

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

2 *603.1. Permitted uses.*

3 In addition to the uses set forth in section 301 as being permitted in the GI Zone, the uses set forth below are
 4 also permitted, subject to the conditions and restrictions set forth in this section. This zone includes major land holdings
 5 of local, state and federal governments or their agencies, and major semi-public institutions. It includes the University
 6 of Rhode Island and South County Hospital. This zoning district recognizes the extent of public and semi-public land
 7 holdings and provides guidance for the utilization of these lands. The uses described herein shall be construed as
 8 principal uses and must be directly related and incidental to the public purpose of this GI Zone. Any accessory use to an
 9 allowed principal use shall be clearly incidental and directly related to the principal use. For example, a restaurant
 10 (including a fast food establishment) would be permitted inside the University of Rhode Island Student Union as an
 11 accessory use, while a free- standing restaurant located on the Route 138 edge of the Campus would be a prohibited
 12 principal use.

13 *603.2. Health care institution.*

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

- 16 1. Uses accessory thereto such as medical clinic, medical laboratory, medical supply house, ambulance
 17 service, emergency treatment center, medical waste and other waste storage (in compliance with
 18 applicable laws), hospital staff offices, doctors and nurses quarters, hospital administrative offices,
 19 restaurant or cafeteria for the hospital's use, limited support retail normally associated with a hospital (gift
 20 shop, including books and periodicals, greeting cards, stationery, florist), day care center, apothecary (drug
 21 store), optical shops; and
- 22 2. Private office or clinic located on land owned by a licensed hospital for health care providers who are
 23 affiliated with such hospital, such as physicians, dentists, physical therapists, rehabilitation medicine
 24 specialists, mental health providers, other medical specialists and the like; and
- 25 3. Parking, loading and emergency vehicle access for the exclusive use of the hospital and warehousing of
 26 medical supplies and equipment; and
- 27 4. Helistop (not including service and maintenance) for the rapid evacuation of the acutely ill or injured
 28 patients and for the reception of ill or injured patients from both local and offshore locations.

29 B. *Dimensional regulations and design criteria.*

- 30 1. Minimum lot area: Four hundred thousand (400,000) square feet.
- 31 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.

32 3. Minimum yard dimensions (setbacks):

33 Front yard: Fifty (50) feet.

34 Side yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential zoning district.

35 Rear yard: Fifty (50) feet, plus twenty (20) feet if abutting any residential district.

36 4. Floor area ratio—Ratio of the gross leasable floor area (GLFA, as defined in article 12 of the zoning
 37 ordinance) of a building(s) to the area of the lot, excluding land unsuitable for development: Thirty-five-
 38 hundredths (.35).

39 5. Building coverage—Percent of the lot covered by a building(s): Twenty-five (25).

- 40 6. Parking lot landscaping. The provisions of subdivision and land development regulations and article 7 of
 41 this ordinance shall apply to all parking lots.
- 42 7. Parking. The minimum number of parking spaces shall be required as set forth below:
- 43 a) Hospital and accessory use (except day care):
 44 Thirty-three-hundredths (.33) spaces per patient bed, plus
 45 One (1) space per each staff or visiting doctor (calculated according to the largest number in
 46 attendance at any hour during an average day), plus
 47 One (1) space per employee (full time equivalent), including nurses and volunteers (calculated
 48 according to the largest number in attendance for any work shift during an average day), plus
 49 One (1) space per two hundred fifty (250) square feet GLFA for outpatient medical care facilities,
 50 plus One (1) space for each hospital-owned vehicle.
- 51 b) Private office or clinic: One (1) space per two hundred fifty (250) square feet GLFA for private office
 52 space.
- 53 c) Day care: Two (2) for each classroom in a day care facility but not less than six (6) for the building.
 54 Note: Space used for a helistop shall not be counted towards the minimum required parking.
- 55 8. Loading. One (1) loading dock(s) per one hundred thousand (100,000) square feet GLFA.
- 56 9. Lighting. See section [704] of the zoning ordinance.
- 57 10. Signs. Signs for health care institutions in public zoning districts shall be governed by the following:
- 58 a) There shall be no more than four (4) freestanding signs located along adjacent streets to identify health
 59 care institutions, major buildings, entrances/exits, uses or activities. The top of such sign shall not be
 60 more than eight (8) feet above the ground, and shall not exceed an area of thirty-six (36) square feet
 61 per side.
- 62 b) There may be one (1) wall-mounted or freestanding sign for each principal building or, if part of a larger
 63 complex of buildings, one (1) wall-mounted or freestanding sign for each major wing or section of the
 64 complex. For institutions having less than two hundred thousand (200,000) square feet of GLFA, there
 65 shall be a maximum of eight (8) such wall-mounted or freestanding signs. For institutions having two
 66 hundred thousand (200,000) square feet or greater GLFA, there shall be one (1) additional wall-
 67 mounted sign or freestanding sign permitted for each fifty thousand (50,000) square feet GLFA above
 68 two hundred thousand (200,000) square feet. The maximum size of each wall-mounted sign or
 69 freestanding sign shall be thirty-six (36) square feet
 70 In addition to the above wall-mounted signs or freestanding signs, there may be one (1) wall-mounted
 71 sign identifying each building entrance primarily providing access for emergency treatment or
 72 ambulance service, not to exceed one hundred ten (110) square feet in area.
- 73 c) Signs may be either wall-mounted or freestanding.
- 74 d) Signs may be illuminated or indirectly illuminated.
- 75 e) The provisions of section 811, Signs Prohibited in All Zoning Districts, shall apply.
- 76 f) The provisions of section 880, Off-Site Directional Signs, shall apply.
- 77 g) The provisions of section 810.E regarding on-site instructional or directional signs shall apply, provided
 78 that there shall be no maximum number of signs for each applicable activity and that wall- mounted
 79 signs shall not exceed six (6) square feet and freestanding signs shall not exceed twelve (12) square feet
 80 per side.

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

- 86 1. *Purpose*. A ~~master plan~~ Master Plan is required to promote the orderly growth and development of
 87 healthcare institution's campus while by preserving neighborhood character, and historic resources
 88 while maintaining consistency with the Town's Comprehensive Plan and adopted land use policies. The

89 ~~master plan~~ Master Plan shall detail existing site conditions as they relate to land use and all
90 ~~improvements anticipated over the next five (5) years. This information shall be a statement, in text,~~
91 ~~maps, illustrations, or other media of communication that is designed~~ used to provide a basis for
92 rational decision making regarding the long term physical development of the institution ~~campus. The~~
93 ~~plan. In order to achieve the goals and objectives of the plan, the Master Plan shall include an~~
94 ~~implementation element which defines and schedules for a period of five (5) years or more, identifies~~
95 ~~the specific public actions to be undertaken in order to achieve by the goals and objectives of institution~~
96 ~~on its campus over the plan following five (5) years or more.~~

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

- 103 a. ~~A letter outlining the improvements that have been made since the existing Master Plan~~
104 ~~was last approved, including confirmation that all improvements completed are consistent~~
105 ~~with the previously approved plan; and~~
- 106 b. ~~A new and/or revised Master Plan for review and approval. The submitted Master Plan may~~
107 ~~take the form of either a new plan (assembled in accordance with these regulations) or revised~~
108 ~~version of the previously approved plan which shall include a cover letter explaining any~~
109 ~~changes are being considered or proposed. If changes are not proposed, the institution shall~~
110 ~~notify the planning board in writing that the current master plan is valid for another five (5)~~
111 ~~years to said plan that have been forecasted by the institution. The master plan~~ Master Plan
112 ~~may be amended by the institution not more than two (2) times within any five year term and~~
113 ~~such amendment upon submission to and approval by the Planning Board at any time provided~~
114 ~~that the proposed amendments shall be submitted not less than six (6) months prior to:~~
 - 115 i. ~~any~~ any planned construction of a new building; or
 - 116 ii. ~~the demolition of any existing building; or~~
 - 117 iii. ~~, and/or~~ any addition to an existing building which will increase the size of such
118 existing building by ~~five hundred (500) one thousand (1,000)~~ square feet GFLA;
119 or
 - 120 iv. ~~, or the demolition of any existing building any improvement or modification~~
121 ~~that increases the need for additional parking by more than 5%; or~~
 - 122 v. any addition to an existing structure that increases the peak hour traffic (AM
123 and/or PM by more than 10%).

124 ~~a-c.~~ Previously approved Master Plans that have exceeded the (5) year approval window shall be
125 ~~considered expired, provided however, that if the institution has submitted a new Master Plan~~
126 ~~prior to the expiration of the previously approved plan, and the new Master Plan has been~~
127 ~~determined to be complete by the Administrative Officer, the previously approved plan shall~~
128 ~~remain in full force and effect until the new Master Plan is approved. Building permits for any~~
129 ~~improvements not contained in the approved Master Plan or not otherwise authorized by this~~
130 ~~Ordinance, shall not be issued by the Town for any health care institution with an expired~~
131 ~~Master Plan.~~

132 3. Review and approval. A ~~master plan~~ Master Plan shall be subject to the procedure for review and
133 approval set forth in the subdivision and land development regulations of the Town of South Kingstown,
134 Article ~~V.C.4., Major Land~~ IV.F., Special Requirements – Development Plan Review

- 135 a. Certification of Master Plan Application. The application shall be certified complete or
136 incomplete by the Administrative Officer within twenty-five (25) days of its receipt by the
137 Planning Department.
- 138 b. Decision. The Planning Board shall, within ninety (90) days of certification of completeness, or

139 within such further time as may be consented to by the applicant, approve of the Master Plan
140 as submitted, approve with changes and/or conditions, or deny the application according to
141 the requirements of Article XI, Section E of the Town of South Kingstown Subdivision and Land
142 Development Regulations.

143 c. Consistency with Zoning. In the event that a component or component(s) of the Master Plan
144 require(s) relief to achieve compliance with the Zoning Ordinance, the applicant shall note the
145 relief that is required and the Planning Board shall issue an advisory opinion to the Zoning Board
146 on the required relief as part of the Master Plan review process.

147 4. ~~Master plan contents.~~ The master plan ~~Pre-submittal Public Workshop.~~ Prior to formal submittal of a
148 Master Plan for Planning Board review and approval, the institution shall conduct a minimum of one
149 (1) public workshop meeting to discuss the contents of the Master Plan and all anticipated
150 improvements with community residents and said work shop shall be open to the general public and
151 held in an accessible (ADA) meeting space. Notice for such meeting shall be mailed:

152 a. To all abutting property owners within two hundred (200) feet from the perimeter of the
153 subject parcel(s) no less than ten (10) days prior to the meeting. Said notice shall be sent,
154 utilizing the United States Postal Service Certificate of Mailing Form (PS Form 3817) to all
155 abutting property owners within feet from the perimeter of the subject parcel(s) no less than
156 seven (7) days prior to the meeting.

157 b. To all abutting property owners between two hundred (200) feet and five hundred (500) feet
158 from the perimeter of the subject parcel(s) no less than ten (10) days prior to the meeting. Said
159 notice shall be sent utilizing United Postal Service First Class Mail. ~~This meeting shall be held in~~
160 an accessible (ADA) meeting space open to the public.

161 5. ~~Public Hearing Required.~~ All Master Plans submitted for review and approval by the Planning Board
162 shall require a public hearing which shall require the same public notice procedures outlined within
163 Article V.4.r and V.4.s, Procedure for Review and Approval of Plats and Plans, Major Land Development
164 Projects and Major Subdivisions.

165 D. Master Plan contents. The Master Plan shall, at a minimum, contain the following:

- 166 1. Mission statement of the hospital, including its relationship with the neighborhood and community in
167 which its campus is physically situated.
- 168 2. A list of all existing buildings owned or leased by the hospital, with the following information, provided
169 in tabular form, using the following as column headings:

170 Building, by name or address.

171 Exterior size or footprint.

172 Height in stories and feet.

173 Physical condition.

174 Primary use.

175 Percent used for patient care.

176 Percent used for administrative offices.

177 Accessory use or ancillary use.

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

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

- 180 3. Statement of ~~ten-5-year goals and five-year objectives with a 10-year outlook~~ and means and
181 approaches through which such goals and objectives may be reached.

- 182 4. Parking and Circulation ~~plan~~Analysis indicating existing and proposed vehicular access, parking
183 configurations, pedestrian sidewalks and general circulation layout of the campus. The circulation
184 plananalysis shall be prepared by a registered professional Traffic Engineer ~~selected by mutual~~
185 ~~agreement of the town and applicant, and paid for by the applicant. The circulation plan shall address~~
186 ~~all on- and off-site impacts onto adjacent streets and is required to examine alternative access~~
187 ~~scenarios.~~ In addition, the plananalysis shall address the adequacy of on-site traffic circulation, parking

188 and loading, sidewalk/pedestrian circulation, delivery, ~~and~~ emergency access, safety, and related
189 circulation issues, including the location of all parking on and off the campus. The analysis shall clearly
190 identify:

- 191 i. The number of parking spaces that exist (both on and off-site) and the number of parking
192 spaces that are required in accordance with Section 603.2.B.7 of this ordinance;
- 193 ii. The location of any new spaces required as a result of any proposed development; and,
194 iii. Other information deemed appropriate.

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

- 198 5. Proposed changes in land holdings of the ~~institution campus~~ including property to be purchased and/or
199 sold, proposed street(s) to be abandoned, and/or any new streets and/or driveways to be established
200 including private rights-of-way.
- 201 6. Proposed changes in land use within the hospital's campus and grounds.
- 202 7. Proposed capital improvements including new structures, additions to existing structures, ~~parking~~
203 ~~garages,~~ parking lots (surface or structure), driveways, access roads, and landscaped areas or buffers.
204 Major repairs that affect the building and/or campus grounds shall be included. The plan shall, at a
205 minimum, identify the location of such improvements (on a map of the campus), the footprint and
206 exterior dimensions of any new structure, height in stories and feet, proposed uses and associated
207 GFAs, including primary and accessory uses, parking and loading to support such uses, landscaping
208 and/or landscaped buffers.
- 209 8. For any new building or addition to an existing building that has building plans, including scaled plans
210 and elevations, such plans and drawings shall be included in the master plan. For building plans,
211 including additions to existing buildings, that are in the conceptual planning stages and architectural
212 drawings are not available at the time of submission of the master plan, the planning board shall
213 require, as a condition for approval of the master plan, that when such architectural drawings are
214 prepared, they shall be submitted for ~~development plan review, pursuant to the subdivision and land~~
215 ~~development regulations review and approval by the Administrative Officer for consistency and~~
216 ~~compliance with the approved Master Plan.~~
- 217 9. Proposed demolition of any building, structure, parking ~~garage lots (surface or structure), parking lot,~~
218 or any other campus facility.

219 ~~10. A parking plan that shows the location of all parking on and off the campus. The plan shall identify:~~
220 ~~the number of parking spaces that exist and the number that are required; the location of new spaces~~
221 ~~required as a result of any proposed development; and, other information deemed appropriate.~~

222 ~~11.10.~~ The master plan Master Plan shall contain text and maps to facilitate the review process.

223 ~~12.11.~~ A copy of the certificate of need, required as a precondition to license of any new or additional
224 premises on the In addition to the above, any hospital campus, in accordance with Gsubject to
225 regulation by the Department of Health pursuant to F.L. 1956, Ch. 23-15, as amended, and to the rules
226 and regulations promulgated by the Director of Health for the State of Rhode Island, shall be attached
227 to the master pursuant thereto, which are required thereby to obtain a certificate of need as a
228 precondition to licensure of any new or additional premises, shall obtain said certificate of need prior
229 to the issuance of a building permit.

230 ~~13.12.~~ Conditional agreement for payment in lieu of taxes (PILOT) with regard to for-profit enterprises
231 of the health care institution, if applicable.

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

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

- 234 1. For health care institutions, exemptions to required off-street parking requirements may be granted
235 based on submittal and approval of an Alternative Parking Analysis and Management Plan, which is
236 approved by the Planning Board as part of the review and approval of an Institutional Master Plan.

237 Exemptions may be granted for the implementation and demonstrated effectiveness of managing the
238 facilities available parking spaces and analyzing transportation alternatives that provide employees
239 and/or visitors with options designed to reduce demand for parking and relieve congestion.

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

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

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

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

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

253 i. Available public transportation options.

254 ii. Existing and proposed shuttle services.

255 iii. Bicycle parking.

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

257 v. Enforcement and controls.

258 vi. Overflow management strategies.

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

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

263 1. Interior renovations of an existing structure provided that the proposed use within the area to be
264 renovated does not result in an increase in the amount of parking required as outlined in Section
265 603.2.B.7 of this ordinance and does not increase peak hour traffic (AM and/or PM) by more than 10%.

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

268 3. A change of use to any allowed use within the hospital campus provided that the proposed use does
269 not result in an increase in the amount of parking required as outlined in Section 603.2.B.7 of this
270 ordinance and does not increase peak hour traffic (AM and/or PM) by more than 10%.

271 4. Creation or expansion of any bicycle parking facilities.

272 5. Creation or expansion of electric vehicle charging stations where said creation or expansion results in
273 a loss of 10 or fewer overall campus parking spaces.

274 —Creation or expansion of open space, walking paths, outdoor seating, and/or alternate landscape
275 designs.

276 4-6.