

**PLANNING COMMISSION MEETING**  
**February 17, 2004**

Conceptual approval of Lakeview Hospital Commercial PUD, and PUD Conditional Use Permit Public Hearing.

Present: Chairman Mark Green, Vice Chairman Larry Rigby, Tom Smith, Duane Gardner, Michael Allen, City Attorney Rusty Mahan, City Engineer Paul Rowland and Recording Secretary Connie Feil.

Ron Craven and Jake Boyer representing the Boyer Co., Steve Anderson, Lakeview Hospital administrator, were present.

Paul Rowland "The hospital along with the Boyer Co. is proposing to build a medical building office building and will be referred to as a MOB from here on out. On the northwest corner of the existing hospital. Take a look at this drawing, it shows it pretty well as it sits on the existing site. Hospital here, the old laundry here, it's the new MOB but now will be the old MOB and was built in about '94'. Right here the creek comes down along the backside here with the new one here. Currently there is parking under right where the new proposed office building is, right here. The site is in the dashed area right here so it takes out parking that is right off the west side of the entrance to the hospital. OK, so everybody understands where this is going."

Paul Rowland "Three stories, it is going to be built in such a way that, in fact it comes down and takes out that row of parking right there on the next terrace down. You know how the parking is terraced up there? The main entrance into this new MOB will be at this second terrace down parking level. So that the third level of this new MOB will correspond with the second level of the hospital. The intention being that, this being somewhat of a women center, the second floor of the hospital being maternity wards. They want to work the thing together through an elevated walkway between buildings."

Paul Rowland "The reason we are here tonight for a public hearing is that the Boyer Co. And the hospital would like to do this a little bit different. Rather than establish a whole new parcel of property with landscaping and parking to support this MOB, they want to just buy the piece of ground immediately under that building and build the building, retain the ownership to both and lease the whole facility back to the hospital. Now, when this MOD was built, it actually exists on a separate lot. I think the lot line goes right down through there. So it has frontage out on the street, it has all its own parking plus this over here. It shares parking, obviously, with the hospital because the whole parking lots are tied together. It is on a separate lot not owned by the hospital but leased to the hospital so they have full control of all that parking and medical office here also."

Paul Rowland "Now in order for them to meet the requirements of our zoning ordinance, this has to be put into a PUD, a Commercial PUD similar to Renaissance, so that all of the parking around here can be put into common area, all of the landscaping can be put into common area and they can therefore share all the parking and landscaping."

Rusty Mahan “All of the parking would not have to go to support the building.”

Paul Rowland “That’s correct.”

Paul Rowland “I think that it is about 40,000 sq. ft.”

Mark Green “43,000 sq. ft.”

Paul Rowland “43,000 sq. ft. with doctor offices. I had heard about putting with doctors offices mammographies facilities making it centered around a women’s clinic type of operation. OK that is the background for why it is in here for a conditional use permit as a Commercial PUD development in the hospital zone. Remember we modified the zoning ordinance last week it will go to the City Council in a couple of weeks to allow for just this kind of eventuality that a Commercial PUD could go into a Hospital Zone. This was just overlooked when the current ordinance was put together.”

Paul Rowland “When they first proposed this, the hospital and Boyer, they realized that they were taking out a lot of prime parking stalls right here. Adding a bunch of additional square footage and if you go off of straight calculation of so many parking stalls for many square feet, they were going to come up way short. So they actually looked at a couple of parking lots across the street. One down here in this area that is currently already owned. I believe the hospital corporation already owns this one which could facilitate about 20 to 20 something stalls. And then this lot up here which can take 73 stalls. When it was first a, when Dave Dickson, the architect, first approached me with this I said “Just like everybody else, nobody is going to walk from here too here. Even requiring this to be employee parking for this, I can see nurses coming out of here late at night being extremely nervous about walking all the way through this big long parking lot. Tromping across that road and into this a fairly obscured and way out of the way parking lot. So, they have looked at it again and by modifying this parking lot adjacent to the laundry building and adding some parking over here next to the helicopter pad they were able to come up with a net of 23 stalls after you take out what was lost in this area.”

Larry Rigby “They need how many?”

Paul Rowland “One hundred and what did I say? One hundred and eighteen or something like that....”

Larry Rigby “They have picked up 23.”

Paul Rowland “That is right. Now, here is where the spin on this proposal comes in. Currently the hospital is only operating between 32 and I have talked to Steve Anderson, the administrator, he said that the year end average for last year was, I believe, 34%.”

Steve Anderson “ 32.4%.”

Paul Rowland “32.4% is what the architect used when he submitted the parking plans to me.

They are proposing that, with only a 35% occupancy rate in the hospital and obviously the day this opens not probably not being full in the MOB and, they are anticipating it taking a couple of years to get that completely staffed and utilized. That they not be required to put in all of the parking on day one. That this parking, this parking be put in and start using up the unutilized parking in this area. Now I have to admit that I have not been there at night a lot lately and I have not been in this parking lot at night I don't think ever. I have always parked over here next to the heli-pad. I have driven through it a couple of times in the recent weeks to look at it in the middle of the afternoon and there was in excess of 100 parking stalls open in this parking lot. I did not even go to this one. They are asking that they be delayed in meeting the requirements of the parking ordinance. They are not asking that they be a the parking ordinance be waived, just that they be delayed in meeting the requirements of the parking ordinance. Understanding that they anticipate that, that they project, over the next several years their occupancy rate, their target occupancy rate, in the building will be at about 50%. I think that with the summer being a little higher but overall the yearly average being about 50%. At that point, they also understand that this will probably will be full and completely functional and there will be a need for parking. More parking out along this street is not acceptable. That is just, it may work up in Summerwood, but more parking on Medical Drive is just not acceptable nor tolerable. And at that time, taking with Mr. Anderson, they have committed that they will find additional parking including, up to and including, a structure over in this area. This area is custom built for a structure. We have all been over there and it is about one story tall with a drop down off of the heli-pad. Could be excavated out, put in a lower level of covered parking and upper area of exposed parking and possibly even one more up above street level. That is the background in it. Again, parking ends up as the biggest issue.”

Michael Allen “Why a, why two years?”

Paul Rowland “Why two years?”

Michael Allen “As a projection? Who projection is this based upon?”

Paul Rowland “That is based on Lakeview Hospital’s projection of what they anticipate their growth rate being. That is what they are projecting this and some.”

Larry Rigby “In two years this will be full and this will be at 50%?”

Paul Rowland “After this is opened, two years after this is opened, obviously this isn't going to do anything until the doors are opened and you start putting doctors in here, but that is the projection that it go up that 15% between that opening date and two years later. In addition to this, we have colored art work here, they are also anticipating doing a big face lift to the front of the hospital. Updating, I don't do colors very well, but this is a color elevation. This is looking from the west. This is going to be what the new office building looks like. Looking from the west of the hospital, obviously up above it. This is the new hospital looking from the north on that side of the MOB.”

Tom Smith “No one likes going in that door right?”

Paul Rowland “This door? Because they can’t park close to it?”

Larry Rigby “Can’t get there.”

Tom Smith “They can’t get there from here.”

Mark Green “Are you going to be able to go in that west door of that building from and get to the first floor from this building?”

Paul Rowland “No, you can go into that building up two flights of stairs or up the elevator and onto the second floor. There is no direct access out of the building onto the first floor.”

Mark Green “So they are actually going to change the elevation of this parking lot right here. Cause there can’t be the exactly the right.”

Paul Rowland “They will probably change it a little bit. And this diagram is not correct with the latest site plan that we’ve gotten. In fact his one right here shows this parking eliminated and this parking right here being retained. May have to change the elevation up and down but probably down would be my guess.”

Duane Gardner “I’m having a trouble seeing at what we need to focus on here. There are a bunch of questions I would ask. I assume that the hospital has a board and somebody has looked at this and we can afford this and I’m not sure what we need to be concerned about. Is it just the parking?”

Larry Rigby “Parking ratios.”

Paul Rowland “The parking and if you are concerned about how this is being laying out are you concerned.”

Duane Gardner “Who initiated this project?”

Rusty Mahan “If I could answer that. The Boyer Co. initiated it. And what we need to do is just what we did in the last hearing. Is to determine whether a conditional use permit should be issued and there will be a public hearing and if any conditions are to be imposed upon it, now would be the time. Commercial PUD’s require a conditional use permit. The reason this has to be a PUD because the building itself will not have enough independent parking or frontage. So this will become one unit, not that one, this will become one PUD. This will be unit one, this will be unit two, presumably, and all or part of the parking and landscaping will be common areas. So it requires a conditional use permit from the Planning Commission in order to move ahead with that....”

Duane Gardner “We don’t need to worry about the fact that, apparently the hospital is selling this to Boyer, it is the Boyer’s bull that is being gored as we discussed it.”

Rusty Mahan “That is possible, we could vote.”

Paul Rowland “They are all hear.”

Rusty Mahan “They are the risk takers, it is up to them.”

Mark Green “Before we go too much further does the owners want to...”

Rusty Mahan “Ron Craven is here from the Boyer Co.”

Ron Craven “Jake Boyer part of the Boyer Co. and our architect for them. Chief administrator at Lakeview Hospital, Mr. Steve Anderson. We are happy to answer any questions that you might have. I think that Paul, you have done a nice job in outlining the scope of the project.”

Paul Rowland “Come on down. No body else gets to stand up.”

Duane Gardner “The point is the question that I raised aren’t anything to do with us. If they want to do those kind of things, all we have to do is worry about is whether or not this PUD meets the requirements.”

Paul Rowland “Or are there any conditions that you feel that it’s failing in that they need to further meet.”

Duane Gardner “There are questions I would ask all over the place but they are business questions of theirs and I’m not sure how they apply to us. Why don’t they put a big parking lot under that building instead of go through the ground?”

Paul Rowland “Why don’t you ask them that?”

Duane Gardner “Why don’t you put a big parking lot under the building rather than go through the ground?”

Ron Craven “Good question. A parking garage is obviously an expense to the building and if you were going to add parking to this hospital campus you would want it on the east side of the campus rather than the west side of the campus because of the elevation. From a customers perspective you wouldn’t want to walk into a hospital building and walk into a parking garage. So, because of the elevation, the first floor level of this building would be a parking garage.”

Duane Gardner “Just for clarification, Paul said that we were eliminating the prime parking place for the entire hospital.”

Jake Boyer “Just one row, the one closest to the building on this side is what we are eliminating.”

Ron Craven “And this drawing really doesn’t do justice. We recognize that this is the main entrance to the hospital. The architectural drawings of this building, you can see the angles of the hospital, will draw people to the front door. There will be very nice landscaping, walkways that will naturally guide people the front door. So we recognize that this is the....”

Tom Smith “Your right this does not show on the plans very well.”

Larry Rigby “Is there not a rezoning issue as well across the street?”

Paul Rowland “No, no. That is only if they were to purchase this piece of property and propose that it be put into a parking lot. Only half of that is in the hospital zone and the other half is in the residential zone and would be required to be rezoned in that one portion of that lot. Right now, after preliminary discussions with the architect, these two are pretty much off the board.”

Mark Green “But this is out of the hospital zone too. This is, it says right here that 20 of the stalls are situated.”

Paul Rowland “No that is one.”

Mark Green “I have to tell you this. I have been on the Planning Commission for 13½ years and quite frankly there is never a bigger issue that gets into trouble than parking. Parking is the number one thing that we get negative feed back on with parking. Literally overall the proposals we have gotten, this is the most confusing. I read 73 stalls here, and 71 stalls there and 641 here and 752 here. It is confusing.”

Rusty Mahan “It is basic in its fundamental essence. As the occupancy level of the hospital rises they will need to come up with more parking.”

Mark Green “But that is like saying that Wendy’s down the street their business is going to increase 10% over the years so they can extend. We never make those kind of concessions to anyone.”

Rusty Mahan “That is true.”

Mark Green “I think it is unfair and sets a lousy precedence.”

Ron Craven “The two years, but the two years there is nothing magical about the two years. We are saying that if you take a snapshot of the hospital campus at any given time, there is an excess of 100 parking stalls that can be used. The hospital is saying, because of hospital capital, they are saying rather than build a parking garage now because the site does not justify it, we will build the parking garage when occupancy can justify it. If that is in six months, there is nothing natural about the two years. The hospital has projected that there will be a percentage increase every year and based on their projections, they think that in two years the occupancy will be at 50% and that will be the trigger. There would be nothing that would delight the hospital more than that to happen in 8 months or 9 months or 12 months and then it kicks at that time.”

Mark Green “I have been by the hospital at all hours of the day and all times of the year. I will be the first to agree that there are empty stalls. I have never had trouble finding a stall. I have had trouble finding a premium stall. My argument is this. The ordinance is the ordinance. You or someone has to convince me that there is a way to facilitate what we are proposing here.”

Larry Rigby “I’ve got a little heartburn with this project myself. See if I have this clear in my feeble mind here. Really what we are doing is we are taking out this parking to put in a woman’s center, pediatric situation there. The spaces that are always left are down hill here. If we take out this and don’t build this parking structure here these pregnant women and women carrying their little babies are going to be walking from a far distance to get to this facility so the developer can save money by not building this in direct to opposition to our code. I say “If we come in with a 43,000 sq. ft. build, stand up to the counter and build enough parking to be within our zoning requirements, now. I have never seen, I have been hanging around for a few years, and never seen a project approved based on, we are not in business with the Boyer Co., a percentage of occupancy. Every office builder would love that. Come along and say when we are full we will build some more. That is not the way the zoning code reads. I oppose that myself, unless I knew more about it than I do.”

Duane Gardner “Is that proposed?”

Paul Rowland “That is proposed.”

Larry Rigby “They will build that when they are ready.”

Ron Craven “Right now the way this project is proposed, that with this project, the developer improves parking, adding 38 stalls here and another 25 stalls here, so that is dollars spent. These are, this is reconfiguration where we add net stalls to the project.”

Mark Green “That is 63 net added stalls.”

Larry Rigby “But you still need more, right?”

Paul Rowland “No you don’t net add that many because you lose 30 something right down here. There are two rows right here that get taken out.”

Ron Craven “So we add 63 and take away 30 and we end up with approximately 23 net is the number.”

Mark Green “23 is the net number.”

Paul Rowland “That is what I have in the net.”

Ron Craven “We are saying that with a project that has a sea of parking, it is not in the communities best interest to have any type of development, whether it has retail, hospital or residential, where you have a sea of asphalt with vacant parking.”

Mark Green “Agreed.”

Steve Anderson “We have 100 to 150 empty everyday. And it seems incredible to go to my company and ask for one million dollars to satisfy adding 138 more parking stalls when there I’ve got 100 to 150 empty today.”

Larry Rigby “So it is a matter of timing? You are going to get there though, right?”

Steve Anderson “That is the plan. I am here to grow the hospital.”

Larry Rigby “I’m saying that if you are going to get there and you are planning on it and you build that big of a structure, lets accommodate the parking from the get go. You know it’s going to get done and you know it is within our code. Otherwise we are jumping out of our zoning codes and setting a precedence. I don’t know that we have offered this to anyone else.”

Mark Green “That is the problem.”

Jake Boyer “What if there was a fixed date after the time of the opening of the facility?”

Mark Green “I don’t know. That is debatable.”

Jake Boyer “It is not a mystery to you as to when?”

Mark Green “That is what we are proposing here basically because we have a fixed date.”

Steve Anderson “I don’t want to get into your zoning laws. This is somewhat a unique, I don’t want to criticize anyone or judge them. All I am saying is that we have a hospital with a relatively low occupancy rate compared to most any other hospital. The formula that you use is not based on demand. Your formula is based on square footage. We have much square footage today that vacant in the hospital. For me to go to my organization and say give me one million dollars now because you have to believe me that in three years I am going to grow the volume 40%, I don’t know what organization that will listen to a CEO that says, Believe me that I am going to grow the volume 40% in three years and give the one million dollars now because they need to believe me. Verses as we grow incrementally showing that we are at 50%, ok, yes Steve the hospital has grown 40% in three years. Yes now you can have one million dollars to put in a parking structure. I don’t know of any company who would reasonably write out a check for one million dollars.”

Larry Rigby “That is a business decision.”

Rusty Mahan “This is a public hearing, there are some people that have been here quit a while. Maybe you could get the public hearing, get their input than if anybody who needs to leave can do that and then come back to these questions.”

Mark Green “Good idea. Thank you. That is why we have such a good staff that keeps me out of trouble. So if we are ok with that we would like to open the public hearing. Again the rules for a public hearing, we would like to hear everyone’s concerns. We would like to encourage you not to be too repetitive. Start first of all with your name, your address so we can identify who has spoken at the public hearing. Voice your concerns in favor or in opposition of the subject.”

Pepper Murray “I am a practicing orthopedic surgeon and have some personal experience with this property and my major concerns is parking. Not that the project should go forward I think that Steve Anderson is a very capable CEO and I think that the hospital will grow and should grow. But the issues are these. These stalls proposed here, I practice in this building, Sam Wilson’s building for ten years and there was an never ending heartache of under parking. Sam Wilson has 10 stalls promised to his office for use from the hospital currently. So you have to net out 10 stalls for that use. Because of the volume of those three physicians in that office spills over the hospital and the hospital spills over to their parking lot. From 10 years of personal experience there is not near adequate parking to cover this and that puts people in the fire lanes because if someone can’t get to that office or can’t get to the ER they are going to park in the fire lanes. Significant issue. Me, as an on call physician will come and there is not enough physician parking. Steve Anderson graciously built new stalls here, but even then, I will arrive and there is not enough stalls currently. That pushes people out onto the street up here and down around the hospital. Again, the fire lane access, street parking issues, I think are a significant thing that you ought to consider.”

Pepper Murray “The issue about construction, if this is allowed, if the 43,000 sq. ft. is built here where are the owners going to stage their construction from? During construction on this, if there is a parking structure here, most, all of the parking here is going to close for construction and staging areas. That will push people into other areas and I think that it should be considered, at this time, on whether nor not they have propose space. How many of these stalls are going to be shut down during construction of this and how many stalls will be shut down during another construction? Those are my real heartburns in that I am actively interested in the success of the hospital. I feel like I need a premium parking place when I am in and out in the middle of the night. I think that my patients deserve premium parking space instead of walking from long distances on icy terrain in and out of the hospital. I just think that the parking is the key issue and should be addressed now rather than put off later.”

Chris Unwin “I live directly across the street from the hospital. I agree with what Dr. Murray has said that at any given time there is 101 spots. I had a 70-year old mother that had to go to radiology the other day. I had to park, I had to drop her off at the emergency because she is on crutches, then I had to leave her and go park the car a long ways away. There is hardly any parking on the east at all but then start parking on the west to walk people in or in a wheelchair that is a long way to go. Also on our letter says it says northeast. We might like to see the plans a little bit better. You told us it was on the northeast corner on the letter you sent out.”

Mark Green “It takes true north there on the plans, but it is kind of northeast.”

Larry Rigby “How long is the construction time?”

Ron Craven “Twelve months.”

Kort Delost “I am a neighbor in that area. My house sits at 310 S. 750 E. And right now off from my back porch I have a pretty obstructed view. I have the hospital right there but I can see an ally way right through down the street. My viewpoint is the obstruction of it. How high is going to be when I look off of my back deck? I am used to being able in seeing the sunset and things like that. I just like to know who tall is this going to be? Our letter said northeast. So I was thinking how am I going to see over this building that is on the northeast parking lot. Even with northwest it still, I don’t how I’m going to see.”

Mark Green “It is shorter by about two stories.”

Kort Delost “I just don’t know how the visual will look. I haven’t seen what the building is going to look like and I haven’t visualized how high it is going to be, what the angle is from my house. That is my biggest concern. I do agree with Chris here. We are neighbors. I think she, we have been talking about the visual obscurity because her house is going to be worse for her I think. This is my biggest concern now.”

Greg Kjar “My address is 206 S. 1550 E.. When I heard about this I had some grief about parking as well. My feelings are much like Fr. Murray’s. As I anticipated coming to this meeting today. I walked through the hospital and did a strong pole of beds and occupancy and my strong pole has that we have a little over 50% occupancy as of this day today. I know that the numbers fluctuate up and down from time to time. The third floor has about 75% occupancy and other floors have lower percentages, but over all about 50% occupancy. I have a little bit of grief when I see that we are going to give a two year variance in letting parking be constructed at a later time. I also worry a little about what this may do to some of the property values of our colleagues in the buildings adjacent to the hospital and the building that I am currently in right now. A 43,000 sq. ft. is a lot of property.”

Peter Unwin “I live in the same house as Mrs. Unwin. I have a couple of concerns one from a personal point of view, the view it is going to be quit blite on the general landscape and it sticks so far out. If they kept the same line of the hospital that would be one thing, but it actually sticks out. It is not going to be very pleasant to look at. Maybe that is a selfish view. Another thing is that there seems to be a lot of empty medical space available all around our neighborhood. Last, I have never been over sympathetic with the situation of the medical profession. I think it is a situation where we have a overabundance of medical office space in the area. It seems that we are not short of general office areas. We have people leaving right now. What is it going to do to the remaining property in the whole area?”

Lorin Peck “I live at 174 S. 650 E. a neighbor in the area. Course my concern is parking. As I understand it, the proposal will meet he code with parking, eventually. Is that correct?”

Mark Green “That is the idea that is being tossed around, ya.”

Lorin Peck “Your not talking about changing the zoning?”

Mark Green “No.”

Lorin Peck “However they want to delay it, if there is a date, they will meet it? It is not going to be based on occupancy? Is that correct? ”

Mark Green “We have not got to that part. That idea is being proposed that we may delay the construction of it. Not that they won’t meet the requirement but there may be some delay, whether it be delayed by occupancy or time. It has not been set in concrete that has been talked about.”

Lorin Peck “That is basically may concern. If the occupancy of the hospital does not perform, which is hasn’t in all the years I have lived there, never has met the expectations of the original structure, they may not put in the parking. That is my concern that the parking should be put in and probably so we don’t change the code that we actually have parking variances. It is unfortunate that the prime parking is going to be removed. It seems to be something that a, this is not the only company that is taking away prime parking space and utilizing it in other ways. People generally get pushed somewhere else. I have a concern about that. It is unfortunate thing that you could probably look closer at. It is too late to do that. They should put the building down where the parking is least desirable. That would of been a better approach.”

Alan Collier, “1864 E. Ridge Point Drive. I’m actually retained as a consultant to a group of physicians that include Dr. Murray and Dr. Kjar. Two things that were said this evening that was a little disconcerting. The first one is related to the PUD that you anticipate as a possibility in approving this. In a PUD, as I understand, the code has been prepared on the bases on not including the hospital area. Is that correct? And I think that was probably wise although I’ve heard it being referred to as having been overlooked. What happens in the medical industry its so changing as you gentlemen well know. There was a time that you had a dentist with a dentist chair, one dentist, one assistant and a dental hygienist. Where now every dentist has six chairs or more. The same thing is happening with these physicians. They are running exam rooms with physician assistants and they are carrying more and more patients. So by not having that included in your current code for a PUD you have left yourself with flexibility to decide what types of patient services are going to be provided. That related to my second question and that goes back to the Boyer Group. We have heard it referred to as a woman’s center. How many square feet are you using as a woman’s center? Cause a 43,000 foot building is a huge woman’s center.”

Bruce Broadhead “I’m Renaissance Town Center. In hearing some of the things that were said tonight. It seems to be at odds with one another. Right now we are relocating 60,000 sq. ft. of medical office space off of the medical campus. Which coming out of the existing building that are already up there. Some are out of date and some are current. With that the hospital is proposing to build 43,000 sq. ft. so this community is going to have another 100,000 sq. ft. of new space in addition to the 100,000 that we are building. I think it is interesting that Mr.

Anderson representing the hospital, who our doctors have great respect for what he is trying to do, feels that he needs medical office building space to rejuvenate his hospital. When there is going to be approximately 60,000 feet of vacant space all around his hospital. All of which, and I'm not here to represent those landlords, put in their parking with their building and all which had existing parking. So there is going to be a massive dislocation around the medical campus as this project is proposed. I can't sit down but admire the hospital and the Boyer Company, who I have great regard for, in the proposal of a Field of Dreams. Adding the parking later, is was not something that I've known for any other commercial project. So I stand here, as I'm smiling, and I am watching carefully because I would like this same exception for the next stage of Renaissance."

Dale Liston "I don't want to take up your time but came to this meeting to comment intellectually. I do own a building on Medical Drive, 469 E. Medical Drive. We also own some property there, vacant property there. I own the building that Dr. Kjar actually practices in. I think you could say from experience that we have met the parking code for our building. We rarely have an open spot. We have to use parking on Medical Drive. Even though we have met the code and we have met the law, we find that in our building it is insufficient. Second comment on part of the office owners in the area that will be losing clients going to Renaissance Center. So that is a concern of mine also. Do we really need all this space? If we are over building it may hurt someone more than we realize. Thank You."

Kort Delost "I just have one thing to add to what I was going to say. My house actually backs against the 415 S. Medical Drive property as well. I actually had a pharmacy in there for a short time, for about nine years or so. But when the IHC Center come in we lost a lot of the docs to the IHC Center, so I just merged my store with the Medicine Shoppe down the street. I have been up there since then and it is really quit vacant. There is probably three or four offices that are vacant right now. I am concerned a little right now about the vacant office space with the possible blite learing behind. I don't know how long an owner can keep a building go up with 30% or 20% office vacant."

Mark Green "Further comments?"

Peter Unwin "Just some comments on the possible blite on the neighborhood of the misuse of the current buildings that are going to be the back riders essentially."

Mark Green "Going once. Is there any more further comments that anyone wants to make? If not, we are going to close the public hearing. And we shall at this point consider it closed and bring it back to the Planning Commission for comments and question."

Rusty Mahan "You need to recommence with the question that you were doing with the hospital and lawyer, the applicants."

Duane Gardner "Mark I am back with the original question that I asked of and there were a lot of comments about occupancy and need and financial issues. Im not sure that is our role. I have sympathy with those things. I have the same questions but probably not appropriate."

Mark Green “Right. Planning Commission cannot consider any economic impact, whether or not we have too much space or not enough space. That is not our job. Our job is to take a set of building codes and apply those codes. The real issue here today is the PUD concept and any conditions that may have be impacted by that PUD which obviously the biggest issue is parking. I think that is the issue. I don’t think that the PUD is an issue because we have done that before despite some thinking that it was intentionally left out. I do believe that it was overlooked in the medical hospital zone when we did it for commercial zones making PUD’s an option. It makes as much sense here as it does in a commercial zone.”

Michael Allen “Paul, I have one question for you based upon along the line of what Dr. Murray said. If we were to impose the conditions, if we were to approve this and put as a condition that the parking structure be constructed immediately to provide more premium spots here on this side. How would you handle the construction staging concern that was mentioned?”

Paul Rowland “For nine to twelve months you would have a heck of a mess. You are right, in order to get a structure big enough in there you would probably occupy quit a bit of that. I don’t know how portable that helicopter pad is, if it can be moved. I know that it is used, so it certainly can’t be closed. I would guess that, obviously, it would be staged in this landscape area. Staged here, this access has to stay opened. It would be too difficult to build the parking structure and MOB at the same time. Too much parking will be used for the construction.”

Duane Gardner “What are these areas?”

Paul Rowland “They are landscaped. Right now they are grass.”

Duane Gardner “Is it our, Mr. Chairman, is it our role to solve the problem or should we entertain a motion to deny it?”

Rusty Mahan “I would, if I could make a suggestion, if you have some concerns, rather than deny it, maybe you could afford another opportunity for the engineering and the Boyer Company for the hospital to talk. If you deny it, they cannot bring it back for one year. I think you would possibly want to give them a chance to revamp the proposal.

Ron Craven “I have several answers to a lot of questions but I don’t want to answer if you don’t want to hear. I can tell you that the question was just brought up about to phase and how we would park during a parking structure construction period. I have done this many times. Saint Marks Hospital, is doing it right now. What we have done many times before, which we may or may not have to do in this case based on the number we have opened. We will still have many spaces opened when we get to 50% occupancy. But that is the concession that we are making to ahead and build. What we do is shuttle employees back and forth from the parking lots. Saint Marks is doing that today. I have done that several times before. It is not difficult to do. It takes planning, it takes coordination but that is what we are going to do. We know how to plan and coordinate services very well. This is a very easy issue compared to what we deal with everyday. This is very elementary. It does not take a rocket scientist to plan it.”

Michael Allen “Do you have designated employee parking now?”

Ron Craven “I will be honest with you, we are pretty sloppy today with how we park. We could do a much better job with the employee’s off of the area from the helicopter pad and down to the lower areas. There has been so many empty spots that the parking has not been an issue. We hear complaints once in a while. We do a pretty sloppy job with enforcing where employee park today. We could do a much better job, tomorrow. I am sensitive to physicians needs to get in and out which is why I built a physicians parking lot immediately. I thought it was crazy how we had the parking going on over there. There is more that can be done today with the current space. Again it is not just the closest to park employees off site and shuttle them to the site when we do a parking structure. It is done all the time with hospitals.”

Mark Green “Any other questions from the Planning Commission? Now what do we do?”

Paul Rowland “I would be more than happy to sit down with the engineers again.”

Rusty Mahan “I think that you would want to make a motion to table it for further discussions and maybe individual Planning Commission members could state their concerns so that they could be addressed. We know what you are concerned about so it can be talked about.”

Mark Green “I hate to run them through, that, the issue is parking or no parking. You are either going to decide to build the structure now or build the structure later. The real problem isn’t the parking. It is premium parking. There is a lot of parking that just doesn’t get used now mater how sick you are.”

Tom Smith “It doesn’t get used because it is a hike. It is a major hike and there is not a door on that side of the hospital now. So after your hike you have to walk to the front door.”

Larry Rigby “Still you have to have the proper ratio.”

Duane Gardner “What are you proposing Mark?”

Mark Green “I don’t know. You have a ordinance that is pretty cut and dry with regards to parking. It says there has you have so many spaces for so many square feet.”

Duane Gardner “So is we table it do they have to come back and address that?”

Mark Green “There is no addressing that.”

Larry Rigby “Yes they can come back, maybe they will want an option, maybe or maybe not to change the size of the building and maybe adjust some parking ratios. I think in fairness to them they need to know are feeling. My feeling is, Boyer Company, I have seen there building and they do an awesome job but rather than being a ratio occupancy as far as the zoning regulations are concerned with parking structures, if your going to build it get the proper parking ratios from

the get go.”

Steve Anderson “I have one more comment. We are asking for an exception. This is a needed community hospital, a huge tax payer which provides excellent hospital care and we are trying to grow. This will be an undue burden if we are required to build a parking structure. What you are asking for from us is to create 200 extra that will be empty every single day for a number of years. Over 225 parking spots empty. I will have a very difficult time securing funds for having over 200 extra parking stalls. We are asking for an exception. We are trying to grow the hospital. The comments made tonight, I don’t know if you know the spirit of this building or what the intent is. We have OB’s today that want to practice adjacent to a hospital or any modern medical facility today. We are 20 years behind Salt Lake. We do not have a connected MOB. Every hospital has a connected MOB where there is an obstetrician to see the patient in the office, a mom in labor, where they can walk through a corridor and down a hall to deliver a baby. Verses walking down the stairs to a parking lot, weathering the storm, going across the parking lot and into the hospital. I think that the Planning Commission does not understand the spirit and intent of this building. This has nothing to do with Renaissance Center and nothing to do with competition. This has to do with providing patient care for Bountiful. For an OB Group who wants to be a big group and provide care for the people in a safer manner. There is a large segment being for an OB, pediatricians who want to be in an OB facility. And other physicians who want to be on campus and connected to the hospital. This is why nothing is being put out in left field or down in the corner of the plot. This is connected, becoming modernized and providing care that the rest of Salt Lake has had for years. We are asking for an exception. Again. If I am going to get one million dollars so I can show that 225 empty spaces, that is what you are proposing that we do if you don’t grant the exception.”

Mark Green “But still you are asking, by your own words, for an economic benefit used on only an economic benefit for us to grant a variance.”

Steve Anderson “Sure. I would hope that as a major employer and tax payer that we would be given some understanding. It is different, I think, if we need the space. I don’t mind spending a million dollars or asking for a million dollars from my company, and I can do that with a straight face, knowing that we need that parking. But to go to them and say, just so you know we are going to have 250 or 225 extra spots open every day but I still need this million dollars we will see what they have to say. My guess is that they probably will not.

Larry Rigby “Your plans are to fill it up.”

Steve Anderson “That is my plan but most companies don’t operate based on what a CEO is going to say what will happen three years from now. My projection is for very progressive growth in this market. Growth that we have not seen before in health care. To grow 40% in three years is quit aggressive. We think we can do it because we have a huge migration of people today how do not get care in Bountiful. So for me to go to my company and say “Trust me that I am going to grow this hospital 40% in three years is a bit of a stretch. But it can be done and we are doing it by recruiting several new physicians to the community who will use existing space across the street to 425 S. Building to help fill those spaces, at my costs. We are

putting people in the new building who want to be connected to a hospital. Yes, I am asking for a variance. It is hard to justify paying for a million dollar parking structure with 225 plus spaces sitting empty ever single day.”

Mark Green “Provide for me the argument for the next guy that comes in with a commercial office building who wants to build his parking lot on an as needed basis.”

Steve Anderson “I see a little difference that we are an existing building and have proven that we are not at capacity. I think that if we were a new hospital coming in we probably would not be asking for the variance. We have been here for 28 years and have demonstrated that we have a low occupancy rate and I think that is the difference.”

Ron Craven “I would like to ask a question, Mr. Chairman. The question is will this campus provide enough parking for the extra building? The nature for a PUD is to look at the entire campus as a whole. The hospital wants to control their own destiny that is why they are going to sell just a pad and not acres and acres because they have a 20 year horizon not a two or three year horizon. If you look at the entire hospital campus in association with the proposed to be, today there is sufficient parking. We believe that, I mean we have been out there on many afternoon counting and know that we have enough stalls. The question has been asked “What about the next guy coming in?” If whoever that person is if they can demonstrate they have sufficient parking to meet the needs than I think that you have done your job.”

Mark Green “Then you are opening a major pandora’s box. We are not asking you “will your campus provide enough parking. I have enough confidence in them that they have enough parking, probably even without the new structure for now, I have no question about that. Our ordinance says that you are required to provide so many parking stalls. If we are going to have a parking number that wenders with everyone that comes in, we are in trouble. We need a set guideline to go by. We have a guideline. Our question, all we are asking you to do to meet that guide line. If you want to change the ordinance that is a whole other process.”

Ron Craven “Is all we are saying is that we understand the ordinance and are committed to the parking but what we are asking from this body is understanding. We are saying we will do the parking but let them do it over time when there is a need for it. When there is a need for it.”

Mark Green “I would like to address another concern that was brought up multiple times from the residents which is the obstruction of their view. I think we would be negligent if we did not address those concerns a little bit. I don’t think that is that big of an issue but maybe you guys are a .... Aren’t your homes one block further east than Medical Drive?”

Chris Unwin “Right now currently that the light from the hospital’s flag pole shines in her kitchen window at night and they can’t see over the existing hospital. The new building will change the view they have. Mr. Unwin would like to add that maybe something to be done with the front of the hospital to make it more accessible for the people. Could the people park in front of the building and go straight into the hospital rather than park by the boiler room?”

Rusty Mahan “I have to add that from a legal perspective the obstruction of someone’s view is not something that the Planning Commission should be concerned about. The city frequently gets comments from property owners complaining about their view being blocked.

Paul Rowland “Well to recap and try to wind this thing up. All I am going to do is try to take a little confusion on the absolute numbers. As I went back through this with the additional 43,000 sq. ft. Including all the parking this modification being done here you need 100 stalls. I stated that wrong. Over what is there today. Over what is on site today between this parking and this parking. Add that in here and you net need 100 new stalls. The arguments made for delaying ay because of low occupancy in the hospital have their merits and the arguments for requiring parking up front because of the precedence that it sets have equally good merits. The reason for the PUD is to sell off one piece of property. The occupancy on the other building I don’t know what that is. The argument was made that others were required to have their parking terraces in. They were required when they were built. The argument that this is a fixture. It took over the old South Davis Hospital which was the community hospital.”

Paul Rowland “Rusty is right, if you deny it, it is dead for one year. If you run this through with conditions such as you have to build the parking stalls today, then it puts it back into the hospital’s court on what they want to do with it. Do they want to go back to their board and beg for the million bucks.”

Michael Allen “The proposal of the location of the parking structure has never changed?”

Paul Rowland “You know that actually you could put a parking structure can be any where on this site. There is so much slope on this site and where it is being proposed is the natural place because it is into the hill and already landscaped. You would net pretty good parking stalls because you would be taking out grass and putting in stalls. However, like the University Hospital and Primary Children’s Hospital you plant the parking structure 10 feet out the front door or out the west side. Anything on the west side means that you have to hike out to get back up to the main entrance. The main entrance is not easily accessible. For the general public there is the main entrance and the emergency room entrance and that is about it.”

Duane Gardner “I am uncomfortable with what I have heard with this proposal. He does not want to kill the project but feels that it is not his role to solve it.”

Paul Rowland “No but it is your role to decide that granting this exception is going to create a hardship for the community or what ever.”

Duane Gardner “I would prefer to not kill it but table it.”

Paul Rowland “If you do that please give me some direction.”

Mark Green “If there were one discussion. Build the structure now or let them phase it in over 24 months.”

Paul Rowland “Oh no, It does not have to be 24 months. It could be 24 days if you want.”

Mark Green “That’s the question. Are you going to propose anything different? If we table it, it will be four weeks.”

Jake Boyer “We would prefer, obviously, that you start moving it along. With the whole staging thing that was brought up. It is going to be a disaster to have a parking structure and the addition being built at the same time. If the choice is to do it today or have a time attached to it they prefer to have the time attached.”

Mark Green “I would be hard pressed to give you any direction as staff, unless the owner has a different proposal.”

Tom Smith “I just have one other issue that we have not talked about too much. It is a configuration problem. It seems like we have 3/4 of the parking on the only side of the building without a door into the hospital. I don’t know how you could rearrange it because of the loading dock. Last winter Mr. Smith had his mother in the hospital for a few weeks which he was there ever day. With all the snow it was slippery and had some trouble. He was able to park in the space where the new building is going. Once that building is there, if Mr. Smith had to visit his mother every night, he would need a trolley car to get him there.”

Mark Green “The trouble I see though, I have had the same thoughts. The exact same thoughts on this proposal. The site and what has happened from the onset too now has the Planning Commission handcuffed. The parking down on the west side might as well be landscaped.”

Paul Rowland “I have gone to the hospital during the morning and the lower parking section seems to service the office building next door. The piece in the middle was the one that was more empty.”

Mark Green “I just hate to table an issue if it is to delay a decision. If there are legitimate options to consider, lets table it and consider them.”

Rusty Mahan “Well I think that there are two purposes served by tabling it. One is that you can think individually about the idea of the time table issue, maybe you don’t have to think about it anymore. But they did not know what the Commissions opinion was until they came in to present it. Now that they see it, they can decide if they want to come back with a proposal that meets what you are suggesting or one that comes closer.”

Larry Rigby “Ron can I asked you a question? I know that you have done all your studies and everything but this the size of the building was set in stone, does it need to be this big? If it could be notched down some maybe it could solve some of the vacancy problems and parking problems.”

Ron Craven “The answer is we have designed the building to meet certain needs and certain functions. A majority of the building is for hospital services so the design of the building is to

meet the needs of the hospital. There has been considerable consideration for the location and the design of the building. The hospital is not asking for a variance but is asking for a delay over time to be able to build the parking structure. There is evidence that for a least a two year period of time the hospital will not need that extra parking. It is hard to justify building parking just to have it vacant. We are not asking for a variance on the parking and for saying the City is going to opening a pandora box the City is protected. The City is not granting a variance but giving the hospital time to build the parking.”

Mark Green “Decision time. What do you want to do? Is there any more question?”

Michael Allen “My feeling is that we are uncomfortable with granting an exception. Also I am uncomfortable with not identify the exact location of the parking structure and not having some type of design. It is just out there, a concept and nothing more. So I would propose that we table it and have the applicant identify where and what it is going to be. Give us some elevations, what the parking structure is going to look like, where it is going to be located. At a minium I would like to see that.”

Mark Green “Hang on just a minute. Was that in a form of a motion? The propose is that a motion?”

Michael Allen “I could rephrase that in a form of a motion.”

Mark Green “That is my question. Do I have a motion or just a suggestion?”

Michael Allen “I will make a motion to table this matter until the next scheduled Planning Commission meeting, which will be March 16, 2004. Invite the applicant, between now and then, to identify the exact location of the proposed parking structure and for light elevation. So we can see what its going to look like on site.”

Paul Rowland “Time table. Do you want to make that part of the motion? A time table for construction.”

Duane Gardner “Are they to start construction on that immediately or do we....?”

Michael Allen “I think we will have to decide later. We will have to decide a the rescheduled meeting on whether will we allow a delayed construction or not.”

Mark Green “I have a motion. Do I have a second?”

Duane Gardner “I will second that.”

Mark Green “I have a motion and a second. Further discussion?”

Larry Rigby “I’ve got one. Quick question for Ron again. I know economically it isn’t probably what you want to do but have you ever built the parking structure first? I know they go up quicker than building, a lot quicker. Would that be a , you hate to do that first because it isn’t

making you any money. But is that something that we could get out away first?"

Ron Craven "It is more than just an economic issue. We have physicians that are out of state. They want to be practicing by the end of the year, which means we need to get started right away. There is a need for this hospital in the community to provide services right now. If we are to build the garage first, you delay the project another for 8 or 9 months."

Larry Rigby "How long would it take to build the garage?"

Ron Craven "It will take 6 months to build a garage. There is nothing, you don't have to be a rocket scientist to really know that a parking structure is two levels of fabricated concrete and you are asking for elevations and studies to carve into the mountain. I don't know what to show you other than the drawing. Comes back to the question again whether or not you allow us to phase this over time. The parking structure, what it looks like, can happen when you do the preliminaries and finals. We will work out all those details. We just know that we have to build a structure."

Mark Green "Knowing the concerns and the contentions that have been brought to the table tonight. Would you be inclined at all, if this gets tabled, to reconsider the size of the building and further study the parking issues or will you return with the same proposal?"

Ron Craven "We will come back with the same size of the building because we have already done their due diligent's."

Mark Green "Any further discussion? If not we are going to ask the question, we have a motion to table the issue and a second with recommendations attached. All those in favor of the motion say aye. Michael Allen and Duane Gardner voting aye. Opposed say nay. Larry Rigby, Tom Smith and Mark Green voted nay. The motion was denied by majority vote two to three."

Larry Rigby "Do you want another one?"

Mark Green "I do."

Larry Rugby "I would make a motion that we accept proposal with the exception that the parking structure to be built simultaneously with the building as per our local codes."

Mark Green "We have a motion. Do I have a second?"

Tom Smith "I will second it."

Mark Green "We have a motion and a second. Any further discussion?"

Michael Allen "Can we identify the location of the parking structure?"

Mark Green "I think that's pretty well identified. Mike, right there in that dashed area. That is

it, isn't it?"

Ron Craven "It will be on the east side, two levels."

Paul Rowland "Ya, in order to get 100 stalls in there you can't just can't just park under there."

Mark Green "It is going to be the full length of that whole thing. So for the six to eight months period that is going to be torn up. It going to be the entire east portion of the building is going to be torn up, period. There will no parking, no heli-pad, no nothing. And Im inclined to interpret Larry's motion to say that it is build continuously. That there is no gap in between construction. Not necessarily that the building and the parking structure be built at the exact same time."

Larry Rigby "You mean that when the building is finished the parking structure is."

Paul Rowland "You are saying that construct them at the same time?"

Larry Rigby "Yes."

Paul Rowland "That is what he is saying."

Mark Green "Ok."

Paul Rowland "That is the motion."

Mark Green "I agree with the argument that this project will require a crane and this project will require a crane. So the heli-pad goes to Salt Lake. I mean they're not coming round here or am I wrong?"

Larry Rigby "Lets make sure of that. Are you going to have to move the heli-pad?"

Ron Craven "A helicopter will not fly around a crane."

Mark Green "So there not going to fly there."

Larry Rigby "So when ever you do this parking structure, that 6 or 8 months, you are not going to have a heli-pad up there?"

Mark Green "I would not be surprised if they could probably get one down. ..."

Ron Craven "There is probably room down by the 520 Medical Building."

Mark Green "If there is no power crane here."

Ron Craven "I think that the discussion is that if are doing both at the same time you eliminate all of these parking stalls and all of these parking stalls simultaneously and...."

Mark Green “This construction is going to consume probably, at a minimum, that much of that lot. At a minimum that is what it is going to take. This construction is going to require everything east of this emergency entrance. So if you take that away and that away you really got a....”

Paul Rowland “Mr. Chairman you’ve got a proposal and a motion why don’t you vote on it.”

Mark Green “Ok. I was just trying to interpret, unless they want to modify it.”

Rusty Mahan “Is there anything else that you want to modify?”

Larry Rigby “What did I say?” I am going to modify it.”

Mark Green “Do you have a motion? You said simultaneous construction.”

Larry Rigby “ I am going to change it. Are you happy? I don’t think so.”

Mark Green “No, I am happy anyway.”

Larry Rigby “I will redo my proposal. That the building be built first but upon completion of the building that within one year the parking structure begin.”

Mark Green “I don’t want within one year.”

Larry Rigby “No. When it is finished. As soon as the building is finished and they can park then you....”

Mark Green “I think that as soon as the building is substantially finished which means that they are down to finish work and....”

Larry Rigby “Ya. As soon as you can loosen up that parking you build the structure.”

Mark Green “That is right. That is what I say. As soon as the parking is available, staging area shrinks, that becomes a reality.”

Paul Rowland “Does you second still....”

Tom Smith “Ya. I will go for it.”

Rusty Mahan “I think what the motion is. I want to make sure we all understand it. To grant the conditional use permit with the following conditions:

1. The building be built then the parking structure be built. The meet the parking requirements.

Rusty Mahan "Does that cure the parking?"

Larry Rigby "Would even have a conditional use permit...."

Paul Rowland "Oh yes they have to have a conditional use permit."

Rusty Mahan "They have to have a conditional use permit."

Paul Rowland "It is the way the title is held the properties. They have to produce a net of 100 stalls. They have to add that 100 stalls."

Mark Green "I think that it is important that they understand that the parking lot there is no gap. In fact, that as soon as reasonably possible the parking structure starts. Even before the building is finished..."

Michael Allen "As soon as the staging area is no longer needed."

Mark Green "I think we are clear."

Paul Rowland "There are some other conditions that I have added on this thing. They are kind of boiler play but kind of need to be there."

1. A proper PUD plat be prepared.

Mark Green "You need to delete number one. Your proposal was to replace item number one from staff recommendation with what we just discussed. And include items two, three, four and five."

Paul Rowland "Can you do that?"

Larry Rigby "I can do that."

Paul Rowland "Can you second that?"

Tom Smith "Ya. I can second that."

Mark Green "So moved and seconded. Any questions about that?"

Duane Gardner "What is the construction time on that?"

Paul Rowland "One year."

Mark Green "So everyone knows what those conditions are."

2. A proper PUD plat be prepared
3. Engineering plans for the full site be prepared showing required drainage,

retention, utilities, etc. and that they receive preliminary and final review by the Planning Commission and site plan approval by the City Council.

4. All construction conform to the requirements of the current building codes.
5. Final approval by the City Council of a revision to Chapter 7 of the Zoning Ordinance allowing the inclusion of Commercial PUD's in the Hospital Zone.

Mark Green "That is what those items are so everyone knows what we are talking about when we added conditions two through five. Now I don't want to act like we are in a hurry here so lets slow down just a minute. Is everyone satisfied with the motion and discussion with what has taken place?"

Tom Smith "Is it enforceable?"

Mark Green "Very, very. We have complied with the ordinance. It is basically what the motion is. To comply and required the applicant to comply with the way the ordinance is written. Any further discussion? If not."

Mark Green "All that in favor say aye. Larry Rugby, Tom Smith, Michael Allen and Mark Green voted aye. Any opposed? Duane Gardner voted nay. Thank You."