



**REPORT DATE:** October 6, 2008

**TO:** Planning Commission Chair and Members

**FROM:** Steve Chase, Planning and Environmental Services Director

**CONTACT:** Patricia S. Miller, Manager, Current Planning  
Cindy Moore, Senior Planner

**SUBJECT:** 07-171-OA, -DP, -CUP; Goleta Valley Cottage Hospital and Temporary Parking Lot located at 334 and 351 S. Patterson Avenue; 065-090-022 and 065-090-028

#### **RECOMMENDATION**

The Planning Commission's action should include the following:

1. Adopt Planning Commission Resolution 08-\_\_\_ (Attachment 1), entitled "A Resolution of the Planning Commission of the City of Goleta Recommending to the City Council Approval of Various Actions Related to the Goleta Valley Cottage Hospital Project; Case No. 07-171-OA, -DP, -CUP; 334 and 351 S. Patterson Avenue; APNs 065-090-022 and 065-090-028".

Refer back to staff if the Planning Commission decides to make another recommendation to the City Council.

#### **APPLICANT**

Diane Wisby, Vice President  
Goleta Valley Cottage Hospital  
351 S. Patterson Avenue  
Goleta, CA 93111

#### **AGENT**

Suzanne Elledge  
Planning & Permitting Services  
800 Santa Barbara Street  
Santa Barbara, CA 93101

#### **REQUEST**

A hearing on the request of Suzanne Elledge representing Goleta Valley Cottage Hospital, applicant, for approval of an Ordinance Amendment to the Goleta Growth Management Ordinance No. 03-04 to add development under the Hospital Overlay to the list of exempt projects, a Development Plan to replace the existing hospital and

associated infrastructure, and a Major Conditional Use Permit to construct a temporary parking lot under Goleta Municipal Code, Chapter 35, Article III, Sections 35-222, 35-232, 35-315, and 35-317. The request is also to accept a CEQA exemption pursuant to Section 15302(a) and Section 15061(b)(3) of the State Guidelines for the Implementation of the California Environmental Quality Act (Replacement or Reconstruction; No Possibility of Significant Effect).

Application Filed: August 28, 2007  
Application Complete: June 19, 2008  
Processing Deadline: 60 days from acceptance of the CEQA Notice of Exemption

## JURISDICTION

The request for an ordinance amendment is being considered pursuant to Section 35-325 of the City's Inland Zoning Ordinance (Ordinance Text Amendments/Rezoning) and was initiated by the applicant. The request for a Major Conditional Use Permit is being considered pursuant to Section 35-315 of the Inland Zoning Ordinance (Conditional Use Permits) and the request for a Development Plan is being considered pursuant to Section 35-317 (Development Plans). Pursuant to Section 35-292d, when multiple applications are under the jurisdiction of more than one decision-maker, the decision-maker with the highest jurisdiction is the decision-maker for all of the applications (i.e., the City Council). The Planning Commission is to make a recommendation on the entire case to the City Council.

## PROJECT DESCRIPTION

The proposed Goleta Valley Cottage Hospital project includes three components: 1) an Ordinance Amendment to the Goleta Growth Management Ordinance, 2) a Final Development Plan for the demolition and replacement of the existing hospital and associated infrastructure, and 3) a Major Conditional Use Permit for a temporary parking lot.

Note: The existing Medical Office Building (MOB) located on the parcel directly north of the hospital is under separate ownership. An application for the demolition and replacement of the MOB is being processed under a separate application. References to the MOB in text and on hospital plans are to provide context only. Building setback requirements from the common property boundary between the Hospital and MOB have been respected in the proposed Development Plan, but site improvements (i.e. grading, drainage, landscaping) have been coordinated to serve development on both parcels.

### Ordinance Amendment (07-171-OA):

The proposal includes an amendment to the Goleta Growth Management Ordinance No. 03-04 (GGMO), Section 6.1 Exempt Projects, to add development under the Hospital Overlay designation, including Goleta Valley Cottage Hospital and related offices and medical services, to the list of projects which are exempt from the

requirement to obtain a growth management allocation. The specific amendment would add item 6.1.g. and read as follows:

**“g. Hospital Overlay** - Goleta Valley Cottage Hospital, related offices and medical services which are in the vicinity of Hollister Avenue and Patterson Avenue within the designated Hospital Overlay on the land use plan map, including up to 153,000 square feet on APN 065-090-022 for the hospital, up to 52,000 square feet on APN 065-090-023 for a medical office building, and up to 87,000 square feet of additional development on APN 065-090-028 for future medical offices or related services.”

The proposed text for Section 6 is included in Attachment 2 and the GGMO is included in Exhibit 1 of Attachment 2.

Final Development Plan (07-171-DP):

The project includes a request to allow the demolition and replacement of the existing one-story, 93,090 square foot hospital and associated infrastructure with a new two-story, 152,925 square foot hospital and associated infrastructure to comply with State Senate Bill 1953. This legislation requires the seismic retrofit and/or upgrading of all acute care facilities statewide by 2013 so that such facilities would be constructed to remain operational following a major earthquake.

To eliminate any disruption to existing hospital operations during construction, the new hospital would be constructed on the same parcel, but south of the existing hospital. Once the new hospital is complete, the existing hospital would be demolished.

The architectural style as described by the architect is “warm modern”, a linear design that includes features such as trellises, glazing, sun louvers, stone accents, and metal standing seam roofing. The colors selected, such as yellow and deep rust, were drawn from a blending of colors rooted in the agrarian setting. Floor plans for the hospital are shown on Sheets A1 – A3. Elevations showing the structural design are provided on Sheet A6 and a conceptual line-of-sight perspective of the hospital can be found on Sheet A-7.

The new hospital would be a maximum height of 31’6”, exclusive of a 12’ high equipment screen on the roof. The total structural development would be 152,925 square feet, an increase of 59,835 square feet. The building footprint would be 79,700 square feet (23% of the site), a decrease of 13,390 or 3% of the site. The project site plan depicting the layout of the proposed development is shown on Sheet C3.

While the proposed plan would result in an increase in floor area compared to the current hospital, the new State building codes require certain space, separation, and proximity requirements that result in larger facilities to serve the same number of pre-compliance licensed beds. For example, additional space is required to be dedicated to existing functions including larger patient rooms, additional support space and wider corridors. Modern hospital design standards call for separation of public and patient corridors and no ramps or elevation changes for each floor. When coupled with

numerous other building code and infrastructure mandates in the Alquist Seismic Safety Act, more overall square footage is needed to provide an acceptable level of service.

GVCH provides both inpatient and outpatient healthcare services and is currently licensed for 122 beds, including four Operating Rooms, eight Emergency Treatment Rooms, and five rooms related to the Wound Center. The future scope of services at the GVCH would include:

- Two (2) Medical Surgical Units – 20 and 24 beds, compatible with the nurse staffing ratios;
- An 8-bed Definitive Observation Unit for short term, more critically ill patients;
- 20 Emergency Department treatment rooms;
- 6 Surgery suites;
- An expanded Wound Care Center with 4 Hyperbaric Oxygen Chambers and 6 treatment rooms;
- Laboratory; Radiology; Physical Therapy; and Administrative support functions

With the new hospital, GVCH is proposing to replace the entire stock of patient rooms, now consisting of one or two beds, with larger private rooms (that is, a single patient per room). Shifting to all private rooms allows a higher rate of room occupancy while reducing the number of available beds since it is currently not always possible for both beds in the 2-bed rooms to be occupied due to mixing of genders, types of treatment and the need for patient isolation. As a result, there will be a reduction in the number of operational beds from 122 to 52 beds, while the number of Operating Rooms, Emergency Treatment Rooms, and rooms associated with the Wound Center would increase from 17 to 36. The total number of beds would therefore be reduced by 70 beds from 122 to 52. There would also be a reduction in the number of full time equivalent (FTE) employees by 4.5 due to the Birth Center and Sub-Acute Care Unit moving offsite.

#### Associated Infrastructure

The Hospital's loading dock, trash and recycling area, and support equipment necessary for hospital functions would be located to the south of the new hospital building. This equipment is listed below:

- Underground Fuel Storage Tank – serves the emergency generators, 38' long by 10' wide, 20,000 gallon capacity;
- Underground Water Tank – serves as storage for the hospital in the event of an emergency, 30' long by 10' wide, 15,000 gallon capacity;
- Cooling Towers – regulates the temperature of the water used in the air conditioning system in conjunction with the chillers located inside the building, two towers each 16' long by 14' wide by 13' tall;

- Trash Compaction – San-i-Pak Mark II-N sterilizer compactor handles the hospital's waste stream, 10' long by 10' wide by 9' tall;
- Bulk Liquid Oxygen Tank – serves the medical oxygen needs for the Wound Care Center, 8' wide by 16' tall, 3,000 gallon capacity;
- Emergency Generators – two 950 KW gensets serve as backup power in event of Edison failure, located on the first floor within the hospital;
- Mobile Technology – concrete pad for temporary MRI unit including trailer, 53' long by 8.5' wide by 13.5' tall, 450 square feet;

The exterior equipment would be screened with either walls, fences or landscaping. The Utility Screening Plan is shown on Sheet A5.

#### Access

Access to the main entrance of the hospital would be provided by four driveways on Patterson Avenue. The northernmost driveway would provide access to the hospital's main parking lot, which would also serve the existing MOB. The second driveway would be aligned opposite the Hollipat Center Drive intersection and would provide access to the drop-off loop adjacent to the main entrance of the hospital as well as the hospital's main parking lot. The third driveway would be located at the southern end of the drop-off loop and be restricted to outbound traffic only. The southernmost driveway on Patterson Avenue would serve the Wound Center and provide access for service vehicles. Patterson Avenue would be restriped south of Hollister Avenue to provide northbound left turn lanes at the northern most driveway and the driveway located opposite Hollipat Center Drive.

The project would also improve More Ranch Road which is located along the site's western property line and connects to Hollister Avenue. More Ranch Road would provide a new 20-foot wide access to the emergency department for ambulances and serve as a fire lane access to the hospital and a secondary access to the southern parking lot. This access would be restricted to right-turns in and out only due to the existing median located on Hollister Avenue.

The existing hospital helipad would be removed once the new helipad for the Santa Barbara Cottage Hospital has been completed.

#### Parking

At completion, parking on the hospital site would total 377 spaces, with 322 spaces in the main parking lot that is shared with the existing MOB and 55 spaces located south of the new hospital. These parking areas would have lighting as shown on Sheet E1.1. Bicycle parking for a total of 30 bicycles is proposed on both the north and south sides of the new building. Paths from the sidewalks along the street frontages and in the parking areas delineate convenient pedestrian links to the main entrances. Parking and circulation details are depicted on Sheets C3 and C5 – C7.

## Grading and Drainage

Site preparation would require approximately 9,216 cubic yards of cut and 1,164 cubic yards of fill, including 8,052 cubic yards of export for the hospital building, 181 cubic yards of cut and 1,389 cubic yards of fill, including 1,208 cubic yards of import for the southern parking area, and 10,600 cubic yards of cut and 5,450 cubic yards of fill, including 5,150 cubic yards of export for the main parking area. Due to the construction phasing, a total of 1,208 cubic yards of import and 13,202 cubic yards of export would be necessary.

Storm water runoff from roofs and impervious areas would be directed to landscaped areas and the storm drains equipped with cleaning inserts for all catch basins, then be directed to an existing inlet in Patterson Avenue.

The Preliminary Grading and Drainage Plans are shown on Sheets C5-C6.

## Landscaping

The preliminary landscape plan for the hospital site depicts a plant palette adapted to the Mediterranean climate that would survive with minimal watering after establishment. Plant materials have been selected for specific characteristics such as low allergy potential, ability to attract birds and butterflies, ability to screen utility areas and shade parking areas, and non-invasiveness. A total of 239 new trees would be planted onsite and along the street frontages. All trees would be 15-gallon minimum size. A garden and pond adjacent to the lobby, two lawn areas and walking paths with seating areas provide passive recreational opportunities for visitors, patients, and staff. Landscaping would total 82,130 square feet (24% of the site). Proposed landscaping for the hospital is depicted on Sheet PL-1 and Tree Dispositions are shown on Sheet TP-1.

## Project Phasing

In order to prevent disruption of emergency and medical services to the community, construction of the new hospital would take place prior to demolition of the existing hospital. Once the new facilities are fully operational, the existing buildings would be demolished and permanent parking would be accommodated on site. The applicant proposes six phases of development as listed below including work activity scope and estimated duration through the year 2011.

Phase 1 – Construct Temporary Parking Lot (3 months);

Phase 2 – Demolish South Parking Area and Out-Buildings and Relocate Utilities (1 month);

Phase 3 – Construct New Hospital, South Parking Area and More Ranch Road Improvements (21 months);

Phase 4 – Demolish Existing Hospital and Demolish North Parking Lot (1.5 months);

Phase 5 –Construct New North Parking Lot (2 months);

Phase 6 – Demolish and Restore Temporary Parking Lot (3 weeks)  
The Phasing Plan is shown on Sheet C4.

#### Modifications Requested

The proposal includes a request for one modification to the standards of the Article III, Inland Zoning Ordinance, as follows:

- A modification for parking in the main hospital parking lot from the required side yard setback to allow no setback from the northern property line for parking spaces rather than the 15 feet required (Section 35-232.8.2).

#### Major Conditional Use Permit (07-171-CUP)

Because the hospital would remain fully operational while the replacement structure is being built, a 376-space temporary parking lot is proposed to maintain adequate parking for patients, visitors, staff, and construction personnel. The lot would be located across Patterson Avenue on the vacant portion of what is commonly referred to as the "Hollipat" site (APN 065-090-028) and remain for the 2-3 year construction period. Upon completion of the hospital, including demolition of the existing buildings and provision of the permanent parking on site, all improvements associated with the temporary parking lot would be removed and restored. The project site plan depicting the layout of the proposed development is shown on Sheet C3.

#### Access

Vehicle access to the temporary parking lot would be provided by two driveways on Hollipat Center Drive and one driveway on Patterson Avenue. The driveway located on Patterson Avenue would be restricted to right-turns in and out only due to the existing median on Patterson Avenue. The existing curb cut on Hollister Avenue would be removed. Patterson Avenue would be restriped at the Hollipat Center Drive intersection to provide a southbound left-turn lane to accommodate vehicles entering the lot from the north.

Pedestrian access would be provided via a temporary crosswalk linking the temporary parking lot to the hospital site where Hollipat Center Drive intersects with Patterson Avenue and via the existing crosswalk at the Hollister Avenue / Patterson Avenue intersection. Five-foot wide paved asphalt paths would be installed along both Hollister Avenue and Patterson Avenue street frontages to establish pedestrian travel paths to and from the temporary parking lot to the hospital site.

#### Grading and Drainage

Construction of the temporary parking lot would require approximately 2,063 cubic yards of cut and 2,112 cubic yards of fill, including 49 cubic yards of import. The temporary

parking lot would consist of asphalt pavement, including 27,378 square feet of pervious pavement providing detention beneath. The entirety of the lot would respect a 50-foot setback from the top of bank of Maria Ygnacia Creek to the east. Drainage would be directed to temporary vegetative bioswales surrounding the parking lot to detain and filter storm water runoff, then discharge the water from the bioswales to existing inlets in Patterson Avenue and Hollister Avenue. The swales would range from two feet to five feet wide along both the Hollister Avenue and Patterson Avenue frontages and eight feet wide along the southern portion of the parking lot. Minor trenching would occur for installation of utilities including temporary parking lot lighting. The parking area will have lighting as shown on Sheet E1.2. The Preliminary Grading and Drainage Plan is shown on Sheet C7.

### Landscaping

A 4-foot wide parkway planter installed at the back of the curbs along Hollister Avenue and Patterson Avenue would separate the pedestrian paths from the roadways. Temporary landscape screening with low lying shrubbery including Catalina cherry, California lilac, Toyon, and Pacific wax myrtle would be planted along the street frontages within the ROW including approximately 9,267 square feet on Hollister Avenue and 9,944 square feet on Patterson Avenue. Landscaping for the parking lot would total 47,933 square feet (27% of the site). Proposed landscaping for the temporary parking lot is depicted on Sheet PL-2 and Tree Dispositions are shown on Sheet TP-2.

### Modifications Requested

The proposal includes requests for modifications to the standards of the Article III, Inland Zoning Ordinance, as follows:

- A modification for parking in the temporary parking lot from the required front yard setback in the PI zone district to allow parking spaces within 10 feet from the ROW on the primary front (Hollister Avenue), and 5 feet from the ROW on the secondary front (Patterson Avenue), rather than the 15 feet required (Section 35-232.8.1).
- A modification for parking in the temporary parking lot from the required front yard setback in the DR zone district to allow parking spaces within 10 feet from the ROW on the primary front (Hollister Avenue), rather than the 20 feet required (Section 35-222.8.1).
- A modification for parking in the temporary parking lot from the required parking area setback in the DR zone district to allow parking spaces within 10 feet from the ROW on the primary front (Hollister Avenue), rather than the 15 feet required (Section 35-222.12.1).
- A modification for landscaping in the temporary parking lot from the required landscaping to allow painted islands at all ends of parking lanes rather than the landscaped islands required (Section 35-263.4.b).



**BACKGROUND**

After the 1972 Sylmar Earthquake in the San Fernando Valley, the State legislature created the Office of Statewide Hospital Planning and Development (OSHPD). OSHPD was charged with regulating the building and safety codes for acute care facilities throughout the State. In 1983, the legislature passed the Alquist Hospital Seismic Safety Act requiring that all acute care hospitals be able to withstand a major earthquake. In 1994, an amendment to the Alquist Act, Senate Bill 1953, was passed mandating compliance with numerous building, safety and design standards for all hospitals. The amendment requires hospitals to retrofit or rebuild by 2013 to be in compliance with these standards or lose their State operating license as a general acute care hospital. With the existing application, the Goleta Valley Cottage Hospital (GVCH) proposes to replace its existing facilities in order to comply with SB 1953.

The existing Medical Office Building (MOB) on the parcel directly north of the hospital is not subject to SB 1953. The MOB is under separate ownership and an application to replace the existing MOB has been submitted and is currently in process. However, due to the symbiotic relationship between the hospital and the MOB and shared parking and access arrangement, some references to the MOB are contained within the application for the hospital.

**PROJECT INFORMATION**

<b>Site Information</b>	
General Plan Land Use Designation	Hospital Parcel: Office & Institutional Hollipat Parcel: Office & Institutional; Medium Density Residential Both Parcels: Hospital Overlay
Ordinance, Zoning District	Article III, Inland Zoning Ordinance Hospital Parcel: Professional & Institutional (PI); Approach Zone Overlay Hollipat Parcel: Professional & Institutional (PI); Design Residential (DR-20); Design Control Overlay
Site Size	Hospital Parcel: 8.87 acres Hollipat Parcel: 11.66 acres
Present Development & Use	Hospital Parcel: Existing Hospital and Out Buildings Hollipat Parcel: Vacant, undeveloped land & Apartments
Surrounding Zoning/Uses	Hospital Parcel: <i>North:</i> PI, Medical Offices <i>South:</i> Transportation facilities (Patterson Avenue), Offices <i>East:</i> PI, Offices and Vacant land <i>West:</i> PI, Offices Hollipat Parcel: <i>North:</i> Transportation facilities (Hollister Avenue), Offices <i>South:</i> PI, Offices and DR-25, Residential

<b>Site Information</b>	
	<i>East:</i> Maria Ignacio Creek, Residential (County of SB) <i>West:</i> PI, Hospital and Medical Offices

**ANALYSIS**

***Environmental Analysis***

Ordinance Amendment

The amendment to the GGMO may be found exempt from environmental review pursuant to Section 15061(b)(3) of the State Guidelines for Implementation of the California Environmental Quality Act (CEQA). Pursuant to this section CEQA applies only to projects which the potential to cause a significant effect on the environment. Where it can be seen with certainty that there is no possibility that the activity in question may have a significant effect on the environment, the activity is not subject to CEQA.

Section 6 of the GGMO identifies four key sites within the Old Town Redevelopment Project Area exempt from the requirement to obtain a growth management allocation. These projects were subject to limitations on size using maximum number of hotel rooms or total square footage as parameters, as well as an expiration date for the exemption. Development totaling approximately 387,180 square feet for the projects has never been approved or constructed, and the associated exemptions have since expired. Additionally, Section 7 of the GGMO identifies a non-competitive allocation of up to 35,000 square feet to be reserved for an outpatient clinic providing veterans services. That allocation has also expired. Therefore, a total of 422,180 square feet of exemptions/reservations remain unutilized.

The GVCH, related offices and medical services parcels subject to the proposed amendment are within the Redevelopment Project Area and designated Hospital Overlay, and the proposed exemption would not exceed that square footage previously exempted/reserved but never utilized, under Section 6.1, for items (b) Key Site 10, (c), Key Site 7a, (e), Key Site 3, and (f), Key Site 6 and Section 7.1.A for the veterans' clinic. Therefore, it may be found that the project would have no possibility of significant effect on the environment and is not subject to CEQA, pursuant to Section 15061(b)(3) of the CEQA Guidelines.

Final Development Plan

The reconstruction of the hospital may be found exempt from environmental review pursuant to Section 15302(a) of the State Guidelines for Implementation of the California Environmental Quality Act (CEQA). Pursuant to this section, replacement or reconstruction of existing structures and facilities where the new structure will be located on the same site as the structure replaced and will have substantially the same

purpose and capacity as the structure replaced, including the replacement or reconstruction of existing hospitals to provide earthquake resistant structures which do not increase capacity more than 50 percent, are not subject to CEQA.

In 1994, an amendment to the Alquist Hospital Seismic Safety Act was passed requiring that all acute care hospitals be able to withstand a major earthquake. This amendment, Senate Bill 1953, mandates compliance with numerous building, safety and design standards for all hospitals and requires hospitals to retrofit or rebuild by 2013 to be in compliance with these standards or lose their State operating license as a general acute care hospital. GVCH proposes to replace its existing facilities in order to comply with SB 1953.

To eliminate any disruption to existing hospital operations during construction, the new hospital would be constructed on the same parcel, but south of the existing hospital prior to demolition of the existing hospital. While the proposed replacement hospital would result in an increase in floor area of 59,835 square feet compared to the current hospital, the building code and infrastructure mandates in the Alquist Hospital Seismic Safety Act, require certain space, separation, and proximity requirements that result in larger facilities to serve the same number of pre-compliance licensed beds. Therefore, for purposes of this project, the measurement of capacity will be the number of beds. GVCH would replace the entire stock of patient rooms, now consisting of one or two beds, with larger private rooms (that is, a single patient per room). As a result, the new hospital will only be licensed for 52 beds, a 70 bed (57%) decrease.

Alternatively, if capacity is determined by the estimated number of admissions, the total yearly in-patient and out-patient admission numbers would increase by approximately 1,214 or 3% (from 39,670 to 40,884). This change may be attributed to a change in the length of patient stays. Sub-acute patients typically have long stays while acute patients typically have much shorter stays. The Sub-acute Care Unit would be moved offsite and replaced by acute patients, increasing the number of patient discharges per year even with the decrease in number of beds.

Therefore, it may be found that the replacement hospital project to provide an earthquake resistant structure and comply with SB 1953 would be located on the same site as the existing hospital it would replace, have substantially the same purpose, would not increase the capacity more than 50 percent, and is not subject to CEQA, pursuant to Section 15302 of the CEQA Guidelines.

#### Major Conditional Use Permit

The construction of the temporary parking lot may be found exempt from environmental review pursuant to Section 15304(e) of the State Guidelines for Implementation of the California Environmental Quality Act (CEQA). Pursuant to this section, minor private alterations in the condition of land, water, and/or vegetation which do not involve removal of healthy, mature, scenic trees, including minor temporary use of land having negligible or no permanent effects on the environment, are not subject to CEQA.

The temporary parking lot would be located on a vacant portion of the property across the street from the hospital site. The lot is proposed to remain only for the two to three year construction and demolition period of the hospital replacement project. Two trees

would be removed for the parking lot entrances, one 12" and one 15" Eucalyptus ficifolia, respectively. These trees are not considered scenic. The temporary parking lot would incorporate pervious pavement and vegetated bioswales to allow for stormwater infiltration, landscape screening, and paved paths for convenient pedestrian links to the hospital. Upon completion of the hospital, including demolition of the existing buildings and provision of the permanent parking on site, all improvements associated with the temporary parking lot would be removed and restored.

Therefore, it may be found that construction of the parking lot would not result in the removal of healthy, mature, scenic trees, is minor and temporary, would have negligible or no permanent effects on the environment, and is not subject to CEQA, pursuant to Section 15304(e) of the CEQA Guidelines.

### ***General Plan Consistency Analysis***

The project site is located within the Goleta Old Town Redevelopment Project Area and is subject to the policies of the Goleta Old Town Revitalization Plan (GOTRP) in addition to the General Plan. The policy consistency analysis is included in Attachment 4. The proposed project, as conditioned, would be consistent with all applicable policies. The following policies are highlighted:

#### *Land Use Element, Policy 4.3 Office and Institutional*

The hospital site is designated as an Office and Institutional use in the General Plan and this designation specifically includes lands intended to support the needs of the GVCH and related medical services. Table 2-3, Allowable Uses and Standards for Office and Industrial Use Categories, identifies the recommended building intensity standards for this land use designation. These lands are also designated within a Hospital Overlay and LU 4.3 identifies specific standards beyond those listed in Table 2-3 that apply to the lands within the Hospital Overlay. These standards include a recommended maximum FAR of 0.8 for hospital buildings, a recommended maximum structure height of 55 feet for hospital buildings, and a recommended maximum lot coverage ratio of 0.6 for hospitals. The proposed FAR for the hospital is 0.44, the proposed height is 31'6" inches with a 12' tall equipment screen for a total of 43'6" inches, and the proposed lot coverage ratio is 0.23. Therefore, the proposed hospital would be consistent with the recommended standards identified in this policy.

#### *Land Use Element, Policy 11.4 Exemption of Certain Old Town Projects*

Land Use Element, Policy 11.4 allows for exemptions to the growth management system for projects on selected sites within the Redevelopment Project Area. The parcels containing the GVCH, related offices and medical services are within the Redevelopment Project Area. The applicant is proposing an amendment to Section 6 of the GGMO as described above. Section 6.1 of the GGMO identifies four key sites within the Old Town Redevelopment Project Area exempt from the requirement to obtain a growth management allocation. These projects were subject to limitations on size using maximum number of hotel rooms or total square footage as parameters, as

well as an expiration date for the exemption. Development totaling approximately 387,180 square feet for the projects has never been approved or constructed, and the associated exemptions have since expired. Additionally, Section 7 of the GGMO identifies a non-competitive allocation of up to 35,000 square feet to be reserved for an outpatient clinic providing veterans services. That allocation has also expired. Therefore, a total of 422,180 square feet of exemptions/reservations remain unutilized. The applicant proposes an exemption of square footage associated with parcels subject to the Hospital Overlay as a substitution for the square footage previously exempted but never utilized. With approval of such an amendment for the exemption, the project would be consistent with this policy.

*Housing Element, Policy 3.2 Mitigation of Employee Housing Impacts from Nonresidential Uses*

Housing Element, Policy 3.2 requires new nonresidential development and proposed expansion or intensification of existing nonresidential development to contribute to the provision of affordable housing. The policy further states that the proposed amount of floor area and type of nonresidential use shall be factors in establishing the requirement for individual projects. The fulfillment of affordable housing requirements is presently established by policy/administrative practice, as an ordinance has not yet been adopted.

The existing hospital is being replaced within the timeframe mandated by State legislation for required seismic safety upgrades, and an increase in square footage can partially be attributed to an upgraded hospital facility that meets OSHPD design regulations. Additionally, as a result of the Birth Center and Subacute Care Unit being moved offsite, the total number of employees would be decreasing from 313 (221 full-time and 92 part-time employees) to 265 (200 full-time and 65 part-time employees), a reduction of 85 employees (58 full-time and 27 part-time employees).

The City encourages the creation of housing near where people work and seeks participation of non-residential development in contributing affordable houses related to their impact on the local workforce. However, for the reasons stated above it is recommended that the type of use, rather than the proposed net new amount of floor area, be factored into the determination that no contribution to the provision of affordable employee housing would be required of GVCH. Staff can discuss this issue further at the hearing and can assist the Planning Commission in making a recommendation to the City Council in order to make a consistency determination using this option or some other appropriate means of determining consistency.

***Zoning Ordinance Consistency Analysis***

The Zoning Ordinance consistency analysis is included in Attachment 5. The proposed hospital would be consistent with all building height, parking, building coverage and landscaping requirements, except for one requested modification for encroachment into the side yard setback for parking, which is not allowed in the front or side yard setbacks per the Parking Regulations, Section 35-262.2. Therefore, following modification from Article III, Inland Zoning Ordinance standards is requested for the hospital:

- A modification for parking in the main hospital parking lot from the required side yard setback to allow no setback from the northern property line for parking spaces rather than the 15 feet required (Section 35-232.8.2).

Pursuant to §35-317.8, Development Plans, at the time a Final Development Plan is approved, the decision-maker may modify the setback requirements specified in the applicable zone district when the decision-maker finds that such a modifications are justified. It is recommended that this modification be granted because the existing parking lot is located across the property line between the hospital and MOB parcels and with the proposed replacement hospital, the shared parking arrangement would remain and because no use of the setback would be impeded.

The Hollipat parcel contains split zoning of Professional and Institutional (PI) and Design Residential (DR) zone districts. The DR zone district does not allow parking lots for non-residential uses as a principally permitted use. However, the Article III Inland Zoning Ordinance allows such a use via a Major Conditional Use Permit pursuant to Section 35-315.5, which allows permitting of (c) Hospitals, and (g) Uses, buildings, and structures accessory and customarily incidental to the listed uses.

The proposed temporary parking lot would be consistent with all parking requirements, except for the four requested modifications for landscaping and encroachment into the front yard setback and parking area setback. The following modifications from Article III, Inland Zoning Ordinance standards are requested for the temporary parking lot:

- A modification for parking in the temporary parking lot from the required front yard setback in the PI zone district to allow parking spaces within 10 feet from the ROW on the primary front (Hollister Avenue), and 5 feet from the ROW on the secondary front (Patterson Avenue), rather than the 15 feet required (Section 35-232.8.1).
- A modification for parking in the temporary parking lot from the required front yard setback in the DR zone district to allow parking spaces within 10 feet from the ROW on the primary front (Hollister Avenue), rather than the 20 feet required (Section 35-222.8.1).
- A modification for parking in the temporary parking lot from the required parking area setback in the DR zone district to allow parking spaces within 10 feet from the ROW on the primary front (Hollister Avenue), rather than the 15 feet required (Section 35-222.12.1).
- A modification for landscaping in the temporary parking lot from the required landscaping to allow painted islands at all ends of parking lanes rather than the landscaped islands required (Section 35-263.4.b).

Pursuant to §35-315.12, Major Conditional Use Permits, at the time a Final Development Plan is approved, the decision-maker may modify the setback and landscaping requirements specified in the applicable zone district when the decision-maker finds that such a modifications are justified. It is recommended that these modifications be granted due to the temporary nature of the parking lot and adequate screening proposed along the Hollister and Patterson Avenue frontages.

### ***Design Review Board***

The DRB considered the proposed hospital replacement and temporary parking lot project for conceptual review on November 6, 2007, June 24, 2008, and July 8, 2008.

At the meeting of July 8, 2008, the DRB completed conceptual review of the project with comments and took the item off calendar for processing. The DRB supported the hospital architecture and landscaping and the landscape screening of the temporary parking lot. The DRB also advocated for clear coordinated signage, a vigorous approach to increasing permeability in the parking lots and any other appropriate areas to help address stormwater issues, as well as safe pedestrian access.

The project is required to receive preliminary and final approval by the DRB prior to approval of a land use permit.

### ***GGMO***

The proposal includes an amendment to the Goleta Growth Management Ordinance No. 03-04 (GGMO), Section 6.1 Exempt Projects, to add development under the Hospital Overlay designation, including Goleta Valley Cottage Hospital and related offices and medical services, to the list of projects which are exempt from the requirement to obtain a growth management allocation. The specific amendment would add item 6.1.g. and read as follows:

**“g. Hospital Overlay** - Goleta Valley Cottage Hospital, related offices and medical services which are in the vicinity of Hollister Avenue and Patterson Avenue within the designated Hospital Overlay on the land use plan map, including up to 153,000 square feet on APN 065-090-022 for the hospital, up to 52,000 square feet on APN 065-090-023 for a medical office building, and up to 87,000 square feet of additional development on APN 065-090-028 for future medical offices or related services.”

### **Recommended Alternative**

Staff provides another alternative to the Ordinance Amendment proposed by the applicant. This alternative deletes items b – f in Section 6.1 and item A in Section 7.1 of the GGMO since these exemptions/reservations have expired. It also adjusts the square footage numbers proposed for the exemption for the parcels within the Hospital Overlay to reflect only the net new square footage related to the hospital and MOB. The recommended amendment would be new item b as follows:

**“b. Hospital Overlay** - Goleta Valley Cottage Hospital, related offices and medical services which are in the vicinity of Hollister Avenue and Patterson Avenue within the designated Hospital Overlay on the General Plan land use plan map, including up to ~~153,000~~59,835 net new square feet on APN 065-090-022 for the hospital, up to

52,000 ~~10,776~~ net new square feet on APN 065-090-023 for a medical office building, and up to 87,000 square feet of additional development on APN 065-090-028 for future medical offices or related services.”

The recommended amendment would also add a new item c to provide for the remaining unutilized square footage from the expired exemptions/reservations to be utilized by future Redevelopment Area projects as follows:

**“c. Redevelopment Area Projects** – up to 264,569 square feet available to projects in the Redevelopment Area.

Finally, it is recommended that the exemptions set forth in items b and c would expire three years following the effective date of the ordinance amendment, unless a one-year extension is requested prior to the expiration date and approval of the request is granted by the City Council. The proposed text for Section 6 and 7 is included in Attachment 2 and the entirety of the GGMO is included in Exhibit 1 of Attachment 2.

## **SUMMARY AND CONCLUSION**

The request includes applications for:

- an Ordinance Amendment to the Goleta Growth Management Ordinance No. 03-04 to add development under the Hospital Overlay to the list of exempt projects;
- a Development Plan to replace the existing hospital and associated infrastructure;
- a Major Conditional Use Permit to construct a temporary parking lot.

CEQA findings and permit findings can all be made as shown in the attachments to this staff report. The project proposes major improvements and upgrades to the existing health care facilities that would be compliant with the State requirements of SB 1953. Services would be designed to coordinate and compliment those at the Santa Barbara Cottage Hospital, minimize unnecessary duplication and provide overflow capacity as needed. The project would also provide road and frontage improvements, and development impact fees. For these reasons, staff recommends approval of the proposed Goleta Valley Cottage Hospital project with staff changes to the Ordinance Amendment for the GGMO.


## **APPEALS PROCEDURE**

The Planning Commission’s action on the various related requests is advisory to the City Council and will automatically be forwarded to the City Council. No appeal would be necessary in order for the City Council to hear this matter.



Meeting Date: October 13, 2008

Submitted By:

  
Cindy Moore  
Senior Planner

Approved By:

  
Patricia S. Miller  
Planning Commission Secretary

**ATTACHMENTS:**

1. Planning Commission Resolution 08-\_\_\_\_\_
2. Proposed Ordinance Amendment to the GGMO
3. Proposed CEQA Exemption
4. General Plan Consistency Analysis
5. Zoning Ordinance Consistency Analysis
6. Project Plans (11" x 17" reductions)