise and pollution impacts on the adjacent neighborhoods.

The City should require the Hospital to include in the Application amendments to the master plan that specify the location of emergency backup power. These amendments should, for each building on the campus that requires emergency backup power, provide for that capability in a manner acceptable to the San Mateo Area Society of Homeowners.

Facility for 24/7 Availability of Critical-Care Ground Ambulance

The City should require the Hospital to include in the Application an amendment to the master plan that provides a facility for availability of a critical-care ground ambulance. Prompt availability of appropriate ground transport should reduce the frequency of helicopter flights, thereby mitigating the impact on the residential neighborhoods under the flight paths. It would also benefit Santa Fe patients by providing emergency transport at much lower cost, with less risk, and with less stress.

Helicopter transport is both expensive and risky. A law that deregulated the airline industry in the 1970s has prevented states from capping the amount that air ambulances can charge. Patients in New Mexico have complained to the Department of Health after receiving bills for up to \$50,000. Some patients have been transported to Christus St. Vincent only to be transported again to a higher level of care.

There have been at least two crashes involving air ambulances based in Santa Fe with three fatalities. The company based at the Santa Fe airport, Tristate Careflight, has had other fatalities.

The Federal Aviation Agency (FAA) permits little local control over helicopter flights. Previous hospital management has used its influence to at least encourage pilots to follow preferred flights paths. Current management declines to do that, advising residents to call the FAA.

The new master plan should include a facility for a critical-care ground ambulance and its crew. An on-site team can deliver patients to Albuquerque promptly in an environment that is less stressful than that of a helicopter. This would reduce the financial impact on patients and reduce the noise impact on residences near the hospital and on residences under flight paths.

The facility could be an adaptation of a portion of the emergency room or a separate building. The ambulance and crew could be provided by the hospital, but might be better managed through an arrangement with an existing service, such as the Santa Fe Fire Department or a private provider.

The New Mexico Public Regulations Commission is accepting applications for critical-care transport tariffs. The tariff can be and should be sufficient to recover all costs and an appropriate portion of administrative expense.

6. Development Plan for New Inpatient Bed Wing

This section becomes relevant when the City decides that a proposed SUP can be granted. This section describes deficiencies in the development plan that make it inconsistent with the City's goals for the South Central Highway Corridor.

In an informal meeting with neighbors, the architects for the proposed building stated that a variance request would only be requested for a two-story building, but that the foundation and structure would be designed to support later expansion to four stories. At the Neighborhood Notification Meeting, the architects stated that the plan for an eventual four-story building had been abandoned. As proposed above as Condition O, the City should obtain assurance that the foundation and structure are not specified to support more than two stories.

The neighborhood associations have identified the following deficiencies in the development plan, each of which is discussed further below:

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

The architectural style of the Project is not compatible

One of the standards on Pg. 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.

The development plan has no provision for water harvesting

When it comes to water conservation, Santa Fe is a leader in the Southwest. The Hospital, with its 40 acres, should be setting an example in water management. The

Project should be an opportunity to develop a comprehensive plan for water management over the entire campus.

However, the Project includes no plan for harvesting water. For example,

- There is no reference to the Landscape Irrigation Design Standards available from the City.
- There is no plan to recover rain falling on the new addition or on any of the existing buildings. The Hospital is currently engaged in an extensive roof modification, without any apparent plan for capturing water.
- There is no provision for cisterns other than one used for irrigation along St. Michaels Drive. The only other plan for capturing rain falling on parking or open space is to have tree wells depressed from the local parking areas. It is not clear how this will be managed because the boles of the existing trees do not extend below the level of the paving. Also, there is no mention of swales, check dams, French drains, or Santa Fe drains, as described in *Harvest the Rain*, by our neighbor Nate Downey.

7. Variances

This section becomes relevant when the City decides that a proposed SUP can be granted. This section explains why the requested variances are inconsistent with the law and should not be granted

Variances are intended to afford relief from the strict letter of an ordinance to protect against individual hardships related to the unique circumstances of a particular property. Gould v. Santa Fe County, 131 N.M. 405, 408, 37 P.3d 122, 125 (Ct. App. 2001). That same citation includes the following:

The purpose of variances is not to effect amendments to what are perceived to be flaws in the zoning ordinance, of to effect re-zonings, nor to alleviate the personal problems or inconveniences for property owners.

If special or exceptional circumstances do not exist, the variance cannot be granted, and the applicant must seek a change in the underlying zoning restrictions. Downtown Neighbors Association, 783 P.2d at 967.

Variances are extraordinary exceptions to the system of planned zoning adopted by municipalities and counties. This system is designed to promote and protect the public health, safety and welfare. Variances are intended to permit a property owner to make a reasonable return on his or her property where the physical characteristics of the land would not otherwise allow the owner to make use of it. However, variances are to be granted sparingly and based upon objective standards. Variances are not designed to allow application of zoning standards on only a case-by-case basis, thereby undermining existing zoning ordinances.

The Hospital is seeking variances from regulations that are intended to provide a feeling of low impact and ample open space along the South Central Highway Corridor. It is also seeking variances that are intended to limit the intensity of use in a C-1 district.

In the Application height variances are necessary only because the building design contains an extra floor for which no use is specified. This is not justification for a variance.

The requested sign variance is also unnecessary. 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.

APPENDIX

Petition