

COUNCIL ACTION FORM

SUBJECT: REQUEST BY MCFARLAND CLINIC TO AMEND THE LAND USE POLICY PLAN MAP FOR PROPERTIES ON THE WEST SIDE OF CARROLL AVENUE BETWEEN 11TH STREET AND 13TH STREET FROM ONE- & TWO-FAMILY MEDIUM DENSITY RESIDENTIAL TO MEDICAL

BACKGROUND:

On April 6, 2011, the City Council referred to staff a letter from Steven E. Koger, CEO of McFarland Clinic PC, requesting a LUPP Future Land Use Map amendment for the subject property, as well as a zoning map amendment to change the zoning to Hospital-Medical (S-HM). On April 13, 2011, applications were received for this LUPP map amendment and the associated zoning map amendment. This Council Action Form only addresses the LUPP Future Land Use Map amendment. A separate Council Action Form addresses the zoning map amendment.

McFarland Clinic proposes amending the Land Use Policy Plan Future Land Use Map to change the land use designation of various properties west of Carroll Avenue between 11th Street and 13th Street. **The amendment would change the land use designation from One-and Two-Family Medium-Density Residential to Medical.** (See Attachment A: Location Map and Attachment C: Proposed Land Use Policy Plan)

The subject property is comprised of eight parcels totaling 1.38 acres in size. The Clinic Building Company owns six of the parcels and Brenda Bowers and James H. Moore each own one of the parcels.

Surrounding Land Use and Zoning. The One- and Two-Family Medium-Density Residential land use designation and Urban Core Residential Medium Density (UCRM) zoning district extend to the east and south of the subject property for several blocks, except for three properties zoned Hospital-Medical (S-HM) just south of the subject property. The Medical land use designation and S-HM zoning district extend west of the subject property to Kellogg Avenue, as well as south several blocks. To the north of the subject property on the north side of East 13th Street the land use designation and zoning district is Low Density Residential. (See Attachment B Existing Land Use Policy Plan and Attachment D Existing Zoning)

Proposed Uses. The application includes only property for which McFarland Clinic can control the future use, but the application does not state specific intended uses, nor does it state what scale the proposed facility will be. This may be appropriate because uses and building dimensions are listed in the zoning code, and one should therefore assume that any use allowed in the zone could be developed at the height and setbacks defined in the zone. At the Planning and Zoning Commission hearing on May 18, 2011, Roger Kluesner,

speaking for McFarland Clinic, stated that a 20,000 square-foot building for Information Technology and business support staff would likely be built there.

The only section of the LUPP that addresses the Medical land use designation is the “Medical Center” portion of the “Urban Core Policy Options” found on page 45. Other than the hospital, the only use referenced is small medical offices. The entire “Medical Center” section is presented in Attachment E. Other statements from this section are addressed below.

The zoning ordinance will ultimately control the future land uses if the proposed LUPP amendment is approved. The zoning district consistent with the proposed Medical land use is Hospital-Medical (S-HM). The current zoning ordinance describes the following permitted uses for the S-HM zone (Table 29.1001(2)):

Hospital	Offices for Dental Care/Surgery
Clinic	Kidney Dialysis Facility
Medical Laboratory	Child Day Care Facility
Pharmacy (including sale of sundries)	Multi-Level Parking Facility
Pharmacy (limited to sale of prescription and nonprescription drugs)	Office of Ophthalmology, Optometrist, or Optician

Development Standards. The LUPP does not address intensity of use, which is also often referred to as project scale. The development standards in the zoning ordinance control intensity of use. Table 29.1001(3) of the zoning ordinance establishes several key physical development standards that affect intensity of use. One is that any building footprint may not occupy more than 65% of the area of its lot. Also, the lot area must have no more than 75% coverage by hard surfaces, such as rooftops, parking lots and other paving. The rest of the area must be landscaping. The standards also set the minimum building height as 20 feet or two stories, whichever is greater, and the maximum building height as 80 feet or six stories, whichever is lower. (See Attachment F Hospital-Medical Development Standards) Therefore, changing the LUPP map and rezoning this property would allow development of the proposed 20,000 square foot office building.

The existing development in the Medical land use area has been large medical facilities west of Duff Avenue, including Mary Greeley Medical Center and McFarland Clinic, and smaller, free-standing medical offices east of Duff Avenue. On these smaller properties, which are adjacent to the subject properties, the buildings range in size from 2,000 square feet to 11,000 square feet. All of the existing buildings are one story above grade, except for a single two-story building. If the same intensity of development that exists on properties east of Duff were assumed for this area, additional development could be expected to yield approximately 22,000 square feet.

Applicant’s Statement of Support: The “Medical Land Use Expansion LUPP Map Change Narrative” submitted by the applicant (See Attachment G) addresses all of the information required by the City’s application to describe the proposed change and its impact on City infrastructure. In explaining how the proposed change is consistent with

every one of the ten goals of the LUPP, the narrative describes how the expansion of the McFarland Clinic to the subject property will promote economic development by expanding regional employment and market base while utilizing existing infrastructure that the City already maintains. Further, it states that the change will provide jobs in a very compact and walkable part of the community, supporting the downtown. The narrative acknowledges the loss of several smaller, affordable houses, but states that the jobs in this location will also support residential uses in the larger neighborhoods surrounding the Medical area. It also states that intensification of this urban core location will reduce development at the fringes of the community, making use of existing transportation systems, saving energy, and reducing environmental impacts of development.

The narrative points out that there is no undeveloped land for Medical use at this location and there is no other land designated by the Land Use Map for medical use. It states that moving the support services will provide more room for patient care at the existing Clinic buildings and that having the support services near the patient service area is important. In summary, the applicant states that this proposed Medical designation is consistent with the LUPP and therefore in the public interest.

Access and Traffic. The subject property is served by East 12th Street and Carroll Avenue, which connect to Duff Avenue and East 13th Street, respectively. These are both major arterial streets. East 11th Street also connects Carroll Avenue to Duff Avenue, with a traffic signal at the intersection of East 11th Street and Duff Avenue.

Wherever traffic comes from, it will likely access the subject properties from Carroll Avenue and/or 12th Street. Without more detail about the site development and especially about the building sizes and specific use, the City Traffic Engineer states that it is not possible at this time to perform a traffic impact analysis. However, it is likely that the street widths are adequate. The more likely conclusion of a traffic impact study, if the development intensity and resulting traffic impact are great enough, is the need for intersection improvements, such as stop signs on local streets or turning lanes at certain intersections on Duff Avenue and/or East 13th Street. Such an analysis will be required at the time of site development, and responsibility for the costs of any intersection improvements will be determined at that time.

Another possible impact of increased traffic (not measurable by traffic impact studies) is how it may affect the daily living experience of residents on Carroll Street or in the neighborhood beyond. Increased traffic may make it difficult to back out of driveways, increase activity on the street for longer periods, reduce on-street parking, and increase perceptions of safety hazards for children or adults in the front yards. While small office buildings may not produce these impacts, large medical complexes may do so.

Utilities/Infrastructure. City sanitary sewer, storm sewer, and water mains serve the subject properties with capacity adequate for the uses allowed by the proposed land use designation. The City of Ames electric utility also serves the properties. If user requirements require upgrading these facilities, the responsibility for the costs will be negotiated between Electric Services and the customer.

Supply of Land for Proposed Uses. East of Duff Avenue, all of the land with the Medical land use designation in the LUPP has been developed for that use. In addition, three additional properties (121 East 11th Street and 1103 and 1107 Carroll Avenue) are zoned S-HM (although the Future Land Use Map does not designate these as Medical). The total area of these properties is 0.44 acres and the existing use is residential. They appear to be owner-occupied.

West of Duff Avenue, there are seven properties that the LUPP designates for Medical use that currently do not have a medical use. The total area of these properties is about 1.2 acres. Only one isolated lot of 0.163 acres is zoned S-HM. The rest of the Medical land use designation is not yet zoned for this use.

Although the Future Land Use Map does not designate any other areas in the city for Medical land use, there are other locations where medical uses are permitted. Except for the hospital, all of the medical uses located in the current Medical land use area are allowed in all of the city's commercial land use designations. Currently, there are 20 acres available in the Community Commercial Node on East 13th Street and Dayton Road on the entry route from Interstate 35 and 10.5 acres in the other Community Commercial Node at the South Dakota interchange on U.S. Highway 30. It is important to note, however, that none of these other options provide proximity to existing major medical facilities such as McFarland Clinic and Mary Greeley Medical Center.

Impact on Existing Uses. In the "Medical Center" portion of the "Urban Core Policy Options" section found on page 45, the *Land Use Policy Plan* states: "There is general incompatibility between the nature and scale of the hospital operation and the surrounding residential neighborhood." The following section describes the existing neighborhood and discusses possible impacts on the neighborhood from the proposed expansion of the Medical land use area.

The residential neighborhood in which the subject property is located extends east two blocks to the Municipal Cemetery and south seven blocks to Bandshell Park and the Municipal Electric and Water Plants. Single- and two-family homes characterize this neighborhood, with a few apartment buildings in scattered locations. This neighborhood was originally platted between 1867 and 1922. The adjacent neighborhood, between East 13th Street and East 9th Street and between Duff Avenue and Maxwell Avenue, is characterized by 83% single-family detached residences, with 62% of residences being owner-occupied. The length of current ownership ranges from one year to 42 years, with half of current owners having owned the home for more than eight years. For the residential properties, the average of the total property values determined by the City Assessor is \$104,228 and the median value is \$107,000. Only five percent of the properties are vacant. (See Attachment H)

Although it is difficult to draw conclusions without comparing these data with other neighborhoods and the city-wide data, it appears that the proportion of owner-occupied

homes in this neighborhood is lower than the newest neighborhoods and is likely similar to other older neighborhoods in the urban core and the University area. The population here is not exceedingly transient for a university community. The value of homes in this neighborhood makes them affordable for a large proportion of the population. It is likely not possible to replace these homes with new homes of a similar size at a cost comparable to the value of these homes.

It is difficult to say to what extent the expansion of the Medical land use designation into this neighborhood will cause the loss of homes. However, six homes adjacent to the current Medical land use boundary to the east were purchased and demolished. The land is now proposed for medical use. If this land use change is approved, two existing residences on the west side of Carroll will have medical facilities next door. Although a two-story building may not overshadow the existing homes, if the buildings were built to the allowed six stories, loss of sunlight to one of the properties could result and the scale of the home compared to the medical facility could be significantly different. It is possible that there will be a gradual loss in desirability of these residences because of scale, design and compatibility issues. This could also affect all of the residences on the west side of Carroll that are not designated for medical use.

Having dissimilar land uses facing each other across a street can have a negative impact on the upkeep, appearance, tenancy, and long-term value of the less intense land use. In this context, intensity of use means size of structure, amount of parking or other paved surface, amount of traffic entering and leaving, amount of light at night, and general activity at different times of the day. There are a few examples in Ames of land uses with very different intensities facing each other across a street, which include:

- Along Knapp Street, where High-Density Residential use on the north side faces Low-Density Residential on the south side. High-Density Residential Zoning and an Overlay Zoning designation impose design standards that reduce building height, required parking to be placed behind the building and require architectural elements that are similar to the Low-Density Residences.
- The commercial uses on the south side of west Lincoln Way west of Hy-Vee face single- and two-family residences on the north side. This is a short segment and there is a frontage road in front of the residences, of which all but one are rental properties.
- On Bloomington Road, where the new Fareway and Casey's face Low-Density Suburban Residential land use in Taylor Glenn. The Convenience General Service zoning here includes design requirements and landscape buffers to promote compatibility between these uses. The residential use is still developing.

Land use changes at a street are rare and often include mitigation standards. Because of the impact of high-intensity land uses on low-intensity land uses, it is more common for transitional land uses to separate these uses, such as the apartments and townhomes

around North Grand Mall that buffer the single-family neighborhoods.

Another example of dissimilar land uses facing each other is along Kellogg Avenue, where Mary Greeley Medical Center and McFarland Clinic are across from single-family homes. In this situation, the LUPP calls for mitigating the impacts by controlling where traffic enters and leaves, providing landscaping and controlling the direction and intensity of lighting. All of these techniques are in place along Kellogg Avenue.

Although the provisions of the S-HM zoning allow parking between the building and street, other zoning provisions require 15 feet of landscape buffer along the street. Along other lot lines between the S-HM zoning district and other uses, an eight-foot landscape buffer is required. These are the current provisions to separate the Medical land use proposed for the subject properties from the residential neighborhood to the east and south.

Land Use Policy Plan. The Goals and Objectives of the LUPP guide all of the other elements of the Plan. They can be found in Chapter One: Planning Base on page 14 of the Plan.

The applicant has provided a statement describing how the proposed change in the LUPP Future Land Use Map is consistent with the LUPP goals and policies (See Attachment G). **Based on this statement, the proposed amendment could reasonably be considered consistent with eight of the ten goals of the LUPP.**

However, it might readily be argued that the proposed land use change is inconsistent with the following two LUPP goals and objectives:

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. . . .

4.A. Ames seeks to establish more integrated and compact living/activity areas (i.e. neighborhoods, villages) wherein daily living requirements and amenities are provided in a readily identifiable and accessible area. Greater emphasis is placed on the pedestrian and related activities.

This goal and objective support the value of the existing residential neighborhood. The houses already lost and the potential for future deterioration of other houses in the neighborhood represent a loss of the qualities that this goal and objective describes and upon which the community places a high value.

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

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.

It is difficult or impossible to build new houses comparable to the homes in this neighborhood at a cost similar to the value of these properties. Preserving the existing, urban core neighborhoods is the best possible way to achieve this goal and objective. That may be why the LUPP does not designate this neighborhood for redevelopment or intensification.

Finally, in the “Medical Center” portion of the “Urban Core Policy Options” section found on page 45, the *Land Use Policy Plan* promotes an alternative to expansion of the Medical land use area in this location. It reads:

New out-patient diagnostic and treatment facilities should be directed toward alternative nearby locations. . . . Medical offices should be limited to currently permitted locations and intensities.

QUESTIONS FROM THE CITY COUNCIL

On May 10, 2011, The City Council considered agenda items related to Land Use Policy Plan and zoning changes near the existing Hospital-Medical (S-HM) zoned land where Mary Greeley Medical Center and McFarland Clinic are located. At that time, Council raised the following questions about McFarland Clinic for staff to investigate and respond to.

How many single-family homes have been taken down in the past 50 years in order for McFarland Clinic to build facilities (including parking lots) in Ames?

This question is linked to the same question regarding Mary Greeley Medical Center, as well as to the medical facilities on the east side of Duff Avenue, due to the proximity of all of the facilities and the history of their development. Staff attempted to determine answers to the questions by using historical utility records, but these records are not old enough to provide accurate answers. Staff was able to find historical aerial photographs from Iowa State University’s GIS system of the area of the present S-HM zone. **Using the boundaries of the present zone, staff can roughly estimate that between 60 and 65 homes that existed in 1950 have either been taken down or lie within the present S-HM zone.** (See Attachment I: Aerial Images of Medical Area)

Extending the same methods to the areas that now comprise McFarland West (3600 West Lincoln Way), and McFarland North (3815 Stange Road), staff found that both of these locations were historically agricultural fields until they were developed into commercial property. Therefore, no houses were removed to make way for McFarland Clinic facilities at these locations.

What is the history of agreements McFarland Clinic has made to previous City Councils regarding how and where they would build in the future?

The most relevant agreement to this effect was executed in September 1990. In that agreement, the City vacated the portion of Douglas Avenue between 12th and 13th Streets for McFarland Clinic's use in its expansion. The third clause of the agreement states:

[McFarland] 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 [McFarland's] 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 said two-block area.

In 1996, the City Council approved a resolution (No. 96-215) granting an exception to the 1990 agreement for an addition McFarland intended to construct on its property. McFarland provided the additional parking at a lot at the southeast corner of 12th Street and Duff, outside the boundaries of the zone originally laid out in the 1990 agreement. A further clause in this resolution read that "further piecemeal requests for small additions will not be brought before the City Council."

It is the opinion of the City Attorney that this agreement does not apply to the current request because no expansion is proposed west of Duff Avenue.

If the Council votes to change the LUPP and zoning for McFarland, when would the City Council have input into the proposed development regarding the neighborhood's requests for setbacks, landscaping, etc.?

The zoning ordinance contains the standards for development, such as setbacks and landscaping as described above under Development Standards and in Attachment F Hospital-Medical Development Standards. Therefore, once the property is rezoned, the City Council would not have any further review or approval opportunities related to this project. Instead, City staff would render a site plan decision based on established standards.

However, if the City Council would desire to impose additional standards (e.g. buffering, traffic, scale, landscaping, design) to address compatibility and impact issues, one of two steps could be taken. Either the zoning ordinance could be amended to reflect these additional standards, or the standards could be made part of a contract zoning agreement with the property owner. Under the latter approach, the City Council could also require the review and approval of a specific site plan for the area to be rezoned.

What is the average assessed valuation of the residential properties that are being considered for rezoning in terms of dollars per square foot?

The land value determined by the City Assessor for all of the residentially zoned properties on the west side of Carroll Avenue average \$4.15 per square foot. This includes the subject property, whether vacant or with residences, and the residences next to and within medical land use areas. (See Attachment J: Comparison of Assessed Land Value) This average land value is similar to the properties on the east side of Carroll Avenue. Note that

property on the west side of Carroll Avenue that is *zoned for medical use* has a higher value, even though its current use is residential.

The value of land on the east side of Duff Avenue that is developed for medical use has an average land value of \$17.45 per square foot.

What is the average assessed valuation of properties (land) on East 13th Street, which now house medical uses in terms of dollars per square foot?

The average assessed land valuation in this commercial area is \$3.40 per square foot.

Recommendation of the Planning & Zoning Commission. At its meeting of May 18, 2011, by a vote of 5-2, the Planning and Zoning Commission recommended that the City Council approve the amendment to the LUPP Future Land Use Map to change the land use designation of the subject properties west of Carroll Avenue from One-and Two-Family Medium-Density Residential to Medical. Eight people spoke at the hearing. One supported the proposed change, feeling that McFarland Clinic provides needed services close by and the proposed development may be better than what might be developed otherwise. Several others stated support for McFarland Clinic itself and said that it is an asset for the community and that they understand that it needs to expand. However, seven expressed opposition to this proposed amendment, citing the following concerns:

1. The new facility should be located where this land use is already approved.
2. McFarland Clinic speculated by purchasing property that is not planned for medical use. Approving the change in use would condone and encourage land speculation, here and elsewhere in the community.
3. This project might involve closing 12th Street, which would make it more difficult to get around in that neighborhood.
4. Expansion of medical use will increase traffic on the arterial streets and will increase the use of local streets in the neighborhood by people trying to avoid the arterial streets.
5. It was stated that McFarland Clinic purchased inexpensive property that is not designated or zoned for medical use, requests a change to expand the boundary of medical land use and zoning, and then builds expensive buildings. If the LUPP is changed, the boundary for medical uses will continue to expand and soon all of the affordable and desirable housing will be gone.
6. The adjacent neighborhood was described as safe, quiet, and without busy streets. This proposal will reduce the desirability and quality of life in the neighborhood. City Council should fulfill its goal of protecting and strengthening neighborhoods by denying this proposed change in land use and holding to the existing land use boundary.
7. It was stated that McFarland Clinic should build on its property west of Duff Avenue and use structured parking. The Clinic has not explained why it cannot do this. It was pointed out that Mary Greeley Medical Center uses its land more efficiently than McFarland Clinic. By providing parking in a structure, it has less surface parking for a larger facility. Another neighbor questioned the need for the existing parking on

McFarland Clinic property, citing parking surveys taken on different days at different times that showed many vacant parking spaces.

ALTERNATIVES:

1. The City Council can approve the proposed amendment to the LUPP Future Land Use Map to change the land use designation of the subject properties west of Carroll Avenue from One-and Two-Family Medium-Density Residential to Medical.
2. The City Council can deny the proposed amendment to the LUPP Future Land Use Map to change the land use designation of the subject properties west of Carroll Avenue from One-and Two-Family Medium-Density Residential to Medical.
3. The City Council can approve the proposed amendment to the LUPP Future Land Use Map to change the land use designation of the subject properties west of Carroll Avenue from One-and Two-Family Medium-Density Residential to Medical, and direct staff to make recommendations to strengthen measures to mitigate the impacts of this land use change on other nearby uses.

Under this alternative, action on the accompanying rezoning request would be deferred until City Council has taken action to enhance mitigation standards by either amending the development standards in the Zoning Ordinance or creating a contract zoning agreement with the property owner that would address the compatibility issues.

4. The City Council can refer this request to staff or the applicant for more information.

MANAGER'S RECOMMENDED ACTION:

Based on our recent discussion, the City Council will remember that there is currently no specific process for dealing with requests to amend the LUPP. Therefore, staff typically focuses attention on the goals and objectives reflected in the LUPP as a guide for making these decisions. Based on this review, it is a very difficult call for City staff because of the two competing goals. On one hand, it should be recognized that McFarland Clinic is one of our premier corporate citizens. The existence of this outstanding multi-specialty clinic in our community helps maintain our strong position as a regional medical center and assures our residents convenient access to high quality medical treatment. It would seem advisable for the City to do all it can to assist this valued corporate citizen to expand. However, on the other hand, the City Council has 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. The decision to be made in this case requires the City Council to weigh the importance of the various goals and determine what is in the best long-term interest of the community. Provided below are three possible perspectives that could guide the Council's final decision.

Conclusions in support of the proposal. The medical uses in this location are critical

components of quality of life in Ames. Mary Greeley Medical Center and McFarland Clinic serve patients throughout central Iowa thereby promoting our position as a regional medical center. In addition, because of the number of high quality jobs associated with this enterprise, its continued success will help assure the overall economic vitality of our community. The LUPP states that Ames is a regional center and supports providing sufficient land for economic growth, infill and efficient development, use of existing infrastructure and transportation systems, and providing jobs in walkable neighborhoods. Although independent medical uses can be located in different areas of the community, there are certain functions within a large medical complex such as the hospital and clinic that work much better when they are located together. That is why hospitals and medical clinics are developed together in many Iowa communities and across the country. The expansion of the medical use area in this location is necessary to continue the viability of the medical institutions at this location.

If the City Council agrees with these conclusions and believes that the proposed amendment is consistent with the LUPP Goals and Objectives and is in the best interest of the community as a whole, then it should act in accordance with Alternative #1, which is to approve the proposed amendment to the LUPP Future Land Use Map to change the land use designation of the subject properties west of Carroll Avenue from One-and Two-Family Medium-Density Residential to Medical.

Conclusions in opposition to the proposal. Injecting a high-intensity medical use, which is allowed by S-HM zoning, in a location with single-family homes all around could hinder the long-term viability of the homes and the neighborhood. The proposal will leave the rest of the low-density residential property on the west side of Carroll Avenue with medical uses around it. Over the long run, the impacts of the size of the possible development, the appearance of its parking lots, and the traffic and activity it will generate could be detrimental to homes on the east side of Carroll Avenue. As it has in the past, this may lead to the further expansion of the Medical land use area to the east across the street. This is a healthy, viable neighborhood, with much investment being made in many of the homes. Uncertainty about future land use will reduce interest in buying and investing in these homes. The current land use policy includes clear language that the Medical use area should not expand in this way. Preserving the core neighborhoods of Ames is an important goal of the LUPP, not only because they provide affordable housing, but also because they provide attractive housing for people who want to work and live in Ames. This supports the labor force that is needed to keep attracting jobs into the community. The LUPP recognizes the quality of life that this neighborhood provides and supports its continuance as one of the elements that gives Ames its identity and sense of place. By expanding vertically on its current site, as Mary Greeley Medical Center is proposing, McFarland Clinic could accommodate its expansion needs and all of the LUPP Goals and Objectives could be met.

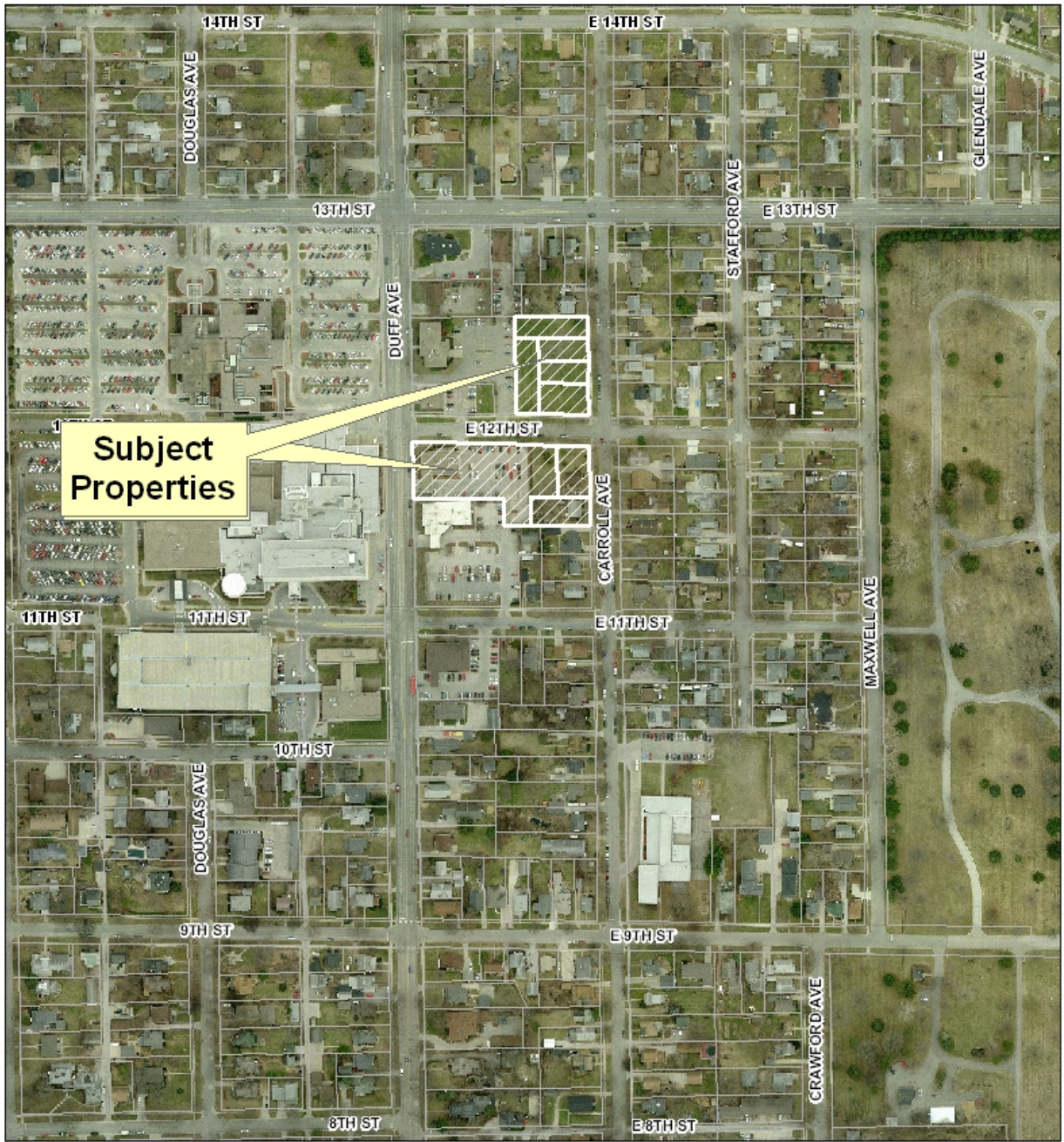
If the City Council agrees with these conclusions, it should act in accordance with Alternative #2, which is to deny the proposed amendment to the LUPP Future Land Use Map to change the land use designation of the subject properties west of Carroll Avenue from One-and Two-Family Medium-Density Residential to Medical.

Conclusions in support of the proposal, with conditions. Both the expansion of the medical use area in this location and the protection of the viability of this residential neighborhood could be accomplished through enhanced development standards. These new standards could address concerns raised about building design, traffic, buffering, building scale, landscaping, etc.

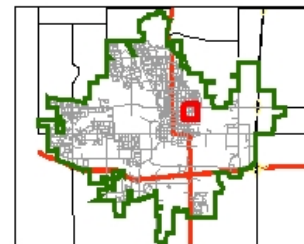
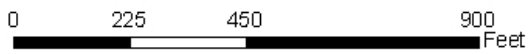
If the City Council agrees with this conclusion, it should act in accordance with Alternative #3, and approve the proposed amendment to the LUPP Future Land Use Map to change the land use designation of the subject properties west of Carroll Avenue from One-and Two-Family Medium-Density Residential to Medical, and direct staff to make recommendations to strengthen measures to mitigate the impacts of this land use change on other nearby uses.

Under this alternative, City Council would defer action on the accompanying rezoning request until City Council has taken action to enhance mitigation standards. This could be done either by amending the H-M development standards in the Zoning Ordinance or by creating a contract zoning agreement with the property owner that would address the compatibility issues.

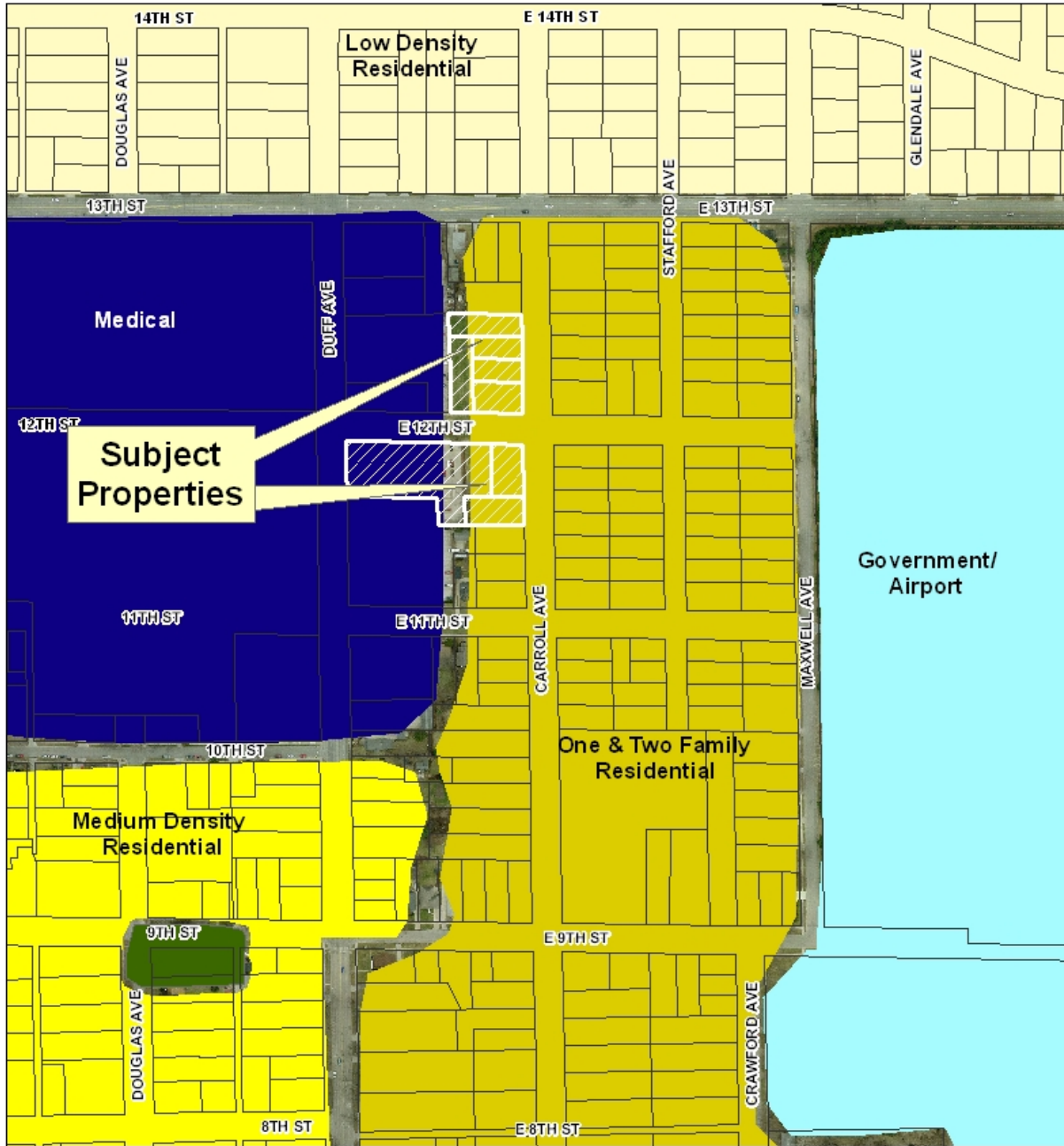
Attachment A Location Map



**Location Map
West Side Carroll
1100 & 1200 Blocks**

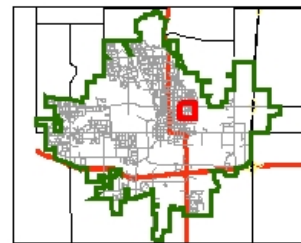


Attachment B Existing Land Use Policy Plan

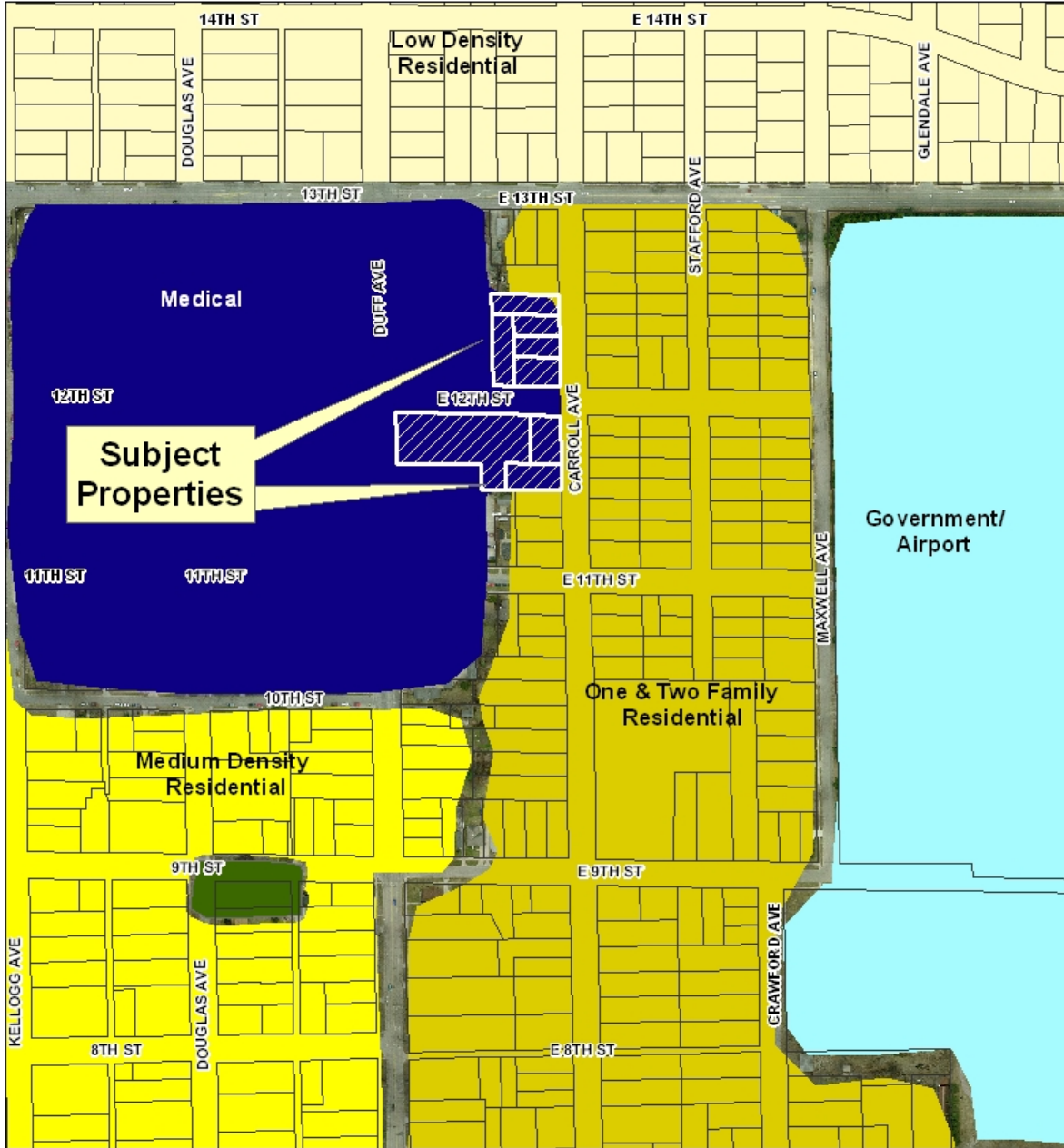


**Existing Land Use Policy Plan
West Side Carroll
1100 & 1200 Blocks**

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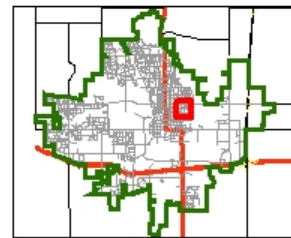
Attachment C Proposed Land Use Policy Plan



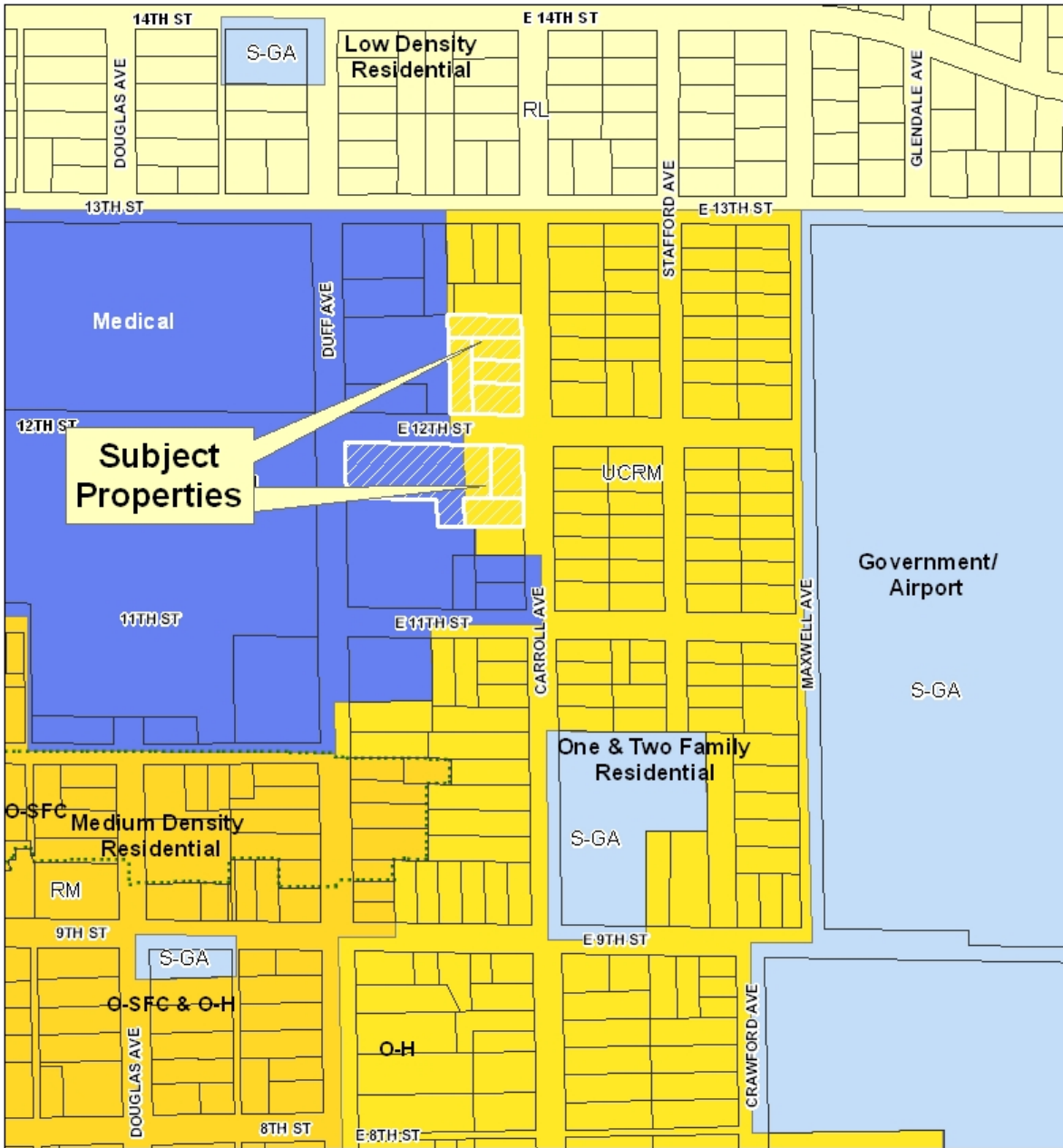
**Proposed Land Use Policy Plan
West Side Carroll
1100 & 1200 Blocks**

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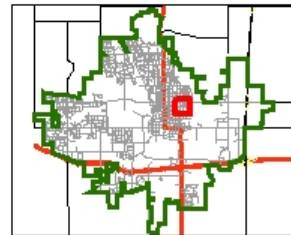
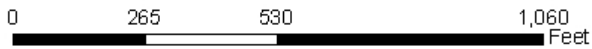
1,260 Feet



Attachment D Existing Zoning



Existing Zoning West Side Carroll 1100 & 1200 Blocks



From *Land Use Policy Plan, Urban Core Policy Options*, (page 45):

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.

Attachment F

Hospital-Medical Development Standards

Table 29.1001(3)
Hospital/Medical Design District ("S-HM") Development Standards

DEVELOPMENT STANDARDS	REQUIREMENT
Minimum Lot Area	6,000 sq. ft
Minimum Principal Building Setbacks: Front Lot Line Side Lot Line Rear Lot Line Corner Lots	25 ft. 8 ft for 2 stories; 10 ft for 3 stories; 12 ft for 4 stories; 2 additional feet for each additional story 20 ft Provide 2 front yards and 2 side yards
Minimum Frontage:	35 ft @ street line; 50 ft @ building line
Maximum Building Coverage	65%
Maximum Site Coverage (includes all buildings, paving and sidewalks on lot)	75%
Minimum Landscaped Area	25%
Maximum Height Principal Building	80 ft. or 6 stories, whichever is lower
Minimum Height Principal Building	20 ft or 2 stories, whichever is greater (if any nonconforming structure is enlarged to the extent of 50% or more in floor area, whether through a single or cumulative expansions, such addition shall conform to this requirement)
Parking Between Buildings and Streets	Yes
Drive-Through Facilities	No
Outdoor Display	Yes
Outdoor Storage	No
Trucks and Equipment	Yes

(Ord. No. 3595, 10-24-00; Ord. No. 3911, 04-24-07)

(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).

(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).

Attachment G

Medical Land Use Expansion LUPP Map Change Narrative

A. Consistency of this proposal with the goals and policies set forth in the Land Use Policy Plan

We have highlighted specific areas of the Land Use Policy Plan *Goals for a New Vision* throughout this narrative. Excerpts from the Land Use Policy Plan are shown below in *italics*. Our narrative is below the italicized text for each goal.

Goal No. 1.

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 interest.

The expansion of the medical zone creates additional jobs for the Ames area, expanding employment opportunities and market base. More specifically, it adds jobs in the core of the City, attracting new people to downtown shops and homes. Growth adjacent to the current medical facility is sustainable and predictable—what better place would people expect medical facilities to be located other than nearby current medical facilities?

Goal No. 2.

2.A....alternate sources shall be sought by the community through limited intensification of existing areas...

Expansion of the existing medical area is intensification of current areas.

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.

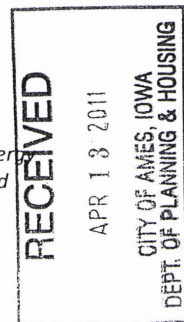
Expansion in the current location conserves land in the outskirts of the City for other uses.

2.D. Ames seeks a development process that achieves greater conservation of natural resources and compatibility between development and the environment.

Intensification of already developed ground has the least amount of impact to the environment compared to developing other areas.

Goal No. 3.

3.D. Ames seeks to protect and conserve its energy sources for the following purposes: energy consumption reduction through provision of an integrated multi-modal transportation system, and



Attachment G

through land use practices that minimize vehicular trips; user conservation management; material recycling; and, long-term/reliable/safe source for the support of human and economic activities.

Expansion of the current medical area allows employees and patients of the medical center to meet this goal. The area is currently served by Cy-Ride, so no additional buses or routes are needed. Vehicular trips are minimized, as IT staff and training can be accommodated within walking distance of the users. These employment opportunities are located nearby a varied residential area, allowing for further reduced vehicle trips if people are employed and work in the same neighborhood.

Goal No. 4.

4.A. Ames seeks to establish more integrated and compact living/activity areas (i.e. neighborhoods, villages) wherein daily living requirements and amenities are provided in a readily identifiable and accessible area. Greater emphasis is placed on the pedestrian and related activities.

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...

Goal number 4 is a major consideration to why we feel this area should be expanded. Integrated amenities, connecting residential and commercial areas, and providing proximity of residential areas and supporting commercial uses are integral to our thought process in expanding the medical zone.

Goal No. 5. *...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.*

5.B. Ames seeks to attract public and private capital investment in the priority areas for growth on a concurrency basis (i.e. having infrastructure available at the time of development approval)...

Capital investment in the proposed expansion will be served by existing infrastructure because the area in question is already developed.

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

Existing infrastructure is in place, and the expansion area is a classic infill project.

5.D. Ames seeks to have the real costs of development borne by the initiating agent when it occurs outside of priority areas for growth and areas served by existing infrastructure.

We plan to incur capital costs for development, while utilizing existing infrastructure where capacity permits.

Attachment G

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

Most commercial, industrial, and many institutional projects do not increase the supply of housing. This project is no different. We have removed only a few houses from the overall housing supply. We feel that this project creates an increased interest in the residential land surrounding the project as additional employees may desire living closer to where they work.

Goal No. 7.

7.A. Ames seeks to establish a comprehensive and integrated transportation system that includes automotive, public transit, pedestrian, bicycle, and ride-sharing modes.

7. B. Ames seeks a transportation system that is linked with the desired development pattern of the overall community and areas therein.

7.D. Ames seeks to increase the efficiency of existing traffic movement in reducing air pollutants from automobiles...

As stated earlier, the expanded medical area would lie on a current Cy-Ride route. Locating additional support staff and training areas nearby the current facility reduces vehicle trips for technical maintenance and staff training. This area is already located along two arterial streets, where traffic patterns and the transportation network is equipped to handle the development.

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

Expanding the medical area, and thus expanding the employment opportunities, brings additional people to the downtown area. Expanding the employment opportunities near the City's core exposes more people to the downtown area than if this facility was located elsewhere.

Goal No. 9. *...expansion and diversification of the economy...*

9.A. Ames seeks more diversified regional employment opportunities involving technology-related services...

Expansion of the medical area creates a more diversified regional employment opportunity directly related to technology services.

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

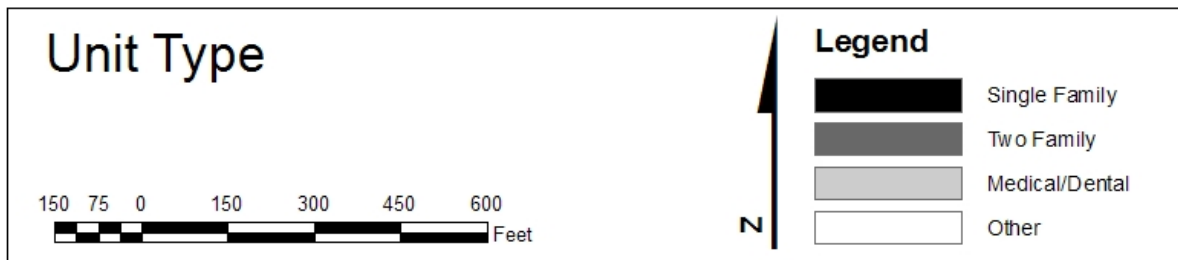
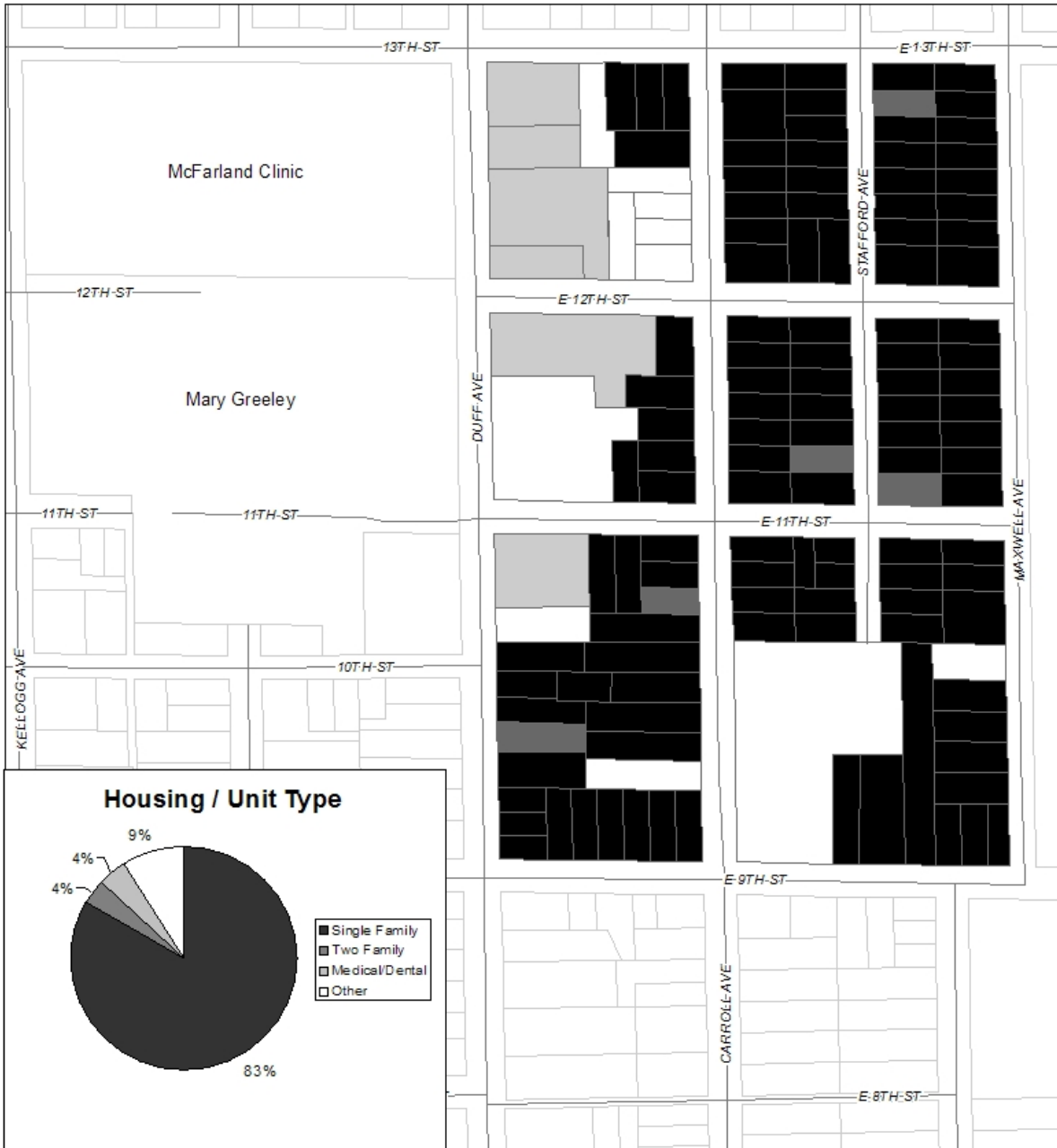
Expansion of the medical center does little to enhance Ames' cultural heritage, but does nothing to harm its cultural heritage, either.

- B. This site cannot reasonably be developed under its current designation because the current designation is 'One- and Two-Family Medium-Density Residential'. A medical use is not allowed in that designation.

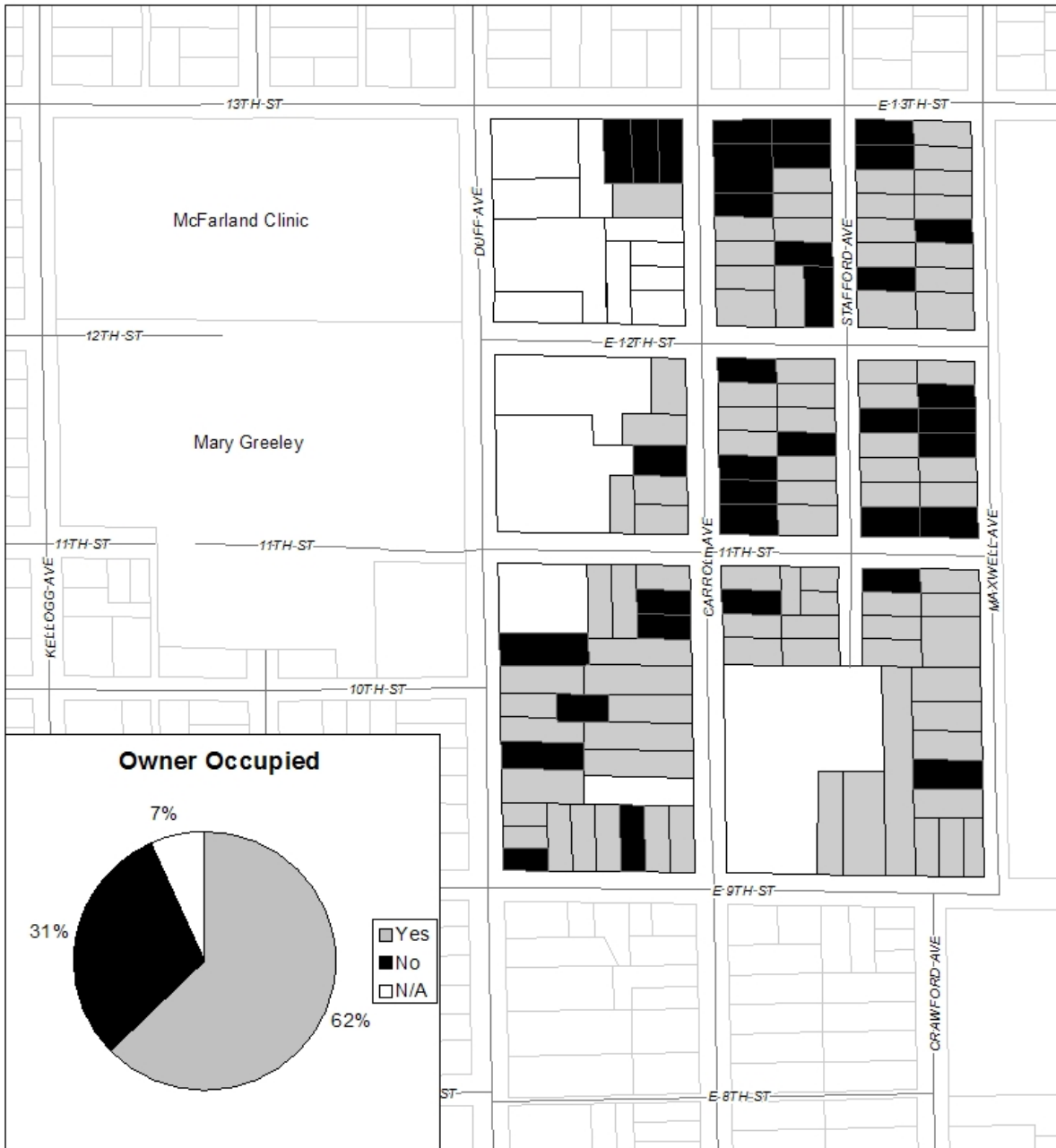
Attachment G

- C. There is no other developable property in the City designated as medical. The main goal of the existing clinic site is to preserve as much pure patient space as possible. We intend to expand support services as close as possible to the patient space, without undermining the need for patient space.
- D. We do not feel there is an adverse impact upon other undeveloped property in the designation proposed for this site nor other developed property in the designation proposed for this site, which may be subject to redevelopment/rehabilitation.
- E. The new designation of the site would be in the public interest, as it meets the majority of goals for the City of Ames, as listed in Section A above, and is not detrimental to any goal in the Land Use Policy Plan.
- F. Additional Impacts:
 - a. **Transportation.** As a project is narrowed down, we will work with the City of Ames in determining requirements for a traffic study. We do not have building design, parking areas, number of employees, etc. determined at this time, so a traffic study would be premature and of little value.
 - b. **Sanitary Sewer.** We will work with City staff to verify the existing sanitary sewer infrastructure will meet our needs as design progresses.
 - c. **Water.** We will work with City staff to verify the existing water infrastructure will meet our needs as design progresses.
 - d. **Storm Sewer.** We will work with City staff to meet all City codes and regulations for storm water management as design progresses.
 - e. **Housing and Employment.** No additional households will be proposed in this designation.

Attachment H



Attachment H



Owner / Renter Occupancy
Based on Homestead Exemption

150 75 0 150 300 450 600
Feet



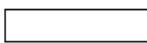
Legend

- Renter-Occupied
- Owner-Occupied
- Not Residential

N

Attachment H



Property Values		Legend	
Min	27,600		Below Median
Max	272,300		Above Median
Median	100,650		Not Residential
Average	104,228		

Based on Assessed Value

N

Attachment I
Aerial Images of Medical Area





Attachment J
Comparison of Assessed Land Value

Subject Property

<u>Address</u>	<u>Zone</u>	<u>Land Value</u>	<u>Lot Sq. Ft.</u>	<u>\$/sq. ft.</u>
1215 Carroll Ave.	UCRM	\$32,300	8,100	\$ 3.98
1211 Carroll Ave.	UCRM	\$26,900	5,575	\$ 4.82
1207 Carroll Ave.	UCRM	\$26,900	5,575	\$ 4.82
1203 Carroll Ave.	UCRM	\$30,700	7,749	\$ 3.96
119 E. 12 th St.	UCRM	\$33,000	8,432	\$ 3.91
1119 Carroll Ave.	UCRM	\$31,100	8,236	\$ 3.78
1117 Carroll Ave.	UCRM	\$31,800	8,285	\$ 3.84
1128 Duff Ave.	UCRM	\$645,100	42,294	\$15.25

Note that the vacant property on E. 12th is combined with the developed property on Duff for assessed valuation.

Residences on west side of Carroll Avenue

<u>Address</u>	<u>Zone</u>	<u>Land Value</u>	<u>Lot Sq. Ft.</u>	<u>\$/sq. ft.</u>
1217 Carroll Ave.	UCRM	\$34,600	9,735	\$ 3.55
1111 Carroll Ave.	UCRM	\$29,600	6,930	\$ 4.27
1107 Carroll Ave.	S-HM	\$85,800	6,600	\$13.00
1103 Carroll Ave.	S-HM	\$94,400	6,600	\$14.30

Properties on east side of Duff Avenue

<u>Address</u>	<u>Zone</u>	<u>Land Value</u>	<u>Lot Sq. Ft.</u>	<u>\$/sq. ft.</u>
1015 Duff Ave.	S-HM	\$922,000	44,100	\$20.91
1018 Duff Ave.	S-HM	\$496,100	25,254	\$19.64
1114 Duff Ave.	S-HM	\$773,500	57,113	\$13.54
1128 Duff Ave.	S-HM	\$645,100	42,294	\$15.25
1212 Duff Ave.	S-HM	\$594,200	37,969	\$15.65
1220 Duff Ave.	S-HM	\$266,800	14,040	\$19.00
1226 Duff Ave.	S-HM	\$396,200	19,748	\$20.06
118 E. 13th Street	S-HM	\$166,900	10,758	\$15.51
AVERAGE	S-HM	\$594,200	37,969	\$17.45

Commercial property northwest of East 13th Street and Dayton

<u>Address</u>	<u>Zone</u>	<u>Land Value</u>	<u>Lot Sq. Ft.</u>	<u>\$/sq. ft.</u>
1816 Philadelphia	CCN	\$384,500	94,269	\$4.08
2010 Philadelphia	CCN	\$195,400	49,337	\$3.96
2020 Philadelphia	CCN	\$439,000	106,054	\$4.14
2117 Philadelphia	CCN	\$153,600	40,411	\$3.80
2208 Philadelphia	CCN	\$164,400	34,860	\$4.72
2222 Philadelphia	CCN	\$158,400	76,171	\$2.08
AVERAGE	CCN	\$161,400	55,516	\$3.40

Merlin Pfannkuch
<me2magic@yahoo.com>

To dvoss@city.ames.ia.us

06/10/2011 10:20 AM

cc

Subject McFarland letter

Diane,

Sorry to be getting this to you at the last minute. It's hard for me to want to focus on McFarland requests . . . I am so disgusted. I tried to send something via the group e-mail link, but it doesn't want to work on the MacBook today. Please include this in the council packet if there is still time. Let me know . . . if it can't I'll send it via e-mail directly to Mayor and Council.

Thanks.

merlin

June 10, 2011

Mayor Campbell and Members of the Ames City Council:

Please say no to McFarland Clinic's requests for LUPP changes and rezoning.

Is McFarland our version of "Too Big to Fail?"

I don't understand why McFarland wants us citizens to provide a subsidy for them each time it does a major expansion of its home base. We gave them plenty when we closed Douglas for them for their major expansion about 1990 (sure, McFarland paid \$41,000 for Douglas, but it essentially was a gift).

In return, McFarland agreed to build a parking ramp should it ever expand again west of Duff. This, to me, was an acknowledgment by McFarland that it knew and agreed that continuing to take affordable housing for surface parking was no longer acceptable.

We required Mary Greeley Medical to build a parking ramp as part of its major expansion in the 1990s. To my knowledge, McFarland Clinic never contributed a dime for the ramp.

When we discussed the hospital-medical area extensively in the early 1990s at the time of Mary Greeley's major expansion, I thought we drew some firm lines around the hospital-medical area. Providers were to build up, or go elsewhere in Ames. The LUPP of a few years later essentially just incorporated these decisions . . . as I recall, no one had the stomach to review the HM area again so soon, after the years of discussions.

Still McFarland continued to acquire property along Carroll. Several houses were allowed to deteriorate, and eventually were torn down. Now McFarland wants to build on this (and other property).

I am disgusted with McFarland . . . can't they honor their commitments?

I guess they have the right to keep asking for subsidies.

It's up to you to tell them "No."

Please do so. If you don't, why would any rational citizen ever participate again in discussions about land use in Ames?

Sincerely,

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



Jim Murdock
<jmurdock1510@gmail.com>

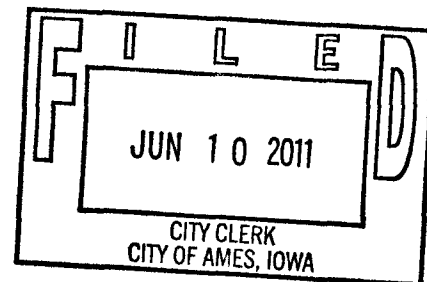
06/09/2011 09:55 PM

To jripperger@city.ames.ia.us

cc

bcc

Subject McFarland expansion



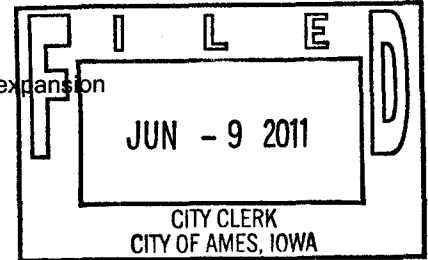
Please oppose McFarland Clinic's request for a change in the LUPP to enable building an IT center on Carroll Ave. This is an issue that is supposed to have been already settled. The last expansion of McFarland was supposed to be the last one in this general area; after that, they would have to build up or in a different area of town. McFarland agreed to this and then gambled that they could get away with breaking their agreement. It has repeatedly been argued that the city needs to be consistent in zoning matters, so that its decisions can be relied upon. Allowing McFarland to get away with this will, in addition to doing serious damage to this one neighborhood, teach everyone that the LUPP cannot be depended upon and that the city's word is not good.

Jim Murdock
Dept. of Mathematics (emeritus)
Iowa State University
Ames, IA 50011
jmurdock@iastate.edu or jmurdock1510@gmail.com



"Klaas, Erwin E [A ECL]"
<eklaas@iastate.edu>
06/09/2011 02:47 PM

To "jripperger@city.ames.ia.us" <jripperger@city.ames.ia.us>
cc
bcc
Subject Letter to Council: McFarland expansion



June 9, 2011

To: Mayor Campbell and City Council:

The decision to change the Land Use Policy Plan for McFarland clinic is a question of fairness and precedent. I am concerned by statements I have heard on replays of city council meeting that this is a "done deal." I heard this same phrase stated by a member of council early in the debates over Bucky Wolford's mall proposal. Such statements are intended to establish a position of power, but they immediately cause participants on both sides of the issue to dig in their heels and no one will listen to reasonable arguments. I have long argued that we need a different process for making land use decisions in this city. There are proven methods to accomplish this, but now this issue has gone too far.

If McFarland's requests are approved you will set a precedent for other neighborhoods far into the future. Two decades ago, McFarland and the city agreed to limit further incursion into the residential neighborhood east of Duff. The clinic agreed to build a parking garage and build up rather than out. Instead, they have continued to purchase land and now are saying that times have changed. Things have not changed for the people who have purchased and invested in homes in that neighborhood.

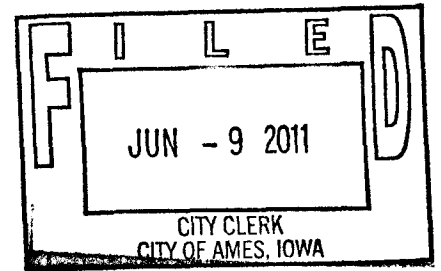
I object to McFarland's high handed way they have purchased homes, allowed them to deteriorate and then razed them. Why do they think they deserve the privilege of destroying neighborhoods for their own self interest?

Please do not violate the Land Use Policy Plan again without community consensus.

Sincerely,

Erwin Klaas
1405 Grand Avenue.

June 8, 2011



Dear Madame Mayor and Members of City Council;

One of your goals for 2011 is to "Strengthen and Protect Our Neighborhoods for a United Ames." That is a goal that we strongly support as well. Currently you have a clear opportunity to fulfill this goal by supporting the well-established, moderately-priced homes in the neighborhood adjacent to McFarland clinic.

Neighborhoods are both the heartbeat and the backbone of our city. Neighborhoods provide emotional support and a sense of belonging and community rooted in a specific place and history. They also both drive and reflect physical infrastructure choices made in the past and present. However, for all their strengths, neighborhoods are fragile in that once destroyed or altered, they cannot be reconstructed easily.

By contrast, back-office business functions, such as record-keeping and technical services, can be conducted equally efficiently in a range of locations. Customer-based services require interface with customers; but, back-office or supporting functions do not require that customer interaction and thereby provide businesses with flexibility regarding location choices. The business functions McFarland is currently looking to acquire space for do not require siting in the McFarland neighborhood. They could be conveniently located in any number of places; Ames does have vacant real estate currently.

As members of City Council you face the choice of doing irreparable damage to a neighborhood or acquiescing to a change in previously-determined boundaries for medical facilities. You are elected by voters, to whom you have a connection as our neighbors and a commitment as our representatives. None of you ran on a platform of damaging neighborhoods. By contrast, all of you agreed to the goal of strengthening and protecting neighborhoods. Please remember and act on your promise.

Thank you,

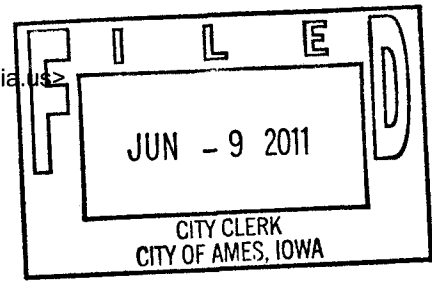
Susie Petra, 2011 Duff, Ames 50010

Sue Ravenscroft, 455 Westwood, Ames, 50014



Catherine Scott
<cscott1510@msn.com>
06/09/2011 09:27 AM

To <jripperger@city.ames.ia.us>
cc
bcc
Subject McFarland requests



To: Ames Mayor and City Council members

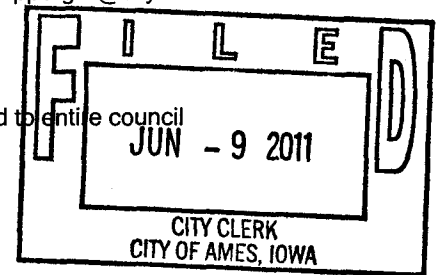
I am writing to request that you postpone any decisions on the McFarland request for rezoning and a LUPP map change for properties in the Willson-Bearshear neighborhood to Hospital-Medical. I feel that you first need to have a broader discussion about the areas for Hospital-Medical zones in Ames. The medical sector is one part of our national economy that is growing and probably will continue to grow. We need to know the long-term plans of McFarland Clinic so we can plan for their expansion in a way that works well into the future. The whole community needs to be involved in the discussion.

Catherine Scott
1510 Roosevelt



"Dougherty, Michele M
[FPM]" <sheli@iastate.edu>
06/09/2011 07:02 AM

To "jripperger@city.ames.ia.us" <jripperger@city.ames.ia.us>
cc
bcc
Subject mcfarland clinic --please forward to entile council



Honorable Mayor and City Council Member,

I am writing this letter to oppose McFarland's request to amend the LUPP map and rezone the properties on Carroll and E. 12th St. This would set a precedent that any speculators could buy one or more residential properties and have the map and zoning changed. This concerns many citizens throughout the city of Ames. I understand that the City Council has agreed to meet and have a round table discussion about the needs of the Hospital Medical area and the impact on the Willson-Bearshear Neighborhood particularly. I also understand that the council has voted to have a comprehensive review of the LUPP every five years to accommodate growth and change. This review would include city staff, city residents and businesses. We ask that both of these things be done prior to any changes to the LUPP map or zoning in the neighborhoods surrounding the existing Hospital- Medical area. The city says they want strong viable neighborhoods. By approving these requests you would be undermining your own goals and this neighborhood. The LUPP was initially written to protect neighborhoods from the Hospital-Medical area from eating up more homes in the urban core.

Text from the 2011 Commission Action Form written by city staff in opposition to McFarland proposal:

Injecting a high-intensity medical use, which is allowed by S-HM zoning, in a location with single-family homes all around could hinder the long-term viability of the homes. The proposal will leave the rest of the low-density residential property on the west side of Carroll Ave with medical uses around it. Over the long run, the impacts of the size of the possible development, the appearance of its parking lots, and the traffic and activity it will generate will be detrimental to homes on the east side of Carroll Ave. As it has in the past, this may lead to the further expansion of the Medical land use area to the East across the street. This neighborhood is a healthy, viable neighborhood, with much investment being made in many of the homes. Uncertainty about future land use will reduce interest in buying and investing in these homes. The current land use policy includes clear language that the Medical use area should not expand in this way. Preserving the core neighborhoods of Ames is an important goal of the LUPP, not only because they provide affordable housing, but also because they provide attractive housing for people who want to work in Ames. This supports the labor

force that is needed to keep attracting jobs into the community. The LUPP recognizes the quality of life that this neighborhood provides and supports its continuance as one of the elements that gives Ames its identity, its sense of place. By expanding vertically on its current site, as Mary Greeley Medical Center is proposing, McFarland Clinic can accommodate its expansion needs and all of the LUPP Goals and Objectives can be met.

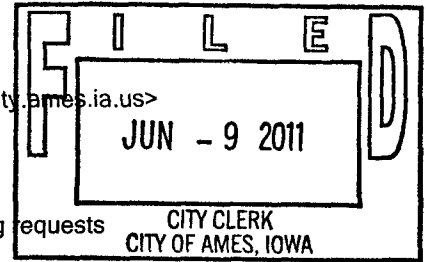
We believe there are other options available to McFarland that could make this more of a win-win situation for all. Please vote no on both of these requests.

*Sincerely,
Sheli Dougherty
1207 kellogg
Ames
50010*



Sharon Wirth
<sharonwirth@yahoo.com>
06/09/2011 06:31 AM

To Jill L Ripperger <jripperger@city.ames.ia.us>
cc
bcc
Subject McFarland LUPP and rezoning requests



Mayor and City Council Members,
I urge you to say NO at the June 14th meeting to the requests by McFarland Clinic for LUPP and re-zoning changes for land east of Duff Avenue. Considering the requests at this time is "putting the cart before the horse." The City Council has agreed to a discussion and input session concerning the broader planning issue of HM expansion. This meeting should take place before any other HM expansion moves forward.

The encroachment of HM into the surrounding neighborhoods has long been a difficult and complex issue in our community. There are many things to consider in this discussion and this careful deliberation should take place in a broader context not in the middle of a specific request. To reward the speculation and demolition by neglect that has occurred in this circumstance is the very opposite of good planning and careful consideration. McFarland can expand vertically as has been discussed and agreed upon in the past; they are simply choosing not to do so. When will you stand up and support affordable housing and healthy, strong neighborhoods if not now?

Thank you for your serious consideration on this issue and the time you give to the City of Ames as an elected official.

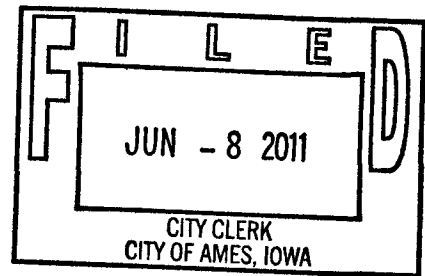
Sharon Wirth
803 Burnett Avenue

Honorable Mayor and City Council Members,

Please consider some of my thoughts on the McFarland Clinic proposal. I have tried to be objective but must confess to my bias toward neighborhoods and affordable housing. I support McFarland Clinic's growth but not at the expense of the Willson-Beardshear neighborhood and certainly not if their request serves to undermine the Land Use Policy Plan as written. If there are problems with the Plan please involve all of the stakeholders in the community in an attempt to get it right before any decision is made on these requests. An opportunity to resolve the long standing community conflict of HM vs. Residential in this Urban Core area is in your hands. Please help end the divisiveness and the costs, both financial and personal, that are borne by all interests in this issue.

Please vote "no" to McFarland's requests or reschedule consideration until after the Roundtable discussion and the comprehensive review of the Land Use Policy Plan that you have endorsed at previous meetings.

Fred Bradner
1111 Stafford Ave.
Ames
June 8, 2011



. In reviewing applications for amendments to the LUPP it is my understanding that the City Council has primarily referred to adopted goals and policies to determine the merits of a proposed amendment. The proposed amendment submitted by McFarland Clinic contains a narrative which attempts to explain how that proposal is "consistent with every one of the ten goals of the LUPP." It's important to note that goals and objectives are not synonymous terms. Goals are general and intangible while objectives are specific and tangible. For instance, a goal of the City may be to increase property tax revenues. An objective that may be suggested to support that goal could be to eliminate houses in Ames that have an assessed value under \$100,000.00 and to build only homes that are assessed over \$200,000.00. I think you see that an objective may not necessarily support the intent of a goal. You'll note that only five of the citations in the narrative refer to goals while the other citations refer to objectives.

#1] (1 of 3 objectives is cited, not the goal) **Goal: "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."** Objective 1a is quoted and McFarland suggests that the "expansion of the medical zone creates additional jobs for the Ames area." How many NEW jobs? Can someone ask McFarland's representative that question? At one of the informational meetings between the neighborhood and McFarland a few months ago, the question was asked as to how McFarland was coping the last couple of years after having their 2007 request denied? The neighbors were told that two to three employees had been occupying the space intended for one employee and that a new building would eliminate that problem. So, how many NEW jobs will be created? It is also suggested that "growth adjacent to the current medical facility is sustainable and predictable." McFarland's growth may be sustainable but the future of the adjacent neighborhood is not. What is predictable is the continued downward pressure on home values and the state of limbo that homeowners in the area have found themselves in for many years.

#2] (3 of 5 objectives are cited, not the goal) **Goal: "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."** Objective 2a is quoted but out of context. The objective states that "Ames seeks to provide between 3000 and 3500 acres of additional developable land by 2030" and "since the potential demand exceeds the supply within the current corporate limits - (and here is where the narrative begins to quote) alternate sources shall be sought by the community through LIMITED intensification of existing areas (end of narrative quote) - while concentrating on the annexation and development of new areas. The use of existing and new areas should be selective rather than general." The narrative states that "expansion of the EXISTING medical area is intensification of current areas." What? Expansion of the EXISTING medical area into the neighborhood is NOT intensification of CURRENT areas! Objective 2b is claimed to be supported by the claim that "expansion of the current location conserves land in the outskirts of the City for other uses." In fact, land on the outskirts of Ames has been developed specifically for expansion such as McFarland is requesting. Expansion of the CURRENT location not only conserves land but also a neighborhood. Objective 2d which emphasizes "a development process that achieves conservation of natural resources and compatibility between development and the environment" is claimed to be supported by the contention that this 'intensification of already developed ground has the least amount of impact to the environment compared to developing other areas.' The land west of Duff Ave. is already developed and begs for intensification. Exercising that option would achieve the greatest conservation of natural resources.

#3] (1 of 5 objectives is cited) **Goal: "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."** Objective 3d, which is just one of five objectives supporting the goal, concerns protecting and conserving energy sources by creating an integrated, multi-modal transportation system and through land use practices that minimize vehicular trips. The narrative suggests that the proposed expansion site is consistent with this objective because Cy-Ride already serves the area so no additional routes need be created and also because

staff and training can be accommodated without additional vehicle trips. I would suggest that both of these of these results could be achieved by expansion of the current site with the additional benefit of pedestrian safety as McFarland's staff would not have to cross an already very busy Duff Ave.. The narrative goes on to mention employment opportunities being located nearby a varied residential area which allows for further reduction in vehicle trips if people are employed and work in the same neighborhood. Perhaps a more appropriate word than "neighborhood" could be substituted and again I ask, how many NEW jobs? Included in the other objectives supporting Goal #3 is the desire of Ames **"to provide biodiversity through the inclusion of plant and animal habitats through such methods as conservation management, protection and replacement."** Also included is the desire to **"protect and enhance air quality and sky access for the purposes of maintaining an atmosphere that is free of foreign particles and undesirable odors, for oxygen enrichment through plant life, and for glare and ambient light management for night sky viewing."** Amending the LUPP to allow eastward expansion complicates achieving these objectives and Goal #3.

#4] (all 3 objectives are cited, not the goal) **Goal: "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."** The narrative cites all three objectives to support Goal #4 and in fact states that "Goal #4 is a major consideration of why we feel this area should be expanded." City staff seems to disagree with that logic and states that **"it might be readily argued that the proposed land use change is inconsistent"** with Goal #4 and Objective 4a. **"This goal and objective support the value of the existing residential neighborhood. The houses already lost and the potential for further deterioration of other houses in the neighborhood represent a loss of the qualities that this goal and objective describes and the community places high value on."** I agree, and in addition I believe that McFarland's proposed land use change is also inconsistent with objectives 4b and 4c based on the general incompatibility between the nature and scale of the Hospital/Medical and Residential uses.

#5] (Goal) **"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 spaces."** Supporting the goal, and left out of the narrative, is Objective 5a which states that **"Ames seeks to establish priority areas for growth in which there are adequate and available land resources and infrastructure to meet the major development requirements through the year 2030."** My interpretation of the intent of this goal is to put Ames in the role of decision maker in terms of what kind of growth should occur and where it should take place. This is an appropriate position for Ames to be in because important decisions about present and future land use need to be made. While input should come from all who may have an interest in those decisions, no single stakeholder should have an undue influence due to the size of their payroll, their connections to decision makers, or their perceived importance to the community. Objectives 5b, 5c, 5d, and 5e seek to further establish Ames role as the driver of the vehicle of growth. I would like to make a comment about Objective 5c which addresses infill projects. An infill project may be defined as **"improvements on land adjacent to and between existing development used as a way to accommodate increased population in an area without spreading the boundaries of development and often leading to higher densities."** The narrative suggests that the proposed expansion area is a classic infill project. In looking at an aerial photo of the land and buildings on both the east and west sides of Duff Ave. I believe that there are potentially two classic infill projects. A residential one on the east and a hospital/medical on the west.

#6] (Goal) **"It is the goal of Ames to increase the supply of housing and to provide a wider range of housing choices."** The narrative admits that the proposed LUPP change is not consistent with this goal or the four objectives associated with it. City staff agrees and states **"It is difficult or impossible to build new houses comparable to the homes in this neighborhood at a cost similar to the value of these properties. Preserving the existing urban core neighborhoods is the best possible way to achieve this goal. In the "Medical Center" portion of the "Urban Core Policy Options" section found on page 45, the Land Use Policy does not support expansion of the Medical land use area in this location."** The

Plan even goes so far as to say **“New out-patient diagnostic and treatment facilities should be directed to alternative nearby locations... Medical offices should be limited to currently permitted locations and intensities.”** In spite of the admitted inconsistency with this goal and as some type of defense I suppose, McFarland notes that they will remove only a few houses from the overall housing supply. What is a few? Three? Eight? Where does it stop? Maybe a better question to ask is when will the City Council put a stop to this insidious creep into the neighborhood? The narrative continues on, **“We feel that this project creates an increased interest in the residential land surrounding the project as additional employees may desire living closer to where they work.”** Some questions come to mind. Where would they live? In what houses? Who would risk such an investment? A speculator?

#7] (3 of 5 objectives are noted, not the goal) **Goal: “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.”** Objectives 7a, 7b, and 7d are cited and reference made to Goal #3 which related to currently established Cy-Ride routes and reduced vehicle trips. Again, expansion of the current site, west of Duff Ave., would accomplish the same result without the losses to the neighborhood. The narrative also states that the area is located along two arterial streets where traffic patterns and the transportation network is equipped to handle the development. However, City staff states on page 4 that without more detail about the site development and especially about the building sizes and specific use, the City Traffic Engineer believes that it is not possible to perform a traffic impact analysis.

#8] (Goal) **“It is the goal of Ames to enhance the role of downtown as a community focal point.”** In attempting to show consistency with this goal McFarland refers to expanded employment opportunities without estimating the number of NEW employees involved. It's then suggested that these new jobs near the City core exposes more people to downtown Ames. Doesn't this contradict the argument in Goal #7 where vehicle trips were being reduced? None of the 3 objectives are cited.

#9] (Goal) **“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.”** In addressing this goal Attachment G fails to quote the entire goal, choosing only to pick the words **“expansion and diversification of the economy.”** Consistency with the goal is explained by referring to a more diverse employment opportunity in technology services. Once again, how many NEW jobs and is there truly the creation of any diversified regional employment opportunity when electronic record keeping is already up and running?

#10] (Goal) **“It is the goal of Ames to maintain and enhance its cultural heritage.”** McFarland's narrative admits that expansion of the medical center does little to enhance the cultural heritage, but does nothing to harm it. This statement is meaningless if it's intent is to show consistency with the goal. In fact, the harm to the neighborhood (which was originally platted between 1867 and 1922) that would result from this expansion contradicts the goal entirely.

The last portion of Attachment G (parts B thru F) deserve some mention as they are meant to persuade those who will vote on this request.

B. The proposed site is zoned **“One and Two Family Medium-Density Residential”**. The area west of Duff Ave. is already appropriately zoned.

C. It is McFarland's choice to not use their current site or sites that the community has designated for this specific type of growth.

D. This is a point of view, an opinion, and not supported by fact or City staff analysis.

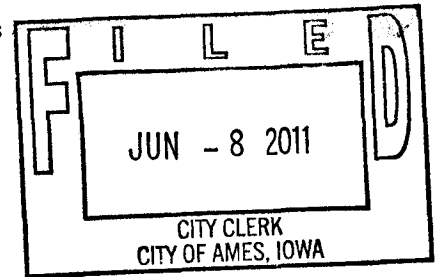
E. Whether the new designation is in the public interest is an opinion. The claim of meeting the majority of the Land Use Policy Plan goals used by the City of Ames is untrue. More importantly the new designation is detrimental to many of the goals and the Plan itself as it undermines the Plan by ignoring its intent in a variety of instances.

F. Additional impacts are hard to measure because of the lack of details in the request.



Fjbmobl <fjbmobl@aol.com>
06/08/2011 12:17 PM

To jripperger@city.ames.ia.us
cc
bcc
Subject McFarland requests



Honorable Mayor and City Council Member,

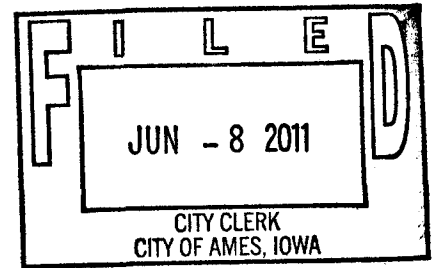
I am writing this letter to oppose McFarland's request to amend the LUPP map and rezone the properties on Carroll and E. 12th St. This would set a precedent that any speculators could buy one or more residential properties and have the map and zoning changed. This concerns many citizens throughout the city of Ames. I understand that the City Council has agreed to meet and have a round table discussion about the needs of the Hospital Medical area and the impact on the Willson-Bearshear Neighborhood particularly. I also understand that the council has voted to have a comprehensive review of the LUPP every five years to accommodate growth and change. This review would include city staff, city residents and businesses. We ask that both of these things be done prior to any changes to the LUPP map or zoning in the neighborhoods surrounding the existing Hospital- Medical area. The city says they want strong viable neighborhoods. By approving these requests you would be undermining your own goals and this neighborhood. The LUPP was in part written to protect neighborhoods from the Hospital-Medical area from eating up more homes in the urban core.

**Fred Bradner
1111 Stafford Ave.
Ames**



lfeldman13@aol.com
06/08/2011 10:41 AM

To jripperger@city.ames.ia.us
cc
bcc
Subject McFarland requests



Honorable Mayor and City Council Member,

I am writing this letter to oppose McFarland's request to amend the LUPP map and rezone the properties on Carroll and E. 12th St. This would set a precedent that any speculators could buy one or more residential properties and have the map and zoning changed. This concerns many citizens throughout the city of Ames. I understand that the City Council has agreed to meet and have a round table discussion about the needs of the Hospital Medical area and the impact on the Willson-Bearshear Neighborhood particularly. I also understand that the council has voted to have a comprehensive review of the LUPP every five years to accommodate growth and change. This review would include city staff, city residents and businesses. We ask that both of these things be done prior to any changes to the LUPP map or zoning in the neighborhoods surrounding the existing Hospital- Medical area. The city says they want strong viable, vibrant neighborhoods. By approving these requests you would be undermining your own goals and this neighborhood. The LUPP was written, in part, to protect neighborhoods from the Hospital-Medical area from eating up more homes in the urban core.

This neighborhood has already given up in excess of 25 homes to HM. Isn't that enough for one neighborhood to sacrifice for the good of the whole community?

Please support neighborhoods. Amending the Land Use Policy Plan map would be going against the plan as it stands. Good planning would be to make this a thoughtful process that includes all of Ames (i.e.city council, businesses and residents of Ames). If the LUPP is outdated then change that before you allow commercial or HM to encroach into a neighborhood. Zoning exists to give the residents some security of where they invest their money in a home.

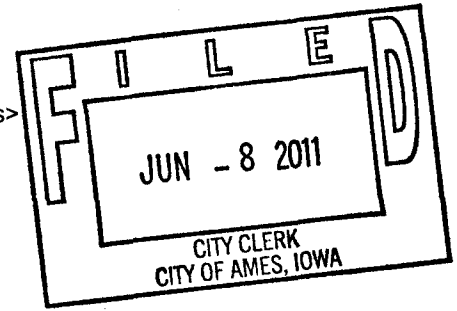
I support *McFarland's* growth but I believe there are other options available to McFarland that have not been fully explored that could make this more of a win-win situation for all. Please vote NO on both of these requests.

***Sincerely,
Linda Feldman
1111 Stafford Ave.***



"Elin Herrman"
<eherrman@isunet.net>
06/07/2011 08:09 PM

To <jripperger@city.ames.ia.us>
cc
bcc
Subject "McFarland requests"



Honorable Mayor and City Council Member,

I am writing this letter to oppose McFarland's request to amend the LUPP map and rezone the properties on Carroll and E. 12th St. This would set a precedent that any speculators could buy one or more residential properties and have the map and zoning changed. This concerns many citizens throughout the city of Ames. I understand that the City Council has agreed to meet and have a round table discussion about the needs of the Hospital Medical area and the impact on the Willson-Bearshear Neighborhood particularly. I also understand that the council has voted to have a comprehensive review of the LUPP every five years to accommodate growth and change. This review would include city staff, city residents and businesses. We ask that both of these things be done prior to any changes to the LUPP map or zoning in the neighborhoods surrounding the existing Hospital- Medical area. The city says they want strong viable neighborhoods. By approving these requests you would be undermining your own goals and this neighborhood. The LUPP was initially written to protect neighborhoods from the Hospital-Medical area from eating up more homes in the urban core.

Text from the 2011 Commission Action Form written by city staff in opposition to McFarland proposal:

Injecting a high-intensity medical use, which is allowed by S-HM zoning, in a location with single-family homes all around could hinder the long-term viability of the homes. The proposal will leave the rest of the low-density residential property on the west side of Carroll Ave with medical uses around it. Over the long run, the impacts of the size of the possible development, the appearance of its parking lots, and the traffic and activity it will generate will be detrimental to homes on the east side of Carroll Ave. As it has in the past, this may lead to the further expansion of the Medical land use area to the East across the street. This neighborhood is a healthy, viable neighborhood, with much investment being made in many of the homes. Uncertainty about future land use will reduce interest in buying and investing in these homes. The current land use policy includes clear language that the Medical use area should not expand in this way. Preserving the core neighborhoods of Ames is an important goal of the LUPP, not only because they provide affordable housing, but also because they provide attractive housing for people who want to work in Ames. This supports the labor force that is needed to keep attracting jobs into the community. The LUPP recognizes the quality of life that this neighborhood provides and supports its

continuance as one of the elements that gives Ames its identity, its sense of place. By expanding vertically on its current site, as Mary Greeley Medical Center is proposing, McFarland Clinic can accommodate its expansion needs and all of the LUPP Goals and Objectives can be met.

We believe there are other options available to McFarland that could make this more of a win-win situation for all. Please vote no on both of these requests.

Sincerely,

*Elin Herrman
2819 Arbor Street
Ames, Iowa
Member of SCAN Neighborhood Association*

Subject: McFarland Requests

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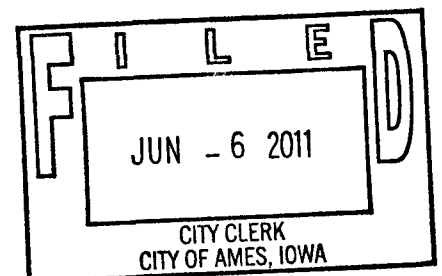
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I believe there are other options available to McFarland that could make this more of a win-win situation for all. Please vote no on both of these requests, thank you.

Sincerely,

Craig Riecken

(1006 Stafford, Ames)





mike gammon
<megammon54@hotmail.com
>

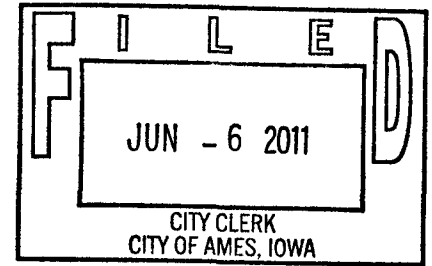
06/06/2011 10:44 AM

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

cc

bcc

Subject McFarland Request



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is proposing, McFarland Clinic can accommodate its expansion needs and all of the LUPP Goals and Objectives can be met.

I am also concerned about the parking situation in the neighborhood. We have a parking problem now with people parking on the streets around the neighborhood from the medical clinics and the hospital. Now we want to add more employees to the neighborhood and close a street the parking will become worse.

I am also concerned about the noise that a facility that the clinic is proposing will generate with trucks and cars coming at different times of the day and night. At this time we hear garbage trucks backing up early in the morning from the offices and clinics that are here now what would more traffic generate?

I am also concerned about the aesthetics of a 2 or 3 story building in the neighborhood. At this time the tallest structure in the neighborhood is 2 story houses. A 3 story commercial building would look out of place in a neighborhood where there are 1 and 2 story houses.

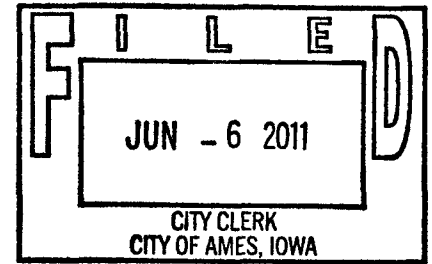
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*Sincerely,
Mike Gammon
1121 Stafford Ave
Ames, IA 50010*



"Kathy Shonkwiler"
<kathyshonk@mchsi.com>
06/04/2011 04:09 PM

To <jripperger@city.ames.ia.us>
cc
bcc
Subject "McFarland requests"



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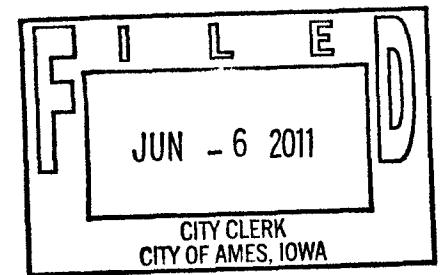
Sincerely,

Sam and Kathy Shonkwiler
1217 Carroll Ave
Ames, IA



kathryn corones
<katcoq@yahoo.com>
06/06/2011 01:06 PM

To jripperger@city.ames.ia.us
cc
bcc



Subject City Council voting on McFarland Zoning change fore E.12th
and Carroll and LUPP request

Dear Mr. Ripperger,

As I understand it, the P&Z commission has forwarded its recommendation to change zoning for the parcel of land on E. 12th and Carroll; this change would enable McFarland held private houses in that area to be demolished, making the way for more parking or if the LUPP amendment is accepted, to build a multi-floor new McFarland building from 6 to 8 stories high.

I don't find either of these uses acceptable in a currently affordable, residential neighborhood.

I live at 1115 Burnett Ave and so am McFarland's and Mary Greeley's neighbor two blocks to the East. Although I use McFarland for primary and specialty care, as an adjacent Ames neighbor, I am more concerned with the quality of my neighborhood and the neighborhood East of Duff where actual building may occur than with easy access to an expanded McFarland.

Since I've lived in Ames a long while, I'm aware that a previous attempt by McFarland to expand into this area was rejected by a former City Council. I am equally aware of the current members of the City Council. I know Tom Wacha from serving on the HOTNA board c. 2006 and now continue to serve with Peter Hallock as Chairperson. Of course HOTNA has a point of view on this also, but I am writing simply as an individual who has lived in Ames for 38 years, for the last 11 at my current address.

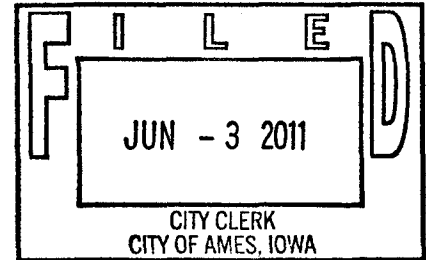
I know a hearing on this will come up June 14th and I may be able to attend. In any event, I ask for thoughtfulness from the current Council members; actually more than thoughtfulness, but an actual NO VOTE on allowing these changes.

I look forward to learning the result of that meeting if in fact I don't attend it myself.

Sincerely, Kathryn Corones

June 2, 2011

Honorable Mayor and Ames City Council Members



RE: McFarland Clinic request for LUPP amendment and rezoning

I am currently reading a book called The Overloaded Liberal that addresses how hard it is to be a consumer without injuring someone or the environment in some way, even when trying our best. I am a very grateful consumer of McFarland Clinic's medical services and would like to feel good about continuing to use their services. I am not feeling so positive about that as I have learned how they have allowed residential properties they purchased to go into decay and then demolition with the intention of encroaching into a residential neighborhood. I am pleased that the city will make it possible for the medical facilities to move skyward to reduce sprawl. I am concerned that if the city allows McFarland to go forward with their intended action, then other businesses will follow suit, affecting neighborhoods across the city. I don't want the city to reward unethical or sneaky behaviors. I also want to be sure that issues concerning traffic patterns and other consequences that will affect the quality of life of the residents be fully explored. McFarland appears to have the financial resources to pursue other options.

Please take your time in working with the neighborhood and McFarland to find mutually agreeable solutions.

Respectfully,

Suzanne Zilber

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