

Sec. 603. - Government and Institutional (GI) Zone.

603.1. *Permitted uses.*

In addition to the uses set forth in section 301 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.

603.2. *Health care institution.*

A. *Health care institution, defined.* "Health care institution" means a nonprofit hospital (as licensed by G.L. § 23-15-2), including:

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
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
3. Parking, loading and emergency vehicle access for the exclusive use of the hospital and warehousing of medical supplies and equipment; and
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.

B. *Dimensional regulations and design criteria.*

1. Minimum lot area: Four hundred thousand (400,000) square feet.
2. Maximum height: Variable heights based on the distance from any lot line, as follows:

Distance From Any Lot Line	Maximum Height
Less than 50 ft.	0 ft.
50 to 100 ft.	30 ft.
100 to 200 ft.	40 ft.
Greater than 200 ft.	50 ft.

3. Minimum yard dimensions (setbacks):
 - Front yard: Fifty (50) feet.
 - Side yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential zoning district.
 - Rear yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential district.
4. Floor area ratio—Ratio of the gross leasable floor area (GLFA, as defined in article 12 of 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.

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. Institutional Master plan requirement. All health care institutions shall file ~~a master plan~~ an Institutional Master Plan (herein after referred to as a Master Plan) with the planning board, which shall be in compliance with the use and dimensional requirements of this ordinance and the ~~town's comprehensive plan~~ Town's Comprehensive Plan and which shall be approved by the planning board ~~as under the framework of a major land development project~~ Development Plan Review application.

1. Purpose. A ~~master plan~~ Master Plan is required to promote the orderly growth and development of healthcare institutions ~~while by~~ preserving neighborhood character and historic resources while maintaining consistency with the Town's Comprehensive Plan and adopted land use policies. The ~~master plan~~ Master Plan shall detail existing site conditions as they relate to land use and all improvements anticipated over the next five (5) years. This information shall be ~~a statement, in text, maps, illustrations, or other media of communication that is designed~~ used to provide a basis for rational decision making regarding the long term physical development of the institution. ~~The plan~~ In order to achieve the goals and objectives of the plan, the Master Plan shall include an implementation element which ~~defines and schedules for a period of five (5) years or more, identifies~~ the specific public actions to be undertaken in order to achieve by the goals and objectives of institution over the plan following five (5) years or more.

2. Filing requirements. ~~Health~~Health care institutions shall file with the ~~planning board a master plan~~Planning Board a Master Plan within six (6) months following the adoption of this ordinance. ~~Said institution shall review its master plan five (5) years following the first approval, and, and within every five (5) years thereafter (regardless of any intervening changes) to determine if).~~ No later than six (6) months prior to the expiration of an approved Master Plan, said institution shall make submission to the Planning Board with the following information:

a. A letter outlining the improvements that have been made since the existing Master Plan was last approved, including confirmation that all improvements completed are consistent with the previously approved plan; and

~~b. A new and/or revised Master Plan for review and approval. The submitted Master Plan may take the form of either a new plan (assembled in accordance with these regulations) or revised version of the previously approved plan which shall include a cover letter explaining 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 to said plan that have been forecasted by the institution. The master plan~~Master Plan may be amended by the institution ~~not more than two (2) times within any five-year term and such amendment upon submission to and approval by the Planning Board at any time provided that the proposed amendments shall be submitted not less than six (6) months prior to any planned construction of a new building, the demolition of any existing building, and/or 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~~any improvement or modification that increases the need for additional parking and/or increases the peak hour traffic (AM and/or PM by more than 5%). Previously approved Master Plans that have exceeded the (5) year approval window shall be considered expired. Building permits for any improvements, scheduled or otherwise, shall not be issued by the Town for any health care institution with an expired Master Plan.

3. Review and approval. A ~~master plan~~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 ~~V.F., Special Requirements – Development Plan Review.~~

4. Master plan contents. ~~The master plan~~Pre-submittal Public Workshop. Prior to formal submittal of a Master Plan for Planning Board review and approval, the institution shall conduct a minimum of one (1) public workshop meeting to discuss the contents of the Master Plan and all anticipated improvements with community residents and said work shop shall be open to the general public. Notice for such meeting shall be mailed, utilizing the United States Postal Service Certificate of Mailing Form (PS Form 3817) to all abutting property owners within five hundred (500) feet from the perimeter of the subject parcel(s) no less than seven (7) days prior to the meeting. This meeting shall be held in an accessible (ADA) meeting space open to the public.

5. Public Hearing Required. All Master Plans submitted for review and approval by the Planning Board shall require a public hearing which shall require the same public notice procedures outlined within Article V.4.r and V.4.s, Procedure for Review and Approval of Plats and Plans, Major Land Development Projects and Major Subdivisions, except that the Notice Area for said public notice shall be five hundred (500) feet from the perimeter of the subject parcel(s).

D. Master Plan contents. The Master 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, 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.

Calculated interior Gross Floor Areas (GFA) for categories of services types

Identification of allocated parking spaces associated with the uses within the building

3. Statement of ~~ten~~10 year goals and ~~five~~5-year objectives and means and approaches through which such goals and objectives may be reached.
4. Parking and Circulation plan~~Analysis~~ indicating existing and proposed vehicular access, parking configurations, pedestrian sidewalks and general circulation layout of the campus. The ~~circulation plan~~analysis shall be prepared by a registered professional Traffic Engineer ~~selected by mutual agreement of the town and applicant, and paid for by the applicant. The circulation plan~~ shall address all on- and off-site impacts ~~onto~~ adjacent streets ~~and is required to examine alternative access scenarios.~~ In addition, the ~~plan~~analysis shall address the adequacy of on-site traffic circulation, parking and loading, sidewalk/pedestrian circulation, delivery, and emergency access and related circulation issues, including the location of all parking on and off the campus. The analysis shall clearly identify:
 - i. The number of parking spaces that exist (both on and off-site) and the number of parking spaces that are required in accordance with Section 603.2.B.7 of this ordinance;
 - ii. The location of any new spaces required as a result of any proposed development; and,
 - iii. Other information deemed appropriate.

If the analysis shows that the subject property is not in compliance and/or anticipated projects are or will not be in compliance with Section b.7 above, the applicant may seek an exemption per Section E below.

5. Proposed changes in land holdings of the institution including property to be purchased and/or sold, proposed street(s) to be abandoned, and /or any new streets ~~and/or~~ 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 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 and associated GFAs, including primary and accessory uses, parking and loading to support such uses, and landscaped buffers.
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 master 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 master plan, the planning board shall require, as a condition for approval of the master plan, that when such architectural drawings are prepared, they shall be submitted for ~~development plan review, pursuant to the subdivision and land development regulations.~~review and approval by the Administrative Officer for consistency and compliance with the approved Master Plan prior to the issuance of a building permit for construction of any new building and/or addition. The Administrative Officer may determine that the size and scope of the construction project is beyond their purview to approve and may recommend the application be submitted to the Planning Board for review and approval.
9. Proposed demolition of any building, structure, parking garage, parking lot, or any other campus facility.
- ~~10. A parking plan that shows the location of all parking on and off the campus. The plan shall identify: the number of parking spaces that exist and the number that are required; the location of new spaces required as a result of any proposed development; and, other information deemed appropriate.~~
- ~~11.10. The master plan~~Master Plan shall contain text and maps to facilitate the review process.
- ~~12.11. A copy of the certificate of need, required as a precondition to license of any new or additional~~

~~premises on the~~ In addition to the above, any hospital campus, in accordance with ~~Gsubject 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, shall be attached to the master 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.~~

~~13.12.~~ Conditional agreement for payment in lieu of taxes (PILOT) with regard to for-profit enterprises of the health care institution, if applicable.

13. Application filing fee, to be established by the town council from time to time.

E. Exemption from Section 603.2.B.7 (Parking Requirements)

1. For health care institutions, exemptions to required off-street parking requirements may be granted based on submittal and approval of an Alternative Parking Analysis and Management Plan, which is approved by the Planning Board as part of the review and approval of an Institutional Master Plan. Exemptions may be granted for the implementation and demonstrated effectiveness of managing the facilities available parking spaces and analyzing transportation alternatives that provide employees and/or visitors with options designed to reduce demand for parking and relieve congestion.

2. When a healthcare institution has a noncontiguous campus, parking may be supplied on one part of the campus to meet the parking needs of the other noncontiguous part of the campus provided that a shuttle service is supplied by the institution to move employees and/or visitors between the non-contiguous campuses.

3. Reductions in parking requirements will be evaluated on a case-by-case basis with a potential reduction of up to 30% when it is clear that the parking analysis and/or transportation alternative(s) will result in a corresponding reduction in parking demand.

4. A campus-wide Parking Management Plan shall be submitted as part of the Master Plan when the parking requirements of Section 603.2.B.7 cannot be meet. Said plan shall include the following information:

a. The number, size, location, access, and general operation and management of all required and proposed on-site and off-site parking and loading spaces.

b. Traffic demand management strategies including, but not limited to:

i. Available public transportation options.

ii. Existing and proposed shuttle services.

iii. Bicycle parking.

iv. Facility design, operation, shared vehicle, and/or parking strategies.

v. Enforcement and controls.

vi. Overflow management strategies.

c. A parking and trip demand analysis prepared by a certified professional traffic engineer.

F. Modifications to an Approved Institutional Master Plan. The following development actions are considered minor modifications and deemed to be consistent with an approved Master Plan upon confirmation by the Administrative Officer:

1. Interior renovations of an existing structure provided that the proposed use within the area to be renovated does not result in an increase in the amount of parking required as outlined in Section 603.2.B.7 of this ordinance and does not increase peak hour traffic (AM and/or PM) by more than 5%.

2. Façade renovations of an existing structure once it is determined that the renovations are consistent with any design guidelines that are in effect at the time of the proposed renovation.

3. A change of use to any allowed use within the hospital campus provided that the proposed use does not result in an increase in the amount of parking required as outlined in Section 603.2.B.7 of this ordinance and does not increase peak hour traffic (AM and/or PM) by more than 5%.

4. Creation or expansion of any bicycle parking facilities.

4.5. Creation or expansion of electric vehicle charging stations where less than 10 spaces traditional spaces are displaced.