

**CITY OF SACRAMENTO  
DEPARTMENT OF DEVELOPMENT SERVICES  
ZONING ADMINISTRATOR  
1231 I Street, Sacramento, CA 95814**

**ACTION OF THE ZONING ADMINISTRATOR**

On Wednesday, March 9, 2005, the Zoning Administrator approved with conditions a special permit major modification and a special permit to construct a 7,000 square foot medical building and to formalize the attendant parking management program for a hospital facility in the Hospital (H) zone for the project known as (File Z04-237). Findings of Fact and conditions of approval for the project are listed on pages 5-6.

**Project Information**

Request:

1. **Zoning Administrator Special Permit Major Modification** to construct a 7,000 square foot medical center and add twenty parking spaces by reconfiguring the existing parking lot at an existing hospital facility on 19.0± developed acres in the Hospital (H) zone.
2. **Zoning Administrator Special Permit** to formalize the attendant parking management program currently in use for employee parking.

Location: 5151 F Street (D3, Area 1)

Assessor's Parcel Number: 004-0010-006 and 004-0010-024

Applicant: Sutter Medical Center, Sacramento {Contact: Sherman Ulshoffer}  
2800 L Street  
Sacramento, CA 95816

Property Owner: Sutter Health Sacramento Sierra Region  
5151 F Street  
Sacramento, CA 95819

Project Planner: Lindsey Alagozian

General Plan Designation: Public/Quasi-Public-Miscellaneous  
Existing Land Use of Site: Hospital Facility  
Existing Zoning of Site: Hospital (H)

Surrounding Land Use and Zoning:

North: R-1; Single Family Residential  
South: R-1; Single Family Residential  
East: H & R-O; Hospital and Offices  
West: R-1; Single Family Residential

Property Dimensions: Irregular  
Property Area: 19.0± acres  
Square Footage of Building: 7,000 sq. ft.

**Z04-237**

**March 9, 2005**

**Item 6**

Height of Building: One Story, 13 feet  
 Topography: Flat  
 Street Improvements: Existing  
 Utilities: Existing

Project Plans: See Exhibit A through D

Previous Files: Z02-206, P99-296, P89-330, P85-034, P83-438, P83-431, P9154, IR2799

Background Information On January 12, 1960 the Planning Commission approved a variance to exceed the 35-foot height limit to construct four additional stories to a portion of the existing hospital facility located in East Sacramento. On March 26, 1981 the Planning Commission approved construction of a vehicular access which connects the northerly section of Sutter Memorial Hospital's parking lot to 51<sup>st</sup> Street. On January 26, 1984 the Planning Commission approved a Special Permit to construct a 15-unit residential facility called the Sharing Place on the subject site (P83-431). On 1984 the Planning Commission approved a Special Permit for on-site and directional signage for the hospital use (P83-438).

On February 14, 1985 the Planning Commission approved a Special Permit to locate a temporary trailer for office space on the subject site (P85-034). On February 23, 1989 the Planning Commission approved a Special Permit to allow two attached and two detached signs for the hospital use. On December 14, 1989 the Planning Commission approved a Special Permit to construct a 2,184 square foot facility containing an MRI machine (P89-330). On December 5, 1991 the Planning Director approved a Special Permit Modification to replace an existing sign with a new monument sign. On November 7, 2002 the Zoning Administrator approved a Special Permit Major Modification to allow eight (8) recreational vehicle (RV) parking spaces and RV accommodations along the northern property line.

Additional Information The applicant is requesting to construct a 7,000 square foot modular building for the purpose of relocating the following centers which are currently housed in the existing hospital facility: the adult diabetes center and the pediatric rehabilitation center. The proposed building will be located immediately east of the existing hospital facility in the employee parking lot, called Dr.'s Lot #1. Currently this parking lot has a total of 57 parking spaces. The project involves reconfiguring the remaining space into 42 parking stalls with tree shading. Sutter Memorial is requesting approval to construct the building in an effort to comply with state law regarding privacy requirements and overcrowding within the existing hospital facility. No new additional medical services or increase in staff are proposed with the project. Upon relocating the adult diabetes center and the pediatric rehabilitation center, the main hospital facility can improve the Catheterization Laboratory in the main hospital and Outpatient Children's Services in Building C. The current hours of operation (7:30 AM to 5:00 PM) for the Adult Diabetes program and Pediatric Rehabilitation services will not change. The project represents approximately 1.6% increase in the overall site and therefore requires a Zoning Administrator Special Permit Modification.

The project also involves reconfiguring and adding additional parking spaces within the main parking area of the hospital campus. Additional parking and shading is proposed along the northern property line in which 16 parking spaces will be added. Twenty-one additional parking spaces are proposed along the north property line abutting the medical office parcel. This parking area is currently attendant parking for employees only. The applicant is requesting to add 21 additional spaces to this area and formalize the attendant parking. The attendant parking program operates between 7:00 AM to 7:00 PM and is for hospital employees only. A Zoning Administrator Special Permit is required for attendant parking proposals. The applicant is also requesting to modify the existing parking lot located

immediately south of Building C. The reconfiguration will result in a change of flow and no parking spaces will be lost. Overall, twenty parking spaces will be added to the hospital facility.

Public and Neighborhood Association Comments:

The site is located within the East Sacramento Improvement Association and the McKinley Elvas Neighborhood Associations. The hospital site is surrounded by single family development. Staff received several letters expressing concerns and opposition to the project. The letters of opposition express concerns for the potential environmental impacts, increase in traffic, noise, and speeding along the residential streets leading to the hospital (see Attachment 1). The letters received were presented to the Zoning Administrator for consideration.

Staff indicated that the proposed project does not represent an expansion to the facility and that the proposal to internally relocate medical services without expansion does not generate any new impacts. The project was determined to be exempt from further environmental review. Development Engineering and Finance staff determined that a traffic study was not warranted on the proposal because existing services are being relocated on-site and the project does not involve a hospital expansion. The project was noticed and property owners within a 100 foot radius of the subject property were notified of the public hearing. Staff received nine phone calls from surrounding neighbors requesting additional information about the project and voicing concerns for additional traffic impacts.

Agency Comments The proposed project has been reviewed by the City Utilities Department, the Building Division, the Fire Department, the Police Department, and the Development Engineering and Finance Division. There were no comments or additional conditions required for the project.

Zoning Administrator Hearing There were six people in attendance at the Zoning Administrator hearing including two members of Sutter Memorial. Staff presented the proposed project to the Zoning Administrator and explained that the project had been analyzed by all divisions for compliance with city codes. Staff reported that the hospital had redesigned the project in response to neighborhood complaints about the proposed parking lot at the northwest intersection of F and 53<sup>rd</sup> Streets in a space that is currently landscaped with trees and shrubs. The current proposal no longer involves converting the open space into a parking lot but incorporates the necessary parking within existing paved surfaces of the parking lot.

Two neighbors who live near the hospital facility attended the hearing and reported excessive speeding from the hospital staff along the residential streets leading to the hospital. Neighbors strongly expressed the need for the applicant to provide more awareness about the need to be courteous and drive safely through the residential neighborhood leading to the hospital. The Zoning Administrator listened to the concerns from the neighbors and closed the public hearing. She approved the project subject to conditions of approval and based upon findings of fact.

Environmental Determination This project will not have a significant effect on the environment and is exempt from environmental review pursuant to California Environmental Quality Act Guidelines, Section 15301 (e), Existing Facilities.

**Conditions of Approval:**

**Special Permit Major Modification**

1. This approval permits the construction of a 7,000 square foot modular building to be located in the existing doctor's parking lot and the addition of twenty parking spaces.

2. The 7,000 square foot modular building is being constructed in order to relocate the existing adult diabetes and pediatric rehabilitation services into a new facility in order to comply with state law requirements. This approval does not allow any increase of patient load or any new employees. There shall be no change in existing hours of operation, which are 7 AM to 5:30 PM.
3. A screen wall composed of metal shall be placed along the roof of the modular building in order to screen the mechanical equipment along all sides of the building as shown on plans. The screen wall shall be painted to match the building.
4. There are two heritage oak trees located on APN# 004-0010-024 at the southern property line adjacent to the proposed attendant parking. From west to east, Tree B is 12-inches in diameter and Tree C is 14.5-inches in diameter and both are heritage oak trees. These two trees shall not be removed. The applicant shall contact the city arborist, Mike Butcher at (916) 719-9514 prior to conducting any work in the parking lot.
5. The applicant shall meet the requirements of the Zoning Ordinance and the Water Conservation Ordinance for the landscaping. Additionally, all parking and newly paved areas must comply with the 50% shading requirement of the Zoning Ordinance.
6. All new and/or re-striped parking stalls shall meet the requirements of the Zoning Ordinance.
7. The applicant shall comply with a good neighbor policy which requires the hospital to notify both hospital staff and neighbors that there are parking and speeding problems in the surrounding residential neighborhood. The hospital shall notify the neighborhood of the person to contact at the hospital if there are any complaints about staff parking or speeding along the residential streets by reporting to both MENA and ESIA annually. Flyers shall be distributed to hospital staff quarterly and submitted to the Planning Division.
8. Any other change or modification shall require additional Planning review and approval.

#### Building

9. The number of handicap parking stalls shall comply with CBC Table 11B-6.

#### Development Engineering and Finance

10. Repair or replace/reconstruct any existing deteriorated curb, gutter and sidewalk adjacent to F Street per City standards to the satisfaction of the Development Engineering and Finance Division.
11. Directional signage and associated striping will be required at all driveways on F Street to the satisfaction of the Development of Transportation.

#### Police

12. Landscaping shall be maintained to maximize observation while providing the desired degree of aesthetics. Security planning materials are encouraged along fence and property lines and under vulnerable windows.

13. Project lighting shall be provided as follows: 1.5 footcandles of minimum maintained illumination per square foot of parking space during business hours and .5 footcandles of minimum maintained illumination per square foot of surface on any walkway, alcove, passageway, etc., from one-half hour before dusk to one-half hour after dawn. All light fixtures are to be vandal-resistant.
14. All illegal activities observed on or around the business shall be promptly reported to the Police Department.
15. The applicant shall be responsible for the daily removal of all litter generated by the hospital, from the subject site, adjacent properties and streets.
16. During construction, the developer / applicant shall enclose the entire perimeter of the project with a chain link fence with necessary construction gates to be locked after normal construction hours. Adequate security lighting shall be provided to illuminate vulnerable equipment and materials.

### Fire

17. Turning radii are not adequate for Fire Department access (See Fire Department Advisory Notes).
18. Plans for fire department access roads shall be submitted to the fire department for review and shall be approved prior to the start of construction. CFC 901.2.2.1.
19. Fire apparatus access roads shall have an unobstructed width of not less than 20 feet and an unobstructed vertical clearance of not less than 13 feet 6 inches. CFC 302.2.2.1.
20. When access to or within a structure or an area is unduly difficult because of secured openings or where immediate access is necessary for life saving or firefighting purposes, or where a building is served by a fire alarm system which is monitored by a central station, the chief is authorized to require approved key switches, key boxes or padlocks to be installed in approved accessible locations or areas in order to permit immediate fire department access. CFC 902.4.
21. Fire-protection equipment and fire hydrants shall be clearly identified in an approved manner to prevent obstruction by parking and other obstructions. When required by the chief, hydrant locations shall be identified by the installation of reflective markers. CFC 901.4.3.
22. Locate and identify FDC on address side of building within 40 feet of a fire hydrant.
23. The fire sprinkler system in each building shall be supplied by its own main. Fire service mains shall not cross property lines unless a reciprocal easement agreement is provided. CFC 903.1.1.

### Utilities

24. All water connections shall comply with the City of Sacramento's Cross Connection Control Policy.

25. The applicant's exhibits show the domestic water service and the fire hydrant on the same water service. The domestic water service and fire service to include the fire hydrant shall be on separate water services.
26. This project is served by the Combined Sewer System (CSS). Without mitigation the project will have an impact on the CSS. Therefore, impacts from the project to the CSS must be mitigated to the satisfaction of the Department of Utilities. If mitigation of impacts is not practical, the developer may enter into an impact fee agreement with the City or pay a fee based upon the projects estimated sanitary sewer flows prior to the issuance of a building permit. The fee will be used for improvements to the CSS.
27. The applicant must comply with the City of Sacramento's Grading, Erosion and Sediment Control Ordinance. This ordinance requires the applicant to prepare erosion and sediment control plans for both during and after construction of the proposed project, prepare preliminary and final grading plans, and prepare plans to control urban runoff pollution from the project site during construction.
28. If the project disturbs greater than 1 acre of property, the project will be required to comply with the State "NPDES General Permit for Stormwater Discharges Associated with Construction Activity" (State Permit). To comply with the State Permit, the applicant will need to file a Notice of Intent (NOI) with the State Water Resources Control Board (SWRCB) and prepare a Stormwater Pollution Prevention Plan (SWPPP) prior to construction. A copy of the State Permit and NOI may be obtained at [www.swrcb.ca.gov/stormwtr/construction.html](http://www.swrcb.ca.gov/stormwtr/construction.html). The SWPPP will be reviewed by the Department of Utilities prior to issuing a grading permit or approval of improvement plans to assure that the following items are included: 1) vicinity map, 2) site map, 3) list of potential pollutant sources, 4) type and location of erosion and sediment BMPs, 5) name and phone number of person responsible for SWPPP, 6) signed certification page by property owner or authorized representative.
29. Post construction, stormwater quality control measures shall be incorporated into the development to minimize the increase of urban runoff pollution caused by development of the area. Since the project is not served by a regional water quality control facility and is greater than 1 acre, both source controls and on-site treatment control measures are required. On-site treatment control measures may affect site design and site configuration and therefore, should be considered during the early planning stages. Improvement plans must include on-site treatment control measures. Refer to the "Guidance Manual for On-site Stormwater Quality Control Measures" dated January 2000 for appropriate source control measures and on-site treatment control measures.

**ADVISORY COMMENTS:**

1. The proposed project is located in the Flood zone designated as a **X** zone on the Federal Emergency Management Agency (FEMA) Federal Insurance Rate Maps (FIRMs) that have been revised by a Letter of Map Revision effective February 18, 2005. Within the X zone, there are no requirements to elevate or flood proof.
2. Prior to design of the subject project, the Department of Utilities suggests that the applicant request a water supply test to determine what pressure and flows the surrounding public water distribution system can provide to the site. This information can then be used to assist the engineers in the design of the fire suppression systems.

## **Special Permit – Attendant Parking**

### **Planning**

1. This approval permits an attendant parking arrangement for the employee parking lot located northeast of the hospital building.
2. The applicant and/or property owner shall ensure that the parking lot noise is kept to a minimum because of its proximity to a residential neighborhood.
3. The applicant and/or property owner shall post signs along the east property line of the employee parking lot that reminds hospital patrons that noise should be kept to a minimum because the parking lot is next to single family homes.
4. The attendant parking shall be inspected by the Fire Department annually to ensure compliance with fire regulations.

### **Findings of Fact – Special Permit Modification:**

1. The proposed project, as conditioned, is based upon sound principles of land use in that:
  - a. The project does not represent an expansion of existing medical services and the addition of the modular building will not substantially alter the characteristics of the site or the surrounding industrial area; and
  - b. The project is a hospital use located in a hospital zone; and
  - c. The project will ensure the hospital will meet state law requirements regarding privacy and overcrowding issues.
2. Granting the Special Permit Major Modification would not be detrimental to the public welfare nor result in the creation of a public nuisance in that:
  - a. Adequate on-site parking, landscaping, and setbacks will be provided; and
  - b. The hospital will coordinate with the surrounding neighborhood associations and implement a good neighbor policy; and
  - c. There will not be an increase in patient load or hospital staff as a result of the project.
3. The project is consistent with the General Plan Plan which designates the site as Public/Quasi-Public-Miscellaneous.

### **Findings of Fact – Special Permit Attendant Parking:**

1. The proposed project, as conditioned, is based upon sound principles of land use in that:
  - a. Attendant parking is for hospital employees only and;
  - b. The attendant parking program facilitates the flow of traffic in and out of the hospital site; and

- c. The existing heritage oak trees located in attendant parking lot will be protected and preserved.
2. Granting the Special Permit Major Modification would not be detrimental to the public welfare nor result in the creation of a public nuisance in that:
  - a. Adequate on-site parking for the public will be provided;
  - b. Attendant parking does not impact the existing visitor parking areas;
  - c. The attendant parking service operates from 7:00 AM to 7:00 PM.
3. The project is consistent with the General Plan Plan which designates the site as Public/Quasi-Public-Miscellaneous.



Joy D. Patterson  
Zoning Administrator

A use for which a Special Permit Major Modification is granted must be established within two years after such permit is approved. If such use is not so established the Plan Review Modification shall be deemed to have expired and shall be null and void. A Special Permit Major Modification use which requires a Building Permit shall be deemed established when such Building Permit is secured and construction thereunder physically commenced. If no building permit is required the use shall be deemed established when the activity permitted has been commenced.

The decision of the Zoning Administrator may be appealed to the Planning Commission. An appeal must be filed within 10 days of the Zoning Administrator's hearing. If an appeal is not filed, the action of the Zoning Administrator is final.

cc: File (original)

ZA Log Book

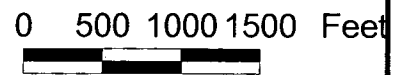
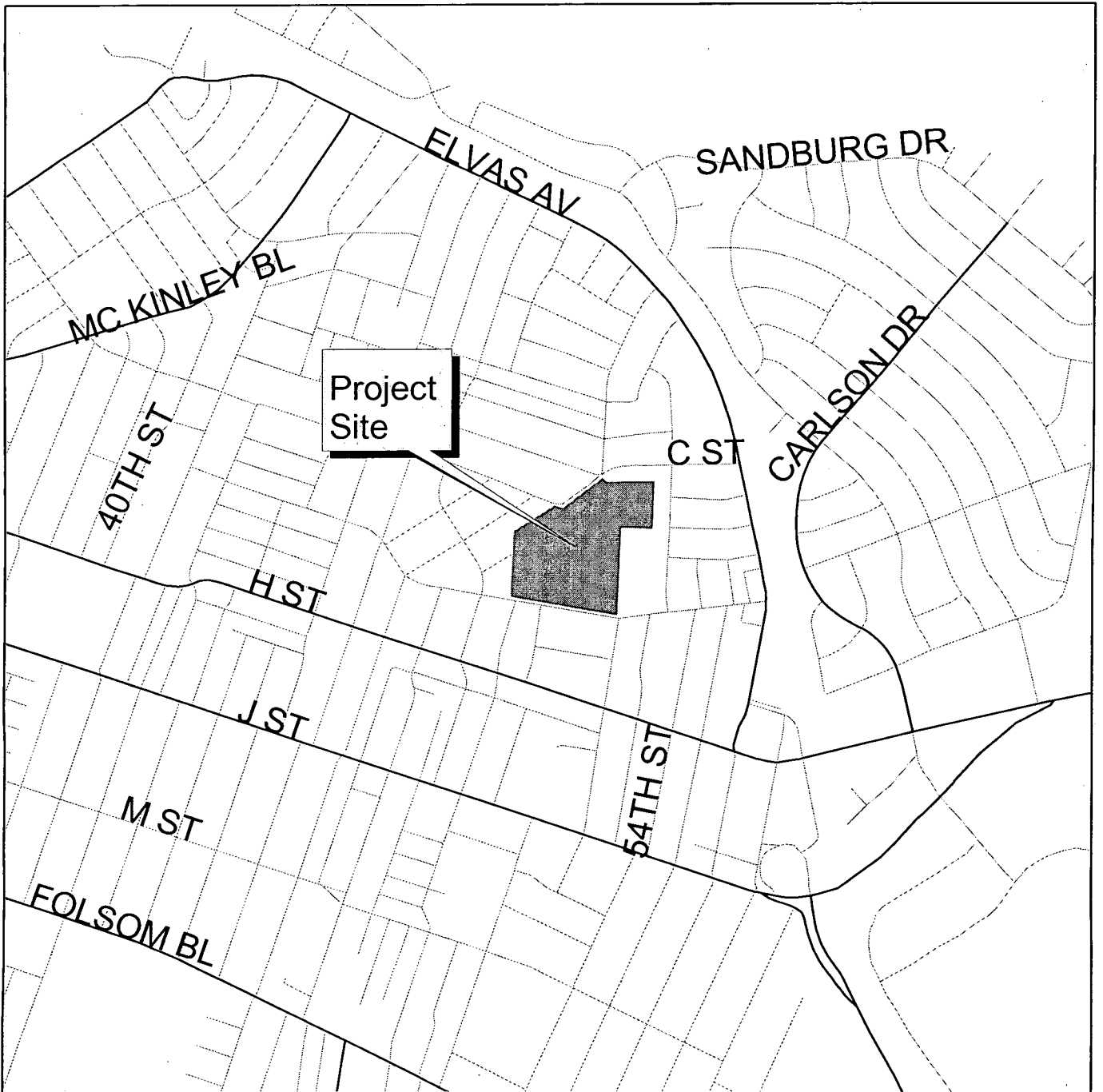

Applicant

Maureen Pascoe, Redevelopment Agency, 1110 West Capitol Avenue, West Sacramento, CA 95691

John Gorman, 5301 F Street, Sacramento, CA 95819

Peter Ahlstrom, 5500 D Street, Sacramento, CA 95819

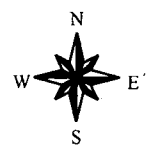
Katherine Akin, 661 53<sup>rd</sup> Street, Sacramento, CA 95819

Development Services  
Department

Geographic  
Information  
Systems

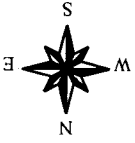
# Vicinity Map



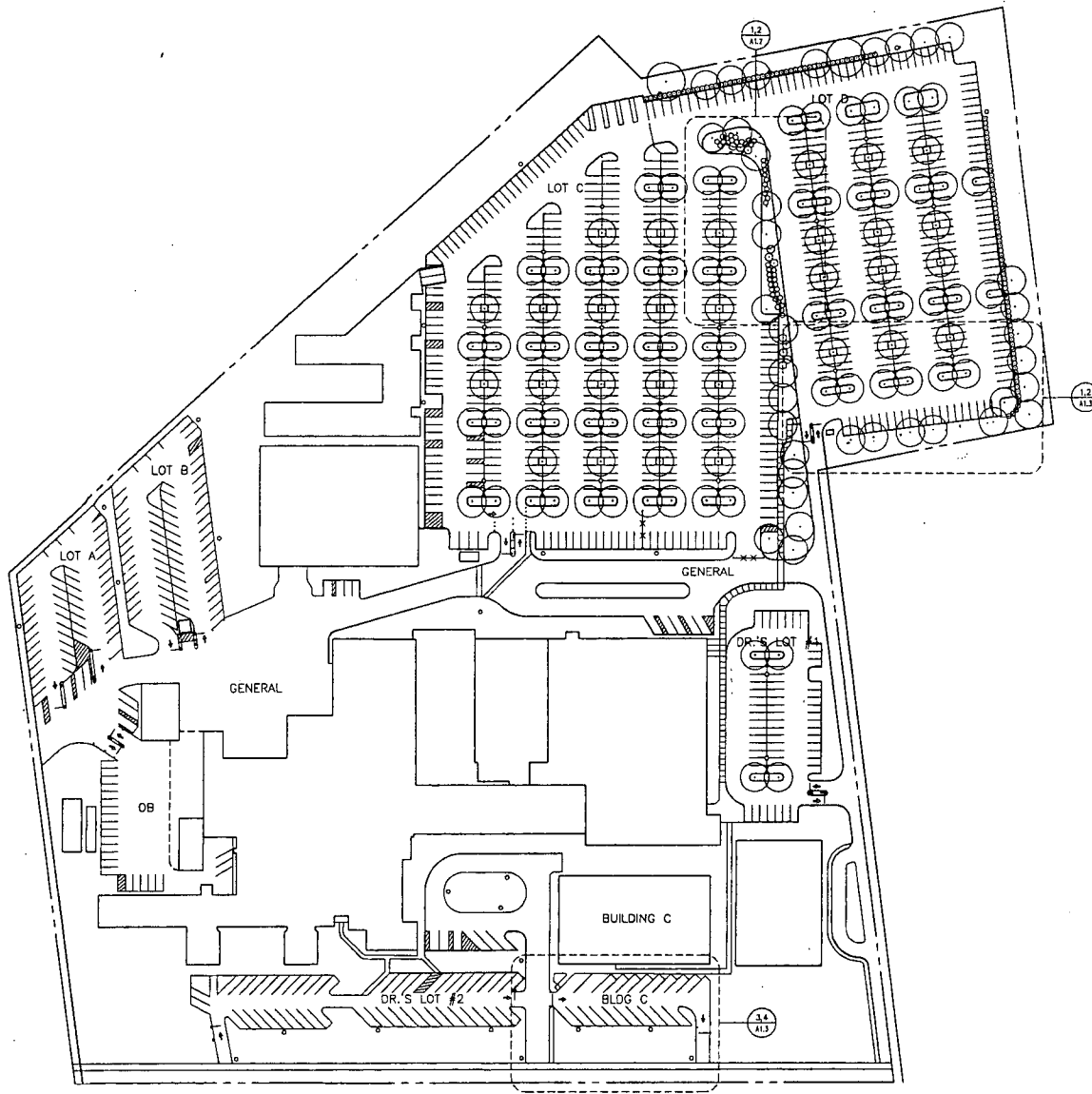
Development Services  
Department  
Geographic  
Information  
System



# Land Use & Zoning



**EXHIBIT A**



1 EXISTING SITE PLAN

1"=80'-0"

**PARKING SOLUTIONS**  
**Item 6**

SIMON COYLE  
 11707 FAIR OAKS BLVD., SUITE 200  
 FAIR OAKS, CALIFORNIA 95628  
 (916) 962-2292  
 FAX: 962-3251  
 http://www.parkingideas.com  
 e-mail: simon@primelink.net



**March 9, 2005**

SEAN A. COSTELLO  
 9136 PALMERSON DRIVE  
 ANTELOPE, CA 95843  
 916-201-6726

REVISIONS		
NO.	DESCRIPTION	DATE
KEY PLAN		
PROJECT TITLE		
SUTTER MEMORIAL HOSPITAL PARKING LOT RENOVATION 5151 F STREET SACRAMENTO, CA 95819		
SHEET TITLE		
EXISTING SITE PLAN		
DRAWN BY		CHECKED BY
SAC		SC
PROJECT NO.	UNIT	SHEET NO.
0000A21	-	A1.1
DATE		
11/09/2004		

**Z04-237**







ATTACHMENT 1

March 4, 2005

Lindsey Alagozian  
Planning Department, City of Sacramento  
1231 I Street, Suite 200  
Sacramento, CA 95814

RE: ZO40237 – Special Permit Major Modification  
Outpatient Clinic at Sutter Memorial Hospital

Dear Ms. Alagozian:

I am writing to express my concerns about plans for a new building to be constructed on the campus of Sutter Memorial Hospital.

**Cumulative Traffic Impact**

I urge you and your colleagues to look at this new building as though it were a new clinic being located in our neighborhood. The impacts of this building ought to be considered as if this were a brand new element introduced into the community rather than as a minor addition to an existing use.

I make this request because our streets are already severely overburdened by traffic from Sutter Memorial Hospital and the Professional Building at 5301 F Street. Neither of these intensive uses has any direct access to any collector or arterial streets. I can't imagine that even a 7,000 square foot clinic would be permitted today without any commercial street access.

53<sup>rd</sup> Street, a local residential street with a 40 foot wide right of way (that's 14 feet less than standard), serves as the primary access to the hospital and medical office building and carries just under 4,000 cars per day. Traffic volumes on 53<sup>rd</sup> Street have increased dramatically and steadily. Although traffic counts are only available from 2002 and 2003, I and my neighbors can perceive the increase. That increase in traffic volume is reasonably attributed to Sutter and the Professional Building; and the increase is occurring even without increasing square footage.

The recent Neighborhood Traffic Management Program (NTMP) planning process was not successful in addressing this issue. I served on the NTMP committee and there were not any solutions available in the entire NTMP toolkit that could address the volume or speed of traffic on 53<sup>rd</sup> Street.

We have to be looking to at more solutions, including land use, to address the traffic problem on 53<sup>rd</sup> Street. While the current request may be a small project, it is added on to an already overburdened street. Just last fall the planning commission approved a use permit for a school at 53<sup>rd</sup> and H Streets. When

do all these minor permits add up to something major? I would say we have reached that point.

### **Temporary and Long-Term Impacts**

This "temporary" building has long-term implications.

Why is a hospital that is scheduled to close or significantly scale back within a few years planning an expansion now? Sutter says there will be no new uses or services in the modular building, but it is nonetheless an increase in square footage, in outpatient capacity, in staff, in operating hours, in number of parking spaces.

This "temporary" building could have a permanent effect on our neighborhood. Major changes are expected at Memorial after 2008 when they discontinue acute care, and they are telling the neighbors that this "temporary" building has nothing to do with long range plans. And Sutter has indicated that future plans for Memorial will not intensify traffic beyond existing conditions. But what concerns me is that they have also indicated they will base their long-term land use plans on traffic volumes existing in the future, at the time they make that entitlement request. In other words, they will count actual trips in the future when they decide what to do with Memorial. So piling up trips now actually expands the future development capacity of the site.

Consequently, the effects of this increase will echo far into the future.

Sutter has grown by lots of tiny incremental increases – today and over the last thirty years – to a point where the traffic burden on the surrounding neighborhood is no longer tolerable. It's time to take a different approach, and look at the cumulative and lasting effect of these little incremental changes.

### **More Space = More Trips**

Sutter Health has emphasized that the proposed facility will not house any new services or additional uses. But we are not reassured about additional traffic. With an expanded clinic in this proposed building, and in the vacated space within the hospital, there will be increased capacity to serve more out-patients. I have been told that the catheterization clinic hours will be extended and three staff people added, so clearly the plans include added capacity and more patients. I have no doubt that we can expect more visitors and more vendors as well. All that means more trips on neighborhood streets.

Twenty additional parking spaces will also mean more trips; at least it works that way in traffic modeling. Four trips per stall per day would cover just two shifts at Sutter Memorial; I bet actual turnover is more like six or eight trips per stall per

REC'D MAR 08 2005

day. Over fifty percent of those trips will use 53<sup>rd</sup> Street, a minor residential street that is perilously close to the 4,000 trips per day limit for a residential street.

I understand that there has been no traffic modeling done because this project does not meet the usual threshold of 10,000 square feet. I think it deserves more analysis, regardless of size, given the existing congestion on 53<sup>rd</sup> Street.

### **Mitigation of Traffic Impacts**

When I submitted my application for the Neighborhood Traffic Management Planning committee, I stated that my objective was to make sure that things don't get worse. Councilmember Cohn accepted my application and appointed me to the committee, and I participated faithfully in the process that just recently resulted in a favorable vote from my neighbors and is scheduled to go before the City Council on March 29.

When I started out, I thought I understood the limitations of the NTMP and that the results for my street might not be dramatic but at least some attempt would be made to address the volume and speed of traffic on 53<sup>rd</sup> Street, and maybe improve the spillover parking situation so that congestion was not so problematic. But I emphasize that my expectations were not all that high; I just wanted to make sure things didn't get worse.

Unfortunately, the NTMP was not able to propose any effective mitigation of traffic impacts on 53<sup>rd</sup> Street. Because the street right of way is so narrow, and because it is an emergency access route, we can't get speed humps or chokers or striping or anything to address traffic speed or volumes.

So I am falling back on my original objective – just don't make things worse. I am not able to see how the proposed project serves that objective. What can Sutter do to mitigate the traffic problems on 53<sup>rd</sup> Street?

### **Measurement of Traffic**

The traffic problem on 53<sup>rd</sup> Street is directly attributable to Sutter Memorial and the medical office building at 5301 F Street. The perception of neighbors is that traffic has gotten significantly worse – the number of cars, the speeding, the spillover parking. We don't have extensive traffic counts to prove it, because the city had not collected any traffic information prior to three years ago. But who would be better observers than the neighbors? We live here 24-7. We get to experience every shift change, day and night.

We knew there was a hospital nearby when we bought our houses. And we expected traffic. But conditions have grown noticeably worse. And we have

REC'D MAR 08 2005

grown increasingly concerned for the young children, disabled, and elderly people on our street (a third of the residents on my block fall in one of those categories).

The special permit approved for a school at 53<sup>rd</sup> and H Street projected 50 additional trips a day to our street. Pile that on top of the nearly 3,800 per day we already have at last count. And now this proposal will add an unmeasured amount of traffic to our street. Traffic engineers, planners, modeling all agree that the absolute limit for a residential street is 4,000 cars per day. Are we there yet? How can we know?

I am sure that they don't mean to mislead me, but it seems that the project proponents want me to believe that this project will have no impact on my street. I am skeptical of that. But how can either assertion be evaluated without measurement or analysis?

We believe that there need to be stronger measures to address the extraordinary traffic burden on 53<sup>rd</sup> Street. It's difficult to be supportive of a project that hasn't been subject to traffic analysis, and since this proposal will add capacity to serve more patients, it has real potential to add more traffic. Even a small project and another 50 trips could be enough to push our street over the tipping point. I think that Sutter and the city should conduct regular measurement of traffic volumes on 53<sup>rd</sup> Street to document the number of trips. We need it anyway, but should you decide to approve the project, measurement of traffic impact at least annually should be a condition.

### **Trip Generation Rates**

The existing special land use permit for Sutter Memorial Hospital – and the requested modification to the permit – are both based on a certain number of beds at the hospital. All assumptions about traffic impact on the neighborhood are based on the number of beds at the hospital.

The number of hospital beds is obviously not the way to measure the traffic impact from Sutter Memorial Hospital. A Sutter spokesperson told me that their daily census decreased from 236 occupied beds per day to 231 per day in the last year, that they are licensed for even more beds, and that their land use permit would also allow more beds. But filling beds is anathema to modern hospitals – they do everything they can to limit overnight stays and to treat people on an outpatient basis. I know this from personal experience – I have had two surgical procedures at Memorial, both as an outpatient.

Occupied beds or permitted beds are just not a good indicator of trip generation. It's apparent within the neighborhood that traffic has increased significantly over the last decade even without an increase in the number of beds. Better measures of traffic should include the number of patients admitted; number of

REC'D MAR 0 8 2005

patients served on an outpatient basis; the number of emergency room visits; or some other statistic that is a better measure of actual trips.

Or we could just count actual trips at Sutter Memorial. I was quite surprised to learn that the city did not have any traffic data for 53<sup>rd</sup> Street prior to 2002. It's time to start regularly monitoring the amount and speed of traffic on the local residential streets that are being used for access to the hospital.

We should not be evaluating the impacts of this modification request based on clearly imprecise and inadequate gauges. I ask that you consider this request independently and not rely on Sutter's entitlement for hospital beds.

### **Old Permit – Modern Hospital**

Sutter Memorial was first permitted in 1936. Its original use was a maternity hospital - many planning and land use maps still show that reference. There were major changes to the land use permit in 1950 and 1962. The last major addition was over 20 years ago.

The original permit for Sutter Memorial probably made some assumptions about the kind of uses that would take place there and the impacts those uses would have on the surrounding neighborhood. The original permit can't be located in city files now, so we can't find out what assumptions or conditions or limitations might have been included and whether they are being effectively implemented.

But we do know for certain that the services provided at Sutter Memorial have expanded well beyond what was there in 1936. And certainly there have been enormous changes in how hospitals operate, even in the last twenty years. For example, the length of stay after an uncomplicated birth is half what it was thirty years ago. That means twice the number of patients with the same number of beds.

It's not just the length of stay and it's not just maternity services that have changed. There is much greater emphasis on outpatient services and clinics, and longer operating hours, and a much expanded range of services offered at hospitals, and Sutter Memorial is no exception. Modern hospital operations are obviously a lot different than in 1936 or 1952 or even 1980. There is a much greater volume of patients served, but the same number of beds.

Yet we are still working on the basis of that original land use permit, and we are still using the number of beds as the only limitation on what can take place on the campus. Did the council and planning commission that approved that permit have any idea how hospital operations would evolve? I would be surprised if they did. Would it be approved today, in a residential neighborhood without any access to collector streets? I am certain it would not.

REC'D MAR 0 8 2005

We are not able to examine the premises and assumptions that back up the original placement of Sutter Memorial because the permit files can't be found. We can only guess that because it was a baby hospital, the planners, commissioners, and city council members who oversaw the first six decades of Sutter Memorial's life concluded it would have minor impact and be a benign presence in the surrounding residential neighborhood.

We don't have to continue using outdated assumptions to evaluate contemporary entitlement requests. As you consider this request for a permit modification, please evaluate the real and cumulative impacts on the surrounding neighborhood.

### **A series of unfortunate events**

There seem to have been a series of decisions, none of which required extensive review or public input, that have resulted in 53<sup>rd</sup> Street being used like a driveway for Sutter Memorial and the Professional Building at 5301 F Street. Installation of a pedestrian signal at H Street in 1950; its conversion to a full traffic signal sixteen years later; designating the emergency access routes; aligning the driveway access for the Professional Building and the hospital with 53<sup>rd</sup> Street; eliminating previously existing ingress and egress to the hospital from the north; approving a series of modifications to the 1936 use permit over the last 60 years; changes in the medical business and hospital operations. Not one of these individual changes can be individually blamed for directing 4,000 cars per day on to 53<sup>rd</sup> Street. But collectively, they add up to creating intolerable conditions on this narrow residential street.

This situation has grown and evolved, largely independent of land use regulation. Of course, the hospital is a business, and they need to change to keep up with contemporary business methods and practices. But they are doing so in the middle of a residential area, using a special use permit that was granted based on assumptions of a sixty year old business model. It's time to reassess.

Let's look for alternative routes or ways to reduce traffic volumes or how to shift some of the functions away from Sutter Memorial before we make yet another incremental decision that will result in adding still more traffic. Could creation of a third ingress/egress driveway to the north be a condition of approval? C Street is designated as a collector (unlike 53<sup>rd</sup>). This would be a great time to consider that, and it was suggested by the city's traffic engineer.

### **Public Safety and Emergency Services**

53<sup>rd</sup> Street between H and F is designated as an emergency access route. We have a lot of ambulance traffic. I think everyone can agree that the ambulances

REC'D MAR 08 2005

should have unimpeded access to enter and exit Sutter Memorial Hospital.

A couple weeks ago, there was an evening event at the church located at 53rd and H. We were returning home via H Street and tried to turn on to 53rd and nearly hit an ambulance head on. It was stuck, trying to navigate between cars parked on both sides of the street and oncoming traffic.

Come out on a Tuesday or Thursday between 10 am and 3 pm and take a look at the traffic tie-ups at 53<sup>rd</sup> and F. Traffic reaches a standstill with all the spillover parking and people using the driveway to enter and exit the parking lots for the hospital and the Professional Building. Our emergency services providers can't think that looks like a good thing on an emergency access route. Have they been consulted about this proposal?

My point is this: our 40' right of way street can not fulfill all these functions – main vehicular access to Sutter Memorial and the medical office building, emergency access route, parking lot, and livable residential street. If there were such a thing as grade levels to evaluate the function of a residential street, we would be at F. How does this proposal affect the function of the street?

### **The current plan**

Last August Sutter held a neighborhood meeting, and during the fall there was a lot of communication with neighbors. Since then, I have heard nothing about this project; the last time I checked with the City Planning Department staff, you were waiting for a traffic analysis.

In February, I read in the neighborhood association newsletter that the parking lot had been dropped. I saw the on-site posting last Sunday and received a notice about the hearing this week. I have not seen any revised drawings or plans or description of the project or how it may have changed since last fall. The notice says 20 additional parking spaces. That is more than the net increase previously proposed. And what is the parking management program mentioned in the notice? How will we know if it is effective?

We will be out of town on Thursday, March 10 and so will not be able to deliver comments in person, but I want the Zoning Administrator to know that we would certainly feel better about this project and her decision if we were better informed about the details of the proposal.

### **Trip Reduction – Transportation Demand Management – Employee Education**

Sutter Memorial is an asset to the neighborhood – but it could be a better neighbor. Better and more effective trip reduction programs, and a real

REC'D MAR 08 2005

commitment to supporting them, would be welcome. While the employee shuttle is a good start, it only addresses trips between Memorial and General; it doesn't provide direct access between light rail and Sutter Memorial, so it doesn't offer an alternative to driving to work, and it doesn't serve visitors or vendors.

Sutter needs to back up its stated commitment to addressing the traffic and parking concerns of the neighbors with some more assertive efforts. When the the positive effects of those efforts are visible and measurable it will be easier to support plans for changes at Sutter Memorial.

I think we need to start measuring traffic on a regular basis, adopt some programs to educate employees, and see how it works.

### What do we want?

Our street is at a tipping point. Just 15 houses front 53<sup>rd</sup> Street on the two blocks between H and F. Two houses on my block that were owner occupied changed over to rentals in the last few months, reducing the owner occupancy rate to 67 percent. Our current traffic load is just below the threshold of 4,000 trips per day, the upper limit for what a residential street can handle. We have a serious spillover parking problem, and residents frequently complain about difficulty getting in and out of their own driveways. In my book, this spells a street that needs help in preserving quality of life.


So maybe this little permit modification request is not in itself a big deal. But it is the latest in a series of decisions that have lead us to this tipping point. And it does not contribute to the preservation or livability or improvement of 53<sup>rd</sup> Street.

These are things I would like to see in place before I felt good about expansion at Sutter Memorial:

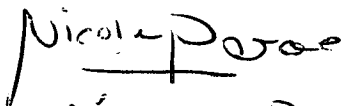
- 1 Frequent traffic counts and monitoring and reporting of conditions
- 2 Better trip reduction programs and employee education efforts, with vigorous support for it and staffing and budget sufficient to be effective
- 3 Efficient use of existing parking
- 4 Absolute limit on traffic volume on neighborhood streets
- 5 Third exit to the north side of the hospital campus
- 6 Better signage directing people to available parking lots

Please consider these conditions.

Sincerely,

  
Maureen Daly Pascoe  
680 53<sup>rd</sup> Street

✱

  
Nicholas Pascoe  
680 53<sup>rd</sup> Street

REC'D MAR 08 2005

C:

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REC'D MAR 08 2005

**March 7, 2005**

**To Joy Patterson/Lindsey Alagozian:  
Reference Z040237**

**Enough is enough! Please have an EIR done on this project for the following reasons:⊗ Or, please do not approve it at all!**

- 1. The Sutter Memorial Hospital campus is already so crowded that not only is attendant parking doubling the volume of parked vehicles behind our homes, but also disgruntled employees are jamming the streets outside our homes.**
- 2. Employees sit in their cars engines idling 10 feet from our backyards while they eat, read or listen to loud music.**
- 3. Car alarms go off sometimes 45 minutes at a time because the attendants set them off without knowing how to turn them off.**
- 4. NOW THE HOSPITAL WANTS 47 NEW PARKING SPACES CREATED BEHIND OUR HOMES to make room for 7,000 more sqft.**
- 5. The hospital is closing 2008. Why approve a project designed to make more room for them temporarily while lowering our houses' property values for the next three years.**
- 6. Sutter Memorial is totally surrounded by single family houses – 100 of them. The ramifications to these families and owners is negative. The increase is noise AND EXHAUST from cars will be even greater.**
- 7. The summer of 2003 an employee car exploded and burst into flames right behind my house. Black toxic smoke filled my backyard. The fire department had a difficult time reaching the car because of the double-parked cars. Therefore, it took hours for not only my yard to clear up, but also my throat hurt me for two days.**

**Marilynn Mackey – property owner behind the hospital.**