



# SAN FRANCISCO PLANNING DEPARTMENT

## Executive Summary CPMC Long Range Development HEARING DATE: APRIL 26, 2012

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*Date:* April 12, 2012

*Case No.:* **Cathedral Hill Campus:** 2009.0885MTZWCBRK  
**St. Luke's Campus:** 2009.0886MTZWCBRK  
**Davies Campus:** 2004.0603CW  
**All Campuses:** 2005.0555E; 2012.0403W

*Project Address:* **Cathedral Hill Campus:** 1100 & 1101 Van Ness Avenue; 1255 Post Street; 1020, 1028-1030, 1034-1036, 1040-1052, 1054-1060, and 1062 Geary Street; 1375 Sutter Street  
**St. Luke's Campus:** 3555, 3615 Cesar Chavez Street; 1580 Valencia Street  
**Davies Campus:** 601 Duboce Avenue  
**Pacific Campus:** 2315 & 2333 Buchanan Street; 2300 California Street; 2330, 2340-2360, 2351, 2400, & 2405 Clay Street; 2315, 2323, 2324, 2329, & 2395 Sacramento Street; 2018, 2100 & 2200 Webster Street  
**California Campus:** 3698, 3700, 3838 & 3848-3850 California Street; 3801, 3905, 3773 & 3901 Sacramento Street; 460 Cherry Street

*Zoning/Ht. & Blk.* **Cathedral Hill Campus:** RC-4, Van Ness Special Use District/130-V; NC-3/130-E  
**St. Luke's Campus:** RH-2/105-E, 65-A  
**Davies Campus:** RH-3/65-D, 130-E  
**Pacific Campus:** RM-1, RM-2; 40-X, 160-F  
**California Campus:** RH-2, RM-2; 40-X, 80-E

*Proposed Zoning/ Height & Bulk:* **Cathedral Hill Campus:** RC-4, Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict/265-V (hospital site), 130-V (MOB site); NC-3/130-E (1375 Sutter Street site)  
**St. Luke's Campus:** RH-2, Cesar Chavez/Valencia Streets Medical Use Special Use District/105-E  
**Davies Campus:** No Change  
**Pacific Campus:** No Change  
**California Campus:** No Change

*Assessor's Block/Lot:* **Cathedral Hill Campus:** 0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010; 0690/016  
**St. Luke's Campus:** 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street  
**Davies Campus:** 3539/001  
**Pacific Campus:** 0612/008; 0613/002, 029; 0628/013, 014; 0629/041, 044; 0636/033; 0637/014, 015, 016, 017, 018, 019  
**California Campus:** 1015/001, 016, 052, 053, 054; 1016/001, 002, 003, 004, 005, 006, 007, 008, 009; 1017/027, 028

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

## **PROJECT DESCRIPTION**

### **Summary**

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

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

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

described in greater detail in the following sections (plans and renderings are available on the Department's website at [cpmc.sfplanning.org](http://cpmc.sfplanning.org); and hard copies are included in the Commission packets):

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

### **Cathedral Hill Campus**

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

#### **Hospital**

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

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

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

The most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 g.s.f). This design locates all the operating and procedure rooms and required recovery spaces on one floor, which increases the building and operational efficiencies, and

reduces the overall size of the building. These floor plates replace, by comparison, existing spaces currently occupying multiple floors, buildings, and campuses (Pacific and California).

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

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

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

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

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

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

### **Medical Office Building**

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

The Cathedral Hill MOB would replace seven smaller buildings along Geary Street between Van Ness Avenue and Polk Street. An important goal of the design of the Cathedral Hill MOB is to complement, to

the extent feasible, the scale of nearby buildings so that the new building will fit within the urban pattern of this neighborhood.

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

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

### **1375 Sutter Street**

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

### **Streetscape**

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

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

CPMC’s streetscape plan has been designed to complement the City-sponsored improvements anticipated as part of the BRT project. The plan for Geary Boulevard west of Van Ness includes a stop for the

proposed Geary BRT with a transit plaza. The Van Ness BRT stops are planned for the Van Ness median south of Geary. The final locations of the BRT stops have not been determined; however CPMC will update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. The streetscape plan includes designs for BRT stop shelters. The Cathedral Hill Project includes benches along Geary Street and Post Street to accommodate transit riders. A stop for the CPMC shuttle is planned near the corner of Post Street and Van Ness Avenue, which will provide wind and rain protection and will also include shade trees and seating.

### **St. Luke's Campus**

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

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

### **Replacement Hospital & MOB**

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

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

After the Replacement Hospital opens and once services are moved into it from the existing Hospital Tower and the 1957 Building, the existing Hospital Tower will be demolished as part of the St. Luke's Near-Term Project. After demolition of the Hospital Tower, the new St. Luke's MOB would be constructed at that site, also as part of the St. Luke's Near-Term Project. Construction of the St. Luke's MOB is expected to occur after 2015.

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

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

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

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

### **Landscape, Streetscape, and Open Spaces**

The new Replacement Hospital and St. Luke's MOB will be organized around landscaped open space that mimics the existing San Jose Avenue alignment between Cesar Chavez Street and 27th Street. This landscaped public plaza would span two levels and would be designed to unify the Campus, mediate the site's significant grade change and provide a public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets. The lower north plaza at Cesar Chavez will front the Replacement Hospital's cafeteria and primary entrance at the northeast corner of the building and the ground floor retail at the base of the St. Luke's MOB. The upper plaza, to the south of the lower plaza, will provide access to the second level of the Replacement Hospital. Stairs against the east face of the Replacement Hospital connect the Campus's south upper plaza at 27th Street and the north lower plaza at Cesar Chavez. A canopy will cover the drop-off area on Cesar Chavez Street and adjacent Replacement Hospital entrance, and continue along the east face of the Replacement Hospital

along the public plaza, to provide protection in inclement weather, as is required by the California Building Code. The plazas and adjacent streetscape along Cesar Chavez would be enlivened by activity at the Replacement Hospital's lobby and café, a community room facing the lower plaza, and by the St. Luke's MOB retail along the full Cesar Chavez frontage. All landscaping and street improvements as part of the St. Luke's Near-Term Project are consistent with and complement the Cesar Chavez Street Design Plan.

### **Davies Campus**

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

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

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

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

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

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

The ground floor, Level 1, would hold the main lobby, medical offices, an EEG Clinic, and pharmacy space. The ground-floor lobby would provide improved access to the medical center for ambulatory patients, who would be able to arrive by the nearby N-Judah train and cross Duboce Avenue to the covered entry at the northeast corner of the building. Once inside, they would be able to access the North Tower and the rest of the hospital by taking the elevators to Level 4 and using the



interconnecting corridor to corresponding North Tower Level A. Currently, pedestrians who arrive on the N-Judah must climb a steep hill up Duboce Avenue to reach the North Tower hospital entrance. There will be an additional pedestrian entrance on the south end of the building, facing the surface parking lot. Level 1 would also have the main electrical room and mechanical space containing the major equipment serving the building.

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

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

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

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

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

## **SITE DESCRIPTION AND PRESENT USE**

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

### Cathedral Hill Campus

The site of the proposed Cathedral Hill Hospital currently contains the Cathedral Hill Hotel and 1255 Post Street office building. The site occupies a full city block – bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street – and contains approximately 106,000 square feet of lot area. The site slopes downward to the east along Post Street and Geary Boulevard, and slopes downward to the south along Franklin Street and Van Ness Avenue. The hotel is 10 stories above grade and 176 feet tall, and the adjacent office building is 11 stories above grade and 180'-tall; these buildings are both vacant, and together they contain approximately 381,791gsf of floor area.

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

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

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

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

### St. Luke's Campus

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

More specifically, the campus includes the following facilities:

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

- The **1912 Building** has four stories above ground, is approximately 26,280 gsf, and is primarily used for hospital administration, outpatient care, diagnostic and treatment space, support space, and the chapel.
- The **Monteagle Medical Center** has eight stories above ground and one story below ground and is approximately 90,005 gsf which includes medical office space, outpatient care space, diagnostic and treatment space, and support space.
- The **Redwood Administration Building** is a portable one-story building containing approximately 2,400 gsf which is used for hospital administration.
- The **Hartzell Building** has two stories above ground and one story below ground and has approximately 18,506 gsf primarily used for office and educational uses for the Samuel Merritt School of Nursing.
- The **Duncan Street Parking Garage** is two stories above ground and contains approximately 83,370 gsf for 215 parking spaces. There are an additional 114 off-street surface parking spaces on the St. Luke's Campus, including in a surface parking lot to the west of San Jose Avenue, for a total of 329 parking spaces.
- The one story **MRI Trailer** provides 1,600 gsf and is used for diagnostic and treatment space.

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

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

### **Davies Medical Center**

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

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

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

## **SURROUNDING PROPERTIES AND NEIGHBORHOOD**

### **Cathedral Hill Campus**

The neighborhoods surrounding the Cathedral Hill Campus site include Cathedral Hill, the Tenderloin, the Polk Street NCD, the Western Addition, Civic Center, Little Saigon, Japantown and Lower Pacific

Heights. Although the surrounding neighborhoods contain predominately low- and mid-rise structures, there are a number of large-scale high-rise apartment buildings<sup>3</sup> and several large commercial buildings<sup>4</sup> in the Van Ness Avenue corridor. The Cathedral Hill neighborhood is also known for its prominent houses of worship, including St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church.

### **St. Luke's Campus**

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

### **Davies Medical Center**

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

## **ENVIRONMENTAL REVIEW**

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

## **HEARING NOTIFICATION REQUIREMENTS**

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

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

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

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

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

## PUBLIC COMMENT

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

## ISSUES AND OTHER CONSIDERATIONS

### ▪ St. Luke's Campus

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

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

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

The St. Luke's Replacement Hospital and MOB Project includes an amendment to General Plan Urban Design Element Map 5 to increase the bulk limitations to maximum plan and maximum diagonal plan dimensions of 227'-0" and 270'-0", respectively, for the Replacement Hospital site, and 204'-0" and 228'-0", respectively, for the St. Luke's MOB site. It also includes a Zoning Map Amendment to redesignate the entire St. Luke's Campus within the "E" Bulk Designation to allow a deviation from the bulk requirements of the "E" Height and Bulk District otherwise applicable to buildings over 40 feet within the RH-2 District through a Conditional Use authorization, due to the unique massing and volume requirements for medical facilities, in order to allow the development of the St. Luke's Replacement Hospital and MOB Project with the proposed building dimensions.

▪ **Cathedral Hill Campus**

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

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

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

Plan Urban Design Element Map 4 described above, a Zoning Map Amendment would be required to reclassify the Cathedral Hill Hospital site to the proposed height, and to allow the Cathedral Hill Project to proceed.

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

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

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

▪ **Davies Campus**

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

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

The Structural Performance Categories are ratings of seismic safety. They range from SPC-1, the lowest possible structural performance category (wherein buildings pose a significant risk of collapse and a danger to the public after a strong earthquake), to SPC-5, the highest category (wherein buildings are in compliance with the structural provisions of SB 1953 and are projected to be able to remain not just life-safe but operational following strong ground motion).

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

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

- California: SPC-1 (10 buildings), SPC-4 (1 building), SPC-5 (1 building);
  - Pacific: SPC-1 (2 buildings);
  - St. Luke's: SPC-1 (1 building), SPC-2 (1 building), SPC-4 (1 building);
  - Davies: SPC-1 (2 buildings), SPC-2 (2 buildings)
- **Development Agreement (“DA”):** A DA is in general terms a contract between the City and the developer that provides greater security and flexibility to both parties, and that can result in greater public benefits in exchange for developer certainty. Development Agreements are typically used for large-scale projects with substantial infrastructure investment and multi-phase build outs. Should the Commission certify the EIR and decide to approve the Near-Term Projects, the intent is for the City and CPMC to enter into a DA. Approval of the DA and the concurrent enabling ordinances would allow both parties to receive certain benefits that could not be guaranteed through the normal entitlement process. This partnership would rebuild seismically vulnerable hospitals and move San Francisco's healthcare system into the future. The Near-Term Projects would double the number of seismically safe hospital beds in San Francisco, inject \$2.5 billion into the City's economy, create 1,500 new construction jobs and provide \$1.1 billion in community benefits.
- **Bus Rapid Transit Update:**  
The San Francisco County Transportation Authority (SFCTA) is leading the proposed Van Ness BRT and Geary Corridor BRT projects, in partnership with the San Francisco Municipal Transportation Agency. The proposed Van Ness Avenue BRT project team circulated the project's Draft EIS/EIR from November 4, 2011 to December 23, 2011, and is currently in the process of responding to comments. The SFCTA and SFMTA will be selecting a locally preferred alternative (LPA) from one of the three build alternatives analyzed in the Draft EIS/EIR this spring. Project



staff will present an informational update to the Planning Commission once SFCTA and SFMTA have made a recommendation on the LPA. The Van Ness BRT project has secured \$55M in funding from the Federal Transit Administration Small Starts program. The proposed Van Ness BRT project costs range by alternative from \$90M to \$130M. Additional planned funding sources for the project include \$20M in programmed Prop K transportation sales tax funds and other regional and State grant programs. The project schedule anticipates start of construction in mid-2015 and an opening date in late 2016.

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

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

## REQUIRED COMMISSION ACTION

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

- (1) Certify the Final Environmental Impact Report
- (2) Adopt findings under the California Environmental Quality Act, including findings rejecting alternatives as infeasible and adopting a Statement of Overriding Considerations and a Mitigation, Monitoring, and Reporting Program;
- (3) Recommend approval to the Board of Supervisors of the following General Plan Amendments:
  - a. Cathedral Hill Campus:
    - i. **Van Ness Area Plan:** (a) to amend the text of the Van Ness Area Plan to support a high density medical center, consistent with the City's Better Streets Plan, at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use; (b) to amend Map 1 to designate the sites proposed for the new Cathedral Hill Hospital and MOB as "The Van Ness Medical Use Subdistrict," and to increase the allowable Floor Area Ratio (FAR) for the Cathedral Hill Hospital site from 7:1 to 9:1; and for the Cathedral Hill MOB site from 7:1 to 7.5:1; (c) to amend Map 2 to create a 265-V District coterminous with the Cathedral Hill Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130' to 265'.
    - ii. **Urban Design Element:** (a) to amend Map 4 to reflect the proposed height maximum of 265'-0", for the Cathedral Hill Hospital site; and (b) to amend Map 5

to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site.

- b. St. Luke's Campus:
    - i. **Urban Design Element:** (a) to amend Map 4 to reflect the proposed height maximum of 105'-0", for the St. Luke's Campus; and (b) to amend Map 5 to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the Replacement Hospital site and 204' and 228', respectively, for the St. Luke's MOB site.
- (4) Adopt findings of consistency with the San Francisco General Plan and Planning Code Section 101.1, those actions required for implementation of the Near Term Projects in the LRDP and associated legislation, and for adoption of the Development Agreement, and including those actions required by Charter Section 4.105 for General Plan Referral.
- (5) Recommend approval to the Board of Supervisors of the Planning Code Text Amendments:
- a. Cathedral Hill Campus:
    - i. **Section 243:** To amend the Van Ness Special Use District to create the Van Ness Medical Use Subdistrict, which would include the following provisions:
      1. Allow an FAR of up to 9:1 for the Cathedral Hill Hospital site, and up to 7.5:1 for the Cathedral Hill MOB site;
      2. **Section 136.1** – Allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities;
      3. **Section 136(c)(1)(B)** – Allow modification of otherwise applicable standards for obstructions over streets or alleys to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents;
      4. **Section 145.1** – Allow modification through Conditional Use Authorization of otherwise applicable street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages;
      5. **Section 151 and 204.5** – Allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking provided shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code;
      6. **Section 154(b)** – Allow modification through Conditional Use authorization of otherwise applicable loading standards to allow appropriate loading facilities unique to medical centers;
      7. **Section 270 and 271** – Allow modification through Conditional Use Authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities.

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

b. St. Luke's Campus:

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

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

a. Cathedral Hill Campus:

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

b. St. Luke's Campus:

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

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

a. Cathedral Hill Campus:

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

b. St. Luke's Campus:

- i. To amend the existing PUD for CPMC's St. Luke's Campus (Sections 209.3(a), 209.9(b), 304), to allow (1) modifications to the rear yard and off-street parking requirements (Sections 134 and 151); (2) to allow exceptions from the dimension

limitations for projections over streets or alleys as part of the PUD (Section 136); (3) to allow buildings over 40'-0" in an RH-2 District (Section 253); and (4) to allow deviation from otherwise applicable bulk limits (Sections 270, 271).

c. Davies Campus:

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

(8) Approve Office Allocation:

- a. Cathedral Hill Campus: allocate 248,254 sf
- b. St. Luke's Campus: allocate 99,848 sf

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

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

## **BASIS FOR RECOMMENDATION**

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

also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.

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

- Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:
  - Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses;
  - A secure future for St. Luke's hospital;
  - Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;
  - \$20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and
  - Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.
- Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
  - \$62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320 affordable units [145 from initial \$29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.
  - \$20 million from CPMC for MTA transit facilities and service. \$13 million from CPMC for pedestrian safety and streetscape improvements.
- The new Cathedral Hill Hospital would be centrally located, at the intersection of two major transit hubs, in a location that is central to San Francisco populations, and near underserved neighborhoods with the highest population density, the most seniors, and the most low income residents.
- The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City.
- The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity.

<b>RECOMMENDATION:</b>	<b>Approval with Conditions</b>
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**Attachments:**

Draft Certification Motion

Draft CEQA Findings Motion, including Mitigation, Monitoring, and Reporting Program

Draft Resolutions and Ordinances for General Plan Amendments

Draft Motion for General Plan and Planning Code Section 101.1 Consistency Findings

Draft Resolutions and Ordinances for Planning Code Text Amendments

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



# SAN FRANCISCO PLANNING DEPARTMENT

## Planning Commission Draft Motion

### EIR CERTIFICATION

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

Reception:  
**415.558.6378**

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**415.558.6409**

*Date:* April 12, 2012

*Case No.:* 2005.0555E;

*Project Title:* **California Pacific Medical Center Long Range Development Plan**

*Project Address:* **Cathedral Hill Campus:** 1100 & 1101 Van Ness Avenue; 1255 Post Street; 1020, 1028-1030, 1034-1036, 1040-1052, 1054-1060, and 1062 Geary Street; 1375 Sutter Street  
**St. Luke's Campus:** 3555, 3615 Cesar Chavez Street; 1580 Valencia Street  
**Davies Campus:** 601 Duboce Avenue  
**Pacific Campus:** 2315 & 2333 Buchanan Street; 2300 California Street; 2330, 2340-2360, 2351, 2400, & 2405 Clay Street; 2315, 2323, 2324, 2329, & 2395 Sacramento Street; 2018, 2100 & 2200 Webster Street  
**California Campus:** 3698, 3700, 3838 & 3848-3850 California Street; 3801, 3905, 3773 & 3901 Sacramento Street; 460 Cherry Street

*Zoning/Ht. & Blk.* **Cathedral Hill Campus:** RC-4, Van Ness Special Use District/130-V; NC-3/130-V  
**St. Luke's Campus:** RH-2/105-E, 65-A  
**Davies Campus:** RH-3/65-D, 130-E  
**Pacific Campus:** RM-1, RM-2; 40-X, 160-F  
**California Campus:** RH-2, RM-2; 40-X, 80-E

*Assessor's Block/Lot:* **Cathedral Hill Campus:** 0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010; 0690/016  
**St. Luke's Campus:** 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street  
**Davies Campus:** 3539/001  
**Pacific Campus:** 0612/008; 0613/002, 029; 0628/013, 014; 0629/041, 044; 0636/033; 0637/014, 015, 016, 017, 018, 019  
**California Campus:** 1015/001, 016, 052, 053, 054; 1016/001, 002, 003, 004, 005, 006, 007, 008, 009; 1017/027, 028

*Staff Contact:* Devyani Jain - (415) 575-9051  
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*Recommendation:* **Certify Final Environmental Impact Report**

Information:  
**415.558.6377**

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



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

1. The City and County of San Francisco, acting through the Planning Department ("Department") fulfilled all procedural requirements of the California Environmental Quality Act (Cal. Pub. Res. Code Section 21000 *et seq.*), ("CEQA"), the State CEQA Guidelines (Cal. Admin. Code title 14, Section 15000 *et seq.*, ("CEQA Guidelines")), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31").
  - A. The project sponsor, CPMC, applied for environmental review of the Long Range Development Plan ("LRDP") on June 10, 2005. The Department determined that an Environmental Impact Report ("EIR") was required and pursuant to and in accordance with the requirements of Section 21094 of CEQA and Sections 15063 and 15082 of the CEQA Guidelines, the Department, as lead agency, published and circulated a Notice of Preparation ("NOP") on July 1, 2006, that solicited comments regarding the scope of the EIR for the proposed project. The NOP and its 30-day public review comment period were advertised in the San Francisco Examiner and mailed to public agencies, organizations and nearby property owners, and other individuals likely to be interested in the potential impacts of the proposed project, all in accordance with law. A public scoping meeting was held at the Cathedral Hill Hotel on July 18, 2006.
  - B. As planning for the LRDP continued, the project sponsor added additional components to the LRDP, and filed revised Environmental Evaluation Applications on February 28, 2008, and December 8, 2008. The Department revised and re-issued the NOP for a 30-day public review period on May 27, 2009, and held an additional public scoping meeting on June 9, 2009, to accept oral comments on the revised and refined LRDP proposal. In addition, the City extended the public review period an additional 30 days to July 26, 2009.
  - C. The NOP was distributed to the State Clearinghouse (State Clearinghouse Number 2006062157) and mailed to: governmental agencies with potential interest, expertise, and/or authority over the project; interested members of the public, including to those on the Department's list of persons requesting such notice; and occupants and owners of real property surrounding CPMC's four existing campuses and the proposed Cathedral Hill Campus location. Notices were also posted on the LRDP project sites, in the Department and on the Department's website. The Department published the Draft EIR on July 21, 2010, and circulated the Draft EIR to local, state, and federal agencies, and to interested organizations and individuals for review and comment beginning July 21, 2010. The Department provided notice in a newspaper of general circulation of the availability of the Draft EIR for public review and comment, and the date and time of the Commission public comment hearing. This notice was mailed to residents within a 300 foot radius of the four campuses and one proposed campus, the Department's list of persons/organizations requesting such notice, and to government agencies, both directly and through the State Clearinghouse.
  - D. Notices of the date and time of the public hearing were posted at approximately 65 locations in and around the four campuses and one proposed campus, and the Draft EIR was posted on the Department's website. Copies of the Draft EIR were mailed or otherwise delivered to a list of persons/organizations requesting it, and to government agencies (either through the State Clearinghouse or directly). Copies of the Draft EIR were also made available at the Department's information counter.

- E. A Notice of Completion was filed with the State Secretary of Resources via the State Clearinghouse.
2. The Commission held a public hearing to solicit testimony on the Draft EIR during the public review period on September 23, 2010. A court reporter, present at the public hearing, transcribed the oral comments verbatim, and prepared written transcripts. The Planning Department also received written comments on the Draft EIR, which were sent through mail, fax, hand delivery, or email. The public review period was initially 60 days but was then extended to 90 days, ending on October 19, 2010.
  3. The Department prepared responses to comments on the environmental issues received at the public hearing and in writing during the 90-day public review period for the Draft EIR, provided additional, updated information, clarification and modifications on issues raised by commenters, and prepared Department staff-initiated text changes. The Department presented this material in a Comments and Responses ("C&R") document, published on March 29, 2012, and distributed to the Commission and all parties who commented on the Draft EIR and made available to others upon request at the Department..
  4. The Department has prepared a Final EIR, which includes the Draft EIR, the C&R document and any Errata Sheets, (the Appendices to the Draft EIR and C&R document), Department staff testimony and responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department.
  5. Project Environmental Impact Report files have been made available for public review at the Planning Department offices at 1650 Mission Street, Suite 400, and are part of the record before the Planning Commission.
  6. On April 26, 2012, at a public hearing, the Commission reviewed and considered the Final EIR, and the Commission hereby does find the contents of said report and the procedures through which the Final EIR was prepared, publicized and reviewed, comply with the provisions of CEQA, the CEQA Guidelines and Chapter 31.
  7. The project sponsor has indicated that the presently preferred project is the proposed Project, as described in the Final EIR, with the St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant to the Project, as described in the Draft EIR at pages 2-186 to 2-187 and in Figure 2-61 on page 2-201 of the Draft EIR. Under this variant, most of the existing utilities located within the San Jose Avenue right-of-way (other than water, which would remain the same) would be relocated to different alignments than under the proposed LRDP. This variant was included to provide flexibility in considering the appropriate routes for relocating utilities from vacated San Jose Avenue.

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

("CCSSIP").

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

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

**Transportation**

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

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

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

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

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

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

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

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

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

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

the Cathedral Hill project for the life of the project is uncertain and the proposed LRDP's impacts on the operation of the 49-Van Ness-Mission bus route would remain significant and unavoidable.

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

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

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

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

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

The LRDP's construction would (1) significantly impact intersection operations at nine study intersections for a four-month period when there is overlap in excavation between the proposed Cathedral Hill Hospital and Cathedral Hill MOB; (2) necessitate temporary closure of a number of sidewalks adjacent to the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites; (3) require closure of bus-only lanes on eastbound Post Street between Franklin Street and Van Ness Avenue and on westbound Geary Boulevard/Street between Polk Street and Franklin Street during construction at the Cathedral Hill Campus, causing buses to merge into the mixed-flow traffic lanes for the one-block segment on Post Street, and the two-block segment on Geary Street; (4) require sequential closures of two lanes of Van Ness Avenue at a time in approximately 100-foot long segments, significantly degrading traffic conditions at certain times ranging between 7 p.m. and midnight at Van

Ness/Geary, Van Ness/Post, and Van Ness/O'Farrell; and (5) require closure during the evening and overnight hours on Van Ness Avenue of temporary walkways provided within the parking lane to compensate for temporary sidewalk closures for construction activities. Implementation of a construction transportation management plan would help reduce the Cathedral Hill Campus project's contribution to construction-related traffic, transit, and pedestrian impacts, however, this impact would remain significant and unavoidable.

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

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

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

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

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

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

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

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

**m) Impact TR-117: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined**

**cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant.**

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

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

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

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

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

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

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

impacts on the 49-Van Ness-Mission bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

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

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

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

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

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

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



and cumulative impacts on the 19-Polk bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

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

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

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

The construction of the Cathedral Hill Campus may overlap with the proposed Van Ness Avenue BRT and Geary Corridor BRT projects, should they be approved and funded. The potential for overlapping construction activities would increase the number of construction worker vehicles and trucks traveling to and from the vicinity of the Cathedral Hill Campus. In addition, implementation of the BRT improvements on Van Ness Avenue would require travel lane closures that would temporarily and permanently affect roadway capacity. Impact TR-55, discussed above, identified significant and unavoidable impacts on the transportation network related to the construction activities at the Cathedral Hill Campus. Implementation of a construction transportation management plan would minimize impacts associated with the Cathedral Hill Campus project and reduce the project's contributions to cumulative impacts in overlapping areas but significant construction-related transportation impacts on local roadways in the vicinity of the Cathedral Hill Campus would still occur and cumulative construction impacts would be significant and unavoidable.

#### Noise

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

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

In the vicinity of the Cathedral Hill, Davies, and St. Luke's Campuses, groundborne noise and vibration may exceed the Federal Transit Administration's ("FTA") standard for human response at nearby off-site vibration-sensitive uses. Implementation of mitigation through construction contract requirements for: operational restrictions on vibratory rollers; community liaison; evaluation of

recurring complaints by qualified acoustical consultant; and a construction vibration management plan would reduce excessive vibration, however, this impact would remain significant and unavoidable.

#### **Air Quality**

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

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

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

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

Long-term operations at the Cathedral Hill, Davies, and St. Luke's Campuses after completion of the near-term projects would cause a permanent net increase in criteria air pollutant and precursor emissions. The 1999 BAAQMD CEQA Guidelines consider a project to result in a cumulatively considerable impact if operational criteria air pollutant and precursor emissions would exceed the project-level emissions thresholds of significance. The near-term projects under the LRDP would exceed the project-level thresholds of significance for operational PM<sub>10</sub> emissions. Thus, the project would contribute to a cumulatively considerable impact and would, therefore, result in a significant cumulative impact. All feasible measures to reduce operational impacts related to PM<sub>10</sub> emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

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

Under the proposed LRDP emissions of oxides of nitrogen ("NO<sub>x</sub>") associated with near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA

Guidelines significance criterion for construction-related NO<sub>x</sub> emissions. As a result, this impact would be significant under the 2010 BAAQMD CEQA Guidelines significance criterion.

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

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

*Cathedral Hill Campus*

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

*St. Luke's Campus*

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

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

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

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

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

*Cathedral Hill Campus*

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

*Davies Campus*

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

*St. Luke's Campus*

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

**Greenhouse Gas Emissions**

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

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

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

- 1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or
- 2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalent per year ("MTCO<sub>2e</sub>/yr"); or
- 3) Whether a project's GHG emissions exceed 4.6 MTCO<sub>2e</sub>/yr per service population.

On December 14, 2010, after the Draft EIR had been published and following BAAQMD's approval of a Qualified GHG Reduction Strategy for San Francisco, the Environmental Planning Division determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy. Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation

guidance and to have identified all applicable, feasible mitigation measures. However, the Planning Department has determined that because the significance conclusion in the Draft EIR regarding operational GHG emissions was made prior to a determination of equivalency with a Qualified GHG Reduction Strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department had previously determined applied), the proposed LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the implementation of all feasible GHG reduction measures. Therefore, this impact would remain significant and unavoidable.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ACTION: Certification of Final EIR

ADOPTED: April 26, 2012



# SAN FRANCISCO PLANNING DEPARTMENT

## Planning Commission Draft Motion CEQA FINDINGS

HEARING DATE: APRIL 26, 2012

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*Date:* April 12, 2012  
*Project Name:* **California Pacific Medical Center Long Range Development Plan**  
*Case Numbers:* **2005.0555E; 2009.0886EMTZCBRKS; 2009.0885EMTZCBRKS;  
2004.0603EC; 2012.0403W**  
*Initiated by:* Geoffrey Nelson, CPMC  
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*Recommendation:* **Adopt CEQA Findings**

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

### PREAMBLE

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

The four existing CPMC medical campuses are the St. Luke's Campus in the Mission District, Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, and the Davies Campus in the Duboce Triangle area. The proposed new medical campus is the Cathedral Hill Campus located along Van Ness Avenue in the vicinity of the intersection of Van Ness Avenue and Geary Boulevard/Geary Street.

The LRDP includes Near-Term Projects, including actions at the St. Luke's, Cathedral Hill and Davies Campuses, that have been analyzed at a project-specific level for purposes of CEQA compliance, and Long-Term Projects, including future actions at the Davies and Pacific Campuses, which would commence after 2015 and which are analyzed at a program level for purposes of CEQA compliance. There are no Near-Term Projects or Long-Term Projects proposed for the California Campus. The Near-Term Projects and Long-Term Projects are as defined and more particularly described in **Attachment A**. The approvals described in Section 1.C of **Attachment A** include a Development Agreement. That Agreement includes certain provisions that relate to the Long-Term Projects, but these do not authorize physical development of the Long-Term Projects. Therefore, these findings pertain only to the Near-Term Projects described in **Attachment A**.

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

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

The NOP was distributed to the State Clearinghouse and mailed to: governmental agencies with potential interest, expertise, and/or authority over the project; interested members of the public; and occupants and owners of real property surrounding CPMC's four existing campuses and the proposed Cathedral Hill Campus location. The June 9, 2009, Public Scoping Meeting was held at the Grand Ballroom of the Cathedral Hill Hotel located at 1101 Van Ness Avenue, San Francisco, CA 94109. A total of 96 comment letters were received regarding the NOP, in addition to the verbal comments received at the scoping meeting. Commenters identified the following topics to be evaluated in the Draft EIR: Land Use and Planning; Aesthetics; Population and Housing; Cultural and Paleontological Resources; Transportation and Circulation Noise; Air Quality; Greenhouse Gas Emissions; Wind and Shadow; Recreation; Public Services; Utilities and Service Systems; Geology and Soils; Hazards and Hazardous Materials; Demolition and Construction Effects; and Project Alternatives.

The San Francisco Planning Department then prepared the Draft EIR, which describes the LRDP and the environmental setting, analyzes potential impacts, identifies mitigation measures for impacts found to be significant or potentially significant, and evaluates alternatives to the proposed LRDP. In assessing construction and operational impacts of the Project, the Draft EIR considers the potential impacts of the LRDP on the environment, and the potential cumulative impacts associated with the proposed LRDP in combination with other past, present, and future actions with potential for impacts on the same resources. The analysis of potential environmental impacts in the Draft EIR utilizes significance criteria that are based on the San Francisco Planning Department Environmental Planning (formerly Major Environmental Analysis) Division guidance regarding the environmental effects to be considered

significant. The Environmental Planning Division's guidance is, in turn, based on CEQA Guidelines Appendix G, with some modifications.

The Planning Department published the Draft EIR on July 21, 2010. The Draft EIR was circulated to local, state, and federal agencies and to interested organizations and individuals for review and comment beginning July 21, 2010. The public review period was initially 60 days but was then extended to 90 days, ending on October 19, 2010. The Commission held a public hearing to solicit testimony on the Draft EIR during the public review period on September 23, 2010. A court reporter, present at the public hearing, transcribed the oral comments verbatim, and prepared written transcripts. The Planning Department also received written comments on the Draft EIR, which were sent through mail, fax, hand delivery, or email. The San Francisco Planning Department then prepared the Comments and Responses ("C&R"). The C&R document was published on March 29, 2012, and includes copies of all of the comments received on the Draft EIR and written responses to each comment.

The C&R provided additional, updated information, clarification and modifications on issues raised by commenters, as well as Planning Department staff-initiated text changes. The Final EIR, which includes the Draft EIR, the C&R document and any Errata Sheets, (the Appendices to the Draft EIR and C&R document), and all of the supporting information, has been reviewed and considered. The C&R documents and appendices and all supporting information, and any Errata sheets for response to late comments, do not add significant new information to the Draft EIR that would individually or collectively constitute significant new information within the meaning of Public Resources Code Section 21092.1 or CEQA Guidelines Section 15088.5 so as to require recirculation of the Final EIR (or any portion thereof) under CEQA. The C&R documents and appendices and all supporting information, and any Errata sheets for response to late comments, contain no information revealing (1) any new significant environmental impact that would result from the LRDP or from a new mitigation measure proposed to be implemented, (2) any substantial increase in the severity of a previously identified environmental impact, (3) any feasible project alternative or mitigation measure considerably different from others previously analyzed that would clearly lessen the environmental impacts of the Project, but that was rejected by CPMC, or (4) that the Draft EIR was so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded.

On April 26, 2012, the Planning Commission by Motion \_\_\_\_\_, found that the Final EIR was adequate, accurate, and objective, reflected the independent judgment of the Planning Commission and that the Comments and Responses document contains no significant revisions to the DEIR, and adopted findings of significant impact associated with the Project and certified the completion of the Final EIR for the Project in compliance with CEQA, and the CEQA Guidelines and Chapter 31.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the various approvals necessary to implement the Near-Term Projects described in the LRDP, including, but not limited to, General Plan amendments, Planning Code text amendments, Planning Code map amendments, conditional use authorizations and approval of a development agreement. These approvals are more fully set forth in Attachment A, Section I.C.1. The Commission adopted the following Resolutions and Motions to implement the Near-Term Projects:

\_\_\_\_\_.



**Motion No.**  
**Hearing Date: April 26, 2012**

**CASE NO.'s 2005.0555, 2004.0603, 2009.0885, 2009.0886, 2012.0403**  
**California Pacific Medical Center LRDP**

The Planning Department prepared proposed Findings, as required by CEQA, regarding the alternatives, mitigation measures and significant impacts analyzed in the Final EIR and overriding consideration for approving the Near-Term Projects, including all of the actions listed in **Attachment A** hereto, and a proposed mitigation monitoring and reporting program, attached as **Exhibit 1** to **Attachment A**, which material was made available to the public and this Planning Commission for the Planning Commission's review, consideration and actions.

MOVED, that the Planning Commission has reviewed and considered the Final EIR and the record associated therewith, including the comments and submissions made to this Planning Commission, and based thereon, hereby adopts the Project Findings attached hereto as **Attachment A** including a statement of overriding considerations, and including as **Exhibit 1** the Mitigation Monitoring and Reporting Program.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

ATTACHMENT A

CALIFORNIA PACIFIC MEDICAL CENTER  
LONG-RANGE DEVELOPMENT PLAN PROJECT - NEAR-TERM PROJECTS

CALIFORNIA ENVIRONMENTAL QUALITY ACT FINDINGS:  
FINDINGS OF FACT, EVALUATION OF MITIGATION MEASURES AND ALTERNATIVES, AND  
STATEMENT OF OVERRIDING CONSIDERATIONS

SAN FRANCISCO PLANNING COMMISSION

April 26, 2012

In determining to approve the Near-Term Projects proposed in the California Pacific Medical Center ("CPMC") Long Range Development Plan ("LRDP"), as described in Section I.A, LRDP Near-Term Project Description, below, the following findings of fact and decisions regarding mitigation measures and alternatives are made and adopted, and the statement of overriding considerations is made and adopted, based on substantial evidence in the whole record of this proceeding and under the California Environmental Quality Act, California Public Resources Code Sections 21000-21177 ("CEQA"), particularly Sections 21081 and 21081.5, the Guidelines for implementation of CEQA, California Code of Regulations, Title 14, Sections 15000-15387 ("CEQA Guidelines"), particularly Sections 15091 through 15093, and Chapter 31 of the San Francisco Administrative Code.

This document is organized as follows:

**Section I** provides a description of the project proposed for adoption, project objectives, the environmental review process for the project, the approval actions to be taken and the location of records;

**Section II** identifies the impacts found not to be significant that do not require mitigation;

**Section III** identifies potentially significant impacts that can be avoided or reduced to less-than-significant levels through mitigation and describes the disposition of the mitigation measures;

**Section IV** identifies significant impacts that cannot be avoided or reduced to less-than-significant levels and describes any applicable mitigation measures as well as the disposition of the mitigation measures;

**Section V** identifies mitigation measures considered but rejected as infeasible for economic, legal, social, technological, or other considerations;

**Section VI** evaluates the different project alternatives (and variants) and the economic, legal, social, technological, and other considerations that support approval of the project and the rejection of the alternatives, or elements thereof, analyzed; and

**Section VII** presents a statement of overriding considerations setting forth specific reasons in support of the actions for the project and the rejection of the alternatives not incorporated into the project.

The Mitigation Monitoring and Reporting Program ("MMRP") for the mitigation measures that have been proposed for adoption is attached with these findings as **Exhibit 1** to Attachment A to Motion No. \_\_\_\_\_. The MMRP is required by CEQA Section 21081.6 and CEQA Guidelines Section 15091. The MMRP provides a table setting forth each mitigation measure listed in the Final Environmental

**Motion No.**  
**Hearing Date: April 26, 2012**

**CASE NO.'s 2005.0555, 2004.0603, 2009.0885, 2009.0886, 2012.0403**  
**California Pacific Medical Center LRDP**

Impact Report for the project ("Final EIR") that is required to reduce or avoid a significant adverse impact. The MMRP also specifies the agency responsible for implementation of each measure and establishes monitoring actions and a monitoring schedule. The full text of the mitigation measures is set forth in the MMRP. These findings are based upon substantial evidence in the entire record before the San Francisco Planning Commission (the "Commission"). The references set forth in these findings to certain pages or sections of the Draft Environmental Impact Report ("Draft EIR" or "DEIR") or the Comments and Responses document ("C&R") in the Final EIR are for ease of reference and are not intended to provide an exhaustive list of the evidence relied upon for these findings.

**I.**  
**LONG RANGE DEVELOPMENT PLAN DESCRIPTION, OBJECTIVES, ENVIRONMENTAL  
REVIEW PROCESS, APPROVAL ACTIONS, AND RECORDS**

The Long Range Development Plan includes Near-Term Projects, including actions at CPMC's St. Luke's, Cathedral Hill and Davies Campuses, that have been analyzed at a project-specific level for purposes of CEQA compliance, and Long-Term Projects, including future actions at the Davies and Pacific Campuses, which would commence after 2015 and which are analyzed at a program level for purposes of CEQA compliance. There are no Near-Term Projects or Long-Term Projects proposed for the California Campus. The Near-Term Projects and Long-Term Projects are defined and more particularly described below in Sections I.A. and I.B., respectively. The approvals described in Section I.C below include a Development Agreement. That Agreement includes certain provisions that relate to the Long-Term Projects, but these do not authorize physical development of the Long-Term Projects. Therefore, these findings, and all references to the LRDP in these findings (except in Section VI), pertain only to the Near-Term Projects described in Section I.A. below.

**A. LRDP Near-Term Projects Description.**

**1. St. Luke's Campus.**

The following describes project components proposed for the St. Luke's Campus under the LRDP. All activities described below would occur in the near term. The LRDP, as proposed, would require the City to vacate a section of San Jose Avenue (between 27th Street and Cesar Chavez Street) that bisects the St. Luke's Campus. This portion of San Jose Avenue is frequently chained at its northern end, where it meets Cesar Chavez Street, and is not generally open to through traffic. It has been closed to public use and has been used for surface parking by CPMC and its predecessors pursuant to an encroachment permit since 1968.

**a. St. Luke's Replacement Hospital.**

The CPMC LRDP would result in the construction of the approximately 146,410 gross-square-foot ("g.s.f.") seismically compliant St. Luke's Replacement Hospital, adjacent to and west of the existing St. Luke's Hospital tower. Specifically, the St. Luke's Replacement Hospital would occupy the site of the existing 3615 Cesar Chavez Street Surface Parking Lot. A portion of the new St. Luke's Replacement Hospital would also be constructed across the vacated section of San Jose Avenue, between the existing 1957 Building and the existing 3615 Cesar Chavez Street Surface Parking Lot. The new, five-story St. Luke's Replacement Hospital would be approximately 99 feet in height<sup>1</sup>. The Redwood Administration Building would be demolished before the start of hospital construction. The proposed St. Luke's Replacement Hospital would be open for patient care by about the beginning of 2017.

The St. Luke's Replacement Hospital would contain a total of 80 acute beds and an emergency department. It may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, post-partum care, cafeteria, loading area, and central utility plant space.

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<sup>1</sup> All heights are measured using Planning Code methodology for measurement, unless otherwise specified.

The proposed St. Luke's Replacement Hospital would be designed to achieve a LEED® Certified rating, including plans for reduced energy use associated with heating, cooling, ventilation, hot water, and lighting.

Parking for the St. Luke's Replacement Hospital would be accommodated through valet parking at the existing Duncan Street Parking Garage, increasing the garage's capacity to about 60 spaces. Additional parking for the St. Luke's Replacement Hospital would be provided at the new parking garage to be located in the proposed medical office building ("MOB")/Expansion Building, described below, which would provide 220 parking spaces. These two parking garages, plus 15 surface parking spaces (located throughout the campus), would provide a total of 450 parking spaces at the St. Luke's Campus. Loading (three spaces) for the St. Luke's Replacement Hospital would be located within the hospital, at Cesar Chavez Street between Guerrero and Valencia Streets.

**b. Hospital Demolition and Plaza Pedestrian Improvements**

After the existing 12-story St. Luke's Hospital tower is vacated and services have been relocated to the St. Luke's Replacement Hospital, the tower would be demolished. After demolition of the tower, an entry plaza, courtyard and pedestrian pathway would be constructed in the portion of the former San Jose Avenue right-of-way between Cesar Chavez Street and 27th Street that is not occupied by the St. Luke's Replacement Hospital.

**c. Medical Office Building/Expansion Building.**

After demolition of the existing St. Luke's Hospital tower, a new, approximately 104,008 g.s.f., five-story MOB/Expansion Building would be constructed at the site of the former hospital tower. The new five-story MOB/Expansion Building would be approximately 100 feet in height. The MOB/Expansion Building would include medical offices, diagnostic and treatment space, outpatient care, retail, hospital administration, cafeteria, education/conference space, and four below-ground parking levels that would provide approximately 220 parking spaces.

The building would be required to conform to Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), which requires a LEED® Silver rating for the MOB/Expansion Building.

**d. San Jose Avenue Street Vacation and Utilities Relocation.**

As described above, a portion of the new St. Luke's Replacement Hospital would be located on the portion of San Jose Avenue between 27th Street and Cesar Chavez Street that is currently used as surface parking by CPMC under an encroachment permit from the City. For the St. Luke's Replacement Hospital to be constructed, the City would be required to approve a street vacation for this portion of San Jose Avenue, and existing utilities located within the San Jose Avenue right-of-way would be relocated.

**e. 1957 Building.**

After the opening of the new St. Luke's Replacement Hospital, the existing, approximately 31,700-sq.-ft. 1957 Building would be decommissioned from its status as a licensed hospital, and renovated and reused for administrative offices, storage, and conference space. The Emergency Department and surgical suites (operating rooms) currently within the 1957 Building would be replaced by new

facilities in the new St. Luke's Replacement Hospital. The exterior 1957 Building connector to the existing St. Luke's Hospital tower would be closed.

**f. MRI Trailer.**

The existing MRI Trailer and the enclosed passageway connecting the MRI Trailer to the existing 1912 Building are proposed to be removed on completion of the MOB/Expansion Building. Services offered at the MRI Trailer would be moved to the MOB/Expansion Building. Upon removal of the MRI Trailer and passageway, the resulting opening in the exterior wall of the 1912 Building would be closed, in accordance with the *Secretary of the Interior's Standards for the Treatment of Historic Properties*.

**g. Streetscape Design, Landscaping, Open Space and Infrastructure.**

Streetscape and landscape plans for the St. Luke's Campus have been developed as part of CPMC's community and neighborhood outreach program, and in conjunction with the City's proposed *Cesar Chavez Street Design Improvement Plan*. The improvements include various sidewalk replacements and widenings, pedestrian bulbouts, tree planting replacements, and other streetscape improvements, bus stop relocation, and installation of underground storage tanks adjacent to the St. Luke's Replacement Hospital.

**h. Proposed St. Luke's Campus Site Access.**

**i. St. Luke's Replacement Hospital.**

The main entrance to the St. Luke's Replacement Hospital would be from a central plaza area. The plaza would provide access to the replacement hospital at Level 1 from Cesar Chavez Street and at Level 2 from San Jose Avenue/27th Street. A staircase would be constructed along a portion of the San Jose Avenue right-of-way proposed for vacation between the St. Luke's Replacement Hospital and the MOB/Expansion Building to maintain a pedestrian connection between Cesar Chavez Street and 27th Street. Passenger drop-off to the main entrance of the St. Luke's Replacement Hospital would be from a white-zone drop-off area located along Cesar Chavez Street at midblock between Guerrero and Valencia Streets. Emergency vehicle ingress and egress to the Emergency Department's ambulance bay (emergency vehicle parking) would be from 27th Street near its intersection with San Jose Avenue. Service vehicles would enter and exit the loading area for the St. Luke's Replacement Hospital from Cesar Chavez Street. The CPMC shuttle stop for the hospital (currently located at Cesar Chavez Street) would be relocated to the northeast corner of San Jose Avenue and 27th Street.

**ii. MOB/Expansion Building and Underground Parking Garage.**

The MOB/Expansion Building would have two entrances, at the building's northwest corner (near the current intersection of San Jose Avenue and Cesar Chavez Street) and the southwest corner. A separate access point for retail uses would be provided at the corner of Valencia and Cesar Chavez Streets. Vehicular access to the underground parking garage at the MOB/Expansion Building would be available from both Cesar Chavez Street and Valencia Street. The existing bus stop for the 36-Teresita line, located outside the existing St. Luke's Hospital on Valencia Street, would be relocated to a new location, just south on Valencia Street in front of the 1957 Building. Approximately 10 on-street parking spaces would be removed to accommodate both the relocation of the bus stop and the City's proposed Valencia Streetscape Improvement Project.

**2. Cathedral Hill Campus.**

Development at the proposed new Cathedral Hill Campus would involve: the proposed Cathedral Hill Hospital, Cathedral Hill MOB, Van Ness Avenue pedestrian tunnel (connecting the Cathedral Hill Hospital and Cathedral Hill MOB), 1375 Sutter MOB conversion, streetscape improvements, and conversion of Cedar Street to a two-way street west of the MOB garage entrance.

**a. Cathedral Hill Hospital.**

CPMC would demolish the existing 10-story, approximately 445,400-sq. ft. former Cathedral Hill Hotel building at the northwest corner of Geary Boulevard and Van Ness Avenue and the existing 11-story, approximately 209,700 sq. ft. office building located on the northwest corner of the same block at Post and Franklin Streets. CPMC would then construct a new, approximately 875,378 g.s.f., 555-bed state-of-the-art acute care hospital on the hotel and office site that would fully comply with requirements of Senate Bill ("SB") 1953, as modified by successor legislation, concerning the seismic safety of acute care facilities. The acute care services currently offered at the Pacific Campus and the California Campus would be relocated to the proposed Cathedral Hill Hospital.

The 15-story (plus two-story basement) hospital tower would be approximately 265 feet in height. The proposed hospital's building length and diagonal dimensions respectively would be approximately

385 and 405 feet for the tower floors and 385 and 466 feet for the podium floor (as measured 50 feet above grade). The proposed Cathedral Hill Hospital would include three levels of at- or below-grade parking, which would contain 513 off-street parking spaces. Under the LRDP, a proposed CPMC intercampus shuttle stop serving the hospital, the Cathedral Hill MOB, and the 1375 Sutter Street MOB would be located on Post Street, adjacent to the hospital. The Cathedral Hill Hospital would be designed to attain a LEED® Certified rating. Other building design elements would include implementation of green roof elements on portions of the Cathedral Hill Hospital's podium roof area.

The Cathedral Hill Hospital's emergency generators—which are required by the Office of Statewide Health Planning and Development ("OSHPD") to ensure that the hospital remains operational in the event of a disaster—would be located on the roof of the 15-story hospital tower. The generators would be served by fuel storage tanks that would be located beneath the sidewalk and street along Geary Boulevard.

The main pedestrian entrance would be from Van Ness Avenue. The vehicular entrance to the proposed Cathedral Hill Hospital's Emergency Department would be from Franklin Street and would allow private vehicles to conveniently drop off patients inside the building. Ambulance access would be through a dedicated loading area containing three bays off of Post Street.

The main vehicular access to the hospital would be from the south side of the building along Geary Boulevard, with a one-way (south to north) drive-through lane that would connect Geary Boulevard to Post Street at midblock. Drivers would either turn off at the adjacent non-emergency passenger drop-off area or descend to the 513-space parking garage. The drive-through area would provide separate and distinct entrances for the proposed "adult" acute care services and the "Women's and Children's" services. Vehicular access would also be provided from Post Street via the mid-block access road. Egress from the hospital (other than egress onto Geary Boulevard for emergencies only) would be restricted to a right-turn exit (eastbound) onto Post Street. Access from Geary Boulevard would be allowed via a revocable curb cut permit, with the condition recorded as a Special Restriction on the deed of the hospital.

The main service vehicle and loading entrance would be accessed from Franklin Street. Larger vehicle deliveries would use the enclosed loading area. Smaller vehicles would use a secondary loading area within the sub-grade parking garage (access described above).

The Cathedral Hill Hospital may include, but would not be limited to, inpatient medical care; labor and delivery and post-partum care; specialized programs such as organ transplantation, interventional cardiology and newborn intensive care; and an emergency department. It would also include retail space, cafeteria, education and conference space, a central utility plant.

**b. Cathedral Hill Medical Office Building.**

In conjunction with construction of the proposed hospital, CPMC proposes to demolish seven existing buildings directly across Van Ness Avenue from the Cathedral Hill Hospital site, between Geary and Cedar Streets, and construct an approximately 261,691 g.s.f. medical office building in their place. The proposed Cathedral Hill MOB would provide offices for doctors affiliated with the Cathedral Hill Hospital. Uses in the building would include but not be limited to medical office, retail, education and conference, diagnostic and treatment, and parking.



The nine-story Cathedral Hill MOB would be approximately 130 feet tall to the top of the roof, as measured under the Planning Code's methodology for building height. The proposed MOB would be approximately 265 feet long with a diagonal dimension of 290 feet.

The proposed MOB would be required to conform to Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), which requires that the building achieve a LEED® Silver rating. Other building design elements would include implementation of green roof elements on portions of the MOB's roof.

The main pedestrian entrance would be from Van Ness Avenue. The Cathedral Hill MOB would contain seven below-grade parking levels that would provide a total of 542 parking spaces and reach approximately 75 feet below street grade. Vehicular ingress to the MOB parking structure would be from Geary Street (from the east) and Cedar Street (from the west). The Cathedral Hill MOB would provide two loading spaces, both of which would accommodate trucks up to 25 feet long. Any delivery vehicle longer than 25 feet would be accommodated on-street or, if necessary, at the loading dock at the Cathedral Hill Hospital. All loading dock entries on Cedar Street would be right turns (eastbound). Egress from the Cathedral Hill MOB would be restricted to a right turn (eastbound) or left turn (westbound) onto Cedar Street. No egress would be provided onto Geary Street.

**c. Van Ness Avenue Pedestrian Tunnel.**

A pedestrian tunnel beneath Van Ness Avenue would connect the eastern portion of the proposed Cathedral Hill Hospital to the western portion of the Cathedral Hill MOB. The tunnel would be used by patients, visitors, physicians, and CPMC staff members, allowing them direct connection between the two buildings. It would also be used for the movement of records and materials.

**d. 1375 Sutter Medical Office Building.**

CPMC purchased the approximately 85,356 g.s.f. Pacific Plaza Office Building at 1375 Sutter Street (on the southeast corner of the intersection of Sutter and Franklin Streets) in 2008 to secure medical office space for CPMC physicians. The building would continue to undergo a phased interior renovation as existing tenants vacate and new physicians lease space in the building. Ultimately, all office space within the building would be converted from a mix of office and medical office use to exclusively medical office use. The physical improvements would be limited to interior renovation. The 1375 Sutter MOB site currently contains a partially below-grade self-park garage that provides 172 parking spaces, which would be retained with implementation of the proposed LRDP. The remainder (60) of the 232 parking spaces required by the Planning Code for the 1375 Sutter Street MOB would be provided at the Cathedral Hill Hospital parking garage, along with 116 accessory parking spaces for the 1375 Sutter Street MOB, all of which are included in the total of 513 parking spaces for that garage.

Pedestrian and vehicular access is currently available along Sutter Street and Franklin Street. This access would remain the same with implementation of the proposed LRDP.

**e. Cedar Street Conversion to Two Way.**

Cedar Street would become a two-way street west of the MOB garage ramp upon implementation of the LRDP.

**f. Cathedral Hill Campus Streetscape Design, Landscaping, and Open Space.**

CPMC proposes to upgrade the pedestrian environment by improving the street frontages of the area in the vicinity of the Cathedral Hill Campus. To achieve this objective, walkway widths would be expanded and substantial landscaped areas would be added to provide a buffer between pedestrians and traffic lanes. For the Cathedral Hill Hospital, improvements include sidewalk widening on Van Ness Avenue (west side, between Post Street and Geary Boulevard), Geary Boulevard (north side, between Van Ness Avenue and Franklin Street), and Post Street (south side, between Franklin Street and the Level 2 ingress/egress at mid-block); a pedestrian bulbout at Van Ness Avenue on Post Street, south side; a paving program, tree planting, landscape, hardscape seating, lighting, and other streetscape improvements along Van Ness Avenue (west side, Post Street to Geary Boulevard), Franklin Street (east side, Geary Boulevard to Post Street), Post Street (south side, Franklin Street to Van Ness Avenue), and Geary Boulevard (north side, Van Ness Avenue to Franklin Street); a paved entry plaza at the Van Ness Avenue and Geary Boulevard entrance; replacement and modification of the existing Van Ness Avenue crosswalk at Geary Street north side; and relocation of existing 38/38L Geary Line bus stop from west end of Geary Street, north side, between Van Ness Avenue and Polk Street to east end of Geary Boulevard, north side, between Franklin Street and Van Ness Avenue, and construction of new bus bulb-out and benches.

An outdoor courtyard for patients, visitors, and CPMC staff (approximately 6,600 sq. ft.) would be located on the podium section of the Cathedral Hill Hospital, with access from Level 5.

For the Cathedral Hill MOB, improvements including pedestrian bulbout modifications on Van Ness Avenue (east side, at Geary Street and Cedar Street); removal and improvement/replacement of north side Cedar Street sidewalk from Van Ness Avenue to Polk Street; pedestrian bulbout at Cedar Street on Polk Street, west side; removal and improvement of all other sidewalks abutting the Cathedral Hill MOB site (all frontages, and extending to Polk Street on Cedar Street, south side); raised crosswalks across Cedar Street at Van Ness Avenue and Polk Street; paving replacement/upgrade, tree planting, landscape, hardscape, seating, lighting and other streetscape improvements along portions of Van Ness Avenue (east side, Geary Street to Cedar Street), Cedar Street (Van Ness Avenue to Polk Street) and Geary Street (north side, Van Ness Avenue to Polk Street); and a Cedar Street west end entry plaza, including a drop-off area.

**g. Near-Term Project Implementation Activities**

Upon opening of the Cathedral Hill Hospital or shortly thereafter, all of the existing inpatient acute care and emergency department functions at the California Campus and the Pacific Campus's existing 2333 Buchanan Street Hospital would be decommissioned and transferred to the Cathedral Hill Hospital. The 2333 Buchanan Street building will undergo renovation and reuse as an ambulatory care center ("ACC") as part of the Near-Term implementation activities.<sup>2</sup> Certain existing uses at the California and Pacific Campuses that are not transferred to the Cathedral Hill Hospital would be transferred to the 2333 Buchanan Street building after its renovation. The ACC may include uses such as but not limited to outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, and physical and occupational therapy, hospital administration and/or cafeteria uses.

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<sup>2</sup> The renovation and reuse of the 2333 Buchanan Street building as part of the Near-Term Project implementation activities does not include the new construction proposed as part of the ACC Addition, a Long-Term Project as described in Section I.B. below.

**3. Davies Campus.**

Under the CPMC LRDP, the Davies Campus would focus on neurosciences and the complementary areas of rehabilitation and skilled nursing. Existing medical uses in the North and South Towers would continue. The existing Emergency Department would remain in the North Tower, along with inpatient care, with the focus on neuroscience-related treatment, microsurgery, and acute rehabilitation. The inpatient care uses at the North Tower would include 63 acute care beds and 48 acute rehabilitation beds. The existing South Tower would continue to be used for skilled nursing (38 beds), outpatient care, and diagnostic and treatment space.

**a. Neuroscience Institute.**

The approximately 46,006 g.s.f. Neuroscience Institute building is proposed for construction on the portion of the Davies Campus currently occupied by the 206-space surface parking lot at the corner of Noe Street and Duboce Avenue. Approximately 70 parking spaces in the surface parking lot would be eliminated. No new parking is proposed for the Davies Campus in the near term.

Completion of the Neuroscience Institute building would allow CPMC to consolidate complementary neuroscience departments (including neuroscience/neurosurgery, microsurgery, and acute rehabilitation) at the Davies Campus. The Neuroscience Institute may include, but is not limited to, medical office use, expanded care and services for patients with neurological conditions, enhanced rehabilitation services to allow patients to receive same-site treatment and follow-up care, ambulatory care, pre- and post-operative care, retail use, and a pedestrian drop-off area on Level 3.

The four-story Neuroscience Institute building would be approximately 40 feet in height, based on the Planning Code's methodology for measuring building heights. The fourth floor of the Neuroscience Institute building would extend over the proposed service drive and connect to the North Tower. The main entrance would be located on the south side of the building, toward 14th Street. The proposed building would have a secondary entrance across from Duboce Park.

The design of the Davies Campus includes features that are intended to connect the campus to the surrounding neighborhood by providing a transition between the medical buildings on campus and the neighborhood's residential buildings. The fourth floor of the proposed Neuroscience Institute building would be set back from both Noe Street and Duboce Avenue. Along the west side of Noe Street, the building would appear to be three stories, similar to the existing two- and three-story buildings on the east side of Noe Street.

**b. Near-Term Streetscape Design, Landscaping, and Open Space.**

Landscape improvements on the eastern edge of the Davies Campus along Noe Street would include renovation and improvement of approximately 500 linear feet of campus frontage along Noe Street. A landscaped open space would also be located immediately south of the building (serving as an entry court) as well as a smaller, private open space just north of the proposed Neuroscience Institute.

The new publicly accessible entry plaza immediately south of the proposed Neuroscience Institute building would incorporate varying pavement surfaces, plantings, and trees. East of the campus, along Noe Street, the sidewalk would be widened and would also receive improved surfaces, plantings, and new trees.

**c. Site Access.**

With construction of the proposed Neuroscience Institute building in the near term, a new passenger drop-off area would be located on the service drive, under the proposed connection to the Davies Hospital North Tower. All existing site access, including vehicular access and parking and passenger drop-off areas, would remain as existing with one exception: the existing entrance to the surface parking lot at the corner of Noe and Duboce Streets would be removed. Truck loading for the Neuroscience Institute would occur in the campus's existing loading area southwest of the proposed Neuroscience Institute building, accessible via the existing service drive from Duboce Avenue at 14th Street.

Site access to the Davies Hospital South Tower, Parking Garage, and the Davies Hospital North Tower's Emergency Department would remain available from the main entrance off Castro Street and Duboce Avenue.

**B. Long-Term Projects.**

The Long-Term Projects are future components of the LRDP that would commence after 2015. No approvals are being sought for physical development of the Long-Term Projects, and these findings do not address their development. This section B is provided for informational purposes only.

**1. Davies Campus.**

At the Davies Campus, the existing 283 -space parking garage at 14th and Castro Streets would be demolished. In its place, an approximately 80,900 sq. ft., 45-foot-tall, three-story Castro Street/14th Street MOB is proposed to be constructed to meet the future need for medical space at this campus, including, but not limited to, retail, diagnostic and treatment uses, and approximately 184,000 square feet of parking use in four below grade levels totaling approximately 490 spaces (replacement of the existing 283 spaces in the 14th and Castro Streets garage plus construction of approximately 207 new parking spaces).

Vehicular access to the proposed Castro Street/14th Street MOB would be provided from the main entrance off Castro Street and the parking entrance from 14th Street. Pedestrian site access to this building would be from the entrance drive.

**2. Pacific Campus.**

Under the proposed CPMC LRDP, a new outpatient ACC Addition would be constructed along with parking and other facilities as follows:

**a. Underground Parking and ACC Addition.**

The Stanford Building (2351 Clay Street) and the 2324 Sacramento Clinic would be demolished to accommodate the proposed Webster Street/Sacramento Street Underground Parking Garage and ACC Addition (discussed below). The site of the former Stanford Building would be excavated to construct the "L"-shaped, two-level, 22-foot-deep, approximately 113,100-sq.-ft. Webster Street/Sacramento Street Underground Parking Garage, which would provide about 248 parking spaces.

The 138-foot-tall, nine-story, approximately 205,000 g.s.f. ACC Addition would be built above the Webster/Sacramento Streets Underground Parking Garage, on the site of the current Stanford Building

and 2324 Sacramento Clinic, which would be demolished. The ACC Addition site is bounded by Clay Street to the north, the 2333 Buchanan Street Hospital (to be renovated and reused as an ACC, as described in Section I.A above) to the east, Sacramento Street to the south, and the 2100 Webster MOB to the west, on the central portion of the Pacific Campus.

The new ACC Addition would be located immediately west of the ACC. The ACC and ACC Addition buildings would both be nine stories and would be connected at three lower floors, with no connection on the upper floors. ACC Addition uses may include education and conference space, outpatient space, support space, diagnostic and treatment space, medical offices and outpatient care, and mechanical space.

**b. North-of-Clay Aboveground Parking Garage.**

CPMC would construct an approximately 172,500-sq.-ft. North-of-Clay Aboveground Parking Garage above the northern portion of the proposed Webster Street/Sacramento Street Underground Parking Garage, on the area currently occupied by the Annex MOB (2340-2360 Clay Street) and Gerbode Research Building (2200 Webster Street), which would be demolished, and part of the existing Buchanan Street surface parking lot (2315 Buchanan Street). This parking garage would be six stories (plus top deck) with a height of 70 feet.

A total of 715 new structured and surface parking spaces (Webster Street/Sacramento Street Underground Parking Garage and North-of-Clay Aboveground Parking Garage combined: 688 spaces; Buchanan Street surface parking lot: 27 spaces) would be provided at the Pacific Campus. This would bring the parking total at the Pacific Campus to 1,587 spaces.

**c. Pacific Campus Proposed Site Access.**

Several new or relocated access points are proposed for the Pacific Campus's existing and new buildings and parking garages via California, Buchanan, Sacramento, Webster, and Clay Streets. The main pedestrian entry to both the ACC and the ACC Addition would be located at the north end of the proposed Campus Drive near Clay Street. The main entry to the former 2333 Buchanan Street Hospital would be converted into a secondary entrance for the proposed ACC.

A new street, Campus Drive (located between the existing Pacific Professional Building and the ACC Addition), would be built to support existing vehicular access to the campus from Webster Street, provide vehicular access to and from Clay Street for the proposed Webster Street/Sacramento Street Underground Parking Garage, and allow egress from Sacramento Street for loading and unloading.

Vehicular traffic serving the ACC and ACC Addition would be routed to Clay Street east of Webster Street or Sacramento Street between Buchanan and Webster Streets. The entry/exit for the North-of-Clay Aboveground Parking Garage and for the Webster Street/Sacramento Street Underground Parking Garage would be located on Clay Street and Campus Drive, respectively. Vehicles dropping off passengers would utilize the drop-off area at the ground floor of the North-of-Clay Aboveground Parking Garage, and would exit onto Clay Street and turn right onto Webster Street. Vehicles exiting either garage would be directed onto Clay Street to exit. A secondary means of vehicular egress would be provided on Campus Drive, leading to Sacramento Street.

Other passenger drop-off areas would be located on Webster Street south of Clay Street near the Pacific Professional Building (existing), and on Buchanan Street near the north end of the ACC building (existing, renovated and reused). The ambulance entrance would remain on the north side of

Sacramento Street (at the south end of the ACC building) near Buchanan Street. Four off-street loading spaces would be located on Campus Drive near the entrance/exit on Sacramento Street.

The CPMC shuttle stop, currently located on Buchanan Street, would be relocated to the drop-off area located within the proposed North-of-Clay Aboveground Parking Garage, which would be closer to the new main entry at the proposed Campus Drive near Clay Street.

**3. California Campus.**

The majority of CPMC uses and programs, other than acute care inpatient and emergency care uses, which would have been transferred to the Cathedral Hill Hospital as part of the Near-Term project implementation activities described in Section I.A above, would continue at the California Campus until completion of the proposed ACC and ACC Addition at the Pacific Campus, at which time the Pacific Campus would absorb almost all remaining CPMC-related uses at the California Campus. No new construction is anticipated at the California Campus, although a limited amount of existing on-site medical activities would continue at the California Campus.

CPMC plans to sell the California Campus as early as possible after the transfer of acute care and non-acute care patients to the Cathedral Hill Hospital and Pacific Campus ACC and ACC Addition, as described above. A small amount of CPMC-operated space (approximately 2,400 sq. ft.) at the existing 3838 California Street MOB (primarily outpatient imaging and blood drawing) would be leased from the buyer of the California Campus indefinitely. It is expected that by about 2020, almost all CPMC-related use of the California Campus would cease.

**C. Approval Actions.**

**1. Planning Commission Approvals.**

The Planning Commission is taking the following actions and approvals:

**a. Project-wide Approvals.**

- Approval of and recommendation to the Board of Supervisors to approve an ordinance regarding a Development Agreement.
- Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1.

**b. Campus-Specific Approvals.**

**i. St Luke's Campus.**

- Recommendation to the Board of Supervisors to approve an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings, to increase the height limit for the St. Luke's Campus to 105 feet, and (2) amending Urban Design Element Map 5 - Urban Design Guidelines for Bulk of Buildings, to reflect the proposed maximum plan dimensions and maximum diagonal

plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site and 204' and 228', respectively, for the MOB/Expansion Building site.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code by adding a new section (Section 249.68) to establish a new Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") for the St. Luke's Campus, and adding a new subdivision (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.5:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.
- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code Height/Bulk Map, Sheet HT07, to extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the entirety of the St. Luke's Campus, and amending Planning Code Land Use Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.
- Approval of a Conditional Use Authorization to modify and replace the existing Planned Unit Development for the St. Luke's Campus, to allow for construction of the Replacement Hospital, demolition of the existing Hospital Tower, and construction of the new MOB/Expansion Building in the RH-2 District, and:
  - An exception to rear yard requirements under Planning Code Section 134;
  - Authorization for buildings higher than 40 feet and an exception to Planning Code bulk restrictions to allow the length and diagonal dimensions of the proposed Replacement Hospital and MOB/Expansion Building;
  - An exemption from Planning Code requirements for on-site independently accessible off-street parking; and
  - Exceptions from restrictions on projections into streets and alleys under Planning Code Section 136.
- Approval of allocation of office space for the St. Luke's MOB/Expansion Building under Planning Code Sections 321 and 322.
- Approval of General Plan referral for Street Vacation of San Jose Avenue between 27th Street and Cesar Chavez Street.

ii. Cathedral Hill Campus.

- Recommendation to the Board of Supervisors to approve an ordinance amending the General Plan by: (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings to increase the height limit for the Cathedral Hill Hospital site to 265 feet; (2) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site; (3) amending Van Ness Area Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7:1 to 9:1 for the Cathedral Hill Hospital site and from 7:1 to 7.5:1 for the Cathedral Hill MOB site; and (4) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 265-V District coterminous with the Cathedral Hill Hospital site.
- Recommendation to the Board of Supervisors to approve an ordinance amending the Van Ness Area Plan text to facilitate the development of a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use.
- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code by (1) amending Section 124 to allow an FAR of 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; and (b) amending Section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located. The Van Ness Medical Use Subdistrict would:
  - Allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and up to 7.5:1 for the Cathedral Hill MOB site;
  - Allow modification of otherwise applicable loading standards for medical centers per Planning Code Section 154(b), to allow for provision of appropriate loading facilities unique to medical facilities;
  - Allow modification of otherwise applicable standards for building projections per Planning Code Section 136.2 to allow for coverage of drop-off and entry areas required by medical facilities;



- Allow modification through conditional use authorization of otherwise applicable parking standards for medical centers per Planning Code Sections 151 and 204.5, provided that the amount of parking provided shall not exceed 150 percent of the number of spaces otherwise required by the Planning Code;
- Allow modification of otherwise applicable standards for obstructions over streets or alleys per Planning Code Section 136(c)(1)(B) for vertical dimension and horizontal projections to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents;
- Allow modification through conditional use authorization of otherwise applicable bulk standards per Planning Code Sections 270 and 271 to allow for the unique massing requirements of medical facilities; and
- Allow modification through conditional use authorization of otherwise applicable standards for street frontage requirements per Planning Code Section 145.1 as necessary for large-plate medical facilities on sloping sites with multiple frontages.
- Recommendation to the Board of Supervisors to approve an ordinance amending Planning Code Height and Bulk Map HT02 to change the Cathedral Hill Hospital site to a 265-V Height and Bulk District in order to allow a building height of up to 265 feet and amending Planning Code Land Use Map SU07 to show the boundaries of the Van Ness Medical Use Subdistrict.
- Approval of a Conditional Use Authorization for the Cathedral Hill Campus to:
  - Authorize the Cathedral Hill Hospital and Cathedral Hill MOB as a conditional use medical center in an RC-4 zoning district and pursuant to the provisions for the Van Ness SUD in Planning Code Sections 243, 209.3, and 209.8;
  - Authorize the Cathedral Hill Hospital height over 50 feet (265 feet) and the Cathedral Hill MOB height over 50 feet (130 feet) in an RC-4 district pursuant to Planning Code Section 253;

- Authorize demolition of five residential units at the Cathedral Hill MOB site pursuant to Planning Code Sections 243(c)(8)(E) and 317;
- Modify standards under Planning Code Section 145.1 for active ground floor uses and width of curb cuts, providing that, on balance, active uses and curb cuts around the perimeter of a site with multiple frontages meets the intent of Section 145.1;
- Authorize an exception to the requirements of Planning Code Section 243(c)(9) to allow wind speeds higher than 11 mph at certain sidewalk locations around the perimeter of the medical center, providing that, on balance, conditions are not worsened;
- Modify the bulk limits under Planning Code Section 270 for length and diagonal dimensions of 110 and 140 feet, respectively, applicable to the Cathedral Hill Hospital and Cathedral Hill MOB sites, to allow length and diagonal dimensions of approximately 385 and 466 feet, respectively, for the Cathedral Hill Hospital, and length and diagonal dimensions of approximately 265 and 290 feet, respectively, for the Cathedral Hill MOB, in lieu of findings per Planning Code Section 271; and
- Modify the 3:1 residential to net new non-residential ratio requirement in the Van Ness SUD under Planning Code Section 243(c)(8)(B)(iv) to allow no residential housing to be built provided fees, balanced against community benefit of project, are paid.
- Approval of allocation of Office Space for Cathedral Hill MOB under Planning Code Sections 321 and 322.
- Approval of General Plan Referral for Major Encroachment Permit for construction of underground tunnel, underground fuel tanks, and Cedar Street improvements.

**iii. Davies Campus.**

- Approval of a Conditional Use Authorization to amend a previously approved Conditional Use Authorization for a Planned Unit Development for the Davies Campus to allow development of the Neuroscience Institute building.
- Approval of a Planned Unit Development for the Davies Campus to allow for exceptions to otherwise applicable requirements for rear yards under Planning Code Section 134.

2. Board of Supervisors Actions.

a. Project-wide Approvals.

- Approval of an ordinance modifying Administrative Code Chapter 56 and adopting a Development Agreement.
- Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1.

b. Campus-Specific Approvals.

i. St Luke's Campus.

- Approval of an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings, to increase the height limit for the St. Luke's Campus to 105 feet, and (2) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings, to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital site and 204' and 228', respectively, for the MOB/Expansion Building Height.
- Approval of an ordinance amending the Planning Code by adding a new section (Section 249.68) to establish a new Cesar Chavez/Valencia Streets Medical Use SUD for the St. Luke's Campus, and adding a new subdivision (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.5:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.
- Approval of an ordinance amending the Planning Code Height/Bulk Map, Sheet HT07, to extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the entirety of the St. Luke's Campus, and amending Planning Code Land Use Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.
- Approval of an ordinance ordering the summary vacation of San Jose Avenue between 27th Street and Cesar Chavez Street.
- Adoption of a Resolution approving a San Jose Avenue Transfer Agreement for a Portion of former San Jose Avenue between 27th Street and Cesar Chavez Street.
- Approval of an ordinance amending sidewalk width.

ii. Cathedral Hill Campus.

- Approval of an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings to increase the height limit for the Cathedral Hill Hospital site to 265 feet; (2) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Hospital site and 265' and 290', respectively, for the Cathedral Hill MOB site; (3) amending Van Ness Area Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7:1 to 9:1 for the Cathedral Hill Hospital site and from 7:1 to 7.5:1 for the Cathedral Hill MOB site; and (4) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 265-V District coterminous with the Cathedral Hill Hospital site.
- Approval of an ordinance amending the General Plan by amending the Van Ness Area Plan text to facilitate the development of a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use.
- Approval of an ordinance amending the Planning Code by (1) amending Section 124 to allow an FAR of 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; and (b) amending Section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Hospital and Cathedral Hill MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located. The Van Ness Medical Use Subdistrict would:
  - Allow an FAR of up to 9:1 for the Cathedral Hill Hospital site and up to 7.5:1 for the Cathedral Hill MOB site;
  - Allow modification of otherwise applicable loading standards for medical centers per Planning Code Section 154(b), to allow for provision of appropriate loading facilities unique to medical facilities;
  - Allow modification of otherwise applicable standards for building projections per Planning Code Section

- 136.2 to allow for coverage of drop-off and entry areas required by medical facilities;
- Allow modification through conditional use authorization of otherwise applicable parking standards for medical centers per Planning Code Sections 151 and 204.5, provided that the amount of parking provided shall not exceed 150 percent of the number of spaces otherwise required by the Planning Code;
  - Allow modification of otherwise applicable standards for obstructions over streets or alleys per Planning Code Section 136(c)(1)(B) for vertical dimension and horizontal projections to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents;
  - Allow modification through conditional use authorization of otherwise applicable bulk standards per Planning Code Sections 270 and 271 to allow for the unique massing requirements of medical facilities; and
  - Allow modification through conditional use authorization of otherwise applicable standards for street frontage requirements per Planning Code Section 145.1 as necessary for large-plate medical facilities on sloping sites with multiple frontages.
- Approval of an ordinance amending Planning Code Height and Bulk Map HT02 to change the Cathedral Hill Hospital site to a 265-V Height and Bulk District in order to allow a building height of up to 265 feet and amending Planning Code Land Use Map SU07 to show the boundaries of the Van Ness Medical Use Subdistrict.
  - Approval of a Major Encroachment Permit for construction of underground pedestrian tunnel, underground fuel tanks, and Cedar Street improvements.
  - Approval of an ordinance amending sidewalk width on Van Ness (west side, between Geary Boulevard and Post Street), Geary Boulevard (north side between Van Ness Avenue and Franklin Street), and Post Street (south side, between Franklin Street and the Level 2 ingress/egress) at mid-block, and a pedestrian bulbout (south side, Van Ness Avenue and Post Street).

3. Other – Federal, State and Local Agencies or Departments.

Implementation of the proposed LRDP will involve consultation with or require approvals by other local, state and federal regulatory agencies, including, but not limited to, the following:

a. San Francisco Department of Public Works.

i. St. Luke's Campus.

- Approval of findings and recommendation of Order of Street Vacation for a portion of San Jose Avenue between 27th Street and Cesar Chavez Street and endorsement and recommendation to the Board of Supervisors to approve sidewalk widening legislation.
- Approval of a Lot Line Adjustment merging the vacated segment of San Jose Avenue and existing St. Luke's Campus parcels.
- Approval of a tree removal permit.
- Various other permits and approvals related to streetscape improvement plans.

ii. Cathedral Hill Campus.

- Approval of a Lot Line Adjustment merging two parcels comprising the site of the Cathedral Hill Hospital.
- Approval of a Parcel Map merging seven parcels comprising the site of the Cathedral Hill MOB.
- Endorsement and recommendation to the Board of Supervisors to approve conversion of Cedar Street west of the Cathedral Hill MOB entrance from one-way to two-way.
- Endorsement and recommendation to the Board of Supervisors to approve sidewalk widening legislation.
- Endorsement and recommendation to the Board of Supervisors to approve a Major Encroachment Permit (construction of underground pedestrian tunnel, underground fuel tanks, Cedar Street improvements).
- Special permit for construction work at night on Van Ness Avenue pedestrian tunnel.
- Approval of a tree removal permit.

- Various other permits and approvals related to streetscape improvement plans
- b. San Francisco Department of Building Inspection.**
- i. Project-Wide Approvals**
- Demolition and site permits.
- ii. Cathedral Hill Campus**
- Approval of Permit to Convert twenty residential hotel units at the proposed Cathedral Hill MOB site.
- c. San Francisco Metropolitan Transportation Commission.**
- Approval and authorization of Executive Director to execute consent to Development Agreement.
  - Approval of removal of street parking at St. Luke's Campus.
  - Resolution approving conversion of Cedar Street west of the Cathedral Hill MOB entrance from one-way to two-way. Relocation of existing bus stop, from west end of Geary Street, north side, to east end of Geary Boulevard, and relocation of existing bus stop along Valencia.
- d. State of California, Office of Statewide Health Planning and Development (OSHPD).**
- Plan review and permitting for new hospital facilities
  - Seismic certification
- e. California Department of Public Health (CDPH).**
- Licensing of new hospital facilities; and
  - Overseeing compliance with the Medical Waste Management Program.
- f. State of California, Department of Transportation (Caltrans)**
- Approval of encroachment permit, lease and maintenance agreement for Van Ness Avenue pedestrian tunnel.

**D. Findings About Significant Environmental Impacts and Mitigation Measures.**

The following Sections II, III and IV set forth the findings about the Final EIR's determinations regarding significant environmental impacts and the mitigation measures proposed to address them. These findings provide written analysis and conclusions regarding the environmental impacts of the LRDP and the mitigation measures included as part of the Final EIR and adopted as part of the LRDP.

In making these findings, the opinions of the Planning Department and other City staff and experts, other agencies and members of the public have been considered. These findings recognize that the determination of significance thresholds is a judgment within the discretion of the City and County of San Francisco; the significance thresholds used in the Final EIR are supported by substantial evidence in the record, including the expert opinion of the Final EIR preparers and City staff; and the significance thresholds used in the Final EIR provide reasonable and appropriate means of assessing the significance of the adverse environmental effects of the LRDP.

These findings do not attempt to describe the full analysis of each environmental impact contained in the Final EIR. Instead, a full explanation of these environmental findings and conclusions can be found in the Final EIR and these findings hereby incorporate by reference the discussion and analysis in the Final EIR supporting the determination regarding the LRDP impacts and mitigation measures designed to address those impacts. In making these findings, the determinations and conclusions of the Final EIR relating to environmental impacts and mitigation measures, are hereby ratified, adopted and incorporated in these findings, except to the extent any such determinations and conclusions are specifically and expressly modified by these findings.

As set forth below, the mitigation measures set forth in the Final EIR and the attached MMRP are hereby adopted and incorporated, except as to mitigation measures specifically rejected in Section V below, to substantially lessen or avoid the potentially significant and significant impacts of the LRDP. Accordingly, in the event a mitigation measure recommended in the Final EIR has inadvertently been omitted in these findings or the MMRP, such mitigation measure is nevertheless hereby adopted and incorporated in the findings below by reference. In addition, in the event the language describing a mitigation measure set forth in these findings or the MMRP fails to accurately reflect the mitigation measure in the Final EIR due to a clerical error, the language of the mitigation measure as set forth in the Final EIR shall control. The impact numbers and mitigation measure numbers used in these findings reflect the numbers contained in the Final EIR.

In Sections II, III and IV below, the same findings are made for a category of environmental impacts and mitigation measures. Rather than repeat the identical finding dozens of times to address each and every significant effect and mitigation measure, the initial finding obviates the need for such repetition because in no instance are the conclusions of the Final EIR or the mitigation measures recommended in the Final EIR for the LRDP, except as specifically set forth in Section V below, being rejected.

**E. Location and Custodian of Records.**

The public hearing transcripts and audio files, a copy of all letters regarding the Final EIR received during the public review period, the administrative record, and background documentation for the Final EIR are located at the Planning Department, 1650 Mission Street, San Francisco. The Planning Commission Secretary, Linda Avery, is the custodian of records for the Planning Department and the Planning Commission.



**II.**  
**IMPACTS FOUND NOT TO BE SIGNIFICANT AND**  
**THUS DO NOT REQUIRE MITIGATION**

Under CEQA, no mitigation measures are required for impacts that are less than significant (Pub. Res. Code, § 21002; CEQA Guidelines, §§ 15126.4, subd. (a)(3), 15091). As more fully described in the Final EIR and based on the evidence in the whole record of this proceeding, it is hereby found that implementation of the LRDP would not result in any significant impacts in the following areas and that these impact areas therefore do not require mitigation:

**Land Use**

**Impact LU-1:** Implementation of the LRDP would not physically divide an established community.

**Impact LU-2:** Implementation of the LRDP would not conflict with any applicable land use plan, policy or regulation of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect.

**Impact LU-3:** Implementation of the LRDP would not have a substantial impact on the existing character of the vicinity.

**Cumulative Impacts:** Implementation of the LRDP, along with other foreseeable future developments in the areas surrounding the CPMC campuses, would not result in any cumulatively considerable land use impacts.

**Aesthetics**

**Impact AE-1:** Implementation of the LRDP would not have a significant effect on a scenic highway or scenic vista.

**Impact AE-2:** Implementation of the LRDP would not substantially damage scenic resources, including but not limited to trees, rock outcroppings, and other features of the built or natural environment that contribute to a scenic public setting.

**Impact AE-3:** Implementation of the LRDP would not substantially degrade the existing visual character or quality of the site and surroundings at the sites of the existing and proposed CPMC campuses.

**Impact AE-4:** Implementation of the LRDP would not create a new source of light or glare that would adversely affect day or nighttime views in the area or that would substantially affect other people or properties.

**Cumulative Impacts:** Cumulative impacts related to aesthetics associated with implementing the LRDP would be less than significant.

### **Population, Employment and Housing**

**Impact PH-1:** Implementation of the LRDP would not induce substantial population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure).

**Impact PH-2:** Implementation of the LRDP would not displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing.

**Impact PH-3:** Implementation of the LRDP would not displace substantial numbers of people, necessitating the construction of replacement housing elsewhere.

**Cumulative Impacts:** The cumulative population, employment, and housing impact associated with implementing the LRDP would be less than significant. The cumulative housing displacement impact of the LRDP would be less than significant.

### **Cultural and Paleontological Resources**

**Impact CP-1:** Implementation of the LRDP would not result in the removal of existing structures that are eligible for listing in the California Register of Historical Resources, and thus would not cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the State CEQA Guidelines.

**Cumulative Impacts:** The proposed LRDP would have a less-than-significant cumulative impact related to cultural resources. Development of the proposed LRDP, when considered in combination with development of related projects, is not considered to result in a cumulatively considerable contribution to a significant cumulative impact related to paleontological resources.

### **Transportation and Circulation**

**Impact TR-3:** Implementation of the Cathedral Hill Campus project would have a less-than-significant impact at the following six study intersections, which would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions:<sup>3</sup>

- Gough/Geary
- Franklin/O'Farrell
- Franklin/Sutter
- Franklin/Bush
- 8th/Market
- Octavia/Market/U.S. 101

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<sup>3</sup> A supplemental traffic and transit analysis was prepared for the Final EIR, and is presented in C&R Tables 3.7-1 through 3.7-6 and accompanying discussion at pages C&R 3.7-11 to 3.7-25. It shows that intersection and transit delay impact determinations associated with the LRDP would essentially be the same or lower than under the 2015 or 2020 Modified Baselines plus Project conditions analyzed in the Draft EIR. The supplemental analysis is incorporated herein by this reference.

**Impact TR-4:** Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at the following 18 study intersections, which would operate at LOS D or better under 2015 Modified Baseline plus Project conditions:

- Gough/Post
- Gough/Sutter
- Franklin/Geary
- Franklin/Post
- Franklin/Pine
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/O'Farrell
- Van Ness/Geary
- Van Ness/Post
- Van Ness/Sutter
- Van Ness/Bush
- Van Ness/Pine
- Van Ness/Broadway
- Polk/O'Farrell
- Polk/Cedar
- Polk/Post
- Polk/Sutter

**Impact TR-5:** Operation of the Cathedral Hill Campus parking garages would have a less-than-significant impact on traffic operations because inbound peak period queues would not spill back into adjacent travel lanes.

Although the impact of queuing (queue spillback) from the Cathedral Hill Campus parking garages would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by specifying actions that would be required should queues form on adjacent streets:

*Improvement Measure I-TR-5: Off-Street Parking Queue Abatement.*

**Impact TR-18:** If the proposed Van Ness Avenue Bus Rapid Transit ("BRT") and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects at the following five of the BRT study intersections would be less than significant:

- Gough/Geary
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/Geary
- Van Ness/Broadway

**Impact TR-27:** Implementation of the Cathedral Hill Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity.

**Impact TR-28:** Implementation of the Cathedral Hill Campus' shuttle operation would be accommodated within the proposed shuttle loading zone and would not impact adjacent transit service.

**Impact TR-37:** Implementation of the Cathedral Hill Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas.

**Impact TR-40:** Implementation of the Cathedral Hill Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site or adjoining areas.

While the impact on pedestrians would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact:

*Improvement Measure I-TR-40 Install Pedestrian Countdown Signals.*

**Impact TR-43:** Implementation of the Cathedral Hill Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones.

**Impact TR-49:** Implementation of the Cathedral Hill Campus project relevant to the passenger loading/unloading demand would be accommodated within the proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

**Impact TR-52:** Implementation of the Cathedral Hill Campus project would not result in a significant emergency vehicle access impact.

**Impact TR-67:** Implementation of the CPMC LRDP would not cause the level of service at California Campus study intersections to deteriorate from LOS D or better to LOS E or LOS F, or from LOS E to LOS F, and, therefore, the LRDP would not result in a significant traffic impact.

**Impact TR-68:** Implementation of the CPMC LRDP relevant to the California Campus would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of service.

**Impact TR-69:** Implementation of the CPMC LRDP relevant to the California Campus would not create potentially hazardous conditions for bicyclists or otherwise substantially impact bicycle accessibility on the campus and adjoining areas.

**Impact TR-70:** Implementation of the CPMC LRDP relevant to the California Campus would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the campus or adjoining areas.

**Impact TR-71:** Implementation of the CPMC LRDP relevant to the California Campus would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

**Impact TR-72:** Implementation of the CPMC LRDP relevant to the California Campus would not result in a significant emergency vehicle access impact.

**Impact TR-73:** Implementation of the CPMC LRDP relevant to the California Campus would not result in construction-related impacts.

**Impact TR-74:** Implementation of the Davies Campus projects would have a less-than-significant impact at five study intersections that would operate at LOS E or LOS F under 2020 Modified Baseline No Project conditions and 2020 Modified Baseline plus Project conditions:

- Divisadero/Haight
- Castro/Duboce
- Castro/14th

- Castro/Market/17th
- Sanchez/Market/15th

**Impact TR-76:** Implementation of the Davies Campus projects would have a less-than-significant impact at the following seven study intersections, which would operate at LOS D or better under 2020 Modified Baseline plus Project conditions:

- Scott/Duboce
- Noe/Duboce
- Noe/14th
- Sanchez/Duboce
- Fillmore/Duboce
- Church/Duboce
- Octavia/Market/U.S. 101

**Impact TR-77:** Implementation of the Davies Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of transit service.

**Impact TR-78:** Implementation of the Davies Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas.

**Impact TR-79:** Implementation of the Davies Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise impact pedestrian accessibility to the project site or adjoining areas.

**Impact TR-80:** Implementation of the Davies Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

**Impact TR-81:** Implementation of the Davies Campus project would not result in a passenger loading/unloading demand that could not be accommodated within the existing and proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

While the loading impact would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than significant passenger loading/unloading impact and the potential for conflicts between vehicles entering and exiting the Davies Campus via Castro Street:

*Improvement Measure I-TR-81 Provide Appropriate Signage.*

**Impact TR-82:** Implementation of the Davies Campus project would not result in a significant emergency vehicle access impact.

**Impact TR-83:** Implementation of construction-related activities on the Davies Campus would not cause a significant impact because of their temporary and limited duration.

**Impact TR-84:** Implementation of the St. Luke's Campus projects would have less-than-significant impact at the following six study intersections, which would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions:

- Cesar Chavez/Valencia
- Cesar Chavez/Guerrero
- Guerrero/27th
- Guerrero/28th
- Cesar Chavez/South Van Ness
- Cesar

Chavez/Dolores

**Impact TR-85:** Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following nine study intersections, which would operate at LOS D or better under 2015 Modified Baseline plus Project conditions:

- Cesar Chavez/Bartlett
- Guerrero/Duncan
- Mission/Valencia/Fair
- Cesar Chavez/Mission
- Guerrero/26th
- San Jose/29th
- Valencia/26th
- Valencia/Duncan/Tiffany
- Mission/29th

**Impact TR-86:** Implementation of the St. Luke's Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of transit service.

**Impact TR-87:** Implementation of the St. Luke's Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the St. Luke's Campus and adjoining areas.

Although bicycle impacts would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce less than significant impacts by requiring pedestrian and bicycle warning signals at the proposed garage exits:

*Improvement Measure I-TR-87 Provide Pedestrian/Bicycle Improvements.*

**Impact TR-88:** Implementation of the St. Luke's Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site or adjoining areas.

Although pedestrian impacts would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce less-than-significant impacts by requiring pedestrian crosswalks at the unsignalized intersection of San Jose Avenue/27th Street:

*Improvement Measure I-TR-88 – Install Pedestrian Crosswalks.*

**Impact TR-89:** Implementation of the St. Luke's Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

**Impact TR-91:** Implementation of the St. Luke's Campus project would not result in a passenger loading/unloading demand that could not be accommodated within the existing and proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

**Impact TR-92:** Implementation of the St. Luke's Campus project would not result in a significant emergency vehicle access impact.

**Impact TR-94:** Implementation of construction-related activities on the St. Luke's Campus would not cause a significant impact because of their temporary and limited duration.

**Impact TR-95:** Implementation of the Cathedral Hill, Davies and Pacific Campus projects would have less-than-significant combined impact at the study intersection of Octavia/Market/U.S. 101.

**Impact TR-96:** Implementation of the CPMC LRDP combined project transit demand would not exceed the proposed transit system capacity at the study area corridors.

**Impact TR-97:** Implementation of the CPMC LRDP would impact the ridership demand for CPMC shuttles, which would be accommodated within the proposed shuttle service.

**Impact TR-98:** Implementation of the CPMC LRDP with overlapping construction activities at the five campuses would not result in a significant construction impact.

**Impact TR-103:** Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at the following 17 study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Gough/Post
- Gough/Sutter
- Franklin/Geary
- Franklin/Post
- Franklin/Pine
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/O'Farrell
- Van Ness/Geary
- Van Ness/Post
- Van Ness/Sutter
- Van Ness/Bush
- Van Ness/Broadway
- Polk/O'Farrell
- Polk/Cedar
- Polk/Post
- Polk/Sutter

**Impact TR-116:** If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the following five intersections would be less than significant:

- Gough/Geary
- Franklin/O'Farrell
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/Broadway

**Impact TR-128:** Implementation of the Davies Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS E or LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions:

- Divisadero/Haight
- Castro/Duboce
- Castro/14th
- Castro/Market/17th
- Sanchez/Market/15th
- Octavia Boulevard/Market/U.S. 101

Although the impacts at the above intersections would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact at the intersection of Divisadero/Haight by improving the operation conditions from at that intersection LOS E or LOS F to LOS D:

*Improvement Measure I-TR-128 Divisadero/Haight Intersection Improvement.*

**Impact TR-129:** Implementation of the Davies Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Scott/Duboce
- Noe/Duboce
- Noe/14th
- Sanchez/Duboce
- Fillmore/Duboce
- Church/Duboce

**Impact TR-130:** Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS E or LOS F under 2030 Cumulative plus Project conditions:

- Cesar Chavez/Valencia
- Cesar Chavez/Guerrero
- Guerrero/27th
- Guerrero/28th
- Cesar Chavez/South Van Ness
- Cesar Chavez/Dolores

**Impact TR-131:** Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following nine study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Cesar Chavez/Bartlett
- Guerrero/Duncan
- Mission/Valencia/Fair
- Cesar Chavez/Mission
- Guerrero/26th
- San Jose/29th



- Valencia/26th
- Valencia/Duncan/Tiffany
- Mission/29th

**Impact TR-132:** Implementation of the Cathedral Hill Campus project would not cause transit demand to exceed the proposed transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

**Impact TR-149:** Implementation of the CPMC LRDP would not cause transit demand at the California Campus to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

**Impact TR-150:** Implementation of the Davies Campus project would not cause transit demand to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

**Impact TR-151:** Implementation of the St. Luke's Campus project would not cause transit demand to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

## **Noise**

**Impact NO-2:** LRDP operation would not cause a substantial permanent increase in traffic noise levels at noise-sensitive residential receptors and/or expose noise-sensitive receptors to a substantial increase in noise levels.

**Impact NO-4:** Future traffic-related interior noise levels would not exceed applicable land use compatibility standards at the St. Luke's and Davies Campuses.

**Cumulative Impacts:** Cumulative impacts related to short-term exposure of sensitive receptors to increased construction noise and vibration, long-term exposure of sensitive receptors to increased traffic noise levels, long-term exposure of sensitive receptors to increased stationary-source noise, compatibility of sensitive land uses with the ambient noise environment, compatibility of sensitive land uses with the long-term groundborne noise and vibration environment, and short-term exposure of sensitive receptors to groundborne noise and vibration would be less than significant.

## **Air Quality**

**Impact AQ-2 (Davies and St. Luke's):** Construction activities associated with the Near-Term projects at Davies and St. Luke's would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 Bay Area Air Quality Management District ("BAAQMD") Guidelines.<sup>4</sup> (*For*

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<sup>4</sup>The analysis in the Draft EIR uses both the 1999 BAAQMD CEQA Air Quality Guidelines and the updated thresholds of significance and methodologies from the June 2010 BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed LRDP. The adoption of the 2010 significance thresholds has been the subject of recent judicial actions. It is uncertain whether or to what extent BAAQMD might revise its guidelines as result of the litigation or its own subsequent review. However, the Planning Department has determined that Appendix D of the June 2010 BAAQMD CEQA Air Quality Guidelines continues to be appropriate for uses in the environmental analysis, for the reasons more fully set forth in the Final EIR. Therefore, in light of the timing of this EIR, the use of both the 1999 and June 2010 BAAQMD Guidelines in both the Draft EIR and the subsequent refined analysis of construction TAC emissions continues to represent an appropriate and conservative approach that provides full disclosure regarding the potential impacts of (and appropriate mitigation for) the proposed LRDP. This document therefore makes findings of significance using both the 1999 and the 2010 BAAQMD Guidelines.

*the Cathedral Hill Campus, see Impact AQ-2, discussed in Section III, where this impact is regarded as a significant impact that can be reduced to a less-than-significant level through mitigation under the 1999 BAAQMD Guidelines.) (See also Impact AQ-10, in Section IV, where this impact is considered significant and unavoidable for the Cathedral Hill and St. Luke's Campuses under the 2010 BAAQMD Guidelines.)*

Although impacts related to toxic air contaminant exposure from near-term projects at the St. Luke's and Davies Campuses would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, and which has been incorporated into the construction management plans for the near-term projects at the St. Luke's and Davies Campuses, would reduce the carcinogenic risks and chronic noncarcinogenic health hazards posed by diesel particulate matter emissions during construction activities associated with development of the near-term projects at those campuses:

*Improvement Measure I-AQ-N2: This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus (Install Accelerated Emission Control Device on Construction Equipment).*

**Impact AQ-4:** Operation of the LRDP would not cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards under the 1999 BAAQMD Guidelines.

**Impact AQ-5:** Operations at the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 BAAQMD Guidelines.

**Impact AQ-6:** Construction and operation of the LRDP would not expose a substantial number of people to objectionable odors under the 1999 BAAQMD Guidelines.

**Impact AQ-7:** The LRDP's short-term construction emissions would not contribute to cumulatively considerable toxic air contaminant, criteria air pollutant or precursor emissions in the region. The LRDP's long-term operational toxic air contaminant emissions would not be cumulatively considerable under the 1999 BAAQMD Guidelines. *(See Impact AQ-7, in section IV, regarding contribution of the LRDP's long-term operational criteria air pollutant emissions to a cumulatively considerable significant and unavoidable impact, under the 1999 BAAQMD Guidelines.) (See also Impacts AQ-9 in Section IV, in which the near-term construction activities associated with the LRDP would exceed the 2010 BAAQMD CEQA significance threshold for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation; and AQ-14, in Section IV, in which the LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable significant and unavoidable impact on sensitive receptors using the 2010 BAAQMD Guidelines).*

**Impact AQ-12:** Operation of CPMC campuses under the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 2010 BAAQMD Guidelines.

**Impact AQ-13:** Construction and operation under the LRDP would not expose a substantial number of people to objectionable odors under the 2010 BAAQMD Guidelines.

**Impact AQ-14:** The proposed LRDP's operational emissions of toxic air contaminants would not contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

### **Greenhouse Gas Emissions**

**Impact GH-1:** Direct and indirect CPMC LRDP-generated GHG emissions would not have a significant impact on the environment, nor would they conflict with an applicable plan, policy or regulation adopted for the purpose of reducing GHG emissions (*State CEQA Guidelines, Appendix G*).

**Impact GH-2:** CPMC LRDP construction-related GHG emissions would not have a significant impact on the environment, nor conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions (*2010 BAAQMD Guidelines*).

### **Wind and Shadow**

**Impact WS-1:** The LRDP would not alter wind in a manner that substantially affects public areas.

**Impact WS-2:** The LRDP would not create net new shadow in a manner that would substantially affect the use of any park or open space under the jurisdiction of the San Francisco Recreation & Park Department, publicly accessible open space, outdoor recreation facility, or other public area or change the climate in either the community or the region.

**Cumulative Impacts:** Cumulative impacts of the proposed LRDP related to wind would be less than significant. The CPMC LRDP would also not result in a cumulatively considerable contribution to cumulative shadow impacts on open space.

### **Recreation**

**Impact RE-1:** The LRDP would not increase the use of existing neighborhood and regional parks or other recreational facilities such that substantial physical deterioration of the facilities would occur or be accelerated. The LRDP also would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered park or recreational facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, or other performance objectives.

**Impact RE-2:** The LRDP would not include recreational facilities or require the construction or expansion of recreational facilities which might have an adverse physical effect on the environment.

**Impact RE-3:** The LRDP would not adversely affect existing recreational opportunities.

**Cumulative Impacts:** Cumulative impacts of the proposed LRDP on recreation resources would be less than significant.

### **Public Services**

**Impact PS-1:** The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered fire and emergency services facilities to maintain acceptable service ratios, response times, or other performance objectives.

**Impact PS-2:** The LRDP (except the Cathedral Hill Campus during the construction period, as discussed at Impact PS-2 in Section III below regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation) would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered police protection facilities to maintain acceptable service ratios, response times, or other performance objectives.

**Impact PS-3:** The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered schools to maintain acceptable service ratios or other performance objectives.

**Impact PS-4:** The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered libraries to maintain acceptable service ratios or other performance objectives.

**Cumulative Impacts:** The cumulative impact on fire or police protection services related to the LRDP and foreseeable future developments in San Francisco would be less than significant. The cumulative impact on schools and library services related to the LRDP and foreseeable future developments in San Francisco would be less than significant.

### **Utilities and Service Systems**

**Impact UT-1:** The LRDP would not exceed wastewater treatment requirements of the applicable regional water quality control board.

**Impact UT-2:** The LRDP would not require or result in the construction of new water treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

**Impact UT-3:** The LRDP would not require or result in the construction of new wastewater treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

**Impact UT-4:** The LRDP would not require or result in the construction of new stormwater drainage facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

**Impact UT-5:** The San Francisco Public Utilities Commission ("SFPUC") would have sufficient water supplies to serve the LRDP from existing entitlements and resources. No new or expanded entitlements would be needed.

**Impact UT-6:** The LRDP would be served by a landfill with sufficient permitted capacity to accommodate the LRDP's solid waste disposal needs.

**Impact UT-7:** The LRDP would comply with federal, state, and local statutes and regulations related to solid waste.

**Cumulative Impacts:** The cumulative impact of development projects, including the proposed LRDP, within San Francisco on water supplies would be less than significant. The cumulative impact of development projects, including the proposed LRDP, on the capacity of existing and planned storm sewers would be less than significant. The cumulative impact of future development, including the proposed LRDP, on San Francisco's solid waste disposal capacity would be less than significant.

### **Biological Resources**

**Impact BI-2:** The LRDP would require removal of protected trees at most of the CPMC campus sites during construction. However, protected trees would be removed in compliance with the City's Urban

Forestry Ordinance and Section 143 of the San Francisco Planning Code, and thus the LRDP would not conflict with any local policies.

Although the landmark tree located at the St. Luke's Campus is not proposed for removal and, therefore, impacts on the landmark tree would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by further protecting the existing landmark tree from potential adverse construction impacts that could affect its health:

*Improvement Measure I-BI-N2: Preparation and implementation of a Tree Protection Plan submitted to be submitted to DPW as part of the construction plans for the St. Luke's Campus.*

**Cumulative Impacts:** The cumulative impacts of the LRDP related to biological resources would be less than significant.

## **Geology and Soils**

**Impact GE-1:** The LRDP would not expose people or structures to the risk of loss, injury, or death involving rupture of a known earthquake fault or strong seismic ground shaking.

**Impact GE-2:** The LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including liquefaction, or be located on geologic unit or soil that is unstable, or that would become unstable as a result of the Project, and potentially result in liquefaction or lateral spreading.

**Impact GE-3:** The LRDP would not expose people or structures to the risk of loss, injury, or death involving landslides or be located on geologic unit or soil that is unstable, or that would become unstable as a result of the project, and potentially result in on- or off-site landslides.

**Impact GE-5:** The Near-Term Projects under the LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including densification or seismic settlement.

**Impact GE-6:** The LRDP would not be located on a geologic unit or soil that is unstable or that would become unstable as a result of the project, resulting in subsidence or collapse (except for potential ground subsidence from construction dewatering at the St. Luke's Campus, discussed below under Impact GE-6 in Section III regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation). Although the impact related to subsidence or soil collapse at the Cathedral Hill Campus would be less than significant, implementation of the following improvement measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by ensuring that unanticipated effects of dewatering activities are monitored.

*Improvement Measure I-GE-N6: Excavation monitoring program.*

**Impact GE-7:** The LRDP projects would not be located on expansive soil (as defined in Table 18-1-B of the Uniform Building Code), nor would it be substantially affected by corrosive soils, and therefore would not create substantial risks to life or property.

**Impact GE-8:** The CPMC campus sites do not have soils incapable of adequately supporting the use of septic tanks or alternative wastewater disposal systems where sewers are not available for the disposal of wastewater.<sup>5</sup>

**Impact GE-9:** The LRDP would not change substantially the topography or any unique geologic or physical features of the sites.

**Cumulative Impacts:** The cumulative impacts of the LRDP with regard to fault rupture would not be considerable. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impacts arising out of strong seismic ground shaking. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impact arising from liquefaction, settlement, lateral spreading, corrosive soils, or landsliding. Cumulative impacts related to erosion or the loss of topsoil would not be considerable. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impacts from development on soils subject to instability, subsidence, collapse, and/or expansive soil, and the cumulative impact of the LRDP would be less than significant. No cumulative impact related to topography and unique geographic features would occur. Cumulative impacts related to the off-site disposal of excavated materials would be less than significant.

## **Hydrology and Water Quality**

**Impact HY-1:** Dewatering activities during LRDP construction could temporarily lower the local groundwater table, but the LRDP would not substantially deplete groundwater supplies or interfere with recharge such that there would be a net deficit in aquifer volume or a substantial lowering of the local groundwater table.

**Impact HY-4:** Changes in the intensity of land use and increases in impervious surfaces at the CPMC campuses would not result in significant degradation of the quality of stormwater discharged to the combined sewer.

**Impact HY-5:** LRDP construction would not place any buildings or structures within a designated 100-year flood hazard area.

**Impact HY-6:** LRDP construction would not expose people or structures to risks from inundation by seiche, tsunami, or mudflow.

**Cumulative Impacts:** The cumulative impact related to the placement of buildings or structures within the 100-year flood hazard area and exposure of people or structures to risks from inundation by seiche, tsunami, or mudflow would be less than significant. The LRDP and other foreseeable development projects would have a less-than-significant cumulative impact on groundwater supplies and recharge. The cumulative impact on the capacity of existing and planned storm sewers would be less than significant. Cumulative impacts on water quality associated with construction of the LRDP and other foreseeable development projects would be less than significant. Therefore, the proposed CPMC LRDP would not contribute considerably to cumulative impacts related to hydrology and water quality.

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<sup>5</sup> All of the CPMC campuses would be served by sewer systems.

## **Hazards and Hazardous Materials**

**Impact HZ-1:** LRDP construction would not create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment. (Except hazardous materials related to known soil and groundwater conditions, known underground structures, and unknown soil and groundwater conditions and USTs, as discussed below under Impact HZ-1 in Section III regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation).

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

Hazardous materials related to construction equipment would not create a significant hazard to the public or to the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment during construction activities.

Hazardous materials related to demolition of structures would not create a significant hazard to the public or to the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment.

Although the impact of hazardous materials related to demolition of structures would be less than significant, the less-than-significant impact related to potential exposure to PCBs and mercury during demolition of on-campus structures would be further reduced through the implementation of the following improvement measure, as more fully described in the Final EIR:

*. Improvement Measure I-HZ-N1: CPMC shall ensure that project contractors remove and properly dispose of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.*

**Impact HZ-2:** LRDP operations would not create a significant hazard to the public or the environment through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment during project operation.

**Impact HZ-3:** The LRDP would not emit hazardous emissions or involve handling of hazardous or acutely hazardous materials, substances, or wastes within one-quarter mile of an existing or proposed school during construction or operation.

Although the impact related to hazardous emissions or handling of hazardous materials within one-quarter mile of an existing or proposed school would be less than significant, the impact related to potential hazardous air emissions from structures to be demolished on the Cathedral Hill, Davies, and St. Luke's Campuses would be further reduced through the implementation of the following improvement measure, as more fully described in the Final EIR:

*Improvement Measure I-HZ-N3: This improvement measure is identical to I-HZ-N1 and requires the removal and proper disposal of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.*

**Impact HZ-5:** The near-term projects under the LRDP would not be located within an airport land use plan or within 2 miles of a public airport or private airstrip, and as a result, would not create a safety hazard for people residing or working in the area.

**Impact HZ-6:** The LRDP would not conflict with emergency response or evacuation plans during the project's construction and operational periods.

**Impact HZ-7:** The LRDP would not expose people or structures to a significant risk of loss, injury, or death involving fires.

**Cumulative Impacts:** Cumulative impacts from construction activities related to the routine transport, use, and disposal of hazardous materials would be less than significant. The LRDP's cumulative impact related to reasonably foreseeable risk of upset or accident would be less than significant. The LRDP's cumulative impact related to handling of acutely hazardous materials within one-quarter mile of a school would be less than significant. The LRDP's cumulative impact related to hazardous materials release sites would be less than significant. The LRDP's cumulative impact related to impairment of implementation of adopted emergency response plans would be less than significant.

### **Mineral and Energy Resources**

**Impact ME-1:** The LRDP would not result in the loss of availability of a known mineral resource that would be of value to the region and the state, nor would it result in the loss of availability of a locally important mineral resource.

**Impact ME-2:** The LRDP would encourage activities that would result in the use of large amounts of fuel, water, and energy; however, these resources would not be used in a wasteful manner.

**Cumulative Impacts:** The energy demand associated with the proposed CPMC LRDP would not result in a cumulatively considerable contribution to the existing and ongoing significant cumulative impact on energy reliability.

### **Agricultural Resources**

**Impact AG-1:** The LRDP would not convert Prime Farmland, Unique Farmland, or Farmland of Statewide Importance; would not conflict with existing zoning for agricultural use, or a Williamson Act contract; and would not involve other changes in the existing environment that, because of their location or nature, could result in conversion of Farmland of Statewide Importance to nonagricultural use.

**Impact AG-2:** The LRDP would not result in conflicts with existing zoning for, or cause rezoning of, forest land or timberland.

**Impact AG-3:** The LRDP would not result in the loss of or conversion of forest land to nonforest use.

**Cumulative Impacts:** The LRDP would not contribute to cumulative impacts on agricultural and forest resources.

### **Growth Inducement**



Implementation of the proposed CPMC LRDP would not result in substantial additional development, population and employment growth at the CPMC campuses, in the surrounding neighborhoods, or citywide. Thus, the LRDP would not result in direct or indirect substantial growth inducement.

### **Urban Decay**

The proposed LRDP would not result in conditions leading to urban decay.

## **III.**

### **FINDINGS OF POTENTIALLY SIGNIFICANT IMPACTS THAT CAN BE AVOIDED OR REDUCED TO A LESS-THAN-SIGNIFICANT LEVEL THROUGH MITIGATION AND THE DISPOSITION OF THE MITIGATION MEASURES**

CEQA requires agencies to adopt mitigation measures that would avoid or substantially lessen a project's identified significant impacts or potential significant impacts if such measures are feasible (unless mitigation to such levels is achieved through adoption of a project alternative). The findings in this Section III and in Section IV concern mitigation measures set forth in the Final EIR. These findings discuss mitigation measures as identified in the Final EIR for the Proposed Project. The full text of the mitigation measures is contained in the Final EIR and in **Exhibit 1**, the Mitigation Monitoring and Reporting Program. The impacts identified in this Section III would be reduced to a less-than-significant level through implementation of the mitigation measures contained in the Final EIR, included in the Project, or imposed as conditions of approval and set forth in **Exhibit 1**.

It is recognized that some of the mitigation measures are partially within the jurisdiction of other agencies. These agencies are urged to assist in implementing these mitigation measures, and it is hereby found that these agencies can and should participate in implementing these mitigation measures.

### **Cultural and Paleontological Resources**

**Impact CP-2: Construction under the proposed LRDP could potentially adversely affect the significance of subsurface archaeological resources pursuant to Section 15064.5 of the State CEQA Guidelines.**

#### ***Cathedral Hill Campus***

Subsurface excavation and construction activities at the site of the proposed Cathedral Hill Campus could adversely affect subsurface archaeological deposits beneath the site. The Cathedral Hill project site appears to have the potential to contain prehistoric archaeological deposits associated primarily with the Colma Formation, a soil layer initially developed before the earliest recorded human habitation in the region, which extends horizontally throughout the site at an approximate depth of 20–37 feet. Planned excavations at the Cathedral Hill Campus may go to a maximum of approximately 65.5 feet below surface along Van Ness Avenue, affecting the Colma Formation soils. .

Development of the Cathedral Hill Hospital block began in the 1860s when the Ladies' Protection and Relief Society Orphan Asylum was erected on the western half of the block. By 1869, buildings along Post Street and possibly along Geary Boulevard (probably residences) had been constructed. The former footprint of the Orphan Asylum and all of the individual dwellings within the Cathedral Hill Campus

site on Geary Boulevard/Geary Street, Van Ness Avenue, and Cedar and Post Streets have the potential to yield significant archaeological resources, primarily along the back lot lines where residents would have located privies or trash pits. The streets within this project site represent a cross section of the neighborhood and of San Francisco in its earliest phases and could supply important information about this population.

Prehistoric or historic cultural resources related to the site's previous uses that are discovered during construction of the proposed Cathedral Hill Campus may represent historical resources or unique archaeological resources as defined by CEQA. Because of the potential for a substantial change to or destruction of these resources, if encountered, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP and will be implemented as provided therein.

*Mitigation Measure M-CP-N2: Archaeological Testing Program, Archaeological Monitoring Program, Archaeological Data Recovery Program, procedures for treatment of Human Remains and Associated or Unassociated Funerary Objects, and Final Archaeological Resources Report.*

Based on the Final EIR and the entire administrative record, it is hereby found and determined that implementing Mitigation Measure M-CP-N2 at the proposed Cathedral Hill Campus would reduce Impact CP-2 to a less-than-significant level because it would ensure that any potentially affected archaeological deposit would be identified, evaluated, and, as appropriate, subject to data recovery and reporting by a qualified archaeologist under the oversight of the Environmental Review Officer.

#### ***St. Luke's Campus***

LRDP construction activities at the St. Luke's Campus could adversely affect subsurface archaeological deposits beneath the site. The St. Luke's Replacement Hospital would require excavation up to a depth of 19 feet below grade.. The MOB/Expansion Building would require excavation up to approximately 45 feet below grade.

The St. Luke's Campus site has the potential to prehistoric or historic archaeological resources. Colma Formation and more recent soil deposits in the subsurface of the St. Luke's Campus site may contain prehistoric archaeological resources. Individual structures pictured within the St. Luke's Campus site on 19th-century maps have the potential to yield significant archaeological resources from the time period from the 1870s, when the first structure was built on the site, through the first decade of the 20th century. Refuse or structural features would be potentially eligible under Criterion 4 of the California Register of Historic Resources ("CRHR") for their ability to address research questions relating to late-19th-century medical practices in San Francisco, and to add to the existing body of comparable data recovered from similar San Francisco sites.

The following mitigation measure, as more further described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-CP-N2: This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.*

As more fully described in the Final EIR, if encountered, the impact to prehistoric or historic resources would be significant and, based on the Final EIR and the entire administrative record, it is hereby found and determined that, as more fully described therein and for the same reasons as discussed above for the

proposed Cathedral Hill Campus, implementing Mitigation Measure M-CP-N2 at the St. Luke's Campus would reduce Impact CP-2 to a less-than-significant level.

#### *Davies Campus*

LRDP construction at the Davies Campus site could adversely affect archaeological deposits beneath the site. Excavation for the Neuroscience Institute building would reach approximately 50 feet below current street level and require the removal of approximately 63,000 cubic yards of soil. The Davies Campus appears to have the potential to contain prehistoric archaeological deposits, which would be associated primarily with the deeply buried Colma Formation. Sites uncovered in or on Colma Formation soils could be eligible for listing in the CRHR for their data potential (Criterion 4).

The site of the Davies Campus site was 0.15 mile from Mission Dolores and may have been affected by mission-related activities. The site was the location of various outbuildings associated with the German Hospital constructed in 1877. Architectural remains of these outbuildings, and institutional and residential refuse, and possibly architectural features, from the German Hospital may be found during LRDP construction. Temporary human burials, casualties of the 1906 earthquake, were placed in the corner of the yard, but the corner that housed the mortuary was not located within the Davies Campus site. It is possible, though unlikely, that burials from the earthquake could be found during LRDP construction. If pit refuse from the German Hospital is located within the site, a determination would be made about whether the features of this refuse have enough integrity to meet data requirements for CRHR eligibility. Any recovered archaeological evidence of a settlement from the Spanish period would be considered highly significant. Indications of the extent to which San Francisco's native population retained its cultural practices and adapted to or resisted the demands of life at the mission have the potential to add valuable data to, and possibly alter, the historical record. These or similar resources found during construction may represent historical resources or unique archaeological resources as defined by CEQA. Because of the potential for a substantial change to or destruction of these resources, if the resources are discovered, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-CP-N2: This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is hereby found and determined that, as more fully described therein and for the same reasons as discussed for the proposed Cathedral Hill Campus, implementing Mitigation Measure M-CP-N2 at the Davies Campus would reduce Impact CP-2 to a less-than-significant level.

**Impact CP-3: Construction-related earthmoving activities would take place in several paleontologically sensitive rock formations; therefore, earthmoving activities could damage or destroy previously unknown, unique paleontological resources at the project site.**

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

The Colma Formation (all CPMC campuses), slope debris and ravine deposits (St. Luke's Campus), and older native sediments (Davies Campus) are considered paleontologically sensitive rock formations because of their potential to contain unique paleontological resources. Therefore, earthmoving activities in these deposits could damage unique paleontological resources, which would be a significant impact.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-CP-N3: Construction Personnel Training Program and Recovery Plan.*

As more fully described in the Final EIR, the potential impact to paleontological resources is significant. Based on the Final EIR and the entire administrative record, it is hereby found and determined that implementing Mitigation Measure M-CP-N3 at the Cathedral Hill, St. Luke's, and Davies Campuses would reduce Impact CP-3 to a less-than-significant level because construction workers would be trained regarding the possibility of encountering paleontological resources, and in the event that resources were encountered, fossil specimens would be recovered and recorded and would undergo appropriate curation.

**Impact CP-4: Project-related construction activities could disturb as-yet-undiscovered human remains.**

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

Although no human remains have been listed or recorded at any of the proposed or existing CPMC campus sites, they are known to occur on the San Francisco peninsula in Middle and Late Holocene sites. Constructing new facilities at the CPMC campus sites would require excavation exposing the Colma Formation, a Late Pleistocene–Early Holocene landform that offered potential occupation surfaces for Native Americans for a period of several thousand years. As a result, as-yet-undiscovered human remains may be uncovered by excavations at these locations. Because of the potential for disturbance of human remains, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-CP-N4: This mitigation measure is identical to Mitigation Measure M-CP-N2, above.*

Based on the Final EIR and the entire administrative record, and because Mitigation Measure M-CP-N4 would ensure that the treatment of any human remains and associated or unassociated funerary objects discovered during any soil-disturbing activity shall comply with applicable federal and state laws, it is hereby found and determined that implementing Mitigation Measure M-CP-N4 at the Cathedral Hill, St. Luke's, and Davies Campuses would reduce Impact CP-4 to a less-than-significant level.

**Cumulative Impacts: Archaeological resources and human remains.**

CEQA requires the recovery of significant scientific data where otherwise a project would result in the loss of the archaeological resource. For those archaeological properties potentially eligible or eligible for listing in the CRHR under Evaluation Criterion 4, mitigation through data recovery is generally considered sufficient to reduce impacts to a less-than-significant level. Consequently, development in the recent past has not, and development in the present and reasonably foreseeable future would not, contribute to a significant adverse cumulative impact on archaeological resources. Similarly, with implementation of Mitigation Measures M-CP-N2 and M-CP-N3, as described above and more fully set forth in the Final EIR and the attached MMRP, the proposed LRDP would have a less-than-significant impact on archaeological resources that are unique and nonrenewable members of finite classes, and the

incremental contribution of the LRDP to these cumulative effects would not be cumulatively considerable because it would not contribute to a loss of valuable resources.

### Transportation and Circulation

#### **Impact TR-44: Implementation of the Cathedral Hill Campus project and subsequent operation of the Cathedral Hill Hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street.**

The main entrance to the Cathedral Hill Hospital loading dock would be from separate entrance and exit driveways on Franklin Street. Prior to entering the loading area, a large truck would need to come to a stop in the second travel lane, and an attendant would need to temporarily stop on-coming traffic on Franklin Street while the truck maneuvered into the dock. Because Franklin Street is a major arterial street with large platoons of vehicles during significant portions of the day, stopping these vehicles may cause vehicle queues to form and extend into upstream intersections (e.g., Franklin Street/Geary Street) and interrupt intersection operations. It may result in a safety issue if vehicles stuck at an intersection decide to maneuver around other vehicles to move out of oncoming cross traffic. Therefore, the project's impact related to loading operations at the off-street loading facility on Franklin Street would be a significant impact.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

#### *Mitigation Measure MM-TR-44 Loading Dock Restrictions and Attendant.*

Based on the Final EIR and the entire administrative record, and because Mitigation Measure M-TR-44 would include time restrictions for larger truck deliveries, initial traffic impact monitoring and potential adjustments as warranted by such monitoring, and the provision of a delivery attendant during larger deliveries, it is hereby found and determined that implementation of Mitigation Measure M-TR-44 would reduce the impacts related to loading operations and, therefore, the impact related to the Cathedral Hill Hospital's loading facility to create hazardous conditions on Franklin Street traffic operations would be less than significant with mitigation.

### Noise

#### **Impact NO-1: Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels.**

#### *Cathedral Hill Campus*

During the most intense phases of demolition and excavation activities, construction noise generated at the proposed Cathedral Hill Campus would be 81 dB  $L_{eq}$  at 100 feet and therefore, 1 dB above the San Francisco Noise Control Ordinance standard for daytime construction of 80 dB  $L_{eq}$  at 100 feet from powered construction equipment. Sensitive receptors at the following locations would experience noise levels exceeding 80 dB  $L_{eq}$ : Geary Boulevard residences across from the Cathedral Hill Hospital site (81 dB  $L_{eq}$ ), Hamilton Square Baptist Church (82 dB  $L_{eq}$ ), 1 Daniel Burnham Court (82 dB  $L_{eq}$ ), 1142 Van Ness Avenue (87 dB  $L_{eq}$ ), 1001 Polk Street (83 dB  $L_{eq}$ ), 1050 Van Ness Avenue (81 dB  $L_{eq}$ ), and 1015 Geary Street

(81 dB  $L_{eq}$ ).<sup>6</sup> As a result, certain construction activities at the Cathedral Hill Campus would not comply with the standards of the San Francisco Noise Control Ordinance. Therefore, this potential impact from construction of the Cathedral Hill Hospital and Cathedral Hill MOB would be significant.

*Van Ness Avenue Pedestrian Tunnel*

The Van Ness Avenue pedestrian tunnel would be constructed concurrently with (but take substantially less time than) the construction of the proposed Cathedral Hill Hospital and Cathedral Hill MOB. Noise generated by tunnel construction work between 7 a.m. and 7 p.m. would be enclosed within the tunnel. Therefore, this noise would be less than 80 dB  $L_{eq}$  at 100 feet from powered construction equipment, and would not exceed the San Francisco Noise Control Ordinance's standard for daytime construction. Therefore, the impact from daytime construction of the Van Ness Avenue pedestrian tunnel would be less than significant.

Initial surface work would be conducted at night between 7 p.m. and 5 a.m., Monday-Friday, and would require approximately four months to complete. Nighttime work is proposed to avoid the need for extended lane closures during high-traffic periods and to minimize disruption of traffic, because the initial surface work for the pedestrian tunnel requires the closure of two traffic lanes at a time on Van Ness Avenue during each work shift. The Department of Public Works or the Director of Building Inspection would need to grant a special permit to authorize construction work after 8 p.m. and before 7 a.m., because construction noise could exceed ambient noise levels by more than 5 dBA as measured at the nearest property plane. It is found and determined, however, for the reasons stated in the Final EIR and the entire administrative record and due to its temporary nature (approximately 4 months), that this nighttime noise impact would be less than significant with issuance of a special permit with conditions, including implementing Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c, as described below and more fully described in the Final EIR.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the MMRP and will be implemented as provided therein.

*Mitigation Measure M-NO-N1a: CPMC shall minimize the impacts of construction noise where feasible by implementing the measures listed in the Final EIR and MMRP, including, construction equipment noise minimization and deflection techniques and noise suppression devices in accordance with the San Francisco Noise Control Ordinance. These measures shall be required in each contract agreed to between CPMC and a contractor under the LRDP and shall be applied to all projects and programs covered by the CPMC LRDP EIR.*

*Mitigation Measure M-NO-N1b: Community Liaison*

*Mitigation Measure M-NO-N1c: Construction Noise Management Plan, including data gathering and analysis, monitoring, and potential review and approval by a qualified acoustical consultant of additional mitigation measures meeting specified performance standards, if warranted under specified criteria.*

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<sup>6</sup> As explained on page 4.6-44 of the Draft EIR, during demolition, excavation, and foundation construction, it is expected that the construction noise would be shielded partially or completely by a portion of the shell of existing building facades being demolished, and eventually by the construction pit as work progresses. However, this shielding effect was not accounted for in the analysis of the potential noise levels at these sensitive receptors.

Based on the Final EIR and the entire administrative record, and including the requirement to obtain a special permit authorizing initial surface construction work related to the Van Ness Avenue pedestrian tunnel construction during nighttime hours, and the recommended noise reduction techniques set forth in the mitigation measures described above, which involve implementing both physical (e.g., noise shielding) and operational (e.g., restrictions on idling of construction equipment, community liaison) impact reduction measures that are considered practical and feasible, it is hereby found and determined that implementing Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c would reduce construction noise impacts at the proposed Cathedral Hill Campus to a less-than-significant level.

### *St. Luke's Campus*

During the most intense phases of demolition and excavation activities, construction noise generated at the St. Luke's Campus would be 80 dB  $L_{eq}$  at 100 feet. Sensitive receptors at the following locations would experience noise levels exceeding 80 dB  $L_{eq}$ : residences on the 1450-1600 blocks of Guerrero Street (84 dB  $L_{eq}$ ) and the 578-643 blocks of San Jose Avenue (81 dB  $L_{eq}$ ). During daytime hours, on-campus noise sensitive receptors (patients and staff occupying the existing St. Luke's Hospital tower) would experience elevated interior-noise levels exceeding those recommended for hospitals. As a conservative conclusion, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP and will be implemented as provided therein.

*Mitigation Measure M-NO-N1: This mitigation is identical to Mitigation Measures M-NO-N1a, M-NO-N1b and M-NO-N1c for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, including the recommended noise reduction techniques set forth in the mitigation measure described above, which involves implementing both physical (e.g., noise shielding) and operational (e.g., restrictions on idling of construction equipment, community liaison) impact reduction measures that are considered practical and feasible, it is hereby found and determined that implementing Mitigation Measure M-NO-N1 would reduce construction noise impacts at the St. Luke's Campus to a less-than-significant level.

### *Davies Campus*

During the most intense phases of demolition and excavation activities, construction noise generated at the Davies Campus would be above 80 dB  $L_{eq}$  at 100 feet. On-campus sensitive receptors at the Davies Hospital North Tower would experience noise levels (81 dB  $L_{eq}$ ) exceeding 80 dB  $L_{eq}$ . Also, during daytime hours, on-campus noise-sensitive receptors (patients and staff occupying the Davies Hospital North and South Towers) could experience elevated interior noise levels, including noise levels exceeding those recommended for hospitals. Therefore, as a conservative conclusion, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP and will be implemented as provided therein.

*Mitigation Measure M-NO-N1: This mitigation measure is similar to Mitigation Measures M-NO-N1a, M-NO-N1b and M-NO-N1c for the Cathedral Hill Campus but differs in that evaluation of interior construction-noise levels at on-site receptors by a qualified acoustical consultant shall be required if the number of complaints to the community liaison becomes excessive and warrants further action.*

Based on the Final EIR and the entire administrative record, and for the same reasons as described above for the St. Luke's Campus, it is hereby found and determined that implementing Mitigation Measure M-NO-N1 would reduce construction noise impacts at the Davies Campus to a less-than-significant level.

**Impact NO-3: Operation of stationary noise sources associated with the CPMC LRDP could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels.**

*Cathedral Hill Campus*

Noise levels attributable to the proposed Cathedral Hill Hospital's Level 5 kitchen exhaust fans, to Aduromed (medical waste disposal) operations, and to oxygen truck deliveries could potentially exceed noise limits set forth in the San Francisco Noise Control Ordinance and could result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-NO-N3a: CPMC shall retain the services of a qualified acoustical consultant to measure the sound levels of operating exterior equipment within 30 days after installation. If exterior equipment meets sound-level standards, no further action is required. If exterior equipment does not meet sound-level standards, CPMC shall replace and/or redesign the exterior equipment to meet the City's noise standards. Results of the measurements shall be provided to Hospital Facilities Management/Engineering and the City to show compliance with standards.*

*Mitigation Measure M-NO-N3b: Bay doors shall be required to be closed during Aduromed operations, to the extent feasible.*

*Mitigation Measure M-NO-N3c: In the event that it is determined to be infeasible for bay doors to be closed during Aduromed operation, a noise-absorptive material shall be applied (prior to initiation of Aduromed operations with open doors) to the entire ceiling structure of the loading-dock area to reduce noise levels from Aduromed operations. The material shall have a minimum Noise Reduction Coefficient of 0.75.*

*Mitigation Measure M-NO-N3d: Noise attenuators shall be included on kitchen exhaust fans located on Level 5 of the Cathedral Hill Hospital adjacent to patient rooms, or the sound power levels of the exhaust fans shall be limited. Hospital Facilities Management/Engineering shall review the effectiveness of attenuators.*

*Mitigation Measure M-NO-N3e: Delivery of oxygen to the proposed Cathedral Hill Campus shall not be scheduled during hours when church activities are typically taking place. Communication shall be established between the adjacent churches and CPMC, and a mutually acceptable time for delivery of oxygen shall be determined.*

Mitigation Measures M-NO-N3a through M-NO-N3e include practical and feasible physical (e.g., equipment design) and operational (e.g., delivery schedule) impact reduction measures. Therefore, implementing these mitigation measures would reduce the impact of the operation of stationary noise sources (i.e., mechanical HVAC equipment, emergency electrical generators, Aduromed), to a less-than-significant level at the proposed Cathedral Hill Campus.



*Davies Campus*

The operation of the proposed new emergency generator at the Davies Campus could potentially generate noise levels that exceed noise limits set forth in the San Francisco Noise Control Ordinance and result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-NO-N3: CPMC shall retain the services of a qualified acoustical consultant to conduct an additional site-specific noise study to evaluate and establish the appropriate ambient noise levels at the Davies Campus for purposes of a detailed HVAC and emergency-generator noise reduction analysis. The recommendations of the acoustical consultant shall include specific equipment design and operations measures to reduce HVAC and emergency-generator noise to acceptable levels for exterior and interior noise levels as specified in the San Francisco Noise Control Ordinance.*

Based on the Final EIR and the entire administrative record, it is found and determined, that the above mitigation measure involves implementing physical (e.g., equipment design) impact reduction measures related to stationary equipment that are considered practical and feasible to achieve compliance with the San Francisco Noise Control Ordinance. Thus, implementing Mitigation Measure M-NO-N3 at the Davies Campus would reduce the impact of the operation of stationary noise sources (i.e., an emergency generator) to a less-than-significant level.

*St. Luke's Campus*

As more fully described in the Final EIR, the operation of stationary sources (specifically, rooftop HVAC equipment) at the St. Luke's Campus could potentially generate noise levels that could exceed the City's noise limits set forth in the San Francisco Noise Control Ordinance and result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-NO-N3: This mitigation measure is identical to Mitigation Measure M-NO-N3 for the Davies Campus and Mitigation Measure M-NO-N3a for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined that the above mitigation measure involves implementing physical (e.g., equipment design) impact reduction measures related to stationary equipment that are considered practical and feasible to achieve compliance with the San Francisco Noise Control Ordinance standards. Thus, implementing Mitigation Measure M-NO-N3 at the St. Luke's Campus would reduce the impact of the operation of stationary noise sources (i.e., mechanical HVAC equipment, emergency electrical generators) to a less-than-significant level.

**Impact NO-4: Future traffic-related interior noise levels could exceed applicable land use compatibility standards at the Cathedral Hill Campus.**

As more fully described in the Final EIR, future traffic noise levels could result in interior noise levels at the Cathedral Hill Campus that exceed an interior noise level of 45 dB L<sub>dn</sub>. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-NO-N4: CPMC shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Cathedral Hill Hospital that would reduce the interior traffic-noise level inside the hospital to 45 dB L<sub>dn</sub>. Interior spaces of the hospital shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L<sub>dn</sub> or lower.*

Based on the Final EIR and the entire administrative record, it is found and determined, that implementation of Mitigation Measures M-NO-N4 would require that the Cathedral Hill Hospital be designed to achieve interior traffic noise levels of 45 dB L<sub>dn</sub> or below by including noise-insulating features. Compliance with this performance standard is feasible with currently available, commonly used building technology. Therefore, implementing Mitigation Measure M-NO-N4 at the proposed Cathedral Hill Campus would reduce the impact of traffic-related interior noise levels to a less-than-significant level.

### **Air Quality**

**Impact AQ-1: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed 1999 BAAQMD CEQA significance criteria (1999 BAAQMD Guidelines).**

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

Demolition, excavation, and construction activities for the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would require the use of heavy trucks, excavating and grading equipment, and other mobile and stationary construction equipment. Material handling, traffic on unpaved or unimproved surfaces, demolition of structures, use of paving materials and architectural coatings, exhaust from construction worker vehicle trips, and exhaust from diesel-powered construction equipment would cause emissions during construction. Furthermore, heavy construction activity on dry soil exposed during construction phases would cause dust. These activities could cause potentially significant effects on local air quality.

Under the 1999 BAAQMD Guidelines, the implementation of all feasible construction dust control measures would reduce construction emissions to less-than-significant levels. Under the San Francisco Dust Control Ordinance, a dust control plan must be prepared that describes all dust control measures to be implemented during demolition and construction activities. Preparation of such a dust control plan is proposed as part of the construction management plan for the LRDP. The construction management plan would include BAAQMD Basic and Optional Control Measures. To ensure that these measures would be legally binding, they have been included as Mitigation Measure M-AQ-N1a, discussed below.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-AQ-N1a: Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction.*

*Mitigation Measure M-AQ-N1b: Implement Equipment Exhaust Control Measures during Construction.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measures M-AQ-N1a and M-AQ-N1b at the proposed Cathedral Hill, Davies, and St. Luke's Campuses would reduce Impact AQ-1 to a less-than-significant level, because (a) under the 1999 BAAQMD Guidelines, air pollutant emissions from construction activities would be considered a less than significant impact if all of BAAQMD's Basic and Optional Control Measures that are applicable are implemented, and Mitigation Measure M-AQ-N1a would require implementation of all applicable BAAQMD Basic and Optional Control Measures, together with Additional Construction Mitigation Measures, during construction ; (b) Mitigation Measure M-AQ-N1b would reduce exhaust emissions from construction equipment during project construction by implementing BAAQMD-recommended control measures requiring minimization of equipment idling times, and maintenance and proper tuning of construction equipment; and (c) all requirements of the Dust Control Ordinance would also be implemented as part of the proposed LRDP per CPMC's construction management plan to minimize fugitive dust emissions during construction activities. Therefore, construction emissions of fugitive dust associated with the LRDP would not violate or contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations.

**Impact AQ-2: Construction activities associated with the LRDP (near-term projects at the Cathedral Hill Campus) would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 BAAQMD Guidelines.** *(But see Impact AQ-10, in Section IV, where this impact is considered significant and unavoidable for the Cathedral Hill and St. Luke's Campuses under the 2010 BAAQMD Guidelines.)* .

As more fully described in the Final EIR, the LRDP's construction-related toxic air contaminant ("TAC") emissions at the proposed Cathedral Hill Campus would generate a cancer risk of approximately 8.3 in a million at the maximally exposed off-site individual, assuming the receptor is a resident child. This result reflects a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at Cathedral Hill Campus and would result in smaller impacts. This level is below the 1999 BAAQMD CEQA Guidelines significance threshold of 10 in a million.

The screening-level analysis assumed the implementation of the following Mitigation Measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), which is hereby adopted in the form set forth in the Final EIR and the attached MMRP:

*Mitigation Measure M-AQ-N2: Install Accelerated Emission Control Device on Construction Equipment.*

The proposed CPMC construction management plan includes measures consistent with Mitigation Measure M-AQ-N2, thereby incorporating this mitigation measure into the proposed LRDP. Implementation of Mitigation Measure M-AQ-N2 would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by diesel particulate matter ("DPM") emissions below the 1999 BAAQMD CEQA significance criteria, as demonstrated by the screening-level analysis described above and more fully described in the Final EIR. Therefore, this impact would be reduced to a less-than-significant level with implementation of Mitigation Measure M-AQ-N2.

**AQ-8: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed the 2010 BAAQMD CEQA significance criteria.**

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

The impact related to generation of fugitive dust during construction activities for the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses under the proposed LRDP is identical to the near-term impact described above under Impact AQ-1. Therefore, these activities could cause potentially significant effects on local air quality.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-AQ-N8a: Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction.* (This mitigation measure is identical to Mitigation Measure M-AQ-N1a for Impact AQ-1).

*Mitigation Measure M-AQ-N8b: Implement Equipment Exhaust Control Measures during Construction.* (This mitigation measure is identical to Mitigation Measure M-AQ-N1b for Impact AQ-1).

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measures M-AQ-N8a and M-AQ-N8b at the Cathedral Hill, Davies, and St. Luke's Campuses would reduce the impact of fugitive dust emissions from construction of near-term projects to a less-than-significant level under the 2010 BAAQMD CEQA significance criteria because: (a) Mitigation Measure M-AQ-N8a would require, during construction, implementation of all applicable Basic and Optional Control Measures identified under the 1999 BAAQMD CEQA Guidelines, and all applicable Basic Construction Mitigation Measures identified under the 2010 BAAQMD CEQA Guidelines and Additional Construction Mitigation Measures during construction; (b) Mitigation Measure M-AQ-N8b would reduce exhaust emissions from construction equipment during project construction by implementing BAAQMD-recommended control measures requiring minimization of equipment idling times, and maintenance and proper tuning of construction equipment; and (c) all requirements of the San Francisco Dust Control Ordinance would also be implemented as part of the proposed LRDP per CPMC's construction management plan to minimize fugitive dust emissions during construction activities. Therefore, construction emissions of fugitive dust associated with the LRDP would not violate or contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations.

**AQ-10: Construction activities associated with the near-term project at the Davies Campus would not result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and PM<sub>2.5</sub>.**

As more fully described in the Final EIR, a conservative, screening-level evaluation of construction-related TAC emissions from development of the proposed Neuroscience Institute at the Davies Campus indicates that the emissions would generate a cancer risk that would be below the 2010 BAAQMD CEQA Guidelines significance threshold of 10 in a million.

The screening-level estimate assumed the implementation of the following mitigation measure, which has been incorporated into the project, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), and which is

hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein:

*Mitigation Measure M-AQ-N10b: Install Accelerated Emission Control Device on Construction Equipment. (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).*

As more fully described in the Final EIR, as demonstrated by the screening-level evaluation, implementation of Mitigation Measure M-AQ-N10b would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the 2010 BAAQMD CEQA significance criteria. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and PM<sub>2.5</sub> from construction activities associated with the near-term project at the Davies Campus would be reduced to a less-than-significant level with the implementation of Mitigation Measure M-AQ-N10b.

## **Public Services**

**Impact PS-2: Construction activities at the Cathedral Hill Campus would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered police protection facilities to maintain acceptable service ratios, response times, or other performance objectives.**

The San Francisco Police Department has indicated that construction activities at the Cathedral Hill Campus under the proposed LRDP could result in a temporary effect on police services during the construction period, if construction activities cause traffic conflicts that could delay police response times. Therefore, if this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-PS-N2: CPMC shall implement Mitigation Measure M-TR-55. the development of a Transportation Management Plan.*

Based on the Final EIR and the entire administrative record, and as more fully described therein, it is found and determined, that with implementation of Mitigation Measure M-PS-N2, CPMC would develop a transportation management plan ("TMP") for construction to anticipate and minimize impacts of various construction activities associated with the Cathedral Hill Campus. Under the TMP, appropriate information would be distributed to contractors and affected agencies regarding coordination of construction activities to minimize overall disruptions and ensure that overall circulation is maintained to the extent possible. The TMP would include construction strategies, demand management activities, alternative route strategies, and public information strategies. In addition, the TMP would provide necessary information to various contractors and agencies as to how to maximize the opportunities for complementary construction management measures and to minimize the possibility of conflicting impacts on the roadway system, while safely accommodating the traveling public in the area. Therefore, implementing Mitigation Measure M-PS-N2 would reduce construction-period impacts related to police services at the Cathedral Hill Campus to a less-than-significant level.

## **Biological Resources**

**Impact BI-1: Tree and shrub removal and vegetation clearing required at most of the CPMC campus sites during project construction may potentially disturb nesting birds and could result in destruction of bird nests, a potential violation of the California Fish and Game Code or the Migratory Bird Treaty Act.**

### *Cathedral Hill Campus*

All perimeter trees—77 at the site of the proposed Cathedral Hill Hospital and four at the site of the proposed Cathedral Hill MOB—would be removed during demolition and replaced after construction in accordance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-BI-N1: Preconstruction surveys during nesting season; if active nests are located during survey, consultation with California Department of Fish and Game for guidance on obtaining and complying with Section 1081 agreement, which may include prohibiting construction activities within a buffer area, modifying construction activities, and/or removing or relocating active nests.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the proposed Cathedral Hill Campus would reduce the impact related to disturbance of bird nets to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

### *Davies Campus*

Construction of the near-term project at the Davies Campus would necessitate the removal of approximately 35 trees of various native and nonnative species. Replacement trees would be planted after building construction as part of the landscape improvements along Noe Street and in the plaza south of the proposed Neuroscience Institute building, in compliance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-BI-N1: This mitigation measure is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the Davies Campus would reduce the impact related to disturbance of bird nests to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

### *St. Luke's Campus*

Construction of the St. Luke's Replacement Hospital would necessitate the removal of approximately 27 perimeter trees, which would be replaced afterward in accordance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-BI-N1: This mitigation measure is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the St. Luke's Campus would reduce the impact related to disturbance of bird nests to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

### **Geology and Soils**

**Impact GE-4: The LRDP would not result in substantial erosion or loss of topsoil.**

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

Exposed fill and native sand, including dune sand deposits, would be moderately to highly susceptible to erosion resulting from stormwater runoff when exposed during construction-related activities such as excavation. Topsoil and underlying soils at the construction sites would be disturbed during project-related excavation and grading activities. Without proper controls, these construction activities would expose loose soils to both wind and water erosion. If this occurred, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-GE-N4: CPMC shall implement Mitigation Measure M-HY-N3.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that as described below in the discussion of Impact HY-3, Mitigation Measure M-HY-

N3 would reduce the potential for erosion by requiring implementation of a stormwater pollution prevention plan ("SWPPP"). Therefore, implementing Mitigation Measure M-GE-N4 at the proposed Cathedral Hill Campus and at the Davies Campus and St. Luke's Campus would reduce the impact related to erosion or loss of topsoil to a less-than-significant level.

**Impact GE-6: The St. Luke's Campus project would not be located on a geologic unit or soil that is unstable or that would become unstable as a result of the project, resulting in subsidence or collapse.**

### *St. Luke's Campus*

Excavation activities during construction of the St. Luke's Replacement Hospital and MOB/Expansion Building would likely encounter groundwater, which would require dewatering. Construction of the St. Luke's Replacement Hospital would require only minor amounts of local dewatering. However, dewatering during excavation of the shoring system for the MOB/Expansion Building would require the removal of large amounts of groundwater. Excavation for the proposed utility route, as described in the Final EIR and in Section VI.C. below, could also potentially encounter groundwater that would require dewatering. Removing large amounts of water from the water table during dewatering has the potential to result in ground subsidence at the MOB/Expansion Building and utility routes sites and at adjacent streets and properties as overlying soil loses support from the volume of the water. Accordingly, the potential impact related to ground subsidence from construction dewatering would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-GE-N6: Excavation and dewatering program shall be included in design-level geotechnical report for the MOB/Expansion Building, the proposed utility route, and the sewer variant at St. Luke's Campus. The program shall include measures to monitor settlement and groundwater levels while dewatering is in progress and, if deemed potentially damaging to surrounding improvements, the groundwater outside the excavation shall be recharged or the dewatering program altered to reduce drawdown to an acceptable level.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-GE-N6 at the St. Luke's Campus would reduce the impact related to subsidence from construction dewatering to a less-than-significant level because it would prevent significant subsidence impacts by monitoring settlement and groundwater levels during dewatering activities and by requiring groundwater recharge or alteration of the dewatering program to reduce drawdown to an acceptable level, should settlement or groundwater levels be deemed potentially damaging to surrounding improvements.

### **Hydrology and Water Quality**

**Impact HY-2: The proposed construction activities would result in net increases in impervious surfaces in areas that drain to the City's combined sewer system, and an increase in total or peak runoff volume from the site could contribute to the frequency or severity of combined sewer overflow events or flooding on- or off-site.**



*Cathedral Hill Campus*

The building footprint for the proposed Cathedral Hill Hospital would have a slightly greater amount of impervious surface than the footprint of the existing structures it would replace. The footprint of the Cathedral Hill MOB would result in similar impervious coverage to that existing on the site. While the potential increase in stormwater runoff would be small, the proposed development would continue to contribute to flows in the combined sewer that experiences overflows in wet weather. Overall, the total or peak runoff volume from the Cathedral Hill Campus could increase without the implementation of Low-Impact Design ("LID") stormwater management controls. An increase in total or peak runoff volume from the Cathedral Hill Campus, compared to existing conditions, would contribute to the frequency or severity of combined sewer overflow ("CSO") events. If it did, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-HY-N2: Preparation and implementation of a Stormwater Control Plan in compliance with all policies and regulations adopted by the City, including SFPUC's Stormwater Design Guidelines, which require a 25% decrease in the rate and volume of stormwater runoff from the 2-year, 24-hour design storm as compared to existing conditions. This will be achieved by using LID stormwater Best Management Practices ("BMPs"). In addition, the design team for the project shall incorporate as many concepts as practicable from "Start at the Source: Design Guidance Manual for Stormwater Quality Protection" published by the Bay Area Storm Water Management Agencies Association.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the proposed Cathedral Hill Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level, because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

*Davies Campus*

Overall, the near-term project at the Davies Campus may result in a net increase in impervious surface at the campus. The total or peak runoff volume from the Davies Campus could increase without the implementation of LID stormwater management controls. An increase in total or peak runoff volume from the Davies Campus, compared to existing conditions, could contribute to the frequency or severity of CSO events. If it did, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-HY-N2: This mitigation measure is identical to Measure M-HY-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the Davies Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

*St. Luke's Campus*

Proposed new development at the St. Luke's Campus under the LRDP would be located on areas that are currently highly developed and impervious. However, parking areas within which the St. Luke's Replacement Hospital and MOB/Expansion Building would be located currently have vegetated medians and buffers, which would be removed, resulting in a net increase in impervious surface at the St. Luke's Campus. The total or peak runoff volume from the site could increase without implementation of LID stormwater management controls. An increase in total or peak runoff volume from the St. Luke's Campus, compared to existing conditions, could contribute to the frequency or severity of CSO events. If it did, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-HY-N2: This mitigation measure is identical to Measure M-HY-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the St. Luke's Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

**Impact HY-3: Excavation and other construction-related activities have the potential to degrade the quality of stormwater runoff from the CPMC campuses, but CPMC would implement a SWPPP to reduce pollution of surface water during construction.**

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

An estimated combined total of approximately 290,000 cubic yards of soil would be excavated during the near-term construction at the Cathedral Hill, Davies, and St. Luke's Campuses. Soil stockpiles and excavated portions of the near-term development sites on these campuses would be exposed to runoff. If not managed properly, the runoff could cause increased erosion and sedimentation to be carried into the combined sewer system. Mobilized sediment could accumulate in new locations as runoff occurs, which would block flows, potentially resulting in increased localized ponding or flooding. Without proper controls, these activities at the CPMC campuses would expose loose soils to both wind and water erosion and create sediment discharges in the combined sewer system. Because of the large number of vehicles that would enter and exit the construction sites, the potential exists for loose soil to adhere to vehicle tires. Upon exiting the construction site, the soil would be deposited on surface streets, where it would be discharged to storm drains. If these actions occurred, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-HY-N3: Submittal of a site-specific SWPPP to SFPUC; the SWPPP shall include an erosion and sediment control plan with appropriate BMPs, nonstormwater-management BMPs, waste management BMPs, and BMP inspection, maintenance and repair requirements; the SWPPP shall demonstrate how treatment control measures targeting the project-specific contaminants would be incorporated into the project.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N3 would reduce the potential for contaminants, sediments, or pollutants in stormwater runoff to enter the combined sewer system during construction. In addition, any groundwater encountered during construction would be subject to requirements of the City's Industrial Waste Ordinance (Ordinance Number 199-77), requiring that groundwater meet specified water quality standards before it may be discharged into the sewer system. SFPUC's Bureau of Environmental Regulation and Management must be notified of projects requiring dewatering, and analysis of the water may be required before discharge. Water quality standards would not be exceeded, nor would construction of the near-term projects conflict with any applicable land use plan, policy, or regulation adopted by the City or the San Francisco Bay Regional Water Quality Control Board ("RWQCB"). Compliance with the City's and the RWQCB's requirements would reduce stormwater quality degradation during construction activities. Therefore, implementing Mitigation Measure M-HY-N3 at the Cathedral Hill Campus, Davies, and St. Luke's Campuses would reduce construction-related impacts related to the quality of stormwater runoff to a less-than-significant level.

### **Hazards and Hazardous Materials**

**Impact HZ-1: Project construction would not create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment.**

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

Hazardous materials related to known soil and groundwater conditions: Known Reported Environmental Conditions ("RECs") and other potential environmental conditions were identified at the sites of the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses. Construction-related activities for the near-term projects at each campus involving movement of soil that contains hazardous materials could result in impacts from worker and public exposure to chemicals in the soils from dust, and impacts on water quality and the environment if hazardous constituents were to migrate off-site. In addition, if construction requires dewatering of groundwater, a release of hazardous materials could occur, potentially resulting in exposure to the public and the environment if contaminated groundwater is discharged to the sanitary sewer system. Such impacts would be minimized by implementing legally required health and safety precautions and implementation of environmental contingency plans ("ECPs") that have been prepared for each campus. ECPs for the Project have not been reviewed by the San Francisco Department of Public Health ("SFDPH") for compliance with federal and state law. Additionally, SFDPH has recommended that subsurface sampling be conducted for any areas of excavation at the Davies Campus that occur in proximity to USTs. Should this exposure occur, the impact would be significant.

Hazardous materials related to known underground structures: Five previously closed-in-place underground storage tanks ("USTs") and a lubrication pit have been identified at the Cathedral Hill Hospital site; one active, permitted UST and one closed-in-place UST has been identified at the Davies Campus Neuroscience Institute Site; one closed-in-place UST has been identified at the St. Luke's Replacement Hospital site; and one active, permitted UST has been identified in the location of the St. Luke's MOB/Expansion Building. Known USTs at the development sites at the Cathedral Hill and Davies Campuses would remain in place under the management of SFDPH's underground tank program, unless required to be moved or deemed unstable. The USTs at the St. Luke's Campus would be required to be

removed as part of excavation for the St. Luke's Replacement Hospital and MOB/Expansion Building. Removal of USTs could expose workers to potentially hazardous materials from the contents and vapors in the tanks. Additionally, the public and the environment could be exposed to those materials if removal results in spills to the soil or groundwater adjacent to the tank.

To address potential hazards related to known USTs at the Cathedral Hill, Davies, and St. Luke's Campuses, the Environmental Site Assessments ("ESAs") for the development sites recommended the preparation of site-specific ECPs. The ECPs identify known and potential RECs at the campuses, including USTs, and provide instruction on their removal. The measures and recommendations contained in the ECPs need to be reviewed and approved by SFDPH for their compliance with federal and state law. Accordingly, if such exposure were to occur, the impact would be significant.

Hazardous materials related to unknown soil and groundwater conditions and USTs: There is a potential for construction activities at the campuses to encounter previously unidentified hazards, such as soil with obvious contamination, perched groundwater at levels higher than anticipated, or an abandoned UST located before permitting requirements were imposed. Additionally, because no ESAs were prepared for the location of the proposed pedestrian tunnel beneath Van Ness Avenue at the Cathedral Hill Campus or along the proposed utility realignment, as described in the Final EIR and in Section VI.C. below, at the St. Luke's Campus, unknown contaminants could exist in the soil or groundwater at these locations. Exposure of construction workers, the public, or the environment to previously unidentified contaminated soil or groundwater could result in a significant impact. Utility trenches have the potential to create a horizontal conduit for chemical contaminants contained in soil vapors or shallow groundwater to migrate along permeable soils that would be places such as trench backfill. Should previously unidentified USTs be discovered during construction, they would have to be closed in place or removed. Removal activities could pose both health and safety risks, such as exposure of workers, tank handling personnel, and the public to tank contents or vapors. Similarly, the discovery of buried debris that could be hazardous could also present an increased risk of adverse health or environmental effects.

The likelihood of significant adverse effects from discovery of previously unidentified USTs is minimal, because there are multiple existing requirements in place to address such affects. Additionally, to address potential hazards related to unknown soil and groundwater conditions or USTs at the development sites, the ESAs for the Cathedral Hill, Davies, and St. Luke's Campuses recommended the preparation of site-specific ECPs for each campus. The ESAs recommended that the ECPs identify procedures and requirements to follow upon the discovery of previously unidentified contaminants in soil or groundwater or USTs. The measures and recommendations by the ESAs contained in the ECP need to be reviewed and approved by SFDPH for their compliance with federal and state law. Accordingly, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure HZ-1-N1a: Preparation of Site Mitigation Plans ("SMPs") for the Cathedral Hill, Davies, and St. Luke's Campuses; requirements for the handling, hauling, and disposal of contaminated soils; and preparation of a closure/certification report.*

*Mitigation Measure HZ-1-N1b: Preparation of an Unknown Contingency Plan.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measure HZ-1-N1a would reduce the potential impacts related to known soil and groundwater conditions and USTs because (a) it would require the

preparation and approval by SFDPH of SMPs that contain soil and groundwater management protocols based on the site-specific ECPs; (b) it would require air quality monitoring during tank removal activities and sampling of surrounding soils to ensure that leaks have not occurred; (c) the SMPs would limit the exposure of workers to known contaminated soil and groundwater and potentially hazardous materials in the contents and vapors of USTs and limit the off-site migration of contaminants in soil and groundwater, preventing their exposure to the public and environment. Therefore, adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1a would reduce impacts related to known soil and groundwater conditions and USTs at the Cathedral Hill, Davies, and St. Luke's Campuses to a less-than-significant level.

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measure HZ-1-N1a would reduce the potential impacts related to unknown soil and groundwater conditions and USTs because it requires the preparation and approval by SFDPH of unknown contingency plans containing management protocols for the discovery of previously unidentified soil and groundwater contamination, USTs, or other subsurface facilities, which would limit the exposure of workers to unknown contaminated soil and groundwater and potentially hazardous materials in the contents and vapors of USTs and limit the off-site migration of contaminants in soil and groundwater, preventing their exposure to the public and environment. Therefore, adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1b would reduce impacts related to unknown soil and groundwater conditions and USTs at the Cathedral Hill, Davies, and St. Luke's Campuses to a less-than-significant level.

**Impact HZ-4: The project would not be located on a site that is included on a list of hazardous materials sites compiled in accordance with Government Code Section 65962.5 and, as a result, would not create a significant hazard to the public or the environment; in the long term, however, project construction could occur on such a site, and thus could create a significant hazard to the public or the environment.**

#### *Cathedral Hill Campus*

Several USTs have been closed in place at the site of the proposed Cathedral Hill Hospital, and one UST has been removed. Certificates of completion for its removal are on file with SFDPH and soil data from around the USTs indicate that the USTs did not affect the surrounding soil. However, given the potential for construction at the Cathedral Hill Campus to encounter USTs, if exposure were to occur, the impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*M-HZ-N4a This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Cathedral Hill Campus.*

*M-HZ-N4b This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Cathedral Hill Campus.*

For the reasons discussed above under Impact HZ-1, implementation of Mitigation Measures M-HZ-N4a and M-HZ-N4b would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the Cathedral Hill Campus to a less-than-significant level.

*Davies Campus*

The records search for the site of the proposed Neuroscience Institute at the Davies Campus indicated the presence of five USTs recorded for the site. According to the ESA, however, two of the USTs have been abandoned in place with the oversight of SFDPH, two of the reported USTs are not located on the Davies Campus and are likely false records, and one is likely a duplicate record. Because of the potential for construction at the Davies Campus to encounter USTs, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*M-HZ-N4c This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Davies Campus.*

*M-HZ-N4d This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Davies Campus.*

For the reasons discussed above under Impact HZ-1, implementation of Mitigation Measures M-HZ-N4c and M-HZ-N4d would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the Davies Campus to a less-than-significant level.

*St. Luke's Campus*

The records search for the St. Luke's Campus indicated the presence of active, permitted USTs, with no record of leaks. In addition, one or more diesel fuel tanks at the St. Luke's Campus was removed or closed in place in 1999 and 2000 under the oversight of SFDPH, and the case is listed as closed with a "no further action" determination issued by SFDPH. Because of the potential for construction at the St. Luke's Campus to encounter USTs and contaminated soil or groundwater, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*M-HZ-N4e This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the St. Luke's Campus.*

*M-HZ-N4f This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the St. Luke's Campus.*

For the reasons discussed above under Impact HZ-1, implementation of Mitigation Measures M-HZ-N4c and M-HZ-N4d would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the St. Luke's Campus to a less-than-significant level.

IV.  
**SIGNIFICANT IMPACTS THAT CANNOT BE AVOIDED OR  
MITIGATED TO A LESS-THAN-SIGNIFICANT LEVEL**

Based on substantial evidence in the whole record of these proceedings, it is hereby found and determined that, where feasible, changes or alterations have been required, or incorporated into, the Proposed LRDP to reduce the significant environmental impacts as identified in the Final EIR. It is further found, however, that certain mitigation measures in the Final EIR, as described in this section, or changes, have been required in, or incorporated into, the LRDP, pursuant to Public Resources Code Section 21002 and CEQA Guidelines Section 15091, which may lessen, but do not avoid (i.e., reduce to less-than-significant levels), the potentially significant environmental effects associated with implementation of the LRDP that are described below. Although all of the mitigation measures set forth in the Mitigation Monitoring and Reporting Plan (MMRP), attached as **Exhibit 1**, are adopted, for some of the impacts listed below, despite the implementation of feasible mitigation measures, the effects remain significant and unavoidable.

It is further found, as described in this Section IV below, based on the analysis contained within the Final EIR, other considerations in the record, and the significance criteria identified in the Final EIR, that because some aspects of the LRDP could cause potentially significant impacts for which feasible mitigation measures are not available to reduce the impact to a less-than-significant level, those impacts remain significant and unavoidable. It is also recognized that although mitigation measures are identified in the Final EIR that would reduce some significant impacts, certain measures, as described in this Section IV below, are uncertain or infeasible for reasons set forth below, and therefore those impacts remain significant and unavoidable or potentially significant and unavoidable.

Thus, the following significant impacts on the environment, as reflected in the Final EIR, are unavoidable. As more fully explained in Section VIII, below, under Public Resources Code Section 21081(a)(3) and (b), and CEQA Guidelines 15091(a)(3), 15092(b)(2)(B), and 15093, it is found and determined that legal, environmental, economic, social, technological and other benefits of the LRDP override any remaining significant adverse impacts of the LRDP for each of the significant and unavoidable impacts described below. This finding is supported by substantial evidence in the record of this proceeding.

**Transportation and Circulation**

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

As more fully described in the Final EIR, the addition of the proposed LRDP project trips at the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Market from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions. This would be considered a significant traffic impact.

Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible due to traffic, transit or pedestrian signal timing policies and

requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current Transportation Demand Management ("TDM") program to further discourage use of private automobiles. Although this would reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. Therefore, the traffic impact at the intersection of Van Ness/Market would remain significant and unavoidable.

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

As more fully described in the Final EIR, the addition of the proposed LRDP project trips at the Cathedral Hill Campus would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions during the a.m. peak hour, and from LOS C under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions during the p.m. peak hour. This would be considered a significant traffic impact.

Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible due to traffic, transit or pedestrian signal timing policies and requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this would reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. Therefore, the traffic impact at the intersection of Polk/Geary would remain significant and unavoidable.

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

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

As discussed above under Impact TR-2, no feasible mitigation measures have been identified for impacts at the intersection of Polk/Geary, and the extent to which the expanded TDM program would reduce this impact is uncertain. Therefore, the LRDP's contribution at the Cathedral Hill Campus to the traffic



impact identified for the combined Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant and unavoidable.

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

As determined under Impact TR-1, and as more fully described in the Final EIR and above, the LRDP would result in a significant and unavoidable impact at the intersection of Van Ness/Market under 2015 Modified Baseline plus Project conditions. As discussed under Impact TR-1, no feasible mitigation measures have been identified for impacts at the intersection of Van Ness/Market, and the extent to which the expanded TDM program would reduce this impact is uncertain. The LRDP's contribution to the traffic impact identified for the combined impact of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would also be significant and unavoidable.

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

As more fully described in the Final EIR, under 2015 Modified Baseline plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in an increase in travel time on the northbound 49-Van Ness-Mission by about four minutes during the a.m. peak hour, which would be more than half of the proposed headway of 7½ minutes. In addition, the results of the San Francisco Municipal Transportation Agency's ("SFMTA's") cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, an additional bus would be needed on that route during the a.m. and p.m. peak hours. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on the operation of the 49-Van Ness-Mission bus route during the a.m. and p.m. peak hours would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure MM-TR-29 -- Transit Mitigation Agreement.*

The payment of the fee identified in Mitigation Measure MM-TR-29 to provide for an additional bus on the 49-Van Ness bus route would reduce the LRDP's impact on the operation of the 49-Van Ness-Mission bus route to a less than significant level. The fee is provided for in the proposed Development Agreement between the City and CPMC. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed LRDP's impacts on the operation of the 49-Van Ness-Mission bus route would remain significant and unavoidable.

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

As more fully described in the Final EIR, the SFMTA's cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, an additional bus would be required to maintain peak period headways on the 38/38L-Geary during the a.m. peak hour and two additional buses would be required on that route during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 38/38L-Geary during the a.m. and p.m. peak hours would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure MM-TR-30 -- Transit Mitigation Agreement.*

The payment of the fee identified in Mitigation Measure MM-TR-30 to provide for two additional buses would reduce the LRDP's impact on the operation of the 38/38L-Geary bus route to a less than significant level. The fee is provided for in the proposed Development Agreement between the City and CPMC. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed Cathedral Hill Campus project's impacts on the operation of the 38/38L-Geary bus route would remain significant and unavoidable.

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

As more fully described in the Final EIR, under 2015 Modified Baseline plus Project conditions, the proposed Cathedral Hill Campus project would increase travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would be more than half of the proposed headway of 10 minutes. A new bus would be required to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 19-Polk bus route during the p.m. peak hour would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure MM-TR-31 -- Transit Mitigation Agreement.*

The payment of this fee to provide for another bus on the 19 Polk would reduce the LRDP's impact on the operation of the 19-Polk bus route to a less than significant level. The fee is provided for in the proposed Development Agreement. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project is uncertain, the feasibility of the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed Cathedral Hill Campus project's impacts on the operation of the 19-Polk bus route would remain significant and unavoidable.

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

As more fully described in the Final EIR, the proposed Cathedral Hill Hospital and Cathedral Hill MOB would be constructed over an approximately 54-month period. Construction activities would take place generally between 7 a.m. and 7 p.m. on weekdays and between 7 a.m. and 5 p.m. on Saturdays. Second shift work (between 4 p.m. and midnight) is only expected during the interior build out phase of the Cathedral Hill Hospital. Additionally, to minimize impacts on traffic, transit, and pedestrians along Van Ness Avenue, surface construction activities related to the proposed Van Ness Avenue pedestrian tunnel would likely be limited to between 7 p.m. and 5 a.m., when Van Ness Avenue is less congested. In total, approximately 102 nights of surface work would be required for construction of the pedestrian tunnel.

As more fully described in the Final EIR, for a 4-month period when there is overlap in excavation between the proposed Cathedral Hill Hospital and Cathedral Hill MOB, levels of service would be LOS E or LOS F at up to nine of the study intersections. Thus, the LRDP's construction impact on intersection operations at these nine study intersections would be significant.

As more fully described in the Final EIR, construction activities would necessitate temporary closure of sidewalks adjacent to the proposed Cathedral Hill Hospital and Cathedral Hill MOB sites. Because of the number of temporary closures of sidewalks adjacent to the project sites necessitating pedestrian detours, the proposed Cathedral Hill Campus project would result in a significant impact on pedestrians during construction.

As more fully described in the Final EIR, the bus-only lanes on eastbound Post Street between Franklin Street and Van Ness Avenue and on westbound Geary Boulevard/Street between Polk Street and Franklin Street would be closed during construction at the Cathedral Hill Campus. During these times, Muni buses would need to merge into the mixed-flow traffic lanes for the one-block segment on Post Street, and the two-block segment on Geary Street. Operation of buses in mixed-flow traffic at these locations would be considered a significant impact on Muni operations.

As more fully described in the Final EIR, construction of the proposed Van Ness tunnel would require sequential closures of two lanes of Van Ness Avenue at a time in approximately 100-foot long segments. During the period of construction affecting street operations, at least one travel lane in each direction would always be open during construction to minimize diversion of vehicles to other streets in the area. When the southbound traffic flow on Van Ness Avenue is restricted to one travel lane, the intersection of Van Ness/Geary would operate at LOS E or LOS F between 7 p.m. and midnight. Between 7 and 8 p.m., the upstream intersection of Van Ness/Post would operate at LOS E, and between 8 p.m. and midnight it would operate at LOS C or better. When the northbound traffic flow on Van Ness Avenue is restricted to one travel lane, the intersection of Van Ness/Geary would operate at LOS F between 7 and 9 p.m. Between 7 and 8 p.m., the upstream intersection of Van Ness/O'Farrell would also operate at LOS F, and between 8 and 9 p.m., it would operate at LOS D. The closure of lanes on Van Ness Avenue during tunnel construction would be considered a significant impact on the intersections of Van Ness/Geary, Van Ness/Post, and Van Ness/O'Farrell.

As more fully described in the Final EIR, construction of the pedestrian tunnel under Van Ness Avenue would require closure during the evening and overnight hours on Van Ness Avenue of temporary walkways provided within the parking lane to compensate for temporary sidewalk closures for construction activities. Since tunnel construction would only affect one side of Van Ness Avenue at any

given time, detour routes would need to be established to direct pedestrians to the opposite side of the street. Closure of the Van Ness Avenue sidewalks during this time would be considered a significant impact on pedestrians.

Because of the extent and duration of construction activities at the proposed Cathedral Hill Campus, the construction-related impact on traffic, transit, and pedestrians would be considered significant. The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure TR-55 -- Construction Transportation Management Plan.*

Implementation of Mitigation Measure MM-TR-55 would help reduce the Cathedral Hill Campus project's contribution to construction-related traffic, transit, and pedestrian impacts. However, given the magnitude of the proposed project and the duration of the construction period, the project's construction impact would not be reduced to a less-than-significant level, and no other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, this impact would remain significant and unavoidable.

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

As further described in the Final EIR, the intersection of Church/Market/14th Street would operate at LOS F under 2020 Modified Baseline No Project conditions. The increase in vehicle trips that would occur as a result of full buildout of the Davies Campus (near-term and long-term projects) under the LRDP would contribute considerably to critical movements operating at LOS E or LOS F at this intersection and, therefore, would result in a significant impact. As discussed in more detail in the Final EIR, no feasible mitigation measures have been identified and, therefore, the impact would, in this condition, remain significant and unavoidable.

However, as further discussed in the Final EIR and the transportation analysis performed for the LRDP (Davies Campus Transportation Impact Study, Fehr & Peers, June, 2010) ("Davies TIS"), the implementation of the near-term project at the Davies Campus would not have a significant impact at the intersection of Church/Market/14th Street. As further described in the Davies TIS, although the intersection would operate unacceptably in 2015, the contribution of the near-term Neuroscience Institute project to critical movements would not be significant. Therefore, construction of only the Neuroscience Institute would have a less than significant impact.

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

As discussed in more detail in the Final EIR, the Cathedral Hill Campus project would result in a significant impact under 2015 Modified Baseline plus Project Conditions at the Van Ness/Market intersection during the p.m. peak hour. This would be considered a significant cumulative traffic impact.

As discussed above under Impact TR-1 and in more detail in the Final EIR, no feasible mitigation measures have been identified to reduce cumulative project impacts to less-than-significant levels at the Van Ness/Market intersection. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible

mitigation measures have been identified to reduce this impact to a less-than-significant level. The traffic impact at the intersection of Van Ness/Market would, therefore, remain significant and unavoidable.

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

As described in more detail in the Final EIR, the addition of trips generated by the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Pine from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. This would be considered a significant traffic impact.

As discussed in more detail in the Final EIR, providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to deficient widths and/or demolition of adjacent buildings. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible because of traffic, transit, or pedestrian signal timing policies and requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. The cumulative traffic impact at the intersection of Van Ness/Pine would, therefore, remain significant and unavoidable.

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

As described in more detail in the Final EIR, the addition of trips generated by the Cathedral Hill Campus project during the p.m. peak hour would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. In addition, the proposed project would result in a significant impact under 2015 Modified Baseline plus Project conditions. This would be considered a significant traffic impact.

For reasons discussed above under Impact TR-2 and in more detail in the Final EIR, no feasible mitigation measures have been identified to reduce cumulative project impacts to less-than-significant levels at the Polk/Geary intersection. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. The cumulative traffic impact at the intersection of Polk/Geary would, therefore, remain significant and unavoidable.

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

As determined and more fully discussed under Impact TR-19 above and in the Final EIR, the Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Polk/Geary would be significant and unavoidable under 2015 Modified Baseline conditions. As discussed above under Impact TR-2 and more fully in the Final EIR, no feasible mitigation measures have been identified for impacts at the intersection of Polk/Geary. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Polk/Geary would also be significant and unavoidable.

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

As determined and more fully discussed under Impact TR-20 above and in the Final EIR, the Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Van Ness/Market would be significant and unavoidable under 2015 Modified Baseline conditions. As discussed above under Impact TR-1 and more fully in the Final EIR, no feasible mitigation measures have been identified for impacts at the intersection of Van Ness/Market. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Van Ness/Market would also be significant and unavoidable.

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

As more fully described in the Final EIR, under 2030 Cumulative plus Project conditions, the increase in vehicle trips generated by the Davies Campus project would contribute considerably to critical movements operating at LOS E or F, and therefore would be significant.

As discussed in the Final EIR, the roadway capacity at this intersection has been maximized and potential improvements are limited by the right-of-way constraints and competing traffic volume demands on the north/south and east/west approaches. Providing additional travel lanes at this intersection would require substantial reduction in sidewalk widths, which would be inconsistent with the pedestrian environment encouraged by the City. For those reasons, no feasible mitigation measures have been identified for impacts at the intersection of Church/Market/14th Street. Therefore, this impact would remain significant and unavoidable.

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

As more fully described in the Final EIR, under 2030 Cumulative plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in increases in travel time on the northbound 49-Van Ness-Mission by about five minutes during the a.m. peak hour of five minutes, which would be more than half of the proposed headway of 7½ minutes. In addition, to the results of SFMTA's cost/scheduling model indicated that an additional bus would be needed on that route during the a.m. and p.m. peak hours. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 49-Van Ness-Mission bus route during the a.m. and p.m. peak hours would be a significant impact.

Implementation of Mitigation Measure MM-TR-29 would serve to reduce delays along the Van Ness Avenue corridor and reduce transit delay impacts to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 49-Van Ness-Mission bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

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

As more fully described in the Final EIR, the SFMTA's cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 47-Van Ness to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 47-Van Ness bus route during the p.m. peak hour would be a significant impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure MM-TR-134. Transit Mitigation Agreement.*

As more fully discussed in the Final EIR, implementation of Mitigation Measure MM-TR-134 would reduce transit delay impacts to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 47-Van Ness bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

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

As more fully described in the Final EIR, SFMTA's cost/scheduling model indicated that, as the result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 38/38L-Geary to maintain peak period headways during the a.m. peak hour, and two additional buses would be required on that route during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 38/38L-Geary during the a.m. and p.m. peak hours would be a significant impact.

As discussed above, implementation of Mitigation Measure MM-TR-30 would reduce transit delay impacts on the 38/38L-Geary bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 38/38L-Geary bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

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

As more fully described in the Final EIR, under 2030 Cumulative plus Project conditions, the Cathedral Hill Campus project would result in increases in travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would be more than half of the proposed headway of 10 minutes. In addition, SFMTA's cost/scheduling model indicated that an additional bus would be required during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 19-Polk bus route during the p.m. peak hour would be a significant impact.

As discussed above, implementation of Mitigation Measure MM-TR-31 would reduce transit delay impacts on the 19-Polk bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this route is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 19-Polk bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

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

As more fully described in the Final EIR, SFMTA's cost/scheduling model indicated that, as the result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 3-Jackson bus route to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 3-Jackson bus route during the p.m. peak hour would be a significant impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein:

*Mitigation Measure MM-TR-137. Transit Mitigation Agreement.*

Implementation of Mitigation Measure MM-TR-137 would reduce transit delay impacts to the 3-Jackson bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 3-Jackson bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

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

The construction of the Cathedral Hill Campus may overlap with the proposed Van Ness Avenue BRT and Geary Corridor BRT projects, should they be approved and funded. While both of these projects are still undergoing environmental review, the Van Ness Avenue BRT is proposed to be in service by 2016, and the Geary Corridor BRT also potentially could be in service by 2016. The potential for overlapping construction activities would increase the number of construction worker vehicles and trucks traveling to



and from the vicinity of the Cathedral Hill Campus. In addition, implementation of the BRT improvements on Van Ness Avenue would require travel lane closures that would temporarily and permanently affect roadway capacity. These impacts are being and will be further evaluated as part of the ongoing environmental and project reviews for the BRT projects. The San Francisco County Transportation Authority published the Draft Environmental Impact Statement/Environmental Impact Statement for the Van Ness BRT project on November 7, 2011, and the comment period closed on December 23, 2011.

Impact TR-55, discussed above, identified significant and unavoidable impacts on the transportation network related to the construction activities at the Cathedral Hill Campus. Implementation of Mitigation Measure MM-TR-55 (Construction Transportation Management Plan) would minimize impacts associated with the Cathedral Hill Campus project and reduce the project's contributions to cumulative impacts in overlapping areas. However, given the magnitude of these impacts, and the proximity of the Cathedral Hill Campus to the Van Ness Avenue BRT and Geary Corridor BRT projects, some disruption and increased delays would still occur even with implementation of this measure, and it is possible that significant construction-related transportation impacts on local roadways in the vicinity of the Cathedral Hill Campus would still occur. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the Cathedral Hill Campus cumulative construction impacts would be significant and unavoidable.

## **Noise**

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

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

As more fully described in the Final EIR, attenuated vibration-inducing construction activities at off-site locations in the vicinity of the Cathedral Hill, Davies, and St. Luke's Campuses would not exceed Caltrans's threshold for building damage of 0.25 in/sec PPV. However, depending on the individual land use type of sensitive receptors in the vicinity of construction at each of these campuses, predicted levels of groundborne noise and vibration may exceed the Federal Transit Administration's ("FTA") standard for human response at nearby off-site vibration-sensitive uses. Therefore, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-NO-N5: Construction contract requirements for: operational restrictions on vibratory rollers; community liaison ; evaluation of recurring complaints by qualified acoustical consultant ; construction vibration management plan.*

Based on the Final EIR and the entire administrative record, it is found and determined that the above mitigation measure involves implementing operational (e.g., distance and daytime restrictions) impact reduction measures that are considered practical and feasible, and requires a construction vibration management plan that would require repair of vibration-damaged buildings to their pre-existing conditions. Construction-related groundborne vibration would be reduced by implementation of Mitigation Measure M-NO-N5 at the Cathedral Hill, Davies, and St. Luke's Campuses, but not to a less

than significant level because excessive vibration may still occur at certain sensitive receptors. Therefore, this impact would remain significant and unavoidable.

### Air Quality

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

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

The net change in operational PM<sub>10</sub> emissions from implementation of the LRDP (128 pounds/day, 23 tons/year) would exceed applicable daily and annual emission significance criteria under the 1999 BAAQMD CEQA Guidelines (80 pounds/day, 15 tons/year). Thus, under the applicable (1999) BAAQMD CEQA significance criteria, operation of the proposed LRDP would result in or contribute to a violation of air quality standards. All feasible measures to reduce operational impacts related to PM<sub>10</sub> emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced transportation demand management ("TDM") program (described at DEIR pages 4.5-98, 5-14 and 5-15, C&R pages [3.9-28 to 3.9-31]). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

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

Long-term operations at the Cathedral Hill, Davies, and St. Luke's Campuses after completion of the near-term projects would cause a permanent net increase in criteria air pollutant and precursor emissions. The 1999 BAAQMD CEQA Guidelines consider a project to result in a cumulatively considerable impact if operational criteria air pollutant and precursor emissions would exceed the project-level emissions thresholds of significance. As described above under Impact AQ-3, the near-term projects under the LRDP would exceed the project-level thresholds of significance for operational PM<sub>10</sub> emissions. Thus, the project would contribute to a cumulatively considerable impact and would, therefore, result in a significant cumulative impact.

All feasible measures to reduce operational impacts related to PM<sub>10</sub> emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-98, 5-14 and 5-15 and C&R pages [3.9-28 to 3.9-31]). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

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

As more fully described in the Final EIR, emissions of reactive organic gases, PM<sub>10</sub> and PM<sub>2.5</sub> associated with the near-term projects under the proposed LRDP would not exceed the 2010 BAAQMD CEQA Guidelines significance thresholds. However, emissions of oxides of nitrogen ("NO<sub>x</sub>") associated with near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses under the proposed LRDP would total 81 lb/day, which would exceed the 2010 BAAQMD CEQA Guidelines significance criterion of

54 lb/day for construction-related NO<sub>x</sub> emissions. As a result, this impact would be significant under the 2010 BAAQMD CEQA Guidelines significance criterion.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*M-AQ-N9: Implement Construction Mitigation under Recently Adopted Thresholds of Significance.*

As more fully described in the Final EIR, even with implementation of the mitigation described above which includes implementing Mitigation Measure M-AQ-N1a, "Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction", discussed above under Impacts AQ-1 and AQ-8, and Mitigation Measure M-AQ-N2, "Install Accelerated Emission Control Device on Construction Equipment", discussed under Impact AQ-2, which would reduce emissions of criteria pollutants from construction equipment exhaust, NO<sub>x</sub> emissions from construction equipment sources are predicted to remain above the 2010 BAAQMD CEQA Guidelines significance threshold. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, impacts associated with mass criteria pollutant emissions from near-term construction activities would remain significant and unavoidable.

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

#### *Cathedral Hill Campus*

As more fully described in the Final EIR, TAC emissions from construction at the Cathedral Hill Campus under the proposed LRDP would generate a cancer risk at the maximally exposed off-site individual, assuming the receptor is a resident child that exceeds the 2010 BAAQMD CEQA Guidelines significance threshold (i.e., a cancer risk of 10 in a million for a resident child), and an incremental increase in annual PM<sub>2.5</sub> equivalent to the 2010 BAAQMD CEQA Guidelines significance threshold (i.e., an annual PM<sub>2.5</sub> increase of 0.3 ug/m<sup>3</sup>). These results represent a screening-level estimate that is conservative because, among other reasons, cancer risks are adjusted using population-specific age sensitivity factors ("ASFs") recommended by BAAQMD, and it assumes for purposes of the amount of exposure, that the receptor would always be home, breathing outside air at the location within the residence nearest to the construction activity. Based on the conservative screening-level evaluation, and because of the scale of the construction activities and proximity to adjacent sensitive receptors, the impacts would be significant under the 2010 BAAQMD CEQA Guidelines significance criteria.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-AQ-N10a: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10a would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact

would remain above the 2010 BAAQMD CEQA significance criteria. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and PM<sub>2.5</sub> from construction activities at the Cathedral Hill Campus under the proposed LRDP would remain significant and unavoidable.

*St. Luke's Campus*

A conservative screening-level evaluation of overall risk from near-term construction TAC emissions at the St. Luke's Campus indicates that the emissions would generate a cancer risk at the maximally exposed off-site individual, assuming the receptor is a resident child, that exceeds the 2010 BAAQMD CEQA Guidelines significance threshold, which would be a significant impact. This result represents a screening-level estimate that is conservative because, among other reasons, cancer risks are adjusted using population-specific age sensitivity factors ("ASFs") recommended by BAAQMD, and it assumes for purposes of the amount of exposure, that the receptor would always be home, breathing outside air at the portion of the residence nearest to the construction activity, and that no reduction of particulate matter would occur as it transits from the outside air to the indoors environment.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-AQ-N10c: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10c would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact would remain above the 2010 BAAQMD CEQA significance criteria. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and PM<sub>2.5</sub> from construction activities at the St. Luke's Campus under the proposed LRDP would remain significant and unavoidable.

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

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

As more fully described in the Final EIR, the net change in operational emissions resulting from implementation of the LRDP's near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines daily and annual emission significance criteria for PM<sub>10</sub>. Therefore, operation of these campuses under the proposed LRDP would result in or contribute to a violation of PM<sub>10</sub> air quality standards. All feasible measures to reduce operational impacts related to PM<sub>10</sub> emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-98, 5-14 and 5-15, and C&R pages 3.9-28 to 3.9-31). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

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

*Cathedral Hill Campus*

As more fully described in the Final EIR, based on the modeling and risk evaluation for construction PM<sub>2.5</sub> emissions described in the Final EIR analysis of Impact AQ-10, the proposed construction at the Cathedral Hill Campus would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, the Cathedral Hill Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-AQ-N10a: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10a would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

*Davies Campus*

As more fully described in the Final EIR, based on the modeling and risk evaluation for construction PM<sub>2.5</sub> emissions described in the Final EIR analysis of Impact AQ-10, construction of the near-term project at the Davies Campus under the proposed LRDP would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, construction emissions from the near-term project at the Davies Campus would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-AQ-N10b: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10b would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the single-source thresholds, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

#### ***St. Luke's Campus***

As more fully described in the Final EIR, based on the modeling and risk evaluation for construction PM<sub>2.5</sub> emissions described in the Final EIR analysis of Impact AQ-10, the proposed construction at the St. Luke's Campus would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, the St. Luke's Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

*Mitigation Measure M-AQ-N10c: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10c would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the single-source thresholds, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

#### **Greenhouse Gas Emissions**

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

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

As more fully described in the Final EIR, the proposed LRDP would be required to comply with San Francisco's greenhouse gas ("GHG") reduction strategy, which would reduce operational GHG emissions. Given that the City's GHG reduction strategy adopts numerous GHG reduction strategies

recommended in the *Climate Change Scoping Plan*; that it includes binding, enforceable measures to be applied to development projects; and that the strategy has produced measurable reductions in GHG emissions, the proposed LRDP would be consistent with state and local GHG reduction strategies. In addition, the proposed LRDP would not conflict with any plans, policies, or regulations adopted for the purpose of reducing GHG emissions. Further, because all proposed construction at the CPMC campuses under the proposed LRDP would constitute infill development in close proximity to public transportation and would locate employment centers near residential neighborhoods, the proposed LRDP is consistent with the goals of SB 375 and other state, regional, and local laws, regulations, and policies intended to reduce GHG emissions by prioritizing and facilitating infill and transit-oriented development.

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

- 1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or
- 2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalent per year ("MTCO<sub>2e</sub>/yr"); or
- 3) Whether a project's GHG emissions exceed 4.6 MTCO<sub>2e</sub>/yr per service population.

A lead agency may choose the threshold against which to analyze a project in order to determine the significance of a project's GHG emission impacts; however, BAAQMD encourages lead agencies to prepare a Qualified GHG Reduction Strategy and then to use the first threshold set forth above as the standard of significance for GHG emissions. Thus, on August 12, 2010, the San Francisco Planning Department submitted a draft of the City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions document to BAAQMD. This document presents a comprehensive assessment of policies, programs, and ordinances that collectively represent San Francisco's Qualified GHG Reduction Strategy. BAAQMD reviewed San Francisco's GHG reduction strategy and concluded that the strategy meets the criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Guidelines. Therefore, projects that are determined to be consistent with San Francisco's GHG reduction strategy would result in a less-than-significant GHG emissions impact.

The proposed LRDP's net operational GHG emissions would exceed the 2010 BAAQMD CEQA Guidelines' second alternative GHG emissions threshold of 1,100 MTCO<sub>2e</sub>/yr. In addition, the proposed LRDP would exceed BAAQMD's third alternative GHG emission threshold of 4.6 MTCO<sub>2e</sub>/year per service population for project-level analysis.

As more fully explained in the Final EIR, several sustainability attributes that are proposed as part of the proposed LRDP and that would serve to reduce GHGs were not accounted for in the calculation of operational GHG emissions, because of the unavailability of sufficient methodologies to accurately account for associated GHG emission reductions. In order to facilitate a determination of project compliance with San Francisco's GHG reduction strategy, in November 2010, the San Francisco Planning Department Environmental Planning Division released a Greenhouse Gas Analysis Compliance Checklist that is to be completed for each proposed project. Thus, subsequent to the publication of the Draft EIR, a checklist breaking down LRDP compliance by building for near-term projects under the LRDP has been completed (see CPMC LRDP GHG Compliance Checklist included as C&R Appendix D). Based on the CPMC LRDP GHG Compliance Checklist, on December 14, 2010, the Environmental Planning Division determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy. Because it has been determined to be consistent with the BAAQMD-approved GHG

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**California Pacific Medical Center LRDP**

Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. However, the Planning Department has determined that because the significance conclusion in the Draft EIR regarding operational GHG emissions was made prior to a determination of equivalency with a Qualified GHG Reduction Strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department had previously determined applied), the proposed LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the implementation of all feasible GHG reduction measures. Therefore, this impact would remain significant and unavoidable.



**V.**

**MITIGATION MEASURES REJECTED AS INFEASIBLE**

No mitigation measures identified in the Final EIR are rejected as infeasible.

VI.  
EVALUATION OF PROJECT ALTERNATIVES

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

A. Alternatives Considered, Rejected and Reasons for Rejection

The Alternatives set forth in the Final EIR and listed below are hereby rejected based upon substantial evidence in the record, including evidence of economic, legal, social, technological, and other considerations described in this Section, in addition to those described in Section VII below, that make these alternatives infeasible. These determinations are made with the awareness that CEQA defines "feasibility" to mean "capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social, and technological factors." (CEQA Guidelines § 15364.) Under CEQA case law, the concept of "feasibility" encompasses (i) the question of whether a particular alternative promotes the underlying goals and objectives of a project; and (ii) the question of whether an alternative is "desirable" from a policy standpoint to the extent that desirability is based on a reasonable balancing of the relevant economic, environmental, social, legal, and technological factors.

1. Alternative 1: No Project.

Consistent with Section 15126.6(e)(1) of the CEQA Guidelines, this alternative assumes the continuation of existing conditions, taking into account what would reasonably be expected to occur on the CPMC campuses if the LRDP were not to proceed.

The No Project Alternative assumes that, except as described below for the Davies Campus, buildings on the existing CPMC campuses could not be used for acute care after the applicable SB 1953 (as amended) deadline. This alternative also assumes that most existing acute care uses at the CPMC campuses would be converted to non-acute care uses. CPMC would phase out the admission of acute care inpatients at the Pacific, California, and St. Luke's Campuses before the relevant SB 1953 deadline and would no longer provide any inpatient acute care, other than at the Davies Hospital North Tower, which would (because of previously completed retrofits) continue to provide acute care services until 2030. The EIR analyzed two subalternatives for the No Project Alternative at St. Luke's Campus: Alternative 1A and Alternative 1B. Under Alternative 1A, no existing buildings would be demolished or new buildings constructed at the St. Luke's Campus. Alternative 1B would involve demolishing the existing St. Luke's Hospital and constructing a new outpatient facility in its place. All inpatient care would cease after 2030 at the CPMC campuses in San Francisco under the No Project Alternative (with either St. Luke's No Project Alternative 1A or 1B), after 2030, when acute care bed licenses expire at the Davies Hospital North Tower.

The No Project Alternative would reduce the impacts of the proposed LRDP<sup>7</sup> because no or relatively limited new development would occur. CPMC would continue to operate its existing campuses (with the exception of the California Campus), which, as under the proposed LRDP, would cease operations by 2020. The only new development that would occur under the No Project Alternative would be the construction of a new St. Luke's Outpatient Facility under St. Luke's No Project Alternative 1B. Because of the limited amount of new development that would occur, the No Project Alternative would reduce the significant and unavoidable construction and operational air quality impacts and the operational GHG impacts of the proposed LRDP to a less-than-significant level, and the significant and unavoidable transportation and circulation impacts of the proposed LRDP would not occur. The significant and unavoidable impacts of the proposed LRDP related to groundborne vibration would not occur at any of the CPMC campuses under the No Project Alternative, except at the St. Luke's Campus under No Project Alternative 1B, where this impact would remain significant and unavoidable, although reduced in comparison to the proposed LRDP.

The No Project Alternative (with either St. Luke's No Project Alternative 1A or 1B) is hereby rejected because, although it would reduce the significance of the transportation and circulation, air quality, GHG emissions, and groundborne vibration impacts of the proposed LRDP, it would fail to meet most of the basic objectives of the project. It would not meet the overarching objective of the project to construct modern, efficient, seismically safe hospital facilities that would remain operational in the event of a major disaster, both to serve CPMC's patients and to play an important role in San Francisco's disaster response preparedness system. The proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital would not be constructed, and CPMC's existing acute care hospitals at the Pacific and California Campuses would be prohibited from continuing to provide acute care inpatient services after the deadline for complying with state seismic safety laws. Therefore, CPMC facilities at these campuses would not include acute care facilities that could remain operational in the event of a major disaster, and CPMC facilities would have a greatly diminished role in San Francisco's disaster response and preparedness system.

The No Project Alternative would not meet the project's core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC to the same extent as under the proposed LRDP, because most acute care services would no longer be provided. The No Project Alternative would not meet the core medical services objectives of meeting the existing and future projected acute care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay Area, and of providing a modern, efficient, and clinically safe patient environment in facilities that are based on contemporary best practices in hospital design and rational hospital space and facility guidelines. This is because, after 2013, unless extended by SB 90 (potentially out to 2020) or successor legislation, all of the inpatient facilities at CPMC campuses, except for the Davies Campus North Tower Hospital, would be closed to acute care patients, and the Cathedral Hill Hospital with community services and extensive specialized tertiary services would not be constructed. In addition, the Davies Campus Neurosciences Institute, with specialized neuroscience services, the St. Luke's Replacement Hospital, and the St. Luke's MOB/Expansion Building would not be constructed. The No Project Alternative also would not meet the core medical services objective of efficiently reorganizing CPMC's campuses by consolidating specialized services and Women's and Children's services in one acute care hospital, because the Cathedral Hill

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<sup>7</sup> For purposes of this Alternatives section, "LRDP" encompasses both Long-Term and Near-Term projects, as described in Section IA and IB.

Hospital would not be constructed, and those acute care services would be discontinued after 2013, in compliance with SB 1953 (as amended), unless extended by SB 90 or successor legislation.

The No Project Alternative would not meet the core medical services of rebuilding and revitalizing the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency/urgent care, and gynecologic and low-intervention obstetric care. This is because the St. Luke's Replacement Hospital would not be constructed and the existing St. Luke's Hospital Tower would cease providing acute care services after the deadline for compliance with state seismic safety requirements.

In addition, elimination of acute care facilities and services at the Pacific, California, and St. Luke's Campuses without replacement would occur under the No Project Alternative. Consequently, this alternative would not meet the project's core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care. It would not meet the core medical services objective of distributing inpatient capacity among CPMC campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future medical service demands. It would also not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services, providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments, limiting patient transfers, and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment.

The No Project Alternative would not meet the project objective of retaining and enhancing CPMC's role as a provider of high-quality medical and administrative jobs, and contributor of community benefits in San Francisco. It also would not meet the project objective of maintaining CPMCs prominent role as an education, training and research institution for medical professionals in San Francisco and the greater Bay Area.

For these reasons, it is hereby found that the No Project Alternative is rejected because it would not meet the basic objectives of the project and, therefore, is not a feasible alternative.

## **2. Alternative 2: Four-Campus Rebuilding/Retrofit/Redevelopment Alternative.**

Under Alternative 2, CPMC would rebuild, renovate, retrofit, or develop new buildings on its four existing campuses (Pacific, California, Davies, and St. Luke's) to meet the seismic safety requirements of SB 1953 (as amended). The proposed Cathedral Hill Campus would not be developed. The existing buildings at the site of the proposed Cathedral Hill Campus would remain in their existing condition (except for renovation of interiors of the existing buildings at the proposed Cathedral Hill Hospital site).

A larger amount of development would occur at the Pacific Campus than under the proposed LRDP. As under the LRDP, some outpatient services from the California Campus would permanently move to the Pacific Campus. The existing 2333 Buchanan Street Hospital would be converted to an ambulatory care center ("ACC") and become part of the new ACC complex at the Pacific Campus. A new ACC building with two towers (north and south) would be constructed. The existing Gerbode Research Building (2200 Webster Street), Annex MOB (2340-2360 Clay Street), and Stern Building (2330 Clay Street) on the northern portion of the Pacific Campus would be demolished and replaced by the new ACC North Tower. The existing Stanford Building (2351 Clay Street) adjacent to the 2333 Buchanan Street Hospital would be demolished and replaced by the new ACC South Tower. The existing parking garage at 2405 Clay Street on the western portion of the campus would be demolished and replaced by a new Clay

Street/Webster Street MOB/parking garage. The vacant building at 2018 Webster Street would be renovated for use as administrative offices for the Institute of Health and Healing. Alternative 2 would retain the 18 licensed beds currently housed in the Mental Health Center, as under the proposed CPMC LRDP, and the remaining existing buildings at the Pacific Campus would remain as they are.

Alternative 2 would increase the space of various uses on the Pacific Campus by approximately 621,100 sq. ft. relative to existing conditions, and there would be approximately 392,800 sq. ft. more development at the Pacific Campus than under the proposed LRDP. Under this alternative, as under the proposed LRDP, 18 licensed psychiatric beds would be retained, and the rest of the 295 existing licensed beds would be eliminated from the Pacific Campus.

The California Campus would continue to operate as a medical campus under Alternative 2. The existing on-campus 3700 California Street Hospital, 3801 Sacramento Street Outpatient/Research Building, 3905 Sacramento Street MOB, 3901 Sacramento Street residential building, 460 Cherry Street parking garage, 3698 California Street building, and 3773 Sacramento Street parking garage would be demolished. A new Cherry Street MOB/parking garage, acute care hospital, and Women's and Children's hospital would be constructed. The existing 3848-3850 California Street office building and 3838 California Street MOB would remain as they are on the California Campus. Redevelopment of the California Campus under Alternative 2 would commence around 2013 and construction would occur over a period of approximately six years (to about 2019).

Under Alternative 2, a new Acute Care Hospital at the California Campus would provide a total of 343 acute care beds, whereas no acute care beds would be provided at the California Campus under the proposed CPMC LRDP. A new Women's and Children's Hospital at the California Campus would have 105 beds. The overall space on the California Campus would increase by approximately 903,900 sq. ft. relative to the existing conditions, and the California Campus would provide approximately 1,846,000 sq. ft. more space for CPMC use under Alternative 2 than under the proposed LRDP.

The SB 1953 (as amended) deadlines potentially would require CPMC to terminate acute care services at the Pacific Campus before construction of the acute care hospital at the California Campus would be complete in about 2019 (accounting for extended time to allow for design of a new hospital at the California Campus, permitting, and construction), resulting in an interim period under Alternative 2 during which CPMC would not be able to provide acute care services at any campus other than the Davies and St. Luke's Campuses.

No new exterior construction would occur at the Davies Campus under Alternative 2. Acute care uses in the Davies Hospital North Tower would be converted to non-acute care uses after 2030. Under Alternative 2, the St. Luke's Campus would be identical to the proposed LRDP, and would include development of the new St. Luke's Replacement Hospital and MOB/Expansion Building.

Alternative 2 would avoid the proposed LRDP's significant and unavoidable construction-period and operational impacts identified for the Cathedral Hill Campus related to transportation and circulation and air quality, and its significant and unavoidable construction-period groundborne vibration impacts at the Cathedral Hill Campus. However, as discussed in Draft EIR Section 6.7.1, the increased development at the Pacific and California Campuses under Alternative 2 would result in several new significant and unavoidable impacts, including: cultural resources impacts related to the demolition of the Stern Building at the Pacific Campus and the 3698 California Street building at the California Campus, which are eligible for listing as historic resources; project and cumulative operational transportation impacts on intersections in the vicinity of the California Campus and at the Market Street/Octavia Boulevard/U.S. 101

intersection; construction-period impacts on traffic, pedestrians, transit, and intersection operations at the California Campus; construction-period impacts related to groundborne vibration at the California Campus; and construction-period air quality impacts related to emissions of TACs at the Pacific and California Campuses. Alternative 2 would also result in increases to the following significant and unavoidable impacts, which would also remain significant and unavoidable under the proposed LRDP (although reduced in comparison to Alternative 2): multi-campus construction and operation air quality impacts related to criteria air pollutant emissions; multi-campus impacts from GHG emissions; and construction impacts related to groundborne vibration at the Pacific Campus.

Alternative 2 is rejected because, although it would eliminate significant and unavoidable impacts identified for the Cathedral Hill Campus, it would result in the additional new and increased significant and unavoidable impacts described above, and because it would not meet several of the project objectives. For a period between the deadline for acute care hospitals to comply with state seismic safety requirements and redevelopment of the California Campus, when construction of new acute care hospital facilities at the Pacific and California Campuses would be completed, Alternative 2 potentially would result in the inability of CPMC to provide acute care services at these campuses (or replacement facilities). Therefore, Alternative 2 would not meet the core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care for CPMC patients during construction through a carefully planned, appropriately phased project to minimize disruption. Even if construction of the new acute care hospital facilities at the Pacific and California Campuses could be completed before the deadline for compliance with State seismic safety requirements, Alternative 2 would result in a lengthier period before CPMC's acute care facilities would be fully compliant with the seismic safety requirements, creating an increased risk that CPMC patients could be injured and that CPMC's acute care facilities would not be operational following a major earthquake during the period before construction of fully compliant facilities is completed.

The Cathedral Hill Hospital would not be constructed under this alternative, CPMC would continue to utilize its four existing campuses. Women's and children's acute care services would be re-located at the California Campus and in a separate building than the replacement acute care hospital at that campus. Moreover, the new Acute Care Hospital and women's and children's hospital constructed at the California Campus under Alternative 2 would not be as centrally located as the Cathedral Hill Hospital proposed under the LRDP. Therefore, Alternative 2 would not meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner, to the same extent as the proposed LRDP. It would not meet the core medical services objectives of efficiently reorganizing CPMC's campuses by consolidating specialized services and Women's and Children's services into one acute care hospital, and of distributing inpatient capacity among CPMC campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future medical service demands.

Alternative 2 would not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment. Alternative 2 would also not meet the site selection and site planning objective of ensuring that a new centralized acute care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns and San Francisco's population concentration, on a site that is easily accessible by

multiple transportation and transit modes, because the California Campus is not as centrally located or as well-served by major transit routes as the Cathedral Hill Campus under the proposed LRDP.

Alternative 2 would provide less total space for inpatient care across existing CPMC campuses, and would not include construction of the Neuroscience Institute and Castro Street/14th Street MOB at the Davies Campus. Therefore, Alternative 2 would not achieve the project's core medical services objective of meeting the existing and future projected acute care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay Area, to the same extent as the proposed LRDP.

For these reasons, it is hereby found that Alternative 2 is rejected because, although it would eliminate significant and unavoidable impacts identified for the Cathedral Hill Campus, it would result in several additional new and increased significant and unavoidable impacts, and because it would not meet several of the project objectives. It is, therefore, not a feasible alternative.

**3. Alternative 3: Reduced Development at Cathedral Hill Alternative**

Under Alternative 3, the size of the proposed new development of the Cathedral Hill Hospital (and associated parking) would be reduced compared to the hospital proposed in the LRDP, in that the Cathedral Hill Hospital would comply with the basic height requirements under the existing applicable height district (130-V Height and Bulk District). The Cathedral Hill Hospital would provide 400 licensed beds under Alternative 3, and would be approximately 341,000 sq. ft. smaller than under the proposed LRDP. The EIR analyzed two subalternatives (Alternative 3A and Alternative 3B) of Alternative 3. Women and Children's service lines (160 beds) that would be provided at the Cathedral Hill Campus under the LRDP, instead would be developed at either the St. Luke's Campus (under Alternative 3A) or the California Campus (under Alternative 3B). Development at the Pacific and Davies Campuses would be the same under Alternative 3 as under the proposed LRDP.

**a. Alternative 3A (Reduced Development at Cathedral Hill; Women's and Children's Center at St. Luke's)**

Under Alternative 3A, Women's and Children's services that are currently provided at the California Campus would be relocated to a new, 160-bed, 116-foot-tall, approximately 289,900 sq. ft. Women's and Children's Center at the St. Luke's Campus constructed as a second-phase addition to the St. Luke's Replacement Hospital on the location of the existing 1970 hospital tower. The 1970 hospital tower, the 1957 Building, the Redwood Administration Building, and the driveway immediately south of the Redwood Administration Building would be demolished to accommodate construction of the Women's and Children's Center. The MOB/Expansion Building proposed under the LRDP would not be constructed under Alternative 3A. The St. Luke's Replacement Hospital proposed under Alternative 3A would be similar to under the proposed LRDP, but would be slightly (12,900 sq. ft.) larger than under the LRDP, to accommodate additional diagnostic and treatment services to support the Women's and Children's Center. The existing Hartzell Building, MRI Trailer, Monteagle Medical Center, and Duncan Street Parking Garage would be demolished to accommodate a new, approximately 427,700 sq. ft. MOB with a seven-level underground parking garage, which would be constructed in the southeast portion of the St. Luke's Campus. The MOB under Alternative 3A would be larger than the MOB/Expansion Building proposed under the LRDP, in order to support the outpatient/MOB demand associated with the 240 beds at the St. Luke's Campus under Alternative 3A. Development at the California Campus would be the same under Alternative 3A as under the proposed LRDP.

Alternative 3A was determined to be the environmentally superior alternative, other than the No Project Alternative. Alternative 3A would reduce the proposed LRDP's significant and unavoidable transportation and circulation project and cumulative impacts resulting from development at the Cathedral Hill Campus at one intersection (Van Ness Avenue/Market Street) to a less-than-significant level. It would also reduce the other significant and unavoidable transportation and circulation impacts and the construction-period air quality impacts related to toxic air contaminant emissions identified for the Cathedral Hill Campus under the proposed LRDP, but these impacts would remain significant and unavoidable. Alternative 3A would result in similar significant and unavoidable impacts related to construction-period groundborne vibration at the Cathedral Hill Campus as under the proposed LRDP. Alternative 3A would also result in similar regional construction-period and operational air quality impacts related to criteria air pollutant emissions as under the proposed LRDP. Alternative 3A would reduce the operational multi-campus impact of the proposed LRDP related to GHG emissions, but this impact would remain significant and unavoidable.

Alternative 3A is, however, rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other significant and unavoidable impacts (but not to a less-than-significant-level), it would not meet many of the project objectives and does not meet other objectives to the same extent as the proposed Project. The reduced size of the Cathedral Hill Hospital under Alternative 3A would result in the relocation of Women's and Children's Center services to the St. Luke's Campus, which would not include the specialized tertiary services that would be provided at, and would not be as centrally located as, the Cathedral Hill Campus. As a result, Alternative 3A would not meet the core medical services objective of efficiently consolidating CPMC's campuses by reorganizing specialized services and Women's and Children's Center services into one acute-care hospital. Because Women's and Children's Center services would be separated from specialized services, Alternative 3A would not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment. Alternative 3A would not meet the core medical services objective of ensuring that program-wide medical care consolidation and distribution minimizes redundancies to avoid inefficiency and unnecessary costs to the health care system and patients. For example, additional or redundant support space, including space for diagnostic and treatment services, would need to be built at the St. Luke's Campus under Alternative 3A that would not be necessary if the Women's and Children's Center were located at the Cathedral Hill Campus, and members of CPMC's existing patient base currently receiving medical care services at the California and Pacific Campuses that would be relocated to St. Luke's Campus would need to travel further from northern and western portions of the City to the southeastern portion of the City in order to continue using those services. For the above reasons, Alternative 3A would not meet the project's overarching objective of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner.

The St. Luke's Campus is not centrally located and is not as well-served by transportation and transit modes as the Cathedral Hill Campus. Therefore, Alternative 3A would not be consistent with the site selection and site planning objective of ensuring that the new centralized acute-care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns, and San Francisco's population concentration, on a site that is easily accessible by multiple transportation and transit modes. Relocating the Women's and Children's Center services lines to the St. Luke's Campus



also would not be consistent with the core medical services objective of rebuilding and revitalizing the St. Luke's Campus as a community hospital (with appropriately sized medical office building support). Relocating the Women's and Children's services currently provided at the California Campus to the St. Luke's Campus, rather than the Cathedral Hill Campus, would move them further from CPMC's existing patient and physician base. Therefore, Alternative 3A would not meet the core medical services objectives of meeting existing and future projected acute care and outpatient needs of CPMC's patients and distributing inpatient care among campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future service demands for primary and secondary-care medical services, to the same extent as the proposed Project.

The "Blue Ribbon Panel" of leaders from the health, business, and labor fields and from the community that met and developed a plan for providing health care services at the St. Luke's Campus in conjunction with CPMC's Institutional Master Plan ("IMP"), and the San Francisco Health Commission, determined that the 80-bed St. Luke's Replacement Hospital under the proposed LRDP meets the anticipated future demand for acute care inpatient services at the St. Luke's Campus. The planned service mix and capacity of the proposed inpatient St. Luke's Replacement Hospital is in accordance with the July 2008 recommendations of the Blue Ribbon Panel and the studies prepared by The Camden Group, documents which are in the record of the Department and incorporated herein by reference, who were employed by the Panel to gather, analyze and provide relevant information. Thereafter, on July 21, 2009, the San Francisco Health Commission adopted Resolution 10-09, which put forward several specific recommendations regarding the St. Luke's Campus, one of which was to convene a Health Commission Task Force on CPMC's IMP to discuss and analyze progress in fulfilling the recommendations of the Blue Ribbon Panel. The Health Commission Task Force, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the St. Luke's Replacement Hospital as planned under the proposed CPMC LRDP would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus, consistent with the recommendations of the Blue Ribbon Panel to accommodate existing and projected future patient demand for the south of Market service area.

Based on this evidence, the proposed LRDP, specifically the plan for the St. Luke's Campus, is not expected to exacerbate any real or perceived shortage of inpatient acute care beds for the south of Market Street area traditionally served by St. Luke's Hospital. Under the proposed LRDP, St. Luke's Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in areas of demonstrated need in the community, such as senior care and low-risk obstetrics.

Furthermore, new plans under the LRDP for the proposed Cathedral Hill and St. Luke's Campuses under Alternative 3A would take time to develop, both in terms of design and permit approvals (including OSHPD approvals). According to the project sponsor, a major re-design of the proposed LRDP likely would add at least 5 years to the schedule for the proposed construction at these campuses, because of redesign and OSHPD re-permitting requirements for replacement hospital facilities, resulting in a longer period before CPMC's acute care facilities would be fully compliant with State seismic safety requirements, and the potential closure of existing acute care hospital facilities at the California, Pacific, and St. Luke's Campuses before replacement facilities would be operational.

For these reasons, it is hereby found that Alternative 3A is rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other

significant and unavoidable impacts (but not to a less-than-significant-level), it would not meet several of the project objectives or satisfy the project objectives as fully as the proposed LRDP, and, therefore, is not a feasible alternative.

**b. Alternative 3B (Reduced Development at Cathedral Hill with Women's and Children's Services at California Campus)**

Under Alternative 3B, Women's and Children's Center services that are currently provided at the California Campus would be relocated to a new, 160-bed, 100-foot-tall, approximately 420,000 sq. ft. replacement Women's and Children's Center within the eastern portion of the California Campus. The existing 3700 California Street Hospital would be demolished and the parcels on which it is located would be sold. Alternative 3B would also include continuation of other medical services at the California Campus, unlike the proposed LRDP. Medical office and other services to support the inpatient Women's and Children's services that would be located at the Cathedral Hill Campus under the LRDP (at the Cathedral Hill MOB and 1375 Sutter MOB) would instead be located within the existing 3838 California Street and 3905 Sacramento Street MOB's at the California Campus. Development at the St. Luke's Campus under Alternative 3B would remain the same as under the proposed LRDP, except that the MOB/Expansion Building would be reduced by two stories (or by about 35 feet) and would no longer include approximately 30,600 sq. ft. of the patient-care clinic uses proposed under the LRDP.

Similar to Alternative 3A, Alternative 3B would reduce the proposed LRDP's significant and unavoidable transportation and circulation project and cumulative impacts resulting from development at the Cathedral Hill Campus at one intersection (Van Ness Avenue/Market Street) to a less-than-significant level. It would also reduce the other significant and unavoidable transportation and circulation impacts and the construction-period air quality impacts related to TAC emissions identified for the Cathedral Hill Campus under the proposed LRDP, but these impacts would remain significant and unavoidable. Alternative 3B would result in similar significant and unavoidable impacts related to construction-period groundborne vibration at the Cathedral Hill Campus as under the proposed LRDP.

The increased development at the California Campus under Alternative 3B would result in several new significant and unavoidable impacts, including: cultural resources impacts related to the demolition of the 3698 California Street building, which is eligible for listing as a historic resource; construction-period impacts related to groundborne vibration at the California Campus; and construction-period air quality impacts related to TAC emissions at the California Campus. Alternative 3B would also result in increases to the following significant and unavoidable impacts, which would also remain significant and unavoidable under the proposed LRDP (although reduced in comparison to Alternative 3B): construction-period and operational regional air quality impacts related to criteria air pollutant emissions; and operational impacts related to GHG emissions.

Alternative 3B is rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other impacts related to development at the Cathedral Hill Campus to some degree (but not to a less-than-significant level), the increased development at the California Campus under Alternative 3B would result in several new and increased significant and unavoidable impacts, and because it would not meet several of the project objectives. The reduced size of the Cathedral Hill Hospital under Alternative 3B would result in the relocation of Women's and Children's Center services within the California Campus, which would not include the specialized tertiary services that would be provided at, and would not be as centrally located as, the Cathedral Hill Campus. As a result, Alternative 3B would not meet the core medical services objective of

efficiently reorganizing CPMC's campuses by consolidating specialized services and Women's and Children's Center services into one centrally located acute care hospital. Because Women's and Children's Center services at the California Campus would be separated from specialized services at the Cathedral Hill Campus, and because the services provided in the smaller St. Luke's MOB/Expansion Building would be reduced in comparison to under the proposed LRDP, Alternative 3B would not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment.

Alternative 3B would not meet the core medical services objective of ensuring that program-wide medical care consolidation and distribution minimizes redundancies to avoid inefficiency and unnecessary costs to the health care system and patients, because the continued use under Alternative 3B of existing buildings at the California Campus, which would be discontinued under the proposed LRDP, for medical offices, services, and support facilities related to the Women's and Children's Hospital at the California Campus would result in unnecessary redundancies. For the above reasons, Alternative 3B would not meet the project's overarching objective of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner.

The Women's and Children's Center at the California Campus under Alternative 3B would not be as centrally located or as well served by major transit routes as the Cathedral Hill Campus. Therefore, Alternative 3B would not meet the project's site selection and site planning objective of ensuring that the new centralized acute care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns, and San Francisco's population pattern, on a site that is easily accessible by multiple transportation and transit modes, to the same extent as the proposed LRDP. Because the new MOB/Expansion Building at the St. Luke's Campus would be smaller and patient-care clinic uses would be eliminated at the St. Luke's Campus, this alternative would not meet the core medical services objective of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus.

Furthermore, new plans for the Cathedral Hill and California Campuses under Alternative 3B would take time to develop, both in terms of design and permit approvals (including OSHPD approvals). According to the project sponsor, a major re-design of the proposed LRDP likely would add at least 5 years to the schedule for the proposed construction of these replacement hospitals, because of redesign and OSHPD repermitting requirements for hospital facilities, resulting in a longer period before CPMC's acute care facilities would be fully compliant with State seismic safety requirements and the potential closure of existing acute care hospital facilities at the California, Pacific, and St. Luke's Campuses before replacement facilities would be operational.

For these reasons, it is hereby found that Alternative 3B is rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other significant and unavoidable impacts at the Cathedral Hill Campus (but not to a less-than-significant level), it would result in several additional new and increased significant and unavoidable impacts, because it would not meet several of the project objectives or satisfy the project objectives as fully as the proposed LRDP, and, therefore, would be infeasible.

**B. Off-Site and Other Alternatives Considered and Rejected in the EIR**

In addition to all of the reasons set forth below regarding the reasons various off-site or other alternatives were considered and rejected in the EIR, most of the prior investigations regarding the following alternatives occurred before the merger of the St. Luke's Campus into the CPMC health care system in January 2007. Consequently, most of the alternatives described below would not meet the project's core medical services objectives related to rebuilding and revitalizing the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus. Therefore, in addition to the other specific reasons set forth below, the following off-site and other alternatives are also rejected, as applicable, as infeasible because they would not achieve these core medical services objectives related to the St. Luke's Campus.

**1. Inpatient Services Outside San Francisco, Mills Peninsula and Marin**

Several strategies were identified by the project sponsor to potentially relocate some inpatient services from San Francisco to other Sutter Health affiliates in the North Bay or San Francisco Peninsula areas. For example, CPMC considered relocating services to the Mills Peninsula Hospital in Burlingame, the Novato Community Hospital, or a location at the Marin City Gateway Shopping Center. This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. Such an alternative would not address the need to replace facilities largely dedicated to serving the local patient populations in San Francisco. One of the overarching objectives of the LRDP is the need to construct modern, seismically safe acute care hospital facilities that will remain operational in the event of a major disaster both to serve CPMC's patients and to play an important role in San Francisco's disaster response and preparedness system, in compliance with the state seismic safety mandates of SB 1953.

The majority of the recipients of CPMC's inpatient services are San Francisco residents. Moreover, the growing proportion of elderly residents in San Francisco is expected to result in a 26% increase in demand for hospital acute-care beds from 2010 to 2030. Although the current total number of beds in San Francisco nominally meets the current demand, none of the existing CPMC acute care facilities currently meets SPC-5 seismic standards, under which facilities are projected to not just withstand, but remain fully functional through, a major disaster or seismic event. The eventual increase in demand for inpatient services driven by aging local population could result in a substantial acute care bed shortage occurring before 2030, on top of the general lack of major disaster/seismic readiness of these beds. Because CPMC is a major provider of health care to current and future residents of San Francisco, the need for CPMC to maintain inpatient acute care services inside San Francisco was a part of the decision to eliminate from further consideration an alternative that would involve relocating services outside of San Francisco.

Additionally, CPMC's medical planning assumed that the majority of San Francisco patients would not travel to Marin or San Mateo County to see their doctor or be admitted to a hospital for routine or non-specialty care. If inpatient services were relocated outside San Francisco, these patients would be forced to travel much farther than is currently considered reasonable for a regional urban center. Based upon reasonable assumptions regarding patient behavior, a large percentage of those patients currently using CPMC services who reside in San Francisco likely would seek to receive services, if possible, from another provider in San Francisco, rather than travel outside of San Francisco for such services. For many of CPMC's medical service lines, the capacity within San Francisco's other medical providers to accommodate CPMC's patient volumes does not exist, and

these patients would suffer hardship until remaining San Francisco providers could augment their capacity. For example, more than half of the babies born in San Francisco are born at a CPMC hospital (California Campus or St. Luke's Campus). Other providers in San Francisco could only absorb a small percentage of this patient volume. In effect, the only CPMC medical services that could be successfully relocated outside of San Francisco are those service lines that patients are already travelling regionally to use. These service lines (e.g., breast cancer, heart transplant, kidney transplant, liver transplant, oncology, pancreas transplant, and spine surgery services) make up approximately 25% to 30% of CPMC's services and currently meet an important need for San Francisco patients.

Further, an alternative involving provision of medical services outside of San Francisco would require site acquisition, planning, design, and entitlements (including EIR preparation), with costs and timeframes similar to those experienced in San Francisco. Given the typical length of time required to develop major medical projects (approximately five years from inception to approvals), alternate strategies outside of San Francisco would take longer to comply with current SB 1953 requirements and potentially would not be completed before expiration of the deadline for compliance.

At the locations considered for potential relocation of services out of San Francisco, neither the necessary additional bed capacity, nor the supporting programs, could be accommodated without substantial additional planning and site development. For example, Mills Peninsula Hospital would not have additional bed capacity sufficient to replace all the current in-use beds at the Pacific and California Campuses. Mills Peninsula Hospital also does not have the specialty medical services necessary to attract inpatients and outpatients traveling from the broader Bay Area region, or the additional capacity to accommodate the imaging services, diagnostic and treatment services space, and other functions needed to support CPMC's tertiary programs. Similar issues would be presented by relocation to the Novato Community Hospital.

In addition, the specialized, San Francisco-based physicians, nurses, and other staff who currently support CPMC specialty services would need to either relocate outside of San Francisco (which CPMC cannot compel) or somehow jointly serve hospitals in multiple, widely separated Bay Area cities. In most cases, the physicians currently providing these services are not CPMC personnel. These physicians typically have a mix of patients, many of whom would continue to demand or expect access to their physician in San Francisco.

Relocation of any of CPMC's programs to the Mills Peninsula Hospital was also rejected for the following reasons: (1) the Mills Peninsula Hospital would not be able to meet the projected demand for Neonatal Intensive Care Unit that would be met by capacity to be provided at the proposed CPMC Cathedral Hill Campus; (2) the Mills Peninsula Hospital does not have the postpartum capacity required and planned for under the CPMC LRDP; (3) the nature and capacity of the diagnostic and treatment platform at the Mills Peninsula Hospital is not functionally appropriate to meet the needs of the types of medical programs that could hypothetically be moved there from CPMC's proposed Cathedral Hill Campus; and (4) if any substantial program were to be moved to the Mills Peninsula Hospital instead of being provided at the Cathedral Hill Campus, a large amount of additional diagnostics and treatment capacity would need to be provided at the Mills Peninsula Hospital.

The Marin City Gateway Shopping Center site was dismissed primarily because of the cost and time constraints described above would prevent such an alternative from resulting in compliance with SB 1953 deadlines. Moreover, there were substantial uncertainties related to site acquisition, as well as environmental review, local approval, and other planning and development risks.

Relocating inpatient services outside San Francisco also would not meet the project objective of distributing inpatient capacity among CPMC campuses to create a rational overall system of care,

including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future service demands for primary and secondary care services in San Francisco. A rational overall system of care must include local-serving medical service lines located within San Francisco to accommodate the approximately up to 75% of CPMC patients who currently reside in San Francisco and the projected future increase in such demand expected to result from the aging of San Francisco's population.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

## **2. U.S. Public Health Service Hospital**

The site formerly occupied by the U.S. Public Health Service Hospital ("PHSH") is located in the southwestern quadrant of the Presidio, encompassing approximately 24 acres just west of Park Presidio Boulevard and just north of Lake Street, at the intersection of Wedemeyer Street and North 15th Avenue. The PHSH site was evaluated by CPMC as both a hospital site and as the site for an outpatient center. Redevelopment of the PHSH site would have to be compatible with the Presidio, which is operated by the National Park Service ("NPS"), and with the PHSH site's historic status. Furthermore, plans would have to conform to the Presidio Trust Act, the Presidio Trust draft planning guidelines, the general objectives of the general management plan for the Presidio, the *Secretary of Interior's Standards for the Treatment of Historic Properties*, and federal laws for historic landmarks. The general management plan amendment for the Presidio proposed removing the nonhistoric 1950s addition to the PHSH Hospital and restoring the original structure for use as an educational or conference facility. Other potential uses identified by the general management plan amendment include senior housing, lodging, health care, research and development, hospitality, multimedia, office or market-rate residential.

Many constraints existed for using the PHSH site for a new CPMC hospital. A primary constraint was availability. According to CPMC, in 2001, CPMC investigated the Presidio Trust's interest in a long-term ground lease of the PHSH site for a new CPMC hospital, but the Trust did not indicate a serious interest in pursuing discussions with CPMC regarding a major hospital development at this site. Even if the site were available, other constraints included: requirements for preservation of historic structures at the PHSH site; inadequate access to the site from transit and major streets; concerns about anticipated staff or physician attrition because of the site's relatively remote location; and the increased complexity and length of the permitting process, which would have involved multiple additional federal, state, and local agencies, not required elsewhere.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not meet the project sponsor's objectives. The apparent inability to procure a long-term ground lease of the PHSH site and the length and complexity of the permitting process made the site infeasible. For those reasons, the site did not meet the LRDP project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner. In addition, because of its peripheral location within San Francisco, inadequate access from major streets, and lack of easy access to multiple transit modes, the site would not meet the project objective of ensuring that the new centralized acute care hospital is appropriately located on a site that is easily accessible by multiple transportation and transit modes. Because of the NPS setting and historic status of the Presidio, the PHSH site would have presented more design challenges than the currently proposed Cathedral Hill Campus with respect to meeting the project objective of designing contemporary, architecturally integrated medical facilities that are compatible with neighborhood character and aesthetics in the areas surrounding the proposed new CPMC campus facilities.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

**3. Muni Bus Yard at Presidio and Euclid Avenues**

The 5.75-acre San Francisco Municipal Railway ("Muni") bus yard site at Presidio and Euclid Avenues is located at 2630-2640 Geary Boulevard. The possibility of decking over the existing bus yard and building a hospital above it was considered, but was deemed too complex and cost prohibitive to warrant further analysis. A hospital at this site would also be subject to operational constraints related to circulation, patient drop-off, and provision of hospital parking. According to CPMC, SFMTA never formally indicated that air rights for construction of a hospital above the bus yard were available or that such plans would meet the operational needs of the Muni system. The complexity of developing the first known mixed-use hospital/transit yard with the local transit agency also weighed into the infeasibility determination. This bus yard site also could not be used unless Muni could vacate the site and temporarily move its bus storage and maintenance operations elsewhere. Muni has been searching for many years for alternative sites for these purposes.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC's inability to procure title to or secure a long-term lease of the bus yard site made this site infeasible. The site therefore would not meet the project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner. Even if the bus yard site could have been acquired from the City, other issues (e.g., the potential need for environmental remediation of the site) made this site infeasible for further consideration. Overall, this site would not meet the project objective of implementing an economically viable long-range development plan for CPMC.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

**4. Mervyn's Shopping Center**

The 6.61-acre Mervyn's Shopping Center site is located on the south side of Geary Boulevard at Masonic Avenue. The site borders the Kaiser Hospital complex immediately to the east. The site includes retail space occupied by several large retailers, including Mervyn's, Toys "R" Us, The Good Guys, and Office Depot. The long-term leases of the anchor tenants were the principal reasons that CPMC did not pursue further discussions related to acquisition of this site. This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objective. CPMC's inability to procure clear title to the Mervyn's Shopping Center site made this site infeasible. The site therefore did not meet the project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

**5. Aggregation of Sites on the East Side of Masonic Avenue, Between O'Farrell Street and Turk Boulevard**

CPMC also identified a 6.22-acre potential site that would have involved the aggregation of five parcels (upon their acquisition) from three owners, including the Catholic Church and the San Francisco

Unified School District. The five parcels are located at 40 Vega Street (Wallenberg Public High School and associated playground, together making up two parcels), 270 Masonic Avenue (Blood Center of the Pacific), 250 Masonic Avenue (Blood Center of the Pacific parking lot), and 100 Masonic Avenue (Ephipany Center).

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. All five parcels that compose this site are zoned for three stories or less. According to CPMC, the site was removed from further consideration because of the high degree of uncertainty associated with assembling and significantly rezoning the site to create an adequate hospital site. CPMC also concluded that the likelihood of obtaining approval for a significantly higher than existing height limit for the site was very low, and that without this higher height limit, the building envelope and volume required for the necessary medical programs could not have been developed. Therefore, the site did not meet the project objectives of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

**6. Aggregation of Sites on the South Side of Geary Boulevard Between Scott and Pierce Streets**

In 2000, CPMC also considered a 3.39-acre potential site, containing the Gateway High School and adjacent playgrounds, at 1430 Scott Street, which would have involved the aggregation of four parcels that would need to be acquired from the San Francisco Unified School District. It was later viewed as a potential site if CPMC were also able to proceed with the acquisition from the San Francisco School of Podiatry of a 2.5-plus-acre site located one block to the south.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC's decision to not undertake discussions with the school district about this site was based in part on its location. The site was also deemed too small, given the existing 50-foot height limit that applies to the site and considering the adjacent Kimbell Playground (public park) immediately to the east, and Hamilton Recreation Center across Geary Boulevard. Any development on the site would be restricted to 40 feet to comply with Section 295 of the San Francisco Planning Code (Planning Code), which prohibits any new buildings over 40 feet in height creating new shadow on public parks. CPMC determined that it would be infeasible to build a new facility with the necessary medical programs on this site within these height restrictions. The site also was not considered a "surplus property" by the San Francisco Unified School District, but was an active charter high school not being considered for sale by the district. CPMC's decision also was based on concerns related to converting a large playground for hospital development (i.e., conversion of public open space to developed space). Therefore, the site did not meet the project objectives of locating medical care facilities on sites that are owned by or can practically be acquired by CPMC in a cost-effective and timely manner, and ensuring that the new centralized acute-care hospital is appropriately located on a site that can accommodate a building of the necessary size to serve the required program of integrated services.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

**7. Presidio Three-Site Study**

In 2003, with the development of the Lucas film complex at the Presidio, the NPS planners indicated that although insufficient land was available to develop a large medical facility, it might be possible for



CPMC to develop a smaller medical facility, such as a single inpatient component, at the Presidio. CPMC revisited the PSHH site, and also evaluated the Letterman site and the Fort Scott District site in the Presidio as potential sites for an inpatient facility.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC rejected all three sites because of concerns about: (a) possible staff or physician attrition caused by the sites' relatively remote locations; (b) inadequate access from transit and major streets; (c) insufficient development potential at the sites because of limitations imposed to protect natural landscapes and historic buildings at the Presidio; and (d) the complexity and length of the permitting process for Presidio sites, which would have involved multiple federal, state, and local agencies, not required elsewhere. Therefore, for the same reasons as described above with respect to the PSHH site within the Presidio, these sites failed to meet several of the key project objectives.

In 2004, a smaller outpatient proposal was presented to but rejected by the Presidio Trust. According to CPMC, the proposal was rejected primarily because of the Presidio Trust's concerns about CPMC development-related traffic and the proposal's compatibility with other Presidio uses. Subsequently, with the rejection of other high-profile development proposals within the Presidio, CPMC determined that it would be difficult to find support for development of an approximately 1-million-sq.-ft. new medical use at the Presidio.

These findings in the Final EIR are hereby concurred with. and this alternative is rejected because it would not meet the basic objectives of the project.

**8. Initial Three-Campus Project with New Acute Care Hospital at the Davies Campus**

CPMC's initial planning efforts in the late 1990s resulted in a three-campus plan that focused on consolidating as many of its services as possible on a single, existing CPMC-owned campus, and which included the following components: (a) a new acute care hospital south of the existing Davies Hospital North Tower, with beds being relocated from the acute care facilities at the Pacific and California Campuses; (b) development of a new, separate Women's and Children's Hospital at the California Campus; (c) conversion of the Pacific Campus to a full ambulatory care center ("ACC"); and (d) long-term-care facilities for the California and Davies Campuses.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. The initial three-campus proposal did not have sufficient support from doctors affiliated with CPMC to proceed, primarily because of its concentration of acute care facilities at the Davies Campus and relatively far away (approximately 2.0 and 2.2 miles, respectively) from CPMC's primary patient and physician base at the Pacific and California Campuses. For this reason, the three-campus alternative was found to not meet the project objective of ensuring that the new, centralized acute care hospital is appropriately located, taking into account CPMC's patient base and use patterns and San Francisco's population concentration.

These findings in the Final EIR are hereby concurred with and this alternative is rejected because it would not meet the basic objectives of the LRDP.

**9. Three-Campus Project with Integrated Acute Care Facility at the California Campus**

In 2001, the CPMC Board of Directors approved a preliminary consideration of a "Tri-Campus" rebuild/retrofit plan that could be achieved within CPMC's three existing campuses. This Tri-Campus

plan included the following components: (a) an integrated acute care facility at the California Campus, including a new acute care hospital and adjacent Women's and Children's Center; (b) an ambulatory services complex at the Pacific Campus, including a new ACC and research and education facilities; and (c) in addition to continuing to provide acute care, a "continuum of care" complex at the Davies Campus that would provide longer-term services, including acute rehabilitation, with options to reduce the emergency department to urgent care.

This potential EIR alternative was considered but not selected for further analysis in the EIR because it would not achieve most of the project sponsor's objectives. It became apparent to CPMC that the plan had several flaws. Construction costs of development relative to needed health care delivery capacity at the Pacific, California, and Davies Campuses under this plan were too high. Retrofitting the Pacific and California Campuses and portions of the Davies Campus would have required CPMC to either do the work in small increments so that medical services to a limited population of patients and caregivers would be disrupted at any given time, or shut down existing buildings and the associated medical services entirely to accomplish the work more quickly. The first option would have resulted in much greater construction costs. Even a relatively small medical facility construction project typically takes 5 years to complete, and attempting an entire campus retrofit in this manner would have been very lengthy and costly. Therefore, CPMC determined that the Tri-Campus plan was not possible to pursue because of issues related to financial feasibility and the significantly longer period of time before CPMC's acute care facilities would be compliant with SB 1953 seismic safety requirements. Attempting an entire campus retrofit all at once was also determined to be infeasible; no other existing CPMC facility could accommodate the large volume of patients and medical services that would have required relocation from buildings temporarily shut down for retrofitting. Finally, the plan provided little to no expansion capacity in the future for acute care or other services.

For all of the reasons listed above, the Tri-Campus plan would not meet the project objective of implementing an economically viable development plan. Because of the additional length of construction related to closing down a few medical facilities at a time, the Tri-Campus plan would take longer to achieve the overarching project objective of constructing modern seismically safe hospital facilities that would be fully compliant with SB 1953. In addition, because of the operational disruptions involved, the Tri-Campus plan would not meet the project objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC campuses during construction through a carefully planned, appropriately phased project that minimized disruption. Furthermore, because the St. Luke's Campus was not included in this earlier Tri-Campus plan, it would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency, urgent care, and gynecologic and low-intervention obstetric care, or of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

10. Larger Four-Campus Alternative with Development on Existing Campuses and a Proposed Campus

Design for a new consolidated medical facility and a "four campus plan" began in 2004, after CPMC's acquisition of the Cathedral Hill Hotel site. This resulted in a plan that consisted of the following: (a) an integrated acute-care and Women's and Children's Center and an MOB at the Cathedral Hill Campus; (b) an ambulatory services complex at the Pacific Campus (including a new ACC) and research and education facilities, with new parking; (c) continuing acute care as well as a "continuum of care" complex at the Davies Campus that would provide longer-term services such as acute rehabilitation, with commitment to continuing full emergency care; (d) a skilled nursing/assisted living facility at the California Campus (all existing acute care uses at the California Campus would be transferred to the Cathedral Hill Campus); and (e) a new clinic/MOB to accommodate a complement of medical services known as the "Neuroscience Institute" at the Davies Campus (the "Larger Four-Campus Plan").

An environmental evaluation application ("EEA") for the Larger Four-Campus Plan was filed in June 2005. Since then, the Larger Four-Campus Plan was substantially revised due to market conditions, changes in state seismic law, and community considerations regarding scale of development. The Larger Four-Campus Plan, therefore, was rejected, and changes that have been incorporated into the proposed LRDP, as compared to the Larger Four-Campus Plan, include: (a) downsizing of the Cathedral Hill Hospital by 400,000 sq. ft. and 65 beds, and an approximate 50-foot reduction in height; (b) removal of a formerly proposed research component at the Pacific Campus and substantial reduction in the height and capacity of the proposed parking structures at the Pacific Campus; (c) removal of the proposal to redevelop the California Campus; (d) inclusion of the Neuroscience Institute at the Davies Campus in the currently proposed LRDP, rather than as a stand-alone project undergoing its own separate environmental review; and (e) merger of the St. Luke's Campus into the CPMC system in January 2007, and plan as part of the proposed LRDP to replace the existing acute care hospital at the St. Luke's Campus with a new hospital, and then to demolish the existing hospital tower and construct a new MOB/Expansion Building in its location.

The Larger Four-Campus Plan was considered but not selected for analysis as a potential EIR alternative to the proposed LRDP because it would not achieve most of the project sponsor's objectives. The Cathedral Hill Hospital's proposed development program and height were reduced, because CPMC decided that providing additional square footage and beds, as proposed in this alternative to provide future flexibility, would not be cost-effective. The decision to remove the California Campus from CPMC's future development program resulted from funding concerns and the fact that CPMC's health services model does not anticipate CPMC continuing to provide skilled nursing services directly, beyond CPMC's demonstrated patient demand. Therefore, the Larger Four-Campus Plan Alternative would not meet the project objective to optimize the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner. Moreover, the St. Luke's Campus was not included under this Larger Four-Campus Plan Alternative. Therefore, it would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency, urgent care, and gynecologic and low-intervention obstetric care, or of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

**11. Four-Campus Renovation/Retrofit of Existing Acute Care Facilities Alternative**

CPMC also studied a “retrofit only” project that could be implemented if no entitlements could be secured in San Francisco for a larger multi-campus plan. The Four-Campus Renovation/Retrofit of Existing Acute Care Facilities Alternative (the “Retrofit Only Alternative”) assumed no (or very limited) new construction and satisfaction of the requirements of SB 1953 primarily through renovating and retrofitting existing acute care facilities, rather than building new facilities. No development would have occurred at the site of the Cathedral Hill Campus under this scenario.

The Retrofit Only Alternative included the following components at each campus: (a) At the Pacific Campus, no existing buildings would be demolished and no new buildings would be constructed. The 2333 Buchanan Street Hospital would be renovated and retrofitted to continue to provide acute-care uses after 2015; (b) At the California Campus, the 3700 California Street Hospital and attached 3801 Sacramento Street Outpatient/Research Building would be renovated and retrofitted to continue to provide acute care uses after 2015. The remainder of the California Campus would remain as is; (c) At the Davies Campus, the Neuroscience Institute would be constructed. No other new buildings would be constructed and no existing buildings would be demolished. The Davies Hospital North Tower would continue to be used for acute care uses until 2030; (d) At the St. Luke’s Campus, acute care uses would shift elsewhere within the CPMC system. Inpatient care would be distributed to the Pacific and Davies Campuses, where the capacity exists to receive them. Obstetrics/birthing would be redistributed to the California Campus. The St. Luke’s Hospital would be demolished, because of its existing seismic hazards.

The Retrofit Only Alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. According to CPMC, retrofitting could not bring existing on-campus structures up to “new construction” standards of safety without prohibitive costs. Retrofitting a large number of buildings at existing campuses would require CPMC either to do the work in small increments (so that disruption of medical services would be limited to a small population of patients and caregivers at any given time) or shut down entire existing buildings and the associated medical services (to accomplish the work more quickly). These options were determined to be infeasible because of issues related to financial feasibility, the significantly longer period of time before CPMC’s acute care facilities would be compliant with SB 1953 seismic safety requirements, and lack of existing facilities that could accommodate temporary relocation of patients and services from buildings undergoing retrofits. Therefore, this alternative would not meet the project objective of implementing an economically viable development plan. This alternative would also disrupt services, which would have affected patients, physicians, and staff. Therefore, this alternative would not meet the project objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC during construction through a carefully planned, appropriately phased project to minimize disruption.

The existing on-campus buildings are not laid out optimally to accommodate contemporary best practices (e.g., certain spaces such as clinic treatment areas and patient rooms have typically increased in size over the years with advancing technology and medical care practice models). Therefore, the Retrofit Only Alternative would not have met the project objective of providing a modern, efficient, and clinically safe patient care environment in facilities based on contemporary best practices in hospital design and national hospital space and facility guidelines, including provision of all single-patient rooms, individual bathrooms, adequate common spaces for families and staff, floor plans that allow staff to work efficiently

and safely with patients, appropriate department adjacencies, and the ability to accommodate current-day medical technologies.

Retrofitting the 2333 Buchanan Street Hospital at the Pacific Campus and the 3700 California Street Hospital and 3801 Sacramento Street Outpatient/Research Building at the California Campus would at most bring the acute care facilities up to an SPC-2 level, which would allow the provision of acute care services until, but not beyond, 2030. Buildings rated at SPC-2 are superior to the existing construction at the Pacific and California Campuses (rated as SPC-1, considered hazardous and at risk of collapse or significant loss of life in the event of an earthquake); however, SPC-2 level buildings are not "reasonably capable of providing services to the public following strong ground motion" like SPC-5 (generally new) structures. Buildings rated at SPC-2 could be so damaged by a major seismic event that they would require extensive rework to become operational again. Therefore, the Retrofit Only Alternative would not meet the project objective of optimizing the use of CPMC's resources to provide an integrated health care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner. It would not take significantly longer to achieve the project objective of constructing modern, seismically safe hospital facilities that would remain operational in the event of a major disaster to serve CPMC's patients, as well as play an important role in San Francisco's disaster response and preparedness system, through the development of a new CPMC campus and the redevelopment of existing campuses in a manner that is fully compliant with SB 1953. The Retrofit Only Alternative also would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital with emergency services that is an integral part of CPMC's larger healthcare system.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

## **12. Code Complying Alternative**

Under the Code-Complying Alternative, development at each CPMC campus would comply with Planning Code requirements related to height, bulk, and density. However, CPMC would continue to request certain exceptions and exemptions to the Planning Code for other requirements (e.g., off-street parking, loading dock size, rear yard setbacks, street frontage).

Under this alternative, the Cathedral Hill Hospital would be redesigned to comply with the existing Planning Code height limit of 130 feet, existing floor area ratio ("FAR") of 7:1, and existing bulk limits consisting of a maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 50 feet in height. Complying with these existing height, FAR, and bulk requirements would limit the Cathedral Hill Hospital to a three-story podium with three full floor plates of integrated invasive services. If a single tower were to be constructed above the podium level, complying with the existing height limit would restrict it to six stories and the existing bulk limits would substantially reduce its length and diagonal dimensions from those proposed under the LRDP. This would result in a six-story single tower on top of the podium, positioned near Franklin Street. Together, the podium and tower would compose a nine-story building. The resulting hospital would, however, provide only a total of approximately 90 beds, about 465 fewer than under the LRDP.

Alternatively under the Code-Complying Alternative, additional towers that would each comply with the existing height and bulk limits (and, therefore, would each be similar in size to the single tower described above) could be placed above the podium portion of the Cathedral Hill Hospital. Accounting for Building Code separation requirements, the Cathedral Hill Hospital could be redesigned to comply with

the existing bulk requirements if six smaller towers were located 50 feet apart from one another above the podium level (rather than building a single tower, as assumed above). The six-tower design could provide a total of approximately 450 beds. The six-tower design would also include a central plant within the podium portion of the hospital, and mechanical equipment would be located on top of each of the towers.

The Cathedral Hill MOB would be redesigned under the Code-Complying Alternative to comply with the existing bulk limits (maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 50 feet). In total, approximately 75,000 fewer sq. ft. of usable space and 90 fewer physician offices would be available in the Cathedral Hill MOB under this alternative than under the proposed LRDP. The 1375 Sutter MOB would be the same as under the proposed LRDP.

The proposed ACC Addition and North-of-Clay Aboveground Parking Garage at the Pacific Campus would be redesigned under this alternative to comply with the existing Planning Code bulk limits for portions of the buildings above a height of 80 feet (maximum building length of 110 feet, maximum diagonal dimension of 140 feet). Due to the height and bulk restrictions, the upper floors of the ACC Addition would be either substantially reduced in size or divided up into several towers, as with the six-tower redesign of the Cathedral Hill Hospital described above.

The California and Davies Campuses would be the same under the Code-Complying Alternative as under the proposed LRDP.

The St. Luke's Replacement Hospital would be redesigned under this alternative to comply with the existing Planning Code height limit of 65 feet and existing bulk limits consisting of a maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 40 feet. Although the St. Luke's Campus is subject to a campus wide FAR of 1.8:1 under the Planning Code, the existing development on the campus results in an FAR of 2.25:1. The Code-Complying Alternative assumed that development within the campus would conform to a maximum FAR of 2.25:1 (i.e., that the FAR would be no greater than the existing development on the campus).

Compliance with the 65-foot height limit and existing bulk limits would limit the St. Luke's Replacement Hospital to three stories, resulting in a total of only about 34 beds. Support services in the replacement hospital also would be reduced because of the site restrictions and other spatial constraints related to providing 34 beds. The 100-foot tall MOB/Expansion Building would be the same as under the proposed LRDP.

The Code-Complying Alternative was considered but not selected for analysis as a Project Alternative in the EIR because it would not achieve most of the project sponsor's objectives.

A 90-bed, single-tower Cathedral Hill Hospital under the Code-Complying Alternative would not be able to accommodate the majority of the acute care uses currently provided at the Pacific and California Campuses that would be relocated to Cathedral Hill under the LRDP, yet these services would cease at the Pacific and California Campuses because of seismic noncompliance. Therefore, the Code-Complying Alternative would fail to meet the project's core medical services objectives—ensuring ongoing medical services and an uninterrupted continuum of care at CPMC, meeting the existing and projected acute care and outpatient needs of CPMC's patients, and efficiently consolidating CPMC's campuses.

A Code-complying redesign of the Cathedral Hill Hospital to include six towers, as described above, would be infeasible, primarily because the constrained square footage within each tower floor would be insufficient to provide the required clinical support for nursing. Additionally, the discontinuity of the bed towers and the resulting size of nursing units allowable within each tower would pose significant

operational issues and inefficiencies, and would result in redundant staffing and increase the cost of care. Traffic and site circulation also would be severely compromised because the tower cores would not accommodate a drive-through at the Cathedral Hill Hospital for access to the patient drop-off and parking areas, and the loading dock would likely require relocation. The hospital's structural grid and required mechanical runs also would be much less efficient than those proposed under the LRDP. Therefore, even with the six-tower redesign of the Cathedral Hill Hospital, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner.

The floor plan for bed towers within the Cathedral Hill Hospital would be constrained by the existing bulk limits such that only minimal space would be available for a nurse core, circulation space, mechanical space, or restrooms. Thus, with either a single-tower or six-tower redesign of the Cathedral Hill Hospital, the Code-Complying Alternative would not meet the project's core medical services objective of providing a modern, efficient, and clinically safe patient care environment in facilities based on contemporary best practices in hospital design and national hospital space and facility guidelines, including individual bathrooms, adequate common spaces for families and staff, floor plans that allow staff to work efficiently and safely with patients, and the ability to accommodate current-day medical technologies.

As explained above, redesigning the Cathedral Hill MOB to comply with the existing Planning Code bulk requirements would reduce usable space by approximately 75,000 sq. ft. and result in 90 fewer physician offices than under the proposed LRDP. The proposed LRDP already includes a substantially smaller ratio of MOB/outpatient space to acute care bed/inpatient space at the Cathedral Hill Hospital than is the average for MOBs and hospitals across the CPMC system. Therefore, further reducing the size of the Cathedral Hill MOB would make the overall Cathedral Hill Campus less viable. The proposed hospital transplant clinic, transplant foundation clinic, and women's diagnostic clinic would each require more than 17,000 sq. ft. and would not fit on any upper floor of the MOB under the Code-Complying Alternative. Therefore, the Code-Complying Alternative would not meet the project objectives of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care in the most cost-effective and operationally efficient manner, or of ensuring that hospital facilities have the capacity to be supported with medical office space, parking facilities, and other supportive functions.

Operational inefficiencies would occur at the Pacific Campus under the Code-Complying Alternative. Specifically, the ACC Addition would either be reduced in size considerably or divided into several towers to comply with the existing bulk limits. Therefore, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner.

As explained above, compliance with the 65-foot height limit and existing bulk limits at the St. Luke's Replacement Hospital site would limit the St. Luke's Replacement Hospital to a total of approximately 34 beds and also would reduce its support services. Therefore, the Code-Complying Alternative would not meet the project objective of rebuilding and revitalizing the St. Luke's Campus as a community hospital to the same extent as under the proposed LRDP.

For all of these reasons, the Code-Complying Alternative was considered but rejected from further analysis. These findings in the Final EIR are hereby concurred with, and this alternative is rejected because it would not meet the basic objectives of the project.

13. Potential No Project Alternatives at St. Luke's Campus

A total of four No Project Alternatives were considered at the St. Luke's Campus. Two of the four scenarios were considered but rejected as infeasible: retrofit of the existing St. Luke's Hospital to continue providing acute care services and retrofit of the existing St. Luke's Hospital for subacute or other non-acute care uses. These two scenarios are described below.

a. Retrofit of the existing St. Luke's Hospital to continue providing acute care services.

The existing 1970 hospital tower and 1957 Building together compose the existing St. Luke's Hospital. Both the 1970 hospital tower and 1957 Building are currently rated SPC-1 under OSHPD's SB 1953 regulations. This indicates that the building is at significant risk of partial collapse, posing a risk to life safety in the event of a major earthquake. Following a design earthquake magnitude of 7.9 on the San Andreas Fault, there would be significant risk to life safety, and the St. Luke's 1970 hospital building likely would not be safe or usable for occupancy. Continued uninterrupted use of the existing 1970 hospital tower and the 1957 Building for acute care inpatient services would require compliance with SB 1953 by the statutory deadline. However, it was determined to be unlikely that a new, statutorily compliant seismic retrofit of these buildings could be designed, approved by OSHPD, and completed by the SB 1953 compliance deadline of January 1, 2013, unless extended by SB 90 (potentially out to 2020) or successor legislation. Even if a seismic retrofit of the existing St. Luke's hospital buildings could be completed before the deadline for compliance with State seismic safety requirements, retrofitting would result in a lengthier period before the facility would be fully compliant with the seismic safety requirements, creating an increased risk that inpatients at the St. Luke's Campus could be injured and that the hospital would not be operational following a major earthquake during the period before construction of fully compliant facilities is completed. CPMC therefore determined that it would not be feasible to seismically retrofit the existing St. Luke's Hospital to continue to provide acute care services in the existing hospital buildings.

This potential No Project Alternative at the St. Luke's Campus was considered but not selected for detailed analysis in the EIR because it was determined to be infeasible. Because completion by the statutory deadline of a retrofit project that complies with SB 1953 may not be possible, the retrofit option potentially would not comply with SB 1953. In that event, acute care use at the existing St. Luke's Hospital would have to either cease or be relocated elsewhere until completion of seismic retrofit work, substantially disrupting patient services at St. Luke's. Attempting to retrofit the hospital buildings while occupied by patients, even if statutorily feasible, would not be possible because of the necessary interruption of utilities and other critical services a retrofit would require. Safety risks to patient and staff in these buildings also render this option infeasible.

The alternative of retrofitting the St. Luke's Hospital tower and 1957 Building to the SPC-2 level would allow for continued acute care use of the existing St. Luke's Hospital until 2030. The estimated costs for an SPC-2 retrofit and associated work are estimated to be more than \$200 million, which would allow approximately 15 years of use after completion, because SB 1953 would require the building to meet the higher SPC-5 standard by 2030. Retrofitting to SPC-5 and conformance with Nonstructural Performance Criteria would be required to allow acute care use in the existing hospital building after 2030. The estimated cost of an SPC-5 and Nonstructural Performance Criteria 5 ("NPC-5") retrofit and associated work is estimated to be more than \$300 million. These cost estimates however, do not include improvements to, and additional costs for, modernizing or updating the existing St. Luke's Hospital to meet current standards of care (e.g., size of rooms and nursing stations, single occupancy rooms).



CPMC has determined that seismically retrofitting the existing St. Luke's Hospital would be substantially more expensive and disruptive than replacing the existing hospital building, or relocating the patient volumes currently served at St. Luke's at either a seismically compliant CPMC facility or at a CPMC facility with substantially better mechanical systems, or a combination of these options. The remedial work required to strengthen the building to state seismic standards, and other life safety system modifications, would be both expensive and disruptive. The retrofitting work would interfere with existing programs and services and would require substantial changes to the hospital's interior spaces.

Numerous clinical services at the hospital likely would require relocation to other sites and, at a minimum, would close for a substantial period of time. Because this retrofit option would cause inpatient acute care services to cease or be substantially disrupted for a period of years during construction, the project objective of ensuring ongoing medical services and an uninterrupted continuum of care during construction at the St. Luke's Campus, which was also a recommendation of the Blue Ribbon Panel, would not be met.

For the above-noted reasons of disruption, inability to provide continuous acute care, and substantially higher costs relative to compromising available on-campus facilities (involving a substantial loss of space), CPMC found retrofit of the existing St. Luke's Hospital to provide inpatient acute-care services to be infeasible. This alternative was therefore not further analyzed in the EIR. These findings in the Final EIR are hereby concurred with, and this No Project alternative at the St. Luke's Campus is rejected because it would be infeasible and would not meet the basic objectives of the project.

**b. Retrofit the existing St. Luke's Hospital for subacute inpatient care or other nonacute care uses.**

Under this potential No Project alternative, acute care services would be removed from the building before the statutory deadline for compliance with the seismic safety requirements of SB 1953. Existing acute care patients would be relocated elsewhere. The 1970 tower then would be converted for non-acute care uses, such as subacute care services, or other non-acute care uses, such as a medical clinic or medical offices.

This potential No Project alternative at the St. Luke's Campus was considered but not selected for detailed analysis in the EIR because it was determined to be infeasible. CPMC determined that the condition of the 1970 hospital tower and the substantial modifications required to remodel it for non-acute care uses would trigger the need for substantial seismic retrofitting. The building would likely require seismic strengthening and mitigation of the liquefaction potential of the soil. It would also require upgrades to life safety systems (*e.g.*, fire alarm and fire sprinkler), and Americans with Disabilities Act access to be safe for building occupants, and substantial additional remodeling for the intended use. Further, without the presence of a functioning inpatient hospital at the St. Luke's Campus, the need for supportive, administrative, or medical office space would be reduced to below the capacity of a renovated 1970 hospital tower (*i.e.*, there would be no programmatic need for such a sizeable remodel in the absence of a hospital on the campus). The scope of the retrofit required, in order to reuse the existing St. Luke's Hospital building, even if full compliance with SPC-2 level requirements were not mandated, would exceed the requirements for the tenant improvements themselves. CPMC determined that seismic strengthening would likely be required to achieve SPC-2-level performance or its equivalent, to provide acceptable levels of protection. The cost of these improvements was anticipated to exceed \$100 million. Therefore, CPMC found retrofit of the existing St. Luke's Hospital for subacute or other non-acute care uses to be infeasible. This alternative was therefore not further analyzed in the EIR.

These findings in the Final EIR are hereby concurred with, and this No Project alternative at the St. Luke's Campus is rejected because it would not meet the basic objectives of the project.

**C. Variants to the Proposed LRDP.**

**1. Cathedral Hill Campus No Van Ness Avenue Tunnel Variant**

The No Van Ness Avenue Pedestrian Tunnel Variant would eliminate the Van Ness Avenue pedestrian tunnel from the Cathedral Hill Campus project. It is intended to provide flexibility in accommodating permit timing and other considerations, including obtaining authorization from another agency, Caltrans. This variant was also analyzed to determine whether any adverse impact would occur with respect to additional pedestrian volume and conflicts with vehicle traffic, in the event the tunnel was not or could not be built due to factors outside of CPMC's control. CPMC and Caltrans entered into a Highway Improvement Agreement, dated January 26, 2011, which provides the mechanisms and funding for processing the required Caltrans encroachment permit and lease. Caltrans has, by letter dated May 19, 2011, confirmed its initial review of the proposed tunnel. This variant is not preferred because it raises operational, health care delivery, and efficiency concerns, in that it would require that patients, visitors, medical staff, and other employees cross Van Ness Avenue at the Post Street or Geary Boulevard/Geary Street intersection to travel between the proposed Cathedral Hill Hospital and the Cathedral Hill MOB.

**2. Cathedral Hill Campus Two-Way Post Street Variant**

The Two-Way Post Street Variant would create two-way vehicular access on Post Street between Van Ness Avenue and Gough Street. It provides flexibility to consider the possibility of allowing vehicles exiting the Cathedral Hill Hospital onto Post Street the option of traveling westbound or eastbound. Because Post Street would become a two-way street under the Two-Way Post Street Variant, vehicular access to the hospital from Post Street would be available to both eastbound traffic (similar to the access under the proposed near-term projects) and westbound traffic (via a left-hand turn into the hospital). Vehicular exit points from the hospital and MOB would remain similar to those under the near-term projects as proposed. This Variant is rejected because the analysis concluded that it would not substantially reduce nor eliminate any significant impacts of the Cathedral Hill Campus project, and would result in additional significant traffic impacts, individually and cumulatively, at the Franklin/Bush intersection and additional cumulatively significant traffic impacts at the Geary/Gough intersection.

**3. Cathedral Hill Campus MOB Access Variant**

The MOB Access Variant would maintain Cedar Street one-way in the eastbound direction, to provide flexibility in the event that the proposal to change Cedar Street to two-way west of the MOB driveways is not approved. Vehicular entry points to the Cathedral Hill MOB would be located along Cedar Street (eastbound traffic) and Geary Street (westbound traffic), and vehicular exit points for the MOB would be located at Cedar Street (eastbound exit) and Geary Street. There would be no change to the Cathedral Hill Hospital egress or ingress. Access from Geary Street would be both ingress and egress for the MOB. Emergency egress onto Geary Street would be allowed at the hospital, as is the case under the preferred Project.

This Variant would not have an individually significant transit impact on the 19-Polk bus route as would occur under the LRDP, but it would result in cumulatively significant transit impacts to the 19-Polk bus route as under the LRDP. These impacts, both for the LRDP and the MOB Access Variant, are

potentially mitigable through the purchase of a new bus to service the 19-Polk route. The impact would remain significant because, regardless of the provision of funding by CPMC, SFMTA's ability to provide the additional service on this line needed to accommodate this project is uncertain.

This variant is rejected because, aside from the impact to the 19-Polk bus route previously discussed, the Final EIR analysis concluded that this variant would not substantially reduce or eliminate significant impacts of the Cathedral Hill Campus project, and would result in additional significant traffic hazard and pedestrian hazard impacts at the Geary Street ingress/egress point to the MOB.

**4. St. Luke's Campus Alternate Emergency Department Location Variant**

Under this variant, the Emergency Department and ambulance bay for the St. Luke's Replacement Hospital would be relocated from the south side of the building near the intersection of San Jose and 27th Street to the north side of the building on Cesar Chavez Street. A walk-in entrance to the Emergency Department would be located at the northeast corner of the St. Luke's Replacement Hospital on the first floor. The loading dock would be relocated to the southwest corner of the second floor. Service vehicles would enter the loading dock from 27th Street. This variant is rejected because the analysis concluded that it would not substantially reduce nor eliminate any significant impacts of the St. Luke's Campus project.

**5. St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant**

Under this variant, most of the existing utilities located within the San Jose Avenue right-of-way (other than water, which would remain the same) would be relocated to different alignments than under the proposed LRDP. This variant was included to provide flexibility in considering the appropriate routes for relocating utilities from vacated San Jose Avenue.

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

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

**D. Additional Alternatives Proposed by the Public**

During the term of analysis of the CPMC LRDP, various commentators have proposed alternatives to the CPMC LRDP, particularly the Near-Term Projects. To the extent that these comments addressed the adequacy of the EIR analysis, they were described and analyzed in the C&R document. As presented in the

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record, the Final EIR reviewed a reasonable range of alternative, and CEQA does not require the City or the project sponsor to consider every proposed alternative so long as the CEQA requirements for alternatives analysis have been satisfied. For the foregoing reasons, as well as economic, legal, social, technological and other considerations set forth herein, and elsewhere in the record, these alternatives are rejected.

VII.  
STATEMENT OF OVERRIDING CONSIDERATIONS

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

On the basis of the above findings and the substantial evidence in the whole record of this proceeding, it is specifically found that there are significant benefits of the LRDP in spite of the unavoidable significant impacts. It is further found that, as part of the process of obtaining LRDP approval, all significant effects on the environment from implementation of the LRDP have been eliminated or substantially lessened where feasible. Any remaining significant effects on the environment found to be unavoidable are found to be acceptable due to the following specific overriding economic, technical, legal, social and other considerations:

- CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Presently, CPMC cares for more than 75,000 persons a year in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.
- CPMC's acute care hospitals on the existing St. Luke's, California, and Pacific Campuses do not meet State seismic standards which require that hospitals withstand a severe earthquake and remain operational in the aftermath as a condition of continuing to operate. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as practicable. The LRDP achieves the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards.
- The LRDP allows CPMC to build two new world-class and state-of-the art seismically safe hospitals (at St. Luke's and the new Cathedral Hill Campus), to replace the three seismically non-compliant hospitals, without any interruption in delivery of acute care services at existing medical service facilities due to construction. CPMC would also continue to provide seismically safe acute-care services at the previously retrofitted Davies Hospital North Tower to 2030.
- CPMC's three seismically non-compliant existing hospitals are old and clinically obsolete. The LRDP allows CPMC to build modern, state of the art facilities that consolidate inpatient services to enhance patient care, efficiency and lower costs. Further, the new hospitals will accommodate the deployment of modern technology, and will better align department locations and adjacencies to enhance quality and efficiency of care.

- CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.
- CPMC's LRDP will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.
- Under the LRDP, the Davies Campus, which has already undergone a number of renovations, will continue to specialize in health care for people with HIV/AIDS, include a new neuroscience center, and provide microsurgical services and rehabilitation care following serious illness or injury. In addition, the existing Emergency Department would continue to operate at the Davies Campus.
- The LRDP will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.
- The LRDP would allow the City to retain CPMC as a substantial employer; it being estimated that CPMC employs over 6,000 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.
- Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about \$1.9 billion into the local economy during the construction period, and create 1,500 high paying union construction jobs.
- As recommended by current patient standard of care guidelines for hospitals, all acute care beds on all Campuses will be located in single-patient rooms. Single patient rooms are more desirable from a clinical outcome standpoint, for patient privacy, provide higher utilization of rooms, and more efficient uses of hospital space than the current, standard two-patient room in existing CPMC acute-care hospitals.
- The LRDP provides for the rebuilding of the St. Luke's hospital. It is in the public interest that St. Luke's is rebuilt and that services be maintained for the south of Market area.
- The new St. Luke's Replacement Hospital would be consistent with the capacity and service mix recommendations of the independent Blue Ribbon Panel created to guide the redevelopment of St. Luke's, and consistent with the guidance of the Health Commission to serve the needs of the surrounding community.
- The new St. Luke' Replacement Hospital would be a community hospital integrated into the CPMC city-wide system of care.
- CPMC would enhance services at the St. Luke's Campus by providing access to inpatient and outpatient services.
- By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase substantially. The expanded department will be

critical in serving the southeastern portion of San Francisco, and in preventing overburdening of the San Francisco General Hospital Emergency Department.

- Emergency services would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.
- The new Cathedral Hill Hospital would be located at the intersection of two major transit hubs, in a location that is central to San Francisco populations, and near underserved neighborhoods. It is sized appropriately to house both the women's and children's services currently provided at the California Campus and adult acute-care services currently provided at the Pacific Campus. Improved emergency facilities and an emergency communications center would provide vital emergency response and management services, and expand access to these community services.
- Although the Cathedral Hill Hospital would provide tertiary, specialized medical services to patients referred from other CPMC community hospitals at the Davies and St. Luke's Campuses, the Cathedral Hill Hospital would also operate as a full-service community hospital. Therefore, it would provide similar services to residents of the surrounding community as would a typical community hospital.
- The Cathedral Hill Hospital (and Emergency Department) is more centrally located than the existing hospitals (on the California and Pacific Campuses) it would replace. It would be adjacent to the area of the City with the highest population density, the most seniors and low income residents. It would therefore provide more accessible services and a platform for CPMC to expand its existing health programs in surrounding neighborhoods, while also being convenient to existing CPMC patients and physicians who currently use the California and Pacific Campuses.
- All CPMC hospitals are accessible to Medicare, Medi-Cal, insured and uninsured patients. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved.
- Under the terms of the Development Agreement, CPMC would provide a host of additional assurances and benefits that will accrue to the public and the City, including, but not limited to, contributions to assist the City with its housing, work-force development, transit and pedestrian safety needs.
- The LRDP would improve access to health care throughout San Francisco, through CPMC's city-wide system of care, including the four LRDP campuses and network of outpatient practices, clinics and partnerships throughout the City.
- CPMC would ensure a skilled nursing facility (SNF) capacity of 100 beds to serve its patients, including retaining 38 beds currently located at the Davies Campus. The remaining beds would be on CPMC campuses or in the community. To the extent that any of these remaining beds are community-based (*i.e.*, not located on CPMC campuses), they would not include SNF beds that are in current use.
- The LRDP would contribute to the commercial revitalization of the neighborhoods surrounding the new hospitals and medical buildings at the Cathedral Hill and St. Luke's Campuses by increasing pedestrian presence and customer base.

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- The LRDP will provide sustainable and resource efficient buildings, including through resource-efficient construction and landscaping, energy and water conservation, building operations and maintenance practices.
- The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City.





# SAN FRANCISCO PLANNING DEPARTMENT

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## Planning Commission Draft Resolution

### General Plan Amendment

HEARING DATE: APRIL 26, 2012

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*Date:* April 12, 2012  
*Case No.:* 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
*Project Address:* 3555 Cesar Chavez Street; 3615 Cesar Chavez Street; 1580 Valencia Street  
*Zoning/Ht. & Blk.* RH-2/105-E, 65-A  
*Proposed Zoning/  
Height & Bulk:* RH-2, Cesar Chavez-Valencia Streets Medical Use Special Use District/  
105-E  
*Assessor's Block/Lot:* 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar  
Chavez Street and 27th Street  
*Project Sponsor:* Geoffrey Nelson, CPMC  
633 Folsom Street, 5th Floor  
San Francisco, CA 94107  
(415) 600-7206  
[NelsonGK@Sutterhealth.org](mailto:NelsonGK@Sutterhealth.org)  
*Staff Contact:* Elizabeth Watty – (415) 558-6620  
[Elizabeth.Watty@sfgov.org](mailto:Elizabeth.Watty@sfgov.org)

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO AMENDMENTS TO THE GENERAL PLAN MAP 4 OF THE URBAN DESIGN ELEMENT, TO REFLECT A MAXIMUM HEIGHT OF 105'-0" APPLICABLE TO THE ST. LUKE'S CAMPUS (ALL OF ASSESSOR'S BLOCK 6575, LOT 021 IN BLOCK 6576, AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET THAT WILL BE VACATED AS PART OF THE PROJECT, AND THEIR SUCCESSOR BLOCKS AND LOTS), AND TO MAP 5 OF THE URBAN DESIGN ELEMENT, TO REFLECT THE PROPOSED MAXIMUM PLAN AND DIAGONAL PLAN DIMENSIONS OF 227' AND 270', RESPECTIVELY, FOR THE ST. LUKE'S REPLACEMENT HOSPITAL SITE, AND 204' AND 228', RESPECTIVELY, FOR THE ST. LUKE'S MOB SITE; AND MAKE AND ADOPT FINDINGS, INCLUDING FINDINGS UNDER PLANNING CODE SECTION 340, ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

### PREAMBLE

On June 10, 2005, Ralph F. Marchese of The Marchese Company, Inc., on behalf of California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application (EEA) with the Planning Department (hereinafter "Department"), Case No. 2005.0555E<sup>1</sup>. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties.

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

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new St. Luke's Replacement Hospital and St. Luke's Medical Office Building.

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

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

On June 10, 2010, the Project Sponsor submitted a request to amend the following sections of the General Plan: (1) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus (all of Assessor's Block 6575, Lot 021 in Block 6576, and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street that will be vacated as part of the project, and their successor Blocks and Lots); and (2) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital ("Hospital") site, and 204' and 228', respectively, for the Medical Office Building ("MOB") site (2009.0886M).

On June 10, 2010, the Project Sponsor submitted a request to amend the following sections of the San Francisco Planning Code: (1) Add Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") and allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD; and (2) to add Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD. (Case No. 2009.0886T).

On June 10, 2010, the Project Sponsor submitted a request to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT07 to reclassify the Hospital site from 65-A to 105-E Height and Bulk District; and (2) Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD (Case No. 2009.0886Z).

On June 10, 2010, the Project Sponsor filed an application with the Department for Conditional Use authorization under Planning Code Sections 134, 136, 151, 303, 304, 209.3(a), 209.9(b), 253, 270, and 271, to amend the existing Planned Unit Development (hereinafter "PUD") for CPMC's St. Luke's Campus to allow construction of the Hospital, demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's MOB with (1) modifications to the rear yard and off-street parking requirements of Planning Code Sections 134 and 151; (2) to allow exceptions from the dimension limitations for projections over streets or alleys as part of the PUD; (3) to allow buildings over 40'-0" in an RH-2 District; and (4) to allow deviation of bulk limits, at Assessor's Block 6575/001, 002; 6576/021; and a

portion of San Jose Avenue between Cesar Chavez Street and 27th Street (3555 Cesar Chavez Street, 3615 Cesar Chavez Street, 1580 Valencia Street, within an RH-2 (Residential, House, Two-Family) District and a 105-E and 65-A Height and Bulk District ("St. Luke's Replacement Hospital and MOB Project").

On June 10, 2010, the Project Sponsor submitted a request for the allocation of Office Space for approximately 62,960 s.f of medical office space in the proposed St. Luke's MOB (Case No. 2009.0886B).

On June 10, 2010, the Project Sponsor submitted a request for a General Plan Referral, Case No. 2009.0886R, regarding the vacation of a portion of San Jose Avenue between 27th and Cesar Chavez Streets; and sidewalk width changes along various streets adjacent to the campus (2009.0886R).

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No.\_\_\_\_, (4) the Transfer Agreement in Board File No.\_\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No.\_\_\_\_\_.

On April 26, 2012, the Commission reviewed and considered the FEIR and found that the contents of said report and the procedures through which the FEIR was prepared, publicized, and reviewed complied with the CEQA, the CEQA Guidelines, and Chapter 31.

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

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

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

On April 26, 2012, by Motion No.\_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Replacement Hospital and MOB Project. A copy of Commission Motion No.\_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding

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

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Motion No. \_\_\_\_\_, making findings of consistency with the General Plan and Planning Code Section 101.1; (2) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (4) Motion No. \_\_\_\_\_, approving the proposed Conditional Use authorization; (5) Motion No. \_\_\_\_\_, approving the allocation of the proposed office space; (6) Motion No. \_\_\_\_\_, approving the General Plan Referral; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on General Plan Amendment Application No. 2009.0886MTZCBRSK.

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

The Commission has reviewed the proposed General Plan Amendment Ordinance; and

**MOVED**, that the Commission hereby recommends that the Board of Supervisors approve the proposed General Plan Amendment Ordinance, and adopt the attached Resolution to that effect.

## **FINDINGS**

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

1. The Commission finds the St. Luke's Replacement Hospital and MOB Project to be a beneficial development to the City that could not be accommodated without the actions requested.
2. CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco, thereby ensuring St. Luke's continued existence and viability.

3. The existing St. Luke's Hospital Tower does not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. These Ordinances, along with the Development Agreement and related approvals, achieve the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards, without any interruption in delivery of acute care services at the existing Hospital Tower due to construction
4. CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.
5. Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about \$1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.
6. The Near-Term Projects in the LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.
7. Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide \$2 million for community workforce services, which would provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.
8. The Near-Term Projects will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.
9. The Near-Term Projects at the St. Luke's Campus will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.
10. The Replacement Hospital would be a full-service community hospital integrated into the CPMC city-wide system of care. It would provide critical services including Obstetrics/Gynecology,

Medical/Surgical, Intensive Care and Urgent Care, as well as Centers of Excellence in Senior and Community Health.

11. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase substantially. The expanded department will be critical in serving the southeastern portion of San Francisco, and in preventing overburdening of the San Francisco General Hospital Emergency Department.
12. Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.
13. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:
  - a. Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill Campuses;
  - b. A secure future for St. Luke's hospital;
  - c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;
  - d. \$20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and
  - e. Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.
14. Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
  - a. \$62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320 affordable units [145 from initial \$29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.
  - b. \$20 million from CPMC for MTA transit facilities and service.
  - c. \$13 million from CPMC for pedestrian safety and streetscape improvements.
15. The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City;
16. The General Plan was not created with the new construction of hospitals as a focused land use typology, and thus does not recognize the complexity, site and Building Code constraints, and health care delivery intricacies involved therein.

17. A number of conforming amendments to elements of the San Francisco General Plan, including General Plan maps, are required in order to resolve the aforementioned issues and facilitate the implementation of the CPMC LRDP.
18. The CPMC LRDP and its proposed amendments to the General Plan support the underlying goals of the General Plan, such as maintaining a sound and diverse economic base, providing expanded employment opportunities, promoting high quality urban design, enhancing San Francisco's position as a national and regional center for health services, and promoting adequate health services in all geographic districts.
19. The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity;
20. The General Plan Amendments are necessary in order to approve the CPMC LRDP Project;
21. **General Plan Compliance.** The St. Luke's Replacement Hospital and MOB Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No.**\_\_\_\_\_.
22. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the St. Luke's Replacement Hospital and MOB Project complies with said policies, as outlined in **Motion No.**\_\_\_\_\_.
23. The St. Luke's Replacement Hospital and MOB Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.**\_\_\_\_\_ and also in that, as designed, the St. Luke's Replacement Hospital and MOB Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
24. Based on the foregoing, the public necessity, convenience and general welfare require the proposed General Plan amendments.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012



# SAN FRANCISCO PLANNING DEPARTMENT

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## Planning Commission Draft Resolution

### General Plan Amendment

HEARING DATE: APRIL 26, 2012

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

Reception:  
**415.558.6378**

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

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO AMENDMENTS TO THE GENERAL PLAN TO: (1) AMEND THE TEXT OF THE VAN NESS AREA PLAN TO SUPPORT A HIGH DENSITY MEDICAL CENTER AT THE INTERSECTION OF VAN NESS AVENUE AND GEARY STREET/BOULEVARD THAT IS CONSISTENT WITH THE CITY'S BETTER STREETS PLAN AND REFLECT VARIOUS ELEMENTS OF THIS USE; (2) AMEND MAP 1 OF THE VAN NESS AREA PLAN ("VNAP") TO DESIGNATE THE SITES PROPOSED FOR THE NEW CATHEDRAL HILL HOSPITAL AND MEDICAL OFFICE BUILDING ("CATHEDRAL HILL MOB") AS "THE VAN NESS MEDICAL USE SUBDISTRICT", AND TO INCREASE THE ALLOWABLE FLOOR AREA RATIO ("FAR") FOR THE CATHEDRAL HILL HOSPITAL SITE FROM 7:1 TO 9:1, AND FOR THE CATHEDRAL HILL MOB SITE FROM 7:1 TO 7.5:1; (3) AMEND MAP 2 OF THE VAN NESS AREA PLAN TO CREATE A 265-V HEIGHT AND BULK DISTRICT COTERMINOUS WITH THE HOSPITAL SITE, IN ORDER TO AMEND THE HEIGHT LIMIT FOR THE CATHEDRAL HILL HOSPITAL SITE FROM 130'-0" TO 265'-0"; (4) AMEND MAP 4 OF THE URBAN DESIGN ELEMENT TO REFLECT A MAXIMUM HEIGHT APPLICABLE TO THE CATHEDRAL HILL HOSPITAL SITE OF 265'-0"; AND (5) AMEND MAP 5 OF THE URBAN DESIGN ELEMENT TO REFLECT THE PROPOSED MAXIMUM PLAN AND MAXIMUM DIAGONAL PLAN DIMENSIONS OF 385'-0" AND 466'-0", RESPECTIVELY, FOR THE CATHEDRAL HILL HOSPITAL SITE, AND 265'-0" AND 290'-0", RESPECTIVELY, FOR THE CATHEDRAL HILL MOB SITE; AND MAKE AND ADOPT FINDINGS, INCLUDING FINDINGS UNDER PLANNING CODE SECTION 340, ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.



## PREAMBLE

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

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

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

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

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

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

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

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

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

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Department to amend the following sections of the San Francisco Planning Code: Section 243, the Van Ness Special Use District, to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities; allow modification of otherwise applicable standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents; allow modification through Conditional Use authorization of otherwise applicable standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages; allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code; allow modification of otherwise applicable loading standards for medical centers; and to allow modification through Conditional Use authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities. (Case No. 2009.0885T).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to the Department to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT02 to

reclassify the Cathedral Hill Hospital site from 130-V to 265-V Height and Bulk District; and (2) Map SU02 to show the boundaries of the Van Ness Medical Use Subdistrict (Case No. 2009.0885Z).

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

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

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

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No.\_\_\_\_, (4) the Transfer Agreement in Board File No.\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No.\_\_\_\_\_.

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Motion No. \_\_\_\_\_, approving the General Plan and Planning Code Section 101.1 Findings; (2) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (4) Motion No. \_\_\_\_\_, approving the Conditional Use authorization; (5) Motion No. \_\_\_\_\_, approving the Office Allocation; (8) Motion No. \_\_\_\_\_, approving the General Plan Referral; and (6) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the Development Agreement.

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

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

The Commission has reviewed the proposed General Plan Amendment Ordinances; and

**MOVED**, that the Commission hereby recommends that the Board of Supervisors approve the proposed General Plan Amendment Ordinances, and adopt the attached Resolution to that effect.

## **FINDINGS**

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

1. The Commission finds the Cathedral Hill Project to be a beneficial development to the City that could not be accommodated without the actions requested.
2. CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.
3. The existing acute care hospitals at the Pacific and California Campuses do not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. These Ordinances, along with the Development Agreement and related approvals, achieve the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards, without any interruption in delivery of acute care services at the existing hospitals due to construction.
4. The Cathedral Hill Hotel and 1255 Post Street office building sites were selected for the location of a new acute care hospital because these aggregated parcels met CPMC's site selection objectives, including: (1) being available for sale; (2) being large enough to accommodate the co-location of acute care services from the California and Pacific Campuses; (3) preventing the

interruption of existing services at the California and Pacific Campuses during the construction; (4) being located on geologically stable soil; (5) being at a major transit nexus; and (6) the availability of adjacent properties for the construction of a medical office building.

5. The General Plan was not created with the new construction of hospitals as a focused land use typology, and thus does not recognize the complexity, site and Building Code constraints, and health care delivery intricacies involved therein.
6. A number of conforming amendments to elements of the San Francisco General Plan, including General Plan maps, are required in order to resolve the aforementioned issues and facilitate the implementation of the CPMC LRDP.
7. The CPMC LRDP and its proposed amendments to the General Plan support the underlying goals of the General Plan, such as maintaining a sound and diverse economic base, providing expanded employment opportunities, promoting high quality urban design, enhancing San Francisco's position as a national and regional center for health services, and promoting adequate health services in all geographic districts.
8. CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.
9. Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about \$1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.
10. The Near-Term Projects in the LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.
11. Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide \$2 million for community workforce services, which would provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.

12. The Near-Term Projects will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.
13. The Near-Term Projects at the Cathedral Hill Campus will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.
14. The new Cathedral Hill Hospital would be a full-service, acute care hospital with an approximately 12,000 sf emergency department integrated into the CPMC city-wide system of care. It would provide critical services including inpatient medical care, Obstetrics/Gynecology, Medical/Surgical, Intensive Care, as well as specialized programs such as organ transplantation, interventional cardiology and newborn intensive care.
15. Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.
16. The 18 psychiatric inpatient beds in the mental health center on the Pacific Campus would remain in service.
17. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:
  - a. Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses;
  - b. A secure future for St. Luke's hospital;
  - c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform; and
  - d. \$20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.
  - e. Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care;
18. Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
  - a. \$62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320 affordable units [145 from initial \$29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.
  - b. \$20 million from CPMC for MTA transit facilities and service.

- c. \$13 million from CPMC for pedestrian safety and streetscape improvements.
19. The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City;
  20. The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity;
  21. The General Plan Amendments are necessary in order to approve the CPMC LRDP Project;
  22. **General Plan Compliance.** The Cathedral Hill Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No.\_\_\_\_\_**.
  23. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the Cathedral Hill Project complies with said policies, as outlined in **Motion No.\_\_\_\_\_**.
  24. The Cathedral Hill Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.\_\_\_\_\_** and also in that, as designed, the Cathedral Hill Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
  25. Based on the foregoing, the public necessity, convenience and general welfare require the proposed General Plan amendments.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012



# SAN FRANCISCO PLANNING DEPARTMENT

## Planning Commission Draft Motion GENERAL PLAN FINDINGS

### PLANNING CODE SECTION 101.1 FINDINGS

HEARING DATE: APRIL 26, 2012

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*Date:* April 12, 2012  
*Project Name:* California Pacific Medical Center Long Range Development Plan  
*Case Numbers:* 2005.0555E; 2009.0886MTZCBRKS;  
2009.0885MTZCBRKS; 2004.0603C; 2012.0403W  
*Initiated by:* Geoffrey Nelson, CPMC  
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*Recommendation:* **Adopt General Plan/Planning Code 101.1 Consistency Findings**

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

### PREAMBLE

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

The four existing CPMC medical campuses are the St. Luke's Campus in the Mission District, Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, and the Davies Campus in the Duboce Triangle area. The proposed new medical campus is the Cathedral Hill Campus located along Van Ness Avenue in the vicinity of the intersection of Van Ness Avenue and Geary Boulevard/Geary Street.



The LRDP includes both Near-Term Projects, including actions at the St. Luke's, Cathedral Hill and Davies Campuses, and Long-Term Projects at the Davies and Pacific Campuses. Implementation of the Near-Term Projects requires approval of, but is not limited to, General Plan amendments for the St. Luke's and Cathedral Hill Campuses, Zoning Map and Planning Code text amendments at the St. Luke's and Cathedral Hill campuses, the sale and transfer of San Jose Avenue between 27<sup>th</sup> Street and Cesar Chavez Street from the City to CPMC and its change of use from a city street to a medical center; construction of the Tunnel under Van Ness Avenue; changes to the sidewalk widths at the St. Luke's and Cathedral Hill Campuses; and Major Encroachment Permits at the St. Luke's and Cathedral Hill Campuses, and conditional use authorizations at the Davies, St. Luke's and Cathedral Hill Campuses, along with approval of a Development Agreement (collectively, for purposes of this Motion No. \_\_\_\_\_ only, the "Project,"). The Commission finds that the Project is, on balance, consistent with the Objectives and Policies of the General Plan, and the Priority Policies of Planning Code section 101.1, as discussed below.

On April 26, 2012, the Planning Commission by Motion \_\_\_\_\_, found that the Final Environmental Impact Report for the LRDP Project (the "FEIR") was adequate, accurate, and objective, reflected the independent judgment of the Planning Commission and that the Comments and Responses document contains no significant revisions to the DEIR, and adopted findings of significant impact associated with the LRDP Project and certified the completion of the FEIR for the LRDP Project in compliance with the California Environmental Quality Act (California Public Resources Code Sections 21000 *et seq.*) ("CEQA"), 14 California Code of Regulations Sections 15000 *et seq.* (the "CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31"). Also on April 26, 2012, the Planning Commission by Motion \_\_\_\_\_, adopted project approval findings under CEQA, including a statement of overriding consideration and a mitigation measure and reporting program. Those findings are adopted and incorporated by reference herein.

**MOVED**, that the Planning Commission has reviewed and considered CPMC's LRDP, and the record associated therewith, including the comments and submissions made to this Planning Commission, and based thereon, hereby adopts the General Plan and Planning Code Section 101.1 Consistency Findings set forth herein.

## FINDINGS

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **General Plan Compliance.** The Project, including but not limited to the sale and transfer of a portion of San Jose Avenue between 27<sup>th</sup> Street and Cesar Chavez Street from the City to CPMC and its change of use from a city street to part of a medical center; construction of a tunnel under Van Ness Avenue; changes to the sidewalk widths at the St. Luke's and Cathedral Hill Campuses; Major Encroachment Permits at the St. Luke's and Cathedral Hill Campuses, Zoning Map and Planning Code text amendments at the St. Luke's and Cathedral Hill Campuses, and other actions and legislation associated with the Near-Term Projects, along with the Development Agreement,, is, on balance, consistent with the following Objectives and Policies of the General Plan:

## HOUSING ELEMENT

### Objectives and Policies

#### OBJECTIVE 1:

IDENTIFY AND MAKE AVAILABLE FOR DEVELOPMENT ADEQUATE SITES TO MEET THE CITY'S HOUSING NEEDS, ESPECIALLY PERMANENTLY AFFORDABLE HOUSING.

##### Policy 1.1

Plan for the full range of housing needs in the City and County of San Francisco, especially affordable housing.

##### Policy 1.8

Promote mixed use development, and include housing, particularly permanently affordable housing, in new commercial, institutional or other single use development projects.

*The Project includes institutional uses, and as such is not subject to the City's Jobs-Housing Linkage Fee. In addition, the Planning Code allows a beneficial institutional use such as the Cathedral Hill Hospital and MOB to be approved by Conditional Use without meeting the 3:1 residential to net new non-residential ratio requirement of the Van Ness Special Use District. Nonetheless, the Project Sponsor has committed to the following pursuant to the Development Agreement that would help to implement Objective 1 and Policy 1.1 and 1.8: contributions exceeding \$62 million toward affordable housing replacement, funding the production of new affordable rental units, and creating a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco. The City would also receive an estimated \$35 million in repayments from the DALP program (through repayment of DALP loans and the City's estimated \$6 million share of property appreciation) to use for affordable housing projects.*

*The Project will contribute to the production of housing through contributions in the Development Agreement, as described below. The Project does not include traditional "single use" institutional uses and in fact include various uses in support of the principal medical use. In addition, due to factors such as challenges in identifying large sites appropriate to accommodate medical facilities, and the unique design and operational requirements of hospitals (including strict OSHPD construction standards and associated costs), the Project does not include the type of mixed use development opportunity contemplated by this policy. The Project is not inconsistent with this policy and will not adversely impact the City's ability to meet it. In addition, as to the Cathedral Hill site, the Van Ness Area Plan identified the Cathedral Hill sites as in commercial use, and did not consider them as sites available to meet housing production goals for the plan area.*

**OBJECTIVE 2** RETAIN EXISTING HOUSING UNITS, AND PROMOTE SAFETY AND MAINTENANCE STANDARDS, WITHOUT JEOPARDIZING AFFORDABILITY

##### Policy 2.1

Discourage the demolition of sound existing housing, unless the demolition results in a net increase in affordable housing.

**OBJECTIVE 3**

PROTECT THE AFFORDABILITY OF THE EXISTING HOUSING STOCK, ESPECIALLY RENTAL UNITS

**Policy 3.1**

Preserve rental units, especially rent controlled units, to meet the City's affordable housing needs.

*Policies 2.1 and 3.1 address existing housing, and acknowledge in the text that they are implemented through San Francisco's Planning Code, which includes a conditional use process for demolition of residential units, and the Residential Hotel Ordinance, which requires permits for conversion of residential hotel rooms. Construction of the Cathedral Hill MOB will require demolition of five residential hotel units and twenty residential units. The Project Sponsor will comply with the residential hotel conversion requirements of Administrative Code Section 41.13 by paying a fee of \$2,684,800.00. It will also contribute \$1,453,820 to address demolition of the residential units. Beyond the replacement fees, under the terms of the Development Agreement, the Project will contribute to substantial new housing through a \$29 million Affordable Housing Payment, and the City will receive an additional approximately \$35 million to the City for affordable housing through funds from repayment of DALP loans, which includes the City's approximately \$6 million share of property appreciation.*

**OBJECTIVE 7**

SECURE FUNDING AND RESOURCES FOR PERMANENTLY AFFORDABLE HOUSING, INCLUDING INNOVATIVE PROGRAMS THAT ARE NOT SOLELY RELIANT ON TRADITIONAL MECHANISMS OR CAPITAL.

**Policy 7.1**

Expand the financial resources available for permanently affordable housing, especially permanent sources.

**Policy 7.7**

Support housing for middle income households, especially through programs that do not require a direct public subsidy.

**Policy 7.8**

Develop, promote, and improve ownership models which enable households to achieve homeownership within their means, such as down-payment assistance, and limited equity cooperatives.

*As discussed in the findings for Objective 1 and 7 above, through commitments in the Development Agreement, CPMC will contribute over \$62 million toward affordable housing to replace displaced units, fund the production of new affordable rental units, and create a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco. As part of the \$62 million commitment, CPMC will provide \$2,684,800 in funding to replace the 20 residential*

*hotel units that will be demolished, and \$1,453,820 in funding to replace the five dwelling units that will be demolished. CPMC will also provide \$29 million to the City's affordable housing fund, and create a \$29 million down payment assistance loan program (DALP) for its employees who earn up to 100% of area median income. The City's existing DALP is currently substantially oversubscribed, and these funds will provide an opportunity for additional low and moderate income households to access home ownership opportunities. The Mayor's Office of Housing anticipates, for example, that the program will provide a minimum of 145 loans and will allow 100% AMI households who can only afford 15% of the homes in San Francisco to now afford nearly 40% of homes. Funds from the down payment assistance loans will be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated \$35million (\$29 million plus an estimated \$6 million in appreciation) is expected to flow into the affordable housing fund over time this way, beyond the initial \$62 million contribution.*

**OBJECTIVE 8:**

BUILD PUBLIC AND PRIVATE SECTOR CAPACITY TO SUPPORT, FACILITATE, PROVIDE AND MAINTAIN AFFORDABLE HOUSING.

**Policy 8.1**

Support the production and management of permanently affordable housing.

**Policy 8.2**

Encourage employers located within San Francisco to work together to develop and advocate for housing appropriate for employees.

*See discussion regarding Objectives 1 and 7 above regarding the Project's contributions to production of affordable housing. The DALP is directly responsive to and implements Policies 8.1 and 8.2.*

**OBJECTIVE 11:**

SUPPORT AND RESPECT THE DIVERSE AND DISTINCT CHARACTER OF SAN FRANCISCO'S NEIGHBORHOODS.

**Policy 11.8**

Consider a neighborhood's character when integrating new uses, and minimize disruption caused by expansion of institutions into residential areas.

*CPMC's Cathedral Hill, St. Luke's, and Davies Campuses have been designed to acknowledge and respond to their surrounding neighborhood contexts, as described in greater detail under the Urban Design Element findings outlined below. The Cathedral Hill Campus is located within a mixed use Residential Commercial district, and development of the Near-Term Projects under the LRDP at the St. Luke's and Davies Campuses, although located within residential zoning districts, would involve redevelopment within the existing boundaries of these CPMC campuses rather than expansion onto additional sites. The Project approvals include many mitigation measures, conditions of approval and other community benefits commitments designed to address, among other things, neighborhood compatibility during both the construction and operational phases. The Development Agreement also*

*includes a Community Visioning Plan process for any future development plans at the Davies, Pacific and California Campuses.*

## **COMMERCE AND INDUSTRY ELEMENT**

### **Objectives and Policies**

#### **OBJECTIVE 1:**

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

#### **Policy 1.1**

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

*The Project will provide substantial benefits to the City, including expanded employment opportunities for City residents at all employment levels. CPMC and the rest of the health services sector are critically important to the economic health of San Francisco. CPMC is the second largest private employer in San Francisco. CPMC is estimated to currently employ over 6,200 people, of which about half are San Francisco residents. The Project is necessary to maintain and expand employment in these long-term health services and support services jobs.*

*The construction of the Near-Term Projects will significantly benefit the San Francisco economy. During this period of economic recovery, the Near-Term Projects will provide up to approximately 400 to 500 construction jobs per year, with a maximum of up to approximately 1,500 jobs at the peak construction period. The construction and operation of the Near-Term Projects would inject about \$2.5 billion into the local economy. The Near Term Projects also include Workforce commitments, through the proposed Development Agreement, that provide substantial construction and operational phase jobs and programs for local businesses and residents, including unemployed and economically disadvantaged residents and a workforce training contribution of \$2,000,000.*

*The Project would ensure CPMC's continued existence and viability in San Francisco. The Project will enable CPMC to continue to provide essential health services to the community without interruption, in modern facilities that will comply with the most stringent state seismic mandates in SB 1953. Because the new hospital facilities can be expected to remain operational after a strong earthquake, CPMC's role in emergency preparedness will be enhanced. Emergency preparedness for the City will also be enhanced by the expanded Emergency Department facilities and improved emergency communications centers proposed as part of the Project.*

*If the new CPMC hospital facilities under the Project were not constructed, there would be a negative impact on CPMC's delivery of essential health care services to the community, as well as on San Francisco's healthcare employment sector.*

*The St. Luke's Replacement Hospital and MOB will contribute to the revitalization of the St. Luke's Campus and will enhance the medical care provided there and will contribute to the neighborhood*

*character and the local economy. Continuation of inpatient, emergency and outpatient medical services at the St. Luke's Campus was strongly recommended by the Blue Ribbon Panel (BRP). The Board of Supervisors also adopted on November 25, 2008, Resolution No. 478-08 commending the BRP and urging all City Departments to endorse the recommendations of the BRP.*

*CPMC chose the location at Van Ness Avenue and Geary Boulevard for its new acute care hospital (i.e., the Cathedral Hill Hospital) for several reasons, including that s that a new hospital on an available site would be less disruptive than replacing the existing California and Pacific Campus hospitals by expanding either of those campuses, which are zoned for lower-density residential neighborhoods.*

*The Cathedral Hill Campus will be a major employment center, capitalizing on the transit infrastructure at the site, including the proposed Van Ness Avenue and Geary Bus Rapid Transit ("BRT") projects, toward which CPMC would provide \$5 million in funding pursuant to the proposed Development Agreement.*

*Under the Project, the Davies Campus, which has already undergone a number of renovations, will continue to specialize in health care for people with HIV/AIDS, include a new neuroscience center, and provide microsurgical services and rehabilitation care following serious illness or injury. In addition, the existing Emergency Department would continue to operate at the Davies Campus.*

*The Project would contribute to the commercial stabilization and revitalization of the neighborhoods surrounding the new hospitals and medical buildings at the Cathedral Hill, Davies and St. Luke's Campuses by increasing medical activity, and therefore pedestrian activity which supports nearby businesses.*

*Under the terms of the proposed development agreement, CPMC would provide a host of additional assurances and benefits that will accrue to the public and the City, including, but not limited to, contributions to assist the City with its health care, housing, work-force development, transit and pedestrian safety needs.*

*The Project approvals include many mitigation measures, conditions of approval and other community benefits commitments designed to address, among other things, neighborhood compatibility.*

## **OBJECTIVE 2:**

**MAINTAIN AND ENHANCE A SOUND AND DIVERSE ECONOMIC BASE AND FISCAL STRUCTURE FOR THE CITY.**

### **Policy 2.1**

Seek to retain existing commercial and industrial activity and to attract new such activity to the city.

*CPMC is one of the City's largest private employers, employing approximately 6,200 people, of which about half are San Francisco residents. The Near-Term Projects will enable the retention and expansion of one of the City's largest private employers.*

*The Project would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco by attracting patients, doctors and researchers to San Francisco.*

*Construction of the Near-Term Projects will inject about \$2.5 billion into the local economy and create 1,500 union construction jobs.*

*Under the terms of the proposed Development Agreement, CPMC would provide additional assurances and guarantee approximately \$1.1 billion in community benefits that will accrue to the public and the City, including, but not limited to, contributions to assist the City with its healthcare, housing, work-force development, transit and pedestrian safety needs.*

*The Project would contribute to the commercial revitalization of the neighborhoods surrounding the new hospitals and medical buildings by increasing pedestrian activity.*

### **OBJECTIVE 3**

PROVIDE EXPANDED EMPLOYMENT OPPORTUNITIES FOR CITY RESIDENTS, PARTICULARLY THE UNEMPLOYED AND ECONOMICALLY DISADVANTAGED.

#### **Policy 3.1**

Promote the attraction, retention and expansion of commercial and industrial firms which provide employment improvement opportunities for unskilled and semi-skilled workers.

#### **Policy 3.2**

Promote measures designed to increase the number of San Francisco jobs held by San Francisco residents.

#### **Policy 3.3**

Emphasize job training and retraining programs that will impart skills necessary for participation in the San Francisco labor market.

*The Near-Term Projects will provide expanded employment opportunities for City residents at all employment levels. CPMC and the rest of the health services sector are critically important to the economic health of San Francisco. CPMC is one of the City's largest private employers, employing approximately 6,200 people, of which about half are San Francisco residents. The Project will enable the retention and expansion of one of the City's largest private employers. The construction of the proposed Near-Term Projects will also significantly benefit the San Francisco economy. During this period of economic recovery, the Near-Term Projects will provide up to approximately 400 to 500 construction jobs per year, with a maximum of up to approximately 1,500 jobs at the peak construction period.*

*CPMC supports career development and advancement opportunities for its employees. A wide range of educational and training opportunities are offered to CPMC employees, including college preparatory courses for entry-level workers. San Francisco City College offers courses, such as Medical Terminology, at CPMC campuses. Seminars are offered on basic business skills. Language classes are*

*also taught on site by San Francisco City College instructors. The programs specifically designed for entry-level workers make CPMC a good place for workers newly entering the labor force or the health services sector.*

*The job skills acquired through employment at CPMC, including skills acquired through the job training opportunities described above, support career advancement within CPMC. These skills would also be transferable to other health care sector employers.*

*Many job classifications at CPMC are not associated directly with health care. Examples include food service, transportation, security, facilities maintenance, management and administrative support positions. These classifications also range from entry-level to upper level positions. The job skills acquired by these workers would be transferable to other health care and non-health care employers.*

*CPMC commitments under the proposed Development Agreement will also result in an increase in entry-level local construction employment and internship opportunities. CPMC will make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC will achieve 50% local hire for new entry-level administrative and engineering positions and internships, will fill half of all new apprentice positions with graduates from the CityBuild Academy, and will create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC will also provide \$2 million for community workforce services, which will provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.*

## **OBJECTIVE 6**

**MAINTAIN AND STRENGTHEN VIABLE NEIGHBORHOOD COMMERCIAL AREAS EASILY ACCESSIBLE TO CITY RESIDENTS**

### **Policy 6.1**

Ensure and encourage the retention and provision of neighborhood-serving goods and services in the city's neighborhood commercial districts, while recognizing and encouraging diversity among the districts.

### **Policy 6.7**

Promote high quality urban design on commercial streets.

### **Policy 6.9**

Regulate uses so that traffic impacts and parking problems are minimized.

### **Policy 6.10**

Promote neighborhood commercial revitalization, including community-based and other economic development efforts where feasible.



*The development of the St. Luke's Replacement Hospital and St. Luke's MOB will ensure and encourage the retention and provision of neighborhood-serving goods and services by increasing the number of CPMC employees and others in the area during its hours of operation, which, for the St. Luke's Replacement Hospital, will be twenty-four hours a day every day. As with other CPMC campuses, St. Luke's Replacement Hospital and St. Luke's MOB staff and visitors can be expected to patronize local retail and service businesses. The Project would retain the retail space in the Monteagle Building, and would add about 2,600 square feet of ground floor retail in the St. Luke's MOB.*

*The development of the Cathedral Hill Campus will ensure and encourage the retention and provision of neighborhood-serving goods and services by increasing the number of CPMC employees and others in the area during its hours of operation, which, for the Cathedral Hill Hospital, are twenty-four hours a day every day.*

*The Cathedral Hill Hospital would include approximately 3,100 square feet of ground floor retail space. The Cathedral Hill MOB would include approximately 7,050 square feet of ground floor retail space, including a pharmacy. This additional retail space in the neighborhood would ensure and encourage the retention and provision of neighborhood-serving goods and services. It would also maintain and strengthen viable neighborhood commercial areas easily accessible to City residents. The Cathedral Hill Campus is easily accessible to City residents and will be even more so with the addition of the Geary and Van Ness BRT lines.*

*The proposed development of the Neurosciences Institute at the Davies Campus will ensure and encourage the retention and provision of neighborhood-serving goods and services by increasing the number of CPMC employees and others in the campus vicinity.*

*The Project will promote high quality urban design for the reasons set forth in the discussion below regarding consistency with the General Plan's Urban Design Element.*

*The Project will minimize the effects of traffic and parking on the surrounding neighborhood for the reasons set forth in the discussion below regarding consistency with the General Plan's Transportation Element.*

## **OBJECTIVE 7**

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

### **Policy 7.2**

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

### **Policy 7.3**

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

*The Project will enhance San Francisco's position as a national and regional center for health services; CPMC continues to be one of the top hospitals in the country thereby attracting medical professionals and patients to its facilities nationally.*

*CPMC chose the location at Van Ness Avenue and Geary Boulevard for its new acute care hospital for several reasons, one of which was that a new hospital on an available site would be less disruptive than replacing the existing California and Pacific Campus hospitals by expanding either of those campuses, which are predominantly zoned for relatively low-density residential neighborhoods. CPMC's search for an appropriate and available site for a new medical center campus and the related planning process included consideration of several vacated school sites and otherwise underutilized sites (e.g., the U.S. Public Health Service Hospital site in the southwestern quadrant of the Presidio, the Mervyns' Shopping Center site at Geary Boulevard and Masonic Avenue, an aggregation of sites on the east side of Masonic Avenue which included parcels owned by the Catholic Church and the San Francisco Unified School District, an aggregation of sites on the south side of Geary Avenue that included the Gateway High School site, and the Letterman and Fort Scott District sites in the Presidio). Each of these sites was deemed either unavailable or inappropriate for a new CPMC medical center campus. Ultimately, the search and planning process resulted in the purchase of the proposed Cathedral Hill Campus site.*

*Furthermore, the planned sites for the new Cathedral Hill Hospital and Cathedral Hill MOB would be located closer than either the Pacific or California Campus to a medically underserved area of the City that includes the Tenderloin/Little Saigon neighborhood, which has the highest population density of low-income households, seniors (the most frequent users of hospital care), children and youth. Under the proposed Project, CPMC would continue to provide medical services in various neighborhoods across the City, including the southeast portion of the City served by the St. Luke's Campus, and the proposed Cathedral Hill Campus would bring medical services to underserved neighborhoods.*

*The current design of the Cathedral Hill Hospital has been modified since the original proposal in order to minimize the disruption of the new building on the adjacent residential tower. The Cathedral Hill Hospital's bed tower has been shifted to the south side of the property, away from the Daniel Burnham Court building, in order to, among other reasons, minimize its presence and shadow on the residents of that building.*

*With respect to the Near-Term Projects at Cathedral Hill, St. Luke's and Davies, any effects on adjacent residential areas will be addressed both during construction and after the new buildings at these campuses are operational by various conditions of approval and mitigation measures proposed for the Near-Term Projects. For example, construction will be managed by City regulations as well as by CPMC's construction management plans, which will be developed with input from the City and neighboring properties, and will be required and enforced by the City as part of the conditions of approval. Safeguards will be in place to minimize emissions such as noise, glare, dust and odor, both during construction and operations.*

*The effects of the Near-Term Projects' operations on nearby residents from traffic will be minimized by many design factors, including the placement of vehicular access and egress, loading docks, emergency vehicle access and egress; and streetscape features for pedestrians, including widening of certain*

*sidewalks and improved transit access. Through the commitments in the Development Agreement, CPMC will also provide \$400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities.*

*CPMC has also committed to the following benefits that help minimize disruption on adjacent residential areas surrounding the proposed Cathedral Hill Campus:*

- Construction of the Van Ness Avenue pedestrian tunnel that will improve pedestrian safety, particularly for patients who have mobility constraints.*
- Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care;*
- \$5 million in funding for the proposed Van Ness and Geary BRT projects;*
- \$10.5 million Transit Fee to MTA to help alleviate transit delay and meet new demands on the transit system associated with the new Cathedral Hill Campus;*
- A surcharge on parking at the new Cathedral Hill Campus of \$0.50 off-peak and \$0.75 peak for each entry and exit to provide an estimated \$500,000 per year of additional funding to MTA for a period of 10 years;*
- \$8 million in funding for pedestrian safety and public realm improvements in the Tenderloin, including pedestrian-scale lighting, sidewalk widening and changing one-way streets to two-way;*
- \$150,000 to help form a Lower Polk Community Benefit District ("CBD") as well as a \$1 million seed grant to the CBD;*
- \$200,000 grant for the Safe Passage Pilot program in the Tenderloin.*

*CPMC has also committed to the following benefits that help minimize disruption on adjacent residential areas surrounding the proposed Davies Campus:*

- Construction of a series of pedestrian safety improvements around the Davies Campus, valued at approximately \$475,000.*

*CPMC has also committed to the following benefits that help minimize disruption on adjacent residential areas surrounding the proposed St. Luke's Campus:*

- Construction of a series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately \$3,300,000.*

*CPMC has been engaged with community representatives and the City since the beginning of the planning process for the Project, working to achieve a balance that would provide community and regional access to care while responding to the needs of the surrounding neighborhoods.*

*CPMC has worked to address citywide health care needs through the development of its 2008 Institutional Master Plan ("IMP") and through the proposed LRDP, which implements the 10-year planning provisions of the IMP.*

*In its Resolution 10-09 concerning the IMP, adopted after several public hearings on the IMP, the San Francisco Health Commission, in Resolution 10-09, accepted the IMP, with recommendations to ensure that the IMP “results in the best possible health plan for the City and County of San Francisco.” A year later, the Health Commission’s Task Force on CPMC’s IMP published its Updates and Accomplishments concerning the recommendations in Resolution 10-09; the Health Commission adopted Resolution 02-10, memorializing these accomplishments. As set out in these documents, the LRDP helps to implement the Health Commission recommendations.*

*The St. Luke’s Replacement Hospital and St. Luke’s MOB will enhance San Francisco’s position as a national and regional center for health services, and will extend needed health services.*

*Although certain medical services at the California and Pacific Campuses would be replaced and consolidated at the proposed Cathedral Hill Campus, all of the existing CPMC campuses, with the exception of the California Campus, would continue to provide medical care. CPMC would continue to serve communities surrounding the Mission District (St. Luke’s Campus), Duboce Triangle (Davies Campus), and Pacific Heights (Pacific Campus) neighborhoods. The hospitals at the St. Luke’s and Davies Campuses would generally serve as community hospitals with certain specialized services (e.g., senior care, outpatient pediatrics, and low risk obstetrics services at the St. Luke’s Campus; neuroscience, AIDS/HIV, and acute rehabilitation services at the Davies Campus). These community hospitals would provide primary and secondary care (and similarly the Pacific Campus would provide a wide variety of outpatient services), serving as a point of access, with patients needing more specialized care (e.g., tertiary or quaternary services) referred to the centralized “hub” at the Cathedral Hill Campus (or to the appropriate specialized facilities at the St. Luke’s, Davies, or Pacific Campuses).*

*Thus, although the proposed Project would involve the development of a large, centralized hospital at the proposed Cathedral Hill Campus, serving as a “hub” for the CPMC San Francisco network, it would not result in the type of consolidation and centralization that is one of the concerns underlying Policy 7.3. Under the proposed Project, CPMC would continue to provide medical services in various neighborhoods across the City, including the southeast portion of the City served by the St. Luke’s Campus, and the proposed Cathedral Hill Campus would bring medical services to underserved neighborhoods. Therefore, the proposed Project would provide adequate health care services to meet patient demand within the service areas of all campuses within the CPMC system.*

*Through the commitments in the Development Agreement CPMC will further promote the provision of adequate health services to all geographical districts and cultural groups in the City. Specifically, CPMC has committed to the following, which are geared toward providing health services to the most medically underserved of San Franciscans:*

- *Two new, seismically safe hospitals at the St. Luke’s and Cathedral Hill Campuses;*
- *A secure future for St. Luke’s hospital;*
- *Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City’s new Medi-Cal beneficiaries expected under federal health care reform; and*

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

*The Cathedral Hill Campus will both meet the needs of the City's residents and serve as a regional referral center for tertiary care. The Cathedral Hill Hospital will comply with the seismic safety requirements of SB 1953 and can be expected to remain operational after a strong earthquake. The proximity to quality health care in seismically sound facilities is a benefit for all. The presence of CPMC assures that San Francisco will continue to be recognized as a national and regional center for health services.*

## **TRANSPORTATION ELEMENT**

### **Objectives and Policies**

#### **OBJECTIVE 1**

MEET THE NEEDS OF ALL RESIDENTS AND VISITORS FOR SAFE, CONVENIENT AND INEXPENSIVE TRAVEL WITHIN SAN FRANCISCO AND BETWEEN THE CITY AND OTHER PARTS OF THE REGION WHILE MAINTAINING THE HIGH QUALITY LIVING ENVIRONMENT OF THE BAY AREA.

#### **Policy 1.2**

Ensure the safety and comfort of pedestrians throughout the city.

#### **Policy 1.3**

Give priority to public transit and other alternatives to the private automobile as the means of meeting San Francisco's transportation needs, particularly those of commuters.

#### **Policy 1.6**

Ensure choices among modes of travel and accommodate each mode when and where it is most appropriate.

*The designs of the Cathedral Hill Hospital and of the Cathedral Hill MOB include many elements that will enhance the safety and comfort of pedestrians. The streetscape plan for the Cathedral Hill Campus was a collaborative effort, with input from the community and from the Planning Department, the San Francisco Municipal Transportation Agency, the San Francisco County Transportation Authority, the Mayor's Office on Disability, the Department of Public Works and Caltrans. The underlying goal of the streetscape plan was to meet or exceed the requirements outlined in the City's adopted Better Streets Plan.*

*CPMC's streetscape plan for the Cathedral Hill Campus includes the following features:*

- *Improving the street frontages in the campus area, with substantial landscaped areas, to offer visual relief to pedestrians, and provide a buffer between pedestrians and traffic lanes.*
- *Improving certain street frontages in the campus area with wider sidewalks that provide more space for pedestrians and more queuing space for transit users.*
- *Creating corner bulb outs to reduce crossing distances and increase queuing space.*

- *Removing approximately seven curb cuts along Van Ness Avenue and at other locations; this removal benefits pedestrians by eliminating the conflict between vehicles and pedestrians.*
- *Providing entry plazas with distinctive landscape and hardscape features at the entrances to both the Cathedral Hill Hospital and Cathedral Hill MOB.*
- *Integrating the proposed Geary Boulevard Muni stop with the Cathedral Hill Hospital entry plaza. The proposed Van Ness BRT stops are planned for the Van Ness Avenue median south of Geary. The proposed Cathedral Hill Campus is consistent with the proposed BRT projects as improvements to the transit service at this major transit hub.*
- *Providing benches along Van Ness Avenue and Geary Boulevard and Post Streets to accommodate transit riders and pedestrians.*
- *Providing benches opposite the lobby of the Cathedral Hill Hospital on Geary Boulevard.*
- *Providing a stop for the CPMC shuttle near the corner of Post Street and Van Ness Avenue, which will include landscaping/trees.*
- *Enhancing Cedar Street to make it a multi-use space with streetscape improvements and distinctive pavement.*
- *Providing outdoor lighting that is a key factor in pedestrian safety and comfort. The historic lighting fixtures along Van Ness Avenue will be retained. Along Geary Boulevard, Post and Franklin Streets, the existing city standard streetlights would be reinstalled. Along Cedar Street, new pedestrian-level streetlights are proposed. Additional pedestrian-level lighting would be provided at both the Cathedral Hill Hospital and Cathedral Hill MOB. Given that the Cathedral Hill Hospital will be open 24 hours per day, its “eyes on the street” will provide increased pedestrian safety and comfort.*
- *Creating a kiosk market in the bays along the Van Ness Avenue façade of the Cathedral Hill Hospital. These niches could provide space for commercial uses such as a café, news stand or flower shop.*
- *Designing the Emergency Department drop-off area to be more like a pedestrian plaza than a vehicular drive-through area.*

*At St. Luke’s, the campus boundaries will be landscaped to present a more open, welcoming presence to the neighborhood and to encourage pedestrian traffic through the campus. The landscaping and street improvements proposed at the St. Luke’s Campus are coordinated and consistent with, and complement, the Cesar Chavez Street Design Plan, and meet or exceed the standards outlined in the City’s adopted Better Streets Plan.*

*CPMC’s streetscape plan for the St. Luke’s Campus includes the following features:*

- *Improving the street frontages in the campus area, with substantial landscaped areas, to offer visual relief to pedestrians, and provide a buffer between pedestrians and traffic lanes.*
- *Providing a public entry plaza to both the St. Luke’s Replacement Hospital and St. Luke’s MOB, courtyard, and public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets.*
- *Providing a stop for the CPMC shuttle on San Jose Avenue which will include landscaping/trees.*
- *Providing outdoor lighting that is a key factor in pedestrian safety and comfort. Additional pedestrian-level lighting would be provided at both the St. Luke’s Replacement Hospital and*

*St. Luke's MOB. The building lobbies and other entries would be well lit, and light would spill from those spaces onto the sidewalks. Given that the St. Luke's Replacement Hospital will be open 24-hours per day, its "eyes on the street" will provide increased pedestrian safety and comfort.*

*The location of the new Cathedral Hill Campus at a major transit hub ensures choices among modes of travel. CPMC will provide employees, patients and visitors at all its campuses with multiple options for traveling to and from the campuses. This commitment is reflected in CPMC's Transportation Demand Management ("TDM") Program. CPMC offers its employees choice among modes of travel, including the following:*

- *Transit. The choice of the major transit hub at Van Ness Avenue and Geary Boulevard/Street as the site for the Cathedral Hill Campus assures that the land use will support General Plan Transportation Element Policies 1.3 and 1.6. The locations of entrances to the Cathedral Hill Hospital and Cathedral Hill MOB were planned taking into consideration access from existing and planned transit stops. The Cathedral Hill Campus design includes many features intended to accommodate transit usage, such as transit shelters and the CPMC shuttle stop. The locations of entrances to the St. Luke's Replacement Hospital and St. Luke's MOB were planned taking into consideration access from existing and planned transit stops. The St. Luke's Campus design includes features intended to accommodate transit usage, such as the CPMC shuttle stop proposed on San Jose Avenue. CPMC shuttle stops will continue to be provided at the other CPMC campuses.*
- *Bicycles. CPMC will provide bicycle parking and shower facilities for employees and staff at both the Cathedral Hill Hospital and Cathedral Hill MOB. Bicycle racks are also planned at the entrances of both buildings. The St. Luke's Campus will provide bicycle parking and shower facilities for employees and staff. Bicycle parking will be provided at the St. Luke's MOB and accessed from Valencia Street.*
- *Pedestrians. The many pedestrian improvements planned as part of the Near-Term Projects at the Cathedral Hill and St. Luke's Campuses, including the streetscape plans, are described above.*
- *Parking. CPMC will provide parking at the Cathedral Hill Hospital, Cathedral Hill MOB, and St. Luke's MOB, but the amount of parking provided will be consistent with the policy of the City and with CPMC's TDM program that those who can should use other modes of transportation. The parking pricing and time limitations will also be consistent with Transportation Element Policies 1.3 and 1.6.*
- *Parking for carpools, vanpools, car-share vehicles. CPMC will continue to provide incentives for these types of shared vehicular trips.*
- *Taxis. The Cathedral Hill Hospital will provide convenient, sheltered spaces for taxi pick-up and drop-off.*

*CPMC must provide access to its facilities for employees, patients and visitors, affiliated doctors (who are generally not employees), and others, and provide for materials deliveries. Through the TDM program, CPMC is committed to encouraging sustainable transportation. The proper approach to providing sustainable modes of transportation must take into account the needs of the individuals who*

*must travel to and from the facilities. The needs of employees in this urban environment, who generally have regular schedules, are often best served by public transit.*

*Public transit also often does not meet the needs of patients because of their physical conditions; many patients are ill, or require wheelchairs, other ambulatory devices or mobility assistance. Patients with contagious diseases are another segment of that population who should not use public transit.*

*At St. Luke's Campus, on-site parking is prioritized for use by patients, doctors and, to the extent feasible, visitors, staff who work in the evenings and at night when space is available, and the general public. Doctors need to travel quickly back and forth between their hospital patients and their other patients, who are not always at the same site. The private automobile is often the most efficient mode for these trips. The proximity of the St. Luke's MOB to the St. Luke's Replacement Hospital will minimize these automobile trips, and could improve circulation and reduce automobile traffic in the area. CPMC's extensive TDM program encourages and provides incentives for employees who utilize public transportation, and encourages a wide range of transportation options.*

*At the Davies Campus, improvements associated with the Neuroscience Institute project will result in the creation of a new "MUNI lobby" at the north end of the building directly connecting, for the first time, the lowest physical level of the campus with the popular N-Judah MUNI train line across Duboce Avenue, thereby promoting safe, convenient use of available transit. In addition, the project will:*

- *Widen the passable width of the sidewalk on Noe Street by expanding the sidewalk westward onto CPMC property as well as eastward at block-end bulbouts.*
- *Install pedestrian seating along Noe Street.*
- *Completely renovate and improve the sidewalk surface and landscape for the length of Noe Street, making the pedestrian experience safer and more attractive.*

*CPMC's current TDM program at its existing campuses has been shown to be effective in promoting the use of public transit by its employees. For example, at the Davies Campus over 40% of the staff members use public transit to travel to the campus. Since the Cathedral Hill Campus site is on major transit lines and is on the edge of the downtown core, it is anticipated that approximately 50% of staff members will use transit, consistent with general ridership percentages for other businesses on the Van Ness corridor.*

*CPMC's proposed system-wide TDM program will encourage and provide incentives for employees who utilize public transportation, and encourage a wide range of transportation options. Key components of CPMC's TDM program are:*

- *CPMC Shuttle Service: CPMC will extend its existing free intercampus shuttle service for doctors and staff to the proposed Cathedral Hill Campus. Shuttle bus services will be substantially increased to link the Cathedral Hill Campus with off-site parking and BART and Muni metro stations. The existing shuttle routes provide service among the campuses, between campuses and CPMC off-site parking facilities, between the Pacific Campus (which is currently the hub for the shuttle system) and CPMC off-campus facilities including 633 Folsom, and between the Civic Center BART station and the Pacific Campus. The St. Luke's*



*Campus is served with direct shuttle service to and from the Davies Campus and to and from the 24th Street Bart Station.*

- *Rideshare Promotions: Carpools and Vanpools: CPMC will extend its policy of free parking for registered carpool and vanpools with three or more CPMC employees or tenants, along with a \$2,500 per year subsidy for vanpool vehicles. CPMC participates in the 511 Regional Rideshare program which provides rideshare matches for employees.*
- *Pre-Tax Transit Program: CPMC will provide for the maximum limit allowed for federal income tax purposes of \$230 per month in pre-tax spending for transit passes. CPMC will not offer the \$230 per month pre-tax parking benefit also allowed for tax purposes, because of this benefit's inevitable effect of increasing single occupancy vehicle use.*
- *Transit Subsidy: All CPMC employees will be offered a transit subsidy, at a value to be benchmarked against the adult Muni monthly FastPass price, for use toward purchase of passes for transit, including Muni and TransLink.*
- *Flexible Work Schedules: CPMC will extend its policy of allowing some employees to work flexible schedules in order to relieve traffic congestion. Many CPMC employees work off-peak shifts, which also relieves peak hour traffic congestion.*
- *Car Sharing: CPMC will provide designated car-share parking spaces at the Cathedral Hill Campus in compliance with code requirements. The St. Luke's Campus provides two spaces at the Duncan Street Parking Garage for a car-share program. These spaces will remain during and after construction of the St. Luke's Replacement Hospital and St. Luke's MOB. There are currently several additional car sharing options in the vicinity of the St. Luke's Campus. Car-share spaces will also be provided at the St. Luke's MOB in compliance with code requirements.*
- *Emergency Ride Home Program: CPMC participates in the City's Emergency Ride Home Program. CPMC employees who participate in the program and use public transportation are eligible for reimbursements from the City.*
- *Guaranteed Ride Home: For safety concerns, CPMC security provides rides home to employees who live within four blocks of each campus during after-hours.*
- *Off-Site Parking: CPMC will provide off-site remote parking at a discount at the Geary Street Mall at 16th Avenue, and at the Japantown Garage at Geary and Laguna. These facilities will be served by CPMC shuttles. These off-site facilities provide parking to employees some of whom would otherwise park near the campuses, thus reducing traffic congestion in the residential campus areas.*
- *Education and Promotion: CPMC sponsors an annual Transportation Fair that features a free bicycle workshop by the San Francisco Bicycle Coalition and educational materials on commute alternatives and transit. CPMC provides a Parking Services Newsletter informing employees*

*of the most current parking charges and off-street parking facilities. CPMC has a dedicated web page with transit and parking information and related links. Promotional materials will be significantly enhanced and will include web-based marketing and information, ride-share coordination and real-time transit scheduling information.*

- *Coordinator: A dedicated transportation coordinator will manage the TDM program.*
- *Parking fees: Parking fees will be increased to be consistent with or higher than the prevailing fees in the area. Increased parking fees will provide a further disincentive for long term parking and will encourage drivers to use alternative modes of transportation.*

*In addition to CPMC's proposed enhancements to its existing TDM program, CPMC would make commitments through the proposed Development Agreement to provide funding for improvements to MTA transit facilities and services. These commitments include: providing \$5 million in funding for the proposed Van Ness and Geary BRT projects; payment of a \$10.5 million Transit Fee to MTA to help meet new demands on the transit system associated with the new Cathedral Hill Campus; a parking surcharge of \$0.50 off-peak and \$0.75 peak that will be imposed on every entry and exit from the Cathedral Hill parking garage, estimated to provide an additional \$500,000 per year to MTA, for a period of 10 years; and \$400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities.*

## **OBJECTIVE 2:**

**USE THE TRANSPORTATION SYSTEM AS A MEANS FOR GUIDING DEVELOPMENT AND IMPROVING THE ENVIRONMENT.**

### **Policy 2.1**

Use rapid transit and other transportation improvements in the city and region as the catalyst for desirable development, and coordinate new facilities with public and private development.

### **Policy 2.2**

Reduce pollution, noise and energy consumption.

### **Policy 2.5**

Provide incentives for the use of transit, carpools, vanpools, walking and bicycling and reduce the need for new or expanded automobile and automobile parking facilities.

*CPMC has sited its new Cathedral Hill Campus at the transit nexus of Van Ness Avenue and Geary Street/Boulevard, which are two of the most transit-rich thoroughfares in the City. One of the reasons this site was chosen was its central location and access to public transit. CPMC has worked closely with the MTA to coordinate appropriate funding levels for improvements to MTA transit facilities and services, which would be CPMC commitments under the proposed Development Agreement, including: \$5 million in funding for the proposed Van Ness and Geary BRT projects; a \$10.5 million Transit Fee to MTA to help meet new demands on the transit system associated with the new Cathedral Hill Medical Center; a parking surcharge of \$0.50 off-peak and \$0.75 peak that will be imposed on every entry and*

*exit from the Cathedral Hill parking garage, estimated to provide an additional \$500,000 per year to MTA, for a period of 10 years; and \$400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities.*

*The designs of the Cathedral Hill Campus, St. Luke's Campus, and Davies Campus facilities, including streetscape elements, are intended to promote and enhance transit use, which will reduce pollution, noise and energy consumption. CPMC's TDM program implements its policy of providing appropriate transportation alternatives for all users of the CPMC system. As described in detail in the above discussion regarding Transportation Element Objective 1, the TDM program includes incentives for the use of transit, carpools and vanpools. Both public and staff bicycle parking are provided to encourage bicycle use.*

#### **OBJECTIVE 7**

DEVELOP A PARKING STRATEGY THAT ENCOURAGES SHORT-TERM PARKING AT THE PERIPHERY OF DOWNTOWN AND LONG-TERM INTERCEPT PARKING AT THE PERIPHERY OF THE URBANIZED BAY AREA TO MEET THE NEEDS OF LONG-DISTANCE COMMUTERS TRAVELING BY AUTOMOBILE TO SAN FRANCISCO OR NEARBY DESTINATIONS.

##### **Policy 7.1**

Reserve a majority of the off-street parking spaces at the periphery of downtown for short term parking.

*Although the CPMC campuses are not located downtown, CPMC's parking strategy discourages long-term parking by employees in its on-campus parking garages and parking lots. CPMC provides off-site parking for employees at several decentralized parking garages near its campuses, and provides a shuttle system that serves these locations and others. Other elements of CPMC's TDM program, such as newsletters and informational transportation events, also discourage on-site parking and the use of private vehicles by promoting attractive alternatives, such as rideshare programs, and incentives for use of transit, carpools, and vanpools, as described in more detail above in the discussion of Transportation Element Objective 1.*

#### **OBJECTIVE 11:**

ESTABLISH PUBLIC TRANSIT AS THE PRIMARY MODE OF TRANSPORTATION IN SAN FRANCISCO AND AS A MEANS THROUGH WHICH TO GUIDE FUTURE DEVELOPMENT AND IMPROVE REGIONAL MOBILITY AND AIR QUALITY.

##### **Policy 11.3**

Encourage development that efficiently coordinates land use with transit service, requiring that developers address transit concerns as well as mitigate traffic problems.

*The Cathedral Hill Campus is well served by major north-south and east-west transit lines, including the proposed Van Ness and Geary BRT lines. As described more specifically above in the discussions regarding Transportation Element Objectives 1 and 2, the Development Agreement includes CPMC commitments for approximately \$20 million in funding for Muni transit facilities and service, part of*

*which is expected to be utilized within the Van Ness and Geary corridors for proposed BRT planning and/or infrastructure.*

*Although the Cathedral Hill Campus would contain a large supply of off-street parking, primary parking ingress and egress for the Cathedral Hill Hospital and Cathedral Hill MOB are provided on Post and Cedar Streets, respectively. There would be secondary parking ingress driveways for both buildings (with no egress at the Cathedral Hill MOB, and egress at the Cathedral Hill Hospital permitted during an emergency situation only) located on Geary Street/Boulevard. These driveway locations would minimize disruption to transit service on Geary Street.*

*However, if the ingress driveways on Geary Street/Boulevard were to create substantial conflicts with transit or other transportation modes in the future, the Geary curb cut permits would be revoked and the driveways would be closed, as specified through the Conditions of Approval outlined in Motion No. \_\_\_\_\_. The Cathedral Hill Hospital ingress driveway would remain but would be closed except during an emergency situation. Non-emergency ingress or egress would be provided from Post and Cedar streets only.*

*The St. Luke's Campus is directly accessible by nine Muni Bus lines, including: 14-Mission; 26-Valencia; 27-Bryant; 49-Van Ness-Mission; the 67-Bernal Heights; and the J-Church Muni Metro light rail line, which is six blocks west of the Campus. In addition, the 24th Street BART Station is at the corner of Mission Street and 24th Street, approximately five blocks north of the St. Luke's Campus.*

*The proposed Neurosciences Institute building at the Davies Campus will be directly accessible to the N-Judah Muni light rail line, No. 24 bus along Castro Street, and the No. 37 bus along 14th Street, and is within two blocks of additional bus routes. Muni Metro lines including the K, L, M, and the Castro Shuttle are available under Market Street and Church Street Station (the F Market streetcar line is also available on Market Street). All of these transit lines have been shown to have capacity sufficient to accommodate expected ridership from the proposed Neurosciences Institute building during peak periods.*

*At all campuses, staff, visitors and patients are encouraged to utilize transit, in accordance with CPMC's TDM program, as described in more detail above in the discussion regarding Transportation Element Objective 1.*

#### **OBJECTIVE 12:**

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

#### **Policy 12.1**

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

*As described in more detail above in the discussion regarding Transportation Element Objective 1, CPMC's TDM Program, along with the commitments in the proposed Development Agreement, support congestion management and air quality objectives, maintain mobility and enhance business vitality.*

**OBJECTIVE 14**

DEVELOP AND IMPLEMENT A PLAN FOR OPERATIONAL CHANGES AND LAND USE POLICIES THAT WILL MAINTAIN MOBILITY AND SAFETY DESPITE A RISE IN TRAVEL DEMAND THAT COULD OTHERWISE RESULT IN SYSTEM CAPACITY DEFICIENCIES.

**Policy 14.6**

Reduce peak period congestion through the promotion of flexible work schedules at worksites throughout the City.

**Policy 14.7**

Encourage the use of transit and other alternative modes of travel to the private automobile through the positioning of building entrances and the convenient location of support facilities that prioritizes access from these modes.

*Planning transportation access to a medical center campus is different from planning access to other types of land uses, because a hospital does not have as sharp a peak transportation demand on a daily basis during the work week, as would a typical office building. Hospitals operate 24 hours a day, seven days a week, and a significant number of hospital employees work on shifts. There are generally three eight-hour shifts per day. Therefore, traffic demand for a hospital use is more dispersed than for an office use. While medical office employees would follow typical a.m. and p.m. peaking patterns, patients at medical office buildings such as the Cathedral Hill MOB, St. Luke's MOB, and Davies Neurosciences Institute building would result in more dispersed travel demand throughout the day, because patient visits are scheduled at various times during the day.*

*CPMC will encourage the use of transit and other alternative modes of travel to and from all CPMC campuses through proposed enhancements to its existing TDM program, as described in more detail above in the discussion of Transportation Element Objective 1. Under the enhanced TDM program, CPMC, among other things, would extend its policy of allowing some employees to work flexible schedules in order to relieve traffic congestion. Many CPMC employees work off-peak shifts, which also relieves peak hour traffic congestion.*

*In addition, CPMC will encourage the use of transit and other alternative modes of travel to and from the Cathedral Hill Campus through:*

- The location of the Cathedral Hill Hospital and Cathedral Hill MOB at an intersection which is a major transit hub.*
- The placement of the pedestrian entrances to the Cathedral Hill Hospital and Cathedral Hill MOB taking into consideration access from existing and planned transit stops.*
- The proximity of the Cathedral Hill MOB to the Cathedral Hill Hospital, which will minimize trips by physicians with offices at the Cathedral Hill MOB traveling to the Cathedral Hill Hospital.*

- *The provision of a vehicular passage through the Cathedral Hill Hospital between Geary Boulevard and Post Street to provide space for vehicular queuing within the property.*
- *Special maneuvering areas within the Cathedral Hill Hospital and Cathedral Hill MOB garages to provide queuing space within the facilities.*
- *The placement of entrances to the Cathedral Hill Hospital for other vehicles, including delivery vehicles and ambulances, in order to provide on-site maneuvering areas and to allow entering and exiting without on-street backing movement, thereby minimizing impacts on traffic circulation.*
- *The design for the Cathedral Hill Campus, which includes transportation features such as transit shelters, the shuttle stop and the Van Ness Avenue pedestrian tunnel connecting the Cathedral Hill Hospital and the Cathedral Hill MOB.*
- *The provision of bicycle parking spaces at the Cathedral Hill Campus.*

*CPMC will encourage the use of transit and other alternative modes of travel to and from the St. Luke's Campus through:*

- *The placement of the pedestrian entrances to the St. Luke's Replacement Hospital and St. Luke's MOB taking into consideration access from existing and planned transit stops.*
- *The proximity of the St. Luke's MOB to the St. Luke's Replacement Hospital, which will minimize trips by physicians traveling to the St. Luke's Replacement Hospital.*
- *The proposed shuttle stop at St. Luke's is located at the intersection of San Jose Avenue and 27th Street, providing direct access to the St. Luke's Campus.*
- *CPMC's shuttle service provides direct access to the 24th Street BART station.*
- *The provision of bicycle parking at the St. Luke's Campus.*
- *The provision of car-sharing spaces at the St. Luke's MOB in compliance with code requirements.*

*CPMC will encourage the use of transit and other alternative modes of travel to and from the Davies Campus through:*

- *The placement of the pedestrian entrances to the Neuroscience Institute taking into consideration access from existing transit stops.*
- *The proximity of the Neuroscience Institute to the Davies Campus hospital, which will minimize trips by physicians traveling to the hospital.*
- *The provision of bicycle parking spaces at the Davies Campus.*

#### **OBJECTIVE 15:**

**ENCOURAGE ALTERNATIVES TO THE AUTOMOBILE AND REDUCED TRAFFIC LEVELS ON RESIDENTIAL STREETS THAT SUFFER FROM EXCESSIVE TRAFFIC THROUGH THE MANAGEMENT OF TRANSPORTATION SYSTEMS AND FACILITIES.**

#### **Policy 15.1**

Discourage excessive automobile traffic on residential streets by incorporating traffic-calming treatments.

*The Project includes automobile traffic-calming treatments at the St. Luke's, Davies, and Cathedral Hill Campuses, such as widened sidewalks and landscape strips. It also includes corner bulbs at the St. Luke's and Cathedral Hill Campuses.*

*Under the proposed Development Agreement, CPMC would be committed to funding several streetscape, lighting, and pedestrian safety improvements, including:*

- *Providing \$8 million for pedestrian safety and public realm improvements in the Tenderloin, including pedestrian-scale lighting, sidewalk widening, and changing specified streets from one-way to two-way.*
- *Providing \$150,000 to help form a Lower Polk CBD, as well as a \$1 million seed grant to the CBD.*
- *Providing a \$200,000 grant for the Safe Passage Pilot program in the Tenderloin.*
- *Constructing a series of pedestrian safety and public realm improvements around the Davies Campus, valued at approximately \$475,000.*
- *Constructing a series of pedestrian safety and public realm improvements around the St. Luke's Campus, valued at approximately \$3,300,000.*

**OBJECTIVE 16:**

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

**Policy 16.1**

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

**Policy 16.3**

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

**Policy 16.4**

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

**Policy 16.5**

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

**Policy 16.6**

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

*Planning transportation access to a medical center campus is different from planning access to other types of land uses, because a hospital does not have as sharp a peak transportation demand on a daily basis during the work week, as would a typical office building. Hospitals operate 24 hours a day, seven days a week, and a significant number of hospital employees work on shifts. There are generally three eight-hour shifts per day. Therefore, traffic demand for a hospital use is more dispersed than for an office use. While medical office employees would follow typical a.m. and p.m. peaking patterns, patients at medical office buildings such as the Cathedral Hill MOB, St. Luke's MOB, and Davies Neurosciences Institute building would result in more dispersed travel demand throughout the day, because patient visits are scheduled at various times during the day.*

*CPMC's TDM program, which is described in more detail in the discussion above regarding Transportation Element Objective 1, includes the dissemination of information at Transportation Fairs, through its Parking Services Newsletter and through its dedicated web page.*

*CPMC provides the following incentives for carpools and vanpools:*

- *CPMC participates in the 511 Regional Rideshare program which provides rideshare matches for employees.*
- *CPMC provides price incentives for carpool and vanpool parking.*
- *Carpools and vanpools use priority parking spaces near the elevators.*

*CPMC's parking policy in the TDM program for the Cathedral Hill, St. Luke's, and Davies Campuses will include pricing policies to discourage long-term parking and encourage turnover and efficient use of parking.*

*Parking demand at the Cathedral Hill, Davies, and St. Luke's Campuses will be reduced through limitations on the numbers of spaces and through prioritizing spaces for short-term and ride-share uses, through appropriate pricing and space allocations for ride-share uses.*

*As described above, CPMC will encourage the use of public transit for trips to its campuses by many methods, including the relocations of Muni stops for more convenient transit access. By providing parking for employees at off-site locations which are served by its inter-campus shuttle, CPMC encourages its employees to utilize these sites that are located farther from its facilities. Parking is provided at all campus garage facilities for ride-share vehicles and bicycles.*

#### **OBJECTIVE 21:**

**DEVELOP TRANSIT AS THE PRIMARY MODE OF TRAVEL TO AND FROM DOWNTOWN AND ALL MAJOR ACTIVITY CENTERS WITHIN THE REGION.**

#### **Policy 21.9**

**Improve pedestrian and bicycle access to transit facilities.**

*CPMC's plans for the Cathedral Hill, St. Luke's, and Davies Campuses, including their respective streetscape plans, include design elements that will improve pedestrian access to transit facilities and will provide bicycle parking for both employees and visitors, improving their access to transit. Please see the discussion above regarding Transportation Element Objective 1 for more detail regarding*



*improvements related to pedestrian and bicycle access to transit facilities under CPMC's TDM program and CPMC's commitments under the proposed Development Agreement.*

**OBJECTIVE 23:**

IMPROVE THE CITY'S PEDESTRIAN CIRCULATION SYSTEM TO PROVIDE FOR EFFICIENT, PLEASANT, AND SAFE MOVEMENT.

**Policy 23.1**

Provide sufficient pedestrian movement space with a minimum of pedestrian congestion in accordance with a pedestrian street classification system.

**Policy 23.2**

Widen sidewalks where intensive commercial, recreational, or institutional activity is present, sidewalks are congested, where sidewalks are less than adequately wide to provide appropriate pedestrian amenities, or where residential densities are high.

**Policy 23.3**

Maintain a strong presumption against reducing sidewalk widths, eliminating crosswalks and forcing indirect crossings to accommodate automobile traffic.

**Policy 23.5**

Establish and enforce a set of sidewalk zones that provides guidance for the location of all pedestrian and streetscape elements, maintains sufficient unobstructed width for passage of people, strollers and wheelchairs, consolidates raised elements in distinct areas to activate the pedestrian environment, and allows sufficient access to buildings, vehicles, and streetscape amenities.

**Policy 23.6**

Ensure convenient and safe pedestrian crossings by minimizing the distance pedestrians must walk to cross a street.

**Policy 23.9**

Implement the provisions of the Americans with Disabilities Act and the City's curb ramp program to improve pedestrian access for all people.

*As part of the Project, CPMC proposes to widen certain sidewalks around the Cathedral Hill, St. Luke's, and Davies Campuses in response to the anticipated pedestrian activity. The widened sidewalks are consistent with the City's Better Streets Plan, and will enable appropriate pedestrian amenities, such as street trees, street furnishings, street trees, and landscaping. CPMC will also introduce new curb bulbs and raised crosswalks at several locations in order to reduce the street crossing distance and improve pedestrian safety.*

*Please also see the discussions of Transportation Element Objectives 1 and 15 above for more detail regarding proposed pedestrian safety and streetscape improvements that are part of the Project or would be funded by CPMC as commitments under the Development Agreement.*

**OBJECTIVE 24:**

IMPROVE THE AMBIENCE OF THE PEDESTRIAN ENVIRONMENT.

**Policy 24.2**

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

**Policy 24.3**

Install pedestrian-serving street furniture where appropriate.

**Policy 24.4**

Preserve pedestrian-oriented building frontages.

**Policy 24.5**

Where consistent with transportation needs, transform streets and alleys into neighborhood-serving open spaces or "living streets" by adding pocket parks in sidewalks or medians, especially in neighborhoods deficient in open space.

*Street trees are the organizing element of the pedestrian environment. Locations for street trees, along with other streetscape elements such as irrigation, are identified through streetscape plans for the Cathedral Hill, St. Luke's, and Davies Campuses. Through the Conditions of Approval for each of these campuses, maintenance of the streetscape and campus landscaping will be required.*

*CPMC's streetscape plan for the Cathedral Hill Campus provides for seasonal garden zones along Van Ness Avenue and rainwater gardens around the Cathedral Hill Hospital on Geary Boulevard and Franklin and Post Streets. The seasonal gardens would consist of ornamental and flowering trees and perennials. Flowering trees are located within the planting area, between the street tree spacing. The seasonal gardens will also serve to treat storm water during the rainy season.*

*The rain gardens will be graded to allow two plant communities along each street. Higher areas would support dry plants, while the lower areas would support water-loving plants that thrive in the seasonal rains. Plants would also be selected to emphasize the difference between these wet and dry zones. Also, different plant communities for each zone would respond to microclimates of the sites: sun-loving plants along Geary Boulevard, shade-tolerant plants along Post Street, and wind-tolerant plants along Franklin Street.*

*All planting areas would be irrigated with a low-water-use irrigation system during the dry season.*

*Street trees would be planted at an approximately 30-foot spacing along all of the streets within the Cathedral Hill Campus area. The Van Ness Area Plan requires London Plane trees along Van Ness Avenue. A light and tall tree species, such as Honey Locust, is proposed for Cedar Street. The Franklin Street trees would be a dense evergreen species, such as Brisbane Box, that would fit in with the existing trees along Franklin Street. Geary Boulevard and Post Street would be planted with medium-density shade trees.*

*At the St. Luke's Campus, the new buildings will be organized around a landscaped open space that mimics the existing San Jose Avenue alignment between Cesar Chavez Street and 27th Street. This landscaped public plaza spans two levels and is designed to unify the St. Luke's Campus, mediate the site's significant grade change and provide a public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets. The lower north*

*plaza at Cesar Chavez will front the St. Luke's Replacement Hospital's cafeteria and primary entrance at the northeast corner of the building and the ground floor retail at the base of the St. Luke's MOB, providing pedestrian interest and visibility into the building.*

*At the Davies Campus, the landscaping of Noe Street alongside the Neuroscience Institute will be designed to be compatible with the existing streetscape. The existing sidewalk area will be widened, reconfigured and replanted, creating an environment that both patients and residents can enjoy. The proposed right-of-way improvements will include several species of trees suitable to a residential neighborhood.*

*All new buildings at the Cathedral Hill, St. Luke's, and Davies Campuses have been designed to allow for visibility into the ground floor spaces of the buildings in order to make the pedestrian environment more agreeable and safe; features at these campuses include retail kiosks, retail tenant spaces, cafeterias, and pedestrian entrances and lobbies.*

*The western end of Cedar Street will be transformed into an Entry Plaza for the Cathedral Hill MOB. Features will include a curbside drop-off area defined by tactile warning tiles and lighted bollards, and enhanced paving. Curbs are maintained throughout the alley outside of the drop-off zone. East of the Entry Plaza/drop off area, the street and sidewalk pavement will be enhanced, and the sidewalks will be planted with street trees and shrubs, and pedestrian-level street lights will be installed. The street is planned so that it could be used for special events such as street fairs or markets in the evenings or on weekends, when the Cathedral Hill MOB is closed.*

**OBJECTIVE 26:**

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

**Policy 26.1**

Retain streets and alleys not required for traffic, or portions thereof, for through pedestrian circulation and open space use.

**Policy 26.2**

Partially or wholly close certain streets not required as traffic carriers for pedestrian use or open space.

**Policy 26.3**

Encourage pedestrian serving uses on the sidewalk.

*As described above, CPMC's streetscape plan for the Cathedral Hill Campus provides many sidewalk improvements that are consistent with Transportation Element Objective 26 and Policies 26.1 through 26.3. The potential kiosk markets are just one example of pedestrian-serving uses on the sidewalk that are consistent with Policy 26.3. Other examples include attractive and functional street furniture and enhanced transit stops. The streetscape plan's proposed transformation of Cedar Street into an area that could be used as a neighborhood-serving open space is consistent with Policies 26.1 and 26.2.*

*CPMC's plaza and streetscape design process for the St. Luke's Campus took into consideration existing open space in the vicinity and current proposals for additional public space. The plaza will convert portion of San Jose Avenue not needed for motorized or non-motorized vehicle traffic into a*

*significant improvement to pedestrian access in the area, connecting the upper southern part of the St. Luke's Campus directly with Cesar Chavez Street to the north. The streetscape plan for the St. Luke's Campus includes sidewalk planning that treats the sidewalk area as an important public access realm.*

*At the Davies Campus, the Noe streetscape design and plaza entry at the southern end of the Neuroscience Institute greatly enhance the pedestrian realm along Noe Street, better connecting relatively more improved sections of Noe Street with Duboce Park to the north.*

**OBJECTIVE 28:**

PROVIDE SECURE AND CONVENIENT PARKING FACILITIES FOR BICYCLES.

**Policy 28.1**

Provide secure bicycle parking in new governmental, commercial, and residential developments.

**Policy 28.3**

Provide parking facilities which are safe, secure, and convenient.

*CPMC's plans for the Cathedral Hill, St. Luke's, and Davies Campuses include reliable, safe, secure, and conveniently located bicycle parking facilities that are sheltered from the weather for staff, along with bicycle racks at the main entrances for the public.*

*At the Cathedral Hill Campus, CPMC plans to provide 150 bicycle parking spaces in the new parking garage at the Cathedral Hill Hospital, along with shower facilities for staff bicyclists, and 62 bicycle parking spaces in the new parking garage at the Cathedral Hill MOB, along with shower facilities for staff. Bicycle racks will also be provided for the public at the entrances to the Cathedral Hill Hospital and Cathedral Hill MOB.*

*CPMC currently provides 10 bicycle parking spaces within the Duncan Street Garage, and plans to provide bicycle parking spaces in the parking garage at the St. Luke's MOB, along with shower facilities for staff bicyclists. Approximately 10 bicycle racks will also be provided for the public at the entrance to the St. Luke's Emergency Department.*

*The Davies Campus currently provides 26 bicycle parking spaces, and the Near-Term Project would provide an additional 25 bicycle parking spaces in the plaza, by the main south entrance of the pedestrian plaza.*

**OBJECTIVE 30:**

ENSURE THAT THE PROVISION OF NEW OR ENLARGED PARKING FACILITIES DOES NOT ADVERSELY AFFECT THE LIVABILITY AND DESIRABILITY OF THE CITY AND ITS VARIOUS NEIGHBORHOODS.

**Policy 30.1**

Assure that new or enlarged parking facilities meet need, locational and design criteria.

**Policy 30.5**

In any large development, allocate a portion of the provided off-street parking spaces for compact automobiles, vanpools, bicycles and motorcycles commensurate with standards that are, at a minimum, representative of their proportion of the city's vehicle population.

**Policy 30.6**

Make existing and new accessory parking available to nearby residents and the general public for use as short-term or evening parking when not being utilized by the business or institution to which it is accessory.

*The proposed below-grade parking garages at the Cathedral Hill Campus and within the St. Luke's MOB have been designed to meet the need and location of the proposed facilities, and have been designed in consultation with the Planning Department's transportation planners. At the Cathedral Hill Campus, this results in narrow garage entries and restricted ingress/egress at various access points. The capacity of parking provided within the Cathedral Hill Campus and the St. Luke's MOB garages is consistent with the Code allowance for off-street parking for facilities of the proposed size. The design of the garages, including access, egress, circulation and capacity, together with CPMC's parking strategy as set forth in its TDM program, assure that parking will meet the needs of the campuses to the extent feasible, but will not adversely affect the surrounding neighborhoods.*

*It is the current policy of CPMC, which will also apply to the Project, to reserve on-site parking for use by patients and doctors. Although staff is typically encouraged to use alternative modes of transportation, those who work in the evenings and at night, when space is readily available, will be able to park at the site. The amount of parking for the CPMC campuses has been determined to meet this need and locational and design criteria.*

*A portion of parking spaces at both Campuses will be allocated to compact automobiles, vanpools, bicycles and motorcycles commensurate with standards that exceed their proportion of the city's vehicle population. Spaces will also be provided for vehicles that are part of car-share programs.*

*Subject to capacity and reasonable security considerations, parking in the Cathedral Hill Hospital and Cathedral Hill MOB will be available to nearby residents and the general public in the evenings and on weekends.*

**OBJECTIVE 31:**

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

**Policy 31.1**

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

**Policy 31.2**

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

**Policy 31.3**

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

*CPMC's fee structure for the Cathedral Hill, St. Luke's, and Davies Campus parking garages, including the surcharges charged on every entry and exit at the Cathedral Hill Hospital and Cathedral Hill MOB pursuant to CPMC's Development Agreement commitments, as described in more detail above, will encourage short-term over long-term automobile parking, and will thereby encourage higher turnover and more efficient use of the parking supply.*

*As explained in more detail in the above discussion regarding Transportation Element Objective 1, CPMC's TDM program includes market rate parking pricing and transit fare subsidies, effectively giving preference to non-drivers. This exceeds the intent of Transportation Element Policy 31.3, which encourages equity between drivers and non-drivers.*

**OBJECTIVE 33:**

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

**Policy 33.1**

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

**Policy 33.2**

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

*Some of the residential areas adjacent to the Cathedral Hill, St. Luke's, and Davies Campuses are within Residential Parking Permit ("RPP") zones. CPMC has supported the use of RPPs in the neighborhoods around its campuses, which prevent parking by hospital personnel, patients and visitors on residential streets for more than two hours (during weekday business hours).*

*Although there are some trips to institutions which are appropriately made by automobile, especially for physicians, some medical appointments, and hospital visits, CPMC encourages work trips for staff to be made by transit wherever possible, and has implemented a system-wide TDM program, as described in more detail in the above discussion regarding Transportation Element Objective 1. In addition, new parking provided at the Cathedral Hill Campus has been carefully designed to favor short-term, carpool or bicycle parking for trips which cannot reasonably be made on transit. CPMC's fee structure for the Cathedral Hill, St. Luke's, and Davies Campus garage, including the surcharges charged on every entry and exit at the Cathedral Hill Hospital and Cathedral Hill MOB pursuant to CPMC's Development Agreement commitments, as described in more detail above, favors short-term over long-term automobile parking.*

*The St. Luke's Campus will provide a total of 450 structured parking spaces for the primary use of patients and visitors. Parking rates will be set to discourage long-term day use from hospital personnel. The proposed St. Luke's MOB would provide 220 parking spaces, and the vehicular entrances/exits will be on Cesar Chavez and Valencia Streets. No vehicular entrance or exits from the St. Luke's MOB garage would be on San Jose Avenue or 27<sup>th</sup> Street, which would limit the amount of traffic on those residential streets.*

*The Davies Campus will provide a total of 421 parking spaces for the primary use of patients and visitors. Parking rates will be set to discourage long-term day use from hospital personnel. No new vehicular entrances or exists to or from the existing surface parking lot or parking garage would be*

*introduced as part of the Neuroscience Institute Project, thereby limiting the amount of traffic on those residential streets.*

*CPMC's parking strategy for the Cathedral Hill, St. Luke's, and Davies Campuses, including its TDM program, will contain and lessen the traffic and parking impact of the Project on surrounding residential areas.*

## **URBAN DESIGN ELEMENT**

### **Objectives and Policies**

#### **OBJECTIVE 1:**

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

#### **Policy 1.1**

Recognize and protect major views in the city, with particular attention to those of open space and water.

#### **Policy 1.3**

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

#### **Policy 1.5**

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

#### **Policy 1.6**

Make centers of activity more prominent through design of street features and by other means.

#### **Policy 1.8**

Increase the visibility of major destination areas and other points for orientation.

*The Cathedral Hill Hospital and Cathedral Hill MOB will reinforce topography and the characteristic pattern both in the immediate neighborhood and as part of the larger Van Ness Avenue setting, and will not significantly affect major public view corridors. Because of the scale of the Cathedral Hill Hospital, its architectural compatibility, its location at a transit hub, and its proposed streetscape design, the Cathedral Hill will be a significant presence, and will provide a positive image for the City as well as for the immediate neighborhood. The Cathedral Hill Hospital and Cathedral Hill MOB will provide a sense of purpose to the urban pattern, and will give variety to Van Ness Avenue. Additionally, the streetscape improvements proposed at the Cathedral Hill Campus are intended to provide a template for other potential improvements along Van Ness Avenue.*

*The Cathedral Hill Hospital would be taller than several of the buildings in the vicinity, particularly the commercial and residential buildings on the south side of Geary Boulevard. However, the Cathedral*

*Hill Hospital would be consistent in height with the existing residential towers north and west of the site. The Cathedral Hill Hospital also would be consistent with the existing building skyline in the vicinity. The scenic views from Alta Plaza (southeast view) and Alamo Square (northeast view) would not be substantially altered.*

*The new Cathedral Hill MOB has been designed to be consistent with the height of existing buildings located west of the site along Van Ness Avenue, and along Geary Boulevard. It is designed to be Code-compliant with regard to height, but is reduced in height at the street in order to better relate to the prevailing street wall height along Van Ness Avenue.*

*For the above reasons, major views in the City and existing view corridors would be preserved.*

*Both the Cathedral Hill Hospital and Cathedral Hill MOB have been designed, through their architectural features and articulations, along with the streetscape design tying them together and into the neighborhood, to complement one another and to complement the surrounding buildings and neighborhoods. The total effect is that the Cathedral Hill Campus would be integrated into the pattern of the neighborhood, the Van Ness Corridor and the City as a whole. The Cathedral Hill Hospital, which is an important institutional use and a center of activity, will be architecturally distinctive and an appropriately prominent presence on the Van Ness corridor, while the Cathedral Hill MOB will be architecturally compatible with the prevailing pattern of buildings along Van Ness Avenue.*

*The Cathedral Hill Hospital will be visible as a major destination in the City for employees, as well as for patients, their families, and others. Van Ness Avenue and Geary Boulevard are major transportation corridors for both autos and public transportation. Van Ness Avenue, which is part of Highway 101 in San Francisco, links the North and South Bay communities. Highway 80, which connects to the East Bay, is accessed from South Van Ness Avenue approximately one mile south of the site. The Cathedral Hill Campus can be accessed directly by several major local and regional public transportation providers such as Muni and Golden Gate Transit. This major destination at a key transit hub will also be visible as a point of orientation in the neighborhood through the integration of the streetscape design described above.*

*At the St. Luke's Campus, the St. Luke's Replacement Hospital and St. Luke's MOB will reinforce topography and the characteristic pattern both in the immediate neighborhood and as part of their larger setting. Because of the scale of the St. Luke's Replacement Hospital, its architectural palate and compatibility, and the proposed streetscape design, it will be a significant presence, and will provide a positive image for the City as well as for the immediate neighborhood. The St. Luke's MOB will also be appropriate in scale and architecture.*

*Both the St. Luke's Replacement Hospital and St. Luke's MOB have been designed, through their massing, their architectural features and articulations, along with the plaza and streetscape design tying them together and into the neighborhood, to complement one another and to complement the surrounding campus and neighborhoods. The total effect of the St. Luke's Replacement Hospital and St. Luke's MOB will be integrated into the pattern of both the neighborhood, the Mission District and the City as a whole.*



*CPMC's integrated design for the St. Luke's Replacement Hospital, St. Luke's MOB, public plaza and streetscape in the area emphasizes the special nature of the St. Luke's Campus area and the immediate neighborhood through distinctive landscaping, signage, and other elements. The St. Luke's Campus as a center of activity will be distinctive and appropriately prominent as a presence in the location where it has served the community since the 1870s.*

*The exteriors of the bases of the St. Luke's Replacement Hospital and of the St. Luke's MOB will be durable (currently envisioned to be a brick similar in tone to the existing 1912 Building) and will ground the buildings on the site, engaging users at the pedestrian level. Metal panels are used for the canopy which runs along the entire east side of the St. Luke's Replacement Hospital, unifying the upper and lower public plazas and creating a connection from the interior of the St. Luke's Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the St. Luke's Replacement Hospital to the organizing element of the St. Luke's Campus, the landscaped plaza and public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets.*

*At the Davies Campus, the proposed Neuroscience Institute would be located at the intersection of Noe Street and Duboce Avenue. Noe Street is considered a street of remarkable visual character, with distinct landscaping that includes a variety of trees and planters that activate the sidewalks and create a pleasant experience for neighbors and visitors alike. The activity from the street is reflected in the residential character with a diverse mixture of building styles and roof types. The activity continues at the edges of Noe Street to include the N-Judah Muni transit line and Duboce Park, creating a vibrant neighborhood that embodies a sense of place.*

*The height of the proposed Neuroscience Institute would be consistent with the scale of homes found in the area and would be Code-compliant with regard to height. The siting of the building at the base of Noe Street and Duboce Avenue would ensure that views from nearby open areas will be preserved. The proposed Neuroscience Institute will activate an underutilized site, which is currently a surface parking lot. The façade would correspond to the image of the neighborhood, and an intricate façade of vertical planes will provide visual interest. The selection of high-quality, sustainable hardwood (that will weather over time) is complementary to the neighborhood, providing a transition from the institutional nature of the Davies Campus to its residential and open space surroundings.*

**OBJECTIVE 2:**

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

**Policy 2.6**

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

**Policy 2.9**

Review proposals for the giving up of street areas in terms of all the public values that streets afford.

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

*The new Cathedral Hill Hospital's building massing, height and square footage would be concentrated most intensely on the southern half of the site, along Geary Boulevard, where the 15-story rectangular tower would be constructed. The lowest concentration of building mass, height and square footage would be located on the northern half of the site, along Post Street, where the six-story podium component would be constructed. This would be the closest part of the Cathedral Hill Hospital to the Daniel Burnham towers, and the height of the Hospital at this location is actually lower than the existing Cathedral Hill Office Building and the existing height limit for new construction at that location.*

*An important goal of the design of the Cathedral Hill MOB is to complement, to the extent feasible, the scale of nearby buildings so that it will fit within the urban pattern of this neighborhood. The Cathedral Hill MOB would consist of a rectangular-shaped building that would span the entire site. The massing, height and square footage would be concentrated most intensely on the western half of the site along Van Ness Avenue, where the nine-story (130-foot tall) portion of the new building will be. However, the height of the building at the Van Ness Avenue street wall would step down to be compatible with the predominant heights of buildings at the street. The building would also step down along the eastern half of the site, to be compatible with the height of the adjacent Pierce Arrow Building. The Pierce Arrow Building occupies the remaining portion of the block (approximately one quarter of the block). See also the analysis in Objective 3 and in Van Ness Area Plan, Objective 1, below.*

*In summary, the character of the surrounding development is both respected and enhanced by the design of the Cathedral Hill Hospital and Cathedral Hill MOB, including the integrated streetscape elements.*

*The Davies Neuroscience Institute building has been designed to incorporate colors and textures from the surrounding context, and to relate with both the adjacent residential neighborhood and the Duboce Park through the use of wood siding and residential-scale detailing. The new building will respect the character of the abutting older residential development by acting as a transition from the larger hospital tower buildings on the Davies, and will provide a connection north-south from the N-Judah Muni stop and Duboce Park to other parts of the surrounding neighborhood through the integrated streetscape design and transparency of the new building at the street.*

*The integrated design of the St. Luke's Replacement Hospital and St. Luke's MOB, the public plaza and streetscape, takes into consideration the context of the site, including the surrounding residential*

*neighborhood and commercial activity along Cesar Chavez and Valencia Streets. The character of the surrounding development is both respected and enhanced by the design, scale, and massing of the St. Luke's Replacement Hospital and St. Luke's MOB.*

*The street vacation of San Jose Avenue, between Cesar Chavez and 27th Streets, would not be detrimental to vehicular or pedestrian circulation, because this portion of San Jose Avenue is gated at its northern end where it meets Cesar Chavez Street and has not been open to through traffic since at least 1968. CPMC currently uses the area proposed to be vacated pursuant to an encroachment permit recorded on May 15, 1968, predominantly for CPMC emergency vehicle access and surface parking. On February 6, 2002, the Department of Parking and Traffic submitted a letter to the Board of Supervisors, which concluded that the encroachment permit had minimal negative impact on the traffic circulation in the adjacent area, because the Street Area had been closed to through traffic for over 30 years, and residents in the neighborhood had become accustomed to its closure. As such, this portion of San Jose Avenue does not currently contribute positively to the urban fabric or pedestrian experience. Furthermore, the street vacation would not interfere with rights or access to any private property, as all properties that abut the area proposed for vacation are owned by CPMC as part of the St. Luke's Campus, which is fully served by other roadways. The street vacation also would not inhibit access for fire protection or any other emergency purpose, or interfere with utility lines or service without adequate reimbursement; obstruct or diminish a significant view or interfere with industrial operations; eliminate or reduce open space that could be used for public recreation; eliminate street space adjacent to a public facility such as a park; eliminate street space that has formed the basis for creation of any lot, or construction or occupancy of any building according to standards that would be violated by discontinuance of the street; enlarge a property that would result in additional dwelling units, excessive density, or a building of excessive height or bulk; reduce street space in areas of high building intensity without provision of new open space accessible for public enjoyment; remove significant natural features; have an adverse effect on any element of the General Plan; or result in a situation where the future development or use of such street area is unknown.*

*The street vacation of the portion of San Jose Avenue between Cesar Chavez and 27th Streets is necessary in order to facilitate the construction of a new seismically safe acute care hospital at the St. Luke's Campus while allowing for the continued operation of an existing acute care hospital on the same campus during the construction period, consistent with the Blue Ribbon Panel's recommendations. It would incorporate a well-designed pedestrian courtyard, landscaped plaza, and public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way between Cesar Chavez and 27th Streets, and would further the public values and purposes of streets as expressed in The Urban Design Element and elsewhere in the General Plan.*

**OBJECTIVE 3:**

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

**Policy 3.1**

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

**Policy 3.2**

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

**Policy 3.3**

Promote efforts to achieve high quality of design for buildings to be constructed at prominent locations.

**Policy 3.4**

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

**Policy 3.5**

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

**Policy 3.7**

Recognize the special urban design problems posed in development of large properties.

*At the Davies Campus, the proposed Neuroscience Institute has been designed to meet the programmatic needs of CPMC's patients, while also complementing the neighborhood's vibrancy and diverse mix of building styles.*

*The proposed Neuroscience Institute has been designed to provide a transition from the institutional nature of the existing Davies Campus to the surrounding residential neighborhood. With the siting and massing of the building along the Davies Campus property line, the proposed Neuroscience Institute will actively engage the neighborhood in way that has not previously been accomplished, and which will preserve the neighborhood's special features while restoring vitality to the design of the Davies Campus.*

*The Neuroscience Institute building would be complementary and harmonious with the existing neighborhood character in terms of architecture, scale, and massing. The façade will feature materials compatible with the residential neighborhood, including a sustainable harvested exterior wood cladding that will weather over time, accenting alternating inset windows of clear and translucent glass.*

*The height of the proposed Neuroscience Institute building would be similar in scale to the residential neighborhood. An optimum configuration of programmatic functions (mechanical components have been placed out of sight allowing the building to comply with height requirements without diminishing the aesthetics of the façade). This configuration would allow the proposed building to sit along the property line without casting significant new shadow that would impact the neighborhood's quality of life.*

*The design of the Neuroscience Institute creates a subtle transition from the institutional nature of the Davies Campus to its surroundings. The proposed Neuroscience Institute building will be*

*approximately 13 feet in height on the façade nearest Duboce Park, and will then step up to approximately 40 feet in height along the primary (Noe Street) façade.*

*At the first floor of the Neuroscience Institute, a pedestrian corridor will be placed behind a translucent glass exterior extending the length of the building, leading to office doors. The wall space will provide opportunities to have art displayed, enlivening the experiences at the pedestrian level. In the evening, this corridor will remain lit to activate the sidewalk and provide increased visibility.*

*The engagement of the Noe/Duboce intersection with the siting and massing of the proposed Neuroscience Institute would be unique within the Davies Campus. Previous development has not created a vital dynamic between the campus and the neighborhood. The Neuroscience Institute would balance CPMC's programmatic needs related to serving the health care needs of the future population of the City, while respecting the existing development within the neighborhood.*

*In terms of streetscape, the Near-Term Project at the Davies Campus will include the replacement of an existing property line fence with a more interesting visual face to the campus. The proposed landscape, streetscape, and tree plans will result in a landscaped berm along the abutting southern surface parking lot frontage, a new entry plaza, a widened sidewalk, and a promenade along Noe Street to enhance the connection to and from the N-Judah Muni stop and Duboce Park.*

*The context of the St. Luke's Replacement Hospital and St. Luke's MOB within the St. Luke's Campus, as well as the relationship of the campus to its surroundings, were carefully considered in the design of these facilities, and in the design of the public plaza which will connect the facilities and integrate the St. Luke's Campus into the neighborhood. The St. Luke's Replacement Hospital design has been carefully massed and articulated to respond sensitively to the neighboring residents. The interior of the St. Luke's Campus, along a similar path of travel as the vacated portion of San Jose Avenue, would become more contemporary and animated and establish an organizing element (similar to a street grid).*

*The St. Luke's Replacement Hospital and St. Luke's MOB finishes will be similar to those which exist throughout the neighborhood. The base material on the lower floors will be durable (tile, stone or brick) and will ground the buildings on the site and engage pedestrians at the street level. For the upper floors glass fiber reinforced concrete ("GFRC") will be the primary material. Metal panels are used for the canopy that runs along the entire east side of the St. Luke's Replacement Hospital and will be a unifying element between the upper and lower plazas. The canopy would create a connection from the interior of the St. Luke's Replacement Hospital to the exterior terraced plazas. Because the soffit of the canopy would be continuous between the interior and exterior, the St. Luke's Replacement Hospital would be connected to the organizing element of the St. Luke's Campus – the landscaped plaza and pedestrian pathway along a similar path of travel as the vacated San Jose Avenue right-of-way.*

*The height of the St. Luke's Replacement Hospital will be lower than the existing Hospital Tower on the St. Luke's Campus, and would improve the hospital's relationship to the neighborhood and the rest of the campus. The height of the St. Luke's MOB would relate to the height of the St. Luke's Replacement hospital, anchor the corner intersection of Cesar Chavez and Valencia Streets, and also would be lower than the height of the existing Hospital Tower.*

*According to the General Plan, clustering of larger, taller buildings, such as the proposed Cathedral Hill Hospital and Cathedral Hill MOB at important activity centers (such as the major transit nexus of Van Ness Avenue and Geary Boulevard) can visually express the functional importance of these centers. For emergency services purposes, medical centers should be identifiable, and easy to find and access.*

*Hospitals are generally built on large properties and stand out from residential uses. For emergency services purposes, the Cathedral Hill Campus must be easy to find and access. However, to the extent feasible, the Cathedral Hill Campus should also integrate with the design of the community. The Cathedral Hill Hospital and Cathedral Hill MOB will complement the City pattern and will promote harmony in visual relationships and transitions between new and older buildings. The Cathedral Hill Hospital is located on an entire city block, and its design, including the contrast between the podium and tower, is intended to promote harmony in visual transitions. The height and texture of the façade of the Cathedral Hill Hospital podium have been articulated to create an attractive building perimeter and streetscape. Building skin is primarily metal and glass. Different types of vision and spandrel glass in alternate patterns add interest to the façade. The curtain wall and metal rain screen along with several vertical recesses create a balanced and well-proportioned look for the tower. The use of stone at the podium is intended to provide a pleasant façade along the streetscape.*

*The Cathedral Hill MOB is designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill MOB relates to the historical vernacular the buildings found along Van Ness Avenue. Specifically, the glass skin originally proposed for the exterior treatment of the building has been replaced with a heavier quality material of concrete cladding (GFRC). The scale has been broken down with smaller scale window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. This revised design more closely matches the historical vernacular of the Van Ness Avenue corridor (i.e. Concordia Club, Regency Theater, Opal, 1000 Van Ness). The building's architectural organization has also been revised to include a symmetrical design; the entry has been relocated to the center of the property along Van Ness Avenue rather than at the corner. The strong symmetrical façade, clearly articulated "entrance", and solid base holds the corners more appropriately. The height of the building at the street has been lowered in order to better align with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club. The upper portion of the building has been set back from the Van Ness Avenue podium façade to reinforce this scale at the street, and a contemporary cornice has been added at the top of the podium to cap the building, as many buildings on Van Ness Avenue have strong cornices along the street. These design changes to the Cathedral Hill MOB result in a building that relates more to the vernacular of existing prominent buildings found along Van Ness Avenue, and less to the associated Cathedral Hill Hospital on the west side of Van Ness Avenue.*

*The Cathedral Hill Hospital and Cathedral Hill MOB together, with the proposed streetscape improvements, will create a well-designed street wall harmonious with building forms along Van Ness Avenue, while complimenting the City's east-west skyline of buildings along Geary Boulevard/Street. The high quality of design and distinguished architecture of the Cathedral Hill Hospital and Cathedral Hill MOB, together with its prominent location, will avoid inappropriate contrasts in color, shape or other characteristics.*

**OBJECTIVE 4:**

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

**Policy 4.1**

Protect residential areas from the noise, pollution and physical danger of excessive traffic.

**Policy 4.3**

Provide adequate lighting in public areas.

**Policy 4.4**

Design walkways and parking facilities to minimize danger to pedestrians.

**Policy 4.5**

Provide adequate maintenance for public areas.

**Policy 4.12:**

Install, promote and maintain landscaping in public and private areas.

**Policy 4.13:**

Improve pedestrian areas by providing human scale and interest.

**Policy 4.14:**

Remove and obscure distracting and cluttering elements.

**Policy 4.15**

Protect the livability and character of residential properties from the intrusion of incompatible new buildings.

*The neighborhood environment in the vicinity of the St. Luke's, Davies, and Cathedral Hill Campuses will be improved to increase public safety, comfort, pride and opportunity as envisioned by this Objective and these related Policies. Surface parking lots that abut low-density residential development at the Davies and St. Luke's Campuses will be eliminated and become the location for development of new buildings that will improve the continuity and compatibility of development on those existing campuses. Protection will be provided to minimize the exposure of residential areas to noise, pollution and physical danger of excessive traffic. The streetscape designs at all three campuses will be integrated with the active bases of the proposed new buildings, providing human scale and interest, thereby improving the overall public realm. Landscaping would be provided in public and private areas at all three campuses.*

*Under the proposed Development Agreement, CPMC would be committed to funding several streetscape, lighting, and pedestrian safety improvements, including:*

- *Providing \$8 million for public realm and pedestrian safety improvements in the Tenderloin, including pedestrian-scale lighting; sidewalk widening; installation of corner bulbs and related crosswalk improvements and signal modifications at specified corners; and changing specified streets from one-way to two-way.*

- *Providing \$150,000 to help form a Lower Polk CBD, as well as a \$1 million seed grant to the CBD.*
- *Providing a \$200,000 grant for the Safe Passage Pilot program in the Tenderloin.*
- *Constructing a series of public realm and pedestrian safety improvements around the Davies Campus, valued at approximately \$475,000.*
- *Constructing a series of public realm and pedestrian safety improvements around the St. Luke's Campus, valued at approximately \$3,300,000.*

*CPMC's commitments under the Development Agreement for public realm and pedestrian safety improvements around the Davies Campus would include crosswalk and stop line striping at the Noe/Duboce intersection; pedestrian walkway improvements at Duboce Avenue, south side, near the intersection with Noe Street, including new painted steel fencing, two signs, striping, two new light fixtures, and new electrical service; tree island improvements at two locations; additional street trees and other tree work along the east side of Noe Street; pedestrian walkway improvements at 14th Street, north side, near the intersection with Noe Street, including new painted steel fencing, two signs, striping, two new light fixtures, and new electrical service; new ADA-compliant sidewalk flare-downs in three locations at the 14th Street/Noe Street intersection; replacement of the Davies Campus perimeter fence; and addition of pedestrian-scale lighting at all entrances within the Davies Campus.*

*CPMC's commitments under the Development Agreement for public realm and pedestrian safety improvements around the St. Luke's Campus would include widening the western sidewalk of Valencia Street from 10' to approximately 20' from Cesar Chavez Street to Duncan Street, including trees and bulb-outs at the southwest corner of Valencia and Duncan; permanently upgrading the traffic diverter and plaza known as "Guerrero Park" at the intersection of San Jose Avenue, Guerrero Street, and 28th Street, including construction of new curb, installation of pavers, raised planter beds, new trees and landscaping, irrigation, and lighting; upgrade of St. Luke's Campus perimeter lighting along Valencia between Cesar Chavez and Duncan; upgrade of St. Luke's Campus perimeter fencing; various pedestrian bulb-outs and median extensions; pedestrian lighting on the sidewalk along Duncan between Valencia and San Jose, along San Jose between Cesar Chavez and Duncan, along 27th Street between Guerrero and San Jose, and along Cesar Chavez between Valencia and Guerrero; repairing a retaining wall and 1912 Building stairs and related landscape area upgrade within the St. Luke's Campus; and installing a pocket park at the intersection of Valencia, Duncan, and Tiffany Avenue.*

## **COMMUNITY SAFETY ELEMENT**

### **Objectives and Policies**

#### **OBJECTIVE 2**

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

#### **Policy 2.1**

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



**Policy 2.3**

Consider site soils conditions when reviewing projects in areas subject to liquefaction or slope instability.

**Policy 2.5**

Assess the risks presented by other types of potentially hazardous structures and reduce the risks to the extent possible.

**Policy 2.9**

Consider information about geologic hazards whenever City decisions that will influence land use, building density, building configurations or infrastructure are made.

*The Project will enable CPMC to continue to provide essential health services to the community without interruption, in modern facilities that will comply with the most stringent state seismic mandates in SB 1953. CPMC's site selection for the new Cathedral Hill Campus was in part based on soil conditions at the site that were stable enough for a new acute care hospital.*

**OBJECTIVE 3**

ENSURE THE PROTECTION OF LIFE AND PROPERTY FROM DISASTERS THROUGH EFFECTIVE EMERGENCY RESPONSE. PROVIDE PUBLIC EDUCATION AND TRAINING ABOUT EARTHQUAKES AND OTHER NATURAL DISASTERS AND HOW INDIVIDUALS, BUSINESSES AND COMMUNITIES CAN REDUCE THE IMPACTS OF DISASTERS.

**Policy 3.1**

Promote greater public awareness of disaster risks, personal and business risk reduction, and personal and neighborhood emergency response.

**Policy 3.3**

Maintain a local organization to provide of emergency services to meet the needs of San Francisco.

**Policy 3.5**

Maintain an adequate Emergency Command Center.

**Policy 3.7**

Establish a system of emergency access routes for both emergency operations and evacuation.

*Because the new hospital facilities can be expected to remain operational after a strong earthquake, CPMC's role in emergency preparedness will be enhanced. Emergency preparedness for the City will also be enhanced by the expanded capacity within the new Emergency Department facilities and improved emergency communications centers proposed as part of the Project.*

**VAN NESS AREA PLAN****Objectives and Policies**

**OBJECTIVE 1:**

CONTINUE EXISTING COMMERCIAL USE OF THE AVENUE AND ADD A SIGNIFICANT INCREMENT OF NEW HOUSING.

**Policy 1.6**

Allow a medical center at the intersection of Van Ness Avenue and Geary Boulevard.

*The Cathedral Hill Medical Center is considered to be a high-density medical center, and will be located at the transit nexus of Van Ness Avenue and Geary Boulevard/Street. It would support Van Ness Avenue's redevelopment as a mixed-use boulevard by diversifying the mix of nonresidential uses, maximizing utilization of the major bus lines/transit node, and locating medical care and essential emergency services in close proximity of the City's dense urban core and at a central location for both day and nighttime populations groups within the City. It would also create opportunities for improved streetscape and pedestrian amenities at a key transit nexus that are consistent with the Better Streets Plan.*

**OBJECTIVE 5:**

ENCOURAGE DEVELOPMENT WHICH REINFORCES TOPOGRAPHY AND URBAN PATTERN, AND DEFINES AND GIVES VARIETY TO THE AVENUE.

**Policy 5.1**

Establish height controls to emphasize topography and adequately frame the great width of the Avenue, and support the redevelopment of the Avenue as a diverse, mixed-use boulevard and transit corridor.

**Policy 5.2**

Encourage a regular street wall and harmonious building forms along the Avenue.

**Policy 5.3**

Continue the street wall heights as defined by existing significant buildings and promote an adequate enclosure of the Avenue.

**Policy 5.4**

Preserve existing view corridors.

**Policy 5.6**

Encourage separation of towers for buildings involving more than one tower.

*The Cathedral Hill Hospital and Cathedral Hill MOB at the transit nexus of Geary Boulevard and Van Ness Avenue will complement the City pattern and will promote harmony in visual relationships and transitions between new and older buildings. The Cathedral Hill Hospital is located on an entire City block. Its design, including the podium and narrower tower, is intended to promote harmony in visual transitions. The Cathedral Hill MOB is designed to be compatible with the scale, massing, and overall vernacular of the surrounding buildings. The Cathedral Hill Hospital and Cathedral Hill MOB,*

*together with the proposed streetscape improvements, will create a well-designed street wall with harmonious building forms along Van Ness Avenue.*

*The Cathedral Hill Hospital would be taller than several of the buildings in the vicinity, particularly the commercial and residential buildings on the south side of Geary Boulevard. However, the Cathedral Hill Hospital would be consistent in height with the existing residential towers north and west of the site, and would comply with the 265 foot limit in Map 2 of the Van Ness Area Plan. The Cathedral Hill Hospital also would be consistent with the existing building skyline in the vicinity and the heights in Map 2. The scenic views from Alta Plaza (southeast view) and Alamo Square (northeast view) would not be substantially altered.*

*The new Cathedral Hill MOB has been designed to be consistent with the height of existing buildings located west of the site along Van Ness Avenue, and along Geary Boulevard. It is designed to be Code-compliant with regard to height, but is reduced in height at the street in order to better relate to the prevailing street wall height along Van Ness Avenue.*

*For the above reasons, major views in the City and existing view corridors would be preserved.*

*The design of the podium of the Cathedral Hill Hospital and of the Cathedral Hill MOB is consistent with Objectives of the Van Ness Area Plan. The height and texture of the façade of the Hospital podium have been articulated to create an attractive building perimeter and streetscape. Building skin is primarily metal and glass. Different types of vision and spandrel glass in alternate patterns add interest to the façade, both at a skyline and pedestrian level. The curtain wall and metal rain screen along with several vertical recesses create a balanced and well-proportioned look for the tower. The use of stone at the podium, along with retail kiosks along the base of the building at Van Ness Avenue, will provide a pleasant façade along the streetscape that will frame the corridor.*

*The Cathedral Hill MOB has been designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill MOB relates to the historical vernacular the buildings found along Van Ness Avenue. Specifically, the scale and material of the building responds to the surrounding context by the use of smaller scale window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. The building's symmetrical design is grounded on Van Ness Avenue with a clearly articulated "entrance", and solid base. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club. The upper portion of the building has been set back from the Van Ness Avenue podium façade to reinforce the predominant scale at the street.*

*These design features of the Cathedral Hill Hospital and Cathedral Hill MOB assure that the exterior facades will complement and enhance significant works of architecture along Van Ness Avenue. They will create varied rhythms with changes in fenestration and materials to articulate the façade plane, incorporate setbacks and stepping down of building forms to frame the street and be compatible with adjacent buildings, and incorporate detail at base the buildings through variety of materials, color, texture and architectural projections.*

*To respond to the bulk policies of the Van Ness Avenue Area Plan, the building configuration of the Cathedral Hill Hospital has two distinct elements: a broad lower supporting podium and a narrow tower with an east-west orientation. This east-west pattern is consistent with City-wide policy of articulating towers to respond to the topography and existing skyline. The combination of the tower and podium creates a building silhouette that relates to both the immediate neighborhood context and the broader urban core. The building design minimizes the proportion of the façade along Van Ness Avenue and Post and Franklin Streets and allows for an appropriate pedestrian scale along those streets.*

*The Cathedral Hill MOB would replace smaller buildings along Geary Street between Van Ness Avenue and Polk Street. An important goal of the design of the Cathedral Hill MOB is to complement, to the extent feasible, the scale of the buildings along Van Ness Ave, so that the Cathedral Hill MOB will fit within the urban pattern of this neighborhood. The stepped massing of the Cathedral Hill MOB down along Geary Street from Van Ness Avenue allows the building scale to transition down to the adjacent neighborhood toward Polk Street.*

*As prescribed by Objective 5 of the Van Ness Area Plan, the height of the Cathedral Hill Hospital, complies with the 265 foot height limit in Map 2, relates to the City pattern as well as to the topography, and character of existing development in the area, while meeting the other objectives of the Plan. The design for the Cathedral Hill Hospital, Cathedral Hill MOB and streetscape emphasizes topography and improves the framing of Van Ness Avenue, particularly compared to the lack of framing resulting from the existing Cathedral Hill Hotel and Office Building, which are setback from the street.*

**OBJECTIVE 6:**

ENCOURAGE DISTINGUISHED ARCHITECTURE WHOSE SCALE, COMPOSITION AND DETAILING ENHANCES THE OVERALL DESIGN STRUCTURE OF THE AVENUE AND RELATES TO HUMAN SCALE.

**Policy 6.1**

Design exterior facades which complement and enhance significant works of architecture along the Avenue.

**Policy 6.2**

Create varied rhythms in developments on large lots by inserting vertical piers/columns, or changes in fenestration and materials to articulate what otherwise would be an undifferentiated facade plane.

**Policy 6.3**

Incorporate setbacks and/or stepping down of building form on new developments — and major renovations when necessary — to increase sun exposure on sidewalks.

**Policy 6.4**

Differentiate bases of buildings and incorporate detail at ground level through variety in materials, color, texture and architectural projections. Provide windows with clear glass throughout the building.

*The Cathedral Hill Campus will complement the City pattern and will promote harmony in visual relationships and transitions between new and older buildings. The Cathedral Hill Hospital is located on an entire city block, and its design, including the podium and narrower tower, is intended to promote harmony in visual transitions. The Cathedral Hill MOB is designed to transition to be compatible with the scale, massing, and vernacular of the surrounding buildings. The Cathedral Hill Hospital and Cathedral Hill MOB, with the proposed streetscape improvements, will create a well-designed street wall with harmonious building forms along Van Ness Avenue. The high quality of design and distinguished architecture of the Cathedral Hill Hospital and Cathedral Hill MOB, together with their prominent location, will avoid inappropriate contrasts in color, shape or other characteristics.*

*The designs of the podium of the Cathedral Hill Hospital and of the Cathedral Hill MOB are consistent with Objectives of the Van Ness Area Plan. The height and texture of the façade of the Cathedral Hill Hospital podium have been articulated to create an attractive building perimeter and streetscape. Building skin is primarily metal and glass. Different types of vision and spandrel glass in alternate patterns add interest to the façade, both at a skyline and pedestrian level. The curtain wall and metal rain screen along with several vertical recesses create a balanced and well-proportioned look for the tower. The use of stone at the podium, along with retail kiosks along the base of the building at Van Ness Avenue, will provide a pleasant façade along the streetscape that will frame the corridor.*

*The Cathedral Hill MOB has been designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill MOB relates to the historical vernacular the buildings found along Van Ness Avenue. Specifically, the scale and material of the building responds to the surrounding context by the use of smaller scale window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. The building's symmetrical design is grounded on Van Ness Avenue with a clearly articulated "entrance", and solid base. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club. The upper portion of the building has been set back from the Van Ness Avenue podium façade to reinforce the predominant scale at the street.*

*These design features of the Cathedral Hill Hospital and Cathedral Hill MOB assure that the exterior facades will complement and enhance significant works of architecture along Van Ness Avenue. They will create varied rhythms with changes in fenestration and materials to articulate the façade plane, incorporate setbacks and stepping down of building forms to frame the street and be compatible with adjacent buildings, and incorporate detail at base the buildings through variety of materials, color, texture and architectural projections.*

**OBJECTIVE 8:**

CREATE AN ATTRACTIVE STREET AND SIDEWALK SPACE WHICH CONTRIBUTES TO THE TRANSFORMATION OF VAN NESS AVENUE INTO A RESIDENTIAL BOULEVARD.

**Policy 8.1**

Require sponsors of major renovation or new development projects to improve and maintain the sidewalk space abutting their properties according to the guidelines contained in this Plan.

**Policy 8.2**

Where there are no trees, plant trees within the sidewalk space and the median strip. Maintain existing healthy trees and replace unhealthy ones.

**Policy 8.3**

Provide street trees with tree grates that have removable sections to adequately accommodate tree growth.

**Policy 8.5**

Maintain existing sidewalk widths.

**Policy 8.6**

Incorporate uniform sidewalk paving material, color, pattern and texture throughout the length of the Avenue.

**Policy 8.7**

Trim sidewalk curbs with hydraulically pressed, pre-cut four-inch square stone paving blocks to a horizontal depth of 12 inches. Replace median pavements with grey tone interlocking paving blocks.

**Policy 8.8**

Assure a uniform architectural style, character and color in the design of street lights and poles.

**Policy 8.9**

Provide attractive street furniture at convenient locations and intervals throughout the length of the street.

*Projects located at the transit nexus of Van Ness Avenue and Geary Boulevard are consistent with the policies in Objective 8 if they include an integrated streetscape plan that incorporates – among other elements – planting, sidewalk treatment, street lighting and street furniture, and that is generally consistent with the streetscape guidelines regarding such elements in Chapter 6 of the Better Streets Plan; and locate and design any sidewalk vaults or sub-sidewalk spaces so that they are compatible with such streetscape plans.*

*The Cathedral Hill Campus is consistent with Objective 8. All sidewalks contiguous to the Cathedral Hill Hospital and Cathedral Hill MOB will be improved and maintained by CPMC. CPMC's streetscape plan for the Cathedral Hill Campus provides for seasonal garden zones along Van Ness Avenue, and rainwater gardens around the Cathedral Hill Hospital on Geary Boulevard and Franklin and Post Streets. The seasonal garden would consist of ornamental and flowering trees and perennials, and would serve to treat storm water during the rainy season. Flowering trees would be located within the planting area, between the street tree spacing. The rain gardens would be graded to allow two plant communities along each street. Higher areas would support dry plants, while the lower areas would support water-loving plants that thrive in the seasonal rains. Plants would also be selected to emphasize the difference between these wet and dry zones. Also, different plant communities for each*

*zone would respond to microclimates of the sites: sun-loving plants along Geary Boulevard, shade-tolerant plants along Post Street, and wind-tolerant plants along Franklin Street. All planting areas would be irrigated with a low-water-use irrigation system during the dry season.*

*Street trees would be planted and evenly spaced along all of the streets within the Cathedral Hill Campus area. The Van Ness Area Plan requires London Plane trees along Van Ness Avenue, and a light and tall tree species, such as Honey Locust, would be installed along Cedar Street. The Franklin Street trees would be a dense evergreen species, such as Brisbane Box, which would fit in with the existing trees along Franklin Street, and the Geary Street/Boulevard and Post Street frontages would be planted with medium-density shade trees.*

*The existing sidewalks will be replaced and expanded, consistent with the intent of the Van Ness Area plan as well as the City's adopted Better Streets Plan. Although the streetscape plan for the Cathedral Hill Campus includes widening of certain sidewalks around the Cathedral Hill Hospital and Cathedral Hill MOB, such widening is appropriate, given the scale and massing of the buildings planned and the anticipated pedestrian activity in the area, and is consistent with the Better Streets Plan. The sidewalks will be rebuilt with the City-standard paving, except at the main entrances of the Cathedral Hill Hospital and Cathedral Hill MOB, where there will be distinctive yet compatible paving, which CPMC will be responsible for maintaining. CPMC's proposed paving plan is compatible with the City-standard paving for the area, and appropriate given the specific context of the Cathedral Hill Hospital and Cathedral Hill MOB.*

*The historic lighting fixtures along Van Ness Avenue will be retained. Along Geary Street/Boulevard, Post and Franklin Streets, the existing city standard streetlights would be reinstalled. Along Cedar Street, new pedestrian-level streetlights would be installed, which would be a uniform architectural style, character and color. Additional pedestrian-level lighting would also be provided at both the Cathedral Hill Hospital and Cathedral Hill MOB.*

*CPMC's streetscape plan for the Cathedral Hill Campus includes pedestrian-serving street furniture, including seat wall elements as part of the seasonal gardens planned along both sides of Van Ness Avenue. Seating walls would also be placed near the relocated transit stop along Geary Boulevard near the intersection of Van Ness Avenue.*

*CPMC's integrated design for the Cathedral Hill Hospital, Cathedral Hill MOB and streetscape in the area, as described above, emphasizes the special nature of the Cathedral Hill Campus at the transit nexus of Van Ness Avenue and Geary Street/Boulevard through distinctive yet compatible landscaping, paving, street furniture, and other elements.*

**OBJECTIVE 9:**

PROVIDE SAFE AND EFFICIENT MOVEMENT AMONG ALL USERS ON VAN NESS AVENUE.

**Policy 9.5**

Whenever feasible, provide access to parking from minor east-west streets. Prohibit new parking access from Van Ness Avenue. For development of lots with no direct access to an

east-west street, allow of-site provision of required parking as set forth in Section 159(c) of the Planning Code.

**Policy 9.10**

Improve the efficient and free flowing use of sidewalk space in new development.

**Policy 9.11**

Orient building entrances to enhance pedestrian circulation.

**Policy 9.12**

Unify the design of trash bins, benches, news racks, street lighting fixtures, sidewalk surface treatment, canopies, awnings and bus shelters throughout the length of the street.

**Policy 9.13**

Discourage access to freight loading facilities from Van Ness Avenue.

*No parking access to the Cathedral Hill Campus will be provided from Van Ness Avenue, which would be a positive change from the Cathedral Hill Hospital site's current vehicular access points, which include a driveway on Van Ness Avenue. Approximately seven curb cuts on or near Van Ness Avenue will be removed as part of the proposed development at the Cathedral Hill Campus. Furthermore, primary ingress and egress for the Cathedral Hill MOB will be from Cedar Street, a minor east-west street, and primary ingress and egress for the Cathedral Hill Hospital will be from Post Street, which, while not a minor street, is less of a major transit thoroughfare than Geary Boulevard, the other east-west street adjoining the Cathedral Hill Hospital. The placement of the vehicular access points to be provided for the garage facilities at the Cathedral Hill Campus are planned to minimize conflicts between automobiles and pedestrians, and to minimize traffic and transit delays associated with queuing into and out of the Cathedral Hill Campus parking facilities.*

*CPMC's streetscape plan for the Cathedral Hill Campus would improve street frontages in the campus area with wider sidewalks that provide more space for pedestrians and more queuing space for transit users, thereby improving the efficient and free flowing use of sidewalk space. Additionally, under the proposed Development Agreement, CPMC would be committed to \$8 million in funding for pedestrian safety and public realm improvements in the Tenderloin, including pedestrian-scale lighting and additional sidewalk widening.*

*CPMC would provide entry plazas with distinctive landscape and hardscape features at the entrances to both the Cathedral Hill Hospital and Cathedral Hill MOB. The western end of Cedar Street will be transformed into the entry plaza for the Cathedral Hill MOB, with features including a curbside drop-off area defined by tactile warning tiles and lighted bollards, and enhanced paving. East of the Cathedral Hill MOB entry plaza, the street and sidewalk pavement will be enhanced, and the sidewalks will be planted with street trees and shrubs, and pedestrian-level street lights will be installed. Additionally, the locations of entrances to the Cathedral Hill Hospital and Cathedral Hill MOB were planned taking into consideration access from existing and planned transit stops, and the proposed Geary Boulevard Muni stop would be integrated with the Cathedral Hill Hospital entry plaza. Therefore, the entrances would be oriented in a manner that would enhance pedestrian circulation.*



*CPMC's streetscape plan for the Cathedral Hill Campus, including design of trash bins, benches, street lighting fixtures, sidewalk surface treatment, and others streetscape features would be consistent with design considerations for the entire Van Ness Avenue.*

*The freight loading facilities for the Cathedral Hill Hospital are on the Franklin Street side of the Cathedral Hill Hospital and will accommodate trucks up to 55 feet long, while the freight loading facilities for the Cathedral Hill MOB are on Cedar Street. The size and configuration of the loading docks for the Cathedral Hill Hospital and Cathedral Hill MOB will allow delivery vehicles to drive into the facilities without stopping or backing up on surrounding streets, in order to any associated congestion. The garages at both the Cathedral Hill Hospital and Cathedral Hill MOB have been designed to accommodate small delivery vehicles.*

*The design and locations of the loading facilities and access thereto will also minimize conflict between vehicular access and pedestrian circulation. Many deliveries of necessary supplies and other materials will be made from the Sutter Health regional distribution center in Millbrae, which allows for a more efficient delivery schedule and minimizes trips.*

*The underground Van Ness Avenue pedestrian tunnel connecting the Cathedral Hill Hospital and Cathedral Hill MOB will be used for movement of pedestrians and materials between the buildings, thereby further reducing street congestion.*

**OBJECTIVE 11:**

PRESERVE THE FINE ARCHITECTURAL RESOURCES OF VAN NESS AVENUE.

**Policy 11.1**

Avoid demolition or inappropriate alteration of historically and architecturally significant buildings.

**Policy 11.3**

Encourage the retention and appropriate alteration of contributory buildings.

**Policy 11.4**

Encourage architectural integration of new structures with adjacent significant and contributory buildings.

*Six of the seven buildings proposed to be demolished at the site of the Cathedral Hill MOB are considered contributory buildings per Appendix B of the Van Ness Avenue Area Plan. These buildings are 1020, 1030, 1034-1036, 1040, 1054-1060, and 1062 Geary Street. As confirmed in the FEIR analysis, "contributory" in this context does not mean that the buildings are of sufficient value to qualify as landmarks or historic resources, but as noted in the Van Ness Avenue Area Plan they are considered to possess architectural qualities which are in harmony with the prevailing characteristics of the more significant landmark buildings and as contributing to the character of the street.*

*The Cathedral Hill MOB is an essential component of the proposed Cathedral Hill Campus, which would provide an important public benefit to the City. The Cathedral Hill MOB will provide critical medical services such as clinical and physician office space to support the seismically compliant Cathedral Hill Hospital. It is essential for the Cathedral Hill MOB to be located within close proximity to the Cathedral Hill Hospital in order for both buildings to function cohesively as a medical center. The location of the proposed Cathedral Hill MOB (and Cathedral Hill Hospital) was selected for several important factors including, geologic stability, location at a major transportation and transit hub, central location, adequate size, site availability, and its location to CPMC's existing patient and physician distribution. To meet the requirements of SB 1953 and its successor legislation to provide a seismically compliant hospital, and provide a modern MOB to support such a hospital, it would not be possible to retain the existing contributory buildings on the proposed site. Moreover, the EIR analysis confirmed that no historic buildings would be demolished, altered, or otherwise impacted as the result of construction of the Cathedral Hill Hospital and Cathedral Hill MOB.*

*Demolition of contributory buildings are allowed at the transit nexus of Van Ness Avenue and Geary Street to accommodate a medical center, as long as any replacement structure or structures are designed to contribute to the character of the street and be in harmony with the more significant landmark quality buildings in the vicinity. For the reasons that follow below, and as further detailed in the analysis regarding Objectives 5 and 6 above, the design of the Cathedral Hill MOB would contribute to the character of the street and be in harmony with the more significant landmark quality buildings in the vicinity.*

*The proposed Cathedral Hill MOB has been designed to provide a visual transition between the larger scale buildings encouraged along Van Ness Avenue consistent with the permitted 130 ft. height limit, and numerous older, lower and smaller scale buildings in the neighborhood. The existing architectural forms of punched windows, and belt and cornice lines of older buildings along Van Ness Avenue, have been incorporated into the design of the Cathedral Hill MOB. The Van Ness Area Plan identifies a number of buildings on the east side of Van Ness as architecturally significant, including the adjacent Concordia Club at 1142 Van Ness Ave, the adjacent Pierce Arrow Building at 1000 Geary (now a homeless shelter), the Opal Hotel at 1050 Van Ness Ave, the AMC Theater building at 1000 Van Ness Avenue, and 1300 Van Ness Ave.*

*The Cathedral Hill MOB building massing is designed to be consistent with the pattern of development at the Van Ness Avenue street wall, including the adjacent architecturally significant Concordia Club. The Cathedral Hill MOB would also step down along Geary Street in an effort to complement the lower-rise buildings along Polk Street, including the Pierce Arrow Building.*

3. **General Plan Priority Policies.** The Project is generally consistent with the eight General Plan priority policies set forth in Planning Code Section 101.1 in that:
  - A) The existing neighborhood-serving retail uses will be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses will be enhanced:

*The development of the new Cathedral Hill Campus will reinforce the vitality of existing neighborhood-serving retail uses by increasing the number of people in the area during hours of operation, which, for the Cathedral Hill Hospital, will be twenty-four hours a day every day. The Cathedral Hill MOB also will bring employees, patients and visitors into the neighborhood who will support neighborhood-serving retail uses.*

*There are many vacant retail and commercial spaces in the immediate vicinity of the Cathedral Hill Campus. It is anticipated that the additional people brought into the area when the Cathedral Hill Hospital and Cathedral Hill MOB are operational will provide support for new and existing neighborhood-serving retail and commercial businesses. Support by CPMC personnel for nearby retail businesses is shown at the California Campus, where CPMC personnel support Laurel Village, at the Pacific Campus, where CPMC personnel support the Upper Fillmore Street Neighborhood Commercial District, and at the St. Luke's Campus where nearby businesses along the Cesar Chavez, Valencia, and Mission Street corridors also benefit from CPMC personnel. The Cathedral Hill Hospital will be a significant presence on the Van Ness corridor. Other existing retail uses in the area will not only be preserved but, due to the increased number of people in the area who can be expected to patronize such retail uses, will be enhanced by the presence of the Cathedral Hill Campus, thereby increasing opportunities for resident employment in and ownership of such businesses, consistent with this Priority Policy.*

*Although the Cathedral Hill MOB would demolish existing retail uses, the MOB would include approximately 7,047 square feet of ground floor retail space, including a pharmacy. The new retail space in the Cathedral Hill Hospital and Cathedral Hill MOB would provide future opportunities for residential employment in, and possibly ownership of, neighborhood-serving retail businesses.*

*Subject to capacity and reasonable security considerations, parking in the Cathedral Hill Hospital and Cathedral Hill MOB would be available to meet retail demand for nearby residents and the general public in the evenings and on weekends.*

*At the St. Luke's Campus, development of the new St. Luke's Replacement Hospital and St. Luke's MOB will reinforce the vitality of existing neighborhood-serving retail uses by increasing the number of people in the area during business hours, which for the St. Luke's Replacement Hospital will be twenty-four hours a day every day. St. Luke's Replacement Hospital and St. Luke's MOB employees, patients and visitors will continue to support neighborhood-serving retail uses, as is currently the case. There are no neighborhood-serving retail uses that will be adversely affected as a result of the St. Luke's Replacement Hospital and St. Luke's MOB, since these buildings will be sited over a surface parking lot owned and operated by CPMC, a portion of the vacated San Jose Avenue, and over portions of the existing St. Luke's Campus.*

*The 873 s.f. of retail space currently located in the St. Luke's Hospital Tower will be demolished, but replaced and expanded by the construction of the St. Luke's MOB, which will contain 2,600 square feet of ground floor retail space. The new retail space in the St. Luke's MOB would provide opportunities for residential employment in, and possibly ownership of,*

*neighborhood-serving retail businesses consistent with this Policy. The St. Luke's Campus will include enhanced hospital uses and new medical office uses that will reinforce the vitality of existing neighborhood-serving retail uses. Subject to capacity and reasonable security considerations, parking in the St. Luke's MOB will be available to meet retail demand for nearby residents and the general public in the evenings and on weekends.*

*At the Davies Campus, the proposed Neuroscience Institute would be built within an existing on-campus surface parking lot and, therefore, no neighborhood serving retail uses would be displaced or otherwise adversely affected by the proposal. The Neuroscience Institute building will include a small retail pharmacy store that would serve the entire Davies Campus as well as the general public, which will increase opportunities for residential employment in retail businesses. To the extent that construction and operation of the Neuroscience Institute would result in increased employment at the Davies Campus, surrounding retail opportunities (the majority of which are two blocks away at either Haight or Market Streets) could be enhanced.*

*The Project is consistent with this Priority Policy.*

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

*The Cathedral Hill Hospital would not displace any existing housing because there is no existing housing on the Cathedral Hill Hospital site. The Cathedral Hill Hospital would be consistent with the vision of the Van Ness Area Plan for "an attractive mixed use boulevard." The character of the neighborhood would be enhanced by the Cathedral Hill Hospital due to improved scale, massing, and detailing compared to the existing hotel and office building, which do not provide for a strong street wall and do not comply with the design guidelines of the Van Ness Area Plan.*

*The site for the Cathedral Hill MOB contains 20 residential hotel units and 5 dwelling units, all of which would be demolished to accommodate the Cathedral Hill MOB. CPMC would comply with the City's established processes for demolition of residential hotel units (the Residential Hotel Ordinance, Administrative Code Chapter 83) and residential units (Planning Code Section 317). CPMC, through commitments in the Development Agreement, would contribute \$2,684,800 in funding to replace the 20 residential hotel units, and an additional \$1,453,820 in funding to replace the 5 dwelling units. CPMC will also facilitate the production of substantial new affordable housing units by contributing funding to the City's affordable housing fund, and create a down payment assistance loan program for its employees who earn up to 100% of area median income. Funds from the down payment assistance loans will be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. Additional funding is expected to flow into the affordable housing fund over time this way.*

*All tenants who lived in the existing units at the Cathedral Hill MOB site have been relocated to new housing, and the units are all currently vacant. The assistance provided by CPMC to these former tenants exceeded the legal requirements for relocation assistance.*

*The replacement of the existing hotel, office building and buildings east of Van Ness Avenue at the Cathedral Hill MOB site, by the new Cathedral Hill Hospital and Cathedral Hill MOB, will have a positive impact on the character of the neighborhood. The Cathedral Hill Hospital and Cathedral Hill MOB are designed to be integrated into the existing development in the area. The streetscape plan will improve pedestrian safety and further integrate the Cathedral Hill Hospital and Cathedral Hill MOB into the neighborhood. The cultural and economic diversity of the neighborhood will be protected and enhanced by the presence of the Cathedral Hill Campus, which will provide increased medical access near one of the City's most dense and most medically underserved communities, and will not be adversely impacted by the demolition of a limited number of existing residential units.*

*The St. Luke's Replacement Hospital and St. Luke's MOB will not displace any existing housing because there is no existing housing on the St. Luke's Campus. Revitalization of the St. Luke's Campus to maintain and enhance essential health care and medical services will aid in preserving the diversity of the neighborhood.*

*The replacement of the existing Hospital Tower by the St. Luke's Replacement Hospital and the construction of the new St. Luke's MOB will have a positive impact on the character of the St. Luke's Campus and on the surrounding neighborhood. The St. Luke's Replacement Hospital and St. Luke's MOB are designed to be integrated into both the campus and the surrounding development in the area, both commercial and residential. The height of the new buildings will step down in order to be compatible with the heights of the adjacent residential structures located to the south and west of the Campus.*

*The public pedestrian plaza and the other St. Luke's Campus streetscape improvements and landscaping will improve pedestrian comfort and safety and further integrate the St. Luke's Campus into the neighborhood. The location of the plaza between the St. Luke's MOB and St. Luke's Replacement Hospital, and the relationships of the spaces within those buildings, will provide "eyes on the street" and will increase connectivity between the communities to the south and north of the St. Luke's Campus.*

*At the Davies Campus, the construction of the Neuroscience Institute building and the associated streetscape and campus improvements would not adversely affect any existing housing or neighborhood character, as discussed throughout the Urban Design Element consistency findings.*

*The proposed Neuroscience Institute building and related landscaping and streetscaping plans are appropriate for the surrounding neighborhood. The pedestrian experience is what gives Noe Street its unique character. The sidewalks and landscaping around the Neuroscience Institute have been designed for a heightened pedestrian experience that considers both patients and neighborhood residents, and helps visually connect the two. Among other streetscape improvements, the width of the sidewalk area along the west side of Noe Street is proposed to be increased and landscaped, consistent with other sections of Noe Street.*

*The design of the Neuroscience Institute has been conceived as a transitional building from the institutional buildings found on the Davies Campus to the residential fabric surrounding the campus. The use of translucent and clear glass along the exterior of the building would allow for sunlight to permeate the interior. The structural elements of the exterior (the pattern of translucent and clear glass, which is set at regular intervals, is repeated every 10 feet) would break the façade into a scale similar to the bays on Noe Street, but in a distinctly contemporary style.*

*To further enhance the neighborhood character, the location and siting of the Neuroscience Institute was placed near the Davies Campus property line, allowing a pedestrian corridor on the ground floor level to extend along the exterior of the Neuroscience Institute, which will be visually engaging while activating the street. This area will be well lit and will have wall space available for the placement of art that can be enjoyed by the community.*

*The Project is consistent with this Priority Policy.*

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

*CPMC will contribute \$62 million through commitments in the Development Agreement toward affordable housing to replace the 20 residential hotel and five dwelling units that would be demolished at the Cathedral Hill MOB site, fund the production of new affordable rental units, and create a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco. As part of the \$62 million commitment, CPMC will create a \$29 million down payment assistance loan program for its employees who earn up to 100% of area median income. Funds from the down payment assistance loans will be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated \$35 million (\$29 million + \$6 million in property value appreciation) is expected to flow into the affordable housing fund over time this way, which will help to increase the City's supply of affordable housing and stabilize long-term housing funding.*

*Neither the St. Luke's nor Davies Campuses currently include any housing, thus the Project would not adversely affect the City's supply of affordable housing.*

*The Project is consistent with this Priority Policy.*

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

*The Cathedral Hill Campus location, building design and streetscape plan will complement and support the operation of Muni service in the vicinity of the campus.*

*Planning transportation access to a medical center campus is different from planning access to other types of land uses, because a hospital does not have as sharp a peak transportation demand on a daily basis during the work week, as would a typical office building. Hospitals*

*operate 24 hours a day, seven days a week, and a significant number of hospital employees work on shifts. There are generally three eight-hour shifts per day. Therefore, traffic demand for a hospital use is more dispersed than for an office use. While medical office employees would follow typical a.m. and p.m. peaking patterns, patients at medical office buildings such as the Cathedral Hill MOB, St. Luke's MOB, and Davies Neurosciences Institute building would result in more dispersed travel demand throughout the day, because patient visits are scheduled at various times during the day. Therefore traffic generation for the Cathedral Hill Campus will be dispersed during the day. These factors will serve to reduce commuter traffic at the Cathedral Hill Campus.*

*The site for the Cathedral Hill Campus is at a major public transit hub. Transit service at this site is expected to be substantially improved in the future with implementation of both the proposed Geary and Van Ness Bus Rapid Transit (BRT) projects. As part of the Development Agreement, CPMC has committed to \$5 million in funding for the proposed Van Ness and Geary Bus Rapid Transit projects; \$10.5 million Transit Fee to MTA to help meet new demands on the transit system associated with the new medical facilities; a surcharge on parking of \$0.50 off-peak and \$0.75 peak for each entry and exit to provide additional funding of \$500,000 per year for 10 years to MTA; and \$400,000 in funding to MTA for studies for improvements to bicycle facilities around and between the proposed new CPMC facilities.*

*Neighborhood parking would not be overburdened because the Cathedral Hill Campus would include adequate parking at the Cathedral Hill Hospital, where 513 off-street parking spaces are proposed, and at the Cathedral Hill MOB, where 542 off-street parking spaces are proposed. The underground garages in these buildings would include car-share and secure bicycle parking facilities. The garage facilities in the Cathedral Hill Hospital and Cathedral Hill MOB would be connected by a pedestrian tunnel under Van Ness Avenue. The Project Sponsor has worked closely with the Department to develop the appropriate balance both to ensure adequate parking that is Code-complying, and that the City's "transit first" goals are met.*

*Commuter traffic associated with the St. Luke's Replacement Hospital and St. Luke's MOB are not expected to impede Muni transit service, overburden City streets, or adversely affect neighborhood parking. The siting of the St. Luke's Replacement Hospital and St. Luke's MOB, the MOB garage entrance and exit on Valencia Street, the public plaza and the other St. Luke's Campus landscaping, will complement and support the operation of Muni service in the vicinity of the St. Luke's Campus.*

*The St. Luke's MOB would include an underground parking garage with approximately 220 off-street parking spaces. The proposed access to the St. Luke's MOB garage will be on a non-residentially developed street to minimize impact to residential traffic. The Project Sponsor has developed an appropriate balance of parking both to ensure adequate parking and that the City's "transit first" goals are met.*

*The Davies Neuroscience Institute building and the associated campus and streetscape improvements would not significantly affect automobile traffic congestion or parking problems throughout the neighborhood. The site is well served by transit, including the N-Judah Muni*

*light rail, which a significant number of employees and visitors use to arrive at the campus, and the N-Judah and other transit lines with stops near the Davies Campus have been shown to have sufficient capacity to accommodate expected ridership from the proposed Neuroscience Institute during the peak periods. The surrounding neighborhood has residential parking permit restrictions, and the Davies Campus provides bicycle parking and shower facilities for bicyclists in order to encourage modes of transportation other than vehicular.*

*CPMC's existing system-wide Transportation Demand Management (TDM) program will be augmented to support this priority Policy across all campuses. CPMC's TDM program includes incentives for transit use, off-site parking for employees and a shuttle system coordinated with off-site parking and transit locations, further reducing commuter traffic to the CPMC campuses.*

*The Project is consistent with this Priority Policy.*

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

*The Cathedral Hill Hospital would not include any general commercial office development and would not displace or otherwise adversely impact the City's industrial or service sectors. Although the Cathedral Hill Hospital would remove approximately 14,780 square feet of existing retail space, it would include approximately 3,100 square feet of new retail space.*

*The Cathedral Hill MOB will include medical offices, but would not include any general commercial office development. The Cathedral Hill MOB would not displace any industrial uses, although it would be located on the former sites of an adult video store at 1020 Geary Street, a bakery/café at 1100 Van Ness Avenue, a restaurant at 1100 Van Ness Avenue, two bar/lounges at 1030 and 1054-1060 Geary Street, and a car repair shop at 1062 Geary Street. All of these former commercial uses at the Cathedral Hill MOB site are now vacant. with the Cathedral Hill MOB would include approximately 7,047 square feet of ground floor retail, which would be available to the service sector for local-serving retail uses.*

*At the St. Luke's Campus, the St. Luke's Replacement Hospital and St. Luke's MOB would not include any general commercial office development and would not displace or otherwise adversely affect the City's industrial or service sectors. Although the existing St. Luke's Hospital Tower that would be demolished includes 873 s.f. of retail space, the St. Luke's MOB that will be constructed in its place will include more than three times as much retail space (approximately 2,600 square feet), which would be available to the service sector for local-serving retail uses.*

*At the Davies Campus, there would be no commercial office development, and the new Neuroscience Institute building would be constructed over a portion of an existing surface parking lot. The Neuroscience Institute would not displace or otherwise adversely affect the*



*City's industrial or service sectors. The Neuroscience Institute building will include a small retail pharmacy store, which will increase opportunities for service-sector employment.*

*CPMC is the second largest private employer in San Francisco and is critically important to the economic health of San Francisco. The Project will maintain CPMC's important role as a major employer and major provider of essential health care services. Almost half of CPMC employees are San Francisco residents. During the construction period, the Near-Term Projects would provide needed employment for San Francisco's industrial and service sectors, which is especially important during the current recession. As a major employer, operations of the CPMC campuses will rely upon and benefit other economic sectors, including the service sector and, to a lesser extent, the industrial sector.*

*Through the commitments in the Development Agreement, CPMC will provide substantial construction and operational phase jobs and programs for local businesses and residents, including unemployed and economically disadvantaged residents. CPMC's commitments under the Development Agreement include the following:*

- CPMC will make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects overall for each contractor, and by each trade.*
- For new entry-level administrative and engineering positions and internships, CPMC will achieve 50% local hire.*
- Half of all new apprentice positions will be filled with graduates from the CityBuild Academy; OEWD/CityBuild, contractors and unions will work together to maximize opportunities for local residents for remaining 50%.*
- CPMC will create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the project.*
- CPMC will hire at least 40 permanent entry-level hires annually for 5 years; targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods.*
- CPMC will provide \$2 million for community workforce services, which will provide grants to CBOs through OEWD for recruitment, training, job retention services.*

*The Project is consistent with this Priority Policy.*

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

*The Cathedral Hill Hospital and St. Luke's Replacement Hospital together comprise the most significant private proposal currently in development in San Francisco that has a primary goal of earthquake preparedness. The importance of earthquake preparedness is obvious. According to the United States Geological Survey, the overall probability of a magnitude 6.7 or stronger earthquake in the Greater Bay Area in the next 30 years is 63%, or about 2 out of 3. The purpose of building these hospitals is to comply with the stringent seismic requirements of Senate Bill 1953 and its successor legislation. The Project, including the Cathedral Hill*

*Hospital and St. Luke's Replacement Hospital, will achieve significantly greater preparedness for earthquakes and other disasters for the entire City.*

*Senate Bill 1953 and its successor legislation requires that CPMC's hospitals at the California, Pacific, and St. Luke's Campuses either be retrofitted or rebuilt, or the acute care services provided there be relocated to new, compliant facilities that will remain operational after a strong earthquake. This new seismic standard is much stricter than "life safety" standards, which are generally intended to prevent collapse. The deadline for relocating to a new facility is January 1, 2013, under SB 1953, unless extended by SB 90 (potentially out to 2020) or successor legislation. If this deadline is not met, the acute care facilities at the Pacific, California, and St. Luke's Campuses are threatened with de-licensure (closure).*

*It is not feasible to retrofit or rebuild acute care facilities on the St. Luke's, California, or Pacific Campuses due to the service disruptions that would result. Taking any of these campuses out of operation, even temporarily, would result in an unacceptable impact to health care delivery in San Francisco. At St. Luke's Campus, the Blue Ribbon Panel concluded that building the St. Luke's Replacement Hospital is the best solution for the St. Luke's Campus, which would enable the continued operation of the existing Hospital Tower during the construction of the St. Luke's Replacement Hospital. The services currently offered at the acute care hospitals on the Pacific and California Campuses would be relocated to the new Cathedral Hill Hospital.*

*The Cathedral Hill MOB, St. Luke's MOB, and Neuroscience Institute would also comply with current seismic codes for medical office building construction. The physicians and other resources available at medical office buildings in close proximity to the hospitals at the Cathedral Hill, St. Luke's, and Davies Campuses will be an important component of CPMC's ability to respond to a seismic event.*

*The Project is essential to the City's overall plan to provide safe and accessible facilities and available personnel in the event of an earthquake or other major disaster. The Cathedral Hill Hospital, St. Luke's Replacement Hospital and the recently completed seismic retrofit of the Davies Hospital North Tower together will result in about half of the City's inpatient health care being provided in facilities that are not only fit to withstand a major earthquake, but can be expected to remain operational thereafter. The Emergency Departments at these facilities will also be available to meet the community's immediate needs following such a disaster.*

*The Project is consistent with and substantially furthers this Priority Policy.*

G) That landmark and historic buildings will be preserved:

*The EIR analysis confirms that no landmark or historic buildings will be demolished, altered, or otherwise directly impacted from construction of the Cathedral Hill Hospital, Cathedral Hill MOB, St. Luke's Replacement Hospital, St. Luke's MOB, or Davies Campus Neuroscience Institute building. The discussion above regarding the Van Ness Area Plan objectives describes how the CHMOB building will be designed to be compatible with the more significant landmark buildings in the area.*

*The Project is consistent with this Priority Policy.*

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

*The Cathedral Hill Hospital and Cathedral Hill MOB sites do not include and are not within the immediate vicinity of any existing parks or public open space, and the results of the Section 295 Shadow Studies for these buildings confirmed that there would be no new shadow cast on any existing park or public open space.*

*The St. Luke's Replacement Hospital and St. Luke's MOB sites do not include and are not within the immediate vicinity of any existing parks or public open space, and the results of the Section 295 Shadow Studies for these buildings confirmed that there would be no new shadow cast on any existing park or public open space.*

*The proposed Neuroscience Institute building at the Davies Campus would cast some shadow on Duboce Park for very short periods during the winter months, according to the FEIR. However, this increase would represent a .0003% increase in shadow-hours for the park, which is an insignificant increase. Moreover, the shadow would not shade the playground or basketball court, and thus, would not affect the recreational use of the park.*

*None of the proposed Project activities have been identified in the EIR as casting significant, unavoidable shadows.*

*The Project is consistent with this Priority Policy.*

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

MOTION NO. \_\_\_\_\_

CASE NO. 2004.0603, 2009.0885, 2009.0886, 2012.0403

Hearing Date: April 26, 2012

CPMC LRDP



# SAN FRANCISCO PLANNING DEPARTMENT

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## Planning Commission Draft Resolution

### Planning Code Text Amendment

### Zoning Map Amendment

HEARING DATE: APRIL 26, 2012

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Suite 400  
San Francisco,  
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*Date:* April 12, 2012  
*Case No.:* 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
*Project Address:* 3555 Cesar Chavez Street; 3615 Cesar Chavez Street; 1580 Valencia Street  
*Zoning/Ht. & Blk.* RH-2/105-E, 65-A  
*Proposed Zoning/  
Height & Bulk:* RH-2, Cesar Chavez-Valencia Streets Medical Use Special Use District/  
105-E  
*Assessor's Block/Lot:* 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar  
Chavez Street and 27th Street  
*Project Sponsor:* Geoffrey Nelson, CPMC  
633 Folsom Street, 5th Floor  
San Francisco, CA 94107  
(415) 600-7206  
[NelsonGK@Sutterhealth.org](mailto:NelsonGK@Sutterhealth.org)  
*Staff Contact:* Elizabeth Watty – (415) 558-6620  
[Elizabeth.Watty@sfgov.org](mailto:Elizabeth.Watty@sfgov.org)

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO (1) AMENDMENTS TO THE PLANNING CODE, INCLUDING: (A) TO ADD SECTION 249.68 TO ESTABLISH THE CESAR CHAVEZ/VALENCIA STREETS MEDICAL USE SPECIAL USE DISTRICT AND ALLOW A FLOOR AREA RATIO OF 2.5 TO 1 IN THE CESAR CHAVEZ/VALENCIA STREETS MEDICAL USE SUD; AND (B) TO ADD SECTION 124(K) TO ALLOW A FLOOR AREA RATIO OF 2.5 TO 1 IN THE CESAR CHAVEZ/VALENCIA STREETS MEDICAL USE SUD; (2) AMEND THE PLANNING CODE ZONING MAP SHEETS HT07 AND SU07 TO RECLASSIFY THE REPLACEMENT HOSPITAL SITE FROM A 65-A TO 105-E HEIGHT AND BULK DISTRICT, AND TO SHOW THE BOUNDARIES OF THE CESAR CHAVEZ/VALENCIA STREETS MEDICAL USE SUD; AND (3) MAKE AND ADOPT FINDINGS, INCLUDING FINDINGS UNDER PLANNING CODE SECTION 302, ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

### PREAMBLE

On June 10, 2005, Ralph F. Marchese of The Marchese Company, Inc., on behalf of California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application (EEA) with the Planning Department (hereinafter "Department"),

Case No. 2005.0555E<sup>1</sup>. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties.

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new St. Luke's Replacement Hospital and St. Luke's Medical Office Building.

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

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

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the General Plan: (1) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus (all of Assessor's Block 6575, Lot 021 in Block 6576, and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street that will be vacated as part of the project, and their successor Blocks and Lots); and (2) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital ("Replacement Hospital") site, and 204' and 228', respectively, for the Medical Office Building ("St. Luke's MOB") site (2009.0886M).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the San Francisco Planning Code: (1) Add Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") and allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD; and (2) to add Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD. (Case No. 2009.0886T).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT07 to reclassify the Hospital site from 65-A to 105-E Height and Bulk District; and (2) Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD (Case No. 2009.0886Z).

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

On June 10, 2010, the Project Sponsor filed an application, as modified by subsequent submittals, with the Department for Conditional Use authorization under Planning Code Sections 134, 136, 151, 303, 304, 209.3(a), 209.9(b), 253, 270, and 271, to amend the existing Planned Unit Development (hereinafter "PUD") for CPMC's St. Luke's Campus to allow construction of the Replacement Hospital, demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's MOB with (1) exceptions to/exemptions from the rear yard and off-street parking requirements of Planning Code Sections 134 and 151; (2) exceptions from the dimension limitations for projections over streets or alleys; (3) to allow buildings over 40'-0" in an RH-2 District; and (4) to allow deviation of bulk limits, at Assessor's Block 6575/001, 002; 6576/021; and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street (3555 Cesar Chavez Street, 3615 Cesar Chavez Street, 1580 Valencia Street, within an RH-2 (Residential, House, Two-Family) District and a 105-E and 65-A Height and Bulk District ("St. Luke's Replacement Hospital and MOB Project").

On June 10, 2010, the Project Sponsor submitted a request for the allocation of Office Space for approximately 62,960 s.f of medical office space in the proposed St. Luke's MOB (Case No. 2009.0886B).

On June 10, 2010, the Project Sponsor submitted a request for a General Plan Referral, Case No. 2009.0886R, regarding the vacation of the portion of San Jose Avenue between 27th and Cesar Chavez Streets; and sidewalk width changes along various streets adjacent to the campus (2009.0886R).

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No. \_\_\_\_, (4) the Transfer Agreement in Board File No. \_\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No. \_\_\_\_\_.

On April 26, 2012, the Commission reviewed and considered the FEIR and found that the contents of said report and the procedures through which the FEIR was prepared, publicized, and reviewed complied with the CEQA, the CEQA Guidelines, and Chapter 31.

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

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

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

On April 26, 2012, by Motion No.\_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Replacement Hospital and MOB Project. A copy of Commission Motion No.\_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on \_\_\_\_\_ in Motion No. \_\_\_\_\_.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested General Plan Amendment; (2) Motion No. \_\_\_\_\_, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) (4) Motion No.\_\_\_\_\_, approving the proposed Conditional Use authorization; (5) Motion No. \_\_\_\_\_, approving the allocation of the proposed office space; (6) Motion No.\_\_\_\_\_, approving the General Plan Referral; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on General Plan Amendment Application No. 2009.0886MTZCBRSK.

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

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

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



## FINDINGS

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

1. The Commission finds the St. Luke's Replacement Hospital and MOB Project to be a beneficial development to the City that could not be accommodated without the actions requested.
2. CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco, thereby ensuring St. Luke's continued existence and viability.
3. The existing St. Luke's Hospital Tower does not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. These Ordinances, along with the Development Agreement and related approvals, achieve the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards, without any interruption in delivery of acute care services at the existing Hospital Tower due to construction.
4. CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.
5. Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about \$1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.
6. The Near-Term Projects in the LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.
7. Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-

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

8. The Near-Term Projects will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.
9. The Near-Term Projects at the St. Luke's Campus will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.
10. The new Replacement Hospital would be a full-service community hospital integrated into the CPMC city-wide system of care. It would provide critical services including Obstetrics/Gynecology, Medical/Surgical, Intensive Care and Urgent Care, as well as Centers of Excellence in Senior and Community Health.
11. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase substantially. The expanded department will be critical in serving the southeastern portion of San Francisco, and in preventing overburdening of the San Francisco General Hospital Emergency Department.
12. Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.
13. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:
  - a. Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill Campuses;
  - b. A secure future for St. Luke's hospital;
  - c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;
  - d. \$20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and
  - e. Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.
14. Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:

- a. \$62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320 affordable units [145 from initial \$29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.
  - b. \$20 million from CPMC for MTA transit facilities and service.
  - c. \$13 million from CPMC for pedestrian safety and streetscape improvements.
15. The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City;
  16. The Planning Code was not created with the new construction of hospitals as a focused land use typology, and thus does not recognize the complexity, site and Building Code constraints, and health care delivery intricacies involved therein.
  17. A number of conforming amendments to the San Francisco Planning Code, including the Zoning Map, are required in order to resolve the aforementioned issues and facilitate the implementation of the CPMC LRDP.
  18. The CPMC LRDP and its proposed amendments to the Planning Code and Zoning Map support the underlying goals of the General Plan, such as maintaining a sound and diverse economic base, providing expanded employment opportunities, promoting high quality urban design, enhancing San Francisco's position as a national and regional center for health services, and promoting adequate health services in all geographic districts.
  19. The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity;
  20. The Planning Code Text and Zoning Map Amendments are necessary in order to approve the CPMC LRDP Project;
  21. **General Plan Compliance.** The St. Luke's Replacement Hospital and MOB Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No.\_\_\_\_\_**.
  22. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the St. Luke's Replacement Hospital and MOB Project complies with said policies, as outlined in **Motion No.\_\_\_\_\_**.
  23. The St. Luke's Replacement Hospital and MOB Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.\_\_\_\_\_**. and also in that, as designed, the St. Luke's Replacement Hospital and MOB Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.

**Draft Motion  
April 12, 2012**

**CASE NO's. 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
3555 & 3615 Cesar Chavez Street; 1580 Valencia Street**

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

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012



# SAN FRANCISCO PLANNING DEPARTMENT

## Planning Commission Draft Resolution

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

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

Reception:  
**415.558.6378**

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**415.558.6409**

Planning  
Information:  
**415.558.6377**

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

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

MEDICAL USE SUBDISTRICT; AND (3) MAKE AND ADOPT FINDINGS, INCLUDING FINDINGS UNDER PLANNING CODE SECTION 302, ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

## PREAMBLE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the Planning Code Text and Zoning Map Amendments, referenced above, in Board File No. \_\_\_\_\_.

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.



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

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

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

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

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

## **FINDINGS**

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

1. The Commission finds the Cathedral Hill Project to be a beneficial development to the City that could not be accommodated without the actions requested.
2. CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Each year CPMC cares for more than 75,000 persons in its emergency departments. The LRDP would ensure CPMC's continued existence and viability in San Francisco.
3. The existing acute care hospitals at the Pacific and California Campuses do not meet State seismic standards. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as possible. These Ordinances, along with the Development Agreement and related approvals, achieve the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards, without any interruption in delivery of acute care services at the existing hospitals due to construction.
4. The Cathedral Hill Hotel and 1255 Post Street office building sites were selected for the location of a new acute care hospital because these aggregated parcels met CPMC's site selection objectives, including: (1) being available for sale; (2) being large enough to accommodate the co-

location of acute care services from the California and Pacific Campuses; (3) preventing the interruption of existing services at the California and Pacific Campuses during the construction; (4) being located on geologically stable soil; (5) being at a major transit nexus; and (6) the availability of adjacent properties for the construction of a medical office building.

5. The Planning Code was not created with the new construction of hospitals as a focused land use typology, and thus does not recognize the complexity, site and Building Code constraints, and health care delivery intricacies involved therein.
6. A number of conforming amendments to the San Francisco Zoning Map are required in order to resolve the aforementioned issues and facilitate the implementation of the CPMC LRDP.
7. The CPMC LRDP and its proposed amendments to the Planning Code, Zoning Map, and General Plan support the underlying goals of the General Plan, such as maintaining a sound and diverse economic base, providing expanded employment opportunities, promoting high quality urban design, enhancing San Francisco's position as a national and regional center for health services, and promoting adequate health services in all geographic districts.
8. CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose approximately one-third of all acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.
9. Construction of the LRDP will double the number of earthquake safe beds in San Francisco, inject about \$1.9 billion into the local economy during the next five years, and create 1,500 high paying union construction jobs.
10. The Near-Term Projects in the LRDP would allow the City to retain CPMC as a substantial employer, employing approximately 6,200 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.
11. Under the terms of the Development Agreement, CPMC would increase entry-level local construction employment and internship opportunities. CPMC would make good faith efforts to achieve 30% local hire measured by construction trade hours for the Near-Term Projects under the LRDP overall for each contractor, by each trade. CPMC would achieve 50% local hire for new entry-level administrative and engineering positions and internships, would fill half of all new apprentice positions with graduates from the CityBuild Academy, and would create and administer a structured program to advance apprentices from CityBuild Academy to journey-level status in their trade by the end of the Project. CPMC plans to hire at least 40 San Francisco-resident permanent entry-level hires annually for five years, representing just under half of all entry level hires, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide \$2 million for community workforce services, which would provide grants to community-based organizations through the City's Office of Economic and Workforce Development for recruitment, training, and job retention services.

12. The Near-Term Projects will assure the availability of modern and high quality, general and specialized inpatient and outpatient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.
13. The Near-Term Projects at the Cathedral Hill Campus will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.
14. The new Cathedral Hill Hospital would be a full-service, acute care hospital with an approximately 12,000 sf emergency department integrated into the CPMC city-wide system of care. It would provide critical services including inpatient medical care, Obstetrics/Gynecology, Medical/Surgical, Intensive Care, as well as specialized programs such as organ transplantation, interventional cardiology and newborn intensive care.
15. Emergency services, including psychiatric emergency care, would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.
16. The 18 psychiatric inpatient beds in the mental health center on the Pacific Campus would remain in service.
17. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved. Specifically, CPMC would commit to:
  - a. Two new, seismically-safe hospitals, at the St. Luke's and Cathedral Hill campuses;
  - b. A secure future for St. Luke's hospital;
  - c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 10,000 additional Medi-Cal beneficiaries, which represents one-third of the City's new Medi-Cal beneficiaries expected under federal healthcare reform;
  - d. \$20 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations; and
  - e. Funding to develop capacity of one or more Tenderloin clinics to participate in Medi-Cal managed care.
18. Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
  - a. \$62 million for affordable housing, to replace the 20 residential hotel units and five dwelling units displaced, fund new affordable rental units, and to help moderate income CPMC employees purchase a home in San Francisco, resulting in approximately 320 affordable units [145 from initial \$29M payments; 175 from DALP recapture] to the market over 13 years, and assisting at least 145 moderate income CPMC employees buy a home in San Francisco.
  - b. \$20 million from CPMC for MTA transit facilities and service.

- c. \$13 million from CPMC for pedestrian safety and streetscape improvements.
19. The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City;
  20. The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity;
  21. The Planning Code Text Amendments and Zoning Map Amendments are necessary in order to approve the CPMC LRDP Project;
  22. **General Plan Compliance.** The Cathedral Hill Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No.\_\_\_\_\_**.
  23. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the Cathedral Hill Project complies with said policies, as outlined in **Motion No.\_\_\_\_\_**.
  24. The Cathedral Hill Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.\_\_\_\_\_** and also in that, as designed, the Cathedral Hill Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
  25. Based on the foregoing, the public necessity, convenience and general welfare require the proposed Planning Code and Zoning Map amendments.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012



# SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Other: Development Agreement
- First Source Hiring
- Child Care Requirement (Sec. 414)
- Other: Street Tree In-Lieu Fee

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Information:  
**415.558.6377**

## Planning Commission Draft Motion

HEARING DATE: APRIL 26, 2012

*Date:* April 12, 2012  
*Case No.:* 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
*Project Address:* 3555 Cesar Chavez Street; 3615 Cesar Chavez Street; 1580 Valencia Street  
*Zoning/Ht. & Blk.* RH-2/105-E, 65-A  
*Proposed Zoning/ Height & Bulk:* RH-2, Cesar Chavez-Valencia Streets Medical Use Special Use District/ 105-E  
*Assessor's Block/Lot:* 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street  
*Project Sponsor:* Geoffrey Nelson, CPMC  
633 Folsom Street, 5th Floor  
San Francisco, CA 94107  
(415) 600-7206  
[NelsonGK@Sutterhealth.org](mailto:NelsonGK@Sutterhealth.org)  
*Staff Contact:* Elizabeth Watty – (415) 558-6620  
[Elizabeth.Watty@sfgov.org](mailto:Elizabeth.Watty@sfgov.org)

**ADOPTING FINDINGS RELATING TO THE APPROVAL OF A CONDITIONAL USE AUTHORIZATION, PURSUANT TO PLANNING CODE SECTIONS 134, 136, 151, 303, 304, 209.3(a), 209.9(b), 253, 270, AND 271, IN ORDER TO: (1) AMEND A PREVIOUSLY APPROVED CONDITIONAL USE AUTHORIZATION FOR A PLANNED UNIT DEVELOPMENT, INCLUDING EXCEPTIONS TO/EXEMPTIONS FROM THE REAR YARD AND OFF-STREET PARKING REQUIREMENTS OF PLANNING CODE SECTIONS 134 AND 151; (2) ALLOW EXCEPTIONS FROM THE DIMENSION LIMITATIONS FOR PROJECTIONS OVER STREETS OR ALLEYS AS PART OF A PLANNED UNIT DEVELOPMENT; (3) ALLOW BUILDINGS OVER 40'-0" IN THE RH-2 (RESIDENTIAL HOUSE, TWO-FAMILY) ZONING DISTRICT; AND (4) ALLOW DEVIATION FROM THE BULK LIMITS, IN ORDER TO: (1) DEVELOP A NEW FIVE-STORY, 146,410 G.S.F, ST. LUKE'S REPLACEMENT HOSPITAL ON A SURFACE PARKING LOT AND A PORTION OF THE VACATED SAN JOSE AVENUE; (2) DEMOLISH THE EXISTING ST. LUKE'S HOSPITAL TOWER; (3) CONSTRUCT A NEW FIVE-STORY, 104,008 G.S.F. MEDICAL OFFICE BUILDING; AND (4) CONSTRUCT LANDSCAPE AND HARDSCAPE IMPROVEMENTS THROUGHOUT THE CAMPUS THE PROPERTY IS IN AN RH-2 ZONING DISTRICT AND 105-E AND 65-A HEIGHT AND BULK DISTRICT; AND MAKE AND ADOPT FINDINGS, INCLUDING ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.**

## **PREAMBLE**

On June 10, 2005, Ralph F. Marchese of The Marchese Company, Inc., on behalf of California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application (EEA) with the Planning Department (hereinafter "Department"), Case No. 2005.0555E<sup>1</sup>. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties.

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new St. Luke's Replacement Hospital and St. Luke's Medical Office Building.

On June 10, 2010, the Project Sponsor filed an application, as modified by subsequent submittals, with the Department for Conditional Use authorization under Planning Code Sections 134, 136, 151, 303, 304, 209.3(a), 209.9(b), 253, 270, and 271, to amend the existing Planned Unit Development (hereinafter "PUD") for CPMC's St. Luke's Campus to allow construction of the St. Luke's Replacement Hospital building (hereinafter "Replacement Hospital"), demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's Medical Office Building (hereinafter "St. Luke's MOB") with (1) exceptions to/exemptions from the rear yard and off-street parking requirements of Planning Code Sections 134 and 151; (2) to allow exceptions from the dimension limitations for projections over streets or alleys as part of the PUD; (3) to allow buildings over 40'-0" in an RH-2 District; and (4) to allow deviation of bulk limits, at Assessor's Block 6575/001, 002; 6576/021; and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street (3555 Cesar Chavez Street, 3615 Cesar Chavez Street, 1580 Valencia Street, within an RH-2 (Residential, House, Two-Family) District and a 105-E and 65-A Height and Bulk District ("St. Luke's Replacement Hospital and MOB Project").

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the General Plan: (1) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus (all of Assessor's Block 6575, Lot 021 in Block 6576, and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street that will be vacated as part of the project, and their successor Blocks and Lots); and (2) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 227' and 270', respectively, for the Replacement Hospital site, and 204' and 228', respectively, for the St. Luke's MOB site (2009.0886M).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the San Francisco Planning Code: (1) Add Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") and allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD; and (2) to add Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD. (Case No. 2009.0886T).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT07 to reclassify the

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

Hospital site from 65-A to 105-E Height and Bulk District; and (2) Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD (Case No. 2009.0886Z).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, for the allocation of Office Space for approximately 62,960 s.f of medical office space in the proposed St. Luke's MOB (Case No. 2009.0886B).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, for a General Plan Referral, Case No. 2009.0886R, regarding the vacation of a portion of San Jose Avenue between 27th and Cesar Chavez Streets; and sidewalk width changes along various streets adjacent to the campus (2009.0886R).

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

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

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No.\_\_\_\_, (4) the Transfer Agreement in Board File No.\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No.\_\_\_\_.

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

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

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

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

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested General Plan Amendment; (2) Motion No. \_\_\_\_\_, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (4) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (5) Motion No. \_\_\_\_\_, approving the allocation of the proposed office space; (6) Motion No. \_\_\_\_\_, approving the General Plan Referral; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2009.0886MTZCBRSK.

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

**MOVED**, that the Commission hereby authorizes the Conditional Use requested in Application No. 2009.0886MTZCBRSK, subject to the conditions contained in "EXHIBIT A" of this motion, based on the following findings:



## FINDINGS

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** St. Luke's Hospital is located in the southeastern quadrant of the City and occupies a full city block plus a surface parking lot on a portion of the adjacent block, totaling approximately 3.6 acres. It is bounded by Cesar Chavez Street, Valencia Street, Duncan Street, one lot to the west of San Jose Avenue, and 27th Street. The Campus currently contains eight buildings, totaling approximately 451,868 gsf of floor area and 329 parking spaces. The Hospital (comprised of the 1970 Tower, 1957 Building and Hartzell Building, described below) is licensed by the California Department of Public Health (CDPH) for 229 hospital beds.

More specifically, the Campus includes the following facilities:

- The St. Luke's Hospital Tower has 12 stories above ground and one story below ground, is approximately 197,983 gsf, and is primarily used for inpatient care, skilled nursing, and administrative support. There are eight surface parking spaces north of the Hospital Tower.
- The 1957 Building has four stories above ground and is approximately 31,724 gsf. It is primarily used for the Emergency Department, diagnostic and treatment space, and support space. There are 106 parking spaces associated with this building; 74 spaces on a surface parking lot; and 32 street spaces along San Jose Avenue.
- The 1912 Building has four stories above ground, is approximately 26,280 gsf, and is primarily used for hospital administration, outpatient care, diagnostic and treatment space, support space, and the chapel.
- The Montegle Medical Center has eight stories above ground and one story below ground and is approximately 90,005 gsf which includes medical office space, outpatient care space, diagnostic and treatment space, and support space.
- The Redwood Administration Building is a portable one-story building containing approximately 2,400 gsf which is used for hospital administration.
- The Hartzell Building has two stories above ground and one story below ground and has approximately 18,506 gsf primarily used for office and educational uses for the Samuel Merritt School of Nursing.
- The Duncan Street Parking Garage is two stories above ground and contains approximately 83,370 gsf for 215 parking spaces. With the additional 114 off-street surface parking spaces on the St. Luke's Campus (described above), there are a total of 329 parking spaces on the campus.
- The one story MRI Trailer contains 1,600 gsf used for diagnostic and treatment space.

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

Gradual building development at St. Luke's has occurred since 1875, when St. Luke's moved into a new facility at its present location at Valencia and Cesar Chavez Streets. Today, the oldest building remaining on the Campus is the 1912 Building. The existing St. Luke's Hospital Tower was approved in 1967 when the Planning Commission authorized a conditional use for the St. Luke's Campus (Resolution No. 6078). In 1968, a temporary encroachment permit was issued to allow a portion of San Jose Avenue (between Cesar Chavez Street and 27th Street) to be used as parking for the St. Luke's Campus. In 1971, further development was approved (Resolution No. 6714) including the construction of the Monteagle Medical Center, Duncan Street Parking Garage, and surface parking. In 2001, St. Luke's Hospital became an affiliate of Sutter Health and formally merged with CPMC in 2007.

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

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

There have been recent efforts to improve the streetscape and calm traffic on San Jose Avenue, Guerrero Street and Cesar Chavez Street. The proposed Cesar Chavez Street Design Plan is a detailed design effort to re-envision Cesar Chavez Street from Hampshire Street to Guerrero Street in the Mission District, and identifies ways to make Cesar Chavez Street a safe, pleasant, and attractive corridor for people, bikes, and transit. The proposed Mission District Streetscape Plan is a community-based planning process to identify streetscape improvements to streets, sidewalks, and public spaces in the Mission District.

4. **Project Description.** The application before the Commission is the St. Luke's CU/PUD, but the broader Near-Term Projects are described here for context. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North

Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital, followed by construction of a Medical Office Building after the demolition of the existing Hospital Tower. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill Hospital is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.<sup>2</sup> In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.<sup>3</sup>

This St. Luke's Replacement Hospital and MOB Project is part of CPMC's LRDP to improve its delivery of citywide health care, and comply with seismic requirements of California law.

The new St. Luke's Replacement Hospital and St. Luke's MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new Replacement Hospital is being sited so that it can be built without disrupting services at the existing Hospital Tower. It is being designed, in compliance with SB 1953, to remain operational after a strong earthquake. The Replacement Hospital will be an 80-bed<sup>4</sup> acute care hospital, and the MOB will provide space for physicians who will be affiliated with CPMC and the campus, as well as diagnostic and treatment space and space for other outpatient care. The St. Luke's Replacement Hospital and MPB Project will preserve and enhance San Francisco's health care infrastructure, particularly in the South of Market area.

Specifically, the proposal for the Replacement Hospital includes the construction of a new 146,410 gsf, five-story and approximately 99'-0" tall, 80-bed full-service, acute care hospital, sited on a portion of the Campus' existing surface parking lot and over a portion of the to-be-vacated San Jose Avenue that has been closed for use as a street since 1968 (and is currently used for parking for the St. Luke's Campus under an encroachment permit). Based on the recommendations of the Blue Ribbon Panel, the new Replacement Hospital will be sited such that the existing hospital can remain in continuous operation during the new Replacement Hospital's construction. The Replacement Hospital will include Centers of Excellence in Senior and Community Health and an expanded Emergency Department, and will include, but is not limited to, inpatient medical

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<sup>2</sup> 2333 Buchanan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

<sup>3</sup> Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

<sup>4</sup> With the shift to single-patient rooms under modern hospital guidelines, newer facilities are projected to have a higher occupancy rate (about 80 percent, with variation by bed type) than with the multi-bed mode. The efficient use of beds in a multi-patient room environment is limited by a number of factors, such as the gender and diagnosis of the patients, as well as infection control and privacy concerns.

care, diagnostic and treatment space, surgical care, critical care, labor and delivery, and post-partum care. It will also include a cafeteria and an enclosed loading area.

The Emergency Department at the Replacement Hospital will be approximately 11,500 gsf, which is an increase of approximately 4,440 gsf over the existing Emergency Department in the 1957 Building. The new Emergency Department will be a significant improvement over the existing facility, and waiting times for patients should be reduced through the provision of all private treatment spaces. The new Emergency Department will be in the Replacement Hospital, adjacent to Imaging Services; this adjacency will increase efficiency compared to the existing hospital where these functions exist on separate floors. There will be more support space and improved technology. Waiting time for patients should further be reduced by flexible triage space. Additionally, many of the non-emergency patient visits would be accommodated by expanding the hours and services of the existing Health Care Center in the Monteaugle Office Building to create an urgent care center able to receive patients who do not need Emergency care.. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity would increase from about 26,000 visits per year today to approximately 31,600 visits under the LRDP.

After the Replacement Hospital opens and once services are moved into it from the existing Hospital Tower and the 1957 Building, the existing Hospital Tower will be demolished as part of this Project. After demolition of the Hospital Tower, the new St. Luke's MOB would be constructed at that site, also as part of this Project. Construction of the St. Luke's MOB is expected to occur after 2015.

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

The exterior design of the Replacement Hospital and St. Luke's MOB was developed with input from the Planning Department staff and the community. The exterior of the bases of the Replacement Hospital and of the St. Luke's MOB will be durable (tile, stone, and brick matching the 1912 Building exterior) and will ground the buildings on the site, engaging users at the pedestrian level. The upper floors will be Glass Fiber Reinforced Concrete (GFRC), glass, and metal panel. Metal panels are used for the canopy which runs along the entire east side of the Replacement Hospital, unifying the upper and lower public plazas (described below) and creating a connection from the interior of the Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further

connecting the Replacement Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

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

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

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

5. **Public Comment.** The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 7 years since the initial EEA was submitted. Support for and opposition to CPMC's LRDP can be found in the project files at the Planning Department.
6. **CEQA Findings.** On April 26, 2012, by Motion No. \_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Replacement Hospital and MOB Project. A copy of Commission Motion No. \_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on \_\_\_\_\_ in Motion No. \_\_\_\_\_.

7. **Planning Code Compliance:** The Commission finds that the St. Luke's Replacement Hospital and MOB Project is consistent with the relevant provisions of the Planning Code in the following manner:

- A. **Floor Area Ratio.** Planning Code Section 124 establishes an FAR of 1.8 to 1 for non-residential uses in the RH-2 District.

*The St. Luke's Replacement Hospital and MOB Project includes Planning Code Text Amendments to change the existing 2.25 to 1 FAR limit for the St. Luke's Campus to 2.5 to 1, subject to Conditional Use Authorization for a hospital, medical center or other medical institution. The St. Luke's Replacement Hospital and MOB Project includes a request for Conditional use authorization for a Replacement Hospital and St. Luke's MOB; if the Board of Supervisors approves the Planning Code Text Amendments, the St. Luke's Hospital and MOB Project will be compliant with Planning Code Section 124, with respect to FAR.*

- B. **Rear Yard Requirement.** Planning Code Section 134 states that the minimum rear yard depth shall be 45 percent of the total depth of a lot in which it is situated, and may be reduced up to 25 percent of the total depth of a lot in which it is situated, based on averaging of adjacent buildings, but in no case less than 15 feet.

*The St. Luke's Replacement Hospital and MOB Project does not comply with the provisions set forth in Section 134 of the Planning Code in that there is no rear yard proposed. The St. Luke's Campus is an entire city block with buildings already constructed along Cesar Chavez Street, Valencia Street, Duncan Street, and 27<sup>th</sup> Street. The St. Luke's Replacement Hospital and MOB Project would occupy the Campus along Cesar Chavez Street, from Valencia Street to the Campus' west boundary, and through to 27<sup>th</sup> Street. CPMC is, therefore, seeking through the Planned Unit Development a modification of the Code requirement for rear yard. While the St. Luke's Replacement Hospital and MOB Project would reduce the amount of open area on the block from approximately 54% to 34%, it would maintain a minimum of 25% open space. In addition, the St. Luke's Replacement Hospital and MOB Project would result in significant improvements in the public right-of-way (the sidewalks adjacent to Cesar Chavez Street, Valencia Street, Duncan Street, San Jose Avenue, and 27<sup>th</sup> Street), as well as a new pedestrian plaza on the St. Luke's Campus, that would connect Cesar Chavez Street to 27<sup>th</sup> Street, which together would create a more attractive public face to the St. Luke's Campus, safer vehicle operations, and an improved pedestrian experience adjacent to and throughout the Campus.*

*Furthermore, the intent of the rear yard provisions applicable within RH-2 Districts is to create a shared mid-block open space for the residential properties that are expected to occupy the RH-2 District. Since the St. Luke's Campus occupies the majority of the City block, there is no need for mid-block open space, per se, throughout most of the Campus. To the west of the Campus, however, are low density residential properties. Although the Replacement Hospital would be adjacent to these properties, its design has been scaled and articulated to minimize disruption and noise on the residential properties, through various setbacks at all levels.*

*The Campus does need to retain some open space so that its intensity of development is compatible with the surrounding neighborhoods; however, the fact that the St. Luke's Campus would meet the*

*requirement under Section 134 to provide a minimum of 25% open space, coupled with the improved streetscape and Campus landscaping, are sufficient to be compatible with the surrounding neighborhoods.*

- C. **Permitted Obstructions.** Planning Code Section 136 establishes limits on various permitted obstructions allowed to extend into required open areas, including over sidewalks, streets or alleys.

*An exception to Planning Code Section 136 is sought under the PUD Application to permit marquees at the Replacement Hospital, and to allow the marquee and bay of the Replacement Hospital to project beyond the property line. The bay projection is an architectural feature intended to provide visual interest and achieve appropriate articulation of the building facade, specifically to mark the major campus entry at the new lower plaza along Cesar Chavez. The marquee will allow for covered patient drop-off and entry areas and visual continuity throughout the pedestrian path that would connect 27th Street to Cesar Chavez Street.*

- D. **Better Streets Plan.** Planning Code Section 138.1 requires large development projects to include streetscape and pedestrian improvements on all publicly accessible rights-of-way directly fronting the property.

*The Project Sponsor has submitted a streetscape plan to the Planning Department showing the location, design, and dimensions of all existing and proposed streetscape elements in the public right-of-way directly adjacent to the fronting property, including street trees, sidewalk landscaping, street lighting, site furnishings, utilities, driveways, and curb lines, and the relation of such elements to proposed new construction and site work on the subject property, which is incorporated into the plans on file for the St. Luke's Replacement Hospital and MOB Project, dated February 22, 2012, and stamped "EXHIBIT B".*

- E. **Street Trees.** Planning Code Section 138.1 requires one street tree for every 20-feet of street frontage for new construction, with one additional tree required for each remaining 10-feet of frontage.

*The St. Luke's Replacement Hospital and MOB Project, along with the Lower Plaza would occupy 440 feet of frontage along Cesar Chavez Street; along Valencia Street, the St. Luke's MOB and Lower Plaza would together occupy 152 feet of frontage; along San Jose Avenue, the Upper Plaza would occupy 40 feet of frontage; and along 27th Street, the St. Luke's Replacement Hospital would occupy 93 feet of frontage. The Project Sponsor has agreed to install and maintain 22 street trees and 20 trees within the Upper and Lower Plaza setbacks, for a total of 42 trees, where 36 trees are required by the Code. The St. Luke's Replacement Hospital and MOB Project meets the requirements of Planning Code Section 138.1, with regard to street trees.*

- F. **Off-Street Parking.** Planning Code Section 151 requires one off-street parking space for each eight beds (excluding bassinets) or for each 2,400 square feet of gross floor area devoted to sleeping rooms, whichever results in the greater requirement for Hospitals. Parking requirements for medical office space is one space for each 300 square feet of occupied floor

area. Parking requirements for retail space is one space for each 500 square feet of occupied floor area up to 20,000.

*The St. Luke's Campus currently provides 215 off-street parking spaces within the Duncan Street garage, and 114 off-street parking spaces in the surface parking lot to the west of San Jose Avenue, between 27th and Cesar Chavez Street, for an existing Campus total of 329 off-street parking spaces.*

*The construction of the Replacement Hospital would be located over the surface parking lot, and would eliminate all of its 114 off-street parking spaces, while requiring 22 additional off-street parking spaces. Since the Replacement Hospital will not include any off-street parking, the interim development period after construction of the Replacement Hospital and before completion of the St. Luke's MOB, would result in a Planning Code deficiency of approximately 219 spaces.*

*Construction of the St. Luke's MOB building would require approximately 162 off-street parking spaces, would include 219 below-grade off-street parking spaces, and would reduce the parking deficit to approximately 162 spaces, providing a Campus total of 464 parking spaces, where 626 parking spaces would be required by Code.*

*An exception is sought under this PUD Application to allow a reduction in parking during the interim period and long-term; using valet and off-site parking with shuttle service, in conjunction with CPMC's system-wide TDM plan, to meet the real parking demand generated by the Campus.*

- G. **Off-Street Loading.** Section 152 provides a schedule of required off-street freight loading spaces for all uses in districts other than C-3 or South of Market. Pursuant to this Section, hospital uses measuring between 100,001 - 200,000 g.s.f. require one off-street loading space. Pursuant to Planning Code Section 154, the loading spaces are required to have a minimum length of 35 feet, a minimum width of 12 feet, and a minimum vertical clearance including entry and exit of 14 feet.

*The St. Luke's Replacement Hospital and MOB Project includes an approximately 146,410 g.s.f Replacement Hospital building, which requires one off-street loading space. A service/loading bay meeting the requirements of Planning Code Section 152 would be located within the Replacement Hospital, with access off Cesar Chavez Street; all loading activity, including truck maneuvering, would occur within the concrete-walled basement of the Replacement Hospital. It would be of sufficient size to allow head-in/head-out service, in an effort to minimize conflicts with vehicles, pedestrians, and bicyclists along Cesar Chavez Street.*

- H. **Bicycle Parking.** Section 155.4(d)(3) of the Planning Code requires 12 bicycle parking spaces, when the gross floor area of a medical or other professional services building, such as hospitals or medical office buildings, exceeds 50,000 g.s.f.

*The St. Luke's Replacement Hospital and MOB Project would be required to provide a minimum of 24 Class 1 or 2 bicycle parking spaces (a minimum of 12 spaces for each building). The St. Luke's Replacement Hospital and MOB Project would include 15 Class 1 or 2 bicycle parking spaces for staff*



*within the underground garage, and would provide an additional 15 bicycle parking spaces for visitors by the main entrances of the Replacement Hospital and St. Luke's MOB buildings.*

- I. **Showers and Clothes Lockers.** Section 155.3 of the Planning Code requires no fewer than four showers and eight clothes lockers, when the gross floor area of the new medical or other professional services building exceeds 50,000 g.s.f.

*The St. Luke's Replacement Hospital and MOB Project would be required to provide a minimum of eight showers and 16 clothes lockers (a minimum of four showers and eight clothes lockers per building). The Replacement Hospital and St. Luke's MOB would provide 12 showers and 230 clothes lockers, to satisfy this requirement of the Planning Code.*

- J. **Car Share Parking.** Section 166 of the Planning Code requires no fewer than one car share parking space for every 50 non-residential parking spaces.

*The St. Luke's Campus would provide a total of 464 off-street parking spaces, and would provide a minimum of ten (10) car share parking spaces, to satisfy this requirement of the Planning Code.*

- K. **Land Use.** Planning Code Section 209.3 states that a Conditional Use Authorization is required for a medical center in the RH-2 District.

*The St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 209.3(a) of the Planning Code in that a medical center (which may include medical offices, clinics, laboratories, operated by and affiliated with an institution) in the RH-2 District is allowed with a Conditional Use Authorization. The Replacement Hospital and St. Luke's MOB buildings would be located within the boundaries of CPMC's St. Luke's Campus, an existing medical center previously authorized with a Conditional Use Authorization.*

- L. **Height Limit.** Section 253 of the Planning Code requires a Conditional Use authorization for review of any building or structure exceeding 40 feet in height in an RH District. The height of development permitted on the existing surface parking lot, where the Replacement Hospital would be sited, is 65-A.

*Both the Replacement Hospital and St. Luke's MOB buildings would exceed a height of 40'-0", being approximately 99'-0" and 100'-0", respectively, thereby requiring Conditional Use authorization pursuant to Planning Code Sections 253. The buildings have been sculpted and provide setbacks at upper levels so to be compatible with the scale and massing of the surrounding neighborhood. Furthermore, the height of the St. Luke's MOB would be approximately 58'-0" shorter than the existing 158'-0" Hospital Tower, and would be in a similar location, at the corner of Valencia and Cesar Chavez Streets.*

*The Replacement Hospital height of 99'-0" is largely the result of operational requirements for a modern 80-bed, medical facility with single-patient rooms and an 11,500 sf emergency department. Height amendments to the General Plan and Zoning Maps are being sought in accompanying applications to permit a height of 105'-0" for the entire St. Luke's Campus, a portion of which already*

*permits heights up to 105'-0". If the Board of Supervisors approves these amendments, the St. Luke's Replacement Hospital and MOB Project will be compliant with the height limits applicable to this site.*

*The 100'-0" St. Luke's MOB Project complies with the existing 105'-0" height limit applicable to that portion of the Campus.*

- M. **Bulk Limitation.** The St. Luke's Campus is subject to split Height and Bulk Districts: the developed portion of the Campus (Assessor's Block 6575) is currently zoned 105-E; whereas the portion of the Campus containing the existing surface parking lot (Assessor's Block/Lot 6576/021) is currently zoned for 65-A. Pursuant to Planning Code Section 270, the "-E" Bulk Designation limits development to a maximum length and diagonal dimension of 110 and 140, respectively, for development over 65'-0", and the "-A" Bulk Designation limits development to a maximum length and diagonal dimension of 110 and 125, respectively, for development over 40'-0". The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

*The proposed maximum length and diagonal dimension of 227'-0" and 270'-0", respectively, for the Replacement Hospital, and 204'-0" and 228'-0", respectively, for the St. Luke's MOB exceed the maximum allowed dimensions in Section 270 and therefore require Conditional Use authorization.*

*Section 271 of the Planning Code allows deviation of bulk limits under the discretion of the Planning Commission for the development of a building or structure with widespread public service benefits and significance to the community at large, where compelling functional requirements of the specific building or structure make necessary such a deviation.*

*The St. Luke's Replacement Hospital and MOB Project includes a General Plan Plan and Zoning Map Amendments, to increase the bulk limits applicable to the Replacement Hospital and St. Luke's MOB sites. The Project Sponsor is also requesting a deviation from the otherwise applicable bulk requirements under Section 270 to allow the development of the St. Luke's Replacement Hospital and MOB Project as proposed, due to the unique massing and volume requirements for medical facilities, as a Conditional Use authorization, pursuant to Section 303 of this Code, in lieu of findings otherwise required under Section 271 of this Code. If the Board of Supervisors approves these amendments, the St. Luke's Replacement Hospital and MOB Project will be compliant with the bulk limitations outlined in the Planning Code.*

*Almost all hospital buildings require exceptions from bulk limits, and the requested exception from bulk limits is consistent with precedent from other hospital approvals.*

- N. **Shadows.** Section 295 of the Planning Code states restricts the construction of any structure over 40'-0" that will cast any shade or shadow upon any property under the jurisdiction of, or designated for acquisition by, the Recreation and Park Commission, except upon prior action of the City Planning Commission.

*On April 7, 2010, the Project Sponsor submitted a request for Section 295 review of the Replacement Hospital and St. Luke's MOB buildings; both buildings exceed 40 feet in height (Case No.*

2009.0886K). Department staff prepared a shadow fan depicting the potential shadows cast by the buildings and concluded that neither the Replacement Hospital nor the St. Luke's MOB would have a potential impact on properties subject to Section 295.

- O. **Institutional Master Plan.** Section 304.5 of the Planning Code requires that each medical institution shall have on file with the Department a current Institutional Master Plan (IMP) describing the existing and anticipated future development of that institution every ten years, with updates provided at intervals of two years.

*The St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 304.5 of the Planning Code in that each medical institution shall have on file with the Department a current Institutional Master Plan (IMP) describing the existing and anticipated future development of that institution at intervals of two years. CPMC submitted a five-campus full IMP in 2008. It was accepted as complete by the Planning Commission in 2009. An Update was submitted in 2011, which stated that no significant changes had been made to the IMP since it was accepted in 2009. Replacement Hospital and MOB uses at the St. Luke's Campus were included in the accepted 2009 IMP.*

- P. **Office Allocation.** Section 321 of the Planning Code requires that projects over 25,000 g.s.f must seek review and approval by the Planning Commission under the Office Development Limitation.

*The St. Luke's MOB is subject to the provisions set forth in Section 321 of the Planning Code because the proposed medical office space is approximately 99,848 s.f. Although the Zoning Administrator has long determined that examination rooms should be exempt from this calculation, since they are part of outpatient clinic space, this calculation does not exclude the exam rooms, since the exact layout of spaces has not yet been defined. This total is therefore greater than what will be the actual quantity of medical office space, less the exam rooms.*

- Q. **Signage.** Although it is anticipated to be proposed at a later date, there is currently no signage proposed as part of St. Luke's Replacement Hospital and MOB Project. Any proposed signage will be subject to the review and approval of the Department.

R. **Other Approvals.**

1. **San Jose Avenue Street Vacation:** CPMC is seeking a street vacation for San Jose Avenue between 27th Street and Cesar Chavez Street in order to enable the construction of the Replacement Hospital above a portion of it. The Street Vacation is described more fully in the San Jose Avenue Transfer Agreement. The street will be vacated in accordance with and subject to the provisions of the Vacation Ordinance.
8. **Planning Code Section 303** establishes criteria for the Planning Commission to consider when reviewing applications for Conditional Use approval. On balance, the Neuroscience Institute Project does comply with said criteria in that:

- A. The proposed use or feature, at the size and intensity contemplated and at the proposed location, will provide a development that is necessary or desirable, and compatible with, the neighborhood or the community.

*The primary purposes of the new Replacement Hospital and St. Luke's MOB buildings are to retain acute care inpatient services, including an expanded emergency department, and enhanced outpatient services, including Centers of Excellence in Senior and Community Health, in seismically safe facilities for those who live and work in San Francisco, particularly the South of Market communities. These are valuable resources for the surrounding community. Additionally, these improved services will be provided on an underutilized area of an already developed hospital campus setting, which has been a medical institution for over 135 years, taking advantage of existing facilities and programs already found on the site.*

*CPMC is one of the principal providers of essential health care services in San Francisco, and is also a critical component of San Francisco's emergency preparedness and response infrastructure. The Replacement Hospital would assure CPMC's ability to provide health services to the community, without interruption, in modern facilities that would comply with California seismic mandates.*

*Under these seismic standards, the Hospital Tower at the St. Luke's Campus must either be retrofitted or be rebuilt, or the services provided there must be relocated to a new, compliant facility that will remain operational after a strong earthquake. This standard is much stricter than the "life safety" standards which are generally intended to prevent collapse. It is not feasible to retrofit the St. Luke's Hospital Tower for many reasons, including the service disruptions that would result in an unacceptable impact to health care delivery to San Franciscans.*

*Because the new Replacement Hospital would be expected to remain operational after a strong earthquake, CPMC's role in both health services and emergency preparedness will be enhanced. Emergency preparedness for the City would be further enhanced by the replacement of a larger and improved Emergency Department and a new emergency communications center. After the St. Luke's Replacement Hospital and CPMC's Cathedral Hill Hospital are in operation, and after the planned rebuilding and/or construction of other San Francisco hospitals (including San Francisco General Hospital, UCSF Mission Bay and Chinese Hospital), about half of the City's acute care beds will be in hospital facilities that can be expected to remain operational after a major earthquake to meet the resulting medical needs of the community.*

*The new Replacement Hospital is needed so that inpatient, emergency, and other hospital services can continue to be provided at the Campus for the areas south of Market Street. The St. Luke's Replacement Hospital and MOB Project would revitalize the Campus so that it can continue and flourish as a provider of improved inpatient, outpatient, emergency and other services that are also needed in the community. Continuation of inpatient, emergency and outpatient medical services at St. Luke's was strongly recommended by the Blue Ribbon Panel (BRP). The Board of Supervisors also adopted on November 25, 2008, Resolution No. 478-08 commending the BRP and urging all City Departments to endorse the recommendations of the BRP.*

*As the BRP recommended, the Replacement Hospital would be built adjacent to the existing Hospital Tower in order to minimize the service disruption that a retrofit or closure of the existing tower would cause. In evaluating various alternative locations for the Replacement Hospital, the BRP recommended a site on a portion of San Jose Avenue currently used for parking, as the preferred option. The site was chosen because in comparison to other options as it better met the following criteria: 1) providing continuity of service to patients; 2) low neighborhood impact; 3) providing an accessible and welcoming presence; and 4) taking into account the lowest life cycle cost of the new facility, including time to entry, future flexibility, and openness to new care models.*

*As CPMC refined its proposal for the St. Luke's Campus, it became clear that a wider building footprint than what had been evaluated through the BRP would be necessary to accommodate the services programmed for the St. Luke's Campus. Therefore, although the proposed Replacement Hospital would be partially located over the vacated portion of San Jose, it would also extend west of San Jose Avenue onto CPMC's existing surface parking lot, up to, in part, the western property line of the existing lot.*

*Another important factor in determining the location of the Replacement Hospital was to ensure that acute care services and other existing hospital operations would be maintained until the new hospital is built. Closing and demolishing the existing Hospital Tower to rebuild on the same site would result in the loss of acute care and emergency services, possibly for several years – an impact too great on the South of Market community and on the City's health care infrastructure.*

*The site of the Replacement Hospital (the surface parking lot and portion of San Jose Avenue) has been owned or operated by St. Luke's for approximately the past 30 years. The entire St. Luke's Campus has been a medical institution since the 1870's. Over the years, St. Luke's has evolved to integrate its programs and buildings to meet the needs of the community.*

*The Replacement Hospital is shorter than the Hospital Tower, and both the Replacement Hospital and St. Luke's MOB are designed to be more compatible in scale and function with the surrounding area. The size of the Replacement Hospital is appropriate to provide the services needed as recommended by the BRP. The size of the St. Luke's MOB is based on the projected outpatient growth from the new Replacement Hospital, and is needed to provide medical services to those patients.*

*CPMC has had numerous meetings with representatives from the communities near the St. Luke's Campus since 2007, including the BRP Community Outreach Task Force, and is continuing to work with the neighbors of the St. Luke's Campus to ensure that the Replacement Hospital and St. Luke's MOB would be compatible with the neighborhood.*

*CPMC is the second largest private employer in San Francisco, and, as a major part of the health services sector, is critically important to the economic health of San Francisco. The Replacement Hospital and MOB at the St. Luke's Campus would help maintain CPMC's important role as a major employer and major provider of health care. Approximately half of CPMC employees are San Francisco residents.*

*For the foregoing reasons, the Replacement Hospital and St. Luke's MOB, at the size and intensity contemplated and at the proposed location, would provide a development that is necessary and desirable for, and compatible with, the neighborhood and the community.*

*The general character of the surrounding area is a mixture of residential and commercial uses. Residential areas include a mix of single-family homes and multi-unit buildings, located along moderately busy thoroughfares and quiet streets. The areas south and west of the St. Luke's Campus are occupied by densely clustered two-to-four story, low-density residential buildings. A four-story multi-unit residential building is located on the south side of 27<sup>th</sup> Street from the surface parking lot. Two- and three-story residential buildings immediately adjoin the west side of the Campus. The area to the north of the St. Luke's Campus includes a four-story office building fronting Cesar Chavez Street and two- to three-story multi-family residential buildings. The Replacement Hospital is approximately five-stories and 99'-0" in height, but steps down to a three-story volume along the west side of the Campus in order to respect and be compatible with the massing of the neighborhood character to the west. The St. Luke's MOB is approximately five-stories and 100'-0" in height, and will be more appropriately in scale with the three- to-five story buildings along Cesar Chavez and Valencia Street than the existing 158'-0" Hospital Tower.*

*The FEIR determined that the Replacement Hospital and St. Luke's MOB buildings would not have a substantial effect on the existing character of the vicinity because, among other things, they would constitute a continuation and expansion of existing medical uses at the St. Luke's Campus, would not adversely alter the character of its surroundings, would be compatible with the surrounding neighborhoods (DEIR at pp. 4.1-42 to 4.1-44).*

- B. The use or feature as proposed will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity, with respect to aspects including but not limited to:
  - i. The nature of the proposed site, including its size and shape, and the proposed size, shape and arrangement of structures;

*A new seismically safe state-of-the-art 80-bed acute care hospital with an 11,5000 sf Emergency Department, and Centers of Excellence in Community and Senior Health would be implemented as part of the St. Luke's Replacement Hospital and MOB Project, as well as increased convenience and access to existing programs. These services would not be detrimental to persons living and working in the vicinity of the campus, as inpatient and outpatient services are currently provided on the Campus. The primary purposes of the new buildings are to establish the new seismically safe acute care hospital and to continue to attract beneficial programs and associated medical staff to the St. Luke's Campus, thereby ensuring long-term vitality to acute care services and the expanded Emergency Department at the St. Luke's Campus. These are valuable resources for the health, safety, convenience, and general welfare of the surrounding community. Additionally, these improved services will be provided in an already developed hospital campus setting, taking advantage of existing facilities and programs already found on the site.*

*The St. Luke's Campus occupies all of Assessor's Block 6575, Lot 21 of Assessor's Block 6576, and the portion of San Jose Avenue between 27th Street and Cesar Chavez Street. The Replacement Hospital and St. Luke's MOB are within a developed institutional setting on the St. Luke's Campus, and are scaled and massed to fit well within the surrounding neighborhood character. The size and shape of the Replacement Hospital have been configured to meet the programmatic requirements of a full-service acute care Hospital and MOB, within a footprint that is compatible with, and will not be detrimental to, persons living or working in the vicinity*

- ii. The accessibility and traffic patterns for persons and vehicles, the type and volume of such traffic, and the adequacy of proposed off-street parking and loading;

*The FEIR has shown that the St. Luke's Replacement Hospital and MOB Project will not result in any significant, unavoidable environmental impacts related to transportation at the St. Luke's Campus.*

*However, in response to neighborhood interest in traffic-calming and enhancing the livability of the neighborhoods surrounding the St. Luke's Campus, the Project Sponsor has agreed to construct a series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately \$3.3 million, as outlined in more detail in the proposed Development Agreement.*

*To identify and implement feasible traffic and pedestrian improvement measures for the construction period, the Project Sponsor will prepare a Construction Management Plan. This plan, which will be required to be submitted to the Department and made available to the public as a Condition of Approval, will cover public and site safety, operating hours and noise controls, air and dust management, storm water pollution prevention, waste and material reuse, and traffic management.*

*The parking supply on the St. Luke's Campus, although deficient from the Code requirement, would be adequate for the estimated demand.*

*CPMC is committed to the City's "Transit First" policy and is seeking to improve use of alternatives to auto travel through its existing Transportation Demand Management ("TDM") Program and enhancements to the TDM Program that are proposed as part of the LRDP. Among other measures intended to discourage employees and visitors from parking at the CPMC campuses and to provide incentives for the use of alternative transportation modes, CPMC currently offers a \$10 transit subsidy to St. Luke's campus employees. According to CPMC's TDM plan, dated March 24, 2011, within the next two to five years, CPMC will improve its transit subsidy program to employees at all campuses – including the St. Luke's Campus – to increase the value of the monthly subsidy to be equivalent to the cost of a Muni Fast Pass. Additional key elements of the TDM Program include enhanced information and marketing to employees, a "Guaranteed ride home" program, free carpool parking, vanpool subsidies, and CPMC shuttle system to provide transportation between the CPMC campuses and BART stations.*

*The St. Luke's Campus is directly accessible by nine Muni bus lines, including the 14-Mission, 26-Valencia, 27-Bryant, 49-Van Ness-Mission, the 67-Bernal Heights, and the J-Church Muni Metro light rail line, which is six blocks west of the Campus. In addition, the 24th Street BART Station is at the corner of Mission Street and 24th Street, approximately five blocks north of the Campus. All of these transit lines have been shown to have sufficient capacity to accommodate expected ridership from the proposed Replacement Hospital and St. Luke's MOB during the peak periods.*

*The St. Luke's Replacement Hospital and MOB Project has been configured to allow for improved pedestrian and transit access to the St. Luke's Campus. It includes sidewalk bulbs and thumbnails to reduce the street crossing distance for pedestrians in the area; sidewalk widening, landscaping, street trees and new pedestrian oriented lighting around the Campus; and a new pedestrian plaza that connects 27th Street to Cesar Chavez Street. The Replacement Hospital would have entrances on both 27th Street and Cesar Chavez Street in order to improve access, and the new St. Luke's MOB would be internally connected to both the Replacement Hospital and the 1957 Building, so that once complete, there would be seamless interior connection among all medical buildings on the Campus.*

*The St. Luke's Campus currently provides bicycle parking and shower facilities for bicyclists. The number of new bicyclists expected to be generated by the proposed Replacement Hospital and MOB Project will be accommodated by bicycle parking facilities in the existing and proposed parking garages, showers and lockers that will be provided within the Replacement Hospital, and new bicycle parking facilities in the new plaza that will connect 27th Street to Cesar Chavez Street.*

- iii. The safeguards afforded to prevent noxious or offensive emissions such as noise, glare, dust and odor;

*The proposed use is subject to the standard conditions of approval for safeguarding against noxious or offensive emissions such as noise, glare, dust and odor, as outlined in Exhibit A.*

*The FEIR identifies mitigation measures, proposed to be implemented through the MMRP, that address impacts related to dust and to noise during both the construction and operational phases (see DEIR pages 4.7-29 to 4.7-33 and 4.7-59 to 4.7-60 for dust; and DEIR pages 4.6-51 to 4.6-53, 4.6-61 to 4.6-62, 4.6-74 to 4.6-79, 4.6-86 to 4.6-88 and 4.6-90 to 4.6-94 for noise).*

- iv. Treatment given, as appropriate, to such aspects as landscaping, screening, open spaces, parking and loading areas, service areas, lighting and signs;

*The St. Luke's Replacement Hospital and MOB Project will include significantly improved landscaping along Cesar Chavez Street, Valencia Street, Duncan Street, San Jose Avenue, and 27th Street, as well as throughout the Campus. It includes sidewalk bulbs and thumbnails to reduce the street crossing distance for pedestrians in the area; sidewalk widening, landscaping, street trees and new pedestrian oriented lighting around the Campus; and a new pedestrian plaza that connects 27th Street to Cesar Chavez Street. Planters, benches, and paving compatible with*



*the surrounding residential neighborhood would also be incorporated into the design. Several existing mature trees within the footprint of the Neuroscience Institute would be removed, while the existing Landmark Fig tree would remain, and new trees would be placed on the subject property and within the sidewalk. The new Upper and Lower plaza that will run parallel to the Replacement Hospital, emulating the path of the former San Jose Avenue right-of-way will be constructed, creating an environment that both patients and residents can enjoy. The St. Luke's Replacement Hospital and MOB Project will include the replacement of an existing surface parking lot with a landscaped plaza and well-articulated hospital building that is compatible with the scale, massing, and materials of the surrounding neighborhood character.*

*As explained above, the St. Luke's Campus would seek a modification to the required off-street parking through this PUD, in order to provide parking consistent with the demand on the Campus. The loading/service area would be located on the north side of the Replacement Hospital, accessed off of Cesar Chavez Street, within an enclosed concrete-walled basement of the Replacement Hospital, in order to minimize noise disturbance. Truck maneuvering occurs entirely within the basement due to a hammerhead turning arrangement, allowing head-in/head-out service. Ambulance access is on 27th Street with head-in/head-out service. This will reduce or eliminate the automatic activation of ambulance back-up beepers, minimizing disturbance to the adjacent residential neighbors. Ambulances will maneuver off the street to further minimize disturbance and traffic impacts from their activity. Both the Emergency Department and service/loading entrances are placed as far from adjacent neighbors as is practicable.*

*The underground St. Luke's MOB parking garage is entered and exited from Valencia Street and Cesar Chavez Street. The St. Luke's MOB garage access is on a non-residentially developed street to minimize impact to residential traffic. Bicycle parking is provided at the new St. Luke's MOB and is separately accessed from Valencia Street.*

*CPMC's commitments under the proposed Development Agreement would include construction of a series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately \$3.3 million. The FEIR determined that the St. Luke's Replacement Hospital and MOB Project would not result in significant impacts related to the creation of a new source of light or glare that would adversely affect daytime or nighttime views in the area or that would substantially affect other people or properties (See DEIR pages 4.2-191 to 4.2-192).*

*The Conditions of Approval require CPMC to prepare a signage program for review and approval by the Department.*

- C. That the use or feature as proposed will comply with the applicable provisions of the Planning Code and will not adversely affect the Master Plan.

*The St. Luke's Replacement Hospital and MOB Project complies with all relevant requirements and standards of the Planning Code, as described in the findings regarding "Planning Code Compliance" in section 7, above, with exceptions to certain features being modified through General Plan, Planning Code, and Zoning Map Amendments, such as height, FAR, and Bulk; and with exceptions to the rear yard, parking, and permitted obstructions requirements of the Code, as allowed through the Planned*

*Unit Development process (see PUD findings, below). CPMC has met the applicable provisions of Planning Code Section 304.5 concerning IMPs. The St. Luke's Replacement Hospital and MOB Project is consistent with the Eight Master Plan Priority Policies (Planning Code Section 101.1) and with the Objectives and Policies of the General Plan, as discussed in Motion No.\_\_\_\_\_.*

9. The proposal complies with the provisions set forth in Section 304 of the Planning Code for Planned Unit Developments (PUDs) in that the property is greater than ½ acre and is under one ownership. The St. Luke's Replacement Hospital and MOB Project would be developed as an integrated component of the existing medical center. It would also be of exceptional design, and complement the design of the surrounding area. The CU application describes the St. Luke's Replacement Hospital and MOB Project in detail, and is accompanied by an overall development plan showing, among other things, a street tree plans, landscaping plan, and streetscape plan. The St. Luke's Replacement Hospital and MOB Project also includes other commitments such as the preparation and submittal of a Construction Management Plan and TDM Program, which are necessary to a determination that the objectives of this Section are met, and that the proposed development warrants the modification of provisions otherwise applicable under this Code.

In addition to the criteria applicable to conditional uses as stated in Planning Code Section 303(c), which is discussed above, a proposed PUD also must meet criteria requiring that it shall:

- A. Affirmatively promote applicable objectives and policies of the General Plan;

*The St. Luke's Replacement Hospital and MOB Project is consistent with the Eight Master Plan Priority Policies (Planning Code Section 101.1) and with the Objectives and Policies of the General Plan, as discussed in Motion No. \_\_\_\_\_.*

- B. Provide off-street parking adequate for the occupancy proposed.

*The new St. Luke's Replacement Hospital will be constructed on a previously developed medical campus containing many existing uses and parking areas. With the new Replacement Hospital and demolition of the Hospital Tower, the Campus initially will provide approximately 245 parking spaces where 464 would be required. After construction of the St. Luke's MOB with 219 parking spaces, the Campus will have a total supply of approximately 464 off-street parking spaces, although the Campus will still have a Code deficit of approximately 162 spaces.*

*This deficit will be offset by a combination of valet/tandem parking, providing parking at off-site facilities with shuttle service to the Campus, or other arrangements.*

*To alleviate potential traffic or parking congestion caused by the Replacement Hospital and St. Luke's MOB, CPMC is committed to reducing demand for automobile trips by implementation and augmentation of its TDM program, as described in more detail in Motion No.\_\_\_\_\_.*

- C. Provide open space usable by the occupants and, where appropriate, by the general public, at least equal to the open spaces required by the Planning Code.

*The existing medical facilities at the St. Luke's Campus are laid out as an integrated campus, with limited main entries from the street and several internal connections within the campus. Section 134(a) and (c) provide for a "required rear yard" of between 45% and 25% of the depth of the lot. A typical residential rear yard pattern is not applicable in the case of a medical campus and is less needed by the occupants of the Campus, due to the use of the facility. Nonetheless, the existing Campus is constructed over approximately 46% (80,292 square feet) of the lot, with an open and unbuilt area of approximately 54% (94,921 square feet), containing both landscape and hardscape areas. The new Replacement Hospital and St. Luke's MOB Project would include a pedestrian plaza that connects 27<sup>th</sup> Street to Cesar Chavez Street, which would increase and improve the quality and quantity of open space accessible to both public and occupants of the Campus.*

*The Replacement Hospital and St. Luke's MOB would also include a community room, facing the Lower Plaza, which would provide usable space for the Community, as well as significant improvements in the public right-of-way that would create a more attractive public face to the St. Luke's Campus, safer vehicle operations, and a more direct entrance to the Campus from the south.*

- D. In R Districts, include commercial uses only to the extent that such uses are necessary to serve residents of the immediate vicinity, subject to the limitations for NC-1 Districts under the Planning Code, and in RTO Districts include commercial uses only according to the provisions of Section 230 of the Planning Code.

*The new St. Luke's Replacement Hospital and MOB Project would include a 4,160 square foot retail space within the MOB, fronting Cesar Chavez and Valencia Streets. This retail space will be available for use by campus physicians and patients as well as members of the general public. It is considered incidental and accessory to the medical campus and not a principle commercial use. Its location along the commercial corridors of Cesar Chavez Street and Valencia Street make it consistent with the commercial character of those streets, while also being consistent with the NC-1 controls of the Planning Code, which principally permit retail uses. Signage for the retail spaces will be limited to signage permitted in the NC-1 District, and must be submitted to the Department as part of the Campus sign program, as outlined further in the Conditions of Approval in Exhibit A.*

- E. Under no circumstances be excepted from any height limit established by Article 2.5 of the Planning Code, unless such exception is explicitly authorized by the terms of the Planning Code. In the absence of such an explicit authorization, exceptions from the provisions of the Planning Code with respect to height shall be confined to minor deviations from the provisions for measurement of height in Sections 260 and 261 of the Planning Code, and no such deviation shall depart from the purposes or intent of those sections.

*No exceptions to height limits are being sought as part of the PUD Application for the St. Luke's Replacement Hospital and MOB Project; an increase to the height limit for the portion of the lot currently zoned for 65-A to 105-E is being sought separately through Zoning Map and General Plan Map Amendments.*

- F. Provide street trees as per the requirements of Section 143(j) of the Code.

*Planning Code Section 143(j) was redesigned in 2010, and conforming changes to Planning Code Section 304(d)(10), which sets forth the above criterion for PUD approvals, have not yet been made. Planning Code Section 138.1 now includes the requirements for the provision of street trees formerly located within Section 143(j). Section 138.1(c)(1)(ii)(cc) requires one 24-inch box street tree for every 20 feet of frontage and every remaining 10-foot fraction thereof, for new construction and additions of at least 20%.*

*The St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 138.1 of the Planning Code in that one tree will be provided within the public right-of-way or within the plaza setbacks for every 20-feet of street frontage for new construction.*

- G. Provide landscaping and permeable surfaces in any required setbacks in accordance with Section 132 (g) and (h).

*Planning Code Section 132(g) generally requires that all front setback areas required in connection with construction of a new building shall be appropriately landscaped, meet any applicable water use requirements of Administrative Code Chapter 63 (Water Efficient Irrigation Ordinance), and in every case not less than 20% of the required setback area shall be and remain unpaved and devoted to plant material, including the use of climate appropriate plant material as defined in Public Works Code Section 802.1. Planning Code Section 132(h) requires that the front setback area shall be at least 50% permeable so as to increase stormwater infiltration.*

*The St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 132(g) and (h) in that there are no required front setbacks for the St. Luke's Campus. However, the streetscape and landscape plans include climate appropriate plant material and street trees both in the public right-of-way and on the Campus to achieve the intent of this Section.*

10. **General Plan Compliance.** The St. Luke's Replacement Hospital and MOB Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No. \_\_\_\_\_**.
11. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the St. Luke's Replacement Hospital and MOB Project complies with said policies, as outlined in **Motion No. \_\_\_\_\_**.
12. The St. Luke's Replacement Hospital and MOB Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No. \_\_\_\_\_** and also in that, as designed, the St. Luke's Replacement Hospital and MOB Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development

Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.

13. The Commission hereby finds that, for the reasons described above, approval of the Conditional Use authorization would promote the health, safety and welfare of the City.

**Draft Motion  
April 12, 2012**

**CASE NO's. 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
3555 & 3615 Cesar Chavez Street; 1580 Valencia Street**

## **DECISION**

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **APPROVES Conditional Use Application No. 2009.0886MTZCBRSK** subject to the following conditions attached hereto as "EXHIBIT A" in general conformance with plans on file, dated February 22, 2012, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth.

**APPEAL AND EFFECTIVE DATE OF MOTION:** Any aggrieved person may appeal this Conditional Use Authorization to the Board of Supervisors within thirty (30) days after the date of this Motion No. \_\_\_\_\_. The effective date of this Motion shall be as described in Exhibit A hereto. For further information, please contact the Board of Supervisors at (415) 554-5184, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

## EXHIBIT A

### AUTHORIZATION

This authorization is for a Conditional Use authorization, pursuant to Planning Code Sections 134, 136, 151, 209.3(a), 209.9, 253, 270, 271, 303, and 304, **for the St. Luke's Replacement Hospital and MOB** (for purposes of this Exhibit A only, referred to as the "Project") in order to: (1) amend a previously approved conditional use authorization for a Planned Unit Development, including exceptions to/exemptions from otherwise applicable rear yard and off-street parking requirements; (2) allow exceptions from the dimension limitations for projections over streets or alleys as part of a PUD; (3) allow buildings over 40'-0" in the RH-2 (Residential House, Two-Family) Zoning District; and (4) allow deviation from the bulk limits, in order to develop a new five-story, 146,410 gsf, St. Luke's Replacement Hospital on a surface parking lot (Assessor's Block/Lots 6576/021) and over a portion of a vacated San Jose Avenue; demolish the existing St. Luke's Hospital Tower; construct a new five-story, 104,008 gsf Medical Office Building (Assessor's Blocks/Lots: 6575/001, 002); and construct landscape and hardscape improvements throughout the Campus, including the Upper and Lower Plazas, within the RC-2 (Residential House, Two-Family) Zoning District, and 105-E Height and Bulk Districts; in general conformance with plans, dated **February 22, 2012**, and stamped "EXHIBIT B" included in the docket for Case No. **2009.0886MTZCBRSK** and subject to conditions of approval reviewed and approved by the Commission on **April 26, 2012** under Motion No \_\_\_\_\_. This authorization and the conditions contained herein run with the property and not with a particular Project Sponsor, business, or operator.

### RECORDATION OF CONDITIONS OF APPROVAL

Prior to the issuance of the building permit or commencement of use for the Project, the Zoning Administrator shall approve and order the recordation of a Notice in the Official Records of the Recorder of the City and County of San Francisco for the subject property. This Notice shall state that the Project is subject to the conditions of approval contained herein and reviewed and approved by the Planning Commission on **April 26, 2012**, under Motion No \_\_\_\_\_.

### PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The conditions of approval under the "EXHIBIT A" of this Planning Commission Motion No. \_\_\_\_\_ shall be reproduced on the Index Sheet of construction plans submitted with the site or building permit application for the Project. The Index Sheet of the construction plans shall refer to the Conditional Use authorization and any subsequent amendments or modifications.

### SEVERABILITY

The Project shall comply with all City codes and requirements applicable to the Project. If any clause, sentence, section or any part of these conditions of approval is for any reason held to be invalid, such invalidity shall not affect or impair other remaining clauses, sentences, or sections of these conditions. This decision conveys no right to construct, or to receive a building permit. "Project Sponsor" shall include any subsequent responsible party.

**Draft Motion  
April 12, 2012**

**CASE NO's. 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
3555 & 3615 Cesar Chavez Street; 1580 Valencia Street**

## **CHANGES AND MODIFICATIONS**

Changes to the approved plans may be approved administratively by the Zoning Administrator. Significant changes and modifications of conditions shall require Planning Commission approval of a new Conditional Use authorization.



## Conditions of approval, Compliance, Monitoring, and Reporting PERFORMANCE

1. **Validity and Expiration.** The authorization and right vested by virtue of this action is valid for five (5) years as to St. Luke's Hospital, and seven (7) years as to the St. Luke's MOB, from the effective date as defined in Condition of Approval No. 24, as it may be extended under Condition of Approval No. 2, and supersedes conditions of approval contained in Resolution No's. 6078 and 6714. A building permit from the Department of Building Inspection to construct the Project and/or commence the approved use must be issued as this Conditional Use authorization is only an approval of the proposed Project and conveys no independent right to construct the Project or to commence the approved use. The Planning Commission may, in a public hearing, consider the revocation of the approvals granted if a site or building permit has not been obtained within five (5) years as to St. Luke's Hospital, and seven (7) years as to the St. Luke's MOB, of the effective date. Once a site or building permit has been issued, construction must commence within the timeframe required by the Department of Building Inspection and be continued diligently to completion. The Commission may also consider revoking the approvals if a permit for the Project has been issued but is allowed to expire and more than five (5) years as to St. Luke's Hospital and seven (7) years as to the St. Luke's MOB have passed since the effective date.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

2. **Extension.** This authorization may be extended at the discretion of the Zoning Administrator only where failure to issue a permit by the Department of Building Inspection is caused by a delay by a local, State or Federal agency or by any appeal of the issuance of such permit(s). This authorization shall also be extended for the number of days equal to the period of any litigation challenging its validity.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

3. **Mitigation Measures.** Mitigation measures described in the MMRP attached as Exhibit C and designated as applicable to St. Luke's [near term] therein are necessary to avoid potential significant effects of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to each of the Replacement Hospital and St. Luke's MOB, as applicable .

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit D and designated as applicable to St. Luke's [near-term] therein are necessary to reduce the less than significant impacts of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to each of the Replacement Hospital and St. Luke's MOB, as applicable

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## DESIGN – COMPLIANCE AT PLAN STAGE

5. **Final Materials.** CPMC shall submit a final design proposal, specifying all final materials, glazing, color, texture, landscaping, and detailing for the MOB to Department staff for review and approval. The Department may require CPMC to provide reduced copies of the final design for an informational presentation to the Planning Commission in order to update them on the final design for the MOB and the final Campus landscape plan. The architectural addenda for the MOB shall also be reviewed and approved by the Department prior to issuance. All final design revisions will be posted on the Department's webpage dedicated to CPMC's Long Range Development Plan at [cpmc.sfplanning.org](http://cpmc.sfplanning.org).

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

6. **Streetscape Plan.** The Streetscape Plan shall provide an overview of all proposed hardscape, landscape, street trees, public right-of-way improvements, transformer vaults, and street furnishings, and, shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0886C. The final Streetscape Plan shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. Those features included on the Streetscape Plan shall be maintained in a safe and attractive manner.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

7. **Landscape Plans.** The Landscape Layout and Planting Plans shall include the proposed hardscape, landscape, proposed street species, public right-of-way improvements, bicycle racks, and street furnishings, except those improvements specifically described in the Development Agreement, Exhibit H, Schedule A, Section II, shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0886C. The final Landscape Plans shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. Those features included on the Landscape Plan shall be maintained in a safe and attractive manner.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

8. **Tree Plan.** The Tree Plan shall include all existing and proposed trees, and will specify all Significant Trees, existing trees to-be-removed, and existing trees to remain, and shall include specify Tree Protection Zones for those trees designated as to-be retained. The Tree Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0886C. The final Tree Plan shall be submitted to the Department prior

to approval of the Architectural Addenda of the Building Permit Application for the MOB. Those features included on the Tree Plan shall be maintained in a safe and attractive manner.

In any case in which DPW cannot grant approval for installation of a new street tree in the public right-of-way, on the basis of inadequate sidewalk width, interference with utilities or other reasons regarding the public welfare, and where installation of such tree on the lot itself is also impractical, the requirements of Section 138.1 may be modified or waived by the Zoning Administrator to the extent necessary.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

9. **Lighting Plan.** The Project Sponsor shall submit an exterior lighting plan to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. The lighting in landscaped areas at ground floor (produced by direct outdoor lighting or direct/indirect indoor lighting) shall be sufficient to illuminate public sidewalks to minimum safety levels with the goal of reducing, or eliminating, to the maximum extent feasible, glare on neighboring properties. All exterior lighting shall be downward directed to reduce light pollution; all interior lighting shall be consistent with the use of the building with the goal of minimizing light trespass from the building through the use of lighting orientation, dimming, and shielding. Unless prohibited by state, local or federal licensing or permitting agency, timers and/or sensors shall be used to shut off lighting in unoccupied areas of the building.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

10. **Glazing.** Mirrored glass or deeply tinted glass shall not be permitted on the building. Glass orientation and coatings shall be designed to substantially avoid/reduce solar glare on neighboring properties. All glazing shall comply with Planning Code Section 139 and the Standards for Bird-Safe Buildings.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

11. **Stormwater Control Plan (Hospital).** Stormwater Control Plan (Hospital). To manage the peak flow and discharge volume of stormwater for the Replacement Hospital Project, the Project Sponsor shall prepare a Stormwater Control Plan (SCP) in a form approved by the San Francisco Public Utilities Corporation (SFPUC). The SCP shall cover the Replacement Hospital through the 'interim condition' including the public plaza and temporary drive-through / tree farm at the corner of Cesar Chavez and Valencia Streets, more fully described in the Plans on file for the Project, stamped Exhibit B, dated February 22, 2012. Prior to the issuance of the Site Permit or Building Permit the SFPUC shall approve the Preliminary SCP for the project. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2. A separate Preliminary SCP shall be submitted for the St. Luke's Medical Office Building, as described below in Condition No. 12.

*For information about compliance, contact the SFPUC at [stormwaterreview@sfpuc.org](mailto:stormwaterreview@sfpuc.org)*

12. **Stormwater Control Plan (MOB).** Stormwater Control Plan (MOB). To manage the peak flow and discharge volume of stormwater for the MOB Project, the Project Sponsor shall prepare a Stormwater Control Plan (SCP) in a form approved by the San Francisco Public Utilities Corporation (SFPUC). Prior to the issuance of the Site Permit or Building Permit for the St. Luke's MOB, the SFPUC shall approve the Final SCP for the project. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2. A separate Preliminary SCP shall be submitted for the St. Luke's Replacement Hospital and associated public plaza and interim improvements, as described above in Condition No. 11.

*For information about compliance, contact the SFPUC at [stormwaterreview@sfpuc.org](mailto:stormwaterreview@sfpuc.org)*

13. **Garbage, composting and recycling storage.** Space for the collection and storage of garbage, composting, and recycling shall be provided within enclosed areas on the property and clearly labeled and illustrated on the building permit plans. Space for the collection and storage of recyclable and compostable materials that meets the size, location, accessibility and other standards specified by the San Francisco Recycling Program shall be provided at the ground level of the buildings.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

14. **Rooftop Mechanical Equipment.** Any rooftop mechanical equipment is required to be screened so as not to be visible from any point at or below the roof level of the subject building. A Roof Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0886C. Nothing in these conditions shall prohibit the Project Sponsor from seeking review and approval of roof-mounted solar photovoltaic systems.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

15. **Signage.** The Project Sponsor shall develop and submit to the Department a sign program for the entire St. Luke's Campus – including all retail spaces – prior to occupancy of the new Replacement Hospital or MOB. All subsequent sign permits shall conform to the approved signage program. In general, all exterior signage shall be designed to complement, not compete with, the existing architectural character and architectural features of the building.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## PARKING AND TRAFFIC

16. **Bicycle Parking.** Pursuant to Planning Code Sections 155.4., the Project shall provide no fewer than 24 Class 1 or Class 2 bicycle parking spaces.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

17. **Showers and Clothes Lockers.** Pursuant to Planning Code Section 155.3, the Project shall provide no fewer than eight showers and 16 clothes lockers.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

18. **Parking Requirement.** Pursuant to Planning Code Section 151, the St. Luke's Campus shall provide a minimum of 449 independently accessible off-street parking spaces upon completion of both the Replacement Hospital and MOB buildings.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

19. **Car Share Parking.** Pursuant to Planning Code Section 166, the Project shall provide no fewer than 9 car share parking spaces

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

20. **Off-Street Loading.** Pursuant to Planning Code Section 152, the Project shall provide a minimum of one off-street loading space within the Replacement Hospital.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

21. **Managing Traffic During Construction.** The Project Sponsor and construction contractor(s) shall coordinate with the Traffic Engineering and Transit Divisions of the San Francisco Municipal Transportation Agency (SFMTA), the Police Department, the Fire Department, the Department, and other construction contractor(s) for any concurrent nearby projects to manage traffic congestion and pedestrian circulation effects during construction of the Project.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

22. **Off-Site Parking During Construction.** The Project Sponsor shall maintain the existing public on-street parking spaces during the duration of building construction for public use, other than limited periods of time for specified activities as detailed in a construction phasing schedule outlined in the Construction Management Plan for the Project.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## PROVISIONS

23. **Effective Date.** This approval is contingent on and will be of no further force and effect until, the date that the ordinance approving a Development Agreement for the Project is effective and

operative. . References in this Exhibit A to Codes and requirements "applicable to the Project" shall refer to applicable laws in the Development Agreement.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## MONITORING - AFTER ENTITLEMENT

24. **Enforcement.** Violation of any of the Department conditions of approval contained in this Motion or of any other provisions of Planning Code applicable to the Project shall be subject to the enforcement procedures and administrative penalties set forth under Planning Code Section 176 or Section 176.1. The Department may also refer the violation complaints to other city departments and agencies for appropriate enforcement action under their jurisdiction.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

25. **Revocation due to Violation of Conditions.** Should implementation of this Project result in complaints from interested property owners, residents, or commercial lessees which are not resolved by the Project Sponsor and found to be in violation of provisions of the Planning Code applicable to the Project and/or the specific conditions of approval for the Project as set forth in Exhibit A of this Motion, the Zoning Administrator shall refer such complaints to the Commission, after which it may hold a public hearing on the matter to consider revocation of this authorization.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## OPERATION

26. **Garbage, Recycling, and Composting Receptacles.** Garbage, recycling, and compost containers shall be kept within the premises and hidden from public view, and placed outside only when being serviced by the disposal company. Trash shall be contained and disposed of pursuant to garbage and recycling receptacles guidelines set forth by the Department of Public Works.

*For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works at 415-554-5810, <http://sfdpw.org>*

27. **Sidewalk Maintenance.** The Project Sponsor shall maintain the main entrance to the building and all sidewalks abutting the subject property in a clean and sanitary condition in compliance with the Department of Public Works Streets and Sidewalk Maintenance Standards.

*For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works, 415-695-2017, <http://sfdpw.org>*

28. **Community Liaison.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall appoint a community liaison officer to

deal with the issues of concern to owners and occupants of nearby properties. The Project Sponsor shall provide the Zoning Administrator with written notice of the name, business address, and telephone number of the community liaison. Should the contact information change, the Zoning Administrator shall be made aware of such change. The community liaison shall report to the Zoning Administrator what issues, if any, are of concern to the community and what issues have not been resolved by the Project Sponsor.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

29. **Construction Management Plan.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall produce a Construction Management Plan, which shall include general operating principals and commitments not otherwise included in these Conditions of Approval, along with operating principles during specific phases of work. This Plan shall be made available to the neighbors or interested parties, and a copy of said Plan shall be provided to the Department to include in the file for Case No. 2009.0886C.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

30. **Lighting.** All Project lighting shall be installed in accordance with the Lighting Plan, and shall be directed onto the Project site and immediately surrounding sidewalk area only, and designed and managed so as not to be a nuisance to adjacent residents. Nighttime lighting shall be the minimum necessary to ensure safety, but shall in no case be directed so as to constitute a nuisance to any surrounding property.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

31. **Hours of Operation.** The St. Luke's Replacement Hospital and MOB will be generally open to the public and for visitors during the following hours of operation: Hospital: 7 days a week, 7:00 a.m. to 7:00 p.m., MOB: Monday through Friday from 7:00a.m. to 7:00p.m. The Campus is open, as may be reasonably necessary, to accommodate visitors, staff, and employees of the hospital during hours outside of the standard hours of operation; the Emergency Department is open 24 hours/day, 7 days per week. The main ground floor entry to the Hospital and MOB shall remain open and accessible to the public during standard hours of operation (7:00a.m. to 7:00p.m., M-F, Hospital including Sat/Sun).

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

32. **Noise Control.** The premises shall be adequately soundproofed or insulated for noise and operated such that incidental noise – other than noise from emergency vehicles – shall not be audible beyond the premises or in other sections of the building. Fixed-source equipment noise shall not exceed the decibel levels specified in the San Francisco Noise Control Ordinance.

**Draft Motion**  
**April 12, 2012**

**CASE NO's. 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W**  
**3555 & 3615 Cesar Chavez Street; 1580 Valencia Street**

*For information about compliance with the fixed mechanical objects such as rooftop air conditioning, restaurant ventilation systems, and motors and compressors with acceptable noise levels, contact the Environmental Health Section, Department of Public Health at (415) 252-3800, [www.sfdph.org](http://www.sfdph.org)*

*For information about compliance with the construction noise, contact the Department of Building Inspection, 415-558-6570, [www.sfdbi.org](http://www.sfdbi.org)*

*For information about compliance with the amplified sound including music and television contact the Police Department at 415-553-1012 or 415-5530123, [www.sf-police.org](http://www.sf-police.org)*





# SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Other: Development Agreement
- First Source Hiring
- Child Care Requirement (Sec. 414)
- Other: Permit to Convert, Street Tree In-Lieu Fee

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## Planning Commission Draft Motion HEARING DATE: APRIL 26, 2012

*Date:* April 12, 2012  
*Case No.:* 2005.0555E; 2009.0885MTZCBRSK; 2012.0403W  
*Project Address:* 11001101 Van Ness Avenue;  
*Zoning/Ht. & Blk.* RC-4/Van Ness Special Use District/130-V  
*Proposed Zoning/* Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict  
*Height & Bulk:* 265-V (Hospital site), 130-V (MOB site)  
*Assessor's Block/Lot:* 0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010  
*Project Sponsor:* Geoffrey Nelson, CPMC  
633 Folsom Street, 5th Floor  
San Francisco, CA 94107  
(415) 600-7206  
[NelsonGK@Sutterhealth.org](mailto:NelsonGK@Sutterhealth.org)  
*Staff Contact:* Elizabeth Watty – (415) 558-6620  
[Elizabeth.Watty@sfgov.org](mailto:Elizabeth.Watty@sfgov.org)

**ADOPTING FINDINGS RELATING TO THE APPROVAL OF A CONDITIONAL USE (“CU”) AUTHORIZATION TO: (1) AUTHORIZE THE CATHEDRAL HILL HOSPITAL AND MEDICAL OFFICE BUILDING AS A MEDICAL CENTER USE WITHIN THE RC-4 DISTRICT AND PURSUANT TO THE PROVISIONS FOR THE VAN NESS SPECIAL USE DISTRICT; (2) ALLOW CONSTRUCTION OF BUILDINGS OVER 50’-0” IN AN RC-4 DISTRICT; (3) AUTHORIZE DEMOLITION OF FIVE RESIDENTIAL DWELLING-UNITS AT THE CATHEDRAL HILL MOB SITE; (4) MODIFY STANDARDS FOR ACTIVE GROUND FLOOR USES AND WIDTH OF CURB CUTS; (5) PROVIDE AN EXCEPTION TO ALLOW WIND SPEEDS GREATER THAN 11 MPH AT CERTAIN SIDEWALK LOCATIONS AROUND THE PERIMETER OF THE MEDICAL CENTER; (6) MODIFY THE BULK LIMITS APPLICABLE TO THE CATHEDRAL HILL HOSPITAL AND CATHEDRAL HILL MOB SITES; (7) MODIFY THE 3:1 RESIDENTIAL TO NET NEW NON-RESIDENTIAL RATIO REQUIREMENT IN THE VAN NESS SPECIAL USE DISTRICT, PURSUANT TO PLANNING CODE SECTIONS 145.1, 209.3, 243, 253, 270, 271, 303, AND 317, WITH RESPECT TO A PROPOSAL TO: (1) DEMOLISH AN EXISTING HOTEL AND OFFICE BUILDING (ASSESSOR’S BLOCK 0695, LOTS 005, 006) AND CONSTRUCT A NEW, APPROXIMATELY 15 STORY, 555-BED, 875,378 G.S.F ACUTE CARE HOSPITAL WITH 513 UNDERGROUND PARKING SPACES; (2) DEMOLISH SEVEN EXISTING VACANT RESIDENTIAL AND COMMERCIAL BUILDINGS (ASSESSOR’S BLOCK 0694, LOTS -005, -006, -007, -008, -009, 009A, -010) AND CONSTRUCT A NEW, APPROXIMATELY 261,691 G.S.F MEDICAL OFFICE BUILDING WITH 542 UNDERGROUND**

PARKING SPACES; (3) CONSTRUCT A PEDESTRIAN TUNNEL UNDER VAN NESS AVENUE TO CONNECT THE HOSPITAL TO THE MEDICAL OFFICE BUILDING; AND (4) IMPLEMENT VARIOUS STREETScape, SIDEWALK, AND LANDSCAPE IMPROVEMENTS SURROUNDING THE MEDICAL CENTER, WITHIN THE RC-4 (RESIDENTIAL-COMMERCIAL HIGH DENSITY) DISTRICT, VAN NESS SPECIAL USE DISTRICT, AND 130-V HEIGHT AND BULK DISTRICT, AND ADOPTING FINDINGS UNDER THE CALIFORNIA ENVIRONMENTAL QUALITY ACT, INCLUDING THE ADOPTION OF A MITIGATION MONITORING AND REPORTING PROGRAM AND A STATEMENT OF OVERRIDING CONSIDERATIONS.

## PREAMBLE

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

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new Cathedral Hill Hospital and Cathedral Hill Medical Office Building (MOB).

On June 10, 2010, the Project Sponsor submitted a request to amend the following sections of the General Plan: (1) the text of the Van Ness Area Plan to support a high density medical center at the intersection of Van Ness Avenue and Geary Boulevard that is consistent with the City's Better Streets Plan and reflect various elements of this use; (2) "Map 1 – Generalized Land Use and Density Plan" of the Van Ness Area Plan to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Hospital Site from 7:1 to 9:1, and to increase the FAR for the MOB site from 7:1 to 7.5:1; (3) "Map 2 – Height and Bulk Districts" of the Van Ness Area Plan to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0"; (4) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height applicable to the Hospital site of 265'-0"; and (5) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 385'-0" and 466'-0", respectively, for the Cathedral Hill Hospital site, and 265'-0" and 290'-0", respectively, for the Cathedral Hill MOB site (2009.0885M).

On April 28, 2011, the Project Sponsor submitted a request, as modified by subsequent submittals, for a General Plan Referral, Case No. 2009.0885R, regarding construction of a tunnel that would connect the Cathedral Hill Hospital and Cathedral Hill MOB below grade under Van Ness Avenue, installation of

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

two diesel fuel tanks under the Geary Boulevard sidewalk at the Cathedral Hill Hospital site; and sidewalk widening along various streets adjacent to the Cathedral Hill Campus (2009.0885R).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the San Francisco Planning Code: (1) Section 243, the Van Ness Special Use District, to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities; allow modification of otherwise applicable standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents; allow modification through Conditional Use authorization of otherwise applicable standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages; allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code; allow modification of otherwise applicable loading standards for medical centers; and to allow modification through Conditional Use authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities. (Case No. 2009.0885T).

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

On June 10, 2010, the Project Sponsor submitted an application, as modified by subsequent submittals, to the Department for the allocation of Office Space for approximately 194,000 s.f of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill MOB (Case No. 2009.0885B), with respect to a broader proposal to: (1) demolish the existing Cathedral Hill Hotel and 1255 Post Street office building (Assessor's Block/Lot 0695-005, 006) and construct a new, approximately 15 story, 555-bed, 875,378 g.s.f acute care hospital with 513 underground parking spaces at 1101 Van Ness Avenue; (2) demolish seven existing vacant residential and commercial buildings (Assessor's Blocks/Lots 0694/005-010) and construct a new, approximately 261,691 g.s.f Cathedral Hill MOB with 542 underground parking spaces at 1100 Van Ness Avenue; (3) construct a pedestrian tunnel under Van Ness Avenue to connect the Cathedral Hill Hospital to the Cathedral Hill MOB; and (4) various streetscape, sidewalk, and landscape improvements surrounding the Medical Center (collectively, "Cathedral Hill Project"), within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 130-V Height and Bulk District.

On June 10, 2010, the Project Sponsor filed an application with the Department for Conditional Use Authorization to allow (1) the Cathedral Hill Hospital and Cathedral Hill MOB as a medical center use within the RC-4 District and pursuant to the provisions for the VNSUD; (2) allow construction of buildings over 50'-0" in an RC-4 District; (3) authorize demolition of five residential dwelling-units at the Cathedral Hill MOB site; (4) modify standards for active ground floor uses and width of curb cuts; (5)

provide an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Campus; (6) modify the bulk limits applicable to the Cathedral Hill Hospital and MOB sites; (7) modify the 3:1 residential to net new non-residential ratio requirement in the Van Ness Special Use District ("VNSUD"), pursuant to Planning Code Sections ("Sections") 145.1, 209.3, 243, 253, 270, 271, 303, and 317.

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

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

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No. \_\_\_\_, (4) the Transfer Agreement in Board File No. \_\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No. \_\_\_\_\_.

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

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

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

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

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. \_\_\_\_\_, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (4) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (5) Motion No. \_\_\_\_\_, approving the proposed Office Space Allocation authorization; (6) Motion No. \_\_\_\_\_, approving the General Plan Referral; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the proposed draft Development Agreement.

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

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

**MOVED**, that the Commission hereby authorizes the Conditional Use requested in Application No. 2009.0885EMTZCBRSK, subject to the conditions contained in "EXHIBIT A" of this motion, based on the following findings:

## **FINDINGS**

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** The site of the proposed Cathedral Hill Hospital currently contains the Cathedral Hill Hotel and Office Building. The site occupies a full city block – bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street – and contains approximately 106,000 square feet of lot area. The site slopes downward to the east along Post Street and Geary Boulevard, and slopes downward to the south along Franklin Street and Van

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

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

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

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

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

- 3. Surrounding Properties and Neighborhood.** The neighborhoods surrounding the Cathedral Hill Medical Center site include Cathedral Hill, the Tenderloin, the Polk Street NCD, the Western Addition, Civic Center, Little Saigon, Japantown and Lower Pacific Heights. Although the surrounding neighborhoods contain predominately low- and mid-rise structures, there are a number of large-scale high-rise apartment buildings and several large commercial buildings in the Van Ness Avenue corridor. The Cathedral Hill neighborhood is also known for its prominent houses of worship, including St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church.

The Cathedral Hill Project site is at a major transit hub. It is directly accessible to nine Muni Bus lines. The following weekday routes serve the area: 2-Clement, 3-Jackson, 4-Sutter, 19-Polk, 31-Balboa, 38-Geary, 38L-Geary Limited, 47-Van Ness, 49-Van Ness Mission and 76-Union. The Golden Gate Bridge, Highway, and Transportation District provides regional transit services between San Francisco and Marin and Sonoma Counties, with seven Golden Gate Transit bus

routes serving the Campus area, including two basic routes and five commute routes. The Cathedral Hill Project site is approximately three quarters of a mile from the Civic Center Bay Area Rapid Transit (BART)/Muni station.

The site is also bounded by or in the vicinity of major thoroughfares including Geary Boulevard, Franklin Street and Van Ness Avenue. Van Ness Avenue is the continuation of U.S. 101 Highway through the City, joining, via Lombard Street, the Golden Gate Bridge to the north with the elevated U.S. 101 approximately one mile to the south.

4. **Project Description.** The application before the Commission is the Conditional Use authorization for the Cathedral Hill Project, but the other Near-Term Projects are described here for context. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill Hospital is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.<sup>2</sup> In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus.<sup>3</sup>

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

The proposed Cathedral Hill Hospital will be a 555-bed, 265'-0" tall, 15-story, approximately 875,378 g.s.f acute care hospital. The Cathedral Hill Hospital may include, but is not limited to, inpatient medical care, labor and delivery, and post-partum care; specialized programs such as organ transplantation, interventional cardiology and newborn intensive care; and an approximately 12,000 sf emergency department. It will also include retail space, a cafeteria, education and conference space; a private, outdoor courtyard for patients, visitors, and staff, and a central utility plant and a three-level underground parking garage with 513 parking spaces. All

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<sup>2</sup> 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

<sup>3</sup> Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific and California campuses, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

vehicular access to the main drop-off and parking levels will be from Geary Boulevard and Post Street, with emergency vehicle (ambulance) access from Post Street. Large vehicle loading and private vehicle access to the emergency department will be from Franklin Street.

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

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

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

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

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



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

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

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

The Cathedral Hill MOB would provide office space for physicians affiliated with the Cathedral Hill Hospital and for other ancillary uses. The Cathedral Hill MOB would be about nine stories at the highest portion of the building along Van Ness Avenue. It is approximately 130 feet tall to the top of the roof, varying in height from approximately 122 to 169 feet due partly to the slope of the site.

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

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

portion of the building is set back from the Van Ness Avenue podium façade to reinforce this scale at the street.

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

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

CPMC's streetscape plan has been designed to complement the City-sponsored improvements anticipated as part of the BRT project. The plan for Geary Boulevard west of Van Ness includes a stop for the proposed Geary BRT with a transit plaza. The Van Ness BRT stops are planned for the Van Ness median south of Geary. The final locations of the BRT stops have not been determined; however CPMC will update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. The streetscape plan includes designs for BRT stop shelters. CPMC's Cathedral Hill Project includes benches along Geary Street and Post Street to accommodate transit riders. A stop for the CPMC shuttle is planned near the corner of Post Street and Van Ness Avenue, which will provide wind and rain protection and will also include shade trees and seating.

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

Additional medical office space will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space. That building will be renovated, retaining the existing retail and parking spaces; an additional 60 parking spaces

required as the result of increased medical office use within the building will be provided off-site within the Cathedral Hill Hospital's underground parking garage.

5. **Public Comment.** The Department has received substantial support and opposition to CPMC's LRDP, over the past 7 years since the initial EEA was submitted. Support for and against CPMC's LRDP can be found in the project files at the Planning Department.
6. **CEQA Findings.** On April 26, 2012, by Motion No.\_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Project. A copy of Commission Motion No.\_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on \_\_\_\_\_ in Motion No. \_\_\_\_\_.
7. **Planning Code Compliance:** The Commission finds that the Cathedral Hill Project is consistent with the relevant provisions of the Planning Code in the following manner:
  - A. **Floor Area Ratio.** Planning Code Section 124 establishes an FAR of 4.8 to 1 for non-residential uses in the RC-4 District. In the Van Ness Special Use District, the FAR limit for properties zoned RC-4 is increased to 7.0 to 1 where the height limit is 130'-0".

*The Project includes Planning Code Text and Map Amendments, as well as General Plan Amendments to change the existing 7.0 to 1 FAR limit for the Campus to 9.0 to 1 for the Cathedral Hill Hospital site and 7.5 to 1 for the Cathedral Hill MOB site, subject to Conditional Use Authorization for a hospital, medical center or other medical institution. The Cathedral Hill Project does include a request for Conditional use authorization for a medical center use; if the Board of Supervisors approves these amendments, the Cathedral Hill Project will be compliant with Planning Code Sections 124 and 243, with respect to FAR.*

- B. **Permitted Obstructions.** Planning Code Section 136 establishes limits on various permitted obstructions allowed to extend into required open areas, including Section 136(c)(1)(B), which specifically establishes limits for obstructions over streets or alleys for overhead horizontal projections of a purely architectural or decorative character such as cornices, eaves, sills and belt courses.

*The Cathedral Hill Project includes Planning Code Text Amendments to allow medical centers within the Van Ness Medical Use Subdistrict that would otherwise be subject to the applicable standards for overhead horizontal projections in Section 136(c)(1)(B), to exceed such standards for vertical dimensions and horizontal projections for architectural features to provide visual interest, achieve appropriate articulation of building facades, and reduce pedestrian level wind currents. If the Board of*

*Supervisors approves this amendment, the Cathedral Hill Project will be compliant with Planning Code Section 136(c)(1)(B).*

- C. **Awnings, Canopies and Marquees.** Planning Code Section 136.1 establishes limits on the dimensions and degree of encroachment of awnings into the public right-of-way.

*The Cathedral Hill Project includes Planning Code Text Amendments to allow medical centers within the Van Ness Medical Use Subdistrict that would otherwise be subject to the applicable standards for awnings in Section 136.1, to exceed such standards to allow for covered patient drop-off and entry areas. Building Code requirements for hospitals require covered patient drop-off areas that are larger than what is permitted in Section 136.1. If the Board of Supervisors approves this amendment, the Cathedral Hill Project will be compliant with Planning Code Section 136.1.*

- D. **Better Streets Plan.** Planning Code Section 138.1 requires large development projects to include streetscape and pedestrian improvements on all publicly accessible rights-of-way directly fronting the property.

*The Project Sponsor has submitted a streetscape plan to the Planning Department showing the location, design, and dimensions of all existing and proposed streetscape elements in the public right-of-way directly adjacent to the fronting property, including street trees, sidewalk landscaping, street lighting, site furnishings, utilities, driveways, and curb lines, and the relation of such elements to proposed new construction and site work on the subject property, which is incorporated into the plans on file for the Cathedral Hill Project, dated February 22, 2012, and stamped "EXHIBIT B".*

- E. **Street Trees.** Planning Code Section 138.1 requires one street tree for every 20-feet of street frontage for new construction, with one additional tree required for each remaining 10-feet of frontage.

*The proposed Cathedral Hill Hospital building would occupy 275 feet of frontage along Van Ness Avenue, 385 feet of frontage along Geary Boulevard, 275 feet of frontage along Franklin Street, and 385 feet of frontage along Post Street. The Project Sponsor has agreed to install and maintain 46 of the 66 total street trees required by the Code, and will pay an in-lieu fee to cover the cost of the 20 trees not installed at the Cathedral Hill Hospital site.*

*The proposed Cathedral Hill MOB would occupy 120 feet of frontage along Van Ness Avenue, 302 feet of frontage along Geary Street, 389 feet of frontage along Cedar Street – South side, and 389 feet of frontage along Cedar Street – North side. The Project Sponsor has agreed to install and maintain 38 of the 59 total street trees required by the Code, and will pay an in-lieu fee to cover the cost of the 21 trees not installed at the Cathedral Hill MOB site.*

*The Project Sponsor will pay an in-lieu fee for the 41 street trees not installed, but required as part of this Cathedral Hill Project, as specified in Exhibit A, Conditions of Approval, for this Cathedral Hill Project.*

- F. **Street Frontage in Neighborhood Commercial Districts.** Section 145.1 of the Planning Code regulates street frontage requirements for new construction and building alterations with the goal to preserve enhance and promote attractive, clearly defined street frontages that are pedestrian-oriented, fine-grained, and which are appropriate for neighborhood/residential-commercial and mixed use districts.

*The Cathedral Hill Project includes Planning Code Text Amendments to allow modification of standards for active ground floor uses and width of curb cuts, provided that, on balance, active uses and curb cuts around the perimeter of a site with multiple frontages meet the intent of this Section.*

*Planning Code Section 145.1 regulates street frontage requirements for new construction and building alterations with the goal to preserve enhance and promote attractive, clearly defined street frontages that are pedestrian-oriented, fine-grained, and which are appropriate for neighborhood/residential-commercial and mixed use districts. Although the proposed Hospital and MOB deviate from certain requirements for curb cut width of parking and loading entrances (145(c)(2)) and active ground floor uses (145(c)(3)), street frontages proposed for the Medical Center are consistent with the goals of Section 145.1.*

*Van Ness Avenue: The Van Ness Avenue street frontage contains retail (30%), lobby and main building entrance (30%), a water feature (15%), and staircases and entrance (25%). The retail and building entrances consist primarily of stone, glass and metal panel, while the water feature consists of a stone wall behind a waterfall. The retail space is likely to contain coffee shop type uses compatible with residential-commercial and pedestrian friendly street frontages. No curb cuts are proposed for Van Ness Avenue.*

*Geary Boulevard: The Geary Boulevard frontage contains lobby (33%), gift shop (10%), green wall and gas meter room entrance (17%), garage exhaust/staircase and exit (14%), emergency egress and drive through (13%), and an oxygen tank room (15%) which is screened with aluminum fins and stone. The lobby and gift shop contain primarily glass, stone and metal panel, while the remainder of the areas contain stone, aluminum louver and metal panels. There are approximately 34 feet of curb cuts for the emergency egress and garage ingress on Geary Boulevard.*

*Franklin Street: The Franklin Street frontage consists primarily of loading dock (53%), emergency department (34%) and oxygen tank enclosure (13%). There are approximately 64 feet of curb cuts for the loading and drop-off areas on Franklin Street. Stone, glass, aluminum louver, and metal panel are the primary materials used along Franklin Street.*

*Post Street: The Post Street frontage contains cafeteria and staircase (15%), water feature (10%), green walls (16%), emergency department (12%), ambulance bay (9%), entrance and hallway (14%), vehicular drive through (6%), chapel and shuttle drop-off entry (19%). Stone and glass are the primary materials used at the cafeteria, chapel, and entry areas along Post Street. There are approximately 52 feet of curb cuts for the vehicular entrances/exits on Post Street.*

*Street frontage at the Cathedral Hill MOB is conducive to pedestrian activity on Geary Street, Van Ness Avenue, and Cedar Street, and the overall pedestrian experience is complemented by the proposed streetscape planned for the Campus.*

*Active ground floor uses on the Geary Street frontage include approximately 56% retail and 27% lobby/entry. The garage entry meets the requirements of Section 145.29(c) (2) and comprises only 5% of the street frontage along Geary Street. The mechanical vent (12%) is a necessary component of the Cathedral Hill MOB, and is faced with stone material to compliment the street frontage.*

*The Van Ness Avenue frontage contains 58% retail and 17% lobby/entry space. These active uses contain the main pedestrian entrances and promote attractive street frontages per the goals of the Section 145.1.*

*The street frontage along the western portion of Cedar Street contains retail (20%) and lobby/entry (10%). A green wall with vegetation screens approximately 48% of the Cedar Street frontage containing mechanical/electrical and building services, which can be exempted from street frontage requirements per Section 145.1(c)(3). A garage entry (11%) and a service entry (11%) are located at the easternmost portion of the Cathedral Hill MOB on Cedar Street.*

- G. Off-Street Parking.** Planning Code Section 151 requires one off-street parking space for each eight beds (excluding bassinets) or for each 2,400 square feet of gross floor area devoted to sleeping rooms, whichever results in the greater requirement for hospitals. Parking requirements for medical office space is one space for each 300 square feet of occupied floor area. Parking requirements for retail space is one space for each 500 square feet of occupied floor area up to 20,000. Section 159(c) allows required off-street parking spaces for all uses other than dwellings to be within a walking distance of 800 feet. Section 204.5 specifies a maximum number of accessory parking spaces equal to 150 percent of the required accessory spaces.

*The Cathedral Hill Hospital site includes 394,490 sf of occupied floor area dedicated to inpatient care, which results in a parking requirement of 164 spaces, and parking allowance of 246 spaces. The Cathedral Hill MOB contains 7,075 sf of occupied floor area dedicated to retail, which results in a parking requirement of 14 spaces, and a parking allowance of 21. The Cathedral Hill MOB also contains 140,357 sf of occupied floor area dedicated to medical offices, which results in a parking requirement of 468 spaces, and a parking allowance of 702. The conversion of the office building at 1375 Sutter Street that has 71,885 sf of occupied floor area dedicated from general office that would be converted as part of the LRDP to medical office space increases the parking requirement, which results in a parking requirement of 232 spaces, and a parking allowance of 348 spaces. The existing parking garage at 1375 Sutter provides 172 spaces.*

*The Cathedral Hill Project results in a total parking requirement of 878 spaces and permits up to 1317 parking spaces. Including the existing 172 parking spaces that currently exist at 1375 Sutter Street, the Cathedral Hill Project will provide 1,227 parking spaces (1,055 new spaces under the Cathedral Hill Hospital and MOB), which is within the Code-compliant amount of parking permitted.*

- H. **Off-Street Loading.** Section 152 provides a schedule of required off-street freight loading spaces for all uses in districts other than C-3 or South of Market. Pursuant to this Section, office uses measuring between 200,001 - 500,000 g.s.f. require two off-street loading spaces. In addition, all other uses (such as the Cathedral Hill Hospital use) with more than 500,000 g.s.f. require 3 loading spaces plus 1 for each additional 400,000 sq. ft. Pursuant to Planning Code Section 154, the loading spaces are required to have a minimum length of 35 feet, a minimum width of 12 feet, and a minimum vertical clearance including entry and exit of 14 feet, except that the first such space required for any structure or use shall have a minimum width of 10 feet, a minimum length of 25 feet, and a minimum vertical clearance, including entry and exit, of 12 feet.

*The Cathedral Hill Project includes approximately 261,691 g.s.f. of medical office space, and approximately 875,378 g.s.f. of hospital space. Therefore, two off-street loading spaces are required for the Cathedral Hill MOB and three off-street loading spaces are required for the Cathedral Hill Hospital, for a Campus total of five off-street loading spaces. Section 154(b) of the Planning Code requires that loading spaces have a minimum length of 35 feet, a minimum width of 12 feet, and a minimum vertical clearance including entry and exit of 14 feet.*

*The Cathedral Hill Hospital would provide 18 off-street loading spaces, including space for trucks up to 55 feet long, and the Cathedral Hill MOB would provide two (2) off-street loading spaces. Although the Cathedral Hill MOB loading spaces would not meet the dimension requirements outlined in Planning Code Section 154 (a vertical clearance of 12 feet rather than the required 14 feet), it has been demonstrated through a detailed loading study that the required loading needs of the Campus could be met through the combination of 18 loading spaces at the Cathedral Hill Hospital and 2 slightly smaller dimensioned loading spaces at the Cathedral Hill MOB.*

*Many deliveries of necessary supplies and other materials to the Campus would be made from the Sutter Health regional distribution center in Millbrae, which allows for consolidation and coordination for a more efficient delivery schedule that minimizes trips. The Tunnel connecting the Cathedral Hill Hospital and MOB would be used for movement of materials between the buildings, thereby further reducing street congestion.*

*In recognition of the fact that the loading needs for the Campus are unique and have already been identified, the Project Sponsor has proposed, through Planning Code Text Amendments, flexibility in the dimension of loading spaces serving the Campus based on demonstrated vehicle type and frequency.*

- I. **Bicycle Parking.** Section 155.4(d)(3) of the Planning Code requires 12 bicycle parking spaces, when the gross floor area commercial building exceeds 50,000 g.s.f.

*The Cathedral Hill Project would be required to provide a minimum of 24 Class 1 or 2 bicycle parking spaces (a minimum of 12 spaces for each building). The Cathedral Hill Project would include 164 Class 1 or 2 bicycle parking spaces for staff within the underground garage, and would provide an additional*

*24 bicycle parking spaces for visitors by the main entrances of the Cathedral Hill Hospital and MOB buildings.*

- J. **Showers and Clothes Lockers.** Section 155.3 of the Planning Code requires no fewer than four showers and eight clothes lockers, when the gross floor area of the new medical office building exceeds 50,000 g.s.f.

*The Cathedral Hill Project would provide 37 showers and 46 clothes lockers, to satisfy this requirement of the Planning Code.*

- K. **Car Share Parking.** Section 166 of the Planning Code requires no fewer than one car share parking space for every 50 non-residential parking spaces.

*The Cathedral Hill Hospital and MOB parking garages contain 1,055 new parking spaces and would provide a minimum of 21 car share parking spaces.*

- L. **Land Use.** A Medical Center institutional use in the RC-4 District is allowed with Conditional Use authorization, pursuant to Planning Code Section 209.3(a).

*The Cathedral Hill Project includes a request for Conditional Use authorization for a medical center use in the RC-4 District, pursuant to Planning Code Section 209.3(a). Furthermore, the Cathedral Hill Project includes Planning Code Text Amendments to the Van Ness SUD (Section 243) to allow medical centers within the Van Ness Medical Use Subdistrict, in order to allow for the development of a seismically compliant medical facility with unique design requirements not otherwise permitted within the Van Ness Special Use District.*

- M. **Use Size.** A commercial establishment resulting in a non-residential use size over 6,000 g.s.f in the RC-4 District is allowed with Conditional Use authorization, pursuant to Planning Code Section 209.8.

*The medical center uses proposed as part of the Cathedral Hill Project are medical institutional uses subject to Planning Code Section 209.3(a), and are not commercial uses subject to the requirement for a Conditional Use Authorization for a non-residential use size greater than 6,000 g.s.f in the RC-4 District, pursuant to Planning Code Section 209.8(f). None of the individual retail spaces proposed within the Cathedral Hill Hospital or MOB would exceed the 6,000 s.f. limit.*

- N. **Van Ness SUD – Housing.** The Van Ness Special Use District (VNSUD), pursuant to Planning Code Section 243, provides that non-residential uses must provide residential space at a 3:1 ratio for any “net-new” occupied non-residential floor area unless exempted through provisions in Planning Code Section 243(c)(8)(iv) that allow the Commission to modify the 3:1 requirement based on certain findings.

*At the Cathedral Hill Campus, the total net new non-residential space is 665,825 sf, which if multiplied by three, would total 1,997,475 sf of housing required to be built under the VN SUD as part of the Cathedral Hill Medical Center Project.*



*As a medical institutional use, however, CPMC is permitted to seek a Conditional Use to allow for a modification of this requirement, if certain findings can be met:*

- 1. Taking into consideration projects constructed since the effective date of the VNSUD and the housing development potential remaining in the district, the overall objective of adding a substantial increment of new housing on Van Ness Avenue will not be significantly compromised,*
- 2. The project is to provide space for an institutional, hotel, medical, cultural or social service use meeting an important public need which cannot reasonably be met elsewhere in the area, and*
- 3. Housing cannot reasonably be included in the project referred to in (1) and (2) above.*

*An overview of housing development potential in the VNSUD is relevant in making this finding. The 1987 EIR for the Van Ness Area Plan indicated that the future housing development potential within the VNSUD totaled approximately 2,200 units. According to the City's database, there have been 13 housing projects with approximately 988 housing units built in the VNSUD between 1990 and 2009. In addition, there are approximately 538 housing units in pending projects in the City's pipeline that are reasonably likely to be constructed, resulting in a total of approximately 1,526 units constructed or in the pipeline since the VNSUD became effective in 1988. Thus, under the 1987 EIR assumptions regarding future development potential, only 674 more units would be needed to reach full build-out as envisioned at the time the VNSUD was created. Thus, production of housing to meet the overall objective of adding a substantial increment of new housing along Van Ness Avenue has been tracking well since the creation of the VNSUD. Moreover, neither the Hospital site nor the MOB site were identified in the 1987 EIR for the Van Ness Area Plan or the City's Housing Element as sites with future housing development potential. Therefore, development of non-residential uses at these sites as proposed by CPMC would not materially affect the remaining development potential in the VNSUD.*

*In addition, CPMC has agreed to make certain payments for housing, which could be used to further the objective of constructing new housing within the VNSUD. Although the Cathedral Hill Project proposes by conditional use to waive the 3:1 requirement and as an institutional use is exempt from the City's Jobs-Housing Linkage Fee, through the draft Development Agreement, CPMC has agreed to pay the following: \$2,684,800 in funding to replace 20 rent-controlled units demolished in order to allow construction of the new MOB, \$1,453,820 in funding to replace 5 rent-controlled units demolished in order to allow construction of the new MOB, \$29 million to the City's affordable housing fund, and an additional \$29 million to a newly created down payment assistance loan program for CPMC employees earning up to 100% of area median income. Funds from the down payment assistance loans would be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated additional \$35 million (including \$6 million in property appreciation) is expected to flow into the affordable housing fund this way over time.*

*The Cathedral Hill Project would be an institutional medical service use meeting an important public need. The Medical Center would allow CPMC to transfer inpatient, outpatient and emergency services from its Pacific and California Campuses into a seismically compliant facility that would also meet the criteria for modern medical inpatient facilities. The proposed Medical Center would provide medical services to a currently underserved area of the City that includes the Tenderloin/Little Saigon neighborhood, an area with a high population density of low-income households, seniors (the most frequent users of hospital care), children and youth. This important public need met by the Cathedral Hill Project cannot reasonably be met elsewhere in the area, as no other site in the area met the site selection criteria which were required for the Cathedral Hill Project .*

*Housing cannot reasonably be included at the Cathedral Hill Hospital site. Since the services located in the podium require that it cover the entire site, the only location for housing on the Cathedral Hill Hospital site would be within the tower. The Cathedral Hill Hospital has many operational and security considerations which would make the inclusion of housing infeasible. Further, because the cost of SB 1953-compliant structures is substantially more expensive than for traditional construction, the per-unit cost would be cost-prohibitive.*

*In order to allow the Cathedral Hill MOB to be of sufficient size, the inclusion of housing at the Cathedral Hill MOB site, whether in the Cathedral Hill MOB or as a separate structure, would require a building or buildings with a larger envelope than the Cathedral Hill MOB. Because of the differing operational needs of housing and medical office/clinic uses, the building would require significant duplication of certain areas and systems, including lobby, mechanical and, to a lesser extent, parking, increasing the overall cost and decreasing the relative affordability of the housing component. Since the Cathedral Hill MOB needs to be adjacent to the Cathedral Hill Hospital, there is no known available site where an MOB with housing could be located.*

*(See also C&R pages 3.3-96 to 3.3-129 for a detailed analysis of this issue, including why it is infeasible to include housing as part of the project, , which is incorporated herein by reference.)*

*For the foregoing reasons, the Cathedral Hill Project is a medical service use meeting an important public need, and cannot reasonably include housing. Although it is proposed that the Commission waive the requirement in its entirety through a Conditional Use authorization, the Commission will also consider the proposed Development Agreement, which includes CPMC's proposed housing contributions.*

*As discussed above and in the General Plan /Planning Code Section 101.1 consistency findings, the Cathedral Hill sites were not assumed to be housing sites under the VNSUD and therefore are not assumed to contribute to the overall housing production for the area. In addition, the Cathedral Hill Project qualifies as the type of beneficial institutional use for which the 3:1 residential to non-residential ratio is appropriately modified or waived. Nonetheless, the Mayor's Office of Housing (MOH) has conducted an analysis regarding the VNSUD's 3:1 requirement if it were applied to the Cathedral Hill Project. MOH has concluded that without modification or waiver of the requirement, the Cathedral Hill Project's approximate affordable housing production requirement would be about 220 units. MOH has also determined that the \$29 million affordable housing payment under the*

*Development Agreement will fund development of approximately 145 new affordable units, and the DALP program will provide an approximately \$35 million dollars through loan repayments and property appreciation that will fund development of approximately an additional 175 units, or a total of 320 units. Therefore, with the Development Agreement contributions, the Cathedral Hill Project will substantially exceed the maximum underlying affordable housing production goal that could be attributed to the Project under the VNSUD 3:1 requirement..*

- O. **Van Ness SUD – Ground Story Wind Levels.** Planning Code Section 243(c)(9) allows exceptions to be sought to permit wind speeds higher than 11 mph at certain sidewalk locations around the perimeter of the Medical Center, providing that, on balance, conditions are not worsened.

*The VNSUD (Section 243(c)(9)) regulates pedestrian-level wind speeds resulting from the construction of new buildings, prohibits wind speeds considered hazardous, and encourages limiting wind speeds to levels considered comfortable. The maximum wind speed for comfort is 11 mph, and in certain circumstances wind speeds higher than the comfort level are permitted at the discretion of the Planning Commission.*

*Wind studies conducted under the FEIR demonstrate that the proposed Cathedral Hill Project would not create any hazardous wind conditions, but could result in 12 sidewalk test points that currently have wind speeds above the comfort level to remain above the comfort level. The wind study also found that the project would reduce the wind speed at 4 points from above the comfort level to within the level and also increase 4 other points from within the comfort level to above the level. Therefore, the total number of points exceeding the wind comfort level would be the same after construction of the Cathedral Hill Project as under existing conditions.*

*These points exceeding the comfort level are generally along Geary St. and near the Post Street and Van Ness Avenue intersection.*

*Although it is likely that a combination of building architectural features, street trees and street furniture that are proposed for the Cathedral Hill Project would break up wind currents sufficiently to cause the sidewalk level winds to be within the Code specified comfort level, a Conditional Use authorization is being requested. While wind speeds may increase at some locations, on balance, the construction of the Cathedral Hill Project would not degrade wind comfort overall, and would result in significant public benefit.*

- P. **Height Limit.** Section 253 of the Planning Code requires a Conditional Use authorization for review of any building or structure exceeding 50 feet in height in an RC District, and Section 260 of the Planning Code limits the height of development at the Hospital and MOB sites to 130 feet.

*Both the Cathedral Hill Hospital and MOB buildings would exceed a height of 50'-0", being approximately 265'-0" and 130'-0", respectively, thereby requiring Conditional Use authorization pursuant to Planning Code Sections 243 and 253. The buildings have been sculpted and provide setbacks at upper levels so to be compatible with the scale and massing of the surrounding*

*neighborhood and larger City skyline.*

*The proposed height of 265 for the Cathedral Hill Hospital is largely the result of operational requirements for modern medical facilities and for inpatient services currently located at the Pacific and California Campuses that would be transferred to the Cathedral Hill Hospital when complete. Height amendments to the General Plan and Planning Code Maps are being sought in accompanying applications. If the Board of Supervisors approves these amendments, the Cathedral Hill Project will be compliant with Planning Code Section 260.*

*The Cathedral Hill MOB complies with the provisions set forth in Section 260 of the Planning Code regarding not exceeding the height limit of 130 feet.*

- Q. Bulk Limitation.** The proposed Cathedral Hill Hospital and MOB sites are subject to the "130-V" Height and Bulk District, which means they are limited to maximum length and diagonal dimensions of 110 and 140, respectively, pursuant to Planning Code Section 270. The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

*Planning Code Section 270 permits a maximum length of 110 feet and maximum diagonal dimensions of 140 at the sites of the proposed Cathedral Hill Hospital and MOB. The proposed length of 385 feet and diagonal dimension of 466 feet for the Cathedral Hill Hospital, and proposed length of 265 and diagonal dimension of 290 feet for the Cathedral Hill MOB exceed the maximum allowed dimensions in Section 270 and therefore require Conditional Use authorization.*

*Section 271 of the Planning Code allows deviation of bulk limits under the discretion of the Planning Commission for the development of a building or structure with widespread public service benefits and significance to the community at large, where compelling functional requirements of the specific building or structure make necessary such a deviation.*

*The Cathedral Hill Project includes General Plan and Zoning Map Amendments, as well as Planning Code Text Amendments, to allow a deviation from the requirements of Section 260 for a medical center project, due to the unique massing and volume requirements for medical facilities, if authorized as a Conditional Use authorization, pursuant to Section 303 of this Code, in lieu of findings otherwise required under Section 271 of this Code. If the Board of Supervisors approves these amendments, the Cathedral Hill Project will be compliant with the bulk limitations outlined in the Planning Code.*

*Almost all hospital buildings require exceptions from bulk limits, and the requested exception from bulk limits is consistent with precedent from other hospital approvals. Other specific functional requirements of the Cathedral Hill Hospital and MOB resulting in the proposed size and configuration of these buildings are discussed. The Cathedral Hill Project would result in the construction of a new, seismically compliant hospital to replace CPMC's existing acute care hospitals at the California and Pacific Campuses and, therefore, would have significance to the community at large and would have other accompanying widespread public service benefits, as described in more detail in the General Plan and Planning Code Section 101.1 consistency findings.*

- R. **Shadows.** Section 295 of the Planning Code restricts the construction of any structure over 40'-0" that will cast any shade or shadow upon any property under the jurisdiction of, or designated for acquisition by, the Recreation and Park Commission, except upon prior action of the City Planning Commission.

*On September 23, 2009, the Project Sponsor submitted a request for Section 295 review of the Cathedral Hill Hospital and MOB; both buildings exceed 40 feet in height (Case No. 2009.0885K). Department staff prepared a shadow fan depicting the potential shadows cast by the buildings and concluded that neither building would have a potential impact on properties subject to Section 295.*

- S. **Dwelling Unit Removal.** Planning Code Section 317 limits the demolition of dwelling-units in certain districts, and requires Conditional Use authorization for the demolition of three or more dwelling units in the RC-4 District.

*The Cathedral Hill Project includes demolition of five residential dwelling units at the Cathedral Hill MOB site. Conditional Use authorization is required, pursuant to Planning Code Section 317, for the demolition of three or more residential dwelling-units in the RC-4 District.*

*As part of the Commission's review of any project that includes the demolition of residential dwelling-units, they shall consider the following additional criteria:*

- (i) *whether the property is free of a history of serious, continuing Code violations;*

*The properties containing the five existing dwelling units have had a history of various violations, although none were directly associated with the dwelling units; all violations pre-dated CPMC's ownership of these parcels.*

- (ii) *whether the housing has been maintained in a decent, safe, and sanitary condition;*

*The housing has been maintained in a decent, safe, and sanitary condition.*

- (iii) *whether the property is an "historical resource" under CEQA;*

*The properties containing the five dwelling units proposed for demolition were determined through the FEIR not to be historical resources under CEQA.*

- (iv) *whether the removal of the resource will have a substantial adverse impact under CEQA;*

*Not Applicable.*

- (v) *whether the project converts rental housing to other forms of tenure or occupancy;*

*The Cathedral Hill Project would convert rental housing into medical office space.*

- (vi) *whether the project removes rental units subject to the Rent Stabilization and Arbitration Ordinance;*

*The Cathedral Hill Medical Center Project removes five dwelling units that are subject to the Rent Stabilization and Arbitration Ordinance. Through contributions in the Development Agreement, the Cathedral Hill Project would provide replacement funds for these units and contribute funds for new permanently affordable housing.*

- (vii) *whether the project conserves existing housing to preserve cultural and economic neighborhood diversity;*

*Although the Cathedral Hill Project does not conserve the existing housing, it will preserve the cultural and economic diversity throughout the neighborhood by locating a new seismically safe acute care hospital along major transit lines and near neighborhoods with a large number of medically underserved individuals.*

- (viii) *whether the project conserves neighborhood character to preserve neighborhood cultural and economic diversity;*

*The Cathedral Hill Project will conserve neighborhood character and will preserve the cultural and economic diversity of the neighborhood, as outlined in Motion No. \_\_\_\_\_.*

- (ix) *whether the project protects the relative affordability of existing housing;*

*The Cathedral Hill Project will protect the relative affordability of existing housing, in that although it will include the demolition of five dwelling units and 20 residential hotel units, CPMC will in exchange contribute \$62,138,620 to the Mayor's Office of Housing ("MOH") that will go toward the construction of affordable housing and toward making homeownership more affordable for low- and middle-income employees of CPMC. This funding will result in substantially more affordable units than those being demolished as part of the Cathedral Hill Project.*

- (x) *whether the project increases the number of permanently affordable units as governed by Section 415;*

*The Cathedral Hill Project would directly increase the number of permanently affordable units governed by Section 415; the five existing dwelling units, although rent-controlled, were not considered "affordable" dwelling units, pursuant to Planning Code Section 415. The Cathedral Hill Project would, however, through commitments in the Development Agreement include payments of over \$33 million (for both replacement housing and new affordable housing) that would go directly to MOH's affordable housing fund, plus an approximately \$35 million expected to be available from repayment of downpayment assistance loan funds and the City's estimated \$6 million share of property appreciation.*

- (xi) *whether the project locates in-fill housing on appropriate sites in established neighborhoods;*

*The Cathedral Hill Project does not include any in-fill housing; however, the Cathedral Hill Project does include in-fill construction of a Medical Center that is appropriately located on two major transit lines and near neighborhoods with the greatest proportion of medically underserved individuals. The Project would also provide affordable housing funds that could be used by the City to prioritize affordable housing development on appropriate infill sites.*

- (xii) *whether the project creates Quality, new family housing;*

*Although the Cathedral Hill Project does not directly include the construction of new family housing, the Cathedral Hill Project does include funding commitments through the Development Agreement for the construction of new affordable housing, which would be available to families, and that will increase homeownership opportunities for low- and middle-income employees, which will help employees of CPMC and their families own homes in San Francisco.*

- (xiii) *whether the project creates new supportive housing;*

*Although the Cathedral Hill Project does not include the actual construction of new supportive housing, the Cathedral Hill Project does include funding for affordable housing and funding that will increase homeownership opportunities for low- and middle-income employees of CPMC. Specifically, CPMC will pay \$1,453,820 to the City's affordable housing fund to offset the demolition of the five existing dwelling units on the site, \$29 million contribution to the City's affordable housing fund, and an additional \$29 million to a newly-created down payment assistance loan program for CPMC employees earning up to 100% of area median income.*

- (xiv) *whether the project promotes construction of well-designed housing to enhance existing neighborhood character;*

*Although the Cathedral Hill Project does not include any construction of housing, it does include the construction of a Medical Center that will enhance the existing neighborhood character.*

- (xv) *whether the project increases the number of on-site dwelling units;*

*The Cathedral Hill Project does not directly increase the number of on-site dwelling units, since the Cathedral Hill Project does not include the construction of any replacement units on site. However, the Cathedral Hill Project does include an in-lieu payment to MOH to offset the demolition of the five dwelling units as well as the other*

*funding commitments described above, which will increase the overall number of dwelling units within San Francisco.*

- (xvi) *whether the project increases the number of on-site bedrooms.*

*The Cathedral Hill Project does not include any replacement units, thus does not increase the number of on-site bedrooms. However, the Cathedral Hill Project does include an in-lieu payment to MOH to offset the demolition of the five dwelling units as well as the other funding commitments described above, which will increase the overall number of bedrooms within San Francisco.*

*Planning Code Section 317 does not require one-for-one replacement of demolished residential dwelling units. However, CPMC has agreed to pay, through commitments in the Development Agreement, an in-lieu fee to offset the demolition of the five residential dwelling units. MOH determined that the in-lieu fee amount would be established based on the Citywide inclusionary housing fee schedule effective as of July 15, 2008, which totals an in-lieu fee amount of \$1,453,820, payable to MOH's affordable housing fund.*

- T. **Institutional Master Plan.** Section 304.5 of the Planning Code requires that each medical institution shall have on file with the Department a current Institutional Master Plan ("IMP") describing the existing and anticipated future development of that institution every ten years, with updates provided at intervals of two years.

*The Cathedral Hill Project complies with the provisions set forth in Section 304.5 of the Planning Code that each medical institution shall have on file with the Department a current IMP describing the existing and anticipated future development of that institution at intervals of two years. CPMC submitted a five-campus full IMP in 2008. It was accepted as complete by the Planning Commission in 2009. An Update was submitted in 2011, which stated that no significant changes had been made to the IMP since it was accepted in 2009. The new Hospital and MOB at a new Cathedral Hill Campus has been in both the IMP accepted as complete in 2009 and the 2011 IMP Update.*

- U. **Office Allocation.** Section 321 of the Planning Code requires that projects over 25,000 g.s.f must seek review and approval by the Planning Commission under the Office Development Limitation

*The Cathedral Hill Project is subject to the provisions set forth in Section 321 of the Planning Code because the proposed MOB would include 248,254 square feet of office space and, therefore, the Project Sponsor has requested approval of an office allocation pursuant to Section 321. Although the Zoning Administrator has long determined that examination rooms should be exempt from this calculation, since they are part of outpatient clinic space, this calculation does not exclude the exam rooms, since the exact layout of spaces has not yet been defined. This total is therefore greater than what will be the actual quantity of medical office space, less the exam rooms.*



V. **Signage.** Although it is anticipated to be proposed at a later date, there is currently no signage proposed as part of the Cathedral Hill Project. Any proposed signage will be subject to the review and approval of the Department.

W. **Other Approvals.**

1. **Caltrans approval of tunnel:** *The Project Sponsors has received "conceptual approval" from Caltrans for the construction of the pedestrian tunnel located under Van Ness Avenue, which would connect the Cathedral Hill Hospital to the Cathedral Hill MOB at the garage level. This "conceptual approval" is based on the Highway Improvement Agreement agreed to by Caltrans and CPMC on January 26, 2011. Final approval from Caltrans is contingent on the Cathedral Hill Project's approval at the local level, Caltrans review of the final technical design, and approval by the California Transportation Commission.*
  2. **Permit to Convert:** *The Cathedral Hill MOB site contains 20 Residential Hotel Units as defined by San Francisco Administrative Code Chapter 41. Authorization to demolish these 20 units at the Cathedral Hill MOB site will be sought in a separate application pursuant to the applicable provisions of the Residential Hotel Unit Conversion and Demolition Ordinance (Administrative Code Chapter 41). Chapter 41 allows the demolition of Residential Hotel Units provided that an in lieu fee, based on the appraised replacement value of the units, is paid. The residential hotel units have been appraised by the City, and CPMC has agreed to pay – through commitments in the Development Agreement – the appraised amount of \$2,684,800.*
8. **Planning Code Section 303** establishes criteria for the Commission to consider when reviewing applications for Conditional Use approval. On balance, the project does comply with said criteria in that:
- A. The proposed new uses and building, at the size and intensity contemplated and at the proposed location, will provide a development that is necessary or desirable, and compatible with, the neighborhood or the community.

*The Cathedral Hill Project would provide substantial benefits to the community.*

*CPMC is one of the principal providers of essential health care services in San Francisco, and is also critical to San Francisco's emergency preparedness and response infrastructure. The Cathedral Hill Project would assure CPMC's ability to provide and enhance health services to the community, without interruption, in modern facilities that would comply with California seismic mandates.*

*Under these seismic mandates, CPMC's hospitals at the California and Pacific Campuses must either be retrofitted or be rebuilt, or the services provided there must be relocated to a new, compliant facility that would remain operational after a strong earthquake. This standard is much stricter than the "life safety" standards which are generally intended to prevent collapse. It would not be feasible to retrofit or rebuild on either the California or Pacific Campus due to the service disruptions that would result. Taking either campus out of operation, even temporarily, would result in an unacceptable impact to health care delivery to San Franciscans. The inpatient services provided at the California and Pacific Campuses will instead be relocated to the Cathedral Hill Hospital.*

*Because the new Cathedral Hill Hospital can be expected to remain operational after a strong earthquake, CPMC's role in both health services and emergency preparedness would be enhanced. Emergency preparedness for the City would be further enhanced by the Cathedral Hill Hospital's improved emergency facilities, new emergency communications center, and its proximity to the City's Emergency Operations Center. The location of the Cathedral Hill Hospital and MOB is also desirable because the site is geologically stable. After the St. Luke's Replacement Hospital and Cathedral Hill Hospital proposed as part of the LRDP are in operation, and after the planned rebuilding of other San Francisco hospitals, including San Francisco General Hospital, UCSF Mission Bay and Chinese Hospital, about half of the City's acute care beds would be in hospital facilities that can be expected to remain operational after a major earthquake to meet the resulting medical needs of the community. The Emergency Department facilities at these hospitals could also be expected to remain operational after a strong earthquake.*

*The location of the Cathedral Hill Project at a major transit hub would also provide substantial benefits. Development at this major transit hub is the type of land use which will optimize use of the available transit. The Cathedral Hill Project would be a major employment center. The benefit of this major employment center at this major transit hub would be significant. The Cathedral Hill Project would also be readily accessible by transit for patients who are able to use transit, for families of patients, and other visitors.*

*Key factors for site selection included: geological stability, location at a major transportation and transit hub, central location, adequate size, site availability, and the availability of adjacent property for a medical office building. In addition, the site needed to be north of Geary, consistent with CPMC's existing patient and physician distribution at and around the Pacific and California Campuses, and with the existing programmatic, business, service and other relationships that exist at those Campuses. The Cathedral Hill MOB is necessary to provide medical offices for Hospital-based specialists in close proximity to the new Cathedral Hill Hospital. Proximity to the Cathedral Hill Hospital is especially important for physicians such as obstetricians, and specialists in other areas such as oncology, who need to be able to reach their inpatients easily.*

*The development of the Cathedral Hill Project on the Van Ness corridor is compatible with the Van Ness Avenue Area Plan and Special Use District, which, although primarily encouraging retail and residential development, also permits hospital use in the Plan area. The Cathedral Hill Project would contribute in a major and positive way to the Plan's vision of an "attractive and mixed use boulevard." The location is also appropriate in the urban design context. As noted in the Van Ness Avenue Area Plan, part of the San Francisco General Plan, Van Ness Avenue "forms the western edge of the inner city..." The Plan encourages development which "reinforces topography and urban pattern, and defines and gives variety to the Avenue." The Cathedral Hill Project meets these important goals.*

*The size of the Cathedral Hill Hospital is appropriate to allow for the relocation of beds and programs from the California and Pacific Campuses and to allow for growth based on demographic projections, anticipated growth in particular services, and average occupancy considerations. The size of the*

*Cathedral Hill MOB is appropriate to provide space for physicians who need to be near the Cathedral Hill Hospital.*

*CPMC is the second largest private employer in San Francisco, and, as a major part of the health services sector, is critically important to the economic health of San Francisco. CPMC's Cathedral Hill Project would maintain CPMC's important role as a major employer and major provider of health care. Approximately 49 percent of CPMC employees are San Francisco residents.*

*The FEIR determined that the Cathedral Hill Project would provide medical services and also serve as a prominent center of activity within the community, and would not physically divide or disrupt the established community surrounding the Cathedral Hill Campus. (DEIR at pp. 4.1-37 to 4.1-40). The FEIR also determined that the Cathedral Hill Project would not have a substantial effect on the existing character of the vicinity because, among other things, it would not be out of character with diverse mix of existing land uses in the vicinity; it would include features that would improve the pedestrian environment and facilitate connections between the proposed campus and the surrounding neighborhood; and, although on-campus activity and the intensity of traffic would increase, this would not be a substantial adverse change to the character of the area, which is already bustling, densely developed, and active. (DEIR at pp. 4.1-55 to 4.1-57). The FEIR concluded that the Cathedral Hill Project would not substantially damage scenic resources and would have less than significant impacts related to visual quality and shadow. (DEIR at pp. 4.2-107 to 4.2-109, 4.2-118 to 4.2-139, and 4.9-33 to 4.9-43).*

*For the foregoing reasons, the Cathedral Hill Project, at the size and intensity contemplated and at the proposed location, would provide a development that is necessary and desirable for, and compatible with, the neighborhood and the community.*

- B. The proposed project will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity. There are no features of the project that could be detrimental to the health, safety or convenience of those residing or working the area, in that:

- i. Nature of proposed site, including its size and shape, and the proposed size, shape and arrangement of structures;

*The Cathedral Hill Hospital site occupies the entire city block bounded by Post Street to the north, Van Ness Avenue to the east, Franklin Street to the west and Geary Boulevard to the south. The Cathedral Hill MOB site is on the east side of Van Ness Avenue, on the block bounded by Cedar Street to the north, Polk Street to the east, Van Ness Avenue to the west and Geary Street to the south.*

*The site for the new Cathedral Hill Project is at a major transit and transportation hub, offering convenient access by public transportation as well as by other alternatives to single-occupancy automobiles. This type of land use is appropriate for a major transit hub. It is close to downtown*

*San Francisco and, as noted in the Van Ness Avenue Area Plan, Van Ness Avenue "forms the western edge of the inner city..."*

*After a lengthy search process, it was determined that the site for the Cathedral Hill Hospital met CPMC's criteria for this facility, and was available for purchase by CPMC. Key factors for site selection included: geological stability, location at a major transportation and transit hub, central location, adequate size, site availability, and the availability of adjacent property for a medical office building. The ability for doctors to have offices adjacent to the new Cathedral Hill Hospital is critical for patient care. In addition, the site needed to be north of Geary, consistent with CPMC's existing patient and physician distribution at and around the Pacific and California Campuses, and with the existing programmatic, business, service and other relationships that exist at those campuses.*

*Another significant factor in the site selection process was the necessity to build the new Cathedral Hill Hospital on a site not currently used by CPMC as a medical campus, to avoid significant disruptions to patient services.*

*The size and shape of the Cathedral Hill Hospital and MOB have been configured to meet the programmatic requirements of the respective facilities consistent with the footprints and locations of the sites. The size of the Cathedral Hill Hospital results from the need under State-mandated seismic safety requirements to provide acute care facilities at the Hospital site that would replace existing acute care facilities within two hospitals, at CPMC's California and Pacific Campuses. The massing of the Cathedral Hill Hospital has been planned to minimize impact on nearby residential properties through the use of a broad podium with a narrower tower positioned on the south side of the site, extensive exterior articulation that includes a variety of textures, vertical landscaping on the building exterior, attractive streetscape enhancements, and other design elements.*

*The size and shape of the Cathedral Hill MOB are consistent with Van Ness corridor development. The Cathedral Hill MOB would provide offices for physicians whose proximity to the Cathedral Hill Hospital is especially important, such as obstetricians and physicians who treat chronic illnesses with specialties such as hepatology and oncology. An assessment of the medical office space at CPMC's existing campuses shows that the proportion of medical office space and outpatient care space to inpatient space at CPMC's four existing campuses is higher than it will be at the Cathedral Hill Campus, even including the medical office space at 1375 Sutter Street. The Cathedral Hill MOB design also relates with the scale of buildings on Van Ness Avenue, while transitioning to the neighborhood scale of Geary Street. The massing of the building steps back from the street at Van Ness, and then steps down the hill with the slope of the site.*

*For the foregoing reasons, the nature of the proposed site, including its size and shape, and the proposed size, shape and arrangement of the Cathedral Hill Hospital and MOB, would not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.*

- ii. The accessibility and traffic patterns for persons and vehicles, the type and volume of such traffic, and the adequacy of proposed off-street parking and loading;

*Although the Cathedral Hill Project would be larger than present uses at the site and would generate more activity and traffic, many factors would alleviate this expected increase. Many Cathedral Hill Hospital employees, including nurses, typically work a schedule other than standard workday hours. For example, many nursing shifts begin at 7:00 am, 3:00 pm and 11:00 pm. Numerous other trips to the Cathedral Hill Campus made by doctors, patients and visitors would also be during non-peak traffic hours. A significant number of employees would travel in the non-peak direction – during the morning peak period, a significant number of Muni passengers would travel away from downtown toward the Cathedral Hill Campus; during the afternoon peak period, a significant number of Muni passengers would travel toward downtown. Therefore, these passengers would not impact Muni capacity in the peak flow direction. The amount of parking for the facilities has been determined by balancing Planning Code requirements and the actual need that the Cathedral Hill Project would create.*

*Consistent with the City's "Transit First" policy, CPMCs seeking to improve staff and visitor use of alternatives to auto travel through its existing Transportation Demand Management ("TDM") Program and enhancements to the TDM Program that are included as part of the Cathedral Hill Project.*

*The Cathedral Hill Hospital would have 513 parking spaces. The Cathedral Hill MOB would have 542 parking spaces. It is the current policy of CPMC, which will also apply at the Cathedral Hill Medical Center, to prioritize on-site parking for use by patients and doctors. Staff who work in the evenings and at night, when space is readily available, will be able to park at the site. The rate structure for the Cathedral Hill Project garages would be established to discourage long-term parking, based on principles included in CPMC's proposed TDM Program. To accommodate staff parking demand, CPMC's proposed TDM Program would include making off-site parking facilities available and operating the CPMC Shuttle. Additionally, car-share parking spaces would be provided at the Cathedral Hill Campus.*

*The provision of a vehicular passage through the Hospital between Geary Boulevard and Post Street would provide space for vehicles queuing within the property, thereby improving traffic circulation on City streets.*

*The loading dock for the Cathedral Hill Hospital is accessed from Franklin Street and the exit is also on Franklin Street. The loading dock is designed so that the largest delivery trucks will be able to drive in off the street without backing up, thereby minimizing interference with traffic circulation. Smaller vehicles such as vans will be able to utilize dedicated spaces in the Hospital garage for deliveries, entering from either Geary Boulevard or Post Street, which would also minimize interference with traffic circulation. At the Cathedral Hill Hospital, the garage has been designed to accommodate 50% (by volume) of planned loading trips, thereby allowing a smaller loading dock area that will be less intensively used.*

*The loading dock for the Cathedral Hill MOB is accessed from Cedar Street and the exit is also on Cedar Street, which would minimize congestion on Van Ness Avenue and Geary Street.*

*A traffic and parking study of the Cathedral Hill Campus sites and surrounding neighborhood was conducted for CPMC to assess traffic, parking, transit, pedestrian and bicycle conditions. (California Pacific Medical Center Institutional Master Plan 2008 Transportation Study, January 8, 2009, prepared by CHS Consulting Group).*

*An occupancy survey was also conducted in 2006 to assess both on-street and off-street parking conditions. The survey was conducted within a two-block radius of the Cathedral Hill Hospital and MOB, defined as Bush Street to the north, Larkin Street to the east, Ellis Street to the south and Laguna Street to the west. The study area contained approximately 1,458 on-street parking spaces, with the parking occupancy rate at its lowest during the PM peak hour (56% from 4:00 pm to 5:00 pm) and higher at night (72% from 7:00 pm to 8:00 pm) when residents return from work and nighttime activities begin in the area. The midday peak parking occupancy occurred between 1:00 and 2:00 pm, at 66% (34% unoccupied). Public off-street parking inventory and occupancy data were surveyed for the period between 1:00 pm and 8:00 pm. There were 11 off-street parking facilities with a total of 1,488 spaces in the study area. CMPC operates one of these facilities (855 Geary, which has 200 spaces). The highest occupancy occurred from 1:00 to 2:00 pm and during that hour the average occupancy rates in the facilities ranged from 30% to 100%, with 25% of the total spaces unoccupied.*

*There are three Residential Parking Permit (RPP) areas – “C,” “G” and “R” – in the immediate vicinity of the Medical Center. Area C is north and west of the site; Area G is north and northeast of the site; and Area R is south and southwest of the site.*

*The site for the Cathedral Hill Campus is at a major transit hub and is directly accessible to nine Muni Bus lines. Improvements are planned to the Muni service with the addition of the Van Ness and Geary Bus Rapid Transit (BRT) lines. The Golden Gate Bridge, Highway, and Transportation District provides regional transit services between San Francisco and Marin and Sonoma Counties. There are seven Golden Gate Transit bus routes serving the Cathedral Hill Campus area, including two basic routes and five commute routes. The nearest bus stop serving the Cathedral Hill Project area is at the intersection of Van Ness Avenue and Geary Boulevard.*

*Sidewalks adjacent to the Cathedral Hill Campus area are generally 10 to 15 feet wide; several of these sidewalks will be widened, and all will be improved as set forth in the proposed streetscape plan.*

*CPMC plans to provide bicycle parking spaces in the parking garages at the Cathedral Hill Hospital and MOB, along with shower facilities for staff bicyclists at both facilities. Public bicycle racks will also be provided at the entrances to the Cathedral Hill Hospital and MOB.*

*See also the detailed discussion in the General Plan and Planning Code Section 101. Findings and in the text below regarding CPMC's TDM program and proposed transit contributions through the Development Agreement.*

*For the foregoing reasons, the accessibility and traffic patterns for persons and vehicles, the type and volume of such traffic, and the adequacy of proposed off-street parking and loading and of proposed alternatives to off-street parking, including provision of car-share parking spaces, would not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.*

- iii. The safeguards afforded to prevent noxious or offensive emissions such as noise, glare, dust and odor;

*Safeguards would be in place to minimize, to the extent feasible, noxious or offensive emissions such as noise, glare, dust and odor, both during construction and operation of the facilities. CPMC would submit and follow a construction management plan which would impose controls on construction activity. All work would comply with applicable provisions and codes, and would be regulated by many City, State and regional agencies, including OSHPD, the Bay Area Air Quality Management District (BAAQMD), the Department of Public Works (DPW) and the San Francisco Metropolitan Transportation Agency (SFMTA). CPMC and its construction managers would implement BAAQMD requirements for air quality control measures during construction and operation, and would comply with the San Francisco Construction Dust Control Ordinance.*

*CPMC would appoint a liaison to communicate with neighbors while construction is in progress, pursuant to its construction management plan.*

*Operations of the Medical Center would also comply with applicable regulations regarding emissions. The Central Utility Plant is on the top two floors of the building. This location of the Central Utility Plant has overall benefits for air quality and noise. The interior loading facilities for both the Cathedral Hill Hospital and MOB would reduce vehicle noise and emissions in the neighborhood. The Cathedral Hill Hospital has been designed to accommodate in its subterranean parking garage levels up to 50% of the loading activities that typically would occur in the loading area at other hospitals. The drive-through at the Cathedral Hill Hospital would reduce vehicle noise and emissions in the neighborhood. The placement of dumpsters in the interior loading areas for the facilities would reduce odor. The California Department of Public Health will be responsible for the licensing of new hospital facilities, as well as overseeing compliance with the Medical Waste Management Program, which ensures appropriate handling and disposal of medical waste.*

*In response to concerns regarding noise and traffic related to loading operations, certain loading activities have been constrained to specific time periods and additional mitigation measures have been proposed, as described in detail in the FEIR.*

*The FEIR concludes that impacts related to dust and noise during both the construction and operational phases would be less-than-significant with implementation of mitigation measures identified in the MMRP (see DEIR pages 4.7-29 to 4.7-33, 4.7-59 to 4.7-60, 4.6-43 to 4.6-48, 4.6-58 to 4.6-60, and 4.6-65 to 4.6-72, and 4.6-96 to 4.6-100.*

*For the foregoing reasons, the safeguards afforded to minimize noxious or offensive emissions such as noise, glare, dust, and odor are adequate, and these emissions would not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.*

- iv. Treatment given, as appropriate, to such aspects as landscaping, screening, open spaces, parking and loading areas, service areas, lighting and signs;

*Thoughtful and appropriate treatment has been given to these aspects of the Cathedral Hill Project.*

*Lighting treatment is proposed near the corner of Van Ness Avenue and Post Street, intended to create a façade that is well-lit both during the day and at night. Light-emitting diode (LED) fixtures will be integrated within the glass façade at Levels 1, 3, and 4 of the podium. These LED fixtures will be positioned within the insulated glazing assembly and screened to create a soft, diffused and uniform appearance. The LED fixtures will be controllable, allowing the light intensity to be managed and dimmed as appropriate. The historic lighting fixtures along Van Ness Avenue will be retained. Along Geary, Post and Franklin Streets, the existing city standard streetlights would be reinstalled. Along Cedar Street, new pedestrian-level streetlights are proposed. Additional pedestrian-level lighting would be provided at both the Cathedral Hill Hospital and MOB. The building lobbies and other entries would be well lit, to provide safety and security.*

*CPMC's commitments under the proposed Development Agreement would include contribution of \$8 million in funds toward a series of public realm and pedestrian safety improvements, plus an additional \$1.35 million in funds toward other Cathedral Hill Campus community commitments. The FEIR determined that the Cathedral Hill Project would not result in significant impacts related to the creation of a new source of light or glare that would adversely affect daytime or nighttime views in the area or that would substantially affect other people or properties (see DEIR pages 4.2-187 to 4.2-188).*

*The streetscape plan for the Cathedral Hill Project site is a critical part of its design. The distinct and different functional spaces of the public realm led to the various components of CPMC's streetscape plan; the existing circulation and demographics of the area were considered in CPMC's planning for the Cathedral Hill Project.*

*The streetscape was designed to provide a safer, more comfortable, sustainable and beautiful pedestrian environment that would be integrated with the neighborhood. The Cathedral Hill Project would enhance the pedestrian environment and improve the street frontages in the area, by*



*expanding sidewalk widths and the landscaped areas, offering visual relief to pedestrians, and providing a buffer between pedestrians and traffic lanes.*

*Rainwater gardens would be incorporated around the Cathedral Hill Hospital on Geary Boulevard and Post Street. These rain gardens would filter and absorb storm water from the sidewalks and building faces, and potentially from the building roofs and street surfaces. Landscaping along Van Ness Avenue for both the Cathedral Hill Hospital and MOB frontages would include tightly spaced matching street trees, and a "seasonal garden" planting strip separating the sidewalk from the curb lane. The entrances to both facilities would have entry plazas and matching flowering trees on either side of Van Ness.*

*Plans for Geary Boulevard west of Van Ness include a stop for the Geary BRT. Sidewalks would allow outdoor seating and a transit plaza would include shade trees, a distinctive transit shelter and seating. The CPMC shuttle stop planned near the corner of Post and Van Ness would include shade trees and seating.*

*The public Emergency Department entrance on Franklin would have an inviting entry plaza, with vertical plantings near the entrance.*

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

*Bike racks will be installed at the main and secondary entrances of the Cathedral Hill Hospital and MOB to encourage the use of bikes by visitors.*

*Wayfinding signage at the Cathedral Hill Campus would be part of a signage program submitted for review and approval by the Planning Department. The signage, although not yet fully defined, would include identification signs on the exteriors of the Cathedral Hill Hospital and MOB, and monument signs on the sidewalks surrounding the new Cathedral Hill Hospital and MOB that would provide necessary information to help patients and visitors easily and efficiently access emergency services, primary entrances and parking garages. The monument signs would be of a consistent size and material, and are designed to relate to materials employed in the building architecture.*

*The Cathedral Hill Campus would provide 1,227 parking spaces (1,055 new spaces in the underground parking garages at the Cathedral Hill hospital and MOB), which is within the Code-compliant amount of parking permitted for the Campus. The proposed loading facilities will meet the identified loading needs for the Campus, and have been designed to minimize conflicts with vehicular, bicycle, or pedestrian traffic.*

*As set forth in the descriptions referred to above, the treatment given to landscaping, screening, open spaces, parking and loading areas, services areas, lighting and signs will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.*

- C. That the use or feature as proposed will comply with the applicable provisions of the Planning Code and will not adversely affect the Master Plan.

*The Cathedral Hill Project complies with all relevant requirements and standards of the Planning Code, as described in the findings regarding "Planning Code Compliance" in section 7, above, with exceptions to certain components of the Cathedral Hill Project that require amendments to the General Plan, Planning Code, or Zoning Maps. CPMC has met the applicable provisions of Planning Code Section 304.5 concerning IMPs. The Cathedral Hill Project is consistent with the Eight Master Plan Priority Policies (Planning Code Section 101.1) and with the Objectives and Policies of the General Plan, as discussed in **Motion No.**\_\_\_\_\_.*

9. **General Plan Compliance.** The Cathedral Hill Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Motion No.**\_\_\_\_\_.
10. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the Cathedral Hill Project complies with said policies, as outlined in **Motion No.**\_\_\_\_\_.
11. The Cathedral Hill Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.**\_\_\_\_\_ and also that the Cathedral Hill Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
12. The Commission hereby finds that, for the reasons described above, approval of the Conditional Use authorization would promote the health, safety and welfare of the City.

**DECISION**

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **APPROVES Conditional Use Application No. 2009.0885MTZCBRSK** subject to the following conditions attached hereto as "EXHIBIT A" in general conformance with plans on file, dated February 22, 2012, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth.

**APPEAL AND EFFECTIVE DATE OF MOTION:** Any aggrieved person may appeal this Conditional Use Authorization to the Board of Supervisors within thirty (30) days after the date of this Motion No. \_\_\_\_\_. The effective date of this Motion shall be as described in Exhibit A hereto. For further information, please contact the Board of Supervisors at (415) 554-5184, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

## EXHIBIT A

### AUTHORIZATION

This authorization is for a Conditional Use to allow: (1) demolition of five residential dwelling units; (2) construction of a medical center use in an RC-4 District and pursuant to the provisions for the Van Ness Special Use District ("VNSUD"); (3) construction of buildings over 50'-0" in an RC-4 District; (4) modifications to standards for active ground floor uses and width of curb cuts; (5) an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Medical Center; (6) modifications to the bulk limits applicable to the Hospital and MOB sites; and (7) modifications to the 3:1 residential to net new non-residential ratio requirement in the VNSUD, pursuant to Planning Code Sections 145.1, 209.3, 243, 253, 270, 271, 303, and 317, and with respect to a proposal to: (1) demolish the existing Cathedral Hill Hotel and 1255 Post Street Office (Assessor's Block/Lots 0695-005, 006) and construct a new, approximately 15 story, 555-bed, 875,378 g.s.f acute care hospital with 513 underground parking spaces at 1101 Van Ness Avenue (the "Hospital"); (2) demolish seven existing vacant residential and commercial buildings (Assessor's Blocks/Lots 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010) and construct a new, approximately 261,691 g.s.f medical office building with 542 underground parking spaces at 1100 Van Ness Avenue (the "MOB"); (3) construct a pedestrian tunnel under Van Ness Avenue to connect the Hospital to the MOB; and (4) implement various streetscape, sidewalk, and landscape improvements surrounding the Medical Center (collectively, for purposes of this Exhibit A only, referred to as the "Project"), within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 265-V Height and Bulk District; in general conformance with plans, dated **February 22, 2012**, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885EMTZCBRSK and subject to conditions of approval reviewed and approved by the Commission on **April 26, 2012** under Motion No \_\_\_\_\_. This authorization and the conditions contained herein run with the property and not with a particular Project Sponsor, business, or operator.

### RECORDATION OF CONDITIONS OF APPROVAL

Prior to the issuance of the building permit or commencement of use for the Project, the Zoning Administrator shall approve and order the recordation of a Notice in the Official Records of the Recorder of the City and County of San Francisco for the subject property. This Notice shall state that the Project is subject to the conditions of approval contained herein and reviewed and approved by the Planning Commission on **April 26, 2012**, under Motion No \_\_\_\_\_.

### PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The conditions of approval under the "EXHIBIT A" of this Planning Commission Motion No. \_\_\_\_\_ shall be reproduced on the Index Sheet of construction plans submitted with the site or building permit application for the Project. The Index Sheet of the construction plans shall refer to the Conditional Use authorization and any subsequent amendments or modifications.

## **SEVERABILITY**

The Project shall comply with all City codes and requirements applicable to the Project. If any clause, sentence, section or any part of these conditions of approval is for any reason held to be invalid, such invalidity shall not affect or impair other remaining clauses, sentences, or sections of these conditions. This decision conveys no right to construct, or to receive a building permit. "Project Sponsor" shall include any subsequent responsible party.

## **CHANGES AND MODIFICATIONS**

Changes to the approved plans may be approved administratively by the Zoning Administrator. Significant changes and modifications of conditions shall require Planning Commission approval of a new Conditional Use authorization.

## Conditions of approval, Compliance, Monitoring, and Reporting PERFORMANCE

1. **Validity and Expiration.** The authorization and right vested by virtue of this action is valid for five (5) years from the effective date as defined in Condition of Approval No. 23, as it may be extended under Condition of Approval No. 2. A building permit from the Department of Building Inspection to construct the Project and/or commence the approved use must be issued as this Conditional Use authorization is only an approval of the proposed Project and conveys no independent right to construct the Project or to commence the approved use. The Planning Commission may, in a public hearing, consider the revocation of the approvals granted if a site or building permit has not been obtained within five (5) years of the effective date . Once a site or building permit has been issued, construction must commence within the timeframe required by the Department of Building Inspection and be continued diligently to completion. The Commission may also consider revoking the approvals if a permit for the Project has been issued but is allowed to expire and more than five (5) years have passed since the effective date .

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

2. **Extension.** This authorization may be extended at the discretion of the Zoning Administrator only where failure to issue a permit by the Department of Building Inspection is caused by a delay by a local, State or Federal agency or by any appeal of the issuance of such permit(s). This authorization shall also be extended for the number of days equal to the period of any litigation challenging its validity.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

3. **Mitigation Measures.** Mitigation measures described in the Mitigation, Monitoring and Reporting Program attached as Exhibit C (the "MMRP") and designated as applicable to Cathedral Hill Near-Term Projects therein are necessary to avoid potential significant effects of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to each of the Cathedral Hill Hospital and Cathedral Hill MOB, as applicable..

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit D and designated as applicable to Cathedral Hill Near-Term Projects therein are necessary to reduce the less than significant impacts of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to each of the Cathedral Hill Hospital and Cathedral Hill MOB, as applicable.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## DESIGN – COMPLIANCE AT PLAN STAGE

5. **Final Materials.** Final materials, glazing, color, texture, landscaping, and detailing shall be subject to Department staff review and approval. The architectural addenda shall be reviewed and approved by the Department prior to issuance. All final design revisions will be posted on the Department's webpage dedicated to CPMC's Long Range Development Plan at [cpmc.sfplanning.org](http://cpmc.sfplanning.org).

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

6. **Streetscape Plan.** The Streetscape Plan shall provide an overview of all proposed hardscape, landscape, street trees, public right-of-way improvements, transformer vaults, and street furnishings, and, shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Streetscape Plan shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. CPMC shall update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. Those features included on the Streetscape Plan shall be maintained in a safe and attractive manner.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

7. **Landscape Plans.** The Landscape Layout and Planting Plans shall include the proposed hardscape, landscape, proposed street species, public right-of-way improvements, bicycle racks, and street furnishings, except those improvements at the Cathedral Hill Campus specifically described in Exhibit H, Schedule A, Section I to the Development Agreement shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Landscape Plans shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. Those features included on the Landscape Plans shall be maintained in a safe and attractive manner.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

8. **Tree Plan.** The Tree Plan shall include all existing and proposed trees, and will specify all Significant Trees, existing trees to-be-removed, and existing trees to remain, and shall specify Tree Protection Zones for those trees designated as to-be retained. The Tree Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Tree Plan shall be submitted to the Department prior

to approval of the Architectural Addenda of the Building Permit Application for the MOB. Those features included on the Tree Plan shall be maintained in a safe and attractive manner.

In any case in which DPW cannot grant approval for installation of a new street tree in the public right-of-way, on the basis of inadequate sidewalk width, interference with utilities or other reasons regarding the public welfare, and where installation of such tree on the lot itself is also impractical, the requirements of Section 138.1 may be modified or waived by the Zoning Administrator to the extent necessary.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

9. **Lighting Plan.** The Project Sponsor shall submit an exterior lighting plan to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. The lighting in landscaped areas at ground floor (produced by direct outdoor lighting or direct/indirect indoor lighting) shall be sufficient to illuminate public sidewalks to minimum safety levels with the goal of reducing, or eliminating, to the maximum extent feasible, glare on neighboring properties. Lighting along Van Ness Avenue shall be consistent with the historic lighting specifications outlined in the Van Ness Area Plan. All other exterior lighting shall be downward directed to reduce light pollution; all interior lighting shall be consistent with the use of the building with the goal of minimizing light trespass from the building through the use of lighting orientation, dimming, and shielding. Unless prohibited by state, local or federal licensing or permitting agency, timers and/or sensors shall be used to shut off lighting in unoccupied areas of the building.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

10. **Glazing.** Mirrored glass or deeply tinted glass shall not be permitted on the building. Glass orientation and coatings shall be designed to substantially avoid/reduce solar glare on neighboring properties. All glazing shall comply with Planning Code Section 139 and the Standards for Bird-Safe Buildings.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

11. **Curb Cuts.** The Project shall not include any permanent curb cuts on Van Ness Avenue.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

12. **Stormwater Control Plan (Hospital).** To manage the peak flow and discharge volume of stormwater for the Hospital, the Project Sponsor shall prepare a Stormwater Control Plan (SCP) in a form approved by the San Francisco Public Utilities Corporation (SFPUC). Prior to the issuance of the Shoring & Excavation permit for the Hospital, the SFPUC shall confirm by its



sign-off of the permit itself that the final SCP for the Hospital has been accepted as complete. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2 as set forth in the MMRP.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

13. **Stormwater Control Plan (MOB).** To manage the peak flow and discharge volume of stormwater for the MOB, the Project Sponsor shall prepare a Stormwater Control Plan (SCP) in a form approved by the San Francisco Public Utilities Corporation (SFPUC). Prior to the issuance of the first site permit Addendum (Shoring & Excavation) for the MOB, the SFPUC shall confirm by its sign-off of the Addendum itself that the final SCP for the MOB has been accepted as complete. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2 as set forth in the MMRP.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

14. **Garbage, composting and recycling storage.** Space for the collection and storage of garbage, composting, and recycling shall be provided within enclosed areas on the property and clearly labeled and illustrated on the building permit plans. Space for the collection and storage of recyclable and compostable materials that meets the size, location, accessibility and other standards specified by the San Francisco Recycling Program shall be provided at the ground level of the buildings.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

15. **Rooftop Mechanical Equipment.** Any rooftop mechanical equipment is required to be screened so as not to be visible from any point at or below the roof level of the subject building. A Roof Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Roof Plans shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. Nothing in these conditions shall prohibit the Project Sponsor from seeking review and approval of roof-mounted solar photovoltaic systems.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

16. **Signage.** The Project Sponsor shall develop and submit to the Department a sign program for the entire Cathedral Hill Campus – including all retail spaces – prior to occupancy of the new Hospital or MOB. All subsequent sign permits shall conform to the approved signage program. In general, all exterior signage shall be designed to complement, not compete with, the existing architectural character and architectural features of the building.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## PARKING AND TRAFFIC

17. **Bicycle Parking.** Pursuant to Planning Code Sections 155.4., the Project shall provide no fewer than 24 Class 1 or Class 2 bicycle parking spaces.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

18. **Showers and Clothes Lockers.** Pursuant to Planning Code Section 155.3, the Project shall provide no fewer than four showers and eight clothes lockers.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

19. **Parking Requirement.** Pursuant to Planning Code Section 151, the Cathedral Hill Campus shall provide a minimum of 1,227 independently accessible off-street parking spaces: 172 independently accessible off-street parking spaces at 1375 Sutter Street, and a total of 1,055 at the garages under the Hospital and MOB.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

20. **Car Share Parking.** Pursuant to Planning Code Section 166, the Project shall provide no fewer than 21 car share parking spaces

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

21. **Off-Street Loading.** Pursuant to Planning Code Section 152, the Project shall provide a minimum of 18 off-street loading spaces within the Hospital, and two (2) off-street loading spaces within the MOB, in accordance with the dimension modifications authorized by Resolution No. \_\_\_\_\_.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

22. **Managing Traffic During Construction.** The Project Sponsor and construction contractor(s) shall coordinate with the Traffic Engineering and Transit Divisions of the San Francisco Municipal Transportation Agency (SFMTA), the Police Department, the Fire Department, the Department, and other construction contractor(s) for any concurrent nearby projects to manage traffic congestion and pedestrian circulation effects during construction of the Project.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## PROVISIONS

23. **Development Agreement.** This approval is contingent on and will be of no further force until the date that the ordinance approving a Development Agreement for the Project is effective and operative. References in this Exhibit A to Codes and requirements "applicable to the Project" shall refer to applicable laws in the Development Agreement.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

24. **Street Trees.** The Project Sponsor will pay an in-lieu fee for 41 street trees not installed, but required as part of this Project.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## MONITORING - AFTER ENTITLEMENT

25. **Enforcement.** Violation of any of the Department conditions of approval contained in this Motion or of any other provisions of Planning Code applicable to the Project shall be subject to the enforcement procedures and administrative penalties set forth under Planning Code Section 176 or Section 176.1. The Department may also refer the violation complaints to other city departments and agencies for appropriate enforcement action under their jurisdiction.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

26. **Revocation due to Violation of Conditions.** Should implementation of this Project result in complaints from interested property owners, residents, or commercial lessees which are not resolved by the Project Sponsor and found to be in violation of provisions of the Planning Code applicable to the Project and/or the specific conditions of approval for the Project as set forth in Exhibit A of this Motion, the Zoning Administrator shall refer such complaints to the Commission, after which it may hold a public hearing on the matter to consider revocation of this authorization.

27. **Revocation of Geary Street Curb Cut.** Pursuant to page 4.5-87 and 4.5-88 of the DEIR, the Geary Street and Geary Boulevard parking garage curb cut permits are revocable,

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## OPERATION

28. **Garbage, Recycling, and Composting Receptacles.** Garbage, recycling, and compost containers shall be kept within the premises and hidden from public view, and placed outside only when being serviced by the disposal company. Trash shall be contained and disposed of pursuant to garbage and recycling receptacles guidelines set forth by the Department of Public Works.

*For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works at 415-554-5810, <http://sfdpw.org>*

29. **Sidewalk Maintenance.** The Project Sponsor shall maintain the main entrances to the buildings and all sidewalks abutting the subject property in a clean and sanitary condition in compliance with the Department of Public Works Streets and Sidewalk Maintenance Standards.

*For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works, 415-695-2017, <http://sfdpw.org>*

30. **Community Liaison.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall appoint a community liaison officer to deal with the issues of concern to owners and occupants of nearby properties. The Project Sponsor shall provide the Zoning Administrator with written notice of the name, business address, and telephone number of the community liaison. Should the contact information change, the Zoning Administrator shall be made aware of such change. The community liaison shall report to the Zoning Administrator what issues, if any, are of concern to the community and what issues have not been resolved by the Project Sponsor.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

31. **Construction Management Plan.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall produce a Construction Management Plan, which shall include general operating principals and commitments not otherwise included in these Conditions of Approval, along with operating principles during specific phases of work. This Plan shall be made available to the neighbors or interested parties, and a copy of said Plan shall be provided to the Department to include in the file for Case No. 2009.0885C.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

32. **Lighting.** All Project lighting shall be installed in accordance with the Lighting Plan, and shall be directed onto the Project site and immediately surrounding sidewalk area only, and designed and managed so as not to be a nuisance to adjacent residents. Nighttime lighting shall be the minimum necessary to ensure safety, but shall in no case be directed so as to constitute a nuisance to any surrounding property.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

33. **Hours of Operation.** The Cathedral Hill Campus will be generally open to the public and for visitors during the following hours of operation: Monday through Friday from 7:00a.m. to 7:00p.m. The Campus will be open, as may be reasonably necessary, to accommodate visitors, staff, and employees of the Hospital during hours outside of the standard hours of operation; the Emergency Department is open 24 hours/day. The main ground floor entry to the Hospital and MOB shall remain open and accessible to the public during standard hours of operation (7:00a.m. to 7:00p.m., M-F).

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

34. **Noise Control.** The premises shall be adequately soundproofed or insulated for noise and operated such that incidental noise – other than noise from emergency vehicles – shall not be audible beyond the premises or in other sections of the building. Fixed-source equipment noise shall not exceed the decibel levels specified in the San Francisco Noise Control Ordinance.

*For information about compliance with the fixed mechanical objects such as rooftop air conditioning, restaurant ventilation systems, and motors and compressors with acceptable noise levels, contact the Environmental Health Section, Department of Public Health at (415) 252-3800, [www.sfdph.org](http://www.sfdph.org)*

*For information about compliance with the construction noise, contact the Department of Building Inspection, 415-558-6570, [www.sfdbi.org](http://www.sfdbi.org)*

*For information about compliance with the amplified sound including music and television contact the Police Department at 415-553-1012 or 415-5530123, [www.sf-police.org](http://www.sf-police.org)*



# SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Downtown Park Fee (Sec. 412)
- First Source Hiring (Admin. Code)
- Child Care Requirement (Sec. 414)
- Other (Development Agreement)

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

Reception:  
**415.558.6378**

Fax:  
**415.558.6409**

Planning  
Information:  
**415.558.6377**

## Planning Commission Draft Motion

HEARING DATE: APRIL 26, 2012

*Date:* April 12, 2012  
*Case No.:* 2004.0603C, 2005.0555E, 2012.0403W  
*Project Address:* 601 Duboce Avenue  
*Zoning:* RH-3 (Residential, House, Three-Family)  
 65-D and 130-E Height and Bulk District  
*Block/Lot:* 3539/001  
*Project Sponsor:* Geoffrey Nelson, CPMC  
 633 Folsom Street, 5th Floor  
 San Francisco, CA 94107  
 (415) 600-7206  
[NelsonGK@Sutterhealth.org](mailto:NelsonGK@Sutterhealth.org)  
*Staff Contact:* Elizabeth Watty – (415) 558-6620  
[Elizabeth.Watty@sfgov.org](mailto:Elizabeth.Watty@sfgov.org)

ADOPTING FINDINGS RELATING TO THE APPROVAL OF A CONDITIONAL USE AUTHORIZATION, PURSUANT TO PLANNING CODE SECTIONS 134, 209.3, 209.9(b), 303, AND 304, TO AMEND A PREVIOUSLY APPROVED CONDITIONAL USE AUTHORIZATION FOR A PLANNED UNIT DEVELOPMENT, INCLUDING EXCEPTION TO THE REAR YARD REQUIREMENTS OF PLANNING CODE SECTION 134, IN ORDER TO DEVELOP A NEW FOUR-STORY, 46,006 G.S.F, NEUROSCIENCE INSTITUTE MEDICAL CLINIC AND OFFICE BUILDING. THE PROPERTY IS IN AN RH-3 (RESIDENTIAL, HOUSE, THREE-FAMILY) ZONING DISTRICT AND 65-D HEIGHT AND BULK DISTRICT; AND MAKE AND ADOPT FINDINGS, INCLUDING ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

### PREAMBLE

On June 10, 2005, Ralph F. Marchese of The Marchese Company, Inc., acting on behalf of the California Pacific Medical Center ((hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application ("EEA") with the Planning Department ("Department"), Case No. 2005.0555E<sup>1</sup>. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to

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

owners of properties within 300 feet, adjacent tenants, and other potentially interested parties. However, as planning for the CPMC Long Range Development Plan ("LRDP") continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009.

On September 1, 2005, the Project Sponsor filed an application with the Department for Conditional Use Authorization under Planning Code Sections 134, 209.3, 209.9(b), 303 and 304 to amend the existing PUD for CPMC's Davies Campus to allow construction of the Neuroscience Institute building with an exception to the rear yard requirements of Planning Code Section 134, on the property at Assessor's Block 3539, Lot 001 (601 Duboce Avenue) within an RH-3 (Residential, House, Three-Family) District and a 65-D Height and Bulk District ("Neuroscience Institute Project").

On June 7, 2007, the Planning Commission (hereinafter "Commission") conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2004.0603C.

On June 7, 2007, the Commission determined in accordance with the provisions of the California Environmental Quality Act (California Public Resources Code Sections 21000 *et seq.*) ("CEQA"), 14 California Code of Regulations Sections 15000 *et seq.* (the "CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31"), that, although the Neuroscience Institute Project could have a significant effect on the environment, there would not be a significant effect in this case because mitigation measures agreed to by the Project Sponsor had been incorporated into the Neuroscience Institute Project as conditions of approval, and in accordance with the above provisions, a Final Mitigated Negative Declaration for the Neuroscience Institute Project was adopted on June 7, 2007, as part of the file for Case No. 2004.0603E.

On August 7, 2007, the Board of Supervisors reversed the Commission's adoption of the Mitigated Negative Declaration in Case No. 2004.0603EC. The Board of Supervisors, therefore, took no action on the appeal of the Conditional Use Authorization and directed the Department to place the Conditional Use Application on hold until completion of an environmental evaluation for CPMC's Long Range Development Plan ("LRDP"). CPMC responded by incorporating the scope of work proposed in Case No. 2004.0603C into the environmental impact report ("EIR") for CPMC's LRDP (hereinafter the "LRDP Project"), Case No. 2005.0555E. The EIR for CPMC's LRDP analyzed both the "Near-Term Projects," which, generally, are the Cathedral Hill Hospital and medical office building, the St. Luke's Replacement Hospital and medical office building, and the Neuroscience Institute Project, as well as the "Long Term Projects," which are future components of the LRDP that would commence after 2015.

On June 21, 2010, a letter requesting reactivation of Case No. 2004.0603C was submitted to the Director of Planning, pending certification of CPMC's LRDP EIR.

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

On September 23, 2010, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting to solicit comments regarding the DEIR. On March 29, 2012, the Department published a Comments and Responses document, responding to comments made regarding the DEIR

prepared for the LRDP. Together, the Comments and Responses document, the DEIR, and any Errata Sheets, (the Appendices to the DEIR and C&R document), Department staff testimony and responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department comprise the Final EIR for the LRDP ("FEIR").

On April 26, 2012, the Commission reviewed and considered the FEIR and found that the contents of said report and the procedures through which the FEIR was prepared, publicized, and reviewed complied with CEQA, the CEQA Guidelines, and Chapter 31.

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

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

Department staff prepared a Mitigation Monitoring and Reporting program ("MMRP") for the Near-Term Projects described in the LRDP, which material was made available to the public and this Commission for this Commission's review, consideration and action.

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the Near-Term Projects described in the LRDP.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2004.0603C.

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2004.0603C, at 1650 Mission Street, Fourth Floor, San Francisco, California.

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

**MOVED**, That the Commission hereby authorizes the Conditional Use requested in Application No. 2004.0603C, subject to the conditions contained in "EXHIBIT A" of this motion, based on the following findings.

## **FINDINGS**

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



1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** The CPMC Davies Campus is located in the Duboce Triangle neighborhood, and is bounded by Duboce Avenue to the north, Noe Street to the east, 14th Street to the south, and Castro Street to the west. The entire block is a single lot, zoned RH-3 (Residential, House, - Three Family), with a split Height and Bulk District: mostly 65-D with a portion along Duboce Avenue being 130-E. The portion of the lot where the Neuroscience Institute building will be sited is within the 65-D Height and Bulk Designation.

The campus is currently occupied by five buildings. They are the North Tower, the South Tower, the Rehabilitation Center, the 45 Castro Street Medical Office Building ("MOB"), and the Castro Street/14th Street parking garage. The North Tower has five above-ground stories as measured from the lobby entrance on the west side of the building (lobby level through level four) and four below-ground levels (Levels A through D, D being the lowest). The North Tower contains approximately 188,000 gsf and is primarily used for acute care beds, outpatient treatment, surgery, and the emergency department. The South Tower has three stories above ground and two below ground. The South Tower contains approximately 105,000 gsf and is primarily used for a skilled nursing facility. The two-story Rehabilitation Center, containing approximately 32,000 gsf, is used primarily for rehabilitation therapy. The MOB has four stories above ground, one below ground, and contains approximately 63,000 gsf of space for private doctors' offices. Finally, the Castro Street/14th Street parking garage is a non-enclosed ramp structure of three floors of approximately 113,000 gsf, with parking for 283 vehicles. There are an additional 207 off-street surface parking spaces for a total of 490 off-street parking spaces.

The Davies Campus is accessible by car on any of the surrounding streets as well as by transit, most notably via the N-Judah light rail line across Duboce Avenue from the campus, the 24-Divisadero bus along Castro Street, and the 37-Corbett bus along 14th Street, and the J-Church line four blocks to the east of the campus.

The use on the Davies Campus has been institutional since the 1850s with the establishment of the German Hospital and construction of additional hospital-related buildings, later known also as the Ralph K. Davies Hospital in the mid-1960s.

In 1991, the Commission approved a medical office building, approximately 48,500 gsf, and a 284-space structured parking garage (Case No. 87.847BCE). While only the parking garage was built, a new medical office building has long been anticipated to serve the medical needs of patients and enhance existing programs at the Davies Campus.

3. **Surrounding Properties and Neighborhood.** The surrounding area features a mix of zoning districts, including RH-3 and P (Public). The general character of the surrounding area is a mixture of two- and three-family dwellings ranging in height between three and four stories. Directly across Duboce Avenue to the north is Duboce Park, and immediately to the west of the proposed Neuroscience Institute building on the same project site is a five-story hospital building (North Tower).
4. **Project Description.** The application before the Commission is the Davies CU/PUD, but the broader Near-Term Projects are described here for context. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St.

Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital, followed by construction of a Medical Office Building after the demolition of the existing Hospital Tower. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill Hospital is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.<sup>2</sup> In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.<sup>3</sup>

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

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

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

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

The ground floor, Level 1, would hold the main lobby, medical offices, an EEG Clinic, and pharmacy space. The ground-floor lobby would provide improved access to the medical center

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<sup>2</sup> 2333 Buchanan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

<sup>3</sup> Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

for ambulatory patients, who would be able to arrive by the nearby N-Judah train and cross Duboce Avenue to the covered entry at the northeast corner of the building. Once inside, they would be able to access the North Tower and the rest of the hospital by taking the elevators to Level 4 and using the interconnecting corridor to corresponding North Tower Level A. Currently, pedestrians who arrive on the N-Judah must climb a steep hill up Duboce Avenue to reach the North Tower hospital entrance. There will be an additional pedestrian entrance on the south end of the Neuroscience Institute, facing the surface parking lot. Level 1 would also have the main electrical room and mechanical space containing the major equipment serving the building.

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

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

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

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

5. **Public Comment.** The Department has received substantial comments regarding support for and opposition to the overall LRDP Project, including the Neuroscience Institute Project, over the past 7 years since the initial Environmental Evaluation Application was submitted. Support for and opposition to the LRDP Project can be found in the project files at the Department.
6. **CEQA Findings.** On April 26, 2012, by Motion No.\_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Neuroscience Institute Project. A copy of Commission Motion No.\_\_\_\_\_ is in the file for Case No.\_\_\_\_. Also on \_\_\_\_\_, April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and

incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA.

7. **Planning Code Compliance:** The Commission finds that the Neuroscience Institute Project is consistent with the relevant provisions of the Planning Code in the following manner:

- A. **Use.** Planning Code Section 209.3 states that a Conditional Use Authorization is required for a medical center in the RH-3 District.

*The Neuroscience Institute Project complies with the provisions set forth in Section 209.3 of the Planning Code in that a medical center (which may include medical offices, clinics, laboratories, operated by and affiliated with an institution) in the RH-3 District is allowed with a Conditional Use Authorization. The Neuroscience Institute building would be located within the boundaries of CPMC's Davies Campus, an existing medical center previously authorized with a Conditional Use Authorization.*

- B. **Rear Yard Requirement.** Planning Code Section 134 states that the minimum rear yard depth shall be 45 percent of the total depth of a lot in which it is situated, and may be reduced up to 25 percent of the total depth of a lot in which it is situated based on averaging of adjacent buildings, but in no case less than 15 feet.

*The Neuroscience Institute Project does not comply with the provisions set forth in Section 134 of the Planning Code in that there is no rear yard proposed. The Davies Campus is an entire city block with buildings already constructed along Castro Street and Duboce Avenue. The Neuroscience Institute Project would occupy the corner of Duboce Avenue and Noe Street. CPMC is, therefore, seeking through the Planned Unit Development a modification of the Code requirement for rear yard. While the Neuroscience Institute Project would reduce the amount of open area on the block from approximately 47% to 42%, it would maintain a minimum of 25% open space. In addition, the Neuroscience Institute Project will result in significant improvements in the public right-of-way (the sidewalk adjacent to Noe Street) that will create a more attractive public face to the Davies Campus, safer vehicle operations, and a direct entrance to the campus from the corner nearest the N-Judah Muni stop.*

*Furthermore, the intent of the rear yard provisions applicable within RH-3 Districts is to create a shared mid-block open space for the residential properties that are expected to occupy the RH-3 District. Since the Davies Medical Center is the only use within the entire City block, there is no need for mid-block open space, per se. The Campus does need to retain some open space so that its intensity of development is compatible with the surrounding neighborhoods; however, the fact that the Davies Campus would meet the requirement under Section 134 to provide a minimum of 25% open space, coupled with the improved streetscape and Campus landscaping, are sufficient to be compatible with the surrounding neighborhoods.*

- C. **Street Trees.** Planning Code Section 138.1 provides that one 24-inch box street tree is required for every 20 feet of frontage and every remaining 10-foot fraction thereof, for new construction and additions of at least 20%.

*The Neuroscience Institute Project complies with the provisions set forth in Section 138.1 of the Planning Code in that one street tree will be provided for every 20-feet of street frontage for new construction. Though the proposed improvements would occupy about 748 feet of frontage along Noe Street, 14<sup>th</sup> Street, and Duboce Avenue, necessitating a total of 37 trees, the Project Sponsor has agreed to install and maintain a minimum of 68 trees along the street facing setbacks and the sidewalk, which equates to more street tree for every 20 feet of frontage.*

- D. **Parking.** Planning Section 151 of the Planning Code requires off-street parking in the ratio of one space for each 8 beds (excluding basinet) or for each 2,400 g.s.f. of floor area devoted to sleeping rooms (whichever is greater) for the hospital; and at a ratio of one for each 300 square-feet of occupied floor area, where the occupied floor area exceeds 5,000 square-feet for the medical office or outpatient clinic.

*The existing uses on the Davies Campus are required by Planning Code standards to provide a total of 262 off-street parking spaces, and the Neuroscience Institute Project would be required to provide 127 spaces. The entire Davies Campus, including the Neuroscience Institute Project, would be required to provide a total of 389 off-street parking spaces. The Davies Campus currently has 496 parking spaces, although the parking total would be reduced to 421 because the Neuroscience Institute Project would directly displace 70 existing parking spaces and an additional 5 spaces would be removed to comply with disabled parking requirements. Thus, with the Neuroscience Institute Project, the Davies Campus would continue to meet the Planning Code requirement, with a surplus of approximately 32 (421-389) spaces.*

- E. **Bicycle Parking.** Section 155.4(d)(2) of the Planning Code requires six (6) bicycle parking spaces, when the gross floor area of a new medical office building exceeds 20,000 square feet but is no greater than 50,000 feet.

*The Davies Campus currently provides 26 bicycle parking spaces, and the Neuroscience Institute Project would provide an additional 25 bicycle parking spaces in the plaza by the main south entrance of the pedestrian plaza.*

- F. **Showers and Clothes Lockers.** Section 155.3 of the Planning Code requires no fewer than two showers and four clothes lockers, when the gross floor area of a new medical office building exceeds 20,000 square feet but is no greater than 50,000 square feet.

*The Davies Campus currently provides 4 showers and 519 clothes lockers within the Campus, to satisfy this requirement of the Planning Code.*

- G. **Height Limit.** Section 260 of the Planning Code limits the height of development at the Subject Property to 65 feet on the northeastern portion of the lot, and 130 feet for the remainder of the lot.

*The Neuroscience Institute Project complies with the provisions set forth in Section 260 of the Planning Code regarding not exceeding the height limit of 65 feet. The proposed building would be approximately 13 feet in height on the façade nearest Duboce Park, and step up to approximately 40 feet in height along the primary (Noe Street) façade. Because of the slope of the site, the building would not exceed 40 feet as measured by the Planning Code, though portions of the building would measure*

*up to approximately 57 feet from grade at its highest point at the southern end.*

- H. **Institutional Master Plan.** Section 304.5 of the Planning Code requires that each medical institution shall have on file with the Department a current Institutional Master Plan ("IMP") describing the existing and anticipated future development of that institution every ten years, with updates provided at intervals of two years.

*The Neuroscience Institute Project complies with the provisions set forth in Section 304.5 of the Planning Code that each medical institution shall have on file with the Department a current IMP describing the existing and anticipated future development of that institution at intervals of two years. CPMC submitted a five-campus full IMP in 2008. It was accepted as complete by the Planning Commission in 2009. An Update was submitted in 2011, which stated that no significant changes had been made to the IMP since it was accepted in 2009. A new medical office building at the Davies Campus has been in all IMP Revisions and Updates. A new medical clinic and office building, approximately 50,000 gsf, has been anticipated at the Davies Campus for more than 20 years.*

- I. **Office Allocation.** Section 321 of the Planning Code requires that projects with over 25,000 sf of office space must seek review and approval by the Planning Commission under the Office Development Limitation

*The Neuroscience Institute Project is not subject to the provisions set forth in Section 321 of the Planning Code because the proposed medical office space is 19,077 sf. Including approximately 50% of the circulation, mechanical, and support space, or 3,851 sf, the total office space comes to 22,928 sf, which is below the 25,000 sf threshold for Office Allocation. Although the Zoning Administrator has long determined that examination rooms should be exempt from this calculation, since they are part of outpatient clinic space, this calculation does not exclude the exam rooms, since the exact layout of spaces has not yet been defined. This total is therefore greater than what will be the actual quantity of medical office space, less the exam rooms.*

- J. **Signage.** Although it is anticipated to be proposed at a later date, there is currently no signage proposed as part of the Neuroscience Institute Project. Any proposed signage will be subject to the review and approval of the Department.

- K. **Other Approvals.**

*The Neuroscience Institute Project complies with the provisions set forth in Section 810A of the Public Works Code in that review and approval has already occurred for removal of up to 14 Significant trees. A Tree Removal Application was properly filed, noticed, and heard before the Director of Public Works on Monday, July 24, 2006. Based upon the facts submitted, including a Final Arborist Report, the decision of the Director of Public Works was to approve the request for the removal with the condition that 29 replacement trees be planted.*

8. **Planning Code Section 303** establishes criteria for the Planning Commission to consider when reviewing applications for Conditional Use approval. On balance, the Neuroscience Institute Project does comply with said criteria in that:

- A. The proposed use or feature, at the size and intensity contemplated and at the proposed location, will provide a development that is necessary or desirable, and compatible with, the neighborhood or the community.

*The new Neuroscience Institute proposed for the Davies Campus would provide space for clinics and specialized physicians' offices. According to the Project Sponsor, the Davies Campus was chosen as the appropriate location because it offers synergy with the Rehabilitation Center located on-site. Furthermore, the Davies Campus contains underutilized areas which will accommodate the programmatic needs of the Neuroscience Institute. The establishment of the Neuroscience Institute will create the first comprehensive community-based neurosciences center in the west Bay Area for the research and treatment of some of the most debilitating and challenging medical conditions facing the general population.*

*The primary purposes of the new Neuroscience Institute are to establish the new consolidated neurosciences center and to continue to attract beneficial programs and associated medical staff to the Davies Campus, thereby ensuring long-term vitality to acute care services and the Emergency Department at the Davies Campus. These are valuable resources for the surrounding community. Additionally, these improved services will be provided in an already developed hospital campus setting, taking advantage of existing microsurgery and rehabilitation facilities and programs already found on the site.*

*The use on the Davies Campus has been institutional since the 1850s with the establishment of the German Hospital and construction of additional hospital-related buildings on the current Davies Campus in the mid-1960s. The Neuroscience Institute Project would, therefore, be consistent with the area's mix of residential, institutional, and public uses.*

*In 1991, the San Francisco Planning Commission approved a medical office building, approximately 48,500 gsf, and a 284-space structured parking garage (Case No. 87.847BCE). While only the parking garage was built, a new medical office building has long been anticipated to better serve the medical needs of CPMC's patients and bring more beneficial programs and associated hospital staff to the Davies Campus.*

*For a period of over 10 years (since 2002), the Project Sponsor has conducted a substantial amount of neighborhood outreach for the Neuroscience Institute Project. The Project Sponsor has worked particularly closely with the Duboce Triangle Neighborhood Association and Buena Vista Neighborhood Association joint Task Force, as representatives of the most immediately impacted neighborhoods around the project site. On May 21, 2007, the Buena Vista Neighborhood Association sent a letter of support for the Neuroscience Institute Project with conditions already incorporated into the Conditions of Approval in Exhibit A. To date, the Department has also received over 40 letters and 100 postcards of support for the Neuroscience Institute Project.*

*The general character of the surrounding area is a mixture of two- and three-family dwellings ranging in height between three and four stories. Directly across Duboce Avenue to the north is Duboce Park and immediately to the west of the proposed Neuroscience Institute building on the same project site is a five-story-over-basement (4 levels below grade) hospital building (North Tower). Immediately to the south on the same project site is a surface parking lot. Across Noe Street to the east and across 14th*

*Street to the south are three- and four-story, multi-family dwellings. The Neuroscience Institute Project, approximately 40-feet in height, would therefore, not overwhelm the subject block and would be compatible with the established neighborhood character.*

*The FEIR determined that the Neuroscience Institute Project would include features that would help improve the relationship between the Davies Campus and the surrounding neighborhood by providing a transition between the existing, large-scale concrete buildings on campus and the neighborhood's smaller-scale residential buildings, including building design features, and sidewalk widening, plaza, and landscape improvements (DEIR at pp. 4.1-41 to 4.1-42). The FEIR also determined that the Neuroscience Institute Project would not have a substantial effect on the existing character of the vicinity because, among other things, it would constitute a continuation and expansion of existing medical uses at the Davies Campus, would not adversely alter the character of its surroundings, would be compatible with the surrounding neighborhood's character (including the existing height and bulk district), and would include new open space adjacent to the proposed building that would create a publicly accessible facility that improves connectivity to Duboce Park (DEIR at p. 4.1-59).*

*The setback of the proposed fourth story (approximately 22 feet from the building wall on Noe Street and 78 feet on Duboce Avenue) would adequately address any potential visual and shadow impacts to Duboce Park and the residences on Noe Street. The FEIR concluded that the scenic quality of the streetscape along Noe Street and Duboce Avenue would be retained and that the Neuroscience Institute Project would have a less-than-significant impact related to visual quality and shadow. (DEIR at pp. 4.2-112, 4.2-166 to 4.2-169 and 4.9-47 to 4.9-48).*

- B. The use or feature as proposed will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity, with respect to aspects including but not limited to:
- i. The nature of the proposed site, including its size and shape, and the proposed size, shape and arrangement of structures;

*Access to new programs at the Davies Campus that would be implemented as part of the Neuroscience Institute Project, as well as increased convenience of access to existing programs, will not be detrimental to persons living and working in the vicinity of the campus. The primary purposes of the new building are to establish the new consolidated Neuroscience Institute and to continue to attract beneficial programs and associated medical staff to the Davies Campus, thereby ensuring long-term vitality to acute care services and the Emergency Department at the Davies Campus. These are valuable resources for the health, safety, convenience, and general welfare of the surrounding community. Additionally, these improved services will be provided in an already developed hospital campus setting, taking advantage of existing microsurgery and rehabilitation facilities and programs already found on the site.*

*The Davies Campus occupies all of Assessor's Block 3539, bounded by Duboce Avenue to the north, Noe Street to the east, 14th Street to the south, and Castro Street to the west. The proposed Neuroscience Institute would sit within a developed institutional setting on the Davies Campus, and is scaled to fit well within the Planning Code height and bulk requirements for the site. The*



*size and shape of the Neuroscience Institute have been configured to meet the programmatic requirements of the proposed neurosciences and acute rehabilitation facilities within a footprint that is compatible with, and will not be detrimental to, persons living or working in the vicinity.*

- ii. The accessibility and traffic patterns for persons and vehicles, the type and volume of such traffic, and the adequacy of proposed off-street parking and loading;

*The FEIR has shown that the Neuroscience Institute Project will not result in any significant, unavoidable environmental impacts related to transportation at the Davies Campus, with the exception of a significant, unavoidable intersection impact at 14th/Market Street for which there is no feasible mitigation.*

*However, in response to neighborhood interest in traffic-calming and enhancing the livability of the neighborhoods surrounding the Davies Campus, the Project Sponsor has agreed to construct a series of pedestrian safety improvements around the Davies Campus, valued at approximately \$475,000, as outlined in more detail in the proposed Development Agreement.*

*To determine and implement feasible traffic and pedestrian improvement measures for the construction period, the Project Sponsor will prepare a Construction Management Plan. This plan, which will be required to be submitted to the Department and made available to the public as a Condition of Approval, will cover public and site safety, operating hours and noise controls, air and dust management, storm water pollution prevention, waste and material reuse, and traffic management.*

*The parking supply on the Davies Campus would be adequately met, as the quantity will exceed the Code requirements for parking by approximately 32 parking spaces (421 spaces to be provided on the Campus after completion of the Neuroscience Institute building, whereas 389 are required).*

*CPMC is committed to the City's "Transit First" policy and is seeking to improve use of alternatives to auto travel through its existing Transportation Demand Management ("TDM") Program and enhancements to the TDM Program that are proposed as part of the LRDP. Among other measures intended to discourage employees and visitors from parking at the CPMC campuses and to provide incentives for the use of alternative transportation modes, CPMC currently offers a \$20 subsidy on Muni Fast Passes. According to CPMC's TDM plan, dated March 24, 2011, within the next two to five years, CPMC will improve its transit subsidy program to employees at all campuses – including the Davies Campus – to increase the value of the monthly subsidy to be equivalent to the cost of a Muni Fast Pass. Additional key elements of the TDM Program include enhanced information and marketing to employees, a "Guaranteed ride home" program, free carpool parking, vanpool subsidies, and CPMC shuttle system to provide transportation between the CPMC campuses and BART stations.*

*The Davies Campus is directly accessible to the N-Judah Muni light rail line, which a significant number of employees and visitors use for transportation to and from the campus. Other Muni lines within the vicinity of the campus include the No. 24 bus along Castro Street, the No. 37 bus along 14th Street, and the J-Church line, plus additional bus routes within two blocks. All of these*

*transit lines have been shown to have sufficient capacity to accommodate expected ridership from the proposed Neuroscience Institute during the peak periods.*

*The Neuroscience Institute has been configured to allow for improved pedestrian and transit access to the Davies Campus. Patients arriving via the nearby N-Judah train would be able to cross Duboce Avenue to the covered entry at the northeast corner of the building. Once inside the ground-floor lobby, they would be able to access the North Tower and the rest of the hospital by taking the elevators to Level A and using the interconnecting corridor. Currently, pedestrians who arrive on the N-Judah must climb a steep hill up Duboce Avenue to reach the North Tower hospital entrance. The Neuroscience Institute would create an ADA-compliant accessible campus entrance at the lowest point of the campus.*

*The Davies Campus currently provides bicycle parking and shower facilities for bicyclists. The number of bicyclists to be generated by the proposed Neuroscience Institute Project will be accommodated by existing facilities in the parking garage, existing showers and lockers in the hospital, and new bicycle parking facilities in the main plaza by the Neuroscience Institute's main south entrance off the plaza.*

- iii. The safeguards afforded to prevent noxious or offensive emissions such as noise, glare, dust and odor;

*The proposed use is subject to the standard conditions of approval for safeguarding against noxious or offensive emissions such as noise, glare, dust and odor, as outlined in Exhibit A.*

*The FEIR analyzes impacts related to dust and to noise during both the construction and operational phases and where feasible, identifies mitigation measures to be implemented through the MMRP (see DEIR pages 4.7-29 to 4.7-33 and 4.7-59 to 4.7-60 and 4.6-72 to 4.6-74).*

- iv. Treatment given, as appropriate, to such aspects as landscaping, screening, open spaces, parking and loading areas, service areas, lighting and signs;

*The Neuroscience Institute Project will include significantly improved landscaping along Noe Street. Views of the Neuroscience Institute would be partially screened by existing and new trees. Along the Noe Street side of the Neuroscience Institute, the sidewalk area will be widened, with parking and new trees creating a buffer between pedestrians and the street. Planters, benches, and paving compatible with the surrounding residential neighborhood would also be incorporated into the design. Several existing mature trees within the footprint of the Neuroscience Institute would be removed, while new trees would be placed on the subject property and within the sidewalk. A new entry plaza will be constructed, creating an environment that both patients and residents can enjoy. The Neuroscience Institute Project will include the replacement of an existing property line fence with a more interesting visual face to the campus.*

*As explained above, the Davies Campus would continue to meet Planning Code requirements regarding parking. The loading/service area would be located to the west of the Neuroscience Institute adjacent to the southern portion of the building. In that location, the Neuroscience Institute's loading/service area would be set back as far as feasible from Duboce Avenue and Noe*

*Street. The loading/service area would be in between the Neuroscience Institute to the east and the North Tower to the west, and both buildings (as well as the 45 Castro Street MOB to the west of the North Tower) would provide buffering for nearby residences.*

*CPMC's commitments under the proposed Development Agreement would include construction of a series of pedestrian safety improvements around the Davies Campus, valued at approximately \$475,000.*

*The FEIR determined that the Neuroscience Institute Project would not result in significant impacts related to the creation of a new source of light or glare that would adversely affect daytime or nighttime views in the area or that would substantially affect other people or properties (See DEIR pages 4.2-190 to 4.2-191).*

*The Conditions of Approval required CPMC to prepare a signage program for review and approval of the Department.*

- C. That the use or feature as proposed will comply with the applicable provisions of the Planning Code and will not adversely affect the Master (General) Plan.

*The Neuroscience Institute Project complies with all relevant requirements and standards of the Planning Code, as described in the findings regarding "Planning Code Compliance" in section 7, above, with exceptions to certain rear yard requirements as allowed through the Planned Unit Development process (see PUD findings, below). CPMC has met the applicable provisions of Planning Code Section 304.5 concerning IMPs. The Neuroscience Institute Project is consistent with the Eight Master Plan Priority Policies (Planning Code Section 101.1) and with the Objectives and Policies of the General Plan, as discussed in **Motion No. \_\_\_\_\_, approved by the Planning Commission on April 26, 2012.***

9. The proposal complies with the provisions set forth in Section 304 of the Planning Code for Planned Unit Developments (PUDs) in that the property is greater than ½ acre and is under one ownership. The Neuroscience Institute Project would be developed as an integrated component of the existing medical center. It would also be of exceptional design, and complement the design of the surrounding area. The CU application describes the Neuroscience Institute Project in detail, and is accompanied by an overall development plan showing, among other things, a street tree plan, landscaping plan, and streetscape plan. The Neuroscience Institute Project also includes other commitments such as the preparation and submittal of a Construction Management Plan, and TDM Program, which are necessary to a determination that the objectives of this Section are met, and that the proposed development warrants the modification of provisions otherwise applicable under this Code.

In addition to the criteria applicable to conditional uses as stated in Planning Code Section 303(c), which are discussed above, a proposed PUD also must meet criteria requiring that it shall:

- A. Affirmatively promote applicable objectives and policies of the General Plan;

*The Neuroscience Institute Project is consistent with the Eight Master Plan Priority Policies (Planning Code Section 101.1) and with the Objectives and Policies of the General Plan, as discussed in Motion No \_\_\_\_\_, approved by the Planning Commission on April 26, 2012.*

- B. Provide off-street parking adequate for the occupancy proposed.

*The new Neuroscience Institute will be constructed on a previously developed medical campus containing many existing uses and parking areas. With the new building, the Planning Code would require provision of a total of 389 parking spaces for the Davies Campus. After construction of the building, which would require reduction of the existing 206-space surface parking lot on the project site by approximately 75 spaces, a total of 421 off-street parking spaces would be provided at the Davies Campus. Therefore, the Davies Campus would provide adequate parking for the proposed occupancy.*

*CPMC had proposed an expansion at the Davies Campus in 1991 (Case No. 87.847EBC), which included the construction of the approximately 290-space Castro Street/14th Street parking garage. Ultimately, the garage was built, but a medical office building proposed as part of the expansion was not, resulting in a net surplus of off-street parking above Planning Code requirements. Even with the construction of the Neuroscience Institute, the Davies Campus would continue to have a parking surplus. The LRDP Project would include continuation and enhancement of CPMC's TDM program, as described in more detail in Motion No. \_\_\_\_\_.*

- D. Provide open space usable by the occupants and, where appropriate, by the general public, at least equal to the open spaces required by the Planning Code.

*The existing medical facilities at the Davies Campus are laid out as an integrated campus, with limited main entries from the street and several internal connections within the campus. Section 134(a) and (c) provide for a "required rear yard" of between 45% and 25% of the depth of the lot. A typical residential rear yard pattern is not applicable in the case of a medical campus, but the existing campus is constructed over approximately 43% (135,600 square feet) of the lot, with an open and unbuilt area of approximately 47% (178,000 square feet), containing both landscaped areas and surface parking. The proposed new Neuroscience Institute building, with a footprint of approximately 17,800 square feet, would reduce the amount of unbuilt area to approximately 42% of the lot, well above the required minimum of 25% of the lot. In addition, the Neuroscience Institute Project will result in significant improvements in the public right-of-way (the sidewalk adjacent to Noe Street) that will create a more attractive public face to the Davies Campus, safer vehicle operations, and a direct entrance to the campus from the corner nearest the N-Judah Muni stop.*

- E. In R Districts, include commercial uses only to the extent that such uses are necessary to serve residents of the immediate vicinity, subject to the limitations for NC-1 Districts under the Planning Code, and in RTO Districts include commercial uses only according to the provisions of Section 230 of the Planning Code.

*The new Neuroscience Institute would include a small (approximately 1,000 square feet) pharmacy. This pharmacy will be available for use by campus physicians and patients as well as members of the general public. It is considered incidental and accessory to the medical campus and not a principle commercial use. Signage for this pharmacy will be strictly limited, with no advertising visible from the public right-of-way.*

- E. Under no circumstances be excepted from any height limit established by Article 2.5 of the Planning Code, unless such exception is explicitly authorized by the terms of the Planning Code. In the absence of such an explicit authorization, exceptions from the provisions of the Planning Code with respect to height shall be confined to minor deviations from the provisions for measurement of height in Sections 260 and 261 of the Planning Code, and no such deviation shall depart from the purposes or intent of those sections.

*No exceptions to height limits are being sought as part of the application for the Neuroscience Institute Project.*

- F. Provide street trees as per the requirements of Section 143(j) of the Code.

*Planning Code Section 143(j) was redesignated in 2010, and conforming changes to Planning Code Section 304(d)(10), which sets forth the above criterion for PUD approvals, have not yet been made. Planning Code Section 138.1 now includes the requirements for the provision of street trees formerly located within Section 143(j). Section 138.1(c)(1)(ii)(cc) requires one 24-inch box street tree for every 20 feet of frontage and every remaining 10-foot fraction thereof, for new construction and additions of at least 20%.*

*The Neuroscience Institute Project complies with the provisions set forth in Section 138.1 of the Planning Code in that one street tree will be provided for every 20-feet of street frontage for new construction. Though the proposed building would occupy only 208 feet of frontage along Noe Street, the Project Sponsor has agreed to install and maintain a minimum of 28 street trees, which equates to one street tree for every 20 feet for the entire 560-foot Noe Street block frontage.*

- G. Provide landscaping and permeable surfaces in any required setbacks in accordance with Section 132 (g) and (h).

*Planning Code Section 132(g) generally requires that all front setback areas required in connection with construction of a new building shall be appropriately landscaped, meet any applicable water use requirements of Administrative Code Chapter 63 (Water Efficient Irrigation Ordinance), and in every case not less than 20% of the required setback area shall be and remain unpaved and devoted to plant material, including the use of climate appropriate plant material as defined in Public Works Code Section 802.1. Planning Code Section 132(h) requires that the front setback area shall be at least 50% permeable so as to increase stormwater infiltration.*

*The Neuroscience Institute Project complies with the provisions set forth in Section 132(g) and (h) in that there are no required front setbacks for the Davies Campus. However, the streetscape and*

*landscape plans include climate appropriate plant material and street trees both in the public right-of-way and on the Campus to achieve the intent of this Section.*

10. **General Plan Compliance.** The Neuroscience Institute Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in **Planning Commission Motion No. \_\_\_\_\_, adopted on April 26, 2012.**
11. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the Neuroscience Institute Project is consistent with the priority policies in Planning Code Section 101.1(b) as outlined in **Planning Commission Motion No. \_\_\_\_\_, adopted on April 26, 2012.**
12. The Neuroscience Institute Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Planning Commission Motion No. \_\_\_\_\_, adopted on April 26, 2012,** and also in that, as designed, the Neurosciences Institute Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
13. The Commission hereby finds that, for the reasons described above, approval of the Conditional Use authorization would promote the health, safety and welfare of the City.

## DECISION

That based upon the Record, the submissions by the Project Sponsor, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **APPROVES Conditional Use Application No. 2004.0603EC** subject to the following conditions attached hereto as "EXHIBIT A" in general conformance with plans on file, dated February 22, 2012, and stamped "EXHIBIT B", which is incorporated by reference as though fully set forth herein.

**APPEAL AND EFFECTIVE DATE OF MOTION:** Any aggrieved person may appeal this Conditional Use Authorization to the Board of Supervisors within thirty (30) days after the date of this Motion No. \_\_\_\_\_. The effective date of this Motion shall be as described in Exhibit A hereto.. For further information, please contact the Board of Supervisors at (415) 554-5184, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

## EXHIBIT A

### AUTHORIZATION

This authorization is to amend the previously approved Planning Unit Development through a Conditional Use Authorization, to allow a new 40,006 gsf medical office/clinic building (a.k.a. the "Neuroscience Institute" and for purposes of this Exhibit A only, referred to as the "Project") located at California Pacific Medical Center's ("CPMC's") Davies Campus [601 Duboce Avenue, Assessor's Block 3539, Lot 001] within the RH-3 District and a 65-D Height and Bulk District; in general conformance with plans – including tree, landscape, and streetscape plans, dated **February 22, 2012**, and stamped "EXHIBIT B" included in the docket for Case No. 2004.0603EC and subject to conditions of approval reviewed and approved by the Commission on **April 26, 2012**, under Motion No \_\_\_\_\_. This authorization and the conditions contained herein run with the property and not with a particular Project Sponsor, business, or operator.

### RECORDATION OF CONDITIONS OF APPROVAL

Prior to the issuance of the building permit or commencement of use for the Project, the Zoning Administrator shall approve and order the recordation of a Notice in the Official Records of the Recorder of the City and County of San Francisco for the subject property. This Notice shall state that the Project is subject to the conditions of approval contained herein and reviewed and approved by the Planning Commission on **April 26, 2012**, under Motion No \_\_\_\_\_.

### PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The Conditions of Approval under the "EXHIBIT A" of this Planning Commission Motion No. \_\_\_\_\_ shall be reproduced on the Index Sheet of construction plans submitted with the site or building permit application for the Project. The Index Sheet of the construction plans shall refer to the Conditional Use authorization and any subsequent amendments or modifications.

### SEVERABILITY

The Project shall comply with all City codes and requirements applicable to the Project. If any clause, sentence, section or any part of these conditions of approval is for any reason held to be invalid, such invalidity shall not affect or impair other remaining clauses, sentences, or sections of these conditions. This decision conveys no right to construct, or to receive a building permit. "Project Sponsor" shall include any subsequent responsible party.

### CHANGES AND MODIFICATIONS

Changes to the approved plans may be approved administratively by the Zoning Administrator. Significant changes and modifications of conditions shall require Planning Commission approval of a new Conditional Use authorization.



## Conditions of approval, Compliance, Monitoring, and Reporting PERFORMANCE

1. **Validity and Expiration.** The authorization and right vested by virtue of this action is valid for five (5) years from the effective date as defined in Condition of Approval No. 24, as it may be extended under Conditions of Approval No. 2, and supersedes conditions of approval contained in Motion Nos. 13254 and 13255, as part of case No 87.847BCE. A building permit from the Department of Building Inspection to construct the Project and/or commence the approved use must be issued as this Conditional Use authorization is only an approval of the proposed Project and conveys no independent right to construct the Project or to commence the approved use. The Planning Commission may, in a public hearing, consider the revocation of the approvals granted if a site or building permit has not been obtained within five (5) years of the effective date. Once a site or building permit has been issued, construction must commence within the timeframe required by the Department of Building Inspection and be continued diligently to completion. The Commission may also consider revoking the approvals if a permit for the Project has been issued but is allowed to expire and more than five (5) years have passed since the effective date.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

2. **Extension.** This authorization may be extended at the discretion of the Zoning Administrator only where failure to issue a permit by the Department of Building Inspection is caused by a delay by a local, State or Federal agency or by any appeal of the issuance of such permit(s). This authorization shall also be extended for the number of days equal to the period of any litigation challenging its validity.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

3. **Mitigation Measures.** Mitigation measures described in the MMRP attached as Exhibit C and designated as applicable to Davies [near-term] therein are necessary to avoid potential significant effects of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit D and designated as applicable to Davies [near-term] therein are necessary to reduce the less than significant impacts of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## DESIGN – COMPLIANCE AT PLAN STAGE

5. **Final Materials.** Final materials, glazing, color, texture, landscaping, and detailing shall be subject to Department staff review and approval. The architectural addenda shall be reviewed and approved by the Department prior to issuance. All final design revisions will be posted on the Department's webpage dedicated to CPMC's Long Range Development Plan at [cpmc.sfplanning.org](http://cpmc.sfplanning.org).

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

6. **Streetscape Plan.** The Streetscape Plan shall provide an overview of all proposed hardscape, landscape, street trees, public right-of-way improvements, transformer vaults, fencing, and street furnishings, and, shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2004.0603C. The final Streetscape Plan shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application. Those features included on the Streetscape Plan shall be maintained in a safe and attractive manner.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

7. **Landscape Plans.** The Landscape Layout and Planting Plans shall include the proposed hardscape, landscape, proposed street species, public right-of-way improvements, bicycle racks, and street furnishings, except those improvements specifically described in the Development Agreement, Exhibit H Schedule A.III, shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2004.0603C. The final Landscape Plans shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application. Those features included on the Landscape Plan shall be maintained in a safe and attractive manner.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

8. **Trees Plan.** The Tree Plan shall include all existing and proposed trees, and will specify all Significant Trees, existing trees to-be-removed, and existing trees to remain, and shall include specify Tree Protection Zones for those trees designated as to-be retained. The Tree Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2004.0603C. The final Tree Plan shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application. Those features included on the Tree Plan shall be maintained in a safe and attractive manner.

In any case in which DPW cannot grant approval for installation of a new street tree in the public right-of-way, on the basis of inadequate sidewalk width, interference with utilities or other reasons regarding the public welfare, and where installation of such tree on the lot itself is also impractical, the requirements of Section 138.1 may be modified or waived by the Zoning Administrator to the extent necessary.

The previously approved planting containers at the Castro/14th Streets Parking Garage and associated trees and screening included as part of this Project shall be maintained as plant/tree health allows, or replaced, with the goal of preventing vehicle headlights from shining into nearby residential windows.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

9. **Landscaping, Screening of Parking and Vehicular Use Areas.** Pursuant to Planning Code Section 142, the Project Sponsor shall submit a plan to the Department prior to Planning approval of the Architectural Addenda of the Building Permit Application indicating the screening of parking and vehicle use areas not within a building. The design and location of the screening and design of any fencing shall be as approved by the Department, as part of the Landscape, Streetscape, and Tree Plans. The size and specie of plant materials shall be as approved by the Department of Public Works.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

10. **Courtyard (North).** The exterior courtyard area to the north of the Neuroscience Institute building, labeled "Courtyard" on the plans dated February 22, 2012, and stamped "EXHIBIT B", is to remain substantially open to view from Duboce and Noe Streets, with any walls kept at or below 5'-0" from grade, except as otherwise required for security purposes. If future operations indicate that security fencing is required, such fencing shall be of architectural quality and consist of at least 75% open area, and shall be reviewed and approved by staff.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

11. **Lighting Plan.** The Project Sponsor shall submit an exterior lighting plan to the Department prior to approval of the Architectural Addenda of the Building Permit Application. The lighting in landscaped areas at ground floor (produced by direct outdoor lighting or direct/indirect indoor lighting) shall be sufficient to illuminate public sidewalks to minimum safety levels with the goal of reducing, or eliminating, to the maximum extent feasible, glare on neighboring properties. All exterior lighting shall be downward directed to reduce light pollution; all interior lighting shall be consistent with the use of the building with the goal of minimizing light trespass from the building through the use of lighting orientation, dimming, and shielding. Unless prohibited by state, local or federal licensing or permitting agency, timers and/or sensors shall be used to shut off lighting in unoccupied areas.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

12. **Glazing.** Mirrored glass or deeply tinted glass shall not be permitted on the building. Glass orientation and coatings shall be designed to substantially avoid/reduce solar glare on neighboring properties. Clear glass shall be used on the south, north, and east-facing exterior

walls of the ground floor public corridor and entry lobby area, as described on the plans dated February 22, 2012, and stamped "EXHIBIT B"; no blinds, curtains, shades or window coverings shall be used on this glass. The east-facing ground floor wall visible through the aforementioned exterior glass wall shall be substantially visible from the exterior sidewalk – except for fritting or other surface patterning specified on the approved plans – to allow for the display of art or other wall coverings of visual interest as determined by the Project Sponsor. All glazing shall comply with Planning Code Section 139 and the Standards for Bird-Safe Buildings.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

13. **Architectural Character.** The architectural treatment of the building shall be as described on the plans dated February 22, 2012, and stamped "EXHIBIT B", consisting of 1) horizontal solid wood cladding on the north, south, and east facades of the 2nd and 3rd floors of the Project, that will weather and vary in color with age; 2) glass and aluminum window assemblies set back from the east façade surface by up to 15" in a semi-regular pattern to provide depth and shadow variation; and 3) wood or like architectural elements similar in scale and operation to shutters, and in harmony with the wood exterior to the building, shall be incorporated at the North, East, and South facing elevations of the 2nd and 3rd floors in order to provide a level of depth, variability of appearance, detail and fine scale to the façade consistent with that of existing architectural styles and elements of nearby residential structures. The primary facades (east, north, and south) of the ground and fourth floors are comprised primarily of glass, incorporating 'fritting or other surface patterning as specified on the plans.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

14. **Curb Cuts.** The Project shall not include any permanent curb cuts on Noe Street.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

15. **Garbage, composting and recycling storage.** Space for the collection and storage of garbage, composting, and recycling shall be provided within enclosed areas on the property and clearly labeled and illustrated on the building permit plans. Space for the collection and storage of recyclable and compostable materials that meets the size, location, accessibility and other standards specified by the San Francisco Recycling Program shall be provided at the ground level of the buildings.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

16. **Rooftop Mechanical Equipment.** Any rooftop mechanical equipment is required to be screened so as not to be visible from any point at or below the roof level of the subject building. A Roof Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2004.0603C. The final Roof Plan shall be submitted to the

Department prior to approval of the Architectural Addenda of the Building Permit Application. Nothing in these conditions shall prohibit the Project Sponsor from seeking review and approval of roof-mounted solar photovoltaic systems.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

17. **Signage: Wayfinding.** The Project Sponsor shall develop and submit an initial signage program for the Project that provides adequate, clear wayfinding signage to direct visitors from the north and south ground floor Neuroscience Institute building entries to campus destinations prior to occupancy of the new Neuroscience Institute building. CPMC shall also submit to the Department a sign program for the entire Davies Campus, prior to occupancy of the new Neuroscience Institute building. All subsequent sign permits shall conform to the approved signage program. In general, all exterior signage shall be designed to complement, not compete with, the existing architectural character and architectural features of the building.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

18. **Signage: Retail Space.** The retail area located on the ground floor of the new Neuroscience Institute building shall have minimal signage needed to identify the business, limited to 1) non-illuminated business signage limited to 3" font height on the east-facing door (if provided) opening into the public corridor, and 2) non-illuminated business signage not to exceed 6" high by 3'-0" in length along the south wall facing the entry lobby. No display windows shall be provided, and displays and signage shall not be prominently visible from the exterior of the building. No retail business signage shall be located on exterior or freestanding outside of the building, though generic directional signage to the retail space may be placed throughout the campus if desirable as part of a campus wayfinding program.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## PARKING AND TRAFFIC

19. **Bicycle Parking.** Pursuant to Planning Code Sections 155.4., the Project shall provide no fewer than six Class 1 or Class 2 bicycle parking spaces.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

20. **Showers and Clothes Lockers.** Pursuant to Planning Code Section 155.3, the Project shall provide no fewer than two showers and four clothes lockers.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

21. **Parking Requirement.** Pursuant to Planning Code Section 151, the Project shall provide a minimum of 389 independently accessible off-street parking spaces (496 currently exist).

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

22. **Off-Street Loading Zone.** The Project Sponsor shall pursue the creation of a white (loading) zone of approximately 1-2 spaces in length along Duboce Avenue at the corner of Noe Street and Duboce Avenue, adjacent to the north entrance to the Project. The location of this zone shall be coordinated with the existing or proposed location of any fire hydrants/restricted parking zones with the goal of removing the fewest number of on-street parking spaces, as determined by DPT. Project Sponsor shall seek loading period hours of 6:30AM to 7:30PM on weekdays.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

23. **Managing Traffic During Construction.** The Project Sponsor and construction contractor(s) shall coordinate with the Traffic Engineering and Transit Divisions of the San Francisco Municipal Transportation Agency (SFMTA), the Police Department, the Fire Department, the Department, and other construction contractor(s) for any concurrent nearby projects to manage traffic congestion and pedestrian circulation effects during construction of the Project.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

24. **Off-Site Parking During Construction.** The Project Sponsor shall maintain the existing public on-street parking spaces during the duration of building construction for public use, other than limited periods of time for specified activities as detailed in a construction phasing schedule outlined in the Construction Management Plan for the Project. On-street parking areas used for staging will be limited to frontages of the actual Neuroscience Institute building and Project site along Noe Street and Duboce Avenue. Under no circumstances will on-street parking be used for construction worker vehicle parking or construction trailers.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## PROVISIONS

25. **Effective Date.** This approval is contingent on, and will be of no further force and effect until, the date that the ordinance approving a Development Agreement for the Project is effective and operative. References in this Exhibit A to Codes and requirements "applicable to the Project" shall refer to applicable laws in the Development Agreement.

## MONITORING - AFTER ENTITLEMENT

26. **Enforcement.** Violation of any of the Department conditions of approval contained in this Motion or of any other provisions of Planning Code applicable to the Project shall be subject to the enforcement procedures and administrative penalties set forth under Planning Code Section

176 or Section 176.1. The Department may also refer the violation complaints to other city departments and agencies for appropriate enforcement action under their jurisdiction.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

27. **Revocation due to Violation of Conditions.** Should implementation of this Project result in complaints from interested property owners, residents, or commercial lessees which are not resolved by the Project Sponsor and found to be in violation of provisions of the Planning Code applicable to the Project and/or the specific conditions of approval for the Project as set forth in Exhibit A of this Motion, the Zoning Administrator shall refer such complaints to the Commission, after which it may hold a public hearing on the matter to consider revocation of this authorization.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## OPERATION

28. **Garbage, Recycling, and Composting Receptacles.** Garbage, recycling, and compost containers shall be kept within the premises and hidden from public view, and placed outside only when being serviced by the disposal company. Trash shall be contained and disposed of pursuant to garbage and recycling receptacles guidelines set forth by the Department of Public Works.

*For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works at 415-554-5810, <http://sfdpw.org>*

29. **Sidewalk Maintenance.** The Project Sponsor shall maintain the main entrance to the building and all sidewalks abutting the subject property in a clean and sanitary condition in compliance with the Department of Public Works Streets and Sidewalk Maintenance Standards.

*For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works, 415-695-2017, <http://sfdpw.org>*

30. **Community Liaison.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall appoint a community liaison officer to deal with the issues of concern to owners and occupants of nearby properties. The Project Sponsor shall provide the Zoning Administrator with written notice of the name, business address, and telephone number of the community liaison. Should the contact information change, the Zoning Administrator shall be made aware of such change. The community liaison shall report to the Zoning Administrator what issues, if any, are of concern to the community and what issues have not been resolved by the Project Sponsor.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

31. **Construction Management Plan.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall produce a Construction Management Plan, which shall include general operating principals and commitments not otherwise included in these Conditions of Approval, along with operating principles during specific phases of work. This Plan shall be made available to the neighbors or interested parties, and a copy of said Plan shall be provided to the Department to include in the file for Case No. 2004.0603C.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

32. **Lighting.** All Project lighting shall be installed in accordance with the Lighting Plan, and shall be directed onto the Project site and immediately surrounding sidewalk area only, and designed and managed so as not to be a nuisance to adjacent residents. Nighttime lighting shall be the minimum necessary to ensure safety, but shall in no case be directed so as to constitute a nuisance to any surrounding property.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

33. **Hours of Operation.** The Davies Campus is generally open to the public and for visitors during the following hours of operation: Monday through Friday from 7:00a.m. to 7:00p.m. The Campus is open, as may be reasonably necessary, to accommodate visitors, staff, and employees of the hospital during hours outside of the standard hours of operation; the Emergency Department is open 24 hours/day. The main ground floor entry to the Neuroscience Institute building and the entry at Noe and Duboce Streets shall remain open and accessible to the public during standard hours of operation (7:00a.m. to 7:00p.m., M-F).

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

34. **Noise Control.** The premises shall be adequately soundproofed or insulated for noise and operated so that incidental noise shall not be audible beyond the premises or in other sections of the building. Fixed-source equipment noise shall not exceed the decibel levels specified in the San Francisco Noise Control Ordinance.

*For information about compliance with the fixed mechanical objects such as rooftop air conditioning, restaurant ventilation systems, and motors and compressors with acceptable noise levels, contact the Environmental Health Section, Department of Public Health at (415) 252-3800, [www.sfdph.org](http://www.sfdph.org)*

*For information about compliance with the construction noise, contact the Department of Building Inspection, 415-558-6570, [www.sfdbi.org](http://www.sfdbi.org)*

*For information about compliance with the amplified sound including music and television contact the Police Department at 415-553-1012 or 415-5530123, [www.sf-police.org](http://www.sf-police.org)*





# SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Other: Development Agreement
- First Source Hiring
- Child Care Requirement (Sec. 414)
- Other: Street Tree In-Lieu Fee

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## Planning Commission Draft Motion

HEARING DATE: APRIL 26, 2012

*Date:* April 12, 2012  
*Case No.:* 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
*Project Address:* 3555 Cesar Chavez Street  
*Zoning/Ht. & Blk.* RH-2/105-E  
*Proposed Zoning/* RH-2, Cesar Chavez-Valencia Streets Medical Use Special Use District/  
*Height & Bulk:* 105-E  
*Assessor's Block/Lot:* 6575/001, 002  
*Project Sponsor:* Geoffrey Nelson, CPMC  
633 Folsom Street, 5th Floor  
San Francisco, CA 94107  
(415) 600-7206  
[NelsonGK@Sutterhealth.org](mailto:NelsonGK@Sutterhealth.org)  
*Staff Contact:* Elizabeth Watty – (415) 558-6620  
[Elizabeth.Watty@sfgov.org](mailto:Elizabeth.Watty@sfgov.org)

**ADOPTING FINDINGS RELATING TO THE APPROVAL OF ALLOCATION OF OFFICE SQUARE FOOTAGE UNDER THE 2011-2012 ANNUAL OFFICE DEVELOPMENT LIMITATION PROGRAM PURSUANT TO SECTIONS 321 AND 322 OF THE PLANNING CODE FOR A PROPOSED PROJECT LOCATED AT 3555 CESAR CHAVEZ STREET THAT WOULD AUTHORIZE THE CONSTRUCTION OF AN APPROXIMATELY 100-FOOT TALL MEDICAL OFFICE BUILDING AFFILIATED WITH ST. LUKE'S MEDICAL CENTER WITH A TOTAL OF 99,848 SQUARE FEET OF OFFICE SPACE ON ASSESSOR'S BLOCK 6575, LOTS 001 AND 002, IN THE RH-2 (RESIDENTIAL, HOUSE, TWO-FAMILY) ZONING DISTRICT AND 105-E HEIGHT AND BULK DISTRICT; AND MAKE AND ADOPT FINDINGS, INCLUDING ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.**

### PREAMBLE

On June 10, 2005, Ralph F. Marchese of The Marchese Company, Inc., on behalf of California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application (EEA) with the Planning Department (hereinafter "Department"),

Case No. 2005.0555E.<sup>1</sup> The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties.

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new St. Luke's Replacement Hospital (Replacement Hospital) and St. Luke's Medical Office Building (St. Luke's MOB).

On June 10, 2010, the Project Sponsor submitted a request for the allocation of Office Space for approximately 99,848 .s.f of medical office space in the proposed St. Luke's MOB (Case No. 2009.0886B).

On June 10, 2010, the Project Sponsor submitted a request to amend the following sections of the General Plan: (1) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus (all of Assessor's Block 6575, Lot 021 in Block 6576, and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street that will be vacated as part of the project, and their successor Blocks and Lots); and (2) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 227' and 270', respectively, for the Replacement Hospital site, and 204' and 228', respectively, for the St. Luke's MOB site (2009.0886M).

On June 10, 2010, the Project Sponsor submitted a request to amend the following sections of the San Francisco Planning Code: (1) Add Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District (SUD) and allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD; and (2) to add Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD. (Case No. 2009.0886T).

On June 10, 2010, the Project Sponsor submitted a request to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT07 to reclassify the Replacement Hospital site from 65-A to 105-E Height and Bulk District; and (2) Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD (Case No. 2009.0886Z).

On June 10, 2010, the Project Sponsor filed an application with the Department for Conditional Use authorization under Planning Code Sections 134, 136, 151, 303, 304, 209.3(a), 209.9(b), 253, 270, and 271, to amend the existing Planned Unit Development (hereinafter "PUD") for CPMC's St. Luke's Campus to allow construction of the Replacement Hospital, demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's MOB with (1) exceptions to/exemptions from the rear yard and off-street parking requirements of Planning Code Sections 134 and 151; (2) exceptions from the dimension limitations for projections over streets or alleys; (3) authorization for buildings over 40'-0" in an RH-2 District; and (4) deviation from otherwise applicable bulk limits, at Assessor's Block 6575/001, 002; 6576/021; and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street (3555 Cesar Chavez Street, 3615 Cesar Chavez Street, 1580 Valencia Street), within an RH-2 (Residential, House, Two-Family) District and a 105-E and 65-A Height and Bulk District ("St. Luke's Replacement Hospital and MOB Project").

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

On June 10, 2010, the Project Sponsor submitted a request for a General Plan Referral, Case No. 2009.0886R, regarding the vacation of the portion of San Jose Avenue between 27th and Cesar Chavez Streets; and sidewalk width changes to various streets adjacent to the campus (2009.0886R).

On July 21, 2010, the Draft Environmental Impact Report ("DEIR") for CPMC's Long Range Development Plan ("LRDP") Project, including the St. Luke's Replacement Hospital and MOB Project, was prepared and published for public review, and was available for public comment until October 19, 2010.

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

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No.\_\_\_\_, (4) the Transfer Agreement in Board File No.\_\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No.\_\_\_\_\_.

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

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

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

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

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. \_\_\_\_\_, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (4) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (5) Motion No. \_\_\_\_\_, approving the proposed Conditional Use authorization; (6) Motion No. \_\_\_\_\_, approving the General Plan Referral; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the allocation of Office Space requested in Application No. 2009.0886MTZCBRSK.

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

**MOVED**, that the Commission hereby authorizes the allocation of Office Space requested in Application No. 2009.0886MTZCBRSK, subject to the conditions contained in "EXHIBIT A" of this motion, based on the following findings:

## **FINDINGS**

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** St. Luke's Hospital is located in the southeastern quadrant of the City and occupies a full city block plus a surface parking lot on a portion of the adjacent block, totaling approximately 3.6 acres. It is bounded by Cesar Chavez Street, Valencia Street, Duncan Street, one lot to the west of San Jose Avenue, and 27th Street. The St. Luke's Campus

currently contains eight buildings, totaling approximately 451,868 gsf of floor area and 329 parking spaces. The Hospital (comprised of the 1970 Tower, 1957 Building and Hartzell Building, described below) is licensed by the California Department of Public Health (CDPH) for 229 hospital beds.

More specifically, the Campus includes the following facilities:

- The St. Luke's Hospital Tower has 12 stories above ground and one story below ground, is approximately 197,983 gsf, and is primarily used for inpatient care, skilled nursing, and administrative support. There are eight surface parking spaces north of the Hospital Tower.
- The 1957 Building has four stories above ground and is approximately 31,724 gsf. It is primarily used for the Emergency Department, diagnostic and treatment space, and support space. There are 106 parking spaces associated with this building; 74 spaces on a surface parking lot; and 32 street spaces along San Jose Avenue.
- The 1912 Building has four stories above ground, is approximately 26,280 gsf, and is primarily used for hospital administration, outpatient care, diagnostic and treatment space, support space, and the chapel.
- The Monteagle Medical Center has eight stories above ground and one story below ground and is approximately 90,005 gsf which includes medical office space, outpatient care space, diagnostic and treatment space, and support space.
- The Redwood Administration Building is a portable one-story building containing approximately 2,400 gsf which is used for hospital administration.
- The Hartzell Building has two stories above ground and one story below ground and has approximately 18,506 gsf primarily used for office and educational uses for the Samuel Merritt School of Nursing.
- The Duncan Street Parking Garage is two stories above ground and contains approximately 83,370 gsf for 215 parking spaces. With the additional 114 off-street surface parking spaces on the St. Luke's Campus (described above), there are a total of 329 parking spaces on the campus.
- The one story MRI Trailer contains 1,600 gsf used for diagnostic and treatment space.

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

Gradual building development at St. Luke's has occurred since 1875, when St. Luke's moved into a new facility at its present location at Valencia and Cesar Chavez Streets. Today, the oldest building remaining on the Campus is the 1912 Building. The existing St. Luke's Hospital Tower was approved in 1967 when the Planning Commission authorized a conditional use for the St. Luke's Campus (Resolution No. 6078). In 1968, a revocable encroachment permit was issued to

allow a portion of San Jose Avenue (between Cesar Chavez Street and 27th Street) to be used as parking for the St. Luke's Campus. In 1971, further development was approved (Resolution No. 6714) including the construction of the Montecale Medical Center, Duncan Street Parking Garage, and surface parking. In 2001, St. Luke's Hospital became an affiliate of Sutter Health and formally merged with CPMC in 2007.

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

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

There have been recent efforts to improve the streetscape and calm traffic on San Jose Avenue, Guerrero Street and Cesar Chavez Street. The proposed Cesar Chavez Street Design Plan is a detailed design effort to re-envision Cesar Chavez Street from Hampshire Street to Guerrero Street in the Mission District, and identifies ways to make Cesar Chavez Street a safe, pleasant, and attractive corridor for people, bikes, and transit. The proposed Mission District Streetscape Plan is a community-based planning process to identify streetscape improvements to streets, sidewalks, and public spaces in the Mission District.

- 4. Project Description.** The office allocation is for the St. Luke's MOB, described below. For context, the overall Near-Term Projects under the LRDP, of which the St. Luke's MOB is a part, are also described here. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital, followed by construction of the St. Luke's MOB after the demolition of the existing Hospital Tower. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill Hospital is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan

Street Hospital would undergo renovation and reuse as an ambulatory care center.<sup>2</sup> In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.<sup>3</sup>

This St. Luke's Replacement Hospital and MOB Project is part of CPMC's LRDP to improve its delivery of citywide health care, and comply with seismic requirements of California law.

The new St. Luke's Replacement Hospital and MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new St. Luke's Replacement Hospital is being sited so that it can be built without disrupting services at the existing Hospital Tower. It is being designed, in compliance with SB 1953, to remain operational after a strong earthquake. The Replacement Hospital will be an 80-bed<sup>4</sup> acute care hospital, and the St. Luke's MOB will provide space for physicians who will be affiliated with the CPMC and the campus, as well as diagnostic and treatment space and space for other outpatient care. The St. Luke's Replacement Hospital and MOB Project will preserve and enhance San Francisco's health care infrastructure, particularly in the South of Market area.

Specifically, the proposal for the St. Luke's Replacement Hospital includes the construction of a new 146,410 gsf, five-story and approximately 99'-0" tall, 80-bed full-service, acute care hospital, sited on the Campus' existing surface parking lot and over a portion of the to-be-vacated San Jose Avenue that has been closed for use as a street since 1968 (and is currently used for parking for the St. Luke's Campus under an encroachment permit). Based on the recommendations of the Blue Ribbon Panel, the new Replacement Hospital will be sited such that the existing hospital can remain in continuous operation during the new hospital's construction. The Replacement Hospital will include Centers of Excellence in Senior and Community Health and an expanded Emergency Department, and will include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, and post-partum care. It will also include a cafeteria and an enclosed loading area.

The Emergency Department at the Replacement Hospital will be approximately 11,500 gsf, which is an increase of approximately 4,440 gsf over the existing Emergency Department in the 1957 Building. The new Emergency Department will be a significant improvement over the existing

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<sup>2</sup> 2333 Buchanan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

<sup>3</sup> Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

<sup>4</sup> With the shift to single-patient rooms under modern hospital guidelines, newer facilities are projected to have a higher occupancy rate (about 80 percent, with variation by bed type) than with the multi-bed mode. The efficient use of beds in a multi-patient room environment is limited by a number of factors, such as the gender and diagnosis of the patients, as well as infection control and privacy concerns.

facility, and waiting times for patients should be reduced through the provision of all private treatment spaces. The new Emergency Department will be in the Replacement Hospital, adjacent to Imaging Services; this adjacency will increase efficiency compared to the existing hospital where these functions exist on separate floors. There will be more support space and improved technology. Waiting time for patients should further be reduced by flexible triage space. Additionally, many of the non-emergency patient visits would be accommodated by expanding the hours and services of the existing Health Care Center in the Monteagle Office Building to create an urgent care center able to receive patients who do not need Emergency care.. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity would increase from about 26,000 visits per year today to approximately 31,600 visits under the LRDP.

After the Replacement Hospital opens and once services are moved into it from the existing Hospital Tower and the 1957 Building, the existing Hospital Tower will be demolished as part of the Near-Term Project at St. Luke's. After demolition of the Hospital Tower, the new St. Luke's MOB would be constructed at that site, also as part of the Near-Term Project at St. Luke's. Construction of the St. Luke's MOB is expected to occur after 2015.

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

The exterior design of the Replacement Hospital and St. Luke's MOB was developed with input from the Planning Department staff and the community. The exterior of the bases of the Replacement Hospital and of the St. Luke's MOB will be durable (tile, stone, and brick matching the 1912 Building exterior) and will ground the buildings on the site, engaging users at the pedestrian level. The upper floors will be Glass Fiber Reinforced Concrete (GFRC), glass, and metal panel. Metal panels are used for the canopy which runs along the entire east side of the Replacement Hospital, unifying the upper and lower public plazas (described below) and creating a connection from the interior of the Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the Replacement Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

The St. Luke's MOB will be entitled at the same time as the hospital, but the design will continue to be refined with planning staff while the Replacement Hospital is being built since the St.



Luke's MOB cannot be built until the existing hospital is demolished. Once built, the new St. Luke's MOB will connect internally to the Replacement Hospital and 1957 Building.

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

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

5. **Public Comment.** The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 7 years since the initial EEA was submitted. Support for and opposition to CPMC's LRDP can be found in the project files at the Planning Department.
6. **CEQA Findings.** On April 26, 2012, by Motion No. \_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Replacement Hospital and MOB Project. A copy of Commission Motion No. \_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on \_\_\_\_\_ in Motion No. \_\_\_\_\_.
7. **Office Allocation.** Section 321 establishes standards for San Francisco's Office Development Annual Limit. In determining if the proposed Project would promote the public welfare,

convenience and necessity, the Commission considered the seven criteria established by Code Section 321(b)(3), and finds as follows:

- a. APPORTIONMENT OF OFFICE SPACE OVER THE COURSE OF THE APPROVAL PERIOD IN ORDER TO MAINTAIN A BALANCE BETWEEN ECONOMIC GROWTH ON THE ONE HAND, AND HOUSING, TRANSPORTATION AND PUBLIC SERVICES, ON THE OTHER.

*There currently exists 3,381,349 square feet of office space available for allocation to office buildings of more than 49,999 square feet of office space ("Large Buildings") during this Approval Period, which ends October 16, 2012. If the Planning Commission approves the Project with up to 99,848 square feet of office space, there would be 3,331,350 square feet of office space available for allocation (or 3,088,363 sf should the Commission first approve the office allocation for Cathedral Hill MOB, Case No. 2009.0885B). Although the Zoning Administrator has long determined that examination rooms should be exempt from this calculation since they are part of outpatient clinic space, this calculation does not exclude the exam rooms, since the exact layout of spaces has not yet been defined. This total is therefore greater than what will be the actual quantity of medical office space, less the exam rooms. On October 17, 2012, and October 17 of each succeeding year, an additional 875,000 square feet of office space will become available for allocation to buildings of greater than 49,999 square feet of office space.*

*The new St. Luke's MOB is part of the overall St. Luke's Replacement Hospital and MOB Project, and would support the proposed Replacement Hospital by providing important services such as clinical and physician office space. The site of the proposed St. Luke's MOB is an ideal location because of its proximity to the Replacement Hospital, and the location in the southern part of the City where few outpatient facilities exist that are conveniently connected to the range of medical services that can be provided at the St. Luke's Campus. Additionally, existing transit routes and major vehicular thoroughfare allow convenient access to the site with travel modes appropriate for the needs of those occupying and visiting the St. Luke's MOB.*

*The St. Luke's MOB would maintain the balance between San Francisco's economic growth, on one hand, and housing supply, transportation and public services as follows:*

*With respect to economic growth, the St. Luke's MOB is a central component of CPMC's Near-Term Projects, which will provide substantial benefits to the City, including expanded employment opportunities for City residents at all employment levels. CPMC and the rest of the health services sector are critically important to the economic health of San Francisco. CPMC is the second largest employer in San Francisco. CPMC is estimated to employ over 6,200 people, of which about half are San Francisco residents, The St. Luke's MOB is an important element of the overall project, which is necessary to maintain and expand employment in these long-term health services and support jobs. The Near-Term Projects will also provide up to approximately 400 to 500 construction jobs per year, with a maximum of up to 1,500 jobs at the peak construction period. The construction and operation of the Near-Term Projects, including the St. Luke's MOB, is expected to inject about \$2.5 billion into the local economy. Additional economic development benefits of the Near-Term Projects, including the St. Luke's MOB, are described in the General Plan and Planning Code Section 101.1 findings..*

*With respect to housing supply, the FEIR concludes that on the basis of the 2009 Housing Element Update's analysis, any additional demand for affordable housing generated by the proposed CPMC LRDP can be accommodated by existing and planned residential growth. (C&R 3.3-11). The Near-Term Projects, including the St. Luke's MOB, are institutional uses and as such are not subject to the City's Jobs-Housing Linkage Fee. Nonetheless, CPMC has committed in the Development Agreement to contributions totaling \$62 million toward affordable housing replacement, funding the production of new affordable units, and creating a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco (DALP). The City would also receive an estimated \$35 million in repayments from the DALP program (through repayment of DALP loans and the City's estimated \$6 million share of property appreciation) to use for affordable housing projects.*

*Regarding transportation, the St. Luke's MOB is proximate to many transit lines, and the locations of the St. Luke's MOB entrance was planned taking into consideration access from existing and planned transit stops. The St. Luke's Campus design includes features intended to accommodate transit usage, such as the CPMC shuttle stop proposed on San Jose Avenue. CPMC will provide bicycle racks, bicycle parking and shower facilities for employees and staff at the St. Luke's MOB. CPMC will provide parking at the St. Luke's MOB, but the amount will be consistent with City policy and assumes implementation of a robust TDM Program, with appropriate parking pricing and time limitations. Parking for carpools, vanpools, and car-share vehicles will continue to provide incentives for shared vehicle trips.*

*CPMC's current TDM program at its existing campuses has been shown to be effective in promoting the use of public transit by its employees. Key components of the TDM program include CPMC shuttle service, rideshare promotions, pre-tax transit program, transit subsidy, flexible work schedules, car sharing, emergency ride home program, guaranteed ride home program, education and promotion, dedicated TDM coordinator, and parking fees.*

*In addition to the TDM, CPMC would make commitments through the proposed Development Agreement to provide funding for improvements to MTA transit facilities and services. These mostly include commitments related to the Cathedral Hill site, but also include \$400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between all CPMC campuses.*

*The FEIR concluded that the St. Luke's MOB would not have any significant, unavoidable impacts on public services, (See DEIR at pp. 4.11-17 to 4.11-21, 4.11-26 to 4.11-28, 4.11-31 to 4.11-32, 4.11-34 to 4.11-35, and 4.11-36).*

*Therefore, the St. Luke's MOB and the allocation of square footage would provide additional resources and help maintain the balance between economic growth, housing, transportation and public services.*

- b. THE CONTRIBUTION OF THE OFFICE DEVELOPMENT TO, AND ITS EFFECTS ON, THE OBJECTIVES AND POLICIES OF THE GENERAL PLAN.

*The overall project, including the St. Luke's MOB, is consistent with the General Plan, as discussed in Motion No. \_\_\_\_\_. Overall, as described in more detail in Motion \_\_\_\_, it would advance the Objectives and Policies of the Housing, Commerce and Industry, Transportation, Urban Design, and Community Safety Elements of the General Plan, and presents no significant conflicts with other elements.*

- c. THE QUALITY OF THE DESIGN OF THE PROPOSED OFFICE DEVELOPMENT.

*The St. Luke's MOB will replace an architecturally undistinguished 1970 hospital structure that is separated from Cesar Chavez by an open parking lot that precluded interaction of the Campus with the public realm on Cesar Chavez Street. The St. Luke's MOB and the Replacement Hospital are approximately 58 feet lower in height than the existing Hospital Tower that will be razed upon completion of the Replacement Hospital. The resulting overall height of the Campus buildings will be much closer to the lower scale residential and commercial development surrounding the Campus and will extend less above the prevailing skyline.*

*The St. Luke's MOB has been designed to complement the proposed Replacement Hospital with a unified design that is compatible with the scale and materials of older buildings that constitute the remainder of the St. Luke's Campus. The design also complements both the older and newer buildings in the immediate vicinity and will blend with the boulevard treatment of Cesar Chavez currently planned by the City.*

*The exterior of the St. Luke's MOB will use finishes that exist in the neighborhood. The base material will be durable (tile, stone or brick) and will ground the St. Luke's MOB on the site. The upper floors, glass fiber reinforced concrete (GFRC) will be the primary material.*

*Medical office buildings typically have higher floor-to-floor heights than regular office buildings due to the space required to accommodate medical services. The higher floor-to-floor height at the St. Luke's MOB is typical for medical office buildings. The high floor-to-floor heights are for the structural slab and beams, mechanical air distribution systems, plumbing systems, fire sprinkler systems, electrical, computer, telephone, and security systems specific to providing medical clinic services.*

*The St. Luke's MOB has been design to target LEED Silver certification, incorporating numerous sustainable features to enhance efficiency and environmental performance. It also includes numerous streetscape improvements designed to improve the pedestrian environment, as described in additional detail in the General Plan and Planning Code Section 101.1 and St. Luke's CU/PUD findings.*

*Overall, the Project Sponsor has worked closely with Department staff to achieve a quality design that is appropriate for the building's immediate context and surrounding neighborhood.*

- d. THE SUITABILITY OF THE PROPOSED OFFICE DEVELOPMENT FOR ITS LOCATION, AND ANY EFFECTS OF THE PROPOSED OFFICE DEVELOPMENT SPECIFIC TO THAT LOCATION.

*The proposed St. Luke's MOB is in an excellent location due to its proximity to the proposed Replacement Hospital. It is especially important for physicians to have offices in close proximity to a hospital in order facilitate admission of patients to the hospital and maximize physician availability. Patients also benefit from having a hospital and MOB at the same location, eliminating the need to travel to multiple locations within the City to visit a doctor or diagnostic facilities. Many hospital-based specialists and sub-specialists see patients in the outpatient setting and need offices as close to the inpatient facility as possible. Chronically, seriously ill patients, in particular, need to have proximity to multiple providers as well as both inpatient and outpatient diagnostic facilities. Additionally, it is important for OB/Gyn doctors to have offices close to the hospital in order to treat patients and deliver babies on short notice. Both for physicians and patients, proximity of physicians facilitates referrals and timely medical care.*

*The location of the proposed St. Luke's MOB near existing transit lines and major vehicle thoroughfares allows convenient access to the building needed by a range of transportation modes.*

*As the St. Luke's MOB is proposed on an existing medical center campus, no residential or general commercial space will be lost. The conditions of approval, including the MMRP, include various measures that are further designed to ensure that effects on the surrounding neighborhood are minimized.*

*Accordingly, the St. Luke's MOB is appropriate at its proposed location and includes appropriate measures to address effects on the surrounding area.*

- e. THE ANTICIPATED USES OF THE PROPOSED OFFICE DEVELOPMENT IN LIGHT OF EMPLOYMENT OPPORTUNITIES TO BE PROVIDED, NEEDS OF EXISTING BUSINESSES, AND THE AVAILABLE SUPPLY OF SPACE SUITABLE FOR SUCH ANTICIPATED USES.

*The St. Luke's MOB will provide approximately 59,770 sq. ft. of medical offices, 8,680 sq. ft. of outpatient clinical care, and 111,000 sq. ft. of structured parking (approximately 220 parking spaces). The St. Luke's MOB would also include approximately 2,600 sq. ft. of ground floor retail along Cesar Chavez and Valencia Streets, a 1,560 sq. ft. cafeteria and a community room on the ground floor that would be made available for public use.*

*Employment opportunities for private physicians and other associated staff would be available in the proposed St. Luke's MOB. It would result in an increase of CPMC and non-CPMC employees at the site, and would provide a range of employment opportunities. These additional employees at the site would most likely benefit existing neighborhood serving businesses such as cafés/restaurants and other retail uses. Also, patients and visitors may patronize nearby businesses.*

*Similar to all other hospitals in the City, it is important to have an MOB in the immediate vicinity in order to minimize physician travel time between the inpatient and outpatient setting, as well as for the convenience of patients, especially seriously ill patients and those with limited mobility. In the vicinity of the proposed Replacement Hospital, there is currently a lack of sufficient available medical office space suitable to meet the needs of new medical practices.*

*Accordingly, the St. Luke's MOB is an appropriate use in terms of employment opportunities, needs of existing businesses, and availability of medical office space in the area.*

- f. THE EXTENT TO WHICH THE PROPOSED DEVELOPMENT WILL BE OWNED OR OCCUPIED BY A SINGLE ENTITY.

*The tenancy of the proposed St. Luke's MOB would be effectively controlled by CPMC, and CPMC-affiliated physicians are intended to be the principal occupants of the building. The St. Luke's MOB would be designed to accommodate a wide range of medical office uses to support the St. Luke's Replacement Hospital use.*

- g. THE USE, IF ANY, OF TRANSFERABLE DEVELOPMENT RIGHTS ("TDR's") BY THE PROJECT SPONSOR.

*No TDR will be used for the proposed project, as it is located in the RH-2 District.*

8. **General Plan Compliance.** The General Plan Consistency Findings set forth in Motion No.\_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.
9. **Planning Code Section 101.1(b).** The General Plan Priority Policy Findings of Planning Code Section 101.1 as set forth in Motion No.\_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.
10. The St. Luke's Replacement Hospital and MOB Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.\_\_\_\_\_** and also in that, as designed, the St. Luke's MOB provides support to the Replacement Hospital, would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
11. The Commission hereby finds that, for the reasons described above, approval of the Office Allocation would promote the health, safety and welfare of the City.

## DECISION

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **APPROVES Office Allocation Application No. 2009.0886MTZCBRSK** subject to the following conditions attached hereto as "EXHIBIT A" in general conformance with plans on file, dated February 22, 2012, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth.

**APPEAL AND EFFECTIVE DATE OF MOTION:** Any aggrieved person may appeal this Conditional Use Authorization to the Board of Supervisors within thirty (30) days after the date of this Motion No. \_\_\_\_\_. The effective date of this Motion shall be as described in Exhibit A hereto. For further information, please contact the Board of Supervisors at (415) 554-5184, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

## EXHIBIT A

### AUTHORIZATION

This authorization is for an allocation of office square footage under the 2011-2012 Annual Office-Development Limitation Program for the addition of approximately 99,848 square feet of office space to the subject property, pursuant to Planning Code Sections 321 and 322, **for the St. Luke's MOB** (for purposes of this Exhibit A only, referred to as the "Project") on Assessor's Blocks/Lots: 6575/001, 002 within the RH-2 (Residential, House, Two-Family) Zoning District, and 105-E Height and Bulk District; in general conformance with plans, dated **February 22, 2012**, and stamped "EXHIBIT B" included in the docket for Case No. **2009.0886MTZCBRSK** and subject to conditions of approval reviewed and approved by the Commission on **April 26, 2012** under Motion No \_\_\_\_\_. This authorization and the conditions contained herein run with the property and not with a particular Project Sponsor, business, or operator.

### RECORDATION OF CONDITIONS OF APPROVAL

Prior to the issuance of the building permit or commencement of use for the Project, the Zoning Administrator shall approve and order the recordation of a Notice in the Official Records of the Recorder of the City and County of San Francisco for the subject property. This Notice shall state that the Project is subject to the conditions of approval contained herein and reviewed and approved by the Planning Commission on **April 26, 2012**, under Motion No \_\_\_\_\_.

### PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The conditions of approval under the "EXHIBIT A" of this Planning Commission Motion No. \_\_\_\_\_ shall be reproduced on the Index Sheet of construction plans submitted with the site or building permit application for the Project. The Index Sheet of the construction plans shall refer to the Conditional Use authorization and any subsequent amendments or modifications.

### SEVERABILITY

The Project shall comply with all City codes and requirements applicable to the Project. The term "applicable to the Project" refers to applicable laws in the Development Agreement. If any clause, sentence, section or any part of these conditions of approval is for any reason held to be invalid, such invalidity shall not affect or impair other remaining clauses, sentences, or sections of these conditions. This decision conveys no right to construct, or to receive a building permit. "Project Sponsor" shall include any subsequent responsible party.

### CHANGES AND MODIFICATIONS

Changes to the approved plans may be approved administratively by the Zoning Administrator. Significant changes and modifications of conditions shall require Planning Commission approval of a new Office Allocation authorization.



## Conditions of approval, Compliance, Monitoring, and Reporting PERFORMANCE

1. **Validity and Expiration.** *The authorization and right vested by virtue of this action is valid for 18 months from the effective date, as defined in Condition of Approval No. 5. A building permit from the Department of Building Inspection to construct the project and/or commence the approved use must be issued as this office allocation authorization is only an approval of the proposed project and conveys no independent right to construct the project or to commence the approved use. The Planning Commission may, in a public hearing, consider the revocation of the approvals granted if a site or building permit has not been obtained within 18 months of the effective date. Once a site or building permit has been issued, construction must commence within the timeframe required by the Department of Building Inspection and be continued diligently to completion. The Commission may also consider revoking the approvals if a permit for the Project has been issued but is allowed to expire and more than 18 months have passed since the effective date.*

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

2. **Extension.** This authorization may be extended at the discretion of the Zoning Administrator only where failure to issue a permit by the Department of Building Inspection is caused by a delay by a local, State or Federal agency or by any appeal of the issuance of such permit(s). This authorization shall also be extended for the number of days equal to the period of any litigation challenging its validity.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

3. **Mitigation Measures.** Mitigation measures described in the MMRP attached as Exhibit C to Motion No.\_\_\_\_\_, and designated as applicable to St. Luke's [near term] therein are necessary to avoid potential significant effects of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to the extent they are applicable to the St. Luke's MOB.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit D to Motion No.\_\_\_\_\_, and designated as applicable to St. Luke's [near-term] therein are necessary to reduce the less than significant impacts of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to the extent they are applicable to the St. Luke's MOB.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## PROVISIONS

5. **Effective Date.** This approval is contingent on and will be of no further force and effect until, the date that the ordinance approving a Development Agreement for the Project is effective and operative. References in this Exhibit A to Codes and requirements "applicable to the Project" shall refer to applicable laws in the Development Agreement.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## MONITORING - AFTER ENTITLEMENT

6. **Enforcement.** Violation of any of the Department conditions of approval contained in this Motion or of any other provisions of Planning Code applicable to the Project shall be subject to the enforcement procedures and administrative penalties set forth under Planning Code Section 176 or Section 176.1. The Department may also refer the violation complaints to other city departments and agencies for appropriate enforcement action under their jurisdiction.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

7. **Revocation due to Violation of Conditions.** Should implementation of this Project result in complaints from interested property owners, residents, or commercial lessees which are not resolved by the Project Sponsor and found to be in violation of provisions of the Planning Code applicable to the Project and/or the specific conditions of approval for the Project as set forth in Exhibit A of this Motion, the Zoning Administrator shall refer such complaints to the Commission, after which it may hold a public hearing on the matter to consider revocation of this authorization.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## OPERATION

8. **Community Liaison.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall appoint a community liaison officer to deal with the issues of concern to owners and occupants of nearby properties. The Project Sponsor shall provide the Zoning Administrator with written notice of the name, business address, and telephone number of the community liaison. Should the contact information change, the Zoning Administrator shall be made aware of such change. The community liaison shall report to the Zoning Administrator what issues, if any, are of concern to the community and what issues have not been resolved by the Project Sponsor.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

9. **Construction Management Plan.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall produce a Construction Management Plan, which shall include general operating principals and commitments not otherwise included in these Conditions of Approval, along with operating principles during specific phases of work. This Plan shall be made available to the neighbors or interested parties, and a copy of said Plan shall be provided to the Department to include in the file for Case No. 2009.0886C.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

10. **Hours of Operation.** The St. Luke's Replacement Hospital and MOB will be generally open to the public and for visitors during the following hours of operation: Hospital: 7 days a week, 7:00 a.m. to 7:00 p.m., MOB: Monday through Friday from 7:00a.m. to 7:00p.m. The Campus is open, as may be reasonably necessary, to accommodate visitors, staff, and employees of the hospital during hours outside of the standard hours of operation; the Emergency Department is open 24 hours/day, 7 days per week. The main ground floor entry to the Hospital and MOB shall remain open and accessible to the public during standard hours of operation (7:00a.m. to 7:00p.m., M-F, Hospital including Sat/Sun).

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*



# SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Other: Development Agreement
- First Source Hiring
- Child Care Requirement (Sec. 414)
- Other: Permit to Convert, Street Tree In-Lieu Fee

1650 Mission St.  
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**415.558.6378**

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Planning  
Information:  
**415.558.6377**

## Planning Commission Draft Motion HEARING DATE: APRIL 26, 2012

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

**ADOPTING FINDINGS RELATING TO THE APPROVAL OF ALLOCATION OF OFFICE SQUARE FOOTAGE UNDER THE 2011-2012 ANNUAL OFFICE DEVELOPMENT LIMITATION PROGRAM PURSUANT TO SECTIONS 321 AND 322 OF THE PLANNING CODE FOR A PROPOSED PROJECT LOCATED AT 1100 VAN NESS AVENUE THAT WOULD AUTHORIZE THE CONSTRUCTION OF AN APPROXIMATELY 130-FOOT TALL MEDICAL OFFICE BUILDING AFFILIATED WITH CATHEDRAL HILL MEDICAL CENTER WITH A TOTAL OF 242,987 SQUARE FEET OF OFFICE SPACE ON ASSESSOR'S BLOCK 0694, LOTS 005-010, WITHIN THE RC-4 (RESIDENTIAL-COMMERCIAL HIGH DENSITY) DISTRICT, VAN NESS SPECIAL USE DISTRICT, AND 130-V HEIGHT AND BULK DISTRICT; AND MAKE AND ADOPT FINDINGS, INCLUDING ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.**

### PREAMBLE

On June 10, 2005, Ralph F. Marchese of the Marchese Company, Inc., on behalf of the California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application ("EEA") with the Planning Department ("Department"), Case No.

2005.0555E<sup>1</sup>. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties. However, as planning for the CPMC Long Range Development Plan ("LRDP") continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009.

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new Cathedral Hill Hospital and Cathedral Hill Medical Office Building (MOB).

On June 10, 2010, the Project Sponsor submitted a request to amend the following sections of the General Plan: (1) the text of the Van Ness Area Plan to support a high density medical center at the intersection of Van Ness Avenue and Geary Boulevard that is consistent with the City's Better Streets Plan and reflect various elements of this use; (2) "Map 1 – Generalized Land Use and Density Plan" of the Van Ness Area Plan to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Hospital Site from 7:1 to 9:1, and to increase the FAR for the MOB site from 7:1 to 7.5:1; (3) "Map 2 – Height and Bulk Districts" of the Van Ness Area Plan to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0"; (4) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height applicable to the Hospital site of 265'-0"; and (5) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 385'-0" plan and 466'-0", respectively, for the Cathedral Hill Hospital site, and 265'-0" plan and 290'-0", respectively, for the Cathedral Hill MOB site (2009.0885M).

On April 28, 2011, the Project Sponsor submitted a request, as modified by subsequent submittals, for a General Plan Referral, Case No. 2009.0885R, regarding construction of a tunnel that would connect the Cathedral Hill Hospital and Cathedral Hill MOB below grade under Van Ness Avenue, installation of two diesel fuel tanks under the Geary Boulevard sidewalk at the Cathedral Hill Hospital site; and sidewalk widening along various streets adjacent to the Cathedral Hill Campus (2009.0885R).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the San Francisco Planning Code: (1) Section 243, the Van Ness Special Use District, to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities; allow modification of otherwise applicable standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents; allow modification through Conditional Use authorization of otherwise applicable standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages; allow modification through Conditional Use authorization of otherwise applicable parking standards for

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

medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code; allow modification of otherwise applicable loading standards for medical centers; and to allow modification through Conditional Use authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities. (Case No. 2009.0885T).

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

On June 10, 2010, the Project Sponsor submitted an application, as modified by subsequent submittals, to the Department for the allocation of Office Space for approximately 194,000 s.f of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill MOB (Case No. 2009.0885B), with respect to a broader proposal to: (1) demolish the existing Cathedral Hill Hotel and 1255 Post Street office building (Assessor's Block/Lot 0695-005, 006) and construct a new, approximately 15 story, 555-bed, 875,378 g.s.f acute care hospital with 513 underground parking spaces at 1101 Van Ness Avenue; (2) demolish seven existing vacant residential and commercial buildings (Assessor's Blocks/Lots 0694/005-010) and construct a new, approximately 261,691 g.s.f Cathedral Hill MOB with 542 underground parking spaces at 1100 Van Ness Avenue; (3) construct a pedestrian tunnel under Van Ness Avenue to connect the Cathedral Hill Hospital to the Cathedral Hill MOB; and (4) various streetscape, sidewalk, and landscape improvements surrounding the Medical Center (collectively, "Cathedral Hill Project"), within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 130-V Height and Bulk District.

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

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

On September 23, 2010, the Planning Commission ("Commission") conducted a duly noticed public hearing at a regularly scheduled meeting to solicit comments regarding the DEIR. On March 29, 2012, the Department published a Comments and Responses document, responding to comments made regarding the DEIR prepared for the LRDP. Together, the Comments and Responses document, the DEIR, and any Errata Sheets, (the Appendices to the DEIR and C&R document), Department staff testimony and

responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department, comprise the Final EIR for the LRDP ("FEIR").

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No. \_\_\_\_, (4) the Transfer Agreement in Board File No. \_\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No. \_\_\_\_\_.

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

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

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

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

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. \_\_\_\_\_, making findings of consistency

with the General Plan and Planning Code Section 101.1; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (4) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (5) Motion No. \_\_\_\_\_, approving the proposed Conditional Use authorization; (6) Motion No. \_\_\_\_\_, approving the General Plan Referral; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the proposed draft Development Agreement.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Section 321 Office Space Allocation Application No. 2009.0885EMTZCBRSK.

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

**MOVED**, that the Commission hereby authorizes the allocation of Office Space requested in Application No. 2009.0885EMTZCBRSK, subject to the conditions contained in "EXHIBIT A" of this motion, based on the following findings:

## FINDINGS

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** The site of the proposed Cathedral Hill Hospital currently contains the Cathedral Hill Hotel and 1255 Post Street office building. The site occupies a full city block – bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street – and contains approximately 106,000 square feet of lot area. The site slopes downward to the east along Post Street and Geary Boulevard, and slopes downward to the south along Franklin Street and Van Ness Avenue. The hotel is 10 stories above grade and 176 feet tall, and the adjacent office building is 11 stories above grade and 180'-tall; these buildings are both vacant, and together they contain approximately 381,791gsf of floor area.

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

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



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

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

3. **Surrounding Properties and Neighborhood.** The neighborhoods surrounding the Cathedral Hill Medical Center site include Cathedral Hill, the Tenderloin, the Polk Street NCD, the Western Addition, Civic Center, Little Saigon, Japantown and Lower Pacific Heights. Although the surrounding neighborhoods contain predominately low- and mid-rise structures, there are a number of large-scale high-rise apartment buildings and several large commercial buildings in the Van Ness Avenue corridor. The Cathedral Hill neighborhood is also known for its prominent houses of worship, including St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church.

The Cathedral Hill Campus site is at a major transit hub. It is directly accessible to nine Muni Bus lines. The following weekday routes serve the area: 2-Clement, 3-Jackson, 4-Sutter, 19-Polk, 31-Balboa, 38-Geary, 38L-Geary Limited, 47-Van Ness, 49-Van Ness Mission and 76-Union. The Golden Gate Bridge, Highway, and Transportation District provides regional transit services between San Francisco and Marin and Sonoma Counties, with seven Golden Gate Transit bus routes serving the Medical Center area, including two basic routes and five commute routes. The Cathedral Hill Campus site is approximately three quarters of a mile from the Civic Center Bay Area Rapid Transit (BART)/Muni station.

The site is also bounded by or in the vicinity of major thoroughfares including Geary Boulevard, Franklin Street and Van Ness Avenue. Van Ness Avenue is the continuation of U.S. 101 Highway through the City, joining, via Lombard Street, the Golden Gate Bridge to the north with the elevated U.S. 101 approximately one mile to the south.

4. **Project Description.** The office allocation is for the Cathedral Hill MOB, described below. For context, the overall Near-Term Projects, of which the Cathedral Hill MOB is a part, are also described here. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North Tower was retrofitted in 2008 to remain

operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed acute care hospital (Cathedral Hill Hospital) is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.<sup>2</sup> In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus.<sup>3</sup>

The Cathedral Hill Project will include the Cathedral Hill Hospital, a new Cathedral Hill MOB, and a pedestrian tunnel under Van Ness Avenue to connect the two facilities.

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

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

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<sup>2</sup> 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

<sup>3</sup> Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

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

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

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

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

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

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

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

The Cathedral Hill MOB would provide office space for physicians affiliated with the Cathedral Hill Hospital and for other ancillary uses. The Cathedral Hill MOB would be about nine stories at the highest portion of the building along Van Ness Avenue. It would be approximately 130 feet tall to the top of the roof, varying in height from approximately 122 to 169 feet due partly to the slope of the site.

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

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

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

Avenue. The public Emergency Department entrance on Franklin would have an inviting entry plaza, with vertical plantings near the entrance.

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

CPMC's streetscape plan has been designed to complement the City-sponsored improvements anticipated as part of the BRT project. The plan for Geary Boulevard west of Van Ness includes a stop for the proposed Geary BRT with a transit plaza. The Van Ness BRT stops are planned for the Van Ness median south of Geary. The final locations of the BRT stops have not been determined; however CPMC will update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. The streetscape plan includes designs for BRT stop shelters. CPMC's Project includes benches along Geary Street and Post Street to accommodate transit riders. A stop for the CPMC shuttle is planned near the corner of Post Street and Van Ness Avenue, which will provide wind and rain protection and will also include shade trees and seating.

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

Additional medical office space will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space. That building will be renovated, retaining the existing retail and parking spaces; an additional 60 parking spaces required as the result of increased medical office use within the building will be provided off-site within the Cathedral Hill Hospital's underground parking garage. This conversion from general office to medical office space does not require any office allocation under Planning Code Section 321.

5. **Public Comment.** The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past of 7 years since the initial EEA was submitted. Support for and against CPMC's LRDP can be found in the project files at the Planning Department.
6. **CEQA Findings.** On April 26, 2012, by Motion No.\_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Project . A copy of Commission Motion No.\_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions

contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on \_\_\_\_\_ in Motion No. \_\_\_\_\_.

7. **Office Allocation.** Section 321 establishes standards for San Francisco's Office Development Annual Limit. In determining if the proposed Cathedral Hill MOB would promote the public welfare, convenience and necessity, the Commission considered the seven criteria established by Code Section 321(b)(3), and finds as follows:

- a. APPORTIONMENT OF OFFICE SPACE OVER THE COURSE OF THE APPROVAL PERIOD IN ORDER TO MAINTAIN A BALANCE BETWEEN ECONOMIC GROWTH ON THE ONE HAND, AND HOUSING, TRANSPORTATION AND PUBLIC SERVICES, ON THE OTHER.

*There currently exists 3,831,349 square feet of office space available for allocation to office buildings of more than 49,999 square feet of office space ("Large Buildings") during this Approval Period, which ends October 16, 2012. If the Planning Commission approves the office allocation for the Cathedral Hill MOB with up to 242,987 square feet of office space, there would be 2,588,362 square feet of office space available for allocation (or 2,488,514 sf should the Commission first approve the office allocation for the St. Luke's MOB, Case No. 2009.0886B). Although the Zoning Administrator has long determined that examination rooms should be exempt from this calculation since they are part of outpatient clinic space, this calculation does not exclude the exam rooms, since the exact layout of spaces has not yet been defined. This total is therefore greater than what will be the actual quantity of medical office space, less the exam rooms. On October 17, 2012 and October 17 of each succeeding year, an additional 875,000 square feet of office space will become available for allocation to buildings of greater than 49,999 square feet of office space.*

*The new Cathedral Hill MOB is part of the overall Cathedral Hill Project, and the Cathedral Hill MOB is needed to support the proposed Cathedral Hill Hospital by providing important services such as clinical and physician office space. The site of the proposed Cathedral Hill MOB is an ideal location because of its close proximity to the proposed Cathedral Hill Hospital, and its central location within the City. This location at the junction of two major transportation corridors makes it easily accessible by private auto and by several Muni and Golden Gate Transit lines.*

*The Cathedral Hill MOB would maintain the balance between San Francisco's economic growth,, on one hand, and housing supply, transportation and public services as follows.*

*With respect to economic growth, the Cathedral Hill MOB is a central component of CPMC's Near-Term Projects, which will provide substantial benefits, to the City, including expanded employment opportunities for City residents at all employment levels. CPMC and the rest of the health services sector are critically important to the economic health of San Francisco. CPMC is the second largest employer in San Francisco. CPMC is estimated to employ over 6,200 people, of*

*whom about half are San Francisco residents, The Cathedral Hill MOB is an important element of the overall project, which is necessary to maintain and expand employment in these long-term health services and support jobs. The Near-Term Projects will also provide up to approximately 400 to 500 construction jobs per year, with a maximum of up to 1,500 jobs at the peak construction period. The construction and operation of the Near-Term Projects, including the Cathedral Hill MOB, is expected to inject about \$2.5 billion into the local economy. Additional economic development benefits of the Near-Term Projects, including the Cathedral Hill MOB, are described in the General Plan and Planning Code Section 101.1 findings.*

*With respect to housing supply, the FEIR concludes that on the basis of the 2009 Housing Element Update's analysis, any additional demand for affordable housing generated by the proposed CPMC LRDP can be accommodated by existing and planned residential growth. (C&R 3.3-11). The Near-Term Projects, including the Cathedral Hill MOB, are institutional uses and as such are not subject to the City's Jobs-Housing Linkage Fee. In addition, the Planning Code allows a beneficial institutional use such as the Cathedral Hill Hospital and MOB to be approved by Conditional Use without meeting the 3:1 residential/non-residential ratio requirement of the Van Ness Special Use District. Nonetheless, CPMC has committed in the Development Agreement to contributions totaling \$62 million toward affordable housing replacement, funding the production of new affordable units, and creating a downpayment assistance program for low and moderate income CPMC employees seeking to purchase a home in San Francisco (DALP). The City would also receive an estimated \$35 million in repayments from the DALP program (through repayment of DALP loans and the City's estimated \$6 million share of property appreciation) to use for affordable housing projects.*

*Regarding transportation, the choice of the Cathedral Hill site was made in part based on the proximity to the major transit hub at Van Ness and Geary. The locations of entrances to the Cathedral Hill MOB were planned taking into consideration access from existing and planned transit stops, and the Cathedral Hill Campus design includes many features intended to accommodate transit usage, such as transit shelters and the CPMC shuttle stop. CPMC will provide bicycle racks, bicycle parking and shower facilities for employees and staff at the Cathedral Hill MOB. CPMC will provide parking at the Cathedral Hill MOB, but the amount will be consistent with City policy and assumes implementation of a robust TDM Program, with appropriate parking pricing and time limitations. Parking for carpools, vanpools, and car-share vehicles will continue to provide incentives for shared vehicle trips.*

*CPMC's current TDM program at its existing campuses has been shown to be effective in promoting the use of public transit by its employees, and it is anticipated that for the Cathedral Hill Campus, approximately 50% of staff members will use transit. Key components of the TDM program include CPMC shuttle service, rideshare promotions, pre-tax transit program, transit subsidy, flexible work schedules, car sharing, emergency ride home program, guaranteed ride home program, off-site parking, education and promotion, dedicated TDM coordinator, and parking fees.*

*In addition to the TDM, CPMC would make commitments through the proposed Development Agreement to provide funding for improvements to MTA transit facilities and services. These*

commitments include: providing \$5 million in funding for the proposed Van Ness and Geary BRT projects, payment of a \$10.5 million transit fee to MTA to help meet new demands on the transit system associated with the new Cathedral Hill Campus, a parking surcharge of \$0.50 off-peak and \$0.75 peak imposed on every entry and exit from the Cathedral Hill parking garage, and \$400,000 in funding to MTA for studies regarding improvements to bicycle facilities.

The FEIR concluded that the Cathedral Hill Project would not have any significant, unavoidable impacts on public services. (DEIR pp. 4.11-17 to 4.11-21, 4.11-23 to 4.11-25, 4.11-27 to 4.11-28, 4.11-31 to 4.11-32, 4.11-34 to 4.11-35, and 4.11-36).

Therefore, the Cathedral Hill MOB and the allocation of square footage would provide additional resources and help maintain the balance between economic growth, housing, transportation and public services.

b. THE CONTRIBUTION OF THE OFFICE DEVELOPMENT TO, AND ITS EFFECTS ON, THE OBJECTIVES AND POLICIES OF THE GENERAL PLAN.

The overall project, including the Cathedral Hill MOB, is consistent with the General Plan, as discussed in Motion No. \_\_\_\_\_. Overall, as described in more detail in Motion \_\_\_\_, it would advance the Objectives and Policies of the Housing, Commerce and Industry, Transportation, Urban Design, and Community Safety Elements of the General Plan, and the Van Ness Area Plan, and presents no significant conflicts with other elements. The occupancy of the Cathedral Hill MOB will enhance the services provided by the proposed Cathedral Hill Hospital that will replace existing facilities at the California and Pacific Campuses, enabling existing health services to continue without interruption, which contributes to a significant part of the City's emergency response system.

c. THE QUALITY OF THE DESIGN OF THE PROPOSED OFFICE DEVELOPMENT.

The proposed Cathedral Hill MOB has been designed to provide a visual transition between the larger scale buildings encouraged along Van Ness Avenue consistent with the permitted 130 ft. height limit, and numerous older, lower and smaller scale buildings in the neighborhood. The existing architectural forms of punched windows, and belt and cornice lines of older buildings along Van Ness Avenue, have been incorporated into the design of the Cathedral Hill MOB.

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



*of the buildings along Van Ness Avenue. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club; the podium at the street is capped by a contemporary cornice, in a form similar to other buildings on Van Ness Avenue. The upper portion of the building is set back from the Van Ness Avenue podium façade to reinforce this scale at the street.*

*Medical office buildings typically have higher floor-to-floor heights than regular office buildings due to the space required to accommodate medical clinic services. The higher floor to floor height at the Cathedral Hill MOB is typical for medical office buildings. The high floor to floor heights are necessary to accommodate the structural slab and beams, mechanical air distribution system, plumbing system, fire sprinkler system, electrical, computer, telephone, and security systems specific to providing medical clinic services.*

*The Cathedral Hill MOB has been design to target LEED Silver certification, incorporating numerous sustainable features to enhance efficiency and environmental performance. The Cathedral Hill Project also includes numerous streetscape improvements designed to improve the pedestrian environment, as described in additional detail in the General Plan and Planning Code Section 101.1 and Cathedral Hill CU/PUD findings.*

*Overall, the Project Sponsor has worked closely with Department staff on design revisions that ensure a quality design that is appropriate for the building's context and the continued improvement of Van Ness Avenue as a vibrant, mixed-use boulevard.*

d. THE SUITABILITY OF THE PROPOSED OFFICE DEVELOPMENT FOR ITS LOCATION, AND ANY EFFECTS OF THE PROPOSED OFFICE DEVELOPMENT SPECIFIC TO THAT LOCATION.

*The proposed Cathedral Hill MOB is in an excellent location due to its proximity to the proposed Cathedral Hill Hospital. It is especially important for physicians to have offices in close proximity to a hospital in order facilitate admission of patients to the hospital and maximize the physician's time. Patients also benefit from having a hospital and MOB at the same location, by eliminating the need to travel to multiple locations within the City to visit a doctor or diagnostic facilities. Many hospital-based specialists and sub-specialists see patients in the outpatient setting and need offices as close to the inpatient facility as possible. Chronically, seriously ill patients, in particular, need to have proximity of multiple providers as well as both inpatient and ambulatory diagnostic facilities. Additionally, it is important for OB/Gyn doctors to have offices close to the hospital in order to treat patients and deliver babies on short notice. Both for physicians and patients, proximity of specialists facilitates referrals and timely medical care.*

*The location of the proposed Cathedral Hill MOB at the intersection of a major transportation hub, Van Ness Avenue and Geary Street/Boulevard, provides substantial benefits for staff, patients and visitors. The proposed Cathedral Hill Hospital and Cathedral Hill MOB, which will rely heavily on public transportation, are near several major Muni and Golden Gate Transit stops. The proposed Cathedral Hill MOB's accessibility to major mass transportation options is*

*consistent with San Francisco's "Transit First" Policy.*

*The proposed Cathedral Hill MOB would displace 5 vacant residential dwelling units, 20 vacant residential hotel units, 2 vacant bar/lounges, a vacant restaurant, a vacant bakery, a vacant furniture store, and a vacant auto repair shop. CPMC has agreed to make certain payments for housing. Through the draft Development Agreement, CPMC would pay \$2,684,800 in funding to replace 20 rent-controlled units demolished by the MOB, \$1,453,820 in funding to replace 5 rent-controlled units demolished by the new MOB, \$29 million to the City's affordable housing fund and pay an additional \$29 million to a newly-created down payment assistance loan program for CPMC employees earning up to 100% of area median income. Funds from the down payment assistance loans would be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated additional \$35 million (including the City's estimated \$6 million share from property appreciation) is expected to flow into the affordable housing fund this way over time.*

*The Cathedral Hill Project is an institutional medical service use meeting an important public need. The proposed Cathedral Hill Project would provide medical services to a currently underserved area of the City that includes the Tenderloin/Little Saigon neighborhood, an area with a high population density of low-income households, seniors (the most frequent users of hospital care), children and youth.*

*Additional contributions of the Cathedral Hill Project under the Development Agreement are included in the responses above, and in the General Plan and Planning Code Section 101.1 findings.*

*Accordingly, the Cathedral Hill MOB is appropriate at its proposed location, and includes appropriate measures and contributions to address effects on the surrounding area.*

- e. THE ANTICIPATED USES OF THE PROPOSED OFFICE DEVELOPMENT IN LIGHT OF EMPLOYMENT OPPORTUNITIES TO BE PROVIDED, NEEDS OF EXISTING BUSINESSES, AND THE AVAILABLE SUPPLY OF SPACE SUITABLE FOR SUCH ANTICIPATED USES.

*The proposed Cathedral Hill MOB would contain approximately 197,822 sf dedicated for medical office space, along with 45,165 sf of mechanical/lobby/support space attributable to the Office Space (97% of support area). Other major uses within the building would include 7,047 gsf of retail and approximately 243,000 gsf of underground parking (approximately 542 parking spaces).*

*Employment opportunities for private physicians and other associated staff would be available in the proposed Cathedral Hill MOB. It would result in an increase of CPMC employees and non-CPMC employees at the site, and would create a demand for a wide range of employment opportunities. These new employees at the site would provide benefits to existing neighborhood serving businesses such as restaurants and other retail uses, similar to the retail shopping areas on Fillmore Street near CPMC's Pacific Campus, and on California and Sacramento Streets near the*

*California Campus.*

*The proposed Cathedral Hill MOB would be occupied by approximately 600 employees and 200 physicians who will admit patients to the Cathedral Hill Hospital. Similar to all other hospitals in the City, it is important to have a medical office building in the immediate vicinity of the Cathedral Hill Hospital, in order to maximize the efficient use of physicians' time between the inpatient and outpatient setting, as well as for the convenience of patients, especially seriously ill patients and those with limited mobility.*

*In the vicinity of the Cathedral Hill Hospital there is a lack of existing sufficient available medical office space suitable to meet the needs of new medical practices. However, 1375 Sutter Street was purchased by CPMC to satisfy some medical office demand that could not be met by the new Cathedral Hill MOB. Other general office buildings in the vicinity of the Cathedral Hill Hospital would not convert satisfactorily for medical office use for several reasons including space requirements of new medical technologies, code requirements for sewer, mechanical, electrical, ventilation, ADA compliance, and other mechanical features of modern medical facilities. The ratio of proposed office space (in both the proposed Cathedral Hill MOB and the 1375 Sutter Street medical office building) to Cathedral Hill Hospital inpatient space is lower than at other CPMC campuses, and the Cathedral Hill MOB provides necessary medical office support space at this location.*

*Accordingly, the Cathedral Hill MOB is an appropriate use in terms of employment opportunities, needs of existing businesses, and availability of medical office space in the area.*

- f. THE EXTENT TO WHICH THE PROPOSED DEVELOPMENT WILL BE OWNED OR OCCUPIED BY A SINGLE ENTITY.

*The tenancy of the proposed Cathedral Hill MOB would be effectively controlled by CPMC, and CPMC-affiliated physicians are intended to be the principal occupants of the building. The Cathedral Hill MOB would be designed to accommodate a wide range of medical office uses and subspecialties to support the Cathedral Hill Hospital use.*

- g. THE USE, IF ANY, OF TRANSFERABLE DEVELOPMENT RIGHTS ("TDR's") BY THE PROJECT SPONSOR.

*No TDR will be used for the proposed project, as it is located in the RC-4 District.*

8. **General Plan Compliance.** The General Plan Consistency Findings set forth in Motion No. \_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.
9. **Planning Code Section 101.1(b).** The General Plan Priority Policy Findings of Planning Code Section 101.1 as set forth in Motion No. \_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.

10. The Cathedral Hill MOB is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.**\_\_\_\_\_ and also in that, as designed, the Cathedral Hill MOB provides critical support to the Cathedral Hill Hospital, would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
  
11. The Commission hereby finds that, for the reasons described above, approval of the Office Allocation would promote the health, safety and welfare of the City.

## DECISION

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **APPROVES Office Allocation Application No. 2009.0885MTZCBRSK** subject to the following conditions attached hereto as "EXHIBIT A" in general conformance with plans on file, dated February 22, 2012, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth.

**APPEAL AND EFFECTIVE DATE OF MOTION:** Any aggrieved person may appeal this Conditional Use Authorization to the Board of Supervisors within thirty (30) days after the date of this Motion No. \_\_\_\_\_. The effective date of this Motion shall be as described in Exhibit A hereto. For further information, please contact the Board of Supervisors at (415) 554-5184, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

## EXHIBIT A

### AUTHORIZATION

This authorization is for an allocation of office square footage under the 2011-2012 Annual Office-Development Limitation Program for the addition of approximately 242,987 gross square feet of office area to the subject property, pursuant to Planning Code Sections 321 and 322, for the Cathedral Hill MOB (for purposes of this Exhibit A only, referred to as the "Project") on Assessor's Blocks/Lots: Assessor's Blocks/Lots 0694/005-010 within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 130-V Height and Bulk District; in general conformance with plans, dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885MTZCBRSK and subject to conditions of approval reviewed and approved by the Commission on April 26, 2012 under Motion No. \_\_\_\_\_. This authorization and the conditions contained herein run with the property and not with a particular Project Sponsor, business, or operator.

### RECORDATION OF CONDITIONS OF APPROVAL

Prior to the issuance of the building permit or commencement of use for the Project, the Zoning Administrator shall approve and order the recordation of a Notice in the Official Records of the Recorder of the City and County of San Francisco for the subject property. This Notice shall state that the Project is subject to the conditions of approval contained herein and reviewed and approved by the Planning Commission on **April 26, 2012**, under Motion No. \_\_\_\_\_.

### PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The Conditions of Approval under the "EXHIBIT A" of this Planning Commission Motion No. \_\_\_\_\_ shall be reproduced on the Index Sheet of construction plans submitted with the site or building permit application for the Project. The Index Sheet of the construction plans shall refer to the Conditional Use authorization and any subsequent amendments or modifications.

### SEVERABILITY

The Project shall comply with all City codes and requirements applicable to the Project. The term "applicable to the Project" refers to applicable laws in the Development Agreement. If any clause, sentence, section or any part of these conditions of approval is for any reason held to be invalid, such invalidity shall not affect or impair other remaining clauses, sentences, or sections of these conditions. This decision conveys no right to construct, or to receive a building permit. "Project Sponsor" shall include any subsequent responsible party.

### CHANGES AND MODIFICATIONS

Changes to the approved plans may be approved administratively by the Zoning Administrator. Significant changes and modifications of conditions shall require Planning Commission approval of a new Office Allocation authorization.

## Conditions of approval, Compliance, Monitoring, and Reporting PERFORMANCE

1. **Validity and Expiration.** *The authorization and right vested by virtue of this action is valid for 18 months from the effective date, as defined in Condition of Approval No. 5. A building permit from the Department of Building Inspection to construct the project and/or commence the approved use must be issued as this office allocation authorization is only an approval of the proposed project and conveys no independent right to construct the project or to commence the approved use. The Planning Commission may, in a public hearing, consider the revocation of the approvals granted if a site or building permit has not been obtained within 18 months of the effective date. Once a site or building permit has been issued, construction must commence within the timeframe required by the Department of Building Inspection and be continued diligently to completion. The Commission may also consider revoking the approvals if a permit for the Project has been issued but is allowed to expire and more than 18 months have passed since the effective date.*

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

2. **Extension.** This authorization may be extended at the discretion of the Zoning Administrator only where failure to issue a permit by the Department of Building Inspection is caused by a delay by a local, State or Federal agency or by any appeal of the issuance of such permit(s). This authorization shall also be extended for the number of days equal to the period of any litigation challenging its validity.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

3. **Mitigation Measures.** Mitigation measures described in the MMRP attached as Exhibit C and designated as applicable to Cathedral Hill therein are necessary to avoid potential significant effects of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval, to the extent applicable to the Cathedral Hill MOB.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

4. **Improvement Measures.** Improvement measures described in the IMM RP attached as Exhibit D and designated as applicable to Cathedral Hill therein are necessary to reduce the less than significant impacts of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval, to the extent applicable to the Cathedral Hill MOB.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## PROVISIONS

5. **Effective Date.** This approval is contingent on and will be of no further force and effect until, the date that the ordinance approving a Development Agreement for the Project is effective and operative. References in this Exhibit A to Codes and requirements "applicable to the Project" shall refer to applicable laws in the Development Agreement.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

## MONITORING - AFTER ENTITLEMENT

6. **Enforcement.** Violation of any of the Department conditions of approval contained in this Motion or of any other provisions of Planning Code applicable to the Project shall be subject to the enforcement procedures and administrative penalties set forth under Planning Code Section 176 or Section 176.1. The Department may also refer the violation complaints to other city departments and agencies for appropriate enforcement action under their jurisdiction.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

7. **Revocation due to Violation of Conditions.** Should implementation of this Project result in complaints from interested property owners, residents, or commercial lessees which are not resolved by the Project Sponsor and found to be in violation of provisions of the Planning Code applicable to the Project and/or the specific conditions of approval for the Project as set forth in Exhibit A of this Motion, the Zoning Administrator shall refer such complaints to the Commission, after which it may hold a public hearing on the matter to consider revocation of this authorization.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

## OPERATION

8. **Community Liaison.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall appoint a community liaison officer to deal with the issues of concern to owners and occupants of nearby properties. The Project Sponsor shall provide the Zoning Administrator with written notice of the name, business address, and telephone number of the community liaison. Should the contact information change, the Zoning Administrator shall be made aware of such change. The community liaison shall report to the Zoning Administrator what issues, if any, are of concern to the community and what issues have not been resolved by the Project Sponsor.

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*



9. **Construction Management Plan.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall produce a Construction Management Plan, which shall include general operating principals and commitments not otherwise included in these Conditions of Approval, along with operating principles during specific phases of work. This Plan shall be made available to the neighbors or interested parties, and a copy of said Plan shall be provided to the Department to include in the file for Case No. 2009.0885C.

*For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, [www.sf-planning.org](http://www.sf-planning.org)*

10. **Hours of Operation.** The Cathedral Hill Campus will be generally open to the public and for visitors during the following hours of operation: Monday through Friday from 7:00a.m. to 7:00p.m. The Campus is open, as may be reasonably necessary, to accommodate visitors, staff, and employees of the hospital during hours outside of the standard hours of operation; the Emergency Department is open 24 hours/day. The main ground floor entry to the Cathedral Hill Hospital and Cathedral Hill MOB shall remain open and accessible to the public during standard hours of operation (7:00a.m. to 7:00p.m., M-F).

*For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, [www.sf-planning.org](http://www.sf-planning.org)*

**EXHIBIT 2: MITIGATION MONITORING AND REPORTING PROGRAM**

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	MONITORING AND REPORTING PROGRAM Monitoring/ Reporting Responsibility	Monitoring Schedule
<b>A-1 MITIGATION MEASURES AGREED TO BY PROJECT SPONSOR</b>					
<b>CULTURAL AND PALEONTOLOGICAL RESOURCES</b>					
<i>M-CP-N2 (Cathedral Hill with or without Variants):</i>					
<p>Based on a reasonable presumption that archaeological resources may be present within the project site, the following measures shall be undertaken to avoid any potentially significant adverse effects from the proposed project on buried or submerged historical resources. CPMC shall retain the services of a qualified archaeological consultant having expertise in California prehistoric and urban historical archaeology. The archaeological consultant shall undertake an archaeological testing program as specified herein. In addition, the consultant shall be available to conduct an archaeological monitoring and/or data recovery program if required pursuant to this measure. The archaeological consultant’s work shall be conducted in accordance with this measure and with the requirements of the project archaeological research design and treatment plan completed for this CPMC campus site<sup>1</sup> at the direction of the Environmental Review Officer (ERO). In instances of inconsistency between the requirement of the project archaeological research design and treatment plan and of this archaeological mitigation measure, the requirements of this archaeological mitigation measure shall prevail. All plans and reports prepared by the consultant as specified herein shall be submitted first and directly to the ERO for review and comment and shall be considered draft reports subject to revision until final approval by the ERO. Archaeological monitoring and/or data recovery programs required by this measure could suspend construction of the proposed LRDP for up to a maximum of 4 weeks. At the direction of the ERO, the suspension of construction can be extended beyond 4 weeks only if such a suspension is the only feasible means to reduce to a less-than-significant level potential</p>	Project Sponsor	Prior to issuance of grading or building permits.	Project Sponsor to retain archaeological consultant to undertake archaeological monitoring program in consultation with ERO.	Project sponsor, archaeologist and ERO.	Complete when Project Sponsor retains a qualified archaeological consultant.

<sup>1</sup> This refers to individual archaeological research design/treatment plans prepared by Archeo-Tec and AECOM for the CPMC LRDP in January 2010 and June 2010. Separate plans were prepared for the Cathedral Hill Campus, Pacific Campus, Davies Campus, and St. Luke’s Campus. Each of these plans is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103 in Case No. 2005.0555E.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p>effects on a significant archaeological resource, as defined in the State CEQA Guidelines, Section 15064.5(a)(c).</p> <p><i>Archaeological Testing Program.</i> The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that could be adversely affected by the proposed LRDP, the testing method to be used, and the locations recommended for testing. The purpose of the archaeological testing program will be to determine, to the extent possible, the presence or absence of archaeological resources and to identify and evaluate whether any archaeological resource encountered on the site constitutes a historical resource under CEQA.</p> <p>At the completion of the archaeological testing program, the archaeological consultant shall submit a written report of the findings to the ERO. If, based on the archaeological testing program, the consultant finds that significant archaeological resources may be present, the ERO in consultation with the consultant shall determine whether additional measures are warranted. Additional measures that may be undertaken include additional archaeological testing, archaeological monitoring, and/or an archaeological data recovery program. If the ERO determines that a significant archaeological resource is present and that the resource could be adversely affected by the proposed LRDP, at the discretion of CPMC either (a) the proposed LRDP shall be redesigned so as to avoid any adverse effect on the significant archaeological resource; or (b) a data recovery program shall be implemented unless the ERO determines that the archaeological resource is of greater interpretive than research significance and that interpretive use of the resource is feasible.</p> <p><i>Archaeological Monitoring Program.</i> If the ERO in consultation with the archaeological consultant determines that an archaeological monitoring program shall be implemented, the archaeological monitoring program shall, at a minimum, include the following provisions:</p> <ul style="list-style-type: none"> <li>▶ The archaeological consultant, CPMC, and ERO shall meet and consult on the scope of the AMP reasonably prior to commencement of any project-related soil-disturbing activities. The ERO in consultation with the archaeological consultant shall determine what project activities shall be archaeologically monitored. In most cases,</li> </ul>	<p>Project Sponsor/Archaeological consultant, at the direction of the ERO.</p> <p>Project Sponsor/Archaeological consultant, at the direction of the ERO.</p> <p>Project Sponsor/Archaeological Consultant,/ Archaeological Monitor/Contractor (s), at the direction of the ERO.</p>	<p>Prior to any soil-disturbing activities on the project site.</p> <p>After completion of ATP.</p> <p>ERO &amp; Archaeological Consultant meet prior to commencement of soil-disturbing activity. If ERO determines that an AMP is</p>	<p>Prepare and submit draft ATP.</p> <p>Implement ATP.</p> <p>Submit report to ERO of the findings of the ATP.</p> <p>Implement AMP.</p>	<p>Archaeological consultant and ERO.</p> <p>Archaeological consultant and ERO.</p> <p>Archaeological consultant and ERO.</p>	<p>After consultation with and approval by ERO of ATP.</p> <p>Considered complete on finding by ERO that ATP implemented.</p> <p>Considered complete on submittal to ERO of report on ATP findings.</p> <p>Considered complete on findings by ERO that AMP implemented.</p>

MONITORING AND REPORTING PROGRAM					
Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p>any soil-disturbing activities, such as demolition, foundation removal, excavation, grading, utilities installation, foundation work, driving of piles (foundation, shoring, etc.), site remediation, etc., shall require archaeological monitoring because of the risk these activities pose to potential archaeological resources and to their depositional context.</p>		necessary, monitor throughout all soil-disturbing activities.			
<ul style="list-style-type: none"> <li>▶ The archaeological consultant shall advise all project contractors to be alert for evidence of the presence of the expected resource(s), of how to identify the evidence of the expected resource(s), and of the appropriate protocol in the event of apparent discovery of an archaeological resource.</li> </ul>	Archaeological consultant.		Advises project contractor(s)		
<ul style="list-style-type: none"> <li>▶ The archaeological monitor(s) shall be present on the project site according to a schedule agreed upon by the archaeological consultant and the ERO until the ERO has, in consultation with the consultant, determined that project construction activities could have no effects on significant archaeological deposits.</li> </ul>					
<ul style="list-style-type: none"> <li>▶ The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis.</li> </ul>					
<ul style="list-style-type: none"> <li>▶ If an intact archaeological deposit is encountered, all soil-disturbing activities in the vicinity of the deposit shall cease. The archaeological monitor shall be empowered to temporarily redirect demolition/excavation/pile-driving/construction activities and equipment until the deposit is evaluated. If, in the case of pile-driving activity (foundation, shoring, etc.), the archaeological monitor has cause to believe that the pile driving may affect an archaeological resource, the pile-driving activity shall be terminated until an appropriate evaluation of the resource has been made in consultation with the ERO. The archaeological consultant shall immediately notify the ERO of the encountered archaeological deposit. The archaeological consultant shall make a reasonable effort to assess the identity, integrity, and significance of the encountered archaeological deposit, and to present the findings of this assessment to the ERO.</li> </ul>	Archaeological consultant.		Notify ERO if intact archaeological deposit is encountered.		
<p>Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of</p>					

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>the monitoring program to the ERO.</p> <p><i>Archaeological Data Recovery Program.</i> The archaeological data recovery program shall be conducted in accordance with an archaeological data recovery plan (ADRP). The archaeological consultant, CPMC, and ERO shall meet and consult on the scope of the ADRP prior to preparation of a draft ADRP. The archaeological consultant shall submit a draft ADRP to the ERO. The ADRP shall identify how the proposed data recovery program will preserve the significant information that the archaeological resource is expected to contain (i.e., the ADRP will identify what scientific/historical research questions are applicable to the expected resource, what data classes the resource is expected to possess, and how the expected data classes would address the applicable research questions). Data recovery, in general, should be limited to the portions of the historical property that could be adversely affected by the proposed LRDP. Destructive data recovery methods shall not be applied to portions of the archaeological resources if nondestructive methods are practical.</p> <p>The scope of the ADRP shall include the following elements:</p> <ul style="list-style-type: none"> <li>▶ <i>Field Methods and Procedures.</i> Descriptions of proposed field strategies, procedures, and operations.</li> <li>▶ <i>Cataloguing and Laboratory Analysis.</i> Description of selected cataloguing system and artifact analysis <i>procedures.</i></li> <li>▶ <i>Discard and Deaccession Policy.</i> Description of and rationale for field and post-field discard and deaccession policies.</li> <li>▶ <i>Interpretive Program.</i> Consideration of an on-site/off-site public interpretive program during the course of the archaeological data recovery program.</li> <li>▶ <i>Security Measures.</i> Recommended security measures to protect the archaeological resource from vandalism, looting, and unintentionally damaging activities.</li> <li>▶ <i>Final Report.</i> Description of proposed report format and distribution of results.</li> <li>▶ <i>Curation.</i> Description of the procedures and recommendations for the curation of any recovered data having potential research value,</li> </ul>	Archaeological consultant at the direction of the ERO.	If there is determination by the ERO that an ADR program is required.	Prepare an ARDP	Archaeological consultant and ERO.	Considered complete on finding by ERO that ARDP implemented.

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>identification of appropriate curation facilities, and a summary of the accession policies of the curation facilities.</p> <p><i>Human Remains and Associated or Unassociated Funerary Objects.</i> The treatment of human remains and of associated or unassociated funerary objects discovered during any soil-disturbing activity shall comply with applicable federal and state laws. This shall include immediate notification of the county coroner of the City and County of San Francisco and, in the event of the coroner’s determination that the human remains are Native American remains, notification of the NAHC, which shall appoint an MLD (PRC Section 5097.98). The archaeological consultant, CPMC, and MLD shall make all reasonable efforts to develop an agreement for the treatment of, with appropriate dignity, human remains and associated or unassociated funerary objects (State CEQA Guidelines Section 15064.5[d]). The agreement should take into consideration the appropriate excavation, removal, recordation, analysis, custodianship, curation, and final disposition of the human remains and associated or unassociated funerary objects.</p> <p><i>Chinese and Japanese Archaeological Sites.</i> In the event of discovery of a potentially CRHR-eligible Overseas Chinese or Japanese archaeological deposit, the appropriate descendent representative organization, that is, the Chinese Historic Society of America or the National Japanese American Historical Society, shall be notified and shall be allowed the opportunity to monitor and advise further mitigation efforts, including archaeological identification, evaluation, interpretation, and public interpretive efforts.</p> <p><i>Final Archaeological Resources Report.</i> The archaeological consultant shall submit a draft final archaeological resources report (FARR) to the ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put any archaeological resource at risk shall be provided in a separate removable insert within the final report.</p> <p>Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information</p>	<p>Project Sponsor/Archaeological consultant in consultation with the San Francisco Coroner, NAHC, and MLD.</p> <p>Project Sponsor/Archaeological consultant in consultation with Chinese Historic Society of America or National Japanese American Historical Society.</p> <p>Project Sponsor/Archaeological consultant at the direction of the ERO.</p> <p>Archaeological consultant at the</p>	<p>In the event human remains and/or funerary objects are encountered.</p> <p>In the event of discovery of potentially CRHR-eligible Overseas Chinese or Japanese archaeological deposit.</p> <p>After completion of archaeological data recovery, inventorying, analysis, and interpretation.</p> <p>Written certification</p>	<p>Contact San Francisco County Coroner. Implement regulatory requirements, if applicable, regarding discovery of Native American human remains and associated/unassociated funerary objects.</p> <p>Contact Chinese Historic Society of America or National Japanese American Historical Society and implement any further mitigation advised.</p> <p>Submit a Draft FARR.</p> <p>Distribute FARR.</p>	<p>Archaeological consultant and ERO.</p> <p>Archaeological consultant and ERO.</p> <p>Archaeological consultant and ERO.</p> <p>Archaeological consultant and</p>	<p>Considered complete on notification of the San Francisco County Coroner and NAHC, if necessary.</p> <p>Considered complete upon notification of appropriate organization and implementation of any further mitigation advised.</p> <p>Considered complete on submittal of FARR.</p> <p>Considered complete on</p>

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
Center (NWIC) shall receive one copy, and the ERO shall receive one copy of the transmittal of the FARR to the NWIC. The Major Environmental Analysis Division (MEA) of the Planning Department shall receive two copies (bound and unbound) of the FARR and one unlocked, searchable PDF copy on a compact disk. MEA shall receive a copy of any formal site recordation forms (California Department of Parks and Recreation Form 523 series) and/or documentation for nomination to NRHP/CRHR. In instances of high public interest in or high interpretive value of the resource, the ERO may require a different final report content, format, and distribution than that presented above.	direction of the ERO.	submitted to ERO that required FARR distribution has been completed.		ERO.	distribution of FARR.
<b>Mitigation Measure M-CP-N2 (Davies [near-term] and St. Luke's with or without project variants)</b>					
This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.	See M-CP-N2	See M-CP-N2	See M-CP-N2	See M-CP-N2	See M-CP-N2
<b>Mitigation Measure M-CP-N3 (Cathedral Hill and St. Luke's with or without variants and Davies [near-term])</b>					
For each of the CPMC campuses where earthmoving activities would occur in the Colma Formation, slope debris and ravine fill sediments, and older native sediments (as identified in the applicable geotechnical reports for each campus), CPMC shall implement the following measures:					
<ul style="list-style-type: none"> <li>Before the start of any earthmoving activities, CPMC shall retain a qualified paleontologist or archaeologist to train all construction personnel involved with earthmoving activities, including the site superintendent, regarding the possibility of encountering fossils, the appearance and types of fossils likely to be seen during construction, and proper notification procedures should fossils be encountered.</li> </ul>	Project Sponsor/Paleontological or Archaeological Consultant	Prior to soil disturbing activities.	Train construction personnel regarding possibility of encountering fossils.	Paleontological or Archaeological Consultant and ERO	Considered complete once training is held.
<ul style="list-style-type: none"> <li>If paleontological resources are discovered during earthmoving activities, the construction crew shall immediately cease work near the find and notify CPMC and the San Francisco Planning Department. CPMC shall retain a qualified paleontologist to evaluate the resource and prepare a recovery plan in accordance with SVP guidelines.<sup>2</sup> The recovery plan may include a field survey, construction monitoring, sampling and data recovery</li> </ul>	Project Sponsor/Paleontological Consultant	During soil disturbing activities.	Project Sponsor to retain Paleontological Consultant if paleontological resources are	Paleontological Consultant and ERO.	Considered complete upon implementation of recovery plan and approval by ERO.

<sup>2</sup> Society of Vertebrate Paleontology. 1996. Conditions of Receivership for Paleontologic Salvage Collections (final draft). *Society of Vertebrate Paleontology News Bulletin* 166:31-32.

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/ Reporting Responsibility</b>	<b>Monitoring Schedule</b>
procedures, museum storage coordination for any specimen recovered, and a report of findings. Recommendations in the recovery plan that are determined by the City to be necessary and feasible shall be implemented before construction activities can resume at the site where the paleontological resources were discovered.			found. The paleontologist to evaluate and prepare a recovery plan, and		
<b><i>Mitigation Measure M-CP-N4 (Cathedral Hill, Davies (near-term) and St. Luke's)</i></b>					
This mitigation measure is identical to Mitigation Measure M-CP-N2, above.	See M-CP-N2	See M-CP-N2	See M-CP-N2	See M-CP-N2	See M-CP-N2

**TRANSPORTATION AND CIRCULATION**

***Mitigation Measure MM-TR-29 (Cathedral Hill)***

CPMC shall ensure that the transit delay impact related to the Cathedral Hill Campus project on the 49-Van Ness-Mission is reduced to a less-than-significant level by financially compensating the SFMTA for the cost of providing the service needed to accommodate the project at proposed levels of service. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs shall be set forth in a Transit Mitigation Agreement between CPMC and SFMTA.

Project Sponsor	Prior to issuance of grading or building permits.	Project Sponsor to enter into Transit Mitigation Agreement regarding financial compensation to SFMTA for cost of providing service needed to accommodate project at proposed	Project Sponsor and SFMTA	Considered complete when Transit Mitigation Agreement is final and signed by CPMC and SFMTA and payment is made.
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<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
			levels of service.		
<b>Mitigation Measure MM-TR-30 (Cathedral Hill)</b>					
CPMC shall ensure that the transit delay impact related to the Cathedral Hill Campus project on the 38/38L-Geary is reduced to a less-than-significant level by financially compensating the SFMTA for the cost of providing the service needed to accommodate the project at proposed levels of service. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs shall be set forth in a Transit Mitigation Agreement between CPMC and SFMTA.	Project Sponsor	Prior to issuance of grading or building permits.	Project Sponsor to enter into Transit Mitigation Agreement regarding financial compensation SFMTA for cost of providing service needed to accommodate project at proposed levels of service.	Project Sponsor and SFMTA	Considered complete when Transit Mitigation Agreement is final and signed by CPMC and SFMTA and payment is made.
<b>Mitigation Measure MM-TR-31 (Cathedral Hill)</b>					
CPMC shall ensure that the transit delay impact related to the Cathedral Hill Campus project on the 19-Polk is reduced to a less-than-significant level by financially compensating the SFMTA for the cost of providing the service needed to accommodate the project at proposed levels of service. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs shall be set forth in a Transit Mitigation Agreement between CPMC and SFMTA.	Project Sponsor	Prior to issuance of grading or building permits.	Project Sponsor to enter into Transit Mitigation Agreement regarding financial compensation to SFMTA for cost of providing service needed to accommodate project at proposed levels of service.	Project Sponsor and SFMTA	Considered complete when Transit Mitigation Agreement is final and signed by CPMC and SFMTA and payment is made.
<b>Mitigation Measure MM-TR-44 (Cathedral Hill): Loading Dock Restrictions and Attendant</b>					
To minimize the potential disruptions to intersections operations and safety, CPMC shall schedule delivery trucks longer than 46 feet in length to only arrive and depart between 10 p.m. and 5 a.m., when traffic	Project Sponsor	Monitoring and documentation during 6 months	Project Sponsor to monitor and document truck	Project Sponsor, ERO, and SFMTA	Monitoring and documentation considered

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>volumes on Franklin Street are lower and when there would be a less likely chance that queues would form behind the truck and extend into adjacent intersections. Because some disruption may still occur between 10 p.m. and midnight, CPMC shall monitor and document truck deliveries occurring between 10 p.m. and midnight for a period of 6 months following full building occupancy/program implementation, recording truck size, number of lanes blocked by delivery trucks and for how long, and whether operations at the intersection of Franklin/Geary are temporarily affected and for how long. CPMC shall submit the truck loading report to the Planning Department and SFMTA. Based on the truck loading report and review, the deliveries by trucks longer than 46 feet in length may be modified. An attendant at the loading dock shall also be present to stop on-coming traffic while delivery trucks maneuver into the service loading area.</p>		<p>following full building occupancy/program implementation. Attendant to be present during operations.</p>	<p>deliveries between 10 p.m. and 6 a.m. and prepare truck loading report. Schedule restriction on trucks longer than 46 feet. Attendant to be present to stop oncoming traffic while delivery trucks maneuver into loading area.</p>		<p>complete on finding by ERO and SFMTA that the truck loading report is final. Schedule restriction on trucks longer than 46 feet considered ongoing during project operations, subject to modification after review of truck loading report. Attendant considered ongoing during operations,</p>
<p><b><i>Mitigation Measure TR-55 (Cathedral Hill)</i></b></p> <p>CPMC shall develop and implement a Construction Transportation Management Plan (TMP) to anticipate and minimize impacts of various construction activities associated with the Proposed Project.</p> <p>The Plan would disseminate appropriate information to contractors and affected agencies with respect to coordinating construction activities to minimize overall disruptions and ensure that overall circulation is maintained to the extent possible, with particular focus on ensuring pedestrian, transit, and bicycle connectivity. The program would supplement and expand, rather than modify or supersede, any manual, regulations, or provisions set forth by Caltrans, SFMTA, DPW, or other City departments and agencies.</p> <p>Specifically, the plan should:</p> <p>Identify construction traffic management best practices in San Francisco,</p>	<p>Project Sponsor</p>	<p>Prior to and during construction.</p>	<p>Project Sponsor to develop and implement a Construction TMP, for review and approval by MTA, DPW and Planning.</p>	<p>Project Sponsor, ERO, SFDPW, and SFMTA</p>	<p>Development of Construction TMP considered complete upon review and approval. Implementation of Construction TMP considered complete upon completion of construction.</p>

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>as well as others that, although not being implemented in the City, could provide valuable information for the project. Management practices include, but are not limited to</p> <ul style="list-style-type: none"> <li>Identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands.</li> <li>Identifying best practices for accommodating pedestrians, such as temporary pedestrian wayfinding signage or temporary walkways.</li> <li>Identifying ways to accommodate transit stops located at sidewalks slated for closure during construction. This may include identifying locations for temporary bus stops, as well as signage directing riders to those temporary stops.</li> <li>Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility.</li> <li>Identifying best practices for managing traffic flows on Van Ness Avenue during the nighttime hours for the period when tunnel construction would involve surface construction activities. This may include coordination with Caltrans on appropriate traffic management practices and lane closure procedures.</li> </ul> <p>Describe procedures required by different departments and/or agencies in the city for implementation of a Construction TMP, such as reviewing agencies, approval processes, and estimated timelines. For example,</p> <ul style="list-style-type: none"> <li>CPMC shall coordinate temporary and permanent changes to the transportation network within the City of San Francisco, including traffic, street and parking changes and lane closures, with the SFMTA. Any permanent changes may require meeting with the SFMTA Board of Directors or one of its sub-Committees. This may require a public hearing. Temporary traffic and transportation changes must be coordinated through the SFMTA's Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) and would require a public meeting. As part of this process, the Construction Plan may be reviewed by SFMTA's Transportation Advisory Committee (TASC) to resolve internal differences between different transportation modes.</li> </ul>					

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<ul style="list-style-type: none"> <li>Caltrans Deputy Directive 60 (DD-60) requires TMP and contingency plans for all state highway activities. These plans should be part of the normal project development process and must be considered during the planning stage to allow for the proper cost, scope and scheduling of the TMP activities on Caltrans right-of-way. These plans should adhere to Caltrans standards and guidelines for stage construction, construction signage, traffic handling, lane and ramp closures and TMP documentation for all work within Caltrans right-of-way.</li> </ul> <p>Require consultation with other Agencies, including Muni/SFMTA and property owners on Cedar Street, to assist coordination of construction traffic management strategies as they relate to bus-only lanes and service delivery on Cedar Street. CPMC should proactively coordinate with these groups prior to developing their Plan to ensure the needs of the other users on the blocks addressed within the construction TMP for the project.</p> <p>Identify construction traffic management strategies and other elements for the project, and present a cohesive program of operational and demand management strategies designed to maintain acceptable levels of traffic flow during periods of construction activities. These include, but are not limited to, construction strategies, demand management activities, alternative route strategies, and public information strategies.</p> <p>Develop a public information plan to provide adjacent residents and businesses with regularly-updated information regarding project construction, including construction activities, peak construction vehicle activities (e.g., concrete pours), travel lane closures, and other lane closures.</p> <p>The Construction Transportation Management Plan shall be submitted to SFMTA, SFDPW, and the Planning Department for review and approval.</p> <p><b><i>Mitigation Measure MM-TR-134 (Cathedral Hill)</i></b></p>					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p>CPMC shall ensure that the transit delay impact related to the Cathedral Hill Campus project on the 47-Van Ness is reduced to a less-than-significant level by financially compensating the SFMTA for the cost of providing the additional service needed to accommodate the project at proposed levels of service. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs shall be set forth in a Transit Mitigation Agreement between CPMC and SFMTA.</p>	Project Sponsor	Prior to issuance of grading or building permits.	Project Sponsor to enter into Transit Mitigation Agreement regarding financial compensation to SFMTA for cost of providing service needed to accommodate project at proposed levels of service.	Project Sponsor and SFMTA	Considered complete when Transit Mitigation Agreement is final and signed by CPMC and SFMTA and payment is made.
<p><b>Mitigation Measure MM-TR-137 (Cathedral Hill)</b></p> <p>CPMC shall ensure that the transit delay impact related to the Cathedral Hill Campus project on the 3-Jackson is reduced to a less-than-significant level by financially compensating the SFMTA for the cost of providing the service needed to accommodate the project at proposed levels of service. The financial contribution shall be calculated and applied in a manner that is consistent with the SFMTA cost/scheduling model. The amount and schedule for payment and commitment to application of service needs shall be set forth in a Transit Mitigation Agreement between CPMC and SFMTA.</p>	Project Sponsor	Prior to issuance of grading or building permits.	Project Sponsor to enter into Transit Mitigation Agreement regarding financial compensation to SFMTA for cost of providing service needed to accommodate project at proposed levels of service.	Project Sponsor and SFMTA	Considered complete when Transit Mitigation Agreement is final and signed by CPMC and SFMTA and payment is made.
<p><b>NOISE</b></p> <p><b>Mitigation Measure M-NO-N1a (Cathedral Hill)</b></p> <p>CPMC shall minimize the impacts of construction noise where feasible by implementing the measures listed below in accordance with the San Francisco Noise Control Ordinance. These measures shall be required in each contract agreed to between CPMC and a contractor under the LRDP and shall be applied to all projects and programs covered by the CPMC LRDP EIR.</p> <ul style="list-style-type: none"> <li>Construction equipment shall be properly maintained in accordance</li> </ul>	Project Sponsor/Construction Contractor(s)	During construction	Project Sponsor/Construction Contractor(s) to implement specified measures to minimize impacts of construction noise where feasible.	Project Sponsor/Construction Contractor(s); Department of Public Works (work within the public right-of-way); Department of Building	Considered complete upon receipt of final monitoring report at completion of construction.

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/ Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>with manufacturers’ specifications and shall be fitted with the best available noise suppression devices (e.g., mufflers, silencers, wraps). All hand-operated impact tools shall be shrouded or shielded, and all intake and exhaust ports on power equipment shall be muffled or shielded.</p> <ul style="list-style-type: none"> <li>• Construction equipment shall not idle for extended periods (no more than 5 minutes) of time near noise-sensitive receptors.</li> <li>• Stationary equipment (compressors, generators, and cement mixers) shall be located as far from sensitive receptors as feasible. Sound attenuating devices shall be placed adjacent to individual pieces of stationary source equipment located within 100 feet of sensitive receptors during noisy operations to prevent line-of-sight to such receptors, where feasible.</li> <li>• Temporary barriers (noise blankets or wood paneling) shall be placed around the construction site parcels and, to the extent feasible, they should break the line of sight from noise sensitive receptors to construction activities. If the use of heavy construction equipment is occurring on-site within 110 feet of an adjacent sensitive receptor, the temporary barrier located between source and sensitive receptor shall be no less than 10 feet in height. For all other distances greater than 110 feet from source to receptor, the temporary noise barrier shall be no less than 8 feet in height. For temporary sound blankets, the material shall be weather and abuse resistant, and shall exhibit superior hanging and tear strength with a surface weight of at least 1 pound per square foot. Procedures for the placement, orientation, size, and density of acoustical barriers shall be reviewed and approved by a qualified acoustical consultant.</li> </ul> <p>When temporary barrier units are joined together, the mating surfaces shall be flush with each other. Gaps between barrier units, and between the bottom edge of the barrier panels and the ground, shall be closed with material that would completely close the gaps, and would be dense enough to attenuate noise.</p> <p><b>Mitigation Measure M-NO-N1b (Cathedral Hill)</b></p> <p>A community liaison shall be designated by CPMC. The community liaison shall be available to manage and respond to noise complaints from</p>	Project Sponsor	During demolition, excavation, and	Project Sponsor to retain community liaison who will (1)	Department of Public Works (work within the	Considered complete upon receipt of final

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>nearby sensitive receptors. The community liaison shall keep a log of all relevant and appropriate complaints and responses to those complaints through a website that can be accessed and viewed by the public. The log or a copy of the log shall also be available upon request to any affected citizen or their representative. The community liaison shall produce a weekly and six-week schedule of construction operations and shall provide this schedule in advance and upon request to any affected citizens or their representatives. Contact information for the community liaison shall be posted in a location that is clearly visible to the nearby receptors most likely to be disturbed. The community liaison shall be responsible for ensuring that reoccurring noise complaints are evaluated by a qualified acoustical consultant to determine and implement appropriate noise control measures that would be taken to meet applicable standards. The community liaison shall contact nearby noise-sensitive receptors and shall advise them of the construction schedule.</p>		construction	manage and respond to noise complaints (2) log all complains and responses (3) prepare weekly and six-week schedule of construction operations and (4) ensure that reoccurring noise complaints are evaluated by qualified acoustical consultant to determine and implement appropriate noise control measures.	public right-of-way); Department of Building Inspection (work within CPMC-owned project sites); Project Sponsor and ERO	monitoring report at completion of construction.
<p><b><i>Mitigation Measure M-NO-N1c (Cathedral Hill)</i></b></p> <p>A construction noise management plan shall be prepared by a qualified acoustical consultant. The noise management plan shall include, but shall not be limited to, the following tasks:</p> <ul style="list-style-type: none"> <li>A detailed evaluation of nighttime tunnel construction at noise-sensitive receptors shall be prepared. The evaluation shall include calculations of construction noise levels based on detailed information regarding construction methods and duration. If it is determined that construction noise levels would exceed City noise ordinance standards, a qualified acoustical consultant shall review and approve additional mitigation measures to minimize prolonged sleep disturbance (e.g., using acoustical treatments to existing buildings, such as upgraded weatherstripping or determining the feasibility of constructing a cantilevered overhang along temporary barriers around the construction area to reduce construction noise levels at elevated receptors). Long-term (24-hour) and short-term (15-minute) noise measurements shall be conducted at ground level and elevated locations to represent the noise exposure of noise-</li> </ul>	Project Sponsor/Acoustical Consultant	Prior to and during demolition, excavation, and construction	Project Sponsor to retain Acoustical Consultant to prepare and implement a construction noise management plan.	Project Sponsor/Acoustical Consultant and ERO.	Considered complete upon receipt of final monitoring report at completion of construction.

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>sensitive receptors adjacent to the construction area. The measurements shall be conducted for at least 1 week during the onset of each of the following major phases of construction: demolition, excavation, and structural steel erection. Measurements shall be conducted during both daytime and nighttime hours of construction, with observations and recordings to document combined noise sources and maximum noise levels of individual pieces of equipment. If noise levels from construction activities are found to exceed City standards (daytime [80 dB at a distance of 100 feet] or nighttime [5 dB over ambient]) and result in complaints that are lodged with the community liaison, additional noise mitigation measures shall be identified. These measures shall be prepared by the qualified acoustical consultant. These measures shall identify the noise level exceedance created by construction activities and identify the anticipated noise level reduction with implementation of mitigation. These measures may include, among other things, additional temporary noise barriers at either the source or the receptor; operational restrictions on construction hours or on heavy construction equipment where feasible; temporary enclosures to shield receptors from the continuous engine noise of delivery trucks during offloads (e.g., concrete pump trucks during foundation work); or lining temporary noise barriers with sound absorbing materials. Measures such as these have been demonstrated to be effective in keeping construction noise levels within 80 dB at a distance of 100 feet.</p>					
<p><b><i>Mitigation Measure M-NO-N1 (Davies [near-term])</i></b></p> <p>This mitigation measure is similar to Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c for the Cathedral Hill Campus but differs in that evaluation of interior construction noise levels at on-site receptors by a qualified acoustical consultant shall be required if the number of complaints to the community liaison becomes excessive and warrants further action.</p>	<p>See M-NO-N1a, M-NO-N1b, and M-NO-N1c.</p>	<p>See M-NO-N1a, M-NO-N1b, and M-NO-N1c.</p>	<p>See M-NO-N1a, M-NO-N1b, and M-NO-N1c.</p>	<p>See M-NO-N1a, M-NO-N1b, and M-NO-N1c. ERO shall review logs provided by community liaison to determine whether number of complaints warrant further action.</p>	<p>See M-NO-N1a, M-NO-N1b, and M-NO-N1c.</p>
<p><b><i>Mitigation Measure M-NO-N1 (St. Luke's Campus with or without Variants)</i></b></p>					



Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
This mitigation measure is identical to Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c for the Cathedral Hill Campus.	See M-NO-N1a, M-NO-N1b, and M-NO-N1c.	See M-NO-N1a, M-NO-N1b, and M-NO-N1c.	See M-NO-N1a, M-NO-N1b, and M-NO-N1c.	See M-NO-N1a, M-NO-N1b, and M-NO-N1c.	See M-NO-N1a, M-NO-N1b, and M-NO-N1c.
<b><i>Mitigation Measure M-NO-N3a (Cathedral Hill Campus)</i></b>					
CPMC shall retain the services of a qualified acoustical consultant to measure the sound levels of operating exterior equipment within 30 days after installation. If exterior equipment meets daytime and nighttime sound level standards, no further action is required. If exterior equipment does not meet sound level standards, CPMC shall replace and/or redesign the exterior equipment to meet the City's noise standards. Results of the measurements shall be provided to the Hospital Facilities Management/Engineering and the City to show compliance with standards.	Project Sponsor/Acoustical Consultant	Measurement of sound levels within 30 days after installation of exterior equipment.	Project Sponsor/Acoustical Consultant to measure sound levels of exterior equipment and replace and/or redesign if it exceeds sound level standards.	Project Sponsor/Acoustical Consultant, Hospital Facilities Management/Engineering, and Department of Building Inspection (DBI).	Considered complete upon DBI review and approval of compliance with standards.
<b><i>Mitigation Measure M-NO-N3b (Cathedral Hill Campus with or without Variants)</i></b>					
Bay doors [for the loading dock on Franklin Street] shall be required to be closed during Aduomed operations, to the extent feasible.	Project Sponsor	During operations.	Project Sponsor to close bay doors during Aduomed operations.	Project Sponsor; ERO	Considered ongoing during project operations.
<b><i>Mitigation Measure M-NO-N3c (Cathedral Hill Campus with or without Variants)</i></b>					
In the event that it is determined to be infeasible for bay doors to be closed during Aduomed operation, a noise-absorptive material shall be applied (prior to initiation of Aduomed operations with open bay doors) to the entire ceiling structure of the loading dock area to reduce noise levels from Aduomed operations. The material shall have a minimum Noise Reduction Coefficient of 0.75.	Project Sponsor	Prior to operation.	Project Sponsor to apply noise-absorptive material to entire ceiling structure of loading area.	Project Sponsor and DBI.	Considered complete upon DBI's review and acceptance of noise absorptive material.
<b><i>Mitigation Measure M-NO-N3d (Cathedral Hill Campus with or without Variants)</i></b>					
Noise attenuators shall be included on kitchen exhaust fans located on Level 5 of the Cathedral Hill Hospital adjacent to patient rooms, or the sound power levels of the exhaust fans shall be limited. Hospital Facilities Management/Engineering shall review the effectiveness of attenuators.	Project Sponsor	Prior to operation.	Project Sponsor to install noise attenuators on kitchen exhaust fans on Level 5 of CHH.	Project Sponsor and Hospital Facilities Management/Engineering; OSHPD (interior noise standards within the hospital are governed by	Considered complete upon ERO confirmation of issuance of OSHPD permit.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p><b>Mitigation Measure M-NO-N3e (Cathedral Hill Campus)</b></p> <p>Delivery of oxygen to the proposed Cathedral Hill Campus shall not be scheduled during hours when church activities are typically taking place. Communication shall be established between the adjacent churches and CPMC, and a mutually acceptable time for delivery of oxygen shall be determined.</p>	Project Sponsor	During operations.	Project Sponsor to establish communication between churches adjacent to the oxygen delivery area to determine acceptable time for delivery.	OSHPD standards). ERO shall review to confirm issuance of a duly reviewed OSHPD permit.  Project Sponsor; ERO	Considered ongoing during project operations.
<p><b>Mitigation Measure M-NO-N3 (Davies [near-term])</b></p> <p>CPMC shall retain the services of a qualified acoustical consultant to conduct an additional site-specific noise study to evaluate and establish the appropriate ambient noise levels at the Davies Campus for purposes of a detailed HVAC and emergency generator noise reduction analysis. The recommendations of the acoustical consultant shall include specific equipment design and operations measures to reduce HVAC and emergency generator noise to acceptable levels for exterior and interior noise levels as specified in the San Francisco Noise Control Ordinance.</p>	Project Sponsor/Acoustical Consultant	Prior to operation.	Project Sponsor to retain Acoustical Consultant to conduct an additional site-specific noise study at the Davies Campus.	Project Sponsor and ERO.	Considered complete upon finding by ERO that site-specific noise study finalized and recommendation is implemented.
<p><b>Mitigation Measure M-NO-N3 (St. Luke's Campus)</b></p> <p>This mitigation measure is identical to Mitigation Measure M-NO-N3 for the Davies Campus and Mitigation Measure M-NO-N3a for the Cathedral Hill Campus.</p>	See M-NO-N3 for Davies and M-NO-N3a for Cathedral Hill.	See M-NO-N3 for Davies and M-NO-N3a for Cathedral Hill.	See M-NO-N3 for Davies and M-NO-N3a for Cathedral Hill.	See M-NO-N3 for Davies and M-NO-N3a for Cathedral Hill.	See M-NO-N3 for Davies and M-NO-N3a for Cathedral Hill.
<p><b>Mitigation Measure M-NO-N4 (Cathedral Hill Campus)</b></p> <p>CPMC shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Cathedral Hill Hospital that would reduce the interior traffic-noise level inside the hospital to 45-dB L<sub>dn</sub>. Interior spaces of the hospital shall be designed to</p>	Project Sponsor/Acoustical Consultant	Prior to building construction.	Project Sponsor/Acoustical Consultant to perform detailed interior-noise analysis of CHH	Project Sponsor/Acoustical Consultant and OSHPD (interior noise standards within the hospital)	Considered complete upon ERO's confirmation of an OSHPD approved permit

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L <sub>dn</sub> or lower.			and incorporate noise-insulating features in final design plans.	are governed by OSHPD standards). ERO shall review to confirm issuance of a duly reviewed OSHPD permit.	for design that includes noise-insulating features.
<b><i>Mitigation Measure M-NO-N5 (Cathedral Hill, Davies [near-term], St. Luke's Campuses)</i></b>					
CPMC shall minimize the impacts of construction noise and vibration where feasible by implementing the measures listed below. These measures shall be required in each contract agreed to between CPMC and a contractor under the LRDP and shall apply to all projects and programs covered by this EIR.	Project Sponsor/Construction Contractor(s)/Acoustical Consultant	During demolition, excavation, and construction	Project Sponsor/Construction Contractor(s) to (1) implement measures to reduce construction noise and vibration impacts and (2) retain community liaison to response to vibration complaints.	Project Sponsor/Construction Contractor(s)/Acoustical Consultant and ERO.	Considered complete upon ERO's approval of vibration monitoring plan and receipt of final monitoring report at completion of construction.
Construction equipment generating the highest noise and vibration levels (vibratory rollers) shall operate at the maximum distance feasible from sensitive receptors.					
Vibratory rollers shall operate during the daytime hours only to ensure that sleep is not disrupted at sensitive receptors near the construction area.					
A community liaison shall be available to respond to vibration complaints from nearby sensitive receptors. A community liaison shall be designated. Contact information for the community liaison shall be posted in a conspicuous location so that it is clearly visible to the nearby receptors most likely to be disturbed. The community liaison shall manage complaints resulting from construction vibration. Reoccurring disturbances shall be evaluated by a qualified acoustical consultant to ensure compliance with applicable standards. The community liaison shall contact nearby noise-sensitive receptors and shall advise them of the construction schedule.			Project Sponsor to retain Acoustical Consultant to prepare and implement vibration management plan.		
To further address the nuisance impact of project construction, a construction vibration management plan shall be prepared by a qualified acoustical consultant retained by CPMC. The vibration management plan shall include but shall not be limited to the following tasks:					
<ul style="list-style-type: none"> <li>A community liaison shall be designated. This person's contact information shall be posted in a location near the project site that it is clearly visible to the nearby receptors most likely to be</li> </ul>					

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>disturbed. The community liaison shall manage complaints and concerns resulting from activities that cause vibration. The severity of the vibration concern shall be assessed by the community liaison and, if necessary, evaluated by a qualified noise and vibration control consultant.</p> <ul style="list-style-type: none"> <li>The preexisting condition of all buildings within a 50-foot radius and historical buildings within the immediate vicinity of proposed construction activities shall be recorded in the form of a preconstruction survey. The preconstruction survey shall determine conditions that exist before construction begins and shall be used to evaluate damage caused by construction activities. Fixtures and finishes within a 50-foot radius of construction activities susceptible to damage shall be documented (photographically and in writing) before construction. All buildings damaged shall be repaired to their preexisting conditions.</li> <li>As part of the vibration management plan, vibration levels shall be monitored at the nearest interior location of adjacent uses, including Daniel Burnham Court, containing vibration sensitive equipment to monitor potential impacts from the project site. In the event that measured vibration levels exceed 65 VdB and disturb the operation of sensitive medical equipment, additional measures shall be implemented to the extent necessary and feasible, including restriction of construction activities, coordination with equipment operators, and/or installation of isolation equipment.</li> </ul>					
<b>AIR QUALITY</b>					
<b>Mitigation Measure M-AQ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)</b>					
<p>The following mitigation measures shall be implemented during construction activities to avoid short-term significant impacts to air quality:</p> <p><b>BAAQMD Basic Control Measures</b></p> <ul style="list-style-type: none"> <li>Water all active construction areas at least twice daily.</li> <li>Cover all trucks hauling soil, sand, and other loose materials or</li> </ul>	<p>Project Sponsor/Construction Contractor(s)</p>	<p>During demolition, excavation, and construction.</p>	<p>Construction Contractor to implement control measures.</p>	<p>Project Sponsor and ERO.</p>	<p>Considered complete upon receipt of final monitoring report at completion of construction.</p>

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>require all trucks to maintain at least 2 feet of freeboard.</p> <ul style="list-style-type: none"> <li>• Pave, apply water three times daily, or apply (nontoxic) soil stabilizer on all unpaved access roads, parking areas, and staging areas at construction sites.</li> <li>• Sweep daily (with water sweepers) all paved access roads, parking areas, and staging areas at construction sites.</li> <li>• Sweep street daily (with water sweepers) if visible soil material is carried into adjacent public streets.</li> </ul> <p><b>Optional Control Measures</b></p> <ul style="list-style-type: none"> <li>• Install wheel washers for all exiting trucks, or wash off the tires or tracks of all trucks and equipment leaving the site.</li> <li>• Install wind breaks, or plant trees/vegetative wind breaks at windward sides of construction areas.</li> <li>• Suspend excavation and grading activity when winds (instantaneous gusts) exceed 20 mph.</li> <li>• Limit the area subject to excavation, grading, and other construction activities at any one time.</li> </ul> <p><b>Additional Construction Mitigation Measures</b></p> <ul style="list-style-type: none"> <li>• All exposed surfaces (e.g., parking areas, staging areas, soil piles, graded areas, and unpaved access roads) shall be watered twice daily.</li> <li>• All haul trucks transporting soil, sand, or other loose material off-site shall be covered.</li> <li>• All visible mud or dirt trackout onto adjacent public roads shall be removed using wet power vacuum street sweepers at least once per day. The use of dry power sweeping is prohibited.</li> <li>• All vehicle speeds on unpaved roads shall be limited to 15 mph.</li> <li>• All roadways, driveways, and sidewalks to be paved shall be completed as soon as possible. Building pads shall be laid as soon as possible after grading unless seeding or soil binders are used.</li> </ul>					

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<ul style="list-style-type: none"> <li>Idling times shall be minimized either by shutting equipment off when not in use or reducing the maximum idling time to 5 minutes (as required by the California airborne toxics control measures, Title 13, Section 2485 of California Code of Regulations). Clear signage shall be provided for construction workers at all access points.</li> <li>All construction equipment shall be maintained and properly tuned in accordance with manufacturers' specifications. All equipment shall be checked by a certified mechanic and determined to be running in proper condition prior to operation.</li> <li>Post a publicly visible sign with the telephone number and person to contact at the lead agency regarding dust complaints. This person shall respond and take corrective action within 48 hours. The air district's phone number shall also be visible to ensure compliance with applicable regulations.</li> </ul>					
<p><b><i>Mitigation Measure M-AQ-N1b (Cathedral Hill, Davies [near-term], St. Luke's)</i></b></p> <p>To reduce exhaust emissions of ROG, NOX, PM10, and PM2.5 by construction equipment at the CPMC campuses, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction in both the near term and the long term:</p> <ul style="list-style-type: none"> <li>Idling times shall be minimized, either by shutting equipment off when not in use or by reducing the maximum idling time to 2 minutes, to the extent feasible. Clear signage shall be provided for construction workers at all access points.</li> <li>All construction equipment shall be maintained and properly tuned in accordance with the manufacturers' specifications. All equipment shall be checked by a certified mechanic and determined to be running in proper condition before operation.</li> </ul>	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and construction.	Construction Contractor(s) to implement control measures.	Project Sponsor and ERO.	Considered complete upon receipt of final monitoring report at completion of construction.
<p><b><i>Mitigation Measure M-AQ-N2 (Cathedral Hill Campus)</i></b></p> <p>To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the Cathedral Hill Campus and all other LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during</p>	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and construction.	Construction Contractor(s) to implement control measures.	Project Sponsor and ERO.	Considered complete upon receipt of final monitoring

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>construction:</p> <ul style="list-style-type: none"> <li>Where sufficient electricity is available from the PG&amp;E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&amp;E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&amp;E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used.</li> <li>During any construction phase for near-term projects, at least half of each of the following equipment types shall be equipped with Level 3-verified diesel emission controls (VDECs): backhoes, concrete boom pumps, concrete trailer pumps, concrete placing booms, dozers, excavators, shoring drill rigs, soil mix drill rigs, and soldier pile rigs. If only one unit of the above equipment types is required, that unit shall have Level 3 VDECs retrofits.</li> <li>For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.</li> </ul>					report at completion of construction.
<p><b>Mitigation Measure M-AQ-N8a (Cathedral Hill, Davies [near-term], St. Luke's)</b></p> <p>This mitigation measure is identical to Mitigation Measure M-AQ-N1a, above.</p>	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a
<p><b>Mitigation Measure M-AQ-N8b (Cathedral Hill, Davies [near-term], St. Luke's)</b></p> <p>This mitigation measure is identical to Mitigation Measure M-AQ-N1b, above.</p>	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b
<p><b>Mitigation Measure M-AQ-N9 (Cathedral Hill, Davies [near-term], St. Luke's)</b></p> <p>CPMC shall implement Mitigation Measure M-AQ-N1a and Mitigation Measure M-AQ-N2, discussed above, to reduce emissions of criteria pollutants from construction equipment exhaust.</p>	See M-AQ-N1a and M-AQ-N2	See M-AQ-N1a and M-AQ-N2	See M-AQ-N1a and M-AQ-N2	See M-AQ-N1a and M-AQ-N2	See M-AQ-N1a and M-AQ-N2
<p><b>Mitigation Measure M-AQ-N10a (Cathedral Hill Campus)</b></p> <p>This mitigation measure is identical to Mitigation Measure M-AQ-N2, above.</p>	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<b>Mitigation Measure M-AQ-N10b (Davies Campus [near-term])</b>					
This mitigation measure is identical to Mitigation Measure M-AQ-N2, above.	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2
<b>Mitigation Measure M-AQ-N10c (St. Luke's Campus)</b>					
This mitigation measure is identical to Mitigation Measure M-AQ-N2, above.	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2	See M-AQ-N2
<b>PUBLIC SERVICES</b>					
<b>Mitigation Measure M-PS-N2 (Cathedral Hill Campus)</b>					
This mitigation measure is identical to Mitigation Measure MM-TR-55 for Transportation and Circulation, above.	See M-TR-55	See M-TR-55	See M-TR-55	See M-TR-55	See M-TR-55
<b>BIOLOGICAL RESOURCES</b>					
<b>Mitigation Measure M-BI-N1 (Cathedral Hill)</b>					
Before any demolition or construction activities occurring during the nesting season (January 15 through August 15) that involve removal of trees or shrubs, CPMC shall conduct a preconstruction survey for nesting birds at each of its medical campuses. The surveys shall be conducted by a qualified wildlife biologist no sooner than 14 days before the start of removal of trees and shrubs. The survey results shall remain valid for 21 days after the survey; therefore, if vegetation removal is not started within 21 days of the survey, another survey shall be required. The area surveyed shall include the construction site and the staging area for the tree or shrub removal. If no nests are present, tree removal and construction may commence. If active nests are located during the preconstruction bird nesting survey, CPMC shall contact DFG for guidance on obtaining and complying with Section 1801 of the California Fish and Game Code, which may include setting up and maintaining a line-of-sight buffer area around the active nest and prohibiting construction activities within the buffer; modifying construction activities; and/or removing or relocating active nests.	Project Sponsor/Qualified Biologist	Pre-construction surveys prior to any construction activities during nesting season. If active nests are found, actions to protect nesting birds to be implemented during construction.	Pre-construction surveys for nesting birds to be conducted by a qualified biologist.  If an active nest is found close to construction area, CPMC shall contact the California Department of Fish and Game and obtain and comply with a Fish and Game Code Section 1801 agreement concerning the implementation of actions to protect nesting birds..	Project Sponsor/Biologist and ERO	Considered complete upon ERO approval of report by biologist and any actions taken to protect nesting birds pursuant to Section 1801 agreement, if necessary.



Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<b>Mitigation Measure M-BI-N1 (Davies [near-term])</b>					
This mitigation measure is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus, above.	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill
<b>Mitigation Measure M-BI-N1 (St. Luke's with or without project variants))</b>					
This mitigation measure is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus, above.	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill	See M-BI-N1 for Cathedral Hill
<b>GEOLOGY AND SOILS</b>					
<b>Mitigation Measure M-GE-N4 (Cathedral Hill, Davies [near-term], St. Luke's)</b>					
CPMC shall implement Mitigation Measure M-HY-N3, as described below.	See M-HY-N3	See M-HY-N3	See M-HY-N3	See M-HY-N3	See M-HY-N3
<b>Mitigation Measure M-GE-N6 (St. Luke's)</b>					
The design level geotechnical report for the MOB/Expansion Building, the proposed utility route, and the sewer variant at the St. Luke's Campus shall include an excavation and dewatering program. The program shall include measures to monitor the improvements adjacent to construction for vertical movement. The monitoring shall include an optical survey and installation of inclinometers and groundwater observation wells. Groundwater levels outside the excavation shall be monitored through wells while dewatering is in progress. Should the magnitude of settlement or groundwater drawdown be deemed potentially damaging to surrounding improvements by a licensed engineer, the groundwater outside the excavation shall be recharged through wells or the dewatering program altered to reduce drawdown to an acceptable level.	Project Sponsor	Preparation of excavation and watering program orior to issuance of grading or building permits. Implementation of program during construction.	Project Sponsor to prepare design level geotechnical report for MOB/Expansion Building and monitor construction and, if needed, recharge groundwater through wells or alter dewatering to reduce drawdown.	Project Sponsor/Constructi on Contractor(s); ERO	Considered complete upon ERO's approval of geotechnical studies and upon receipt of final monitoring report at completion of construction.
<b>HYDROLOGY AND WATER QUALITY</b>					
<b>Mitigation Measure M-HY-N2 (Cathedral Hill)</b>					
To manage peak flow and discharge volume, CPMC shall prepare and implement a Stormwater Control Plan for each of the near-term projects under the LRDP, focusing on LID strategies and BMPs. In implementing	Project Sponsor	Preparation of Stormwater Control Plan prior to first permit for	Project Sponsor to prepare and implement a Stormwater Control	Project Sponsor , ERO, and SFPUC	Considered complete upon approval of final design.

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
<p>the LRDP, CPMC shall comply with all policies and regulations adopted by the City, including SFPUC's Stormwater Design Guidelines, which require a 25% decrease in the rate and volume of stormwater runoff from the 2-year, 24-hour design storm. Therefore, the design-level drainage plans shall demonstrate that, at a minimum, there will be a 25% decrease in the rate and volume of stormwater runoff to the combined sewer for the 2-year, 24-hour storm as compared to existing conditions. This will be achieved by using LID stormwater BMPs which may include, but not limited to:</p> <ul style="list-style-type: none"> <li>• green roofs,</li> <li>• cisterns,</li> <li>• bioswales,</li> <li>• bioretention basins,</li> <li>• planter boxes,</li> <li>• blue roofs,</li> <li>• dry wells, and</li> <li>• other detention/storage facilities.</li> </ul>			Plan.		
<p>In addition, the final design team for the development project shall review and incorporate as many concepts as practicable from <i>Start at the Source: Design Guidance Manual for Stormwater Quality Protection</i>. SFPUC shall conduct project design review before the City's project approval occurs, to ensure that the impacts of the LRDP on the combined sewer system have been fully mitigated.</p>					
<p><b>Mitigation Measure M-HY-N2 (Davies [near-term])</b></p>	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill
<p><b>Mitigation Measure M-HY-N2 (St. Luke's)</b></p>	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill	See M-HY-N2 for Cathedral Hill

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p><b><i>Mitigation Measure M-HY-N3 (Cathedral Hill, Davies [near-term], St. Luke’s)</i></b></p> <p>In compliance with Article 4.1 of the San Francisco Public Works Code and the City’s Construction Site Water Pollution Prevention Program, CPMC shall submit a site-specific SWPPP to SFPUC for approval before initiating construction activities in areas draining to the combined sewer system. SFPUC requires implementation of appropriate BMPs from the <i>California Stormwater Quality Association Stormwater BMP Handbook—Construction</i>. In accordance with SFPUC’s requirements, the SWPPP shall include the following elements:</p> <p><i>An erosion and sediment control plan.</i> The plan shall present a site map illustrating the BMPs that will be used to minimize on-site erosion and the sediment discharge into the combined sewer system, and shall provide a narrative description of those BMPs. Appropriate BMPs for the erosion and sediment control plan may include the following practices:</p> <ul style="list-style-type: none"> <li>• Scheduling—Develop a schedule that includes sequencing of construction activities with the implementation of appropriate BMPs. Perform construction activities and control practices in accordance with the planned schedule. Schedule work to minimize soil-disturbing activities during the rainy season. Schedule major grading operations for the dry season when practical. Monitor the weather forecast for rainfall and adjust the schedule as appropriate.</li> <li>• Erosion control—Cover exposed excavated walls to reduce their exposure to rainfall. Preserve existing vegetation where feasible; apply mulch or hydroseed areas until permanent stabilization is established; and use soil binders, geotextiles and mats, earth dikes and drainage swales, velocity dissipation devices, slope drains, or polyacrylamide to protect soil from erosion.</li> <li>• Wind erosion—Apply water or other dust palliatives to prevent dust nuisance; prevent overwatering that can cause erosion.</li> </ul>	<p>Project Sponsor/Construction Contractor(s)</p>	<p>Approval of SWPPP prior to issuance of grading or building permits. Implementation of SWPP during construction.</p>	<p>Project Sponsor/Construction Contractor(s) to prepare and implement SWPPP.</p>	<p>Project Sponsor/Construction Contractor(s), SFPUC, and ERO</p>	<p>Considered complete upon receipt of final monitoring report at completion of construction.</p>

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>Alternatively, cover small stockpiles or areas that remain inactive for 7 or more days.</p> <ul style="list-style-type: none"> <li>• Sediment control—Install silt fences, sediment basins, sediment traps, check dams, fiber rolls, sand or gravel bag barriers, straw bale barriers, vegetated swales, approved chemical treatment, storm drain inlet protection, or other LID measures to minimize the discharge of sediment. Employ street sweeping to remove sediment from streets. Utilize treatment trains where feasible. Cover all stockpiled soil until it is needed. Cover all soil in haul trucks.</li> <li>• Tracking controls—Stabilize the construction site entrance to prevent tracking of sediment onto public roads by construction vehicles. Stabilize on-site vehicle transportation routes immediately after grading to prevent erosion and control dust. Install a tire wash area to remove sediment from tires and under carriages and contain all sediments in the wash area.</li> <li>• Litter control—Remove litter at least once daily from the construction site. Dispose of packing materials immediately in an enclosed container.</li> <li>• <i>Non-stormwater management BMPs.</i> These BMPs may include water conservation practices, dewatering practices that minimize sediment discharges, and BMPs for all of the following: <ul style="list-style-type: none"> <li>• paving and grinding activities;</li> <li>• identification of illicit connections and illegal dumping;</li> <li>• irrigation and other planned or unplanned discharges of potable water;</li> <li>• vehicle and equipment cleaning, fueling, and maintenance;</li> <li>• concrete curing and finishing;</li> <li>• temporary batch plants;</li> <li>• implementation of shoreline improvements; and</li> <li>• work over water.</li> </ul> </li> </ul>					

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p>Discharges from dewatering activities shall comply with the requirements of SFPUC’s Batch Wastewater Discharge Permit that regulate influent concentrations for various constituents.</p> <ul style="list-style-type: none"> <li>• <i>Waste management BMPs.</i> These BMPs shall be implemented for:                             <ul style="list-style-type: none"> <li>• material delivery, use, and storage;</li> <li>• stockpile management;</li> <li>• spill prevention and control; and</li> <li>• management of solid and liquid waste, hazardous waste, contaminated soil, concrete waste, and septic/sanitary waste.</li> </ul> </li> <li>• <i>BMP inspection, maintenance, and repair requirements.</i> All BMPs shall be inspected on a regular basis to confirm proper installation and function. BMPs shall be inspected daily during storms, and BMPs that have failed shall be immediately repaired or replaced. Sufficient devices and materials (e.g., silt fence, coir rolls, erosion blankets) shall be provided throughout project construction to enable immediate corrective action for failed BMPs. Required BMP maintenance related to a storm event shall be completed within 48 hours of the storm event. The SWPPP shall include checklists that document when the inspections occurred, the results of the inspection, required corrective measures, and when corrective measures were implemented.</li> </ul> <p>The SWPPP shall demonstrate how treatment control measures (e.g., silt fences, sediment basins, sediment traps, check dams, vegetated swales, infiltration trenches) targeting the project-specific contaminants including sediment, metals, oil and grease, trash and debris, and oxygen-demanding substances would be incorporated into the project. In addition, the SWPPP shall demonstrate that the project has the land area available to support the proposed BMP facilities sized for the required water quality design storm.</p> <p>Construction personnel shall receive training on the SWPPP and implementation of BMPs.</p>					

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<b>HAZARDS AND HAZARDOUS MATERIALS</b>					
<i>Mitigation Measure M-HZ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)</i>					
Step 1: Preparation of a Site Mitigation Plan					
<p>Before the issuance of site, building, or other permits from the City for development activities involving subsurface disturbance, CPMC shall submit the previously prepared environmental contingency plans to SFDPH for review and approval as site mitigation plans (SMPs) for the Cathedral Hill, Davies, and St. Luke's Campuses. The SMPs shall include the following measures and procedures:</p> <ul style="list-style-type: none"> <li>• All soil shall be sampled for a suite of common chemicals required by landfills and redevelopment sites accepting imported fill from other sites to provide a chemical profile and identify the soil worker safety and disposal classification. Sample analytical results shall be submitted to SFDPH for review.</li> <li>• Fill shall be sampled and analyzed before excavation to allow excavation, loading, and transportation off-site without stockpiling, which would minimize soil handling.</li> <li>• If soil encountered during excavation exhibits the presence of liquid hydrocarbons (such as oil), strong odors, or staining suggesting the presence of hazardous materials, work shall be halted, the area shall be covered in plastic sheeting, stockpiles shall be segregated and covered, and samples shall be collected from the base and walls of the excavation. Once sampling results have returned, the soil shall be treated in accordance with the above outlined procedures.</li> <li>• If groundwater is present and in a volume requiring dewatering, a dewatering contractor shall be retained to design and install a dewatering system to remove and discharge the water to the sanitary sewer system during excavation and construction. The dewatering contractor shall obtain a batch groundwater discharge permit from SFPUC. A groundwater sample shall be collected and analyzed for parameters established by SFPUC</li> </ul>	Project Sponsor	Approval of SMPs prior to issuance of site, building, or other permits. Implementation of measures and procedures identified in SMPs during excavation and grading phases of construction.	Project Sponsor/Construction Contractor(s) to prepare a SMP and submit to DPH and Planning Department.	Project Sponsor and DPH	Considered complete with submittal of the closure certification report to DPH and San Francisco Planning Department.

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>before any discharge of groundwater into the sewer system. If required by SFPUC, additional groundwater samples shall be collected monthly from the discharged water for parameters stipulated by SFPUC. If analytes in the groundwater exceed the established SFPUC discharge limits, the groundwater shall be stored in containers and properly treated before discharge. The treatment system, if needed, shall be designed based on the chemicals present in the groundwater.</p> <ul style="list-style-type: none"> <li>A licensed tank removal contractor shall be retained to properly remove and dispose of known tanks in accordance with all current regulations and the site-specific and tank-specific procedures outlined in the ECPs for each campus. All the necessary permits from SFFD and SFDPH shall be obtained, and all notifications to BAAQMD shall be made before the tank is removed. The health and safety plan shall be followed, and air monitoring shall be performed during all tank removal activities. If soil staining, odor, and/or elevated organic vapor analyzer readings are observed during tank removal, the affected soil shall be placed on and covered with plastic tarpaulins, separate from any unaffected soil removed from above the tank. All soil sampling and analysis for tank closure shall be performed in accordance with the Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, dated August 10, 1990, and any additional SFFD and SFDPH requirements.</li> </ul> <p>Any additional measures that the SFDPH determines are required beyond those already identified in the ECPs shall also be incorporated into the SPMs and implemented by CPMC. A copy of the SMPs shall be submitted to the Planning Department to become part of the case file.</p> <p>Step 2: Handling, Hauling, and Disposal of Contaminated Soils</p> <p>(a) <u>Specific work practices</u>: If, based on the results of the soil tests conducted, the SFDPH determines that the soils on the campuses are contaminated at or above potentially hazardous levels, the construction contractor shall be alert for the presence of such soils during excavation and other construction activities on the campuses (detected through soil odor, color, and texture) and shall be prepared to handle, profile (i.e., characterize), and</p>	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and construction.	Project Sponsor/Construction Contractor(s) to handle, haul and dispose contaminated soils as specified in mitigation measure.	Project Sponsor/Construction Contractor(s) and DPH.	Considered complete with submittal of the closure certification report to DPH and San Francisco Planning

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>dispose of such soils appropriately (i.e., as dictated by federal, state, and local regulations) when such soils are encountered on the campuses. If excavated materials contain over one percent friable asbestos, they shall be treated as hazardous waste, and shall be transported and disposed of in accordance with applicable federal and state regulations.</p> <p>(b) <u>Dust suppression</u>: Soils exposed during excavation for site preparation and project construction activities shall be kept moist throughout the time they are exposed, both during and after construction work hours.</p> <p>(c) <u>Surface water runoff control</u>: Where soils are stockpiled, plastic sheeting shall be used to create an impermeable liner, both beneath and on top of the soils, with a berm to contain any potential surface water runoff from the soil stockpiles during inclement weather and from air.</p> <p>(d) <u>Soils replacement</u>: If necessary, clean fill or other suitable material(s) shall be used to bring portions of the project site, where contaminated soils have been excavated and removed, up to construction grade.</p> <p>(e) <u>Hauling and disposal</u>: Contaminated soils shall be hauled off the project site by waste hauling trucks appropriately certified with the State of California and adequately covered to prevent dispersion of the soils during transit, and shall be disposed of at a permitted hazardous waste disposal facility registered with the State of California. Nonhazardous soil shall be sent to other sites to be used as import fill where accepted or shall be transported and disposed of at a licensed Class II or Class III landfill, as appropriate. Soil classified as California hazardous waste shall be transported either out of state to an appropriate licensed facility or to a Class I facility in California. Soil classified as RCRA hazardous waste shall be transported to a Class I landfill facility in California.</p>					Department.
<p>Step 3: Preparation of Closure/Certification Report</p> <p>After construction activities are completed, the project sponsor shall prepare and submit a closure/certification report to the SFDPH for review</p>	Project Sponsor	After construction activities are completed.	Project Sponsor to prepare and submit a closure/certification	Project Sponsor and DPH.	Considered complete upon receipt and approval by



<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
and approval. The closure/certification report shall include the mitigation measures in the SMPs for handling and removing contaminated soils from the project site, whether the construction contractor modified any of these mitigation measures, and how and why the construction contractor modified those mitigation measures.			report to DPH.		DPH of final closure/certification report.
<b><i>Mitigation Measure M-HZ-N1b Cathedral Hill, Davies [near-term], St. Luke's): Preparation of Unknown Contingency Plan</i></b>					
Before the issuance of site, building, or other permit from the city for development activities involving subsurface disturbance, CPMC shall prepare and submit to SFDPH for approval a contingency plan to address unknown contaminants encountered during development activities. This plan, the conditions of which shall be incorporated into the first permit and any applicable permit thereafter, shall establish and describe procedures for implementing a contingency plan, including appropriate notification and site control procedures, in the event unanticipated subsurface hazards or hazardous material releases are discovered during construction. Control procedures shall include, but shall not be limited to, further investigation and, if necessary, remediation of such hazards or releases, including off-campus removal and disposal, containment, or treatment. In accordance with the procedures outlined in the ECPs, measures following the discovery of previously unidentified USTs or other subsurface facilities shall include, but shall not be limited to, the following:	Project Sponsor	Approval of unknown contingency plan prior to issuance of site, building, or other permits. Implementation of measures and procedures identified in unknown contingency plan during excavation and grading phases of construction.	Project Sponsor to prepare and submit a contingency plan to address unknown contaminants encountered during development activities to DPH.	Project Sponsor and DPH.	Considered complete upon approval of contingency plan by DPH and receipt of final monitoring report at completion of construction.
<ul style="list-style-type: none"> <li>Work at the location of the discovered tank shall be halted, the exposed portion of the tank shall be covered with plastic sheeting, and the area shall be secured while the tank and surrounding soil (if unvaulted) are evaluated. The site superintendent shall be notified, and an appropriate environmental professional shall be brought on-site to evaluate the nature, use, and extent of the tank. The contractor's health and safety plan shall be reviewed and revised, if necessary, and appropriately trained personnel (e.g., HAZWOPER trained) shall be mobilized to address the tank. If the tank is ruptured during discovery, the contractor, at the direction of the environmental professional, shall attempt to contain any contents that have been released to the soil. The top of the tank shall be uncovered to locate an access port, and the tank shall</li> </ul>					

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Adopted Mitigation Measures</b>	<b>Responsibility for Implementation</b>	<b>Mitigation Schedule</b>	<b>Mitigation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>be opened to evaluate the contents. The tank shall be sounded to evaluate its size and the presence and amount of tank contents remaining (if any). A sample of the contents shall be collected, if possible. On determining the nature and use of the tank, the environmental professional and/or contractor shall notify BAAQMD, SFDPH, and SFFD. During all work performed in response to the presence of the tank, the air in the working area shall be monitored for volatile organic compounds, and the tank shall remain covered with the tarpaulin whenever access is not necessary. Tanks discovered in vaults in basements shall be removed after the building above has been demolished. All tanks shall be removed in accordance with the procedures described in the ECPs for the campuses.</p> <ul style="list-style-type: none"> <li>• If other subsurface facilities containing or associated with hazardous materials, such as oil pits, sumps associated with clarification or neutralization of liquid waste, piping associated with underground tanks, piping that may be composed of asbestos-containing material, and building drainage systems (e.g., waste lines, sewer laterals) are encountered during demolition and excavation, work in the area shall be halted and the facility be covered in plastic sheeting. If a sump and/or vaults are identified during excavation activities, the facility shall be managed in the same manner as required for underground tanks. If drainage lines or piping are encountered, they shall be observed and evaluated to determine use and composition. If piping contains liquid wastes, these wastes shall be contained as completely as possible, transferred to secure containers, sampled, and subsequently disposed of off-site. If piping is composed of asbestos-containing materials, the material shall be removed, bagged, and disposed of appropriately. If piping is not composed of asbestos-containing materials, it shall be removed and subsequently sent off-site as scrap. Soil adjacent to and in the vicinity of the discovered facilities shall be examined, evaluated, and managed as described for other soils at the campuses.</li> </ul> <p>In the event unanticipated subsurface hazards or hazardous material releases are discovered during construction, the requirements of this</p>					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
unknown contingency plan shall be followed. The contingency plan shall be amended, as necessary, in the event new information becomes available that could affect the implementation of the plan.					
<b><i>Mitigation Measure M-HZ-N4a (Cathedral Hill)</i></b>					
This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Cathedral Hill Campus.	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a
<b><i>Mitigation Measure M-HZ-N4b (Cathedral Hill)</i></b>					
This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Cathedral Hill Campus.	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b
<b><i>Mitigation Measure M-HZ-N4c (Davies [near-term])</i></b>					
This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Davies Campus.	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a
<b><i>Mitigation Measure M-HZ-N4d (Davies [near-term])</i></b>					
This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Davies Campus.	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b
<b><i>Mitigation Measure M-HZ-N4e (St. Luke's)</i></b>					
This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the St. Luke's Campus.	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a	See M-HZ-N1a
<b><i>Mitigation Measure M-HZ-N4f (St. Luke's)</i></b>					
This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the St. Luke's Campus.	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b	See M-HZ-N1b

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**EXHIBIT 3: IMPROVEMENT MEASURES MONITORING AND REPORTING PROGRAM**

Improvement Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<b>IMPROVEMENT MEASURES AGREED TO BY PROJECT SPONSOR</b>					
<b>TRANSPORTATION AND CIRCULATION</b>					
<b><i>I-TR-5 (Cathedral Hill): Off-Street Parking Queue Abatement</i></b>					
<p>It shall be the responsibility of the owner/operator of any off-street parking facility primarily serving a non-residential use, as determined by the Planning Director, with more than 20 parking spaces (excluding loading and car-share spaces) to ensure that recurring vehicle queues do not occur on the public right-of-way. A vehicle queue is defined as one or more vehicles blocking any portion of any public street, alley or sidewalk for a consecutive period of three minutes or longer on a daily or weekly basis.</p> <p>If a recurring queue occurs, the owner/operator of the parking facility shall employ abatement methods as needed to abate the queue. Suggested abatement methods include but are not limited to the following: redesign of facility layout to improve vehicle circulation and/or on-site queue capacity; employment of parking attendants; installation of LOT FULL signs with active management by parking attendants; use of valet parking or other space-efficient parking techniques; use of off-site parking facilities or shared parking with nearby uses; use of parking occupancy sensors and signage directing drivers to available spaces; travel demand management strategies such as additional bicycle parking, customer shuttles or delivery services; and/or parking demand management strategies such as parking time limits, paid parking or validated parking.</p> <p>If the Planning Director, or his or her designee, suspects that a recurring queue is present, the Department shall notify the property owner in writing. Upon request, the owner/operator shall hire a qualified transportation consultant to evaluate the conditions at the site for no less than seven days. The consultant shall prepare a monitoring report to be submitted to the Department for review. If the Department determines that a recurring queue does exist, the facility owner/operator shall have 90 days from the date of the written determination to abate the queue.</p>	Owner/Operator of off-street parking	During Operation	Monitoring by a qualified transportation consultant upon request by Planning Director if recurring queuing on public right-of-ways is suspected. If such queuing is determined to exist, abatement methods shall be employed.	Owner/Operator of off-street parking /Planning Department	Considered ongoing during operations at the Cathedral Hill Campus.

**MONITORING AND REPORTING PROGRAM**

Improvement Measures	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p><b><i>I-TR-40 (Cathedral Hill): Pedestrian Improvements</i></b></p> <p>As an improvement measure to facilitate pedestrian movements, SFMTA should install pedestrian countdown signals for all directions at the signalized intersections of Franklin/Sutter, Franklin/Post, Franklin/Geary, Van Ness/Sutter, Van Ness/Post, and Polk/Post.</p> <p>In addition to the above, although the project would have less than significant impacts on the pedestrian and bicycle environment, the project sponsor has agreed as part of the development agreement negotiations to provide certain funding for City agencies, including Planning, SFMTA and DPW, to study and possibly implement additional streetscape, pedestrian, and related improvements in the vicinity of the proposed Cathedral Hill Campus that would improve the less-than-significant impacts to the pedestrian and bicycle environment. Improvements under consideration by the City would be consistent with those identified in the Little Saigon Report as well as other potential sidewalk improvements such as bulb-outs, lighting and pedestrian signal modifications, advance stop bars, right turn vehicle turn restrictions and other safety facilities, at such intersections as Polk Street/Ellis Street, Larkin Street /Geary Street, Larkin Street /Grove Street, Larkin Street /9th Street, Hyde Street /O'Farrell Street, and Leavenworth Street/Geary Street. The City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. The City would also retain the discretion to modify or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA.</p>	<p>Project Sponsor/Planning Department/SFMTA/DPW</p>	<p>Prior to operation</p>	<p>Installation of pedestrian countdown signals at the Franklin/Sutter, Franklin/Post, Franklin/Geary, Van Ness/Sutter, Van Ness/Post, and Polk/Post intersections. Funding to allow City agencies to study and possibly implement additional streetscape, pedestrian, and related improvements such as lighting, pedestrian signal modifications, bulb-outs, advanced stop bars, and right turn vehicle restrictions, at such intersections as Polk/Ellis, Larkin/Geary, Larkin/Grove, Larkin/9th, Hyde/O'Farrell, and Leavenworth/Geary.</p>	<p>Project Sponsor/Planning Department/SFMTA /DPW</p>	<p>Considered complete upon installation and implementation of pedestrian improvements.</p>

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Improvement Measures</b>	<b>Responsibility for Implementation</b>	<b>Implementation Schedule</b>	<b>Implementation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<b><i>I-TR-87 (St. Luke's): Provide Pedestrian/Bicycle Improvements</i></b>					
<p>CPMC should implement improvement measures to minimize conflicts between vehicles, bicyclists, and pedestrians at the Cesar Chavez Street passenger loading/unloading zone, including: warning signs and colored bicycle lane treatment to alert drivers to the presence of bicyclists and bicycle lanes, and management of the passenger loading/unloading zone during peak periods of activity (e.g., between 10 a.m. and 4 p.m.).</p> <p>As an improvement measure to minimize conflicts between vehicles exiting the proposed garages and pedestrians and bicyclists on Valencia Street and Cesar Chavez Street, CPMC should install flashing lights and audible signals to provide indications when a vehicle is exiting the garage.</p>	Project Sponsor	Installation of warning signs, bicycle lane treatment, flashing lights, and audible signals prior to operation, Management of passenger loading/unloading zone ongoing during operations.	Project Sponsor to provide pedestrian/bicycle safety improvements and manage passenger loading/unloading zone during peak periods of activity.	Project Sponsor and SFMTA	Installation of improvements considered complete upon construction completion. Management of passenger loading/unloading zone ongoing during operations.
<b><i>I-TR-88 (St. Luke's): Install Pedestrian Crosswalks</i></b>					
As an improvement measure to facilitate pedestrian movements, SFMTA shall install pedestrian crosswalks at the unsignalized intersection of San Jose/27th Street.	Project Sponsor and SFMTA	Prior to operation	SFMTA to install pedestrian crosswalks	Project Sponsor and SFMTA	Considered complete upon installation of pedestrian crosswalks
<b>AIR QUALITY</b>					
<b><i>I-AQ-N2 (Davies [near-term], St. Luke's): Install Accelerated Emission Control Device on Construction Equipment</i></b>					
<p>This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus, which provides:</p> <p>To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the Cathedral Hill Campus and all other LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction:</p> <p style="margin-left: 40px;">Where sufficient electricity is available from the PG&amp;E power grid, electric power shall be supplied by a temporary power</p>	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and construction	Project Sponsor/Construction Contractor(s) to implement BAAQMD-recommended control measures.	Project Sponsor/Construction Contractor(s) and ERO	Considered complete upon receipt of final monitoring report at completion of construction.

**MONITORING AND REPORTING PROGRAM**

Improvement Measures	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p>connection to the grid, provided by PG&amp;E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&amp;E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used.</p> <p>During any construction phase for near-term projects, at least half of each of the following equipment types shall be equipped with Level 3-verified diesel emission controls (VDECs): backhoes, concrete boom pumps, concrete trailer pumps, concrete placing booms, dozers, excavators, shoring drill rigs, soil mix drill rigs, and soldier pile rigs. If only one unit of the above equipment types is required, that unit shall have Level 3 VDECs retrofits.</p> <p>For long-term projects, which are presumed to being when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.</p>					

**BIOLOGICAL RESOURCES**

***I-BI-N2 (St. Luke’s [with or without variants]):***

<p>As an improvement measure, CPMC would prepare a tree protection plan to be submitted to DPW as part of the construction plans for the St. Luke’s Campus. The landmark tree located directly east of the 1957 Building, fronting Valencia Street, is not proposed for removal; therefore, impacts on the landmark tree would be less than significant. However, a tree protection plan would be implemented to further protect the existing landmark tree from potential adverse construction impacts that could affect the health of the tree. Through consultation of a certified arborist, CPMC would implement a Tree Protection Zone (TPZ) around the landmark tree during demolition and construction activities. The TPZ would be determined by the certified arborist at the time the work is done. During the various construction phases, the TPZ should follow all of the measures outlined below:</p> <ul style="list-style-type: none"> <li>• Install and maintain construction fencing to prevent entry to the TPZ.</li> <li>• Install wood chip mulch over all exposed soil areas within the</li> </ul>	Project Sponsor	Tree protection plan submittal during construction plan review. Implementation of tree protection plan during construction.	Project Sponsor to prepare a tree protection plan to DPW and implement plan during construction.	Project Sponsor and DPW	Considered complete upon review and approval of tree protection plan and upon receipt of final monitoring report at completion of construction.
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<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Improvement Measures</b>	<b>Responsibility for Implementation</b>	<b>Implementation Schedule</b>	<b>Implementation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
<p>TPZ.</p> <ul style="list-style-type: none"> <li>Prohibit placement of any construction vehicle within the TPZ.</li> <li>Do not store materials, excavation tailing, or debris within the TPZ, unless placed on a thick plywood root buffer.</li> <li>If trenching or grading takes place within the TPZ, ensure that the project arborist will review the proposed work and retain the arborist on-site during that aspect of the work.</li> </ul> <p>The arborist report and tree protection plan would be reviewed by DPW's Bureau of Urban Forestry to verify that the specified protections would be adequate to protect the landmark tree. The Bureau of Urban Forestry would also monitor the project site during demolition and construction activities to ensure that the protection measures outlined in the tree protection plan are being implemented and are adequate, and that the landmark tree would not be damaged.</p>					
<b>GEOLOGY AND SOILS</b>					
<b><i>I-GE-N6 (Cathedral Hill):</i></b>					
An excavation monitoring program shall be developed for construction of the Cathedral Hill MOB. The program shall include requirements for the installation and regular monitoring of survey points and inclinometers should dewatering be required. Excavation and dewatering activities shall be shut down should unacceptable movement of overlying soil occur.	Project Sponsor		Preparation of excavation monitoring program prior to issuance of grading or building permits.	Project Sponsor to prepare an excavation monitoring program.	Project Sponsor and ERO Considered complete upon ERO's approval of excavation monitoring program and upon receipt of final monitoring report at completion of construction.
<b>HAZARDS AND HAZARDOUS MATERIALS</b>					
<b><i>I-HZ-N1// I-HZ-N3(Cathedral HillDavies [near-term], St. Luke's [with or without variants]):</i></b>					
CPMC shall ensure that the project contractors remove and properly dispose of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.	Project Sponsor/Construction Contractor(s)	During demolition and renovation		Project Sponsor/Construction Contractor(s) to	Project Sponsor/Construction Contractor(s) and Considered complete upon receipt of final

<b>MONITORING AND REPORTING PROGRAM</b>					
<b>Improvement Measures</b>	<b>Responsibility for Implementation</b>	<b>Implementation Schedule</b>	<b>Implementation Action</b>	<b>Monitoring/Reporting Responsibility</b>	<b>Monitoring Schedule</b>
			ensure that PCB- and mercury-containing equipment are removed and property disposed	ERO	monitoring report at completion of construction.



# SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Other: Development Agreement
- First Source Hiring
- Child Care Requirement (Sec. 414)
- Other: Street Tree In-Lieu Fee

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Information:  
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## Planning Commission Draft Motion General Plan Referral

**HEARING DATE: APRIL 26, 2012**

*Date:* April 12, 2012  
*Case No.:* 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
*Project Address:* 3555 Cesar Chavez Street; 3615 Cesar Chavez Street; 1580 Valencia Street  
*Zoning/Ht. & Blk.* RH-2/105-E, 65-A  
*Proposed Zoning/* RH-2, Cesar Chavez Valencia Streets Medical Use Special Use District/  
*Height & Bulk:* 105-E  
*Assessor's Block/Lot:* 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street  
*Project Sponsor:* Geoffrey Nelson, CPMC  
633 Folsom Street, 5th Floor  
San Francisco, CA 94107  
(415) 600-7206  
[NelsonGK@Sutterhealth.org](mailto:NelsonGK@Sutterhealth.org)  
*Staff Contact:* Elizabeth Watty – (415) 558-6620  
[Elizabeth.Watty@sfgov.org](mailto:Elizabeth.Watty@sfgov.org)

**ADOPTING FINDINGS RELATING TO THE DETERMINATION THAT: (1) THE SALE, VACATION, AND CHANGE OF USE OF A PORTION OF THE SAN JOSE AVENUE RIGHT-OF-WAY LOCATED BETWEEN 27<sup>TH</sup> STREET AND CESAR CHAVEZ STREET, (2) THE CHANGES TO THE SIDEWALK WIDTH ALONG (A) THE SOUTHERLY SIDE OF CESAR CHAVEZ STREET BETWEEN GUERRERO AND VALENCIA STREETS; (B) THE WESTERLY SIDE OF VALENCIA STREET BETWEEN CESAR CHAVEZ STREET AND DUNCAN STREET; AND (C) THE NORTHERN PORTION OF 27<sup>TH</sup> STREET STARTING AT THE INTERSECTION OF SAN JOSE AVENUE AND 27<sup>TH</sup> STREET CONTINUING WEST FOR 44.24 FEET, IN ASSOCIATION WITH THE DEVELOPMENT OF A NEW FIVE-STORY, 146,410 G.S.F, ST. LUKE'S REPLACEMENT HOSPITAL, WOULD BE CONSISTENT WITH THE OBJECTIVES AND POLICIES OF THE GENERAL PLAN AND THE PRIORITY POLICIES OF PLANNING CODE SECTION 101.1; AND MAKING AND ADOPTING ENVIRONMENTAL FINDINGS.**

## **PREAMBLE**

On June 10, 2005, Ralph F. Marchese of The Marchese Company, Inc., on behalf of California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application ("EEA") with the Planning Department (hereinafter "Department"), Case No. 2005.0555E.<sup>1</sup> The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties.

On January 13, 2009, CPMC revised its EEA to include updates regarding CPMC's Long Range Development Plan ("LRDP") Project, including the proposal for a new St. Luke's Replacement Hospital and St. Luke's Medical Office Building.

On June 10, 2010, the Project Sponsor submitted a request for a General Plan Referral regarding the vacation of a portion of San Jose Avenue between 27th and Cesar Chavez Streets. On September 26, 2011, the Project Sponsor submitted a request for a General Plan Referral associated with sidewalk width changes along certain streets adjacent to the St. Luke's Campus (2009.0886R).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the General Plan: (1) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus (all of Assessor's Block 6575, Lot 021 in Block 6576, and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street that will be vacated as part of the project, and their successor Blocks and Lots); and (2) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke's Replacement Hospital ("Replacement Hospital") site, and 204' and 228', respectively, for the St. Luke's Medical Office Building ("St. Luke's MOB") site (2009.0886M).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the San Francisco Planning Code: (1) Add Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") and allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD; and (2) add Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD. (Case No. 2009.0886T).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT07 to reclassify the St. Luke's Hospital site and all other portions of the St. Luke's Campus within the 65-A Height and Bulk District to the 105-E Height and Bulk District; and (2) Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD (Case No. 2009.0886Z).

On June 10, 2010, the Project Sponsor filed an application with the Department, as modified by subsequent submittals, for Conditional Use authorization under Planning Code Sections 134, 136, 151,

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

303, 304, 209.3(a), 209.9(b), 253, 270, and 271, to amend the existing Planned Unit Development (hereinafter "PUD") for CPMC's St. Luke's Campus to allow construction of the St. Luke's Hospital building, demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's MOB with (1) exceptions to/exemptions from the rear yard and off-street parking requirements of Planning Code Sections 134 and 151; (2) exceptions from the dimension limitations for projections over streets or alleys; (3) to allow buildings over 40'-0" in an RH-2 District; and (4) to allow deviation from bulk limits, at Assessor's Block 6575/001, 002; 6576/021; and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street (3555 Cesar Chavez Street, 3615 Cesar Chavez Street, 1580 Valencia Street), within an RH-2 (Residential, House, Two-Family) District and a 105-E Height and Bulk District ("St. Luke's Replacement Hospital and MOB Project").

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, for the allocation of Office Space for approximately 99,848 s.f of medical office space in the proposed St. Luke's MOB (Case No. 2009.0886B).

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

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

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

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. \_\_\_\_\_; (2) the Zoning Map Amendments in Board File No. \_\_\_\_\_, (3) the street vacation ordinance in Board File No. \_\_\_\_, (4) the Transfer Agreement in Board File No. \_\_\_\_\_, (5) the Development Agreement in Board File No. \_\_\_\_\_, and (5) sidewalk width legislation in Board File No. \_\_\_\_\_.

On April 26, 2012, the Commission reviewed and considered the FEIR and found that the contents of said report and the procedures through which the FEIR was prepared, publicized, and reviewed complied with the California Environmental Quality Act (California Public Resources Code Sections 21000 *et*

*seq.*)("CEQA"), 14 California Code of Regulations Sections 15000 *et seq.* (the "CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31").

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

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

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

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. \_\_\_\_\_, making findings of consistency with the General Plan and Planning Code Section 101.1; ; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (4) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (5) Motion No. \_\_\_\_\_, approving the proposed Conditional Use authorization; (6) Motion No. \_\_\_\_\_, approving the allocation of the proposed office space; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the proposed draft Development Agreement.

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the General Plan Referral in Case No. 2009.0886MTZCBRSK.

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

**MOVED**, that the Commission hereby adopts the General Plan Referral described in Application No. 2009.0886MTZCBRSK, based on the following findings:

## FINDINGS

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** The St. Luke's Campus is located in the southeastern quadrant of the City and occupies a full city block plus a surface parking lot on a portion of the adjacent block, totaling approximately 3.6 acres. It is bounded by Cesar Chavez Street, Valencia Street, Duncan Street, one lot to the west of San Jose Avenue, and 27th Street. The Campus currently contains eight buildings, totaling approximately 451,868 gsf of floor area and 329 parking spaces. The Hospital (comprised of the 1970 Tower, 1957 Building and Hartzell Building, described below) is licensed by the California Department of Public Health (CDPH) for 229 hospital beds.

More specifically, the Campus includes the following facilities:

- The St. Luke's Hospital Tower has 12 stories above ground and one story below ground, is approximately 197,983 gsf, and is primarily used for inpatient care, skilled nursing, and administrative support. There are eight surface parking spaces north of the Hospital Tower.
- The 1957 Building has four stories above ground and is approximately 31,724 gsf. It is primarily used for the Emergency Department, diagnostic and treatment space, and support space. There are 106 parking spaces associated with this building; 74 spaces on a surface parking lot; and 32 street spaces along San Jose Avenue.
- The 1912 Building has four stories above ground, is approximately 26,280 gsf, and is primarily used for hospital administration, outpatient care, diagnostic and treatment space, support space, and the chapel.
- The Monteagle Medical Center has eight stories above ground and one story below ground and is approximately 90,005 gsf which includes medical office space, outpatient care space, diagnostic and treatment space, and support space.
- The Redwood Administration Building is a portable one-story building containing approximately 2,400 gsf which is used for hospital administration.
- The Hartzell Building has two stories above ground and one story below ground and has approximately 18,506 gsf primarily used for office and educational uses for the Samuel Merritt School of Nursing.
- The Duncan Street Parking Garage is two stories above ground and contains approximately 83,370 gsf for 215 parking spaces. With the additional 114 off-street surface parking spaces on the St. Luke's Campus (described above), there are a total of 329 parking spaces on the campus.
- The one story MRI Trailer contains 1,600 gsf used for diagnostic and treatment space.

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

Gradual building development at St. Luke's has occurred since 1875, when St. Luke's moved into a new facility at its present location at Valencia and Cesar Chavez Streets. Today, the oldest building remaining on the Campus is the 1912 Building. The existing St. Luke's Hospital Tower was approved in 1967 when the Planning Commission authorized a conditional use for the St. Luke's Campus (Resolution No. 6078). In 1968, a temporary encroachment permit was issued to allow a portion of San Jose Avenue (between Cesar Chavez Street and 27th Street) to be used as parking for the St. Luke's Campus. In 1971, further development was approved (Resolution No. 6714) including the construction of the Monteaagle Medical Center, Duncan Street Parking Garage, and surface parking. In 2001, St. Luke's Hospital became an affiliate of Sutter Health and formally merged with CPMC in 2007.

The portion of San Jose Avenue subject to this General Plan Referral is gated at its northern end where it meets Cesar Chavez Street and is not open to through traffic. The Street Area has been closed for public use under a temporary encroachment permit since 1968, when the Board of Supervisors approved Resolution No. 323-69, granting permission to St. Luke's Hospital to occupy the Street Area. On February 6, 2002, the Department of Parking and Traffic submitted a letter to the Board of Supervisors, which concluded that the encroachment permit had minimal negative impact on the traffic circulation in the adjacent area, because the Street Area had been closed to through traffic for over 30 years, and residents in the neighborhood had become accustomed to its closure. The Street Area currently includes perpendicular parking for CPMC staff on the west side and access to a loading and service entrance for the existing St. Luke's hospital tower on the east side.

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

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



There have been recent efforts to improve the streetscape and calm traffic on San Jose Avenue, Guerrero Street and Cesar Chavez Street. The proposed Cesar Chavez Street Design Plan is a detailed design effort to re-envision Cesar Chavez Street from Hampshire Street to Guerrero Street in the Mission District, and identifies ways to make Cesar Chavez Street a safe, pleasant, and attractive corridor for people, bikes, and transit. The proposed Mission District Streetscape Plan is a community-based planning process to identify streetscape improvements to streets, sidewalks, and public spaces in the Mission District.

4. **Project Description.** This approval relates to the items in the General Plan Referral application, but the broader Near-Term Projects are described here for context. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital (Replacement Hospital), followed by construction of a Medical Office Building (St. Luke's MOB) after the demolition of the existing Hospital Tower. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill Hospital is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.<sup>2</sup> In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.<sup>3</sup>

This St. Luke's Replacement Hospital and MOB Project is part of CPMC's LRDP to improve its delivery of citywide health care, and comply with seismic requirements of California law.

The new Replacement Hospital and St. Luke's MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new Replacement Hospital is being sited so that it can be built without disrupting services at the existing Hospital Tower. It is being designed, in compliance with SB 1953, to remain operational after a strong earthquake. The Replacement Hospital will be an 80-bed<sup>4</sup> acute care hospital, and the St. Luke's MOB will provide

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<sup>2</sup> 2333 Buchanan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

<sup>3</sup> Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

<sup>4</sup> With the shift to single-patient rooms under modern hospital guidelines, newer facilities are projected to have a higher occupancy rate (about 80 percent, with variation by bed type) than with the multi-bed mode. The efficient use of beds in a multi-patient room

space for physicians who will be affiliated with the CPMC and the campus, as well as diagnostic and treatment space and space for other outpatient care. The St. Luke's Replacement Hospital and MOB Project will preserve and enhance San Francisco's health care infrastructure, particularly in the South of Market area.

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

The Emergency Department at the Replacement Hospital will be approximately 11,500 gsf, which is an increase of approximately 4,440 gsf over the existing Emergency Department in the 1957 Building. The new Emergency Department will be a significant improvement over the existing facility, and waiting times for patients should be reduced through the provision of all private treatment spaces. The new Emergency Department will be in the Replacement Hospital, adjacent to Imaging Services; this adjacency will increase efficiency compared to the existing hospital where these functions exist on separate floors. There will be more support space and improved technology. Waiting time for patients should further be reduced by flexible triage space. Additionally, many of the non-emergency patient visits would be accommodated by expanding the hours and services of the existing Health Care Center in the Monteagle Office Building to create an urgent care center able to receive patients who do not need Emergency care. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity would increase from about 26,000 visits per year today to approximately 31,600 visits under the LRDP.

After the Replacement Hospital opens and once services are moved into it from the existing Hospital Tower and the 1957 Building, the existing Hospital Tower will be demolished as part of the Near-Term Projects at the St. Luke's Campus. After demolition of the Hospital Tower, the new St. Luke's MOB would be constructed at that site, also as part of the Near-Term Projects at St. Luke's. Construction of the St. Luke's MOB is expected to occur after 2015.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the Replacement Hospital, and the building

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environment is limited by a number of factors, such as the gender and diagnosis of the patients, as well as infection control and privacy concerns.

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

The exterior designs of the Replacement Hospital and St. Luke's MOB were developed with input from the Planning Department staff and the community. The exteriors of the bases of the Replacement Hospital and of the St. Luke's MOB will be durable (tile, stone, and brick matching the 1912 Building exterior) and will ground the buildings on the site, engaging users at the pedestrian level. The upper floors will be Glass Fiber Reinforced Concrete (GFRC), glass, and metal panel. Metal panels are used for the canopy which runs along the entire east side of the Replacement Hospital, unifying the upper and lower public plazas (described below) and creating a connection from the interior of the Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the Replacement Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

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

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

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

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

5. **Public Comment.** The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 7 years since the initial EEA was submitted. Support for and opposition to CPMC's LRDP can be found in the project files at the Planning Department.
6. **CEQA Findings.** On April 26, 2012, by Motion No. \_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Replacement Hospital and MOB Project. A copy of Commission Motion No. \_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on \_\_\_\_\_ in Motion No. \_\_\_\_\_.
7. **General Plan Referral.** San Francisco Charter Section 4.105 and Sections 2A.52 and 2A.53 of the San Francisco Administrative Code require that, for projects that include certain actions, the Department or the Commission must review these actions and determine whether the project is in conformity with the objectives and policies of the General Plan, as well as the Priority Policies of Section 101.1. The following aspects of the project trigger the requirement for a General Plan referral:
  - a. **Sale, Vacation, and Change of Use of a Portion of the San Jose Avenue Street Right-of-Way, between 27<sup>th</sup> Street and Cesar Chavez Street.** This right-of-way measures approximately 15,492 gsf. The City has agreed to a transactional framework (the proposed Transfer Agreement) to convey the underlying land to Sutter West Bay Hospitals, doing business as California Pacific Medical Center, in exchange for fair market value of the Street Property, which is \$1,010,000. This portion of the San Jose Avenue right-of-way would be vacated and incorporated into the overall development site for the Replacement Hospital.
  - b. **Sidewalk Changes.** The Near-Term Projects at St. Luke's include changes to the sidewalk widths surrounding the St. Luke's Campus. Specifically, they include changes to the official sidewalk width of: a) the southerly side of Cesar Chavez Street starting at the southeast intersection with Guerrero Street continuing east to the southwest intersection

with Valencia Street; b) the westerly side of Valencia Street, starting at the southwest intersection with Cesar Chavez Street continuing south to the northwest intersection with Duncan Street; and c) the northern portion of 27<sup>th</sup> Street starting at the intersection of 27<sup>th</sup> Street and San Jose Avenue and continuing west for 44.24 feet.

8. **General Plan Compliance.** The General Plan Consistency Findings set forth in Motion No. \_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.
9. **Planning Code Section 101.1(b).** The General Plan Priority Policy Findings of Planning Code Section 101.1 as set forth in Motion No. \_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.
10. The street vacation and sidewalk width changes included as part of the St. Luke's Replacement Hospital and MOB Project are consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No.** \_\_\_\_\_ and also in that, as designed, the St. Luke's Replacement Hospital and MOB Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
11. The Commission hereby finds that, for the reasons described above, approval of the General Plan Referral would promote the health, safety and welfare of the City.

**Draft Motion  
April 12, 2012**

**CASE NO's. 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W  
3555 & 3615 Cesar Chavez Street; 1580 Valencia Street**

## **DECISION**

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **ADOPTS FINDINGS** that 1) sale, vacation and change of use of a portion of the San Jose Avenue right-of-way between Cesar Chavez and 27th streets, and 2) sidewalk width changes adjacent to the St. Luke's Campus are consistent with the objectives and policies of the General Plan, and the Priority Policies of Section 101.1.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012



# SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- Affordable Housing (Sec. 415)
- Jobs Housing Linkage Program (Sec. 413)
- Other: Development Agreement
- First Source Hiring
- Child Care Requirement (Sec. 414)
- Other: Permit to Convert, Street Tree In-Lieu Fee

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Information:  
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## Planning Commission Draft Motion General Plan Referral

**HEARING DATE: APRIL 26, 2012**

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

ADOPTING FINDINGS RELATING TO THE DETERMINATION THAT: (1) GRANTING REVOCABLE PERMISSION TO THE CALIFORNIA PACIFIC MEDICAL CENTER (A) TO OCCUPY A PORTION OF THE PUBLIC RIGHT-OF-WAY ON VAN NESS AVENUE IN ORDER TO CONSTRUCT AND MAINTAIN A PEDESTRIAN TUNNEL UNDER VAN NESS AVENUE (STATE HIGHWAY 101) TO CONNECT THE NEW MEDICAL OFFICE BUILDING AND THE NEW HOSPITAL LOCATED AT 1100 AND 1101 VAN NESS AVENUE RESPECTIVELY; (B) TO CONSTRUCT AND MAINTAIN OFF-SITE IMPROVEMENTS ON THE NORTH SIDE OF CEDAR STREET BETWEEN VAN NESS AVENUE AND POLK STREET, ACROSS THE STREET FROM THE MEDICAL OFFICE BUILDING AND ON THE SOUTH SIDE OF CEDAR STREET CONTIGUOUS TO THE PROPERTY AT 1001 POLK STREET (BLOCK 0694, LOT 004), INCLUDING RECONSTRUCTING AND WIDENING THE EXISTING SIDEWALK, INSTALLING NEW LANDSCAPING AND RECONSTRUCTING THE EXISTING ROADWAY WITH PAVERS; AND (C) TO INSTALL AND MAINTAIN TWO 30,000 GALLON DIESEL FUEL TANKS WITHIN THE PUBLIC RIGHT OF WAY UNDER GEARY BOULEVARD BETWEEN FRANKLIN STREET AND VAN NESS AVENUE, IN ORDER TO SERVE THE HOSPITAL AT 1101 VAN NESS AVENUE; AND (2) CHANGING THE OFFICIAL SIDEWALK WIDTH OF: (A) THE SOUTHERLY SIDE OF POST STREET BETWEEN

FRANKLIN STREET AND VAN NESS AVENUE; (B) THE NORTHERLY SIDE OF GEARY BOULEVARD BETWEEN FRANKLIN STREET AND VAN NESS AVENUE; (C) THE NORTHERLY SIDE OF GEARY STREET STARTING AT VAN NESS AVENUE CONTINUING EAST 325 FEET; (D) BOTH SIDES OF CEDAR STREET STARTING AT THE INTERSECTION WITH VAN NESS AVENUE CONTINUING EAST TO POLK STREET; (E) THE WESTERLY SIDE OF VAN NESS AVENUE STARTING FROM GEARY BOULEVARD TO POST STREET; AND (F) THE EASTERLY SIDE OF VAN NESS AVENUE BETWEEN GEARY STREET AND CEDAR STREET; IN ASSOCIATION WITH THE DEVELOPMENT OF THE NEW CATHEDRAL HILL MEDICAL CENTER CAMPUS, WOULD BE CONSISTENT WITH THE OBJECTIVES AND POLICIES OF THE GENERAL PLAN AND THE PRIORITY POLICIES OF PLANNING CODE SECTION 101.1; AND MAKING AND ADOPTING ENVIRONMENTAL FINDINGS.

## PREAMBLE

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

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

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

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

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



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

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

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

On April 26, 2012, the Commission (1) adopted Motion No. \_\_\_\_\_ certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the General Plan: (1) the text of the Van Ness Area Plan to support a high density medical center at the intersection of Van Ness Avenue and Geary Boulevard that is consistent with the City's Better Streets Plan; (2) "Map 1 – Generalized Land Use and Density Plan" of the Van Ness Area Plan to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Hospital site from 7:1 to 9:1, and to increase the allowable FAR for the Cathedral Hill MOB site from 7:1 to 7.5:1; (3) "Map 2 – Height and Bulk Districts" of the Van Ness Area Plan to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0"; (4) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height applicable to the Cathedral Hill Hospital site of 265'-0"; and (5) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions allowed for the Cathedral Hill Hospital and MOB sites, of 385'-0" maximum plan and 466'-0" maximum diagonal plan dimensions for the Cathedral Hill Hospital site, and 265'-0" maximum plan and 290'-0" maximum diagonal plan dimensions for the Cathedral Hill MOB site (2009.0885M).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the San Francisco Planning Code: (1) Section 243, the Van Ness Special Use District, to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities; allow modification of otherwise applicable standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents; allow modification through Conditional Use authorization of otherwise applicable standards for street frontage

requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages; allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code; allow modification of otherwise applicable loading standards for medical centers; and to allow modification through Conditional Use authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities. (Case No. 2009.0885T).

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

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

On June 10, 2010, the Project Sponsor submitted an application to the Department, as modified by subsequent submittals, for the allocation of Office Space for approximately 194,000 sf of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill MOB (Case No. 2009.0885B).

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

On April 28, 2011, the Project Sponsor submitted a request, as modified by subsequent submittals, for a General Plan Referral, Case No. 2009.0885R, regarding construction of the pedestrian tunnel that would connect the Cathedral Hill Hospital and MOB sites below grade under Van Ness Avenue, installation of two diesel fuel tanks under the Geary Boulevard sidewalk at the Cathedral Hill Hospital site; and sidewalk widening along various streets adjacent to the Cathedral Hill Campus (2009.0885R).

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

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the Planning Code and Zoning Map Amendments in Board File Nos. \_\_\_\_\_ and \_\_\_\_\_.

On April 26, 2012, the Commission adopted Motion No. \_\_\_\_\_, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, which findings and adoption of the MMRP are hereby incorporated by reference as though fully set forth herein.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approved the requested General Plan Amendments; (2) Motion No. \_\_\_\_\_, approving the General Plan and Planning Code Section 101.1 Findings; (3) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (4) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (5) Motion No. \_\_\_\_\_, approving the Conditional Use authorization; (6) Motion No. \_\_\_\_\_, approving the Office Allocation; and (7) Resolution No. \_\_\_\_\_, recommending that the Board of Supervisors approve the Development Agreement.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting for the General Plan Referral Application No. 2009.0885EMTZCBRSK.

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

**MOVED**, that the Commission hereby adopts the General Plan Referral described in Application No. 2009.0885MTZCBRSK, based on the following findings:

## **FINDINGS**

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

1. The above recitals are accurate and constitute findings of this Commission.
2. **Site Description and Present Use.** The site of the proposed Cathedral Hill Hospital currently contains the Cathedral Hill Hotel and 1255 Post Street office building. The site occupies a full city block – bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street – and contains approximately 106,000 square feet of lot area. The site slopes downward to the east along Post Street and Geary Boulevard, and slopes downward to the south along Franklin Street and Van Ness Avenue. The hotel is 10 stories above grade and 176 feet tall, and the adjacent office building is 11 stories above grade and 180'-tall; these buildings are both vacant, and together they contain approximately 381,791gsf of floor area.

The site of the proposed Cathedral Hill MOB is located on the east side of Van Ness Avenue, between Geary and Cedar Streets (Geary Boulevard becomes Geary Street east of Van Ness

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

The sites of the future Cathedral Hill Hospital and MOB are located within the RC-4 Zoning District (Residential-Commercial, High Density), Van Ness Special Use District, Van Ness Automobile Special Use District, and 265-V Height and Bulk District.

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

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

- 3. Surrounding Properties and Neighborhood.** The neighborhoods surrounding the Cathedral Hill Project site include Cathedral Hill, the Tenderloin, the Polk Street NCD, the Western Addition, Civic Center, Little Saigon, Japantown and Lower Pacific Heights. Although the surrounding neighborhoods contain predominately low- and mid-rise structures, there are a number of large-scale high-rise apartment buildings and several large commercial buildings in the Van Ness Avenue corridor. The Cathedral Hill neighborhood is also known for its prominent houses of worship, including St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church.

The Cathedral Hill Project site is at a major transit hub. It is directly accessible to nine Muni Bus lines. The following weekday routes serve the area: 2-Clement, 3-Jackson, 4-Sutter, 19-Polk, 31-Balboa, 38-Geary, 38L-Geary Limited, 47-Van Ness, 49-Van Ness Mission and 76-Union. The Golden Gate Bridge, Highway, and Transportation District provides regional transit services between San Francisco and Marin and Sonoma Counties, with seven Golden Gate Transit bus routes serving the Medical Center area, including two basic routes and five commute routes. The Cathedral Hill Project site is approximately three quarters of a mile from the Civic Center Bay Area Rapid Transit (BART)/Muni station.

The site is also bounded by or in the vicinity of major thoroughfares including Geary Boulevard, Franklin Street and Van Ness Avenue. Van Ness Avenue is the continuation of U.S. 101 Highway through the City, joining, via Lombard Street, the Golden Gate Bridge to the north with the elevated U.S. 101 approximately one mile to the south.

4. **Project Description.** This approval relates to the items in the General Plan Referral application, but the broader Near-Term Projects are described here for context. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill Hospital is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.<sup>2</sup> In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus.<sup>3</sup>

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

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

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<sup>2</sup> 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

<sup>3</sup> Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

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

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

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

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

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

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

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

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

The Cathedral Hill MOB would provide office space for physicians affiliated with the Cathedral Hill Hospital and for other ancillary uses. The Cathedral Hill MOB would be about nine stories at the highest portion of the building along Van Ness Avenue. It is approximately 130 feet tall to the top of the roof, varying in height from approximately 122 to 169 feet due partly to the slope of the site.

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

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

The streetscape plan in development by CPMC for the Cathedral Hill Project is a critical part of its design. CPMC proposes to enhance the pedestrian environment by improving the street frontages in the Cathedral Hill Project area. The Cathedral Hill Project would enhance the

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

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

CPMC's streetscape plan has been designed to complement the City-sponsored improvements anticipated as part of the BRT project. The plan for Geary Boulevard west of Van Ness includes a stop for the proposed Geary BRT with a transit plaza. The Van Ness BRT stops are planned for the Van Ness median south of Geary. The final locations of the BRT stops have not been determined; however CPMC will update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. The streetscape plan includes designs for BRT stop shelters. CPMC's Cathedral Hill Project includes benches along Geary Street and Post Street to accommodate transit riders. A stop for the CPMC shuttle is planned near the corner of Post Street and Van Ness Avenue, which will provide wind and rain protection and will also include shade trees and seating.

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

Additional medical office space will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space. That building will be renovated, retaining the existing retail and parking spaces; an additional 60 parking spaces required as the result of increased medical office use within the building will be provided off-site within the Cathedral Hill Hospital's underground parking garage. This conversion from general office to medical office space does not require any office allocation under Planning Code Section 321.



5. **Public Comment.** The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 7 years since the initial EEA was submitted. Support for and opposition to CPMC's LRDP can be found in the project files at the Planning Department.
6. **CEQA Findings.** On April 26, 2012, by Motion No. \_\_\_\_\_, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Project . A copy of Commission Motion No. \_\_\_\_\_ is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. \_\_\_\_\_, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on \_\_\_\_\_ in Motion No. \_\_\_\_\_.
7. **General Plan Referral.** San Francisco Charter Section 4.105 and Sections 2A.52 and 2A.53 of the San Francisco Administrative Code require that, for projects that include certain actions, the Department or the Commission must review these actions and determine whether the project is in conformity with the objectives and policies of the General Plan, as well as the Priority Policies of Section 101.1. The following aspects of the Cathedral Hill Project trigger the requirement for a General Plan referral:
  - a. **Sidewalk and Street Encroachments.** The Cathedral Hill Project requires several encroachment permits, associated with the construction of the new Cathedral Hill Hospital and MOB, in order to: (1) occupy a portion of the public right-of-way on Van Ness Avenue in order to construct and maintain a pedestrian tunnel under Van Ness Avenue to connect the new Cathedral Hill MOB and the new Cathedral Hill Hospital located at 1100 and 1101 Van Ness Avenue respectively; (2) construct and maintain off-site improvements on the north side of Cedar Street between Van Ness Avenue and Polk Street, across the street from the Cathedral Hill MOB and on the south side of Cedar Street contiguous to the property at 1001 Polk street (block 0694, lot 004), including reconstructing and widening the existing sidewalk, installing new landscaping and reconstructing the existing roadway with pavers; and (3) install and maintain two 30,000 gallon diesel fuel tanks within the public right of way under Geary Boulevard between Franklin Street and Van Ness Avenue, in order to serve the Cathedral Hill Hospital at 1101 Van Ness Avenue.
  - b. **Sidewalk Width Changes.** The Cathedral Hill Project includes changes to sidewalk widths along various streets surrounding the Cathedral Hill Campus. Specifically, it includes changes to the official sidewalk width of: (a) the southerly side of Post Street between Franklin Street and Van Ness Avenue; (b) the northerly side of Geary Boulevard between Franklin Street and Van Ness Avenue; (c) the northerly side of Geary Street starting at Van Ness Avenue continuing east 325 feet; (d) both sides of Cedar Street starting at the intersection with Van Ness Avenue continuing east to Polk street; (e) the

westerly side of Van Ness Avenue starting from Geary Boulevard to Post Street; and (f) the easterly side of Van Ness Avenue between Geary Street and Cedar Street.

8. **General Plan Compliance.** The General Plan Consistency Findings set forth in Motion No. \_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.
9. **Planning Code Section 101.1(b).** The General Plan Priority Policy Findings of Planning Code Section 101.1 as set forth in Motion No. \_\_\_\_\_ apply to this Motion, and are incorporated as though fully set forth herein.
10. The sidewalk and street encroachments and sidewalk width changes included as part of the Cathedral Hill Project are consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in **Motion No. \_\_\_\_\_** and also in that the Cathedral Hill Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.
11. The Commission hereby finds that, for the reasons described above, approval of the General Plan Referral would promote the health, safety and welfare of the City.

## DECISION

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **ADOPTS FINDINGS** that 1) street and sidewalk encroachments, and 2) sidewalk width changes around the Cathedral Hill Campus; are consistent with the Objectives and Policies of the General Plan, and the Priority Policies of Section 101.1.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012



# SAN FRANCISCO PLANNING DEPARTMENT

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## Planning Commission Draft Resolution

### Development Agreement

HEARING DATE: APRIL 26, 2012

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San Francisco,  
CA 94103-2479

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*Date:* April 12, 2012  
*Case No.:* 2005.0555E; 2012.0403W  
*Initiated by:* Geoffrey Nelson, CPMC  
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*Reviewed By:* Kelly Amdur, Director Citywide Planning  
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*90-Day Deadline:* July 9, 2012  
*Recommendation:* **Recommend Approval**

RESOLUTION APPROVING A DEVELOPMENT AGREEMENT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND SUTTER WEST BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CENTER, FOR CERTAIN REAL PROPERTY ASSOCIATED WITH THE CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN LOCATED AT VARIOUS LOCATIONS IN THE CITY AND COUNTY OF SAN FRANCISCO AND GENERALLY REFERRED TO AS THE ST. LUKE'S CAMPUS, CATHEDRAL HILL CAMPUS, DAVIES CAMPUS, PACIFIC CAMPUS AND CALIFORNIA CAMPUS; MAKING FINDINGS UNDER THE CALIFORNIA ENVIRONMENTAL QUALITY ACT, FINDINGS OF CONFORMITY WITH THE CITY'S GENERAL PLAN AND WITH THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1(B).

The Planning Commission (hereinafter "Commission") finds as follows:

1. California Government Code Section 65864 et seq. authorizes any city, county, or city and county to enter into an agreement for the development of real property within the jurisdiction of the city, county, or city and county.
2. Chapter 56 of the San Francisco Administrative Code ("Chapter 56") sets forth certain procedures for the processing and approval of development agreements in the City and County of San Francisco (the "City").
3. Sutter West Bay Hospitals, a California nonprofit public benefit corporation doing business as California Pacific Medical Center ("CPMC"), is the owner of certain real property associated with

the CPMC Long Range Development Plan ("LRDP") located at various locations in the City and County of San Francisco and generally referred to as the St. Luke's Campus, Cathedral Hill Campus, Davies Campus, Pacific Campus and California Campus (the "Project Sites").

4. CPMC's proposed LRDP describes an integrated, modern system of health care with medical facilities that would comply with State of California hospital seismic safety laws under a city-wide system of care. The LRDP proposes three state-of-the-art acute care hospitals, increasing the number of San Francisco's earthquake safe hospital beds, creating 1,500 construction jobs (anticipating approximately \$2.5 billion in total development costs), retaining and growing over 6,200 existing CPMC jobs and improving health care access for San Franciscans.
5. CPMC's 2008 Institutional Master Plan describes CPMC's LRDP. Following the San Francisco Planning Commission and the Public Health Commission hearings on the Institutional Master Plan, the Planning Commission on November 19, 2009 accepted the IMP, and in November 2011, the IMP was updated, all in compliance with San Francisco Planning Code Section 304.5 (as so updated, the "IMP").
6. On March 30, 2012, CPMC filed an application with the City's Planning Department for approval of a development agreement relating to the Project Sites (the "Development Agreement") under Chapter 56. Developer also filed applications with the Department for certain activities described in Exhibit B to the Development Agreement (together with the Development Agreement, the "Project"). The Project includes the "Near Term Projects," which generally include the following: (i) on the St. Luke's Campus, a new replacement hospital, renovation and reuse of the 1957 Building, demolition of the existing hospital tower, construction of a new medical office building, and construction of an entry plaza, courtyard and public pedestrian pathway; (ii) on the new Cathedral Hill Campus, a new hospital and medical office building and the renovation and reuse of an existing office building as a full medical office use; and (iii) on the Davies Campus, a new Neuroscience Institute building. The Project also proposes that a portion of the San Jose Avenue right-of-way between Cesar Chavez Street and 27<sup>th</sup> Street will be vacated by the City and transferred to CPMC for incorporation into the St. Luke's Campus, and that a pedestrian tunnel will be constructed beneath Van Ness Avenue connecting the eastern portion of Cathedral Hill Hospital to the western portion of the Cathedral Hill MOB.
7. CPMC also proposes certain Long-Term Projects (as also described in Exhibit B to the Development Agreement), which are subject to additional review and approvals and generally include the following: (i) on the Davies Campus, a new medical office building; and (ii) on the Pacific Campus, an ambulatory care center addition including administrative and medical office uses and underground and above-ground parking facilities.
8. The Office of Economic and Workforce Development ("OEWD"), in consultation with the Planning Director, has negotiated a proposed development agreement for the Project Site, a copy of which is attached as Exhibit A (the "Development Agreement").
9. On April 10, 2012, the Mayor introduced to the Board of Supervisors an ordinance adopting the Development Agreement.
10. Concurrently with this Resolution, the Planning Commission is taking a number of actions in furtherance of the Project, as generally described in Exhibit J to the Development Agreement.

11. The Project would enable CPMC to continue to provide high-quality patient care using ground-breaking technology in seismically safe, state-of-the-art acute care hospitals, increasing the number of highest rated earthquake safe hospital beds, retaining and increasing emergency room capacity in San Francisco, and providing critical resources for San Francisco's disaster preparedness. In addition to the significant benefits which the City will realize due to CPMC's proposed Project, the City has determined that as a result of the development of the Project in accordance with the Development Agreement additional clear benefits to the public will accrue that could not be obtained through application of existing City ordinances, regulations, and policies. Some of the major additional public benefits that would arise with implementation of the Project include: rebuilding St. Luke's Hospital at a cost of approximately \$250 million; a workforce development program that includes a first source hiring program for construction and operation activities, a local business enterprise hiring agreement and a workforce training payment of \$2 million; a community healthcare program which includes commitments for St. Luke's operation and a substantial health care services program for the poor and underserved; a housing program providing over \$62 million to replacement units, affordable housing and down payment assistance, plus an additional estimated \$35 million for affordable housing from repayment of DALP loans and housing appreciation, and transportation and public improvement funding, all as more particularly described in the Development Agreement. The Development Agreement will eliminate uncertainty in the City's land use planning for the Project and secure orderly development of the Project Sites.
12. The Planning Department analyzed the Project (Case Nos. \_\_\_\_\_), including the Development Agreement and other actions related to the Project, in an Environmental Impact Report published on July 21, 2010 ("DEIR"). On April 26, 2012, by Motion No. \_\_\_\_\_, the Commission made findings and certified the DEIR, together with the responses to the comments on the DEIR, as a Final Environmental Impact Report ("FEIR") in compliance with the California Environmental Quality Act (California Public Resources Code Sections 21000 et seq., ("CEQA"), the State CEQA Guidelines (California Code of Regulations Title 14 Sections 15000 et seq.) and Chapter 31 of the San Francisco Administrative Code (Chapter 31), and these CEQA findings are applicable to this decision.
13. Also on \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning Commission adopted findings, including a statement of overriding considerations and a mitigation monitoring and reporting program, pursuant to CEQA. Such findings are incorporated herein by reference.
14. The Commission hereby finds, for the reasons set for in Motion No. \_\_\_\_\_, that the Development Agreement and related approval actions are, on balance, consistent with the General Plan including any area plans, and are consistent with the Planning Code Priority Policies of Planning Code Section 101.1(b).
15. The Director accepted the application for filing after it was deemed complete; published notice of acceptance in an official newspaper; and has made the application publicly available under Administrative Code Section 56.4(c).
16. The Director issued a Director's Report on the Development Agreement on April 6, 2012, at least 20 days prior to the hearing as required by Administrative Code Section 56.10(a).

- 17. The Director has scheduled and the Commission has held a public hearing as required by Administrative Code Section 56.4(c). The Planning Department gave notice as required by Planning Code Section 306.3 and mailed such notice on April 6, 2012, which is at least 10 days before the hearing to local public agencies as required by Administrative Code Section 56.8(b). The Planning Department also gave advance agenda notice of the hearing on the Development Agreement on April 13, 2012 as required by Administrative Code Section 56.8(b).
- 18. The Planning Department file on this matter was available for public review at least 20 days before the first public hearing on the development agreement as required by Administrative Code Section 56.10(b). The file continues to be available for review at the Planning Department at 1650 Mission Street, 4<sup>th</sup> floor, San Francisco.

**IT IS HEREBY RESOLVED**, that the Commission approves the Development Agreement, in substantially the form attached hereto as Exhibit A, and recommends that the Board of Supervisors adopt an Ordinance approving the Development Agreement; and, be it

**FURTHER RESOLVED**, That the Commission agrees that if the Board of Supervisors proposes any amendment to the Development Agreement that benefits the City and does not alter the City's General Plan, the Planning Code, or the applicable zoning maps affecting the Project Sites, then such amendments shall not be deemed a "material modification" to the Development Agreement under Administrative Code Section 56.14, and any such amendment to the Development Agreement may be approved by the Board of Supervisors without referring the proposed amendment back to the Commission; and, be it

**FURTHER RESOLVED**, that pursuant to Administrative Code Section 56.20(b), the Developer shall pay the City an amount equal to all of the City's costs in preparing and negotiating the Development Agreement, including all staff time for the Planning Department and the City Attorneys' Office, as invoiced by the Planning Director.

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

Linda D. Avery  
Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: April 26, 2012

1 [General Plan Amendment – Van Ness Area Plan Amendments – CPMC: Cathedral Hill  
2 Campus]

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

9  
10 NOTE: Additions are single-underline italics Times New Roman;  
11 deletions are ~~strike-through italics Times New Roman~~.  
12 Board amendment additions are double-underlined;  
13 Board amendment deletions are ~~strike-through normal~~.

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

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

17 (a) Pursuant to San Francisco Charter Section 4.105 and Planning Code Section  
18 340, any amendments to the General Plan shall first be considered by the Planning  
19 Commission and thereafter recommended for approval or rejection by the Board of  
20 Supervisors. On \_\_\_\_\_, by Resolution No. \_\_\_\_\_, the Planning Commission  
21 conducted a duly noticed public hearing on the General Plan Amendments pursuant to  
22 Planning Code Section 340, found that the public necessity, convenience and general welfare  
23 required the General Plan Amendments, adopted the General Plan Amendments, and  
24 recommended them for approval to the Board of Supervisors. A copy of Planning  
25



1 Commission Resolution No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors  
2 in File No. \_\_\_\_\_.

3 (b) The Board finds that this ordinance is, on balance, in conformity with the priority  
4 policies of Planning Code Section 101.1 and consistent with the General Plan as it is  
5 proposed for amendment herein, and in the related ordinances amending Maps 4 and 5 of the  
6 General Plan Urban Design Element and Maps 1 and 2 of the Van Ness Area Plan to  
7 accommodate the Near-Term Projects at the Cathedral Hill and St. Luke's Campuses  
8 described in California Pacific Medical Center's Long Range Development Plan (Ordinances  
9 No. \_\_\_\_\_ and \_\_\_\_\_) for the reasons set forth in Planning Commission Motion No.  
10 \_\_\_\_\_, and the Board hereby incorporates these findings herein by reference.

11 (c) On \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning Commission  
12 certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR")  
13 for the California Pacific Medical Center Long Range Development Plan. A copy of Planning  
14 Commission Motion No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors in  
15 File No. \_\_\_\_\_. In accordance with the actions contemplated herein, this Board has  
16 reviewed the FEIR, and adopts and incorporates by reference, as though fully set forth herein,  
17 the findings, including a statement of overriding considerations and the mitigation monitoring  
18 and reporting program, pursuant to the California Environmental Quality Act (California Public  
19 Resources Code Section 21000 et seq.), adopted by the Planning Commission on  
20 \_\_\_\_\_, in Motion No. \_\_\_\_\_. A copy of said motion is on file with the Clerk of  
21 the Board of Supervisors in File No. \_\_\_\_\_ and is incorporated herein by reference.

22 Section 2. The Board of Supervisors hereby approves the following amendments to  
23 the Van Ness Area Plan of the San Francisco General Plan. The proposed amendments to  
24 the San Francisco General Plan's Van Ness Area Plan will facilitate the development of a  
25

1 seismically safe high density medical center at the transit nexus of Van Ness Avenue and  
2 Geary Boulevard.

3 The Van Ness Area Plan of the General Plan of the City and County of San Francisco  
4 is hereby amended to read as follows:

5 **OBJECTIVE 1**

6 **CONTINUE EXISTING COMMERCIAL USE OF THE AVENUE AND ADD A SIGNIFICANT**  
7 **INCREMENT OF NEW HOUSING.**

8 Although there are 18 buildings containing 980 dwelling units in this subarea most of  
9 the buildings are in non-residential use.

10 This section of Van Ness Avenue is one of the few areas in the city where new housing  
11 can be accommodated with minimal impacts on existing residential neighborhoods and public  
12 services.

13 Some of the features that make the area attractive for medium density mixed use  
14 development with high density housing are as follows:

- 15 • This 16 block strip along Van Ness Avenue maintains a "central place" location and  
16 identity. The area is close to the city's major employment center, is well-served by  
17 transit, has well developed infrastructure (roadway, water, sewer and other public  
18 services), wide roadway (93+ feet) and sidewalks (16+ feet), has continuous  
19 commercial frontage and numerous attractive, architecturally outstanding buildings.
- 20 • There are a number of large parcels which are substantially under-developed.
- 21 • A height limitation of between 80 and 130 ft. would allow sufficient development to  
22 make feasible over time the construction of housing on under used parcels.
- 23 • The minor streets which bisect most of the blocks within this subarea facilitate access  
24 to and from new developments with minimal affects on major east-west thoroughfares  
25 or on Van Ness Avenue.

1 Development of a number of medium density, mixed-use projects with continued non-  
2 residential use of non-residential buildings and would facilitate the transformation of Van Ness  
3 Avenue into an attractive mixed use boulevard.

4 A high-density medical center at the transit nexus of Van Ness Avenue and Geary would support  
5 Van Ness Avenue's redevelopment as a mixed use boulevard as set forth in Policy 1.6 below.

6 POLICY 1.6 Allow a medical center at the intersection of Van Ness Avenue and Geary  
7 Boulevard.

8 A medical center at this location would support redevelopment of Van Ness Avenue as a mixed  
9 use boulevard by diversifying the mix of nonresidential uses, maximizing utilization of the major bus  
10 lines/transit node, and locating medical care and essential emergency services in close proximity of the  
11 City's dense urban core and at a central location for both day and nighttime population groups within  
12 the City; it would also create opportunities for improved streetscape and pedestrian amenities at a key  
13 transit nexus that are consistent with the Better Streets Plan.

14  
15 OBJECTIVE 5

16 ENCOURAGE DEVELOPMENT WHICH REINFORCES TOPOGRAPHY AND URBAN  
17 PATTERN, AND DEFINES AND GIVES VARIETY TO THE AVENUE.

18 Topography and Street Pattern

19 Van Ness Avenue is the central north-south spine and one of the widest streets in the  
20 City. Bounded by Civic Center and the Bay and characterized by excellent views, the Avenue  
21 defines and links many adjacent neighborhoods, including through its substantial transit  
22 resources. In connecting Market Street to the Bay, Van Ness forms the western edge of the  
23 inner city and separates the Nob and Russian Hill neighborhoods from Pacific Heights. The  
24 Avenue also provides access between a number of focal points, including landmark buildings,  
25 cultural centers, important view corridors and the Bay. The juxtaposition on the Avenue of

1 large monumental structures with fine-grain urban fabric to the east creates an exciting  
2 contrast within the cityscape.

3 POLICY 5.1 Establish height controls to emphasize topography, adequately frame the  
4 great width of the Avenue, and support the redevelopment of the Avenue as a diverse, mixed use  
5 boulevard and transit corridor.

6 Existing height limits on the Avenue generally range from 40 feet at the northern end to  
7 130 feet in the central portion. This height differentiation responds to topographic conditions  
8 as well as land use patterns, maintaining distinctions between areas of different character. For  
9 example, height districts are gradually tapered from 130 feet around the hilltop at Washington  
10 Street to 80 feet at Pacific Avenue and further to 65 and 40 feet towards the Bay shoreline.

11 Although the majority of existing height controls are adequate to define both the overall  
12 topography as well as the great width of the Avenue, the height limit between California and  
13 Pacific Streets should be lowered from the existing 130/105-ft. level to 80 ft. in order to  
14 facilitate the transition between the greater building heights along the southern part of the  
15 Avenue and the mostly low-rise residential development north of Broadway. Development to  
16 maximum height should be closely monitored to minimize blocking views between the high  
17 slopes on both sides of the Avenue. Good proportion between the size of a street and that of  
18 its buildings is important for streets to be interesting and pleasant places. The proposed  
19 height limits, combined with the Van Ness Plan's proposed bulk controls, encourage definition  
20 of the 93-foot wide Avenue.

21 The height limit for the block bounded by Geary Boulevard, Franklin Street, Post Street and  
22 Van Ness Avenue is established at 265 feet as indicated on Map 2 to accommodate development of a  
23 medical center that will maximize use of the major transit nexus at this location and give variety to the  
24 avenue by diversifying the mix of non-residential uses and enhancing the streetscape.

1 POLICY 5.2 Encourage a regular street wall and harmonious building forms along the  
2 Avenue.

3 New development should create a coherent street wall along the Avenue through  
4 property line development at approximately the same height. Since block face widths are  
5 constant, a regularized street wall encourages buildings of similar scale and massing.  
6 Nevertheless, some variety of height is inevitable and desirable due to the need to highlight  
7 buildings of historical and architectural significance and meet other Objectives of the Plan.

8 OBJECTIVE 8: CREATE AN ATTRACTIVE STREET AND SIDEWALK SPACE  
9 WHICH CONTRIBUTES TO THE TRANSFORMATION OF VAN NESS AVENUE INTO A  
10 RESIDENTIAL BOULEVARD.

11 Projects located at the transit nexus of Van Ness Avenue and Geary Boulevard will be deemed  
12 to promote and to be consistent with Objective 8 and each of Policies 8.1 through 8.10 if they (i)  
13 include an integrated streetscape plan that incorporates – among other elements – planting, sidewalk  
14 treatment, street lighting and street furniture, and that is generally consistent with the streetscape  
15 guidelines regarding such elements in Chapter 6 of the Better Streets Plan; and (ii) locate and design  
16 any sidewalk vaults or sub sidewalk spaces so that they are compatible with such streetscape plan.

17  
18 POLICY 11.3 Encourage the retention and appropriate alteration of contributory  
19 buildings.

20 There is another group of buildings, listed in Appendix B, which are not of sufficient  
21 importance to justify their designation as landmarks. Nevertheless these buildings, referred to  
22 as contributory buildings, possess architectural qualities which are in harmony with the  
23 prevailing characteristics of the more significant landmark quality buildings. These buildings  
24 contribute to the character of the street and should be retained if possible.  
25


1            Notwithstanding the foregoing, contributory buildings may be demolished to accommodate a  
2 medical center at the transit nexus of Van Ness Avenue and Geary Street, provided that any  
3 replacement structure or structures must be designed to contribute to the character of the street and be  
4 in harmony with the more significant landmark quality buildings in the vicinity as appropriate.

5            Section 3. This Section is uncodified. In enacting this Ordinance, the Board intends to  
6 amend only those words, phrases, paragraphs, subsections, sections, articles, numbers,  
7 punctuation, charts, diagrams, or any other constituent part of the General Plan that are  
8 explicitly shown in this legislation as additions, deletions, Board amendment additions, and  
9 Board amendment deletions in accordance with the "Note" that appears under the official title  
10 of the Legislation.

11            Section 4. This Section is Uncodified. Effective Date. This ordinance shall become  
12 effective 30 days from the date of passage.

13  
14 APPROVED AS TO FORM:  
15 DENNIS J. HERRERA, City Attorney

16 By:

  
17 AUDREY WILLIAMS PEARSON  
18 Deputy City Attorney

1 [General Plan Map Amendments – CPMC: Cathedral Hill Campus]

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

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

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

21  
22 Section 1. Findings. The Board of Supervisors of the City and County of San Francisco  
23 hereby finds and determines that:

24 (a) Pursuant to San Francisco Charter Section 4.105 and Planning Code Section  
25 340, any amendments to the General Plan shall first be considered by the Planning

Planning Department  
BOARD OF SUPERVISORS

1 Commission and thereafter recommended for approval or rejection by the Board of  
2 Supervisors. On \_\_\_\_\_, by Resolution No. \_\_\_\_\_, the Commission  
3 conducted a duly noticed public hearing on the General Plan Amendments pursuant to  
4 Planning Code Section 340, found that the public necessity, convenience and general welfare  
5 require the proposed General Plan Amendments, adopted the General Plan Amendments,  
6 and recommended them for approval to the Board of Supervisors. A copy of Planning  
7 Commission Resolution No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors  
8 in File No. \_\_\_\_\_, and the Board hereby incorporates those findings by reference.

9 (b) The Board finds that this ordinance is, on balance, in conformity with the priority  
10 policies of Planning Code Section 101.1 and consistent with the General Plan as it is  
11 proposed for amendment herein and in the related ordinances amending Maps 4 and 5 of the  
12 General Plan Urban Design Element and the Van Ness Area Plan to accommodate the Near-  
13 Term Projects at the Cathedral Hill Campus as described in California Pacific Medical  
14 Center's Long Range Development Plan (Ordinances No. \_\_\_\_\_ and \_\_\_\_\_) for the  
15 reasons set forth in Planning Commission Motion No. \_\_\_\_\_, and the Board hereby  
16 incorporates these findings herein by reference.

17 (c) On \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning Commission  
18 certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR")  
19 for the California Pacific Medical Center Long Range Development Plan. A copy of Planning  
20 Commission Motion No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors in  
21 File No. \_\_\_\_\_. In accordance with the actions contemplated herein, this Board has  
22 reviewed the FEIR, and adopts and incorporates by reference, as though fully set forth herein,  
23 the findings, including a statement of overriding considerations and the mitigation monitoring  
24 and reporting program, pursuant to the California Environmental Quality Act (California Public  
25 Resources Code Section 21000 et seq.), adopted by the Planning Commission on

Planning Department  
**BOARD OF SUPERVISORS**



1 \_\_\_\_\_, in Motion No. \_\_\_\_\_. Said Motion is on file with the Clerk of the  
2 Board of Supervisors in File No. \_\_\_\_\_, and is incorporated herein by reference.  
3

4 Section 2. The Board of Supervisors hereby approves amendments to the General  
5 Plan, as follows:

6 (a) Map 4 (Urban Design Guidelines for Height of Buildings) of the Urban Design  
7 Element of the General Plan of the City and County of San Francisco shall be amended to  
8 change the height for the site identified for a hospital within the proposed Van Ness Medical  
9 Use Subdistrict (Block 0695/Lots 005, 006 and their successor Blocks and Lots) from 161-240  
10 feet to up to 265 feet;

11 (b) Map 5 (Urban Design Guidelines for Bulk of Buildings) of the Urban Design  
12 Element of the General Plan of the City and County of San Francisco shall be amended to  
13 change the bulk limits for the site identified for the proposed Cathedral Hill Hospital (Block  
14 0695/Lots 005, 006 and their successor Blocks and Lots) from a maximum plan dimension of  
15 110' and maximum diagonal plan dimension of 140' to a maximum plan dimension of 385' and  
16 maximum diagonal plan dimension of 466', and to change the bulk limits for the site identified  
17 for the proposed Cathedral Hill Medical Office Building (Block 0694/Lots 005, 006, 007, 008,  
18 009, 009A, 010 and their successor Blocks and Lots) from a maximum plan dimension of 110'  
19 and maximum diagonal plan dimension of 125' to a maximum plan dimension of 265' and  
20 maximum diagonal plan dimension of 290'.


21 (c) Map 1 (Generalized Land Use and Density Plan) of the Van Ness Area Plan of  
22 the General Plan of the City and County of San Francisco shall be amended to change the  
23 Floor Area Ratio (FAR) of the hospital site (Block 0695/Lots 005, 006 and their successor  
24 Blocks and Lots) from 7.1:1.0 to 9.0:1.0 and to change the FAR of the site identified for a  
25 medical office building within the proposed Van Ness Medical Use Subdistrict (Block

1 0694/Lots 005, 006, 007, 08, 009, 009A, 010 and their successor Blocks and Lots) from  
2 7.1:1.0 to 7.5:1.0 and to designate the sites identified for the new hospital and medical office  
3 building as the "Van Ness Medical Use Subdistrict"; and

4 (d) Map 2 (Height and Bulk Districts) of the Van Ness Area Plan of the General Plan  
5 of the City and County of San Francisco shall be amended to increase the maximum height of  
6 the hospital site (Block 0695/Lots 005, 006 and their successor Blocks and Lots) from 130-V  
7 to 265-V.

8  
9 Section 3. This section is uncodified. Effective Date. This ordinance shall become  
10 effective 30 days from the date of passage.

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

13  
14 By:   
15 AUDREY WILLIAMS PEARSON  
16 Deputy City Attorney

[General Plan Map Amendments – CPMC: St. Luke’s Campus]

**Ordinance amending the General Plan of the City and County of San Francisco by 1) amending Map 4 of the Urban Design Element to increase the height limit for the California Pacific Medical Center’s St. Luke’s Campus (Block 6575/Lot 001, 002; Block 6576/Lot 021, and the portion of San Jose Avenue between Cesar Chavez Street and 27<sup>th</sup> Street) to 105 feet; and 2) amending Map 5 of the Urban Design Element to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 227' and 270', respectively, for the St. Luke’s Replacement Hospital site and 204' and 228', respectively, for the medical office building site at the St. Luke’s Campus; and adopting findings, including environmental findings, Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.**

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

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

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

A. Pursuant to San Francisco Charter Section 4.105 and Planning Code Section 340, any amendments to the General Plan shall first be considered by the Planning Commission and thereafter recommended for approval or rejection by the Board of Supervisors. On \_\_\_\_\_, by Resolution No. \_\_\_\_\_, the Commission conducted a duly noticed public hearing on the General Plan Amendments pursuant to

Planning Department  
**BOARD OF SUPERVISORS**

1 Planning Code Section 340, found that the public necessity, convenience and general welfare  
2 required the proposed General Plan amendments, adopted the General Plan Amendments,  
3 and recommended them for approval to the Board of Supervisors. A copy of Planning  
4 Commission Resolution No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors  
5 in File No. \_\_\_\_\_, and incorporated by reference herein.

6 B. The Board finds that this ordinance is, on balance, in conformity with the priority  
7 policies of Planning Code Section 101.1 and consistent with the General Plan as it is  
8 proposed for amendments herein and in the related ordinances amending Maps 4 and 5 of  
9 the General Plan Urban Design Element, Maps 1 and 2 of the Van Ness Area Plan, and the  
10 Van Ness Area Plan to accommodate the Near-Term Projects described in the California  
11 Pacific Medical Center's Long Range Development Plan (Ordinances No. \_\_\_\_\_ and  
12 \_\_\_\_\_) for the reasons set forth in Planning Commission Motion No. \_\_\_\_\_,  
13 and the Board hereby incorporates these findings herein by reference.

14 C. On \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning Commission  
15 certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR")  
16 for the California Pacific Medical Center Long-Range Development Plan. A copy of Planning  
17 Commission Motion No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors in  
18 File No. \_\_\_\_\_. In accordance with the actions contemplated herein, this Board has  
19 reviewed the FEIR, and adopts and incorporates as though fully set forth herein, the findings,  
20 including a statement of overriding considerations and the mitigation monitoring and reporting  
21 program, pursuant to the California Environmental Quality Act (California Public Resources  
22 Code Section 21000 et seq.) adopted by the Planning Commission on \_\_\_\_\_, in  
23 Motion No. \_\_\_\_\_. Said Motion is on file with the Clerk of the Board of Supervisors in  
24 File No. \_\_\_\_\_.


1 Section 2. The Board of Supervisors hereby approves an amendment to the General  
2 Plan, as follows:

3 (a) Map 4 (Urban Design Guidelines for Height of Buildings) of the Urban Design  
4 Element of the General Plan of the City and County of San Francisco shall be amended to  
5 change the height for California Pacific Medical Center's St. Luke's Campus (Block 6575/Lots  
6 001, 002; Block 6576/Lot 021, and the portion of San Jose Avenue between Cesar Chavez  
7 Street and 27<sup>th</sup> Street and their successor Blocks and Lots) from 41-88 feet to 105 feet.

8 (b) Map 5 (Urban Design Guidelines for Bulk of Buildings) of the Urban Design  
9 Element of the General Plan of the City and County of San Francisco shall be amended to  
10 change the maximum plan dimensions and maximum diagonal plan dimensions for the  
11 proposed St. Luke's Replacement Hospital site from 110' and 125', respectively, to 227' and  
12 270', respectively, and to change the maximum plan dimensions and maximum diagonal plan  
13 dimensions for the proposed St. Luke's medical office building site from 110' and 125',  
14 respectively, to 204' and 228', respectively, as those sites are described in the California  
15 Pacific Medical Center's Long Range Development Plan.

16  
17 Section 3. This section is uncodified. Effective Date. This ordinance shall become  
18 effective 30 days from the date of passage.

19  
20 APPROVED AS TO FORM:  
DENNIS J. HERRERA, City Attorney

21 By:   
22 AUDREY WILLIAMS PEARSON  
23 Deputy City Attorney

24  
25  
Planning Department  
BOARD OF SUPERVISORS

1 [Planning Code – Amendments to Increase Maximum Floor Area Ratios and Create the Van  
2 Ness Medical Use Subdistrict Within the Van Ness Special Use District – CPMC: Cathedral  
3 Hill Campus]

4 **Ordinance amending the San Francisco Planning Code by 1) amending Section 124 to**  
5 **allow a floor area ratio of 9:1 for a hospital and 7.5:1 for a medical office building within**  
6 **the Van Ness Special Use District, Medical Use Subdistrict; and 2) amending Section**  
7 **243 to include the establishment of the Van Ness Medical Use Subdistrict and**  
8 **associated controls; and adopting findings, including environmental findings, Planning**  
9 **Code Section 302 findings, and findings of consistency with the General Plan and the**  
10 **priority policies of Planning Code Section 101.1.**

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

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

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

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

1 Resources Code section 21000 et seq.), adopted by the Planning Commission on  
2 \_\_\_\_\_ in Motion \_\_\_\_\_. Said Motion is on file with the Clerk of the Board of  
3 Supervisors in File No. \_\_\_\_\_.

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

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

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

21  
22 Section 2. The San Francisco Planning Code is hereby amended by amending Section  
23 124, to read as follows:  
24  
25

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

4 [TABLE 124 omitted; no changes to table]

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

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

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

19 (e) In the Waterfront Special Use Districts, as described in Sections 240 through  
20 240.3 of this Code, the basic floor area ratio limit in any C District shall be 5.0 to 1.

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



1 with the conditional use procedures and criteria as provided in Section 303 of this Code. For  
2 buildings in the C-3-G District designated as Significant or Contributory pursuant to Article 11  
3 of this Code, additional square footage above that permitted by the base floor area ratio limits  
4 set forth above up to the gross floor area of the existing building may be approved, in  
5 accordance with the conditional use procedures and criteria as provided in Section 303 of this  
6 Code, where: (i) TDRs (as defined by Section 128(a)(5)) were transferred from the lot  
7 containing the Significant or Contributory building prior to the effective date of the amendment  
8 to Section 124(f) adding this paragraph when the floor area transferred was occupied by a  
9 non-profit corporation or institution meeting the requirements for exclusion from gross floor  
10 area calculation under Section 102.9(b)(15) of this Code; (ii) the additional square footage  
11 includes only the amount necessary to accommodate dwelling units and/or group housing  
12 units that are affordable for not less than 50 years to households whose incomes are within 60  
13 percent of the median income as defined herein together with any social, educational, and  
14 health service space accessory to such units; and (iii) the proposed change in use to dwelling  
15 units and accessory space and any construction associated therewith, if it requires any  
16 alternation to the exterior or other character defining features of the Significant or Contributory  
17 Building, is undertaken pursuant to the duly approved Permit to Alter, pursuant to Section  
18 1110; provided, however, that the procedures otherwise required for a Major Alteration as set  
19 forth in sections 1111.2 - 1111.6 shall be deemed applicable to any such Permit to Alter.

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

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

9           (3)     Each designated unit shall be subject to the provisions of Section 413 of  
10 this Code. For purposes of this Subsection and the application of Section 413 of this Code to  
11 designated units constructed pursuant to this Subsection, the definitions set forth in Section  
12 401 of this Code shall apply, with the exception of the following definitions, which shall  
13 supersede the definitions of the terms set forth in Section 401:

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

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

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

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

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

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

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

12 (h) In calculating the permitted floor area of a new structure in a C-3 District, the lot  
13 on which an existing structure is located may not be included unless the existing structure and  
14 the new structure are made part of a single development complex, the existing structure is or  
15 is made architecturally compatible with the new structure, and, if the existing structure is in a  
16 Conservation District, the existing structure meets or is made to meet the standards of Section  
17 1109(c), and the existing structure meets or is reinforced to meet the standards for seismic  
18 loads and forces of the 1975 Building Code. Determinations under this Paragraph shall be  
19 made in accordance with the provisions of Section 309.

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

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

1 (1) Considering all dwelling units and all live/work units on the lot, existing  
2 and to be constructed, there shall be no more than one live/work unit and/or dwelling unit per  
3 200 square feet of lot area, except that, for projects in the RSD District which will exceed 40  
4 feet in height, and therefore are required to obtain conditional use approval, the allowable  
5 density for dwelling units and live/work units shall be established as part of the conditional use  
6 determination; and

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

9  
10 Section 3. The San Francisco Planning Code is hereby amended by amending  
11 Section 243, to read as follows:

12 SEC. 243. VAN NESS SPECIAL USE DISTRICT.

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

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

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

3 (1) **Basic Floor Area Ratio.** The basic floor area ratio limit shall be 7.0 to 1 in the  
4 130-foot height district and 4.8:1 in the 80-foot height district. These limits shall apply to  
5 dwellings notwithstanding Section 124(b) of this Code, including floor space used for  
6 nonaccessory off-street parking, driveways, and maneuvering areas. The floor area ratio may  
7 be increased to up to 9:1 for a hospital and up to 7.5:1 for a medical office building if located within  
8 the Van Ness Medical Use Subdistrict. For definitions of floor area ratio and gross floor area, see  
9 Sections 102.11 and 102.9, respectively. The provisions allowing a floor area premium set  
10 forth in Section 125(a) shall not apply in the Van Ness Special Use District.

11 (2) **Housing Density.** The restrictions on density set forth in Sections 207, 207.1,  
12 208, 209.1 and 209.2 of this Code shall not apply.

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

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

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

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

7                    (A) Signs located within the Van Ness Special Use District, with the exception of  
8 the Civic Center Special Sign District as described in Section 608.3 of this Code and as  
9 shown in Sectional Map SSD, shall be regulated as provided in Article 6, including Section  
10 607.3 which governs signs located in the Van Ness Special Sign District.

11                    (B) Signs on structures designated as landmarks under the provisions of Section  
12 1004 shall be regulated as provided in Section 607.3(d).

13                    ~~(6)~~(7) Rear Yards. The requirements of this Code applicable to rear yards may be  
14 modified or waived by the Zoning Administrator pursuant to Section 307(g) if all of the  
15 following conditions are met:

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

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

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

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

24                    ~~(7)~~(8) Required Setbacks. Setbacks for buildings exceeding a height of 50 feet  
25 shall be regulated as provided in Section 253.2 of this Code.

1           ~~(8)~~(9)    Limitation of Nonresidential Uses.

2           (A)    Residential Uses; Ratio Established. In newly constructed structures,  
3 nonresidential uses shall only be permitted if the ratio between the amount of net additional  
4 occupied floor area for residential uses, as defined in this paragraph below, to the amount of  
5 occupied floor area for nonresidential uses in excess of the occupied floor area of structures  
6 existing on the site at the time the project is approved is 3 to 1 or greater. In additions to  
7 existing structures which exceed 20 percent of the gross floor area of the existing structure,  
8 nonresidential uses shall be permitted in the addition in excess of 20 percent only if the ratio  
9 between the amount of occupied floor area for residential use, as defined in this paragraph  
10 below, to the area of occupied floor area for nonresidential use is 3 to 1 or greater. This  
11 residential use ratio shall not apply to development sites in the Van Ness Special Use District  
12 which have less than 60 feet of street frontage on Van Ness Avenue and have no street  
13 frontage other than the Van Ness Avenue frontage. For purposes of this  
14 Section, "nonresidential uses" shall mean those uses described in Sections 209.2(d) and (e)  
15 (hotel, inn, hostel), 209.3(a) (hospital, medical center or other medical institution with in-  
16 patient care facilities), 209.4 (community facilities), 209.6 (public facilities and utilities), 209.7  
17 (vehicle storage and access) and 209.8 (commercial establishments); in the Automotive  
18 Special Use District nonresidential uses include automotive uses as described in Section  
19 237; "residential use" shall mean those uses described in Sections 209.1 and 209.2(a), (b)  
20 and (c) (dwelling units and group housing).

21           (B)    Reduction of Ratio of Residential Uses for Affordable Housing. The Planning  
22 Commission may modify the Van Ness Special Use District residential to nonresidential use  
23 ratio between Golden Gate Avenue and California Street as a conditional use in one of the  
24 following ways:  
25

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

7 (1)  $(\text{Lot Area} \times \text{FAR}) / 4 \times 3 = \text{Residential SQ. FT Requirement}$

8 (2)  $\text{Residential SQ. FT Requirement} - \text{Residential SQ. FT Developed} = \text{LOSS}$

9 (3)  $\text{LOSS} \times \$15 = \text{In-Lieu Fee}$

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

20 (1)  $\text{In-Lieu Fee} / \$30/\text{square foot subsidy} = \text{Square Feet of Affordable Housing}$   
21  $\text{Retained in the Project}$

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 (i) In calculating the cost of structural alterations pursuant to Section 181(b)(4),  
13 the cost of reinforcing the building to meet the standards for seismic loads and forces of the  
14 1975 Building Code shall not be included; and

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

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

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

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

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

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

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

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

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

10 ~~(H)(J)~~ Other Entertainment Uses. Other Entertainment Uses as defined in Section  
11 790.38 of this Code shall require notification as set forth in Section 312 of this Code.

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

15 (L) Medical Center Street Frontages. If authorized as a Conditional Use under Section  
16 303 of this Code, a medical center within the Van Ness Medical Use Subdistrict may deviate from the  
17 street frontage requirements of Section 145.1 of this Code, so long as the Planning Commission finds  
18 that the proposed street frontages otherwise achieve the intended purposes of Section 145.1 to  
19 “preserve, enhance and promote attractive, clearly defined street frontages that are pedestrian-  
20 oriented, fine-grained, and which are appropriate and compatible with the buildings and uses” in the  
21 surrounding areas.

22 ~~(9)(10)~~ Reduction of Ground Level Wind Currents.

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

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

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

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

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

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

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

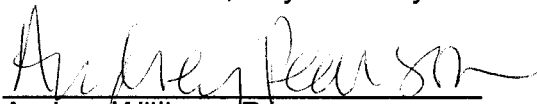
22 (1) The "Van Ness Medical Use Subdistrict" shall be defined as the area shown on  
23 Sectional Map SU02, to provide medical services by a licensed medical provider. The purpose of the  
24 Subdistrict is to allow for the development of a seismically compliant medical facility with unique  
25 design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

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

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

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

16  
17 APPROVED AS TO FORM:  
DENNIS J. HERRERA, City Attorney

18 By:   
19 Audrey Williams Pearson  
20 Deputy City Attorney

1 [Zoning Map Amendments – CPMC: Cathedral Hill Campus]

2  
3 **Ordinance amending the San Francisco Planning Code by amending Sectional Maps**  
4 **SU02 and HT02 of the Zoning Map of the City and County of San Francisco to reflect**  
5 **the creation of the Van Ness Medical Use Subdistrict at Assessor's Blocks 0695 (Lots**  
6 **005, 006) and 0694 (Lots 005, 006, 007, 008, 009, 009A, 010) and to allow an increase in**  
7 **height at Assessor's Block 0695 (Lots 005, 006) in order to allow for a new seismically**  
8 **safe hospital; adopting findings, including environmental findings, Section 302**  
9 **findings, and findings of consistency with the General Plan and the priority policies of**  
10 **Planning Code Section 101.1.**

11  
12 **NOTE:** Additions are *single-underline italics Times New Roman*;  
13 deletions are *~~strike through italics Times New Roman~~*.  
14 Board amendment additions are double-underlined;  
15 Board amendment deletions are ~~strikethrough normal~~.

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

17 Section 1. On \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning Commission  
18 certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR")  
19 for the California Pacific Medical Center Long-Range Development Plan. A copy of Planning  
20 Commission Motion No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors in File  
21 No. \_\_\_\_\_. In accordance with the actions contemplated herein, this Board has  
22 reviewed the FEIR, and adopts and incorporates by reference as though fully set forth herein  
23 the findings, including a statement of overriding considerations and mitigation monitoring and  
24 reporting program, pursuant to the California Environmental Quality Act (California Public  
25 Resources Code section 21000 et seq.), adopted by the Planning Commission on

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1 \_\_\_\_\_ in Motion \_\_\_\_\_. Said Motion is on file with the Clerk of the Board of  
2 Supervisors in File No. \_\_\_\_\_.

3 (b) On \_\_\_\_\_, the Planning Commission conducted a duly noticed public  
4 hearing on the proposed Zoning Map amendments and, by Resolution No. \_\_\_\_\_  
5 recommended them for approval. The Planning Commission found that the proposed Zoning  
6 Map amendments were, on balance, consistent with the City's General Plan, as it is proposed  
7 for amendment, and with Planning Code Section 101.1(b). A copy of said Resolution is on file  
8 with the Clerk of the Board of Supervisors in File No. \_\_\_\_\_ and is incorporated  
9 herein by reference.

10 (c) The Board finds that these Zoning Map amendments are on balance consistent  
11 with the General Plan, as it is proposed to be amended, and with the Priority Policies of  
12 Planning Code Section 101.1 for the reasons set forth in Planning Commission Resolution No.  
13 \_\_\_\_\_ and the Board hereby incorporates such reasons herein by reference.

14 (d) Pursuant to Planning Code Section 302, this Board finds that the Zoning Map  
15 amendments will serve the public necessity, convenience, and welfare for the reasons set  
16 forth in Planning Commission Resolution No. \_\_\_\_\_ and the Board incorporates  
17 such reasons herein by reference.

18  
19 Section 2. The San Francisco Planning Code is hereby amended by amending  
20 Sectional Map SU02 of the Zoning Map of the City and County of San Francisco, as follows:

<u>Description of Property</u>	<u>Special Use District Hereby Approved</u>
Assessor's Blocks 0695 (Lots 005, 006), 0694 (Lots 005, 006, 007, 008, 009, 009A, 010), and their successor Blocks and Lots	Van Ness Medical Use Subdistrict

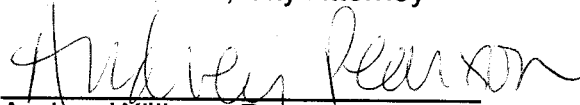
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Mayor Lee  
BOARD OF SUPERVISORS

1 Section 3. The San Francisco Planning Code is hereby amended by amending  
 2 Sectional Map HT02 of the Zoning Map of the City and County of San Francisco, as follows:

<u>Description of Property</u>	<u>Height and Bulk Districts to be Superseded</u>	<u>Height and Bulk Districts Hereby Approved</u>
Assessor's Block 0695 (Lots 005, 006), and their successor Blocks and Lots	130-V	265-V

8  
 9 Section 4. This section is uncodified. Effective Date and Operative Date. This  
 10 ordinance shall become effective 30 days from the date of passage. This Ordinance shall  
 11 become operative only on (and no rights or duties are affected until) the later of (a) 30 days  
 12 from the date of its passage, or (b) the date that Ordinance \_\_\_\_\_, and Ordinance  
 13 \_\_\_\_\_ have both become effective. Copies of said Ordinances are on file with the  
 14 Clerk of the Board of Supervisors in File No. \_\_\_\_\_.

15  
 16 APPROVED AS TO FORM:  
 DENNIS J. HERRERA, City Attorney

17  
 18 By:   
 19 Audrey Williams Pearson  
 Deputy City Attorney

1 [Planning Code – Increasing the Maximum Permitted Floor Area Ratio and Establishing the  
 2 Cesar Chavez/Valencia Streets Medical Use Special Use District – CPMC: St. Luke's  
 3 Campus]

4 **Ordinance amending the San Francisco Planning Code by 1) adding Section 124(k) to**  
 5 **allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use**  
 6 **Special Use District; and 2) adding Section 249.68 to establish the Cesar**  
 7 **Chavez/Valencia Streets Medical Use Special Use District; and adopting findings,**  
 8 **including environmental findings, Planning Code Section 302 findings, and findings of**  
 9 **consistency with the General Plan and the priority policies of Planning Code Section**  
 10 **101.1.**

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

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

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

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

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1 Resources Code section 21000 et seq.), adopted by the Planning Commission on  
2 \_\_\_\_\_ in Motion \_\_\_\_\_. Said Motion is on file with the Clerk of the Board of  
3 Supervisors in File No. \_\_\_\_\_.

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

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

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

22  
23 Section 2. The San Francisco Planning Code is hereby amended by amending  
24 Planning Code Section 124, to read as follows:  
25

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

4 [TABLE 124 omitted; no changes to table]

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

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

14 (d) In the Van Ness Special Use District, as described in Section 243 of this Code,  
15 the basic floor area ratio limit shall be 7.0 to 1 where the height limit is 130 feet and 4.8 to 1  
16 where the height limit is 80 feet.

17 (e) In the Waterfront Special Use Districts, as described in Sections 240 through  
18 240.3 of this Code, the basic floor area ratio limit in any C District shall be 5.0 to 1.

19 (f) For buildings in C-3-G and C-3-S Districts other than those designated as  
20 Significant or Contributory pursuant to Article 11 of this Code, additional square footage above  
21 that permitted by the base floor area ratio limits set forth above may be approved for  
22 construction of dwellings on the site of the building affordable for 20 years to households  
23 whose incomes are within 150 percent of the median income as defined herein, in accordance  
24 with the conditional use procedures and criteria as provided in Section 303 of this Code. For  
25 buildings in the C-3-G District designated as Significant or Contributory pursuant to Article 11

1 of this Code, additional square footage above that permitted by the base floor area ratio limits  
2 set forth above up to the gross floor area of the existing building may be approved, in  
3 accordance with the conditional use procedures and criteria as provided in Section 303 of this  
4 Code, where: (i) TDRs (as defined by Section 128(a)(5)) were transferred from the lot  
5 containing the Significant or Contributory building prior to the effective date of the amendment  
6 to Section 124(f) adding this paragraph when the floor area transferred was occupied by a  
7 non-profit corporation or institution meeting the requirements for exclusion from gross floor  
8 area calculation under Section 102.9(b)(15) of this Code; (ii) the additional square footage  
9 includes only the amount necessary to accommodate dwelling units and/or group housing  
10 units that are affordable for not less than 50 years to households whose incomes are within 60  
11 percent of the median income as defined herein together with any social, educational, and  
12 health service space accessory to such units; and (iii) the proposed change in use to dwelling  
13 units and accessory space and any construction associated therewith, if it requires any  
14 alternation to the exterior or other character defining features of the Significant or Contributory  
15 Building, is undertaken pursuant to the duly approved Permit to Alter, pursuant to Section  
16 1110; provided, however, that the procedures otherwise required for a Major Alteration as set  
17 forth in sections 1111.2 - 1111.6 shall be deemed applicable to any such Permit to Alter.

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

24 (2) Within 60 days after the issuance by the Director of Building Inspection of  
25 a site or building permit for construction of any unit intended to be an owned unit, the Director

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1 of Planning shall notify the City Engineer in writing identifying the intended owned unit, and  
2 the Director of Property shall appraise the fair market value of such unit as of the date of the  
3 appraisal, applying accepted valuation methods, and deliver a written appraisal of the unit to  
4 the Director of Planning and the permit applicant. The permit applicant shall supply all  
5 information to the Director of Property necessary to appraise the unit, including all plans and  
6 specifications.

7 (3) Each designated unit shall be subject to the provisions of Section 413 of  
8 this Code. For purposes of this Subsection and the application of Section 413 of this Code to  
9 designated units constructed pursuant to this Subsection, the definitions set forth in Section  
10 401 of this Code shall apply, with the exception of the following definitions, which shall  
11 supersede the definitions of the terms set forth in Section 401:

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

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

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

22 (D) "Household of low or moderate income" shall mean a household  
23 composed of one or more persons with a combined annual net income for all adult members  
24 which does not exceed 150 percent of the qualifying limit for a median income family of a size  
25

1 equivalent to the number of persons residing in such household, as set forth for the County of  
2 San Francisco in California Administrative Code Section 6932.

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

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

11 (h) In calculating the permitted floor area of a new structure in a C-3 District, the lot  
12 on which an existing structure is located may not be included unless the existing structure and  
13 the new structure are made part of a single development complex, the existing structure is or  
14 is made architecturally compatible with the new structure, and, if the existing structure is in a  
15 Conservation District, the existing structure meets or is made to meet the standards of Section  
16 1109(c), and the existing structure meets or is reinforced to meet the standards for seismic  
17 loads and forces of the 1975 Building Code. Determinations under this Paragraph shall be  
18 made in accordance with the provisions of Section 309.

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

22 (j) Within any RSD, SPD, SLR, SLI or SSO District, live/work units constructed  
23 above the floor area ratio limit pursuant to Section 102.9(b)(19) of this Code shall be subject  
24 to the following conditions and standards:  
25



1 (1) Considering all dwelling units and all live/work units on the lot, existing  
2 and to be constructed, there shall be no more than one live/work unit and/or dwelling unit per  
3 200 square feet of lot area, except that, for projects in the RSD District which will exceed 40  
4 feet in height, and therefore are required to obtain conditional use approval, the allowable  
5 density for dwelling units and live/work units shall be established as part of the conditional use  
6 determination; and

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

9 (k) In the Cesar Chavez/Valencia Streets Medical Use Special Use District, as described in  
10 Section 249.68 of this Code, the basic floor area ratio limit shall be 2.5 to 1, subject to Conditional Use  
11 Authorization of a hospital, medical center or other medical institution.

12  
13 Section 3. The San Francisco Planning Code is hereby amended by adding  
14 Planning Code Section 249.68, to read as follows:

15  
16 SEC. 249. 68 – CESAR CHAVEZ/ VALENCIA STREETS MEDICAL USE SPECIAL USE  
17 DISTRICT

18 (a) General. A Special Use District entitled the Cesar Chavez/Valencia Streets Medical Use  
19 Special Use District, the boundaries of which are shown on Sectional Map No. SU07 of the Zoning  
20 Map, is hereby established for the purposes set forth below.

21 (b) Purposes. To provide the floor area ratio necessary to develop an improved and  
22 expanded medical center – including medical office building – on the site that has been long occupied  
23 by the existing St. Luke’s Hospital and Medical Center and to allow compliance with State of  
24 California mandates for seismically safe hospitals at the current St. Luke’s site, there shall be a Cesar  
25 Chavez/Valencia Streets Medical Use Special Use District consisting of Assessor’s Block 6576, Lot

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1 021 and Assessor's Block 6575, Lots 001 and 002, and their successor Blocks and Lots, bounded to the  
2 south by Duncan Street, San Jose Avenue, and 27<sup>th</sup> Street; to the north by Cesar Chavez Street; to the  
3 east by Valencia Street; and to the west by residential parcels adjacent to Guerrero Street, as  
4 designated on Section Map SU07 of the Zoning Map of the City and County of San Francisco.

5 (c) Controls. All the applicable provisions of the Planning Code for the RH-2 Districts shall  
6 apply within this Special Use District except for the following:

7 (1) Floor Area Ratio. A floor area ratio of up to 2.5:1.0 shall be permitted by Conditional  
8 Use Authorization, if such Conditional Use Authorization is part of a hospital, medical center –  
9 including a medical office building – or other medical institution.

10 Section 4. This section is uncodified. Effective Date and Operative Date. This  
11 ordinance shall become effective 30 days from the date of passage. This Ordinance shall  
12 become operative only on (and no rights or duties are affected until) the later of (a) 30 days  
13 from the date of its passage, or (b) the date that Ordinance \_\_\_\_\_ becomes effective.  
14 A copy of said Ordinance is on file with the Clerk of the Board of Supervisors in File No.  
15 \_\_\_\_\_.

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

22 APPROVED AS TO FORM:  
23 DENNIS J. HERRERA, City Attorney  
24 By: Audrey Williams Pearson  
25 Audrey Williams Pearson  
Deputy City Attorney

Mayor Lee  
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1 [Zoning Map Amendments – CPMC: St. Luke's Campus]

2  
3 **Ordinance amending the San Francisco Planning Code by amending Sectional Maps**  
4 **SU07 and HT07 of the Zoning Map of the City and County of San Francisco to reflect**  
5 **the creation of the Cesar Chavez/Valencia Streets Medical Use Special Use District at**  
6 **the California Pacific Medical Center's St. Luke's Campus (Block 6575, Lots 001 and**  
7 **002; Block 6576, Lot 021; and a portion of San Jose Avenue between Cesar Chavez and**  
8 **27th Streets) and to allow an increase in height throughout the western portion of the**  
9 **California Pacific Medical Center's St. Luke's Campus (Block 6576, Lot 021, and a**  
10 **portion of San Jose Avenue between Cesar Chavez and 27th Streets) in order to allow**  
11 **for a new seismically safe replacement hospital; adopting findings, including**  
12 **environmental findings, Section 302 findings, and findings of consistency with the**  
13 **General Plan and the priority policies of Planning Code Section 101.1.**

14 NOTE: Additions are single-underline italics Times New Roman;  
15 deletions are ~~strike-through italics Times New Roman~~.  
16 Board amendment additions are double-underlined;  
17 Board amendment deletions are ~~strike-through normal~~.

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

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

21 (a) On \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning Commission certified  
22 as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the  
23 California Pacific Medical Center Long-Range Development Plan. A copy of Planning  
24 Commission Motion No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors in File  
25 No. \_\_\_\_\_. In accordance with the actions contemplated herein, this Board has

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1 reviewed the FEIR, and adopts and incorporates by reference as though fully set forth herein  
2 the findings, including a statement of overriding considerations and mitigation monitoring and  
3 reporting program, pursuant to the California Environmental Quality Act (California Public  
4 Resources Code section 21000 et seq.), adopted by the Planning Commission on  
5 \_\_\_\_\_ in Motion \_\_\_\_\_. Said Motion is on file with the Clerk of the Board of  
6 Supervisors in File No. \_\_\_\_\_.

7 (b) On \_\_\_\_\_, the Planning Commission conducted a duly noticed public  
8 hearing on the proposed Zoning Map amendments and, by Resolution No. \_\_\_\_\_,  
9 recommended them for approval. The Planning Commission found that the proposed Zoning  
10 Map amendments were, on balance, consistent with the City's General Plan, as it is proposed  
11 for amendment, and with Planning Code Section 101.1(b). A copy of said Resolution is on file  
12 with the Clerk of the Board of Supervisors in File No. \_\_\_\_\_ and is incorporated  
13 herein by reference.

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

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

24 Section 2. The San Francisco Planning Code is hereby amended by amending  
25 Sectional Map SU07 of the Zoning Map of the City and County of San Francisco, as follows:

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<u>Description of Property</u>	<u>Special Use District Hereby Approved</u>
Assessor's Blocks 6575 (Lots 001, 002), 6576 (Lot 021); San Jose Avenue (between Cesar Chavez and 27 <sup>th</sup> Street) and their successor Blocks and Lots.	Cesar Chavez/Valencia Streets Medical Use Special Use District

Section 3. The San Francisco Planning Code is hereby amended by amending Sectional Map HT07 of the Zoning Map of the City and County of San Francisco, as follows:

<u>Description of Property</u>	<u>Height and Bulk Districts to be Superseded</u>	<u>Height and Bulk Districts Hereby Approved</u>
Assessor's Blocks 6576 (Lot 021) and its successor Block(s) and Lot(s).	65-A	105-E
San Jose Avenue (between Cesar Chavez and 27th Streets) and its successor Block(s) and Lot(s).	Not applicable	105-E

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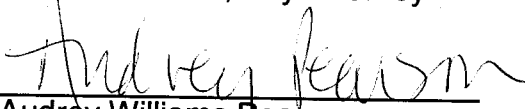
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1 Section 4. This section is uncodified. Effective Date and Operative Date. This  
2 ordinance shall become effective 30 days from the date of passage. This Ordinance shall  
3 become operative only on (and no rights or duties are affected until) the later of (a) 30 days  
4 from the date of its passage, or (b) the date that Ordinance \_\_\_\_\_ becomes effective.

5 A copy of said Ordinance is on file with the Clerk of the Board of Supervisors in File No.

6 \_\_\_\_\_  
7  
8 APPROVED AS TO FORM:  
9 DENNIS J. HERRERA, City Attorney

10 By:

  
11 Audrey Williams Pearson  
12 Deputy City Attorney  
13  
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Mayor Lee  
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1 [Development Agreement – California Pacific Medical Center]

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

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

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

18 Section 1. Project Findings. The Board of Supervisors makes the following findings:

19 (a) California Government Code Section 65864 et seq. authorizes any city, county, or  
20 city and county to enter into an agreement for the development of real property within the  
21 jurisdiction of the city, county, or city and county.

22 (b) Chapter 56 of the San Francisco Administrative Code ("Chapter 56") sets forth  
23 certain procedures for the processing and approval of development agreements in the City  
24 and County of San Francisco (the "City").

25  
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1 (c) Sutter West Bay Hospitals, a California nonprofit public benefit corporation doing  
2 business as California Pacific Medical Center ("CPMC"), is the owner of certain real property  
3 associated with the CPMC Long Range Development Plan ("LRDP") located at various  
4 locations in the City and County of San Francisco and generally referred to as the St. Luke's  
5 Campus, Cathedral Hill (Van Ness and Geary) Campus, Davies Campus, Pacific Campus and  
6 California Campus (the "Project Sites").

7 (d) CPMC's proposed LRDP describes an integrated, modern system of health care  
8 with medical facilities that would comply with State of California hospital seismic safety laws  
9 under a city-wide system of care. The LRDP proposes three state-of-the-art acute care  
10 hospitals, increasing the number of San Francisco's earthquake safe hospital beds, creating  
11 1,500 construction jobs (anticipating approximately \$2.5 billion in total development costs),  
12 retaining and growing over 6,000 existing CPMC jobs and improving health care access for  
13 San Franciscans.

14 (e) CPMC's 2008 Institutional Master Plan describes CPMC's LRDP. Following the  
15 San Francisco Planning Commission and the Public Health Commission hearings on the  
16 Institutional Master Plan, the Planning Commission on November 19, 2009 accepted the IMP,  
17 and in November 2011, the IMP was updated, all in compliance with San Francisco Planning  
18 Code Section 304.5 (as so updated, the "IMP").

19 (f) On \_\_\_\_\_, 2011, CPMC filed an application with the City's Planning  
20 Department for approval of a development agreement relating to the Project Sites (the  
21 "Development Agreement") under Chapter 56. A copy of the Development Agreement is on  
22 file with the Clerk of the Board in File No. \_\_\_\_\_. Developer also filed applications  
23 with the Department for certain activities described in Exhibit B to the Development  
24 Agreement (together with the Development Agreement, the "Project"). The Project includes  
25 the "Near Term Projects," which generally include the following: (i) on the St. Luke's Campus,

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1 a new replacement hospital, renovation and reuse of the 1957 Building, demolition of the  
2 existing hospital tower, construction of a new medical office building, and construction of an  
3 entry plaza, courtyard and public pedestrian pathway; (ii) on the new Cathedral Hill Campus, a  
4 new hospital and medical office building and the renovation and reuse of an existing office  
5 building as a full medical office use; and (iii) on the Davies Campus, a new Neuroscience  
6 Institute building. The Project also proposes that a portion of the San Jose Avenue right-of-  
7 way between Cesar Chavez Street and 27<sup>th</sup> Street will be vacated by the City and transferred  
8 to CPMC for incorporation into the St. Luke's Campus, and that a pedestrian tunnel will be  
9 constructed beneath Van Ness Avenue connecting the eastern portion of Cathedral Hill  
10 Hospital to the western portion of the Cathedral Hill MOB.

11 (g) CPMC also proposes certain Long-Term Projects (as also described in Exhibit B to  
12 the Development Agreement), which are subject to additional review and approvals and  
13 generally include the following: (i) on the Davies Campus, a new medical office building; and  
14 (ii) on the Pacific Campus, an ambulatory care center addition including administrative and  
15 medical office uses and underground and above-ground parking facilities.

16 (h) Concurrently with this Ordinance, the Board is taking a number of actions in  
17 furtherance of the Project, as generally described in Exhibit J to the Development Agreement.

18 (i) The Project would enable CPMC to continue to provide high-quality patient care  
19 using ground-breaking technology in seismically safe, state-of-the-art acute care hospitals,  
20 increasing the number of highest rated earthquake safe hospital beds, retaining and  
21 increasing emergency room capacity in San Francisco, and providing critical resources for  
22 San Francisco's disaster preparedness. In addition to the significant benefits which the City  
23 will realize due to CPMC's proposed Project, the City has determined that as a result of the  
24 development of the Project in accordance with the Development Agreement additional clear  
25 benefits to the public will accrue that could not be obtained through application of existing City

1 ordinances, regulations, and policies. Some of the major additional public benefits that would  
2 arise with implementation of the Project include: rebuilding St. Luke's Hospital at a cost of  
3 approximately \$250 million; a workforce development program that includes a first source  
4 hiring program for construction and operation activities, a local business enterprise hiring  
5 agreement and a workforce training payment of \$2 million; a community healthcare program  
6 which includes commitments for St. Luke's operation and a substantial health care services  
7 program for the poor and underserved; a housing program providing over \$62 million to  
8 replacement units, affordable housing and down payment assistance; and transportation and  
9 public improvement funding, all as more particularly described in the Development  
10 Agreement. The Development Agreement will eliminate uncertainty in the City's land use  
11 planning for the Project and secure orderly development of the Project Sites.

12 Section 2. CEQA Findings.

13 On \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning Commission certified as  
14 adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the  
15 California Pacific Medical Center Long-Range Development Plan. A copy of Planning  
16 Commission Motion No. \_\_\_\_\_ is on file with the Clerk of the Board of Supervisors in  
17 File No. \_\_\_\_\_. Also on \_\_\_\_\_, by Motion No. \_\_\_\_\_, the Planning  
18 Commission adopted findings, including a statement of overriding considerations and a  
19 mitigation monitoring and reporting program, pursuant to the California Environmental Quality  
20 Act (California Public Resources Code Section 21000 et seq.) ("CEQA"). In accordance with  
21 the actions contemplated herein, this Board has reviewed the FEIR and adopts and  
22 incorporates by reference as though fully set forth herein the findings, including a statement of  
23 overriding considerations, pursuant to CEQA, adopted by the Planning Commission on  
24 \_\_\_\_\_ in Motion No. \_\_\_\_\_. Said Motion is on file with the Clerk of the Board of  
25 Supervisors in File No. \_\_\_\_\_.

Mayor Lee  
**BOARD OF SUPERVISORS**

1 Section 3. General Plan and Planning Code Section 101.1(b) Findings.

2 (a) The Board of Supervisors finds that the Development Agreement will serve the  
3 public necessity, convenience and general welfare for the reasons set forth in Planning  
4 Commission Resolution No. \_\_\_\_\_ and incorporates those reasons herein by reference.

5 (b) The Board of Supervisors finds that the Development Agreement is in conformity  
6 with the General Plan, as proposed to be amended and when effective, and the eight priority  
7 policies of Planning Code Section 101.1 for the reasons set forth in Planning Commission  
8 Resolution No. \_\_\_\_\_. The Board hereby adopts the findings set forth in Planning  
9 Commission Resolution No. \_\_\_\_\_ and incorporates those findings herein by reference.

10 Section 4. Development Agreement.

11 (a) The Board of Supervisors approves all of the terms and conditions of the  
12 Development Agreement, in substantially the form on file with the Clerk of the Board of  
13 Supervisors in File No. \_\_\_\_\_.

14 (b) The Board of Supervisors approves and authorizes the execution, delivery and  
15 performance by the City of the Development Agreement as follows: (i) the Director of  
16 Planning and (other City officials listed thereon) are authorized to execute and deliver the  
17 Development Agreement and consents thereto, and (ii) the Director of Planning and other  
18 applicable City officials are authorized to take all actions reasonably necessary or prudent to  
19 perform the City's obligations under the Development Agreement in accordance with the  
20 terms of the Development Agreement. The Director of Planning, at his or her discretion and in  
21 consultation with the City Attorney, is authorized to enter into any additions, amendments or  
22 other modifications to the Development Agreement that the Director of Planning determines  
23 are in the best interests of the City and that do not materially increase the obligations or  
24 liabilities of the City or materially decrease the benefits to the City as provided in the  
25

1 Development Agreement, subject to the approval of any affected City agency as more  
2 particularly described in the Development Agreement.

3 Section 5. Board Authorization and Appropriation.

4 By approving the Development Agreement, including its Exhibits, the Board of  
5 Supervisors authorizes the Controller and City Departments to accept the funds paid by  
6 CPMC as set forth therein, to maintain separate, interest-bearing accounts or subaccounts as  
7 contemplated therein, and to appropriate and use the funds for the purposes described  
8 therein. Any interest earned on the funds shall remain in the designated account or  
9 subaccount for use consistent with the identified purpose and shall not be transferred to the  
10 City's General Fund except as permitted by the Development Agreement.

11 Section 6. Chapter 56 Conformity.

12 The Development Agreement shall prevail in the event of any conflict between the  
13 Development Agreement and Administrative Code Chapter 56, and without limiting the  
14 generality of the foregoing clause, for purposes of the Development Agreement only, the  
15 provisions of Chapter 56 are waived or its provisions deemed satisfied as follows:

16 (a) CPMC shall constitute a permitted "Applicant/Developer."

17 (b) The provisions of Development Agreement Section 4.6 and the Workforce  
18 Agreement attached to the Development Agreement as Exhibit E shall apply in lieu of the  
19 provisions of Chapter 56, Section 56.7(c).

20 (c) The provisions of the Development Agreement regarding any amendment or  
21 termination, including those relating to "Material Change," shall apply in lieu of the provisions  
22 of Chapter 56, Section 56.15.

23 (d) The provisions of Chapter 56, Section 56.20 have been satisfied by the  
24 "Memorandum of Understanding on the Proposed CPMC Project" between CPMC and the  
25 Mayor's Office of Economic and Workforce Development, the Department of City Planning

Mayor Lee  
**BOARD OF SUPERVISORS**

1 and the Department of Public Works on file with the Clerk of the Board of Supervisors in File  
2 No. \_\_\_\_\_.

3 Section 7. Chapter 56 Waiver; Ratification.

4 (a) In connection with the Development Agreement, the Board of Supervisors finds  
5 that the requirements of Chapter 56, as modified hereby, have been substantially complied  
6 with, and hereby determines that the CPMC Project taken as a whole constitutes the type of  
7 large multi-phase and/or mixed-use development contemplated by Section 56.3(g) and waives  
8 any procedural or other requirements of Chapter 56 if and to the extent that they have not  
9 been strictly complied with.

10 (b) All actions taken by City officials in preparing and submitting the Development  
11 Agreement to the Board of Supervisors for review and consideration are hereby ratified and  
12 confirmed, and the Board of Supervisors hereby authorizes all subsequent action to be taken  
13 by City officials consistent with this Ordinance.

14 Section 8. Effective and Operative Date.

15 This ordinance shall become effective 30 days from the date of passage. This  
16 Ordinance shall become operative only on (and no rights or duties are affected until) the later  
17 of (a) 30 days from the date of its passage, or (b) the date that Ordinance \_\_\_\_\_,  
18 Ordinance \_\_\_\_\_, and Ordinance \_\_\_\_\_ have become effective. Copies of said  
19 Ordinances are on file with the Clerk of the Board of Supervisors in File No. \_\_\_\_\_.

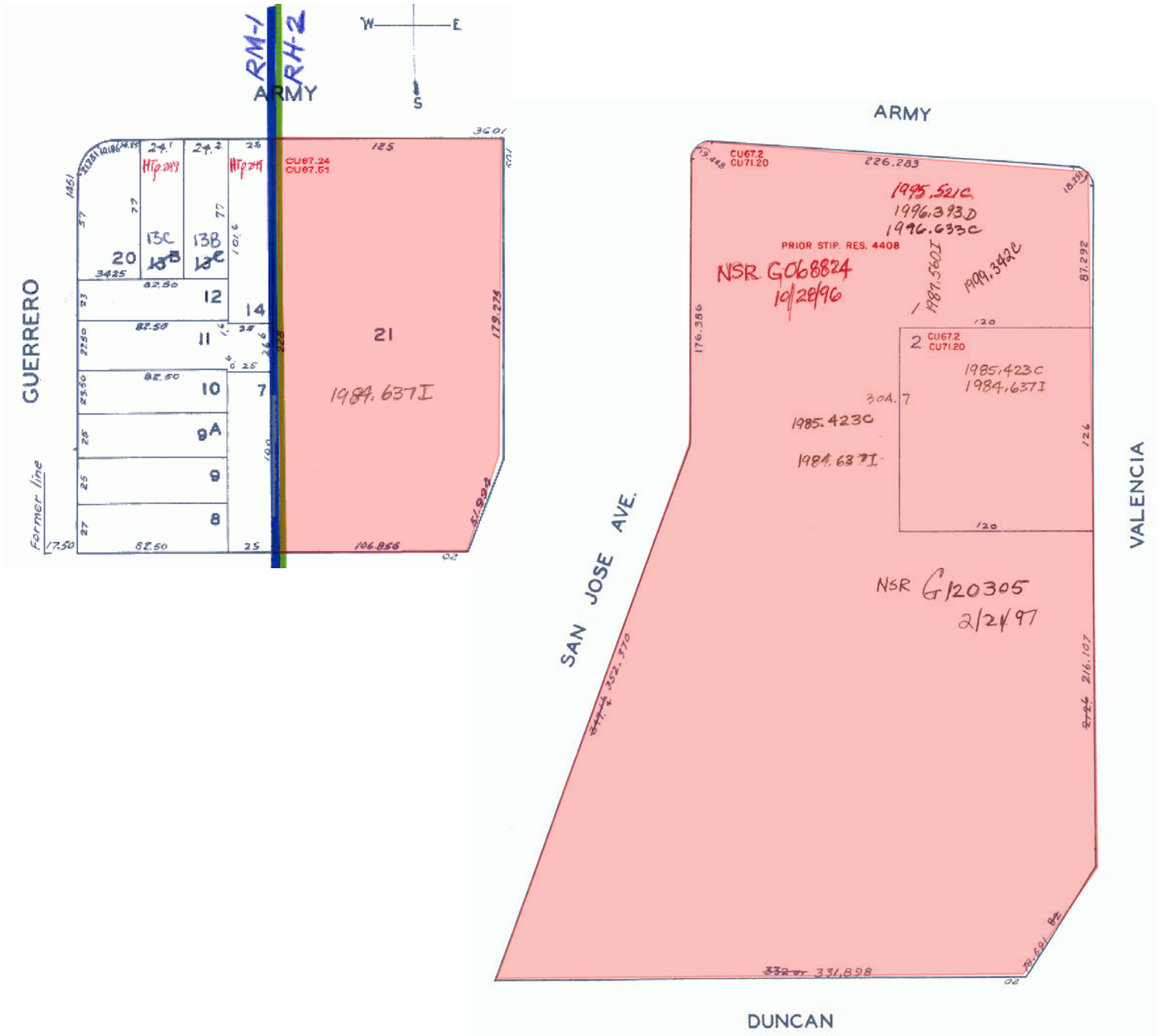
20  
21 APPROVED AS TO FORM:  
DENNIS J. HERRERA, City Attorney

22  
23 By: \_\_\_\_\_

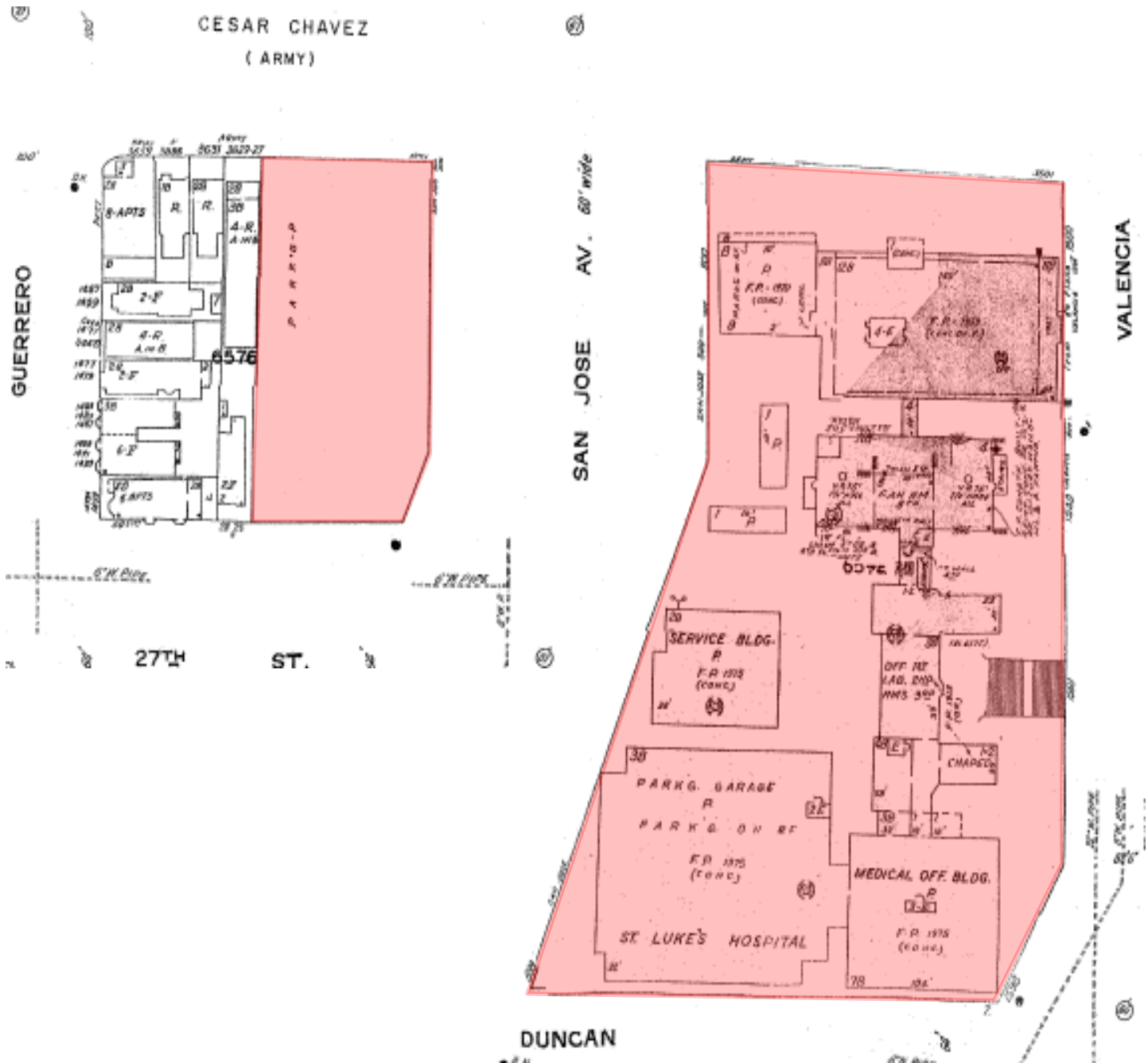
Charles Sullivan  
Deputy City Attorney

24  
25  
Mayor Lee  
BOARD OF SUPERVISORS

# Parcel Map



# Sanborn Map\*

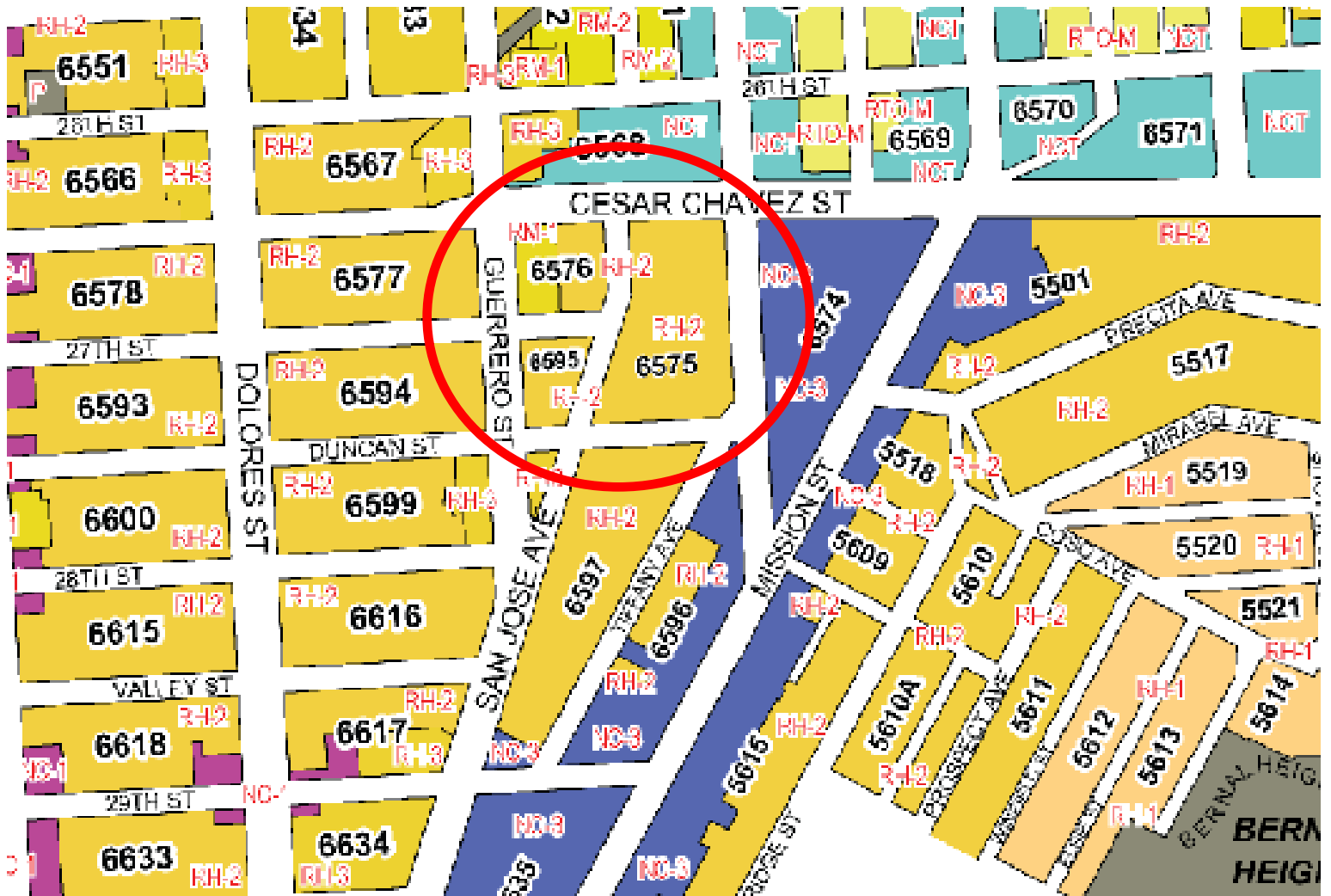


\*The Sanborn Maps in San Francisco have not been updated since 1998, and this map may not accurately reflect existing conditions.



CPMC – St. Luke’s Campus  
 Case Numbers 2009.0886; 2012.0403  
 3555 Cesar Chavez Street

# Zoning Map



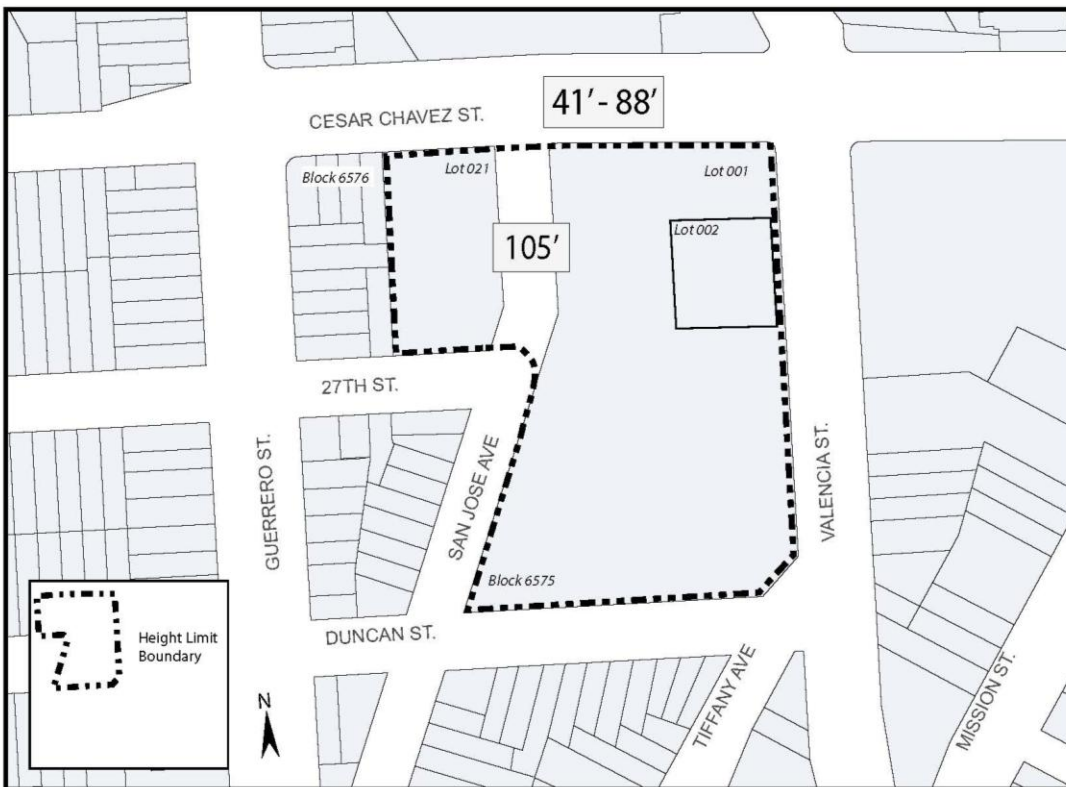
CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street



# General Plan Urban Design Element Map 4



**EXISTING**



**PROPOSED**

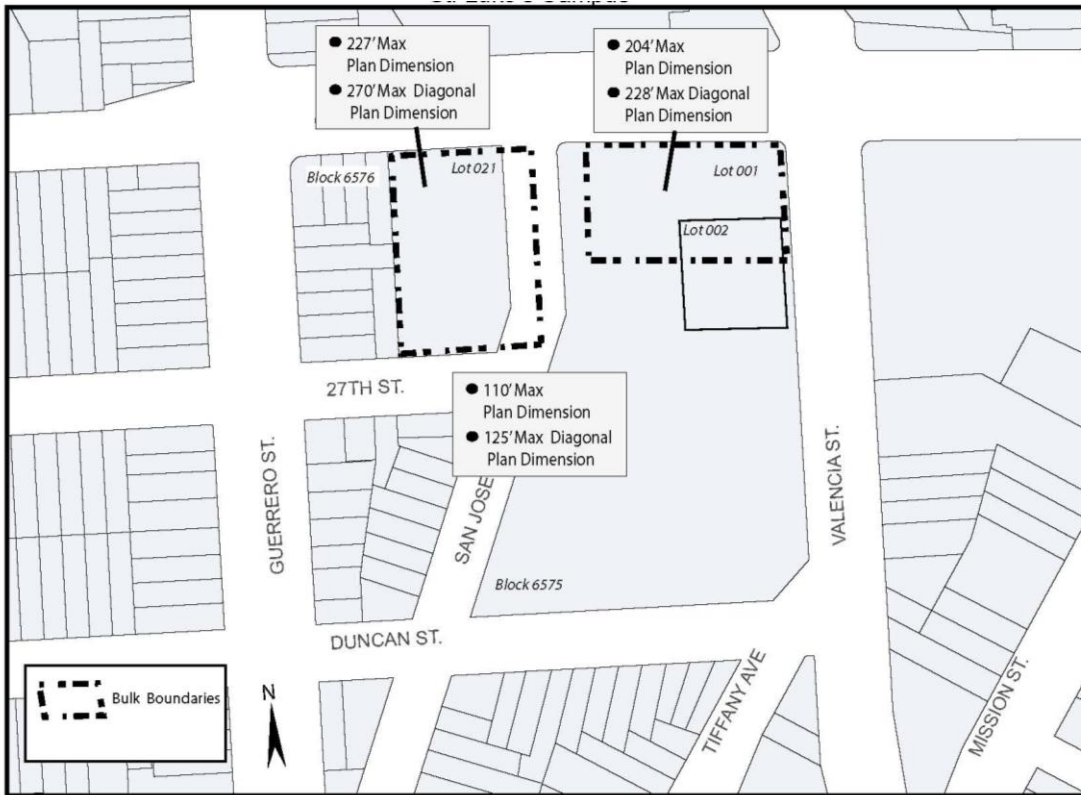


CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# General Plan Urban Design Element Map 5



**EXISTING**

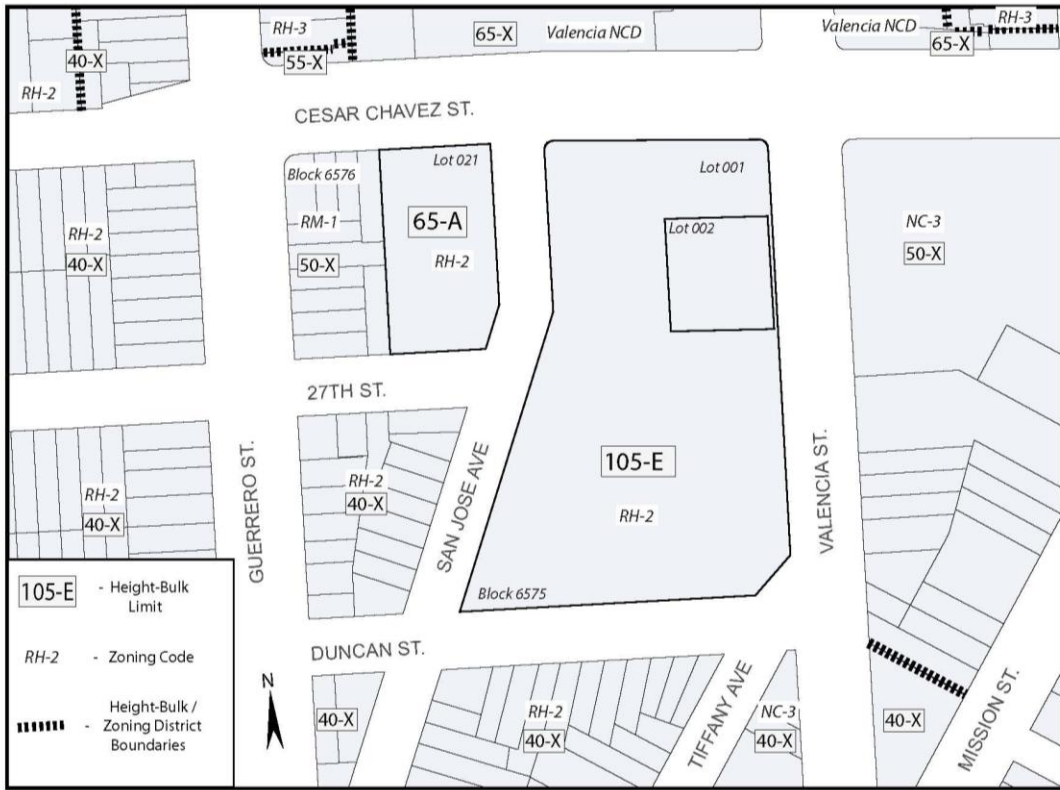


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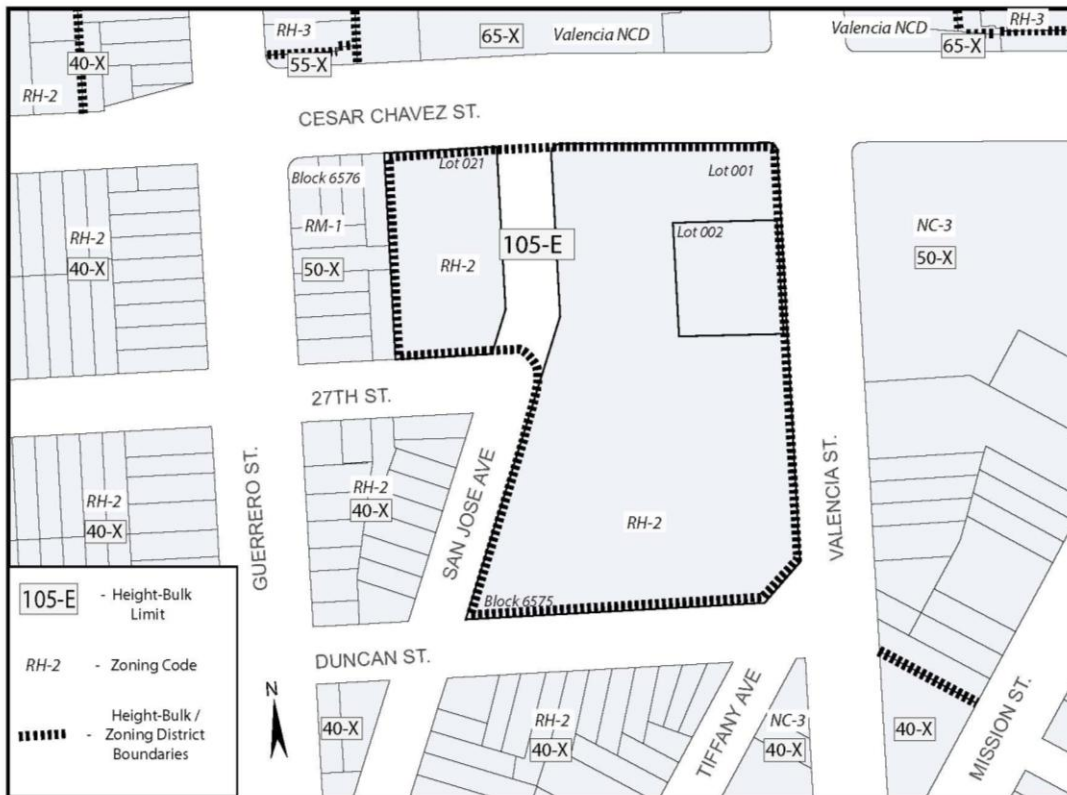


CPMC – St. Luke’s Campus  
 Case Numbers 2009.0886; 2012.0403  
 3555 Cesar Chavez Street

# Planning Code Zoning Map Sheet HT07



**EXISTING**

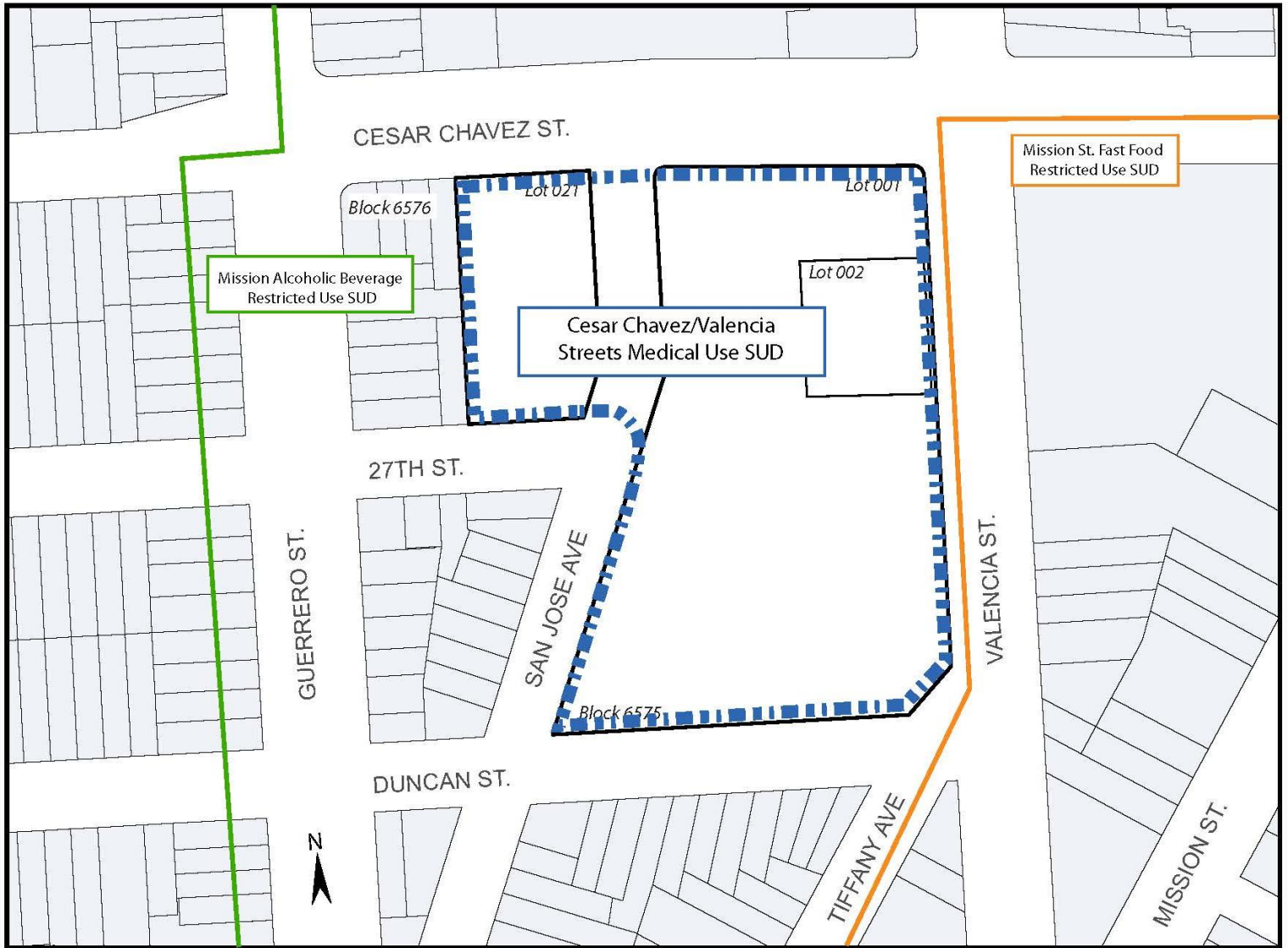


**PROPOSED**



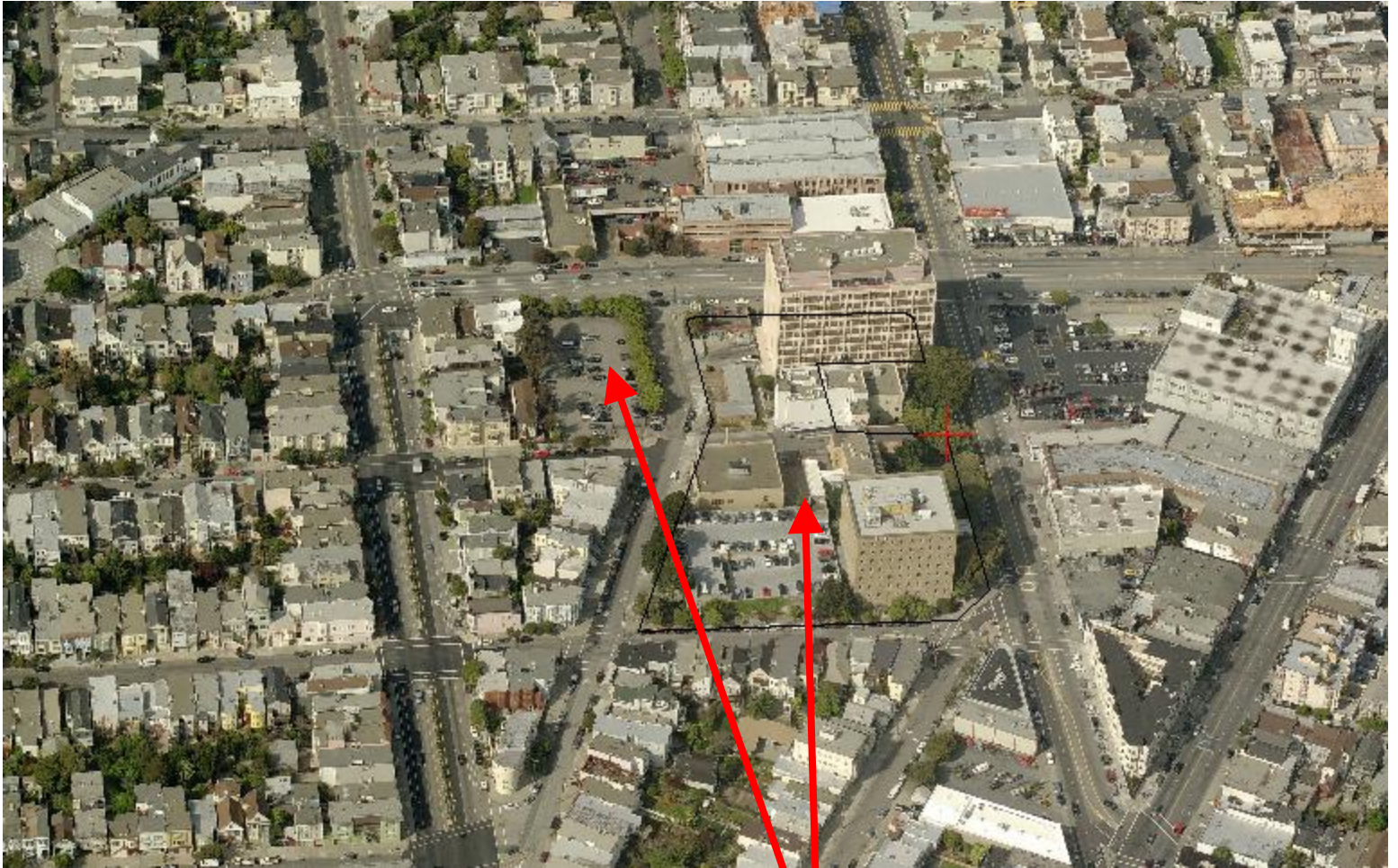
CPMC – St. Luke’s Campus  
 Case Numbers 2009.0886; 2012.0403  
 3555 Cesar Chavez Street

# Planning Code Zoning Map Sheet SU07



CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Aerial Photo



**SUBJECT PROPERTY**



CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Existing Site Photos



St. Luke's Hospital Tower: View looking south from Cesar Chavez Street



St. Luke's Hospital Tower and surface parking lot: View looking southeast from Cesar Chavez Street

CPMC – St. Luke's Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Existing Site Photos



Surface parking lot: View looking south from Cesar Chavez Street



San Jose Avenue looking south from Cesar Chavez Street

CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Existing Site Photos



St. Luke's Hospital Tower: View looking southwest from Cesar Chavez Street



Montegle Building and St. Luke's Hospital Tower: View looking southwest from Cesar Chavez Street

CPMC – St. Luke's Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street



# Existing Site Photos



Side of 1957 building and St. Luke's Hospital Tower: View looking west from



1912 Building: View looking west from Valencia Street

CPMC – St. Luke's Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Existing Site Photos



Entrance to Monteagle Building and 1912 Building:  
View looking west from Valencia Street



Monteagle Building: View looking northwest from Valencia Street and  
Duncan Street

CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Existing Site Photos



Duncan St. Parking Garage: View looking northeast from Duncan Street and San Jose Avenue



Hartzell Building: View looking east from San Jose Avenue

CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Existing Site Photos



View looking east from San Jose Avenue



St. Luke’s Hospital Tower, 1957 Building, Redwood Administration Building:  
View looking east from San Jose Avenue

CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Existing Site Photos



St. Luke's Hospital Tower: View looking east from San Jose Avenue

CPMC – St. Luke's Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Site Photos

## View Looking NE along San Jose Avenue from Duncan Street



EXISTING



PROPOSED

# Site Photos

## View Looking East on Cesar Chavez Street at Guerrero Street



EXISTING



PROPOSED

CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street

# Site Photos

## View Looking South on Valencia Street b/w 25<sup>th</sup> and 26<sup>th</sup> Streets



EXISTING



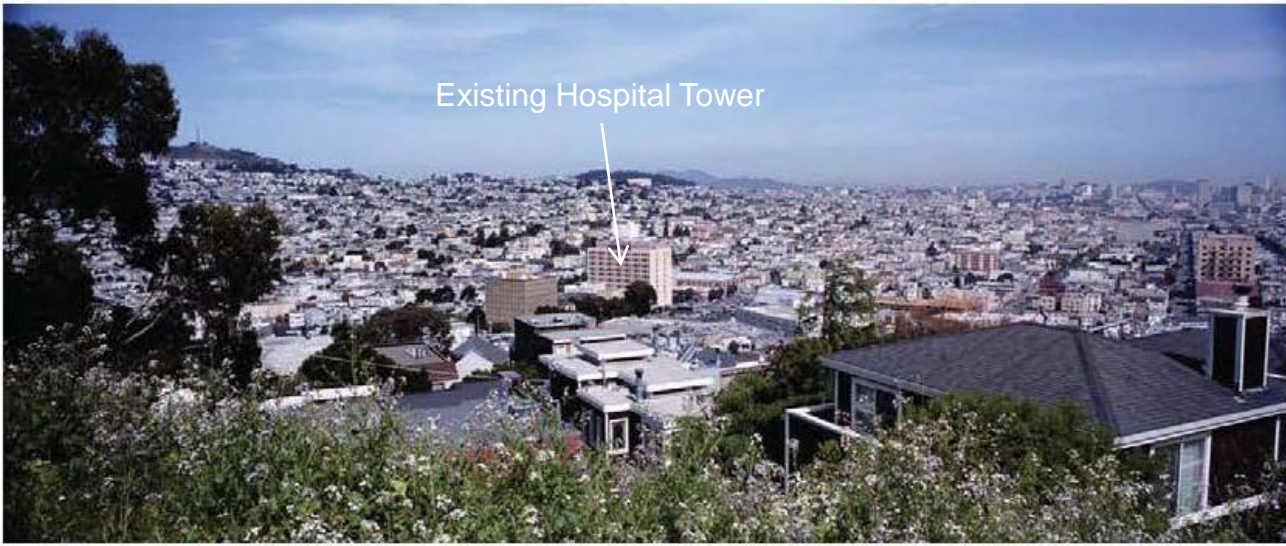
PROPOSED

CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street



# Site Photos

## View Looking Northwest from Bernal Heights Park



EXISTING



PROPOSED

# Site Photos

## View Looking West on Cesar Chavez Street at Capp Street



EXISTING

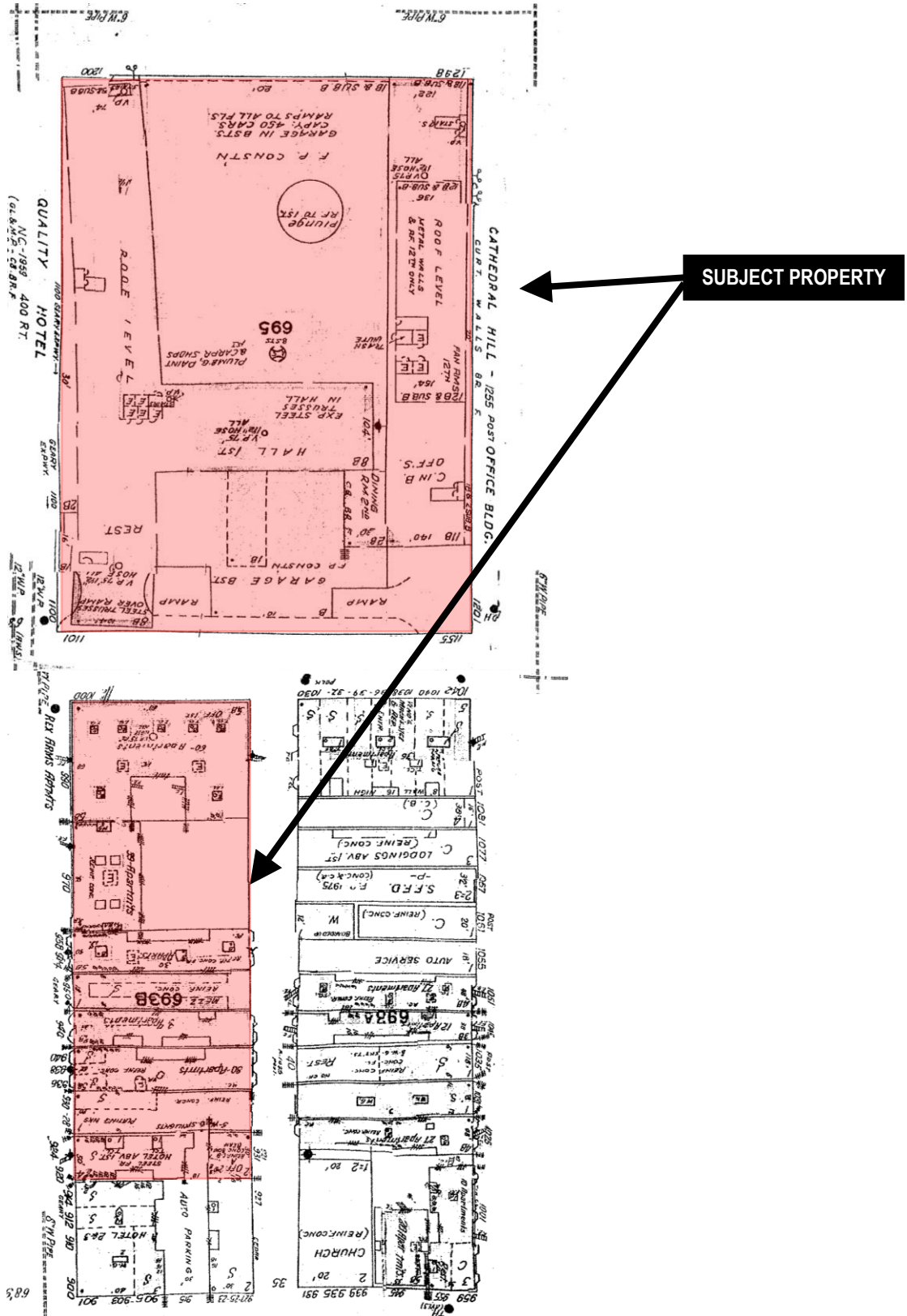


PROPOSED

CPMC – St. Luke’s Campus  
Case Numbers 2009.0886; 2012.0403  
3555 Cesar Chavez Street



# Sanborn Map\*

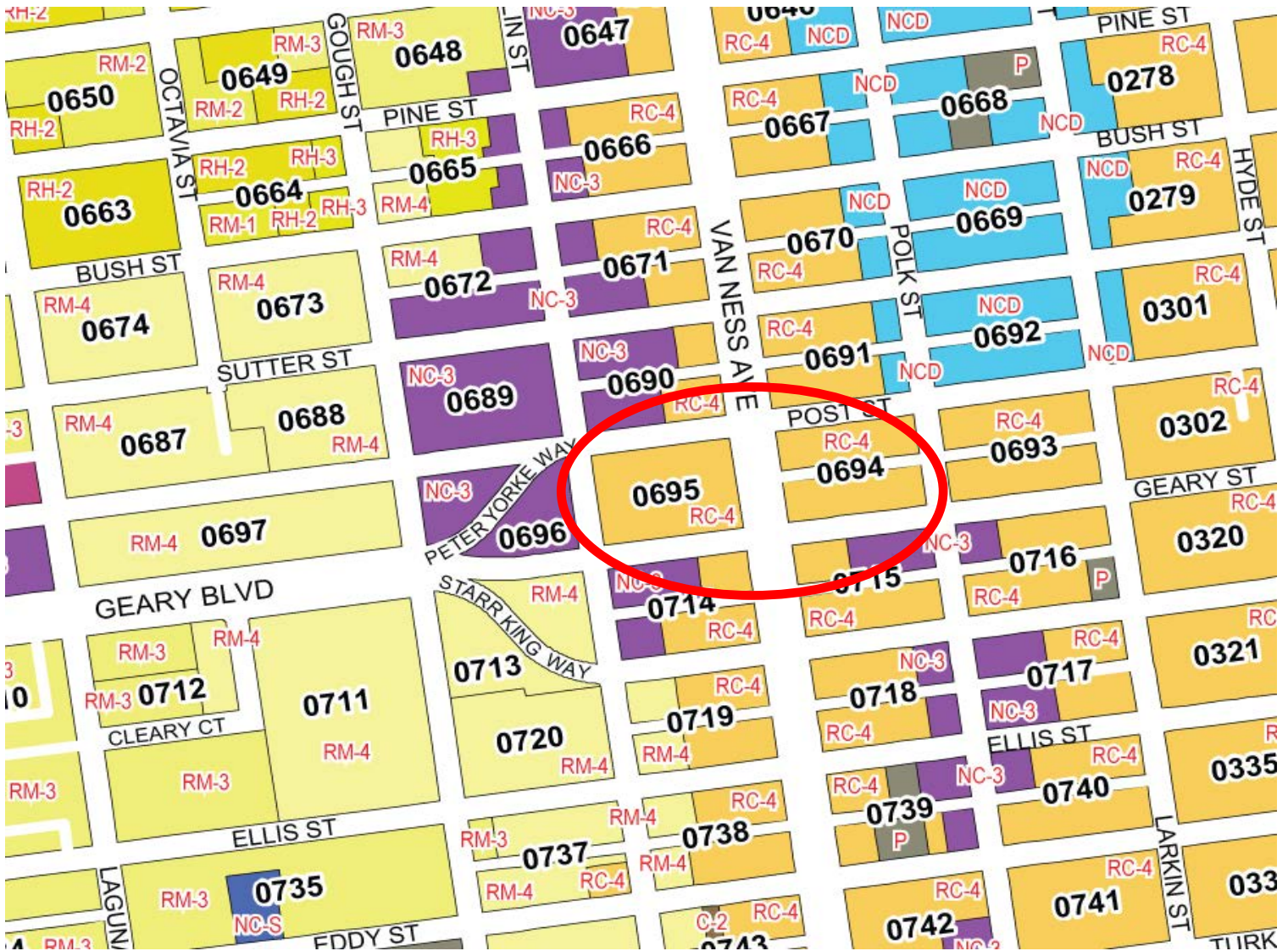


\*The Sanborn Maps in San Francisco have not been updated since 1998, and this map may not accurately reflect existing conditions.



CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

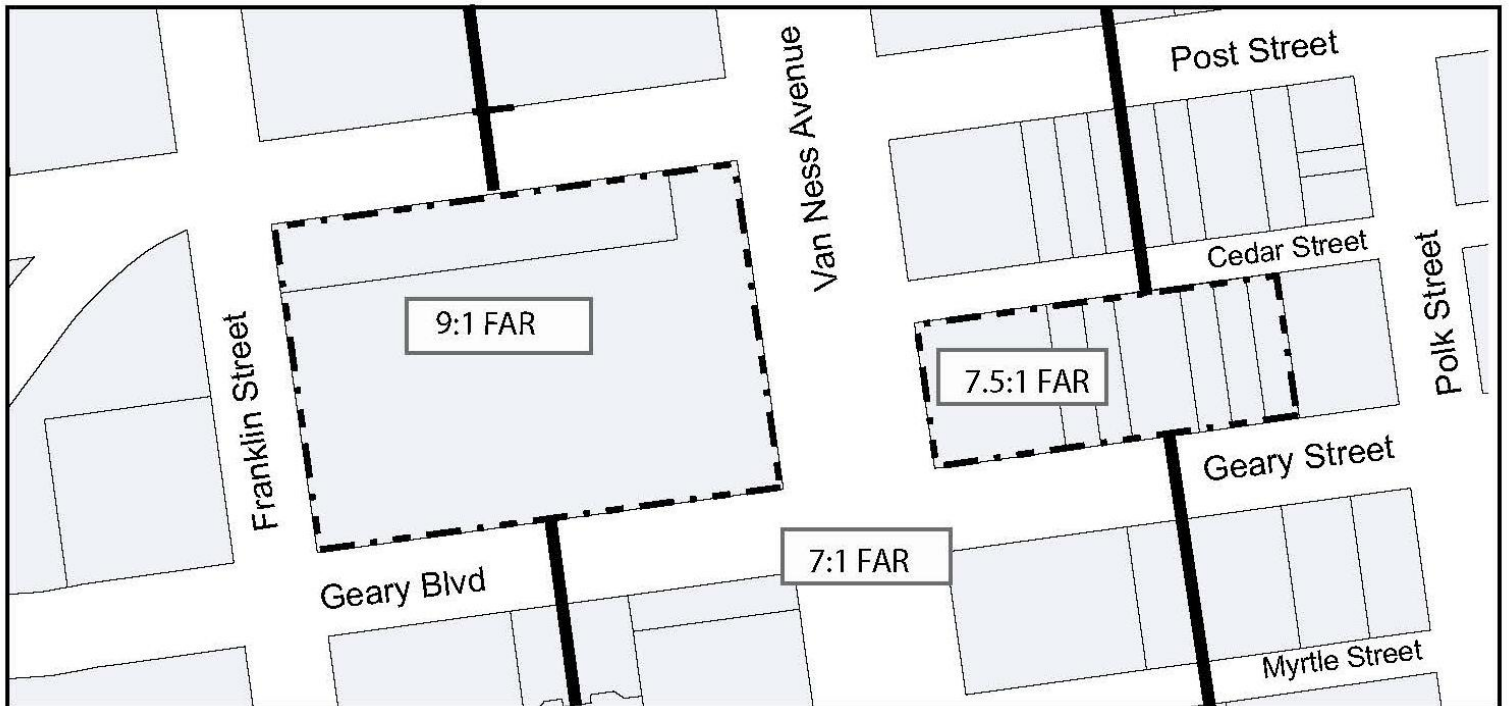
# Zoning Map



# General Plan Van Ness Area Plan Map 1



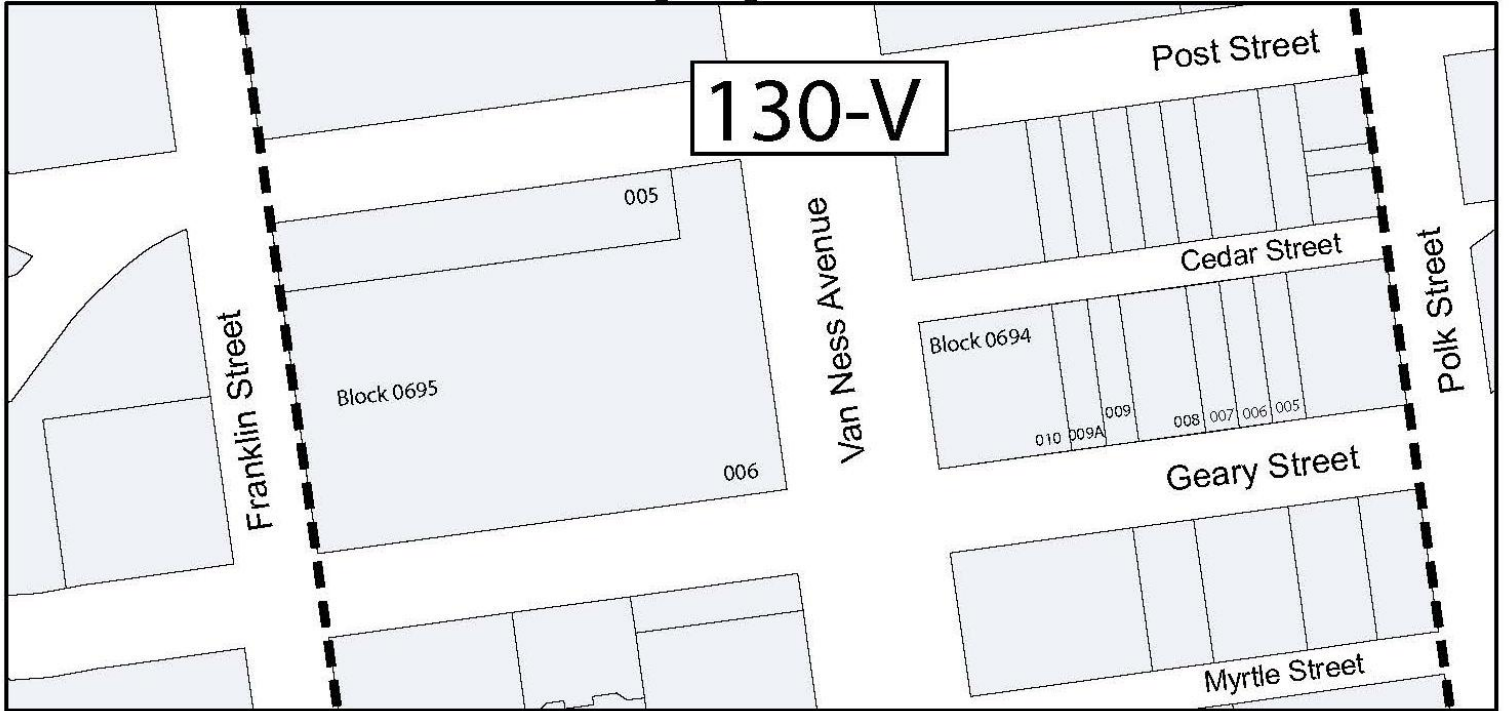
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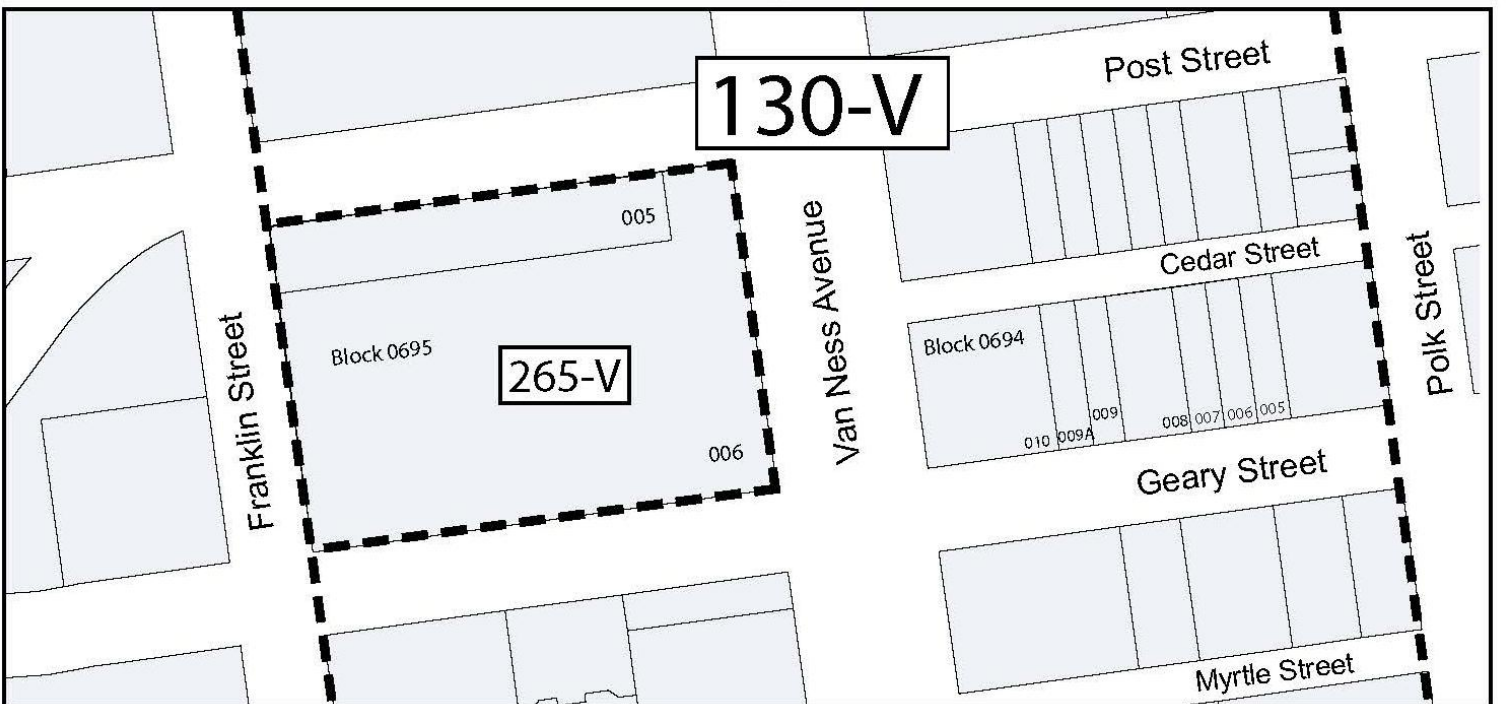
**PROPOSED**



# General Plan Van Ness Area Plan Map 2



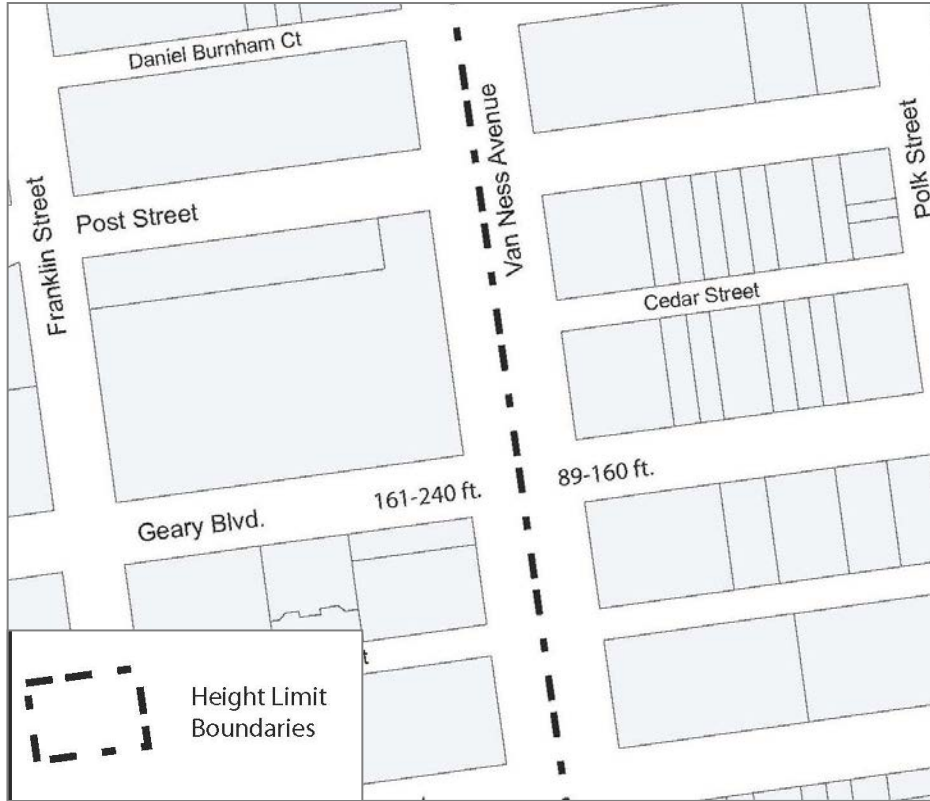
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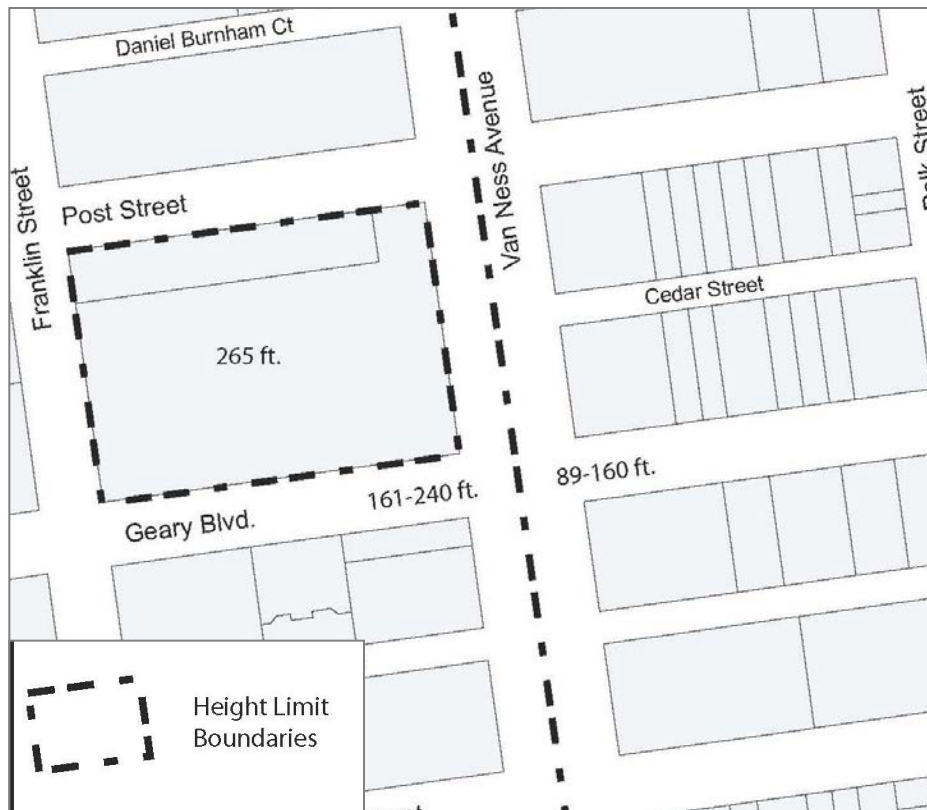
**PROPOSED**



# General Plan Urban Design Element Map 4



**EXISTING**

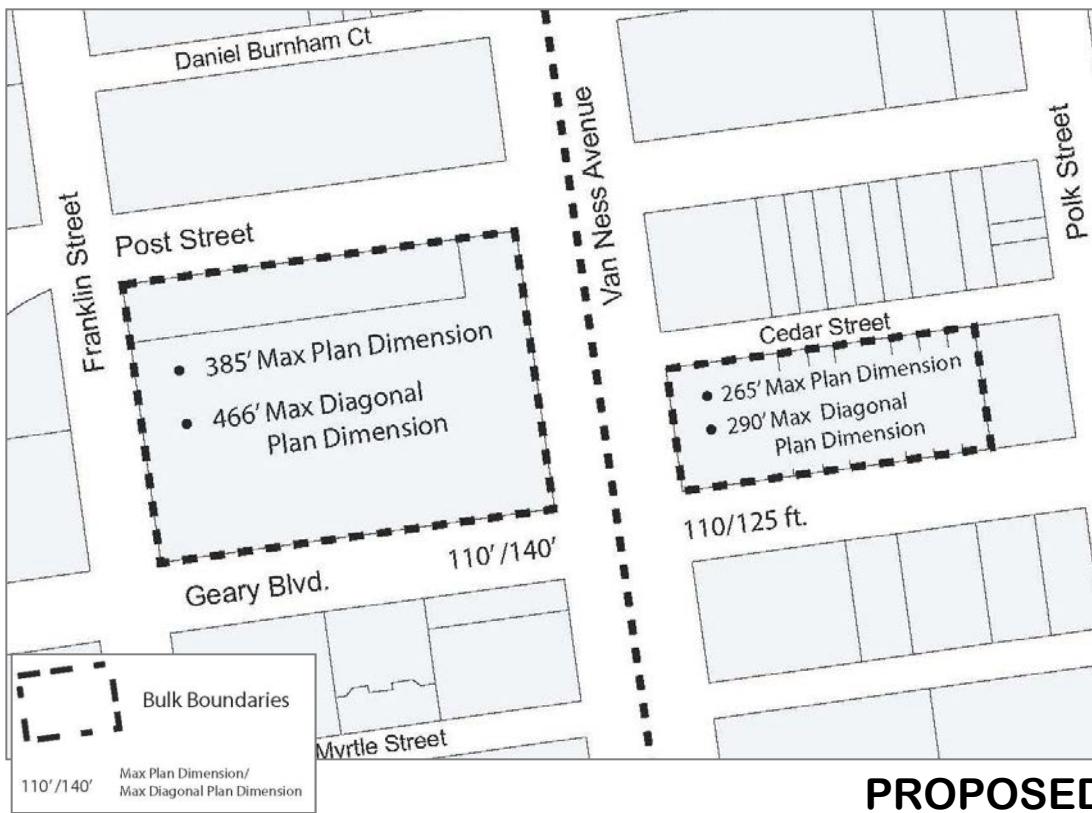
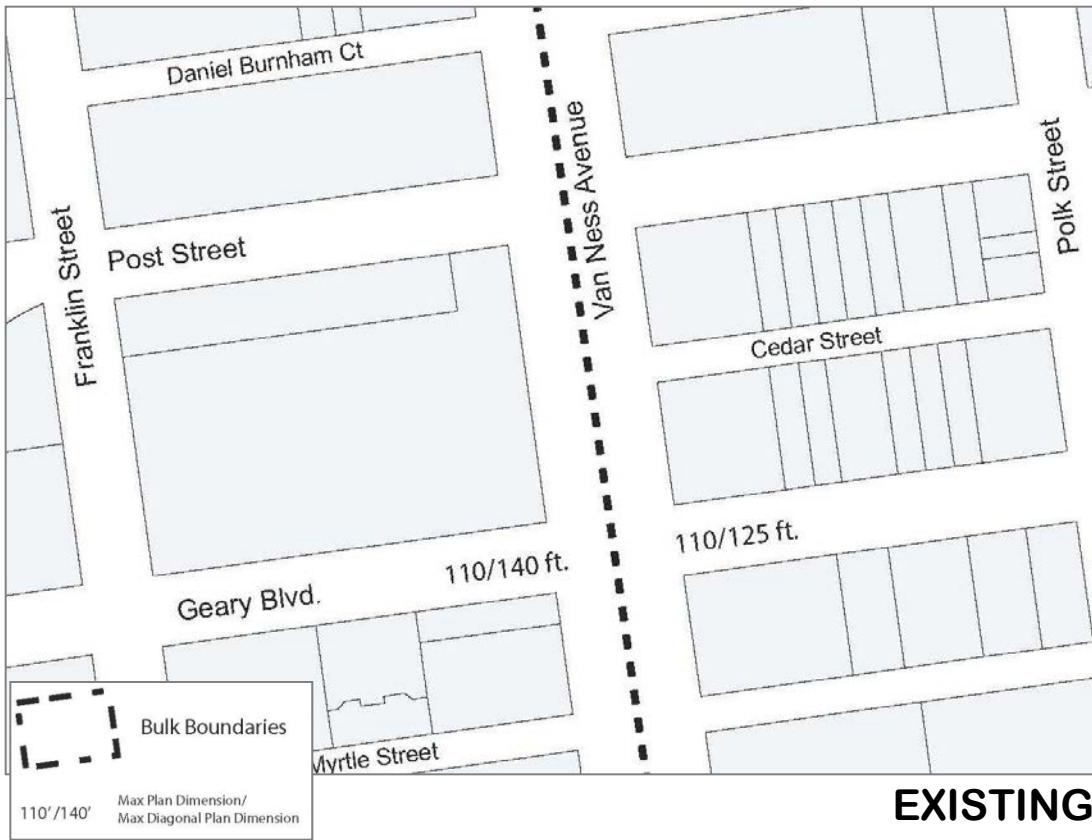


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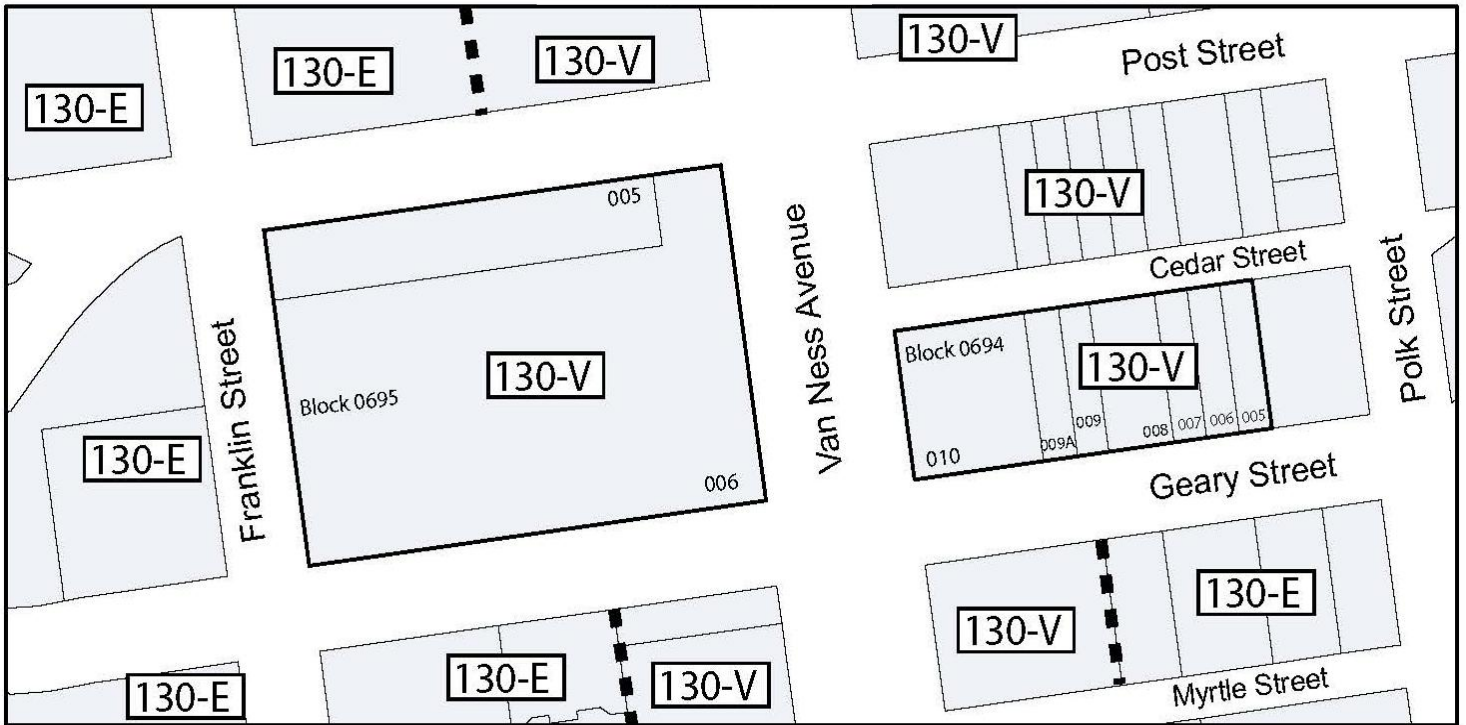




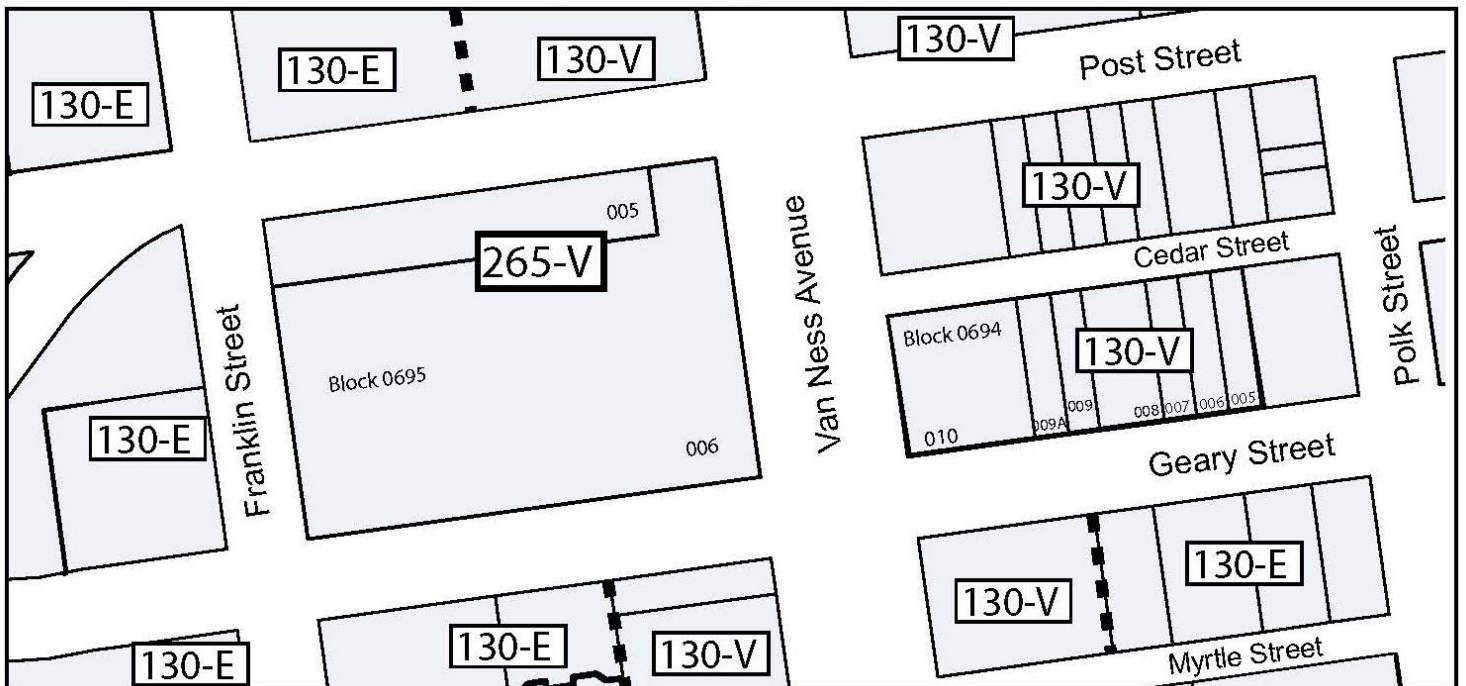
# General Plan Urban Design Element Map 5



# Planning Code Zoning Map Sheet HT02



**EXISTING**



**PROPOSED**



# Planning Code Zoning Map Sheet SU02



# Aerial Photo



**SUBJECT PROPERTY**



# Existing Site Photos



View looking west from Van Ness Avenue



View looking southwest from Van Ness Avenue

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Existing Site Photos



View looking east from Cedar Street



View looking west from Cedar Street

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Existing Site Photos



View of southeast corner from Van Ness Avenue



View looking west from Van Ness and Geary

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Existing Site Photos



View looking northeast from Geary Boulevard



View looking east from Franklin Street

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue



# Existing Site Photos



View looking southwest from Post Street



View looking southwest from Van Ness Avenue and Post Street

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Existing Site Photos



View looking east from Geary Boulevard



View looking west from Geary Street

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Existing Site Photos



View looking east from Van Ness Avenue



View looking north from Geary Street

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Existing Site Photos



View looking north from Geary Street

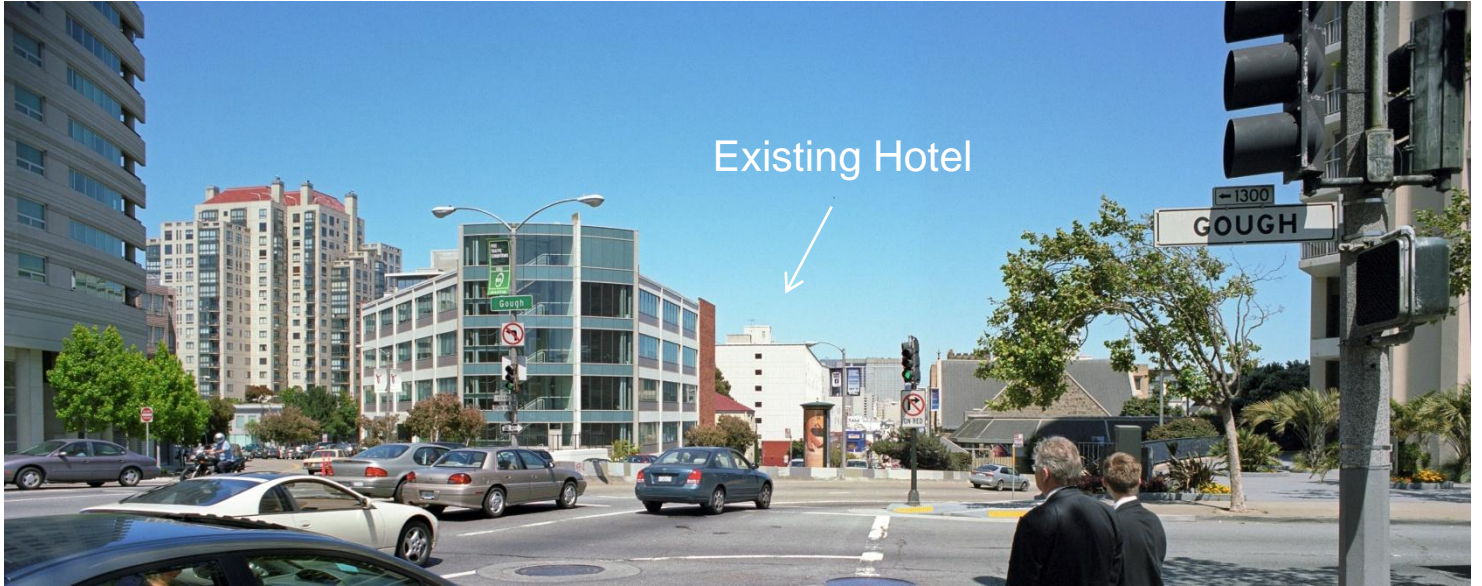


View looking north from Geary Street

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Site Photos

## View Geary Boulevard at Gough Street



EXISTING



PROPOSED

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Site Photos

## Van Ness Avenue at City Hall



EXISTING

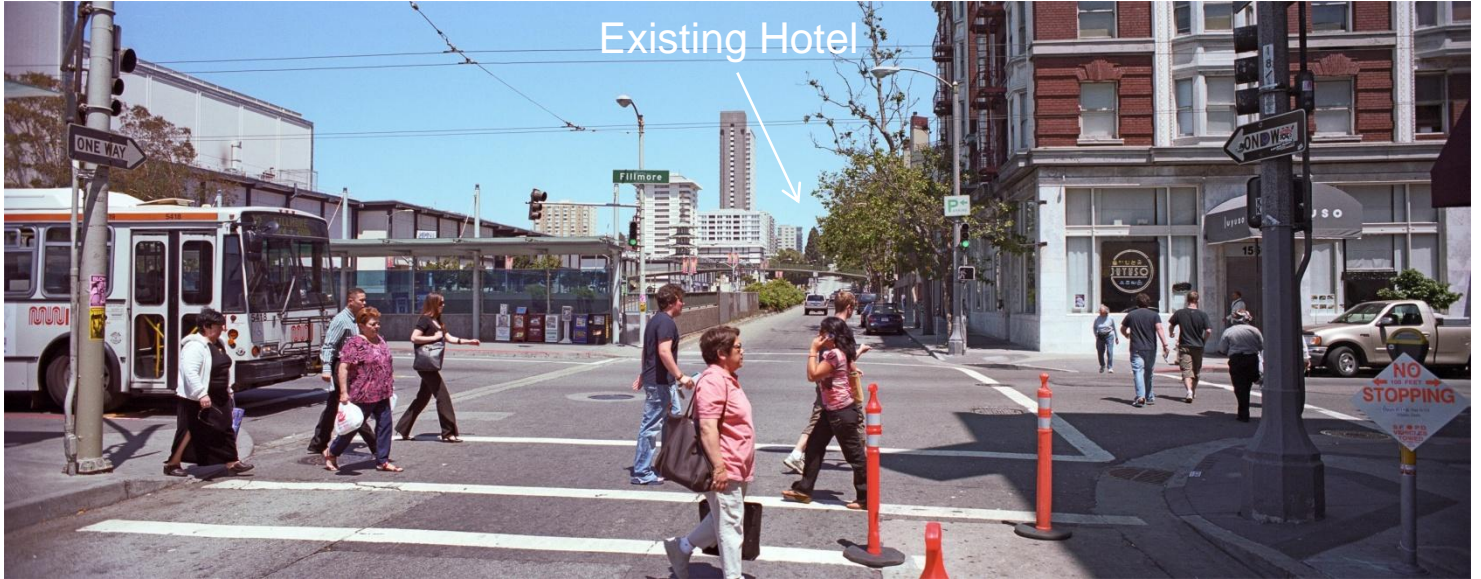


PROPOSED

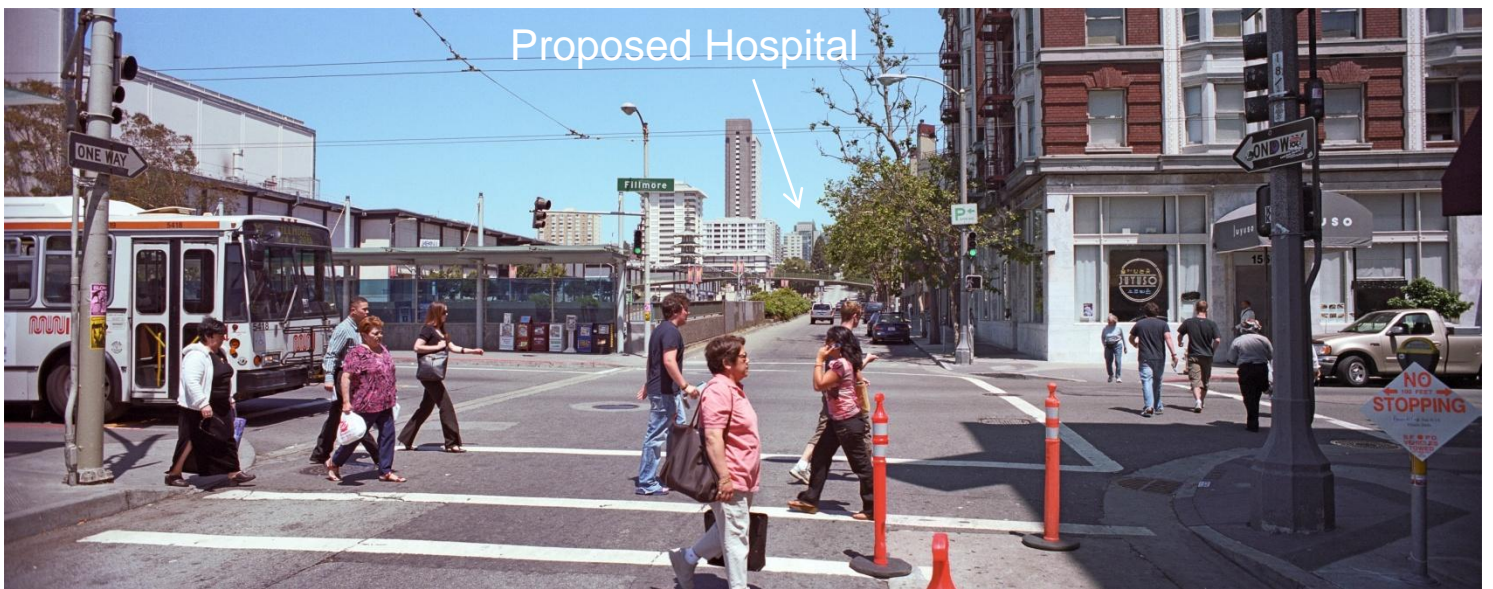
CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Site Photos

## View from Geary Boulevard at Fillmore Street



EXISTING



PROPOSED

CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

# Site Photos

## View from Alta Plaza Park



CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

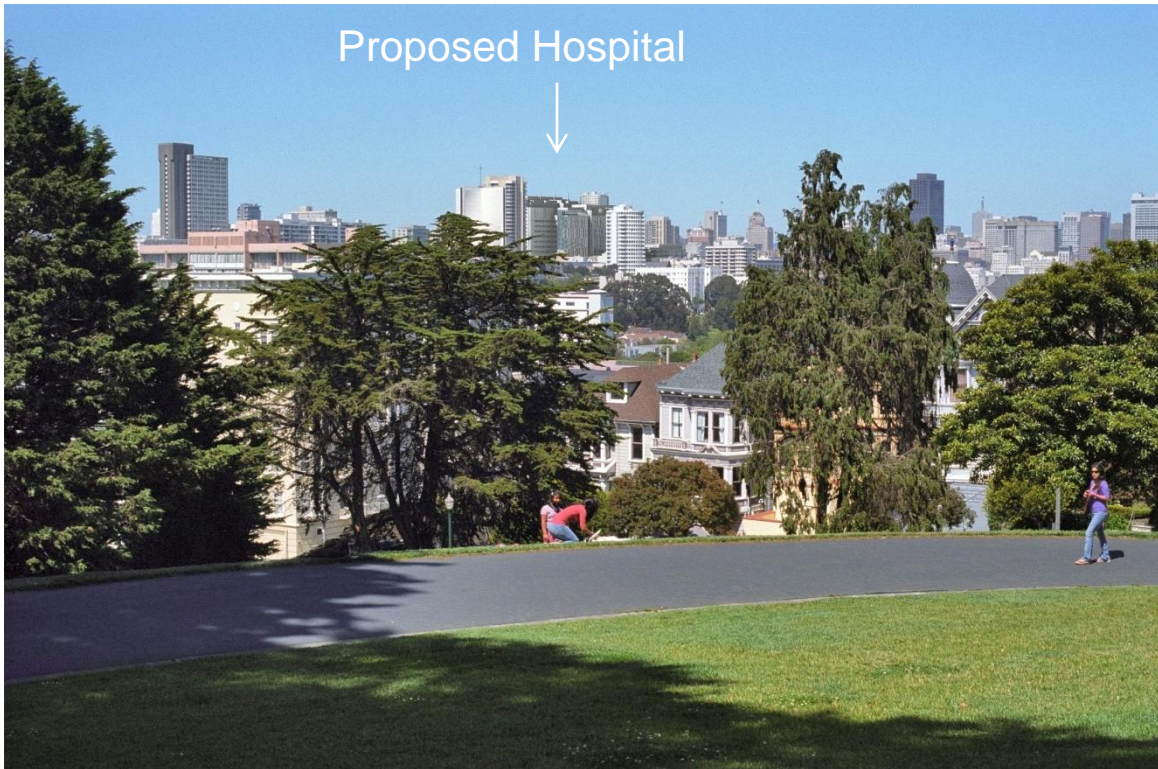


# Site Photos

## View from Alamo Square



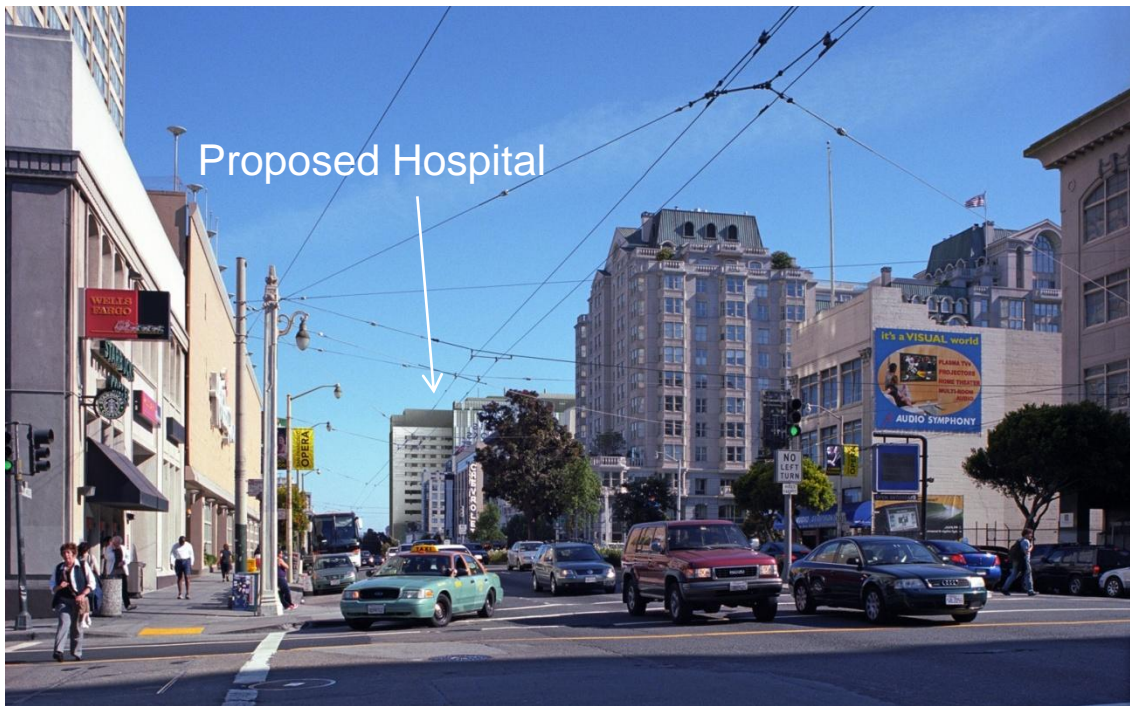
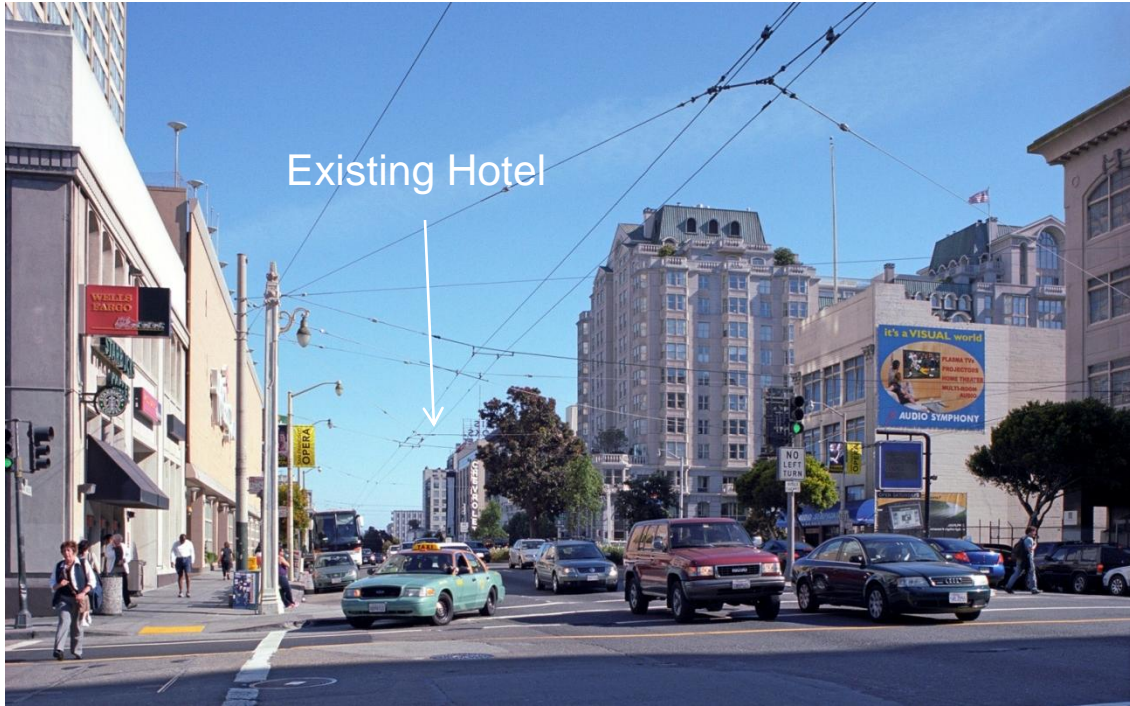
EXISTING



PROPOSED

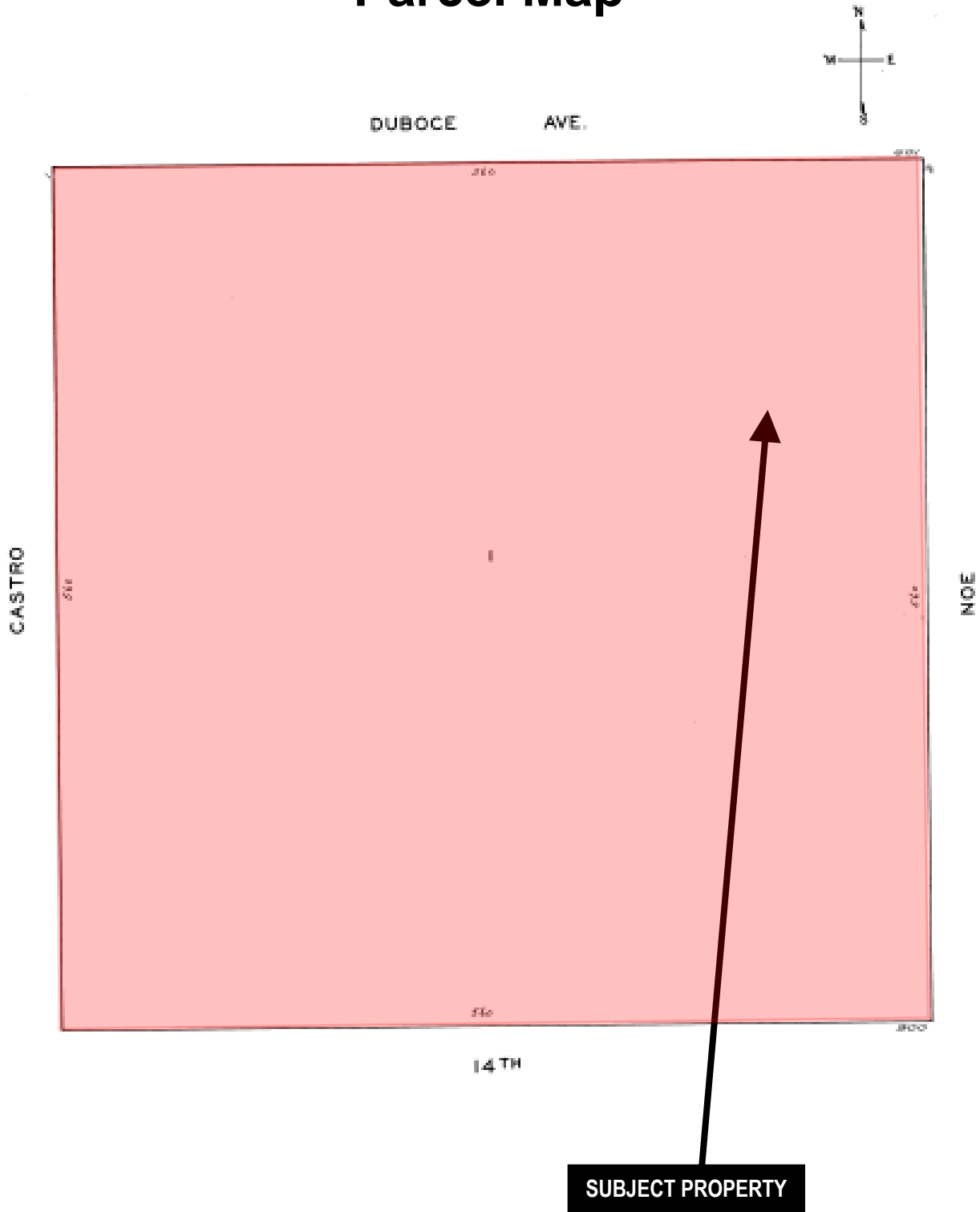
# Site Photos

## View from Van Ness Avenue at California Street



CPMC – Cathedral Hill Campus  
Case Numbers 2009.0885; 2012.0403  
1100-1101 Van Ness Avenue

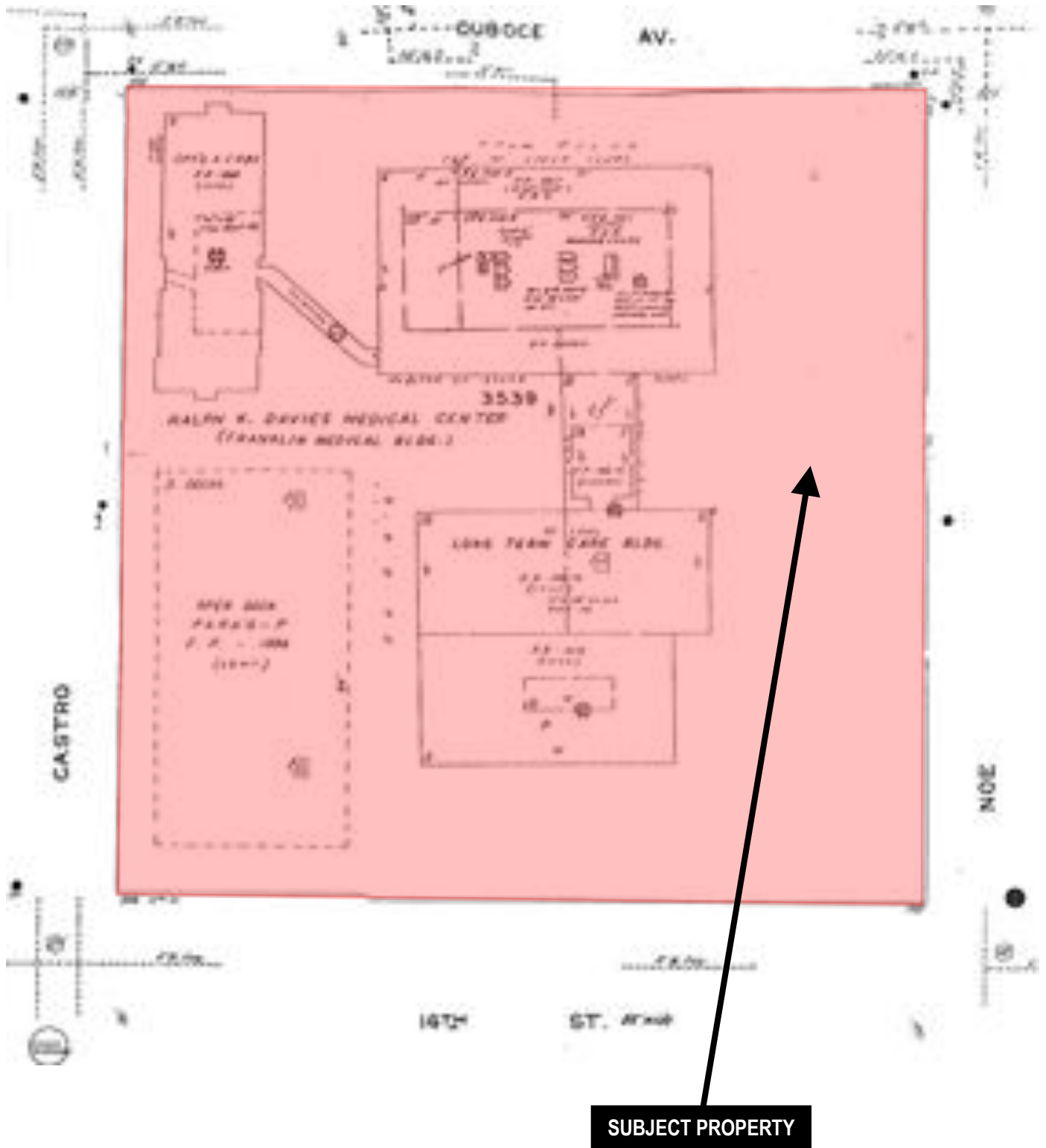
# Parcel Map



CPMC – Davies Campus  
Case Numbers 2004.0603; 2012.0403  
601 Duboce Avenue



# Sanborn Map\*

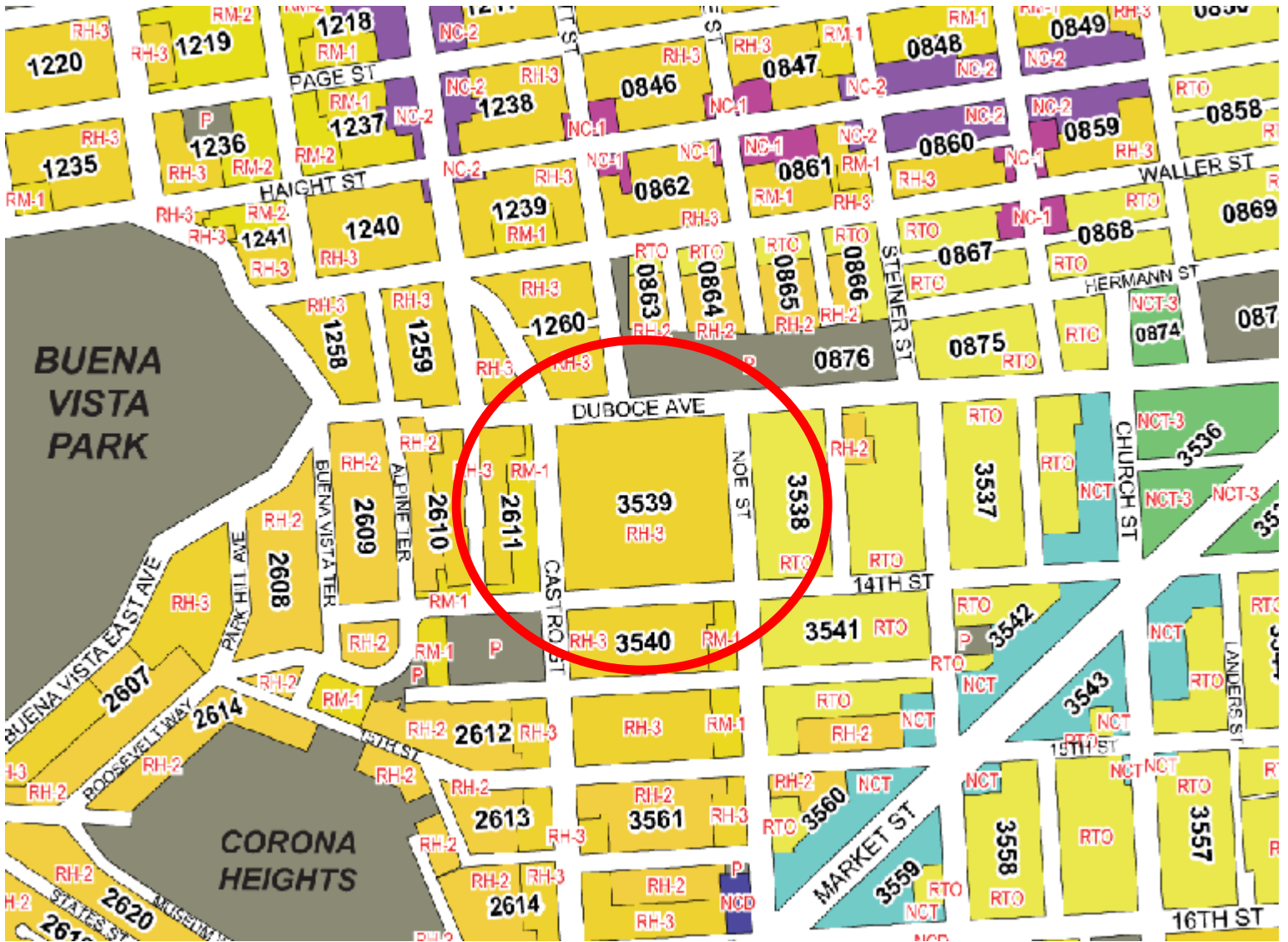


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CPMC – Davies Campus  
Case Numbers 2004.0603; 2012.0403  
601 Duboce Avenue

# Zoning Map



CPMC – Davies Campus  
Case Numbers 2004.0603; 2012.0403  
601 Duboce Avenue

# Aerial Photo



**SUBJECT PROPERTY**



CPMC – Davies Campus  
Case Numbers 2004.0603; 2012.0403  
601 Duboce Avenue

# Aerial Photo



**SUBJECT PROPERTY**



CPMC – Davies Campus  
Case Numbers 2004.0603; 2012.0403  
601 Duboce Avenue

# Aerial Photo



**SUBJECT PROPERTY**





# Existing Site Photos



View south along Noe Street sidewalk from Duboce Avenue



View along Noe street from Duboce Avenue

CPMC – Davies Campus  
Case Numbers 2004.0603; 2012.0403  
601 Duboce Avenue

# Existing Site Photos



View directly across Noe Street from Project Site



View northward of Noe Street from 14th Street

CPMC – Davies Campus  
Case Numbers 2004.0603; 2012.0403  
601 Duboce Avenue