Portland Maine Yes. Google's good here.

Helen Donaldson <hcd@portlandmaine.gov>

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

Jean Fraser <jf@portlandmaine.gov> Tue, Dec 6, 2016 at 12:45 PM
To: "Donaldson, Helen" <hcd@portlandmaine.gov>

for inclusion in the PB Memo on IOZ

---------- Forwarded message ----------
From: **Zack Barowitz** <zbarowitz@gmail.com>
Date: Mon, Dec 5, 2016 at 7:01 AM
Subject: MMC Expansion notes for the Planning Board meeting Tuesday night
To: jf@portlandmaine.gov
Cc: Tuck O'Brien <tuckobrien@me.com>, Damon Yakovleff <Damon.yakovleff@gmail.com>, Nikki Anderson <n.annetteanderson@gmail.com>, Norman Maze <nmaze@shalomhouseinc.org>, Emma Holder <pna@parksideneighborhood.org>, Anne Pringle <oldmayor@maine.rr.com>, Ian Jacob <iancasperjacob@gmail.com>

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

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

2. I wrote a column for the *Phoenix* outlining how the current agglomeration of **Maine Medical is blighting the surrounding streets and neighborhoods**. Were expansion to continue in the same manner the blight would undoubtedly spread and any economic development would have to be counter-balanced by decrease in value of abutting areas (e.g; tax revenue). You can find the article below or link to it here. My suggestions:
- Improve the streetscape for pedestrians and develop vibrant commercial spaces (24-hour cafe, pharmacy, restaurant, beauty salon) on Congress Street around the new entrance.
- Set backs to create a human-scale feel
- Buildings overhanging sidewalks (like in the wild west, to provide protection from weather)
- Heated sidewalks (currently they salt the heck out of the area with is costly and environmentally destructive)

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

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

Thanks,
Zack

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

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

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

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

So why is this?

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

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

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

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

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

Were this projected expansion slated for an isolated green expanse (such as the MMC Scarborough campus), the peripheral pedestrian experience would be of little consequence. But in a dense urban environment, great care must be taken to scale and form but also to use.
Far from being a monument that sucks in automobiles, the hospital necessarily should learn how to interact with the street, starting with an improved pedestrian experience that heals the neighborhoods on its borders. Street-level commercial development — visitors' cafe, gift shop, pharmacy, restaurant and even a bookstore — will not only better serve hospital customers but make for a healthy bottom line, both for the institution and the city as a whole.

--
207-838-6120
917-696-5649
ZacharyBarowitz.com

ATTENTION:
The information in this electronic mail message is private and confidential,
and only intended for the addressee. Should you receive this message by

mistake, you are hereby notified that any disclosure, reproduction, distribution or use of this message is strictly prohibited. Please inform the sender by reply transmission and delete the message without copying or opening it.

--
207-838-6120
917-696-5649
ZacharyBarowitz.com

ATTENTION:
The information in this electronic mail message is private and confidential, and only intended for the addressee. Should you receive this message by mistake, you are hereby notified that any disclosure, reproduction, distribution or use of this message is strictly prohibited. Please inform the sender by reply transmission and delete the message without copying or opening it.

--
Jean Fraser, Planner
City of Portland
874 8728

IMG_0947.JPG
409K

April 18, 2017

Tuck O'Brien
Jean Fraser
City of Portland Planning Department

Re: Neighborhood Review of MMC IDP

Hello Tuck and Jean,

We write to share with you our group's review of the MMC IDP submitted April 7, 2017.

We've all spent multiple hours over the last several weeks focusing on the new IOZ with the goal of understanding its function and its intended benefit to the institutions, the city and the neighborhoods.

We then proceeded to the IDP. Each of us read the document on our own then divided up chapters for individual review. We convened and shared our understanding, our confusion and where appropriate our objection to language, data and positions taken by the hospital in the IDP.

We then drafted a two part document to cross reference and list our concerns.

The first part of the document examines the IDP on its own- *unrelated to the demands of the IOZ*. We've listed our objections, our questions and our concerns in the areas of height and massing, institutional expansion into our neighborhood, policies regarding snow ban parking, smoking, construction impact mitigation and the lack of involvement the neighbors have been allowed relating to design, construction management and infrastructure impact.

Next, we returned to the IOZ and highlighted those areas where we found the IDP failed to meet the demands of the IOZ. From that highlighted IOZ, we drafted a list of questions and observations calling attention *by paragraph* to the IOZ demands that we believe are unmet.

(In addition to the two part document, we've attached our highlighted version of the IOZ including our notes.)

While we have submitted a list of questions to the hospital for discussion at the April 19 expansion meeting, (several of which cover topics found in our document here,) we feel this more in depth review of our concerns should be directed to you in the Planning Department.

Some of these questions may be answered at the Expansion Group meeting on Wednesday. Pending the outcome of that meeting perhaps we can get together the following week and speak to what questions and concerns may remain.

Thank you,

Tim McNamara
Sarah Martin
Moses Sabina
Garry Bowcott
Brian Stickney
Tricia Bisson
Jenny Mackenzie

The IDP on its own:

1.
We object to the one hundred and fifty foot height proposal for the Gilman block. Page 116
No matter what is built there and no matter how it is designed or setback, one hundred and fifty feet is too high for that block. Current zoning height allows for sixty five feet. Considering the homes along A Street that will sit directly opposite any construction on that block, the height restriction of sixty five feet should be maintained.

2.
We object to the boundaries outlined in the IDP extending to the two commercial blocks on Valley at Congress and Congress at Forest street. Pg 110
Further hospital expansion into these blocks would be detrimental to the neighborhood.
Development by the hospital of these two pivotal blocks would eliminate more than twenty residential units in a town desperately in need of housing units. Additionally, hospital development here would either displace or negatively impact existing businesses that serve as a draw and an attraction to our neighborhood.

Best case scenario would in fact be for the hospital to divest itself of the two lots it owns on Valley at A Street. This would free up that corner for possible mixed use housing/retail development by private ownership.

To include these two blocks in the sphere of potential expansion hurts this neighborhood at a time when we are beginning to become a more attractive destination for retail, hospitality, housing and other development.

We realize that property owners have the right to sell to whomever they choose. However, the removal of restrictions on hospital expansion in our neighborhood, exposes us to more of the institutional creep that the current zoning was crafted to prevent.

With the exception of those who would benefit from the sale of their property to a bidder of such resources as Maine Med, those of us who live here will suffer if the hospital is allowed to expand onto these two blocks.

The hospital has managed to budget over half a billion dollars for an expansion that takes place within their current footprint. In the event they see the need for further expansion we would suggest they consider the area of St John Street between Congress and Park Avenue as an alternative to the two blocks proposed.

3.
When will the public be able to view the drawings and plans for the expansion?
Page 94 references a "transparent bridge" connecting the Gilman garage to the main entrance. There is a drawing on page 91 showing what appears to be a span over the top of Gilman Street. We have asked for months about drawings and have been told there are none available. We've been assured that we would be involved in the discussion of design. The IDP is now showing conceptual drawings of a bridge over Gilman Street. This bridging of Gilman street has seen much discussion among neighbors and there are several concerns over the concept. We need to be in that conversation before plans are finalized.

4.
Parking garage demolition.
Page 99 schedules the demolition of the garage from June to December 2019.
We have been asking for months how and when the garage will be removed and how we might prepare for this event. From a *construction impact* point of view, the demolishing of that structure will have the greatest *impact* on the surrounding neighbors quality of life. Seven months of demolition will pose the greatest risk of damage to our buildings and months of disruption, vibration, dust and noise will most likely result in losses to business and great difficulties leasing or re-leasing to tenants. We have asked if the garage would be imploded or taken down with wrecking balls and jackhammers. We've asked how long the demo might take. Businesses and landlords in the area have expressed great concern over potential hardships resulting from this action. This too is a conversation we need to be involved in and apparently we are not.

5.
Smoking
The language prepared by the hospital on page 102 and the actions they claim to be taking fall well short of addressing this problem. The campus wide ban on smoking has resulted in hospital patients, visitors and staff leaving campus for the purpose of smoking on our city streets and sidewalks as well as oftentimes our private property. This is a dynamic that has

many neighbors unhappy. Exposure to second hand smoke and piles of cigarette buts on our streets and sidewalks is the result of the hospital policy forcing their people to smoke off campus. We are told by the hospital that all across the city people are dealing with unwanted smoke and we are asked to believe that the hospital isn't even sure if the people smoking around its facility are associated with MMC. We are asked to believe that proactive walkabouts are taking place and that a vendor is working 4 to 6 hours every Monday, Wednesday and Friday to pick up butts. If this IDP document is to be considered credible, this piece needs to be completely redone.

6.
Snow Ban Parking
Pages 93 and 102 address the issue of Snow Ban Parking. To be clear, current zoning states that "**MMC** agrees that it will make the parking garage contemplated within this Agreement available for use by the public for snow ban purposes in a fashion similar to that required in its Congress Street/Forest Street parking garage." The hospital has failed to meet this commitment in the past and often times has locked people out of accessing either garage during a snow ban. Page 93 references abuse by neighbors in the past. We know of no one in any of our organizations who were part of the group "abusing" the free use of the MMC garage. We fully agreed with MMC when we heard about unauthorized cars having been removed from their garages. We heard of the towing well after the fact and MMC never asked us if we knew who might be illegally parking in the lots. As far as we "neighbors" know...those vehicles could have been employees, or visitors or any opportunist with an eye on using a wide open, un-monitored parking garage to store their vehicle.

The language on page 122 essentially says that the hospital will offer neighbors space in the 887 Forest Street garage during snow ban parking so long as such spaces are not needed to service MMC. This is not good enough. When both 887 Congress Street and the new patient and visitor garages were built, the understanding between the city and the hospital was that snow ban parking would be made available in both. To put a condition such as the hospital has on use by neighbors runs counter to what has been a long standing mandate.

7.
Page 66
I'm not sure what is trying to be said in the bottom half of the text on the left side of the page but it does not make sense.

8.
Page 34
The two charts on this page we find misleading and confusing. Shouldn't peer comparisons involve institutions of similar size, geographical location, demographics, etc? Why aren't Dartmouth Hitchcock and UMass Memorial included? Also, since the purpose of the charts are to prove MMC's need for parking, shouldn't they both include the same "peer" institutions when referencing inpatient parking demand and employee parking demand?

9.
Pages 116, 117,60
The Gilman garage is shown on page 60 as extending down to St John Street. I think this is just an error in labeling Valley Street as St John. Valley and St John streets are flip flopped on pages 116 and 117 as well.

10.
Page 83
Table 5.1 references potential on site roof top energy production? We've not heard about this. Will this generate noise or vibration? Is this wind power? Solar?

As the IDP relates to the demands of the IOZ

14-277 (c)(g)Purpose of the Institutional Overlay Zone
According to the purpose statement on page 1 the IOZ intends to ensure that institutional growth "complements" and "integrates " as well as looks to the "need" of adjacent neighborhoods through carefully planned transitions and unique regulatory requirements. We don't see that the IDP accomplishes that. In fact while the IDP speaks of transitions there is no example demonstrating how such transitions will be achieved.

14-280 (b) IDP Planning Horizon
Other than the plan that has been proposed for development within the current footprint, the only other outline of the

anticipated growth is the drawn boundary lines around the two lots discussed above. Isn't the IDP supposed to be more specific as to what the institution's actual plans for future development are?

14-280(c)1b v
The square footage of the parking garages has been omitted from the IDP.

14-280 (c)1 c ii
14-280(c) 2 b i b/c
This calls for a traffic study and the IDP does not contain a traffic study. If the institution is able to defer this study until the Site Plan review then why does the IOZ demand it?

14-280 (c)1d
Third on our list of public concerns behind a thirteen story garage and unfettered hospital expansion is mitigation of the construction impact on our buildings, our tenancies and our businesses. We had expressed the need for baseline engineering reads on properties that might suffer damage from demolition vibration, pile driving and all other related construction impact. We had also asked for remedies to business interruption owing to construction impact. These concerns are not reflected in the IDP. (see page 51)

14-280 (c) 2 b 1 b, c
Traffic study required to meet this demand.

14-280 (c) 2 b ii b Environment
We cannot find language in the IDP addressing the generating and the effect of vehicle exhaust on the neighbors from the new proposed parking structure.

14-280 (c) 2 b iii Infrastructure
More is needed to provide baseline information on the conditions of the surrounding roadways and how they will hold up under the additional traffic -both during construction and long term.

14-280 (c) 2 b iv a, b, c, d Design
a. Wind and shadow issues insufficiently addressed in the IDP. We should see the studies relative to wind and shadows as they relate to the new construction.(see pages 90, 91)

b. Transition areas? Unclear where in the IDP this is addressed.

c. CPTED-This chapter should be modified to include commitment by the hospital to staffing the entrances to parking areas, providing a visible security presence on the grounds and in the garages and adding language specifically addressing the problems of prostitution, vagrancy and suicide on hospital property. (page 94)

d. Environment /public realm plan on page 95 consists of two drawings. It is unclear what the drawings are supposed to represent.

14-280 (c) 2 b v Neighborhood Engagement
a. The language on page 98 is the same language present in the current Conditional Rezone Agreement. This language failed to work as intended. For example, neighborhood representatives were not told of the five hundred million dollar expansion until a day before the news was released to the press. This project had been in motion for months or years before neighbors were informed of its scope or its scheduling. The question of how the hospital is to be held to its commitments, its mandates and the terms of the city code has been asked in front of the Planning Board by neighbors. This chapter needs refining with language that can actually hold the hospital accountable for performance.

c. The question of assuring communication pertaining to property acquisition continues to perplex us. How is it that an institution is to share acquisition /disposition info and still protect itself as a buyer or seller? We are unsure where or if this is addressed in the IDP.

d. Relating to construction management, our obvious concerns over the demolition of the garage are expressed earlier in this document. Pages 99-101 are an attempt at a construction management plan but really say nothing. For example construction will take place Monday through Friday seven am to six pm... Unless there is a need to work after six pm or on Saturdays or Sundays.
Or this example..."MMC is committed to mitigating construction noise impacts. Increased community sound levels,

however, are an inherent consequence of construction activities. When these events are scheduled, advance notice will be provided." This paragraph requires much more in the way of detailed mitigation measures to be undertaken by the hospital during construction.

14-280 (d) Standards of Review
5. We don't see how traffic impacts have been anticipated without a traffic study on hand.
7. What are the potential cumulative environmental impacts and where are they addressed in the IDP
9. As we have not seen anything in the way of a comprehensive design it is impossible to discuss transitions within the neighborhood.
10. In the event the hospital boundary is expanded to include the two blocks in question then compatibility, maintaining housing and the support of local amenities will not be possible.
11. Ditto

14-281 Regulatory Framework
(d)
4. Without graphics, sketches or plans it is impossible to speak to the transition zones.
5. Requires traffic study.
8. This paragraph in the IOZ addresses the requirement of clarifying building placement and massing and again discusses the transition zones. Without plans or drawings, it is impossible to do any of this.

9. Pages 99-101 offer insufficient detail as asked by the IOZ. Buffering is not addressed neither is mitigating the impact of construction on neighboring properties.

DIVISION 16.1. INSTITUTIONAL OVERLAY ZONE (IOZ)

14-277. Purpose of the Institutional Overlay Zone

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

(a) Acknowledge that the city's major academic and medical institutions play a prominent role in the health and well-being of the local and regional community, and in order to sustain that role, these institutions need flexibility to change and grow;

(b) Encourage proactive planning for institutional change and growth which identifies and addresses likely long-term institutional needs and cumulative impacts while leveraging potential benefits at the neighborhood, city, and regional level;

(c) Ensure that institutional change and growth both complements and, as appropriate, integrates adjacent or surrounding neighborhoods through carefully planned transitions;

(d) Support the formation and continuation of mutually beneficial public-private cooperation;

(e) Support an ongoing public engagement process that benefits both the institutions and nearby neighborhoods;

(f) Reflect Comprehensive Plan and other policy objectives; and

(g) Provide a consistent regulatory approach to all major institutions which allows unique regulatory requirements that balance the particular needs of institutions with the needs of the surrounding neighborhood and wider community.

14-278. Location and Applicability

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

14-279. Establishment of an Institutional Overlay Zone

(a) Application for an Institutional Overlay Zone. Where the Eligible Institution seeks designation as an IOZ, they shall submit a zone change application consisting of two components:

1. An Institutional Development Plan (IDP) (see Section 14-280).
2. A Regulatory Framework (see Section 14-281) that would, when and if adopted, be the text and map amendment to the City's Land Use Code and Zoning Map.

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

(c) Required Scoping Meeting. The Eligible Institution shall meet with the Planning Authority after the first required neighborhood meeting and prior to submission of the zone change application to confirm the focus of the Institutional Development Plan (IDP) and Regulatory Framework, including associated study areas that may be outside of the proposed IOZ boundary. The IDP and Regulatory Framework will vary in detail and focus depending on the Eligible Institution and its particular context. The content requirements in Sections 14-280 and 14-281 and the comments from neighborhood meeting(s) shall provide direction for the content of the IDP. The Planning Authority or Planning Board may require additional information or modify content requirements as is relevant to the Eligible Institution (see Section 14-280(c)).

(d) Reviewing Authority.

1. The Planning Board shall review the zone change application, including the IDP and Regulatory Framework. At least one public workshop and a public hearing before the Planning Board are required.
2. Upon recommendation of the Planning Board, the City Council shall review and consider adoption of the Institutional Overlay Zone and the accompanying Regulatory Framework as an amendment to the city's code of ordinances.

(e) Future Institutional Development.

1. All new development by the Eligible Institution within the boundary of the IOZ shall be compliant with the IOZ and accompanying Regulatory Framework, consistent with the IDP, consistent with the Comprehensive Plan, and meet applicable site plan standards, unless such standards are superseded by the Regulatory Framework.
2. Any use/development proposed by the Eligible Institution outside the IOZ boundary that complies with the zoning for permitted uses in that location shall be reviewed under the standards of that zone. Any use/development proposed by an Eligible Institution outside of the IOZ boundary that is proposed in a residential zone and is functionally related to the operations within the IOZ shall be addressed by the IDP and require an amendment to the IDP.

14-280. Institutional Development Plan *(IDP)*

(a) Purpose. Any use conducted by an Eligible Institution and any construction by an Eligible Institution in an Institutional Overlay Zone shall be consistent with an Institutional Development Plan (IDP) approved by the Planning Board in accordance with this ordinance. The purpose of the IDP is to establish baseline data about institutional land uses, facilities, and services and measure, analyze, and address the **anticipated or potential impacts** of planned institutional growth and change. The IDP shall serve as a background document that supports the proposed Regulatory Framework and frames subsequent site plan review(s).

(b) Planning Horizon. An IDP shall provide the city and abutting neighborhoods with a clear outline of the anticipated or potential growth and change of the Eligible Institution for the short- to medium-term (e.g. 1-5 and 5-10 years respectively), as well as a conceptual growth plan for the long-term (e.g. 10 years or more); however, the specific planning horizons for each institution will be determined as part of the IDP approval process.

(c) Content. The IDP submission shall address the following elements unless specifically modified by the Planning Authority or Planning Board, with the scope and level of detail to be clarified at the required Scoping Meeting:

1. Context Information
   a. The institution's adopted mission, vision, or purpose statement
   b. A summary of relevant baseline data on the institution, including:
      i. A neighborhood context plan **(pgs. 92-93)**; ii. An inventory of current programs and services; iii. A current census of the number of people using the institution (e.g., employees, enrollment, patients), with an indication of maximums and minimums over time;
      iv. An inventory and/or plan of all existing property holdings within the main campus and within the City of Portland, including an indication of functional land use links between off-campus properties and the main campus (e.g. remote parking);
      v. An inventory and/or plan of existing facilities, including data on use, floor area, and any existing functional connections between facilities. **(pg 22. garage sq. footage?)**
   c. A summary of the baseline characteristics of the existing campus and context of the institution, based on identified study areas, including:
      i. A summary of existing resources, such as historic, open space, and natural resources;
      ii. A summary of the existing transportation system, including vehicular, pedestrian, transit, bicycle, and parking supply, demand, and utilization; iii. A summary of existing public infrastructure supporting the institution, including demand, utilization and any capacity issues;
      iv. Relevant municipal plans, projects, and studies that may influence the IDP study area and opportunities for integrating institutional growth.
   d. A summary of public involvement in the development of the IDP, including major areas of public concern. **(pgs. 51, 102)**

2. Assessment of Future Institutional Growth and Change

a. A description of institutional needs and areas of future institutional growth and change, including:

i. Projected census of users (e.g., enrollment /employment/patient/visitor figures and anticipated variations over time);

ii. Institutional objectives for property both within and outside the IOZ boundary (e.g. acquisition and/or disposition) **(Pizza Villa and Salavge?)**, including an indication of any functional land use connection for sites outside the IOZ boundary to the main campus; and iii. A Development Plan addressing anticipated or potential institutional needs and physical improvements, including the proposed boundary of the IOZ and any phasing of the development.

b. Analysis and associated plans that address the following elements in terms of anticipated growth or potential impacts within the identified study area, and support the development parameters as set out in the Regulatory Framework:

i. Transportation and access

a. An analysis of the projected changes in parking demand, supply, and impacts to the off-street and on-street parking capacity, including an explanation of the proposed parking plan;

b. An analysis of the projected changes in vehicular, pedestrian, transit, and bicycle access routes and facilities, their capacity, and safety; **(pg. 93)**

c. A transportation, access, and circulation plan, representing the synthesis of the analysis, and including a program of potential improvements or set of guidelines to address access deficiencies to and within the IOZ. The plan should outline proposed mechanisms and potential strategies to meet

transportation objectives, including transportation demand management, phasing, and when a Traffic Movement Permit (TMP) may be required.

ii. Environment

a. An analysis of potential cumulative impacts on natural resources and open spaces;

b. An analysis of projected energy consumption, hazardous materials generation, noise generation, and similar issues **(car exhaust)** as relevant;

c. An environmental plan, representing the synthesis of the analysis and including a proposed program or set of guidelines for future preservation, enhancement, conservation, and/or mitigation.

iii. Infrastructure

a. An analysis of projected public utility demand and the capacity of associated infrastructure; **(pg. 45 roads, storm drains, etc.)**

b. An analysis of projected public safety needs and projected impacts to the capacity of these services;

c. An infrastructure plan, representing the synthesis of the analysis and including a proposed program or set of guidelines to support sustainable growth.

iv. Design

a. An analysis of projected impacts to neighboring properties and public spaces, including potential shadow, wind, and lighting impacts, impacts of height and massing, and impacts to historic resources;

b. An analysis of transition areas between the institution and adjoining neighborhoods, including identification of key character

defining components of the surrounding context;

c. An analysis of existing Crime Prevention Through Environmental Design issues and identification of how these principles would be addressed as part of the proposed campus development; **(prostitution, suicide, vagrancy, and graffiti)**

d. A conceptual built environment/public realm plan, representing the synthesis of the analysis and including a set of guidelines for urban design, landscape, open space, and streetscape treatments, with particular attention to the treatment of edges (both within and abutting the IOZ boundary) to achieve compatible transitions.

v. Neighborhood Engagement

a. A plan for ongoing community engagement that represents best practices, promotes collaborative problem solving around community concerns, fosters transparency, and identifies mechanisms for neighborhood feedback and institutional accountability;

b. A property management framework that identifies the institution's process for handling operational property issues with neighbors; **(graffiti policy, trash, cigarette butts, prostitution, vandalism, vagrancy, suicides)**

c. Strategies for assuring communication pertaining to property acquisition and disposition in surrounding neighborhoods;

d. **A set of construction management principles, to apply to all institutional construction, that represent best practice, aim to minimize short- and long-term construction impacts on surrounding residents and businesses, and ensure a**

clear communication strategy is in place in advance of construction.

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

1. Address all content requirements, unless explicitly modified by the Planning Authority or Planning Board;
2. Reflect the issues/topics identified in the required public process;
3. Demonstrate consistency with the city's Comprehensive Plan and the purpose of this ordinance;
4. Demonstrate how the property ownership, proposed growth, and requested Regulatory Framework relate to the institution's mission;
5. Demonstrate that traffic and parking impacts have been anticipated and that the proposed parking provision is justified as based on an assessment of options for reducing traffic and parking demands;
6. Outline an approach to open space, natural, and historic resources that supports preservation and enhancement.
7. Demonstrate that potential cumulative environmental impacts have been anticipated and can be minimized or satisfactorily mitigated;
8. Demonstrate that utility impacts have been anticipated and can be minimized or satisfactorily mitigated;
9. Reflect a comprehensive design approach that ensures appropriate transitions with the existing or future scale and character of the neighboring urban fabric;
10. Promote compatibility with existing or future uses in adjacent neighborhoods, **maintain housing**, and support local amenities;
11. Anticipate future off-site improvements that would support the integration of the institution into the community and city-wide infrastructure;
12. Conform with Portland's Historic Preservation Ordinance standards for designated landmarks or for properties within designated historic districts or designated historic landscapes, if applicable. When proposed adjacent to or within one hundred (100) feet of designated landmarks, historic districts, or historic landscapes, the IDP shall be generally compatible with the major character-defining elements of the landmark or portion of the district in the immediate vicinity; and

13. Incorporate strategies to support clear communication and ongoing public engagement between institutions and nearby neighbors.

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

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

(g) Amendments. An approved IDP shall guide campus development unless and until amended. If at any time the Eligible Institutions request minor amendments to an approved IDP, the Planning Authority may approve such minor amendments, provided that they do not constitute a substantial alteration of the IDP and do not affect any condition or requirement of the Planning Board. The applicant shall apply with a written statement of the proposed amendment and proposed amended IDP to the Planning Authority, whose decision as to whether the amendment is minor shall be final. Major amendments shall be reviewed by the Planning Board. When the IDP is amended, the baseline data in the IDP shall be updated as appropriate.

14-281. Regulatory Framework

(a) Purpose. The Regulatory Framework translates the IDP into a set of clear and specific zoning requirements for the IOZ that constitute the text and map amendments to the City's Land Use Code and Zoning Map. The zoning requirements are anticipated to include parameters that guide the growth and change of the institution as well as broad strategies to address potential impacts, with plans and details to be developed under site plan review.

(b) Applicability. The Regulatory Framework shall apply only to properties that are within the IOZ boundary and to which the Eligible Institution holds right, title, or interest. For these properties, the Institutional Overlay Zone shall supersede the underlying zoning, and all new institutional development shall be conducted in compliance with the Regulatory Framework and the approved Institutional Development Plan. Properties located within the Institutional Overlay Zone not subject to right, title, or

interest of the Eligible Institution shall continue to be governed by the regulations of the underlying zoning designation.

(c) Uses. Institutional uses, including hospitals and higher education facilities, shall be permitted, as shall uses that are functionally integrated with, ancillary to, and/or substantively related to supporting the primary institutional use, consistent with the applicable approved IDP.

(d) Content. The Regulatory Framework shall reflect the information and analysis of the IDP. The content shall be tailored to address the particular issues associated with the institution and its neighborhoods. The Regulatory Framework should be succinct and use tables and graphics as possible to address the following, if applicable:

1. *Zoning boundary of the IOZ*: The area to which the regulations apply, as shown on the zoning map, subject to other provisions of this ordinance (i.e. the map amendment to the City's Zoning Map);
2. *Phasing and schedules:* Requirements that relate to particular proposed phases; a chart showing the schedule or thresholds for submitting an amended IDP (or elements of an IDP, such as a Transportation Demand Management (TDM) Plan);
3. *Uses:* Clarification, as necessary, on permitted uses.
4. *Dimensional Requirements*: Graphics, sketches, or standards, including details for transition zones within the IOZ boundary;
5. *Transportation*: Elements such as TDM trip reduction targets or contribution to area-wide TDM measures; broad parameters for ensuring pedestrian, vehicular, bicycle and transit access and safety; parking ratios and management strategies; thresholds for access improvements;
6. *Environment:* The approach to the inclusion of open space and preservation of environmentally-sensitive areas;
7. *Mitigation measures*: The broad approach to identified mitigation measures, which would be addressed in greater detail in the site plan review process; thresholds for addressing deficiencies; goals for preservation/protection;
8. *Design*: Graphics and standards to clarify building placement and envelope (height and massing); guidelines for integration of site features; required treatments for transition zones and treatment for all edges (both within and abutting the IOZ boundary);

guidelines for establishing campus identity; and **(no detail!)**

9. *Neighborhood Integration:* Thresholds and strategies for neighborhood engagement; mitigation of impacts on neighboring properties, including construction impacts; buffering requirements; objectives for pedestrian linkages and safety; other requirements that address community concerns. **(no detail!)**

10. *Monitoring:* A schedule for regular monitoring reports on IDP implementation in accordance with the IDP.

(e) *Standards of Review:* The Regulatory Framework shall:

1. Be consistent with the Comprehensive Plan and the Institutional Development Plan;
2. Provide a clear zoning framework, using graphics and tables as appropriate, to apply to future site plan reviews;
3. Provide specific regulatory statements as appropriate that respond to concerns raised during the required public involvement; and **(construction mitigation)**
4. Outline measurable goals and thresholds for improvements or other actions identified in the IDP to be advanced in subsequent site plan applications.

(f) *Approval/Adoption.* The Planning Board shall review the proposed Regulatory Framework against the standards of review and make a recommendation on the institution's IOZ designation and Regulatory Framework to the City Council for adoption as part of this zoning ordinance.

(g) *Amendments.* A Regulatory Framework and IOZ boundary as adopted by the City Council shall remain in force unless and until amended. Amendments to a Regulatory Framework and/or IOZ boundary may be brought forth by the city or Eligible Institution. Amendments brought forth by the city will require a supermajority of the City Council to take effect. Proposed amendments to the IOZ boundary or Regulatory Framework shall be reviewed by the Planning Board and adopted by the City Council subject to the provisions of this ordinance.

14-282. Regulatory Frameworks of Eligible Institutions as adopted by the City Council

PC2

Portland Maine | Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

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

1 message

Karen Snyder <karsny@yahoo.com> Wed, Dec 7, 2016 at 2:39 PM
Reply-To: Karen Snyder <karsny@yahoo.com>
To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>

Jean,

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

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

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

Regards,

Property Owner on Gilman St.
K. Snyder

the Saint John Valley Neighborhood Association

Concerns regarding MMC proposed expansion

Project announcement

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

Project design

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

Proposed 13 story parking structure

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

Construction management

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

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

Future planning

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

moses sabina <mosessabina@yahoo.com>
Nov 22 (7 days ago)

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

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

PC4

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

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

Sarah Martin <BOCCafe@hotmail.com> Tue, Dec 13, 2016 at 2:30 PM
To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>

Memorandum

To: City of Portland Planning Board

From: Sarah Martin Valley Street, Portland Maine

Re: MMC Expansion

Date December 13, 2016

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

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

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

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

The Holiday Inn on Spring Street-Eleven stories.

Peoples United Bank next to the library-Eleven stories.

Deering Pavillion-Eleven stories.

Portland House Condominiums -Eleven stories.

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

One City Center-Thirteen stories.

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

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

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

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

---

pb letter sarah.odt
29K

December 11, 2016

To the Portland Planning Board:

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

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

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

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

Sincerely,

Jenny MacKenzie and Garry Bowcott
8 A Street

PC6

1/10/2017

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

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

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

Sincerely,

Garry Bowcott
8 A Street
Portland, ME
04102

1.9.2017

To whom it may concern,
I am writing to you about the proposed MMC construction project. As a business owner at 919 Congress St, Salvage BBQ I have concerns regarding how this will impact my business. Right now we have tremendous sunlight that illuminates the restaurant from the South and west. Increasing building heights in the neighborhood will block this light and impact our business negatively. We have worked hard to make our business a success in a neighborhood that was neglected and not seen as a viable business center. There was a similar attitude in Longfellow square when we opened Local 188 in 1999 and now Longfellow Square is a bustling mecca of restaurants and bars. I would like to see the same trend continue down Congress Street but the proliferation of institutional buildings impedes the type of pedestrian activity necessary to create such an environment.
I am also concerned about my business being disrupted during a lengthy construction phase. What are the plans for demolition of the existing buildings? How will traffic be impacted? How will pedestrian access be impacted? How will noise levels be managed?

Jay Villani
Salvage BBQ
919 Congress St.

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

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

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

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

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

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

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

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

The problem is we can't believe these numbers.

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

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

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

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

Thank you.

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

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

1 message

moses sabina <mosessabina@yahoo.com> Tue, Jan 10, 2017 at 12:04 PM
Reply-To: moses sabina <mosessabina@yahoo.com>
To: Jean Fraser <jf@portlandmaine.gov>

To the Portland Planning Board:

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

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

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

Respectfully,
Moses Sabina

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

Hello

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

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

Re: UNE

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

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

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

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

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

Robert P. Fuller
January 5, 2017

Western Promenade Neighborhood Association
Comment to Planning Board re IOZ **1/10/17**

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

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

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

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

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

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

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

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

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

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

PC12

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

Public Comments on MMC Institutional Development Plan

1 message

toddmalexander@gmail.com <toddmalexander@gmail.com> Mon, Jan 16, 2017 at 6:54 PM
To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>
Cc: "basak.alkan@perkinswill.com" <basak.alkan@perkinswill.com>, "Western Prom Neighborhood Association <oldmayor@maine.rr.com>" <oldmayor@maine.rr.com>

Jean: Comments on MMC's draft IDP;

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

i) create an IOZ to govern future campus development

ii) shift development activity to the Congress Street corridor

iii) allow for greater density and/or building heights along the Congress Street corridor to accommodate the plan

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

i) Real estate holdings in abutting residential districts that may not be located in the areas covered by the IOZ. More specifically, the city could require MMC to develop and implement a divestment plan for those non-core properties that most directly impact predominantly residential neighborhoods. Properties that could be addressed in that plan; 19 West Street, 112 West Street, 94 and 98 Chadwick, and 227 and 231 Western Promenade.

ii) Hospital vehicle traffic in the Western Prom neighborhood generated from users of the South Parking Lot. One possible solution is to create an exit-only ramp/lane from the South Lot onto Vaughn street (far southeast corner of

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

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

Respectfully,

Todd M. Alexander

3 Carroll Street

Sent from Mail for Windows 10

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

CORRECTION - MMC Neighborhood Meeting Held on January 18, 2017

1 message

Karen Snyder <karsny@yahoo.com> Thu, Jan 26, 2017 at 5:01 PM
Reply-To: Karen Snyder <karsny@yahoo.com>
To: "Deborah S. Boroyan" <BOROYD@mmc.org>, Jean Fraser <jf@portlandmaine.gov>
Cc: Saint John Valley Neighborhood Association <sjvna1@gmail.com>

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

Karen

From: Karen Snyder <karsny@yahoo.com>
To: Deborah S. Boroyan <BOROYD@mmc.org>; Jean Fraser <jf@portlandmaine.gov>
Cc: Saint John Valley Neighborhood Association <sjvna1@gmail.com>
Sent: Thursday, January 26, 2017 3:02 PM
Subject: Re: MMC Neighborhood Meeting Held on January 18, 2017

Hi Deborah and Jean,

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

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

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

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

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

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

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

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

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

Regards,
K. Snyder
24 Gilman

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

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

Dear Neighbor,

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

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

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

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

Regards,

Rich Petersen

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

CONFIDENTIALITY NOTICE: This email message, including any attachments, is for the use of the intended recipient(s) only and may contain information that is privileged, confidential, and prohibited from unauthorized disclosure under applicable law. If you are not the intended recipient of this message, any dissemination, distribution, or copying of this message is strictly prohibited. If you received this message in error, please notify the sender by reply email and destroy all copies of the original message and attachments.

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

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

Dear Nell Donaldson:

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

p.2 Institutional overlay zone text

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

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

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

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

p.3 Permitted use – this must mean consistent with their articles, charter, etc.

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

p.5 IV 5d iii 3a – What is "TDM"?

IV 5d iii 3b – Does this include adding, deleting or altering parking designations on a public Street?

IV 5d iii 4b – Does this also embrace water draining into naturally occurring soil that is present?

IV 5d iii 4f – Assume that this also includes offensive soundwaves along with convergence of soundwaves both as the result of one or more appurtenances such as grates, fans, generators, compressors, circulators emitting

January 23, 2017

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

IV 5d iii 5d - what is "CPTED"?

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

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

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

IV 5e5 Mitigation - assume this covers changes to appurtenances and appliances already in place such as troublesome lighting, noises, soundwaves.

IV 5e9 - Neighborhood Integration - would this be the heading under which a list of problems would be made item by item to include 5e5 preceeding - all leading to a resolution?

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

Yours in Sensible planning,

Robert P. Fuller

Robert P. Fuller

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

Fwd: Maine Med IOZ - South Lot Concerns

1 message

Melissa Knoll <melissa.knoll@gmail.com> Tue, Feb 7, 2017 at 10:24 PM
To: jf@portlandmaine.gov

---------- Forwarded message ----------
From: **Melissa Knoll** <melissa.knoll@gmail.com>
Date: Tue, Feb 7, 2017 at 10:18 PM
Subject: Maine Med IOZ - South Lot Concerns
To: planningboard@portlandmaine.gov, "Ozgur Basak Alkan, AICP, LEED AP" <Basak.Alkan@perkinswill.com>, jf@portandmaine.gov
Cc: Anne Pringle <oldmayor@maine.rr.com>, Scott Knoll <scott.knoll@gmail.com>

Dear Jean & Basak,

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

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

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

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

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

Thank you,
Melissa & Scott Knoll

Portland Maine | Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

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

1 message

Melissa Knoll <melissa.knoll@gmail.com> Tue, Feb 7, 2017 at 10:23 PM
To: jf@portlandmaine.gov

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

Thank you,
Melissa

---------- Forwarded message ----------
From: **Melissa Knoll** <melissa.knoll@gmail.com>
Date: Wed, Jan 4, 2017 at 2:14 PM
Subject: Maine Med Traffic Volume & Safety Concerns from Chadwick Parking Lot
To: Basak.Alkan@perkinswill.com
Cc: Anne Pringle <oldmayor@maine.rr.com>

Hello,

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

Major problems include ~

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

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

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

Thank you!

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

Google Groups

Comment on MMC overlay zone

Sara Anne Donnelly <sara@saraannedonnelly.com> Feb 10, 2017 9:18 AM
Posted in group: **Planning Board**

To the Planning Board:

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

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

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

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

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

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

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

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

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

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

Best,
Sara

Sara Anne Donnelly
Writer ○ Writing Coach
M 207.632.1042 O 207.274.6848
www.saraannedonnelly.com
@SaraADonnelly

Portland Maine Yes. Google's good here.

Helen Donaldson <hcd@portlandmaine.gov>

Submission of Comment Planning Board re: MMC IOZ

Zack Barowitz <zbarowitz@gmail.com> Sun, Feb 12, 2017 at 2:57 PM
To: Helen Donaldson <hcd@portlandmaine.gov>, Jean Fraser <JF@portlandmaine.gov>
Cc: Tuck O'Brien <tuckobrien@me.com>, Jeff Levine <JLEVINE@portlandmaine.gov>, Brian Batson <bbatson@portlandmaine.gov>

Submission of Comment to IOZ

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

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

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

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

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

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

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

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

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

Thank you for your kind attention to these matters.

Zack Barowitz,
Huntress Street

--
207-838-6120
917-696-5649
ZacharyBarowitz.com

ATTENTION:
The information in this electronic mail message is private and confidential, and only intended for the addressee. Should you receive this message by mistake, you are hereby notified that any disclosure, reproduction, distribution or use of this message is strictly prohibited. Please inform the sender by reply transmission and delete the message without copying or opening it.

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

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

1 message

Timothy wells <welmaurya@gmail.com> Mon, Feb 13, 2017 at 9:44 PM
To: Jean Fraser <jf@portlandmaine.gov>

Jean,

A couple of comments about the Institutional Overlay Zone draft.

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

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

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

Thank you for including these for the meeting on Tuesday.

Best regards,

Tim

Tim Wells
207-807-3876 MOB

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

Hello all

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

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

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

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

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

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

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

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

February 19, 2017

PC20

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

IOZ

2 messages

Anne Pringle <oldmayor@maine.rr.com> Tue, Mar 7, 2017 at 6:05 PM
To: "Fraser, Jean" <jf@portlandmaine.gov>
Cc: "Watson,Trevor" <trevorewatson@gmail.com>, "O'Brien, Tuck" <sgo@portlandmaine.gov>, "Sanders, Jeff" <Sandej4@mmc.org>, "Peterson, Rich" <peterri@mmc.org>

Jean,

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

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

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

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

Anne

2,28.17 IOZ draft AP.docz.docx
46K

2_28_17 revised draft IOZ

INSTITUTIONAL OVERLAY ZONE (IOZ)

I. Purpose of the Institutional Overlay Zone

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

a. Acknowledge that the city's major academic and medical institutions play a prominent role in the health and well-being of the local and regional community, and in order to sustain that role, these institutions need flexibility to change and grow;

b. Encourage proactive planning for institutional change and growth which: identifies and addresses likely long-term institutional needs and potential benefit to the surrounding area, city, and regional levels; ~~and cumulative~~ evaluates the impact~~s~~ of any proposed encroachment into residential neighborhoods; and leverages ~~while leveraging~~ potential benefits ~~at~~ to the neighborhood, ~~city, and regional level~~; (**NOTE**: VERY important to address the issue of potential encroachment. What is meant by "leverages")

c. Ensure that institutional change and growth both complements and, as is appropriate, integrates adjacent or surrounding neighborhoods through carefully planned transitions;

d. Support the formation and continuation of mutually beneficial public-private cooperation;

e. Support an ongoing public engagement process that benefits both the institutions and nearby neighborhoods;

f. Reflect Comprehensive Plan and other policy objectives; and

g. Provide a consistent regulatory approach to all major institutions, which allows unique regulatory requirements that balance the particular needs of institutions with the needs of the surrounding neighborhood and wider community.

II. Location and Applicability

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

III. Establishment of an Institutional Overlay Zone

a. *Application for an Institutional Overlay Zone.* Where the Eligible Institution seeks designation as an IOZ, they shall submit a zone change application consisting of two components:

   i. An Institutional Development Plan (IDP) (see Section IV).

   ii. A Regulatory Framework (see Section V) that would, when and if adopted, be the text and map amendment to the City's Land Use Code and Zoning Map.

b. *Required Public Involvement.* Soon after the City becomes aware of any institutional plan to request a zone change, the applicant shall advise any abutting neighborhood association(s) of its plan to request a zone change. (**NOTE**: earlier notices came up at a recent meeting of about 14 NAs.) At least two neighborhood meetings shall be required. The first shall be held prior to the formal submission of a zone change

Formatted: Font: Bold

Formatted: Font: Not Italic

Formatted: Font: Bold, Not Italic

Formatted: Font: Not Italic

Formatted: Font: Not Italic

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

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

Formatted: Font: Bold

Formatted: Font: Bold

d. *Reviewing Authority.*

i. The Planning Board shall review the zone change application, including the IDP and Regulatory Framework. ~~A~~ One or more public workshops and a public hearing before the Planning Board are required. (NOTE: Given the size and complexity of these institutions, I think it should be acknowledged up front that it likely than more than one workshop will be required.)

ii. Upon recommendation of the Planning Board, the City Council shall review and consider adoption of the Institutional Overlay Zone and the accompanying Regulatory Framework as an amendment to the city's code of ordinances.

e. *Future Institutional Development*.

i. All new development by the Eligible Institution within the boundary of the IOZ shall be compliant with the IOZ and accompanying Regulatory Framework, consistent with the IDP, consistent with the Comprehensive Plan, and meet applicable site plan standards, unless such standards are superseded by the Regulatory Framework.

ii. Any use/development proposed by the Eligible Institution outside the IOZ boundary that complies with the zoning for permitted uses in that location shall be reviewed under the standards of that zone. Any use/development proposed by an Eligible Institution outside of the IOZ boundary that is a conditional use in the zone in that location shall be addressed by the IDP. NOTE: What about use/development not compliant with underlying zones, e.g the West Street transplant center?)

IV. Institutional Development Plan *(IDP)*

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

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

b. *Planning Horizon.* An IDP shall provide the city and abutting neighborhoods with a clear outline of the anticipated or potential growth and change of the Eligible Institution for the short- to medium-term (e.g. 1-5 and 5-10 years respectively), as well as a conceptual growth plan for the long-term (e.g. 10 years ~~plus~~ or more); however, the specific planning horizons for each institution will be determined as part of the IDP approval process.

c. *Content.* The IDP submission shall address the following elements unless specifically modified by the Planning Authority or Planning Board, with the scope and level of detail to be clarified at the required Scoping Meeting:

i. Context Information

1. The institution's adopted mission, vision, or purpose statement
2. A summary of relevant baseline data on the institution, including:
   a) A neighborhood context plan;
   b) An inventory of current programs and services;
   c) A current census of the number of people using the institution (e.g., employees, enrollment, patients), with an indication of maximums and minimums over time;
   d) An inventory and/or plan of all existing property holdings within the main campus and within the City of Portland, including an indication of functional land use links between off-campus properties and the main campus (e.g. remote parking);
   e) An inventory and/or plan of existing facilities, including data on use, floor area, and any existing functional connections between facilities.
3. A summary of the baseline characteristics of the existing campus and **context of the institution**, based on identified study areas, including:
   a) A summary of existing resources, such as historic, open space, and natural resources; **(Note:** does this mean, for example, the Western Prom in the case of MMC? Is the intent that the IDP demonstrate that it will not negatively affect these existing resources?
   b) A summary of the existing transportation system, including vehicular, pedestrian, transit, bicycle, and parking supply, demand, and utilization;
   c) A summary of existing public infrastructure supporting the institution, including demand, utilization and any capacity issues;
   d) Relevant municipal plans, projects, and studies that may influence the IDP study area and opportunities for integrating institutional growth.
4. A summary of public involvement in the development of the IDP, **including major areas of public concern.** Good!

ii. Assessment of Future Institutional Growth and Change

Formatted: Font: Bold

Formatted: Font: Bold

2_28_17 revised draft IOZ

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

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

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

c) Infrastructure

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

d) Design

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

e) Neighborhood Engagement

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

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

Formatted: Font: Not Bold

communication strategy is in place in advance of construction.

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

i. Address all content requirements, unless explicitly modified by the Planning Authority or Planning Board;

ii. Reflect the issues/topics identified in the required public process;

iii. Demonstrate consistency with the city's Comprehensive Plan and the purpose of this ordinance;

iv. Demonstrate how the property ownership, proposed growth, and requested Regulatory Framework relate to the institution's mission;

v. Demonstrate that traffic and parking impacts have been anticipated and that the proposed parking provision is justified as based on an assessment of options for reducing traffic and parking demands;

vi. Outline an approach to open space, natural, and historic resources that supports preservation and enhancement.

vii. Demonstrate that potential cumulative environmental impacts have been anticipated and can be minimized or satisfactorily mitigated;

viii. Demonstrate that utility impacts have been anticipated and can be minimized or satisfactorily mitigated;

ix. Reflect a comprehensive design approach that ensures appropriate transitions with the existing or future scale and character of the neighboring urban fabric;

x. ~~Promote~~ Demonstrate compatibility with surrounding uses in adjacent neighborhoods, **maintain housing**, and support local amenities;

xi. **Anticipate future off-site improvements that would support the integration of the institution into the community and city-wide infrastructure;** **NOTE:** What does this mean?

xii. Conform with Portland's Historic Preservation Ordinance standards for designated landmarks or for properties within designated historic districts or designated historic landscapes, if applicable. When proposed adjacent to or within one hundred (100) feet of designated landmarks, historic districts, or historic landscapes, the IDP shall be generally compatible with the major character-defining elements of the landmark or portion of the district in the immediate vicinity; and

xiii. Incorporate strategies to support clear communication and ongoing public engagement between institutions and nearby neighbors.

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

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

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

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

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

Formatted: Font: Bold

V. Regulatory Framework

a. *Purpose*. The Regulatory Framework translates the IDP into a set of clear and specific zoning requirements for the IOZ that constitute the text and map amendments to the City's Land Use Code and Zoning Map. The zoning requirements are anticipated to include parameters that guide the growth and change of the institution as well as clarify how potential impacts will be addressed, though some details may be more fully developed under site plan review.

b. *Applicability.* The Regulatory Framework shall apply only to properties that are within the IOZ boundary and to which the Eligible Institution holds right, title, and interest. For these properties, the Institutional Overlay Zone shall supersede the underlying zoning, and all new institutional development shall be conducted in compliance with the Regulatory Framework and the approved Institutional Development Plan. Properties located within the Institutional Overlay Zone not subject to right, title, or interest of the Eligible Institution shall continue to be governed by the regulations of the underlying zoning designation.

c. *Uses.* Institutional uses, including hospitals and higher education facilities, shall be permitted, as shall uses that are functionally integrated with, ancillary to, and/or substantively related to supporting the primary institutional use, consistent with the applicable approved IDP.

d. *Content*. The Regulatory Framework shall reflect the information and analysis of the IDP. The content shall be tailored to address the particular issues associated with the institution and its neighborhoods. The Regulatory Framework should be succinct and use tables and graphics as possible to address the following:

i. *Zoning boundary of the IOZ*: The area to which the regulations apply, as shown on the zoning map, subject to other provisions of this ordinance (i.e. the map amendment to the City's Zoning Map);

ii. *Phasing and schedules:* Requirements that relate to particular proposed phases; a chart showing the schedule or thresholds for submitting an amended IDP (or elements of an IDP, such as a Transportation Demand Management (TDM) Plan);

iii. *Uses:* Clarification, as necessary, on permitted uses.

iv. *Dimensional Requirements*: Graphics, sketches, or standards, including details for transition zones within the IOZ boundary;

v. *Transportation*: Elements such as TDM trip reduction targets or contribution to area-wide TDM measures; broad parameters for ensuring pedestrian, vehicular, bicycle and transit access and safety; parking ratios and management strategies; thresholds for access improvements;

vi. *Environment:* The approach to the inclusion of open space and preservation of environmentally-sensitive areas;

vii. *Mitigation measures*: The approach to identified mitigation measures, which would be addressed in greater detail in the site

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

viii. *Design*: Graphics and standards to clarify building placement and envelope (height and massing); guidelines for integration of site features; required treatments for transition zones and treatment for all edges (both within and abutting the IOZ boundary); guidelines for establishing campus identity; and

ix. *Neighborhood Integration:* Thresholds and strategies for neighborhood engagement; mitigation of impacts on neighboring properties, including construction impacts; screening and buffering requirements; objectives for pedestrian linkages and safety; other requirements that address community concerns.

x. *Monitoring:* A schedule for regular monitoring reports on IDP implementation in accordance with the IDP.

e. *Standards of Review:* The Regulatory Framework shall:

i. Be consistent with the Comprehensive Plan and the Institutional Development Plan;

ii. Provide a clear zoning framework, using graphics and tables as appropriate, to apply to future site plan reviews;

iii. Provide specific regulatory statements as appropriate that respond to concerns raised during the required public involvement; and

iv. Outline measurable goals and thresholds for improvements or other actions identified in the IDP to be advanced in subsequent site plan applications.

f. *Approval/Adoption.* The Planning Board shall review the proposed Regulatory Framework against the standards of review and make a recommendation on the institution's IOZ designation and Regulatory Framework to the City Council for adoption as part of this zoning ordinance.

g. *Amendments.* A Regulatory Framework and IOZ boundary as adopted by the City Council shall remain in force unless and until amended. Amendments to a Regulatory Framework and/or IOZ boundary not brought forth by the institution as part of an IDP amendment will require a supermajority of the City Council to take effect. Amendments to the IOZ boundary or Regulatory Framework shall be reviewed by the Planning Board and adopted by the City Council subject to the provisions of this ordinance.

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

Portland Maine Yes. Google's good here.

James Dealaman <jdealaman@portlandmaine.gov>

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

1 message

stjohnvalleyneighborhood <stjohnvalley@live.com> Mon, Mar 27, 2017 at 11:40 PM
To: "planningboard@portlandmaine.gov" <planningboard@portlandmaine.gov>
Cc: "sgo@portlandmaine.gov" <sgo@portlandmaine.gov>, "jf@portlandmaine.gov" <jf@portlandmaine.gov>, stjohnvalleyneighborhood <stjohnvalley@live.com>, moses <mosessabina@yahoo.com>, "garrybowcott@hotmail.com" <garrybowcott@hotmail.com>, Jenny MacKenzie <jenabeat@hotmail.com>, "boccafe@hotmail.com" <boccafe@hotmail.com>, "nmaze@shalomhouseinc.org" <nmaze@shalomhouseinc.org>, "Jacob, Ian" <iancasperjacob@gmail.com>, Zack Zack Barowitz <zbarowitz@gmail.com>, Holder Emma <pna@parksideneighborhood.org>

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

March 27, 2107

To the City of Portland Planning Board:

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

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

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

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

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

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

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

Specifically:

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

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

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

Taking a look at a possible scenario:

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

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

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

This is where I start to get confused.

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

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

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

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

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

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

Thank you.

Tim McNamara

251 Valley Street

Portland, Maine

FINAL Contract 4.25.05 cra new patient visitor.odt
82K

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

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

CITY OF PORTLAND

IN THE CITY COUNCIL

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

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

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

CONDITIONAL ZONE AGREEMENT
MAINE MEDICAL CENTER

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

WITNESSETH:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. **MMC** will restrict any further expansion of its uses[1] in the Western Prom/ Parkside/ Gilman Street neighborhoods to the property specifically included in the following defined Campus[2]:

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

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

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

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

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

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

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

Exhibit A: Helistop Overlay Zone Map

Exhibit B: Site Plan

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

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

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

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

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

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

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

Exhibit F: Helipad Plans
1. Heliport Plan, 1/27/05
2. Heliport Elevation, 1/27/05
3. Heliport Perspective, 1/27/05

Exhibit G: Vaughan Street Parking Lot Landscaping Plan
1. Landscape Plan, 7/8/04
2. Wall Treatment
3. Fence Detail
4. Landscape Section

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

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

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

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

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

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

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

(a) Setbacks.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CITY. The **CITY** shall contract for such work and **MMC** shall be responsible for the costs associated therewith, plus a 10% administrative fee to be paid to the **CITY**. Before entering into any contract for such work, the CITY shall notify MMC and give MMC the opportunity to comment on the scope of the proposed work and the estimated cost thereof. The properties to be included under this provision are as follows: 879 Congress Street (Map53, Block I, Lot 16), 921 Congress Street (Map 65, Block D, Lot 17), 925 Congress Street (Map 65, Block D, Lot 16) and 929 Congress Street (Map 65, Block, D, Lot 14). Such funds shall only be expended if the present owners of such buildings request such improvements no earlier than six months and no later than eighteen months after commencement of the operation of the Helicopter Landing Pad. For a period of five years from the date of this Agreement, any new owner of the aforementioned properties may request such improvements no later than eighteen months after purchase of said property(s).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WITNESS **MAINE MEDICAL CENTER**

_____ _____

By:
Its:

STATE OF MAINE
CUMBERLAND, ss. Date: _____, 2005

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

Before me,

_____
Notary Public/Attorney at Law

C:\Users\Tim\Desktop\FINAL Contract 4.25.05 cra new patient visitor.odt

Portland Maine Yes. Google's good here.

James Dealaman <jdealaman@portlandmaine.gov>

Fwd: PB hearing on IOZ new ordinance

1 message

Jean Fraser <jf@portlandmaine.gov> Tue, Mar 28, 2017 at 2:18 PM
To: James Dealaman <jdealaman@portlandmaine.gov>

This is PC 22 and the one I have already copied (paper copies) for the Board meeting- just needs to go into your other system. thanks, Jean

---------- Forwarded message ----------
From: **moses sabina** <mosessabina@yahoo.com>
Date: Tue, Mar 28, 2017 at 1:16 PM
Subject: Re: PB hearing on IOZ new ordinance
To: Jean Fraser <jf@portlandmaine.gov>

Jean,

Here are some comments for the planning board meeting:

Portland Planning Board,

My name is Moses Sabina, I am an owner/resident of 4 Gilman St. I have the unique perspective of participating in the MMC Neighborhood Council since its inception, longer than any other neighbor or MMC staff. I am concerned that the language in the IOZ regarding neighborhood engagement is too vague. The IOZ calls for a plan for neighborhood engagement. Who decides what is acceptable? What is the mechanism for institutional accountability?

Here are some examples of instances when MMC has either exploited a loophole in the CRA or attempted to with little to no accountability.

1. The Retail Space: The current CRA required MMC to create a retail space as part of the new visitor garage on Congress St. The retail space was called for by neighbors and the planning board. After sitting vacant and completely undeveloped (it has a dirt floor to this day), I made it a point to check in on the progress of finding a tenant for it nearly every quarterly meeting. MMC reported that they had many interested parties over the years, but no lease was ever signed. MMC conducted a survey of their staff asking what type of business would be beneficial. One meeting their real estate listing agent, Mark Malone, told us that the asking price was too high. After many years of updates on the retail space, neighbors and I finally had the opportunity to ask Rich Peterson about it; he informed us that MMC had no intention of leasing the space, and never had. In this case, MMC fulfilled their obligation in the CRA by creating the space, but ignored the intentions of the community and opportunity to house a neighborhood business.

2. Snow Ban Parking: MMC is required by the city to provide snow ban parking in both the new visitors garage and the Forest St Garage. The record as to how many spaces they are required to provide is unclear, yet MMC has manufactured their own number. MMC has closed a nearly empty Forest St garage during parking bans, prohibiting neighbors from parking there. This is an issue we thought we had worked out in the quarterly meetings, but it occurred again this winter. To their credit, after phone calls were made, the garage was re-opened.

3. Sportsman's Lot: Though the CRA prohibits MMC from expanding their footprint, they attempted to buy the lot across the street from the employee garage, formerly the site of the Sportsmans restaurant. This decision was announced to the Neighborhood Council in a meeting. After reviewing the CRA, I brought the issue to Penny Littell, who at that time was on the Portland City legal department. MMC was disallowed from purchasing the property. They claimed that they didn't understand the CRA. It's pretty clear. It draws a line which says, across this you do not! [chapter 1, page 5]. The fact that they made the attempt speaks volumes to the need for regulation and enforcement. If I had not raised the issue, I'm not sure whether anyone else would have. Where today stands a thriving neighborhood restaurant in Salvage BBQ, could be another MMC owned building, another dune in the urban desert, which contributes nothing to the neighborhood street scape.

4. The Current Proposed Expansion Project: The IOZ calls for neighborhood engagement, and one shape that could take is a quarterly meeting like the one I have been engaged in with MMC for roughly ten years. That's a lot of my time donated to hospital neighborhood relations; time that I would like to think has not been wasted. It's hard to think that

when I hear Jeff Sanders from MMC state that they've been working on the current proposed expansion project for a year and a half; that six quarterly meetings that nary a whisper of this project was uttered in meetings which are required by the CRA for the express purpose of "surrounding residential areas apprised of future development plans" [CRA chapter 10, page 11]. They have an urgent need for single occupancy rooms, there is no denying that. I want my local hospital to be the best it can be, who doesn't? It is, however, hard to hear the cries for urgency in the city planning process when they ignored the opportunity for neighborhood feedback in mandated meetings with neighbors who they know and have been engaging with regularly for years. Somewhere, in the IOZ or not, there needs to be very specific language regarding neighborhood engagement, and oversight of the engagement, otherwise we will continue the pattern of wasted time and missed opportunity. We now hear MMC is looking at some alternative to the proposed project; how much time and money was wasted getting to that decision? Whether they wanted to hear it from us or not, neighbors and MMC could have had that discussion a year and a half ago.

5. TDM Reports: The CRA [chapter 18, page 13] calls for annual TDM reports to be submitted to the city. We haven't had any discussion of TDM in our quarterly meetings in a long time.

Please consider making the IOZ more specific with regard to neighborhood engagement.

Respectfully,

Moses Sabina

From: Jean Fraser <jf@portlandmaine.gov>
To: "Fraser, Jean" <jf@portlandmaine.gov>
Sent: Thursday, March 23, 2017 2:29 PM
Subject: PB hearing on IOZ new ordinance

Hello

Further to my e-mail on March 13 (which advised about the postponement of this hearing to March 28th because of the storm) I am writing to advise you:

- the PB hearing will be at **4:30pm on Tuesday March 28th;**
- the agenda is attached for information;
- and that a very slightly revised text of the IOZ will be presented to the Board for consideration on Tuesday, and the final version will be placed on the City's website tomorrow by the end of the day at the following link:

  https://me-portland.civicplus.com/AgendaCenter/ViewFile/Agenda/_03282017-2001?html=true

[Please note that we have not yet received any further MMC submissions, and I will let you know when that specific project will next be discussed at a Planning Board meeting.]

Thank you - and please do not hesitate to contact me if you have any questions.

Jean

--
Jean Fraser, Planner
City of Portland
874 8728

Notice: Under Maine law, documents - including e-mails - in the possession of public officials or city employees about government business may be classified as public records. There are very few exceptions. As a result, please be advised that what is written in an e-mail could be released to the public and/or the media if requested.

--
Jean Fraser, Planner
City of Portland
874 8728

April 18, 2017

Tuck O'Brien
Jean Fraser
City of Portland Planning Department

Re: Neighborhood Review of MMC IDP

Hello Tuck and Jean,

We write to share with you our group's review of the MMC IDP submitted April 7, 2017.

We've all spent multiple hours over the last several weeks focusing on the new IOZ with the goal of understanding its function and its intended benefit to the institutions, the city and the neighborhoods.

We then proceeded to the IDP. Each of us read the document on our own then divided up chapters for individual review. We convened and shared our understanding, our confusion and where appropriate our objection to language, data and positions taken by the hospital in the IDP.

We then drafted a two part document to cross reference and list our concerns.

The first part of the document examines the IDP on its own- *unrelated to the demands of the IOZ*. We've listed our objections, our questions and our concerns in the areas of height and massing, institutional expansion into our neighborhood, policies regarding snow ban parking, smoking, construction impact mitigation and the lack of involvement the neighbors have been allowed relating to design, construction management and infrastructure impact.

Next, we returned to the IOZ and highlighted those areas where we found the IDP failed to meet the demands of the IOZ. From that highlighted IOZ, we drafted a list of questions and observations calling attention *by paragraph* to the IOZ demands that we believe are unmet.

(In addition to the two part document, we've attached our highlighted version of the IOZ including our notes.)

While we have submitted a list of questions to the hospital for discussion at the April 19 expansion meeting, (several of which cover topics found in our document here,) we feel this more in depth review of our concerns should be directed to you in the Planning Department.

Some of these questions may be answered at the Expansion Group meeting on Wednesday. Pending the outcome of that meeting perhaps we can get together the following week and speak to what questions and concerns may remain.

Thank you,

Tim McNamara
Sarah Martin
Moses Sabina
Garry Bowcott
Brian Stickney
Tricia Bisson
Jenny Mackenzie

The IDP on its own:

1.
We object to the one hundred and fifty foot height proposal for the Gilman block. Page 116
No matter what is built there and no matter how it is designed or setback, one hundred and fifty feet is too high for that block. Current zoning height allows for sixty five feet. Considering the homes along A Street that will sit directly opposite any construction on that block, the height restriction of sixty five feet should be maintained.

2.
We object to the boundaries outlined in the IDP extending to the two commercial blocks on Valley at Congress and Congress at Forest street. Pg 110
Further hospital expansion into these blocks would be detrimental to the neighborhood.
Development by the hospital of these two pivotal blocks would eliminate more than twenty residential units in a town desperately in need of housing units. Additionally, hospital development here would either displace or negatively impact existing businesses that serve as a draw and an attraction to our neighborhood.

Best case scenario would in fact be for the hospital to divest itself of the two lots it owns on Valley at A Street. This would free up that corner for possible mixed use housing/retail development by private ownership.

To include these two blocks in the sphere of potential expansion hurts this neighborhood at a time when we are beginning to become a more attractive destination for retail, hospitality, housing and other development.

We realize that property owners have the right to sell to whomever they choose. However, the removal of restrictions on hospital expansion in our neighborhood, exposes us to more of the institutional creep that the current zoning was crafted to prevent.

With the exception of those who would benefit from the sale of their property to a bidder of such resources as Maine Med, those of us who live here will suffer if the hospital is allowed to expand onto these two blocks.

The hospital has managed to budget over half a billion dollars for an expansion that takes place within their current footprint. In the event they see the need for further expansion we would suggest they consider the area of St John Street between Congress and Park Avenue as an alternative to the two blocks proposed.

3.
When will the public be able to view the drawings and plans for the expansion?
Page 94 references a "transparent bridge" connecting the Gilman garage to the main entrance. There is a drawing on page 91 showing what appears to be a span over the top of Gilman Street. We have asked for months about drawings and have been told there are none available. We've been assured that we would be involved in the discussion of design. The IDP is now showing conceptual drawings of a bridge over Gilman Street. This bridging of Gilman street has seen much discussion among neighbors and there are several concerns over the concept. We need to be in that conversation before plans are finalized.

4.
Parking garage demolition.
Page 99 schedules the demolition of the garage from June to December 2019.
We have been asking for months how and when the garage will be removed and how we might prepare for this event. From a *construction impact* point of view, the demolishing of that structure will have the greatest *impact* on the surrounding neighbors quality of life. Seven months of demolition will pose the greatest risk of damage to our buildings and months of disruption, vibration, dust and noise will most likely result in losses to business and great difficulties leasing or re-leasing to tenants. We have asked if the garage would be imploded or taken down with wrecking balls and jackhammers. We've asked how long the demo might take. Businesses and landlords in the area have expressed great concern over potential hardships resulting from this action. This too is a conversation we need to be involved in and apparently we are not.

5.
Smoking
The language prepared by the hospital on page 102 and the actions they claim to be taking fall well short of addressing this problem. The campus wide ban on smoking has resulted in hospital patients, visitors and staff leaving campus for the purpose of smoking on our city streets and sidewalks as well as oftentimes our private property. This is a dynamic that has

many neighbors unhappy. Exposure to second hand smoke and piles of cigarette buts on our streets and sidewalks is the result of the hospital policy forcing their people to smoke off campus. We are told by the hospital that all across the city people are dealing with unwanted smoke and we are asked to believe that the hospital isn't even sure if the people smoking around its facility are associated with MMC. We are asked to believe that proactive walkabouts are taking place and that a vendor is working 4 to 6 hours every Monday, Wednesday and Friday to pick up butts. If this IDP document is to be considered credible, this piece needs to be completely redone.

6.
Snow Ban Parking
Pages 93 and 102 address the issue of Snow Ban Parking. To be clear, current zoning states that "**MMC** agrees that it will make the parking garage contemplated within this Agreement available for use by the public for snow ban purposes in a fashion similar to that required in its Congress Street/Forest Street parking garage." The hospital has failed to meet this commitment in the past and often times has locked people out of accessing either garage during a snow ban. Page 93 references abuse by neighbors in the past. We know of no one in any of our organizations who were part of the group "abusing" the free use of the MMC garage. We fully agreed with MMC when we heard about unauthorized cars having been removed from their garages. We heard of the towing well after the fact and MMC never asked us if we knew who might be illegally parking in the lots. As far as we "neighbors" know...those vehicles could have been employees, or visitors or any opportunist with an eye on using a wide open, un-monitored parking garage to store their vehicle.

The language on page 122 essentially says that the hospital will offer neighbors space in the 887 Forest Street garage during snow ban parking so long as such spaces are not needed to service MMC. This is not good enough. When both 887 Congress Street and the new patient and visitor garages were built, the understanding between the city and the hospital was that snow ban parking would be made available in both. To put a condition such as the hospital has on use by neighbors runs counter to what has been a long standing mandate.

7.
Page 66
I'm not sure what is trying to be said in the bottom half of the text on the left side of the page but it does not make sense.

8.
Page 34
The two charts on this page we find misleading and confusing. Shouldn't peer comparisons involve institutions of similar size, geographical location, demographics, etc? Why aren't Dartmouth Hitchcock and UMass Memorial included? Also, since the purpose of the charts are to prove MMC's need for parking, shouldn't they both include the same "peer" institutions when referencing inpatient parking demand and employee parking demand?

9.
Pages 116, 117,60
The Gilman garage is shown on page 60 as extending down to St John Street. I think this is just an error in labeling Valley Street as St John. Valley and St John streets are flip flopped on pages 116 and 117 as well.

10.
Page 83
Table 5.1 references potential on site roof top energy production? We've not heard about this. Will this generate noise or vibration? Is this wind power? Solar?

As the IDP relates to the demands of the IOZ

14-277 (c)(g)Purpose of the Institutional Overlay Zone
According to the purpose statement on page 1 the IOZ intends to ensure that institutional growth "complements" and "integrates " as well as looks to the "need" of adjacent neighborhoods through carefully planned transitions and unique regulatory requirements. We don't see that the IDP accomplishes that. In fact while the IDP speaks of transitions there is no example demonstrating how such transitions will be achieved.

14-280 (b) IDP Planning Horizon
Other than the plan that has been proposed for development within the current footprint, the only other outline of the

anticipated growth is the drawn boundary lines around the two lots discussed above. Isn't the IDP supposed to be more specific as to what the institution's actual plans for future development are?

14-280(c)1b v
The square footage of the parking garages has been omitted from the IDP.

14-280 (c)1 c ii
14-280(c) 2 b i b/c
This calls for a traffic study and the IDP does not contain a traffic study. If the institution is able to defer this study until the Site Plan review then why does the IOZ demand it?

14-280 (c)1d
Third on our list of public concerns behind a thirteen story garage and unfettered hospital expansion is mitigation of the construction impact on our buildings, our tenancies and our businesses. We had expressed the need for baseline engineering reads on properties that might suffer damage from demolition vibration, pile driving and all other related construction impact. We had also asked for remedies to business interruption owing to construction impact. These concerns are not reflected in the IDP. (see page 51)

14-280 (c) 2 b 1 b, c
Traffic study required to meet this demand.

14-280 (c) 2 b ii b Environment
We cannot find language in the IDP addressing the generating and the effect of vehicle exhaust on the neighbors from the new proposed parking structure.

14-280 (c) 2 b iii Infrastructure
More is needed to provide baseline information on the conditions of the surrounding roadways and how they will hold up under the additional traffic -both during construction and long term.

14-280 (c) 2 b iv a, b, c, d Design
a. Wind and shadow issues insufficiently addressed in the IDP. We should see the studies relative to wind and shadows as they relate to the new construction.(see pages 90, 91)

b. Transition areas? Unclear where in the IDP this is addressed.

c. CPTED-This chapter should be modified to include commitment by the hospital to staffing the entrances to parking areas, providing a visible security presence on the grounds and in the garages and adding language specifically addressing the problems of prostitution, vagrancy and suicide on hospital property. (page 94)

d. Environment /public realm plan on page 95 consists of two drawings. It is unclear what the drawings are supposed to represent.

14-280 (c) 2 b v Neighborhood Engagement
a. The language on page 98 is the same language present in the current Conditional Rezone Agreement. This language failed to work as intended. For example, neighborhood representatives were not told of the five hundred million dollar expansion until a day before the news was released to the press. This project had been in motion for months or years before neighbors were informed of its scope or its scheduling. The question of how the hospital is to be held to its commitments, its mandates and the terms of the city code has been asked in front of the Planning Board by neighbors. This chapter needs refining with language that can actually hold the hospital accountable for performance.

c. The question of assuring communication pertaining to property acquisition continues to perplex us. How is it that an institution is to share acquisition /disposition info and still protect itself as a buyer or seller? We are unsure where or if this is addressed in the IDP.

d. Relating to construction management, our obvious concerns over the demolition of the garage are expressed earlier in this document. Pages 99-101 are an attempt at a construction management plan but really say nothing. For example construction will take place Monday through Friday seven am to six pm... Unless there is a need to work after six pm or on Saturdays or Sundays.
Or this example..."MMC is committed to mitigating construction noise impacts. Increased community sound levels,

however, are an inherent consequence of construction activities. When these events are scheduled, advance notice will be provided." This paragraph requires much more in the way of detailed mitigation measures to be undertaken by the hospital during construction.

14-280 (d) Standards of Review
5. We don't see how traffic impacts have been anticipated without a traffic study on hand.
7. What are the potential cumulative environmental impacts and where are they addressed in the IDP
9. As we have not seen anything in the way of a comprehensive design it is impossible to discuss transitions within the neighborhood.
10. In the event the hospital boundary is expanded to include the two blocks in question then compatibility, maintaining housing and the support of local amenities will not be possible.
11. Ditto

14-281 Regulatory Framework
(d)
4. Without graphics, sketches or plans it is impossible to speak to the transition zones.
5. Requires traffic study.
8. This paragraph in the IOZ addresses the requirement of clarifying building placement and massing and again discusses the transition zones. Without plans or drawings, it is impossible to do any of this.

9. Pages 99-101 offer insufficient detail as asked by the IOZ. Buffering is not addressed neither is mitigating the impact of construction on neighboring properties.

DIVISION 16.1. INSTITUTIONAL OVERLAY ZONE (IOZ)

14-277. Purpose of the Institutional Overlay Zone

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

(a) Acknowledge that the city's major academic and medical institutions play a prominent role in the health and well-being of the local and regional community, and in order to sustain that role, these institutions need flexibility to change and grow;

(b) Encourage proactive planning for institutional change and growth which identifies and addresses likely long-term institutional needs and cumulative impacts while leveraging potential benefits at the neighborhood, city, and regional level;

(c) Ensure that institutional change and growth both complements and, as appropriate, integrates adjacent or surrounding neighborhoods through carefully planned transitions;

(d) Support the formation and continuation of mutually beneficial public-private cooperation;

(e) Support an ongoing public engagement process that benefits both the institutions and nearby neighborhoods;

(f) Reflect Comprehensive Plan and other policy objectives; and

(g) Provide a consistent regulatory approach to all major institutions which allows unique regulatory requirements that balance the particular needs of institutions with the needs of the surrounding neighborhood and wider community.

14-278. Location and Applicability

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

14-279. Establishment of an Institutional Overlay Zone

(a) Application for an Institutional Overlay Zone. Where the Eligible Institution seeks designation as an IOZ, they shall submit a zone change application consisting of two components:

1. An Institutional Development Plan (IDP) (see Section 14-280).
2. A Regulatory Framework (see Section 14-281) that would, when and if adopted, be the text and map amendment to the City's Land Use Code and Zoning Map.

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

(c) Required Scoping Meeting. The Eligible Institution shall meet with the Planning Authority after the first required neighborhood meeting and prior to submission of the zone change application to confirm the focus of the Institutional Development Plan (IDP) and Regulatory Framework, including associated study areas that may be outside of the proposed IOZ boundary. The IDP and Regulatory Framework will vary in detail and focus depending on the Eligible Institution and its particular context. The content requirements in Sections 14-280 and 14-281 and the comments from neighborhood meeting(s) shall provide direction for the content of the IDP. The Planning Authority or Planning Board may require additional information or modify content requirements as is relevant to the Eligible Institution (see Section 14-280(c)).

(d) Reviewing Authority.

1. The Planning Board shall review the zone change application, including the IDP and Regulatory Framework. At least one public workshop and a public hearing before the Planning Board are required.
2. Upon recommendation of the Planning Board, the City Council shall review and consider adoption of the Institutional Overlay Zone and the accompanying Regulatory Framework as an amendment to the city's code of ordinances.

(e) Future Institutional Development.

1. All new development by the Eligible Institution within the boundary of the IOZ shall be compliant with the IOZ and accompanying Regulatory Framework, consistent with the IDP, consistent with the Comprehensive Plan, and meet applicable site plan standards, unless such standards are superseded by the Regulatory Framework.
2. Any use/development proposed by the Eligible Institution outside the IOZ boundary that complies with the zoning for permitted uses in that location shall be reviewed under the standards of that zone. Any use/development proposed by an Eligible Institution outside of the IOZ boundary that is proposed in a residential zone and is functionally related to the operations within the IOZ shall be addressed by the IDP and require an amendment to the IDP.

14-280. Institutional Development Plan *(IDP)*

(a) Purpose. Any use conducted by an Eligible Institution and any construction by an Eligible Institution in an Institutional Overlay Zone shall be consistent with an Institutional Development Plan (IDP) approved by the Planning Board in accordance with this ordinance. The purpose of the IDP is to establish baseline data about institutional land uses, facilities, and services and measure, analyze, and address the **anticipated or potential impacts** of planned institutional growth and change. The IDP shall serve as a background document that supports the proposed Regulatory Framework and frames subsequent site plan review(s).

(b) Planning Horizon. An IDP shall provide the city and abutting neighborhoods with a clear outline of the anticipated or potential growth and change of the Eligible Institution for the short- to medium-term (e.g. 1-5 and 5-10 years respectively), as well as a conceptual growth plan for the long-term (e.g. 10 years or more); however, the specific planning horizons for each institution will be determined as part of the IDP approval process.

(c) Content. The IDP submission shall address the following elements unless specifically modified by the Planning Authority or Planning Board, with the scope and level of detail to be clarified at the required Scoping Meeting:

1. Context Information
   a. The institution's adopted mission, vision, or purpose statement
   b. A summary of relevant baseline data on the institution, including:
      i. A neighborhood context plan **(pgs. 92-93)**; ii. An inventory of current programs and services; iii. A current census of the number of people using the institution (e.g., employees, enrollment, patients), with an indication of maximums and minimums over time;
      iv. An inventory and/or plan of all existing property holdings within the main campus and within the City of Portland, including an indication of functional land use links between off-campus properties and the main campus (e.g. remote parking);
      v. An inventory and/or plan of existing facilities, including data on use, floor area, and any existing functional connections between facilities. **(pg 22. garage sq. footage?)**
   c. A summary of the baseline characteristics of the existing campus and context of the institution, based on identified study areas, including:
      i. A summary of existing resources, such as historic, open space, and natural resources;
      ii. A summary of the existing transportation system, including vehicular, pedestrian, transit, bicycle, and parking supply, demand, and utilization; iii. A summary of existing public infrastructure supporting the institution, including demand, utilization and any capacity issues;
      iv. Relevant municipal plans, projects, and studies that may influence the IDP study area and opportunities for integrating institutional growth.
   d. A summary of public involvement in the development of the IDP, including major areas of public concern. **(pgs. 51, 102)**

2. Assessment of Future Institutional Growth and Change

a. A description of institutional needs and areas of future institutional growth and change, including:

i. Projected census of users (e.g., enrollment /employment/patient/visitor figures and anticipated variations over time);

ii. Institutional objectives for property both within and outside the IOZ boundary (e.g. acquisition and/or disposition) **(Pizza Villa and Salavge?)**, including an indication of any functional land use connection for sites outside the IOZ boundary to the main campus; and iii. A Development Plan addressing anticipated or potential institutional needs and physical improvements, including the proposed boundary of the IOZ and any phasing of the development.

b. Analysis and associated plans that address the following elements in terms of anticipated growth or potential impacts within the identified study area, and support the development parameters as set out in the Regulatory Framework:

i. Transportation and access

a. An analysis of the projected changes in parking demand, supply, and impacts to the off-street and on-street parking capacity, including an explanation of the proposed parking plan;

b. An analysis of the projected changes in vehicular, pedestrian, transit, and bicycle access routes and facilities, their capacity, and safety; **(pg. 93)**

c. A transportation, access, and circulation plan, representing the synthesis of the analysis, and including a program of potential improvements or set of guidelines to address access deficiencies to and within the IOZ. The plan should outline proposed mechanisms and potential strategies to meet

transportation objectives, including transportation demand management, phasing, and when a Traffic Movement Permit (TMP) may be required.

ii. Environment

a. An analysis of potential cumulative impacts on natural resources and open spaces;

b. An analysis of projected energy consumption, hazardous materials generation, noise generation, and similar issues **(car exhaust)** as relevant;

c. An environmental plan, representing the synthesis of the analysis and including a proposed program or set of guidelines for future preservation, enhancement, conservation, and/or mitigation.

iii. Infrastructure

a. An analysis of projected public utility demand and the capacity of associated infrastructure; **(pg. 45 roads, storm drains, etc.)**

b. An analysis of projected public safety needs and projected impacts to the capacity of these services;

c. An infrastructure plan, representing the synthesis of the analysis and including a proposed program or set of guidelines to support sustainable growth.

iv. Design

a. An analysis of projected impacts to neighboring properties and public spaces, including potential shadow, wind, and lighting impacts, impacts of height and massing, and impacts to historic resources;

b. An analysis of transition areas between the institution and adjoining neighborhoods, including identification of key character

defining components of the surrounding context;

c. An analysis of existing Crime Prevention Through Environmental Design issues and identification of how these principles would be addressed as part of the proposed campus development; **(prostitution, suicide, vagrancy, and graffiti)**

d. A conceptual built environment/public realm plan, representing the synthesis of the analysis and including a set of guidelines for urban design, landscape, open space, and streetscape treatments, with particular attention to the treatment of edges (both within and abutting the IOZ boundary) to achieve compatible transitions.

v. Neighborhood Engagement

a. A plan for ongoing community engagement that represents best practices, promotes collaborative problem solving around community concerns, fosters transparency, and identifies mechanisms for neighborhood feedback and institutional accountability;

b. A property management framework that identifies the institution's process for handling operational property issues with neighbors; **(graffiti policy, trash, cigarette butts, prostitution, vandalism, vagrancy, suicides)**

c. Strategies for assuring communication pertaining to property acquisition and disposition in surrounding neighborhoods;

d. **A set of construction management principles, to apply to all institutional construction, that represent best practice, aim to minimize short- and long-term construction impacts on surrounding residents and businesses, and ensure a**

clear communication strategy is in place in advance of construction.

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

1. Address all content requirements, unless explicitly modified by the Planning Authority or Planning Board;
2. Reflect the issues/topics identified in the required public process;
3. Demonstrate consistency with the city's Comprehensive Plan and the purpose of this ordinance;
4. Demonstrate how the property ownership, proposed growth, and requested Regulatory Framework relate to the institution's mission;
5. Demonstrate that traffic and parking impacts have been anticipated and that the proposed parking provision is justified as based on an assessment of options for reducing traffic and parking demands;
6. Outline an approach to open space, natural, and historic resources that supports preservation and enhancement.
7. Demonstrate that potential cumulative environmental impacts have been anticipated and can be minimized or satisfactorily mitigated;
8. Demonstrate that utility impacts have been anticipated and can be minimized or satisfactorily mitigated;
9. Reflect a comprehensive design approach that ensures appropriate transitions with the existing or future scale and character of the neighboring urban fabric;
10. Promote compatibility with existing or future uses in adjacent neighborhoods, **maintain housing**, and support local amenities;
11. Anticipate future off-site improvements that would support the integration of the institution into the community and city-wide infrastructure;
12. Conform with Portland's Historic Preservation Ordinance standards for designated landmarks or for properties within designated historic districts or designated historic landscapes, if applicable. When proposed adjacent to or within one hundred (100) feet of designated landmarks, historic districts, or historic landscapes, the IDP shall be generally compatible with the major character-defining elements of the landmark or portion of the district in the immediate vicinity; and

13. Incorporate strategies to support clear communication and ongoing public engagement between institutions and nearby neighbors.

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

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

(g) Amendments. An approved IDP shall guide campus development unless and until amended. If at any time the Eligible Institutions request minor amendments to an approved IDP, the Planning Authority may approve such minor amendments, provided that they do not constitute a substantial alteration of the IDP and do not affect any condition or requirement of the Planning Board. The applicant shall apply with a written statement of the proposed amendment and proposed amended IDP to the Planning Authority, whose decision as to whether the amendment is minor shall be final. Major amendments shall be reviewed by the Planning Board. When the IDP is amended, the baseline data in the IDP shall be updated as appropriate.

14-281. Regulatory Framework

(a) Purpose. The Regulatory Framework translates the IDP into a set of clear and specific zoning requirements for the IOZ that constitute the text and map amendments to the City's Land Use Code and Zoning Map. The zoning requirements are anticipated to include parameters that guide the growth and change of the institution as well as broad strategies to address potential impacts, with plans and details to be developed under site plan review.

(b) Applicability. The Regulatory Framework shall apply only to properties that are within the IOZ boundary and to which the Eligible Institution holds right, title, or interest. For these properties, the Institutional Overlay Zone shall supersede the underlying zoning, and all new institutional development shall be conducted in compliance with the Regulatory Framework and the approved Institutional Development Plan. Properties located within the Institutional Overlay Zone not subject to right, title, or

interest of the Eligible Institution shall continue to be governed by the regulations of the underlying zoning designation.

(c) Uses. Institutional uses, including hospitals and higher education facilities, shall be permitted, as shall uses that are functionally integrated with, ancillary to, and/or substantively related to supporting the primary institutional use, consistent with the applicable approved IDP.

(d) Content. The Regulatory Framework shall reflect the information and analysis of the IDP. The content shall be tailored to address the particular issues associated with the institution and its neighborhoods. The Regulatory Framework should be succinct and use tables and graphics as possible to address the following, if applicable:

1. *Zoning boundary of the IOZ*: The area to which the regulations apply, as shown on the zoning map, subject to other provisions of this ordinance (i.e. the map amendment to the City's Zoning Map);
2. *Phasing and schedules:* Requirements that relate to particular proposed phases; a chart showing the schedule or thresholds for submitting an amended IDP (or elements of an IDP, such as a Transportation Demand Management (TDM) Plan);
3. *Uses:* Clarification, as necessary, on permitted uses.
4. *Dimensional Requirements*: Graphics, sketches, or standards, including details for transition zones within the IOZ boundary;
5. *Transportation*: Elements such as TDM trip reduction targets or contribution to area-wide TDM measures; broad parameters for ensuring pedestrian, vehicular, bicycle and transit access and safety; parking ratios and management strategies; thresholds for access improvements;
6. *Environment:* The approach to the inclusion of open space and preservation of environmentally-sensitive areas;
7. *Mitigation measures*: The broad approach to identified mitigation measures, which would be addressed in greater detail in the site plan review process; thresholds for addressing deficiencies; goals for preservation/protection;
8. *Design*: Graphics and standards to clarify building placement and envelope (height and massing); guidelines for integration of site features; required treatments for transition zones and treatment for all edges (both within and abutting the IOZ boundary);

guidelines for establishing campus identity; and **(no detail!)**

9. *Neighborhood Integration:* Thresholds and strategies for neighborhood engagement; mitigation of impacts on neighboring properties, including construction impacts; buffering requirements; objectives for pedestrian linkages and safety; other requirements that address community concerns. **(no detail!)**

10. *Monitoring:* A schedule for regular monitoring reports on IDP implementation in accordance with the IDP.

(e) *Standards of Review:* The Regulatory Framework shall:

1. Be consistent with the Comprehensive Plan and the Institutional Development Plan;
2. Provide a clear zoning framework, using graphics and tables as appropriate, to apply to future site plan reviews;
3. Provide specific regulatory statements as appropriate that respond to concerns raised during the required public involvement; and **(construction mitigation)**
4. Outline measurable goals and thresholds for improvements or other actions identified in the IDP to be advanced in subsequent site plan applications.

(f) *Approval/Adoption.* The Planning Board shall review the proposed Regulatory Framework against the standards of review and make a recommendation on the institution's IOZ designation and Regulatory Framework to the City Council for adoption as part of this zoning ordinance.

(g) *Amendments.* A Regulatory Framework and IOZ boundary as adopted by the City Council shall remain in force unless and until amended. Amendments to a Regulatory Framework and/or IOZ boundary may be brought forth by the city or Eligible Institution. Amendments brought forth by the city will require a supermajority of the City Council to take effect. Proposed amendments to the IOZ boundary or Regulatory Framework shall be reviewed by the Planning Board and adopted by the City Council subject to the provisions of this ordinance.

14-282. Regulatory Frameworks of Eligible Institutions as adopted by the City Council

4/25/17 1st workshop item

PC 2 MMC-10Z

PC24

Portland Maine | Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

Comments re: Maine Medical Center IDP

1 message

Christian MilNeil <c.neal.milneil@gmail.com> Tue, Apr 25, 2017 at 11:55 AM
To: Jean Fraser <JF@portlandmaine.gov>, Stuart O Brien <sgo@portlandmaine.gov>
Cc: Greg Jordan <gjordan@gpmetrobus.com>, "zbarowitz@gmail.com" <zbarowitz@gmail.com>

Hi Jean and Tuck,

Please share the attached memo with the planning board as a public comment re: the Maine Medical Center IDP.

The tl;dr version: MMC's parking subsidies are roughly four times greater than its subsidies for transit riders. It's no wonder they've got a parking "problem" – they're spending millions of dollars to encourage their car-owning employees to get themselves stuck in traffic.

If the city's new Institutional Development Framework is to be successful, we, as a city, need to hold institutions accountable to bearing the full cost of their transportation policies. This plan falls far short of that standard: it harms the hospital's bottom line with grotesque parking garage subsidies, it harms the surrounding neighborhood with more pollution and traffic risk, and it does a disservice to METRO's capabilities.

The Planning Board has an excellent opportunity to help them find a better solution at a lower cost to everyone, and I look forward to following your progress.

Christian MilNeil
- - - - - - - - - - - - -
double u double u double u dot christianmilneil dot com

MMCIDPcomments.pdf
80K

To the Planning Department and the Portland Planning Board:

The current IDP for Maine Medical Center proposes a massive investment in new parking garages – which, presumably, will be financed by the health care expenditures of you, me, and our neighbors.

As you know, structured parking is extremely expensive. The Maine Medical Center IDP strategy to manage parking demand includes asking employees to pay "no less than $3 per paycheck" for a parking space (page 77) and continuing their current transit pass program (page 39).

Let's break that down into a budget:

Subsidies **for parking** in the MMC IDP:

EXPENSES		
Annualized capital cost per space:	($1,605)	(based on a $20,000/space capital cost amortized over a 20-year term at 5%)
Annual maintenance costs per space:	($500)	
REVENUES		
Annual employee payments	$156	(assumes 2 employees per space, paying $3 biweekly)
NET ANNUAL SUBSIDY PER PARKING SPACE	($1,949)	Total costs minus employee payments
NET ANNUAL SUBSIDY FOR DRIVING EMPLOYEES	**($974)**	Per-space subsidy, divided by two employees

Subsidies **for transit** in the MMC IDP:

EXPENSES		
Total cost of 49 10-ride METRO passes for one employee	($662)	$13.50 per 10-ride pass, good for one week's worth of commute trips
REVENUES		
Employee payments for 49 10-ride passes	$392	
NET ANNUAL SUBSIDY FOR TRANSIT-RIDING EMPLOYEES	**($270)**	

Employees face a choice between paying $156 annually for a parking space, or $392 for transit passes. From the worker's point of view, the cost of transit is more than double the cost of

parking, even though the hospital's *true* cost of parking is roughly double the cost of an annual transit pass.

It's no wonder Maine Medical Center has a parking problem – they're paying each and every one of their car-owning employees nearly a thousand dollars a year to make it harder for everyone else to find parking.

And please bear in mind that the hospital's fiscal costs of building and maintaining parking garages, as huge as they are, don't come anywhere near to matching the public costs of the additional traffic that those parking spaces generate:

- Kilograms of additional airborne toxics spewed into the neighborhood's air every day (in direct violation of the hospital's public health mission)
- Hundreds of potential work hours lost to additional traffic congestion
- Higher risk of traffic crashes, which lead to higher insurance rates
- Additional pavement maintenance demands on local streets.

These parking subsidies aren't just a bad deal for local health care consumers, they're a bad deal for Portland taxpayers.

I understand that the hospital's management is committed to car ownership and driving to work, and that is why they believe that parking is important.

But for the workers who are actually providing health care, spending long long hours in a stressful work environment, the idea of spending another hour every day doing the unpaid labor of a long commute is exceedingly unattractive. Many employees would welcome the opportunity to let somebody else drive them to and from work. Indeed, workplace satisfaction research suggests that providing those choices could be crucial to the hospital's ability to recruit and retain young workers.

If the city's new Institutional Development Framework is to be successful, we, as a city, need to hold institutions accountable to bearing the full cost of their transportation policies.

This plan falls far short of that standard: it harms the hospital's bottom line with grotesque parking garage subsidies, it harms the surrounding neighborhood with more pollution and traffic risk, and it does a disservice to METRO's capabilities. The Planning Board has an excellent opportunity to help them find a better solution at a lower cost to everyone, and I look forward to following your progress.

Yours,
Christian MilNeil
45 Smith Street

Western Prom Neighborhood Association **4/25/17**
Comments re MMC IDP

I am Anne Pringle, speaking for WPNA and am part of the MMC Expansion Group, representing WPNA,

First, this is a tremendous piece of work, well-drafted and clearly-expressed.

Many of the comments and suggestions made by WPNA during the monthly Expansion Group meetings have been incorporated, so I will not reiterate them here. At last week's meeting, the Group reviewed all comment made on the draft IDP before you and I believe most of those made by WPNA will be incorporated in future drafts.

But I do want to note a few key issues for our neighborhood:

The TDM is a major project element and includes some creative approaches. And in particular, we appreciate the statement about finding ways to discourage employee on-street parking in our neighborhood. WPNA and others have suggested that cash incentives for not bringing employee cars to the campus need to be further explored, in order to limit the need for parking and reduce traffic.

Parking need is a major topic of concern for the neighborhood and we have had very open discussions in the Expansion Group meetings. While nothing is yet settled, as noted in the draft IDP, we really appreciate that MMC is actively exploring options to a massive parking structure within the IDP boundary. We do want to state, as we have to MMC, that WPNA opposes any plan to construct a multi-level parking garage on the Vaughan Street surface lot. We believe that such a structure would be incompatible with our residential neighborhood, would bring more traffic into the area, and that this valuable piece of real estate would be better used for hospital-related offices or housing for hospital residents or

employees.

And finally, we have identified five properties owned by the hospital in our residential neighborhood. These are inventoried in the IDP (page 24) and one of them, the Vaughan Street surface parking lot (the “South Lot”) previously noted, would be covered under “long-term redevelopment zones” (p.61). As you know, encroachment into residential neighborhoods has long been an issue of tension with institutions and the IDP should encourage reversal of past encroachment. Three of the five properties WPNA has identified (two mansions on the Western Prom and a carriage house operating as a maintenance garage on Chadwick Street) would be prime opportunities for redevelopment as housing. They should be part of a plan by the MMC to divest, capture their significant value, and reinvest the proceeds in hospital-related facilities in another suitable location. Perhaps the heading in the IDP should be “long term divestment opportunities”…

WPNA appreciates your consideration of these comments and again thanks MMC for its open engagement with its neighbors.

PC26

Portland Maine | Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

Another comment re: the MMC institutional development plan

1 message

Christian MilNeil <c.neal.milneil@gmail.com> Thu, Apr 27, 2017 at 4:32 PM
To: "zbarowitz@gmail.com" <zbarowitz@gmail.com>, Stuart O Brien <sgo@portlandmaine.gov>, Jean Fraser <JF@portlandmaine.gov>

From the Urban Land Institute, another approach that a nonprofit hospital might consider taking towards its parking policies:

> In 2010, the city council adopted Seattle Children's major institutional master plan guiding the expansion of the 250-bed hospital to 500 to 600 beds by 2030.
>
> The master plan also required that the hospital **reduce its employees' drive-alone rate from 40 percent to 30 percent by 2030.** With a 72 percent drive-alone rate in 1995, the hospital had pulled out the stops to get the drive-alone rate down to 40 percent. In 2010, they promised to go even lower, **despite a residential location served by only two bus routes and a light-rail station 1.5 miles (2.4 km) away.**
>
> Jamie Cheney, Seattle Children's director of transportation, knows that getting to 30 percent will take innovation and leadership. "The low-hanging fruit is gone; the mid-hanging fruit is gone," she says. Her zeal is not driven by state laws and city regulations—although those are important—**but by the sobering reality that dollars spent on structured parking are dollars that will not be spent on restoring children to health.** "Building surface parking is not the highest and best use of scarce land," she says. **For each year the hospital avoids building structured parking—at $60,000 a stall—they estimate a cost avoidance of $25 million.**
>
> Seattle Children's opened the first phase of the expansion in 2013: **238,000 square feet (22,000 sq m) of clinical space with no net new parking.** The second phase breaks ground in 2018 and will eventually add up to another 293,000 square feet (27,000 sq m) of clinical space with only 100 net new parking spaces. The hospital hosts up to 6,000 workers and 1,000 patients daily with only 1,400 parking spaces on campus.

One difference: the Seattle Children's neighborhood, Laurelhurst, has a population density of 5,910 people/sq. mile; as the article notes, only 2 bus routes serve their campus; the combined density of the West End/Parkside neighborhoods is about 8,700 people/sq. mile and MMC has got 8 regional bus routes with stops within 2 blocks of their campus.

Christian MilNeil
- - - - - - - - - - - - -
double u double u double u dot christianmilneil dot com

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

Local Residents Concerns NOT Being Addressed by Portland Planning Department Re MMC Proposed Development

1 message

Karen Snyder <karsny@yahoo.com> Tue, May 9, 2017 at 1:33 PM
Reply-To: Karen Snyder <karsny@yahoo.com>
To: Jeff Levine <jlevine@portlandmaine.gov>
Cc: Belinda Ray <bsr@portlandmaine.gov>, Saint John Valley Neighborhood Association <sjvna1@gmail.com>, Jean Fraser <jf@portlandmaine.gov>, Ian Jacob <iancasperjacob@gmail.com>, Paula Agopian <pagopian1@yahoo.com>, Planning Board <planningboard@portlandmaine.gov>, "planning@portlandmaine.gov" <planning@portlandmaine.gov>

Hi Jeff,

I have been to two MMC neighborhood workshops and 2 IOZ planning meetings and in all these meetings, I have consistently brought up the concerns of quality of life issues for the est. 300 residents that live around the MMC who would potentially have to suffer through this extremely long 5 to 20 year construction plan besides the out of context proposal for a 13th story parking garage at the corner of Congress and Gilman.

These concerns have not been addressed still by MMC or the Portland Planning Department or the Planning Board.

Can you please answer the below two questions.

1) How will the City of Portland planning department manage the quality of life concerns for local residents during a long term proposed MMC construction project: Quality of Life issues such as noise, vibration, foundation damage, dust abatement, etc.

When buying property, there is a level of expectation of enjoyment of his/her property and comfort within their residence. When one buys a property within city limits, there is a level of expectation of "development construction" but 5 to 20 years per MMC projections is unreasonable and damages the quality of life of residents.

As a landlord interviewing new tenants and they ask is this building a quiet street? It puts me as a landlord in an awkward position as how NOT to mislead these potential candidates which would be illegal. However, this awkard position that landlords on Gilman/Valley face would be directly caused by the Portland planning department's agenda.

Speaking from experience, I have all ready had to suffer through 3 years of a botched never ending renovation across the street from me on the East End and that was intolerable. To expect over 300 local residents to live through 5 to 20 years of construction is unacceptable.

2) It is rumored that the Planning department personnel actually went to MMC and encouraged them to do additional construction in order to develop the IOZ. Isn't this counter intuitive of a city's planning department to deliberately encourage quality of life issues for numerous residents and

especially a long term construction proposed projects? Where is the livability for these Portland residents that is considered in the Portland Planning Department's mission statement?

In conclusion, it is quite disconcerting to see the Portland city planning department avoid and evade answering quality of life concerns for local residents when your department's mission statement on the website specifically says the following: **"The Planning and Urban Development Department promotes and plans for the future vitality, livability and prosperity of this remarkable city and all its people."**

How is this specific situation livable for local residents?

I would appreciate a response to these questions that have been consistently asked and never provided a response.

Regards,
Karen Snyder
24 Gilman St.

portlandbikeped

PORTLAND BICYCLE AND PEDESTRIAN ADVISORY COMMITTEE

May 15, 2017

Dear Mr. O'Brien:

The Portland Bicycle Pedestrian Advisory Committee (PBPAC) has reviewed Maine Medical Center's draft Institutional Development Plan and respectfully requests that the Transportation Demand Management plan be released as soon as possible.

The timely release of the TDM plan is critical to informing the proposed development, especially as it relates to parking demand, traffic routes, sustainability, connectivity, neighborhood livability, and congestion.

Furthermore, a complete and thorough TDM plan will will allow for meaningful public review and input; and should take into account the integration of pedestrian, transit, and bicycle access to the facility.

Additionally, PBPAC recommends:

- Comprehensive assessment of existing bus use (among patients and staff) and potential effect of increased frequency and expanded service
- Full coverage of transit passes for employees and an easy program for obtaining passes
- Consideration of Bike Share Program
- Consideration of restoring two way traffic between I-295 & St. John Street
- Funding towards increased frequency and extended hours of bus service (METRO routes 1, 8, 9A, and 9B)
- Improvements to bus shelters (incorporation of transit tracker app information at shelter, heat, etc.)
- Consideration of transfers for those using buses besides Routes 1, 8, 9A, and 9B

Thank you for your attention. If you would like to discuss this with members of PBPAC, we would be happy to arrange that.

Yours kindly,

Alex Pine, Vice Chair on behalf of PBPAC

The Portland Bicycle and Pedestrian Advisory Committee is an ad-hoc group of Portland-area residents working to make the city and region a better place to walk, bicycle, and wheelchair. We advocate and educate for bicycle, transit, and pedestrian issues, including handicap accessibility.

PC29

Portland Maine | Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

SJVNA requests and suggestions of MMC IDP

1 message

moses sabina <mosessabina@yahoo.com> Tue, May 23, 2017 at 12:06 PM
Reply-To: moses sabina <mosessabina@yahoo.com>
To: Jean Fraser <jf@portlandmaine.gov>
Cc: Tuck O'Brien <sgo@portlandmaine.gov>, Garry Bowcott <garrybowcott@hotmail.com>, Tim McNamara <stjohnvalley@live.com>, Spencer Thibodeau <sthibodeau@portlandmaine.gov>, Sarah Martin <boccafe@hotmail.com>, Jenny MacKenzie <jenabeat@hotmail.com>

Jean,

The following is a bullet point style "bucket list" of requests and suggestions for the MMC IDP for submission to the planning board.

To the Portland City Planning Board,

My name is Moses Sabina. I reside at 4 Gilman St. Members of our neighborhood association have collaborated on the following list of requests and suggestions for the MMC IDP for your consideration.

St John Valley Neighborhood Association Requests and Suggestions for MMC IDP

-

- Keep the zoning restriction to 65 feet for the Gilman Block.
- We support the partnership of MMC and East Brown Cow to build a parking garage behind the Atlantic Building
- Improve proposed community engagement strategy
  - In quarterly meeting MMC representative needs to be on a high enough level to engage in an informed discussion and answer all questions
  - Keep scheduled meetings. If the MMC rep can't attend, have a secondary rep who is informed and capable of answering all questions
  - Require city representative; city counselor, planning department
  - When neighbors and MMC are at odds, how will issues be resolved?
- Accountability and Enforcement improvements going forward. How will issues be resolved?
- Ensure that the area doesn't become an institutional desert / Deter crime and prostitution
  - Require retail along Congress and St John
  - Move the hospital retail (flower shop, gift shop, pharmacy) to the Congress St side to enliven the corridor when the entrance is moved
  - Open the pharmacy serve staff and public, and patients.
- Preserve treasured neighborhood institutions
  - Gathering spaces like Pizza Villa and Salvage BBQ are an integral part of the fabric of the neighborhood
  - Pizza Villa is a multi-generation family owned restaurant, having served Portlanders for over 50 years

- Salvage BBQ is a large family restaurant, and the only establishment hosting music events in the neighborhood

- When change occurs mixed use will remain in the area
  - Preserve night time activity. Retain businesses that are open after 6 pm.
  - Require the replacement of a business with a similar business. For example, a Class A license with a Class A license

- Neighborhood integration and transition on the design front- desire for expansion to be integrated with and preserving the integrity of the neighborhood, not to replace the neighborhood.

- Options to reduce the scope of the IOZ and impact on residential structures:
  - Redraw IOZ boundary. Include St John from Congress to Park Ave.
  - At worst, draw the IOZ partially blocks on the Pizza Villa and Salvage BBQ blocks, excluding Pizza Villa, Salvage BBQ, and the residential buildings.
  - Require that any residential that is removed be reestablished in the neighborhood
  - Require that MMC must develop its existing property (South Lot, Gilman Block) before acquiring new properties in the neighborhood.
  - Do not allow existing businesses and residential buildings after MMC acquisition to exist in a demolished or vacant state, or used as surface parking lots until MMC is ready to build on the site.

- More specificity in the construction management framework with types of mitigation that will be available if necessary,
  - Require baseline engineering readings to accurately measure impacts on foundations
  - Require concepts for construction buffering, sound mitigation plans etc.
  - Require a plan to compensate neighboring businesses for any significant loss of business, and residential property owners for loss of tenants and rent reduction.
  - Require a standard for the upkeep of layout areas

Respectfully submitted,

Moses Sabina

From: **moses sabina** <mosessabina@yahoo.com>
Date: Tue, Aug 1, 2017 at 4:22 PM
Subject: Fw: Hot Suppa, 703 Congress Street, Rear Yard Setback
To: Jeff Levine <jlevine@portlandmaine.gov>, Jeff Levine <jmy@portlandmaine.gov>
Cc: Alec Sabina <hotsuppa@hotmail.com>, Evan Carroll | Bild Architecture <evan@bildarchitecture.com>

Hi Jeff,

Thanks again for walking the neighborhood with us last week. It was revealing to hear some of the things that would and would not make St John Valley attractive to a residential developer. I'm excited to begin the process of actively seeking developers for the beneficial growth of the neighborhood.

I agree with your idea that it is important for the city to get MMC to commit on paper the blocks that they've been planning to develop for some time; their previous attempt to buy the Sportsman lot, and the foothold parking lot they have on the Villa block certainly indicate their interest in those properties. I was optimistic that the new IOZ process would first force MMC to put their intentions in writing, and then open those boundaries up for discussion and compromise with the neighborhood. To my disappointment, however, the process has not resulted in MMC drawing alternative boundaries or compromising on their proposed boundaries in any way. This will set the precedent that an institution can draw its ideal boundary, gain planning board approval with no push back, and the objections of the neighborhood are ignored. Is this the new standard for institutional growth in the city? I fear that this property value engineering could impede any other development, because property owners are going to wait to sell to MMC for top dollar. While I admit that new IOZ boundaries opened up the possibility of relocating the employee garage, I would highlight that the real achievement there was arriving at a superior alternative to a very stupid idea by listening to all concerned parties. I believe that we can achieve more mutually beneficial outcomes if the neighborhood voice is heeded again..

I wanted to circle back on our discussion about Hot Suppa expansion and zoning, and connect you in to the thread with Ann Machado and our architect Evan Carroll. I'm hoping there's a way to get this done, and appreciate you looking into it. Thanks, Moses

PC31

Portland Maine Yes. Google's good here.

Helen Donaldson <hcd@portlandmaine.gov>

MMC Submission for 8/8 Planning Board

Zack Barowitz <zbarowitz@gmail.com> Sun, Aug 6, 2017 at 11:14 PM
To: "Alexander M. Green" <AGreen@mmc.org>
Cc: Tuck O'Brien <sgo@portlandmaine.gov>, Jennifer Munson <jmy@portlandmaine.gov>, "Donaldson, Helen" <hcd@portlandmaine.gov>, Jean Fraser <jf@portlandmaine.gov>, Barbara Barhydt <bab@portlandmaine.gov>, "Alkan, Basak" <Basak.Alkan@perkinswill.com>, Jeffrey Sanders <SANDEJ4@mmc.org>, Mark Harris <HARRIM6@mainehealth.org>, "Penelope E. St Louis" <STLOUP@mmc.org>, Walter Pochebit <POCHEW@mmc.org>, Anne Pringle <oldmayor@maine.rr.com>, Carrie Losneck <closneck@gmail.com>, Dennis Morelli <MORELD@mmc.org>, Emma Holder <pna@parksideneighborhood.org>, Garry Bowcott <garrybowcott@hotmail.com>, Ian Jacob <iancasperjacob@gmail.com>, "Lin (linparsons@maine.rr.com)" <linparsons@maine.rr.com>, Michael Patterson <michael.patterson@martinspoint.org>, Michael Patterson <mchljpttrsn@aol.com>, moses sabina <mosessabina@yahoo.com>, Spencer Thibodeau <sthibodeau@portlandmaine.gov>, Tim McNamara <stjohnvalley@live.com>, Trevor Watson <trevorewatson@gmail.com>

Jennifer et. al.;
Please find my comments on the IDP below. I apologize for any errata as I have been a little pressed for time, this memo obviates my previous submission as it is much more extensive. I have not reviewed the Regulatory Framework but I hope to before the August 8th meeting.
Thank you,
Zack

Notes on IDP for Planning Board Review, August 8 2017

As the Institutional Development Plan is coming before the Planning Board on 8/8. I am happy to say that some progress has been made:

- The 13-story parking garage that had been proposed on the corner of Congress and Gilman has been relocated to a better and more equitable location situated behind the Eagles Club on the west side of Saint John Street [NB This now puts a section of the IOZ in District 3/Libbytown.]
- After initially rejecting the idea of street level retail along Congress Street; MMC now has incorporated this concept into its plan.

Both these development have made for a stronger proposal which have great benefits for MMC, the neighborhoods, and the city as a whole. However, there are still several areas where improvement is still needed which I have outline below but a few notable examples include:

- The traffic plan is not present and needs to be more fully developed
- The TDM which is supposed to reduced the automobile traffic actually includes a tremendous incentive for parking by charging employees only $6/month; nor does it seem to do enough to encourage pedestrian access for proximate residents.
- The plan calls for significant encroachment into the neigborhood/abbutting properties, notbably the Pizza Villa block, Salvage BBQ, the “old Sportsman’s lot,” among others.
- MMC should consider lots and locations along the southern end of Saint John Street like the area already in the IOZ behind 222 Saint John to the Eagles’ Club. This vast parking area and existing building gives the hospital ample space for medical/administrative facilities in addition to parking and the planned annexation of 222 Saint John.
- I could not find reference to plans for the Forest Street garage. Is there a plan for it?

COMPLIANCE WITH COMP PLAN

P. 7 "**Economic Growth" -** MMC lists "parking availability" as being compatible with economic growth, which seems a dubious claim.

P.7 **"Transportation" -** The language is very weak in this section, for example it says that the TDM is a joint responsibility of MMC and the City "which will take years to address." I would like to see a shorter, more specific timeline.

TRANSPORTATION PLAN

P.17 The issue of patient parking is ambiguous. Do patients drive themselves to the hospital and then get admitted for extending stays? What happens to their vehicle in that time? Would MMC pay patients to arrive via taxi, Uber, or Lyft within a certain geographic radius?
P.18 Congress Street and the I-295 west bound off-ramp (the one near Denny's) should be listed among the high crash locations (HCL) as not only is the crash rate extremely high but it is also an ambulance route.

P. 22 9% of employees use the "Get on Board" program which is pretty low considering the number who like nearby. The proposed 1.5% increase seems a modest goal.
[note: "Complementary" is misspelled on this page].

P.23 How much is the discount for the bus tickets? It should be upwards of 75%

P.24 $6/month for parking ENCOURAGES single passenger motor vehicles and should not be part of the the TDM or any other plan.

P.24 In addition to carpooling, MMC should consider a 'Walkpool' program, they may use the Portland "walking school bus" as a model.

P. 34 There is reference to page 51 but my document has only 43 pages. This happens several times.

DESIGN

P. 34 States that the City encouraged the hospital to identify key parcels outside the (current), this much to the chagrin of residents and neighbors of said properties; and seems somewhat irregular.

P. 36 **Retail Space.** IDP states: "to the extent possible, given programmatic needs . . . " This is pretty weak language on an important amenity.

I propose - **Guidelines for retail frontage.** The design guidelines for the retail frontage should include both quantitative and qualitative standards. Examples of the former would include: % of total frontage, min square footage, specificity of location (i.e., across from Weymouth Street, between Gilman and Saint John.

Qualitatively, the location of the retail should be **synergistic** to existing retail (e.g., La Bodega), and the pedestrian link between Bramhall Square and Saint John Street. The retail should be complementary to the hospital's and neighborhood needs such that a restaurant, coffee shop, florist, pharmacy, grocery, child care, First Care/community health, and gift shop would qualify while an automotive supply not.

P.36 Calls for “slip resistant surfaces, such as concrete” this is weasel word language to allow MMC to install a cheaper sidewalk material (such as concrete) instead of more costly slip-resistant brick.

P.37 Under safety features, a 24 hour retail could add full-time eyes on the street.

P.37 States that the Congress Street building will be “pulled (set) back to the extent possible.” Can we be more specific? No one wants Congress Street to turn into a canyon. The north facing orientation and winds are already challenges.

P.37 The idea of a glass building with light emanating from it 24/7 could look nice but it is a serious hazard to birds.

ENGAGEMENT

P.39 The composition of the groups presents several challenges. As District 3 is now in the IOZ then the District 3 City Councilor should be a member of the group. I also think At-Large Councilors should be invited. It is also problematic that Portland does not have official Community Boards but must instead rely on an informal network of neighborhood organizations each with their own membership and organizational structure.

Minute taking: Meetings should be recorded and transcribed or be taken by an independent 3rd party.

[Quoted text hidden]

--
207-838-6120
917-696-5649
ZacharyBarowitz.com

ATTENTION:
The information in this electronic mail message is private and confidential, and only intended for the addressee. Should you receive this message by mistake, you are hereby notified that any disclosure, reproduction, distribution or use of this message is strictly prohibited. Please inform the sender by reply transmission and delete the message without copying or opening it.

Portland Maine Yes. Google's good here.

Helen Donaldson <hcd@portlandmaine.gov>

Fwd: Planning Board Workshop August 8, 2017

Jean Fraser <jf@portlandmaine.gov> Tue, Aug 8, 2017 at 1:35 PM
To: Barbara Barhydt <bab@portlandmaine.gov>, Helen Donaldson <hcd@portlandmaine.gov>, sgo@portlandmaine.gov

Sent from my iPhone

Begin forwarded message:

From: stjohnvalleyneighborhood <stjohnvalley@live.com>
Date: August 8, 2017 at 11:16:51 AM GMT-4
To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>
Cc: stjohnvalleyneighborhood <stjohnvalley@live.com>
Subject: Planning Board Workshop August 8, 2017

Hello Jean,
Hope you are enjoying your summer!

Please submit this for tonight's Planning Board Workshop.

To The Planning Board:
I request that the following questions be asked and answered during tonight's workshop:

Does the City Planning Division or any member of City staff, committee or individual employee have a copy of the Gorrill Palmer traffic analysis referenced on page 54 of the IDP?

If the City has this report, how would a member of the public go about viewing it?

Thank you,

Tim McNamara

251 Valley Street Portland.

Portland Maine Yes. Google's good here.

Helen Donaldson <hcd@portlandmaine.gov>

Planning Board

Sarah Martin <BOCCafe@hotmail.com> Tue, Aug 8, 2017 at 4:08 PM
To: "hcd@portlandmaine.gov" <hcd@portlandmaine.gov>, "jmy@portlandmaine.gov" <jmy@portlandmaine.gov>

Dear Planning Board,

I am writing with serious concerns about what will happen when the hospital begins buying up property in my neighborhood for medical office or clinical use.

Neighbors of the St John Valley area have worked hard to create a vibrant and safe neighborhood.We are just starting to gain momentum.

We have seen businesses arrive like Salvage BBQ and Bunker Brewing. We've seen extensive improvements take place at the Inn at St John and our streets have become more and more "peopled" with visitors, workers and residents.

People are out and about and our neighborhood is slowly becoming part of the vibrancy of upper congress through the Arts District.

People are heading down the hill to our neighborhood like never before.

The purchase of two major blocks in this small neighborhood for use without a restaurant or retail on the ground floor would be devastating and has the potential to turn the area into a medical wasteland where buildings are dark and empty after seven o:clock and vagrancy and crime flourish.

There is great distrust between the hospital and much of this neighborhood.

We realize the hospital has no interest in becoming landlords.

However, if the hospital were to partner with private ownership, medical office buildings could be constructed as condominiums where ground floor retail could be purchased prior to construction.

My question I would like to see before the planning board tonight is this:

If expansion by the hospital outside their footprint is allowed, can language be included in the regulatory framework requiring any construction proposed by MMC to include ground floor retail space either for sale to private investors or leased and operated by the hospital at market rent?

We are simply asking that we be allowed to enjoy the same quality of life as those who are not subject to the ever expanding presence of a giant institution and the potential loss of housing , retail and attractions that any healthy neighborhood requires.

Thank you and I look forward to hearing the answer to my question.

Thanks,

Sarah Martin Valley Street

Portland Maine Yes. Google's good here.

Helen Donaldson <hcd@portlandmaine.gov>

Fwd: Noise associated with Surgical Unit addition to Maine Medical Center

jmy <jmy@portlandmaine.gov> Wed, Sep 6, 2017 at 3:50 PM
To: Stuart O'Brien <sgo@portlandmaine.gov>, Barbara Barhydt <bab@portlandmaine.gov>, Jean Fraser <jf@portlandmaine.gov>, Helen Donaldson <hcd@portlandmaine.gov>

On Wednesday, September 6, 2017 at 3:44:15 PM UTC-4, Anne G. Peters wrote:

Dear Members of the Board,

I own a single family house located at 31 Bramhall St. I am writing about an issue that apparently was overlooked when MMC added their Surgical Unit several years ago. Late in the construction process, multiple tall, metal exhaust (?) pipes and massive air handling units were added to rooftops and ground level locations immediately across from the historical houses on Bramhall Street. I speculate that this noise generating issue might have been overlooked, due to a discussion I had with Portland's then Planning Director and a MMC Facilities Executive - prior to the vents becoming operational. Neither gentleman had any knowlege of the ventilation portion of the Sugical expansion. (I had the conversation at MMC while attending a meeting to address the increase in smoking/smoking litter in the neighborhoods surrounding MMC, following implementation of their Smoke Free Initiative.) When the ventilation system became operational, Maine Med's noise generation along the interface with my residential area doubled or possibly tripled.

So fast forward to this summer when there was plenty of lovely gardening and porch weather! Unfortunately it is not very pleasant to relax outside my home because of the incessant dull roar from across the street, which can be heard from quite a distance. I suspect any "solution" at this point would have to be remedial, such as insulation or baffles, but I would like to have that discussion. Perhaps simultaneously, the board could address the unsightly nature of the structures - just think of Barber Food's rooftop for your "visual". Lastly, noise generation impact may also be part of the newest MMC expansion plans. Although construction would center on Congress Street, ventilation system placement may impact residential neighborhoods quite a distance from Congress St., just as the Surgical Unit expansion impacted my neighborhood.

Thank you for your time and consideration.

Sincerely,

Anne Peters

Anne G. Peters, LCSW
31 Bramhal St. Portland
207-799-0092
peterslcsw@aol.com

Portland Maine Yes. Google's good here.

James Dealaman <jdealaman@portlandmaine.gov>

Fwd: Planning board MMC IDP 9/26

Jean Fraser <jf@portlandmaine.gov> Mon, Sep 25, 2017 at 12:02 PM
To: "O'Brien, Stuart" <sgo@portlandmaine.gov>, "Barhydt, Barbara" <bab@portlandmaine.gov>, "Donaldson, Helen" <hcd@portlandmaine.gov>
Cc: "Cameron, Caitlin" <ccameron@portlandmaine.gov>, James Dealaman <jdealaman@portlandmaine.gov>

fyi

---------- Forwarded message ----------
From: **Moses Sabina** <mosessabina@yahoo.com>
Date: Mon, Sep 25, 2017 at 11:51 AM
Subject: Planning board MMC IDP 9/26
To: jf@portlandmaine.gov, sthibodeau@portlandmaine.gov

Hi Jean. Would you please let me know you get this? Thanks! -Moses

To the Portland Planning Board:

My name is Moses Sabina; I live at 4 Gilman Street.

The IDP needs to offer protection to the neighborhood in two ways. The first is that it needs a commitment to retail. The neighbors have asked the planning board for quantitative requirements for retail, and that is not reflected in this draft. We've asked for a one-for-one replacement, meaning if MMC purchases and removes a building that houses a restaurant with a class A license and a measured footprint (parking included), that will be replaced with a restaurant of the same license and size.

Requiring that night time gathering spaces are replaced in kind is crucial for the neighborhood because it keeps the streets activated after 6 pm. The Congress Street corridor from St John Street to Walker Street in the West End is rife with pimps and prostitutes. I know because I travel it every day. Ask any member of our police force if you don't think that's true. Our area is also prone to absentee landlord owned apartments that are hives of drug activity; I had such a hive two doors down from my house this summer and it took three months of every neighbor duteously reporting every terrible thing that happened there to the police in order to get those tenants out. We need active store fronts at night to keep eyes on the street. I've personally witnessed the benefit of activating a corridor at night around my own business, Hot Suppa, on

Congress Street; walking feels much safer since businesses like mine, Local 188, Tandem, The Roma, and Bramhall Pub have been open at night on that stretch. Now imagine what walking Congress Street near MMC at night would be like without the vitality of businesses like Salvage BBQ and Pizza Villa.

Consider the vulnerable populations who live in the St John Valley neighborhood; we have two housing first models at The Florence House and Logan Place, mental facilities and housing at Shalom, several sober houses, families attending Sea Dogs and Red Claws games, events at the Expo, the ice arena, and Fitzpatrick Stadium who eat and park in the neighborhood, not to mention visitors and employees of the hospital. Consider the allure that night time gathering places have on people looking to buy owner occupied housing, or rent apartments. Consider the appeal to future housing development. Consider the strain on our police force to patrol all the crime a medical wasteland would attract after dark. The neighborhood needs night time vitality so it does not invite predators.

This draft of the IDP (pg. 118-119) does not protect the neighborhood from going dark at 6 pm. It doesn't commit to a one-for-one replacement for restaurant gathering spaces. It doesn't commit to a percentage of the ground floor that will be used for retail or parking for such retail. It doesn't identify potential retail on the Gilman block, or on the St John street side of the Pizza Villa block. It actually doesn't even guarantee that there will be retail at all. It's just a few colored lines that illustrate frontage that is most suitable to retail. That's it. For all the talk of activating the corridor, MMC has committed to nothing.

"Fig.5.16 on page 119 illustrates potential locations of blank walls along the Congress St frontage, as well as Congress St frontage within the IOZ that is deemed to be most suitable for community-oriented uses / retail. All other areas are intended to be activated through the use of building entrances and windows into ground floor uses. The actual location of future commercial / retail uses will depend on building design as well as market demand for such uses." Pg. 118-119

I think MMC doesn't want restaurants in their buildings, and certainly not the kind that serve alcohol. We can't leave it up to MMC to decide what is right for the neighborhood based on building design and market demands; we've seen how that has played out in the past. Please make the IDP a contract with teeth to protect the gathering spaces and night

time safety of the neighborhood. It would be an irreversible and egregious mistake to believe that in 10-15 years MMC is going to construct buildings on the Salvage or Pizza Villa blocks and voluntarily set aside enough space for the kind of retail that would truly benefit the neighborhood. I suggest that if you are going to green light MMC to purchase entire blocks in the neighborhood, the least you can do is require that the entirety of the ground floor of those blocks is committed to retail and parking for that retail.

The second way the IDP needs to offer the neighborhood protection is to require MMC to develop the properties that they already own on the South Lot and Gilman block before being allowed to purchase other properties in the IOZ. This seems like common sense based on tax-generating property versus non-tax-generating property. This IDP offers no protection from MMC purchasing all the properties in the IOZ as soon as this all passes city council. The neighborhood would suffer greatly if MMC were to purchase properties and let them go dark, or turn them into surface lots until such time when enough properties were acquired to develop the full block.

In summary, the two questions I'd like answered and discussed are:

1. Why have you not required a quantitative retail **commitment**, such as the idea of one-for-one, in the IDP?

2. Why have you not required in the IDP that MMC develop the properties that it already owns before purchasing other properties in the IOZ?

--
Jean Fraser, Planner
City of Portland
874 8728

Portland Maine Yes. Google's good here.

Jean Fraser <jf@portlandmaine.gov>

Letter to Planning Board about hospital expansion

1 message

Curt Fletcher <curtfletcher@gmail.com> Tue, Sep 26, 2017 at 7:31 AM
To: jf@portlandmaine.gov

Planning Board
City of Portland Maine
September 26, 2017

Planning Board,

I'm Curt Fletcher and I live at 851 Congress Street.

When I moved to this neighborhood several years ago it was almost a very temporary stay. As a single adult I wanted to be on the peninsula to have access to entertainment, restaurants, and daily necessities, but this neighborhood was pretty rough. I really thought I had made a mistake experiencing the daily routine of police, vagrancy, and street prostitution. About halfway through my first year's lease I started to sense a change happening. I'm a busy guy and never really looked into why things seemed better but they just did. Less cops visiting houses on either side of me, landscaped traffic dividers popped up on Valley and St John streets, less trash on the street, and fewer dark spots in driveways and doorways up the Congress Street way.

After several months of frequenting some of the local spots like Margaritas and Salvage Bar-B-Q I started to meet great locals and people who worked in the neighborhood. I was really finding a home here. Checking the real estate prices I actually considered buying into the neighborhood with a multi unit on Valley or further down on St John. I found out very late about the hospital's plans to buy the properties that housed my new favorite spots. These are the spots where I and many others meet to eat, socialize, talk sports and politics, talk about who's hosting the next cookout, and just connect as Portlanders. It's these people and these venues that make this area attractive. Without them and the nightlife and culture that comes with them, I fear that this neighborhood will revert back to the way it was my first year here. If all these places go away, I fear the neighborhood will be even worse than when I moved in. Please figure out a way for the Planning Board to save our beloved restaurants and not let this neighborhood turn into a giant urban office district that goes quiet every night at six o'clock.

Thank you.

Virus-free. www.avg.com

Google Groups

Maine Med IDP - Public Comment 9/26

Laura Cowie <laura.ann.cowie@gmail.com> Sep 26, 2017 2:21 PM

Posted in group: **Planning Board**

Good afternoon,
My name is Laura Cowie. I live at 4 Gilman St in Portland. I'm a small business owner in opposition to Maine Medical Center's proposed expansion.

What the city of Portland needs now more than ever is affordable housing and locally owned small businesses that generate tax revenue. My main concern with Maine Medical Center's current plan is the **destruction of 3 Portland businesses**- Pizza Villa, D'Angelos, and Salvage BBQ, as well as the **20 units of housing that will be destroyed** if this IDP is put into place as written.

I ask the planning board, why not require the hospital to replace the 20 housing units and businesses as part of the design of their new buildings? I can only assume it is because the city's last attempt to ensure that a Maine Medical Center expansion benefited the entire city of Portland backfired so spectacularly. I'm referencing the requirement that Maine Medical Center build retail space on the ground floor of their last expansion project on Congress street. The hospital built the "retail space" with dirt floors and had no intention to rent the space to any tenant ever. That retail space has sat vacant for almost 10 years.

I ask the planning board: how will this IOZ expansion enrich Portland? It will pave the way for medical offices- offices which could exist anywhere in the state- and which will sit empty every single night. How will vacant medical offices occupying prime Portland real estate enrich my community the way that tax-paying businesses like Pizza Villa and Salvage BBQ do?

I now ask the planning board directly: How can you justify the loss of 3 successful businesses and 20 units of housing without including specific language in the IDP that requires they be replaced by Maine Medical Center in some quantitative way? I believe the language needs to be clear because MMC has already proven their ability to subvert city mandated requirements put in place to benefit my neighborhood. And I believe that without firm language holding them to their word the hospital's "promises" are just as empty as those retail space on Congress street.

Thank you for you time. I look forward to your response to my question.

Laura Cowie
4 Gilman St.
Portland, ME
04102

--
Laura Cowie
Cofounder, Unwritten Roads
(207) 272 - 7305

Garry Bowcott

8 A Street
Portland, ME 04102
garrybowcott@hotmail.com

September 26, 2017

Dear Planning Board,

I am writing to you in response to Maine medical Center's IDP submission, specifically their traffic study conducted by Gorrill Palmer.

Firstly I would like to commend MMC for listening to neighbors and concerned citizens regarding the originally proposed 13 story parking structure at Gilman and Congress. This plan made no sense for MMC or the St John Valley neighborhood and I'm thankful that common sense prevailed!

With regards to the Traffic Study, it states "relocating employees from the existing garage to the 222 St. John Street parking garage project is anticipated to decrease traffic volumes at the intersection of Congress Street with Valley Street by up to 14.2% for all peak hours with the exception of the PM peak hour of the proposed garage".

Why did the Gorrill Palmer traffic study focus on the intersection of Valley and Congress and not include Valley and A or Gilman and A? They should be focusing the traffic study on the intersection of A and Gilman or Valley and A to accurately account for the large volume of traffic that enters the employee garage via Valley and A Street. There are large volumes of traffic that enter the garage each day without crossing either of the intersections they included the study. In addition, **the traffic study states "Trip counts were increased by 1.1% on St John and 11.4% on Congress St to account for peak summer traffic volume". Can someone from Gorrill Palmer please explain how they arrived at these numbers? As a resident of this neighborhood I can tell you first hand that 11.4% does not come close to the difference between December and July traffic volumes.**

Sincerely,

Garry Bowcott

Portland Maine Yes. Google's good here.

James Dealaman <jdealaman@portlandmaine.gov>

Fwd: For Planning Board Public Comment Sept. 26.

Jean Fraser <jf@portlandmaine.gov> Tue, Sep 26, 2017 at 3:04 PM
To: Helen Donaldson <hcd@portlandmaine.gov>, Tuck O'Brien <sgo@portlandmaine.gov>, bab@portlandmaine.gov
Cc: James Dealaman <jdealaman@portlandmaine.gov>

As for the last one - this is #38

Sent from my iPhone

Begin forwarded message:

From: Caitlin Cleary <ccleary091@gmail.com>
Date: September 26, 2017 at 1:58:57 PM EDT
To: jf@portlandmaine.gov
Subject: For Planning Board Public Comment Sept. 26.

September 25, 2017

Dear Planning Board Members,

My name is Caitlin, and I live at 251 Valley Street.

I recently heard of the hospital's plan to buy up property in my neighborhood. My neighbor informed me of which properties the hospital wanted and I was shocked. I've never written a letter like this before, but I'm that concerned.

Maine Med wants to purchase restaurants and apartment buildings? I feel like our street is being swallowed by the hospital.

We didn't move to the West End to live in a neighborhood full of office buildings. We moved to Portland because of its great reputation in the food and beverage scene, nightlife, and the energy of this growing city.

With hefty student loans we were thrilled to find an affordable rent on Valley Street. We love this neighborhood, especially for having so many restaurants and shops within walking distance.

If this neighborhood turns into blocks of office buildings and parking garages, we would feel pushed out of the street we love.

I really hope the hospital can still expand without taking over existing restaurants and apartments.

Please consider that I am just one of many friends and coworkers who feel this way.

Sincerely,
Caitlin

Portland Maine Yes. Google's good here.

James Dealaman <jdealaman@portlandmaine.gov>

Fwd: Sarah Martin Planning Board Letter

Jean Fraser <jf@portlandmaine.gov> Tue, Sep 26, 2017 at 3:08 PM
To: Helen Donaldson <hcd@portlandmaine.gov>, Tuck O'Brien <sgo@portlandmaine.gov>, Barbara Barhydt <bab@portlandmaine.gov>
Cc: James Dealaman <jdealaman@portlandmaine.gov>

As before
(I am out of the office until 5 pm)

Sent from my iPhone

Begin forwarded message:

From: Sarah Martin <BOCCafe@hotmail.com>
Date: September 26, 2017 at 2:32:54 PM EDT
To: "jf@portlandmaine.gov" <jf@portlandmaine.gov>
Subject: Sarah Martin Planning Board Letter

To Portland Planning Division,

Please add my letter to the public comments for the planning board hearing tonight.

Thank you,

Sarah Martin

To The Planning Board,

I submitted the following question in writing prior to the August 8 PB workshop and my question was apparently unclear.

"If expansion by the hospital outside their footprint is allowed, can language be included in the regulatory framework requiring any construction proposed by MMC to include ground floor retail space either for sale to private investors or leased and operated by the hospital at market rent?"

I should have been more clear in identifying "expansion" as development resulting in the elimination of existing businesses. My intent was to add language to the Regulatory Framework requiring the hospital to replace any lost retail or restaurant in the event they develop properties currently outside the footprint.

The chair remarked that she was "not entirely sure" what I was referring to by footprint.

When we refer to the " footprint" we are referring to the boundaries outlined in the current Conditional Rezone agreement.

1. ***MMC** will restrict any further expansion of its uses*[1] *in the Western Prom/ Parkside/ Gilman Street neighborhoods to*

the property specifically included in the following defined Campus[2]:

The language found on page 5 of the Regulatory Framework is far too vague to ensure that this neighborhood will not lose existing gathering spots once the hospital purchases properties within their new boundaries. "To the extent able" is a qualifier that removes any compulsion for the hospital to act.

Page 5 Regulatory Framework:

Mixed Uses:

In recognition that Maine Medical Center is part of a mixed-use area of the City, with

important existing services and businesses that serve the local and wider community, healthcare facility development fronting onto Congress Street and St. John Street shall activate the public realm, to the extent able, with uses such as service and retail/restaurant, landscaping, active building entrances, pocket parks, etc, on the ground or other publicly accessible level, consistent with the design intent contained

in the approved Institutional Development Plan.

We would like to see this paragraph modified to the following:

Maine Medical Center is recognized as part of a mixed-use area of the City, with

important existing services and businesses that serve the local and wider community. **If Maine Medical Center is to develop any future healthcare facility, on Congress Street or St. John Street , and that development results in the elimination of existing retail or restaurant businesses, the hospital shall be required to offer the similar square footage as that business being eliminated, on the ground floor of this new development either for sale or lease at market rate to private investors and shall allow use of that ground floor space for the same type of business having been eliminated.**

To clarify my question, this would only apply to development that would eliminate existing businesses. We're not asking for every square inch of new development to include retail. Simply if the hospital buys a property and eliminates a business, we want the opportunity to see that business replaced.

That language protects our neighborhood by allowing real estate to be made available at market rates to replace businesses like Salvage BBQ, Pizza Villa, Margaritas Restaurant and The Eagles Club, that may be eliminated as a result of the hospital expansion.

Additionally the August 8th workshop included questions by a Planning Board member as to the presence of any residential units that might be impacted by hospital expansion. I was surprised that at this point in the process, neither the planning board, planning staff or the hospital could come up with the number of units or residents that will be impacted by hospital expansion into the new boundaries.

There are nineteen residential units and at least forty people who will be forced to move in the event the hospital purchases and develops on the proposed blocks.

I would also like to ask that the City come up with some commitment or language that would require any housing replacement funds paid by the hospital to the city be earmarked to be spent in this neighborhood.

Sarah Martin

251 Valley Street

Portland, Maine 04102

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

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

pb leter from sarah september 26.odt
30K