

COUNCIL ACTION FORM

SUBJECT: LUPP MAP AMENDMENT TO MOVE THE MEDICAL LAND USE DESIGNATION INTO THE MEDIUM DENSITY RESIDENTIAL LAND USE DESIGNATION IN THE LOCATION MID-BLOCK BETWEEN DUFF AND CARROLL AVENUE, AND LUPP AND ZONING CODE TEXT AMENDMENTS TO ENHANCE THE BUFFERING AND TRANSITION STANDARDS BETWEEN THE HOSPITAL-MEDICAL AND RESIDENTIAL ZONES

BACKGROUND:

Applicant: Scott Renaud, PE
Fox Engineering Assoc.
(515) 233-0000

Property Owner: McFarland Clinic
c/o Roger Kluesner
1215 Duff Avenue
Ames, IA 50010

Proposed LUPP Map Amendment. The current Land Use Policy Plan (LUPP) map has the Medical designation ending mid-block between Duff and Carroll Avenue. This proposed LUPP amendment would extend this designation to Carroll Avenue between 11th Street on the south, and 13th Street on the north. The purpose of this amendment would be to expand medical offices into land that has been purchased by McFarland Clinic, and to facilitate future acquisition of land for hospital or medical clinic purposes. (See attached map of proposed boundaries.)

Proposed LUPP Text Amendment. The applicant is requesting that the text on page 45 of the LUPP be amended to read as follows*:

*Note: Underlined text represents proposed new text.
Stricken text represents proposed deleted text.
Shaded text represents language (or similar language) that has been relocated or rearranged in the body of the text.

The Medical Center consists of ~~the hospital~~ Mary Greeley Medical Center, McFarland Clinic, and several small medical offices nearby. ~~The hospital~~ Medical Center is a long-established use in the area as evidenced by the older residential structures surrounding. ~~The hospital~~ Medical Center provides a vital service to the community and region. ~~Expansion of the hospital and the medical offices has involved displacement of several residences. There is general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood.~~

Changes in technology, delivery of care and federal legislation create a continually evolving environment for the hospital, clinic, and related medical uses. Further change and expansion ~~may be~~ is a prerequisite to the ~~hospital~~ Medical Center remaining at its present site. Flexibility for the ~~hospital's~~ Medical Center's primary functions should be accommodated through further intensification of the present site. Coordination of care, convenience, efficiency, and cost effectiveness for patients, staff, and doctors require the

clustering of services at the Medical Center district.

Expansion of the hospital and the medical offices Medical Center has involved displacement of several residences. The Medical Center needs to carefully address the interface between itself and the residential neighborhoods. Compatibility provisions should include careful directing of traffic, landscaping or architectural buffers, and minimizing the impact of lighting. The Medical Center's boundaries should be defined to provide predictability in both location and look to the nearby residences.

The hospital provides a vital service to the community and region. Changes in technology, delivery of care and federal legislation create a continually evolving environment for the hospital and related uses. Further change and expansion may be a prerequisite to the hospital remaining at its present site. Flexibility for the hospital's primary functions should be accommodated through further intensification of the present site. Compatibility should be addressed where the hospital and residential uses interface. Compatibility provisions should include careful directing of traffic, landscaping buffers and minimizing the impacts of lighting.

The Medical Center should be limited to its currently permitted location while increasing the intensity of the use in facilities, staff, and patients. This will require some minor modifications and expansion of the Medical Center District while addressing the compatibility concerns. Additional land or conversion of existing Medical Center lands is required to allow for renovation, expansion, or intensification of existing facilities. Some new out-patient diagnostic and treatment facilities will be directed toward alternative nearby locations as the HOC and other commercial zoning districts do not preclude medical offices outside the Medical Center district. The market will determine which services are best relocated away from the Medical Center. New out-patient diagnostic and treatment facilities should be directed toward alternative nearby locations. The regional commercial site proposed on the east side of I-35 should permit medical uses. In the event that the hospital is relocated, the regional commercial site would provide a suitable location. Medical offices should be limited to currently permitted locations and intensities. While medical offices benefit from being close to hospitals, convenient alternative locations are becoming available in the community. The emerging community commercial node at 13th Street and Dayton Road presents an alternative site for medical offices that is both convenient to the hospital and I-35.

Compatibility/Buffering at edges of zone

- Where the boundary of the H-M zone is defined by a street and the adjacent property is zoned residential, compatibility/buffering standards should be developed.
- Zone transition should be accomplished by either architectural development or the use of enhanced landscaping buffering.

Boundary Definition

- Landscaping/Architectural features could help to define the boundaries of the Medical District. The design of the features has not been determined, but will incorporate a common theme that is distinct to the Medical district. The feature may include landscape, historical, architectural, directional and signage elements. The features are defined as follows:
 - Major Corner Feature – Large size feature on a large area at prominent corners of the Medical district.
 - Minor Corner Feature – Smaller size and area on less prominent corners of the Medical district.
 - Major Entry Feature – Large feature to designate the entry to each major facility in the Medical district.
 - Minor Entry Feature – Small feature to designate the entry to each minor office in the Medical district.
 - Major Linear Feature – A large feature on a large area that defines the edge of the Medical district at the terminus of an intersecting street.
 - Minor Linear Feature – a small feature on a small area that defines the edge of the Medical district.
- Pedestrian Flow
 - Existing pedestrian patterns into and surrounding the district should be maintained and enhanced in conjunction with the enhanced buffering and boundary features.
- Safety at Duff Avenue
 - Traffic calming features should be installed at critical points along Duff Avenue to slow traffic and allow easier pedestrian crossing.

Proposed Zoning Text Amendment. The applicant is requesting that the text of Section 29.1001 be amended to read as follows:

...

(5) **Landscaping, Screening and Buffering Requirements.** The landscaping, screening and buffering requirements applicable in the S-HM District for the purpose of providing a transition between S-HM District uses and adjacent residential areas, are set forth in Section 29.403 except as modified below.

(a) Where the boundary of the S-HM District is marked by a street, a buffer area not less than fifteen feet in width shall be maintained abutting the S-HM side of the street right-of-way. No structures shall be permitted in said buffer area except for a high screen or high wall that conforms to the requirements of Section 29.403(1)(c) or 29.403(1)(d) respectively. The buffer area shall be landscaped in accordance with the L1 standards set forth in Section 29.403(1)(a) except that enhanced buffering shall be provided as defined in subsection (b) below.

(b) Enhanced buffering sections at least 60 feet long shall occur within 15 feet of the front property line at regular 60-foot intervals along all streets surrounding the S-HM District, except 13th Street and Duff Avenue where standard landscaping requirements shall apply. Enhanced buffering (represented on Figure ----- shall include:

i. Limestone walls with an average height of 3 feet supporting earthen berms.

ii. Coniferous and deciduous trees @ 15 feet on center, selected for variety and interest, and to provide seasonal color and/or flowers.

iii. Mass plantings of evergreen and deciduous shrubs spaced no further than 3 feet on center.

iv. An otherwise required interval of enhanced buffering may be substituted with a landscape area measuring at least 40 feet in depth located between the front property line and any structure within that interval area. Said area shall be landscaped to meet all landscape requirements of Section 29.403(5)(b).

(b) Where the boundary of the S-HM District is marked by a lot line, a buffer area not less than eight feet in width shall be maintained abutting the S-HM side of the lot line. There shall be constructed and maintained in said buffer area, for its entire length, a high screen or high wall that conforms to the requirements of Section 29.403(1)(c) or 29.403(1)(d), respectively. The buffer area shall be landscaped in accordance with the L1 standards set forth in Section 29.403(1)(a).

(6) **Building Height.** Building height within 180 feet of the street frontage shall not exceed the height of an imaginary line that begins at grade level at the front property line and extends back vertically at a 45 degree angle. In no case shall building height exceed the maximum building height allowed in the S-HM district.

(7) **Architectural Standards.** Architectural standards shall apply when structures are located with 50 feet of the front property line adjacent to a residentially zoned area. In this case, the buildings shall be designed as follows:

(a) Roof forms shall reflect typical residential designs, including:

i. Front-facing gables or dormers comprising no less than 30% of the width of the front building façade, and no further from other front facing gables or dormers than 60 feet.

ii. Minimum roof pitch of 5/12

(b) Building materials shall consist of clay brick, stone (cultured or natural), lap siding, or shingle siding. No other siding materials are permitted.

(c) Window and doors shall be designed as follows:

i. Windows and doors shall reflect no less than 40% of the length of the façade. For windows to be included in this calculation, they must be (a) located between 2 feet and 10 feet of the exterior finished grade, and (b) the bottom of the window shall be no more than 4 feet above the finished floor elevation.

ii. Windows must allow views and light into the interior space.

iii. Commercial storefront window systems are not allowed. Windows shall be of a residential type and design.

iv. The width of the primary façade shall be between 24 and 38 feet. Additional primary facades are permitted, but must be separated from other primary facades along that building face by a recessed façade of at least 24 feet in width, and must be recessed back at least 8 feet from the primary or secondary façade.

Application Process Information. The proposed LUPP amendment was originally submitted as a map amendment on May 15, 2007 to expand the boundaries of the existing Medical District east onto Carroll Avenue. Prior to that time, the applicant had held a neighborhood meeting with the Carroll Street property owners and a pre-application meeting with staff to discuss the implications of the map amendment. During the pre-application meeting, staff expressed concern over the impacts that expanding the Medical district onto Carroll Street would have on the neighborhood. This concern was based, in part, over the stated Urban Core Policies Options of the LUPP pertaining to the Medical district. Within these policies are clear directives to preserve surrounding neighborhoods through intensification of the present hospital/clinic site, by limiting medical offices to currently permitted locations and intensities, and to direct new out-patient diagnostic and treatment facilities toward alternative nearby locations. Recognizing also, that the LUPP policies emphasized accommodating flexibility for further change and expansion of the hospital, while addressing the compatibility issue where the hospital and residences interfaced, staff suggested that a master plan for the Hospital and Clinic blocks may be an effective means of identifying the long-term growth plans of both facilities, as well as providing a more defined set of guidelines for development of the area. Staff believed standards that demonstrated sensitivity to the character of the surrounding neighborhood would help foster neighborhood pride and give property owners confidence to invest in and maintain their homes as either rental or owner-occupied residences.

In response to this suggestion, the applicant agreed to put the map amendment application on hold pending the development of a master plan for the area. Since that time, City Planning staff, the applicant, and the applicant's representatives met numerous times discussing neighborhood compatibility issues and how a master planned approach might better integrate the Clinic's expansion into the area. During those meetings, design experts hired by McFarland Clinic shared a variety of interesting design solutions, ranging from water features to landscape trellises, to statuary pieces, and to berms and walls. At the first of those meetings, staff suggested a landscape buffer of approximately 40 feet as an appropriate separation. Staff ultimately determined that at least 25 feet was necessary to reflect the same setback as required in the residential zone. From that discussion, one item suggested by McFarland's design expert was incorporated into the proposed landscaping features – that being a 3-foot limestone wall along intermittent stretches of more heavily vegetated and bermed landscape areas. Those areas would be 60 feet in length and located every 60 feet (thereby leaving 60-foot “windows” between the landscape features). In addition, the applicant proposed a 15-foot landscape buffer. Finally, the applicant proposed to reduce the required on-site landscaping from the current 25% to 20%. Staff was not supportive of these changes because (a) the 15-foot buffer provided no more landscaping area than the 15-foot residential set-back requirement under the current code, and (b) reducing the on-site landscaping would end up reducing the overall landscaping on the site. The net effect of both changes would be to have less overall landscaping than is otherwise required under the current code. This was not the direction staff anticipated when the discussions first began.

The applicant has commented various times during this process that the current 15-foot landscape buffer provides adequate protection to the abutting residential neighborhood, pointing as evidence to the landscaping along Kellogg Avenue to support this position. Staff agrees that the landscaping along Kellogg Avenue is quite good for a 15-foot strip, but believes that it is not adequate to provide the necessary buffering between unlike uses to

entice owner-occupancy along these streets.

The amendments to the Land Use Policy Plan originally proposed by McFarland Clinic were presented to the Planning & Zoning Commission for public hearing on August 15, 2007. At that time, residents and property owners living in the area expressed concern over the proposal and some stated that public notice provided was inadequate for this proposal. The Commission therefore requested that a neighborhood meeting be held to facilitate additional dialogue with concerned neighbors and property owners. Accordingly, a neighborhood meeting was held on September 6, 2007 at the Mary Greeley Medical Center Auditorium. At that meeting, staff provided a brief overview of the planning process and how this application had been reviewed to date. McFarland Clinic representatives provided an overview of their proposal, explaining how it would be integrated into the neighborhood, and why it was important to the continued operation of the clinic. Considerable input and questions were then received by the neighborhood attendees.

In addition to input received at the neighborhood meeting, written comments were also submitted by Craig & Peggy Riecken addressing existing language in the Land Use Policy Plan (copy attached). The Rieckens contended that current language pertaining to the Medical Center designation differentiates between the hospital and medical offices, and that the Plan anticipates that medical offices relocate to other areas as opposed to expanding in the Medical Center land use area.

Because of comments from attendees at the neighborhood meeting and the written comments from the Rieckens, McFarland Clinic decided to supplement its amendment application to include changes to the text on page 45 of the Land Use Policy Plan, which pertains to the Medical Center land use designation (attached). The changes are intended to reflect the current medical center area and correct what the applicant believes are oversights and weaknesses in the original [existing] document. These text changes, along with an LUPP map amendment request and zoning code text changes pertaining to design, landscaping and buffering, are being processed concurrently.

It should be noted that discussion of this current proposal is not the first time expansion onto Carroll Avenue has been considered by the City Council. Between March 1991 and August 1993, a study was conducted for the purpose of identifying alternative means of both addressing the growth needs of the hospital and medical services and providing appropriate protection to the surrounding neighborhoods. Various alternatives were considered, including intensification of the existing site, expansion to Carroll Avenue, and alternative sites for medical land uses. Although a recommendation was forwarded to expand the district to Carroll Avenue subject to buffering and development standards, at that time the Council chose not to expand the district due to concerns expressed by surrounding residents over the impacts such expansion would have on their neighborhood. Details on this background were only recently discovered by current staff, and were therefore not a significant focus of discussion with the Planning and Zoning Commission. It is nonetheless significant that many of the issues identified during this earlier planning study are the same issues addressed in this current application (e.g., interfacing issues, design standards, buffering standards, the need for a master plan, and the concerns of affected residents in the area).

A related issue that a concerned citizen recently brought to light, and which was not

discussed at the Planning & Zoning Commission level, was a Real Estate Contract between McFarland Clinic and the City of Ames pertaining to a vacated part of Douglas Avenue. This contract required that for any building addition to McFarland Clinic facilities located west of Duff Avenue undertaken after 1990, for which additional motor vehicle parking is required by City Code, that such parking would be provided by means of a parking ramp constructed at the Buyer's expense unless said required parking could be met within a two-block area defined by 13th Street, 12th Street, Duff Avenue and Kellogg Avenue. This agreement was entered into during the last expansion of McFarland Clinic's facility, presumably to ensure intensification of the site for any future expansion needs.

Applicant's Statement In Support Of LUPP Amendments. Mr. Scott Renaud, Fox Engineering, who is the applicant's representative for this proposal, has submitted a statement (attached) explaining the proposed LUPP map change. His statement addresses Goals 1 - 10 contained within the LUPP on pages 14 – 23. His statement also speaks to the impacts of the proposed changes relating to transportation, sanitary sewer, water, storm sewer, housing and employment. A Traffic Impact Analysis was also submitted with his statement.

Staff Analysis. During initial discussions with the applicant and continued discussions with the Planning & Zoning Commission, staff focused on two fundamental issues pertaining to this proposal: (1) Concerns over the impacts of the proposed expansion on the abutting residential neighborhoods; and (2) whether the existing site could be further intensified and if expansion is necessary to keep the Clinic viable.

Regarding the first issue, from the earliest meetings staff had expressed concern over moving the boundary from a rear yard location to a street front location. Having a zoning boundary change at the street face creates an awkward interface in terms of transition and compatibility because it leaves unlike uses facing toward each other on a side where street visibility is typically desired - both by commercial operations that demand visibility for business purposes, and in residential neighborhoods where visibility is desired for street appeal and social connectivity with the neighborhood. Screening is much easier in the rear yard because visibility is not needed for business purposes, and residents typically screen their rear yards from neighboring properties with fences, hedges, and tall vegetation to achieve back yard privacy.

It is not always possible to avoid front yard zoning transitions, and where this cannot be avoided, more stringent buffering and design standards are frequently used to mitigate the impacts on the less intense zone. The applicant has commented various times during this process that the current 15-foot landscape buffer provides adequate protection to the abutting residential neighborhood, pointing as evidence to the landscaping along Kellogg Avenue to support this belief. Staff agrees that the landscaping along Kellogg Avenue is quite good for a 15-foot strip. This strip's visual quality is enhanced both by the street trees in the foreground and the on-site parking lot landscaping in the background. Together, these add to the apparent depth and density of the landscaping. However, street trees may sometimes be removed for street improvement projects, such as the street widening project which eliminated street trees along McFarland Clinic's 13th Street frontage. Further, required on-site trees would be lessened under the applicant's proposal to reduce the on-site landscaping requirement. Even without the loss of these background and foreground trees, staff believes that 15-feet is not an adequate buffer to encourage long-term owner

occupancy along these streets, and that more full screening is necessary to protect the residential quality of the neighborhood.

As to the second issue pertaining to intensification versus expansion, the applicant has stated that it is possible to relocate those services that are proposed on the east side of Duff Avenue to off-site locations. However, the applicant has stated that to move to an off-site location would result in the possibility of technical difficulties in terms of Internet access, and that a more distant location would not be the preferred option in terms of facilitating the day-to-day interfacing of staff and personnel. McFarland Clinic has stated that to consider an off-site location broadens their options to locations both inside and outside of Ames. These business development issues are not necessarily based upon or supported by comprehensive plan policies pertaining to the medical office district. The proposed changes would provide the language needed to support expansion to accommodate the Clinic's stated needs, but the adequacy of measures to mitigate the impacts of expansion on residential properties has not been determined.

The proposed text pertaining to expansion presupposes that expansion will be necessary, leaving no boundaries defined and no direction as to where future expansions will be limited, and leaving the surrounding neighborhood vulnerable to a stated intent to expand the Medical Center's operation into the surrounding neighborhood with the main protection being language pertaining to "compatibility." This would then be addressed by the proposed changes pertaining to buffering and design. The adequacy of these related changes to protect the neighborhood would need to be determined, since expansion itself is contrary to other goals and policies of the Land Use Policy Plan.

Staff Conclusions. Staff has provided comments pertaining to each of the stated goals in Attachment "A". These comments are stated after each of the goal statements in that attachment. Based upon these comments, staff concludes that the proposed map amendment is not consistent with the stated goals of the Land Use Policy Plan, and that expansion of the district will be detrimental to the continued viability of the surrounding neighborhoods for owner-occupied housing and may adversely affect the City's ability to revitalize this inner-city neighborhood if adequate buffering standards are not adopted to ensure proper transition between the opposing residential and Hospital-Medical districts.

Recommendation of the Planning & Zoning Commission. Initial review of this proposal focused heavily on the adequacy of proposed standards to mitigate impacts on surrounding residential neighborhoods. While that issue will need further discussion if the proposed expansion of the district is deemed appropriate, the Commission determined per staff's suggestion that it did not make sense to further discuss this issue until the question of expansion is answered. The Planning & Zoning Commission therefore recommended as follows:

Recommendation on proposed LUPP map amendment

The Planning & Zoning Commission recommended approval of the amendment to the LUPP map but recommended that the City Council amend the policy on which the designation is based to support the expansion. (Passed: 4-2 - Darryl Knight and Norman Cloud voted against).

Recommendation on proposed LUPP text amendment:

The Planning & Zoning Commission recommended denial of the proposed text changes with the understanding that the Commission was requesting that the City Council review the relevant section and rewording of the LUPP text to support the map change to more accurately reflect the district we are discussing and make whatever language is appropriate to the expansion that is made. (Passed 6-0)

Recommendation on proposed zoning text (buffering, design and landscape standards):

The Planning & Zoning Commission recommended continued review and action on this item be deferred until a determination is made on the associated LUPP text and map amendments. (Passed 6-0)

The following documents are attached for Council's review and consideration:

- Attachment "A" – Applicable Law (with staff comments).
- Map titled "Proposed LUPP Map change.
- Applicant's graphic illustration of proposed landscaping titled "HM Zone 15' Landscape Buffer".
- Applicant's narrative explaining proposed map changes, dated May 15, 2007
- Applicant's supplemental narrative explaining proposed LUPP text changes, dated September 26, 2007
- Copy of e-mail letter from Craig Riecken dated 10/03/2007
- Letter to Hospital-Medical District Property Owners dated October 30, 2007, inviting comments on proposed changes.

ALTERNATIVES:

1. The City Council can support the request from McFarland Clinic to expand the H-M district. In order to accomplish this alternative, the Council should refer this matter back to staff to develop a LUPP text amendment that reflects this change in policy and includes specific techniques for protecting the surrounding properties for negative impacts from this expansion (buffering requirements, design regulations, and/or master plan review).
2. The City Council can support the request from McFarland Clinic to expand the H-M district. **Even if you support McFarland Clinic's request, the Council should refer this matter back to staff to develop a LUPP text amendment that reflects this change in policy to allow for expanding the H-M district to Carroll.** This alternative would not involve any added landscaping, buffering, design, or master plan requirements.
3. The City Council can support the request from McFarland Clinic to expand the H-M district and approve the text amendment and map change as proposed by McFarland Clinic.
4. Since this issue is very involved and several members of the Council are out of town until November 18, the City Council can accept public input on November 20 and then deliberate and make a final decision at their next meeting on December 4.
5. The City Council can deny the request from McFarland Clinic to expand the H-M district to Carroll.

MANAGER'S RECOMMENDATION

Providing a recommendation regarding the McFarland Clinic's request to modify the text of the Land Use Policy Plan (LUPP) and map to expand the Hospital-Medical (H-M) area is a very difficult call for the staff.

On one hand, it must be emphasized that McFarland Clinic is one of our premier corporate citizens. The existence of this outstanding multi-specialty clinic in the community helps maintain our strong position as a regional medical center and assures our residents convenient access to the highest quality medical treatment. It would seem advisable for the City to do all it can to assist this valued corporate citizen to expand. On the other hand, City Council members have consistently exhibited support for maintaining strong, vibrant neighborhoods. Continued expansion of the H-M district to the east could negatively impact the surrounding single-family homes.

A brief review of history might be helpful in this matter. In years past, the Zoning Code required medical related enterprises to locate in the Hospital-Medical district along Duff Avenue and did not allow them to exist in commercially zoned areas. With limited room to expand within the existing boundaries of the district, affordable single-family homes were purchased by growing medical entities in the area and cleared of structures to make way for surface parking. Eventually the City Council was asked and approved request to expand the district to accommodate the need for parking.

In response to concerns expressed by adjacent property owners about the intrusion into their neighborhoods, City Council articulated a policy in the LUPP that would eliminate the impact on surrounding neighborhoods. The policy that was initiated requires future expansions of Mary Greeley Medical Center to be accomplished through intensification within the existing H-M district and future additions/expansions of other medical offices/clinics to be situated outside of the H-M area. In a companion move, the Zoning Code was modified to allow medical uses in our commercial areas.

The challenge before the City Council is how to facilitate the expansion needs of McFarland Clinic, while at the same time protecting the interests of the property owners in the surrounding neighborhoods.

The request before the City Council involves a proposed text change to the LUPP that would allow expansion of the H-M district past its current boundaries in conjunction with a landscaping buffering requirement and a map amendment. **Before dealing with the specific text language or techniques for protecting the neighboring properties, the City Council should first decide whether or not the existing policy is still relevant.** Many years have passed since the Council chose to limit expansion in the H-M area only to the intensification of Mary Greeley Medical Center. New facts and a new City Council might warrant a change in policy.

Staff acknowledges it is possible to modify the current policy, but would suggest that this be done only if adequate protections are put in place to protect the surrounding property owners. These protection techniques could include extensive landscaping requirements to buffer the Clinic expansion, design guidelines to assure the structures are compatible with the adjacent residential area, and/or a master planning process to offer some predictability to know that the modified boundaries will serve the Clinic's needs well into the future.

After reviewing the text amendment proposed by the applicant, staff does not believe the landscaping requirements that are being proposed go far enough to protect the neighbors. In addition, the proposed text amendment does not offer the certainty or predictability hoped for, since it would allow the "market" to determine if future expansion to the H-M area is warranted.

If the City Council believes that the existing policy can be modified in such a way to offer adequate protections to the neighbors, then it is the recommendation of the City Manager that the City Council adopt Alternative #1. This action will refer the matter back to City staff to amend the LUPP text to allow for an expansion of the H-M district to Carroll Avenue along with other techniques for assuring the protection of the surrounding property owners. In order to accomplish this assignment, staff would need direction as to which technique(s) described above should be included in the modified policy.

ATTACHMENT A

APPLICABLE LAW

The following goals in the Land Use Policy Plan are applicable to this request for a change to the boundaries of the "Medical" land use designation. Comments by City staff follow the objectives for each goal:

Land Use Policy Plan (LUPP) Goals for a New Vision.

Goal No. 1. Recognizing that additional population and economic growth is likely, it is the goal of Ames to plan for and manage growth within the context of the community's capacity and preferences. It is the further goal of the community to manage its growth so that it is more sustainable, predictable and assures quality of life.

Objectives. In managing growth, Ames seeks the following objectives.

- 1.A. Ames seeks to diversify the economy and create a more regional employment and market base. While continuing to support its existing economic activities, the community seeks to broaden the range of private and public investment.***

Managing the growth of "medical" land use in the community has been addressed in the LUPP. The LUPP states that: "Flexibility for the hospital's primary functions should be accommodated through further intensification of the present site."

The LUPP also states: "Medical offices should be limited to currently permitted locations and intensities. While medical offices benefit from being close to hospitals, convenient alternative locations are becoming available in the community. The emerging community commercial node at 13th Street and Dayton Road presents an alternative site for medical offices that is both convenient to the hospital and I-35."

Managing growth of medical land use in a manner that is sustainable, predictable, and assures quality of life involves the issue of compatibility with surrounding residential land use. To achieve compatibility of the medical uses with the surrounding single-family homes, measures are needed to buffer and screen the larger commercial buildings from the houses across the street. This involves not only the type and quantity of plant materials, but also a separation to provide green space between the medical and residential land uses. Compatibility carries over to the architectural features of the buildings, as well. The architecture of the medical buildings needs to reflect the features and materials of surrounding residential structures.

Expansion of the boundaries for "medical" land use would not necessarily diversify the economy; however, it may add to the regional employment base and would serve to support existing economic activities.

Goal No. 2. *In preparing for the target population and employment growth, it is the goal of Ames to assure the adequate provision and availability of developable land. It is the further goal of the community to guide the character, location, and compatibility of growth with the area's natural resources and rural areas.*

Objectives. *In assuring and guiding areas for growth, Ames seeks the following objectives.*

- 2.A. Ames seeks to provide between 3,000 and 3,500 acres of additional developable land within the present City and Planning Area by the year 2030. Since the potential demand exceeds the supply within the current corporate limits, alternate sources shall be sought by the community through limited intensification of existing areas while concentrating on the annexation and development of new areas. The use of existing and new areas should be selective rather than general.*
- 2.B. Ames seeks to assure the availability of sufficient suitable land resources to accommodate the range of land uses that are planned to meet growth. Sufficient land resources shall be sought to eliminate market constraints.*
- 2.C. Ames seeks a development process that achieves greater compatibility among new and existing development.*

The land identified for "medical" land use is one of the areas in the community targeted for intensification. The proposed change to the boundaries of the 'medical' area on the LUPP map would involve the displacement of existing single-family dwellings abutting the perimeter. This was the practice in the past, as more land was needed for expansion of Mary Greeley Medical Center and McFarland Clinic. Residences were removed to provide land area for the expansion of the hospital, as well as various clinics surrounding the hospital. Realizing the general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood, the City Council adopted land use policies and zoning regulations to require that buildings intensify by adding more stories, and that a parking structure be the means for expanding the amount of parking for Mary Greeley Medical Center, as opposed to displacing more houses on the edge of the 'medical' area.

Additional land resources have been identified in other commercial zoning districts to accommodate the growth of medical offices that do not require close proximity to the hospital. The Community Commercial Node, located northwest of the intersection of East 13th Street and Dayton Avenue is the prime example of such an area planned for the future growth of medical facilities.

In the event that the land area for 'medical' use is expanded at the present location, the LUPP would support a development process that achieves greater compatibility among new and existing development. This process should include additional site development standards for landscaping, buildings, and parking areas to be sensitive to the surrounding established residential neighborhoods.

Goal No. 4. *It is the goal of Ames to create a greater sense of place and connectivity, physically and psychologically, in building a neighborhood and overall community identity and spirit. It is the further goal of the community to assure a more healthy, safe, and attractive environment.*

Objectives. *In achieving an integrated community and more desirable environment, Ames seeks the following objectives.*

4.B. *Ames seeks to physically connect existing and new residential and commercial areas through the association of related land uses and provision of an intermodal transportation system.*

4.C. *Ames seeks to psychologically connect the various living/activity areas through closer proximity of residential areas and supporting commercial uses, common design elements, and inclusion of community amenities such as parks and schools. The connections should promote community identity.*

The actual dividing line between the 'medical' land use and the surrounding 'residential' land use follows the rear lot lines of properties located along Carroll Avenue between 12th Street and 13th Street. This establishes a land use transition at the mid-block as opposed to having Carroll Avenue serve as the transition between 'medical' and 'residential' land uses, as is proposed by the applicant. This change in the location of the transition between land uses changes the identity of the neighborhood from a street with similar single-family residences on both sides of the street, to one with more of a commercial land use on one side and residential on the other. This affects not only the transition between land uses, but also the connectivity in terms of traffic patterns for vehicles and pedestrians.

Goal No. 5. *It is the goal of Ames to establish a cost-effective and efficient growth pattern for development in new areas and in a limited number of existing areas for intensification. It is a further goal of the community to link the timing of development with the installation of public infrastructure including utilities, multi-modal transportation system, parks, and open space.*

Objectives. *In defining the growth pattern and timing of development, Ames seeks the following objectives.*

5.C. *Ames seeks the continuance of development in emerging and infill areas where there is existing public infrastructure and where capacity permits.*

The 'medical' area, as currently identified on the LUPP map, is an area of the community that has been identified for intensification. The intensification does not include the land area proposed for a 'medical' land use designation by the applicant. The applicant's proposal would be considered an expansion of the 'medical' area, as opposed to intensification of land already designated for medical land use.

The applicant's proposal would not involve the extension of infrastructure into an undeveloped area. Therefore, any timing issues would stem from a need to install service lines, or to expand the capacity of existing utilities to accommodate more of a commercial type of development.

Goal No. 6. *It is the goal of Ames to increase the supply of housing and to provide a wider range of housing choices.*

Objectives. *In increasing housing opportunities, Ames seeks the following objectives.*

6.A. *Ames seeks to increase the overall supply of low and moderate-income housing through the following means: (1) conservation of such units in existing areas that are not designated for redevelopment or intensification; and, (2) inclusion of such units in new market-driven housing developments through zoning incentives.*

Approval of the applicant's proposal would lead to a decrease in the supply of low to moderate-income housing as 'medical' land use would replace existing single-family homes. The land area proposed for changing from a 'One- and Two-Family Medium Density Residential' designation to a 'Medical' designation has not been planned for intensification, but rather is designated to conserve this land area as part of the established residential neighborhood located east of the existing regional medical center.

Goal No. 9. *It is the goal of Ames to promote expansion and diversification of the economy in creating a base that is more self-sufficient and that is more sustainable with regard to the environment.*

Objectives. *In creating an economic base that is more self-sufficient and environmentally sustainable, Ames seeks the following objectives.*

9.A. *Ames seeks more diversified regional employment opportunities involving technology-related services and production, office centers and retail centers.*

9.D. *Ames seeks economic activities that are compatible and sustainable with its environment.*

This goal relates to regional employment opportunities, small and medium-sized business centers, and expansion of research and technology development. While this proposal may broaden the economic base, it would not diversify it further from the existing area designated for 'medical' land use.

Land Use Policy Plan (LUPP) Unique Development Area Classification. The following section of the Land Use Policy Plan also applies to the request for expansion of the 'medical' land use designation on the LUPP map.

Unique Development Area Classification:

In recognizing the unique development characteristics of specific areas, it is recommended that the community be divided into four unique development area classifications. These include:

- *Urban Core Area*
- *University-Impacted Area*
- *New Lands Area*
- *Near Term Lands Area*

The application of future land uses in each of these unique areas should be guided by additional development policies and standards that assure compliance with the goals and objectives of the Plan. These goals and objectives relate to priority areas of growth, timing and installation of adequate infrastructure and community facilities, and the design and compatibility of development. Identification and definition of unique development area classification are included in the following.

Urban Core. *The location identified as Urban Core is generally defined as the "original-commercial center of Ames and the adjacent residential areas that were built primarily prior to 1930. The area is characterized by a wide variety of uses, intensities, and design types. Due to the area's characteristics and current planning policies, the Urban Core has been subjected to long-term intensification and change. The results of intensification and change have been conflicting use and design objectives.*

Designation of Urban Core is intended to delineate an area (and sub-areas therein) where specific use and design objectives may be implemented with little or no change to the underlying zoning districts. Specific use and design objectives for Urban Core are identified under the policy options sections of this Plan.

Urban Core Policy Options. The area proposed for a change on the LUPP map is located in the Urban Core, as identified on the LUPP map. The Land Use Policy Plan provides guidance on 'medical' land use in the Urban Core, as described below:

Delineation. *Urban Core consists of the existing Downtown and the mostly single-family residential areas adjacent to Downtown. These areas approximate the boundaries of Ames, exclusive of the ISU-campus, as of 1930. These boundaries are loosely defined as 14th Street on the north, Municipal Cemetery on the east, 4th Street on the south and Squaw Creek on the west.*

These areas are fully developed although some uses are transitional. Floor area/land ratios and densities are moderate, which has attracted limited intensification activities. Downtown and the residential areas adjacent are included in the Urban Core because of their historical relationship and the impact that their transition has on each other.

Medical Center. *The Medical Center consists of the hospital and several small medical offices nearby. The hospital is a long-established use in the area as evidenced by the older residential structures surrounding. Expansion of the hospital and the medical offices has involved displacement of several residences. There is general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood.*

The hospital provides a vital service to the community and region. Changes in technology, delivery of care and federal legislation create a continually evolving environment for the hospital and related uses. Further change and expansion may be a prerequisite to the hospital remaining at its present site. Flexibility for the hospital's primary functions should be accommodated through further intensification of the present site. Compatibility should be addressed where the hospital and residential uses interface. Compatibility provisions should include careful directing of traffic, landscaping buffers and minimizing the impact of lighting.

New out-patient diagnostic and treatment facilities should be directed toward alternative nearby locations. The regional commercial site proposed on the east side of I-35 should permit medical uses. In the event that the hospital is relocated, the regional commercial site would provide a suitable location. Medical offices should be limited to currently permitted locations and intensities. While medical offices benefit from being close to hospitals, convenient alternative locations are becoming available in the community. The emerging community commercial node at 13th Street and Dayton Road presents an alternative site for medical offices that is both convenient to the Hospital and I-35.

Vision Statements. The following "Vision Statement" in the Land Use Policy Plan applies to the applicant's proposal.

Neighborhoods. *Our vision of Ames by the year 2030, involves a network of healthy and stable neighborhoods that offer a variety of housing types, sizes and cost levels. Safety, pedestrian scale and convenient access to community facilities and supporting commercial activities provide a user-friendly environment. A continuous system of parks and open space provides connectivity within and between neighborhoods. In attracting and maintaining this network of neighborhoods the following priorities are identified:*

- *Effective planning and review of new developments in order to assure adequacy of public services and amenities;*
- *Conservation and enhancement of the integrity and character of existing neighborhoods including the provisions of green space;*
- *Provision of adequate transitional and intensification areas and the assurance of compatibility between differing uses and new and existing uses;*
- *Preservation of significant historical, architectural and cultural resources; and*
- *Flexible techniques to facilitate the provision of low-and moderate-income housing, green spaces and mixed uses.*

Ames Municipal Code

Section 29.807(1)

- (a) *Purpose. The intent of the Hospital/Medical Design District is to allow for typical uses associated with a hospital, including outpatient diagnostic and surgical centers and special treatment facilities that involve extended stay to be permitted around existing hospitals-medical uses. This District recognizes that medical offices benefit from being close to hospitals. However, expansion of the hospital and medical offices has involved displacement of several residences. There is general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood. This Special Purpose District is designed to accommodate compatibility where hospital and residential uses interface. Compatibility provisions include parking provisions, landscaping buffers and minimizing the impact of lighting.*

Table 29.1002. Hospital/Medical Design District Uses. This table defines the uses allowed in the "S-HM" zone.

Table 29.1001(3). Development Standards. This table defines the development standards in the "S-HM" Zone.



Section 29.1001(5). Landscaping/Screening and buffering Requirements. This section defines the current landscape and screening standards in the "S-HM" zone.



0 37.5 75 150
Feet

1 inch equals 150 feet

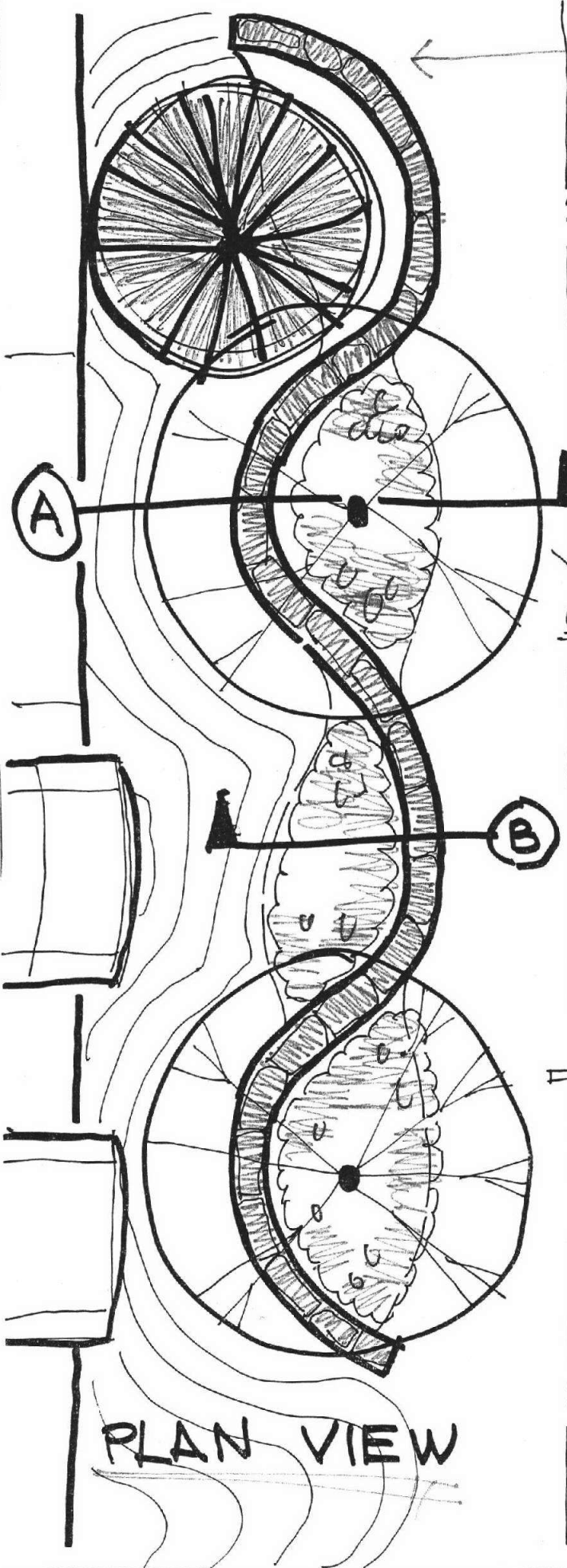
Proposed LUPP Map Change

 Parcels
 City Limits

 Proposed Boundaries

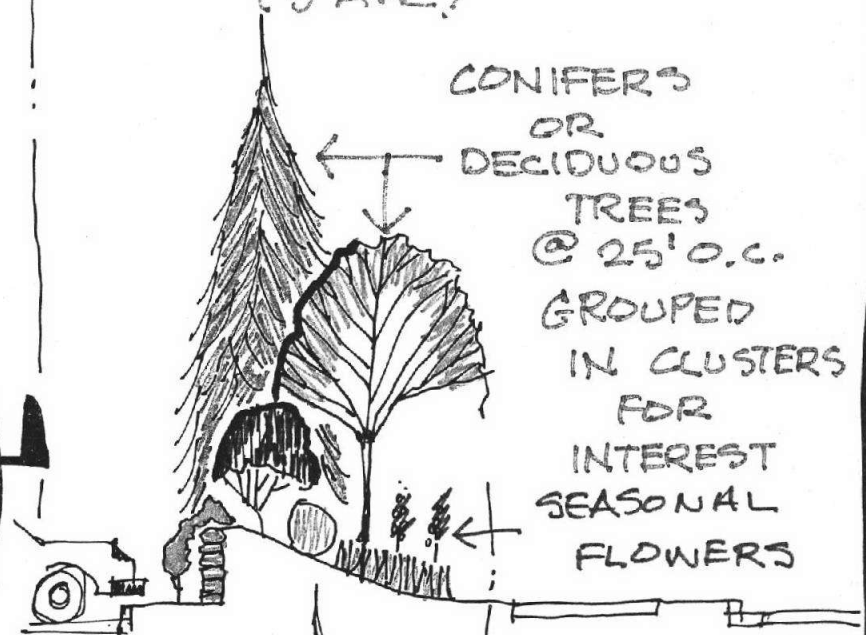
FOX
engineering

Date: 4/9/2007
Prepared by: AMP
Aerial Photo: 2003 Story County
Project No: 5040-07B.300



PLAN VIEW

LIMESTONE WALLS
HEIGHT VARIES
(3' AVE.)



CONIFERS
OR
DECIDUOUS
TREES
@ 25' O.C.
GROUPED
IN CLUSTERS
FOR
INTEREST
SEASONAL
FLOWERS

SECTION A

MASS
PLANTINGS
OF
EVERGREEN
&
DECIDUOUS
SHRUBS



SHRUB QUANT.
1 PLANT PER
10 LIN. FT.

SECTION B

HM ZONE
15' LANDSCAPE
BUFFER

**Land Use Policy Plan Map Change
Hospital-Medical District East Expansion
City of Ames
May 15, 2007**

Explanation of Map Area to be Changed:

The map change involves adjusting the Hospital-Medical (HM) zone from mid-block between Duff and Carroll Avenue east to the centerline of Carroll Avenue. The change would occur from 11th Street on the south to 13th Street on the north as shown on the attached maps. The change would be from medium density (one & two family) residential to HM. McFarland Clinic does not own all the properties in the area, but has discussed the map change with all the affected property owners. The map area proposed for change was used for continuity and completeness rather than merely looking at individual properties owned by McFarland Clinic.

NARRATIVE EXPLAINING THE PROPOSED CHANGE

Explain the consistency of this proposal with the goals and policies set forth in the Land Use Policy Plan

Goal No. 1 – Recognizing that additional population and economic growth is likely, it is the goal of Ames to plan for and manage growth within the context of the community's capacity and preferences. It is the further goal of the community to manage its growth so that it is more sustainable, predictable and assures the quality of life.

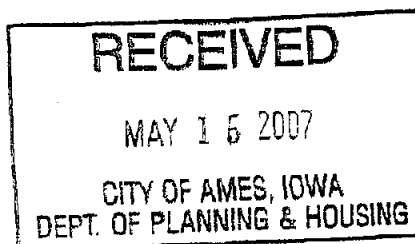
Along with the growth of the community there will be corresponding growth in the need for medical services. The number and level of services are expected to grow and additional services will become viable with a larger regional customer base. Ames has consistently grown and it is expected this trend will continue for the foreseeable future.

Goal No. 2 – In preparing for the target population and employment growth, it is the goal of Ames to assure the adequate provision and availability of developable land. It is the further goal of the community to guide the character, location and compatibility of growth with the area's natural resources and rural areas.

Nothing in this request is contrary to the goal. The expansion of the HM district both intensifies the existing medical use of the area and strengthens the existing land use.

Goal No. 3 – It is the goal of Ames to assure that it is an "environmentally-friendly" community and that all goals and objectives are integrated with this common goal. In continuing to serve as a concentrated area for human habitat and economic activity, Ames seeks to be compatible with its ecological systems in creating an environmentally sustainable community.

The expansion of the HM zone is supportive of this goal. Intensifying medical services in their primary business area is conducive to minimization of traffic and land required. The existing HM zone is on the Cy-Ride bus route. Many HOC/CNN zoned areas do not have bus service at this time. The HM zone requires construction of buildings to be a minimum of two stories in order to maximize the use of available HM ground.



Goal No. 4 - It is the goal of Ames to create a greater sense of place and connectivity, physically and psychologically, in building a neighborhood and overall community identity and spirit. It is the further goal of community to assure a more healthy, safe and attractive environment.

The expansion of the HM district allows for the expansion of an area with a strong sense of place. The proposed expansion defines the boundary as a street centerline, which is the same condition on the north, west and south sides of the existing HM area. The current east boundary of the HM is ragged and not well defined. As the area develops as HM a boundary will be formed that is very similar to the west boundary of the HM on Kellogg where there is residential on one side and HM on the other.

Goal No. 5 - It is the goal of Ames to establish a cost-effective and efficient growth pattern for development in new areas and in a limited number of existing areas for intensification. It is a further goal of community to link the timing of development with the installation of public infrastructure including utilities, multi-modal transportation system, parks and open space.

The expansion of the HM zone fulfills the requirements of this goal. Grouping all medical facilities in close proximity is the most cost effective and efficient growth pattern. By grouping all major medical facilities together it minimizes car travel of the patients, staff and doctors in the area. Cy-Ride services a single medical zone instead of several.

Goal No. 6 - It is the goal of Ames to increase the supply of housing and to provide a wider range of housing choices.

The expansion of the HM zone will decrease the housing stock by 10 units. As the City of Ames creates 150-200 single-family units per year plus 200+ multifamily units per year, this is not a significant loss – at least one that cannot be addressed relatively quickly.

Goal No. 7 – It is the goal of Ames to provide greater mobility through more efficient use of personal automobiles and enhanced availability of an integrated system including alternative modes of transportation.

Providing a single medical zone means that all services are available in a small area and significant driving is not required. The site is well served by Cy-Ride with pickup/drop-off points on both sides of Duff at 4 locations (two on the south bound, 2 on the north bound). The site is easily accessible by auto as the HM district is located in the center of the community with access to major arterials (Duff, 13th), Highway 69, and Interstate 35. Many alternative sites in HOC or CCN zones do not have access to Cy-Ride.

Goal No. 8 - It is the goal of Ames to enhance the role of downtown as a community focal point.

The expansion of the HM district does not detract from downtown, but rather enhances downtown. As the current HM district is very close to downtown (a walkable distance of 5-6 blocks), any expansion of the HM district will most easily be felt in the downtown area with increased retail, service, restaurant and hospitality services. The Downtown area and the HM district both support traffic from Duff and Grand Avenue.

Goal No. 9 – It is the goal of Ames to promote expansion and diversification of the economy in creating a base that is more self-sufficient and that is more sustainable with regard to the environment.

Expansion of the HM zone allows for significant expansion of the HM business community, which is one part of a very significant piece of both the local and regional economy. Expansion of both services and providers is necessary for the HM district to maintain the regional market.

Goal No. 10 - It is the goal of Ames to maintain and enhance its cultural heritage.

No cultural heritage areas are impacted by this LUPP change in the area designated. The expansion to the east reduces the desire to expand the HM zone to the south into the Historical Preservation District.

Demonstrate why the LUPP Map designation for this property should be changed. Explain why the site cannot be reasonably developed under the current designation.

This area is a redevelopment zone – from residential use to medical use. There is a single area in town designated for medical use and this expansion is adjacent to that existing designation. Many medical uses need to be associated with both the hospital and the clinic for efficient use of manpower and for safety and convenience of the medical district's customers.

The residential area is one & two family residential as identified on the current LUPP. The area is currently zoned UCRM – Urban Core Residential Medium Density Zone.

Determine if there is a lack of developable property in the City, which has the same designation as that proposed. If not, explain the need for the expanding the amount of land included in the designation proposed for this property.

There is no other property zoned for HM use. HM uses are allowed in the HOC and CCN zones. However, existing occupants in the HM zone have a need to expand and upgrade their facilities, which creates demand for additional building, parking and land. Expansion of the HM zone is self-limiting as the economics of redevelopment and expansion are considerable. Any current use that can be relocated outside the HM zone will likely be relocated due to the lower economic costs of offsite locations (than the current or expanded HM zone area). Fragmenting HM district uses is not in the interest of the City or the customer base.

As a result of this action, will there be an adverse impact upon other undeveloped property in the designation proposed for this site.

There is no other property designated for HM use, as such, there can be no impact. Given the economic hurdles (i.e. costs of redevelopment & land in the HM area are very high), the competing properties in the HOC/CNN zones will always be lower in cost and competitive.

As a result of this action, will there be an adverse impact upon other developed property in the designation proposed for this site, which may be subject to redevelopment/rehabilitation.

The existing properties are residential – primarily single-family residential. There is a mix of owner-occupied units and rentals. The condition of the housing is poor to very good. The houses in the redevelopment area will be purchased at or above market value.

There are adjacent residential properties on the east side of Carroll Avenue that would now be next to the HM zone. We do not expect any adverse impact to these adjacent properties. There is a considerable landscape buffer required by code and the width the street that buffers the

expanded HM area from the adjacent houses. The condition would be very similar to residential units on 11th and Kellogg that are across the street from the HM zone. Further details of impacts on the adjacent properties are included in the Transportation narrative.

Demonstrate that the new designation of the site would be in the public interest. What is the public need or community benefit?

Maintaining a strong and viable medical community is in the community's economic and social interest. Expansion of the medical district creates high paying, professional jobs as well as preserves current jobs. The Ames medical community is in competition with other providers of medical services in Des Moines, etc. Customers that use the Ames facilities also bring with them their other retail and service business that contributes beyond the medical area's economic influence. That influence would be most felt in the closest area for eating & shopping – the Downtown Ames area – enhancing its success and vitality.

What impact will the proposed change have upon the following:

Transportation

See the attached transportation plan for details. As part of the proposal for redevelopment to HM it is proposed that the redevelopment area NOT be allowed to have access to Carroll Avenue and that 12th Avenue would be terminated at Carroll. This was done after meeting with the Carroll Avenue neighbors and addressing their concerns. The traffic study was completed on closure of 12th at Carroll to the east. The net result of the traffic study is there is NO DECREASE in the Level of Service (LOS) at any of intersections with Duff - 13th, 12th, 11th, 10th or 9th.

The Carroll Avenue neighborhood was also concerned about off-street parking on Carroll. They believe there are already a lot of HM area workers parking on Carroll – either for shade or for ease of exiting after work. There are 3 possible solutions to this issue:

- Do nothing – with the redevelopment additional parking will be added and the issue may go away. The parking may be occurring due to a shortage of spaces on the Duff side of the HM zone. The HM area businesses can also restrict employees by requiring them to use certain passes and not using Carroll Avenue.
- Restrict parking in some manner. The residents of the area will undoubtedly need parking, so it may be better to limit parking during certain hours – between 9 and 4 for example.
- Eliminate parking on Carroll. This is the least desirable and likely not acceptable to the neighborhood and as such is not recommended.

The parking restrictions on Carroll would be addressed as the area is redeveloped as there are incremental options available to address any potential parking problem.

For pedestrian travel there would be sidewalks maintained on 12th Street to allow eastern neighborhood areas to access the HM Zone and the bus stops on Duff. An improved pedestrian crossing at 12th and Duff is recommended for both the current HM use and any future expansion. A pedestrian crossing/signal with an island refuge in the middle of Duff should be reviewed to facilitate pedestrian use at the 12th Street location. The 12th Street location is the preferred pedestrian crossing location as it is central to both HM campuses on Duff. The refuge island is most appropriate for the south side of the intersection of 12th and Duff.

The current bus stop locations are both sides of 11th & Duff and 12th & Duff. The Red Route runs between the North Grand Mall and Downtown Ames.

Sanitary Sewer

No additional sanitary sewer capacity is required. The change from residential to HM does not impact the current sanitary sewer system. The sanitary sewer system is comprised of a network of 8-inch diameter gravity sewers.

Water

There is sufficient water for both supply and fire protection for the proposed expansion of the HM zone. The expansion area is served by a mixture of 4, 6 and 10-inch diameter water mains. A 10-inch diameter main is located on Carroll. No impact.

Storm Sewer

There is sufficient storm sewer to service the expansion. A 42-inch diameter storm sewer is located on 12th that serves a significant portion of the HM area. By code the proposed redevelopment must mitigate all storm water impacts during development by limiting storm water discharge to the pre-redevelopment condition.

Housing and Employment

The change in the LUPP designation will affect 10 single-family homes for possible elimination or relocation. The homes are a mix of owner-occupied units and rentals.

The combined employment of the current HM medical district is estimated to be 2,000+ people. At a moderate growth rate of 2% (matching Ames historical population increase), that would be an increase in 40 jobs per year for the foreseeable future without any financial incentives required.

Applicant's Supplemental Narrative Explaining Proposed LUPP Changes to Text

September 26 2007

The text from the Land Use Policy Plan concerning the Medical Center is shown below. This is the only text that refers to the Medical District and medical uses.

Medical Center. The Medical Center consists of the hospital and several small medical offices nearby. The hospital is a long-established use in the area as evidenced by the older residential structures surrounding. Expansion of the hospital and the medical offices has involved displacement of several residences. There is general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood.

The hospital provides a vital service to the community and region. Changes in technology, delivery of care and federal legislation create a continually evolving environment for the hospital and related uses. Further change and expansion may be a prerequisite to the hospital remaining at its present site. Flexibility for the hospital's primary functions should be accommodated through further intensification of the present site. Compatibility should be addressed where the hospital and residential uses interface. Compatibility provisions should include careful directing of traffic, landscaping buffers and minimizing the impact of lighting.

New out-patient diagnostic and treatment facilities should be directed toward alternative nearby locations. The regional commercial site proposed on the east side of I-35 should permit medical uses. In the event that the hospital is relocated, the regional commercial site would provide a suitable location. Medical offices should be limited to currently permitted locations and intensities. While medical offices benefit from being close to hospitals, convenient alternative locations are becoming available in the community. The emerging community commercial node at 13th Street and Dayton Road presents an alternative site for medical offices that is both convenient to the hospital and I-35.

McFarland Clinic believes the text needs to be modified to reflect the current medical center area and correct oversights and weaknesses in the original document. *Going sentence by sentence, here are our comments (in italics).*

Medical Center. The Medical Center consists of the hospital and several small medical offices nearby. *This description does not provide a definition which applies to McFarland Clinic. McFarland Clinic is neither a hospital nor small medical office. See the attached plan for the location of McFarland owned buildings, parcels and leased space. McFarland Clinic is a significant entity that is not included in the LUPP statement. We believe the community sees Mary Greeley Medical Center and McFarland Clinic as one entity – this is not true, the hospital is a city owned facility and McFarland is a privately owned professional corporation that work closely and cooperatively together. The current discussion of the change in the LUPP recognizes this distinction, but does not address the omission of McFarland Clinic.*

The hospital is a long-established use in the area as evidenced by the older residential structures surrounding. *McFarland Clinic has been in business since 1946 and moved to be next to the hospital in 1962. The Clinic is a long established use.*

Expansion of the hospital and the medical offices has involved displacement of several residences. *This is true, as services offered by providers have grown in*

number and complexity. The HM District has become a regional provider of medical services.

There is general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood. *This statement discusses the hospital and does not discuss any of the large (McFarland) or smaller facilities. These operations are a smaller scale of operation and have less of an imposing presence. The hospital is a large 8-story structure with a large parking garage. The clinic space is generally limited to two stories. McFarland has contended throughout the map change discussions that this statement is too harsh, as McFarland has expended considerable effort and resources in landscaping and buffering. The Hospital and the Clinic (and the HM District in general) are located at the intersection of two major arterials. The location makes sense as all the transportation requirements are available; major east-west arterial connecting to Interstate 35, major north-south arterial, bus routes, bike paths, and pedestrian walkways.*

The hospital provides a vital service to the community and region. *This is true of McFarland Clinic as well. In fact, many of the smaller clinics also have a regional reach and market. Any change to this zone not only affects nearby residents but has a regional impact as well. Given the regional impact it is desirable to cluster activities for the patients, the employees, and employers. Clustering of services reduces auto travel for physicians, staff, and patients and facilitates coordination of care and related activities.*

Changes in technology, delivery of care and federal legislation create a continually evolving environment for the hospital and related uses. *This statement is truer today than when it was written. The pace of change in technology and services is dramatic and is directly impacting this request to expand the LUPP. The current LUPP has handcuffed even the redevelopment of the area as the existing intensity is non-conforming by zoning code (i.e. the existing HM zone cannot meet the 25% landscape requirement) and the LUPP does not address the offset space needed to redevelop the area (i.e. offices must be relocated during renovation or vertical expansion). Additionally the statement does not address the necessity for some of these services to be in close proximity to the larger, more concentrated offices of McFarland Clinic.*

Further change and expansion may be a prerequisite to the hospital remaining at its present site. *This is true for McFarland Clinic as well. The Clinic has considerable infrastructure and information technology in place that is irreplaceable.*

Flexibility for the hospital's primary functions should be accommodated through further intensification of the present site. *Intensification of the current site is not possible as discussed previously (25% landscape requirement and flexibility for renovation/vertical expansion). The definition of "primary functions" is problematic and vague. Does this mean that all non-medical functions – information technology, patient support, human resources, administration, billing, etc. should be moved elsewhere? McFarland believes that these services need to be included in the primary functions of the Clinic as this is the largest concentration of physicians and services for the McFarland Clinic.*

Compatibility should be addressed where the hospital and residential uses interface. Compatibility provisions should include careful directing of traffic, landscaping buffers and minimizing the impact of lighting. *The previous two statements were addressed in the original LUPP request and are addressed in the amendment's Master Plan elements. The clinics (McFarland and others) present a much different compatibility issue than does the hospital due to number of stories and use.*

New out-patient diagnostic and treatment facilities should be directed toward alternative nearby locations. *For the most part, this has occurred. McFarland Clinic has placed facilities in many other communities and established relationships with other hospitals. This has occurred due to client considerations and competitive/market pressures. The high cost of development in the Hospital Medical zone is a constant pressure to move any new facilities/services to areas outside the Medical Zone when possible. McFarland started the West Ames Clinic in 1998. The creation of the West Ames Facility has highlighted the difficulties of operating multiple locations with multiple specialties.*

The regional commercial site proposed on the east side of I-35 should permit medical uses. *Any Highway Oriented Commercial (HOC) zone would permit most medical uses. This statement was created before the Regional Commercial Area was relocated from the northeast corner of Highway 30/Interstate 35 to the current location under development by Woford Development. The current development plan for the area does not address any medical facilities. The model for that type of development usually does not include any type of medical facilities.*

In the event that the hospital is relocated, the regional commercial site would provide a suitable location. *The relocation of the hospital seems unlikely given the large investment in the current location.*

Medical offices should be limited to currently permitted locations and intensities. *This statement is in conflict with the other statements in this section – it implies that movement to HOC is not desirable. The "intensity" statement is undefined. The LUPP on one hand encourages the intensification (especially vertical expansion), but then limits it by limiting the area in which to expand. With the zoning requirements as specified, the current HM zone would have to decompress (increase landscaping to 25%) to get back to its required (building) intensity.*

While medial offices benefit from being close to hospitals, convenient alternative locations are becoming available in the community. *The term convenient can mean different things to different people. In the case of the HM zone, the clustering of services and employees is the most convenient for patients, physicians and staff and is critical for optimum coordination of medial care. Convenience can be measured in the elements of time, money or value. The close proximity and clustering is best use of time, least cost, and provides the most value to all involved. It is desirable for physicians who staff the clinic to be next to the hospital to perform medical procedures in the hospital, visit patients, be quickly available in emergencies, etc. and yet maintain an efficient and reliable clinic practice. Time spent by patients, physicians, and staff traveling by car between clinics and the hospital would be inconvenient and potentially compromise the optimum coordination of care.*

The emerging community commercial node at 13th Street and Dayton Road presents an alternative site for medical offices that is both convenient to the hospital and I-35. This statement is true. Relocations have occurred at this site in spite of the distance from the hospital and lack of bus or bike routes to the site.

The following is suggested for the rewrite of the LUPP HM language:

Medical Center. The Medical Center consists of Mary Greeley Medical Center, McFarland Clinic, and several small medical offices nearby. The Medical Center is a long-established use in the area. The Medical Center provides a vital service to the community and region. Changes in technology, delivery of care and federal legislation create a continually evolving environment for the hospital, clinic and related medical uses. Further change and expansion is a prerequisite to the Medical Center remaining at its present site. Flexibility for the Medical Center's primary functions should be accommodated through further intensification of the present site. Coordination of care, convenience, efficiency, and cost effectiveness for patients, staff, and doctors require the clustering of services at the Medical Center district.

Expansion of the Medical Center has involved displacement of several residences. The Medical Center needs to carefully address the interface between itself and the residential neighborhoods. Compatibility provisions should include careful directing of traffic, landscaping or architectural buffers, and minimizing the impact of lighting. The Medical Center's boundaries should be defined to provide predictability in both location and look to the nearby residences.

The Medical Center should be limited to its currently permitted location while increasing the intensity of the use in facilities, staff and patients. This will require some minor modifications and expansion of the Medical Center District while addressing the compatibility concerns. Additional land or conversion of existing Medical Center lands is required to allow for renovation, expansion or intensification of existing facilities. Some new out-patient diagnostic and treatment facilities will be directed toward alternative nearby locations as the HOC and other commercial zoning districts do not preclude medical offices outside the Medical Center district. The market will determine which services are best relocated away from the Medical Center.



"Riecken, Craig [DOT]"
<Craig.Riecken@dot.iowa.gov>
v>

10/03/2007 03:22 PM

To <chollar@city.ames.ia.us>

cc "Dave Edsall - JETSETer" <edsall@iastate.edu>

bcc

Subject Re: Peggy Willson-Riecken & Craig Riecken Letter

Members of the Planning and Zoning Commission,

We are writing in regard to the proposed "Amendment to the Land Use Policy Plan map to move the Hospital-Medical land use designation into the Medium Density Residential land."

The Ames Land Use Policy Plan is the guiding document for growth and development of the city. State law requires that cities have a land use plan. This document gives direction for the city's growth and development to City Council, Planning and Zoning Commission, schools, hospitals, business, neighborhoods and the citizens. The LUPP document sets expectations for governmental entities and the citizens. City staff uses it as the main guiding document in matters of land use.

Page 45 of the current land use plan specifically addresses the Medical Center area in question (the only place in the LUPP to specifically do so):

" **Medical Center.** The Medical Center consists of the hospital and several small medical offices nearby. The hospital is a long-established use in the area as evidenced by the older residential structures surrounding. Expansion of the hospital and the medical offices has involved displacement of several residences. There is general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood.

The hospital provides a vital service to the community and region. Changes in technology, delivery of care and federal legislation create a continually evolving environment for the hospital and related uses. Further change and expansion may be a prerequisite to the hospital remaining at its present site. Flexibility for the hospital's primary functions should be accommodated through further intensification of the present site. Compatibility should be addressed where the hospital and residential uses interface. Compatibility provisions should include careful directing of traffic, landscaping buffers and minimizing the impact of lighting.

New out-patient diagnostic and treatment facilities should be directed toward alternative nearby locations. The regional commercial site proposed on the east side of I-35 should permit medical uses. In the event that the hospital is relocated, the regional commercial site would provide a suitable location. Medical offices should be limited to currently permitted locations and intensities. While medical offices benefit from being close to hospitals, convenient alternative locations are becoming available in the community. The emerging community

commercial node at 13th Street and Dayton Road presents an alternative site for medical offices that is both convenient to the hospital and I-35."

If you read the text carefully, you'll see the first paragraph divides the "Medical Center" into two categories (the hospital and medical offices). The second paragraph specifically addresses the "hospital" and the third paragraph addresses "medical offices". The key sentences in the third paragraph are "New out-patient diagnostic and treatment facilities should be directed toward alternative nearby locations" (commercial lands) and "Medical offices should be limited to currently permitted locations and intensities."

Other areas of the LUPP give general support for medical use land expansion in the city's commercial areas.

Page 59 -- "Uses within the regional commercial location should be limited to major retail, major offices, banks, fast-food and dine-in establishments and medical facilities for out-patient diagnosis and treatment."

Page 52 -- Village Residential use "Medical clinics of a neighborhood scale;"

The zoning code implements the LUPP. The zoning code allows "Medical Centers" uses in Highway Oriented Commercial and Planned Regional Commercial. The zoning code allows "office uses" in all commercial zones and industrial zones. Zoning code definition of "office uses" includes "medical and dental clinics, laboratories and offices". Thus medical offices are allowed in Neighborhood Commercial, Community Commercial Node, Downtown Service Center, Campustown Service Center, Highway-Oriented Commercial, Planned Regional Commercial, Community Commercial/Residential Node, Convenience Commercial Node, General Industrial, and Planned Industrial zones.

The LUPP and zoning is quite clear on this subject. Further development of medical offices should be in other commercial areas of the city or in "currently permitted locations." It is clear there is ample space in other parts of the city for medical office use. We are perplexed, because of the unequivocal direction the LUPP gives to the city and its citizens, that the city has pursued the question of landscaping buffers in regards to a possible land expansion for office use. This action presupposes such an expansion is allowed under the LUPP (IT IS NOT). The cynical would create conspiracy theories around the city staff's actions. We however believe that the staff simply wanted to serve their "customer" (McFarland) in an effective way. It is understandable that in pursuit of good service one could lose site of the LUPP direction and the interest of others in the community (as defined in the LUPP).

We believe that government can do good things (as witnessed by the passing of the aquatics center bond issue). However it is disheartening when Planning & Zoning, the staff and the city do not follow their own policies. These actions can contribute to the general national perception of citizen's distrust of government. We request that staff and P&Z remedy this perception. Please stop the red herring action regarding site buffering and address the expansion issue directly. Please follow the city plan that government, business, and the citizens depend on and deny the request to expand into a single family housing neighborhood.



DEPARTMENT OF PLANNING & HOUSING

515 Clark Avenue, P.O. Box 811, Ames, IA 50010
Phone: 515-239-5400 ♦ Fax: 515-239-5404
sosguthorpe@city.ames.ia.us

October 30, 2007

Hospital-Medical District Property Owner:

McFarland Clinic has requested that the City of Ames expand the east boundary of the land area planned for "Medical" land use between Duff Avenue on the west, Carroll Avenue on the east, 11th Street on the south, and 13th Street on the north. Expansion of the "Medical" area, as shown on the adopted Land Use Policy Plan (LUPP) Map, would move the current boundary approximately one-half block to the east to follow Carroll Avenue as the dividing line between "Medical" land use and "One- and Two-Family Medium Density Residential."

To mitigate the impacts of the proposed expansion of the district into the residential neighborhood, McFarland Clinic has also proposed development standards that would impose a higher level of landscaping and building design standards. These standards would include more dense vegetation along the zone perimeter; building designs along the perimeter that more closely reflect the residential scale, massing and character of surrounding residences; and a redefined height standard that would limit building height according to its distance from the streets abutting any residential zone. These standards would apply along the entire perimeter of the district – not just in the area of the proposed expansion.

Before taking final action on this request, the City's Planning & Zoning Commission has requested that notice be sent to all property owners within the existing district to make sure that each owner was aware of the changes and had opportunity to comment on them. The Planning & Zoning Commission is scheduled to take final action on the proposal at its regularly scheduled meeting of November 7, 2007. The meeting will be held in the City Hall Council Chambers, located at 515 Clark Avenue, beginning at 7:00 p.m. Comments may be directed to the Commission at that time either verbally or in writing.

If you have any questions or comments prior to the meeting, or if you cannot attend the meeting and wish to make your opinion known, please call the Department of Planning and Housing at 239-5400, or send a letter or email to me at sosguthorpe@city.ames.ia.us.

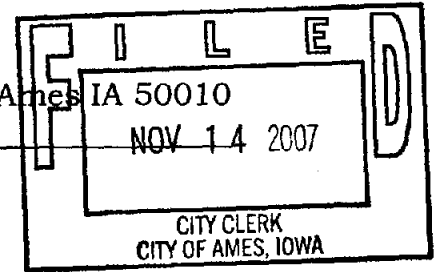
Sincerely,

Steve Osguthorpe, AICP
Director

SO\clh

David and Lynette Edsall

1232 Carroll Avenue, Ames IA 50010



Dear Council members,

We are writing to you in regard to the upcoming Council agenda item concerning the changes proposed by McFarland Clinic to the Land Use Policy Plan (LUPP) and the Zoning code, permitting them to expand and build on properties located between Duff and Carroll Avenues and 11th and 13th Streets. We oppose these actions for several reasons:

(1) First and foremost in our minds are our neighbors across the street, Kathy and Sam Shonkwiler. We have put ourselves in their shoes and asked how we would feel if we were surrounded on three sides by buildings and parking lots and the accompanying noise against our will. Even if they own their land, they will eventually be forced to move to preserve their quality of life. This is not respectful treatment to a family that has lived on that property for 31 years.

(2) The character of the neighborhood will change. With fewer houses along Carroll, we will have fewer neighbors and fewer old houses, which will dramatically change the feel of the street. The city, as recently as two months ago, has stated its commitment to "enhance (our) neighborhood" and strengthen the older areas. We hope the city will stand behind this statement and prevent the partial destruction of an older neighborhood.

(3) Of importance to the city and to the remainder of our neighborhood is the proposed wording of the amendment to the LUPP. McFarland Clinic has added wording that could affect future zoning of land in this area:

Additional land or conversion of existing Medical Center lands *is* required to allow for renovation, expansion, or intensification of existing facilities.

The emphasis here is on the word *is* and on the words *additional land*. By adding this text to the LUPP, it essentially makes the statement that anytime any entity defined as part of the Medical Center needs land for expansion, it is justified in obtaining it. The Planning and Housing staff, in the Commission Action Form for the November 7th Planning and Zoning Commission (P&Z) meeting, pointed out the danger of not including limits on how much land could be acquired. The word Medical Center encompasses more than McFarland Clinic under the proposed amended LUPP. If any entity that is defined as the Medical Center, such as Mary Greeley Medical Center, needs more land to expand, this wording allows them to request rezoning of more neighborhood lands. The original wording of the LUPP was written to prevent such an action from occurring again. Such wording thus creates the possibility of direct impact to our property as well, even though we are not currently considered "directly" impacted by these proposals.

(4) There is no master plan from McFarland describing what or how they will build. What we do know is that they are trying to modify the zoning code to reduce the landscaping to a bare minimum. We suspect that this is to allow them to maximize parking, further reducing the quality of life for all neighbors in this area. The pictures we

have seen and the rough sketches do not have to correspond to any future development by the Clinic.

(5) Traffic patterns will change on Carroll and traffic WILL increase. This will not be good for the young children attending the Willson Beardshear school on 9th and Carroll. In addition, Carroll has always been the secondary route for the ambulances from Mary Greeley. How will this be addressed if McFarland petitions to close 12th Street?

(6) In addition to the change in traffic patterns, parking on the street will become more of a nightmare than it already is. Right now, finding a space to park anywhere on Carroll is almost impossible due to the number of employees from McFarland and the other medical buildings who parking here. We currently own one car but will be purchasing another one within a year. Our driveway backs right onto 13th street and we have no additional space near our garage for an additional car so the street is the only option. The traffic increase may prompt the city to impose new parking restrictions on the street. If not, the number of employees and customers of the clinic who currently park on Carroll will increase and there will be no available parking.

(7) We face the possibility of more unknown people around our houses during the day. Our house has been burgled once. We don't wish for development to increase the chances of that happening again.

(8) As the Clinic and the hospital are currently smoke free campuses, smokers will migrate to our side of the street and cigarette butts WILL show up in our yards from people on smoking breaks. This is already happening to one of our neighbors on the west side of Carroll.

It should be noted that this is NOT McFarland's only option. They currently have space available to them on west Lincoln Way in the building that is currently occupied by their physical therapy unit. It is our understanding that they are also building a new building in Somerset. They have stated several times that they are not moving medical services over to this area, but rather IT and administrative support services. David is an IT professional at Iowa State University, an employee there for 17 years. He knows that they can relocate those services anywhere there is a network connection. The Student Health Center on campus, for instance, maintains its records in a building over half a mile away. Our belief is that these moves by McFarland Clinic are for their own convenience and that they have been engaging in land speculation, assuming the city will approve their proposals, to avoid paying higher prices for land elsewhere in Ames.

We would also like to take the opportunity to voice our displeasure with how this whole process has played out. We were not involved in this issue until ONE DAY before the P&Z first heard the request. No signage was placed on the land until August 14th. To their credit, the city staff has gone to great lengths to make sure the rest of the neighborhood had a chance to be informed and to make our opinions known and we are grateful for that. But, during the process, at the second and third hearings, the discussion of these items was placed late in the agenda even after the second meeting when we publicly requested it be placed earlier. We believe, especially during the last meeting, the P&Z was so tired that they voted just because they wanted to get this over with. We have no proof of this but we feel they should have tabled this issue

to another meeting to look at this refreshed, rather than making a quick decision that affected many people.

We were also offended when the chair of the committee scolded us not to repeat ourselves at the third meeting, yet allowed the McFarland Clinic representative to do just that. We are mature adults with a vested interest in what happens in our neighborhood and we resent the way we were treated. We encourage you to treat the Clinic as a business and as having no more weight in this argument than any of our neighbors. The pressure will be on you to not appear to go against something, such as medical treatment, that is for the good of its citizens. We are in no way against improving medical facilities for our fellow residents. But they have also stated repeatedly that they are not expanding treatment facilities. As such, we hope you will see, as we do, that a neighborhood should not be traded for convenience.

Thank you for your attention to our letter and this matter.

Sincerely,

Handwritten signatures of David and Lynette Edsall. The signature for David is on the left and for Lynette is on the right, both written in a cursive style.

David and Lynette Edsall



"Holly Fuchs"
<holly.fuchs@gmail.com>
11/15/2007 10:03 AM

To "Diane Voss" <dvoss@city.ames.ia.us>
cc
bcc
Subject Letter for ACC packet re H-M zone

071110

Ames Mayor Ann Campbell
Ames City Council Members Ryan Doll, Jami Larson, Maggie Luttrell (ex. off.), Riad Mahayni,
Jim Popken, and Dan Rice

Dear Sirs/Mesdames:

I support the staff's original recommendation that McFarland clinic not be allowed to expand its facility toward Carroll Avenue past its currently zoned boundary lines.

If I'd been at the Planning and Zoning Commission meeting when it was discussed whether Mr. Jons had a conflict of interest on this topic, I would have said "Yes, I thought he did". My reasons are that since Mr. Jon retired from McFarland Clinic in 1999, he undoubtedly has contacts still with them and presumably receives his retirement income from them. His opinion is not unbiased. I don't think he should have been allowed to vote on the issue. Since he was allowed to vote, there was a 3-3 tie. That means, as I understand it, no recommendation came to you.

Then at a subsequent meeting, Nov. 7, 2007 Mr. Jons proposed that the Land Use Policy Plan map be redrawn so that the H-M zone could be extended to Carroll. That motion passed 4-2 and that is what is coming to you.

I do not support changing the Land Use Policy Plan Map so McFarland Clinic can expand to Carroll.

It would weaken a neighborhood that has already been strongly affected by the current H-M zone. It is a small residential neighborhood, hemmed in by H-M halfway to Carroll on the west and the cemetery on the east. Do you want another deteriorating neighborhood? That is likely to happen if you extend the H-M zone east for fewer people will wish to own homes in a neighborhood across from businesses and parking.

It would appear like the city condones a land grab. As I understand it, McFarland Clinic was clearly informed over 10 years ago when the LUPP was approved that the H-M zone would only go half a block east of Duff. Since then the clinic has bought up property that fronts on Carroll, undoubtedly at a much lower price than it would have been than if it had been zoned H-M. Is that fair? Remember Lauris Olson's query to city candidates on fairness on Ames 365? This looks like fairness by might to me, if approved.

Closing 12th St. would be an additional disadvantage to traffic circulation in the area.

One of the reasons for McFarland's desires to expand to Carroll, as I understand it, is to make a building for medical records which could be connected by cable, so medical records would remain private. Are medical records more important than one's charge card number? Aren't phones wireless? Don't grocery stores routinely send your credit card number by phone? I should think a medical records building could be anywhere using wireless communications without any more danger of losing information than one has of losing one's credit card number.

Another reason McFarland Clinic desires to expand to Carroll, as I understand it, is because there would be nowhere to office the additional staff (23? 26?) they hope to employ while they add onto the present clinic. They also don't have any place to put their existing staff while remodeling. They also don't want to lose the parking they have.

I can understand these concerns.

Additions cause chaos.

Perhaps McFarland Clinic can figure something out with respect to adding on to their lovely building and still maintain its beauty, as well as find a temporary location for their staff. They are smart, organized people.

However, I'm not so sure about how to give them the additional parking they say they need. I don't think Mary Greeley's parking ramp is beautiful. I think it is an eyesore at night with its glaring lights and it ruins the view from Mary Greeley's cafeteria in daytime. I'd hate to have another eyesore next to McFarland Clinic. Could we not have a parking lot somewhere else with buses to transport people like we do for students going to ISU?

If not, I think the best solution is to build an auxiliary McFarland Clinic building. West Ames needs some good looking buildings. An auxiliary McFarland Clinic building in West Ames which could house the dermatology department and the physical therapy departments already there, plus medical records and some other division of their services which would move 26 or so people out of the main McFarland Clinic building seems appropriate to me.

Did McFarland Clinic threaten to leave Ames? I can't believe they are serious. It would make quite a problem for Mary Greeley Hospital, I assume.

On the other hand, I think their clinic building would make a great retirement community! It is beautiful, has elevators everywhere, lots of bathrooms, plenty of parking, is close to the hospital AND the cemetery!

Further, think regional, and suggest McFarland Clinic build their auxiliary building in Nevada!

Though I supported McFarland Clinic's request that we oppose the building of a new medical center in Nevada -- agreeing with them it is a waste of 14 million of tax payers' monies and is like sending a helicopter loaded with Story County gold to Mercy Hospital in Des Moines every

day/week/month -- since the new hospital is apparently going to be built, if McFarland Clinic is going to build, I'd think building near the nearest other hospital makes sense. We are a regional community and Ames people could go to Nevada in the future like Nevada people have come to Ames in the past.

Whatever you do, please encourage McFarland Clinic to built to the high standard of physical beauty exemplified in their present McFarland Clinic building. I've NOT been impressed with the beauty of the H-M buildings east of Duff and south of 13th Street, or with the auxiliary clinic building McFarland Clinic uses in West Ames, but I unreservedly think the present McFarland Clinic building, including all the additions added over the last years, is gorgeous.

Sincerely,

Holly Fuchs
806 Brookridge Ave.
Ames, IA 50010-5835
515/233-2140 h
515/231-8996 c
holly.fuchs@gmail.com

November 13, 2007

To Ames City Council Members,

We are writing this letter in reference to the upcoming proposal before the council for McFarland Clinic to expand and rezone the area on West Carroll Ave between 11th and 13th street. The proposal also includes changing the text of the current Land Use Policy Plan to accommodate this rezoning for McFarland.

My name is Kathy Shonkwiler and my husband is Sam Shonkwiler. We moved to Ames in June of 1976. At that time we purchased our home at 1217 Carroll Ave. We have lived in this house now for over 31 years. We have four children, one has graduated from ISU, one is graduating this spring from ISU, and two are still living at home. We have been long standing citizens in the Ames community. Kathy had worked for 13 years at the Iowa State Memorial Union and worked 12 years for Mary Greeley Medical Center. She is now a full time housewife and caregiver for one of our children who has a disability . Sam works two full time jobs, one at Gateway Hotel and one for McFarland Clinic for 16 years. It was a very difficult decision for Sam to risk possible job retaliation from the clinic for his opposition to their expansion, but the importance of standing up to save his home and neighborhood outweighed that risk.

LUPP has been the subject of much discussion lately. I believe when drafted, this particular area in the LUPP was designed to protect neighborhoods from being further exterminated. As stated in the LUPP *"Medical offices should be limited to current permitted location and intensities. While medical offices benefit from being close to hospitals, convenient alternative locations are becoming available in the community. The emerging community commercial node at 13th Street and Dayton Road presents an alternative site for medical office that is both convenient to the hospital and I-35."* The LUPP also states *"New outpatient diagnostic and treatment facilities should be directed toward alternative nearby locations."*

The purpose for the rezoning is to construct a new building on property located on West Carroll Ave. The proposed use for this new building is to house Information Tech, Medical Records and some administrative offices. All, of these are support services. The clinic has stated the new building is NOT intended for direct patient use. This building could therefore be placed anywhere in the city and connected by the internet. The clinic contends that it is important to have this building close to what they call their main campus, however if proximity is that important why don't they expand their current site? When the clinic built their new addition in the 90's they had it designed and constructed to accommodate future expansion for two more levels. The future is now here, they should take advantage of the design feature they had planned into their blueprint. They have stated inconvenience and cost as the main reasons for not expanding the main campus building. This temporary inconvenience is hardly a tradeoff with the permanent inconvenience of the neighborhood listening to snow removal noise, waste removal noise and constant honking of car alarms being set as employees arrive for work. MGMC has done many remodeling projects integrating the construction and use of their building successfully so I believe this can be accomplished.

I would like to point out the Ames city staff findings of facts and conclusions as presented to the Planning and Zoning commission were in opposition to the rezoning change.. If you refer to the Commission Action Form dated November 2, 2007, page 11, you will find that the city staff's conclusions were as follows; *"Staff concludes that the proposed amendments are not consistent with the stated goals of the Land Use Policy Plan, that the inevitable expansion of the district under the proposed language will be detrimental to the continued viability of the surrounding neighborhoods for owner occupied housing (which current policies were adopted to protect), and that such expansion may adversely affect the City's ability to revitalize this inner-city neighborhood."* The City staff's recommendations were as follows: *"Current policies were adopted with the intent of limiting the expansion of the Hospital-Medical zone for the purposes of protecting the surrounding neighborhoods. It is therefore the recommendation of the Planning Staff that the Planning and Zoning Commission act in accordance with Alternative 1, which is to recommend denial of the LUPP text amendments."*

The clinic has also complained about the hazard that crossing Duff poses to their employees, yet this new building site would only add to that problem. The clinic has other alternatives available to them. They can

move to the areas of town that currently support the zoning required to construct their proposed building. Two sites that come to mind are out on Dayton Road and also on Mortensen Road. Letting McFarland rewrite the LUPP text to suit their needs will be setting a precedence to allow any business to rewrite sections of the LUPP to accommodate what they may want.

If this area is rezoned H/M it will create speculative buying which will have a negative impact by destabilizing the neighborhood. People lose pride in keeping their housing vibrant when you don't know what may happen next. Will another parking lot be constructed next to you? Will your neighbors start moving because they no longer want to live here? These types of questions and uncertainty cause the deterioration of the neighborhood.

McFarland clinic purchased these lots on Carroll Ave knowing fully well that it was zoned residential. It was a speculative gamble when they bought the properties that the zoning would be changed to accommodate their needs. We as neighbors should not have to pay for their gambling debt. McFarland has contacted residence owners south of 12th street offering options on their property contingent on the rezoning of this area. I believe that some of these owners have accepted the offer in exchange for their support on this issue and sale of their land. It is very easy to say you welcome a parking lot next to you when you know that you won't be living here by the time it is built. The loss of affordable housing and extinction of the neighborhood as we know it would be swift if properties are already being bought and the zoning is not yet up for a vote. One of the neighbors has contacted Habitat for Humanity. According to their director Sandi Risdal, "I wanted to get back to you after I spoke with my Exec. Board concerning the lots near the clinic. We would be very willing to partner to build homes in the area. I have driven by the lots and it would be a wonderful location for affordable housing. We are open to that suggestion." This would add new life and revitalize this neighborhood returning it to its original intent. It may be a possible way for the clinic to recoup some of their investment on these properties.

There are also some infrastructure issues that have plagued Carroll Ave. The first to come to mind is, whenever we get a substantial amount of rain the storm sewers between 12th and 13th fill up fast and that causes an overflow effect into the sanitary sewer. That in turn results in sanitary sewer water flushing back up in to houses through their floor drains in their basements. Over the 31 plus years in our house we have experienced this on a first hand basis. I know for a fact that the other houses along this street have had the same problem, it has not happened for several years, but we haven't had the type of rains that would cause this recently. That is just about the time that the houses on the clinic properties were leveled and the now green space was created. My guess is that the green area is now absorbing a lot of that rain. I worry about what will happen if that area becomes a parking lot. The run off would be great and the sewers and our basements would not be able to take the added amount of water runoff. Once again our houses along here would suffer from this and the City will have to expend resources to alleviate this problem.

We want to make it clear that we are not against McFarland Clinic's effort to better themselves. The clinic serves a very important role in our health care community. We just don't believe that our neighborhood should be expendable to allow this zoning change, when the clinic has several other options available for location of the new building. Please take a close look at the current language in the LUPP, it is there to help protect neighborhoods like ours.

Let me take this opportunity to thank all of the council and Mayor for their continued service to our city and further ask for your help in protecting our neighborhood.

Sincerely,

Sam and Kathy Shonkwiler
1217 Carroll Ave
Ames, IA
515-233-3652
Email: Kathyshonk@mchsi.com

November 15, 2007

Dear Madame Mayor and Council Members:

I am writing today because of a situation that puts values into conflict. Ames values neighborhoods. When I attended the Citizens' Academy I heard a great presentation on the importance the city places on maintaining and supporting neighborhoods. Jeff Benson works with neighborhood associations across the city to increase their involvement. In addition, many people (particularly since the eminent domain scare caused by Kelo vs. The City of New London) are particularly concerned that their emotional and physical investment in their home and their neighborhood be protected.

So the people who live by McFarland Clinic wish to maintain their neighborhood's character and their homes. These needs are shared by all of us. And these needs are protected in some instances by fairly clear agreements. In this instance, the LUPP includes some clear language that restricts the horizontal growth of the medical facilities. If we do not honor the LUPP when the language is clear, we do a disservice not just to the residents involved in the McFarland discussions, but to all of the residents of Ames. People need a sense of security about their neighborhoods and their homes. They need to believe that agreements are written seriously and will be honored by their elected representatives.

I very much appreciate McFarland Clinic and the fine service we get from the physicians who own and operate the clinic. I appreciate the need to update records to comply with HIPA. I wonder, though, if the Clinic has considered all of its options thoroughly. The Clinic already has satellite operations so it has shown that it does not require a single, contiguous physical presence to provide quality care. Are there not alternatives, such as building up or buying or renting one of the empty buildings in town? The value of having a fine medical center is important and helps make Ames a more desirable place to live. But living here does mean having a home and a neighborhood that is not susceptible to disruption, especially when the homeowners believe they are protected by clear language contained in a public document.

In this case, honoring the commitments made and documented in the LUPP clearly sends the right message to the citizens.

Thank you for your attention.

Sincerely,

A handwritten signature in black ink that reads "Sue Ravenscroft". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Sue Ravenscroft, PhD. CPA
455 Westwood
Ames, IA 50014

Nov. 15, 2007

Mayor Campbell and members of the Ames City Council,

RE: McFarland expansion proposal

There is so much I could say that I hardly know where to start.

So I decided just to attach my letter to the editor that was in Tuesday's (Nov. 13) The Tribune, and the 1990 agreement and 1996 exemption referenced therein.

There are so many reasons that McFarland MUST BE told no.

A primary one not mentioned in my letter is that we simply must stop McFarland from trying to expand as inexpensively as it can by doing what it has for the last 25 or 30 years and is back before you with a similar request. We all know that McFarland can grow more inexpensively by cannibalizing neighborhoods near its home base. They don't have to compete with other potential businesses for commercial real estate, which would be considerably more costly in Ames. Instead, they can buy property already threatened by potential H-M area development at relatively (for Ames) low cost, wait until they feel a need to expand, and then come before you to ask for yet another exception to whatever for whatever reasons they can develop, either real or imagined.

When the City closed Douglas Avenue in 1990 so McFarland could expand, we got a commitment that McFarland would build a parking ramp (albeit the wording of the agreement is somewhat daffy in that it binds McFarland to building it at its home base) for which there may or may not be room. McFarland was granted an exemption to that agreement in 1996. And yet 17 years later McFarland is asking for another street to be closed. There is no parking ramp, and apparently no real discussion of one. Instead, they want more surface parking.

You'd think McFarland has no memory of the history here, either its own history, the history of the struggle over Mary Greeley's expansion beginning in the 1990s, the history of the hours and hours and hours of effort that went into the compromises re the H-M area as part of that struggle and the development of the LUPP.

In other words, I am absolutely flabbergasted by McFarland. It should be ashamed.

If this proposal is approved, why would any sane citizen ever again participate in any sort of land use discussion about future development. Changing the LUPP and zoning for McFarland's convenience and bottom line at the expense of the community cannot be tolerated, even if the medical world today is a cutthroat business.

I ask each of you to vote no to McFarland . . . and insist that some sort of negotiating begin among McFarland and the City to work out some reasonable binding agreement .

Sincerely,



Merlin L. Pfannkuch
1424 Kellogg Ave.
Ames, Iowa 50010-5447
232-3319; me2magic@yahoo.com

YOUR LETTERS

Build up or go elsewhere

TO THE EDITOR

I am flabbergasted and dismayed at McFarland Clinic's plans to expand east of Duff Avenue, over to Carroll Avenue.

McFarland Clinic must be about the only one in Ames that didn't understand it wasn't to expand horizontally in the hospital-medical area after the Mary Greeley "expansion fight" in the early 1990s.

My recollection is that some fairly firm boundaries for the hospital-medical area were drawn as a compromise after lengthy discussion in connection with Mary Greeley's expansion. Those compromises later were incorporated into the Land Use Policy Plan, which reasonably and clearly states that those in the hospital-medical area should either expand vertically or locate elsewhere than in neighborhoods in the immediate hospital-medical area.

The land use plan talks

about the hospital and the medical center, but doesn't mention McFarland Clinic by name. From that, McFarland Clinic is making the incredible argument that it was simply "overlooked" in the plan. So McFarland is proposing a revision ... which conveniently would allow the expansion.

McFarland has cited the need for reliable Internet transfer of information and the convenience of daily staff face-to-face interaction as reasons they prefer the building to be close to their main building.

The new building would house information technology, human resources, and business administration to free up more space in the main building for doctors. The plan also would include a fair amount of surface parking.

Clinic administrator Roger Kluesner has said if McFarland doesn't get quick approval, it will look elsewhere, even possibly outside of Ames.

So, obviously, locating east of Duff isn't essential.

As I understand it, one couple that owns and lives in property in the proposed expansion area so far has refused to sell to McFarland. At least three other houses also would be bulldozed.

It should make no difference whether McFarland already owns all of this property. McFarland simply either must expand at the main site or go elsewhere.

When businesses (including hospitals) are located in long-established neighborhoods, they can expect limits to be placed on their ground-level expansion at some point.

This is what was done as part of the hospital expansion struggle ... following a period of maybe 15 years of concern over McFarland continuing to buy and tear down houses, in large part for surface parking. (As I recall, Mary Greeley's parking ramp took another six houses.)

The city of Ames has bent over backwards to accommo-

date McFarland historically. McFarland and the city of Ames signed an agreement in 1990 when the city vacated Douglas Avenue so McFarland could expand at its main site. McFarland agreed to build a parking ramp at its main site if it expanded again at the main site in such a manner that the City Code would require additional parking spaces.

In 1996, the City Council granted McFarland an exemption from that agreement for an addition at its main site.

McFarland now says building up at its main site would be disruptive to its business. As if expanding further east would not be disruptive to that neighborhood.

It seems to me that McFarland is not being a good neighbor, nor a good citizen, with this proposed expansion.

It should stop this divisive maneuvering, and either build up or elsewhere.

Merlin Pfannkuch
1424 Kellogg Ave.

10/17 AM SEP 28 1990 ~~PM~~

REAL ESTATE CONTRACT
MC FARLAND CLINIC - CITY OF AMES
VACATED PART OF DOUGLAS AVENUE

SUSAN L. VANDE KAMP, Recorder
Recording Fee \$ 15.00

Auditor's Fee \$

IT IS AGREED between the City of Ames, of Story County, Iowa, Sellers,
and Clinic Building Company Incorporated of Story County, Iowa, Buyers:

That Sellers hereby agree to sell and Buyers hereby agree to buy such
title as the Seller may have to land from a vacated portion of Douglas
Avenue, Ames, Iowa, described as:

That part of vacated Douglas Avenue lying north of the north line
of 12th Street and south of the south line of 13th Street, Ames,
Iowa

subject to easements reserved by the Seller for public utilities, upon the
following terms:

1. Payment by the Buyer to the Seller of the sum of Forty-one thou-
sand dollars (\$41,000.00).

2. The Buyer covenants to hold the Seller, its officers and employ-
ees, harmless and indemnify the same against any and all claims, losses, or
liability whatsoever arising out of the closing and vacating of the above
described portion of Douglas Avenue.

3. The Buyer covenants that for any building addition to its Clinic
facilities located west of Duff Avenue undertaken after 1990, for which
additional motor vehicle parking is required by City Code, such parking
shall be provided by means of a parking ramp constructed at the Buyers'
expense unless said required parking can be met within a two-block area
defined by 13th Street, 12th Street, Duff Avenue and Kellogg Avenue. The
said parking ramp shall be constructed within the said two-block area.

4. The Buyer shall relocate utility installations for electric, sanitary sewer, storm sewer, water, telephone, gas, and cable television, at Buyers' expense in accordance with agreements to be made between the Buyer and the operators of said installations.

5. All utility facilities, street lights, parking meters or other apparatus of the Seller now located on or extending over the above described land shall remain the property of the City. The parking meters shall be removed at City expense on a schedule consistent with the Buyers plans for use of said land.

6. After enactment of ordinances that vacate the above described portion of Douglas Avenue, and upon payment as provided in paragraph 1 above, Sellers shall execute and deliver to Buyers a Quit Claim Deed for the above described land when the City has granted all permits and approvals required for construction of a building addition on the said vacated street land.

7. This agreement rescinds and replaces a prior agreement on the same subject executed in April of 1989.

CLINIC BUILDING COMPANY INCORPORATED

By:

Curtis W. Clark, M.D.
Curtis W. Clark, M.D.
President

THE CITY OF AMES, IOWA

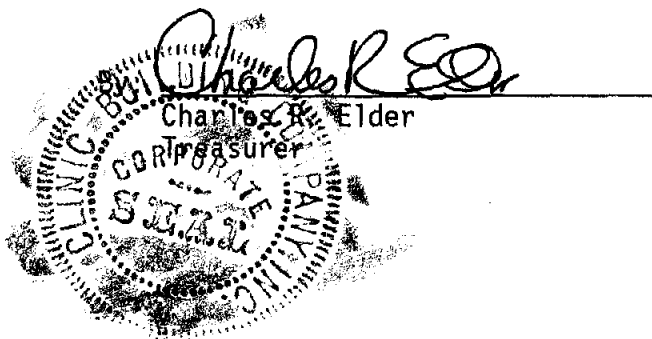
By:

Larry R. Curtis
Larry R. Curtis
Mayor

Attest:

By:

Nancy Dionigi
Nancy Dionigi
City Clerk



**AMENDMENT TO THE CONTRACT FOR PURCHASE
OF THE VACATED PART OF DOUGLAS AVENUE
FOR MC FARLAND CLINIC**

THIS AGREEMENT is made and entered into effective the 16th day of May, 1996 by and between the CITY OF AMES, IOWA (Seller) and CLINIC BUILDING COMPANY, INCORPORATED, an Iowa corporation, its successors and assigns (Buyers), to amend, at Buyers request, the contract by which Buyer purchased from Seller, (the Purchase Contract), a vacated portion of Douglas Avenue, Ames, Iowa, described as:

That part of vacated Douglas Avenue lying north of the north line of 12th Street and south of the south line of 1227 Douglas

subject to easements reserved by Seller for public utilities.

NOW THEREFORE, in consideration of the foregoing and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree that the aforesaid Purchase Contract, a copy of which is attached hereto and by this reference made a part hereof, shall be and is hereby amended as follows:

1. The third numbered paragraph of the said Purchase Contract is amended by adding a new sentence as follows:

"Except, the obligation to construct the parking ramp shall not apply to the approximate 2,352 square foot, three story "in-fill" addition, begun in 1996, as shown on the attached Location Plan."

2. This agreement for amendment, and the Purchase Contract as amended, shall extend to and be binding upon the respective successors, heirs, administrators, executors and assigns of the parties hereto.

**CLINIC BUILDING COMPANY,
INCORPORATED**

By: Curtis W. Clark, M.D.
Curtis W. Clark, M.D., President

By: Charles R. Elder
Charles R. Elder, Treasurer

CITY OF AMES, IOWA

By: Larry R. Curtis
Larry R. Curtis, Mayor

Attest by: Sandra L. Ryan
Sandra Ryan, City Clerk

RESOLUTION NO. 96-215

**RESOLUTION APPROVING REQUEST FROM
McFARLAND CLINIC TO MODIFY TERMS OF
DEVELOPMENT AGREEMENT TO ALLOW CONSTRUCTION OF
THREE-STORY ADDITION TO CLINIC BUILDING
FOR THE CITY OF AMES, IOWA**

WHEREAS, the City has received a request from McFarland Clinic to amend the existing real estate contract to allow for a three-story addition of approximately 2,352 square feet; and,

WHEREAS, the existing agreement between McFarland Clinic and the City of Ames would prohibit this expansion unless the Clinic agrees to construct a parking ramp to accommodate the additional parking requirements associated with the addition; and,


WHEREAS, according to the City's zoning ordinance, 12 additional parking spaces will be required to accommodate the proposed square footage expansion; and,

WHEREAS, as an alternative, McFarland Clinic officials have stressed that they have established a remote parking agreement for the property they own at the southeast corner of Duff Avenue and 12th Street, and there are at least 19 spaces which could be made available to satisfy the legal parking requirement.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Ames, Iowa, that the Clinic Building Company's request to modify the terms of the real estate contract between the City of Ames and McFarland Clinic to allow for the construction of a 2,352 square-foot addition is hereby approved with the stipulation that the required additional parking will be accommodated through a remote parking agreement on Lot 3 of their property at the southeast corner of 12th Street and Duff Avenue, and that further piecemeal requests for small additions will not be brought before the City Council.

ADOPTED THIS 14th day of May, 1996.


Sandra L. Ryan, City Clerk


Larry R. Curtis, Mayor

Introduced by:	Campbell	
Seconded by:	Tedesco	
Voting aye:	Campbell, Hoffman, Parks, Quirmbach, Tedesco	
Voting nay:	Wirth	Absent: None

Resolution declared adopted and signed by the Mayor this 14th day of May, 1996.