

MINUTES

Springfield Planning Commission
Special Meeting
Springfield City Hall—Council Chamber
225 Fifth Street, Springfield

January 25, 2005
7 p.m.

PRESENT: Steve Moe, Chair; Bill Carpenter, Vice Chair; Lee Beyers, Dave Cole, Frank Cross, Gayle Decker, Greg Shaver, members; Bill Grile, Colin Stephens, Mel Oberst, Gary McKenny, Al Vogeny, Springfield staff; Meg Kiernan, City Attorney; Tom Boyatt, Oregon Department of Transportation.

Commissioner Moe called the meeting of the Springfield Planning Commission to order.

1 Pledge of Allegiance

2. Approval of Minutes

Commissioner Moe dispensed with approval of the minutes.

3. Business from the Audience

Commissioner Moe called for business from the audience. There was none.

4. Quasi-Judicial Public Hearing

a. RiverBend Master Plan and Zone Change

Commissioner Moe opened the public hearing.

Mr. Stephens reviewed the applicable criteria for the master plan application, City Journal LRP 2005-001 and for the zone change application, City Journal ZON 2005-002. He cautioned those offering testimony that their testimony and any evidence they submitted must be directed to the criteria; failure to raise an issue by the close of the record with sufficient specificity to afford the decision makers and parties an opportunity to respond precluded an appeal to the Land Use Board of Appeals (LUBA) on that issue.

Ms. Kieran reviewed the law as it related to *ex parte* contacts and conflicts of interest.

Commissioner Moe reviewed the order of the hearing. He called for *ex parte* contacts or conflicts of interest on the parts of the commissioners.

Commissioner Cole declared a conflict of interest due to his wife's employment with PeaceHealth and left the dias.

Commissioner Decker said that she worked with a doctor with some privileges at Sacred Heart, but they had not discussed the issue.

Commissioner Cross arrived.

No other commissioners declared a conflict of interest.

Mr. Stephens indicated that he had presented a staff report on the topic on the record at the earlier work session.

Commissioner Moe opened the floor to oral testimony.

Philip Farrington, 1200 Hilyard Street, Suite 570, noted that PeaceHealth had several experts in different fields available to answer technical questions from the commission. He said the master plan before the commission had changed minimally from the plan approved by the commission and council a year ago. He said that minor adjustments had been made in respond to the LUBA remand of the previous decision. For example, adjustments had been made to match the phasing plan to the transportation analysis. The zoning map had changed, but those changes reflected the recently adopted plan amendments. The relative proportion of areas in the Medical Services (MS) and Mixed Use Commercial (MUC) zones had been revised to correspond to the areas designated for Community Commercial (CC) and MU on the Metro Plan and refinement plan diagrams approved by the council. Mr. Farrington recalled that the council approved 49.5 acres to be included in the MUC designation; the current zoning application sought to apply 43.1 acres to the MUC zone because zoning maps, unlike plan diagrams, do not ascribe zoning classifications to dedicated street rights-of-way, such as the right-of-way needed for the extension of the Martin Luther King Jr., Parkway.

Mr. Farrington submitted a diagram into the record overlaying the zoning diagram on top of the master plan to demonstrate that the master plan was essentially unchanged, while the proportion of the MS and MUC areas had been altered from the previous submittal.

Mr. Farrington noted the annexation agreement between PeaceHealth and the City of Springfield and said the master plan was based on the agreement and applicable plans. As a result, PeaceHealth had extended the parkway through its site to provide suitable spacing of intersection to preserve design speeds and preclude direct access to the roadway. The plan provided internal street connectivity and an integrated system of multi-use trails to provide and enhance connectivity. Mr. Farrington said the plan included a high-capacity transit corridor to accommodate visitors and employees. The plan conserved natural resources on the site and because of settlement agreement what would occur would be more robust that required by the code. Best management practices were incorporated into site and stormwater management designs. Mr. Farrington said that PeaceHealth's studies indicated that development at full buildout would not affect other properties adversely due to flooding.

Mr. Farrington said that an adequate mix and quantity of housing units at transit-supportive densities could be developed on the site, meeting the expectations in the Residential Lands Study and in the refinement plan. Those units would still meet the code requirements for such things as height. He said the plan proposed an effective mix of uses to help meet the future needs of the medical center, future and existing residents, and area employees. There would be transportation capacity for other development in the area, as well as the potential for development of other nodes. Mr. Farrington said that evidence in support of his remarks could be found in the record.

Todd Tierney, HL Architects, San Francisco, reviewed the two of the key principles in the design of the facility, which were patient-focused care and planning for the future. In regard to the first topic, he highlighted the fact single-patient rooms that were Americans with Disabilities Act accessible would be provided throughout the complex. He said that private rooms better accommodated visiting family members and medical providers, and were statistically demonstrated to have better outcomes for patients. He said that semi-private rooms required more internal patient transport as sexes were not mixed in rooms. Mr. Tierney said PeaceHealth was considering decentralizing services such as nursing and materials, which allowed the care givers to spend more time with patients. He said the downside of the approach was that it increased the

overall size of the unit and required longer travel distances. Great consideration had gone into the design to minimize those travel distances.

Mr. Tierney said that PeaceHealth was designing a hospital intended to serve the community for at least 50 years, but new technologies arose all the time that were not accounted for in the initial design. PeaceHealth proposed to increase floor-to-floor heights to accommodate for such things as invasive surgery and open MRIs as well as be prepared for new technologies. He said the hospital was sited to accommodate both short- and long-term growth. If necessary, a full patient tower could be added without the need to relocate other parts of the hospital. The design allowed critical departments to grow incrementally and provided for stacked uses, such as dedicated patient elevators and dedicated public elevators.

Commissioner Shaver asked where the new tower would be located. Mr. Tierney said it would be off the central core perpendicular from the hospital, oriented toward the river.

Ron Mitchell, Wimply Elson Tongue Goob Seattle, master plan architect, discussed the design goals influencing the master plan. He said that the hospital sought a facility that could provide excellent medical care for many years to come. The goal was to provide a facility that could expand to provide medical needs for the growing community. Mr. Mitchell said the design was influenced by the desire to preserve the natural resources on the sites create an environment that lifted the spirits of patients, families, employees, and the community. He believed an exceptional effort had been made to retain those resources to help create that special environment. Mr. Mitchell said the design was influenced by the notion that PeaceHealth was creating a mixed-use community that was bigger than its largest tenant, the hospital. A campus-like environment that created a consistent sense of place was contemplated in the master plan. Within that campus, PeaceHealth would provide a broad range of mixed uses, including hospital-related uses and housing types ranging from condominiums to assisted living. There would be a range of office types. Mr. Mitchell said that a village center would have components consistent with the tenants of nodal developments. He noted that currently, three transit stops were planned to serve the area.

Commissioner Carpenter asked how many parking places would be located on the site. Mr. Farrington indicated that there would be 2,400, including those provided in the parking structure.

In conclusion, Mr. Farrington said the master plan developed by PeaceHealth was intended both to site a hospital and to create a community that fit the natural environment that existed along the river while providing all the services that were desired by the community.

Commissioner Shaver referred to Sheet 1-5A, and asked what was intended to be located in buildings C, D, and E. Mr. Farrington anticipated that primarily medical uses would be located in those buildings, particularly those directly connected to the hospitals, but they had potential for other mixes of uses. PeaceHealth believed the MUC zoning afforded the opportunity to mix other services with the medical services. PeaceHealth sought to stack what were generally single-story low-intensity uses, such as doctor's offices, and allow the market to mix them as needed. The MS district did not allow for the same range of uses as the MUC district. Mr. Farrington said PeaceHealth did not want to structure things that required structured parking, especially for non-hospital uses, because the market may not accept that, but the design still gave PeaceHealth the opportunity to meet the Floor to Area (FAR) requirements of the MUC district with a robust series of uses that complemented the hospital and served the surrounding residential neighborhoods.

Commissioner Carpenter determined from Mr. Farrington that at the recommendation of the Lane Transit District (LTD) and City staff, the future Bus Rapid Transit (BRT) station was now proposed to be split on either side of the street as the transit corridor was now proposed to be in the median rather than on one side of the street. A second station would also be in split format at RiverBend Drive and Martin Luther King Jr. Parkway. A third station was conceptually envisioned at Deadmond Ferry and International Way. LTD had also suggested that as PeaceHealth developed future plans for the property to the north, there might be an

opportunity for another station in that area.

Responding to a question from Commissioner Carpenter regarding the location of the transit station as it related to the location of the hospital entrance, Mr. Farrington suggested that the station's location close to the rear of the Oregon Heart and Vascular Institute created a connection between the station and building than previously existed, and that would be a major employee entrance. Mr. Stephens noted the original condition of approval addressing the issue, depicted on Sheet I.5A, and indicated that Sheet 1.4 depicted the transit stations as described by Mr. Farrington on either side of Cardinal Way.

Mr. Farrington indicated he would provide the commission with a diagram showing both transit stations and the proposed buildings.

Al Johnson, representing John and Robin Jacqua, expressed his and the Jacquas' appreciation about the level of attention the commission had given to the Jacquas' concerns. He believed that many citizens had felt heard by the commission. He believed that if the commission's previous advice had been heeded by the City Council, the matter would not have been appealed. He was pleased with the settlement agreement, and emphasized that it was consistent with the master plan and made perpetual the obligations and conditions. It gave the river extra protection in the form of the Jacquas and avoided future changes that could result from political changes. They would enforce the settlement into the future. Mr. Johnson said the Jacquas were pleased that so many people and the wildlife in the riparian area would benefit from the access to be provided. He said the Jacquas would no longer participate in the master plan process, but asked that the elements of the settlement be incorporated in the master plan to ensure that in the future staff had no problem with conflicting code provisions, such as the allowed tree types, for example.

Mr. Johnson wished the commission and PeaceHealth all the best in the future.

Jan Wilson, 1260 President Street, Eugene, CHOICES, distributed copies of a table showing the height limits in each of the different City zoning districts to the commission. She did so to demonstrate that there were other zones for the commission to choose from other than the ones preferred by PeaceHealth. She said her organization perceived broader opportunities for the property owned by PeaceHealth. She noted that the Mixed-Use Residential (MDR) and MUC districts originally called for in the area have 35 and 20 foot height limits, adding "that's all that was ever planned for this area." While the MUC district had a height limit, it allowed for 100 percent commercial development. There were only two buildings shown in the MUC district that included residential uses. It was her opinion that the entire area would be developed with medical buildings; those west of RiverBend Drive would have a height limit, while the ones east would not.

Ms. Wilson asked for the inclusion of Mixed Use Residential (MUR) zoning in the master plan, suggesting that everything north, including the MDR area, could be MUR to ensure nodal design limitations were in place. Ms. Wilson suggested that different zoning would help PeaceHealth with she asserted were its Goal 9, Goal 10, and Goal 12 problems.

Regarding Goal 10, and the housing targets set for the area, Ms. Wilson said PeaceHealth was able to meet the goals by placing what she considered high-density residential use in the assisted living area, which allowed for up to 38 units per acre. She suggested a mix of residential across the entire site would be best, including the MUC area.

Ms. Wilson asked that the proposed parking structure be included in the first phase of development and that it include retail uses on the ground floor to avoid people having to drive to the node.

Ms. Wilson said future development plans for the 12.5 acre site to the north were not depicted in the master plan, and she asserted that was a problem. All the major road connections happened on that site. She said that conditions 34 and 35 required a north link, and PeaceHealth did not own any of the property needed to

make that happen. Ms. Wilson said that would mean “somebody’s house would get condemned.” She suggested that perhaps a north link was not needed if PeaceHealth demonstrated what it intended to do with the Snitzley-Miller property.

Ms. Wilson said the riparian vegetation setbacks included in the settlement between the Jacquas and PeaceHealth required additional City conditions of approval.

Lauri Segal, 1192 Laurence Street, 1,000 Friends of Oregon, requested that the record remain open for one week and that she be notified of the final decision and any changes in the conditions of approval or changes in the record. She maintained that the master plan proposal was not focused on addressing the medical services delivery crisis facing PeaceHealth at its Hilyard site. It went way beyond that. The site was covered with medical services and mixed-use zoning. She could find no consideration in the record of any other mixed-use zoning to implement the mixed-use plan designation.

Ms. Segal objected to the amount of surface parking proposed in Phase 1. She said that Phase 1 should also include some mixed-use employment, commercial, and industrial. She believed the mixed-use industrial zone could accommodate a hospital. She would be more supportive of the plan if there were mixed-uses west of RiverBend Drive other than MUC. Ms. Segal believed that MUC zoning was intended to preserve the commercial lands inventory, but that was not taken into account in the plan.

Ms. Segal believed the application had problems with State Goals 2 (Land Use Planning), 9 (Economic Development), and 10 (Housing), and indicated she would submit written testimony on those points.

Ms. Segal said that nodal development was supposed to consider what happened inside and outside the node. The vehicle miles traveled (VMT) reduction requirement stipulated from the Transportation Planning Rule implemented by TransPlan stipulated the nodal development must contribute to meeting the VMT requirement, but development outside nodes was also a consideration. She considered the development in question to be outside the node and questioned whether the intent was to site nodal development at the Snitzler-Miller site. She said that did not take into account what nodal development was. It was merely convenient.

Ms. Segal did not think the master plan addressed the parking needed for the residential uses to be located on the site.

David Rodriguez, 87984 Heather Drive, Springfield, submitted a PowerPoint presentation entitled “PeaceHealth at RiverBend? Not Too Close! To Me! You Want to Build It Where?” which reflected his testimony. He maintained the buildings planned by PeaceHealth could not be sited as proposed. He said that the house along the McKenzie River that had to be demolished to keep it from falling into the river in 2004 was located immediately above a river meander. He said there was a methodology to predict a river meander known as the Channel Migration Zone (CMZ). Mr. Rodriguez said the PeaceHealth property was located on the downstream end of an outside bend of a matured meander. The meander was building up and there was a settlement load at the bend. Eventually the river would break through the neck of the meander and the channel would realign and “insizing” would occur, and the revetment would break down. He believed the RiverBend site was on a double-meander and the buildings should not be located close to the river.

Mr. Rodriguez encouraged commissioners to review his presentation.

Donna Boyken, 5151 Colonial Drive, was concerned about the location of the proposed parking structure and surface parking lots. She expressed concern that traffic would leave the hospital and come out onto Game Farm Road. Her neighborhood was a low-density residential area, and the furthest parking lot accompanying Building F was depicted as being located directly at the end of her street. She was concerned that people coming out of the hospital and trying to get back onto Beltline would attempt to use her street to

do so. She said there were many small children using the streets in the area. Ms. Boyken maintained that the road was a private one and was privately maintained.

Ms. Boyken was also concerned about the impact of Building F on her house, fearing that placing a building so close would destroy her quality of life.

Responding to a question from Commissioner Carpenter, Mr. Stephens said that Building F was on a parcel constrained by transportation access. He clarified that the master plan had not changed; however, what was not depicted was that Game Farm Road would be closed at Beltline when all the improvements were completed. That would considerably reduce the traffic going down Game Farm Road. He deferred further comment to Mr. McKenny.

Mr. McKenny concurred that the north end of Game Farm Road GFR would be closed so it would not provide an access to Beltline. He said Colonial Drive was not a through street. There was a street to the south of Colonial Drive known as Nicolas Drive, which formed a loop to the west. There was no other entrance or exit than the two accesses to Game Farm Road.

Commissioner Shaver asked if signage could be installed to indicate there was no outlet. Mr. McKenny said yes.

Mr. McKenny noted that Building F would not exceed 34,000 square feet.

Commissioner Shaver encouraged Ms. Boyken to continue to follow the process as it was his opinion that the master plan implementation would negatively impact her neighborhood.

Commissioner Cross asked when the building development was contemplated. Mr. McKenny said it was not contemplated in Phase 1.

Commissioner Moe closed the oral portion of the public hearing and noted that the record would be held open an additional seven days.

Commissioner Shaver requested a list of conditions that paralleled the settlement agreement between the Jacques and PeaceHealth. Mr. Stephens said he would confer with other staff while the record was open and prepare new conditions or revise additional conditions for the commission to consider at its meeting on February 8, 2005.

Commissioner Decker asked about the enforceability of the settlement between PeaceHealth and the Jacques. Ms. Kieran said the signers to the agreement would always have the option of going to court to enforce the agreement. She said that the agreement also identified the City as having the ability to enforce the agreement on behalf of either party. She said the City itself was not party to the agreement.

Commissioner Shaver asked staff to notify the commission if the plan amendments recently approved by the commission and council to facilitate the master plan were appealed.

6. BUSINESS FROM THE DEVELOPMENT SERVICES DIRECTOR

Mr. Grile congratulated the parties to the PeaceHealth/Jacqua settlement for finding common ground.

7. BUSINESS FROM THE COMMISSION

There was none.

8. ADJOURN

Commissioner Moe adjourned the meeting at 8:15 p.m.