

Proposed text change (Applicant)	Highlight of proposed text changes (Planning Dept. Staff)	Comments on proposed changes (Planning Dept. Staff)										
<p>Sec. 603. - Government and Institutional (GI) Zone.</p> <p>603.1. <i>Permitted uses.</i></p> <p>In addition to the uses set forth in <u>section 301</u> as being permitted in the GI Zone, the uses set forth below are also permitted, subject to the conditions and restrictions set forth in this section. This zone includes major land holdings of local, state and federal governments or their agencies, and major semi-public institutions. It includes the University of Rhode Island and South County Hospital. This zoning district recognizes the extent of public and semi-public land holdings and provides guidance for the utilization of these lands. The uses described herein shall be construed as principal uses and must be directly related and incidental to the public purpose of this GI Zone. Any accessory use to an allowed principal use shall be clearly incidental and directly related to the principal use. For example, a restaurant (including a fast food establishment) would be permitted inside the University of Rhode Island Student Union as an accessory use, while a free-standing restaurant located on the Route 138 edge of the Campus would be a prohibited principal use.</p> <p>603.2. <i>Health care institution.</i></p> <p>A. <i>Health care institution, defined.</i> "Health care institution" means a nonprofit hospital (as licensed by G.L. § 23-15-2), including:</p> <ol style="list-style-type: none"> <li>1. Uses accessory thereto such as medical clinic, medical laboratory, medical supply house, ambulance service, emergency treatment center, medical waste and other waste storage (in compliance with applicable laws), hospital staff offices, doctors and nurses quarters, hospital administrative offices, restaurant or cafeteria for the hospital's use, limited support retail normally associated with a hospital (gift shop, including books and periodicals, greeting cards, stationery, florist), day care center, apothecary (drug store), optical shops; and</li> <li>2. Private office or clinic located on land owned by a licensed hospital for health care providers who are affiliated with such hospital, such as physicians, dentists, physical therapists, rehabilitation medicine specialists, mental health providers, other medical specialists and the like; and</li> <li>3. Parking, loading and emergency vehicle access for the exclusive use of the hospital and warehousing of medical supplies and equipment; and</li> <li>4. Helistop (not including service and maintenance) for the rapid evacuation of the acutely ill or injured patients and for the reception of ill or injured patients from both local and offshore locations.</li> </ol> <p>B. <i>Dimensional regulations and design criteria.</i></p> <ol style="list-style-type: none"> <li>1. Minimum lot area: Four hundred thousand (400,000) square feet.</li> <li>2. Maximum height: Variable heights based on the distance from any lot line, as follows: <table border="1" data-bbox="947 1512 1516 1774"> <thead> <tr> <th>Distance From Any Lot Line</th> <th>Maximum Height</th> </tr> </thead> <tbody> <tr> <td>Less than 50 ft.</td> <td>0 ft.</td> </tr> <tr> <td>50 to 100 ft.</td> <td>30</td> </tr> <tr> <td>100 to 200 ft.</td> <td>40</td> </tr> <tr> <td>Greater than 200 ft.</td> <td>50</td> </tr> </tbody> </table> </li> <li>3. Minimum yard dimensions (setbacks): <ul style="list-style-type: none"> <li>Front yard: Fifty (50) feet.</li> <li>Side yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential zoning district.</li> <li>Rear yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential district.</li> </ul> </li> <li>4. Floor area ratio—Ratio of the gross leasable floor area (GLFA, as defined in <u>Article 12</u> of</li> </ol>	Distance From Any Lot Line	Maximum Height	Less than 50 ft.	0 ft.	50 to 100 ft.	30	100 to 200 ft.	40	Greater than 200 ft.	50	<p>No changes this on this page.</p>	<p>No comments on this page</p>
Distance From Any Lot Line	Maximum Height											
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50 to 100 ft.	30											
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Greater than 200 ft.	50											

the zoning ordinance) of a building(s) to the area of the lot, excluding land unsuitable for development: Thirty-five-hundredths (.35).

5. Building coverage—Percent of the lot covered by a building(s): Twenty-five (25).
6. Parking lot landscaping. The provisions of subdivision and land development regulations and Article 7 of this ordinance shall apply to all parking lots.
7. Parking. The minimum number of parking spaces shall be required as set forth below:
  - (a) Hospital and accessory use (except day care):
    - Thirty-three-hundredths (.33) spaces per patient bed, plus
    - One (1) space per each staff or visiting doctor (calculated according to the largest number in attendance at any hour during an average day), plus
    - One (1) space per employee (full time equivalent), including nurses and volunteers (calculated according to the largest number in attendance for any work shift during an average day), plus
    - One (1) space per two hundred fifty (250) square feet GLFA for outpatient medical care facilities, plus
    - One (1) space for each hospital-owned vehicle.
  - (b) Private office or clinic: One (1) space per two hundred fifty (250) square feet GLFA for private office space.
  - (c) Day care: Two (2) for each classroom in a day care facility but not less than six (6) for the building.
    - Note: Space used for a helistop shall not be counted towards the minimum required parking.
8. Loading. One (1) loading dock(s) per one hundred thousand (100,000) square feet GLFA.
9. Lighting. See section [704] of the zoning ordinance.
10. Signs. Signs for health care institutions in public zoning districts shall be governed by the following:
  - (a) There shall be no more than four (4) freestanding signs located along adjacent streets to identify health care institutions, major buildings, entrances/exits, uses or activities. The top of such sign shall not be more than eight (8) feet above the ground, and shall not exceed an area of thirty-six (36) square feet per side.
  - (b) There may be one (1) wall-mounted or freestanding sign for each principal building or, if part of a larger complex of buildings, one (1) wall-mounted or freestanding sign for each major wing or section of the complex. For institutions having less than two hundred thousand (200,000) square feet of GLFA, there shall be a maximum of eight (8) such wall-mounted or freestanding signs. For institutions having two hundred thousand (200,000) square feet or greater GLFA, there shall be one (1) additional wall-mounted sign or freestanding sign permitted for each fifty thousand (50,000) square feet GLFA above two hundred thousand (200,000) square feet. The maximum size of each wall-mounted sign or freestanding sign shall be thirty-six (36) square feet.
    - In addition to the above wall-mounted signs or freestanding signs, there may be one (1) wall-mounted sign identifying each building entrance primarily providing access for emergency treatment or ambulance service, not to exceed one hundred ten (110) square feet in area.
  - (c) Signs may be either wall-mounted or freestanding.
  - (d) Signs may be illuminated or indirectly illuminated.
  - (e) The provisions of Section 811, Signs Prohibited in All Zoning Districts, shall apply.
  - (f) The provisions of section 880, Off-Site Directional Signs, shall apply.

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(g) The provisions of section 810.E regarding on-site instructional or directional signs shall apply, provided that there shall be no maximum number of signs for each applicable activity and that wall-mounted signs shall not exceed six (6) square feet and freestanding signs shall not exceed twelve (12) square feet per side.

C. ~~Master Plan Institutional Long-Range Plan Development Plan Review Requirement.~~ All health care institutions shall file ~~a master plan an institutional long-range plan~~ with the planning board ~~for approval. which shall be in compliance with the use and dimensional requirements of this ordinance and the town's comprehensive plan and which shall be approved by the planning board as a major land development project.~~ **The Planning Board shall review and approve the institutional long-range plan under the framework of development plan review.**

1. *Purpose.* ~~A Master Plan~~ An institutional long-range plan is required to promote the orderly growth and development of **health care** institutions while preserving neighborhood character, **historic resources, and consistency with the Town's Comprehensive Plan and adopted land use policies.** The ~~master plan~~ institutional long-range plan ~~shall be~~ is a statement, in text, maps, illustrations, or other media ~~of communication that is designed to that~~ provides a basis for rational decision making regarding the long term physical development of the institution's campus. ~~The plan shall include an implementation element which defines and schedules for a period of five (5) years or more, the specific public actions to be undertaken in order to achieve the goals and objectives of the plan.~~

2. *Filing requirements.* ~~All~~ health care institutions shall file ~~with the planning board a master plan an institutional long-range plan with the Town Planning Board. within six (6) months following the adoption of this ordinance.~~ **The Plan shall be updated every five (5) years from the most recent date of approval, which includes any amendments to a plan. All updates shall show changes in the institutions development plans and real property holdings. The institutional long-range plan may also be amended prior to the five year renewal. Said institution shall review its master plan five (5) years following the first approval, and every five (5) years thereafter (regardless of any intervening changes) to determine if any changes are being considered or proposed. If changes are not proposed, the institution shall notify the planning board in writing that the current master plan is valid for another five (5) years. The master plan may be amended by the institution not more than two (2) times within any five year term and such amendment shall be submitted not less than six (6) months prior to any planned construction of a new building, any addition to an existing building which will increase the size of such existing building by five hundred (500) square feet GFLA, or the demolition of any existing building.**

3. *Procedure.* ~~Review and approval. A master plan shall be subject to the procedure for review and approval set forth in the subdivision and land development regulations of the Town of South Kingstown, Article V.C.4., Major Land Development.~~

**A. Institutional Long-Range Plan Pre-Submittal Public Participation.** Prior to formal submittal of an institutional long-range plan to the Planning Board, the institution shall undertake a public participation process. The public participation process shall include:

i. A minimum of one neighborhood presentation of the major proposals in the plan. Neighborhood organizations, elected officials, and planning department staff shall receive prior written notice of this meeting, and shall have the

**Proposed Change:**

Moves review framework to Development Plan Review, which removes the required abutter notice.

Removes specific statement/requirement as to compliance with the Zoning Ordinance and Comprehensive Plan

**Proposed Change:**

Removes implementation element and the five year projection of improvements.

**Proposed Change:**

Removes requirement to prepare plan within a stated timeframe upon adoption of revisions. No statement associated to when the first plan has to be filed.

Removes the limitations on the number of revisions that can be made to the plan.

**Proposed Change:**

Removes reference to Major Land Development review

Inserts a new public participation process, however, there is no method of notice, no notice requirement (time frame), no notice location (paper, web....), no area parameters of notice (proximity to property).

Inserts pre-application meeting with Planning Board only if administrative officer determines that the scope of plan is so significant that a meeting is warranted. The term **so significant**

Formal public notice should be incorporated into the application – merely meeting with the neighborhood does not replace the notice requirements associated with a public hearing under Rhode Island Law. Staff can support utilizing the framework of Development Plan Review in reviewing and possibly approving the *Institutional Long-Range Plan*, however, this DPR process should be conducted as a Public Hearing with the Planning Board in addition to an informational meeting with the public.

The applicant is asking for an expedited approval process through the building/zoning department, there should be some statement regarding compliance with zoning, as well as the Comprehensive Plan

Any long range plan typically has an implementation schedule/program associated with it. It would be reasonable to assume that any entity involved in this type of long range planning/permitting process could provide an implementation plan/program. An implementation schedule is imperative in approving a plan such as this to insure that the public and abutting property owners can expect a level of certainty with regard to hospital activity and potential impacts as it relates to land use in the surround neighborhood.

When does the first institutional long-range plan need to be submitted? The proposed text amendment should have a time frame associated with the submission of a plan under the new regulations.

We are not overly concerned about an entity's ability to amend the plan, since the Planning Board still retains approval authority. However, it needs to be made clear that the health care institution is not just merely filing a plan with the Planning Board. In fact the institution is submitting a plan for review and approval.

Formal public notice should be incorporated into the application – merely meeting with the neighborhood does not replace the notice requirements associated with a public hearing under Rhode Island Law.

This language is subjective in nature and contains no qualitative criteria to assist in determining how is this decision is made?

opportunity in the meeting to provide comments.

- ii. A pre-application meeting before the Planning Board on a new or amended institutional long-range plan is required if the administrative officer deems that the scope of the institutional long-range plan is so significant that the meeting is warranted.

**B. Action by Planning Board**

Institutional long-range plans and amendments to previously approved plans shall be reviewed by the Planning Board for compliance with the comprehensive plan and this ordinance at a regularly scheduled meeting of the Planning Board following submittal of a complete application.

D. ~~Master Plan~~ Long-range plan contents. The ~~master~~ long-range plan shall, at a minimum, contain the following:

1. Mission statement of the hospital, including its relationship with the neighborhood and community in which it is physically situated.
2. A list of all existing buildings owned or leased by the hospital **within the hospital campus**, with the following information, provided in tabular form, using the following as column headings:
  - Building, by name or address.
  - Exterior size or footprint.
  - Height in stories and feet.
  - Physical condition.
  - Primary use.
  - Percent used for patient care.
  - Percent used for administrative offices.
  - Accessory use or ancillary use.
3. Statement of ten-year goals and five-year objectives and means and approaches through which such goals and objectives may be reached.
4. ~~Circulation plan indicating existing and proposed vehicular access, pedestrian sidewalks and general circulation layout of the campus. The circulation plan shall be prepared by a registered Traffic Engineer selected by mutual agreement of the town and applicant, and paid for by the applicant. The circulation plan shall address on and off site impacts on adjacent streets and is required to examine alternative access scenarios. In addition, the plan shall address the adequacy of on-site traffic circulation, parking and loading, sidewalk/pedestrian circulation, delivery, and emergency access and related circulation issues. A study of traffic conditions that analyzes existing traffic generation, and the impacts of traffic generation predicted from proposed projects. The study shall include actions that the institution will take to reduce the negative impacts of increased traffic. The institution shall establish the scope of the traffic study through consultation with the administrative officer.~~
5. Proposed changes in land holdings of the institution **within or contiguous to the hospital campus**, including property to be sold or acquired, proposed street(s) to be abandoned, and new streets and driveways to be established including private rights-of-way.
6. Proposed changes in land use within the hospital's campus and grounds.
7. Proposed capital improvements including new structures, additions to existing structures, ~~parking garages~~, parking lots, driveways, access roads, and landscaped areas or buffers. Major repairs that affect the building and/or campus grounds shall be included. The plan shall, at a

is subjective in nature and there is no objective criteria to evaluate.

There is no proposed time frame for review by the Planning Board associated with the review of the new institutional long-range plan.

**Proposed Change:**

Adds language to require campus property only (onsite verses off site).

**Proposed Changes:**

The proposed amendment eliminates discussion on internal aspects of the site (parking, campus circulation...), which is typically critical to any master/institutional master plan discussion and/or capital/space planning endeavors.

Removes the requirement of submitting a traffic circulation plan and removes references to parking and loading, sidewalk/pedestrian circulation, delivery and emergency access and related circulation analysis and/or assessment.

Establishing a scope with the administrative officer is suspect. Establishing minimum criteria for a Traffic/circulation plan would be more appropriate. Waiver provisions could be added for items that may not be required given the scope of the project.

**Proposed Change:**

Eliminates term, parking structure

DPR process/time frames? In accordance with state law, there is no mandatory review period/time frames associated with Development Plan Review.

Language should be added to require the identification of any off-site assets anticipated to be needed to fulfill the needs of the institution as outlined in their long range plan (i.e. satellite parking facility).

The proposed amendment completely eliminates discussion on internal aspects of the site (parking, campus circulation...), which is typically critical to any master/institutional master plan discussion and/or capital/space planning endeavor. These components are critical to the long range planning process as it relates to current and future land use within the site and the community as a whole.

Establishing a scope with the administrative officer is suspect. Establishing minimum criteria for a Traffic/circulation plan would be more appropriate. Waiver provisions could be added for items that may not be required given the scope of the project.

There is no reason for this (term parking garages) to be eliminated from any plan requirement. A plan that does not contemplate structured parking can simply make a statement

<p>minimum, identify the location of such improvements (on a map of the campus), the footprint and exterior dimensions of any new structure, height in stories and feet, proposed uses, including primary and accessory uses, parking and loading to support such uses, and landscaped buffers.</p> <p>8. For any new building or addition to an existing building that has building plans, including scaled plans and elevations, such plans and drawings shall be included in the <del>master</del> long-range plan. For building plans, including additions to existing buildings, that are in the conceptual planning stages and architectural drawings are not available at the time of submission of the <del>master</del> long-range plan, the planning board shall require, as a condition for approval of the <del>master</del> long-range plan, that when such architectural drawings are prepared, they shall be submitted for development plan review, pursuant to the subdivision and land development regulations.</p> <p>9. Proposed demolition of any building, structure, <del>parking garages</del>, parking lot, or any other campus facility.</p> <p>10. A parking plan that shows the location of all parking on <del>that exist and the number that are required</del> the hospital campus. The plan shall identify: the number of parking spaces; the location of new spaces required as a result of any proposed development; and, other information deemed appropriate.</p> <p>11. The <del>master</del> long-range plan shall contain text and maps to facilitate the review process.</p> <p>12. <del>In addition to the above, any hospital subject to regulation by the Department of Health pursuant to F.L. 1956, Ch. 23-15, as amended, and to the rules and regulations promulgated by the Director of Health for the State of Rhode Island pursuant thereto, which are required thereby to obtain a certificate of need as a precondition to licensure of any new or additional premises, shall file said certificate of need as an appendix to its plan—A copy of the certificate of need, required as a precondition to license of any new or additional premises on the hospital campus, in accordance with G.L. 1956, Ch. 23-15, and the rules and regulations promulgated by the Director of Health for the State of Rhode Island, shall be attached to the master plan.</del></p> <p>13. Conditional agreement for payment in lieu of taxes (PILOT) with regard to for-profit enterprises of the health care institution, if applicable.</p> <p>14. Application filing fee, to be established by the town council from time to time.</p> <p><i>E. Modifications to Approved Institutional Long-Range Plans</i></p> <p>The following development actions are considered consistent with an approved institutional long-range plan, even if not specifically shown on that approved institutional long-range plan:</p> <ol style="list-style-type: none"> <li>1. Construction of new structures of 3,000 square feet of gross floor area or less that are adjunct to and support an existing use on campus.</li> <li>2. Additions to existing structures of less than 25% of the existing gross floor area or 10,000 square feet in gross floor area, whichever is less.</li> <li>3. Interior renovations to an existing structure.</li> <li>4. Facade renovation to an existing structure.</li> <li>5. A change of use to any use allowed within the hospital campus.</li> <li>6. New parking facilities of 10 or fewer parking spaces.</li> </ol>	<p><b>Proposed Change:</b> Eliminates term, parking structure</p> <p><b>Proposed Change:</b> Eliminates evaluation/assessment of what parking is required by zoning code. Only requires plan to show how many spaces they have and what they plan to have in the future.</p> <p><b>Proposed Change:</b> Changes regulatory reference</p> <p><b>Proposed Change:</b> Increase the trigger mechanisms for required amendments to Long-Range Plan.</p>	<p>regarding that fact.</p> <p style="text-align: center;">See statement above</p> <p>It is not clear why this language would be eliminated since Institutional Long-Range Plans should identify both existing and planned future conditions on the Site to insure compliance with regulatory requirements. In submitting the most recently withdrawn Master Plan (and in compliance with the quantitative parking analysis required by our current regulations), the Hospital revealed a parking deficiency that currently exists on site. Is it the intent of the proposed language to no longer point out and/or highlight that deficiencies and/or zoning non-compliance exists on a Site?</p> <p>While Staff can agree that certain minor improvements should be allowed without requiring amendment of a previously approved plan, those allowances should be limited to minor improvements that fit within the parameters developed in an Institutional Long Range Plan/Master Plan and would not adversely impact traffic, circulation, and/or parking. It should be understood that new structures or additions to existing buildings would increase the overall floor areas of the facility which has the potential to increase the intensity of use. An increase in intensity could also occur without any new construction (retrofit to existing space) as an addition or new building. For example, the construction or retrofit of a 3,000 square foot structure could result in an increase on the number of employees which would increase the amount of parking needed (both from the Hospital's operational standpoint, as well as the Town's</p>
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<ul style="list-style-type: none"><li>7. Creation or expansion of any bicycle parking facilities.</li><li>8. Creation or expansion of open space, walking paths, outdoor seating, and alternate landscape designs and stormwater management techniques.</li><li>9. Creation or expansion of electric vehicle charging stations.</li></ul>		<p>regulatory zoning requirements) but still remain under the proposed exemption of ten or less spaces. An addition or retrofit can have additional implication on traffic as it relates to through put traffic (i.e., number of clients served per hour) without the need for additional parking beyond what already exists. A number of the exceptions outlined in the proposed language contribute to the intensity of use of the Site and could result in changes to the traffic, circulation, parking, and landscaping/screening that were critical to prior approval of any <i>Institutional Long-Range Plan</i>.</p> <p><i>The proposed amendment would be better served if the language included a few quantitative bench marks. As an example: Interior renovations are allowed so long as they do not change (increase) the facility's overall average daily traffic, peak hour flow (AM, PM. Parking of fewer than 10 spaces may be added so long as the spaces are not located within 50' [used only as an dimensional example] of an existing property line. Additions of this type would give a better understanding to the limitations associated with any proposed change that would be exempt from the Long-range Plan.</i></p>
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