



Memorandum

Planning and Urban Development Department

Planning Division

To: Chair Boepple and Members of the Portland Planning Board

From: Jean Fraser, Planning Division

Date: April 21, 2017 for meeting on April 25, 2017

Re: **MMC request for IOZ designation: Draft Institutional Development Plan (IDP)**

Applicant: Maine Medical Center (MMC)

I. INTRODUCTION

Maine Medical Center applied in January, 2017 for a zoning amendment to create an MMC Institutional Overlay Zone (IOZ) to allow MMC to modernize and expand their Bramhall Street campus. The ordinance that provides the framework for this zoning amendment was recommended by the Planning Board to the City Council in March 2017, and a City Council hearing on this broad “enabling” ordinance text will take place on May 1, 2017.

The process for designation of an IOZ requires the institution to prepare an Institutional Development Plan that is a proactive planning document for identifying and addressing anticipated change and growth by an institution. The IOZ also requires a Regulatory Framework be submitted, which would be included in the Land Use Code and identifies the land area to be included on the zoning map as the Institutional Overlay Zone with the associated requirements. The Planning Board is authorized to review and approve an Institutional Development Plan that is consistent with the standards of the enabling legislation for an IOZ. The Planning Board reviews and recommends to City Council the Regulatory Framework and the IOZ boundaries. Refer to [Attachment 3](#) for the chart for the process and interrelationships of the Institutional Overlay Zone, Institutional Development Plan and IOZ boundaries for each institution.

MMC has recently submitted this first substantive draft Institutional Development Plan (IDP), along with a cover letter ([Attachments A and B](#)). A preliminary draft IDP was included in the January 10, 2017 workshop memo and informed the discussion of the IOZ enabling legislation. That early draft IDP was not formally reviewed, as it was still under development and the final requirements of the new IOZ Ordinance were also still in development.

Since January MMC has brought in additional consultants and met frequently with Planning and other City staff, as well as the public, to develop the IDP further and more fully address the Planning Board’s recommended IOZ Ordinance requirements. The April draft IDP ([Attachment B](#)) represents a substantial expansion of the earlier draft and provides a strong basis for moving forward with the IOZ process of finalizing the IDP and Regulatory Framework.

MMC has indicated that this draft IDP ([Attachment B](#)) is not comprehensive in respect of the transportation and design sections, in part due to the need to re-consider where and how to address the potential parking demand related to future growth. Therefore, this workshop is an introductory workshop to provide the Board with an overview of MMC’s short and long-term plans for their campus and an opportunity to comment on areas where further depth or reconsideration is appropriate. Subsequent workshops on specific topics are anticipated.

II. STATUS OF THE REVIEW

MMC’s request for designation of their campus as an Institutional Overlay Zone (IOZ) is allowed by the enabling Institutional Overlay Zone Ordinance that was recommended by the Planning Board in March 2017 and is now being considered by the City Council for adoption. During the discussions on the new IOZ Ordinance a flow chart of the zoning process and the review process for a specific institution’s IOZ was presented (Attachment 3). The first stage of the process is now almost complete and MMC’s draft Institutional Development Plan (IDP) is within the second stage ie the submission and review of the required submittals for an institution-specific IOZ designation. The required submittals are:

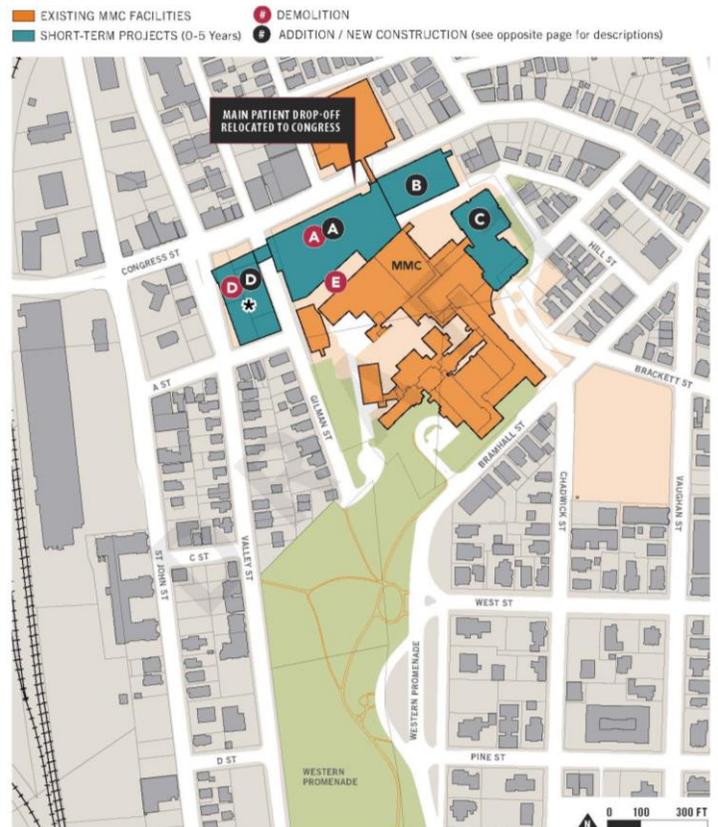
- *Institutional Development Plan (IDP):* The IDP is a longer term development or master plan, to be developed by the eligible institutions, which would guide each institution’s development over the life of the plan. The IDP is envisioned as the basic building block of the Institutional Overlay Zone. The IDP is intended as a stand-alone document. This would be approved by the Planning Board.
- *Regulatory Framework:* The Regulatory Framework is within the land use code as the ordinance requirements for each institution, and is intended to evolve from the IDP. The Regulatory Framework would establish the parameters to allow each institution to grow as envisioned in the IDP, yet also formalize requirements, guidelines, and performance measures that address the major ramifications of institutional growth and change. The Regulatory Framework would be adopted into the land use code by the City Council.
- *IOZ - Zoning Map:* The boundaries of each institution’s IOZ would be defined as a geographic element represented as an amendment to the city’s zoning map. This would be adopted by the City Council. [Prepared once the IDP and Regulatory Framework are finalized].

III. OVERVIEW OF MMC’S EXPANSION PROPOSALS AS PRESENTED IN THE INSTITUTIONAL DEVELOPMENT PLAN

The MMC IDP outlines three “phases” of expansion:

- **Short Term Development Plan (0-5 years) (IDP pp 58-59):**
 - Total of 345,000 sq ft additional floorspace in a new Congress Street hospital building and in 2 added floors to East Tower
 - 1360 new parking spaces in 3 added floors to visitor garage and a new garage (indicated at Gilman Street though other options are under investigation) to replace the existing spaces in the demolished employee parking garage

Fig.3.3 Short-Term Development Plan (0-5 Years)



★ Alternative employee parking solutions are currently being investigated.

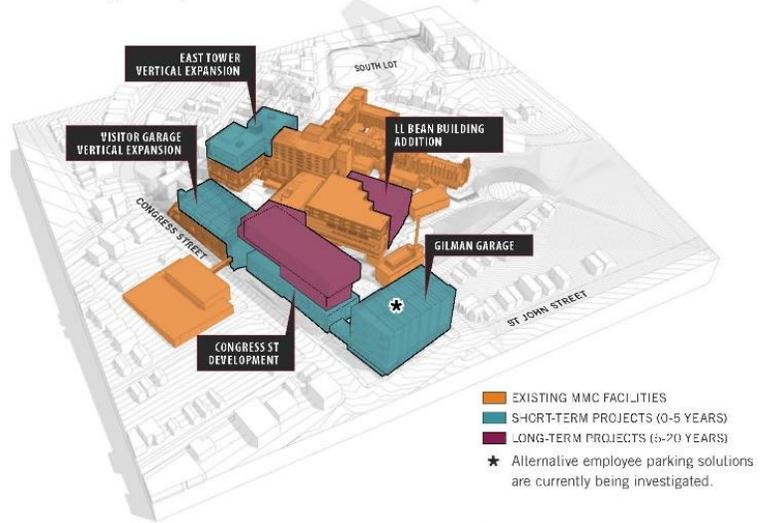
- **Long Term Development Plan (5-20 years) (IDP pg 60)**
 - Additional 420,000 sq ft of floorspace added to Congress Street Phase 1 hospital and LLBean buildings

Long-Term Projects

Congress Street Development, Phases II and III (Vertical Expansion, Approx. 300,000 GSF)
 Future vertical expansion to include additional private inpatient beds.

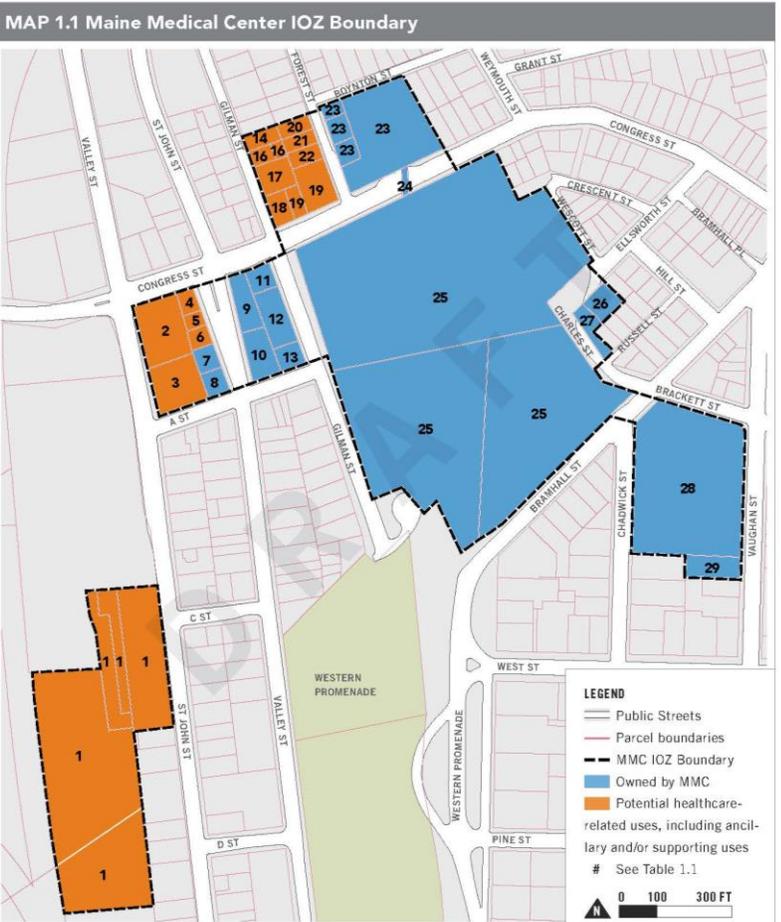
LL Bean Building, MFP Phase III (Addition, 120,000 GSF)
 Expansion of diagnostics and treatment, and interventional platforms. If necessary, existing Laundry Building and Engineering Services Building may be modified or removed to facilitate expansion.

Fig.3.4 MMC Development Plan: Short- and Long-Term Projects



- **Long Term Redevelopment Zones (IDP pg 110)**
 - Other sites, not all currently in MMC ownership, as shown in IOZ boundary to right, in the Table 1 below and on page 110 of the IDP

1. BOUNDARY



IV BACKGROUND re ZONING

MMC has a Contract Zone that was finalized in 2005 (Attachment 1) that includes the MMC main campus on the south side of Congress Street. On the other side of Congress Street (887 Congress Street) MMC has a smaller Contract Zone dating from 1997 that generally changed the zoning from R6 to B2 (Att. 2).

The main campus Contact Zone allowed for specific developments within a defined area and included a number of other commitments such as a Transportation Demand Management (TDM), helipad management, snow-ban parking and public infrastructure improvements. Some aspects of the modernization and expansion currently proposed or under consideration by MMC could be implemented under the existing Contract Zones, but other elements would require an amendment to the Contract Zone(s). Planning staff have encouraged MMC to pursue the IOZ instead of amending the Contract Zone(s), and MMC began that process in January as outlined above.

The MMC IOZ *Regulatory Framework* and proposed boundaries would, once recommended by the Planning Board and adopted by the City Council, replace the two existing Contract Zone Agreements currently held by MMC. For any areas outside the Contract Zone boundaries that are included in the IOZ boundary, the *Regulatory Framework* would replace the underlying zoning in respect of specified MMC uses and development. The underlying zone would continue to apply to non-MMC properties. The table below illustrates what the proposed MMC IOZ designation (based on the draft MMC IDP in Att. B) would allow compared to what is allowed under current zoning, unless the Contract Zone Agreement(s) are formally amended:

Table 1: Zoning Comparison

<i>Projects identified in Development Plan (within proposed IOZ boundary)</i>	<i>What allowed by Contract Zone(s)¹.</i>	<i>Allowed by Underlying Zone (outside Contract Zone)</i>	<i>Proposed to be allowed by MMC IOZ</i>
SHORT TERM (0-5 YEARS)			
Site of employee garage (to be demolished): New 6 story hospital (285,000 sq ft) building accessed from Congress Street	Expansion of MMC uses allowed ¹ but no additional height allowed unless the Contract Zone is amended		225 ft height – no transition zone
Existing visitor parking garage: Addition of 3 floors to accommodate 225 parking spaces	70 ft height		100 ft height – no transition zone
East Tower: addition of 2 floors (60,000 sq ft) to accommodate 64 inpatient beds and relocated heliport	95 ft height		150 ft height – no additional transition zone
Gilman Street: new 13 story garage to accommodate 1135 parking spaces for employees (alternative employee parking currently being investigated)	Expansion of MMC uses allowed ¹ , but no additional height allowed unless Contract Zone is amended		150 ft height and narrow transition zone
122 St John Street (existing building and open area to rear)	Could be acquired by MMC and used for uses allowed by the underlying zone, except hospital uses, unless the Contract Zone is amended	B2: 45-65 ft.	65 ft height for building; 110 ft height for open area
LONG TERM DEVELOPMENT (5-20 YEARS)			
Congress St new hospital building (on site of former employee garage): to be expanded vertically to add 300,000 sq ft (appears to bring to a total of 12 stories)	Expansion of MMC uses allowed ¹ , but no additional height allowed unless contract Zone is amended.		225 ft height- no transition zone
LL Bean building: infill expansion (120,000 sq ft)	111 feet high (vertical expansion anticipated)		225 ft height – plus transition zone towards Gilman St

<i>Projects identified in Development Plan (within proposed IOZ boundary)</i>	<i>What allowed by Contract Zone(s)¹</i>	<i>Allowed by Underlying Zone (outside Contract Zone)</i>	<i>Proposed to be allowed by MMC IOZ</i>
LONG TERM CONCEPTUAL (NO SPECIFIC PROPOSALS)			
South Parking lot (existing surface lot)	Expansion of MMC uses allowed ¹ but no additional height limit allowed unless the Contract Zone is amended.	(Underlying zone is R6)	75 ft in height plus transition zones on 3 sides
Existing MMC building 887 Congress	Allows 72 feet in height and general, business and professional offices and parking unless Contract Zone (Att 2) is amended		100 ft height plus one transition zone to north
Sportsman Club	Could be acquired by MMC and used for uses allowed by the underlying zone, except hospital uses, unless the Contract Zone is amended	Congress St: B2 45-65 ft. North side: R6 45 ft height	75 ft height plus one transition zone to north
Greyhound Terminal Block	Could be acquired by MMC and used for uses allowed by the underlying zone, except hospital uses, unless the Contract Zone is amended	B2: 45-65 ft.	75 ft height- no transition zone

¹. **Note: As qualified by this annotated quote from Main Campus (2005) Contract Zone:** “MMC will restrict any further expansion of uses (defined as new construction of building(s) and or conversion of existing uses (including residential uses) into hospital related uses and the like. It shall not mean the occupancy of an existing building which contains legally confirming medical related use) in the Western Prom/Parkside/Gilman Street neighborhoods to the property specifically included in the following defined Campus [main campus; existing medical office building opposite main campus; Vaughan Street parking lot and McGeachey Hall; West Street medical Office building; block bounded by Congress Street, Gilman street, Valley Street, and A Street] (qualified by “this provision shall not prohibit MMC from expanding or building in other areas of the City if permitted by zoning)

V. STAFF ANALYSIS

A. IDP Development Process

The IOZ process requires the following actions by the institution that requests an IOZ designation and MMC have met the requirements as follows:

- *Application:* Submitted
- *Required Public Involvement:* Two meetings for the wider neighborhood were held in January and March regarding the IDP/IOZ
- *Required Scoping meeting:* At the time the IOZ designation was requested the required contents for the IDP/Regulatory Framework had not been finalized. The content was discussed at frequent meetings with the Planning Board and staff. The Planning Board confirmed that these meetings would constitute the “Scoping meeting” and provided comments indicating that the emphasis should be on identifying the implications/impacts of the expansion proposals, and to clarifying transportation (including TDM) and transition/edge treatments.

B. IDP Content

The draft IDP ([Attachment B](#)) was received on April 7, 2017. Staff has not prepared detailed comments; the following represents a preliminary analysis.

- *IOZ Content Requirements:*

It is noted above that the Transportation and Design sections are still being developed. Otherwise the content broadly addresses the IDP content sections of the IOZ ordinance (sections headed “Context Information” and “Assessment of Future Institutional Growth and Change”). Staff have met with MMC to discuss transportation aspects where further information is requested, and similar meetings regarding design have been arranged. The staff and reviewers from other departments are reviewing the IDP and will have comments at a subsequent workshop.

The content headings for the Regulatory Framework are “if applicable” and many of these have not yet been addressed.

- *Presentation:*

The draft IDP ([Attachment B](#)) has a significant amount of data and information which is presented in an easily readable and accessible document, using charts, tables, maps, and graphics to visually display data in an effective way. It provides a comprehensive context for consideration of MMC’s proposed changes and development, and represents a major undertaking and a successful step in developing the IDP and Regulatory Framework.

- *Level of Detail:*

The broad approach is excellent although all sections would benefit from additional detail. There some parts of the “needs analysis” that are fairly general, as are the plans for addressing potential impacts. It is understood that additional material is being prepared and staff suggest that additional narrative, tables, and graphics would be helpful to demonstrate both the analysis of needs/impacts and clearly translate these needs into plans for future growth/change. It also would be helpful to have a clearer idea of how proposals have addressed public comments and concerns.

- *Linkage between IDP and Regulatory Framework:*

The Regulatory Framework is intended to clearly relate to and derive from the IDP. For example, in locations where the Regulatory Framework specifies particular heights, the plan would be expected to include massing diagrams or conceptual plans that provide the rationale for the heights requested. Similarly, sidewalk material changes requested in the Regulatory Framework should be firmly grounded in the IDP.

- *Relationship between Regulatory Framework and Site Plan Review:*

Generally, the Regulatory Framework leaves many elements to site plan review (e.g. building envelope design and landscape and public realm design). The site plan review process will follow the approval of the IDP and will implement the hospital’s Regulatory Framework. Thus the Regulatory Framework should articulate development parameters regarding campus-wide strategies that balance the large building envelopes, increased intensity of use, and local impacts of proposed institutional growth and change.

One option might be to add further detail to the Regulatory Framework to establish clear standards or requirements that are over and above those which would be applied to any site plan. The IDP analysis and assessment sections refer to a number of potential impacts and/or proposals to minimize impacts, but these are not reflected in the Regulatory Framework.

VI. PUBLIC COMMENT

During the development of the IOZ Ordinance text (November 2016- March 2017) the Planning Division received many comments that related to the MMC IDP and related IOZ designation process. The Board has previously seen these comments, but they have been brought forward to ensure the Board is aware of the detailed MMC comments that relate to the current review (PC1-PC22).

Since MMC submitted the draft Institutional Development Plan (IDP) on April 7, 2017 the Planning office has received one written comment (PC1 MMC-IOZ). This is from the St John Valley Neighborhood Association, who have prepared extensive comments on the content of the IDP and on how it complies with the new IOZ Ordinance.

Staff are aware that MMC has invited neighborhood representatives to give them comments on the draft IDP and understands that MMC is arranging further public meetings on the IDP.

VII. NEXT STEPS

- MMC to submit additional material
- Clarify subsequent workshop(s) and topics to be covered at these workshop(s)

VIII. ATTACHMENTS

Memo Attachments from staff

1. 2005 Contract Zone for Maine Medical Center
2. 1997 Contract Zone for 887 Congress Street
3. Flowchart for IOZ ordinance and designation process

Public Comments

- PC 1- PC22 - (Brought forward) Public Comments from IOZ Ordinance review
PC1 MMC-IOZ - St John Valley Neighborhood Association 4.18.17 on 4.7.17 MMC IDP

Applicants Submittal

- A. MMC Cover letter to Planning Board 4.7.17
- B. Draft MMC Institutional Development Plan submitted 4.7.17

Order 172-04/05
Given 1st reading: 2/23/05 Postponed on 3/7/05
Public Hearing & postponed on 4/4/05
Amended & Passage: 4/25/05 9-0

JILL C. DUSON (MAYOR)(A/L)
PETER O'DONNELL (A/L)
JAMES F. CLOUTIER(A/L)
NICHOLAS M. MAVODONES (A/L)

CITY OF PORTLAND
IN THE CITY COUNCIL

WILLIAM R. GORHAM (1)
KAREN A. GERAGHTY (2)
DONNA J. CARR (3)
CHERYL A. LEEMAN (4)
JAMES I. COHEN (5)

**AMENDMENT TO CITY CODE
SEC. 14-49 (ZONING MAP AMENDMENT)
RE: CONDITIONAL REZONING FOR PROPERTY
IN VICINITY OF WESTERN PROMENADE/ MAINE MEDICAL CENTER**

ORDERED, that the Zoning Map of the City of Portland, dated December 2000 as amended and on file in the Department of Planning & Development, and incorporated by reference into the Zoning Ordinance by Sec. 14-49 of the Portland City Code, is hereby amended to reflect a conditional rezoning as detailed below:

**CONDITIONAL ZONE AGREEMENT
MAINE MEDICAL CENTER**

AGREEMENT made this ____ day of _____, 2005, by **MAINE MEDICAL CENTER**, a Maine corporation with a principal place of business located in the City of Portland, County of Cumberland and State of Maine, its successors and assigns ("MMC").

WITNESSETH:

WHEREAS, MMC is the owner of land and buildings located in Portland at Map 53, Block D, Lots 1, 2 and 7; Map 53, Block E, Lots 1, 2, 10 and 13; Map 53, Block G, Lots 1 and 13; Map 54, Block H, Lot 1; and Map 64, Block C, Lots 1 and 2; and Map 55, Block B, Lot 13 (the "**PROPERTY**"); and

WHEREAS, MMC is the largest provider of obstetrical services in Maine and provides the only statewide fulltime maternal fetal medicine service serving women and newborns at high risk and MMC has the only Level III neonatal intensive care unit in Maine; and

WHEREAS, in order to respond to the changing professional and clinical standards for the care of sick infants within the neonatal intensive care unit and to meet the spatial requirements of today's routine and high risk obstetrical and newborn care, MMC must build an addition comprised of 192,000 square feet (the "Charles Street Addition"); and

WHEREAS, MMC proposes to construct the Charles Street Addition by expanding vertically, on the site of an existing medical building bounded generally by Charles Street, Wescott Street, Ellsworth Street and Crescent Street; and

WHEREAS, in order to avoid a substantial expansion of the footprint of the buildings at MMC and, instead, to construct the Charles Street Addition by vertical expansion, it is necessary to modify the otherwise applicable height requirement in the R-6 Zone; and

WHEREAS, in order to accommodate the needs of the Charles Street Addition and to improve parking and traffic circulation on the MMC campus, MMC proposes to construct a new 512 car capacity parking garage along Congress Street (the "New Parking Garage"); and

WHEREAS, in order to achieve the requisite parking capacity within the available space, MMC needs to build the New Parking Garage at a height taller than the currently applicable height limit in the R-6 Zone and also to locate the New Parking Garage closer to Congress Street than the currently applicable setback requirement in the R-6 zone; and

WHEREAS, in order reduce transport time for critical patients coming to MMC's emergency department, MMC proposes to construct a helicopter landing pad on top of the

existing parking garage which fronts on Congress Street (the "Helicopter Landing Pad" also occasionally referred to as "Heliport or Helistop"); and

WHEREAS, in order to replace currently fragmented heating and cooling systems throughout its campus, MMC intends to construct a central utility plant, built into the hillside between the hospital and Gilman Street (the "Central Utility Plant"); and

WHEREAS, the Central Utility Plant will be built at a proposed height of 45 feet but is also designed to accommodate a future vertical expansion of two additional floors, with a maximum future height of 70 feet; and

WHEREAS, MMC currently has operating rooms, intensive care beds, and adult and pediatric beds in an existing building constructed in 1985 (expanded in 1998) and referred to as the "L. L. Bean Wing;" and

WHEREAS, MMC has no current construction plans for the L. L. Bean Wing, but anticipates that the L. L. Bean Wing will need to be expanded vertically at some time within the next decade; and

WHEREAS, the L. L. Bean Wing was designed structurally to accommodate such vertical expansion by an additional two stories; and

WHEREAS, MMC desires to provide for such eventual vertical expansion within this Agreement and additional vertical expansions, except as noted below, are not included within the scope of this Contract and will be subject to negotiation and approval in the future, when presented; and

WHEREAS, by expanding vertically for the Charles Street Addition rather than horizontally, MMC will need to remove only two residential buildings, and will do so in full

compliance with the housing replacement requirements of section 14-483 of the Portland Code of Ordinances; and

WHEREAS, in addition to such required replacement, **MMC** will divest itself of ownership of nine other buildings (two on Crescent Street, two on Ellsworth Street, one on Hill Street and four on Bramhall Street), enabling others to return them to residential use; and

WHEREAS, **MMC** has requested a rezoning of the **PROPERTY** in order to permit the above-described improvements; and

WHEREAS, the **CITY** by and through its Planning Board, pursuant to 30-A M.R.S.A. §4352(8) and Portland City Code §14-60, *et seq.*, and §14-315.3, after notice and hearing and due deliberation thereon, recommended the rezoning of the **PROPERTY** as aforesaid, subject, however, to certain conditions more specifically set forth below; and

WHEREAS, the **CITY** has determined that because of the unique circumstances of the location of an urban medical center campus in close proximity to historic and densely populated neighborhoods within the R-6 Zone, and in order to balance the interests of **MMC** and its residential neighbors, it is necessary and appropriate to impose the following conditions and restrictions in order to ensure that the rezoning is consistent with the City's Comprehensive Plan; and

WHEREAS, on April 25, 2005, the **CITY** authorized the amendment to its Zoning Map based upon the terms and conditions contained within this Agreement, which terms and conditions become part of the zoning requirements for the **PROPERTY**;

NOW THEREFORE, in consideration of the rezoning, **MMC** covenants and agrees as follows:

1. **MMC** will restrict any further expansion of its uses¹ in the Western Prom/ Parkside/ Gilman Street neighborhoods to the property specifically included in the following defined Campus²:

(a) The main campus, bounded by the north side of Bramhall Street, the western side of Wescott Street, a portion of the northern side of Crescent Street terminating with the proposed end of the new garage, and the south side of Congress Street between the existing and proposed new garage, and the eastern side of Gilman Street;

(b) The existing medical office building located on Congress Street across from the main campus;

(c) The Vaughn Street parking lot and McGeachey Hall;

(d) The existing West Street Medical Office Building located behind the row houses at the eastern end of West Street (CBL 55-B-13);

(e) The block bounded on Congress Street, Gilman Street, Valley Street and A Street.

2. The following exhibits are incorporated into and made a part of this Agreement:

Exhibit A: Helistop Overlay Zone Map

Exhibit B: Site Plan

1. Sheet C050: Campus Plan, Revision date: 9/16/04
2. Sheet C100: Site Plan, Revision date: 9/16/04
3. Sheet C101: Site Plan, Revision date: 9/16/04
4. Sheet C102: Site Plan, Revision date: 9/16/04
5. Sheet C103: Site Plan, Revision date: 9/16/04
6. Sheet C400: Landscape Plan, Revision date: 9/16/04
7. Sheet C401: Landscape Plan, Revision date: 9/16/04
8. Sheet C402: Landscape Plan, Revision date: 9/16/04

¹ "Future expansion of its uses" shall mean new construction of building(s) and or conversion of existing uses (including residential uses) into hospital related uses and the like. It shall not mean the occupancy of an existing building which contains a legally conforming medical related use.

² This provision shall not prohibit **MMC** from expanding or building in other areas of the City if permitted by zoning.

9. Sheet C403: Landscape Plan, Revision date: 9/16/04
10. Landscape Plan at Existing Garage, See sheets 401 & 402
11. Pedestrian Connection to Congress Street, 4/14/04
12. Parking Garage Rendered Elevation, North, (Option 1; Exhibit B, p.12, April 25,2005)
13. Parking Garage Rendered Elevation, (Option 1, Exhibit B, p. 12, perspective; April 25, 2005)
14. Parking Garage Rendered Elevation, South, 1/27/05
15. Central Utility Plant Rendered Elevation, 1/27/05
16. Charles Street Addition Rendered Elevation, South 1/27/05
17. Charles Street Addition Rendered Elevation, East 1/27/05
18. Charles Street Addition Rendered Elevation, North 1/27/05
19. Charles Street Material Board 1/27/05

20. Street Vacation/Acceptance and Land Transfer Plan (Sheet 1)
21. Street Vacation/Acceptance and Land Transfer Plan (Sheet 1)
22. Concrete Sidewalk Plan

Exhibit D: Miller Memo 01/06/05 and MMC Helipad Flight Paths, Harris Miller Miller & Hanson Inc., 9/16/04

Exhibit E: Helipad Operating Guidelines (2 pages); source, Lifeflight of Maine

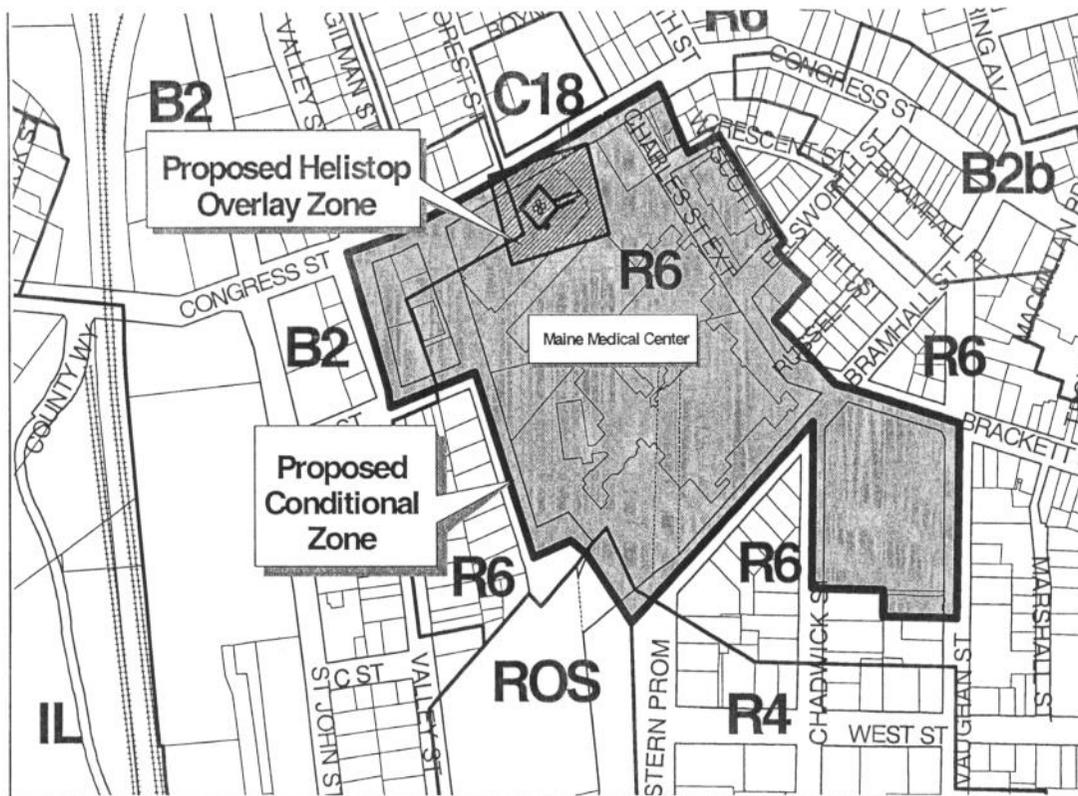
Exhibit F: Helipad Plans

1. Heliport Plan, 1/27/05
2. Heliport Elevation, 1/27/05
3. Heliport Perspective, 1/27/05

Exhibit G: Vaughan Street Parking Lot Landscaping Plan

1. Landscape Plan, 7/8/04
2. Wall Treatment
3. Fence Detail
4. Landscape Section

3. The **CITY** shall amend the Zoning Map of the City of Portland, dated December 2000, as amended from time to time and on file in the Department of Planning and Urban Development, and incorporated by reference into the Zoning Ordinance by Portland City Code §14-49, by adopting the map change amendment below, which map change includes a Helistop Overlay Zone as more particularly depicted on Exhibit A.



Proposed Rezoning for Maine Medical Center
from R6 & B2 to Conditional
with Helistop Overlay Zone

January 2005

100 0 100 200 Feet

Map prepared by the City of Portland's Department of Planning & Development and the GIS Workgroup

4. The **PROPERTY** and site improvements shall be developed and operated substantially in accordance with the site plan shown on Exhibit B (the "Site Plan"), which Site Plan includes but is not limited to street layouts, landscaping, and building elevation drawings for initial construction, subject to the approval of the Site Plan by the City's Planning Board in compliance with the requirements of Chapter 14, Article V. The architectural treatment of the façade of the New Parking Garage may be revised during site plan review and shall meet the site plan standards of 14-526(16). Minor revisions to the Site Plan in the nature of field adjustments may be approved by the Planning Authority, without the need for amendment of this Agreement or further approval by the City Council.

5. No building permits shall be issued unless and until **MMC** receives conditional use approval pursuant to section 14-474 (Expansion of Institutional Use) and section 14-483 (Housing Replacement), site plan approval pursuant to section 14-483(e) of the City Code, approval under the Site Location of Development Act and an MDOT traffic movement permit, if required. No occupancy of the newly constructed buildings shall be permitted unless and until all site plan conditions of approval have been satisfied and the City Council has taken final action on the street discontinuances and street acceptances required for the realignment of certain streets, as shown on the Site Plan (Exhibit B).

6. MMC shall provide to the CITY a performance guarantee covering all required site improvements under section 14-525(j) of the City Code and the two replacement dwelling units provided under paragraph 6(d) of this Agreement.

7. The PROPERTY shall be governed by the zoning provisions, as such may be amended from time to time, applicable in the zoning districts underlying the Conditional Zone except as follows:

(a) Height Limits. The maximum structure height (measured according to the definition of "building, height of" in section 14-47) shall be:

- 95 feet for the Charles Street Addition, as depicted on the Site Plan
- 70 feet for the New Parking Garage, as depicted on the Site Plan
- 45 feet for the Central Utility Plant, as depicted on the Site Plan
- 111 feet for the L. L. Bean Wing, as already constructed.

(a) Setbacks.

- The minimum setback of the New Parking Garage shall be zero (0) feet from the right of way line of Congress Street.
- The minimum setback of the southeast corner of the Charles Street Addition shall be five (5) feet from the relocated right of way line of Ellsworth Street, as depicted on Exhibit B.
- The minimum setback of the Central Utility Plant shall be five (5) feet from Gilman Street.

(d) Replacement Housing. The replacement of the two existing residential structures at 33 Crescent Street (identified as Map 53, Block E, Lot 2) and 37 Crescent Street (identified as Map 53, Block E, Lots 1, 10 and 13) containing a total of seven dwelling units and two single-room occupancies by a portion of the New Parking Garage shall be deemed to meet the requirements of section 14-137(c), provided that MMC shall comply fully with the requirements of section 14-483 (Preservation and Replacement of Housing Units). Specifically, MMC shall comply with section 14-483 by (i) converting the building at 325-329 Brackett Street identified as Map 54, Block D, Lot 7 (the last approved use of which was office space) into two dwelling units prior to the issuance of a certificate of occupancy for the New Parking Garage and then divesting itself of ownership of the building prior to the issuance of a certificate of occupancy for the Charles Street Addition and (ii) paying Three Hundred Fifteen Thousand Five Hundred Eighty dollars (\$315,580.00) into the CITY's Housing Development Fund (representing five dwelling units and two single-room occupancies) upon

approval of the Site Plan by the **CITY**'s Planning Board. The deadline for divestiture may be extended by the Planning Authority if **MMC** demonstrates that reasonable good faith efforts to market the property instituted at least 6 months prior to the deadline have failed to produce a bona fide offer at or above fair market value and on commercially reasonable terms.

(e) Sidewalks. **MMC** shall comply with the **CITY**'s Brick District Policy Plan, except that, at the time of final site plan review, the Planning Board may approve the use of concrete sidewalk materials, as shown on Exhibit B 22, because of the particular needs or requirements of the hospital use.

(f) Street level uses in garage. The street level of the new parking garage may be used for any use allowed in the B-2 zone.

8. The Helicopter Landing Pad shall not be subject to the provisions of section 14-409 (Heliports), but shall be governed by the provisions of the Helistop Overlay Zone, sections 14-325 through 14-327), except as follows:

(a) Setbacks. Because it is to be located on the roof of an existing structure, the landing pad shall not be required to meet the setback requirements of Section 14-327(3) or the fencing requirements of Section 14-327(4).

(b) Flight routes. **MMC** shall identify preferred flight routes, to be approved by the **CITY**, designed to minimize noise impact of helicopter flights on surrounding residential areas, shall notify all flight providers likely to use the Helicopter Landing Pad of such preferred routes, and shall take the following measures to ensure that such preferred routes are utilized whenever weather conditions, safety considerations and the best interests of the patient being transported permit, with the expectation that this will be the usual case. **MMC** will instruct all providers which regularly use the Helicopter Landing Pad that pilots must file an exception report with the Air Medical Provider Administration of Lifeflight of Maine or its successor entity for operations modified for safety considerations or at the direct request of Approach Control at the Portland International Jetport. Logs of these exception reports will be made available to **MMC** and to the **CITY** every six months. When and if the Portland Jetport has the capacity to maintain and preserve data which specifically identifies flight routes actually taken by aircraft using the Helicopter Landing Pad, the **CITY** shall consult such data to review compliance with this paragraph, and **MMC**, upon request of the **CITY**, will be responsible for the **CITY**'s reasonable costs of translating such data into useable form, but not for the costs of the flight monitoring. Initially, such preferred flight routes shall be as shown on the map attached to this Agreement as Exhibit D. At the initiative of either the **CITY** or **MMC**, the map of preferred flight routes may be amended from time to time by agreement between **MMC** and the City Council. The City Council shall consult with the Portland International Jetport and shall convene a neighborhood meeting to obtain input from residents of any affected residential areas before agreeing to any such amendment. An agreement between the parties to change preferred flight routes under this paragraph shall include noise mitigation measures in addition to those described in paragraph 7(g) below provided the noise mitigation measures are recommended by

an independent noise consultant. In addition, after one full year of operation of the Helicopter Landing Pad (measured from the date of the first patient transport flight to use the Helicopter Landing Pad), the City Council shall review the operation of the preferred flight routes and may initiate amendments to the map of preferred flight routes, following the procedures specified above. In connection with review or amendment of flight routes under this paragraph, the CITY may engage the services of an independent consultant and MMC will reimburse the CITY for its reasonable costs of obtaining such consulting services provided that the CITY, in advance of engaging the consultant, affords MMC an opportunity to comment on the scope of the consultant's engagement.

(c) Fly Neighborly. In negotiating any contract or agreement with any provider of emergency medical transport by helicopter, MMC will require the provider to operate in compliance with the "Fly Neighborly Guide" revised February 1993, (and any subsequent revisions) prepared by the Helicopter Association International Fly Neighborly Committee and published by the Helicopter Association International. MMC shall establish a complaint number and a protocol for handling complaints, which shall be publicized within the neighborhood, and the complaints will be reviewed no less than quarterly by the Maine Medical Center Neighborhood Council, noted below.

(d) Helipad operating guidelines. Helicopter landings on the Helipad are approved for emergency patient care only. Any use of the Helicopter Landing Pad for other than emergency patient care transport shall be deemed a violation of this Agreement and shall result in the termination of the Helicopter Overlay. The following standard practices will be incorporated as general policy for operations in and out of the Maine Medical Center Helipad and shall be communicated by MMC to providers. At all times, the Pilot in Command (PIC) will determine safety of operations as a first consideration. Under normal operating circumstances, take-offs, landings and standing-by on the Helicopter Landing Pad shall be conducted according to the Operating Guidelines, attached hereto as Exhibit E, subject at all times to the judgment of the helicopter pilot concerning safety and to the judgment of the emergency medical personnel concerning the health of the patient.

(e) Equipment. In generating any specifications in connection with the negotiation of any contract or agreement with any provider of emergency medical transport by helicopter, MMC will specify that helicopters utilizing the Helicopter Landing Pad (with the exception of U.S. military or government aircraft) are relatively new turbine powered aircraft meeting requirements under ICAO Annex 16 Chapter 8 for in-flight noise levels and complying with FAA airworthiness standards, 14 CFR part 36.11 and 14 CFR 21 Sub-part D, or any amended or successor requirements or standards.

(f) Design and construction. The Helicopter Landing Pad shall be constructed as shown on Exhibit A.

(g) Mitigation. MMC will pay for the installation costs associated with the full installation of soundproofing improvements contained within Exhibit D, except in lieu of central air conditioning MMC will also pay for the installation of ventilation improvements to one or more rooms within each such dwelling unit as reasonable and appropriate as determined by the

CITY. The **CITY** shall contract for such work and **MMC** shall be responsible for the costs associated therewith, plus a 10% administrative fee to be paid to the **CITY**. Before entering into any contract for such work, the **CITY** shall notify **MMC** and give **MMC** the opportunity to comment on the scope of the proposed work and the estimated cost thereof. The properties to be included under this provision are as follows: 879 Congress Street (Map 53, Block I, Lot 16), 921 Congress Street (Map 65, Block D, Lot 17), 925 Congress Street (Map 65, Block D, Lot 16) and 929 Congress Street (Map 65, Block, D, Lot 14). Such funds shall only be expended if the present owners of such buildings request such improvements no earlier than six months and no later than eighteen months after commencement of the operation of the Helicopter Landing Pad. For a period of five years from the date of this Agreement, any new owner of the aforementioned properties may request such improvements no later than eighteen months after purchase of said property(s).

(h) Accreditation. The principal provider of air medical transport to **MMC** shall be accredited by the Committee on Accreditation of Medical Transport Systems or its successor agency. Providers using the helicopter landing pad shall be accredited by the Committee on Accreditation of Medical Transport Systems or its successor agency, unless special circumstances warrant a non accredited provider such as the Air National Guard, the U.S. Coast Guard or other users.

9. Signage shall comply with the requirements of sections 14-336 through 14-372.5 of the City Code, except as otherwise approved by the Planning Board under Chapter 14, Article V.

10. For the purpose of keeping surrounding residential areas apprised of its future development plans, and to address any neighborhood issues related to the operations of the **MMC** campus (including but not limited to complaints or operating issues with respect to the helipad and future planning and development programs associated with **MMC**), **MMC** shall, no less than quarterly, and with two weeks written notice, invite representatives of the Maine Medical Center Neighborhood Council to meet with designated representatives of **MMC**. For purposes of this requirement, the Maine Medical Center Neighborhood Council shall consist of two representatives of the Parkside Neighborhood Association, , two representatives of the Western Prom Neighborhood Association, and two representatives of the Gilman/Valley Streets neighborhood. The neighborhood organizations shall designate the persons who shall serve on the Maine Medical Center Neighborhood Council. In the event there is no formal neighborhood organization, the City Council District Councilor shall designate the persons to serve on the Maine Medical Center Neighborhood Council.

11. **MMC**, prior to occupancy of the Charles Street Addition, shall relocate the sewer serving 31 Crescent Street, as depicted on the Site Plan (Exhibit B). In addition, **MMC** shall provide two off-street parking spaces for use by the tenants of 31 Crescent Street for so long as 31 Crescent Street serves as a residential structure.

12. **MMC** agrees that it will make the parking garage contemplated within this Agreement available for use by the public for snow ban purposes in a fashion similar to that

required in its Congress Street/Forest Street parking garage. In addition, **MMC** shall require all of its vendors, contractors and subcontractors to utilize a parking garage or other approved parking area/facility for vehicles and truck parking during construction.

13. **MMC** agrees to divest itself of ownership of the following existing structures owned by **MMC** according to the following schedule:

Prior to the issuance of a certificate of occupancy for the Charles Street Addition:

15 Crescent Street (Map 53, Block F, Lot 6)
25 Crescent Street (Map 53, Block E, Lot 5)
25 Ellsworth Street (Map 53, Block H, Lot 2)
32 Ellsworth Street (Map 54, Block C, Lot 5)
20 Hill Street (Map 54, Block C, Lot 1)

No later than January 1, 2010 or the issuance of a certificate of occupancy for any of the future expansions described in Section 6(b) above, whichever is earlier:

19 Bramhall Street (Map 63, Block A, Lot 4)
23 Bramhall Street (Map 63, Block A, Lot 3)
25 Bramhall Street (Map 63, Block A, Lot 2)
31 Bramhall Street (Map 63, Block A, Lot 1)

The deadline for divestiture of any of such property may be extended by the Planning Authority if **MMC** demonstrates that reasonable good faith efforts to market the property instituted at least 6 months prior to the deadline have failed to produce a bona fide offer at or above fair market value and on commercially reasonable terms.

14 **MMC** agrees that it will remove the existing building located at 261-269 Valley Street (formerly the "Eagles Club") within 12 months after the effective date of this Agreement and that the site of the removed building will be loamed and seeded unless and until otherwise developed pursuant to an approved site plan.

15 **MMC** shall provide landscaping of the area surrounding its Vaughn Street parking lot as shown on the landscaping plan attached hereto as Exhibit G and shall construct, maintain and continue to own the "pocket park" located at Ellsworth and Charles Streets as shown on the Site Plan (Exhibit B). The improvements to the Vaughn Street parking lot shall be completed within 12 months of the effective date of this Agreement.

16. **MMC** agrees to allow public pedestrian access between its campus and Congress Street through a new enclosed stairway to be constructed adjacent to the New Parking Garage, as depicted on Exhibit B.

17.. **MMC** shall contribute \$800,000 to the **CITY** to use for public improvements in the general vicinity of Maine Medical Center.

18.. MMC agrees that it will encourage its employees and visitors to use alternatives to single-occupant automobiles when traveling to and from the **PROPERTY**. In its application under the Site Plan Ordinance, MMC agrees to include among its written statements an Alternative Transportation Plan. The Alternative Transportation Plan will propose strategies to reduce single-occupant automobile trips to the **PROPERTY**. Such strategies shall include, but not be limited to, subsidies and other incentives for employees and visitors to use local and regional mass transportation, share rides (carpools and vanpools), ride bicycles and walk. The Planning Board will include the Alternative Transportation Plan in its consideration of sections 14-526(a)(1) and (2) of the City Code. In addition, an analysis of effectiveness and functioning of the Alternative Transportation Plan shall be provided to the City Council's Transportation Committee on an annual basis.

20.. The above restrictions, provisions and conditions are an essential part of the rezoning, shall run with the **PROPERTY**, shall bind and benefit **MMC**, its successors and assigns, and any party in possession or occupancy of the **PROPERTY** or any part thereof, and shall inure to the benefit of and be enforceable by the **CITY**, by and through its duly authorized representatives. Within 30 days of approval of this Agreement by the City Council, **MMC** shall record a copy of this Agreement in the Cumberland County Registry of Deeds, along with a reference to the book and page of the deeds to the property underlying said **PROPERTY**. Unless otherwise stated within this Agreement, this Agreement governs only the **PROPERTY** expressly covered by this Agreement and applies only within the boundaries of the rezoned area as shown on the map. Nothing in this Agreement shall have any effect on or be construed as having any bearing on the use or development of any other properties owned by **MMC** or its affiliates, all of which shall continue to be governed by the applicable provisions of the Portland Land Use Code, without regard to this Agreement.

21.. If any restriction, provision, condition, or portion thereof, set forth herein is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed as a separate, distinct and independent provision and such determination and shall not affect the validity of the remaining portions hereof.

22.. Except as expressly modified herein, the development, use, and occupancy of the **PROPERTY** shall be governed by and comply with the provisions of the Land Use Code of the City of Portland and any applicable amendments thereto or replacement thereof.

23.. This conditional rezoning agreement shall be enforced pursuant to the land use enforcement provisions of state law (including 30-A MRS 4452) and **CITY** Ordinance. No alleged violation of this rezoning Agreement may be prosecuted, however, until the **CITY** has delivered written notice of the alleged violation(s) to the owner or operator of the **PROPERTY** and given the owner or operator an opportunity to cure the violation(s) within thirty (30) days of receipt of the notice. Following any determination of a zoning violation by the Court, and in addition to any penalties authorized by law and imposed by the Court, either the Portland Planning Board on its own initiative, or at the request of the Planning Authority, may make a recommendation to the City Council that the Conditional Rezoning be modified or the **PROPERTY** rezoned.

24.. In the case of any issue related to the **PROPERTY** which is specifically addressed by this Agreement, neither **MMC** nor their successors may seek relief which might otherwise be available to them from Portland's Board of Appeals by means of a variance, practical difficulty variance, interpretation appeal, miscellaneous appeal or any other relief which the Board would have jurisdiction to grant, if the effect of such relief would be to alter the terms of this Agreement. In cases that fall outside of the above parameters (i.e., alleged violations of any provisions of Portland's Land Use Code, including, but not limited to, the Site Plan Ordinance, which were neither modified nor superceded by this Agreement), the enforcement provisions of the Land Use Code, including, but not limited to, the right to appeal orders of the Planning Authority, Building Authority and Zoning Administrator shall apply. Nothing herein, however, shall bar the issuance of stop work orders.

WITNESS

MAINE MEDICAL CENTER

By:

Its:

STATE OF MAINE
CUMBERLAND, ss.

Date: _____, 2005

Personally appeared before me the above-named _____, in his capacity as _____ of Maine Medical Center, and acknowledged the foregoing instrument to be his free act and deed in his said capacities and the free act and deed of Maine Medical Center.

Before me,

Notary Public/Attorney at Law

ORDER 021

ORDER AUTHORIZING AMENDMENT TO CITY CODE SECTION 14-49 (ZONING MAP AMENDMENT) AND CONTRACT FOR REZONING FOR OFFICE BUILDING AND PARKING GARAGE AT 883-903 CONGRESS STREET - SPONSORED BY THE PLANNING BOARD, CYRUS HAGGE, CHAIR.

IN THE CITY COUNCIL

JUNE 16, 1997

Attest: *Nadeen M. Daniels*
Nadeen M. Daniels, City Clerk

Yeas

Nays

June 16, 1997: This Order received a first reading.

July 7, 1997: Motion made by Councilor Leeman to accept this Order; seconded by Councilor Rickett. Roll call vote, passed 6-2 (Councilors Geraghty and Kane).

~~C18~~

Order 21
Tab 17 6-16-97

City of Portland, Maine

IN THE CITY COUNCIL

**ORDER AUTHORIZING AMENDMENT TO CITY CODE
§14-49 (ZONING MAP AMENDMENT)
AND CONTRACT FOR REZONING FOR OFFICE BUILDING
AND PARKING GARAGE AT 883-903 CONGRESS STREET**

ORDERED, that the Zoning Map of the City of Portland, dated March 1958, as amended, on file in the Department of Planning & Urban Development and incorporated by reference into the Zoning Ordinance by §14-49 of the Portland City Code, is hereby amended as shown on Attachment 1 of Attachment A hereto to allow an office building and parking garage at 883-903 Congress Street;

BE IT FURTHER ORDERED, that the amendment of the City's Zoning Map is conditioned upon execution of the contract for rezoning attached to this Order as Attachment A;

BE IT FURTHER ORDERED, that the City Manager is hereby authorized to execute the contract attached hereto as Attachment A.

SITE DEVELOPMENT

<u>DATE</u>	<u>BUILDING SQ. FOOTAGE</u>	<u>IMPERVIOUS SURFACE RATIO</u>
Workshop I	26,760 SF	70%
Workshop II	22,800 SF (85%)	60.8%
Workshop III	19,800 SF (75%)	58.7%
Workshop IV	16,800 SF (63%)	58.3%
I~L Allowable		65%

DRAINAGE

The reduced scope has allowed for site runoff in a more environmentally friendly manner. Roof drainage will be guttered and run underground to city storm sewer located beneath Rand Road. Parking Lot sheet run off will be contained by level spreader landscape depressions which provide a natural filtration system for any minor contaminants deposited in parking and circulation areas. Any overflows will be directed to existing drainage courses along Rand Road and the railroad tracks.

SITE LIGHTING

We will employ cut off wall packs exclusively, no pole mounted lighting will be used. Special wall packs will be provided at the rear of Building A to minimize light spillage onto adjacent residential neighbors.

LANDSCAPING

This revised proposal will Allow many of the existing apple, maple, and willow trees to remain. Mr. Holmes already holds 50 certificates for 6' White Pines which he intends to stagger along the residential periphery to create a dense screen. When these trees reach approximately 12' the center growth will be topped to ensure a dense screen. Further, residential neighbors along the North and East sides will have 245 LF of 6' high Cedar stockade fence to create an immediate screen. Keep in mind the eve height of these buildings at 14'-0' and you can imaging a project which virtually disappears from the residential point of view.

CIRCULATION

The reduced space has allowed semi tractor trailer access to the front of each proposed unit. The 25' entrance drive has been repositioned to allow for a 50' turning radius from Rand Road. The new layout has no overlap and therefore clear circulation for vehicles. Light trucks, and plowing. We have located screened dumpsters for ease of access.

SETBACKS

We have repositioned the building eliminating front yard encroachments. Further with the cooperation of The Portland Water District we have eliminated the rear yard encroachment by the Church. The side yard and rear yard setbacks closest to the residential abutters have been respected with the

exception of a reduction at the tail end of Webb Street and a small area at the Rail Road Tracks.

CENTRAL SITE DEVELOPMENT

Mr. Holmes is convinced that the Rand Road interchange with the Maine Turnpike forming Exit 8A will become a reality in the next 5-10 years due to increased activity at Exit 8. Currently at 4 p.m. traffic is backed up to Home Depot. A zone change to a restricted I-L contract zone will create new jobs, add to the tax base and act as a buffer for the existing residential neighborhood.

The careful placement of staggered white pines in front of the 6' cedar stockade fence and the existing apple, maple, and willow trees will soften the impact of this project on the residential neighbors. Further the project will buffer the residential neighbors from semi truck brake and pounding noises when crossing the RR tracks.

A development of this nature will maintain existing property values from the abutters while buffering them from the industrial park. The revised layout faces onto Rand Road with no Webb street access now or in the future. All in all this project is the best possible solution for this sensitive transitional site..

Sincerely,
PORT CITY ARCHITECTURE, PA



Andrew C. Hyland, R.A.
Principal

AH/js

encl. Site Plan J-1

CITY OF PORTLAND, MAINE
CITY COUNCIL AGENDA REQUEST FORM

TO: Nadeen Daniels, City Clerk/Assistant City Manager
Elizabeth Boynton, Associate Corporation Counsel

FROM: Joseph E. Gray, Jr., Director of Planning and Urban Development

DATE: May 30, 1997

SUBJECT: City Council Agenda Request

- 1) Council Meeting at which action is requested: June 16th (first reading); July 7th (final action)
- 2) Can action be taken at a later date? YES NO

I. SUMMARY OF ISSUE

The Planning Board is forwarding a recommendation to the City Council to approve a contract zone for Maine Medical Center to accommodate a 50,000 sq. ft. office building and 430 space parking garage in the vicinity of 883-903 Congress Street.

II. REASON FOR SUBMISSION (What issue/problem will this address?)

The Maine Medical Center development proposal does not meet all of the R-6 zoning requirements for the project site.

III. INTENDED RESULT (How does it resolve the issue/problem?)

The intended result of this process is to enact a contract zone recommended by the Planning Board which will address the zoning issues of the Maine Medical Center proposal.

IV. FINANCIAL IMPACT

Condition #12 of the contract addresses property tax concerns by requiring a payment in lieu of taxes if portions of the building become tax exempt.

V. STAFF ANALYSIS & RECOMMENDATION

See attached Planning Board report.

MMCCONGRESSREZ.CONPB.FIN
06.11.97

**AGREEMENT BETWEEN
CITY OF PORTLAND
AND
MAINE MEDICAL CENTER**

AGREEMENT made this day of , 1997 by and between the **CITY OF PORTLAND**, a body corporate and politic, located in Cumberland County and State of Maine (hereinafter the "**CITY**") and **MAINE MEDICAL CENTER**, a Maine Corporation (hereinafter "**MAINE MEDICAL**").

W I T N E S S E T H:

WHEREAS, **MAINE MEDICAL** did request a rezoning of property located at 883-903 Congress Street, in Portland, in order to permit the establishment and operation of professional office space, clinics and parking; and

WHEREAS, the Planning Board of the City of Portland, pursuant to 30-A M.R.S.A. §4352(8), and after notice and hearing and due deliberation thereon, recommended the rezoning of the property as aforesaid, subject, however, to certain conditions; and

WHEREAS, the **CITY** by and through its City Council has determined that said rezoning would be pursuant to and consistent with the **CITY'S** comprehensive land use plan and consistent with the existing and permitted uses within the original zone; and

WHEREAS, the **CITY** has determined that because of the unusual nature of the proposed development it is necessary or appropriate

to impose by agreement the following conditions or restrictions in order to insure that the rezoning is consistent with the **CITY's** comprehensive land use plan; and

WHEREAS, the **CITY** authorized the execution of this Agreement on _____, 1997;

NOW, THEREFORE, in consideration of the mutual promises made by each party to the other, the parties covenant and agree as follows:

1. The **CITY** shall amend the Zoning Map of the City of Portland, dated March 1958, as amended and on file in the Department of Planning and Urban Development, and incorporated by reference into the Zoning Ordinance by §14-49 of the Portland City Code, by adopting the map change amendment shown on Attachment 1.
2. The property shall be developed substantially in accordance with the conceptual site plan and elevations shown on Attachment 2; provided, however, that such plan and elevations shall be subject to full site plan review by the Planning Board and approval of this Agreement shall not imply any approval of any element that must be reviewed pursuant to §14-526 of the Portland City Code.
3. **MAINE MEDICAL** shall be authorized to establish and maintain general, business and professional offices, as defined in section 14-47 of the Portland City Code, for use by **MAINE MEDICAL** and related medical professionals, clinics, as defined in the same section of the Code, and parking on the site.
4. Setbacks shall be as delineated on Attachment 2, but shall in no event exceed ten (10) feet for the front yard and shall not be less than seven (7) feet for the rear yard. The westerly side yard shall be at least ten (10) feet, except the ventilation shaft and the exterior stair tower. The easterly side yard shall be at least fifteen (15) feet, except the ventilation shaft and the exterior stair tower.
5. The maximum height of any structure on the site shall not exceed seventy-two (72) feet.

6. The lease for the proposed skywalk shall be approved by the Portland City Council and the Maine Department of Transportation.
7. **MAINE MEDICAL** shall replace all curb and sidewalks abutting the site on Congress Street, Forest Street, and Boynton Street, as required by the Public Works Department.
8. Signage on the site shall comply with the requirements of the B-2 zone, as set forth in Division 22 of Chapter 14 of the Portland City Code.
9. Development on the site shall comply with the requirements of sections 14-186 and 14-187 of the Portland City Code.
10. **MAINE MEDICAL** shall submit a parking management plan for all of its parking facilities for review and approval by the Planning Board as part of the site plan review of this project.
11. **MAINE MEDICAL** shall provide a landscaped/open space area between the parking garage and Boynton Street. This area shall be reviewed as part of the site plan approval process.
12. In the event that any portion of the premises becomes subject to taxation under the decision in City of Lewiston v. Marcotte Congregate Housing, Inc., 673 A.2d 209 (Me. 1996), or any successor legislation, then **MAINE MEDICAL** or any successors in interest shall be liable for a payment in lieu of taxes if such portion later becomes exempt from taxation. The payment in lieu of taxes shall be in the amount of the taxes that would be assessed in the absence of such exemption.

The above stated restrictions, provisions and conditions are an essential part of the rezoning, shall run with the subject premises, shall bind **MAINE MEDICAL**, its successors and assigns, as permitted by this Agreement, of said property or any part thereof or interest therein, and any party in possession or occupancy of said property or any part thereof, and shall inure to the benefit

of and be enforceable by the CITY, by and through its duly authorized representatives.

If any of the restrictions, provisions, conditions, or portions thereof set forth herein is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such portion shall be deemed as a separate, distinct and independent provision and such determination shall not affect the validity of the remaining portions hereof.

Except as expressly modified herein, the use and occupancy of the subject premises shall be governed by and comply with the provisions of the Land Use Code of the City of Portland and any applicable amendments thereto or replacement thereof.

In the event that MAINE MEDICAL or any successor fail to continue to utilize the property in accordance with this Agreement, or in the event of a breach of any condition(s) set forth in this Agreement, the Planning Board shall have the authority, after hearing, to resolve the issue resulting in the breach or the failure to operate. The resolution may include a recommendation to the City Council that the site be rezoned to R-6 or any successor zone and that this Agreement be terminated, requiring a cessation of the general, business and professional offices, clinics and parking uses permitted under this terms of this Agreement.

WITNESS:

CITY OF PORTLAND

By _____
Robert B. Ganley
Its City Manager

WITNESS:

MAINE MEDICAL CENTER

By: _____

Its:

STATE OF MAINE
CUMBERLAND, ss.

, 1997

Personally appeared the above-named Robert B. Ganley, in his capacity as City Manager, and acknowledged the foregoing instrument to be his free act and deed in his said capacity and the free act and deed of the City of Portland.

Before me,

Notary Public/Attorney at Law

STATE OF MAINE
CUMBERLAND, ss.

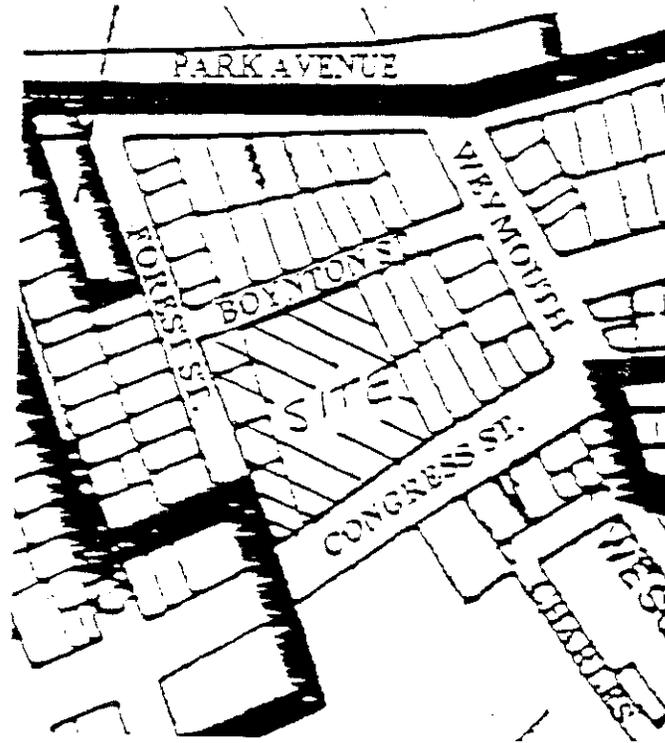
, 1997

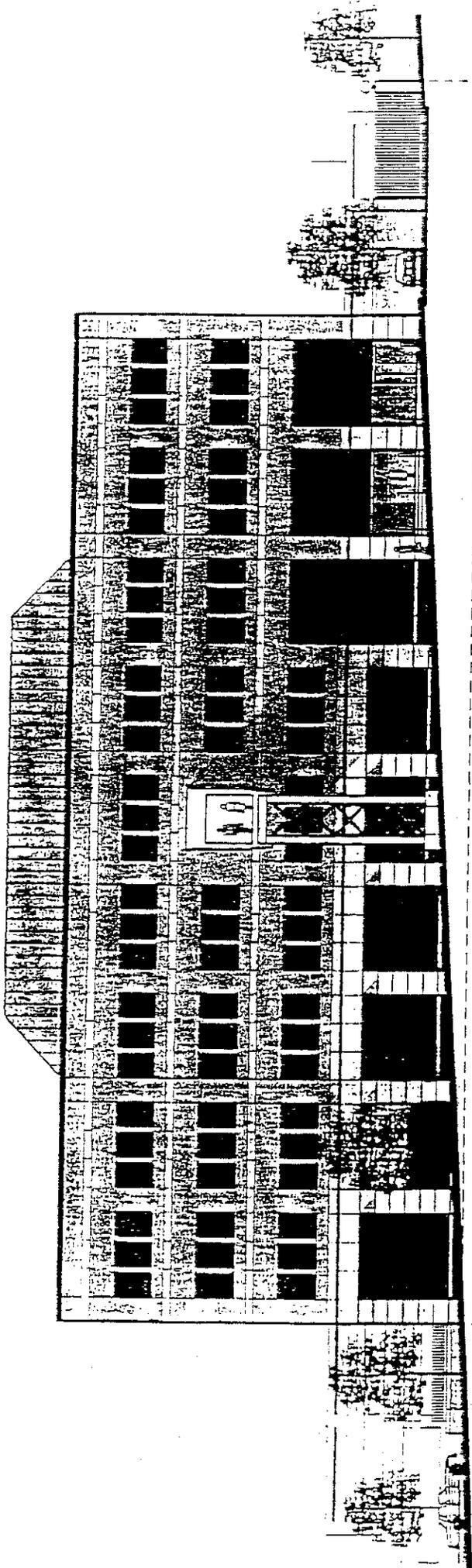
Personally appeared the above-named _____, in his/her capacity as _____ of Maine Medical Center and acknowledged the foregoing instrument to be his/her free act and deed and the free act and deed of Maine Medical Center.

Before me,

Notary Public/Attorney at Law

SITE OF PROPOSED CONTRACT ZONE

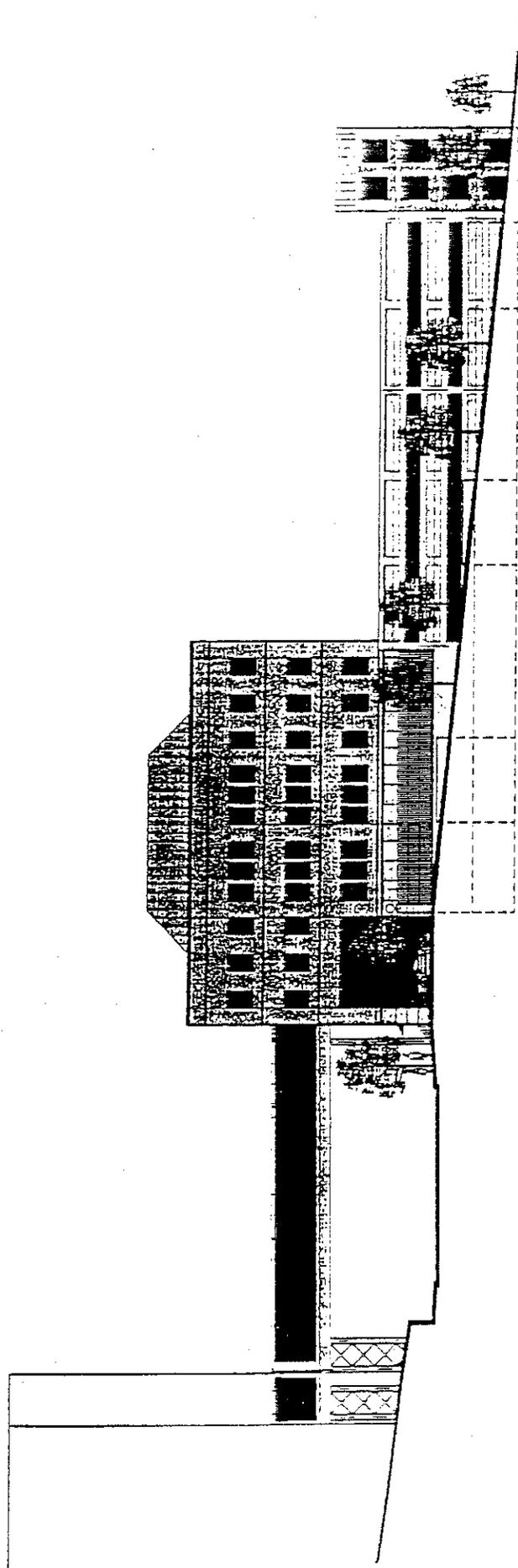




SOUTH ELEVATION



1/8" = 1'-0"



EAST ELEVATION

PLANNING REPORT #18-97

MAINE MEDICAL CENTER CONTRACT ZONE

VICINITY 883-903 CONGRESS STREET

Submitted to:

Portland City Council
Portland, Maine

June 16, 1997

I. INTRODUCTION

The Planning Board is forwarding a recommendation to the City Council to approve a proposed contract zone for Maine Medical Center (MMC) in the vicinity of 883-903 Congress Street to accommodate an office building and parking garage. The zone change is across the street from the MMC parking garage on Congress Street.

II. FINDINGS

Existing Zone:	R-6 Residential
Land Area:	60,665 sq. ft.
Existing Use:	Parking lot, vacant
Proposed Uses:	General, business and professional offices, clinics and parking
Proposed Office Building:	50,000 sq. ft. (floor area); 15,051 sq. ft. (footprint)
Impervious Surface:	80% (total building coverage 45,768 sq. ft.; paved surfaces 2,862 sq. ft.)
Proposed Parking Spaces:	430 spaces
Height:	Varies, high point 72 feet (Forest Street side) low point 32 feet (Boynton Street side)
Nearby Uses:	The zone change site is adjacent to an area of commercial and residential uses. A variety of commercial uses are located along both sides of Congress Street in the vicinity of the site. The project site is on the easterly side of Forest Street where the R-6 begins. Residential uses exist adjacent to the site along Boynton Street and Congress Street. The existing MMC parking garage is across the street (R-6). To the west along Congress Street is a B-2 zone (starting with the Sportsman's Grill) that extends to Valley Street and St. John Street from Forest Street.

III. PROPOSED DEVELOPMENT

MMC is proposing this zone change in order to accommodate an office building and parking garage. As proposed, the development would not allow the building setbacks, building height and general offices being proposed under the R-6 zone. The office space will be occupied by physicians practicing or employed at MMC and private medical offices. Certain diagnostic services may also be provided such as radiology and laboratory.

The office building is four stories high on Congress with two additional levels below grade. The slope of the property masks the apparent size and height of the parking garage by accommodating six levels of parking. At the low point of Boynton Street, only four levels of the garage will be visible. A depiction of the exterior facade of the building is starting on Attachment B-3.

A skywalk is proposed above Congress Street connecting the office building to the MMC parking garage and the main campus. The skywalk is located on the third floor of the building, a height of 26 feet above Congress Street. The total length of the skywalk is about 200 feet. The skywalk will require separate approval by the City Council and Maine Department of Transportation for lease of air rights above the street.

Access to the parking garage will be from Congress Street and Forest Avenue. A traffic impact study and a parking demand study was submitted to the Planning Board. Traffic and parking issues will be reviewed in more detail as part of the site plan review process. The traffic study concludes that the "level of service analysis shows that the proposed development will not have a significant impact on the surrounding street system." The report does recommend restriping some street lanes to improve traffic circulation movement in the vicinity of the site. A traffic signal is also recommended at Park Avenue and Forest Street.

The parking demand study reviewed the new building and the overall parking demand of MMC. The study forecasts a parking demand of 2,140 spaces upon completion of the office building and full operation of the Scarborough and John Roberts Road facilities. A parking supply of 2,373 spaces is listed which is 233 spaces above the forecasted demand. Condition #10 of the contract requires that the applicant submit a parking management plan for all of its parking facilities for review and approval by the Planning Board as part of the site plan review of this project. Parking related information and related staff comments are shown starting on Attachment E.

IV. PROPOSED ZONE CHANGE

The contract rezoning would allow the construction of a building for uses described in the contract below. The development would include a 50,000 sq. ft. building for offices and clinic space. A 430 space parking garage would also be constructed. The site is currently zoned R-6. The conditions of the contract zone are summarized below. The full text of the contract zone and map are shown on Attachment C.

1. The City shall amend the zoning map of the City of Portland, by adopting the map change amendment below.
2. The property shall be developed substantially in accordance with the conceptual site plan and elevations but is subject to Planning Board site plan approval.
3. Maine Medical Center is authorized to establish general, business and professional offices, clinics and parking on the site.
4. Building setbacks . . . Front yard shall not exceed 10 feet. [This setback encourages a building close to the street but accommodates a drop off area along Congress Street.] Westerly side yard and easterly side yard shall be a minimum of 10 feet and 15 feet respectively, except the ventilation shaft and exterior stair tower. Rear yard setback shall be a minimum 7 feet. [The rear setback varies from 7 feet to 30 feet.]
5. Building height shall not exceed 72 feet.
6. Portland City Council and Maine Department of Transportation shall approve the lease for the skywalk.
7. Applicant shall replace all curb and sidewalks abutting the site.
8. Signage shall comply with the requirements of the B-2 zone.
9. Development shall comply with sections 14-186 and 14-187 of the City Code.

- [Development standards and external effects standards of the B-2 zone.]
10. Applicant shall submit a parking management plan for all of its parking facilities for review and approval by the Planning Board as part of the site plan review of this project.
 11. A landscaped/open space area shall be provided between the parking garage and Boynton Street and will be reviewed as part of the site plan for the project. . . This condition was added as a mitigation measure for the surrounding residential properties.
 12. Addresses property tax concerns by requiring a payment in lieu of taxes if portions of the building become tax exempt.

V. LAND USE POLICY CONSIDERATIONS

The zone change site is adjacent to an area of commercial and residential uses. A variety of commercial uses exist along both sides of Congress Street from Forest Street to St. John Street. This is part of a larger B-2 corridor zone that extends along the commercial areas of St. John Street and Valley Street. A second B-2 zone east of the site (three buildings away) extends from Weymouth Street along Congress Street (both sides) to the B-3 downtown zone.

The property site is on the easterly side of Forest Street where the R-6 begins, across from the Sportsman's Grill. Residential uses exist adjacent to the site along Boynton Street and Congress Street (easterly).

MMC's more recent development proposals have creatively used their campus to accommodate facility expansion needs by either rehabilitating existing buildings or adding upper floors to buildings (i.e. parking garage, Bean Building). In this way, MMC has avoided expansion into residential areas. This proposal represents a logical progression of that policy. The amount of space on campus to accommodate this current proposal with its associated parking would seem very limited. The current proposal utilizes an existing vacant parcel in an area of Congress Street having a commercial character while integrating it with the main campus.

Most of the site has been vacant or has been used as a parking lot by MMC. As indicated in Attachment A-1, MMC removed three residential structures from the site (9, 15 and 19 Forest Street) with a total of 13 units in 1993. MMC states that the buildings "were old, difficult to maintain and approaching a substandard condition." If this project were judged under R-6 zoning criteria, the development would need to meet the institutional standard which require that "the proposed use will not cause significant displacement or conversion of residential uses existing on June 1, 1983."

The Portland Neighborhood Economic Development Study which was adopted as part of the comprehensive plan (1988) reviewed the St. John Street/Congress Street commercial area. Policy #3 stated "permit the conversion of the existing deteriorated residential area in the immediate area of this commercial center to office and other business use." Although the study recommended that the B-2 zone stop at Forest Street along Congress Street; it does raise the issue of underutilized properties in this area and the opportunity for reuse.

To summarize, the vacant site is located adjacent to a B-2 zone that extends along the St. John Street and Valley Street business corridor. It is across the street from the 10 story MMC parking garage. The project is integrated with the MMC campus by the proposed skywalk. MMC has limited space

on their existing campus to accommodate the proposed development. Congress Street in the vicinity of the site has benefited from the redevelopment of several properties into medical offices.

VI. PLANNING PROCESS

The Planning Board held two workshops and one public hearing on this proposal. On May 13, 1997, the Board held a public hearing and voted 4-2 (Caron, Carroll opposed, Cole absent) that the proposed contract zone was consistent with the policies of the comprehensive plan and therefore recommended to the City Council approval of the zone change.

The Planning Board believes that the zone change is appropriate based on the land use policy discussion of section V of this report. The zone change recognizes land use changes in this area of Congress Street and establishes through the contract reasonable limits on the development. Condition #10 requires that a parking management plan be submitted for all of its parking facilities for Planning Board review and approval as part of the site plan review of this project. As a mitigation effort towards the neighborhood, a landscaped open space area will be provided between the parking garage and Boynton Street. During site plan review, specific issues such as traffic circulation, the parking management plan, and site design issues can be addressed.

The Board had considerable discussion on an amendment proposed by Mr. Carroll that would have required MMC to fund \$500,000 in housing improvements as a condition in the contract. This condition was proposed as a measure to address the previous loss of housing on this site in order to address the City's policy toward institutional expansion and encroachment in residential areas. The amendment failed by a 2-4 (Caron and Carroll in favor; Cole absent.) A minority opinion on the zone change has been submitted by Mr. Carroll and Mr. Caron (see Attachment F.)

Public comment on the proposed was mixed. See Attachment G for written comments.

Notices were sent to all property owners for all workshops and public hearings.

Attachments:

- A. Proposed Contract Zone and Map Change
- B. Site Plans/Building Elevations
- C. Background Information
- D. Parking Report
- E. Staff Comments on Parking
- F. Planning Board Minority Opinion on Zone Change (Carroll and Caron)
- G. Written Public Comment

MMCCONGRESSREZ.CONPB.FIN
06.11.97

AGREEMENT BETWEEN
CITY OF PORTLAND
AND
MAINE MEDICAL CENTER

AGREEMENT made this day of , 1997 by and between the CITY OF PORTLAND, a body corporate and politic, located in Cumberland County and State of Maine (hereinafter the "CITY") and MAINE MEDICAL CENTER, a Maine Corporation (hereinafter "MAINE MEDICAL").

W I T N E S S E T H:

WHEREAS, MAINE MEDICAL did request a rezoning of property located at 883-903 Congress Street, in Portland, in order to permit the establishment and operation of professional office space, clinics and parking; and

WHEREAS, the Planning Board of the City of Portland, pursuant to 30-A M.R.S.A. §4352(8), and after notice and hearing and due deliberation thereon, recommended the rezoning of the property as aforesaid, subject, however, to certain conditions; and

WHEREAS, the CITY by and through its City Council has determined that said rezoning would be pursuant to and consistent with the CITY'S comprehensive land use plan and consistent with the existing and permitted uses within the original zone; and

WHEREAS, the CITY has determined that because of the unusual nature of the proposed development it is necessary or appropriate

to impose by agreement the following conditions or restrictions in order to insure that the rezoning is consistent with the CITY's comprehensive land use plan; and

WHEREAS, the CITY authorized the execution of this Agreement on _____, 1997;

NOW, THEREFORE, in consideration of the mutual promises made by each party to the other, the parties covenant and agree as follows:

1. The CITY shall amend the Zoning Map of the City of Portland, dated March 1958, as amended and on file in the Department of Planning and Urban Development, and incorporated by reference into the Zoning Ordinance by §14-49 of the Portland City Code, by adopting the map change amendment shown on Attachment 1.
2. The property shall be developed substantially in accordance with the conceptual site plan and elevations shown on Attachment 2; provided, however, that such plan and elevations shall be subject to full site plan review by the Planning Board and approval of this Agreement shall not imply any approval of any element that must be reviewed pursuant to §14-526 of the Portland City Code.
3. MAINE MEDICAL shall be authorized to establish and maintain general, business and professional offices, as defined in section 14-47 of the Portland City Code, for use by MAINE MEDICAL and related medical professionals, clinics, as defined in the same section of the Code, and parking on the site.
4. Setbacks shall be as delineated on Attachment 2, but shall in no event exceed ten (10) feet for the front yard and shall not be less than seven (7) feet for the rear yard. The westerly side yard shall be at least ten (10) feet, except the ventilation shaft and the exterior stair tower. The easterly side yard shall be at least fifteen (15) feet, except the ventilation shaft and the exterior stair tower.
5. The maximum height of any structure on the site shall not exceed seventy-two (72) feet.

- 6. The lease for the proposed skywalk shall be approved by the Portland City Council and the Maine Department of Transportation.
- 7. MAINE MEDICAL shall replace all curb and sidewalks abutting the site on Congress Street, Forest Street, and Boynton Street, as required by the Public Works Department.
- 8. Signage on the site shall comply with the requirements of the B-2 zone, as set forth in Division 22 of Chapter 14 of the Portland City Code.
- 9. Development on the site shall comply with the requirements of sections 14-186 and 14-187 of the Portland City Code.
- 10. MAINE MEDICAL shall submit a parking management plan for all of its parking facilities for review and approval by the Planning Board as part of the site plan review of this project.
- 11. MAINE MEDICAL shall provide a landscaped/open space area between the parking garage and Boynton Street. This area shall be reviewed as part of the site plan approval process.
- 12. In the event that any portion of the premises becomes subject to taxation under the decision in City of Lewiston v. Marcotte Congregate Housing, Inc., 673 A.2d 209 (Me. 1996), or any successor legislation, then MAINE MEDICAL or any successors in interest shall be liable for a payment in lieu of taxes if such portion later becomes exempt from taxation. The payment in lieu of taxes shall be in the amount of the taxes that would be assessed in the absence of such exemption.

The above stated restrictions, provisions and conditions are an essential part of the rezoning, shall run with the subject premises, shall bind MAINE MEDICAL, its successors and assigns, as permitted by this Agreement, of said property or any part thereof or interest therein, and any party in possession or occupancy of said property or any part thereof, and shall inure to the benefit

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06.11.97

of and be enforceable by the CITY, by and through its duly authorized representatives.

If any of the restrictions, provisions, conditions, or portions thereof set forth herein is for any reason held invalid or unconstitutional by any Court of competent jurisdiction, such portion shall be deemed as a separate, distinct and independent provision and such determination shall not affect the validity of the remaining portions hereof.

Except as expressly modified herein, the use and occupancy of the subject premises shall be governed by and comply with the provisions of the Land Use Code of the City of Portland and any applicable amendments thereto or replacement thereof.

In the event that MAINE MEDICAL or any successor fail to continue to utilize the property in accordance with this Agreement, or in the event of a breach of any condition(s) set forth in this Agreement, the Planning Board shall have the authority, after hearing, to resolve the issue resulting in the breach or the failure to operate. The resolution may include a recommendation to the City Council that the site be rezoned to R-6 or any successor zone and that this Agreement be terminated, requiring a cessation of the general, business and professional offices, clinics and parking uses permitted under this terms of this Agreement.

WITNESS:

CITY OF PORTLAND

MMCCONGRESSREZ.CONPB.FIN
06.11.97

By _____
Robert B. Ganley
Its City Manager

WITNESS:

MAINE MEDICAL CENTER

By: _____

Its:

STATE OF MAINE
CUMBERLAND, ss.

, 1997

Personally appeared the above-named Robert B. Ganley, in his capacity as City Manager, and acknowledged the foregoing instrument to be his free act and deed in his said capacity and the free act and deed of the City of Portland.

Before me,

Notary Public/Attorney at Law

STATE OF MAINE
CUMBERLAND, ss.

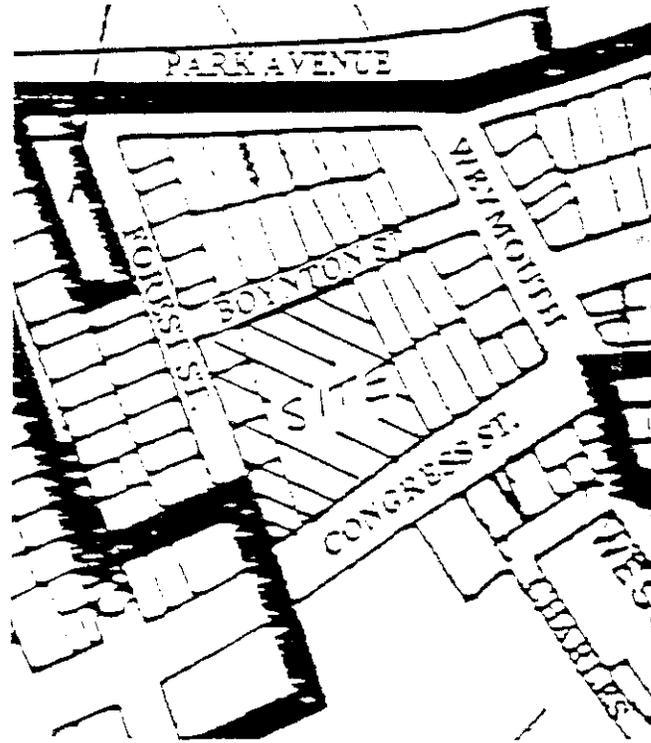
, 1997

Personally appeared the above-named _____, in his/her capacity as _____ of Maine Medical Center and acknowledged the foregoing instrument to be his/her free act and deed and the free act and deed of Maine Medical Center.

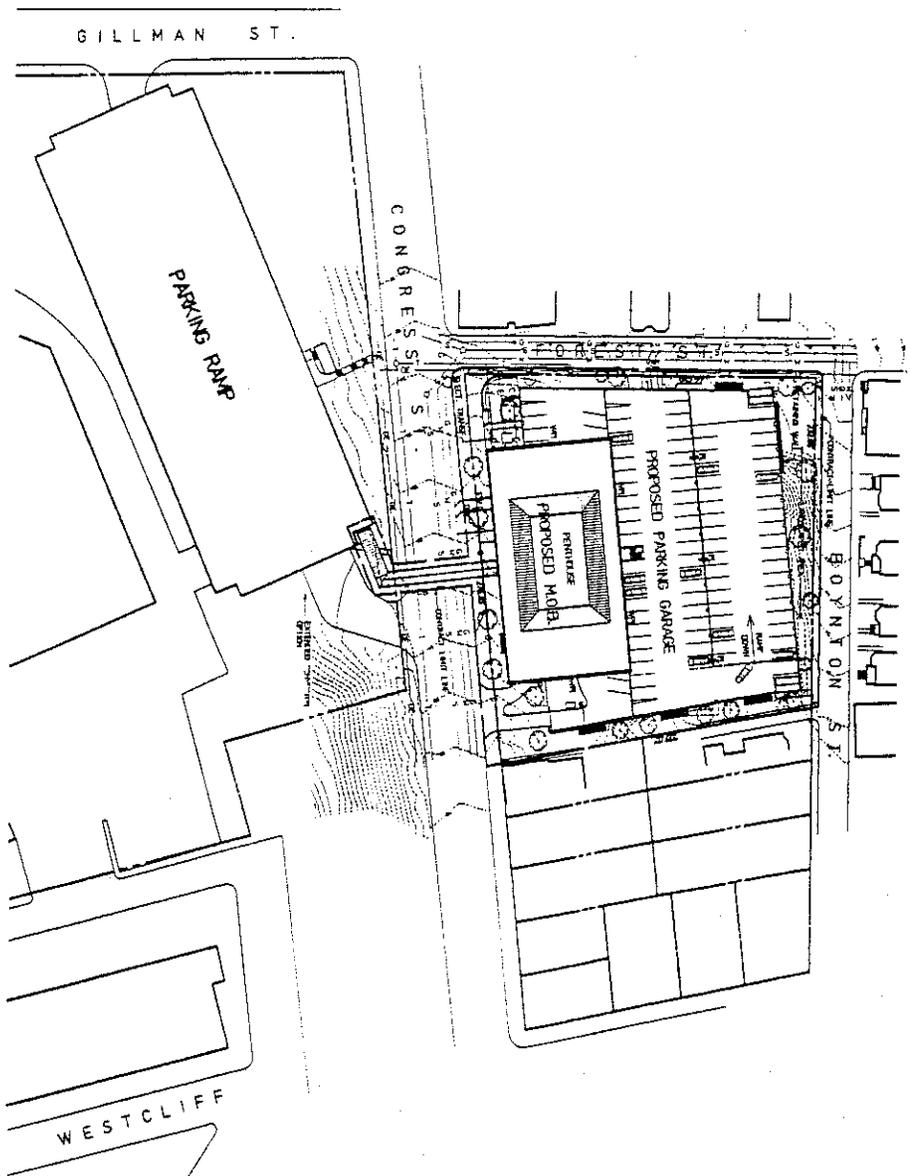
Before me,

Notary Public/Attorney at Law

SITE OF PROPOSED CONTRACT ZONE



4/15/2006 at 15:1



PROJECT STATISTICS

BUILDING INFORMATION
 BUILDING ZONE RESOLUTION # 16
 BUILDING SIZE 10,541 SQ FT GROSS
 1,000 SQ FT LEASABLE

PARKING INFORMATION
 TOTAL CARS PROVIDED 120 CARS

UTILITY LINEAGE

- F. CABLE
- DW. DOMESTIC WATER
- E. ELECTRICAL
- FW. FIRE WATER
- G. NATIONAL GAS
- OE. OVERHEAD WIRES
- OS. OVERHEAD CABLE / SOLUTION
- SS. SANITARY SEWER
- SI. STORM SEWER
- I. INTERFACE
- W. WATER

NOTES

- 1. REFER TO SHEET 3 FOR ADDITIONAL UTILITY INFORMATION
- 2. REFER TO SHEET 4 FOR BUILDING SYMBOLS DIMENSIONS

LOT COVERAGE RATIO

BUILDING AREA 65,780 SQ FEET
 ASPHALT AREA 2,820 SQ FEET
 TOTAL LOT AREA 80,000 SQ FEET

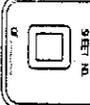
LCR .82 BUILDING AREA .82
 TOTAL LOT AREA .82



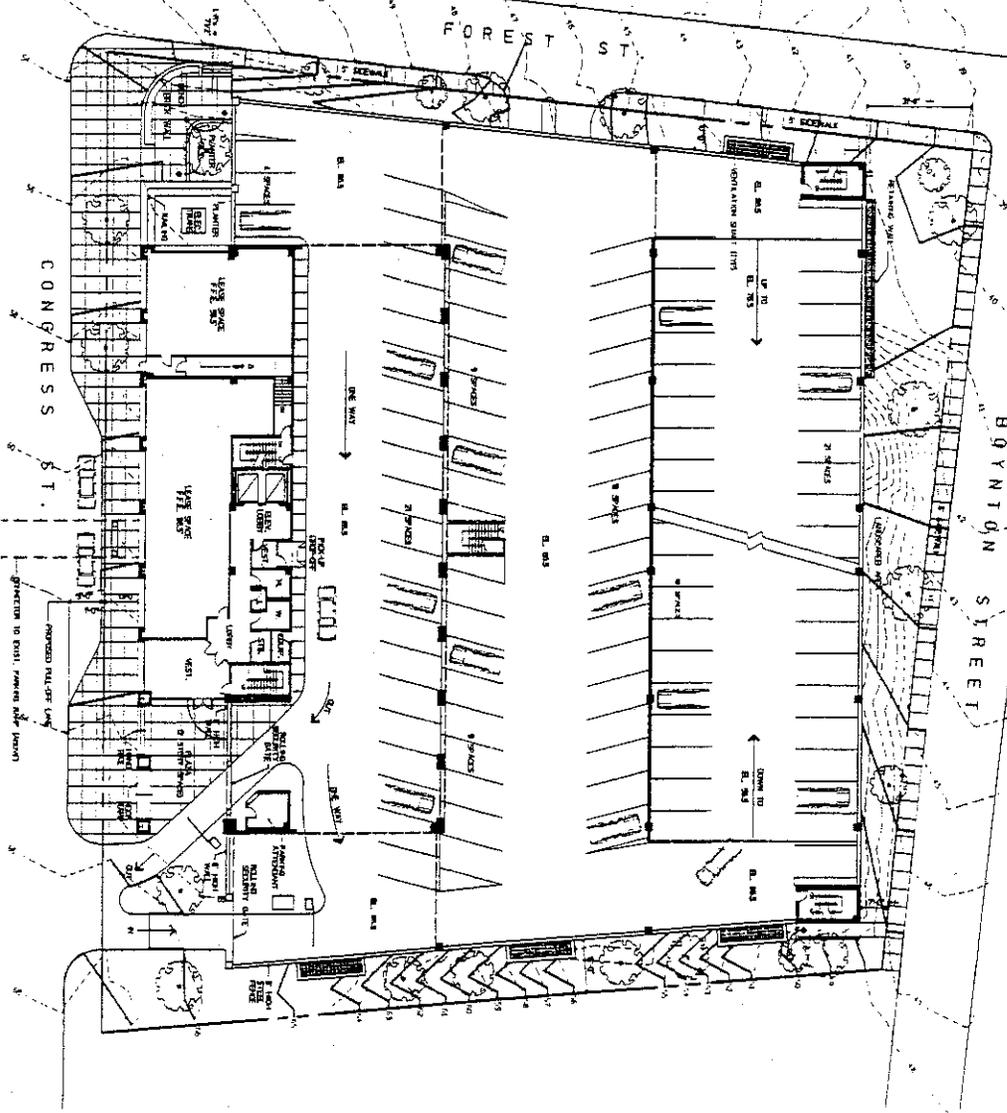
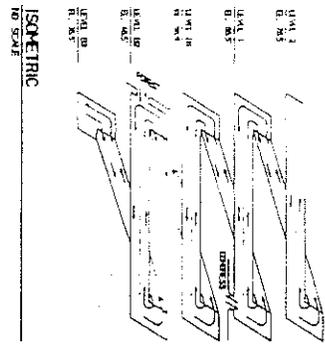
PROPOSED MEDICAL OFFICE BUILDING
 & PARKING GARAGE FOR
MAINE MEDICAL CENTER
 PORTLAND, MAINE

NO.	REVISION	DATE
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2	ISSUE FOR PERMIT	4/15/2006
3	ISSUE FOR PERMIT	4/15/2006
4	ISSUE FOR PERMIT	4/15/2006
5	ISSUE FOR PERMIT	4/15/2006

DATE 2/20/06
 DRAWN BY [Name]
 CHECKED BY [Name]
 PROJECT NO. 5185



MAINE MEDICAL CENTER PARKING GARAGE



FIRST FLOOR PLAN



1/8" = 1'-0"



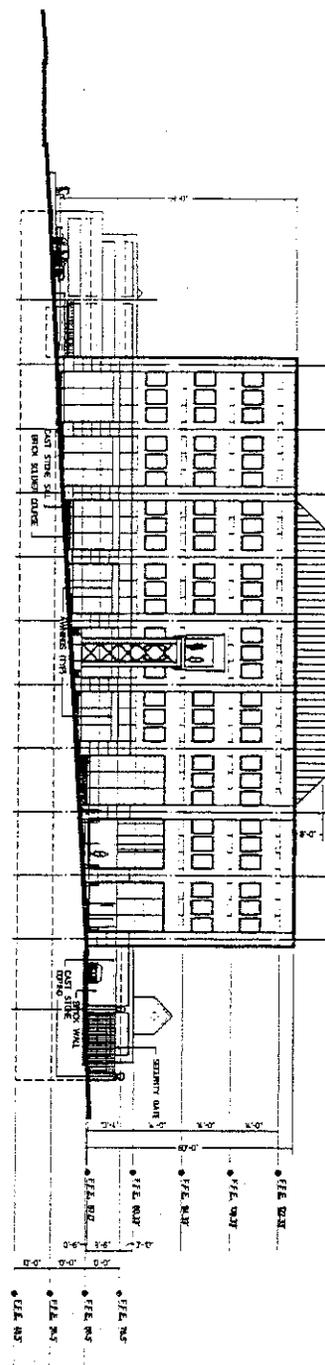
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SHEET NO.

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PROJECT NO.: 5195

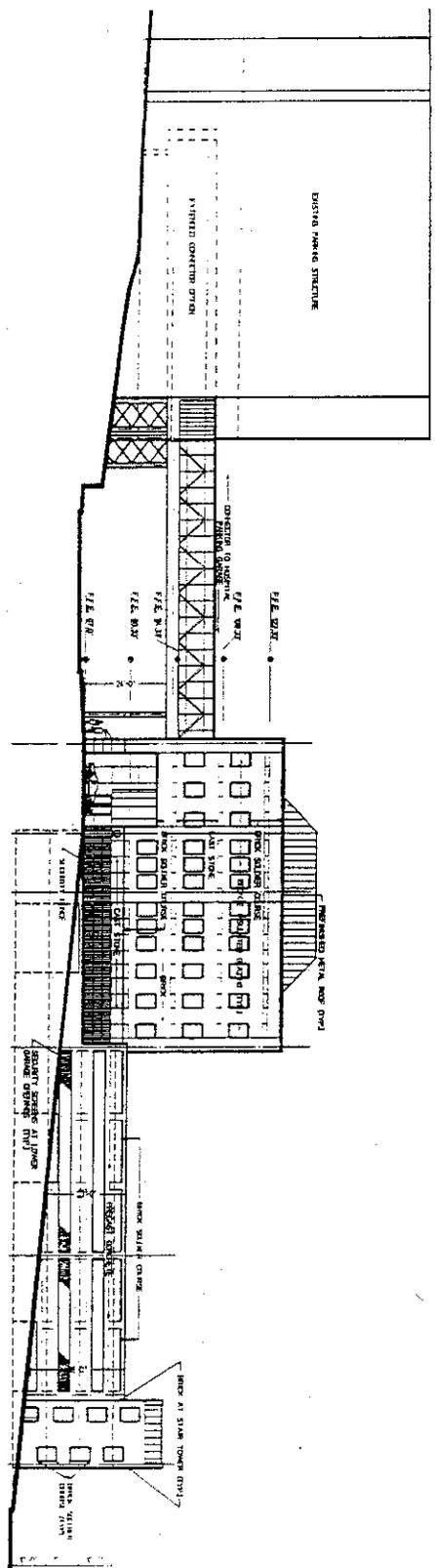
PROPOSED MEDICAL OFFICE BUILDING & PARKING GARAGE FOR
MAINE MEDICAL CENTER
PORTLAND, MAINE

REVISIONS	DATE	BY	CHKD

MEDI PLEX
A MEDICAL BUILDING CORPORATION
DALLAS, TEXAS DRG 60-002



SOUTH ELEVATION
1/8" = 1'-0"



EAST ELEVATION
1/8" = 1'-0"

*11L 92
 *11L 93
 *11L 94
 *11L 95

SHEET NO.
7A

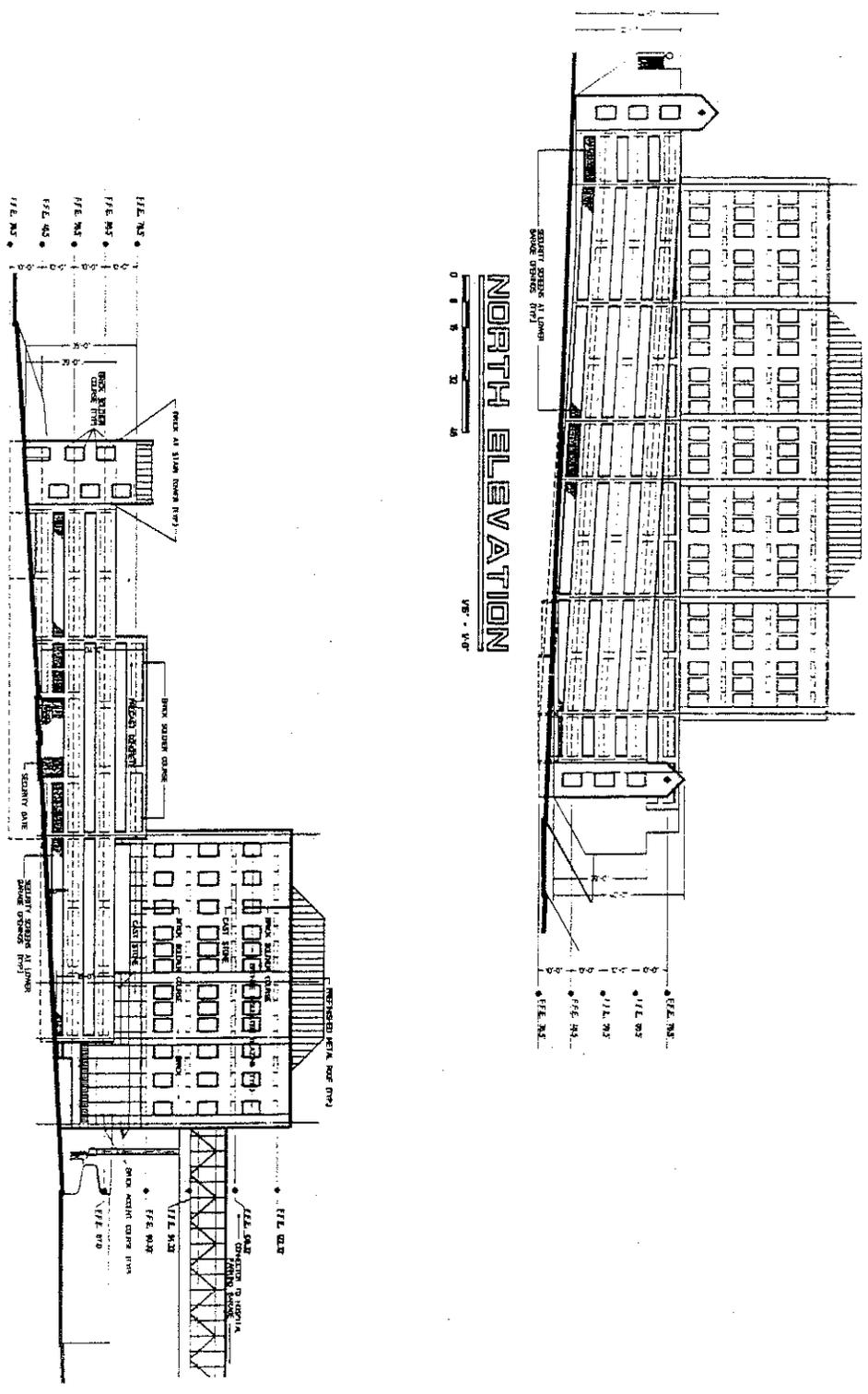
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PROPOSED MEDICAL OFFICE BUILDING
 & PARKING GARAGE FOR
MAINE MEDICAL CENTER
 PORTLAND, MAINE

REVISIONS
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 1 10/23/98 [blank]
 2 11/13/98 [blank]
 3 12/15/98 [blank]
 4 1/26/99 [blank]


MEDIOPLEX
 MEDICAL BUILDING CORPORATION
 1000 BROAD ST.
 PORTLAND, ME 04106



NORTH ELEVATION
VS - 10'

WEST ELEVATION

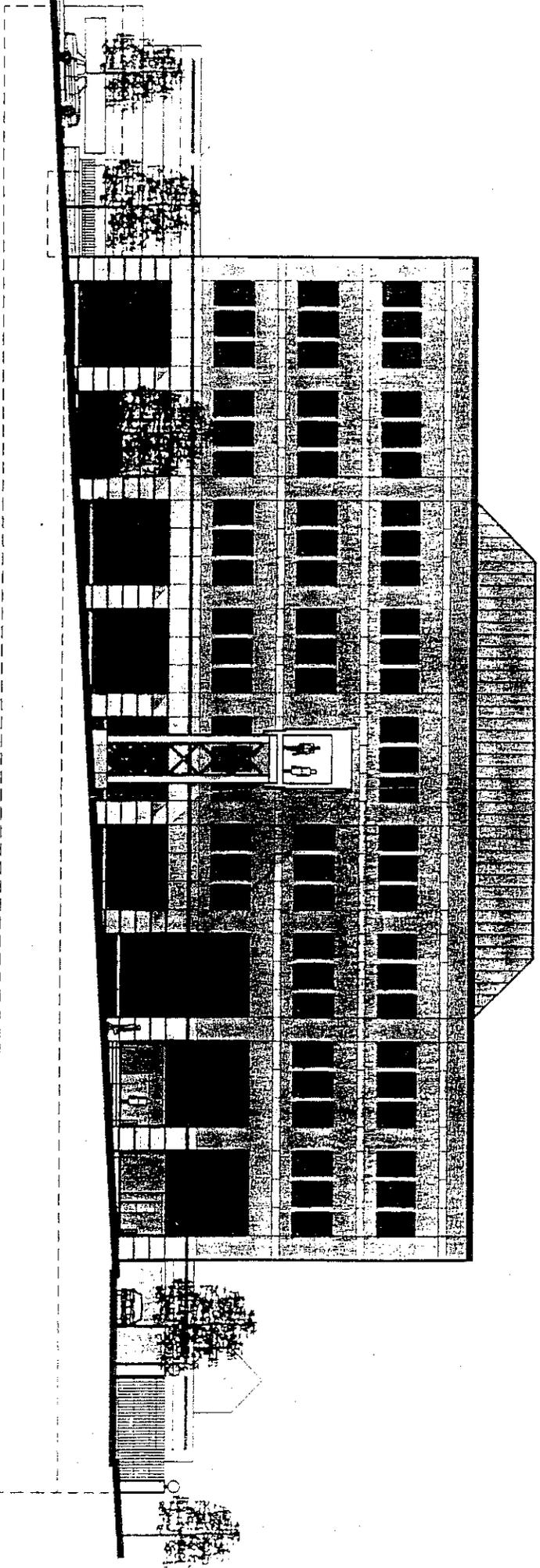
MEDIPLEX
MEDICAL BUILDING CORPORATION
DALLAS, TEXAS CH 8-602

NO.	DATE	REVISION
1	07/20/86	ISSUED FOR PERMITS
2	7/28/87	REVISED
3	7/27/87	REVISED
4	1/25/89	REVISED

PROPOSED MEDICAL OFFICE BUILDING
& PARKING GARAGE FOR
MAINE MEDICAL CENTER
PORTLAND, MAINE

DRAWN BY: VJZ/290
 CHECKED BY: JH
 PROJECT NO: 5795
 SHEET NO: 11

B/A

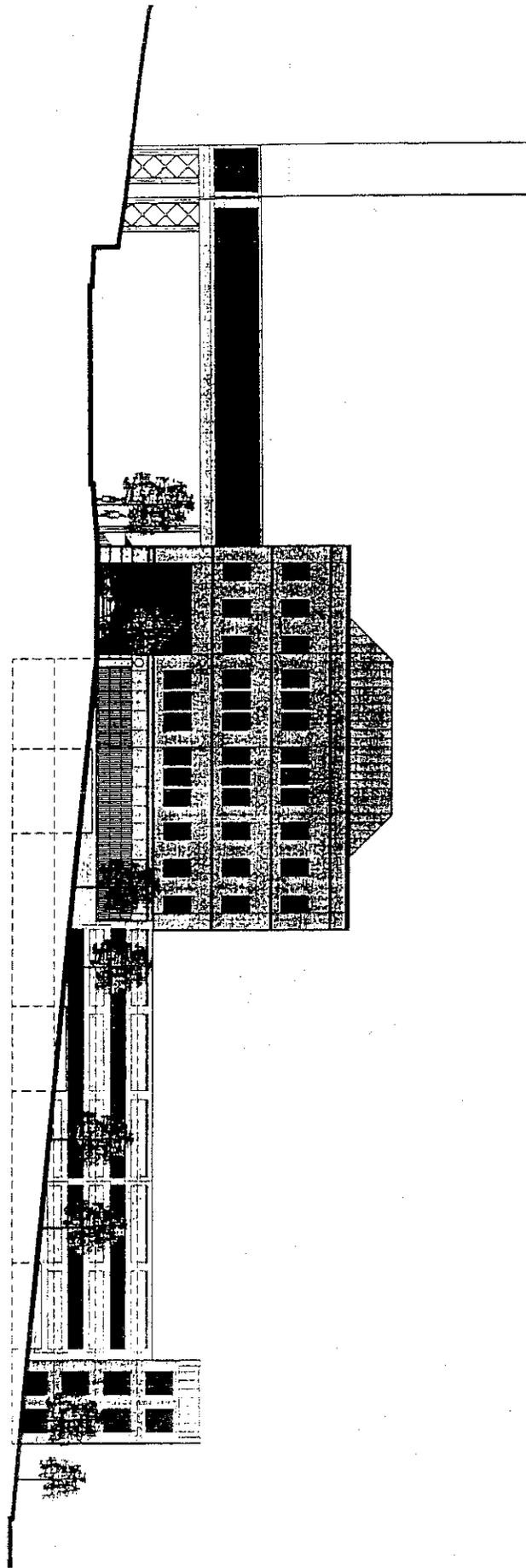


SOUTH ELEVATION



1/8" = 1'-0"

EAST ELEVATION



MAINE MEDICAL CENTER

January 2, 1997

Portland Planning Board
4th Floor City Hall
389 Congress Street
Portland, Maine 04101

The Maine Medical Center (MMC) is proposing to construct an office building and parking structure on an MMC owned 1.4 acre tract of land bounded by Congress Street, Forest Street and Boynton Street. The site is in an R-6 zone and we are requesting a change to a contract zone. The contract zone will enable us to make the most efficient use of the site in terms of the structure and the parking garage. Currently a portion of the site is used for surface parking for MMC employees. In early 1993, three residential structures (9, 15 and 19 Forest Street) with a total of 13 units were removed from the site. The structures were old, difficult to maintain and approaching substandard condition. At that time, MMC relocated all the existing tenants, including one whom we placed in a nursing home. We believe this project represents a reasonable transition for the site and that the relevance of the housing change has faded with time.

Initially, the office space will be occupied by groups of physicians who practice at MMC: some employed by MMC and others in private practice leasing space. In addition, a portion of the training of the physicians in MMC's general surgery residency program will be in the building in our Surgery Clinic and in the offices of the physicians. Depending upon the ultimate complement of physicians, certain diagnostic services also may be provided, e.g., radiology and laboratory.

The 49,000 gross square foot building will front Congress Street and will have a pedestrian entrance at grade with 4 levels above grade. The 390 car garage will have access from Congress and Forest Streets. On Congress, the garage will be at grade and on Boynton Street three levels will be above grade. An enclosed above ground walkway will connect the building with the MMC parking structure across Congress Street. Total project budget is estimated to be \$10-11 million.

This project is part of the overall MMC Master Facility Plan approved by the MMC Board of Trustees in August 1995. That plan included the expansion/renovation project at MMC (reviewed by the Planning Board in July 1996), development of facilities in Falmouth and Scarborough and long term strategies regarding parking. One of those parking strategies related to the continued use of the MMC Realty Corp., owned 650 space Gateway Garage

Portland Planning Board
January 2, 1997

Page 2

Currently, MMC parks an average of 320 employees per day in that garage. Of those 200 are shuttled to MMC and the remaining 120 work in MMC Realty Corp. owned offices in the building's condominiums. With this project, we intend to relocate into the new parking facility those employees who park at the Gateway and shuttle to MMC. The relocation of these employees to the MMC campus will improve productivity by eliminating the shuttle time and free parking that is needed to meet downtown demands.

With respect to the contract zone, we would like to propose the following:

- permitted uses equivalent to the "business", "institutional" and "other" uses in a B-2 zone;
- building set backs, building height, site coverage and landscaping as set forth in the site plan;
- signage appropriate to the site, building size and surrounding area.

We believe this project will have significant, positive impact on the area, on patients, physicians and on MMC employees:

- Several of the physicians who will be in the building have offices in older, less accessible structures in the area surrounding the hospital. Patient access will be improved and demand for on street parking will be reduced.
- The project expands medical office space in Portland without adding traffic pressures to the Western Prom residential areas.
- Employee productivity is improved by eliminating the shuttle time and it eliminates the need for the shuttle buses.
- Physician response time and efficiency are improved by locating their offices close to the hospital.
- The quality of the general surgery residency is improved by clustering the teaching faculty, patients and resident physicians.

In addition, the project will free up parking at the Gateway Garage to serve the needs of downtown Portland.

We look forward to the opportunity to review this project with the Planning Board and staff.

Respectfully submitted,


Donald L. McDowell
President

/cyg

573

MAINE MEDICAL CENTER

MEMORANDUM

TO: Alex Jaegerman
Richard Knowland

FROM: Paul Gray, Vice President of Planning

DATE: March 12, 1997

RE: CONTRACT ZONE

This memorandum sets forth our thoughts regarding the contract zone for the medical office building and parking garage on Congress Street.

1) site development

The property shall be developed substantially in accordance with the site plan and elevations shown on Attachment ____.

2) uses

MMC will be authorized to establish and maintain the following uses:

- general, business and professional offices as defined in Section 14-47 of the Portland Land Use Code
- clinics as defined in Section 14-47 of the Portland Land Use Code

3) Site Plan Review and Contract Zone

In addition to the conditions set forth in this contract, any relevant conditions resulting from the Site Plan Review will be incorporated into the contract. The site plan includes the connector across Congress Street.

4) signage

Signage on the property shall conform with the sign regulations for B-2 Regional Business Zone in the Portland Land Use Code.

**MAINE MEDICAL CENTER
OFFICE BUILDING AND PARKING GARAGE
PORTLAND PLANNING BOARD**

March 25, 1997

Thank you Mr. Chairman.

I am Paul Gray, Vice President of Planning at Maine Medical Center. With me are Mr. Damian Donati and Mr. Ed Gazinski, Vice Presidents, Mediplex Medical Building Corporation, Dallas, Texas and Mr. Tom Gorrill, Vice President, DeLuca Hoffman Associates, South Portland, Maine. Mediplex has been retained by MMC to assist us in this phase of the project we are discussing today. The firm has significant experience nationally in the development of medical office buildings. You know Mr. Gorrill from his prior appearances before this Board on behalf of MMC and other clients.

On January 14, 1997, we presented to this Board our initial concept of this medical office building/parking garage complex. At that meeting, the Planning Board raised a number of issues and questions which we will be addressing in our presentation this evening. Since the January 14, 1997 meeting, we have had several meetings with City staff to discuss the site plan, parking, traffic and related matters.

Our objectives for this workshop are:

- 1) to provide an updated description of the project;
- 2) to address the issue and questions raised by the Planning Board at the January 14, 1997 meeting and by the staff since that meeting;
- 3) to discuss the series of conditions that are included in the contract zone we are requesting;
- 4) to answer any questions you have and to seek your guidance on how to proceed.

PROJECT SUMMARY

We are proposing to construct an office building and parking structure on a 1.4 acre tract of land across Congress Street from our existing parking garage. The site is bounded by Congress Street, Forest Street and Boynton Street. The site is an R-6 zone and we are requesting a change to a contract zone. The 49,150 gross square foot building will front Congress Street with a pedestrian entrance at grade and four levels of office space starting at grade. Initially, the office space will be occupied by groups of physicians who practice at MMC... some employed by MMC and others in private practice leasing space. In addition, physicians in our general surgery residency program will receive a portion of their training in the offices of the physicians practicing in the building. We will also be moving our surgical clinic from MMC to the building. Depending on the complement of physicians, we may also provide radiology and laboratory services in the building.

The parking garage will have 430 spaces, an increase of 40 spaces since our last discussion. One entrance to the garage will be on Congress Street and one entrance will be on Forest Street. Because the site slopes almost 30 feet from the southeast corner on Congress Street to the northwest corner (intersection of Forest Street and Boynton Street), the garage is built into the slope. While there are five levels of parking, the parking stops approximately 3 feet below the second level of the building, i.e., the north side of the building looks out at the roof of the parking garage to Boynton Street and beyond to Hadlock Field. An enclosed walkway will connect the third level of the office building with the MMC parking garage across Congress Street. The project budget is estimated to be \$10-\$11 million.

This project address four important needs that we have:

- to provide better preoperative and postoperative experience for surgical residents;
- to provide additional parking for MMC employees on campus;
- to improve physician response time and efficiency by moving their offices closer to the hospital;
- to upgrade the facilities available for patients seen in our Surgery Clinic.

The project will have significant positive impact on patients, physicians and employees, and on downtown Portland:

- several of the physicians who may be in the building have offices in older, less accessible structures in the area surrounding the hospital; patient access will be improved and demand for on street parking will be reduced;
- the project expands medical office space in Portland without adding traffic pressures to the overburdened west end;
- employee productivity is improved by eliminating the shuttle time and it eliminates the need for the shuttle buses;
- physician response time and efficiency are improved by locating their offices close to the hospital;
- the quality of the general surgery residency is improved by clustering the teaching faculty, patients and resident physicians;
- the project will, with the sale of the Gateway-Garage, make the facility available to serve the parking needs of downtown Portland.

This project is part of the MMC Master Facility Plan approved by the MMC Board of Trustees in August 1995. Major components of that plan are:

- expansion of the MMC Bean Building, adding two floors of inpatient beds, one for pediatrics (Barbara Bush Children's Hospital) and one for cancer patients (Gibson Oncology Pavilion)
- renovation of 70,000 sq.ft. of existing MMC space to upgrade the emergency department, inpatient psychiatry, clinics, pharmacy and blood bank;

- re-use of the Brighton Medical Center campus for ambulatory surgery, urgent care and a joint venture comprehensive rehabilitation center with New England Rehabilitation Hospital of Portland/HealthSouth;
- development of a 40,000 sq.ft. medical office building in Falmouth for primary care physicians and diagnostic radiology services;
- development of the Scarborough Campus for a series of programs for the care of patients with cancer, endocrinology/diabetes, consolidation of laboratory services from MMC, BMC and NorDx and diagnostic radiology services.

PLANNING BOARD ISSUES/CONCERNS

At the January 14, 1997 workshop, the Planning Board raised a series of issues and questions regarding the project including:

- can the building be pulled forward on the site?
- what are the setbacks of the structure?
- what will be the impact of the project on traffic in the area?
- what will be the impact of the project on the neighborhood in terms of shadows?
- what will be the height of the project at various points on the site?
- what impact will the project have on parking?
- what are the specifics of the contract zone?

Our presentation today will address each of those issues.

Can the project be pulled forward on the site?

We have moved the building structure forward on Congress Street to the sidewalk.

What are the set backs?

- Congress Street - none
- Forest Street - 10 ft.
- Boynton Street - 36 ft. on the northwest corner (intersection of Forest Street and Boynton Street) decreasing to 12 ft. on the northeast corner (on Boynton Street)
- East side - 15 ft.

What will be the impact of the project on traffic in the area?

Deluca Hoffman has prepared an extensive traffic study of the area. Mr. Tom Gorrill is prepared to review the results and recommendations of that study. Originally, we proposed two entry/exit points on Congress and one entry/exit point on Forest. We have modified that plan to provide one entry/exit point on Congress Street (southeast corner) and one on Forest Street (mid point of the site). The traffic study level of service analysis shows that the

project will not have a significant impact on the surrounding street system. The report recommends construction of left hand turn lanes on Congress Street at Forest Street and the Congress Street site entry. These left hand turn lanes require removal of parking on the south side of Congress Street which requires City Council approval. The study also recommends some specific changes for selected intersections which will be addressed by Mr. Gorrill.

What will be the impact of the project in terms of shadows?

A shadow study was prepared comparing existing shadows with the shadows cast by the project on 4 separate days: Winter Solstice (December 21), Vernal Equinox (March 21), Summer Solstice (June 21) and Autumnal Equinox (September 21); and at 3 times each day (9 am, 12 noon, and 3 pm). In summary, that study shows that the only time of year when the project has a significant shadow effect, compared with existing conditions, is around the Winter Solstice.

What will be the height of the project at various points on the site?

Before reviewing the actual heights, perhaps the most significant points are the distances between the office structure and the east side and Boynton Street neighbors. We have already discussed the set backs for the garage. The north side of the office building is approximately 145 feet from Boynton Street and approximately 40 feet from the east side property line.

What impact will the project have on parking?

DeLuca Hoffman prepared a detailed parking study for this Planning Board as part of our proposal to expand the Bean Building on the MMC campus. The attached letter from DeLuca Hoffman updates that study taking into consideration the impact of this project. In summary, that analysis shows:

MMC Inventory of Spaces	2,373
MMC Demand after Scarborough Campus is Operational	1,914
Medical Office Building Demand for patients and non MMC Employees	226
Total Demand	<u>2,140</u>
Surplus (Deficit)	233
Occupancy	90%

Mr. Gorrill is prepared to review the details as necessary. It is important to point out that the demand for the office building was based on a field study of area office buildings' parking.

CONTRACT ZONE TERMS

With regard to our proposal for a contract zone, the alternatives were the R-6 or B-2. The type of medical office building and parking garage we are proposing is not a permitted use or conditional use in an R-6 zone. The B-2 zone could be used for a parking garage, but not a parking garage and medical office building. The 45' height limit make developing an office building and parking on the scale we are proposing impossible. A lower rise building with parking for the building only does not meet an important objective of the project, i.e., bringing back to the MMC campus the employee parking currently at the Gateway Garage. As a consequence we have proposed the contract zone.

On March 16, 1997, Planning Department Staff provided us with a draft of the proposed contract zone for this project. We have reviewed the nine stated conditions in the contract on pages 2 and 3 and find them acceptable. Our only concern relates to the last paragraph of the contract which states:

"In the event that Maine Medical or any successor fail to continue to utilize the property in accordance with this Agreement, or in the event of a breach of any condition(s) set forth in this Agreement, the Planning Board shall have the authority, after a hearing, to resolve the issue resulting in the breach or the failure to operate. The resolution may include a recommendation to the City Council that the site be rezoned to R-6 or any successor zone and that this Agreement be terminated, requiring a cessation of the general business and professional offices, clinics and parking use permitted under the terms of this Agreement."

Our concern is under what circumstances would the City determine that such a "failure to use" or "breach of the agreement" might have occurred that would necessitate a hearing to investigate the matter. We raise the issue only for clarification purposes.

Conclusions

We do not believe this project will have an adverse impact on this neighborhood. Rather, during working hours, it will bring to the area patients and their families and MMC employees who will patronize area businesses and eating establishments. The building will contribute to the city's tax base. We believe we can and will be a good neighbor. Between now and the public hearing, we will be meeting with area residents to discuss the project.

Thank you. Mr. Chairman. I would be happy to answer any questions.



DELUCA HOFFMAN ASSOCIATES, INC.
CONSULTING ENGINEERS

778 MAIN STREET
SUITE 4
SOUTH PORTLAND, MAINE 04106
TEL. 207 875 1121
FAX 207 879 0896

ATTACHMENT - 0-1

- ROADWAY DESIGN
- ENVIRONMENTAL ENGINEERING
- TRAFFIC STUDIES AND MANAGEMENT
- PERMITTING
- AIRPORT ENGINEERING
- SITE PLANNING
- CONSTRUCTION ADMINISTRATION

March 11, 1997

Mr. Paul Gray
Vice President Planning
Maine Medical Center
22 Bramhall Street
Portland, ME 04102-3175

Subject: Maine Medical Center Parking Demand

Dear Mr. Gray:

Per your request, DeLuca-Hoffman Associates, Inc. has completed a parking analysis for Maine Medical Center (MMC). This analysis has been based on the following conditions:

- Completion of the current expansion of the Bean Building and renovation of other portion of the MMC campus.
- Completion of the proposed 49,156 s.f. medical office building and related parking.
- Sale of the Gateway Garage reducing the available parking to MMC from 650 spaces (capacity of the garage) to approximately 120 spaces.

The purpose of this letter is to summarize the demand and supply with the above conditions in place.

Parking Supply

DeLuca-Hoffman Associates, Inc. completed a parking analysis in June 1996 for the proposed additions to the Bean building which showed a parking supply of 2,363 spaces. Based upon preliminary plans dated 2/10/97 prepared by Mediplex for the proposed 49,156 s.f. medical office building on Congress Street northerly of Sportsman's Grill, there are 430 spaces planned as part of the office building. The location of the office building is shown in Figure 1 following this page. The proposed office building will displace 52 spaces currently on the site for a net gain of 378 spaces (430-52) over MMC's current supply.

Two other factors which will affect the parking supply are MMC's planned sale of the Gateway Garage which has 650 spaces and the lease of 150 parking spaces on St. John Street. As a condition of the sale of the Gateway garage, 120 spaces will be reserved for MMC employees who currently work at the Gateway.

Based on these factors and supply data previously furnished by MMC, DeLuca-Hoffman Associates, Inc. has summarized the supply after the Gateway sale and completion of the proposed Medical Office Building in Table 1 as follows:

NOTE: GARAGE IS NOT SHOWN



MAINE MEDICAL CENTER

BACK PARKING LOT

MEDICAL CENTER

LAW BUILDING

DENTAL CENTER

Portland, Maine

VAUGHN

1000

Mr. Paul DiGray
March 11, 1997
Page 2

Location	Number of Available Spaces
Ramp Parking Garage	1,276
Congress Street Parking Lot by Sportsman's Grill	430
Admitting	9
Visitors Parking Lot	315
MRI	11
In back of Gilman Street	15
Emergency	10
Oncology	10
Gateway Garage (Not shown in Figure 1)	120
Diabetes Center	15
Spaces Leased on St. John Street	150
Spaces Reserved at Farmers Market Garage	12
Total Available Spaces	2,373

Parking Demand

Based on the "Parking Analysis for a Proposed Expansion to the Bean Building at Maine Medical Center" completed by DeLuca-Hoffman Associates, Inc. in June 1996, the estimated demand upon completion of the Bean addition and relocation of employees from MMC to the ambulatory care facility in Scarborough was anticipated to be 1,914 spaces.

Very little information exists through transportation technical publications such as the Institute of Transportation Engineers or the Urban Land Institute to establish the parking demand for a medical office building. Methodologies are set forth in these publications based on the number of employees, however the number of employees is not currently known. DeLuca-Hoffman Associates, Inc. conducted parking inventories at similar facilities on February 11, 1997 from 7:30 a.m. to 3:30 p.m. at the existing Stroudwater Crossing on Congress Street in Portland and on February 12, 1997 from 7:30 a.m. to 3:30 p.m. at the existing medical building on 1250 Forest Avenue in Portland which are very similar to the proposed facility. This information is summarized in the table below:

Use	Available	Size (s.f.)	Peak # of Vehicles Park at Any Time	Occupied Spaces/1,000 s.f.	Available Spaces/1,000 s.f.
Stroudwater Crossing	147	32,190	123	3.8	4.6
1250 Forest Avenue Medical Building	127	40,317	80	2	3.2

Based on this information, DeLuca-Hoffman Associates, Inc. has used a parking ratio of 4.6 spaces/1,000 s.f. to estimate the parking demand for the proposed 49,156 s.f. medical office building. Based on this rate, the proposed office building will require 226 spaces (4.6 x 49,156). Thus, the proposed medical office building will increase the total campus parking demand to 2,140 spaces (1,914 + 226).

Paul DiGray

March 11, 1997

Page 3

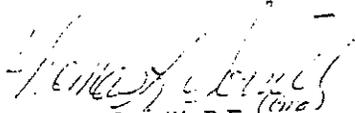
Parking Demand Compared to Supply

Based upon the information presented previously in this letter, the parking supply will be 2,373 upon completion of the proposed 49,156 s.f. medical office building with its associated 430 space parking garage and the sale of the Gateway garage. This supply of 2,373 is 233 spaces in excess of the forecast demand of 2,140 spaces upon completion of the office building and full operation of the Scarborough and John Roberts Road facilities. Thus, the supply exceeds the demand by 11%.

Please review these findings and contact me if you have questions or would like to discuss these findings in more detail.

Sincerely,

DeLUCA-HOFFMAN ASSOCIATES, INC.



Thomas L. Gorrill, P.E.

Vice President of Transportation

TLG/ajm/1471/brem1-14

c: Robert Bromm

CITY OF PORTLAND - TRAFFIC SECTION
MEMORANDUM

Date: 03/18/97
To: Richard Knowland, Senior Planner
From: Thomas A. Errico, P.E., Traffic Engineer
Subject: Maine Medical Office Facility - Congress Street

In conjunction with the above project, I have reviewed the traffic impact study prepared by DeLuca-Hoffman Associates, Inc. dated March 1997. In addition, I have reviewed the Parking Analysis also prepared by DeLuca-Hoffman Associates, Inc. dated March 11, 1997. My specific comments are summarized below.

- The Parking Analysis performed indicates the parking supply will exceed demand following the construction of the proposed project. In reviewing the data available, the proposed parking garage supply will be absorbed by the parking requirements of the proposed 49,156 square feet medical office building, and the elimination of parking spaces at the Gateway Garage. As indicated by John Peverada, in his Memorandum to you dated March 11, 1997, parking availability in the vicinity of the Maine Medical Center is poor. If the conclusions of the Parking Analysis are in fact accurate, supply is greater than demand, than improvements in the management of parking should be considered. While this project should not worsen parking conditions, it is recommended that improved parking measures (i.e. increasing supply or improved management) be considered.
- According to the traffic impact study, 62% of the traffic will enter the parking garage via the Forest Street driveway. An explanation should be provided that supports the trip distribution assumptions.
- At the Congress Street/Bramhall Street/Deering Avenue intersection, it is recommended that a lead phase be provided from Bramhall Street and the signal timing revised. In conjunction with the lead phase, a five-section signal head will be required. In conjunction with the Holt Hall project, the installation of a five-section head was a condition of approval, and therefore may not be needed for this project. It is recommended that a proposed traffic signal timing plan be provided for implementation after build-out of the project.
- I concur with the recommendation to restripe the northbound Valley Street approach to consist of an exclusive right-turn lane and a shared left/through lane.
- At the Park Avenue/St. John Street intersection, northbound movements from St. John Street currently operate poorly, and will continue to operate poorly following build-out of the project. To help improve conditions, it is recommended that the cycle length be reduced from 90 to 60 seconds. It is recommended that a proposed traffic signal timing plan be provided for implementation after build-out of the project. It should be noted that while the intersection is expected to operate at an acceptable level of service following build-out of the project and revisions to the cycle length, movements from northbound St. John Street will continue to operate poorly.

3/18/97

CITY OF PORTLAND - TRAFFIC DIVISION

- At the Congress Street/St. John Street intersection, improvements to the traffic signal phasing and timing are recommended to improve operating conditions. It is suggested that a traffic signal phasing and timing plan be prepared for implementation following build-out of the project. In addition, an assessment into the safety implications of eliminating the existing protected phases should be documented.
- An evaluation of signal warrants was performed at the Congress Street/Gilman Street and Forest Avenue/Park Avenue intersections. It appears that all eleven warrants were reviewed, although the study does not reference the data (i.e. delay, eight hour volumes, etc.) needed to evaluate all warrants. An explanation should be provided summarizing the data used in the evaluation of signal warrants.
- Poor levels of service were projected at the unsignalized intersection of Park Avenue and Valley Street. The study did not develop mitigation measures at this location.
- An evaluation of the need for left-turn lanes at the Congress Street/Forest Street and Congress Street/Proposed Project Driveway intersections were performed. Results indicate left-turn lanes are warranted. It is suggested that a conceptual sketch be prepared outlining the proposed roadway configuration. In addition, determination on the number of on-street parking spaces to be removed, as a result of the proposed left-turn lanes, should be estimated. Additionally, recommendations should be developed in respect to the existing Bus Stop located on Congress Street, and whether the proposed left-turn lanes will compromise safety and mobility.
- Although the intersections of Congress Street St. John Street and Congress Street/Valley Street do not meet the criteria for a potentially hazardous location, the frequency of accidents is significant. It is recommended that a detailed evaluation of accident conditions be performed at these locations.
- Significant pedestrian activity is expected between the proposed Medical Office Building and Maine Medical Center. Provisions should be investigated relative to the crossing of pedestrians on Congress Street.
- The traffic impact study recommends the installation of a traffic signal at the Park Avenue/Forest Street intersection. It is suggested that the intersection be monitored following build-out of the project, and if actual field conditions warrant, a traffic signal should be installed. Accordingly, funds should be provided in an escrow account to ensure a follow-up study is performed and installation of a traffic signal is accomplished, if necessary.

CC: Bruce Bell, Operation Manager of Public Works

Bill Bray, Deputy Director of Public Works

MEMORANDUM

TO: Rick Knowland, Planner
 FROM: John Peverada, Parking Manager *J.P.*
 DATE: May 15, 1997
 RE: Proposed MMC Parking Garage and Office Building

I support the concept presented by Maine Medical Center to construct an office building and parking garage on the vacant lot at the corner of Congress and Forest Streets. In my opinion, aesthetically the proposed development will be an improvement to the area, however, there is a misconception. Whenever anyone hears about a parking garage associated with this project, they naturally assume that on-street parking in the area will be improved. The perception is that parking will not be an issue.

However, as I have previously stated, it is my opinion that the proposed parking garage associated with this project will not be large enough to handle the demand. In fact, after reading MMC's submission to the Planning Board, I believe that the figures quoted in the March, 1997 letter from Mr. Thomas Gorrill of DeLuca Hoffman, and the January 2, 1997 letter from Mr. Don McDowell support my assumptions. The following is my summary of the estimates provided by, or on behalf of, the hospital:

- 430 parking spaces proposed in the new garage
- 52+ spaces displaced from the existing lot (I'd say more)
- 228 spaces for the new building 4.6/1000 per Mr. Gorrill's letter
- 200+ spaces for vehicles relocated from the Gateway Shuttle, per Mr. McDowell (I'd say more)
- 27+/- spaces on-street lost due to the proposed left turn lane on Congress St.
- 75 space shortfall

Correct me if you think that the above analysis is wrong, but I believe that everyone should be aware of this situation. Additional parking is needed for MMC visitors, patients and employees. Presently, the Bramhall lot is overflowing, with several cars stacked on the street waiting to get in to the lot on a regular basis. The Western Prom neighbors are complaining about on-street parking as are "customers of the hospital". I believe that unless the proposed garage at Forest and Congress Streets is enlarged, we will be duplicating the current problems at Bramhall St. / Western Prom in this neighborhood. The new garage should be larger, or the office building made much smaller.

If MMC proposes to offset the demand for parking by shuttling employees from an off-site lot, then they should present the City with a long-term lease, or verification of ownership of the lot. They should also assure the City that their employees will not be parking on the streets.

Finally, I quickly looked at the plans, and did not see a snow gate on the roof. How do they plan to dump and remove snow?

Please pass this memo on to the Planning Board and Council.

- cc: Bob Ganley, City Manager
- Joe Gray, Director of Planning
- Alex Jaegerman, Chief Planner
- Gloria Thomas, Department Head
- Bill Bray, Deputy Director, Public Works

CITY OF PORTLAND

MEMORANDUM

TO: Rick Knowland, Planning & Urban Development
FROM: John Peverada, Parking Manager
DATE: March 11, 1997
RE: Maine Medical Center Parking

Attached are copies of two orders that are tentatively on the March 17, 1997 Council agenda. As you can see, both orders deal with implementing two hour parking restrictions in the vicinity of Maine Medical Center (Thomas and Clifford Sts.), because of the unavailability of existing on-street parking due to the "all day parkers" who, I assume, are affiliated with Maine Medical Center.

Recently, I have been told by visitors of the hospital that there is a waiting line to get into the Bramhall St. parking lot between 11:00 am and 1:00 pm. People are forced to ride around the neighborhood looking for on-street spaces.

My purpose in bringing this to your attention is to let you know that parking is in very tight supply in the vicinity of Maine Medical Center, and each time unrestricted parking is taken off one street, those "all day parkers" are just moved another block away, putting a burden on another neighborhood.

In my opinion, Maine Medical Center should be encouraged to increase the size of the proposed parking garage at Congress and Forest Sts., so that their employees who currently park on the street will have an alternative. Mr. Carl Winslow, a landlord on Boynton St., has already inquired about having Boynton St. signed for two hour parking for the reasons outlined above.

- cc: Bob Ganley, City Manager
- Bill Bray, Deputy Director of Public Works
- Joe Gray, Director of Planning
- Alex Jaegerman, Chief Planner
- Gloria Thomas, Department Head

ORDER (TAB)

ORDER AMENDING TRAFFIC SCHEDULE RE: THOMAS STREET - SPONSORED BY ROBERT B. GANLEY, CITY MANAGER.

The Traffic Division has received a written request from the residents of Thomas Street to change the existing unrestricted on-street parking. The request is for a two-hour parking restriction for the entire street (Spring Street to Pine Street).

The unavailability of the existing on-street parking due to "All Day Parkers" is what has prompted the residents to petition for the two-hour parking restriction. This action will allow Thomas Street residents use of the Residential Permit Parking Sticker Program.

The Traffic Division recommends approval of the proposed two-hour parking Traffic Schedule Amendment.

This item requires five affirmative votes for passage; after an opportunity for public comment has been given.

ORDER (TAB)

ORDER AMENDING TRAFFIC SCHEDULE RE: CLIFFORD STREET - SPONSORED BY ROBERT B. GANLEY, CITY MANAGER.

The Traffic Division has received a written request from the residents of Clifford Street to change the existing unrestricted on-street parking. The request is for a two-hour parking restriction for the entire street (Vaughn Street to Thomas Street).

The unavailability of the existing on-street parking due to "All Day Parkers" is what has prompted the residents to petition for the two-hour parking restriction. This action will allow residents use of the residential permit parking sticker program.

The Traffic Division recommends approval of the proposed Traffic Schedule Amendment.

This item requires five affirmative votes for passage; after an opportunity for public comment has been given.

LICENSES:

ORDER 221 (TAB) ORDER GRANTING MUNICIPAL OFFICERS' APPROVAL FOR NEW AND RENEWAL STATE LIQUOR LICENSES AND SPECIAL ENTERTAINMENT PERMITS - SPONSORED BY NADEEN M. DANIELS, CITY CLERK.

*John -
Type*

Alef

E-5

CITY OF PORTLAND
MEMORANDUM

TO: Joe Gray, Director of Planning
Rick Knowland, Planning
Tom Erico, Traffic Engineer
FROM: John Peverada, Parking Manager *J.P.*
DATE: March 19, 1997
RE: Maine Medical Center Parking

Please find attached a typical letter that I receive on a regular basis from the patrons of Maine Medical Center. Unfortunately, this individual felt compelled to write to the City Manager.

I am sending you this information to you in hopes that you will be able to persuade Maine Medical Center to increase the size of their proposed parking garage. Additional parking is definitely needed in this area, regardless of what Maine Med or their consultants state.

March 13, 1997

Mr. Robert Ganley
Portland City Manager
389 Congress Street
Portland, ME 04101

Dear Mr. Ganley,

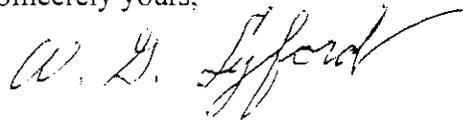
Yesterday, my mother, Mrs. Anna Lyford (91) was in need of the Maine Medical Emergency Room services. In attempting to find parking, I discovered that the emergency room parking facility was under construction and so I frantically drove around the block to the main parking lot. Eight to ten cars were in line waiting to enter the parking lot and so I quickly diverted to the Western Promenade. It was clearly marked one hour parking. That is not my contention.

What troubles me is the seemingly capricious and callous issuance of tickets in that area in the first place. I would assume that most people parked in that area have concerns with the Maine Medical Center facilities. I was greatly concerned for my aged mother being left alone in the cubical of the emergency room due to a very difficult and similar situation about a year ago on March 2nd.

I was aware of the parking time limitation and was doing my best to comply with the time limit. However, circumstances prevented me from relocating my vehicle until 5:02pm. I know the issuing officer was performing his or her duty according to the city's rules, but I strongly feel that special situations regarding the construction and lack of parking in the Maine Medical Center vicinity need to be addressed more appropriately than just handing out tickets. It's an aggravation and insult to those of us concerned with ailing and seriously ill family.

I have inclosed a check for the imposed fine of \$10. I am sending it to your office along with this letter. I am asking the City of Portland administration to either nullify the ticket and return the check to me or pass it on to the treasury department in blatant disregard for the circumstances surrounding the parking nightmare surrounding the Maine Medical Center facilities.

Sincerely yours,



William G. Lyford
(207) 829-4401

8 Pinewood Drive
Cumberland Ctr., ME 04021

To: Mayor Campbell and Members of the City Council
From: *JRC* Jaimey R. Caron and *JHC* John H. Carroll, Portland Planning Board
Date: May 21, 1997
Subject: Maine Medical Center Contract Zone, Minority Opinion

On May 13, 1997 the Portland Planning Board held a public hearing on a request by Maine Medical Center for contract rezoning of a property at the corner of Congress and Forest Streets. The board voted 4 in favor, 2 opposed to recommend a contract to the Council for approval. As the minority on that vote, we felt that the contract recommendation, as proposed, does not comply with clearly established city policy for this use in this location, and therefore, in our opinion, does not comply with the comprehensive plan. We would like to present our rationale for opposing the conditions in the rezoning contract.

The Planning Board reviews Contract Zone applications in two stages. The first review focuses on the policy issues associated with changing the allowable uses of the site. The board forwards its recommendation on a contract to the Council for enactment. The second stage, Site Plan Review, focuses on the technical issues associated with the development. At this point, the development does not seem likely to present any serious obstacles for the Planning Board's Site Plan review.

The Contract Zone review raised a more difficult question concerning the City's policy toward encroachment by institutions into residential areas and the displacement of housing. Several years ago, Maine Medical Center purchased the parcels on Congress and Forest Streets. In the early 1990's, they demolished the existing buildings, resulting in the loss of thirteen residential units. Maine Medical now proposes to expand across a major arterial to establish institutional uses within a residential neighborhood on land currently zoned for residential use.

In 1983 the City Council enacted the current ordinance provisions after careful analysis of the policy issues of encroachment and housing displacement by institutional uses in residential areas. Under existing standards for every residential zone, the Conditional Use Standards set criteria clearly intended to discourage institutional encroachment and residential displacement. Maine Medical Center's application conflicts with the intent of the ordinance in a way that the Planning Board encounters with increasing frequency. For example, on the day of the Maine Medical Center public hearing, the Board also reviewed a similar preliminary proposal from an institution seeking to demolish existing housing and expand into another residential area. In recent applications from Waynflete School, Mercy Hospital, and 75 State Street, the board consistently followed the City's policy of protecting residential areas from encroachment.

In our view, the zoning contract requested by Maine Medical Center and approved by the Planning Board on May 13 does not adequately address the City's policies toward this type of expansion and encroachment. It offers neither protection nor compensation to the City for either the loss of housing or the institution's encroachment into the neighborhood. In voting against the contract, we want the record to show that we did so because we could see no reason to set conditions that effectively pre-empt the Council's authority and prerogative to amend or waive these standards in the City's land use policies.

More appropriately, the Contract Zone process allows the Planning Board and a property owner to negotiate a land use contract that compensates for the "unusual nature or unique location" of a project without deviating from the overarching land use policies embodied in the City's comprehensive plan. Had the contract included a provision to improve or replace housing in the neighborhood, we would have concurred that Maine Medical had met its threshold obligation to the neighborhood and to City policies. Further, a contract provision to provide compensation for the encroachment and loss of housing would have established a good and useful precedent for the Planning Board's future administration of the City's land use ordinances while keeping the underlying policies intact. In its policy-making role, the Council could make the choice to strip that provision out of the contract by suspending the policy or exempting Maine Medical Center, however, the Planning Board would have met its obligation to honor existing land use policies.

Gordon D. Simonds

*104 West Street
Portland, Maine 04102
(207) 874-6666
(207) 773-5574 fax*

May 7, 1997

Portland Planning Board
City Hall
389 Congress Street
Portland, Maine 04101

Re: Maine Medical Center -Objections
to Proposed Contract Zoning due
to present zoning violations and
Lack of Attempted Solution to
West End Parking Nightmare

Gentlemen:

As you are aware by letter of April 28, 1997, I strongly objected to the consideration by the Planning Board of the proposed zoning contract which the Maine Medical Center (the "MMC") now seeks to enter with the City in the vicinity of 883-903 Congress Street.

I will be unable to attend the May 13, 1997 meeting at which the Council will consider this matter because of a longstanding prior commitment out of the country. I did not want my absence to be interpreted as a change in position. I strongly object to any further consideration of this contract zoning until the MMC fully complies with the current zoning laws with respect to its existing properties and agrees to a specific solution to the West End Parking Problem.

Furthermore, since my last letter I have read a decision of the Maine Supreme Court which I believe should also be considered by the Council. I am enclosing herewith a copy of a letter of even date to Gary Wood, Esq. pointing out the case and requesting that he and the appropriate City Officials investigate this matter and consider a retroactive revocation of the real property tax exemption for the MMC's real estate which is vacant or which is utilized in ways which violate the City Zoning Laws.

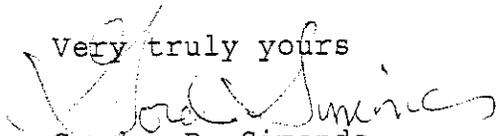
May 7, 1997

I believe that it is also now appropriate for the Board to inquire why the MMC continues to house its training personnel in Mansions which are ill-suited for that purpose and which cost the taxpayers of our city \$35,000 per year. In addition an inquiry as to the purpose for the retention of vacant property by the MMC in R-4 Zone would also seem appropriate.

I believe it is the duty of the City to require that the MMC solve the West End parking problem which it created and cure its existing zoning violations before considering its requested zoning contract. How can the City enter a contract with an entity which is in violation of its laws when it proposes that contract?

Thank you for you attention to these matters.

Very truly yours



Gordon D. Simonds

cc: Robert Ganley, City Manager
Gary Wood, Esq.
Portland City Council

Gordon D. Simonds

*104 West Street
Portland, Maine 04102
(207) 874-6666
(207) 773-5574 fax*

May 7, 1997

Gary Woods Esq.
Corporation Counsel
City of Portland
City Hall
389 Congress Street
Portland, Maine 04101

Re: Maine Medical Center -
Request for Investigation
and retroactive removal of
real estate property tax
exemptions.

Dear Mr. Woods:

As you may be aware, I have complained of certain violations of the City zoning law by the Maine Medical Center (the "MMC"). These violations involve properties owned by the Maine Medical Center located at 110 - 120 West Street, 233 Western Promenade, and 98 Chadwick Street. I have summarized these violations on Exhibit A enclosed herewith.

Recently I chanced upon the case of City of Lewiston v. Marcotte Congregate Housing, Inc., 673 A 2d 209 (Me, 1996). It seems to me that in this case the Maine Supreme Judicial Court strictly interpreted 36 M.R.S.A. Sec. 652(1)(A). The Court found that because 18% of a piece of real property owned by an organization qualified for exemption was not owned and occupied or used solely for the exempt organization's charitable purposes, the entire real property and a tunnel incidental to it were not exempt from real estate taxation.

In Marcotte the issue before the Court was the use of part of the real property. However, it occurred to me that an exempt organization could not possibly be granted the power under its charter to use its real property in violation of zoning or other laws. To act in such a way would not be a use of its real property solely for a purpose related to its own defined charitable and benevolent objectives.

May 7, 1997

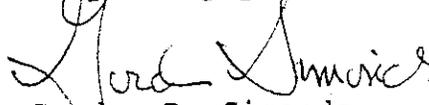
Similarly, when an exempt organization does not utilize real estate at all and permits it to stand vacant, it must demonstrate that has plans for the future use of that property in order for the property to be exempt from real property tax. Advanced Medical Research Foundation v. Cushing, 555 A. 2d 1040 (Me., 1989) and Osteopathic Hospital of Maine v. City of Portland, 139 Me. 24 (1942).

So, in summary, I believe that the MMC is now either using certain of its properties in violation of the zoning laws or is not using them at all, and that these properties should not be exempt from real estate tax. The approximate annual tax loss is summarized on Exhibit B enclosed herewith and totals \$37,700.00.

I have directed this letter to you because I was not certain to whom it should be directed. I trust that you will see that it reaches the appropriate department to investigate these matters and take appropriate action.

Thank you for your attention to this matter.

Very truly yours



Gordon D. Simonds

cc: Portland Planning Board

EXHIBIT A

112 - 120 West Street - The maintenance of a 4,000 square foot office devoted to fund raising (the "Development Office") which employs five or six people on a full time basis;

233 Western Promenade - The operation of a print shop in the Carriage House located behind 233 Western Promenade which employs approximately five people and which I have been told does most if not all of the printing for the MMC and its related entities.

233 Western Promenade - is supposed to contain 10 bedrooms to be used to house student and faculty coming to Portland from the University of Vermont Medical School and substantial instruction and teaching is supposed to take place within the house. I believe that there is no instruction taking place within the house.

98 Chadwick Street - The operation of a truck and equipment storage and repair facility along with two or three offices for maintenance personnel (the repair function terminated in January, 1997, but the office function seems to continue).

SUMMARY OF REAL PROPERTY TAX LOSS

	<u>APPRAISED VALUE</u>	<u>REAL PROPERTY TAX ON APPRAISED VALUE</u>
<u>UNUSED PROPERTY</u>		
<u>223 Western Promenade</u>		
VACANT LAND.....	41,670.00	1,023.42
<u>ZONING VIOLATIONS</u>		
<u>112-120 West St.</u>		
THOMAS HOUSE.....	\$684,360.00	\$16,807.88
<u>233 Western Promenade</u>		
CHISOLM HOUSE AND CARRIAGE HOUSE.....	690,840.00	16,967.03
<u>98 Chadwick Street*</u>		
GARAGE	<u>76,140.00</u>	<u>1,870.00</u>
TOTAL.....	<u>\$ 1,450,810.00</u>	<u>\$37,707.21</u>

* Property may now be partially unused

Gordon D. Simonds

*104 West Street
Portland, Maine 04102
(207) 874-6666
(207) 773-5574 fax
April 28, 1997*

Portland Planning Board
City Hall
389 Congress Street
Portland, Maine 04101

Re: Maine Medical Center -Objections
to Proposed Contract Zoning due
to present zoning violations and
Lack of Attempted Solution to
West End Parking Nightmare

Gentlemen:

The Maine Medical Center (the "MMC") now seeks to enter a contract for zoning with the City in the vicinity of 883-903 Congress Street. I strongly object to any further consideration of this contract zoning until the MMC fully complies with the current zoning laws with respect to its existing properties. I believe that the MMC's zoning contract request cannot be equitably or legally considered until its existing violations are remedied.

This letter will explain the zoning violations and other problem matters to which the MMC has been either unresponsive or less than honest.

THE ZONING VIOLATIONS

The MMC has for many years used several of its properties in violation of the zoning laws. The properties are located on the block bounded by West Street, Chadwick Street, and the Western Promenade, within an R-4 Zone. My family owns 104 West Street, a property abutting each of the MMC's properties where there are zoning law violations. These violations are:

1. 112 - 120 West Street - The maintenance of a 4,000 square foot office devoted to fund raising (the "Development Office") which employs five or six people on a full time basis;

2. 233 Western Promenade - The operation of a print shop in the Carriage House located behind 233 Western Promenade which employs approximately five people and which I have been told does most if not all of the printing for the MMC and its related entities.

3. 233 Western Promenade - is supposed to contain 10 bedrooms to be used to house student and faculty coming to Portland from the University of Vermont Medical School and substantial instruction and teaching is supposed to take place within the house. I believe that there is no instruction taking place within the house.

4. 98 Chadwick Street - The operation of a truck and equipment storage and repair facility along with two or three offices for maintenance personnel (the repair function terminated in January, 1997, but the office function seems to continue).

THE REAL PROPERTY TAX LOSS

Ownership of these properties by the MMC deprives the City of in excess of \$35,000 per year in real property taxes (See attached list of MMC properties, their assessed values, and property tax at \$24.56 per Thousand). In other words, the taxpayers of the City of Portland are paying an additional \$35,000 each year for the MMC to house thirty of its interns and residents, its print shop, its fund raising office, and certain of its maintenance offices.

Why should these activities be allowed to continue in West End mansions? It certainly would seem responsible and appropriate for the City and the MMC to review the utilization of these mansions to house interns and residents. The city is losing tax base and the MMC is tying up in excess of \$1,000,000 to house 30 interns and residents in mansions which are ill suited for the purpose and which are extremely costly to operate. Surely, The MMC is under a duty to operate economically when it utilizes its exempt status to avoid the payment of property taxes.

THE PARKING NIGHTMARE

The MMC has created a parking nightmare in the West End and does not now propose to alleviate the problem. In fact the MMC refuses to admit that there is a parking problem and submits reports from its parking "consultants" which play "fast and loose" with the numbers of demand and supply. These reports always conclude that all demand is satisfied. One need only to walk the streets around the MMC to see the congestion and ticketed vehicles, not to mention the hundreds of parking signs designed to prevent parking for over one hour.

The MMC has recently increased the parking problem by ceasing to use the Gateway garage where it had represented that 700 of its cars were being parked.

While the parking problem in the West End is widely known, it is perhaps less widely known that in its effort to obtain approval of the new addition to the MMC itself, the MMC represented (incorrectly) to various City Boards in 1996 that its estimated need for parking spaces was satisfied when the 700 plus spaces which were located in the Gateway Garage were counted in the supply. Of course, this statement was premised on the representation that these 700 spaces were fully utilized by the MMC's employees who were shuttled back and forth. This representation was incorrect in that only approximately 150 spaces in the Gateway Garage were regularly used because most employees were reluctant to take the time to be shuttled between High Street and the Hospital. Surely the MMC knew of this underutilization, or should have known of it and should have informed the City.

In the proposed zoning contract, the MMC seeks additional covered parking, but has failed to address the existing parking problem in the West End. Surely the MMC could add another 250 to 300 parking spaces to its Congress Street proposal AND/OR could just as easily add more than that number of spaces in a subterranean and low rise parking structure located at its existing parking facility between Brackett, Bramhall, Chadwick and Vaughan Streets. Entry lines at this parking lot frequently stretch from the middle of Chadwick Street past Brackett Street and down Bramhall Street toward Congress Street.

INSTITUTIONAL INATTENTION

I absolutely recognize the need for the MMC to be able to function effectively as it is "the" major health care provider in Southern Maine and a huge employer in Portland. I further recognize that the MMC is one of, if not "the" most powerful, active bureaucratic institutions in the Southern Maine and for that reason I am not thrilled by the prospect of opposing them.

That is why I have not formally complained until now. I felt that it was possible that the zoning violations and parking nightmare would be voluntarily and promptly remedied. However, this has not happened, and the institution itself is now seeking to expand its sphere of influence without responsibly dealing with the community and the current violations and problems which it has created.

My attempts to work privately with the MMC to remove its zoning violations and to restore the residential character to the neighborhood have been frustrating. The MMC has known of the zoning violations for at least eighteen months and after fourteen

months has finally partially remedied one (the truck repair facility); believes that a second (the print shop) will be remedied sometime this summer, but cannot (or will not) furnish a date or details; and has no plans to remedy the other two. A simple one minute telephone conversation frequently takes two days to arrange.

I am also enclosing herewith a summary, by property, of what I found in the City Zoning Microfilm in October, 1995 with respect to the 120 West Street, 233 Western Promenade, the Garage at 233 Western Promenade, the Garage at 98 Chadwick Street and the Parking Lot at 92 - 96 Chadwick Street.

This information was orally conveyed by me to the MMC in November, 1995 and submitted to the MMC in writing (along with photocopies of the Microfilm Documents) on January 6, 1996. In 1995 I was informed that the MMC was unaware that there were any violations of the zoning law and that they were unaware that they could not operate a truck repair garage, a 4,000 square foot office, or a print shop in an R-4 zone. At that time, I found their denial of knowledge to be very difficult to believe (as the MMC did know enough to apply for annual tent permits at 120 West Street). Their inaction since that time does demonstrate either a knowing disregard of what they know to be violations, or an institutional inertia which amounts to a knowing disregard.

On April 11, 1997 I faxed the Hospital and requested that they inform me how they were planning to deal with each of these matters. Having heard nothing, I again faxed on April 17, 1997. I was then telephoned by a secretary and informed that I would have a response on April 22, 1997. I was finally told on April 23, 1997 that the Hospital was going to move the Print shop sometime this summer and that they had long since spoken with Marge Schmuckal about getting a conditional use for the offices in 120 West Street and that she (not the MMC) was responsible for their inaction as she had not dealt with their request for over one year.

CONCLUSION

My conclusion is that the facts appear to support a disregard for the zoning regulations of the City of Portland by several property uses which could never be done without variances - which could not be granted in an R-4 Zone - even to the MMC and even if timely variances had been requested.

Further, the parking needs of the MMC are strangling the West End and it refuses to acknowledge the problem and has not now addressed or attempted to solve that problem.

April 28, 1997

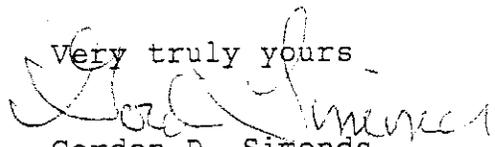
Now the MMC seeks to further expand its power and economic base by "housing" doctors in its own building on Congress Street adjacent to the MMC without curing (or even addressing) the zoning violations or parking problems which it has created in the past and which continue.

Just as an aside, I recently attended one Historical Preservation Committee hearing at which the MMC stated that one supporting rationale for the bridge between the new Congress Street Building and the main MMC buildings was that the new building would house its residents and interns and they needed to go back and forth at all hours. However, when I subsequently inquired from the MMC whether it would be moving its interns and residents from the properties located at 120 West Street and 233 Western Promenade, I was told that there were no such plans.

I believe it is the duty of the City to require that the MMC solve the West End parking problem which it created and cure its zoning violations before considering its requested zoning contract. How can the City enter a contract with an entity which is in violation of its laws when it proposes that contract?

Thank you for your attention to these matters.

Very truly yours



Gordon D. Simonds

cc: Robert Ganley, City Manager
Gary Wood, Esq.
Mike Swan, Maine Medical Center
Portland City Council
Board of Trustees of the Maine Medical Center

SUMMARY OF CITY OF PORTLAND ZONING RECORDS

THE THOMAS HOUSE - 112 to 120 WEST STREET

FACTS

In May, 1961 the Hospital appealed the zoning inspector's denial of its request to change its use of the Thomas House from a Single Family House to a Hospital Dormitory. A hearing was held in June, 1961. There were only two opponents and every Doctor and every Payson who ever lived wrote supportive letters.

A permit for change of use was granted on July 7, 1961 subject to a lot of physical changes plus the condition that "five off-street parking spaces required by the Zoning ordinance are to be provided in the existing garage located on the same property". The Certificate of Occupancy was issued on October 16, 1961 with an accompanying letter about the parking spaces.

UNAPPROVED USAGE OR CONSTRUCTION

It should be noted that the Hospital never applied for the conversion of the entire ground floor of the Thomas House into offices, so in effect no variance has been requested for the use of 4,000 square feet on the first floor for offices or for any parking by the employees who work in that space.

It should also be noted that the file contained no application for or approval of the creation or paving of a driveway from the Chisolm House to the Thomas House. This driveway is approximately 15 feet wide and is tar (and pretty ugly).

THE THOMAS GARAGE (98 Chadwick Street)

FACTS

There is absolutely nothing in this file indicating any requested physical change to or altered usage of this property. As far as the zoning records are concerned, the use of this structure is approved for the parking of five autos belonging to the residents of the Thomas House.

UNAPPROVED USAGE OR CONSTRUCTION

I believe that this building is being used as the over night storage place for a few trucks or snow removal vehicles and appears to be a completely equipped repair shop for the repair of the Hospital's vehicles. Frequently hospital vans and busses have been left behind the building on unpaved areas (often for extended periods).

92-96 CHADWICK STREET - (The Parking Lot)

FACTS

On August 25, 1967 a Certificate of Occupancy was granted for the use of this property as a "Parking Lot Off Street Parking for twenty-two passenger cars."

UNAPPROVED USAGE

At least three trucks (larger than pick-up trucks) and a few pieces of snow removal equipment are parked in this lot on a regular basis. Snow plows are also stored here in the off-season.

THE CHISOLM HOUSE (233 Western Promenade)

FACTS

On April 24, 1980, Raynold R. Welch wrote a letter to the Building Inspector to provide him with "sufficient information" to issue a building permit for alterations to the Chisolm House to create 10 bedrooms to be used to house student and faculty coming to Portland from the University of Vermont Medical School. It was stated that substantial instruction and teaching would take place within the house. Parking was to be in the Hospital's Bramhall Street parking facilities.

The usage was approved as a school use with accessory rooming facilities.

No application for the use of the rear structure (the Chisolm Garage) as a "print shop" was ever made. However, on June 25, 1995, Edward Herbert, and Sons, a contractor, filed a building permit application to make interior renovations to the Chisolm Garage. This permit was altered by the contractor on June 27, 1995 to reflect only exterior renovations. The permit was granted on June 29, 1995.

UNAPPROVED USAGE OR CONSTRUCTION

It should be noted that the Hospital never applied for the conversion of the Chisolm House into a dormitory alone, so in effect no variance has been requested for the present use of this house.

It should also be noted that the file contained no application for or approval of the creation or paving of a driveway from the Chisolm House to the Thomas House.

It should be noted that the Hospital never applied for the conversion of the entire Chisolm Garage into a print shop or for

the addition of parking spaces in front of that garage, so in effect no variance has been requested for the use of the Chisolm Garage as a Print Shop or for any parking by the employees who work in that shop.

So, in summary, by property, here is what seems to have happened:

120 West Street - The Thomas House:

Use of 4,000 square feet as offices not approved;
Parking on grounds not approved;
Driveway creation and paving not approved; and
Parking in Thomas Garage of five cars approved, but not done.

Thomas Garage

Use as fully equipped garage for vehicle repair not approved;
Use as storage building for snow removal equipment and trucks not approved; and
Use of rear as parking place for vans and trucks not approved.

Chisolm House and Garage

Use as dormitory alone, not approved;
Driveway (To Thomas House) creation and paving not approved;
Garage use as Print Shop not approved;
Addition of parking spaces not approved and conflicts with representation that parking would be in Bramhall Street Lot.

CITY OF PORTLAND
MEMORANDUM

TO: Rick Knowland, Planner
FROM: John Peverada, Parking Manager J.P.
DATE: May 15, 1997
RE: Proposed MMC Parking Garage and Office Building

I support the concept presented by Maine Medical Center to construct an office building and parking garage on the vacant lot at the corner of Congress and Forest Streets. In my opinion, aesthetically the proposed development will be an improvement to the area, however, there is a misconception. Whenever anyone hears about a parking garage associated with this project, they naturally assume that on-street parking in the area will be improved. The perception is that parking will not be an issue.

However, as I have previously stated, it is my opinion that the proposed parking garage associated with this project will not be large enough to handle the demand. In fact, after reading MMC's submission to the Planning Board, I believe that the figures quoted in the March, 1997 letter from Mr. Thomas Gorrill of DeLuca Hoffman, and the January 2, 1997 letter from Mr. Don McDowell support my assumptions. The following is my summary of the estimates provided by, or on behalf of, the hospital:

- 430 parking spaces proposed in the new garage
- 52+ spaces displaced from the existing lot (I'd say more)
- 228 spaces for the new building 4.6/1000 per Mr. Gorrill's letter
- 200+ spaces for vehicles relocated from the Gateway Shuttle, per Mr. McDowell (I'd say more)
- 27+/- spaces on-street lost due to the proposed left turn lane on Congress St.
- 75 space shortfall

Correct me if you think that the above analysis is wrong, but I believe that everyone should be aware of this situation. Additional parking is needed for MMC visitors, patients and employees. Presently, the Bramhall lot is overflowing, with several cars stacked on the street waiting to get in to the lot on a regular basis. The Western Prom neighbors are complaining about on-street parking as are "customers of the hospital". I believe that unless the proposed garage at Forest and Congress Streets is enlarged, we will be duplicating the current problems at Bramhall St. / Western Prom in this neighborhood. The new garage should be larger, or the office building made much smaller.

If MMC proposes to offset the demand for parking by shuttling employees from an off-site lot, then they should present the City with a long-term lease, or verification of ownership of the lot. They should also assure the City that their employees will not be parking on the streets.

Finally, I quickly looked at the plans, and did not see a snow gate on the roof. How do they plan to dump and remove snow?

Please pass this memo on to the Planning Board and Council.

cc: Bob Ganley, City Manager
Joe Gray, Director of Planning
Alex Jaegerman, Chief Planner
Gloria Thomas, Department Head
Bill Bray, Deputy Director, Public Works

14 MAR 97

Portland Planning Board Members

I am writing to suggest that a greenspace be incorporated into the design of the proposed Maine Medical Center parking garage/office complex along Forest + Boynton Streets. Such a space could function to meet three basic needs of the residents [my neighbors] in the adjoining neighborhood. These needs are as follows: oxygen, preservation of property values, and reducing increased water run-off.

First, oxygen: a greenspace w/ trees would create a biological barrier to ensure that residents are not breathing auto fumes straight from auto exhaust pipes. It would help meet the most basic human need, oxygen. By the nature of their job, I'm sure that M.M.C. would be pleased to help maintain this need.

Second, maintaining property values: this

need could be established should the current property owners be able to continue maintaining their residential properties as residential. A greenspace with tall trees would create a transitional space to better serve the separate functions of two separate zones.

Finally, water run-off: the increase of surface area to be asphalted will result in an increase of water run-off. How is this to be handled? Environmental design incorporates greenspace to absorb excess run-off. This results in less water and pollution flowing directly into the drainage system and along the road. Having seen three accidents on Forest St. this past (icy) winter, I am concerned that more water run-off does not flow down the street - endangering motorists & property.

Well, that is about it. I'm realistic enough
to know that the property is where it is and
that it will be developed one way or another.
However, as a resident of the neighborhood who
has both lived and worked in the neighborhood
for the past five years, I do desire that
development be done right. If done properly,
the MMC parking garage/office complex could
be an exciting design incorporating the
needs of multiple parties. Please respect the
needs of my neighbors as well as the needs
of Maine Medical Center.

Sincerely,

John R. Rancourt

JOHN R. RANCOURT

260 Park Ave, Apt. 8

Portland, ME 04102

874-0898

January 13, 1997

Mr. Joseph E. Gray, Jr.
Director of Planning and Urban Development
City of Portland
389 Congress Street
Portland, ME 04101

Dear Sir:

As a taxpayer—albeit a modest one, a taxpayer nonetheless—who lives in a neighborhood zoned residential/commercial, I must comment about MMC's planned development of 883-903 Congress Street. I will try for brevity, although I have a lot to say.

At this point, I am very resistant to any further commercial development of my neighborhood. Over the past six years *all too much emphasis* has been placed on commercial development in this zone at the expense of its residential nature. Some of us fear that planners would like to see our homes turned into parking lots for the ballpark (a very intrusive element into a quiet neighborhood). I for one am bemused by the lack of concern for the stabilization and redevelopment of the housing stock in my neighborhood, especially given the housing shortage on the peninsula (ask a working class bloke or a student or a recent immigrant and they can tell you of enormous difficulties in finding a clean, safe home at a reasonable rent). There are lots of lovely buildings that might need a facelift on this end of town, but the new face on many Valley Street homes should suggest that this is still very much a neighborhood where "owner pride" is present.

As a taxpayer, I am concerned that while MMC does not pay taxes it has the city's ear simply because of its institutional force. I don't know that I'm too comfortable with that notion that a nonprofit institution can develop space for profitable motives. I realize that MMC by its very nature does much for the wellbeing of this community, but all of us who pay taxes know that we offset the tax loss of the nonprofits like MMC. I personally would like to see MMC give that lot to the city to be developed into a neighborhood park. Such an act would be perceived as doing something for my neighborhood besides take up more and more space, something nice. (The kids living here have already begun to use it as a sandlot ballpark in the summer months and as a sledding area now; they are going to be very disappointed once the bulldozers roll in.)

Although I am not such a Pollyanna that I expect that lot to become a park, I don't think we need another parking garage looming over us. And I don't think we need another set of medical buildings put up if very serious consideration has not been made about the impact this development could have on Mercy Hospital. After all, Mercy is a precious community asset. I do not want to see it go the way of Brighton Medical Center. As a taxpayer, I have a right to demand that you research this issue carefully. Have impact studies been made about potential pressures put on Mercy by the further capital development by MMC? If not I would suggest that any change be tabled until Mercy's viability is assured.

Simply put, MMC is big enough. In this era of diminished resources it should learn to live within its current physical constraints. It should strive to be a more efficient institution without eating up any more neighborhood space. After all, spatial scale is very important in any given area . . . MMC already looms large over my home. Any further development could become downright oppressive.

And finally, on a purely economic personal note, the large amount of construction over the past six years—not only the ballpark, but street replacement, etc—has begun to take their toll on the stability of my ceilings. However, I have been assured by my carpenter that five of the six plaster ceilings in my second floor apartment here at 28 Forest Street are in good, serviceable condition. One needs to be replaced, and I plan to do that. But if construction goes forward and bits of ceiling fall down in the other five rooms ~~due~~^{due} to piling drivers or whatever vibrations may take place during construction, I would expect that MMC would pay the replacement costs for those ceilings. And I mean replacement of plaster ceilings—I love our home here on 28 Forest Street. We are proceeding slowly because we are working class, but we want to see it restored to its beauty of a hundred years ago.

I love what's left of the residential part of this end of town. I would hope to see a little support from city hall in retaining that ambience.

Sincerely,



Loraine Lowell

Bill and Kim Sproull of 502 Stevens Avenue are requesting a zoning change that would allow them to use one room of their single family cape for an antique/gifts/crafts shop. Please sign below if you support this idea. Thank you!

	NAME	ADDRESS	SIGNATURE
	Nancy L. Leptz	500 Stevens Ave	Nancy L. Leptz
2	David J. Leptz	Kor's Shoe Shop	David J. Leptz
3	Stephen P. Leptz	500 Stevens Ave	STEPHEN P. LEPTZ
4	Susan Leptz	534 Stevens Ave.	SUSAN LEPTZ
5	Carroll E. Ham	510 Stevens Ave	Carroll Ham
6	Colleen L. Fitzpatrick	536 Stevens Ave	Colleen L. Fitzpatrick
7	Patricia A. Howe	527 Stevens Ave	Patricia A. Howe
8	Douglas Howe	527 Stevens Ave	Portland, ME
9	Brenda Coledge	" "	Port ME
10	Lynn Dakin	519 Stevens Ave	Portland, ME
11	Larrie Phillips	511 Stevens Ave.	Larrie Phillips
12	Jennifer Holmes	515 Stevens Ave	Jennifer Holmes
13	Ronald Cormier	202-B Pleasant Ave	Ronald Cormier
14	Damon Carrigan	411 Stevens Ave	Damon Carrigan
15	Kathleen Winter	399 Stevens Ave Ptd	Kathleen Winter
16	Rebecca Schnell	397 Stevens Ave. Ptd	Rebecca Schnell
17	Rita Lesquib	395 Stevens Ptd.	Rita Lesquib
18	Francis Archer	365 Stevens	Francis Archer
19	Laura Casparis	353 Stevens Ave	Laura Casparis
20	Tina Schelling	346 Stevens Ave	Tina Schelling
21	Annette Corliss	354 Stevens Ave	Annette Corliss
22	Michael Gillogly	488 Stevens Ave	Michael Gillogly
23	Thomas J. Atncorn	444 Stevens Ave	Thomas J. Atncorn
24	Chris Bernazzani	10 CROSBY ST APT B	CHRIS BERNAZZANI
25	Bill Denmore	11 Crosby St	Bill Denmore
26	Paul A. Smith	20 Crosby St	Paul A. Smith
27	Lynn Just Smith	28 Crosby St.	Lynn Just Smith

	NUMBER (LINE)	ADDRESS	SIGNATURE
28	Stewart Smith	28 Crosby St. ^{Portland} ME 04103	207-772-0911
29	Mary H. Stokes	16 New St. ^{Portland} ME 04103	207-774-5356
	Lia Priette	131 Leland St	Lia Priette
31	Bruce Kolpa	119 Leland	Bruce Kolpa
32	DAVID M Wellman	118 Leland St	David Wellman
33	Tom DeLuca Jr	11 NEQUARD ST	Thomas DeLuca Jr
34	Jan Stanton	14 Leonard St.	Jan Stanton
35	Joseph B McDonagh	17 Leonard St	Joseph B McDonagh
36	Carrie A. Aubrey	18 Leonard St. Ptd	Carrie A. Aubrey
37	TERRI PETNOV	28 LEONARD St. PORTLAND	Terri L. Petnov
38	Robert Scritchfield	37 Leonard St Portland	ROBERT SCRITCHFIELD
39	Marial R. McKenney	44 Leonard St, Pout.	Marial R. McKenney
40	Cheryl Skopel	49 Richardson St.	Cheryl Skopel
41	JOANNE CROSS	43 Richardson ST.	Joanne Cross
	Chi Hwa Chong	44 Richardson St	Chi Chong
43	James Wlesby	34 Richardson St	James Wlesby
44	Laura Haney	29 Richardson St.	Laura Haney
45	Betsy Hubner	19 Richardson St	Betsy Hubner
46	Phillip Pezareda	12 Richardson St.	Phillip Pezareda
47	Ken Wakefield	53 Brentwood St	Ken Wakefield
48	Suzanne Hubner	59 Brentwood	Suzanne Hubner
49	Karen Hubner	59 Brentwood St	Karen Hubner
50	Al Hornon	66 Brentwood St	Alfred M. Hornon
51	Julie Criscitiello	68 Brentwood St.	Julie M. Criscitiello
52	Michelle MARKS	75 Brentwood St.	Michelle M. Marks
53	DONALD KENISTON	77 BRENTWOOD ST	Donald J. Keniston
5	Inda Gagliardi	79 Brentwood ST	Inda Gagliardi
55	Jackie Martin	109 Brentwood ST	Jackie Martin
56	Michelle McQuinn	86 Brentwood St.	Michelle McQuinn

Portland, Me.

	NAME (PRINT)	ADDRESS	SIGNATURE
57	Clifford Dougherty	100 Brentwood St	Clifford Dougherty
58	Carol Hogan	101 Brentwood St	Carol Hogan
F	LEN STEPHENS	118 BRENTWOOD ST.	Len Stephens
60	ROBERTA A. REID	68 BEST ST.	Roberta A. Reid
61	Gloria Jones	18 Brentwood St.	Gloria M. Jones
62	Jeraldine Peddle	30 Brentwood St.	Jeraldine Peddle
63	Doris Boisvert	11 Alba St	Doris Boisvert
64	Holly Pappas Constantine	15 Alba St	Holly Pappas Constantine
65	(Lily) M. Mose	27 Alba St.	Lily M. Mose
66	Bonnie Smith	58 Alba St	Bonnie Smith
67	Rhoda B. Strout	63 Alba St.	Rhoda B. Strout
68	Louise Mays	73 Alba St.	Louise Mays, Louise Mays
69	Martha Concanon	175 CLINTON ST.	MARTHA CONCANON
70	Peter Pasmann	169 Clinton St.	Peter Pasmann
71	Kathy Maximic	161 Clinton St	Kathy Maximic
72	Dorae Ciden-Clark	135 Clinton St.	Dorae Ciden-Clark
73	Philip Levine	133 B Clinton St.	Philip Levine
74	Jim Tetrault	133 A Clinton St	Jim Tetrault
75	Evelyn Hammann	90 Hartley St.	Evelyn Hammann
76	Katie Kennen	53 Hartley	Katie Kennen
77	Barbara Bell	29 Florence St	Barbara Bell
78	Robert Gallant	117 Hartley St	ROBERT GALLANT
79	Ben Kral	165 Hartley St	Ben Kral
80	Senja St. John	167 Hartley St	Senja St. John
81	JADINE R. O'BRIEN	194 PLEASANT AVE	Jadine R. O'Brien
82	Bob DEMERS	188 PLEASANT AVE	Bob Demers
83	Chris Jordan	185 Pleasant Ave	Chris Jordan
84	R.T. ANDERSON	179 PLEASANT AVE.	R.T. Anderson
85	Beth Churman-Crocker	158 Pleasant Ave	Beth Churman-Crocker

		ADDRESS	SIGNATURE
86	Alice Gray	33 Brentwood St.	Alice K. Gray
87	Reg Joyce	59 Brentwood St.	Reg Joyce
88	Jill Leonte	14 Alba Street	Jill Leonte
89	Patrick G. McKenney	34 Alba St.	Patrick G. McKenney
90	Jim SKINNER	42 ALBA ST.	Jim Skinner
91	Donna Skillin	54 Alba St.	Donna Skillin
92	Robert Hunt	66 Alba St.	Robert E. Hunt
93	Linda Prescott	70 Alba St.	Linda Prescott
94	ROSE HANSON	72 ALBA ST.	Rose Hanson
95	BARBARA H. HATTACK	168 CLINTON ST	Barbara H. Hattack
96	Doris McAfee	158 Clinton St.	Doris McAfee
97	Pat Soltauie	152 Clinton St.	Pat Soltauie
98	C. Standard Levy	146 Clinton St.	C. Standard Levy
99	Michelle Davis	142 Clinton St.	Michelle R. Davis
100	Helen G. Geters	136 Clinton St.	Helen G. Geters
101	Marti Cariga	130 Clinton St.	Marti Cariga
102	Elizabeth Delourcey	124 Clinton St.	Elizabeth Delourcey
103	Josy R D Loney	124 Clinton St.	Josy R D Loney
104	Barbara L Publicover	82 Hartley St.	Barbara L Publicover
105	Linda Russell	76 Hartley St.	Linda Russell
106	Robert B Lightfoot	33 Florence St.	Robert B Lightfoot
107	Susan Walker	33 Florence	Susan Walker
108	Doris Pike	84 Clinton St.	Doris Pike
109	Fory Charzaga	96 Clinton St.	Fory Charzaga
110	Lynn M. Moulton	102 Clinton St.	Lynn M. Moulton
111	Christina Corbeau	126 Hartley	Christina Corbeau
112	Paula Henckel	134 HARTLEY ST.	PAULA HENCKEL
113	ALICE L. ABBOTT	146 Hartley St.	Alice L. Abbott
114	Betsy Larway	162 Hartley St.	Betsy Larway

Re: 502-504 Stevens Ave.
Portland ME 04103

4/24/97

Dear Mr. Gray,

I am the owner of a building at 500 Stevens Ave in Portland. We also own a business which is located in my building. I am writing to express my support of the request of William and Kimberly Sprout of 502 Stevens Ave for a zone change from R-5 to B-1b at their address.

It would seem to me that if one side of Stevens Ave is zoned for business use, it would not be unreasonable to feel that the other side of Stevens Ave might also be zoned for some business uses. Hartley St. is the zone boundary on the odd numbered side of the Ave. It would seem that Lincoln Middle School might be an appropriate boundary on the even numbered side.

over please

Furthermore, if one considers the number of variances granted routinely by the City, this is surely a reasonable request.

Thank you for your consideration of this request and for your attention to my thoughts on it.

Sincerely,

Nancy Lentz

 Mrs. Nancy Lentz
500 Stevens Ave.
Portland, ME 04103-2611


Hallmark

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Attachment 10

May 17, 1997

Portland Planning Dept.

Attn: Candy Talbot

389 Congress St.

Portland ME 04101

Re: 500 Stevens Ave

Dear Ms. Talbot,

Please accept this as my request to include my property, located at 500 Stevens Ave in Portland and housing Roy's Shoe Shop Inc and my home, in the proposed zone change for 502 Stevens Ave. We are, at present, under a zoning exception and have been for

2

Some 50 years. This could
bring us into a compliant
zone.

Thank you for your
assistance.

Sincerely,

Nancy L. Lentz

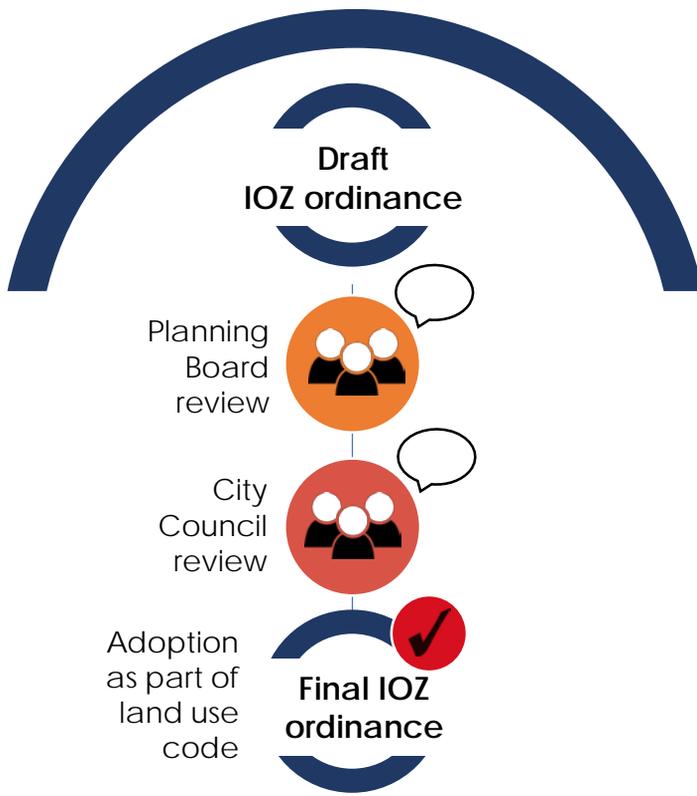
Nancy L. Lentz

500 Stevens Ave

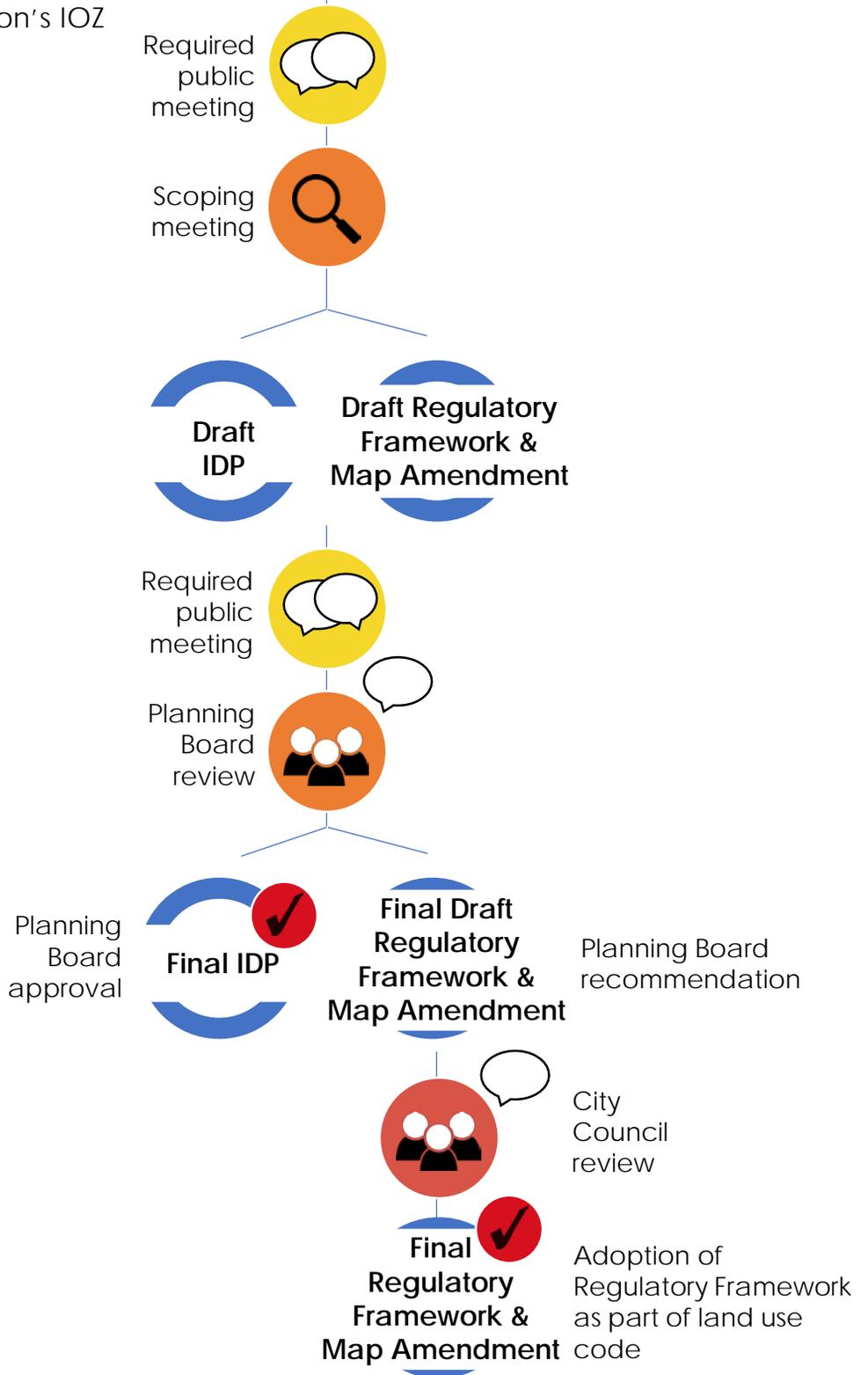
Portland ME 04103

Phone 207-774-0443

Institutional Overlay Zone (IOZ) Enabling Legislation Review



Eligible Institution's IOZ Review



Site Plan Review



Denotes opportunity for public involvement



Helen Donaldson <hcd@portlandmaine.gov>

Fwd: MMC Expansion notes for the Planning Board meeting Tuesday night

Jean Fraser <jf@portlandmaine.gov>
To: "Donaldson, Helen" <hcd@portlandmaine.gov>

Tue, Dec 6, 2016 at 12:45 PM

for inclusion in the PB Memo on IOZ

----- Forwarded message -----

From: **Zack Barowitz** <zbarowitz@gmail.com>

Date: Mon, Dec 5, 2016 at 7:01 AM

Subject: MMC Expansion notes for the Planning Board meeting Tuesday night

To: jf@portlandmaine.gov

Cc: Tuck O'Brien <tuckobrien@me.com>, Damon Yakovleff <Damon.yakovleff@gmail.com>, Nikki Anderson

<n.annetteanderson@gmail.com>, Norman Maze <nmaze@shalomhouseinc.org>, Emma Holder

<pna@parksideneighborhood.org>, Anne Pringle <oldmayor@maine.rr.com>, Ian Jacob <iancasperjacob@gmail.com>

Jean,

Please review the following points for the Planning Board to consider in conjunction with the proposal to expand Maine Medical Center:

1. Implementation of the Libbytown traffic study, particularly the **restoration of two-way traffic on Congress Street between 295 and St. John Street**. Currently, the one-way streets are serving to divert through traffic *into* downtown. The current traffic alignment simply would not work. What's more, ambulances get stuck waiting for trains (this is a common enough occurrence that I was able to snap a picture--see attached). Thus, MMC needs to get on board with the traffic study recommendations for the expansion plan to work.

2. I wrote a column for the *Phoenix* outlining how the current agglomeration of **Maine Medical is blighting the surrounding streets and neighborhoods**. Were expansion to continue in the same manner the blight would undoubtedly spread and any economic development would have to be counter-balanced by decrease in value of abutting areas (e.g; tax revenue). You can find the article below or link to it [here](#). My suggestions:

- Improve the streetscape for pedestrians and develop vibrant commercial spaces (24-hour cafe, pharmacy, restaurant, beauty salon) on Congress Street around the new entrance.
- Set backs to create a human-scale feel
- Buildings overhanging sidewalks (like in the wild west, to provide protection from weather)
- Heated sidewalks (currently they salt the heck out of the area with is costly and environmentally destructive)

3. Convert the surface parking lot on Brackett/Vaughn be turned into **housing**.

I have copied members of adjacent neighborhood association on this message.

Thanks,
Zack

Sick Building: The Maine Medical Center's \$512,000,000 Expansion

Maine Medical Center dug through its couch cushions and came up with \$512 million to spend on an expansion of its Portland campus. Although the plan doesn't add any new beds, it does call for 128 new rooms — which the hospital must have in order to meet new demands of patient care and stay competitive in a growing industry.

In addition to being a renowned hospital, Maine Medical Center is one of the largest employers in the state. So when it says it wants to build, it's fairly easy for officials to respond "how high?"

MMC's proposed expansion will create hundreds of jobs in the health care, construction and IT sectors. But those jobs come at a cost, and those that pay are unlikely to reap many benefits; a large hospital's effect on a neighborhood can be akin to having a cement block dropped on a flower pot.

So why is this?

Hospitals are notoriously among the most difficult types of buildings to design. The sheer volume of people, technology and movement, coupled with the turnover of all of the above, make their containment nearly impossible. Throw in the challenge of creating a building that is both sterile and uplifting, and it's enough to drive the most talented designer to review RFPs for wastewatertreatment plants.

Given the difficulties and contingencies of designing a hospital, it's little wonder that their exteriors often appear an afterthought. Situated high upon the Western Promenade, Maine Med's current configuration is an undistinguished agglomeration of stark Modernist edifices and brutalist parking structures crowded around a (somewhat gloomy) original 1874 structure. Fortress-like

facades have rendered blight beyond the castle walls to the boundary streets below. Gilman, Congress, Crescent, Wescott, Bramhall and Forest streets are all fairly run-down and have been for decades despite their proximity to some of the most valuable real estate in Maine.

Portland-area residents have every reason to be concerned with the planned Maine Med expansion; the shadows will loom longer, the winds will whip colder, parking garages will become larger, and the traffic will grow denser — adding to the spread of decay.

Ironically, the westward roll of commercial and residential development along Congress Street from Longfellow Square to Thompson's Point is hot, with hundreds of proposed housing units, restaurants and (of course) breweries. The break in the path is smack in the area designated for the bulk of the expansion. The quarter-mile stretch of Congress Street from Salvage BBQ to Bramhall Square has just two commercial spaces (La Bodega Latina and Portland Glass), not including the permanently "unfinished" storefronts in the MMC parking garage. The blight is attributable to a monotonous pedestrian experience: a steep hill, fast traffic and bleak streetscape of retaining walls and parking garages. It should come as little consolation that a recent beautification effort included hanging banners declaring competency in "Urology," "Gynecology" and "Cancer."

Were this projected expansion slated for an isolated green expanse (such as the MMC Scarborough campus), the peripheral pedestrian experience would be of little consequence. But in a dense urban environment, great care must be taken to scale and form but also to use.

Far from being a monument that sucks in automobiles, the hospital necessarily should learn how to interact with the street, starting with an improved pedestrian experience that heals the neighborhoods on its borders. Street-level commercial development — visitors' cafe, gift shop, pharmacy, restaurant and even a bookstore — will not only better serve hospital customers but make for a healthy bottom line, both for the institution and the city as a whole.

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[207-838-6120](tel:207-838-6120)

[917-696-5649](tel:917-696-5649)

ZacharyBarowitz.com

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--

Jean Fraser, Planner

City of Portland

874 8728



IMG_0947.JPG
409K

Notice From City of Portland Regarding - Vicinity of Maine Medical Center Questions

1 message

Karen Snyder <karsny@yahoo.com>

Wed, Dec 7, 2016 at 2:39 PM

Reply-To: Karen Snyder <karsny@yahoo.com>

To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>

Jean,

I have yet again got another notice of more development that affects me in the City of Portland.

This unnecessary yet huge Maine Medical Center project, what streets will this proposed development actually be on and how far and up does it go?

What exactly is an IOZ ordinance and does it actually protect local residents or yet once again allow developers to trample on the quality of life of residents?

Regards,

Property Owner on Gilman St.
K. Snyder

the Saint John Valley Neighborhood Association

Concerns regarding MMC proposed expansion

Project announcement

- Lack of transparency
- MMC is in breach of the current contract zone agreement (CRA) by failing to apprise members of the MMC Neighborhood Council of hospital development plans as mandated by the contract.
- How do we enforce the rules going forward?

Project design

- What will the new structures look like?
- At what point and in what forum will neighborhood input be considered relative to design, location, size and scope of the project?
- Neighborhood integration is important especially height
- How will traffic be affected?
- What will happen to current green space?
- Are there plans for streetscapes?

Proposed 13 story parking structure

- It's too big
- It doesn't compliment the existing buildings in the neighborhood
- Increase in traffic (How will this be managed?)
- Increased pollution
- Increased noise levels
- Reduced property values
- Contrary to neighborhood goals of enhanced livability and walkability
- Negative effect on sunlight and wind patterns
- Why haven't alternatives to this plan been proposed?
- Lack of security in current parking structures which leads to...
- Prostitution
- Drug use and public drinking
- Graffiti
- Suicide attempts
- Littering

Construction management

- How will the demolition of current structures be performed?
- How will demolition effect local residencies and businesses?
- What are the phases of construction? and How long will each phase of construction last?
- How will construction effect local residencies and businesses?
- How will any damage to local residencies and businesses be handled? (Remember the crane that toppled in 2006 crushing a house whilst the new MMC maternity wing was being built?)

- Baseline reads on our properties?
- Where will construction materials be stored?
- How will construction impact street parking?
- Where will construction workers park?
- What are the guidelines for acceptable noise levels during construction?
- Are there any provisions for loss of income to local businesses? and loss of rent due to tenants moving on?

Future planning

- What is MMC's master plan?
- They have already told us that they will need more parking and more beds in the future. What is their plan to accomplish this?

moses sabina <mosessabina@yahoo.com>

Nov 22 (7 days ago)

to Garry, Tuck, stjohnvalleyne., Helen, me

Please add impact to resident parking to that list. As of now, parking is at a premium, and next to impossible to find a spot when there is no parking on one side of the street. Happy Thanksgiving! -Moses

[12.13.16- St John Valley Neighborhood Association confirmed as public comment for 12.13.2016 PB Workshop]

Hello Jean, If possible pls incude my memo in tonight's Planning Board workshop. Thank you . Sarah Martin

Sarah Martin <BOCCafe@hotmail.com>

Tue, Dec 13, 2016 at 2:30 PM

To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>

Memorandum

To: City of Portland Planning Board

From: Sarah Martin Valley Street, Portland Maine

Re: MMC Expansion

Date December 13, 2016

As an owner and occupant of a two family 1880's era home, I have great concern over the size, the scope and the likely negative impacts of Maine Medical's proposed expansion.

During one of the recent construction projects the constant driving of pilings, disturbed not only our tenants quiet enjoyment but the actual plaster in our home. Additional negative experiences included the use of surface lots in our neighborhood as trash covered construction dumps wrapped in broken and bent chain link often with torn, flapping, often vandalized green mesh. The precious few parking spots available to residents in the neighborhood were diminished by contracted workers and we all had the overall feeling that we were living on a construction job site for many months at a time.

While I agree that there may be some added value to the neighborhood by relocating the main entrance to Congress Street, the mere consideration of a thirteen story parking structure abutting our R6 neighborhood seems completely out of touch with the hospital's spoken commitment to being "good neighbors".

Thirteen stories? I'm sure that the planning board is aware of this but consider for a moment a comparison in size.

The Holiday Inn on Spring Street-Eleven stories.

Peoples United Bank next to the library-Eleven stories.

Deering Pavillion-Eleven stories.

Portland House Condominiums -Eleven stories.

The Westin Portland Harborview(the old Eastland)-Thirteen stories

One City Center-Thirteen stories.

In fact there would only be three buildings in the entire city taller than this proposed structure, Franklin Towers, The Time and Temp building and Back Bay Towers.

I completely understand that the useful life of the existing employee garage is at its end. However, to expect to move 1,280 parking spots across Gilman street into a thirteen story parking structure higher than the treetops and towering over our buildings on Valley, Gilman and A Streets is just too much.

If we estimate a hundred cars per level, then why not dilute the impact a tower would have by relocating spots to other locations? The South lot on Bracket and Vaughn currently holds 400 cars. If the hospital were to go up one deck high in that lot, we have just reduced the tower to nine stories. Two levels brings the Gilman block proposal down to five!

I think the hospital owns the lot known as the Classic Eye lot on the one way section of Congress across from the jail entrance...about a hundred cars. How about developing a couple of stories of parking there? Two levels and we are down to seven stories on the Gilman lot. Another thought would be to lift the constraints of the current Contract zone and allow the hospital to purchase the properties on either side of their 887 Congress Street property to develop office/retail and parking in a structure similar in design to their surrounding buildings. This too would make more sense than pushing the development directly into the shadow of the residential piece(peace) of our neighborhood.

December 11, 2016

To the Portland Planning Board:

We are property owners of 8 A Street and co-owners of two businesses in the area effected by MMC's proposed expansion. We are writing about the impact of Maine Medical Center's construction plans within our neighborhood. We ask for your serious consideration to the many concerns we have about this project.

Parking Garage -

We oppose any changes to the MMC's zoning that would allow building heights to increase, especially as it pertains to the proposed parking garage on the Gilman Street lot. Our home, which we bought in 2006 and have spent considerable time and money renovating, is directly across the street from this lot. The proposed height of this garage would dwarf the residential buildings adjacent to it, encourage more traffic, and detract from the livability of the neighborhood. We feel certain that it will reduce our property values, increase pollution from car exhaust, become a hot spot for criminal activity and encourage further economic decline within the neighborhood.

One of the recommendations from the 2008 Peninsula Traffic Study was to enact parking policies that will decrease traffic volumes and “construct and promote remote parking, connected to downtown by frequent, reliable transit”. Where is MMC's progressive initiative to encourage remote parking and ride-sharing for it's employees? Rather than working with the city to reduce traffic congestion, MMC plans to build a larger garage which will only guarantee an increase in congestion on Portland's roadways. The more parking is made available for MMC's employees, the more its employees will drive into our neighborhood every day. We as residents would like to encourage a new plan that would make use of MMC's Scarborough campus or another remote commuter lot to reduce the congestion we witness every day in this neighborhood. At the very least, we ask that MMC build a replacement garage on the current location, set into the hillside, or increase the size of the existing garage on Forest Street. There are multiple options available that will avoid placing a giant parking garage the center of the neighborhood.

MMC Main Entrance -

We have been working with our neighbors for the last several years to make the neighborhood more livable. We have a vision which includes walkability, traffic calming, residential development, green spaces, and crime reduction. We see the neighborhood as being a distinct area of Portland with it's own appealing character and attractions, including the Inn at St. John, Sea Dogs, Salvage BBQ, and Pizza Villa. Having the main entrance to MMC located here could introduce many new challenges which would run contrary to our vision. There are many questions that will need to be answered before we can support the proposed location for the main entrance. For example, what will the hospital do about visitors and employees on the public streets smoking, littering and using parking spots that would ordinarily be available to residents without driveways? What will the structure look like and will it be in keeping with the scale of surrounding buildings? What will the hospital do to ensure minimal disruption to residents and business owners during the construction phase? How will green spaces be integrated into the design? Whatever plan comes to pass, we encourage MMC to be as transparent as possible and consider the goals of the neighbors who live and work in this neighborhood.

Sincerely,

Jenny MacKenzie and Garry Bowcott
8 A Street

1/10/2017

To the Planning Board,

After reviewing the Institutional development plan presented on 1/10/17, we have noticed some areas of concern regarding the proposed parking structure on the Gilman street block.

- A 13 story parking structure will stand out like a sore thumb in a residential neighborhood where the tallest building is 4 stories.
- There is no proposal for a setback to integrate the parking structure with the surrounding businesses and residencies.
- If fig 4.2 on page 41 is correct and the trend of employees utilizing alternative forms of transport continues then MMC will see a reduction in parking needs moving forward. Will we end up with a parking structure that is obsolete and cannot be used for any other purpose? Why are they proposing a larger parking structure if the demand for parking is decreasing over time?
- MMC has not offered any other solutions to their parking needs. There are numerous options available to them such as construction on the Vaughn Street surface lot, additional levels on the Forest Street lot and footprint expansion. All of these options are supported by the Saint John Valley Neighborhood Association but for some reason MMC refuses to acknowledge them as options.
- As the city is obviously in a state of rapid development, we need to start making wise decisions regarding parking and it's integration with neighborhoods. If we allow MMC to construct this parking behemoth we are destroying the livability of a neighborhood via pollution, traffic congestion, crime, decreased sunlight and street level interaction.

Please take these concerns into account as you consider MMC's institutional development plan.

Sincerely,

Garry Bowcott
8 A Street
Portland, ME
04102

1.9.2017

To whom it may concern,

I am writing to you about the proposed MMC construction project. As a business owner at 919 Congress St, Salvage BBQ I have concerns regarding how this will impact my business. Right now we have tremendous sunlight that illuminates the restaurant from the South and west. Increasing building heights in the neighborhood will block this light and impact our business negatively. We have worked hard to make our business a success in a neighborhood that was neglected and not seen as a viable business center. There was a similar attitude in Longfellow square when we opened Local 188 in 1999 and now Longfellow Square is a bustling mecca of restaurants and bars. I would like to see the same trend continue down Congress Street but the proliferation of institutional buildings impedes the type of pedestrian activity necessary to create such an environment.

I am also concerned about my business being disrupted during a lengthy construction phase. What are the plans for demolition of the existing buildings? How will traffic be impacted? How will pedestrian access be impacted? How will noise levels be managed?

Jay Villani
Salvage BBQ
919 Congress St.

My name is Tim McNamara and I live at 251 Valley Street.

I've read through the draft IDP submitted by Maine Med and have several questions relative to the rhetoric and the data offered in Chapter Four-Parking and Transportation.

My understanding is that the hospital needs to substantiate their request for change of zoning by proving need. I believe that the Chapter Four is an attempt to show that the hospital is doing all they can to reduce the number of vehicles on campus yet prove they still have the need to park 1,100 employees on Gilman Street. I write to challenge the positions taken by the hospital in Chapter Four.

At a December 6th meeting of neighbors, senior hospital management and City staff, we discussed ideas of alternatives or incentives offered by the hospital to employees to reduce the number of single passenger trips to and from campus. Our thought was ...fewer single passenger trips-fewer spots required in the new garage. Minutes from that meeting, recorded by hospital staff, reflect that Maine Med President Rich Peterson "*acknowledged that thought will be given to trying to provide additional incentives to Maine Med employees to car pool, bike or use other means of alternative transportation*". ...it was even discussed as to whether we are asking the hospital to alter societal norms embedded around car ownership and use or to attempt to change our behaviors.

At that meeting, senior hospital management made no reference to any Alternative Transportation Plan in place and certainly no mention of the "Get on Board" program. "Get on Board" is the program that Chapter Four hails as a "*focus of institutional policy*." and "*an integral part of the fabric and culture of MMC*" (See pages 39/41 of Draft IDP)

In the 2005 CRA between Maine Med and the City, Chapter 18 requires that "*an analysis of effectiveness and functioning of the Alternative Transportation Plan shall be provided* (by the hospital)*to the City Council's Transportation Committee on an annual basis*. " I've reviewed agendas and minutes from that committee dating back to 2013.

Nowhere can I find a reference to a hospital report on the functioning or effectiveness of any ATP.

As residents who will be directly impacted by a 13 story garage plopped down in the middle of our neighborhood, we have asked the right questions and made the right suggestions relative to reducing single passenger trips without hearing from the hospital of any plan in place to achieve such. Then out of nowhere, Chapter Four of the IDP asks us to believe that in 2015 the hospital has "incentivized" 35 % of their employees, up from 14% in 2008, to commute to work by means of something other than a single occupancy vehicle trip?

From 14% to 35% in seven years? Pretty spectacular. Where did these numbers come from? If we are to believe these numbers, then can we anticipate that in five years that number will be 50%? then 65% ten years from today?

The problem is we can't believe these numbers.

In 2015 they claim that 1,571 employees participated in the program. They claim that that amounted to 35% of their employees. That would be true if the hospital employed 4,488 people. The Maine Med Website claims that they employ more than 6,000 people. So the real number is closer to 25% participation in the program. The percentages are off from the first year of their reporting. (2008, 648 participants reflected as 14% of all employees. More like 10%)

The number of employees they claim to be riding their bikes to work in 2015 is 229. Yet they only have the capacity to store 184 bikes.

The number of employees using “ride share” in 2015 is 1, 021. Let's say every one of those ride-share participants carpooled to work with two other people, (unlikely as that may be) that would mean according to Chapter Four, that 340 cars would “*be given access to preferred parking in a gated, ID card access only area of the Employee garage that connects directly to the main lobby on the ground floor of the hospital.*” 340 Cars? That's well more than a quarter of the total spots available in the current garage and would be physically impossible to accomplish.

The bottom line on Chapter Four is that the numbers and the stories just don't add up. I would encourage the Planning Board to kick the entire Chapter back to the hospital for a complete overhaul and to demand validation of their data so an accurate and legitimate parking and transportation baseline can be established .

Thank you.

Re: PB Workshop 1-10-2017 Institutional Overlay Zone (IOZ)/MMC Institutional Development Plan

1 message

moses sabina <mosessabina@yahoo.com>
Reply-To: moses sabina <mosessabina@yahoo.com>
To: Jean Fraser <jf@portlandmaine.gov>

Tue, Jan 10, 2017 at 12:04 PM

To the Portland Planning Board:

My name is Moses Sabina, I am an owner/resident at 4 Gilman Street. I have attended MMC Neighborhood Council meetings quarterly since the inception of the council. The purpose of that council is to keep the neighbors of MMC apprised of any and all MMC developments.

In the case of these development plans, the council members were made aware of the plans three days before they were printed in the Press Herald. Neighbors were given no opportunity to be involved in a constructive dialogue to help MMC develop their needs with minimal impact, or even some improvement to the surrounding neighborhoods. Unfortunately, this selfish "close to vest" behaviour is exactly why the neighborhood council was created in the first place, and why it is all the more mockery now that MMC has dismissed including neighborhood representatives in an important discussion which should have included all the options for addressing their parking needs.

I ask you to consider their blatant disregard for their neighbors when you review their plans for the thirteen story dark tower they want us to live next to. I ask that you not give any variance over the height restriction in the current zoning until all other options for parking have been thoroughly vetted, regardless of the cost to MMC to divide the parking between more than one location. Otherwise, it will be the neighbors suffering the the long term price of this development plan.

Respectfully,
Moses Sabina

From: Jean Fraser <jf@portlandmaine.gov>
To: "Fraser, Jean" <jf@portlandmaine.gov>
Sent: Friday, January 6, 2017 5:42 PM
Subject: PB Workshop 1-10-2017 Institutional Overlay Zone (IOZ)/MMC Institutional Development Plan

Hello

I am sending this e-mail to those who sent me written comments on the proposed IOZ zone and/or on the MMC plans for expansion back in December, or who have contacted me about the proposed IOZ ordinance.

MMC have requested a zone change in order to expand/modernize - and the new IOZ ordinance is the City's proposed process - with an aim to provide a clear, predictable growth management structure for institutions that would allow flexibility but also require proactive planning and a more transparent and defined mechanism for understanding and addressing community concerns. As currently drafted, only the main campuses of

Re: UNE

My name is Robert P. Fuller, a resident, taxpayer and owner of #37 College Street. With the possible exception of parking and traffic, it is doubtful that anything planned in the immediate vicinity of College Street would be an issue except to its property owners. But a concern of one should have the same weight as an issue for many.

Back in December 2011 one of the Vice Presidents said that UNE wanted to become more responsible. Hopefully that translated into going to be more responsible and that means to all of us. In theory and in practice leaders of organizations are supposed to reach out into the community and not allow any one subordinate to create an adversarial role with the neighbors. Does anybody want a repeat of the hoo-rah on the Biddeford campus about 15 years ago?

In a 2011 magazine interview, the president of UNE said that they were just about where they wanted to be in terms of size. A year later, as part of an application submission, UNE said that they had been unsuccessful in being able to squeeze any more parking on the main campus.

Based on those two statements, there should be no changes from my bound toward Gian and McDougall Halls on the west or for at least 25 feet out from the #33-37 College Street North line. Finally, the north side of College Street itself and sidewalk would remain where they are now. This is the way it should be. Remember, the greatest material investment for most of us is our real property. This is true for myself and my sister at #33-35 College Street.

When you review for the overlay and master plan for UNE, do not forget US residents. When you review according to a set of standards, do the parts add up to a whole? Does it look sensible? How does it fit with the human condition? There is no good reason, with proper planning, that UNE and all its neighbors cannot peacefully coexist in the same surroundings.

Robert P. Fuller

January 5, 2017

**Western Promenade Neighborhood Association
Comment to Planning Board re IOZ**

1/10/17

Members of the Board, my name is Anne Pringle and I am commenting on the proposed IOZ framework on behalf of WPNA.

To echo David Eaton, I want to publicly thank MMC for agreeing to be the guinea pig for this new zoning concept and process. As some of you may know, there was a very contentious process when the Conditional Zone was approved. To date, this process and the dialogue has been much more open and we appreciate the early engagement.

Rather than comment on the specifics of the MMC IDP proposal, which will get a lot more scrutiny later and which I do think reflects the IDP framework, I want to comment on a few elements of the proposed IOZ framework:

First **institutional encroachment** has been a big issue in our neighborhood with two major institutions, MMC and Waynflete. The existing zoning protections, I think staff would agree, is inadequate as it gauges the impact of encroachment on a building-by-building basis, rather than on cumulative impact. The Waynflete IOZ recognizes this and precludes, I believe, school uses in buildings outside the zone boundary. So, the school cannot purchase or have donated a building outside the zone. To avoid institutional encroachment, WPNA believes the new IOZ should preclude institutions from purchase or acceptance of donations of properties outside the proscribed zone, except for the sale of properties to free up funds for institutional uses within the IOZ.

If an institution already owns property outside the IDP boundary, those properties should be identified and a plan, even a long-term plan, identified to relocate the institutional uses in those buildings to the IDZ area or a location outside a residential zone.

Second, it is recognized that these institutions have a major traffic and parking component. Since they each exist in already developed contexts, to a large extent

residential, significant and creative efforts should be made to reduce dangerous traffic impacts parking demand and assure that parking does not dominate the area and utilize land that might later be needed for institutional growth, leading to a subsequent request to expand the IDP boundaries.

Third, it has been suggested that MECA be included among institutions subject to the IOZ framework. With more residential housing downtown, the impact of MECA on its context should also be subject to the scrutiny that the proposed IOZ framework sets forth. Similarly, Waynflete should also be subject to the IOZ framework and process, should it at some point wish to revise its Overlay Zone.

Fourth, I have come to understand, through litigation, that purpose statement, no matter how helpful in understanding the basis for legislative action, have no legal import. In the proposed purpose statement I see some very good language that I believe should be pulled forward into the text to provide more explicit definition in the IOZ framework requirement, for example the reference to “carefully planned transitions”

Finally, there is no question that each of these institutions, including the two suggested to be added, are very valuable elements so our community. What the Board is seeking is to establish balance and predictability for both the institution and its neighborhood contact.

Public Comments on MMC Institutional Development Plan

1 message

toddmalexander@gmail.com

Mon, Jan 16, 2017 at 6:54

<toddmalexander@gmail.com>

PM

To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>

Cc: "basak.alkan@perkinswill.com" <basak.alkan@perkinswill.com>, "Western Prom Neighborhood Association <oldmayor@maine.rr.com>" <oldmayor@maine.rr.com>

Jean: Comments on MMC's draft IDP;

Generally, I am supportive of the long-term plan to;

- i) create an IOZ to govern future campus development
- ii) shift development activity to the Congress Street corridor
- iii) allow for greater density and/or building heights along the Congress Street corridor to accommodate the plan

Either as a condition of an IOZ and/or included as a provision within the IOZ, the city should consider requirements for MMC to address the following;

- i) Real estate holdings in abutting residential districts that may not be located in the areas covered by the IOZ. More specifically, the city could require MMC to develop and implement a divestment plan for those non-core properties that most directly impact predominantly residential neighborhoods. Properties that could be addressed in that plan; 19 West Street, 112 West Street, 94 and 98 Chadwick, and 227 and 231 Western Promenade.
- ii) Hospital vehicle traffic in the Western Prom neighborhood generated from users of the South Parking Lot. One possible solution is to create an exit-only ramp/lane from the South Lot onto Vaughn street (far southeast corner of

lot). This will eliminate a high volume of hospital vehicle traffic on Chadwick and West Streets.

iii) Inclusion of residential uses in any future redevelopment plans for the South Lot. This parcel serves as the natural transition from institutional/commercial uses located to the north and west to residential uses to the south and east. Any future development in this location should further reinforce and compliment this transition. The size of the lot allows for an orderly change in property types from commercial/institutional...to mixed use...to residential. The residential development requirement could be structured to directly complement MMC's operations; housing for residents and staff, extended stay housing for visitors, etc.... One way to regulate a requirement for residential uses for the South Lot is through trigger/performance mechanisms, such as; for every X thousands of SF of non-residential space proposed for this lot, MMC is required to create X units of housing.

Respectfully,

Todd M. Alexander

3 Carroll Street

Sent from [Mail](#) for Windows 10

CORRECTION - MMC Neighborhood Meeting Held on January 18, 2017

1 message

Karen Snyder <karsny@yahoo.com>

Thu, Jan 26, 2017 at 5:01 PM

Reply-To: Karen Snyder <karsny@yahoo.com>

To: "Deborah S. Boroyan" <BOROYD@mmc.org>, Jean Fraser <jf@portlandmaine.gov>

Cc: Saint John Valley Neighborhood Association <sjvna1@gmail.com>

There is a correction in point 2 (two) below. I added a sentence to the end of the point. "These window replacements should be paid for by MMC."

Karen

From: Karen Snyder <karsny@yahoo.com>

To: Deborah S. Boroyan <BOROYD@mmc.org>; Jean Fraser <jf@portlandmaine.gov>

Cc: Saint John Valley Neighborhood Association <sjvna1@gmail.com>

Sent: Thursday, January 26, 2017 3:02 PM

Subject: Re: MMC Neighborhood Meeting Held on January 18, 2017

Hi Deborah and Jean,

During this MMC neighborhood meeting, it was said that the construction would span a 5 year time frame. This is not sustainable for the health of property owners and tenants to live through 5 years of construction on Gilman St and Valley St.

As a property owner on Gilman street, the proposed MMC's development proposal is causing quite a lot of stress and concerns amongst the local residents.

Depending on what the final agreed proposal and what is acceptable to property owners, the below needs to be considered for this development proposal to ease the stress, health concerns, and quality of life impact of any construction around Gilman and Valley St.

1) Construction noise should only allowed from Monday to Friday between 9am and 5pm. There should be NO construction on weekends. Residents need the weekend to decompress and destress. If not, the health and quality of life of residents will be compromised.

2) Prior to construction, all houses on Gilman and Valley street, the windows are to be replaced with soundproof windows. If the parking garage is made up of concrete, this means alot of noise and debris will be generated in the air. The properties around this area must not be comprised by hazardous abatement and noise. These window replacements should be paid for by MMC.

3) Because MMC employees use the Gilman street sidewalk constantly, for safety concerns, MMC needs to provide sidewalk lighting on this street.

4) The construction vehicles should be prohibited from parking on Gilman or Valley Street. Construction workers should be required to park in an off site parking lot and bused in just like MMC employees. The parking of construction vehicles is a nuisance for property owners because I have all ready had to experience this for the last 2 years on the East End.

5) There are concerns as to how are the property owners suppose to advertise for future tenants knowing that MMC is proposing a 5 year construction time frame? How are the property owners suppose to retain tenants if tenants don't want to put up with the constant noise and debris that will be generated? When someone buys or rents a property, there is an expectation to be considered and that is the law of NUISANCE "If a nuisance interferes with another persons quiet or peaceful or pleasant use of his/her property" It maybe the basis for a law suit ordering the person or entity causing the nuisance to desist (stop) or limit the activity. This is a huge concern as a property owner renting to tenants. MMC needs to address these concerns.

As indicated above, no matter what the final decision is on this proposal, the above issues must be addressed by MMC with solutions which have to be agreed upon by the neighborhood residents.

Regards,
K. Snyder
24 Gilman

From: Deborah S. Boroyan <BOROYD@mmc.org>
To: "'karsny@yahoo.com'" <karsny@yahoo.com>
Sent: Wednesday, January 18, 2017 12:18 PM
Subject: MMC Neighborhood Meeting

****This e-mail is being sent on behalf of Rich Petersen.****

Dear Neighbor,

Thank you for attending the Maine Medical Center Neighborhood Meeting on January 12, 2017. We hope that you found the meeting informative and we are looking forward to continuing our dialogue about this important project.

The input you provided before the Neighborhood Meeting, relating to traffic patterns, pedestrian and bicycle routes, and the amenities you most value in your neighborhoods, is being reviewed by Basak Alkan, the Urban Planner who is assisting with the development of MMC's project and advising on how that project can best interact with our neighborhood.

MMC is committed to transparency and being a thoughtful neighbor while planning for these important enhancements to our facilities and ability to meet the health care needs of our community.

Please go to <http://www.mmc.org/modernization> for more information and updates about this project, including additional Neighborhood Meetings.

Regards,

Rich Petersen

Deborah S. Boroyan
Executive Assistant to the President
Maine Medical Center
(207) 662-2491
boroyd@mmc.org

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37 College Street
Portland, ME 04103-2617
January 23, 2017

Neil Donaldson, Senior Planner
City of Portland
Planning Division
389 Congress Street
Portland, ME 04101

Dear Neil Donaldson:

This is my reply to the proposed Text of the Institutional Overlay Zone (IOZ). This was part of a memorandum dated January 6, 2016 (2017).

P.2 Institutional overlay zone text

In the first place, all four institutions concerned, in the spirit of "Total Transparency", should, if not already done so, furnish available as public record all applicable copies of their Charter, articles of incorporation, bylaws, etc., including those still in force from predecessor organizations. In this way the public will know what activities the institutions may or may not do.

P.2 IV 1c purpose - Insert the words "abutting or" before the word "surrounding." In this manner the reading will be - "... integrates abutting or surrounding neighborhoods ...".

The insert is necessary to protect the integrity of the privately owned parcels of #33-37 College Street. These properties are probably in a unique situation where they surround nothing. For the last two years it is UNE that surrounds these parcels of land, unaltered, a minor technicality such as this, could lead to those parcels of land not being recognized as a neighborhood at all and shut out of the planning process. Therefore, a neighborhood is one or more privately owned parcels of land to include those abutting or surrounding an Institutional overlay zone.

The remainder of my comments are more general in nature for the time being. It is assumed that you are looking for more headings or amplify existing ones in the Proposed Text.

P.3 Permitted use - this must mean consistent with their articles, charter, etc.

P.5 IDP - Is this the same as the term "Master Plan", which has not appeared in the Proposed Text?

P.5 IV 5 d (ii) 3 a - What is "TDM"?
IV 5 d (ii) 3 b - Does this include adding, deleting or altering parking designations on a public street?
IV 5 d (ii) 4 b - Does this also embrace water draining into naturally occurring soil that is present?
IV 5 d (ii) 4 f - Assume that this also includes offensive soundwaves along with convergence of soundwaves both as the result of one or more appurtenances such as grates, fans, generators, compressors, circulators emitting

a sound that can be detected only in a narrow area, not always at ground level.

IV 5d (ii) 5d - What is "CPTED"?

IV 5d (ii) 5f - Presume any problems to be addressed in Section IV 5e 5 and 9

P. 6 IV 5d (ii) 6c - Construction Management - Does this include liabilities resulting in damage to private property due to construction, demolition, altering, filling, contour changes - should private property owners pay for institutional damages upon them by the above activities not covered by their insurance? If the expansion of an institution upon a private property owner causes repeated damage claims and the insurance company raises the premium as higher risk, should the institution pay the difference between the rates since it is they who have "thrust" themselves upon the private property owner?

Likewise, where would there be an institutional maintenance clause that would totally protect private property owners against neglect (institutional owned tree falls upon private property house causing damages)?

IV 5e 5 mitigation - assume this covers changes to appurtenances and appliances already in place such as troublesome lighting, noises, soundwaves.

IV 5e 9 - Neighborhood Integration - would this be the heading under which a list of problems would be made item by item to include 5e 5 preceding - all leading to a resolution?

That is all for now. Hope to receive your reply very soon.

Yours in sensible planning,

Robert P. Fuller

Robert P. Fuller

Fwd: Maine Med IOZ - South Lot Concerns

1 message

Melissa Knoll <melissa.knoll@gmail.com>
To: jf@portlandmaine.gov

Tue, Feb 7, 2017 at 10:24 PM

----- Forwarded message -----

From: **Melissa Knoll** <melissa.knoll@gmail.com>

Date: Tue, Feb 7, 2017 at 10:18 PM

Subject: Maine Med IOZ - South Lot Concerns

To: planningboard@portlandmaine.gov, "Ozgur Basak Alkan, AICP, LEED AP" <Basak.Alkan@perkinswill.com>, jf@portlandmaine.gov

Cc: Anne Pringle <oldmayor@maine.rr.com>, Scott Knoll <scott.knoll@gmail.com>

Dear Jean & Basak,

Thank you for taking neighborhood comment while planning the next Maine Med expansion. We live at the corner of West and Vaughan Street, so are in very close proximity. The move to make the entrance closer to Congress St sounds like a good one. We would like to see the high volume of Maine Med traffic reduced in the west end neighborhood.

We, as well as our neighbors, have two requests as you consider zoning change:

1. Move the exit of the surface lot on Brackett/Chadwick so traffic is directed away from the West End neighborhood. It is a huge safety and traffic congestion concern. I wrote a detailed e-mail regarding our concerns on Jan. 4th which I'll forward to Jean. There is broad west end neighborhood support for such a change.

2. It appears Maine Med is asking for long term approval to put a large 75 foot tall building on this same South Lot surface parking lot (see page 35 of the Maine Med Institutional Development Plan). The height and setback of a potential building on that lot should be kept the same as the surrounding R4 and R6 neighbors. A 75 foot building with a 5 foot setback as proposed on their plan would be enormous. Please keep the maximum height at the same level as the current R-6 & R-4 zone.

We could put together a neighborhood petition if this helps our case. Let us know if you think this would be valuable.

Thank you,
Melissa & Scott Knoll

Fwd: Maine Med Traffic Volume & Safety Concerns from Chadwick Parking Lot

1 message

Melissa Knoll <melissa.knoll@gmail.com>
To: jf@portlandmaine.gov

Tue, Feb 7, 2017 at 10:23 PM

Here is the e-mail detailing the traffic problems caused by the South Lot exit. Frequent high rates of speed can be added to this list.

Thank you,
Melissa

----- Forwarded message -----

From: **Melissa Knoll** <melissa.knoll@gmail.com>

Date: Wed, Jan 4, 2017 at 2:14 PM

Subject: Maine Med Traffic Volume & Safety Concerns from Chadwick Parking Lot

To: Basak.Alkan@perkinswill.com

Cc: Anne Pringle <oldmayor@maine.rr.com>

Hello,

Thank you for taking the neighborhood concerns into consideration in designing Maine Med's next expansion. We have three small children and live on the corner of West & Vaughan Street in Portland, Maine. We and many of our neighbors have expressed concern about the erratic driving and large volume of traffic from the surface lot on Chadwick/Brackett West Street. All of the exiting traffic is directed toward our neighborhood from the one way exit on Chadwick, and 90% turns left down West, and then left on Vaughan.

Major problems include ~

- High traffic volume, especially at busy times of day
- Drivers are unfamiliar with the area, there is no signage back to the highways
- Drivers are distracted - many are on phones, in a hurry, have health problems, or are lost
- Cars frequently drive on West Street as if it is a one way street (like Chadwick) and drive on the left side of the road
- Cars do not come to full stops at Chadwick/West stop sign & West/Vaughan stop sign

- Most drivers have been at the hospital and are not paying full attention to driving safely or the children in the neighborhood
- Both Chadwick & the West Prom are one way streets heading away from the hospital making it difficult to access the hospital entrance, which adds to traffic congestion

Our neighborhood is young and vibrant with 10+ small children that live directly on this block. There have been several close calls already with traffic. It seems like there could be a reasonable solution to direct this unnecessary traffic away from the West Prom neighborhood. I look forward to speaking to you more about this. Please feel free to contact me and I can describe or show you the problem in more detail.

Thank you!

Best,
Melissa & Scott Knoll
83 West St
Portland, ME 04102

Comment on MMC overlay zone

Sara Anne Donnelly <sara@saraannedonnelly.com>

Feb 10, 2017 9:18 AM

Posted in group: **Planning Board**

To the Planning Board:

This letter is in regards to the proposed overlay zone that would allow Maine Medical Center to expand. I do not oppose the zone or the expansion, but as an abutting neighbor I do think it's important to call attention to trouble that we have had in convincing Maine Medical Center to be respectful of our space. I do this in hopes that perhaps provisions could be written into the overlay zone that protect the neighborhood from harm caused by the hospital and its expansion.

I live at 19 Ellsworth Street, which I have owned or managed since 2012. My two-unit home is two doors down from the current main entrance to the hospital on Bramhall Street. Soon after I bought the property, MMC banned smoking on its grounds. Since then, the neighborhood has struggled with patient and employee smokers that have effectively been pushed onto our sidewalks. There are dozens of them, particularly on warm days, smoking throughout the day at a near constant.

The hospital has met with neighborhood reps as far as I know (I was only invited to one meeting) and has reluctantly steered smokers away from some parts of the abutting neighborhood. They refuse, however, to re-establish a smoking space on their grounds, ignoring the reality that unlike other no-smoking hospitals their campus is in the middle of a densely populated area. This leaves us with a policy that is like a balloon pushed on one end that juts out on the other. The smokers that are deterred from one part of our neighborhood only migrate to another.

That's where my house comes in. Across the street, at Hill and Ellsworth, is a popular corner for employees of the hospital to smoke. This is no accident. The hospital about a year ago installed "Buttler" cigarette butt collectors at this corner, which it pays to maintain. These Buttlers are in front of private property. They effectively validate and even encourage smokers from the hospital to come to our neighborhood in front of private property and smoke. Which they do, by the dozens daily on warm days. Sitting on stoops and lounging on the sidewalk in their MMC uniforms.

The Buttlers were pitched by MMC to the neighbors (including me) as a way to collect the smokers away from the windows of those with concerns, and to gather the butts that were so many the rumor was they clogged up the sewer underneath the sidewalk. We were told that the Buttlers would be moved if there was a problem. But this is not the case.

I have spoken with six property owners or tenants around these Buttlers who have serious concerns about the effect of the smokers on our health, our quality of life, and our property value. I relaid this concerns to the hospital. To date, the hospital has done nothing to divert its employee smokers away from our sidewalks. I have particular concerns about the smoke as I work from home, my tenant is also home and is undergoing chemotherapy, and my infant daughter is cared for at home. Next door, my neighbors have a one-year old son who is also home most of the day. The smoke from the MMC employees comes into our windows almost constantly during warmer months. Over a year ago, the young mother next door and I joined a neighborhood meeting with MMC to talk about the smokers. We were listened to but nothing of substance was ultimately done. We were even told by MMC counsel to ask the smokers to move ourselves.

Next week, the owner of the property on the corner and I will finally meet with MMC to discuss the employee smokers at the corner of Hill and Ellsworth. But even if we are successful at resolving our issue, other property owners will suffer as the smokers will only migrate. The only effective way to respect the neighborhood would be to alter this flawed no-smoking policy and return a space for smokers to hospital grounds. But the hospital will not consider this. They seem to hope that we will just go away. This meeting alone is a perfect example -- it was first promised to us in October. It is only now happening, after repeated follow-ups from the neighborhood.

I recognize that the overlay zone and the expansion are a separate issue, but I am concerned that the expansion will bring more smokers to our neighborhood and that the hospital will not be held accountable for its promises to respect our health and our quality of life. I have attended a couple of the neighborhood meetings about the expansion held by MMC, and the rhetoric about respect and concern for the neighborhood is heartwarming. But if the ongoing and very real damage to the neighborhood caused by another of MMC's sweeping changes is any indication, the needs of the neighbors may ultimately be ignored.

I write this letter in hopes that perhaps there is some way the zone can be written to better protect us neighbors.

Thank you for reading, and I'm happy to answer any questions you may have.

Best,
Sara

Sara Anne Donnelly

Writer ◦ Writing Coach

M 207.632.1042 O 207.274.6848

www.saraannedonnelly.com

@SaraADonnelly



Helen Donaldson <hcd@portlandmaine.gov>

Submission of Comment Planning Board re: MMC IOZ

Zack Barowitz <zbarowitz@gmail.com>

Sun, Feb 12, 2017 at 2:57 PM

To: Helen Donaldson <hcd@portlandmaine.gov>, Jean Fraser <JF@portlandmaine.gov>

Cc: Tuck O'Brien <tuckobrien@me.com>, Jeff Levine <JLEVINE@portlandmaine.gov>, Brian Batson

<bbatson@portlandmaine.gov>

Submission of Comment to IOZ

In reviewing the memo to the Portland Planning Board Nell Donaldson regarding the Draft Institutional Overlay Zone (IOZ), several items came up as matters of concern.

Section 1c clearly and rightly states that the purpose of the IOZ is to "Ensure that institutional change and growth both complements and, as appropriate, integrates adjacent or surrounding neighborhoods through carefully planned transitions"

However, several elements of the plan run counter to this condition.

Foremost among them is the amount of surface parking, particularly the proposed 13 story lot slated for the Corner of Gilman and Congress Streets. Aside from the fact that parking structures are not typically built to such heights because they can cause dizziness; the placement of an inordinately tall structure will indubitably have a detrimental effect on adjacent properties.

A simple survey of existing garages on Congress, Crescent, and Forest Streets would show adjacent properties adversely affected. So much so, that were it be the cynical policy to erect garages to devalue adjacent properties; it would allow for more cost effective future expansion. In any case; the proposal is in direct conflict with this portion of the IOZ.

Secondly; part and parcel of IOZ for an institution of the type, size, and location of Maine Medical Center is a Traffic Demand Management program (TDM). The memo states that Meghan Houdlette, PE of the firm VHB has been brought on to assist in the fulfillment of this portion of the IOZ. It is however, of some concern that in a private meeting with Penny St. Louis of MMC and Basak Alkan; Ms. Alkan told me that the hospital have "no position" on the recommendations put forth in the [Libbytown Traffic Circulation & Streetscape Study](#). This is concerning for several reasons:

- The hospital will only benefit from the implementation of the recommendations of the study
- MMC had previously endorsed the findings of the study, why the change of position?
- The adoption of the recommendations represents the bare minimum of what a 21st century TDM of a project of this scope should entail. The team should consider a

regional approach to transportation that encompasses all existing and future modes and systems including intercity park and rides, driverless cars, as well as bicycle and pedestrian infrastructure.

Finally, a graphic taken from the Public Meeting/Open House from January 12, 2017 shows a circular "1/4-mile walk radius" from surrounding areas to the MMC campus. However, the perimeter seems to reference an arbitrary center point within the MMC campus. To wit, the distance from a perimeter point on Grant Street to the nearest edge of the campus is twice that of one taken on Saint John Street. As such, the map is not terribly accurate and not as useful a tool as it could be.

Thank you for your kind attention to these matters.

Zack Barowitz,
Huntress Street

--

[207-838-6120](tel:207-838-6120)

[917-696-5649](tel:917-696-5649)

ZacharyBarowitz.com

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Re: Institutional Overlay Zone (IOZ) PB memo for 2.14.2016

1 message

Timothy wells <welmaurya@gmail.com>

Mon, Feb 13, 2017 at 9:44 PM

To: Jean Fraser <jf@portlandmaine.gov>

Jean,

A couple of comments about the Institutional Overlay Zone draft.

1. I think the city should be more specific about the planning period. I noticed that several cities, including SF, Oakland, Berkley require hospitals and universities to submit 20 year plans every 5 years. I think Portland should adopt the same policy. 20 years actually isn't that long when you are planning large construction projects and forces some rigor and long term thinking about the smartest, most effective way to grow.

2. I think the city should require the institutions to answer the questions:

- a) How will expansion impact economic growth for the city, county and state?
- b) What will be the positive and negative effects on the immediate surrounding neighborhoods? How will the plans impact property prices?
- c) What is the impact on city property taxes?

Thank you for including these for the meeting on Tuesday.

Best regards,

Tim

Tim Wells
207-807-3876 MOB

On Feb 10, 2017, at 5:35 PM, Jean Fraser wrote:

Hello all

Please find attached the staff cover Memo for the Planning Board at next Tuesdays meeting, along with the final agenda for the meeting. The Memo contains the "final draft" of the IOZ ordinance text.

My name is Robert P. Fuller, owning and residing at #37 College Street. My sister owns #33-35 College Street. Together our properties comprise a neighborhood, though small in size. For the last two years, save for a public College Street, we are completely surrounded by the UNE campus. This is probably a unique situation, considering the four institutions cited for an overlay zone.

Four generations have lived in the home at #37 College Street, built by my grandfather about 110 years ago. Within our surroundings we are afforded a good view on all four sides, especially out our front window at a historic district. It is relatively safe and peaceful here on a predominately graduate campus. Traffic is usually manageable, except with special events.

Communication between the institutions and the neighborhoods need improvement. Hopefully the overlay zone process will send communications and resultant outcomes to a high level of order that the public should expect and get from an institution.

As part of the total transparency process, it should not be unreasonable to obtain from each institution information about each building and structure as to function, hours of operation, and who uses it. City oversight must insure that any activities of the institution are in keeping with its charter, articles, and by-laws.

In terms of overlay zone and institutional development process, the more details on a plan, the better for the neighborhoods. Without a detail requirement, there is always the temptation for an institution to produce vague plans. Who can say what the impact will be upon a neighborhood with changes in lighting, trees, traffic, impervious surfaces, parking, drainage, surface elevations, air circulators, vents, generators, compressors, construction or maintenance work, kinds of machinery employed, added doorways, trash removal, deliveries, pick-ups, hours of operation, converging soundwaves/noises and so forth?

Setbacks, transitions and buffers are of paramount importance to all neighborhoods, no matter the size. Dimensional figures applied to bordering or abutting neighborhoods cannot be uniformly implemented with a fixed set of standards. One size does not fit all. Instead, each jog of the bounds that abut or adjoin an institution must be treated on a case by case basis.

The outcome of the overlay zone process should leave each neighborhood as good or better in terms of protection. Our neighborhood quality of life is at stake and so are our real property values.

February 19, 2017

IOZ

2 messages

Anne Pringle <oldmayor@maine.rr.com>

Tue, Mar 7, 2017 at 6:05 PM

To: "Fraser, Jean" <jf@portlandmaine.gov>

Cc: "Watson, Trevor" <trevorewatson@gmail.com>, "O'Brien, Tuck"

<sgo@portlandmaine.gov>, "Sanders, Jeff" <Sandej4@mmc.org>, "Peterson, Rich" <peterri@mmc.org>

Jean,

I have been working like a house afire to get ready to go on vacation tomorrow, but have not focused as well on the IOZ text as I had hoped. My energy level is running down to zero with all that is going on just before I leave...

But see attached proposed changes, comments, and questions on the latest draft of the IOZ. As I will be away I guess they should be sent to the PB, unless staff agrees wit everything and incorporates them into a new draft!...

A major concern is that the language seems to focus on accommodating institutional needs. See the language I suggest in the purpose statement to better balance neighborhood impact, **especially encroachment**. As I have noted twice, since I have learned that purpose statements have no legal import, I think this language needs to be pulled into the text. I am not sure what to make of the language in various sections about acquisition and disposition.

Re the process of engagement with the neighbors. I must say I am very impressed with our experience with MMC this time around vs. last time. Maybe it's just because we are dealing with different personalities. Jeff Sanders is very open and I believe he hears us. He is also very clear about the hospital's needs. I feel we are engaged in problem-solving, both theirs and, hopefully, ours. Hiring Basak Alkan was a great commitment on MMC's part. Maybe this kind of hire should be required to bring the institution along on the community planning spectrum...

Anne

2_28_17 revised draft IOZ

INSTITUTIONAL OVERLAY ZONE (IOZ)

I. Purpose of the Institutional Overlay Zone

The Institutional Overlay Zone (IOZ) designation provides a regulatory mechanism available to the city's four major medical and higher education campuses where an improved regulatory structure is needed to facilitate a consistent, predictable, and clear growth management process. The purposes of the Institutional Overlay Zone are to:

- a. Acknowledge that the city's major academic and medical institutions play a prominent role in the health and well-being of the local and regional community, and in order to sustain that role, these institutions need flexibility to change and grow;
- b. Encourage proactive planning for institutional change and growth which identifies and addresses likely long-term institutional needs and potential benefit to the surrounding area, city, and regional levels; and cumulative evaluates the impacts of any proposed encroachment into residential neighborhoods; and leverages while leveraging potential benefits at-to the neighborhood, city, and regional level; (NOTE: VERY important to address the issue of potential encroachment. What is meant by "leverages")
- c. Ensure that institutional change and growth both complements and, as is appropriate, integrates adjacent or surrounding neighborhoods through carefully planned transitions;
- d. Support the formation and continuation of mutually beneficial public-private cooperation;
- e. Support an ongoing public engagement process that benefits both the institutions and nearby neighborhoods;
- f. Reflect Comprehensive Plan and other policy objectives; and
- g. Provide a consistent regulatory approach to all major institutions, which allows unique regulatory requirements that balance the particular needs of institutions with the needs of the surrounding neighborhood and wider community.

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II. Location and Applicability

The city's four primary medical and higher education institutions are eligible to apply for designation as Institutional Overlay Zones. The Eligible Institutions are the two major hospital institutions of Maine Medical Center and Mercy Hospital and the two major academic institutions of University of Southern Maine and University of New England, their successors and assigns. Designation as an IOZ is the preferred mechanism where the Eligible Institution's proposed development is inconsistent with the existing zoning.

III. Establishment of an Institutional Overlay Zone

- a. *Application for an Institutional Overlay Zone.* Where the Eligible Institution seeks designation as an IOZ, they shall submit a zone change application consisting of two components:
 - i. An Institutional Development Plan (IDP) (see Section IV).
 - ii. A Regulatory Framework (see Section V) that would, when and if adopted, be the text and map amendment to the City's Land Use Code and Zoning Map.
- b. *Required Public Involvement.* Soon after the City becomes aware of any institutional plan to request a zone change, the applicant shall advise any abutting neighborhood association(s) of its plan to request a zone change. (NOTE: earlier notices came up at a recent meeting of about 14 NAs.) At least two neighborhood meetings shall be required. The first shall be held prior to the formal submission of a zone change

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2_28_17 revised draft IOZ

application for an Institutional Overlay Zone and the second shall be held during the City’s review. Meetings shall identify the concerns, if any, of affected residents and property owners, and inform the development of the Institutional Development Plan (IDP) and Regulatory Framework. Meetings shall be held in a convenient location proximate to the institution. The applicant shall provide written notification to property owners of record within 500 feet of the proposed IOZ boundary at least ten days prior to the meeting dates and maintain written records of the meetings.

c. *Required Scoping Meeting.* The Eligible Institution shall meet with the Planning Authority after the first required neighborhood meeting and prior to submission of the zone change application to confirm the focus of the Institutional Development Plan (IDP) and Regulatory Framework, including **study areas that may be outside of the proposed IOZ boundary** (NOTE: What does t his mean?). The IDP and Regulatory Framework will vary in detail and focus depending on the Eligible Institution and its particular context. The content requirements in Sections IV and V and the comments from neighborhood meeting(s) shall provide direction for the content of the IDP. The Planning Authority or Planning Board may require additional information or modify content requirements as is relevant to the Eligible Institution (see Section IV.c).

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d. *Reviewing Authority.*

- i. The Planning Board shall review the zone change application, including the IDP and Regulatory Framework. ~~A One or more~~ public workshops and a public hearing before the Planning Board are required. (NOTE: Given the size and complexity of these institutions, I think it should be acknowledged up front that it likely than more than one workshop will be required.)
- ii. Upon recommendation of the Planning Board, the City Council shall review and consider adoption of the Institutional Overlay Zone and the accompanying Regulatory Framework as an amendment to the city’s code of ordinances.

e. *Future Institutional Development.*

- i. All new development by the Eligible Institution within the boundary of the IOZ shall be compliant with the IOZ and accompanying Regulatory Framework, consistent with the IDP, consistent with the Comprehensive Plan, and meet applicable site plan standards, unless such standards are superseded by the Regulatory Framework.
- ii. Any use/development proposed by the Eligible Institution outside the IOZ boundary that complies with the zoning for permitted uses in that location shall be reviewed under the standards of that zone. Any use/development proposed by an Eligible Institution outside of the IOZ boundary that is a conditional use in the zone in that location shall be addressed by the IDP. NOTE: What about use/development not compliant with underlying zones, e.g the West Street transplant center?)

IV. Institutional Development Plan (IDP)

a. *Purpose.* Any use conducted by an Eligible Institution and any construction by an Eligible Institution in an Institutional Overlay Zone shall be consistent with an Institutional Development Plan (IDP) approved by the Planning Board in accordance with this ordinance. The purpose of the IDP is to establish baseline data about institutional land uses, facilities, and services and measure, analyze, and address the anticipated or potential impacts of planned institutional growth and

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change. The IDP shall serve as a background document that supports the proposed Regulatory Framework and frames subsequent site plan review(s).

- b. *Planning Horizon.* An IDP shall provide the city and abutting neighborhoods with a clear outline of the anticipated or potential growth and change of the Eligible Institution for the short- to medium-term (e.g. 1-5 and 5-10 years respectively), as well as a conceptual growth plan for the long-term (e.g. 10 years ~~plus or more~~); however, the specific planning horizons for each institution will be determined as part of the IDP approval process.
- c. *Content.* The IDP submission shall address the following elements unless specifically modified by the Planning Authority or Planning Board, with the scope and level of detail to be clarified at the required Scoping Meeting:
- i. Context Information
1. The institution's adopted mission, vision, or purpose statement
 2. A summary of relevant baseline data on the institution, including:
 - a) A neighborhood context plan;
 - b) An inventory of current programs and services;
 - c) A current census of the number of people using the institution (e.g., employees, enrollment, patients), with an indication of maximums and minimums over time;
 - d) An inventory and/or plan of all existing property holdings within the main campus and within the City of Portland, including an indication of functional land use links between off-campus properties and the main campus (e.g. remote parking);
 - e) An inventory and/or plan of existing facilities, including data on use, floor area, and any existing functional connections between facilities.
 3. A summary of the baseline characteristics of the existing campus and **context of the institution**, based on identified study areas, including:
 - a) A summary of existing resources, such as historic, open space, and natural resources; (Note: does this mean, for example, the Western Prom in the case of MMC? Is the intent that the IDP demonstrate that it will not negatively affect these existing resources?)
 - b) A summary of the existing transportation system, including vehicular, pedestrian, transit, bicycle, and parking supply, demand, and utilization;
 - c) A summary of existing public infrastructure supporting the institution, including demand, utilization and any capacity issues;
 - d) Relevant municipal plans, projects, and studies that may influence the IDP study area and opportunities for integrating institutional growth.
 4. A summary of public involvement in the development of the IDP, **including major areas of public concern.** Good!
- ii. Assessment of Future Institutional Growth and Change

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1. A description of institutional needs and areas of future institutional growth and change, including:
 - a) Projected census of users (e.g., enrollment /employment/patient/visitor figures and anticipated variations over time);
 - b) Institutional objectives for property both within and outside the IOZ boundary **(e.g. acquisition and/or disposition)**, including an indication of any functional land use connection for sites outside the IOZ boundary to the main campus; (NOTE: I think you are trying to address my suggestion that acquisition not be allowed outside that IOZ, but I am not sure this satisfies that suggestion. Again, this is the issue of encroachment, which should NOT be allowed into residential neighborhoods.
 - c) A Development Plan addressing anticipated or potential institutional needs and physical improvements, including the proposed boundary of the IOZ and any phasing of the development.

2. Analysis and associated plans that address the following elements in terms of anticipated growth or potential impacts within the identified study area, and support the development parameters as set out in the Regulatory Framework:
 - a) Transportation and access
 - 1) An analysis of the proposed changes in parking demand, supply, and impacts to the off-street and on-street parking capacity, including an explanation of the proposed parking plan;
 - 2) An analysis of the proposed changes in vehicular, pedestrian, transit, and bicycle access routes and facilities, their capacity, and safety;
 - 3) A transportation, access, and circulation plan, representing the synthesis of the analysis, and including a program of potential improvements or set of guidelines to address access deficiencies to and within the IOZ. The plan should outline proposed mechanisms and potential strategies to meet transportation objectives, including transportation demand management, phasing, and when a Traffic Movement Permit (TMP) may be required.
 - b) Environment
 - 1) An analysis of potential **cumulative impacts** on natural resources and open spaces; (NOTE: impact of individual projects should be analyzed, as well as cumulative impact. Minor individual impacts can build up to a major cumulative impact. This is what happened with Waynfilete over the years.
 - 2) An analysis of projected energy consumption, hazardous materials generation, noise generation, and similar issues as relevant;
 - 3) An environmental plan, representing the synthesis of the analysis and including a proposed program or set of guidelines for future preservation, enhancement, conservation, and/or mitigation.

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c) Infrastructure

- 1) An analysis of projected public utility demand and the capacity of associated infrastructure;
- 2) An analysis of projected public safety needs and projected impacts to the capacity of these services;
- 3) An infrastructure plan, representing the synthesis of the analysis and including a proposed program or set of guidelines to support sustainable growth.

d) Design

- 1) An analysis of projected impacts to neighboring properties and public spaces, including potential shadow, wind, and lighting impacts, impacts of height and massing, and impacts to natural and historic resources;
- 2) An analysis of transition areas between the institution and adjoining neighborhoods, including identification of key character defining components of the surrounding context;
- 3) An analysis of existing Crime Prevention Through Environmental Design issues and identification of how these principles would be addressed as part of the proposed campus development;
- 4) A conceptual built environment/public realm plan, representing the synthesis of the analysis and including a set of guidelines for urban design, landscape, open space, and streetscape treatments, **with particular attention to the treatment of edges (both within and abutting the IOZ boundary)** to achieve compatible transitions. Good.

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e) Neighborhood Engagement

- 1) A plan for ongoing community engagement that represents best practices, promotes collaborative problem solving around community concerns, fosters transparency, and identifies mechanisms for neighborhood feedback and institutional accountability; Good!
- 2) A property management framework that identifies the institution's process for handling operational property issues with neighbors; Good!
- 3) Strategies for assuring **reasonably transparent** (NOTE: MMC was not at all transparent about the sale of the residential properties as required the contract zone. They really kept us in the dark for years on this. Need to be more explicit about what is meant by "reasonably transparent"? communication pertaining to **property acquisition and disposition in surrounding neighborhoods** (NOTE: This should not be allowed - encroachment! The whole purpose of the IOZ is predictability, BOTH for the institution and the neighborhood.)
- 4) A set of construction management principles, to apply to all institutional construction, that represent best practice, aim to minimize short- and long-term construction impacts on surrounding residents and businesses, and ensure a clear

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communication strategy is in place in advance of construction.

d. *Standards of Review.* The IDP shall:

- i. Address all content requirements, unless explicitly modified by the Planning Authority or Planning Board;
- ii. Reflect the issues/topics identified in the required public process;
- iii. Demonstrate consistency with the city's Comprehensive Plan and the purpose of this ordinance;
- iv. Demonstrate how the property ownership, proposed growth, and requested Regulatory Framework relate to the institution's mission;
- v. Demonstrate that traffic and parking impacts have been anticipated and that the proposed parking provision is justified as based on an assessment of options for reducing traffic and parking demands;
- vi. Outline an approach to open space, natural, and historic resources that supports preservation and enhancement.
- vii. Demonstrate that potential cumulative environmental impacts have been anticipated and can be minimized or satisfactorily mitigated;
- viii. Demonstrate that utility impacts have been anticipated and can be minimized or satisfactorily mitigated;
- ix. Reflect a comprehensive design approach that ensures appropriate transitions with the existing or future scale and character of the neighboring urban fabric;
- x. ~~Promote~~ **Demonstrate** compatibility with surrounding uses in adjacent neighborhoods, **maintain housing, and support local amenities;**
- xi. **Anticipate future off-site improvements that would support the integration of the institution into the community and city-wide infrastructure; NOTE: What does this mean?**
- xii. Conform with Portland's Historic Preservation Ordinance standards for designated landmarks or for properties within designated historic districts or designated historic landscapes, if applicable. When proposed adjacent to or within one hundred (100) feet of designated landmarks, historic districts, or historic landscapes, the IDP shall be generally compatible with the major character-defining elements of the landmark or portion of the district in the immediate vicinity; and
- xiii. Incorporate strategies to support clear communication and ongoing public engagement between institutions and nearby neighbors.

e. *Approval.* Upon finding that an Eligible Institution's IDP meets the standards of review, the Planning Board shall approve, approve with conditions, or deny an IDP.

f. *Monitoring.* The IDP shall establish a schedule for reporting on IDP implementation at regular intervals of not more than ten years from the date of approval of the initial or amended IDP, and identify thresholds for IDP amendments;

g. *Amendments.* An approved IDP shall guide campus development unless and until amended. If at any time the Eligible Institutions request **minor amendments (how defined?)** to an approved IDP, the Planning Authority may approve such minor amendments, provided that they do not constitute a

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substantial alteration (How defined?) of the IDP and do not affect any condition or requirement of the Planning Board. The applicant shall apply with a written statement of the proposed amendment and proposed amended IDP to the Planning Authority, whose decision as to whether the amendment is minor shall be final. Major amendments shall be reviewed by the Planning Board. When the IDP is amended, the baseline data in the IDP shall be updated as appropriate.

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V. Regulatory Framework

- a. *Purpose.* The Regulatory Framework translates the IDP into a set of clear and specific zoning requirements for the IOZ that constitute the text and map amendments to the City's Land Use Code and Zoning Map. The zoning requirements are anticipated to include parameters that guide the growth and change of the institution as well as clarify how potential impacts will be addressed, though some details may be more fully developed under site plan review.
- b. *Applicability.* The Regulatory Framework shall apply only to properties that are within the IOZ boundary and to which the Eligible Institution holds right, title, and interest. For these properties, the Institutional Overlay Zone shall supersede the underlying zoning, and all new institutional development shall be conducted in compliance with the Regulatory Framework and the approved Institutional Development Plan. Properties located within the Institutional Overlay Zone not subject to right, title, or interest of the Eligible Institution shall continue to be governed by the regulations of the underlying zoning designation.
- c. *Uses.* Institutional uses, including hospitals and higher education facilities, shall be permitted, as shall uses that are functionally integrated with, ancillary to, and/or substantively related to supporting the primary institutional use, consistent with the applicable approved IDP.
- d. *Content.* The Regulatory Framework shall reflect the information and analysis of the IDP. The content shall be tailored to address the particular issues associated with the institution and its neighborhoods. The Regulatory Framework should be succinct and use tables and graphics as possible to address the following:
 - i. *Zoning boundary of the IOZ:* The area to which the regulations apply, as shown on the zoning map, subject to other provisions of this ordinance (i.e. the map amendment to the City's Zoning Map);
 - ii. *Phasing and schedules:* Requirements that relate to particular proposed phases; a chart showing the schedule or thresholds for submitting an amended IDP (or elements of an IDP, such as a Transportation Demand Management (TDM) Plan);
 - iii. *Uses:* Clarification, as necessary, on permitted uses.
 - iv. *Dimensional Requirements:* Graphics, sketches, or standards, including details for transition zones within the IOZ boundary;
 - v. *Transportation:* Elements such as TDM trip reduction targets or contribution to area-wide TDM measures; broad parameters for ensuring pedestrian, vehicular, bicycle and transit access and safety; parking ratios and management strategies; thresholds for access improvements;
 - vi. *Environment:* The approach to the inclusion of open space and preservation of environmentally-sensitive areas;
 - vii. *Mitigation measures:* The approach to identified mitigation measures, which would be addressed in greater detail in the site

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plan review process; thresholds for addressing deficiencies; goals for preservation/protection;

- viii. *Design:* Graphics and standards to clarify building placement and envelope (height and massing); guidelines for integration of site features; required treatments for transition zones and treatment for all edges (both within and abutting the IOZ boundary); guidelines for establishing campus identity; and
 - ix. *Neighborhood Integration:* Thresholds and strategies for neighborhood engagement; mitigation of impacts on neighboring properties, including construction impacts; screening and buffering requirements; objectives for pedestrian linkages and safety; other requirements that address community concerns.
 - x. *Monitoring:* A schedule for regular monitoring reports on IDP implementation in accordance with the IDP.
- e. *Standards of Review:* The Regulatory Framework shall:
- i. Be consistent with the Comprehensive Plan and the Institutional Development Plan;
 - ii. Provide a clear zoning framework, using graphics and tables as appropriate, to apply to future site plan reviews;
 - iii. Provide specific regulatory statements as appropriate that respond to concerns raised during the required public involvement; and
 - iv. Outline measurable goals and thresholds for improvements or other actions identified in the IDP to be advanced in subsequent site plan applications.
- f. *Approval/Adoption.* The Planning Board shall review the proposed Regulatory Framework against the standards of review and make a recommendation on the institution's IOZ designation and Regulatory Framework to the City Council for adoption as part of this zoning ordinance.
- g. *Amendments.* A Regulatory Framework and IOZ boundary as adopted by the City Council shall remain in force unless and until amended. Amendments to a Regulatory Framework and/or IOZ boundary not brought forth by the institution as part of an IDP amendment will require a supermajority of the City Council to take effect. Amendments to the IOZ boundary or Regulatory Framework shall be reviewed by the Planning Board and adopted by the City Council subject to the provisions of this ordinance.

VI. Regulatory Frameworks of Eligible Institutions (The regulatory frameworks adopted by the Council for each Eligible Institution will be codified within this section.)



James Dealaman <jdealaman@portlandmaine.gov>

Neighborhood Concerns over IOZ IDP Process relating to existing Contract Zone Language

1 message

stjohnvalleyneighborhood <stjohnvalley@live.com>

Mon, Mar 27, 2017 at 11:40 PM

To: "planningboard@portlandmaine.gov" <planningboard@portlandmaine.gov>

Cc: "sgo@portlandmaine.gov" <sgo@portlandmaine.gov>, "jf@portlandmaine.gov" <jf@portlandmaine.gov>, stjohnvalleyneighborhood <stjohnvalley@live.com>, moses <mosessabina@yahoo.com>, "garrybowcott@hotmail.com" <garrybowcott@hotmail.com>, Jenny MacKenzie <jenabeat@hotmail.com>, "boccafe@hotmail.com" <boccafe@hotmail.com>, "nmaze@shalomhouseinc.org" <nmaze@shalomhouseinc.org>, "Jacob, Ian" <iancasperjacob@gmail.com>, Zack Zack Barowitz <zbarowitz@gmail.com>, Holder Emma <pna@parksideneighborhood.org>

<http://thebollard.com/2010/02/07/getting-the-institutional-creeps/>

March 27, 2107

To the City of Portland Planning Board:

In reviewing the latest IOZ draft with a group of neighbors yesterday, a couple of questions came up:

Once the IOZ is adopted, are all restrictions and covenants in place under an institution's current Contract Zoning eliminated?

The language in the IOZ, Chapter V Regulatory Framework states that the IOZ shall **supersede the underlying zoning.**

There is also language throughout the IOZ referencing for example that the institution's IDP provide a description of the **Assessment of Future Institutional Growth and Change.**

In the Chapter IV Neighborhood Engagement paragraph there is language that references (**reasonably**) **transparent communication pertaining to property acquisition...**

I'm not sure how we missed this but the language has us very concerned that the new IOZ ***completely*** removes restrictions currently in place on Maine Med's ability to expand in our neighborhood outside of their current footprint.

Additionally, several other mandates present in the hospital's current contract zoning will apparently go away upon the adoption of the IOZ.

Specifically:

- Reporting requirements for Helicopter landings.
- Reporting requirements for the institutions Alternative Transportation Plan.
- Mandated quarterly meetings for the purpose of keeping the neighbors apprised of future development plans.(:)
- Snow ban parking provisions
- Signage compliance

I'm assuming some of the above may be addressed in the MMC IDP, or are already part of city code.

Back to the footprint question...While we as a group agreed to and even suggested loosening expansion restrictions to allow for possible development of-for example the Sportsman's Club lot, we did so with a consideration towards diluting the impact of 1,200 cars being parked by the hospital on the Gilman Street block. An abandoning of the expansion restriction in its entirety is not what we envisioned and puts the neighborhood right back into the path of potentially major institutional creep.

Taking a look at a possible scenario:

The hospital already owns two surface lots on the west side of Valley at A Street.

With a complete removal of restriction against expansion outside the footprint, what keeps them from buying the other four parcels and creating another institutional super-block?

If I understand it correctly, in the case of the super-block, prior to being approved for use, the institution would need to have presented plans for this purchase and expansion in their IDP, and have the IDP approved by the Planning Board and the Council.

This is where I start to get confused.

- **How can the institution include in their IDP, their intention to develop that block if they have not yet purchased the other property?**
- **How "transparent" or detailed can an institution possibly be in sharing their plans for acquisition and development in the IDP and still protect their position of confidentiality as a buyer?**
- **How will an institution be able to present, as required by the IDP, a description of their "institutional objectives for property both within and outside the IOZ boundary" and still protect their property buying interests?**
- **If, in order to protect the confidentiality of the buyer/seller, an institution is not required to present specifics about their "assessment of future institutional growth and change" including specific properties to be purchased or sold, how is the neighborhood to protect themselves from potentially unfettered growth by the institution?**

Our biggest fear outside the prospect of a thirteen story parking garage, is that of a constant, ever expanding Maine Medical Center presence in our neighborhood.

This was a fear addressed and remedied in Chapter 1 of the 2005 Conditional Zone document and remains an active concern of those who live in this neighborhood. I've attached a copy of the Conditional Zone document along with a link to a story from 2010 relating to our neighborhood's concern over constant institutional expansion.

I'm sure there are parts of this process that many of us still need to understand. I greatly appreciate the patience and clarity that city planning staff, particularly Tuck and Jean, have demonstrated when speaking with me and my neighbors in trying to teach us about the process.

At this point however, I just don't see how the IOZ/IDP process demonstrates enough governance, control or influence over the institutions to protect those who might be negatively impacted by unrestricted expansion.

Before approving this approach, we need to figure out how the IOZ/IDP process can maintain and incorporate the protections provided by the current Conditional Zone Agreement; drafted and included for the long term benefit of our neighborhood, while still allowing consideration for thoughtful and agreed upon expansion by the institutions in our neighborhoods.

Thank you.

Tim McNamara

251 Valley Street

Portland, Maine



FINAL Contract 4.25.05 cra new patient visitor.odt
82K

Order 172-04/05
Given 1st reading: 2/23/05 Postponed on 3/7/05
Public Hearing & postponed on 4/4/05
Amended & Passage: 4/25/05 9-0

JILL C. DUSON (MAYOR)(A/L)
PETER O'DONNELL (A/L)
JAMES F. CLOUTIER(A/L)
NICHOLAS M. MAVODONES (A/L)

CITY OF PORTLAND
IN THE CITY COUNCIL

WILLIAM R. GORHAM (1)
KAREN A. GERAGHTY (2)
DONNA J. CARR (3)
CHERYL A. LEEMAN (4)
JAMES I. COHEN (5)

**AMENDMENT TO CITY CODE
SEC. 14-49 (ZONING MAP AMENDMENT)
RE: CONDITIONAL REZONING FOR PROPERTY
IN VICINITY OF WESTERN PROMENADE/ MAINE MEDICAL CENTER**

ORDERED, that the Zoning Map of the City of Portland, dated December 2000 as amended and on file in the Department of Planning & Development, and incorporated by reference into the Zoning Ordinance by Sec. 14-49 of the Portland City Code, is hereby amended to reflect a conditional rezoning as detailed below:

**CONDITIONAL ZONE AGREEMENT
MAINE MEDICAL CENTER**

AGREEMENT made this ____ day of _____, 2005, by **MAINE MEDICAL CENTER**, a Maine corporation with a principal place of business located in the City of Portland, County of Cumberland and State of Maine, its successors and assigns (**"MMC"**).

WITNESSETH:

WHEREAS, **MMC** is the owner of land and buildings located in Portland at Map 53, Block D, Lots 1, 2 and 7; Map 53, Block E, Lots 1, 2, 10 and 13; Map 53, Block G, Lots 1 and 13; Map 54, Block H, Lot 1; and Map 64, Block C, Lots 1 and 2; and Map 55, Block B, Lot 13 (the **"PROPERTY"**); and

WHEREAS, MMC is the largest provider of obstetrical services in Maine and provides the only statewide fulltime maternal fetal medicine service serving women and newborns at high risk and **MMC** has the only Level III neonatal intensive care unit in Maine; and

WHEREAS, in order to respond to the changing professional and clinical standards for the care of sick infants within the neonatal intensive care unit and to meet the spatial requirements of today's routine and high risk obstetrical and newborn care, **MMC** must build an addition comprised of 192,000 square feet (the "Charles Street Addition"); and

WHEREAS, MMC proposes to construct the Charles Street Addition by expanding vertically, on the site of an existing medical building bounded generally by Charles Street, Wescott Street, Ellsworth Street and Crescent Street; and

WHEREAS, in order to avoid a substantial expansion of the footprint of the buildings at **MMC** and, instead, to construct the Charles Street Addition by vertical expansion, it is necessary to modify the otherwise applicable height requirement in the R-6 Zone; and

WHEREAS, in order to accommodate the needs of the Charles Street Addition and to improve parking and traffic circulation on the **MMC** campus, **MMC** proposes to construct a new 512 car capacity parking garage along Congress Street (the "New Parking Garage"); and

WHEREAS, in order to achieve the requisite parking capacity within the available space, **MMC** needs to build the New Parking Garage at a height taller than the currently applicable height limit in the R-6 Zone and also to locate the New Parking Garage closer to Congress Street than the currently applicable setback requirement in the R-6 zone; and

WHEREAS, in order reduce transport time for critical patients coming to **MMC's** emergency department, **MMC** proposes to construct a helicopter landing pad on top of the

existing parking garage which fronts on Congress Street (the “Helicopter Landing Pad” also occasionally referred to as “Heliport or Helistop”); and

WHEREAS, in order to replace currently fragmented heating and cooling systems throughout its campus, **MMC** intends to construct a central utility plant, built into the hillside between the hospital and Gilman Street (the “Central Utility Plant”); and

WHEREAS, the Central Utility Plant will be built at a proposed height of 45 feet but is also designed to accommodate a future vertical expansion of two additional floors, with a maximum future height of 70 feet; and

WHEREAS, **MMC** currently has operating rooms, intensive care beds, and adult and pediatric beds in an existing building constructed in 1985 (expanded in 1998) and referred to as the “L. L. Bean Wing;” and

WHEREAS, **MMC** has no current construction plans for the L. L. Bean Wing, but anticipates that the L. L. Bean Wing will need to be expanded vertically at some time within the next decade; and

WHEREAS, the L. L. Bean Wing was designed structurally to accommodate such vertical expansion by an additional two stories; and

WHEREAS, **MMC** desires to provide for such eventual vertical expansion within this Agreement and additional vertical expansions, except as noted below, are not included within the scope of this Contract and will be subject to negotiation and approval in the future, when presented; and

WHEREAS, by expanding vertically for the Charles Street Addition rather than horizontally, **MMC** will need to remove only two residential buildings, and will do so in full

compliance with the housing replacement requirements of section 14-483 of the Portland Code of Ordinances; and

WHEREAS, in addition to such required replacement, **MMC** will divest itself of ownership of nine other buildings (two on Crescent Street, two on Ellsworth Street, one on Hill Street and four on Bramhall Street), enabling others to return them to residential use; and

WHEREAS, **MMC** has requested a rezoning of the **PROPERTY** in order to permit the above-described improvements; and

WHEREAS, the **CITY** by and through its Planning Board, pursuant to 30-A M.R.S.A. §4352(8) and Portland City Code §14-60, *et seq.*, and §14-315.3, after notice and hearing and due deliberation thereon, recommended the rezoning of the **PROPERTY** as aforesaid, subject, however, to certain conditions more specifically set forth below; and

WHEREAS, the **CITY** has determined that because of the unique circumstances of the location of an urban medical center campus in close proximity to historic and densely populated neighborhoods within the R-6 Zone, and in order to balance the interests of **MMC** and its residential neighbors, it is necessary and appropriate to impose the following conditions and restrictions in order to ensure that the rezoning is consistent with the City's Comprehensive Plan; and

WHEREAS, on April 25, 2005, the **CITY** authorized the amendment to its Zoning Map based upon the terms and conditions contained within this Agreement, which terms and conditions become part of the zoning requirements for the **PROPERTY**;

NOW THEREFORE, in consideration of the rezoning, **MMC** covenants and agrees as follows:

1. **MMC** will restrict any further expansion of its uses¹ in the Western Prom/ Parkside/ Gilman Street neighborhoods to the property specifically included in the following defined Campus²:

(a) The main campus, bounded by the north side of Bramhall Street, the

(b) western side of Wescott Street, a portion of the northern side of Crescent Street terminating with the proposed end of the new garage, and the south side of Congress Street between the existing and proposed new garage, and the eastern side of Gilman Street;

(c) The existing medical office building located on Congress Street across from the main campus;

(d) The Vaughn Street parking lot and McGeachey Hall;

(e) The existing West Street Medical Office Building located behind the row houses at the eastern end of West Street (CBL 55-B-13);

(f) The block bounded on Congress Street, Gilman Street, Valley Street and A Street.

2. The following exhibits are incorporated into and made a part of this Agreement:

Exhibit A: Helistop Overlay Zone Map

Exhibit B: Site Plan

1. Sheet C050: Campus Plan, Revision date: 9/16/04
2. Sheet C100: Site Plan, Revision date: 9/16/04
3. Sheet C101: Site Plan, Revision date: 9/16/04
4. Sheet C102: Site Plan, Revision date: 9/16/04
5. Sheet C103: Site Plan, Revision date: 9/16/04
6. Sheet C400: Landscape Plan, Revision date: 9/16/04

¹ “Future expansion of its uses” shall mean new construction of building(s) and or conversion of existing uses (including residential uses) into hospital related uses and the like. It shall not mean the occupancy of an existing building which contains a legally conforming medical related use.

² This provision shall not prohibit **MMC** from expanding or building in other areas of the City if permitted by zoning.

7. Sheet C401: Landscape Plan, Revision date: 9/16/04
8. Sheet C402: Landscape Plan, Revision date: 9/16/04
9. Sheet C403: Landscape Plan, Revision date: 9/16/04
10. Landscape Plan at Existing Garage, See sheets 401 & 402
11. Pedestrian Connection to Congress Street, 4/14/04
12. Parking Garage Rendered Elevation, North, (Option 1; Exhibit B, p.12, April 25,2005)
13. Parking Garage Rendered Elevation, (Option 1, Exhibit B, p. 12, perspective; April 25, 2005)
14. Parking Garage Rendered Elevation, South, 1/27/05
15. Central Utility Plant Rendered Elevation, 1/27/05
16. Charles Street Addition Rendered Elevation, South 1/27/05
17. Charles Street Addition Rendered Elevation, East 1/27/05
18. Charles Street Addition Rendered Elevation, North 1/27/05
19. Charles Street Material Board 1/27/05

20. Street Vacation/Acceptance and Land Transfer Plan (Sheet 1)
21. Street Vacation/Acceptance and Land Transfer Plan (Sheet 1)
22. Concrete Sidewalk Plan

Exhibit D: Miller Memo 01/06/05 and MMC Helipad Flight Paths, Harris Miller Miller & Hanson Inc., 9/16/04

Exhibit E: Helipad Operating Guidelines (2 pages); source, Lifeflight of Maine

Exhibit F: Helipad Plans

1. Heliport Plan, 1/27/05
2. Heliport Elevation, 1/27/05
3. Heliport Perspective, 1/27/05

Exhibit G: Vaughan Street Parking Lot Landscaping Plan

1. Landscape Plan, 7/8/04
2. Wall Treatment
3. Fence Detail
4. Landscape Section

3. The **CITY** shall amend the Zoning Map of the City of Portland, dated December 2000, as amended from time to time and on file in the Department of Planning and Urban Development, and incorporated by reference into the Zoning Ordinance by Portland City Code §14-49, by adopting the map change amendment below, which map change includes a Helistop Overlay Zone as more particularly depicted on Exhibit A.



4. The **PROPERTY** and site improvements shall be developed and operated substantially in accordance with the site plan shown on Exhibit B (the “Site Plan”), which Site Plan includes but is not limited to street layouts, landscaping, and building elevation drawings for initial construction, subject to the approval of the Site Plan by the City’s Planning Board in compliance with the requirements of Chapter 14, Article V. The architectural treatment of the façade of the New Parking Garage may be revised during site plan review and shall meet the site plan standards of 14-526(16). Minor revisions to the Site Plan in the nature of field adjustments may be approved by the Planning Authority, without the need for amendment of this Agreement or further approval by the City Council.

5. No building permits shall be issued unless and until **MMC** receives conditional use approval pursuant to section 14-474 (Expansion of Institutional Use) and section 14-483 (Housing Replacement), site plan approval pursuant to section 14-483(e) of the City Code, approval under the Site Location of Development Act and an MDOT traffic movement permit, if required. No occupancy of the newly constructed buildings shall be permitted unless and until all site plan conditions of approval have been satisfied and the City Council has taken final action on the street discontinuances and street acceptances required for the realignment of certain streets, as shown on the Site Plan (Exhibit B).

6. **MMC** shall provide to the **CITY** a performance guarantee covering all required site improvements under section 14-525(j) of the City Code and the two replacement dwelling units provided under paragraph 6(d) of this Agreement.

7. The **PROPERTY** shall be governed by the zoning provisions, as such may be amended from time to time, applicable in the zoning districts underlying the Conditional Zone except as follows:

(a) Height Limits. The maximum structure height (measured according to the definition of “building, height of” in section 14-47) shall be:

- 95 feet for the Charles Street Addition, as depicted on the Site Plan
- 70 feet for the New Parking Garage, as depicted on the Site Plan
- 45 feet for the Central Utility Plant, as depicted on the Site Plan
- 111 feet for the L. L. Bean Wing, as already constructed.

(a) Setbacks.

- The minimum setback of the New Parking Garage shall be zero (0) feet from the right of way line of Congress Street.
- The minimum setback of the southeast corner of the Charles Street Addition shall be five (5) feet from the relocated right of way line of Ellsworth Street, as depicted on Exhibit B.
- The minimum setback of the Central Utility Plant shall be five (5) feet from Gilman Street.

(d) Replacement Housing. The replacement of the two existing residential structures at 33 Crescent Street (identified as Map 53, Block E, Lot 2) and 37 Crescent Street (identified as Map 53, Block E, Lots 1, 10 and 13) containing a total of seven dwelling units and two single-room occupancies by a portion of the New Parking Garage shall be deemed to meet the requirements of section 14-137(c), provided that **MMC** shall comply fully with the requirements of section 14-483 (Preservation and Replacement of Housing Units). Specifically, **MMC** shall comply with section 14-483 by (i) converting the building at 325-329 Brackett Street identified as Map 54, Block D, Lot 7 (the last approved use of which was office space) into two dwelling units prior to the issuance of a certificate of occupancy for the New Parking Garage and then divesting itself of ownership of the building prior to the issuance of a certificate of occupancy for the Charles Street Addition and (ii) paying Three Hundred Fifteen Thousand Five Hundred Eighty dollars (\$315,580.00) into the **CITY**'s Housing Development Fund (representing five dwelling units and two single-room occupancies) upon

approval of the Site Plan by the CITY's Planning Board. The deadline for divestiture may be extended by the Planning Authority if MMC demonstrates that reasonable good faith efforts to market the property instituted at least 6 months prior to the deadline have failed to produce a bona fide offer at or above fair market value and on commercially reasonable terms.

(e) Sidewalks. MMC shall comply with the CITY's Brick District Policy Plan, except that, at the time of final site plan review, the Planning Board may approve the use of concrete sidewalk materials, as shown on Exhibit B 22, because of the particular needs or requirements of the hospital use.

(f) Street level uses in garage. The street level of the new parking garage may be used for any use allowed in the B-2 zone.

8. The Helicopter Landing Pad shall not be subject to the provisions of section 14-409 (Heliports), but shall be governed by the provisions of the Helistop Overlay Zone, sections 14-325 through 14-327), except as follows:

(a) Setbacks. Because it is to be located on the roof of an existing structure, the landing pad shall not be required to meet the setback requirements of Section 14-327(3) or the fencing requirements of Section 14-327(4).

(b) Flight routes. MMC shall identify preferred flight routes, to be approved by the CITY, designed to minimize noise impact of helicopter flights on surrounding residential areas, shall notify all flight providers likely to use the Helicopter Landing Pad of such preferred routes, and shall take the following measures to ensure that such preferred routes are utilized whenever weather conditions, safety considerations and the best interests of the patient being transported permit, with the expectation that this will be the usual case. MMC will instruct all providers which regularly use the Helicopter Landing Pad that pilots must file an exception report with the Air Medical Provider Administration of Lifeflight of Maine or its successor entity for operations modified for safety considerations or at the direct request of Approach Control at the Portland International Jetport. Logs of these exception reports will be made available to MMC and to the CITY every six months. When and if the Portland Jetport has the capacity to maintain and preserve data which specifically identifies flight routes actually taken by aircraft using the Helicopter Landing Pad, the CITY shall consult such data to review compliance with this paragraph, and MMC, upon request of the CITY, will be responsible for the CITY's reasonable costs of translating such data into useable form, but not for the costs of the flight monitoring. Initially, such preferred flight routes shall be as shown on the map attached to this Agreement as Exhibit D. At the initiative of either the CITY or MMC, the map of preferred flight routes may be amended from time to time by agreement between MMC and the City Council. The City Council shall consult with the Portland International Jetport and shall convene a neighborhood meeting to obtain input from residents of any affected residential areas before agreeing to any such amendment. An agreement between the parties to change preferred flight routes under this paragraph shall include noise mitigation measures in addition to those described in paragraph 7(g) below provided the noise mitigation measures are recommended by

an independent noise consultant. In addition, after one full year of operation of the Helicopter Landing Pad (measured from the date of the first patient transport flight to use the Helicopter Landing Pad), the City Council shall review the operation of the preferred flight routes and may initiate amendments to the map of preferred flight routes, following the procedures specified above. In connection with review or amendment of flight routes under this paragraph, the **CITY** may engage the services of an independent consultant and **MMC** will reimburse the **CITY** for its reasonable costs of obtaining such consulting services provided that the **CITY**, in advance of engaging the consultant, affords **MMC** an opportunity to comment on the scope of the consultant's engagement.

(c) Fly Neighborly. In negotiating any contract or agreement with any provider of emergency medical transport by helicopter, **MMC** will require the provider to operate in compliance with the "Fly Neighborly Guide" revised February 1993, (and any subsequent revisions) prepared by the Helicopter Association International Fly Neighborly Committee and published by the Helicopter Association International. **MMC** shall establish a complaint number and a protocol for handling complaints, which shall be publicized within the neighborhood, and the complaints will be reviewed no less than quarterly by the Maine Medical Center Neighborhood Council, noted below.

(d) Helipad operating guidelines. Helicopter landings on the Helipad are approved for emergency patient care only. Any use of the Helicopter Landing Pad for other than emergency patient care transport shall be deemed a violation of this Agreement and shall result in the termination of the Helicopter Overlay. The following standard practices will be incorporated as general policy for operations in and out of the Maine Medical Center Helipad and shall be communicated by **MMC** to providers. At all times, the Pilot in Command (PIC) will determine safety of operations as a first consideration. Under normal operating circumstances, take-offs, landings and standing-by on the Helicopter Landing Pad shall be conducted according to the Operating Guidelines, attached hereto as Exhibit E, subject at all times to the judgment of the helicopter pilot concerning safety and to the judgment of the emergency medical personnel concerning the health of the patient.

(e) Equipment. In generating any specifications in connection with the negotiation of any contract or agreement with any provider of emergency medical transport by helicopter, **MMC** will specify that helicopters utilizing the Helicopter Landing Pad (with the exception of U.S. military or government aircraft) are relatively new turbine powered aircraft meeting requirements under ICAO Annex 16 Chapter 8 for in-flight noise levels and complying with FAA airworthiness standards, 14 CFR part 36.11 and 14 CFR 21 Sub-part D, or any amended or successor requirements or standards.

(f) Design and construction. The Helicopter Landing Pad shall be constructed as shown on Exhibit A.

(g) Mitigation. **MMC** will pay for the installation costs associated with the full installation of soundproofing improvements contained within Exhibit D, except in lieu of central air conditioning **MMC** will also pay for the installation of ventilation improvements to one or more rooms within each such dwelling unit as reasonable and appropriate as determined by the

CITY. The **CITY** shall contract for such work and **MMC** shall be responsible for the costs associated therewith, plus a 10% administrative fee to be paid to the **CITY**. Before entering into any contract for such work, the **CITY** shall notify **MMC** and give **MMC** the opportunity to comment on the scope of the proposed work and the estimated cost thereof. The properties to be included under this provision are as follows: 879 Congress Street (Map 53, Block I, Lot 16), 921 Congress Street (Map 65, Block D, Lot 17), 925 Congress Street (Map 65, Block D, Lot 16) and 929 Congress Street (Map 65, Block, D, Lot 14). Such funds shall only be expended if the present owners of such buildings request such improvements no earlier than six months and no later than eighteen months after commencement of the operation of the Helicopter Landing Pad. For a period of five years from the date of this Agreement, any new owner of the aforementioned properties may request such improvements no later than eighteen months after purchase of said property(s).

(h) Accreditation. The principal provider of air medical transport to **MMC** shall be accredited by the Committee on Accreditation of Medical Transport Systems or its successor agency. Providers using the helicopter landing pad shall be accredited by the Committee on Accreditation of Medical Transport Systems or its successor agency, unless special circumstances warrant a non accredited provider such as the Air National Guard, the U.S. Coast Guard or other users.

9. Signage shall comply with the requirements of sections 14-336 through 14-372.5 of the City Code, except as otherwise approved by the Planning Board under Chapter 14, Article V.

10. For the purpose of keeping surrounding residential areas apprised of its future development plans, and to address any neighborhood issues related to the operations of the **MMC** campus (including but not limited to complaints or operating issues with respect to the helipad and future planning and development programs associated with **MMC**), **MMC** shall, no less than quarterly, and with two weeks written notice, invite representatives of the Maine Medical Center Neighborhood Council to meet with designated representatives of **MMC**. For purposes of this requirement, the Maine Medical Center Neighborhood Council shall consist of two representatives of the Parkside Neighborhood Association, , two representatives of the Western Prom Neighborhood Association, and two representatives of the Gilman/Valley Streets neighborhood. The neighborhood organizations shall designate the persons who shall serve on the Maine Medical Center Neighborhood Council. In the event there is no formal neighborhood organization, the City Council District Councilor shall designate the persons to serve on the Maine Medical Center Neighborhood Council.

11. **MMC**, prior to occupancy of the Charles Street Addition, shall relocate the sewer serving 31 Crescent Street, as depicted on the Site Plan (Exhibit B). In addition, **MMC** shall provide two off-street parking spaces for use by the tenants of 31 Crescent Street for so long as 31 Crescent Street serves as a residential structure.

12. **MMC** agrees that it will make the parking garage contemplated within this Agreement available for use by the public for snow ban purposes in a fashion similar to that

required in its Congress Street/Forest Street parking garage. In addition, **MMC** shall require all of its vendors, contractors and subcontractors to utilize a parking garage or other approved parking area/facility for vehicles and truck parking during construction.

13. **MMC** agrees to divest itself of ownership of the following existing structures owned by **MMC** according to the following schedule:

Prior to the issuance of a certificate of occupancy for the Charles Street Addition:

15 Crescent Street (Map 53, Block F, Lot 6)
25 Crescent Street (Map 53, Block E, Lot 5)
25 Ellsworth Street (Map 53, Block H, Lot 2)
32 Ellsworth Street (Map 54, Block C, Lot 5)
20 Hill Street (Map 54, Block C, Lot 1)

No later than January 1, 2010 or the issuance of a certificate of occupancy for any of the future expansions described in Section 6(b) above, whichever is earlier:

19 Bramhall Street (Map 63, Block A, Lot 4)
23 Bramhall Street (Map 63, Block A, Lot 3)
25 Bramhall Street (Map 63, Block A, Lot 2)
31 Bramhall Street (Map 63, Block A, Lot 1)

The deadline for divestiture of any of such property may be extended by the Planning Authority if **MMC** demonstrates that reasonable good faith efforts to market the property instituted at least 6 months prior to the deadline have failed to produce a bona fide offer at or above fair market value and on commercially reasonable terms.

14 **MMC** agrees that it will remove the existing building located at 261-269 Valley Street (formerly the “Eagles Club”) within 12 months after the effective date of this Agreement and that the site of the removed building will be loamed and seeded unless and until otherwise developed pursuant to an approved site plan.

15 **MMC** shall provide landscaping of the area surrounding its Vaughn Street parking lot as shown on the landscaping plan attached hereto as Exhibit G and shall construct, maintain and continue to own the “pocket park” located at Ellsworth and Charles Streets as shown on the Site Plan (Exhibit B). The improvements to the Vaughn Street parking lot shall be completed within 12 months of the effective date of this Agreement.

16. **MMC** agrees to allow public pedestrian access between its campus and Congress Street through a new enclosed stairway to be constructed adjacent to the New Parking Garage, as depicted on Exhibit B.

17.. **MMC** shall contribute \$800,000 to the **CITY** to use for public improvements in the general vicinity of Maine Medical Center.

18.. MMC agrees that it will encourage its employees and visitors to use alternatives to single-occupant automobiles when traveling to and from the **PROPERTY**. In its application under the Site Plan Ordinance, MMC agrees to include among its written statements an Alternative Transportation Plan. The Alternative Transportation Plan will propose strategies to reduce single-occupant automobile trips to the **PROPERTY**. Such strategies shall include, but not be limited to, subsidies and other incentives for employees and visitors to use local and regional mass transportation, share rides (carpools and vanpools), ride bicycles and walk. The Planning Board will include the Alternative Transportation Plan in its consideration of sections 14-526(a)(1) and (2) of the City Code. In addition, an analysis of effectiveness and functioning of the Alternative Transportation Plan shall be provided to the City Council's Transportation Committee on an annual basis.

20.. The above restrictions, provisions and conditions are an essential part of the rezoning, shall run with the **PROPERTY**, shall bind and benefit **MMC**, its successors and assigns, and any party in possession or occupancy of the **PROPERTY** or any part thereof, and shall inure to the benefit of and be enforceable by the **CITY**, by and through its duly authorized representatives. Within 30 days of approval of this Agreement by the City Council, **MMC** shall record a copy of this Agreement in the Cumberland County Registry of Deeds, along with a reference to the book and page of the deeds to the property underlying said **PROPERTY**. Unless otherwise stated within this Agreement, this Agreement governs only the **PROPERTY** expressly covered by this Agreement and applies only within the boundaries of the rezoned area as shown on the map. Nothing in this Agreement shall have any effect on or be construed as having any bearing on the use or development of any other properties owned by **MMC** or its affiliates, all of which shall continue to be governed by the applicable provisions of the Portland Land Use Code, without regard to this Agreement.

21.. If any restriction, provision, condition, or portion thereof, set forth herein is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed as a separate, distinct and independent provision and such determination and shall not affect the validity of the remaining portions hereof.

22.. Except as expressly modified herein, the development, use, and occupancy of the **PROPERTY** shall be governed by and comply with the provisions of the Land Use Code of the City of Portland and any applicable amendments thereto or replacement thereof.

23.. This conditional rezoning agreement shall be enforced pursuant to the land use enforcement provisions of state law (including 30-A MRSA 4452) and **CITY** Ordinance. No alleged violation of this rezoning Agreement may be prosecuted, however, until the **CITY** has delivered written notice of the alleged violation(s) to the owner or operator of the **PROPERTY** and given the owner or operator an opportunity to cure the violation(s) within thirty (30) days of receipt of the notice. Following any determination of a zoning violation by the Court, and in addition to any penalties authorized by law and imposed by the Court, either the Portland Planning Board on its own initiative, or at the request of the Planning Authority, may make a recommendation to the City Council that the Conditional Rezoning be modified or the **PROPERTY** rezoned.

24.. In the case of any issue related to the **PROPERTY** which is specifically addressed by this Agreement, neither **MMC** nor their successors may seek relief which might otherwise be available to them from Portland's Board of Appeals by means of a variance, practical difficulty variance, interpretation appeal, miscellaneous appeal or any other relief which the Board would have jurisdiction to grant, if the effect of such relief would be to alter the terms of this Agreement. In cases that fall outside of the above parameters (i.e., alleged violations of any provisions of Portland's Land Use Code, including, but not limited to, the Site Plan Ordinance, which were neither modified nor superceded by this Agreement), the enforcement provisions of the Land Use Code, including, but not limited to, the right to appeal orders of the Planning Authority, Building Authority and Zoning Administrator shall apply. Nothing herein, however, shall bar the issuance of stop work orders.

WITNESS

MAINE MEDICAL CENTER

By:

Its:

STATE OF MAINE
CUMBERLAND, ss.

Date: _____, 2005

Personally appeared before me the above-named _____, in his capacity as _____ of Maine Medical Center, and acknowledged the foregoing instrument to be his free act and deed in his said capacities and the free act and deed of Maine Medical Center.

Before me,

Notary Public/Attorney at Law



James Dealaman <jdealaman@portlandmaine.gov>

Fwd: PB hearing on IOZ new ordinance

1 message

Jean Fraser <jf@portlandmaine.gov>

Tue, Mar 28, 2017 at 2:18 PM

To: James Dealaman <jdealaman@portlandmaine.gov>

This is PC 22 and the one I have already copied (paper copies) for the Board meeting- just needs to go into your other system. thanks, Jean

----- Forwarded message -----

From: **moses sabina** <mosessabina@yahoo.com>

Date: Tue, Mar 28, 2017 at 1:16 PM

Subject: Re: PB hearing on IOZ new ordinance

To: Jean Fraser <jf@portlandmaine.gov>

Jean,

Here are some comments for the planning board meeting:

Portland Planning Board,

My name is Moses Sabina, I am an owner/resident of 4 Gilman St. I have the unique perspective of participating in the MMC Neighborhood Council since its inception, longer than any other neighbor or MMC staff. I am concerned that the language in the IOZ regarding neighborhood engagement is too vague. The IOZ calls for a plan for neighborhood engagement. Who decides what is acceptable? What is the mechanism for institutional accountability?

Here are some examples of instances when MMC has either exploited a loophole in the CRA or attempted to with little to no accountability.

1. The Retail Space: The current CRA required MMC to create a retail space as part of the new visitor garage on Congress St. The retail space was called for by neighbors and the planning board. After sitting vacant and completely undeveloped (it has a dirt floor to this day), I made it a point to check in on the progress of finding a tenant for it nearly every quarterly meeting. MMC reported that they had many interested parties over the years, but no lease was ever signed. MMC conducted a survey of their staff asking what type of business would be beneficial. One meeting their real estate listing agent, Mark Malone, told us that the asking price was too high. After many years of updates on the retail space, neighbors and I finally had the opportunity to ask Rich Peterson about it; he informed us that MMC had no intention of leasing the space, and never had. In this case, MMC fulfilled their obligation in the CRA by creating the space, but ignored the intentions of the community and opportunity to house a neighborhood business.

2. Snow Ban Parking: MMC is required by the city to provide snow ban parking in both the new visitors garage and the Forest St Garage. The record as to how many spaces they are required to provide is unclear, yet MMC has manufactured their own number. MMC has closed a nearly empty Forest St garage during parking bans, prohibiting neighbors from parking there. This is an issue we thought we had worked out in the quarterly meetings, but it occurred again this winter. To their credit, after phone calls were made, the garage was re-opened.

3. Sportsman's Lot: Though the CRA prohibits MMC from expanding their footprint, they attempted to buy the lot across the street from the employee garage, formerly the site of the Sportsmans restaurant. This decision was announced to the Neighborhood Council in a meeting. After reviewing the CRA, I brought the issue to Penny Littell, who at that time was on the Portland City legal department. MMC was disallowed from purchasing the property. They claimed that they didn't understand the CRA. It's pretty clear. It draws a line which says, across this you do not! [chapter 1, page 5]. The fact that they made the attempt speaks volumes to the need for regulation and enforcement. If I had not raised the issue, I'm not sure whether anyone else would have. Where today stands a thriving neighborhood restaurant in Salvage BBQ, could be another MMC owned building, another dune in the urban desert, which contributes nothing to the neighborhood street scape.

4. The Current Proposed Expansion Project: The IOZ calls for neighborhood engagement, and one shape that could take is a quarterly meeting like the one I have been engaged in with MMC for roughly ten years. That's a lot of my time donated to hospital neighborhood relations; time that I would like to think has not been wasted. It's hard to think that

when I hear Jeff Sanders from MMC state that they've been working on the current proposed expansion project for a year and a half; that six quarterly meetings that nary a whisper of this project was uttered in meetings which are required by the CRA for the express purpose of "surrounding residential areas apprised of future development plans" [CRA chapter 10, page 11]. They have an urgent need for single occupancy rooms, there is no denying that. I want my local hospital to be the best it can be, who doesn't? It is, however, hard to hear the cries for urgency in the city planning process when they ignored the opportunity for neighborhood feedback in mandated meetings with neighbors who they know and have been engaging with regularly for years. Somewhere, in the IOZ or not, there needs to be very specific language regarding neighborhood engagement, and oversight of the engagement, otherwise we will continue the pattern of wasted time and missed opportunity. We now hear MMC is looking at some alternative to the proposed project; how much time and money was wasted getting to that decision? Whether they wanted to hear it from us or not, neighbors and MMC could have had that discussion a year and a half ago.

5. TDM Reports: The CRA [chapter 18, page 13] calls for annual TDM reports to be submitted to the city. We haven't had any discussion of TDM in our quarterly meetings in a long time.

Please consider making the IOZ more specific with regard to neighborhood engagement.

Respectfully,

Moses Sabina

From: Jean Fraser <jf@portlandmaine.gov>
To: "Fraser, Jean" <jf@portlandmaine.gov>
Sent: Thursday, March 23, 2017 2:29 PM
Subject: PB hearing on IOZ new ordinance

Hello

Further to my e-mail on March 13 (which advised about the postponement of this hearing to March 28th because of the storm) I am writing to advise you:

- the PB hearing will be at **4:30pm on Tuesday March 28th**;
- the agenda is attached for information;
- and that a very slightly revised text of the IOZ will be presented to the Board for consideration on Tuesday, and the final version will be placed on the City's website tomorrow by the end of the day at the following link:

https://me-portland.civicplus.com/AgendaCenter/ViewFile/Agenda/_03282017-2001?html=true

[Please note that we have not yet received any further MMC submissions, and I will let you know when that specific project will next be discussed at a Planning Board meeting.]

Thank you - and please do not hesitate to contact me if you have any questions.

Jean

--

*Jean Fraser, Planner
City of Portland
874 8728*

Notice: Under Maine law, documents - including e-mails - in the possession of public officials or city employees about government business may be classified as public records. There are very few exceptions. As a result, please be advised that what is written in an e-mail could be released to the public and/or the media if requested.

April 18, 2017

Tuck O'Brien
Jean Fraser
City of Portland Planning Department

Re: Neighborhood Review of MMC IDP

Hello Tuck and Jean,

We write to share with you our group's review of the MMC IDP submitted April 7, 2017.

We've all spent multiple hours over the last several weeks focusing on the new IOZ with the goal of understanding its function and its intended benefit to the institutions, the city and the neighborhoods.

We then proceeded to the IDP. Each of us read the document on our own then divided up chapters for individual review. We convened and shared our understanding, our confusion and where appropriate our objection to language, data and positions taken by the hospital in the IDP.

We then drafted a two part document to cross reference and list our concerns.

The first part of the document examines the IDP on its own- *unrelated to the demands of the IOZ*. We've listed our objections, our questions and our concerns in the areas of height and massing, institutional expansion into our neighborhood, policies regarding snow ban parking, smoking, construction impact mitigation and the lack of involvement the neighbors have been allowed relating to design, construction management and infrastructure impact.

Next, we returned to the IOZ and highlighted those areas where we found the IDP failed to meet the demands of the IOZ. From that highlighted IOZ, we drafted a list of questions and observations calling attention *by paragraph* to the IOZ demands that we believe are unmet.

(In addition to the two part document, we've attached our highlighted version of the IOZ including our notes.)

While we have submitted a list of questions to the hospital for discussion at the April 19 expansion meeting, (several of which cover topics found in our document here,) we feel this more in depth review of our concerns should be directed to you in the Planning Department.

Some of these questions may be answered at the Expansion Group meeting on Wednesday. Pending the outcome of that meeting perhaps we can get together the following week and speak to what questions and concerns may remain.

Thank you,

Tim McNamara
Sarah Martin
Moses Sabina
Garry Bowcott
Brian Stickney
Tricia Bisson
Jenny Mackenzie

The IDP on its own:

1.

We object to the one hundred and fifty foot height proposal for the Gilman block. Page 116

No matter what is built there and no matter how it is designed or setback, one hundred and fifty feet is too high for that block. Current zoning height allows for sixty five feet. Considering the homes along A Street that will sit directly opposite any construction on that block, the height restriction of sixty five feet should be maintained.

2.

We object to the boundaries outlined in the IDP extending to the two commercial blocks on Valley at Congress and Congress at Forest street. Pg 110

Further hospital expansion into these blocks would be detrimental to the neighborhood.

Development by the hospital of these two pivotal blocks would eliminate more than twenty residential units in a town desperately in need of housing units. Additionally, hospital development here would either displace or negatively impact existing businesses that serve as a draw and an attraction to our neighborhood.

Best case scenario would in fact be for the hospital to divest itself of the two lots it owns on Valley at A Street. This would free up that corner for possible mixed use housing/retail development by private ownership.

To include these two blocks in the sphere of potential expansion hurts this neighborhood at a time when we are beginning to become a more attractive destination for retail, hospitality, housing and other development.

We realize that property owners have the right to sell to whomever they choose. However, the removal of restrictions on hospital expansion in our neighborhood, exposes us to more of the institutional creep that the current zoning was crafted to prevent.

With the exception of those who would benefit from the sale of their property to a bidder of such resources as Maine Med, those of us who live here will suffer if the hospital is allowed to expand onto these two blocks.

The hospital has managed to budget over half a billion dollars for an expansion that takes place within their current footprint. In the event they see the need for further expansion we would suggest they consider the area of St John Street between Congress and Park Avenue as an alternative to the two blocks proposed.

3.

When will the public be able to view the drawings and plans for the expansion?

Page 94 references a "transparent bridge" connecting the Gilman garage to the main entrance. There is a drawing on page 91 showing what appears to be a span over the top of Gilman Street. We have asked for months about drawings and have been told there are none available. We've been assured that we would be involved in the discussion of design. The IDP is now showing conceptual drawings of a bridge over Gilman Street. This bridging of Gilman street has seen much discussion among neighbors and there are several concerns over the concept. We need to be in that conversation before plans are finalized.

4.

Parking garage demolition.

Page 99 schedules the demolition of the garage from June to December 2019.

We have been asking for months how and when the garage will be removed and how we might prepare for this event. From a *construction impact* point of view, the demolishing of that structure will have the greatest *impact* on the surrounding neighbors quality of life. Seven months of demolition will pose the greatest risk of damage to our buildings and months of disruption, vibration, dust and noise will most likely result in losses to business and great difficulties leasing or re-leasing to tenants. We have asked if the garage would be imploded or taken down with wrecking balls and jackhammers. We've asked how long the demo might take. Businesses and landlords in the area have expressed great concern over potential hardships resulting from this action. This too is a conversation we need to be involved in and apparently we are not.

5.

Smoking

The language prepared by the hospital on page 102 and the actions they claim to be taking fall well short of addressing this problem. The campus wide ban on smoking has resulted in hospital patients, visitors and staff leaving campus for the purpose of smoking on our city streets and sidewalks as well as oftentimes our private property. This is a dynamic that has

many neighbors unhappy. Exposure to second hand smoke and piles of cigarette butts on our streets and sidewalks is the result of the hospital policy forcing their people to smoke off campus. We are told by the hospital that all across the city people are dealing with unwanted smoke and we are asked to believe that the hospital isn't even sure if the people smoking around its facility are associated with MMC. We are asked to believe that proactive walkabouts are taking place and that a vendor is working 4 to 6 hours every Monday, Wednesday and Friday to pick up butts. If this IDP document is to be considered credible, this piece needs to be completely redone.

6.

Snow Ban Parking

Pages 93 and 102 address the issue of Snow Ban Parking. To be clear, current zoning states that "MMC agrees that it will make the parking garage contemplated within this Agreement available for use by the public for snow ban purposes in a fashion similar to that required in its Congress Street/Forest Street parking garage." The hospital has failed to meet this commitment in the past and often times has locked people out of accessing either garage during a snow ban. Page 93 references abuse by neighbors in the past. We know of no one in any of our organizations who were part of the group "abusing" the free use of the MMC garage. We fully agreed with MMC when we heard about unauthorized cars having been removed from their garages. We heard of the towing well after the fact and MMC never asked us if we knew who might be illegally parking in the lots. As far as we "neighbors" know...those vehicles could have been employees, or visitors or any opportunist with an eye on using a wide open, un-monitored parking garage to store their vehicle.

The language on page 122 essentially says that the hospital will offer neighbors space in the 887 Forest Street garage during snow ban parking so long as such spaces are not needed to service MMC. This is not good enough. When both 887 Congress Street and the new patient and visitor garages were built, the understanding between the city and the hospital was that snow ban parking would be made available in both. To put a condition such as the hospital has on use by neighbors runs counter to what has been a long standing mandate.

7.

Page 66

I'm not sure what is trying to be said in the bottom half of the text on the left side of the page but it does not make sense.

8.

Page 34

The two charts on this page we find misleading and confusing. Shouldn't peer comparisons involve institutions of similar size, geographical location, demographics, etc? Why aren't Dartmouth Hitchcock and UMass Memorial included? Also, since the purpose of the charts are to prove MMC's need for parking, shouldn't they both include the same "peer" institutions when referencing inpatient parking demand and employee parking demand?

9.

Pages 116, 117,60

The Gilman garage is shown on page 60 as extending down to St John Street. I think this is just an error in labeling Valley Street as St John. Valley and St John streets are flip flopped on pages 116 and 117 as well.

10.

Page 83

Table 5.1 references potential on site roof top energy production? We've not heard about this. Will this generate noise or vibration? Is this wind power? Solar?

As the IDP relates to the demands of the IOZ

14-277 (c)(g)Purpose of the Institutional Overlay Zone

According to the purpose statement on page 1 the IOZ intends to ensure that institutional growth "complements" and "integrates " as well as looks to the "need" of adjacent neighborhoods through carefully planned transitions and unique regulatory requirements. We don't see that the IDP accomplishes that. In fact while the IDP speaks of transitions there is no example demonstrating how such transitions will be achieved.

14-280 (b) IDP Planning Horizon

Other than the plan that has been proposed for development within the current footprint, the only other outline of the

anticipated growth is the drawn boundary lines around the two lots discussed above. Isn't the IDP supposed to be more specific as to what the institution's actual plans for future development are?

14-280(c)1b v

The square footage of the parking garages has been omitted from the IDP.

14-280 (c)1 c ii

14-280(c) 2 b i b/c

This calls for a traffic study and the IDP does not contain a traffic study. If the institution is able to defer this study until the Site Plan review then why does the IOZ demand it?

14-280 (c)1d

Third on our list of public concerns behind a thirteen story garage and unfettered hospital expansion is mitigation of the construction impact on our buildings, our tenancies and our businesses. We had expressed the need for baseline engineering reads on properties that might suffer damage from demolition vibration, pile driving and all other related construction impact. We had also asked for remedies to business interruption owing to construction impact. These concerns are not reflected in the IDP. (see page 51)

14-280 (c) 2 b 1 b, c

Traffic study required to meet this demand.

14-280 (c) 2 b ii b Environment

We cannot find language in the IDP addressing the generating and the effect of vehicle exhaust on the neighbors from the new proposed parking structure.

14-280 (c) 2 b iii Infrastructure

More is needed to provide baseline information on the conditions of the surrounding roadways and how they will hold up under the additional traffic -both during construction and long term.

14-280 (c) 2 b iv a, b, c, d Design

a. Wind and shadow issues insufficiently addressed in the IDP. We should see the studies relative to wind and shadows as they relate to the new construction.(see pages 90, 91)

b. Transition areas? Unclear where in the IDP this is addressed.

c. CPTED-This chapter should be modified to include commitment by the hospital to staffing the entrances to parking areas, providing a visible security presence on the grounds and in the garages and adding language specifically addressing the problems of prostitution, vagrancy and suicide on hospital property. (page 94)

d. Environment /public realm plan on page 95 consists of two drawings. It is unclear what the drawings are supposed to represent.

14-280 (c) 2 b v Neighborhood Engagement

a. The language on page 98 is the same language present in the current Conditional Rezone Agreement. This language failed to work as intended. For example, neighborhood representatives were not told of the five hundred million dollar expansion until a day before the news was released to the press. This project had been in motion for months or years before neighbors were informed of its scope or its scheduling. The question of how the hospital is to be held to its commitments, its mandates and the terms of the city code has been asked in front of the Planning Board by neighbors. This chapter needs refining with language that can actually hold the hospital accountable for performance.

c. The question of assuring communication pertaining to property acquisition continues to perplex us. How is it that an institution is to share acquisition /disposition info and still protect itself as a buyer or seller? We are unsure where or if this is addressed in the IDP.

d. Relating to construction management, our obvious concerns over the demolition of the garage are expressed earlier in this document. Pages 99-101 are an attempt at a construction management plan but really say nothing. For example construction will take place Monday through Friday seven am to six pm... Unless there is a need to work after six pm or on Saturdays or Sundays.

Or this example..."MMC is committed to mitigating construction noise impacts. Increased community sound levels,

however, are an inherent consequence of construction activities. When these events are scheduled, advance notice will be provided." This paragraph requires much more in the way of detailed mitigation measures to be undertaken by the hospital during construction.

14-280 (d) Standards of Review

5. We don't see how traffic impacts have been anticipated without a traffic study on hand.
7. What are the potential cumulative environmental impacts and where are they addressed in the IDP
9. As we have not seen anything in the way of a comprehensive design it is impossible to discuss transitions within the neighborhood.
10. In the event the hospital boundary is expanded to include the two blocks in question then compatibility, maintaining housing and the support of local amenities will not be possible.
11. Ditto

14-281 Regulatory Framework

(d)

4. Without graphics, sketches or plans it is impossible to speak to the transition zones.
5. Requires traffic study.
8. This paragraph in the IOZ addresses the requirement of clarifying building placement and massing and again discusses the transition zones. Without plans or drawings, it is impossible to do any of this.
9. Pages 99-101 offer insufficient detail as asked by the IOZ. Buffering is not addressed neither is mitigating the impact of construction on neighboring properties.



DIVISION 16.1. INSTITUTIONAL OVERLAY ZONE (IOZ)

14-277. Purpose of the Institutional Overlay Zone

The Institutional Overlay Zone (IOZ) designation provides a regulatory mechanism available to the city's four major medical and higher education campuses where an improved regulatory structure is needed to facilitate a consistent, predictable, and clear growth management process. The purposes of the Institutional Overlay Zone are to:

- (a) Acknowledge that the city's major academic and medical institutions play a prominent role in the health and well-being of the local and regional community, and in order to sustain that role, these institutions need flexibility to change and grow;
 - (b) Encourage proactive planning for institutional change and growth which identifies and addresses likely long-term institutional needs and cumulative impacts while leveraging potential benefits at the neighborhood, city, and regional level;
 - (c) Ensure that institutional change and growth both complements and, as appropriate, integrates adjacent or surrounding neighborhoods through carefully planned transitions;
 - (d) Support the formation and continuation of mutually beneficial public-private cooperation;
 - (e) Support an ongoing public engagement process that benefits both the institutions and nearby neighborhoods;
 - (f) Reflect Comprehensive Plan and other policy objectives;
- and
- (g) Provide a consistent regulatory approach to all major institutions which allows unique regulatory requirements that balance the particular needs of institutions with the needs of the surrounding neighborhood and wider community.

14-278. Location and Applicability

The city's four primary medical and higher education institutions are eligible to apply for designation as Institutional Overlay Zones. The Eligible Institutions are the two major hospital institutions of Maine Medical Center and Mercy Hospital and the two major academic institutions of University of Southern Maine and University of New England, their successors and assigns. Designation as an IOZ is the preferred mechanism where the Eligible Institution's proposed development is inconsistent with the existing zoning.



14-279. Establishment of an Institutional Overlay Zone

(a) *Application for an Institutional Overlay Zone.* Where the Eligible Institution seeks designation as an IOZ, they shall submit a zone change application consisting of two components:

1. An Institutional Development Plan (IDP) (see Section 14-280).
2. A Regulatory Framework (see Section 14-281) that would, when and if adopted, be the text and map amendment to the City's Land Use Code and Zoning Map.

(b) *Required Public Involvement.* At least two neighborhood meetings shall be required. The first shall be held prior to the formal submission of a zone change application for an Institutional Overlay Zone and the second shall be held during the City's review. Meetings shall identify the concerns, if any, of affected residents and property owners, and inform the development of the Institutional Development Plan (IDP) and Regulatory Framework. Meetings shall be held in a convenient location proximate to the institution. The applicant shall provide written notification to property owners of record within 500 feet of the proposed IOZ boundary at least ten days prior to the meeting dates and maintain written records of the meetings.

(c) *Required Scoping Meeting.* The Eligible Institution shall meet with the Planning Authority after the first required neighborhood meeting and prior to submission of the zone change application to confirm the focus of the Institutional Development Plan (IDP) and Regulatory Framework, including associated study areas that may be outside of the proposed IOZ boundary. The IDP and Regulatory Framework will vary in detail and focus depending on the Eligible Institution and its particular context. **The content requirements in Sections 14-280 and 14-281 and the comments from neighborhood meeting(s) shall provide direction for the content of the IDP.** The Planning Authority or Planning Board may require additional information or modify content requirements as is relevant to the Eligible Institution (see Section 14-280(c)).

(d) *Reviewing Authority.*

1. The Planning Board shall review the zone change application, including the IDP and Regulatory Framework. At least one public workshop and a public hearing before the Planning Board are required.
2. Upon recommendation of the Planning Board, the City Council shall review and consider adoption of the Institutional Overlay Zone and the accompanying Regulatory Framework as an amendment to the city's code of ordinances.



(e) *Future Institutional Development.*

1. All new development by the Eligible Institution within the boundary of the IOZ shall be compliant with the IOZ and accompanying Regulatory Framework, consistent with the IDP, consistent with the Comprehensive Plan, and meet applicable site plan standards, unless such standards are superseded by the Regulatory Framework.
2. Any use/development proposed by the Eligible Institution outside the IOZ boundary that complies with the zoning for permitted uses in that location shall be reviewed under the standards of that zone. Any use/development proposed by an Eligible Institution outside of the IOZ boundary that is proposed in a residential zone and is functionally related to the operations within the IOZ shall be addressed by the IDP and require an amendment to the IDP.

14-280. Institutional Development Plan (IDP)

(a) *Purpose.* Any use conducted by an Eligible Institution and any construction by an Eligible Institution in an Institutional Overlay Zone shall be consistent with an Institutional Development Plan (IDP) approved by the Planning Board in accordance with this ordinance. The purpose of the IDP is to establish baseline data about institutional land uses, facilities, and services and measure, analyze, and address the anticipated or potential impacts of planned institutional growth and change. The IDP shall serve as a background document that supports the proposed Regulatory Framework and frames subsequent site plan review(s).

(b) *Planning Horizon.* An IDP shall provide the city and abutting neighborhoods with a clear outline of the anticipated or potential growth and change of the Eligible Institution for the short- to medium-term (e.g. 1-5 and 5-10 years respectively), as well as a conceptual growth plan for the long-term (e.g. 10 years or more); however, the specific planning horizons for each institution will be determined as part of the IDP approval process.

(c) *Content.* The IDP submission shall address the following elements unless specifically modified by the Planning Authority or Planning Board, with the scope and level of detail to be clarified at the required Scoping Meeting:



1. Context Information

- a. The institution's adopted mission, vision, or purpose statement
- b. A summary of relevant baseline data on the institution, including:
 - i. A neighborhood context plan (pgs. 92-93);
 - ii. An inventory of current programs and services;
 - iii. A current census of the number of people using the institution (e.g., employees, enrollment, patients), with an indication of maximums and minimums over time;
 - iv. An inventory and/or plan of all existing property holdings within the main campus and within the City of Portland, including an indication of functional land use links between off-campus properties and the main campus (e.g. remote parking);
 - v. An inventory and/or plan of existing facilities, including data on use, floor area, and any existing functional connections between facilities. (pg 22. garage sq. footage?)
- c. A summary of the baseline characteristics of the existing campus and context of the institution, based on identified study areas, including:
 - i. A summary of existing resources, such as historic, open space, and natural resources;
 - ii. A summary of the existing transportation system, including vehicular, pedestrian, transit, bicycle, and parking supply, demand, and utilization;
 - iii. A summary of existing public infrastructure supporting the institution, including demand, utilization and any capacity issues;
 - iv. Relevant municipal plans, projects, and studies that may influence the IDP study area and opportunities for integrating institutional growth.
- d. A summary of public involvement in the development of the IDP, including major areas of public concern. (pgs. 51, 102)

2. Assessment of Future Institutional Growth and Change



- a. A description of institutional needs and areas of future institutional growth and change, including:
 - i. Projected census of users (e.g., enrollment /employment/patient/visitor figures and anticipated variations over time);
 - ii. Institutional objectives for property both within and outside the IOZ boundary (e.g. acquisition and/or disposition) (**Pizza Villa and Salvage?**), including an indication of any functional land use connection for sites outside the IOZ boundary to the main campus; and
 - iii. A Development Plan addressing anticipated or potential institutional needs and physical improvements, including the proposed boundary of the IOZ and any phasing of the development.

- b. Analysis and associated plans that address the following elements in terms of anticipated growth or potential impacts within the identified study area, and support the development parameters as set out in the Regulatory Framework:
 - i. Transportation and access
 - a. An analysis of the projected changes in parking demand, supply, and impacts to the off-street and on-street parking capacity, including an explanation of the proposed parking plan;
 - b. An analysis of the projected changes in vehicular, pedestrian, transit, and bicycle access routes and facilities, their capacity, and safety; (**pg. 93**)
 - c. A transportation, access, and circulation plan, representing the synthesis of the analysis, and including a program of potential improvements or set of guidelines to address access deficiencies to and within the IOZ. The plan should outline proposed mechanisms and potential strategies to meet



transportation objectives, including transportation demand management, phasing, and when a Traffic Movement Permit (TMP) may be required.

ii. Environment

- a. An analysis of potential cumulative impacts on natural resources and open spaces;
- b. An analysis of projected energy consumption, hazardous materials generation, noise generation, and similar issues (car exhaust) as relevant;
- c. An environmental plan, representing the synthesis of the analysis and including a proposed program or set of guidelines for future preservation, enhancement, conservation, and/or mitigation.

iii. Infrastructure

- a. An analysis of projected public utility demand and the capacity of associated infrastructure; (pg. 45 roads, storm drains, etc.)
- b. An analysis of projected public safety needs and projected impacts to the capacity of these services;
- c. An infrastructure plan, representing the synthesis of the analysis and including a proposed program or set of guidelines to support sustainable growth.

iv. Design

- a. An analysis of projected impacts to neighboring properties and public spaces, including potential shadow, wind, and lighting impacts, impacts of height and massing, and impacts to historic resources;
- b. An analysis of transition areas between the institution and adjoining neighborhoods, including identification of key character



defining components of the surrounding context;

c. An analysis of existing Crime Prevention Through Environmental Design issues and identification of how these principles would be addressed as part of the proposed campus development; (prostitution, suicide, vagrancy, and graffiti)

d. A conceptual built environment/public realm plan, representing the synthesis of the analysis and including a set of guidelines for urban design, landscape, open space, and streetscape treatments, with particular attention to the treatment of edges (both within and abutting the IOZ boundary) to achieve compatible transitions.

v. Neighborhood Engagement

a. A plan for ongoing community engagement that represents best practices, promotes collaborative problem solving around community concerns, fosters transparency, and identifies mechanisms for neighborhood feedback and institutional accountability;

b. A property management framework that identifies the institution's process for handling operational property issues with neighbors; (graffiti policy, trash, cigarette butts, prostitution, vandalism, vagrancy, suicides)

c. Strategies for assuring communication pertaining to property acquisition and disposition in surrounding neighborhoods;

d. A set of construction management principles, to apply to all institutional construction, that represent best practice, aim to minimize short- and long-term construction impacts on surrounding residents and businesses, and ensure a



clear communication strategy is in place in advance of construction.

(d) *Standards of Review.* The IDP shall:

1. Address all content requirements, unless explicitly modified by the Planning Authority or Planning Board;
2. Reflect the issues/topics identified in the required public process;
3. Demonstrate consistency with the city's Comprehensive Plan and the purpose of this ordinance;
4. Demonstrate how the property ownership, proposed growth, and requested Regulatory Framework relate to the institution's mission;
5. Demonstrate that traffic and parking impacts have been anticipated and that the proposed parking provision is justified as based on an assessment of options for reducing traffic and parking demands;
6. Outline an approach to open space, natural, and historic resources that supports preservation and enhancement.
7. Demonstrate that potential cumulative environmental impacts have been anticipated and can be minimized or satisfactorily mitigated;
8. Demonstrate that utility impacts have been anticipated and can be minimized or satisfactorily mitigated;
9. Reflect a comprehensive design approach that ensures appropriate transitions with the existing or future scale and character of the neighboring urban fabric;
10. Promote compatibility with existing or future uses in adjacent neighborhoods, **maintain housing**, and support local amenities;
11. Anticipate future off-site improvements that would support the integration of the institution into the community and city-wide infrastructure;
12. Conform with Portland's Historic Preservation Ordinance standards for designated landmarks or for properties within designated historic districts or designated historic landscapes, if applicable. When proposed adjacent to or within one hundred (100) feet of designated landmarks, historic districts, or historic landscapes, the IDP shall be generally compatible with the major character-defining elements of the landmark or portion of the district in the immediate vicinity; and



13. Incorporate strategies to support clear communication and ongoing public engagement between institutions and nearby neighbors.

(e) *Approval.* Upon finding that an Eligible Institution's IDP meets the standards of review, the Planning Board shall approve, approve with conditions, or deny an IDP.

(f) *Monitoring.* The IDP shall establish a schedule for reporting on IDP implementation at regular intervals of not more than ten years from the date of approval of the initial or amended IDP, and identify thresholds for IDP amendments;

(g) *Amendments.* An approved IDP shall guide campus development unless and until amended. If at any time the Eligible Institutions request minor amendments to an approved IDP, the Planning Authority may approve such minor amendments, provided that they do not constitute a substantial alteration of the IDP and do not affect any condition or requirement of the Planning Board. The applicant shall apply with a written statement of the proposed amendment and proposed amended IDP to the Planning Authority, whose decision as to whether the amendment is minor shall be final. Major amendments shall be reviewed by the Planning Board. When the IDP is amended, the baseline data in the IDP shall be updated as appropriate.

14-281. Regulatory Framework

(a) *Purpose.* The Regulatory Framework translates the IDP into a set of clear and specific zoning requirements for the IOZ that constitute the text and map amendments to the City's Land Use Code and Zoning Map. The zoning requirements are anticipated to include parameters that guide the growth and change of the institution as well as broad strategies to address potential impacts, with plans and details to be developed under site plan review.

(b) *Applicability.* The Regulatory Framework shall apply only to properties that are within the IOZ boundary and to which the Eligible Institution holds right, title, or interest. For these properties, the Institutional Overlay Zone shall supersede the underlying zoning, and all new institutional development shall be conducted in compliance with the Regulatory Framework and the approved Institutional Development Plan. Properties located within the Institutional Overlay Zone not subject to right, title, or



interest of the Eligible Institution shall continue to be governed by the regulations of the underlying zoning designation.

(c) *Uses.* Institutional uses, including hospitals and higher education facilities, shall be permitted, as shall uses that are functionally integrated with, ancillary to, and/or substantively related to supporting the primary institutional use, consistent with the applicable approved IDP.

(d) *Content.* The Regulatory Framework shall reflect the information and analysis of the IDP. The content shall be tailored to address the particular issues associated with the institution and its neighborhoods. The Regulatory Framework should be succinct and use tables and graphics as possible to address the following, if applicable:

1. *Zoning boundary of the IOZ:* The area to which the regulations apply, as shown on the zoning map, subject to other provisions of this ordinance (i.e. the map amendment to the City's Zoning Map);
2. *Phasing and schedules:* Requirements that relate to particular proposed phases; a chart showing the schedule or thresholds for submitting an amended IDP (or elements of an IDP, such as a Transportation Demand Management (TDM) Plan);
3. *Uses:* Clarification, as necessary, on permitted uses.
4. *Dimensional Requirements:* Graphics, sketches, or standards, including details for transition zones within the IOZ boundary;
5. *Transportation:* Elements such as TDM trip reduction targets or contribution to area-wide TDM measures; broad parameters for ensuring pedestrian, vehicular, bicycle and transit access and safety; parking ratios and management strategies; thresholds for access improvements;
6. *Environment:* The approach to the inclusion of open space and preservation of environmentally-sensitive areas;
7. *Mitigation measures:* The broad approach to identified mitigation measures, which would be addressed in greater detail in the site plan review process; thresholds for addressing deficiencies; goals for preservation/protection;
8. *Design:* Graphics and standards to clarify building placement and envelope (height and massing); guidelines for integration of site features; required treatments for transition zones and treatment for all edges (both within and abutting the IOZ boundary);



guidelines for establishing campus identity; and **(no detail!)**

9. **Neighborhood Integration:** Thresholds and strategies for neighborhood engagement; mitigation of impacts on neighboring properties, including construction impacts; buffering requirements; objectives for pedestrian linkages and safety; other requirements that address community concerns. **(no detail!)**
10. **Monitoring:** A schedule for regular monitoring reports on IDP implementation in accordance with the IDP.

(e) **Standards of Review:** The Regulatory Framework shall:

1. Be consistent with the Comprehensive Plan and the Institutional Development Plan;
2. Provide a clear zoning framework, using graphics and tables as appropriate, to apply to future site plan reviews;
3. Provide specific regulatory statements as appropriate that respond to concerns raised during the required public involvement; and **(construction mitigation)**
4. Outline measurable goals and thresholds for improvements or other actions identified in the IDP to be advanced in subsequent site plan applications.

(f) **Approval/Adoption.** The Planning Board shall review the proposed Regulatory Framework against the standards of review and make a recommendation on the institution's IOZ designation and Regulatory Framework to the City Council for adoption as part of this zoning ordinance.

(g) **Amendments.** A Regulatory Framework and IOZ boundary as adopted by the City Council shall remain in force unless and until amended. Amendments to a Regulatory Framework and/or IOZ boundary may be brought forth by the city or Eligible Institution. Amendments brought forth by the city will require a supermajority of the City Council to take effect. Proposed amendments to the IOZ boundary or Regulatory Framework shall be reviewed by the Planning Board and adopted by the City Council subject to the provisions of this ordinance.

14-282. Regulatory Frameworks of Eligible Institutions as adopted by the City Council