File No. 120475 Committee Item No. 3
Board Item No. 10

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Land Use and Economic Development **Date** July 30, 2012

Board of Supervisors Meeting **Date** September 4, 2012

Cmte	Board	
☐	☐	Motion
☐	☐	Resolution
☒	☒	Ordinance
☒	☒	Legislative Digest
☐	☐	Budget and Legislative Analyst Report
☐	☐	Legislative Analyst Report
☐	☐	Youth Commission Report
☐	☐	Introduction Form (for hearings)
☒	☒	Department/Agency Cover Letter and/or Report
☐	☐	MOU
☐	☐	Grant Information Form
☐	☐	Grant Budget
☐	☐	Subcontract Budget
☐	☐	Contract/Agreement
☐	☐	Form 126 – Ethics Commission
☐	☐	Award Letter
☐	☐	Application
☐	☒	Public Correspondence

OTHER **(Use back side if additional space is needed)**

☒	☒	Planning Commission Motion No. 18661
☒	☒	Planning Commission Resolution No. 18663
☒	☒	Notice of Public Hearing
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
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Completed by: Alisa Miller **Date** July 27, 2012
Completed by: Alisa Miller **Date** August 7, 2012

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 and Zoning Map - Chinese Hospital Special Use District]

Ordinance amending the San Francisco Planning Code by adding Section 249.69 to create the Chinese Hospital Special Use District for the properties at 835 and 845 Jackson Street (Assessor's Block No. 0192, Lot No. 041) to facilitate development of the Chinese Hospital Replacement Project; amending Sectional Maps ZN01, HT01, and SU01 of the San Francisco Zoning Map to reflect the Chinese Hospital Special Use District; and making findings, including environmental findings and findings of consistency with the General Plan and 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) General Plan and Planning Code Findings.

(1) On July 12, 2012, at a duly noticed public hearing, the Planning Commission in Resolution No. 18663 found that the proposed Planning Code amendments contained in this ordinance were consistent with the City's General Plan, as proposed to be amended, and with Planning Code Section 101.1(b). In addition, the Planning Commission recommended that the Board of Supervisors adopt the proposed Planning Code amendments. A copy of said Resolution is on file with the Clerk of the Board of Supervisors in File No. 120475 and is incorporated herein by reference. The Board finds that the proposed Planning Code amendments contained in this ordinance are on balance consistent

with the City's General Plan and with Planning Code Section 101.1(b) for the reasons set forth in said Resolution.

(2) Pursuant to Planning Code Section 302, the Board finds that the proposed ordinance will serve the public necessity, convenience and welfare for the reasons set forth in Planning Commission Resolution No. 18663, which reasons are incorporated herein by reference as though fully set forth.

(b) Environmental Findings. On July 12, 2012, at a duly noticed public hearing, the Planning Commission, reviewed and considered a Final Environmental Impact Report (Final EIR) for the Chinese Hospital Replacement Project (Project) and found that the contents of the Final EIR and the procedures through which the Final EIR was prepared, publicized, and reviewed complied with the provisions of California Environmental Quality Act (California Public Resources Code section 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 Planning Commission found the Final EIR 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 Draft EIR, and certified the Final EIR for the Project in compliance with CEQA, the CEQA Guidelines, and Chapter 31. Additionally, Planning Department staff prepared a Mitigation Monitoring and Reporting Program ("MMRP") for the Project, which is attached to Planning Commission Motion No. 18661. The Final EIR, the MMRP and all supporting documents and files have been made available to the public, the Planning Commission, and this Board for review, consideration and action.

The Planning Commission Secretary is the custodian of records for the Project's environmental review, located in the File for Case No. 2008.0762E, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On July 12, 2012, at a duly noticed public hearing, in recommending approval of the proposed Planning Code amendments and approving the Project, the Planning Commission adopted approval findings under CEQA, including findings rejecting alternatives and adopting a statement of overriding considerations, by Motion No. 18661. Additionally, the Planning Commission adopted the MMRP, which is attached to Planning Commission Motion No. 18661 and incorporated by reference. Planning Commission Motion No. 18661 and the MMRP are on file with the Clerk of the Board of Supervisors in File No. 120475 and are hereby incorporated herein by reference as though fully set forth in this Ordinance. This Board finds that these Planning Code amendments are within the scope of the Final EIR and the Planning Commission's adopted CEQA findings and MMRP. This Board hereby affirms the Planning Commission's certification of the Final EIR and adopts the CEQA approval findings set forth in Planning Commission Motion No. 18661 as its own and adopts the MMRP.

(c) General Findings.

(1) The properties commonly known as 835 and 845 Jackson Street on Block 0192, Lot 041 are located on the south side of Jackson Street, between Powell and Stockton Streets in the Chinatown area of the City and County of San Francisco. The properties are within the Chinatown Residential Neighborhood Commercial District and within a 65-N Height and Bulk District. Block 0192, Lot 041 currently contains three (3) structures: 835 Jackson Street currently serves as a medical administration building for hospital administration and outpatient healthcare services, 845 Jackson Street is the existing five-story hospital, and behind 835

Jackson Street is a three-story parking structure. No undeveloped space currently exists for the development of a new hospital. A map showing the location of Block 0192, Lot 041 is on file with the Clerk of the Board of Supervisors in File No. 120475 and is incorporated herein by reference.

(2) To provide for the future healthcare needs of Chinatown and the local community and to comply with the seismic retrofit requirements for all acute care hospitals imposed by the Office of Statewide Health Planning and Development ("OSHPD"), the Chinese Hospital, which is a community-owned nonprofit organization, proposes to replace the buildings located at 835 Jackson Street (the 1924-era original hospital building, now used for administration and outpatient services and the related parking structure) with a new eight-story hospital and convert the existing hospital at 845 Jackson Street to a medical center use with outpatient clinic services. Without amendment, the Planning Code would not allow the proposed development of a new hospital on the site, and the Chinatown Area Plan of the General Plan would not permit the requisite height and design of the Chinese Hospital Project.

(3) This Chinese Hospital Special Use District is being established and conforming amendments to the General Plan are being proposed in order to allow the sponsor to develop a new Chinese Hospital on the subject site to the proposed bulk and height.

Section 2. The San Francisco Planning Code is hereby amended by adding Section 249.69, to read as follows:

SEC. 249.69 CHINESE HOSPITAL SPECIAL USE DISTRICT.

(a) Purposes. In order to facilitate the development of a new Chinese Hospital located at 835 and 845 Jackson Street, (Assessor's Block 0192, Lot 041), which development will insure the retention and continuation of general acute health care services to local residents, the Chinese Hospital Special Use District ("Chinese Hospital SUD") is established as shown on Sectional Map

SU01 of the Zoning Map of the City and County of San Francisco. The Chinese Hospital SUD consists of Assessor's Block 0192, Lot 041.

(b) Controls. All provisions of the Planning Code currently applicable to the Chinatown Residential Neighborhood Commercial District ("CRNC") shall apply to the Chinese Hospital SUD, except as specifically provided in this Section 249.69. The following controls shall apply in the Chinese Hospital SUD:

(1) Conditional Use Authorizations. In making determinations on applications for conditional use authorizations under Section 303 of this Code, the Planning Commission shall consider the purposes set forth in subsection (a) above, in addition to the criteria set forth in Section 303. In addition to the conditionally permitted uses in the CRNC District, uses that exceed the use size maximums set forth in Section 121.4 shall be permitted as a conditional use.

(2) Signs. In addition to any signs permitted in the CRNC District (including as provided in Section 607.2), the following shall be permitted:

(A) One sign, which may be illuminated 24 hours per day, seven days per week, up to 28 feet in width, with an area not to exceed 42 square feet, placed on top of a marquee that is no greater than 58 feet in width, projecting no more than 6 feet from the façade of the building and not exceeding twenty feet in height at the principal entrance to the hospital; and

(B) One sign, which may be illuminated 24 hours per day, seven days per week, up to 12 feet in width with an area not to exceed 12 square feet, placed on top of a marquee that is no greater than 14 feet in width, projecting no more than 6 feet from the façade of the building and not exceeding a twenty feet in height at the emergency entrance to the hospital.

(3) Lot Size. In addition to the criteria of Section 303 of the Code and Section b(1) above, and in lieu of the criteria in Section 121.3, the Planning Commission shall consider whether the

proposed use will serve the neighborhood, in whole or in significant part, when making determinations on applications for conditional use authorizations under Section 121.3.

(4) Floor Area Ratio. The applicable floor area ratio for hospitals or medical centers shall be 6.8:1.

(5) Open Space Requirements. For institutional developments exceeding 10,000 gross square feet, the requirements of Section 135.1 shall not apply, provided that:

(A) Any such development provide one square foot of usable open space for every 130 square feet of gross floor area; and

(B) The design of the open space is approved by the Planning Commission.

(6) Streetscape and Pedestrian Improvements. The requirements of Section 138.1(c)(1) shall not apply, provided that a landscape and street improvement plan for a project and/or any adjacent street or alley space is approved by the Planning Commission.

(7) Maximum Street Frontages. The requirements of Section 145.3 governing street frontages shall not apply.

(8) Hours of Operation. Hospitals and medical centers may operate 24 hours per day, seven days per week.

Section 3. The San Francisco Planning Code is hereby amended by amending Sectional Map ZN01 of the Zoning Map of the City and County of San Francisco, as follows:

Description of Property	Use Districts to be Superseded	Use Districts Hereby Approved
835 and 845 Jackson Street, Assessor's Block 0192, Lot 041	Chinatown Residential Neighborhood Commercial District	Chinese Hospital Special Use District

	("CRNC")	

Section 4. The San Francisco Planning Code is hereby amended by amending Sectional Map HT0I of the Zoning Map of the City and County of San Francisco, as follows:

Description of Property	Height and Bulk District to be Superseded	Height and Bulk District Hereby Approved
835 and 845 Jackson Street, Assessor's Block 0192, Lot 041	65-N	110-G

Section 5. The San Francisco Planning Code is hereby amended by amending Sectional Map SU01 of the Zoning Map of the City and County of San Francisco, as follows:

Description of Property	Special Use District Hereby Approved
835 and 845 Jackson Street, Assessor's Block 0192, Lot 041	Chinese Hospital Special Use District

Section 6. Effective Date. This ordinance shall become effective 30 days from the date of passage.

Section 7. 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: _____
Marlena G. Byrne
Deputy City Attorney

FILE NO. 120475

LEGISLATIVE DIGEST

[Planning Code and Zoning Map - Chinese Hospital Special Use District]

Ordinance amending the San Francisco Planning Code by adding Section 249.69 to create the Chinese Hospital Special Use District for the properties at 835 and 845 Jackson Street (Assessor's Block No. 0192, Lot No. 041) to facilitate development of the Chinese Hospital Replacement Project; amending Sectional Maps ZN01, HT01, and SU01 of the San Francisco Zoning Map to reflect the Chinese Hospital Special Use District; and making findings, including environmental findings and findings of consistency with the General Plan and Planning Code Section 101.1.

Existing Law

835 and 845 Jackson Street (Block 0192, Lot 041) are on the south side of Jackson Street, between Powell and Stockton Streets in Chinatown. The properties are within the Chinatown Residential Neighborhood Commercial District and within a 65-N Height and Bulk District.

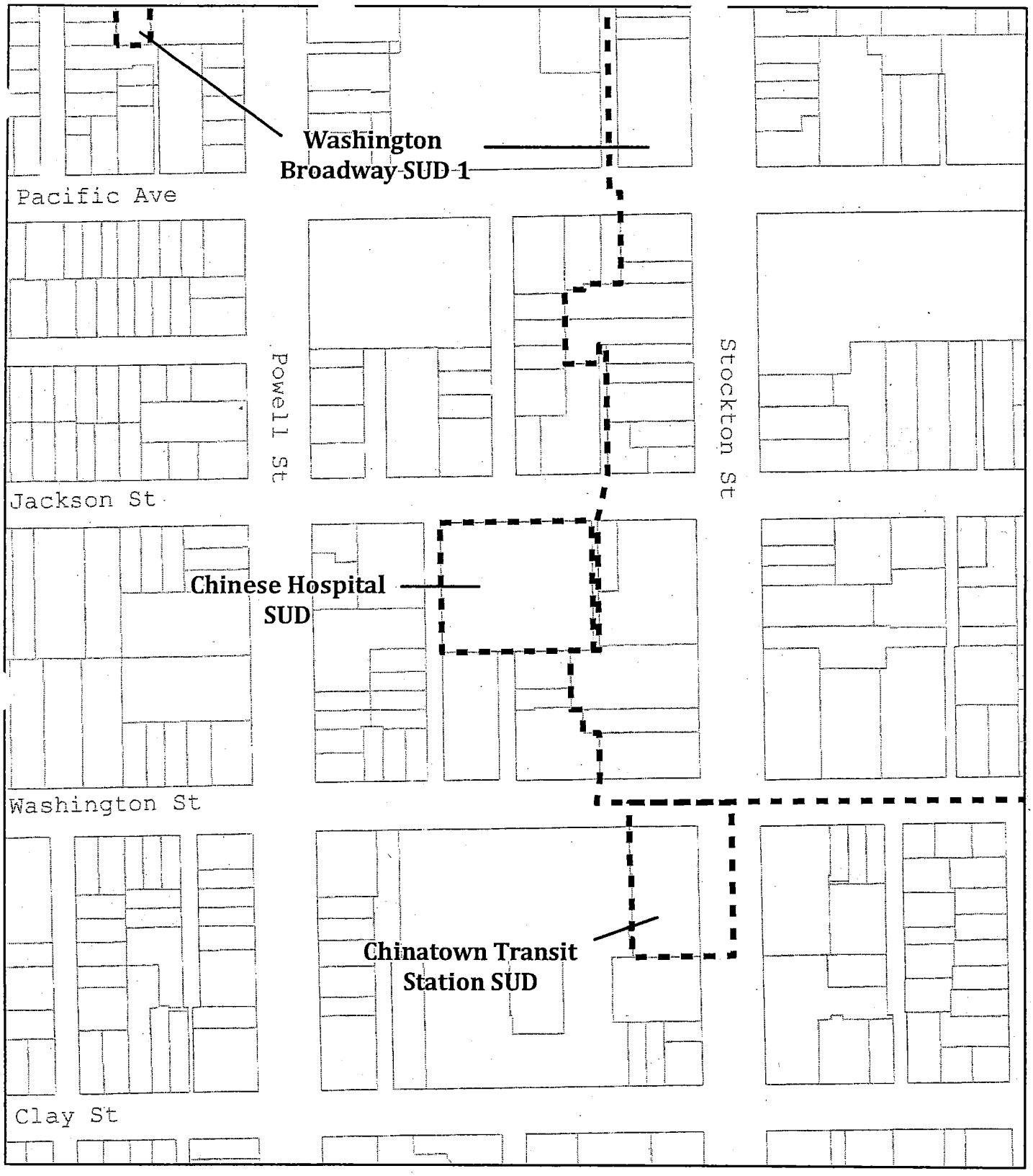
Amendments to Current Law

The proposed legislation would amend the Planning Code to create a new Chinese Hospital Special Use District (SUD) that would overlay the existing zoning. The controls of the new SUD would control where they differ from the existing zoning. The SUD would add a new criterion for the Planning Commission to consider in granting a conditional use authorization within the SUD—namely whether the proposed project facilitates the development of a new Chinese Hospital. Additionally, the SUD would allow the Planning Commission to approve uses that exceed the use size maximums set forth in Section 121.4 as a conditional use. The new SUD would provide for new signage at the site, provide an alternative criterion for approval of a lot size conditional use, set the floor area ratio for hospitals and medical centers at 6.8:1, modify open space and streetscape and pedestrian improvements requirements, exempt the project from the maximum street frontage requirements of section 145.3, and set hours of operation for hospitals and medical centers within the SUD at 24 hours per day, seven days per week.

The proposed legislation would amend the Zoning Map to create the new SUD and provide for a 110-G Height and Bulk District within the SUD.

Background Information

The Chinese Hospital proposes to replace the buildings located at 835 Jackson Street (the 1924-era original hospital building, now used for administration and outpatient services and the related parking structure) with a new eight-story hospital and to convert the existing hospital at 845 Jackson Street to a medical center use with outpatient clinic services.



ZONING MAP SU01 SPECIAL USE DISTRICT MAP (detail)

ZONING MAP HT01 HEIGHT AND BULK MAP (detail)

SAN FRANCISCO
PLANNING DEPARTMENT

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July 13, 2012

Supervisor Chiu and
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 Case Number 2008.0762MZ**
BF No. 120480 Chinese Hospital General Plan Amendments
BF No. 120475 Chinese Hospital Special Use District

Recommendation: Approval

Dear Supervisor Chiu and Ms. Calvillo,

On July 12, 2012, the San Francisco Planning Commission (hereinafter "Commission") conducted a duly noticed public hearings at a regularly scheduled meeting to consider the proposed Ordinances under Board of Supervisors File Number 120480 and File Number 120475.

At the July 12th Hearing, the Commission voted 6-0 (Commissioner Fong absent) to recommend approval of the proposed Ordinance which would Amend the General Plan, Chinatown Area Plan "Policy 1.2 Promote a building form that harmonizes with the scale of existing buildings and width of Chinatown's streets" to add the language, "other than construction within the Chinese Hospital Special Use District" to the second paragraph of the Policy and "Map 1 - Generalized Height Plan" of the Chinatown Area Plan to reference a height limit of 110 feet for the Project Site.

Also at the July 12th Hearing the Commission voted 6-0 (Commissioner Fong absent) to recommend approval of the proposed Ordinance which would Amend the Planning Code and Zoning Maps to create the Chinese Hospital Special Use District and (2) amending the San Francisco Zoning Map Sectional Maps ZN01, HT01, and SU01 to show the Chinese Hospital Special Use District and to reflect a change in height and bulk classification from 65-N to 110-G.

Supervisor, please advise the City Attorney at your earliest convenience if you wish to incorporate the changes recommended by the Commission. The attached resolution and exhibit provides more detail about the Commission's action. If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

AnMarie Rodgers
Manager of Legislative Affairs

cc: City Attorneys Cheryl Adams and Marlena Byrne

Attachments (one copy of the following):

Planning Commission Motion No. 18661
Planning Commission Resolution No. 18662
General Plan Amendment, Redline Version
Planning Commission Resolution No. 18663

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Motion 18661

CEQA FINDINGS

HEARING DATE: JULY 12, 2012

1650 Mission St.
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Date:	July 5, 2012
Case No.:	2008.0762EMZC
Project Address:	835-845 JACKSON STREET
Zoning:	Chinatown Residential Neighborhood Commercial District 65-N Height and Bulk District
Block/Lot:	0192/041
Project Sponsor:	Linda Schumacher Chinese Hospital Association 835-845 Jackson Street San Francisco, CA 94133
Staff Contact:	Rick Crawford – (415) 558-6358 rick.crawford@sfgov.org

ADOPTING FINDINGS UNDER THE CALIFORNIA ENVIRONMENTAL QUALITY ACT INCLUDING FINDINGS REJECTING ALTERNATIVES AS INFEASIBLE, ADOPTING A STATEMENT OF OVERRIDING CONSIDERATIONS, AND ADOPTING A MITIGATION, MONITORING, AND REPORTING PROGRAM, RELATING TO THE CHINESE HOSPITAL REPLACEMENT PROJECT LOCATED AT 835-845 JACKSON STREET ON ASSESSOR'S BLOCK 0192, LOT 041 AND INCLUDING THE DEMOLITION OF AN EXISTING MEDICAL ADMINISTRATION BUILDING AND CONSTRUCTION OF A NEW 101,545 SQUARE FOOT, 110-FOOT HOSPITAL BUILDING WITH 54 ACUTE CARE BEDS AND A SKILLED NURSING FACILITY WITH 22 BEDS IN THE CRNC (CHINATOWN RESIDENTIAL NEIGHBORHOOD COMMERCIAL) ZONING DISTRICT AND WITHIN A 65-N HEIGHT AND BULK DISTRICT.

In determining to approve the Chinese Hospital Replacement Project located at 835-845 Jackson Street (Assessor's Block 0912, Lot 041), described in Section I, Project Description below, ("Project"), the San Francisco Planning Commission ("Commission") makes and adopts the following findings of fact regarding the Project and mitigation measures and alternatives, and adopts the statement of overriding considerations, based on substantial evidence in the whole record of this proceeding and pursuant to the California Environmental Quality Act, California Public Resources Code Section 21000 et seq. ("CEQA"), particularly Section 21081 and 21081.5, the Guidelines for Implementation of CEQA, 14 California Code of Regulations Section 15000 et seq. ("Guidelines"), particularly Section 15091 through 15093 and Chapter 31 of the San Francisco Administrative Code.

This document is organized as follows:

Section I provides a description of the Project, the Project Objectives, the environmental review process for the Project, the approval actions to be taken, and the location of records;

Section II identifies potentially significant impacts that are avoided or reduced to less-than-significant levels and makes findings regarding Mitigation Measures;

Section III identifies significant, unavoidable historic resources and air quality impacts of the Project that cannot be avoided or reduced to less-than-significant levels through Mitigation Measures;

Section IV evaluates the different project alternatives and the economic, legal, social, technological, and other considerations that support approval of the Project as proposed and the rejection of these alternatives; and

Section V makes a Statement of Overriding Considerations setting forth the specific economic, legal, social, technological, or other benefits of the Project that outweigh the significant and unavoidable adverse environmental effects and support the rejection of the project alternatives.

The **Mitigation Monitoring and Reporting Program ("MMRP")** for the mitigation measures that have been proposed for adoption is attached with these findings as Exhibit A. The MMRP is required by CEQA Section 21081.6 and CEQA Guidelines Section 15091. The MMRP provides a table setting forth each mitigation measure listed in the Final Environmental Impact Report for the Project ("Final EIR") that is required to reduce or avoid a significant adverse impact. The MMRP also specifies the agency responsible for implementation of each measure and establishes monitoring actions and a monitoring schedule. The full text of the mitigation measures is set forth in the MMRP.

These findings are based upon substantial evidence in the entire record before the Commission. The references set forth in these findings to certain pages or sections of the Draft Environmental Impact Report ("Draft EIR" or "DEIR") or the Comments and Responses document ("C&R"), which together comprise the Final EIR, are for ease of reference and are not intended to provide an exhaustive list of the evidence relied upon for these findings.

MOVED, that the Commission hereby adopts findings under the California Environmental Quality Act, including rejecting alternatives as infeasible and adopting a Statement of Overriding Considerations, and adopts the MMRP attached as Exhibit A based on the following findings:

I. Project Description

A. Chinese Hospital Replacement Project

Chinese Hospital campus (835-845 Jackson Street) currently consists of the Chinese Hospital at 845 Jackson Street, built in 1979; the Medical Administration Building at 835 Jackson Street (the original Chinese Hospital, built in 1924); and the Chinese Hospital Parking Garage, located directly behind the 1924 Medical Administration Building. The Chinese Hospital Association, ("Project Sponsor"), proposes to demolish the Medical Administration Building and the parking garage, construct a new, hospital building in their place, and remodel and refurbish the existing hospital building. The proposed new hospital would be an acute care hospital with 54 acute care beds (the same number of licensed acute-care

beds as in the existing Chinese Hospital) and a new skilled nursing facility with 22 beds. The Project includes approval of a special use district and zoning map amendment to facilitate this development.

B. Project Sponsor Objectives

The Project Sponsor's objectives are to design and build a hospital that:

- Honors the history and continuum of healthcare provided by Chinese Hospital in Chinatown;
- Respects the architectural context of the surrounding buildings while meeting the hospital's mission to provide modern healthcare facilities for its community;
- Can physically satisfy the current and future requirements for the delivery of quality healthcare to patients;
- Provides a seismically safe environment for its patients, visitors, physicians, and employees;
- Is economically cost efficient and improves the operation of the hospital;
- Furthers Chinese Hospital's mission to serve the healthcare needs of its community through the use of advanced medical practices, technology, and equipment;
- Minimally disrupts the current hospital's acute-care services and outpatient operations, to ensure that the healthcare services for the community continue to be provided during project implementation;
- Provides space for existing hospital functions in a new hospital that meets the requirements of SB 1953, other state agencies, and hospital industry associations;
- Provides sufficient space to replace the existing 54 acute-care hospital beds and upgrade and modernize them; and
- Provides a 22-bed skilled nursing facility to improve the transition of patients from the acute-care setting to home.

C. Planning and Environmental Review Process

The Project Sponsor applied for environmental review on June 24, 2008. The San Francisco Planning Department (the "Department") determined that an Environmental Impact Report was required and published and distributed a Notice of Preparation of an EIR/Initial Study ("NOP/IS") on May 18, 2011. The NOP/IS is Appendix A to the Draft EIR.

The Department published a Draft Environmental Impact Report (DEIR) on April 16, 2012. The Commission held a public hearing to solicit testimony on the DEIR on May 17, 2012. The Department

received written comments on the DEIR from April 17 to May 31, 2012. The Department published the Comments and Responses on June 28, 2012. The DEIR, together with the Comments and Responses constitute the Final EIR. The Commission certified the FEIR on July 12, 2012 by Motion No. 18660.

D. Approval Actions

1. Planning Commission Actions

The Planning Commission is taking the following actions and approvals to implement the Project:

- Certification of the Final EIR;
- General Plan consistency determination for the proposed Project;
- Recommend approval to the Board of Supervisors of a Zoning Map amendment to reclassify the height and bulk limits on the main project site (Sheet HT01) and to establish the boundaries of the Chinese Hospital SUD (Sheet SU01);
- Recommend approval to the Board of Supervisors of a Planning Code text amendment to establish the Chinese Hospital SUD;
- Recommend approval to the Board of Supervisors of an amendment to the San Francisco General Plan to the Chinatown Area Plan; and
- Approval of any conditional use authorization that may continue to apply after full implementation of the proposed legislative land use amendments.

2. Board of Supervisors Actions

The Board of Supervisors is taking the following actions and approvals to implement the Project:

- The Planning Commission's certification of the Final EIR may be appealed to the Board of Supervisors. If appealed, the Board of Supervisors will determine whether to uphold the certification or to remand the Final EIR to the Planning Department for further review;
- The Planning Commission's approval of any conditional use authorization may be appealed to the Board of Supervisors. If appealed, the Board of Supervisors will determine whether to uphold, uphold and modify, or reject the conditional use authorization.
- Approval of a Zoning Map amendment to rezone the height and bulk limits on the main project site (Sheet HT01) and to establish the boundaries of the Chinese Hospital SUD (Sheet SU01);
- Approval of a Planning Code text amendment to establish the Chinese Hospital SUD;
- Approval of an amendment to the San Francisco General Plan to the Chinatown Area Plan; and

3. Actions by Other City Departments

- Approval of demolition, grading, and site permits (Department of Building Inspection);
- Approval of encroachment permits for work to be done in public rights-of-way (alleys, streets, and sidewalks) (Bureau of Street Use and Mapping of the Department of Public Works);
- Approval of curb or road modifications (Department of Parking and Traffic);

- Approval of compliance with requirements of the Stormwater Management Ordinance for projects with over 5,000 sq. ft. of disturbed ground area (the San Francisco Public Utilities Commission Wastewater Enterprise, Urban Watershed Management Program); and

D. Location and Custodian of Records

The public hearing transcript, a copy of the letters regarding the FEIR received during the public review period, the administrative record, and background documentation for the FEIR are located at the Planning Department, 1650 Mission Street, San Francisco. The Planning Commission Secretary is the custodian of records for the Planning Department and the Planning Commission.

These findings are based upon substantial evidence in the entire record before the Commission.

II. Potentially Significant Impacts That Are Avoided Or Reduced To A Less-Than-Significant Level And Findings Regarding Mitigation Measures

The following Sections II and III set forth the Commission's findings about the Final EIR's determinations regarding significant environmental impacts and the mitigation measures proposed to address them. These findings provide the written analysis and conclusions of the Commission regarding the environmental impacts of the Project and the mitigation measures included as part of the Final EIR and adopted by the Commission and other City decisionmakers as part of the Project. To avoid duplication and redundancy, and because the Commission agrees with, and hereby adopts, the conclusions in the Final EIR, these findings will not repeat the analysis and conclusions in the Final EIR, but instead incorporates them by reference herein and relies rely upon them as substantial evidence supporting these findings.

In making these findings, the Commission has considered the opinions of City staff and experts, other agencies and members of the public. The Commission finds that the determination of significance thresholds is a judgment decision within the discretion of the City and County of San Francisco; the significance thresholds used in the EIR are supported by substantial evidence in the record, including the expert opinion of the EIR preparers and City staff; and the significance thresholds used in the EIR provide reasonable and appropriate means of assessing the significance of the adverse environmental effects of the Project.

As set forth below, the Commission adopts and incorporates all of the mitigation measures set forth in the Final EIR and the attached MMRP to substantially lessen or avoid the potentially significant and significant impacts of the Project. The Commission and other City decision makers intend to adopt each of the mitigation measures proposed in the Final EIR. Accordingly, in the event a mitigation measure recommended in the Final EIR has inadvertently been omitted in these findings or the MMRP, such mitigation measure is hereby adopted and incorporated in the findings below by reference. In addition, in the event the language describing a mitigation measure set forth in these findings or the MMRP fails to accurately reflect the mitigation measures in the Final EIR due to a clerical error, the language of the policies and implementation measures as set forth in the Final EIR shall control. The impact numbers and mitigation measure numbers used in these findings reflect the information contained in the Final EIR.

The potentially significant impacts of the Project that will be mitigated through implementation of mitigation measures include impacts related to:

- cumulative construction-related transportation;
- archeological resources and human remains;
- paleontological resources; and
- construction and operational noise and vibration;

The Project Sponsor has agreed to implement all mitigation measures identified in the Final EIR. The required mitigation measures are fully enforceable and will be included as conditions of approval by and the Commission and other City decisionmakers. Pursuant to CEQA Section 21081.6, adopted mitigation measures will be implemented and monitored as described in the MMRP, which is incorporated herein by reference.

With the required mitigation measures, all potential project impacts, with the exception of impacts related to historic resources and construction air quality as described in Section III below, would be avoided or reduced to a less-than-significant level.

As authorized by CEQA Section 21081 and CEQA Guidelines Section 15091, 15092, and 15093, based on substantial evidence in the whole record of this proceeding, the City finds that, unless otherwise stated, all of the changes or alterations to the Project listed herein have been or will be required in, or incorporated into, the project to mitigate or avoid the significant or potentially significant environmental impacts listed herein, as identified in the Final EIR, that these mitigation measures will be effective to reduce or avoid the potentially significant impacts as described in the EIR, and these mitigation measures are feasible to implement and are within the responsibility and jurisdiction of the City and County of San Francisco to implement or enforce.

III. Significant Impacts That Cannot Be Avoided Or Reduced To A Less-Than-Significant Level

Based on substantial evidence in the whole record of these proceedings, the Commission finds that, where feasible, changes or alterations have been required, or incorporated into, the Project to reduce the significant environmental impacts. The Commission finds that the mitigation measures in the Final EIR and described below are feasible and appropriate, and that changes have been required in, or incorporated into, the Project that, pursuant to Public Resources Code section 21002 and CEQA Guidelines section 15091, may substantially lessen, but do not avoid (i.e., reduce to less than significant levels), the potentially significant environmental effect associated with implementation of the Project. The Commission adopts all of the mitigation measures proposed in the Final EIR and set forth in the MMRP. The Commission further finds, however, for the impacts listed below, despite the implementation of mitigation measures, the effects remain significant and unavoidable.

The Commission determines that the following significant impacts on the environment, as reflected in the Final EIR, are unavoidable, but under Public Resources Code Section 21081(a)(3) and (b), and CEQA Guidelines 15091(a)(3), 15092(b)(2)(B), and 15093, the Commission determines that the impacts are

acceptable due to the overriding considerations described in Section V below. This finding is supported by substantial evidence in the record of this proceeding.

A. Significant and Unavoidable Impacts to Historic Resources.

Impact CR-1: The proposed demolition of the existing 1924 Medical Administration Building would have a substantial adverse
effect on an individual historical resource and on the National Register of Historic Places/California Register of Historical Resources-eligible Chinatown historic district.

- Mitigation Measure M-CR-1a. Written and Photographic Documentation; and
- Mitigation Measure M-CR-1b: Permanent Interpretative Display.

Completing historical resource documentation and installing a permanent interpretive display would reduce this impact, but not to a less-than-significant level. Thus, this impact remains significant and unavoidable.

Impact CR-2: The proposed Replacement Hospital building would have a substantial adverse effect on the National Register of Historic Places/California Register of Historical Resources-eligible Chinatown historic district.

- Mitigation Measure M-CR-1a. Written and Photographic Documentation.

Completing historical resource documentation would reduce this impact, but not to a less-than-significant level. Thus, this impact remains significant and unavoidable.

Impact C-CR-1: The proposed project in combination with other past, present and reasonably foreseeable future projects in the project vicinity would result in a cumulatively considerable contribution to significant adverse impacts on the National Register of Historic Places/California Register of Historical Resources-eligible Chinatown historic district.

- Mitigation Measure M-CR-1a. Written and Photographic Documentation.

Completing historical resource documentation would reduce this impact, but not to a less-than-significant level. Thus, this impact remains significant and unavoidable.

B. Significant and Unavoidable Impacts to Air Quality.

Impact AQ-3: Construction of the proposed project would generate substantial levels of PM2.5 and other toxic air contaminants, including diesel particulate matter, that could significantly affect nearby sensitive receptors.

- Mitigation M-AQ-3: Construction Emissions Minimization Plan.

Developing and implementing a construction emissions minimization plan would reduce this impact, but not to a less-than-significant level. Thus, this impact remains significant and unavoidable.

Pursuant to Section 21067 of CEQA and Sections 15040, 15081, and 15082 of the State CEQA Guidelines, the Commission finds that the proposed Project would result in impacts that cannot be avoided if the Project is implemented: demolition of the 1924 Medical Administration Building, an historic resource, construction of the Replacement Hospital within the National Register of Historic Places/California Register of Historical Resources-eligible Chinatown historic district, and construction related air quality impacts. These impacts would remain significant and unavoidable if the Project were implemented.

IV. Consideration of Project Alternatives

This Section describes the Project alternatives and the reasons for approving the Project and for rejecting the alternatives. CEQA mandates that an EIR evaluate a reasonable range of alternatives to the Project or the Project location that generally reduce or avoid potentially significant impacts of the Project. CEQA requires that every EIR also evaluate a "No Project" alternative. Alternatives provide a basis of comparison to the Project in terms of their significant impacts and their ability to meet Project objectives. This comparative analysis is used to consider reasonable, potentially feasible options for minimizing environmental consequences of the Project.

The Commission certifies that it has independently reviewed and considered the information on the alternatives provided in the Final EIR and in the record. The Final EIR reflects the Commission's and the City's independent judgment as to the alternatives.

The Commission finds that the Project provides the best balance between satisfaction of the project objectives and mitigation of environmental impacts to the extent feasible, as described and analyzed in the EIR and adopts a statement of overriding considerations as set forth in Section IV below.

A. Alternatives Analyzed in the FEIR

The FEIR analyzed four alternatives to the Project: the No Project Alternative, the Full Preservation Alternative, the Partial Preservation Alternative, and the Compatible Replacement Hospital Alternative. The No Project Alternative analyzes no immediate change to the Project site, including no demolition of the Medical Administration Building or the parking garage, no construction of the new hospital, and no renovation of the existing Chinese Hospital. The Full Preservation Alternative analyzes retaining and reusing the 1924 Medical Administration Building by constructing a 1-story roof top addition to the Medical Administration Building and seismically retrofitting it for use as a replacement hospital, demolishing the parking garage and constructing in its place a 5-story (plus basement) rear addition that would be connected to the 1924 Medical Administration Building, and seismically retrofitting the existing Chinese Hospital; under this alternative, the sky bridge connecting the two buildings would be removed and reconstructed after completion of the roof top addition to the 1924 Medical Administration Building. The Partial Preservation Alternative analyzes retaining and seismically retrofitting the most architecturally significant portion of the 1924 Medical Administration Building, demolishing the parking garage, constructing a new tower behind the Medical Administration Building, and remodeling the

existing Chinese Hospital. The Compatible Replacement Hospital Alternative analyzes demolishing the 1924 Medical Administration Building and the parking garage, constructing a replacement hospital in their place with a different massing and design, and remodeling and refurbishing the existing Chinese Hospital.

B. Alternatives Rejected and Reasons for Rejection

1. No Project Alternative. The No Project Alternative would not be desirable or meet the Project Sponsor's goals. The No Project Alternative would not be in compliance with the requirements of SB 1953, other state agencies, and hospital industry associations. The No Project Alternative is rejected in favor of the project and is found infeasible for the following environmental, economic, and social reasons:

   A. The No Project Alternative would not provide modern healthcare facilities for the community.

   B. The No Project Alternative would not provide a seismically safe environment that meets the requirements of SB 1953 for patients, visitors, physicians, or employees.

   C. As a pre-Northridge Earthquake hospital facility, the existing Chinese Hospital is susceptible to structural damage and could result interruption of healthcare services to the community for an extended period of time in the event of a major earthquake. In addition, the Medical Administration Building is rated as a SPC-1 structure (indicating that the structure poses a "significant risk of collapse and is a danger to the public after a strong earthquake"), and accordingly, in the event of an earthquake the No Project Alternative could potentially endanger patients, visitors, physicians, and staff occupying the existing Medical Administration Building.

   D. The No Project Alternative would not provide space for advanced medical practices, technology, or equipment.

   E. The No Project Alternative would not replace the existing 54 acute-care beds or upgrade and modernize them.

   F. The No Project Alternative would not provide a new 22-bed skilled nursing facility.

   G. The No Project Alternative would not provide opportunities for new sources of jobs, fees, taxes, or revenue.

2. Full Preservation Alternative. The Full Preservation Alternative would not be desirable or meet all of the Project Sponsor's goals. The Full Preservation Alternative is rejected in favor of the project and is found infeasible for the following environmental, economic, and social reasons:

A. The Full Preservation Alternative would meet some, but not all of the Project Sponsor's Objectives.

B. The Full Preservation Alternative would provide four fewer acute-care beds than the project or the existing Chinese Hospital.

C. The Full Preservation Alternative would not have sufficient space to accommodate the following services on the main project site: satellite laboratory in the surgery area, medical gas storage area, information technology, materials management, medical records, medical staff offices, social services, utilization review, and nursing administration.

D. The Full Preservation Alternative would result in separation of related functions, which would affect hospital efficiency and staffing. The separation of related hospital functions would increase the need to transport patients between floors.

E. Construction of the Full Preservation Alternative would commence approximately three to four years later than the project due to Office of Statewide Health Planning and Development (OSHPD) review.

F. The Full Preservation Alternative would not provide a new 22-bed skilled nursing facility.

G. The Full Preservation Alternative would not be cost efficient or improve the operation of the Chinese Hospital.

3. Partial Preservation Alternative. The Partial Preservation Alternative would not be desirable or meet the Project Sponsor's goals. The Partial Preservation Alternative is rejected in favor of the project and is found infeasible for the following environmental, economic, and social reasons:

A. The Partial Preservation Alternative would meet some, but not all of the Project Sponsor's Objectives.

B. The Partial Preservation Alternative would provide 32 fewer acute-care beds than the project or the existing Chinese Hospital.

C. The Partial Preservation Alternative would result in operational deficiencies, which would increase the operational costs for the Chinese Hospital.

D. Construction of the Partial Preservation Alternative would commence approximately three to four years later than the project due to OSHPD review.

E. The Partial Preservation Alternative would not provide a new 22-bed skilled nursing facility.

F. The Partial Preservation Alternative would result in a significant and unavoidable impact on the Medical Administration Building individual historic resource.

G. Construction of the new hospital tower under Partial Preservation Alternative would result in a significant and unavoidable project-level impact on the NRHP/CRHR-eligible Chinatown historic district and make a considerable contribution to a significant cumulative impact on the NRHP/CRHR-eligible Chinatown historic district.

H. The Partial Preservation Alternative could have a significant and unavoidable shadow impact on Recreation and Park Commission properties and could make a considerable contribution to a significant cumulative shadow impact.

I. The Partial Preservation Alternative would not reduce the impacts created by the project to a less than significant level.

4. Compatible Replacement Hospital Alternative. The Compatible Replacement Hospital Alternative would not be desirable or meet the Project Sponsor's goals. The Compatible Replacement Hospital Alternative is rejected in favor of the project and is found infeasible for the following environmental, economic, and social reasons:

A. The Compatible Replacement Hospital Alternative would meet most, but not all of the Project Sponsor's Objectives.

B. The Compatible Replacement Hospital Alternative would result in operational deficiencies and would require eight additional staff compared to the project, which would increase the operational costs for the Chinese Hospital.

C. Construction of the Compatible Replacement Hospital Alternative would commence approximately three to four years later than the project due to OSHPD review.

D. The Compatible Replacement Hospital Alternative would provide one fewer bed in the skilled nursing facility as compared to the project.

E. The Compatible Replacement Hospital Alternative would result in a significant and unavoidable impact on the Medical Administration Building individual historic resource and significant project-level and cumulative impacts on the NRHP/CRHR-eligible Chinatown historic district.

F. The new hospital tower under Compatible Replacement Hospital Alternative would result in a significant and unavoidable project-level impact on the NRHP/CRHR-eligible Chinatown historic district and make a considerable contribution to a significant cumulative impact on the NRHP/CRHR-eligible Chinatown historic district.

G. The Compatible Replacement Hospital would not reduce the impacts created by the project to a less than significant level.

H. The Compatible Replacement Hospital Alternative could have a significant and unavoidable shadow impact on Recreation and Park Commission properties and could make a considerable contribution to a significant cumulative shadow impact.

V. Statement of Overriding Considerations

Pursuant to CEQA section 21081 and CEQA Guideline 15093, the Commission hereby finds, after consideration of the Final EIR and the evidence in the record, that each of the specific overriding economic, legal, social, technological and other benefits of the Project as set forth below independently and collectively outweighs the significant and unavoidable impacts and is an overriding consideration warranting approval of the Project. Any one of the reasons for approval cited below is sufficient to justify approval of the Project. Thus, even if a court were to conclude that not every reason is supported by substantial evidence, the Commission will stand by its determination that each individual reason is sufficient. The substantial evidence supporting the various benefits can be found in the preceding findings, which are incorporated by reference into this Section, and in the documents found in the Record of Proceedings, as defined in Section I.

On the basis of the above findings and the substantial evidence in the whole record of this proceeding, the Commission specially finds that there are significant benefits of the Project in spite of the unavoidable significant impacts, and therefore makes this Statement of Overriding Considerations. The Commission further finds that, as part of the process of obtaining Project approval, all significant effects on the environment from implementation of the Project have been eliminated or substantially lessened where feasible. All mitigation measures proposed in the Final EIR for the proposed Project are adopted as part of this approval action. Furthermore, the Commission has determined that any remaining significant effects on the environment found to be unavoidable are acceptable due to the following specific overriding economic, technical, legal, social and other considerations. In addition, the Commission finds that the rejected Project Alternatives are also rejected for the following specific economic, social, or other considerations, in addition to the specific reasons discussed in Section II above.

1. The project would provide much needed healthcare services to the Chinatown community. By providing these community services to the Chinatown neighborhood and community residents, the project would preserve the Chinatown community.

2. The project is crucial for the continued operation and success of the Chinese Hospital and the Chinatown community that it supports. The project serves to bring the Chinese Hospital into compliance with current laws and regulations, such as the Americans with Disabilities Act and SB 1953 (the Alfred E. Alquist Hospital Seismic Safety Act of 1983). Without the project, the Chinese Hospital will become outdated and could cease being able to provide crucial medical care to the Chinatown community.

3. The project would create a 22-bed skilled nursing facility that would improve the transition of patients from the acute care setting and allow Chinatown residents to remain close to their homes and loved ones while they recover from inpatient procedures.

4. The project would allow the Chinese Hospital to provide innovative healthcare services in a state of the art facility, which would not be possible in the building in which the hospital currently operates.

5. The project would provide numerous jobs for Chinatown residents and business both during and after construction.

6. The project would be well suited for modern healthcare practices and procedures that require more spacious facilities for new medical equipment leading to improved healthcare quality and safety for patients, and a safe and accessible work environment for hospital staff.

7. The project would allow the Chinese Hospital to replace its two, three, and four-bed patient rooms with single patient rooms that utilize modern medical equipment.

8. The project would provide an approximately 890-sf landscaped and hardscaped open space on Jackson Street that would serve as an exterior community-gathering place for respite and relaxation along the uphill walk on Jackson Street.

DECISION

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby ADOPT the foregoing CEQA Findings and the Mitigation Monitoring and Reporting Program attached hereto as Exhibit A.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on July 12, 2012.

Linda D. Avery
Commission Secretary

AYES: Antonini, Bordon, Miguel, Moore, Sugaya, Wu

NAYS: none

ABSENT: Fong

ADOPTED: July 12, 2012

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
(Includes Text for Adopted Mitigation and Improvement Measures)

MEASURES ADOPTED AS CONDITIONS OF APPROVAL	Responsibility for Implementation	Schedule	Monitoring/Reporting Responsibility	Status/Date Completed
MITIGATION MEASURES FOR THE CHINESE HOSPITAL REPLACEMENT PROJECT				
Cultural Resources (Historic Architectural Resources) Mitigation Measures				
Mitigation Measure M-CR-1a: Documentation The project sponsor shall retain a professional who meets the Secretary of the Interior's Professional Qualifications Standards for Architectural History to prepare written and photographic documentation of the 1924 MAB. The documentation for the property shall be prepared based on the National Park Service's Historic American Building Survey (HABS) / Historic American Engineering Record (HAER) Historical Report Guidelines. This type of documentation is based on a combination of both HABS/HAER standards (Levels I, II and III) and the National Park Service's policy for photographic documentation as outlined in the National Register of Historic Places (NR) and National Historic Landmarks (NHL) Survey Photo Policy Expansion. The measured drawings for this documentation shall follow HABS/HAER Level I standards. To determine the number of the measured drawings, the professional shall consult with the San Francisco Planning Department's Preservation Coordinator. The written historical data for this documentation shall follow HABS / HAER Level II standards. The written data shall be accompanied by a sketch plan of the property. Efforts should also be made to locate original construction drawings or plans of the property during the period of significance. If located, these drawings should be photographed, reproduced, and included in the dataset. If construction drawings or plans cannot be located, as-built drawings shall be produced. Either HABS/HAER standard large format or digital photography shall be used. If digital photography is used, the ink and paper combinations for printing photographs must be in compliance with NR-NHL Photo Policy Expansion and have a permanency rating of approximately 115 years. Digital photographs will be taken as uncompressed, TIF file format. The size of each image will be 1600x1200 pixels at 330 ppi (pixels per inch) or larger, color format, and printed in black and white. The file name for each electronic image shall correspond with the index of photographs and photograph label. Photograph views for the dataset shall include (a) contextual views; (b) views of each side of each building and interior views, where possible; (c) oblique views of buildings; and (d) detail views of character-defining features, including features on the interiors of some buildings. All views shall be referenced on a photographic key. This photographic key shall be on a map of the property and shall show the photograph number with an arrow to indicate the direction of the view. Historic photographs shall	Project sponsor to retain qualified professional consultant. Consultant to prepare documentation. Planning Department shall review, request revisions if appropriate, and ultimately approve documentation.	Prior to any action to demolish or remove the 1924 MAB consultant to submit documentation package per HABS / HAER / HALS Guidelines documentation for review by Planning Department. Prior to construction, transmit documentation to the History Center in SF Library, and NWIC.	Consultant to submit draft and final documentation prepared pursuant to HABS/HAER/HALS Guidelines to Planning Department for review and approval. Following approval of documentation, consultant to transmit documentation to the SF History Center in SF Library, Planning Department, and NWIC.	

394

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR
CHINESE HOSPITAL REPLACEMENT PROJECT
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also be collected, reproduced, and included in the dataset. The project sponsor shall transmit such documentation, in both printed and electronic form, to the Chinese Historical Society of America, to the History Room of the San Francisco Public Library, and to the Northwest Information Center of the California Historical Resource Information System. All documentation will be reviewed and approved by the San Francisco Planning Department's Preservation Coordinator prior to granting any demolition permit. **Mitigation Measure M-CR-1b: Interpretation** The project sponsor shall provide a permanent display of interpretive materials concerning the history and architectural features of the original 1924 MAB and its historic and architectural relationship to the larger Chinatown community. Interpretation of the site's history shall be supervised by an architectural historian or historian who meets the Secretary of the Interior's Professional Qualification Standards, and shall be conducted in coordination with an exhibit designer. The interpretative materials (which may include, but are not limited to, a display of photographs, news articles, memorabilia, video) shall be placed in a prominent public setting within the Replacement Hospital building or MAOC. The project sponsor shall also transmit such interpretive materials, in both printed and electronic form (to the extent these materials are reproducible), to the Chinese Historical Society of America. A proposal describing the general parameters of the interpretive program shall be approved by the San Francisco Planning Department's Preservation Coordinator prior to issuance of a Site Permit. The substance, media and other characteristics of such interpretive display shall be approved by the San Francisco Planning Department's Preservation Coordinator prior to issuance of a Temporary Certificate of Occupancy.	Project Sponsor to establish location(s), media, and characteristics of the display. Project sponsor and their architectural historian to prepare the display.	Prior to any demolition or removal activities, approval of interpretative materials to occur.	Consultant to submit materials to Planning Department for approval.	
Cultural Resources (Archeological Resources) Mitigation Measures				
Mitigation Measure M-CP-2: Subsurface Archaeological Resources Based on a reasonable presumption that archaeological resources may be present within	Project sponsor to	Prior to commencement	(See below regarding	

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the project site, the following measures shall be undertaken to avoid any potentially significant adverse effect from the proposed project on buried or submerged archaeological resources. The project sponsor shall retain the services of an archaeological consultant from the pool of qualified archaeological consultants maintained by the Planning Department archaeologist. The archaeological consultant shall undertake an archaeological testing program as specified below. In addition, the consultant shall be available to conduct an archaeological monitoring and/or data recovery program if required pursuant to this measure. The archaeological consultant's work shall be conducted in accordance with this measure and with the requirements of the project archaeological research design and treatment plan (Archeo-Tec, *Archaeological Research Design and Treatment Plan for the Chinese Hospital Replacement Project*, April 2011) at the direction of the Environmental Review Officer (ERO). In instances of inconsistency between the requirement of the project archaeological research design and treatment plan and of this archaeological mitigation measure, the requirement of this archaeological mitigation measure shall prevail. All plans and reports prepared by the consultant as specified herein shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Archaeological monitoring and/or data recovery programs required by this measure could suspend construction of the project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to reduce to a less-than-significant level potential effects on a significant archaeological resource as defined in *CEQA Guidelines* Sect. 15064.5(a)(c).	retain qualified professional archaeologist from the pool of consultants maintained by the Planning Department.	of soil-disturbing activities, submittal of reports for approval by Planning Department.	archaeologist's reports).	
Consultation with Descendant Communities: On discovery of an archeological site [fn: The term "archeological site" is intended here to minimally include any archeological deposit, feature, burial, or evidence of burial.] associated with descendant Native Americans or the Overseas Chinese an appropriate representative [fn: An "appropriate representative" of the descendant group is here defined to mean, in the case of Native Americans, any individual listed in the current Native American Contact List for the City and County of San Francisco maintained by the California Native American Heritage Commission and in the case of the Overseas Chinese, the Chinese Historical Society of America.] of the descendant group and the ERO shall be contacted. The representative of the descendant group shall be given the opportunity to monitor archeological field investigations of the site and to consult with the ERO regarding appropriate archeological treatment of the site, of recovered data from the site, and, if applicable, any interpretative treatment of the associated archeological site. A copy of the Final Archaeological Resources Report shall be provided to the representative of	Project sponsor shall contact ERO and descendant group representative upon discovery of an archaeological site.	For the duration of soil-disturbing activities, the representative of the descendant group shall be given the opportunity to monitor archaeological field investigations on the site and consult with the ERO regarding appropriate archaeological treatment of the site, of recovered data from the site, and, if applicable, any interpretative	Consultant shall prepare a Final Archaeological Resources Report in consultation with the ERO. A copy of this report shall be provided to the representative of the descendant group	

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
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the descendant group.		treatment of the associated archaeological site.		
Archaeological Testing Program. The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that potentially could be adversely affected by the proposed project, the testing method to be used, and the locations recommended for testing. The purpose of the archaeological testing program will be to determine to the extent possible the presence or absence of archaeological resources and to identify and to evaluate whether any archaeological resource encountered on the site constitutes an historical resource under CEQA.	Archaeological consultant to undertake archaeological testing program	Archaeological Testing Plan to be submitted to and approved by ERO prior to testing, which is to be prior to any excavation, site preparation or construction	Consultant to prepare ATP in consultation with the ERO	
At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the archaeological consultant finds that significant archaeological resources may be present, the ERO in consultation with the archaeological consultant shall determine if additional measures are warranted. Additional measures that may be undertaken include additional archaeological testing, archaeological monitoring, and/or an archaeological data recovery program. If the ERO determines that a significant archaeological resource is present and that the resource could be adversely affected by the proposed project, at the discretion of the project sponsor either: A) The proposed project shall be re-designed so as to avoid any adverse effect on the significant archaeological resource; or B) A data recovery program shall be implemented, unless the ERO determines that the archaeological resource is of greater interpretive than research significance and that interpretive use of the resource is feasible.	Archaeological consultant to submit results of testing, and in consultation with ERO, determine whether redesign of a data recovery program is warranted.	At the completion of the archaeological testing program.	Consultant to submit report of findings from testing program to Planning Department.	
Archaeological Monitoring Program (AMP). If the ERO in consultation with the archaeological consultant determines that an archaeological monitoring program shall be implemented, the archaeological monitoring program shall minimally include the following provisions: • The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the AMP reasonably prior to any project-related soils-	Project sponsor and their archaeologist(s), in consultation with ERO.	Prior to any demolition or removal activities, and during construction at any location.	Consultant to prepare Archaeological Monitoring Program (AMP) in consultation with the ERO.	

397

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
(Includes Text for Adopted Mitigation and Improvement Measures)

MEASURES ADOPTED AS CONDITIONS OF APPROVAL	Responsibility for Implementation	Schedule	Monitoring/Reporting Responsibility	Status/Date Completed
disturbing activities commencing. The ERO in consultation with the archaeological consultant shall determine what project activities shall be archaeologically monitored. In most cases, any soils-disturbing activities, such as demolition, foundation removal, excavation, grading, utilities installation, foundation work, driving of piles (foundation, shoring, etc.), site remediation, etc., shall require archaeological monitoring because of the risk these activities pose to potential archaeological resources and to their depositional context;				
• The archaeological consultant shall advise all project contractors to be on the alert for evidence of the presence of the expected resource(s), of how to identify the evidence of the expected resource(s), and of the appropriate protocol in the event of apparent discovery of an archaeological resource;	Archaeological monitor and project sponsor and project sponsor's construction contractors.	As construction contractors are retained, prior to any soils-disturbing activities.	Archaeological consultant to advise all construction contractors	
• The archaeological monitor(s) shall be present on the project site according to a schedule agreed upon by the archaeological consultant and the ERO until the ERO has, in consultation with the project archaeological consultant, determined that project construction activities could have no effects on significant archaeological deposits;		Schedules for monitoring to be established in the AMP, in consultation with ERO.	Archaeological monitor to observe construction according to the schedules established in the AMP.	
• The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis;				
• If an intact archaeological deposit is encountered, all soils-disturbing activities in the vicinity of the deposit shall cease. The archaeological monitor shall be empowered to temporarily redirect demolition/excavation/pile-driving/ construction activities and equipment until the deposit is evaluated. If, in the case of pile-driving activity (foundation, shoring, etc.), the archaeological monitor has cause to believe that the pile-driving activity may affect an archaeological resource, the pile-driving activity shall be terminated until an appropriate evaluation of the resource has been made in consultation with the ERO. The archaeological consultant shall immediately notify the ERO of the encountered archaeological deposit. The archaeological consultant shall make a reasonable effort to assess the identity, integrity, and significance of the encountered archaeological deposit, and present the findings of this assessment to the ERO.			Archaeological monitor shall temporarily redirect construction activities as necessary and consult with ERO.	
Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of the monitoring program to the ERO.	Archaeological consultant	Upon completion of soil-disturbing activities	Written report of findings of monitoring program to be submitted to ERO.	
	Project sponsor and	Prior to any demolition or	Consultant to prepare	

398

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
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MEASURES ADOPTED AS CONDITIONS OF APPROVAL	Responsibility for Implementation	Schedule	Monitoring/Reporting Responsibility	Status/Date Completed
Archaeological Data Recovery Program. The archaeological data recovery program shall be conducted in accord with an archaeological data recovery plan (ADRP). The archaeological consultant, project sponsor, and ERO shall meet and consult on the scope of the ADRP prior to preparation of a draft ADRP. The archaeological consultant shall submit a draft ADRP to the ERO. The ADRP shall identify how the proposed data recovery program will preserve the significant information the archaeological resource is expected to contain. That is, the ADRP will identify what scientific/historical research questions are applicable to the expected resource, what data classes the resource is expected to possess, and how the expected data classes would address the applicable research questions. Data recovery, in general, should be limited to the portions of the historical property that could be adversely affected by the proposed project. Destructive data recovery methods shall not be applied to portions of the archaeological resources if nondestructive methods are practical. The scope of the ADRP shall include the following elements: • *Field Methods and Procedures.* Descriptions of proposed field strategies, procedures, and operations. • *Cataloguing and Laboratory Analysis.* Description of selected cataloguing system and artifact analysis procedures. • *Discard and Deaccession Policy.* Description of and rationale for field and post-field discard and deaccession policies. • *Interpretive Program.* Consideration of an on-site/off-site public interpretive program during the course of the archaeological data recovery program. • *Security Measures.* Recommended security measures to protect the archaeological resource from vandalism, looting, and non-intentionally damaging activities. • *Final Report.* Description of proposed report format and distribution of results. • *Curation.* Description of the procedures and recommendations for the curation of any recovered data having potential research value, identification of appropriate curation facilities, and a summary of the accession policies of the curation facilities.	their archaeologist(s), in consultation with ERO.	removal activities approval of interpretative materials to occur. Considered complete once verification of curation occurs.	Archaeological Data Recovery Program in consultation with ERO. Final ADRP to be submitted to ERO.	
Human Remains and Associated or Unassociated Funerary Objects. The treatment of human remains and of associated or unassociated funerary objects discovered during any soils-disturbing activity shall comply with applicable state and federal laws. This shall include immediate notification of the Coroner of the City and County of San Francisco and in the event of the Coroner's determination that the human remains are	Project sponsor and project archaeologist, in consultation with ERO.	Ongoing throughout soils-disturbing activities.	If applicable, upon discovery of human remains and/or associated or unassociated funerary objects, the consultant shall notify the Coroner of the City and County of San	

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
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Native American remains, notification of the California State Native American Heritage Commission (NAHC) who shall appoint a Most Likely Descendant (MLD) (Pub. Res. Code Sec. 5097.98). The archaeological consultant, project sponsor, and MLD shall make all reasonable efforts to develop an agreement for the treatment of, with appropriate dignity, human remains and associated or unassociated funerary objects (CEQA Guidelines. Sec. 15064.5(d)). The agreement should take into consideration the appropriate excavation, removal, recordation, analysis, custodianship, curation, and final disposition of the human remains and associated or unassociated funerary objects.			Francisco, and in the event of the Coroner's determination that the human remains, notification of the California State Native American Heritage Commission who shall appoint a Most Likely Descendant (MLD) who shall make reasonable efforts to develop an agreement for the treatment of human remains and/or associated or unassociated funerary objects	
Final Archaeological Resources Report. The archaeological consultant shall submit a Draft Final Archaeological Resources Report (FARR) to the ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put at risk any archaeological resource shall be provided in a separate removable insert within the final report. Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information Center (NWIC) shall receive one (1) copy and the ERO shall receive a copy of the transmittal of the FARR to the NWIC. The Environmental Planning division of the Planning Department shall receive three copies of the FARR along with copies of any formal site recordation forms (CA DPR 523 series) and/or documentation for nomination to the National Register of Historic Places/California Register of Historical Resources. In instances of high public interest in or the high interpretive value of the resource, the ERO may require a different final report content, format, and distribution than that presented above.	Project sponsor and their archaeologist(s), in consultation with ERO.	Upon completion of cataloguing and analysis of recovered data and findings. Upon approval of Final Archaeological Resources Report by ERO.	Consultant to prepare draft and final Archeological Resources Report reports. The ERO to review and approve the FARR. Consultant to transmit final, approved documentation to NWIC and San Francisco Planning Department.	

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
(Includes Text for Adopted Mitigation and Improvement Measures)

MEASURES ADOPTED AS CONDITIONS OF APPROVAL	Responsibility for Implementation	Schedule	Monitoring/Reporting Responsibility	Status/Date Completed
Mitigation Measure M-CP-3: Paleontological Resources Monitoring and Mitigation Program The project sponsor shall retain the services of a qualified paleontological consultant having expertise in California paleontology to design and implement a Paleontological Resources Monitoring and Mitigation Program (PRMMP). The PRMMP shall include a description of when and where construction monitoring would be required; emergency discovery procedures; sampling and data recovery procedures; procedure for the preparation, identification, analysis, and curation of fossil specimens and data recovered; preconstruction coordination procedures; and procedures for reporting the results of the monitoring program. The PRMMP shall be consistent with the Society for Vertebrate Paleontology (SVP) Standard Guidelines for the mitigation of construction–related adverse impacts to paleontological resources and the requirements of the designated repository for any fossils collected. During construction, earth-moving activities shall be monitored by a qualified paleontological consultant having expertise in California paleontology in the areas where these activities have the potential to disturb previously undisturbed native sediment or sedimentary rocks. Monitoring need not be conducted in areas where the ground has been previously disturbed, in areas of artificial fill, in areas underlain by nonsedimentary rocks, or in areas where exposed sediment would be buried, but otherwise undisturbed. The consultant's work shall be conducted in accordance with this measure and at the direction of the City's ERO. Plans and reports prepared by the consultant shall be submitted first and directly to the ERO for review and comment, and shall be considered draft reports subject to revision until final approval by the ERO. Paleontological monitoring and/or data recovery programs required by this measure could suspend construction of the Proposed Project for up to a maximum of four weeks. At the direction of the ERO, the suspension of construction can be extended beyond four weeks only if such a suspension is the only feasible means to reduce potential effects on a significant paleontological resource as previously defined to a less-than-significant level.	Project sponsor to retain appropriately qualified consultant to prepare PRMMP and carry out monitoring and reporting.	Prior to and during construction. The project paleontological consultant to consult with the ERO as indicated; completed when ERO accepts final report.	ERO to approve final PRMMP. Consultant shall provide brief monthly reports to ERO during monitoring or as identified in the PRMMP, and notify the ERO immediately if work should stop for data recovery during monitoring. The ERO to review and approve the final documentation as established in the PRMMP.	
Transportation Mitigation Measures				
Mitigation Measure C-M-TR-2				

401

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
(Includes Text for Adopted Mitigation and Improvement Measures)

MEASURES ADOPTED AS CONDITIONS OF APPROVAL	Responsibility for Implementation	Schedule	Monitoring/Reporting Responsibility	Status/Date Completed
The project sponsor and/or contractor shall develop and implement a Construction Transportation Management Plan ("TMP") in order to anticipate and minimize potential impacts of various construction activities associated with the proposed project. The Construction TMP shall disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation in the project area is maintained to the extent possible, with particular focus on ensuring pedestrian, transit, and bicycle connectivity. The Construction TMP shall supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by SFMTA, Department of Public Works, or other City departments and agencies. Specifically, the Construction TMP should: • Identify construction traffic management and a cohesive program of operational and demand management strategies designed to maintain acceptable levels of travel flow during periods of construction activities. These include, but are not limited to, construction strategies, demand management activities, alternative route strategies, and public information strategies consistent with best practices in San Francisco, as well as other cities or agencies that, although not being implemented in the City, could provide valuable management practices for the project. Management practices include, but are not limited to: – Identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands; – Consider alternative routes and vehicle types for construction vehicles, and work further with DPW to identify the best traffic detours during each construction phase; – Identifying best practices for accommodating pedestrians, such as temporary pedestrian wayfinding signage or temporary walkways; – Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility; and – Identifying best practices for managing traffic flows on surrounding streets. • Develop a public information plan to provide adjacent residents and businesses with regularly-updated information regarding project construction,	Project sponsor and their construction contractor(s) to prepare CTMP. Planning Department to coordinate with other City agencies and approve CTMP. Construction contractors to disseminate appropriate information from the CTMP to employees and subcontractors. Project sponsor and their construction contractor to implement approved CTMP, including each of the bulleted items.	Prior to commencement to demolition or any other of soil-disturbing activities, submittal prepare CTMP and submit for approval.	Construction contractors to report to project sponsor, SFMTA, SFDPW, TASC, and the Planning Department for review and approval.	

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
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including construction activities, durations, peak construction vehicle activities (e.g., concrete pours), travel lane closures, and other lane closures. • Hire a transportation manager, preferably a Chinese-speaking bilingual person, to actively manage the construction vehicle, truck loading, passenger loading and emergency vehicle access to the project site through at least the most intense phases of construction. The Construction TMP shall be submitted to SFMTA, SFDPW, TASC, and the Planning Department for review and approval.				
Noise Mitigation Measures				
Mitigation Measure M-NO-1a To ensure that operational noise generated by the proposed stationary noise sources, specifically the emergency generator does not exceed the City' noise standards resulting in a substantial increase in ambient noise levels, the project sponsor shall undertake the following: • The project sponsor, Chinese Hospital, shall retain the services of a qualified acoustical consultant to measure the noise levels of operating exterior mechanical equipment, such as emergency generators among other mechanical equipment, after installation of such equipment on the project site. If such exterior mechanical equipment is below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), no further action is required. If such mechanical exterior equipment is not below the mechanical noise threshold established by the Noise Ordinance (to be no more than 8 dBA in excess of the ambient noise levels at the property line), the project sponsor, Chinese Hospital, shall replace and/or redesign the exterior mechanical equipment to meet the City's established noise standards. Results of the mechanical noise measurements shall be provided to Hospital Facilities Management/Engineering and the appropriate City agencies (Planning Department, Department of Building Inspection and Department of Public Health) to show compliance with Noise Ordinance mechanical noise standards.	Project sponsor to retain qualified expert to monitor stationary noises source, and retain qualified acoustical engineer if noise standards are exceeded.	Monitoring to be carried out within three months of installation of stationary noise sources, at each structure with stationary noise sources.	Reports of monitoring results to be submitted to Planning Department.	

EXHIBIT A
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MEASURES ADOPTED AS CONDITIONS OF APPROVAL	Responsibility for Implementation	Schedule	Monitoring/Reporting Responsibility	Status/Date Completed
Mitigation Measure M-NO-1b To ensure that the proposed Replacement Hospital building would be designed with appropriate noise-insulating features to achieve interior traffic noise levels below 45 dB (Ldn), the project sponsor shall undertake the following: • The project sponsor, Chinese Hospital, shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Replacement Hospital building that would reduce the interior traffic-noise level inside the hospital to 45 dB (Ldn). Interior spaces of the Replacement Hospital building shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB (Ldn) or lower.	Project sponsor to retain qualified acoustical consultants to prepare plans for acoustical insulation, and following construction and occupancy to monitor for adequacy of measures.	Prior to completion of design and issuance of the building permit allowing commencement of construction. Monitoring to be carried out at least one time within one year following completion and occupancy.	Consultant(s) to submit reports to Department of Building Inspection. Building designers to follow the recommendations of the acoustical consultant. DBI to review plans to ensure recommendations are included in plans. Monitoring report to be filed with DBI by acoustical consultant.	
Mitigation Measure M NO-2: General Construction Noise Control Measures To ensure that project noise from construction activities is minimized to the maximum extent feasible, the project sponsor shall undertake the following: • The project sponsor shall require the general contractor to ensure that equipment and trucks used for project construction utilize the best available noise control techniques (e.g., improved mufflers, equipment redesign, use of intake silencers, ducts, engine enclosures and acoustically-attenuating shields or shrouds, wherever feasible). • The project sponsor shall require the general contractor to locate stationary noise sources (such as compressors) as far from adjacent or nearby sensitive receptors as possible, to muffle such noise sources, and to construct barriers around such sources and/or the construction site, which could reduce construction noise by as much as 5 dBA. To further reduce noise, the contractor shall locate stationary equipment in pit areas or excavated areas, if feasible. • The project sponsor shall require the general contractor to use impact tools (e.g., jack hammers, pavement breakers, and rock drills) that are hydraulically or electrically powered wherever possible to avoid noise associated with compressed air exhaust from pneumatically powered tools. Where use of pneumatic tools is unavoidable, an exhaust muffler on the compressed air exhaust shall be used, along with external noise jackets on the	Project sponsor and their construction contractor(s). Project sponsor to designate Noise Disturbance Coordinator; all Construction contractors shall work with Coordinator and post construction schedule.	Construction contractors to report on noise measures implemented on a monthly basis. Noise Disturbance Coordinator to be available throughout construction.	Construction contractors to report on implementation on a monthly basis to DPW if construction is permitted under a street permit, or DBI if construction is under a site or building permit.	

404

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
(Includes Text for Adopted Mitigation and Improvement Measures)

MEASURES ADOPTED AS CONDITIONS OF APPROVAL	Responsibility for Implementation	Schedule	Monitoring/Reporting Responsibility	Status/Date Completed
tools, which could reduce noise levels by as much as 10 dBA. • The project sponsor shall include noise control requirements in specifications provided to construction contractors. Such requirements could include, but not be limited to, performing all work in a manner that minimizes noise to the extent feasible; use of equipment with effective mufflers; undertaking the most noisy activities during times of least disturbance to surrounding residents and occupants, as feasible; and selecting haul routes that avoid residential buildings inasmuch as such routes are otherwise feasible. • Prior to the issuance of building permits, along with the submission of construction documents, the project sponsor shall submit to the Planning Department and Department of Building Inspection (DBI) a list of measures to respond to and track complaints pertaining to construction noise. These measures shall include (1) a procedure and phone numbers for notifying DBI, the Department of Public Health, and the Police Department (during regular construction hours and off-hours); (2) a sign posted on-site describing noise complaint procedures and a complaint hotline number that shall be answered at all times during construction; (3) designation of an on-site construction complaint and enforcement manager for the project; and (4) notification of neighboring residents and non-residential building managers within 300 feet of the project construction area at least 30 days in advance of extreme noise generating activities (defined as activities generating noise levels of 90 dBA or greater) about the estimated duration of the activity.				
Air Quality Mitigation Measures				
Mitigation M-AQ-3: Construction Emissions Minimization Plan To reduce the potential health risk resulting from project construction activities, the project sponsor shall prepare a Construction Emissions Minimization Plan designed to reduce construction-related diesel particulate matter emissions from off-road construction equipment used at the site by at least 79 percent, or by as much as feasible if the 79 percent reduction cannot be met, compared to the construction equipment list, schedule, and inventory provided by the project sponsor.	Project sponsor and project construction contractor(s) shall prepare and implement Construction	At least 14 days prior to the commencement of construction activities, submit the Construction Emissions Minimization Plan to the ERO for	Construction Emissions Minimization Plan submitted to ERO.	

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR
CHINESE HOSPITAL REPLACEMENT PROJECT
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The project sponsor shall include all requirements identified in the Construction Emissions Minimization Plan in contract specifications for the entire duration of construction activities. The Construction Emissions Minimization Plan may include the following requirements: • limiting idling times by either shutting equipment off when not in use or reducing the maximum idling time to two minutes; • prohibiting use of diesel generators for electric power because on-site distribution of electricity is available; • requiring construction contractors to use electric powered devices for the following types of equipment: – Tower Crane – Grout Pumps; • requiring construction contractors to use compressors that are either electric powered or engines compliant with Tier 4 standards; • requiring the use of Interim Tier 4 or Tier 4 equipment where such equipment is available and feasible for use; and • requiring use of Tier 2/Tier 3 equipment retrofitted with CARB Level 3 Verified Diesel Emissions Control System (VDECS, which includes diesel particulate filters). The following types of equipment are identified as candidates for retrofitting with CARB-certified Level 3 VDECS, (which are capable of reducing DPM emissions by 85 percent or more), due to their expected operating modes (i.e., fairly constant use at high revolutions per minute): – Excavators – Concrete Boom Pumps If a 79 percent reduction cannot be met, the Construction Emissions Minimization Plan shall demonstrate that all feasible mitigation has been incorporated and shall substantiate why additional mitigation measures are not feasible. The project sponsor shall submit the Construction Emissions Minimization Plan to the Environmental Review Officer (ERO) for review and approval by an Environmental Planning Air Quality Specialist prior to the commencement of construction activities.	Emissions Minimization Plan.	review and approval by an Environmental Planning Air Quality Specialist For the duration of construction activities, project sponsor, at least 14 days prior to implementation, submit a demonstration that alternative measures achieve the specified emissions reduction, if the project sponsor elects to substitute alternative emissions minimization measures during construction.		
IMPROVEMENT MEASURES FOR THE CHINESE HOSPITAL REPLACEMENT PROJECT				
Improvement Measure I-TR-1a				

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
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Chinese Hospital has agreed to designate a person to coordinate the TDM program, including the following elements: • Monitor and update the TDM program using the results of the Employee and Patient and Visitor Travel Behavior Surveys; • Create and update a dedicated web page and newsletter providing relevant transit information and related links; • Coordinate with 511.org to establish rideshare matching program; • Organize a Transportation Day Fair; • Coordinate parking management; • Develop an information package of transportation services and benefits offered by Chinese Hospital, and participate in employee orientation training; and • Sell transit passes on site (Muni, BART, Caltrain, SamTrans, AC Transit, and GG Transit).	Project sponsor to designate a TDM Coordinator.	Prior to completion and occupancy.	Project sponsor shall provide the draft TDM to Planning Department and SFMTA for approval.	
Chinese Hospital has agreed to promote the TDM Program, including the following elements: • Organize and conduct an annual Transportation Day Fair to include representatives from local and regional transportation agencies, the San Francisco Bicycle Coalition, 511.org, and car-share companies, and provide information about transit, ridesharing, and bicycling; • The TDM Coordinator would promote attendance at these events by providing incentives for employees to attend the Fair, such as free transit passes and free bicycles as prizes, and food and drink; • Create a dedicated web page and newsletter; and • Set up an information center with computer terminals for accessing transit and ride sharing information via a dedicated web page.				
Chinese Hospital has agreed to promote transit use, including the following elements: • Provide public transit information to Chinese Hospital employees, patients, and visitors on a dedicated web page; • Sell transit passes on site (Muni, BART, Caltrain, SamTrans, AC Transit, and Golden Gate Transit); and • Promote commuter checks, which allow employees to deduct up to $120 per person per month on a pre-tax basis for transit passes.				
Chinese Hospital has agreed to promote ride share/car share/carpool/vanpool, including				

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
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the following elements: • Establish a rideshare matching program through the 511.org database; • Join a car-share company as a corporate member, allowing employees to use car-share services without an initiation fee; and • Provide a bonus for carpools and vanpools that last 3 months or more.				
Improvement Measure I-TR-1b Under the Off-Street Parking Variant, the project sponsor has agreed to coordinate with SFMTA Operations to monitor the number of conflicts observed between turning vehicles and transit operations during peak periods. If warranted to further reduce this less-than-significant impact, and upon the determination of SFMTA, the project sponsor has agreed to limit access in and out of the Powell Street Parking Garage to right-turn-only movements.	Project sponsor and project construction contractor(s) to consult with SFMTA.	Prior to building permit issuance.	Planning Department, SFMTA, and Muni to approve method to minimize transit conflicts.	
Improvement Measure I-TR-3a The project sponsor has agreed to improvements for Stone Street, such as raised crosswalk at the intersection of Jackson Street and Stone Street, and pedestrian-scale street lights or lighting along Stone Street.	Project sponsor and project construction contractor(s) to consult with SFMTA and the DPW.	Prior to building permit issuance.	Planning Department, SFMTA, and DPW to approve method to minimize pedestrian conflicts.	
Improvement Measure I-TR-3b Under the Off-Street Parking Variant, the project sponsor has agreed to install an audible and visible electronic warning sign at the access point of the Powell Street Parking Garage driveway to alert pedestrians to exiting vehicles.	Project sponsor and project construction contractor(s) to install pedestrian alert device.	Prior to building occupancy.	Planning Department and Department of Building Inspection.	
Improvement Measure I-TR-5.1a The project sponsor has agreed to schedule truck loading activities for off-peak hours to minimize the potential for conflicts between truck loading activities, passenger loading activities, and peak hour traffic on Jackson Street. Additionally, delivery trucks less than 20 feet long could be assigned to the existing off-street loading area on Stone Street.	Project sponsor to limit trucking hours.	Prior to building occupancy.	Planning Department and SFMTA.	
Improvement Measure I-TR-5.1b The project sponsor has agreed to work with the SFMTA to determine whether a section of the proposed 153-foot-long white zone in front of the main project site could	Project sponsor and project construction	Prior to building permit issuance.	Planning Department, SFMTA, and DPW.	

EXHIBIT A
MITIGATION MONITORING AND REPORTING PROGRAM FOR CHINESE HOSPITAL REPLACEMENT PROJECT
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be converted to a yellow loading space if the loading demand became a concern in the future.	contractor(s) to consult with SFMTA.			
Improvement Measure I-TR-5.1c The project sponsor has agreed to work with the SFMTA to post signs along Jackson Street to inform motorists that the white zone is for passenger loading of no more than 5 minutes and to train its security guards to enforce proper use of the white zone and direct motorists to nearby parking garages, if necessary.	Project sponsor and project construction contractor(s) to consult with SFMTA.	Prior to building permit issuance.	Planning Department, SFMTA, and DPW.	
Improvement Measure I-TR-Parking 1 Under the Off-Street Parking Variant, the project sponsor has agreed to develop a parking management program that reserves a maximum of 50 parking spaces for physicians and employees to ensure that a sufficient number of parking spaces are available for patient and visitor parking.	Project sponsor	Prior to building occupancy.	Project sponsor shall provide the draft parking management program to Planning Department and SFMTA for approval.	
Improvement Measure I-TR-Parking 2 Under the Off-Street Parking Variant, the project sponsor has agreed that the operator of the Powell Street Parking Garage will monitor conditions to ensure that vehicle queues do not occur on a regular basis in the public right-of-way, including adjacent sidewalks. The project sponsor has agreed to install an electronic FULL sign at its entrance above the sidewalk that is clearly visible to drivers. The project sponsor has agreed to close the Powell Street Parking Garage for a period of time when it is full until a sufficient number of vacant spaces become available. Additionally, other measures to address any queuing that is found to occur could be an increase in the travel demand management strategies; and/or parking demand management strategies such as parking time limits, parking pricing or validated parking.	Project sponsor and project construction contractor(s) to install garage signage.	Prior to building occupancy.	Planning Department and Department of Building Inspection.	

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Planning Commission Resolution 18663

Planning Code and Zoning Map Amendments

HEARING DATE: JULY 12, 2012

Date:	July 5, 2012
Case No.:	**2008.0762EMZC**
Project Address:	**835-845 JACKSON STREET**
Zoning:	Chinatown Residential Neighborhood Commercial District 65-N Height and Bulk District
Block/Lot:	0192/041
Project Sponsor:	Linda Schumacher Chinese Hospital Association 835-845 Jackson Street San Francisco, CA 94133
Staff Contact:	Rick Crawford – (415) 558-6358 *rick.crawford@sfgov.org*

RESOLUTION OF THE PLANNING COMMISSION ADOPTING FINDINGS RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT A PROPOSED ORDINANCE ADDING PLANNING CODE SECTION 249.69 TO ESTABLISH THE CHINESE HOSPITAL SPECIAL USE DISTRICT, TO AMEND SHEETS SU01 AND ZN01 OF THE ZONING MAP TO REFLECT THIS NEW SPECIAL USE DISTRICT AND AMEND SHEET HT01 OF THE ZONING MAP TO REFLECT A CHANGE IN HEIGHT AND BULK CLASSIFICATION FROM 65-N TO 110-G FOR PROPERTY AT 835-845 JACKSON STREET (LOT 041 IN ASSESSOR'S BLOCK 0192), TO FACILITATE THE DEVELOPMENT OF THE CHINESE HOSPITAL REPLACEMENT PROJECT; AND MAKING ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

PREAMBLE

WHEREAS, on May 8, 2012, Supervisor David Chiu introduced a proposed Ordinance under Board of Supervisors (hereinafter "Board") File Number 120475, attached as EXHIBIT A, which would amend the San Francisco Planning Code by adding Section 249.69 to create the Chinese Hospital Special Use District ("SUD") and to amend Sheet SU01 and ZN01 of the Zoning Map the City and County of San Francisco to reflect this new SUD and would further amend Sheet HT01 of the Zoning Map to reflect a change in height and bulk classification from 65-N to 110-G to facilitate the development of the Chinese Hospital Replacement Project at 835-845 Jackson Street located on the south of Jackson Street between Powell and Stockton Streets (Lot 041 in Assessor's Block 0192).

WHEREAS, the Chinese Hospital campus (835-845 Jackson Street) currently consists of the Chinese Hospital at 845 Jackson Street, built in 1979; the Medical Administration Building at 835 Jackson Street

(the original Chinese Hospital, built in 1924); and the Chinese Hospital Parking Garage, located directly behind the 1924 Medical Administration Building. The Chinese Hospital Association, (the Project Sponsor) proposes to demolish the Medical Administration Building and the parking garage, construct a new, modern hospital building in their place, and remodel and refurbish the existing hospital building (the "project"). The proposed new hospital would be an acute care hospital with 54 acute care beds (the same number of licensed acute-care beds as in the existing Chinese Hospital) and a new skilled nursing facility with 22 beds.

WHEREAS, the Project Sponsor applied for environmental review on June 24, 2008. The San Francisco Planning Department (the "Department") determined that an Environmental Impact Report was required and provided public notice of the preparation of such report on May 18, 2011. The Department published a Draft Environmental Impact Report (DEIR) on April 16, 2012. The Commission held a public hearing to solicit testimony on the DEIR on May 17, 2012. The Department received written comments on the DEIR from April 17 to May 31, 2012. The Department published the Comments and Responses on June 28, 2012. The DEIR, together with the Comments and Responses constitute the Final Environmental Impact Report (FEIR). The Commission certified the FEIR on July 12, 2012 in Motion No. 18660.

WHEREAS, the project requires amendments to the Planning Code to (1) add Section 249.69 to the Planning Code to create the Chinese Hospital Special Use District and (2) amend the San Francisco Zoning Map Sectional Maps ZN01, HT01, and SU01 to show the Chinese Hospital Special Use District (collectively, the "SUD and Zoning Map Amendments").

WHEREAS, on July 12, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the SUD and Zoning Map Amendments.

WHEREAS, pursuant to Planning Code Section 302, the Planning Code may be amended whenever the public necessity, convenience, and general welfare require.

WHEREAS, the SUD and Zoning Map Amendments are necessary for development of the project, which would promote the public necessity, convenience, and general welfare in that it would facilitate the development of a state-of-the-art hospital that is crucial for the continued operation and success of the Chinese Hospital and the Chinatown community that it supports. The project also serves to bring the Chinese Hospital into compliance with current laws and regulations, such as the Americans with Disabilities Act and SB 1953 (the Alfred E. Alquist Hospital Seismic Safety Act of 1983). Upon completion, the project would be well suited for modern healthcare practices and procedures that require more spacious facilities for new medical equipment leading to improved healthcare quality and safety for patients, and a safe and accessible work environment for hospital staff. The project would allow the Chinese Hospital to replace its two, three, and four-bed patient rooms with single patient rooms that utilize modern medical equipment. It would also create a new 22-bed skilled nursing facility that would improve the transition of patients from the acute care setting. By providing these essential healthcare services to the Chinatown area and the community residents, the project would promote the preservation of the Chinatown community, and thereby conserve and protect the existing cultural and economic diversity of the Chinatown neighborhood.

1. The SUD and Zoning Map Amendments are consistent with and will promote the following relevant objectives and policies of the General Plan.

COMMUNITY SAFETY ELEMENT

Objectives and Policies

OBJECTIVE 1:
REDUCE STRUCTURAL AND NON-STRUCTURAL HAZARDS TO LIFE SAFETY AND MINIMIZE PROPERTY DAMAGE RESULTING FROM FUTURE DISASTERS.

Policy 1.3:
Assure that new construction meets current structural and life safety standards.

Policy 1.25:
Prepare for medical emergencies and pandemics.

The SUD and Zoning Map Amendments are necessary for the project, which would create a new, seismically secure hospital that would be in compliance with current laws and regulations, such as SB 1953 (the Alfred E. Alquist Hospital Seismic Safety Act of 1983) and Office of Statewide Health Planning and Development (OSHPD) requirements. The project would increase the availability of healthcare services and of medical professionals in Chinatown, which would better prepare the Chinatown neighborhood for emergencies and pandemics.

OBJECTIVE 2:
BE PREPARED FOR THE ONSET OF DISASTER BY PROVIDING PUBLIC EDUCATION AND TRAINING ABOUT EARTHQUAKES AND OTHER NATURAL AND MAN-MADE DISASTERS, BY READYING CITY INFRASTRUCTURE, AND BY ENSURING THE NECESSARY COORDINATION IS IN PLACE FOR A READY RESPONSE.

Policy 2.5:
Maintain a comprehensive, current Emergency Response Plan, in compliance with applicable state and federal regulations, to guide the response to disasters.

Policy 2.17:
Ensure the City's plan for medical response is coordinated with its privately owned hospitals.

The project would bring the Chinese Hospital into compliance with applicable seismic requirements and help ensure that the Chinese Hospital continues to operate at full capacity in the event of an emergency. The Chinese Hospital helps provide medical care and is part of the City's medical response in the event of a disaster.

URBAN DESIGN ELEMENT

Objectives and Policies

OBJECTIVE 1:
EMPHASIS OF THE CHARACTERISTIC PATTERN WHICH GIVES TO THE CITY AND ITS NEIGHBORHOODS AN IMAGE, A SENSE OF PURPOSE, AND A MEANS OF ORIENTATION.

Policy 1.3:
Recognize that buildings, when seen together, produce a total effect that characterizes the city and its districts.

Policy 1.5:
Emphasize the special nature of each district through distinctive landscaping and other features.

The project would include landscaping and street furniture that relate to the cultural character of the neighborhood. The theme of the plaza on Jefferson Street, and a mural proposed along Stone Street will include features complimenting the cultural heritage of Chinatown. The Chinese Hospital Association would also create a variety of features in the new building that would pay tribute to the historical relevance of the Medical Administration Building, such as photos, plaques, and explanations of the history of the Project Site.

OBJECTIVE 2:
CONSERVATION OF RESOURCES WHICH PROVIDE A SENSE OF NATURE, CONTINUITY WITH THE PAST, AND FREEDOM FROM OVERCROWDING.

Policy 2.6:
Respect the character of older development nearby in the design of new buildings.

Policy 2.8:
Maintain a strong presumption against the giving up of street areas for private ownership or use, or for construction of public buildings.

The project would be consistent with and respect the character of the architectural and historical context of the Chinatown neighborhood and surrounding buildings. Due to the unique massing and volume requirements for medical facilities, almost all hospital buildings require special considerations for bulk, and the proposed height and bulk are consistent with precedent from other hospital approvals. .No street areas would be given up for private ownership.

OBJECTIVE 3:
MODERATION OF MAJOR NEW DEVELOPMENT TO COMPLEMENT THE CITY PATTERN, THE RESOURCES TO BE CONSERVED, AND THE NEIGHBORHOOD ENVIRONMENT.

Policy 3.1:
Promote harmony in the visual relationships and transitions between new and older buildings.

Policy 3.2:

Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance.

Policy 3.4:
Promote building forms that will respect and improve the integrity of open spaces and other public areas.

Policy 3.5:
Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development.

Policy 3.9:
Encourage a continuing awareness of the long-term effects of growth upon the physical form of the city.

The design of the project would respect the architectural context of the surrounding buildings. Similar to other buildings in the Chinatown neighborhood, the project would incorporate the horizontal design features of the existing structure. The new hospital would blend in with surrounding buildings and create a new open space along the Jackson Street frontage. The height of the new project would be similar to that of the retained structure and both buildings are compatible with the existing scale of the Chinatown neighborhood and reflect the importance of the Chinese Hospital to the community.

OBJECTIVE 4:
IMPROVEMENT OF THE NEIGHBORHOOD ENVIRONMENT TO INCREASE PERSONAL SAFETY, COMFORT, PRIDE AND OPPORTUNITY.

Policy 4.6:
Emphasize the importance of local centers providing commercial and government services.

Policy 4.12:
Install, promote and maintain landscaping in public and private areas.

Policy 4.13:
Improve pedestrian areas by providing human scale and interest.

The Chinese Hospital is a local center providing healthcare services to Chinatown residents. The new project would create an approximately 890 square foot landscaped seating area along Jackson Street that would provide an important rest point and open space for Chinatown residents. These landscaping and open space improvements would also wrap around and continue along James Alley adjacent to the Project Site.

CHINATOWN AREA PLAN

Objectives and Policies

OBJECTIVE 1:
PRESERVE THE DISTINCTIVE URBAN CHARACTER, PHYSICAL ENVIRONMENT AND CULTURAL HERITAGE OF CHINATOWN.

Policy 1.2:
Promote a building form that harmonizes with the scale of existing buildings and width of Chinatown's streets.

Policy 1.4:
Protect the historic and aesthetic resources of Chinatown.

The SUD and Zoning Map Amendments would allow for development of a new hospital that would harmonize with the existing buildings in the Chinatown neighborhood. By providing healthcare services to the Chinatown area and community residents, the project would preserve the Chinatown community and thereby protect the existing historic and aesthetic resources of Chinatown. The project would also provide additional employment and business opportunities for Chinatown residents, which would further protect the cultural character of the neighborhood. The project would preserve the buildings' aesthetic contributions to Chinatown.

OBJECTIVE 2:
RETAIN AND REINFORCE CHINATOWN'S MUTUALLY SUPPORTIVE FUNCTIONS AS NEIGHBORHOOD, CAPITAL CITY AND VISITOR ATTRACTION.

The SUD and Zoning Map Amendments would allow the Chinese Hospital to continue operating at a high level and providing valuable healthcare services for Chinatown residents, which would preserve the urban role of Chinatown as a residential neighborhood. The project would also provide additional jobs that would support Chinatown's function as a capital city.

OBJECTIVE 4:
PRESERVE THE URBAN ROLE OF CHINATOWN AS A RESIDENTIAL NEIGHBORHOOD.

Policy 4.1:
Protect and enhance neighborhood serving character of commercial uses in predominantly residential areas.

Policy 4.2:
Control proliferation of uses that tend to crowd out the needed neighborhood services.

Policy 4.4:
Expand open space opportunities.

The SUD and Zoning Map Amendments would preserve and improve healthcare services for residents of the Chinatown neighborhood, which would preserve the urban role of Chinatown as a residential neighborhood. By providing healthcare services to the Chinatown area and community residents, the

Chinese Hospital would protect and enhance the neighborhood serving character of Chinatown. Moreover, hospital and medical center use is an important neighborhood service that would complement and not crowd out other neighborhood services. The project would also create new open space on Jackson Street and James Alley.

OBJECTIVE 6:
RETAIN CHINATOWN'S ROLE AS A CAPITAL CITY.

Policy 6.1:
Provide incentives for location and expansion of institutions and cultural facilities.

The SUD and Zoning Map Amendments would allow for the expansion of the Chinese Hospital, which has been a Chinatown institution since 1924. The project would also provide healthcare services for the Chinatown community, providing incentives for businesses to locate and expand in Chinatown.

2. The SUD and Zoning Map Amendments meet the priority policies of Planning Code Section 101.1(b) for the following reasons.

   A. That existing neighborhood-serving retail uses be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses be enhanced.

   The SUD and Zoning Map Amendments are necessary for development of the project and the project would not cause the reduction or loss of any neighborhood-serving retail use. While the project is under construction, there would be opportunities for local residents and businesses to perform the work and provide other services related to the project. Upon completion of the project, it would provide employment opportunities for residents of the Chinatown community. The project would also provide ancillary retail, employment, and ownership opportunities by helping to preserve and maintain the Chinatown neighborhood through the provision of much-needed and important healthcare services. Moreover, through the continued provision of important medical care to Chinatown residents, the project would develop and foster a rich community environmental that would produce economic growth and stability in Chinatown.

   B. That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods.

   The project would have no effect on existing housing. The project would preserve the Chinatown community, thereby conserve, and protect the existing cultural and economic diversity of the Chinatown neighborhood by providing healthcare services to the Chinatown area and community residents. Healthcare is crucial to the long-term stability and prosperity of any neighborhood and this is especially true of Chinatown, which contains both residential and commercial uses. Moreover, the project would not introduce any new use to Chinatown, the hospital and medical center use has co-existed with residential, commercial, educational, and religious uses in Chinatown for over 100 years.

   C. That the City's supply of affordable housing be preserved and enhanced,

There is not any housing on the site and the project would not reduce the amount of affordable housing in the Chinatown neighborhood.

D. That commuter traffic not impede MUNI transit service or overburden our streets or neighborhood parking.

The Project Site is accessed via Stockton and Powell Streets, which are important transportation corridors. The project would be well served by public transit, as there are several Muni lines in the immediate vicinity of the project. The Powell-Hyde and Powell-Mason cable car lines are also a short walk from the project and provide access to downtown BART stations. Upon completion, the project would provide care primarily to residents of the neighborhood and many of the visitors and patient family members would come from within walking distance. Overall, traffic patterns upon completion of the project would be substantially similar to current traffic patterns.

E. That a diverse economic base be maintained by protecting our industrial and service sectors from displacement due to commercial office development, and that future opportunities for resident employment and ownership in these sectors be enhanced.

The project would not displace any industrial or service sectors. Demolition of the Medical Administration Building and the parking garage and development of the project would provide extensive economic opportunities for Chinatown residents. The Chinese Hospital would ultimately employ more people than were employed before the alterations, which would provide new opportunities for resident employment. In addition, by providing healthcare services to the Chinatown area and community residents, the project would preserve the Chinatown community and thereby enhance future employment and ownership opportunities for residents of the Chinatown neighborhood. Healthcare is crucial to the long-term stability and prosperity of any neighborhood and this is especially true of Chinatown, which contains both residential and commercial uses. Without the project, it is unclear what healthcare services would be available in Chinatown and the future prospects of the neighborhood could decline.

F. That the City achieve the greatest possible preparedness to protect against injury and loss of life in an earthquake.

The project would have a significant positive impact on the preparedness of the Chinatown neighborhood in the event of an earthquake. One of the main purposes of the project is to improve the seismic safety of the hospital and the project would be fully compliant with all laws regarding seismic safety. In the event of an earthquake, the Chinese Hospital would provide valuable, timely, and critical aid that would protect against injury and loss of life.

G. That landmarks and historic buildings be preserved.

Although the 1924 Medical Administration Building, which would be demolished under the project, is not a designated historic landmark, it is a historic resource, eligible for listing under the California Register of Historic Resources both individually and as a contributor to a potential historic district. Demolition this building is necessary to construct the project and bring the Chinese Hospital into compliance with state

structural performance guidelines. The Chinese Hospital Association would create a variety of features in the new building that would pay tribute to the historical relevance of the Medical Administration Building, such as photos, plaques, and explanations of the history of the Project Site. Moreover, the project would provide much needed healthcare services to the Chinatown community. By providing these community services to Chinatown and its residents, the project would foster the preservation of the Chinatown neighborhood community, and thereby support and encourage the continuity of the existing Chinatown neighborhood and its features.

H. That our parks and open space and their access to sunlight and vistas be protected from development.

The exterior of the project would perpetuate, enhance, and expand the existing tradition of providing an exterior community gathering place for respite and relaxation on the uphill walk along Jackson Street. Currently, there is a small open space area in the front setback area of the Chinese Hospital on Jackson Street, which is used by hospital visitors and community members as a gathering and meeting place and provides a rest point for Chinatown residents walking up Jackson Street. The project proposes to expand this open space and would provide an approximately 890 square foot landscaped seating area along the Jackson Street frontage created by a setback of 17 feet from the property line along Jackson Street at the ground and first floors, which would be landscaped and hardscaped. This area would wrap around the side of the building along James Alley, where the entire building would also be set back 5 feet from the east property line. The Project Sponsor also is in discussions to purchase and/or obtain easement rights over the other half of James Alley, which Project Sponsor currently does not own, upon which Project Sponsor intends to expand the landscaping and open space improvements along James Alley and possibly create a landscaped open seating area or other usable open space within James Alley for the public to enjoy. Overall, the project would maintain and improve the existing open space on the Project Site.

WHEREAS, Further, for the foregoing reasons and based on the facts presented, the Commission finds, pursuant to Planning Code Section 302, that the public necessity, convenience, and general welfare require the adoption of this legislation.

3. Environmental Findings. **Whereas,** On July 12, 2012, at a duly noticed public hearing, the Commission adopted approval findings under CEQA, including findings rejecting alternatives and adopting a statement of overriding considerations ("CEQA Findings") by Motion No. 18661, Attached as Exhibit A to Motion No. 18661 is the Mitigation Monitoring and Reporting Program ("MMRP"). The Commission hereby adopts and incorporates by reference as though fully set forth herein the CEQA Findings including rejecting alternatives and the statement of overriding considerations, found in Motion No. 18661 and the MMRP attached thereto as Exhibit A.

NOW THEREFORE BE IT RESOLVED, that the Planning Commission hereby recommends that the Board of Supervisors ADOPT the proposed Ordinance to amend the Planning Code by adding Section 249.69 to create the Chinese Hospital Special Use District and to amend the San Francisco Zoning Map Sectional Maps ZN01, HT01, and SU01 to show the Chinese Hospital Special Use District and reflect a change in Height and Bulk classification from 65-N to 110-G, as fully set forth in Exhibit A to this Resolution.

I hereby certify that the Planning Commission ADOPTED the foregoing Resolution on July 12, 2012.

Linda D. Avery
Commission Secretary

AYES: Antonini, Bordon, Miguel, Moore, Sugaya, Wu

NAYS: none

ABSENT: Fong

ADOPTED: July 12, 2012

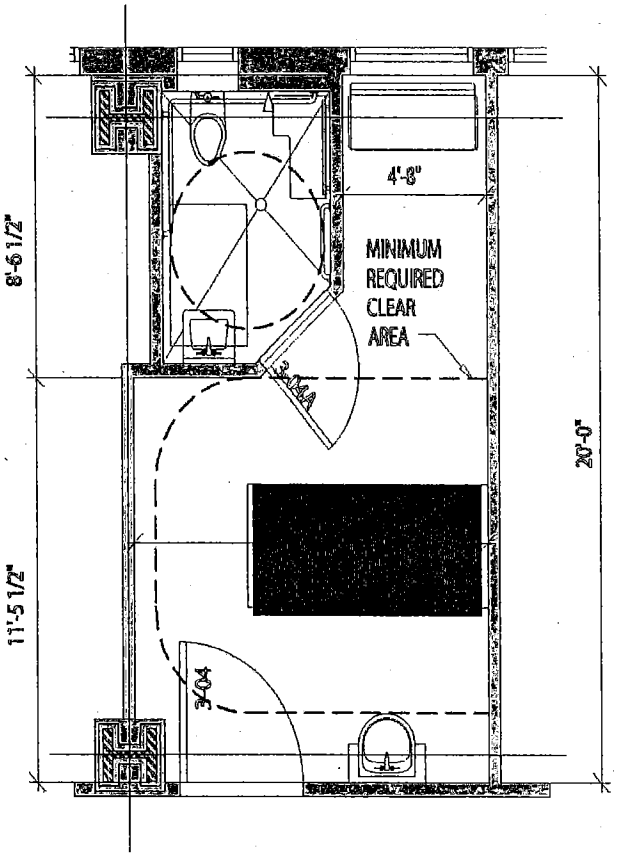
File Nos. 120475 & 120753 7/30/12 - Presented in Committee

Chinese Hospital

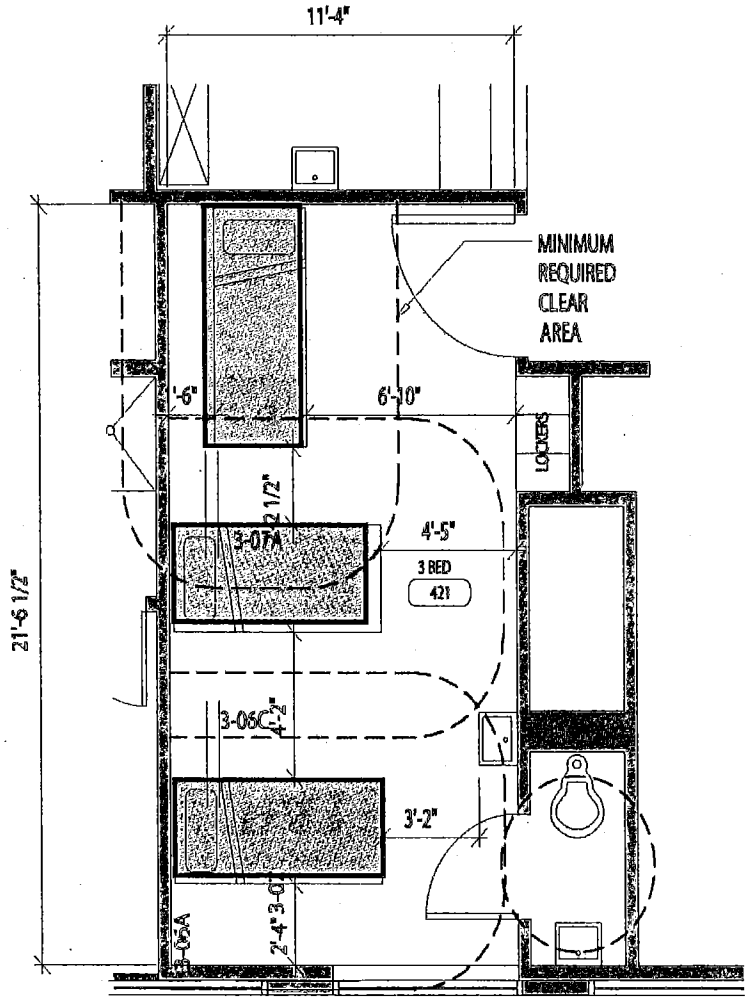
Caring for the Community for over 100 years

Patient Profile

- Over 45% come from 3 zip codes (94133, 94108, 94109)
- 97% Asian Ancestry
- Monolingual or linguistically isolated
- Over 90% are 60 years of age or older
- 90% Medicare/MediCal
- Patients travel from throughout the San Francisco Bay Area to come to Chinese Hospital



NEW



EXISTING

JACOBS

BED COMPARISONS

CHINESE HOSPITAL

Chinese Hospital
A New Replacement Hospital

- 54 Acute Care Beds
- State of the art medical technology
- Expanded services
- Seismically safe and Energy Efficient
- 22 New Skilled Nursing Beds
- Community support
- Preserves the history of Chinese Hospital and its legacy of providing care for the community for over 100 years.

BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
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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: **Monday, July 30, 2012**

Time: **1:00 p.m.**

Location: **Committee Room 263 located at City Hall**
1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102

Subject: **Chinese Hospital Special Use District**

File No. 120475. Ordinance amending the San Francisco Planning Code by adding Section 249.69 to create the Chinese Hospital Special Use District for the properties at 835 and 845 Jackson Street (Assessor's Block No. 0192, Lot No. 041) to facilitate development of the Chinese Hospital Replacement Project; amending Sectional Maps ZN01, HT01, and SU01 of the San Francisco Zoning Map to reflect the Chinese Hospital Special Use District; and making findings, including environmental findings and findings of consistency with the General Plan and Planning Code Section 101.1.

File No. 120753. Ordinance amending the San Francisco General Plan Policy 1.2 and Map 1 of the Chinatown Area Plan to facilitate development of the Chinese Hospital Replacement Project at 835 and 845 Jackson Street (Assessor's Block No. 0192, Lot No. 041); and creating findings, including environmental findings and findings of consistency with the General Plan and Planning Code sections 101.1 and 340.

In accordance with Section 67.7-1 of the San Francisco Administrative Code, persons who are unable to attend the hearing on this matter 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, CA 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, July 27, 2012.

for

Angela Calvillo, Clerk of the Board

DATED: July 19, 2012
POSTED/MAILED: July 20, 2012
PUBLISHED: July 22, 2012