

ZONING MEMBERS PRESENT:

Linus Kafka, Zoning Examiner
John Beall, Planning & Development Services
Delma Sanchez, City Recording Clerk

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1 ZONING EXAMINER: All right. Good evening, everybody.
2 Give everybody a second to settle down. All right. By one
3 clock, we're starting at 6:38. By the other clock, we're
4 starting at 6:34, so those of you on this side of the room are
5 just a little early.

6 Good evening. My name is Linus Kafka and I'm the
7 Zoning Examiner for the City of Tucson. I conduct rezoning
8 hearings on behalf of the Mayor and Council. I make findings of
9 fact which I put into a report, along with my recommendation
10 which I then send along to Mayor and Council.

11 My report will be based on the evidence submitted to me
12 as part of the rezoning application, as well as on testimony
13 taken tonight. I'd also like to include in the record any
14 documents submitted up to this afternoon, which we'll talk about
15 it in a moment.

16 A tape recording is being made of tonight's testimony
17 by the City Clerk's Office, and there's a City Clerk sitting
18 behind this wall right here with a tape machine, and if necessary
19 - actually, even if not necessary, we'll prepare a transcript of
20 tonight's testimony.

21 I'll prepare a preliminary report and a final report.

1 After I close the hearing, I'll prepare a preliminary report
2 within five days. I'll prepare the final report two weeks after
3 I close the public hearing. For those of who wish to receive a
4 copy of the preliminary hearing, and you're not already listed on
5 the case, there'll be orange cards available at the podium. In
6 fact, Mr. Beall's gonna put them out there right now.

7 A copy of the final report will be available from the
8 Planning & Development Services Department, and I'll send that
9 report along to Mayor and Council. They may consider my
10 recommendation along with other factors, and make a decision on
11 that.

12 At the start of the hearing, I'm gonna have Mr. Beall
13 of Planning & Development Services Department, who's just come
14 back, give me a presentation on the case. And after that, I'll
15 have the Applicant come up to present the case.

16 After the Applicant presents, I'll call people out from
17 the audience by a show of hands. And typically, I like to divide
18 it up so that the first part of the hearing are those people who
19 are supporting the application, and then we get to hear from
20 anybody in opposition, or people who would like to say something,
21 but it's neither in opposition or in favor.

22 Since I cannot have any communications with parties
23 involved in the case, now is the time to speak. And if you wish
24 to speak tonight, as I said, I'll go by people raising their

1 hands, and then you'll come up. But when you do come up, there's
2 a sign-in sheet here. And when you come up, if you could make
3 sure to take a moment to put down your name. That way, when
4 we're doing the transcript for this, we'll have an accurate
5 record of who's speaking when.

6 At this time, I'd like to swear in anyone wishing to
7 speak this evening. So if you're inclined to be speaking this
8 evening, if you'd stand up now and raise your right hand.

9 All right. Do you swear or affirm to tell the truth,
10 the whole truth, and nothing but the truth?

11 (Affirmative.)

12 ZONING EXAMINER: All right. Thank you very much.
13 All right. The only case on the agenda this evening is Case No.
14 C9-15-06 Banner-University Medical Center, Planned Area
15 Development. And I'm gonna have Mr. Beall give me a staff report
16 on that at this time.

17 MR. BEALL: This is a request by Jim Portner of
18 Projects International, Inc. on behalf of the Applicant, Banner
19 Health, to rezone approximately 33 acres from R-1, R-2, NR-1 and
20 C-1 to Planned Area Development, P-A-D zoning.

21 The PAD property, now known as Banner-University
22 Medical Center, is presently being leased by Banner Health from
23 the Arizona Board of Regents. The Arizona Board of Regents'
24 ownership currently exempts the property from local zoning

1 requirements. Once ownership of the property is transferred to
2 Banner Health, the site will be subject to local zoning
3 requirements necessitating the subject zoning request. The
4 rezoning site is located on the west side of Campbell Avenue
5 approximately one-half mile north of Speedway Boulevard.

6 Land use direction for this area is provided by the
7 University Area Plan, the Jefferson Park Neighborhood Plan, and
8 Plan Tucson. The rezoning site is located within a campus area
9 as identified on the Future Growth Scenario Map of Plan Tucson.
10 Campus areas include and surround large master plan, educational,
11 medical or business facilities. Existing examples include the
12 University of Arizona, Pima Community College, Tucson Medical
13 Center, St. Mary's Hospital, and the Veterans Affairs Medical
14 Center.

15 The University Area Plan and the Jefferson Park
16 Neighborhood Plan both recognize the University of Arizona and
17 the University Medical Center as part of the U of A Campus
18 Comprehensive Plan. The University Area Plan identifies the
19 University Medical Center and Arizona Health Services Center on
20 its maps and policies, recognizing the important role of public
21 and semi-public uses and encourages the development of these uses
22 in a manner which is compatible with the character and quality of
23 University of Arizona neighborhoods.

24 The Jefferson Park Neighborhood Plan reflects in its

1 plan the green southern edge along the southern edge of the
2 Jefferson Park Neighborhood as proposed in both the U of A Campus
3 Comprehensive Plan and the proposed PAD document.

4 The redevelopment of the Banner-University Medical
5 Center is proposed through two phases. Phase One of the PAD site
6 redevelopment proposes the construction of approximately 700,000
7 square feet of new hospital, bed tower that will replace a
8 portion of the existing UMC Hospital facility.

9 Phase One will bring the total building area of the
10 medical campus to approximately 1.4 million square feet, with a
11 total of 661 beds, 183 of which constitute replacement beds for
12 the existing hospital, and 155 which represent additional new
13 beds. The new hospital main lobby entrance will be oriented
14 northward off of Elm Street and will feature a new 200-space
15 visitor surface parking lot.

16 Phase Two includes an addition of a second bed tower to
17 the Phase One hospital facility. At the completion of Phase Two
18 construction, the medical campus is estimated to have more than
19 1.8 million square feet of medical facilities and approximately
20 800 beds.

21 With Phase One, the PAD's development program will
22 include two new helipads on the rooftop of the new hospital's
23 Phase One bed tower. These helipads will serve as the primary
24 facilities for incoming/outgoing helicopter flights. The

1 existing helipads atop Diamond Children Medical Center will
2 remain in place, to be used only when emergency or special
3 circumstances preclude the use of the new helipads atop Phase One
4 bed tower.

5 The Unified Development Code base zoning for the
6 Banner-UMC PAD is OCR-2, Office/Commercial/Residential. The PAD
7 document contains specific modifications to permitted uses and
8 development standards that are central to the proper functioning
9 and operation of a medical, major medical use.

10 Maximum building height of the new hospital and
11 associated bed towers will 185 feet. The minimum building
12 setbacks shall be at least 20 feet from the exterior of the PAD
13 boundary, along with other specialized setbacks as detailed on
14 the PAD.

15 Setback for new occupied buildings and structures will
16 be a minimum of 250 feet from the northern boundary adjacent to
17 the Jefferson Park Neighborhood. Setbacks in the loading dock
18 area will be a minimum 100 feet from the west PAD boundary.

19 The master drainage plan for the Banner-UMC PAD focuses
20 to improve and properly accommodate the capture and conveyance of
21 storm water runoff with the PAD property, and to reduce the
22 concentrated 100-year storm water flows that exit the PAD site
23 and discharge into the Jefferson Park Neighborhood.

24 In meeting these objectives, the Applicant proposes new

1 on-site facilities and more specifically proposes a surface
2 retention/detention facility integrated into the north green
3 buffer along the PAD district's northern-shared boundary with the
4 Jefferson Park Neighborhood.

5 The north green buffer is a feature that is designed to
6 be a multi-use retention/detention basin as well as serve as a
7 buffer. The north green will include, at a minimum, the
8 following landscape amenities, pathways, which is a six-foot
9 pedestrian path and a ten-foot urban trail connection for bikes
10 and pedestrians, benches, tables and shade structures.

11 The traffic analysis was based upon update - was based
12 upon, and updates of prior traffic study prepared for the entire
13 Arizona Health Campus in December 2012. The present analysis
14 considers the future PAD district development, the adjacent
15 Arizona Health Center Campus, and the planned private mixed use
16 projects at the northwest corner of Speedway/Campbell
17 intersection.

18 An expanded and improved main campus entry and exit
19 will be established at the existing signalized intersection of
20 Campbell Avenue and Elm Street, with significant improvements
21 made not only to this entrance, but to the existing on-site north
22 ring road so as to provide continuous east/west traffic movement
23 from the entrance of Diamond Children Medical Center and to the
24 new Banner-UMC hospital and bed tower with their north-oriented

1 entrances.

2 The Elm Street exit at Campbell will feature a three-
3 lane cross section comprised of a dedicated left-turn lane, a
4 combined left-turn through-lane and a dedicated right-turn lane.
5 Bicycle circulation will be improved with shared use path to the
6 north green and by providing new bike routes with striped
7 shoulders along substantial segments of the ring road.

8 Health care and hospital campuses comprise a unique set
9 of land uses that require a custom written framework of
10 development standards, operational parameters and design
11 guidelines that only a PAD zone can provide. The existing
12 medical campus site is zoned R-1 and R-2, with neither of these
13 zones permitting the existing hospital use.

14 But Arizona Board of Regents' ownership and operation
15 as a teaching hospital has allowed the medical center to be
16 operated under the sovereign and unity governmental exemption
17 from zoning. With Banner's formal acquisition of the 33-acre
18 medical center campus, the governmental exemption would not
19 longer apply.

20 The PAD rezoning will bring the medical center in
21 conformance with the Unified Development Code. The proposed
22 rezoning request is consistent with, and supported by Plan
23 Tucson, the University Area Plan, and the Jefferson Park
24 Neighborhood Plan, all of which recognize the existing hospital

1 land use for the site.

2 Approval of the requested Banner-University Medical
3 Center Planned Area Development zoning is, is appropriate. As of
4 to date, the approval/protests, there have six approvals, and
5 five protests. Three approvals from owners, and five protests
6 from owners, and there's been three non-owner approvals.

7 We have approval letters that have been received from
8 the University of Arizona, Jefferson Park Neighborhood
9 Association, and Feldman's Neighborhood Association. Protests by
10 percentage to the north, south and west, there is zero percent,
11 and to the east is nine percent.

12 As of prior to the meeting tonight, we have received,
13 staff has received a written protest. And also here tonight from
14 the Trans- -- City's Transportation Department is a
15 representative, Jesse Soto, to talk about - or ask any, answer
16 any questions that may come up regarding traffic or -

17 ZONING EXAMINER: All right. Thank you, Mr. Beall.
18 Can I just take a, a look at the additional protest letter?
19 Thank you. Okay. And I'll get a copy of that. All right.

20 All right. Just as a preliminary comment, I always
21 have concern for anybody who's parked in the El Presidio parking
22 lot, which is the lot underneath the, the park right out here.
23 That closes at 8 o'clock, so if you're parked underground, you're
24 gonna want to move your car before 8 o'clock. That may not apply

1 to anybody here, but I always, out of abundance of caution, give
2 that warning.

3 I'd also like to acknowledge the presence of Council
4 Member Kozachik. I always appreciate the active watching of the
5 Councilman. Okay. Is Mr. Portner gonna present, or Ms. Silvyn?
6 All right.

7 MS. SILVYN: Good evening. Keri Silvyn, Lazarus,
8 Silvyn & Banks, 4733 East Camp Lowell Drive. You will also be
9 hearing from Mr. Portner as well.

10 What I want to do is start out by introducing the team
11 that's here tonight. I had them all stand up and raise their
12 right hand just in case you ask a question that they need to
13 respond to. But otherwise, you're not necessarily gonna hear
14 from everybody on the team.

15 Kip Edwards is here, Banner Vice-President, Development
16 & Construction. You will be hearing from him. That's me. Jim
17 Portner from Projects International, the planning consultant.
18 Mark Barkenbush (ph.), Steve Brigham (ph.) and Paul Klum (ph.)
19 are here from Banner Development & Construction.

20 Karen's also here from Banner. Susan. Sorry. Sorry,
21 Susan. Vince Catalano from Kinley, Horn (ph.), who did our - has
22 been working with us on traffic. And then (Inaudible) from my
23 office.

24 What I'm gonna do is give you a very brief overview of

1 the P-A-D area, and kind of our, our phasing and how this is
2 working. Kip is going - Edwards is gonna come up and talk to you
3 a little bit more about Banner's presence here and what's going
4 on, the, the merger with the U of A and that partnership, and
5 particularly the development as the Director of Development &
6 Construction.

7 And then Jim's gonna come walk you through a little bit
8 of the P-A-D and some of the more salient points. And then I'm
9 gonna come up and talk about our neighborhood outreach that's
10 been going on for the last 11 months. And then we're, we're
11 happy -

12 ZONING EXAMINER: All right. I'm, I'm gonna interrupt
13 you, Ms. Silvyn. If anybody has their cell phone on, that's,
14 that a very timely warning. Thank you. If anybody has their
15 cell phone, if you could turn it to silent at this time. And I'm
16 sorry for that interruption.

17 MS. SILVYN: It's okay. The last time that happened to
18 me, it was my cell phone in my purse while I was presenting, so
19 it's all good.

20 So then I'm gonna come up and talk to you about the
21 neighborhood outreach and then we'll take questions both from you
22 and however you want us to address after the public hearing.

23 So this is the P-A-D area. We affectionately call this
24 map "the red line". It is a negotiated line with the University

1 as to the area that Banner will be acquiring, plus the
2 entitlements. It's - if you have questions about it, in
3 particular, I'm sure that Mr. Edwards can answer it. I'm not
4 really gonna outline it for you. It's pretty much outlined in
5 red. It's predominantly the hospital and the areas that we need.
6 This is also the area of the P-A-D, obviously. That's the area
7 that needs to be entitled.

8 This is the site plan, it's Exhibit 30 in your, in the
9 P-A-D. When you look at Exhibit 30, you'll see both this and a,
10 a table that explains Phase One and Phase Two. And what we've
11 done is between this slide and the next slide, have re-created
12 sort of the existing and the future - and I'm gonna walk you
13 through a couple of important points.

14 So this is the, the overall site plan for the P-A-D.
15 We have it broken into two phases. This is the, to orient you,
16 this is the current entrance and kind of turnaround. The
17 entrance is being re-oriented at Elm, which has been planned for
18 this, this hospital for quite some time, and I just lost my
19 pointer.

20 So Elm, it becomes the entrance. Our Phase One is the
21 area that says "new hospital". It's back behind, or to the west
22 of Diamond Children's. That's the new hospital area. And then
23 the potential - that's Phase One. The potential Phase Two, and
24 as Kip likes to say, we entitle these projects for 40 to 50 years

1 out, so Phase Two is way out in the future, but we want to make
2 sure that we have the opportunity with the P-A-D entitlement.

3 Phase Two is that further to the west from where the
4 new hospital (inaudible) And then you'll see the additional -
5 thank you. Oh, now it's green. So exciting if I could get both
6 of them going. It'd be like Christmas.

7 So this is the new hospital area we were talking about.
8 This is the potential Phase Two add-on, and at that time, there
9 would be a parking garage back here. Part of Phase One, this is
10 a 250-foot setback from this property line. When the U of A was
11 planning, this future hospital has always been planned by the U
12 of A, it was up closer up to the edge of the ring road, so it's
13 been pulled back.

14 The other thing that I would point out is as part of
15 Phase One, we are in addition to the parking garage here, the
16 parking garage here which both exist, we're gonna be adding
17 parking in here and then some parking in the south. Again,
18 there's more information in the, on the Exhibit 30. But I wanted
19 - uh-oh. Guess what? The batteries are dead, so I can't -
20 technical difficulties. Sorry.

21 So I'll tell you what you're gonna see in the next
22 slide, and then we'll get to the next slide in just a minute, so
23 (inaudible) You test everything, and then the battery dies.
24 So the existing square footage within that red line area is a

1 little over 700,000 square feet. The clinical area is about
2 51,000 square feet. There it is. I need that one for - oh, no,
3 I don't need to do it. Now we're back to red.

4 The clinical square footage is about 51,000. The total
5 beds currently is at about 508. And I'm gonna stop there. I can
6 go through the other stuff if you want me to.

7 Phase One is an addition of another little under
8 700,000 square feet. Most people would think to themselves,
9 "Well, that's a doubling of the hospital." It's not a doubling
10 of the hospital. The hospital has not been updated since it was
11 built back in the late '60's, early '70's. And the delivery of
12 health care is very different. There's a lot more square footage
13 per pa- -- per patient to deliver health care and Kip can talk to
14 that much more astutely than I can.

15 So the actual, and this is really important, the
16 clinical square footage on this campus is actually decreasing.
17 And that's huge, 'cause that's a big traffic generator. So it's
18 going down by about 4,000 square feet. In large part, that
19 clinical is being, is going up to the Cancer Center area, which
20 is another area that is subject to a P-A-D that is also - has
21 also been acquired by Banner.

22 The total beds at the end of Phase One, and keep in
23 mind, what we call Phase One for the P-A-D is gonna have phases
24 within it. So Phase - at the end of Phase One for purposes of

1 entitlements, it will be an increase of about 153 beds. The
2 initial Phase One that we're gonna be moving forward on hopefully
3 at the beginning of next year will, as is currently planned, will
4 shell out the top two floors.

5 So if there is an increase in beds at all, it's, it's
6 very minimal. We don't have those exact numbers yet, but it's
7 not a large increase in beds initially. The entitlements would
8 allow it to go up to the 153 beds. So Phase One has a decrease
9 in clinical, and at the end of Phase One, however many years from
10 now, it's an increase of 153 beds.

11 Phase Two, which is full build-out again, 40 to 50
12 years from now, it's about a 1.8 million square feet. It's
13 another 365,000 square feet. It does add some clinical back in
14 as planned, and keep in mind, this is we're taking guessing at 40
15 to 50 years out. But that's what we've got in the document.
16 And then another increase of 155 beds.

17 So it's not a substantial increase in the, in the
18 number of beds, and I think a lot of people are seeing the eight,
19 eight hundred and eight sixteen, and are thinking that that's way
20 over what's currently, what's currently out there.

21 The parking, you'll see - I'm not gonna go through that
22 right now. We did parking for the clinical. We did parking for
23 the bed within the P-A-D, and we have both a minimum and a
24 maximum for parking. And what we articulated here is the amount

1 of parking that is a minimum based on those calculations, both
2 existing Phase One and full build-out, and then what's actually
3 provided. And you'll see we have a little bit extra parking for
4 all of these. They're, they're all three below the maximum,
5 above the minimum.

6 Now I'm gonna turn it over to Kip for the fun stuff.
7 And then Jim will take the microphone, and then I'll come back.

8 MR. EDWARDS: Good evening. I'm Kip Edwards, Vice-
9 President of Development & Construction for Banner Health, 1441
10 North 12th Street, Phoenix, Arizona.

11 And before Jim's really gonna get deeply into - see if
12 I can talk and sign at the same time - the details of what's in
13 the P-A-D document. I always like step back a little bit and
14 say, "What's this really about?" We're talking about a
15 development. We're talking about a hospital.

16 But what it's really about is the academic affiliation
17 that has been created between Banner Health and the University of
18 Arizona over the past year, plus. What does that mean? What
19 that really means is we're trying to advance the state of
20 academic medicine for the State of Arizona, for the region, for
21 the country in some ways well beyond where it is right now.

22 And a new model where a health care organization teams
23 with a university to create an academic affiliation that can
24 advance the education of physicians and providers, can advance

1 the research that goes along with that that could provide the
2 right clinical environment for the delivery of that care, and can
3 bring that care to the local community and to the state.

4 It's a big deal. This is something that's not just
5 occurring here. It's being watched across the country. It's a
6 model that many universities are looking at right now to see how
7 well we can succeed. Our investment's not small. You may have
8 heard, we are investing 300 million in just the academic
9 affiliation. Those are dollars that we pay out over 30 years to
10 support the academic medicine programs at the University of
11 Arizona.

12 In addition to that, we're committing a \$500 million
13 capital investment within the city of Tucson to develop
14 facilities to support this. The major portion of that is this
15 project. About 400 million of that will probably go to support,
16 to build this hospital project that we're talking about tonight.

17 This is a prettier version of what Keri showed you on
18 the site plan, but I put it up really to speak to the, the
19 approach we've taken to the project. When we started this, and
20 we work in a number of communities, we know the importance of
21 working with the community and developing the project the right
22 way. So this has been developed from the very beginning with
23 four major inputs.

24 The first input came from the planning we've done to

1 date, the University planning, the neighborhood plans, the, the
2 medical center planning has been done. We started all of that as
3 a basis. We didn't create it from scratch. We really built on
4 what they have done. For example, the, the placement of the
5 hospital where you see it on this site is what has been
6 anticipated for some time in all of that planning.

7 The re-orientation of the main entrance to align with
8 Elm Street has been anticipated. The creation of a green belt
9 across this north edge to, to begin to address the storm water
10 issues that have been experienced by the neighborhood to the
11 north, and to create a buffer between those two have all been
12 anticipated in those plans. We built on those to create our
13 plans.

14 The second thing we took is we really look at the
15 patient experience, and that's, clearly that's the business we're
16 in is to serve patients and the visitors and their family. We,
17 we create a facility, we want to create one that serves those
18 needs. And so we worked very hard to orient this facility so
19 that it's easy to arrive. You see the entrance coming in. You
20 can come in, go to Diamond Children's, you can go to P.D., you
21 can go to the main entrance of the hospital.

22 You can't get between those three areas right now. You
23 physically can't move. You have to get out, drive around, park
24 again almost to move between those three locations on the

1 existing campus. So we worked very hard to create a facility
2 that integrated into the existing campus that creates a much
3 better, simpler, easier patient experience.

4 And the point of that, when people are coming either as
5 a patient, as a family member, or as a friend, they're pretty
6 stressed out because they're dealing with a health issue. We
7 don't want to add to that stress, we want to calm that stress as
8 they come to our facility.

9 The third input, and I really want to thank all of the
10 neighborhoods that we've spent time with, over 20 meetings, and
11 all the neighborhoods surrounding the facility. We've gotten
12 great input from Day One. We've had multiple meetings with some.

13 We've taken their input. It has informed us all the
14 way through to help us decide how to best address this project on
15 this site, everything from the, the importance of addressing the
16 storm water issues to some of the specifics we looked at this
17 campus.

18 It's been a wonderful process. I've been involved in
19 many communities. I can honestly say this has been the best I
20 have ever experienced, the most constructive. Some very
21 demanding input, but all constructive. Towards the end, we want
22 this medical center to be successful and this helped us get to
23 this point.

24 And then finally the City input, whose (inaudible)

1 reviewed our documents throughout the draft process. We've been
2 able to take that input and add it into (inaudible) Couple of
3 examples on how those played out. I talked about the patient
4 experience. Although this is a big building, what this diagram
5 is showing is as a patient arrives, or a visitor arrives, the
6 portion of this big, new building and existing building, the
7 Diamond Children's, this is called the north expansion project,
8 that they actually have to navigate are shown in yellow up here.
9 Kind of see the front corridors.

10 So someone coming here has to find their way back and
11 forth across this front portion or up to upper floors, or for
12 some reason they came through this door and they really want to
13 be at Diamond Children's, it's a simple path over. Compared to
14 today, and today can only be described as sort of a convoluted
15 maze that people go through in the hospital without points of
16 orientation. This will be far more easier. So this is one
17 example of addressing the patient's experience.

18 Dealing with the community and building off of the
19 prior plans, the, the entrance alignment at Elm Street got quite
20 a bit of discussion. Valid concerns of the neighborhoods to the
21 east of us that traffic, that it'll encourage traffic through
22 their neighborhood. Part of what we've been doing is working
23 with those neighborhoods to, to do things to define them more as
24 a residential neighborhood, not look inviting for a, for cross

1 traffic, but more importantly from our end, designing the
2 entrance correctly.

3 So we're adding more lanes for turning, more lanes than
4 there are right now. There's a couple, three lanes right now.
5 Everything backs up there, so people are tempted to just shoot
6 straight through to be quicker. We've added sufficient turning
7 lanes to the left. We're proposing improvements on Campbell.
8 All of those to make that intersection work properly to dissuade
9 them from going into neighborhoods. It'll be easier to, to go
10 the direction they should go.

11 And then finally, and this is, this is, I think, a
12 great example of some of the input we've gotten through the
13 community meetings. We've had a couple - we've had a number of
14 neighborhood meetings, and two formal community meetings 'cause
15 we wanted to make sure we held enough so people that were gone
16 during the summer meeting had time to come in the latter part of
17 September.

18 We were rightfully taken to task about how we've
19 handled bicycles and pedestrians. We had had handled them, we
20 had addressed them, but we really hadn't put it together in a, in
21 a clear plan. And we heard those comments. We stepped back. In
22 fact, we delayed our process a few weeks to do additional work,
23 to make sure we thoroughly looked at the flow of bicycles and
24 pedestrians on the campus, and looked at how that integrated into

1 the overall plan throughout Tucson. And the result is what you
2 see up here, which I won't go through in detail.

3 But basically we added additional bike paths,
4 delineated bike paths along the ring road where you see the red
5 lines. We delineated additional bike routes, so we understand
6 how bikes can flow into the site, through the site, north and
7 south, connecting into bike routes that run through the
8 neighborhood to the north, looking at pedestrians, we put it
9 together.

10 So that input was helpful for us, and we think we have
11 a better project as a result. So with that, I'm gonna turn it
12 over to Jim Portner. He's gonna take you through some of the
13 detail in the plan. Thank you.

14 MR. PORTNER: Good evening, Mr. Zoning Examiner, Mr.
15 Beall. Good to see you. I'm gonna walk you through, as Kip said
16 - firstly, before we get to the content of this particular slide,
17 I'd like to talk to you a little bit about the organization of
18 the document, why it's set up that way, and then roll into this
19 as the first part of the content that I'd like to address.

20 The document is organized in three sections. It's got
21 the, the elements of kind of introductory material which gets
22 into the history of the property. It gets into a rather thorough
23 site analysis, existing conditions, maps, particulars that leads
24 us to kind of a, an opportunities and constraints result.

1 All of those things in a lot of PAD documents, I'm sure
2 you're familiar with this, a lot of the information is just kind
3 of bare. It's kind of introductory material. In this case, it's
4 a lot more substantive insofar as it is so fundamental because of
5 all the prior planning work that Kip and Keri have alluded to,
6 and which John mentioned in his staff report.

7 There's so much of that prior history and prior policy
8 planning that's been addressed at this site, either directly or
9 around its perimeter, that it really forms a fundamental
10 foundation for then what follows in the third section which is
11 our land use proposal where we get a more technical detailed site
12 plan and we give you all of the regulatory parameters that staff
13 will then use going forward to regulate the redevelopment of the
14 property.

15 So in that regard, you get to our third section, you've
16 got all of the tools which are probably gonna be where the most
17 attention lies at this point going forward. But I really did
18 want to make the point that there's so much prior work, to-wit,
19 an example here, this, this illustration from the U of A
20 Comprehensive Campus Plan.

21 In addition to that, as John mentioned, you've got the
22 University Area Plan which addresses this and all of the
23 surrounding area on a policy level. You've got the Jefferson
24 Park Neighborhood Plan which specifically addresses issues

1 related to its interface with the campus. And then you've got
2 this document which more than any other document is, is a very
3 specific addressing of this particular site.

4 This was Precinct - it was designated in the
5 Comprehensive Campus Plan as Precinct Two which was basically the
6 Arizona Health Sciences Center, and it goes into great detail in
7 terms of the proposed development going forward for the property.
8 So, like you said, we're back to red. So as, as Kip indicated,
9 there's a lot of similarities here between what's here and what's
10 mentioned in the other, other plans.

11 What I'd like to do is just hit a couple of high
12 points. I don't want to be too duplicative with comments that
13 Kip has already made, but as he said, there was a hospital
14 proposed that ma- -- really the major element of this was the
15 proposal of a new hospital which just happens to be on their plan
16 west of the UMC Hospital and west of Diamond Children's Center,
17 which is conceptually pretty much the precise place where we're
18 proposing ours, although there are some significant differences,
19 and I'll mention those.

20 It also showed some additional building massing along
21 Campbell. We're not doing that as part of this PAD. So that's
22 an element that's been eliminated, and in general, this proposal
23 included more building massing and more square footage going
24 forward than we are proposing under this PAD.

1 Also - oops. There we go. One thing I wanted to use
2 this slide to illustrate, too, and to talk about is the whole
3 opportunity that this PAD presents in terms of all of that prior
4 planning. It's kind of tough when you've got three distinct
5 policy documents all interfacing and overlapping and intersecting
6 at one level or another, but now you're in a position where you
7 have to go forward with something that's very specific, and in a
8 regulatory framework, very concise, pulls it all together, and
9 does it without inconsistencies and conflicts.

10 And that's what we've been able to do with this PAD
11 document with a great deal of help from staff in their review
12 capacity to help us ferret out consist- -- inconsistencies and
13 those kind of things. And it gives us an opportunity with this
14 PAD document to knit all of those things together in a policy
15 level, for lack of a better term.

16 But an example of that, and why it's necessary, is this
17 whole green edge, or the, the north green thing that we're
18 talking about here which is this northern kind of buffer area.
19 The Jefferson Park Neighborhood Plan talks about it conceptually,
20 it calls it the green edge. The U of A Plan calls it a greenway.
21 The University Area Plan calls it a green belt.

22 And they all talk about it in different ways, and they
23 talk about different policy approaches that should be taken to
24 it. So there's a need to resolve those kinds of things, and the

1 green edge is a perfect example of that, and what we're able to
2 accomplish with this pad.

3 We've named it, we've just declared it's called north
4 green. That's what we're gonna call it from here on out, and
5 that's how we've outlined it in this document, and given all the
6 specific development parameters for it. What we're doing with
7 this PAD, at this point, is basically building the first portion
8 of it here.

9 Now we can't build this area yet because Banner does
10 not own this piece, nor that piece. But there are provisions
11 within the PAD where they will continue to make an attempt to
12 acquire those pieces so that we can then own this entire portion.

13 And there are commitments that when that occurs, if
14 that successfully occurs, we will proceed and extend the north
15 green to also go further west to the western boundary of our PAD
16 which is right up to there. So all of that is just trying to
17 give you a sense of what we're trying to do here with the merging
18 and intersection and integration of all of these prior planning
19 documents.

20 I think, I think that now that we've done that, come
21 forward with a specific development program, I think it really
22 provides better stability for everyone moving forward, not just
23 Banner, that it is now a development program it can look to for
24 its future, but also just as importantly, I think for the

1 surrounding neighbors and property owners.

2 This, this area's been a big unknown for a long time.
3 What's it gonna be? How big is it gonna be? What's it gonna
4 look like? That creates uncertainty in a neighborhood, and makes
5 people question whether they want to stay there, whether they
6 want to continue to invest in and improve their properties. So
7 now we've tried to bring forward a sense of stability and
8 certainty to what that future can look like so folks can make
9 those decisions in a much more informed manner.

10 So I guess in summary with all of this stuff, what I'm
11 really saying here is that, as Kip alluded to, we didn't invent
12 the wheel. We didn't try to re-invent the wheel. We tried to
13 understand the launching pad and foundation that's already been
14 given to us.

15 And more than anything, what we tried to do here is
16 extend that in a much firmer, more concise and, oh, how can I say
17 it? A specific way that really takes that policy level material
18 and boils it down to a specific development program (inaudible)

19 I'm just gonna talk through now a few of the key
20 elements content-wise. And I'm gonna hit just some of the major
21 ones, and then I'm gonna turn it back over to Keri because a lot
22 of - and she's gonna continue talking about contents. But a lot
23 of the contents she's gonna talk about is going to dovetail with
24 our whole neighborhood outreach because a great deal of the

1 content of this PAD fell out of those neighborhood interactions.

2 So it's really, I think, more appropriate for me to hit
3 some of the main issues here, and then Keri to walk through the
4 content in the document that actually fell out of a, a lot of
5 extensive neighborhood interactions that occurred.

6 This, this is just to simply discuss the notion of
7 setbacks. If you look on, I don't want to go back and forth, but
8 if you look on the (inaudible) So if you look at this edge which
9 is the northernmost edge of, and again, this is conceptual, of
10 course. This was the northernmost defined edge of the new
11 hospital proposed under the U of A's Comprehensive Campus Plan.

12 If you come forward to our setback commitments, that
13 line would be about right in here. So that line of that
14 proposal, at least on the U of A's Concept Plan is about 100 feet
15 further north of what our southern minimum setback requirement is
16 for that area.

17 Obviously, the most important area to protect here was
18 the Jefferson Park Neighborhood to the direct north, because of
19 its direct proximity with no real significant public right-of-way
20 or other corridors to separate it from the property. So our
21 concept there was to take the southernmost edge of Jefferson Park
22 residential properties, so that one, that one, and that one we do
23 not own. And that defines a line right there. We took 250 feet
24 from that as a minimum setback.

1 And then here, Lester Street, our northern boundary,
2 private (inaudible) across the street there so we took 250-foot
3 setback from that point to define this corridor as an absolute
4 (inaudible) area, and building setback.

5 Again, if you contemplate the U of A Plan, again that
6 building's a little further north here, and it was also proposing
7 some massing along Campbell Avenue, neither of which, as I said,
8 are elements of this plan. Building height, always a critical
9 one, and it's been of some mention lately in the news, I'm sure
10 you're all aware.

11 So this is a slide that we'd put together for
12 comparative purposes to talk about what we're doing, we're
13 proposing, versus what's there in terms of Diamond Children's and
14 the Building 201, which is basically UMC Hospital.

15 This is a drawing. This is not something you're seeing
16 for the first time. This is something that was used in all the
17 neighborhood meetings because when your folks had a big question
18 in their mind as to exactly what this was, what we're proposing,
19 how it related to what was out there.

20 So I'll just walk you through some of the specifics of
21 it. Our building height, even though I think it's been reported
22 in the news that we could - we're gonna build a 230-foot
23 building, that's a real easy way to summarize it, but it's not
24 accurate. Our actual building height, the way the City measures

1 building height, is 185 feet as to that one. That's to the, the
2 top of roof deck.

3 And all of the comparative numbers we give here between
4 Diamond Children's Center, UMC, are the same measures to roof
5 deck. So we're at 185 feet. We have allowances within the PAD
6 to go above that for what are called appurtenances, and we're
7 very specific about what those appurtenances are. The main, the
8 key one, the most visibly noticeable one is this right here.

9 What that is, is the top end of the elevator structure,
10 the elevator shaft that is on the roof, above the roof, to serve
11 the heliports for incoming emergency patients. The reason it's
12 that tall, and here we, we go a maximum of 45 feet above the roof
13 deck height, comparative purposes, Diamond Children's Center goes
14 55 feet above the roof deck height. Same thing, because that's
15 where the helipad is now.

16 That is for what's called overruns, technical term for
17 it. The height of the building sh- -- or the elevator shaft does
18 not stop shortly above the roof, or the ceiling of the elevator
19 car. There is a significant amount of height and space above it
20 that's required for literally all of the mechanical equipment
21 that runs the entire elevator shaft. So that's why the height is
22 what it is, and again, that's kind of a standard projection for
23 that type of facility.

24 In terms of percentage area, we looked at the

1 calculations because there was this great concern about 230-foot
2 element. And it occupies a little bit over three percent of the
3 entire roof area. In plan view, it's a little bit over 1500
4 square feet. So from that perspective, it's a small portion of
5 the, of the roof deck area, although it is the smallest element
6 of the roof deck area. Again, just comparative heights, 185 to
7 roof deck, 100 for the Diamond Children's Center, and 120 for the
8 201 Building.

9 Keri alluded to earlier about so much of why is the
10 facility bigger gets to just the nature of modern medical care.
11 That is not just a two-dimensional thing. The rooms aren't just
12 bigger to allow a bunch of technology and people to operate it
13 around patients. It's also a three-dimensional concept because
14 running all that technology requires a great deal more cabling,
15 ductwork, and a whole bunch of other things, and that's located
16 above the actual ceiling you see in the room.

17 There's a large space for all of that infrastructure.
18 So your actual deck-to-deck spacing in today's modern hospitals
19 is very, very different from what you had in hospitals that were
20 built 20, 30 years ago. So in terms of the height, that's a big
21 part of the reality of it by today's standards.

22 We get back to this, just a couple of more issues that
23 I want to mention. And again, this is not the best presentation
24 graphic, but that's because it wasn't meant to be. This is

1 actually the technical site plan out of the PAD. It is basically
2 a significant part of a regulatory document staff is gonna use
3 going forward, so we don't want a pretty picture in the PAD for
4 that purpose. We want something that was very specific and a
5 great deal of detail, time and design was spent in putting this
6 together so that it was something that could fulfill that
7 regulatory role.

8 As Keri said, when you look at the actual document,
9 there's a whole boatload of tables on the righthand side. We
10 broke down parking three different ways, so there could be no
11 question about how it applies, what the phasing is and those
12 kinds of things - building square footages, the whole nine yards.
13 So there's a lot of technical data on the site plan. But it's
14 all there for regulatory purposes.

15 The only things I wanted to mention off of this are to
16 - one is a little bit more detailed on the parking. Keri took
17 you through a table which shows you kind of - and I'm not gonna
18 rehash all of that. We can go back to that if you have more
19 questions. It gets very technical. It can get hard to follow
20 just because there are so diff- -- so many different tables.

21 But the summary table that Keri showed you actually
22 (inaudible) about four different tables that we have on the
23 technical site. So it's a nice little summary for that purpose.
24 But the parking, I just wanted to explain that we had to go

1 through the exercise defining very specific customized parking of
2 a car, and it's for this project.

3 Banner has built many hospitals. They operate many
4 hospitals. They are very keenly aware of how many spaces they
5 need based upon beds and square footage of clinic and those kinds
6 of things. We use all of that expertise to put together a very
7 clear definition of what our parking requirements are both by
8 bed, by clinic space, those kinds of things.

9 We did that because the UDC, it really - it's unwieldy
10 in terms of taking it, trying to apply it to a campus like this.
11 It under-parks some things, it over-parks some things, and so
12 what we did instead was utilized the expertise of the operator
13 and put together a program that gives us a range of both minimum
14 spaces for beds, and maximum spaces for beds so we're sure not to
15 over-park and create too many large, open expanses of asphalt.

16 And it also gets into the bike parking as well. We're
17 very clear on here to show you where our bike parking is, both
18 lockers, racks and give you a breakdown in the PAD as to how
19 that's going to be done on a phased basis. So we try to get very
20 detailed with the parking so that because, of course, everybody's
21 wondering where all the cars are gonna go.

22 We try to give it to you both in plan view and in our
23 regulatory standards so there's absolutely no question about it,
24 and then give you a bunch of tables so that you can ferret your

1 way through it, and see exactly how it's gonna be fixed over
2 time.

3 Last item I just want to touch upon, and this will be
4 very brief, is the outdoor lighting code. Lighting is always an
5 issue on a project like this, and we had a variety of questions
6 about it at our various neighborhood meetings. The short answer
7 is, we'll comply with the outdoor lighting code.

8 So that's really it in a nutshell. We do, however,
9 make sure that it's clear to everyone involved we put, we put
10 verbiage in the PAD, it's very clear about this, that we're not
11 dealing with your typical situation here, okay? We're, we're not
12 in a situation where we can go dark. Essentially, there's
13 security lighting at 10 o'clock and be that way until sunrise.

14 We have to have a campus that is well lit for security
15 purposes. Not only that, but also for incoming and outgoing
16 staff, and it's 24 hours, seven days a week, there's no closing.
17 So we have certain special needs for the operation of the campus.
18 Regulatory requirements that, that we labor under from a federal
19 level. All of those things will have to be sat down and talk
20 with staff about to determine the method in which we can both
21 satisfy those and insure the clients with the outdoor lighting
22 code. So we just want to make everyone involved aware of that
23 special need to sit down and hash some things out (inaudible) at
24 the regulatory stage.

1 So those are the only points I wanted to touch upon.
2 I'm gonna turn it back over to Keri. Like I said, a lot of the
3 additional content falls directly out of her expert work in
4 hashing through a whole bunch of neighborhood meetings and
5 discussions.

6 MS. SILVYN: Okay. If you turn to page one - just
7 kidding. So we began our outreach a little less than a year ago,
8 November of 2014, and we have included having counted up sort of
9 the more formal, over 20 opportunities for input.

10 And those range from the two formal neighborhood
11 meetings, and I'll come back to those in just a minute. We had -
12 we met with all - pretty much all of the neighborhood
13 associations in the area, including not just Catalina Vista,
14 Blenman/Elm and Jefferson Park, but went west and, and also met
15 with the Sam Hughes Neighborhood Association. Did presentations
16 at their board meetings, and some of them invited us. Apparently
17 we did a good enough job they asked us back to their annual
18 meetings.

19 We also interfaced. Pretty consistently, Banner is, is
20 present at the Campus Community Relations Committee, which is a
21 University of Arizona meeting with all of the adjacent
22 neighborhood associations to the University. UMC, UAHN was
23 always a part of that. Banner has stepped in, and we have done
24 some of the development presentations there as well with the

1 leadership of those associations.

2 We have had meetings with, with neighborhood
3 association committees, particularly Jefferson Park has a Land
4 Use Committee, and that's the committee that we worked with on
5 that north green area, and the neighborhood agreement that I know
6 is in, in your packet, or at least it should be. If it's not,
7 we'll get it to you. I know it is.

8 We also included some City officials in those meetings
9 as well. Jonathan Mabry from Historic Preservation had to work
10 with us to make sure we were minimizing the effect on the
11 Jefferson Park Neighborhood historical status.

12 We also met with individual neighbors. Questions came
13 up and they wanted to know how things looked from their side. We
14 would - representatives of the team would go meet with the
15 individual neighbors. So we've been responsive to everybody
16 who's reached out to us and we've done our own level of reach-
17 out.

18 We want to touch on the two neighborhood meetings. As
19 you know, we're required to do one. There's a requirement that
20 it has to happen before we put in our application. It also has
21 to time where we've got enough detail that we know what we're
22 talking about when we have the neighborhood meeting, and have the
23 P-A-D document.

24 When we laid out the time frame, knowing how we were,

1 where we were headed, it put us at a July neighborhood meeting.
2 We were abundantly aware very early when it hit that, that that
3 was in the middle of the summer and some would argue smart
4 Tucsonans leave Tucson. I stay. That says a lot. But we were
5 abundantly aware that was the middle of summer.

6 So from our very first neighborhood meeting letter -
7 notification that went out, we acknowledged we were having a
8 second one. And we were gonna have the second one in September
9 after most people were back, if they have kids in school, and
10 outside of the summer months. We went ahead and re-noticed that
11 second neighborhood meeting, even though it wasn't required. We
12 used the labels from the first.

13 The other thing Kip pointed out, and I want to
14 highlight it, was after the first neighborhood meeting, we did
15 have a lot of questions and concerns that we, we felt we needed
16 to address in the P-A-D. We had a targeted time to submit the
17 P-A-D. We actually missed that target by two weeks because we
18 were working on those issues with some of those neighborhood
19 groups in order to incorporate them in the PAD, which is
20 ostensibly exactly the reason the City asks you to have a
21 neighborhood meeting ahead of the application is to get the
22 input. And if there are things that need to be added, they were
23 added. And that actually occurred, as well as some followup
24 reach-out that I'm gonna talk to you about in a minute.

1 So we had a very extensive, well over what the City
2 requires neighborhood outreach plan. And then it, it evolved as
3 well as we went out and had meetings. If we had to have more, we
4 had more.

5 Kip already touched on this, the pedestrian and bicycle
6 circulation. This was one of the issues that came out in the
7 very first neighborhood meeting that caused us to step back. If
8 you compare this to the City's bike and pedestrian plan, it
9 actually matches now. We had not done a good job of interfacing
10 with that.

11 We also took this to the Bicycle Advisory Committee at
12 the request of a couple of people, and they were very impressed
13 with our ability to take an existing site with existing site
14 constraints and make some modifications to, to deal with the area
15 that we can deal with which is within the P-A-D for bicycle and
16 pedestrian. And if you have specific questions about -
17 (inaudible) what I'm discovering is even more Christmas colors -
18 on this plan, we can come back to it.

19 The storm water drainage is huge. The City requires
20 that, that we detain a five-year storm. We are, we are detaining
21 the hundred year, and we've made that commitment to Jefferson
22 Park. We've worked very closely with them in this area, in the
23 green area. We've already talked about all the plans that have
24 established this. This green area was meant to both handle the

1 storm water. It was also meant to be a buffer to Jefferson Park
2 into the future.

3 So what I'm calling, there's, there's - this is the
4 1700 and 1800 blocks of Lester Street. Those areas, we are able
5 to, to handle the hundred year as part of our Phase One because
6 we are able to incorporate almost all of that area.

7 This is the 1600 block. Jim already talked about the
8 issues there. We don't own all of it. We can't, we can't
9 contain all of the water. We can meet, at a minimum, the City's
10 required five year, which we can actually meet more than that in
11 this area now, and we have a commitment in the P-A-D and in our
12 neighborhood agreement with Jefferson Park as to how we will
13 bring this 1600 block forward. We, we are not, nor can we force
14 any of those people to sell their property. We've made offers
15 and this is where we are right now. As that comes to fruition,
16 we'll add it into the north green.

17 Also in our agreement with Jefferson Park, and this is
18 where we interfaced with Jonathan Mabry extensively, was making
19 sure there are contributing properties to the historic
20 neighborhood in this area, and understanding how best to
21 facilitate removing those at the point of demolition so that we
22 are least impacting Jefferson Park's historic neighborhood
23 status, which involves removing those in blocks. And, and that's
24 the way that the regulating agency prefers that.

1 So in the agreement with Jefferson Park, Banner is
2 paying for the consultant to, to go through the process to remove
3 these in blocks. We will be working arm-in-arm with the Historic
4 Preservation Office of the City, and with Jefferson Park to make
5 sure that that occurs in a way that least impacts that. And I
6 can explain that.

7 ZONING EXAMINER: So that the inventory of contributing
8 properties is reduced and therefore the percentage of - okay.

9 MS. SILVYN: Yes. The delta. I always describe it as
10 we, we lower the delta so when you're dealing with percentages,
11 which is what's really important, your delta is decreased, which
12 is better for the neighborhood rather than removing them one-by-
13 one, which is something I did not know until I was part of this
14 process.

15 This just shows you which of those in the 1600, 17 and
16 1800 block were actually contributing properties. Some of those,
17 they're the ones with the C's. The other ones that are outlined
18 are just outlined. So there's one, two, three, four, five, six,
19 seven, eight of them.

20 The helicopter flight path is really important. Banner
21 was aware for a lot of different reasons about the M-O-U that has
22 been in existence for quite some time between the University and
23 Jefferson Park, and the surrounding neighbors, about how the
24 helicopter flies.

1 So when Banner first approached this, the idea was that
2 the helicopter pads were going to stay exactly where they are and
3 this M-O-U would be honored. When the new hospital was actually
4 sited, pulled back right away from the neighborhood, and the, and
5 the height established for the delivery of, of health care, it
6 was determined that there's no way that those helicopter pads
7 could stay at Diamond Children's, and we could still honor the
8 flight path. It would have to go over Jefferson Park.

9 So at a, at a large expense in the millions of dollars,
10 Banner made the commitment to move the, the helicopter pads up to
11 the new - on the top of the new hospital in order to be able,
12 essentially, to honor this, this M-O-U. It's incorporated into
13 the P-A-D, it's referenced. And then the flight patterns are
14 actually in. Those are, those are documents from the P-A-D. So
15 those will continue to be honored, and the reporting will still
16 occur at the CCRC pursuant to that agreement.

17 Ambulance and, and, and service vehicles, one of the
18 things that we haven't pointed out yet is in that when the new
19 hospital is constructed, Warren Avenue will no longer go through.
20 And Kip can explain if the question comes up as to why that needs
21 to happen. Part of the - one of the, one of the consequences of
22 that, benefits of that is that the loading area for the hospital
23 is gonna be back in the southern portion, and all of the
24 emergency vehicles, to get to the Emergency Room, are going to be

1 using Speedway and Cherry. So that is gonna be their route to
2 get into the Emergency.

3 If they come in on Elm and they will know that they
4 can't. So hopefully that will never happen. There is no way for
5 them to get back into this area. So the Elm Street is really
6 just for patients and, and that experience. This is also an
7 opportunity for staff to get back into, into this area of the
8 hospital as well. So that's the, the, the vehicle routing.

9 There was one other thing. I'm gonna go back for just
10 a second, there's one other thing I want to touch on on this
11 slide. And that is the extensive work that we've been doing with
12 Catalina Vista and, and Blenman/Elm on the Elm Street corridor.
13 So I didn't know all the information I'm about to give you until
14 we got involved in this Banner project.

15 For the last 11 months, we've learned a lot which is
16 that for the last 30 years, there have been a lot of discussions
17 about that segment of Elm specifically between Campbell and
18 Tucson Boulevard. It is in the City of Tucson's Major Streets
19 and Routes as an arterial road, and there are benefits to it
20 being an arterial road.

21 This has always been planned to be the entrance of the
22 hospital, and there has always been concern from people in the
23 neighborhood that that will be the entrance, and the unintended
24 consequences of people cutting through, which occurs today.

1 So Kip already mentioned it, I'm not gonna repeat what
2 we've done on this side of the project where we have control over
3 it to try and make those turning movements as efficient as
4 possible so people are not incentivized (sic) to go down the
5 road. And in a large number of mitigation, elements have been
6 put in that segment of Elm, in large part to slow traffic and to
7 keep traffic from doing the, the cut-throughs.

8 After our very first meeting with the, the neighborhood
9 meeting in July, it became clear that we needed to have some
10 further discussions, and Council Member Kozachik reached out to
11 us and facilitated a meeting with the, the leaders of the
12 neighborhood association to say, "Look, we need to figure out
13 what's going on here." And that's really honestly where we
14 learned a lot of this history.

15 And the general sense is, is that everybody wants to
16 keep moving, everybody wants to have access out of, out of the
17 neighborhoods there. If we could figure out a way to stop
18 everybody from coming in, we would, but you can't have it both
19 ways.

20 So we worked with the Arizona Inn, in particular, to
21 update some of the mitigation that's in front of their - the
22 Arizona Inn, to make the pedestrian crossings more visible and
23 people hopefully get discouraged that way.

24 And then the other thing that we have discussing and

1 we're working through right now separate from the entitlements
2 are some entry monumentation (sic) so that when people are
3 sitting at this intersection, not only will they hopefully be
4 discouraged because its not going to be the path of least
5 resistance, their left turn and their right turn will be. But
6 they will also look ahead and see more of a neighborhood street
7 than anything.

8 There's not much more mitigation. We've been working
9 with Jesse Soto and Vince Catalano. There's not much more
10 mitigation you can put on that segment of Elm. And we've talked
11 about a lot of different things and a lot of different options.

12 So we're, we're still working through with those two
13 neighborhood associations on those entry monuments, but we have
14 had a number of meetings on exactly that issue over, I would say,
15 the last two to three months, and we're still working that
16 through.

17 The view sheds, as part of the P-A-D, we're required to
18 do view sheds, so we did those. We did them predominantly from
19 the Jefferson Park Neighborhood because that is the closest
20 neighborhood. And we showed these at the first meeting, and we
21 had followup at both of our neighborhood meetings.

22 The first neighborhood meeting were a couple of people
23 who live a little bit closer in Jefferson Park, and asked us to
24 do those closer. So we did exactly the intersections that they

1 requested. And then we went and met with them and showed them
2 those, those. And it's both Martin and Linden right here, as
3 well as the Cherry and Lester. And we met with the, circled back
4 with those individuals at their homes and, and showed them these,
5 and, and talked through them.

6 The second meeting, the request was is that we do one
7 from Catalina Vista specifically at Sierra Vista and Kramer, and
8 we went out with the person who was concerned and designated the
9 area that they were concerned about and, and did this. And I
10 know that the Catalina Vista Neighborhood Association has a copy
11 of this, as does the gentleman who, who made the request. So
12 we've circled back on that.

13 The last thing that came up was, were questions about
14 what Banner-University Medical Center-Tucson is doing as far as
15 transit, encouraging employees to use transit, as well as
16 patients. We are continuing that dialogue with a couple of
17 people in the community who are, who are transit users and very
18 passionate and see areas where we could improve.

19 But as an employer, we are part of the, of the program
20 that Pima County and City of Tucson do as larger employers are
21 required to be for transit. And these are the kinds of things
22 that we have in place, the ride share, carpool matchup, bike
23 lockers and, and a lot of ours are being used. Staff showers,
24 guaranteed ride home so if you carpool with somebody, and all of

1 a sudden you have an emergency, and need to get home, we have a
2 guaranteed ride home. And the rest of it, I'm not gonna read the
3 slide to you, but that gives you a sense of the transit.

4 Again, direct response to somebody who asks the
5 question was concerned, and it actually caused us to take a look
6 internally to figure out what we were doing. And we are working
7 to reinstitute the subsidy program as well. It, it had - it was
8 not in existence when we made the inquiry and we're, we're
9 working that through right now internally.

10 With that, happy to answer any questions you might
11 have. We're also happy to wait until the end of the public
12 hearing if you desire.

13 ZONING EXAMINER: Yeah. I'll let any questions grow
14 out of the, organically out of the comments. And that, that
15 concludes the presentation and you can -

16 MS. SILVYN: Yeah.

17 ZONING EXAMINER: - have Mr. Catalano come up now, or
18 will do later if he has any questions, if we have any questions
19 for him (inaudible)

20 MS. SILVYN: Yeah. We'll -

21 ZONING EXAMINER: Okay.

22 MS. SILVYN: What we'll do is after the public hearing,
23 whatever you want us to address, we got the -

24 ZONING EXAMINER: Okay.

1 MS. SILVYN: - got the team and we're all sworn in.

2 ZONING EXAMINER: All right. Thank you. At this time,
3 I'd like to hear from people who are wishing to speak in favor of
4 the proposed application. So if I could see any hands who -
5 let's start with you, ma'am, right here on the edge. And, again,
6 I'll remind you, as you come up, just pause for a moment, sign
7 in. I'm not rushing anybody. You don't have to start speaking,
8 and sign in, although Mr. Edwards tried. We don't have to all be
9 as good as that.

10 MS. HUGHES: Thank you, Mr. Examiner, members of the
11 audience. I'm Alison Hughes. I'm the President of Catalina
12 Vista Neighborhood Association, and happy to be here and hear the
13 presentation and also listen to the protests that are being
14 presented.

15 I have attended, oh, probably about five meetings with
16 the Banner team on the new construction that is proposed. I've
17 attended one with Jefferson Park very early on. I've attended
18 the two in the summer. I've attended - we had the team come to
19 our neighborhood Board meeting and present a similar presentation
20 that you've had this evening.

21 We've had, I've been part of the meetings that Mr.
22 Kozachik has convened with the Arizona Inn, Blenman/Elm
23 President, and we have raised in all of these meetings, our
24 residents have raised many issues. Issues like the height.

1 What, what, what is the height gonna do to the, the, the
2 aesthetics of the neighborhood? Traffic control. How many new
3 beds are we gonna have? What's it gonna do to traffic?

4 We've raised the issue of light. Are we gonna have
5 blaring light on us at night? The Jefferson Park people were
6 very concerned about the light issue. We, we particularly were
7 interested in the impact on the new entryway at Elm Street,
8 especially the potential impact that it might have on Elm, Tucson
9 Boulevard. And we've also discussed what will people's GPS's
10 tell them. When people put on their GPS, where is - which route
11 is the GPS gonna take them to the hospital, regardless of if
12 they're coming from the east side. So those are issues that
13 we've, we've, we've raised.

14 We've really been very pleased at the responses that we
15 have had from the, the Banner team. They, they've tried very
16 hard to make modifications based on our requests. Another issue
17 that, that our particular neighborhood has been negotiating with
18 the team is during construction, the use of the garage next to
19 the movie theater at Campbell and Grant.

20 Previously when the University was building a new
21 garage, they used that particular parking garage for staff
22 parking, and then shuttled them. We negotiated a route through
23 the neighborhood so that their shuttles would come through the
24 neighborhood.

1 The Banner team has advised that they will not give
2 shuttle service to the construction teams that are going to be
3 parked in that garage, but rather they will strongly advise them
4 the routes that they can take to and from work. So that's a big
5 issue for us.

6 I live on Edison Street, and certainly during the last
7 experience of the employee parking there, you know, employees
8 come back and forth to work. It's not simply if they drive from
9 their homes to the parking spot. And so then they go from the
10 parking spot to their job. So that's, that's something that
11 probably in the future we'll still continue to talk about with
12 the Banner team.

13 On a personal note, I would like to say that recently I
14 was over at the hospital 'cause a friend was ill. And so I was
15 able to visit in one of the rooms. She was in a, a shared room,
16 a two-patient room which was very, very tiny. And there were two
17 Mexican-American families sharing this room. Well, huge families
18 crushing into this room with absolutely no space.

19 And I've, I've, I've worked over there for many years.
20 I'm retired now, but I did work on the campus for many years
21 before retirement. And I've noticed many times Navajo families
22 come down, and the entire generations come down and sit in the
23 corridors.

24 And I, I sure, certainly want the, the new hospital to

1 be culturally relevant to Mexican-American, Native American,
2 African-American families, certainly with art and with, with the,
3 with the design and so forth. So that's one thing I would think
4 about.

5 The other thing that came up a lot was the helicopter
6 path. And I still get calls within the neighborhood. I had one
7 this week from a neighbor complaining that the helicopter was not
8 taking the approved path and she calls Mr. Curlin (ph.) and, and
9 reports it. And I'd certainly like to see penalties imposed on
10 those pilots that have repeated violations of the, the helicopter
11 path. I think that would be a good policy to consider.

12 So - and, and, and during the negotiations about the
13 entryway to Elm Street that, that have been discussed, they're
14 still underway, we're certainly looking forward to, to continuing
15 that mitigation opportunity. Banner has committed a certain
16 amount of money to supporting that in order to try to dissuade
17 traffic from taking shortcuts through the neighborhood.

18 I do have one question, however. I may be wrong in
19 this, but I thought there was going to be two dedicated lefthand
20 turns. And when you were speaking about the original plan, you
21 mentioned one dedicated lefthand turn coming out of the, the
22 hospital onto Campbell. So I was a bit puzzled by that.

23 There should be two. Thank you. That, that clarifies
24 it. So that's, those are my comments, Mr. Examiner. We look

1 forward to continuing the discussions and negotiations with the
2 team. I do find them very responsive to our ideas, and onward.
3 Thank you.

4 ZONING EXAMINER: Thank you.

5 MS. ROE: Okay. I'm Alice Roe, and my - I would cut
6 paper here. I love paper. But unfortunately, my printer refused
7 to talk to my computer at the last minute, so here I am. I'm
8 Alice Roe. I live at 2318 East Elm Street. So I am part of this
9 Elm Street part of Blenman/Elm that we're very concerned.

10 Anyway, I just wanted to say the Banner team has really
11 reached out to the neighbors and the neighborhoods. I'm
12 President of the Blenman/Elm Neighborhood. Our neighborhood is
13 east of Campbell, south of Elm, across Campbell from the
14 hospital.

15 However, I'm speaking today as a private citizen
16 because getting everybody in a neighborhood to agree to something
17 is like herding cats. It doesn't, doesn't happen quite that way,
18 and I can't represent that the entire neighborhood would support
19 this.

20 What I have seen is an adjustment of this P-A-D
21 document based upon input at the July neighborhood meeting which
22 you have seen with all the pedestrian and bicycle changes. And
23 then I've also been in numerous other meetings through this
24 process that Keri listed. They have really truly reached out.

1 And I also just wanted to observe that anyone who has any
2 concerns, they really need to contact the Banner team, 'cause
3 these materials have gone out with contact information.

4 And I found that the Banner people have been really,
5 really receptive to listening. Now they can't always do what we
6 want them to do, they're not magicians. But they do try to
7 listen to us and to understand our perspective.

8 I personally have been very concerned about this main
9 entrance on Elm west of Campbell. But I believe that the Banner
10 team is doing what they can to mitigate the traffic generated.
11 For the traffic study, the impacts on P.M. traffic on Elm east of
12 Campbell appear to be related to some increased turning movements
13 which may not be due to Banner. Banner, I would assume, would be
14 the ones going straight across.

15 Banner is helping us fix the Arizona Inn's crosswalk to
16 be more visible at night and it is fabulous to know that we've
17 got good reflectors there at night, and people are slowing down.
18 Just terrific. We're - and so we thank Banner for that. We are
19 planning on making eastbound Elm Street at Campbell, through
20 signs, appear more residential, again, as Keri alluded to, or
21 Jim, or - who, who said that? You. It doesn't matter. Anyway,
22 it's great. We're really thrilled to be working on this project
23 together. And we want to be good neighbors.

24 I support this PAD and look forward to the continuing

1 to work with the Banner team as we go forward. We've had a good
2 model for community involvement with the U of A and UMC Hospital
3 planners in the past before Banner pur- -- made the purchase, or
4 currently lease.

5 We anticipate we will continue to work on the impacts
6 of this type of development on the community, the traffic,
7 pedestrian, bicyclists, the helicopters and the emergency
8 vehicles, light pollution, you name it. And thank you for
9 listening.

10 ZONING EXAMINER: Thank you.

11 MS. RICH: Hello. I'm Grace Rich, and I'm President of
12 the North University Neighborhood Association. And the complex
13 that is being proposed is in our neighborhood. We are a very
14 small neighborhood. We have 95% rentals, and most of them are
15 transient students coming and going. So at our meetings, we
16 usually only have like five homeowners.

17 Even though, Banner has really reached out and had
18 individual meetings with me and our Vice-President about concerns
19 we have, and has been very responsive always to phone calls,
20 e-mails, or any kind of communication that I needed to do with
21 them. Our neighborhood has voted and we do support the rezoning
22 so Banner Health can have the property and the correct zoning.
23 That's all I have to say.

24 ZONING EXAMINER: Thank you. Sir.

1 MR. PRENDERGOST: My name is Steve Prendergost, and I
2 reside at 1850 East Waverly Street in Jefferson Park. I'm a
3 member of the Board of Jefferson Park Neighborhood Association,
4 and I am speaking on behalf of JPNA tonight. I'm also the Chair
5 of the Land Use Committee that was mentioned earlier in Jefferson
6 Park, and was active in the negotiations with Banner.

7 We provided you with a letter earlier in support of the
8 P-A-D, and I just wanted to add some more comments in Jefferson
9 Park's support of this P-A-D.

10 The hospital campus that is the subject of the P-A-D is
11 on the southern border of our neighborhood, and the residents of
12 JPNA are obviously very interested in how this development will
13 go. In late 2014, JPNA was approached by Banner to initiate a
14 discussion about the impact of Banner, Banner development on our
15 neighborhood.

16 Over the next nine months we had considerable
17 discussions with multiple meetings, and we were able - we found
18 those discussions very cooperative (inaudible) very positive
19 reaction to the meetings with them.

20 We provided early on Banner with a list of issues that
21 we wanted to have addressed, and we also, later in the process
22 listed, provided them with a list of items that we wanted in the
23 agreement that we would have with them. They were responsive to
24 our concerns, and an agreement was entered into. You have been

1 provided a copy of that agreement also.

2 One major provision of the agreement relates to
3 rainwater, and that was discussed in their presentation. I won't
4 go into that in too much detail, but the fact is, the University,
5 the Medical Center had no interest whatsoever in helping us solve
6 this problem of this huge flooding that was coming into our
7 neighborhood.

8 Right out of the gate, Banner wanted to fix it for us,
9 and we were very appreciative of that. And they have come up,
10 they've described it to you, about the solution that, that they
11 will be providing for us, and how that will reduce the flooding
12 in our neighborhood significantly, and we're very appreciative of
13 that.

14 Also, Banner has agreed to landscape this basin area
15 and add as amenities. And that, that will provide a park-like
16 setting on our southern border. Also, we are currently in the
17 process of developing a (inaudible) loop, which is a loop around
18 our neighborhood, for walking. And if I can - and this will be
19 an important part of that loop, so we're very appreciative of
20 that.

21 They, they mentioned in their presentation, there will
22 be an - there will be some attributing properties destroyed in
23 our neighborhood, or demolished. And that could have an impact
24 on our qualification as a national historic district. They are

1 being very cooperative with that, and are - they're, they're
2 gonna work with us to get those properties removed from our
3 historic district so that impacts the calculation favorably. And
4 also they're gonna pay for the consultants, so we appreciate that
5 also.

6 There was some mention of the helicopter memorandum of
7 understanding. In 2001, Jefferson Park, the University, and the
8 Medical Center entered into a memorandum of understanding
9 concerning the flight paths of helicopters approaching and
10 leaving the hospital. This is something very important to us.

11 We were very much aware - we, we experienced the, the
12 times when the pilots do not follow these paths and they come
13 over our neighborhood like they come over other neighborhoods.
14 But we find that it's usually due to, it's either an emergency,
15 or it's a pilot just doesn't know the rules, or it's the
16 military. Being the military, they do whatever they want.

17 But we are, we think it's - we're, we're pleased with
18 the effectiveness of this agreement. And we're pleased that the
19 - that Banner has agreed to honor that agreement, and in effect,
20 step into the shoes of the Medical Center under that agreement.

21 And they mentioned also something that, that I think is
22 very important is, with, with the building of the tower, it
23 created some issues as far as being able to - for these
24 helicopters to be able to follow the, the paths, the flight paths

1 that we - under the agreement, and land on the children's
2 hospital (inaudible)

3 And we - they, they have agreed, and they mentioned it,
4 to move the helipad from that structure up to the top of the
5 tower. And in that way they will be able - the helicopters will
6 be able to comply with the (inaudible) under the MOU. So, - and
7 that, as they said, that cost at least a million dollars to make
8 that change. And we, again, we appreciate that.

9 The - Banner has also agreed to stay in communication
10 with us and work with us on an ongoing basis. For example, if
11 Banner requests a sign variance sometime in the future, they will
12 work with JPNA with a goal of creating a variance package that is
13 satisfactory to both Banner and to JPNA, and we appreciate that.

14 Our agreement with Banner also has provisions relating
15 to dust control during construction, construction noise, lighting
16 and parking. With regard to parking, it's both parking on the,
17 in the, on their campus, but also elim- - eliminating parking by
18 employees in our neighborhood.

19 Finally, I think it's important that we not lose sight
20 of the fact that Jefferson Park Neighborhood is going to have a
21 state-of-the-art hospital right next to our neighborhood, within
22 walking distance. And we think that's - that gives us a lot of
23 comfort, gives me a lot of comfort, gives other people a lot of
24 comfort that, that we will have access to such a hospital.

1 In conclusion, JPNA fully supports the approval of the
2 P-A-D, and thank you for giving me the opportunity to speak on
3 behalf of JPNA.

4 ZONING EXAMINER: Thank you, sir. Ma'am.

5 MS. JONES: Hi. My name is J. Lisa Jones. I live at
6 933 East Seneca in Jefferson Park Neighborhood, and have lived
7 there since 1978. I'm on the Jefferson Park Neighborhood Board
8 of Directors, and I'm also Jefferson Park's representative to the
9 CCRC, the Campus Community Relations Committee.

10 I, too, have gone to several Banner presentations, both
11 the neighborhood and at CCRC, and frankly, I've been just pretty
12 amazed at how, at how responsive and caring, and receptive the
13 Banner team has been to individuals' concerns. It kind of blows
14 my mind that they can be as professional as they are and also
15 caring. And I think that's an important combination.

16 What I would like to just give - talk to you about is
17 from a very personal thing, and Kip Edwards mentioned about
18 patient care, and about the design. And, and what I'm going to
19 tell you about is from personal experience, but what - when I
20 look at this new configuration, the new paradigm of how the
21 Emergency Room and the hospital itself and Diamond's will all be
22 together, I think it will make a tremendous difference for
23 neighbors and families and patients.

24 And my personal experience is with, since 2012, has

1 been with three specific elderly neighbors. All three of them
2 were in their 90's. None of them are living anymore. The thing
3 they all have in common is they all ended up in the Emergency
4 Room, and I was with each of them. And, and all three of them
5 went from being in the Emergency Room to having to go upstairs,
6 wait and go through that very long of period of time, and the
7 testing and then on and on it goes, you know, because it's
8 necessary.

9 My one friend, Frankie, died four days later. Another
10 friend was admitted to the hospital, and she managed to live for
11 two more years, although she never could get back to her home.
12 And then another friend, Gloria, died within seven weeks.

13 But the thing, the thing about the configuration of the
14 hospital now, and this is - this may seem like a small thing, but
15 again, in terms of patient and family and friends having a
16 workable situation, what I ended up doing with each of them, in
17 very individual situations, was being with them in the Emergency
18 Room. All of them were alone without other family. I was their
19 friend, I was there.

20 And then they were going up to their room, and I had to
21 go around from the Emergency Room, and this is what you were
22 talking about - from the Emergency Room, around Diamond's
23 Children, through the front of the hospital, finding where they
24 had been assigned, going upstairs, locating them, and being - and

1 during that period of time, they were alone, and they were
2 scared. I was frustrated, but they were - but this was a really
3 critical time for them.

4 So that what seems like a fairly simple thing to
5 somebody who's not an architect, or may be a layperson about the
6 configuration of the new design, I just wanted to bring this up
7 because I think it really is an example of Banner's design
8 excellence. And, and I'm quite sure that there would be other
9 examples, too. It's just these are the ones that I know
10 personally and have experienced, and I think the new design will
11 be outstanding for patients and people who care about the
12 patients.

13 Also, as Steve said, it's gonna be great having state-
14 of-the-art hospital in our neighborhood. I'm personally am sure
15 I'll end up back there myself one of these days. So I'm very
16 happy that they're here. And I hope that - and, and I think we
17 should give them a huge welcome.

18 ZONING EXAMINER: Thank you. Anybody else wishing to
19 speak in favor of the proposed application?

20 MR. KOBEL: Good evening, everybody. My name is Joseph
21 Kobel, and I live at 1510 North Plaza de Lirios over on the west
22 side of Tucson, and I want to speak in behalf and in favor of
23 this rezoning.

24 Our city and our region has grown quite a bit in the

1 last decade or two, and we need larger health care facilities.
2 I really appreciate Banner Health's consideration of everyone
3 involved, and I'm sure that Banner Health would like to see a
4 return on their investment. One of the things that we will see
5 is improved health care for Southern Arizona.

6 But the main reason I want to speak tonight is because
7 I'm a Union carpenter, and I understand that the general
8 contractor's signatory and will probably be subbing out,
9 subcontracting a lot of the work. Being a construction worker,
10 I'm a trained professional, as are most of the members of our
11 Union here in Arizona. I'm also an elected officer of our Union.

12 So, one of the issues we do have, or we will have, is
13 parking for the workers, and transportation to and from the
14 jobsite to wherever they assign our parking. And I hope that
15 will be addressed.

16 Unfortunately, I'm of the opinion that public streets
17 are public streets, and I, I can empathize with you for being
18 concerned about having strangers drive through your neighborhood.
19 But as a taxpaying citizen, I'm entitled to drive on any road
20 that I desire, and I'm entitled to park anywhere I'm permitted.
21 So with that, like I said, I just want to support this rezoning,
22 and I also have one minor issue.

23 And that is that Banner Health hopes to attract highly
24 paid, highly paid medical professionals. I hope Banner will keep

1 in mind that construction workers should be adequately paid for
2 their services because we are professionals also. Thank you.

3 ZONING EXAMINER: Thank you. Anybody else wishing to
4 speak in support of the proposed application? Okay. At this
5 time, anybody wishing to speak against, or neutral on the
6 proposed application? Ma'am.

7 MS. HUFFMAN: Good evening. My name's Debra Huffman.
8 I live at 325 North Sierra Vista Drive, 1-9. I've lived all -
9 I've lived on all sides of the University since I was a student,
10 last in Sam Hughes for 20 years, and now in Catalina Vista for,
11 for 15.

12 I submitted a protest and a narrative, and I'm not
13 going to read that. It does refer to the specific text within
14 the Banner Health's submitted document, but I will read a bit of
15 a summary of that, and the specifics of which I'm taking issue
16 with are within that narrative.

17 Our residence is one of six large parcels on the south
18 end of Sierra Vista Drive which is on the opposite side of Elm
19 Street. It's considered a major contributing historic home in
20 Catalina Vista valued well above (inaudible) Tucson home. Having
21 in our immediate near view shed up to a 230-foot high structure
22 is hardly the enticement for me to want to further invest in our
23 - in an improved property in the way that the Banner document
24 suggests.

1 I do take issue a bit with what was said tonight about
2 exhaustive approach, and communicating with neighbors. That I'm
3 - ours is one of one property that it lies within the 300-foot
4 boundary. We were never contacted by Banner directly. Banner
5 does state tonight that they reached out to those who reached to
6 them, communicated with them, and they communicated with the
7 officers of the neighborhoods. But I'm a property owner and
8 immediately affected. Not so.

9 I take issue with and protest the rezoning because of
10 my reading of the Proposed Area Development document that was
11 submitted tonight. My reading of it gives an impression of being
12 unquestionably biased and incomplete.

13 I say this because the analysis it presents of the
14 surrounding physical context, especially of the neighborhoods to
15 its immediate east, and proposed development itself lacks the
16 respect with insuring compatibility and valuation in its adjacent
17 historic neighborhoods.

18 The community resource review individual analysis
19 included in the document totally ignores the neighborhoods that
20 shoulder the hospital to its east. Traffic analysis focuses
21 almost exclusively on transportation within the campus district
22 itself. Fails to cite, consider and address the feeder traffic
23 that goes through on Elm Street that today bisects Catalina Vista
24 and Blenman/Elm Neighborhoods. And it puts at risk pedestrians

1 who walk within and through them. This traffic continues,
2 despite two stop signs, ten chicanes, four islands, a speed hump,
3 and with street signage and lights, and lighted signals at the
4 beginning and end of a half-mile segment that leads into the
5 hospital campus. That the traffic analysis predicts fewer than
6 ten additional cars at a change of shift, and even - with the
7 total buildup of 800 beds causes me considerable confusion and
8 anguish.

9 Catalina Vista and Blenman/Elm are historic and stable
10 neighborhoods, almost solely single family, single, single-level
11 houses. They've been given short (inaudible) in the analysis and
12 design that outline Banner Health Development Plans. The
13 residents of our neighborhoods are highly vested in keeping a
14 vibrant, livable and valuable residential, urban core. Catalina
15 Vista and Blenman/Elm are still intact neighborhoods, not as
16 highly (inaudible) affected and riddled as Jefferson Park has
17 been. And we want them to remain so.

18 The location, design and circulation around the campus
19 redesign as proposed by Banner would push that visual (inaudible)
20 and the employee traffic well into our eastern communities. It
21 will not just affect Jefferson Park.

22 The proposed placement, the height and the mass of a
23 new planned building, and the significance of the increased
24 through traffic from a relocated hospital entrance at Elm Street

1 causes me to protest with great seriousness the rezoning of this
2 Banner property.

3 That Banner suggests a narrow greenway, landscape with
4 native trees typically reaching a mature height of 35 feet, could
5 agreeably buffer a potentially 230-foot high structure from the
6 vantage point of a one-story historic home located blocks away,
7 and too, the little additional traffic will result from the
8 additional 153 beds in this first build-out, and a relocated and
9 widened five-lane main entrance at Elm Street define my protest.

10 I feel the development plan submitted by Banner doesn't
11 measure up a good faith analysis and design that will protect the
12 investment of neighboring property owners and integrity of their
13 surrounding neighborhoods. I'm not against development. I'm not
14 against the hospital. The hospital was there before we bought
15 the property. I'm happy to have a hospital as a neighbor.

16 I strongly urge this, the rezoning of this property
17 based on these documents, however, not to be granted.

18 ZONING EXAMINER: Thank you.

19 MS. EVERLOVE: Good evening. My name is Annette
20 Everlove. I live at 305 North Sierra Vista Drive. And my
21 husband and I have lived in central Tucson for 43 years, 13 years
22 in Jefferson Park, where contrary to being 95% rental at the
23 time, it was 95% owner-occupied, and the last 30 years in
24 Catalina Vista.

1 As such, I am well acquainted with the challenges
2 imposed by living in close proximity to the University of
3 Arizona. I echo the sentiments and concerns of my neighbor,
4 Debra Huffman, many of which are contained in my written protest,
5 and which I will not repeat here.

6 Rather, I'd like to focus on one aspect of Banner's
7 rezoning request which I believe is emblematic of the flawed
8 nature of the application as a whole. That portion is the Banner
9 traffic analysis prepared by Kinley Horn dated August 11th, 2015.
10 That analysis is not a traffic study, and in fact, it is not even
11 a comprehensive report of either the known or reasonably
12 anticipated impact of increased traffic associated with the
13 hospital's proposed expansion.

14 It makes no mention of the impact of that expansion on
15 the surrounding neighborhoods to the east. It ignores the
16 pressure on those neighborhoods from existing traffic. And I
17 would invite the members of the Planning & Zoning Board to drive
18 through Blenman/Elm Monday through Friday, 8:00 A.M. to 5:00 P.M.
19 and count the amount of surface parking that that neighborhood so
20 graciously provides to UMC.

21 The analysis does not touch upon the result of through-
22 traffic on Elm Street. The additional traffic, through-traffic
23 that Debra alluded to is simply not credible. Right now, people
24 routinely from the hospital use Elm as a through-street to get to

1 Tucson Boulevard.

2 Why? Because you can sometimes wait four light cycles
3 at Grant and Campbell to proceed north. So they're already
4 cutting through. That is what compelled the mitigation efforts
5 that are in place today. It is not possibly going to be lessened
6 by additional beds, additional employees.

7 Rather the analysis, as submitted, simply builds upon a
8 similarly limited analysis conducted by the same consultants then
9 hired by UMC in 2012. The updated, if you will, analysis relies
10 absolutely, positively on not one piece of real data. It is
11 counter-intuitive, it is internally inconsistent.

12 It relies in large measure on what the University may
13 or may not do in the future. What Banner may or may not do in
14 the future, with no assurances that these assumptions, even if
15 accurate today, will remain viable over the next 20, or as we
16 heard earlier, 40 years.

17 The analysis is premised on what it terms "trip
18 generation", not actual traffic counts, not actual cars entering
19 and exiting the hospital campus and the medical school campus
20 today. According to the analysis, traffic counts are, quote,
21 "derived from qualitative measures associated with the
22 development such as number of employees of a facility and
23 development square footage."

24 Following that recitation, it states that it is relying

1 heavily on hospital bed trip generation, and it also includes a
2 per square footage based upon clinic size and am uncertain as to
3 whether it actually includes the medical school facilities.

4 The - there is, as I said, there is no employee count.
5 And very importantly, there is no student count. This is, as
6 Banner has stated, a teaching facility. It is not simply the
7 kind of employee coming and going that you would have at
8 Carondelet. You have a tremendous student population, both
9 working in the hospital, attending the School of Pharmacy, School
10 of Nursing, and the various university medical school facilities.

11 By way of example, just one of the internal
12 inconsistencies of the analysis is it assumes absolutely no
13 increase in square footage of the medical school in the Phase
14 One, that being 2019, and Phase Two, which it has identified in
15 those documents, as 2035. Not one square foot of increase. Yet
16 inexplicably it anticipates an increase in daily trip totals
17 associated only with the medical school from 4,939 in 2019, to
18 11,955 in 2035.

19 The most glaring omission of the analysis and the
20 application of, of - as a whole, is it assumes as (inaudible) a
21 single traffic pattern of ingress and egress, and circulation
22 within the hospital campus incompatible with the hospital's
23 location as a mid- -- in midtown neighborhoods incompatible with
24 existing traffic pressures. There's no mention of the existing

1 traffic pressures on Campbell that would very much dissuade,
2 particularly employees, from taking advantage of either the left
3 or right turn opportunities presented.

4 As the analysis clearly states, Elm will serve as the
5 main inbound/outbound connection. The main inbound and outbound
6 connection. The reason for this is clear, and if it isn't clear
7 from the documents themselves, the statements made earlier that
8 Banner is simply building on the footprint left by UMC makes it
9 doubly clear.

10 This was UMC that was completely exempted from City
11 zoning regulations. I would hardly consider that a laudable
12 model on which to build a state-of-the-art facility that
13 incorporates the concerns of its neighbors.

14 The reason is that this is, of course, the most
15 expedient and cost-effective alternative for Banner to pursue.
16 And it shifts the near and long-term effects, negative effects of
17 this configuration on the adjacent property owners, the
18 neighborhoods, and importantly, the city itself. One need look
19 no further than Table 10 at page 21 of the analysis, analysis for
20 confirmation of this statement.

21 Of the nine separately enumerated recommendations made
22 in the analysis necessary to accommodate Banner's expansion, only
23 three fall to Banner. Those three are internal to the Banner
24 campus, and they involve widening Elm on the campus from two

1 lanes to five lanes, and increasing the already-existing ring
2 road.

3 All of the other recommendations - now remember, these
4 are the recommendations necessary to mitigate the traffic flows
5 on Elm, on Campbell, on Speedway, all of the other
6 recommendations borne by the increased traffic, directly caused
7 by Banner's expansion, would be paid by City taxpayers.

8 These include adding a light at Mabel. So now we would
9 have not only through-traffic on Elm, we would bisect the
10 southern end of Blenman/Elm by yet another path for people to cut
11 through the neighborhood.

12 It would increase turn lanes. A 480-foot turn lane at
13 Speedway and Campbell. It would add turn lanes to Speedway and
14 Cherry, and it would add turn lanes at Helen and Cherry, all of
15 which it suggests should be the responsibility of other
16 individuals, or specifically, the City of Tucson.

17 I dare say, given the City's current financial straits,
18 it will not be in a position to perform, even if it were inclined
19 to do so, the recommendation that the traffic analysis imposes
20 upon it. And the analysis is silent as to the consequences
21 stemming from the City's inability or unwillingness to shoulder
22 these cavalier and unrealistic financial responsibilities.

23 In closing, I would observe that for decades, residents
24 living within the shadow of the University of Arizona and City

1 leadership have witnessed the marginalization of our in-town
2 neighborhoods directly as a result of what we like to call the
3 slumification of the University.

4 Iron Horse, High Allen, West University, Samos, Grant/
5 Campbell and Jefferson Park can all attest to how these once
6 stable, owner-occupied residential areas have become decimated.
7 We have been told time and time again, "There's nothing you can
8 do about it. The University is exempt. There's nothing the City
9 can do about it. The University is exempt."

10 Well, now, there is something we can do about it. We
11 can assure that any contemplated rezoning approval be measured,
12 be deliberate, that it be creative, that it be innovated, and
13 that it be fact-based. We can assure that it contains adequate
14 safeguards to assure that the assumptions upon which it is based
15 are met, and that the cost to the City now, and the anticipated
16 cost to the City in the future are determined and paid for by the
17 developer from the outset.

18 I know my language has been emphatic, but I have no
19 animous (sic) whatsoever against Banner. I have no problem with
20 improvements to the University Medical Center campus. I do not
21 fault Banner for submitting a plan that is the fastest and
22 cheapest alternative because its primary responsibility is to
23 provide its shareholders with the largest possible return on
24 their investment.

1 In contrast, it is the responsibility of City Staff,
2 the City Manager, Mayor and Council to safeguard this city's
3 resources, whether those resources are our tax dollars, or
4 protecting the integrity of its in-town neighborhoods.

5 I think it's telling that only within the last couple
6 of weeks, Councilman Kozachik remarked on the fact that now that
7 there's finally adequate student housing either on campus or
8 adjacent thereto, that these negatively-impacted neighborhoods
9 will have an opportunity to heal.

10 I am suggesting that we don't allow ourselves to take
11 one step forward and two steps back. Let's use this as an
12 opportunity to have a state-of-the-art hospital, to have a
13 patient-friendly hospital, to have an employee-friendly hospital.
14 But let's also have it be a good neighbor, and a neighborhood-
15 friendly hospital.

16 I respectfully request that the staff fulfill its
17 responsibilities as mandated by the land use, transportation and
18 urban design policies of Plan Tucson and that the application by
19 Banner Health for rezoning as submitted be denied.

20 ZONING EXAMINER: Thank you. Anybody else wishing to
21 speak against the proposed rezoning? Anybody else wishing to
22 speak on any other issue? A relevant issue.

23 All right. Ms. Silvyn and perhaps Mr. Catalano, I
24 don't know if you want to -

1 MS. SILVYN: Yeah. Mr. Zoning Examiner, I, I assume
2 most of the issues you'd want us to address based on the
3 testimony is traffic. And so Vince is able to come up. I do
4 want to just clarify, I don't think we said this in the
5 presentation. We said it at all the others, so I think we just
6 forgot to say it again.

7 Banner is a non-profit health care provider. So there
8 are no shareholders and there's no profit going to, to any
9 shareholders. It goes back into the health care (inaudible)

10 ZONING EXAMINER: Actually, Ms. Silvyn, let me just
11 ask. Ms. Everlove pointed out the, the University being exempted
12 or (inaudible) being exempted from zoning regulations. Regarding
13 what the plan looked like for the University as to the context of
14 their expansion, perhaps you can just briefly touch on what
15 Banner's doing vis-a-vis the regulations, and plan policies for
16 the City that the University might have been exempted from.

17 MS. SILVYN: So, the - as, as was pointed out, the
18 University was exempt. This is one of those spots where I'm not
19 gonna speak on what the University was necessarily doing. What
20 we showed was a public document which is their Campus
21 Comprehensive Plan.

22 But as a university exempt, they didn't have to comply
23 with zoning. The entire hospital is actually built on
24 residentially-zoned property. So any expansion that would go

1 into private development would need to go through a process.

2 The regulations that we are - we're working towards and
3 are complying, or over-complying, part of our approach was to do
4 a P-A-D. Most of the hospitals in the City of Tucson are
5 regulated under a P-A-D in large part because - well, it was
6 CR-2, and a couple of the other zones allowed the medical uses.

7 There isn't really a, a zone in the city that is
8 specific to required parking, that are specific to a medical
9 campus. So that's another spot that we're, we're complying with.
10 And we're, we're dealing with all the heights and the other
11 development regulations.

12 The big one that has caused the biggest issue for some
13 of the surrounding neighborhoods has been the requirement to
14 comply with storm water drainage. And the University has, has
15 made, I think, attempts over the years to try to comply, but
16 they're not regulatorily required to. And so that piece of it -
17 the other piece of it is a requirement that we do a Traffic
18 Impact Analysis and we, we talked to the impacts that are, are
19 required as a private developer.

20 So those are two of them that, that come to mind
21 immediately that are the benefit of the owner coming in and doing
22 this is that we have had the opportunity to work with the
23 surrounding neighborhoods and folks who have engaged with us to,
24 to work through a lot of these issues and make sure that we're,

1 we're actually complying with the regulations, and in many cases
2 going above. Did that answer your question, or did I miss the
3 mark?

4 ZONING EXAMINER: No, that, that addressed the
5 question. But actually - this always happens. I'm sure you, you
6 don't want it to, but it always invites another question. But
7 Mr. Portner had talked about bringing the proposal, the PAD
8 regulations into compliance with the lighting code.

9 And you do have a, a - in relationship with the
10 University and there's a little bit of spillover in terms of
11 where that dotted line goes on its southern border. And I just
12 wonder if there's discussions with unifying that area under the
13 Lighting Code, so (inaudible) I get the PAD's gonna comply, but
14 to what extent is the University as it spills over into
15 University territory? And you may not have control over that,
16 but I'm asking whether you -

17 MS. SILVYN: There's (inaudible) agreement, but
18 (inaudible) negotiated in the agreement.

19 MR. PORTNER: We, we have not had specific discussions
20 about that. What we've said is within our boundaries. We will
21 be fully compliant. We work very closely with the University and
22 meet with them constantly, so as they're looking to what they
23 plan to do to the south, we're looking (inaudible) to the north.
24 We're trying to make sure those are compatible. So it certainly

1 something we'll commit to bringing up with them as we work
2 through details.

3 ZONING EXAMINER: Thank you.

4 MS. SILVYN: (Inaudible)

5 ZONING EXAMINER: Yeah.

6 MS. SILVYN: You have more questions?

7 ZONING EXAMINER: No.

8 MS. SILVYN: (Inaudible)

9 MR. CATALANO: Good evening, Mr. Zoning Examiner. My
10 name is Vince Catalano. I'm with Kinley Horn Associates. We
11 have - are the traffic engineers and put together the Traffic
12 Impact Analysis.

13 A little bit of my background. I worked with the
14 Neighborhood Traffic Management with the City of Tucson for 20
15 somewhat years, specifically in 1993. Worked on the Elm Street
16 project, putting the chicanes in, the pullouts, the four-way stop
17 signs. Also worked in the Catalina Vista Neighborhood with their
18 speed tables and so forth over the years.

19 So I'm intimately aware of the concerns that residents
20 have in this area. I lived on Pima Street at one time, so I
21 understand the difficulties living with cut-through and speeding
22 traffic in neighborhoods.

23 So the City of Tucson established the Neighborhood
24 Traffic Management Program back in 1993, and Jesse Soto is the

1 coordinator of that. And we are working directly with him to
2 deal with -

3 ZONING EXAMINER: Excuse me one moment. I'm, I'm
4 sorry, gentlemen. The room is shaped in such a way as that when
5 it's very quiet, the echo of your, of the conversation hits right
6 here. So I have a hard time hearing the person speaking. So if
7 you do want to have a conversation, if you could step into the
8 hallway, that would benefit everybody, I think. Sorry. Thank
9 you.

10 MR. CATALANO: So we are working, and Banner's working
11 directly with Jesse Soto and the City of Tucson on the
12 Neighborhood Traffic Management issues, specifically Elm Street,
13 the entrance features, and if there's additional mitigation that
14 can be done.

15 With regards to the Traffic Impact Analysis, in 2012 I
16 approached the University of Arizona and the Health Science
17 Center and had a discussion with them about some of the concerns
18 that were gonna be taking place over the next few years with the
19 development going on Speedway and Campbell in the northwest
20 corner. Also the streetcar impacts, and with the proposed future
21 development.

22 So in 2012, we had a number of meetings and we actually
23 worked very closely with the University of Arizona and the
24 University Medical Center at that time to determine what their

1 proposed growth would be and what they would be looking at for
2 future uses. What a traffic engineer does when he approaches a
3 Traffic Impact Analysis and it's based on a City of Tucson Access
4 Management Code that is adopted by Mayor and Council is we look
5 at specific uses, and in those specific uses, we have studies
6 compiled that determine the trips that were being generated.

7 So the foundation of this report is based on national
8 engineering practices. So we looked at those uses and we put
9 together a report back in 2012. We took that as the basis for
10 the future development 'cause the University of Arizona had
11 basically put together what they were proposing. The mixed use
12 development had basically put together what they were proposing
13 for uses, and we used that as the foundation, and we looked at
14 existing counts to develop a base to work off of.

15 And then with this development, we looked at what would
16 be taking place in the future in Phase One and Phase Two. In
17 Phase One, you look at the two major changes that Banner are
18 making, and that's the increase of beds, which are 154, and the,
19 the reduction of clinical space.

20 If you look at the International Transportation or the
21 Traffic Engineering reports on what trips are being generated
22 with beds, they're not as much as with the clinical space.

23 So when we looked at all the intersections surrounding
24 the Banner, we looked at the existing condition and then with the

1 additional trips. And we looked at a number of things there.
2 The modes, the direction of the travel based on existing counts
3 and so forth, and projected out what the impacts would be. And
4 then we looked at those intersections and made recommendations.

5 Now those recommendations - correct, only three are
6 within the confines, or within ownership, of property ownership
7 of Banner. And what has happened in the past, like, for example,
8 when Park Place expanded or when the Home Depots came in,
9 Broadway and Pantano and so forth, we tried to have private
10 developers make improvements on adjacent properties a quarter
11 mile away, or half mile away. But they have no control over that
12 property.

13 So what took place is over the few years, the last 20
14 years, impact - traffic impact fees were established because now
15 if I'm developer coming in, and I'm impacting Campbell, for
16 example, Campbell and Speedway which is a half a mile away, I
17 can't make that improvement.

18 But what I can do is pay an impact fee that could be
19 paid for that specific improvement. And we have met with the
20 City and we discussed some of those improvements that were
21 proposed in the study. For example, Speedway and Campbell, one
22 of the recommendations is to put the dual lefts in. And at this
23 time, we could actually accomplish that without a major take of
24 right-of-way and without significant cost.

1 So again, the traffic - the, the impact fees from this
2 development could be used for those impacts in that area without
3 relying on taxpayer money to pay for these improvements. So I
4 think the number of topics that were brought up, one, the
5 accuracy of the impact studies based on national standards, and
6 the way it was produced.

7 Two, the City has set up a program, Neighborhood
8 Traffic Management Program to deal with cut-through and speeding
9 traffic issues and Banner's already working with them. They've
10 been at - the representative's been, Jesse's been at a number of
11 the meetings. They've started to develop some concepts that
12 Banner has made a financial commitment to support.

13 And then three, the use of the traffic impact fees,
14 transportation impact fees can be used to benefit this area with
15 this development.

16 ZONING EXAMINER: Would you be able to just detail some
17 of those neighborhood traffic efforts that Banner is supporting
18 or -

19 MR. CATALANO: Oh.

20 ZONING EXAMINER: - that'd be (inaudible)

21 MR. CATALANO: Well, we, we worked with Arizona - now
22 Arizona Inn was very firm that they wanted that traffic, they
23 need that traffic for their hotel to stay open on Elm. But we've
24 looked at doing the crosswalk improvements already. And then we
25 were doing raised pavement markers, blinkers on the crosswalk and

1 actually additional signage on the crosswalk. We're looking at a
2 monument entry sign at this point, and they're working with the
3 neighborhoods on the specific designs of it, so when you come out
4 on that intersection, you're head- -- you're looking eastbound.
5 It's gonna look more like a neighborhood.

6 One of the issues with Elm Street, it is a collector.
7 And we have to allow fire access, fire department access,
8 emergency response on that roadway. And so they - it's always
9 been that balancing act of limiting additional traffic on that
10 roadway and still keeping a flow for emergency vehicles. So we
11 worked - years ago we worked closely with keeping that balance.

12 So as we move forward, Jesse's gonna continue to have
13 to work with the fire department to make sure that the emergency
14 response time is not impacted, but that we can continue to
15 support mitigation that would stop cut-through.

16 And again, Banner made the commitment to increase the
17 lanes for left turn northbound, and for a right-turn lane to
18 increase capacity for traffic to go north and south on Campbell
19 instead of heading east onto Elm.

20 ZONING EXAMINER: All right. Thank you. Anybody else
21 wish to comment after that? Come up, ask me the question and
22 then if I will allow it, I'll then repeat the question to them.

23 FEMALE SPEAKER: That's fine. That's fine. I would
24 specifically address the question to City staff, is when would
25 they anticipate adding a 480 left-turn lane on eastbound Speedway

1 Boulevard, and an additional 240 left-turn lane on westbound
2 Speedway Boulevard?

3 ZONING EXAMINER: Let, let me get that down. The first
4 part of that was the left turn lane?

5 FEMALE SPEAKER: The traffic analysis recommendation is
6 that the City add an additional 480 left-turn -- put left-turn
7 lane on eastbound Speedway Boulevard, and add an additional 240-
8 foot left-turn lane on westbound Speedway Boulevard.

9 I would ask that question and I, I don't mean to be
10 disrespectful, but I'd ask it rather rhetorically if you look at
11 the recommendations that Banner has put on the City of Tucson, I
12 think that it strains credulity to think that even one of them
13 could be met, or should be met using City funds.

14 The fact the City may be able to exact impact fees is
15 after the fact. That should be part of this plan. If that is
16 what's gonna happen to make this traffic analysis viable, then
17 let's figure out a timeline for those improvements, and who's
18 gonna pay for them. Thank you.

19 ZONING EXAMINER: Thank you. Ms. Silvyn.

20 MS. SILVYN: Mr. Zoning Examiner, the - Vince alluded
21 to this. On Phase One, obviously impact fees are actually
22 assessed at the time (inaudible) building permits 'cause it's
23 based on square footages and bed counts and all that. But doing
24 a rough estimate, our Phase One is going to generate about \$2.5
25 million in, in impact fees.

1 The benefit area for this impact fee area is obviously
2 larger than this immediate area. One of the things that we've
3 been discussing as a team, and we've had some of the discussions
4 with the City Traffic and Transportation Department is as part of
5 this entitlement process, placing a condition or otherwise
6 requiring that the funds that come in from the impact fees
7 actually be designated to these improvements.

8 I know that, that Jesse is, Mr. Soto is here. There's,
9 there's always concern from the City's standpoint of tying
10 specific impact fee checks from developers to specific
11 improvements because the whole point of the impact fee benefit
12 area was to create a benefit area where funds can come in and
13 the City Transportation Department can then prioritize based on
14 the whatever is needed in that benefit area. And the benefit
15 areas are bigger.

16 We would be comfortable with whatever the policymakers
17 would require of us related to those impact fees. All of these
18 improvements, they are not what are called capacity improvements.
19 And this is where if I screw this up, Vince will come up and take
20 the microphone away from me.

21 There is the amount of right-of-way out there needed.
22 It's a, it's a reconfiguration of the existing intersection. So
23 none of these are, are, are - fall within any creditable impact
24 fees because the other things we've done before with other
25 developments is the developer agrees to do the improvements and

1 then they get impact fee credits right back. These are not
2 creditable. They're not considered to be capacity improvements.

3 So the best opportunity we have is to designate
4 those. And again, we're, we're comfortable doing that. We did
5 not put that in the P-A-D document because we know there's
6 concerns with the Traffic and Transportation Department and I
7 don't want to represent that they're comfortable with that.

8 ZONING EXAMINER: But should this be a supported
9 rezoning by the counsel of Banner, in turn support that impact
10 fees be used to address the mitigation efforts that are described
11 in the report?

12 MS. SILVYN: We would encourage it, yes. It will help
13 the area.

14 ZONING EXAMINER: Thank you. Anything else? All
15 right. I don't have anything else unless anybody wants to make
16 another comment. I always like to gauge the room, make sure
17 everybody has had their say, and then I've heard everything.

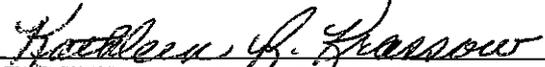
18 All right. Seeing that, Case No. C9-15-06 Banner-UMC
19 PAD is hereby closed. I'd like to thank everybody at this time
20 for coming out and participating in this important process.

21 It helps everyone. It helps me a lot to hear
22 everything that everybody has to say. Gives me a lot to think
23 about as we move forward. Thank you.

24 (Case No. C9-15-06 was closed.)

I hereby certify that, to the best of my ability, the foregoing is a true and accurate transcription of the original tape recorded conversation in the case referenced on page 1 above.

Transcription Completed: 10/30/15



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