



SAN FRANCISCO PLANNING DEPARTMENT

Planning Commission Resolution No. 17625

Hearing Date: June 19, 2008
Case No.: 2007.0603R
Project Name: San Francisco General Hospital (SFGH) Seismic Compliance and Hospital Replacement Program
Project Address: 1001 Potrero Avenue
Zoning: P (Public) Use District
105-E Height and Bulk District
Block/Lot: 4154-001
Project Sponsor: Dr. Mitchell Katz, Director of Health
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ADOPTING A RESOLUTION FINDING THE SAN FRANCISCO GENERAL HOSPITAL SEISMIC COMPLIANCE REPLACEMENT PROJECT IN CONFORMITY WITH THE GENERAL PLAN. THE PROPOSED NEW HOSPITAL IS APPROXIMATELY 422,000 SQUARE FEET IN SIZE AND 124 FEET IN HEIGHT, AS MEASURED FROM POTRERO AVENUE. THE PROPERTY IS IN A P (PUBLIC) DISTRICT AND 105-E HEIGHT AND BULK DISTRICT.

PREAMBLE

Whereas, on May 14, 2008, Mitchell Katz, MD, Director of Public Health (hereinafter "Project Sponsor") on behalf of the San Francisco Health Department, (hereinafter "Property Owner") made an application for a General Plan Referral for construction of a new acute-care hospital at 1001 Potrero Avenue, on Lot 1 in Assessor's Block 4154; and

Whereas, on June 19, 2008, the San Francisco Planning Commission (hereinafter "Commission") conducted a duly noticed public hearing at a regularly scheduled meeting on General Plan Application No. 2007.0603R at which the Commission reviewed and discussed the findings prepared for its review; and

Whereas, in consideration of environmental effects of the proposed replacement project, the Commission, prior to considering action on consistency findings of the proposed replacement project, determined that on June 19, 2008 under Planning Case 2007.0603E, the Commission, by Motion No. 17623 certified the Final Environmental Impact Report ("FEIR") for the San Francisco General Hospital Seismic Compliance Hospital Replacement Program as complete and in compliance with the California Environmental Quality Act ("CEQA") and the State of California CEQA Guidelines; and

Whereas, the Commission has reviewed and considered the information contained in the FEIR; and

Whereas, the Commission, by Motion No. 17624 approved on June 19, 2008, adopted findings pursuant to the California Environmental Quality Act ("CEQA") related to this proposed replacement project; and

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

Whereas, the General Plan Referral application and all pertinent documents may be found in the files of the Department, as the custodian of records, at 1650 Mission Street, Suite 400, San Francisco; and

Whereas, the Commission has reviewed the analysis of the proposed new hospital's consistency to the General Plan; and

MOVED, that the Commission hereby adopts findings that the proposed San Francisco General Hospital Replacement Project is, on balance, consistent with the General Plan of the City and County of San Francisco and is consistent with the eight Priority Policies in City Planning Code Section 101.1, attached hereto and incorporated herein by reference thereto, based on the following findings.

FINDINGS

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** The site is generally bounded on the north by 20th Street, on the south by 23rd and 24th Streets, on the west by Potrero Avenue, and on the east by Vermont Street and US-101. Since 1854, the site has been used for San Francisco General Hospital (hereinafter "SFGH"), formerly known as San Francisco County Hospital. SFGH is a general acute care hospital within the Community Health Network, which is owned and operated by the City's Department of Public Health. SFGH is also the only hospital in the City to operate a Level 1 Trauma Center; it serves the 1.5 million residents of San Francisco and northern San Mateo.
3. **Surrounding Properties and Neighborhood.** West and east of the site are the predominantly residential districts of the Mission and Potrero Hill, respectively. Both areas include two and three-family house districts (RH-2 and RH-3), low-density mixed residential

districts (RM-1), along with scattered nonconforming commercial uses. It should be noted that the Potrero Hill neighborhood is distanced from the SFGH campus by the 200-foot-plus wide US-101 right-of-way and elevated freeway. The only vehicular connection between SFGH and Potrero Hill is an overpass at 23rd Street, while pedestrian bridges exist near 22nd and 23rd Streets. The 'hospital curve' segment of US-101 and associated landscape buffers are immediately adjacent to the site's northern tip. The southern tip of the site is the eastern terminus of the 24th Street-Mission Neighborhood Commercial District, which provides neighborhood-serving and city-serving goods and services.

4. **Project Description.** This application is to determine whether the proposed replacement project is in conformity with the General Plan. The Department of Public Health is seeking a General Plan Referral at this time in support of a bond ordinance introduced at the Board of Supervisors on May 13, 2008 and now pending at the Board of Supervisors, that would authorize submittal to the voters of a proposition to incur bonded debt for construction of the hospital replacement project. The Department of Public Health is not seeking the Planning Commission's approval of the project construction at this time. The approval of the replacement project requires a Conditional Use authorization. That will occur at a later time, likely in the Fall of 2008.

The replacement project as described in the EIR is to construct a new acute care hospital in the west lawn area along Potrero Avenue. The proposed hospital, part of which would be below grade, would comprise a total of 9 stories, and would consist of a generally circular tower above a rectangular podium. Once completed, all acute care services in the existing hospital would be relocated to the new hospital; vacated space in the old hospital would be backfilled by non-acute care purpose functions, such as clinical and office spaces. Construction of the replacement project would begin in the summer of 2011 and occupancy would commence in 2015.

Environmental Review. Major Environmental Analysis has determined that an EIR is required for the hospital replacement project. The Commission's June 19th agenda includes a hearing on the certification of the EIR for SFGH's proposed replacement project. The EIR identifies bond financing approval as one of the approval actions required for project implementation. The General Plan Referral is requested in support of the bond financing ordinance and, therefore, is an approval action under CEQA. Also on the Commission's June 19th agenda is the approval of CEQA Findings, including adoption of a statement of overriding considerations and a mitigation monitoring and reporting program.

5. **Administrative Code Compliance.** Section 4.105 of the Charter and Section 2A.53 of the Administrative Code of the City and County of San Francisco mandate that the Planning Department provide reports regarding the conformity with the General Plan for vacation, sale, or change in use or title of public property, and construction or demolition of public buildings or structures and for long-term financing proposals such as general obligation bonds. In most instances, General Plan Referrals are handled administratively by the Planning Department. However, some Referrals may be heard by the Planning Commission. This is required for proposals inconsistent with the General Plan, or proposals generating

public controversy, or for complex proposals. While the SFGH replacement project is not considered to be inconsistent with the General Plan, a public hearing was recommended by the Planning Department because the certification of the EIR for the project is before the Planning Commission.

6. **Senate Bill (SB) 1953.** In 1994, the California legislature passed Senate Bill 1953 (SB 1953) to require that all California hospitals be able to remain "life safe" following a major seismic event. SB 1953 is an amendment to the Alfred E. Alquist Hospital Seismic Safety Act of 1983 and the Hospital Facilities Seismic Safety Act (HFSSA) of 1973. SB 1953 was passed in response to the 1994 Northridge earthquake and extended the seismic requirement mandate of the earlier legislation to require that all California hospitals be able to survive an earthquake and remain operational in the aftermath of a seismic event. Under SB 1953, any California general acute care hospital at risk of collapsing during a strong earthquake has the following three options:

- (1) Retrofit. SB 1953 required hospitals to evaluate and rate their hospital buildings for seismic performance and to submit these ratings to the Office of Statewide Health Planning and Development (OSHPD). These structural performance category (SPC) ratings range from 1 to 5, 1 being the worst seismic rating and 5 being the best seismic rating. Facilities that pose a significant risk of collapse and a danger to the public after a strong earthquake must be retrofitted by 2008. Facilities which are retrofitted would generally need to be upgraded again, to even more stringent standards (at least a SPC-3), prior to 2030; or
- (2) Rebuild. A hospital that is considered a collapse hazard may elect to build a new facility in compliance with the strictest standards of SB 1953, which would extend the 2008 deadline by five years to 2013. Due to market factors and delays facing hospitals statewide, Senate Bill 1661 (SB 1661) was enacted to extend the retrofit deadlines by another two years to 2015; or
- (3) Close. A hospital not meeting the seismic provisions set forth in SB 1953 must cease to operate as an acute care facility.

SFGH is rated an SPC-1 facility, the worse rating, and has elected to build a new acute care hospital on campus to comply with SB 1953.

7. **General Plan Compliance.** The proposed replacement project is, on balance, consistent with the following Objectives and Policies of the General Plan:

I. AIR QUALITY ELEMENT

THE AIR QUALITY ELEMENT OF THE GENERAL PLAN SUPPORTS THE GOAL OF CLEAN AIR THROUGH AIR QUALITY REGULATIONS AND POLICIES ENCOURAGING THE LOCATION OF LAND USES ADJACENT TO TRANSIT SERVICES.

GOAL

GIVE HIGH PRIORITY TO AIR QUALITY IMPROVEMENT IN SAN FRANCISCO TO PROTECT ITS POPULATION FROM ADVERSE HEALTH AND OTHER IMPACTS OF AIR POLLUTANTS.

OBJECTIVE 3

DECREASE THE AIR QUALITY IMPACTS OF DEVELOPMENT BY COORDINATION OF LAND USE AND TRANSPORTATION DECISIONS.

POLICY 3.7

Exercise air quality modeling in building design for sensitive land uses such as residential developments that are located near the sources of pollution such as freeways and industries.

POLICY 3.9

Encourage and require planting of trees in conjunction with new development to enhance pedestrian environment and select species of trees that optimize achievement of air quality goals.

OBJECTIVE 4

IMPROVE AIR QUALITY BY INCREASING PUBLIC AWARENESS REGARDING THE NEGATIVE HEALTH EFFECTS OF POLLUTANTS GENERATED BY STATIONARY AND MOBILE SOURCES.

POLICY 4.3

Minimize exposure of San Francisco's population, especially children and the elderly, to air pollutants.

OBJECTIVE 5

MINIMIZE PARTICULATE MATTER EMISSIONS FROM ROAD AND CONSTRUCTION SITES.

POLICY 5.1

Continue policies to minimize particulate matter emissions during road and building construction and demolition.

POLICY 5.2

Encourage the use of building and other construction materials and methods, which generate minimum amounts of particulate matter during construction as well as demolition.

OBJECTIVE 6

LINK THE POSITIVE EFFECTS OF ENERGY CONSERVATION AND WASTE MANAGEMENT TO EMISSION REDUCTIONS.

POLICY 6.1

Encourage emission reduction through energy conservation to improve air quality.

POLICY 6.2

Encourage recycling to reduce emissions from manufacturing of new materials in San Francisco and the region.

POLICY 6.3

Encourage energy conservation through retrofitting of existing facilities.

OBJECTIVE 12

ESTABLISH THE CITY AND COUNTY OF SAN FRANCISCO AS A MODEL FOR ENERGY MANAGEMENT.

POLICY 12.1

Incorporate energy management practices into building, facility, and fleet maintenance and operations.

POLICY 12.3

Investigate and implement techniques to reduce municipal energy requirements.

The development of the proposed acute-care facility on the existing SFGH campus which is already served by transit and is located along a transit corridor, represents an efficient location of the new land use and development on the campus would reduce the number of personal vehicle trips and related vehicle emissions when compared with other locations that are less well served. While the new acute-care facility would locate sensitive land uses near U.S. Highway 101, which is a source of air pollution, DPH has determined that the mechanical ventilation system required by State standards for hospital design would assure interior air quality is safe for sensitive hospital receptors. The proposed replacement project would also include the planting of trees and landscaping, which could help off-set potential air quality effects and would have a beneficial effect on air quality.

II. ARTS ELEMENT

THE ARTS ELEMENT OF THE GENERAL PLAN RECOGNIZES THE ARTS AS A MAJOR ECONOMIC FORCE IN SAN FRANCISCO, INTEGRAL TO THE HEALTH AND VITALITY OF THE CITY.

GOAL

SUPPORT AND NURTURE THE ARTS THROUGH CITY LEADERSHIP.

OBJECTIVE I-3

MAINTAIN AND STRENGTHEN THE ARTS COMMISSION SO THAT IT CAN BETTER SERVE THE PUBLIC AND CITY GOVERNMENT THROUGH ARTS POLICY COORDINATION, PLANNING AND PROGRAMMING.

POLICY I-3.3

Strive for the highest standards of design of public buildings and grounds and structures placed in the public right of way.

While the proposed replacement project would not directly relate to the arts, it would involve development of a publicly-owned building and therefore, be subject to high expectations for design. The new hospital would be owned and operated by the DPH and would be subject to the review of the Arts Commission during the project approval process. In addition to the various reviews of the project design by the Planning Department, the Arts Commission review would help ensure that the proposed replacement project is consistent with the Arts Element of the General Plan.

III. COMMERCE AND INDUSTRY ELEMENT

THE COMMERCE AND INDUSTRY ELEMENT OF THE GENERAL PLAN SETS FORTH OBJECTIVES AND POLICIES THAT ADDRESS THE BROAD RANGE OF ECONOMIC ACTIVITIES, FACILITIES, AND SUPPORT SYSTEMS THAT CONSTITUTE SAN FRANCISCO'S EMPLOYMENT AND SERVICE BASE.

GOALS

THE THREE GOALS OF THE COMMERCE AND INDUSTRY ELEMENT OF THE GENERAL PLAN RELATE TO CONTINUED ECONOMIC VITALITY, SOCIAL EQUITY, AND ENVIRONMENTAL QUALITY.

OBJECTIVE 1

MANAGE ECONOMIC GROWTH AND CHANGE TO ENSURE ENHANCEMENT OF THE TOTAL CITY LIVING AND WORKING ENVIRONMENT.

POLICY 1.1

Encourage development which provides substantial net benefits and minimizes undesirable consequences. Discourage development which has substantial undesirable consequences that cannot be mitigated.

OBJECTIVE 7

ENHANCE SAN FRANCISCO'S POSITION AS A NATIONAL AND REGIONAL CENTER FOR GOVERNMENTAL, HEALTH, AND EDUCATIONAL SERVICES.

POLICY 7.2

Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential uses.

POLICY 7.3

Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the City.

SFGH is the only Level I Trauma Center and provides the only Psychiatric Emergency Service in San Francisco. As a Level I Trauma Center, SFGH offers a full range of specialists and equipment available 24 hours a day and admits a high volume of severely injured patients. SFGH also provides health care services to the most vulnerable populations in San Francisco, including the uninsured, homeless, children, elderly, low-income, and racial and ethnic minorities. SFGH is one of the two

acute-care hospitals serving the southeast section of San Francisco; the other is Saint Luke's Hospital, located at 3555 Cesar Chavez Street, which also serves the southeast quadrant of the City. Saint Luke's Hospital is one of California-Pacific Medical Center's four medical campuses.

The proposed replacement project will allow SFGH to continue to provide services to local residents (48 percent of the patients treated at the SFGH reside in the area), and to serve as a safety net for the uninsured (less than 2 percent of SFGH's patients have commercial insurance coverage) and the homeless population. Approximately 85 percent of SFGH's patient population either receives health care services subsidized by government programs such as Medicare or MediCal or are uninsured.

SFGH proposes to build a new acute-care facility on the west lawn area along Potrero Avenue with minimal disruption to the community and existing hospital operations. Once completed, the acute-care functions will relocate from the existing main hospital building leaving the vacated space for non-acute care activities.

IV. COMMUNITY FACILITIES ELEMENT

THE COMMUNITY FACILITIES ELEMENT OF THE GENERAL PLAN ESTABLISHES POLICIES RELATED TO COMMUNITY FACILITIES, EDUCATION, POLICE, FIRE, AND WASTE MANAGEMENT AND GOVERNS THEIR LOCATION, DISTRIBUTION AND DESIGN.

GOAL

THE GOALS OF THE PUBLIC HEALTH PROGRAM ARE TO CREATE AND MAINTAIN A HEALTHY ENVIRONMENT IN WHICH PEOPLE MAY LIVE AND WORK, TO HELP EACH INDIVIDUAL IN A COMMUNITY REACH AND SUSTAIN HIS MAXIMUM CAPACITY FOR HEALTH, AND TO PROMOTE PHYSICAL AND MENTAL EFFICIENCY THROUGH ORGANIZED COMMUNITY EFFORT. IN A CITY SUCH AS SAN FRANCISCO, DISTRICT HEALTH CENTERS PROPERLY LOCATED TO SUIT THE PUBLIC NEED AND CONVENIENCE, ARE IMPORTANT IN ACHIEVING THESE GOALS.

OBJECTIVE 7

DISTRIBUTION THROUGHOUT THE CITY OF DISTRICT PUBLIC HEALTH CENTERS TO MAKE THE EDUCATIONAL AND PREVENTIVE SERVICES OF THE DEPARTMENT OF PUBLIC HEALTH CONVENIENT TO THE PEOPLE, THEREBY HELPING TO ACHIEVE THE GOALS OF THE PUBLIC HEALTH PROGRAM IN SAN FRANCISCO.

OBJECTIVE 9

ASSURE THAT INSTITUTIONAL USES ARE LOCATED IN A MANNER THAT WILL ENHANCE THEIR EFFICIENT AND EFFECTIVE USE.

POLICY 9.1

Locate institutional uses according to the Institutional Facilities Plan.

The proposed replacement project would make the services of the DPH convenient to the people and would help support the goals of the public health program in San Francisco by ensuring the continued provision of acute-care services-at-the-SFGH-campus.

V. COMMUNITY SAFETY ELEMENT

THE COMMUNITY SAFETY ELEMENT PROVIDES POLICIES TO ENSURE THAT THE COMMUNITY IS RESILIENT TO NATURAL DISASTERS.

GOAL

IT IS THE GOAL OF THE CITY AND COUNTY OF SAN FRANCISCO TO THE EXTENT FEASIBLE, TO AVOID THE LOSS OF LIFE AND PROPERTY AS A RESULT NATURAL AND TECHNOLOGICAL DISASTERS, TO REDUCE THE SOCIAL, CULTURAL AND ECONOMIC DISLOCATIONS OF DISACTERS, AND TO ASSIST AND ENCOURAGE THE RAPID RECOVERY FROM DISASTERS.

OBJECTIVE 2

REDUCE STRUCTURAL AND NON-STRUCTURAL HAZARDS TO LIFE SAFETY, MINIMIZE PROPERTY DAMAGE AND RESULTING SOCIAL, CULTURAL AND ECONOMIC DISLOCATIONS RESULTING FROM FUTURE DISASTERS.

POLICY 2.1

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

SFGH proposes to construct a seismically compliant hospital that would meet State standards for acute care facilities and would reduce the hazards to acute care patients that exist now with the present hospital.

VI. ENVIRONMENTAL PROTECTION ELEMENT

THE ENVIRONMENTAL PROTECTION ELEMENT ADDRESSES THE IMPACT OF URBANIZATION INCLUDING THE USE OF OIL AND GAS RESOURCES AND HAZARDOUS WASTER ON THE NATURAL ENVIRONMENT.

GOAL

MINIMIZE THE CONSUMPTION OF RESOURCES, PRODUCTION OF HAZARDOUS WASTES, AND TRANSPORTATION NOISE AND ENERGY USE.

OBJECTIVE 4

ASSURE THAT THE AMBIENT AIR OF SAN FRANCISCO AND THE BAY REGION IS CLEAN, PROVIDES MAXIMUM VISIBILITY, AND MEETS AIR QUALITY STANDARDS.

POLICY 4.1

Support and comply with objectives, policies, and air quality standards of the Bay Area Air Quality Management District.

OBJECTIVE 10

MINIMIZE THE IMPACT OF NOISE ON AFFECTED AREAS.

~~POLICY 10.1~~

Promote site planning, building orientation and design, and interior layout that will lessen noise intrusion.

POLICY 10.2

Promote the incorporation of noise insulation materials in new construction.

OBJECTIVE 11

PROMOTE LAND USES THAT ARE COMPATIBLE WITH VARIOUS TRANSPORTATION NOISE LEVELS.

POLICY 11.1

Discourage new uses in areas in which the noise level exceeds the noise compatibility guidelines for that use.

POLICY 11.3

Locate new noise-generating development so that the noise impact is reduced.

OBJECTIVE 12

ESTABLISH THE CITY AND COUNTY OF SAN FRANCISCO AS A MODEL FOR ENERGY MANAGEMENT.

POLICY 12.1

Incorporate energy management practices into building, facility, and fleet maintenance and operations.

The proposed hospital building would comply with the City's Green Building Ordinance and is required to achieve a LEED Silver rating. Energy management practices would be integrated into the building design to help achieve this rating. The proposed replacement project would also comply with the standards of the Bay Area Quality District and the transportation noise policies as described in the EIR by incorporating mitigation measures into the project construction and design to control construction dust and to protect sensitive receptors from noise sources.

VII. HOUSING ELEMENT

THE HOUSING ELEMENT OF THE GENERAL PLAN PROVIDES POLICIES THAT PROMOTE AND DIRECT THE DEVELOPMENT OF HOUSING IN APPROPRIATE LOCATIONS IN A MANNER THAT ENHANCES EXISTING NEIGHBORHOOD CHARACTER

OBJECTIVE 11

IN INCREASING THE SUPPLY OF HOUSING, PURSUE PLACE MAKING AND NEIGHBORHOOD BUILDING PRINCIPLES AND PRACTICES TO MAINTAIN SAN FRANCISCO'S DESIRABLE URBAN FABRIC AND ENHANCE LIVABILITY IN ALL NEIGHBORHOODS.

POLICY 11.4

Avoid or minimize disruption caused by expansion of institutions, large-scale uses and auto-oriented development into residential areas.

While housing is not part of the proposed replacement project, this policy requires that institutional expansion avoid disrupting residential areas. The proposed replacement project would not expand into the surrounding residential area, as the proposed hospital site is located on the existing SFGH campus.

VIII. RECREATION AND OPEN SPACE ELEMENT

THE RECREATION AND OPEN SPACE ELEMENT OF THE GENERAL PLAN IS COMPOSED OF SEVERAL SECTIONS, EACH DEALING WITH A CERTAIN ASPECT OF THE CITY'S RECREATION AND OPEN SPACE SYSTEM.

OBJECTIVE 2

DEVELOP AND MAINTAIN A DIVERSIFIED AND BALANCED CITYWIDE SYSTEM OF HIGH QUALITY PUBLIC OPEN SPACE.

POLICY 2.2

Preserve existing public open space.

While the west lawn area is technically not considered to be public open space owned and managed by the San Francisco Recreation and Park Department, it is considered to be open space from both a visual and physical standpoints. The proposed new hospital would be located on the largest single open space area on the SFGH campus, approximately 45,000 square feet in size. While development of the proposed replacement project would result in the loss of the west lawn, the replacement project would provide new landscaped areas adjacent to the new hospital as well as create a publicly accessible rooftop garden. The Department of Public Health has gone through an eight-year planning effort to determine the best option to comply with the State's seismic safety requirements for hospitals. For the reasons set forth in the EIR and CEQA Findings, construction of a new hospital of the west lawn area is the most viable option.

IX. TRANSPORTATION ELEMENT

THE TRANSPORTATION ELEMENT OF THE GENERAL PLAN PROVIDES POLICIES AND OBJECTIVES RELATED TO TRANSPORTATION, CONGESTION MANAGEMENT, CIRCULATION, TRANSIT, ALTERNATIVE MODES OF TRANSIT (BICYCLES AND WALKING), PARKING AND MOVEMENT OF GOODS.

OBJECTIVE 10

DEVELOP AND EMPLOY METHODS OF MEASURING THE PERFORMANCE OF THE CITY'S TRANSPORTATION SYSTEM THAT RESPOND TO ITS MULTI-MODAL NATURE.

POLICY 10.4

Consider the transportation system performance measurements in all decisions for projects that affect the transportation system.

OBJECTIVE 12

DEVELOP AND IMPLEMENT PROGRAMS IN THE PUBLIC AND PRIVATE SECTORS, WHICH WILL SUPPORT CONGESTION MANAGEMENT AND AIR QUALITY OBJECTIVES, MAINTAIN MOBILITY AND ENHANCE BUSINESS VITALITY AT MINIMUM COST.

POLICY 12.1

Develop and implement strategies which provide incentives for individuals to use public transit, ridesharing, bicycling and walking to the best advantage, thereby reducing the number of single occupant auto trips.

POLICY 12.3

Implement private and public sector Transportation Demand Management programs which support each other and explore opportunities for private-public responsibility in program implementation.

POLICY 12.7

Promote coordination between providers of transportation management services, where possible, to enhance the quality of individual programs.

OBJECTIVE 16

DEVELOP AND IMPLEMENT PROGRAMS THAT WILL EFFICIENTLY MANAGE THE SUPPLY OF PARKING AT EMPLOYMENT CENTERS THROUGHOUT THE CITY SO AS TO DISCOURAGE SINGLE-OCCUPANT RIDERSHIP AND ENCOURAGE RIDESHARING, TRANSIT AND OTHER ALTERNATIVES TO THE SINGLE-OCCUPANT AUTOMOBILE.

POLICY 16.1

Reduce parking demand through the provision of comprehensive information that encourages the use of alternative modes of transportation.

POLICY 16.2

Reduce parking demand where parking is subsidized by employers with "cash-out" programs in which the equivalency of the cost of subsidized parking is offered to those employees who do not use the parking facilities.

POLICY 16.3

Reduce parking demand through the provision of incentives for the use of carpools and vanpools at new and existing parking facilities throughout the City.

POLICY 16.4

Manage parking demand through appropriate pricing policies including the use of premium rates near employment centers well-served by transit, walking and bicycling, and progressive rate structures to encourage turnover and the efficient use of parking.

POLICY 16.5

Reduce parking demand through limiting the absolute amount of spaces and prioritizing the spaces for short-term and ride-share uses.

POLICY 16.6

Encourage alternatives to the private automobile by locating public transit access and ride-share vehicle and bicycle parking at more close-in and convenient locations on-site, and by locating parking facilities for single-occupant vehicles more remotely.

OBJECTIVE 24

IMPROVE THE AMBIENCE OF THE PEDESTRIAN ENVIRONMENT.

POLICY 24.1

Preserve existing historic features such as streetlights and encourage the incorporation of such historic elements in all future streetscape projects.

POLICY 24.2

Maintain and expand the planting of street trees and the infrastructure to support them.

OBJECTIVE 26

CONSIDER THE SIDEWALK AREA AS AN IMPORTANT ELEMENT IN THE CITYWIDE OPEN SPACE SYSTEM.

OBJECTIVE 28

PROVIDE SECURE AND CONVENIENT PARKING FACILITIES FOR BICYCLES.

POLICY 28.2

Provide secure bicycle parking at existing city buildings and facilities and encourage it in existing commercial and residential buildings.

OBJECTIVE 31

ESTABLISH PARKING RATES AND OFF-STREET PARKING FARE STRUCTURES TO REFLECT THE FULL COSTS, MONETARY AND ENVIRONMENTAL, OF PARKING IN THE CITY.

POLICY 31.1

Set rates to encourage short-term over long term automobile parking.

POLICY 31.2

Where off-street parking near institutions and in commercial areas outside downtown is in short supply, set parking rates to encourage higher turnover and more efficient use of the parking supply.

POLICY 31.3

Encourage equity between drivers and non-drivers by offering transit fare validations and/or cash-out parking programs where off-street parking is validated or subsidized.

OBJECTIVE 33

CONTAIN AND LESSEN THE TRAFFIC AND PARKING IMPACT OF INSTITUTIONS ON SURROUNDING RESIDENTIAL AREAS.

POLICY 33.1

Limit the provision of long-term automobile parking facilities at institutions and encourage such institutions to regulate existing facilities to assure use by short-term clients and visitors.

POLICY 33.2

Protect residential neighborhoods from the parking impacts of nearby traffic generators.

OBJECTIVE 40

ENFORCE A PARKING AND LOADING STRATEGY FOR FREIGHT DISTRIBUTION TO REDUCE CONGESTION AFFECTING OTHER VEHICULAR TRAFFIC AND ADVERSE IMPACTS ON PEDESTRIAN CIRCULATION.

POLICY 40.1

Provide off-street facilities for freight loading and service vehicles on the site of new buildings sufficient to meet the demands generated by the intended uses. Seek opportunities to create new off-street loading facilities for existing buildings. One way to address deficiencies in freight-loading facilities for existing buildings is to make short-term parking for loading and deliveries a high priority use of adjacent curb space.

POLICY 40.5

Loading docks and freight elevators should be located conveniently and sized sufficiently to maximize the efficiency of loading and unloading activity and to discourage deliveries into lobbies or ground floor locations except at freight-loading facilities.

POLICY 40.9

Where possible, mitigate the undesirable effects of noise, vibration and emission by limiting late evening and early hour loading and unloading in retail, institutional, and industrial facilities abutting residential neighborhoods.

Although there are some trips to institutions which are appropriately made by automobile, especially for medical appointments and hospital visits, work trips would be made by transit wherever possible. As part of the long-term improvement measures to reduce the amount of traffic and parking generated to the extent possible, long-term parking of any kind would not be permitted on campus.

As part of the mitigation measure identified in the EIR, SFGH would implement a working Transportation Demand Management program. Because SFGH would not add any additional parking for the proposed replacement project, it is estimated that, by 2021, there would be a need for additional 400 parking spaces. In order to avoid parking spillover into the adjacent neighborhoods, existing single-occupant auto share (59 percent drive alone) must be reduced to 45 percent of drivers. This would require aggressive marketing and financial incentives to shift employees away from driving alone to transit, carpool, and vanpools, and would include the following elements, - information dissemination and campus-wide coordination of all services promoting transit, ridesharing and parking management, annual travel behavior survey, shuttle service to Caltrain, BART and Transbay terminal and other transportation improvement measures as outlined in the EIR.

In collaboration with SFMTA and the Sheriff's Office (which currently enforces the parking regulations on campus and have parking ticket-writing and towing authority), SFGH would develop an overall parking arrangement and enforcement plan to ensure strict enforcement of tow-away at this location, as well as other parking enforcement including the residential parking permit zone W to ensure residents be given preference in the use of residential neighborhood on-street parking spaces.

Bicycle parking facilities would be expanded on the SFGH campus and walkways and pedestrian linkages as well as loading and service areas would be designed to be consistent with the policies of the Transportation Element. Showers for bicyclist would be required as part of the Transportation Demand Management program.

The proposed replacement project would include planting of new street trees to provide shade, create a human scale on the street, soften the edge between the building and the street, and serve as a buffer between pedestrian space and the street. Moreover, street trees are an important environmental consideration as they contribute to cleaner air.

The west lawn area along Potrero Avenue has historically functioned as the symbolic main entrance to the SFGH campus and currently functions as a pedestrian entrance. The design of the proposed hospital would be oriented towards Potrero Avenue through the introduction of architectural features at the pedestrian level and above. Architectural features along the Potrero Avenue elevation shall direct any foot traffic to continue to use the Potrero Avenue side of the campus as a primary pedestrian entry, helping to make the pedestrian environment more agreeable and safe.

As described in the EIR, the proposed replacement project would include restoration or rehabilitation of the 1915 perimeter fence of the SFGH Historic District, as well as the repair of the damaged portions of the fence to prevent further deterioration. Additionally, the proposed replacement project would restore or rehabilitate the historic light standards and flagpoles, historic landscape, trees, planting beds, shrubs, walkways, and other landscape features along Potrero Avenue to their historic condition based upon physical or photographic evidence dating from the 1920s until 1976.

X. URBAN DESIGN

THE URBAN DESIGN ELEMENT CONCERNS THE PHYSICAL CHARACTER AND ORDER OF THE CITY, AND THE RELATIONSHIP BETWEEN PEOPLE AND THEIR ENVIRONMENT.

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 1.7

Recognize the natural boundaries of districts, and promote connections between districts.

OBJECTIVE 2

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

POLICY 2.4

Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development.

POLICY 2.6

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

POLICY 2.7

Recognize and protect outstanding and unique areas that contribute in an extraordinary degree to San Francisco's visual form and character.

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 3.5

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

POLICY 3.6

Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in new construction.

OBJECTIVE 4

IMPROVEMENT OF THE NEIGHBORHOOD ENVIRONMENT TO INCREASE PERSONAL SAFETY, COMFORT, PRIDE AND OPPORTUNITY

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 proposed replacement project would be generally consistent with applicable urban design policies, which are particularly relevant to the proposed new hospital building because buildings on the SFGH campus appear to be eligible for listing on the National Historic Register as a district, although they are currently not listed. The setbacks between the proposed new building and Buildings 20 and 30 would try to respect the character and design of the SFGH campus and provide continuity with elements of the older buildings.

While the proposed design exceeds the bulk limits of the 105-E zoning district, the additional bulk would allow the circular tower element of the building to be stepped back from the podium façade, thus maintaining the spacing and character of the adjacent finger wards and allowing for a design that would be more consistent with the character of the SFGH campus.

The proposed building material (brick and glass) would help to integrate the proposed new building into the existing fabric of the campus and help create a unified campus character. In addition, the proposed new building design of the podium and setting back of the circular tower would help to create a more human scale for the pedestrian area along Potrero Avenue.

Landscape on the building terrace (floors two and seven) would help soften the building façade and publicly usable open space would be provided on the seventh floor rooftop garden.

The proposed replacement project would preserve all of the existing historic buildings on campus (i.e. Building 1, 9, 10/20, 30/40, 80/90, and 100). In fact, the mitigation measure described in the EIR would include conducting a conditions assessment of historic buildings and recommending a maintenance program to ensure the continued preservation of these historic resources.

8. The proposed replacement project is consistent with the eight General Plan priority policies set forth in Section 101.1 in that:
 - A) The existing neighborhood-serving retail uses will be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses will be enhanced:

The proposed replacement project would not adversely affect existing neighborhood-serving retail uses or opportunities for employment in or ownership of such businesses.

- B) The existing housing and neighborhood character will be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods:

The proposed replacement project would have no adverse effect on existing housing and neighborhood character.

- C) The City's supply of affordable housing will be preserved and enhanced:

The proposed replacement project would have no adverse effect on the City's supply of affordable housing.

- D) The commuter traffic will not impede MUNI transit service or overburden our streets or neighborhood parking:

The proposed replacement project would, on balance not result in commuter traffic impeding MUNI transit service or overburdening the streets or neighborhood parking. As part of the mitigation measure identified in the EIR, SFGH would implement a working Transportation Demand Management program. Because SFGH would not add any additional parking for the proposed replacement project, it is estimated that, by 2021, there would be a need for additional 400 parking spaces. In order to avoid parking spillover into the adjacent neighborhoods, existing single-occupant auto share (59 percent drive alone) must be reduced to 45 percent drive. This would require aggressive marketing and financial incentives to shift employees away from driving alone to transit, carpool, and vanpools, and would include the following elements, - information dissemination and campus-wide coordination of all services promoting transit, ridesharing and parking management, annual travel behavior survey, enhanced shuttle services and other transportation improvement measures as outlined in the EIR.

- E) A diverse economic base will be maintained by protecting our industrial and service sectors from displacement due to commercial office development. And future opportunities for resident employment and ownership in these sectors will be enhanced:

The proposed replacement would not adversely affect the industrial or service sectors or future opportunities for resident employment or ownership in these sectors.

- F) The City will achieve the greatest possible preparedness to protect against injury and loss of life in an earthquake.

The proposed replacement project is in direct response to SB 1953 mandating that all acute-care facilities in the State of California meet established seismic requirements by 2008 or be

forced to shut down. Needless to say, the proposed replacement project is designed and will be constructed to conform to the structural and seismic safety requirements of the City Building Code.

G) That landmark and historic buildings will be preserved:

The proposed replacement project would, on balance, have no adverse effect on landmark and historic buildings. The project would preserve many all of the existing historic buildings on campus (i.e. Building 1, 9, 10/20, 30/40, 80/90, and 100) and the proposed building material (brick and glass) would help to integrate the proposed new building into the existing fabric of the campus and help create a unified campus character. Although the project would impact the integrity of the potential historic SFGH District, mitigation measures would assure that the SFGH District retains its historic significance.

Additionally, the mitigation measure described in the EIR would include conducting a conditions assessment and recommending a maintenance program for these structures to ensure the continued preservation of these historic resources.

H) Parks and open space and their access to sunlight and vistas will be protected from development:

The proposed replacement project would, on balance, have no adverse effect on parks or open space or their access to sunlight and vistas. The proposed replacement project would remove approximately 45,000 square feet of open space, which is part of SFGH's campus and owned by the San Francisco Public Health Department. The replacement project would provide new landscaped areas adjacent to the new hospital as well as create a publicly accessible rooftop garden. Further, the project would be required to restore perimeter fencing, and historic landscape, trees, planting beds, shrubs, walkways and other landscape features along Potrero Avenue to their historic condition, along with removing non-historic trailers and restoring and relocating historic light standards and flagpole.

9. The proposed replacement project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) in that, as designed, the proposed replacement project would contribute to the character and stability of the neighborhood and would constitute a beneficial development.
10. The Commission hereby adopts consistency findings of the San Francisco General Hospital Seismic Compliance Hospital Replacement Program with the General Plan.

I hereby certify that the Planning Commission ADOPTED the foregoing Resolution on June 19, 2008.

Linda Avery
Commission Secretary

Resolution No. 17625
Hearing Date: June 19, 2008

CASE NO. 2007.0603R
1001 Potrero Avenue

AYES: Commissioners Lee, Sugaya, Moore, Antonini, Miguel, and Olague

NAYS: None

ABSENT: None

ADOPTED: June 19, 2008