File No. 120357 Committee Item No. 1
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Board of Supervisors Meeting **Date** _____

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Completed by: Alisa Miller **Date** June 8, 2012
Completed by: _____ **Date** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

[Planning Code - Increase Maximum Floor Area Ratios and Create the Van Ness Medical Use Subdistrict Within the Van Ness Special Use District - California Pacific Medical Center: Cathedral Hill Campus]

Ordinance amending the San Francisco Planning Code by: 1) amending Section 124 to allow a floor area ratio of 9:1 for a hospital and 7.5:1 for a medical office building within the Van Ness Special Use District, Medical Use Subdistrict; 2) amending Section 243 to include the establishment of the Van Ness Medical Use Subdistrict and associated controls; and 3) adopting findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

NOTE: Additions are *single-underline italics Times New Roman*; deletions are ~~*strike-through italics Times New Roman*~~. Board amendment additions are double-underlined; Board amendment deletions are ~~strikethrough normal~~.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Findings. The Board of Supervisors of the City and County of San Francisco hereby finds and determines that:

(a) On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center Long-Range Development Plan. A copy of Planning Commission Motion No. 18588 is on file with the Clerk of the Board of Supervisors in File No. 120357. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and adopts and incorporates by reference as though fully set forth herein the findings, including a statement of overriding considerations and mitigation monitoring and reporting program, pursuant to the California Environmental

Quality Act (California Public Resources Code section 21000 et seq.), adopted by the Planning Commission on April 26, 2012 in Motion No. 18589. Said Motion is on file with the Clerk of the Board of Supervisors in File No. 120357.

(b) On April 26, 2012, the Planning Commission conducted a duly noticed public hearing on the proposed Planning Code amendments and, by Resolution No. 18597, recommended them for approval. The Planning Commission found that the proposed Planning Code amendments were, on balance, consistent with the City's General Plan, as it is proposed for amendment, and with Planning Code Section 101.1(b). A copy of said Resolution is on file with the Clerk of the Board of Supervisors in File No. 120357 and is incorporated herein by reference.

(c) Pursuant to Planning Code Section 302, this Board finds that these Planning Code amendments will serve the public necessity, convenience, and welfare for the reasons set forth in Planning Commission Resolution No. 18597 and the Board incorporates such reasons herein by reference. A copy of Planning Commission Resolution No. 18597 is on file with the Clerk of the Board of Supervisors in File No. 120357.

(d) The Board finds that these Planning Code amendments are on balance consistent with the San Francisco General Plan, as it is proposed to be amended, and with the priority policies of Planning Code Section 101.1 for the reasons set forth in Planning Commission Motion No. 18592 and the Board hereby incorporates such reasons herein by reference.

Section 2. The San Francisco Planning Code is hereby amended by amending Section 124, to read as follows:

(a) Except as provided in Subsections (b), (c), and (e) of this Section, the basic floor area ratio limits specified in the following table shall apply to each building or development in the districts indicated.

[TABLE 124 omitted; no changes to table]

(b) In R, NC, and Mixed Use Districts, the above floor area ratio limits shall not apply to dwellings or to other residential uses. In Chinatown Mixed Use Districts, the above floor area ratio limits shall not apply to institutions, and mezzanine commercial space shall not be calculated as part of the floor area ratio.

(c) In a C-2 District the basic floor area ratio limit shall be 4.8 to 1 for a lot which is nearer to an RM-4 or RC-4 District than to any other R District, and 10.0 to 1 for a lot which is nearer to a C-3 District than to any R District. The distance to the nearest R District or C-3 District shall be measured from the midpoint of the front line, or from a point directly across the street therefrom, whichever gives the greatest ratio.

(d) In the Van Ness Special Use District, as described in Section 243 of this Code, the basic floor area ratio limit shall be 7.0 to 1 where the height limit is 130 feet and 4.5 to 1 where the height limit is 80 feet. *Within the Van Ness Medical Use Subdistrict, the basic floor area ratio limit shall be 9.0 to 1 for a hospital and 7.5 to 1 for a medical office building, subject to Conditional Use Authorization for a hospital, medical center or other medical institution.*

(e) In the Waterfront Special Use Districts, as described in Sections 240 through 240.3 of this Code, the basic floor area ratio limit in any C District shall be 5.0 to 1.

(f) For buildings in C-3-G and C-3-S Districts other than those designated as Significant or Contributory pursuant to Article 11 of this Code, additional square footage above that permitted by the base floor area ratio limits set forth above may be approved for construction of dwellings on the site of the building affordable for 20 years to households whose incomes are within 150 percent of the median income as defined herein, in accordance

with the conditional use procedures and criteria as provided in Section 303 of this Code. For buildings in the C-3-G District designated as Significant or Contributory pursuant to Article 11 of this Code, additional square footage above that permitted by the base floor area ratio limits set forth above up to the gross floor area of the existing building may be approved, in accordance with the conditional use procedures and criteria as provided in Section 303 of this Code, where: (i) TDRs (as defined by Section 128(a)(5)) were transferred from the lot containing the Significant or Contributory building prior to the effective date of the amendment to Section 124(f) adding this paragraph when the floor area transferred was occupied by a non-profit corporation or institution meeting the requirements for exclusion from gross floor area calculation under Section 102.9(b)(15) of this Code; (ii) the additional square footage includes only the amount necessary to accommodate dwelling units and/or group housing units that are affordable for not less than 50 years to households whose incomes are within 60 percent of the median income as defined herein together with any social, educational, and health service space accessory to such units; and (iii) the proposed change in use to dwelling units and accessory space and any construction associated therewith, if it requires any alternation to the exterior or other character defining features of the Significant or Contributory Building, is undertaken pursuant to the duly approved Permit to Alter, pursuant to Section 1110; provided, however, that the procedures otherwise required for a Major Alteration as set forth in sections 1111.2 - 1111.6 shall be deemed applicable to any such Permit to Alter.

(1) Any dwelling approved for construction under this provision shall be deemed a "designated unit" as defined below. Prior to the issuance by the Director of the Department of Building Inspection ("Director of Building Inspection") of a site or building permit to construct any designated unit subject to this Section, the permit applicant shall notify the Director of Planning and the Director of Property in writing whether the unit will be an owned or rental unit as defined in Section 401 of this Code.

(2) Within 60 days after the issuance by the Director of Building Inspection of a site or building permit for construction of any unit intended to be an owned unit, the Director of Planning shall notify the City Engineer in writing identifying the intended owned unit, and the Director of Property shall appraise the fair market value of such unit as of the date of the appraisal, applying accepted valuation methods, and deliver a written appraisal of the unit to the Director of Planning and the permit applicant. The permit applicant shall supply all information to the Director of Property necessary to appraise the unit, including all plans and specifications.

(3) Each designated unit shall be subject to the provisions of Section 413 of this Code. For purposes of this Subsection and the application of Section 413 of this Code to designated units constructed pursuant to this Subsection, the definitions set forth in Section 401 of this Code shall apply, with the exception of the following definitions, which shall supersede the definitions of the terms set forth in Section 401:

(A) "Base price" shall mean 3.25 times the median income for a family of four persons for the County of San Francisco as set forth in California Administrative Code Section 6932 on the date on which a housing unit is sold.

(B) "Base rent" shall mean .45 times the median income for the County of San Francisco as set forth in California Administrative Code Section 6932 for a family of a size equivalent to the number of persons residing in a household renting a designated unit.

(C) "Designated unit" shall mean a housing unit identified and reported to the Director by the sponsor of an office development project subject to this Subsection as a unit that shall be affordable to households of low or moderate income for 20 years.

(D) "Household of low or moderate income" shall mean a household composed of one or more persons with a combined annual net income for all adult members

which does not exceed 150 percent of the qualifying limit for a median income family of a size equivalent to the number of persons residing in such household, as set forth for the County of San Francisco in California Administrative Code Section 6932.

(E) "Sponsor" shall mean an applicant seeking approval for construction of a project subject to this Subsection and such applicants' successors and assigns.

(g) The allowable gross floor area on a lot which is the site of an unlawfully demolished building that is governed by the provisions of Article 11 shall be the gross floor area of the demolished building for the period of time set forth in, and in accordance with the provisions of, Section 1114 of this Code, but not to exceed the basic floor area permitted by this Section.

(h) In calculating the permitted floor area of a new structure in a C-3 District, the lot on which an existing structure is located may not be included unless the existing structure and the new structure are made part of a single development complex, the existing structure is or is made architecturally compatible with the new structure, and, if the existing structure is in a Conservation District, the existing structure meets or is made to meet the standards of Section 1109(c), and the existing structure meets or is reinforced to meet the standards for seismic loads and forces of the 1975 Building Code. Determinations under this Paragraph shall be made in accordance with the provisions of Section 309.

(i) In calculating allowable gross floor area on a preservation lot from which any TDRs have been transferred pursuant to Section 128, the amount allowed herein shall be decreased by the amount of gross floor area transferred.

(j) Within any RSD, SPD, SLR, SLI or SSO District, live/work units constructed above the floor area ratio limit pursuant to Section 102.9(b)(19) of this Code shall be subject to the following conditions and standards:

(1) Considering all dwelling units and all live/work units on the lot, existing and to be constructed, there shall be no more than one live/work unit and/or dwelling unit per 200 square feet of lot area, except that, for projects in the RSD District which will exceed 40 feet in height, and therefore are required to obtain conditional use approval, the allowable density for dwelling units and live/work units shall be established as part of the conditional use determination; and

(2) The parking requirement for live/work units subject to this subsection shall be equal to that required for dwelling units within the subject district.

Section 3. The San Francisco Planning Code is hereby amended by amending Section 243, to read as follows:

SEC. 243. VAN NESS SPECIAL USE DISTRICT.

(a) General. A Special Use District entitled the Van Ness Special Use District, the boundaries of which are shown on Sectional Map No. ~~*2SU*~~ *SU02* of the Zoning Map, is hereby established for the purposes set forth below.

(b) Purposes. In order to implement the objectives and policies of the Van Ness Avenue Area Plan, a part of the General Plan, which includes (i) creation of a mix of residential and commercial uses on the boulevard, (ii) preservation and enhancement of the pedestrian environment, (iii) encouragement of the retention and appropriate alteration of architecturally and historically significant and contributory buildings, (iv) conservation of the existing housing stock, ~~and~~ (v) enhancement of the visual and urban design quality of the street, *and (vi) the establishment of an area appropriate for a medical center use (the "Van Ness Medical Use Subdistrict") to support citywide and regional health care at the transit nexus of Van Ness Avenue and Geary Boulevard;* the following controls are imposed in the Van Ness Special Use District.

(c) Controls. All provisions of the City Planning Code applicable to an RC-4 District shall apply except as otherwise provided in this Section.

(1) **Basic Floor Area Ratio.** The basic floor area ratio limit shall be 7.0 to 1 in the 130-foot height district and 4.8:1 in the 80-foot height district. These limits shall apply to dwellings notwithstanding Section 124(b) of this Code, including floor space used for nonaccessory off-street parking, driveways, and maneuvering areas. *The floor area ratio may be increased to up to 9:1 for a hospital and up to 7.5:1 for a medical office building if located within the Van Ness Medical Use Subdistrict.* For definitions of floor area ratio and gross floor area, see Sections 102.11 and 102.9, respectively. The provisions allowing a floor area premium set forth in Section 125(a) shall not apply in the Van Ness Special Use District.

(2) **Housing Density.** The restrictions on density set forth in Sections 207, 207.1, 208, 209.1 and 209.2 of this Code shall not apply.

(3) **Height and Bulk Restrictions.** See Height and Bulk Map No. ~~2H~~ *HT02*. See Section 270 of this Code for bulk limits. *However, medical centers within the Van Ness Medical Use Subdistrict subject to otherwise applicable standards for bulk limits per Section 270 and 271(C)(2) shall be permitted to exceed such standards to allow for unique massing and volume required for medical facilities, if authorized as a conditional use pursuant to Section 303 of this Code, in lieu of findings otherwise required under Section 271 of this Code.*

(4) Awnings, canopies and marquees. Awnings, canopies and marquees, as defined in Sections 790.20, 790.26 and 790.58 of this Code, and further regulated by the Building Code and Sections 243(c)(5), 136.2 and 607.3 of this Code, are permitted. *However, medical centers within the Van Ness Medical Use Subdistrict subject to otherwise applicable standards for awnings per Section 136.1 of this Code shall be permitted to exceed such standards to allow for coverage of patient drop-off and entry areas.*

(5) Medical Centers within the Van Ness Medical Use Subdistrict subject to otherwise applicable standards for obstructions over streets or alleys per section 136(c)(1)(B) of this code shall be permitted to exceed such standards for vertical dimensions and horizontal projections for architectural features to provide visual interest, achieve appropriate articulation of building facades, and reduce pedestrian level wind currents.

~~(5)~~*(6)* Signs.

(A) Signs located within the Van Ness Special Use District, with the exception of the Civic Center Special Sign District as described in Section 608.3 of this Code and as shown in Sectional Map SSD, shall be regulated as provided in Article 6, including Section 607.3 which governs signs located in the Van Ness Special Sign District.

(B) Signs on structures designated as landmarks under the provisions of Section 1004 shall be regulated as provided in Section 607.3(d).

~~(6)~~*(7)* Rear Yards. The requirements of this Code applicable to rear yards may be modified or waived by the Zoning Administrator pursuant to Section 307(g) if all of the following conditions are met:

(A) The interior block open space formed by the rear yards of abutting properties will not be adversely affected; and

(B) A comparable amount of usable open space is provided elsewhere on the lot or within the development where it is more accessible to residents; and

(C) The access of light and air to abutting properties will not be significantly impeded.

This provision shall be administered pursuant to the procedures which are applicable to variances, as set forth in Sections 306.1 through 306.5 and 308.2 of this Code.

~~(7)~~*(8)* Required Setbacks. Setbacks for buildings exceeding a height of 50 feet shall be regulated as provided in Section 253.2 of this Code.

~~(8)~~(9) Limitation of Nonresidential Uses.

(A) Residential Uses; Ratio Established. In newly constructed structures, nonresidential uses shall only be permitted if the ratio between the amount of net additional occupied floor area for residential uses, as defined in this paragraph below, to the amount of occupied floor area for nonresidential uses in excess of the occupied floor area of structures existing on the site at the time the project is approved is 3 to 1 or greater. In additions to existing structures which exceed 20 percent of the gross floor area of the existing structure, nonresidential uses shall be permitted in the addition in excess of 20 percent only if the ratio between the amount of occupied floor area for residential use, as defined in this paragraph below, to the area of occupied floor area for nonresidential use is 3 to 1 or greater. This residential use ratio shall not apply to development sites in the Van Ness Special Use District which have less than 60 feet of street frontage on Van Ness Avenue and have no street frontage other than the Van Ness Avenue frontage. For purposes of this Section, "nonresidential uses" shall mean those uses described in Sections 209.2(d) and (e) (hotel, inn, hostel), 209.3(a) (hospital, medical center or other medical institution with in-patient care facilities), 209.4 (community facilities), 209.6 (public facilities and utilities), 209.7 (vehicle storage and access) and 209.8 (commercial establishments); in the Automotive Special Use District nonresidential uses include automotive uses as described in Section 237; "residential use" shall mean those uses described in Sections 209.1 and 209.2(a), (b) and (c) (dwelling units and group housing).

(B) Reduction of Ratio of Residential Uses for Affordable Housing. The Planning Commission may modify the Van Ness Special Use District residential to nonresidential use ratio between Golden Gate Avenue and California Street as a conditional use in one of the following ways:

(i) In-Lieu Fee. By conditional use, the developer may elect to fulfill the obligation to build housing by paying an in-lieu fee to the Affordable Housing Fund as provided in Section 413 of this Code. No more than a 50 percent reduction of the required housing for a specific project can be fulfilled by paying an in-lieu fee. Use of these funds shall provide affordable housing within 2,000 feet of the Van Ness Special Use District. The in-lieu fee shall be determined by the following formula:

(1) (Lot Area × FAR) / 4) × 3 = Residential SQ. FT Requirement

(2) Residential SQ. FT Requirement — Residential SQ. FT Developed = LOSS

(3) LOSS × $15 = In-Lieu Fee

(ii) Providing Affordable Housing. By conditional use, the developer may reduce up to 50 percent of the required amount of on-site housing by maintaining a portion of that housing as permanently affordable for the life of the project. Affordable units shall be managed by a nonprofit housing agency through a duly executed agreement between the project sponsor, the nonprofit agency and the Planning Department. The mix of affordable units retained in the project shall conform to the overall dwelling unit size mix of the project. The portion of retained residential which shall be affordable will be determined by calculating the number of market rate units which could be subsidized by the amount of "in-lieu fee" calculated in Paragraph (i) above. The number of square feet of affordable housing shall be calculated in the following manner:

(1) In-Lieu Fee / $30/square foot subsidy = Square Feet of Affordable Housing Retained in the Project

(iii) Annual Reporting, Evaluation and Adjustments to Affordability and Fee Calculations. The Department shall report annually to the Planning Commission on the activity and utilization of Section 243(c)(8)(B). Based on an evaluation of this report, the Planning Commission may initiate a modification or deletion of Section 243(c)(8)(B).

The dollar amounts used in the calculation for Paragraphs (i) and (ii) of this Subsection shall be subject to annual adjustments in accord with Section 413.6(1) of this Code. Affordability shall be defined by rents or sale prices affordable by households with no more than 80 percent of median income standards developed by HUD.

(iv) If the Commission finds that taking into consideration projects constructed since the effective date of the Van Ness Special Use District and the housing development potential remaining in the District the overall objective of adding a substantial increment of new housing on Van Ness Avenue will not be significantly compromised, the Commission may by conditional use modify the 3:1 housing ratio or may modify the rules regarding the timing and location of linked projects if in addition to Section 303(c) standards of this Code it finds that:

(1) The project is to provide space for expansion of an established business from an adjacent site (for this purpose two sites separated by an alley shall be deemed to be adjacent) or,

(2) The project is to provide space for an institutional, hotel, medical, cultural or social service use meeting an important public need which cannot reasonably be met elsewhere in the area, and

(3) Housing cannot reasonably be included in the project referred to in (1) and (2) above.

The Commission shall consider the feasibility of requiring the project to be constructed in such a manner that it can support the addition of housing at some later time.

(C) Off-Site Provision of Required Residential Space. For the purpose of calculating the 3 to 1 ratio between residential and nonresidential use, two or more projects for new construction within the Van Ness Special Use District may be considered and approved together as linked projects. The requirements of Paragraph (A) above may be

satisfied if the aggregate amount of occupied floor area for residential use in two or more linked projects is at least three times greater than the aggregate amount of occupied floor area for nonresidential use.

(i) Those building permit applicants who wish to link two or more projects for the purpose of meeting the 3 to 1 residential to nonresidential ratio shall file with the Planning Department a statement of intent identifying the applications covering the projects that are to be considered and approved together;

(ii) When the Planning Department approves an application for a project containing only nonresidential use and the project is linked to one or more other projects pursuant to the statement of intent filed with the Department, it shall include as a condition of approval a requirement prohibiting the project sponsor from commencing any work on the site until the Zoning Administrator issues a written determination that such work may proceed. The Zoning Administrator shall not issue such a determination until those permits authorizing the projects containing residential use have been issued and foundations have been completed at each such site;

(iii) If a permit for a project containing nonresidential use expires because of delays in the completion of foundations for linked projects containing residential uses, new permits may be approved for the nonresidential project within three years of such expiration without regard to the 3 to 1 residential ratio requirement if a Temporary Certificate of Occupancy or a Permit of Occupancy has been issued for each project containing residential use;

(iv) No building or portion of a building approved as a linked project that contains residential use required to meet the 3 to 1 residential to nonresidential ratio requirement shall be used for any nonresidential purposes; provided, however, that this restriction shall no longer apply if 50 percent or more of the non-residential occupied floor area in the linked

projects has been converted to residential use, or has been demolished, or has been destroyed by fire or other act of God;

(v) The Zoning Administrator shall impose as a condition of approval of a permit authorizing the residential uses of linked projects the requirement that the owner record in the land records of the property a notice of restrictions, approved as to form by the Zoning Administrator, placed on the use of the property by this Section.

(D) Nonconforming Uses. A use which existed lawfully at the effective date of this Section and which fails to conform to the use limitation of Section 243(c) (8)(A) above, shall be considered a nonconforming use and subject to the provisions of Sections 180 through 188 of this Code, including the provisions of Section 182 regarding change of use, except as follows:

(i) In calculating the cost of structural alterations pursuant to Section 181(b)(4), the cost of reinforcing the building to meet the standards for seismic loads and forces of the 1975 Building Code shall not be included; and

(ii) Notwithstanding the provisions of Section 181(b), the structure occupied by the nonconforming use may be enlarged by an amount equal to 20 percent of the gross floor area of the existing structure.

(E) Demolitions. All demolitions of buildings containing residential use and all conversions from residential uses to nonresidential uses above the ground floor shall be permitted only if authorized as a conditional use under Section 303 of this Code, unless the Director of the Department of Building Inspection or the Chief of the Bureau of Fire Prevention and Public Safety determines that the building is unsafe or dangerous and that demolition is the only feasible means to secure the public safety. When considering whether to grant a conditional use permit for the demolition or conversion, in lieu of the criteria set forth in Planning Code Section 303, consideration shall be given to the adverse impact on the public

health, safety and general welfare of the loss of housing stock in the district and to any unreasonable hardship to the applicant if the permit is denied. The definition of residential use shall be as set forth in Section 243(c)(8)(A), but shall not include any guest room in a building classified as a residential hotel subject to the Residential Hotel Unit Conversion and Demolition Ordinance.

A conditional use permit shall not be required if the demolition permit is sought in order to comply with a court order directing or permitting the owner to demolish a building because it is unsafe. No person shall be permitted to construct anything on the site of a demolished building subject to such an order for a period of two years unless (a) the proposal is for at least the same number and size of dwelling units and guest rooms and the same amount of nonresidential floor area as that which was demolished or (b) the applicant requests and is granted an exemption from this requirement on the ground that the applicant has demonstrated that (1) the need for demolition did not arise because of the deliberate or unreasonable neglect of the maintenance of the building, or that (2) the restrictions would cause undue hardship to the property owner or that (3) the restrictions would leave the property without any substantial remaining market value or reasonable use.

(F) *Residential* Parking. Pursuant to Table 151 in Article 1.5 of this Code, the residential parking requirement shall be one space for each dwelling unit; provided, however, that the Zoning Administrator may reduce the parking requirement to not less than one space for each four dwelling units pursuant to the procedures and criteria of Sections 307(g) and (i) of this Code.

(G) Medical Center Parking. Notwithstanding any contrary provision of this Code, the maximum parking provisions for the Van Ness Medical Use Subdistrict shall be either 150% of one parking space for each 8 beds excluding bassinets, or, 150% of one parking space for each 2,400 square feet of gross floor area devoted to sleeping rooms, whichever results in the greater amount of

permissible parking. Any parking sought up to this maximum but that exceeds the parking provisions outlined elsewhere in this Code may only be granted by the Planning Commission as a Conditional Use Authorization.

(H) Medical Center Loading. Loading standards for medical centers within the Van Ness Medical Use Subdistrict applicable under Section 154(b) may be reduced from the required minimum dimensions through a Conditional Use Authorization, provided that the dimensions provided will be sufficient to meet the reasonably foreseeable loading demands associated with the proposed facility.

~~(G)~~*(I)* Adult Entertainment Enterprises. The uses described in Section 221(k) of this Code are not permitted.

~~(H)~~*(J)* Other Entertainment Uses. Other Entertainment Uses as defined in Section 790.38 of this Code shall require notification as set forth in Section 312 of this Code.

~~(I)~~*(K)* Formula Retail Uses. Formula Retail uses, as defined in Section 303(i) of this Code, shall be permitted, subject to a Conditional Use Authorization, in parcels zoned RC-3 or RC-4 that are within the Van Ness SUD.

(L) Medical Center Street Frontages. If authorized as a Conditional Use under Section 303 of this Code, a medical center within the Van Ness Medical Use Subdistrict may deviate from the street frontage requirements of Section 145.1 of this Code, so long as the Planning Commission finds that the proposed street frontages otherwise achieve the intended purposes of Section 145.1 to "preserve, enhance and promote attractive, clearly defined street frontages that are pedestrian-oriented, fine-grained, and which are appropriate and compatible with the buildings and uses" in the surrounding areas.

~~(9)~~*(10)* Reduction of Ground Level Wind Currents.

(A) New buildings and additions to existing buildings shall be shaped, or other wind baffling measures shall be adopted, so that the development will not cause year-round ground level wind currents to exceed, more than 10 percent of the time, between 7:00 a.m.

and 6:00 p.m., the comfort level of 11 m.p.h. equivalent wind speed in areas of pedestrian use and seven m.p.h. equivalent wind speed in public seating areas. When pre-existing ambient wind speeds exceed the comfort levels specified above, the building shall be designed to reduce the ambient wind speeds in efforts to meet the goals of this requirement.

(B) An exception to this requirement may be permitted but only if and to the extent that the project sponsor demonstrates that the building or addition cannot be shaped or wind baffling measures cannot be adopted without unduly restricting the development potential of the building site in question.

(i) The exception may permit the building or addition to increase the time that the comfort level is exceeded, but only to the extent necessary to avoid undue restriction of the development potential of the site.

(ii) Notwithstanding the above, no exception shall be allowed and no building or addition shall be permitted that causes equivalent wind speeds to reach or exceed the hazard level of 26 m.p.h. for a single hour of the year.

For the purposes of this Section, the term "equivalent wind speed" shall mean an hourly wind speed adjusted to incorporate the effects of gustiness or turbulence on pedestrians.

(d) Van Ness Medical Use Subdistrict – Conditional Use for Medical Center. Within the Van Ness Medical Use Subdistrict, the boundaries of which are shown on Sectional Map No. SU02 of the Zoning Map, medical facilities affiliated with the same institution, separated only by a street or alley, shall be considered a single medical center for purposes of this section.

(1) The "Van Ness Medical Use Subdistrict" shall be defined as the area shown on Sectional Map SU02, to provide medical services by a licensed medical provider. The purpose of the Subdistrict is to allow for the development of a seismically compliant medical facility with unique design requirements not otherwise permitted within the Van Ness Special Use District. To the extent

provided in section 243, deviations from the controls of Section 243 shall be permitted in the Subdistrict relating to bulk, FAR, parking, loading, projections and obstructions over streets and alleys, and street frontage due to the unique requirements of new medical centers.

Section 4. This section is uncodified. Effective Date and Operative Date. This ordinance shall become effective 30 days from the date of passage. This Ordinance shall become operative only on (and no rights or duties are affected until) the later of (a) 30 days from the date of its passage, or (b) the date that Ordinance _____, and Ordinance _____ have both become effective. Copies of said Ordinances are on file with the Clerk of the Board of Supervisors in File No. 120458 & 120460

Section 5. This section is uncodified. In enacting this Ordinance, the Board intends to amend only those words, phrases, paragraphs, subsections, sections, articles, numbers, punctuation, charts, diagrams, or any other constituent part of the Planning Code that are explicitly shown in this legislation as additions, deletions, Board amendment additions, and Board amendment deletions in accordance with the "Note" that appears under the official title of the legislation.

APPROVED AS TO FORM:
DENNIS J. HERRERA, City Attorney

By: Audrey Pearson
Audrey Williams Pearson
Deputy City Attorney

FILE NO. 120357

LEGISLATIVE DIGEST

[Planning Code - Increase Maximum Floor Area Ratios and Create the Van Ness Medical Use Subdistrict Within the Van Ness Special Use District - California Pacific Medical Center: Cathedral Hill Campus]

Ordinance amending the San Francisco Planning Code Section 124 to: 1) allow a floor area ratio of 9:1 for a hospital and 7.5:1 for a medical office building within the Van Ness Special Use District, Medical Use Subdistrict; 2) amend Section 243 to include the establishment of the Van Ness Medical Use Subdistrict and associated controls; and 3) adopt findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

Existing Law

Currently, San Francisco Planning Code Section 124 sets the maximum floor area ratios for development in San Francisco. San Francisco Planning Code Section 243 contains special development controls for the area encompassed within the Van Ness Special Use District.

Amendments to Current Law

This ordinance would amend Planning Code section 124 governing floor area ratios to set a floor area ratio of up to 9 to 1 (from 7 to 1) for the proposed Cathedral Hill hospital site (the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets), and up to 7.5 to 1 (from 7 to 1) for the proposed medical office building site (the block bounded by Van Ness Avenue, Geary Street, Cedar Street and one property west of Polk Street).

This ordinance would also amend the Van Ness Special Use District (Planning Code Section 243) to create a new Van Ness Medical Use Subdistrict. The subdistrict would encompass the proposed Cathedral Hill Hospital site and the proposed Cathedral Hill medical office building site, as well as the proposed connecting underground pedestrian tunnel. The subdistrict would include the following provisions:

1) Allow a floor area ratio of up to 9 to 1 for the hospital site, and up to 7.5 to 1 for the MOB Site (otherwise governed by provisions in Planning Code section 124(d));

2) Allow modification of standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities (otherwise governed by provisions in Planning Code section 136.1);

3) Allow modification of standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate

articulation of building facades and that reduce pedestrian level wind currents (otherwise governed by provisions in Planning Code section 136(c)(1)(B));

4) Allow modification through conditional use authorization of standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages (otherwise governed by provisions in Planning Code §145.1);

5) Allow modification through conditional use authorization of parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces allowed by the Planning Code (otherwise governed by provisions in Planning Code sections 151 and 204.5);

6) Allow modification of loading standards for medical centers, to allow for provision of appropriate loading facilities unique to medical centers (otherwise governed by provisions in Planning Code section 154(b));

7) Allow modification through conditional use authorization of bulk standards to allow for the unique massing requirements of medical facilities (otherwise governed by provisions in Planning Code section 270 and 271);

Background Information

California Pacific Medical Center ("CPMC") currently operates four acute care medical centers in San Francisco: the California Campus, the Pacific Campus, the St. Luke's Campus, and the Davies Campus. As part of its program to meet state seismic readiness deadlines, CPMC's Long Range Development Plan ("LRDP") proposes a five campus system with three acute care hospitals – at Davies, St. Luke's, and a new hospital at the proposed Cathedral Hill Campus – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). Once the proposed Cathedral Hill Hospital is built at the Cathedral Hill Campus, the acute care services at the California and Pacific campuses will be transferred to the Cathedral Hill Hospital. The Pacific Campus's existing acute care hospital would undergo renovation and reuse as an ambulatory care center. CPMC would sell the California Campus after the transfer of acute care and non-acute care services to the Cathedral Hill and/or the Pacific Campus. In the near term, under the LRDP, CPMC would also construct a medical office building at Cathedral Hill, a medical office building at Davies, and a new hospital and medical office building at St. Luke's. More details regarding CPMC's LRDP, including plans and renderings, can be found on the Planning Department's website at cpmc.sfplanning.org.

This ordinance concerns the proposed Cathedral Hill Campus at Van Ness Avenue and Geary Boulevard/Street. The Cathedral Hill Campus includes a new acute care hospital on the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets, a new medical office building on the site bounded by Van Ness Avenue, Geary Street, Cedar Street and one

property west of Polk Street, and a pedestrian tunnel under Van Ness Avenue to connect the two facilities. Additional medical office space for the campus will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space.

The proposed Cathedral Hill Hospital will be a 555-bed, 265' tall, 15-story, approximately 875,378 gross square foot acute care hospital, with related hospital space, including 513 parking spaces on three underground levels. The proposed medical office building, across Van Ness Avenue, will be nine stories tall, approximately 130' in height, and will contain approximately 261,691 gross square feet of floor area and 542 off-street parking spaces on seven underground levels.

Among other approvals, the hospital and medical office building at the Cathedral Hill Campus will require ordinances to amend the San Francisco General Plan and Zoning Map. CPMC also seeks approval of a development agreement with the City primarily related to the construction of the hospital and medical office building at the Cathedral Hill Campus, a new medical office building at the Davies Campus, and construction of a replacement hospital and medical office building at the St. Luke's Campus.

BOARD of SUPERVISORS

City Hall
Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

April 25, 2012

Planning Commission
Attn: Linda Avery
1660 Mission Street, 5th Floor
San Francisco, CA 94103

Dear Commissioners:

April 10, 2012, Mayor Lee introduced the proposed legislation regarding the California Pacific Medical Center Long Range Development Plan (list of legislation attached).

These proposed ordinance and resolutions are being transmitted pursuant to Planning Code Section 302(b) for public hearing and recommendation. They are pending before the Land Use & Economic Development Committee and will be scheduled for hearing upon receipt of your response.

Angela Calvillo, Clerk of the Board

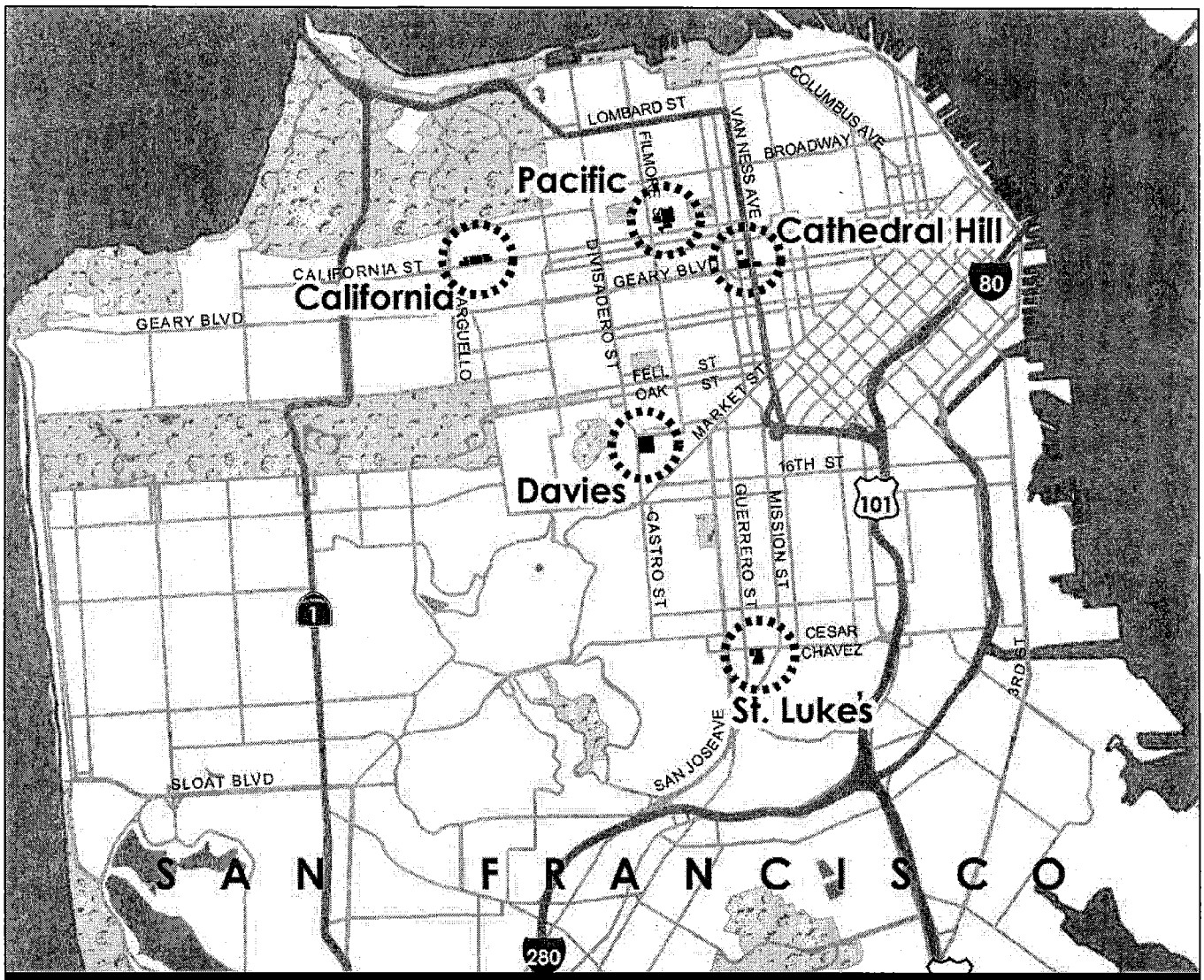
Alisa Miller

By: Alisa Miller, Committee Clerk
Land Use & Economic Development Committee

c: John Rahaim, Director of Planning
Scott Sanchez, Zoning Administrator
Bill Wycko, Chief, Major Environmental Analysis
AnMarie Rodgers, Legislative Affairs
Monica Pereira, Environmental Planning
Joy Navarrete, Environmental Planning

CEQA Clearance under Final Environmental Impact Report for California Pacific Medical Center Long Range Development Plan, Case 2005.0555E, Certified April 26, 2012. CPC M-14588

4/30/12



DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 1
EXECUTIVE SUMMARY

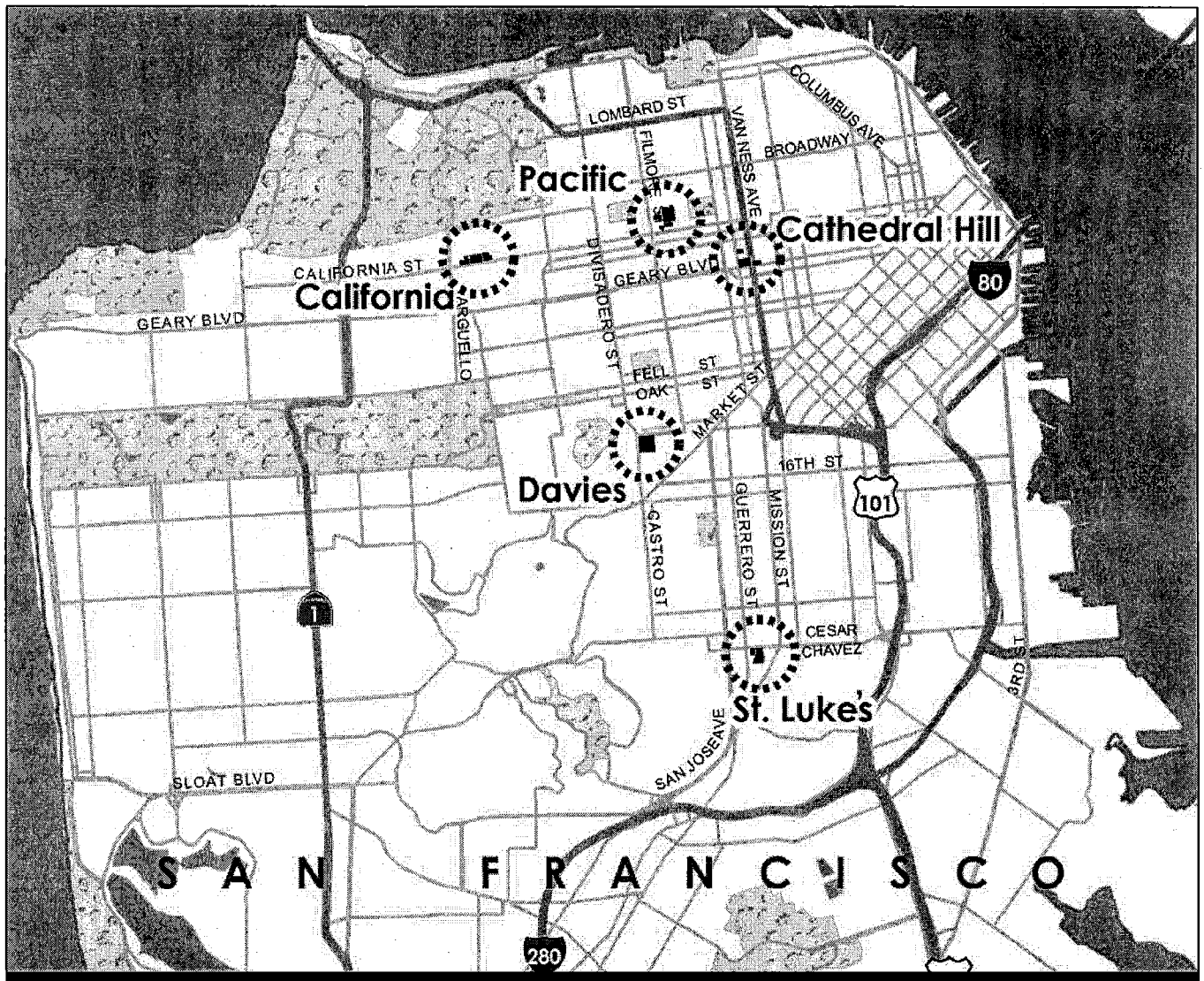
California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
Draft EIR Public Hearing Date:	SEPTEMBER 23, 2010
Draft EIR Public Comment Period:	JULY 21, 2010 – SEPTEMBER 29, 2010

SAN FRANCISCO
PLANNING
DEPARTMENT

Written comments should be sent to:
Environmental Review Officer | 1650 Mission Street, Suite 400 | San Francisco, CA 94103



DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 2
CHAPTERS 1 – 4.4

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
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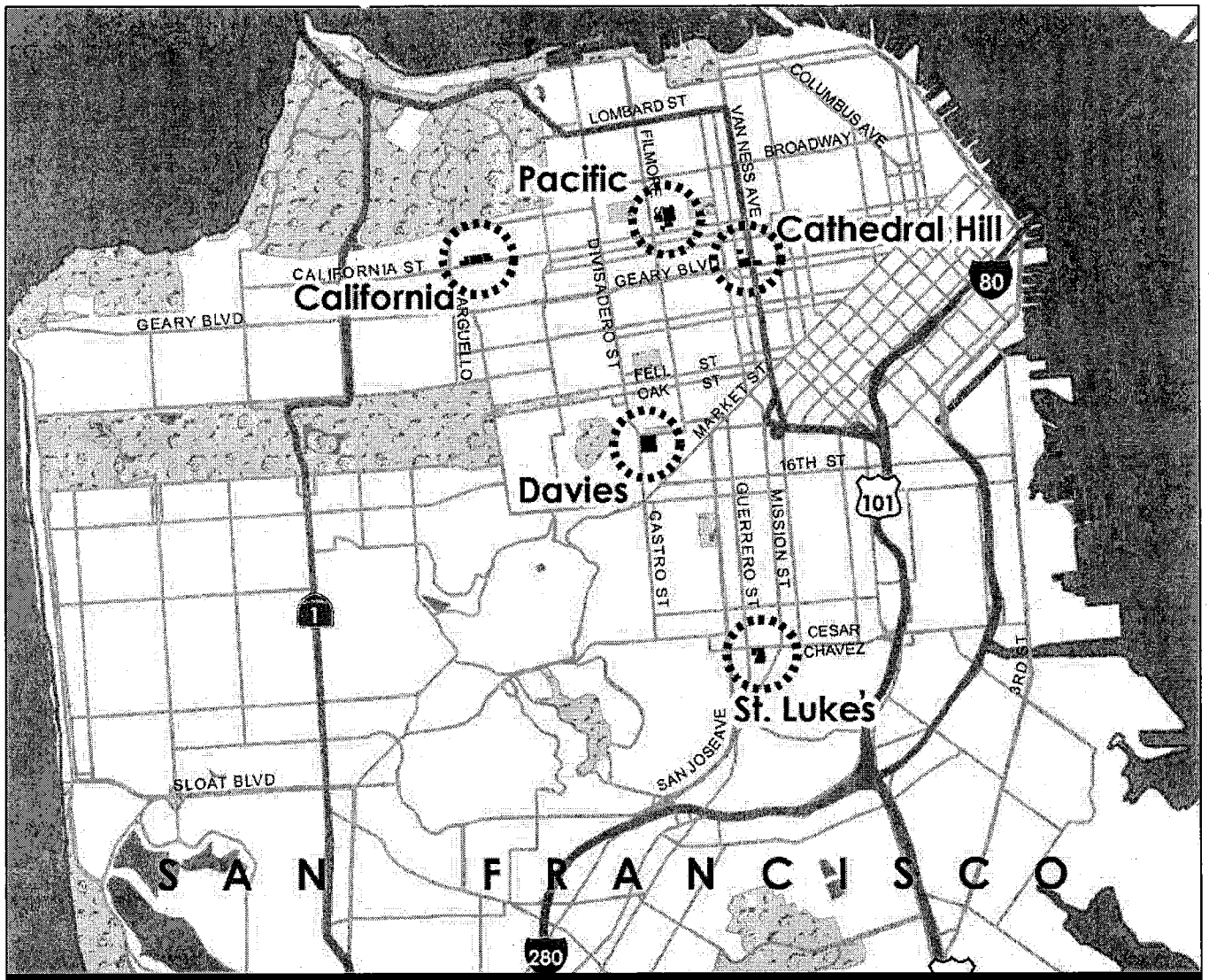

DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 3
CHAPTERS 4.5 – 4.14

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
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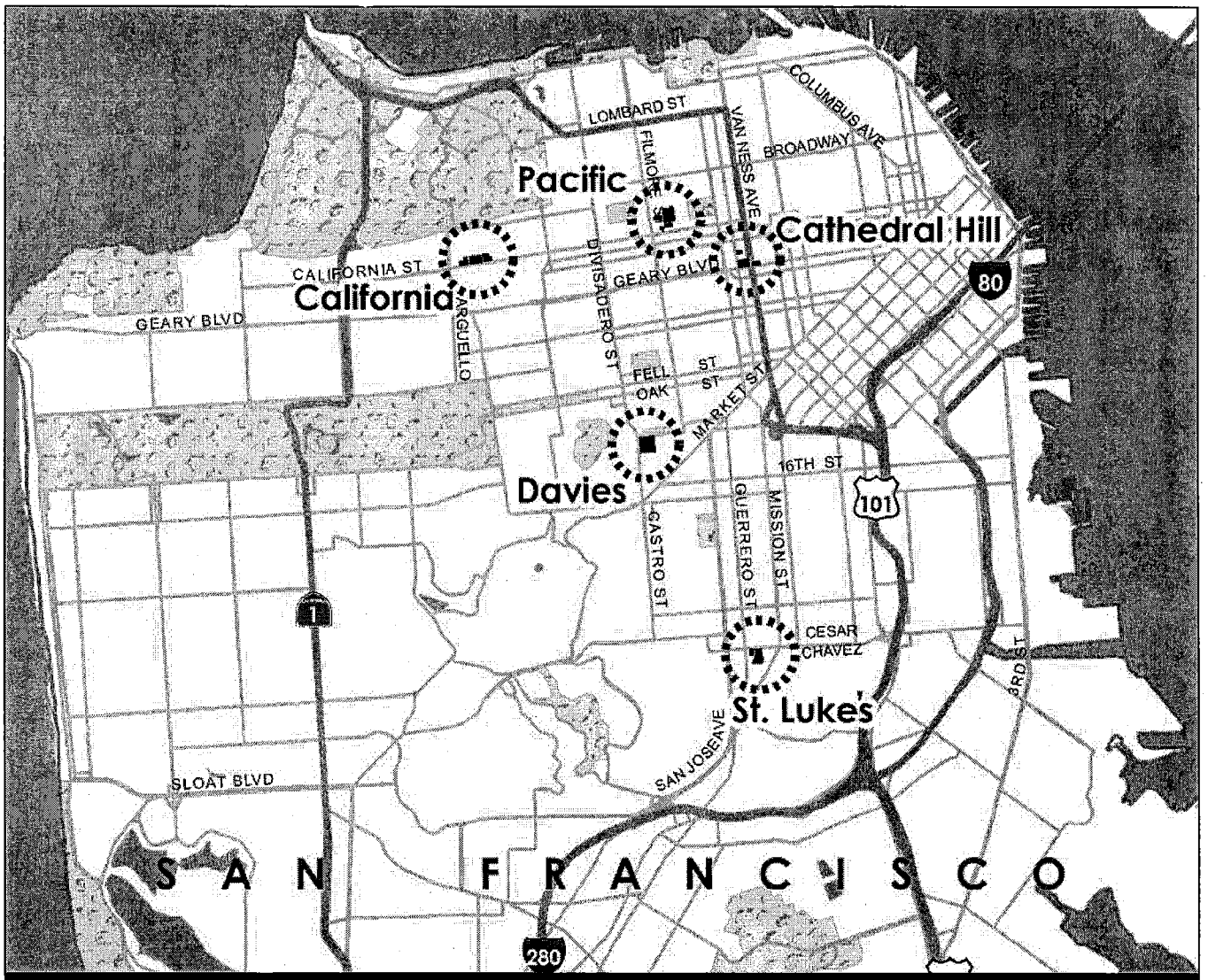

DRAFT ENVIRONMENTAL IMPACT REPORT
VOLUME 4
CHAPTERS 4.15 – APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
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SAN FRANCISCO
PLANNING
DEPARTMENT

Written comments should be sent to:
Environmental Review Officer | 1650 Mission Street, Suite 400 | San Francisco, CA 94103

SAN FRANCISCO
PLANNING DEPARTMENT

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Information:
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March 29, 2012

To: Members of the Planning Commission and Interested Parties

From: Bill Wycko, Environmental Review Officer

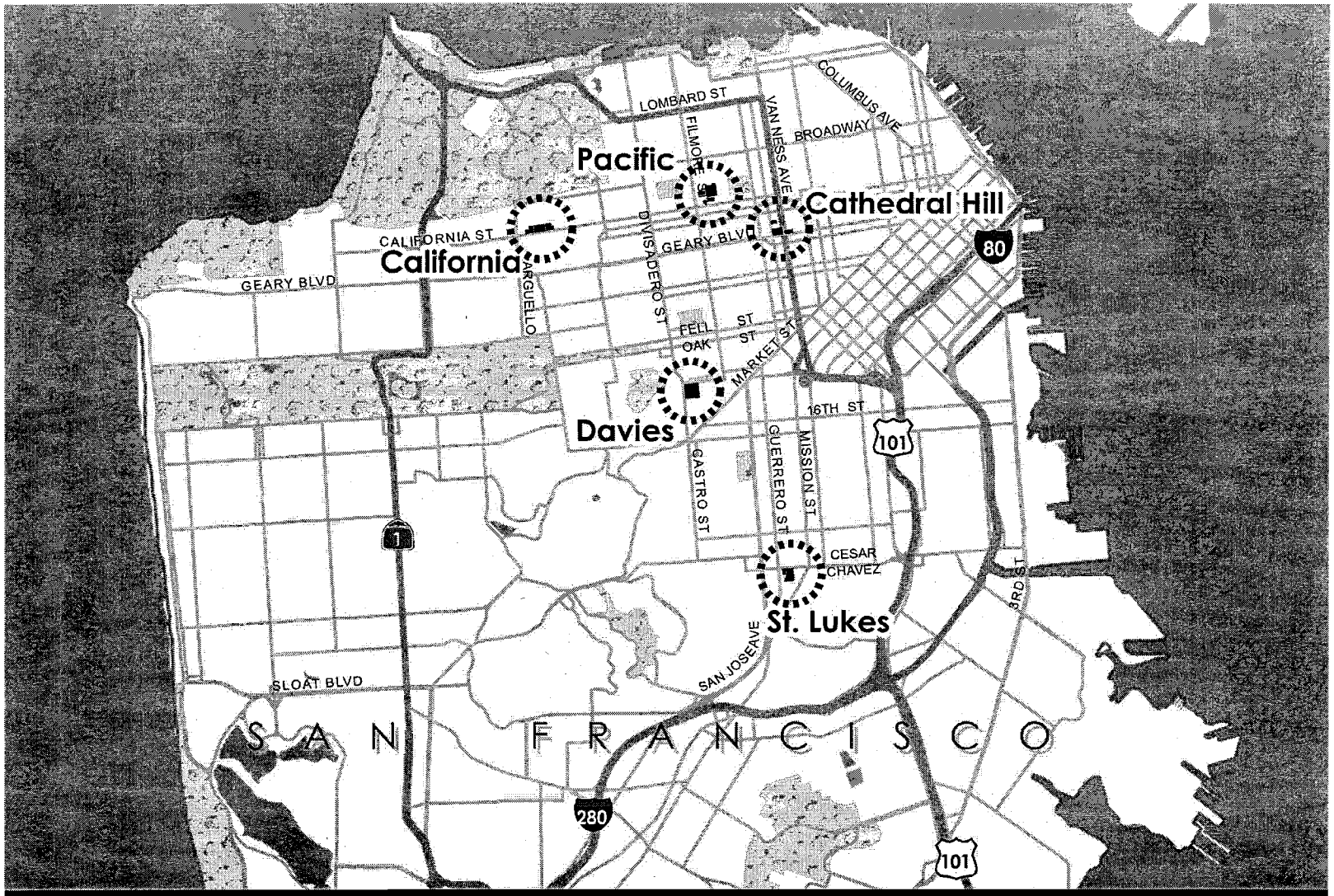
Re: Attached Comments and Responses on Draft Environmental Impact Report Case No. 2005.0555E: California Pacific Medical Center (CPMC) Long Range Development Plan

Attached for your review please find a copy of the Comments and Responses document for the Draft Environmental Impact Report (Draft EIR) for the above referenced project. This document has been provided either on a CD or as a hard copy. This document is also available for download on the Planning Department's website http://tinyurl.com/sfceqadocs. This document, along with the Draft EIR, will be before the Planning Commission for Final EIR certification on April 26, 2012. Please note that the public review period ended on October 19, 2010.

The Planning Commission does not conduct a hearing to receive comments on the Comments and Responses document, and no such hearing is required by the California Environmental Quality Act. Interested parties, however, may always write to the Commission members or to the President of the Commission at 1650 Mission Street, Suite 400, San Francisco, CA, 94103, and express an opinion on the Comments and Responses document, or the Commission's decision to certify the completion of the Final EIR for this project. The certification of the EIR does not indicate a decision by the City to approve or disapprove the proposed project. Approval hearing would occur after the EIR certification.

Please note that if you receive the Comments and Responses document in addition to the Draft EIR published on July 21, 2010, you technically have the Final EIR. If you have questions concerning the Comments and Responses document or the environmental review process, please contact Devyani Jain at (415) 575-9051 or Devyani.Jain@sfgov.org.

Thank you for your interest in this project and your consideration of this matter.



COMMENTS AND RESPONSES | VOLUME 1: CHAPTERS 1-5

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E
STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
Draft EIR Public Hearing Date:	SEPTEMBER 23, 2010
Draft EIR Public Comment Period:	JULY 21, 2010 – OCTOBER 19, 2010
Comments and Responses Publication Date	MARCH 29, 2012
Final EIR Public Certification Date:	APRIL 26, 2012

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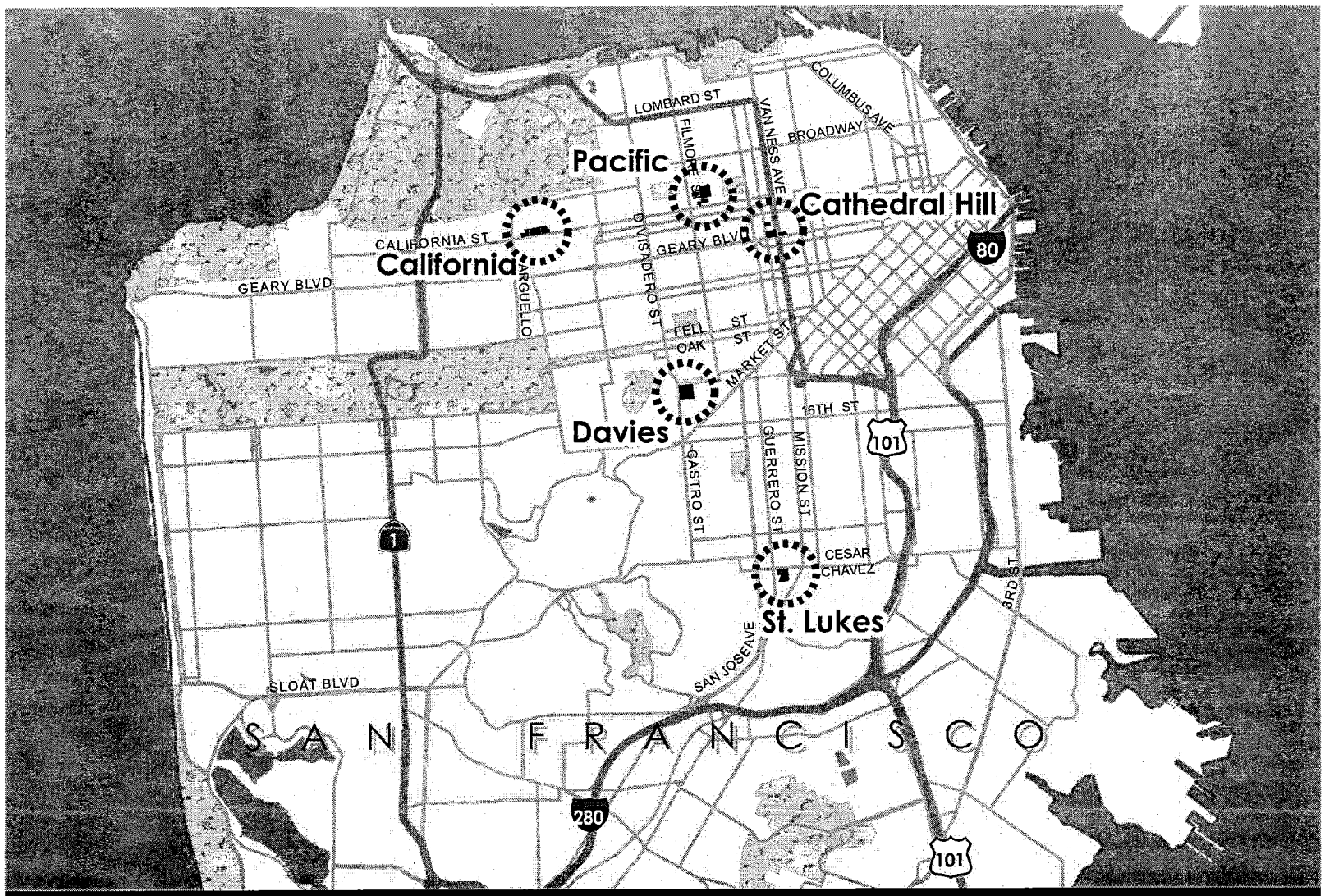

COMMENTS AND RESPONSES | VOLUME 2: APPENDICES

California Pacific Medical Center (CPMC) Long Range Development Plan

PLANNING DEPARTMENT CASE NO. 2005.0555E

STATE CLEARINGHOUSE NO. 2006062157

Draft EIR Publication Date:	JULY 21, 2010
Draft EIR Public Hearing Date:	SEPTEMBER 23, 2010
Draft EIR Public Comment Period:	JULY 21, 2010 – OCTOBER 19, 2010
Comments and Responses Publication Date	MARCH 29, 2012
Final EIR Public Certification Date:	APRIL 26, 2012

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April 27, 2012

Ms. Angela Calvillo, Clerk
Board of Supervisors
City and County of San Francisco
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Re: **Transmittal of Planning Department Case Numbers:**
2009.0885MTZCBRSK, 2009.0886MTZCBRSK, 2012.0403W:
California Pacific Medical Center Long Range Development Plan Project

BOS File No.'s: 120357, 120358, 120359, 120360, 120366, plus *pending* General Plan Amendment File No's_____ and _____ .
Planning Commission Recommendation: *Approval*

Dear Ms. Calvillo,

Attached please find one original hardcopy plus this electronic transmittal of the proposed General Plan Amendment Ordinances, Planning Code Text Amendment Ordinances, Zoning Map Amendment Ordinances, and a Development Agreement Ordinance (collectively, the "Ordinances") for Board of Supervisors' approval. These Ordinances are associated with the California Pacific Medical Center Long Range Development Plan Project (hereinafter "CPMC LRDP Project"), which is a multi-phased development strategy to meet state seismic safety requirements for hospitals and to create a 20-year framework for CPMC's four existing medical campuses and for construction of a proposed new medical campus (the "Cathedral Hill Campus") in San Francisco. The proposed LRDPs would facilitate the development of certain Near-Term Projects under the CPMC LRDP at CPMC's St. Luke's, Cathedral Hill, and Davies Campuses.

On April 5, 2012, the San Francisco Planning Commission (hereinafter "Commission") conducted a duly noticed public hearing at a regularly scheduled meeting to consider the initiation of the proposed General Plan Amendment Ordinances associated with the CPMC LRDP Project.

On April 10, 2012, the Mayor introduced at the regularly scheduled Board of Supervisors hearing various legislation associated with the CPMC LRDP Project, including the Planning Code Text Amendment Ordinances, Zoning Map Amendment Ordinances, and a Development Agreement Ordinance.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting to consider the proposed Ordinances as part of the CPMC LRDP Project.

The proposed Ordinances include the following amendments:

General Plan Amendments

- St. Luke's Campus:
  (1) amend Map 4 of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus; and
  (2) amend Map 5 of the Urban Design Element, to reflect the proposed maximum plan and diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site, and 204' and 228', respectively, for the St. Luke's MOB site.

- Cathedral Hill Campus:
  (1) amend the text of the Van Ness Area Plan ("VNAP") to support a high density medical center at the intersection of Van Ness Avenue and Geary Street/Boulevard that is consistent with the City's Better Streets Plan and reflect various elements of this use;
  (2) amend Map 1 of the VNAP to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill Medical Office Building ("Cathedral Hill MOB") as "the Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Hospital site from 7:1 to 9:1, and for the Cathedral Hill MOB site from 7:1 to 7.5:1;
  (3) amend Map 2 of the VNAP to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site, in order to increase the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0";
  (4) amend Map 4 of the Urban Design Element to reflect a maximum height applicable to the Cathedral Hill Hospital site of 265'-0"; and
  (5) amend Map 5 of the Urban Design Element to reflect the proposed maximum plan and maximum diagonal plan dimensions of 385'-0" and 466'-0", respectively, for the Cathedral Hill Hospital site, and 265'-0" and 290'-0", respectively, for the Cathedral Hill MOB site.

Planning Code Amendments

- St. Luke's Campus:
  (1) add section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") and allow an FAR of up to 2.5:1 therein; and
  (2) add a new subdivision (k) to section 124 to allow an FAR of up to 2.5:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.

- Cathedral Hill Hospital:
  (1) amend section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located, allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB, and allow modification of various otherwise applicable standards within the Van Ness Medical Use Subdistrict; and
  (2) amend section 124(d) to allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site.

Zoning Map Amendments

- St. Luke's Campus:
  (1) amend the Planning Code Zoning Map Sheet HT07 to extend the 105-E Height and Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the entirety of the St. Luke's Campus, and
  (2) amend the Planning Code Zoning Map Sheet SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.

- Cathedral Hill Campus:
  (1) amend the Planning Code Zoning Map Sheet HT02 to reclassify the Cathedral Hill Hospital site from 130-V to 265-V Height and Bulk District; and
  (2) amend the Planning Code Zoning Map Sheet SU02 to show the boundaries of the Van Ness Medical Use Subdistrict.

The core elements of the proposed **Development Agreement** include the following:

- A secure future for St. Luke's – requirement that CPMC rebuilds and maintains St. Luke's Hospital for 20 years
- A continued level of Baseline Charity Care for San Francisco's most vulnerable populations for a period of 10 years. Over and above the Baseline Commitment, hospital care for 10,000 new Medi-Cal Managed Care beneficiaries for a period of 10 years
- Endowment of a new Community Care Innovation Fund to support community clinics and social service providers and facilitate shift towards Medi-Cal Managed Care
- Support for long-term care in the City by maintaining 100 Skilled Nursing Facility ("SNF") beds for 10 years
- Protection of the City's Health Service System ("HS"S) from premium increases by capping rates for 10 years
- Funding for affordable housing
- Funding for MTA transit facilities and service
- Funding for pedestrian safety and streetscape improvements
- Workforce requirements related to local hire for construction, job training programs, and the creation of career paths for San Franciscans

The Planning Commission certified the Final Environmental Impact Report for the Project on April 26, 2012, by Motion No. 18588. At the April 26, 2012, hearing, the Commission voted on various CPMC LRDP Project approvals, including recommending approval of the proposed Ordinances and draft Development Agreement.

The following is a list of accompanying documents (one hard copy, plus electronic copy via email):

- Planning Commission Resolution No.'s 18590, 18591, 18593, 18597, 18602
- Planning Commission Executive Summary for the CPMC LRDP Project
- Draft General Plan Amendments Ordinances: St. Luke's [Board File No. Pending _____] Cathedral Hill Campus [Board File No. Pending _____] (originals delivered)
- Draft Development Agreement, plus DA Errata from 4.24.12

If you have any questions or require further information please do not hesitate to contact me at (415) 558-6395.

Sincerely,

AnMarie Rodgers
Manager of Legislative Affairs

cc:
Mayor's Office, Jason Elliot
Supervisor Eric Mar
Supervisor Malia Cohen
Supervisor Scott Wiener
City Attorney, Audrey Pearson

SAN FRANCISCO
PLANNING DEPARTMENT

Executive Summary

CPMC Long Range Development

HEARING DATE: APRIL 26, 2012

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Date:	April 12, 2012
Case No.:	**Cathedral Hill Campus:** 2009.0885MTZWCBRSK **St. Luke's Campus:** 2009.0886MTZWCBRSK **Davies Campus:** 2004.0603CW **All Campuses:** 2005.0555E; 2012.0403W
Project Address:	**Cathedral Hill Campus:** 1100 & 1101 Van Ness Avenue; 1255 Post Street; 1020, 1028-1030, 1034-1036, 1040-1052, 1054-1060, and 1062 Geary Street; 1375 Sutter Street **St. Luke's Campus:** 3555, 3615 Cesar Chavez Street; 1580 Valencia Street **Davies Campus:** 601 Duboce Avenue **Pacific Campus:** 2315 & 2333 Buchanan Street; 2300 California Street; 2330, 2340-2360, 2351, 2400, & 2405 Clay Street; 2315, 2323, 2324, 2329, & 2395 Sacramento Street; 2018, 2100 & 2200 Webster Street **California Campus**: 3698, 3700, 3838 & 3848-3850 California Street; 3801, 3905, 3773 & 3901 Sacramento Street; 460 Cherry Street
Zoning/Ht. & Blk.	**Cathedral Hill Campus:** RC-4,Van Ness Special Use District/130-V; NC-3/130-E **St. Luke's Campus:** RH-2/105-E, 65-A **Davies Campus:** RH-3/65-D, 130-E **Pacific Campus**: RM-1, RM-2; 40-X, 160-F **California Campus**: RH-2, RM-2; 40-X, 80-E
Proposed Zoning/ Height & Bulk:	**Cathedral Hill Campus:** RC-4, Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict/265-V (hospital site), 130-V (MOB site); NC-3/130-E (1375 Sutter Street site) **St. Luke's Campus:** RH-2, Cesar Chavez/Valencia Streets Medical Use Special Use District/105-E **Davies Campus:** No Change **Pacific Campus:** No Change **California Campus:** No Change
Assessor's Block/Lot:	**Cathedral Hill Campus:** 0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010; 0690/016 **St. Luke's Campus:** 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street **Davies Campus:** 3539/001 **Pacific Campus**: 0612/008; 0613/002, 029; 0628/013, 014; 0629/041, 044; 0636/033; 0637/014, 015, 016, 017, 018, 019 **California Campus**: 1015/001, 016, 052, 053, 054; 1016/001, 002, 003, 004, 005, 006, 007, 008, 009; 1017/027, 028

Project Sponsor: Geoffrey Nelson, CPMC
633 Folsom Street, 5th Floor
San Francisco, CA 94107
(415) 600-7206
NelsonGK@Sutterhealth.org

Staff Contact: Elizabeth Watty – (415) 558-6620
Elizabeth.Watty@sfgov.org

Recommendation: **Certify FEIR**
Adopt CEQA Findings
Recommend Approval of General Plan Amendments
Adopt General Plan/Planning Code 101.1 Consistency Findings
Recommend Approval of Planning Code Amendments
Recommend Approval of Zoning Map Amendments
Approve Conditional Use/Planned Unit Developments with Conditions
Approve Office Allocations
Adopt General Plan Referral Findings
Recommend Approval of the Development Agreement

PROJECT DESCRIPTION

Summary

The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). As described below, the Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[1] In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus[2]. The specific Near-Term Projects are summarized below and described in greater detail in the following sections (plans and renderings are available on the Department's website at cpmc.sfplanning.org; and hard copies are included in the Commission packets):

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[1] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

[2] Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

- Construction of a new 555-bed acute care hospital on the west side of Van Ness Avenue between Geary Boulevard and Post Street;
- Construction of a new medical office building (MOB) on the east side of Van Ness Avenue between Geary and Cedar Streets;
- Construction of a new 80-bed acute-care hospital on the St. Luke's Hospital campus (requiring the vacation of a portion of San Jose Avenue);
- Demolition of the existing St. Luke's Hospital (only after occupancy of the new hospital) and the subsequent construction of a new MOB/expansion building at the general location of the existing hospital; and
- Construction of a new Neuroscience Institute/MOB at the Davies Campus.

Cathedral Hill Campus

The Cathedral Hill Project will include a new acute care hospital, a new medical office building (MOB), and a pedestrian tunnel under Van Ness Avenue to connect the two facilities.

Hospital

The proposed Cathedral Hill Hospital will be a 555-bed, 265'-0" tall, 15-story, approximately 875,378 gsf acute care hospital. It may include, but is not limited to inpatient medical care, labor and delivery, and post-partum care; specialized programs such as organ transplantation, interventional cardiology and newborn intensive care; and an approximately 12,000 sf emergency department. It will also include retail space, a cafeteria, education and conference space; a private, outdoor courtyard for patients, visitors, and staff, and a central utility plant and a three-level underground parking garage with 513 parking spaces. All vehicular access to the main drop-off and parking levels will be from Geary Boulevard and Post Street, with emergency vehicle (ambulance) access from Post Street. Large vehicle loading and private vehicle access to the emergency department will be from Franklin Street.

The building configuration of the Cathedral Hill Hospital has been designed based on the need to accommodate the specialized operational and functional requirements of a major hospital building located on a single City block. The building has two distinct elements: a lower broad supporting podium and a narrow tower with an east-west orientation. These elements accommodate two distinct building functions: diagnostic and treatment and support services within the podium, and inpatient care in the upper bed tower. The building silhouette, created by the tower and podium design, relates to both the immediate neighborhood context and the broader urban core. The building also has been designed to minimize the proportion of the façade along Van Ness Avenue and Post and Franklin Streets and allow for an appropriate pedestrian scale along those streets.

The new Cathedral Hill Hospital's building massing, height and square footage would be concentrated most intensely on the southern half of the site, along Geary Boulevard, where the 15-story rectangular tower would be constructed. The lowest concentration of building mass, height and square footage would be located on the northern half of the site, along Post Street, where the six-story podium component would be constructed. Levels 1 through 4 of the 15-story and six-story portions of the Cathedral Hill Hospital would be connected as one contiguous building (the podium). There is an open-air courtyard area on the fifth floor of its six-story portion.

The most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 g.s.f). This design locates all the operating and procedure rooms and required recovery spaces on one floor, which increases the building and operational efficiencies, and reduces the overall size of the building. These floor plates replace, by comparison, existing spaces currently occupying multiple floors, buildings, and campuses (Pacific and California).

The location of the main pedestrian entrance on Van Ness Avenue orients related public space, such as the second floor cafeteria, along the east side of the podium. Since the site slopes downhill from Franklin Street to Van Ness Avenue, the lobbies and public realm capitalize on daylight at the east side of the site. Spaces not requiring daylight, such as parking and support services, are stacked below the uphill grade along Franklin Street, lowering the perceived height of the podium from the west side of the site.

Access to the podium for vehicles, including ambulances and delivery vehicles, was also designed taking into account the buildings around the site, existing circulation issues, the slope of the site, and necessary adjacencies within the building. For example, the loading dock is located directly adjacent to the service elevators and away from the Daniel Burnham towers.

The closest part of the Cathedral Hill Hospital to the Daniel Burnham towers will be the podium, the height of which is actually lower than the existing height limit for new construction at that location. Kiosk Markets would be located in niches in the bays along the Van Ness Avenue façade of the Cathedral Hill Hospital. These niches could provide space for commercial uses such as a café, news stand or flower shop.

The bed tower and elevators are offset to the south of the site. This location for the bed tower was chosen so that the tower would not be in the center of the podium. If it were in the podium center, this would not allow the necessary contiguous floor areas in the podium (i.e. unbroken by a large elevator core). In determining whether the tower should be on the north or south side of the property, it was clear that the south side location was preferable. Although the location chosen for the tower has certain disadvantages, including shadowing the major green roof areas and courtyard on the podium, it was determined that these disadvantages were outweighed by the advantages to the Daniel Burnham towers and properties generally to the north.

The Central Utility Plant is on the top two floors of the building. This location has overall benefits for air quality and noise. Roof screens will conceal the Central Utility Plant. The roof screens are also a design element on the roof, creating an interesting building silhouette. Variation in materials at the screens articulates and integrates the tower façade.

Although the proposed Cathedral Hill Hospital is not subject to San Francisco Building Code and the Green Building Ordinance, CPMC has committed to "building green", and is seeking LEED Certified status for the Cathedral Hill Hospital.

Medical Office Building

The proposed Cathedral Hill MOB will be across Van Ness Avenue from the Cathedral Hill Hospital, on a site bound by Van Ness Avenue, Geary Street, Cedar Street, and one property west of Polk Street. The Cathedral Hill MOB will be nine stories tall, approximately 130'-0" in height, and will contain approximately 261,691 gsf of floor area and 542 off-street parking spaces on seven underground levels. It will provide office space to physicians affiliated with the Cathedral Hill Hospital who will admit patients to the hospital, and other ancillary services, such as retail space along Van Ness Avenue and Geary Street. The Cathedral Hill MOB will be internally connected to the Cathedral Hill Hospital through a pedestrian tunnel below Van Ness Avenue. The main vehicular access will be from Cedar Street (ingress and egress) and Geary Street (ingress only). The primary patient drop off and one-of-two main pedestrian entrances will occur on Cedar Street at the west end of the block, near the corner of Van Ness Avenue. The other main pedestrian entrance will be mid-block on Van Ness Avenue.

The Cathedral Hill MOB would replace seven smaller buildings along Geary Street between Van Ness Avenue and Polk Street. An important goal of the design of the Cathedral Hill MOB is to complement, to the extent feasible, the scale of nearby buildings so that the new building will fit within the urban pattern of this neighborhood.

The Cathedral Hill MOB is designed to be compatible with the architecture, scale, and massing of the surrounding building, relating to the historical vernacular the buildings found along Van Ness Avenue. The design draws cues from – but is distinctly different than - the historical vernacular of many buildings found along the Van Ness Avenue corridor (i.e. Concordia Club, Regency Theater, Opal, 1000 Van Ness). The building's architectural organization includes a symmetrical design with a clearly articulated "entrance" at the center of the building's Van Ness Avenue façade, and with a solid base holds the corners more appropriately. The exterior treatment of the building includes a concrete cladding (GFRC), and the scale of the building includes window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club; the podium at the street is capped by a contemporary cornice, in a form similar to other buildings on Van Ness Avenue. The upper portion of the building is set back from the Van Ness Avenue podium façade to reinforce this scale at the street.

The Cathedral Hill MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Silver certification.

1375 Sutter Street

Additional medical office space will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space. That building will be renovated, retaining the existing retail and parking spaces; an additional 60 parking spaces required as the result of increased medical office use within the building will be provided off-site within the Cathedral Hill Hospital's underground parking garage.

Streetscape

The streetscape plan in development by CPMC for the Cathedral Hill Campus is a critical part of its design. CPMC proposes to enhance the pedestrian environment by improving the street frontages in the Cathedral Hill Campus area. The Cathedral Hill Project would enhance the pedestrian environment and improve the street frontages in the area, by expanding sidewalk widths and the landscaped areas, offering visual relief to pedestrians, and providing a buffer between pedestrians and traffic lanes. Rainwater gardens would be incorporated around the Cathedral Hill Hospital on Geary Boulevard and Post Street. These rain gardens would filter and absorb storm water from the sidewalks and building faces, and potentially from the building roofs and street surfaces. Landscaping along Van Ness Avenue for both the Cathedral Hill Hospital and Cathedral Hill MOB frontages would include tightly spaced matching street trees, and a "seasonal garden" planting strip separating the sidewalk from the curb lane. The entrances to both facilities would have entry plazas and matching flowering trees on either side of Van Ness. The public Emergency Department entrance on Franklin would have an inviting entry plaza, with vertical plantings near the entrance.

The western end of Cedar Street would be transformed into an Entry Plaza for the Cathedral Hill MOB, with a curbless drop-off area defined by tactile warning tiles and lighted bollards. Cedar Street would be planned so that it could be used for special events such as street fairs or markets in the evenings or on weekends, when the Cathedral Hill MOB and Cedar Street businesses would be closed. Cedar Street would be planted with street trees and shrubs, and would include pedestrian-level street lights along its length.

CPMC's streetscape plan has been designed to complement the City-sponsored improvements anticipated as part of the BRT project. The plan for Geary Boulevard west of Van Ness includes a stop for the proposed Geary BRT with a transit plaza. The Van Ness BRT stops are planned for the Van Ness median south of Geary. The final locations of the BRT stops have not been determined; however CPMC will

update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. The streetscape plan includes designs for BRT stop shelters. The Cathedral Hill Project includes benches along Geary Street and Post Street to accommodate transit riders. A stop for the CPMC shuttle is planned near the corner of Post Street and Van Ness Avenue, which will provide wind and rain protection and will also include shade trees and seating.

St. Luke's Campus

The St. Luke's Replacement Hospital and MOB Project is part of CPMC's Long Range Development Plan (LRDP) to improve its delivery of citywide health care, and comply with seismic requirements of California law.

The new Replacement Hospital and St. Luke's MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new Replacement Hospital is being sited so that it can be built without disrupting services at the existing Hospital Tower. It is being designed, in compliance with SB 1953, to remain operational after a strong earthquake. The Replacement Hospital includes a new 80-bed acute care hospital, and the St. Luke's MOB will provide space for physicians who will be affiliated with the Replacement Hospital, as well as diagnostic and treatment space and space for other outpatient care. The St. Luke's Replacement Hospital and MOB Project will preserve and enhance San Francisco's health care infrastructure in the South of Market area.

Replacement Hospital & MOB

Specifically, the proposal for the St. Luke's Replacement Hospital includes the construction of a new 146,410 gsf, five-story and approximately 99'-0" tall, 80-bed full-service, acute care hospital, sited on the Campus' existing surface parking lot and over a portion of the to-be-vacated San Jose Avenue that has been closed for use as a street since 1968 (and is currently used for parking for the St. Luke's Campus under an encroachment permit). Based on the recommendations of the Blue Ribbon Panel, which the Board of Supervisors commended through Resolution No. 478-08, the new Replacement Hospital will be sited such that the existing hospital can remain in continuous operation during the new hospital's construction. The Replacement Hospital will include Centers of Excellence in Senior and Community Health and an expanded Emergency Department, and may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, and post-partum care. It will also include a cafeteria and an enclosed loading area.

The Emergency Department at the Replacement Hospital will be approximately 11,500 gsf, which is an increase of approximately 4,440 gsf over the existing Emergency Department in the 1957 Building. The new Emergency Department will be a significant improvement over the existing facility, and waiting times for patients should be reduced, because it will have all private treatment spaces. The new Emergency Department will be in the Replacement Hospital, adjacent to Imaging Services; this adjacency will increase efficiency. There will be more support space and improved technology. Waiting time for patients should be reduced by additional flexible triage space. Additionally, many of the non-emergency patient visits would be accommodated by expanding the existing Health Care Center, an urgent care center currently operating out of the Monteagle Office Building. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity would increase from about 26,000 visits per year today to approximately 31,600 visits.

After the Replacement Hospital opens and once services are moved into it from the existing Hospital Tower and the 1957 Building, the existing Hospital Tower will be demolished as part of the St. Luke's Near-Term Project. After demolition of the Hospital Tower, the new St. Luke's MOB would be

constructed at that site, also as part of the St. Luke's Near-Term Project. Construction of the St. Luke's MOB is expected to occur after 2015.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the Replacement Hospital, and the building would be converted from acute care to support use. The MRI Trailer, and the enclosed passageway connecting to the 1912 Building, would be removed after construction of the St. Luke's MOB. The uses in the MRI Trailer would be transferred to the Replacement Hospital or St. Luke's MOB upon completion. CPMC would also then construct a new 104,008 gsf, five-story and approximately 100'-tall St. Luke's MOB in the existing hospital's place. The St. Luke's MOB would include medical office space for doctors admitting patients to the Replacement Hospital, and would include retail, educational, and conference space, along with a four level underground garage with approximately 219 parking spaces. Vehicular access to the underground parking garage will be from Cesar Chavez and Valencia Streets.

The exterior designs of the Replacement Hospital and St. Luke's MOB were developed with input from the Planning Department staff and the community. The exteriors of the bases of the Replacement Hospital and of the St. Luke's MOB will be durable (tile, stone or brick) and will ground the buildings on the site, engaging users at the pedestrian level. The upper floors will be Glass Fiber Reinforced Concrete (GFRC). Metal panels are used for the canopy which runs along the entire east side of the Replacement Hospital, unifying the upper and lower public plazas and creating a connection from the interior of the Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the Replacement Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

The St. Luke's MOB will be entitled at the same time as the Replacement Hospital, but the design will continue to be refined with Planning staff while the Replacement Hospital is being built since the St. Luke's MOB cannot be built until the existing hospital is demolished. Once built, the new St. Luke's MOB will connect internally to the Replacement Hospital and 1957 Building.

Although the proposed Replacement Hospital is not subject to the San Francisco Building Code and the Green Building Ordinance, CPMC has committed to "building green", and is seeking LEED Certified status for the St. Luke's Replacement Hospital. The St. Luke's MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Silver certification.

Landscape, Streetscape, and Open Spaces

The new Replacement Hospital and St. Luke's MOB will be organized around landscaped open space that mimics the existing San Jose Avenue alignment between Cesar Chavez Street and 27th Street. This landscaped public plaza would span two levels and would be designed to unify the Campus, mediate the site's significant grade change and provide a public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets. The lower north plaza at Cesar Chavez will front the Replacement Hospital's cafeteria and primary entrance at the northeast corner of the building and the ground floor retail at the base of the St. Luke's MOB. The upper plaza, to the south of the lower plaza, will provide access to the second level of the Replacement Hospital. Stairs against the east face of the Replacement Hospital connect the Campus's south upper plaza at 27th Street and the north lower plaza at Cesar Chavez. A canopy will cover the drop-off area on Cesar Chavez Street and adjacent Replacement Hospital entrance, and continue along the east face of the Replacement Hospital along the public plaza, to provide protection in inclement weather, as is required by the California Building Code. The plazas and adjacent streetscape along Cesar Chavez would be enlivened by activity at the Replacement Hospital's lobby and café, a community room facing the lower plaza, and by the St. Luke's MOB retail along the full Cesar Chavez frontage. All landscaping and street improvements as part

of the St. Luke's Near-Term Project are consistent with and complement the Cesar Chavez Street Design Plan.

Davies Campus

In 2004, CPMC submitted plans with the City outlining the creation of a 46,006 gsf, four-story medical office building (aka Neuroscience Institute), on a portion of the campus that is currently occupied by sections of two surface parking lots containing 64 surface parking spaces. The new Neuroscience Institute would consolidate CPMC's neuroscience programs in a new building at the Davies Campus. At the time of this original application, the project was not considered part of the proposed CPMC Seismic Compliance Hospital Replacement program (also called the Four Campus Master Plan). The Planning Commission approved the Neuroscience Institute project in June 2007; however, in September 2007 the Board of Supervisors heard the environmental appeal (Case No. 2004.0603E), overturned the environmental document (Final Mitigated Negative Declaration), and voted to require that the Neuroscience Institute project be evaluated in the context of CPMC's future development plans.

There have been no changes to the Neuroscience Institute project since the Commission's previous approval, other than (1) the addition of an emergency generator located south of the proposed building (screened from Noe Street); and (2) design changes to the new sidewalk along Noe Street consistent with recently implemented diagonal parking on Noe Street, and from a meandering path to a more straight path of travel, consistent with the City's Better Streets Plan.

The Neuroscience Institute Project proposes the construction of a four-story, 46,006 gsf medical office / clinic building ("the Neuroscience Institute") at the southwest corner of Duboce Avenue and Noe Street. The Neuroscience Institute will contain approximately 19,077 gsf of medical office space, 18,207 gsf of outpatient clinic space, 11,795 gsf of circulation/mechanical/support space, and 1,021 gsf of retail space (pharmacy). The Neuroscience Institute Project also includes a screened exterior generator located to the south of the proposed building, which was not part of the proposal in 2004.

The Neuroscience Institute Project is intended to better accommodate patients at the Davies Campus. The complementary programs and services of Neuroscience/neurosurgery, microsurgery, and acute rehabilitation are being consolidated at the Davies Campus. The new and reconfigured space would house research and treatment facilities for a range of neurological disorders such as amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), Multiple Sclerosis (MS) and Muscular Dystrophy (MD), all painful and debilitating conditions requiring very specialized drop-off, loading, and treatment facilities.

The existing MOB at the Davies Campus is currently near capacity with medical professionals that serve the neighborhood, and cannot accommodate this programmatic need.

The new Neuroscience Institute would conform to the zoning, height, and bulk requirements for the site. The building would be approximately 13 feet in height on the façade nearest Duboce Park, and then step up to a Planning Code height of 40 feet in height along the primary (Noe Street) façade.

The ground floor, Level 1, would hold the main lobby, medical offices, an EEG Clinic, and pharmacy space. The ground-floor lobby would provide improved access to the medical center for ambulatory patients, who would be able to arrive by the nearby N-Judah train and cross Duboce Avenue to the covered entry at the northeast corner of the building. Once inside, they would be able to access the North Tower and the rest of the hospital by taking the elevators to Level 4 and using the interconnecting corridor to corresponding North Tower Level A. Currently, pedestrians who arrive on the N-Judah must climb a steep hill up Duboce Avenue to reach the North Tower hospital entrance. There will be an additional pedestrian entrance on the south end of the building, facing the surface parking lot.

Level 1 would also have the main electrical room and mechanical space containing the major equipment serving the building.

Level 2 of the proposed Neuroscience Institute, located above Level 1, would contain medical offices.

The Neuromuscular ("NM") Clinic would be on Level 3 of the proposed Neuroscience Institute. The NM Clinic would be used for the treatment of various neuromuscular diseases such as Lou Gehrig's disease, Multiple Sclerosis, and Muscular Dystrophy. The clinic would have a vehicular drop-off located between the North Tower and the proposed Neuroscience Institute, permitting disabled patients with large wheelchair and gurney transport vans to have same-level access to the clinic. These patients would use the Neuroscience Institute's internal elevators to access the hospital's North Tower via the interconnecting corridor on Level 4. Vehicular access for the NM Clinic drop-off would be through the existing service drive on Duboce Avenue.

Because of the natural grade of the site, there would be an approximately 4' tall space created between the roof level of the building's 3rd floor and the floor level of the 4th floor (which must align with North Tower Level A). To eliminate unnecessary visual height, some mechanical equipment typically placed at rooftop level is tucked into this interstitial space between floors. In addition, the proposed Neuroscience Institute would use steam, hot water, chilled water, medical gasses and emergency power generated in the existing central plant of the hospital, thereby reducing the amount of roof-top equipment that would otherwise be needed, and eliminating the need for diesel exhaust stacks on the roof of the proposed Neuroscience Institute.

Level 4 would house the admitting, preparatory, and recovery functions for ambulatory surgery that takes place in the North Tower hospital; patients from throughout the building would be able to access the North Tower hospital through an interconnecting corridor on Level 4 (the A level of the hospital).

The Neuroscience Institute Project would also result in the creation of a new "MUNI lobby" at the north end of the building directly connecting, for the first time, the lowest physical level of the Campus with the N-Judah MUNI train line across Duboce Avenue, thereby promoting safe, convenient use of available transit. In addition, the Neuroscience Institute Project would widen the passable width of the sidewalk on Noe Street by expanding the sidewalk westward onto CPMC property as well as eastward at block-end bulbouts; install pedestrian seating along Noe Street; and completely renovate and improve the sidewalk surface and landscape for the length of Noe Street – including the retention of existing Significant trees and the addition of new trees – making the pedestrian experience safer and more attractive.

SITE DESCRIPTION AND PRESENT USE

CPMC currently operates a four-campus hospital system with four acute care hospitals – Davies, California, Pacific, and St. Luke's Campuses – providing a total of 1,174 licensed beds and four full-service emergency departments (one at each hospital). The number of beds and average daily inpatient census is the highest of all hospitals in San Francisco. The CPMC system handles approximately one-third of the City's total hospital discharges, about half of the babies born in the City, and almost one-third of the City's emergency department visits.

Cathedral Hill Campus

The site of the proposed Cathedral Hill Hospital currently contains the Cathedral Hill Hotel and 1255 Post Street office building. The site occupies a full city block – bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street – and contains approximately 106,000 square feet of lot area. The site slopes downward to the east along Post Street and Geary Boulevard, and slopes downward to the south along

Franklin Street and Van Ness Avenue. The hotel is 10 stories above grade and 176 feet tall, and the adjacent office building is 11 stories above grade and 180'-tall; these buildings are both vacant, and together they contain approximately 381,791gsf of floor area.

The site of the proposed Cathedral Hill MOB is located on the east side of Van Ness Avenue, between Geary and Cedar Streets (Geary Boulevard becomes Geary Street east of Van Ness Avenue). The site contains approximately 36,200 sf of lot area, and slopes downward to the east along Cedar and Geary Streets, and slopes downward to the south along Van Ness Avenue and the eastern edge of the project site near Polk Street. The site currently contains seven parcels with a variety of ground floor commercial uses, five residential dwelling units, and 20 residential hotel units on upper floors. All of these spaces are vacant.

The sites of the future Cathedral Hill Hospital and Cathedral Hill MOB are located within the RC-4 Zoning District (Residential-Commercial, High Density), Van Ness Special Use District, Van Ness Automobile Special Use District, and 130-V Height and Bulk District.

The RC-4 Zoning District is intended to provide a mixture of high-density dwellings with supporting commercial uses. Hospitals are permitted in this District with Conditional Use authorization.

The Van Ness Avenue Special Use District controls help to implement the objectives and policies of the Van Ness Avenue Plan, which is a part of the General Plan. The key goals of the Van Ness Avenue Plan are to (i) create of a mix of residential and commercial uses along Van Ness Avenue, (ii) preserve and enhance of the pedestrian environment, (iii) encourage the retention and appropriate alteration of architecturally and historically significant and contributory buildings, (iv) conserve the existing housing stock, and (v) enhance the visual and urban design quality of the street. The controls of the special use district include a requirement that new residential uses be provided at a 3:1 ratio to net new nonresidential uses. With a Conditional Use Authorization, this requirement can be modified or waived for institutional uses that serve an important public need that cannot reasonably be met elsewhere in the area.

St. Luke's Campus

St. Luke's Hospital is located in the southeastern quadrant of the City and occupies a full city block, totaling approximately 3.6 acres. It is bounded by Cesar Chavez Street, Valencia Street, Duncan Street, San Jose Avenue, and 27th Street. The campus currently contains eight buildings, totaling approximately 451,868 gsf of floor area and 329 parking spaces. It is licensed for 229 beds.

More specifically, the campus includes the following facilities:

- The **St. Luke's Hospital Tower** has 12 stories above ground and one story below ground, is approximately 197,983 gsf, and is primarily used for inpatient care, skilled nursing, and administrative support. There are eight surface parking spaces north of the Hospital Tower.
- The **1957 Building** has four stories above ground and is approximately 31,724 gsf. It is primarily used for the Emergency Department, diagnostic and treatment space, and support space. There are 106 parking spaces associated with this building; 74 spaces on a surface parking lot; and 32 street spaces along San Jose Avenue.
- The **1912 Building** has four stories above ground, is approximately 26,280 gsf, and is primarily used for hospital administration, outpatient care, diagnostic and treatment space, support space, and the chapel.
- The **Monteagle Medical Center** has eight stories above ground and one story below ground and is approximately 90,005 gsf which includes medical office space, outpatient care space, diagnostic and treatment space, and support space.

- The **Redwood Administration Building** is a portable one-story building containing approximately 2,400 gsf which is used for hospital administration.
- The **Hartzell Building** has two stories above ground and one story below ground and has approximately 18,506 gsf primarily used for office and educational uses for the Samuel Merritt School of Nursing.
- The **Duncan Street Parking Garage** is two stories above ground and contains approximately 83,370 gsf for 215 parking spaces. There are an additional 114 off-street surface parking spaces on the St. Luke's Campus, including in a surface parking lot to the west of San Jose Avenue, for a total of 329 parking spaces.
- The one story **MRI Trailer** provides 1,600 gsf and is used for diagnostic and treatment space.

Several buildings on the campus are connected to each other: the Hospital Tower, the 1957 Building, the 1912 Building, and the Monteagle Medical Center connect north to south through internal corridors at various levels; and the MRI Trailer is connected via an enclosed passageway to the 1912 Building.

The St. Luke's Campus is located in the RH-2 Zoning District (Residential, House, Two-Family), which allows a hospital with a Conditional Use Authorization. The RH-2 Districts are devoted to one-family and two-family houses. In some cases, group housing and institutions are found in these areas, although nonresidential uses tend to be quite limited.

Davies Medical Center

The Davies Campus is an entire city block, comprising approximately 7.2 acres, bounded by Duboce Avenue, Noe, 14th, and Castro Streets. It includes approximately 501,000 gross square feet of floor area within five buildings: the Davies Hospital North Tower, the Davies Hospital South Tower, the Rehabilitation Center, the 45 Castro Medical Office Building, and a 290-space parking garage. The Davies Campus also includes 206 additional off-street surface parking spaces, for a campus total of 496 off-street parking spaces.

The Davies Campus is located in the RH-3 Zoning District (Residential, House, Three-Family), which allows a hospital with a Conditional Use authorization. The RH-3 Districts have many similarities to RH-2 Districts, but structures with three units are common in addition to one-family and two-family houses. Nonresidential uses are more common in these areas than in RH-2 Districts.

CPMC has completed several construction projects over the last few years at the Davies Campus, including the seismic strengthening of the North Tower, which contains the acute care hospital facilities. Rehabilitation of Davies' acute care hospital to an "SPC-2" level (described below) meets the requirements of SB 1953, allowing it to operate until 2030.

SURROUNDING PROPERTIES AND NEIGHBORHOOD

Cathedral Hill Campus

The neighborhoods surrounding the Cathedral Hill Campus site include Cathedral Hill, the Tenderloin, the Polk Street NCD, the Western Addition, Civic Center, Little Saigon, Japantown and Lower Pacific Heights. Although the surrounding neighborhoods contain predominately low- and mid-rise structures, there are a number of large-scale high-rise apartment buildings[3] and several large commercial buildings[4] in

[3] Including the Cathedral Hill Towers building at 1200 Gough Street, the Sequoias Apartment building at 1400 Geary Boulevard, and the Daniel Burnham Court complex at 1 Daniel Burnham Court.

the Van Ness Avenue corridor. The Cathedral Hill neighborhood is also known for its prominent houses of worship, including St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church.

St. Luke's Campus

The St. Luke's Campus is in the greater Mission neighborhood, surrounded by the Inner Mission, Outer Mission, Glen Park, Bernal Heights, Precita Valley, Diamond Heights and Noe Valley neighborhoods. The neighborhood contains a mix of residential uses, including single-family dwellings, duplexes and small apartment buildings. Retail uses are scattered through the area, mainly on Cesar Chavez, Mission, and Valencia Streets. On Mission Street, retail stores and other commercial uses form a continuous corridor of commercial activity. Mission Street draws shoppers, customers and business clients from beyond the immediate neighborhood of the St. Luke's Campus.

Davies Medical Center

The neighborhoods surrounding the Davies Campus are predominantly zoned RH-3 (Residential House, Three-Family) and P (Public). The general character of the surrounding area is a mixture of two- and three-family dwellings ranging in height between three and four stories tall. Duboce Park is directly across Duboce Avenue and to the north of the Davies Campus .

ENVIRONMENTAL REVIEW

On July 21, 2010, the Department published a Draft Environmental Impact Report ("DEIR") for the LRDP Project for public review (Case No. 2005.0555E). The DEIR was available for public comment until October 19, 2010. On September 30, 2010, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting to solicit comments regarding the DEIR. On March 29, 2012, the Department published a Comments and Responses document, responding to comments made regarding the DEIR for the LRDP Project[5].

HEARING NOTIFICATION REQUIREMENTS

TYPE	REQUIRED PERIOD	REQUIRED NOTICE DATE	ACTUAL NOTICE DATE	ACTUAL PERIOD
Classified News Ad	20 days	April 6, 2012	April 6, 2012	20 days
Posted Notice	20 days	April 6, 2012	April 6, 2012	20 days
Mailed Notice	20 days	April 6, 2012	April 6, 2012	20 days

The proposal requires a Section 311-neighborhood notification for the Davies and St. Luke's Campuses, which was conducted in conjunction with the Conditional Use authorization process.

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[4] Including the AMC Theaters at 1000 Van Ness Avenue, the Holiday Inn at 1500 Van Ness Avenue, and the former Ellis Brooks Chevrolet Dealership at the corner of Van Ness Avenue and Bush Street.

[5] The Near-Term Projects that are before the Commission are consistent with the Project Description in the FEIR. In some cases, the gsf numbers in the approval documents vary from, and are less than, those in the FEIR. This is because as part of the approval process, staff reviewed the gsf numbers under the methodology set forth in Planning Code Section 102.9, and further refined the total square footage numbers to reflect Planning Code gross square footage. The variation in gsf is a result of that process, and does not reflect actual changes in building square footage, envelope, program or otherwise.

PUBLIC COMMENT

The Department has received hundreds of written communications in support of and opposition to the LRDP Project from individuals, business owners, labor organizations, and non-profit organizations, as well as expressions of support and opposition at various public meetings, including the DEIR hearing on September 23, 2010; informational hearings at the Planning Commission on March 10, 2011, May 12, 2011, and June 9, 2011; and at the Initiation hearing on April 5, 2012.

ISSUES AND OTHER CONSIDERATIONS

- <u>St. Luke's Campus</u>

  Planned Unit Development Modifications: The St. Luke's Replacement Hospital and MOB Project does not strictly conform to several aspects of the Planning Code. As part of the Planned Unit Development (PUD) process, the Commission may grant modification from certain requirements of the Planning Code for projects that exhibit outstanding overall design and are complementary to the design and values of the surrounding area. The Near-Term Projects on the St. Luke's Campus request modification of the existing PUD for the campus to allow exceptions from regulations related to rear yard requirements, restrictions on projections into streets and alleys, to height and bulk restrictions for buildings over 40 feet in the RH-2 District, and off-street parking requirements.

  Height Reclassification. The Replacement Hospital would be approximately 99'-0", exceeding the existing height limit of 65'-0"that applies to the portion of the Campus where the Replacement Hospital would be sited. The St. Luke's MOB would be approximately 100'-0", and although it would not exceed the zoned height for that portion of the Campus, which is 105'-0", it would exceed the height limit mapped in the General Plan. Zoning Map and General Plan Map Amendments would be required to reclassify these heights and allow the Near-Term Projects to proceed.

  Bulk. The St. Luke's Campus is currently subject to bulk limits under General Plan Urban Design Element Map 5 (Urban Design Guidelines for Bulk of Buildings), which establishes a maximum plan dimension of 110 feet and maximum diagonal plan dimension of 125 feet applicable to portions of buildings above a height of 80 feet. The St. Luke's Campus is subject to split Height and Bulk Districts under Planning Code Height and Bulk Map HT07: the portion of the Campus with the existing Hospital Tower is currently zoned with an "-E" bulk designation; whereas the portion of the Campus containing the existing surface parking is currently zoned for "-A". Pursuant to Planning Code Section 270, the "-E" Bulk Designation limits development to a maximum length and diagonal dimension of 110'-0" and 140'-0", respectively, for development over 65'-0", and the "-A" Bulk Designation limits development to a maximum length and diagonal dimension of 110'-0" and 125'-0", respectively, for development over 40'-0". The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

  The St. Luke's Replacement Hospital and MOB Project includes an amendment to General Plan Urban Design Element Map 5 to increase the bulk limitations to maximum plan and maximum diagonal plan dimensions of 227'-0" and 270'-0", respectively, for the Replacement Hospital site, and 204'-0" and 228'-0", respectively, for the St. Luke's MOB site. It also includes a Zoning Map

Amendment to redesignate the entire St. Luke's Campus within the "E" Bulk Designation to allow a deviation from the bulk requirements of the "E" Height and Bulk District otherwise applicable to buildings over 40 feet within the RH-2 District through a Conditional Use authorization, due to the unique massing and volume requirements for medical facilities, in order to allow the development of the St. Luke's Replacement Hospital and MOB Project with the proposed building dimensions.

- <u>Cathedral Hill Campus</u>

Conditional Use Authorization. The Cathedral Hill Project requires Conditional Use authorization as follows: (1) to allow a Medical Center within the RC-4 District and pursuant to the provisions for the Van Ness Special Use District ("VNSUD"); (2) to allow construction of buildings over 50'-0" in an RC-4 District; (3) to authorize demolition of five residential dwelling-units at the MOB site; (4) to modify standards for active ground floor uses and width of curb cuts; (5) to provide an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Medical Center; (6) to modify the bulk limits applicable to the Cathedral Hill Hospital and MOB sites; and (7) to modify the 3:1 residential to net new non-residential ratio requirement in the VNSUD. Several of these Conditional Use authorizations are the result of Planning Code Text Amendments to the VNSUD, which enable the project to seek Conditional Use authorizations to modify provisions of the Code that would not otherwise be in conformity.

Van Ness Area Plan Amendments. The Cathedral Hill Project includes amendments to several components of the Van Ness Area Plan, in order to support a high density medical center at the transit nexus of Van Ness Avenue and Geary Boulevard/Street. Specifically, it includes amendments to: (1) modify the text of the Van Ness Area Plan to allow a medical center at the transit nexus of Van Ness and Geary Boulevards and reflect various elements of this use, including but not limited to making the Cathedral Hill Project subject to the City's Better Streets Plan, rather than several of the specific streetscape requirements of the Van Ness Area Plan; (2) Map 1 to designate the sites proposed for the new Cathedral Hill Hospital and MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable FAR for the Cathedral Hill Hospital Site from 7:1 to 9:1, and to increase the FAR for the Cathedral Hill MOB site from 7:1 to 7.5:1; and (3) Map 2 to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site.

General Plan Urban Design Element Amendments. The Cathedral Hill Project includes amendments to the General Plan Urban Design Element, to: (1) Map 4 to increase the maximum height applicable to the Cathedral Hill Hospital site of 265'-0"; and (5) Map 5 to reflect the proposed to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site. **Height Reclassification.** The Cathedral Hill Hospital would be approximately 265'-0", exceeding the existing height limit of 130'-0"as set forth in the Planning Code Height and Bulk Map HT02, and the maximum height limit of 240'-0" as set forth in the General Plan Urban Design Element Map 4 . In addition to the amendment to General Plan Urban Design Element Map 4 described above, a Zoning Map Amendment would be required to reclassify the Cathedral Hill Hospital site to the proposed height, and to allow the Cathedral Hill Project to proceed.

Bulk. The Cathedral Hill Campus is currently subject to bulk limits under General Plan Urban Design Element Map 5 (Urban Design Guidelines for Bulk of Buildings), which establishes a maximum plan dimension of 110 feet and maximum diagonal plan dimension of 140 feet applicable to portions of buildings above a height of 40 feet at the Cathedral Hill Hospital site, and a maximum plan dimension of 110 feet and maximum diagonal plan dimension of 125 feet applicable to portions of buildings above a height of 80 feet at the Cathedral Hill MOB site. The Cathedral Hill Campus is currently zoned with an "-V" bulk designation. Pursuant to Planning Code Sections 243 and 270, the "-V" Bulk Designation limits development to a maximum length and diagonal dimension of 110'-0" and 140'-0", respectively, for development over 50'-0". The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

The proposed maximum length and diagonal dimensions of 385'-0" and 466'-0", respectively, for the Cathedral Hill Hospital, and 265'-0" and 290'-0", respectively for the Cathedral Hill MOB exceed the maximum allowed dimensions in General Plan Urban Design Element Map 5 and Planning code Section 270 and therefore require a General Plan Amendment to Map 5, as described above, and Conditional Use authorization.

In addition to the General Plan and Zoning Map Amendments described above, the Cathedral Hill Project includes Planning Code Text Amendments, to allow a deviation from the bulk requirements of Section 243 and 270 for a medical center project within the VNSUD, Van Ness Medical Use Subdistrict, due to the unique massing and volume requirements for medical facilities, if authorized as a Conditional Use authorization. Almost all hospital buildings require exceptions from bulk limits, and the requested exception from bulk limits is consistent with precedent from other hospital approvals.

- <u>Davies Campus</u>

Planned Unit Development Modifications. The Neuroscience Institute Project does not strictly conform to the rear yard requirements of the Planning Code. As part of the PUD process, the Commission may grant modification from certain requirements of the Planning Code for projects that exhibit outstanding overall design and are complementary to the design and values of the surrounding area. CPMC is seeking such a modification to the existing PUD for the Davies Campus to allow an exception to the rear yard requirements of the Planning Code.

- **CPMC's Seismic Safety Requirements:** CPMC's LRDP is driven by California's strict seismic standards for hospitals. Currently, CPMC operates a four campus hospital system with four acute care hospitals: Davies, California, Pacific, and St. Luke's. Due to state law, specifically the 1972 Alquist Priolo Act, as amended by Senate Bill (SB) 1953 and subsequent legislation, all acute care hospitals must meet or exceed performance standards intended to result in the hospitals being life-safe or operational after a major earthquake. CPMC is one of four hospitals in the City currently planning to build new facilities to comply with Structural Performance Category (SPC) 5, the most stringent seismic requirements of SB 1953; UCSF and SF General Hospital are under construction, while CPMC and Chinese Hospital have applications pending with the Planning Department.

The Structural Performance Categories are ratings of seismic safety. They range from SPC-1, the lowest possible structural performance category (wherein buildings pose a significant risk of collapse and a danger to the public after a strong earthquake), to SPC-5, the highest category

(wherein buildings are in compliance with the structural provisions of SB 1953 and are projected to be able to remain not just life-safe but operational following strong ground motion).

SPC ratings 4, 3, and 2 are assumed to remain life-safe after a major seismic event, but not necessarily fully operational. Acute care hospitals with SPC ranking 1, considered a collapse hazard, must have been retrofitted by 2008, or have elected to rebuild their hospital to an SPC-5 standard by 2013. Successor legislation to SB 1953, including SB 1661, SB 608, and most recently SB 90, have added progress reporting requirements and allowed for compliance extensions to accommodate, among other things, the time required to receive local approvals to build. Via SB 90, for example, an extension beyond 2013 is available, but a final deadline (with completion no later than 2020) is not set until hospitals can evidence a reliable funding and construction plan for compliance.

None of CPMC's existing hospitals are comprised entirely of SPC-5 –rated buildings. Only the Davies Campus was able to be retrofitted to SPC-2 by the 2008 deadline, allowing CPMC to provide acute care services in the rehabilitated buildings until 2030. The remaining three campuses – California, Pacific, and St. Luke's Campuses – have some or all component facilities currently rated SPC-1 and are required to be retrofitted or rebuilt as described above. Below is a list of CPMC's current acute-care hospitals' SPC ratings (and number of respective buildings on campus at each rating):

- California: SPC-1 (10 buildings), SPC-4 (1 building), SPC-5 (1 building);
- Pacific: SPC-1 (2 buildings);
- St. Luke's: SPC-1 (1 building), SPC-2 (1 building), SPC-4 (1 building);
- Davies: SPC-1 (2 buildings), SPC-2 (2 buildings)

- **Development Agreement ("DA"):** A DA is in general terms a contract between the City and the developer that provides greater security and flexibility to both parties, and that can result in greater public benefits in exchange for developer certainty. Development Agreements are typically used for large-scale projects with substantial infrastructure investment and multi-phase build outs. Should the Commission certify the EIR and decide to approve the Near-Term Projects, the intent is for the City and CPMC to enter into a DA. Approval of the DA and the concurrent enabling ordinances would allow both parties to receive certain benefits that could not be guaranteed through the normal entitlement process. This partnership would rebuild seismically vulnerable hospitals and move San Francisco's healthcare system into the future. The Near-Term Projects would double the number of seismically safe hospital beds in San Francisco, inject $2.5 billion into the City's economy, create 1,500 new construction jobs and provide $1.1 billion in community benefits.

- **Bus Rapid Transit Update:**
The San Francisco County Transportation Authority (SFCTA) is leading the proposed Van Ness BRT and Geary Corridor BRT projects, in partnership with the San Francisco Municipal Transportation Agency. The proposed Van Ness Avenue BRT project team circulated the project's Draft EIS/EIR from November 4, 2011 to December 23, 2011, and is currently in the process of responding to comments. The SFCTA and SFMTA will be selecting a locally preferred alternative (LPA) from one of the three build alternatives analyzed in the Draft EIS/EIR this spring. Project staff will present an informational update to the Planning Commission once SFCTA and SFMTA have made a recommendation on the LPA. The Van Ness BRT project has secured $55M in funding from the Federal Transit Administration Small Starts program. The proposed Van Ness

BRT project costs range by alternative from $90M to $130M. Additional planned funding sources for the project include $20M in programmed Prop K transportation sales tax funds and other regional and State grant programs. The project schedule anticipates start of construction in mid-2015 and an opening date in late 2016.

The proposed Geary BRT project team is in the midst of environmental studies and technical studies to refine the project design. The Draft EIS/EIR for the proposed Geary Corridor BRT is scheduled to be circulated in late 2013. The project's estimated cost is $248M and funding planned to date includes $75M from FTA Small Starts program, $30M in programmed Prop K transportation sales tax funds, and other potential local, regional, federal and private sources. Construction of the proposed Geary Corridor BRT is expected to begin in 2017 and end near 2019. The CPMC LRDP FEIR analysis includes both with and without the proposed BRT scenarios.

- **Follow-up from Initiation Hearing on April 5, 2012.** The Planning Commission had several follow-up questions and suggestions related to CPMC's LRDP – in addition to questions about the status of the BRT – during the Initiation hearing on April 5, 2012. City staff is working through these items and will be prepared with responses under separate cover on or before the April 26, 2012 hearing.

REQUIRED COMMISSION ACTION

In order for the Near-Term Projects to proceed, the Commission must take the following actions:

(1) Certify the Final Environmental Impact Report

(2) Adopt findings under the California Environmental Quality Act, including findings rejecting alternatives as infeasible and adopting a Statement of Overriding Considerations and a Mitigation, Monitoring, and Reporting Program;

(3) Recommend approval to the Board of Supervisors of the following General Plan Amendments:

a. Cathedral Hill Campus:

i. **Van Ness Area Plan:** (a) to amend the text of the Van Ness Area Plan to support a high density medical center, consistent with the City's Better Streets Plan, at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use; (b) to amend Map 1 to designate the sites proposed for the new Cathedral Hill Hospital and MOB as "The Van Ness Medical Use Subdistrict,", and to increase the allowable Floor Area Ratio (FAR) for the Cathedral Hill Hospital site from 7:1 to 9:1; and for the Cathedral Hill MOB site from 7:1 to 7.5:1; (c) to amend Map 2 to create a 265-V District coterminous with the Cathedral Hill Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130' to 265'.

ii. **Urban Design Element:** (a) to amend Map 4 to reflect the proposed height maximum of 265'-0", for the Cathedral Hill Hospital site; and (b) to amend Map 5 to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site.

b. St. Luke's Campus:

i. **Urban Design Element:** (a) to amend Map 4 to reflect the proposed height maximum of 105'-0", for the St. Luke's Campus; and (b) to amend Map 5 to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the Replacement Hospital site and 204' and 228', respectively, for the St. Luke's MOB site.

(4) Adopt findings of consistency with the San Francisco General Plan and Planning Code Section 101.1, those actions required for implementation of the Near Term Projects in the LRDP and associated legislation, and for adoption of the Development Agreement, and including those actions required by Charter Section 4.105 for General Plan Referral.

(5) Recommend approval to the Board of Supervisors of the Planning Code Text Amendments:

a. Cathedral Hill Campus:

i. **Section 243:** To amend the Van Ness Special Use District to create the Van Ness Medical Use Subdistrict, which would include the following provisions:

1. Allow an FAR of up to 9:1 for the Cathedral Hill Hospital site, and up to 7.5:1 for the Cathedral Hill MOB site;
2. **Section 136**.1 – Allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities;
3. **Section 136(c)(1)(B)** – Allow modification of otherwise applicable standards for obstructions over streets or alleys to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents;
4. **Section 145.1** – Allow modification through Conditional Use Authorization of otherwise applicable street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages;
5. **Section 151 and 204.5** – Allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking provided shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code;
6. **Section 154(b)** – Allow modification through Conditional Use authorization of otherwise applicable loading standards to allow appropriate loading facilities unique to medical centers;
7. **Section 270 and 271** – Allow modification through Conditional Use Authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities.

ii. **Section 124(d):** To amend section 124(d) to allow an FAR of up to 9:1 for the Cathedral Hill Hospital site, and up to 7.5:1 for the Cathedral Hill MOB site.

b. St. Luke's Campus:

i. Add Section 249.68: to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District and to allow and FAR of up to 2.5 to 1 within the new Cesar Chavez/Valencia Streets SUD.
ii. Amend Section 124 to add subsection "k" to increase the FAR from 2.25:1.0 to 2.5:1.0 within the boundaries of the St. Luke's Campus.

(6) Recommend approval to the Board of Supervisors of the following Zoning Map Amendments

a. Cathedral Hill Campus:
   i. Map SU02: to show the boundaries of the Van Ness Special Use District, Van Ness Medical Use Subdistrict.
   ii. Map HT02: to reclassify the height and bulk district for the Cathedral Hill Hospital site from 130-V to 265-V, in order to allow a maximum height of 265'-0".

b. St. Luke's Campus:
   i. Map SU07: to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.
   ii. Map HT07: to reclassify the height and bulk district for the portion of the St. Luke's Campus currently designated as 65-A (i.e., the Replacement Hospital site and remaining portions of the existing surface parking lot west of San Jose Avenue and the to-be-vacated area of San Jose Avenue between Cesar Chavez and 27th Streets) to 105-E.

(7) Approve the following Conditional Use authorizations, pursuant to Section 303:

a. Cathedral Hill Campus:
   i. To allow (1) the Cathedral Hill Hospital and MOB as a conditional use medical center use within the RC-4 District and pursuant to the provisions for the Van Ness Special Use District (Sections 209.3, 243) ; (2) construction of buildings over 50'-0" in an RC-4 District (Sections 243, 253); (3) demolition of five residential dwelling-units at the Cathedral Hill MOB site (Section 317); (4) modification of standards for active ground floor uses and width of curb cuts (Section 145.1); (5) exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Campus (Section 243); (6) modification of the bulk limits applicable to the Cathedral Hill Hospital and MOB sites (Section 270, 271); (7) modification of the 3:1 residential to net new non-residential ratio requirement in the Van Ness SUD (Section 243).

b. St. Luke's Campus:
   i. To amend the existing PUD for CPMC's St. Luke's Campus (Sections 209.3(a), 209.9(b), 304), to allow (1) modifications to the rear yard and off-street parking requirements (Sections 134 and 151); (2) to allow exceptions from the dimension limitations for projections over streets or alleys as part of the PUD (Section 136); (3) to allow buildings over 40'-0" in an RH-2 District (Section 253); and (4) to allow deviation from otherwise applicable bulk limits (Sections 270, 271).

c. Davies Campus:

i. To amend the existing PUD for CPMC's Davies Campus (Sections 209.3(a), 304) to allow modifications to the rear yard requirements (Section 134).

(8) Approve Office Allocation:

a. Cathedral Hill Campus: allocate 248,254 sf

b. St. Luke's Campus: allocate 99,848 sf

(9) Approve the General Plan Referrals for the St. Luke's and Cathedral Hill Campuses

(10) Recommend approval of the proposed draft Development Agreement to the Board of Supervisors.

BASIS FOR RECOMMENDATION

- CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.
- CPMC's acute care hospitals on the existing St. Luke's, California and Pacific Campuses do not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. The LRDP achieves the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards.
- The LRDP allows CPMC to build two modern state-of-the art seismically safe hospitals (at St. Luke's and the new Cathedral Hill Campus), to replace the three seismically non-compliant hospitals, without any interruption in delivery of acute care services at existing medical service facilities due to construction. CPMC would also continue to provide seismically safe acute-care services at the previously retrofitted Davies Hospital North Tower through 2030.
- CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.
- Construction of the Near-Term Projects in the LRDP will double the number of earthquake safe beds in San Francisco, inject about $1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.
- The LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.

- Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $2 million for community workforce services, which would provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.
- CPMC's LRDP will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.
- Under the LRDP, the Davies Campus, which has already undergone a number of renovations, will continue to specialize in health care for people with HIV/AIDS, include a new neuroscience center, and provide microsurgical services and rehabilitation care following serious illness or injury.
- The LRDP will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.
- The new St. Luke' Replacement Hospital would be a full-service community hospital integrated into the CPMC city-wide system of care. It would provide critical services including Obstetrics/Gynecology, Medical/Surgical, Intensive Care and Urgent Care, as well as Centers of Excellence in Senior and Community Health.
- By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase substantially. The expanded department will be critical in serving the southeastern portion of San Francisco, and in preventing overburdening of the San Francisco General Hospital Emergency Department.
- Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.
- The 18 psychiatric inpatient beds in the mental health center on the Pacific Campus would remain in service.
- CPMC would ensure a skilled nursing facility (SNF) capacity of 100 beds to serve its patients, including retaining 38 beds currently located at the Davies Campus. The remaining beds would be on CPMC campuses or in the community.
- Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for

additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:

- Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses;
- A secure future for St. Luke's hospital;
- Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;
- $20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and
- Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.

- Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
  - $62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320 affordable units [145 from initial $29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.
  - $20 million from CPMC for MTA transit facilities and service.
  - $13 million from CPMC for pedestrian safety and streetscape improvements.
- The new Cathedral Hill Hospital would be centrally located, at the intersection of two major transit hubs, in a location that is central to San Francisco populations, and near underserved neighborhoods with the highest population density, the most seniors, and the most low income residents.
- The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City.
- The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity.

RECOMMENDATION:	**Approval with Conditions**

Attachments:
Draft Certification Motion
Draft CEQA Findings Motion, including Mitigation, Monitoring, and Reporting Program
Draft Resolutions and Ordinances for General Plan Amendments
Draft Motion for General Plan and Planning Code Section 101.1 Consistency Findings
Draft Resolutions and Ordinances for Planning Code Text Amendments
Draft Resolution and Ordinance for Zoning Map Amendments
Draft Motions for Conditional Use Authorization

Draft Motions for Office Allocation
Draft Motions for General Plan Referral
Draft Resolution and Ordinance for Development Agreement
Block Book Map
Sanborn Map
Zoning Map
Aerial Photographs
Height and Bulk Maps
Photo Simulations
Graphics Package from Project Sponsor, including Plans and Renderings

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Resolution No. 18597

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Planning Code Text Amendment
Zoning Map Amendment
HEARING DATE: APRIL 26, 2012

Date:	April 12, 2012
Case No.:	2005.0555E; 2009.0885MTZCBRSK; 2012.0403W
Project Address:	1100, 1101 Van Ness Avenue; 1255 Post Street, 1020, 1028-1030, 1034-1036, 1040—1052, 1054-1060, 1062 Geary Street
Zoning/Ht. & Blk.	RC-4/Van Ness Special Use District/130-V
Proposed Zoning/ Height & Bulk:	Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict 265-V (Hospital site), 130-V (MOB site)
Assessor's Block/Lot:	0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO: (1) AMENDMENTS TO THE PLANNING CODE TO (A) AMEND SECTION 243, THE VAN NESS SPECIAL USE DISTRICT, TO CREATE A NEW VAN NESS MEDICAL USE SUBDISTRICT THAT WOULD (i) ALLOW AN FAR UP TO 9:1 FOR THE CATHEDRAL HILL HOSPITAL SITE AND 7.5:1 FOR THE CATHEDRAL HILL MOB SITE; (ii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR BUILDING PROJECTIONS UNDER SECTION 136.1; (iii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR STREET FRONTAGE REQUIREMENTS UNDER SECTION 145.1; (iv) ALLOW MODIFICATION OF OTHERWISE APPLICABLE PARKING STANDARDS UNDER SECTIONS 151 AND 204.5 FOR MEDICAL CENTERS, PROVIDED THE AMOUNT OF PARKING SHALL NOT EXCEED 150% OF THE NUMBER OF SPACES OTHERWISE ALLOWED BY THE PLANNING CODE; (v) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR LOADING UNDER SECTION 152; (vi) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR OBSTRUCTIONS OVER STREETS AND ALLEYS UNDER SECTION 136; AND (vii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE BULK STANDARDS UNDER SECTIONS 270 AND 271; AND (B) AMEND SECTION 124(D) TO ALLOW AN FAR UP TO 9:1 FOR THE CATHEDRAL HILL HOSPITAL SITE AND 7.5:1 FOR THE CATHEDRAL HILL MOB SITE; AND (2) AMENDMENTS TO THE PLANNING CODE ZONING MAP TO (A) AMEND MAP HT02 TO RECLASSIFY THE CATHEDRAL HILL HOSPITAL SITE FROM 130-V TO 265-V HEIGHT AND BULK DISTRICT; AND (B) AMEND MAP SU02 TO SHOW THE BOUNDARIES OF THE VAN NESS MEDICAL USE SUBDISTRICT; AND (3) MAKE AND ADOPT FINDINGS, INCLUDING FINDINGS

UNDER PLANNING CODE SECTION 302, ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

PREAMBLE

On June 10, 2005, Ralph F. Marchese of the Marchese Company, Inc., on behalf of the California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application ("EEA") with the Planning Department ("Department"), Case No. 2005.0555E[1]. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties. However, as planning for the CPMC Long Range Development Plan ("LRDP") continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009.

On July 21, 2010, the Draft Environmental Impact Report ("DEIR") for CPMC's LRDP Project, including the Cathedral Hill Campus Project, was prepared and published for public review, and was available for public comment until October 19, 2010.

On September 23, 2010, the Planning Commission ("Commission") conducted a duly noticed public hearing at a regularly scheduled meeting to solicit comments regarding the DEIR. On March 29, 2012, the Department published a Comments and Responses ("C&R") document, responding to comments made regarding the DEIR prepared for the LRDP. Together, the C&R document, the DEIR, and any Errata Sheets, (the Appendices to the Draft EIR and C&R document), Department staff testimony and responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department comprise the Final EIR for the LRDP ("FEIR").

On April 26, 2012, the Commission reviewed and considered the FEIR and found that the contents of said report and the procedures through which the FEIR was prepared, publicized, and reviewed complied with the California Environmental Quality Act (California Public Resources Code Sections 21000 *et seq.*) ("CEQA"), 14 California Code of Regulations Sections 15000 *et seq.* (the "CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31").

The Commission found the FEIR was adequate, accurate and objective, reflected the independent analysis and judgment of the Department and the Commission, and that the summary of comments and responses contained no significant revisions to the DEIR, and certified the FEIR for the LRDP Project in compliance with CEQA, the CEQA Guidelines and Chapter 31.

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2005.0555E, at 1650 Mission Street, Fourth Floor, San Francisco, California.

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[1] At the time of this application, the Cathedral Hill Hospital site was within the boundaries, and was governed by the land use controls, of the Western Addition A-2 Plan. Those controls expired on January 1, 2009.

Department staff prepared a Mitigation Monitoring and Reporting program (MMRP) for the LRDP Project, which material was made available to the public and this Commission for this Commission's review, consideration and action.

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Planning Department ("Department") amend the following sections of the General Plan: (1) the text of the Van Ness Area Plan to support a high density medical center at the intersection of Van Ness Avenue and Geary Boulevard that is consistent with the City's Better Streets Plan and reflect various elements of this use; (2) "Map 1 – Generalized Land Use and Density Plan" of the Van Ness Area Plan to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict"; and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Hospital site from 7:1 to 9:1, and to increase the allowable FAR for the Cathedral Hill MOB site from 7:1 to 7.5:1; (3) "Map 2 – Height and Bulk Districts" of the Van Ness Area Plan to create a 265-V Height and Bulk District coterminous with the Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0"; (4) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height applicable to the Cathedral Hill Hospital site of 265'-0"; and (5) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site. (2009.0885M), with respect to a proposal to: (1) demolish the existing Cathedral Hill Hotel and 1255 Post Street office building (Assessor's Block/Lots 0695-005, 006) and construct a new, approximately 15 story, 555-bed, 875,378 g.s.f acute care hospital with 513 underground parking spaces at 1101 Van Ness Avenue; (2) demolish seven existing vacant residential and commercial buildings (Assessor's Blocks/Lots 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010) and construct a new, approximately 261,691 g.s.f MOB with 542 underground parking spaces at 1100 Van Ness Avenue; (3) construct a pedestrian tunnel under Van Ness Avenue to connect the Cathedral Hill Hospital to the Cathedral Hill MOB; and (4) various streetscape, sidewalk, and landscape improvements surrounding the Medical Center (collectively, "Cathedral Hill Project"), within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 130-V Height and Bulk District.

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Department to amend the following sections of the San Francisco Planning Code: Section 243, the Van Ness Special Use District, to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities; allow modification of otherwise applicable standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents; allow modification through Conditional Use authorization of otherwise applicable standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages; allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code; allow modification of otherwise applicable loading standards for medical centers; and to allow modification through Conditional Use authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities. The Project

Sponsor also requested an amendment to Planning Code Section 124(d) to allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site (Case No. 2009.0885T).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Department to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT02 to reclassify the Cathedral Hill Hospital site from 130-V to 265-V Height and Bulk District; and (2) Map SU02 to show the boundaries of the Van Ness Medical Use Subdistrict (Case No. 2009.0885Z).

On June 10, 2010, the Project Sponsor filed an application, as modified by subsequent submittals, with the Department for Conditional Use Authorization to allow (1) the Cathedral Hill Hospital and MOB as a medical center use within the RC-4 District and pursuant to the provisions for the Van Ness Medical Use District ("VNSUD"); (2) allow construction of buildings over 50'-0" in an RC-4 District; (3) authorize demolition of five residential dwelling-units at the Cathedral Hill MOB site; (4) modify standards for active ground floor uses and width of curb cuts; (5) provide an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Campus; (6) modify the bulk limits applicable to the Cathedral Hill Hospital and MOB sites; (7) modify the 3:1 residential to net new non-residential ratio requirement in the VNSUD, pursuant to Planning Code Sections 145.1, 209.3, 243, 253, 270, 271, 303, and 317.

On June 10, 2010, the Project Sponsor submitted a request for the allocation of Office Space for approximately 194,000 sf of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill MOB (Case No. 2009.0885B).

On April 28, 2011, the Project Sponsor submitted a request for a General Plan Referral, Case No. 2009.0885R, regarding construction of a tunnel that would connect the Cathedral Hill Hospital and Cathedral Hill MOB sites below grade under Van Ness Avenue, installation of a diesel fuel tank under the Geary Boulevard sidewalk at the Cathedral Hill Hospital site; and sidewalk widening throughout the Cathedral Hill Campus (2009.0885R).

On March 30, 2012, the Project Sponsor submitted an Application for a Development Agreement relating to the construction and reconstruction of health care facilities in furtherance of the CPMC's LRDP by and between the City and County of San Francisco and CPMC, pursuant to Administrative Code Section 56.4. This Application was endorsed and accepted as complete by the Planning Director on April 4, 2012.

On April 5, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18571, initiating the requested General Plan Amendments.

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. 120357; (2) the Zoning Map Amendments in Board File No. 120359, (3) the street encroachment ordinance in Board File No.120362, (4) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120364.

On April 26, 2012, by Motion No. 18588, the Commission certified as accurate, adequate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Hospital and MOB Project. A copy of Commission Motion No. 18588, is in the file for Case No.2005.0555E. Also on April 26, 2012, by Motion No. 18589, the Commission adopted findings, including a statement of overriding considerations, and an

MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on April 26, 2012, in Motion No. 18589.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. 18591, recommending that the Board of Supervisors approved the requested General Plan Amendments; (2) Motion No. 18592, approving the General Plan and Planning Code Section 101.1 Findings; (3) Motion No. 18598, approving the Conditional Use authorization; (4) Motion No. 18599, approving the Office Allocation; (5) Motion No. 18600, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the Development Agreement.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Case No. 2009.0885EMTZCBRSK.

The Commission has heard and considered the testimony presented to it at the public hearing and has further considered written materials and oral testimony presented on behalf of the applicant, Department staff, and other interested parties.

The Commission has reviewed the proposed Planning Code and Zoning Map Amendment Ordinances; and

MOVED, that the Commission hereby recommends that the Board of Supervisors approve the proposed Planning Code and Zoning Map Amendment Ordinances, and adopt the attached Resolution to that effect.

FINDINGS

Having reviewed the materials identified in the preamble above, and having heard all testimony and arguments, this Commission finds, concludes, and determines as follows:

1. The Commission finds the Cathedral Hill Project to be a beneficial development to the City that could not be accommodated without the actions requested.
2. CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.
3. The existing acute care hospitals at the Pacific and California Campuses do not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. These Ordinances, along with the Development Agreement and related approvals, achieve the objective of allowing CPMC's facilities to be rebuilt

to meet the desired and legally mandated seismic standards, without any interruption in delivery of acute care services at the existing hospitals due to construction.

4. The Cathedral Hill Hotel and 1255 Post Street office building sites were selected for the location of a new acute care hospital because these aggregated parcels met CPMC's site selection objectives, including: (1) being available for sale; (2) being large enough to accommodate the co-location of acute care services from the California and Pacific Campuses; (3) preventing the interruption of existing services at the California and Pacific Campuses during the construction; (4) being located on geologically stable soil; (5) being at a major transit nexus; and (6) the availability of adjacent properties for the construction of a medical office building.

5. The Planning Code was not created with the new construction of hospitals as a focused land use typology, and thus does not recognize the complexity, site and Building Code constraints, and health care delivery intricacies involved therein.

6. A number of conforming amendments to the San Francisco Zoning Map are required in order to resolve the aforementioned issues and facilitate the implementation of the CPMC LRDP.

7. The CPMC LRDP and its proposed amendments to the Planning Code, Zoning Map, and General Plan support the underlying goals of the General Plan, such as maintaining a sound and diverse economic base, providing expanded employment opportunities, promoting high quality urban design, enhancing San Francisco's position as a national and regional center for health services, and promoting adequate health services in all geographic districts.

8. CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.

9. Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about $1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.

10. The Near-Term Projects in the LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.

11. Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all

entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $2 million for community workforce services, which would provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.

12. The Near-Term Projects will assure the availability of modern and high quality, general and specialized inpatient and outpatient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.

13. The Near-Term Projects at the Cathedral Hill Campus will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.

14. The new Cathedral Hill Hospital would be a full-service, acute care hospital with an approximately 12,000 sf emergency department integrated into the CPMC city-wide system of care. It would provide critical services including inpatient medical care, Obstetrics/Gynecology, Medical/Surgical, Intensive Care, as well as specialized programs such as organ transplantation, interventional cardiology and newborn intensive care.

15. Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.

16. The 18 psychiatric inpatient beds in the mental health center on the Pacific Campus would remain in service.

17. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:

    a. Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses;

    b. A secure future for St. Luke's hospital;

    c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;

    d. $20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and

    e. Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.

18. Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:

    a. $62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320

affordable units [145 from initial $29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.

b. $20 million from CPMC for MTA transit facilities and service.

c. $13 million from CPMC for pedestrian safety and streetscape improvements.

19. The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City;

20. The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity;

21. The Planning Code Text Amendments and Zoning Map Amendments are necessary in order to approve the CPMC LRDP Project;

22. **General Plan Compliance.** The Cathedral Hill Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No.** 18600.

23. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the Cathedral Hill Project complies with said policies, as outlined in **Motion No.** 18600.

24. The Cathedral Hill Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.** 18600 and also in that, as designed, the Cathedral Hill Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.

25. Based on the foregoing, the public necessity, convenience and general welfare require the proposed Planning Code and Zoning Map amendments.

I hereby certify that the Planning Commission ADOPTED the foregoing Resolution on April 26, 2012.

Linda D. Avery
Commission Secretary

AYES: Fong, Antonini, Borden, and Miguel

NAYS: Moore and Sugaya

ABSENT: Wu

ADOPTED: April 26, 2012

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Motion No. 18588

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EIR CERTIFICATION

Date:	April 12, 2012
Case No.:	2005.0555E
Project Title:	**California Pacific Medical Center Long Range Development Plan**
Project Address:	**Cathedral Hill Campus:** 1100 & 1101 Van Ness Avenue; 1255 Post Street; 1020, 1028-1030, 1034-1036, 1040-1052, 1054-1060, and 1062 Geary Street; 1375 Sutter Street **St. Luke's Campus:** 3555, 3615 Cesar Chavez Street; 1580 Valencia Street **Davies Campus:** 601 Duboce Avenue **Pacific Campus:** 2315 & 2333 Buchanan Street; 2300 California Street; 2330, 2340-2360, 2351, 2400, & 2405 Clay Street; 2315, 2323, 2324, 2329, & 2395 Sacramento Street; 2018, 2100 & 2200 Webster Street **California Campus:** 3698, 3700, 3838 & 3848-3850 California Street; 3801, 3905, 3773 & 3901 Sacramento Street; 460 Cherry Street
Zoning/Ht. & Blk.:	**Cathedral Hill Campus:** RC-4, Van Ness Special Use District/130-V; NC-3/130-V **St. Luke's Campus:** RH-2/105-E, 65-A **Davies Campus:** RH-3/65-D, 130-E **Pacific Campus:** RM-1, RM-2; 40-X, 160-F **California Campus:** RH-2, RM-2; 40-X, 80-E
Assessor's Block/Lot:	**Cathedral Hill Campus:** 0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010; 0690/016 **St. Luke's Campus:** 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street **Davies Campus:** 3539/001 **Pacific Campus:** 0612/008; 0613/002, 029; 0628/013, 014; 0629/041, 044; 0636/033; 0637/014, 015, 016, 017, 018, 019 **California Campus:** 1015/001, 016, 052, 053, 054; 1016/001, 002, 003, 004, 005, 006, 007, 008, 009; 1017/027, 028
Staff Contact:	Devyani Jain - (415) 575-9051 Devyani.jain@sfgov.org
Recommendation:	**Certify Final Environmental Impact Report**

ADOPTING FINDINGS RELATED TO THE CERTIFICATION OF A FINAL ENVIRONMENTAL IMPACT REPORT, FILE NUMBER 2005.0555E, FOR THE CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN ("PROJECT").

MOVED, that the San Francisco Planning Commission ("Commission") hereby CERTIFIES the Final Environmental Impact Report identified as Case No. 2005.0555E, California Pacific Medical Center ("CPMC") Long Range Development Plan ("Project"), based upon the following findings:

1. The City and County of San Francisco, acting through the Planning Department ("Department") fulfilled all procedural requirements of the California Environmental Quality Act (Cal. Pub. Res. Code Section 21000 *et seq.)*, ("CEQA"), the State CEQA Guidelines (Cal. Admin. Code title 14, Section 15000 *et seq.*, ("CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31").

   A. The project sponsor, CPMC, applied for environmental review of the Long Range Development Plan ("LRDP") on June 10, 2005. The Department determined that an Environmental Impact Report ("EIR") was required and pursuant to and in accordance with the requirements of Section 21094 of CEQA and Sections 15063 and 15082 of the CEQA Guidelines, the Department, as lead agency, published and circulated a Notice of Preparation ("NOP") on July 1, 2006, that solicited comments regarding the scope of the EIR for the proposed project. The NOP and its 30-day public review comment period were advertised in the San Francisco Examiner and mailed to public agencies, organizations and nearby property owners, and other individuals likely to be interested in the potential impacts of the proposed project, all in accordance with law. A public scoping meeting was held at the Cathedral Hill Hotel on July 18, 2006.

   B. As planning for the LRDP continued, the project sponsor added additional components to the LRDP, and filed revised Environmental Evaluation Applications on February 28, 2008, and December 8, 2008. The Department revised and re-issued the NOP for a 30-day public review period on May 27, 2009, and held an additional public scoping meeting on June 9, 2009, to accept oral comments on the revised and refined LRDP proposal. In addition, the City extended the public review period an additional 30 days to July 26, 2009.

   C. The NOP was distributed to the State Clearinghouse (State Clearinghouse Number 2006062157) and mailed to: governmental agencies with potential interest, expertise, and/or authority over the project; interested members of the public, including to those on the Department's list of persons requesting such notice; and occupants and owners of real property surrounding CPMC's four existing campuses and the proposed Cathedral Hill Campus location. Notices were also posted on the LRDP project sites, in the Department and on the Department's website. The Department published the Draft EIR on July 21, 2010, and circulated the Draft EIR to local, state, and federal agencies, and to interested organizations and individuals for review and comment beginning July 21, 2010. The Department provided notice in a newspaper of general circulation of the availability of the Draft EIR for public review and comment, and the date and time of the Commission public comment hearing. This notice was mailed to residents within a 300 foot radius of the four campuses and one proposed campus, the Department's list of persons/organizations requesting such notice, and to government agencies, both directly and through the State Clearinghouse.

   D. Notices of the date and time of the public hearing were posted at approximately 65 locations in and around the four campuses and one proposed campus, and the Draft EIR was posted on the Department's website. Copies of the Draft EIR were mailed or otherwise delivered to a list of persons/organizations requesting it and to government agencies (either through the State Clearinghouse or directly). Copies of the Draft EIR were also made available at the Department's information counter.

   E. A Notice of Completion was filed with the State Secretary of Resources via the State Clearinghouse.

2. The Commission held a public hearing to solicit testimony on the Draft EIR during the public review period on September 23, 2010. A court reporter, present at the public hearing, transcribed the oral comments verbatim, and prepared written transcripts. The Planning Department also received written comments on the Draft EIR, which were sent through mail, fax, hand delivery, or email. The

public review period was initially 60 days but was then extended to 90 days, ending on October 19, 2010.

3. The Department prepared responses to comments on the environmental issues received at the public hearing and in writing during the 90-day public review period for the Draft EIR, provided additional, updated information, clarification and modifications on issues raised by commenters, and prepared Department staff-initiated text changes. The Department presented this material in a Comments and Responses ("C&R") document, published on March 29, 2012, and distributed to the Commission and all parties who commented on the Draft EIR and made available to others upon request at the Department.

4. The Department has prepared a Final EIR, which includes the Draft EIR, the C&R document and any Errata Sheets, (the Appendices to the Draft EIR and C&R document), Department staff testimony and responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department.

5. Project Environmental Impact Report files have been made available for public review at the Planning Department offices at 1650 Mission Street, Suite 400, and are part of the record before the Planning Commission.

6. On April 26, 2012, at a public hearing, the Commission reviewed and considered the Final EIR, and the Commission hereby does find the contents of said report and the procedures through which the Final EIR was prepared, publicized and reviewed, comply with the provisions of CEQA, the CEQA Guidelines and Chapter 31.

7. The project sponsor has indicated that the presently preferred project is the proposed Project, as described in the Final EIR, with the St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant to the Project, as described in the Draft EIR at pages 2-186 to 2-187 and in Figure 2-61 on page 2-201 of the Draft EIR. Under this variant, most of the existing utilities located within the San Jose Avenue right-of-way (other than water, which would remain the same) would be relocated to different alignments than under the proposed LRDP. This variant was included to provide flexibility in considering the appropriate routes for relocating utilities from vacated San Jose Avenue.

   Under this variant, electrical lines would be rerouted south on San Jose Avenue, east on Duncan Street, north on Valencia Street, and west on 26th Street to a substation at the corner of San Jose Avenue and 26th Street. An additional electrical line would connect from the intersection of San Jose Avenue and Cesar Chavez Street and continue east on Cesar Chavez Street (connecting to the line described above). The utility relocation for the combined storm-sewer would follow a similar (but not identical) route as the electrical lines, as described above, and would be coordinated with the SFPUC, to be included in the SFPUC's Cesar Chavez Street Sewer System Improvement Project ("CCSSIP").

   The variant is preferred over the alignment in the LRDP project description. It would not have any associated significant impacts, except as described in the Final EIR for the LRDP alignment, but would not substantially reduce nor eliminate any significant impacts of the St. Luke's Campus project. The electrical line is proposed to follow the alignment described in this variant. The water line would follow the alignment as described, without changes, in both the LRDP and in this variant. The combined storm-sewer line relocation alignment has been superseded by and somewhat modified by the final CCSSIP. The combined storm-sewer has been incorporated into the SFPUC's CCSSIP and was subject to independent review by SFPUC, which confirmed there are no further associated significant impacts related to the CCSSIP alignment.

8. The Planning Commission hereby does find that the Final EIR concerning File No. 2005.0555E: CPMC Long Range Development Plan reflects the independent judgment and analysis of the City and County of San Francisco, is adequate, accurate and objective, and that the Comments and Responses document contains no significant revisions to the Draft EIR. The Commission further finds that the Final EIR, including without limitation, the C&R documents and appendices and all supporting information, and any Errata sheets and/or responses to late comments, do not add significant new information to the Draft EIR that would individually or collectively require recirculation of the EIR under CEQA, because the Final EIR contains no information revealing (1) any new significant environmental impact that would result from the Project or from a new mitigation measure proposed to be implemented, (2) any substantial increase in the severity of a previously identified environmental impact, (3) any feasible project alternative or mitigation measure considerably different from others previously analyzed that would clearly lessen the environmental impacts of the Project, but that was rejected by the Project's proponents, or (4) that the Draft EIR was so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded, and hereby does CERTIFY THE COMPLETION of said Final Environmental Impact Report in compliance with CEQA, the CEQA Guidelines, and Chapter 31.

9. The Planning Commission, in certifying the completion of said Final EIR, hereby does find that the Project and St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant described in the Final EIR and the project preferred by the project sponsor will have the following significant unavoidable environmental impacts that could not be mitigated to a level of non-significance:

<u>Transportation</u>

a) Impact TR-1: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Van Ness/Market.

LRDP project trips at the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Market from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions. This impact would remain significant and unavoidable even with implementation of an expanded Transportation Demand Management ("TDM") program.

b) Impact TR-2: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Polk/Geary.

LRDP project trips at the Cathedral Hill Campus would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions during the a.m. peak hour, and from LOS C under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions during the p.m. peak hour. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

c) Impact TR-19: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Polk/Geary.

The LRDP's contributions to the critical movements at the intersection of Polk/Geary, which would operate at LOS E under 2015 Modified Baseline plus Project conditions with the proposed BRT during both the a.m. and p.m. peak hours, were determined to be less than significant. However, this intersection was identified in Impact TR-2 as a significant and unavoidable impact, and this impact determination would similarly apply to the combined LRDP and BRT projects context. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

d) Impact TR-20: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Van Ness/Market.

The LRDP would result in a significant and unavoidable impact at the intersection of Van Ness/Market under 2015 Modified Baseline plus Project conditions and the LRDP's contribution to the traffic impact identified for the combined impact of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would also be significant and unavoidable. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

e) Impact TR-29: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Van Ness Avenue, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

Under 2015 Modified Baseline plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in an increase in travel time on the northbound 49-Van Ness-Mission, and an additional bus would be needed on that route during the a.m. and p.m. peak hours. The payment of the fee to provide for an additional bus on the 49-Van Ness bus route would reduce the LRDP's impact on the operation of the 49-Van Ness-Mission bus route to a less than significant level, but the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill project for the life of the project is uncertain and the proposed LRDP's impacts on the operation of the 49-Van Ness-Mission bus route would remain significant and unavoidable.

f) Impact TR-30: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Geary Street, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

An additional bus would be required to maintain peak period headways on the 38/38L-Geary during the a.m. peak hour and two additional buses would be required on that route during the p.m. peak hour. The payment of the fee would provide for two additional buses, which would reduce the LRDP's impact on the operation of the 38/38L-Geary bus route to a less than significant level. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown and project's impacts on the operation of the 38/38L-Geary bus route would remain significant and unavoidable.

g) Impact TR-31: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Polk Street, which would increase travel times and impact operations of the 19-Polk bus route.

Under 2015 Modified Baseline plus Project conditions, the proposed Cathedral Hill Campus project would increase travel time on the southbound 19-Polk bus route requiring a new bus to maintain peak period headways during the p.m. peak hour. The payment of a fee to provide for another bus on the 19 Polk would reduce the LRDP's impact on the operation of the 19-Polk bus route to a less than significant level. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project is uncertain, the feasibility of the mitigation measure is unknown and the project's impacts on the operation of the 19-Polk bus route would remain significant and unavoidable.

h) Impact TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network.

The LRDP's construction would (1) significantly impact intersection operations at nine study intersections for a four-month period when there is overlap in excavation between the proposed Cathedral Hill Hospital and Cathedral Hill MOB; (2) necessitate temporary closure of a number of sidewalks adjacent to the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites; (3) require closure of bus-only lanes on eastbound Post Street between Franklin Street and Van Ness Avenue and on westbound Geary Boulevard/Street between Polk Street and Franklin Street during construction at the Cathedral Hill Campus, causing buses to merge into the mixed-flow traffic lanes for the one-block segment on Post Street, and the two-block segment on Geary Street; (4) require sequential closures of two lanes of Van Ness Avenue at a time in approximately 100-foot long segments, significantly degrading traffic conditions at certain times ranging between 7 p.m. and midnight at Van Ness/Geary, Van Ness/Post, and Van Ness/O'Farrell; and (5) require closure during the evening and overnight hours on Van Ness Avenue of temporary walkways provided within the parking lane to compensate for temporary sidewalk closures for construction activities. Implementation of a construction transportation management plan would help reduce the Cathedral Hill Campus project's contribution to construction-related traffic, transit, and pedestrian impacts, however, this impact would remain significant and unavoidable.

i) Impact TR-75: Implementation of the Davies Campus project would have a significant impact at the intersection of Church/Market/14th Street that would operate at LOS F under 2020 Modified Baseline No Project conditions.

The increase in vehicle trips that would occur as a result of full buildout of the Davies Campus (near and long-term projects) under the LRDP would contribute considerably to critical movements operating at LOS E or LOS F at this intersection. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

j) Impact TR-99: Implementation of the Cathedral Hill Campus project LRDP would result in significant project and cumulative impacts at the intersection of Van Ness/Market.

The Cathedral Hill Campus project would result in a significant impact under 2015 Modified Baseline plus Project Conditions at the Van Ness/Market intersection during the p.m. peak hour. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

k) Impact TR-100: Implementation of the Cathedral Hill Campus project would result in a significant cumulative impact at the intersection of Van Ness/Pine.

The addition of trips generated by the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Pine from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

l) Impact TR-101: Implementation of the Cathedral Hill Campus project would result in significant project and cumulative impacts at the intersection of Polk/Geary.

The addition of trips generated by the Cathedral Hill Campus project during the p.m. peak hour would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. In addition, the proposed project would result in a significant impact under 2015 Modified Baseline plus Project conditions. This impact would remain significant and unavoidable even with implementation of an expanded TDM program.

m) Impact TR-117: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant.

The Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Polk/Geary would be significant and unavoidable under 2015 Modified Baseline conditions for which there is no feasible mitigation. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Polk/Geary would also be significant and unavoidable.

n) Impact TR-118: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would be significant.

The Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Van Ness/Market would be significant and unavoidable under 2015 Modified Baseline conditions, for which there is no feasible mitigation. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Van Ness/Market would also be significant and unavoidable.

o) Impact TR-127: Implementation of the Davies Campus project would have significant impacts at the intersection of Church/Market/14th Street, which would operate at LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions.

Under 2030 Cumulative plus Project conditions, the increase in vehicle trips generated by the Davies Campus project would contribute considerably to critical movements operating at LOS E or F, and therefore would be significant. No feasible mitigation measures have been identified for impacts at the intersection of Church/Market/14th Street. Therefore, this impact would remain significant and unavoidable.

p) Impact TR-133: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

Under 2030 Cumulative plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in increases in travel time on the northbound 49-Van Ness-Mission by about five minutes during the a.m. peak hour of five minutes, which would be more than half of the proposed headway of 7½ minutes, necessitating an additional bus on that route during the a.m. and p.m. peak hours. The payment of the fee to provide for an additional bus on the 49-Van Ness bus route would reduce the LRDP's impact on the operation of the 49-Van Ness-Mission bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 49-Van Ness-Mission bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

q) Impact TR-134: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 47-Van Ness bus route.

As a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 47-Van Ness to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 47-Van Ness bus route during the p.m. peak hour would be a significant impact. The payment of the fee to provide for an additional bus on the 47-Van Ness bus route would reduce the LRDP's impact on the operation of the 47-Van Ness-Mission bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 47-Van Ness bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

r) Impact TR-135: Implementation of the Cathedral Hill Campus project would increase congestion along Geary Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

As a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 38/38L-Geary to maintain peak period headways during the a.m. peak hour, and two additional buses would be required on that route during the p.m. peak hour. The payment of the fee to provide for additional buses on this route would reduce the LRDP's impact on the bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 38/38L-Geary bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

s) Impact TR-136: Implementation of the Cathedral Hill Campus project would increase congestion along Polk Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 19-Polk bus route.

Under 2030 Cumulative plus Project conditions, the Cathedral Hill Campus project would result in increases in travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would necessitate an additional bus during the p.m. peak hour. The payment of the fee to provide for an additional bus on the route would reduce the LRDP's impact on the operation of the bus route to a less than significant level. However, because SFMTA's ability to provide additional service on this route is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 19-Polk bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

t) Impact TR-137: Implementation of the Cathedral Hill Campus project would increase congestion along Post Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 3-Jackson bus route.

As a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 3-Jackson bus route to maintain peak period headways during the p.m. peak hour. The payment of the fee to provide for an additional bus would reduce transit delay impacts to the 3-Jackson bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown and cumulative impacts on the 3-Jackson bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

u) Impact TR-152: Implementation of CPMC LRDP construction of the Cathedral Hill Campus would contribute to cumulative construction impacts in the Cathedral Hill Campus vicinity.

The construction of the Cathedral Hill Campus may overlap with the proposed Van Ness Avenue BRT and Geary Corridor BRT projects, should they be approved and funded. The potential for overlapping construction activities would increase the number of construction worker vehicles and trucks traveling to and from the vicinity of the Cathedral Hill Campus. In addition, implementation of the BRT improvements on Van Ness Avenue would require travel lane closures that would temporarily and permanently affect roadway capacity. Impact TR-55, discussed above, identified

significant and unavoidable impacts on the transportation network related to the construction activities at the Cathedral Hill Campus. Implementation of a construction transportation management plan would minimize impacts associated with the Cathedral Hill Campus project and reduce the project's contributions to cumulative impacts in overlapping areas but significant construction-related transportation impacts on local roadways in the vicinity of the Cathedral Hill Campus would still occur and cumulative construction impacts would be significant and unavoidable.

Noise

v) Impact NO-5: Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

In the vicinity of the Cathedral Hill, Davies, and St. Luke's Campuses, groundborne noise and vibration may exceed the Federal Transit Administration's ("FTA") standard for human response at nearby off-site vibration-sensitive uses. Implementation of mitigation through construction contract requirements for: operational restrictions on vibratory rollers; community liaison; evaluation of recurring complaints by qualified acoustical consultant; and a construction vibration management plan would reduce excessive vibration; however, this impact would remain significant and unavoidable.

Air Quality

w) Impact AQ-3: Operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full buildout under the 1999 BAAQMD Guidelines.

Cathedral Hill, Davies, and St. Luke's Campuses

The net change in operational PM_{10} emissions from implementation of the LRDP (128 pounds/day, 23 tons/year) would exceed applicable daily and annual emission significance criteria under the 1999 BAAQMD CEQA Guidelines (80 pounds/day, 15 tons/year). Thus, under the 1999 BAAQMD CEQA significance criteria, operation of the proposed LRDP would result in or contribute to a violation of air quality standards. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

x) Impact AQ-7: The LRDP's long-term operational criteria air pollutant emissions would contribute to a cumulatively considerable impact under the 1999 BAAQMD Guidelines.

Long-term operations at the Cathedral Hill, Davies, and St. Luke's Campuses after completion of the near-term projects would cause a permanent net increase in criteria air pollutant and precursor emissions. The 1999 BAAQMD CEQA Guidelines consider a project to result in a cumulatively considerable impact if operational criteria air pollutant and precursor emissions would exceed the

project-level emissions thresholds of significance. The near-term projects under the LRDP would exceed the project-level thresholds of significance for operational PM_{10} emissions. Thus, the project would contribute to a cumulatively considerable impact and would, therefore, result in a significant cumulative impact. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

y) Impact AQ-9: Near-term construction activities associated with the LRDP would exceed 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.

Under the proposed LRDP emissions of oxides of nitrogen ("NO_x") associated with near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines significance criterion for construction-related NO_x emissions. As a result, this impact would be significant under the 2010 BAAQMD CEQA Guidelines significance criterion.

Implementation of all feasible mitigation would not reduce this impact to a less than significant level and impacts associated with mass criteria pollutant emissions from near-term construction activities would remain significant and unavoidable.

Impact AQ-10: Construction activities associated with the near-term projects at the Cathedral Hill and St. Luke's Campuses would result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$.

Cathedral Hill Campus

TAC and $PM_{2.5}$ emissions from construction at the Cathedral Hill Campus under the proposed LRDP would be significant under the 2010 BAAQMD CEQA Guidelines significance criteria. Even with implementation of all feasible mitigation, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the Cathedral Hill Campus under the proposed LRDP would remain significant and unavoidable.

St. Luke's Campus

TAC emissions from construction activities at the St. Luke's Campus would exceed the 2010 BAAQMD CEQA Guidelines significance threshold, which would be a significant impact. Even with implementation of all feasible mitigation, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the St. Luke's Campus under the proposed LRDP would remain significant and unavoidable.

z) Impact AQ-11: Operation of the LRDP would exceed the 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation at full build out.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

The net change in operational emissions resulting from implementation of the LRDP's near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines daily and annual emission significance criteria for PM_{10}. Therefore, operation of these campuses under the proposed LRDP would result in or contribute to a violation of PM_{10} air quality standards. Even with implementation of all feasible measures to reduce operational impacts related to PM_{10} emissions, through CPMC's proposed enhanced TDM program, this impact would remain significant and unavoidable.

aa) Impact AQ-14: The proposed LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

Cathedral Hill Campus

Construction $PM_{2.5}$ emissions at the Cathedral Hill Campus would have a significant impact on off-site receptors under the 2010 BAAQMD CEQA Guidelines significance thresholds, even after all feasible mitigation is incorporated. Thus, the Cathedral Hill Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors, a significant and unavoidable impact.

Davies Campus

Construction $PM_{2.5}$ emissions at the Davies Campus would have a significant impact on off-site receptors, under the 2010 BAAQMD CEQA Guidelines significance thresholds, even after all feasible mitigation is incorporated. Thus, construction emissions from the near-term project at the Davies Campus would also have a potentially cumulatively considerable impact on off-site receptors, a significant and unavoidable impact.

St. Luke's Campus

Construction $PM_{2.5}$ emissions at the St. Luke's Campus would have a significant impact on off-site receptors, under the 2010 BAAQMD CEQA Guidelines significance thresholds, even after all feasible mitigation is incorporated. Thus, the St. Luke's Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors, a significant and unavoidable impact.

Greenhouse Gas Emissions

bb) **Impact GH-3: Direct and indirect CPMC LRDP–generated GHG emissions would have a significant impact on the environment or conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions under the 2010 BAAQMD Guidelines.**

Cathedral Hill, Davies and St. Luke's Campuses

The 2010 BAAQMD CEQA Guidelines identified the following three alternative thresholds for determining whether a project's GHG emissions are significant:

1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or

2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalent per year ("$MTCO_2e/yr$"); or

3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e/yr$ per service population.

On December 14, 2010, after the Draft EIR had been published and following BAAQMD's approval of a Qualified GHG Reduction Strategy for San Francisco, the Environmental Planning Division determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy. Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. However, the Planning Department has determined that because the significance conclusion in the Draft EIR regarding operational GHG emissions was made prior to a determination of equivalency with a Qualified GHG Reduction Strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department had previously determined applied), the proposed LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the implementation of all feasible GHG reduction measures. Therefore, this impact would remain significant and unavoidable.

I hereby certify that the foregoing Motion was ADOPTED by the Planning Commission on April 26, 2012.

Linda D. Avery
Commission Secretary

AYES: President Fong, Commissioner Antonini, Commissioner Sugaya, Commissioner Borden, and Commissioner Miguel (5)

NAYS: Commissioner Moore (1)

ABSENT: Commissioner Wu (1)

ACTION: Certification of Final EIR

ADOPTED: April 26, 2012

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Motion No. 18589

CEQA FINDINGS[1]

HEARING DATE: APRIL 26, 2012

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Date:	April 12, 2012
Project Name:	**California Pacific Medical Center Long Range Development Plan**
Case Numbers:	**2005.0555E; 2009.0886EMTZCBRKS; 2009.0885EMTZCBRKS; 2004.0603EC; 2012.0403W**
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty, Planner Elizabeth.Watty@sfgov.org, 415-558-6620
Reviewed By:	Kelley Amdur, Director Neighborhood Planning Kelley.Amdur@sfgov.org, 415-558-6351
Recommendation:	**Adopt CEQA Findings**

ADOPTING PROJECT APPROVAL FINDINGS UNDER THE CALIFORNIA ENVIRONMENTAL QUALITY ACT, INCLUDING FINDINGS REJECTING ALTERNATIVES AS INFEASIBLE, A STATEMENT OF OVERRIDING CONSIDERATIONS, AND A MITIGATION MONITORING, AND REPORTING PROGRAM, RELATING TO CALIFORNIA PACIFIC MEDICAL CENTER'S LONG RANGE DEVELOPMENT PLAN TO ALLOW THE IMPLEMENTATION OF THE NEAR-TERM PROJECTS ("PROJECT"), AT THE CATHEDRAL HILL CAMPUS (ASSESSOR'S BLOCKS-LOTS: 0690-016, 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010, 0695-005, 0695-006); St. LUKE'S CAMPUS (ASSESSOR'S BLOCK-LOTS: 6575/001, 002; 6576/021 AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET) AND THE DAVIES CAMPUS (ASSESSOR' BLOCKS-LOTS 3539-001).

PREAMBLE

The CPMC Long Range Development Plan ("LRDP") is a multi-phased development strategy to meet state seismic safety requirements for hospitals mandated originally in 1994 by Senate Bill ("SB") 1953 as modified through successor legislation, and to create a 20-year framework for CPMC's four existing medical campuses and for construction of a proposed new medical campus in San Francisco.

The four existing CPMC medical campuses are the St. Luke's Campus in the Mission District, Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, and the Davies

[1] With changes from errata sheet, dated 4/24/12, incorporated.

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Motion No.18592

GENERAL PLAN FINDINGS

PLANNING CODE SECTION 101.1 FINDINGS

HEARING DATE: APRIL 26, 2012

1650 Mission St.
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San Francisco,
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Reception:
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Date:	April 12, 2012
Project Name:	**California Pacific Medical Center Long Range Development Plan**
Case Numbers:	**2005.0555E; 2009.0886MTZCBRKS; 2009.0885MTZCBRKS; 2004.0603C; 2012.0403W**
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty, Planner Elizabeth.Watty@sfgov.org, 415-558-6620
Reviewed By:	Kelley Amdur, Director Neighborhood Planning Kelley.Amdur@sfgov.org, 415-558-6351
Recommendation:	**Adopt General Plan/Planning Code 101.1 Consistency Findings**

ADOPTING FINDINGS OF CONSISTENCY WITH THE SAN FRANCISCO GENERAL PLAN AND PLANNING CODE SECTION 101.1 FOR THE CALIFORNIA PACIFICA MEDICAL CENTER'S LONG RANGE DEVELOPMENT PLAN TO ALLOW THE IMPLEMENTATION OF THE NEAR-TERM PROJECTS AND THE LEGISLATION ASSOCIATED THEREWITH, ALONG WITH THE DEVELOPMENT AGREEMENT ("PROJECT"), AT THE CATHEDRAL HILL CAMPUS (ASSESSOR'S BLOCKS-LOTS: 0690-016, 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010, 0695-005, 0695-006); St. LUKE'S CAMPUS (ASSESSOR'S BLOCKS-LOTS 6575/001, 002; 6576/021 AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET) AND THE DAVIES CAMPUS (ASSESSOR' BLOCK-LOTS 3539-001), AND INCLUDING ENVIRONMENTAL FINDINGS.

PREAMBLE

The CPMC Long Range Development Plan ("LRDP") is a multi-phased development strategy to meet state seismic safety requirements for hospitals mandated originally in 1994 by Senate Bill ("SB") 1953 as modified through successor legislation, and to create a 20-year framework for CPMC's four existing medical campuses and for construction of a proposed new medical campus in San Francisco.

The four existing CPMC medical campuses are the St. Luke's Campus in the Mission District, Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, and the Davies Campus in the Duboce Triangle area. The proposed new medical campus is the Cathedral Hill

BOS-11
File 120362

To. Angela Calvillo, Clerk of the Board Room 244
City Hall 1 Dr. Carlton B. Goodlett Place
San Francisco CA. 94102.

Comments

(1) I am interested in the motion 18588 for the proposed California Pacific Medical Center Long Range Development Plan Project Coz many people will be benefited by these plan specially the elders.

Now a days many people get sick they need a good hospital to take good care of them.

all the rest of the motion are okey and favorable

I doubt the 120362 (B) Construct and maintain offsites improvements on the north side of Cedar Street between Van Ness AVE and POLK ST. St might affect the Seniors Housing at 990 POLK ST. Wire we live.

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Residents of 990 POLK Street
Apt 512 SFCA-94109

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BY AL

BOARD OF SUPERVISOR'S
LAND USE AND ECONOMIC DEVELOPMENT COMMITTEE
SUPERVISOR'S: ERIC MAR, MALIA COHEN, SCOTT WIENER
CLERK: ALISA MILLER
CITY HALL ROOM 244
1 DR CARLTON B. GOODLETT PL
SAN FRANCISCO, CA 94102-4689

DEAR SUPERVISOR'S E. MAR-CHAIR, M. COHEN, VICE CHAIR,
S. WEINER, MEMBER,

MY NAME IS MARVIS J. PHILLIPS I AM THE LAND USE CHAIR OF THE ALLIANCE FOR A BETTER DIST 6. I AM WRITING REGUARDING FILE NOS. 120357, 120358, 120359, 120360, 120361, 120362, 120363, 120364, 120365, 120366 CPMC BOTH CATHEDRAL & ST LUKE CAMPUSES.

WHILE THE ALLIANCE HAS NO POSITION ON CATHEDRAL HILL AND IS ALLOWING OUR MEMBER'S TO TAKE THE OWN POSITIONS, WE DO HAVE THOUGHTS ON ST LUKE'S.

THE ALLIANCE FOR A BETTER DIST 6 IS IN FAVOR OF REBUILDING OF ST LUKE'S HOSPITAL ALTHOUGH WE BELIVE THE PROPOSAL IS TOO SMALL, WE ALSO BELIVE IN MAINTAINING ALL THE OUTPATIET SERVICES AVAILIBLE TODAY AT ST LUKE, TO BE AVAILIBLE AFTER THE RE-BUILD IN ~~ORDER~~ ORDER TO MEET THE NEED'S

OF THE MISSION DISTRICT'S SENIOR & DISABLED COMMUNITY. WHICH IF THOSE SERVICES ARE TRANSFERRED OUT CPMC WILL NOT BE ABLE TO MEET IT'S STATED ~~GO~~ GOAL'S OF REACHING OUT TO THE ENTIRE COMMUNITY.

ON A PERSONAL NOTE: I'M ~~TRULY~~ ~~THRI~~ EXTREMLY EXCITED TO SEE 1 NEW HOSPITAL IN CLOSE PROXIMITY TO THE TENDERLOIN, GIVING RESIDENT'S OF THE TL / POLK GULCH & LOWER NOB HILL, ~~OCTAVI~~ OCTAVIA JAPAN TOWN ANOTHER MEDICAL OPTION.

MY BUSINESS CARD'S ARE ENCLOSED.

PLEASE VOTE YES TO CPMC.

THANK YOU,

MARVIS J. PHILLIPS
~~A~~ PUBLIC SAFETY CHAIR
ALLIANCE FOR A BETTER DIST 6

ENC 1355 HRS
7 MAY 2012

CC: CLERK OF BOARD
MADELEINE LICAVOLI
FOR FULL BOARD
& FILE

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1 Pages

File 120356-3666

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Lloyd W. Schlosegel
General Delivery
San Francisco, Calif 94142

Board of Supervisors
San Francisco, Calif

April 27, 2012

2009.0885 EMTZCBRSK

In Opposition to the Proposed CPMC Hospital Rebuild Program in San Francisco.

The California Pacific Medical Center (CPMC) - Davies Center in San Francisco wants to build a number of new hospitals in the San Francisco Bay Area, and is seeking money from Society and the City government for this purpose. The CPMC in San Francisco currently operates a four campus hospital system with four existing acute care hospitals. They want to add a new campus at Van Ness Avenue and Geary Street.

The problem with this proposal is that the City is already over supplied with hospitals and we do not have much present demand for this. Existing facilities are in good condition. This looks like a waste of money. Local people are concerned about the risk of unnecessary surgery.

The CPMC Group wants to build hospital sites on existing hotel sites in the Bay Area, such as the Geary and Post Street site. They want to tear down a whole block of city buildings in the Polk Street Commercial district, C-2, between Van Ness Avenue and Polk Street and replace there with medical buildings.

Copy to City Planning

opposing the CPMC Hospital Rebuild Program and Recuperation Centers.

The San Francisco Planning Commission held two Hearings on these CPMC building proposals in April 2012. The first Hearing was on April 5, 2012, and the second Hearing on April 26, 2012. At the April 5, 2012 Hearing there were more than eighty speakers from the medical Center and Society who spoke in support of this proposal. They said that the project will double the number of hospital beds in the city, will build new hospitals with larger emergency room facilities, supply better Cardiology facilities, and new born intensive care capabilities. The city now has under utilized hospital facilities. This proposal looks like another waste of public money.

People are also concerned about stories of unnecessary surgery and the disturbance of the cerebrum coming from the CPMC Group from OHIO. They plan to improve psychiatric emergency services. What is the need for this.

This is still a bad idea that has been rejected six times or more by the local county boards. It should be rejected another time.

The Hearing held on April 26, 2012 was for the purpose of Certification of the Environmental Impact Report for the Long Range Development Plan for the California Pacific Medical Center System. Each Hearing consumed about six hours.

Lloyd Schloegel
April 27, 2012
LLOYD SCHLOEGEL

Opposing the CPMC Hospital Rebuild Program

The KAISER Hospital System of Northern California wants to get out of the Hospital Business. And the California Pacific Medical Center System from OHIO is trying to pick up the Hospital Business in Northern California in the San FRANCISCO BAY AREA. The KAISER System in SAN FRANCISCO was competent and inspired confidence.

Lloyd Schlegel

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco 94102-4689
Tel. No. 554-5184
Fax No. 554-5163
TDD/TTY No. 554-5227

NOTICE OF PUBLIC HEARING

BOARD OF SUPERVISORS OF THE CITY AND COUNTY OF SAN FRANCISCO

LAND USE & ECONOMIC DEVELOPMENT COMMITTEE

NOTICE IS HEREBY GIVEN THAT the Land Use and Economic Development Committee will a hold a public hearing to consider the following proposal and said public hearing will be held as follows, at which time all interested parties may attend and be heard:

Date: **Friday, June 15, 2012**

Time: **10:00 a.m.**

Location: **Legislative Chamber, Room 250 located at City Hall**
1 Dr. Carlton B. Goodlett Place, San Francisco, CA

Subject: **California Pacific Medical Center Long Range Development Plan**

120357 **Planning Code - Increase Maximum Floor Area Ratios and Create the Van Ness Medical Use Subdistrict Within the Van Ness Special Use District - California Pacific Medical Center: Cathedral Hill Campus**

Ordinance amending the San Francisco Planning Code by: 1) amending Section 124 to allow a floor area ratio of 9:1 for a hospital and 7.5:1 for a medical office building within the Van Ness Special Use District, Medical Use Subdistrict; 2) amending Section 243 to include the establishment of the Van Ness Medical Use Subdistrict and associated controls; and 3) adopting findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120358 **Planning Code - Increase Maximum Permitted Floor Area Ratio and Establish the Cesar Chavez/Valencia Streets Medical Use Special Use District - California Pacific Medical Center: St. Luke's Campus**

Ordinance amending the San Francisco Planning Code by: 1) adding Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use Special Use District; 2) adding Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District; and 3) adopting findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120359 Zoning Map - California Pacific Medical Center: Cathedral Hill Campus

Ordinance amending the San Francisco Planning Code Sectional Maps SU02 and HT02 of the Zoning Map of the City and County of San Francisco to: 1) reflect the creation of the Van Ness Medical Use Subdistrict at Assessor's Block Nos. 0695 (Lot Nos. 005, 006) and 0694 (Lot Nos. 005, 006, 007, 008, 009, 009A, 010); 2) allow an increase in height at Assessor's Block No. 0695 (Lot Nos. 005, 006) in order to allow for a new seismically safe hospital; and 3) adopt findings, including environmental findings, Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120360 Zoning Map - California Pacific Medical Center: St. Luke's Campus

Ordinance amending the San Francisco Planning Code Sectional Maps SU07 and HT07 of the Zoning Map of the City and County of San Francisco to: 1) reflect the creation of the Cesar Chavez/Valencia Streets Medical Use Special Use District at the California Pacific Medical Center's St. Luke's Campus (Block No. 6575, Lot Nos. 001 and 002; Block No. 6576, Lot No. 021; and a portion of San Jose Avenue between Cesar Chavez and 27th Streets); 2) allow an increase in height throughout the western portion of the California Pacific Medical Center's St. Luke's Campus (Block No. 6576, Lot No. 021; and a portion of San Jose Avenue between Cesar Chavez and 27th Streets) in order to allow for a new seismically safe replacement hospital; and 3) adopt findings, including environmental findings, Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120361 Summary Street Vacation - Portion of San Jose Avenue - California Pacific Medical Center: St. Luke's Campus

Ordinance ordering the summary street vacation of a portion of San Jose Avenue, between 27th Street and Cesar Chavez Street; rescinding an existing encroachment permit; adopting environmental findings pursuant to the California Environmental Quality Act and findings that the action contemplated herein are consistent with the San Francisco General Plan and eight priority policies of San Francisco Planning Code Section 101.1; and authorizing official acts in connection with this ordinance.

120362 Street Encroachments - Van Ness Avenue, Cedar Street, and Geary Boulevard - California Pacific Medical Center: Cathedral Hill Campus

Resolution: 1) granting revocable permission to the California Pacific Medical Center to a) occupy a portion of the public right-of way on Van Ness Avenue in order to construct and maintain a pedestrian tunnel under Van Ness Avenue (State Highway 101) to connect the new medical office building and the new hospital located at 1100 and 1101 Van Ness Avenue respectively; b) construct and maintain off-site improvements on the north side of Cedar Street between Van Ness Avenue and Polk Street, across the street from the medical office building and on the south side of Cedar Street contiguous to the property at 1001 Polk Street (Block No. 0694, Lot No. 004), including reconstructing and widening the existing sidewalk, installing new landscaping and reconstructing the existing roadway with pavers; and c) install and maintain two 30,000 gallon diesel fuel tanks within the public right of way under Geary Boulevard between Franklin Street and Van Ness Avenue, in order to serve the hospital at 1101 Van Ness Avenue; and 2) making environmental findings and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120363 **Land Transf Agreement - Sale of a Portion of S Jose Avenue Between 27th Street and Cesar Chavez Street - Sutter West Bay Hospitals - California Pacific Medical Center: St. Luke's Campus**

Resolution authorizing the Director of Property to execute a Land Transfer Agreement with Sutter West Bay Hospitals, doing business as California Pacific Medical Center, for the future conveyance by the City and County of San Francisco to California Pacific Medical Center of real property consisting of a portion of San Jose Avenue between 27th Street and Cesar Chavez Street; and making findings, including findings under the California Environmental Quality Act and findings of consistency with the General Plan and Planning Code Section 101.1.

120364 **Changing the Official Sidewalk Widths - Portions of Post Street, Geary Boulevard, Geary Street, Cedar Street, Franklin Street, and Van Ness Avenue - California Pacific Medical Center: Cathedral Hill Campus**

Ordinance: 1) amending Ordinance No. 1061 entitled "Regulating the Width of Sidewalks" by adding thereto Section 1596 to change the official sidewalk width of: a) the southerly side of Post Street starting at the southeast intersection with Franklin Street continuing east to the southwest intersection with Van Ness Avenue; b) the northerly side of Geary Boulevard starting at the northeast intersection with Franklin Street continuing east to the northwest intersection with Van Ness Avenue; c) the northerly side of Geary Street starting at the northeast intersection of Van Ness Avenue continuing east 325 feet; d) both sides of Cedar Street starting at the intersection with Van Ness Avenue continuing east to the intersection with Polk Street; e) the westerly side of Van Ness Avenue starting at the intersection with Geary Boulevard continuing north to the intersection with Post Street; and f) the easterly side of Van Ness Avenue starting at the intersection with Geary Street continuing north to the intersection with Cedar Street; 2) making environmental findings and findings pursuant to the General Plan and Planning Code Section 101.1; and 3) requiring relocation, modification, or both of facilities affected by the sidewalk width change.

120365 **Changing the Official Sidewalk Widths - Portions of Cesar Chavez Street, Valencia Street and 27th Street - California Pacific Medical Center: St. Luke's Campus**

Ordinance: 1) amending Ordinance No. 1061 entitled "Regulating the Width of Sidewalks" by adding thereto Section 1591 to change the official sidewalk width of: a) the southerly side of Cesar Chavez Street starting at the southeast intersection with Guerrero Street continuing east to the southwest intersection with Valencia Street; b) the westerly side of Valencia Street, starting at the southwest intersection with Cesar Chavez Street continuing south to the northwest intersection with Duncan Street; and c) the northern portion of 27th Street starting at the intersection of 27th Street and San Jose Avenue and continuing west for 44.24 feet; 2) making environmental findings and findings pursuant to the General Plan and Planning Code Section 101.1; and 3) requiring relocation, modification, or both of facilities affected by the sidewalk width change.

120366 **Development Agreement - Sutter West Bay Hospitals - California Pacific Medical Center**

Ordinance: 1) approving a Development Agreement between the City and County of San Francisco and Sutter West Bay Hospitals, for certain real property associated with the California Pacific Medical Center Long Range Development Plan located at various locations in the City and County of San Francisco and generally referred to as the St. Luke's Campus, Cathedral Hill (Van Ness and Geary) Campus, Davies Campus, Pacific Campus, and California Campus; 2) making findings under the California Environmental Quality Act, findings of conformity with the City's General Plan and with the eight priority policies of Planning Code Section 101.1(b); and 3) waiving certain provisions of Administrative Code Chapter 56, and ratifying certain actions taken in connection therewith.

120458 General Plan - Van Ness Area Plan Amendments - California Pacific Medical Center: Cathedral Hill Campus

Ordinance amending the San Francisco General Plan Van Ness Area Plan in order to facilitate the development of a high density medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use; and adopting findings, including environmental findings, Planning Code Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120459 General Plan Map - California Pacific Medical Center: St. Luke's Campus

Ordinance amending the General Plan of the City and County of San Francisco by: 1) amending Map 4 of the Urban Design Element to increase the height limit for the California Pacific Medical Center's St. Luke's Campus (Block No. 6575/Lot Nos. 001, 002; Block No. 6576/Lot No. 021, and the portion of San Jose Avenue between Cesar Chavez Street and 27th Street) to 105 feet; and 2) amending Map 5 of the Urban Design Element to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site and 204' and 228', respectively, for the medical office building site at the St. Luke's Campus; and adopting findings, including environmental findings, Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

120460 General Plan Map - California Pacific Medical Center: Cathedral Hill Campus

Ordinance amending the General Plan of the City and County of San Francisco by: 1) amending Map 4 of the Urban Design Element to allow for development up to a height of 265 feet on the block bounded by Van Ness Avenue, Geary Boulevard, Franklin and Post Streets; 2) amending Map 5 of the Urban Design Element to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site; 3) amending Map 1 of the Van Ness Area Plan, to designate the sites of the proposed Cathedral Hill Hospital and Medical Office Building as the Van Ness Medical Use Subdistrict; and 4) amending Map 2 of the Van Ness Area Plan to create a 265-V height/bulk district coterminous with the Hospital site; and adopting findings, including environmental findings, Planning Code Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

In accordance with Section 67.7-1 of the San Francisco Administrative Code, persons who are unable to attend the hearing on these matters may submit written comments to the City prior to the time the hearing begins. These comments will be made a part of the official public records in these matters, and shall be brought to the attention of the Members of the Committee. Written comments should be addressed to Angela Calvillo, Clerk of the Board, Room 244, City Hall, 1 Dr. Carlton Goodlett Place, San Francisco, 94102. Information relating to this matter is available in the Office of the Clerk of the Board and agenda information relating to this matter will be available for public review on Friday, June 8, 2012.

for

Angela Calvillo, Clerk of the Board

DATED: May 30, 2012
MAILED: June 1, 2012
PUBLISHED: June 1 & 8, 2012 (Street Vacation); June 5, 2012 (General Plan Amendments & Development Agreement)

City and County of San Francisco

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Office of the City and County Surveyor
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San Francisco, CA 94103

Bruce R. Storrs, City and County Surveyor

I, JAVIER RIVERA state:

That acting under and by the direction of the director of Public Works of the City and County of San Francisco, State of California, I did on the 31 day of MAY, 2012 conspicuously post along the line of the proposed Street Vacation and Sidewalk Changes at various locations, at points not more than three hundred (300) feet in distance apart, notices, not less than three in all, of the Friday, June 15, 2012 hearing of the Board of Supervisors Land Use & Economic Development Committee on the proposed California Pacific Medical Center Long Range Development Plan, and that the within is a full, true and correct copy of each of said notices so posted as aforesaid.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at San Francisco, California on 31 day of May, 2012.

Signed: Javier Rivera