SAN FRANCISCO
PLANNING DEPARTMENT

Executive Summary
CPMC Long Range Development
HEARING DATE: MAY 23, 2013

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Date: May 9, 2013

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

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

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

Proposed Zoning/ Height & Bulk: **Cathedral Hill Campus:** RC-4, Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict/230-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/145-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: **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

BACKGROUND

On April 5, 2012, the Planning Commission initiated General Plan amendments in connection with the CPMC LRDP Project. Mayor Lee introduced the Planning Code Text and Map Amendments proposed as part of CPMC's LRDP at the Board of Supervisors' hearing on April 10, 2012.[1] On April 26, 2012, the Commission certified the Final EIR (FEIR) for the LRDP Project by Motion No. 18588, adopted CEQA findings, and adopted other Motions and Resolutions with respect to the LRDP Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 was filed with the Board. On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR. Also on March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project ("Term Sheet"), which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds), as more particularly described in plans dated February 22, 2012 (Davies Campus; Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital, and St. Luke's Campus Hospital and MOB). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised LRDP Project.[2]

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following on the St.

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[1] The Planning Commission is the only body that may initiate amendments to the General Plan.

[2] Pursuant to Charter Section 4.105, when the Planning Commission recommends General Plan Amendments to the Board, the Amendments are deemed approved if they are not acted upon by the Board within 90 days of receipt. Accordingly, on April 16, 2013, the Board rejected the Amendments for the original LRDP Project recommended by the Planning Commission on April 26, 2012, and will consider the new General Plan amendments for the Revised Project if approved by the Planning Commission.

Luke's Campus: increased height limit (145 feet) for a portion of the St. Luke's Campus Hospital site where the hospital tower is proposed to be located, increased maximum plan and diagonal plan dimensions of 229' and 285', respectively, for the St. Luke's Campus Hospital site, and an increase in maximum floor area ratio ("FAR") to 2.6:1.

On April 11, 2013, the Commission initiated General Plan Amendments, described below, which are substantially the same as those recommended by the Commission on April 26, 2012, with the following modifications:

(1) Cathedral Hill, General Plan Amendments, Urban Design Element. The Cathedral Hill Campus Hospital is now proposed to be approximately 226' tall. Therefore, the previously recommended Amendment to Map 4 to increase the allowable height at the Cathedral Hill Campus Hospital site from 240' to 265' is no longer required.

(2) Cathedral Hill, General Plan Amendments, Van Ness Area Plan. The FAR for the Cathedral Hill Campus Hospital site is now within the 7.1:1 maximum specified in VNAP Map 1. As under the previously recommended Amendment, that Map will be modified to reflect an FAR increase to 7.5:1 for the Cathedral Hill Campus MOB site, but the FAR increase for the hospital site is no longer required. VNAP Map 2 and VNAP Policy 5.1 would be revised to reflect an increase from the current maximum building height of 130 feet, as originally proposed, but the maximum permitted height would be reduced from 265' to 230'.

(3) St. Luke's, General Plan Amendments, Urban Design Element Amendments. Currently, the maximum height allowed under the Urban Design Element Height Map is 88' for the St. Luke's Campus. The Commission's original recommendation would amend the map to reflect a proposed height maximum of 105' for the entire 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). The amendment has been revised to reflect a height limit of 145' for a portion of the St. Luke's Campus Hospital site where the hospital tower is proposed to be located, and 105' for the balance of the Campus.

The actions before the Commission are the adoption of several Motions and Resolutions with respect to the revised CPMC LRDP Project in accordance with the term sheet endorsed by the Board of Supervisors. If approved, the various Motions and Resolutions would amend and supersede in their entirety the Commission's April 26, 2012, approvals for the CPMC LRDP Project.

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 692 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 St. Luke's Campus Hospital, adjacent to the existing hospital, followed by construction of the St. Luke's Campus 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care

services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[3] In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.[4] The specific Near-Term Projects are summarized below and described in greater detail in the following sections (plans and renderings are available on the Department's website at cpmc.sfplanning.org; and hard copies are included in the Commission packets):

- Construction of a new 274-304-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 120-bed acute-care hospital on the St. Luke's 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 Campus will include a new acute care hospital, a new medical office building (MOB), a pedestrian tunnel under Van Ness Avenue to connect the two new facilities, and conversion of an existing office/medical office (1375 Sutter Street) building fully to medical office building use. The 1375 Sutter Street building is within the Cathedral Hill Campus but is not part of the proposed Van Ness Special Use District.

Hospital

The proposed Cathedral Hill Campus Hospital will be a 304 bed, 226'-0" tall, 12-story, approximately 730,888 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 emergency department. The hospital's initial build out would be 274 beds, with "shelled" space to accommodate an additional 30 beds. It would also include retail space, cafeteria, education and conference space, a central utility plant and parking on three levels, with approximately 276 parking spaces, and loading areas[5]. 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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[3] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Projects 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.

[4] Long-Term Projects at the Davies and Pacific Campuses have been evaluated at a program-level as part of CPMC's LRDP FEIR. 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.

[5] CPMC is studying the best way to achieve the reduction of 237 spaces on the campus and may ultimately propose to remove some or all of this parking from the proposed MOB instead of/in addition to the hospital.

The building configuration of the Cathedral Hill Campus 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 Campus 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 12-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 podium rises to a height of five stories. There is an open-air courtyard area at the fifth floor level.

The most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 gsf). 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). Although the design of the building necessitates deviation from the bulk requirements, the request is necessitated by the need for unique operational efficiencies and adjacencies that are not required in other commercial or residential structures, and the deviation is consistent with precedent from other hospital approvals.

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 of services/features within the building. For example, the loading dock is located directly adjacent to the service elevators and on the side of the site with the least slope. The closest part of the Cathedral Hill Campus Hospital to the Daniel Burnham towers will be the podium, the height of which is actually lower than the existing office building and 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 Campus Hospital. These niches could provide space for commercial uses such as a café, news stand or flower shop. Although the Cathedral Hill Project includes Planning Code Text Amendments to allow modification of standards for active ground floor uses and width of curb cuts, the Project, on balance, meets the intent of these requirements by eliminating the large curb cuts on Van Ness Avenue, having kiosks and other publically-accessible active uses along Van Ness Avenue, and by minimizing the size and consolidating the quantity of curb cuts throughout the site.

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 floor 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 Campus 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 Campus Hospital.

Medical Office Building

The proposed Cathedral Hill Campus MOB will be across Van Ness Avenue from the Cathedral Hill Campus Hospital, on a site bound by Van Ness Avenue, Geary Street, Cedar Street, and one property west of Polk Street. The Cathedral Hill Campus 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 Campus 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 Campus MOB will be internally connected to the Cathedral Hill Campus 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 pedestrian entrances will occur on Cedar Street at the west end of the block, near the corner of Van Ness Avenue.

The Cathedral Hill Campus 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 Campus 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 Campus 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. The exterior treatment of the building includes a Glass Fiber Reinforced Concrete (GFRC) cladding and glass. The articulation of the building features 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 Campus 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 Campus Hospital's and/or Cathedral Hill Campus MOB's underground parking garage.

Streetscape

The streetscape plan for the Cathedral Hill Campus is a critical part of the campus design. CPMC proposes to enhance the pedestrian environment by improving the street frontages in the Cathedral Hill Campus area, by expanding sidewalk widths and 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 bus rapid transit ("BRT") projects. The plan for Geary Boulevard west of Van Ness includes a relocated bus stop with a MUNI shelter. 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, Post Street, and Van Ness Avenue to accommodate transit riders. A stop for the CPMC shuttle is planned along Post Street, near the corner of 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 Campus Hospital and St. Luke's Campus 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 St. Luke's Campus Hospital and St. Luke's Campus MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new St. Luke's Campus 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 St. Luke's Campus Hospital includes a new 120-bed acute care hospital, and the St. Luke's Campus MOB will provide space for physicians who will be affiliated with the St. Luke's Campus Hospital, as well as diagnostic and treatment space and space for other outpatient care. The St. Luke's Campus Hospital and St. Luke's Campus MOB Project will preserve and enhance San Francisco's health care infrastructure in the South of Market area.

St. Luke's Campus Hospital & MOB

The proposal for the St. Luke's Campus Hospital includes the construction of a new 214,061 gsf, seven-story, approximately 142' tall, 120-bed 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). As part of the construction of the St. Luke's Campus Hospital, CPMC will construct an entry plaza adjacent to the hospital entrance on Cesar Chavez Street, along with a courtyard and public pedestrian pathway in the former San Jose Avenue right-of-way between Cesar Chavez Street and 27th Street. Based on the recommendations of the Blue Ribbon Panel[6], the new hospital will be sited such that the existing hospital can remain in continuous operation during the new hospital's construction. The St. Luke's Campus Hospital will include 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. The St. Luke's Campus also includes Centers of Excellence in Senior and Community Health. The St. Luke's Campus Hospital will also include a cafeteria and an enclosed loading area. The Emergency Department at the St. Luke's Campus Hospital will be approximately 13,940 gsf, which is an increase of approximately 6,880 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 St. Luke's Campus 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 currently operating out of the Monteagle Office Building, into an urgent care center. 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 St. Luke's Campus 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 Campus MOB would be constructed at that site, also as part of the St. Luke's Near-Term Project. Construction of the St. Luke's Campus MOB is expected to occur after 2020.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the St. Luke's Campus 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 Campus MOB. The uses in the MRI Trailer would be transferred to the St. Luke's Campus Hospital or St. Luke's Campus MOB upon completion. CPMC would also then construct a new 98,959 gsf, five-story and approximately 100'-tall St. Luke's Campus MOB in the existing hospital's place. The St. Luke's Campus

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[6] In 2008, a Blue Ribbon Panel was established in recognition of the importance of St. Luke's in order to advise the planning efforts for the campus. The panel was charged with creating a viable plan for an acute care hospital and outpatient services at St. Luke's that would meet the health care needs of the communities it serves. The Blue Ribbon Panel recommended that CPMC continue to provide critical services to the community, including (1) Building a new acute-care community hospital on the site of the St. Luke's Campus that will allow for the continuation of care within the existing hospital until construction is completed; (2) Demolishing the existing hospital after services are transferred into the new hospital; (3) Integrating the medical staffs at St. Luke's and CPMC; and, (4) Maintaining critical services at St. Luke's including an emergency department, OB/GYN unit, medical/surgical unit, urgent care unit, primary and urgent pediatrics, an intensive care unit, and a new Center of Excellence on Senior Health.

MOB would include medical office space for doctors admitting patients to the St. Luke's Campus Hospital, and would include retail, educational, and conference space, along with a four level underground garage with approximately 220 parking spaces. Vehicular access to the underground parking garage will be from Cesar Chavez and Valencia Streets.

The exterior designs of the St. Luke's Campus Hospital and St. Luke's Campus MOB were developed with input from the Planning Department staff and the community. The exteriors of the bases of the St. Luke's Campus Hospital and of the St. Luke's Campus 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 GFRC and glass. Metal panels are used for the canopy which runs along the entire east side of the St. Luke's Campus Hospital, unifying the upper and lower public plazas and creating a connection from the interior of the St. Luke's Campus Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the St. Luke's Campus Hospital to the organizing element of the Campus, the pedestrian oriented public plaza within the to-be-vacated portion of San Jose Avenue.

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

Although the proposed St. Luke's Campus 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 Campus Hospital. The St. Luke's Campus MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Gold certification.

Landscape, Streetscape, and Open Spaces

The new St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus 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 Campus MOB. Stairs against the east face of the St. Luke's Campus Hospital will 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 St. Luke's Campus Hospital entrance, and continue along the east face of the St. Luke's Campus 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 St. Luke's Campus Hospital's lobby and café, a community room facing the lower plaza, and by the St. Luke's Campus 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 Streetscape Improvement Project.

Davies Campus

In 2004, CPMC submitted plans to 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 Neuroscience Institute project was not considered part of the proposed CPMC Seismic Compliance Hospital Replacement program (then 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 at its other campuses.

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. In addition to medical office space and outpatient clinic space, the Neuroscience Institute will contain a relatively small amount 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 will be placed in 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 Campus 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 sf 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 feet tall; these buildings are both vacant, and together they contain approximately 381,791 gsf of floor area.

The site of the proposed Cathedral Hill Campus 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 existing 1375 Sutter Street building, currently known as the Pacific Plaza Office Building, contains approximately 84,000 sf of office space, divided almost equally between medical office and general office tenants above 4,600 sf of ground-floor retail space and a partially below-grade self-park garage that provides 172 parking spaces on one level. The 1375 Sutter Street building is five stories above grade and 65 feet tall, and contains approximately 167,800 gsf of floor area. Existing pedestrian and vehicular access to the 1375 Sutter Street building is available along Sutter and Franklin Streets.

The sites of the future Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB are located within the RC-4 Zoning District (Residential-Commercial, High Density), Van Ness Special Use District, Van Ness Automotive 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. Medical centers are permitted in this District with Conditional Use Authorization.

The Van Ness 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.

The site of the existing 1375 Sutter Street building is in the NC-3 (Neighborhood Commercial, Moderate Scale) Zoning District, Van Ness Automotive Special Use District, and 130-E Height and Bulk District.

St. Luke's Campus

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

More specifically, the campus includes the following facilities:

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

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

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

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

Davies Medical Center

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

The Davies Campus is located in the RH-3 Zoning District (Residential, House, Three-Family), which allows medical centers 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[7] and several large commercial buildings[8]

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[7] 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.

[8] 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.

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[9]. On April 26, 2012, by Motion No. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board of Supervisors and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13. On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project.

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[9] The Near-Term Projects that are before the Commission are consistent with the Project Description in the FEIR, as revised in the Addendum. In some cases, the gsf numbers in the approval documents vary from, and are less than, those in the FEIR, as revised in the Addendum. 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 from the project as described in the FEIR, as revised in the Addendum.

HEARING NOTIFICATION REQUIREMENTS

TYPE	REQUIRED PERIOD	REQ'D NOTICE DATE	NOTICE DATE	ACTUAL PERIOD
Classified News Ad	20 days	May 3, 2013	May 1, 2013	22 days
Posted Notice	20 days	May 3, 2013	May 3, 2013	20 days
Mailed Notice	20 days	May 3, 2013	May 2, 2013	21 days

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

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; the hearings on April 5 and April 26, 2012, and the initiation hearing on April 11, 2013.

ISSUES AND OTHER CONSIDERATIONS

- **St. Luke's Campus**

  Conditional Use Authorization to Modify Planned Unit Development: The St. Luke's Campus Hospital and St. Luke's Campus 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 require conditional use authorization to modify 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 St. Luke's Campus Hospital would be approximately 142'-0", exceeding the existing height limit of 65'-0"that applies to the portion of the Campus where the St. Luke's Campus Hospital would be sited. The St. Luke's Campus 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. General Plan Map and Zoning 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 Campus Hospital and St. Luke's Campus 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 229'-0" and 285'-0", respectively, for the St. Luke's Campus Hospital site, and 204'-0" and 228'-0", respectively, for the St. Luke's Campus MOB site. It also includes a Zoning Map Amendment to redesignate with a 145' height limit the portion of the Campus where the hospital tower will be located and the balance of the Campus with a 105' height limit, to extend the "E" Bulk Designation to the entire Campus, and 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, in order to allow the development of the St. Luke's Campus Hospital and St. Luke's 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 Campus; (6) to modify the bulk limits applicable to the Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus MOB as "The Van Ness Medical Use Subdistrict,"and to increase the allowable FAR for the Cathedral Hill Campus MOB site from 7.1:1 to 7.5:1; and (3) Map 2 to create a 230-V Height and Bulk District coterminous with the Cathedral Hill Campus Hospital site.

General Plan Urban Design Element Amendments. The Cathedral Hill Project includes amendments to the General Plan Urban Design Element Map 5 to reflect the proposed

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

Height Reclassification. The Cathedral Hill Campus Hospital would be approximately 230'-0", exceeding the existing height limit of 130'-0"as set forth in the Planning Code Height and Bulk Map HT02. A Zoning Map Amendment would be required to reclassify the Cathedral Hill Campus 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 Campus 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 Campus 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 Campus Hospital, and 265'-0" and 290'-0", respectively for the Cathedral Hill Campus 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**

Conditional Use Authorization to Modify Planned Unit Development. 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 conditional use authorization of 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 $2.0 billion into the City's economy, create 1,500 new construction jobs and provide substantial community benefits.

- **Bus Rapid Transit Update**

  The San Francisco County Transportation Authority (SFCTA) is leading the proposed Van Ness Avenue BRT and Geary Corridor BRT projects, in partnership with the San Francisco Municipal Transportation Agency.

  The Van Ness Avenue BRT project team circulated the project's Draft EIS/EIR from November 4, 2011 to December 23, 2011, and is currently completing the Final environmental document while also starting the preliminary engineering (30% design) phase of the project. The SFCTA and SFMTA selected a locally preferred alternative (LPA) from one of the three build alternatives analyzed in the Draft EIS/EIR in mid-2012. The Van Ness BRT project has secured $55 million in funding from the Federal Transit Administration Small Starts program. The proposed cost for the LPA is $126 million. Additional planned funding sources for the project include $20 million in programmed Prop K transportation sales tax funds and other regional and State grant programs. The project schedule anticipates start of construction in early 2016 and an opening date in early 2018.

  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/early 2014. The project's estimated cost is currently undergoing refinement; previous estimates placed the project in the $200-300 million range. Funding planned to date includes $30M in programmed Prop K transportation sales tax funds, with other potential local, regional, federal and private sources under consideration. Construction of the proposed Geary Corridor BRT is expected to begin in 2017 and end in 2019. The CPMC LRDP FEIR analysis includes both with and without the proposed BRT scenarios.

- **Emergency Response Distribution of Services.**

  From an emergency response/disaster preparedness perspective, the Department of Public Health and the Department of Emergency Management agree that the proposed distribution of hospital beds between the Cathedral Hill and St. Luke's campuses under the revised proposal (304 beds at Cathedral Hill and 120 beds at St. Luke's) is an improvement over the prior CPMC rebuild proposal and would enhance medical surge capacity in the Southern part of the city in the event of an emergency.

REQUIRED COMMISSION ACTION

In order for the Near-Term Projects to proceed, the Commission must take the following actions, which would supersede in their entirety the Commission's April 26, 2012 approvals of the CPMC LRDP Project:

(1) 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;

(2) 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 Campus Hospital and Cathedral Hill Campus MOB as "The Van Ness Medical Use Subdistrict," and to increase the allowable Floor Area Ratio (FAR) for the Cathedral Hill Campus MOB site from 7.1:1 to 7.5:1; (c) to amend Map 2 to create a 230-V District coterminous with the Cathedral Hill Campus Hospital site, in order to amend the height limit for the Cathedral Hill Campus Hospital site from 130' to 230'.

ii. **Urban Design Element:** (a) 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 Campus Hospital site and 265' and 290', respectively, for the Cathedral Hill Campus MOB site.

b. St. Luke's Campus:

i. **Urban Design Element:** (a) to amend Map 4 to reflect the proposed height maximum of 145'-0" for the portion of the site where the proposed hospital tower would be located, and 105'-0", for the balance of the St. Luke's Campus; and (b) to amend Map 5 to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 229' and 285', respectively, for the St. Luke's Campus Hospital site and 204' and 228', respectively, for the St. Luke's Campus MOB site.

(3) 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.

(4) 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. Clarify that an FAR of up to 7:1 is permitted for the Cathedral Hill Campus Hospital site, and increase the permitted FAR up to 7.5:1 for the Cathedral Hill Campus 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 for the

Cathedral Hill Campus (Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB and 1375 Sutter Street medical office building use) shall not exceed the lesser of 990 spaces or 125% of the number of minimum spaces required 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 7.5:1 for the Cathedral Hill Campus 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 2.6 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 2.6:1.0 within the new Cesar Chavez/Valencia Streets SUD.

(5) 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 Campus Hospital site from 130-V to 230-V, in order to allow a maximum height of 230'-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 site where the St. Luke's Campus Hospital tower would be located to 145-E, and the balance of the Campus to 105-E.

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

a. Cathedral Hill Campus:

i. To allow (1) the Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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).

(7) Approve Office Allocation:

a. Cathedral Hill Campus: allocate 242,987 sf from the 2012-2013 Annual Office Development Limitation Program and simultaneously return 242,987 sf of office space that was previously allocated through Motion No. 18599 from the 2011-2012 Annual Office Development Limitation Program.

b. St. Luke's Campus: allocate 94,799 sf from the 2012-2013 Annual Office Development Limitation Program and simultaneously return 99,848 sf of office space that was previously allocated through Motion No. 18595 from the 2011-2012 Annual Office Development Limitation Program.

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

(9) 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 a significant portion of its 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 $2.0 billion into the local economy, and create 1,500 high paying union construction jobs.
- The LRDP would allow the City to retain CPMC as a substantial employer, employing 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.

- 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% of all permanent entry-level hires annual for the term of the DA from the City's workforce system, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $4 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' Campus 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.
- 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 the St. Luke's Campus Hospital;
    - Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 5,400 additional Medi-Cal beneficiaries, and caring for a baseline of about 30,000 unduplicated Medi-Cal or charity care patients plus $8 million in community benefits annually; and
    - $9 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.
- Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
    - $36.5 million for new affordable housing, and $4.1 million to replace the 20 residential hotel units and five dwelling units displaced.
    - $5 million in funding for the proposed Van Ness and Geary BRT projects;
    - $6.5 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 $300,000 per year of additional funding to MTA for a period of 10 years;
    - $4.25 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;
    - $1.55 million in funding for transit and safety improvements in the neighborhoods surrounding the Cathedral Hill Campus;
    - $400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities;

  - $200,000 grant for the Safe Passage Pilot Program in the Tenderloin;
  - A series of pedestrian safety improvements around the Davies Campus, valued at approximately $475,000;
  - A series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately $3,300,000; and
  - A contribution of $3 million for enforcement and traffic safety measures around the Pacific and California Campuses.
  - 20 million from CPMC for MTA transit facilities and service.
  - $13 million from CPMC for pedestrian safety and streetscape improvements.
- The new Cathedral Hill Campus Hospital would be centrally located, at the intersection of two major transit hubs, in a location that is central to San Francisco populations, and near underserved neighborhoods with the highest population density, the most seniors, and the most low income residents.
- The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City.
- The LRDP is necessary and desirable, is compatible with the surrounding neighborhoods, and would not be detrimental to persons or adjacent properties in the vicinity.

RECOMMENDATION:	**Approval with Conditions**

Attachments:
Public Comment
CPMC LRDP Addendum
Draft CEQA Findings Motion, including Mitigation, Monitoring, and Reporting Program
Improvement Measures 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

Addendum to Environmental Impact Report

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Addendum Date:	May 9, 2013
Case No.:	**2005.0555E**
Project Title:	California Pacific Medical Center (CPMC) Long Range Development Plan
EIR:	CPMC LRDP Final Environmental Impact Report (Final EIR) SCH No. 2006062157, Certified April 26, 2012
Zoning:	Various
Height and Bulk:	Various
Block/Lot:	Various
Lot Size:	Various
Project Sponsor:	California Pacific Medical Center
Lead Agency:	San Francisco Planning Department
Staff Contact:	Devyani Jain – (415) 575-9051 Devyani.Jain@sfgov.org

1.0 INTRODUCTION AND BACKGROUND

This Addendum to the California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) Final Environmental Impact Report (Final EIR) describes the originally proposed CPMC LRDP that was analyzed in the Final EIR (referred to in this document as the "Previous Project"); provides a summary of subsequently proposed changes to the Previous Project (referred to in this document as the "Revised Project"); analyzes the Revised Project in the context of the previous environmental review; and summarizes the potential environmental effects that may occur as a result of implementing the Revised Project. The Final EIR, Case File No. 2005.0555E, was certified on April 26, 2012. [1]

Since certification of the Final EIR, the Project Sponsor, CPMC, has proposed amendments to the LRDP (i.e., the Revised Project). The purpose of this Addendum to the CPMC LRDP Final EIR is to substantiate the Planning Department's determination that no supplemental environmental review is required for the Revised Project, which includes modifications to the proposed hospitals at the Cathedral Hill Campus and St. Luke's Campus, pursuant to California Environmental Quality Act (CEQA) Guidelines Sections 15162, 15163, and 15164[2]. This is because this Addendum concludes that the environmental effects of

[1] San Francisco Planning Department, California Pacific Medical Center (CPMC) Long Range Development Plan, Final Environmental Impact Report. This document is available for review at the Planning Department, 1650 Mission Street, Suite 400, in Case File No. 2005.0555E. The Planning Commission certified the Final EIR and approved the project on April 26, 2012. The EIR Certification was appealed on May 16, 2012. The Board of Supervisors first heard the Appeal on July 17, 2012, and continued the Appeal Hearing to March 12, 2013. At the March 12, 2013 Board hearing, the Board unanimously voted to uphold the EIR Certification for this project and reject the EIR Appeal. During the pendency of the Appeal (i.e., between July 17, 2012 and March 12, 2013), the Project Sponsor (CPMC) revised the originally proposed LRDP (Previous Project) to include a smaller Cathedral Hill Campus and larger St. Luke's Campus, relative to the Previous Project (Revised Project).

[2] CEQA Guidelines provisions regarding the preparation of a Subsequent EIR, Supplemental EIR, or Addendum to an EIR.

implementation of the Revised Project are fully covered and have been adequately analyzed pursuant to CEQA in the Final EIR previously prepared for the CPMC LRDP project, and that the analyses conducted and conclusions reached in the CPMC LRDP Final EIR continue to remain valid. The Revised Project would not result in any new significant environmental impacts not identified in the Final EIR, or result in a substantial increase in the severity of previously identified significant impacts, and no new, feasible project alternatives or mitigation measures considerably different from others previously analyzed have been identified that would clearly lessen the environmental impacts of the project, but that the Project Sponsor has declined to adopt. No changes have occurred with respect to circumstances surrounding the original CPMC LRDP project that would result in cumulative significant environmental impacts to which the Revised Project would contribute considerably, and no new information has been put forward which shows that the Revised Project would result in new or substantially more severe significant environmental impacts. Therefore, no supplemental environmental review is required for the Revised Project beyond this Addendum.

1.1 SUMMARY OF PREVIOUS PROJECT (CPMC LRDP)

The Previous Project analyzed in the Final EIR was CPMC's LRDP, a multi-phased plan to meet State seismic safety requirements for its hospitals; expand medical facilities and create a 20-year framework for CPMC's four existing medical campuses (Pacific Campus at Sacramento and Buchanan Streets, California Campus at Maple and California Streets, Davies Campus at Castro and 14th Streets, and St. Luke's Campus at Cesar Chavez and Valencia Streets); and for construction of a new medical campus (Cathedral Hill Campus at Van Ness Avenue and Geary Boulevard) in San Francisco. When completed, the proposed Cathedral Hill Campus would have allowed CPMC to consolidate existing acute-care and primary emergency services, and Women's and Children's Center at existing Pacific and California Campuses within the new Cathedral Hill Campus Hospital[3], as well as to redevelop its existing campuses.

The CPMC LRDP included near-term and long-term Projects. The near-term Projects were the following:

(1) Cathedral Hill Campus included (a) demolition of the existing on-site vacant Cathedral Hill Hotel and 1255 Post Street office building and development of a new 15-floor, 265-foot-tall, 555-bed, 1,163,790-gross square foot (gsf) hospital with 513 underground parking spaces in a three-level below-grade parking; (b) demolition of seven existing, on-site vacant residential and commercial buildings and construction of a new 9-floor, 130-foot-tall, 496,278-gsf medical office building (MOB) (the Cathedral Hill Campus MOB) with 542 underground parking spaces, (c) an underground pedestrian tunnel beneath Van Ness Avenue connecting the new Cathedral Hill Campus MOB and new hospital; (d) conversion of the office uses within the 1375 Sutter Street office building to exclusively MOB use, (e) conversion of Cedar Street to two-way operation west of the Cathedral Hill Campus MOB garage access; and (f) various streetscape, sidewalk, and landscape improvements;

(2) St. Luke's Campus included (a) street vacation of a portion of San Jose Avenue between Cesar Chavez and 27th Streets and construction of a new five-floor, 99-foot-tall, 80-bed, 154,800-gsf St. Luke's Campus Hospital; (b) demolition of the existing on-site St. Luke's hospital tower and construction of a new five-floor, 100-foot-tall, 201,050-gsf St. Luke's Campus MOB with approximately 220 underground parking spaces in four basement levels on the site of the former (demolished) hospital tower, and (c) various streetscape improvements such as new entry plaza, courtyard, and pedestrian pathway; and

[3] As used herein, the "Cathedral Hill Campus Hospital", "Cathedral Hill Campus MOB", "St. Luke's Campus Hospital", and "St. Luke's Campus MOB" refer to the same buildings as the "Cathedral Hill Hospital", "Cathedral Hill MOB", "St. Luke's Replacement Hospital", and "St. Luke's MOB/Expansion Building," as those terms are respectively used in the Final EIR.

(3) Davies Campus included construction of a new, four-floor, 40-foot-tall, 50,100-gsf Neuroscience Institute building on a portion of the campus at the corner of Noe Street and Duboce Avenue.

The long-term Projects at Davies Campus included demolition of the existing parking garage at 14th and Castro Streets and construction of a three-floor MOB in its place. The long-term Projects at Pacific Campus included demolition of certain existing on-campus buildings and construction of an underground parking garage, a nine-floor Ambulatory Care Center (ACC) Addition and a six-floor (plus top deck) parking garage. There are no near-term or long-term Projects proposed for California Campus. CPMC would sell California Campus by 2020 after relocation of its inpatient services to the new Cathedral Hill Campus Hospital and other services to Pacific Campus.

The proposed new Cathedral Hill Campus is within the RC-4 (Residential Commercial-High Density) Use District, NC-3 (Neighborhood Commercial, Moderate-Scale) Use District, Van Ness Special Use District (SUD), and Van Ness Automotive SUD; and 130-V and 130-E Height and Bulk Districts. The Pacific Campus is within the RM-1 and RM-2 (Low Density Residential, Mixed and Moderate Density Residential, Mixed, respectively) Use Districts; and 40-X and 160-F Height and Bulk Districts. The California Campus is within the RM-2 and RH-2 (Residential House, Two-Family) Use Districts; and the 80-E Height and Bulk District. The Davies Campus is within the RH-3 (Residential House, Three-Family) Use District; and the 65-D and 130-E Height and Bulk Districts. The St. Luke's Campus is within the RH-2 (Residential House, Two-Family) Use District; and 65-A and 105-E Height and Bulk Districts. The CPMC LRDP project required General Plan and Planning Code text and map amendments; General Plan referrals; Planned Unit Development (PUD) modifications and Conditional Use (CU) authorizations, addressing height, bulk, parking and permitted uses, and Office Allocations, among other approvals.

1.1.1 Summary of Proposed Modifications to Previous Project

Compared to the Previous Project, the primary changes under the Revised Project include: the proposed Cathedral Hill Campus Hospital would be reduced by three floors, 39 feet, and 251 licensed beds, while the St. Luke's Campus Hospital would be increased by two floors, 43 feet, and 40 licensed beds. Other components of the proposed near-term projects under the LRDP, including but not limited to the MOBs at Cathedral Hill and St. Luke's Campuses, and the Neuroscience Institute at Davies Campus would remain unchanged under the Revised Project. In addition, all components of the proposed long-term projects under the LRDP at Pacific and Davies Campuses would remain unchanged under the Revised Project. As under the LRDP, there is no development proposed at California Campus and the Project Sponsor, CPMC, would sell the California Campus by 2020 after relocation of its inpatient services to the new Cathedral Hill Campus Hospital and other services to the Pacific Campus.

1.1.2 Summary of LRDP Environmental Review Process

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 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 LRDP. As planning for the LRDP continued, additional components were added to the LRDP, and revised Environmental Evaluation Applications (EEAs) 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. A public scoping meeting was held on June 9, 2009, to accept oral comments on the revised and refined LRDP proposal. In addition, the City and County of San Francisco (City) extended the public review period 30 days to July 26, 2009.

A total of 96 comment letters were received on the revised and re-issued NOP, in addition to the verbal comments received at the public scoping meeting. Commenters identified issues related to the following topics that would need to be evaluated in the Draft Environmental Impact Report (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.

1.1.2.1 DRAFT ENVIRONMENTAL IMPACT REPORT

The Planning Department then prepared the Draft EIR, which described 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 considered 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 thresholds for determining the significance of impacts in the Draft EIR analyses were consistent with the environmental checklist in Appendix G of the CEQA Guidelines, which has been adopted and modified by the San Francisco Planning Department.

The Planning Department published the Draft EIR on July 21, 2010 which was circulated to local, state, and federal agencies, and to interested organizations and individuals for review and comment. The public review period was initially 60 days, but was 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.

1.1.2.2 COMMENTS AND RESPONSES

The Planning Department then prepared the Comments and Responses (C&R) document. 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, an Errata Sheet, and all supporting information (including the appendices to the Draft EIR and C&R document), was reviewed and considered.

1.1.2.3 EIR CERTIFICATION

On April 26, 2012, the Planning Commission by Motion No. 18588, found that the Final EIR was adequate, accurate, and objective, reflected the independent judgment of the Planning Commission, and that the C&R document contained no significant revisions to the Draft EIR, certified the completion of the Final EIR for the Project in compliance with CEQA, and the CEQA Guidelines and Chapter 31 of the Administrative Code.

1.1.2.4 APPEAL AND PLANNING DEPARTMENT RESPONSES

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the Final EIR was filed with the Clerk of the Board of Supervisors. The Planning Department submitted a detailed Appeal Response and Responses to Late Comments dated July 9, 2012. The Board of Supervisors held a duly

noticed hearing on July 17, 2012 to consider the appeal of the Final EIR certification. The Planning Department also submitted a supplemental memorandum on July 30, 2012 to the Board of Supervisors regarding issues raised at the July 17, 2012 appeal hearing.

All of the issues raised by Appellants in the May 16, 2012 appeal letter, and the Appellants' subsequent July 9, 2012 document submittal as well as in testimony to the Board at the July 17, 2012 appeal hearing, were either (1) previously raised by Appellants in the comments submitted on the Draft EIR and responded to in the C&R document dated March 29, 2012, or (2) raised in the later comment letters on the Draft EIR submitted to the Planning Commission on April 25, 2012, and April 26, 2012 and were addressed in the Planning Department's Appeal Response and Responses to Late Comments dated July 9, 2012, the supplemental Planning Department staff testimony and responses, including responses at the July 17, 2012, appeal hearing and the Planning Department's supplemental memorandum to the Board of Supervisors dated July 30, 2012.

On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the Final EIR and found the Final EIR to be complete, adequate and objective, and reflecting the independent judgment of the Planning Department in compliance with CEQA, the CEQA Guidelines and Chapter 31 of the Administrative Code. On April 1, 2013, CPMC submitted a revised EEA reflecting the Revised Project.

Remarks

The environmental impacts of the development proposed under the Revised Project, the subject of this Addendum, were found to fall within the range of the impacts of the Previous Project and Alternative 3A as analyzed in the Final EIR, as discussed below under ”Environmental Analysis.” San Francisco Administrative Code Section 31.19(c)(1) states that a modified project must be reevaluated and that “[i]f, on the basis of such reevaluation, the Environmental Review Officer determines, based on the requirements of CEQA, that no additional environmental review is necessary, this determination and the reasons therefore shall be noted in writing in the case record, and no further evaluation shall be required by this Chapter.” CEQA Guidelines Section 15164 provides for the use of an addendum to document the basis for a lead agency’s decision not to require a Subsequent or Supplemental EIR for a project that is already adequately covered in an existing certified EIR. The lead agency’s decision to use an addendum must be supported by substantial evidence that the conditions that would trigger the preparation of a Subsequent EIR, as provided in CEQA Guidelines Section 15162, are not present.

The CPMC LRDP Final EIR concluded that the Previous Project would result in less-than-significant impacts in the following environmental topic areas: Land Use and Planning; Visual Quality and Urban Design; Population, Housing and Employment; Cultural Resources (Historic Architectural Resources); Wind and Shadow; Recreation; Utilities and Service Systems; Energy and Natural Resources; and Mineral and Energy Resources; and Agricultural and Forest Resources. The Final EIR found that potentially significant impacts of the Previous Project could be avoided or reduced to less-than-significant levels with mitigation measures incorporated in the following environmental topic areas: Cultural Resources (Archeological Resources); Public Services; Biological Resources; Geology and Soils; Hydrology and Water Quality; and Hazards and Hazardous Materials. The Final EIR found that implementation of the Previous Project would result in significant and unavoidable impacts in the following environmental topic areas: Transportation and Circulation; Noise; Air Quality; and Greenhouse Gas (GHG) Emissions.

The CPMC LRDP Final EIR concluded that Alternative 3A would result in less-than-significant impacts in the following environmental topic areas: Land Use and Planning; Visual Quality and Urban Design; Population, Housing and Employment; Cultural Resources (Historic Architectural Resources); Wind and

Shadow; Recreation; Utilities and Service Systems; Energy and Natural Resources; Mineral and Energy Resources; and Agricultural and Forest Resources. The Final EIR found that potentially significant impacts of Alternative 3A could be avoided or reduced to less-than-significant levels with mitigation measures incorporated in the following environmental topic areas: Cultural Resources (Archeological Resources); Public Services; Biological Resources; Geology and Soils; Hydrology and Water Quality; and Hazards and Hazardous Materials. The Final EIR found that implementation of Alternative 3A would result in significant and unavoidable impacts in the following environmental topic areas: Transportation and Circulation; Noise; Air Quality; and GHG Emissions.

As described in this Addendum under "Summary of Proposed Modifications to Previous Project" on page 3 above (and in more detail in Section 2.0, "Project Revisions," starting on page 7 below), the Revised Project would involve mainly the following changes, compared to the Previous Project: the proposed Cathedral Hill Campus Hospital would be reduced by three floors, 39 feet, and 251 licensed beds, while the St. Luke's Campus Hospital would be increased by two floors, 43 feet, and 40 licensed beds. The Previous Project was originally proposed, in part, to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994, as amended, which requires all hospital facilities to meet new seismic standards and establishes a timeline for these improvements. These project objectives have not changed under the Revised Project. The Revised Project would still include substantially the same uses as the Previous Project, including a proposed new hospital at the Cathedral Hill Campus and a proposed replacement hospital at the St. Luke's Campus, and associated medical buildings and garages, as described in the CPMC LRDP Final EIR. Other components of the proposed development under the Revised Project would remain as discussed in the CPMC LRDP Final EIR and except for changes to the timing of project phasing, no changes are proposed at the Davies, Pacific or California Campuses under the Revised Project, relative to the Previous Project.

This Addendum provides a three-way comparison of the Revised Project to the Previous Project and Alternative 3A that were previously analyzed in the CPMC LRDP Final EIR. As discussed below under "Comparison of Previous Project, Revised Project and Alternative 3A," development proposed under the Revised Project is similar to that proposed under the EIR's Alternative 3A at the Cathedral Hill and St. Luke's Campuses except that: (1) the proposed Cathedral Hill Campus Hospital under the Revised Project would be taller (as discussed below) and have greater floor area, but would have fewer beds and a greater overall parking reduction compared to under Alternative 3A; (2) the St. Luke's Campus Hospital would be taller under the Revised Project than the first-phase hospital in the same location under Alternative 3A; and (3) unlike Alternative 3A, which would include construction of a second phase Women's and Children's hospital building at the site of the existing (proposed to be demolished) St. Luke's hospital tower and demolition of the Duncan Street parking garage for construction of a larger MOB, the Revised Project (similar to the Previous Project) would not include a second-phase hospital and instead would include construction of the St. Luke's Campus MOB and retention of the Duncan Street parking garage, resulting in fewer beds and less total development or floor area at full build-out of the St. Luke's Campus than under Alternative 3A.

This Addendum describes the potential environmental effects of the Revised Project compared to the impacts of the Previous Project and, where relevant, Alternative 3A identified in the EIR under "Environmental Analysis" below. It explains how the proposed modifications under the Revised Project would not result in any new significant environmental impacts or a substantial increase in the severity of previously identified environmental effects, and would not require any new feasible mitigation measures considerably different from others previously analyzed that would clearly lessen the environmental impacts of the Project, but that the Project Sponsor has declined to adopt. This Addendum provides written documentation for the case record that the proposed modifications to the CPMC LRDP project (i.e., the Revised Project) do not warrant additional environmental review.

2.0 PROJECT REVISIONS

2.1 CATHEDRAL HILL CAMPUS

Table 2-1 shows the principal changes to the originally proposed Cathedral Hill Campus, which includes the following reductions: three floors (2 within the hospital tower and 1 within the podium, decreasing the building from 15 to 12 total floors) or 39 feet (decreasing the total height from 265 to 226 feet); 174,560 gsf (decreasing the total hospital floor area from 1,163,790 to 989,230 gsf[4]); and 251 beds (reducing the total from 555 to 304 beds) at the proposed hospital. The hospital's initial buildout would result in 274 available beds, with "shelled" space providing capacity for up to 30 additional beds in the future.

The Revised Project would reduce the originally proposed 265-foot-tall, 15-floor hospital tower by 39 feet or three floors, so that it would be a 226-foot-tall, 12-floor (plus two basement level) hospital tower under the Revised Project (see Figures 1-3 through 1-9). The building footprint and general design of the hospital under the Revised Project would remain the same as proposed for the Previous Project.

Because the site is sloped, the structure would vary in height relative to the side from which it is viewed. The proposed hospital's podium structure would range between four and five floors and range in height from 43 to 94 feet. Horizontal dimensions and the bulk of the project, both of the podium and tower, would remain within the development scope previously analyzed in the EIR. Under the Revised Project, the proposed Cathedral Hill Campus Hospital's exterior design would consist primarily of metal and glass, with stone and concrete at lower levels, as analyzed for the Previous Project in the EIR.

Many of the inpatient services currently offered at the Pacific and California Campuses would be relocated to the proposed Cathedral Hill Campus Hospital under the Revised Project, as they were under the Previous Project. As originally proposed, inpatient hospital beds would be located primarily in the bed tower, and invasive services, circulation, public entry, cafeteria and support services would be included in the podium. Some modification of department types, sizes, and locations would occur within the overall envelope of the building.

Under the Revised Project, the proposed Cathedral Hill Campus Hospital would continue to have three levels of at- or below-grade parking (the parking garage depth would range from 24 to 64 feet depending on the side of the site). The number of underground parking spaces would be reduced to reflect the smaller size of the proposed Cathedral Hill Campus Hospital under the Revised Project. The number of parking spaces within the hospital would be reduced by 237 spaces (decreasing the total from 513 to 276

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[4] The Project Description of the Revised Project in this Addendum is consistent with the project descriptions in the project approval documents being considered by the Planning Commission. In some cases, the gsf numbers cited in this Addendum vary from, and are greater than, those in the proposed CEQA Findings and other approval documents. The gsf numbers in this Addendum are based upon the same methodology used in the Final EIR, in order to facilitate a consistent comparison of the Revised Project to the Previous Project as analyzed in the Final EIR. The gsf numbers used in the project approval documents and CEQA findings differ from these numbers in some cases because, as part of the approval process for both the Previous Project and the Revised Project, Planning Department 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 Planning Code gsf numbers, to the extent that they vary from those used in the Final EIR and Addendum, are smaller because the Planning Code methodology excludes some areas (such as certain areas within parking garages) that are within the building envelope and that were counted as building gsf for CEQA purposes in order to conservatively assume maximum gsf based on the physical building envelope. The Department had not determined the gsf numbers under the Planning Code methodology prior to publication of the Draft EIR and, therefore, those numbers were not available at the time that CEQA analysis of the Previous Project was undertaken. The figures used in the CEQA Findings and other approval documents reflect the Department's refined analysis. The variation in gsf is a result of that process, and does not reflect actual variation in building square footage, envelope, or program between the Revised Project as described in this Addendum and in the approval documents.

parking spaces). The amount of underground garage space within the hospital (and therefore the number or depth of basement levels and amount of excavation) would not change; however, less space would be dedicated to parking, as some mechanical, storage, and support functions originally proposed for other levels would be relocated to the underground levels. The Project Sponsor is studying the best way to achieve the reduction of 237 spaces on the campus and may ultimately propose to remove some or all of this parking from the proposed Cathedral Hill Campus MOB instead of/in addition to the hospital.

Ingress and egress points would remain as originally analyzed, as would "public realm" improvements surrounding the entire hospital block. The proposed Cathedral Hill Campus Hospital footprint and site plan, and the pedestrian and vehicle access and circulation would remain the same. No other changes are included in the proposed Cathedral Hill Campus under the Revised Project, including for the Cathedral Hill Campus MOB, Van Ness Avenue underground pedestrian tunnel (between the hospital and the MOB on the other side of Van Ness Avenue, at the lowest level (P3)), or 1375 Sutter MOB.

Table 2-1 Cathedral Hill Campus: Project Summary Table		
Category under the LRDP (numbers for building uses below depict square footage)	Construction	
	Previous Hospital	Revised Hospital
Residential	–	–
Hotel	–	–
Retail	3,100	2,540
Office	–	–
Medical Office	–	–
Light Industrial	–	–
Parking—Structured	244,900	133,380
Medical Center	–	–
Hospital Administration	12,100	39,240
Cafeteria	10,800	8,780
Education/Conference	14,690	39,460
Inpatient Care	388,100	199,570
Skilled Nursing Care	–	–
Outpatient Care	1,485	1,570
Diagnostic and Treatment	130,025	164,910
Emergency Department	19,900	24,530
Support	79,950	94,190
Research	–	–
Other	–	–
Lobby	9,200	17,290
Building Infrastructure	207,280	180,460
Central Plant	26,670	24,920
Mechanical and Electrical	–	45,370
Loading	15,590	13,020
Total sq. ft.	**1,163,790**	**989,230**
Dwelling Units	–	–
Residential Hotel Rooms	–	–
Hotel Rooms	–	–
Parking Spaces—Structured	513	276
Parking Spaces—Surface	–	–
Loading Spaces	6 + 14 vans	6 + 14 vans
Height of Buildings	265	226
Number of Floors	15	12
Floors Underground	2	2

2.2 ST. LUKE'S CAMPUS

The principal changes at the St. Luke's Campus are shown in Table 2-2 and include the following: an addition of two floors (increasing the total from five to seven floors) and 43 feet (increasing the total height from 99 to 142 feet); 80,890 gsf of hospital space (increasing the total hospital floor area from the previously planned 154,800 to 235,690 gsf); and 40 additional licensed acute care beds (increasing the total from 80 to 120 beds) at the proposed St. Luke's Campus Hospital. The 80,890 gsf of additional hospital space includes an approximately 5,049-gsf building connector between the St. Luke's Campus Hospital and St. Luke's Campus MOB, which was attributed to the St. Luke's Campus MOB under the Previous Project. However, the building connector would be attributed to the St. Luke's Campus Hospital building under the Revised Project. This is because under the Revised Project, the building connector would be constructed concurrently with the hospital rather than with the St. Luke's Campus MOB, resulting in a net addition of 75,841 gsf at the St. Luke's Campus under the Revised Project as compared to the Previous Project. There would be no change to the parking spaces and building footprints at the St. Luke's Campus as compared to the Previous Project. However, there would be an incremental increase in the number of vehicular trips due to the additional 75,841 gsf (and 40 more beds) of hospital development associated with the Revised Project. Although the footprint of the St. Luke's Campus Hospital would not change, there would be approximately 9,000 additional cubic yards of excavation below grade (increasing the total excavation at the St. Luke's Campus from 61,400 under the Previous Project to 70,400 cubic yards under the Revised Project). There would be no change in the number of basement levels.

The proposed St. Luke's Campus Hospital under the Previous Project that was analyzed in the Final EIR was a 5-floor, 99-foot-tall, 154,800-total-gsf building with 80 acute care beds. The total building height for the St. Luke's Campus Hospital under the Revised Project would be approximately seven floors and 142 feet tall, which is an increase of two floors and 43 feet, compared to the 99-foot-tall hospital tower under the Previous Project. The Revised Project's proposed 120-bed St. Luke's Campus Hospital would otherwise maintain the same above-grade footprint, bulk, and overall design characteristics as under the Previous Project.

Under the Revised Project, the proposed St. Luke's Campus Hospital's podium structure would range in height from approximately 47 to 60 feet, representing an approximately 7-foot increase in its mechanical screen height, compared to the podium structure under the Previous Project (which was 34 to 51 feet tall). Under the Revised Project, the above-grade horizontal dimensions and the bulk of the St. Luke's Campus Hospital (both of the podium and tower) and the hospital building footprint at grade would otherwise remain similar to those analyzed in the Final EIR for the Previous Project.

The two additional new hospital floors under the Revised Project would visually resemble the lower floors of the hospital under the Previous Project. The exterior design and architectural treatment of the two new floors would be similar to the design of the floors below and the same building façade materials would be used. Under the Revised Project, the St. Luke's Campus Hospital's exterior design would consist primarily of concrete, metal and glass, similar to the St. Luke's Campus Hospital design analyzed in the Final EIR for the Previous Project. Figures 1-30 through 1-32 includes elevations from each side of the campus. Figures 1-39 through 1-41 show a comparison of the North, South, East, and West Elevations of the hospital under the Previous Project to those of the Revised Project.

Table 2-2 St. Luke's Campus: Project Summary Table				
Category under the LRDP (numbers for building uses below depict square footage)	Construction			
	Previous St. Luke's Campus Hospital	Revised St. Luke's Campus Hospital	Previous St. Luke's Campus MOB	Revised St. Luke's Campus MOB
Residential	–	–	–	–
Hotel	–	–	–	–
Retail	–	–	2,600	2,600
Office	–	–	–	–
Medical Office	–	–	31,820	31,820
Light Industrial	–	–	–	–
Parking—Structured	–	–	111,000	111,000
Hospital Administration	3,200	3,200	2,080	2,080
Cafeteria	1,800	1,970	1,560	1,560
Education/Conference	1,000	1,920	1,560	1,560
Inpatient Care	65,200	87,860		–
Skilled Nursing Care	–	–	–	–
Outpatient Care	–	–	8,680	8,680
Diagnostic and Treatment	18,700	43,910	22,460	22,460
Emergency Department	11,500	13,940		–
Support	15,900	26,570	3,640	3,640
Research	–	–		–
Other	–	–		–
Lobby	6,300	5,400	520	520
Building Infrastructure	19,800	35,180	15,130	10,081[1]
Central Plant	2,900	7,660	–	–
Mechanical and Electrical Floors	–	–	–	–
Loading	8,500	8,080	–	–
Total sq. ft.	**154,800**	**235,690**	**201,050**	**196,001**
Dwelling Units	–	–	–	–
Hotel Rooms	–	–	–	–
Parking Spaces—Structured	–	–	220	220
Parking Spaces—Surface	–	–	–	–
Loading Spaces	–	–	–	–
Number of Buildings	–	–	1	1
Height of Buildings	99	142	100	100
Number of Floors	5	7	5	5
Floors Underground	–	–	4	4

Note:
[1] Connector area of 5,049 gsf moved from MOB to Hospital.

The St. Luke's Campus Hospital tower under the Revised Project would be about 235,690 gsf in size and have a total of 120 acute care beds. This represents about 75,841 gsf of additional hospital tower space and an additional 40 licensed acute care beds that would be accommodated on the two additional floors (see Figures 1-33 through 1-34). Inpatient beds within the hospital would still be located primarily in the bed tower, and invasive services, Emergency Department, circulation, public entry, cafeteria and support services would remain in the podium. However, some modification of department types, sizes, and locations would occur within the overall envelope of the building under the Revised Project, compared to the Previous Project.

In order to accommodate needed hospital podium space on the constrained site, up to approximately 5,500 square feet (sq. ft.) of below-grade space would be added to the hospital, in the area directly beneath the emergency ambulance bays and extending along 27th Street to the south (see Figure 1-28). This additional excavated area would not change the above-ground site plan for St. Luke's Campus under the Revised Project, compared to the Previous Project. The additional excavated volume totals approximately 9,000 cubic yards beyond the 61,400 cubic yards estimated for the St. Luke's Campus Hospital and St. Luke's Campus MOB under the Previous Project.

The project construction phasing would also change slightly under the Revised Project, so that the 5,049 square foot development serving as a building connector between the hospital and St. Luke's Campus MOB would be built as part of the initial hospital phase at the St. Luke's Campus under the Revised Project, versus the later St. Luke's Campus MOB phase under the Previous Project (see Figure 1-28). Under the Revised Project, the connector would need to be built concurrently with the hospital to allow expanded hospital programs to occupy the connector space. In addition, as a result of programming changes for the St. Luke's Campus Hospital, the plaza originally proposed to be built as a separate phase from the St. Luke's Campus Hospital under the Previous Project, would be built during the same phase as the hospital under the Revised Project. Table 2-2 therefore reflects both the increase in square footage/floor area and the transfer of the plaza and connector components of the St. Luke's Campus from the later St. Luke's Campus MOB development phase (under the Previous Project) to the earlier St. Luke's Campus Hospital development phase (under the Revised Project).

Other than the fact that the connector and plaza between the St. Luke's Campus Hospital and St. Luke's Campus MOB would be constructed earlier than previously proposed, the site plan, parking, pedestrian and vehicle access and circulation for St. Luke's Campus under the Revised Project would remain the same as with the Previous Project. Ingress and egress points would remain as originally analyzed, as would the "public realm" improvements surrounding the entire hospital block.

No changes are proposed for the new St. Luke's Campus MOB, 1912 Building, Monteagle Medical Center, or Hartzell Building under the Revised Project. No other changes are proposed at the St. Luke's Campus under the Revised Project.

2.3 DAVIES, PACIFIC, AND CALIFORNIA CAMPUSES

No changes from the Previous Project are proposed for any other CPMC Campus or component of the Previous Project. Other than the timing of project phasing, no changes are proposed at the Davies, Pacific or California Campuses relative to the Previous Project. A Revised Project schedule is included in this Addendum at the end of Section 2.0 (as Table 2-7).

2.3.1 COMPARISON OF PREVIOUS PROJECT, REVISED PROJECT, AND ALTERNATIVE 3A

A description of the Revised Project's components that are being modified from the Previous Project and how they compare to the Previous Project and Alternative 3A (at Cathedral Hill and St. Luke's Campuses) follows. Tables 2-3 through 2-6 below provide a comparison of development at the Cathedral Hill and St. Luke's Campuses under the Revised Project to the Previous Project and Alternative 3A.

Development proposed under the Revised Project is similar to that proposed under the EIR's Alternative 3A at the Cathedral Hill and St. Luke's Campuses, except for the following:

Compared to Alternative 3A, the proposed Cathedral Hill Campus Hospital under the Revised Project would be taller (96 feet or three floors taller) and have greater floor area (by about 166,437 gsf), but would have 96 fewer beds and a greater overall parking reduction (15 fewer parking spaces). The proposed Cathedral Hill Campus Hospital under the Revised Project has been organized differently than the Cathedral Hill Campus Hospital envisioned under Alternative 3A. The design of the proposed Cathedral Hill Campus Hospital under Alternative 3A was preliminary with respect to hospital programming and was designed to achieve a "code-complying" height. Therefore, the Alternative 3A hospital design resulted in a uniform, box-like, 130-foot tall structure. Under the Revised Project, the design for the proposed Cathedral Hill Campus Hospital is a reduced version of the podium and tower hospital design proposed under the Previous Project.

The first phase hospital at the St. Luke's Campus would be taller (26 feet or 1 story taller) under the Revised Project than under Alternative 3A. Unlike Alternative 3A, which would subsequently involve construction of a second phase Women's and Children's hospital building (289,900 gsf, 116 feet or six floors tall) at the site of the existing (proposed to be demolished) St. Luke's hospital tower and would involve the demolition of the Duncan Street parking garage to construct a larger MOB, the Revised Project (similar to the Previous Project) would not include a second phase hospital building and instead would include construction of the St. Luke's Campus MOB at the site of the existing hospital tower (proposed to be demolished) and retention of the Duncan Street parking garage, resulting in 120 fewer beds and less total development (about 220,157 fewer gsf) at full buildout of the St. Luke's Campus than under Alternative 3A.

Table 2-3 and Table 2-4 provide a comparison of the Previous Project, Revised Project, and Alternative 3A at the Cathedral Hill and St. Luke's Campuses. Table 2-5, Site Usage Comparison, provides a comparison of project site usage under the Previous Project and the Revised Project, and Table 2-6, Parking Comparison, provides a comparison of parking spaces provided under the Previous Project, Revised Project, and Alternative 3A at the Cathedral Hill St. Luke's Campuses.

Table 2-3 Comparison of the Previous Project, Alternative 3A, and the Revised Project – Cathedral Hill Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
Cathedral Hill Campus Hospital	The proposed Cathedral Hill Campus Hospital would be 1,163,798 gsf and contain 555 licensed acute care beds. The proposed hospital would reach 15 floors and 265 feet in height. The exterior design would consist primarily of metal and glass, with stone and concrete.	Under Alternative 3A, the proposed Cathedral Hill Campus Hospital would be 166,437 gsf smaller in size than under the Revised Project and 340,997 gsf less than the Previous Project and would include 96 more beds than the Revised Project. The hospital would also be 96 feet and three floors shorter than under the Revised Project.	While all other features would remain the same as the Previous Project, the Revised Project would eliminate approximately 174,560 gsf with a total reduction of three floors (two in the tower, one in the podium). The Revised Project hospital would be 39 feet shorter than the Previous Project and include 251 fewer licensed beds, for a total of 304 beds. The hospital footprint would remain the same, and no changes are proposed to the exterior design, except for the reduction of three floors.
Cathedral Hill Campus MOB	The proposed Cathedral Hill Campus MOB would be 496,278 gsf and include 542 structured parking spaces in a 9-floor, 130-foot-tall building.	Same as Previous Project and Revised Project.	Same as Previous Project.
Parking Garages	The proposed Cathedral Hill Campus MOB would contain 542 structured parking spaces.	Same as Previous Project and Revised Project.	No changes to the proposed Cathedral Hill Campus MOB parking garage (542 spaces),[1] compared to Previous Project.
	The proposed Cathedral Hill Campus Hospital would contain 513 structured parking spaces.	Under Alternative 3A, 15 more parking spaces would be provided at the proposed Cathedral Hill Campus Hospital than under the Revised Project (291 total parking spaces under Alternative 3A versus 276 parking spaces under Revised Project).	Underground area and excavation for the proposed Cathedral Hill Campus Hospital would remain the same, but number of parking spaces would be reduced by 237 spaces, for a total of 276 spaces. The remainder of below-grade space would be dedicated to other uses such as mechanical, storage, and support functions.
Vehicular Access	The proposed Cathedral Hill Campus Hospital vehicular access would be available along Post Street (from the west) and Geary Boulevard (from the east). Loading and	Same as Previous Project and Revised Project.	Same as Previous Project.

Table 2-3 Comparison of the Previous Project, Alternative 3A, and the Revised Project – Cathedral Hill Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
	emergency access would be accessible from Franklin Street (from the south). The proposed Cathedral Hill Campus MOB vehicular/loading access would be available along Cedar Street (from the west) and Geary Street (from the east).		
Pedestrian Access	Pedestrian access at the proposed Cathedral Hill Campus Hospital would be from the main entrance on Van Ness Avenue. Secondary pedestrian access would be from Post Street. Pedestrian access at the proposed Cathedral Hill Campus MOB would be from the main entrance on Van Ness Avenue.	Same as Previous Project and Revised Project.	Same as Previous Project.
Note: [1] Project Sponsor may elect, however, to achieve campus parking reduction by removal of MOB parking spaces.			

Table 2-4 Comparison of the Previous Project, Alternative 3A, and the Revised Project – St. Luke's Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
St. Luke's Campus Hospital	The proposed St. Luke's Campus Hospital would contain 154,800 gsf and 80 licensed acute care beds. The hospital would be five floors and 99 feet in height. The proposed hospital would also include an excavation of approximately 61,400 cubic yards.	The first phase hospital at the St. Luke's Campus under Alternative 3A would be 77,790 gsf smaller than under the Revised Project. Under Alternative 3A, the first phase of the hospital would also be 27 feet and one story shorter in height, and include 40 fewer beds than under the Revised Project. The second phase Women's and Children's Hospital at the St. Luke's Campus under Alternative 3A, which would not be constructed under the Revised Project, would include an additional	While all other above ground features would remain the same as the Previous Project, the Revised Project would add a further 75,841 gsf in the patient tower, accommodated on two additional floors. In addition, the 5,049 connector area between the proposed new St. Luke's Campus Hospital and St. Luke's Campus MOB would now be constructed as part of the hospital, rather than the MOB, for a total of 235,690 gsf within the hospital. The Revised

Table 2-4 Comparison of the Previous Project, Alternative 3A, and the Revised Project – St. Luke's Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
		289,900 gsf and 160 beds (for a total of 120 more beds at the St. Luke's Campus under Alternative 3A than under the Revised Project), and would be six floors and 116 feet in height. A greater amount of excavation would occur under Alternative 3A than under either the Previous Project or the Revised Project, due to increased development at the St. Luke's Campus, as described above.	Project hospital would be 43 feet taller than the Previous Project and include 40 additional licensed acute care beds, for a total of 120 beds. The new floors would be architecturally and visually consistent with the proposed floors analyzed under the Previous Project. The hospital's footprint at grade would remain the same, but an additional 9,000 cubic yards of excavation below grade are proposed.
St. Luke's Campus MOB	The proposed St. Luke's Campus MOB would contain 201,050 gsf with a height of 100 feet and five floors. It would also include 220 underground parking spaces.	Under Alternative 3A, the St. Luke's Campus MOB/would not be constructed at the site of existing St. Luke's hospital tower. Instead, the Duncan Street Parking Garage would be demolished and, as a third phase of construction, a larger, 427,653 gsf medical office building with additional parking (for a total of 267 more parking spaces at the St. Luke's Campus than under the Revised Project) would be constructed in its place. The height and number of floors of the medical office building under Alternative 3A would be the same as the St. Luke's Campus MOB under the Revised Project, but the building footprint would be larger and there would be three additional underground parking levels.	Same as the Previous Project, except for reduction in St. Luke's Campus MOB building size to 196,001 gsf, due to construction of 5,049-gsf connector area as part of the proposed hospital, instead of the MOB.
Parking Garage	The proposed St. Luke's Campus MOB would include 220 structured parking spaces. The existing Duncan Street Parking Garage would be retained.	Duncan Street parking garage would be demolished and the larger MOB under Alternative 3A would provide more parking spaces than proposed to be provided	Same as the Previous Project.

Table 2-4 Comparison of the Previous Project, Alternative 3A, and the Revised Project – St. Luke's Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
		by the St. Luke's Campus MOB under the Revised Project. Overall, a total of 267 more parking spaces at the St. Luke's Campus under Alternative 3A than under the Revised Project.	
Vehicular Access	Vehicular access to the St. Luke's Campus would be provided from Cesar Chavez Street and Valencia Street to the proposed St. Luke's Campus MOB. Existing vehicular access from San Jose Avenue to the Duncan Street Parking Garage would be retained. Emergency vehicle access would be obtained from 27th Street. Vehicular access to the loading dock would be obtained from Cesar Chavez Street.	Vehicular access to the St. Luke's Campus would be provided from Cesar Chavez Street and from Valencia Street to the Women's and Children's Hospital. Vehicular access to the new MOB Parking Garage would be provided from San Jose Avenue. Vehicular access to the loading dock would be provided from 27th Street and San Jose Avenue. Emergency vehicle access to the hospital at the St. Luke's Campus would be provided from Cesar Chavez Street.	Same as the Previous Project.
Pedestrian Access	Pedestrian access under the Previous Project would be available from Cesar Chavez Street, San Jose Avenue, Duncan Street, and Valencia Street, but the existing stairs leading up to the 1912 Building from Valencia Street would not be in use.	Same as Previous Project and Revised Project.	Same as the Previous Project.

Table 2-5 Site Usage Comparison						
	Cathedral Hill Campus Hospital			St. Luke's Campus Hospital		
	Previous Project	Alternative 3A	Revised Project	Previous Project	Alternative 3A[2]	Revised Project
Total Beds[1]	555	400	304	80	240	120
Approximate GSF	1,163,790	822,793	989,230	154,800	447,800	235,690
Building Height (feet)	265	130	226	99	115 and 116	142
Building Height (floors)	15	9	12	5	6	7
+/- from Beds	(251 beds)	(96 beds)	-	+40 beds	(120 beds)	-
+/- from GSF	(174,560 gsf)	+166,437 gsf	-	+80,890 gsf	(212,110 gsf)	-
+/- from Building height	(39 feet)	+96 feet	-	+43 feet	+26 to 27 feet	-
+/- from Building floors	(3 floors)	+3 story	-	+2 floors	+1 story	-

Note: Numbers in parentheses represent negative values.

[1] Total buildout of CPMC LRDP under the Revised Project would have 692 beds, compared to 903 beds under the Previous Project.

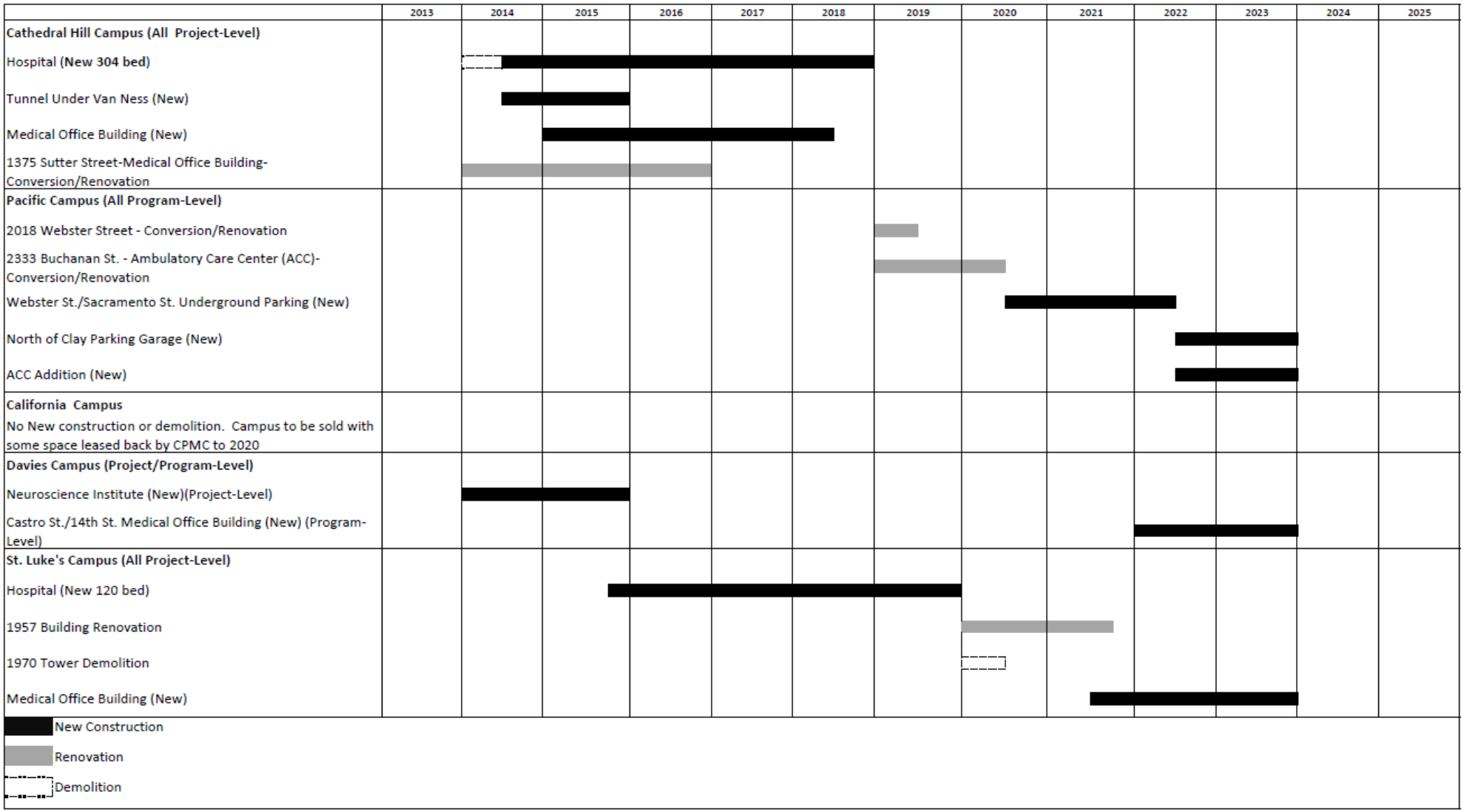
[2] 75,841 additional gsf would be added to the St. Luke's Campus Hospital. The remaining 5,049 gsf is attributable to the connector area that would have been constructed as part of the St. Luke's Campus MOB under the Previous Project, but would be constructed during the same phase as the hospital under the Revised Project.

Source: CPMC, AECOM, 2013.

Table 2-6 Parking Comparison			
	Previous Project	Alternative 3A	Revised Project
Cathedral Hill Campus Hospital Parking Garage	513	291	276
Cathedral Hill Campus MOB Parking Garage	542	542	542
1375 Sutter Street Conversion	172	172	172
Cathedral Hill Campus Total	**1,227**	**1,005**	**990**
St. Luke's Campus MOB Parking Garage	220	702	220
Duncan Street Garage	215	-	215
Off-street Surface Parking	15	-	15
St. Luke's Campus Total	**450**	**702**	**450**

Source: CPMC, AECOM, 2013

Table 2-7
CPMC Long Range Development Plan Schedule



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3.0 ENVIRONMENTAL ANALYSIS

3.1 INTRODUCTION

For each environmental topic, this environmental analysis section provides a summary of impacts from the Previous Project as discussed in the Final EIR. This section also provides a discussion of the impacts under the Revised Project and identifies the mitigation measures that would apply to the Revised Project, and would include all mitigation measures previously identified in the Final EIR as applicable to the Previous Project.

3.1.1 SUMMARY OF ENVIRONMENTAL ANALYSIS

Table I in Appendix A attached to this Addendum, “Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project,” summarizes all of the conclusions of each environmental topic for the Previous Project and provides a comparison of the Revised Project's impacts to the Previous Project's impacts. As indicated in the Table I, the Revised Project would have similar impacts to the Previous Project. Previously identified significant and unavoidable impacts identified for the Previous Project would continue to be significant and unavoidable impacts under the Revised Project. All other Mitigation Measures under the Previous Project would remain the same and would be applicable under the Revised Project. In addition, Mitigation Measure M-NO-N4, which was applied to the Cathedral Hill Campus under the Previous Project, would also apply to the St. Luke’s Campus under the Revised Project (similar to under Alternative 3A). Section 3.2 to Section 3.18 includes a summary discussion of each environmental topic. In addition to the mitigation measures presented in Table I, Appendix A also includes improvement measures in Table II, “Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project,” which are applicable under both the Previous Project and Revised Project. Impacts, mitigation measures and improvement measures from the Previous Project, as outlined in the Final EIR, are identified and included here as they are applicable in the Revised Project.

The Revised Project at both the proposed Cathedral Hill Campus and St. Luke's Campus falls within the range of impacts analyzed in the Final EIR for the Previous Project and Alternative 3A. No new impacts or substantially more severe impacts have been identified for the Revised Project.

3.2 LAND USE AND PLANNING

3.2.1 CATHEDRAL HILL CAMPUS

Although the Revised Project would entail less construction of new medical space than the Previous Project, the proposed Cathedral Hill Campus would occupy the same footprint. CPMC would undertake the same demolition as under the Previous Project, creating a new campus composed of three buildings along both sides of Van Ness Avenue (including the 1375 Sutter Street site) and constructing the Van Ness Avenue pedestrian tunnel. Land use impacts related to the proposed Cathedral Hill Campus MOB would be identical to those under the Previous Project (see Draft EIR Section 4.1.5, "Impact Evaluations," beginning on page 4.1-37 in Section 4.1, "Land Use and Planning"), and therefore, are not discussed further.

The primary difference between the Revised Project and the Previous Project is that the proposed Cathedral Hill Campus Hospital would be smaller (by approximately 175,000 gsf) and shorter (by 39

feet). The proposed Cathedral Hill Campus Hospital under the Revised Project, however, would be 46 feet taller than the existing, on-site 180-foot-tall (including mechanical penthouse) 1255 Post Street Office Building and 106 feet taller than the existing 120-foot-tall (including mechanical penthouse) Cathedral Hill Hotel that occupies the site.

*The Revised Project at the Cathedral Hill Campus would not physically divide an established community (**Less than Significant**)*

The Draft EIR determined that development at the Cathedral Hill Campus under the Previous Project would not physically divide or disrupt an established community. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. For the same reasons as under the Previous Project, and because the proposed Cathedral Hill Campus development would be smaller under the Revised Project than under the Previous Project, the Revised Project at the Cathedral Hill Campus would not physically divide an established community, and this impact would be less than significant.

*The Revised Project at the Cathedral Hill Campus would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (**Less than Significant**)*

The Draft EIR development at the Cathedral Hill Campus under the Previous Project would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. The height of the proposed Cathedral Hill Campus Hospital would be reduced to 226 feet under the Revised Project, compared to 265 feet under the Previous Project. The smaller hospital would, like the Previous Project, not meet current 130-V Height and Bulk District height and bulk requirements. Therefore, as under the Previous Project, the Cathedral Hill Campus Hospital proposed under the Revised Project would require Planning Code text and map amendments and CU authorization. Similar to the Previous Project, a height amendment under the *Van Ness Avenue Area Plan* (VNAP) would be required, although the height increase required for the Revised Project would be less than the height increase required for the Previous Project. However, unlike under the Previous Project, the Revised Project would not exceed 240 feet in height; therefore, no changes to General Plan Urban Design Element Map 4 to increase the existing 240-foot height limit would be required. In addition, unlike under the Previous Project, the amendment to Map 1 of the VNAP required for the Revised Project would not include a floor area ratio (FAR) increase for the Cathedral Hill Campus Hospital site, because the hospital site's FAR would comply with the Map 1 FAR maximum of 7.1:1. (The hospital under the Previous Project would have resulted in a FAR of 9:1.) However, as under the Previous Project, the amendment to Map 1 of the VNAP for the Revised Project would increase the maximum FAR for the proposed Cathedral Hill Campus MOB site from 7.1:1 to 7.5:1.

With the exception of the General Plan Urban Design Element Map 4 amendment, which is no longer needed, all other approvals associated with the Previous Project (discussed on Draft EIR page 4.1-47 in Section 4.1, “Land Use and Planning”) would still be required under the Revised Project. These project approvals would also be included in the Revised Project, although with some modifications. Therefore, if the requested project approvals for Cathedral Hill Campus development under the Revised Project are granted by decision-makers, the Revised Project at the Cathedral Hill Campus would not conflict with any applicable land use plan, policy, or regulation. This impact would be less than significant and less than under the Previous Project because of the proposed Cathedral Hill Campus Hospital’s height and FAR reduction (compared to under the Previous Project).

*The Revised Project at the Cathedral Hill Campus would not have a substantial impact on the existing character of the vicinity (**Less than Significant**)*

The Draft EIR development at the Cathedral Hill Campus under the Previous Project would not have a substantial impact on the existing character of the vicinity. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. Under the Revised Project, CPMC would construct less floor area for medical uses at the Cathedral Hill Campus than under the Previous Project, although on-site medical uses would still be greater than under existing conditions. Constructing the proposed Cathedral Hill Campus Hospital would still introduce a new medical use to the former hotel/office site; however, as under the Previous Project, demolishing a vacant hotel and one vacant office building would not likely have a substantial effect on the existing character of the vicinity. As under the Previous Project, streetscape improvements would be added around the proposed Cathedral Hill Campus to activate the street level and for pedestrian interest, as well as provide a buffer between pedestrians and traffic lanes.

As discussed on Draft EIR page 4.1-57 in Section 4.1, "Land Use and Planning," large-scale, high-rise buildings of up to 25 floors exist in the area surrounding the proposed campus, and the existing General Plan designation would allow a development of up to 240 feet at the hospital site. The Final EIR concluded that the proposed development at the Cathedral Hill Campus under the Previous Project would have a less-than-significant impact on the existing character of the vicinity because it is already a bustling, densely developed, active area. The proposed Cathedral Hill Campus Hospital under the Revised Project would be 39 feet shorter than under the Previous Project. Although building heights on the proposed Cathedral Hill Campus would increase under the Revised Project, relative to existing conditions, the reduced-height hospital building would have a less-than-significant impact on the character of the vicinity, and the impact would be less than under the Previous Project.

3.2.1.1 SUMMARY OF LAND USE AND PLANNING IMPACTS AT THE CATHEDRAL HILL CAMPUS

The Final EIR concluded that the proposed development at the Cathedral Hill Campus under the Previous Project would result in less-than-significant project-level and cumulative impacts related to the topics of land use and planning. Project-level and cumulative impacts of the proposed development at the Cathedral Hill Campus under the Revised Project related to the topics of land use; land use plans, policies, or regulations; and the existing character of the vicinity would be similarly less than significant, and less than under the Previous Project. As under the Previous Project, no mitigation measures are required for the proposed development at the proposed Cathedral Hill Campus under the Revised Project for land use and planning impacts.

3.2.2 ST. LUKE'S CAMPUS

The Revised Project would add 40 more acute care beds and two additional floors totaling about 75,841 more gsf to the St. Luke’s Campus Hospital, compared to the Previous Project. No new buildings and no additional demolition of existing buildings are proposed under the Revised Project than would have occurred under the Previous Project.

*The Revised Project at the St. Luke's Campus would not physically divide an established community (**Less than Significant**)*

The Final EIR development at the St. Luke's Campus under the Previous Project would not physically divide or disrupt an established community. Therefore, the Final EIR concluded that this impact would be less than significant under both the Previous Project and Alternative 3A. The Revised Project would involve more development at the St. Luke's Campus than under the Previous Project, but less than under Alternative 3A. Impacts of the Revised Project, as with the Previous Project and Alternative 3A, would be less than significant for the same reasons.

*The Revised Project at the St. Luke's Campus would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (**Less than Significant**)*

The Final EIR development at the St. Luke's Campus under the Previous Project and Alternative 3A would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project and Alternative 3A. The St. Luke's Campus Hospital and St. Luke's Campus MOB would be at the same sites on campus as under the Previous Project. The increase in height of the St. Luke's Campus Hospital under the Revised Project would require the same approvals as the Previous Project, although slightly modified. The required approvals for St. Luke's Campus under the Revised Project would include, among other things, General Plan Amendments; Planning Code text and map amendments, including the creation of a new Special Use District to increase the existing maximum FAR; a CU authorization to modify the existing PUD for the St. Luke's Campus in order to allow exceptions to the rear-yard requirements, restriction on projections extending over a street or alley, and height and bulk limits for buildings taller than 40 feet in the RH-2 district; and an Office Allocation. See Section 2.6.4, "Required Project Approvals," for the St. Luke's Campus beginning on page 2-191 of the Draft EIR, as modified by staff-initiated text changes on page C&R 4-58 of the C&R document, and Section 2, above, of this Addendum. Therefore, if the requested project approvals for St. Luke's Campus development under the Revised Project are granted by decision-makers, the Revised Project would not conflict with any applicable land use plan, policy or regulation. Impacts of the Revised Project, as with the Previous Project and Alternative 3A, would continue to be less than significant for the same reasons.

*The Revised Project at the St. Luke's Campus would not have a substantial impact on the existing character of the vicinity (**Less than Significant**)*

The Final EIR development at the St. Luke's Campus under the Previous Project and Alternative 3A would not have a substantial impact on the existing character of the vicinity. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project and Alternative 3A. Implementing the Revised Project would somewhat intensify medical use at the St. Luke's Campus, relative to existing conditions and the Previous Project, because of the 40 additional licensed acute-care beds over the 80 beds proposed with the Previous Project.

Under the Revised Project, as with the Previous Project and Alternative 3A, Cesar Chavez Street would buffer surrounding uses from the Campus and minimize any incremental changes to the intensity of use on the Campus, compared to existing conditions. As with the Previous Project, the Revised Project would include landscape and streetscape improvements for St. Luke's Campus, compatible with the City's proposed improvements along Cesar Chavez Street. Further, the tallest building height (142 feet) on the St. Luke's Campus under the Revised Project would be less than under existing conditions, because the existing, on-campus 158-foot-tall (plus 11-foot mechanical penthouse) St. Luke's Hospital tower would be demolished (as under the Previous Project) and replaced by a hospital with a height of 142 feet. Although 75,841 gsf of additional construction would provide space for 40 more licensed beds, and

associated support facilities, the St. Luke's Campus would not otherwise change compared to the Previous Project, and the Revised Project would not introduce new types of uses on campus. Medical uses would continue to be provided as they are at the existing St. Luke's Campus, and the Revised Project, like the Previous Project, would not alter surrounding uses. Therefore, the impact of the Revised Project on the existing character of the vicinity, as with the Previous Project and Alternative 3A, would continue to be less than significant for the same reasons.

3.2.2.1 SUMMARY OF LAND USE AND PLANNING IMPACTS AT THE ST. LUKE'S CAMPUS

The Final EIR concluded that the proposed development at the St. Luke's Campus under the Previous Project would result in less-than-significant project-level and cumulative impacts related to the topics of land use and planning. Project-level and cumulative impacts of the proposed development at the St. Luke's Campus under the Revised Project related to the topics of on land use; land use plans, policies or regulations; and the existing character of the vicinity would be similarly less than significant. As under the Previous Project (and Alternative 3A), no mitigation measures are required for the proposed development at the proposed St. Luke's Campus under the Revised Project for land use and planning impacts.

3.3 AESTHETICS

3.3.1 CATHEDRAL HILL CAMPUS

Under the Revised Project, the proposed Cathedral Hill Campus Hospital would be 12 floors and 226 feet tall[5], or approximately 39 feet and three floors shorter than the 15-floor, 265-foot-tall Cathedral Hill Campus Hospital proposed under the Previous Project. The proposed Cathedral Hill Campus MOB (nine floors and 130 feet tall) would remain unchanged under the Revised Project, compared to the Previous Project. Aesthetic impacts of the proposed Cathedral Hill Campus MOB under the Revised Project would be identical to the less-than-significant impacts under the Previous Project and therefore are not discussed further.

*The Revised Project at the Cathedral Hill Campus would not have a substantial effect on a scenic highway or scenic vista (**Less than significant**)*

The proposed Cathedral Hill Campus Hospital under the Revised Project would be 226 feet tall, or approximately 106 feet taller than the existing, on-site 120-foot-tall Cathedral Hill Hotel and 46 feet taller than the existing, on-site 180-foot-tall 1255 Post Street Office Building, respectively. However under the Revised Project, the proposed Cathedral Hill Campus Hospital would not be substantially taller than existing buildings in the immediate vicinity. The Final EIR concluded that the proposed development at the Cathedral Hill Campus under the Previous Project would have a less-than-significant impact on a scenic highway or scenic vista, because the Previous Project would not result in a substantial adverse visual change. The proposed development (including new hospital) at the Cathedral Hill Campus under the Revised Project is similarly not anticipated to alter scenic views. The proposed Cathedral Hill Campus Hospital under the Revised Project would be about 39 feet shorter than under the Previous Project and is similarly not anticipated to result in any blockage of important visual landscape elements that are currently seen in long-range vistas of the Cathedral Hill area. Therefore, the proposed development at the Cathedral Hill Campus under the Revised Project would have a less-than-significant impact on scenic

[5] All stated building heights include any mechanical penthouses, unless explicitly stated otherwise.

vistas. This impact would be less than under the Previous Project, because of the proposed Cathedral Hill Campus Hospital's height reduction (compared to under the Previous Project).

*The Revised Project at the Cathedral Hill Campus would not substantially damage scenic resources (**Less than significant**)*

Existing trees and landscaping located on campus would be removed for construction of the proposed Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, and Van Ness Avenue pedestrian tunnel under the Revised Project, as would occur under the Previous Project. However, as under the Previous Project, a landscaping plan would be prepared to provide for the preservation, removal, and/or replacement of trees throughout the proposed Cathedral Hill Campus. Please refer to the "Biological Resources" Section of the Draft EIR (beginning on Draft EIR page 4.13-1) for the impact analysis related to trees. The Final EIR concluded that the proposed development at the Cathedral Hill Campus under the Previous Project would have a less-than-significant impact on scenic highway or scenic vista because it would not substantially alter distant or close views. The proposed development at the Cathedral Hill Campus under the Revised Project would similarly not substantially damage scenic resources and would have a less-than-significant impact on scenic resources. This impact would be similar to the impact under the Previous Project, because development would occur within the same footprint at the proposed Cathedral Hill Campus under the Revised Project as it would under the Previous Project.

*The Revised Project at the Cathedral Hill Campus would not substantially degrade the existing visual character or quality of the site and surroundings (**Less than significant**)*

The proposed Cathedral Hill Campus Hospital would be 12 floors and 226 feet tall under the Revised Project, and would be taller but comparable in scale to the existing surrounding buildings, which are nine to 11 floors tall (up to about 130 feet tall). In contrast, under the Previous Project, the proposed Cathedral Hill Campus Hospital would be 15 floors tall or approximately 265 feet tall. As under the Previous Project, the hospital's height and massing under the Revised Project would be within a similar range of the height and massing of existing surrounding development, would be visually consistent with existing surrounding buildings, and therefore, would not degrade the existing visual character or quality of the area. The Final EIR concluded that this impact would be less than significant for the proposed development at the Cathedral Hill Campus under the Previous Project because no scenic natural resources currently exist on or near the Cathedral Hill Campus. The proposed Cathedral Hill Campus Hospital under the Revised Project would have a similarly less-than-significant impact on the visual character of the area, and this impact would be less than under the Previous Project.

*The Revised Project at the Cathedral Hill Campus 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 (**Less than significant**)*

The existing buildings (i.e., the Cathedral Hill Hotel and 1255 Post Street Building) at the Cathedral Hill Campus Hospital site generate a high level of light. New security and building-entrance lighting would be required for the proposed Cathedral Hill Campus under the Revised Project, as under the Previous Project. Therefore, the lighting for the new facilities associated with the Revised Project, similar to the lighting required under the Previous Project, would not result in a substantial increase in the ambient lighting of the campus area. Spillover light is common and expected in dense urban environments such as the Cathedral Hill area. The lighting for the new facilities would be installed and operated in compliance with the City's Lighting Guidelines and the California Building Standards Code (Title 24). The Final EIR concluded that this impact would be less than significant for the proposed development at the Cathedral Hill Campus under the Previous Project because of the reasons discussed above. This impact would be similarly less than significant for the proposed development at Cathedral Hill Campus under the Revised

Project, and less than under the Previous Project due to the proposed Cathedral Hill Campus Hospital's size reduction (compared to under the Previous Project).

3.3.1.1 SUMMARY OF AESTHETIC IMPACTS AT THE CATHEDRAL HILL CAMPUS.

The Final EIR concluded that the proposed development at Cathedral Hill Campus under the Previous Project would result in less-than-significant project-level and cumulative impacts related to the topic of aesthetics. Project-level and cumulative impacts of the proposed development at the Cathedral Hill Campus under the Revised Project related to the topics of on scenic resources, visual character or quality, and light and glare would be similarly less than significant. As under the Previous Project, no mitigation measures would be required for the proposed development at Cathedral Hill Campus under the Revised Project for aesthetic impacts, and, overall, this proposed development under the Revised Project would not result in substantial degradation of the visual character or quality of the project area.

3.3.2 ST. LUKE'S CAMPUS

The Revised Project includes development of a 120-bed, seven-floor, and 142-foot-tall St. Luke's Campus Hospital, instead of the 80-bed, five-floor, and 99-foot-tall hospital on this campus under the Previous Project. The St. Luke's Campus Hospital under the Revised Project would be two floors and 43 feet taller than under the Previous Project, but would be constructed within the same building footprint on campus as under the Previous Project. Under Alternative 3A in the Final EIR, two hospital buildings would be constructed in two phases at the St. Luke's Campus. The first-phase hospital building would include 80 beds on six floors with a height of 115 feet. The second-phase Women's and Children's hospital building would include another 160 beds also on six floors with a height of 116 feet. The St. Luke's Campus Hospital under the Revised Project would be in one building and one floor, and 26–27 feet taller than the hospital buildings under Alternative 3A. As under the Previous Project, after construction of the proposed St. Luke's Campus Hospital, the existing, on-campus 12-floor, 158-foot-tall St. Luke's Hospital tower would be demolished, and a five-floor, 100-foot-tall St. Luke's Campus MOB would be constructed at the site of the demolished St. Luke's Hospital tower under the Revised Project. No changes from what was analyzed in the Previous Project are proposed for the new St. Luke's Campus MOB or the existing 1912 Building, Monteagle Medical Center, Duncan Street Parking Garage, or Hartzell Building. Overall, development at the St. Luke's Campus under Alternative 3A would be larger than under the Revised Project.

The overall development after full buildout of the St. Luke's Campus (approximately 681,576 sq. ft.) under the Revised Project would be about 75,841 sq. ft. greater than full buildout at this campus under the Previous Project (605,735 sq. ft.). Therefore, as with Alternative 3A, the overall development at the St. Luke's Campus under the Revised Project would be larger than under existing conditions and under the Previous Project. The overall development after buildout of the St. Luke's Campus (approximately 681,576 sq. ft.) under the Revised Project would be about 212,110 sq. ft. smaller than full buildout at this campus under Alternative 3A. Therefore, the overall development at the St. Luke's Campus under the Revised Project would be smaller than under Alternative 3A. The St. Luke's Campus Hospital under the Revised Project would be taller than under the Previous Project, as well as under Alternative 3A. The overall development proposed at the St. Luke's Campus under the Revised Project would be denser and bulkier than under the Previous Project, but not denser or bulkier than under Alternative 3A, which was previously analyzed in the EIR.

*The Revised Project at the St. Luke's Campus would not have a substantial effect on a scenic highway or scenic vista (**Less than significant**)*

The 142-foot-tall proposed St. Luke's Campus Hospital under the Revised Project would be 43 feet taller than the 99-foot-tall St. Luke's Campus Hospital proposed under the Previous Project, but would be constructed on the same site on campus and with the same general layout. The 142-foot-tall St. Luke's Campus Hospital under the Revised Project, however, would be 15 feet shorter than the existing hospital tower currently at St. Luke's Campus, which is 158-feet-tall (not including 11-foot-tall mechanical penthouse) (see Figure 4.2-28 in the EIR). The 43-foot height difference between the height of the St. Luke's Campus Hospital under the Revised Project and the Previous Project would be noticeable. However, given that the proposed hospital under the Revised Project would be 15 feet shorter than the hospital currently on campus, the additional proposed height for the St. Luke's Campus Hospital under the Revised Project would not be a substantial adverse change on the campus, compared to existing conditions. It is not anticipated to be a substantial change for the campus area and its surroundings and would result in a minimal difference in the visual effects, compared to existing conditions. Therefore, impacts of the proposed development at St. Luke's Campus under the Revised Project related to visual effects would be less than significant.

Although the 142-foot-tall St. Luke's Campus Hospital under the Revised Project would be 27 feet taller than the 115-foot-tall hospital proposed under Alternative 3A, the overall building footprint, building bulk and density of development with respect to floor area at the St. Luke's Campus under the Revised Project would be smaller than under Alternative 3A. The impact on scenic vistas/views with the development at St. Luke's Campus under Alternative 3A (similar to under the Previous Project) was determined to be less than significant in the Final EIR. As under the Previous Project and Alternative 3A, the St. Luke's Campus Hospital under the Revised Project would not block any unique views. The impact on scenic vistas/views with development at St. Luke's Campus under the Revised Project would be less than significant, but greater than under the Previous Project and similar to impacts under Alternative 3A (under which more development at St. Luke's Campus would occur at full buildout than under the Revised Project).

*The Revised Project at the St. Luke's Campus would not substantially damage scenic resources (**Less than significant**)*

The Final EIR concluded that this impact would be less than significant with the proposed development at the St. Luke's Campus under the Previous Project. The development would result in a tree-lined urban streetscape, which would be fully visible in close-up views to drivers, and therefore the impact on the 49-Mile Scenic Drive's resources would be less than significant. The impact also would be less than significant because no visible topographic impact or impacts on unique natural scenic resources would occur at the St. Luke's Campus. Because the amount of demolition and site work under the Revised Project would be identical to the Previous Project, the significance of this impact would be the same as under the Previous Project. The proposed development at the St. Luke's Campus under the Revised Project would therefore not substantially damage scenic resources and would have a less-than-significant impact on scenic resources. As under the Previous Project, implementation of Improvement Measure I-BI-N2 (see Draft EIR page 4.13-27) related to protection of the landmark fig tree located near the 1957 Building would be required for the proposed development at the St. Luke's Campus under the Revised Project.

*The Revised Project at the St. Luke's Campus would not substantially degrade the existing visual character or quality of the site and surroundings (**Less than significant**)*

The Final EIR concluded that the proposed development at the St. Luke's Campus under the Previous Project would result in a less-than-significant impact related to substantial degradation of the existing visual character or quality of the site and surroundings. The visual contrast resulting from the St. Luke's Campus Hospital would not be substantial or adverse compared to existing conditions, for several reasons:

(1) the site is currently developed with a large hospital tower, and the new structure had been designed to be more visually integrated into the surrounding development;

(2) the visual contrast that currently exists between the existing 12-floor hospital tower and surrounding buildings would be similar or reduced with the construction of the proposed five-floor St. Luke's Campus MOB;

(3) the two proposed buildings would have a compatible architectural composition for the portion of the St. Luke's Campus fronting on Cesar Chavez Street; and

(4) the landscape design would present a more unified integrated design composition than exists at present.

The 142-foot-tall St. Luke's Campus Hospital under the Revised Project would be 43 feet taller than the 99-foot-tall St. Luke's Campus Hospital proposed under the Previous Project, but would be constructed on the same site on campus with the same general layout. In addition, there would be a 27-foot height difference between the height of the St. Luke's Campus Hospital under the Revised Project (142 feet) and under Alternative 3A (115 feet). The 142-foot-tall St. Luke's Campus Hospital under the Revised Project, however, would be 15 feet shorter than the existing hospital tower currently at St. Luke's Campus, which is 158 feet tall (not including 11-foot-tall mechanical penthouse) (see Figure 4.2-28 in the Draft EIR). The 43-foot height difference between the height of the St. Luke's Campus Hospital under the Revised Project and the Previous Project would be noticeable. The smaller 27-foot height difference between the height of the proposed St. Luke's Campus Hospital under the Revised Project and Alternative 3A would also be noticeable. However, given that the proposed 142-foot-tall St. Luke's Campus Hospital under the Revised Project would be 15 feet shorter than the 158-foot-tall hospital currently on campus, the additional proposed height for St. Luke's Campus Hospital under the Revised Project (compared to under the Previous Project and Alternative 3A) would not be a substantial adverse change on the campus relative to existing conditions. It is not anticipated to be a substantial change for the campus area and its surroundings or substantially noticeable from surrounding areas, and would result in a minimal difference in the visual effects, compared to existing conditions. Therefore, impacts of the proposed development at the St. Luke's Campus related to visual effects would continue to be less than significant.

Although the 142-foot-tall St. Luke's Campus Hospital under the Revised Project would be 27 feet taller than the 115-foot-tall hospital proposed under Alternative 3A, the overall building footprint, building bulk and density of development with respect to floor area at the St. Luke's Campus under the Revised Project would be smaller than under Alternative 3A. At full buildout, the development at St. Luke's Campus under Alternative 3A would be greater than under the Revised Project. As under the Previous Project and Alternative 3A, the Revised Project at the St. Luke's Campus would not substantially degrade the existing visual character or quality of the campus or the surrounding setting. The visual contrast would not be substantial or adverse when compared to the existing conditions for several reasons:

(1) the site is currently developed with a large hospital tower, and the new structure has been designed to be more visually integrated into the surrounding development;

(2) the two proposed buildings would have a compatible architectural composition for the portion of the St. Luke's Campus fronting on Cesar Chavez Street; and

(3) the landscape design would present a more unified integrated design composition than exists at present.

Although this impact for the proposed development at St. Luke's Campus under the Revised Project would be greater than under the Previous Project, it would remain less than significant, and would be less than under Alternative 3A (under which more development at St. Luke's Campus would occur at full buildout than under the Revised Project).

Although this impact would be greater than under the Previous Project, it would remain less than significant, and would be less than under Alternative 3A (under which more development at St. Luke's Campus would occur at full buildout than under the Revised Project).

*The Revised Project at the St. Luke's Campus 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 (**Less than significant**)*

A high level of lighting is generated by the existing buildings on St. Luke's Campus. The lighting associated with proposed new facilities would be slightly greater under the Revised Project than under the Previous Project due to the two additional floors at the St. Luke's Campus Hospital, but less than under Alternative 3A, and would not result in a substantial increase in the ambient lighting of the campus area. The lighting for the new facilities associated with the Revised Project, similar to the lighting required under the Previous Project, would not result in a substantial increase in the ambient lighting of the Campus area. Spillover light is common and expected in dense urban environments such as the St. Luke's Campus area. The lighting for the new facilities would be installed and operated in compliance with the City's Lighting Guidelines and the California Building Standards Code (Title 24). The Final EIR concluded that this impact would be less than significant for the proposed development at St. Luke's Campus under the Previous Project and Alternative 3A because of the reasons discussed above. This impact would be less than significant for the proposed development at St. Luke's Campus under the Revised Project, but greater than under the Previous Project and less than under Alternative 3A (under which more development at St. Luke's Campus would occur at full buildout than under the Revised Project).

3.3.2.1 SUMMARY OF AESTHETIC IMPACTS AT THE ST. LUKE'S CAMPUS

The Final EIR concluded that the proposed development at St. Luke's Campus under the Previous Project would result in less-than-significant project-level and cumulative impacts related to the topic of aesthetics. Project-level and cumulative impacts at the St. Luke's Campus under the Revised Project related to scenic resources, visual character or quality, and light and glare would remain less than significant, although greater than under the Previous Project but less than under Alternative 3A, because of the increased size of the hospital at the campus. As under the Previous Project, no mitigation measures would be required for the proposed development at St. Luke's Campus under the Revised Project for aesthetic impacts, and, overall, this proposed development under the Revised Project would not result in substantial degradation of the visual character or quality of the project area.

3.4 POPULATION, EMPLOYMENT, AND HOUSING

The Revised Project would not induce substantial population growth in an area, either directly or indirectly. ***(Less than significant)***

The Final EIR concluded that the impact of proposed development at the Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to population growth under the Previous Project, and under Alternative 3A, would be less than significant because the proposed Cathedral Hill and St. Luke's Campuses would not induce substantial population growth in the area, either directly or indirectly. Under the Revised Project, there would be an overall decrease of approximately 99,160 gsf of total building area at the CPMC campuses as compared to the Previous Project. Similarly, there would be an overall decrease under the Revised Project of approximately 45,673 gsf of total building area in comparison to Alternative 3A. This would result in a corresponding decrease in population and housing needs. Therefore, there would be a less-than-significant impact related to population growth under the Revised Project, and this impact would be less than under both the Previous Project and Alternative 3A, due to the addition of fewer new residents and housing units under the Revised Project.

The Revised Project would not displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing. ***(Less than significant)***

The Final EIR concluded that the impact of proposed development at the Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to displacement of substantial numbers of existing housing units under the Previous Project, and under Alternative 3A, would be less than significant. The tenants displaced from the five dwelling units and 20 residential hotel units that would be demolished at the Cathedral Hill Campus would be compensated, residents would be offered relocation assistance, and no housing units would be displaced by development under the Previous Project at any other CPMC campus. Under the Revised Project, the development footprint at all campuses would be the same, and the same buildings would be demolished, as under the Previous Project. Therefore, impacts of the Revised Project related to the displacement of existing housing units would the same as under the Previous Project, and would be less than significant.

The Final EIR concluded that the impact of proposed development at the Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to the creation of demand for additional housing under the Previous Project, and under Alternative 3A, would be less than significant. With the availability of vacant housing and additional inventory of sites for residential development that could accommodate future estimated housing demand, the effect of the projected increase in housing demand related to development under the Previous Project on San Francisco's population and housing would not be substantial. As explained above, under the Revised Project, there would be an overall decrease of total building area at the CPMC campuses as compared to both the Previous Project and Alternative 3A, which would result in a corresponding decrease in population and housing needs. Therefore, there would be a less-than-significant impact related to the creation of housing demand under the Revised Project, and this impact would be less than under both the Previous Project and Alternative 3A, due to the addition of fewer new residents and housing units under the Revised Project.

The Revised Project would not displace substantial numbers of people, necessitating the construction of replacement housing elsewhere. ***(Less than significant)***

The Final EIR concluded that the impact of development at the proposed Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to population growth under

the Previous Project, and under Alternative 3A, would be less than significant. CPMC would provide for the relocation of tenants needing assistance and provide compensation to former tenants at the Cathedral Hill Campus, and would not displace any units as part of development at the other CPMC campuses. Under the Revised Project, the development footprint at all campuses would be the same, and the same buildings would be demolished, as under the Previous Project. Therefore, impacts of the Revised Project related to the displacement of existing housing units would the same as under the Previous Project, and would be less than significant.

3.4.1.1 SUMMARY OF POPULATION, EMPLOYMENT, AND HOUSING IMPACTS

The Final EIR concluded that the proposed development under the Previous Project would result in less-than-significant project-level and cumulative impacts related to the topic of population, employment, and housing. The CPMC campuses are located in various locations within San Francisco, and employment-generating uses create impacts on a much larger area, citywide and potentially regionwide. The overall impacts on population and housing would be regional/citywide, not localized impacts on campus neighborhoods. As a result, implementing the Revised Project in combination with the cumulative projects would not cause cumulatively considerable impacts on population and employment at the CPMC campuses, in the surrounding neighborhoods, or citywide. The cumulative population, employment, and housing impact would be less than significant. Construction of the proposed Cathedral Hill Campus MOB at the Cathedral Hill Campus would result in the loss of five residential dwelling units and 20 residential hotel units. CPMC would provide for the relocation of tenants needing assistance, in excess of that required by law. Near-term and long-term projects at the California, Davies, and St. Luke's Campuses would not displace housing units or people. The cumulative housing displacement impact of the Revised Project would be less than significant.

3.5 CULTURAL RESOURCES

3.5.1 CATHEDRAL HILL CAMPUS

As under the Previous Project, the existing Cathedral Hill Hotel and 1255 Post Street Building at the site of the proposed Cathedral Hill Campus Hospital and the existing buildings at the site of the proposed Cathedral Hill Campus MOB would be demolished, and a pedestrian tunnel would be constructed beneath Van Ness Avenue under the Revised Project. Demolition and construction of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB would occur within the same footprint on this campus as the Previous Project.

*Construction of the Revised Project at the Cathedral Hill Campus 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. (**No impact**)*

The Final EIR concluded that the proposed development at Cathedral Hill Campus under the Previous Project would have no impact related to historic resources because none of the existing structures that would be removed are eligible for listing in the California Register of Historical Resources (CRHR).

The proposed development at Cathedral Hill Campus under the Revised Project 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, because none of the buildings or structures located within the project site are considered historical resources.[6, 7] As under the Previous Project, there would be no impact.

*Construction of the Revised Project at the Cathedral Hill Campus could potentially adversely affect the significance of subsurface archaeological resources. (**Less than significant with mitigation**)*

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project related to subsurface archaeological resources would be less than significant with implementation of Mitigation Measure M-CP-N2 at the proposed Cathedral Hill Campus. Implementation of this measure would ensure that any potentially affected archaeological deposit would be identified, evaluated, and as appropriate, subject to data recovery by a qualified archaeologist under the oversight of the Environmental Review Officer (ERO). As under the Previous Project, archaeological resources potentially could be affected by construction activities for the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB under the Revised Project, and this impact would be potentially significant. Like the Previous Project, the Revised Project would require excavation during construction of the belowground parking levels at the proposed Cathedral Hill Campus, and the amount of excavation would be the same as under the Previous Project. Features of prehistoric resources may be located during this excavation. In addition, the soils under the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB have the possibility to contain archaeological materials. Mitigation Measure M-CP-N2 (see Draft EIR page 4.4-38 in Section 4.4, "Cultural and Paleontological Resources") would require preconstruction archaeological testing in accordance with an architectural testing program and, if warranted, implementation of an archeological monitoring program during soil-disturbing activities and an archaeological data recovery program if archaeological resources are discovered. As under the Previous Project (and similar to Alternative 3A), implementation of Mitigation Measure M-CP-N2 for the proposed development at Cathedral Hill Campus under the Revised Project would reduce impacts to undiscovered archaeological resources to less-than-significant levels. Mitigation Measure M-CP-N2 would be implemented for the Revised Project.

*Earth-moving activities related to construction of the Revised Project at the Cathedral Hill Campus could damage or destroy previously unknown, unique paleontological resources. (**Less than significant with mitigation**)*

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project related to paleontological resources would be less than significant with implementation of Mitigation Measure M-CP-N3 at the proposed Cathedral Hill Campus. Construction workers would be alerted to 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.

The Colma Formation, which underlies all CPMC campus sites, is considered a paleontologically sensitive rock formation because of its potential to contain unique paleontological resources. As under the Previous Project, earthmoving activities occurring with the proposed development at Cathedral Hill Campus under the Revised Project could damage unique paleontological resources, resulting in a potentially significant impact. Mitigation Measure M-CP-N3 (see Draft EIR page 4.4-47) would require

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6 California Pacific Medical Center. 2008 (September). *Historic Evaluation Report for Cathedral Hill Campus: California Pacific Medical Center.* San Francisco, CA. Prepared by Knapp Architects, San Francisco, CA. Page 2.

7 San Francisco Planning Department. 2010 (March 18). *Historic Resource Evaluation Response: Cathedral Hill Campus, California Pacific Medical Center.* Case 2005.0555E. Major Environmental Analysis Division. San Francisco, CA. Pages 2–3.

CPMC to retain a qualified paleontologist or archaeologist to train construction workers in the requisite procedures, in the event paleontological resources are discovered during earthmoving activities. If such resources are discovered, Mitigation Measure M-CP-N3 would require cessation of work near the find until recommendations in a resource recovery plan have been implemented. As under the Previous Project (and similar to Alternative 3A), implementing this mitigation measure for the proposed development at Cathedral Hill Campus under the Revised Project would reduce impacts on paleontological resources to less-than-significant levels.

*Construction activities at the Cathedral Hill Campus under the Revised Project could disturb as-yet-discovered human remains. (**Less than significant with mitigation**)*

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project related to discovery of human remains would be less than significant with implementation of Mitigation Measure M-CP-N4 at the proposed Cathedral Hill Campus. Implementation of this measure would ensure that any potentially affected archaeological deposit would be identified, evaluated, and as appropriate, subject to data recovery by a qualified archaeologist under the oversight of the ERO.

No human remains have been listed or recorded at any of the CPMC sites; however, excavation at the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB could disturb as-yet-undiscovered human remains. Mitigation Measure M-CP-N4 (see Draft EIR page 4.4-49) would require that work be suspended within 50 feet of the remains, that the San Francisco Planning Department and the county coroner be notified of the find, and that all such human remains and funerary objects discovered shall be treated in compliance with state and federal laws. As under the Previous Project, this impact for the proposed development at Cathedral Hill Campus under the Revised Project would be less than significant with mitigation.

3.5.1.1 SUMMARY OF CULTURAL RESOURCES IMPACTS AT THE CATHEDRAL HILL CAMPUS

The Final EIR concluded that the proposed development at Cathedral Hill Campus under the Previous Project would result in less-than-significant project-level and cumulative impacts related to cultural resources with the implementation of Mitigation Measures M-CP-N2, M-CP-N3, and M-CP-N4. In accordance with CEQA and pursuant to Planning Department Preservation Bulletin 16, cumulative future development in the project area would be subject to review on a case-by-case basis. This process would reduce the cultural impacts of cumulative projects to less-than-significant levels. Therefore, the Final EIR concluded that the Previous Project would have a less-than-significant cumulative impact related to cultural resources. Project-level and cumulative impacts of the proposed development at Cathedral Hill Campus under the Revised Project related to cultural resources would be similarly less than significant with mitigation. As under the Previous Project, implementation of Mitigation Measures M-CP-N2, M-CP-N3, and M-CP-N4 would be required for the proposed development at the Cathedral Hill Campus under the Revised Project. The Revised Project would require the same amount of ground disturbance as under the Previous Project. Therefore, the Revised Project would result in less-than-significant project-level and cumulative impacts on historic, archaeological, and paleontological resources, similar to the Previous Project.

3.5.2 ST. LUKE'S CAMPUS

The proposed development at St. Luke’s Campus under the Revised Project would require an additional 9,000 cubic yards of excavation and two additional floors of construction (approximately 75,841 gsf) for

the St. Luke's Campus Hospital, as compared to the Previous Project. No additional new buildings and no additional demolition of existing, on-campus buildings are proposed than would have occurred under the Previous Project, and the St. Luke's Campus site plan under the Revised Project would not be changed from what was proposed under the Previous Project.

*Construction of the Revised Project at the St. Luke's Campus 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. (**Less than significant)***

The Final EIR concluded that the impact of the proposed development at St. Luke's Campus under the Previous Project related to historical resources would be less than significant for several reasons:

(1) the buildings proposed for demolition did not meet criteria for historical significance;

(2) the 1912 Building, which appears eligible for listing, would be rehabilitated and restored in keeping with the Secretary of the Interior's Standards; and

(3) the setting of the 1912 Building has previously been altered by the addition of new buildings and the demolition of the existing hospital tower, and construction of the St. Luke's Campus MOB would not further degrade the historic setting of this historic resource.

As under the Previous Project, the proposed development at St. Luke's Campus under the Revised Project would not result in the removal of existing structures that are eligible for listing in the CRHR, 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. This impact for the proposed development at St. Luke's Campus under the Revised Project would be less than significant and identical to the impact under the Previous Project (and similar to the impact under Alternative 3A), because no changes to historical structures at the St. Luke's Campus would occur under the Revised Project that would not also occur under the Previous Project.

*Construction of the Revised Project at the St. Luke's Campus could potentially adversely affect the significance of subsurface archaeological resources. (**Less than significant with mitigation**)*

The Final EIR concluded that the impact of the proposed development at St. Luke's Campus under the Previous Project related to subsurface archaeological resources would be less than significant with implementation of Mitigation Measure M-CP-N2 at the proposed St. Luke's Campus. Implementation of this measure would ensure that any potentially affected archaeological deposit would be identified, evaluated, and as appropriate, subject to data recovery by a qualified archaeologist under the oversight of the ERO.

Archaeological resources potentially could be affected by construction activities associated with either the proposed development at St. Luke's Campus under the Previous Project, Alternative 3A or the Revised Project, which would result in a potentially significant impact. The proposed development at St. Luke's Campus under the Revised Project would require more excavation (about 9,000 additional cubic yards) and construction than under the Previous Project. Alternative 3A would require a greater amount of excavation than either the Previous Project or the Revised Project due to the construction of an additional second-phase hospital building and larger MOB under Alternative 3A. Below-grade levels for the proposed development at St. Luke's Campus under the Revised Project would require excavation in locations where prehistoric archaeological resources may be located. In addition, the soils under the site

have the possibility to contain archaeological materials. However, as under the Previous Project, Mitigation Measure M-CP- N2 (see Draft EIR page 4.4-38 in Section 4.4, "Cultural and Paleontological Resources") would require preconstruction archaeological testing for the proposed development at St. Luke's Campus under the Revised Project in accordance with an architectural testing program and, if warranted, implementation of an archeological monitoring program during soil-disturbing activities and an archaeological data recovery program if archaeological resources are discovered. Implementing this mitigation measure at St. Luke's Campus under the Revised Project would reduce this impact to a less-than-significant level; however, impacts would be slightly greater than under the Previous Project, but less than under Alternative 3A that was previously analyzed in the Final EIR.

*Earth-moving activities related to construction of the Revised Project at the St. Luke's Campus could damage or destroy previously unknown, unique paleontological resources. (**Less than significant with mitigation**)*

The Final EIR concluded that the impact of the proposed development at St. Luke's Campus under the Previous Project related to paleontological resources would be less than significant with implementation of Mitigation Measure M-CP-N3 at the proposed St. Luke's Campus. Construction workers would be alerted to 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.

The Colma Formation, which underlies all CPMC campuses, is considered a paleontologically sensitive rock formation because of its potential to contain unique paleontological resources. A slight increase in the amount of earthmoving activities would be required with the proposed development at St. Luke's Campus under the Revised Project. This is due to an additional 9,000 cubic yards of excavation that would be required to accommodate the up to 5,500 sq. ft. of additional below-grade space within the St. Luke's Campus Hospital under the Revised Project. Similar to the Previous Project, although no human remains have been listed or recorded at this campus, excavation related to the proposed development at St. Luke's Campus under the Revised Project could disturb as yet-undiscovered human remains. The same mitigation measures would apply, Mitigation Measure M-CP-N3 (see Draft EIR page 4.4-47), which would require CPMC to retain a qualified paleontologist to train construction personnel and institute procedures in the event paleontological resources are discovered. If such resources are discovered during construction of the proposed development at St. Luke's Campus under the Revised Project, Mitigation Measure M-CP-N3 would require cessation of work near the find until recommendations in a resource recovery plan have been implemented. Mitigation Measure M-CP-N4 (see Draft EIR page 4.4-49) would require CPMC to suspend work within 50 feet of any human remains, notify the San Francisco Planning Department and the county coroner, and that all such human remains and funerary objects discovered shall be treated in compliance with state and federal laws. Implementing these measures at St. Luke's Campus under the Revised Project would reduce impacts on paleontological resources to a less-than-significant level, although impacts would be slightly greater than under the Previous Project due to the greater amounts of excavation, but less than under Alternative 3A that was previously analyzed in the Final EIR.

*Construction activities at the St. Luke's Campus under the Revised Project could disturb as-yet-discovered human remains. (**Less than significant with mitigation**)*

The Final EIR concluded that the impact of the proposed development at St. Luke's Campus under the Previous Project related to the discovery of human resources would be less than significant with implementation of Mitigation Measure M-CP-N4 at the St. Luke's Campus. Implementation of this measure would ensure that any potentially affected archaeological deposit would be identified, evaluated, and as appropriate, subject to data recovery by a qualified archaeologist under the oversight of the ERO.

As under the Previous Project, excavation related to the proposed development at St. Luke's Campus under the Revised Project could disturb as-yet-undiscovered human remains. This impact would be slightly greater under the Revised Project than under the Previous Project, because the amount of excavation required for the proposed development at St. Luke's Campus under the Revised Project would be greater than under the Previous Project. However, this impact would be slightly reduced under the Revised Project compared to under Alternative 3A, because the amount of excavation required for the proposed development at St. Luke's Campus under the Revised Project would be less than under Alternative 3A that was previously analyzed in the Final EIR. As under the Previous Project and Alternative 3A, this impact for the proposed development at St. Luke's Campus under the Revised Project would be less than significant with implementation of Mitigation Measure M-CP-N4 (see Draft EIR page 4.4-49).

3.5.2.1 SUMMARY OF CULTURAL RESOURCES IMPACTS AT THE ST. LUKE'S CAMPUS

The Final EIR concluded that the proposed development at St. Luke's Campus under the Previous Project would result in less-than-significant project-level and cumulative impacts related to cultural resources with the implementation of Mitigation Measures M-CP-N2, M-CP-N3, and M-CP-N4. In accordance with CEQA and pursuant to Planning Department Preservation Bulletin 16, cumulative future development in the project area would be subject to review on a case-by-case basis. This process would reduce the cultural impacts of cumulative projects to less-than-significant levels. Therefore, the Previous Project at the St. Luke's Campus would have a less-than-significant cumulative impact related to cultural resources. Project-level and cumulative impacts of the proposed development at St. Luke's Campus under the Revised Project related to cultural resources would be similarly less than significant with implementation of Mitigation Measures M-CP-N2, M-CP-N3, and M-CP-N4, which is required under the Previous Project and Alternative 3A. Implementing these mitigation measures would reduce project-level and cumulative impacts of the proposed development at St. Luke's Campus under the Revised Project on historic, archaeological, and paleontological resources to less-than-significant levels. Impacts of the proposed development at St. Luke's Campus under the Revised Project would be slightly greater than under the Previous Project because of the increased excavation and construction that would be required for the St. Luke's Campus, but less than analyzed in the Final EIR for this campus under Alternative 3A.

3.6 TRANSPORTATION AND CIRCULATION

3.6.1 CATHEDRAL HILL CAMPUS

Under the Revised Project, the proposed Cathedral Hill Campus Hospital would have fewer beds when compared to the Previous Project. Because the proposed Cathedral Hill Campus Hospital under the Revised Project would be smaller than under the Previous Project, development at the Cathedral Hill Campus under the Revised Project would generate fewer net new total trips, including vehicle trips than under the Previous Project.

3.6.1.1 TRAFFIC IMPACTS OF REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

*Implementation of the Revised Project at the Cathedral Hill Campus would result in a significant impact at the intersection of Van Ness/Market. (**Significant and Unavoidable)***

The Final EIR concluded that implementation of the proposed Cathedral Hill Campus development under the Previous Project would degrade operations at the Van Ness Avenue/Market Street intersection during

the p.m. peak hour from Level of Service (LOS) D under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions, resulting in a significant and unavoidable impact. The reduced size of the proposed Cathedral Hill Campus Hospital under the Revised Project, would result in less traffic than the Previous Project, but the impact at this intersection would continue to be significant and unavoidable (although less than under the Previous Project). Mitigation such as 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 improve intersection operations, but would likely be infeasible due to the necessity to balance traffic, transit or pedestrian signal timing requirements, which have largely already been incorporated into existing signal timing. Therefore, no feasible mitigation measures have been identified to reduce project impacts to less-than-significant levels.

*Implementation of the Revised Project at the Cathedral Hill Campus would result in a significant impact at the intersection of Polk/Geary. (**Significant and Unavoidable)***

The Final EIR concluded that implementation of the proposed Cathedral Hill Campus development under the Previous Project would degrade operations at the Polk Street/Geary Street intersection during the a.m. peak hour from LOS D under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions, and during the p.m. peak hour from LOS C under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions, resulting in a significant and unavoidable impact. The reduced size of the proposed Cathedral Hill Campus Hospital under the Revised Project, would result in less traffic than under the Previous Project, but the impact at this intersection would continue to be significant and unavoidable (although less than under the Previous Project). Mitigation such as 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 these streets. Signal timing adjustments may improve intersection operations, but would likely be infeasible due to the necessity to balance traffic, transit or pedestrian signal timing requirements, which have largely already been incorporated into existing signal timing. Therefore, no feasible mitigation measures have been identified to reduce project impacts to less-than-significant levels.

*Implementation of the Revised Project at the Cathedral Hill Campus would have a less-than-significant impact at six study intersections that would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions. (**Less than significant**)*

The Final EIR concluded that under the Previous Project, six of the 26 study intersections in the proposed Cathedral Hill Campus vicinity would operate at LOS E or LOS F under both 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions. Implementing projects at the proposed Cathedral Hill Campus under the Previous Project would make less-than-significant contributions of traffic to these six intersections. As discussed in the Final EIR, the proposed development at Cathedral Hill Campus under Alternative 3A would generate fewer vehicle trips than under the Previous Project and would also make a less-than-significant contribution of traffic to these intersections that would operate at LOS E and F. Similar to Alternative 3A, the proposed Cathedral Hill Campus Hospital under the Revised Project would have fewer beds and employees than under the Previous Project. Therefore, the proposed development at Cathedral Hill Campus under the Revised Project would generate fewer trips than under the Previous Project and would also have a less-than-significant contribution of traffic to these intersections that would operate at LOS E or F.

*Implementation of the Revised Project at the Cathedral Hill Campus would have less-than-significant impacts at 18 study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions. (**Less than significant**)*

The Final EIR concluded that under the Previous Project, the proposed Cathedral Hill Campus would have less-than-significant impacts on 18 of the study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions. The proposed Cathedral Hill Campus under Alternative 3A and under the smaller Revised Project would also have less-than-significant impacts on these intersections because the campus would generate fewer vehicle trips under the Revised Project and under Alternative 3A, than under the Previous Project. Impacts on these intersections would be less than significant under the Revised Project, and less than under the Previous Project.

*Operation of the Cathedral Hill Campus parking garages under the Revised Project would have a less-than-significant impact on traffic operations because inbound peak period queues would not spill back into adjacent travel lanes. (**Less than significant)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) on traffic from parking garage operations would be less than significant because the vehicle queue for the parking could be accommodated at all three proposed Cathedral Hill Campus garages and would not result in spillback into traffic. As under the Previous Project (and under Alternative 3A), parking garages for the proposed Cathedral Hill Campus under the Revised Project would be provided at the proposed Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, and 1375 Sutter MOB. The garage design as it relates to circulation would be the same as under the Previous Project. The proposed development at Cathedral Hill Campus under the Revised Project would result in less traffic than under the Previous Project, and therefore would accommodate peak-period queues and would not result in spillback to adjacent travel lanes. Impacts of the proposed development at Cathedral Hill Campus under the Revised Project would be similar to the impacts under the Previous Project and also would be less than significant.

*If the proposed Van Ness Avenue Bus Rapid Transit (BRT) and Geary Corridor BRT projects are implemented, the contribution of the Revised Project at the Cathedral Hill Campus to the combined impact of the Cathedral Hill and BRT projects at five of the BRT study intersections would be less than significant. (**Less than significant)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to the combined impact of the Van Ness Avenue BRT and Geary Corridor BRT projects on five BRT study intersections would be less than significant. A sensitivity analysis of the combined impact of the proposed Cathedral Hill Campus under the Previous Project and the BRT projects determined that the two of the study intersections (Van Ness Avenue/Geary and Van Ness Avenue/Broadway) would operate at LOS D or better under 2015 Modified Baseline plus Project conditions, and that the contributions of the near-term projects (hospital and MOBs) at the Cathedral Hill Campus under the Previous Project to the critical movements at three intersections that would operate at LOS E or LOS F conditions (Gough Street/Geary Boulevard, Van Ness Avenue/Fell Street, and Van Ness Avenue/Hayes Street) would be less than significant. Therefore, the Final EIR concluded that this impact would be less than significant at these five study intersections under the Previous Project. As under the Previous Project (and Alternative 3A), development of the proposed Cathedral Hill Campus under the Revised Project would not result in a significant contribution to the combined impact of the Cathedral Hill Campus and BRT projects at five intersections (Gough Street/Geary Boulevard, Van Ness Avenue/Fell Street, Van Ness Avenue/Hayes Street, Van Ness Avenue/Geary, and Van Ness Avenue/Broadway) if the BRT projects were implemented.

If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the contribution of the Revised Project at the Cathedral Hill Campus to the combined impact of the Cathedral Hill and BRT projects would be significant at the intersection of Polk/Geary. ***(Significant and unavoidable)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related the combined impact of the Van Ness Avenue and Geary Corridor BRT projects at the intersection of Polk Street/Geary Street would be significant and unavoidable. The sensitivity analysis of the combined impact of the proposed Cathedral Hill Campus under the Previous Project with the BRT projects had determined that the contributions of the near-term projects at the proposed Cathedral Hill Campus to critical movements at this intersection, which would operate at LOS E under 2015 Modified Baseline plus Project conditions with the proposed BRT projects during both the a.m. and p.m. peak hours, would be less than significant. However, the analysis of the impacts of the Previous Project at the proposed Cathedral Hill Campus without the BRT projects had concluded that a significant and unavoidable impact would occur at this intersection, and no feasible mitigation measures could be identified. Therefore, the Final EIR concluded that this significant and unavoidable impact determination would also apply to the sensitivity analysis. As under the Previous Project and under Alternative 3A, development of the proposed Cathedral Hill Campus under the Revised Project, would make a significant contribution to the traffic impact identified for the combined Cathedral Hill Campus and BRT projects at the intersection of Polk Street/Geary. The reduced size of the proposed Cathedral Hill Campus Hospital under the Revised Project would result in less traffic than the Previous Project, but the impact at this intersection would continue to be significant and unavoidable (although less than under the Previous Project) and no feasible mitigation measures could be identified.

If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the contribution of the Revised Project at the Cathedral Hill Campus to the combined impact of the Cathedral Hill and BRT projects would be significant at the intersection of Van Ness/Market. ***(Significant and unavoidable)***

The Final EIR concluded that the contribution of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) to the combined impact of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness Avenue/Market Street would be significant and unavoidable. The analysis of the impacts of the Previous Project at the Cathedral Hill Campus without the BRT projects had concluded that a significant and unavoidable impact would occur at this intersection, and no feasible mitigation measures could be identified. As under the Previous Project and under Alternative 3A, development of the proposed Cathedral Hill Campus under the Revised Project would make a significant contribution to the traffic impact identified for the combined Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market. The reduced size of the proposed Cathedral Hill Campus Hospital under the Revised Project would result in less traffic than the Previous Project, but the impact at this intersection would continue to be significant and unavoidable (although less than under the Previous Project) and no feasible mitigation measures could be identified.

Implementation of the Revised Project at the Cathedral Hill Campus would result in significant project and cumulative impacts at the intersection of Van Ness/Market. ***(Significant and unavoidable)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project related to the Van Ness Avenue/Market Street would be significant and unavoidable. As explained in Section 3.6.1 above, additional project trips during the p.m. peak hour would degrade operations at this intersection from LOS D to LOS E under 2015 Modified Baseline plus Project conditions and no feasible mitigation measures have been identified to reduce cumulative impacts to less-than-significant levels. As explained above, implementation of the proposed Cathedral Hill Campus

under the Previous Project would result in a significant impact under 2015 Modified Baseline plus Project conditions at the Van Ness Avenue/Market Street intersection. This would be considered a significant cumulative traffic impact. The reduced development of the proposed Cathedral Hill Campus Hospital under the Revised Project would result in less traffic at this intersection, but this impact would continue to be considered a significant and unavoidable cumulative impact at this intersection and no feasible mitigation measures could be identified, although the impact would be reduced in comparison to the Previous Project.

Implementation of the Revised Project at the Cathedral Hill Campus would result in a significant cumulative impact at the intersection of Van Ness/Pine. ***(Significant and unavoidable)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to the Van Ness Avenue/Pine Street intersection would be significant and unavoidable. Additional project trips during the p.m. peak hour would degrade operations at this intersection from LOS D under 2030 Cumulative No Project Conditions to LOS E under 2030 Cumulative plus Project conditions, and no feasible mitigation measures have been identified to reduce project impacts to less-than-significant levels. Implementation of the proposed Cathedral Hill Campus under the Previous Project would degrade operations at the Van Ness Street/Pine Street intersection from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions during the p.m. peak hour. This would be considered a significant cumulative traffic impact. The reduced development of the proposed Cathedral Hill Campus Hospital under the Revised Project would result in less traffic at this intersection, but this impact would continue to be considered a significant and unavoidable cumulative impact at this intersection and no feasible mitigation measures could be identified, although the impact would be reduced in comparison to the Previous Project.

Implementation of the Revised Project at the Cathedral Hill Campus would result in a significant project and cumulative impact at the intersection of Polk/Geary. ***(Significant and unavoidable)***

The Final EIR concluded that implementation of the proposed Cathedral Hill Campus development under the Previous Project would degrade operations at the Polk Street/Geary Street intersection from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions during the p.m. peak hour. In addition, implementation of the proposed Cathedral Hill Campus development under the Previous Project would result in a significant impact at this intersection under 2015 Modified Baseline plus Project conditions. This would be considered a significant cumulative traffic impact. The reduced development of the proposed Cathedral Hill Campus Hospital under the Revised Project would result in less traffic at this intersection, but this impact would continue to be considered a significant and unavoidable cumulative impact at this intersection and no feasible mitigation measures could be identified, although the impact would be reduced in comparison to the Previous Project.

Implementation of the Revised Project at the Cathedral Hill Campus would have less-than-significant impacts at eight study intersections that would operate at LOS E or LOS F under 2030 Cumulative No Project conditions. ***(Less than significant)***

The Final EIR concluded that implementation of the proposed Cathedral Hill Campus development under the Previous Project would not contribute significantly to poor operating conditions at eight of the 26 study intersections in the proposed Cathedral Hill Campus vicinity that would operate at LOS E or LOS F under both 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions. Therefore, the Final EIR concluded that this impact would be less than significant for the proposed Cathedral Hill Campus development under the Previous Project. The proposed Cathedral Hill Campus

development under the Revised Project (similar to Alternative 3A) would generate fewer vehicle trips than the development under the Previous Project, and therefore would also make a less-than-significant contribution of traffic to these intersections. Impacts on these intersections would be less than significant with the proposed development at Cathedral Hill Campus under the Revised Project, and less than under the Previous Project.

*Implementation of the Revised Project at the Cathedral Hill Campus would have less-than-significant impacts at 17 study intersections that would operate at LOS D or better under 2030 Cumulative plus Project conditions. (**Less than significant)***

The Final EIR concluded that with implementation of the proposed Cathedral Hill Campus development under the Previous Project, traffic at 17 study intersections would continue to operate at LOS D or better during the a.m. and p.m. peak hours under 2030 Cumulative plus Project conditions. Therefore, the Final EIR concluded that this impact would be less than significant for the proposed Cathedral Hill Campus development under the Previous Project. The proposed Cathedral Hill Campus development under the Revised Project (similar to Alternative 3A) would generate fewer vehicle trips than under the Previous Project, and therefore would also make a less-than-significant contribution to traffic at these intersections. Impacts on these intersections would be less than significant with the proposed development at Cathedral Hill Campus under the Revised Project, and less than under the Previous Project.

3.6.1.2 TRANSIT IMPACTS OF REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

*Implementation of the Revised Project at the Cathedral Hill Campus would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity under 2015 Modified Baseline plus Project conditions or 2030 Cumulative plus Project conditions. (**Less than significant**)*

The number of net new transit trips generated by the proposed development at Cathedral Hill Campus under the Revised Project would be fewer than under the Previous Project because of the reduced number of beds at the Cathedral Hill Campus Hospital.[8] All four transit corridors would operate at less than the San Francisco Municipal Railway's (Muni's) 85 percent capacity utilization standards with the proposed development at Cathedral Hill Campus under the Previous Project and would operate similarly with the Revised Project; thus, project-level and cumulative impacts on transit capacity would be less than significant.

*Implementation of the Revised Project at the Cathedral Hill Campus would increase congestion and ridership along Van Ness Avenue, Geary Street, and Polk Street which would increase travel times and impact operations of the 49-Van Ness-Mission, 38/38L-Geary, and 19-Polk bus routes, respectively, under 2015 Modified Baseline plus Project conditions. (**Significant and unavoidable with mitigation**)*

The Final EIR concluded that the impacts of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to increased congestion and transit ridership delays along the 49-Van Ness-Mission, 38/38L-Geary, and 19-Polk bus routes under 2015 Modified Baseline plus Project conditions would be significant and unavoidable. Under 2015 Modified Baseline plus Project conditions, implementation of the Previous Project at the proposed Cathedral Hill Campus would result in increases in travel time on the northbound 49-Van Ness-Mission during the a.m. peak hour and on the southbound 19-Polk bus route during the p.m. peak hour, which would be more than half of the San

[8] Fehr & Peers, Memorandum to Sue Mickelsen, S.F. Planning Department, re: DRAFT – CPMC Revised Cathedral Hill Campus and St. Luke's Campus Project Description Sensitivity Analysis (Mar. 11, 2013).

Francisco Municipal Transportation Agency (SFMTA) proposed headways for those routes. Further, the results of SFMTA's cost/scheduling model indicated that, as a result of the Previous Project, additional buses would be needed on the 49-Van Ness-Mission and 38/38L-Geary bus routes 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 these bus routes during the a.m. and p.m. peak hours would result in significant transit operational impacts. The Final EIR concluded that these impacts would remain significant and unavoidable even with implementation of Mitigation Measures MM-TR-29, MM-TR-30, and MM-TR-31, because the feasibility of these mitigation measures was unknown.

As under the Previous Project, development of the reduced proposed Cathedral Hill Campus under the Revised Project would increase the number of vehicle trips along Van Ness Avenue relative to existing conditions. Thus, the proposed development at Cathedral Hill Campus under the Revised Project would also result in similar transit delays on the same transit lines, resulting in similar or fewer significant impacts[9] compared to the Previous Project. Implementing Mitigation Measures MM-TR-29, MM-TR-30, and MM-TR-31 for the proposed development at Cathedral Hill Campus under the Revised Project would require CPMC to financially compensate SFMTA for impacts on the service levels of the affected transit lines mentioned above. However, because the ability of SFMTA to provide the additional service on these lines is uncertain, the feasibility of the mitigation measures is unknown. Therefore, under the Revised Project, project-level impacts of the proposed development at Cathedral Hill Campus under the Revised Project would remain significant and unavoidable, but to a lesser degree when compared to the Previous Project.

*Implementation of the Revised Project at the Cathedral Hill Campus would increase congestion and ridership along Van Ness Avenue, Geary Street, Polk Street, and Post Street which would increase travel times and impact operations of the 49-Van Ness-Mission, 47-Van Ness, 38/38L-Geary, 19-Polk, and 3-Jackson bus routes under 2030 Cumulative plus Project conditions. (**Significant and unavoidable with mitigation**)*

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to increased congestion and transit ridership delays would be significant and unavoidable. Under 2030 Cumulative plus Project conditions, implementation of the Previous Project at the proposed Cathedral Hill Campus would result in increases in travel time on the northbound 49-Van Ness-Mission bus route during the a.m. peak hour and on the southbound 19-Polk bus route during the p.m. peak hour, which would be more than half of the SFMTA proposed headways for those routes. Further, the results of SFMTA's cost/scheduling model indicated that additional buses would be needed on the 49-Van Ness-Mission, 47-Van Ness, 38/38L Geary, 19-Polk, and 3-Jackson bus routes during, variously, 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 these bus routes during the a.m. and p.m. peak hours would result in significant transit operational impacts. The Final EIR concluded that these impacts would remain significant and unavoidable even with implementation of Mitigation Measures TR-29, TR-30, TR-31, TR-134, and TR-137, because the feasibility of these mitigation measures was unknown.

Under the 2030 Cumulative plus Project conditions, the increased congestion and ridership with the proposed development at Cathedral Hill Campus under the Previous Project would cause operational delays to Muni lines transit lines. Because it would add the same or fewer vehicle trips and transit riders

[9] 49-Van Ness-Mission (AM and PM peak hours), 38, 38L-Geary (AM and PM peak hours), and 19-Polk (PM peak hour)

to the corridor, the proposed development at Cathedral Hill Campus under the Revised Project would result in similar transit delays on the same transit lines,[10] resulting in the same or fewer significant cumulative impacts as the Previous Project, although to a lesser degree when compared to the Previous Project. Implementing Mitigation Measures TR-29, TR-30, TR-31, TR-134, and TR-137 for the proposed development at Cathedral Hill Campus under the Revised Project would require CPMC to financially compensate SFMTA for impacts on the service levels of the affected transit lines mentioned above. However, because the ability of SFMTA to provide the additional service on these lines in uncertain, the feasibility of the mitigation measure is unknown. Therefore, under the Revised Project, cumulative impacts of the proposed development at Cathedral Hill Campus would remain significant and unavoidable.

3.6.1.3 BICYCLE IMPACTS OF REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

*Implementation of the Revised Project at the Cathedral Hill Campus would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas. (**Less than significant**)*

The Final EIR concluded that the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) would not interfere with implementation of the elements of the San Francisco Bicycle Plan on Polk Street and that the project included a feature (one on-street parking space on the west side of Polk Street immediately north of Cedar Street would be removed and replaced with a curb extension) that would ensure that potential vehicular-bicycle conflicts between vehicles that are exiting the Cathedral Hill Campus MOB parking garage at Polk Street and bicyclists would be minimized. Therefore, the Final EIR concluded that the Previous Project's impact on bicyclists at the Cathedral Hill Campus would be less than significant.

The proposed development at Cathedral Hill Campus under the Revised Project would result in a fewer vehicle and bicycle trips compared to the under the Previous Project. As under the Previous Project, under the Revised Project, the Cathedral Hill Campus MOB's parking garage exit onto Cedar Street could increase conflicts between vehicles that are exiting the MOB parking garage at Polk Street and bicyclists. As under the Previous Project, under the Revised Project, one on-street parking space on the west side of Polk Street immediately north of Cedar Street would be removed and replaced with a curb extension. This would reduce the impact associated with vehicle/bicyclist conflicts to a less-than-significant level for the proposed development at Cathedral Hill Campus under the Revised Project. The proposed development at Cathedral Hill Campus under the Revised Project would not create any different potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the campus as compared to the Previous Project, thus, bicycle impacts would remain less than significant and would be reduced in comparison to the Previous Project.

[10] 49-Van Ness-Mission (AM and PM peak hours), 47-Van Ness (PM peak hour), 38/38L-Geary (AM and PM peak hours), 19-Polk (PM peak hour), and 3-Jackson (PM peak hour)

3.6.1.4 PEDESTRIAN IMPACTS OF THE REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

Implementation of the Revised Project at the Cathedral Hill Campus 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. ***(Less than significant)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to pedestrians would be less than significant. The Previous Project included sidewalk widening and crosswalk improvements to facilitate pedestrian access and the pedestrian trips generated by the Revised Project could be accommodated on the existing and proposed nearby sidewalks without substantially affecting pedestrian conditions. In addition, the Final EIR determined that implementation of Improvement Measure I-TR-40 would further reduce the less-than-significant impact by requiring pedestrian countdown signals at intersections in the immediate vicinity of the campus.

The proposed development at Cathedral Hill Campus under the Revised Project assumes implementation of the same sidewalk and crosswalk improvements as described for the Previous Project. The proposed development at Cathedral Hill Campus under the Revised Project would result in a similar number or fewer pedestrian trips compared to the Previous Project, thus, similar to the Previous Project, the pedestrian trips generated by the Revised Project could be accommodated on the existing and proposed nearby sidewalks without substantially affecting pedestrian conditions. The proposed development at Cathedral Hill Campus under the Revised Project would not create different potentially hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site or adjoining areas. Pedestrian impacts at the proposed Cathedral Hill Campus under the Revised Project would be less than significant, and less than under the Previous Project.

3.6.1.5 LOADING IMPACTS OF REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

Implementation of the Revised Project at the Cathedral Hill 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. ***(Less than significant)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to loading activities would be less than significant. The loading facilities could accommodate the demand for related loading operations at the campus and the Previous Project included a truck management plan for the proposed Cathedral Hill Campus to efficiently manage the loading facilities to ensure that the daytime loading demand would be accommodated. Under the Revised Project, the proposed Cathedral Hill Campus would provide 20 loading spaces, the same number as under the Previous Project. CPMC would implement the same or similar truck management plan for the proposed Cathedral Hill Campus under the Revised Project, as under the Previous Project to ensure that the daytime loading demand is accommodated. Because loading demand would be somewhat less under the Revised Project than under the Previous Project, loading would be accommodated with the proposed loading supply or within on-street loading zones, and impacts would be less than significant, and less than under the Previous Project.

Implementation of the Revised Project at the Cathedral Hill Campus and subsequent operation of the hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street. ***(Less than significant with mitigation)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to operations at the hospital off-street loading facility resulting in potentially hazardous conditions on Franklin Street would be less than significant with mitigation. Implementation of Mitigation Measure M-TR-44 would require a loading dock attendant and would reduce impacts related to loading operations for trucks 46 feet or longer.

As under the Previous Project, under the Revised Project, operation of the proposed Cathedral Hill Campus Hospital's off-street loading facility could result in potentially hazardous conditions on Franklin Street, which is a major arterial street with large platoons of vehicles during substantial portions of the day. As under the Previous Project, implementing Mitigation Measure M-TR-44 (see Draft EIR page 4.5-139 of the Draft EIR) with the proposed development at Cathedral Hill Campus under the Revised Project would require a loading dock attendant and would reduce impacts related to loading operations for trucks 46 feet or longer. Implementing this measure would reduce loading impacts of the proposed development at Cathedral Hill Campus under the Revised Project to less-than-significant levels. Loading impacts for the proposed development at Cathedral Hill Campus under the Revised Project would therefore, be less than significant with mitigation.

*Implementation of the Revised Project at the Cathedral Hill Campus relevant to the passenger loading/unloading demand would be accommodated within the proposed passenger loading/unloading zones, and would not create potentially hazardous conditions. (****Less than significant)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to passenger loading/unloading would be less than significant, because the passenger zone could accommodate adequate vehicle demand during peak a.m. and p.m. times. The emergency room would have a separate passenger loading/unloading zone during peak times; therefore, the passenger loading demand would be accommodated within the proposed supply. In addition, CPMC would actively manage the passenger loading/unloading zones.

Passenger loading/unloading demand for the proposed development at Cathedral Hill Campus under the Revised Project would be less than under the Previous Project, because of the reduced size of the proposed Cathedral Hill Campus Hospital. As under the Previous Project, the proposed Cathedral Hill Campus Hospital under the Revised Project would have an interior passenger loading/unloading zone as well as a separate passenger loading/unloading zone for the emergency room. The proposed Cathedral Hill Campus MOB and 1375 Sutter MOB under the Revised Project would also have on-street loading/unloading zones. Passenger loading and unloading would be accommodated within these zones under the Revised Project, because the number of passenger trips would be less than under the Previous Project. Loading impacts would be less than significant under the Revised Project and less than under the Previous Project. As under the Previous Project, no mitigation measures are required under the Revised Project.

3.6.1.6 EMERGENCY VEHICLE ACCESS IMPACTS OF THE REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

*Implementation of the Revised Project at the Cathedral Hill Campus would not result in a significant emergency vehicle impact. (**Less than significant)***

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to emergency vehicles would be less than significant. Likely routes to the hospital are multi-lane arterial roadways that allow emergency vehicles to travel at higher speeds and permit other traffic to maneuver out of the path of the emergency vehicle. In addition, Franklin Street, Van Ness Avenue, Post Street, and Bush Street have multiple lanes, enabling vehicles to yield to emergency vehicles en route to the Cathedral Hill Campus. As under the Previous Project, the emergency room at the proposed Cathedral Hill Campus under the Revised Project would replace the existing emergency rooms at CPMC's Pacific and California Campuses. As under the Previous Project, the proposed Cathedral Hill Campus Hospital under the Revised Project would be accessible by multi-lane arterial roadways in the project vicinity, which would allow emergency vehicles to travel at higher speeds. Emergency vehicle access impacts at the proposed Cathedral Hill Campus under the Revised Project would be less than significant, and less than under the Previous Project. As under the Previous Project, no mitigation measures are required for the proposed Cathedral Hill Campus under the Revised Project.

3.6.1.7 CONSTRUCTION IMPACTS OF THE REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

*Implementation of the Revised Project at the Cathedral Hill Campus would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network. (**Significant and unavoidable with mitigation**)*

The Final EIR concluded that the impact of the proposed development at Cathedral Hill Campus under the Previous Project (and Alternative 3A) related to construction traffic and activities would be significant and unavoidable with mitigation for the reasons discussed below. The Final EIR concluded that implementation of Mitigation Measure M-TR-55, which requires a construction transportation management plan, would help to reduce impacts, but impacts would remain significant and unavoidable.

Construction activities associated with the proposed development at Cathedral Hill Campus under the Revised Project would be similar to those under the Previous Project; however, the construction period would likely be shorter because of the reduced size of the Cathedral Hill Campus Hospital. Construction of the Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB and Van Ness Avenue pedestrian tunnel under the Revised Project would include lane closures, sidewalk closures, construction gates, and truck routes at the construction site as the Final EIR analyzed for the Previous Project in Impact TR-55 (see Draft EIR at pages 4.5-147 through 4.5-160). Under the Previous Project, closure of lanes on Van Ness Avenue during construction of the proposed pedestrian tunnel would be considered a significant impact on the intersections of Van Ness/Geary, Van Ness/Post and Van Ness/O'Farrell. This impact would be similar under the Revised Project. Because of the extent and duration of construction activities, construction-related impacts on traffic, pedestrians, transit, and intersection operations would be significant for the proposed development at Cathedral Hill Campus under the Revised Project. Implementation of Mitigation Measure M-TR-55 (see Draft EIR at page 4.5-159) for the proposed development at Cathedral Hill Campus under the Revised Project, which would require CPMC and the construction contractor to prepare a construction transportation management plan, would reduce some of

the impacts. Impacts for the proposed development at Cathedral Hill Campus under the Revised Project would remain significant and unavoidable, but to a somewhat lesser degree than under the Previous Project because of the reduced amount of construction at the proposed Cathedral Hill Campus Hospital.

3.6.1.8 PARKING DISCUSSION FOR THE REVISED PROJECT AT THE CATHEDRAL HILL CAMPUS

Under the Revised Project, a total of 990 parking spaces would be provided at the proposed Cathedral Hill Campus for the reduced-size Cathedral Hill Campus Hospital and the Cathedral Hill Campus MOB and renovated 1375 Sutter MOB. The Revised Project would provide 237 fewer spaces at Cathedral Hill Campus than the Previous Project (which would provide a total of 1,227 spaces). As with the Previous Project, under the Revised Project, there would be both an overall parking shortfall and a parking shortfall for employees as compared to parking demand, although the amount of parking provided would comply with minimum Planning Code requirements. It is anticipated that short-term visitors to the campus unable to find parking would likely park in any available on-street parking space around the campus. Employees unable to park at the campus could take transit, bicycle, walk to the campus, or park off-site at the Japan Center Garage. As set forth in and discussed in the Final EIR, CPMC's proposed enhanced Transportation Demand Management ("TDM") program would expand CPMC's current TDM program in order to further discourage the use of private automobiles. As explained on page C&R 3.9-33 of the Final EIR, the proposed additions to the current TDM program would result in approximately 15-20 percent reductions of both vehicle trips and parking demand as compared to the projected trip and parking generation calculated in the Draft EIR.

In San Francisco, parking supply is not considered a permanent physical condition, and changes in the parking supply are not considered to be a significant impact under CEQA, but rather a social effect. However, to the extent that a parking shortfall could be considered a potential impact under CEQA, this impact would be considered to be less than significant because parking supply requirements implement City policies intended to reduce citywide traffic congestion and air quality effects by reducing the number of persons using single-occupancy vehicles, such as the City's "Transit First" policy. In addition, any impact would be considered less than significant because of the availability of alternative transportation modes at the proposed Cathedral Hill Campus, incentives provided by CPMC's enhanced TDM program to utilize such alternative transportation modes, the ability of short-term visitors to the campus to utilize available on-street parking spaces around the campus, as described on pages 4.5-46 to 4.5-47 of the Draft EIR, and the ability of employees to park off-site at the Japan Center Garage.

3.6.1.9 SUMMARY OF TRANSPORTATION IMPACTS AT THE CATHEDRAL HILL CAMPUS

The Final EIR concluded that the proposed development at Cathedral Hill Campus under the Previous Project would result in certain significant and unavoidable project-level and cumulative impacts related to transportation, as identified above. Due to the reduced size of the proposed Cathedral Hill Campus Hospital under the Revised Project, a reduction in vehicle, transit, bicycle, and pedestrian trips would occur. Vehicular, transit, bicycle, and pedestrian access and circulation patterns would remain the same as under the Previous Project. Therefore, transportation and circulation impacts under the Revised Project at the proposed Cathedral Hill Campus would be similar to, although less than, the impacts under the Previous Project. None of the significance conclusions in the Final EIR regarding impacts of the Previous Project would change. Although impacts would be reduced to a degree, all mitigation measures and improvement measures identified in the Final EIR, as applicable to the Previous Project, would also continue to apply under the Revised Project.

3.6.2 ST. LUKE'S CAMPUS

The development program at the St. Luke's Campus would be greater under the Revised Project than under the Previous Project, but smaller than under Alternative 3A, and would result in an increase in vehicle trips during the p.m. peak hour (81 additional trips) under the Revised Project in comparison to the Previous Project , but fewer vehicle trips during the p.m. peak hour than under Alternative 3A (17 fewer vehicle trips), and would not result in any new significant impacts on the study intersections.[11]

3.6.2.1 TRAFFIC IMPACTS OF THE REVISED PROJECT AT THE ST. LUKE'S CAMPUS

*Implementation of the Revised Project at the St. Luke's Campus would have less-than-significant impacts at six study intersections that would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions. (**Less than significant**)*

Under the Previous Project, six of the 15 study intersections in the St. Luke's Campus vicinity would operate at LOS E or LOS F under both 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions. The Final EIR concluded that the impacts at these intersections under the Previous Project would be less than significant because the Previous Project would not contribute considerably to the critical movements of these intersections. The EIR also determined that impacts at these intersections would be less than significant under Alternative 3A, which would have resulted in a greater increase in vehicle trips as compared to the Previous Project than would be added under the Revised Project. The development program at the St. Luke's Campus would be greater under the Revised Project than under the Previous Project, but less than under Alternative 3A. Therefore, impacts under the Revised Project would be less than significant, although greater than under the Previous Project because of the increased number of vehicle trips, but less than under Alternative 3A.

*Implementation of the Revised Project at the St. Luke's Campus would have less-than-significant impacts at nine study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions. (**Less than significant**)*

Under the Previous Project, nine of the 15 study intersections at the St. Luke's Campus vicinity would operate at LOS D or better under 2015 Modified Baseline plus Project conditions during the a.m. and p.m. peak hours. The Final EIR concluded that the impacts at these intersections under the Previous Project and Alternative 3A would be less than significant. The development program at the St. Luke's Campus would be greater under the Revised Project than under the Previous Project, but less than under Alternative 3A. Therefore, impacts under the Revised Project would be less than significant, although greater than under the Previous Project because of the increased number of vehicle trips, but less than under Alternative 3A.

*Implementation of the Revised Project at the St. Luke's Campus would have less-than-significant impacts at six study intersections that would operate at LOS E or LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions. (**Less than significant**)*

Under the Previous Project, six of the 15 study intersections would operate at LOS F during the p.m. peak hour under both 2030 Cumulative No Project Conditions and 2030 Cumulative plus Project conditions. The EIR concluded that operations at the St. Luke's Campus under both the Previous Project and

[11] Fehr & Peers, Memorandum to Sue Mickelsen, S.F. Planning Department, re: DRAFT – CPMC Revised Cathedral Hill Campus and St. Luke's Campus Project Description Sensitivity Analysis (Mar. 11, 2013).

Alternative 3A would not contribute considerably to the critical movements at these intersections, and therefore, this impact would be less than significant under both the Previous Project and Alternative 3A. Operations at the St. Luke's Campus would contribute more vehicle trips under the Revised Project than under the Previous Project, but less than under Alternative 3A. Therefore, this impact under the Revised Project would be less than significant, although greater than under the Previous Project, but less than under Alternative 3A.

*Implementation of the Revised Project at the St. Luke's Campus would have less-than-significant impacts at nine study intersections that would operate at LOS D or better under 2030 Cumulative plus Project conditions. (**Less than significant**)*

Under the Previous Project, nine of the 15 study intersections at the St. Luke's Campus vicinity would operate at LOS D or better under 2030 Cumulative plus Project conditions. The EIR concluded that the impacts at these intersections under the Previous Project and Alternative 3A would be less than significant. The development program at the St. Luke's Campus would be greater under the Revised Project than under the Previous Project, but less than under Alternative 3A. Therefore, impacts under the Revised Project would be less than significant, although greater than under the Previous Project because of the increased number of vehicle trips, but less than under Alternative 3A.

3.6.2.2 TRANSIT IMPACTS OF THE REVISED PROJECT AT THE ST. LUKE'S CAMPUS

*Implementation of the Revised Project at the St. Luke's Campus would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in inacceptable levels of transit service under 2015 Modified Baseline plus Project conditions or 2030 Cumulative plus Project conditions. (**Less than significant**)*

The Final EIR determined that the Previous Project at the St. Luke's Campus would add 71 net new transit trips during the p.m. peak hour compared to existing conditions, and concluded that this would result in a less-than-significant impact, because this additional demand could be accommodated by existing transit capacity. The Revised Project would generate additional transit riders compared to the Previous Project because of the increased development program (but less than under Alternative 3A). The Revised Project would add 98 net-new transit trips from existing conditions, 27 trips more than the project analyzed in the EIR, and 71 less transit trips than under Alternative 3A. The transit demand under the Revised Project could be accommodated during the p.m. peak hour and all four corridors would continue to operate at less than Muni's 85 percent capacity utilization standards. The Revised Project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity or a significant increase in ridership demand for CPMC shuttle service, resulting in inacceptable levels of transit service; nor would it cause a substantial increase in operating delay or costs such that significant adverse impacts in transit service would occur. Project-level and cumulative impacts on transit would be less than significant under the Revised Project. As under the Previous Project, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

3.6.2.3 BICYCLE IMPACTS OF THE REVISED PROJECT AT THE ST. LUKE'S CAMPUS

*Implementation of the Revised Project at the St. Luke's Campus would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas. (**Less than significant**)*

The Final EIR determined that the Previous Project would add nine net new "other" trips during the p.m. peak hour compared to existing conditions, of which a portion are expected to be bicycle trips. The Final EIR concluded that impacts related to bicyclists would be less than significant because, while there would

be an increase in the number of vehicles in the vicinity, these new trips would not affect bicycle travel in the area.

Like the Previous Project, the Revised Project would not include any design elements that would inhibit bicycle activity in the campus vicinity and would not interfere with implementation of the bicycle lanes contemplated in the Bicycle Plan on Cesar Chavez Street. The Revised Project would add 13 net-new "other" trips during the p.m. peak hour over existing conditions. This is four trips more than under the Previous Project. Implementation of the Revised Project at the St. Luke's Campus would not create any potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas. Relative to the Previous Project, the additional 4 "other" trips during the p.m. peak hour under the Revised Project would be a negligible change and would not affect bicycle travel in the area. Bicycle impacts of the Revised Project at St. Luke's would be less than significant. As under the Previous Project, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

3.6.2.4 PEDESTRIAN IMPACTS OF THE REVISED PROJECT AT THE ST. LUKE'S CAMPUS

*Implementation of the Revised Project at the St. Luke's Campus 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. (**Less than significant)***

The Final EIR determined that the Previous Project would add 94 net new pedestrian trips to existing conditions during the p.m. peak hour. The Final EIR concluded that pedestrian impacts would be less than significant, because new pedestrian trips would not result in substantial overcrowding on the sidewalks or hazardous conditions. In addition, the Final EIR concluded that Improvement Measure I-TR-88 would further reduce less-than-significant impacts by requiring pedestrian crosswalks at the unsignalized intersection of San Jose Avenue/27th Street.

Under the Revised Project, the pedestrian network in the vicinity of the St. Luke's Campus would be similar to that proposed under the Previous Project. The Revised Project would add 130 net-new pedestrian trips during the p.m. peak hour (including the 98 net-new transit trips to account for walking trips to and from the Muni bus stops). Although this would be 36 more pedestrian trips than under the Previous Project, the existing pedestrian volumes in the study area were observed to be low to moderate. Therefore, the net-new pedestrian trips under the Revised Project, including those in addition to the Previous Project trips, could be adequately accommodated without substantially affecting pedestrian conditions and would not result in overcrowding of sidewalks or crosswalks. Pedestrian impacts at St. Luke's under the Revised Project would be less than significant. As under the Previous Project, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

3.6.2.5 LOADING IMPACTS OF THE REVISED PROJECT AT THE ST. LUKE'S CAMPUS

*Implementation of the Revised Project at the St. Luke's 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 loading conditions. (**Less than significant)***

The same number of loading spaces would be provided in both the Previous Project and Revised Project. As under the Previous Project, implementation of the truck management plan at the St. Luke's Campus would restrict the length of incoming trucks and would specify that all truck maneuvering would be within the loading dock, without blocking the sidewalk or parking lanes on Cesar Chavez Street. Loading

demand would be accommodated with the proposed loading supply or within on-street loading zones and the impact would be less than significant.

*Implementation of the Revised Project at the St. Luke's Campus would not result in a passenger loading/unloading demand that could not be accommodated within the proposed passenger loading/unloading zones, and would not create potentially hazardous conditions. (**Less than significant)***

The Final EIR concluded that the Previous Project at the St. Luke's Campus would result in a less-than-significant impact related to passenger loading/unloading demand, because peak passenger loading/unloading activities could be accommodated at the campus.

Passenger loading/unloading demand under the Revised Project would be greater than that of the Previous Project. As under the Previous Project, 350 feet of curbside passenger loading/unloading zones would be provided along Cesar Chavez Street, Valencia Street, and at San Jose Avenue. The Revised Project would have a demand for approximately 306 linear feet of passenger loading space; therefore, passenger loading/unloading would be accommodated within the zones on campus. Loading and passenger loading/unloading impacts at the St. Luke's Campus under the Revised Project would be less than significant. As under the Previous Project, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

3.6.2.6 EMERGENCY VEHICLE ACCESS IMPACTS OF THE REVISED PROJECT AT THE ST. LUKE'S CAMPUS

*Implementation of the Revised Project at the St. Luke's Campus would not result in a significant emergency vehicle impact. (**Less than significant)***

Under the Revised Project, the St. Luke's Emergency Department and ambulance bay would be in the same location as under the Previous Project. Emergency vehicle access would be the same as under the Previous Project. Therefore, emergency-access impacts would be less than significant. As under the Previous Project, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

3.6.2.7 CONSTRUCTION IMPACTS OF THE REVISED PROJECT AT THE ST. LUKE'S CAMPUS

*Implementation of construction-related activities under the Revised Project at the St. Luke's Campus would not cause a significant impact because of their temporary and limited duration. (**Less than significant**)*

Construction activities associated with the Revised Project at the St. Luke's Campus would be greater than those associated with the Previous Project, but less than under Alternative 3A. Because of the larger hospital under the Revised Project, construction would take place at the St. Luke's Campus for a somewhat longer period of time than under the Previous Project (but a shorter period of time than Alternative 3A), because of the additional construction related to the additional excavation, additional building square footage and two additional floors at the St. Luke's Campus Hospital under the Revised Project as compared to the Previous Project. Construction at the St. Luke's Campus under the Revised Project would not substantially affect traffic, transit, pedestrian, and bicycle circulation; because of their temporary nature and limited duration, any potential impacts that would occur would not be considered significant. As under the Previous Project and Alternative 3A, construction impacts would be less than significant, but greater than under the Previous Project (and less than under Alternative 3A). As under the Previous Project and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

3.6.2.8 PARKING DISCUSSION FOR REVISED PROJECT AT THE ST. LUKE'S CAMPUS

As under the Previous Project, a total of 450 parking spaces would be provided at the St. Luke's Campus under the Revised Project. As under the Previous Project, the Revised Project would require an exception to the Planning Code requirements for the minimum number of parking spaces as part of the PUD approval. In addition, similar to under the Previous Project, there would be a shortfall of parking supply compared to parking demand. These shortfalls would be somewhat greater under the Revised Project than under the Previous Project due to the increased size of the St. Luke's Campus Hospital. As under the Previous Project, it is anticipated that short-term visitors to the campus unable to find parking would likely park in any available on-street parking space around the campus, although some visitors may also choose to take transit, bicycle, or walk instead of driving. Employees unable to park at the campus could take transit, bicycle, walk, or park in one of CPMC's off-site parking facilities. Employees who choose to park in off-site facilities could utilize CPMC's shuttle services. As discussed and set forth in the Final EIR, CPMC's proposed enhanced TDM program would expand CPMC's current TDM program in order to further discourage the use of private automobiles. As explained on page C&R 3.9-33 of the Final EIR, the proposed additions to the current TDM program included in the enhanced program would result in approximately 15-20 percent reductions of both vehicle trips and parking demand as compared to the projected trip and parking generation calculated in the Final EIR.

In San Francisco, parking supply is not considered a permanent physical condition, and changes in the parking supply are not considered to be a significant impact under CEQA, but rather a social effect. However, to the extent that a parking shortfall could be considered a potential impact under CEQA, this impact would be considered to be less than significant because parking supply requirements implement City policies intended to reduce citywide traffic congestion and air quality effects by reducing the number of persons using single-occupancy vehicles, such as the City's "Transit First" policy. In addition, any impact would be considered less than significant because of the availability of alternative transportation modes at the St. Luke's Campus, incentives provided by CPMC's enhanced TDM program to utilize such alternative transportation modes, the ability of short-term visitors to the campus to utilize available on-street parking spaces around the campus, as described on pages 4.5-51 to 4.5-52 of the Draft EIR, and the ability of employees to park in CPMC's off-site facilities and use CPMC's shuttle services.

3.6.2.9 SUMMARY OF TRANSPORTATION IMPACTS AT THE ST. LUKE'S CAMPUS

The Final EIR concluded that the proposed development at St. Luke's Campus under the Previous Project and under Alternative 3A would result in less than significant project-level and cumulative impacts related to transportation. Due to the increased size of and number of beds in the St. Luke's Campus Hospital under the Revised Project, there would be an increase in vehicle, transit, bicycle, and pedestrian trips, as compared to the Previous Project. However, vehicular, transit, bicycle and pedestrian access and circulation patterns would remain the same as under the Previous Project. Transportation and circulation impacts under the Revised Project at the St. Luke's Campus would increase in comparison to the Previous Project, but not to the same extent as the increase under Alternative 3A, under which more development would occur at the St. Luke's Campus than under the Revised Project. Therefore, impacts under the Revised Project would fall between the range of impacts previously analyzed in the EIR under the Previous Project and Alternative 3A. None of the significance conclusions in the Final EIR regarding transportation impacts of the Previous Project would change, although impacts would be increased to a degree, and all improvement measures identified in the Final EIR as applicable to the Previous Project would continue to apply under the Revised Project. Project-level and cumulative impacts of the Revised Project on transportation would be less than significant, but greater than under the Previous Project (but less than under Alternative 3A). As under the Previous Project and Alternative 3A, no mitigation measures are required under this Revised Project.

3.6.3 NOISE

3.6.3.1 CATHEDRAL HILL CAMPUS

The noise analysis completed for the Previous Project and for the analysis of Alternative 3A in the Final EIR would be approximately the same for the Revised Project. The primary change made relative to the Previous Project at the proposed Cathedral Hill Campus would be the elimination of three floors from the Cathedral Hill Campus Hospital.

*Short-term noise generated by construction and/or demolition activities related to the Revised Project at the Cathedral Hill Campus could temporarily expose existing nearby sensitive receptors to substantial increases in ambient noise levels. (**Less than significant with mitigation**)*

The Final EIR stated that under the Previous Project, construction activities at the proposed Cathedral Hill Campus would not comply with the standards of the San Francisco Noise Control Ordinance. The Final EIR concluded that this impact would be less than significant, however, with implementation of Mitigation Measures M-NO-N1a through M-NO-N1c, which would minimize noise impacts by implementing measures in accordance with the San Francisco Noise Control Ordinance (M-NO-N1a), respond to community noise complaints via a community noise liaison (M-NO-N1b), and implement a construction noise management plan (M-NO-N1c). Construction noise impacts would be similar to the Previous Project under the Revised Project, but the construction period would be somewhat shorter, similar to Alternative 3A. Similar to the Previous Project, implementation of Mitigation Measures M-NO-N1a through M-NO-N1c would reduce construction noise impacts to a less-than-significant level under the Revised Project.

*Operation of the Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

The Final EIR concluded that development of the proposed Cathedral Hill Campus under the Previous Project would not result in a noticeable increase in ambient traffic noise along Cedar Street (noise-sensitive residential receptors), and, therefore, this impact would be less than significant. The Revised Project would, like Alternative 3A, generate less traffic than the Previous Project in the vicinity of the proposed Cathedral Hill Campus, but would still result in an increase in traffic volumes compared to the existing condition. Like the Previous Project and Alternative 3A, however, traffic noise level increases due to operation of the Cathedral Hill Campus under the Revised Project would not result in a noticeable increase in ambient traffic noise (3 decibels [dB] or greater) along the roadways on or near the Campus. Therefore, this impact would be less than significant under the Revised Project, and less than under the Previous Project.

*Operation of stationary noise sources associated with the Revised Project at the Cathedral Hill Campus 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. (**Less than significant with mitigation**)*

The Final EIR stated that under the Previous Project, noise levels attributable to the proposed Cathedral Hill Campus Hospital's Level 5 kitchen exhaust fans, to Aduromed operations, and to oxygen truck deliveries would exceed the City's noise standards and result in a substantial increase in ambient noise levels. However, the Draft EIR concluded that Mitigation Measures M-NO-N3a through M-NO-N3e would reduce this impact to a less-than-significant level. As under the Previous Project, stationary noise sources would be introduced due to operation of the proposed Cathedral Hill Campus under the Revised

Project. Noise from these sources under the Revised Project would be similar to Alternative 3A, but less than under the Previous Project due to the reduced size of the hospital. The Revised Project's proposed Cathedral Hill Campus Hospital operations could generate a significant increase in noise levels relative to the ambient; however, this increase is likely to be less than for the Previous Project due to the reduced size of the hospital. This impact is considered significant. However, as under the Previous Project and Alternative 3A, Mitigation Measures M-NO-N3a through M-NO-N3e, which would monitor the sound levels of operating exterior equipment and require replacement or redesign if sound-level standards are not met (M-NO-N3a), require closure of bay doors during Aduromed operations, if feasible (M-NO-N3b), require application of noise-absorptive material to the loading dock area's ceiling structure if closure of bay doors is not feasible (M-NO-N3c), require noise attenuators on kitchen exhaust fans or require limits on the sound power levels of the fans (M-NO-N3d), and require that oxygen deliveries not be scheduled during typical church activity hours (M-NO-N3e), would reduce this impact to a less-than-significant level.

*Future traffic-related interior noise levels could exceed applicable land use compatibility standards under the Revised Project at the Cathedral Hill Campus. (**Less than significant with mitigation**)*

The Final EIR predicted that interior noise levels for sensitive receptors occupying habitable rooms at the proposed Cathedral Hill Campus MOB under the Previous Project would range from 32 dB to 48 dB day-night average noise level (L_{dn}) and, therefore, would exceed an interior noise level threshold of 45 dB L_{dn}. The Final EIR concluded that implementation of Mitigation Measure M-NO-N4 would reduce this impact under the Previous Project to a less-than-significant level. The habitable spaces of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB under the Revised Project would be exposed to traffic noise from Geary Boulevard/Geary Street, Post Street, Franklin Street, and Cedar Street, but slightly less noise than under the Previous Project. Future traffic noise levels would still be expected to exceed the interior noise level limit for the Cathedral Hill Campus Hospital of 45 dB L_{dn}, resulting in a significant impact. As under the Previous Project, implementation of Mitigation Measure M-NO-N4, which would require that CPMC obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features, and that interior spaces of the hospital be designed to include insulating features that would reduce the interior traffic noise levels to 45 dB L_{dn} or lower, would reduce this impact to a less-than-significant level. As under the Previous Project, interior noise levels at the Cathedral Hill Campus MOB would not exceed the interior noise limit of 45 dB L_{eq} applicable to the Cathedral Hill Campus MOB, and therefore, would result in a less-than-significant impact.

*Groundborne vibration levels attributable to construction activities under the Revised Project at the Cathedral Hill Campus could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds. (**Significant and unavoidable with mitigation**)*

The Final EIR determined that under the Previous Project, depending on the individual land use type, predicted levels of groundborne noise and vibration attributable to construction activities at the Cathedral Hill Campus may exceed the Federal Transit Administration's (FTA's) standard for human response at nearby off-site vibration-sensitive uses. The Final EIR concluded that this impact would remain significant and unavoidable even with implementation of Mitigation Measure M-NO-N5, which would require the implementation of operational (e.g., distance and daytime restrictions) impact reduction measures that are considered practical and feasible, and would require a construction vibration management plan that would require repair of vibration-damaged buildings to their pre-existing conditions. As under the Previous Project, demolition and construction activities may temporarily result in construction-generated vibration under the Revised Project. Demolition and excavation activities would

be the same as under the Previous Project, while the construction period for the upper hospital floors would be shorter, similar to Alternative 3A. The predicted levels of groundborne noise and vibration may exceed applicable thresholds, resulting in a significant impact, as under the Previous Project and Alternative 3A. As under the Previous Project and under Alternative 3A, this impact would remain significant and unavoidable even with implementation of Mitigation Measure M-NO-N5.

3.6.3.2 SUMMARY OF NOISE IMPACTS AT THE CATHEDRAL HILL CAMPUS

As under the Previous Project, implementation of Mitigation Measures M-NO-N1a through M-NO-N1c, M-NO-N3a through M-NO-N3e, M-NO-N4, and M-NO-N5 would be required for the Revised Project. Project-level and cumulative noise impacts under the Revised Project would be less than significant with mitigation, with the exception of the groundborne vibration impact associated with project demolition and construction, which would remain significant and unavoidable after implementation of mitigation. Impacts under this alternative would be slightly less than under the Previous Project because the development program at the Cathedral Hill Campus would be less intense under the Revised Project.

3.6.3.3 ST. LUKE'S CAMPUS

The noise analysis completed for the Previous Project in the Final EIR is applicable to the Revised Project. The principal change proposed to the St. Luke's Campus under the Revised Project would be the addition of additional building square footage and two additional floors to the St. Luke's Campus Hospital, resulting in increased construction duration, and somewhat higher operational noise levels due to the larger number of employees, patients, and visitors, and associated traffic.

*Short-term noise generated by construction and/or demolition activities related to the Revised Project at the St. Luke's Campus would not temporarily expose existing nearby sensitive receptors to substantial increases in ambient noise levels. (**Less than significant with mitigation**)*

The Final EIR explained that under the Previous Project, construction activities at the St. Luke’s Campus would not comply with the standards of the San Francisco Noise Control Ordinance. The Final EIR concluded, however, that this impact from construction of the St. Luke’s Campus Hospital and St. Luke's Campus MOB would be less than significant with implementation of Mitigation Measures M-NO-N1a through M-NO-N1c, which would minimize noise impacts by implementing measures in accordance with the San Francisco Noise Control Ordinance (M-NO-N1a), respond to community noise complaints via a community noise liaison (M-NO-N1b), and implement a construction noise management plan (M-NO-N1c). Development at the St. Luke's Campus under the Revised Project would be greater than analyzed in the EIR for the Previous Project, but less than under Alternative 3A. Construction activities would expose sensitive receptors to increased noise levels on the campus and in the existing residential neighborhood adjacent to the campus during the construction period. Construction activities at the St. Luke's Campus would occur over a slightly longer period of time under the Revised Project than under the Previous Project, but a shorter period than was analyzed for Alterative 3A. This impact is expected to be potentially significant, although similar to the Previous Project, and less than analyzed in the EIR for Alternative 3A. Implementation of Mitigation Measure M-NO-N1 would reduce this impact under the Revised Project to a less-than-significant level, as under the Previous Project and Alternative 3A. However, the impact would be slightly greater under the Revised Project than under the Previous Project because of the increased development program and construction activities at the Campus, but less than analyzed for Alternative 3A, which would include more construction activities and phases than the Revised Project.

*Operation of the Revised Project at the St. Luke's Campus could 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. (**Less than significant**)*

The Final EIR concluded that, under the Previous Project, project-related traffic noise would not result in a noticeable increase in ambient traffic noise levels (3 dB or greater) and most likely would not be perceivable to existing noise-sensitive receptors. As a result, the Final EIR concluded that this impact would be less than significant under the Previous Project. The EIR also concluded that this impact would be less than significant under Alternative 3A. Operation of the St. Luke's Campus under the Revised Project would result in increased traffic in the project vicinity. This increase would be greater than under the Previous Project, but less than under Alternative 3A, which would generate more traffic than the Revised Project. As under both the Previous Project and Alternative 3A, traffic noise level increases related to the Revised Project are not expected to exceed the 3 dB threshold of significance, and are not expected to be noticed by existing noise-sensitive receptors in the project vicinity. Therefore, as under the Previous Project and Alternative 3A, this impact is less than significant under the Revised Project and no mitigation is required.

*Operation of stationary noise sources associated with the Revised Project at the St. Luke's Campus 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. (**Less than significant with mitigation**)*

The Final EIR indicated that the operation of proposed stationary sources—specifically, rooftop heating, ventilation, and air conditioning (HVAC) equipment—at the St. Luke’s Campus under the Previous Project could potentially generate noise levels that exceed the City’s noise standards and result in a substantial increase in ambient noise levels. However, the Final EIR concluded that implementation of Mitigation Measure M-NO-N3, which would require the retention of a qualified acoustical consultant to measure the sound levels of operating exterior equipment within 30 days after installation and require replacement or redesign if sound-level standards are not met. This mitigation measure would reduce this impact to a less-than-significant level under the Previous Project. Stationary noise sources such as HVAC equipment, parking garage activities, patient drop-offs, loading dock and delivery activities, and waste disposal activities would be similar to the Previous Project, but at slightly elevated levels because of the increased number of patients, staff and visitors associated with the proposed larger St. Luke’s Campus Hospital under the Revised Project. The level of activity, and associated noise, however, would be less than analyzed in the EIR for Alternative 3A. As under the Previous Project, operation of rooftop HVAC equipment could potentially generate noise levels that result in a substantial increase in ambient noise levels relative to existing conditions. This increase would be similar to under the Previous Project and would be less than Alternative 3A, because the amount of development would be less than under Alternative 3A. As under the Previous Project and Alternative 3A, this impact would be considered significant, absent mitigation. As under the Previous Project and Alternative 3A, implementation of Mitigation Measure M-NO-N3 at the St. Luke's Campus under the Revised Project would reduce this impact to a less-than-significant level.

*Future traffic-related interior noise levels could exceed applicable land use compatibility standards under the Revised Project at the St. Luke's Campus. (**Less than significant with Mitigation**)*

The Final EIR concluded that interior noise levels at sensitive receptors occupying office clinic, or habitable rooms in the proposed St. Luke’s Campus Hospital and St. Luke's Campus MOB under the Previous Project would not exceed 45 dB L_{dn} and, therefore, this impact would be less than significant. As under the Previous Project, the office space and habitable spaces within the St. Luke’s Campus Hospital

under the Revised Project would be exposed to traffic noise from Valencia Street and Cesar Chavez Street. However, the EIR determined that under Alternative 3A, which would generate more traffic than both the Previous Project and the Revised Project, future traffic noise levels at the hospital could exceed 45 dB L_{dn}, resulting in a potentially significant impact. The EIR determined that implementation of Mitigation Measure M-NO-N4, which would require that CPMC obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features, and that interior spaces of the hospital be designed to include insulating features that would reduce the interior traffic noise levels to 45 dB L_{dn} or lower, would reduce this impact under Alternative 3A to a less-than-significant level. Traffic noise levels at the St. Luke's Campus Hospital under the Revised Project would be somewhat greater than under the Previous Project and, therefore, as under Alternative 3A, potentially could result in interior noise levels within the St. Luke's Campus Hospital that exceed 45 dB L_{dn}. Therefore, this impact could be significant without mitigation under the Revised Project. However, implementation of Mitigation Measure M-NO-N4 for the proposed development at St. Luke's Campus under the Revised Project would reduce the impact to a less-than-significant level, as under Alternative 3A. This is unlike under the Previous Project, where Mitigation Measure M-NO-N4 was not required for the St. Luke's Campus development.

*Groundborne vibration levels attributable to construction activities under the Revised Project at the St. Luke's Campus could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds. (**Significant and unavoidable with mitigation**)*

The Final EIR concluded that, depending on the individual land use type, predicted levels of groundborne noise and vibration attributable to construction activities at the St. Luke's Campus under the Previous Project may exceed FTA's standard for human response at nearby off-site vibration-sensitive uses, and this impact would remain significant and unavoidable even with implementation of Mitigation Measure M-NO-N5, which would require the implementation of operational (e.g., distance and daytime restrictions) impact reduction measures that are considered practical and feasible, and would require a construction vibration management plan that could require repair of vibration-damaged buildings to their pre-existing conditions. Construction and demolition activities at the St. Luke's Campus under the Revised Project could temporarily result in construction-generated vibration that could exceed applicable thresholds of significance, similar to the Previous Project, but for a somewhat longer duration because of the increased development and construction activities at this campus. However, the duration would be less than under Alternative 3A, which would involve a substantially longer construction period. As under the Previous Project and Alternative 3A, this impact would remain significant and unavoidable after implementation of Mitigation Measure M-NO-N5. As under the Previous Project and Alternative 3A, this impact would be significant and unavoidable even with mitigation incorporated at the St. Luke's Campus under the Revised Project. This impact would be greater under the Revised Project than under the Previous Project, but less than under Alternative 3A.

3.6.3.4 SUMMARY OF NOISE IMPACTS AT THE ST. LUKE'S CAMUS

As under the Previous Project, implementation of Mitigation Measures M-NO-N1, M-NO-N3a, M-NO-N3, and M-NO-N5 at the St. Luke's Campus would be required under the Revised Project. In addition, implementation of Mitigation Measure M-NO-N4 would be required for the proposed development at St. Luke's Campus under the Revised Project, as under Alternative 3A. This is unlike under the Previous Project, where Mitigation Measure M-NO-N4 was not required for the St. Luke's Campus development. As under the Previous Project and Alternative 3A, potential project-level and cumulative noise impacts of the Revised Project at St. Luke's would be less than significant with mitigation incorporated, with the exception of the groundborne vibration impact associated with project demolition and construction, which would remain significant and unavoidable after implementation of mitigation. However, these impacts would be slightly greater than under the Previous Project because the development program under the

Revised Project would be greater at the St. Luke's Campus, but would be less than the impacts analyzed for Alternative 3A.

3.7 AIR QUALITY

3.7.1 CATHEDRAL HILL CAMPUS

The air quality analysis completed for the Previous Project and for the analysis of Alternative 3A in the EIR would be approximately the same for the Revised Project. The only change made from the Previous Project at the proposed Cathedral Hill Campus would be the elimination of three floors at the Cathedral Hill Campus Hospital, similar to the reduction of floors proposed for Alternative 3A (a reduction of six floors under Alternative 3A versus three floors under the Revised Project).

3.7.1.1 IMPACTS UNDER THE APPLICABLE (1999) BAAQMD CEQA THRESHOLDS

Regional Impacts from Construction

*Construction activities associated with the Revised Project would not result in short-term increases in fugitive dust that exceed BAAQMD CEQA significance criteria. (**Less than significant with mitigation**)*

The Final EIR concluded that construction activities associated with the proposed Cathedral Hill Campus under the Previous Project would not result in short-term increases in fugitive dust that exceed the Bay Area Air Quality Management District's (BAAQMD's) CEQA significance criteria with implementation of Mitigation Measure M-AQ-1. The total area of new construction for the Revised Project would be similar to that for the Previous Project and Alternative 3A. As a result, construction-related emissions of fugitive dust would be similar to emissions under the Previous Project and Alternative 3A. As the EIR concluded with respect to both the Previous Project and Alternative 3A, implementing BAAQMD's basic and optional control measures and equipment exhaust control measures during construction of the Revised Project (pursuant to Mitigation Measure M-AQ-1) would reduce construction impacts from fugitive dust to a less-than-significant level. Because regional impacts are based on the total emissions from all campuses, this impact conclusion applies to the CPMC campuses in the aggregate under the Revised Project, and not only specifically to the proposed Cathedral Hill Campus.

Localized Impacts from Construction

*Construction activities associated with the Revised Project at the Cathedral Hill Campus would expose sensitive receptors to substantial concentrations of toxic air contaminants. (**Less than significant with mitigation**)*

The EIR concluded that the impact of health risks from emissions of diesel particulate matter during construction at the proposed Cathedral Hill Campus would be significant and unavoidable under the Previous Project. However, the C&R document revised this conclusion, based upon refined estimates of construction emissions from the Previous Project included in Appendix C to the C&R document, and revised the text in the Final EIR to conclude that this impact would be less than significant with mitigation under the Previous Project. (See C&R document at pp. C&R 4-84 to C&R 4-86.) The Draft EIR also concluded that this impact would be somewhat less at the proposed Cathedral Hill Campus under Alternative 3A, but still above the risk thresholds. However, because the C&R document concluded that impacts under the Previous Project would be less than significant with mitigation under the Previous Project, such impacts at the proposed Cathedral Hill Campus would also be less than significant with

mitigation under Alternative 3A, which would include less construction at the proposed Cathedral Hill Campus than under the Previous Project.

The amount of construction at the proposed Cathedral Hill Campus under the Revised Project would be somewhat less than under the Previous Project, but somewhat more than under Alternative 3A. Therefore, this impact would be somewhat less than under the Previous Project, but more than under Alternative 3A. Similar to both the Previous Project and Alternative 3A, this impact would be less than significant with mitigation under the Revised Project.

Implementation of Mitigation Measure M-AQ-N2, which requires installation of accelerated emission control devices on construction equipment, is required under the Revised Project and, similar to the Previous Project; its implementation would reduce impacts to a less-than-significant level with mitigation. Therefore, as under the Previous Project and Alternative 3A, construction at the proposed Cathedral Hill Campus under the Revised Project, with the implementation of Mitigation Measure M-AQ-N2, would result in a less-than-significant impact with respect to health risks from construction toxic air contaminants (TACs).

Regional Impacts from Operations

*Operation of the Revised Project would exceed BAAQMD CEQA thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full buildout. (**Significant and unavoidable**)*

The overall development program at the CPMC campuses under the Revised Project would be similar to, and somewhat reduced in comparison to, both the Previous Project and Alternative 3A. The Previous Project and Alternative 3A both would exceed the applicable criteria pollutant threshold for particulate matter with an aerodynamic resistance diameter of 10 micrometers or less (i.e., PM_{10}). No feasible mitigation is available to reduce this impact to a less-than-significant level. As a result, the Final EIR concluded that the Previous Project and Alternative 3A would have a significant and unavoidable impact with respect to operational criteria pollutant emissions. Emissions levels from stationary sources under the Revised Project would be generally consistent with those analyzed in the supplemental analysis of the Previous Project included as Appendix C to the C&R document. Therefore, under the Revised Project, regional impacts from operations would also be significant and unavoidable, and similar to the Previous Project and Alternative 3A. Because regional impacts are based on the total emissions from all campuses, this impact would result from the aggregate development at all of the CPMC campuses under the Revised Project.

Localized Impacts from Operations

*Operation of the Revised Project at the Cathedral Hill Campus would not cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards, expose sensitive receptors to substantial concentrations of toxic air contaminants, or expose a substantial number of people to objectionable odors. (**Less than significant**)*

The Final EIR concluded that operation of the proposed development at the Cathedral Hill Campus under the Previous Project or Alternative 3A would result in less-than-significant impacts related to local concentrations of carbon monoxide (CO) from motor vehicle exhaust, exposure of sensitive receptors to substantial concentrations of TACs, or exposure of a substantial number of people to objectionable odors. As a result, the Final EIR concluded that this impact would be less than significant under the Previous Project or Alternative 3A. The proposed Cathedral Hill Campus would be smaller under the Revised Project than under the Previous Project, but larger than under Alternative 3A. The Revised Project would

result in lower emissions, and the same less-than-significant conclusions reached in the Final EIR for the proposed Cathedral Hill Campus under the Previous Project and Alternative 3A would apply under the Revised Project. Therefore, as under the Previous Project and Alternative 3A, operations at the proposed Cathedral Hill Campus under the Revised Project would result in a less-than-significant impact with respect to local CO emissions from mobile sources, odors, and single-source and cumulative health risk from operational TACs. As under the Previous Project and Alternative 3A, no mitigation measures are required for the Revised Project.

3.7.1.2 IMPACTS UNDER THE 2010 BAAQMD CEQA THRESHOLDS

The analysis of air quality impacts in the EIR used thresholds of significance and methodologies from both the applicable 1999 BAAQMD CEQA Air Quality Guidelines and the updated 2010 BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the Previous Project and the project alternatives. Although BAAQMD's adoption of the significance thresholds set forth in the 2010 Guidelines are the subject of judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report, provide substantial evidence to support the thresholds of significance recommended in the 2010 BAAQMD Guidelines. Therefore, the Planning Department has determined that these thresholds are appropriate for use in the analysis of the impacts of the Revised Project.[12]

Regional Impacts from Construction

*Construction activities associated with the Revised Project would not result in short-term increase in fugitive dust that exceed the 2010 BAAQMD CEQA thresholds. (**Less than significant with mitigation**)*

Please see the above discussion of regional impacts from construction-related fugitive dust under "Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds." For the same reasons discussed therein, and as under the Previous Project, with implementation of Mitigation Measures M-AQ-N8a and M-AQ-N8b, this impact would be reduced to a less than significant level under the Revised Project.

*Construction activities associated with the Revised Project would exceed 2010 BAAQMD CEQA thresholds for mass criteria pollutant emissions and would contribute to an existing or project air quality violation. (**Significant and unavoidable with mitigation**)*

The EIR predicted that emissions of criteria pollutants from construction equipment sources at the Cathedral Hill Campus would remain above the 2010 BAAQMD CEQA thresholds of significance under both the Previous Project and Alternative 3A, even with the implementation of Mitigation Measure M-AQ-N9. Similarly, and because the Revised Project would not be substantially smaller than Alternative 3A, from a total construction perspective, under the Revised Project, the impact associated with criteria pollutant emissions during construction would be significant and unavoidable, even with the implementation of Mitigation Measure M-AQ-N9. Because regional impacts are based on the total emissions from all campuses, this impact would result from the aggregate development at all of the CPMC campuses under the Revised Project.

[12] Bay Area Air Quality Management District. Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance. October 2009.

Localized Impacts from Construction

*Construction activities associated with the Revised Project at the Cathedral Hill Campus would result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$. (**Significant and unavoidable with mitigation**)*

Please see the above discussion of localized impacts from construction at the proposed Cathedral Hill Campus under "Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds." Implementation of Mitigation Measure M-AQ-10a, which would require installation of accelerated emissions control devices on construction equipment, would be required under the Revised Project. As the EIR determined would be the case for both the Previous Project and Alternative 3A, this mitigation measure would not reduce this impact to a less-than-significant level under the Revised Project, because the Revised Project at the Cathedral Hill Campus would be smaller than the Previous Project, but larger than Alternative 3A. As under the Previous Project, construction at the proposed Cathedral Hill Campus under the Revised Project would, therefore, result in a significant and unavoidable impact with respect to health risks from construction TACs, although this impact would be somewhat reduced in comparison to the Previous Project.

Regional Impacts from Operations

*Operation of the Revised Project 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 buildout. (**Significant and unavoidable**)*

Please see the above discussion of regional impacts from operations at the proposed Cathedral Hill Campus under "Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds." No feasible mitigation is available to reduce this impact to a less-than-significant level. Emissions levels from stationary sources under the Revised Project will be generally consistent with those analyzed in the supplemental analysis of the Previous Project included as Appendix C to the C&R document. Therefore, under the Revised Project, similar to under the Previous Project and Alternative 3A, regional impacts with respect to operational criteria pollutant emissions would be significant and unavoidable. Because regional impacts are based on the total emissions from all campuses, this impact would result from the aggregate development at all of the CPMC campuses under the Revised Project.

Localized Impacts from Operations

*Operation of the Revised Project at the Cathedral Hill Campus would not expose sensitive receptors to substantial concentrations of toxic air contaminants or expose a substantial number of people to objectionable odors. (**Less than significant**)*

Please see the above discussion of localized impacts from operations under "Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds." As under the Previous Project and Alternative 3, operations at the proposed Cathedral Hill Campus under the Revised Project would result in less-than-significant impacts with respect to the 2010 BAAQMD CEQA thresholds of significance for odors and single-source and cumulative health risks from operational TACs. These impacts would be somewhat reduced under the Revised Project as compared to the Previous Project.

3.7.2 ST. LUKE'S CAMPUS

The air quality analysis completed for the Previous Project in the EIR would be approximately the same for the Revised Project. The principle change made to the St. Luke's Campus for the Revised Project, as compared to the Previous Project, would be the addition of two floors to the St. Luke's Campus Hospital. Therefore, localized construction-period air quality impacts would occur for a slightly longer period, and localized operational air quality impacts at the St. Luke's Campus would be slightly greater, due to the potential for additional or larger stationary sources of air pollutants at the St. Luke's Campus Hospital and the additional vehicle trips generated by additional employees, patients, and visitors at the St. Luke's Campus Hospital. Regional construction-period and operational impacts, however, would be slightly lower than under the Previous Project, because the increased emissions at the St. Luke's Campus would be more than offset by reductions at the proposed Cathedral Hill Campus.

Development at the St. Luke's Campus under the Revised Project would be greater than analyzed in the EIR for the Previous Project, but less than under Alternative 3A.

3.7.2.1 IMPACTS UNDER THE APPLICABLE (1999) BAAQMD CEQA THRESHOLDS

Regional Impacts from Construction

Regional impacts across all campuses under the Revised Project are described above in the discussion of "Regional Impacts from Construction" under "Impacts Under the Applicable (1999) BAAQMD Thresholds" for the proposed Cathedral Hill Campus. Construction-related emissions of fugitive dust would be similar to those under the Previous Project. Implementing Mitigation Measure M-AQ-1, which would require CPMC to implement BAAQMD's basic and optional control measures and equipment exhaust control measures during construction, would reduce regional construction impacts of the Revised Project to a less-than-significant level.

Localized Impacts from Construction

*Construction activities associated with the Revised Project at the St. Luke's Campus would not expose sensitive receptors to substantial concentrations of toxic air contaminants. (**Less than significant**)*

The total area of new construction at the St. Luke's Campus under the Revised Project would be somewhat increased as compared to the Previous Project, but less than under Alternative 3A, which would generate approximately 80 percent more TAC emissions than the Previous Project. The EIR concluded that although this impact would be greater under Alternative 3A than under the Previous Project, it would remain below the trigger threshold for risk under Alternative 3A. Since TAC emissions under the Revised Project would be lower than under Alternative 3A, emissions under the Revised Project would also remain below the trigger threshold for risk. Therefore, impacts at the St. Luke's Campus under the Revised Project would be less than significant with respect to health risks from construction TACs.

Regional Impacts from Operations

Regional impacts across all campuses under the Revised Project are described above in the discussion of "Regional Impacts from Operations" under "Impacts Under the Applicable (1999) BAAQMD Thresholds" for the proposed Cathedral Hill Campus. Under the Revised Project, regional impacts from operations would be similar to those under the Previous Project and Alternative 3A, which the Final EIR concluded would be significant and unavoidable. Therefore, under the Revised Project, regional impacts from operations would also be significant and unavoidable.

Local Impacts from Operations

*Operation of the Revised Project at St. Luke's Campus would not cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards, expose sensitive receptors to substantial concentrations of toxic air contaminants, or expose a substantial number of people to objectionable odors. (**Less than significant**)*

Under the Revised Project, the development program at the St. Luke's Campus would be somewhat more intense than under the Previous Project, although less intense than under Alternative 3A. The Revised Project would generate greater quantities of new operational emissions from mobile and stationary sources at the St. Luke's Campus than under the Previous Project, but less than under Alternative 3A. Therefore, the impacts of the Revised Project would also be greater than those of the Previous Project, but less than those of Alternative 3A.

The Final EIR analysis concluded that implementing either the Previous Project or Alternative 3A at the St. Luke's Campus would result in a less-than-significant impact with respect to single-source and cumulative health risk from operational TACs. Since the amount of stationary-source emissions at the St. Luke's Campus under the Revised Project would be within a range between the amounts under the Previous Project and Alternative 3A, and the Final EIR concluded that diesel particulate matter emissions would remain below the thresholds for risk under both the Previous Project and Alternative 3A, diesel particulate matter emissions also would remain below the thresholds of risk under the Revised Project. Therefore, this impact would be less than significant under the Revised Project, although greater than under the Previous Project and less than under Alternative 3A.

As discussed in the Final EIR, compliance with industry-standard waste disposal methods and BAAQMD Regulation 7 (Odorous Substances) would limit potential odor exposure. Therefore, the Revised Project would not expose a substantial number of people to objectionable odors, and impacts related to odor exposure would be less than significant under the Revised Project, as under the Previous Project and Alternative 3A.

3.7.2.2 IMPACTS UNDER THE 2010 BAAQMD CEQA THRESHOLDS

Regional Impacts from Construction

Regional impacts across all campuses under the Revised Project are described above in the discussion of "Regional Impacts from Construction" under "Impacts Under the 2010 BAAQMD CEQA Thresholds" for the proposed Cathedral Hill Campus. As under the Previous Project and Alternative 3A, implementing Mitigation Measure M-AQ-1 would reduce construction impacts from fugitive dust under the Revised Project to a less-than-significant level. Under the Revised Project, as under the Previous Project and Alternative 3A, the impact associated with emissions of criteria pollutants during construction would be significant and unavoidable even after implementation of Mitigation Measure M-AQ-N9, although it would be slightly reduced in comparison to the Previous Project and Alternative 3A.

Localized Impacts from Construction

*Construction activities associated with the Revised Project at the St. Luke's Campus would result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$. (**Significant and unavoidable with mitigation**)*

The impact at the St. Luke's Campus under the Revised Project would be greater than the impact under the Previous Project, but less than the impact under Alternative 3A. As under the Previous Project and Alternative 3A, these impacts would be significant under the Revised Project pursuant to the 2010 BAAQMD threshold of significance, and would require Mitigation Measure M-AQ-10c to reduce diesel particulate matter emissions. This impact would be significant and unavoidable under the Revised Project despite mitigation, and would be greater than the impact under the Previous Project, which would also be significant and unavoidable, but less than the impact under Alternative 3A.

Regional Impacts from Operations

Regional impacts across all campuses under the Revised Project are described above in the discussion of "Regional Impacts from Operations" under "Impacts Under the 2010 BAAQMD CEQA Thresholds" for the proposed Cathedral Hill Campus. No feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, under the Revised Project, regional impacts with respect to operational emissions of criteria pollutants would be similar to under the Previous Project and Alternative 3A, and would be significant and unavoidable.

Localized Impacts from Operations

*Operation of the Revised Project at the St. Luke's Campus would not expose sensitive receptors to substantial concentrations of toxic air contaminants or expose a substantial number of people to objectionable odors. (**Less than significant**)*

Because greater quantities of new operational emissions would be generated by mobile and stationary sources at the St. Luke's Campus under the Revised Project than under the Previous Project, the impacts of the Revised Project would also be greater than under the Previous Project, although less than under Alternative 3A. The EIR concluded that the impacts of the Previous Project at the St. Luke's Campus with respect to single-source and cumulative health risk from operational TACs would be less than significant, and that an 80 percent increase in operational emissions under Alternative 3A would still keep diesel particulate matter emissions below the trigger thresholds for risk. Since the increase in operational emissions under the Revised Project as compared to the Previous Project would be less than the increase under Alternative 3A, diesel particulate matter emissions would remain below the trigger thresholds for risk. Therefore, the impacts of the Revised Project at the St. Luke's Campus with respect to the 2010 BAAQMD CEQA Guidelines thresholds of significance for single-source and cumulative health risks from operational TACs would be less than significant.

The Revised Project's compliance with industry-standard waste disposal methods and BAAQMD Regulation 7 (Odorous Substances) would limit potential odor exposure. Therefore, as under the Previous Project and Alternative 3A, implementation of the Revised Project would not expose a substantial number of people to objectionable odors. As a result, implementing the Revised Project at the St. Luke's Campus would result in a less-than-significant impact with respect to odors.

The impact of project-generated traffic particulate matter with an aerodynamic resistance diameter of 2.5 micrometers or less ($PM_{2.5}$) on ambient concentrations can be evaluated relative to the impact of existing roadway source impacts. Existing $PM_{2.5}$ concentration levels associated with high-volume roadways in the vicinity of the proposed Cathedral Hill Campus were evaluated using the U.S. Environmental Protection Agency–approved model CAL3QHCR by the San Francisco Department of Public Health (SFDPH). As the EIR concluded with respect to the Previous Project and Alternative 3A, the increase in mobile-source emissions from local traffic at the St. Luke's Campus under the Revised Project is unlikely to exceed the value estimated at the proposed Cathedral Hill Campus (0.06 micrograms per cubic meter), which

experiences larger traffic quantities. Hence, as under the Previous Project and Alternative 3A, total operational $PM_{2.5}$ emissions from the St. Luke's Campus under the Revised Project would be below the risk threshold, resulting in a less-than-significant impact. As under the Previous Project and Alternative 3A, no mitigation measures are required under the Revised Project.

3.8 GREENHOUSE GAS EMISSIONS

Because GHG emissions impacts are cumulative global impacts, rather than localized in nature, the EIR analyzed GHG emissions impacts of the Previous Project based upon the total aggregated emissions from all CPMC campuses, and the EIR did not include campus-specific analyses. Similarly, this Addendum analyzes GHG emissions impacts of the Revised Project based on the total emissions at all CPMC campuses.

The EIR determined that the net new construction area across all campuses under Alternative 3A would be virtually the same (a difference of less than 2 percent) as under the Previous Project. The overall development program at the CPMC campuses under the Revised Project would be similar to, and somewhat reduced in comparison to, both the Previous Project and Alternative 3A. The combined facility size of all CPMC campuses would be reduced from approximately 4,430,000 gsf under Alternative 3A and 4,306,000 gsf under the Previous Project to 4,207,000 gsf under the Revised Project. Therefore, construction-period GHG emissions and operational GHG emissions from stationary sources and vehicles at the proposed Cathedral Hill Campus under the Revised Project would be similar to, and somewhat less than, under the Previous Project and Alternative 3A. Construction-period GHG emissions and operational GHG emissions from stationary sources and vehicles would slightly increase at the St. Luke's Campus under the Revised Project as compared to the Previous Project, but would be lower than under Alternative 3A, because the development program at the St. Luke's Campus would be less intensive under the Revised Project than Alternative 3A. However, the increased emissions at the St. Luke's Campus under the Revised Project, as compared to the Previous Project, would be more than offset by reductions at the proposed Cathedral Hill Campus. Overall, the net new construction area under the Revised Project would be less than under both the Previous Project and Alternative 3A. Therefore, GHG emissions impacts under the Revised Project would be somewhat reduced in comparison to both the Previous Project and Alternative 3A.

3.8.1.1 IMPACT EVALUATIONS BASED ON THE STATE CEQA GUIDELINES

*Direct and indirect GHG emissions generated under the Revised Project would not have a significant impact on the environment, nor would they conflict with an applicable plan, policy or regulation adopted for the purposes of reducing GHG emissions. (**Less than significant**)*

Construction-Related Emissions

The Final EIR concluded that implementation of the Previous Project would not generate GHG emissions that would have a significant impact on the environment, and would not conflict with a plan, policy, or regulation developed for the purpose of reducing GHG emissions. Therefore, the Final EIR concluded that the impact of construction-related GHG emissions would be less than significant under the Previous Project. Under the Revised Project, as under the Previous Project or Alternative 3A, CPMC would be required to comply with applicable City regulations that reduce the project's construction-related contribution to GHG emissions. Therefore, implementing the Revised Project would not result in generation of construction-related GHG emissions that would have a significant impact on the environment, and the Revised Project would not conflict with a plan, policy, or regulation developed for the purpose of reducing GHG emissions.

Operational Emissions

Once construction is completed under the Revised Project, CPMC would be required to comply with San Francisco's GHG Reduction Strategy. As a result, operation of the Revised Project would not conflict with either the state or local GHG reduction strategy. In addition, the Revised Project would not conflict with any plans, policies, or regulations adopted for the purpose of reducing GHG emissions. The impact would be similar to impacts under the Previous Project and Alternative 3A. As under the Previous Project and Alternative 3A, this impact would be less than significant under the Revised Project, and no mitigation measures are required.

3.8.1.2 IMPACT EVALUATIONS BASED ON 2010 BAAQMD SIGNIFICANCE CRITERIA FOR GREENHOUSE GASES

Construction-Related Emissions

*Construction-related GHG emissions under the Revised Project 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. (**Less than significant**)*

Construction-related GHG emissions under the Revised Project would be temporary and cease after buildout. In addition, CPMC would implement all BAAQMD-recommended best management practices (BMPs), would comply with the Dust and Demolition Debris Recovery Ordinance, and would implement Leadership in Energy and Environmental Design (LEED®) measures related to reducing construction-related GHG emissions. Therefore, construction-related GHG emissions would not be cumulatively considerable. The Revised Project would generate slightly reduced GHG emissions compared to the Previous Project or Alternative 3A. Therefore, the Revised Project would result in a less-than-significant impact, and impacts would be slightly less than under the Previous Project or Alternative 3A.

Operational Emissions

*Direct and indirect operational GHG emissions under the Revised Project 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. (**Significant and unavoidable**)*

BAAQMD has identified 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 equivalents per year ($MTCO_2e$/yr); or

3) Whether a project's GHG emissions exceed 4.6 metric tons of carbon dioxide emissions per service population per year ($MTCO_2e$/SP/yr).

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 Threshold #1, above, as the standard of significance for GHG emission impacts. Accordingly, 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 to BAAQMD. This document represents a comprehensive assessment of policies, programs, and ordinances that collectively represent San Francisco's Qualified GHG Reduction Strategy. BAAQMD reviewed the document and concluded that it meets the criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Air Quality Guidelines. Therefore, projects that are determined to be consistent with San Francisco's Qualified GHG Reduction Strategy would result in a less-than-significant GHG emissions impact.

At the time the Draft EIR was prepared, the City and County of San Francisco had not yet obtained BAAQMD's approval of the Qualified GHG Reduction Strategy. Therefore, the EIR analysis of GHG emissions impacts used the numeric thresholds of significance (i.e., Thresholds # 2 and #3 above). However, because BAAQMD had approved San Francisco's Qualified GHG Reduction Strategy for San Francisco before the C&R Document was published, the Previous Project's compliance with the Qualified GHG Reduction Strategy under Threshold No. 1 above was analyzed in the C&R document. For those reasons, the following discussion analyzes GHG emissions under both of BAAQMD's numeric significance criteria, as well as under the qualitative significance threshold regarding compliance with a Qualified GHG Reduction Strategy.

The EIR analysis determined that under the Previous Project, the net operational GHG emissions across all campuses would be approximately 22,503 $MTCO_2e$/yr, which exceeds the GHG emissions significance threshold of 1,100 $MTCO_2e$/yr under the 2010 BAAQMD CEQA Guidelines. In addition, the EIR determined that the Previous Project would have a GHG-efficiency value of 5.9 $MTCO_2e$/SP/yr. Although the Previous Project would exceed the 2010 BAAQMD Guidelines' efficiency metric of 4.6 $MTCO_2e$/SP/yr, it is not clear that the BAAQMD efficiency metric appropriately applies to facilities such as hospitals and hotels, whose large numbers of visitors are not included in the service population (which includes employees and residents only).

The Final EIR concluded that because the total net new construction area would be less than 2 percent smaller under Alternative 3A than under the Previous Project, the net operational GHG emissions would likely also be approximately 2% lower. The total net new construction area also would be slightly smaller under the Revised Project than under the Previous Project or Alternative 3A. Therefore, the net operational GHG emissions would likely also be slightly lower. Despite the slight reduction, the Revised Project would exceed the 1,100 $MTCO_2e$/yr threshold, as would the Previous Project and Alternative 3A. In addition, based on the assumption that GHG emissions and working population are both proportional to development size, the efficiency metric under the Revised Project would be similar to the Previous Project's efficiency metric of 5.9 $MTCO_2e$/SP/yr and, therefore, would be greater than 4.6. The Revised Project would have lower GHG emissions and, therefore, a smaller impact, than the Previous Project. However, as under the Previous Project and Alternative 3A, the impact of the Revised Project would be significant and unavoidable with respect to GHG emissions, under the numeric significance criteria set forth in the 2010 BAAQMD CEQA Guidelines. As under the Previous Project and Alternative 3A, no feasible mitigation measures are available that would reduce impacts under the Revised Project to a less-than-significant level.

As explained above, because BAAQMD had not yet approved San Francisco's Qualified GHG Reduction Strategy at the time the Draft EIR was prepared, the Draft EIR compared the Previous Project and Alternative 3A against only the numeric criteria contained in the 2010 BAAQMD significance thresholds, and concluded there would be a significant and unavoidable GHG impact. This determination was made in part on the basis that, although CPMC had committed to incorporating numerous project design features intended to reduce operational GHG emissions, the resulting reduction could not be quantified.

The release of the Draft EIR was released for public review on July 21, 2010. Subsequently, on October 28, 2010, BAAQMD reviewed and concurred that the City and County of San Francisco's Strategies to

Address Greenhouse Gas Emissions[13] meet BAAQMD's criteria for a Qualified GHG Reduction Strategy. Therefore, under the 2010 BAAQMD Guidelines, projects that are consistent with San Francisco's Qualified GHG Reduction Strategy would be considered to result in a less than significant GHG emissions impact. Such projects would be considered to have implemented all applicable, feasible mitigation measures.[14] According to BAAQMD, "compliance with a Qualified Greenhouse Gas Reduction Strategy (or similar adopted policies, ordinances and programs), would provide the evidentiary basis for making CEQA findings that development consistent with the plan would result in feasible, measureable, and verifiable GHG reductions consistent with broad state goals such that projects approved under qualified Greenhouse Gas Reduction Strategies or equivalent demonstrations would achieve their fair share of GHG emission reductions."[15]

In order to facilitate determinations of project compliance with San Francisco's GHG Reduction Strategy, in November 2010 the San Francisco Planning Department released a Greenhouse Gas Analysis Compliance Checklist that is to be completed for each proposed project. A checklist breaking down the Previous Project's compliance was completed, and included in the C&R document as Appendix D. Based on this checklist, on December 14, 2010, the Environmental Planning Division determined that the Previous Project would be in compliance with the City's GHG Reduction Strategy. Because it was determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the Previous Project was shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures.

With a determination of compliance with San Francisco's Qualified GHG Reduction Strategy, the Previous Project would comply with regulations or requirements adopted to implement both a regional and local plan for the reduction or mitigation of GHG Emissions. The Revised Project would incorporate all of the project design features and be subject to all of the requirements set forth in the Greenhouse Gas Analysis Compliance Checklist completed for the Previous Project. Therefore, similar to the Previous Project, the Revised Project would comply with San Francisco's BAAQMD-approved Qualified GHG Reduction Strategy. Therefore, similar to the Previous Project, the impact of the Revised Project on GHG emissions would support a finding of less than significant, and no further mitigation would be required.

As explained above, the 2010 BAAQMD Guidelines allow a determination of less than significant if a project is either below the quantitative threshold or consistent with a Qualified GHG Reduction Strategy. The Planning Department conservatively determined in the Final EIR that, because the Draft EIR analysis had concluded that the Previous Project would exceed the 2010 BAAQMD quantitative thresholds of significance, even though the Final EIR subsequently determined that the Previous Project would be consistent with the City's Qualified GHG Reduction Strategy, this impact would remain significant and unavoidable. The Revised Project would similarly exceed the 2010 BAAQMD quantitative thresholds.

Similarly, and for the same reasons, the Planning Department has conservatively determined that the Revised Project would result in a significant and unavoidable impact. As under the EIR's analysis of the Previous Project, this conservative conclusion is made despite the Planning Department's determination that both the Previous Project and the Revised Project would be consistent with the BAAQMD-approved Qualified GHG Reduction Strategy. The determination that this impact would be significant and unavoidable under the Revised Project is also made despite the fact that the Revised Project would result in a slightly reduced level of emissions relative to the Previous Project. As explained above, the Final EIR

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[13] San Francisco Planning Department. 2010. San Francisco's *Strategies to Address Greenhouse Gas Emissions*, November.

[14] Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, p. 4-4.

[15] Ibid., Appendix D: Threshold of Significance Justification, p. D-14.

concluded that no further mitigation would be required for the Previous Project because it would comply with the Qualified GHG Reduction Strategy. Similarly, because the Revised Project would be compliant with the BAAQMD-approved Qualified GHG Reduction Strategy, no further mitigation is required.

3.9 WIND AND SHADOW

3.9.1 CATHEDRAL HILL CAMPUS

The proposed Cathedral Hill Campus Hospital would be 12 floors and 226 feet tall under the Revised Project; by contrast, the hospital would be 265 feet tall under the Previous Project. The nine-floor, 130-foot tall Cathedral Hill Campus MOB would be the same as under the Previous Project. Wind and shadow impacts related to the Cathedral Hill Campus MOB would be identical to impacts of the Previous Project (see Section 4.9, "Wind and Shadow"), and therefore are not discussed further.

*The Revised Project at the Cathedral Hill Campus would not alter wind in a manner that substantially affects public areas. (**Less than significant**)*

The Final EIR concluded that implementing the Previous Project at the proposed Cathedral Hill Campus would not increase the total number of locations that would exceed the pedestrian-comfort criterion (11 miles per hour), and would not result in an exceedance of the wind-hazard criterion (26 miles per hour). Therefore, this impact would be less than significant under the Previous Project. Because of the reduced height of the Cathedral Hill Campus Hospital under the Revised Project, wind exceedances of the pedestrian-comfort criteria under the Revised Project would be the same or less than those identified for the Previous Project and the total number of locations exceeding the comfort criterion would not increase. Impacts related to wind would be less than significant, and less than under the Previous Project.[16]

*The Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

The Final EIR determined that no public outdoor recreational facilities or other publicly accessible open spaces and recreational spaces would be substantially affected by shadows from development at the proposed Cathedral Hill Campus under the Previous Project. Therefore, this impact would be less than significant under the Previous Project. Because the proposed Cathedral Hill Campus Hospital would be shorter under the Revised Project than under the Previous Project, as well as with the range of height and bulk as the existing on-site buildings (1255 Post Street Office Building and other nearby buildings), the proposed hospital would not result in net new shadows on sidewalks in the project vicinity under the Revised Project, as compared with the Previous Project. As under the Previous Project, shadows from the proposed hospital under the Revised Project would not reach any open spaces subject to Section 295 or other recreation spaces. Shadow impacts at the Cathedral Hill Campus under the Revised Project would be less than significant, and less than under the Previous Project.

3.9.1.1 SUMMARY OF WIND AND SHADOW IMPACTS AT THE CATHEDRAL HILL CAMPUS

As under the Previous Project, no mitigation measures would be required at the Cathedral Hill Campus under the Revised Project. Project-level and cumulative impacts on wind and shadow would be less than

[16] Memo from Charles Bennett (ESA) to Steven Pepler (SmithGroup), Wind Effects of 2013 Design Changes to Hospital Building, Cathedral Hill Hospital Project, February 25, 2013.

significant under the Revised Project, and less than under the Previous Project, because of the reduced development at this campus.

3.9.1.2 ST. LUKE'S CAMPUS

Under both the Previous Project and the Revised Project, existing buildings would be demolished and new buildings constructed at the St. Luke's Campus. Under the Revised Project, the development program for the St. Luke's Campus would be greater than under the Previous Project, although the overall development program at the St. Luke's Campus would be less than previously analyzed for Alternative 3A. As under the Previous Project, the St. Luke's Campus Hospital would be constructed on the northwestern portion of the campus on the site of the existing 3615 Cesar Chavez Street surface parking lot; however, the St. Luke's Campus Hospital under the Revised Project would be 142 feet in height and two floors (43 feet) taller than the St. Luke's Campus Hospital under the Previous Project, which would be 99-feet-tall. No changes from what was analyzed in the Previous Project are proposed for the new St. Luke's Campus MOB, 1912 Building, Monteagle Medical Center, Duncan Street Parking Garage, or Hartzell Building under the Revised Project.

*The Revised Project at the St. Luke's Campus would not alter wind in a manner that substantially affects public areas. (**Less than significant**)*

Based on the exposure, massing, and orientation of the buildings proposed for the St. Luke's Campus under the Previous Project, the wind impact evaluation in the Final EIR determined that no substantial adverse changes to the wind environment would occur in pedestrian areas adjacent to or near the campus. Therefore, the Final EIR determined that this impact would be less than significant. The St. Luke's Campus is sheltered from northwesterly and westerly winds by existing upwind three- and four-floor structures. Additionally, the terrain in the immediate vicinity of the St. Luke's Campus slopes upward to the north and west of the campus, with Guerrero and Dolores Streets located upslope, which increases the sheltering effects of existing off-site upwind structures. Under the Revised Project, a larger St. Luke's Campus Hospital building than under the Previous Project—but within the same building footprint—would be constructed on the west side of the campus. While the additional two floors of the St. Luke's Campus Hospital would be exposed to winds, wind accelerations that would be generated by the tower portion of the building would be elevated above the ground by the presence of the upwind three-floor low-rise portion of the building. The 142-foot-tall St. Luke's Campus Hospital under the Revised Project would provide wind shelter to the proposed St. Luke's Campus MOB (similar to the Previous Project), reducing any wind impacts. Because of the existing upwind two- and three-floor up to 40-foot-tall residences on Cesar Chavez and Guerrero Streets, just the upper floors of the St. Luke's Campus Hospital would extend above these adjacent residences. The proposed St. Luke's Campus MOB would be 58 feet shorter (not including mechanical penthouse) than the existing hospital tower it would replace on the same site. No substantial changes to the wind environment in pedestrian areas adjacent to or near the St. Luke's Campus under the Revised Project would occur, and this impact would be less than significant.[17]

[17] Memo from Don Ballanti to Cameron Mueller, Wind Impact Evaluation for the Updated CPMC Long Range Development Plan, St. Luke's Campus, San Francisco AECOM, February 18, 2013.

*The Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The Final EIR determined that no outdoor recreational facilities or other public or publicly accessible open space or recreational space off campus would be substantially affected from the proposed development at the St. Luke's Campus under the Previous Project. Therefore, this impact would be less than significant under the Previous Project. Under the Revised Project, the St. Luke's Campus Hospital would be 43 feet taller than under the Previous Project, and 27 feet taller than under Alternative 3A. The St. Luke's Campus Hospital and St. Luke's Campus MOB would likely cast shadows on adjacent sidewalks at different times of day (10 a.m., 12 noon, and 3 p.m.) and different times of year (December 21, June 21, March 21, and September 21). These new buildings would add net new shadows in the vicinity of the campus; however, the new shadows would not affect open space protected by Section 295 or other recreational spaces. These net new shadows would fall on privately owned open space adjacent to campus to the west (for residential structures fronting San Jose Avenue, Guerrero Street, and Cesar Chavez Street) and onto the sidewalks of Valencia Street, Guerrero Street, Cesar Chavez Street, and San Jose Avenue. However, these net new shadows would not exceed levels that are normal and expected in highly urban areas. Therefore, the new buildings are not expected to create net new shadows in a manner that would substantially affect the use of any park or open space subject to Section 295, any publicly accessible private open space, any outdoor recreational facility, or any other public area, or that would change the climate in either the community or the region. Under the Revised Project this shadow impact at the St. Luke's Campus would be less than significant[18], as under the Previous Project and Alternative 3A.

3.9.1.3 SUMMARY OF WIND AND SHADOW IMPACTS AT THE ST. LUKE'S CAMPUS

As under the Previous Project, no mitigation measures are required under the Revised Project. Project-level and cumulative impacts on wind and shadow would be less than significant under the Revised Project (as under to Alternative 3A), but greater than under the Previous Project because of the increased development at this campus.

[18] San Francisco Planning Department, Shadow Fan re: St. Luke's Hospital: Max Height of 142'-0" (Mar. 1, 2013); email from Elizabeth Watty, San Francisco Planning Department. to Devyani Jain, San Francisco Planning Department re: CPMC (Mar. 01, 2013).

3.9.2 RECREATION

3.9.3 CATHEDRAL HILL CAMPUS

*The Revised Project at the Cathedral Hill Campus 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, and 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. (**Less than significant**)*

*The Revised Project at the Cathedral Hill Campus would not include recreational facilities or require the construction or expansion of recreational facilities, which might have an adverse physical effect on the environment. (**Less than significant**)*

*The Revised Project at the Cathedral Hill Campus would not adversely affect existing recreational opportunities. (**Less than significant**)*

The Final EIR determined that implementing the Previous Project at the proposed Cathedral Hill Campus would intensify the activity and uses on campus and could generate more trips to local nearby parks than under current conditions. Although some of these people might visit recreational facilities in the campus vicinity, such usage was not expected to result in substantial physical deterioration of nearby facilities or facilities areawide. Therefore, the Final EIR concluded this impact would be less than significant under the Previous Project. The Revised Project would not change the analysis or conclusions in the discussion of recreational impacts in the Draft EIR, pages 4.10-34 to 4.10-54. The amount and types of open space would not change as a result of any of the revisions, nor would the demand for open space increase. The less-than-significant impacts identified in the Final EIR would also be less-than-significant under the Revised Project. No new significant impacts would result from implementing the Revised Project rather than the Previous Project at the proposed Cathedral Hill Campus.

The only change made from the Previous Project at the proposed Cathedral Hill Campus would be to eliminate floors and beds within the Cathedral Hill Campus Hospital, similar to the reduction of floors proposed for Alternative 3A (a reduction of six floors under Alternative 3A – three floors under the Revised Project). Accordingly, there would be a reduced development program under the Revised Project and thus, a reduced average daily population at the proposed Cathedral Hill Campus.

The Final EIR determined that, under the Previous Project, CPMC personnel, and to a lesser extent patients and visitors, might use surrounding parks and recreational facilities. However, the incremental increase in demand on nearby facilities associated with the proposed near-term projects under the Previous Project would not result in the need to expand existing recreational facilities or construct new facilities, or to cause the physical deterioration of nearby parks and open spaces. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. Similar to the Previous Project, CPMC personnel, visitors, and patients are not expected to substantially increase their use of nearby parks under the Revised Project, because their visits to the proposed Cathedral Hill Campus would be mainly focused on health care services. As under the Previous Project, any increase in use by patients and visitors would be incidental and result in incremental use of nearby recreational facilities and open space (see Draft EIR, page 4.10-35). The impact on recreational facilities in the campus vicinity would be less than significant, and less than under the Previous Project because of the reduced

development program under the Revised Project, and the resulting reduced average daily population at the proposed Cathedral Hill Campus.

3.9.4 ST. LUKE'S CAMPUS

*The Revised Project at the St. Luke's Campus 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, and 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. (**Less than significant**)*

*The Revised Project at the St. Luke's Campus would not include recreational facilities or require the construction or expansion of recreational facilities, which might have an adverse physical effect on the environment. (**Less than significant**)*

*The Revised Project at the St. Luke's Campus would not adversely affect existing recreational opportunities. (**Less than significant**)*

The Final EIR determined that the use of nearby recreational spaces by CPMC personnel at the St. Luke's Campus under the Previous Project would be expected to be spread over different times of day, 7 days a week. Visitors and patients would not be expected to substantially increase their use of nearby parks, because their visits to the proposed St. Luke’s Campus would be mainly focused on health care services. For these reasons, the Final EIR concluded that this impact would be less than significant under the Previous Project. The Revised Project would not change the analysis or conclusions in the discussion of recreational impacts in the Draft EIR, pages 4.10-34 to 4.10-54. The amount and types of open space would not change as a result of any of the revisions, nor would the demand for open space substantially increase. The less-than-significant impacts identified in the Final EIR would remain less than significant under the Revised Project. No new significant impacts would result from implementing the Revised Project rather than the Previous Project at the St. Luke’s Campus.

The Final EIR determined that, under the Previous Project, CPMC personnel, and to a lesser extent patients and visitors, might use surrounding parks and recreational facilities. However, the incremental increase in demand on nearby facilities associated with the proposed near-term projects (hospital and MOB/Expansion Building at St. Luke’s Campus) under the Previous Project would not result in the need to expand existing recreational facilities or construct new facilities, or to cause the physical deterioration of nearby parks and open spaces. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. The development program at the St. Luke's Campus under the Revised Project would be somewhat larger than under the Previous Project, but smaller than under Alternative 3A. It would result in a net increase of full-time equivalent (FTE) personnel from 2006 to 2030 as compared to existing conditions, as well as compared to the Previous Project. The Revised Project's increase in FTE personnel at the St. Luke's Campus could increase demand on local parks relative to the Previous Project, although demand would be less than under Alternative 3A. The Revised Project would result in net new residents in San Francisco; however, these residents would be dispersed throughout the City and would not place excessive demand on any specific neighborhood park. Impacts on recreational facilities would be less than significant, although greater than under the Previous Project (but less than under Alternative 3A). As under the Previous Project and Alternative 3A, the impact would be less than significant, and no mitigation measures would be required at the St. Luke's Campus under the Revised Project.

3.10 PUBLIC SERVICES

3.10.1 CATHEDRAL HILL CAMPUS

*The Revised Project 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 fire and emergency services facilities, schools, or libraries to maintain acceptable service ratios, response times, and/or other performance objectives. (**Less than significant**)*

*The Revised Project 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. (**Less than significant with mitigation**)*

Under both the Previous and Revised Project, existing buildings would be demolished and new buildings constructed at the proposed Cathedral Hill Campus. The reduced-size proposed Cathedral Hill Campus Hospital under the Revised Project, similar to Alternative 3A, would require less construction and would accommodate less employment than the hospital proposed under the Previous Project. The increase in employment at this campus, compared to existing conditions, would increase San Francisco's population, as a portion of net new CPMC workers would relocate to the city. Under both the Previous Project and Revised Project, CPMC would be required to comply with all applicable provisions of San Francisco's building and fire codes. Construction activities could result in increased demand for police services, if construction caused traffic conflicts requiring San Francisco Police Department (SFPD) response. However, as under the Previous Project, Mitigation Measure M-PS-N2 (see Draft EIR page 4.11-25) would require CPMC to implement a construction management traffic plan for the Revised Project. Implementing this mitigation measure under the Revised Project would reduce potential impacts on SFPD services to a less-than-significant level, and less than under the Previous Project.

Under the Revised Project, the number of FTE personnel at the proposed Cathedral Hill Campus would increase at this site over existing conditions and uses, but this increase would be less than under the Previous Project. As a result, the number of new residents dispersed throughout the city could increase compared to existing conditions, although not to the same extent as under the Previous Project. As under the Previous Project, this increase would not place undue demand on any one public service facility (see Draft EIR page 4.11-20).

The number of FTE personnel would increase at the proposed Cathedral Hill Campus under the Revised Project, but not to the same extent as under the Previous Project because of the reduced development. Therefore, as with the Previous Project, implementing the Revised Project at the proposed Cathedral Hill Campus would not result in a substantial adverse physical impact associated with the provision of, or the need for, new or physically altered fire and emergency service facilities, police facilities, schools, or libraries (see Draft EIR pages 4.11-17 to 4.11-35). Project-level and cumulative impacts on public services would be less than significant with mitigation incorporated under the Revised Project, and less than under the Previous Project because of the reduced development program at this campus.

3.10.2 ST. LUKE'S CAMPUS

*The Revised Project at the St. Luke's Campus 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, schools, or libraries to maintain acceptable service ratios, response times, and/or other performance objectives. (**Less than significant**)*

*The Revised Project at the St. Luke's 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. (**Less than significant**)*

Under both the Previous and Revised Project, existing buildings would be demolished and new buildings constructed at the St. Luke's Campus. Under the Revised Project, similar to Alternative 3A, the development program for the St. Luke's Campus would be greater than under the Previous Project, although less than under Alternative 3A. The additional employees, patients and visitors at the campus would result in additional demand for public services at the St. Luke's Campus, compared to the Previous Project and existing conditions, but less than analyzed under Alternative 3A. Although greater, this demand would be accounted for within services to the area as is expected in dense urban areas. As under the Previous Project, the increase in personnel at this campus would cause San Francisco's population to increase, because a portion (49%) of new CPMC workers would be expected to relocate to the city (see Draft EIR page 4.11-20). As under the Previous Project, CPMC's Revised Project would be required to comply with all applicable provisions of San Francisco's building and fire codes.

The number of FTE personnel at the St. Luke's Campus would increase with implementation of the Revised Project. This increase would be greater than the increase under the Previous Project and less than under Alternative 3A. Because of the increased development under the Revised Project, FTE personnel at the St. Luke's Campus would be greater than under the Previous Project. The St. Luke's Campus would therefore have more FTE personnel under the Revised Project than under the Previous Project.

As a result, the number of new residents dispersed throughout San Francisco could increase. Implementing the Revised Project at the St. Luke's Campus would result in more housing and more residents than the Previous Project at St. Luke's, but fewer than under Alternative 3A. However, as under the Previous Project and Alternative 3A, this increase would not place undue demand on any one public service facility. The potential increase in demand for public services would also be offset by the decrease in employment at the proposed Cathedral Hill Campus under the Revised Project (see Draft EIR page 4.11-20). Therefore, implementing the Revised Project would not result in a substantial adverse physical impact associated with the provision of, or the need for, new or physically altered fire and emergency service facilities, police facilities, schools, or libraries. No mitigation measures are required at the St. Luke's Campus under the Revised Project. Project-level and cumulative impacts on public services would be less than significant, but greater than under the Previous Project because of the increased development program at this campus under the Revised Project (although less than under Alternative 3A).

3.11 UTILITIES AND SERVICE SYSTEMS

3.11.1 CATHEDRAL HILL AND ST. LUKE'S CAMPUSES

Similar to the analysis of the Previous Project, the analysis of the Revised Project considers the utilities and service systems demand based on the overall changes at all five CPMC campuses.

*The Revised Project would not exceed wastewater treatment requirements of the applicable regional water quality control board. (**Less than significant**)*

As under the Previous Project, CPMC's Revised Project would comply with City requirements by preparing a storm water pollution prevention plan (SWPPP) for each campus and incorporating construction BMPs. The changes in uses within the buildings at the CPMC campus sites would not substantially change the quality of wastewater discharged from the buildings. The proposed Cathedral Hill Campus would experience the biggest change in type of use, where a hotel would be replaced by a hospital, but the change would be less extensive under the Revised Project than under the Previous Project because of the reduced-size proposed Cathedral Hill Campus Hospital (similar to under Alternative 3A). This change would not adversely alter the quality of wastewater discharged from the CPMC campus sites such that the receiving wastewater treatment plant would be at risk of violating treatment requirements. The Revised Project would be similar to the Previous Project, as discussed under "Utilities and Services Systems" (see Draft EIR page 4.12-25), hazardous materials and wastes would be properly stored, used, and disposed of in accordance with current CPMC permits and regulated under the authority of the San Francisco Hazardous Materials Unified Program Agency (HMUPA). As a result, the Revised Project would not result in an exceedance of the San Francisco Bay RWQCB's wastewater treatment requirements. The impact under the Revised Project would be less than significant, as under the Previous Project.

*The Revised Project 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. (**Less than significant**)*

The Final EIR determined that the water demand associated with the Previous Project would not result in a requirement for major expansion of the water utility system, and implementation of the Previous Project would not require new water facilities or the expansion of existing facilities. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. Overall, water demand generated at the CPMC campuses under the Revised Project would be similar to the demand generated under the Previous Project (and similar to under Alternative 3A). Water demand at the Pacific and Davies Campuses would be the same as under the Previous Project since there would be no changes at either campus as part of the Revised Project. Since the scale of development at the St. Luke's Campus would increase, water demand at the St. Luke's Campus would be greater under the Revised Project than under the Previous Project. On the other hand, since the scale of development at the Cathedral Hill Campus would decrease, water demand at the Cathedral Hill Campus would be less under the Revised Project than under the Previous Project. CPMC would continue to comply with City regulations for stormwater management and incorporate LEED® design standards into new buildings under the Revised Project. Therefore, the overall water demand at CPMC campuses under the Revised Project would be similar to, although slightly less than, demand under the Previous Project. The Revised Project would not require new water facilities, expansion of existing facilities, or any new or expanded water entitlements. Therefore, similar to the Previous Project, impacts on water facilities would be less than significant under the Revised Project (see Draft EIR page 4.12-29).

*The Revised Project would not require or result in the construction of new wastewater treatment or stormwater drainage facilities or expansion of existing facilities, the construction of which could cause significant environmental effects. (**Less than significant**)*

The Final EIR concluded that the Previous Project would not require or result in the construction of new wastewater treatment facilities or expansion of existing facilities and, therefore, this impact would be less than significant. The CPMC campuses are within the City's combined sewer system and are served by existing wastewater and stormwater lines. As under the Previous Project, stormwater discharges from these sites under the Revised Project would decrease relative to existing conditions; CPMC would comply with City regulations that would reduce stormwater discharges from the campus sites by 25 percent by implementing Low Impact Development (LID) measures or green building features (see Draft EIR page 4.12-32). The Revised Project would not require or result in the construction of new wastewater treatment facilities or expansion of existing facilities. Therefore, as under the Previous Project, impacts on wastewater and stormwater treatment facilities under the Revised Project would be less than significant.

*SFPUC would have sufficient water supplies to serve the Revised Project from existing entitlements and resources. No new or expanded entitlements would be needed. (**Less than significant**)*

The Final EIR determined that (1) the San Francisco Public Utilities Commission (SFPUC) had included the water demands associated with the Previous Project in San Francisco's future water demands, (2) the Previous Project would not result in major expansion of the water utility system, and (3) SFPUC would not require any new or expanded entitlements to provide water to the CPMC campuses under the Previous Project. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. As under the Previous Project and Alternative 3A, SFPUC would have sufficient water supplies to serve the Revised Project from existing entitlements and resources, and this impact would be less than significant.

*The Revised Project would be served by a landfill with sufficient permitted capacity to accommodate its solid waste disposal needs. (**Less than significant**)*

The Final EIR concluded that under the Previous Project, CPMC would comply with City recycling requirements and green building policies, as applicable; therefore, this impact would be less than significant. Solid waste would be generated during demolition of existing buildings under the Revised Project, resulting in a short term increase in solid waste. However, as with the Previous Project, compliance with the City's Construction and Demolition (C&D) Ordinance (No. 27-06) would result in a diversion rate of approximately 65 percent; in addition, compliance with other City required regulations would reduce the amount of solid waste generated at this site and ultimately disposed of at area landfills. Because CPMC would implement recycling efforts and comply with City recycling requirements, this impact would be less than significant and similar to that under the Previous Project during construction and operation. As with the Previous Project, CPMC would comply with federal, state, and local statutes and regulations related to solid waste under the Revised Project.

3.11.1.1 SUMMARY OF UTILITY AND SERVICE SYSTEM IMPACTS UNDER THE REVISED PROJECT

As under the Previous Project (and similar to Alternative 3A), no mitigation measures would be required at the proposed Cathedral Hill and St. Luke's Campuses under the Revised Project. Project-level and cumulative impacts on utilities and service systems would be less than significant, and similar to impacts of the Previous Project.

3.12 BIOLOGICAL RESOURCES

3.12.1 CATHEDRAL HILL CAMPUS

*Tree and shrub removal and vegetation clearing required at the Cathedral Hill Campus during construction of the Revised Project may potentially disturb nesting birds and could result in the destruction of bird nests. (**Less than significant with mitigation**)*

The Final EIR indicated that under the Previous Project, construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. The Final EIR concluded that implementation of Mitigation Measure M-BI-N1 would reduce this impact to a less-than-significant level under the Previous Project. As under the Previous Project, all of the trees at the site of the proposed Cathedral Hill Campus Hospital currently occupied by the Cathedral Hill Hotel and 1255 Post Street Office Building, and at the site of the proposed Cathedral Hill Campus MOB (seven of which were identified as significant trees) would be removed during demolition under the Revised Project. Any birds nesting in trees on campus could be disturbed by demolition activities.

Demolition-related activity and construction equipment could result in a potentially significant impact on nesting birds. Mitigation Measure M-BI-N1 (see Draft EIR page 4.13-19 in Section 4.13, "Biological Resources") would require preconstruction surveys during the nesting season (February through August) before demolition and construction activities. If active nests are located during such surveys, Mitigation Measure M-B1-N1 would require implementation of measures which may include prohibiting construction within buffer areas around active nests, modifying construction activities, and/or removing or relocating nests. As under the Previous Project (and Alternative 3A), implementation of this measure under the Revised Project would reduce this impact to a less-than-significant level.

*The Revised Project at the Cathedral Hill Campus would require removal of protected trees during construction. (**Less than significant**)*

The Final EIR determined that implementation of the Previous Project at the proposed Cathedral Hill Campus would comply with all of the City's regulations related to tree protection and, therefore, this impact would be less than significant. Demolition and construction activities would require the removal of protected trees at the proposed Cathedral Hill Campus. As under the Previous Project, the excavation and construction of the Van Ness Avenue pedestrian tunnel would damage or require removal of a portion of the landscaping in the street median. However, CPMC would be required to submit a tree protection plan to the City and implement the plan for trees that could be affected by construction of the proposed Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, and Van Ness Avenue pedestrian tunnel. As under the Previous Project, CPMC would obtain a permit for tree removal from the City and County of San Francisco Department of Public Works (DPW), consistent with Article 16, "Urban Forestry Ordinance," of the San Francisco Public Works Code. In addition, pursuant to Section 143 of the San Francisco Planning Code, CPMC would have to ensure that an appropriate replacement tree for each street tree removed would be planted on the project site or along the street, or would have to pay an in-lieu fee. As under the Previous Project, implementation of the tree protection plan and compliance with applicable regulations would reduce impacts on street and significant trees at the proposed Cathedral Hill Campus site to a less-than significant level under the Revised Project.

3.12.1.1 SUMMARY OF BIOLOGICAL RESOURCES IMPACTS AT THE CATHEDRAL HILL CAMPUS

The Final EIR determined that, because the Cathedral Hill Campus is located in a dense, long-developed, urban area and does not contain any waters, wetland, riparian habitat, or other sensitive habitat; no significant cumulative impacts were anticipated under the Previous Project. Although the urban landscaping of the campus provides some habitat value for protected wildlife (primarily shelter for birds), urban landscape habitat of similar quality can be found throughout San Francisco. The Final EIR determined that with implementation of Mitigation Measure M-BI-N1, the Previous Project's contribution to the overall cumulative effect would be reduced. Therefore, the Final EIR concluded that cumulative impacts related to biological resources would be less than significant under the Previous Project. As under the Previous Project, implementation of Mitigation Measure M-BI-N1 would be required under the Revised Project. Project-level and cumulative impacts on biological resources at the proposed Cathedral Hill Campus would be less than significant under the Revised Project, and similar to those under the Previous Project.

3.12.2 ST. LUKE'S CAMPUS

*Tree and shrub removal and vegetation clearing required at the St. Luke's Campus during construction of the Revised Project may potentially disturb nesting birds and could result in the destruction of bird nests. (**Less than significant with mitigation**)*

The Final EIR indicated that construction-related activity and construction equipment moving around the St. Luke's Campus under the Previous Project could temporarily disturb roosting birds on the campus sand within the immediate vicinity. The Final EIR concluded that implementation of Mitigation Measure M-BI-N1 would reduce this impact to a less-than-significant level under the Previous Project. As under the Previous Project, the demolition of the existing hospital tower under the Revised Project could affect eight trees adjacent to the structure, five of which have been identified as significant. The landmark fig tree present on campus, near the 1957 Building, is less than 50 feet from the existing hospital tower and could be affected by the hospital demolition if preventative measures are not taken. Therefore, as under the Previous Project, implementation of Improvement Measure I-BI-N2 (see Draft EIR page 4.13-27) related to protection of the landmark fig tree would be required under the Revised Project. As under the Previous Project, 27 perimeter trees would be removed during construction of the St. Luke's Campus Hospital on the site of the existing 3615 Cesar Chavez Street **s**urface parking lot. Any birds nesting in affected trees on campus could be disturbed by demolition activities. Demolition-related activity and construction equipment under the Revised Project could constitute a potentially significant impact on nesting birds. Implementation of Mitigation Measure M-BI-N1 (see Draft EIR page 4.13-19) would require preconstruction surveys before demolition and construction activities during the nesting season (February through August). If active nests are located during such surveys, Mitigation Measure M-B1-N1 would require implementation of measures which may include prohibiting construction within buffer areas around active nests, modifying construction activities, and/or removing or relocating nests. Implementation of this mitigation measure would reduce this impact to a less-than-significant level.

*The Revised Project at the St. Luke's Campus would require removal of protected trees during construction. (**Less than significant**)*

The Final EIR concluded that implementation of the Previous Project at the St. Luke's Campus would comply with the City's Urban Forestry Ordinance, and, therefore, this impact would be less than significant under the Previous Project. Demolition and construction activities would require the removal of significant trees at the St. Luke's Campus under both the Previous Project and Revised Project. CPMC

would be required to submit a tree protection plan to the City and implement the plan for trees that could be affected by construction. As under the Previous Project, CPMC would obtain a permit for tree removal from DPW, consistent with Article 16, "Urban Forestry Ordinance," of the San Francisco Public Works Code. In addition, pursuant to Section 143 of the San Francisco Planning Code, CPMC would have to ensure that an appropriate replacement tree for each street tree removed would be planted on the project site or along the street, or would have to pay an in-lieu fee (see Draft EIR page 4.13-26). As under the Previous Project, implementation of the tree protection plan and compliance with applicable regulations under the Revised Project would reduce impacts on street and significant trees to a less-than-significant level.

3.12.2.1 SUMMARY OF BIOLOGICAL RESOURCES IMPACTS AT THE ST. LUKE'S CAMPUS

The Final EIR concluded that, because the St. Luke's Campus is located in a dense, long-developed, urban area and does not contain any waters, wetland, riparian habitat, or other sensitive habitat; no significant cumulative impacts were anticipated under the Previous Project. Although the urban landscaping of the campus provides some habitat value for protected wildlife (primarily shelter for birds), urban landscape habitat of similar quality can be found throughout San Francisco. The Final EIR concluded that with implementation of Mitigation Measure M-BI-N1, the Previous Project's contribution to the overall cumulative effect would be reduced. Therefore, the Final EIR concluded that cumulative impacts related to biological resources would be less than significant under the Previous Project. As under the Previous Project, implementation of Mitigation Measure M-BI-N1 (see Draft EIR page 4.13-19) would be required under the Revised Project. Project-level and cumulative impacts on biological resources at St. Luke's under the Revised Project would be less than significant, similar to under the Previous Project.

3.13 GEOLOGY AND SOILS

3.13.1 CATHEDRAL HILL CAMPUS

The Revised Project at the Cathedral Hill Campus 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. ***(Less than significant)***

The Final EIR determined that development of the proposed Cathedral Hill Campus under the Previous Project would not affect the potential for exposure to the risk of loss, injury, or death related to ground shaking. The Final EIR concluded that the required permit review procedures by DBI would ensure that this impact related to both surface rupture and ground shaking would be less than significant under the Previous Project. Under the Revised Project, the development footprint of the proposed Cathedral Hill Campus would be the same as under the Previous Project. The potential for fault rupture at the Cathedral Hill Campus site is low, and new earthquake fault zones are unlikely to be designated in the near future. Under the Revised Project, the reduced-size Cathedral Hill Campus Hospital would be in full compliance with Senate Bill (SB) 1953 and SB 1661 and would provide acute-care services. As under the Previous Project, the reduced-size Cathedral Hill Campus Hospital proposed under the Revised Project would be required to comply with the seismic standards of the California Building Standards Code; the hospital must be designed and constructed in accordance with the site-specific seismic design requirements presented in applicable geotechnical investigations, consultations, and evaluations determined by the Probabilistic Seismic Hazard Analyses (PSHAs) and Deterministic Seismic Hazard Analyses (DSHAs) for the site. In addition, the Office of Statewide Health Planning and Development (OSHPD) would review the new hospital's building permit applications for compliance with the California Building

Standards Code. As under the Previous Project, the proposed Cathedral Hill Campus MOB and Van Ness Avenue pedestrian tunnel would also be required to comply with the seismic standards of the California Building Standards Code, the Department of Building Inspection (DBI), and the San Francisco Building Code (SFBC). Therefore, as under the Previous Project, impacts related to ground shaking at the proposed Cathedral Hill Campus would be less than significant under the Revised Project (see Draft EIR, page 4.14-43).

*The Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

The Final EIR indicated that the geotechnical investigations for the proposed Cathedral Hill Campus under the Previous Project determined that because no continuous potentially liquefiable layers were observed at the campus site, the potential for lateral spreading was very low. Therefore, the Final EIR concluded that impacts related to potential for lateral spreading and liquefaction would be less than significant under the Previous Project. The proposed Cathedral Hill Campus would not be located within a liquefaction hazard zone as established by the California Geological Survey, but would be within an area that has "moderate" susceptibility to liquefaction as mapped by the U.S. Geological Survey. A geotechnical investigation at the Cathedral Hill Campus Hospital site determined a layer of medium-dense clayey sand to be potentially liquefiable. However, the geotechnical investigation determined that the layer is deep enough below the proposed basement that liquefaction within the layer would not affect the performance of the hospital's foundation.[19] As under the Previous Project, the soils beneath the groundwater table at the proposed Cathedral Hill Campus site, including the proposed Cathedral Hill Campus MOB and Van Ness Avenue pedestrian tunnel, consist of dense to very dense sand and clayey and silty sand, which would not be susceptible to liquefaction.[20, 21, 22] As under the Previous Project, because no continuous potentially liquefiable layers were observed at the campus site, the potential for lateral spreading would be low under the Revised Project and this impact would be less than significant.

*The Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

The Final EIR determined that foundation methods proposed for all structures at the Cathedral Hill Campus under the Previous Project would be consistent with the site-specific recommendations for footings, mats, lateral loads and pressures, piers, piles, floor slabs, underdrains, and subgrade elevations determined by the subsurface materials and groundwater elevations. Therefore, the Final EIR concluded that the impact related to seismic landslides would be less than significant at the Cathedral Hill Campus under the Previous Project. The proposed Cathedral Hill Campus is not located within an area susceptible

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[19] California Pacific Medical Center. 2004 (September 30). Geotechnical Investigation and Geologic Hazard Evaluation, hospital at the Cathedral Hill Campus, California Pacific Medical Center, San Francisco, California. San Francisco, CA. Prepared by Treadwell & Rollo, San Francisco, CA. Page 28.

[20] Ibid.

[21] California Pacific Medical Center. 2009 (October 2). Updated Geotechnical Investigation Report, Cathedral Hill Medical Office Building, California Pacific Medical Center, San Francisco, California. San Francisco, CA. Prepared by Treadwell & Rollo, San Francisco, CA. Page 19.

[22] California Pacific Medical Center. 2009 (March 24). Geotechnical Consultation, California Pacific Medical Center, Cathedral Hill Campus, Van Ness Avenue Connector Tunnel, San Francisco, California. San Francisco, CA. Prepared by Treadwell & Rollo, San Francisco, CA.

to seismically induced landslides. No landslides have been mapped on or near the proposed Cathedral Hill Campus, including the locations of the reduced-size Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, and Van Ness Avenue pedestrian tunnel. As under the Previous Project, because of the sloped nature of the site, excavation and construction activities for the reduced-size Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, and Van Ness Avenue pedestrian tunnel under the Revised Project could result in on-site seismic landsliding. However, as under the Previous Project, site-specific excavation support systems and design review would ensure that proper shoring and slope angles for temporary slopes and excavations are maintained during construction. Therefore, as under the Previous Project, impacts related to seismically induced landslides would be less than significant, because the campus would occupy the same footprint under the Revised Project (see Draft EIR, page 4.14-50).

*The Revised Project at the Cathedral Hill Campus would not result in substantial erosion or loss of topsoil. (**Less than significant with mitigation**)*

The Final EIR indicated that without proper controls at the Cathedral Hill Campus under the Previous Project, construction activities could expose loose soils to both wind and water erosion. The Final EIR concluded that implementation of Mitigation Measure M-GE-N4 at the proposed Cathedral Hill Campus would reduce Impact GE-4 to a less-than-significant level under the Previous Project. The proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB would be constructed on sites that are already developed. Construction-related activities such as excavation could result in erosion and loss of topsoil. Without proper controls, these activities would expose loose soils to both wind and water erosion, thus resulting in a potentially significant impact. However, Mitigation Measure M-GE-N4 (see Draft EIR page 4.14-54 in Section 4.14, "Geology and Soils") under the Revised Project would require a site-specific Storm Water Pollution Prevention Plan (SWPPP), which would reduce the potential for contaminants, sediments, or pollutants in stormwater runoff to enter the combined sewer system during construction. As under the Previous Project, implementation of this mitigation measure under the Revised Project would reduce the impact to a less-than-significant level. As under the Previous Project, impacts related to erosion or loss of topsoil would be less than significant under the Revised Project.

*The Revised Project at the Cathedral Hill Campus would not expose people or structures to the risk of loss, injury, or death involving ground failure, including densification or seismic settlement. (**Less than significant**)*

As explained in the Final EIR, the geotechnical investigations at the site of the proposed Cathedral Hill Campus determined that the sandy soil above the groundwater table beneath the site is sufficiently dense and/or cohesive for densification potential to be low. The sediment in the proposed Van Ness Avenue pedestrian tunnel would be susceptible to potential settlement of 1–2 inches; however, as under the Previous Project, the tunnel would extend below this zone under the Revised Project, and potential settlement would not affect this structure. As under the Previous Project, the ground adjacent to the proposed buildings on the Cathedral Hill Campus (streets, sidewalks, and landscaped areas) could potentially experience settlement of 1–3 inches. As under the Previous Project, the material in this area would not be excavated and replaced with engineered fill as part of the Revised Project. Utility connections could be severed should seismic settlement occur, impairing Cathedral Hill Campus operations after a seismic event. However, as under the Previous Project, the proposed project design for the Revised Project would include flexible connections between off-site utilities and the campus buildings. Therefore, as under the Previous Project, this impact would be less than significant under the Revised Project.

The Revised Project at the Cathedral Hill Campus 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. ***(Less than significant)***

The Final EIR determined that ground subsidence related to groundwater dewatering would not be expected to occur at the construction sites at the Cathedral Hill Campus under the Previous Project, and that construction would not induce a change in groundwater at adjacent streets and properties, indirectly resulting in ground subsidence. Thus, the Final EIR concluded that the impact related to subsidence would be less than significant under the Previous Project. The soils beneath the reduced-size Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, and Van Ness Avenue pedestrian tunnel would not be susceptible to subsidence. Accordingly, as under the Previous Project, the impact of the Revised Project related to subsidence would be less than significant.

The Revised Project at the Cathedral Hill Campus would not be located on expansive soil, nor would it be substantially affected by corrosive soils, and therefore would not create substantial risks to life or property. ***(Less than significant)***

The Final EIR concluded that construction of the proposed Cathedral Hill Campus under the Previous Project would not affect the probability of soil expansion or the corrosivity of soils at the campus sites, and, therefore, this impact would be less than significant under the Previous Project. In addition, the soils beneath the proposed Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, and Van Ness Avenue pedestrian tunnel were determined to have a low probability of sediment expansion. Therefore, as under the Previous Project, impacts related to expansive soils would be less than significant under the Revised Project. The deeper soils are considered "moderately corrosive" and upper soils considered "mildly corrosive." Therefore, subsurface concrete and reactive metal materials could be corroded through contact with soils over time. Also, under the Revised Project, as under the Previous Project, as part of standard engineering practices, all reinforced concrete and buried metallic piping at the proposed Cathedral Hill Campus would be properly protected against corrosion, as required. Impacts related to corrosive soils would be less than significant under both the Revised Project and the Previous Project with incorporation of protective construction measures.

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. ***(Less than significant)***

The Final EIR concluded that because all existing campuses connect into the municipal combined stormwater/sewer system and would remain connected, this impact would be less than significant under the Previous Project. The site of the proposed Cathedral Hill Campus is in a developed area; it is connected to the municipal sewer system and would remain connected under the Revised Project. No septic tanks would be required. As under the Previous Project, this impact would be less than significant.

The Revised Project at the Cathedral Hill Campus would not change substantially the topography or any unique geologic or physical features of the sites. ***(Less than significant)***

The Final EIR determined that although the amount of native soil and rock removed for below-grade excavation at the Cathedral Hill Campus under the Previous Project would be substantial, the change in topography would be entirely below grade and would not be visible. Additionally, it determined that no unique geologic features, such as rock outcroppings and notable hills, are present at the proposed Cathedral Hill Campus, and thus, such features would not be affected by the Previous Project. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. No unique geologic or physical features exist on the campus. Excavation, grading, and construction of the

new building would not change the grade of the surrounding vicinity. This impact would be similar to the impact of the Previous Project and would also be less than significant under the Revised Project.

3.13.1.1 SUMMARY OF GEOLOGY AND SOILS IMPACTS AT THE CATHEDRAL HILL CAMPUS

Under the Revised Project, project-level and cumulative geology and soils impacts at the proposed Cathedral Hill Campus would be less than significant and similar to those under the Previous Project. Mitigation measures required under the Previous Project would be also required for the Revised Project.

3.13.2 ST. LUKE'S CAMPUS

*The Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The Final EIR determined that development of the St. Luke's Campus under the Previous Project would not affect the potential for exposure to the risk of loss, injury, or death related to ground shaking. The Final EIR concluded that the required permit review procedures by DBI would ensure that this impact related to both surface rupture and ground shaking would be less than significant under the Previous Project. Under the Revised Project, the St. Luke's Campus Hospital would be in full compliance with SB 1953 as amended and would provide acute-care services. The St. Luke's Campus Hospital constructed under the Revised Project (as under the Previous Project) would be required to comply with the seismic standards of the California Building Standards Code and to implement site-specific seismic design requirements presented in applicable geotechnical investigations, consultations, and evaluations determined by the PSHAs and DSHAs for the site. In addition, OSHPD would review the new hospital's building permit applications for compliance with the California Building Standards Code. Under the Revised Project, the potential for fault rupture at the St. Luke's Campus site is low, and new earthquake fault zones are unlikely to be designated in the near future. Therefore, as under the Previous Project, impacts related to ground shaking at the St. Luke's Campus would be less than significant because the new buildings constructed under the Revised Project would comply with applicable seismic standards (see Draft EIR, page 4.14-43).

*The Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The Final EIR determined that the dense to very dense sand beneath the area of the proposed St. Luke's Campus Hospital under the Previous Project would not be susceptible to liquefaction and, because no potentially liquefiable layers were observed at the campus, the potential for lateral spreading would be very low. Therefore, the Final EIR concluded that impacts related to potential for lateral spreading and liquefaction would be less than significant under the Previous Project. The St. Luke's Campus MOB would be the same under the Revised Project as under the Previous Project, and would be built on the northeast portion of the St. Luke's Campus (i.e., the site of the former St. Luke's Hospital tower, which would be demolished under both the Previous Project and the Revised Project). The St. Luke's Campus has medium-dense clayey and silty sand that is liquefiable; liquefaction-induced settlement could occur in

this area during a major earthquake on a nearby fault.[23] As under the Previous Project, the area of the St. Luke's Campus Hospital under the Revised Project would not be susceptible to liquefaction. However, the loose to medium-dense sand and gravel above and below the groundwater level at the St. Luke's Campus MOB area would be removed in its entirety and/or replaced with engineered fill, as under the Previous Project. As under the Previous Project, impacts at the St. Luke's Campus related to liquefaction, lateral spreading, and densification/seismic settlement would be less than significant under the Revised Project.

*The Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The Final EIR determined that foundation methods proposed for all structures at the St. Luke's Campus under the Previous Project would be consistent with the site-specific recommendations for footings, mats, lateral loads and pressures, piers, piles, floor slabs, underdrains, and subgrade elevations determined by the subsurface materials and groundwater elevations. Therefore, the Final EIR concluded that at the St. Luke's Campus, the impact related to seismic landslides would be less than significant under the Previous Project. The St. Luke's Campus has no evidence of past or ongoing landslide activity. Therefore, as under the Previous Project, impacts related to seismic and a seismically induced landslide would be less than significant under the Revised Project (see Draft EIR, page 4.14-50).

*The Revised Project at the St. Luke's Campus would not result in substantial erosion or loss of topsoil. (**Less than significant with mitigation**)*

The Final EIR determined that, without proper controls at the St. Luke's Campus under the Previous Project, construction activities could expose loose soils to both wind and water erosion. The Final EIR concluded that implementation of Mitigation Measure M-GE-N4 at the St. Luke's Campus would reduce this impact to a less-than-significant level under the Previous Project. The St. Luke's Campus development under the Revised Project would be constructed on sites on campus that are already developed. Construction-related activities such as excavation could result in erosion and loss of topsoil. Without proper controls, these activities would expose loose soils to both wind and water erosion, resulting in a potentially significant impact. However, as under the Previous Project, implementation of Mitigation Measure M-GE-N4 (see Draft EIR page 4.14-54) would require a site-specific SWPPP, which would reduce the potential for contaminants, sediments, or pollutants in stormwater runoff to enter the combined sewer system during construction. Impacts under the Revised Project related to erosion or loss of topsoil would be less than significant after mitigation is incorporated. However, impacts would be slightly greater than under the Previous Project because of the increased development program at St. Luke's under the Revised Project, but less than under Alternative 3A.

*The Revised Project at the St. Luke's Campus would not expose people or structures to the risk of loss, injury, or death involving ground failure, including densification or seismic settlement. (**Less than significant**)*

The subsurface materials in the vicinity of the proposed St. Luke's Campus Hospital are generally too clayey and dense for seismic settlement to occur. As under the Previous Project, the potential for effects

[23] California Pacific Medical Center. 2010. Geology and Geotechnical Input for Environmental Impact Report, Medical Office Building, St. Luke's Replacement Hospital, San Francisco, CA. San Francisco, CA. Prepared by Treadwell & Rollo, San Francisco, CA. Page 10.

on soil beneath the St. Luke's Campus MOB would be removed during site grading. As under the Previous Project, this impact would be less than significant under the Revised Project.

The Revised Project at the St. Luke's Campus 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. ***(Less than significant with mitigation)***

The Final EIR determined that under the Previous Project, dewatering had the potential to result in ground subsidence at the St. Luke's Campus MOB and utility routes sites and at adjacent streets and properties as overlying soil loses support from the volume of the water. The Final EIR determined that implementation of Mitigation Measure M-GE-N6 at the St. Luke's Campus would reduce the impact related to subsidence to a less-than-significant level under the Previous Project. Implementing this measure would prevent significant subsidence impacts through monitoring of surrounding improvements during dewatering activities and would require the immediate recharge or alteration of dewatering activities to halt settlement, should it occur. Excavation activities during construction under the Revised Project could encounter groundwater at the sites of the St. Luke's Campus Hospital, and St. Luke's Campus MOB, which would require dewatering. However, implementation of Mitigation Measure M-GE-N6 (see Draft EIR page 4.14-62), which would require a geotechnical report to be prepared to address potential subsidence impacts of dewatering, would reduce this impact to a less-than-significant level. Impacts at the St. Luke's Campus would be slightly greater under the Revised Project than under the Previous Project, because of the increased development program under the Revised Project, but less than under Alternative 3A and less-than-significant with mitigation.

The Revised Project at the St. Luke's Campus would not be located on expansive soil, nor would it be substantially affected by corrosive soils, and therefore would not create substantial risks to life or property. ***(Less than significant)***

The Final EIR concluded that construction of the St. Luke's Campus under the Previous Project would not affect the probability of soil expansion or the corrosivity of soils at the campus sites and, therefore, this impact would be less-than-significant under the Previous Project. The soils at the St. Luke's Campus are considered "moderately corrosive" to "mildly corrosive." The clayey fill and topsoil might also be expansive, specifically within the northernmost one-third of the campus, where the St. Luke's Campus Hospital and St. Luke's Campus MOB would be constructed under both the Previous Project and the Revised Project. As under the Previous Project, impacts related to expansive soil would be less than significant at the site of the new buildings, because the excavation area for the St. Luke's Campus Hospital and St. Luke's Campus MOB would extend below the expansive soils on the northern portion of the site. Also, under the Revised Project, as under the Previous Project—and as part of standard engineering practices—all reinforced concrete and buried metallic piping at the St. Luke's Campus would be properly protected against corrosion, in accordance with the critical nature of the structure. Impacts related to corrosive soils would be less than significant under both the Revised Project and the Previous Project.

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. ***(Less than significant)***

The Final EIR concluded that all existing campuses connect into the municipal combined stormwater/sewer system and would remain connected under the Previous Project; therefore, this impact would be less than significant under the Previous Project. The St. Luke's Campus is connected to the municipal sewer system and would remain connected under the Revised Project. No septic tanks would be required. As under the Previous Project, this impact would be less than significant.

*The Revised Project at the St. Luke's Campus would not change substantially the topography or any unique geologic or physical features of the sites. (**Less than significant**)*

The Final EIR determined that, although the amount of native soil and rock removed for below-grade excavation at the St. Luke's Campus under the Previous Project would be substantial, the change in topography would be entirely below grade and would not be visible. Additionally, it determined that no unique geologic features, such as rock outcroppings and notable hills, are present at the St. Luke's Campus, and thus, such features would not be affected by the Previous Project. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. No unique geologic or physical features exist on the St. Luke's Campus. Excavation, grading, and construction of the new buildings would not change the grade of the surrounding area. This impact would be less than significant, but slightly greater than that under the Previous Project because of the additional 9,000 cubic yards of excavation, although less than under Alternative 3A.

3.13.2.1 SUMMARY OF GEOLOGY AND SOILS IMPACT AT THE ST. LUKE'S CAMPUS

Under the Revised Project, project-level and cumulative geology and soils impacts at the St. Luke's Campus would be less than significant, but slightly greater than those under the Previous Project (although less than under Alternative 3A), because of the increased development program at this campus under the Revised Project. Mitigation measures required under the Previous Project would also be required for the Revised Project.

3.14 HYDROLOGY AND WATER QUALITY

3.14.1 CATHEDRAL HILL CAMPUS

*Dewatering activities during project construction could temporarily lower the local groundwater table, but the Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

The Final EIR concluded that construction and long-term operations under the Previous Project at the proposed Cathedral Hill Campus would not substantially deplete groundwater supplies or interfere substantially with groundwater recharge and, therefore, this impact would be less than significant under the Previous Project. The site of the proposed Cathedral Hill Campus is currently highly developed with impervious surfaces or hardscape. Construction of the reduced-size Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB could result in increases in impervious surfaces. However, green roofs on both buildings would reduce the level of impervious surfaces at the site and, therefore, the Revised Project would not substantially obstruct or affect groundwater recharge.

*The proposed construction activities at the Cathedral Hill Campus 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 could contribute to the frequency or severity of combined sewer overflow events or flooding on- or off-site. (**Less than significant with mitigation**)*

The Final EIR determined that the total or peak runoff volume from the Cathedral Hill Campus site could increase without implementation of LID stormwater management controls under the Previous Project, which would contribute to the frequency or severity of combined sewer overflow (CSO) events. The Final EIR concluded that implementing Mitigation Measure M-HY-N2 at the proposed Cathedral Hill Campus under the Previous Project would reduce Impact HY-2 to a less-than-significant level, because stormwater

runoff from the site would be reduced by 25 percent relative to existing conditions. The development program at the proposed Cathedral Hill Campus under the Revised Project would be less intense than under the Previous Project. The reduced-size Cathedral Hill Campus Hospital would be shorter in height than under the Previous Project. However, the demolition and construction would require removal of the same amount of vegetated buffer areas as under the Previous Project, resulting in the same amounts of impervious surface at the proposed campus. The total or peak runoff volume could increase without implementation of LID stormwater management controls. The total or peak runoff volume from the proposed Cathedral Hill Campus compared to existing conditions could contribute to an increased frequency or severity of CSO events. This impact would be the same under both the Revised Project and the Previous Project because the building footprints and the amounts of impervious surface at the proposed Cathedral Hill Campus would be the same. Mitigation Measure M-HY-N2 (see Draft EIR page 4.15-31 in Section 4.15, "Hydrology and Water Quality") would require the preparation of a stormwater management design plan focusing on LID strategies and BMPs. As under the Previous Project, implementing this measure at the proposed Cathedral Hill Campus under the Revised Project would reduce the impact related to total or peak runoff volumes, to a less-than-significant level.

*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. (**Less than significant with mitigation**)*

The Final EIR determined that because of the large number of vehicles that would enter and exit the construction sites at the Cathedral Hill Campus under the Previous Project, the potential existed for loose soil to adhere to the vehicle tires. Upon exiting the construction site, the soil would be deposited on surface streets, where it would be discharged into the storm drains. The FEIR concluded that implementing Mitigation Measure M-HY-N3 at the proposed Cathedral Hill Campus would reduce Impact HY-3 to a less-than-significant level under the Previous Project. Construction of the new buildings would require excavation for the associated below-grade levels. Soil stockpiles and excavated portions of the site would be exposed to runoff if not managed properly, resulting in erosion and sedimentation being carried into the combined sewer system. This impact would be the same under the Revised Project as under the Previous Project, because the amount of excavation would be the same. As under the Previous Project, this impact would be less than significant under the Revised Project with implementation of Mitigation Measure M-HY-N3.

*Changes in the intensity of land use and increases in impervious surfaces at the CPMC campuses could result in degradation of the quality of stormwater discharged to the combined sewer. (**Less than significant**)*

The Final EIR determined that the new construction under the Previous Project would reduce pollutant loading from the proposed Cathedral Hill Campus. In addition, no streams or river courses are currently located within the proposed Cathedral Hill Campus; therefore, implementation of near-term projects would not alter a stream or river course. For those reasons, the Final EIR concluded that this impact would be less than significant under the Previous Project. Changes in the amount of impervious surfaces at the Cathedral Hill Campus under the Revised Project would be the same as under the Previous Project. Therefore, this impact would also be less than significant under the Revised Project.

*Construction of the Revised Project at the Cathedral Hill Campus would not place any buildings or structures within a designated 100-year flood hazard area. (**Less than significant**)*

The Final EIR determined that implementation of the Previous Project at the Cathedral Hill Campus would not impede or redirect flood flows, and flooding as a result of dam or reservoir failure would not

occur because the CPMC campuses are all located in urban areas with no nearby dams or reservoirs. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. In addition, he Cathedral Hill Campus is not located within a 100-year flood hazard area. Therefore, as under the Previous Project, this impact would be less-than-significant under the Revised Project.

*Construction of the Revised Project at the Cathedral Hill Campus would not expose people or structures to risks from inundation by seiche, tsunami, or mudflow. (**Less than significant)***

The Final EIR concluded that under the Previous Project, all existing and proposed CPMC campus sites would be outside of delineated seiche, tsunami, and landslide hazard areas. Therefore, the Revised Project, like the Previous Project, would not expose people or structures to substantial risk of loss, injury, or death involving inundation by seiche, tsunami, or mudflow.

3.14.1.1 SUMMARY OF HYDROLOGY AND WATER QUALITY IMPACTS AT THE CATHEDRAL HILL CAMPUS

As under the Previous Project, implementation of Mitigation Measures M-HY-N2 and M-HY-N3 at the proposed Cathedral Hill Campus would be required under the Revised Project. Under the Revised Project, project-level and cumulative hydrology and water quality impacts at Cathedral Hill would be less-than-significant, and the same or less than those under the Previous Project because of the reduced development program.

3.14.2 ST. LUKE'S CAMPUS

*Dewatering activities during project construction could temporarily lower the local groundwater table, but the Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The Final EIR concluded that construction and long-term operations under the Previous Project at the St. Luke’s Campus would not substantially deplete groundwater supplies or interfere substantially with groundwater recharge and, therefore, this impact would be less than significant. The St. Luke’s Campus is currently highly developed with impervious surfaces or hardscape. Construction of the new facilities would result in minor increases in impervious surfaces under the Revised Project, but these minor increases would not substantially obstruct or affect groundwater recharge given the degree of impervious surfaces already on campus. These minor increases would be essentially the same under the Revised Project as under the Previous Project, because the development footprint would be substantially the same. As under the Previous Project, dewatering activities at the St. Luke’s Campus under the Revised Project would be temporary, but would be slightly greater in extent because of the minor increase in the amount of excavation (but less than under Alternative 3A). Construction of the new buildings at the St. Luke’s Campus under the Revised Project would result in a temporary less-than-significant impact on groundwater supplies, but the impact would be slightly greater than under the Previous Project because of the minor increase in the amount of excavation (but less than under Alternative 3A (see Draft EIR page 4.15-28).

*The proposed construction activities at the St. Luke's Campus 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 could contribute to the frequency or severity of combined sewer overflow events or flooding on- or off-site. (**Less than significant with mitigation**)*

The Final EIR determined that the total or peak runoff volume from the St. Luke's Campus under the Previous Project could increase without implementation of LID stormwater management controls, which could contribute to the frequency or severity of CSO events. The Final EIR concluded that implementation of Mitigation Measure M-HY-N2 at the proposed St. Luke's Campus under the Previous Project would reduce Impact HY-2 to a less-than-significant level because stormwater runoff from the site would be reduced by 25 percent relative to existing conditions. Impervious surfaces at the site would be substantially similar under the Revised Project as under the Previous Project because the development footprint would be substantially the same. Without implementation of LID stormwater management controls, the total or peak runoff volume from the St. Luke's Campus could increase compared to existing conditions, which could contribute to an increased frequency or severity of CSO events. This impact would be similar under the Revised Project and the Previous Project. Mitigation Measure M-HY-N2 (see Draft EIR page 4.15-31) would require the preparation of a stormwater management design plan focusing on LID strategies and BMPs. Implementing this measure would reduce the impact related to increased total or peak runoff volumes to a less-than-significant level under the Revised Project, similar to the Previous Project.

*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. (**Less than significant with mitigation**)*

The Final EIR determined that because of the large number of vehicles that would enter and exit the construction sites at the St. Luke's Campus under the Previous Project, the potential exists for loose soil to adhere to the vehicle tires. Upon exiting the construction site, the soil would be deposited on surface streets, where it would be discharged into the storm drains. The Final EIR concluded that implementing Mitigation Measure M-HY-N3 at the St. Luke's Campus under the Previous Project would reduce this impact to a less-than-significant level. Construction of the new buildings under the Revised Project would require a somewhat greater amount of excavation than would be required under the Previous Project. Soil stockpiles and excavated portions of the site would be exposed to runoff if not managed properly, causing erosion and sedimentation to be carried into the combined sewer system. Mitigation Measure M-HY-N3 (see Draft EIR page 4.15-36) would require a site-specific SWPPP at the St. Luke's Campus under the Revised Project, as under the Previous Project. Implementation of the SWPPP would reduce the potential for contaminants, sediments, or pollutants in stormwater runoff to enter the combined sewer system during construction. This impact would be less than significant with mitigation, but somewhat greater than under the Previous Project because of the increased excavation under the Revised Project, although less than under Alternative 3A.

*Changes in the intensity of land use and increases in impervious surfaces at the CPMC campuses could result in degradation of the quality of stormwater discharged to the combined sewer. (**Less than significant**)*

The Final EIR determined that the new construction under the Previous Project would reduce pollutant loading from the St. Luke's Campus. In addition, no streams or river courses are currently located within the St. Luke's Campus; therefore, implementation of the Previous Project would not alter a stream or river course. The Final EIR concluded that this impact would be less than significant under the Previous Project. Changes in the amount of impervious surfaces at the St. Luke's Campus under the Revised

Project would be the same as under the Previous Project. Therefore, this impact would also be less than significant under the Revised Project

*Construction of the Revised Project at the St. Luke's Campus would not place any buildings or structures within a designated 100-year flood hazard area. (**Less than significant**)*

The Final EIR determined that implementation of the Previous Project at the St. Luke's Campus would not impede or redirect flood flows, and flooding as a result of dam or reservoir failure would not occur because the campus is located in an urban area with no nearby dams or reservoirs. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. In addition, the St. Luke's Campus is not located within a 100-year flood hazard area. Therefore, as under the Previous Project, this impact would be less than significant under the Revised Project.

*Construction of the Revised Project at the St. Luke's Campus would not expose people or structures to risks from inundation by seiche, tsunami, or mudflow. (**Less than significant)***

The Final EIR determined that all existing and proposed CPMC campus sites are outside of delineated seiche, tsunami, and landslide hazard areas. Therefore, the Revised Project, like the Previous Project, would not expose people or structures to substantial risk of loss, injury, or death involving inundation by seiche, tsunami, or mudflow.

3.14.2.1 SUMMARY OF HYDROLOGY AND WATER QUALITY IMPACTS AT THE ST. LUKE'S CAMPUS

As under the Previous Project, implementation of Mitigation Measures M-HY-N2 and M-HY-N3 would be required under the Revised Project at the St. Luke's Campus. Under the Revised Project, project-level and cumulative hydrology and water quality impacts would be less than significant with mitigation, but slightly greater than those under the Previous Project because of the increased development program at the St. Luke's Campus under the Revised Project, although less than under Alternative 3A.

3.15 HAZARDS AND HAZARDOUS MATERIALS

3.15.1 CATHEDRAL HILL CAMPUS

*Construction of the Revised Project at the Cathedral Hill Campus 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. (**Less than significant with mitigation**)*

The Final EIR concluded that implementation of Mitigation Measures M-HZ-N1a and M-HZ-N1b would reduce impacts related to known soil and groundwater conditions at the proposed Cathedral Hill Campus to a less-than-significant level under the Previous Project. Cathedral Hill Campus construction under the Revised Project would require the demolition of the same existing structures as the Previous Project. Existing building materials could include asbestos-containing materials, lead-based paint, polychlorinated biphenyls (PCBs), and fluorescent lights containing mercury vapor. The Final EIR determined that the existing regulatory environmental framework and approval process would avoid potential hazards caused by demolition. Additionally, the Final EIR stated that Improvement Measure I-HZ-1 would further reduce the potential for exposure to PCBs and mercury by requiring the removal and disposal of equipment identified to contain these materials prior to the start of construction, including demolition or renovation. Therefore, with the implementation of existing regulations and Improvement Measure I-HZ-1

under the Revised Project, this less-than-significant impact would be further reduced, as under the Previous Project.

Known underground storage tanks (USTs) at the location of the proposed Cathedral Hill Campus Hospital site are located outside the excavation footprint for the proposed new structures under the Revised Project. As under the Previous Project, the USTs would remain in place under SFDPH's underground tank program, unless required to be moved or deemed unstable, and this impact would be potentially significant. Implementing Mitigation Measure M-HZ-N1a (see Draft EIR page 4.16-46) would require preparation and approval of a site mitigation plan, reducing impacts related to known soil and groundwater conditions to a less-than-significant level. This impact would be similar to the impact of the Previous Project because the Revised Project would have the same excavation footprint and require the same amount of excavation.

As under the Previous Project, previously unidentified contaminated soil or groundwater could be encountered during construction activities at the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB sites under the Revised Project, resulting in a potentially significant impact. Implementation of Mitigation Measure M-HZ-N1b would require the preparation and approval of unknown-contingency plans that contain management protocols for the discovery of previously unidentified soil and groundwater contamination, USTs, or other subsurface facilities. These contingency plans, subject to the approval of SFDPH, 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. As under the Previous Project, adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1b would reduce impacts related to known soil and groundwater conditions and impacts related to transport, use, and disposal of hazardous building materials at the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB sites under the Revised Project to less-than-significant levels. The impact of the Revised Project would be similar to the impact of the Previous Project.

As under the Previous Project, compliance with the SWPPP, San Francisco HMUPA requirements, applicable regulations and standards, and the procedures set forth in the environmental contingency plan under the Revised Project would reduce the potential for releases resulting from the transport, use, or disposal of hazardous materials during construction activities to a less-than-significant level. Impacts under the Revised Project would be similar to the impacts under the Previous Project.

*Operations of the Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

Operation of the proposed Cathedral Hill Campus would require workers to handle potentially hazardous materials. The proposed Cathedral Hill Campus would be approximately 175,000 sq. ft. smaller under the Revised Project than under the Previous Project. The Cathedral Hill Campus Hospital and MOB uses would increase the use of hazardous materials on the campus (such as medical and biological materials and associated hazardous waste) substantially over existing conditions, but this increase under the Revised Project would be less than under the Previous Project. As under the Previous Project, operation of the proposed Cathedral Hill Campus Hospital is also anticipated to produce medical- and hospital-specific hazardous wastes that are not currently produced at the site of the proposed campus. However, because of the reduced-sized hospital under the Revised Project, the proposed Cathedral Hill Campus would generate less hazardous waste than under the Previous Project. Hazardous materials and wastes would be routinely stored and used at the proposed Cathedral Hill Campus in amounts substantially larger

than under existing conditions; however, as at the existing CPMC campuses, these materials would be properly used and stored under permit of medical wastes, storage, and uses at the proposed Cathedral Hill Campus. As with the Previous Project, compliance with the San Francisco HMUPA requirements, applicable regulations and standards, and State of California requirements would reduce the potential for a release of hazardous materials during hospital operations at the proposed Cathedral Hill Campus to a less-than-significant level under the Revised Project.

The Final EIR determined that impacts from the accidental release of hazardous materials during operations at the proposed Cathedral Hill Campus under the Previous Project would be less than significant. As under the Previous Project, hazardous materials brought on-site during construction would be managed in accordance with federal, state, and local regulations. Hazardous materials storage would be managed under the oversight of the San Francisco HMUPA and through compliance with applicable regulations. Therefore, the potential for hazardous-materials emergencies and potential effects on sensitive receptors would be less than significant under the Revised Project, and less than under the Previous Project.

*The Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

The Final EIR determined that implementation of applicable regulations and standards would ensure that hazardous air emissions from structures to be demolished would be minimized, and the Previous Project 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. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. As under the Previous Project, implementation of applicable regulations and standards would ensure that hazardous air emissions from structures to be demolished would be minimized, implementation of dust control measures in accordance with the City's Dust Control Ordinance would result in a low potential for contaminated dust to become airborne during construction, and hazardous materials handled on-campus during construction and operations would be managed in accordance with federal, state, and local regulations. Therefore, as under the Previous Project, this impact would be less than significant under the Revised Project.

*The Revised Project at the Cathedral Hill Campus would not be located on a site that is included on a list of hazardous materials sites and, as a result, would not create a significant hazard to the public or the environment. (**Less than significant with mitigation**)*

The Final EIR determined that the potential existed to encounter USTs during construction during construction at the proposed Cathedral Hill Campus under the Previous Project. The Final EIR included Mitigation Measure M-HZ-N4a and M-HZ-N4b for the proposed Cathedral Hill Campus development under the Previous Project. Mitigation Measure M-HZ-N4a would require preparation and approval of site mitigation plans (SMPs) that would contain soil and groundwater management protocols based on the site-specific environmental contingency plans (ECPs). Additionally, Mitigation Measure M-HZ-N4a requires air quality monitoring during tank removal activities and sampling of surrounding soils to ensure that leaks have not occurred. The SMPs, subject to the review and approval of SFDPH, 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. Mitigation Measure M-HZ-N4b would require the preparation and approval 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. The Final EIR determined that these mitigation measures would reduce impacts related to known soil and groundwater conditions at the proposed Cathedral Hill Campus to less-than-significant levels under the Previous Project. New construction at the proposed Cathedral Hill Campus under the Revised Project would occur at the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB sites, as under the Previous Project. These parcels are not identified on any lists of hazardous materials sites, with the exception of 1101 Van Ness Avenue and 1062 Geary Street. As under the Previous Project, implementation of Mitigation Measures M-HZ-N4a and M-HZ-N4b at the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB sites would reduce this impact to a less-than-significant level under the Revised Project.

*The Revised Project at the Cathedral Hill Campus 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. (**Less than significant**)*

The Final EIR concluded that the proposed CPMC LRDP would not include land uses recognized by the City and County Association of Governments of San Mateo County (which prepares the comprehensive airport land use plan for San Francisco International Airport [SFO]) as a hazard to air navigation near SFO and, therefore, this impact would be less than significant under the Previous Project. The Cathedral Hill Campus is not located within an airport land use plan or within 2 miles of an airport or airstrip. Therefore, as under the Previous Project, this impact would be less than significant under the Revised Project.

*The Revised Project at the Cathedral Hill Campus would not conflict with emergency response or evacuations plans during the project's construction and operational periods. (**Less than significant**)*

The Final EIR indicated that under the Previous Project, emergency operations and evacuation plans at the existing campuses would continue to be maintained for on-site employees, patients, and visitors during construction, and existing routes and procedures would be maintained. Accordingly, the Final EIR concluded that this impact would be less than significant during construction under the Previous Project. Additionally, the Final EIR stated that CPMC has been meeting with the Hospital Council Emergency Preparedness Partnership, Emergency Medical Services, and the San Francisco Fire Department (SFFD) (including the Neighborhood Emergency Response Team) and would continue to work with these agencies on updated, comprehensive emergency planning. Therefore, the Final EIR determined that implementing the Previous Project at the various CPMC campuses would not impair implementation of or physically interfere with an adopted emergency operations plan or emergency evacuation plan. Therefore, the Final EIR determined that this impact would be less than significant during operation of the Previous Project. As under the Previous Project, the current emergency operations and evacuation plans at the existing campuses would continue to be maintained during construction, and existing routes and procedures would be maintained. As under the Previous Project, implementing the Revised Project at the CPMC campuses would not impair implementation of or physically interfere with an adopted emergency operations plan or emergency evacuation plan. Therefore, as under the Previous Project, this impact would be less than significant under the Revised Project.

3.15.1.1 SUMMARY OF HAZARD AND HAZARDOUS MATERIALS IMPACTS AT CATHEDRAL HILL CAMPUS

Project-level and cumulative impacts related to hazards and hazardous materials would be less than significant under the Revised Project, and less than those under the Previous Project because of the

reduced development program at this campus. Implementation of Mitigation Measures M-HZ-N1a, M-HZ-N1b, M-HZ-N4a and M-HZ-N4b under the Revised Project would reduce impacts related to hazards and hazardous materials at the proposed Cathedral Hill Campus to less-than-significant levels, as under the Previous Project.

3.15.2 ST. LUKE'S CAMPUS

*Construction of the Revised Project at the St. Luke's Campus 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. (**Less than significant with mitigation**)*

The Final EIR determined that implementation of Mitigation Measures M-HZ-N1a and M-HZ-N1b, would reduce impacts related to known soil and groundwater conditions at the St. Luke's Campus under the Previous Project to less-than-significant levels. Demolition activities at the St. Luke's Campus under the Revised Project would be the same as under the Previous Project. Existing buildings to be demolished could contain asbestos-containing materials, lead-based paint, PCBs, and fluorescent lights containing mercury vapor. The Final EIR determined that the existing regulatory environmental framework and approval process would avoid potential hazards caused by demolition. Additionally, the Final EIR stated that Improvement Measure I-HZ-1 would further reduce the potential for exposure to PCBs and mercury by requiring the removal and disposal of equipment identified to contain these materials prior to the start of construction, including demolition or renovation. Therefore, with the implementation of existing regulations and Improvement Measure I-HZ-1 under the Revised Project at the St. Luke's Campus, this less-than-significant impact would be further reduced, similar to under the Previous Project.

Removal of the USTs at the location of the new St. Luke's Campus Hospital and St. Luke's Campus MOB under the Revised Project could expose workers to contaminants. This impact under the Revised Project would be similar to the impact of the Previous Project, because the Revised Project would require removal of the same USTs on the northern portion of the campus. As under the Previous Project, implementation of Mitigation Measure M-HZ-N1a under the Revised Project would reduce impacts related to known soils and groundwater conditions to a less-than-significant level.

As under the Previous Project, previously unidentified contaminated soil or groundwater could be encountered during construction activities under the Revised Project, resulting in a potentially significant impact. Implementation of Mitigation Measure M-HZ-N1b would require the preparation and approval of unknown-contingency plans that contain management protocols for the discovery of previously unidentified soil and groundwater contamination, USTs, or other subsurface facilities. These contingency plans, subject to the approval of SFDPH, 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. Adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1b would reduce impacts related to known soil and groundwater conditions at the St. Luke's Campus to less-than-significant levels related to transport, use, and disposal of hazardous building materials. This impact would be somewhat greater than under the Previous Project because of the somewhat larger amount of excavation under the Revised Project, but would be less than under Alternative 3A.

*Operations of the Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The Final EIR determined that impacts from the accidental release of hazardous materials during operations at the St. Luke's Campus under the Previous Project would be less than significant. As under the Previous Project, hazardous materials brought on-site during construction would be managed in accordance with federal, state, and local regulations. Hazardous materials storage would be managed under the oversight of the San Francisco HMUPA and through compliance with applicable regulations. Therefore, the potential for hazardous-materials emergencies and potential effects on sensitive receptors from St. Luke's Campus operations would be less than significant under the Revised Project. However, the impact would be greater than under the Previous Project because of the larger development program under the Revised Project, but would be less than under Alternative 3A.

*The Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The Final EIR determined that implementation of applicable regulations and standards would ensure that hazardous air emissions from structures to be demolished would be minimized, and the Previous Project at the St. Luke's Campus 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. Therefore, the Final EIR concluded that this impact would be less than significant under the Previous Project. As under the Previous Project, implementation of applicable regulations and standards would ensure that hazardous air emissions from structures to be demolished would be minimized, implementation of dust control measures in accordance with the City's Dust Control Ordinance would result in a low potential for contaminated dust to become airborne during construction, and hazardous materials handled on-campus during construction and operations would be managed in accordance with federal, state, and local regulations. Therefore, as under the Previous Project, this impact would be less than significant under the Revised Project. However, the impact would be greater than under the Previous Project because of the larger development program under the Revised Project, but would be less than under Alternative 3A.

*The Revised Project at the St. Luke's Campus would not be located on a site that is included on a list of hazardous materials sites and, as a result, would not create a significant hazard to the public or the environment. (**Less than significant with mitigation**)*

The Final EIR determined that the potential to encounter USTs during construction would exist during construction at the St. Luke's Campus under the Previous Project. The Final EIR concluded that implementation of Mitigation Measures M-HZ-N4e and M-HZ-N4f would reduce impacts related to known soil and groundwater conditions at the St. Luke's Campus to a less-than-significant level under the Previous Project. The St. Luke's Campus is included in various hazardous materials databases, but the inclusion of this campus does not indicate substantial hazardous materials effects; rather, inclusion in databases indicates that activities at the site involve the use and storage of hazardous materials. As under the Previous Project, implementation of Mitigation Measures M-HZ-N4e and M-HZ-N4f would reduce this impact to a less-than-significant level under the Revised Project.

*The Revised Project at the St. Luke's Campus 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. (**Less than significant**)*

The St. Luke's Campus is not located within an airport land use plan or within 2 miles of a public airport or public-use airport or private airstrip. Therefore, as under the Previous Project, impacts related to potential safety hazards near airports would be less than significant under the Revised Project.

*The Revised Project at the St. Luke's Campus would not conflict with emergency response or evacuations plans during the project's construction and operational periods. (**Less than significant**)*

The Final EIR indicated that under the Previous Project, emergency operations and evacuation plans at the existing campuses would continue to be maintained for on-site employees, patients, and visitors during construction, and existing routes and procedures would be maintained. Therefore, the Final EIR concluded that this impact would be less than significant during construction under the Previous Project. Additionally, the Final EIR indicated that CPMC has been meeting with the Hospital Council Emergency Preparedness Partnership, Emergency Medical Services, and SFFD (including the Neighborhood Emergency Response Team) and would continue to work with these agencies on updated, comprehensive emergency planning. Therefore, the Final EIR concluded that implementing the Previous Project at the various CPMC campuses would not impair implementation of or physically interfere with an adopted emergency operations plan or emergency evacuation plan. Therefore, the Final EIR concluded that this impact would be less than significant during operation of the Previous Project. As under the Previous Project, the current emergency operations and evacuation plans at the existing campuses would continue to be maintained during construction, and existing routes and procedures would be maintained. As under the Previous Project, implementing the Revised Project at the CPMC campuses would not impair implementation of or physically interfere with an adopted emergency operations plan or emergency evacuation plan. Therefore, as under the Previous Project, this impact would be less than significant under the Revised Project.

3.15.2.1 SUMMARY OF HAZARDS AND HAZARDOUS MATERIALS AT THE ST. LUKE'S CAMPUS

As under the Previous Project, implementation of Mitigation Measures M-HZ-N1a, M-HZ-N1b, M-HZ-N1d, M-HZ-N1e, M-HZ-N1f, M-HZ-N4e and M-HZ-N4f would be required at the St. Luke’s Campus under the Revised Project. Project-level and cumulative impacts related to hazards and hazardous materials would be less than significant under the Revised Project, but somewhat greater than those under the Previous Project (although less than under Alternative 3A) because of the increased development program at this campus.

3.16 MINERAL AND ENERGY RESOURCES

3.16.1 CATHEDRAL HILL AND ST. LUKE'S CAMPUSES

*The Revised Project 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. (**No impact**)*

The Final EIR explained that no mineral resources are known to exist at any of the campuses that would be considered of value to the region or the state. Because there are no known valuable mineral resources and none are known to have occurred historically, the Final EIR concluded that implementing the Previous Project would have no impact related to the loss of availability of locally important mineral resources. As under the Previous Project, the Revised Project would not result in impacts related to mineral resources.

*The Revised Project 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. (**Less than significant)***

The Final EIR concluded that because CPMC would comply with existing regulations related to energy efficiency in implementing the Previous Project, this impact would be less than significant. The level of energy consumption under the Revised Project would be similar to the aggregate consumption at the CPMC campuses proposed under the Previous Project. Overall energy efficiency is expected to improve, under both the Previous and Revised Projects, with the decommissioning, demolition, and replacement of older, more energy-intensive buildings. The new campus buildings would be required to conform to conservation standards specified in California Code of Regulations Title 24 and, where applicable, to the City's Green Building Ordinance. Under the Revised Project, energy efficiency would increase relative to existing conditions because of the new construction. As under the Previous Project, no mitigation measures would be required under the Revised Project. Project-level and cumulative impacts on mineral and energy resources on a campus-wide basis would be less than significant, and similar to impacts of the Previous Project.

3.17 AGRICULTURAL AND FOREST RESOURCES

3.17.1 CATHEDRAL HILL AND ST. LUKE'S CAMPUSES

*The project 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. **(No impact)***

*The project would not result in conflicts with existing zoning for, or cause rezoning of, forest land or timberland. **(No Impact)***

*The project would not result in the loss of forest land or conversion of forest land to nonforest use. **(No Impact)***

The CPMC campuses do not contain agricultural uses and are not zoned for agriculture. As under the Previous Project, no mitigation measures are required under the Revised Project. Therefore, like the Previous Project, the Revised Project would not result in project-level and cumulative impacts on agricultural and forest resources.

3.18 GROWTH INDUCING IMPACTS

3.18.1 CATHEDRAL HILL CAMPUS AND ST. LUKE'S CAMPUS

As discussed in Section 4.3, "Population, Employment, and Housing" of the Draft EIR, implementing the Previous Project would not induce substantial citywide population or employment growth. As under the Previous Project and Alternative 3A, the Revised Project would increase on-site development at the proposed Cathedral Hill Campus and St. Luke's Campus as compared to existing conditions. Thus, there would be an incremental increase of population in San Francisco and in the Bay Area as a whole. As under the Previous Project, the projected growth in CPMC personnel could induce population growth in San Francisco as new employees migrate to San Francisco. Assuming that existing commute patterns of CPMC personnel would remain the same, under the Previous Project, this projected household and

population growth would account for approximately 3 percent of the 2006–2030 population and household growth projected by the Association of Bay Area Governments.

According to the City's 2004 Housing Element, San Francisco has the capacity to accommodate approximately an additional 45,450 housing units within the January 1999 through June 2006 planning period.[24] By subtracting housing production since adoption of the Housing Element, San Francisco has a current capacity to support approximately 34,100 housing units. Thus, the City could accommodate all of the projected growth in housing demand generated under the Previous Project within the planning period. The projected increase in housing demand from the Previous Project (1,490 housing units) would account for approximately 4 percent of San Francisco's available capacity before taking into account existing available supply of vacant housing units (estimated at 17,100 units) is considered. Therefore, the Final EIR concluded that growth-inducing impacts of the Previous Project would be less than significant.

Under the Revised Project, the overall amount of development at the CPMC campuses would be reduced in comparison to the Previous Project. Therefore, growth-inducing impacts of the Revised Project would be less than significant, and less than under the Previous Project.

3.19 CUMULATIVE IMPACTS

3.19.1 CATHEDRAL HILL CAMPUS AND ST. LUKE'S CAMPUS

Under the Previous Project (i.e., LRDP), construction of the proposed Cathedral Hill Campus was expected to begin in 2011 and would continue for approximately 4½ years. Under the Revised Project, construction of the Cathedral Hill Campus is expected to begin in 2014 and would continue for approximately 4½ years, similar to under the Previous Project.

Under the Previous Project, construction of the proposed St. Luke's Campus was expected to begin in 2011 and would continue for approximately 4 years. Under the Revised Project, construction of the St. Luke's Campus is expected to begin in 2015 and would continue for approximately 4 years, similar to under the Previous Project.

The current development proposals in the pipeline for San Francisco are similar to those that were in development during publication of the Draft EIR (see Table 4.3-11 in the Draft EIR, page 4.3-45). As such, while construction is expected to begin in 2014 (as opposed to 2011 under the Previous Project), the length of construction under the Revised Project would be similar to under the Previous Project, therefore the Revised Project, along with other foreseeable cumulative developments would not have adverse citywide impacts.

[24] San Francisco Planning Department. 2004. *2004 Adopted Housing Element—Part 1: Data Needs and Analysis*. San Francisco, CA.

4.0 CONCLUSION

4.1 CEQA CONCLUSION

Based on the analysis and discussion presented in this Addendum, the Department concludes that the analyses conducted and the conclusions reached in the Final EIR certified on April 26, 2012 remain valid, and that no supplemental environmental review is required for the Revised Project, pursuant to the CEQA Guidelines Sections 15162, 15163, and 15164. The Revised Project would not cause any new significant environmental impacts not identified in the Final EIR, or result in a substantial increase in the severity of previously identified significant impacts, and no new, feasible project alternatives or mitigation measures considerably different from others previously analyzed have been identified that would clearly lessen the environmental impacts of the project, but that the Project Sponsor has declined to adopt. No changes have occurred with respect to circumstances surrounding the original project that would cause significant environmental impacts to which the Revised Project would contribute considerably, and no new information has been put forward which shows that the Revised Project would cause new or substantially more severe significant environmental impacts. Therefore, no supplemental environmental review is required beyond this Addendum.

I do hereby certify that the above determination has been made pursuant to State and Local requirements.

May 6th, 2013

Date

Viktoriya Wise for

Sarah Jones, Acting Environmental Review Officer
for John Rahaim, Director of Planning

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APPENDIX A:

TABLE I:

COMPARISON OF IMPACT LEVELS AND MITIGATION MEASURES FOR PREVIOUS PROJECT AND REVISED PROJECT

TABLE II:

COMPARISON OF IMPACT LEVELS AND IMPROVEMENT MEASURES FOR PREVIOUS PROJECT AND REVISED PROJECT

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Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	A-1 MITIGATION MEASURES AGREED TO BY PROJECT SPONSOR	
	CULTURAL AND PALEONTOLOGICAL RESOURCES	
Potentially significant impact to buried or submerged historic resources, human remains or unassociated funerary objects.	***M-CP-N2 (Cathedral Hill with or without Variants):*** 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[1] at the direction of the Environmental Review Officer (ERO). In instances of	Same as for Previous Project.

[1] 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.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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 effects on a significant archaeological resource, as defined in the State CEQA Guidelines, Section 15064.5(a)(c). *Archaeological Testing Program.* The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that 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.	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. *Archaeological Monitoring Program.* 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: ▸ 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	cases, 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. ► 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. ► 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. ► The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis. ► If an intact archaeological deposit is encountered, all 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	(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. Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of the monitoring program to the ERO. *Archaeological Data Recovery Program.* 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. The scope of the ADRP shall include the following elements: ► *Field Methods and Procedures*. Descriptions of proposed field strategies, procedures, and operations. ► *Cataloguing and Laboratory Analysis*. Description of selected cataloguing system and artifact analysis *procedures.* ► *Discard and Deaccession Policy*. Description of and rationale for field and post-field discard and deaccession policies. ► *Interpretive Program*. Consideration of an on-site/off-site public interpretive program during the course of the archaeological data recovery program. ► *Security Measures*. Recommended security measures to protect the archaeological resource from vandalism, looting, and unintentionally damaging activities. • *Final Report*. Description of proposed report format and distribution of results. • *Curation*. Description of the procedures and recommendations for the curation of any recovered data having potential research value, identification of appropriate curation facilities, and a summary of the	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	accession policies of the curation facilities. *Human Remains and Associated or Unassociated Funerary Objects*. 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. *Chinese and Japanese Archaeological Sites*. 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.	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	Final Archaeological Resources Report. The archaeological consultant shall submit a draft final archaeological resources report (FARR) to the ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put any archaeological resource at risk shall be provided in a separate removable insert within the final report. Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information Center (NWIC) shall receive one 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.	
Potentially significant impact to buried or submerged historic resources, human remains or unassociated funerary objects.	***Mitigation Measure M-CP-N2 (Davies [near-term] and St. Luke's with or without project variants)*** This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	Mitigation Measure M-CP-N3 (Cathedral Hill and St. Luke's with or without variants and Davies [near-term]) 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: • 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. 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.2 The recovery plan may include a field survey, construction monitoring, sampling and data recovery procedures, museum	

[2] Society of Vertebrate Paleontology. 1996. Conditions of Receivership for Paleontologic Salvage Collections (final draft). *Society of Vertebrate Paleontology News Bulletin* 166:31–32.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
Transit Delay	***Mitigation Measure M-CP-N4 (Cathedral Hill, Davies (near-term) and St. Luke's)*** This mitigation measure is identical to Mitigation Measure M-CP-N2, above. 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.	Same as for Previous Project
Transit Delay	***Mitigation Measure MM-TR-30 (Cathedral Hill)*** 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
Transit Delay	***Mitigation Measure MM-TR-31 (Cathedral Hill)*** 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.	Same as for Previous Project.
Loading Dock – Traffic Impacts	***Mitigation Measure MM-TR-44 (Cathedral Hill): Loading Dock Restrictions and Attendant*** 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 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
Construction – Transportation Impact	***Mitigation Measure TR-55 (Cathedral Hill)*** 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. 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,	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	DPW, or other City departments and agencies. Specifically, the plan should: Identify construction traffic management best practices in San Francisco, 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 • Identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands. • Identifying best practices for accommodating pedestrians, such as temporary pedestrian wayfinding signage or temporary walkways. • 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. • Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility. • Identifying best practices for managing traffic flows on Van Ness Avenue during the nighttime hours for the period when tunnel construction would involve surface	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	construction activities. This may include coordination with Caltrans on appropriate traffic management practices and lane closure procedures. 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, • 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. • 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	stage construction, construction signage, traffic handling, lane and ramp closures and TMP documentation for all work within Caltrans right-of-way. 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. 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. 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. The Construction Transportation Management Plan shall be submitted to SFMTA, SFDPW, and the Planning Department for review and approval.	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
Transit Delay	***Mitigation Measure MM-TR-134 (Cathedral Hill)*** 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.	Same as for Previous Project.
Transit Delay	***Mitigation Measure MM-TR-137 (Cathedral Hill)*** 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.	Same as for Previous Project.
	NOISE	
Construction Noise	***Mitigation Measure M-NO-N1a (Cathedral Hill)***	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. • Construction equipment shall be properly maintained in accordance 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. • Construction equipment shall not idle for extended periods (no more than 5 minutes) of time near noise-sensitive receptors. • 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. • 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. 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.	
Construction Noise	***Mitigation Measure M-NO-N1b (Cathedral Hill)*** A community liaison shall be designated by CPMC. The community liaison shall be available to manage and respond to noise complaints from 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.	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
Construction Noise	***Mitigation Measure M-NO-N1c (Cathedral Hill)*** 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: 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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-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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	construction noise levels within 80 dB at a distance of 100 feet.	
Construction Noise	***Mitigation Measure M-NO-N1 (Davies [near-term])*** 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.	Same as for Previous Project.
Construction Noise	***Mitigation Measure M-NO-N1 (St. Luke's Campus with or without Variants)*** This mitigation measure is identical to Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c for the Cathedral Hill Campus.	Same as for Previous Project.
Loading Dock Noise (Aduromed Operation)	***Mitigation Measure M-NO-N3b (Cathedral Hill Campus with or without Variants)*** Bay doors [for the loading dock on Franklin Street] shall be required to be closed during Aduromed operations, to the extent feasible.	Same as for Previous Project.
Loading Dock Noise (Aduromed Operation)	***Mitigation Measure M-NO-N3c (Cathedral Hill Campus with or without Variants)*** In the event that it is determined to be infeasible for bay doors to be closed during Aduromed operation, a noise-absorptive	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	material shall be applied (prior to initiation of Aduromed operations with open bay 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.	
Noise – Operations	***Mitigation Measure M-NO-N3d (Cathedral Hill Campus with or without Variants)*** Noise attenuators shall be included on kitchen exhaust fans located on Level 5 of the Cathedral Hill Campus 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.	Same as for Previous Project.
Noise – Oxygen Deliveries	***Mitigation Measure M-NO-N3e (Cathedral Hill Campus)*** 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.	Same as for Previous Project.
Noise – Operations	***Mitigation Measure M-NO-N3 (Davies [near-term])*** 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
Noise – Operations	***Mitigation Measure M-NO-N3 (St. Luke's Campus)*** 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.	Same as for Previous Project.
Noise – Operations	***Mitigation Measure M-NO-N4 (Cathedral Hill Campus)*** 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 Campus Hospital that would reduce the interior traffic-noise level inside the hospital to 45-dB L_{dn}. 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_{dn} or lower.	Same as for Previous Project.
Noise – Operations	***Mitigation Measure M-NO-N4 (St. Luke's Campus)*** 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 St. Luke's Campus Hospital that would reduce the interior traffic-noise level inside the hospital to 45-dB L_{dn}. Interior spaces of the hospital shall be designed to include insulating features (e.g., laminated glass, acoustical	New Mitigation under Revised Project

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L_{dn} or lower.	
Construction Noise and Vibration	***Mitigation Measure M-NO-N5 (Cathedral Hill, Davies [near-term], St. Luke's Campuses)*** 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. 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	receptors and shall advise them of the construction schedule. 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: • 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 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. • 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	preexisting conditions. 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.	
	AIR QUALITY	
Construction – Air Quality	***Mitigation Measure M-AQ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)*** The following mitigation measures shall be implemented during construction activities to avoid short-term significant impacts to air quality: **BAAQMD Basic Control Measures** • Water all active construction areas at least twice daily. • Cover all trucks hauling soil, sand, and other loose materials or require all trucks to maintain at least 2 feet of freeboard. • Pave, apply water three times daily, or apply (nontoxic) soil stabilizer on all unpaved access roads,	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	parking areas, and staging areas at construction sites. • Sweep daily (with water sweepers) all paved access roads, parking areas, and staging areas at construction sites. • Sweep street daily (with water sweepers) if visible soil material is carried into adjacent public streets. **Optional Control Measures** • Install wheel washers for all exiting trucks, or wash off the tires or tracks of all trucks and equipment leaving the site. • Install wind breaks, or plant trees/vegetative wind breaks at windward sides of construction areas. • Suspend excavation and grading activity when winds (instantaneous gusts) exceed 20 mph. • Limit the area subject to excavation, grading, and other construction activities at any one time. **Additional Construction Mitigation Measures** • All exposed surfaces (e.g., parking areas, staging areas, soil piles, graded areas, and unpaved access roads) shall be watered twice daily. • All haul trucks transporting soil, sand, or other loose material off-site shall be covered. • All visible mud or dirt trackout onto adjacent public roads shall be removed using wet power vacuum	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	street sweepers at least once per day. The use of dry power sweeping is prohibited. • All vehicle speeds on unpaved roads shall be limited to 15 mph. • 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. • 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. • 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. 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.	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N1b (Cathedral Hill, Davies [near-term], St. Luke's)*** 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: • 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. 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.	Same as for Previous Project.
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N2 (Cathedral Hill Campus)*** 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: • Where sufficient electricity is available from the	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used. • 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. 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.	
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N8a (Cathedral Hill, Davies [near-term], St. Luke's)*** This mitigation measure is identical to Mitigation Measure M-AQ-N1a, above.	Same as for Previous Project.
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N8b (Cathedral Hill, Davies***	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	[near-term], St. Luke's)	
	This mitigation measure is identical to Mitigation Measure M-AQ-N1b, above.	
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N9 (Cathedral Hill, Davies [near-term], St. Luke's)***	Same as for Previous Project.
	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.	
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N10a (Cathedral Hill Campus)***	Same as for Previous Project.
	This mitigation measure is identical to Mitigation Measure M-AQ-N2, above.	
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N10b (Davies Campus [near-term])***	Same as for Previous Project.
	This mitigation measure is identical to Mitigation Measure M-AQ-N2, above.	
Construction – Exhaust Emissions	***Mitigation Measure M-AQ-N10c (St. Luke's Campus)***	
	This mitigation measure is identical to Mitigation Measure M-AQ-N2, above.	
	PUBLIC SERVICES	
Public Services	***Mitigation Measure M-PS-N2 (Cathedral Hill Campus)***	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	This mitigation measure is identical to Mitigation Measure MM-TR-55 for Transportation and Circulation, above.	
	BIOLOGICAL RESOURCES	
Biologic Resources	***Mitigation Measure M-BI-N1 (Cathedral Hill)*** 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 1801of 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	Same as for Previous Project.
Biologic Resources	***Mitigation Measure M-BI-N1 (Davies [near-term])*** This mitigation measure is identical to Mitigation Measure M-	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	BI-N1 for the Cathedral Hill Campus, above.	
Biologic Resources	***Mitigation Measure M-BI-N1 (St. Luke's with or without project variants))*** This mitigation measure is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus, above.	Same as for Previous Project.
	GEOLOGY AND SOILS	
Geology and Soils	***Mitigation Measure M-GE-N4 (Cathedral Hill, Davies [near-term], St. Luke's)*** CPMC shall implement Mitigation Measure M-HY-N3, as described below	Same as for Previous Project.
Geology and Soils	***Mitigation Measure M-GE-N6 (St. Luke's)*** The design level geotechnical report for the St. Luke's Campus MOB, 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	acceptable level.	
	HYDROLOGY AND WATER QUALITY	
Hydrology and Water Quality	***Mitigation Measure M-HY-N2 (Cathedral Hill)*** 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 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: • green roofs, • cisterns, • bioswales, • bioretention basins, • planter boxes, • blue roofs,	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	• dry wells, and • other detention/storage facilities. In addition, the final design team for the development project shall review and incorporate as many concepts as practicable from *Start at the Source: Design Guidance Manual for Stormwater Quality Protection.* 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.	
Hydrology and Water Quality	***Mitigation Measure M-HY-N2 (Davies [near-term])*** This mitigation measure is identical to Mitigation Measure M-HY-N2 for the Cathedral Hill Campus, above.	Same as for Previous Project.
Hydrology and Water Quality	***Mitigation Measure M-HY-N2 (St. Luke's)*** This mitigation measure is identical to Mitigation Measure M-HY-N2 for the Cathedral Hill Campus, above.	Same as for Previous Project.
Hydrology and Water Quality	***Mitigation Measure M-HY-N3 (Cathedral Hill, Davies [near-term], St. Luke's)*** 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 *California Stormwater Quality Association Stormwater*	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	BMP Handbook—Construction. In accordance with SFPUC's requirements, the SWPPP shall include the following elements: *An erosion and sediment control plan*. 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: • 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. • 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.	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	• Wind erosion—Apply water or other dust palliatives to prevent dust nuisance; prevent overwatering that can cause erosion. Alternatively, cover small stockpiles or areas that remain inactive for 7 or more days. • 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. • 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. • Litter control—Remove litter at least once daily from the construction site. Dispose of packing materials immediately in an enclosed container. • *Non-stormwater management BMPs*. These BMPs may include water conservation practices, dewatering practices	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	that minimize sediment discharges, and BMPs for all of the following: • paving and grinding activities; • identification of illicit connections and illegal dumping; • irrigation and other planned or unplanned discharges of potable water; • vehicle and equipment cleaning, fueling, and maintenance; • concrete curing and finishing; • temporary batch plants; • implementation of shoreline improvements; and • work over water. Discharges from dewatering activities shall comply with the requirements of SFPUC's Batch Wastewater Discharge Permit that regulate influent concentrations for various constituents. • *Waste management BMPs*. These BMPs shall be implemented for: • material delivery, use, and storage; • stockpile management; • spill prevention and control; and	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	• management of solid and liquid waste, hazardous waste, contaminated soil, concrete waste, and septic/sanitary waste. • *BMP inspection, maintenance, and repair requirements.* 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. 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. Construction personnel shall receive training on the SWPPP and implementation of BMPs.	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	HAZARDS AND HAZARDOUS MATERIALS	
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)*** Step 1: Preparation of a Site Mitigation Plan 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: • 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. • Fill shall be sampled and analyzed before excavation to allow excavation, loading, and transportation off-site without stockpiling, which would minimize soil handling. • 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. • 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 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. • 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. 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. Step 2: Handling, Hauling, and Disposal of Contaminated Soils (a) Specific work practices: 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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 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. (b) Dust suppression: 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. (c) Surface water runoff control: 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. (d) Soils replacement: 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. (e) Hauling and disposal: Contaminated soils shall be hauled off the project site by waste hauling trucks	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. Step 3: Preparation of Closure/Certification Report After construction activities are completed, the project sponsor shall prepare and submit a closure/certification report to the SFDPH for review 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.	
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N1b Cathedral Hill, Davies [near-term], St. Luke's): Preparation of Unknown Contingency Plan*** Before the issuance of site, building, or other permit from the	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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: • 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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 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. • 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	

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
	In the event unanticipated subsurface hazards or hazardous material releases are discovered during construction, the requirements of this 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.	
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N4a (Cathedral Hill)*** 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	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	Campus.	
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N4b (Cathedral Hill)*** 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.	Same as for Previous Project.
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N4c (Davies [near-term])*** 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	Same as for Previous Project.
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N4d (Davies [near-term])*** 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.	Same as for Previous Project.
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N4e (St. Luke's)*** 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.	Same as for Previous Project.
Hazards and Hazardous Materials	***Mitigation Measure M-HZ-N4f (St. Luke's)*** This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown	Same as for Previous Project.

Table I
Comparison of Impact Levels and Mitigation Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	contingency plans for the near-term projects at the St. Luke's Campus.	

Table II
Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	IMPROVEMENT MEASURES AGREED TO BY PROJECT SPONSOR FOR PREVIOUS PROJECT	
	TRANSPORTATION & CIRCULATION	
Parking Queue	**I-TR-5 (Cathedral Hill): Off-Street Parking Queue Abatement** 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. 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	Same as for Previous Project.

Table II
Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	as parking time limits, paid parking or validated parking. 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.	
Pedestrian Impacts	***I-TR-40 (Cathedral Hill): Pedestrian Improvements*** 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. 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	Same as for Previous Project.

Table II
Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
Pedestrian and Bicyclist Impacts	***I-TR-87 (St. Luke's): Provide Pedestrian/Bicycle Improvements*** 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.). As an improvement measure to minimize conflicts between vehicles exiting the proposed garages and pedestrians and	Same as for Previous Project.

Table II
Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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. ***I-TR-88 (St. Luke's): Install Pedestrian Crosswalks*** As an improvement measure to facilitate pedestrian movements, SFMTA shall install pedestrian crosswalks at the unsignalized intersection of San Jose/27th Street.	
	AIR QUALITY	
Construction Equipment – DPM Exhaust Emissions (Davies Campus)	***I-AQ-N2 (Davies [near-term], St. Luke's): Install Accelerated Emission Control Device on Construction Equipment*** This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus, which provides: 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: Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient electricity to	Same as for Previous Project.

Table II
Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used. 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. 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.	
	BIOLOGICAL RESOURCES	
Tree Protection (St. Luke's Campus)	***I-BI-N2 (St. Luke's [with or without variants]):*** 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	Same as for Previous Project.

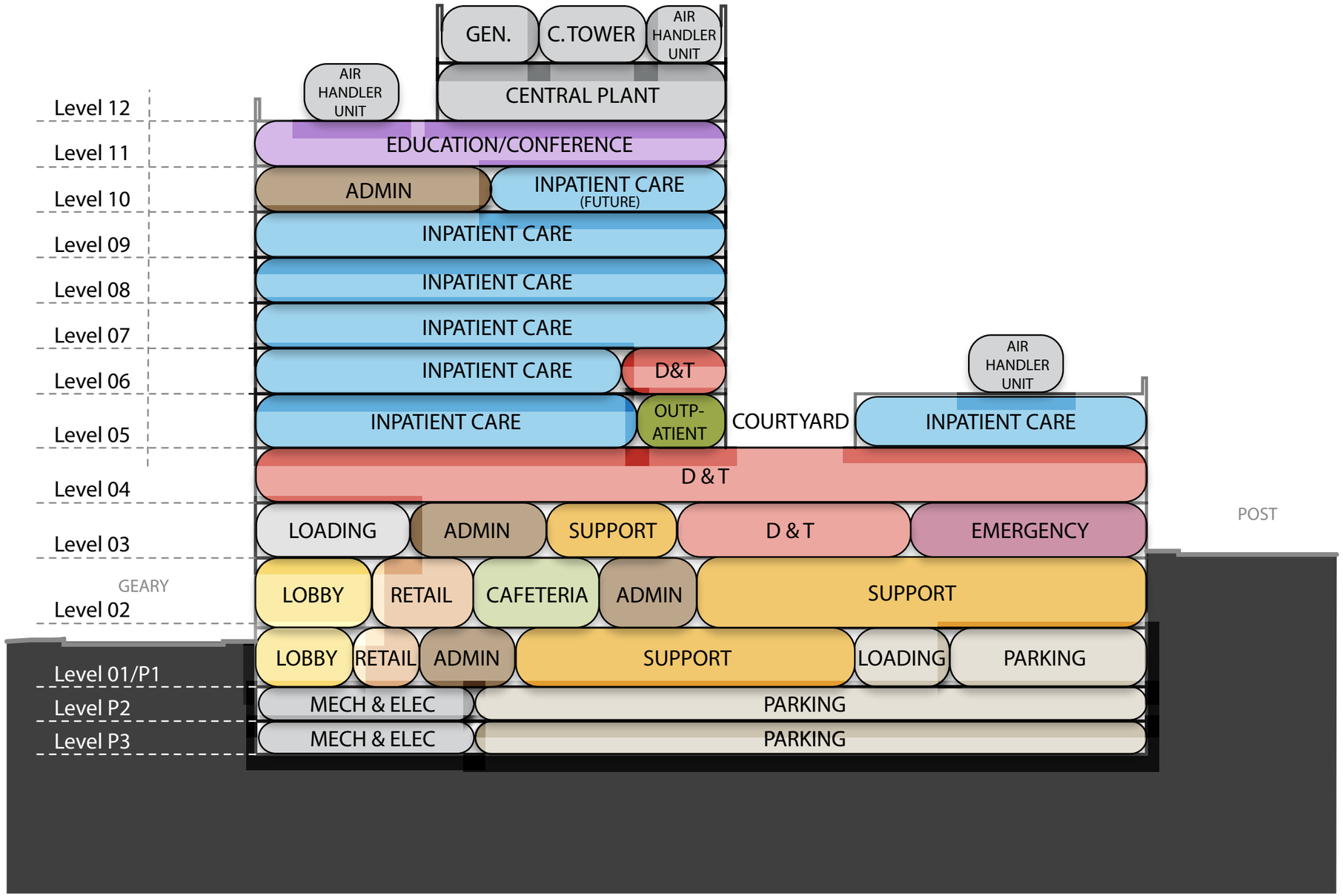
Table II
Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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: • Install and maintain construction fencing to prevent entry to the TPZ. • Install wood chip mulch over all exposed soil areas within the TPZ. • Prohibit placement of any construction vehicle within the TPZ. • Do not store materials, excavation tailing, or debris within the TPZ, unless placed on a thick plywood root buffer. • 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. 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	

Table II
Comparison of Impact Levels and Improvement Measures for Previous Project and Revised Project

Impacts	Previous Project Level of Significance - Impacts and Mitigation / Improvement Measure	Revised Project Level of Significance - Impacts and Mitigation / Improvement Measure
	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.	
	GEOLOGY AND SOILS	
Geology and Soils (Cathedral Hill Campus)	***I-GE-N6 (Cathedral Hill):*** An excavation monitoring program shall be developed for construction of the Cathedral Hill Campus 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.	Same as for Previous Project.
	HAZARDS AND HAZARDOUS MATERIALS	
Hazardous Materials	***I-HZ-N1// I-HZ-N3(Cathedral Hill Davies [near-term], St. Luke's [with or without variants]):*** 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.	Same as for Previous Project.

Figure 1-1: Hospital at Cathedral Hill Campus Stacking Diagram



* NOTE : STACKING DIAGRAM IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT TO SCALE

STACKING DIAGRAM

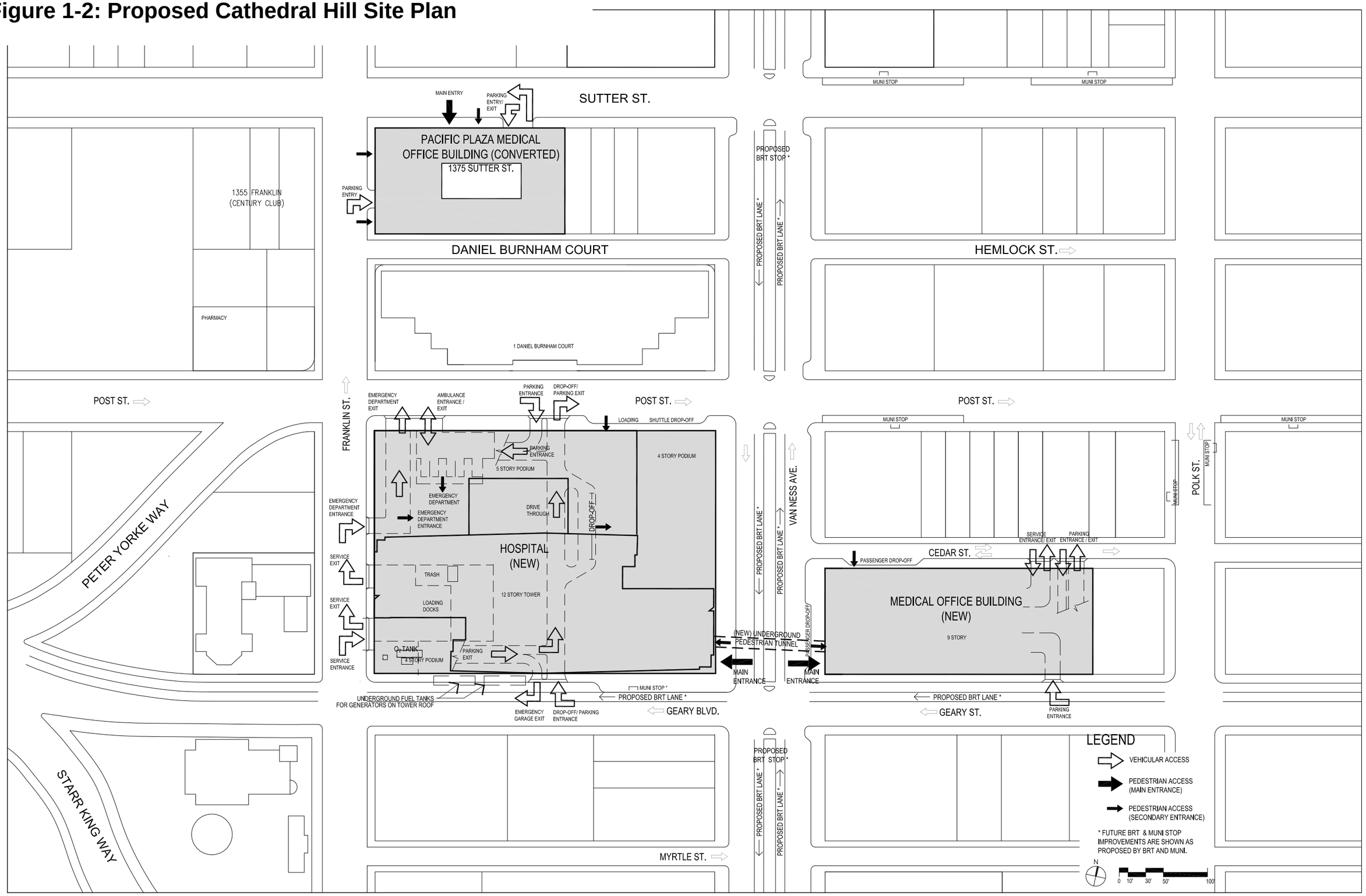
CATHEDRAL HILL HOSPITAL

SMITHGROUPJJR

CPMC LRDP Revised Project

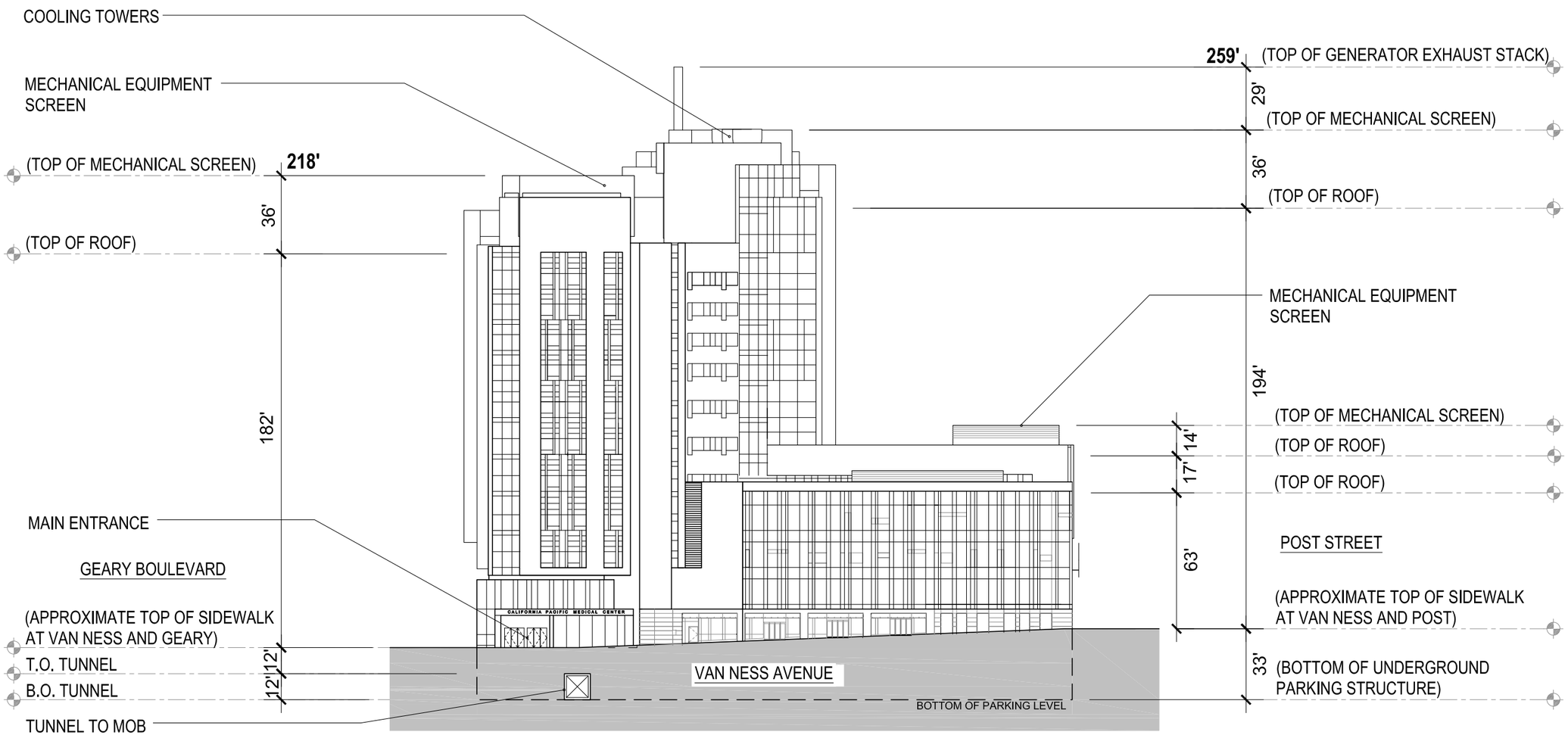
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-2: Proposed Cathedral Hill Site Plan



CH_PROPOSED_SITE_PLAN-EIR ADDENDUM-2013-0206.DWG 2/6/2013

Figure 1-3: Cathedral Hill East Elevation



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

Source: SmithGroup

APPROXIMATE SCALE

EAST ELEVATION

0' 10' 20' 50'

ELEVATION

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-4: Cathedral Hill North Elevation

NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

Source: SmithGroup

APPROXIMATE SCALE

NORTH ELEVATION

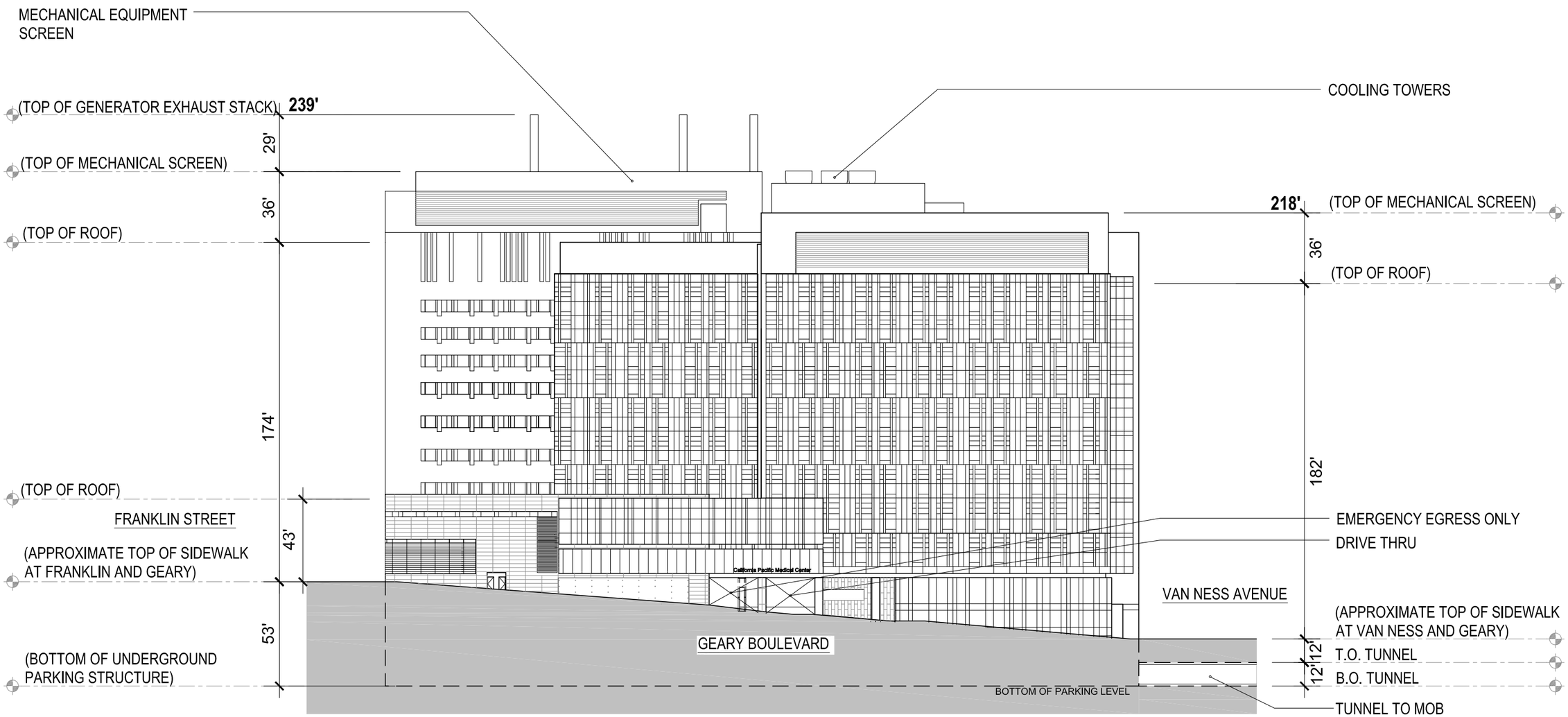
0' 10' 20' 50'

ELEVATION

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-5: Cathedral Hill South Elevation



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

Source: SmithGroup
APPROXIMATE SCALE

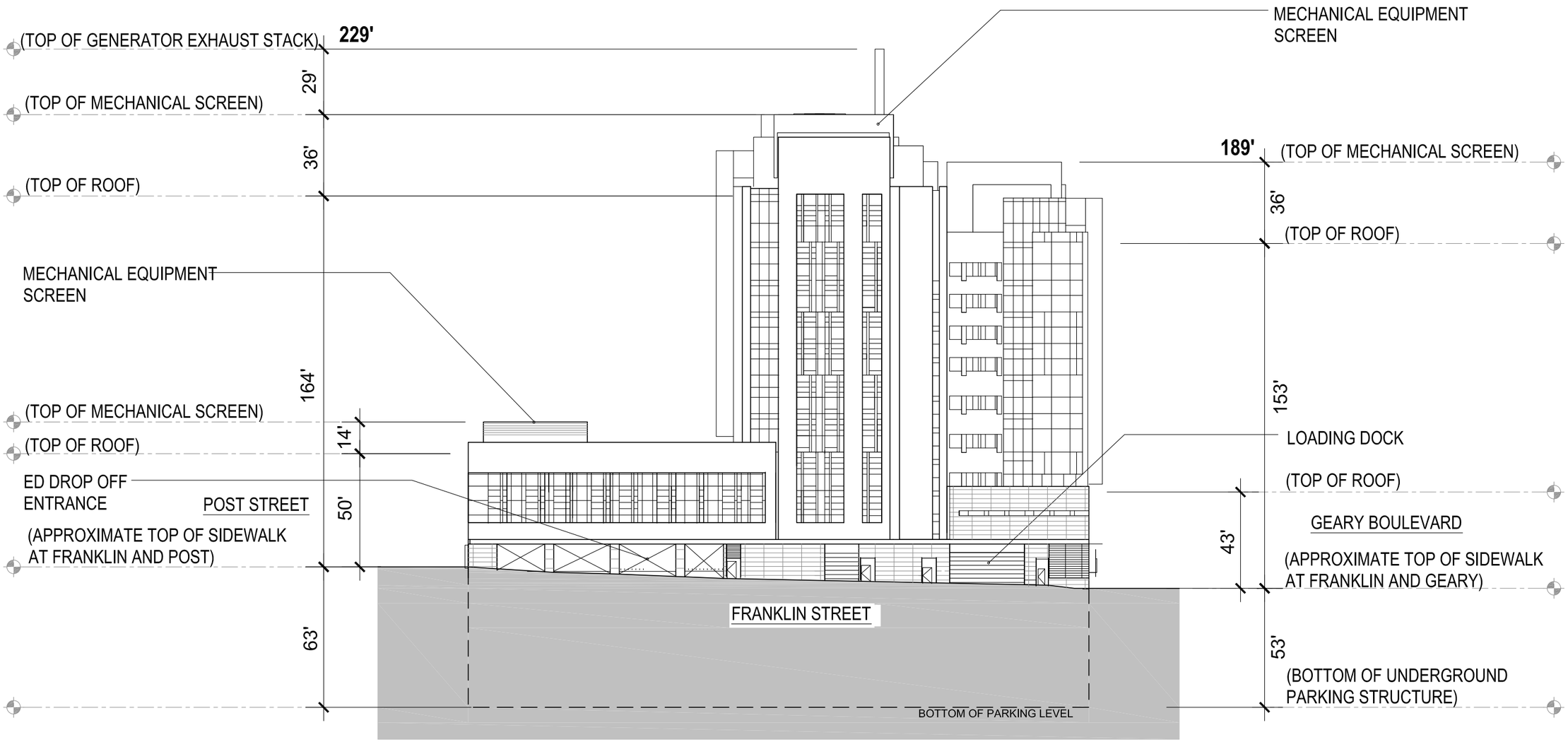
SOUTH ELEVATION
0' 10' 20' 50'

ELEVATION

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-6: Cathedral Hill West Elevation



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

Source: SmithGroup

APPROXIMATE SCALE

WEST ELEVATION

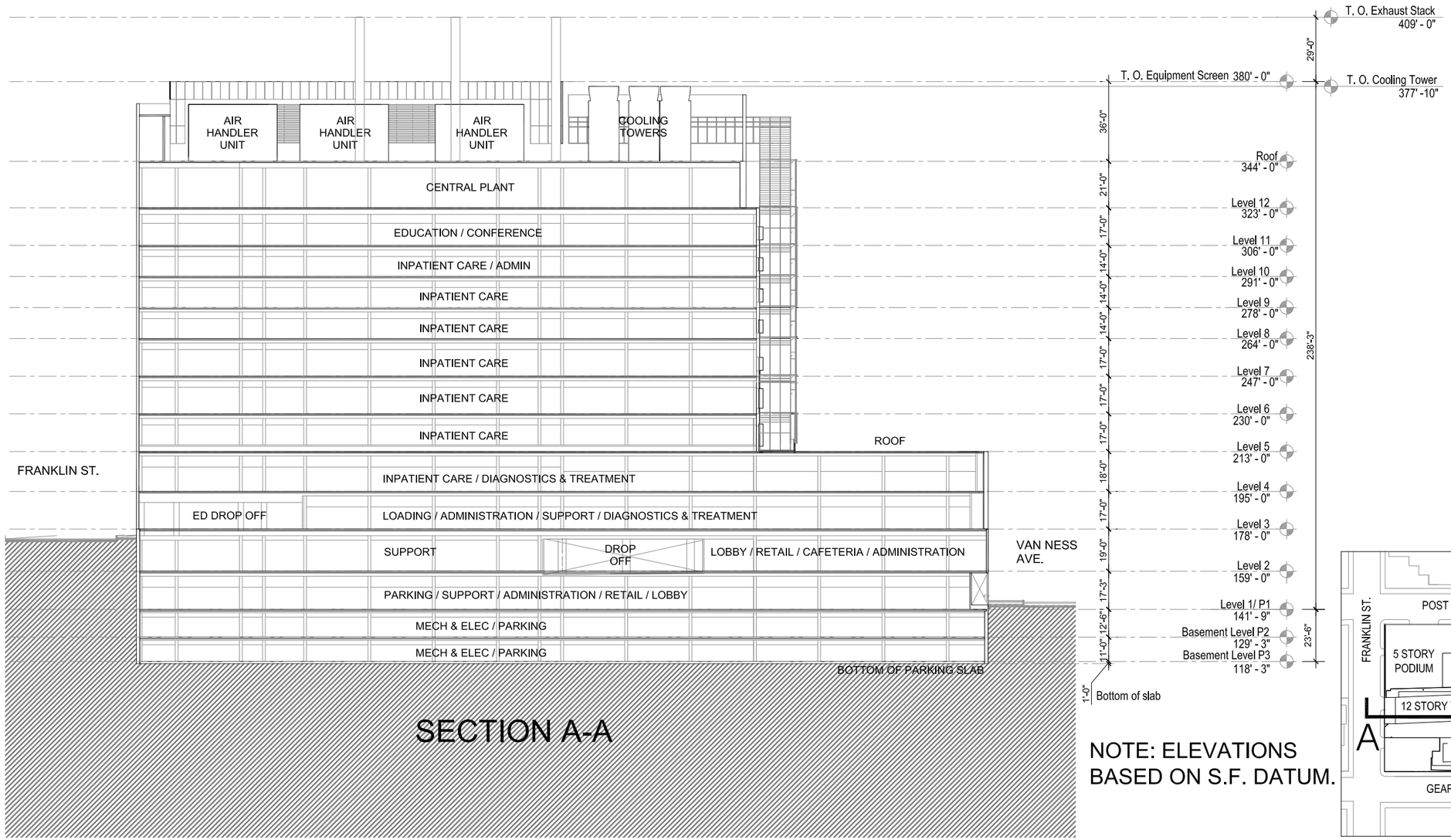
0' 10' 20' 50'

ELEVATION

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-7: Cathedral Hill Stacking Diagram Section A-A



BUILDING SECTION

CATHEDRAL HILL HOSPITAL

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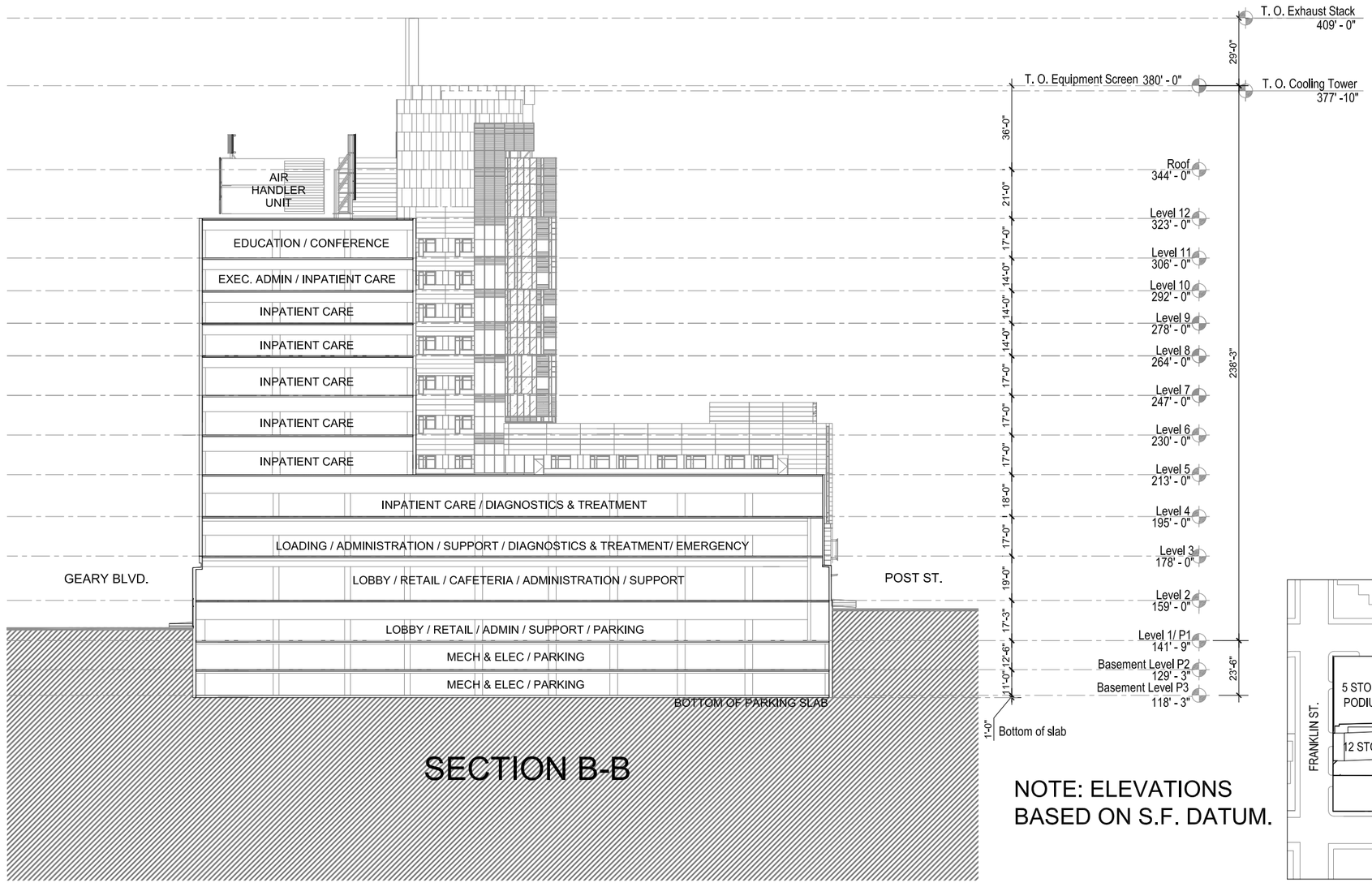
Figure 1-8: Cathedral Hill Stacking Diagram Section B-B



BUILDING SECTION

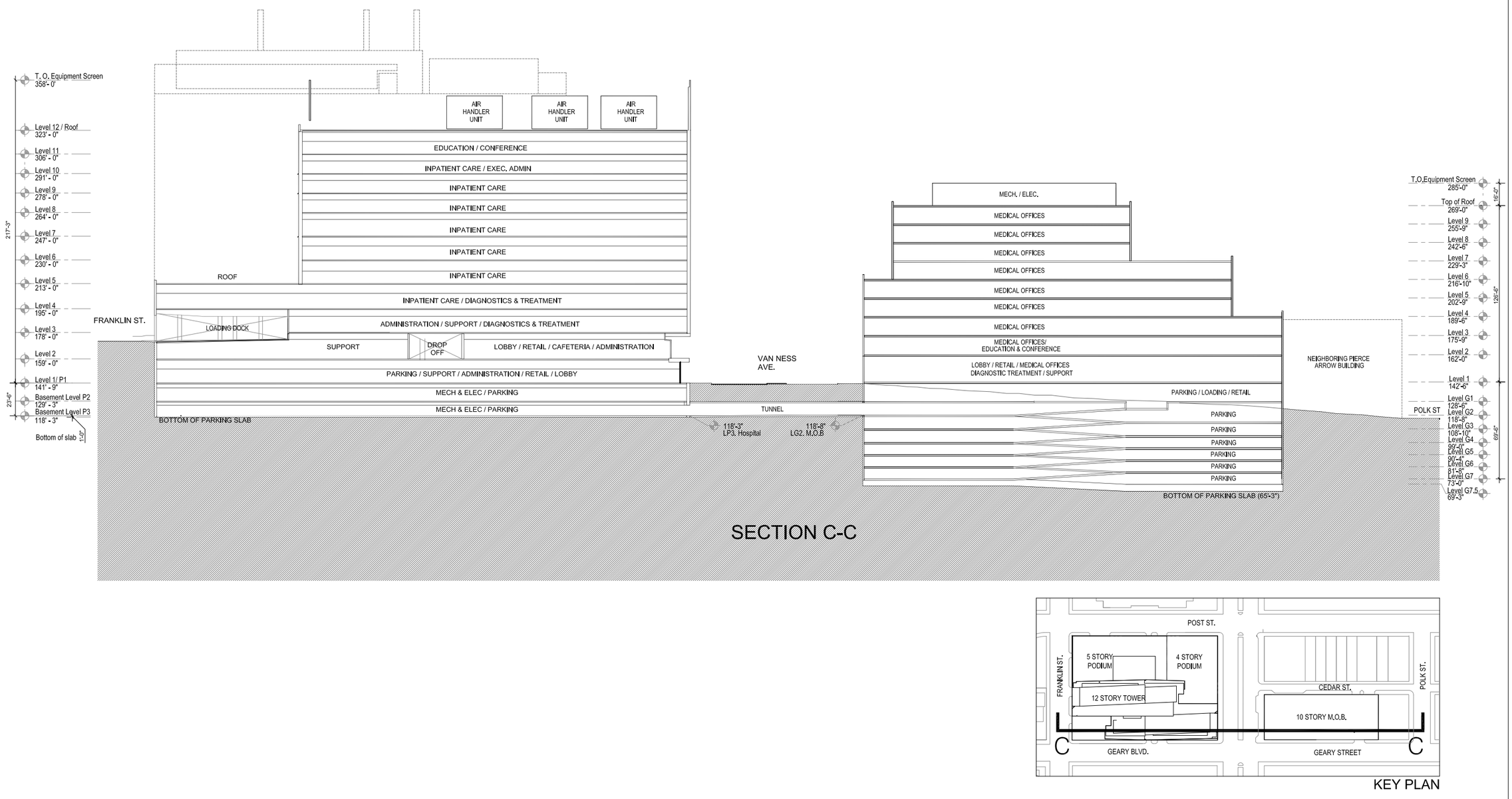
CATHEDRAL HILL HOSPITAL

SMITHGROUPJJR

CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-9: Cathedral Hill Stacking Diagram Section C-C



BUILDING SECTION

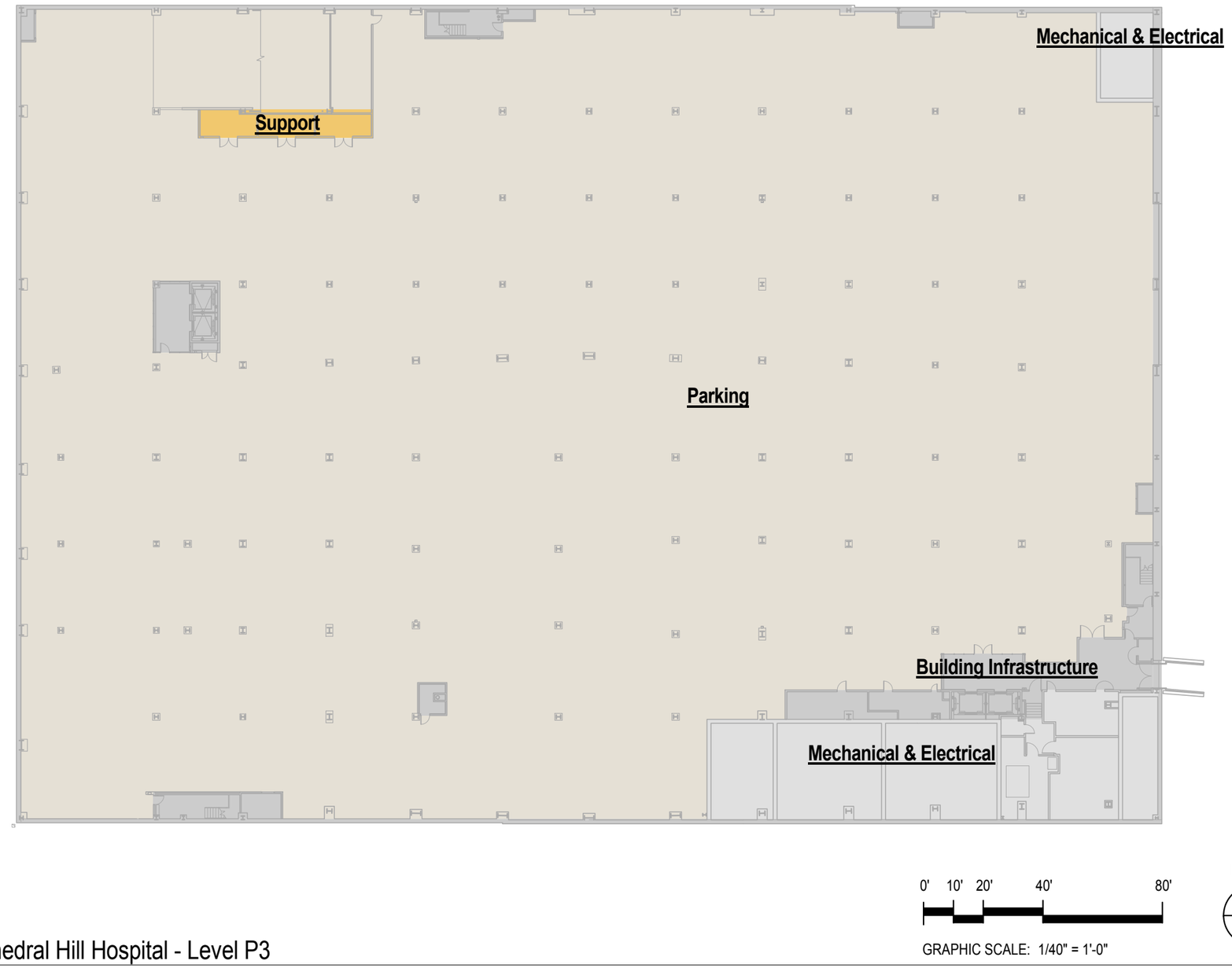
CATHEDRAL HILL HOSPITAL

SMITHGROUPJJR

CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-10: Cathedral Hill Hospital - Level P3



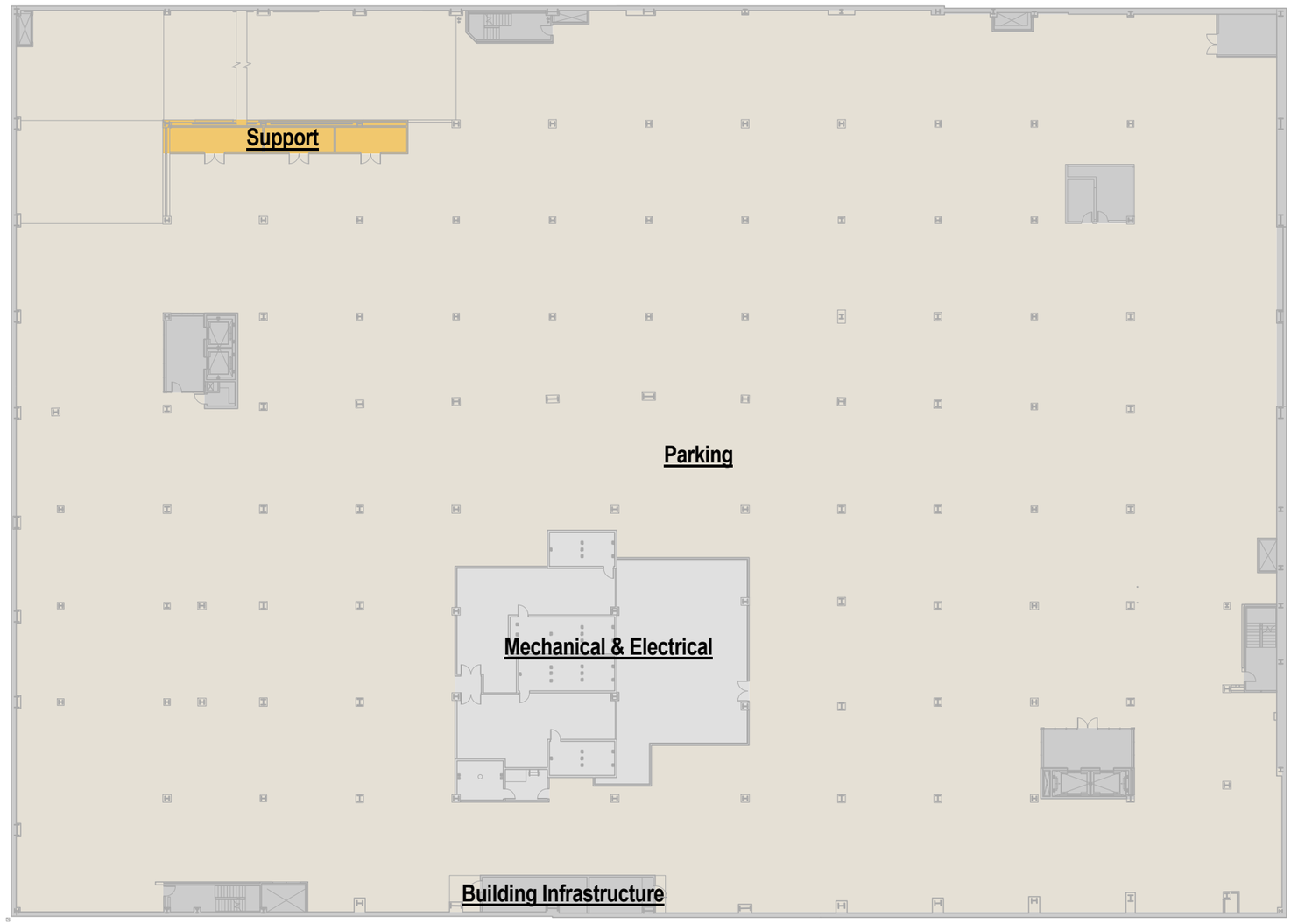
Cathedral Hill Hospital - Level P3

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-11: Cathedral Hill Hospital - Level P2



0' 10' 20' 40' 80'

GRAPHIC SCALE: 1/40" = 1'-0"

NORTH

Cathedral Hill Hospital - Level P2

FLOOR PLAN

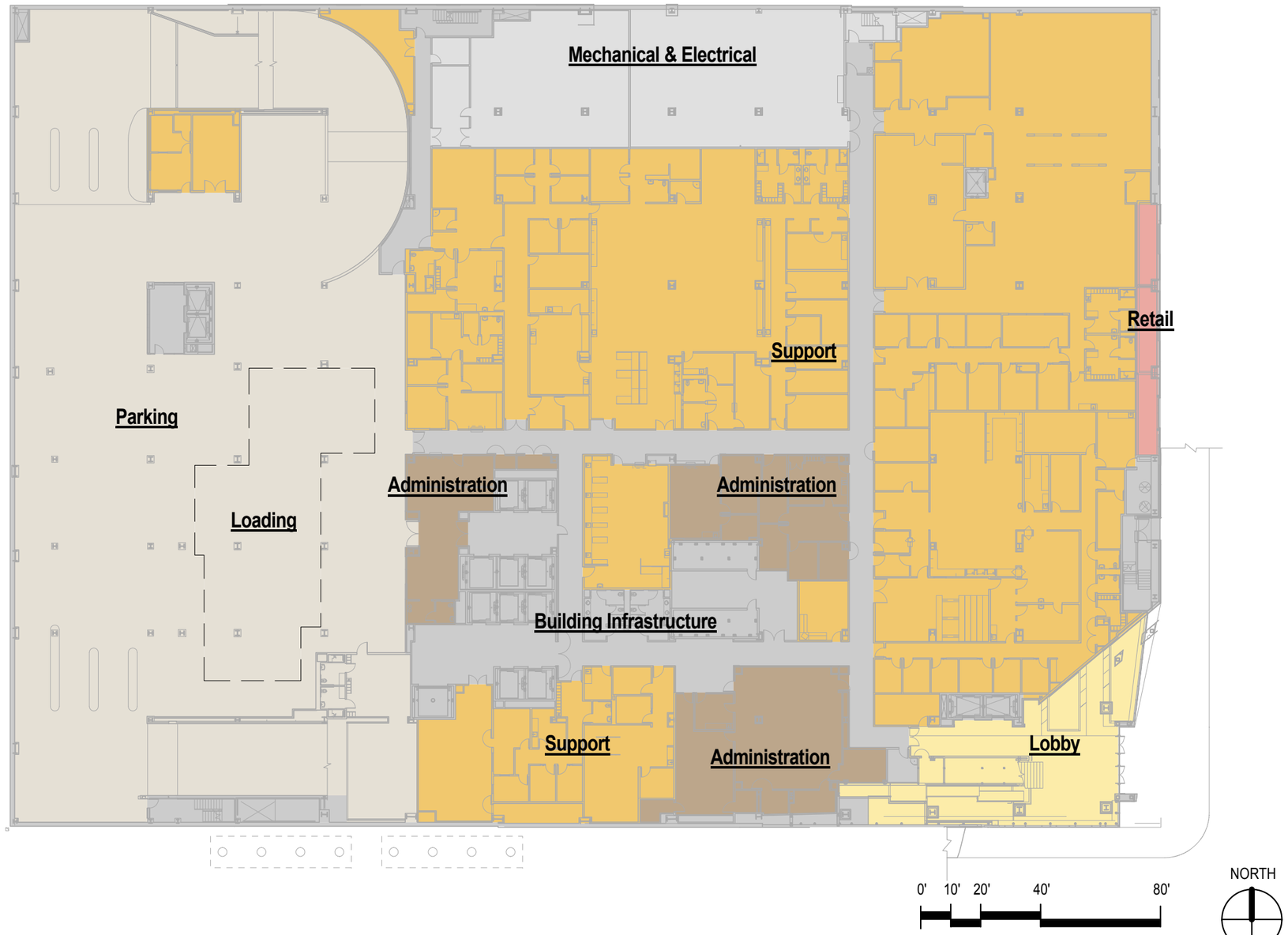
CATHEDRAL HILL HOSPITAL

SMITHGROUPJJR

CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-12: Cathedral Hill Hospital - Level 1/P1



Cathedral Hill Hospital - Level 1/P1

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
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CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-13: Cathedral Hill Hospital - Level 2

Cathedral Hill Hospital - Level 2

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

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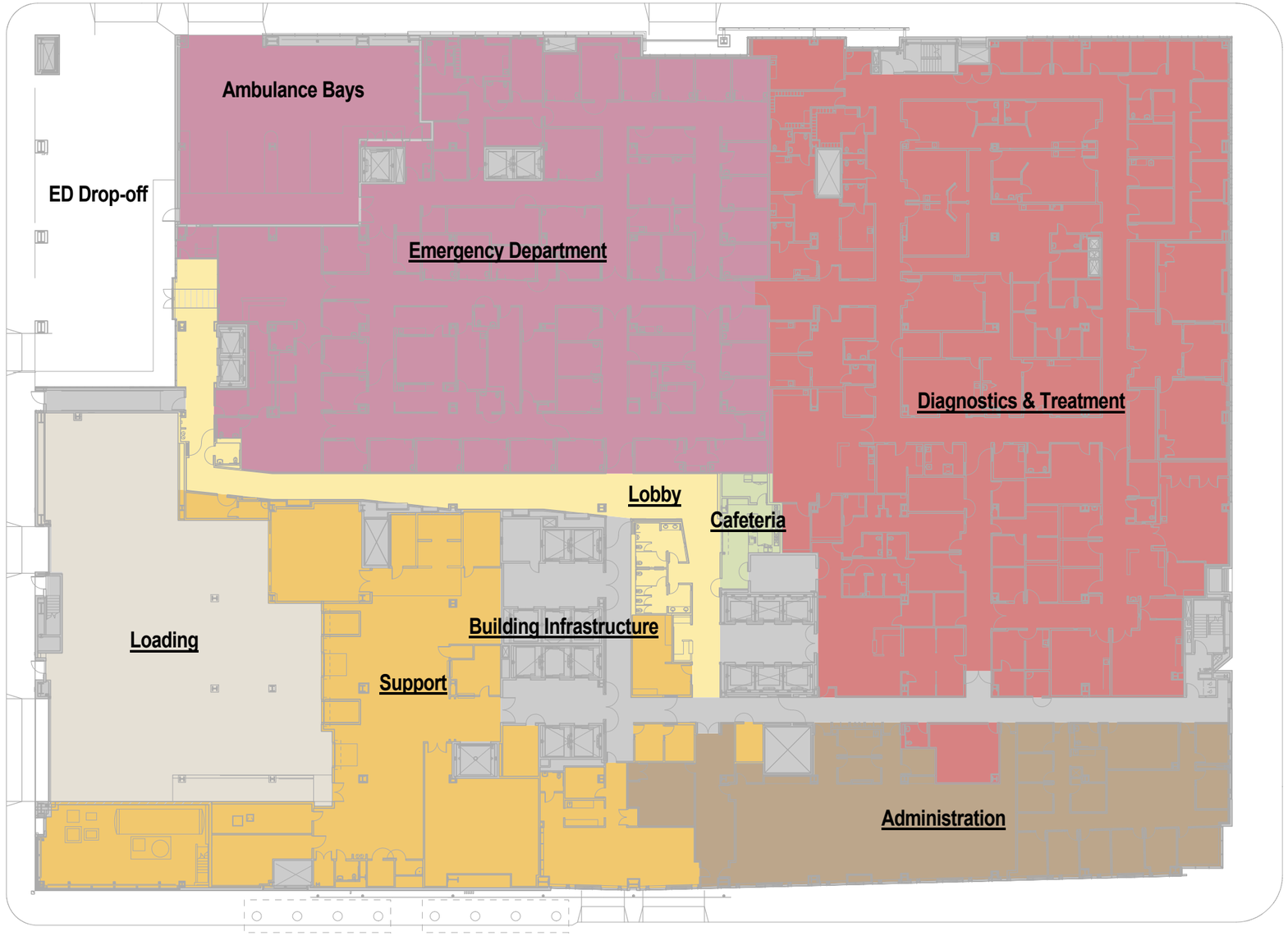
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-14: Cathedral Hill Hospital - Level 3



Cathedral Hill Hospital - Level 3

0' 10' 20' 40' 80'

GRAPHIC SCALE: 1/40" = 1'-0"

NORTH

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-15: Cathedral Hill Hospital - Level 4

0' 10' 20' 40' 80'

GRAPHIC SCALE: 1/40" = 1'-0"

NORTH

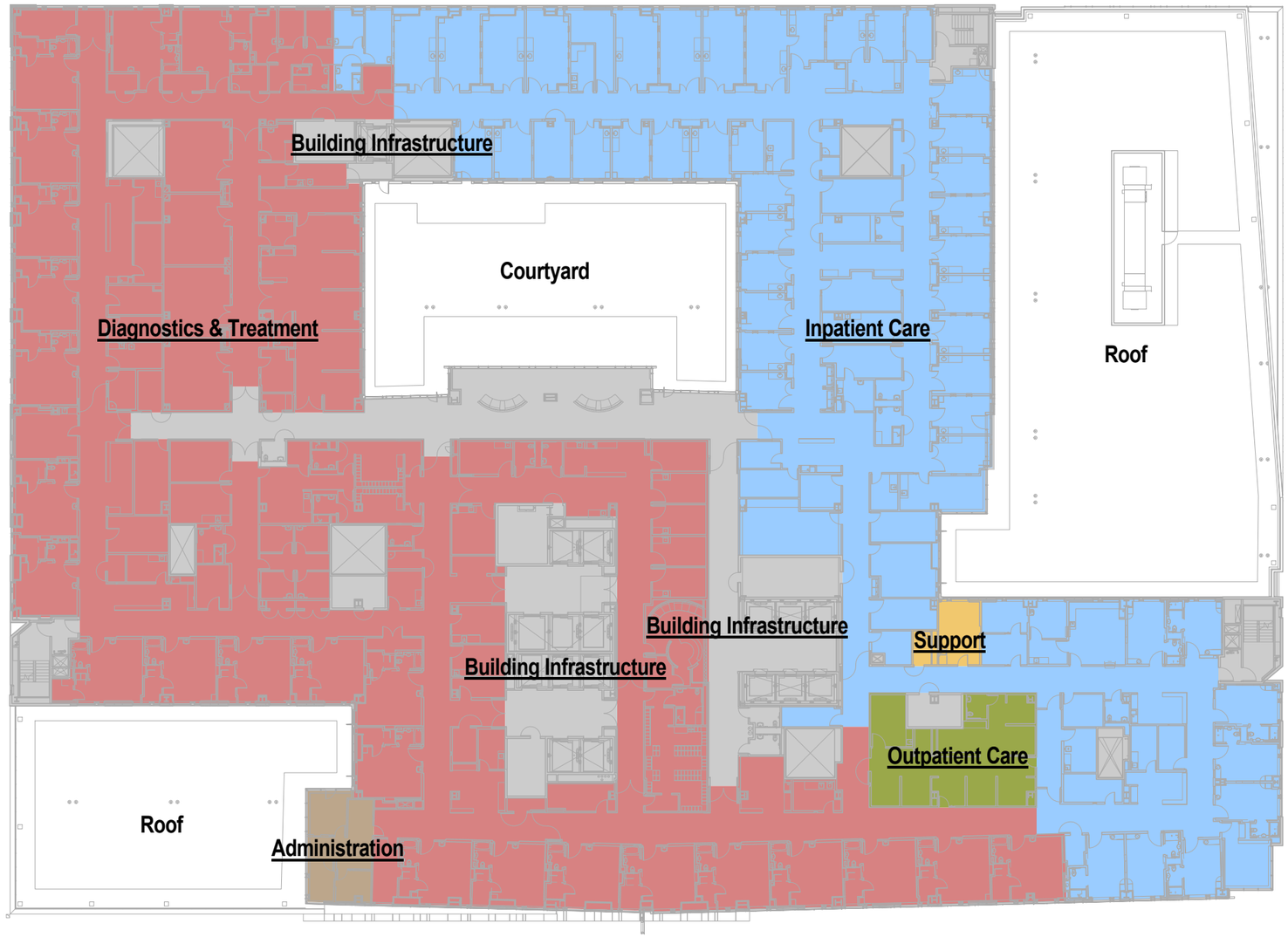
Cathedral Hill Hospital - Level 4

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-16: Cathedral Hill Hospital - Level 5



0' 10' 20' 40' 80'

GRAPHIC SCALE: 1/40" = 1'-0"

NORTH

Cathedral Hill Hospital - Level 5

FLOOR PLAN

CATHEDRAL HILL HOSPITAL

SMITHGROUPJJR

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Figure 1-17: Cathedral Hill Hospital - Level 6

Cathedral Hill Hospital - Level 6

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

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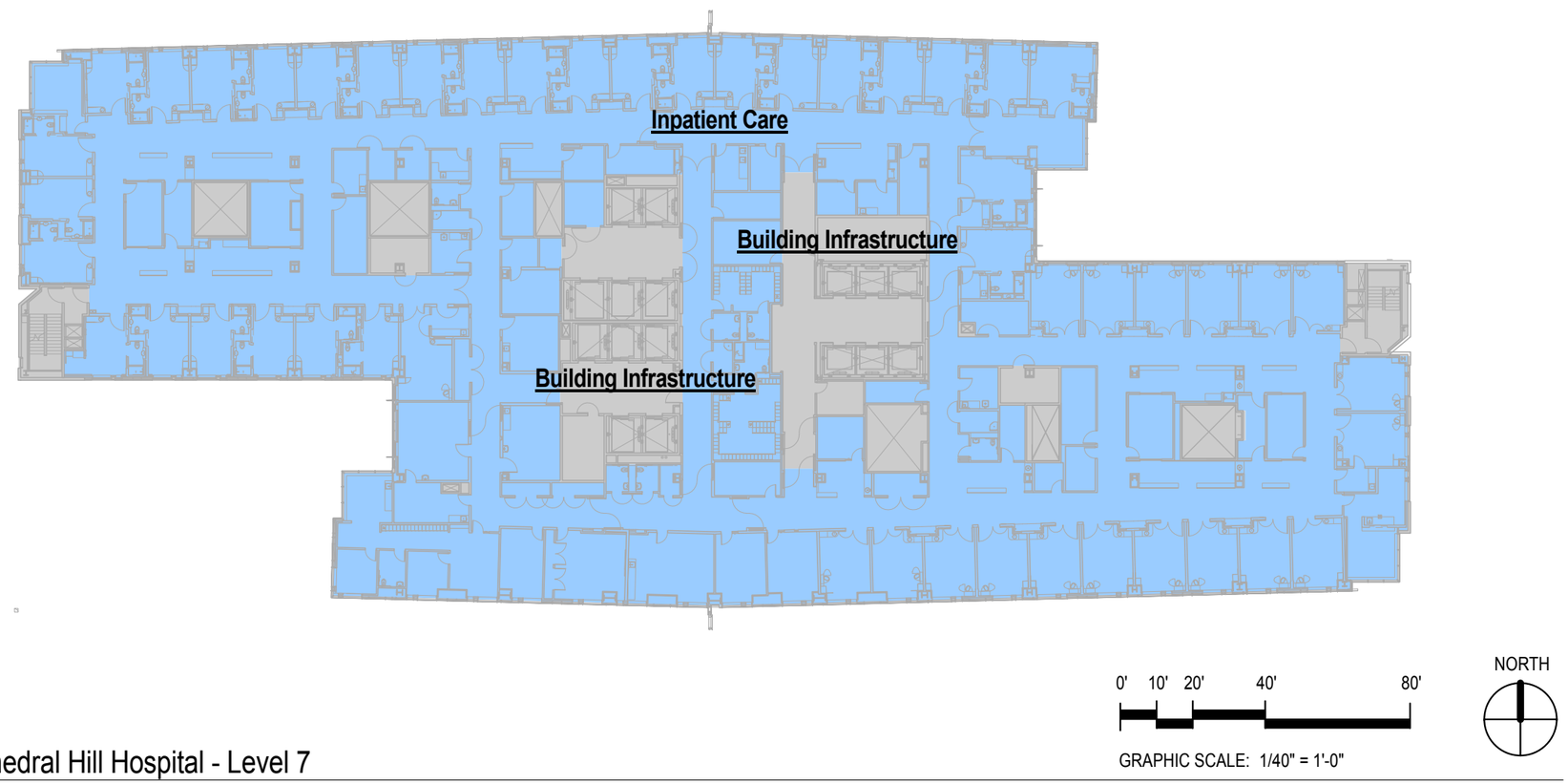
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-18: Cathedral Hill Hospital - Level P7



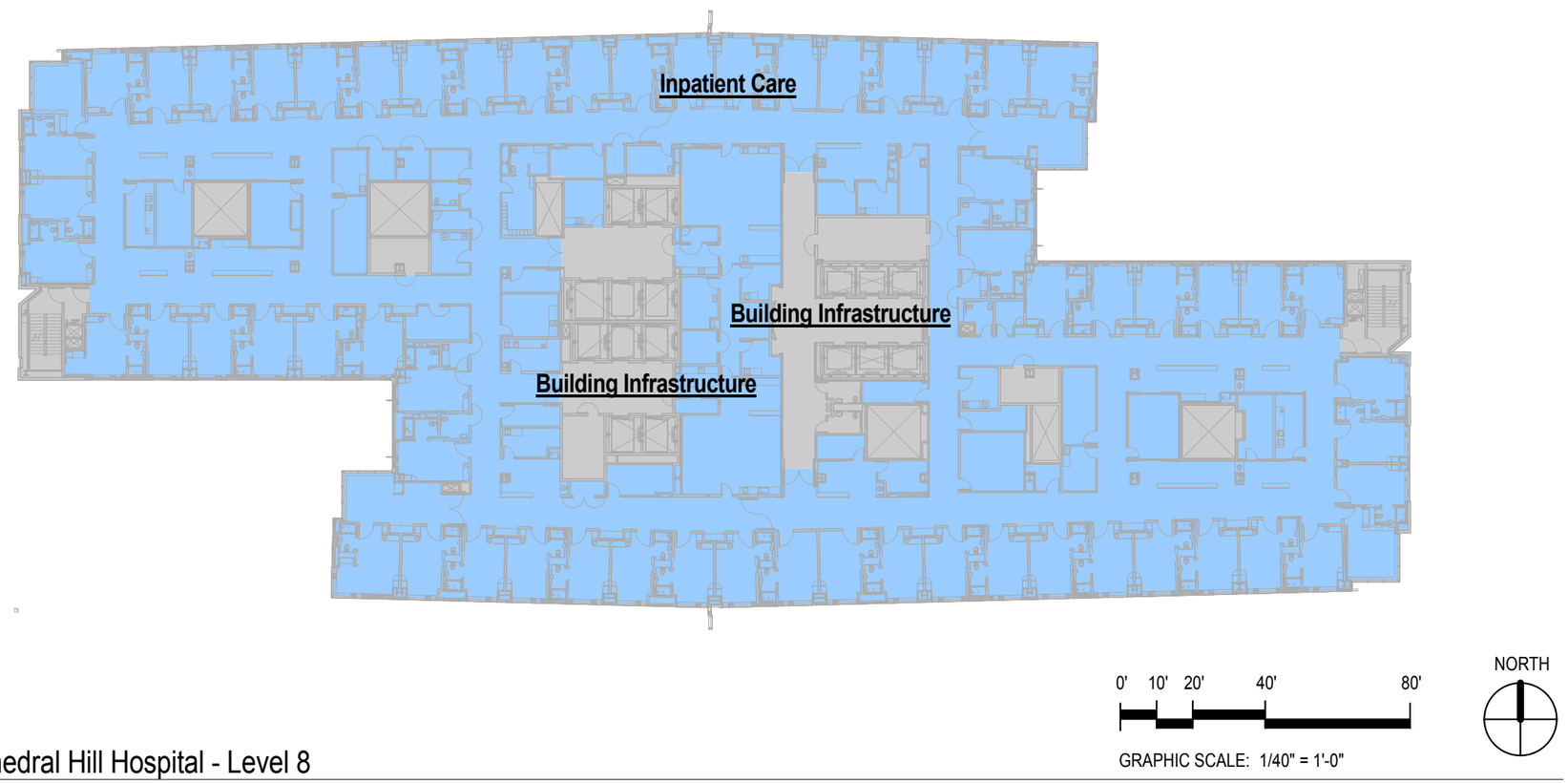
Cathedral Hill Hospital - Level 7

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-19: Cathedral Hill Hospital - Level 8



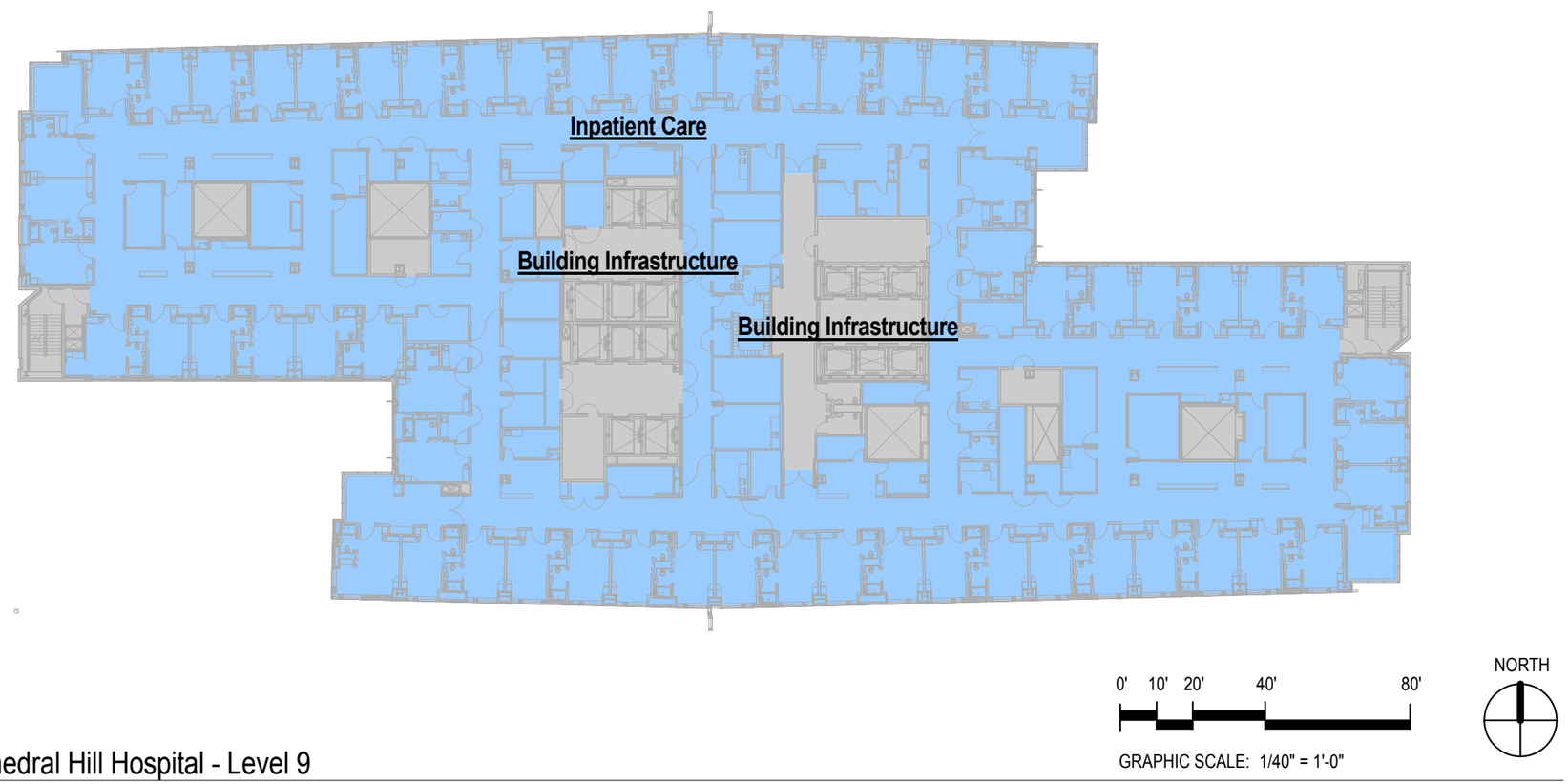
Cathedral Hill Hospital - Level 8

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-20: Cathedral Hill Hospital - Level 9



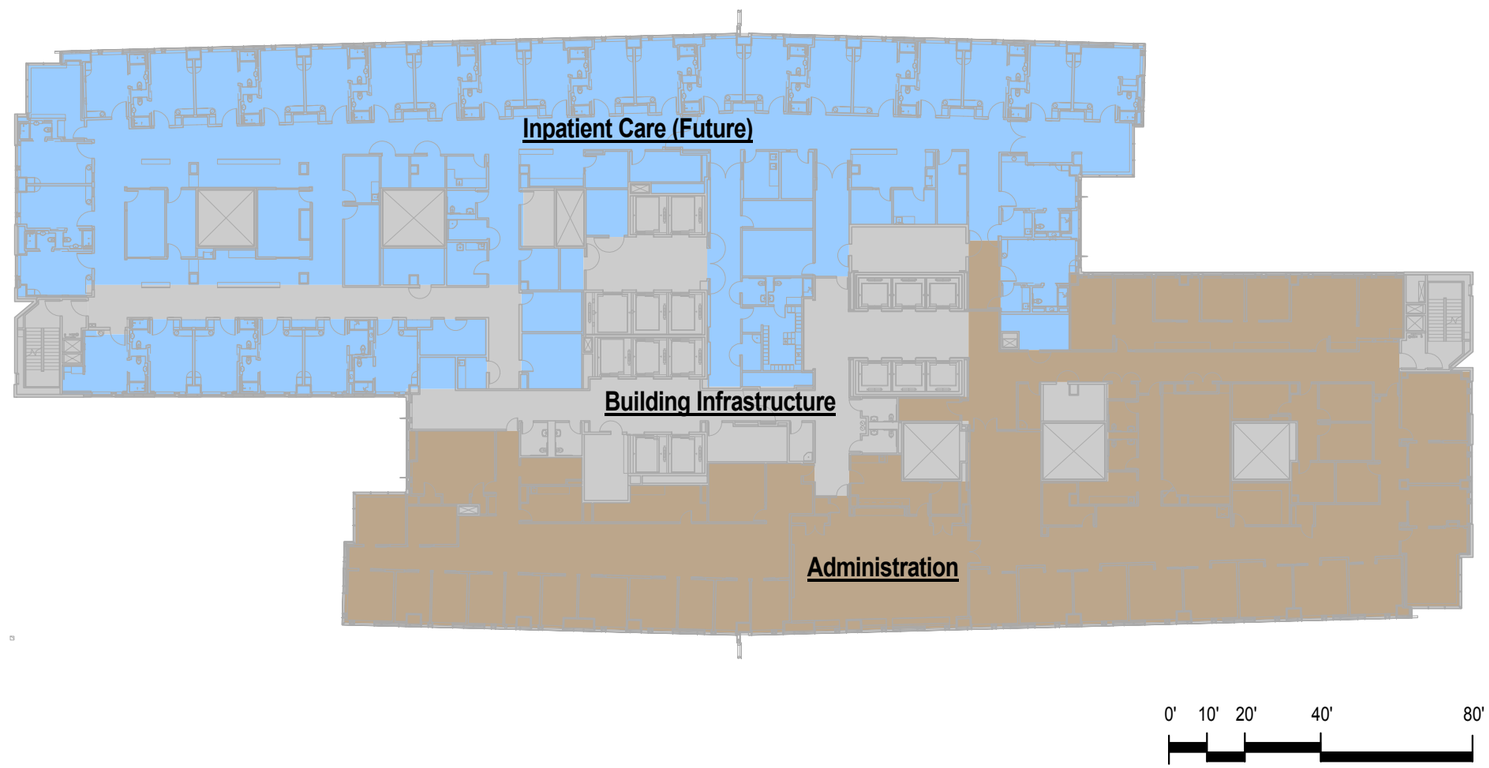
Cathedral Hill Hospital - Level 9

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-21: Cathedral Hill Hospital - Level 10



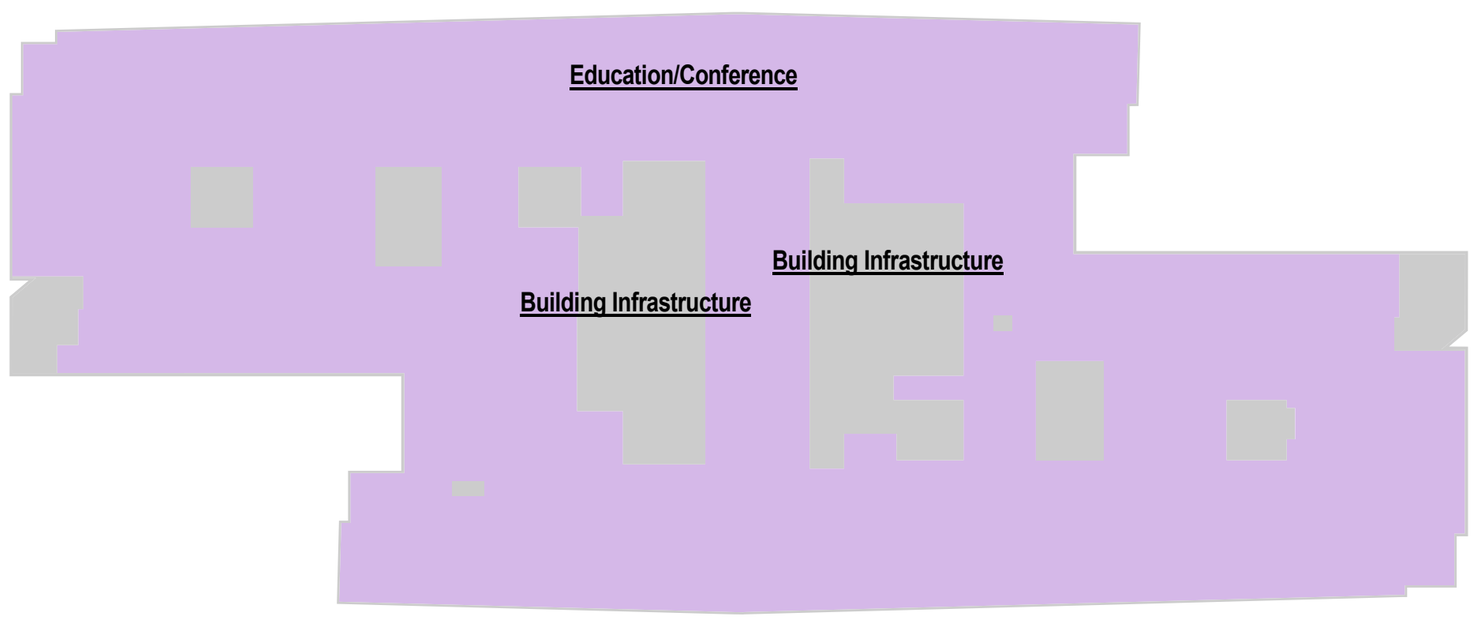
Cathedral Hill Hospital - Level 10

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-22: Cathedral Hill Hospital - Level 11



Cathedral Hill Hospital - Level 11

0' 10' 20' 40' 80'

GRAPHIC SCALE: 1/40" = 1'-0"

NORTH

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

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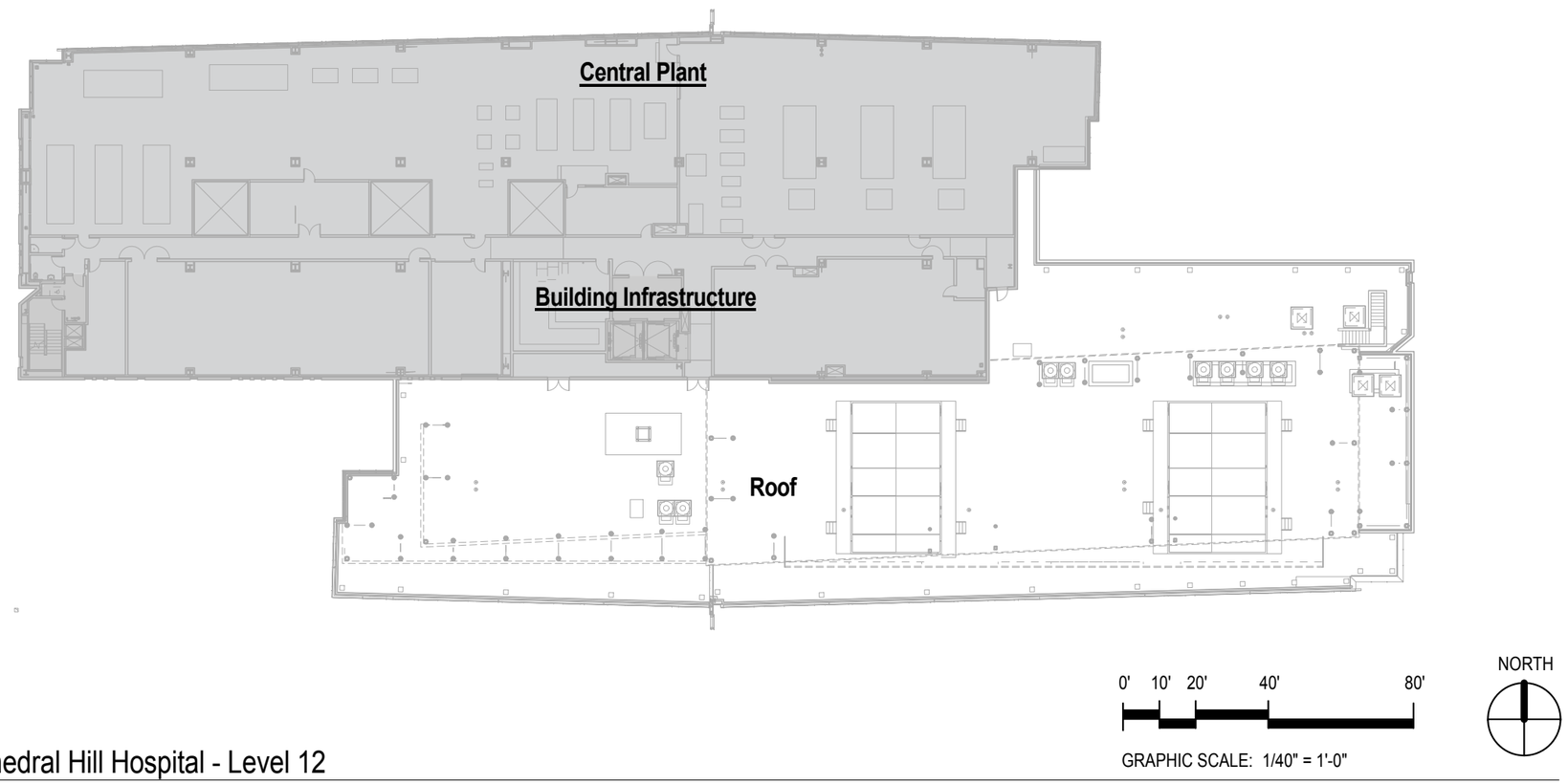
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-23: Cathedral Hill Hospital - Level 12



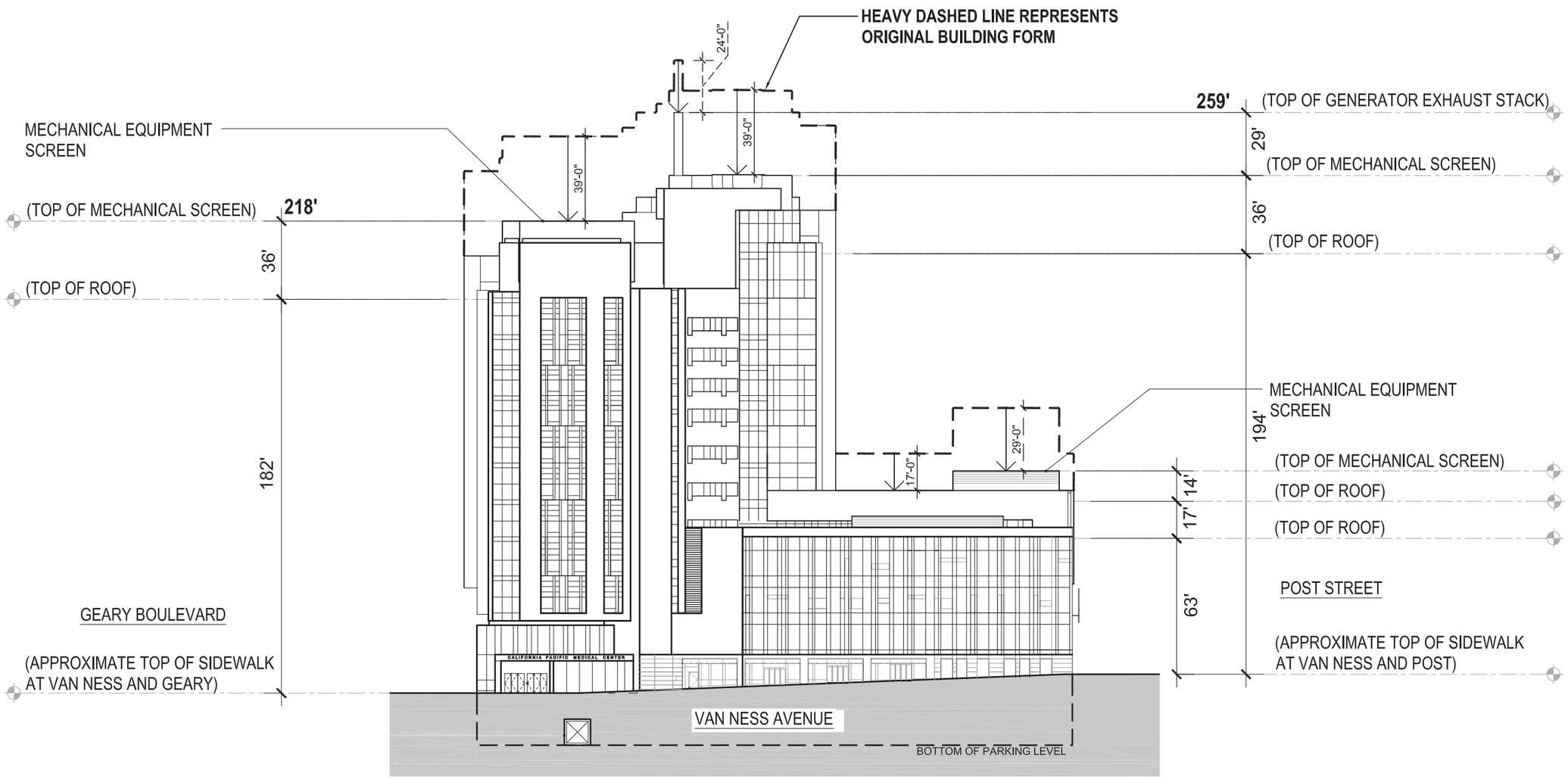
Cathedral Hill Hospital - Level 12

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-24: East Elevation Comparison of Revised Project to Previous Project

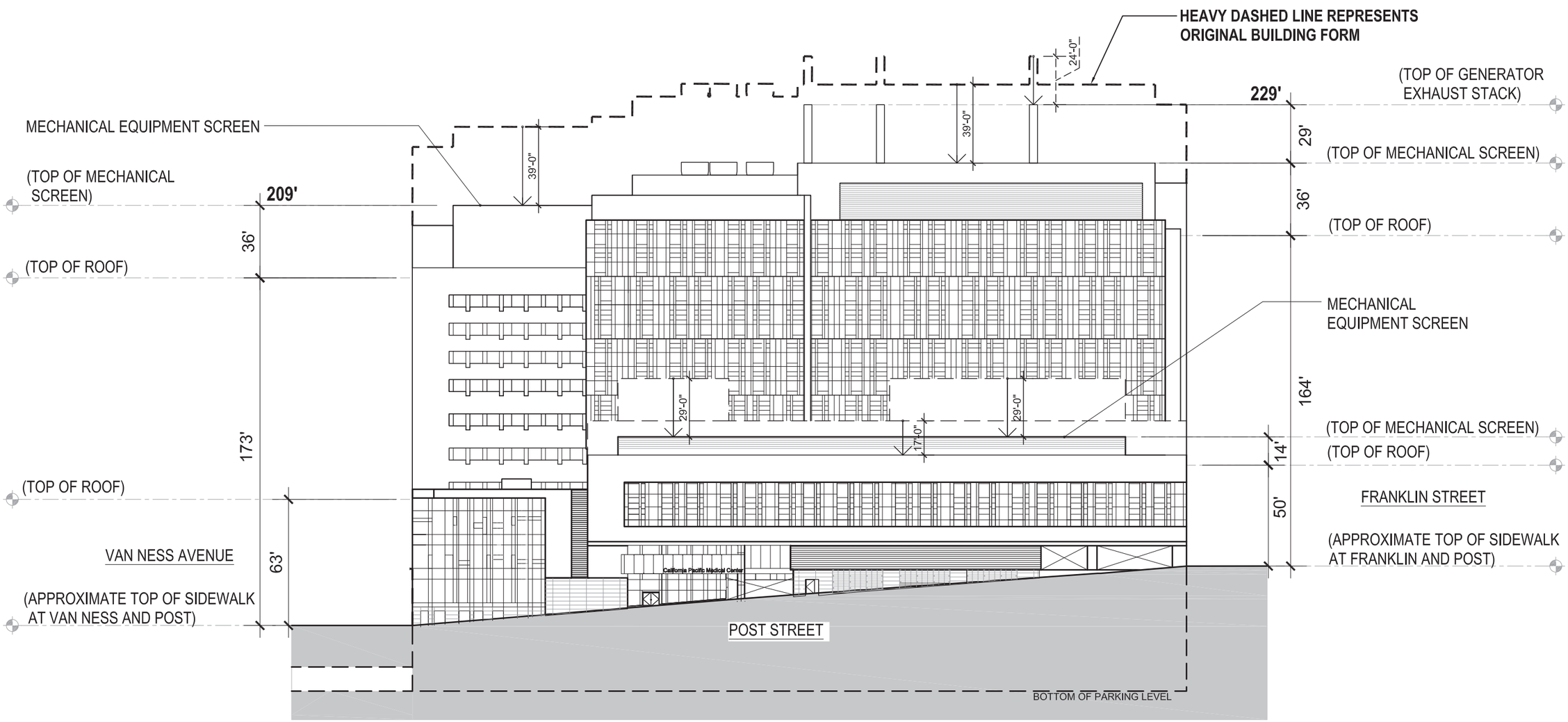


NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 0' 10' 20' 50'

EAST ELEVATION

Figure 1-25: North Elevation Comparison of Revised Project to Previous Project

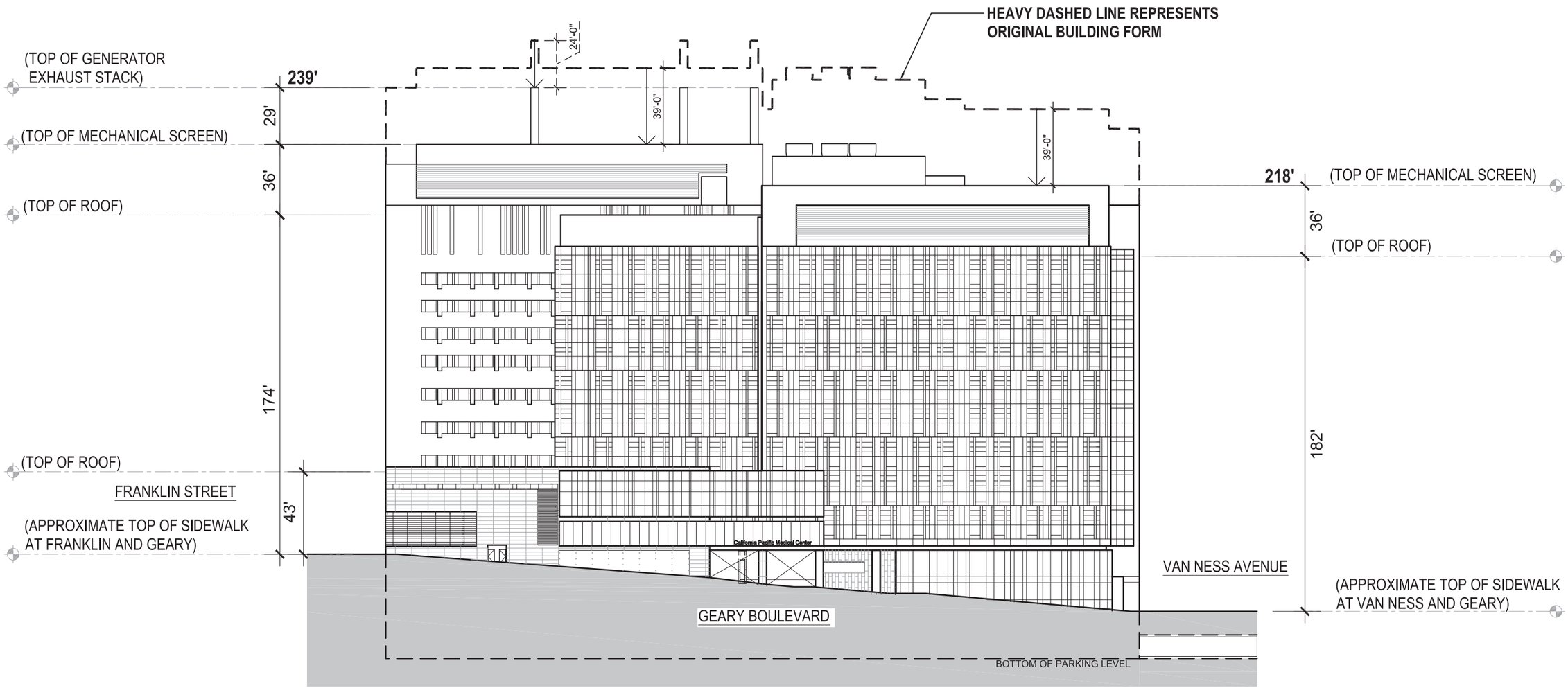


NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 0' 10' 20' 50'

NORTH ELEVATION

Figure 1-26: South Elevation Comparison of Revised Project to Previous Project

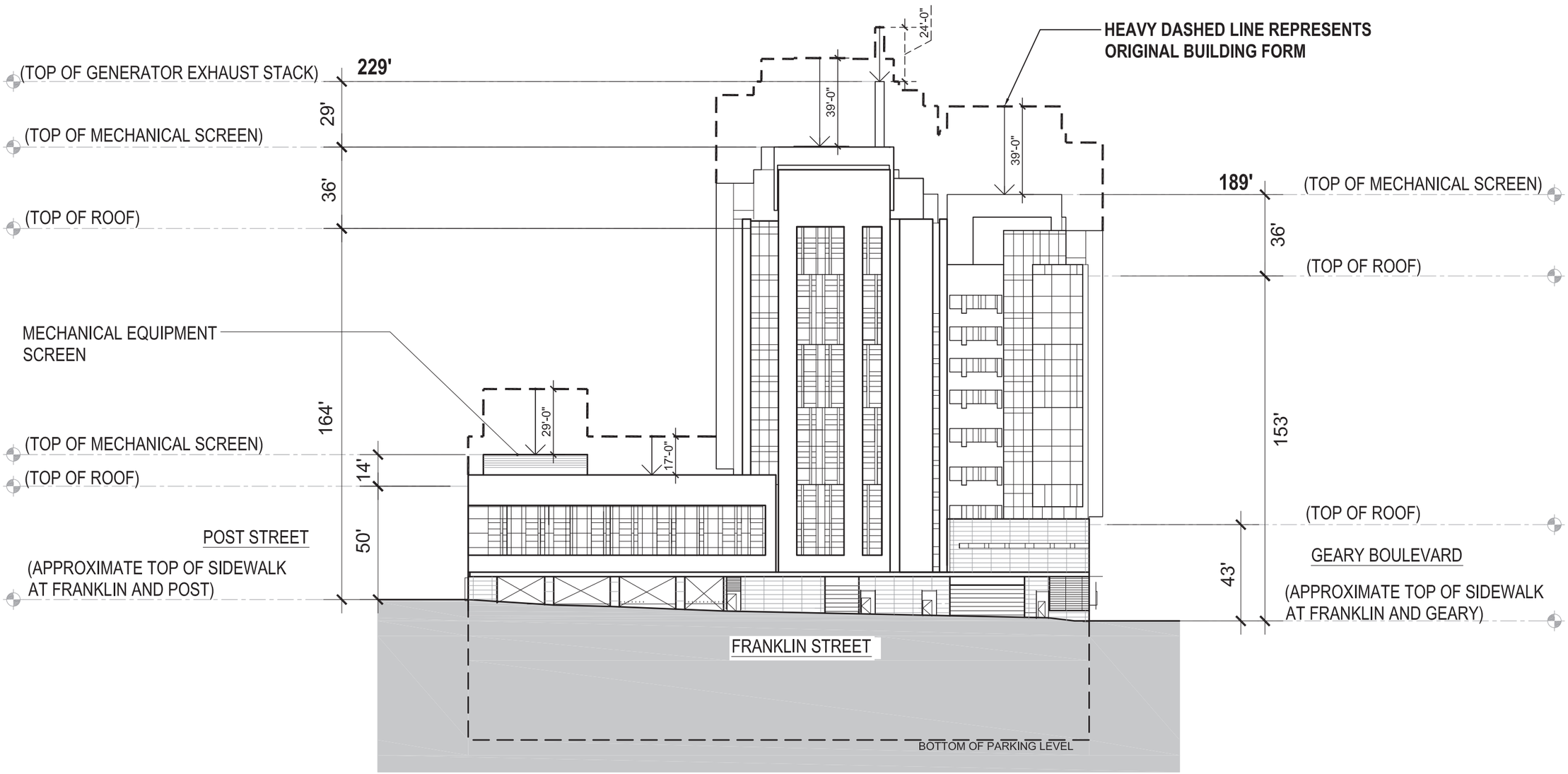


NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 0' 10' 20' 50'

SOUTH ELEVATION

Figure 1-27: West Elevation Comparison of Revised Project to Previous Project

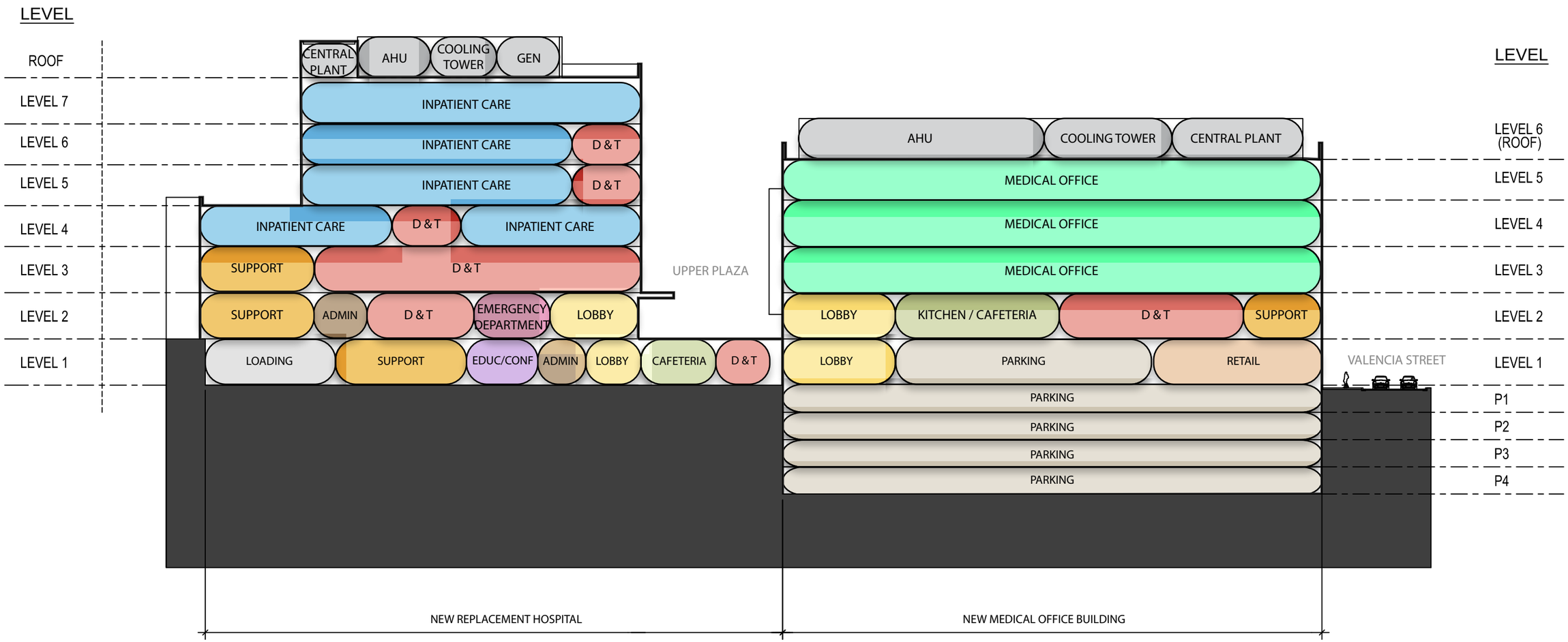


NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 0' 10' 20' 50'

WEST ELEVATION

Figure 1-28: St. Luke's Campus Stacking Diagram



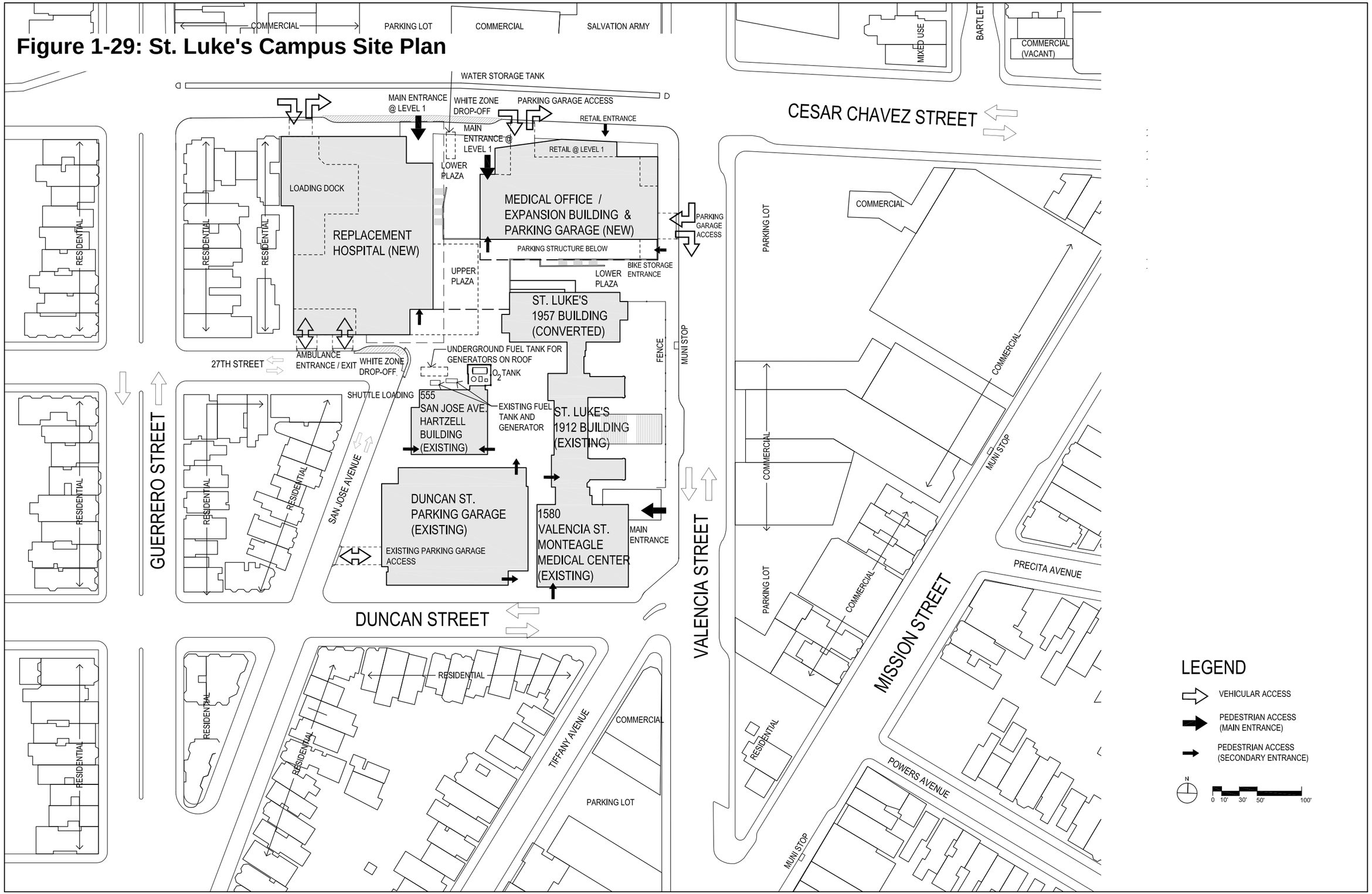
* NOTE : STACKING DIAGRAM IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT TO SCALE

STACKING DIAGRAM

ST LUKE'S CAMPUS - HOSPITAL
SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-29: St. Luke's Campus Site Plan

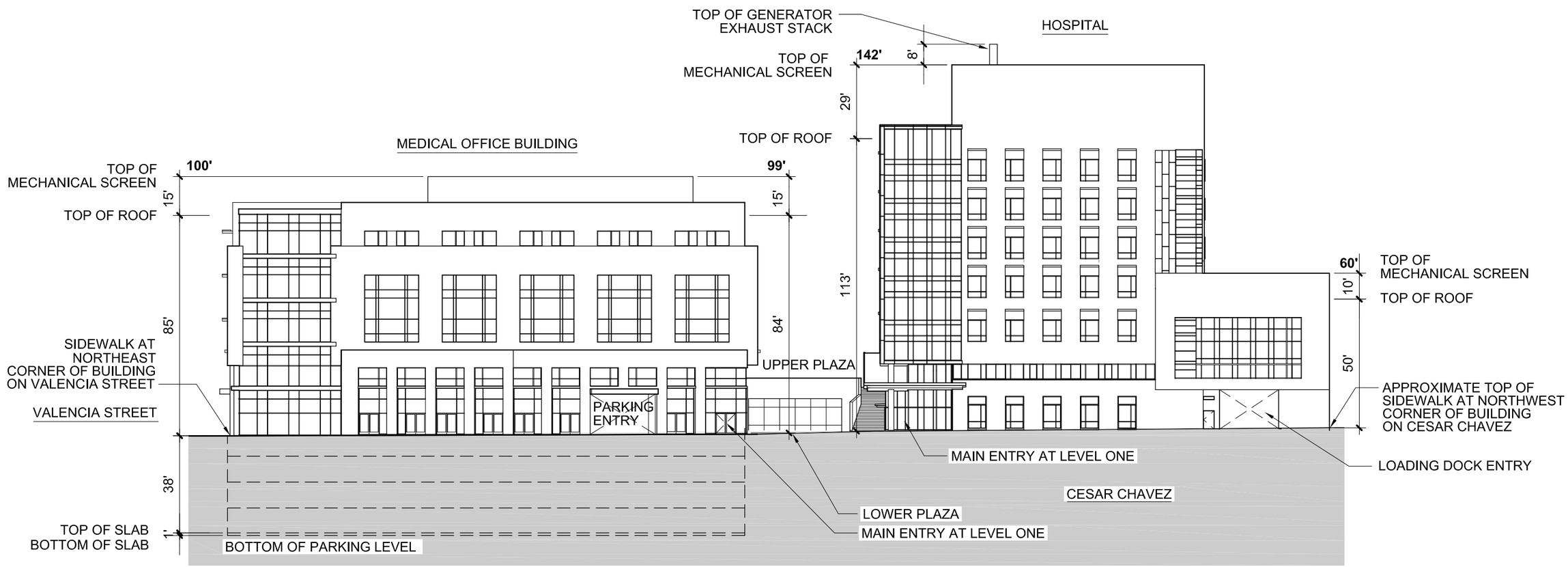


SITE PLAN

ST. LUKE'S CAMPUS - HOSPITAL
SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-30: St. Luke's Campus North Elevation



NORTH ELEVATION

SOURCE: SMITHGROUP AND BOULDER ASSOCIATES

NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

APPROXIMATE SCALE 0 5' 10' 20' 40'

ELEVATION

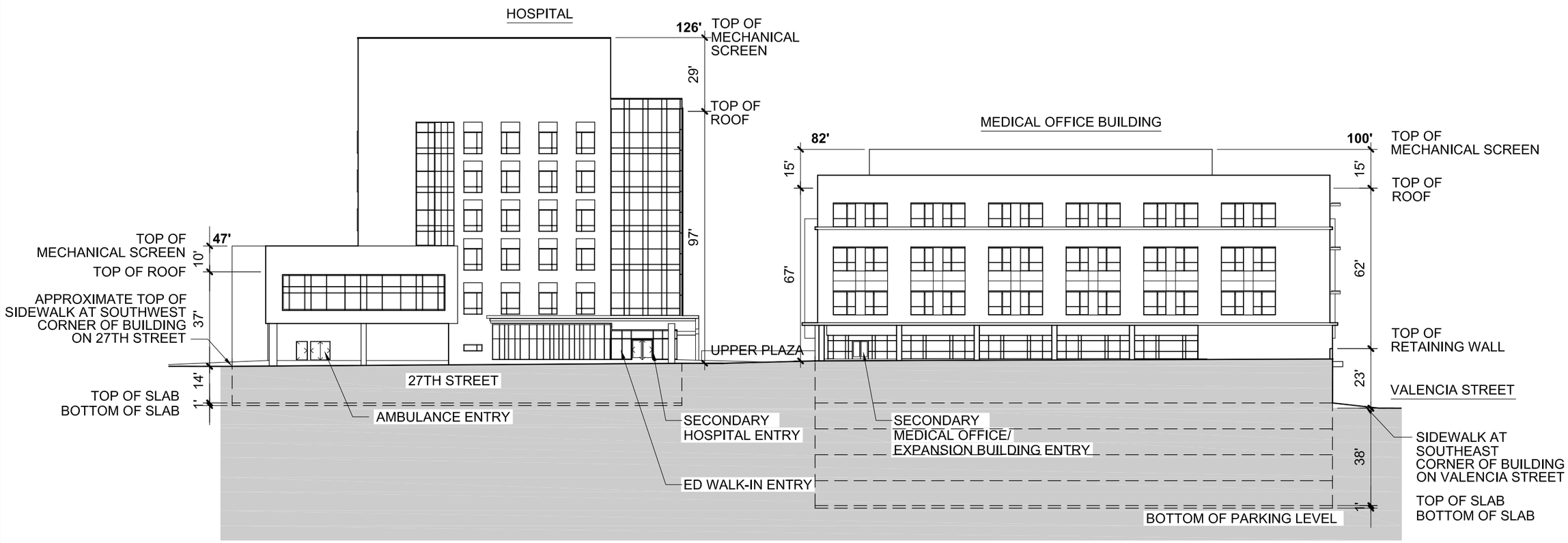
ST. LUKE'S CAMPUS - HOSPITAL

SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-31: St. Luke's Campus South Elevation



SOUTH ELEVATION

SOURCE: SMITHGROUP AND BOULDER ASSOCIATES

NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

APPROXIMATE SCALE 0 5' 10' 20' 40'

ELEVATION

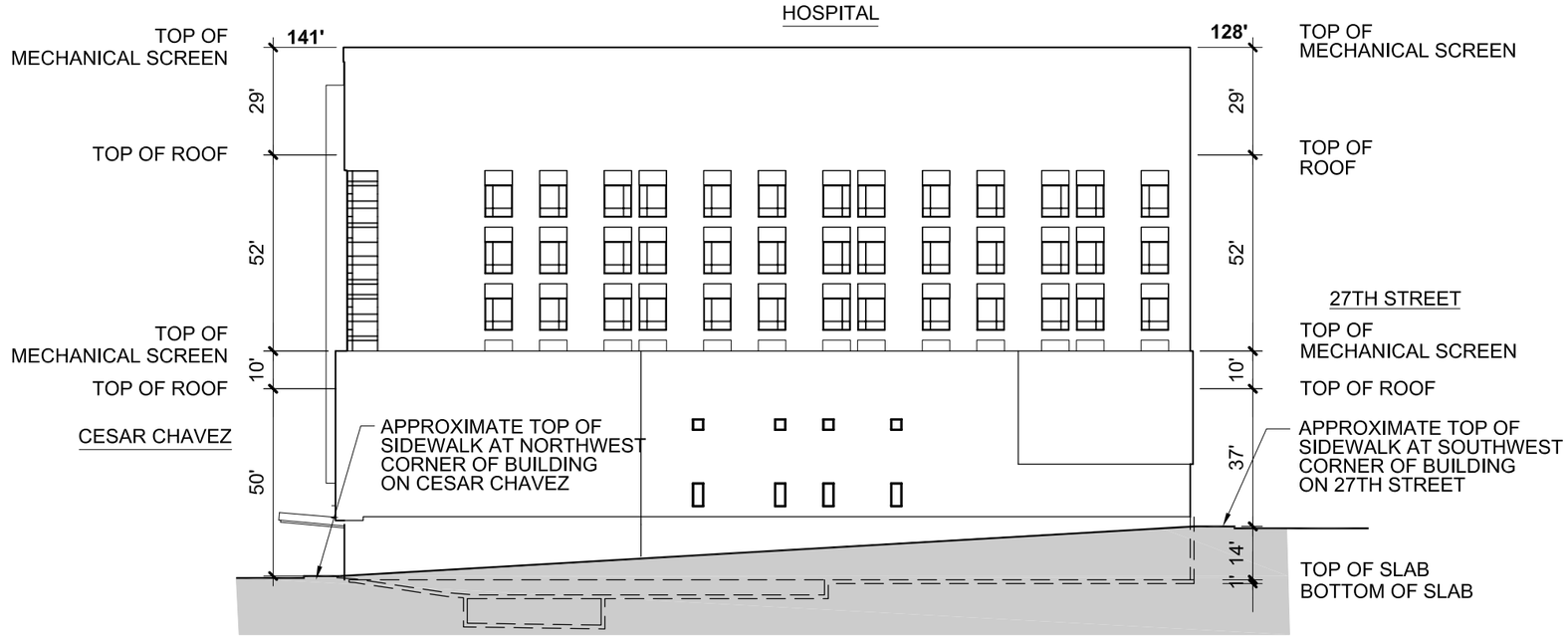
ST. LUKE'S CAMPUS - HOSPITAL

SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project

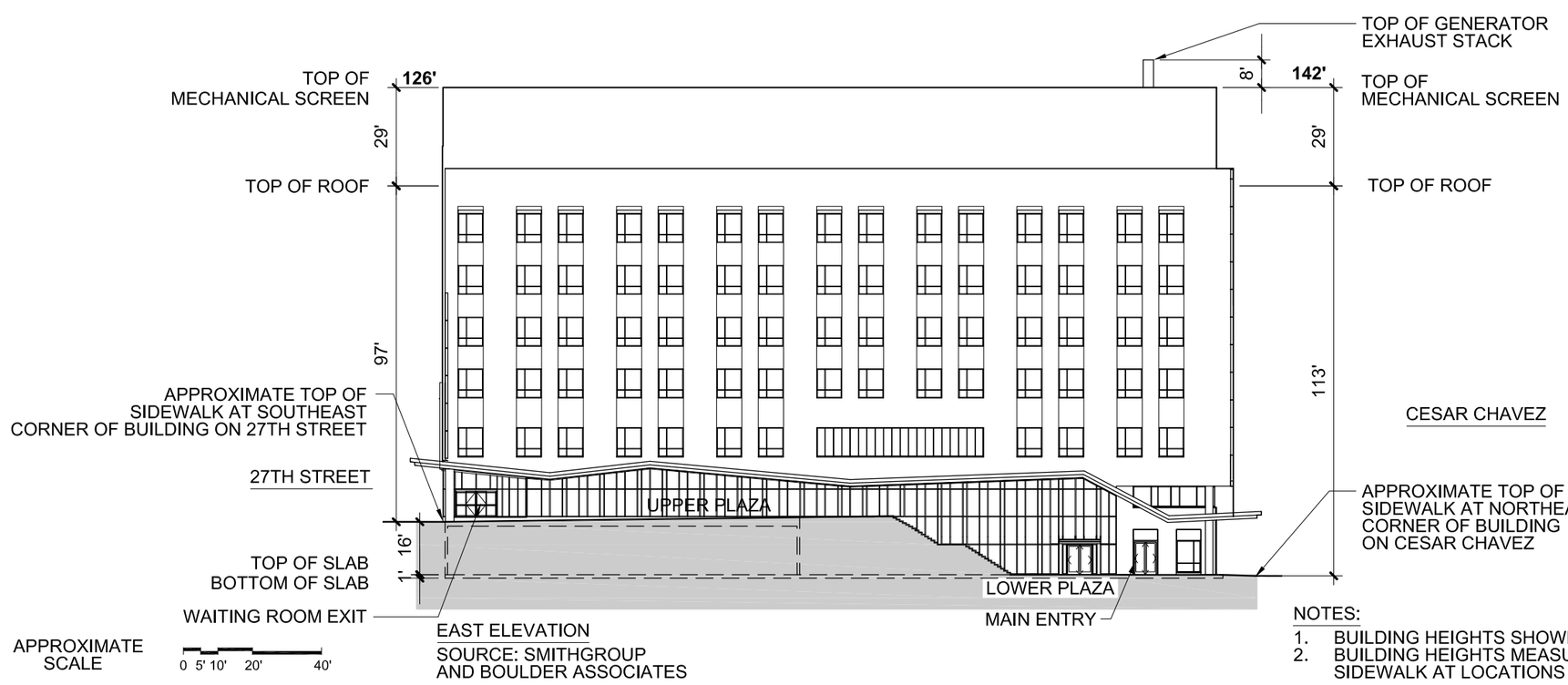
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-32: St. Luke's Campus West/East Elevation



WEST ELEVATION

SOURCE: SMITHGROUP AND BOULDER ASSOCIATES



EAST ELEVATION

SOURCE: SMITHGROUP AND BOULDER ASSOCIATES

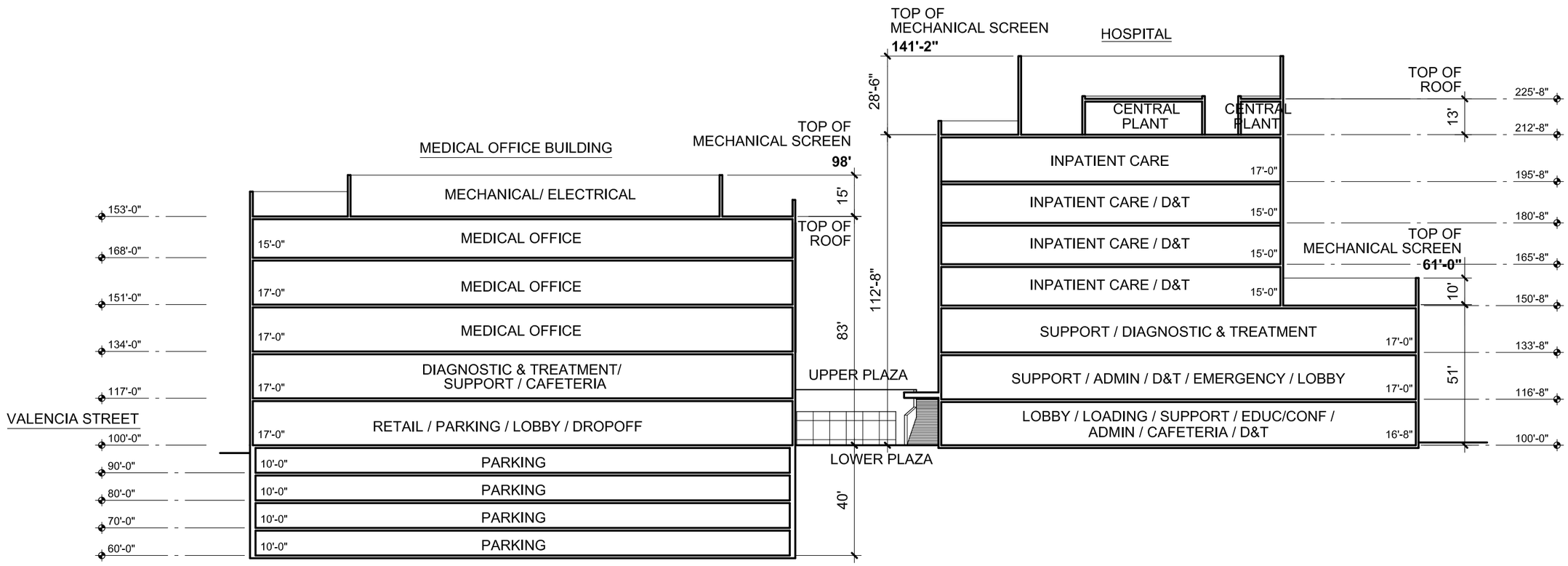
NOTES:
1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

ELEVATIONS

ST. LUKE'S CAMPUS - HOSPITAL
SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-33: St. Luke's Campus East/West Section



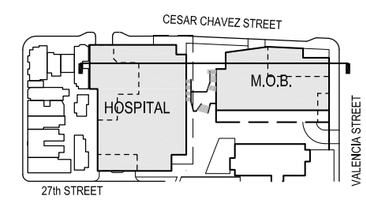
EAST / WEST SECTION

SOURCE: SMITHGROUP AND BOULDER ASSOCIATES

NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. FOR PURPOSES OF THIS DIAGRAM, FIRST FLOOR ELEVATION SHOWN AT 100'-0"
3. TOP OF BUILDING HEIGHTS SHOWN ARE FROM LEVEL 1

APPROXIMATE SCALE 0 5' 10' 20' 40'



BUILDING SECTIONS

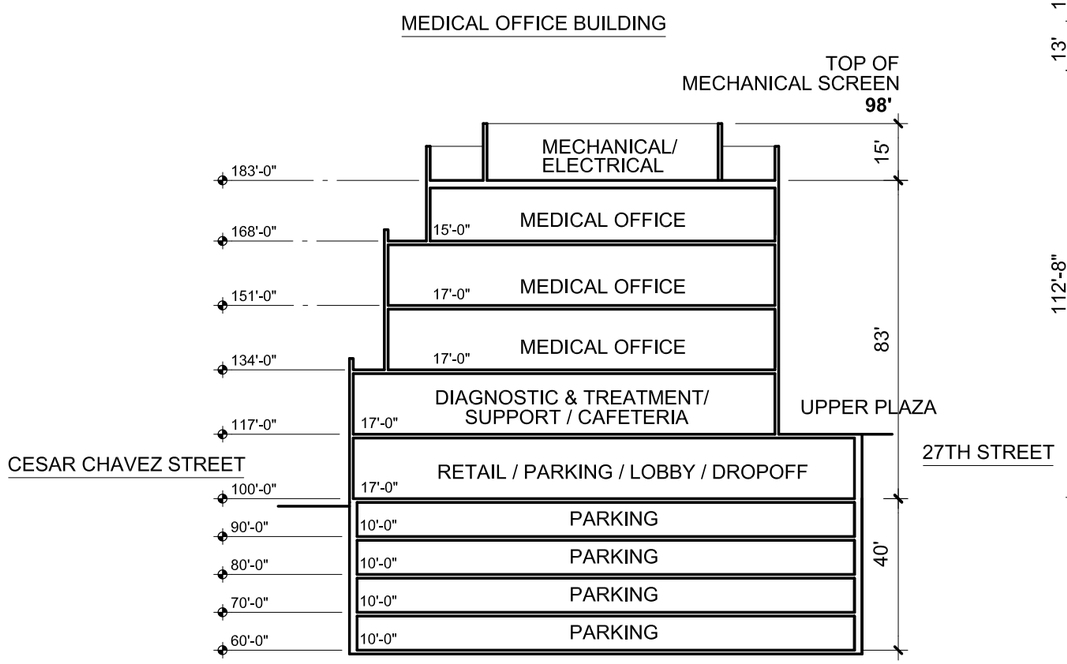
ST. LUKE'S CAMPUS - HOSPITAL

SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project

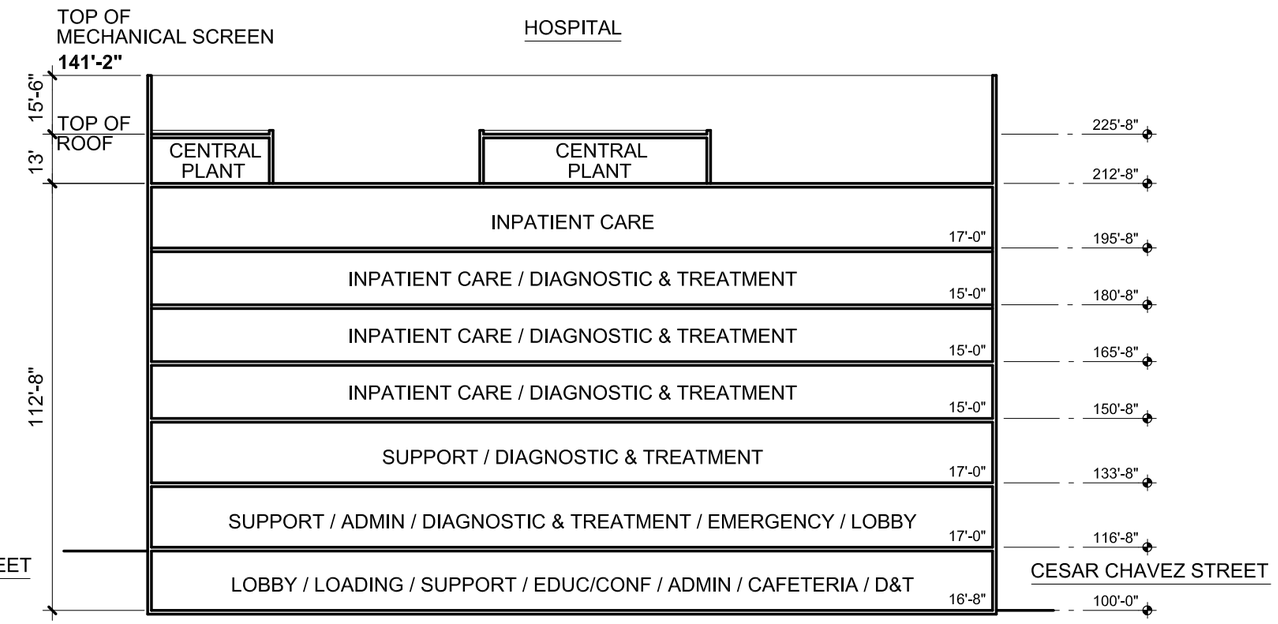
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-34: St. Luke's Campus North/South Section



NORTH / SOUTH SECTION

SOURCE: SMITHGROUP
AND BOULDER ASSOCIATES



NORTH/SOUTH SECTION

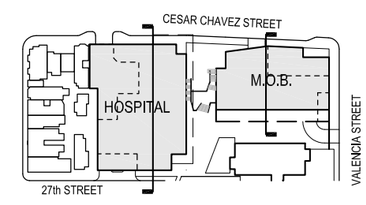
SOURCE: SMITHGROUP
AND BOULDER ASSOCIATES

NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. FOR PURPOSES OF THIS DIAGRAM, FIRST FLOOR ELEVATION IS SET AT 100'-0"
3. TOP OF BUILDING HEIGHTS SHOWN ARE FROM LEVEL 1

APPROXIMATE SCALE

0 5' 10' 20' 40'



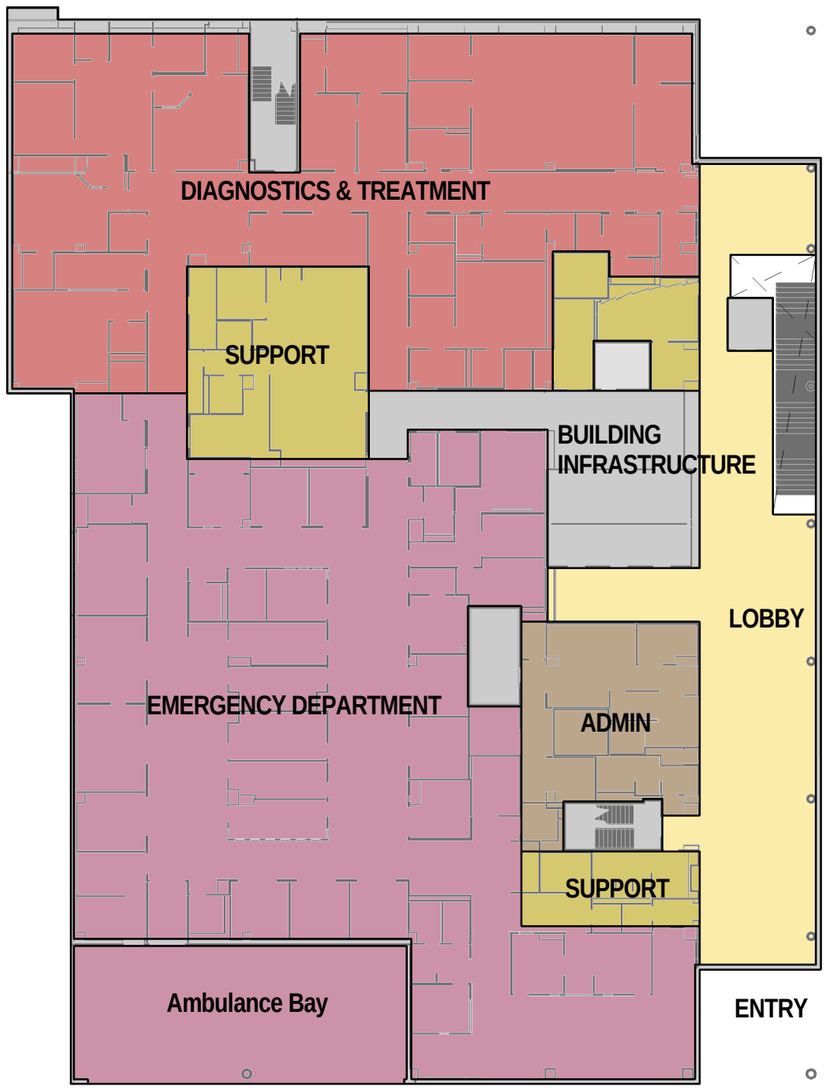
BUILDING SECTIONS

ST. LUKE'S CAMPUS - HOSPITAL

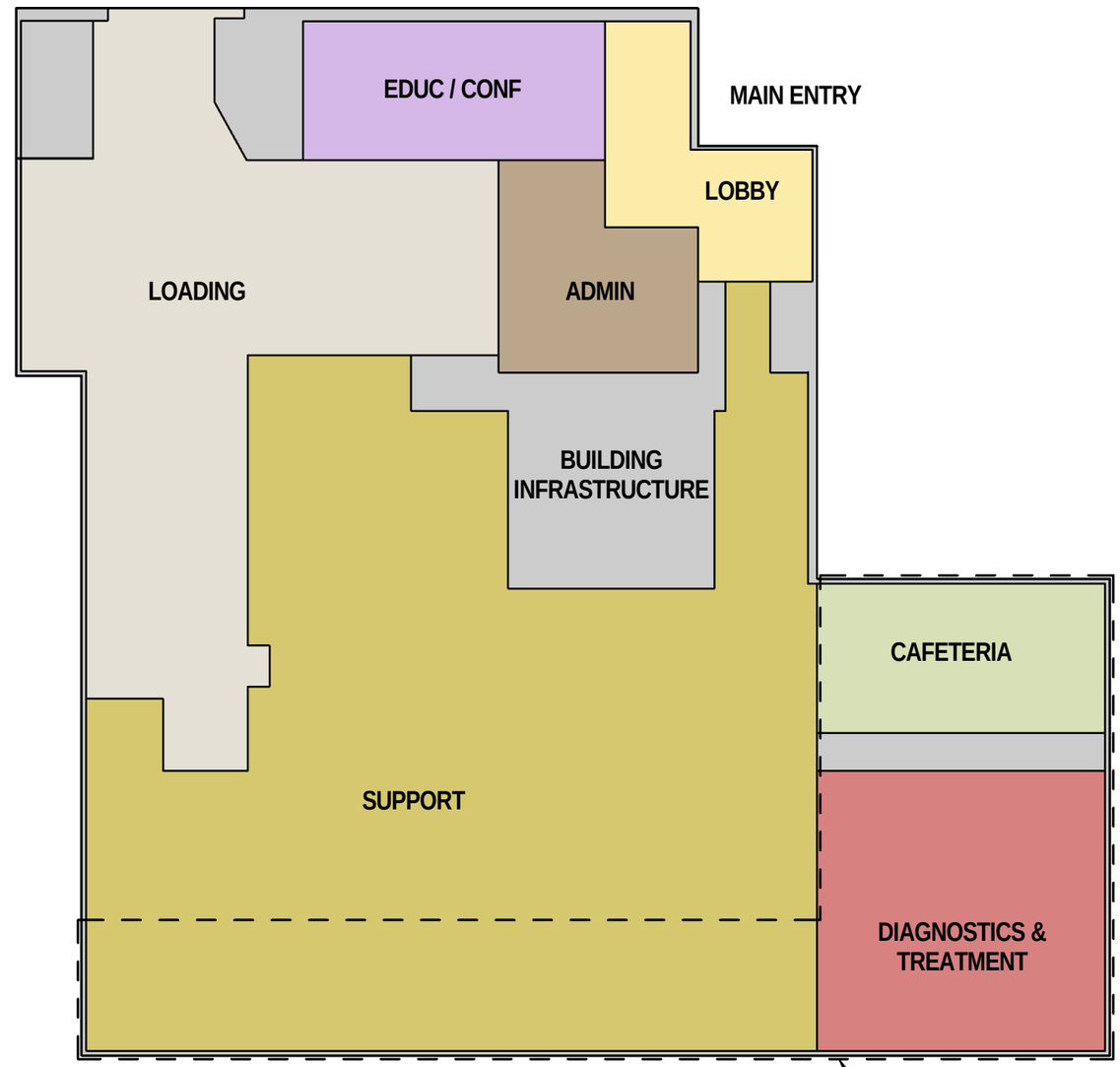
SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-35: St. Luke's Hospital - Level 1 & 2



St Luke's Hospital - Level 2



St Luke's Hospital - Level 1

0' 8' 16' 32' 64'

GRAPHIC SCALE: 1/32" = 1'-0"

NORTH

FLOOR PLAN

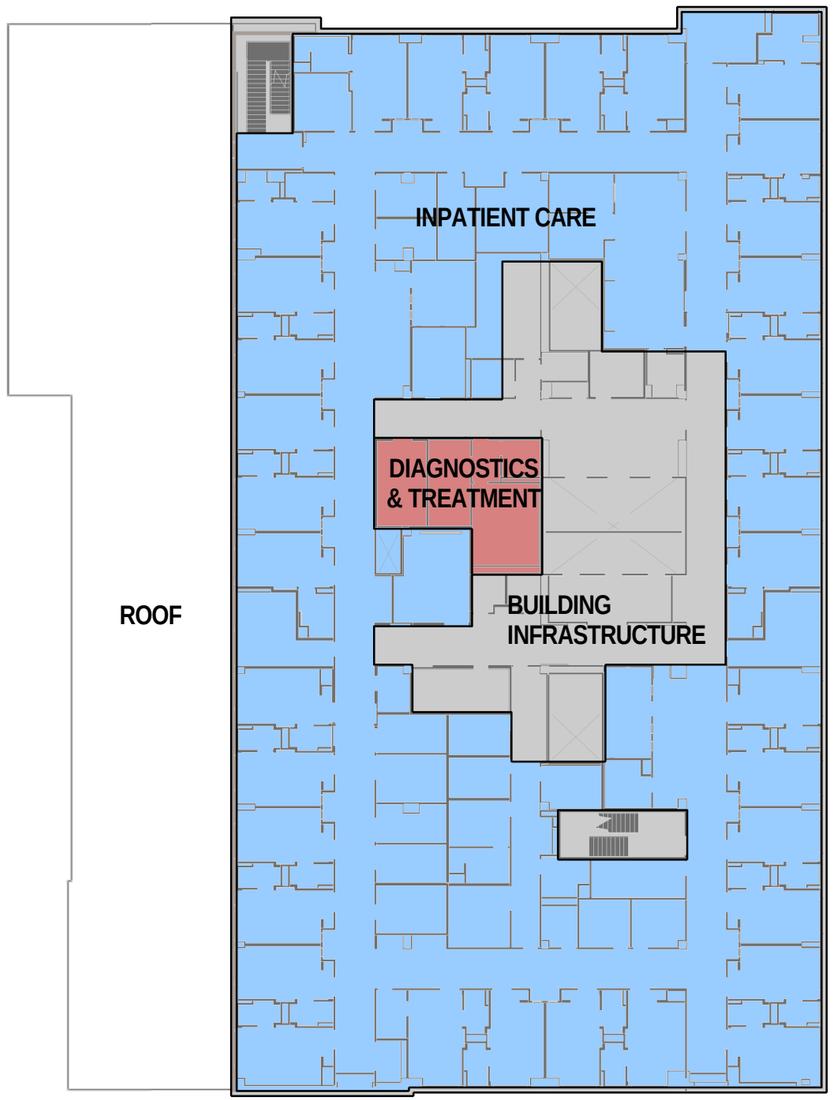
ST LUKE'S CAMPUS - HOSPITAL

SMITHGROUPJJR / BOULDER ASSOCIATES

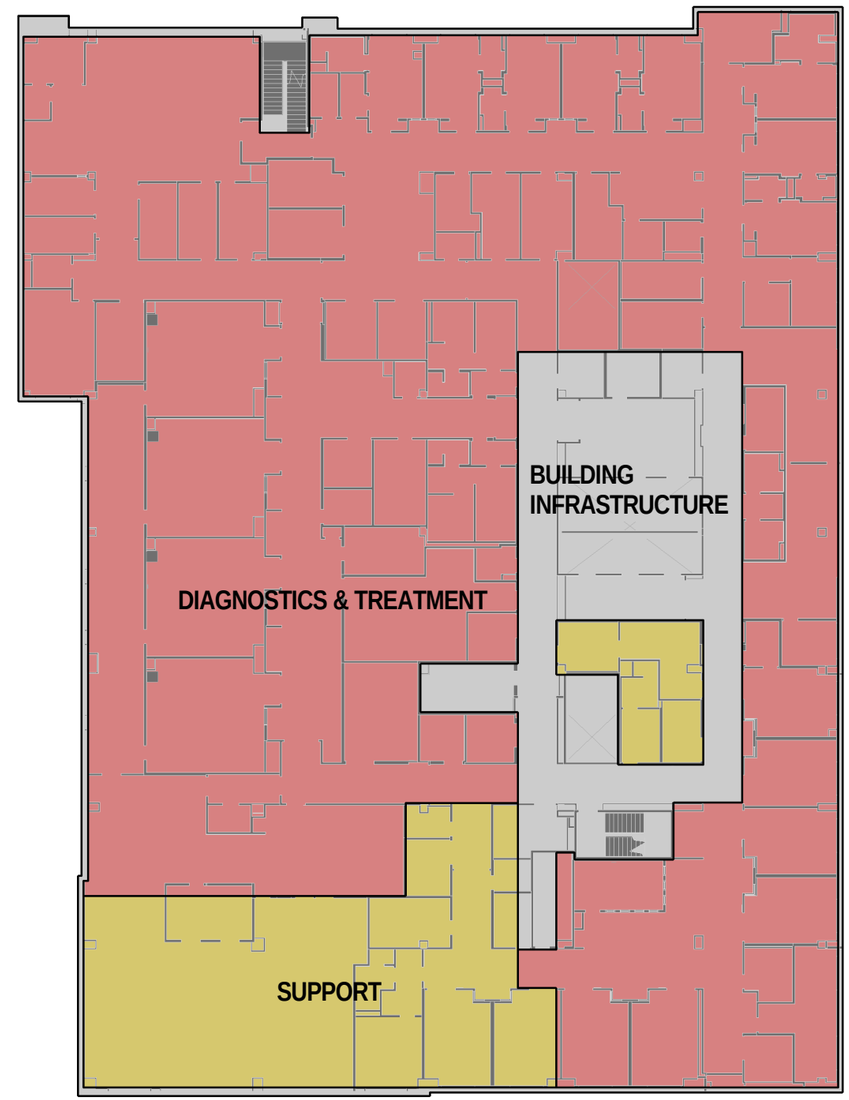
CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-36: St. Luke's Hospital - Level 3 & 4



St Luke's Hospital - Level 4



St Luke's Hospital - Level 3

0' 8' 16' 32' 64'

GRAPHIC SCALE: 1/32" = 1'-0"

NORTH

FLOOR PLAN

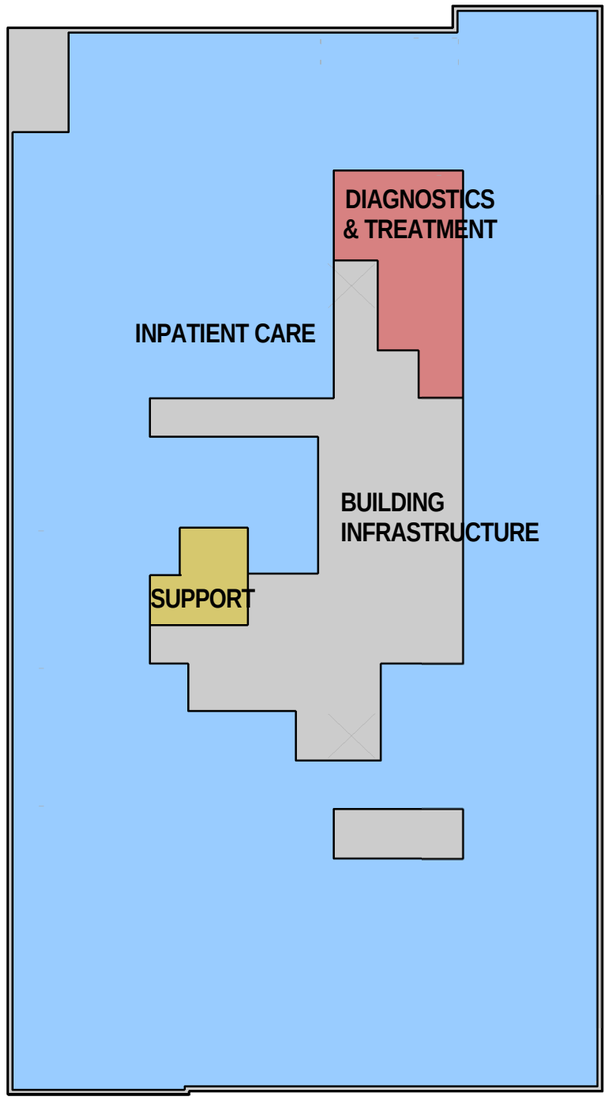
ST LUKE'S CAMPUS - HOSPITAL

SMITHGROUPJJR / BOULDER ASSOCIATES

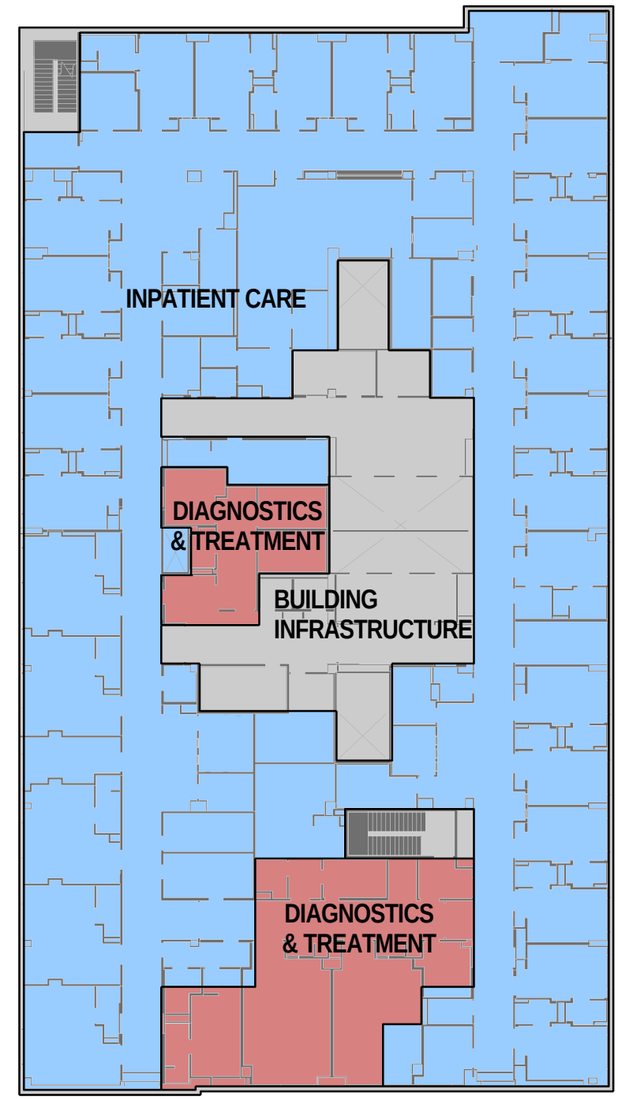
CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-37: St. Luke's Hospital - Level 5 & 6



St Luke's Hospital - Level 6



St Luke's Hospital - Level 5

0' 8' 16' 32' 64'

GRAPHIC SCALE: 1/32" = 1'-0"

NORTH

FLOOR PLAN

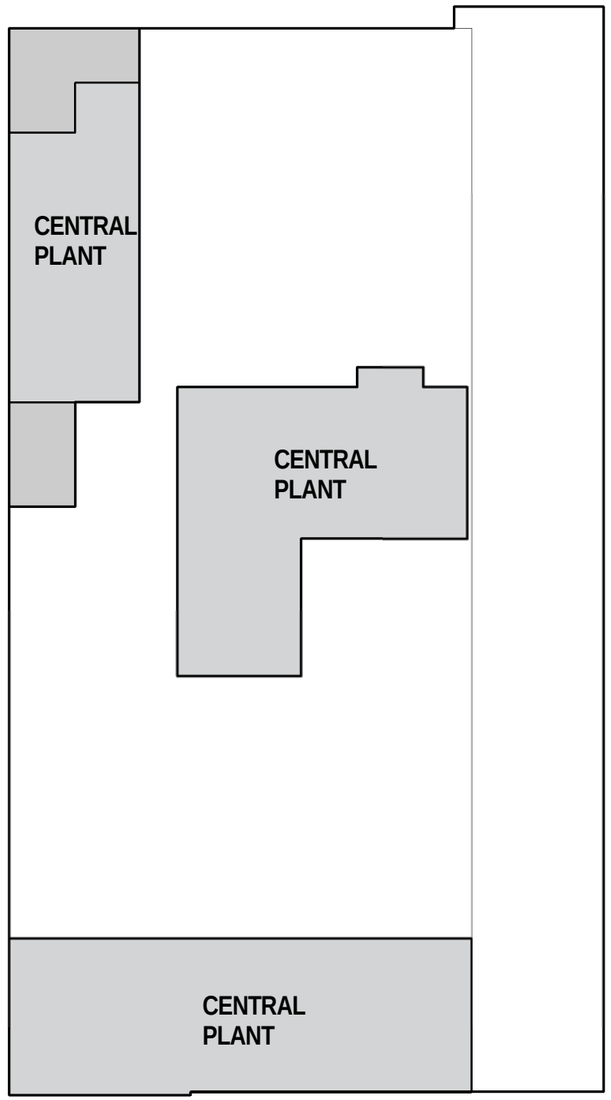
ST LUKE'S CAMPUS - HOSPITAL

SMITHGROUPJJR / BOULDER ASSOCIATES

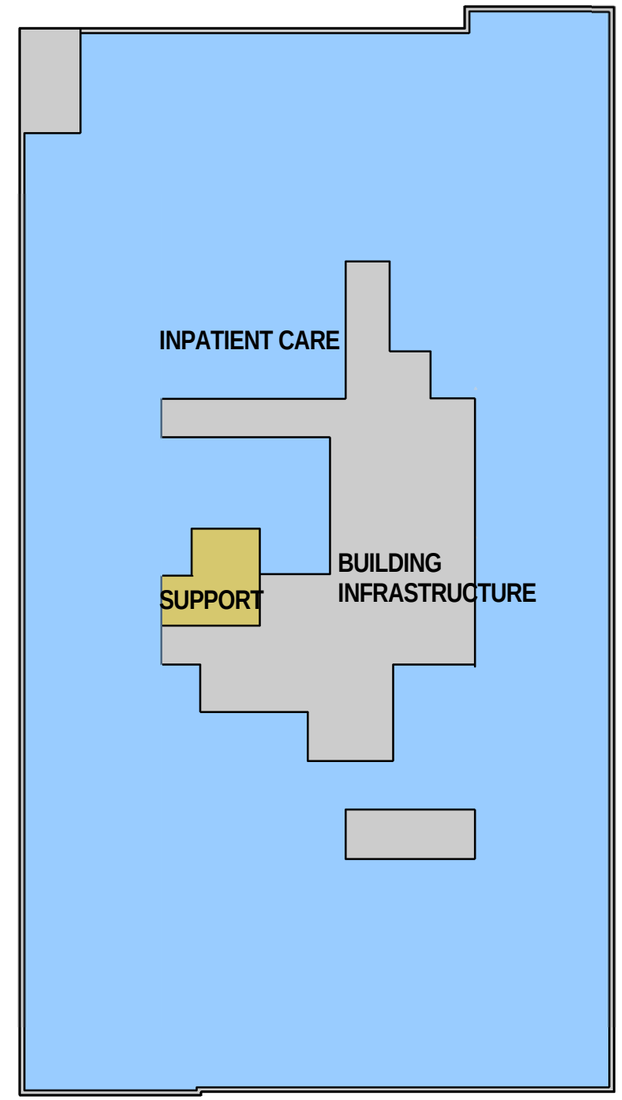
CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-38: St. Luke's Hospital - Level 7 & Roof



St Luke's Hospital - Roof Level



St Luke's Hospital - Level 7

0' 8' 16' 32' 64'

GRAPHIC SCALE: 1/32" = 1'-0"

NORTH

FLOOR PLAN

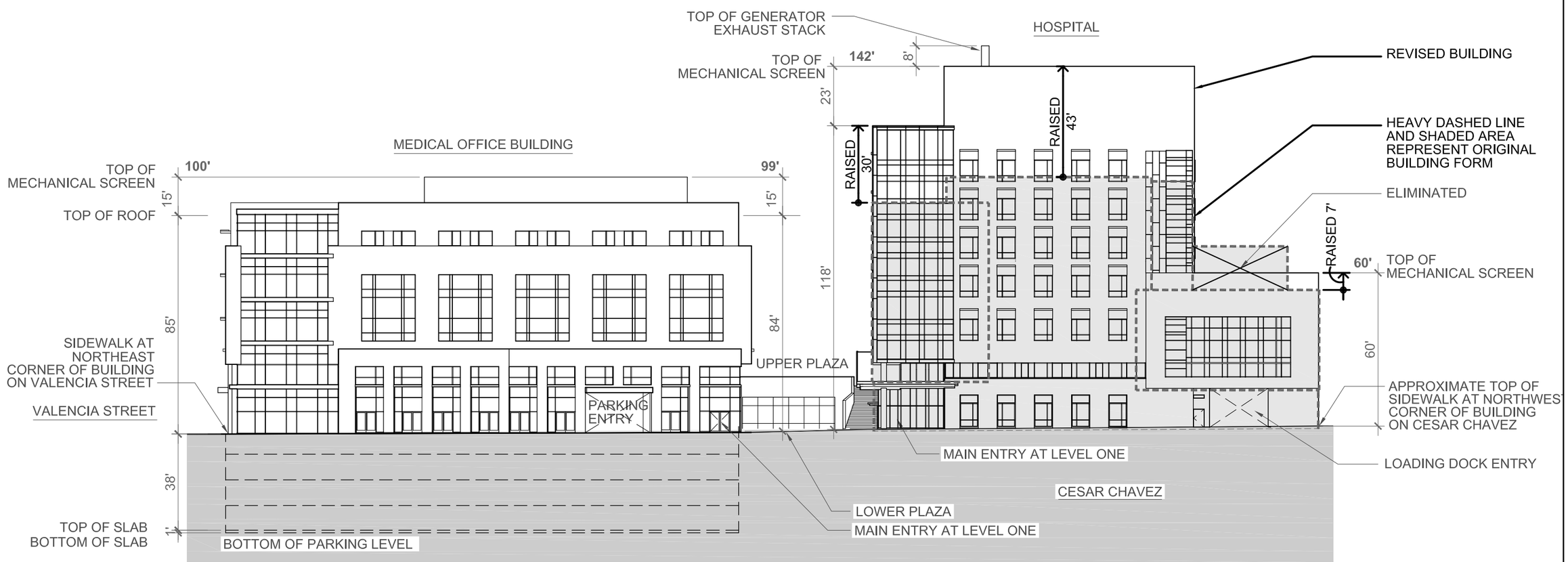
ST LUKE'S CAMPUS - HOSPITAL

SMITHGROUPJJR / BOULDER ASSOCIATES

CPMC LRDP Revised Project

CPMC LONG RANGE DEVELOPMENT PLAN

Figure 1-39: North Elevation Comparison of Revised Project to Previous Project



NORTH ELEVATION

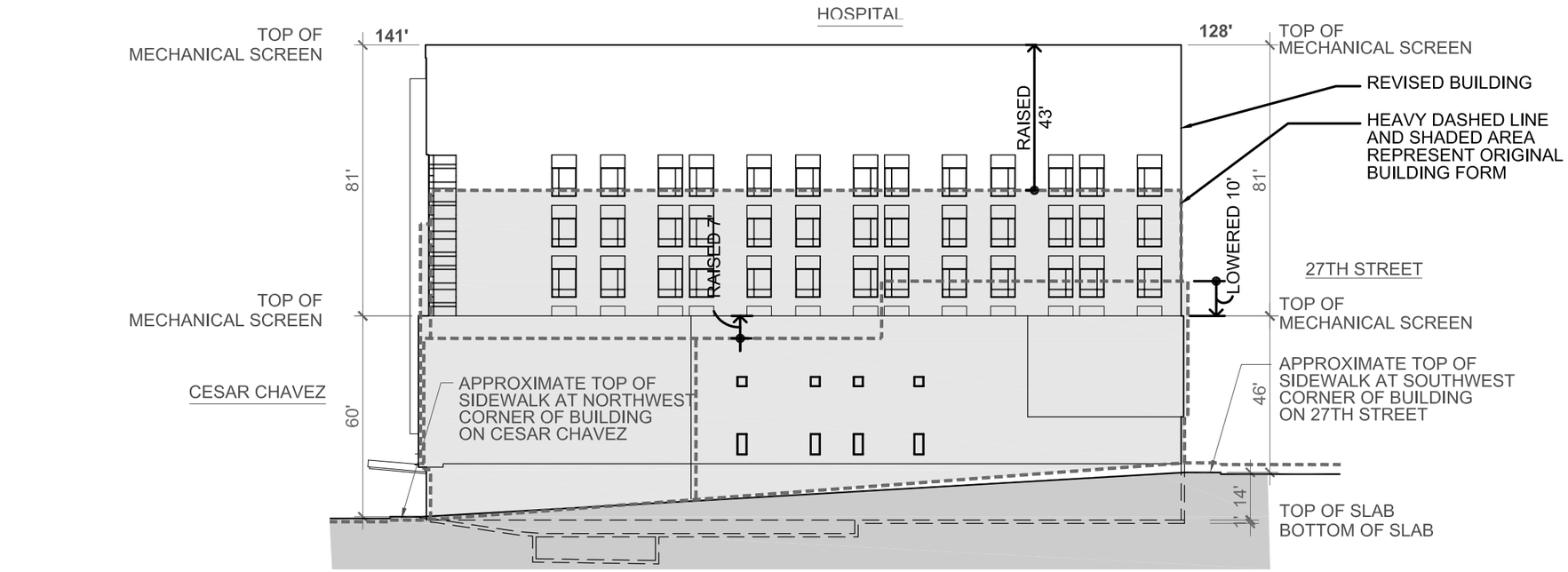
NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

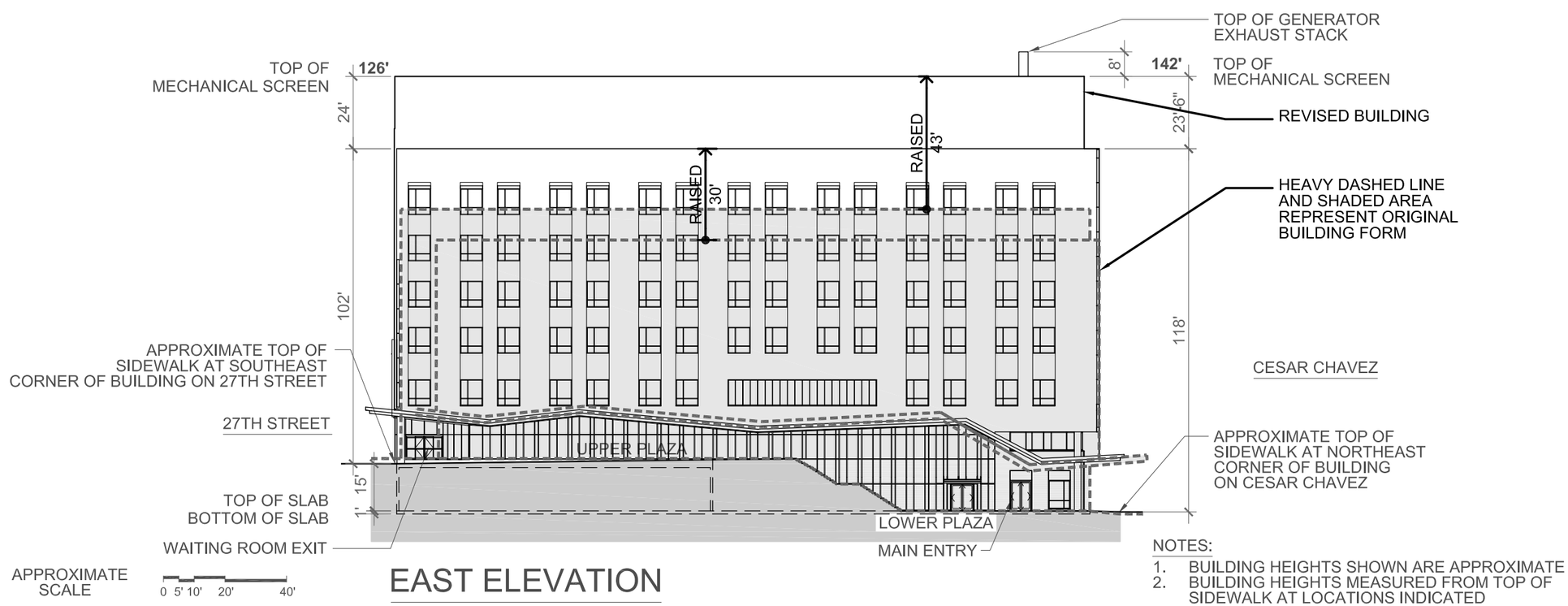
APPROXIMATE SCALE

0 5' 10' 20' 40'

Figure 1-40: East and West Elevation Comparison of Revised Project to Previous Project



WEST ELEVATION

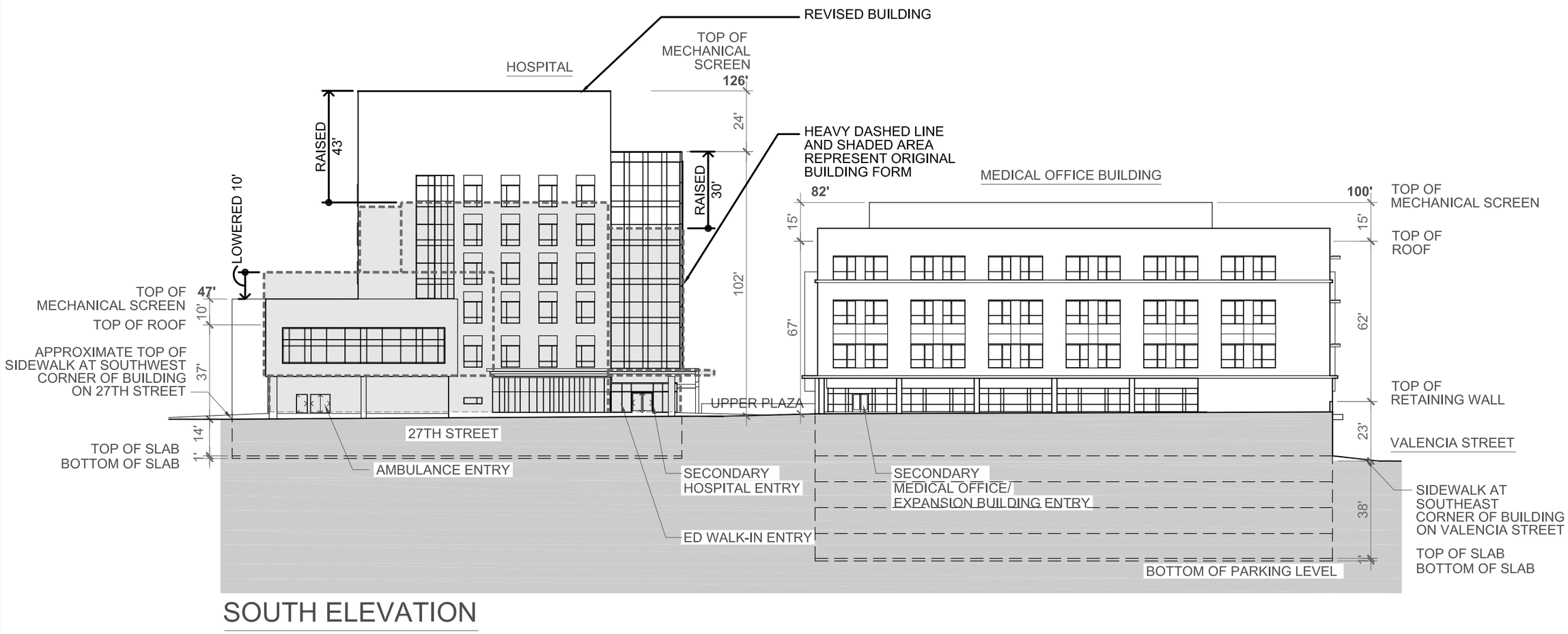


EAST ELEVATION

NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

Figure 1-41: South Elevation Comparison of Revised Project to Previous Project



NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

APPROXIMATE SCALE

0 5' 10' 20' 40'

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Motion No. _____

CEQA FINDINGS

HEARING DATE: MAY 23, 2013

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

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Date:	May 9, 2013
Project Name:	**California Pacific Medical Center Long Range Development Plan**
Case Numbers:	**2005.0555E; 2009.0886MTZCBRKS; 2009.0885MTZCBRKS; 2004.0603C; 2012.0403W**
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty, Planner Elizabeth.Watty@sfgov.org, 415-558-6620
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 BLOCKS-LOTS: 6575/001, 002; 6576/021 AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET) AND THE DAVIES CAMPUS (ASSESSOR'S BLOCK-LOT 3539-001).

PREAMBLE

The California Pacific Medical Center ("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 2019 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, the Errata Sheet dated April 25, 2012, regarding the CPMC LRDP EIR Certification Documents, 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 the Errata Sheet, 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 the Errata Sheet, 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 No. 18588, found that the Final EIR was adequate, accurate, and objective, reflected the independent judgment of the Planning Commission and that the C&R 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.

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 considerations for approving the Near-Term Projects and a proposed mitigation monitoring and reporting program ("MMRP"), which material was made available to the public and this Planning Commission for the Planning Commission's review, consideration and actions.

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. The Commission adopted Motion No. 18589 regarding the CEQA Findings described above

and adopted the following Resolutions and Motions to implement the Near-Term Projects: 18590, 18591, 18592, 18593, 18594, 18595, 18596, 18597, 18598, 18599, 18600, 18601, and 18602.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the Final EIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012, to consider the appeal of the Final EIR certification. The Planning Department submitted a detailed Appeal Response and Responses to Late Comments dated July 9, 2012, and the Planning Department submitted on July 30, 2012, a supplemental memorandum to the Board of Supervisors regarding the appeal of the Final EIR certification.

On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the Final EIR and found the Final EIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the State Guidelines and Chapter 31 of the Administrative Code.

On June 15, June 25, July 9, and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the LRDP, draft Development Agreement, and other draft approvals as recommended by the Planning Commission. Thereafter, CPMC proposed revisions to the Near-Term Projects at the Cathedral Hill and St. Luke's Campuses. The revised CPMC LRDP Project includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds), as more particularly described in the plans and project information filed with the Planning Department on March 1, 2013, and on file with the Clerk of the Board (the "Revised Project"). The CPMC LRDP Project analyzed in the Final EIR and previously reviewed and approved by the Planning Commission on April 26, 2012, is referred to herein as the "Previous Project".

On March 5, 2013, the Planning Department submitted a memorandum to the Board of Supervisors regarding CEQA review of the Revised Project. On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for the Revised Project. The Board's Resolution urged City staff to present to the Planning Commission the revised documents and approvals necessary for the Revised Project.

Planning Department staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the Revised Project.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital site described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the Revised Project.

On May 9, 2013, Department staff made available documents related to the Revised Project, including the Addendum to the Final Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan ("Addendum"), an updated MMRP, and the proposed approval documents for the Revised Project. The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case Nos. 2004.0603C, 2009.0885MTZCBRKS, 2009.0886MTZCBRKS, 2012.0403W, at 1650 Mission Street, Fourth Floor, San Francisco, California.

The Planning Department prepared proposed Findings, as required by CEQA, regarding the alternatives, mitigation measures and significant impacts analyzed in the Final EIR and the Addendum, and a statement of overriding considerations for approving the Near-Term Projects under the Revised Project, including all of the actions listed in Attachment A hereto, and the updated MMRP, 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.

On May 23, 2013, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted this Motion No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the Revised Project.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the various approvals necessary to implement the Near-Term Projects under the Revised Project, including, but not limited to, General Plan Amendments, Planning Code Text Amendments, Planning Code Map Amendments, Conditional Use Authorizations, Office Allocations, and approval of a Development Agreement. These approvals are more fully set forth in Attachment A, Section I.C.1. The Planning Commission adopted the following Resolutions and Motions to implement the Near-Term Projects under the Revised Project: _____, _____, _____, _____ and _____.

MOVED, that the Planning Commission has reviewed and considered the Final EIR and Addendum and the record associated therewith, including the comments and submissions made to this Planning Commission and Board of Supervisors and the Planning Department's responses to those comments and submissions, and based thereon, hereby adopts the Project Findings required by CEQA attached hereto as **Attachment A** including a statement of overriding considerations, and including as **Exhibit 1** to Attachment A, the MMRP.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on Thursday, May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

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

May 23, 2013

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 the economic, legal, social, technological, and other considerations that support approval of the project and the rejection as infeasible 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 as infeasible 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 Impact Report for the project ("Final EIR") and Addendum to the 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"), the Comments and Responses document ("C&R") in the Final EIR, or the Addendum 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 LRDP 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 2019 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 CPMC's 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.[1]

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. Development at the St. Luke's Campus would involve: construction of the proposed St. Luke's Campus Hospital[2] and plaza pedestrian improvements, demolition of the existing St. Luke's Hospital tower, construction of a new St. Luke's Campus MOB at the site of the former hospital tower, renovation of the existing 1957 Building, removal of the existing MRI Trailer, and streetscape improvements. The LRDP, as proposed, also 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 and relocate existing utilities located within the San Jose Avenue right of way. 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 Campus Hospital and Plaza Pedestrian Improvements.

The CPMC LRDP would result in the construction of the approximately 214,061 gross-square-foot ("gsf")[3] seismically compliant St. Luke's Campus Hospital, adjacent to and west of the existing St.

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[1] As used in this Attachment A to Motion No. _____, the CPMC "Long Range Development Plan" or "LRDP" refers to CPMC's proposed Near-Term Projects at the Cathedral Hill, Davies, and St. Luke's Campus as described in the Final EIR for the CPMC LRDP, with the modifications to the proposed Cathedral Hill Campus Hospital and St. Luke's Campus Hospital described in the Addendum, unless explicitly stated otherwise herein.

[2] As used herein, the "Cathedral Hill Campus Hospital", "Cathedral Hill Campus MOB", "St. Luke's Campus Hospital", and "St. Luke's Campus MOB" have the same meanings as defined in the Addendum.

[3] The Near-Term Projects that are before the Planning Commission are consistent with the Project Description in the Addendum to the Final EIR. In some cases, the gsf numbers cited herein and in the other approval documents vary from, and are less than, those

Luke's Hospital tower. Specifically, the St. Luke's Campus Hospital would occupy the site of the existing 3615 Cesar Chavez Street Surface Parking Lot. A portion of the new St. Luke's Campus Hospital improvements 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, including an entry plaza, courtyard and pedestrian pathway. The new, seven-story St. Luke's Campus Hospital would be approximately 142 feet in height.[4] The existing Redwood Administration Building would be demolished before the start of hospital construction. The proposed St. Luke's Campus Hospital would be open for patient care by about the beginning of 2020.

The St. Luke's Campus Hospital would contain a total of 120 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.

The proposed St. Luke's Campus 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 Campus Hospital would be accommodated through valet parking at the existing Duncan Street Parking Garage, increasing the garage's capacity by about 60 spaces. Additional parking for the St. Luke's Campus Hospital would be provided at the new parking garage to be located in the proposed medical office building ("MOB"), 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 Campus Hospital would be located within the hospital, at Cesar Chavez Street between Guerrero and Valencia Streets.

b. <u>Hospital Demolition.</u>

After the existing 12-story St. Luke's Hospital tower is vacated and services have been relocated to the St. Luke's Campus Hospital, the tower would be demolished.

c. <u>St. Luke's Campus Medical Office Building.</u>

After demolition of the existing St. Luke's Hospital tower, a new, approximately 98,959 gsf[5], five-story St. Luke's Campus MOB would be constructed at the site of the former hospital tower. The new five-story St. Luke's Campus MOB would be approximately 100 feet in height. The St. Luke's Campus MOB would include medical offices, diagnostic and treatment space, outpatient care, retail, hospital

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in the Addendum to the Final EIR. This is because, as part of the approval process, Planning Department 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 figures used herein reflect the Department's refined analysis. The variation in gsf is a result of that process, and does not reflect actual changes in building square footage, envelope, program or otherwise.

[4] All heights are measured using Planning Code methodology for measurement, unless otherwise specified.

[5] The gsf of the St. Luke's Campus MOB has been reduced from 104,088 to 98,959 gsf not as a Planning Code calculation refinement, but because the building area serving to connect the St. Luke's Campus Hospital and St. Luke's Campus MOB, which was previously proposed to be constructed concurrently with the St. Luke's Campus MOB, is now proposed to be constructed at the same time as the St. Luke's Campus Hospital. Therefore, the gsf of the connector area is now included within the gsf of the St. Luke's Campus Hospital, rather than the St. Luke's Campus MOB.

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® Gold rating for the St. Luke's Campus MOB.

d. <u>San Jose Avenue Street Vacation and Utilities Relocation.</u>

As described above, a portion of the new St. Luke's Campus 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 Campus 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.

The Final EIR analyzed a St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant, under which 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 and the Addendum 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.

e. <u>1957 Building.</u>

After the opening of the new St. Luke's Campus 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 Campus 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 St. Luke's Campus MOB. Services offered at the MRI Trailer would be moved to the St. Luke's Campus MOB. 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 Streetscape Improvement Project*. 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 Campus Hospital.

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

i. St. Luke's Campus Hospital.

The main entrance to the St. Luke's Campus Hospital would be from a central plaza area. The plaza would provide access to the 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 Campus Hospital and the St. Luke's Campus MOB to maintain a pedestrian connection between Cesar Chavez Street and 27th Street. Passenger drop-off to the main entrance of the St. Luke's Campus 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 Campus 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. St. Luke's Campus MOB and Underground Parking Garage.

The St. Luke's Campus MOB 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 St. Luke's Campus MOB 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 Mission District Streetscape Plan.

2. Cathedral Hill Campus.

Development at the proposed new Cathedral Hill Campus would involve: the proposed Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, Van Ness Avenue pedestrian tunnel (connecting the Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus 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 730,888 gsf, 304-bed 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. Most of the inpatient acute care services currently offered at CPMC's Pacific and California Campuses would be relocated to the proposed Cathedral Hill Campus Hospital.

The 12-story (plus two-story basement) hospital tower would be approximately 226 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 Campus Hospital would include three levels of at- or below-grade parking, which would contain 276 off-street parking spaces.[6] Under the LRDP, a proposed CPMC intercampus shuttle stop serving the hospital, the Cathedral Hill Campus MOB, and the 1375 Sutter Street MOB would be located on Post Street, adjacent to the hospital. The Cathedral Hill Campus 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 Campus Hospital's podium roof area.

The 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 12-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 Campus 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 276-space parking garage. 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 that the Geary Boulevard parking garage curb cut permit is revocable recorded as a Special Restriction on the deed of the hospital. Pursuant to the revocable curb cut permit, egress onto Geary Boulevard would be allowed only during emergency situations such as after an earthquake.

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 Campus 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, and a central utility plant.

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[6] The Cathedral Hill Campus Hospital parking garage was proposed to provide 513 parking spaces in the Previous Project. For the Revised Project, CPMC is studying the best way to achieve a total reduction of 237 spaces on the Cathedral Hill Campus and may ultimately propose to remove some or all of this parking from the proposed Cathedral Hill Campus MOB garage instead of or in addition to the hospital garage. Total parking at the Cathedral Hill Campus (including the 1375 Sutter MOB) would not exceed the lesser of 990 total spaces or 125 percent of the number of spaces otherwise required by the Planning Code.

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 Campus Hospital site, between Geary and Cedar Streets, and construct an approximately 261,691 gsf medical office building in their place. The proposed Cathedral Hill Campus MOB would provide offices for doctors affiliated with the Cathedral Hill Campus 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 Campus 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 maximum horizontal length of the proposed MOB would be approximately 265 feet long, and the MOB would have a maximum 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 Campus MOB would contain seven below-grade parking levels that would provide a total of 542[7] 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 Campus 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 Campus Hospital. All loading dock entries on Cedar Street would be right turns (eastbound). Egress from the Cathedral Hill Campus 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 Campus Hospital to the western portion of the Cathedral Hill Campus 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 gsf 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

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[7] See footnote 6 above regarding parking totals.

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 Campus Hospital parking 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 Campus 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 Campus Hospital, with access from Level 5.

For the Cathedral Hill Campus 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 Campus 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 Campus Hospital or shortly thereafter, many 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

Campus 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.[8] Certain existing uses at the California and Pacific Campuses that are not transferred to the Cathedral Hill Campus 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.

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 gsf 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.

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[8] 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.

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 generally after 2019.[9] 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).

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[9] It should be noted that despite being anticipated in the 2020-2024 timeframe, the demolition of the 1970 hospital tower and construction of the new MOB at the St. Luke's Campus are considered and have been analyzed in the Final EIR and the Addendum as Near-Term Projects.

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 130,000 sf Webster Street/Sacramento Street Underground Parking Garage, which would provide about 248 parking spaces.

The 138-foot-tall, nine-story, approximately 205,000 gsf 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. <u>California Campus.</u>

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 Campus 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 Campus 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 2024, almost all CPMC-related use of the California Campus would cease.

C. Approval Actions.

1. Planning Commission 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 to 145 feet for the portion of the St. Luke's Campus Hospital site where the hospital tower would be located and to 105 feet for the balance of the St. Luke's Campus, a substantial portion of which already is subject to a height limit of 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 229' and 285', respectively, for the St. Luke's Campus Hospital site and 204' and 228', respectively, for the St. Luke's Campus MOB 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 subsection (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.6:1 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 redesignate the portion of the St. Luke's Campus Hospital site where the hospital tower would be located to a 145-E Height/Bulk District and extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the remainder 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 St. Luke's Campus Hospital, demolition of the existing Hospital Tower, and construction of the new St. Luke's Campus MOB 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 St. Luke's Campus Hospital and St. Luke's Campus MOB;
  - 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 Office Allocation for the St. Luke's Campus MOB under Planning Code Sections 321 and 322.
- Approval of a General Plan referral for sale, Street Vacation, and change of use of a portion of San Jose Avenue between 27th Street and Cesar Chavez Street, and for changes to the sidewalk width along various streets adjacent to the St. Luke's Campus.

ii. <u>Cathedral Hill Campus.</u>

- Recommendation to the Board of Supervisors to approve an ordinance amending the General Plan by: (1) 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 Campus Hospital site and 265' and 290', respectively, for the Cathedral Hill Campus MOB site; (2) amending Van Ness Area Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7.1:1 to 7.5:1 for the Cathedral Hill Campus MOB site; and (3) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 230-V District coterminous with the Cathedral Hill Campus 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 7.5:1 for the Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 7.5:1 for the Cathedral Hill Campus 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 at the Cathedral Hill Campus shall not exceed the lesser of 990 total spaces or 125 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 Campus Hospital site to a 230-V Height and Bulk District in order to allow a building height of up to 230 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital height over 50 feet (226 feet) and the Cathedral Hill Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus MOB sites, to allow length and diagonal dimensions of approximately 385 and 466 feet, respectively, for the Cathedral Hill Campus

Hospital, and length and diagonal dimensions of approximately 265 and 290 feet, respectively, for the Cathedral Hill Campus 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 benefits of the project, are paid.

- Approval of Office Allocation for the Cathedral Hill Campus MOB under Planning Code Sections 321 and 322.

- Approval of a General Plan Referral for Major Encroachment Permits for construction of an underground tunnel, underground fuel tanks, and Cedar Street improvements, and for changes to the sidewalk width along various streets adjacent to the Cathedral Hill Campus.

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 to 145 feet for the portion of the St. Luke's Campus where the St. Luke's Campus Hospital hospital tower would be located

and to 105 feet for the balance of the St. Luke's Campus, a substantial portion of which is already subject to a height limit of 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 229' and 285', respectively, for the St. Luke's Campus Hospital site and 204' and 228', respectively, for the St. Luke's Campus MOB site.

- 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 subsection (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.6:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.

- Approval of an ordinance amending the Planning Code Height/Bulk Map, Sheet HT07, to redesignate the portion of the St. Luke's Campus where the St. Luke's Campus Hospital hospital tower would be located to a 145-E Height/Bulk District and extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the remainder 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 the to-be-vacated portion of San Jose Avenue between 27th Street and Cesar Chavez Street.

- Approval of an ordinance amending the sidewalk width along the southerly side of Cesar Chavez Street between Guerrero and Valencia Streets, the westerly side of Valencia Street between Cesar Chavez and Duncan Streets, and the northern portion of 27th Street starting at the intersection of San Jose Avenue and 27th Street continuing west for approximately 44.24 feet.

ii. **<u>Cathedral Hill Campus.</u>**

- Approval of an ordinance amending the General Plan by (1) 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 Campus Hospital site and 265' and 290', respectively, for the

Cathedral Hill Campus MOB site; (2) amending Van Ness Area Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7.1:1 to 7.5:1 for the Cathedral Hill Campus MOB site; and (3) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 230-V District coterminous with the Cathedral Hill Campus 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 7.5:1 for the Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 7.5:1 for the Cathedral Hill Campus 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 at the Cathedral Hill Campus shall not exceed the lesser of 990 total spaces or 125 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 Campus Hospital site to a 230-V Height and Bulk District in order to allow a building height of up to 230 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. <u>Other – Federal, State and Local Agencies or Departments.</u>

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. <u>San Francisco Department of Public Works.</u>

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

- 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 Campus Hospital.
- Approval of a Parcel Map merging seven parcels comprising the site of the Cathedral Hill Campus MOB.
- 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 Campus MOB site.

c. **San Francisco Municipal Transportation Agency.**

- 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 Campus 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 compliance 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 determinations of the Final EIR and Addendum 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 Addendum 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 and Addendum are supported by substantial evidence in the record, including the expert opinion of the Final EIR and Addendum preparers and City staff; and the significance thresholds used in the Final EIR and Addendum 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 and Addendum. Instead, a full explanation of these environmental findings and conclusions can be found in the Final EIR and Addendum and these findings hereby incorporate by reference the discussion and analysis in the Final EIR and Addendum 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 and Addendum 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 Addendum 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 or Addendum 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 or Addendum due to a clerical error, the language of the mitigation measure as set forth in the Final EIR or Addendum, as applicable, shall control. The impact numbers and mitigation measure numbers used in these findings reflect the numbers contained in the Final EIR and Addendum.

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 and the Addendum, or the mitigation measures recommended in the Final EIR and Addendum for the LRDP, except as specifically set forth in Section V below, being rejected.

E. <u>Location and Custodian of Records.</u>

The public hearing transcripts and audio files, a copy of all letters regarding the Final EIR received during the public review period and during the pendency of the appeal regarding the certification of the EIR, the administrative record, and background documentation for the Final EIR and Addendum are located at the Planning Department, 1650 Mission Street, San Francisco. The Acting Planning Commission Secretary, Jonas P. Ionin, 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 Addendum 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:[10]

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

[10] 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 existing plus Project intersection and transit delay impact determinations associated with the LRDP would essentially be the same as 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:[11]

- 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.

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[11] See footnote 10 above regarding the supplemental traffic and transit analysis prepared for the Final EIR, which showed that existing plus Project intersection and transit delay impact determinations associated with the LRDP would be essentially the same as or lower than under the 2015 or 2020 Modified Baselines plus Project conditions analyzed in the Draft EIR.

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:[12]

- 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:[13]

- 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 inacceptable levels of transit service.

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[12] See footnote 10 above regarding the supplemental traffic and transit analysis prepared for the Final EIR.

[13] See footnote 10 above regarding the supplemental traffic and transit analysis prepared for the Final EIR.

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.

Parking: To the extent that shortfalls of parking supply versus demand resulting from operation of the Near-Term Projects at the Cathedral Hill, Davies, or St. Luke's Campus could be considered a physical impact on the environment, such impacts would be less than significant, because parking supply requirements implement City policies intended to reduce citywide traffic congestion and air quality effects by reducing the number of persons using single-occupancy vehicles, such as the City's "Transit First" policy. In addition, any impact would be considered less than significant because, as described in the parking discussions of those campuses in the FEIR and Addendum, CPMC's proposed enhanced Transportation Demand Management ("TDM") program would result in approximately 15-20 percent reductions of both vehicle trips and parking demand as compared to the projected trip and parking generation analyzed in the Final EIR, and it is anticipated that short-term visitors to the campuses unable

to find on-campus parking would likely park in any available on-street parking space around the campus, although some may also choose to take transit, bicycle, or walk instead of drive, employees would have incentives under the enhanced TDM program to utilize alternative transportation modes and, therefore, employees unable to park at the campuses would take transit, bicycle, or walk to the campus, or park in one of CPMC's off-site parking facilities and utilize a CPMC shuttle to get to the site.

In addition, the transportation analysis in the Final EIR and Addendum accounted for potential secondary effects related to parking supply and demand, such as cars circling and looking for a parking space in areas of limited parking supply, assuming that all drivers would attempt to find parking at or near the CPMC campuses and then seek parking farther away if more convenient parking was unavailable. Moreover, the analysis took into account that the secondary effects of drivers searching for parking is typically offset by a reduction in vehicle trips due to others who are aware of constrained parking conditions in a given area. Any secondary environmental impacts that might result from a shortfall in parking in the vicinity of the CPMC campuses would be minor, and the traffic assignments used in the transportation analysis, as well as the associated air quality, noise, and pedestrian safety analyses, reasonably address potential secondary effects."

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 Davies Campus.

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.[14] (*For*

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[14].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. This is because the adoption of the 2010 significance thresholds has been the subject of recent judicial actions, and 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 the EIR and Addendum, the use of both the 1999 and June 2010 BAAQMD Guidelines in the Draft EIR, the subsequent refined analysis of construction TAC emissions, and the Addendum 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 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*[15] *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.

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the 2010 BAAQMD Guidelines. At times, the findings of significance are different depending on which set of BAAQMD Guidelines is used. This document however, makes appropriate findings for each impact based on both sets of Guidelines.

[15] Mitigation Measure M-AQ-N2 is 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 is also discussed under Impact AQ-2 in Section III below.

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.[16]

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

[16] All of the CPMC campuses would be served by sewer systems.

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.

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, above, 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 and Addendum. These findings discuss mitigation measures as identified in the Final EIR and Addendum for the Proposed Project. The full text of the mitigation measures is contained in the Final EIR and Addendum 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 and Addendum, included in the Project, or imposed as conditions of approval and set forth in **Exhibit 1**. The impacts identified in Section IV, below, for which feasible mitigation has been identified in the Final EIR and Addendum also would be reduced, although not to a less-than-significant level.

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.

<u>Cultural and Paleontological Resources</u>

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 Campus 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, the Addendum, 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 Campus Hospital would require excavation up to a depth of 19 feet below grade. The St. Luke's Campus MOB 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 and Addendum, if encountered, the impact to prehistoric or historic resources would be significant and, based on the Final EIR, the Addendum, 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 and Addendum, the potential impact to paleontological resources is significant. Based on the Final EIR, the Addendum, 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, the Addendum, 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, the Addendum, 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 Campus Hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street.

The main entrance to the Cathedral Hill Campus 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, the Addendum, 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 Campus 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 Campus 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}).[17] 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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, the Addendum, 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.

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[17] 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.

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.*

Based on the Final EIR, the Addendum, 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, above, for the Cathedral Hill Campus.*

Based on the Final EIR, the Addendum, 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, above, 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 Campus 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 Campus 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. Based on the Final EIR, the Addendum, and the entire administrative record,, 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 and Addendum, 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, above, for the Davies Campus and Mitigation Measure M-NO-N3a, above, for the Cathedral Hill Campus.*

Based on the Final EIR, the Addendum, 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 and St. Luke's Campuses.

Cathedral Hill Campus

As more fully described in the Final EIR and Addendum, future traffic noise levels could result in interior noise levels at the Cathedral Hill Campus Hospital that exceed an interior noise level of 45 dB L_{dn}. 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 Campus Hospital that would reduce the interior traffic-noise level inside the hospital to 45 dB L_{dn}. 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_{dn} or lower.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, that implementation of Mitigation Measures M-NO-N4 would require that the Cathedral Hill Campus Hospital be designed to achieve interior traffic noise levels of 45 dB L_{dn} 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.

St. Luke's Campus

As more fully described in the Final EIR and Addendum, future traffic noise levels could result in interior noise levels at the St. Luke's Campus Hospital that exceed an interior noise level of 45 dB L_{dn}. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Addendum, is hereby adopted in the form set forth in the Addendum 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 St. Luke's Campus Hospital that would reduce the interior traffic-noise level inside the hospital to 45 dB L_{dn}. 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_{dn} or lower.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, that implementation of Mitigation Measures M-NO-N4 would require that the St. Luke's Campus Hospital be designed to achieve interior traffic noise levels of 45 dB L_{dn} 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 St. Luke's Campus would reduce the impact of traffic-related interior noise levels to a less-than-significant level.

<u>Air Quality</u>

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, the Addendum, 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 and the Addendum, 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, or less, 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 and Addendum. 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, the Addendum, 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 $PM_{2.5}$.

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 $PM_{2.5}$ 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, the Addendum, 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 Campus Hospital and four at the site of the proposed Cathedral Hill Campus 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, the Addendum, 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 Campus 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 measures is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus.*

Based on the Final EIR, the Addendum, 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, the Addendum, 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 Campus Hospital and St. Luke's Campus MOB would likely encounter groundwater, which would require dewatering. Construction of the St. Luke's Campus Hospital would require only minor amounts of local dewatering. However, dewatering during excavation of the shoring system for the St. Luke's Campus MOB would require the removal of large amounts of groundwater. Excavation for the proposed utility route, as described in the Final EIR, the Addendum, 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 St. Luke's Campus MOB 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 St. Luke's Campus MOB, 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, the Addendum, 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 Campus 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 Campus 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, the Addendum, 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 Campus Hospital and St. Luke's Campus MOB 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, the Addendum, 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 299,000 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, the Addendum, 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

<u>Hazardous materials related to known soil and groundwater conditions</u>: 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 Campus 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 Campus Hospital site; and one active, permitted UST has been identified in the location of the St. Luke's Campus MOB. 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 Campus Hospital and St. Luke's Campus MOB. 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, the Addendum, 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, the Addendum, 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, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measure HZ-1-N1b 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 Campus 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, above, 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, above, 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, above, 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, above, 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 Addendum, 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 and Addendum. It is further found, however, that certain mitigation measures in the Final EIR and Addendum, as described in this Section IV, 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 and Addendum, 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 and Addendum 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 and Addendum, 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 and Addendum, 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 are infeasible due to traffic, transit or pedestrian signal timing policies and requirements. 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 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 and Addendum, 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 and Addendum, 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.

For the same reasons 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, the Addendum, 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. For the same reasons 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 and the Addendum, 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 San Francisco Municipal Transportation Agency ("SFMTA") proposed headway of 7½ minutes. In addition, the results of 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus 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 and the Addendum, for a 4-month period when there is overlap in excavation between the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 and the Addendum, construction activities would necessitate temporary closure of sidewalks adjacent to the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 through various plans and policies. 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 and the Addendum, 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 SFMTA 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 and the Addendum, 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 SFMTA 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 and the Addendum, 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.

As more fully discussed in the Final EIR and the Addendum, 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.

As more fully described in the Final EIR and the Addendum, 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, based on current information 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 and the Addendum, 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, the Addendum, 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_{10} emissions from implementation of the LRDP 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_{10} 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 4.5-74 to 4.5-75 and 5-14 to 5-15, C&R pages 3.9-28 to 3.9-33, and Addendum pages 48 and 53). 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_{10} emissions. Thus, the project would contribute to a cumulatively considerable impact and would, therefore, result in a significant cumulative impact.

All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-74 to 4.5-75 and 5-14 to 5-15, and C&R pages 3.9-28 to 3.9-33, and Addendum pages 48 and 53). 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 and the Addendum, emissions of reactive organic gases, PM_{10} and $PM_{2.5}$ 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_x") associated with near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses under the proposed LRDP would exceed the 2010 BAAQMD CEQA Guidelines significance criterion of 54 lb/day for construction-related NO_x 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 and the Addendum, 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_x 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 $PM_{2.5}$.

Cathedral Hill Campus

As more fully described in the Final EIR and the Addendum, 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 $PM_{2.5}$ equivalent to the 2010 BAAQMD CEQA Guidelines significance threshold (i.e., an annual $PM_{2.5}$ increase of 0.3 ug/m3). 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 and the Addendum, 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 $PM_{2.5}$ 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 and the Addendum, 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 $PM_{2.5}$ 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 and the Addendum, the net change in operational emissions resulting from implementation of the LRDP's near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines daily and annual emission significance criteria for PM_{10}. Therefore, operation of these campuses under the proposed LRDP would result in or contribute to a violation of PM_{10} air quality standards. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-74 to 4.5-75 and 5-14 to 5-15, C&R pages 3.9-28 to 3.9-33, and Addendum pages 48 and 53). 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 and the Addendum, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR and Addendum 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 and the Addendum, 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 $PM_{2.5}$ 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 and the Addendum, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR and Addendum 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 and the Addendum, 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 and the Addendum, 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 ("$MTCO_2e$/yr"); or

3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e$/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 $MTCO_2e$/yr. In addition, the proposed

LRDP would exceed BAAQMD's third alternative GHG emission threshold of 4.6 $MTCO_2e$/year per service population for project-level analysis.

As more fully explained in the Final EIR and the Addendum, 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 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 or the Addendum 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 as infeasible. 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 as infeasible 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, which are hereby incorporated by reference, 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[18] 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 as infeasible 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 Campus Hospital and St. Luke's Campus 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 Campus 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 Campus Hospital, and the St. Luke's Campus MOB would not be constructed.

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

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[18] For purposes of this Alternatives section, "LRDP" encompasses both Long-Term and Near-Term projects, as described in Section IA and IB.

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 Campus 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. <u>Alternative 2: Four-Campus Rebuilding/Retrofit/Redevelopment Alternative.</u>

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 likely renovation of interiors of the existing buildings at the proposed Cathedral Hill Campus 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 occur over a period of approximately six years.

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 (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, except that the St. Luke's Campus Hospital would have 80 (rather than 120) beds and would be two stories, 43 feet, and approximately 77,790 sq. ft. smaller than under the proposed LRDP. As under the proposed LRDP, the St. Luke's Campus under Alternative 2 would include development of the new St. Luke's Campus MOB.

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 as infeasible 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 than would occur under the LRDP 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 Campus 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 Campus 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 most specialized 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 Campus Hospital would be reduced compared to the hospital proposed in the LRDP[CAO1], in [rbh2]that the Cathedral Hill Campus Hospital would comply with the basic height requirements under the existing applicable height district (130-V Height and Bulk District). The Cathedral Hill Campus Hospital would provide 400 licensed beds under Alternative 3 (96 more than under the LRDP), and would be approximately 166,437 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 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 Campus 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 St. Luke's Campus MOB proposed under the LRDP would not be constructed under Alternative 3A. The first-phase St. Luke's Campus Hospital proposed under Alternative 3A would have 80 beds and be be approximately 77,790 sq. ft. smaller than the St. Luke's Campus Hospital under the LRDP and would be 27 feet and one story lower in height. 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 St. Luke's Campus MOB 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. 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 would remain significant and unavoidable under Alternative 3A. 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 increase the significant and unavoidable operational multi-campus impact of the proposed LRDP related to GHG emissions although not substantially..

Alternative 3A is, however, rejected as infeasible 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 somewhat increase the proposed LRDP's significant and unavoidable GHG emissions impact, it would not meet some of the project objectives, and it does not meet other objectives to the same extent as the proposed LRDP. Under Alternative 3A, instead of being relocated to the Cathedral Hill Campus, Women's and Children's Center services would be relocated to the St. Luke's Campus, which would not include many of 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 most specialized services and women's and children's services into one acute-care hospital. Because Women's and Children's Center services would be separated from most specialized services, Alternative 3A would not meet, to the same extent as the proposed LRDP, 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 to the same extent as the proposed LRDP. 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 to the same extent as the proposed LRDP.

The St. Luke's Campus is not as 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.

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 Campus Hospital proposed at that time met the anticipated future demand for acute care inpatient services at the St. Luke's Campus. 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 previously proposed 80-bed St. Luke's Campus Hospital 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. The planned service mix and capacity of the 120-bed St. Luke's Campus Hospital currently proposed under the LRDP is also consistent with the July 2008 recommendations of the Blue Ribbon Panel recommendations 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.

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, the St. Luke's Campus 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, developing entirely new Campus-wide plans for the St. Luke's Campus under Alternative 3A and an entirely new hospital building plan for the hospital at Cathedral Hill and a reduced MOB, as compared to the LRDP, would take significantly longer time to develop, both in terms of the 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 repermitting 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.

The proposed LRDP as analyzed in the Addendum includes some revisions that reduced the size of the Cathedral Hill Campus Hospital and increased the size of the St. Luke's Campus Hospital, as compared to the LRDP as analyzed in the Final EIR, but did not otherwise change the respective campuses or internal project phasing, and the hospital buildings would be modified on the same footprint and overall design. These changes are easier to accomplish than the redesigns envisioned under Alternative 3A. Further, similar to Alternative 3A, these revisions to the LRDP reduce its significant and unavoidable impacts to some extent, although unlike Alternative 3A, which would reduce the significant and unavoidable traffic impact at one intersection (Van Ness/Market) to a less-than-significant level, the

project changes analyzed in the Addendum would not reduce any of the proposed LRDP's significant and unavoidable impacts to less than significant levels.

For the above reasons, it is hereby found that Alternative 3A is rejected as infeasible 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 somewhat increase other significant and unavoidable impacts, including GHG emissions, and would not satisfy the project objectives as fully as the proposed LRDP..

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 Campus MOB and 1375 Sutter MOB) would instead be located within the existing 3838 California Street and 3905 Sacramento Street MOBs 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 St. Luke's Campus Hospital would be reduced by two stories (or about 43 feet) and 40 beds, and the St. Luke's Campus MOB 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. 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 would remain significant and unavoidable under Alternative 3B. 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 as infeasible 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. Under Alternative 3B, Women's and Children's Center services would be relocated to another location within the California Campus, rather than being transferred to the Cathedral Hill Campus under the proposed LRDP. The California Campus under Alternative 3B 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 most specialized services and Women's and Children's Center services into one centrally located acute care hospital to the same extent as under the proposed LRDP. 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 Campus Hospital and St. Luke's Campus MOB would be reduced in comparison to under the proposed LRDP, Alternative 3B would not meet, to the same extent as the proposed LRDP, 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 St. Luke's Campus MOB 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 to the same extent as the proposed LRDP.

Furthermore, new plans for the Cathedral Hill and California Campuses under Alternative 3B would take substantially more time to develop, both in terms of design and permit approvals (including OSHPD approvals) than the hospital plan revisions under the LRDP. 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 as infeasible 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 meet 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 certain CPMC 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 as infeasible 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 as infeasible because it would not meet the basic objectives of the project.

3. <u>Muni Bus Yard at Presidio and Euclid Avenues</u>

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 as infeasible because it would not meet the basic objectives of the project.

4. <u>Mervyn's Shopping Center</u>

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 as infeasible 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 as infeasible 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, or any reasonable deviation from 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 as infeasible 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 PHSH 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 PHSH 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 as infeasible 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 distance (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 as infeasible 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 as infeasible 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 Campus Hospital by approximately 545,000 sq. ft. and 316 beds, and an approximate 90-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 St. Luke's Campus MOB 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 Campus 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. 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 as infeasible 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 existing 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 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 as infeasible because it would not meet the basic objectives of the project.

12. <u>Code Complying Alternative</u>

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 Campus Hospital would be redesigned to comply with the existing Planning Code height limit of 130 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 50 feet in height. Complying with these existing height and bulk requirements would limit the Cathedral Hill Campus 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 214 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 Campus Hospital. Accounting for Building Code separation requirements, the Cathedral Hill Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 floor area ratio ("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 Campus Hospital to three stories, resulting in a total of only about 34 beds. Support services in the St. Luke's Campus Hospital also would be reduced because of the site restrictions and other spatial constraints related to providing 34 beds. The 100-foot tall St. Luke's Campus MOB 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 Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 Campus 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. According to the project sponsor, such a reduction in the size of the Cathedral Hill Campus 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 Campus Hospital site would limit the St. Luke's Campus 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 as infeasible 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 fewer than 11 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. <u>Retrofit the existing St. Luke's Hospital for subacute inpatient care or other nonacute care uses.</u>

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. Additional Alternatives Proposed by the Public

During the term of analysis of the CPMC LRDP, various commentors 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 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 as infeasible.

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, the Addendum, 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, the Addendum, 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 ability to continue to provide essential services 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 a significant portion of its 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 substantially increase the number of earthquake safe beds in San Francisco, inject about $2 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 Campus 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 Campus Hospital would meet and exceed the capacity and service mix recommendations of the independent Blue Ribbon Panel created to guide the redevelopment of St. Luke's, and would be consistent with the guidance of the Health Commission to serve the needs of the surrounding community.

- The new St. Luke's Campus 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 and increase 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 Campus 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 most of 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.

- The Cathedral Hill Campus Hospital would provide tertiary, specialized medical services to patients referred from other CPMC hospitals at the Davies and St. Luke's Campuses. The Cathedral Hill Campus 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 Campus 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.

- 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.

- 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.

EXHIBIT 1: MITIGATION MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
A-1 MITIGATION MEASURES AGREED TO BY PROJECT SPONSOR					
CULTURAL AND PALEONTOLOGICAL RESOURCES					
M-CP-N2 (Cathedral Hill with or without Variants):					
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[1] 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	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.

[1] 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	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
effects on a significant archaeological resource, as defined in the State CEQA Guidelines, Section 15064.5(a)(c).					
Archaeological Testing Program. The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that 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.	Project Sponsor/Archaeological consultant, at the direction of the ERO.	Prior to any soil-disturbing activities on the project site.	Prepare and submit draft ATP. Implement ATP.	Archaeological consultant and ERO.	After consultation with and approval by ERO of ATP. Considered complete on finding by ERO that ATP implemented.
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.	Project Sponsor/Archaeological consultant, at the direction of the ERO.	After completion of ATP.	Submit report to ERO of the findings of the ATP.	Archaeological consultant and ERO.	Considered complete on submittal to ERO of report on ATP findings.
Archaeological Monitoring Program. 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: ► 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,	Project Sponsor/ Archaeological Consultant,/ Archaeological Monitor/Contractor (s), at the direction of the ERO.	ERO & Archaeological Consultant meet prior to commencement of soil-disturbing activity. If ERO determines that an AMP is	Implement AMP.	Archaeological consultant and ERO.	Considered complete on findings by ERO that AMP implemented.

Exhibit 1-2

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.		necessary, monitor throughout all soil-disturbing activities.			
► 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.	Archaeological consultant.		Advises project contractor(s)		
► 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.					
► The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis.					
► If an intact archaeological deposit is encountered, all 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.	Archaeological consultant.		Notify ERO if intact archaeological deposit is encountered.		
Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of					

Exhibit 1-3

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
the monitoring program to the ERO.					
Archaeological Data Recovery Program. 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. The scope of the ADRP shall include the following elements: ► *Field Methods and Procedures*. Descriptions of proposed field strategies, procedures, and operations. ► *Cataloguing and Laboratory Analysis*. Description of selected cataloguing system and artifact analysis *procedures.* ► *Discard and Deaccession Policy*. Description of and rationale for field and post-field discard and deaccession policies. ► *Interpretive Program*. Consideration of an on-site/off-site public interpretive program during the course of the archaeological data recovery program. ► *Security Measures*. Recommended security measures to protect the archaeological resource from vandalism, looting, and unintentionally damaging activities. ► *Final Report*. Description of proposed report format and distribution of results. ► *Curation*. Description of the procedures and recommendations for the curation of any recovered data having potential research value,	Archaeological consultant at the direction of the ERO.	If there is determination by the ERO than an ADR program is required.	Prepare an ARDP	Archaeological consultant and ERO.	Considered complete on finding by ERO that ARDP implemented.

Exhibit 1-4

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
identification of appropriate curation facilities, and a summary of the accession policies of the curation facilities.					
Human Remains and Associated or Unassociated Funerary Objects. 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.	Project Sponsor/Archaeological consultant in consultation with the San Francisco Coroner, NAHC, and MLD.	In the event human remains and/or funerary objects are encountered.	Contact San Francisco County Coroner. Implement regulatory requirements, if applicable, regarding discovery of Native American human remains and associated/unassociated funerary objects.	Archaeological consultant and ERO.	Considered complete on notification of the San Francisco County Coroner and NAHC, if necessary.
Chinese and Japanese Archaeological Sites. 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.	Project Sponsor/ Archaeological consultant in consultation with Chinese Historic Society of America or National Japanese American Historical Society.	In the event of discovery of potentially CRHR-eligible Overseas Chinese or Japanese archaeological deposit.	Contact Chinese Historic Society of America or National Japanese American Historical Society and implement any further mitigation advised.	Archaeological consultant and ERO.	Considered complete upon notification of appropriate organization and implementation of any further mitigation advised.
Final Archaeological Resources Report. The archaeological consultant shall submit a draft final archaeological resources report (FARR) to the ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put any archaeological resource at risk shall be provided in a separate removable insert within the final report.	Project Sponsor/Archaeological consultant at the direction of the ERO.	After completion of archaeological data recovery, inventorying, analysis, and interpretation.	Submit a Draft FARR.	Archaeological consultant and ERO.	Considered complete on submittal of FARR.
Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information	Archaeological consultant at the	Written certification	Distribute FARR.	Archaeological consultant and	Considered complete on

Exhibit 1-5

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.
Mitigation Measure M-CP-N2 (Davies [near-term] and St. Luke's with or without project variants)					
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
Mitigation Measure M-CP-N3 (Cathedral Hill and St. Luke's with or without variants and Davies [near-term])					
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:					
• 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.	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.
• 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.[2] The recovery plan may include a field survey, construction monitoring, sampling and data recovery	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.

2 Society of Vertebrate Paleontology. 1996. Conditions of Receivership for Paleontologic Salvage Collections (final draft). *Society of Vertebrate Paleontology News Bulletin* 166:31–32.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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		
Mitigation Measure M-CP-N4 (Cathedral Hill, Davies (near-term) and St. Luke's)					
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.

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
			levels of service.		
Mitigation Measure MM-TR-30 (Cathedral Hill) 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.
Mitigation Measure MM-TR-31 (Cathedral Hill) 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.
Mitigation Measure MM-TR-44 (Cathedral Hill): Loading Dock Restrictions and Attendant 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

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.		following full building occupancy/program implementation. Attendant to be present during operations.	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.		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 modificiation after review of truck loading report. Attendant considered ongoing during operations,
Mitigation Measure TR-55 (Cathedral Hill) 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. 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. Specifically, the plan should: Identify construction traffic management best practices in San Francisco,	Project Sponsor	Prior to and during construction.	Project Sponsor to develop and implement a Construction TMP, for review and approval by MTA, DPW and Planning.	Project Sponsor, ERO, SFDPW, and SFMTA	Development of Construction TMP considered complete upon review and approval. Implementation of Construction TMP considered complete upon completion of construction.

	MONITORING AND REPORTING PROGRAM				
Adopted Mitigation Measures	**Responsibility for Implementation**	**Mitigation Schedule**	**Mitigation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
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 • Identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands. • Identifying best practices for accommodating pedestrians, such as temporary pedestrian wayfinding signage or temporary walkways. • 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. • Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility. • 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. 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, • 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.					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
• 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.					
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.					
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.					
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.					
The Construction Transportation Management Plan shall be submitted to SFMTA, SFDPW, and the Planning Department for review and approval.					
Mitigation Measure MM-TR-134 (Cathedral Hill)					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.	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.
Mitigation Measure MM-TR-137 (Cathedral Hill) 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.	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.
NOISE					
Mitigation Measure M-NO-N1a (Cathedral Hill) 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. • Construction equipment shall be properly maintained in accordance	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.				Inspection (work within CPMC-owned project sites).	
• Construction equipment shall not idle for extended periods (no more than 5 minutes) of time near noise-sensitive receptors.					
• 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.					
• 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.					
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.					
Mitigation Measure M-NO-N1b (Cathedral Hill)					
A community liaison shall be designated by CPMC. The community liaison shall be available to manage and respond to noise complaints from	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

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.		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.
Mitigation Measure M-NO-N1c (Cathedral Hill) 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: • 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-	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
Mitigation Measure M-NO-N1 (Davies [near-term])					
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.	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. ERO shall review logs provided by community liaison to determine whether number of complaints warrant further action.	See M-NO-N1a, M-NO-N1b, and M-NO-N1c.
Mitigation Measure M-NO-N1 (St. Luke's Campus with or without Variants)					

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
		MONITORING AND REPORTING PROGRAM			
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.
Mitigation Measure M-NO-N3a (Cathedral Hill Campus)					
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.
Mitigation Measure M-NO-N3b (Cathedral Hill Campus with or without Variants)					
Bay doors [forthe loading dock on Franklin Street] shall be required to be closed during Aduromed operations, to the extent feasible.	Project Sponsor	During operations.	Project Sponsor to close bay doors during Aduromed operations.	Project Sponsor; ERO	Considered ongoing during project operations.
Mitigation Measure M-NO-N3c (Cathedral Hill Campus with or without Variants)					
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 bay 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.	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.
Mitigation Measure M-NO-N3d (Cathedral Hill Campus with or without Variants)					
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 Cathedral Hill Hospital.	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. .

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Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
				OSHPD standards). ERO shall review to confirm issuance of a duly reviewed OSHPD permit.	
Mitigation Measure M-NO-N3e (Cathedral Hill Campus) 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.	Project Sponsor	During operations.	Project Sponsor to establish communication between churches adjacent to the oxygen delivery area to determine acceptable time for delivery.	Project Sponsor; ERO	Considered ongoing during project operations.
Mitigation Measure M-NO-N3 (Davies [near-term]) 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.	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.
Mitigation Measure M-NO-N3 (St. Luke's Campus) 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.	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 Daviesand 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.
Mitigation Measure M-NO-N4 (Cathedral Hill Campus) 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_{dn}. Interior spaces of the hospital shall be designed to	Project Sponsor/Acoustical Consultant	Prior to building construction.	Project Sponsor/Acoustical Consultant to perform detailed interior-noise analysis of	Project Sponsor/Acoustical Consultant and OSHPD (interior noise standards within the hospital	Considered complete upon ERO's confirmation of an OSHPD approved permit

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L_{dn} or lower.			Cathedral Hill Hospital 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.
Mitigation Measure M-NO-N4 (St. Luke's Campus)					
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 St. Luke's Replacement Hospital that would reduce the interior traffic-noise level inside the hospital to 45-dB L_{dn}. 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_{dn} or lower.	Project Sponsor/Acoustical Consultant	Prior to building construction.	Project Sponsor/Acoustical Consultant to perform detailed interior-noise analysis of St. Luke's Replacement Hospital and incorporate noise-insulating features in final design plans	Project Sponsor/Acoustical Consultant and OSHPD (interior noise standards within the hospital are governed by OSHPD standards). ERO shall review to confirm issuance of a duly reviewed OSHPD permit.	Considered complete upon ERO's confirmation of an OSHPD approved permit for design that includes noise-insulating features
Mitigation Measure M-NO-N5 (Cathedral Hill, Davies [near-term], St. Luke's Campuses)					
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. 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	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 to retain Acoustical Consultant to prepare and	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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. 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: • 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 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. • 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. • 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			implement vibration management plan.		

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
AIR QUALITY					
Mitigation Measure M-AQ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)					
The following mitigation measures shall be implemented during construction activities to avoid short-term significant impacts to air quality: **BAAQMD Basic Control Measures** • Water all active construction areas at least twice daily. • Cover all trucks hauling soil, sand, and other loose materials or require all trucks to maintain at least 2 feet of freeboard. • Pave, apply water three times daily, or apply (nontoxic) soil stabilizer on all unpaved access roads, parking areas, and staging areas at construction sites. • Sweep daily (with water sweepers) all paved access roads, parking areas, and staging areas at construction sites. • Sweep street daily (with water sweepers) if visible soil material is carried into adjacent public streets. **Optional Control Measures** • Install wheel washers for all exiting trucks, or wash off the tires or tracks of all trucks and equipment leaving the site. • Install wind breaks, or plant trees/vegetative wind breaks at windward sides of construction areas. • Suspend excavation and grading activity when winds (instantaneous gusts) exceed 20 mph. • Limit the area subject to excavation, grading, and other construction activities at any one time.	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and construction.	Construction Contractor to implement control measures.	Project Sponsor and ERO.	Considered complete upon receipt of final monitoring report at completion of construction.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
Additional Construction Mitigation Measures • All exposed surfaces (e.g., parking areas, staging areas, soil piles, graded areas, and unpaved access roads) shall be watered twice daily. • All haul trucks transporting soil, sand, or other loose material off-site shall be covered. • 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. • All vehicle speeds on unpaved roads shall be limited to 15 mph. • 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. • 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. • 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. • 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.					
Mitigation Measure M-AQ-N1b (Cathedral Hill, Davies [near-term], St. Luke's) To reduce exhaust emissions of ROG, NOX, PM10, and PM2.5 by construction equipment at the CPMC campuses, CPMC and its	Project Sponsor/Constructi on Contractor(s)	During demolition, excavation, and	Construction Contractor(s) to implement control	Project Sponsor and ERO.	Considered complete upon receipt of final

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
construction contractor shall implement the following BAAQMD-recommended control measures during construction in both the near term and the long term: • 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. • 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.		construction.	measures.		monitoring report at completion of construction.
Mitigation Measure M-AQ-N2 (Cathedral Hill Campus) 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: • Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used. • 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. • For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
equipment of all types shall meet Tier 4 standards.					
Mitigation Measure M-AQ-N8a (Cathedral Hill, Davies [near-term], St. Luke's)					
This mitigation measure is identical to Mitigation Measure M-AQ-N1a, above.	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a
Mitigation Measure M-AQ-N8b (Cathedral Hill, Davies [near-term], St. Luke's)					
This mitigation measure is identical to Mitigation Measure M-AQ-N1b, above.	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b
Mitigation Measure M-AQ-N9 (Cathedral Hill, Davies [near-term], St. Luke's)					
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.	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
Mitigation Measure M-AQ-N10a (Cathedral Hill Campus)					
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
Mitigation Measure M-AQ-N10b (Davies Campus [near-term])					
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
Mitigation Measure M-AQ-N10c (St. Luke's Campus)					
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
PUBLIC SERVICES					
Mitigation Measure M-PS-N2 (Cathedral Hill Campus)					
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
BIOLOGICAL RESOURCES					
Mitigation Measure M-BI-N1 (Cathedral Hill)					
Before any demolition or construction activities occurring during the nesting season (January 15 through August 15) that involve removal of	Project Sponsor/Qualified	Pre-consruction surveys prior to	Pre-construction surveys for nesting	Project Sponsor/Biologist	Considered complete upon

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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 1801of 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.	Biologist	any construction activities during nesting season. If active nests are found, actions to protect nesting birds to be implemented during construction.	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..	and ERO	ERO approval of report by biologist and any actions taken to protect nesting birds pursuant to Section 1801 agreement, if necessary.
Mitigation Measure M-BI-N1 (Davies [near-term]) 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
Mitigation Measure M-BI-N1 (St. Luke's with or without project variants)) 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
GEOLOGY AND SOILS					
Mitigation Measure M-GE-N4 (Cathedral Hill, Davies [near-term], St. Luke's) 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

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
Mitigation Measure M-GE-N6 (St. Luke's) 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.
HYDROLOGY AND WATER QUALITY					
Mitigation Measure M-HY-N2 (Cathedral Hill) 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 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: • green roofs, • cisterns, • bioswales, • bioretention basins, • planter boxes,	Project Sponsor	Preparation of Stormwater Control Plan pior to first permit for construction, as determined by the Planning Department. Implementation of LID strategies and BMPs by incorporating into project during construction.	Project Sponsor to prepare and implement a Stormwater Control Plan.	Project Sponsor , ERO, and SFPUC	Considered complete upon approval of final design.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
• blue roofs, • dry wells, and • other detention/storage facilities. In addition, the final design team for the development project shall review and incorporate as many concepts as practicable from *Start at the Source: Design Guidance Manual for Stormwater Quality Protection.* 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.					
Mitigation Measure M-HY-N2 (Davies [near-term]) This mitigation measure is identical to Mitigation Measure M-HY-N2 for the Cathedral Hill Campus, above.	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
Mitigation Measure M-HY-N2 (St. Luke's) This mitigation measure is identical to Mitigation Measure M-HY-N2 for the Cathedral Hill Campus, above.	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
Mitigation Measure M-HY-N3 (Cathedral Hill, Davies [near-term], St. Luke's) 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 *California Stormwater Quality Association Stormwater BMP Handbook—Construction*. In accordance with SFPUC's requirements, the SWPPP shall include the following elements: *An erosion and sediment control plan*. 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	Project Sponsor/Construction Contractor(s)	Approval of SWPPP prior to issuance of grading or building permits. Implementation of SWPP during construction.	Project Sponsor/Construction Contractor(s) to prepare and implement SWPPP.	Project Sponsor/Construction Contractor(s), SFPUC, and ERO	Considered complete upon receipt of final monitoring report at completion of construction.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
the erosion and sediment control plan may include the following practices: • 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. • 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. • Wind erosion—Apply water or other dust palliatives to prevent dust nuisance; prevent overwatering that can cause erosion. Alternatively, cover small stockpiles or areas that remain inactive for 7 or more days. • 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. • 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.					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
• Litter control—Remove litter at least once daily from the construction site. Dispose of packing materials immediately in an enclosed container.					
• *Non-stormwater management BMPs*. These BMPs may include water conservation practices, dewatering practices that minimize sediment discharges, and BMPs for all of the following:					
• paving and grinding activities;					
• identification of illicit connections and illegal dumping;					
• irrigation and other planned or unplanned discharges of potable water;					
• vehicle and equipment cleaning, fueling, and maintenance;					
• concrete curing and finishing;					
• temporary batch plants;					
• implementation of shoreline improvements; and					
• work over water.					
Discharges from dewatering activities shall comply with the requirements of SFPUC's Batch Wastewater Discharge Permit that regulate influent concentrations for various constituents.					
• *Waste management BMPs*. These BMPs shall be implemented for:					
• material delivery, use, and storage;					
• stockpile management;					
• spill prevention and control; and					
• management of solid and liquid waste, hazardous waste, contaminated soil, concrete waste, and septic/sanitary waste.					
• *BMP inspection, maintenance, and repair requirements.* 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.					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
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.					
Construction personnel shall receive training on the SWPPP and implementation of BMPs.					
HAZARDS AND HAZARDOUS MATERIALS					
Mitigation Measure M-HZ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)					
Step 1: Preparation of a Site Mitigation Plan					
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: • 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. • Fill shall be sampled and analyzed before excavation to allow	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
excavation, loading, and transportation off-site without stockpiling, which would minimize soil handling.					
• 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.					
• 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 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.					
• 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					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
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.					
Step 2: Handling, Hauling, and Disposal of Contaminated Soils (a) Specific work practices: 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 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. (b) Dust suppression: 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. (c) Surface water runoff control: 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. (d) Soils replacement: 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	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 Department.

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
to construction grade. (e) Hauling and disposal: 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.					
Step 3: Preparation of Closure/Certification Report After construction activities are completed, the project sponsor shall prepare and submit a closure/certification report to the SFDPH for review 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.	Project Sponsor	After construction activities are completed.	Project Sponsor to prepare and submit a closure/certification report to DPH.	Project Sponsor and DPH.	Considered complete upon receipt and approval by DPH of final closure/certification report.
Mitigation Measure M-HZ-N1b Cathedral Hill, Davies [near-term], St. Luke's): Preparation of Unknown Contingency Plan					
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	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	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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:		during excavation and grading phases of construction.			
• 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 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.					
• 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					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
In the event unanticipated subsurface hazards or hazardous material releases are discovered during construction, the requirements of this 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.					
Mitigation Measure M-HZ-N4a (Cathedral Hill) 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
Mitigation Measure M-HZ-N4b (Cathedral Hill) 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
Mitigation Measure M-HZ-N4c (Davies [near-term]) 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

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
Mitigation Measure M-HZ-N4d (Davies [near-term])					
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
Mitigation Measure M-HZ-N4e (St. Luke's)					
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
Mitigation Measure M-HZ-N4f (St. Luke's)					
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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Planning Commission Resolution No. _____

General Plan Amendment

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
Case No.:	2005.0555E; 2009.0886MTZCBRSK; 2012.0403W
Project Address:	3555 Cesar Chavez St.; 3615 Cesar Chavez St.; 1580 Valencia St.
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/145-E
Assessor's Block/Lot:	6575/001, 002; 6576/021 and a portion of San Jose Ave. between Cesar Chavez St. and 27th St.
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO AMENDMENTS TO THE GENERAL PLAN MAP 4 OF THE URBAN DESIGN ELEMENT, TO REFLECT A MAXIMUM HEIGHT OF 145'-0" FOR A PORTION OF THE ST. LUKE'S CAMPUS HOSPITAL SITE WHERE THE HOSPITAL TOWER IS PROPOSED TO BE LOCATED AND 105'-0" FOR THE BALANCE OF THE ST. LUKE'S CAMPUS (THE CAMPUS BEING 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 229' AND 285', RESPECTIVELY, FOR THE ST LUKE'S CAMPUS HOSPITAL SITE, AND 204' AND 228', RESPECTIVELY, FOR THE ST. LUKE'S CAMPUS 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. THIS RESOLUTION SUPERSEDES IN ITS ENTIRETY RESOLUTION NO. 18590 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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. 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 Campus hospital and medical office building (hereinafter referred to as "St Luke's Campus Hospital" "St. Luke's Campus MOB," or "MOB," respectively).

On July 21, 2010, the Draft Environmental Impact Report ("DEIR") for CPMC's LRDP Project, including the St Luke's Campus 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 Campus 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 St. Luke's Campus Hospital, demolition of the existing St. Luke's Hospital Tower, and the construction of the St Luke's Campus 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 Campus 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 Campus 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 ("Board") hearing, introduced the (1) Planning Code Text Amendments in Board File No. 120358; (2) the Zoning Map Amendments in Board File No. 120360, (3) the street vacation ordinance in Board File No. 120361, (4) the Transfer Agreement in Board File No. 120363, (5) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120365.

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, Jonas P. Ionin, 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St Luke's Campus Hospital and MOB Project. A copy of Commission Motion No. 18588 is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. 18589, the Commission adopted findings, including a statement of overriding considerations and adopted the MMRP, pursuant to CEQA.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (2) Resolution No. 18593, recommending that the Board of Supervisors approve the requested Planning Code Text Amendments; (3) Resolution No. 18593, recommending that the Board of Supervisors approve the requested Zoning Map Amendments; (4) Motion No. 18594, approving the proposed Conditional Use authorization; (5) Motion No. 18595, approving the allocation of the proposed office space; (6) Motion No. 18596, approving the General Plan Referral; and (7) Resolution No. 18602, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

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.

On May 16, 2012, an appeal of Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012, to consider the appeal of the FEIR certification. On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the Project Sponsor to identify revisions to the April 26, 2012, Commission approvals to reflect the revised CPMC LRDP Project, including the following on the St. Luke's Campus: increased height limit (145 feet) for the tower portion of the proposed St. Luke's

Campus Hospital and 105 feet for the remainder of the campus, increased maximum plan and diagonal plan dimensions of 229' and 285', respectively, for the St. Luke's Campus Hospital site, an increase in FAR to 2.6:1 and an increased parking deficit.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the St Luke's Campus Hospital described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____. The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and the Addendum 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 May 23, 2013, in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (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 and Map Amendments; (3) Motion No._____ approving the Conditional Use authorization; (4) Motion No. _____, approving the allocation of the proposed office space; (5) Motion No. _____, approving the General Plan Referral; and (6) Resolution No. _____, recommending that the Board approve the proposed revised draft Development Agreement; and

On May 23, 2013, 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 (superseding in its entirety Resolution No. 18590 adopted by the Planning Commission on April 26, 2012) 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 Campus 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. This Resolution, along with the Development Agreement and related approvals, achieves 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 a significant portion of its 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 $2.0 billion into the local economy, 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 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.
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% of all permanent entry-level hires annually for the term of the Development Agreement from the City's workforce system, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $4 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 St. Luke's Campus Hospital would be a full-service community hospital integrated into the CPMC city-wide system of care. The St. Luke's Campus 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 Campus Hospital;

    c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including caring for a baseline of about 30,000 charity care and Medi-Cal patients annually;

    d. Expenditure of at least $8 million per year, in addition to charity care and Medi-Cal services, in services to the poor and underserved; and

    e. $9 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.

14. Under the terms of the proposed Development Agreement, CPMC would provide additional funding to the City, including:
    a. $36.5 million to fund new affordable units, and $4.1 million to replace the 20 residential hotel units and five dwelling units
    b. $11.5 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 Campus 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 Campus Hospital and MOB Project complies with said policies, as outlined in **Motion No. _____.**
23. The St Luke's Campus 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 Campus 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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

[General Plan Map Amendments – CPMC: St. Luke's Campus – Revised LRDP]

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 27th Street) to 145' for a portion of the St. Luke's Campus Hospital site where the hospital tower will be located, and 105' for the balance of the Campus; and 2) amending Map 5 of the Urban Design Element to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 229' and 285', respectively, for the St. Luke's Campus Hospital site and 204' and 228', respectively, for the St. Luke's Medical Office Building site; 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 May 23, 2013, by Resolution No. _____, the Commission conducted a

duly noticed public hearing on the General Plan Amendments pursuant to Planning Code Section 340, found that the public necessity, convenience and general welfare required the proposed General Plan Amendments, adopted the General Plan Amendments, and recommended them for approval to the Board of Supervisors. A copy of Planning Commission Resolution No. _____ is on file with the Clerk of the Board of Supervisors in File No. _____, and incorporated by reference herein.

B. The Board finds that this ordinance is, on balance, in conformity with the priority policies of Planning Code Section 101.1 and consistent with the General Plan as it is proposed for amendment herein and in the related ordinances amending Map 5 of the General Plan Urban Design Element and Map 1 of the Van Ness Area Plan, and amending the Van Ness Area Plan to accommodate the Near-Term Projects at the Cathedral Hill Campus described in the California Pacific Medical Center's Long Range Development Plan ("LRDP") (Ordinances No. _____ and _____) for the reasons set forth in Planning Commission Motion No. _____, and the Board hereby incorporates these findings herein by reference.

C. On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center LRDP. On March 12, 2013, by adoption of Motion M13-042, the Board affirmed the decision of the Planning Commission to certify the FEIR, and rejected the appeal of Planning Commission Motion 18588. A copy of Planning Commission Motion No.18588, and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File Nos. 120549 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and the FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates as though fully set forth herein, the findings, including a statement of overriding considerations and the mitigation monitoring and

reporting program, pursuant to the California Environmental Quality Act (California Public Resources Code Section 21000 et seq.) adopted by the Planning Commission on _____, in Motion No._____. Said Motion is on file with the Clerk of the Board of Supervisors in File No. _____.

Section 2. The Board of Supervisors hereby approves an amendment to the General Plan, as follows:

(a) Map 4 (Urban Design Guidelines for Height of Buildings) of the Urban Design Element of the General Plan of the City and County of San Francisco shall be amended to change the height for the proposed St. Luke's Campus Hospital tower site (the portion of the St. Luke's Campus site that begins 45' from the northwest corner of the property in an easterly direction along the north property line; then runs 134' easterly along the north property line; then runs perpendicular 228' southerly to a point perpendicular to the south property line; then runs 134' westerly along the south property line; then returns 228' in a northerly direction to the beginning point) from 41'- 88' to 145'; and the balance of the Campus (the overall Campus consisting of Block 6575/Lots 001, 002; Block 6576/Lot 021, and the portion of San Jose Avenue between Cesar Chavez Street and 27th Street and their successor Blocks and Lots) from 41-88' to 105'.

(b) Map 5 (Urban Design Guidelines for Bulk of Buildings) of the Urban Design Element of the General Plan of the City and County of San Francisco shall be amended to change the maximum plan dimensions and maximum diagonal plan dimensions for the proposed St. Luke's Campus Hospital site from 110' and 125', respectively, to 229' and 285', respectively, and to change the maximum plan dimensions and maximum diagonal plan dimensions for the proposed St. Luke's Campus Medical Office Building site from 110' and

125', respectively, to 204' and 228', respectively, as those sites are described in the California Pacific Medical Center's Long Range Development Plan.

Section 3. This section is uncodified. Effective Date. This ordinance shall become effective 30 days from the date of passage.

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

By: _____
Audrey Williams Pearson
Deputy City Attorney

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Planning Commission Resolution No. _____

General Plan Amendment

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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 230-V (Hospital site), 130-V (MOB site)
Assessor's Block/Lot:	0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO 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 CAMPUS HOSPITAL AND CATHEDRAL HILL MEDICAL OFFICE BUILDING ("MOB") AS "THE VAN NESS MEDICAL USE SUBDISTRICT", AND TO INCREASE THE ALLOWABLE FLOOR AREA RATIO ("FAR") FOR THE CATHEDRAL HILL CAMPUS MOB SITE FROM 7.1:1 TO 7.5:1; (3) AMEND MAP 2 OF THE VAN NESS AREA PLAN TO CREATE A 230-V HEIGHT AND BULK DISTRICT COTERMINOUS WITH THE HOSPITAL SITE, IN ORDER TO AMEND THE HEIGHT LIMIT FOR THE CATHEDRAL HILL CAMPUS HOSPITAL SITE FROM 130'-0" TO 230'-0"; AND (4) 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 CAMPUS HOSPITAL SITE, AND 265'-0" AND 290'-0", RESPECTIVELY, FOR THE CATHEDRAL HILL CAMPUS 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY RESOLUTION NO. 18591, APPROVED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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[1]. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties. However, as planning for the CPMC Long Range Development Plan ("LRDP") continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009.

On July 21, 2010, the Draft Environmental Impact Report ("DEIR") for CPMC's LRDP Project, including the Cathedral Hill Campus 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.

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 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

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[1] At the time of this application, the Cathedral Hill Campus 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.

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 Campus Hospital and MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Campus Hospital site from 7.1:1 to 9:1, and to increase the FAR for the Cathedral Hill Campus MOB site from 7.1:1 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 Campus 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 maxim diagonal plan dimensions of 385'-0" and 466'-0", respectively, for the Cathedral Hill Campus Hospital site, and 265'-0" and 290'-0", respectively, d for the Cathedral Hill Campus 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 gsf 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 gsf 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 Campus Hospital to the Cathedral Hill Campus 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 Campus Hospital site and 7.5:1 for the Cathedral Hill Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 242,987 sf of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill Campus 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 Campus 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 Campus 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. 120357; (2) the Zoning Map Amendments in Board File No. 120359, (3) the street encroachment ordinance in Board File No.120362, (4) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120364.

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

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Motion No. 18592, approving the General Plan and Planning Code Section 101.1 Findings; (2) Resolution No. 18597, recommending that the Board of Supervisors approve

the requested Planning Code Text Amendments and the requested Zoning Map Amendments; (3) Motion No. 18598, approving the Conditional Use Authorization; (4) Motion No. 18599, approving the Office Allocation; (5) Motion No. 18600, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the Development Agreement.

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

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing July 17, 2012 to consider the appeal of the FEIR certification and on March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following changes to the Cathedral Hill Campus Hospital site as compared to the original CPMC LRDP Project: decreased maximum height (from 265 feet to 230 feet), FAR (from 9.0:1 to 7.0:1) and parking spaces (513 to 276)[2].

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

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[2] The project sponsor is considering the distribution of parking spaces among the Cathedral Hill parking garages, and the actual number of spaces per garage may vary, but will not exceed the lesser of 990 spaces or 125% of the Code minimum required number of spaces for the overall Cathedral Hill Campus.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and the Addendum 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 May 23, 2013, in Motion No. _____.

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

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (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 and Map Amendments; (3) Motion No.)_____approving the Conditional Use Authorization; (4) Motion No. _____, approving the allocation of the proposed office space; (5) Motion No. ____ approving a General Plan Referral; and (6) Motion No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement; and

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on General Plan Amendment Application No. 2009.0885MTZCBRSK.

The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0885MTZCBRSK, 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.

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 $2 billion into the local economy, and create 1,500 high paying union construction jobs.

10. The LRDP would allow the City to retain CPMC as a substantial employer, employing over 6,000, 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% of all permanent entry-level hires annual for the term of the DA from the City's workforce system, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $4 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 Campus Hospital would be a full-service, acute care hospital with an approximately 24,530 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 5,400 additional Medi-Cal beneficiaries, and caring for a baseline of about 30,000 unduplicated Medi-Cal or charity care patients plus $8 million in community benefits annually; and

d. $9 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.

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

    a. $5 million in funding for the proposed Van Ness and Geary BRT projects;

    b. $6.5 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;

    c. 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 $300,000 per year of additional funding to MTA for a period of 10 years;

    d. $4.25 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;

    e. $1.55 million in funding for transit and safety improvements in the neighborhoods surrounding the Cathedral Hill Campus;

    f. $400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities;

    g. $200,000 grant for the Safe Passage Pilot Program in the Tenderloin;

    h. A series of pedestrian safety improvements around the Davies Campus, valued at approximately $475,000;

    i. A series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately $3,300,000;

    j. A contribution of $3 million for enforcement and traffic safety measures around the Pacific and California Campuses.

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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

[General Plan Amendment – Van Ness Area Plan Amendments – CPMC: Cathedral Hill Campus – Revised LRDP]

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

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 May 23, 2013, by Resolution No. _____, the Planning Commission conducted a duly noticed public hearing on the General Plan Amendments pursuant to Planning Code Section 340, found that the public necessity, convenience and general welfare required the General Plan Amendments, adopted the General Plan Amendments, and recommended them for approval to the Board of Supervisors. A copy of Planning

Commission Resolution No. _____ is on file with the Clerk of the Board of Supervisors in File No. _____.

(b) The Board finds that this ordinance is, on balance, in conformity with the priority policies of Planning Code Section 101.1 and consistent with the General Plan as it is proposed for amendment herein, and in the related ordinances amending Map 5 of the General Plan Urban Design Element, and Map 1 of the Van Ness Area Plan to accommodate the Near-Term Projects at the Cathedral Hill and St. Luke's Campuses described in California Pacific Medical Center's Long Range Development Plan ("LRDP") (Ordinances No. _____ and _____) for the reasons set forth in Planning Commission Motion No. _____, and the Board hereby incorporates these findings herein by reference.

(c) On April 26, 2012 by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center LRDP. On March 12, 2013, the Board of Supervisors, in Motion No. 13-042 affirmed the decision of the Planning Commission to certify the FEIR and rejected the appeal of the FEIR certification. Copies of Planning Commission Motion No. 18588 and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File Nos. 120459 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and the FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates by reference, as though fully set forth herein, the findings, including a statement of overriding considerations and the mitigation monitoring and reporting program, pursuant to the California Environmental Quality Act (California Public Resources Code Section 21000 et seq.), adopted by the Planning Commission on May 23, 2013, in Motion No. _____. Said motion is on file with the Clerk of the Board of Supervisors in File No. _____.

Section 2. The Board of Supervisors hereby approves the following amendments to the Van Ness Area Plan of the San Francisco General Plan. The proposed amendments to the San Francisco General Plan's Van Ness Area Plan will facilitate the development of a seismically safe high density medical center at the transit nexus of Van Ness Avenue and Geary Boulevard.

The Van Ness Area Plan of the General Plan of the City and County of San Francisco is hereby amended to read as follows:

OBJECTIVE 1

CONTINUE EXISTING COMMERCIAL USE OF THE AVENUE AND ADD A SIGNIFICANT INCREMENT OF NEW HOUSING.

Although there are 18 buildings containing 980 dwelling units in this subarea most of the buildings are in non-residential use.

This section of Van Ness Avenue is one of the few areas in the city where new housing can be accommodated with minimal impacts on existing residential neighborhoods and public services.

Some of the features that make the area attractive for medium density mixed use development with high density housing are as follows:

- This 16 block strip along Van Ness Avenue maintains a "central place" location and identity. The area is close to the city’s major employment center, is well-served by transit, has well developed infrastructure (roadway, water, sewer and other public services), wide roadway (93+ feet) and sidewalks (16+ feet), has continuous commercial frontage and numerous attractive, architecturally outstanding buildings.
- There are a number of large parcels which are substantially under-developed.
- A height limitation of between 80 and 130 ft. would allow sufficient development to make feasible over time the construction of housing on under used parcels.

- The minor streets which bisect most of the blocks within this subarea facilitate access to and from new developments with minimal affects on major east-west thoroughfares or on Van Ness Avenue.

Development of a number of medium density, mixed-use projects with continued non-residential use of non-residential buildings and would facilitate the transformation of Van Ness Avenue into an attractive mixed use boulevard.

A high-density medical center at the transit nexus of Van Ness Avenue and Geary would support Van Ness Avenue's redevelopment as a mixed use boulevard as set forth in Policy 1.6 below.

POLICY 1.6 Allow a medical center at the intersection of Van Ness Avenue and Geary Boulevard.

A medical center at this location would support redevelopment of Van Ness Avenue 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 population 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.

Topography and Street Pattern

Van Ness Avenue is the central north-south spine and one of the widest streets in the City. Bounded by Civic Center and the Bay and characterized by excellent views, the Avenue defines and links many adjacent neighborhoods*, including through its substantial transit resources*. In connecting Market Street to the Bay, Van Ness forms the western edge of the

inner city and separates the Nob and Russian Hill neighborhoods from Pacific Heights. The Avenue also provides access between a number of focal points, including landmark buildings, cultural centers, important view corridors and the Bay. The juxtaposition on the Avenue of large monumental structures with fine-grain urban fabric to the east creates an exciting contrast within the cityscape.

POLICY 5.1 Establish height controls to emphasize topography, adequately frame the great width of the Avenue*, and support the redevelopment of the Avenue as a diverse, mixed use boulevard and transit corridor.*

Existing height limits on the Avenue *generally* range from 40 feet at the northern end to 130 feet in the central portion. This height differentiation responds to topographic conditions as well as land use patterns, maintaining distinctions between areas of different character. For example, height districts are gradually tapered from 130 feet around the hilltop at Washington Street to 80 feet at Pacific Avenue and further to 65 and 40 feet towards the Bay shoreline.

Although the majority of existing height controls are adequate to define both the overall topography as well as the great width of the Avenue, the height limit between California and Pacific Streets should be lowered from the existing 130/105-ft. level to 80 ft. in order to facilitate the transition between the greater building heights along the southern part of the Avenue and the mostly low-rise residential development north of Broadway. Development to maximum height should be closely monitored to minimize blocking views between the high slopes on both sides of the Avenue. Good proportion between the size of a street and that of its buildings is important for streets to be interesting and pleasant places. The proposed height limits, combined with the Van Ness Plan's proposed bulk controls, encourage definition of the 93-foot wide Avenue.

The height limit for the block bounded by Geary Boulevard, Franklin Street, Post Street and Van Ness Avenue is established at 230 feet as indicated on Map 2 to accommodate development of a

medical center that will maximize use of the major transit nexus at this location and give variety to the avenue by diversifying the mix of non-residential uses and enhancing the streetscape.

POLICY 5.2 Encourage a regular street wall and harmonious building forms along the Avenue.

New development should create a coherent street wall along the Avenue through property line development at approximately the same height. Since block face widths are constant, a regularized street wall encourages buildings of similar scale and massing. Nevertheless, some variety of height is inevitable and desirable due to the need to highlight buildings of historical and architectural significance *and meet other Objectives of the Plan.*

OBJECTIVE 8: CREATE AN ATTRACTIVE STREET AND SIDEWALK SPACE WHICH CONTRIBUTES TO THE TRANSFORMATION OF VAN NESS AVENUE INTO A RESIDENTIAL BOULEVARD.

Projects located at the transit nexus of Van Ness Avenue and Geary Boulevard will be deemed to promote and to be consistent with Objective 8 and each of Policies 8.1 through 8.10 if they (i) 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 (ii) locate and design any sidewalk vaults or sub sidewalk spaces so that they are compatible with such streetscape plan.

POLICY 11.3 Encourage the retention and appropriate alteration of contributory buildings.

There is another group of buildings, listed in Appendix B, which are not of sufficient importance to justify their designation as landmarks. Nevertheless these buildings, referred to as contributory buildings, possess architectural qualities which are in harmony with the

prevailing characteristics of the more significant landmark quality buildings. These buildings contribute to the character of the street and should be retained if possible.

Notwithstanding the foregoing, contributory buildings may be demolished to accommodate a medical center at the transit nexus of Van Ness Avenue and Geary Street, provided that any replacement structure or structures must be designed to contribute to the character of the street and be in harmony with the more significant landmark quality buildings in the vicinity as appropriate.

Section 3. This Section is uncodified. In enacting this Ordinance, the Board intends to amend only those words, phrases, paragraphs, subsections, sections, articles, numbers, punctuation, charts, diagrams, or any other constituent part of the General Plan that are explicitly shown in this legislation as additions, deletions, Board amendment additions, and Board amendment deletions in accordance with the "Note" that appears under the official title of the Legislation.

Section 4. This Section is uncodified. Effective Date. This ordinance shall become effective 30 days from the date of passage.

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

By: _____
AUDREY WILLIAMS PEARSON
Deputy City Attorney

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[General Plan Map Amendments – CPMC: Cathedral Hill Campus – Revised LRDP]

Ordinance amending the General Plan of the City and County of San Francisco by 1) amending Map 5 of the Urban Design Element to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Campus Hospital site and 265' and 290', respectively, for the Cathedral Hill Campus Medical Office Building site; 2) amending Map 1 of the Van Ness Area Plan, to designate the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus Medical Office Building as the Van Ness Medical Use Subdistrict; and 3) amending Map 2 of the Van Ness Area Plan to create a 230-V height/bulk district coterminous with the Hospital site; and adopting findings, including environmental findings, Planning Code Section 340 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

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 May 23, 2013, by Resolution No. _____, the Commission conducted a

duly noticed public hearing on the General Plan Amendments pursuant to Planning Code Section 340, found that the public necessity, convenience and general welfare require the proposed General Plan Amendments, adopted the General Plan Amendments, and recommended them for approval to the Board of Supervisors. A copy of Planning Commission Resolution No. _____ is on file with the Clerk of the Board of Supervisors in File No. _____, and the Board hereby incorporates those findings by reference.

(b) The Board finds that this ordinance is, on balance, in conformity with the priority policies of Planning Code Section 101.1 and consistent with the General Plan as it is proposed for amendment herein and in the related ordinances amending Maps 4 and 5 of the General Plan Urban Design Element, and the Van Ness Area Plan to accommodate the Near-Term Projects at the Cathedral Hill and St. Luke's Campuses described in California Pacific Medical Center's Long Range Development Plan ("LRDP") (Ordinances No. _____ and _____) for the reasons set forth in Planning Commission Motion No. _____, and the Board hereby incorporates these findings herein by reference.

(c) On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center LRDP. On March 12, 2013, by adoption of Motion No. M13-042, the Board of Supervisors affirmed the certification of the EIR and rejected the appeal of Planning Commission Motion No. 18588. Copies of Planning Commission Motion No. 18588 and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File No. 120549 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and the FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates, as though fully set forth herein, the findings, including a statement of overriding considerations and the mitigation monitoring and reporting program, pursuant to the California Environmental Quality Act (California Public Resources

Code Section 21000 et seq.), adopted by the Planning Commission on _____, in Motion No. _____. Said Motion is on file with the Clerk of the Board of Supervisors in File No. _____.

Section 2. The Board of Supervisors hereby approves amendments to the General Plan, as follows:

(a) Map 5 (Urban Design Guidelines for Bulk of Buildings) of the Urban Design Element of the General Plan of the City and County of San Francisco shall be amended to change the bulk limits for the site identified for the proposed Cathedral Hill Campus Hospital (Block 0695/Lots 005, 006 and their successor Blocks and Lots) from a maximum plan dimension of 110' and maximum diagonal plan dimension of 140' to a maximum plan dimension of 385' and maximum diagonal plan dimension of 466', and to change the bulk limits for the site identified for the proposed Cathedral Hill Campus Medical Office Building (Block 0694/Lots 005, 006, 007, 008, 009, 009A, 010 and their successor Blocks and Lots) from a maximum plan dimension of 110' and maximum diagonal plan dimension of 125' to a maximum plan dimension of 265' and maximum diagonal plan dimension of 290'.

(b) Map 1 (Generalized Land Use and Density Plan) of the Van Ness Area Plan of the General Plan of the City and County of San Francisco shall be amended to change the Floor Area Ratio (FAR) of the site identified for a medical office building within the proposed Van Ness Medical Use Subdistrict (Block 0694/Lots 005, 006, 007, 08, 009, 009A, 010 and their successor Blocks and Lots) from 7.1:1 to 7.5:1 and to designate the sites identified for the new hospital and medical office building as the "Van Ness Medical Use Subdistrict"; and

(c) Map 2 (Height and Bulk Districts) of the Van Ness Area Plan of the General Plan of the City and County of San Francisco shall be amended to increase the maximum height of

the hospital site (Block 0695/Lots 005, 006 and their successor Blocks and Lots) from 130-V to 230-V.

Section 3. This section is uncodified. Effective Date. This ordinance shall become effective 30 days from the date of passage.

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

By: _____
AUDREY WILLIAMS PEARSON
Deputy City Attorney

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Planning Commission Motion No._____

GENERAL PLAN FINDINGS

PLANNING CODE SECTION 101.1 FINDINGS

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
Project Name:	**California Pacific Medical Center Long Range Development Plan**
Case Numbers:	**2005.0555E; 2009.0886MTZCBRKS; 2009.0885MTZCBRKS; 2004.0603C; 2012.0403W**
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty, Planner Elizabeth.Watty@sfgov.org, 415-558-6620
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 PACIFIC MEDICAL CENTER'S REVISED LONG RANGE DEVELOPMENT PLAN TO ALLOW THE IMPLEMENTATION OF THE NEAR-TERM PROJECTS AND THE LEGISLATION ASSOCIATED THEREWITH, ALONG WITH THE DEVELOPMENT AGREEMENT ("PROJECT"), AT THE CATHEDRAL HILL CAMPUS (ASSESSOR'S BLOCKS-LOTS: 0690-016, 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010, 0695-005, 0695-006); St. LUKE'S CAMPUS (ASSESSOR'S BLOCKS-LOTS 6575/001, 002; 6576/021 AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET) AND THE DAVIES CAMPUS (ASSESSOR'S BLOCK-LOTS 3539-001), AND INCLUDING ENVIRONMENTAL FINDINGS. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18592 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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 27th 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 as it is proposed for amendment, and the Priority Policies of Planning Code section 101.1, as discussed below.

On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the LRDP Project. A copy of Planning Commission Motion No. 18588 is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. 18589, the Planning Commission adopted findings, including a statement of overriding considerations and a mitigation monitoring and reporting plan, pursuant to CEQA.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted various Motions and Resolutions related to the CPMC LRDP Project, including amendments to the General Plan, and findings of consistency with the General Plan and Planning Code Section 101.1.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board of Supervisors (the "Board"). The Board held a duly noticed public hearing on July 17, 2012 to consider the appeal of the FEIR certification, and on March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR, finding the FEIR to be complete, adequate, and objective, reflecting the independent judgment of the City in compliance with CEQA, the State Guidelines and Chapter 31 of the Administrative Code.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board of Supervisors held public hearings on the prior version of the Project and draft Development Agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the Project and to the draft Development Agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____. The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2005.055E, 1650 Mission Street, Fourth Floor, San Francisco, California.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and the FEIR Addendum for the revised CPMC LRDP Project 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 May 23, 2013, in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted various Motions and Resolutions superseding in their entirety the April 26, 2012 approvals. Also on May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on findings of consistency with the General Plan and Planning Code Section 101.1.

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 Planning Commission has reviewed and considered the revised CPMC 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. This Motion supersedes in its entirety Motion No. 18592 adopted by the Planning Commission on April 26, 2012.

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 revised CPMC LRDP Project, including but not limited to the sale and transfer of a portion of San Jose Avenue between 27th 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, including Objectives and Policies as they are proposed for amendment:

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 Campus Hospital and Cathedral Hill Campus 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 $36.5 million toward funding the production of new affordable units, and $4.1 million for replacement units.

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 includes 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), 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 Campus Hospital and MOB sites, the Van Ness Area Plan 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 Campus MOB will require demolition of twenty residential hotel units and five 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 $36.5 million Affordable Housing Payment.

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 2, and 3 above, through commitments in the Development Agreement, CPMC will contribute over $36.5 million toward affordable housing. 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.

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, 2, 3, and 7 above regarding the Project's contributions to production of affordable housing.

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 benefit 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. CMPC is estimated to currently employ over 6,000 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 revised CPMC LRDP Project would inject $2 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 $4,000,000.

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 Campus Hospital and St. Luke's Campus MOB will contribute to the revitalization of the St. Luke's Campus, 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, 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 Campus Hospital) for several reasons, including 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 development.

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. 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 benefit 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 over 6,000 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 revised CPMC LRDP Project will inject $2 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 substantial 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, as described in the Development Agreement.

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 over 6,000 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% of all permanent entry-level hires annually for the term of the DA from the City's workforce system, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC will also provide $4 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital, will be twenty-four hours a day, every day. As with other CPMC campuses, St. Luke's Campus Hospital and St. Luke's Campus 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 Campus 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 Campus Hospital, are twenty-four hours a day, every day.

The Cathedral Hill Campus Hospital would include approximately 2,540 square feet of ground floor retail space. The Cathedral Hill Campus 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 development. 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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. More recently, the hospital design was further modified to reduce the building height by three stories (39 feet), further minimizing its presence and shadow in relation to the Daniel Burnham Court building.

With respect to the Near-Term Projects at Cathedral Hill, St. Luke's and Davies Campuses, any effects on adjacent residential areas will be addressed both during construction and after the new buildings 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.

CPMC has 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;*
- *$6.5 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 $300,000 per year of additional funding to MTA for a period of 10 years;*
- *$4.25 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;*
- *$1.55 million in funding for transit and safety improvements in the neighborhoods surrounding the Cathedral Hill Campus;*
- *$400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities;*
- *$200,000 grant for the Safe Passage Pilot program in the Tenderloin.*

CPMC has 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 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 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 Campus Hospital and St. Luke's Campus 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 full service 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 full service 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 closer 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 the St. Luke's Campus Hospital;*

- *Significantly increased provision of healthcare for low-income and underserved San Franciscans, including hospital care for 5,400 additional Medi-Cal beneficiaries, and caring for a baseline of about 30,000 unduplicated Medic-Cal or charity care patients plus $8 million in community benefits annually; and*
- *$9 million endowment of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.*

CPMC has also committed to the following contributions for improvement measures around the Pacific and California Campus: $3 million for enforcement and traffic safety measures.

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 Campus Hospital will comply with the seismic safety requirements of SB 1953, as amended, 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 Campus Hospital and of the Cathedral Hill Campus 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:

- *Improved 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.*
- *Improvements to certain street frontages in the campus area with wider sidewalks that provide more space for pedestrians and more queuing space for transit users.*
- *New corner bulb outs to reduce crossing distances and increase queuing space.*
- *Removal of approximately seven curb cuts along Van Ness Avenue and at other locations; this removal benefits pedestrians by eliminating the conflict between vehicles and pedestrians.*
- *New entry plazas with distinctive landscape and hardscape features at the entrances to both the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB.*
- *Integration of the proposed Geary Boulevard Muni stop with the Cathedral Hill Campus 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.*
- *Benches along Van Ness Avenue and Geary Boulevard and Post Streets to accommodate transit riders and pedestrians.*
- *Benches opposite the lobby of the Cathedral Hill Campus Hospital on Geary Boulevard.*
- *A CPMC shuttle stop near the corner of Post Street and Van Ness Avenue, which will include landscaping/trees.*
- *Enhancements to Cedar Street to make it a multi-use space with streetscape improvements and distinctive pavement.*
- *New outdoor lighting, which is a key factor in pedestrian safety and comfort. The historic lighting fixtures along Van Ness Avenue will be retained, and the existing city standard streetlights along Geary Boulevard, Post and Franklin Streets would be reinstalled. Along Cedar Street, new pedestrian-level streetlights are proposed. Additional pedestrian-level lighting would be provided at both the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB. Given that the Cathedral Hill Campus Hospital will be open 24 hours per day, its "eyes on the street" will provide increased pedestrian safety and comfort.*
- *A kiosk market in the bays along the Van Ness Avenue façade of the Cathedral Hill Campus Hospital. These niches could provide space for commercial uses such as a café, news stand or flower shop.*
- *An Emergency Department drop-off area designed 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:

- *Improvements to 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.*

- *A public entry plaza to both the St. Luke's Campus Hospital and St. Luke's Campus 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.*
- *A CPMC shuttle stop on San Jose Avenue which will include landscaping/trees.*
- *Outdoor lighting, which is a key factor in pedestrian safety and comfort. Additional pedestrian-level lighting would be provided at both the St. Luke's Campus Hospital and St. Luke's Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus Hospital, Cathedral Hill Campus MOB, and St. Luke's Campus MOB, but the amount of parking provided will be consistent with the policy of the City and with CPMC's TDM program, encouraging those who can to 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 Campus 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 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 Campus MOB to the St. Luke's Campus 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 light rail 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; and,*
- *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, up to the value of an adult Muni monthly FastPass price, for use toward purchase of passes for transit.*

- *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 Planning 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 Campus Hospital and St. Luke's Campus 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 Campus MOB in compliance with Planning 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; and payment of a $6.5 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, $0.75 peak that will be imposed on every entry and exit from the Cathedral Hill parking garage, estimated to provide an additional $300,000 per year to MTA, for a period of 10 years, and $400,0000 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 $6.5 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 $300,000 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 $14.5 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 Campus Hospital and Cathedral Hill Campus 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 Campus MOB, and egress at the Cathedral Hill Campus 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 Campus 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 alternatives 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 Campus MOB, St. Luke's Campus 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 Campus Hospital and Cathedral Hill Campus MOB at an intersection which is a major transit hub.*

- *The placement of the pedestrian entrances to the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB taking into consideration access from existing and planned transit stops.*
- *The proximity of the Cathedral Hill Campus MOB to the Cathedral Hill Campus Hospital, which will minimize trips by physicians with offices at the Cathedral Hill Campus MOB traveling to the Cathedral Hill Campus Hospital.*
- *The provision of a vehicular passage through the Cathedral Hill Campus Hospital between Geary Boulevard and Post Street to provide space for vehicular queuing within the property.*
- *Special maneuvering areas within the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB garages to provide queuing space within the facilities.*
- *The placement of entrances to the Cathedral Hill Campus 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 Campus Hospital and the Cathedral Hill Campus 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 Campus Hospital and St. Luke's Campus MOB taking into consideration access from existing and planned transit stops.*
- *The proximity of the St. Luke's Campus MOB to the St. Luke's Campus Hospital, which will minimize trips by physicians traveling to the St. Luke's Campus Hospital.*
- *The proposed shuttle stop at St. Luke's, which 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, which 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 Campus MOB in compliance with Planning 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 $4.25 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.*
- *$1.55 million in funding for transit and safety improvements in the neighborhoods surrounding the Cathedral Hill Campus.*
- *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.*

CPMC has also committed to $3 million for enforcement and traffic safety improvement measures around the Pacific and California campuses.

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 Campus MOB, St. Luke's Campus 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. 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.

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, along with other streetscape elements such as street furniture and 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 Campus 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 Campus 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 Campus 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 Campus MOB. Features will include a curbless 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 Campus 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 enhances the pedestrian realm along Noe Street, better connecting 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 Campus Hospital, along with shower facilities for staff bicyclists, and 62 bicycle parking spaces in the new parking garage at the Cathedral Hill Campus MOB, along with shower facilities for staff. Bicycle racks will also be provided for the public at the entrances to the Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 Campus 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.

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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus MOB garage would be on San Jose Avenue or 27th 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus Hospital would be consistent in height with the existing residential towers north and west of the site. The Cathedral Hill Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus MOB will be architecturally compatible with the prevailing pattern of buildings along Van Ness Avenue.

The Cathedral Hill Campus 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 Campus Hospital and St. Luke's Campus 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 Campus 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 Campus MOB will also be appropriate in scale and architecture.

Both the St. Luke's Campus Hospital and St. Luke's Campus 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital, St. Luke's Campus 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 Campus Hospital and of the St. Luke's Campus 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 Campus Hospital, unifying the upper and lower public plazas and creating a connection from the interior of the St. Luke's Campus Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the St. Luke's Campus 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 Campus Hospital and Cathedral Hill Campus MOB takes into consideration the context of the site, including the older development nearby. The building configuration of the Cathedral Hill Campus 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 Campus Hospital's building silhouette, created by the tower and podium design, relates to 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 Campus 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 12-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 five-story podium component would be constructed. This would be the closest part of the Cathedral Hill Campus Hospital to the Daniel Burnham towers, and the height of the Hospital at this location is actually lower than both 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 Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus, 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital and St. Luke's Campus 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 Campus 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 Campus Hospital and St. Luke's Campus 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 Campus 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 Campus Hospital to the exterior terraced plazas. Because the soffit of the canopy would be continuous between the interior and exterior, the St. Luke's Campus 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 Campus 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 Campus MOB would relate to the height of the St. Luke's Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus MOB will complement the City pattern and will promote harmony in visual relationships and transitions between new and older buildings. The Cathedral Hill Campus 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 Campus Hospital podium have been articulated to create an attractive building perimeter and streetscape. The 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, while the use of stone at the podium is intended to provide a pleasant façade along the streetscape.

The Cathedral Hill Campus MOB is designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill Campus 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 Campus 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 Campus Hospital on the west side of Van Ness Avenue.

The Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 $4.25 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.*
- *Contributing $1.55 million in funding for transit and safety improvements in the neighborhoods surrounding the Cathedral Hill Campus.*
- *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.*
- *Providing $3 million for enforcement and traffic safety improvement measures at the Pacific and California Campuses.*

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; upgrading the St. Luke's Campus perimeter lighting along Valencia between Cesar Chavez and Duncan; upgrading the St. Luke's Campus perimeter fencing; making various pedestrian bulb-outs and median extensions; installing 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 making related landscape area upgrades within the St. Luke's Campus; and installing a pocket park at the intersection of Valencia and Duncan Streets, 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 Campus will be developed as 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus MOB is designed to be compatible with the scale, massing, and overall vernacular of the surrounding buildings. The Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus Hospital would be consistent in height with the existing residential towers north and west of the site, and at approximately 226 feet would comply with the existing 240 foot limit in Map 4 of the General Plan Urban Design Element and the 230-foot limit in Map 2 of the Van Ness Area Plan, as proposed to be amended. The Cathedral Hill Campus 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 Campus 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 Campus Hospital and of the Cathedral Hill Campus 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 Campus MOB has been designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 Campus MOB is to complement, to the extent feasible, the scale of the buildings along Van Ness Ave, so that the Cathedral Hill Campus MOB will fit within the urban pattern of this neighborhood. The stepped massing of the Cathedral Hill Campus 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 Campus Hospital, at 226 feet, complies with the 230 foot height limit in Map 2, as proposed to be amended, 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 Campus Hospital, Cathedral Hill Campus 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 1255 Post Street Office Building, which are set back 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 Campus 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 Campus MOB is designed to transition to be compatible with the scale, massing, and vernacular of the surrounding buildings. The Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and of the Cathedral Hill Campus MOB are consistent with Objectives of the Van Ness Area Plan. The height and texture of the façade of the Cathedral Hill Campus 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 Campus MOB has been designed to be compatible with the architecture, scale, and massing of the surrounding buildings. The design of the Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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; if they are generally consistent with the streetscape guidelines for plantings, sidewalk treatment, street lighting and street furniture in Chapter 6 of the Better Streets Plan; and if they locate and design any sidewalk vaults or sub-sidewalk spaces in such a manner as to be compatible with the Better Streets Plan.

The Cathedral Hill Campus is consistent with Objective 8. All sidewalks contiguous to the Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus 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 and Better Streets Plan. The streetscape plan for the Cathedral Hill Campus includes widening of certain sidewalks around the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB, which 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital, Cathedral Hill Campus 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 Campus 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 Campus MOB will be from Cedar Street, a minor east-west street, and primary ingress and egress for the Cathedral Hill Campus 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 Campus 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 $4.25 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 Campus Hospital and Cathedral Hill Campus MOB. The western end of Cedar Street will be transformed into the entry plaza for the Cathedral Hill Campus MOB, with features including a curbless drop-off area defined by tactile warning tiles and lighted bollards, and enhanced paving. East of the Cathedral Hill Campus MOB entry plaza, the street and sidewalk pavement will be enhanced; 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 Campus Hospital and Cathedral Hill Campus MOB were planned taking into consideration access from existing and planned transit stops, and the proposed Geary Boulevard Muni stop will be integrated with the Cathedral Hill Campus 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 is consistent with design considerations for the entire Van Ness Avenue.

The freight loading facilities for the Cathedral Hill Campus Hospital are on the Franklin Street side of the Cathedral Hill Campus Hospital and will accommodate trucks up to 55 feet long, while the freight loading facilities for the Cathedral Hill Campus MOB are on Cedar Street. The size and configuration of the loading docks for the Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus MOB is an essential component of the proposed Cathedral Hill Campus, which would provide an important public benefit to the City. The Cathedral Hill Campus MOB will provide critical medical services such as clinical and physician office space to support the seismically compliant Cathedral Hill Campus Hospital. It is essential for the Cathedral Hill Campus MOB to be located within close proximity to the Cathedral Hill Campus Hospital in order for both buildings to function cohesively as a medical center. The location of the proposed Cathedral Hill Campus MOB (and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus MOB has been designed to provide a visual transition between the larger scale buildings encouraged along Van Ness Avenue consistent with the permitted 130'-0" 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 Campus 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 Avenue, the adjacent Pierce Arrow Building at 1000 Geary Street (now a homeless shelter), the Opal Hotel at 1050 Van Ness Avenue, the AMC Theater building at 1000 Van Ness Avenue, and the building at 1300 Van Ness Avenue.

The Cathedral Hill Campus 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 Campus 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 Campus Hospital, will be twenty-four hours a day every day. The Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital will be twenty-four hours a day every day. St. Luke's Campus Hospital and St. Luke's Campus 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 Campus Hospital and St. Luke's Campus 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 sf 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 Campus MOB, which will contain 2,600 square feet of ground floor retail space. The new retail space in the St. Luke's Campus 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 Campus 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 Campus Hospital would not displace any existing housing because there is no existing housing on the Cathedral Hill Campus Hospital site. The Cathedral Hill Campus 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 Campus 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 Campus MOB contains 20 residential hotel units and 5 dwelling units, all of which would be demolished to accommodate the Cathedral Hill Campus 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 of $36.5 million to the City's affordable housing fund.

All tenants who lived in the existing units at the Cathedral Hill Campus 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 Campus MOB site, by the new Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB, will have a positive impact on the character of the neighborhood. The Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital and the construction of the new St. Luke's Campus MOB will have a positive impact on the character of the St. Luke's Campus and on the surrounding neighborhood. The St. Luke's Campus Hospital and St. Luke's Campus 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 Campus MOB and St. Luke's Campus 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 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 $36.5 million through commitments in the Development Agreement to fund the production of new affordable housing units and $4.1 million to replace the 20 residential hotel and five dwelling units that would be demolished at the Cathedral Hill Campus MOB site.

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 Campus MOB, St. Luke's Campus 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; $6.5 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 $300,000 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 Campus Hospital, where 276[1] off-street parking spaces are proposed, and at the Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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.

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[1] The project sponsor is considering the distribution of parking spaces within the Cathedral Hill Campus, and the actual number within each structure may vary, but will not exceed the lesser of 990 spaces of 125% of the minimum number of spaces permitted by Code.

Commuter traffic associated with the St. Luke's Campus Hospital and St. Luke's Campus MOB are not expected to impede Muni transit service, overburden City streets, or adversely affect neighborhood parking. The siting of the St. Luke's Campus Hospital and St. Luke's Campus 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 Campus MOB would include an underground parking garage with approximately 220 off-street parking spaces. The proposed access to the St. Luke's Campus 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; 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 Campus 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 Campus Hospital would remove approximately 14,780 square feet of existing retail space, it would include approximately 2,540 square feet of new retail space.

The Cathedral Hill Campus MOB will include medical offices, but would not include any general commercial office development. The Cathedral Hill Campus 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 Campus MOB site are now vacant. The Cathedral Hill Campus 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 Campus Hospital and St. Luke's Campus 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 Campus 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 plans to hire at least 40% of all permanent entry-level hires annually for the term of the DA from the City's workforce system, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods.*
- *CPMC will provide $4 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital and St. Luke's Campus 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. Under SB 1953, as amended by SB 90, CPMC's hospitals at the California, Pacific, and St. Luke's Campuses must be rebuilt or retrofitted by 2020. 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 Campus 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 Campus Hospital. The services currently offered at the acute care hospitals on the Pacific and California Campuses would be relocated mostly to the new Cathedral Hill Campus Hospital.

The Cathedral Hill Campus MOB, St. Luke's Campus 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 Campus Hospital, St. Luke's Campus 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 Campus Hospital, Cathedral Hill Campus MOB, St. Luke's Campus Hospital, St. Luke's Campus MOB, or Davies Campus Neuroscience Institute building. The discussion above regarding the Van Ness Area Plan objectives describes how the Cathedral Hill Campus MOB 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 Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and St. Luke's Campus 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, May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

SAN FRANCISCO
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Planning Commission Resolution No. _____

Planning Code Text Amendment
Zoning Map Amendment
HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
Case No.:	2005.0555E; 2009.0886MTZCBRSK; 2012.0403W
Project Address:	3555 Cesar Chavez St.; 3615 Cesar Chavez St.; 1580 Valencia St.
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/145-E
Assessor's Block/Lot:	6575/001, 002; 6576/021 and a portion of San Jose Ave. between Cesar Chavez St. and 27th St.
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO (1) AMENDMENTS TO THE PLANNING CODE, INCLUDING: (A) TO ADD SECTION 249.68 TO ESTABLISH THE CESAR CHAVEZ/VALENCIA STREETS MEDICAL USE SPECIAL USE DISTRICT (SUD) AND ALLOW A FLOOR AREA RATIO OF 2.6 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 2.6 TO 1 IN THE CESAR CHAVEZ/VALENCIA STREETS MEDICAL USE SUD; (2) AMEND THE PLANNING CODE ZONING MAP SHEETS HT07 AND SU07 TO RECLASSIFY FROM A 65-A TO 145-E HEIGHT AND BULK DISTRICT A PORTION OF THE ST. LUKE'S CAMPUS SITE WHERE THE ST. LUKE'S CAMPUS HOSPITAL TOWER IS PROPOSED TO BE LOCATED AND 105-E FOR THE BALANCE OF THE CAMPUS SITE, 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. THIS RESOLUTION SUPERSEDES IN ITS ENTIRETY RESOLUTION NO. 18593 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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. 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 Campus 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 Campus 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 Campus Hospital site, and 204' and 228', respectively, for the St. Luke's Medical Office Building ("St. Luke's Campus 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 St. Luke's 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, 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 Campus Hospital, demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's Campus 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 Campus Hospital and MOB Project").

On June 10, 2010, the Project Sponsor submitted a request for the allocation of Office Space for approximately 99,848 sf of medical office space in the proposed St. Luke's Campus 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 ("Board") hearing, introduced the (1) Planning Code Text Amendments in Board File No. 120358; (2) the Zoning Map Amendments in Board File No. 120360, (3) the street vacation ordinance in Board File No. 120361, (4) the Transfer Agreement in Board File No. 120363, (5) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120365.

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, Jonas P. Ionin, 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Campus Hospital and MOB Project. A copy of Commission Motion No. 18588 is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. 18589, the Commission adopted findings, including a statement of overriding considerations and adopted the MMRP, pursuant to CEQA.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. 18590, recommending that the Board of Supervisors approve the requested General Plan Amendment; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Motion No. 18594, approving the proposed Conditional Use authorization; (4) Motion No. 18595, approving the allocation of the proposed office space; (5) Motion No. 18596, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Planning Code Text and Zoning Map Amendment Application No. 2009.0886MTZCBRSK.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012, to consider the appeal of the FEIR certification. On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft Development Agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval

documents among its highest priorities and to present to the Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the Project Sponsor to identify revisions to the April 26, 2012, Commission approvals to reflect the revised CPMC LRDP Project, including the following on the St. Luke's Campus: increased height limit (145 feet) for the tower portion of the proposed St. Luke's Campus Hospital site and 105 feet for the remainder of the St. Luke's Campus, increased maximum plan and diagonal plan dimensions of 229' and 285', respectively, for the St. Luke's Campus Hospital site, an increase in FAR to 2.6:1 and an increased parking deficit.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the St. Luke's Campus Hospital described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____. The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and the Addendum 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 May 23, 2013, in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board approve the requested General Plan Amendment; (2) Motion No. _____, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Motion No. _____, approving the requested Conditional Use Authorization; (4) Motion No. _____, approving the allocation of the proposed office space; (5) Motion No. _____, approving the General Plan Referral; and (6) Resolution No. _____, recommending that the Board approve the proposed revised draft Development Agreement; and

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Planning Code Text and Zoning Map 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 for the revised CPMC LRDP Project and adopt the attached Resolution (superseding in its entirety Resolution No. 18593 adopted by the Commission on April 26, 2012) 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 Campus 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. This Resolution, along with the Development Agreement and related approvals, achieves 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 since they are designed 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 a significant portion of its 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 $2.0 billion into the local economy, 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 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.

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% of all permanent entry-level hires annually for the term of the Development Agreement from the City's workforce system, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $4 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 St. Luke's Campus Hospital would be a full-service community hospital integrated into the CPMC city-wide system of care. The St. Luke's Campus 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 Campus Hospital;

c. Significantly increased provision of healthcare for low-income and underserved San Franciscans, including caring for a baseline of about 30,000 charity care of Medi-Cal patients annually;

d. Expenditure of at least $8 million per year, in addition to charity care and Medi-Cal services, in services to the poor and underserved; and

e. $9 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.

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

    a. $36.5 million to fund new affordable units, and $4.1 million to replace the 20 residential hotel units and five dwelling units.

    b. $11.5 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 Campus 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 Campus Hospital and MOB Project complies with said policies, as outlined in **Motion No. _____.**

23. The St. Luke's Campus 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 Campus 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 Planning Code and Zoning Map amendments.

I hereby certify that the Planning Commission ADOPTED the foregoing Resolution on May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

[Planning Code – Increasing the Maximum Permitted Floor Area Ratio and Establishing the Cesar Chavez/Valencia Streets Medical Use Special Use District – CPMC: St. Luke's Campus]

Ordinance amending the San Francisco Planning Code by 1) adding Section 124(k) to allow a floor area ratio of 2.6 to 1 in the Cesar Chavez/Valencia Streets Medical Use Special Use District; and 2) adding Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District; and adopting findings, including environmental findings, Planning Code Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

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

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

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

(a) On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center Long Range Development Plan. On March 12, 2013, the Board of Supervisors, in Motion No. 13-042, affirmed the decision of the Planning Commission to certify the FEIR and rejected the appeal of the FEIR certification. Copies of Planning Commission Motion No. 18588 and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File Nos. 120459 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and the

FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates by reference, as though fully set forth herein, the findings, including a statement of overriding considerations and the mitigation monitoring and reporting program, pursuant to the California Environmental Quality Act (California Public Resources Code Section 21000 et seq.), adopted by the Planning Commission on _____, in Motion No. _____. A copy of said motion is on file with the Clerk of the Board of Supervisors in File No. _____.

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

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

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

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

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

[TABLE 124 omitted; no changes to table]

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

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

(d) In the Van Ness Special Use District, as described in Section 243 of this Code, the basic floor area ratio limit shall be 7.0 to 1 where the height limit is 130 feet and 4.8 to 1 where the height limit is 80 feet.

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

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

whose incomes are within 150 percent of the median income as defined herein, in accordance with the conditional use procedures and criteria as provided in Section 303 of this Code. For buildings in the C-3-G District designated as Significant or Contributory pursuant to Article 11 of this Code, additional square footage above that permitted by the base floor area ratio limits set forth above up to the gross floor area of the existing building may be approved, in accordance with the conditional use procedures and criteria as provided in Section 303 of this Code, where: (i) TDRs (as defined by Section 128(a)(5)) were transferred from the lot containing the Significant or Contributory building prior to the effective date of the amendment to Section 124(f) adding this paragraph when the floor area transferred was occupied by a non-profit corporation or institution meeting the requirements for exclusion from gross floor area calculation under Section 102.9(b)(15) of this Code; (ii) the additional square footage includes only the amount necessary to accommodate dwelling units and/or group housing units that are affordable for not less than 50 years to households whose incomes are within 60 percent of the median income as defined herein together with any social, educational, and health service space accessory to such units; and (iii) the proposed change in use to dwelling units and accessory space and any construction associated therewith, if it requires any alternation to the exterior or other character defining features of the Significant or Contributory Building, is undertaken pursuant to the duly approved Permit to Alter, pursuant to Section 1110; provided, however, that the procedures otherwise required for a Major Alteration as set forth in sections 1111.2 - 1111.6 shall be deemed applicable to any such Permit to Alter.

(1) Any dwelling approved for construction under this provision shall be deemed a "designated unit" as defined below. Prior to the issuance by the Director of the Department of Building Inspection ("Director of Building Inspection") of a site or building permit to construct any designated unit subject to this Section, the permit applicant shall notify

the Director of Planning and the Director of Property in writing whether the unit will be an owned or rental unit as defined in Section 401 of this Code.

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

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

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

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

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

(D) "Household of low or moderate income" shall mean a household composed of one or more persons with a combined annual net income for all adult members which does not exceed 150 percent of the qualifying limit for a median income family of a size equivalent to the number of persons residing in such household, as set forth for the County of San Francisco in California Administrative Code Section 6932.

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

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

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

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

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

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

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

(k) In the Cesar Chavez/Valencia Streets Medical Use Special Use District, as described in Section 249.68 of this Code, the basic floor area ratio limit shall be 2.6 to 1, subject to Conditional Use Authorization of a hospital, medical center or other medical institution.

Section 3. The San Francisco Planning Code is hereby amended by adding Planning Code Section 249.68, to read as follows:

SEC. 249. 68 – CESAR CHAVEZ/ VALENCIA STREETS MEDICAL USE SPECIAL USE DISTRICT

(a) General. A Special Use District entitled the Cesar Chavez/Valencia Streets Medical Use Special Use District, the boundaries of which are shown on Sectional Map No. SU07 of the Zoning Map, is hereby established for the purposes set forth below.

(b) Purposes. To provide the floor area ratio necessary to develop an improved and expanded medical center – including medical office building – on the site that has been long occupied

by the existing St. Luke's Hospital and Medical Center and to allow compliance with State of California mandates for seismically safe hospitals at the current St. Luke's site, there shall be a Cesar Chavez/Valencia Streets Medical Use Special Use District consisting of Assessor's Block 6576, Lot 021, Assessor's Block 6575, Lots 001 and 002, and the portion of San Jose Avenue located between Cesar Chavez Street and 27th Street, and their successor Blocks and Lots, bounded to the south by Duncan Street, San Jose Avenue, and 27th Street; to the north by Cesar Chavez Street; to the east by Valencia Street; and to the west by residential parcels adjacent to Guerrero Street, as designated on Section Map SU07 of the Zoning Map of the City and County of San Francisco.

(c) Controls. All the applicable provisions of the Planning Code for the RH-2 Districts shall apply within this Special Use District except for the following:

(1) Floor Area Ratio. A floor area ratio of up to 2.6:1.0 shall be permitted by Conditional Use Authorization, if such Conditional Use Authorization is part of a hospital, medical center – including a medical office building – or other medical institution.

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

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

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

By: _____
AUDREY W. PEARSON
Deputy City Attorney

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[Zoning Map Amendments – CPMC: St. Luke's Campus]

Ordinance amending the San Francisco Planning Code by amending Sectional Maps SU07 and HT07 of the Zoning Map of the City and County of San Francisco to reflect the creation of the Cesar Chavez/Valencia Streets Medical Use Special Use District at the California Pacific Medical Center's St. Luke's Campus (Block 6575, Lots 001 and 002; Block 6576, Lot 021; and a portion of San Jose Avenue between Cesar Chavez and 27th Streets) and to allow increased heights in the western portion of the California Pacific Medical Center's St. Luke's Campus (all of Block 6575, Lot 21 of Block 6576, and a portion of San Jose Avenue between Cesar Chavez and 27th Streets) in order to allow for a new seismically safe replacement hospital; adopting findings, including environmental findings, Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1..

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

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

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

(a) On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center Long Range Development Plan. On March 12, 2013, the Board of Supervisors, in Motion No. 13-042, affirmed the decision of the Planning Commission to certify the FEIR and rejected the appeal of the FEIR certification. Copies of

Planning Commission Motion No. 18588 and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File Nos. 120459 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and the FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates by reference, as though fully set forth herein, the findings, including a statement of overriding considerations and the mitigation monitoring and reporting program, pursuant to the California Environmental Quality Act (California Public Resources Code Section 21000 et seq.), adopted by the Planning Commission on _____, in Motion No. _____. A copy of said motion is on file with the Clerk of the Board of Supervisors in File No. _____.

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

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

(d) The Board finds that these Zoning Map amendments are on balance consistent with the San Francisco General Plan, as it is proposed to be amended, and with the priority policies of Planning Code Section 101.1 for the reasons set forth in Planning Commission

Motion No. _____ and the Board hereby incorporates such reasons herein by reference.

Section 2. The San Francisco Planning Code is hereby amended by amending Sectional Map SU07 of the Zoning Map of the City and County of San Francisco, as follows:

Description of Property	Special Use District Hereby Approved
Assessor's Blocks 6575 (Lots 001, 002), 6576 (Lot 021); San Jose Avenue (between Cesar Chavez and 27th 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:

Description of Property	Height and Bulk Districts to be Superseded	Height and Bulk Districts Hereby Approved
The portion of the St. Luke's Campus site that begins 45' from the northwest corner of the property in an easterly direction along the north property line; then runs 134' easterly along the north property line; then runs perpendicular 228' southerly to a point perpendicular to the south property line; then runs 134' westerly	65-A (no applicable Height and Bulk Districts for San Jose Avenue between Cesar Chavez and 27th Streets)	145-E

along the south property line; then returns 228' in a northerly direction to the beginning point) from 41'-88' to 145'.		
The remainder of Lot 21 of Assessor's Block 6576, Assessor's Block 6575, San Jose Avenue (between Cesar Chavez and 27th Streets) and their successor Block(s) and Lot(s).	65-A and 105-E (no applicable Height and Bulk Districts for San Jose Avenue between Cesar Chavez and 27th Streets)	105-E

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

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

By: _____
AUDREY W. PEARSON
Deputy City Attorney

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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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Fax:
415.558.6409

Planning
Information:
415.558.6377

Planning Commission Motion No. _____

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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/145-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
Staff Contact:	Elizabeth Watty – (415) 558-6620 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 SEVEN-STORY, 214,061 GSF, ST. LUKE'S CAMPUS 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, 98,959 GSF ST LUKE'S CAMPUS MEDICAL OFFICE BUILDING; AND (4) CONSTRUCT LANDSCAPE AND HARDSCAPE IMPROVEMENTS THROUGHOUT THE CAMPUS; 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18594 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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[1]. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties.

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new St. Luke's Campus Hospital and St. Luke's Campus 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 a St. Luke's Campus Hospital building (hereinafter referred to as "St. Luke's Campus Hospital"), demolition of the existing St. Luke's Hospital Tower, and the construction of a medical office building (hereinafter referred to variously as "MOB" or "St. Luke's Campus 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 Campus 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 St. Luke's Campus Hospital site, and 204' and 228', respectively, for the St. Luke's Campus 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

[1] At the time of this application, the Cathedral Hill Campus 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 99,848 s.f of medical office space in the proposed St. Luke's Campus 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 Campus 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. 18571, initiating the requested General Plan Amendments.

On April 10, 2012, the Mayor, at the Board of Supervisors ("Board") hearing, introduced the (1) Planning Code Text Amendments in Board File No. 120358; (2) the Zoning Map Amendments in Board File No. 120360, (3) the street vacation ordinance in Board File No. 120361, (4) the Transfer Agreement in Board File No. 120363, (5) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120365.

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, Jonas P. Ionin, 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. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, 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. 18590, recommending that the Board of Supervisors approve the requested General Plan Amendment; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. 18593, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No. 18595, approving the allocation of the proposed office space; (5) Motion No. 18596, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2009.0886MTZCBRSK.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing July 17, 2012 to consider the appeal of the FEIR certification and on March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval

documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following on the St. Luke's Campus: increased height limit (145 feet) for the tower portion of the proposed hospital and 105 feet for the remainder of the Campus, increased maximum plan and diagonal plan dimensions of 229' and 285', respectively, for the hospital site, an increase in FAR to 2.6:1 and an increased parking deficit.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the St Luke's Campus Hospital described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project, an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____. The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board 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 and Map Amendments; (4) Motion No. _____, approving the allocation of the proposed office space; (5) Motion No. _____, approving the General Plan Referral; and (6) Resolution No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement; and

On May 23, 2013, 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 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 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 Cesar Chavez Streetscape Improvement Project is an effort to re-envision Cesar Chavez Street from Hampshire Street to Guerrero Street in the Mission District, and make Cesar Chavez Street a safe, pleasant, and attractive corridor for people, bikes, and transit. The Mission District Streetscape Plan is part of the Mission District Plan, and identifies streetscape improvements to streets, sidewalks, and public spaces in the Mission District. The Mission and Valencia Green Gateway Project is an effort to implement

innovative stormwater management tools along Valencia Street from Cesar Chavez Street to Mission Street, including pedestrian amenities and landscaping.

4. **Project Description.** This approval relates to the items in the St. Luke's Conditional Use 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 – at the Davies, St. Luke's, and Cathedral Hill campuses – providing approximately 692 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 Campus 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[2] In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.[3]

   This St. Luke's Campus 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 Campus Hospital and St. Luke's Campus MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new St. Luke's Campus 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 St. Luke's Campus Hospital will be a 120-bed[4] general acute care hospital with comprehensive emergency medical services, 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 Campus Hospital and MOB Project will preserve and enhance San Francisco's health care infrastructure, particularly in the South of Market area.

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[2] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Projects 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.

[3] Long-Term Projects at the Davies and Pacific Campuses have been 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.

[4] 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.

Specifically, the proposal for the St. Luke's Campus Hospital includes the construction of a new 214,061 gsf, seven-story, approximately 142'-0" tall, 120-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 segment of 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 St. Luke's Campus Hospital will be sited such that the existing hospital can remain in continuous operation during the new St. Luke's Campus Hospital's construction. The St. Luke's Campus Hospital will include 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 St. Luke's Campus also includes Centers of Excellence in Senior and Community Health.

The Emergency Department at the St. Luke's Campus Hospital will be approximately 13,940 gsf, which is an increase of approximately 6,880 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 St. Luke's Campus 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 existing Health Care Center currently operating out of the Monteagle Office Building into an urgent care center. 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 St. Luke's Campus 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 Campus MOB would be constructed at that site, also as part of this Project. Construction of the St. Luke's Campus MOB is expected to occur after 2020.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the St. Luke's Campus 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 Campus MOB. The uses in the MRI Trailer would be transferred to the St. Luke's Campus Hospital or St. Luke's Campus MOB upon completion. Following demolition of the existing Tower, CPMC would then construct a new 98,959 gsf, five-story and approximately 100'-tall St. Luke's Campus MOB approximately in the existing hospital's place. The St. Luke's Campus 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 220 parking spaces. Vehicular access to the underground parking garage will be from Cesar Chavez and Valencia Streets.

The exterior design of the St. Luke's Campus Hospital and St. Luke's Campus MOB was developed with input from Department staff and the community. The exterior of the bases of the St. Luke's Campus Hospital and of the St. Luke's Campus MOB will be durable (tile, stone, and 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) and glass. Metal panels are used for the canopy which runs along the entire east side of the St. Luke's Campus Hospital, unifying the upper and lower public plazas (described below) and creating a connection from the interior of the St. Luke's Campus Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the St. Luke's Campus Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

The St. Luke's Campus 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 Campus MOB cannot be built until the existing hospital is demolished. Once built, the new St. Luke's Campus MOB will connect internally to the St. Luke's Campus Hospital and 1957 Building.

The new St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus 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 Campus MOB. The upper (south) plaza will provide access to the second level of the St. Luke's Campus Hospital. Stairs against the east face of the St. Luke's Campus 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 St. Luke's Campus Hospital entrance, and continue along the east face of the St. Luke's Campus 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 St. Luke's Campus Hospital's lobby and conference space, a cafeteria facing the lower plaza, and by retail space within the St. Luke's Campus MOB along 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 Streetscape Improvement Project.

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 Campus Hospital. The St. Luke's Campus MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Gold certification.

5. **Public Comment**. The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 8 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Campus Hospital and MOB Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31. On May 23, 2013, 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 the Addendum, 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 May 23, 2013, in Motion No. _____.

7. **Planning Code Compliance:** The Commission finds that the St. Luke's Campus 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 Campus 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 2.6 to 1, subject to Conditional Use Authorization for a hospital, medical center or other medical institution. The St. Luke's Campus Hospital and MOB Project includes a request for Conditional Use Authorization for a St. Luke's Campus Hospital and St. Luke's Campus MOB; if the Board of Supervisors approves the Planning Code Text Amendments, the St. Luke's Campus 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 Campus 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 27th Street. The St. Luke's Campus Hospital and MOB Project would occupy the Campus along Cesar Chavez Street, from Valencia Street to the Campus' west boundary, and through to 27th Street. CPMC is, therefore, seeking through the Planned Unit Development a modification of the Code requirement for rear yard. While the St. Luke's Campus 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 Campus 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 27th Street), as well as a new pedestrian

plaza on the St. Luke's Campus, that would connect Cesar Chavez Street to 27th 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 St. Luke's Campus Hospital would be adjacent to these properties, its design has been scaled and articulated to minimize disruption and noise on the residential properties, through setbacks at several 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 provide more than the required minimum quantity open space of open space, coupled with the improved streetscape and Campus landscaping, makes the Project 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 St. Luke's Campus Hospital, and to allow the marquee and bay of the St. Luke's Campus 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 (canopy) 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. These features are typically allowed as permitted obstructions under Planning Code Section 136; however, the size of features proposed under this Project exceed the size limitations allowed under Section 136.

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 Campus Hospital and MOB Project, dated May 06, 2013, 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 Campus 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 Campus 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 Campus 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 Campus 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, 74 off-street parking spaces in the surface parking lot to the west of San Jose Avenue, 32 along San Jose Avenue between 27th and Cesar Chavez Street, and 8 parking spaces in front of the existing hospital tower, for an existing Campus total of 329 off-street parking spaces where 356 spaces are required by Code. The Campus is currently deficient in parking by 27 parking spaces, but was relieved of this requirement through previous PUD exceptions.

The construction of the St. Luke's Campus Hospital would be located over the surface parking lot and vacated portion of San Jose Avenue, and would eliminate the 106 spaces while requiring 37 additional off-street parking spaces. With the provision of 15 temporary spaces on the site of the demolished 1970 Tower, the interim development period after construction of the St. Luke's Campus Hospital and demolition of the existing hospital tower, and before completion of the St. Luke's Campus MOB, would result in a Planning Code deficiency of approximately 224spaces.

Construction of the St. Luke's Campus MOB building would require approximately 154 off-street parking spaces, would include 220 below-grade off-street parking spaces, and would reduce the parking deficit to approximately 160 spaces, providing a Campus total of 450 parking spaces, where 609 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 200,001 - 500,000 gsf require two off-street loading spaces. 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 Campus Hospital and MOB Project includes an approximately 214,061 gsf St. Luke's Campus Hospital building, which requires two off-street loading spaces. Three service/loading bays meeting the requirements of Planning Code Sections 152 and 154 would be located within the St. Luke's Campus Hospital, with access off Cesar Chavez Street; all loading activity, including truck maneuvering, would occur within the concrete-walled basement of the St. Luke's Campus 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(e)(3) of the Planning Code requires 12 bicycle parking spaces, when the gross floor area of a new medical or other professional services building exceeds 50,000 gsf.

The St. Luke's Campus 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 Campus 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 St. Luke's Campus Hospital and St. Luke's Campus MOB buildings. The total of 30 spaces provided would satisfy this Planning Code requirement.

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 a new medical or other professional services building exceeds 50,000 gsf.

The MOB would be required to provide a minimum of four showers and eight clothes lockers. The St. Luke's Campus Hospital and St. Luke's Campus 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 in newly constructed buildings.

The MOB would provide a total of 220 off-street parking spaces, and would provide a minimum of four (4) 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 Campus 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 St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus Hospital would be sited, is 65-A.

Both the St. Luke's Campus Hospital and St. Luke's Campus MOB buildings would exceed a height of 40'-0", being approximately 142'-0" and 100-0", respectively, thereby requiring Conditional Use Authorization pursuant to Planning Code Sections 253. The St. Luke's Campus Hospital, at 142'-0", would be approximately 16'-0" shorter than the existing hospital tower. The 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 buildings have been sculpted and provide setbacks to be compatible with the scale and massing of the surrounding neighborhood. The St. Luke's Campus Hospital incorporates 17' lotline setbacks over half of the western edge of the site and a 50' setback at levels 5 and above, placing a residential height (47-60') base adjacent to the houses to the west and locating the bed tower as far to the east as is feasible. The building is visually organized into three distinct volumes to further break down the apparent mass of the building. The MOB incorporates setbacks at levels 3 and 5 to step up from the lot line retail space at Cesar Chavez to the medical offices above, and is similarly organized into distinct volumes to break down the apparent mass of the building.

The St. Luke's Campus Hospital height of 142'-0" is largely the result of operational requirements for a modern 120-bed, medical facility with single-patient rooms and a 13,940 sf emergency department. Height amendments to the General Plan and Zoning Maps are being sought in accompanying applications to permit a height of 145' for the portion of the St. Luke's Campus Hospital where the hospital tower is proposed and 105' for the balance of the Campus, a substantial portion of which already permits heights up to 105'-0". If the Board of Supervisors approves these amendments, the St. Luke's Campus Hospital and MOB Project will be compliant with the height limits applicable to this site.

The 100'-0" St. Luke's Campus 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 229'-0" and 285'-0", respectively, for the St. Luke's Campus Hospital, and 204'-0" and 228'-0", respectively, for the St. Luke's Campus 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 Campus Hospital and MOB Project includes General Plan Map and Zoning Map Amendments to increase the bulk limits applicable to the St. Luke's Campus Hospital and St. Luke's Campus 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 Campus 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 Planning Code Section 271. If the Board of Supervisors approves these amendments, the St. Luke's Campus 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 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 St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus Hospital nor the St. Luke's Campus MOB would have a potential impact on properties subject to Section 295. Staff updated the shadow fan analysis to reflect the 142' MOB building, and confirmed that the revised St. Luke's Campus Hospital building would not impact 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 Campus 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 November 2009. An Update was submitted in October 2011, which confirmed that no significant changes had been made to the IMP since it was accepted in 2009. An update was filed on April 9, 2013, reflecting the changes included in the revised project described in the submittal to the Department dated May 06, 2013.

P. **Office Allocation.** Section 321 of the Planning Code requires that projects over 25,000 gsf must seek review and approval by the Planning Commission under the Office Development Limitation.

The St. Luke's Campus MOB is subject to the provisions set forth in Section 321 of the Planning Code because the proposed medical office space is approximately 98,959 gsf, of which 94,799 gsf is subject to the office allocation requirement. 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 Campus 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 St. Luke's Campus 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 St. Luke's Campus Hospital and MOB 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 St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus 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 St. Luke's Campus 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 Campus Hospital and CPMC's Cathedral Hill Campus 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 St. Luke's Campus 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 Campus 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 St. Luke's Campus 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 St. Luke's Campus 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) provided continuity of service to patients; 2) had low neighborhood impact; 3) provided an accessible and welcoming presence; and 4) took 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 St. Luke's Campus 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 St. Luke's Campus 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 St. Luke's Campus 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 proposed St. Luke's Campus Hospital is shorter than the existing Hospital Tower, and both the St. Luke's Campus Hospital and St. Luke's Campus MOB are designed to be more compatible in scale and function with the surrounding area. The size of the St. Luke's Campus Hospital is appropriate to provide the services needed as recommended by the BRP. The size of the St. Luke's Campus MOB is based on the projected outpatient growth from the new St. Luke's Campus 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 St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus 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 St. Luke's Campus Hospital and St. Luke's Campus 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 27th 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 St. Luke's Campus Hospital is approximately five-stories and 142'-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 Campus 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 Streets than the existing 158'-0" Hospital Tower.

The FEIR and the Addendum determined that the St. Luke's Campus Hospital and St. Luke's Campus 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, and would be compatible with the surrounding neighborhoods (DEIR at pp. 4.1-42 to 4.1-44; Addendum at pp. 24-25).

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 120-bed acute care hospital with an 13,940 sf Emergency Department, and Centers of Excellence in Community and Senior Health would be implemented as part of the St. Luke's Campus 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 St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus 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 and Addendum have shown that the St. Luke's Campus 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.

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 April 1, 2013, 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 St. Luke's Campus Hospital and St. Luke's Campus MOB during the peak periods.

The St. Luke's Campus 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 St. Luke's Campus Hospital would have entrances on both 27th Street and Cesar Chavez Street in order to improve access, and the new St. Luke's Campus MOB would be internally connected to both the St. Luke's Campus 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 St. Luke's Campus 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 St. Luke's Campus 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 and Addendum identify 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; Addendum pp. 56-59, 63-66*).*

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 Campus 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 St. Luke's Campus Hospital and MOB 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 St. Luke's Campus 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 Campus 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 St. Luke's Campus Hospital, accessed off of Cesar Chavez Street, within an enclosed concrete-walled basement of the

St. Luke's Campus 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 Campus MOB parking garage is entered and exited from Valencia Street and Cesar Chavez Street. The St. Luke's Campus 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 Campus 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 and Addendum determined that the St. Luke's Campus 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; Addendum p. 30).

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 Campus 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 Campus 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 single ownership. The St. Luke's Campus 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 Conditional Use application describes the St. Luke's Campus 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 Campus 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 Campus 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 Campus Hospital will be constructed on a previously developed medical campus containing many existing uses and parking areas. With the new St. Luke's Campus Hospital and demolition of the Hospital Tower, the Campus initially will provide approximately 230 parking spaces where 454 would be required. After construction of the St. Luke's Campus MOB with 220 parking spaces, the Campus will have a total supply of approximately 450 off-street parking spaces, although the Campus will still have a Code deficit of approximately 159 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 St. Luke's Campus Hospital and St. Luke's Campus MOB, CPMC is committed to reducing demand for automobile trips by implementation and augmentation of its TDM program, as described in more detail in Exhibit D of 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 St. Luke's Campus Hospital and St. Luke's Campus MOB Project would include a pedestrian plaza that connects 27th 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 St. Luke's Campus Hospital and St. Luke's Campus MOB would also include a community room, 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 Campus Hospital and MOB Project would include a 2,600 sf 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 Campus Hospital and MOB Project; an increase to the height limit for the portion of the lot currently zoned for 65-A to 145-E and 105-E (for the portion of the St. Luke's Campus Hospital where the hospital tower is proposed, and the balance of the site, respectively), is being sought separately through Zoning Map and General Plan Map Amendments.

F. Provide street trees as per the requirements of Section 138.1 of the Code.

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 Campus 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 Campus 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 Campus 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 Campus Hospital and MOB Project complies with said policies, as outlined in Motion No. _____.

12. The St. Luke's Campus 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 Campus 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.

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 May 06, 2013, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth**.** This Motion supersedes in its entirely Motion No. l8594, adopted by the Planning Commission on April 26, 2012.

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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

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 Campus 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 seven-story, 214,061 gsf St. Luke's Campus 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 five-story, 98,959 gsf St. Luke's Campus 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 105/145-E Height and Bulk Districts; in general conformance with plans, dated **May 06, 2013**, and stamped "EXHIBIT B" included in the docket for Case No. **2009.0886MTZCBRSK** and subject to conditions of approval reviewed and approved by the Planning Commission on **May 23, 2013**, 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 **May 23, 2013**, 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

Validity and Expiration.

1. The authorization and right vested by virtue of this action is valid for five (5) years as to St. Luke's Campus Hospital, and seven (7) years as to the St. Luke's Campus MOB, from the effective date as defined in Condition of Approval No. 23, 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 Campus Hospital, and seven (7) years as to the St. Luke's Campus 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 Campus Hospital and seven (7) years as to the St. Luke's Campus MOB have passed since the effective date.
   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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

3. **Mitigation Measures.** Mitigation measures described in the Mitigation, Monitoring and Reporting Program attached as Exhibit 1 to Attachment A of the CEQA Findings Motion No. _____ (the "MMRP") and designated as applicable to St. Luke's 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 St. Luke's Campus Hospital and St. Luke's Campus MOB, as applicable.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit C 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 St. Luke's Campus Hospital and St. Luke's Campus MOB, as applicable

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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 Planning 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 Planning Department prior to issuance. All final design revisions will be posted on the Planning Department's webpage dedicated to CPMC's Long Range Development Plan at *cpmc.sfplanning.org.*

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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 May 06, 2013, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0886C. The final Streetscape Plan shall be submitted to the Planning 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

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 May 06, 2013, 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

8. **Tree Plan.** The Tree Plan shall include all existing and proposed trees, and will specific 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 May 06, 2013, 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

9. **Lighting Plan.** The Project Sponsor shall submit an exterior lighting plan to the Planning 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

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

11. **Stormwater Control Plan (Hospital).** To manage the peak flow and discharge volume of stormwater for the St. Luke's Campus 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 St. Luke's Campus 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 May 6, 2013. 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@sfwater.org

12. **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 Campus 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 Campus Hospital and associated public plaza and interim improvements, as described above in Condition No. 11.

    For information about compliance, contact the SFPUC at stormwaterreview@sfwater.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

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 May 06, 2013, 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

15. **Signage.** The Project Sponsor shall develop and submit to the Planning Department a sign program for the entire St. Luke's Campus – including all retail spaces – prior to occupancy of the new St. Luke's Campus 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

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

17. **Showers and Clothes Lockers.** Pursuant to Planning Code Section 155.3, the Project shall provide no fewer than four (4) showers and eight (8) clothes lockers.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

18. **Parking Requirement.** Pursuant to Planning Code Section 151, the St. Luke's Campus shall provide a minimum of 450 independently accessible off-street parking spaces upon completion of both the St. Luke's Campus Hospital and MOB buildings.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

19. **Car Share Parking.** Pursuant to Planning Code Section 166, the Project shall provide no fewer than 4 car share parking spaces.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

20. **Off-Street Loading.** Pursuant to Planning Code Section 152, the Project shall provide a minimum of two off-street loading spaces within the St. Luke's Campus Hospital.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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

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

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

MONITORING - AFTER ENTITLEMENT

24. **Enforcement.** Violation of any of the 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 Planning 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

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

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.

The community liaison will convene a community advisory group (CAG) for the purpose of conveying input to the project sponsor on its operations and providing a forum for community comment and concern. The CAG shall consist of approximately ten (10) members representing diverse neighborhood interests such as health care providers, established neighborhood groups, resident homeowners and local merchants, and its membership is expected to change over time. Once the CAG is established, the community liaison and CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The agenda for meetings will be set jointly by the community liaison and the CAG. The community liaison will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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. A draft of the Construction Management Plan shall be made available to any interested party at least 10 days before the final draft is submitted to the Planning Department.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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

31. **Hours of Operation.** The St. Luke's Campus Hospital and MOB will be generally open to the public and for visitors during the following hours of operation: Hospital: 7 days a week, 7:00a.m. to 7:00p.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

32. **Noise Control.** The premises shall be soundproofed or insulated for noise and 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
    For information about compliance with the construction noise, contact the Department of Building Inspection, 415-558-6570, 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

33. **Transportation Demand Management Plan.** An Enhanced Transportation Demand Management (TDM) Plan, dated April 1, 2013, attached as Exhibit D and designated as applicable to the St. Luke's Near-Term Projects therein is designed to reduce to the extent feasible single occupant vehicle/drive alone trip generation and its related parking demand, and air quality and greenhouse gas emissions associated with single occupant vehicle/drive alone trip generation, and to promote the City of San Francisco's Transit First policies, and has been agreed to by the Project Sponsor. Implementation of the Enhanced TDM Plan is a condition of Project approval to each of the St. Luke's Campus Hospital and St. Luke's Campus MOB, as applicable. Updated TDM Plans shall be submitted to the Department as part of the IMP review process and should continue to reflect the City's Transit First policies.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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: Street Tree In-Lieu Fee

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415.558.6409

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Information:
415.558.6377

Planning Commission Motion No. _____

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
Case No.:	2005.0555E; 2009.0886MTZCBRSK; 2012.0403W
Project Address:	3555 Cesar Chavez Street
Zoning/Ht. & Blk.	RH-2/105-E
Proposed Zoning/ Height & Bulk:	RH-2, Cesar Chavez-Valencia Streets Medical Use Special Use District/ 105-E/145-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
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

ADOPTING FINDINGS RELATING TO THE APPROVAL OF ALLOCATION OF OFFICE SQUARE FOOTAGE UNDER THE 2012-2013 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 94,799 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18595 APPROVED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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. 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 Campus Hospital (St. Luke's Campus Hospital) and St. Luke's Medical Office Building (St. Luke's Campus MOB or MOB).

On June 10, 2010, the Project Sponsor submitted a request for the allocation of Office Space for approximately 99,848 sf of medical office space in the proposed St. Luke's Campus 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 St. Luke's Campus Hospital site, and 204' and 228', respectively, for the St. Luke's Campus 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 St. Luke's Campus 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 St. Luke's Campus Hospital, demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's Campus 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 Campus Hospital and MOB Project").

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 Campus 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. 120358; (2) the Zoning Map Amendments in Board File No. 120360, (3) the street vacation ordinance in Board File No. 120361, (4) the Transfer Agreement in Board File No. 120363, (5) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120365.

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, Jonas P. Ionin, 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. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, 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. 18590, recommending that the Board of Supervisors approve the requested General Plan Amendment; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. 18593, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No. 18594, approving the proposed Conditional Use Authorization; (5) Motion No. 18596, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the proposed draft Development Agreement.

The Planning Department, Jonas P. Ionin, 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.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012. On March 12, 2013 the Board considered the appeal of the FEIR certification and by adoption of Motion No. M13-042, rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft Development Agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following on the St.

Luke's Campus: increased height limit (145 feet) for the proposed tower portion of the hospital and 105 feet for the remainder of the campus, increased maximum plan and diagonal plan dimensions of 229' and 285', respectively, for the hospital site, an increase in FAR to 2.6:1 and an increased parking deficit.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital site described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board 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 and Map Amendments; (4) Motion No. _____, approving the allocation of the proposed conditional use approval; (5) Motion No. _____, approving the General Plan Referral; and (6) Resolution No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement; and

On May 23, 2013, 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 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 Cesar Chavez Streetscape Improvement Project is an effort to re-envision Cesar Chavez Street from Hampshire Street to Guerrero Street in the Mission District, and make Cesar Chavez Street a safe, pleasant, and attractive corridor for people, bikes, and transit. The Mission District Streetscape Plan is part of the Mission District Plan, and identifies streetscape improvements to streets, sidewalks, and public spaces in the Mission District. The Mission and Valencia Green Gateway Project is an effort to implement innovative stormwater management tools along Valencia Street from Cesar Chavez Street to Mission Street, and includes pedestrian amenities and landscaping.

4. **Project Description.** The office allocation is for the St. Luke's Campus MOB, described below. For context, the overall Near-Term Projects under the LRDP, of which the St. Luke's Campus 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 692 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 Campus 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[1] In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.[2]

This St. Luke's Campus 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 Campus Hospital and St. Luke's Campus MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new St. Luke's Campus 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 St. Luke's Campus Hospital will be a 120-bed[3] general acute care hospital with comprehensive emergency medical services, 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 Campus 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 Campus Hospital includes the construction of a new 214,061 gsf, seven-story, approximately 142'-0" tall, 120-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 segment of 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

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

[2] Long-Term Projects at the Davies and Pacific Campuses have been 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.

[3] 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.

recommendations of the Blue Ribbon Panel, the new St. Luke's Campus Hospital will be sited such that the existing hospital can remain in continuous operation during the new St. Luke's Campus Hospital's construction. The St. Luke's Campus Hospital will include 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 St. Luke's Campus also includes Centers of Excellence in Senior and Community Health.

The Emergency Department at the St. Luke's Campus Hospital will be approximately 13,940 gsf, which is an increase of approximately 6,880 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 St. Luke's Campus 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 existing Health Care Center currently operating out of the Monteagle Office Building into an urgent care center. 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 St. Luke's Campus 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 Campus MOB would be constructed at that site, also as part of this Project. Construction of the St. Luke's Campus MOB is expected to occur after 2020.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the St. Luke's Campus 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 Campus MOB. The uses in the MRI Trailer would be transferred to the St. Luke's Campus Hospital or St. Luke's Campus MOB upon completion. Following demolition of the existing Tower, CPMC would then construct a new 98,959[4] gsf, five-story and approximately 100'-tall St. Luke's Campus MOB approximately in the existing hospital's place. The St. Luke's Campus 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 220 parking spaces. Vehicular access to the underground parking garage will be from Cesar Chavez and Valencia Streets.

The exterior design of the St. Luke's Campus Hospital and St. Luke's Campus MOB was developed with input from Department staff and the community. The exterior of the bases of the

[4] This number is the Planning Department gross for the MOB. For office allocation purposes, the MOB gsf is 94,799 gsf.

St. Luke's Campus Hospital and of the St. Luke's Campus MOB will be durable (tile, stone, and 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) and glass. Metal panels are used for the canopy which runs along the entire east side of the St. Luke's Campus Hospital, unifying the upper and lower public plazas (described below) and creating a connection from the interior of the St. Luke's Campus Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the St. Luke's Campus Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

The St. Luke's Campus 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 Campus MOB cannot be built until the existing hospital is demolished. Once built, the new St. Luke's Campus MOB will connect internally to the St. Luke's Campus Hospital and 1957 Building.

The new St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus 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 Campus MOB. The upper (south) plaza will provide access to the second level of the St. Luke's Campus Hospital. Stairs against the east face of the St. Luke's Campus 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 St. Luke's Campus Hospital entrance, and continue along the east face of the St. Luke's Campus 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 St. Luke's Campus Hospital's lobby and conference space, a cafeteria facing the lower plaza, and by retail space within the St. Luke's Campus MOB along 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 Streetscape Improvement Project.

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 Campus Hospital. The St. Luke's Campus MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Gold certification.

5. **Public Comment**. The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 8 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Campus Hospital and MOB Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31. On May 23, 2013, 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 the Addendum, 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 May 23, 2013, 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 2,210,169 sf of office space available for allocation to office buildings of more than 49,999 sf of office space ("Large Buildings") during this Approval Period, which ends October 16, 2013. If the Planning Commission approves the Project with up to 94,799 sf of office space, they will be simultaneously returning 99,848 sf of office space that was previously allocated through Motion No. 18595 from the 2011-2012 Annual Office Development Limitation Program. This in turn means that there would still be 2,215,218 sf of office space available for 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. On October 17, 2013, and October 17 of each succeeding year, an additional 875,000 sf of office space will become available for allocation to buildings of greater than 49,999 sf of office space.

   The new St. Luke's Campus MOB is part of the overall St. Luke's Campus Hospital and MOB Project, and would support the proposed St. Luke's Campus Hospital by providing important services such as clinical and physician office space. The site of the proposed St. Luke's Campus MOB is an ideal location because of its proximity to the St. Luke's Campus 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

Campus MOB.

The St. Luke's Campus 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 Campus 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 6,000 people, of which about half are San Francisco residents. The St. Luke's Campus 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 CPMC LRDP Projects, including the St. Luke's Campus MOB, is expected to inject $2 billion into the local economy. Additional economic development benefits of the revised CPMC LRDP Project, including the St. Luke's Campus MOB, are described in the General Plan and Planning Code Section 101.1 findings.

With respect to housing supply, the FEIR and Addendum conclude 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; Addendum pp. 31-32). The Near-Term Projects, including the St. Luke's Campus 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 $36.5 million toward funding the production of new affordable units and $4.1 million, for replacement units.

Regarding transportation, the St. Luke's Campus MOB is proximate to many transit lines, and the locations of the St. Luke's Campus 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 Campus MOB. CPMC will provide parking at the St. Luke's Campus 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.

The FEIR concluded that the St. Luke's Campus 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 and Addendum p. 76).

Therefore, the St. Luke's Campus 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 Campus MOB, is consistent with the General Plan, as discussed in Motion No. _____. Overall, as described in more detail in Motion No. _____, 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 Campus 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. Both the St. Luke's Campus Hospital and St. Luke's Campus MOB buildings would exceed a height of 40'-0", being approximately 142'-0" and 100-0", respectively, thereby requiring Conditional Use Authorization pursuant to Planning Code Sections 253. The St. Luke's Campus Hospital, at 142'-0", would be approximately 16'-0" shorter than the existing hospital tower. The 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 buildings have been sculpted and provide setbacks to be compatible with the scale and massing of the surrounding neighborhood. The St. Luke's Campus Hospital incorporates 17' lotline setbacks over half of the western edge of the site and a 50' setback at levels 5 and above, placing a residential height (47-60') base adjacent to the houses to the west and locating the bed tower as far to the east of the site as is feasible. The building is visually organized into three distinct volumes to further break down the apparent mass of the building. The MOB incorporates setbacks at levels 3 and 5 to step up from the lot line retail space at Cesar Chavez to the medical offices above, and is similarly organized into distinct volumes to break down the apparent mass of the building.

The St. Luke's MOB has been designed to complement the proposed St. Luke's Campus 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 Street currently planned by the City.

The exterior of the St. Luke's Campus 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 Campus 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 Campus 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 Campus MOB has been design to target LEED Gold 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 Campus MOB is in an excellent location due to its proximity to the proposed St. Luke's Campus 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 Campus 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 Campus 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 Campus 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 Campus MOB will provide approximately a new MOB use and approximately 2,600 sf of ground floor retail along Cesar Chavez and Valencia Streets, a 1,560 sf 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 Campus 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 St. Luke's Campus 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 Campus 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 Campus 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 Campus MOB would be designed to accommodate a wide range of medical office uses to support the St. Luke's Campus 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 Campus 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 Campus MOB provides support to the St. Luke's Campus Hospital, would contribute to the healthcare delivery and emergency services in San Francisco, includes substantial economic benefits to the City during both the construction and operational phases, provides substantial other public benefits as outlined in the proposed Development Agreement, and would 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 May 06, 2013, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth. This Motion supersedes in its entirety Motion No. 18595, adopted by the Planning Commission on April 26, 2012.

APPEAL AND EFFECTIVE DATE OF MOTION: Any aggrieved person may appeal this Office Allocation 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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

EXHIBIT A

AUTHORIZATION

This authorization is for an allocation of office square footage under the 2012-2013 Annual Office-Development Limitation Program for the addition of approximately 94,799 square feet of office space to the subject property, pursuant to Planning Code Sections 321 and 322, **for the St. Luke's Campus 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 **May 06, 2013**, 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 **May 23, 2013** 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 **May 23, 2013**, 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, 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 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

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

3. **Mitigation Measures.** Mitigation measures described in the Mitigation, Monitoring and Reporting Program attached as Exhibit 1 to Attachment A of the CEQA Findings Motion No. _____ (the "MMRP") and designated as applicable to St. Luke's 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 the extent they are applicable to the St. Luke's Campus MOB.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit C to Motion No. _____, and designated as applicable to St. Luke's 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 the extent they are applicable to the St. Luke's Campus MOB.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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

MONITORING - AFTER ENTITLEMENT

6. **Enforcement.** Violation of any of the Planning 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 Planning 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

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

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.

   The community liaison will convene a community advisory group (CAG) for the purpose of conveying input to the project sponsor on its operations and providing a forum for community comment and concern. The CAG shall consist of approximately ten (10) members representing

diverse neighborhood interests such as health care providers, established neighborhood groups, resident homeowners and local merchants, and its membership is expected to change over time. Once the CAG is established, the community liaison and CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The agenda for meetings will be set jointly by the community liaison and the CAG. The community liaison will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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. A draft of the Construction Management Plan shall be made available to any interested party at least 10 days before the final draft is submitted to the Planning Department.

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

10. **Hours of Operation.** The St. Luke's Campus Hospital and MOB will be generally open to the public and for visitors during the following hours of operation: Hospital: 7 days a week, 7:00a.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

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
IMPROVEMENT MEASURES AGREED TO BY PROJECT SPONSOR					
TRANSPORTATION AND CIRCULATION					
I-TR-5 (Cathedral Hill): Off-Street Parking Queue Abatement					
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. 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. 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.	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.

Improvement Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
I-TR-40 (Cathedral Hill): Pedestrian Improvements					
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. 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.	Project Sponsor/Planning Department/SFMTA/ DPW	Prior to operation	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 studyand 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.	Project Sponsor/Planning Department/SFMTA /DPW	Considered complete upon installation and implementation of pedestrian improvements.

Improvement Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
I-TR-87 (St. Luke's): Provide Pedestrian/Bicycle Improvements					
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.). 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.	Project Sponsor	Installation of warning signs, bicycle lane treatment, flashing lights, and audible signals prior to operation, Management of passenger loading/unloadin g 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/unloadin g zone ongoing during operations.
I-TR-88 (St. Luke's): Install Pedestrian Crosswalks					
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
AIR QUALITY					
I-AQ-N2 (Davies [near-term], St. Luke's): Install Accelerated Emission Control Device on Construction Equipment					
This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus, which provides: 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: Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power	Project Sponsor/Constructio n Contractor(s)	During demolition, excavation, and construction	Project Sponsor/Constructi on 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.

Improvement Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used.					
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.					
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.					
BIOLOGICAL RESOURCES					
I-BI-N2 (St. Luke's [with or without variants]):					
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:	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.
• Install and maintain construction fencing to prevent entry to the TPZ.					
• Install wood chip mulch over all exposed soil areas within the					

Improvement Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
TPZ. • Prohibit placement of any construction vehicle within the TPZ. • Do not store materials, excavation tailing, or debris within the TPZ, unless placed on a thick plywood root buffer. • 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. 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.					
GEOLOGY AND SOILS					
I-GE-N6 (Cathedral Hill):					
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.
HAZARDS AND HAZARDOUS MATERIALS					
I-HZ-N1// I-HZ-N3(Cathedral HillDavies [near-term], St. Luke's [with or without variants]):					
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

	MONITORING AND REPORTING PROGRAM				
Improvement Measures	**Responsibility for Implementation**	**Implementation Schedule**	**Implementation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
			ensure that PCB- and mercury-containing equipment are removed and property disposed	ERO	monitoring report at completion of construction.

NELSON
NYGAARD

MEMORANDUM

To: Geoffrey Nelson

From: Jessica ter Schure and Francesca Napolitan

Date: April 1, 2013

Subject: CPMC TDM Plan - Final

INTRODUCTION

California Pacific Medical Center (CPMC) is a not-for-profit medical provider based in San Francisco. Of the nine hospitals in San Francisco, CPMC currently operates four: California Campus in Presidio Heights, Pacific Campus in Pacific Heights, Davies Campus in the Duboce Triangle, and the St. Luke's Campus in the Mission District. These are four of the oldest medical facilities in San Francisco, all established between 1854 and 1875. CPMC medical facilities play a major role in San Francisco's health care system, accounting for roughly one-third of all hospitalizations, over half of annual San Francisco births, and receiving over 81,000 patients annually at four citywide emergency departments.[1]

Senate Bill 1953, as amended by subsequent legislation, requires all California hospitals to evaluate and rate their existing buildings for seismic performance and upgrade their facilities to meet certain seismic standards by specified deadlines. Section 304.5 of the San Francisco Planning Code requires CPMC to prepare an Institutional Master Plan (IMP) every 10 years to inform the public of its development plans. CPMC released its latest revision to its IMP in 2008, which was accepted by the Planning Commission in November of 2009 and was subsequently updated via memoranda to the Planning Department in 2011 and 2013. The IMP informs CPMC's Long Range Development Plan (LRDP), which will ultimately guide the implementation of the projects and development proposals detailed in the IMP. In brief, the CPMC IMP and LRDP include the following major development proposals:

- **Cathedral Hill:** Construction of a new campus at Van Ness Avenue and Geary Boulevard, including a modified hospital plan for a 12-story, 274-304-bed hospital, a new medical office building (MOB), and a renovated MOB on Sutter Street.
- **Pacific Campus:** Interior renovation and conversion of an existing hospital into a new ambulatory care center (ACC), a new ACC building addition, additional underground parking, renovation of other existing buildings, and demolition of four existing buildings.
- **Davies Campus:** Construction of a new Neuroscience Institute building, a new MOB, and related parking improvements.
- **St. Luke's Campus:** Demolition of the existing St. Luke's Hospital tower, Redwood Administration Building, and MRI Trailer. Construction of a new modified hospital plan for a 120-

[1] CPMC 2011 Annual Report on website: http://mysutter/shwbr/CPMC/About/Pages/default.aspx

bed, acute-care St. Luke's Replacement Hospital. Construction of a proposed MOB and associated underground parking.

- **California Campus:** Unchanged until 2019 and then all operations relocated to Pacific and Cathedral Hill campuses by 2024.

CPMC's LRDP is subject to the requirements of California Environmental Quality Act (CEQA). It was determined that the CPMC LRDP could have potential significant effects and a full environmental impact report (EIR) was required. The Draft EIR (DEIR) was released to the public on July 21, 2010. The Final EIR (FEIR) was certified April 26, 2012 and upheld by the Board of Supervisors on March 12, 2013.

An enhanced Transportation Demand Management (TDM) Plan is part of the proposed LRDP. In addition, the FEIR for this project presumes that a City of San Francisco condition of approval will require an enhanced TDM Plan. Nelson\Nygaard Consulting Associates was retained by CPMC to update and improve its TDM Plan to reduce drive-alone rates and therefore projected parking shortfalls and identified environmental impacts related to traffic, air quality, and greenhouse gas emissions resulting from the proposed construction of a new Cathedral Hill facility as well as expansion and renovation of the Pacific, Davies, and St. Luke's campuses. The recommendations contained in this TDM Plan are based on interviews and correspondence with CPMC staff and AECOM as well as a review of CPMC Draft Transportation Impact Studies (TISs) by campus, CPMC LRDP FEIR, CPMC LRDP Travel Demand Estimates for each of the San Francisco Campuses, and the CPMC 2008 IMP as updated.

GOALS

The TDM Plan sets the following goals:

- Reduce Single Occupancy Vehicle (SOV) trips by 15% from the current baseline (existing) mode split by 2024
- Reduce construction-period vehicle trips and parking impacts
- Reduce the parking demand generated by the construction of the Cathedral Hill campus and redevelopment at the St. Luke's, Davies, and Pacific Campuses

The proposed TDM Plan is designed to reduce to extent feasible, single occupant vehicle/drive alone trip generation, and related parking demand, and associated air quality and greenhouse gas emissions, as well as promote the City of San Francisco's Transit First policies.

EXISTING CONDITIONS

Baseline Mode Split

Mode of travel is an important metric because it establishes how individuals are accessing a certain destination, whether by car, transit, bicycle, walking, or other mode. Mode of travel is also a critical factor in estimating existing and future travel demand, and how a project will ultimately impact the transportation network. Finally, mode of travel is an essential component in any evaluation of a TDM program, as it enables an objective analysis of how TDM programs are helping an institution meet its goals for vehicle trip reductions and mode shifts.

For the CPMC campuses, two basic representations of mode of travel by campus are available. One is a breakdown of travel mode by population group (physician, staff, patient, and visitor) by campus. The second measure of mode of travel is an overall breakdown by campus facility (i.e. hospital, MOB, research facility, etc.). In each case, the mode splits are based on travel surveys conducted in 2001 and 2003 at the

Pacific, California, and Davies campuses and a travel survey conducted in 2009 at the St. Luke's Campus.[2] Figure 1 presents a summary of the mode splits by campus and population group.

Figure 1 Existing Travel Mode by Campus, Population Group, and Facility[3]

	Drive Alone	Carpool	Transit	Walk	Other
California					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	68%	7%	19%	1%	5%
Patients	44%	28%	17%	4%	7%
Visitors	29%	56%	11%	0%	3%
From 2008 IMP					
Overall	68%	6%	19%	3%	4%
Davies					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	44%	6%	40%	1%	9%
Patients	44%	19%	18%	9%	9%
Visitors	28%	36%	25%	4%	8%
From Campus-specific TIS					
Hospital	40%	18%	31%	3%	9%
MOB	43%	14%	31%	4%	9%
St. Luke's					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	59%	15%	17%	7%	2%
Patients	49%	11%	30%	7%	3%
Visitors	57%	2%	26%	9%	6%
From Campus-specific TIS					
Hospital	54%	10%	25%	6%	3%
MOB	62%	17%	14%	5%	2%

[2] According to historic data of participation rates in CPMC's transit subsidy programs as well as other commuter programs, there are no signs of an increase in drive-alone rate between 2001 and 2010. It was therefore determined as part of the EIR process that the surveys from 2001 and 2003 are still valid.
[3] Data for Figure 1 is from Table 23, CPMC LRDP EIR, Travel Demand Estimation for the SF Campuses. Adavant Consulting. January 29, 2010.

	Drive Alone	Carpool	Transit	Walk	Other
Pacific					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	45%	12%	29%	6%	8%
Patients	41%	23%	19%	9%	9%
Visitors	25%	39%	20%	12%	4%
From Campus-specific TIS					
Hospital	n/a	n/a	n/a	n/a	n/a
MOB	40%	25%	19%	9%	7%
Research/Office	47%	12%	18%	5%	7%
ACC	42%	18%	25%	7%	8%
Cathedral Hill (existing uses)					
From LRDP Travel Demand Estimates					
Work trips	19%	18%	50%	9%	4%
Visitor trips	44%	15%	29%	10%	2%

* An assumption was made that all physicians at all campuses drive alone to work.

Existing CPMC TDM Program

CPMC currently offers the following TDM program at all of its four campuses, unless otherwise noted:

- Employee Parking Pricing – employees may request to purchase monthly parking passes for on-campus CPMC garages and lots for between$120 and $225 depending on the garage. CPMC also subsidizes a number of off-site parking lots, most notably at Japantown at up to $75 per month.
- Visitor/Patient Parking Pricing – the hourly rate is $5 for the first hour and $2 every half-hour thereafter. There is a daily maximum of $30 per day. However, patients and family members of patients are eligible for a voucher that limits the daily maximum to $12.
- Commuter Checks – Employees may elect to participate in the Commuter Checks program, which enables employees to purchase up to $245 worth of transit fares pre-tax per month.
- Carpool Program – CPMC offers free parking for registered carpools and vanpools (3 or more participants). St. Luke's is the only campus which has reserved parking spaces for carpools. Currently there are five reserved parking spaces for carpools, but only two are assigned.
- Bicycle Parking – CPMC provides bicycle racks at each of the campuses that can accommodate between 7 and 18 bicycles depending on the campus. Bicycle parking is typically located near the entrances to the public parking facilities.
- Emergency Ride Home Program – CPMC participates in the City of San Francisco's Emergency Ride Home program which provides a free or low cost ride home in cases of emergency for San Francisco employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking.

- Courtesy Ride Home – CPMC security staff provides CPMC employees with a ride home or to transit or parking during the evening/night-time hours within a four block radius of each campus.
- Carsharing – Carshare vehicles are located at or near all four campuses.
- Transit Subsidy - The Davies campus provides a $20 per month transit subsidy to participating employees. The subsidy is added to each employee's Clipper Card. In addition, many employees at the St. Luke's campus receive a $10 per month transit subsidy, which is discounted from their Commuter Check paycheck deduction.

Shuttle Service

CPMC's primary TDM program is its free shuttle service, which typically operates from 5 am to 9 pm, depending on the route. Shuttle services are available to physicians and staff, and are occasionally used by patients, and visitors as well. There are currently six "all day" shuttle routes and four peak-hour shuttle services that provide additional service to either a remote parking lot or a BART station. All campuses are served by at least one of the routes. Figure 2 provides a brief summary of each shuttle route in the CPMC system.

Figure 2 Existing CPMC Shuttle Services[4]

Route	Description	Hours of Operation	Frequency	Daily Ridership	Daily Capacity Utilization
C	California/Pacific	6.30 am - 6.15 pm	30	414	62%
D	Pacific/Davies	6.15 am - 6.15 pm	30	423	63%
CH	Cathedral Hill/Pacific	6.30 am - 6.20 pm	20	172	17%
JC Express	Pacific/Japantown Center Lot	5.05 am - 10.55 am 2.40 pm - 8.50 pm	10	381	38%
BV	Pacific/Cathedral Hill/Civic Center BART/ Van Ness Muni Metro	5.45 am - 6.15 pm	15	503	56%
SL	St. Luke's/Davies	6.15 am - 6.15 pm	30	30	17%
F	Pacific/633 Folsom	7.15 am - 5.30 pm	30	n/a	n/a
D/JC	D line to Japantown Center Lot	6.25 am - 8.55 am	30	n/a	n/a
GMG	California/Geary Mall Garage	6.15 am - 9.30 am 3.15 pm - 6.15 pm	15	82	24%
St. Luke's	St. Luke's to 24th Street BART	6.25 am - 8.55 am 3.05 pm - 6.05 pm	30	n/a	n/a

[4] Source: Table 4.5-8 of DEIR and CPMC website. Between the certification of the EIR and the finalization of this TDM plan, CPMC has discontinued the D line and removed the Cathedral Hill and Van Ness MUNI stops on the BV line.

Existing Parking Facilities

Figure 3 provides a summary of the existing parking conditions for each campus and its corresponding study area.[5] Information for both on- and off-street parking is provided. Off-street spaces may include both garages/lots owned by CPMC as well as other private parking operators. On-street spaces include all available parking spaces on the streets within the campus study area. Occupancy counts were taken at different times for each campus from 2006 to 2009.

The Pacific Campus has the most off-street spaces of all the campuses at 1,505, which includes the lease of 400-space remote lot at the Japantown Center. In addition, the Pacific Campus has the highest peak occupancy in its off-street lots at 94%. By contrast, St. Luke's has the fewest off-street spaces of all the campuses at 329, as well as the lowest peak occupancy at 73%. Aside from St. Luke's, the off-street peak occupancies give an initial indication that there is limited off-street capacity to meet any additional or future peak demand at these campuses.

The Davies Campus has the most on-street spaces within its study area at 2,297 while the California campus has the fewest on-street spaces at 1,907. All four existing campuses experience on-street peak occupancies of more than 86% for the overall study area. In the streets immediately adjacent to each campus, however, peak occupancies are even higher and often reach full capacity. This is an indication that during peak periods there is likely some illegal parking and loading behavior occurring on streets directly adjacent to the hospital. Finally, all campuses are located within parts of the city that have at least one residential parking permit (RPP) area, thereby restricting the amount of time (usually limited to 2-3 hours at a time) that non-residents can park in on-street spaces.

Figure 3 Existing Parking Conditions by Campus[6]

	California	Davies	St. Luke's	Pacific	Cathedral Hill
Off-street					
Spaces	698 (includes Geary St. Mall)	496	329	1,505 (includes Japantown)	1,800
Peak occupancy	90%	87%	73%	94%	85%
Additional remote spaces	70 (Geary St. Mall)	50 (55 Laguna St., temporary)	None	400 (includes Japantown)	None
Employees per off-street space	2.35	1.86	1.81	1.75	n/a
On-street					
Spaces	1,907	2,297	1,825	2,016	2,519
Peak Occupancy (Area)	86%	88%	89%	93%	77%
Peak Occupancy (Immediately Adjacent)	88%	99+%	100%	100%	n/a
RPP Areas	F	S	I & Z	G	C, G, & R

[5] Generally a 15- to 20-square block area around each campus
[6] Data obtained from DEIR and TISs.

FUTURE TDM PLAN COMPONENTS

The following section describes the components of CPMC's TDM Plan in the near, mid, and long term for all five campuses.

TDM Components in the Near Term (0 to 2 years)

- *TDM Outreach, Marketing, and Information*
  - Reinstate Transportation Services Newsletter - Reintroduce the Parking Services Newsletter and rebrand it as a transportation newsletter that markets the various TDM programs available.
  - Provide TDM communication boards in each campus cafeteria – Information on TDM programs, transit schedules and maps, bicycle routes, as well as upcoming events shall be posted on boards and periodically updated in each cafeteria.
  - Enhance the TDM site on intranet – CPMC shall update its employee intranet to emphasize TDM programs as well as provide enrollment forms for commuter checks, shuttle schedules and maps, links to WageWorks, Clipper, BART, MUNI, 511.org, and parking and carsharing information.
  - Enhance the TDM information on public website - CPMC shall review its existing public website and modify it to better publicize alternative transportation options to visitors and patients. The visitor and patient portion of the website shall be updated to provide information on biking to the campus as well as taking BART and MUNI.
  - Reinstate and expand the annual Transportation Fair - The Fair shall include representatives from local and regional transportation agencies, the Bicycle Coalition, 511.org, and carshare companies, and provide information about transit, ridesharing and bicycling.
  - Promote the existing Courtesy Ride Home program.
  - Increase marketing of the City of San Francisco's Emergency Ride Home program.
  - Design an outreach program – An outreach program shall be designed emphasizing the time savings, reduction in greenhouse gas emissions, health benefits, and other positive outcomes of adopting alternative transportation modes.
  - Develop a TDM operations and maintenance budget – CPMC shall establish a fully funded budget for the TDM program and report the results on an annual basis.
- *Parking Pricing* - CPMC shall evaluate and then increase employee parking prices as needed to achieve the trip and parking reduction goals.
- *TDM Coordinator* – CPMC shall retain a full-time experienced TDM coordinator to coordinate, monitor and publicize TDM activities for the campus including the following:
  - Develop an information package of transportation services and benefits offered by CPMC, and participate in employee orientation training.
  - Promote attendance at the Transportation Fair by providing incentives for employees to attend the Fair, such as free transit fast passes.
  - Maintain and update the TDM communication boards.
  - Monitor and update, as appropriate, the TDM Plan.
  - Track participation rates in TDM programs (monthly & annually).
  - Conduct employee travel surveys on an annual basis.
  - Coordinate parking management and the shuttle program.

  - Create a central database of shuttle utilization data.
  - Oversee the rebranded transportation newsletter.
- *Carpool and Vanpool Parking* - The number and location of reserved carpool and vanpool parking shall be monitored annually and increased as necessary to ensure there are a sufficient number of parking spaces for carpools and vanpools.
- *Bicycle Parking* – The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. Both secure long-term parking as well as short-term parking shall be provided.
- *Vanpool Program* – CPMC shall reinstate their vanpool program which included a $2,500 subsidy per year. CPMC shall aggressively market the vanpool program to employees via the monthly newsletter, website, and other appropriate channels.
- *Rideshare Program* – CPMC will encourage employees to rideshare by promoting the 511.org rideshare service.
- *Courtesy Ride Home Program* – CPMC shall increase the boundaries of the program to cover major transit stops within a reasonable distance of each campus and also promote and market the Courtesy Ride Home program.
- *Transportation Surveys* – CPMC shall conduct an employee transportation survey at all campuses, which will be used to establish a more current baseline commute mode split. CPMC shall achieve a minimum of 30% response rate at each campus. Furthermore, a patient/visitor transportation survey shall be collected from at least 200 patients and visitors at each campus to establish a baseline visitor mode split. The commuter survey shall be conducted annually, and the visitor survey shall be conducted every three years.
- *Wayfinding and Signage* – CPMC shall provide on-site signage for patients and visitors identifying the locations of bicycle parking, vehicular parking, and shuttle stops as well as full shuttle schedules with maps in the lobby of each hospital.

TDM Components in the Mid Term (2 to 5 years)

- *Shower Facilities* – Showers and changing facilities shall be included in all new buildings and facilities for employees who bike or walk to work.
- *Marketing and Outreach* – CPMC shall continue the TDM and Outreach program detailed above and shall investigate and implement methods for improving marketing materials and outreach methods.
- *Real Time Transit Information* – CPMC shall install real-time transit information signs in the lobbies of its existing facilities and shall provide links to real time transit information on the intranet as well as the public website.
- *Bicycle Parking* – The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. CPMC shall install bicycle lockers in both new and existing parking garages.
- *Carsharing* – CPMC shall allot additional parking spaces to carsharing services in both new and existing buildings based on demand.
- *Rideshare Program* – CPMC shall create an internal rideshare program (e.g. RideSpring or a 511.org interface). CPMC shall also explore the feasibility of coordinating a rideshare program with other large institutions in order to increase the pool of carpoolers and vanpoolers.
- *Carpool and Vanpool Parking* – CPMC shall continue to provide reserved carpool and vanpool parking at all new parking facilities based on demand.

- *Transit Subsidy* – CPMC shall expand the transit subsidy program to include all campuses and increase the value of the monthly subsidy to be up to the equivalent of the cost of a MUNI Fast Pass, with the employee covering up to 50% of the subsidy.
- *Transportation Surveys* - CPMC shall continue to conduct an annual employee transportation survey which will be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC shall achieve at a minimum a thirty percent response rate. Each three years, an employee/patient/visitor survey shall also be conducted to track visitor mode split.

Shuttle Restructuring

With the construction of the Cathedral Hill Campus, the relocation of existing services from several campuses to Cathedral Hill, and the eventual closure of the California Campus, CPMC has proposed significant restructuring of its shuttle service. First, the Civic Center BART station will be served by two routes instead of one. These two lines will have frequencies at six and three minutes, respectively. The other routes will all have 30 minutes frequencies. Second, the 24th Street BART station (primarily serving St. Luke's campus) will have all-day service as opposed to its current peak-hour service in the morning and afternoon. Third, the new line to the 4th and King Caltrain station will also provide service south to the Folsom Street offices. Fourth, the Van Ness Muni Metro will no longer be served as is currently done by the BV Line.

Figure 4 provides a summary of the proposed shuttle system.

Figure 4 Proposed Shuttle System[7]

Line	Description	Hours of Operation	Frequency (Minutes)	Existing Daily Demand
Pacific – BART	Serve the Pacific Campus, the Japantown Center Garage, the proposed Cathedral Hill Campus, and the Civic Center BART Station.	5.30 am - 7.00 pm	6	172
CH – BART	Serve the Cathedral Hill Campus and the Civic Center BART Station.	5.00 am - 11.00 am 2.30 pm - 9.00 pm	3	n/a
Folsom – Caltrain	Serve the Cathedral Hill Campus, the 4th Street Caltrain Station, and CPMC offices located at 633 Folsom Street.	6.00 am - 9.00 am 3.00 pm - 6.00 pm	30	n/a
CH – Davies	Serve the Cathedral Hill Campus and the Davies Campus.	6.00 am - 6.00 pm	30	n/a
CH - St. Luke's	Serve the Cathedral Hill Campus and the St. Luke's Campus.	6.00 am - 6.00 pm	30	n/a
Pacific – Davies	Serve the Pacific Campus and the Davies Campus.	6.00 am - 6.00 pm	30	423
St. Luke's - Davies - 24th St. BART	Serve the Davies and St. Luke's Campuses and the 24th Street BART station.	6.00 am - 6.00 pm	30	30

[7] The proposed shuttle system is described on in DEIR, pg. 4.5-84-86

Line	Description	Hours of Operation	Frequency (Minutes)	Existing Daily Demand
Non-CPMC Private Shuttles	Provided by a private garage operator as demand for off-campus parking increases. Operating details of this shuttle service, including service hours and vehicle capacities, would be based on observed demand.	n/a	n/a	n/a
Total				2,005

In addition to these service changes, CPMC shall also:

- Post shuttle information at shuttle stops.
- Develop a 10-year fleet replacement plan with ADA/Green Vehicles.

TDM Components in the Long-Term (5+ years)

- *Real Time Transit Information* – CPMC shall continue to install real-time transit information signs in the lobbies of all new facilities and shall provide links to real time transit information on the intranet as well as the public website.
- *Carsharing* – CPMC shall create a corporate carshare account that will enable employees to use carsharing services at reduced rates.
- *Parking Pricing* – CPMC shall continue to monitor parking demand and adjust the monthly employee permit fee and patient/visitor hourly parking fees to balance supply and demand.
- *Marketing and Outreach* – CPMC shall continue the TDM and Outreach program detailed above and shall investigate and implement methods for improving marketing materials and outreach methods.
- *Transportation Surveys* - CPMC shall continue to conduct an annual employee transportation survey which will be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC shall achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey shall also be conducted to track visitor mode split.

TDM Implementation Timeline

The following table lists all the TDM measures described above and locates them on a timeline. The symbol "→" represents that the specific TDM measure shall be maintained into the future.

Program Components	In Existing Program	Near-Term (0-2 years)	Mid-Term (2-5 years)	Long-Term (5+ years)
Shuttles	Yes		Expand with completion of Cathedral Hill	→
Parking Pricing	Yes	Increase as needed	→	→
Commuter Checks	Yes	→	→	→
Carpool Program	Yes	→	→	→
Carsharing	Yes	→	Increase spaces as needed	→
Transit Subsidy (currently only for Davies Campus)	Yes	→	Increase monthly amount, expand to all campuses	→
Bicycle Parking (Racks)	Yes	Increase as needed	→	→
Emergency Ride Home Program	Yes	Increase coverage area	→	→
Courtesy Ride Home Program	Yes	Increase marketing	→	→
Expanded TDM Outreach & Marketing Program:		Yes	→	→
Transportation Newsletter		Yes	→	→
TDM Communication Boards		Yes	→	→
Improved Employee Intranet		Yes	→	→
Improved Public Transportation Website		Yes	→	→
Marketing Campaign		Yes	→	→
Expanded Transportation Fair		Yes	→	→
TDM Coordinator		Yes	→	→
Vanpool Program		Yes	→	→
Bicycle Parking (Lockers)			Yes	→
Shower Facilities in New Buildings			Yes	→

Program Components	In Existing Program	Near-Term (0-2 years)	Mid-Term (2-5 years)	Long-Term (5+ years)
Corporate Carshare Account				Yes
Shuttle				
Post Shuttle Information in Hospital Lobbies		Yes	→	→
Post Shuttle Information at Shuttle Stops			Yes	→
Fleet Replacement Plan			Yes	→
Real Time Transit Information (Existing & New Buildings)			Yes	→
Promote 511.org Rideshare Program		Yes	→	→
Create Internal Rideshare Program			Yes	→
Create a central database of shuttle utilization data		Yes	→	→
Monitor participation rates in TDM programs (monthly & annually)		Yes	→	→
Employee and Visitors Baseline Survey		Yes	→	→
Annual Employee and Visitor Travel Survey			Yes	→

TRIP REDUCTION AND PARKING DEMAND IMPACTS

Trip Reduction & Parking Demand Analysis

The proposed additions to the CPMC TDM Plan are expected to result in both reduced vehicle trips and parking demand as compared to the projected trip and parking generation as stated in the LRDP Final EIR. Given that vehicle trip and parking generation are so closely linked, it has been assumed in this analysis that the reduction impacts of both are equivalent. Figure 5 shows the estimated percentage reduction in peak hour vehicle trips and parking demand that are expected to be achieved in the long-term for employees and visitors as a result of the proposed TDM Plan as compared to existing conditions. As shown in Figure 5 the greatest percentage trip reductions are expected to be seen at the Davies and Cathedral Hill campuses. It should be noted, however, that in absolute terms the campus with the greatest reduction in the number of peak hour vehicle trips is expected to be the Pacific campus.

Figure 5 Reduction in Peak Hour Vehicle Trips & Parking Demand

Trip Type	Campus				
	California	Pacific	Davies	St. Luke's	Cathedral Hill
Employee Trips	16% - 18%	16% - 18%	21% - 23%	16% - 18%	21% - 23%
Visitor Trips	14% -15%	14% -15%	20% -21%	14% - 15%	20% - 21%

Analytical Methodology Employed

Evaluative research of vehicle trip and parking reduction strategies often attempts to isolate the stand-alone effects of implementing TDM policies and programs in order to understand the actual relationship of the independent and dependent variables. However, it is difficult to isolate the individual effects because in reality, the implementation of TDM programs often occur concurrently and are supportive of one another. For example, CPMC may implement a subsidized transit pass at the same time that it implements priced parking, and it is difficult to say with absolute certainty to which degree each of these measures resulted in decreased vehicle trips and parking demand. Because trip and parking reduction strategies often support one another in creating high-quality alternatives to auto commuting, multiple strategies implemented jointly can leverage greater impacts when compared to stand-alone implementation.

Even so, TDM strategies realistically have a maximum limit on total vehicular trip reduction that can be achieved. For these reasons, it is not reasonable to expect that the stand-alone impacts of reduction strategies observed in the literature and case studies can simply be “added up” to estimate the total impacts of various strategies together. Because the transportation policies and programs under consideration would be implemented concurrently as a package, we have estimated the total impact using a non-additive methodology. For example, as it is likely that many of those motorists who stop driving due to parking pricing may be the same persons who would stop driving due to transit pass subsidies, this analysis assumes that the transit pass subsidy program has no net additional effect.

The most influential TDM measures in reducing trip and parking generation by campus are expected to be increased parking pricing and transit pass subsidies. That is not to say that the other strategies listed in the TDM Plan are not effective or useful; they should be viewed as key complementary strategies to ensure success of the full TDM Plan. As such, each individual strategy’s impact on vehicle trips and parking demand are significantly lower than those of parking pricing and transit subsidies. In order to determine

the effects of parking pricing on trip generation, data from the Victoria Transport Policy Institute was utilized.[8] This resource allows the user to gauge parking price impacts based on the type of location ranging from a suburban area to a central business district, thereby allowing this analysis to account for each campus' unique location characteristics. Those campuses located in more dense and transit-rich areas achieve greater trip and parking reduction impacts from parking pricing.[9] Thus, Davies and Cathedral Hill campuses see greater reductions from pricing compared to those at California, Pacific, and St. Luke's.

All campuses currently charge between a $120 and $225 monthly parking fee (roughly $5.71 to $10.71 daily rate based on a 21-day work month). For illustrative purposes, this analysis assumes a future daily price increase of $1.51 per day ($31.71 per month). This is likely a conservative estimate given that fair-market prices of parking spaces typically range from $200 to $250 per month. If price increases are greater than $1.51 per day, the subsequent trip and parking demand reductions will be larger. For example, an additional $1.51 daily price (above the already anticipated $1.51 increase) would yield an additional potential 14% decrease in vehicle trips and parking demand. See Figure 6 for details.[10]

Figure 6 Vehicle Trips and Parking Demand Reduced by Daily Parking Fees

Worksite Setting	$1.51	$3.02	$4.53	$6.04
Low Density Suburb	6.5%	15.1%	25.3%	36.1%
Activity Center	12.3%	25.1%	37.0%	46.8%
Regional CBD/Corridor	17.5%	31.8%	42.6%	50.0%

For transit pass subsidies, data from the Victoria Transport Policy Institute was also used.[11] However, since the EIR demand analysis serves as the basis for these new calculations, and that same EIR analysis assumed that a certain level of transit mode share was already being achieved, this analysis assumes the lowest possible impact from increased transit pass subsidies. In addition, as noted above, this analysis assumes that motorists who stop driving due to parking pricing are the same persons who would stop driving due to transit pass subsidies, and therefore this analysis assumes that the transit pass subsidy program has no net additional effect. Again, this is a very conservative approach, particularly given the anticipated Bus Rapid Transit (BRT) lines that are expected to operate in the Geary and Van Ness corridors. See Figure 7 for the impacts of transit pass subsidies as a stand-alone measure.

Figure 7 Vehicle Trip and Parking Demand Reduction by Workplace Setting and Daily Transit Subsidy

	Daily Transit Subsidy			
Worksite Setting	$0.75	$1.51	$3.02	$6.04
Low density suburb, rideshare oriented	0.1%	0.2%	0.6%	1.9%
Low density suburb, mode neutral	1.5%	3.3%	7.9%	21.7%
Low density suburb, transit oriented	2.0%	4.2%	9.9%	23.2%
Activity center, rideshare oriented	1.1%	2.4%	5.8%	16.5%

[8] Land Use Impacts on Transport, http://www.vtpi.org/landtravel.pdf. 2008
[9] The availability of both existing and future transit service for each campus was examined. Future transit service at Cathedral Hill assumes the implementation of the 38 Geary BRT route.
[10] Due to the particular characteristics of the different campuses, this analysis assumes that the Cathedral Hill and Davies campuses are "Regional CBD/Corridor" worksites while the California, Pacific, and St. Luke's campuses are "Activity Center" worksites.
[11] Transportation Elasticities, http://www.vtpi.org/elasticities.pdf. 2008

	Daily Transit Subsidy			
Worksite Setting	**$0.75**	**$1.51**	**$3.02**	**$6.04**
Activity center, mode neutral	3.4%	7.3%	16.4%	38.7%
Activity center, transit oriented	5.2%	10.9%	23.5%	49.7%
Regional CBD/Corridor, rideshare oriented	2.2%	4.7%	10.9%	28.3%
Regional CBD/Corridor, mode neutral	6.2%	12.9%	26.9%	54.3%
Regional CBD/Corridor, transit oriented	9.1%	18.1%	35.5%	64.0%

This analysis has also taken into account all the other TDM measures that will be implemented or expanded from their current state, such as marketing and ridesharing. However, research shows that the effects of these measures on trip reduction are much smaller, with their likely impacts ranging from 0.5% to 1.0% and vary much less by campus, thus they are not discussed in detail in this plan.

Parking Supply and Demand

Figure 8 illustrates the proposed future parking supply by campus. It is anticipated that the Pacific and Cathedral Hill campuses will have sufficient parking supply to meet parking demand, while the Davies and St. Luke's campuses are anticipated to experience parking shortages.

Consistent with TDM goals, campus parking is designed to provide more parking for visitors and patients and less for staff. To help achieve this goal, one measure that CPMC has utilized in the past is through the use of off-site satellite employee parking lots, with lower parking fees than parking on-site. In order to address where on-site parking shortfalls exist, CPMC will offer lower-cost parking in satellite lots (Kisling, Japantown, or others if necessary) such as is currently in place for the Pacific Campus. By creating a financial incentive for employees and other staff to park farther from campus, CPMC has been able to shift some demand away from on-site parking lots to remote lots. The use and provision of incentives for use of satellite parking should be tracked along with overall TDM performance to ensure that overall SOV reduction goals are being met while still minimizing spillover parking in neighborhoods adjacent to CPMC.

It is important to reiterate, that the results of this analysis can change significantly if new assumptions are used as part of the TDM analysis, particularly in terms of future parking pricing levels. If CPMC sets parking prices to achieve target occupancies of 90% and 95%, the resulting effect on parking demand may increase so that all campuses achieve parking surpluses. In addition, the parking supply at each campus does not include spaces which are located in satellite parking lots that are accessed by shuttle. Therefore, increasing the number of off-site parking spaces made available to CPMC affiliates is an additional strategy that could be employed to address the projected parking shortages at Davies and St. Luke's.

Figure 8 Future Parking Supply by Campus

Campus	Future Off-Street Supply
California	Campus will be phased out
Davies	588
St. Luke's	418
Pacific	1,477
Cathedral Hill	990

SUMMARY

Combined, the existing and expanded transportation demand management measures that will be implemented with the CPMC LRDP have been shown to be highly effective in the past at CPMC and at similar institutions in reducing drive alone trips and increasing the use of alternative modes of transportation. By 2024 the TDM Plan as described is estimated to enable CPMC to achieve an SOV trip reduction in the aggregate of 15% system-wide from the baseline (existing) mode split presented in the FEIR. In addition, the implementation of this TDM Plan will reduce congestion, air quality and greenhouse gas emissions, promote the City of San Francisco's Transit First policies, and will reduce parking demand at and around all CPMC campuses.

CPMC's future TDM Plan will be comprised of measures selected to address the unique needs and characteristics of this institution, as well as to be cost-effective in relation to success of the program. There are a wide number of potential TDM measures from which to select; however, the specific package of measures provided in this plan is designed to enable CPMC to reduce SOV trips by 15% in the aggregate system-wide from the baseline (existing) mode split while also ensuring flexibility into the future. Once implemented, CPMC will have one of the most robust health care institution TDM plans in the Bay Area. At a minimum, the proposed CPMC TDM Plan will be equal to or above par with what other Bay Area health care institutions offer (refer to Appendix A). As such, this robust, yet flexible living document is an example of best practices for other large health care institutions. At this time, implementation of additional or more costly TDM measures, such as additional shuttle routes or an increased transit subsidy amount, would result in substantially diminishing marginal returns and, thus, are not currently considered cost-effective.

APPENDIX A

PEER REVIEW CASE STUDIES

INTRODUCTION

Nelson\Nygaard interviewed staff at three Bay Area hospitals—Kaiser Permanente Oakland Medical Center, Alta Bates Summit Medical Center (ABSMC) in Oakland, and San Francisco General Hospital/UCSF—to gather information on the shuttle services that are provided by these institutions and to understand whom within the organizational structure is responsible for overseeing transportation demand management programs (TDM).

More specifically we were looking to answer the following questions:

- Organization and coordination of TDM Programs:
  - Does the hospital have a TDM coordinator?
  - Where in the organization is this person? Who does he/she report to? Is there more than one person responsible for overseeing the TDM programs? What programs are they responsible for?
  - Is the TDM coordinator position located within the correct department in the organization or are there suggestions on what would be a better location in the organization? E.g. if the TDM coordinator is in the parking and transportation department, would it make more sense to be in the planning department?
  - How many FTEs does the hospital have assigned to TDM, parking and shuttles? In what departments? Who do they report to?
- Shuttle program:
  - Number of routes, frequency, and ridership (by type of rider if possible)?
  - Types and number of vehicles?
  - Are the shuttle vehicles ADA accessible?
  - Is the shuttle program operated by an outside vendor or does the hospital own and operate the system?
  - How is the shuttle program marketed to patients and visitors (On the external or internal website, posters, etc.)?

This memo provides a summary of the information that was given by staff at these three hospital facilities regarding the questions stated above in order to provide CPMC with some ideas of how their shuttle system could potentially be restructured and where the future TDM Coordinator position could be located within CPMC's organizational structure.

SHUTTLE SYSTEMS

Kaiser Permanente Oakland Medical Center

The Kaiser Permanente Oakland Medical Center shuttle program is currently being revamped with plans to reduce the number of shuttle routes from six to four while improving service by reassigning vehicles to different routes and increasing the off-peak, on-demand service. The most highly utilized route, which connects the medical center to the MacArthur BART Station, will be restructured to reduce the length of the route. This route provides 37,200 trips per month while the other five routes carry a combined total of almost 5,000 trips per month. For the 37,200 monthly trips on the route connecting the medical center to the MacArthur BART Station, 26,500

are trips made by employees while 10,700 are trips made by the general public, including patients and visitors.

The shuttle program utilizes 16 ADA-accessible passenger vehicles during the peak hours of service, each of which can seat between 25 and 33 passengers. Several additional vans are used intermittently. The on-demand service utilizes full-size vehicles and minivans. Shuttle operations and program management are contracted out to Parking Company of America.

Information regarding shuttle routes and schedules is made available to the general public via Kaiser's website as well as a transportation information kiosk which is located in the outpatient building and posters in the parking garage that advertise alternative transit mode options and lists transit schedules. Kaiser members also receive a quarterly member newsletter that provides transportation information. The internal website www.eco-thrive.com is accessible to employees and provides shuttle information as well as all the other alternative transportation programs provided by Kaiser.

San Francisco General

UCSF's shuttle program consists of 14 different routes of which three serve San Francisco General. Shuttle routes operate with headways of 15 to 20 minutes. The shuttle service carries more than 183,000 passengers per month, all of whom are associated with UCSF, as the shuttle service is not open to the general public. The majority of riders are staff who depend on the shuttle system for internal transportation between the 15 properties of the decentralized campus for meetings etc. throughout the day. This is imperative because of the difficulty associated with parking.

The shuttle fleet is comprised primarily of 22-passenger cut-aways, 30 passenger Chevrolet buses and 33-passenger International buses for a total of 49 vehicles, all of which are ADA accessible with wheelchair ramps. The shuttle program is operated by UCSF and they own their shuttle vehicles. Marketing is done through the use of a website and occasionally via email, and information is posted at the shuttle stops and on the buses.

Alta Bates Summit Medical Center (ABSMC)

ABSMC operates five free shuttle routes from the Summit Campus in Oakland to either the Alta Bates and Herrick Campuses in Berkeley or the MacArthur BART station. The shuttles operate on 15 to 30 minute headways and transport between 30,000 and 40,000 passengers per month. The shuttle is available to non-Sutter Health affiliated persons.

The shuttle fleet is comprised of 13 shuttle vans, which have a capacity of between nine and 31 passengers. All of the vans except for two are ADA accessible. ABSMC owns their shuttle vehicles; however, operations and management of the program is contracted out to Parking Company of America, which also oversees shuttle operations for the Kaiser Oakland Medical Center.

Information regarding shuttle routes and schedules is available on ABSMC's public website and all employees receive an electronic newsletter monthly that provides information on a variety of topics, including transportation services and options.

TDM COORDINATORS

Kaiser Permanente Oakland Medical Center

Kaiser has contracted out the Transportation Demand Coordinator position to ALTRANS for their Oakland Medical Center location. The TDM Coordinator reports to Kaiser's Director of Parking, Transportation and Security and is responsible for implementing, managing and monitoring employee alternative transportation programs, including providing personalized trip planning, carpool and vanpool organizing, transit subsidies, reserved parking for carpools, carsharing, Guaranteed Ride Home program, and conducts the City of Oakland's mandatory Employee Transportation Survey.

In addition, the TDM Coordinator distributes information to Kaiser employees via email and e-newsletter as well as holds transportation fairs and contests, participates in events sponsored by the Health Education Department to promote commuter services information, and coordinates with the East Bay Bicycle Coalition on Bike to Work Day. ALTRANS manages and provides content and forms for the internal alternative transportation website, www.eco-thrive.com, which contains program information and an internal ride-matching system. The TDM Coordinator is responsible for keeping this website up to date. The TDM Coordinator is not responsible for overseeing the shuttle program; however, they work with the Shuttle Manager, which is a contracted position through Parking Company of America, to ensure the effectiveness of the shuttle and designs of the shuttle schedules.

When asked about the placement of their position within the Parking, Transportation and Security Department, the TDM Coordinator stated that this was appropriate and beneficial for their position as their responsibilities are closely linked with parking services. Presently, the TDM Coordinator is the only employee responsible for managing the existing TDM programs and it was not possible to get data on how many employees there are in total in the Parking, Transportation and Security Department.

San Francisco General

San Francisco General/UCSF does not have a distinct TDM Coordinator position, rather duties that would typically fall under the purview of a TDM coordinator are overseen by the Transportation Operations Manager and Fleet Manager who are located within the Transportation Services division which is overseen by the Transportation Services Director. The Transportation Services division has 165 full time employees who work on parking, shuttles and other alternative transportation programs. The division of labor for these 165 employees is evenly split between parking staff and other transportation services.

The Transportation Operations Manager is responsible for overseeing the shuttle program and the Fleet Manager along with one other staff person oversees the alternative transportation programs including vanpooling, carpooling, and carsharing. Vanpooling is the primary responsibility of the Fleet Manager as the remaining modes are minorities.

When asked if the placement of the Transportation Operations Manager position within the Transportation Services Division was the most effective location for this position, the Transportation Operations Manager stated that it was an appropriate placement for this position.

Alta Bates Summit Medical Center (ABSMC)

Currently at ABSMC the Director of Operations, who reports to the Chief Financial Operator, is responsible for overseeing the ABSMC shuttle program and parking as well as the TDM programs for all campuses. In 2011, ABSMC will begin expanding their TDM program and increasing the marketing of the TDM program. In order to increase their TDM efforts additional staff is needed, therefore ABSMC will be hiring a full-time Employee Transportation Coordinator to manage TDM programs. The Transportation Coordinator will report directly to the Director of Operations and will work with Human Resources and the Marketing Department to increase awareness of what TDM programs and services are offered by ABSMC. This position will be a contract position through Parking Company of America.

SAN FRANCISCO
PLANNING DEPARTMENT

Subject to: (Select only if applicable)

☐ Affordable Housing (Sec. 415)
☐ Jobs Housing Linkage Program (Sec. 413)
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☐ First Source Hiring
☐ Child Care Requirement (Sec. 414)
☐ Other: Street Tree In-Lieu Fee

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Planning Commission Motion No. _____
General Plan Referral

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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/145-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
Staff Contact:	Elizabeth Watty – (415) 558-6620 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 27TH 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 27TH STREET STARTING AT THE INTERSECTION OF SAN JOSE AVENUE AND 27TH STREET CONTINUING WEST FOR 44.24 FEET, IN ASSOCIATION WITH THE DEVELOPMENT OF A NEW SEVEN-STORY, 214,061 GSF, ST. LUKE'S CAMPUS 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18596 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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. 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 Campus Hospital and St. Luke's Campus 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 Campus Hospital site, and 204' and 228', respectively, for the St. Luke's Campus Medical Office Building ("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, 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 Campus Hospital building, demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's Campus 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 Campus 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 Campus 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 Campus 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 ("Board") hearing, introduced the (1) Planning Code Text Amendments in Board File No. 120358; (2) the Zoning Map Amendments in Board File No. 120360, (3) the street vacation ordinance in Board File No. 120361, (4) the Transfer Agreement in Board File No. 120363, (5) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120365.

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, Jonas P. Ionin, 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. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, 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. 18590, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. 18593, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No. 18594, approving the proposed Conditional Use authorization; (5) Motion No. 18595, approving the allocation of the proposed office space; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the proposed draft Development Agreement.

The Planning Department, Jonas P. Ionin, 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.

On May 16, 2012, an appeal of Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012, to consider the appeal of the FEIR certification. On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the

project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following on the St. Luke's Campus: increased height limit (145 feet) for the tower portion of the proposed hospital and 105 feet for the remainder of the campus, increased maximum plan and diagonal plan dimensions of 229' and 285', respectively, for the hospital site, an increase in FAR to 2.6:1 and an increased parking deficit.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the St. Luke's Campus Hospital described above.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board 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 and Map Amendments; (4) Motion No. _____, approving the allocation of the proposed conditional use approval; (5) Motion No. _____, approving the office space allocation; and (6) Resolution No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement; and

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the General Plan Referral 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 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 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 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 Cesar Chavez Streetscape Improvement Project is an effort to re-envision Cesar Chavez Street from Hampshire Street to Guerrero Street in the Mission District, and make Cesar Chavez Street a safe, pleasant, and attractive corridor for people, bikes, and transit. The Mission District Streetscape Plan is part of the Mission District Plan, and identifies streetscape improvements to streets, sidewalks, and public spaces in the Mission District. The Mission and Valencia Green Gateway Project is an effort to implement innovative stormwater management tools along Valencia Street from Cesar Chavez Street to Mission Street, and includes pedestrian amenities and landscaping.

4. **Project Description.** This approval relates to the items in the General Plan Referral application, but the overall Near-Term Projects under the LRDP, of which the St. Luke's Campus Hospital and MOB are 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 692 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 Campus 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[1] In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.[2]

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

[2] Long-Term Projects at the Davies and Pacific Campuses have been evaluated at a program-level as part of CPMC's LRDP FEIR. There are no pending Near-Term Projects under review for the Pacific Campus, and CPMC has not proposed any Near-Term or

This St. Luke's Campus 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 Campus 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 Campus 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 St. Luke's Campus Hospital will be a 120-bed[3] general acute care hospital with comprehensive emergency medical services, 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 Campus 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 Campus Hospital includes the construction of a new 214,061 gsf, seven-story, approximately 142'-0" tall, 120-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 segment of 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 St. Luke's Campus Hospital will be sited such that the existing hospital can remain in continuous operation during the new St. Luke's Campus Hospital's construction. The St. Luke's Campus Hospital will include 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 St. Luke's Campus also includes Centers of Excellence in Senior and Community Health.

The Emergency Department at the St. Luke's Campus Hospital will be approximately 13,940 gsf, which is an increase of approximately 6,880 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 St. Luke's Campus 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 existing Health Care Center currently operating out of the Monteagle Office Building into an urgent care center. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity

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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.

[3] 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.

would increase from about 26,000 visits per year today to approximately 31,600 visits under the LRDP.

After the St. Luke's Campus 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 Campus MOB would be constructed at that site, also as part of this Project. Construction of the St. Luke's Campus MOB is expected to occur after 2020.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the St. Luke's Campus 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 Campus MOB. The uses in the MRI Trailer would be transferred to the St. Luke's Campus Hospital or St. Luke's Campus MOB upon completion. Following demolition of the existing Tower, CPMC would then construct a new 98,959 gsf, five-story and approximately 100'-tall St. Luke's Campus MOB approximately in the existing hospital's place. The St. Luke's Campus 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 220 parking spaces. Vehicular access to the underground parking garage will be from Cesar Chavez and Valencia Streets.

The exterior design of the St. Luke's Campus Hospital and St. Luke's Campus MOB was developed with input from Department staff and the community. The exterior of the bases of the St. Luke's Campus Hospital and of the St. Luke's Campus MOB will be durable (tile, stone, and brick) and will ground the buildings on the site, engaging use and glass. Metal panels are used for the canopy which runs along the entire east side of the St. Luke's Campus Hospital, unifying the upper and lower public plazas (described below) and creating a connection from the interior of the St. Luke's Campus Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the St. Luke's Campus Hospital to the organizing element of the Campus, the pedestrian oriented plaza in the to-be-vacated portion of San Jose Avenue.

The St. Luke's Campus 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 Campus MOB cannot be built until the existing hospital is demolished. Once built, the new St. Luke's Campus MOB will connect internally to the St. Luke's Campus Hospital and 1957 Building.

The new St. Luke's Campus Hospital and St. Luke's Campus 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 St. Luke's Campus 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 Campus MOB. The upper (south) plaza will provide access to the

second level of the St. Luke's Campus Hospital. Stairs against the east face of the St. Luke's Campus 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 St. Luke's Campus Hospital entrance, and continue along the east face of the St. Luke's Campus 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 St. Luke's Campus Hospital's lobby and conference space, a cafeteria facing the lower plaza, and by retail space within the St. Luke's Campus MOB along 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 Streetscape Improvement Project.

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 Campus Hospital. The St. Luke's Campus MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Gold certification.

5. **Public Comment**. The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 8 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the St. Luke's Campus Hospital and MOB Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31. On May 23, 2013, 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 the Addendum, 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 May 23, 2013, 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 27th 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 St. Luke's Campus 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 27th Street starting at the intersection of 27th 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 Campus 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 Campus 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.

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. This Motion supersedes in its entirety Motion No. 18596 adopted by the Commission on April 26, 2012.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Resolution No. _____

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Planning Code Text Amendment
Zoning Map Amendment
HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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 230-V (Hospital site), 130-V (MOB site)
Assessor's Block/Lot:	0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

RECOMMENDING THAT THE BOARD OF SUPERVISORS ADOPT FINDINGS RELATING TO: (1) AMENDMENTS TO THE PLANNING CODE TO (A) AMEND SECTION 243, THE VAN NESS SPECIAL USE DISTRICT, TO CREATE A NEW VAN NESS MEDICAL USE SUBDISTRICT THAT WOULD (i) ALLOW AN FAR UP TO 7.5:1 FOR THE CATHEDRAL HILL CAMPUS MOB SITE; (ii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR OBSTRUCTIONS OVER STREETS AND ALLEYS UNDER SECTION 136; (iii) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR BUILDING PROJECTIONS UNDER SECTION 136.1; (iv) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR STREET FRONTAGE REQUIREMENTS UNDER SECTION 145.1; (v) ALLOW MODIFICATION OF OTHERWISE APPLICABLE PARKING STANDARDS UNDER SECTIONS 151 AND 204.5 FOR MEDICAL CENTERS, PROVIDED THE AMOUNT OF PARKING SHALL NOT EXCEED THE LESSER OF 990 SPACES OR 125% OF THE NUMBER OF SPACES OTHERWISE ALLOWED BY THE PLANNING CODE FOR THE CATHEDRAL HILL CAMPUS; (vi) ALLOW MODIFICATION OF OTHERWISE APPLICABLE STANDARDS FOR LOADING UNDER SECTION 152; 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 7.5:1 FOR THE CATHEDRAL HILL CAMPUS MOB SITE; AND (2) AMENDMENTS TO THE PLANNING CODE ZONING MAP TO (A) AMEND MAP HT02 TO RECLASSIFY THE CATHEDRAL HILL CAMPUS HOSPITAL SITE FROM 130-V TO 230-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. THIS RESOLUTION SUPERSEDES IN ITS ENTIRETY RESOLUTION NO. 18597 ADOPTED ON APRIL 26, 2012.

PREAMBLE

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

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

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

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

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

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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[1] At the time of this application, the Cathedral Hill Campus 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 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 Campus Hospital and Cathedral Hill Campus MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Campus Hospital site from 7.1:1 to 9:1, and to increase the allowable FAR for the Cathedral Hill Campus MOB site from 7.1:1 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 Campus 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 Campus 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 Campus Hospital site and 265' and 290', respectively, for the Cathedral Hill Campus 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 Campus Hospital to the Cathedral Hill Campus 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 Campus Hospital site and 7.5:1 for the Cathedral Hill Campus 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 Campus Hospital site and 7.5:1 for the Cathedral Hill Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 242,987 sf of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus MOB sites below grade under Van Ness Avenue, installation of a diesel fuel tank under the Geary Boulevard sidewalk at the Cathedral Hill Campus Hospital site; and sidewalk widening throughout the Cathedral Hill Campus (2009.0885R).

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

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

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

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

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

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

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012 to consider the appeal of the FEIR certification and on March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the State Guidelines and Chapter 31 of the Administrative Code.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following changes to the Cathedral Hill Campus Hospital site as compared to the original CPMC LRDP Project: decreased maximum height (from 265 feet to 230 feet), FAR (from 9.0:1 to 7.0:1) and parking (513 to 276)[2].

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

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[2] The Project Sponsor is considering the distribution of parking spaces among the Cathedral Hill parking garages, and the actual number of spaces per garage may vary, but will not exceed the lesser of 990 spaces or 125% of the Code minimum required number of spaces for the overall Cathedral Hill Campus.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), including an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and the FEIR Addendum for the revised CPMC LRDP Project 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 May 23, 2013, in Motion No. _____.

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

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board approve the requested General Plan Amendment; (1) Motion No. _____, making findings of consistency with the General Plan and Planning Code Section 101.1; (2) Motion No. _____, recommending that the Board of Supervisors approve the General Plan Referral; (3) Motion No._____approving the Conditional Use Authorization; (4) Motion No. _____, approving the allocation of the proposed office space; and (5) Motion No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement; and

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Planning Code and Zoning Map Amendment Application No. 2009.0885MTZCBRSK.

The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0885MTZCBRSK, 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.

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 $2 billion into the local economy, and create 1,500 high paying union construction jobs.

10. The LRDP would allow the City to retain CPMC as a substantial employer, employing 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.

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% of all permanent entry-level hires annual for the term of the DA from the City's workforce system, targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods. CPMC would also provide $4 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 Campus Hospital would be a full-service, acute care hospital with an approximately 24,530 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 5,400 additional Medi-Cal beneficiaries, and caring for a baseline of about 30,000 unduplicated Medi-Cal or charity care patients plus $8 million in community benefits annually; and

d. $9 million endowment by CPMC of a new Community Care Innovation Fund, to support the services of community clinics and other social service organizations.

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

a. $5 million in funding for the proposed Van Ness and Geary BRT projects;

b. $6.5 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;

c. 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 $300,000 per year of additional funding to MTA for a period of 10 years;

d. $4.25 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;

e. $1.55 million in funding for transit and safety improvements in the neighborhoods surrounding the Cathedral Hill Campus;

f. $400,000 in funding to MTA for studies regarding improvements to bicycle facilities around and between the proposed new CPMC facilities;

g. $200,000 grant for the Safe Passage Pilot Program in the Tenderloin;

h. A series of pedestrian safety improvements around the Davies Campus, valued at approximately $475,000;

i. A series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately $3,300,000; and

j. A contribution of $3 million for enforcement and traffic safety measures around the Pacific and California Campuses.

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 Planning 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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

[Zoning Map Amendments – CPMC: Cathedral Hill Campus]

Ordinance amending the San Francisco Planning Code by amending Sectional Maps SU02 and HT02 of the Zoning Map of the City and County of San Francisco to reflect the creation of the Van Ness Medical Use Subdistrict at Assessor's Blocks 0695 (Lots 005, 006) and 0694 (Lots 005, 006, 007, 008, 009, 009A, 010) and to allow an increase in height at Assessor's Block 0695 (Lots 005, 006) in order to allow for a new seismically safe hospital; adopting findings, including environmental findings, Section 302 findings, and findings of consistency with the General Plan and the priority policies of Planning Code Section 101.1.

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

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

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

(a) On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center Long Range Development Plan. On March 12, 2013, the Board of Supervisors, in Motion No. 13-042, affirmed the decision of the Planning Commission to certify the FEIR and rejected the appeal of the FEIR certification. Copies of Planning Commission Motion No. 18588 and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File Nos. 120459 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and the

FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates by reference, as though fully set forth herein, the findings, including a statement of overriding considerations and the mitigation monitoring and reporting program, pursuant to the California Environmental Quality Act (California Public Resources Code Section 21000 et seq.), adopted by the Planning Commission on _____, in Motion No. _____. A copy of said motion is on file with the Clerk of the Board of Supervisors in File No. _____.

(c) On May 23, 2013, the Planning Commission conducted a duly noticed public hearing on the proposed Zoning Map amendments and, by Resolution No. _____ recommended them for approval. The Planning Commission found that the proposed Zoning Map amendments were, on balance, consistent with the City's General Plan, as it is proposed for amendment, and with Planning Code Section 101.1(b). A copy of said Resolution is on file with the Clerk of the Board of Supervisors in File No. _____ and is incorporated herein by reference.

(d) The Board finds that these Zoning Map amendments are on balance consistent with the General Plan, as it is proposed to be amended, and with the Priority Policies of Planning Code Section 101.1 for the reasons set forth in Planning Commission Resolution No. _____ and the Board hereby incorporates such reasons herein by reference.

(e) Pursuant to Planning Code Section 302, this Board finds that the Zoning Map amendments will serve the public necessity, convenience, and welfare for the reasons set forth in Planning Commission Resolution No. _____ and the Board incorporates such reasons herein by reference.

Section 2. The San Francisco Planning Code is hereby amended by amending Sectional Map SU02 of the Zoning Map of the City and County of San Francisco, as follows:

Description of Property	Special Use District Hereby

	Approved
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

Section 3. The San Francisco Planning Code is hereby amended by amending Sectional Map HT02 of the Zoning Map of the City and County of San Francisco, as follows:

Description of Property	Height and Bulk Districts to be Superseded	Height and Bulk Districts Hereby Approved
Assessor's Block 0695 (Lots 005, 006), and their successor Blocks and Lots	130-V	230-V

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

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

By: _____
ATTORNEY'S NAME
Deputy City Attorney

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[Planning Code – Amendments to Increase Maximum Floor Area Ratios and Create the Van Ness Medical Use Subdistrict Within the Van Ness Special Use District – CPMC: Cathedral Hill Campus]

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

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

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

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

(a) On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center Long Range Development Plan. On March 12, 2013, the Board of Supervisors, in Motion No. 13-042, affirmed the decision of the Planning Commission to certify the FEIR and rejected the appeal of the FEIR certification. Copies of Planning Commission Motion No. 18588 and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File Nos. 120459 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR, and the

FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates by reference, as though fully set forth herein, the findings, including a statement of overriding considerations and the mitigation monitoring and reporting program, pursuant to the California Environmental Quality Act (California Public Resources Code Section 21000 et seq.), adopted by the Planning Commission on _____, in Motion No. _____. A copy of said motion is on file with the Clerk of the Board of Supervisors in File No. _____.

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

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

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

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

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

[TABLE 124 omitted; no changes to table]

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

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

(d) In the Van Ness Special Use District, as described in Section 243 of this Code, the basic floor area ratio limit shall be 7.0 to 1 where the height limit is 130 feet and *at the hospital site within the Van Ness Medical Use Subdistrict, and* 4.8 to 1 where the height limit is 80 feet. *Within the Van Ness Medical Use Subdistrict, the basic floor area ratio limit shall be 7.5 to 1 for a medical office building, subject to Conditional Use Authorization for a hospital, medical center or other medical institution.*

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

(f) For buildings in C-3-G and C-3-S Districts other than those designated as Significant or Contributory pursuant to Article 11 of this Code, additional square footage above

that permitted by the base floor area ratio limits set forth above may be approved for construction of dwellings on the site of the building affordable for 20 years to households whose incomes are within 150 percent of the median income as defined herein, in accordance with the conditional use procedures and criteria as provided in Section 303 of this Code. For buildings in the C-3-G District designated as Significant or Contributory pursuant to Article 11 of this Code, additional square footage above that permitted by the base floor area ratio limits set forth above up to the gross floor area of the existing building may be approved, in accordance with the conditional use procedures and criteria as provided in Section 303 of this Code, where: (i) TDRs (as defined by Section 128(a)(5)) were transferred from the lot containing the Significant or Contributory building prior to the effective date of the amendment to Section 124(f) adding this paragraph when the floor area transferred was occupied by a non-profit corporation or institution meeting the requirements for exclusion from gross floor area calculation under Section 102.9(b)(15) of this Code; (ii) the additional square footage includes only the amount necessary to accommodate dwelling units and/or group housing units that are affordable for not less than 50 years to households whose incomes are within 60 percent of the median income as defined herein together with any social, educational, and health service space accessory to such units; and (iii) the proposed change in use to dwelling units and accessory space and any construction associated therewith, if it requires any alternation to the exterior or other character defining features of the Significant or Contributory Building, is undertaken pursuant to the duly approved Permit to Alter, pursuant to Section 1110; provided, however, that the procedures otherwise required for a Major Alteration as set forth in sections 1111.2 - 1111.6 shall be deemed applicable to any such Permit to Alter.

(1) Any dwelling approved for construction under this provision shall be deemed a "designated unit" as defined below. Prior to the issuance by the Director of the Department of Building Inspection ("Director of Building Inspection") of a site or building

permit to construct any designated unit subject to this Section, the permit applicant shall notify the Director of Planning and the Director of Property in writing whether the unit will be an owned or rental unit as defined in Section 401 of this Code.

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

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

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

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

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

(D) "Household of low or moderate income" shall mean a household composed of one or more persons with a combined annual net income for all adult members which does not exceed 150 percent of the qualifying limit for a median income family of a size equivalent to the number of persons residing in such household, as set forth for the County of San Francisco in California Administrative Code Section 6932.

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

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

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

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

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

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

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

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

SEC. 243. VAN NESS SPECIAL USE DISTRICT.

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

(b) Purposes. In order to implement the objectives and policies of the Van Ness Avenue Area Plan, a part of the General Plan, which includes (i) creation of a mix of residential and commercial uses on the boulevard, (ii) preservation and enhancement of the pedestrian environment, (iii) encouragement of the retention and appropriate alteration of

architecturally and historically significant and contributory buildings, (iv) conservation of the existing housing stock, ~~and~~ (v) enhancement of the visual and urban design quality of the street, *and (vi) the establishment of an area appropriate for a medical center use (the "Van Ness Medical Use Subdistrict") to support citywide and regional health care at the transit nexus of Van Ness Avenue and Geary Boulevard;* the following controls are imposed in the Van Ness Special Use District.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

237; “residential use” shall mean those uses described in Sections 209.1 and 209.2(a), (b) and (c) (dwelling units and group housing).

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

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

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

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

(3) LOSS × $15 = In-Lieu Fee

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

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

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

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

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

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

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

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

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

(C) Off-Site Provision of Required Residential Space. For the purpose of calculating the 3 to 1 ratio between residential and nonresidential use, two or more projects for new construction within the Van Ness Special Use District may be considered and approved together as linked projects. The requirements of Paragraph (A) above may be satisfied if the aggregate amount of occupied floor area for residential use in two or more linked projects is at least three times greater than the aggregate amount of occupied floor area for nonresidential use.

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

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

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

Occupancy or a Permit of Occupancy has been issued for each project containing residential use;

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

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

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

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

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

(E) Demolitions. All demolitions of buildings containing residential use and all conversions from residential uses to nonresidential uses above the ground floor shall be permitted only if authorized as a conditional use under Section 303 of this Code, unless the

Director of the Department of Building Inspection or the Chief of the Bureau of Fire Prevention and Public Safety determines that the building is unsafe or dangerous and that demolition is the only feasible means to secure the public safety. When considering whether to grant a conditional use permit for the demolition or conversion, in lieu of the criteria set forth in Planning Code Section 303, consideration shall be given to the adverse impact on the public health, safety and general welfare of the loss of housing stock in the district and to any unreasonable hardship to the applicant if the permit is denied. The definition of residential use shall be as set forth in Section 243(*d*)(8)(A), but shall not include any guest room in a building classified as a residential hotel subject to the Residential Hotel Unit Conversion and Demolition Ordinance.

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

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

for each four dwelling units pursuant to the procedures and criteria of Sections 307(g) and (i) of this Code.

(G) Medical Center Parking. Notwithstanding any contrary provision of this Code, the maximum parking provisions for the Van Ness Medical Use Subdistrict shall not exceed the lesser of 990 spaces or 125% of the minimum number of spaces required by Code in the aggregate for the Cathedral Hill Campus which, for purposes of this subsection, shall be the Van Ness Medical Use District and Assessor's Block 0690, Lot 016, located at 1375 Sutter Street. Any parking sought up to this maximum but that exceeds the parking provisions outlined elsewhere in this Code may only be granted by the Planning Commission as a Conditional Use Authorization.

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

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

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

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

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

grained, and which are appropriate and compatible with the buildings and uses" in the surrounding areas.

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

(A) New buildings and additions to existing buildings shall be shaped, or other wind baffling measures shall be adopted, so that the development will not cause year-round ground level wind currents to exceed, more than 10 percent of the time, between 7:00 a.m. and 6:00 p.m., the comfort level of 11 m.p.h. equivalent wind speed in areas of pedestrian use and seven m.p.h. equivalent wind speed in public seating areas. When pre-existing ambient wind speeds exceed the comfort levels specified above, the building shall be designed to reduce the ambient wind speeds in efforts to meet the goals of this requirement.

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

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

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

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

(e) Van Ness Medical Use Subdistrict – Conditional Use for Medical Center. Within the Van Ness Medical Use Subdistrict, the boundaries of which are shown on Sectional Map No. SU02 of

the Zoning Map, medical facilities affiliated with the same institution, separated only by a street or alley, shall be considered a single medical center for purposes of this section.

(1) The "Van Ness Medical Use Subdistrict" shall be defined as the area shown on Sectional Map SU02, to provide medical services by a licensed medical provider. The purpose of the Subdistrict is to allow for the development of a seismically compliant medical facility with unique design requirements not otherwise permitted within the Van Ness Special Use District. To the extent provided in section 243, deviations from the controls of Section 243 shall be permitted in the Subdistrict relating to bulk, FAR, parking, loading, projections and obstructions over streets and alleys, and street frontage due to the unique requirements of new medical centers.

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

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

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

By: _____
Audrey W. Pearson
Deputy City Attorney

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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 Motion No. _____

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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, and 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 230-V (Hospital site), 130-V (MOB site)
Assessor's Block/Lot:	0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

ADOPTING FINDINGS RELATING TO THE APPROVAL OF A CONDITIONAL USE ("CU") AUTHORIZATION TO: (1) AUTHORIZE THE CATHEDRAL HILL CAMPUS 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 CAMPUS 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 CAMPUS HOSPITAL AND CATHEDRAL HILL CAMPUS 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 12 STORY, 274-304-BED, 730,888 G.S.F ACUTE CARE HOSPITAL WITH 276 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18598 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

PREAMBLE

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

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Hospital Site from 7.1:1 to 9:1, and to increase the FAR for the MOB site from 7.1:1 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 Campus Hospital site, in order to amend the height limit for the Cathedral Hill Campus 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 Campus Hospital site, and 265'-0" and 290'-0", respectively, for the Cathedral Hill Campus MOB site (2009.0885M).

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[1] At the time of this application, the Cathedral Hill Campus 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 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 Campus Hospital and Cathedral Hill Campus MOB below grade under Van Ness Avenue, installation of two diesel fuel tanks under the Geary Boulevard sidewalk at the Cathedral Hill Campus 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 ("VNSUD"), to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Campus Hospital site and 7.5:1 for the Cathedral Hill Campus 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 Campus Hospital site from 130-V to 265-V Height and Bulk District; and (2) Map SU02 to show the boundaries of the VNSUD (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 sf of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill Campus 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 gsf 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 gsf Cathedral Hill Campus 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 Campus Hospital to the Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 ("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. 120357; (2) the Zoning Map Amendments in Board File No. 120359, (3) the street encroachment ordinance in Board File No. 120362, (4) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120364.

On April 26, 2012, 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.

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. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, 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. 18591, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. 18597, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No. 18599, approving the proposed Office Space Allocation authorization; (5) Motion No. 18600, approving the General Plan Referral; and (6) Resolution No. 18602, 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.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012 to consider the appeal of the FEIR certification. On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft Development Agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft Development Agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following changes to the

Cathedral Hill Campus Hospital site as compared to the original CPMC LRDP Project: decreased maximum height (from 265 feet to 230 feet), FAR (from 9.0:1 to 7.0:1) and parking (513 to 276)[2].

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital site described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project.

On May 23 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board approve the requested General Plan Amendment; (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 and Map Amendments; (3) Motion No.____ , approving the allocation of the proposed office space; (4) Motion No._____, approving the General Plan Referral; and (5) Motion No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2009.0886MTZCBRSK.

The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0885MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

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[2] The project sponsor is considering the distribution of parking spaces among the Cathedral Hill parking garages, and the actual number of spaces per garage may vary, but will not exceed the lesser of 990 spaces or 125% of the Code minimum required number of spaces for the overall Cathedral Hill Campus.

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 Campus 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 381,791 gsf of floor area.

   The site of the proposed Cathedral Hill Campus 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 Campus 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, 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 Conditional Use 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 – on the Davies, St. Luke's, and Cathedral Hill Campuses – providing approximately 692 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care

center.[3] In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus.[4]

The Cathedral Hill Campus will include a new acute care hospital, a new MOB, a pedestrian tunnel under Van Ness Avenue to connect the two new facilities, and conversion of an existing office/medical office (1375 Sutter Street) building fully to medical office building use. The 1375 Sutter Street building is within the Cathedral Hill Campus but is not part of the proposed Van Ness Special Use District.

The proposed Cathedral Hill Campus Hospital will be a 304-bed, 226'-0" tall, 12-story, approximately 730,888 gsf acute care hospital. The Cathedral Hill Campus 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 24,530 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 276 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 Campus 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 Campus 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 12-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,

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[3] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Projects 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.

[4] Long-Term Projects at the Davies and Pacific Campuses have been 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.

where the podium rises to a height of five stories. There is an open-air courtyard area at the fifth floor level.

The most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 gsf). 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 on the side of the site with the least slope.

The closest part of the Cathedral Hill Campus Hospital to the Daniel Burnham towers will be the podium, the height of which is actually lower than the existing office building and 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 Campus 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 floor 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 Campus MOB would provide office space for physicians affiliated with the Cathedral Hill Campus Hospital and for other ancillary uses. The Cathedral Hill Campus 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 Campus 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 Campus 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 Campus 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. The exterior treatment of the building includes a concrete cladding (GFRC) and glass. The articulation of the building features 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 is a critical part of the Cathedral Hill Campus design. CPMC proposes to enhance the pedestrian environment by improving the street frontages, expanding sidewalk widths and 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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

relocated bus stop with a MUNI shelter. 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, Post Street, and Van Ness Avenue to accommodate transit riders. A stop for the CPMC shuttle is planned along Post Street, near the corner of 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 Campus Hospital; the Cathedral Hill Campus 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 underground parking garage for the Cathedral Hill Campus Hospital. 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 support and opposition to CPMC's LRDP over the past 8 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31. On May 23, 2013, 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, including the FEIR Addendum for the revised CPMC LRDP Project, 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 May 23, 2013, in Motion No. _____.

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

8. **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 clarify that the Cathedral Hill Campus Hospital is permitted under the current Planning Code FAR limit of 7:1, and to allow an FAR of 7.5:1 on the Cathedral Hill Campus 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 (Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital), and stamped "EXHIBIT B". The Project is on balance, consistent with the requirements of the Better Streets Plan.

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 Campus 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 Campus Hospital site.

The proposed Cathedral Hill Campus 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 Campus 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 the site 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)), the 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 though (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 Campus 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 Campus 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 Campus 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 sf 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 sf 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 Campus Hospital site includes 199,571 sf of occupied floor area dedicated to inpatient care, which results in a parking requirement of 84 spaces, and parking allowance of 126 spaces. The Cathedral Hill Campus 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 Campus 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 minimum total parking requirement of 798 spaces and the Code permits up to 1197 parking spaces. Including the existing 172 parking spaces that currently exist at 1375 Sutter Street, the Cathedral Hill Campus will provide 990 parking spaces (818 new spaces under the Cathedral Hill Hospital and MOB), which is within the Code-compliant amount of parking permitted. The Project sponsor is considering the distribution of parking spaces among the Cathedral Hill parking garages, and pursuant to the VNSUD, the actual number of spaces per garage may vary but will not exceed the lesser of 990 spaces or 125% of the Code minimum required for the overall Cathedral Hill Campus.

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 gsf require two off-street loading spaces. In addition, all other uses (such as the Cathedral Hill Campus Hospital use) with more than 500,000 gsf, require 3 loading spaces plus 1 for each additional 400,000 sf. 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 gsf of medical office space, and approximately 730,888 gsf of hospital space. Therefore, two off-street loading spaces are required for the Cathedral Hill Campus MOB and three off-street loading spaces are required for the Cathedral Hill Campus 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 Campus Hospital would provide 18 off-street loading spaces, including space for trucks up to 55 feet long, and the Cathedral Hill Campus MOB would provide two (2) off-street loading spaces. Although the Cathedral Hill Campus 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 Campus Hospital and 2 slightly smaller dimensioned loading spaces at the Cathedral Hill Campus 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 Campus 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 gsf.

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 Campus 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 gsf.

The Cathedral Hill Campus MOB would be required to provide a minimum of four showers and eight clothes lockers. 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 Campus Hospital and MOB parking garages contain 818 new parking spaces and would provide a minimum of 17 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 gsf 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 gsf in the RC-4 District, pursuant to Planning Code Section 209.8(f). None of the individual retail spaces proposed within the Cathedral Hill Campus Hospital or MOB would exceed the 6,000 sf 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 approximately 152,625 osf, which if multiplied by three, would total approximately 467,526 osf of housing required to be built under the VNSUD as part of the Cathedral Hill 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' 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 either under construction or 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. Based on the Planning Department's review of this issue, under the most conservative standards, the remaining residential potential in the district exceeds this number by almost four times. 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 nor the MOB sites were identified in the City's Housing Element as sites with future housing development potential. The MOB site was identified as a "soft site" in the 1987 EIR for the Van Ness Area Plan but the Hospital site was not assumed as having residential 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 residential hotel units demolished in order to allow construction of the new MOB, $1,453,820 in funding to replace 5 rent-controlled dwelling units demolished in order to allow construction of the new MOB, and $36.5 million to the City's affordable housing fund.

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 Campus 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 Campus Hospital site would be within the tower. The Cathedral Hill Campus 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 Campus MOB to be of sufficient size, the inclusion of housing at the Cathedral Hill Campus MOB site, whether in the Cathedral Hill Campus MOB or as a separate structure, would require a building or buildings with a larger envelope than the Cathedral Hill Campus 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 Campus MOB needs to be adjacent to the Cathedral Hill Campus 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 75 units. MOH has also determined that the $36.5 million affordable housing payment under the Development Agreement will fund development of approximately 109 new affordable 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 Street and near the Post Street and Van Ness Avenue intersection.

Further wind analysis conducted in conjunction with the preparation of the Addendum to the FEIR concluded that the revisions to the proposed Cathedral Hill Campus Hospital would generally improve wind conditions compared to the prior design, would not cause a new wind hazard, and would result in no change in the number or total duration of exceedances of the wind comfort level criterion.[5]

The updated wind analysis concluded that with mature landscape trees along all sidewalks, the number and/or the duration of exceedances of the wind comfort level criterion would be reduced substantially, but likely not totally eliminated and that, in addition, the reduced height of the Cathedral Hill Campus Hospital in comparison to the prior proposal does have a limited potential to further reduce the number or total duration of exceedances that either already exist on site or could otherwise result from the Project.

Given the potential for at least some exceedances of the wind comfort level criterion to occur, 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 Campus Hospital and MOB buildings would exceed a height of 50'-0", being approximately 226'-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 226' for the Cathedral Hill Campus 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 Campus 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 Campus MOB complies with the provisions set forth in Section 260 of the

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[5] Technical Memorandum from Charles Bennett, Environmental Science Associates, re: Wind Effects of 2013 Design Changes to Hospital Building, Cathedral Hill Hospital Project (Feb. 25, 2013).

Planning Code regarding the height limit of 130 feet.

Q. **Bulk Limitation.** The proposed Cathedral Hill Campus 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 Campus Hospital and MOB. The proposed length of 385 feet and diagonal dimension of 466 feet for the Cathedral Hill Campus Hospital, and proposed length of 265 and diagonal dimension of 290 feet for the Cathedral Hill Campus 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 Campus Hospital and MOB resulting in the proposed size and configuration of these buildings are discussed above. 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 Campus 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. The reduced height of the Cathedral Hill Campus Hospital would reduce the extent of the potential shadows cast below the extent depicted in the shadow fan prepared for the prior design.

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 Campus 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 Campus MOB would remove 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 contribute $4.1 million for replacement units, and $36.5 million 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 include, through commitments in the Development, Agreement, $4.1 million for replacement housing and $36.5 million for new affordable housing.

(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.

(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 $4.1M in replacement unit funding and $36.5Min affordable housing funding.

(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. Updates were submitted in 2011 and April 2013, which state that no significant changes have been made to the IMP since it was accepted in 2009 that were not discussed by either the Planning Commission or Health Commission. 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 and 2013 IMP Updates.

U. **Office Allocation.** Section 321 of the Planning Code requires that projects over 25,000 gsf 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 242,987 square feet of office space and, therefore, the Project Sponsor has requested approval of 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 Sponsor has received "conceptual approval" from Caltrans for the construction of the pedestrian tunnel located under Van Ness Avenue, which would connect the Cathedral Hill Campus Hospital to the Cathedral Hill Campus MOB at the garage level. This "conceptual approval" is based on the Long Term Lease approved by the California Transportation Commission on August 22, 2012 and 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 and Caltrans review of the final technical design.*

2. ***Permit to Convert:*** *The Cathedral Hill Campus 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 Campus 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.*

9. **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 feasible to retrofit or rebuild on either the California or Pacific Campuses 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 Campus Hospital.

   Because the new Cathedral Hill Campus 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 Campus 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 Campus Hospital and MOB is also desirable because the site is geologically stable. After the St. Luke's Campus Hospital and Cathedral Hill Campus 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 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 Campus MOB is necessary to provide medical offices for Hospital-based specialists in close proximity to the new Cathedral Hill Campus Hospital. Proximity to the Cathedral Hill Campus 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 Campus Hospital is appropriate to allow for the relocation of beds and programs from the California and Pacific Campuses. The size of the Cathedral Hill Campus MOB is appropriate to provide space for physicians who need to be near the Cathedral Hill Campus 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 half of CPMC employees are San Francisco residents.

The FEIR and FEIR Addendum 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; Addendum pp. 22-23). The FEIR and FEIR Addendum 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 4.1-75; Addendum p. 23). The FEIR and FEIR Addendum 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 4.9-4; Addendum pp. 25-27, 70-71).

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 Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 Campus MOB are consistent with Van Ness corridor development. The Cathedral Hill Campus MOB would provide offices for physicians whose proximity to the Cathedral Hill Campus Hospital is especially important, such as obstetricians and physicians who treat chronic illnesses with specialties such as hepatology and oncology. The Cathedral Hill Campus 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 Campus 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 Campus 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, CPMC is 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 Campus Hospital would have 276 parking spaces. The Cathedral Hill Campus MOB would have 542 parking spaces. The Project Sponsor is currently evaluating the distribution of parking spaces among the three parking garages on the Cathedral Hill Campus, and pursuant to the VNSUD, the parking allocation may vary but the overall parking will not exceed the lesser of 990 spaces or 125% of the minimum number of spaces required by Code.) It is the current policy of CPMC, which will also apply at the Cathedral Hill Campus, 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 Campus 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 queuing of vehicles within the property, thereby improving traffic circulation on City streets.

The loading dock for the Cathedral Hill Campus 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 Campus 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 Campus 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 Campus 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. CPMC 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 Campus 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 Campus Hospital and MOB.

See also the detailed discussion in the General Plan and Planning Code Section 101.1 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 Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB would also comply with applicable regulations regarding emissions. The Central Utility Plant is on the top floor 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 Campus Hospital and MOB would reduce vehicle noise and emissions in the neighborhood. The Cathedral Hill Campus 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 Campus 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 and FEIR Addendum.

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; Addendum pp. 54-56, 59-62).

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

Campus Hospital and MOB. The building lobbies and other entries would be well lit, to provide safety and security.

The FEIR and FEIR Addendum 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; Addendum pp. 26-27).

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 Campus 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 Campus 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 Campus 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 Campus 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 Cedar Street.

Bike racks would be installed at the main and secondary entrances of the Cathedral Hill Campus 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 Campus Hospital and MOB, and monument signs on the sidewalks surrounding the new Cathedral Hill Campus 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 up to 990 parking spaces (818 new spaces in the underground parking garages at the Cathedral Hill Campus 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 8, 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. _____.

10. 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. _____.

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 Cathedral Hill Project complies with said policies, as outlined in Motion No. _____.

12. 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.

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 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 (Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital), and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth. This Motion No. ___ supersedes in its entirety Motion No. 18598 adopted by the Planning Commission on April 26, 2012.

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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

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 Cathedral Hill Campus 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 12 story, 274-304-bed, 730,888 gsf acute care hospital with 276 underground parking spaces[6] 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 gsf 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 230-V and 130-V Height and Bulk Districts; in general conformance with plans, **dated February 22, 2012 (Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital)**, 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 **May 23, 2013** 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 **May 23, 2013**, 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.

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[6] The number of spaces allocated to each parking garage may vary, provided that the overall number of spaces for the Cathedral Hill Campus does not exceed the lesser of 990 spaces or 125% of the minimum parking spaces under the Planning Code.

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

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

3. **Mitigation Measures.** Mitigation measures described in the Mitigation, Monitoring and Reporting Program attached as Exhibit 1 to Attachment A of the CEQA Findings Motion No. _____ (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 Campus Hospital and Cathedral Hill Campus MOB, as applicable.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

4. **Improvement Measures**. Improvement measures described in the IMMRP attached as Exhibit C 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 Campus Hospital and Cathedral Hill Campus MOB, as applicable.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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.*

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

6. **Streetscape Plan.** The Streetscape Plan is described in the plans dated February 22, 2012 (Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital), 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, and shall provide an overview of all proposed hardscape, landscape, street trees, public right-of-way improvements, transformer vaults, and street furnishings. 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

7. **Landscape Plans.** The Landscape Layout and Planting Plans are as described in the plans dated February 22, 2012 (Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital), 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, and 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. 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

8. **Tree Plan.** The Tree Plan is as described in the plans dated February 22, 2012 (Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital), and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final 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, and 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

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

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

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

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

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

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

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 is incorporated into the plans dated February 22, 2012 (Cathedral Hill Campus MOB) and May 06, 2013 (Cathedral Hill Campus Hospital), 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

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

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

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

19. **Parking Requirement.** Pursuant to Planning Code Section 151, the Cathedral Hill Campus (Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB and 1375 Sutter Street sites) shall provide, in total, the lesser of 990 parking spaces or 125% of the minimum parking spaces required under the Planning Code.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

20. **Car Share Parking.** Pursuant to Planning Code Section 166, the Project shall provide no fewer than 17 car share parking spaces at the Cathedral Hill Campus.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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

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

PROVISIONS

23. **Effective Date.** 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

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

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

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.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

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 under the terms and conditions of such permits.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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.

    The community liaison will convene a community advisory group (CAG) for the purpose of conveying input to the project sponsor on its operations and providing a forum for community comment and concern. The CAG shall consist of approximately ten (10) members representing diverse neighborhood interests such as health care providers, established neighborhood groups, resident homeowners and local merchants, and its membership is expected to change over time. Once the CAG is established, the community liaison and CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The agenda for meetings will be set jointly by the community liaison and the CAG. The community liaison will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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. A draft of the Construction Management Plan shall be made available to any interested party at least 10 days before the final draft is submitted to the Planning Department.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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

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

34. **Noise Control.** The premises shall be soundproofed or insulated for noise and 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
    For information about compliance with the construction noise, contact the Department of Building Inspection, 415-558-6570, 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

35. **Transportation Demand Management Plan.** An Enhanced Transportation Demand Management (TDM) Plan, dated April 1, 2013, attached as Exhibit D and designated as applicable to Cathedral Hill Near-Term Projects therein is designed to reduce to the extent feasible single occupant vehicle/drive alone trip generation and its related parking demand, and air quality and greenhouse gas emissions associated with single occupant vehicle/drive alone trip generation, and to promote the City of San Francisco's Transit First policies, and has been agreed to by the Project Sponsor. Implementation of the Enhanced TDM Plan is a condition of Project approval to each of the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB, as applicable. Updated TDM Plans shall be submitted to the Department as part of the IMP review process and should continue to reflect the City's Transit First policies.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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

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Planning Commission Motion No. _____

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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/ Subdistrict	RC-4, Van Ness Special Use District, Van Ness Avenue Medical Use
Height & Bulk:	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
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

ADOPTING FINDINGS RELATING TO THE APPROVAL OF ALLOCATION OF OFFICE SQUARE FOOTAGE UNDER THE 2012-2013 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 THE CATHEDRAL HILL CAMPUS HOSPITAL 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18599 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

PREAMBLE

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

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new Cathedral Hill Campus Hospital and Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Hospital Site from 7.1:1 to 9:1, and to increase the FAR for the MOB site from 7.1:1 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 Campus Hospital site, in order to amend the height limit for the Cathedral Hill Campus 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 Campus Hospital site, and 265'-0" plan and 290'-0", respectively, for the Cathedral Hill Campus 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 Campus Hospital and Cathedral Hill Campus MOB below grade under Van Ness Avenue, installation of two diesel fuel tanks under the Geary Boulevard sidewalk at the Cathedral Hill Campus 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 ("VNSUD"), to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Campus Hospital site and 7.5:1 for the Cathedral Hill Campus MOB site;

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[1] At the time of this application, the Cathedral Hill Campus 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.

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 Campus 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 Campus 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 Campus 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 Campus Hospital to the Cathedral Hill Campus 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 Campus 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 Campus 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 Campus 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 ("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 ("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 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. 120357; (2) the Zoning Map Amendments in Board File No. 120359, (3) the street encroachment ordinance in Board File No. 120362, (4) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120364.

On April 26, 2012, 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.

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. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, 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. 18591, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. 18597, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No. 18598, approving the proposed Conditional Use Authorization; (5) Motion No. 18600, approving the General Plan Referral; and (6) Resolution No. 18602, 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.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012 to consider the appeal of the FEIR certification. On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft Development Agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft Development Agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following changes to the Cathedral Hill Campus Hospital site as compared to the original CPMC LRDP Project: decreased maximum height (from 265 feet to 230 feet), FAR (from 9.0:1 to 7.0:1) and parking (513 to 276)[2].

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[2] The project sponsor is considering the distribution of parking spaces among the Cathedral Hill parking garages, and the actual number of spaces per garage may vary, but will not exceed the lesser of 990 spaces or 125% of the Code minimum required number of spaces for the overall Cathedral Hill Campus.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital site described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project.

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

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board approve the requested General Plan Amendment; (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 and Map Amendments; (3) Motion No.)_____approving the Conditional Use Authorization; (4) Motion No. _____, approving the General Plan Referral; and (5) Motion No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement; and

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on General Plan Amendment Application No. 2009.0886MTZCBRSK.

The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0885MTZCBRSK, 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 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 Campus 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 sf 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'-0"tall, and the adjacent office building is 11 stories above grade and 180'-0"tall; these buildings are both vacant, and together they contain approximately 381,791 gsf of floor area.

   The site of the proposed Cathedral Hill Campus 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 Campus 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 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, 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 Office Allocation 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 – on the Davies, St. Luke's, and Cathedral Hill Campuses – providing approximately 692 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[3] In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus.[4]

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[3] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Projects at the Pacific Campus. The renovation and reuse may include, but is not limited

The Cathedral Hill Campus will include a new acute care hospital, a new medical office building (MOB), a pedestrian tunnel under Van Ness Avenue to connect the two new facilities, and conversion of an existing office/medical office (1375 Sutter Street) building fully to medical office building use. The 1375 Sutter Street building is within the Cathedral Hill Campus but is not part of the proposed Van Ness Special Use District.

The proposed Cathedral Hill Campus Hospital will be a 304-bed, 226'-0" tall, 12-story, approximately 730,888 gsf acute care hospital. The Cathedral Hill Campus 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 24,530 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 276 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 Campus 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 Campus 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 12-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 podium rises to a height of five stories. There is an open-air courtyard area at the fifth floor level.

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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.

[4] Long-Term Projects at the Davies and Pacific Campuses have been 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 most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 gsf). 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 on the side of the site with the least slope.

The closest part of the Cathedral Hill Campus Hospital to the Daniel Burnham towers will be the podium, the height of which is actually lower than the existing office building and 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 Campus 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 floor 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 Campus MOB would provide office space for physicians affiliated with the Cathedral Hill Campus Hospital and for other ancillary uses. The Cathedral Hill Campus MOB would be about nine stories at the highest portion of the building along Van Ness Avenue. It is approximately 130'-0"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 Campus 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 Campus 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 Campus 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. The exterior treatment of the building includes a concrete cladding (GFRC) and glass. The articulation of the building features 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 is a critical part of the Cathedral Hill Campus design. CPMC proposes to enhance the pedestrian environment by improving the street frontages, expanding sidewalk widths and 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 relocated bus stop with a MUNI shelter. 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, Post Street, and Van Ness Avenue to accommodate transit riders. A stop for the CPMC shuttle is planned along Post Street, near the corner of 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 Campus Hospital; the Cathedral Hill Campus 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 underground parking garage for the Cathedral Hill Campus Hospital. 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 8 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31. On May 23, 2013, 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, including the FEIR Addendum for the revised CPMC LRDP Project, 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 May 23, 2013, 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 Campus 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 2,210,169 sf of office space available for allocation to office buildings of more than 49,999 sf of office space ("Large Buildings") during this Approval Period, which ends October 16, 2013. If the Planning Commission approves the office allocation for the Cathedral Hill Campus MOB with up to 242,987 sf of office space, they will be simultaneously returning 242,987 sf of office space that was previously allocated through Motion No. 18599 from the 2011-2012 Annual Office Development Limitation Program. This in turn means that there would still be 2,210,169 sf of office space available for allocation (or 2,215,218 sf of office space should the Commission first approve the office allocation for the St. Luke's Campus 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, 2013, 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 Campus MOB is part of the overall Cathedral Hill Project, and the Cathedral Hill Campus MOB is needed to support the proposed Cathedral Hill Campus Hospital by providing important services such as clinical and physician office space. The site of the proposed Cathedral Hill Campus MOB is an ideal location because of its close proximity to the proposed Cathedral Hill Campus 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 Campus 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 Campus 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 employs over 6,000 people, of whom about half are San Francisco residents. The Cathedral Hill Campus 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 CPMC LRDP Projects, including the Cathedral Hill Campus MOB, is expected to inject $2.0 billion into the local economy.

Additional economic development benefits of the Near-Term Projects, including the Cathedral Hill Campus MOB, are described in the General Plan and Planning Code Section 101.1 findings.

With respect to housing supply, the FEIR and Addendum conclude 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 p. 3.3-11; Addendum pp. 31-32). The Near-Term Projects, including the Cathedral Hill Campus 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 Campus Hospital and MOB to be approved by Conditional Use without meeting the 3:1 residential/non-residential ratio housing requirement of the Van Ness Special Use District. Nonetheless, CPMC has committed in the Development Agreement to contributions totaling $36.5 million toward funding the production of new affordable units and $4.1 million, for replacement units.

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 Campus 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 Campus MOB. CPMC will provide parking at the Cathedral Hill Campus 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 $6.5 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 and Addendum 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; Addendum p.

75).

Therefore, the Cathedral Hill Campus 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 Campus 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 Campus MOB will enhance the services provided by the proposed Cathedral Hill Campus 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 Campus 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 Campus MOB.

The Cathedral Hill Campus 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 Campus 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 Campus MOB has been designed 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 Campus MOB is in an excellent location due to its proximity to the proposed Cathedral Hill Campus 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 Campus 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 Campus Hospital and Cathedral Hill Campus MOB, which will rely heavily on public transportation, are near several major Muni and Golden Gate Transit stops. The proposed Cathedral Hill Campus MOB's accessibility to major mass transportation options is consistent with San Francisco's "Transit First" Policy.

The proposed Cathedral Hill Campus MOB would displace five vacant residential dwelling units, 20 vacant residential hotel units, two 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 five rent-controlled units demolished by the new MOB, amd $36.5 million for new affordable housing units.

The Cathedral Hill Project is an institutional medical service use meeting an important public need. It 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 Campus 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 Campus MOB would contain approximately 242,987 sf dedicated for medical office space, along with mechanical/lobby/support space, retail and underground parking uses.

Employment opportunities for private physicians and other associated staff would be available in the proposed Cathedral Hill Campus 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 Campus MOB would be occupied by approximately 600 employees and 200 physicians who will admit patients to the Cathedral Hill Campus 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 Campus 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 Campus 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 Campus MOB. Other general office buildings in the vicinity of the Cathedral Hill Campus 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 Cathedral Hill Campus MOB provides necessary medical office support space at this location.

Accordingly, the Cathedral Hill Campus 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 Campus MOB would be effectively controlled by CPMC, and CPMC-affiliated physicians are intended to be the principal occupants of the building. The Cathedral Hill Campus MOB would be designed to accommodate a wide range of medical office uses and subspecialties to support the Cathedral Hill Campus Hospital use.

g. THE USE, IF ANY, OF TRANSFERABLE DEVELOPMENT RIGHTS ("TDRs") 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 Campus 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 Campus MOB provides critical support to the Cathedral Hill Campus 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**. This Motion supersedes in its entirety Motion No. 18599 adopted by the Planning Commission on April 26, 2012.**

APPEAL AND EFFECTIVE DATE OF MOTION: Any aggrieved person may appeal this 321 and 322 Office-Space Allocation 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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

EXHIBIT A

AUTHORIZATION

This authorization is for an allocation of office square footage under the 2012-2013 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 Campus MOB (for purposes of this Exhibit A only, referred to as the "Project") on Assessor's Block/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 May 23, 2013 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 **May 23, 2013**, 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, 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 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

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

3. **Mitigation Measures.** Mitigation measures described in the Mitigation, Monitoring and Reporting Program attached as Exhibit 1 to Attachment A of the CEQA Findings Motion No. _____ (the "MMRP") 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 Campus MOB.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

4. **Improvement Measures**. Improvement measures described in the IMMRP attached as Exhibit C to Motion No. _____ 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 Campus MOB.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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

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

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

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.

   The community liaison will convene a community advisory group (CAG) for the purpose of conveying input to the project sponsor on its operations and providing a forum for community comment and concern. The CAG shall consist of approximately ten (10) members representing diverse neighborhood interests such as health care providers, established neighborhood groups,

resident homeowners and local merchants, and its membership is expected to change over time. Once the CAG is established, the community liaison and CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The agenda for meetings will be set jointly by the community liaison and the CAG. The community liaison will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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. A draft of the Construction Management Plan shall be made available to any interested party at least 10 days before the final draft is submitted to the Planning Department.

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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 Campus Hospital and Cathedral Hill Campus 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

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 Motion No. _____
General Plan Referral

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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 230-V (Hospital site), 130-V (MOB site)
Assessor's Block/Lot:	0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty – (415) 558-6620 Elizabeth.Watty@sfgov.org

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 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18600 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

PREAMBLE

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

On July 21, 2010, the Draft Environmental Impact Report ("DEIR") for CPMC's LRDP Project, including the new Cathedral Hill Campus Hospital and Cathedral Hill Campus Medical Office Building ("Cathedral Hill Campus 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.*)

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[1] At the time of this application, the Cathedral Hill Campus 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.

("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.

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. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, 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 Campus Hospital and Cathedral Hill Campus MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Cathedral Hill Campus Hospital site from 7.1:1 to 9:1, and to increase the allowable FAR for the Cathedral Hill Campus MOB site from 7.1:1 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 Campus Hospital site, in order to amend the height limit for the Cathedral Hill Campus 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 Campus 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 Campus Hospital and MOB sites, of 385'-0" maximum plan and 466'-0" maximum diagonal plan dimensions for the Cathedral Hill Campus Hospital site, and 265'-0" maximum plan and 290'-0" maximum diagonal plan dimensions for the Cathedral Hill Campus 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 Campus Hospital site and 7.5:1 for the Cathedral Hill Campus 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 Campus 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 Campus 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 Campus 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 Campus 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 242,987 sf of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill Campus 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 Campus 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 Campus 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 (1) Planning Code Text Amendments in Board File No. 120357; (2) the Zoning Map Amendments in Board File No. 120359, (3) the street encroachment ordinance in Board File No.120362, (4) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120364.

On April 26, 2012, the Commission adopted Motion No. 18589, 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.18591, recommending that the Board of Supervisors approved the requested General Plan Amendments; (2) Motion No. 18592, approving the General Plan and Planning Code Section 101.1 Findings; (3) Resolution No. 18597, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No. 18598, approving the Conditional Use Authorization; (5) Motion No. 18599, approving the Office Allocation; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the Development Agreement.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting for the General Plan Referral Application No. 2009.0885EMTZCBRSK.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012 to consider the appeal of the FEIR certification and on March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the State Guidelines and Chapter 31 of the Administrative Code.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project, including the following changes to the

Cathedral Hill Campus Hospital site as compared to the original CPMC LRDP Project: decreased maximum height (from 265 feet to 230 feet), FAR (from 9.0:1 to 7.0:1) and parking (513 to 276)[2].

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), including an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project.

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

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted the following Motions and Resolutions superseding in their entirety the April 26, 2012 approvals: (1) Resolution No. _____, recommending that the Board approve the requested General Plan Amendment; (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 and Map Amendments; (3) Motion No.)_____approving the Conditional Use Authorization; (4) Motion No. _____, approving the allocation of the proposed office space; and (5) Motion No. _____, recommending that the Board of Supervisors approve the proposed revised draft Development Agreement.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on General Plan Amendment Application No. 2009.0885MTZCBRSK.

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[2] The Project Sponsor is considering the distribution of parking spaces among the Cathedral Hill parking garages, and the actual number of spaces per garage may vary, but will not exceed the lesser of 990 spaces or 125% of the Code minimum required number of spaces for the overall Cathedral Hill Campus.

The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2009.0885MTZCBRSK, 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 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 Campus 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 sf 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'-0"tall, and the adjacent office building is 11 stories above grade and 180'-0" tall; these buildings are both vacant, and together they contain approximately 381,791 gsf of floor area.

   The site of the proposed Cathedral Hill Campus 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 Campus 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 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, 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 – on the Davies, St. Luke's, and Cathedral Hill Campuses – providing approximately 692 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing

2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[3] In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus.[4]

The Cathedral Hill Campus will include a new acute care hospital, a new medical office building (MOB), a pedestrian tunnel under Van Ness Avenue to connect the two new facilities, and conversion of an existing office/medical office (1375 Sutter Street) building fully to medical office building use. The 1375 Sutter Street building is within the Cathedral Hill Campus but is not part of the proposed Van Ness Special Use District.

The proposed Cathedral Hill Campus Hospital will be a 304-bed, 226'-0" tall, 12-story, approximately 730,888 gsf acute care hospital. The Cathedral Hill Campus 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 24,530 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 276 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 Campus 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 Campus 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 12-story rectangular tower would be constructed. The lowest concentration of building mass,

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[3] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Projects 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.

[4] Long-Term Projects at the Davies and Pacific Campuses have been 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.

height and square footage would be located on the northern half of the site, along Post Street, where the podium rises to a height of five stories. There is an open-air courtyard area at the fifth floor level.

The most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 gsf). 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 on the side of the site with the least slope.

The closest part of the Cathedral Hill Campus Hospital to the Daniel Burnham towers will be the podium, the height of which is actually lower than the existing office building and 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 Campus 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 floor 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 Campus MOB would provide office space for physicians affiliated with the Cathedral Hill Campus Hospital and for other ancillary uses. The Cathedral Hill Campus MOB would be about nine stories at the highest portion of the building along Van Ness Avenue. It is approximately 130'-0"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 Campus 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 Campus 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 Campus 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. The exterior treatment of the building includes a concrete cladding (GFRC) and glass. The articulation of the building features 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 is a critical part of the Cathedral Hill Campus design. CPMC proposes to enhance the pedestrian environment by improving the street frontages, expanding sidewalk widths and 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 Campus 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 Campus Hospital and Cathedral Hill Campus 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 Campus 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 Campus 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 relocated bus stop with a MUNI shelter. 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, Post Street, and Van Ness Avenue to accommodate transit riders. A stop for the CPMC shuttle is planned along Post Street, near the corner of 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 Campus Hospital; the Cathedral Hill Campus 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 underground parking garage for the Cathedral Hill Campus Hospital. 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 8 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Project. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31. On May 23, 2013, 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, including the FEIR Addendum for the revised CPMC LRDP Project, 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 May 23, 2013, 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 Campus Hospital and MOB, in order to: (1) occupy of 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 Campus MOB and the new Cathedral Hill Campus 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 Campus 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 Campus 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 Planning 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. This Motion supersedes in its entirety Motion No. 18600 adopted by the Commission on April 26, 2012.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

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)

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Planning Commission Motion No. _____

HEARING DATE: MAY 23, 2013

Date:	May 9, 2013
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
Staff Contact:	Elizabeth Watty – (415) 558-6620 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 GSF, 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. THIS MOTION SUPERSEDES IN ITS ENTIRETY MOTION NO. 18601 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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[1]. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties. However, as planning for the CPMC Long Range Development Plan ("LRDP") continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009.

On 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 Campus Hospital and Cathedral Hill Campus medical office building ("MOB"), the St. Luke's Campus Hospital and St. Luke's Campus MOB, and the Neuroscience Institute Project, as well as the "Long Term Projects," which are future components of the LRDP that would commence after 2019.

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.

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[1] At the time of this application, the Cathedral Hill Campus 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 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.

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. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, 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 Project.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2004.0603C.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held a duly noticed public hearing July 17, 2012 to consider the appeal of the FEIR certification and on March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the State Guidelines and Chapter 31 of the Administrative Code.

On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of the project and draft development agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the project and to the draft development agreement and approvals.

On March 12, 2013, the Board adopted Resolution No. ____, endorsing a term sheet for a revised CPMC LRDP Project which includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds). The Resolution urged City staff to make the preparation of revised planning approval documents among its highest priorities and to present to the Planning Commission the revised documents and approvals necessary for the revised CPMC LRDP Project.

Staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the revised CPMC LRDP Project. On April 11, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the revised CPMC LRDP Project.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13.

On May 9, 2013, Department staff made available the Addendum to the FEIR for the revised CPMC LRDP Project ("Addendum"), including an updated MMRP, and the revised approval documents for the revised CPMC LRDP Project, all as more particularly described in Motion No. _____. The Planning Department, Jonas P. Ionin, is the custodian of records, located in the File for Case No. 2005.0555E, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. _____, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the revised CPMC LRDP Project.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2004.0603C.

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: 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, with 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 Muni 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.** This approval relates to the items in the Conditional Use/Planned Unit Development 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 – at the Davies, St. Luke's, and Cathedral Hill campuses – providing approximately 692 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 Campus Hospital is constructed and operational. Once the proposed Cathedral Hill Campus Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred primarily to the Cathedral Hill Campus Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[2] In the long-term, the Pacific Campus will become an outpatient center, and CPMC proposes an additional medical office building on the Davies Campus.[3] 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. In addition to medical office space and outpatient clinic space, the Neuroscience Institute will contain a relatively small amount 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 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

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[2] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Projects 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.

[3] Long-Term Projects at the Davies and Pacific Campuses have been 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.

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 will be placed in 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 eight 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. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Neuroscience Institute. On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the CEQA Guidelines and Chapter 31. On May 23, 2013, 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 the Addendum, 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 May 23, 2013, in Motion No. _____.

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, 14th 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 eight beds (excluding basinets) or for each 2,400 gsf of floor area devoted to sleeping rooms (whichever is greater) for the hospital; and at a ratio of one for each 300 sf of occupied floor area, where the occupied floor area exceeds 5,000 sf 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 five 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 sf but is no greater than 50,000 sf.

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. Updates were submitted in 2011 and 2013, which state 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 April 2, 2013, 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 May 23, 2013.

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), 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 May 23, 2013.

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 Exhibit D of this Motion.

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 sf) of the lot, with an open and unbuilt area of approximately 47% (178,000 sf), containing both landscaped areas and surface parking. The proposed new Neuroscience Institute building, with a footprint of approximately 17,800 sf, 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 sf) 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 May 23, 2013.

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 May 23, 2013.

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 May 23, 2013, 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. 2004.0603C** 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. This Motion supersedes in its entirety Motion No. l8601, adopted by the Planning Commission on April 26, 2012.

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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

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. 2004.0603C and subject to conditions of approval reviewed and approved by the Commission on **May 23, 2013**, 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 **May 23, 2013**, 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. 25, 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

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

3. **Mitigation Measures.** Mitigation measures described in the Mitigation, Monitoring and Reporting Program attached as Exhibit 1 to Attachment A of the CEQA Findings Motion No. _____ (the "MMRP") and designated as applicable to Davies 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.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit C 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

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.*

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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

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

8. **Trees Plan.** The Tree Plan shall include all existing and proposed trees, and will specific 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 7:00a.m. to 6:00p.m. on weekdays.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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

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

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

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

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.

    The community liaison will convene a community advisory group (CAG) for the purpose of conveying input to the project sponsor on its operations and providing a forum for community comment and concern. The CAG shall consist of approximately ten (10) members representing diverse neighborhood interests such as health care providers, established neighborhood groups, resident homeowners and local merchants, and its membership is expected to change over time. Once the CAG is established, the community liaison and CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The agenda for meetings will be set jointly by the community liaison and the CAG. The community liaison will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, 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. A draft of the Construction Management Plan shall be made available to any interested party – including the Duboce Triangle Neighborhood Organization - either through a public hearing or through a separate meeting coordinated by CPMC at least 10 days before the final draft is submitted to the Planning Department. Circulation of this draft is intended to provide the neighborhood with an opportunity to comment on the draft before it becomes final.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, 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

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

34. **Noise Control.** The premises shall be soundproofed or insulated for noise and 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
    For information about compliance with the construction noise, contact the Department of Building Inspection, 415-558-6570, 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

35. **Transportation Demand Management Plan.** An Enhanced Transportation Demand Management (TDM) Plan, dated April 1, 2013, attached as Exhibit D and designated as applicable to the Davies Near-Term Projects therein is designed to reduce to the extent feasible single occupant vehicle/drive alone trip generation and its related parking demand, and air quality and greenhouse gas emissions associated with single occupant vehicle/drive alone trip generation, and to promote the City of San Francisco's Transit First policies, and has been agreed to by the Project Sponsor. Implementation of the Enhanced TDM Program, as applicable, is a condition of project approval to the Davies Neuroscience Institute building. Updated TDM Plans shall be submitted to the Department as part of the IMP review process and should continue to reflect the City's Transit First policies.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Commission Resolution No. _____

Development Agreement

HEARING DATE: MAY 23, 2013

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

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Date:	May 9, 2013
Case No.:	2005.0555E; 2012.0403W
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
Staff Contact:	Elizabeth Watty, Planner Elizabeth.Watty@sfgov.org, 415-558-6620
90-Day Deadline:	July 10, 2013
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). THIS RESOLUTION SUPERSEDES IN ITS ENTIRETY RESOLUTION NO. 18602 ADOPTED BY THE PLANNING COMMISSION ON APRIL 26, 2012.

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 $2.0 billion in total development costs), retaining and growing over 6,000 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 and April 2013, 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 under Chapter 56, and on April 9, 2013 filed a request for modification thereto (as so modified, the "Development Agreement"). CPMC also filed applications and subsequent requests for modifications thereto 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 27th 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 Campus Hospital to the western portion of the Cathedral Hill Campus 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. 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.

10. 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; 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 $4 million; a community healthcare program which includes commitments for a new hospital at St. Luke's and a substantial health care services program for the poor and underserved; a housing program providing over $36.5 million to affordable housing and $4.1 million for replacement units, 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.

11. The Planning Department analyzed the Project (Case Nos. 2004.0603, 2005.0555, 2009.0885, 2009.0886, 2012.0403), 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. 18588, the Commission made findings and certified the DEIR, together with the responses to the comments on the DEIR and an Errata Sheet, 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).

12. Also on April 26, 2012, by Motion No. 18589, the Commission adopted findings, including a statement of overriding considerations and a mitigation monitoring and reporting program, pursuant to CEQA. On May 16, 2012, an appeal of Commission Motion No. 18588 certifying the FEIR was filed with the Board and following duly noticed public hearing, on March 12, 2013, by Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Commission to certify the FEIR and found the FEIR to be complete, adequate and objective, and reflecting the independent judgment of the City in compliance with CEQA, the State CEQA Guidelines and Chapter 31 of the Administrative Code.

13. On May 23, 2013, by Motion No._____, the Commission adopted findings, including a statement of overriding considerations and a mitigation monitoring and reporting program which amended and superseded in its entirety the Commission's prior Motion No. 18589, pursuant to CEQA, the State CEQA Guidelines and Chapter 31 of the Administrative Code. In accordance

with the actions contemplated herein, the Commission has reviewed the FEIR and the Addendum to the FEIR for the revised CPMC LRDP Project and adopts and incorporates by reference as though fully set forth herein the findings, including a statement of overriding considerations, pursuant to CEQA, adopted by the Commission by Motion No.___).

14. Also on May 23, 2013, by Motion No. _____, the Planning Commission found the Development Agreement and related approval actions to be, on balance, consistent with the General Plan including any area plans, and to be 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). CPMC filed an update to the application on April 9, 2013 to reflect the revised CPMC LRDP Project.

16. The Director issued a Director's Report on the Development Agreement on May 3, 2013, 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 May 2, 2013, 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 May 9, 2013 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, 4th 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 this Resolution No. ___ supersedes in its entirety Resolution No. 18602 adopted by the Commission on April 26, 2012; 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 May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES:

NAYS:

ABSENT:

ADOPTED: May 23, 2013

[Development Agreement – Sutter West Bay Hospitals – California Pacific Medical Center]

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

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. Project Findings. The Board of Supervisors makes the following findings:

(a) 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.

(b) 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").

(c) 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 (Van Ness and Geary) Campus, Davies Campus, Pacific Campus and California Campus (the "Project Sites").

(d) 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 $2 billion in total development costs), retaining and growing over 6,000 existing CPMC jobs and improving health care access for San Franciscans.

(e) 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 and April 9, 2013, the IMP was updated, all in compliance with San Francisco Planning Code Section 304.5 (as so updated, the "IMP").

(f) 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 and on April 9, 2013 filed a request for modification thereto (as so modified, the "Development Agreement") under Chapter 56. A copy of the Development Agreement is on file with the Clerk of the Board in File No. 120366. 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 27th 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 Campus Hospital to the western portion of the Cathedral Hill Campus MOB.

(g) 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.

(h) Concurrently with this Ordinance, the Board is taking a number of actions in furtherance of the Project, as generally described in Exhibit J to the Development Agreement.

(i) 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 over $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 $4 million; a community healthcare program which includes commitments for a new hospital at the St. Luke's Campus and a substantial health care services program for the poor and underserved; a housing program providing over $36.5 million to affordable housing; 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.

Section 2. CEQA Findings.

On April 26, 2012, by Motion No. 18588, the Planning Commission certified as adequate, accurate and complete the Final Environmental Impact Report ("FEIR") for the California Pacific Medical Center Long-Range Development Plan. A copy of Planning Commission Motion No. 18588 is on file with the Clerk of the Board of Supervisors in File No. 120357. On March 12, 2013, by adoption of Motion No. M13-042, the Board of Supervisors affirmed the certification of the EIR and rejected the appeal of Planning Commission Motion No. 18588. Copies of Planning Commission Motion No. 18588 and Board of Supervisors Motion No. M13-042 are on file with the Clerk of the Board of Supervisors in File No. 120549 and 120550. In accordance with the actions contemplated herein, this Board has reviewed the FEIR and the FEIR Addendum for the revised CPMC LRDP Project, and adopts and incorporates as though fully set forth herein the findings, including a statement of overriding considerations, pursuant to CEQA, adopted by the Planning Commission on _____ in

Motion No. _____. Said Motion is on file with the Clerk of the Board of Supervisors in File No. _____.

Section 3. General Plan and Planning Code Section 101.1(b) Findings.

(a) The Board of Supervisors finds that the Development Agreement will serve the public necessity, convenience and general welfare for the reasons set forth in Planning Commission Resolution No. _____ and incorporates those reasons herein by reference.

(b) The Board of Supervisors finds that the Development Agreement is in conformity with the General Plan, as proposed to be amended and when effective, and the eight priority policies of Planning Code Section 101.1 for the reasons set forth in Planning Commission Resolution No. _____. The Board hereby adopts the findings set forth in Planning Commission Resolution No. _____ and incorporates those findings herein by reference.

Section 4. Development Agreement.

(a) The Board of Supervisors approves all of the terms and conditions of the Development Agreement, in substantially the form on file with the Clerk of the Board of Supervisors in File No. 120366.

(b) The Board of Supervisors approves and authorizes the execution, delivery and performance by the City of the Development Agreement as follows: (i) the Director of Planning and (other City officials listed thereon) are authorized to execute and deliver the Development Agreement and consents thereto, and (ii) the Director of Planning and other applicable City officials are authorized to take all actions reasonably necessary or prudent to perform the City's obligations under the Development Agreement in accordance with the terms of the Development Agreement. The Director of Planning, at his or her discretion and in consultation with the City Attorney, is authorized to enter into any additions, amendments or other modifications to the Development Agreement that the Director of Planning determines are in the best interests of the City and that do not materially increase the obligations or

liabilities of the City or materially decrease the benefits to the City as provided in the Development Agreement, subject to the approval of any affected City agency as more particularly described in the Development Agreement.

Section 5. Board Authorization and Appropriation.

By approving the Development Agreement, including its Exhibits, the Board of Supervisors authorizes the Controller and City Departments to accept the funds paid by CPMC as set forth therein, to maintain separate, interest-bearing accounts or subaccounts as contemplated therein, and to appropriate and use the funds for the purposes described therein. Any interest earned on the funds shall remain in the designated account or subaccount for use consistent with the identified purpose and shall not be transferred to the City's General Fund except as permitted by the Development Agreement.

Section 6. Chapter 56 Conformity.

The Development Agreement shall prevail in the event of any conflict between the Development Agreement and Administrative Code Chapter 56, and without limiting the generality of the foregoing clause, for purposes of the Development Agreement only, the provisions of Chapter 56 are waived or its provisions deemed satisfied as follows:

(a) CPMC shall constitute a permitted "Applicant/Developer."

(b) The provisions of Development Agreement Section 4.6 and the Workforce Agreement attached to the Development Agreement as Exhibit E shall apply in lieu of the provisions of Chapter 56, Section 56.7(c).

(c) The provisions of the Development Agreement regarding any amendment or termination, including those relating to "Material Change," shall apply in lieu of the provisions of Chapter 56, Section 56.15.

(d) The provisions of Chapter 56, Section 56.20 have been satisfied by the "Memorandum of Understanding on the Proposed CPMC Project" between CPMC and the

Mayor's Office of Economic and Workforce Development, the Planning Department and the Department of Public Works on file with the Clerk of the Board of Supervisors in File No. 120366.

Section 7. Chapter 56 Waiver; Ratification.

(a) In connection with the Development Agreement, the Board of Supervisors finds that the requirements of Chapter 56, as modified hereby, have been substantially complied with, and hereby determines that the CPMC Project taken as a whole constitutes the type of large multi-phase and/or mixed-use development contemplated by Section 56.3(g) and waives any procedural or other requirements of Chapter 56 if and to the extent that they have not been strictly complied with.

(b) All actions taken by City officials in preparing and submitting the Development Agreement to the Board of Supervisors for review and consideration are hereby ratified and confirmed, and the Board of Supervisors hereby authorizes all subsequent action to be taken by City officials consistent with this Ordinance.

Section 8. Effective and Operative Date.

This ordinance shall become effective 30 days from the date of passage. This Ordinance shall become operative only on (and no rights or duties are affected until) the later of (a) 30 days from the date of its passage, or (b) the date that Ordinance _____, Ordinance _____, and Ordinance _____have become effective. Copies of said Ordinances are on file with the Clerk of the Board of Supervisors in File No. _____.

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

By: _____
CHARLES SULLIVAN
Deputy City Attorney

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DRAFT
4/24/2013

RECORDING REQUESTED BY
CLERK OF THE BOARD OF SUPERVISORS
OF THE CITY AND COUNTY OF SAN FRANCISCO

(Exempt from Recording Fees
Pursuant to Government Code
Section 27383)

AND WHEN RECORDED MAIL TO:

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

DEVELOPMENT AGREEMENT
RELATING TO THE CONSTRUCTION AND RECONSTRUCTION OF HEALTHCARE FACILITIES IN FURTHERANCE OF THE CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN
BY AND BETWEEN
THE CITY AND COUNTY OF SAN FRANCISCO
AND SUTTER WEST BAY HOSPITALS

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K Transportation Program
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N Payment Schedule

DRAFT
4/24/2013

DEVELOPMENT AGREEMENT RELATING TO THE CONSTRUCTION AND RECONSTRUCTION OF HEALTHCARE FACILITIES IN FURTHERANCE OF THE CALIFORNIA PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN BY AND BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO AND SUTTER WEST BAY HOSPITALS

THIS DEVELOPMENT AGREEMENT (this "**Agreement**") dated for reference purposes only as of this _____ day of _____, 2013, is by and between the CITY AND COUNTY OF SAN FRANCISCO, a political subdivision and municipal corporation of the State of California (the "**City**"), acting by and through its Planning Department, and SUTTER WEST BAY HOSPITALS, a California nonprofit public benefit corporation doing business as California Pacific Medical Center ("**CPMC**"), pursuant to the authority of Section 65864 *et seq.* of the California Government Code and Chapter 56 of the San Francisco Administrative Code. The City and CPMC are also sometimes referred to individually as a "**Party**" and together as the "**Parties**". Capitalized terms not defined when introduced shall have the meanings given in Section 1 below.

RECITALS

This Agreement is made with reference to the following facts:

A. CPMC presently operates medical facilities in San Francisco. The four existing CPMC medical campuses are known as the St. Luke's Campus, the Davies Campus, the Pacific Campus, and the California Campus.

B. Through its operation of its medical facilities, CPMC provides substantial direct and indirect economic benefits to the City. It provides essential health services to people of all ages from diverse ethnic, cultural, geographic, educational and socioeconomic backgrounds. Approximately two-thirds of CPMC's patients live in San Francisco, and CPMC provides healthcare service in connection with approximately 30% of the hospitalizations in San Francisco. CPMC is San Francisco's second largest non-public employer, and fourth largest employer overall, with over 6,000 employees.

C. CPMC must meet certain State seismic safety requirements for hospitals (the "Hospital Seismic Safety Laws", as defined in Section 1 below) in order to continue providing acute-care services in certain of its facilities.

D. CPMC has developed a plan to provide an integrated, modern system of healthcare with medical facilities that would comply with Hospital Seismic Safety Laws on five campuses, including a new campus on Van Ness Avenue known as the Cathedral Hill Campus. CPMC's proposed city-wide system of care would include three state-of-the-art acute care hospitals, increase the number of earthquake safe hospital beds in San Francisco, create 1,500 construction jobs, require expenditures of over $2 billion in total development costs (including construction costs), retain the over 6,000 existing CPMC jobs and improve healthcare access for San Franciscans.

E. CPMC's 2008 Institutional Master Plan ("**IMP**") describes CPMC's long-range development plan ("**LRDP**"). In 2009, the San Francisco Planning Commission and the Department

of Public Health held hearings on the IMP. On November 19, 2009, the Planning Commission accepted the IMP as in compliance with San Francisco Planning Code Section 304.5. In November 2011, and April 2013, CPMC filed IMP Updates as required by San Francisco Planning Code Section 304.5. The Project described in this Agreement is consistent with the IMP, as updated.

F. The Project proposed by CPMC includes Near-Term Projects (as described in Exhibit B-1 through Exhibit B-3), 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/medical office building to 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 27th 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 Site [(at Level P3) to the western portion of the Cathedral Hill MOB Site at Level G2)].

G. The Project proposed by CPMC also includes Long-Term Projects (as described in Exhibit B-3 and Exhibit B-4), which 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 and underground and above-ground parking facilities.

H. In order to strengthen the public planning process, encourage private participation in comprehensive planning, and reduce the economic risk of development, the Legislature of the State of California adopted Government Code Section 65864 *et seq.* (the "**Development Agreement Statute**"), which authorizes the City to enter into a development agreement with any person having a legal or equitable interest in real property regarding the development of such property. Pursuant to Government Code Section 65865, the City adopted Chapter 56 of the San Francisco Administrative Code ("**Chapter 56**") establishing procedures and requirements for entering into a development agreement pursuant to the Development Agreement Statute. The Parties are entering into this Agreement in accordance with the Development Agreement Statute and Chapter 56.

I. As described in the IMP (as updated) and this Agreement, the Project, if implemented, 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 this 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 accruing to the City from the CPMC Project are:

- Rebuild the St. Luke's Campus Hospital as an 120 bed General Acute Care Hospital with comprehensive emergency medical services at a cost of over $250 million;

- A community healthcare program including the rebuilt hospital at the St. Luke's Campus and a broad array of contributions and commitments for healthcare services for the poor and underserved;

- A transportation demand management program and other funding for related transportation studies and a clipper card / wage works program;

- A workforce development program that includes a first source hiring program for construction and applicable operational activities and a local business enterprise hiring program;

- A public improvement program for specific improvements in and around the St. Luke's Campus and the Davies Campus;

- Cash payments from CPMC totaling $70 million, including:

  (i) $8.6 million endowment of a health care innovation fund;

  (ii) $36.5 million for affordable housing;

  (iii) $4 million for workforce training;

  (iv) $6.5 million for transportation (in lieu of other transportation impact fees) and $5 million for Van Ness / Geary bus rapid transit; and

  (v) $9 million for public improvements and work, including streetscape and pedestrian safety improvements near the Cathedral Hill Campus.

J. The real property subject to this Agreement is the St. Luke's Campus, the Cathedral Hill Campus, the Davies Campus, the Pacific Campus and the California Campus, all as more particularly described on Exhibit A-1 through Exhibit A-5 (individually, a "**Project Site**" and collectively the "**Project Sites**"). CPMC is the beneficial owner of the Project Sites.

K. It is the intent of the Parties that all acts referred to in this Agreement shall be accomplished in a way as to fully comply with the California Environmental Quality Act (California Public Resources Code Section 21000 *et seq.*; "**CEQA**"), the CEQA Guidelines (Title 14, California Code of Regulations, Section 15000 *et seq.*), the Development Agreement Statute, Chapter 56, the Planning Code, the Enacting Ordinance and all other applicable Laws in effect as of the Effective Date. This Agreement does not limit the City's obligation to comply with applicable environmental Laws, including CEQA, before taking any discretionary action regarding the Project, or CPMC's obligation to comply with all applicable Laws in connection with the development of the Project.

L. The Final Environmental Impact Report ("**FEIR**") prepared for the Project and certified by the Planning Commission on April 26, 2012 together with the CEQA findings adopted concurrently therewith (the "**CEQA Findings**"), comply with CEQA, the CEQA Guidelines, and Chapter 31 of the Administrative Code. As noted in Recital N, the FEIR thoroughly analyzes the Project and Project alternatives, and the Mitigation Measures were designed to mitigate significant

impacts to the extent they are susceptible to feasible mitigation. The information in the FEIR and the CEQA Findings has been considered by the City in connection with approval of this Agreement.

M. On April 26, 2012 the Planning Commission held a public hearing on a prior version of this agreement and the project described therein and made certain CEQA and other findings and determinations that the prior agreement was, as a whole and taken in its entirety, consistent with the objectives, policies, general land uses and programs specified in the General Plan, as amended, and the planning principles set forth in Section 101.1 of the Planning Code.

N. On May 16, 2012, an appeal of the Planning Commission Motion No. 18588 certifying the FEIR was filed with the Board and the Board held duly noticed public hearings June 12, 2012, July 17, 2012 and March 12, 2013 to consider the appeal of the FEIR certification and on March 12, 2013, by adoption of Motion No. _____ the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR and found the FEIR to be complete, adequate, and objective and reflecting the independent judgment of the City in compliance with the CEQA, the State Guidelines and Chapter 31 of the Administrative Code.

O. On June 15, June 25, July 9 and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the prior version of this agreement and other draft approvals and thereafter, CPMC, working with City staff, proposed revisions to the draft agreements, approvals and documents, including the prior project.

P. On March 12, 2013, the Board adopted Resolution No. 0077-13 adopting a term sheet with certain material modifications to the prior agreement and, in accordance with Chapter 56, referred same to the Planning Commission for its report and recommendation.

Q. On _____, 2013, the Planning Commission held a public hearing on this Agreement, duly noticed and conducted under the Development Agreement Statute and Chapter 56 to review and consider modifications as proposed in Resolution No. _____ (as so modified, this "**Agreement**" and the "**Project**"). Following the public hearing, the Planning Commission made the CEQA Findings and adopted the Mitigation Measures, and determined that the Project and this Agreement, will, as a whole, and taken in their entirety, continue to be consistent with the objectives, policies, general land uses and programs specified in the General Plan, as amended, and the Planning Principles set forth in Section 101.1 of the Planning Code (together the "**General Plan Consistency Findings**"). In connection with the Project, the Planning Commission adopted "**CEQA Findings**" and determined that the FEIR thoroughly analyzes the Project, and the Mitigation Measures were designed to mitigate significant impacts to the extent they are susceptible to a feasible mitigation. The information in the FEIR and the CEQA Findings has been considered by the City in connection with this Agreement.

R. On _____, 2013 the Board, having received the Planning Commission's recommendations, held a public hearing on this Agreement pursuant to the Development Agreement Statute and Chapter 56. Following the public hearing, the Board made the CEQA Findings required by CEQA and approved this Agreement, incorporating by reference the General Plan Consistency Findings.

S. On _____, 2013, the Board adopted Ordinance No. _____, approving this Agreement, [Ordinance No. _____, **modifying Chapter 56,**] Ordinance Nos. _____ [**placeholder for zoning ordinance, general plan, street vacations, etc.**], and Ordinance No. _____ authorizing the Planning Director to execute this Agreement on behalf of the City (the "**Enacting Ordinance**"). The Enacting Ordinance took effect on _____, 2013.

Now therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

AGREEMENT

1. DEFINITIONS

In addition to the definitions set forth in the above preamble paragraph, Recitals and elsewhere in this Agreement, the following definitions shall apply to this Agreement:

1.1 "**Administrative Code**" means the San Francisco Administrative Code.

1.2 "**Affiliate**" means an entity or person that directly or indirectly controls, is controlled by or is under common control with, a Party (or a managing partner or managing member of a Party, as the case may be). For purposes of the foregoing, "control" means the ownership of more than fifty percent (50%) of the equity interest in such entity, the right to dictate major decisions of the entity, or the right to appoint fifty percent (50%) or more of the managers or directors of such entity.

1.3 "**Agreement**" means this Development Agreement, the Exhibits which have been expressly incorporated herein and any amendments thereto.

1.4 "**Applicable Laws**" has the meaning set forth in Section 5.2.

1.5 "**Approvals**" means the City approvals, entitlements, and permits listed on Exhibit J.

1.6 "**Assignment and Assumption Agreement**" has the meaning set forth in Section 11.2.

1.7 "**Board of Supervisors**" means the Board of Supervisors of the City and County of San Francisco.

1.8 "**Cal-DPH**" means the California Department of Public Health.

1.9 "**California Campus**" means that certain real property more particularly described in Exhibit A-5, together with all buildings, structures, fixtures and other improvements located thereon.

1.10 "**Caltrans**" means the California State Department of Transportation.

1.11 "**Cathedral Hill Campus**" means that certain real property more particularly described in Exhibit A-2 (which includes the Cathedral Hill Hospital Site, the Cathedral Hill MOB Site and 1375 Sutter Street), together with all buildings, structures, fixtures and other improvements located thereon.

1.12 "**Cathedral Hill Campus Hospital**" means the new hospital on the Cathedral Hill Campus, as more particularly described in Section 1 of Exhibit B-2.

1.13 "**Cathedral Hill Hospital Site**" means that portion of the Cathedral Hill Campus identified as the Cathedral Hill Hospital Site in Exhibit A-2, together with all buildings, structures, fixtures and other improvements located thereon.

1.14 "**Cathedral Hill MOB**" means the new Medical Office Building on the Cathedral Hill Campus, as more particularly described in Section 3 of Exhibit B-2.

1.15 "**Cathedral Hill MOB Site**" means that portion of the Cathedral Hill Campus identified as the Cathedral Hill MOB Site in Exhibit A-2, together with all buildings, structures, fixtures and other improvements located thereon.

1.16 "**CEQA**" has the meaning set forth in Recital K.

1.17 "**CEQA Findings**" has the meaning set forth in Recital L.

1.18 "**CEQA Guidelines**" means Title 14 of the California Code of Regulations Section 15000 *et seq.*

1.19 "**Chapter 56**" has the meaning set forth in Recital H.

1.20 "**City**" means the City as defined in the opening paragraph of this Agreement. Unless the context or text specifically provides otherwise, references to the City means the City acting by and through the Planning Director or, as necessary, the Planning Commission or the Board of Supervisors.

1.21 "**City Agency**" or "**City Agencies**" means the City departments, agencies, boards, commissions, and bureaus that execute or consent to this Agreement, or are controlled by persons or commissions that have executed or consented to this Agreement, that have subdivision or other permit, entitlement or approval authority or jurisdiction over development of the Project, or any improvement located on or off the Project Sites, including, without limitation, the City Administrator, Department of Public Health, Planning Department, DBI, MOH, OEWD, SFMTA, DPW, and SFFD, together with any successor City agency, department, board, or commission.

1.22 "**City Attorney's Office**" means the Office of the City Attorney of the City and County of San Francisco.

1.23 "**City Costs**" means the actual and reasonable costs incurred by a City Agency in preparing, adopting or amending this Agreement, in performing its obligations or defending its actions under this Agreement or otherwise contemplated by this Agreement, as determined on a time and materials basis, including reasonable attorneys' fees and costs but excluding work, hearings,

costs or other activities contemplated or covered by Processing Fees; provided, however, City Costs shall not include any costs incurred by a City Agency in connection with a City Default or which are payable by the City under Section 9.6 when CPMC is the prevailing party.

1.24 "**City Parties**" has the meaning set forth in Section 4.9.

1.25 "**City-Wide**" means all real property within the territorial limits of the City and County of San Francisco, not including any property owned or controlled by the United States or by the State of California and therefore not subject to City regulation.

1.26 "**Commence Construction**" means, with respect to the Cathedral Hill Campus Hospital, the Cathedral Hill Campus MOB, the Davies Neuroscience Institute building, the St. Luke's Campus Hospital or the St. Luke's Campus MOB, as applicable, groundbreaking in connection with the commencement of physical construction of the applicable building foundation, but specifically excluding the demolition of existing structures.

1.27 "**Commencement of Exterior Work for the Cathedral Hill Campus Hospital**" means the date on which the first of the exterior panels or the curtain wall are attached to the structure for the Cathedral Hill Campus Hospital.]

1.28 "**Commencement of Shoring / Excavation Work for the St. Luke's Campus Hospital**" means the date on which excavators and/or backhoes begin excavation of dimensioned trenches in which the spread footings will be placed for the St. Luke's Campus Hospital.

1.29 "**Commitment Increment**" has the meaning set forth in Section 4.2.4.

1.30 "**Community Commitments**" has the meaning set forth in Section 4.2.4.

1.31 "**Community Healthcare Program**" means the Community Healthcare Program attached hereto as Exhibit F.

1.32 "**Community Visioning Plan**" means the Community Visioning Plan for Long-Term Projects for the Davies Campus, the Pacific Campus and the California Campus attached hereto as Exhibit I-1 through Exhibit I-3.

1.33 "**Complete Construction**" or "**Completion of Construction**" means, with respect to the Cathedral Hill Campus Hospital and the St. Luke's Campus Hospital, the issuance of a field acceptance by OSHPD.

1.34 "**Completion Deadline for the St. Luke's Campus Hospital**" has the meaning set forth in Section 4.2.1(c).

1.35 "**Completion of the San Jose Avenue CPMC Project**" means the date on which substantial completion of the San Jose Avenue CPMC Project occurs in a manner sufficient to allow for the operation of the relocated facilities from the Former Street Property.

1.36 "**Completion of Exterior Work**" means the date on which substantial completion of the attachment of the exterior panels for the St. Luke's Campus Hospital occurs.

1.37 "**Compliance Statement**" has the meaning set forth in Section 8.2.1.

1.38 "**CPMC**" has the meaning set forth in the opening paragraph of this Agreement, and shall also include any and all successors and assigns of all or any part of the Project Sites and all Transferees with respect to the portion of the Project Sites owned by each of them.

1.39 "**Davies Campus**" means that certain real property more particularly described in Exhibit A-3, together with all buildings, structures, fixtures and other improvements located thereon.

1.40 "**DBI**" means the San Francisco Department of Building Inspection.

1.41 "**Default**" has the meaning set forth in Section 9.3.

1.42 "**Development Agreement Statute**" has the meaning set forth in Recital H, as in effect as of the Effective Date.

1.43 "**DPW**" means the San Francisco Department of Public Works.

1.44 "**Effective Date**" has the meaning set forth in Section 2.1.

1.45 "**Election Period**" has the meaning set forth in Section 9.4.5(b).

1.46 "**Enacting Ordinance**" has the meaning set forth in Recital S.

1.47 "**Excusable Delay**" has the meaning set forth in Section 10.6.2.

1.48 "**Existing Standards**" has the meaning set forth in Section 5.2.

1.49 "**Existing Uses**," with respect to each Project Site, means the existing uses of the existing buildings and improvements permitted by Law (and including, without limitation, pre-existing, non-conforming uses under the Planning Code) on such Project Site as of the Effective Date, as the same are modified by the Approvals and any Subsequent Approvals.

1.50 "**Federal or State Law Exception**" has the meaning set forth in Section 5.6.1.

1.51 "**FEIR**" has the meaning set forth in Recital L.

1.52 "**Finally Granted**" means (i) any and all applicable appeal periods for the filing of any administrative or judicial appeal challenging the issuance or effectiveness of any of the Approvals, this Agreement or the FEIR shall have expired and no such appeal shall have been filed, or if such an administrative or judicial appeal is filed, the Approvals, this Agreement or the FEIR, as applicable, shall have been upheld by a final decision in each such appeal without adverse effect on the applicable Approval, this Agreement or the FEIR and the entry of a final judgment, order or ruling upholding the applicable Approval, this Agreement or the FEIR and (ii) if a referendum petition relating to this Agreement is timely and duly circulated and filed, certified as valid and the

City holds an election, the date the election results on the ballot measure are certified by the Board of Supervisors in the manner provided by the Elections Code reflecting the final defeat or rejection of the referendum.

1.53 "**Former Street Property**" means that portion of the San Jose Avenue right-of-way between 27th Street and Cesar Chavez Avenue, as more particularly described in the San Jose Avenue Transfer Agreement, vacated in accordance with and subject to the provisions of the Vacation Ordinance and to be transferred to CPMC in accordance with and subject to the provisions of the San Jose Avenue Transfer Agreement.

1.54 "**Future Changes to Existing Standards**" has the meaning set forth in Section 5.3.

1.55 "**GACH Licensing Requirements**" means the requirements for obtaining a license from Cal-DPH for the operation of a General Acute Care Hospital.

1.56 "**GACH Licensure**" means the issuance by Cal-DPH of a license for the operation of a General Acute Care Hospital.

1.57 "**General Acute Care Hospital**" has the meaning set forth in California Health and Safety Code Section 1250(a).

1.58 "**General Plan Consistency Findings**" has the meaning set forth in Recital Q.

1.59 "**Hospital Commitment**" has the meaning set forth in Section 4.2.1.

1.60 "**Hospital Seismic Safety Laws**" refers collectively to (i) Senate Bill 1953, (ii) Senate Bill 1661, (iii) Senate Bill 608, and (iv) Senate Bill 90, as may be amended.

1.61 "**Housing Program**" means the Housing Program attached hereto as Exhibit G.

1.62 "**IMP**" has the meaning set forth in Recital E.

1.63 "**Impact Fees and Exactions**" means any fees, contributions, special taxes, exactions, impositions and dedications charged by the City in connection with the development of projects, including but not limited to transportation improvement fees, transit fees, child care requirements or in-lieu fees, housing (including affordable housing) requirements or fees, residential hotel and residential unit replacement requirements or in lieu fees, dedication or reservation requirements, water and sewer capacity charges, and obligations for on-or off-site improvements. Impact Fees and Exactions shall not include the Mitigation Measures, Processing Fees, taxes or special assessments or school district fees, and any fees, taxes, assessments impositions imposed by Non-City Agencies, all of which shall be due and payable by CPMC as and when due in accordance with applicable Laws.

1.64 **"Increment 1"** means the OSHPD structural review permit package, containing drawings and associated calculations and details, describing the structure (including foundation, and frame) for the St. Luke's Campus Hospital.

1.65 "**Losses**" has the meaning set forth in Section 4.9.

1.66 "**Law(s)**" means the Constitution and laws of the United States, the Constitution and laws of the State of California, the laws of the City and County of San Francisco, and any codes, statutes, rules, regulations, or executive mandates thereunder, and any State or Federal court decision (including any order, injunction or writ) thereunder. The term "Laws" shall refer to any or all Laws as the context may require.

1.67 "**Long-Term Projects**" means those Project elements generally described in Exhibit B-3 and Exhibit B-4 as the Long-Term Projects and generally described in Recital G.

1.68 "**Material Change**" means any modification that would materially alter the rights, benefits or obligations of the City or CPMC under this Agreement or which relate to (i) the Term; (ii) permitted uses of the Project Sites; (iii) the Public Benefits; (iv) an increase in density or intensity of uses of the Project Sites; (v) an increase in the maximum height, bulk or size of the Project; (vi) parking ratios; or (vii) provisions for Impact Fees and Exactions.

1.69 "**Medical Care Services**" or "**MCS**" has the meaning set forth in the definition of Medical Rate of Inflation contained in Exhibit F.

1.70 "**Medical Rate of Inflation**" has the meaning set forth in Exhibit F.

1.71 "**Milestone**" has the meaning set forth in Section 4.2.3.

1.72 "**Milestone Completion Notice**" has the meaning set forth in Section 4.2.3.

1.73 "**Mitigation Measures**" means the mitigation measures (as defined by CEQA) applicable to the Project as set forth in the MMRP or that are necessary to mitigate adverse environmental impacts identified through the CEQA process as part of a Subsequent Approval.

1.74 "**MMRP**" means that certain mitigation monitoring and reporting program attached as Exhibit D.

1.75 "**Municipal Code**" means the San Francisco Municipal Code.

1.76 "**Near-Term Projects**" means those Project elements described in Exhibit B-1 through Exhibit B-3 as the Near-Term Projects and generally described in Recital F.

1.77 "**Non-City Agency**" or "**Non-City Responsible Agencies**" has the meaning set forth in Section 7.3.1.

1.78 "**Non-City Approval**" has the meaning set forth in Section 7.3.1.

1.79 "**OEWD**" means the San Francisco Office of Economic and Workforce Development.

1.80 "**Official Records**" means the official real estate records of the City and County of San Francisco, as maintained by the City's Assessor-Recorder's Office.

1.81 "**Open**" or "**Opening**" means the date on which the first patients are admitted or treated in, or accepted or transferred to, the Cathedral Hill Campus Hospital or the St. Luke's Campus Hospital, as the context may require.

1.82 "**OSHPD**" means the California Office of Statewide Health Planning and Development.

1.83 "**Pacific Campus**" means that certain real property more particularly described in Exhibit A-4, together with all buildings, structures, fixtures and other improvements located thereon.

1.84 "**Party**" and "**Parties**" has the meaning set forth in the opening paragraph of this Agreement.

1.85 "**Planning Code**" means the San Francisco Planning Code.

1.86 "**Planning Commission**" means the Planning Commission of the City and County of San Francisco.

1.87 "**Planning Department**" means the Planning Department of the City and County of San Francisco.

1.88 "**Planning Director**" means the Director of Planning of the City and County of San Francisco.

1.89 "**Processing Fees**" means the standard fee imposed by the City upon the submission of an application for a permit or approval, which is not an Impact Fee or Exaction, in accordance with the City practice on a City-Wide basis.

1.90 "**Project**" means the CPMC project contemplated by the LRDP as generally described in Exhibit B-1 through Exhibit B-5, which includes the Near-Term Projects and the Long-Term Projects together with CPMC's rights and obligations under this Agreement.

1.91 "**Project Sites**" has the meaning set forth in Recital J.

1.92 "**Public Benefits**" has the meaning set forth in Section 4.1.

1.93 "**Public Health and Safety Exception**" has the meaning set forth in Section 5.6.1.

1.94 "**Public Improvements**" means those improvements more particularly described in Exhibit H.

1.95 "**Revised Work Plan**" has the meaning set forth in Section 4.2.3.

1.96 "**St. Luke's Campus**" means that certain real property more particularly described in Exhibit A-1, together with all buildings, structures, fixtures and other improvements located thereon.

1.97 " **St. Luke's Campus Hospital**" means the 120-bed General Acute Care Hospital with comprehensive emergency medical services (pursuant to Sections 70451-70459 of Title 22 of the California Code of Regulations) to be constructed on the St. Luke's Campus, as more particularly described in Section 1 of Exhibit B-1.

1.98 "**St. Luke's Campus Hospital Opening Deadline**" has the meaning set forth in Section 4.2.1(d).

1.99 **"St. Luke's Campus Hospital Opening Obligation"** has the meaning set forth in Section 4.2.1(d).

1.100 "**St. Luke's Liquidated Payment**" has the meaning set forth in Section 9.4.4(b).

1.101 "**St. Luke's Trigger Date**" has the meaning set forth in Section 9.4.4(b).

1.102 "**San Jose Avenue City Project**" means the completion of the new storm/sewer line installation work as described in the San Jose Avenue Utility Relocation Contract so as to allow the abandonment of the existing sewer lines in the Former Street Property.

1.103 "**San Jose Avenue CPMC Project**" means (i) the installation of all new utility facilities by CPMC's contractors, other than the San Jose Avenue City Project and (ii) the installation of a fire alarm signal system in the existing St. Luke's hospital, so as to allow the abandonment of the existing utility facilities and fire alarm signal system in the Former Street Property.

1.104 "**San Jose Avenue Transfer Agreement**" means that certain Agreement for Transfer of Real Estate between the Parties dated on or about the date hereof governing the transfer of the Former Street Property to CPMC.

1.105 "**San Jose Avenue Utility Operators**" means those parties that own or operate utility equipment or installations located in the Former Street Property, including: Pacific Gas and Electric Company, with respect to gas and electrical lines; Pacific Bell Telephone Company, dba AT&T California, with respect to telephone lines; Astound Broadband, NextG Networks, and ExteNet Systems with respect to broadband, wireless and cable lines; the San Francisco Public Utilities Commission, Hydraulics Section, with respect to a storm-sewer line; the San Francisco Public Utilities Commission, Water Department, with respect to a water line; and the Department of Technology of the City and County of San Francisco, with respect to fire alarm signal box wires.

1.106 "**San Jose Avenue Utility Relocation Contract**" means that certain work described in Contract Modification No. 1 to the Wastewater Enterprise Contract No. WW-410 Cesar Chavez Street Sewer Improvement Project by and between the City, acting by and through its Public Utilities Commission, and JMP Construction.

1.107 "**Schedule and Phasing Plan**" means the Schedule and Phasing Plan attached hereto as Exhibit C, as may be modified pursuant to Section 4.2.3.

1.108 "**SFFD**" means the San Francisco Fire Department.

1.109 "**SFMTA**" means the San Francisco Municipal Transportation Agency.

1.110 "**SFPUC**" means the San Francisco Public Utilities Commission.

1.111 "**SFPUC Capacity Charges**" means all water and sewer capacity and connection fees and charges payable to the SFPUC, as and when due in accordance with then-applicable City requirements.

1.112 "**Subdivision Code**" means the San Francisco Subdivision Code.

1.113 "**Subsequent Approval**" means any other land use approvals, entitlements, or permits from the City other than the Approvals, that are consistent with the Approvals and that are necessary or advisable for the implementation of the Near-Term Projects, including without limitation, demolition permits, grading permits, site permits, building permits, residential hotel permits to convert, lot line adjustments, sewer and water connection permits, encroachment permits, street improvement permits, certificates of occupancy, transit stop relocation permits, subdivision maps, lot mergers and re-subdivisions. A Subsequent Approval shall also include any amendment to the foregoing land use approvals, entitlements, or permits, or any amendment to the Approvals that are sought by CPMC and approved by the City in accordance with the standards set forth in this Agreement. No Approvals or Subsequent Approvals for the Long-Term Projects have been granted as part of this Agreement.

1.114 "**Term**" has the meaning set forth in Section 2.2.

1.115 "**Third-Party Challenge**" has the meaning set forth in Section 7.4.1.

1.116 "**Transferee**" has the meaning set forth in Section 11.1.

1.117 "**Transit Fee**" has the meaning set forth in Exhibit K.

1.118 "**Transportation Program**" has the meaning set forth in Exhibit K. The Transportation Program includes the payments and fees as further described in Exhibit K.

1.119 "**Vacation Ordinance**" has the meaning set forth in Exhibit J.

1.120 "**Vested Elements**" has the meaning set forth in Section 5.1.

1.121 "**Workforce Agreement**" means the Workforce Agreement attached hereto as Exhibit E.

2. EFFECTIVE DATE; TERM

2.1 Effective Date. This Agreement shall take effect upon the later of (i) the full execution and delivery of this Agreement by the Parties and (ii) the date the Enacting Ordinance is effective and operative ("**Effective Date**").

2.2 Term. The term of this Agreement shall commence upon the Effective Date and shall continue in full force and effect for ten (10) years thereafter unless extended or earlier terminated as provided herein ("**Term**"); provided, however, if a lawsuit challenging this Agreement or the Approvals is initiated the Term shall be extended for the number of days equal to the period from the initiation of the lawsuit to the date that this Agreement and the Approvals are Finally Granted.

3. GENERAL REGULATION OF THE DEVELOPMENT OF THE PROJECT

3.1 Development of the Near-Term Projects. CPMC shall have the right to develop the Near-Term Projects in accordance with and subject to the provisions of this Agreement and the City shall consider and process all Subsequent Approvals for development of the Near-Term Projects in accordance with and subject to the provisions of this Agreement. The Parties acknowledge that CPMC has obtained all Approvals from the City required to commence construction of the Near-Term Projects, other than any required Subsequent Approvals or Non-City Approvals, and that CPMC may proceed in accordance with this Agreement with the construction and, upon completion, use and occupancy of the Near-Term Projects as a matter of right, subject to the attainment of any required Subsequent Approvals or Non-City Approvals. CPMC currently anticipates that the Near-Term Projects will be constructed in phases and that the St. Luke's Campus Hospital and the Cathedral Hill Campus Hospital will be constructed generally in accordance with the Schedule and Phasing Plan. Development of the Long-Term Projects is not included as a part of this Agreement, provided any such development during the Term shall be subject to the provisions of Sections 4.5, 5.3 and 5.4.

3.2 Transfer of Former Street Property. In connection with the Project, the City shall vacate and abandon all public rights in the Former Street Property (other than temporary utility easements in favor of the San Jose Avenue Utility Operators, if needed), each in connection with the completion of the San Jose Avenue CPMC Project and the San Jose Avenue City Project. The City shall transfer the Former Street Property to CPMC in accordance with the San Jose Avenue Transfer Agreement, subject to all of the terms and conditions set forth therein. If for any reason, other than a CPMC default, the City is unable or unwilling to transfer the Former Street Property to CPMC as and when required under the San Jose Avenue Transfer Agreement, CPMC may elect to terminate this Agreement following the meet and confer period in Section 9.2 and the notice and cure period in Section 9.3. CPMC shall commence the San Jose Avenue CPMC Project and will prosecute the San Jose Avenue CPMC Project diligently to completion generally in accordance with the Schedule and Phasing Plan.

3.3 Completion of San Jose Avenue City Project. The failure to complete the San Jose Avenue City Project in accordance with the timing set forth in the Schedule and Phasing Plan may entitle CPMC to a period of Excusable Delay in connection with the Hospital Commitment as set forth in Section 10.6.2. Any abandonment of the San Jose Avenue City Project shall, following the meet and confer process in Section 9.2 and the notice and cure provisions in Section 9.3 (modified so as to give City ninety (90) days to commence to cure), be a City Default.

4. PUBLIC BENEFITS; CPMC OBLIGATIONS AND CONDITIONS TO CPMC's PERFORMANCE

4.1 Public Benefits Exceed Those Required by Existing Ordinances and Regulations. The Parties acknowledge and agree that the development of the Project in accordance with this Agreement provides a number of public benefits to the City beyond those achievable through existing Laws, as more particularly articulated in Recital I, including, but not limited to, the Hospital Commitment and the Community Commitments. The Hospital Commitment and the Community Commitments are collectively referred to as the "**Public Benefits**". The City acknowledges and agrees that a number of the Public Benefits would not be otherwise achievable without the express agreement of CPMC under this Agreement. CPMC acknowledges and agrees that, as a result of the benefits to CPMC under this Agreement, CPMC has received good and valuable consideration for its provision of the Public Benefits, and that the City would not be willing to enter into this Agreement without the Public Benefits. Furthermore, CPMC acknowledges and agrees that CPMC's obligation to perform and complete, and the City's right to enforce in accordance with Section 9, an applicable Public Benefit under this Agreement shall survive the expiration or termination of this Agreement as and to the extent provided in Section 10.4, subject to any conditions expressly set forth in this Agreement for the benefit of CPMC.

4.2 Public Benefits.

4.2.1 Construction and Licensure of Hospital at the St. Luke's Campus and Hospital at the Cathedral Hill Campus. CPMC shall provide the following public benefits (collectively, the "**Hospital Commitment**"):

(a) If CPMC Commences Construction of the Cathedral Hill Campus Hospital, then CPMC shall Commence Construction of the St. Luke's Campus Hospital as and to the extent necessary to meet the Milestones and the Completion Deadline for the St. Luke's Campus Hospital.

(b) If CPMC Commences Construction of the St. Luke's Campus Hospital, then for so long as CPMC is pursuing the Completion of Construction of the Cathedral Hill Campus Hospital, CPMC shall diligently pursue the Completion of Construction of the St. Luke's Campus Hospital as and to the extent necessary to meet the Milestones and the Completion Deadline for the St. Luke's Campus Hospital.

(c) If CPMC Completes Construction of the Cathedral Hill Campus Hospital, then CPMC shall Complete Construction of the St. Luke's Campus Hospital. The Completion of Construction of the St. Luke's Campus Hospital shall occur as and when required to meet the St. Luke's Campus Hospital Opening Deadline (the "**Completion Deadline for the St. Luke's Campus Hospital**").

(d) If CPMC completes and satisfies the GACH Licensing Requirements for the Cathedral Hill Campus Hospital, then CPMC shall complete and satisfy the GACH Licensing Requirements for the St. Luke's Campus Hospital. As and when required to meet the St. Luke's Opening Deadline, CPMC shall promptly file all necessary applications required for GACH Licensure of the St. Luke's Campus Hospital, and thereafter diligently pursue GACH

Licensure of the St. Luke's Campus Hospital. If CPMC Opens the Cathedral Hill Campus Hospital, it shall Open the St. Luke's Campus Hospital (the "**St. Luke's Campus Hospital Opening Obligation**") on or before the date that is twenty-four (24) months from the day CPMC opens the Cathedral Hill Campus Hospital (the "**St. Luke's Campus Hospital Opening Deadline**").

4.2.2 Time of Essence. The Parties understand and agree that time is of the essence and that satisfaction of the Completion Deadline for the St. Luke's Campus Hospital, the St. Luke's Campus Hospital Opening Deadline and the demolition/construction work described in Section 4.2.1 are a material part of this Agreement, of the utmost importance to the both the City and CPMC, and that the City would not be willing to enter into this Agreement without the commitments as set forth in this Section 4.2. The Parties also understand and agree that CPMC will incur substantial additional costs in connection with delays in the commencement and completion of construction of the St. Luke's Campus Hospital and Hospital at the Cathedral Hill Campus, and that CPMC would not be willing to enter into this Agreement without the assurances and commitments given by the City in this Agreement.

4.2.3 Milestones for Completion. In order to keep the City reasonably informed of CPMC's progress in satisfying the Hospital Commitment, CPMC shall periodically report to the City on the timing and progress of the construction of the St. Luke's Campus Hospital and the Cathedral Hill Campus Hospital and promptly provide to the City such information as may be reasonably requested by the City from time to time. In connection with this reporting obligation, CPMC shall provide the City with reasonably detailed project schedules for the St. Luke's Campus Hospital and the Cathedral Hill Campus Hospital before the start of construction, including any change to the Schedule and Phasing Plan, and shall update such project schedules on not less than a quarterly basis. Within thirty (30) days following the completion of each milestone listed in the Schedule and Phasing Plan (each, a "**Milestone**"), CPMC shall provide notice to the City (the "**Milestone Completion Notice**") from CPMC's project manager(s) for the construction of the St. Luke's Campus Hospital and the Cathedral Hill Campus Hospital, which shall, to the best of such individual's knowledge following reasonable due diligence: (i) confirm the completion of the Milestone, (ii) update the construction schedule for each and describe any material changes to the schedule and the reasons therefor, (iii) describe any existing or anticipated material delays in meeting the Milestones that follow, and (iv) confirm CPMC's expectation to satisfy the St. Luke's Campus Hospital Opening Deadline. If a Milestone Completion Notice describes an existing or anticipated delay in meeting the Milestones that follow, CPMC shall provide a reasonably detailed work program and schedule to show how CPMC intends to meet the Milestones that follow as required to satisfy the Completion Deadline for the St. Luke's Campus Hospital and the St. Luke's Campus Hospital Opening Deadline (the "**Revised Work Plan**"). In any Revised Work Plan, CPMC may extend the dates for completion of any Milestone, but shall not have the right to revise the definition of a Milestone. After receipt of a Milestone Completion Notice, CPMC shall meet with the City, promptly after a City request, to discuss any material delays from the Milestone timing set forth in the Schedule and Phasing Plan, and, if applicable, the Revised Work Plan. CPMC's failure solely to meet the Milestone timing set forth in the Schedule and Phasing Plan, in and of itself, shall not be a Default, though failure to comply with the commitments in Section 4.2.1 or the reporting provisions of this Section 4.2.3 shall, following the meet and confer process in Section 9.2 (as applicable) and the notice and cure provisions in Section 9.3, be a Default by CPMC. CPMC shall send a Milestone Completion Notice for each milestone and upon the Opening of the St. Luke's Campus Hospital and the Cathedral Hill Campus Hospital.

4.2.4 Performance of Community Commitments. In addition to the significant public benefits arising from the Hospital Commitment, CPMC shall provide the following additional public benefits (collectively, the "**Community Commitments**"), each of which, to the extent such obligation has arisen, shall be paid and/or performed in increments when and as set forth in the applicable Exhibit referenced below (each such partial payment or partial performance, a "**Commitment Increment**"):

(a) the Community Healthcare Program attached as Exhibit F, which provides for a broad array of contributions and commitments for healthcare community benefits and includes the St. Luke's Campus Hospital Opening Obligation;

(b) the Housing Program attached as Exhibit G, which provides substantial funding to replace residential and hotel units and for affordable housing, as further described in Exhibit G;

(c) the Workforce Agreement attached as Exhibit E, which includes a first source hiring program covering both construction and applicable operational activities, a local business enterprise hiring agreement for construction activities, and a local hiring program for applicable operational activities, as further described in Exhibit E;

(d) the funding of certain Public Improvements which may be constructed by the City, the completion of certain Public Improvements to be constructed by CPMC and other Community Commitments as further described in Exhibit H; and

(e) the Transportation Program attached as Exhibit K, which provides for CPMC contributions toward the cost of construction of the transit improvements, addressing transit delay impacts on MUNI from the Cathedral Hill Campus and other measures, as further described in Exhibit K.

CPMC's obligation to complete the Community Commitments shall survive the termination or expiration of this Agreement until the applicable Community Commitment has been completed as and to the extent set forth in Section 10.4, subject to any conditions expressly set forth in this Agreement for the benefit of CPMC.

4.3 Conditions to Performance of Public Benefits.

4.3.1 Conditions to Hospital Commitment. CPMC's obligation to perform the Hospital Commitment is expressly conditioned upon each and all of the following conditions precedent:

(a) All Approvals shall have been Finally Granted;

(b) The City and any applicable Non-City Agency shall have performed or granted any and all of their respective actions, approvals or authorizations and/or issued such permits or licenses required in order to permit CPMC to: (i) Commence (and, as and when required, to Complete) Construction of the St. Luke's Campus Hospital and the Cathedral Hill Campus Hospital and (ii) Commence Construction (and, as and when required, to complete construction) of the Cathedral Hill Campus MOB, except to the extent that such actions, approvals

or authorizations, or permits or licenses, have not been performed or granted due to the failure of CPMC to timely initiate and then diligently and in good faith pursue such actions, approvals, authorizations or issuances; and

(c) CPMC shall have obtained all Subsequent Approvals necessary to: (i) Commence (and, as and when required, to Complete) Construction of the St. Luke's Campus Hospital and the Cathedral Hill Campus Hospital and (ii) Commence Construction (and, as and when required, to complete construction) of the Cathedral Hill Campus MOB, and same shall have been Finally Granted, except to the extent that such Subsequent Approvals have not been obtained or Finally Granted due to the failure of CPMC to timely initiate and then diligently and in good faith pursue such Subsequent Approvals.

Recognizing CPMC's right pursuant to Section 6 not to initiate or complete the Project (other than as and to the extent required pursuant to the Hospital Commitment), CPMC shall take all such actions as are reasonably required of CPMC to satisfy the foregoing conditions including, without limitation, the filing of requests for approvals, permits and authorizations for the St. Luke's Campus Hospital, and the Cathedral Hill Campus Hospital and the Cathedral Hill Campus MOB in a manner as and when needed to satisfy the Hospital Commitment.

4.3.2 Conditions to Community Commitments. CPMC's obligation to perform each of the applicable Community Commitments is expressly conditioned upon each and all of the following conditions precedent:

(a) All of the conditions precedent set forth in the applicable Exhibit describing such individual Community Commitment shall have been satisfied; and

(b) The City and any applicable Non-City Agency shall have performed or granted any and all of their respective actions, approvals or authorizations and/or issued such permits or licenses required in order to permit CPMC to undertake the applicable Community Commitment, except to the extent that such actions, approvals or authorizations, or permits or licenses, have not been performed or granted due to the failure of CPMC to timely initiate and then diligently and in good faith pursue such actions, approvals, authorizations or issuances.

Recognizing CPMC's right pursuant to Section 6 not to initiate or complete the Project (other than as and to the extent required pursuant to the Hospital Commitment), CPMC shall take such actions as are reasonably required of CPMC to satisfy the foregoing conditions including, without limitation, filing of requests for approvals, permits and authorizations as and when needed to perform the Community Commitments.

4.4 Community Visioning Plans. CPMC shall undertake the actions described in Exhibit I-1 through Exhibit I-3 (Community Visioning Plans) regarding the Long-Term Projects at the Davies Campus and Pacific Campus, and the future reuse of the California Campus, as applicable.

4.5 Compliance with CEQA.

4.5.1 No Additional Review Required for Near-Term Projects; Reliance on FEIR for Future Discretionary Approvals. The Parties acknowledge that the FEIR prepared for the

Project complies with CEQA. The Parties further acknowledge that (a) the FEIR contains a thorough analysis of the Near-Term Projects and possible alternatives to the Near-Term Projects, (b) the Mitigation Measures have been adopted to eliminate or reduce to an acceptable level certain adverse environmental impacts of the Near-Term Projects, and (c) the Board of Supervisors adopted CEQA Findings, including a statement of overriding considerations in connection with the Approvals, pursuant to CEQA Guidelines Section 15093, for those significant impacts that could not be mitigated to a less than significant level. For these reasons, (i) the City does not intend to conduct any further environmental review or mitigation under CEQA for any aspect of the Near-Term Projects vested under this Agreement, and (ii) the City shall rely on the FEIR, to the greatest extent possible in accordance with applicable Laws, in all future discretionary actions related to the Project; provided, however, that nothing shall prevent or limit the discretion of the City to conduct additional environmental review in connection with any Subsequent Approvals or a Long-Term Project to the extent that such additional environmental review is required by applicable Laws, including CEQA.

4.5.2 Compliance with CEQA Mitigation Measures. CPMC shall comply with all Mitigation Measures imposed as applicable to each Project component, except for any Mitigation Measures that are expressly identified as the responsibility of a different party or entity. Without limiting the foregoing, CPMC shall be responsible for the completion of all Mitigation Measures identified as the responsibility of CPMC or the "project sponsor". The Parties expressly acknowledge that the FEIR and the associated MMRP are intended to be used in connection with each of the Approvals and any Subsequent Approvals to the extent appropriate and permitted under applicable Law. Nothing in this Agreement shall limit the ability of the City to impose conditions on any new, discretionary permit resulting from Material Changes to the Near-Term Projects from that described by the Approvals or any Subsequent Approvals as such conditions are determined by the City to be necessary to mitigate adverse environmental impacts identified through the CEQA process and associated with the granting of such permit or otherwise to address significant environmental impacts as defined by CEQA created by the approval of such permit; provided, however, any such conditions must be in accordance with applicable Law.

4.6 Nondiscrimination. In the performance of this Agreement, CPMC agrees not to discriminate against any employee, City employee working with CPMC's contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

4.7 City Cost Recovery.

4.7.1 CPMC shall timely pay to the City all Impact Fees and Exactions applicable to the Project or the Project Sites as set forth in Section 5.4 of this Agreement.

4.7.2 CPMC shall timely pay to the City all Processing Fees applicable to the processing or review of applications for the Approvals and Subsequent Approvals as set forth in Section 5.4 of this Agreement.

4.7.3 CPMC shall pay to the City all City Costs incurred in connection with the drafting and negotiation of this Agreement, defending the Approvals and Subsequent Approvals as set forth in Section 7.4, and in processing and issuing any Subsequent Approvals or administering this Agreement (except for the costs that are covered by Processing Fees), within sixty (60) days following receipt of a written invoice from the City.

4.7.4 CPMC shall pay to the City all other City Costs incurred during the Term within sixty (60) days following receipt of a written invoice from the City. OEWD shall provide CPMC on a quarterly basis (or such alternative period as agreed to by the Parties) a reasonably detailed statement showing costs incurred by OEWD, the City Agencies and the City Attorney's Office, including the hourly rates for each City staff member at that time, the total number of hours spent by each City staff member during the invoice period, any additional costs incurred by the City Agencies and a brief non-confidential description of the work completed (provided, for the City Attorney's Office, the billing statement will be reviewed and approved by OEWD but the cover invoice forwarded to CPMC will not include a description of the work). OEWD will use reasonable efforts to provide an accounting of time and costs from the City Attorney's Office and each City Agency in each invoice; provided, however, if OEWD is unable to provide an accounting from one or more of such parties OEWD may send an invoice to CPMC that does not include the charges of such party or parties without losing any right to include such charges in a future or supplemental invoice. CPMC shall pay the invoiced amount from OEWD within sixty (60) days following receipt of the invoice. CPMC's obligation to pay the City Costs shall survive the termination of this Agreement. CPMC shall have no obligation to reimburse the City for any City Cost that is not invoiced to CPMC within forty-eight (48) months from the date the City Cost was incurred. The City will maintain records, in reasonable detail, with respect to any City Costs and upon written request of CPMC, and to the extent not confidential, shall make such records available for inspection by CPMC.

4.7.5 If CPMC in good faith disputes any portion of an invoice, then within sixty (60) days following receipt of the invoice CPMC shall provide notice of the amount disputed and the reason for the dispute, and the Parties shall use good faith efforts to reconcile the dispute as soon as practicable. CPMC shall have no right to withhold the disputed amount. If any dispute is not resolved within ninety (90) days following CPMC's notice to the City of the dispute, CPMC may pursue all remedies at law or in equity to recover the disputed amount.

4.8 Prevailing Wages. CPMC agrees that all persons performing labor in the construction of the Public Improvements shall be paid not less than the highest prevailing rate of wages for the labor so performed as provided under Section 6.22(E) of the Administrative Code, shall be subject to the same hours and working conditions, and shall receive the same benefits as in each case are provided for similar work performed in San Francisco, California, and CPMC shall include this requirement in any contract entered into by CPMC for the construction of the Public Improvements. CPMC and its contractors shall submit payroll records for workers subject to this Section 4.8 on a timely basis into Elation's certified payroll reporting system (or any successor electronic program designated by CityBuild), thereby certifying the payroll records. Upon request, CPMC and its contractors will provide to CityBuild its workforce records relating to the Public Improvements work performed by or on behalf of CPMC.

4.9 Indemnification of City. CPMC shall indemnify, reimburse, and hold harmless the City and its officers, agents and employees (the "**City Parties**") from and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims ("**Losses**") arising or resulting directly or indirectly from (i) any third party claim arising from a default by CPMC under this Agreement, (ii) CPMC's failure to comply with any Approval, Subsequent Approval or Non-City Approval, (iii) the failure of any improvements constructed pursuant to the Approvals or Subsequent Approvals to comply with any Federal or State Laws, the Existing Standards or any permitted Future Changes to Existing Standards, (iv) any accident, bodily injury, death, personal injury or loss of or damage to property occurring on a Project Site (or off-site, with regard to the Public Improvements) in connection with the construction by CPMC or its agents or contractors of any improvements pursuant to the Approvals, Subsequent Approvals or this Agreement, (v) a Third-Party Challenge instituted against the City or any of the City Parties, (vi) any dispute between CPMC, its contractors or subcontractors relating to the construction of any part of the Project, and (vii) any dispute between CPMC and any Transferee or any subsequent owner of any of the Project Sites relating to any assignment of this Agreement or the obligations that run with the land, or any dispute between CPMC and any Transferee or other person relating to which party is responsible for performing certain obligations under this Agreement, each regardless of the negligence of and regardless of whether liability without fault is imposed or sought to be imposed on the City or any of the City Parties, except to the extent that such indemnity is void or otherwise unenforceable under applicable Law, and except to the extent such Loss is the result of the negligence or willful misconduct of the City Parties. The foregoing indemnity shall include, without limitation, reasonable attorneys' fees and costs and the City's reasonable cost of investigating any claims against the City or the City Parties. All indemnifications set forth in this Agreement shall survive the expiration or termination of this Agreement, to the extent such indemnification obligation arose from an event occurring before the expiration or termination of this Agreement. To the extent the indemnifications relate to CPMC's obligations that survive the expiration or termination of this Agreement, the indemnifications shall survive for the term of the applicable obligation plus four years.

5. VESTING AND CITY OBLIGATIONS

5.1 Vested Rights. CPMC shall have the vested right to develop the Near-Term Projects as set forth in this Agreement, with the following vested elements: the locations and numbers of buildings proposed, the land uses and height and bulk limits, including the maximum density, intensity and gross square footages, the permitted uses, the provisions for vehicular access and parking, the reservation or dedication of land for public purposes or fees in-lieu thereof, and provision for construction of public improvements (including the Public Improvements) (collectively, the "**Vested Elements**"; provided, the Existing Uses of all of the Project Sites shall also be included as Vested Elements). The Vested Elements are subject to and shall be governed by Applicable Laws. The expiration of any building permit or other Approval shall not limit the Vested Elements, and CPMC shall have the right to seek and obtain subsequent building permits or approvals, including Subsequent Approvals at any time during the Term, any of which shall be governed by Applicable Laws. Each Subsequent Approval, once granted, shall be deemed an Approval for purposes of this Section 5. The Parties acknowledge that the Long-Term Projects require separate approvals and findings, and nothing shall prevent or limit the discretion of the City in connection therewith, except for the vesting of Existing Uses and the express limitations in Section 4.5 and on Future Changes to Existing Standards as provided in Section 5.3.

5.2 Existing Standards. The City shall process, consider, and review all Subsequent Approvals in accordance with (i) the Approvals, (ii) the San Francisco General Plan, the San Francisco Municipal Code (including the Subdivision Code) and all other applicable City policies, rules and regulations as each of the foregoing is in effect on the Effective Date ("**Existing Standards**"), as the same may be amended or updated in accordance with permitted Future Changes to Existing Standards as set forth in Section 5.3, and (iii) this Agreement (collectively, "**Applicable Laws"**).

5.3 Future Changes to Existing Standards. All future changes to Existing Standards and any other Laws, plans or policies adopted by the City or adopted by voter initiative after the Effective Date ("**Future Changes to Existing Standards**") shall apply to the Project and the Project Sites except to the extent they conflict with this Agreement or the terms and conditions of the Approvals. In the event of such a conflict, the terms of this Agreement and the Approvals shall prevail, subject to the terms of Section 5.6 below.

5.3.1 Future Changes to Existing Standards shall be deemed to conflict with this Agreement and the Approvals if they:

(a) limit or reduce the density or intensity of a Near-Term Project, or any part thereof, or otherwise require any reduction in the square footage or number of proposed buildings or other improvements from that permitted under this Agreement for the Near-Term Projects, the Existing Standards, or the Approvals;

(b) limit or reduce the height or bulk of a Near-Term Project, or any part thereof, or otherwise require any reduction in the height or bulk of individual proposed buildings or other improvements that are part of a Near-Term Project from that permitted under this Agreement, the Existing Standards, or the Approvals;

(c) limit or reduce vehicular access or parking on the Project Sites from that permitted under this Agreement, the Existing Standards, or the Approvals;

(d) change or limit any land uses or height and bulk limits for the Project Sites that are permitted under this Agreement, the Existing Standards, the Approvals or the Existing Uses;

(e) change or limit the Approvals or Existing Uses;

(f) except as required by Section 4.2, materially limit or control the rate, timing, phasing, or sequencing of the approval, development, or construction of all or any part of a Near-Term Project in any manner, including the demolition of existing buildings at the Project Sites;

(g) require the issuance of permits or approvals by the City other than those required under the Existing Standards, except as otherwise provided in Section 5.4.3;

(h) limit or control the availability of public utilities, services or facilities or any privileges or rights to public utilities, services, or facilities for a Near-Term Project as contemplated by the Approvals;

(i) materially and adversely limit the processing or procuring of applications and approvals of Subsequent Approvals that are consistent with Approvals; or,

(j) impose or increase any Impact Fees and Exactions, as they apply to the Project, except as permitted under Section 5.4 of this Agreement.

5.3.2 CPMC may elect to have a Future Change to Existing Standards that conflicts with this Agreement and the Approvals applied to the Project or the Project Sites by giving the City notice of its election to have a Future Change to Existing Standards applied, in which case such Future Change to Existing Standards shall be deemed to be an Existing Standard; provided, however, if the application of such Future Change to Existing Standards would be a Material Change to the City's obligations hereunder, the application of such Future Change to Existing Standards shall require the concurrence of any affected City Agencies.

5.3.3 In addition to the foregoing, except as to Laws that are (i) applicable on a City-Wide basis and (ii) applied in an equitable and non-discriminatory manner to the following categories of uses (to each individually): General Acute Care Hospitals, medical office buildings or outpatient facilities, the City shall not apply Future Changes to Existing Standards that change, limit or control healthcare and/or medical services, healthcare and/or medical service lines, healthcare and/or medical uses on the Project Sites, or any other hospital, medical office or outpatient facility requirements, provided the foregoing shall not limit the City's rights and obligations under the Public Health and Safety Exception or Federal and State Law Exception. Nothing in this Agreement shall preclude the City from applying Future Changes to Existing Standards to the Project Sites for any development project not within the definition of the "Project" under this Agreement. In addition, nothing in this Agreement shall preclude CPMC from pursuing any challenge to the application of any Future Changes to Existing Standards to all or part of the Project Sites.

5.3.4 The Parties acknowledge that, for certain parts of the Project, CPMC must submit a variety of applications for Subsequent Approvals before commencement of construction, including building permit applications, a residential hotel permit to convert, street improvement permits, and encroachment permits. CPMC shall be responsible for obtaining all Subsequent Approvals before commencement of construction to the extent required under applicable Law. Notwithstanding anything in this Agreement to the contrary, when considering any such application for a Subsequent Approval, the City shall apply the applicable provisions, requirements, rules, or regulations that are contained in the California Building Standards Code, as amended by the City, including requirements of the San Francisco Building Code, Public Works Code (which includes the Stormwater Management Ordinance), Subdivision Code, Mechanical Code, Electrical Code, Plumbing Code, Fire Code or other uniform construction codes.

5.3.5 CPMC shall have the right, from time to time and at any time, to file subdivision map applications (including phased final map applications) with respect to some or all of the Project Sites, to subdivide, reconfigure or merge the parcels comprising the Project Sites as may be necessary or desirable in order to develop a particular part of the Project. Nothing in this Agreement shall authorize CPMC to subdivide or use any of the Project Sites for purposes of sale, lease or financing in any manner that conflicts with the California Subdivision Map Act (California Government Code § 66410 *et seq.*), or with the Subdivision Code. Nothing in this Agreement shall prevent the City from enacting or adopting changes in the methods and procedures for processing

subdivision and parcel maps so long as such changes do not conflict with the provisions of this Agreement or with the Approvals as set forth in Section 5.3.1.

5.4 Fees and Exactions.

5.4.1 Generally. The Project shall only be subject to the Processing Fees and Impact Fees and Exactions as set forth in this Section 5.4, and the City shall not impose any new Processing Fees or Impact Fees and Exactions on the development of the Project or impose new conditions or requirements for the right to develop the Project (including required contributions of land, public amenities or services) except as set forth in this Agreement. The Parties acknowledge that the provisions contained in this Section 5.4 are intended to implement the intent of the Parties that CPMC have the right to develop the Project pursuant to specified and known criteria and rules, and that the City receive the benefits which will be conferred as a result of such development without abridging the right of the City to act in accordance with its powers, duties and obligations, except as specifically provided in this Agreement.

5.4.2 Near-Term Projects. No Impact Fees and Exactions shall apply to the Near-Term Projects (or components thereof) except for (i) the SFPUC Capacity Charges in effect at the time of assessment, and (ii) street tree in-lieu fees (San Francisco Planning Code Section 428) in effect as of the Effective Date. For the purposes of this Section 5.4.2, any sums payable as part of the Public Benefits shall not be considered Impact Fees and Exactions. CPMC shall pay transit fees and charges for the Near-Term Projects as set forth in Exhibit K. Accordingly, the City acknowledges and agrees that Near-Term Projects (or components thereof) shall not be subject to the provisions of Planning Code Section 411.1 *et seq*. and any similar or successor ordinances requiring the payment of a fee related to any anticipated financial burden imposed on the San Francisco transportation system, including but not limited to the transportation sustainability fee under evaluation by the City and described generally in the City's Notice of Preparation dated September 5, 2012.

5.4.3 Long-Term Projects. Impact Fees and Exactions for the Long-Term Projects (or components thereof) shall be limited to those from time to time in effect, on a City-Wide basis, at the time that CPMC applies for or obtains, as applicable, a permit, authorization or approval in connection therewith. After the Effective Date, except as set forth below in this Section 5.4.3, no new categories of Impact Fees and Exactions (nor expansion of the application of same due to changes in exceptions or definitions of covered uses thereto) shall apply to the development of the Long-Term Projects. Any substitute Impact Fees and Exactions that replace the Impact Fees and Exactions in effect on the Effective Date shall apply to the Long-Term Projects, and shall not be considered new categories of Impact Fees and Exactions except to the extent that they expand the scope of the existing Impact Fees and Exactions. In other words, if the City amends Impact Fees and Exactions during the Term to both increase the rates and expand the scope of application (i.e., apply the Impact Fees and Exactions to a use that was not previously subject to that Impact Fees and Exactions), then the increase in rates (including the methodology for calculation of those rates) would apply to the Long-Term Projects but not the expanded scope. Accordingly, if the increase in scope is to impose a particular Impact Fee or Exaction to a medical office use where previously it did not apply to medical office uses, then that Impact Fee or Exaction would not be imposed on a medical office building that is built as part of a Long-Term Project under this Agreement. Notwithstanding anything to the contrary above, CPMC shall be responsible for the payment of the

following fees and charges, if and to the extent applicable: (i) all Impact Fees and Exactions for future development on the California Campus, in effect at the time of assessment, (ii) the SFPUC Capacity Charges, in effect at the time of assessment, and (iii) the transit impact fees for a Long-Term Project (as set forth in Planning Code Section 411.1 *et seq.* or any similar or successor ordinances requiring the payment of a fee related to any anticipated financial burden imposed on the San Francisco transportation system), in effect at the time of assessment. The Public Benefits, as imposed on the Near-Term Projects and as described in this Agreement, do not apply to the Long-Term Projects and the City shall not impose the Public Benefits on the Long-Term Projects in connection with any Subsequent Approval; provided the foregoing shall not limit the City's rights and obligations under Section 4.5.

5.4.4 Processing Fees. For three (3) years following the Effective Date, as extended by the number of days in any extension of the Term under Section 10.6.1, Processing Fees for the Near-Term Projects shall be limited to the Processing Fees in effect, on a City-Wide basis, as of the Effective Date (provided that to the extent Processing Fees are based on time and materials costs, such fees may be calculated based on the schedule for time and materials costs in effect on the date the work is performed by the City). Thereafter, Processing Fees for the Near-Term Projects and Long-Term Projects shall be limited to the Processing Fees in effect, on a City-Wide basis, at the time that CPMC applies for the permit or approval for which such Processing Fee is payable in connection with the applicable portion of the Long-Term Project.

5.5 Limitation on City's Future Discretion. By approving the Approvals, the City has made a policy decision that the Near-Term Projects are in the best interests of the City and promote the public health, safety and general welfare. Accordingly, the City in granting the Approvals and, as applicable, vesting the Project through this Agreement is limiting its future discretion with respect to the Near-Term Projects and Subsequent Approvals to the extent that they are consistent with the Approvals and this Agreement. For elements included in a request for a Subsequent Approval that have not been reviewed or considered by the applicable City Agency previously (including but not limited to additional details or plans for a proposed building), the City Agency shall exercise its discretion consistent with its customary practice but shall not deny issuance of a Subsequent Approval based upon items that are consistent with the Approvals and this Agreement. Consequently, the City shall not use its discretionary authority to change the policy decisions reflected by the Approvals and this Agreement or otherwise to prevent or to delay development of the Near-Term Projects as contemplated in the Approvals and this Agreement. Nothing in the foregoing shall impact or limit the City’s discretion with respect to: (i) proposed Subsequent Approvals that seek a Material Change to the Approvals, or (ii) Board of Supervisor approvals of subdivision maps, as required by law, not contemplated by the Approvals.

5.6 Changes in Federal or State Laws.

5.6.1 City's Exceptions. Notwithstanding any provision in this Agreement to the contrary, each City Agency having jurisdiction over the Project shall exercise its discretion under this Agreement in a manner that is consistent with the public health and safety and shall at all times retain its respective authority to take any action that is necessary to protect the physical health and safety of the public (the "**Public Health and Safety Exception**") or reasonably calculated and narrowly drawn to comply with applicable changes in Federal or State Law affecting the physical environment (the "**Federal or State Law Exception**"), including the authority to condition or deny a

Subsequent Approval or to adopt a new Law applicable to the Project so long as such condition or denial or new regulation (i) is limited solely to addressing a specific and identifiable issue in each case required to protect the physical health and safety of the public or (ii) is required to comply with a Federal or State Law and in each case not for independent discretionary policy reasons that are inconsistent with the Approvals or this Agreement and (iii) is applicable on a City-Wide basis to the same or similarly situated uses and applied in an equitable and non-discriminatory manner. CPMC retains the right to dispute any City reliance on the Public Health and Safety Exception or the Federal or State Law Exception.

5.6.2 Changes in Federal or State Laws. If Federal or State Laws issued, enacted, promulgated, adopted, passed, approved, made, implemented, amended, or interpreted after the Effective Date have gone into effect and (i) preclude or prevent compliance with one or more provisions of the Approvals or this Agreement, or (ii) materially and adversely affect CPMC's or the City's rights, benefits or obligations, such provisions of this Agreement shall be modified or suspended as may be necessary to comply with such Federal or State Law. In such event, this Agreement shall be modified only to the extent necessary or required to comply with such Law, subject to the provisions of Section 5.6.4, as applicable.

5.6.3 Changes to Development Agreement Statute. This Agreement has been entered into in reliance upon the provisions of the Development Agreement Statute. No amendment of or addition to the Development Agreement Statute which would affect the interpretation or enforceability of this Agreement or increase the obligations or diminish the development rights of CPMC hereunder, or increase the obligations or diminish the benefits to the City hereunder shall be applicable to this Agreement unless such amendment or addition is specifically required by Law or is mandated by a court of competent jurisdiction. If such amendment or change is permissive rather than mandatory, this Agreement shall not be affected.

5.6.4 Termination of Agreement. If any of the modifications, amendments or additions described in Sections 5.3.3, 5.6.2 or 5.6.3 or any changes in Federal or State Laws described thereunder would materially and adversely affect the construction, development, use, operation or occupancy of the Near-Term Projects as currently contemplated by the Approvals, or any material portion thereof, such that the Near-Term Projects become economically infeasible (a "**Law Adverse to CPMC**"), then CPMC shall notify the City and propose amendments or solutions that would maintain the benefit of the bargain (that is this Agreement) for both Parties. If any of the modifications, amendments or additions described in Sections 5.6.2 or 5.6.3 or any changes in Federal or State Laws described thereunder would materially and adversely affect or limit the Public Benefits (a "**Law Adverse to the City**"), then the City shall notify CPMC and propose amendments or solutions that would maintain the benefit of the bargain (that is this Agreement) for both Parties. Upon receipt of a notice under this Section 5.6.4, the Parties agree to meet and confer in good faith for a period of not less than ninety (90) days in an attempt to resolve the issue. If the Parties cannot resolve the issue in ninety (90) days or such longer period as may be agreed to by the Parties, then the Parties shall mutually select a mediator at JAMS in San Francisco for nonbinding mediation for a period of not less than thirty (30) days. If the Parties remain unable to resolve the issue following such mediation, then (i) CPMC shall have the right to terminate this Agreement following a Law Adverse to CPMC upon not less than thirty (30) days prior notice to the City, and (ii) the City shall have the right to terminate this Agreement following a Law Adverse to the City upon not less than

thirty (30) days prior notice to CPMC; provided, notwithstanding any such termination, CPMC shall be required to complete the applicable Public Benefits as and to the extent set forth in Section 10.4.

5.7 No Action to Impede Approvals. Except and only as required under Section 5.6, the City shall take no action under this Agreement nor impose any condition on the Project that would conflict with this Agreement or the Approvals. An action taken or condition imposed shall be deemed to be in conflict with this Agreement or the Approvals if such actions or conditions result in the occurrence of one or more of the circumstances identified in Section 5.3 of this Agreement.

5.8 Criteria for Approving Subsequent Approvals. The City shall not disapprove applications for Subsequent Approvals based upon any item or element that is consistent with this Agreement and the Approvals, and shall consider all such applications in accordance with its customary practices (subject to the requirements of this Agreement). The City may subject a Subsequent Approval to any condition that is necessary to bring the Subsequent Approval into compliance with Applicable Laws. The City shall in no event be obligated to approve an application for a Subsequent Approval that would effect a Material Change. If the City denies any application for a Subsequent Approval that implements a Near-Term Project as contemplated by the Approvals, the City must specify in writing the reasons for such denial and shall suggest modifications required for approval of the application. Any such specified modifications shall be consistent with Applicable Laws and City staff shall approve the application if it is subsequently resubmitted for City review and corrects or mitigates, to the City's satisfaction, the stated reasons for the earlier denial in a manner that is consistent and compliant with Applicable Laws and does not include new or additional information or materials that give the City a reason to object to the application under the standards set forth in this Agreement. The City agrees to rely on the FEIR, to the greatest extent possible, as more particularly described in Section 4.5.1. With respect to any Subsequent Approval that includes a proposed change to a Near-Term Project, the City agrees to rely on the General Plan Consistency Findings to the greatest extent possible in accordance with applicable Laws; provided, however, that nothing shall prevent or limit the discretion of the City in connection with any Subsequent Approvals that, as a result of amendments to the Approvals, require new or revised General Plan consistency findings. The Parties acknowledge that the Long-Term Projects require separate approvals and findings, and nothing shall prevent or limit the discretion of the City in connection therewith, except as otherwise provided in Section 4.5.1.

5.9 Construction of Public Improvements. The City's or CPMC's construction of the Public Improvements shall be governed by the provisions of Exhibit H.

5.10 Estoppel Certificates. CPMC may, at any time, and from time to time, deliver notice to the Planning Director requesting that the Planning Director certify to CPMC, a potential Transferee, or a potential lender to CPMC, in writing that to the best of his or her knowledge: (i) this Agreement is in full force and effect and a binding obligation of the Parties; (ii) this Agreement has not been amended or modified, and if so amended or modified, identifying the amendments or modifications and stating their date and providing a copy or referring to the recording information; (iii) CPMC is not in Default in the performance of its obligations under this Agreement, or if in Default, to describe therein the nature and amount of any such Defaults; and (iv) the findings of the City with respect to the most recent annual review performed pursuant to Section 8 below. The Planning Director, acting on behalf of the City, shall execute and return such

certificate within forty-five (45) days following receipt of the request. A certificate provided by the City establishing the status of this Agreement with respect to any lot or parcel shall be in recordable form and may be recorded with respect to the affected lot or parcel at the expense of the recording party.

5.11 Existing and Continuing Uses. The Parties acknowledge that the Existing Uses are lawfully authorized uses and will generally continue as such uses are modified by the Near-Term Projects, and that any modification thereof is subject to Planning Code Section 178 and the applicable provisions of Section 5 of this Agreement.

5.12 Taxes. Nothing in this Agreement limits the City's ability to impose new or increased taxes or special assessments, or any equivalent or substitute tax or assessment, provided (i) the City shall not institute on its own initiative proceedings for any new or increased special tax or special assessment for a land-secured financing district (including the special taxes under the Mello-Roos Community Facilities Act of 1982 (Government Code §§ 53311 *et seq.*) but not including business improvement districts or community benefit districts formed by a vote of the affected property owners) that includes the Project Sites unless the new district is City-Wide or CPMC gives its prior written consent to such proceedings, and (ii) no such tax or assessment shall be targeted or directed at the Project, including, without limitation, any tax or assessment targeted solely at any or all of the Project Sites. Nothing in the foregoing prevents the City from imposing any tax or assessment against the Project Sites, or any portion thereof, that is enacted in accordance with Law and applies to all similarly-situated property on a City-Wide basis.

6. NO DEVELOPMENT OBLIGATION

There is no requirement under this Agreement that CPMC initiate or complete development of the Project, or any portion thereof (including, without limitation, any development on the Cathedral Hill Campus) except for (i) the Hospital Commitment, if and to the extent that such obligation has arisen pursuant Section 4.2.1, and (ii) the Community Commitments, if and to the extent that any such obligation has arisen pursuant Section 4.2.4. There is also no requirement that development be initiated or completed within any period of time or in any particular order except as set forth in Sections 4.2.1 and 4.2.3. The development of the Project is subject to numerous factors that are not within the control of CPMC or the City, such as availability of financing, interest rates, access to capital, healthcare regulatory requirements and other similar factors. Except as expressly required by this Agreement, the City acknowledges that CPMC may develop the Project in such order and at such rate and times as CPMC deems appropriate within the exercise of its sole and subjective business judgment. In *Pardee Construction Co. v. City of Camarillo*, 37 Cal.3d 465 (1984), the California Supreme Court ruled that the failure of the parties therein to provide for the timing of development resulted in a later adopted initiative restricting the timing of development and controlling the parties' agreement. It is the intent of the Parties to avoid such a result by acknowledging and providing for the timing of development of the Project in the manner set forth herein. The City acknowledges that such a right is consistent with the intent, purpose and understanding of the Parties to this Agreement, and that without such a right, CPMC's development of the Project would be subject to the uncertainties sought to be avoided by the Development Agreement Statute, Chapter 56 and this Agreement.

7. MUTUAL OBLIGATIONS

7.1 Notice of Completion, Revocation or Termination. Upon the Parties' completion of performance, revocation or termination of this Agreement or any portion thereof limited to or arising as a result of an obligation limited to a particular Project Site, a written statement acknowledging such completion, revocation or termination, signed by the appropriate agents of the City and CPMC, shall be recorded in the Official Records. In addition, upon CPMC's request, when all of the required Public Benefits have been completed as to a Project Site, the City and CPMC shall record a notice of completion in the form attached as Exhibit L as to such Project Site.

7.2 General Cooperation.

7.2.1 Agreement to Cooperate. The Parties agree to cooperate with one another to expeditiously implement the Project in accordance with the Approvals, any Subsequent Approvals and this Agreement, and to undertake and complete all actions or proceedings reasonably necessary or appropriate to ensure that the objectives of this Agreement, the Approvals and any Subsequent Approvals are implemented. Except for ordinary administrative costs of the City, nothing in this Agreement obligates the City to spend any sums of money or incur any costs other than City Costs or costs for Public Improvements which may be constructed by the City (subject to CPMC's payment obligations as set forth in Exhibit H) or costs that CPMC must reimburse through the payment of Processing Fees. The Parties agree that the Planning Department (or such other department to whom the obligation is delegated by the Director of the Planning Department after notice to CPMC) will act as the City's lead agency to facilitate coordinated City review of applications for the Project. As such, Planning Department (or such other department) staff will: (i) work with CPMC to ensure that all such applications to the City are technically sufficient and constitute complete applications and (ii) interface with City staff responsible for reviewing any application under this Agreement to facilitate an orderly, efficient approval process that avoids delay and redundancies.

7.2.2 Specific Actions by the City. The City actions and proceedings subject to this Agreement shall be through the Planning Department, as well as affected City Agencies (and when required by applicable Law, the Board of Supervisors), and shall include instituting and completing proceedings for closing, vacating, widening, modifying, or changing the grades of streets, alleys, sidewalks, and other public rights-of-way and for other necessary modifications of the streets, the street layout, and other public rights-of-way in or near the Project Sites, including any requirement to abandon, remove, and relocate public utilities (and, when applicable, City utilities) within the public rights-of-way as specifically identified and approved in the Approvals and Subsequent Approvals. Except as set forth in Section 9.4.6, City Agencies shall process with due diligence all submissions and applications by CPMC on all permits, approvals, construction or occupancy permits for the Project subject to the acceptance of the same as complete.

7.3 Non-City Approvals.

7.3.1 Cooperation to Obtain Permits. The Parties acknowledge that certain portions of the Near-Term Projects, including, without limitation, the St. Luke's Campus Hospital, the Cathedral Hill Campus Hospital and the Van Ness pedestrian tunnel, require the approval of

Federal, State, and local governmental agencies that are independent of the City and not a Party to this Agreement ("**Non-City Agencies**"), including but not limited to Caltrans and OSHPD. The City will reasonably cooperate with reasonable requests by CPMC in connection with CPMC's efforts to obtain permits, agreements, or entitlements from Non-City Agencies as may be necessary or desirable for the development, operation and use of Near-Term Projects (each, a "**Non-City Approval**"). The City's commitment to CPMC under this Agreement is subject to the following conditions:

(a) Throughout the permit process for any Non-City Approval, CPMC shall consult and coordinate with each affected City Agency in CPMC's efforts to obtain the permits, agreements, or entitlements, and each such City Agency shall cooperate reasonably with CPMC in CPMC's efforts to obtain the same.

(b) CPMC shall not agree to conditions or restrictions in any Non-City Approval that could create: (1) any obligations on the part of any City Agency, unless the City Agency agrees in writing, following the receipt of any necessary governmental approvals, to assume such obligations; or (2) any restrictions on City property, unless in each instance the City, including each affected City Agency, has previously approved in its sole discretion the conditions or restrictions in writing following the receipt of any necessary governmental approvals.

(c) The City shall have no duty to cooperate with public utilities and communication service providers to the extent that the cooperation efforts requested by CPMC are materially in excess of the City's typical efforts in connection with other major development and construction projects in the City.

7.3.2 Costs. CPMC shall bear all costs associated with applying for and obtaining any necessary Non-City Approval. CPMC, at no cost to the City, shall be solely responsible for complying with any Non-City Approval and any and all conditions or restrictions imposed as part of a Non-City Approval. CPMC shall pay or otherwise discharge any fines, penalties, or corrective actions imposed as a result of CPMC's failure to comply with any Non-City Approval.

7.4 Cooperation in the Event of Third-Party Challenge.

7.4.1 In the event any administrative, legal or equitable action or proceeding is instituted by any party other than the City or CPMC challenging the validity or performance of any provision of this Agreement, the Project, the Approvals or Subsequent Approvals, the adoption or certification of the FEIR or other actions taken pursuant to CEQA, or other approvals under Laws relating to the Project, any action taken by the City or CPMC in furtherance of this Agreement, or any combination thereof relating to the Project or any portion thereof ("**Third-Party Challenge**"), the Parties shall cooperate in defending against such challenge. The City shall promptly notify CPMC of any Third-Party Challenge instituted against the City.

7.4.2 CPMC shall assist and cooperate with the City at CPMC's own expense in connection with any Third-Party Challenge. The City Attorney's Office may use its own legal staff or outside counsel in connection with defense of the Third-Party Challenge, at the City Attorney's sole discretion. CPMC shall reimburse the City for its actual costs in defense of the

action or proceeding, including but not limited to the time and expenses of the City Attorney's Office (at the non-discounted rates then charged by the City Attorney's Office) and any consultants; provided, however, CPMC shall have the right to monthly invoices for all such costs.

7.4.3 To the extent that any such action or proceeding challenges or a judgment is entered limiting CPMC's right to proceed with the Project or any material portion thereof under this Agreement (whether the Project commenced or not), including the City's actions taken pursuant to CEQA, CPMC may elect to terminate this Agreement. Upon any such termination (or, upon the entry of a judgment terminating this Agreement, if earlier), the City and CPMC shall jointly seek to have the Third-Party Challenge dismissed and CPMC shall have no obligation to reimburse City defense costs that are incurred after the dismissal.

7.4.4 The filing of any Third Party Challenge shall not delay or stop the development, processing or construction of the Project or the issuance of Subsequent Approvals unless the third party obtains a court order preventing the activity. During the pendency of a Third Party Challenge CPMC's obligations to provide the Community Commitments shall be tolled so long as CPMC has not otherwise Commenced Construction of the Cathedral Hill Campus Hospital as provided in Exhibit N; provided, however, the Commitment Increments arising as of the Effective Date shall not be tolled notwithstanding such Third Party Challenge. For the purposes of the foregoing exclusions from the tolling of the Community Commitments, the Parties agree and acknowledge that the following Commitment Increments arise as of the Effective Date: (i) in Exhibit F, the 1,500 New Enrollees described in section 2, the first Innovation Fund payment of $2 million described in section 3, and the commitments described in sections 7 through 10; (ii) in Exhibit G, the payment of the $2,684,800 Residential Hotel Replacement Fee described in section 1, the payment of the $1,453,820 Residential Unit Replacement Fee described in section 2, and the $2.4 million payment described in section 3 as part of the Affordable Housing Payment; (iii) in Exhibit H, a total of $900,000 in payments described in section 2 as part of the CCHAP Improvement Funds and $200,000 in Safe Passage payments described in Section 5; and (iv) as well as $400,000 for Bicycles Studies and $1 million for work force training described in Exhibit N. If CPMC intends to rely upon this tolling provision, it shall notify the City of same and the tolling period shall end on the dismissal or end of the Third Party Challenge.

7.4.5 The reimbursement obligations under this Section 7.4 shall survive any judgment invalidating all or any part of this Agreement.

7.5 Permits to Enter City Property. Subject to the rights of any third party, the rights of the public and the City's reasonable agreement on the scope of the proposed work and insurance and security requirements, each City Agency with jurisdiction shall grant permits to enter City-owned property on the City's standard form permit, including, without limitation, provisions regarding release, waivers and indemnification in keeping with the City's standard practices, so long as the same is consistent with Applicable Law, and otherwise on commercially reasonable terms, in order to permit CPMC to enter City-owned property as necessary to construct the Project or comply with or implement the Approvals or other requirements in this Agreement.

7.6 Good Faith and Fair Dealing. The Parties shall cooperate with each other and act in good faith in complying with the provisions of this Agreement and implementing the Approvals and any Subsequent Approvals. In their course of performance under this Agreement, the

Parties shall cooperate and shall undertake such actions as may be reasonably necessary to implement the Project as contemplated by this Agreement.

7.7 Other Necessary Acts. Each Party shall use good faith efforts to take such further actions as may be reasonably necessary to carry out this Agreement, the Approvals and any Subsequent Approvals, in accordance with the terms of this Agreement (and subject to all applicable Laws) in order to provide and secure to each Party the full and complete enjoyment of its rights and privileges hereunder.

8. ANNUAL REVIEW AND COMPLIANCE

8.1 Initiation of Review. Pursuant to Section 65865.1 of the Development Agreement Statute and Section 56.17 of the Administrative Code, on the date which is fifteen (15) days following the City's receipt of each annual Compliance Statement (the "**Annual Review Date**") during the Term, the Planning Director shall commence a review to ascertain whether CPMC has, in good faith, materially complied with this Agreement.

8.2 Review Procedure. In conducting the required initial and annual reviews of CPMC's compliance with this Agreement, the Planning Director shall follow the process set forth in this Section 8.2.

8.2.1 Required Information from CPMC. Within one hundred fifty (150) days following the end of each fiscal year (as defined in Exhibit F), CPMC shall provide a report to the Planning Director showing compliance, if and to the extent required under this Agreement, with (i) the Hospital Commitment, (ii) each of the Community Commitments, including the Healthcare Compliance Report as set forth in Exhibit F and (iii) the provisions of this Agreement regarding reimbursement of City Costs (the "**Compliance Statement**"). CPMC shall concurrently deliver a copy of the Healthcare Compliance Report to the Director of Public Health, and shall continue to send the Healthcare Compliance Report to the Director of Public Health until the expiration or termination of all of the Healthcare Obligations. The Compliance Statement shall satisfy the requirements for and be submitted in lieu of any Update otherwise required pursuant to Planning Code Section 304.5(b); provided, however, that if there are significant revisions (as defined therein) to the information contained in the IMP, then the Zoning Administrator shall be notified to determine whether a new Institutional Master Plan is required. The Compliance Statement and this Agreement shall also satisfy the requirements of Health Commission Resolution No. 02-10.

8.2.2 City Report. Within forty-five (45) days after CPMC submits the Compliance Statement, the Planning Director, in consultation with the Department of Public Health and other City agencies as appropriate, shall review the Compliance Statement and all other substantial evidence regarding CPMC's compliance with this Agreement. All substantial evidence including final staff reports shall, upon receipt by the City, be made available expeditiously to CPMC. Based on the Compliance Statement and such other substantial evidence, the Planning Director shall determine CPMC's compliance with all elements of this Agreement except for the Healthcare Obligations. CPMC's compliance with the Healthcare Obligations shall be determined (including following the expiration of the Term for the surviving Healthcare Obligations) by the Director of DPH. If the Planning Director finds that CPMC is in material compliance with this Agreement other than the Healthcare Obligations, then Planning Director shall issue a Certificate of

Compliance to CPMC. If the Planning Director finds CPMC not in material compliance, then the Planning Director shall proceed in the manner provided in Chapter 56 for any proposed termination of this Agreement. If the Director of DPH finds that CPMC is not in compliance with the Healthcare Obligations, then the Director of DPH shall consult with the City Attorney for appropriate action in accordance with this Agreement. The City's failure to initiate or timely complete the annual review shall not be a Default and shall not be a waiver of the City's right to do so at a later date. All costs incurred by the City under this Section 8 shall be included in the City Costs.

9. ENFORCEMENT OF AGREEMENT; DEFAULT; REMEDIES

9.1 Enforcement. The only Parties to this Agreement are the City and CPMC (and any successors and Transferees). This Agreement is not intended, and shall not be construed, to benefit or be enforceable by any other person or entity whatsoever.

9.2 Meet and Confer Process. Before sending a notice of default in accordance with Section 9.3, the Party which may assert that the other Party has failed to perform or fulfill its obligations under this Agreement shall first attempt to meet and confer with the other Party to discuss the alleged failure and shall permit such Party a reasonable period, but not less than ten (10) days, to respond to or cure such alleged failure; provided, however, the meet and confer process shall not be required (i) for any failure to pay amounts due and owing under this Agreement or in connection with an unresolved dispute pursuant to Section 4.7.5, (ii) for failure to meet the St. Luke's Campus Hospital Opening Deadline, and (iii) if a delay in sending a notice pursuant to Section 9.3 would impair, prejudice or otherwise adversely affect a Party or its rights under this Agreement. The Party asserting such failure shall request that such meeting and conference occur within three (3) business days following the request and if, despite the good faith efforts of the requesting Party, such meeting has not occurred within seven (7) business days of such request, such Party shall be deemed to have satisfied the requirements of this Section 9.2 and may proceed in accordance with the issuance of a notice of default under Section 9.3.

9.3 Default. The following shall constitute a "Default" under this Agreement: (i) the failure to make any payment within sixty (60) days following notice that such payment was not made when due and demand for compliance; and (ii) the failure to perform or fulfill any other material term, provision, obligation, or covenant of this Agreement and the continuation of such failure for a period of sixty (60) days following notice and demand for compliance. Notwithstanding the foregoing, (A) if a failure can be cured but the cure cannot reasonably be completed within sixty (60) days, then it shall not be considered a Default if a cure is commenced within said 60-day period and diligently prosecuted to completion thereafter, (B) for failure to meet the St. Luke's Campus Hospital Opening Deadline, CPMC's cure period shall be thirty (30) days following City's notice and demand for compliance, and (C) for any obligation that cannot be cured (i.e., the failure to provide services to the required number of Medi-Cal patients in a past year or years as set forth in Exhibit F), CPMC shall have the benefit of the meet and confer process set forth in Section 9.2 to demonstrate or provide evidence to the City that a condition precedent to the obligation did not occur, that CPMC has satisfied the specified obligation, or an event of Excusable Delay has occurred, but there shall be no cure period. Any notice of default given by a Party shall specify the nature of the alleged failure and, where appropriate, the manner in which said failure satisfactorily may be cured (if at all). Notwithstanding any other provision in this Agreement to the contrary, but subject to the express provisions of the Hospital Commitment and Sections 9.4.4(a) and (b) and Section 11.7, if CPMC

conveys or transfers some but not all of the Project Sites in accordance with the requirements of this Agreement and there is more than one Party that assumes obligations of "CPMC" under this Agreement, there shall be no cross-default between the separate Parties that assumed CPMC obligations. Accordingly, if a Transferee Defaults, it shall not be a Default by any other Transferee or Party that owns a different portion of the Project Site. For purposes of this Section 9, a Party shall include all of its Affiliates who have an ownership interest in a portion of the Project Sites, and therefore any termination or other remedy against that Party may include the same remedy against all such Affiliates.

9.4 Remedies.

9.4.1 Specific Performance. Subject to, and as limited by, the provisions of Sections 9.4.3, 9.4.4 and 9.4.5, in the event of a Default the remedies available to a Party shall include specific performance of this Agreement in addition to any other remedy available at law or in equity. Notwithstanding anything in this Agreement to the contrary, so long as CPMC is actively pursuing the Completion of Construction of the St. Luke's Campus Hospital, the City shall not take any action at law or in equity to prevent CPMC from pursuing the Completion of Construction or Opening of the Cathedral Hill Campus Hospital.

9.4.2 Termination. Subject to the limitation set forth in Section 9.4.4, in the event of a Default the non-defaulting Party may elect to terminate this Agreement by sending a notice of termination to the other Party, which notice of termination shall state the Default. This Agreement will be considered terminated effective upon the date set forth in the notice of termination, which shall in no event be earlier than ninety (90) days following delivery of the notice. Following any such termination, CPMC's obligation to perform, complete and/or maintain the Public Benefits shall be governed by the provisions of Section 10.4.

9.4.3 Limited Damages. The Parties have determined that except as set forth in this Section 9.4.3 and Sections 9.4.4 and 10.3, (i) monetary damages are generally inappropriate, (ii) it would be extremely difficult and impractical to fix or determine the actual damages suffered by a Party as a result of a Default hereunder, and (iii) equitable remedies and remedies at law not including damages but including specific performance and termination are particularly appropriate remedies for enforcement of this Agreement. Consequently, CPMC agrees that the City shall not be liable to CPMC for damages under this Agreement, and the City agrees that CPMC shall not be liable to the City for damages under this Agreement, and each covenants not to sue the other for or claim any damages under this Agreement and expressly waives its right to recover damages under this Agreement, except as follows: (1) either Party shall have the right to recover actual damages only (and not consequential, punitive or special damages, each of which is hereby expressly waived) for a Party's failure to pay sums to the other Party as and when due under this Agreement, including but not limited to any failure to pay liquidated damages as and when due under Section 9.4.4, (2) the City shall have the right to recover actual damages for CPMC's failure to make any payment due under any indemnity in this Agreement, (3) for any Community Commitment for which specific performance or the other remedy listed in the applicable Exhibit is determined not to be available (and for which there is no liquidation amount listed in Section 9.4.4 or the applicable Exhibit), including any failure to fulfill the Baseline Expenditure Commitment as defined in Exhibit F, the City shall have the right to monetary damages against CPMC equal to the costs that CPMC would have incurred to complete the Community Commitment, and (4) either Party

shall have the right to recover reasonable attorneys' fees and costs as set forth in Section 9.6. For purposes of the foregoing, "actual damages" means the actual amount of the sum due and owing under this Agreement, with interest as provided by law, together with such judgment collection activities as may be ordered by the judgment, and no additional sums.

9.4.4 Liquidated Damages. CPMC understands, has ascertained and agrees that the City will sustain damages in connection with CPMC's Default of certain obligations under this Agreement. The City and CPMC agree that the liquidated damages set forth in this Section 9.4.4 shall be presumed to be the damages actually sustained by the City, and that because of the nature of CPMC's obligations under this Agreement, it would be impracticable or extremely difficult to fix the actual damages. Liquidated damages shall be considered not as a penalty but as agreed monetary damages sustained by the City for increased costs, exposures and expenses related to CPMC's Default in connection with such obligations, including but not limited to the loss of seismically safe medical facilities serving area residents and increased costs at San Francisco General Hospital and the City's other public healthcare facilities. Any capitalized term used in this Section 9.4.4 that is not defined shall have the meaning given to such term in Exhibit F.

AFTER NEGOTIATION, THE PARTIES HAVE AGREED THAT, CONSIDERING ALL THE CIRCUMSTANCES EXISTING ON THE DATE OF THIS AGREEMENT, THE AMOUNTS SET FORTH BELOW FOR EACH SUCH OBLIGATION ARE A REASONABLE ESTIMATE OF THE DAMAGES THAT CITY WOULD INCUR IN SUCH EVENT, TAKING INTO ACCOUNT ALL RELEVANT FACTS AND CIRCUMSTANCES. CPMC FURTHER ACKNOWLEDGES AND AGREES THAT ANY COLLECTION OF LIQUIDATED DAMAGES BY THE CITY FROM CPMC UNDER THIS SECTION 9.4.4 SHALL NOT RELEASE OR OTHERWISE LIMIT THE LIABILITY OF CPMC FOR ANY OTHER DEFAULT UNDER THIS AGREEMENT EXCEPT AS EXPRESSLY PROVIDED IN SECTION 9.4.4(a). BY PLACING THEIR RESPECTIVE INITIALS BELOW, EACH PARTY SPECIFICALLY CONFIRMS THE ACCURACY OF THE STATEMENTS MADE ABOVE AND THE FACT THAT EACH PARTY WAS REPRESENTED BY COUNSEL WHO EXPLAINED, AT THE TIME THIS AGREEMENT WAS MADE, THE CONSEQUENCES OF THIS LIQUIDATED DAMAGES PROVISION.

INITIALS: CITY: _____ CPMC: _____

Therefore, as City's sole and exclusive remedy, a Default in the performance of any of the following obligations shall be subject to liquidated damages in the amount and as specified in this Section 9.4.4:

(a) The St. Luke's Campus Hospital Opening Deadline. If CPMC Defaults as to the St. Luke's Campus Hospital Opening Deadline then, commencing on the date of Default as to the St. Luke's Campus Hospital Opening Deadline and ending on the Opening of the St. Luke's Campus Hospital, CPMC shall pay to the City the following amounts for the following periods: (i) for the first thirty (30) days, Ten Thousand Dollars ($10,000) per day, (ii) for days thirty-one (31) through one hundred twenty (120), Twenty-Five Thousand Dollars ($25,000) per day and (iii) thereafter to the date one year from the first day of such Default, Thirty Thousand Dollars ($30,000) per day. Such payments shall be made monthly, in arrears, commencing on the date that is thirty (30) days after the date of the Default and on the same day each calendar month thereafter until cured. If CPMC fails to Open the St. Luke's Campus Hospital on or before the first anniversary

of the date of the Default, CPMC shall pay the amount set forth in Section 9.4.4(b), provided that CPMC's first payment under Section 9.4.4(b) shall be reduced by the amount paid by CPMC under this Section 9.4.4(a).

(b) If CPMC fails to Open the St. Luke's Campus Hospital within one year following the St. Luke's Campus Hospital Opening Deadline (the "**St. Luke's Trigger Date**"), then CPMC shall pay to the City a base amount equal to Thirty Million Dollars ($30,000,000) (the "**St. Luke's Liquidated Payment**") for each year in which CPMC fails to Open the St. Luke's Campus Hospital. On the St. Luke's Trigger Date (and each applicable anniversary thereafter), the St. Luke's Liquidated Payment shall be adjusted by the Medical Rate of Inflation. The adjusted St. Luke's Liquidated Payment payable on the St. Luke's Trigger Date (and each applicable anniversary thereafter) shall be determined by multiplying the St. Luke's Liquidated Payment by a fraction, the numerator of which is the annual index for Medical Care Services published most recently prior to the St. Luke's Trigger Date (or the applicable anniversary thereafter) and the denominator of which is the annual index for Medical Care Services published most recently prior to the Effective Date. CPMC's obligation to pay the adjusted St. Luke's Liquidated Payment shall commence on the St. Luke's Trigger Date and shall be due annually thereafter on each applicable anniversary of the St. Luke's Trigger Date. The obligation to pay the adjusted St. Luke's Liquidated Payment shall end on the earlier of (i) the date that CPMC Opens the St. Luke's Campus Hospital or (ii) if CPMC has not Opened the St. Luke's Campus Hospital, twenty (20) years following the date of Default as to the St. Luke's Campus Hospital Opening Deadline. If the last St. Luke's Liquidated Payment is for less than a full year, then the amount due and payable by CPMC shall be prorated on a per diem basis.

(c) Unduplicated Patient Commitment. If CPMC Defaults as to the Unduplicated Patient Commitment, as same is defined in Exhibit F, in a fiscal year, then CPMC shall pay to the City upon delivery of the Healthcare Compliance Report (or, if the Default is discovered or determined later, then within thirty (30) days following the discovery or determination of the Default) an amount equal to one hundred fifty percent (150%) of the average cost of one Unduplicated Patient from the immediately preceding reported year multiplied by the shortfall in number of such Unduplicated Patients.

(d) New Medi-Cal Beneficiaries Commitment. If CPMC Defaults as to the New Medi-Cal Beneficiaries Commitment in a fiscal year (as defined in Exhibit F), then CPMC shall pay to the City upon delivery of the Healthcare Compliance Report (or, if the Default is discovered or determined later, then within thirty (30) days following the discovery or determination of the Default) an amount equal to one hundred fifty percent (150%) of the Average Life Cost times the New Enrollee Shortfall. The Average Life Cost shall mean the average unreimbursed cost per fiscal year to CPMC for providing services to each New Enrollee over the previous two (2) fiscal years. The New Enrollee Shortfall shall be the difference between the number of New Enrollees that CPMC was required to accept under the New Medi-Cal Beneficiaries Commitment for that fiscal year and the number of New Enrollees that CPMC did accept in that fiscal year.

(e) St. Luke's Center for Excellence in Community Health Commitment. For any fiscal year in which CPMC Defaults by failing to maintain the St. Luke's Center for Excellence in Community Health as set forth in Section 6 of Exhibit F, CPMC shall pay

to the City within thirty (30) days following the Default an amount equal to Two Million Dollars ($2,000,000) for the fiscal year in which the Default occurred.

(f) St. Luke's Center for Excellence in Senior Health Commitment. For any fiscal year in which CPMC Defaults by failing to maintain the St. Luke's Center for Excellence in Senior Health as set forth in Section 6 of Exhibit F, CPMC shall pay to the City within thirty (30) days following the Default an amount equal to Seven Hundred Fifty Thousand Dollars ($750,000) for the fiscal year in which the Default occurred.

9.4.5 Arbitration of Disputes.

(a) Arbitration Generally. Any disputes arising under this Agreement relating to the following provisions of Exhibit F the amount or calculation (or components used in connection therewith) of (i) the Baseline Commitment, (ii) the Maximum Medi-Cal Shortfall as applied in connection with the New Medi-Cal Beneficiaries Commitment, or (iii) the St. Luke's Liquidated Payment (the "**Arbitrable Matters**"); shall be submitted to JAMS in San Francisco, or its successor, in front of a single disinterested Arbitrator for final and binding arbitration in accordance with this Section 9.4.5 ("**Arbitration**").

(b) Arbitration Demand; Selection of Arbitrator. Either Party may file an arbitration demand with JAMS in San Francisco within: (i) ninety (90) days after the later of the expiration of the meet and confer process in Section 9.2 or date on which a Default has occurred (the "**Election Period**"). Within ten (10) days from the date that a Party makes the arbitration demand, the Parties shall meet and confer to select an Arbitrator. The Arbitrator to be used for an Arbitration must be a "disinterested person," which is someone who is not now, and within the preceding five (5) years has not been, employed or hired by, or had a business relationship with, either Party or any entity owned or controlled in whole or in part by either Party. The Arbitrator shall provide written disclosure of any circumstances regarding the claim or the Parties that he or she believes might affect his or her impartiality. The Parties shall have seven (7) days after receiving a disclosure in which to disqualify the Arbitrator based upon good faith concerns arising from the written statement. An Arbitrator shall not be disqualified simply because he or she has in the past been hired by attorneys for either Party as part of an arbitration or mediation procedure involving an unrelated subject matter, so long as the Arbitrator discloses such relationship and affirms that he or she is able to impartially consider the matters to be presented in the Arbitration. However, a proposed Arbitrator shall disclose any instances in which he or she has served as a neutral for either Party, and the other Party may disqualify the Arbitrator if such Party has concerns that repeated service as a neutral may render the Arbitrator unable to be impartial. In the absence of agreement by the Parties within twenty (20) days from the date that a Party makes the arbitration demand, JAMS shall, within ten (10) days thereafter, designate a disinterested retired judge from Alameda, San Francisco, San Mateo or Santa Clara counties to be the Arbitrator, either through a process of having the Parties strike names from a list of potential Arbitrators, or by otherwise selecting an Arbitrator at JAMS's discretion. If for any reason an Arbitrator is not selected through the foregoing procedures, then the Presiding Judge of the San Francisco Superior Court shall select a retired judge to be the Arbitrator. As part of such selection, each Party shall be entitled to submit the names and a brief (not more than one page per nominee) biography of up to two (2) proposed retired judges from Alameda, San Francisco, San Mateo or Santa Clara counties to serve as Arbitrator, but the Presiding Judge shall not be required to select any of the Parties' proposed arbitrators. If neither

Party files an arbitration demand with JAMS within the Election Period, then either Party may pursue available rights and remedies for the Default in the San Francisco Superior Court.

(c) Arbitration Procedures.

(i) The Arbitration will be conducted in San Francisco before one retired judge sitting as the arbitrator (the "**Arbitrator**") who will be instructed to apply the California Rules of Evidence. The JAMS Comprehensive Arbitration Rules and Procedures effective as of October 1, 2010 will apply, except to the extent specifically modified herein (the "**JAMS Rules**"). The cost of the Arbitrator and the JAMS fees shall be split and paid equally by the Parties. The arbitration award shall be final and binding, and is not subject to appeal. Judgment upon the award rendered by the Arbitrator may be entered in any court of competent jurisdiction.

(ii) The Arbitrator shall determine the scope and timing of discovery, which shall include, at a minimum, the following:

(1) In advance of the Parties' exchange of initial lists of percipient witnesses, counsel shall meet and confer about exchanging documents. Either Party may request documents from the opposing Party, and the Arbitrator will resolve any disputes over the scope of documents to be produced.

(2) Counsel shall meet and confer to discuss testimony and depositions. At a time agreed upon by counsel or set by the Arbitrator, the Parties will exchange an initial list of the percipient witnesses each Party reasonably anticipates it will call to testify at the Arbitration. After the exchange of initial lists, a Party may supplement its list of witnesses if the other Party's designations or further discovery or investigation in good faith leads that Party to conclude that the testimony of additional percipient witnesses would be advisable.

(3) At a time agreed upon by counsel or set by the Arbitrator, but after documents have been exchanged and the depositions have been completed, the Parties will simultaneously exchange designations of expert witnesses. The designation of expert witnesses, and the designation of any rebuttal or supplemental expert witnesses, shall be governed by the procedures of Code of Civil Procedure Section 2034 *et seq.*, including that each Party shall have an opportunity to depose each expert witness designated by the opposing Party. At least ten (10) business days in advance of the deposition of the first expert, the Parties shall simultaneously exchange any expert reports, and all documents that are in the experts' possession, custody, or control, or the possession, custody, or control of the Party disclosing the experts and that any expert has relied on or reviewed in preparing his or her opinion.

(4) At a time to be arranged by counsel or the Arbitrator, but at least ten (10) days before the Arbitration hearing commences, each Party will provide the opposing Party with copies of a full set of documents that it intends to introduce at the Arbitration.

(d) Alternate Dispute Resolution Providers. In the event that neither JAMS nor its successor exists at the time for resolving a dispute, then the American Arbitration Association ("**AAA**") or its successor shall be used for arbitration procedures set forth herein; provided, however, the AAA's Commercial Arbitration Rules then in effect (except to the

extent specifically modified herein) shall be used instead of the JAMS Rules. If neither JAMS nor AAA nor a successor of either exists, then the arbitration shall be administered by a then-existing alternate dispute resolution provider located in San Francisco county and agreed to by the Parties. If the parties are not able to agree, then the arbitration provisions of this Agreement shall become null and void and the Parties may pursue available remedies in San Francisco Superior Court.

9.4.6 City Processing. The City shall not be required to process any requests for approval or take other actions under this Agreement during any period in which payments from CPMC are past due.

9.5 Time Limits; Waiver; Remedies Cumulative. Failure by a Party to insist upon the strict or timely performance of any of the provisions of this Agreement by the other Party, irrespective of the length of time for which such failure continues, shall not constitute a waiver of such Party's right to demand strict compliance by such other Party in the future. No waiver by a Party of any condition or failure of performance, including a Default, shall be effective or binding upon such Party unless made in writing by such Party, and no such waiver shall be implied from any omission by a Party to take any action with respect to such failure. No express written waiver shall affect any other condition, action or inaction, or cover any other period of time, other than any condition, action or inaction and/or period of time specified in such express waiver. One or more written waivers under any provision of this Agreement shall not be deemed to be a waiver of any subsequent condition, action or inaction, and the performance of the same or any other term or provision contained in this Agreement. Except as specifically limited in Sections 9.4.4 and 9.4.5, nothing in this Agreement shall limit or waive any other right or remedy available to a Party to seek injunctive relief or other expedited judicial and/or administrative relief to prevent irreparable harm.

9.6 Attorneys' Fees. Should legal action be brought by either Party against the other for a Default under this Agreement or to enforce any provision herein, the prevailing Party in such action shall be entitled to recover its reasonable attorneys' fees and costs. For purposes of this Agreement, "reasonable attorneys' fees and costs" means the reasonable fees and expenses of counsel to the Party, which may include printing, duplicating and other expenses, air freight charges, hiring of experts and consultants, and fees billed for law clerks, paralegals, librarians and others not admitted to the bar but performing services under the supervision of an attorney. The term "reasonable attorneys' fees and costs" shall also include, without limitation, all such reasonable fees and expenses incurred with respect to appeals, mediation, arbitrations, and bankruptcy proceedings, and whether or not any action is brought with respect to the matter for which such fees and costs were incurred. For the purposes of this Agreement, the reasonable fees of attorneys of City Attorney's Office shall be based on the fees regularly charged by private attorneys with the equivalent number of years of experience in the subject matter area of the law for which the City Attorney's Office's services were rendered who practice in the City of San Francisco in law firms with approximately the same number of attorneys as employed by the Office of the City Attorney.

10. AMENDMENT; TERMINATION; EXTENSION OF TERM

10.1 Amendment or Termination. This Agreement may only be amended with the mutual written consent of the City and CPMC, provided following a Transfer, the City and CPMC or any Transferee may amend this Agreement as it affects CPMC or the Transferee and the portion of the Project Site owned by CPMC or the Transferee without affecting other portions of the Project

Site or other Transferees. Other than upon the expiration of the Term and except as provided in Sections 5.6.4, 7.4.3, 9.4.2 and 10.2, this Agreement may only be terminated with the mutual written consent of the Parties. The amendment or termination, and any required notice thereof, shall be accomplished in the manner provided in the Development Agreement Statute and Chapter 56, except as provided in Section 10.5.

10.2 Early Termination Rights. In addition to the termination rights set forth in Sections 5.6.4, 7.4.3 and 9.4.2, CPMC shall, upon thirty (30) days prior notice to the City, have the right, in its sole and absolute discretion, to terminate this Agreement at any time before the Completion of the Exterior Work for the Cathedral Hill Campus Hospital. If CPMC does not Commence Construction of the Cathedral Hill Campus Hospital by the date which is five (5) years following the Effective Date, the City shall, upon sixty (60) days prior notice to CPMC, have the right, in its sole and absolute discretion, to terminate this Agreement at any time before CPMC Commences Construction of the Cathedral Hill Campus Hospital, provided CPMC can prevent any such termination by the City by providing to the City notice, within the above sixty (60) day period, of CPMC's intent to start construction of the Cathedral Hill Campus Hospital if CPMC thereafter Commences Construction within one hundred twenty (120) days following delivery of CPMC's notice to the City. Any termination under this Section 10.2 shall result in the termination of the entirety of this Agreement (except and to the extent that specific Public Benefits survive pursuant to Section 10.4) affecting all of the Project Sites, and any Transferee shall assume the risk of a termination of this Agreement by CPMC or the City under this Section 10.2.

10.3 Termination and Vesting. Any termination under this Agreement shall concurrently effect a termination of the Approvals, except as to each Approval for a Project Site pertaining to a principal building project (e.g., the St. Luke's Campus Hospital, the Cathedral Hill Campus Hospital, the Cathedral Hill Campus MOB or the Davies Neurosciences Building) that has been commenced in reliance thereon. In the event of any termination of this Agreement by CPMC resulting from a Default by the City and except to the extent prevented by such City Default, CPMC's obligation to complete the Public Benefits shall continue as set forth in Section 10.4 but CPMC shall have the right to reduce the Community Commitments in an amount equal to the costs or losses incurred by CPMC as a direct result of the City's Default, including but not limited to reasonable attorneys' fees and costs not paid by the City, as such costs or losses are determined in the award upholding CPMC's termination of this Agreement. The City's and CPMC's rights and obligations under this Section 10.3 shall survive the termination of this Agreement.

10.4 Effect of Expiration or Termination on the Public Benefits. CPMC's obligations and the City's right to enforce CPMC's obligation to perform, complete and/or maintain the Public Benefits, including but not limited to the St. Luke's Campus Hospital Opening Deadline, shall survive the expiration of the Term or termination of this Agreement and remain in effect until completed, subject to the provisions of this Section 10.4. In connection with such survival, the Parties acknowledge and agree that all relevant and applicable provisions of this Agreement shall be deemed to be in effect as such provisions are reasonably necessary in the construction, interpretation or enforcement (including the remedies set forth in this Agreement and the limitations thereon) of this Agreement as to such surviving obligations. CPMC's obligations as to the Public Benefits shall survive the expiration of the Term or termination of this Agreement only as follows:

10.4.1 If this Agreement expires or terminates before CPMC Opens the Cathedral Hill Campus Hospital and CPMC does not continue its construction activities on the Cathedral Hill Campus Hospital or Open the Cathedral Hill Campus Hospital, CPMC shall perform those Commitment Increments which have arisen prior to expiration or termination.

10.4.2 If this Agreement expires or terminates before CPMC Opens the Cathedral Hill Campus Hospital and CPMC is continuing or later resumes construction of the Cathedral Hill Campus Hospital or seeks GACH Licensure of the Cathedral Hill Campus Hospital, CPMC shall perform: (i) those Commitment Increments which have arisen prior to expiration or termination; (ii) each Commitment Increment which arises after expiration or termination, except during any period in which CPMC is not actively performing construction of the Cathedral Hill Campus Hospital or seeking GACH Licensure of the Cathedral Hill Campus Hospital, during which period the obligation to perform the Commitment Increment shall be tolled; and (iii) the Hospital Commitment, including but not limited to the St. Luke's Campus Hospital Opening Obligation.

10.4.3 If this Agreement expires or terminates on or after CPMC Opens the Cathedral Hill Campus Hospital, CPMC shall perform the Hospital Commitment (to the extent not previously completed), each and every Commitment Increment, including but not limited to the St. Luke's Campus Hospital Opening Obligation; provided, however, if a Commitment Increment cannot be performed because of a Law Adverse to the City, then CPMC shall pay to the City an amount equal to the costs that CPMC would have incurred to perform such Commitment Increment.

10.5 Amendment Exemptions. No issuance of a Subsequent Approval, or amendment of an Approval or Subsequent Approval, shall by itself require an amendment to this Agreement. Upon issuance or approval, any such matter shall be deemed to be incorporated automatically into the Project and vested under this Agreement (subject to any conditions set forth in the amendment or Subsequent Approval). Notwithstanding the foregoing, if there is any direct conflict between the terms of this Agreement and a Subsequent Approval, or between this Agreement and any amendment to an Approval or Subsequent Approval, then the Parties shall concurrently amend this Agreement (subject to all necessary approvals in accordance with this Agreement) in order to ensure the terms of this Agreement are consistent with the proposed Subsequent Approval or the proposed amendment to an Approval or Subsequent Approval. The Planning Department and the Planning Commission, as applicable, shall have the right to approve changes to the Project as described in the Exhibits in keeping with its customary practices, and any such changes shall not be deemed to conflict with or require an amendment to this Agreement or the Approvals so long as they do not constitute a Material Change. If the Parties fail to amend this Agreement as set forth above when required, however, then the terms of this Agreement shall prevail over any Subsequent Approval or any amendment to an Approval or Subsequent Approval that conflicts with this Agreement. Any modification of this Agreement or the Approvals that is not a Material Change, as determined by the Planning Director and the Director of any affected City Agency after consultation with the City Attorney, may be agreed to by the Planning Commission, the affected City Agency (when applicable), and the City Administrator, each in their sole discretion. Any modification to this Agreement that is a Material Change shall be subject to the review and approval of the above parties as well as the Board of Supervisors by ordinance. Any modification shall require compliance with the Development Agreement Statute and Chapter 56, but the provisions of this Section 10.5 shall apply in lieu of the provisions of Section 56.15 of the Administrative Code.

10.6 Extension Due to Legal Action or Referendum; Excusable Delay.

10.6.1 If any litigation is filed challenging this Agreement (including but not limited to any CEQA determinations) or the validity of this Agreement or any of its provisions, or if this Agreement is suspended pending the outcome of an electoral vote on a referendum, then the Term shall be extended for the number of days equal to the period starting from the commencement of the litigation or the suspension to the end of such litigation or suspension. The Parties shall document the start and end of this delay in writing within thirty (30) days from the applicable dates.

10.6.2 "**Excusable Delay**" means the occurrence of an event beyond a Party's reasonable control which causes such Party's performance of an obligation hereunder to be delayed, interrupted or prevented, including, but not limited to: changes in Federal or State Laws; strikes or the substantial interruption of work because of labor disputes; inability to obtain materials; freight embargoes; civil commotion, war or acts of terrorism; inclement weather, fire, floods, earthquakes or other acts of God; epidemics or quarantine restrictions; litigation; unforeseen site conditions (including archaeological resources and the presence of hazardous materials); or the failure of any governmental agency, public utility or communication service provider to issue a permit, authorization, consent or approval required to permit construction or as required to satisfy the Hospital Commitment within the standard or customary time period for such issuing authority following CPMC's submittal of a complete application for such permit, authorization, consent or approval, together with any required materials. Excusable Delay shall not include delays resulting from failure to obtain financing or have adequate funds, or the rejection of permit, authorization or approval requests based upon CPMC's failure to satisfy the substantive requirements for the permit, authorization or approval request. In the event of Excusable Delay, the Parties agree that (i) the time periods for performance of the delayed Party's obligations impacted by the Excusable Delay shall be strictly limited to the period of such delay, interruption or prevention and the delayed Party shall, to the extent commercially reasonable, act diligently and in good faith to remove the cause of the Excusable Delay or otherwise complete the delayed obligation, and (ii) following the Excusable Delay and subject to compliance with the terms of Sections 9.2 and 9.3 as applicable, a Party shall have all rights and remedies available under this Agreement, including liquidated damages when applicable, if the obligation is not completed within the time period as extended by the Excusable Delay. If an event which may lead to an Excusable Delay occurs, the delayed Party shall notify the other Party in writing of such occurrence as soon as possible after becoming aware that such event may result in an Excusable Delay, and the manner in which such occurrence is likely to substantially interfere with the ability of the delayed Party to perform under this Agreement. For the purposes of this Agreement, the Parties intend that if an event of Excusable Delay were to impact the timing of the Completion of Construction or Opening of the St. Luke's Campus Hospital such that CPMC, despite commercially reasonable, diligent and good faith efforts to remove the cause of the Excusable Delay or otherwise complete the delayed obligation, would not be able to meet the Completion Deadline or the St. Luke's Campus Hospital Opening Deadline, that (i) CPMC may Complete Construction, achieve GACH Licensure and Open the Cathedral Hill Campus Hospital notwithstanding the Completion Deadline for the St. Luke's Campus Hospital and the St. Luke's Campus Hospital Opening Deadline and (ii) the City would not be entitled to liquidated damages under Section 9.4.4 for the period of the Excusable Delay; provided, however, CPMC may not rely on Excusable Delay to delay the Completion Deadline for the St. Luke's Campus Hospital or the Opening Deadline Hospital at the St. Luke's Campus if the act or thing that is the cause of the Excusable Delay applies to both the Cathedral Hill Campus and the St. Luke's Campus and CPMC

devotes efforts or resources disproportionally to the Cathedral Hill Campus in its efforts to resolve the Excusable Delay.

11. TRANSFER OR ASSIGNMENT; RELEASE; CONSTRUCTIVE NOTICE

11.1 Permitted Transfer of this Agreement. At any time, CPMC shall have the right to convey, assign or transfer all or any part of its right, title, and interest in and to the Project Sites without the City's consent, provided that it also transfers any applicable portion of its interest, rights or obligations under this Agreement (a "**Transfer**") with respect to such portion of the Project Sites to a third party (the "**Transferee**") acquiring an interest in that portion of the Project Sites (the "**Transferred Property**"). For purposes of the foregoing, all of the Public Benefits will apply to, connect and run with the land that is the Cathedral Hill Hospital Site, except for (i) the St. Luke's Campus Hospital Opening Obligation and the St. Luke's MOB Commitment, the St. Luke's Health Care Center, the St. Luke's Center of Excellence in Community Health and the St. Luke's Center of Excellence in Senior Health, all as described in this Agreement (including Exhibit F), which apply to, connect and run with the land that is the St. Luke's Campus, (ii) CPMC's obligations in the Workforce Agreement, which apply to, connect and run with the land on which the applicable Workforce Project (as defined in Exhibit E) is to be constructed, and (iii) the STLD Improvements, as described in Exhibit H, which apply to the land that is the St. Luke's Campus and the Davies Campus, respectively. Accordingly, if CPMC conveys or transfers some but not all of the Project Site such that there are separate owners of one or more of the Project Sites, the obligation to perform and complete the Public Benefits shall be separated in the manner set forth above and described in the applicable Assignment and Assumption Agreement. The obligation to undertake the Community Visioning Plans referenced in Section 4.4 shall be the responsibility of the owner of each applicable campus.

11.2 Notice of Transfer. With regard to any proposed Transfer of its interests, rights and obligations under this Agreement, CPMC shall provide not less than ninety (90) days' notice to the City before any such Transfer. CPMC shall provide, with such notice, a copy of the assignment and assumption agreement that CPMC proposes to enter into, with a detailed description of what obligations are to be assigned to and assumed by the Transferee and what obligations will be retained by CPMC, and a description of the Transferred Property (each, an "**Assignment and Assumption Agreement**"). Each Assignment and Assumption Agreement shall be in recordable form, in substantially the form attached as Exhibit M, and shall include, among other terms: (i) an agreement and covenant by the Transferee not to challenge the enforceability of any of the provisions or requirements of this Agreement; (ii) a description of the obligations under this Agreement that will be assigned to and assumed by the Transferee and from which CPMC will be released, except to the extent that Exhibit F, Exhibit H or Section 11.7 provide otherwise; (iii) a covenant not to sue the City for any and all disputes solely between CPMC and the Transferee; and (iv) confirmation of all of the indemnifications and releases set forth in this Agreement. The Assignment and Assumption Agreement shall be subject to the consent of the Planning Director, which consent will not be unreasonably withheld, conditioned or delayed and will be limited to confirming that the Assignment and Assumption Agreement satisfies the requirements of this Agreement. It shall not be unreasonable for the Planning Director to refuse to consent if the description of the obligations that will be assigned and assumed are unclear or inconsistent with this Agreement. If Planning Director refuses consent, he or she shall state the reasons for the refusal and the corrections that must be made in order to obtain his or her approval. Each Assignment and

Assumption Agreement shall become effective when it is duly executed by the Parties, the Planning Director has executed the consent, and it is recorded in the Official Records. Failure to enter into an Assignment and Assumption Agreement as set forth above upon any conveyance of all or part of the Project Sites shall be a Default by CPMC under this Agreement.

11.3 Release of Liability. Upon recordation of an approved Assignment and Assumption Agreement, CPMC shall be released from any prospective liability or obligation under this Agreement related to the Transferred Property as specified in the Assignment and Assumption Agreement, and the Transferee shall be deemed to be "CPMC" under this Agreement with all rights and obligations related thereto, with respect to such Transferred Property. Notwithstanding anything to the contrary contained in this Agreement, if a Transferee Defaults under this Agreement, such Default shall not constitute a default by CPMC or a different Transferee with respect to any other portion of the Project Sites and shall not entitle the City to terminate or modify this Agreement with respect to such other portion of the Project Sites, except as otherwise provided herein. Additionally, the annual review provided by Section 8 shall be conducted separately as to CPMC and each Transferee and only as to those obligations that CPMC or such Transferee has under this Agreement.

11.4 CPMC's Responsibility for Performance. It is the intent of the Parties that as the Project is developed all applicable requirements of this Agreement, the Approvals and any Subsequent Approvals shall be met. If CPMC Transfers all or any portion of the Project Sites, CPMC shall continue to be responsible for performing the obligations under this Agreement until such time as the Assignment and Assumption Agreement is recorded as set forth in Section 11.2. The City is entitled to enforce each and every such obligation assumed by each Transferee directly against the Transferee as if the Transferee were an original signatory to this Agreement with respect to such obligation. Accordingly, in any action by the City against a Transferee to enforce an obligation assumed by the Transferee, the Transferee shall not assert as a defense against the City's enforcement of performance of such obligation that such obligation (i) is attributable to CPMC's breach of any duty or obligation to the Transferee arising out of the Transfer or the Assignment and Assumption Agreement or any other agreement or transaction between CPMC and the Transferee, or (ii) relates to the period before the Transfer. The foregoing notwithstanding, the Parties acknowledge and agree that a failure to complete a Mitigation Measure may, if not completed, delay or prevent a different party's ability to start or complete a specific building or improvement under this Agreement if and to the extent the completion of the Mitigation Measure is a condition to the other party's right to proceed as specifically described in the Mitigation Measure, and CPMC and all Transferees assume this risk. Accordingly, in some circumstances the City may withhold Subsequent Approvals based upon the acts or omissions of a different party.

11.5 Constructive Notice. Every person or entity who now or hereafter owns or acquires any right, title or interest in or to any portion of the Project Sites is, and shall be, constructively deemed to have consented to every provision contained herein, whether or not any reference to this Agreement is contained in the instrument by which such person acquired an interest in the Project Sites. Every person or entity who now or hereafter owns or acquires any right, title or interest in or to any portion of the Project Sites and undertakes any development activities at the Project Sites, is, and shall be, constructively deemed to have consented and agreed to, and is obligated by all of the terms and conditions of this Agreement, whether or not any reference to this Agreement is contained in the instrument by which such person acquired an interest in the Project Sites.

11.6 Rights of CPMC. The provisions in this Section 11 shall not be deemed to prohibit or otherwise restrict CPMC from (i) granting easements or licenses to facilitate development of the Project Sites, (ii) encumbering the Project Sites or any portion of the improvements thereon by any mortgage, deed of trust, or other device securing financing with respect to the Project Sites or Project, (iii) granting a leasehold interest in portions of the Project Sites, (iv) entering into a joint venture agreement or similar partnership agreement to fulfill its obligations under this Agreement, or (v) transferring all or a portion of the Project Site pursuant to a foreclosure, conveyance in lieu of foreclosure, or other remedial action in connection with a mortgage.

11.7 Transfer and the St. Luke's Campus Hospital Opening Deadline. If CPMC transfers the St. Luke's Campus and the Transferee that owns the St. Luke's Campus Defaults as to the St. Luke's Campus Hospital Opening Deadline for any reason (other than a City Default), including but not limited to bankruptcy, then CPMC as owner of the Cathedral Hill Hospital Site, or any successor owner of the Cathedral Hill Hospital Site, will be responsible for payment of the applicable liquidated damages set forth in Section 9.4.4(a) or (b), if and when such payments become due and owing, or otherwise causing compliance with such obligations. The provisions of this Section 11.7 shall survive the termination or expiration of this Agreement for the period during which the St. Luke's Campus Hospital Opening Obligation remains in effect and shall continue until the date that any required payments that arise before such date are made.

12. CPMC REPRESENTATIONS AND WARRANTIES

12.1 Interest of CPMC; Due Organization and Standing. CPMC represents that it is the legal owner of the Project Sites. CPMC is a California corporation, duly organized and validly existing and in good standing under the laws of the State of California. CPMC has all requisite power to own its property and authority to conduct its business as presently conducted. CPMC represents and warrants that there is no existing lien or encumbrance recorded against the Cathedral Hill Campus or the St. Luke's Campus that, upon foreclosure or the exercise of remedies, would permit the beneficiary of the lien or encumbrance to eliminate or wipe out the obligations set forth in this Agreement that run with applicable land.

12.2 No Inability to Perform; Valid Execution. CPMC represents and warrants that it is not a party to any other agreement that would conflict with CPMC's obligations under this Agreement and it has no knowledge of any inability to perform its obligations under this Agreement. The execution and delivery of this Agreement and the agreements contemplated hereby by CPMC have been duly and validly authorized by all necessary action. This Agreement will be a legal, valid and binding obligation of CPMC, enforceable against CPMC in accordance with its terms.

12.3 Conflict of Interest. Through its execution of this Agreement, CPMC acknowledges that it is familiar with the provisions of Section 15.103 of the City's Charter, Article III, Chapter 2 of the City's Campaign and Governmental Conduct Code, and Section 87100 *et seq.* and Section 1090 *et seq.* of the California Government Code, and certifies that it does not know of any facts which constitute a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the Term.

12.4 Notification of Limitations on Contributions. Through execution of this Agreement, CPMC acknowledges that it is familiar with Section 1.126 of City's Campaign and

Governmental Conduct Code, which prohibits any person who contracts with the City, whenever such transaction would require approval by a City elective officer or the board on which that City elective officer serves, from making any campaign contribution to the officer at any time from the commencement of negotiations for the contract until three (3) months after the date the contract is approved by the City elective officer or the board on which that City elective officer serves. San Francisco Ethics Commission Regulation 1.126-1 provides that negotiations are commenced when a prospective contractor first communicates with a City officer or employee about the possibility of obtaining a specific contract. This communication may occur in person, by telephone or in writing, and may be initiated by the prospective contractor or a City officer or employee. Negotiations are completed when a contract is finalized and signed by the City and the contractor. Negotiations are terminated when the City and/or the prospective contractor end the negotiation process before a final decision is made to award the contract.

12.5 Other Documents. To the current, actual knowledge of Warren Browner, M.D., after reasonable inquiry, no document furnished by CPMC to the City with its application for this Agreement nor this Agreement contains any untrue statement of material fact or omits a material fact necessary to make the statements contained therein, or herein, not misleading under the circumstances under which any such statement shall have been made.

12.6 No Bankruptcy. CPMC represents and warrants to the City that CPMC has neither filed nor is the subject of any filing of a petition under the federal bankruptcy law or any federal or state insolvency laws or laws for composition of indebtedness or for the reorganization of debtors, and, to the best of CPMC's knowledge, no such filing is threatened.

13. MISCELLANEOUS PROVISIONS

13.1 Entire Agreement. This Agreement, including the preamble paragraph, Recitals and Exhibits, and the agreements specifically referenced in this Agreement, constitutes the entire agreement between the Parties with respect to the subject matter contained herein.

13.2 Incorporation of Exhibits. Except for the Approvals which are listed solely for the convenience of the Parties, each Exhibit to this Agreement is incorporated herein and made a part hereof as if set forth in full. Each reference to an Exhibit in this Agreement shall mean that Exhibit as it may be updated or amended from time to time in accordance with the terms of this Agreement.

13.3 Binding Covenants; Run With the Land. Pursuant to Section 65868 of the Development Agreement Statute, from and after recordation of this Agreement, all of the provisions, agreements, rights, powers, standards, terms, covenants and obligations contained in this Agreement shall be binding upon the Parties and, subject to Section 11, their respective heirs, successors (by merger, consolidation, or otherwise) and assigns, and all persons or entities acquiring the Project Sites, any lot, parcel or any portion thereof, or any interest therein, whether by sale, operation of law, or in any manner whatsoever, and shall inure to the benefit of the Parties and their respective heirs, successors (by merger, consolidation or otherwise) and assigns. Subject to the provisions on Transfers set forth in Section 11, all provisions of this Agreement shall be enforceable during the term hereof as equitable servitudes and constitute covenants and benefits running with the land pursuant to applicable Law, including but not limited to California Civil Code Section 1468.

13.4 Applicable Law and Venue. This Agreement has been executed and delivered in and shall be interpreted, construed, and enforced in accordance with the laws of the State of California. All rights and obligations of the Parties under this Agreement are to be performed in the City and County of San Francisco, and the City and County of San Francisco shall be the venue for any legal action or proceeding that may be brought, or arise out of, in connection with or by reason of this Agreement.

13.5 Construction of Agreement. The Parties have mutually negotiated the terms and conditions of this Agreement and its terms and provisions have been reviewed and revised by legal counsel for both the City and CPMC. Accordingly, no presumption or rule that ambiguities shall be construed against the drafting Party shall apply to the interpretation or enforcement of this Agreement. Language in this Agreement shall be construed as a whole and in accordance with its true meaning. The captions of the paragraphs and subparagraphs of this Agreement are for convenience only and shall not be considered or referred to in resolving questions of construction. Each reference in this Agreement to this Agreement or any of the Approvals shall be deemed to refer to this Agreement or the Approvals as amended from time to time pursuant to the provisions of this Agreement, whether or not the particular reference refers to such possible amendment. In the event of a conflict between the provisions of this Agreement and Chapter 56, the provisions of this Agreement will govern and control.

13.6 Project Is a Private Undertaking; No Joint Venture or Partnership.

13.6.1 The development proposed to be undertaken by CPMC on the Project Sites is a private development. The City has no interest in, responsibility for, or duty to third persons concerning any of said improvements. CPMC shall exercise full dominion and control over the Project Sites, subject only to the limitations and obligations of CPMC contained in this Agreement.

13.6.2 Nothing contained in this Agreement, or in any document executed in connection with this Agreement, shall be construed as creating a joint venture or partnership between the City and CPMC. Neither Party is acting as the agent of the other Party in any respect hereunder. CPMC is not a state or governmental actor with respect to any activity conducted by CPMC hereunder.

13.7 Recordation. Pursuant to the Development Agreement Statute and Chapter 56, the Clerk of the Board of Supervisors shall have a copy of this Agreement recorded in the Official Records within ten (10) days after the Effective Date of this Agreement or any amendment thereto, with costs to be borne by CPMC.

13.8 Obligations Not Dischargeable in Bankruptcy. CPMC's obligations under this Agreement are not dischargeable in bankruptcy.

13.9 Survival. Subject to the provisions of Section 10.4, following expiration of the Term, this Agreement shall be deemed terminated and of no further force and effect except for any provisions which, by their express terms, survive the expiration or termination of this Agreement.

13.10 Signature in Counterparts. This Agreement may be executed in duplicate counterpart originals, each of which is deemed to be an original, and all of which when taken together shall constitute one and the same instrument.

13.11 Notices. Any notice or communication required or authorized by this Agreement shall be in writing and may be delivered personally or by registered mail, return receipt requested. Notice, whether given by personal delivery or registered mail, shall be deemed to have been given and received upon the actual receipt by any of the addressees designated below as the person to whom notices are to be sent. Either Party to this Agreement may at any time, upon notice to the other Party, designate any other person or address in substitution of the person and address to which such notice or communication shall be given. Such notices or communications shall be given to the Parties at their addresses set forth below:

To City:

John Rahaim
Director of Planning
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, California 94102

with a copy to:

Dennis J. Herrera, Esq.
City Attorney
City Hall, Room 234
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102
Attn: Real Estate/Finance

To CPMC:

Warren Browner, M.D.
CEO, San Francisco Hospitals
West Bay Region, Sutter Health
2351 Clay Street, 7th Floor
San Francisco, CA 94115

with a copy to:

Michael A. Duncheon, Esq.
VP & Regional Counsel, West Bay Region
Sutter Health
633 Folsom Street, Seventh Floor
San Francisco, CA 94107

13.12 Limitations on Actions. Pursuant to Section 56.19 of the Administrative Code, any decision of the Board of Supervisors made pursuant to Chapter 56 shall be final. Any

court action or proceeding to attack, review, set aside, void, or annul any final decision or determination by the Board of Supervisors shall be commenced within ninety (90) days after such decision or determination is final and effective. Any court action or proceeding to attack, review, set aside, void or annul any final decision by (i) the Planning Director made pursuant to Administrative Code Section 56.15(d)(3) or (ii) the Planning Commission pursuant to Administrative Code Section 56.17(e) shall be commenced within ninety (90) days after said decision is final.

13.13 Severability. Except as is otherwise specifically provided for in this Agreement with respect to any Laws which conflict with this Agreement, if any term, provision, covenant, or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions of this Agreement shall continue in full force and effect unless enforcement of the remaining portions of this Agreement would be unreasonable or grossly inequitable under all the circumstances or would frustrate the purposes of this Agreement.

13.14 MacBride Principles. The City urges companies doing business in Northern Ireland to move toward resolving employment inequities and encourages them to abide by the MacBride Principles as expressed in San Francisco Administrative Code Section 12F.1 *et seq.* The City also urges San Francisco companies to do business with corporations that abide by the MacBride Principles. CPMC acknowledges that it has read and understands the above statement of the City concerning doing business in Northern Ireland.

13.15 Tropical Hardwood and Virgin Redwood. The City urges companies not to import, purchase, obtain or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood, or virgin redwood wood product, except as expressly permitted by the application of Sections 802(b) and 803(b) of the San Francisco Environment Code.

13.16 Sunshine. CPMC understands and agrees that under the City's Sunshine Ordinance (Administrative Code, Chapter 67) and the California Public Records Act (California Government Code Section 6250 *et seq.*), this Agreement and any and all records, information, and materials submitted to the City hereunder are public records subject to public disclosure. To the extent that CPMC in good faith believes that any financial materials reasonably requested by the City constitutes a trade secret or confidential proprietary information protected from disclosure under the Sunshine Ordinance and other Laws, CPMC shall mark any such materials as such. When a City official or employee receives a request for information that has been so marked or designated, the City may request further evidence or explanation from CPMC. If the City determines that the information does not constitute a trade secret or proprietary information protected from disclosure, the City shall notify CPMC of that conclusion and that the information will be released by a specified date in order to provide CPMC an opportunity to obtain a court order prohibiting disclosure.

13.17 Waiver of Personal Liability.

13.17.1 Non-Liability of City Officials and Others. Notwithstanding anything to the contrary in this Agreement, no individual board member, director, commissioner, officer, employee, official or agent of City or other City Parties shall be personally liable to CPMC, its successors and assigns, in the event of any default by City, or for any amount which may become due to CPMC, its successors and assigns, under this Agreement.

13.17.2 Non-Liability of CPMC Officers and Others. Notwithstanding anything to the contrary in this Agreement, no individual board member, director, officer, employee, official, partner, employee or agent of CPMC or any Affiliate of CPMC shall be personally liable to City, its successors and assigns, in the event of any default by CPMC, or for any amount which may become due to City, its successors and assign, under this Agreement.

[signatures follow on next page]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first above written.

CITY:

CITY AND COUNTY OF SAN FRANCISCO,
a municipal corporation

By: _____
John Rahaim
Director of Planning

Approved on _____
Board of Supervisors Ordinance No. _____

Approved and Agreed:

By: _____
Naomi Kelly, City Administrator

By: _____
Mohammad Nuru,
Director of Public Works

By: _____
Barbara A. Garcia, MPA,
Director of Public Health

Approved as to form:

DENNIS J. HERRERA, City Attorney

By: _____
Charles Sullivan, Deputy City Attorney

CPMC:

SUTTER WEST BAY HOSPITALS,
a California non-profit public benefit corporation

By: _____
Mike Cohill, its President

By: _____
John Gates, its Chief Financial Officer

Approved as to form:

By: _____
Michael Duncheon, its Regional Counsel, Office of the General Counsel

DRAFT
4/24/2013

CONSENT TO DEVELOPMENT AGREEMENT
San Francisco Municipal Transportation Agency

The Municipal Transportation Agency of the City and County of San Francisco ("**SFMTA**") has reviewed the Development Agreement (the "**Development Agreement**") between the City and SUTTER WEST BAY HOSPITALS, a California non-profit public benefit corporation doing business as California Pacific Medical Center ("**CPMC**") to which this Consent to Development Agreement (this "**SFMTA Consent**") is attached and incorporated. Except as otherwise defined in this SFMTA Consent, initially capitalized terms have the meanings given in the Development Agreement.

By executing this SFMTA Consent, the undersigned confirms that the SFMTA Board of Directors, after considering at a duly noticed public hearing the CEQA Findings, including the Statement of Overriding Considerations and the Mitigation Monitoring and Reporting Program contained or referenced therein, consented to and agrees to be bound by the Development Agreement as it relates to matters under SFMTA jurisdiction, including the Transportation Program and the transportation-related Mitigation Measures.

By executing this SFMTA Consent, the SFMTA does not intend to in any way limit, waive or delegate the exclusive authority of the SFMTA as set forth in Article VIIIA of the City's Charter.

CITY AND COUNTY OF SAN FRANCISCO,
a municipal corporation, acting by and through the
SAN FRANCISCO MUNICIPAL TRANSPORTATION
AGENCY

By: _____
EDWARD D. REISKIN,
Director of Transportation

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

By: _____
Deputy City Attorney

EXHIBIT A-1

Saint Luke's Campus Legal Description

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Lots 1 and 2, Assessor's Block 6575 and Lot 21, Assessor's Block 6576, as said Lots and Blocks are shown on that certain Parcel Map filed December 17, 1976, in Book 5 of Parcel Maps, at Page 8, Official Records of City and County of San Francisco, State of California.

APN: Block 6575, Lot 001, Block 6575, Lot 002 and Block 6576, Lot 021

EXHIBIT A-2

Cathedral Hill Campus Legal Description

Cathedral Hill Campus Hospital Site

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Parcel One:

Commencing at a point on the southerly line of Post Street, distant thereon 57.50 feet westerly of the westerly line of Van Ness Avenue; running thence at a right angle southerly, parallel with said line of Van Ness Avenue, 56.83 feet; thence at a right angle westerly, parallel with said line of Post Street, 327.25 feet to the easterly line of Franklin Street; thence at a right angle northerly, along said line of Franklin Street, 56.83 feet to said southerly line of Post Street; thence at a right angle easterly, along said line of Post Street, 327.25 feet to the point of commencement.

Being a portion of Western Addition Block No. 83.

APN: Block 0695, Lot 005

Parcel Two:

Beginning at the intersection of the westerly line of van Ness Avenue and the northerly line of Geary Street; running thence westerly along the said line of Geary Street, 384 feet 9 inches to the point of intersection of the northerly line of Geary Street and the easterly line of Franklin Street; thence northerly along the said easterly line of Franklin Street, 275 feet to the intersection of the easterly line of Franklin Street and the southerly line of Post Street; thence at a right angle easterly, along the said southerly line of Post Street, 384 feet 9 inches to the intersection of the southerly line of Post Street and the westerly line of Van Ness Avenue; thence at a right angle southerly, along the westerly line of Van Ness Avenue, 275 feet to the northerly line of Geary Street and the point of commencement.

Excepting therefrom the following described property:

Commencing at a point on the southerly line of Post Street, distant thereon 57.50 feet westerly of the westerly line of Van Ness Avenue; running thence at a right angle southerly, parallel with said line of Van Ness Avenue, 56.83 feet; thence at a right angle westerly, parallel with said line of Post Street, 327.25 feet to the easterly line of Franklin Street; thence at a right angle northerly, along said line of Franklin Street, 56.83 feet to said southerly line of Post Street; thence at a right angle easterly, along said line of Post Street, 327.25 feet to the point of commencement.

Being a portion of Western Addition Block No. 83.

APN: Block 0695, Lot 006

Cathedral Hill Campus MOB Site

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Parcel 1:

Beginning at a point on the northerly line of Geary Street, distant thereon 82 feet and 6 inches westerly from the westerly line of Polk Street; running thence westerly along said line of Geary Street 27 feet and 6 inches; thence at a right angle northerly 120 feet to the southerly line of Cedar Street; thence at a right angle easterly along said line of Cedar Street 27 feet and 6 inches; and thence at a right angle southerly 120 feet to the point of beginning.

Being a portion of Western Addition Block No. 59.

APN: Block 0694, Lot 005

Parcel 2:

Beginning at a point on the northerly line of Geary Street, distant thereon 110 feet westerly from the westerly line of Polk Street; running thence westerly along said line of Geary Street 27 feet and 6 inches; thence at a right angle northerly 120 feet to the southerly line of Cedar Street; thence at a right angle easterly along said line of Cedar Street 27 feet and 6 inches; and thence at a right angle southerly 120 feet to the point of beginning.

Being a portion of Western Addition Block No. 59.

APN: Block 0694, Lot 006

Parcel 3:

Beginning at a point on the northerly line of Geary Street, distant thereon 137 feet and 6 inches westerly from the westerly line of Polk Street; running thence westerly along said line of Geary Street 27 feet and 6 inches; thence at a right angle northerly 120 feet to the southerly line of Cedar Avenue; thence running easterly along said line of Cedar Avenue 27 feet and 6 inches; thence at a right angle southerly 120 feet to the point of beginning.

Being a portion of Western Addition Block No. 59.

APN: Block 0694, Lot 007

Parcel 4:

Beginning at a point on the northerly line of Geary Street, distant thereon 164 feet easterly from the easterly line of Van Ness Avenue; running thence easterly and along said line of Geary Street 55 feet; thence at a right angle northerly 120 feet to the southerly line of Cedar Street; thence at a right angle westerly along said line of Cedar Street 55 feet; and thence at a right angle southerly 120 feet to the point of beginning.

Being a portion of Western Addition Block No. 59.

APN: Block 0694, Lot 008

Parcel 5:

Commencing at a point on the northerly line of Geary Street, distant thereon 138 feet easterly from the easterly line of Van Ness Avenue; running thence easterly and along said line of Geary Street, 26 feet; thence at a right angle northerly 120 feet to the southerly line of Cedar Street; thence at a right angle westerly along said line of Cedar Street 26 feet; and thence at a right angle southerly 120 feet to the point of commencement.

Being a portion of Western Addition Block No. 59.

APN: Block 0694, Lot 009

Parcel 6:

Beginning at a point on the northerly line of Geary Street, distant thereon 109 feet easterly from the easterly line of Van Ness Avenue; running thence northerly and parallel with the easterly line of Van Ness Avenue 120 feet to the southerly line of Cedar Street; thence at a right angle easterly 29 feet; thence at a right angle southerly 120 feet to the northerly line of Geary Street; thence at a right angle westerly 29 feet to the point of beginning.

Being a portion of Western Addition Block No. 59.

APN: Block 0694, Lot 009A

Parcel 7:

Beginning at the point of intersection of the northerly line of Geary Street with the easterly line of Van Ness Avenue; running thence easterly along said northerly line of Geary Street 109 feet; thence at a right angle northerly 120 feet to the southerly line of Cedar Street; thence at a right angle westerly along said southerly line of Cedar Street 109 feet to the easterly line of of Van Ness Avenue; thence at a right angle southerly along said easterly line of Van Ness Avenue 120 feet to the point of beginning.

Being a portion of Western Addition Block No. 59.

APN: Block 0694, Lot 010

1375 Sutter Street Medical Office Building Site

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Parcel 1:

Beginning at the point of intersection of the southerly line of Sutter Street and the easterly line of Franklin Street; running thence easterly along said line of Sutter Street, 42 feet and 6 inches; thence at a right angle southerly 120 feet to the northerly line of Hemlock Street (formerly Walnut Avenue); thence at a right angle westerly, along said line of Hemlock Street, 42 feet and 6 inches to the easterly line of Franklin Street; thence at a right angle northerly, along said line of Franklin Street, 120 feet to the point of beginning.

Parcel 2:

Beginning at a point on the southerly line of Sutter Street, distant thereon 42 feet and 6 inches easterly from the easterly line of Franklin Street; running thence easterly along said line of Sutter Street, 40 feet; thence at right angles southerly 120 feet to the northerly line of Hemlock Street; thence at a right angle westerly 40 feet; thence at a right angle northerly 120 feet to the point of beginning.

Parcel 3:

Beginning at a point on the southerly line of Sutter Street, distant thereon 169 feet and 9 inches westerly from the westerly line of Van Ness Avenue; running thence westerly along said line of Sutter Street, 132 feet and 6 inches; thence at a right angle southerly 120 feet fo the northerly line of Hemlock Street; thence at a right angle easterly, along said line of Hemlock Street, 132 feet and 6 inches; thence at a right angle, 120 feet to the point of beginning.

Being a portion of Western Addition Block No. 84.

APN: Block 0690, Lot 016

EXHIBIT A-3

Davies Campus Legal Description

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at the point of intersection of the northerly line of Fourteenth Street with the easterly line of Castro Street; running thence northerly along the easterly line of Castro Street, 560 feet to the southerly line of Duboce Avenue; thence at a right angle, easterly along the southerly line of Duboce Avenue, 560 feet to the westerly line of Noe Street; thence at a right angle, southerly along the westerly line of Noe Street, 560 feet to the northerly line of Fourteenth Street; and thence at a right angle, westerly along the northerly line of Fourteenth Street, 560 feet to the point of beginning.

Being all of Mission Block No. 119

APN: Block 3539, Lot 001

EXHIBIT A-4

Pacific Campus Legal Description

Parcel 1 (2400 Clay)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Commencing at the point formed by the intersection of the northerly line of Clay Street with the westerly line of Webster Street; and running thence westerly along said line of Clay Street 90 feet; thence at a right angle northerly 33 feet; thence at a right angle easterly 90 feet to the westerly line of Webster Street; thence at a right angle southerly along said line of Webster Street 33 feet to the point of commencement.

Being a portion of Western Addition Block 316.

APN: Block 0612, Lot 008

Parcel 2 (2315 Buchanan)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at a point on the westerly line of Buchanan Street, distant thereon 77 feet and 8-1/4 inches southerly from the southerly line of Washington Street; running thence southerly along said line of Buchanan Street 50 feet; thence at a right angle westerly 105 feet; thence at a right angle northerly 50 feet; thence at a right angle easterly 105 feet to the point of beginning.

Being a portion of Western Addition Block No. 269.

APN: Block 0613, Lot 002

Parcel 3 (2333 Buchanan, 2200 Webster & 2330, 2340-2360 Clay, Clay Street Tunnel)

Lot 29, as shown on that certain map entitled, "Parcel Map of a Portion of Assessor's Block No. 628, San Francisco, California" recorded on September 1, 1983, in parcel map book 26 at pages 42 and 43, official records of the City and County of San Francisco, State of California.

APN: Block 0613, Lot 029

Parcel 4 (2333 Buchanan, 2324 Sacramento & 2351 Clay)

Lot 14, as shown on that certain map entitled, "Parcel Map of a Portion of Assessor's Block No. 628, San Francisco, California" recorded on September 1, 1983, in parcel map book 26 at pages 42 and 43, official records of the City and County of San Francisco, State of California.

APN: Block 0628, Lot 014

Parcel 5 (2405 Clay – Parking Garage)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Parcel A:

Commencing at the point of intersection of the southerly line of Clay Street with the westerly line of Webster Street; running thence southerly along said westerly line of Webster Street 27 feet, 4-1/2 inches; thence at a right angle westerly 90 feet, 6 inches; thence at a right angle northerly 27 feet, 4-1/2 inches to the southerly line of Clay Street; thence at a right angle easterly along the last named line 90 feet, 6 inches to the point of commencement.

Being a portion of Western Addition Block No. 315.

Parcel B:

Beginning at a point on the westerly line of Webster Street, distant thereon 27.375 feet southerly from the southerly line of Clay Street; running thence southerly and along said line of Webster Street 100 feet; thence at a right angle westerly 265.561 feet to a point perpendicularly distant 146.939 feet easterly from the easterly line of Fillmore Street; thence at a right angle northerly 127.375 feet to the southerly line of Clay Street; thence at a right angle easterly and along said line of Clay Street 171.811 feet; thence at a right angle southerly 102.375; thence at a right angle easterly 3.250 feet; thence at a right angle northerly 75 feet; thence at a right angle easterly 90.500 feet to the point of beginning.

Being a portion of Western Addition Block No. 315.

Parcel C:

Beginning at a point on the southerly line of Clay Street, distant thereon 90 feet and 6 inches westerly from the westerly line of Webster Street; running thence westerly and along said line of Clay Street 3 feet and 3 inches; thence at a right angle southerly 102.375 feet; thence at a right angle easterly 3 feet and 3 inches; thence at a right angle northerly 102.375 feet to the point of beginning.

Being a portion of Western Addition Block No. 315.

APN: Block 0629, Lots 041 and 044

Parcel 6 (2300 California)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at the point of intersection of the westerly line of Webster Street with the northerly line of California Street; running thence westerly along said line of California Street 52 feet and 3 inches; thence at a right angle northerly 82 feet and 7-1/8 inches; thence at a right angle westerly 52 feet; thence at a right angle northerly 100 feet to a point perpendicularly distant 82 feet and 7-1/8 inches southerly from the southerly line of Sacramento Street; thence at a right angle easterly and parallel with said line of Sacramento Street 104 feet and 3 inches to the westerly line of Webster Street; thence at a right angle southerly along said line of Webster Street 182 feet and 7-1/8 inches to the point of beginning.

Being portion of Western Addition Block No. 314.

APN: Block 0636, Lot 033

Parcel 7 (2018 Webster)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at a point on the easterly line of Webster Street distant thereon 132 feet and 6 inches northerly from the northerly line of California Street; running thence northerly along said line of Webster Street 31 feet and 4 1/8 inches; thence at a right angle easterly 100 feet; thence at a right angle southerly 31 feet and 4 1/8 inches; thence at a right angle westerly 100 feet to the point of beginning.

Being a portion of Western Addition Block No. 271

APN: Block 0637, Lot 014

Parcel 8 (Library Garden)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at a point on the easterly line of Webster Street, distant thereon 66 feet, 4-1/8 inches southerly form the southerly line of Sacramento Street; running thence southerly along said line of Webster Street 35 feet; thence at a right angle easterly 100 feet; thence at a right angle northerly 35 feet; thence at a right angle westerly 100 feet to the point of beginning.

Being a portion of Western Addition Block No. 271.

APN: Block 0637, Lot 015

Parcel 9 (2395 Sacramento)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at the point of intersection of the southerly line of Sacramento Street with the easterly line of Webster Street; running thence easterly along said line of Sacramento Street 137 feet and 6 inches; thence at a right angle southerly 132 feet and 8-1/4 inches; thence at a right angle westerly 37 feet and 6 inches; thence at a right angle northerly 66 feet and 4-1/8 inches; thence at a right angle westerly 100 feet to the easterly line of Webster Street; thence at a right angle northerly along said line of Webster Street 66 feet and 4-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 271.

APN: Block 0637, Lot 016

Parcel 10 (2329 Sacramento)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Commencing at a point on the southerly line of Sacramento Street, distant thereon 137 feet, 6 inches easterly from the easterly line of Webster Street, running thence easterly and along said line of Sacramento Street 30 feet; thence at a right angle southerly 132 feet, 8-1/4 inches; thence at a right angle westerly 30 feet; thence at a right angle northerly 132 feet, 8-1/4 inches to the point of commencement.

Being a portion of Western Addition Block 271.

APN: Block 0637, Lot 017

Parcel 11 (2323 Sacramento)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 167 feet, 6 inches easterly from the easterly line of Webster Street; running thence easterly along said line of Sacramento Street 73 feet, 1-1/2 inches; thence at a right angle southerly 132 feet, 8-1/4 inches; thence at a right angle westerly 73 feet, 1-1/2 inches; and thence at a right angle northerly 132 feet, 8-1/4 inches to the point of beginning.

Being a portion of Western Addition Block No. 271.

APN: Block 0637, Lot 018

<u>Parcel 12</u> (2315 Sacramento)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 137 feet and 6 inches westerly from the westerly line of Buchanan Street; running thence westerly along said southerly line of Sacramento Street 34 feet, 4 and 1/2 inches; thence at a right angle southerly 132 feet 8 and 1/4 inches; thence at a right angle easterly 34 feet 4 and 1/2 inches, and thence at a right angle northerly 132 feet 8 and 1/4 inches to the point of beginning.

Being a portion of Western Addition Block No. 271.

APN: Block 0637, Lot 019

EXHIBIT A-5

California Campus Legal Description

Parcel A (3901 Sacramento)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at the point of intersection of the Southerly line of Sacramento Street with the Westerly line of Cherry Street; running thence Westerly along said line Sacramento Street 34 feet, 1 inch; thence at a right angle Southerly 82 feet; thence at a right angle Easterly 34 feet, 1 inch to the Westerly line of Cherry Street, thence at a right angle Northerly along said line of Cherry Street 82 feet to the point of beginning.

Being a portion of Western Addition Block No. 847.

APN: Block 1015, Lot 001

Parcel B (3848-3850 California)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at a point on the northerly line of California Street, distant thereon 318 feet 6 inches easterly from the easterly line of Arguello Boulevard, running thence easterly along said northerly line of California Street 27 feet and 2-3/4 inches; thence at a right angle northerly 132 feet and 5/8 of an inch; thence at a right angle Westerly 27 feet and 2-3/4 inches; thence at a right angle southerly 132 feet and 5/8 of an inch to the point of beginning.

Being a portion of Western Addition Block No. 847.

APN: Block 1015, Lot 016

Parcel C (3905 Sacramento)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 34 feet and 1 inch Westerly from the Westerly line of Cherry Street; running thence Westerly along said line of Sacramento Street 100 feet; thence at a right angle southerly 132 feet and 7-1/8 inches; thence at a right angle easterly 134 feet and 1 inch to the Westerly line of Cherry Street; thence at a right angle northerly along said line of Cherry Street 50 feet and 7-1/8 inches; thence at a right angle Westerly 34 feet and 1 inch; thence at a right angle northerly 82 feet to the point of beginning.

Being a portion of Western Addition Block No. 847.

APN: Block 1015, Lot 052

Parcel D (460 Cherry)

All of that certain real property situated in the City and County of San Francisco, State of California, described as follows:

Parcel 1:

Beginning at the point of intersection of the northerly line of California Street with the Westerly line of Cherry Street; running thence Westerly along said line of California Street 33 feet; thence at a right angle northerly 48 feet; thence at a right angle easterly 33 feet to the Westerly line of Cherry Street; thence at a right angle southerly along said line of Cherry Street 48 feet to the point of beginning.

Being a portion of Western Addition Block No. 847.

Parcel 2:

Beginning at a point on the northerly line of California Street, distant thereon 33 feet Westerly from the Westerly line of Cherry Street; running thence Westerly along said line of California Street 25 feet; thence at a right angle northerly 107 feet and 7-1/8 inches; thence at a right angle easterly 25 feet; and thence at a right angle southerly 107 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 847.

Parcel 3:

Beginning at a point on the northerly line of California Street, distant thereon 58 feet Westerly from the Westerly line of Cherry Street; running thence Westerly along said line of California Street 25 feet; thence at a right angle northerly 107 feet and 7-1/8 inches; thence at a right angle easterly 25 feet; thence at a right angle southerly 107 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 847.

Parcel 4:

Beginning at a point on the northerly line of California Street, distant thereon 83 feet Westerly from the Westerly line of Cherry Street; running thence Westerly and along said line of California Street 25 feet; thence at a right angle northerly 107 feet and 7-1/8 inches; thence at a right angle easterly 25 feet; thence at a right angle southerly 107 feet and 7-1/8 inches to the point of beginning.

Being portion of Western Addition Block No. 847.

Parcel 5:

Beginning at a point on the northerly line of California Street, distant thereon 108 feet Westerly from the Westerly line of Cherry Street; running thence Westerly along said line of California Street 25 feet; thence at a right angle northerly 132 feet and 7-1/8 inches; thence at a right angle easterly 25 feet; thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being portion of Western Addition Block No. 847.

Parcel 6:

Beginning at a point on the Westerly line of Cherry Street, distant thereon 48 feet northerly from the northerly line of California Street; running thence northerly along said line of Cherry Street 59 feet and 7-1/8 inches; thence at a right angle Westerly 33 feet; thence at a right angle southerly 59 feet and 7-1/8 inches; thence at a right angle easterly 33 Feet to the point of beginning.

Being a portion of Western Addition Block No. 847.

Parcel 7:

Beginning at a point on the Westerly line of Cherry Street, distant thereon 107 feet and 7-1/8 inches northerly from the northerly line of California Street; running thence northerly along the Westerly line of Cherry Street 25 feet; thence at a right angle Westerly 108 feet; thence at a right angle southerly 25 feet; thence at a right angle easterly 108 feet to the point of beginning.

Being a portion of Western Addition Block No. 847.

APN: Block 1015, Lot 53

Parcel E (3838 California)

All of that certain real property in the City and County of San Francisco, State of California, described as follows:

Parcel I:

Beginning at a point in the northerly line of California Street, distant thereon 133 feet Westerly from the Westerly line of Cherry Street; running thence Westerly along said line of California Street 25 feet; thence at a right angle northerly 132 feet and 7-1/8 inches; thence at a right angle easterly 25 feet; thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 847.

Parcel II:

Beginning at a point on the northerly line of California Street, distant thereon 158 feet Westerly from the Westerly line of Cherry Street; running thence Westerly and along said line of California Street 105 feet; thence at a right angle northerly 132 feet and 7-1/8 inches; thence at a right angle easterly 105 feet; thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 847.

Parcel III:

Beginning at a point on the northerly line of California Street, distant thereon 263 feet Westerly from the Westerly line of Cherry Street; running thence Westerly along said northerly line of California Street 34 feet and 3 inches to a point hereby for convenience designated as "Point A"; thence at a right angle northerly 132 feet and 5/8 of an inch; thence easterly and parallel with said northerly line of California Street 19 feet, more or less, to a point hereby for convenience described as "Point B", which said "Point B" is the point where said line 19 feet, more or less long, would intersect a straight line drawn from "Point A" to a point hereby for convenience designated as "Point C", and which said "Point C" is distant 278 feet and 2 inches at a right angle Westerly from the Westerly line of Cherry Street and is also distant 132 feet and 7-1/8 inches at a right angle southerly from the southerly line of Sacramento Street; running thence in a straight line from "Point B" to "Point C" Northeasterly 6-1/2 inches; thence easterly and parallel with said northerly line of California Street 15 feet and 2 inches; thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 847.

APN: Block 1015, Lot 054

Parcel F (3700 California, 3801 Sacramento)

All that certain real property in the City of San Francisco, County of San Francisco, State of California, described as follows:

Beginning at the point of intersection of the southerly line of Sacramento Street and the Westerly line of Maple Street; running thence southerly along said line of Maple Street 265 feet and 2-1/4 inches to the northerly line of California Street; thence Westerly along said California Street 412 feet and 6 inches to the easterly line of Cherry Street; thence northerly along said line of Cherry Street 265 feet and 2-1/4 inches to the southerly line of Sacramento Street; thence easterly a long said Sacramento Street 412 feet and 6 inches to the point of beginning.

Being all of Western Addition Block No. 846.

APN: Block 1016, Lots 001, 002, 003, 004, 005, 006, 007, 008, 009.

Parcel G (3698 California; 3773 Sacramento)

All that certain real property in the City and County of San Francisco, State of California, described as follows:

Parcel One:

Beginning at the point of intersection of the northerly line of California Street with the easterly line of Maple Street; running thence northerly along the easterly line of Maple Street 132 feet and 6 inches; thence at a right angle easterly 110 feet; thence at a right angle northerly 1-1/8 inches; thence at a right angle easterly 87 feet and 6 inches; thence at a right angle southerly 132 feet and 7-1/8 inches to the northerly line of California Street; thence at a right angle Westerly along said northerly line of California Street 197 feet and 6 inches to the point of beginning.

Being a portion of Western Addition Block No. 833

Parcel Two:

Beginning at the point of intersection of the southerly line of Sacramento Street with the easterly line of Maple Street; running thence easterly along said line of Sacramento Street 34 feet and 6 inches; thence at a right angle southerly 102 feet and 8-1/4 inches; thence at a right angle Westerly 34 feet and 6 inches to the easterly line of Maple Street; thence at a right angle northerly along said line of Maple Street 102 feet and 8-1/4 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Three:

Beginning at a point on the easterly line of Maple Street, distant thereon 102 feet and 8-1/4 inches southerly from the southerly line of Sacramento Street; running thence southerly along said line of Maple Street 29 feet and 10-7/8 inches; thence at a right angle easterly 112 feet and 6 inches; thence at a right angle northerly 25 feet; thence at a right angle Westerly 78 feet; thence at a right angle northerly 4 feet and 10-7/8 inches; thence at a right angle Westerly 34 feet and 6 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Four:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 34 feet and 6 inches easterly from the easterly line of Maple Street; running thence easterly along said line of Sacramento Street 28 feet; thence at a right angle southerly 107 feet and 7-1/8 inches; thence at a right angle Westerly 28 feet; thence at a right angle northerly 107 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Five:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 62 feet and 6 inches easterly from the easterly line of Maple Street; running thence easterly and along said southerly line of Sacramento Street 25 feet; thence at a right angle southerly 107 feet and 7-1/8 inches; thence at a right angle Westerly 25 feet; Thence at a right angle northerly 107 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Six:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 87 feet and 6 inches easterly from the easterly line of Maple Street; running thence easterly along said line of Sacramento Street 25 feet; thence at a right angle southerly 107 feet and 7-1/8 inches; thence at a right angle Westerly 25 feet; thence at a right angle northerly 107 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Seven:

Beginning at a point on the easterly line of Maple Street, distant thereon 132 feet and 6 inches northerly from the northerly line of California Street; running thence northerly along said easterly line of Maple Street 1-1/8 inches; thence at a right angle easterly 110 feet; thence at right angle southerly 1-1/8 inches; thence at a right angle Westerly 110 feet to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Eight:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 112 feet and 6 inches easterly from the easterly line of Maple Street; running thence easterly along said line of Sacramento Street 52 feet and 6 inches; thence at a right angle southerly 132 feet and 7-1/8 inches; thence at a right angle Westerly 52 feet and 6 inches; thence at a right angle northerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Nine:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 165 feet easterly from the easterly line of Maple Street; running thence easterly along the southerly line of Sacramento Street 27 feet and 6 inches; thence at a right angle southerly 132 feet and 7-1/8 inches; thence at a right angle Westerly 27 feet and 6 inches; thence at a right angle northerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Ten:

Beginning at a point on the northerly line of California Street, distant thereon 197 feet and 6 inches easterly from the easterly line of Maple Street; running thence easterly along said line of California Street 25 feet; thence at a right angle northerly 132 feet and 7-1/8 inches; thence at a right angle Westerly 25 feet; thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Eleven:

Beginning at a point of the northerly line of California Street, distant thereon 222 feet and 6 inches easterly from the easterly line of Maple Street, running thence easterly along said line of California Street 25 feet; thence at a right angle northerly 132 feet and 7-1/8 inches; thence at a right angle westerly 25 feet; thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Twelve:

Beginning at a point on the northerly line of California Street, distant thereon 247 feet and 6 inches easterly from the easterly line of Maple Street; running thence easterly along said line of California Street 25 feet, thence at a right angle northerly 132 feet and 7-1/8 inches, thence at a right angle westerly 25 feet: thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Thirteen:

Beginning at a point on the northerly line of California Street. distant thereon 112 feet and 6 inches westerly from the westerly line of Spruce Street; running thence westerly along said line of California Street 27 feet and 6 inches; thence at a right angle northerly 132 feet and 7-1/8 inches; thence at a right angle easterly 27 feet and 6 inches; thence at a right angle southerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

Parcel Fourteen:

Beginning at a point on the southerly line of Sacramento Street, distant thereon 192 feet and 6 inches easterly from the easterly line of Maple Street; running thence easterly along said line of Sacramento Street 27 feet and 6 inches; thence at a right angle southerly 132

feet and 7-1/8 inches; thence at a right angle westerly 27 feet and 6 inches: thence at a right angle northerly 132 feet and 7-1/8 inches to the point of beginning.

Being a portion of Western Addition Block No. 833.

APN: Block 1017, Lots 027 and 028

EXHIBIT B-1

St. Luke's Campus Project Description[1]

ST. LUKE'S CAMPUS (ALL NEAR-TERM)[2]

1. St. Luke's Campus Hospital and Plaza/Pedestrian Improvements

- Demolition of the Redwood Administration Building[3] and improvements on existing surface parking lot at 3615 Cesar Chavez Street.
- Construction of the St. Luke's Campus Hospital, a 214,061 g.s.f., seven-story hospital, adjacent to and west of the existing St. Luke's Hospital Tower and over a portion of the former San Jose Avenue right-of-way between Cesar Chavez Street and 27th Street, providing approximately 120 acute care beds, and an emergency department. The St. Luke's Campus Hospital 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.
- Construction of entry plaza, courtyard and public pedestrian pathway along a similar path of travel as the former San Jose Avenue right-of-way between Cesar Chavez Street and 27th Street.

2. Hospital Demolition

- Demolition of St. Luke's Hospital Tower.

3. St. Luke's Campus Medical Office Building (MOB)

- Removal of MRI Trailer and passageway to 1912 Building and closure of the 1912 Building's western exterior wall that connects to the MRI Trailer.
- Construction on the former St. Luke's Hospital Tower site of an approximately 98,959 g.s.f., five-story building, including medical office space, retail and education/conference space, and parking on four below-ground levels including approximately 220 parking spaces, with vehicular access to the underground parking garage from Cesar Chavez and Valencia Streets.

4. Streetscape and Additional Improvements

- Street Improvements
  - Cesar Chavez Street sidewalk replacement and partial widening (south side along entire property frontage);

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[1] All square footages herein are approximate.

[2] As more particularly described in Planning Commission Motion No. ____ dated ____, and any Subsequent Approvals.

[3] All initially capitalized building names are as defined in the FEIR, except for the St. Luke's Campus Hospital, which is defined in Section 1.61 of the Agreement and is more particularly described herein.

- Pedestrian bulbouts on Cesar Chavez Street at Guerrero Street and Valencia Street;
- Sidewalk replacement/widening/bulbouts along the west side of Valencia Street between Cesar Chavez Street and Duncan Street;
- 27th Street sidewalk replacement (north side, from western property line of the St. Luke's Campus to its terminus at San Jose Avenue);
- San Jose Avenue sidewalk replacement (east side from 27th Street to the south façade of the Hartzell Building), and including a curb ramp connector with corresponding curb ramp improvement on the southwest corner of 27th Street and San Jose Avenue; and
- Tree planting/replacement, landscaping and other streetscape improvements along portions of Cesar Chavez Street, Valencia Street, Duncan Street, 27th Street and San Jose Avenue.

- Additional Improvements
  - Renovation and reuse of the approximately 31,700 g.s.f. 1957 Building as administrative office, storage, and conference space;
  - Closure of exterior 1957 Building connector to existing St. Luke's Hospital Tower;
  - Relocate bus stop for the 36-Teresita line along Valencia Street;
  - Realign utilities currently located beneath San Jose Avenue between 27th Street and Cesar Chavez Street, including existing storm sewer, water main, and electrical and gas lines. Relocation will involve moving/relocating existing overhead utility poles, trenching, patching, and replacement in kind of sidewalk and street surfaces around the perimeter of the campus; and
  - Install underground (hospital emergency generator) storage tanks adjacent to hospital.

EXHIBIT B-2

Cathedral Hill Campus Project Description[1]

CATHEDRAL HILL CAMPUS (ALL NEAR-TERM)[2]

1. Cathedral Hill Campus Hospital

- Demolition of the existing, vacant, Cathedral Hill Hotel and Office buildings.
- Construction of the Cathedral Hill Campus Hospital, an approximately 730,888 g.s.f., 12-story hospital providing approximately 274 to 304 acute care beds. The hospital's initial build out would be 274 beds, with "shelled" space to accommodate an additional 30 beds. The Cathedral Hill Campus 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 emergency department. It would also include retail space, cafeteria, education and conference space, a central utility plant and parking on three levels, with approximately 276 parking spaces, and loading areas[3]. The hospital's main vehicular access and passenger drop-off zone would be located on Level 2, which would contain a drive-through vehicular access area connecting Geary Boulevard with Post Street. Vehicular access to the Emergency Department and Loading Dock would be from Franklin Street on Level 3. Ambulance access would be from Post Street on Level 3. The main pedestrian entrance would be on Van Ness Avenue at Geary Boulevard, on Level 1.

2. Related Hospital Improvements

- Street Improvements
  - Sidewalk widening on Van Ness Avenue (west side, between Post Street and Geary Boulevard), Geary Blvd. (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);
  - Pedestrian bulbout at Van Ness Avenue on Post Street, south side; and
  - Paving program, tree planting, landscape, hardscape, seating, lighting, and other streetscape improvements along Van Ness Avenue (west side, Post Street to Geary Blvd.), Franklin Street (east side, Geary Blvd. to Post Street), Post Street (south side, Franklin Street to Van Ness Avenue) and Geary Boulevard (north side, Van Ness Avenue to Franklin Street).
- Additional Improvements

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[1] All square footages herein are approximate.

[2] As more particularly described in Planning Commission Motion No. ___, dated _____, and any Subsequent Approvals.

[3] CPMC is studying the best way to achieve a reduction of 237 spaces on the Cathedral Hill Campus from the total of 1,227 spaces previously proposed, and may remove some or all of this parking from the proposed new Cathedral Hill Campus MOB instead of/in addition to the hospital.

- Underground fuel storage tanks (serving the emergency generators) beneath the Geary Boulevard sidewalk and street;
- 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.

3. <u>New Cathedral Hill Campus Medical Office Building (MOB)</u>

- Demolition of seven existing buildings on the north side of Geary Street between Van Ness Avenue and Polk Street (1100 Van Ness Avenue, 1062 Geary, 1054-1060 Geary, 1040-1052 Geary, 1034-1036 Geary, 1028-1030 Geary and 1020 Geary Street).
- Construction of a 261,691 g.s.f., nine-story new Cathedral Hill Campus MOB, also including retail space, loading spaces and parking on seven levels including approximately 542 parking spaces. The new MOB's main vehicular access would be from Cedar Street (ingress and egress) and Geary Street (ingress only) at approximately mid-block. Primary patient drop-off would occur on Cedar Street at the west end of the block. Loading would be accessed off of Cedar Street, mid-block. The main pedestrian entrances would be on Van Ness Avenue mid-block and Cedar Street at the patient drop-off. Uses in the building would include but not be limited to medical office, retail, education and conference, diagnostic and treatment, and parking.
- Street Improvements
  - 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/replacement of all other sidewalks abutting the new MOB site (all frontages, and extending to Polk Street on Cedar Street, south side);
  - Raised crosswalks across Cedar Street at Van Ness and Polk Streets; and
  - 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).
- Additional Improvements
  - Cedar Street conversion to two-way operation west of the new MOB garage ingress/egress; and
  - Cedar Street west end entry plaza, including drop-off area.

4. Van Ness Avenue Pedestrian Tunnel

- Construction of a pedestrian tunnel beneath Van Ness Avenue connecting the eastern portion of the Cathedral Hill Campus Hospital (at Level P3 of the Hospital) to the western portion of the new Cathedral Hill Campus MOB (at Level G2 of the MOB).

5. 1375 Sutter Street Medical Office Building (MOB)

- Interior renovation and reuse of the existing 85,356 g.s.f 1375 Sutter Street MOB, including the retention of the existing retail space and approximately 172 parking spaces. The remainder (60) of the 232 parking spaces required by the Planning Code for the 1375 Sutter Street MOB would be provided within the Cathedral Hill Campus Hospital parking garage.

6. Near-Term Project Implementation Activities

- Upon Opening of the Cathedral Hill Campus Hospital or shortly thereafter, certain existing uses at the California and Pacific Campuses that are not transferred to the Cathedral Hill Campus Hospital will be transferred to the 2333 Buchanan Street building, which currently houses primarily inpatient care, diagnostic and treatment, medical support and emergency department uses. The 2333 Buchanan Street building will undergo renovation and reuse to accommodate these transferred uses[4]. It 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.

[4] The 2333 Buchanan Street building is an Existing Use as defined in the Agreement. Its renovation and reuse 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 Exhibit B-4.

EXHIBIT B-3

Davies Campus Project Description[1]

DAVIES CAMPUS NEAR-TERM PROJECT[2]

Neuroscience Institute Building

- Demolition of existing 75-space surface parking lot and removal of associated vehicular access.
- Construction of the Neuroscience Institute building, a 46,006 g.s.f., four-story building which 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.
- Additional Improvements
  - Landscaped courtyard and entry plaza;
  - Noe Street sidewalk widening; and
  - Repaving, landscaping, tree planting and other streetscape improvements along Noe Street, Duboce Avenue and 14th Streets.

DAVIES CAMPUS LONG-TERM PROJECT

Castro Street/14th Street MOB

- Demolition of existing 283-space parking garage at 14th and Castro Streets.
- Construction of the Castro Street/14th Street MOB, an 80,900 g.s.f. three-story medical office building including but not limited to retail, diagnostic and treatment uses, and approximately 184,000 s.f. of parking use in four below grade levels totaling 490 spaces (replacement of the existing 283 spaces in the 14th and Castro Streets garage plus construction of approximately 207 new parking spaces).

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[1] All square footages herein are approximate.

[2] As more particularly described in Planning Commission Motion No. ___, dated _____, and any Subsequent Approvals.

EXHIBIT B-4

Pacific Campus Project Description[1]

PACIFIC CAMPUS (ALL LONG-TERM)

1. Webster Street/Sacramento Street Underground Parking Garage and Access Street

- Demolition of the Stanford Building[2] and the 2324 Sacramento Clinic, followed by construction of approximately an 113,100-sq. ft., subterranean parking garage including approximately 248 parking spaces.
- Construction of a new street, Campus Drive, to support existing vehicular access to the campus from Webster Street, provide vehicular access to and from Clay Street for the garage, and allow egress from Sacramento Street for loading and unloading.

2. ACC Addition

- Construction of an approximately 205,000 g.s.f., nine-story ACC[3] Addition building above the underground parking garage. The ACC Addition may include but is not limited to, educational and conference space, outpatient space, support space, diagnostic and treatment space, medical offices and outpatient care.

3. North-of-Clay Aboveground Parking Garage

- Demolition of the Annex MOB, Gerbode Research Building and the Clay Street Tunnel and construction of an approximately 172,500 sq. ft., six-story above-ground parking structure including approximately 440 parking spaces, with access from Clay Street.

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[1] All square footages herein are approximate.

[2] All initially capitalized building names shall be as defined in the FEIR.

[3] ACC refers to the Ambulatory Care Center, which is the renovation and reuse of the 2333 Buchanan Street Hospital.

EXHIBIT B-5

California Campus Project Description

CALIFORNIA CAMPUS

No Near-Term or Long-Term Projects are proposed for the California Campus.

EXHIBIT C[1]

Schedule and Phasing Plan[2]

DATE[3]	MILESTONE
On or before May 11, 2016	**Milestone[4]**: Completion of San Jose Avenue City project
On or before the later of February 1, 2015 or 18 months from the Effective Date	**Milestone[4]**: Submit St. Luke's Increment 1 to OSPHD for the St. Luke's Campus Hospital
On or before twelve (12) months after submission of Increment 1 to OSHPD for the St. Luke's Campus Hospital	**Milestone[4]**: Commencement of construction of the San Jose Avenue CPMC Project
On or before eighteen (18) months after submission of Increment 1 to OSHPD for the St. Luke's Campus Hospital	**Milestone[4]**: Receipt of Increment 1 permit from OSHPD for the St. Luke's Campus Hospital
On or before three (3) months after receipt of Increment 1 permit from OSHPD for the St. Luke's Campus Hospital	**Milestone[4]**: Commencement of Shoring/Excavation Work for the St. Luke's Campus Hospital
On or before Twenty (20) months from Commencement of Shoring/Excavation Work for the St. Luke's Campus Hospital	**Milestone[4]**: Completion of Exterior Work for the St. Luke's Campus Hospital
On or before forty-two (42) months from receipt of Increment 1 permit from OSPHD for the St. Luke's Campus Hospital	**Milestone[4]**: Notice of Completion of Construction of the St. Luke's Campus Hospital provided to the City
On or before twenty four (24) months from the Opening of the Cathedral Hill Campus Hospital	**Milestone[4]**: Notice of Opening of the St. Luke's Campus Hospital provided to the City

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[1] Initially capitalized terms are as defined in the Agreement. In the event of a conflict between this Schedule and Phasing Plan and the Agreement, the Agreement shall prevail.

[2] The obligations reflected in this Exhibit terminate upon the expiration or early termination of the Agreement to the extent provided in §10.4 therein.

[3] Dates are those currently anticipated and may be revised in the manner provided for in the Agreement.

[4] The Milestones are intended to keep the City reasonably informed on CPMC's progress in satisfying the Hospital Commitment, and may be adjusted from time to time as provided in the Agreement §4.2.3.

EXHIBIT D

Mitigation Measures and MMRP

[attached]

MITIGATION MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
A-1 MITIGATION MEASURES AGREED TO BY PROJECT SPONSOR					
CULTURAL AND PALEONTOLOGICAL RESOURCES					
M-CP-N2 (Cathedral Hill with or without Variants): 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[1] 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	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.

1 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.

MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
effects on a significant archaeological resource, as defined in the State CEQA Guidelines, Section 15064.5(a)(c).					
Archaeological Testing Program. The archaeological consultant shall prepare and submit to the ERO for review and approval an archaeological testing plan (ATP). The archaeological testing program shall be conducted in accordance with the approved ATP. The ATP shall identify the property types of the expected archaeological resource(s) that 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.	Project Sponsor/Archaeological consultant, at the direction of the ERO.	Prior to any soil-disturbing activities on the project site.	Prepare and submit draft ATP. Implement ATP.	Archaeological consultant and ERO.	After consultation with and approval by ERO of ATP. Considered complete on finding by ERO that ATP implemented.
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.	Project Sponsor/Archaeological consultant, at the direction of the ERO.	After completion of ATP.	Submit report to ERO of the findings of the ATP.	Archaeological consultant and ERO.	Considered complete on submittal to ERO of report on ATP findings.
Archaeological Monitoring Program. 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: ► 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,	Project Sponsor/ Archaeological Consultant,/ Archaeological Monitor/Contractor (s), at the direction of the ERO.	ERO & Archaeological Consultant meet prior to commencement of soil-disturbing activity. If ERO determines that an AMP is	Implement AMP.	Archaeological consultant and ERO.	Considered complete on findings by ERO that AMP implemented.

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.		necessary, monitor throughout all soil-disturbing activities.			
► 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.	Archaeological consultant.		Advises project contractor(s)		
► 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.					
► The archaeological monitor shall record and be authorized to collect soil samples and artifactual/ecofactual material as warranted for analysis.					
► If an intact archaeological deposit is encountered, all 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.	Archaeological consultant.		Notify ERO if intact archaeological deposit is encountered.		
Whether or not significant archaeological resources are encountered, the archaeological consultant shall submit a written report of the findings of					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
the monitoring program to the ERO.					
Archaeological Data Recovery Program. 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. The scope of the ADRP shall include the following elements: ► *Field Methods and Procedures*. Descriptions of proposed field strategies, procedures, and operations. ► *Cataloguing and Laboratory Analysis*. Description of selected cataloguing system and artifact analysis *procedures.* ► *Discard and Deaccession Policy*. Description of and rationale for field and post-field discard and deaccession policies. ► *Interpretive Program*. Consideration of an on-site/off-site public interpretive program during the course of the archaeological data recovery program. ► *Security Measures*. Recommended security measures to protect the archaeological resource from vandalism, looting, and unintentionally damaging activities. ► *Final Report*. Description of proposed report format and distribution of results. ► *Curation*. Description of the procedures and recommendations for the curation of any recovered data having potential research value,	Archaeological consultant at the direction of the ERO.	If there is determination by the ERO than an ADR program is required.	Prepare an ARDP	Archaeological consultant and ERO.	Considered complete on finding by ERO that ARDP implemented.

MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
identification of appropriate curation facilities, and a summary of the accession policies of the curation facilities.					
Human Remains and Associated or Unassociated Funerary Objects. 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.	Project Sponsor/Archaeological consultant in consultation with the San Francisco Coroner, NAHC, and MLD.	In the event human remains and/or funerary objects are encountered.	Contact San Francisco County Coroner. Implement regulatory requirements, if applicable, regarding discovery of Native American human remains and associated/unassociated funerary objects.	Archaeological consultant and ERO.	Considered complete on notification of the San Francisco County Coroner and NAHC, if necessary.
Chinese and Japanese Archaeological Sites. 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.	Project Sponsor/ Archaeological consultant in consultation with Chinese Historic Society of America or National Japanese American Historical Society.	In the event of discovery of potentially CRHR-eligible Overseas Chinese or Japanese archaeological deposit.	Contact Chinese Historic Society of America or National Japanese American Historical Society and implement any further mitigation advised.	Archaeological consultant and ERO.	Considered complete upon notification of appropriate organization and implementation of any further mitigation advised.
Final Archaeological Resources Report. The archaeological consultant shall submit a draft final archaeological resources report (FARR) to the ERO that evaluates the historical significance of any discovered archaeological resource and describes the archaeological and historical research methods employed in the archaeological testing/monitoring/data recovery program(s) undertaken. Information that may put any archaeological resource at risk shall be provided in a separate removable insert within the final report.	Project Sponsor/Archaeological consultant at the direction of the ERO.	After completion of archaeological data recovery, inventorying, analysis, and interpretation.	Submit a Draft FARR.	Archaeological consultant and ERO.	Considered complete on submittal of FARR.
Once approved by the ERO, copies of the FARR shall be distributed as follows: California Archaeological Site Survey Northwest Information	Archaeological consultant at the	Written certification	Distribute FARR.	Archaeological consultant and	Considered complete on

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.
Mitigation Measure M-CP-N2 (Davies [near-term] and St. Luke's with or without project variants)					
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
Mitigation Measure M-CP-N3 (Cathedral Hill and St. Luke's with or without variants and Davies [near-term])					
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:					
• 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.	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.
• 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.[2] The recovery plan may include a field survey, construction monitoring, sampling and data recovery	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.

2 Society of Vertebrate Paleontology. 1996. Conditions of Receivership for Paleontologic Salvage Collections (final draft). *Society of Vertebrate Paleontology News Bulletin* 166:31–32.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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		
Mitigation Measure M-CP-N4 (Cathedral Hill, Davies (near-term) and St. Luke's)					
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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
			levels of service.		
Mitigation Measure MM-TR-30 (Cathedral Hill) 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.
Mitigation Measure MM-TR-31 (Cathedral Hill) 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.
Mitigation Measure MM-TR-44 (Cathedral Hill): Loading Dock Restrictions and Attendant 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

MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.		following full building occupancy/program implementation. Attendant to be present during operations.	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.		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 modificiation after review of truck loading report. Attendant considered ongoing during operations,
Mitigation Measure TR-55 (Cathedral Hill) 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. 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. Specifically, the plan should: Identify construction traffic management best practices in San Francisco,	Project Sponsor	Prior to and during construction.	Project Sponsor to develop and implement a Construction TMP, for review and approval by MTA, DPW and Planning.	Project Sponsor, ERO, SFDPW, and SFMTA	Development of Construction TMP considered complete upon review and approval. Implementation of Construction TMP considered complete upon completion of construction.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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					
• Identifying ways to reduce construction worker vehicle trips through transportation demand management programs and methods to manage construction work parking demands.					
• Identifying best practices for accommodating pedestrians, such as temporary pedestrian wayfinding signage or temporary walkways.					
• 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.					
• Identifying ways to consolidate truck delivery trips, including a plan to consolidate deliveries from a centralized construction material and equipment storage facility.					
• 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.					
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,					
• 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.					

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
• 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.					
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.					
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.					
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.					
The Construction Transportation Management Plan shall be submitted to SFMTA, SFDPW, and the Planning Department for review and approval.					
Mitigation Measure MM-TR-134 (Cathedral Hill)					

MONITORING AND REPORTING PROGRAM					
Adopted Mitigation Measures	**Responsibility for Implementation**	**Mitigation Schedule**	**Mitigation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
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.	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.
Mitigation Measure MM-TR-137 (Cathedral Hill)					
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.	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.
NOISE					
Mitigation Measure M-NO-N1a (Cathedral Hill)					
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. • Construction equipment shall be properly maintained in accordance	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.				Inspection (work within CPMC-owned project sites).	
• Construction equipment shall not idle for extended periods (no more than 5 minutes) of time near noise-sensitive receptors.					
• 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.					
• 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.					
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.					
Mitigation Measure M-NO-N1b (Cathedral Hill)					
A community liaison shall be designated by CPMC. The community liaison shall be available to manage and respond to noise complaints from	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

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Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.		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.
Mitigation Measure M-NO-N1c (Cathedral Hill)					
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: • 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-	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.

	MONITORING AND REPORTING PROGRAM				
Adopted Mitigation Measures	**Responsibility for Implementation**	**Mitigation Schedule**	**Mitigation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
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.					
Mitigation Measure M-NO-N1 (Davies [near-term])					
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.	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. ERO shall review logs provided by community liaison to determine whether number of complaints warrant further action.	See M-NO-N1a, M-NO-N1b, and M-NO-N1c.
Mitigation Measure M-NO-N1 (St. Luke's Campus with or without Variants)					

MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	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.
Mitigation Measure M-NO-N3a (Cathedral Hill Campus)					
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.
Mitigation Measure M-NO-N3b (Cathedral Hill Campus with or without Variants)					
Bay doors [forthe loading dock on Franklin Street] shall be required to be closed during Aduromed operations, to the extent feasible.	Project Sponsor	During operations.	Project Sponsor to close bay doors during Aduromed operations.	Project Sponsor; ERO	Considered ongoing during project operations.
Mitigation Measure M-NO-N3c (Cathedral Hill Campus with or without Variants)					
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 bay 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.	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.
Mitigation Measure M-NO-N3d (Cathedral Hill Campus with or without Variants)					
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 Cathedral Hill Hospital.	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. .

MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
				OSHPD standards). ERO shall review to confirm issuance of a duly reviewed OSHPD permit.	
Mitigation Measure M-NO-N3e (Cathedral Hill Campus)					
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.	Project Sponsor	During operations.	Project Sponsor to establish communication between churches adjacent to the oxygen delivery area to determine acceptable time for delivery.	Project Sponsor; ERO	Considered ongoing during project operations.
Mitigation Measure M-NO-N3 (Davies [near-term])					
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.	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.
Mitigation Measure M-NO-N3 (St. Luke's Campus)					
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.	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 Daviesand 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.
Mitigation Measure M-NO-N4 (Cathedral Hill Campus)					
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_{dn}. Interior spaces of the hospital shall be designed to	Project Sponsor/Acoustical Consultant	Prior to building construction.	Project Sponsor/Acoustical Consultant to perform detailed interior-noise analysis of	Project Sponsor/Acoustical Consultant and OSHPD (interior noise standards within the hospital	Considered complete upon ERO's confirmation of an OSHPD approved permit

MONITORING AND REPORTING PROGRAM

Adopted Mitigation Measures	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L_{dn} or lower.			Cathedral Hill Hospital 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.
Mitigation Measure M-NO-N4 (St. Luke's Campus)					
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 St. Luke's Replacement Hospital that would reduce the interior traffic-noise level inside the hospital to 45-dB L_{dn}. 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_{dn} or lower.	Project Sponsor/Acoustical Consultant	Prior to building construction.	Project Sponsor/Acoustical Consultant to perform detailed interior-noise analysis of St. Luke's Replacement Hospital and incorporate noise-insulating features in final design plans	Project Sponsor/Acoustical Consultant and OSHPD (interior noise standards within the hospital are governed by OSHPD standards). ERO shall review to confirm issuance of a duly reviewed OSHPD permit.	Considered complete upon ERO's confirmation of an OSHPD approved permit for design that includes noise-insulating features
Mitigation Measure M-NO-N5 (Cathedral Hill, Davies [near-term], St. Luke's Campuses)					
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. 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	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 to retain Acoustical Consultant to prepare and	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.

	MONITORING AND REPORTING PROGRAM				
Adopted Mitigation Measures	**Responsibility for Implementation**	**Mitigation Schedule**	**Mitigation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
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. 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: • 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 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. • 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. • 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			implement vibration management plan.		

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
AIR QUALITY					
Mitigation Measure M-AQ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)					
The following mitigation measures shall be implemented during construction activities to avoid short-term significant impacts to air quality: **BAAQMD Basic Control Measures** • Water all active construction areas at least twice daily. • Cover all trucks hauling soil, sand, and other loose materials or require all trucks to maintain at least 2 feet of freeboard. • Pave, apply water three times daily, or apply (nontoxic) soil stabilizer on all unpaved access roads, parking areas, and staging areas at construction sites. • Sweep daily (with water sweepers) all paved access roads, parking areas, and staging areas at construction sites. • Sweep street daily (with water sweepers) if visible soil material is carried into adjacent public streets. **Optional Control Measures** • Install wheel washers for all exiting trucks, or wash off the tires or tracks of all trucks and equipment leaving the site. • Install wind breaks, or plant trees/vegetative wind breaks at windward sides of construction areas. • Suspend excavation and grading activity when winds (instantaneous gusts) exceed 20 mph. • Limit the area subject to excavation, grading, and other construction activities at any one time.	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and construction.	Construction Contractor to implement control measures.	Project Sponsor and ERO.	Considered complete upon receipt of final monitoring report at completion of construction.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
Additional Construction Mitigation Measures • All exposed surfaces (e.g., parking areas, staging areas, soil piles, graded areas, and unpaved access roads) shall be watered twice daily. • All haul trucks transporting soil, sand, or other loose material off-site shall be covered. • 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. • All vehicle speeds on unpaved roads shall be limited to 15 mph. • 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. • 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. • 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. • 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.					
Mitigation Measure M-AQ-N1b (Cathedral Hill, Davies [near-term], St. Luke's) To reduce exhaust emissions of ROG, NOX, PM10, and PM2.5 by construction equipment at the CPMC campuses, CPMC and its	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and	Construction Contractor(s) to implement control	Project Sponsor and ERO.	Considered complete upon receipt of final

MONITORING AND REPORTING PROGRAM					
Adopted Mitigation Measures	**Responsibility for Implementation**	**Mitigation Schedule**	**Mitigation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
construction contractor shall implement the following BAAQMD-recommended control measures during construction in both the near term and the long term: • 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. • 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.		construction.	measures.		monitoring report at completion of construction.
Mitigation Measure M-AQ-N2 (Cathedral Hill Campus) 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: • Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used. • 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. • For long-term projects, which are presumed to begin when Tier 4 equipment would be widely available, all diesel	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.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
equipment of all types shall meet Tier 4 standards.					
Mitigation Measure M-AQ-N8a (Cathedral Hill, Davies [near-term], St. Luke's)					
This mitigation measure is identical to Mitigation Measure M-AQ-N1a, above.	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a	See M-AQ-N1a
Mitigation Measure M-AQ-N8b (Cathedral Hill, Davies [near-term], St. Luke's)					
This mitigation measure is identical to Mitigation Measure M-AQ-N1b, above.	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b	See M-AQ-N1b
Mitigation Measure M-AQ-N9 (Cathedral Hill, Davies [near-term], St. Luke's)					
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.	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
Mitigation Measure M-AQ-N10a (Cathedral Hill Campus)					
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
Mitigation Measure M-AQ-N10b (Davies Campus [near-term])					
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
Mitigation Measure M-AQ-N10c (St. Luke's Campus)					
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
PUBLIC SERVICES					
Mitigation Measure M-PS-N2 (Cathedral Hill Campus)					
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
BIOLOGICAL RESOURCES					
Mitigation Measure M-BI-N1 (Cathedral Hill)					
Before any demolition or construction activities occurring during the nesting season (January 15 through August 15) that involve removal of	Project Sponsor/Qualified	Pre-consruction surveys prior to	Pre-construction surveys for nesting	Project Sponsor/Biologist	Considered complete upon

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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 1801of 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.	Biologist	any construction activities during nesting season. If active nests are found, actions to protect nesting birds to be implemented during construction.	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..	and ERO	ERO approval of report by biologist and any actions taken to protect nesting birds pursuant to Section 1801 agreement, if necessary.
Mitigation Measure M-BI-N1 (Davies [near-term]) 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
Mitigation Measure M-BI-N1 (St. Luke's with or without project variants)) 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
GEOLOGY AND SOILS					
Mitigation Measure M-GE-N4 (Cathedral Hill, Davies [near-term], St. Luke's) 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

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
Mitigation Measure M-GE-N6 (St. Luke's)					
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/Construction Contractor(s).; ERO	Considered complete upon ERO's approval of geotechnical studies and upon receipt of final monitoring report at completion of construction.
HYDROLOGY AND WATER QUALITY					
Mitigation Measure M-HY-N2 (Cathedral Hill)					
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 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: • green roofs, • cisterns, • bioswales, • bioretention basins, • planter boxes,	Project Sponsor	Preparation of Stormwater Control Plan pior to first permit for construction, as determined by the Planning Department. Implementation of LID strategies and BMPs by incorporating into project during construction.	Project Sponsor to prepare and implement a Stormwater Control Plan.	Project Sponsor , ERO, and SFPUC	Considered complete upon approval of final design.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
• blue roofs, • dry wells, and • other detention/storage facilities. In addition, the final design team for the development project shall review and incorporate as many concepts as practicable from *Start at the Source: Design Guidance Manual for Stormwater Quality Protection.* 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.					
Mitigation Measure M-HY-N2 (Davies [near-term]) This mitigation measure is identical to Mitigation Measure M-HY-N2 for the Cathedral Hill Campus, above.	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
Mitigation Measure M-HY-N2 (St. Luke's) This mitigation measure is identical to Mitigation Measure M-HY-N2 for the Cathedral Hill Campus, above.	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
Mitigation Measure M-HY-N3 (Cathedral Hill, Davies [near-term], St. Luke's) 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 *California Stormwater Quality Association Stormwater BMP Handbook—Construction*. In accordance with SFPUC's requirements, the SWPPP shall include the following elements: *An erosion and sediment control plan*. 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	Project Sponsor/Construction Contractor(s)	Approval of SWPPP prior to issuance of grading or building permits. Implementation of SWPP during construction.	Project Sponsor/Construction Contractor(s) to prepare and implement SWPPP.	Project Sponsor/Construction Contractor(s), SFPUC, and ERO	Considered complete upon receipt of final monitoring report at completion of construction.

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
the erosion and sediment control plan may include the following practices: • 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. • 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. • Wind erosion—Apply water or other dust palliatives to prevent dust nuisance; prevent overwatering that can cause erosion. Alternatively, cover small stockpiles or areas that remain inactive for 7 or more days. • 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. • 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.					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
• Litter control—Remove litter at least once daily from the construction site. Dispose of packing materials immediately in an enclosed container.					
• *Non-stormwater management BMPs*. These BMPs may include water conservation practices, dewatering practices that minimize sediment discharges, and BMPs for all of the following:					
• paving and grinding activities;					
• identification of illicit connections and illegal dumping;					
• irrigation and other planned or unplanned discharges of potable water;					
• vehicle and equipment cleaning, fueling, and maintenance;					
• concrete curing and finishing;					
• temporary batch plants;					
• implementation of shoreline improvements; and					
• work over water.					
Discharges from dewatering activities shall comply with the requirements of SFPUC's Batch Wastewater Discharge Permit that regulate influent concentrations for various constituents.					
• *Waste management BMPs*. These BMPs shall be implemented for:					
• material delivery, use, and storage;					
• stockpile management;					
• spill prevention and control; and					
• management of solid and liquid waste, hazardous waste, contaminated soil, concrete waste, and septic/sanitary waste.					
• *BMP inspection, maintenance, and repair requirements.* 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.					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
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.					
Construction personnel shall receive training on the SWPPP and implementation of BMPs.					
HAZARDS AND HAZARDOUS MATERIALS					
Mitigation Measure M-HZ-N1a (Cathedral Hill, Davies [near-term], St. Luke's)					
Step 1: Preparation of a Site Mitigation Plan					
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: • 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. • Fill shall be sampled and analyzed before excavation to allow	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.

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
excavation, loading, and transportation off-site without stockpiling, which would minimize soil handling.					
• 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.					
• 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 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.					
• 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					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
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.					
Step 2: Handling, Hauling, and Disposal of Contaminated Soils					
(a) Specific work practices: 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 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.	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 Department.
(b) Dust suppression: 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.					
(c) Surface water runoff control: 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.					
(d) Soils replacement: 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					

Adopted Mitigation Measures	Responsibility for Implementation	MONITORING AND REPORTING PROGRAM Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
to construction grade. (e) Hauling and disposal: 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.					
Step 3: Preparation of Closure/Certification Report After construction activities are completed, the project sponsor shall prepare and submit a closure/certification report to the SFDPH for review 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.	Project Sponsor	After construction activities are completed.	Project Sponsor to prepare and submit a closure/certification report to DPH.	Project Sponsor and DPH.	Considered complete upon receipt and approval by DPH of final closure/certification report.
Mitigation Measure M-HZ-N1b Cathedral Hill, Davies [near-term], St. Luke's): Preparation of Unknown Contingency Plan					
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	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	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.

	MONITORING AND REPORTING PROGRAM				
Adopted Mitigation Measures	**Responsibility for Implementation**	**Mitigation Schedule**	**Mitigation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
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:		during excavation and grading phases of construction.			
• 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 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.					
• 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					

Adopted Mitigation Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Mitigation Schedule	Mitigation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
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.					
In the event unanticipated subsurface hazards or hazardous material releases are discovered during construction, the requirements of this 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.					
Mitigation Measure M-HZ-N4a (Cathedral Hill) 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
Mitigation Measure M-HZ-N4b (Cathedral Hill) 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
Mitigation Measure M-HZ-N4c (Davies [near-term]) 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

	MONITORING AND REPORTING PROGRAM				
Adopted Mitigation Measures	**Responsibility for Implementation**	**Mitigation Schedule**	**Mitigation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
Mitigation Measure M-HZ-N4d (Davies [near-term])					
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
Mitigation Measure M-HZ-N4e (St. Luke's)					
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
Mitigation Measure M-HZ-N4f (St. Luke's)					
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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Draft
4/24/2013

EXHIBIT E

Workforce Agreement

City and County of San Francisco **First Source Hiring Program**

Edwin M. Lee, Mayor

Office of Economic and Workforce Development
Workforce Development Division

This Workforce Agreement (this **"Agreement"**) is entered into as of _____, ____, 20__, by and between the City and County of San Francisco (the **"City"**) through its First Source Hiring Administration **("FSHA")**, and Sutter West Bay Hospitals, a California nonprofit public corporation doing business as California Pacific Medical Center **("CPMC").**

All references in this Agreement to the "**Development Agreement**" shall refer to the Development Agreement Relating to the Construction and Reconstruction of Medical Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan by and between the City and County of San Francisco and Sutter West Bay Hospitals dated _____. All references in this Agreement to the "City" shall mean the City acting by and through FSHA unless otherwise specified. Any capitalized term used in this Agreement that is not defined shall have the meaning given to such term in the Development Agreement. In the case of a conflict between the terms of this Agreement and the Development Agreement, this Agreement shall prevail.

RECITALS

WHEREAS, CPMC, as owner, proposes to construct new healthcare facilities at multiple locations within the City and County of San Francisco, which will include certain activities as follows: (i) a new hospital building on the west side of Van Ness Avenue at the intersection of Van Ness Avenue and Geary Boulevard and a new medical office building at the Cathedral Hill Campus on the east side of Van Ness Avenue at the intersection of Van Ness Avenue and Geary Street, (ii) a new Neuroscience Institute medical office building at the Davies Campus, and (iii) a new replacement hospital building and medical office building at the St. Luke's Campus (each, a "**Workforce Project**," and collectively, for purposes of this Agreement, the "**Workforce Projects**"); and

WHEREAS, CPMC is undertaking the Workforce Projects in order to comply with the requirements of California Senate Bill 1953 and of the California Office of Statewide Health Planning and Development to construct modern, 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 and preparedness system; and

WHEREAS, the Administrative Code of the City provides at Chapter 83 for a "First Source Hiring Program" which has as its purpose the creation of employment opportunities for Qualified Economically Disadvantaged Individuals (as defined herein); and

WHEREAS, construction of the Workforce Projects requires certain building permits for commercial activities of greater than 25,000 square feet and therefore falls within the scope of Chapter 83 of the Administrative Code; and

WHEREAS, CPMC has executed or will execute multiple contracts with general contractors to provide construction services for the Workforce Projects; and

WHEREAS, CPMC has a strong history of community outreach designed to foster employment opportunities for disadvantaged individuals, including: a partnership with City College in an evening and weekend registered nurse program with clinical rotations at CPMC's facilities and partnerships with community-based organizations ("**CBO's**") for foster care youth, internship placements and supervision for high risk youth, participation of CPMC's staff on CBO advisory committees for healthcare training, curriculum development and hiring for back-to-work programs, and development of career day events for the children of CPMC's employees; and

WHEREAS, CPMC wishes to expand its efforts to provide employment opportunities for disadvantaged individuals, including by voluntarily including other specified CPMC operations beyond the Workforce Projects; and

WHEREAS, CPMC may, under the Development Agreement, undertake additional construction activities that are not a part of the Near-Term Projects, and CPMC and the City shall, with respect to those construction activities, enter into a separate workforce agreement where required by Law and otherwise permitted under the terms of the Development Agreement; and

WHEREAS, in furtherance of, and in addition to, CPMC's commitment to the First Source Hiring Program and its ongoing community outreach, CPMC desires to voluntarily offer opportunities to local business enterprises in connection with the construction of the Workforce Projects as set forth below; and

WHEREAS, the City and CPMC agree that the San Francisco Office of Economic and Workforce Development ("**OEWD**"), the CityBuild program ("**CityBuild**") and the Healthcare Academy ("**HCA**") will serve the roles set forth below.

NOW, THEREFORE, in consideration of the mutual covenants set forth herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the City and CPMC covenant and agree as follows:

AGREEMENT

A. FIRST SOURCE HIRING PROGRAM FOR CONSTRUCTION

1. Purpose. The Purpose of this Section A is to memorialize the commitments and roles of the City and CPMC regarding the First Source Hiring Program for the Workforce Projects' initial construction activities as set forth below.

2. Definitions. For purposes of this Section A, the definitions shall be as follows:

a. CityBuild Academy: an 18-week training program at the City College of San Francisco, that is jointly-sponsored by CityBuild.

b. Contract: An agreement with a Contractor for construction services.

c. Contractor: A general contractor with whom CPMC enters into an agreement for one or more construction phases of the Workforce Projects.

d. Economically Disadvantaged Individual: An individual who is either (a) eligible for services under the Workforce Investment Act of 1998 (WIA) (29 U.S.C.A. 2801, et seq.), as determined by the OEWD; or (b) designated as "economically disadvantaged" by the FSHA as an individual who is at risk of relying upon, or returning to, public assistance, including unemployment benefits.

e. Entry Level Position: A non-managerial position, either union or non-union, that requires no education above a high school diploma or certified equivalency, and less than two (2) years training or specific preparation, and shall include construction jobs related to the development of a commercial activity.

f. First Opportunity: Consideration by Contractor of System Referrals for filling Entry Level Positions prior to recruitment and hiring of non-System Referral job applicants.

g. Hiring Goals: As defined in Section 4.

h. Job Notification: Written notice, in accordance with Section 6(b) below, from Contractor to FSHA for any available Entry Level Position during the term of the respective Contract.

i. Phase: A phase or phases for each new facility in the Workforce Projects, mutually agreed upon by City and CPMC, which may include a Contract or multiple Contracts, for which each Contractor will provide the information listed in subsection 6(a)(i) below.

j. Qualified: An Economically Disadvantaged Individual who meets the minimum bona fide occupational qualifications provided by Contractor to the System in Contractor's Job Notification(s).

k. Resource Loaded Staffing Plan: a collaborative document by the Contractor, its Subcontractors and CityBuild that contains projections of the number of journeymen and apprentices that may be required during the term of a Contract.

l. San Francisco resident: An individual who is domiciled within the geographic boundaries of the City and County of San Francisco at least 7 days prior to their start date on the applicable work. The domicile of a person is that place in which his or her habitation is fixed, wherein the person has the intention of remaining and to which the person has the intention of returning when they are absent. At a given time, a person may have only one domicile.

m. System: The San Francisco Workforce Development System established by the City and County of San Francisco, and managed by the OEWD, for maintaining (1) a pool of Qualified individuals, and (2) the mechanism by which such individuals are certified and referred to prospective employers covered by the First Source Hiring requirements under Chapter 83 of the San Francisco Administrative Code. Under this Agreement, CityBuild will act as the representative of the San Francisco Workforce Development System.

n. System Referrals: Referrals by CityBuild of Qualified applicants for Entry Level Positions with a Contractor, as applicable.

o. Subcontractor: A person or entity that has a direct contract with a Contractor to perform a portion of the work under a Contract.

3. Agreements with general contractors. CPMC has executed or will execute various Contracts with Contractors. CPMC will include in each Contract a provision requiring the Contractors to (i) adhere to the obligations set forth in this Agreement, and (ii) execute the Form 1 CityBuild Workforce Projection Form attached hereto as Attachment 1. It is CPMC's responsibility to provide a signed copy of each executed Attachment 1 to the First Source Hiring Program and CityBuild.

4. Roles of parties. CPMC agrees to participate in the San Francisco Workforce Development System as set forth below, and the City and CPMC agree that OEWD and CityBuild will serve the roles set forth below.

5. Hiring goals. So long as this Agreement remains in full force and effect, CPMC's Contractors shall make good faith efforts in accordance with Section 9 to ensure the following hiring goals with respect to each Contract:

a. With respect to new Entry-Level Positions for non-union administrative and engineering candidates, a Contractor and its Subcontractors will work to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals.

b. With respect to new Entry-Level Positions for administrative and engineering internship candidates, a Contractor and its Subcontractors will work to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals.

c. With respect to new Entry-Level Positions for union apprentice candidates, the Contractor, its Subcontractors, and OEWD will work together to fill a minimum of fifty percent (50%) of such new Entry-Level Positions with San Francisco resident System Referrals who must also be graduates of CityBuild Academy. The Contractor along with its Subcontractors and their applicable unions will confirm the number of new union apprentices that will be required for the Contract and the annual variability of that demand throughout the course of the Contract. The methodology to be used to estimate the number of new union apprentices shall be 21% of the projected number of apprentice hours overall.

d. With respect to new and core opportunities for union journeymen and apprentices, a Contractor and its Subcontractors will work to achieve a minimum of thirty percent (30%) of trade hours (i.e., 30% of journeymen and apprentice trade hours combined, and not 30% in each category) to be performed by San Francisco residents. This goal will be measured based upon (1) trade hours for the overall Contract, (2) trade partners, regardless of tier, and (3) hours by craft. A Contractor's obligation to hire new union entry-level apprentice candidates set forth in Section 5(c) above shall be credited towards the Contractor's obligation to hire San Francisco residents under this Section 5(d).

6. Participation of Contractor in System. Contractor's participation shall be as follows:

a. CPMC and CityBuild shall mutually identify appropriate Phases for each Contractor to provide the information listed in subsection (i) below. At least sixty (60) days prior to any mobilization or start of work for such Phase, Contractor shall provide CityBuild the following information about Contractor's employment needs for the construction of such building under the respective Contract(s):

i. On Attachment 1, the CityBuild Workforce Projection Form, Contractor will provide a detailed numerical estimate of journey and apprentice level positions to be employed on each Contract within a Phase for each trade.

ii. Contractor is required to ensure that a CityBuild Workforce Projection Attachment 1 is also completed by each Subcontractor with contracts in excess of $500,000.00 for a Phase.

iii. Contractor will collaborate with CityBuild staff in completing a Resource Loaded Staffing Plan ("**RLSP**") to identify, by trade, the number of workers at project start and the number of workers at that portion's peak and the number of positions that will be required to fulfill the First Source local hiring goals. The RLSP will constitute the First Source Hiring Plan for the Phase.

b. Contractor must promptly deliver to FSHA, or its designee, a Job Notification for any available Entry Level Positions and apprentice positions subject to this Agreement as they become available during the Phase, and shall also undertake the following:

i. Contractor must (A) give good faith consideration to all System Referrals, (B) review the resumes of all such referrals, (C) conduct interviews for posted Entry Level Positions and apprentice positions in accordance with the non-discrimination provisions of the Contract, and (D) notify CityBuild of any new Entry Level Positions and apprentice positions subject to this Agreement for the duration of the Contract.

ii. Contractor must provide constructive feedback to CityBuild on all System Referrals in accordance with the following:

(A) If Contractor meets the criteria in Section 9(b) below that establishes "good faith efforts" of Contractor, Contractor must only respond orally to follow-up questions asked by the CityBuild account executive regarding each System Referral; and

(B) After Contractor has filled at least five (5) Entry Level Positions or apprentice positions under this Agreement, if Contractor is unable to meet the criteria in Section 9(b) below that establishes "good faith efforts" of Contractor, Contractor will be required to provide written comments on all System Referrals.

c. Contractor will provide timely notification to CityBuild of the hiring of Entry Level Positions, apprentice positions, and San Francisco residents subject to this Agreement, which notification will include the identity of such party; provided, however, that with respect to non-System Referrals, Contractor's notification shall only be required to include such party's name, address and position.

d. OEWD, through its network of Community Based Organizations and the City’s One-Stop System, shall be designated as the referral source for San Francisco residents as stated in Sections 5(a) and (b) above.

e. The Contractors and its Subcontractors will mutually determine annual apprentice hiring targets for each Contract. The methodology to be used to estimate the number of new union apprentices shall be 21% of the projected number of apprentice hours overall. This data will be contained in the RLSP. This apprentice hiring target data shall be broken down by trade and agreed to by the Contractor, its Subcontractors and CityBuild.

f. The Contractor and its applicable Subcontractor(s) will collaborate on the development of a program that would provide qualified CityBuild new apprentices opportunities to become journeymen by the end of the Contract.

i. The Contractor, its Subcontractor(s) and CityBuild will collaborate on developing a structured process to facilitate the advancement of targeted apprentices into journeyman status by the end of the Contract.

ii. Apprentices may work for different companies (signatory to the same union) through the course of the Contract to achieve the goal of journeyman status.

iii. In addition to on-the-job training, apprentices will need to fulfill the training requirements of their respective union to become journeymen.

g. CityBuild will provide a list of past graduates from the CityBuild Academy program. The Contractor and its Subcontractors will review the list and determine:

i. Which graduates are residents of the City of San Francisco, currently apprentices and are currently unemployed.

ii. Which graduates are residents of the City of San Francisco, currently journeymen and are currently unemployed.

iii. Based upon apprentice needs for each trade, the Contractor and its Subcontractors will engage their respective unions to dispatch CityBuild graduates who are indentured apprentices.

h. City Build will rely on the annual apprentice hiring targets established in the Resource Loaded Staffing Plan to align its training program with project needs. Depending on the specific unions' collective bargaining agreements, pre-apprentices will:

i. Be graduates of CityBuild Academy and eligible for the applicable unions' pre-apprenticeship programs (after completing and qualifying with union pre-qualification processes such as entrance exams and training), or

ii. Be sponsored as candidates into the respective unions' pre-apprenticeship programs.

iii. The Contractor, its Subcontractors and respective unions will work together in outreach to CityBuild Academy and/or for enrichment of its curriculum.

i. Should CityBuild not be able to provide the necessary number of apprentices to meet the hiring goal through CityBuild Academy, the Contractor and its Subcontractors will work with their respective unions to obtain other apprentice candidates who are San Francisco residents to the extent possible. If qualified apprentice candidates who are San Francisco residents are not available then the Contractor and its Subcontractors shall obtain apprentice candidates from elsewhere including outside the city of San Francisco.

j. Any entry-level or apprentice opportunity improperly withheld from OEWD under this Section A.6 shall be considered a breach of this Agreement and shall be subject to the enforcement provisions of Section E below.

7. Contractor retains discretion regarding hiring decisions. Contractor's participation in the system and discretion regarding hiring decisions are as follows:

a. Contractor agrees to offer the System the First Opportunity to provide Qualified applicants for employment consideration in Entry Level Positions and apprentice positions, subject to any enforceable collective bargaining agreements. Contractor shall consider all applications of Qualified System Referrals for employment in Entry Level Positions and apprentice positions. Provided Contractor utilizes nondiscriminatory screening criteria, Contractor shall have the sole discretion to interview and hire any System Referrals.

b. Contractor will invite its Subcontractors, local union representatives and CityBuild to develop mutually agreeable processes that strive to determine how 50% of new union apprentice opportunities will be filled to the extent possible by qualified San Francisco residents, distinct from the 50% that will be filled by CityBuild Academy graduates in Section 5(c).

c. When union journeyman labor is required, the Contractor and its Subcontractors will directly engage the respective trade unions in dispatch processes based on the Project Labor Agreement for the Contract that will help to achieve the hiring goals.

d. The Contractor and its Subcontractors will make labor requests for journeymen directly from the union hiring halls.

8. Compliance with collective bargaining agreements. Notwithstanding any other provision hereunder, if Contractor is subject to any collective bargaining agreement(s) requiring compliance with a pre-established applicant referral process, Contractor's only obligations with regards to any available Entry Level Positions subject to such collective bargaining agreement(s) during the term of the Contract shall be the following:

a. Contractor shall notify the appropriate union(s) of the their obligations under this Agreement and request assistance from the union(s) in referring Qualified applicants for the available Entry Level Position(s), to the extent such referral can conform to the requirements of the collective bargaining agreement(s).

b. Contractor shall use "name call" privileges, in accordance with the terms of the applicable collective bargaining agreement(s), to seek Qualified applicants from the System for the available Entry Level Position(s).

c. CPMC or Contractor, as applicable, shall sponsor Qualified apprenticeship applicants, referred through the System, for applicable union membership.

d. The Contractor and its Subcontractors shall employ apprentices on the Contract consistent with the ratios contained in the applicable apprenticeship program’s standards as approved by the State of California, Division of Apprenticeship Standards.

e. The following workforce provisions shall be incorporated into any Contracts for the Workforce Projects: Workforce Development Group: Contractor will create a group whose purpose is proactively engage and collaborate in supporting the fulfillment of the goals in the Construction Workforce Development Plan. Contractor will invite the Subcontractors' on-site management staff, CPMC, a CityBuild representative and representatives from the local trade unions to participate in the group.

9. Contractor's and CPMC's good faith efforts. Contractor and CPMC will make good faith efforts to comply with their respective obligations to participate in the System under this Agreement. A Contractor's failure to meet the percentage of Workforce Referral as set forth in the RLSP does not impute "bad faith" to CPMC or such Contractor. Such failure shall trigger a review of the referral process and the Contractor's or CPMC's efforts to comply with this Agreement. Such review shall be conducted by FSHA in accordance with Section 15 (c) below. Determinations of Contractor's or CPMC's good faith efforts shall be in accordance with the following:

a. CPMC shall be deemed to have used good faith efforts if CPMC incorporates the applicable terms of this Agreement into each Contract.

b. Contractor shall be deemed to have used good faith efforts if Contractor:

i. accurately completes and submits prior to the start of each Phase Attachment 1, the CityBuild Workforce Projection Form 1.

ii. meets with a CityBuild representative to review and discuss Contractor's plan to meet Contractor's local hiring obligations under San Francisco's First Source Hiring Ordinance (Municipal Code- Chapter 83) or the City and County of San Francisco Administrative Code Chapter 6.

iii. contacts a CityBuild representative to review Contractor's hiring projections and goals for the Contract.

iv. submits to CityBuild a "Projection of Entry Level Positions" form or other formal written notification specifying your expected hiring needs during the term of the respective Contract.

v. notifies Contractor's respective union(s) regarding Contractor's local hiring obligations and request their assistance in referring qualified San Francisco residents for any available position(s). This step applies to the extent that such referral would not violate Contractor's unions' collective bargaining agreement(s).

vi. reserves its "name call" privileges for Qualified System Referrals and/or Residents of San Francisco. This should be done within the terms of applicable collective bargaining agreement(s).

vii. submits a Job Notification to CityBuild for each Entry Level apprentice position that becomes available. Within one (1) full business day following notification, CityBuild will respond to provide appropriate candidate(s) if available (example: CityBuild receives a job notification from Contractor at 10am on Monday. "One full business day" allows for the referral to be provided to the Contractor on the following Wednesday by 10am). Contractor should simultaneously contact its union about the position as well and let the union know that Contractor has contacted CityBuild as part of its local hiring obligations.

viii. complies with the following: Contractor has an ongoing, affirmative obligation to advise each of its Subcontractors of their ongoing obligation to notify CityBuild of any/all apprentice openings that arise throughout the term of the respective Contract, including openings that arise from layoffs of original crew. Contractor shall not exercise discretion in informing CityBuild of any apprentice position; rather, CityBuild is to be universally notified, and a discussion

between the Contractor and CityBuild shall determine whether a CityBuild graduate would be an appropriate placement for any apprentice level position.

ix. hires qualified candidate(s) subject to this Agreement referred through the System. In the event of the firing/layoff of any System Referral, CPMC/Contractor will notify CityBuild staff within two (2) business days of the decision and provide justification for the layoff; ideally, CPMC/Contractor will request a meeting with the project's employment liaison as soon as any issue arises with a System Referral in order to remedy the situation before termination becomes necessary.

x. submits payroll records for union workers on a timely basis into Elation's certified payroll reporting system, thereby certifying the payroll records. Contractor will also provide documentation and any other relevant workforce records to CityBuild upon request.

xi. maintains accurate records of its efforts to meet the steps and requirements listed above. Such records must include (1) the maintenance of an on-site First Source Hiring Compliance binder, as well as records of any new hire made by the Contractor whom the Contractor believes meets the First Source Hiring criteria; and (2) any further efforts or actions agreed upon by CityBuild staff and Contractor on a Contract-by-Contract basis.

10. Compliance with this Agreement by Subcontractors. In the event that Contractor subcontracts a portion of the work under the respective Contract, Contractor shall determine how many, if any, of the Entry Level Positions and apprentice positions are to be employed by its Subcontractor(s) using Form 1: the CityBuild Workforce Projection Form, attached hereto as Attachment 1 and the RLSP; provided, however, that the applicable Contractor shall retain the primary responsibility for meeting the requirements imposed under this Agreement. Contractor shall ensure that this Agreement is incorporated into and made applicable to such Subcontract.

11. Exception for essential functions. Nothing in this Agreement precludes Contractor from using temporary or reassigned existing employees to perform essential functions of its operation; provided, however, the obligations of this Agreement to make good faith efforts to fill such vacancies permanently with System Referrals and/or San Francisco residents remains in effect. For these purposes, "essential functions" means those functions absolutely necessary to remain open for business.

12. Contractor's/CPMC's compliance with existing employment agreements. Nothing in this Agreement shall be interpreted to prohibit the continuation of existing workforce training agreements or to interfere with consent decrees, collective bargaining agreements, or existing employment contracts. In the event of a conflict between this Agreement and an existing agreement, the terms of the consent decree or existing agreement shall supersede this Agreement and CPMC/Contractor shall promptly inform FSHA of any such conflicts as soon as it becomes aware of same. The parties agree to work in good faith to seek alternatives or variations, excluding any that would not comply with collective bargaining agreements, to maintain the benefit of the bargain of this Agreement.

13. Hiring goals exceeding obligations of this Agreement. Nothing in this Agreement shall be interpreted to prohibit the adoption of hiring and retention goals, first source hiring and interviewing requirements, notice and job availability requirements, monitoring, record keeping, and enforcement requirements and procedures which exceed the requirements of this Agreement.

14. Obligations of CityBuild. Under this Agreement, CityBuild shall:

a. Upon execution of an RLSP for a given Contract, immediately initiate recruitment and pre-screening activities;

b. Determine that persons are Economically Disadvantaged Individuals and recruit such Qualified Economically Disadvantaged Individuals to create a pool of applicants for jobs who match Contractor's Job Notification and to the extent appropriate train applicants for jobs that will become available through the First Source Program;

c. Screen and refer applicants according to qualifications and specific selection criteria submitted by Contractor;

d. Coordinate funding for City-sponsored pre-employment, employment training, and support services programs;

e. Follow up with Contractor on outcomes of System Referrals and initiate corrective action as necessary to maintain an effective employment/training delivery system;

f. Provide Contractor with reporting forms for monitoring the requirements of this Agreement; and

g. Monitor the performance of the Agreement by examination of records of Contractor as submitted in accordance with the requirements of this Agreement.

15. Contractors' reporting and recordkeeping obligations. Contractor shall:

a. Maintain accurate records demonstrating Contractor's compliance with the First Source Hiring requirements of Chapter 83 of the San Francisco Administrative Code including, but not limited to, the following:

i. System Referrals

ii. Job offers to System Referrals

iii. Hires of System Referrals

iv. Rejections of System Referrals

b. Submit completed reporting forms based on Contractor's records to CityBuild quarterly, unless more frequent submittals are reasonably required by FSHA. In this regard, Contractor agrees that if a significant number of positions are to be filled during a given period or other circumstances warrant, CityBuild may require daily, weekly, or monthly reports containing all or some of the above information.

c. The hiring goal for union journeymen and apprentices will be measured based upon (1) trade hours for the overall Contract, (2) Subcontractors, regardless of tier, and (3) hours by craft and will include core employees and new hires.

d. Maintain records for all dispatch where a San Francisco resident was not available. These records shall be maintained and kept for the duration of the Contract.

e. If based on complaint, failure to report, or other cause, the FSHA has reason to question Contractor's good faith effort, Contractor shall demonstrate to the reasonable satisfaction or the City that it has exercised good faith to satisfy its obligations under this Agreement.

16. Project Reporting System. CPMC shall purchase use of the City's Project Reporting System (PRS) for the Contractor and its Subcontractors for reporting workforce data/payroll for the project. OEWD shall monitor progress towards the Hiring Goals through the use of the PRS.

17. Performance review. Upon substantial completion of the Workforce Projects and at a minimum every six (6) months during the course of the Workforce Projects, the OEWD shall assess the performance of Contractors and Subcontractors in meeting the Hiring Goals herein.

B. LOCAL BUSINESS ENTERPRISE HIRING AGREEMENT

1. Purpose, Scope and Roles of Parties. In connection with the design and construction of the Project, CPMC desires to continue its strong history of community outreach designed to foster employment opportunities for disadvantaged individuals by voluntarily offering employment opportunities to local business enterprises as. CPMC agrees to participate in a local business enterprise program, and FSHA agrees to work with CPMC in this effort, as set forth below

2. Definitions. For purposes of this Section B, the definitions shall be as follows:

a. Contract(s): An agreement, whether a direct contract or subcontract, to construct a portion of the Workforce Projects.

b. Contractor: A person or entity that enters into a direct Contract with CPMC.

c. Local Business Enterprise ("**LBE**"): Means a business that either (i) meets the definition of a Certified LBE set forth in this Agreement, or (ii) has been certified as a LBE by a public or private entity.

d. Subcontractor: A person or entity that has a direct contract with a Contractor to perform a portion of the work under a Contract.

3. LBE certification. A certified LBE is any business that meets all of the following criteria:

a. The business is financially and operationally independent from, and operates at arm's length to, any other business.

b. The business is continuously in operation.

c. The business is a for-profit enterprise.

d. The business performs a commercially useful function.

e. The business maintains its principal place of business in a fixed office within the geographic boundaries of the City that provides all of the services for which LBE certification is sought, other than work required to be performed at a job site; provided, however, that suppliers are not required to maintain their principal place of business in San Francisco, but are required to maintain a

fixed office in San Francisco that meets all of the requirements of this Section other than the principal place of business requirement.

An office is a fixed and established place of business, including a qualified home office, where business is conducted on a regular basis of the type for which certification is sought. A residence qualifies as an office only if none of the persons who own or control the business also maintains an office outside the residence in the same or related field, and the persons who own or control the business claimed a business deduction on the prior year's income tax return, or for, businesses started after the last tax return, would qualify for a deduction on the next tax return. None of the following constitutes an office: a post office box, a temporary location, a movable property, a location that was established to oversee a project such as a construction project office, or work space provided in exchange for services, as opposed to monetary rent.

To establish a principal place of business in San Francisco, a business must demonstrate that the majority of its principals are based in the San Francisco office, and that it pays San Francisco payroll taxes on at least 51% of its total payroll.

Suppliers must maintain a warehouse in the City that is continuously stocked with inventory consistent with their certification. Truckers must park their registered vehicles and trailers within the City.

f. The business possesses a current San Francisco Business Tax Registration Certificate.

g. The business has been located and doing business in San Francisco for at least six months preceding the application for certification.

h. The business owner has licenses or other relevant trade or professional certifications, or, where licensing is not required, relevant training and experience that are appropriate for the type of business for which the business seeks certification.

i. The business is owned and controlled as defined herein by individuals who reside in the United States or its territories.

j. The business has average gross annual receipts in the prior three fiscal years.

k. The business is not owned or controlled as defined herein in part or in whole by a full time City employee.

l. The business has average gross annual receipts in the prior three fiscal years that do not exceed the following limits: (1) public works/construction - $33,500,000; (2) specialty construction contractors - $17,000,000; (3) goods/materials/equipment and general services - $17,000,000; (4) professional services and architect/engineering - $7,000,000; and (5) trucking - $8,500,000.

4. Hiring Goals. As long as this Agreement remains in full force and effect, CPMC shall make a good faith effort to ensure that at least fourteen percent (14%) of the cost of all Contracts for the Workforce Projects are awarded to Contractors or Subcontractors that qualify as certified LBE's under this Agreement. CPMC and City acknowledge and agree that CPMC's efforts to award Contracts to LBE's are voluntary, and that CPMC and its Contractors shall have the sole discretion to confirm certification of, or otherwise screen, hire or not hire LBE's. If CPMC and its Contractors do not meet the

LBE hiring goal set forth above, they will nonetheless be deemed to satisfy the good faith effort obligation of this Section 4 as follows:

a. CPMC shall be deemed to have used good faith efforts if CPMC incorporates the applicable terms of this Agreement into each Contract.

b. Contractor shall be deemed to have used good faith efforts if it undertakes the following:

i. Creates a Workforce Development Group whose purpose is to proactively engage and collaborate in supporting the fulfillment of the goals in this Agreement. Contractor will invite the trade partners' project management staff, CPMC and CityBuild to participate in the group.

ii. Makes reasonable efforts to maintain records of LBEs that are awarded Contracts for the Workforce Projects.

iii. Attends the meet and confer process in Section 5.

5. Meet and Confer Process. Upon substantial completion of the Workforce Projects and every six (6) months during the course of the Workforce Projects, CPMC, its Contractors and the FSHA shall meet and confer to assess the performance of Contractors in meeting the LBE hiring goals.

C. FIRST SOURCE HIRING AGREEMENT FOR CPMC OPERATIONS

1. Purpose and Scope. CPMC currently works to identify and hire entry-level applicants for non-construction positions who are residents of the City and County of San Francisco, and expects to hire additional entry-level applicants for non-construction positions during and after the construction of the Workforce Projects. CPMC will use good faith efforts as defined herein to work with the Health Care Sector Academy ("**HCA**") of the San Francisco Office of Economic and Workforce Development ("**OEWD**") to identify and hire residents of the City and County of San Francisco, specifically targeting the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/ Excelsior, Chinatown and Southeastern neighborhoods to fill new entry-level, non-construction positions at CPMC. OEWD will coordinate and designate representatives of the San Francisco Workforce Development System to recruit, pre-screen, train and refer qualified Eligible Individuals. The provisions of this Agreement shall apply only to employees hired by CPMC to be assigned on a primary basis to positions within the City and County of San Francisco. CPMC efforts to recruit and hire employees to be assigned to any positions at locations outside of the City and County of San Francisco are not within the scope of this Agreement. If CPMC fulfills its obligations under this Agreement, CPMC shall not be held responsible for any failure of a tenant to comply with Chapter 83 requirements.

2. Definitions. For purposes of this Section C, the definitions are as follows:

a. Annual Hiring Target. Defined in Section 3 below.

b. Applicant. An individual who has (a) completed and submitted an application via the approved CPMC application process; (b) applied for a specific job; and (c) met the minimum qualifications established for the job applied for.

c. Automatic Extension. Defined in Section 3 below.

d. Available Entry Level Position. An Entry Level Position for which CPMC plans to hire a new employee. The term "Available Entry Level Position" shall include both regular full-time and part-time jobs, as well as limited term (per diem) jobs.

e. Candidate. An individual who is interested in a position, but has not satisfied the definition of an "Applicant," as defined herein.

f. Eligible Individual. An individual who is referred to CPMC by HCA and who is either (a) eligible to participate in a program authorized by the Workforce Investment Act of 1998, 1998 PL 105-220 (HR 1385), as determined by the San Francisco Workforce Investment Board (WISF) and the San Francisco Office of Economic and Workforce Development; or (b) designated as "economically disadvantaged" by the FSHA, meaning an individual who is at risk of relying upon, or returning to, public assistance, including unemployment insurance. For purposes of this agreement, Eligible Individuals will not be considered Applicants or employees of CPMC.

g. Entry Level Position. A non-construction, non-managerial and non-supervisory position at CPMC that requires neither education above a high school diploma or certified equivalency, nor more than two (2) years of training or specific preparation. The types of Entry Level Positions that may be available at CPMC include, but are not limited to, the following:

Vocational:

i. Home Health Aide

ii. Phlebotomist

iii. EKG Technician

iv. Medical Assistant

v. Emergency Medical Technician

vi. Rehabilitation Aide

vii. Speech Therapy Aide

viii. Pathology Lab Accessioner

ix. Certified Nursing Assistant

x. Hospital Attendant

xi. Certified Hospital Attendant

xii. Unit Coordinator

Non-clinical/clerical occupations:

i. Medical Administrative Assistant

ii. Health Information Technology/Billing

iii. Housekeepers

iv. Food Services Aide

v. Cook

vi. Security Officer

vii. Transporter/Transport Aide

viii. Sales Gift Shop

ix. Aquatic Instructor

x. Client/Patient Services Representative

xi. Patient Registration Representative

xii. Point of Service Specialist

xiii. PBX Operator

Internship / Externship positions:

i. Medical Assistant

ii. EKG Technician

iii. Phlebotomist

iv. Medical Administrative Assistant

v. Youth Sector Bridge Participants

h. Hiring Deficiency. Defined in Section 3 below.

i. Hiring Year. Defined in Section 3 below.

j. Job Notification. Written notice, in accordance with Section 4 below, from CPMC to the HCA for any Available Entry Level Position during the term of the Agreement.

k. Qualified Pool. The pool of Applicants who have met the job qualifications and passed the applicable employment screening test, and are thus eligible to be interviewed by CPMC for Available Entry Level Positions at CPMC. Candidates may apply for multiple job categories through a single application.

l. System. The San Francisco Workforce Development System established by the City and County of San Francisco, and managed by the OEWD, for maintaining (a) a pool of Eligible Individuals, and (b) the mechanism by which such individuals are certified and referred to prospective employers who are subject to the First Source Hiring requirements under Chapter 83 of the

San Francisco Administrative Code. For the purposes of this Agreement, the certification and referral component of the System includes the activities of the HCA.

m. System Referrals. Trainees referred by the System via the HCA to CPMC as Candidates for Available Entry Level Positions.

n. Trainees. Eligible Individuals who are currently undertaking or have already completed the training programs provided or directed by the HCA in connection with this Agreement.

3. Hiring Goals. As long as this Agreement remains in full force and effect, CPMC's hiring goals shall be to fill at least forty percent (40%) of Available Entry Level Positions with System Referrals ("**Annual Hiring Target**") in each consecutive 12-month period following the Effective Date (each, a "**Hiring Year**"). Notwithstanding the foregoing, if CPMC does not meet its Annual Hiring Target in any Hiring Year (a "**Hiring Deficiency**"), the number of Entry Level Positions constituting the Hiring Deficiency will roll over and be added to the Annual Hiring Target for the following Hiring Year (for example: if CPMC has 100 Available Entry Level Positions during the first Hiring Year and fills 30 of these with System Referrals, thereby creating a ten-person Hiring Deficiency, the Annual Hiring Target for the second Hiring Year will be increased so that CPMC will be required to make good faith efforts to fill 40% plus ten of the Available Entry Level Positions in the second Hiring Year with System Referrals. If a Hiring Deficiency exists at the end of the term of this Agreement, then the term will be automatically extended ("**Automatic Extension**") until such time as CPMC achieves the full Annual Hiring Target for each Hiring Year (for example: if CPMC has a Hiring Deficiency of 30 positions at the end of the term, then term will be extended until the date that CPMC hires 30 additional System Referrals for Available Entry level Positions).

a. Good Faith Efforts. CPMC will make good faith efforts to meet the hiring goals set forth in Section 3 above. Determinations of CPMC's good faith efforts shall be in accordance with the following:

i. CPMC shall be deemed to have used good faith efforts to meet the hiring goals set forth in Section 3 if CPMC satisfies each of its obligations under Section 4, below.

ii. CPMC's failure to meet the hiring goals set forth in Section 3 does not impute "bad faith." If the FSHA challenges CPMC's good faith efforts, CPMC shall use commercially reasonable efforts to provide information to the FSHA in an attempt to demonstrate to the reasonable satisfaction of the City that it has exercised good faith to satisfy its obligations under this Agreement (keeping in mind that CPMC's compliance with Section 4 below shall be deemed to constitute good faith efforts). Failure to meet the hiring goals set forth in Section 3 may also trigger a review of the recruitment and referral processes developed under this agreement for possible modification. CPMC's proactive participation in such a review will also be a demonstration of good faith under this Agreement.

iii. CPMC shall be deemed to have used good faith efforts with respect to tenant obligations if CPMC incorporates the applicable terms of this Agreement into each lease a tenant.

4. Hiring Obligations. Commencing as of the Effective Date, CPMC shall follow the below hiring procedures:

a. Hiring Procedures. CPMC shall process all Candidates and Applicants through CPMC's standard hiring methods; however, CPMC shall adhere to the following protocols:

CPMC shall promptly deliver by mail, messenger or facsimile to the HCA, a Job Notification for any Available Entry Level Positions, as soon as they become available during the term of the Agreement. For each Available Entry Level Position, the following requirements apply:

i. The Job Notification shall provide a clear, accurate job description, including expectations, whether the position is part time (less than 32 hours a week) or full time, permanent or limited time, minimum wages to be paid, and any special requirements.

ii. During the ten (10) business day period following delivery of the Job Notification, CPMC may only interview and/or hire Eligible Individuals for the Available Entry Level Position but may publicize the upcoming position. Prior to interviewing and/or hiring any other applicants for the Available Entry Level Position, CPMC shall first review any applications received from Eligible Individuals during the ten (10) business day period following delivery of the Job Notification.

iii. CPMC shall not be required to deliver a Job Notification or hire an Eligible Individual for an Available Entry Level Position if CPMC reasonably determines that there is an urgent need to fill that position immediately in order to perform essential functions of its operation. If CPMC determines that there is an urgent need to fill a position immediately in order to perform essential functions of its operations in reliance on this subsection, it shall provide OEWD written notice of this fact within ten (10) business days.

b. Job Needs Communications. As soon as reasonably practical after the Effective Date of this Agreement, CPMC shall provide to FSHA a completed Non-Construction First Source Employer's Projection of Entry Level Positions form as set forth in Attachment 2 . The CPMC representative (e.g. the Human Resources Manager) designated on the form shall coordinate with the HCA in order to furnish information regarding the number and types of upcoming job openings at CPMC after submittal of the form and throughout the term of this Agreement, to the extent that such job openings can be identified. This communication shall include the job classification, weekly hours required, job duties, salary and benefits information.

c. Standard Retention Efforts. In order to promote retention among the newly hired System Referrals, CPMC shall implement retention efforts consistent with CPMC company practices. CPMC shall have the sole discretion to modify its retention efforts at any time.

d. Additional Retention Efforts. In addition to the standard retention efforts described above, a CPMC representative shall communicate with the HCA on a regular basis to provide feedback intended to enhance the hiring of, and satisfactory job performance by, the System Referrals. This feedback shall be general in nature and shall not be focused on specific individuals.

e. Deemed Compliance. CPMC will be deemed to have met its obligation under this Agreement provided that it has hired at least forty (40) System Referrals in each consecutive 12-month period for the five (5) years following the Effective Date.

f. Record-Keeping Obligations. CPMC shall use reasonable efforts to obtain and keep records of the number of System Referrals interviewed for Available Entry-level Positions and those eventually hired by CPMC.

g. Reporting Obligations. CPMC shall cause the information gathered pursuant to Section f, above, to be reported to the HCA every six (6) months and include aggregated information on the zip codes of hired System Referrals.

5. CPMC Retains Discretion Regarding Hiring Decisions. CPMC shall have the sole discretion to make all hiring decisions, including determining whether a System Referral shall be interviewed for an Available Entry Level Position, or is qualified for that position. The parties agree and acknowledge that every individual considered by CPMC for employment in a particular job category must pass an employment test to be placed into the Qualified Pool for that job category, and that Candidates who fail to pass a drug test, a background check, and/or any other nondiscriminatory pre-employment conditions that CPMC establishes from time to time in its sole discretion, will not be hired by CPMC. Any System Referral who is hired by CPMC shall have the same rights and obligations as all other employees in similar positions. CPMC shall not discriminate against any employees on the basis of participation in the First Source Hiring Program. Employment with CPMC is not for a specified term and is at the mutual consent of the employee and CPMC, and the employment relationship may be terminated with or without cause, and with or without prior notice, by either the employee or CPMC. Nothing in this Agreement is intended to alter the "at-will" nature of an individual's employment with CPMC.

a. No Modification of CPMC Hiring Practices. Nothing in this Agreement shall require CPMC to (a) modify in any manner its hiring practices including, without limitation, any computerized application system, background checks, drug tests, and skills tests; or (b) to violate any court order, consent decree, law or statute.

b. Exception for Essential Functions. Nothing in this Agreement shall preclude CPMC from using temporary or reassigned existing employees to perform essential functions of its operation; provided, however, CPMC's obligation to use good faith efforts to meet the hiring goals set forth in Section 3 shall remain in effect. For these purposes, "essential functions" means those functions necessary to meet business obligations.

6. FSHA's Obligations. Pursuant to this Agreement, the HCA shall:

a. Provide for City sponsored pre-employment screening, employment training, and support services programs. HCA anticipates that the majority of the System Referrals will be from the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods.

b. Follow up with CPMC on the outcomes of System Referrals, and initiate corrective action as necessary to maintain an effective employment training and delivery system;

c. Provide CPMC with reporting forms, consistent with the reporting obligations set forth in Section 4(f), above, for monitoring the requirements of this Agreement; and

d. Monitor the performance of the Agreement by examination of records of CPMC hiring activities as submitted in accordance with the requirements of this Agreement.

7. Report Delivery. Notwithstanding any notice provision to the contrary in this Agreement, any reports required of CPMC under this Agreement (collectively, "**CPMC Reports**") shall be delivered to the address of the HCA pursuant to this Section via first class mail, postage paid, and such CPMC Reports shall be deemed delivered two (2) business days alter deposit in the mail in accordance with this Subsection.

8. Tenant First Source Hiring. CPMC and FSHA shall work together in good faith to identify and implement an appropriate program for first source hiring for CPMC's tenants pursuant to Administrative Code Chapter 83, based on the FSHA's standard requirements and procedures with respect to commercial tenants.

D. WORKFORCE TRAINING PAYMENT

CPMC shall provide the sum of Four Million Dollars ($4,000,000.00) to the City as a contribution to the City's programs that provide workforce training to economically disadvantaged residents. Such payments shall be payable by CPMC as follows: One Million Dollars ($1,000,000.00) thirty (30) days after the Effective Date, with the remainder to be paid annually in accordance with Exhibit N (Payment Schedule), until the total sum is paid. The funds shall be paid to and managed by OEWD in consultation with CPMC. OEWD shall use the funds paid by CPMC for workforce training purposes only and shall target such funds to educational institutions and non-profit organizations with an existing track record of working in the impacted communities (such as Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods) and in providing barrier removal and job training for the employment opportunities created by the project and identified in the workforce agreement.

E. ENFORCEMENT AND REMEDIES

CPMC shall use commercially reasonable good faith efforts to enforce the Contractors' and tenants' obligations pursuant to the terms of this Agreement. OEWD shall (1) advise CPMC, in writing, of any alleged breach on the part of the Workforce Projects' Contractors with regard to participation in the First Source Hiring Program at the Workforce Projects, and (2) work with Contractor and Subcontractors, as applicable, to create a corrective action plan to address First Source violations prior to seeking an assessment of liquidated damages pursuant to Section 83.12 of the Administrative Code.

This Agreement is an approved "First Source Hiring Agreement" as referenced in Section 83.11 of the Administrative Code. So long as CPMC fulfills its mandatory First Source Hiring Program obligations under Sections A and C of this Agreement that pertain to requirements of Chapter 83 of the Administrative Code, CPMC shall be deemed to have fulfilled its obligations under that Chapter with respect to the Near-Term Projects.

The sole remedies and enforcement process for violation of the requirements of Sections A and C of this Agreement are as provided in Section 83.12 of the Administrative Code. As stated in Section 83.12(f) of the Administrative Code, if CPMC fulfills its obligations as set forth in Chapter 83, it shall not be held responsible for the failure of a Contractor or tenant to comply with the requirements of Chapter 83. Notwithstanding anything to the contrary in the Development Agreement, the sole remedy for violation of Section B shall be specific performance, without the limits with respect thereto in Section 9.4.1 of the Development Agreement. The remedies and enforcement processes for violation of the requirements of Section D shall be as set forth in the Development Agreement.

F. TERM

This Agreement shall take effect on the Effective Date of the Development Agreement (the "Effective Date") and shall continue in full force and effect for the term of the Development Agreement; provided, however, (i) CPMC's obligations under Sections A, B and D of this Agreement shall survive the termination or expiration of this Agreement during any construction period for the Workforce Projects as and to the extent set forth in Section 10.4 of the Development Agreement, and (ii) the obligations set forth in Section C herein are subject to extension as provided in Section C.3. Obligations that apply to a construction-related Contract or Phase shall cease once the respective Contract or Phase is complete.

G. NOTICE

All notices to be given under this Agreement shall be in writing and sent by: certified mail, return receipt requested, in which case notice shall be deemed delivered three (3) business days after deposit, postage prepaid in the United States Mail, a nationally recognized overnight courier, in which case notice shall be deemed delivered one (1) business day after deposit with that courier, or hand delivery, in which case notice shall be deemed delivered on the date received, all as follows:

If to FSHA:	First Source Hiring Director OEWD, 50 Van Ness Avenue San Francisco, CA 94102
If to CityBuild:	CityBuild Compliance Officer 50 Van Ness Avenue San Francisco, CA 94102
If to HCA:	Program Manager, Sector Academies OEWD, 50 Van Ness Avenue San Francisco, CA 94102
If to CPMC:	California Pacific Medical Center 2351 Clay Street, 7th Floor San Francisco, CA 94115 Attn: Grant Davies

a. Any party may change its address for notice purposes by giving the other parties notice of its new address as provided herein. A "business day" is any day other than a Saturday, Sunday or a day in which banks in San Francisco, California are authorized to close.

b. Notwithstanding the forgoing, any Job Notification or any other reports required of Contractor under this Agreement (collectively, "Contractor Reports") shall be delivered to the address of FSHA pursuant to this Section via first class mail, postage paid or via email, and such Contractor Reports shall be deemed delivered two (2) business days after deposit in the mail, or upon transmission via email, in accordance with this Subsection; provided, however, that any notice of default under this Agreement must be given in writing, and (a) personally delivered, (b) deposited with a commercially recognized national courier service, or (c) sent by registered or certified mail, postage prepaid.

c. Upon execution of a Contract, the executing Contractor shall provide the FSHA, CityBuild and/or HCA as applicable with its notice address for notices delivered pursuant to this Agreement.

H. ENTIRE AGREEMENT

This Agreement and the Development Agreement contain the entire agreement between the parties to this Agreement and shall not be modified in any manner except by an instrument in writing executed by the parties or their respective successors in interest.

I. SEVERABILITY

If any term or provision of this Agreement shall, to any extent, be held invalid or unenforceable, the remainder of this Agreement shall not be affected.

J. COUNTERPARTS

This Agreement may be executed in one or more counterparts. Each shall be deemed an original and all, taken together, shall constitute one and the same instrument.

K. SUCCESSORS

This Agreement shall inure to the benefit of and shall be binding upon the parties to this Agreement and their respective heirs, successors and assigns. If there is more than one person comprising CPMC, their obligations shall be joint and several.

L. HEADINGS

Section titles and captions contained in this Agreement are inserted as a matter of convenience and for reference and in no way define, limit, extend or describe the scope of this Agreement or the intent of any of its provisions

M. GOVERNING LAW

This Agreement shall be governed and construed by the laws of the State of California.

N. RELATIONSHIP OF PARTIES

It is specifically understood and agreed by the parties that the development of the Workforce Projects is a private development. Nothing contained in this Agreement shall be deemed or construed, either by the parties hereto or by any third party, to create the relationship of principal and agent or create any partnership, joint venture or other association between CPMC and the City and County of San Francisco. This Agreement and its terms shall not operate or be construed as a "Contract" between CPMC and the City and County of San Francisco within the meaning of Chapter 83 of the San Francisco Administrative Code, nor shall this Agreement or its terms operate or be construed to make CPMC a "Contractor" within the meaning of Chapter 83 of the San Francisco Administrative Code.

O. NO OBLIGATIONS TO THIRD PARTY

This Agreement is not intended and shall not be construed to create any third party beneficiary rights in any person or entity that is not a party hereto, and no action to enforce the terms of this Agreement may be brought against either party by any person or entity that is not a party hereto.

P. BOARD AUTHORIZATION AND APPROPRIATION

By approving the Agreement, the Board of Supervisors authorizes the Controller and OEWD to accept the funds paid by CPMC as set forth in this Agreement, to maintain a separate, interest-bearing account for the funds paid by CPMC under this Agreement, and to appropriate and use the funds for OEWD's workforce training programs. Any interest earned on the account created under the terms of this Agreement shall remain in the designated account or subaccount for this use and shall not be transferred to the City's General Fund.

IN WITNESS WHEREOF, the following have executed this Agreement as of the date set forth above.

City and County of San Francisco, a municipal corporation, acting by and through FSHA

By: _____

Its: _____

Date: _____

CPMC:

Sutter West Bay Hospitals, a California corporation, doing business as California Pacific Medical Center

By: _____

Its: _____

Date: _____

Attachment 1

SAN FRANCISCO
Office of Economic and Workforce Development

CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT
CITYBUILD PROGRAM

FIRST SOURCE HIRING PROGRAM
EXHIBIT B - CITYBUILD
CONSTRUCTION CONTRACTS

FORM 1: CITYBUILD WORKFORCE PROJECTION FORM

All Prime Contractors and Subcontractors with contracts in excess of $500,000 must complete the *CityBuild Workforce Projection* (Form 1) within thirty (30) days of award of contract. It is the Prime Contractor's responsibility to ensure CityBuild receives completed Form 1 's from all subcontractors in the specified time and keep a record of these Forms in a compliance binder for evaluation.

Once all Form l's have been submitted, all contractors are required to attend a preconstruction meeting convened by CityBuild staff to discuss the hiring goals for this project.

- *For Construction Contracts: Use this form to indicate the TOTAL estimated number of Journey Level Positions and Entry Level/Apprentice Position that will be needed to perform the work.*
- *For Non-Construction Contracts: Use this form to indicate all entry-level positions that will be needed to perform the work.*
- *If company is on multiple projects, please submit one Workforce Projection per project.*

Contractor Name: _____

Project Name _____ Main Contact: _____

City PM: _____ Contact Number: _____

Labor Trade, Position, or Title	Journey or Apprentice / Entry-Level (J/A)	Estimated Number of Position(s) at Peak of Work	Est. Start Date	Est. End Date	Est. Total Number of Hours To Complete Work	Union?
	J ☐ A ☐					Yes ☐ No ☐
	J ☐ A ☐					Yes ☐ No ☐
	J ☐ A ☐					Yes ☐ No ☐
	J ☐ A ☐					Yes ☐ No ☐
	J ☐ A ☐					Yes ☐ No ☐
	J ☐ A ☐					Yes ☐ No ☐

**Continue on separate sheet, if necessary. For assistance or questions in completing this form, contact the CityBuild Program of the Department of Economic and Workforce Development, (415) 581-2303.*

_____ _____
Successful Bidder/Subcontractor's Name Street Address

_____ _____ _____ _____ _____
Name of Signer Title City Zip Email

Signature of Authorized Representative	Date	Office Telephone	Cell Phone	Fax

PLEASE FAX COMPLETED FORM ATTN: CITYBUILD AT (415) 581-2368 OR
EMAIL: RONNIE.RHOE@SFGOV.ORG
WEBSITE: HTTP://WWW.OEWD.ORG/CITYBUILD.ASPX
MAIN LINE: (415) 581-2335

Attachment 2

NON-CONSTRUCTION FIRST SOURCE EMPLOYER'S PROJECTION OF ENTRY LEVEL POSITIONS

By signing this form, employers agree to participate in the San Francisco Workforce Development System established by the City and County of San Francisco, and comply with the provisions of the First Source Hiring Program pursuant to Chapter 83 of the San Francisco Administrative Code.
As an indication of good faith efforts to comply with First Source, the Employer must fill out this form at commencement of contract/tax year to indicate:

- For the Tenant/Sub-tenant, the number of **Entry Level Positions** in the company that are currently filled and those that are currently available.
- For the successful Developer, Contractor, or Subcontractor, **Entry Level Positions** that are currently filled and those that will be available during construction work.
- If positions listed are subject to collective bargaining agreements.

Note: If an Entry Level Position becomes available during the term of the lease and/or contract, Employer must notify the First Source Hiring Administration. For information regarding First Source requirements contact: Erik Ward (415-581-2335)

Entry Level Position *means a non-managerial position that requires either no education above a high school diploma or certified equivalency, or less than two (2) years of training or specific preparation. Apprenticeship positions should be included.*

Type of Employer (check one): ☐ **Tenant** ☐ **Subtenant** ☐ **Developer** ☐ **Biotech Payroll Tax Exclusion applicant** ☐ **Contractor** ☐ **Subcontractor**

Identify Project or Construction Project (if applicable):
City Department (if Contract or Lease):
Name of Employer:
Contact Person:
Street Address:
City:
State:
Zip:
Telephone:
Fax:
Email:

Signature of authorized employer representative
Date

Entry-Level Position Title	Number Currently Filled	Number Currently Available	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)

Please fax, email, or mail this form SIGNED to:

(415) 581-2317 erik.ward@sfgov.org Attn: Erik Ward
Business Services Manager
OEWD
50 Van Ness Avenue
San Francisco, CA 94102

FIRST SOURCE HIRING
CITY & COUNTY OF SAN FRANCISCO

SAN FRANCISCO
Office of Economic and Workforce Development

EXHIBIT F

Community Healthcare Program

CPMC's Community Healthcare Program includes a range of contributions and other commitments for: (1) health care for vulnerable populations; (2) community healthcare clinics; (3) sub-acute care services; (4) construction and Opening of a new 120-bed St. Luke's Campus Hospital; (5) services at the St. Luke's Campus Hospital and elsewhere on the St. Luke's Campus; (6) construction of a new medical office building at the St. Luke's Campus; (7) integration of St. Luke's medical staff and patient quality outcomes; (8) participation in community benefits partnerships; (9) service agreement with Chinese Hospital; (10) culturally and linguistically appropriate services; and (11) City Health Services System. All initially capitalized terms have the meaning given in the Definition Section of the Agreement unless otherwise defined in this Exhibit F.

Subject to the provisions of this Exhibit F and the Agreement, CPMC will, from the earlier of the commencement dates specified in the applicable sections below or, if applicable, upon CPMC's notice to the City of an earlier actual commencement (which commencement will occur on the date of CPMC's notice to the City, but in no event earlier than the Effective Date), continuously perform all obligations in this Exhibit F for ten (10) years.

1. Baseline Commitment.

a. Baseline Commitment. Commencing on the date the Approvals are Finally Granted, CPMC shall in each fiscal year[1] (1) care for a total of not less than [28,000] Unduplicated Patients in San Francisco (the "**Unduplicated Patient Commitment**"), and (2) spend at least Eight Million Dollars ($8,000,000) for Community Benefits in San Francisco (the "**Baseline Expenditure Commitment**"; together with the Unduplicated Patient Commitment, the "**Baseline Commitment**"). The amount of the Baseline Commitment for any partial year during the first fiscal year and the last fiscal year shall be prorated on a per calendar day basis.

"**Unduplicated Patient**" means a patient who receives a service from any CPMC facility or clinic in the City during the calendar year as a Medi-Cal or Charity Care

[1] All references in this Exhibit F to "**fiscal" or "calendar" or "other year**" means CPMC fiscal years, i.e., January 1 through December 31, unless subsequently modified by CPMC throughout its network. No change in fiscal year shall shorten or lengthen any of CPMC's obligations under this Exhibit F, and the parties will make the appropriate adjustments in reporting as needed to maintain the existing obligations as described in this Exhibit F in accordance with generally accepted accounting principles.

patient, who has not previously received a service as a Medi-Cal or Charity Care patient from a CPMC facility or clinic in San Francisco during that calendar year.

The Unduplicated Patient Commitment of 28,000 Unduplicated Patients (described above) is an unverified calculation of the higher of the annual average of the number of such patients for either (a) calendar years 2009 through 2011, or (b) calendar years 2010 through 2012. This number shall be verified by an independent third party auditor retained jointly by City and CPMC, and paid for by CPMC, using the same process as set forth in Section 11.g below but with an independent auditor instead of an actuary, or by such other means as may be otherwise mutually agreed by City and CPMC, as soon as possible but in no event later than three (3) months following execution of this Agreement. The number verified by the audit shall be the Unduplicated Patient Commitment.

"**Charity Care**" means emergency, inpatient or outpatient medical care, including ancillary services, provided to those who cannot afford to pay and without expectation of reimbursement and that qualify for inclusion in the line item "Charity-Other" in the reports referred to in California Health and Safety Code Section 128740(a). For example, if the same Medi-Cal or Charity Care patient receives services at the Cathedral Hill Campus in January 2020 and the St. Luke's Campus in June 2020, and the Davies Campus in December 2020, that patient constitutes one Unduplicated Patient. Similarly, if the patient received care in January and had private insurance, and then received care in June as a Medi-Cal or Charity Care patient, that patient counts as one Unduplicated Patient.

"**Community Benefits**" means unreimbursed costs incurred by CPMC for items in Category 3 of the Catholic Health Association of the United States, A Guideline for Planning and Reporting Community Benefit (CBISA).

The Baseline Commitment shall not include patients cared for or costs incurred by CPMC under the New Medi-Cal Beneficiaries Commitment.

b. Baseline Commitment Carryover; 2 Year Rolling Average. For either component (each measured separately), CPMC shall have the right to apply an excess from the prior fiscal year or succeeding fiscal year in order to satisfy the Baseline Commitment. Accordingly: (1) the Unduplicated Patient Commitment will be deemed satisfied for a particular fiscal year if the Excess Number of Unduplicated Patients from the immediately preceding or the immediately following fiscal year equals or exceeds the shortage incurred for that particular fiscal year; and (2) the Baseline Expenditure Commitment will be deemed satisfied for a particular fiscal year if the Excess Baseline Expenditure Commitment from the immediately preceding or the immediately following fiscal year equals or exceeds the shortage incurred for that particular fiscal year; each subject to the limitations in Section 1.c below.

c. Calculation of 2 Year Rolling Average. The "**Excess Number of Unduplicated Patients**" and the "**Excess Baseline Commitment Expenditure**" mean a number by which the Unduplicated Patients served by CPMC or costs incurred by CPMC in providing Community Benefits (each measured separately) in a particular fiscal year exceed the applicable Baseline Commitment, provided that (i) the number of Unduplicated Patients served and costs incurred for Community Benefits before the start of the Baseline Commitment and after the end of Baseline Commitment will not be included for purposes of determining the Excess Number of Unduplicated Patients or Excess Baseline Expenditure Commitment, (ii) any Excess Number of Unduplicated Patients or Excess Baseline Expenditure Commitment used to meet the Baseline Commitment requirement for a previous year cannot then later be used as part of the Excess Number of Unduplicated Patients or Excess Baseline Expenditure Commitment for a subsequent fiscal year, (iii) only twenty-five percent of the Unduplicated Patients or Community Benefit costs incurred shall be counted in any fiscal year for purposes of determining the Excess Number of Unduplicated Patients or Excess Baseline Expenditure Commitment, and (iv) in no event will the Excess Number of Unduplicated Patients or Excess Baseline Expenditure Commitment for a fiscal year exceed ten percent of the then-applicable Baseline Commitment. For example, even if CPMC incurs $12 million in costs in providing Community Benefits, of which 25% of this amount or $3 million could be counted to determine Excess Baseline Expenditure Commitment, the Excess Baseline Expenditure Commitment shall be limited to 10% of the $8 million Baseline Expenditure Commitment, or $800,000.

d. Transition to Affordable Care Act. To ensure a smooth transition to changes in healthcare insurance that are occurring as a result of the Federal Affordable Care Act, CPMC will maintain through the end of calendar year 2015 Charity Care policies that are no more restrictive than current Charity Care policies as set forth in the CPMC Fiscal Year 2011 Charity Report. After such time, CPMC shall maintain Charity Care policies that are in compliance with applicable California law, and CPMC will not deny Charity Care patients access to inpatient service.

e. Bayview Child Health Center. As part of the Baseline Expenditure Commitment, CPMC shall provide financial and other services or operational support for comprehensive primary pediatric care to residents of the Bayview area through the Bayview Child Health Center in a manner and amount generally consistent with CPMC's level of support for the Bayview Child Health Center in fiscal year 2011-12, including comprehensive primary pediatric care to residences of the Bayview area.

f. Program Adjustments. The support provided for the programs and services described in Section 1.e above may be included in the calculation of either

Unduplicated Patient Commitment or the Baseline Expenditure Commitment, as applicable, but not both. CPMC may, in the exercise of its reasonable discretion and after consultation with the Director of the City's Department of Public Health (the "**DPH Director**"), adjust, modify, reduce or eliminate those programs, services and service lines or sell, lease or transfer programs, services or service lines to meet evolving community needs, operational cost-effectiveness or quality standards, including, without limitation, by providing them through another operating or service agreement or arrangement, provided that (i) if CPMC materially reduces or eliminates a program, service or service line, it will provide alternative programs, services or service lines of similar value and providing similar levels of service in the affected neighborhood, and (ii) the level of support described in Sections 1.e above is otherwise provided and maintained under this Agreement.

g. Changes in Law. No subsequent amendment to the definitions in applicable California codes or regulations shall modify the unreimbursed services and expenses to be provided by CPMC as part of the Baseline Commitment (or the other provisions in this Exhibit F). If a change in Laws, or a change in the number of persons qualifying for Charity Care, or the number of persons eligible for Medi-Cal managed care, substantially interfere with, preclude or prevent CPMC from complying with one or more of its obligations hereunder, including, without limitation, with respect to the Baseline Commitment or the New Medi-Cal Beneficiaries Commitment (set forth in Section 2 below), then the parties will meet and confer in good faith to modify the provisions of this Exhibit F, including the definitions or methodology of calculation, as necessary to reflect and maintain the level of healthcare services anticipated to be provided herein.

2. New Medi-Cal Beneficiaries Commitment.

a. San Francisco Health Plan – Medi-Cal Managed Care Program. CPMC shall continue to participate with a standard services agreement in the San Francisco Health Plan Medi-Cal managed care program ("**Program**") in accordance with the provisions below.

b. New Medi-Cal Beneficiaries Commitment. Commencing on the Effective Date, and annually thereafter, CPMC shall accept responsibility for providing hospital services (including inpatient and outpatient healthcare services – and associated inpatient and outpatient ancillary and diagnostic services) for no less than five thousand four hundred (5,400) additional Medi-Cal managed care beneficiaries, above the number of such beneficiaries that are (1) enrolled in the Program and assigned to limited provider networks that designate CPMC's California, Pacific or Davies Campuses as their primary hospital as of January 1, 2012, and (2) the number of Healthy Families beneficiaries assigned to a limited provider network

that designates CPMC's California, Pacific or Davies Campuses as their primary hospital as of December 31, 2012, as set forth in and subject to the conditions in this Section (the "**New Medi-Cal Beneficiaries Commitment**", and each such new Medi-Cal managed care beneficiary, a "**New Enrollee**") (i.e., the Healthy Families participants as of December 31, 2012 shall not be considered "New Enrollees"). These New Enrollees shall: (i) not be identified as dually eligible for Medi-Cal and Medicare, and (ii) shall be enrolled in the Program, a licensed community health plan, or other plan as described in Section 2.c below, and (iii) shall be assigned to a limited provider network that designates CPMC's California, Pacific and Davies hospitals and, upon Opening, the Cathedral Hill Campus Hospital, as its primary hospitals. Thus, CPMC shall continue to participate in existing programs such that New Enrollees shall be provided service at their assigned hospital(s), except where medical conditions or procedures indicate that care would be more appropriately provided at another facility or in cases of emergency. With the approximately 14,850 existing enrollees as of January 1, 2012, together with the 2,478 Healthy Families enrollees as of December 31, 2012, CPMC would therefore accept responsibility for providing hospital services to a cumulative total of 22,728 Medi-Cal managed care beneficiaries to satisfy the New Medi-Cal Beneficiaries Commitment.

c. New Enrollees. So long as CPMC is open to accepting all of the New Enrollees that are assigned to the limited provider network that designates CPMC's California, Pacific, Davies or Cathedral Hill Campus as their primary hospital(s), then CPMC shall not be in Default if CPMC fails to satisfy the New Medi-Cal Beneficiaries Commitment because an insufficient number of New Enrollees have been assigned to the limited provider network that designates California, Pacific, Davies or Cathedral Hill Campus as their primary hospital(s). In the event of an insufficiency of New Enrollees, CPMC shall continue to remain open to accepting New Enrollees as described above.

In accordance with the policies and practices of the Program, CPMC shall be available to provide hospital services to New Enrollees initially primarily at the Pacific, California and Davies Campuses, and following the Opening of the Cathedral Hill Campus Hospital, primarily at the Cathedral Hill Campus Hospital and Davies Hospital, except where medical conditions or procedures indicate otherwise or in cases of emergency.

In all events, the New Medi-Cal Beneficiaries Commitment shall be deemed satisfied in a fiscal year if the number of New Enrollees as of the last day of that fiscal year, together with the number of New Enrollees as of the last day of the previous fiscal year or following fiscal year, equals or exceeds the number of New Enrollees required at that time to meet the New Medi-Cal Beneficiaries Commitment for those two (2) fiscal years combined (i.e., the average number of

New Enrollees for the two (2) year consecutive period equals or exceeds the New Medi-Cal Beneficiaries Commitment); provided that (i) the number of Medi-Cal Beneficiaries before January 1, 2012, will not be included, and (ii) the number of excess New Enrollees previously used to meet the requirement in a previous year as provided above cannot be used again to meet the requirement in a subsequent year.

d. San Francisco Health Plan and Other Plans. The Program shall pay and CPMC agrees to accept the prevailing rate uniformly paid by the Program to other hospitals participating in Medi-Cal managed care. CPMC shall be subject to the same prevailing payment rates paid to other Program contracted hospitals, and the same rules, policies and procedures for the assignment and care of enrollees/patients as other participating Program hospitals. CPMC also agrees that the Program may release applicable aggregate enrollment information to the City's Department of Public Health but only to the extent necessary to verify the New Medi-Cal Beneficiaries Commitment. CPMC's costs relative to the New Medi-Cal Beneficiaries Commitment and the amount of the Maximum Medi-Cal Shortfall (described below) are in addition to, and shall not be counted toward satisfaction of, the Baseline Commitment.

If Anthem Blue Cross or any other health plan participating in Medi-Cal managed care in San Francisco implements a business model that assigns Medi-Cal managed care enrollees to a limited provider network that includes a primary care provider and its partner hospital or a capitated delegated model, or if the Program discontinues as a health plan participating in the Medi-Cal managed care program for any reason, then CPMC may contract with Anthem Blue Cross or with any other health plan participating in the Medi-Cal managed care program (or with the California Department of Health Care Services directly) to satisfy the New Medi-Cal Beneficiaries Commitment. The number of New Enrollees through any such contract shall count toward satisfaction of the New Medi-Cal Beneficiaries Commitment, and CPMC's costs of services to such New Enrollees shall be included in the Maximum Medi-Cal Shortfall.

In order to facilitate the Parties' monitoring of obligations under this Section 2, CPMC agrees that the Program (or other health plans participating in Medi-Cal managed care) may release applicable aggregate enrollment, cost and reimbursement information to the DPH Director but only as to the extent necessary to verify the New Medi-Cal Beneficiaries Commitment.

Notwithstanding the foregoing, CPMC's obligation to achieve the New Medi-Cal Beneficiaries Commitment (and its component targets described above) is subject to the conditions in Subsections (f) and (g), below:

e. Maximum Medi-Cal Shortfall. To satisfy the New-Medi-Cal Beneficiaries Commitment, CPMC shall not be required to incur costs of more than Five Million Dollars ($5,000,000) per fiscal year, increased each fiscal year by the lower of the Medical Rate of Inflation or six percent (6%) (the "**Maximum Medi-Cal Shortfall**"). The Maximum Medi-Cal Shortfall is the difference on a yearly basis between: (i) the costs incurred by CPMC in satisfying the New Medi-Cal Beneficiaries Commitment by providing hospital services (including inpatient and outpatient services and associated inpatient and outpatient ancillary and diagnostic services) to New Enrollees; and (ii) the revenue received by CPMC from any source for providing such services to the New Enrollees for that fiscal year. For purposes of this Section, CPMC's "**costs**" shall mean the reasonable cost of providing the applicable services as determined in accordance with reasonable cost finding principles consistently applied. These costs may in part be derived by (1) adjusting hospital charges by the Cost-to-Charge Ratio (i.e., Total Operating Expenses less Other Operating Revenue, divided by Total Gross Patient Revenue) as determined by and consistent with OSHPD reporting, and (2) adjusting pro rata CPMC's total costs for the Cumulative Medi-Cal Managed Care Beneficiaries based on the percentage of Existing Enrollees versus New Enrollees. For example, for the adjustment in clause (2) above, if CPMC's total costs for the Cumulative Medi-Cal Managed Care Beneficiaries is Six Million Dollars, and the Cumulative Medi-Cal Managed Care Beneficiaries consists of one-third Existing Enrollees and two-thirds New Enrollees, then two-thirds of the CPMC's costs for the Cumulative Medi-Cal Managed Care Beneficiaries shall be CPMC's costs for the New Enrollees when determining whether the Maximum Medi-Cal Shortfall has been exceeded.

If CPMC's fiscal year costs in satisfying the New Medi-Cal Beneficiaries Commitment exceeds the Maximum Medi-Cal Shortfall, then the number of New Enrollees CPMC is obligated to accept and care for under this Agreement shall be prospectively reduced as required to cause CPMC to not exceed the Maximum Medi-Cal Shortfall. Any such reduction shall occur through natural attrition and/or by closing to new members in coordination with the Program. In no event shall CPMC drop or terminate service to the New Enrollees or other Medi-Cal managed care beneficiaries without such coordination with the Program. As soon as CPMC becomes aware that CPMC's costs have exceeded or will likely exceed the Maximum Medi-Cal Shortfall, CPMC shall notify the DPH Director and provide reasonable evidence of its costs relative to the Maximum Medi-Cal Shortfall. The Parties agree to meet and confer in good faith regarding the New Medi-Cal Beneficiaries Commitment, the Maximum Medi-Cal Shortfall and the possibility of cost reductions and/or lowering the number of New Enrollees that CPMC can maintain within the Maximum Medi-Cal Shortfall.

f. MSO Providers. CPMC shall contract with at least two (2) Management Services Organizations (or its equivalent, such as an independent physician association or, in the event the Program changes its business model to provide MSO services, the Program) participating in the Medi-Cal managed care program (each, an "**MSO**") through the Program. CPMC shall contract with an existing MSO to care for New Enrollees, and, when available, with a new MSO where the primary care provider base is located in the Tenderloin to care for 1,500 New Enrollees if and when available from the Effective Date through December 31, 2015. If a new MSO with a primary care provider base located in the Tenderloin becomes available before December 31, 2015, then CPMC shall contract with such MSO to satisfy this commitment for 1,500 New Enrollees, and CPMC may not avoid this commitment based upon CPMC's satisfaction before that date of the New Medi-Cal Beneficiaries Commitment from other MSOs in other locations of the City. In other words, if a new MSO serving the Tenderloin is formed after CPMC has 5,400 New Enrollees, then CPMC must still seek to enroll 1,500 New Enrollees from the Tenderloin-serving MSO during this period.

CPMC and the City acknowledge that there is currently no eligible MSO with a primary care provider base located in the Tenderloin, and nothing in this Agreement (except as set forth in Section 3 below with respect to the Innovation Fund) requires CPMC to establish or participate in establishing, maintaining or funding an MSO in the Tenderloin or elsewhere. If there continues to be no MSO with its provider base located in the Tenderloin, then CPMC shall, following consultation with the DPH Director, contract with a new MSO reasonably acceptable to the DPH Director with a primary care provider base that is located outside of the Tenderloin but that serves Tenderloin residents. In the event there is no such new MSO serving Tenderloin residents, then CPMC shall meet its New Medi-Cal Beneficiaries Commitment by contracting with an existing MSO, if available, to the extent the MSO has the capacity to accept New Enrollees.

g. Medical Rate of Inflation. As used herein, "**Medical Rate of Inflation**" means the percentage change in the annual average for Medical Care Services ("**MCS**") as reported by the United States Department of Labor, Bureau of Labor Statistics' Consumer Price Index for All Urban Consumers (CPI-U) —U.S. City Average (12-month percentage change - not seasonally adjusted) (the "**Index**"). As identified in the Index, MCS includes professional services, hospital and related services, and health insurance, and excludes Medical Care Commodities, the other major component of medical care, including medical drugs, medical equipment and supplies.

For any increase in the Agreement that is based on the Medical Rate of Inflation, the Index published in February of the fiscal year in question (the "**Adjustment Index**") shall be compared with the Index published most immediately preceding

the Effective Date ("**Beginning Index**"). The adjusted amount payable shall be determined by multiplying the amount payable by a fraction, the numerator of which is the Adjustment Index and the denominator of which is the Beginning Index. If the Index is changed so that the base year differs from that used for the Beginning Index, the Index shall be converted in accordance with the conversion factor published by the United States Department of Labor, Bureau of Labor Statistics. If the Index is discontinued or revised during the Term, such other government index or computation with which it is replaced shall be used in order to obtain substantially the same result as would be obtained if the Index had not been discontinued or revised.

3. Innovation Fund.

a. Administration.

i. Innovation Fund Agreement. CPMC shall enter into the Innovation Fund Grant Agreement (the "**Innovation Fund Agreement**") substantially in the form attached hereto as Attachment 1 to this Exhibit F, and City shall agree to and accept same as indicated, with only such changes as are approved by the DPH Director, the City Attorney and the Innovation Fund Foundation that do not decrease CPMC's payment obligations or otherwise materially reduce the benefits provided under the Innovation Fund Agreement as determined by the DPH Director. The Innovation Fund Agreement shall include and implement the provisions applicable to the Innovation Fund Foundation as set forth in this Section 3. CPMC shall deliver to the City the fully executed Innovation Fund Agreement promptly following execution and delivery by the parties, but in no event later than the date of the first required payment to the Innovation Fund under this Section. All actions, authorizations and decisions of City under this Section 3 shall be made by the DPH Director.

ii. Innovation Fund Foundation. The Parties have mutually selected the San Francisco Foundation to be the party to hold and administer the Innovation Funds in accordance with the Innovation Fund Agreement (the "**Innovation Fund Foundation**"). If, for any reason, the San Francisco Foundation is unable to execute the Innovation Fund Agreement or, if at any time during the Term, the Innovation Fund Foundation is unable to perform its obligations under the Innovation Fund Agreement (including any termination of the San Francisco Foundation), the Parties shall by mutual agreement, or if they are unable to agree after 60 days, then City shall have the authority to select a replacement entity to serve as the Innovation Fund Foundation and CPMC and City shall execute and deliver a replacement Innovation Fund Agreement with the replacement

Innovation Fund Foundation, substantially in the form of the Innovation Fund Agreement attached hereto. The Parties shall cooperate to cause all existing undisbursed funds, and all rights and obligations held by the San Francisco Foundation under the Innovation Fund Agreement, to be transferred to the replacement Innovation Fund Foundation.

iii. Committee of Fund Advisors. The Parties shall create a committee of fund advisors (the "**Committee**") to advise the Innovation Fund Foundation in accordance with the terms of the Innovation Fund Agreement. The City and CPMC and the Innovation Fund Foundation shall each appoint one member of the Committee (and any replacement of that member shall be made by the appointing entity), and upon any replacement of the Innovation Fund Foundation, its appointee member shall be replaced by the new Innovation Fund Foundation. The Committee shall, among other things, and without liability of any kind or character to any person on account of such advice, provide to the Innovation Fund Foundation Innovation Fund disbursement advice, including the rate, schedule and allocation of disbursements and the terms, goals and purposes thereof. In connection therewith, the Committee shall strive to reach a consensus on Innovation Fund disbursement schedule and allocation advice amongst the members of the Committee and with the Innovation Fund Foundation. If a consensus is not reached, the Committee will nevertheless provide a single report to the Innovation Fund Foundation conveying the view of each of the Committee members, and the Innovation Fund Foundation shall have the authority to make disbursement decisions. The Innovation Fund Foundation shall exercise final control of the investment of the Innovation Fund pursuant to its investment policy with respect to designated and endowed fund. The Parties' representatives on the Committee shall carry out their responsibilities in accordance with this Agreement and the Innovation Fund Agreement.

b. The Innovation Fund. CPMC shall pay to the Innovation Fund Foundation Eight Million Six Hundred Thousand Dollars ($8,600,000) (the "**Innovation Fund**") as follows: (i) a first installment of Two Million Dollars ($2,000,000) within thirty (30) days of the Effective Date, and (ii) the remainder of Six Million Six Hundred Thousand Dollars ($6,600,000) in accordance with Exhibit N (Payment Schedule). The corpus of the Innovation Fund shall be managed as provided in the Innovation Fund Agreement and this Agreement. CPMC's payments to the Innovation Fund and distributions from the Innovation Fund shall not be included in or considered a part of the Baseline Commitment.

If, for any reason, the Parties are dissatisfied with the performance of the Innovation Fund Foundation (or any successor Innovation Fund Foundation), the Parties agree to cooperate in investigating and, if feasible and appropriate, transferring the Innovation Fund Balance to another Innovation Fund Foundation, to be held pursuant to a replacement Innovation Fund Agreement substantially in the form attached hereto as Attachment 1 and approved by the DPH Director after consultation with the City Attorney.

c. Distribution of Innovation Fund. The Innovation Fund Foundation shall annually distribute a portion of the principal balance of the Innovation Fund to third-party recipients under a grant application process approved by CPMC and the DPH Director. The Innovation Fund Foundation shall apply the Innovation Fund Balance: (i) to enhance the performance and improve the sustainability of the City's community-based service providers and in a manner that is consistent with the other criteria described in this Section 3; and (ii) to pay for its reasonable administrative costs associated with the Innovation Fund, including costs associated with the creation of the Innovation Fund. Prior to any disbursements or commitments for distribution of the Innovation Fund, the Innovation Fund Foundation shall consult with, obtain disbursement advice from the Committee and, if possible, obtain a consensus for distributions with the Committee, as provided in Section 3.a(iii) above, provided that final determinations shall be made by the Innovation Fund Foundation. The City and CPMC shall have no right to challenge the appropriateness or the amount of any distribution or expenditure, so long as it is distributed in accordance with the procedures in this Section and used for and consistent with the purposes identified herein. The Innovation Fund shall condition grant distributions as necessary to ensure accountability for use of funds, and to monitor effectiveness.

The Innovation Fund Agreement shall provide that the Innovation Fund Foundation shall maintain records as part of its accounting system to account for all distributions and expenses for a period of not less than four (4) years following the date of such distribution or other expenditures, and annually make such records available to the City or CPMC prior to the Annual Review Date, and upon request.

d. Rate and Schedule of Disbursements. The rate and schedule of disbursements shall be determined by the Innovation Fund Foundation after consultation with and advice from the Committee so as to be responsive to achieving the identified program goals as determined by the Committee from time-to-time. The first disbursement shall be made within one (1) year following the first installment payment of the Innovation Fund to the Innovation Fund Foundation.

e. Initial Program Goals. Initial program goals and Innovation Fund allocation guidelines are as follows:

i. Support and improve the capacity of community clinics to increase their participation in managed Medi-Cal programs, including, but not exclusive to, the creation of a new MSO or expansion of current MSOs, development of care management capabilities, implementation and integration of evidence-based chronic disease management and team-based care models, investment in electronic medical records, participation in the San Francisco Health Information Exchange and developing organizational partnerships between CPMC and existing community clinics, and support for provision of specialty medical services;

In implementation of the program goals related to MSOs, the Committee of Fund Advisors will consult with third-party subject matter experts in health care delivery in a managed care environment, as necessary, to evaluate the feasibility, cost-effectiveness, and sustainability of grant proposals; and

ii. Support community-based health, human service and behavioral health service providers, with a specific focus on Tenderloin, Mission, Western Addition, South of Market, Bayview and Chinatown neighborhoods, including providers of community-based alternatives to inpatient psychiatric care that allows patients to receive services in the most appropriate and least restrictive setting and reduce unnecessary hospitalizations.

These initial program goals and guidelines may be modified with approval of the DPH Director and CPMC and in accordance with the Innovation Fund Agreement.

f. As used herein, "**Innovation Fund Balance**" means the amount that is equal to the Innovation Fund adjusted to reflect: (i) increases by investment earnings; and (ii) decreases by investment losses, disbursements to health care providers and Allowable Costs, as defined in the Innovation Fund Agreement.

4. **Sub-Acute Care Services**. CPMC shall work with SFDPH and other hospital operators in good faith, but without assuming any obligation to expend funds or other resources, to develop specific proposals for providing sub-acute care services in San Francisco, and to present such proposals to the Health Commission by June 30, 2013, or such date as the participating hospitals and the Health Commission determine.

5. Hospitals at the St. Luke's and Cathedral Hill Campus.

a. St. Luke's Campus Hospital. The Hospital Commitment and Opening of the St. Luke's Campus Hospital are described in the Agreement. The St. Luke's Campus Hospital will be a 120-bed General Acute Care Hospital with comprehensive emergency services (pursuant to sections 70451, 70459 of Title 22 of the California Code of Regulations).

b. Cathedral Hill Campus Hospital. The approximately half-floor of initially "shelled" space in the Cathedral Hill Campus Hospital (with room for up to thirty (30) licensed acute care beds) (the "**Additional 30 Bed Space**") shall not be built-out for and placed into operation of thirty (30) licensed acute care beds until after the St. Luke's Campus Hospital is Opened and has, as confirmed in a Healthcare Compliance Report, an average Monday through Friday (excluding weekends and holidays) daily census of at least ninety (90) patients (i.e., 75% of 120 beds) for a full fiscal year. DPH shall have the right to request an independent audit of the daily census information in such Healthcare Compliance Report in accordance with the procedures described in Section 11.g below (but with an qualified auditor and not an Independent Actuary). CPMC shall notify DPH of its intent to build out the Additional 30 Bed Space before starting to construct the improvements.

6. St. Luke’s Campus.

a. Services at St. Luke’s Campus.

i. CPMC shall provide the following services on-site at the St. Luke’s Campus.

(A) Inpatient services, including cancer, cardiology, endocrinology, respiratory, neurology, gastroenterology, orthopedics, infectious disease, urology, general and vascular surgery, intensive care unit, labor & delivery, gynecology, special care nursery, telemedicine;

(B) Urgent care; and

(C) Outpatient services, including internal medicine, ambulatory surgery, cardiology, diagnostic imaging, gastroenterology, laboratory services, obstetrics, orthopedics, hepatology, neurology, oncology, orthopedics, respiratory therapy, child development, retail pharmacy, lab services.

ii. CPMC shall establish, operate and maintain a Center of Excellence in Community Health at the St. Luke’s Campus. This Center of Excellence shall screen and manage individuals with or at risk for developing chronic

diseases, building on CPMC's existing HealthFirst Program. This Center of Excellence shall annually offer approximately 800 patients access to a primary care medical home to support self-management of chronic illness. The Center will recruit and train health workers from the community to work in an interdisciplinary care team setting, providing culturally competent and linguistically appropriate services (as set forth in Section 10 below). CPMC shall create a community advisory board to provide input into the operation of the Center.

iii. CPMC shall establish, operate and maintain a Center of Excellence in Senior Health at the St. Luke's Campus. This Center of Excellence would be based upon the Hospital Elder Life Program ("**HELP**") and annually provide care to approximately 600 seniors over age 70. HELP is a targeted program of care for hospitalized older adults designed to prevent or decrease the severity of delirium and increase or maintain function, improve hospital care, maximize the patient's independence at discharge, assist the patient with transition from hospital to home, prevent unplanned readmission, and prevent the hazards of hospitalization that sometimes lead to a cascade in decline. This Center of Excellence shall provide services designed to enable seniors to live successfully in the community and reduce unnecessary hospitalizations. These services may include health, education, resource referrals, case management, dementia care, services to reduce isolation, and caregiver support. The Center will provide culturally competent and linguistically appropriate services (as set forth in Section 10 below).

iv. The obligations in Subsections 6.a(i)-(iii) above shall start upon the Opening of the St. Luke's Campus Hospital. CPMC may, in the exercise of its sole discretion, provide the services in Subsections 6.a(i)-(iii), above through contractual or other arrangements with other licensed providers, so long as the services are performed at the St. Luke's Campus. CPMC may, in the exercise of its reasonable discretion, adjust, modify, reduce, close, eliminate, sell, lease or transfer the programs, services or service lines described in this Section 6.a(i)(A) through (C) to meet evolving community needs, operational cost-effectiveness or quality standards, provided that the St. Luke's Campus Hospital continues to qualify as a General Acute Care Hospital with emergency medical services, and provided CPMC shall provide no less than six (6) months' notice to City of a proposed material reduction or elimination of a program, service or service line. During this six (6) month period, CPMC and SFDPH shall meet and confer on the proposal and during said period CPMC shall comply with applicable Laws with respect thereto, including but not limited to the applicable requirements of the City's Community Health

Care Planning Ordinance (San Francisco Administrative Code, Appendix 17). CPMC may, in the exercise of its reasonable discretion, adjust or modify the programs offered through the two Centers of Excellence described in Sections 6.a(ii) and (iii) to meet evolving community needs, operational cost-effectiveness or quality standards. Nothing herein shall be deemed limit the ability of CPMC to provide other or additional services.

b. St. Luke's Campus Medical Office Building . Commencing as of the Opening of the St. Luke's Campus Hospital:

i. CPMC shall submit a proposal for development at the St. Luke's Campus Medical Office Building ("MOB") on the site of the existing hospital tower to the Sutter West Bay Board within ninety (90) days after: (A) the St. Luke's Campus Hospital has an average Monday through Friday (excluding weekends and holidays) daily census of at least 90 patients (75% of 120 beds) for a CPMC fiscal year period as set forth in a CPMC Compliance Statement; and (B) there is demonstrated demand, through formal pre-leasing commitments for at least seventy-five percent (75%) of the proposed seventy two thousand (72,000) rentable gross square feet at the St. Luke's Campus MOB; provided that notwithstanding the foregoing, CPMC shall not be required to submit a proposal for the St. Luke's Campus MOB to the Sutter West Bay Board before the date that is three (3) years after the Opening of the St. Luke's Campus Hospital. A final decision to proceed with construction of the St. Luke's Campus MOB shall be subject to approval by the Sutter West Bay Board (in the exercise of its sole and absolute discretion) and, if applicable, an agreement with a third party medical building developer and operator, including an acceptable economic structure and financing terms.

ii. If the Sutter West Bay Board decides not to proceed with the construction of the St. Luke's Campus MOB, or fails to act with respect to such decision within six (6) months after its submittal to the Board in accordance with Section 6.b(i), or if the conditions set forth in Section 6.b(i) have not been satisfied or CPMC otherwise fails to start construction on the St. Luke's Campus MOB on or before the date that is five (5) years following the Opening of the St. Luke's Campus Hospital, then the City may request that the Parties meet and confer in good faith regarding the potential for development of the St. Luke's Campus MOB. If, within six (6) months after the commencement of the meet and confer period, CPMC has not agreed to proceed to Commence Construction of the St. Luke's Campus MOB, then upon notice being delivered by City within sixty (60) days after said six (6) month period (the "**Option Commencement Date**"),

a City option shall arise to lease from CPMC the St. Luke's Campus MOB site solely for purposes of City constructing and operating a medical office building, subject to the following terms and conditions:

(A) City and CPMC shall negotiate the terms of the lease in good faith, consistent with the material terms described below, and subject to each Parties' approval (which CPMC shall not unreasonably withhold). The negotiations shall continue for so long as the parties are willing to continue, but in no event less than six (6) months from the Option Commencement Date. If the Parties are unable to reach agreement within the six (6) month period, then they (or either of them) may agree to terminate negotiations or the parties may agree to submit the outstanding lease items to mediation, provided (i) any mediation shall be nonbinding, and (ii) any final lease shall be subject to the review and approval of the Parties, each in their reasonable discretion, and CPMC shall not disapprove the proposed lease based upon items that are consistent with the terms of this Exhibit F. The City may renew negotiations at any point up during the St. Luke's Operating Commitment so long as (i) not less than two (2) years have transpired since the previous negotiations ended, and (ii) CPMC does not intend to construct the St. Luke's Campus MOB on the site. CPMC can notify the City at any time before or during ground lease negotiations that it intends to construct the St. Luke's Campus MOB, and the City will have no ongoing negotiation rights under this Section so long as CPMC is actively pursuing the planning and construction of the St. Luke's Campus MOB.

(B) The ground lease will be for an initial term of fifty-five (55) years with four (4) five-year options to extend the term. CPMC shall promptly demolish the existing hospital (1970) building tower at no cost to the City before the start of the 55-year term (according to a schedule to be included in the lease, and subject to force majeure delays), and deliver the site to the City vacant and ready for vertical development of the St. Luke's Campus MOB.

(C) The ground lease will require the City to complete construction plans for the medical office building, obtain all required permits, approvals and authorizations to commence construction, and obtain financing necessary to complete construction, as reasonably agreed upon by the Parties. The ground lease will also require the City to diligently complete construction upon commencement, subject to excusable delay.

(D) The City will comply with all mitigation measures applicable to the construction and operation of the medical office building in accordance with CEQA. CPMC will have reasonable rights to review and approve the design for the medical building for consistency with St. Luke's Campus design and operations.

(E) The ground lease will be at nominal rent, not to exceed $100 per year, and without deduction abatement or offset and absolutely net of all costs and expenses. CPMC will not be required to incur any expense or make any payment with respect to the ground lease or City's use or occupancy of the site, including any improvements. City will be responsible for the management, maintenance, repair, preservation, and operation of the building and any supporting facilities. City shall not be required to demolish the building at the end of the ground lease term so long as it has been maintained in accordance with commercially reasonable standards.

(F) CPMC would have first right of refusal with respect to any proposed transfer of the ground lease to a party, excluding any transfer to an affiliate or resulting from a reorganization.

(G) Insurance, indemnity, default and remedies provisions would be consistent with industry standard provisions for ground leases for medical buildings in the San Francisco Bay Area.

(H) Tenants of the building shall include physicians and other healthcare professionals who have admitting privileges at the St. Luke's Campus Hospital, and City shall not discriminate against any such persons in leasing opportunities for the St. Luke's Campus MOB. The City shall offer available spaces in the St. Luke's Campus MOB first to physicians and other healthcare professionals who have admitting privileges at the St. Luke's Campus Hospital; next to CPMC, Sutter Health and their affiliates; and thereafter, to the extent vacancies remain, to other physicians and healthcare professionals. Neither the City nor any tenant or occupant of the building shall use any space within the building for a birthing center, computerized tomography (CT), radiation therapy, MRI or other future imaging modalities, a laboratory (including a pathology laboratory or a clinical laboratory), physical therapy, respiratory therapy, inpatient or outpatient surgeries, or other services that compete with services then-provided by the St. Luke's Campus Hospital or elsewhere on the St. Luke's Campus, without the prior written consent of CPMC. Notwithstanding the

foregoing if any such use is incidental to and routinely performed as part of a physician's primary medical practice for the physician's patients, the foregoing restrictions shall not apply. The foregoing restrictions shall not apply to any lease of space within the building to CPMC or any Affiliate of CPMC, or any subtenant or licensee of CPMC or any Affiliate of CPMC. City may lease space within the building for childcare, incidental retail or coffee shop purposes and other uses incidental to a medical office building.

7. **Integration of St. Luke's medical staff and Patient Quality Outcomes**. CPMC shall continue its good faith efforts at the clinical integration of medical staffs at the St. Luke's Campus, with the medical staff at its Pacific Campus, California Campus and Davies Campus (and, upon Completion of the Cathedral Hill Campus Hospital and the Cathedral Hill Campus), and on quality improvement initiatives for the purpose of improving patient quality of care at all of the CPMC Campuses.

8. **Participation in the Community Benefits Partnership**. CPMC shall continue to actively participate in the "**Community Benefits Partnership**" (an outgrowth of the Building a Healthier San Francisco needs assessment process and the Charity Care Project), of San Francisco private non-profit hospitals, SFDPH, Human Services, community clinics, health plans, non-profit providers and advocacy groups, to prepare a community benefit plan, as defined in Health and Safety Code Section 127355, for submittal to OSHPD. Upon completion, CPMC shall create its own plan to implement the goals of the community benefits plan. The community benefits plan will focus on low-income and underserved communities within the Tenderloin, Mission, Western Addition, South of Market, Bayview and Chinatown neighborhoods, and address primary care, disease prevention, and health promotion programs targeted to the needs of those communities.

9. **Service Agreements with Chinese Hospital**. Through existing service agreements, CPMC currently provides pediatric, obstetric, and certain tertiary services to Chinese Hospital patients. CPMC shall continue to provide such services in a manner generally consistent with existing services agreements with Chinese Hospital and its affiliates as of the Effective Date. Notwithstanding the foregoing, CPMC may adjust programs, services and service lines to meet evolving community needs and quality standards, as may be reflected in future service agreements with Chinese Hospital and its affiliates.

10. **Culturally and Linguistically Appropriate Services**. CPMC shall deliver at all Campuses culturally and linguistically appropriate services that are representative of San Francisco's diverse communities and are in accordance with the mandates, guidelines and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS), as issued by the U.S. Department of Health and Human Services' Office of Minority Health in March 2001 and subsequently updated.

11. <u>City Health Services System</u>.

a. The City's Health Service System ("**HSS**") contracts with HMO, PPO and Administrative Service Organizations (the "**City Insurers**") to provide health care coverage to its members. The City Insurers currently include Blue Shield, Kaiser and United Health Care.

b. To promote the goal of ensuring that the cost of building the Cathedral Hill Campus Hospital and the St. Luke's Campus Hospital shall not be disproportionately passed on to the City, CPMC and City have agreed to the following rate increase limitations:

c. For the period from January 1, 2014 to December 31, 2016, the negotiated fee for service increase for CPMC shall not exceed 5% annually as compared to the prior calendar year fee for service rates, and for the following seven (7) years CPMC shall limit annualized increases to no more than the Medical Rate of Inflation plus 1.5% (the "**Annual Rate Increase**"). Fee for service rates include those services paid on a percentage of charge, case rate, or per diem rate and encompass all rates charged to the City Insurers on an encounter or per service basis. Such annual fee for service increase computation shall be on an aggregated blended basis computed on the previous year rates and services and shall not include incentives payments or shared savings payments earned by the facility. This means that, for the same claims from the previous year (priced on the current year's rates as compared to the prior year), the increase in the amount shall not exceed the Annual Rate Increase. The City Insurers may change periodically and the application of this limit is contingent on CPMC having a contract to participate in the product/network for HSS members with the applicable City Insurer, and this limit shall apply to all services provided to all HSS members enrolled in the product and covered by the applicable City Insurer even if the HSS member selected a primary care physician and /or physician group or independent provider association (IPA) that is not typically associated with CPMC. This Section does not apply to any City Insurer that does not have a contract with CPMC to participate in a HSS member/product or network.

d. CPMC will comply with all applicable laws and regulations that govern hospitals as to how patients must be treated when they present to CPMC for emergency services. This includes those patients with or without insurance coverage. CPMC shall also comply with all applicable provisions of Health and Safety Code Sections 1262.8, 1317.1, 1371.4 and 1386. In addition, if CPMC becomes a non-participating provider of any City Insurer's product/network for HSS Members after July 1, 2013, CPMC will work in good faith with the applicable City Insurer to establish a repatriation process for the applicable HSS members that are identified by the treating physician to be "stable for transfer" and for which the

City Insurer has located a receiving physician to accept the HSS member at an appropriate facility that participates in the applicable City Insurer's product/network. The repatriation process may include but is not limited to establishing direct telephone access between the parties twenty-four hours a day/seven days a week, assistance coordinating transport and transfers to the other facilities once identified as being available to receive the HSS member and delivering patient notifications from the City Insurer to HSS Members when appropriate.

e. In the event that the City and any City Insurer elects to offer a product/network that does not include CPMC as a participating provider for HSS members in the future, and CPMC continues to have a contract with the applicable City Insurer, CPMC will agree to extend to the City Insurer the same discount that CPMC (or an Affiliate of CPMC) extends to that City Insurer for all products/networks in which CPMC (or an Affiliate of CPMC) does not participate (the "**Non-Participating Provider Rate**"). The Non-Participating Provider Rate will be applied to all services rendered to all the HSS members enrolled in the product/network, including but not limited to emergency services. This Section is not part of the Annual Rate Increase commitment above; however, the City may request an Independent Actuary to verify with the City Insurer that the rate was applied correctly as set forth in the applicable contract between the City Insurer and CPMC and per Section 11.g below.

f. CPMC will provide reasonable access to City representatives to be included in related wellness and quality initiatives that impact HSS Members that participate in these types of programs administered or supported by CPMC ("**ACO Program**").

g. CPMC and the City shall, if requested by the City within one year of the end of the applicable fiscal year, jointly engage an independent third party actuary acceptable to all parties (the "**Independent Actuary**"), with not less than ten (10) years' experience, to verify for the prior fiscal year, whether CPMC has satisfied the Annual Rate Increase commitment outlined in Section 11.c above and verify the Non-Participating Provider Rates were applied as agreed in Section 12.e above; provided however, the applicable City Insurer has also consented to such actuarial review and CPMC has a contract with that City Insurer to participate in at least one HSS member product/network. The Independent Actuary shall be a "**disinterested person**", which is someone who is not now, and within the preceding five (5) years has not been, employed or hired by, or had a business relationship with, either Party or any entity owned or controlled in whole or in part by either Party. CPMC and the City shall hire the Independent Actuary using a standard contracting form approved by all the Parties, with confidentiality required of all of the Parties for all information reviewed by the Independent

Actuary. CPMC and the City shall pay one-half of the cost of the contract, although CPMC shall reimburse the City for its share as a City Cost under the Agreement (and the Independent Actuary shall not be informed of CPMC's reimbursement obligation). Because the City is not paying for the Independent Actuary, the City's contracting provisions in the San Francisco Administrative Code will not apply. The Independent Actuary shall determine and inform the Parties, in a writing delivered jointly to CPMC and the City, whether CPMC has satisfied the Annual Rate Increase commitment and the Non-Participating Provider Rate commitment. The determination of the Independent Actuary shall be final and binding on the Parties. If CPMC exceeded the permitted Annual Rate Increase or the Non-Participating Provider Rate commitment, then CPMC shall pay to the HSS Trust Fund within thirty (30) days of receipt of the Independent Actuary's determination, for its non-performance and as liquidated damages, the amount of the difference between the amount paid by the applicable City Insurer to CPMC and the amount payable to CPMC by City Insurers consistent with those commitments as determined by the Independent Actuary. The information reviewed by the Independent Actuary shall remain confidential.

h. While CPMC must limit Annual Rate Increases as described above, nothing in this Exhibit shall limit a City Insurers' right or willingness to accept or reject any proposed Annual Rate Increase, or to negotiate a lower Annual Rate Increase, in any fiscal year. The Annual Rate Increases set forth above represent the maximum increases that CPMC may charge to City Insurers for which CPMC participates in the HSS member's product. CPMC and the City agree to work together in good faith to keep health costs as low as possible, and the City expects that the increases be less than the maximum levels identified above.

12. <u>Books and Records</u>.

a. CPMC shall at all times keep and maintain complete and accurate books and records relating to the satisfaction of CPMC's obligations under this <u>Exhibit F</u> (the "**Healthcare Obligations**"), including but not limited to the costs incurred by CPMC and the amounts reimbursed to CPMC[2] for completion of the Healthcare Obligations, as may be necessary or appropriate to verify compliance with the Healthcare Obligations (the "**Books and Records**"). All Books and Records shall be maintained in accordance generally accepted accounting principles for health care providers, and as required to satisfy State and federal reporting obligations.

b. CPMC must keep the Books and Records available for inspection by City and its agents in San Francisco during regular business hours, for a period of three (3) years from the date for performance of the obligation or, in the event of a dispute

[2] All references to CPMC in this Section 12 and in Section 13 shall include Affiliates of CPMC.

regarding satisfaction of the Healthcare Obligations, until such dispute shall have been resolved. CPMC agrees to make the Books and Records available to City and its agents annually upon request for the purpose of verifying CPMC's annual compliance or noncompliance with the Healthcare Obligations.

c. Upon request, CPMC shall furnish City with such other financial or statistical reports as are publicly available or as have been reported to governmental entities from time to time, including but not limited to reports to OSHPD. If any audit by or on behalf of a State or federal governmental entity reveals that information previously submitted by CPMC to the City is incorrect or materially misleading (under the same standards, methodologies and numbers used and accepted by the State or federal entity), then CPMC shall inform the City of the audit and the corrected information within 30 days following CPMC's receipt of the audit.

13. <u>Reporting</u>.

a. As part of each annual Compliance Statement (and after the Term within one hundred fifty (150) days following the end of each fiscal year for as long as any Healthcare Obligations remain outstanding), CPMC shall deliver to the City a reasonably detailed healthcare compliance report that verifies and provides the information required to demonstrate CPMC's compliance with each of the Healthcare Obligations during the preceding fiscal year, together with such backup documentation deemed reasonably necessary by the City to confirm such compliance (the "**Healthcare Compliance Report**"). Each Healthcare Compliance Report shall include a certification that it is true, accurate and complete, after reasonable inquiry, and complies with the terms of this <u>Exhibit F</u>. The City and CPMC shall cooperate with one another to develop a reporting format that satisfies the reasonable informational needs of the City in verifying compliance with this <u>Exhibit F</u> without requiring the disclosure of any CPMC confidential proprietary or trade secret information. CPMC shall provide or make available such additional supporting documentation as the DPH Director may reasonably request from time to time to verify CPMC's compliance with the Healthcare Obligations.

b. The number of Unduplicated Patients cared for and the costs incurred for the Baseline Expenditure Commitment each fiscal year by CPMC shall be verified by an independent third party auditor retained jointly by City and CPMC, and paid for by CPMC (using the same process as set forth above in Section 11.g, but with an independent auditor instead of an actuary). Such annual review shall be completed within ninety (90) days following the CPMC's delivery of the Healthcare Compliance Report for that year.

14. Notices.

All notices under this Exhibit F shall be delivered in accordance with Section 13.11 of the Agreement, provided that any notice to the City shall also be made to the DPH at the following address, or such other address as may be substituted by the City from time to time:

DPH Director
101 Grove Street
San Francisco, CA 94102-4593

ATTACHMENT 1
TO
EXHIBIT F

Innovation Fund Grant Agreement

This Innovation Fund Grant Agreement ("**Innovation Fund Agreement**") is entered into between Sutter West Bay Hospitals, a California nonprofit public benefit corporation, doing business as California Pacific Medical Center ("**CPMC**") and [San Francisco Foundation] ("**Grantee**"), and is further agreed to and accepted by the City and County of San Francisco. Capitalized terms have the meaning set forth in paragraph 1 or as otherwise indicated in this Innovation Fund Agreement.

1. Definitions.

(a) Allowable Costs: The costs of Grantee allocable to the Innovation Fund, as set forth in paragraph 9.

(b) City: The City and County of San Francisco, California, a municipal corporation organized and existing under the laws of the State of California.

(c) Committee: The committee of fund advisers described in paragraph 5 of this Innovation Fund Agreement.

(d) Innovation Fund: The amount contributed by CPMC pursuant to paragraph 3.

(e) Innovation Fund Balance: The amount equal to the Innovation Fund adjusted to reflect (i) increases by investment earnings, and (ii) decreases by investment losses, disbursements to healthcare providers pursuant to this Innovation Fund Agreement ("**Disbursements**"), and Allowable Costs.

(f) Development Agreement: That certain Development Agreement Relating to the Construction and Reconstruction of Health Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan By and Between the City and Sutter West Bay Hospitals dated _____, 2013.

(g) Project: The CPMC project as contemplated by the CPMC Long Range Development Plan and as generally described in Exhibits B-1 to B-5 of the Development Agreement.

2. Purpose. The contributions made to Grantee pursuant to this Innovation Fund Agreement shall be used as a designated fund to enhance the performance and improve the

sustainability of community based service providers in the City, in accordance with the terms set forth in this Innovation Fund Agreement.

3. Innovation Fund**.** Subject to the conditions set forth below and provided that the Development Agreement has not previously been terminated, CPMC shall contribute to the Grantee the total amount of Eight Million Six Hundred Thousand Dollars ($8,600,000) in installments to be held as a designated fund by Grantee. The Innovation Fund contributions shall be made as follows: Two Million Dollars ($2,000,000), within thirty (30) days of the Effective Date, as defined in the Development Agreement, and the remainder in accordance with Exhibit N (Payment Schedule) to the Development Agreement. Notwithstanding the foregoing, nothing in this Innovation Fund Agreement shall be construed as a binding pledge to Grantee enforceable by Grantee.

4. Investment Instructions**.** The Innovation Fund and Innovation Fund Balance shall be invested with a five (5) year horizon for Disbursements as described in paragraph 6(b). Grantee shall exercise final control of the investment of the Innovation Fund Balance pursuant to Grantee's investment policy and the provisions of this paragraph 4.

5. Committee of Fund Advisors.

(a) There shall be a committee of Innovation Fund advisors (the "**Committee**"). The Committee shall consist of three members: (i) one representative of the City, (ii) one representative of CPMC, and (iii) one representative of Grantee. The Committee shall have the duties specified in this Innovation Fund Agreement and shall provide to the Grantee advice regarding the Disbursements to be made from the Innovation Fund, including the rate, schedule and allocation of Disbursements and the terms, goals and purposes thereof, without liability of any kind or character to any person on account of such advice. Every effort will be made to reach a consensus on any such advice from the members of the Committee and Grantee. If a consensus is not reached, the City and CPMC shall, through the Committee, nevertheless provide a single report to the Grantee conveying the view of each of the Committee members, and Grantee shall have the authority to make final Disbursement decisions after considering such report. Subject to the foregoing right of the Committee to provide advice regarding Disbursements, Grantee shall exercise final control of the Disbursement of the Innovation Fund Balance pursuant to the terms of this Innovation Fund Agreement. Except where in this Innovation Fund Agreement notice is specified to be provided by a specific party, Grantee may rely on a written notice from City or CPMC, as members of the Committee, and shall have no obligation to investigate whether any such written instruction or notice is agreed to by any other member of the Committee, or is consistent with the obligations of CPMC or the City to any party other than Grantee. All Disbursements must be approved by the Board of Trustees of the San Francisco Foundation.

(b) Each year, no less than sixty (60) days after the close of Grantee's annual accounting period, Grantee shall prepare and provide to each member of the Committee, a

written accounting of the Innovation Fund Balance, principal and earnings of the Innovation Fund for the preceding year, and Innovation Fund Disbursements.

(c) Grantee shall maintain records as part of its accounting system to account for all Disbursements, costs and expenses for a period of not less than four (4) years following the date of such Disbursements, costs or other expenditures, and annually make records available to City and CPMC as provided herein and upon request.

6. Annual Disbursements.

(a) Grantee shall annually distribute a portion of the Designated Fund Balance to third-party health care providers/recipients and others through a grant application process approved by CPMC and City, in an amount and for such purposes as are consistent with the purposes of the Innovation Fund as described herein.

(b) The annual grant Disbursements shall be scheduled and allocated in such manner so as to maintain sufficient Innovation Fund Balance so that Disbursements may be provided for five (5) years. The first Disbursements shall be made within one (1) year of the contribution of the Innovation Fund, as determined by the Committee and Grantee as provided above.

(c) Grantee shall confer with the Committee and obtain Disbursement advice from CPMC and City through the Committee prior to making a Disbursement commitment in accordance with Section 5(a) above. Grantee shall impose restrictions and/or conditions on grant Disbursements as necessary to ensure accountability for use of funds and to monitor effectiveness.

(d) City and CPMC shall have no right to challenge the appropriateness or the amount of any Disbursement provided it is consistent with the procedures and purposes identified herein.

7. Initial Program Goals and Allocation. The initial program goals and Innovation Fund allocation guidelines for Disbursements are as follows:

(a) Support and improve the capacity of community clinics to increase their participation in managed Medi-Cal programs, including, but not exclusive to, the creation of a new MSO or expansion of current MSOs, development of care management capabilities, implementation and integration of evidence-based chronic disease management and team-based care models, investment in electronic medical records, participation in the San Francisco Health Information Exchange and developing organizational partnerships between CPMC and existing community clinics, and support for provision of specialty medical services;

(b) Support community-based health, human service and behavioral health service providers, with a specific focus on Tenderloin, Mission, Western Addition, South of

Market, Bayview and Chinatown neighborhoods, including providers of community-based alternatives to inpatient psychiatric care that allows patients to receive services in the most appropriate and least restrictive setting and reduce unnecessary hospitalizations.

In implementation of the program goals related to MSOs, the Committee will consult with third-party subject matter experts, in health care delivery in a managed care environment, as necessary, to evaluate the feasibility, cost-effectiveness, and sustainability of grant proposals; and

These initial program goals and allocation guidelines are subject to change as determined in accordance with Section 5 above.

8. Termination of This Innovation Fund Agreement.

(a) Termination by Grantee. If at any time Grantee (i) fails to qualify as an organization described in Internal Revenue Code Section 501(c)(3), (ii) ceases to exist, or (iii) determines, in its sole judgment, that any restriction or condition in this Innovation Fund Agreement has become unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community served, then Grantee shall provide notice to CPMC and City and then transfer the entire Innovation Fund Balance within forty-five (45) days to a successor nonprofit charitable trust, fund, foundation or corporation which has established its tax-exempt status under Internal Revenue Code Section 501(c)(3) and that meets with the approval of CPMC and City.

(b) Termination of Development Agreement. CPMC or City shall notify Grantee no later than ten (10) days after any termination of the Development Agreement between CPMC and City prior to the expiration of its Term. In such event, CPMC shall cease to be a member of the advising Committee, and Grantee shall continue to administer the Innovation Fund Balance in accordance with this Agreement.

9. Allowable Costs**.** The costs of establishing the Innovation Fund, investment expenses, management fees for professional managers and advisors (whether the Innovation Fund Balance is separately managed or co-mingled with an endowment pool containing other funds) plus [**___%**] [**TBP**] for overhead costs of Grantee, shall be charged against the Innovation Fund. If co-mingled, the Innovation Fund Balance shall bear not more than its proportionate share of the fees and costs.

10. Notice.

(a) Procedure. All formal notices to a party shall be in writing and given by delivering the same to such party in person or by sending the same by registered or certified mail, or Express Mail, return receipt requested, with postage prepaid, or by overnight courier delivery, to such party's mailing address. The respective mailing addresses of the parties are, until changed as hereinafter provided, the following:

GRANTOR:

Grant Davies
Executive Vice President
California Pacific Medical Center
2351 Clay Street, 7th Floor
San Francisco, CA 94115

with a copy to:

Michael Duncheon
VP & Regional Counsel
West Bay Region Office of the General Counsel
Sutter Health
633 Folsom Street, Seventh Floor
San Francisco, CA 94107

GRANTEE:

San Francisco Foundation
225 Bush Street, Suite 500
San Francisco, CA 94104
Attention _____

CITY:

DPH Director
101 Grove Street
San Francisco, CA 94102-4593

(b) Notices and communications to members of the Committee shall be given in the manner provided herein at the addresses above, unless otherwise provided by each such member.

(c) Notices and communications with respect to technical matters in the routine performance and administration of this Innovation Fund Agreement shall be given by or to the appropriate representative of a party by such means as may be appropriate to ensure adequate communication of the information, including written confirmation of such communication where necessary or appropriate. All formal notices under this Innovation Fund Agreement shall be deemed given, received, made or communicated on the date personal delivery is effected or, if mailed or sent by courier, on the delivery date or attempted delivery date shown on the return receipt or courier records. Any notice which a party desires to be a

formal notice hereunder and binding as such on the other party must be given in writing and served in accordance with this paragraph.

(d) Change of Notice Address. A party or member of the Committee may change its, his or her mailing address at any time by giving formal written notice of such change to the other party (or both parties in the case of a member of the Committee) and each member of the Committee in the manner provided in this paragraph at least ten (10) days prior to the date such change is effected.

11. Obligations of Grantee.

(a) In addition to any other reports or notices required by this Innovation Fund Agreement, and until otherwise notified by CPMC or City that the requirement has or will be satisfied by the accounting provided pursuant to Section 5(b) above, Grantee shall submit to CPMC and City full and complete annual reports on the manner in which the principal and income (if any) arising from the Innovation Fund Balance have been allocated or Disbursed, and such annual reports shall be due no later than 60 days after the close of Grantee's annual accounting period.

(b) Grantee shall maintain records of receipts and expenditures and shall make its books and records relating to this Innovation Fund available to CPMC and City at reasonable times.

(c) Grantee shall not use any portion or proceeds from the Innovation Fund:

(1) to carry on propaganda, or otherwise to attempt to influence legislation (within the meaning of Internal Revenue Code Section 4945(d)(1)),

(2) to influence the outcome of any specific public election of any candidate for public office, or to carry on, directly or indirectly, any voter registration drive (within the meaning of Internal Revenue Code Section 4945(d)(2)),

(3) to make any grant to an individual or to another organization unless such grant shall be specifically described in paragraph 6, 7 or 8 hereof,

(4) to undertake any activity for any purpose other than one specified in Internal Revenue Code Section 170(c)(2)(B).

(d) Grantee shall notify CPMC and City of any organizational changes during the term of the grant, including, but not limited to, any changes in the office of President or CEO and Treasurer or CFO, changes in the Grantee's tax-exempt status, and any event that is a disqualification event described in Section 8(a).

12. Miscellaneous**.** This Innovation Fund Agreement shall be governed by and construed in accordance with the laws of the State of California applicable to contracts entered into between California residents and wholly to be performed in California. This Innovation Fund Agreement constitutes the entire agreement between the parties and supersedes any prior agreements between the parties. This Innovation Fund Agreement may not be modified, and no provision waived, without the prior written consent of the party against whom enforcement of the amendment or waiver is sought.

13. Time**.** Time is of the essence of this Innovation Fund Agreement and of each and every term and condition hereof. "Days" shall mean calendar days. In the event that any period of time to perform an obligation or notice period under this Innovation Fund Agreement ends on a Saturday, Sunday or state or national holiday, the applicable time period shall be extended to the next business day.

IN WITNESS WHEREOF, the undersigned have executed this Innovation Fund Agreement on the dates indicated.

CPMC

Sutter West Bay Hospitals,
a California nonprofit public benefit corporation, dba CPMC

By: _____

Its: _____

Dated: _____

APPROVED AS TO FORM:

DENNIS J. HERRERA,
City Attorney

By: _____
Deputy City Attorney
City and County of San Francisco

GRANTEE

San Francisco Foundation,
a California nonprofit public benefit corporation

By: _____

Its: _____

Dated: _____

AGREED AND ACCEPTED:

CITY AND COUNTY OF SAN FRANCISCO

By: _____

Its: _____

Dated: _____

EXHIBIT G

Housing Program

CPMC shall make contributions for housing as described in this Housing Program, including: (1) $4,138,620.00 to replace the total of 25 residential hotel and dwelling units that will be demolished as part of the Project, and (2) $36,500,000.00 to assist in the production of affordable housing units, as set forth below. All initially capitalized terms have the meaning given in the Definitions section of the Agreement unless otherwise defined in this Exhibit G.

1. **Residential Hotel Unit Replacement**

   a. All section references in this Section 1 only are to San Francisco Administrative Code Chapter 41, the Residential Hotel Unit Conversion and Demolition Ordinance ("**Residential Hotel Ordinance**").

   b. The Medical Office Building site at the Cathedral Hill Campus contains twenty units that are designated as residential hotel units under Chapter 41. The units are as follows: six at 1034-1036 Geary Street and 14 at 1028-1030 Geary Street (collectively, the "**Residential Hotel Units**"). Section 41.12 requires a project sponsor to obtain a permit to convert a residential hotel unit before demolishing or converting it to another use. Before issuing a permit to convert, DBI must confirm that the project sponsor has complied with the one-for-one residential hotel unit replacement requirements of Section 41.13. Section 41.13(a)(4) allows a project sponsor to comply with this requirement by paying to MOH a fee equal to 80 percent of the cost of construction of an equal number of comparable units plus site acquisition cost, as determined by the Department of Real Estate ("**DRE**") based on two independent appraisals. DRE obtained the required appraisals and, by letter dated September 7, 2010, established the total fee for the Residential Hotel Units as Two Million Six Hundred Eighty Four Thousand Eight Hundred Dollars ($2,684,800.00) ("**Residential Hotel Unit Replacement Fee**").

   c. The obligation to pay the Residential Hotel Unit Replacement Fee arises and is due and payable to MOH on the earlier of (i) the date of issuance of the permit to convert for the Residential Hotel Units or (ii) thirty (30) days after the Effective Date. Upon such payment CPMC shall have satisfied the requirements of Section 41.13(a)(4). MOH shall deposit the payment into the Affordable Housing Fund and use the funds for affordable housing. CPMC shall provide evidence of payment to DBI upon request, and MOH shall confirm to DBI receipt of the Residential Hotel Unit Replacement Fee. Following payment by CPMC, the Residential Hotel Unit Replacement Fee shall not be refundable.

2. **Residential Unit Replacement**

The Medical Office Building site at the Cathedral Hill Campus contains one residential unit at 1034-1036 Geary Street and four residential units at 1054-1060 Geary Street (collectively, the

"**Residential Units**"). San Francisco Planning Code Section 317 requires conditional use approval for the demolition of three or more residential units, but does not require unit replacement. The City, acting through MOH, and CPMC, have agreed to a unit replacement fee of One Million Four Hundred Fifty Three Thousand Eight Hundred and Twenty Dollars ($1,453,820.00) for the Residential Units ("**Residential Unit Replacement Fee**"). The Residential Unit Replacement Fee is based on the Citywide inclusionary housing fee schedule for three one bedroom units ($248,210.00 x 3), one two bedroom unit ($334,478.00) and one three bedroom unit ($374,712.00). The obligation to pay the Residential Unit Replacement Fee arises and is due and payable to MOH on the earlier of (i) the date of issuance of the demolition permit for the Residential Units and (ii) thirty (30) days after the Effective Date. MOH shall deposit the payment into the Affordable Housing Fund and use the funds for affordable housing. CPMC shall provide evidence of payment to DBI upon request, and MOH shall confirm to DBI receipt of the Residential Unit Replacement Fee. Following payment by CPMC, the Residential Unit Replacement Fee shall not be refundable.

3. **Affordable Housing Payment**

a. CPMC will pay Thirty Six Million Five Hundred Thousand Dollars ($36,500,000.00) ("**Affordable Housing Payment**") to the City, to be deposited in a separate account within the Affordable Housing Fund to be administered by MOH and used for predevelopment and development expenses and administrative costs associated with acquisition, construction, or rehabilitation of permanently affordable housing units in San Francisco. The obligation to make the Affordable Housing Payment arises and is payable by CPMC as follows: Two Million Four Hundred Thousand Dollars ($2,400,000.00) thirty (30) days after the Effective Date, with the remaining increments to be paid in accordance with Exhibit N (Payment Schedule), until the total sum is paid. Once any installment of the Affordable Housing Payment is made, such payment shall be nonrefundable.

b. MOH shall have the right, in its sole discretion, to determine how and where to apply the Affordable Housing Payment, with the only restriction being that MOH must use the Affordable Housing Payment for predevelopment and development expenses and administrative costs associated with the acquisition, construction or rehabilitation of affordable housing units in San Francisco as set forth above. CPMC shall have no right to challenge the appropriateness or the amount of any expenditure, so long as it is used for affordable housing units in San Francisco. MOH shall maintain records as part of the City's accounting system to account for all expenditures from the Affordable Housing Payments for a period of four (4) years following the date of expenditure, and make such records available upon request.

4. **Board Authorization and Appropriation**.

By approving the Agreement, including this Exhibit, the Board of Supervisors authorizes MOH to accept the funds paid by CPMC as set forth in this Exhibit, to maintain separate, interest-bearing accounts as contemplated in this Exhibit, and appropriates the funds, including interest earnings and loan repayments, for purposes described in this Exhibit for the term of the

Agreement. Any interest earned on the account created under the terms of this Exhibit shall remain in the designated accounts for use consistent with the identified purpose and shall not be transferred to the City's General Fund.

EXHIBIT H

Public Improvements

The Public Improvements described in this Exhibit H, are more particularly described in Schedule A hereto. CPMC shall fund or complete the Public Improvements in increments, and City shall complete Public Improvements and undertake such other measures funded by CPMC, each as described below, subject to the terms and conditions of this Exhibit and the rest of the Development Agreement. The Parties agree to cooperate with one another to complete the Public Improvements as and when contemplated by this Exhibit, and to undertake all actions or proceedings reasonably necessary or appropriate to ensure such completion, provided that nothing in this Exhibit obligates the City to spend any sums of money or incur any costs except for sums paid by CPMC to the City. All initially capitalized terms have the meaning given in the Definitions section of the Agreement unless otherwise defined in this Exhibit H.

1. **Cathedral Hill, California and Pacific Campus Area Public Improvements**.

   a. City shall determine the priority and phasing plan for the Cathedral Hill, California and Pacific Campus Area Public Improvements and work set forth in Section I.A of Schedule A of this Exhibit (the "**CCHAP Improvements**"), and City, acting through DPW, shall if needed prepare final design, specifications and construction plans for the CCHAP Improvements. City shall provide reasonable opportunities for the public to comment on the priority and phasing plans and on the design or other details, in accordance with City's regular processes, and provided that City shall have the sole authority to determine the program for priority and phasing, and to determine the final design, implementation and/or work program for the CCHAP Improvements.

   b. City shall complete all required reviews and obtain or provide all required permits, approvals, authorizations, and access rights necessary to complete the CCHAP Improvements. If and to the extent required, CPMC shall provide access to its property. Subject to the foregoing reviews and Section 3 of this Exhibit, City may construct or cause the CCHAP Improvements to be completed. City shall have sole authority to determine when and whether to complete the CCHAP Improvements including the schedule and sequence thereof.

   c. If the Planning Director reasonably determines that any of the CCHAP Improvements cannot be completed, then the Planning Director, after consultation with CPMC, OEWD and the City Attorney's Office, shall have the right to designate different improvements or work for completion by the City, provided in no event will CPMC be required to pay any amount in excess of the CCHAP Contribution Limit. In selecting any alternative improvement, the Planning Director shall attempt to replicate, to the extent reasonably possible, the public benefits of the CCHAP Improvement that will not be completed.

2. **CCHAP Improvement Funds**. CPMC shall make the following payments **(**the "**CCHAP Improvement Funds**"**)** to City for the purposes identified below.

   a. Cathedral Hill. Four Million Two Hundred Fifty Thousand Dollars ($4,250,000) to DPW or PUC for sidewalk widening and pedestrian improvements in the Tenderloin, as described in Schedule A (Section I), as follows:

      (i) Four Hundred Thousand Dollars ($400,000) for Tenderloin lighting and traffic safety within thirty (30) days after the Effective Date of the Agreement; and

      (ii) The remaining increments to be paid in accordance with Exhibit N (Payment Schedule) until the total sum is paid.

   b. Cathedral Hill. One Million Five Hundred Fifty Thousand Dollars ($1,550,000) to DPW or MTA for transit and safety improvements and work as part of the CCHAP Improvements, as described in Schedule A (Section I), in the neighborhoods around the Cathedral Hill Campus, as follows:

      (i) Two Hundred Thousand Dollars ($200,000) within thirty (30) days after the Effective Date of the Agreement; and

      (ii) The remaining increments to be paid in accordance with Exhibit N (Payment Schedule) until the total sum is paid.

   c. California and Pacific. Three Million Dollars ($3,000,000) to DPW or MTA, as applicable, for Public Improvement Costs for enforcement and traffic safety measures as part of the CCHAP Improvements, as described in Schedule A (Section I), around the CPMC Pacific Campus and California Campus, as follows:

      (i) Three Hundred Thousand Dollars ($300,000) for enforcement and traffic safety at the Pacific Campus within thirty (30) days after the Effective Date of the Agreement; and

      (ii) The remaining to be paid in accordance with Exhibit N (Payment Schedule) until the total sum is paid.

   d. The CCHAP Improvement Funds, the Safe Passage Grant described in Section 5 below and the Duboce Park Grant described in Section 6.b below (collectively, the "**Funds**") will be held by City for use to fund the CCHAP Improvements, the Safe Passage Program and Duboce Park Youth Plan Area improvements. The Funds will be deposited into a segregated account or subaccount for the purposes described in Subsections (a)-(c) above and Sections 5 and 6.b below. Any interest earned on Funds shall remain in the designated account and used for the purposes identified in this Exhibit. The City shall, at CPMC request, provide CPMC with a periodic accounting of payments made and of Funds remaining in each account.

e. All payments made under this Exhibit shall be made by check payable to the City and County of San Francisco and delivered to the Controller (Ref.: CPMC Public Improvements) at Office of the Controller, City Hall, Room 316, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102, with a copy to OEWD at City Hall, Room 448. OEWD shall coordinate with DPW, MTA and the PUC, as applicable, on the timing and use of the funds. If there is any dispute regarding which City Department will have first access to existing funds in the account or subaccount, such dispute shall be resolved by the Director of OEWD following consultation with the affected City Departments and the City Attorney's Office.

3. **Payment of CCHAP Public Improvement Costs**.

a. City will use CCHAP Improvement Funds for Public Improvement Costs incurred by the City for the CCHAP Improvements. City may withdraw CCHAP Improvement Funds as and when needed to pay for the Public Improvement Costs, as defined below.

b. The total amount of CPMC payments for CCHAP Improvements shall not exceed the aggregate total of Eight Million Eight Hundred Thousand Dollars ($8,800,000), as shown in Schedule A (the "**CCHAP Contribution Limit**"); provided the City shall have the right to designate more or less to each line item for the CCHAP Improvements identified in Schedule A, and the City shall not be required to complete any CCHAP Improvements for which there are no CCHAP Improvement Funds remaining.

c. CPMC shall have no obligation for Public Improvement Costs above the CCHAP Contribution Limit. The City shall be responsible for all costs associated with the CCHAP Improvements undertaken by the City that exceed the CCHAP Contribution Limit, provided that City shall have no obligation to construct CCHAP Improvements or to spend any City funds beyond the CCHAP Contribution Limit for the CCHAP Improvements.

d. CPMC shall pay for the costs that arise from or are related to the CCHAP Improvements ("**Public Improvements Costs**") subject to the CCHAP Contribution Limit in this Section 3. Public Improvements Costs means: (i) any costs associated with analyzing (including City environmental review of the Public Improvements, as and to the extent required), reviewing, revising, negotiating or approving improvement plans, approvals or permits; (ii) administrative, engineering and architectural fees and any third party costs; (iii) plan check, permit, licensing, testing and inspection costs, contractors fees and general conditions, sales and use taxes; and (iv) all materials, equipment, supplies and labor necessary, used, acquired or reserved to complete the CCHAP Improvements, incurred after the Effective Date of the Agreement.

4. **Termination of Accounts**. The accounts for Funds described above shall terminate upon the payment by CPMC and expenditure by the City of the respective Funds. In the event

of a Default by City that results in CPMC being unable to construct any portion of the Project, unencumbered Funds held by the City shall be returned to CPMC.

5. **Safe Passage Program.** CPMC shall pay the total sum of Two Hundred Thousand Dollars ($200,000) to OEWD (the "**Safe Passage Grant**") as described in Schedule A (Section I), in accordance with Exhibit N (Payment Schedule). The Safe Passage Grant shall be used by City to develop and implement a pilot "**Safe Passage Program**", creating a designated safe walking route for children through the Tenderloin connecting schools with organizations that provide after school programming and service to children and their families, which pilot program is approved by the Director of DPW on behalf of City. The City, acting through OEWD, shall enter into a grant agreement with a nonprofit organization selected by OEWD through a competitive process, to create and implement the Safe Passage Program.

6. **St. Luke's and Davies Campus Area Public Improvements**.

a. The St. Luke's Campus Area Public Improvements and the Davies Campus Area Public Improvements set forth in Schedule A (Sections II and III) are collectively referred to as the "**STLD Improvements**". The STLD Public Improvements are adjacent to or in close proximity to the St. Luke's Campus and Davies Campus, respectively.

(i) CPMC shall prepare final design, specifications and construction plans for the STLD Improvements for submittal to City, and City shall have sole authority to review and approve improvement plans for the STLD Improvements consistent with the descriptions in Schedule A;

(ii) CPMC shall obtain all required permits, approvals, authorizations, and access rights necessary to construct the STLD Improvements;

(iii) Provided that City provides the required permits, approvals, authorizations and access rights that are required from the City, and CPMC has been able to obtain all additional required access rights, permit approvals and authorizations, CPMC shall construct or cause the STLD Improvements to be constructed:

A. For the St. Luke's Campus Area Public Improvements, in accordance with the phasing described in Schedule A of this Exhibit;

B. For the Davies Campus Area Public Improvements, prior to issuance of a temporary certificate of occupancy for the Neurosciences Building; and

C. Except as otherwise noted, where reasonably practicable, CPMC shall construct the STLD Improvements concurrently with

respective Project related streetscape and landscape improvements, described in Exhibit B of the Agreement; and

(iv) CPMC shall take all such actions as are required of CPMC to satisfy the foregoing conditions including, without limitation, the filing of requests for approvals, permits and authorizations for the STLD Improvements in a manner as and when needed to complete the STLD as contemplated above. City shall promptly review and process applications and permits in accordance with the requirements of the Agreement. If any of the STLD Improvements cannot be completed for any reason (other than CPMC Default), then CPMC shall construct alternative improvements identified by City within the City's streetscape program of not greater cost that is designed to replicate the benefits of the STLD Improvements that cannot be completed within City.

b. CPMC shall pay to the City the sum of Twenty Five Thousand Dollars ($25,000) (the "**Duboce Park Grant**"), within thirty (30) days of receipt of notice from the City provided after the earlier of the date Approvals are Finally Granted or Commencement of Construction of the Cathedral Hill Campus Hospital. The Duboce Park Grant will be used by the City to help defray the cost of designing and constructing youth play area improvements in Duboce Park.

c. The costs listed in Schedule A (Sections II and III) for the STLD Improvements are estimates only. CPMC shall pay for all costs, including the City's Costs, to complete the STLD Improvements regardless of whether the costs exceed the estimated amounts identified in Schedule A. If CPMC fails to complete the STLD Improvements, or any of them, as required, City may, in addition to all other remedies under the Agreement, and after providing notice and an opportunity to cure as set forth in Section 9.2 and 9.3 of the Agreement, complete the installation of such improvements and CPMC shall reimburse the City for all costs incurred by the City to complete such work.

7. **Board Authorization and Appropriation**. By approving the Agreement, including this Exhibit, the Board of Supervisors authorizes the Controller and City Departments to accept the funds paid by CPMC as set forth in this Exhibit, to maintain separate, interest-bearing accounts or subaccounts as contemplated in this Exhibit, and to appropriate the funds, including interest and earnings, for the purposes described in this Exhibit for the term of the Agreement. Any interest earned on the accounts or subaccounts created under the terms of this Exhibit shall remain in the designated account or subaccount for use consistent with the identified purpose and shall not be transferred to the City's General Fund for other purposes.

Schedule A

I. Cathedral Hill and Pacific Campus Area (Payments to City)

A.	**Cathedral Hill Campus Area CCHAP Improvements**	**Public Improvements Costs**
1.	Sidewalk widening and pedestrian lighting in the Tenderloin	$4,250,000
2.	Transit and Safety Improvements in neighborhoods around the Cathedral Hill Campus	$1,550,000
	CCHAP Cathedral Hill Campus Area Contribution Limit:	**$5,800,000**

B.	**Pacific and California Campus Area – CCHAP Improvements**	**Public Improvements Costs**
1.	Enforcement and traffic safety improvements and work (including services and operations) for neighborhoods around the Pacific Campus and the California Campus	$3,000,000
	CCHAP Pacific and California Campus Area Contribution Limit:	**$3,000,000**

C.	**Safe Passage Grant**	**Other Costs**
1.	Safe Passage Grant – for neighborhoods around the Cathedral Hill Campus	$200,000
	Safe Passage Grant Total:	**$200,000**

SCHEDULE A – TOTAL:	**$9,000,000**

II. St. Luke's Campus Area – Public Improvements

St. Luke's Area Public Improvements	Phase	Public Improvements Estimates
1. Implementation of portion of Improvement A-6.24 in the Mission Streetscape Plan Final Mitigated Negative Declaration (FMND) along the west side of Valencia St. between Cesar Chavez and Duncan (This improvement would widen the western sidewalk of Valencia from approximately 10' to approximately 20' from Cesar Chavez to Duncan. Includes 24" box trees @ 20' O.C., bulbouts at southwest corner of Valencia and Duncan and mid-block at steps of 1912 building.	4	$1,080,000
2. Implementation of portion of Improvement A-6.2.54 in the Mission Streetscape Plan FMND (Permanent upgrades to Traffic Diverter and Plaza) at the intersection of San Jose Ave., Guerrero St., and 28th St. ("**Guerrero Park**") These improvements would include site demolition and construction of approximately 300lf of new curb roughly along the perimeter of the existing park, installation of pavers, raised planter beds, new trees and landscaping, irrigation, and lighting.	3	$574,000
3. Upgrade of St. Luke's campus perimeter lighting along Valencia between Cesar Chavez and Duncan. Install conduit and 10' tall pedestrian lighting at approximately 30' O.C.	4	$200,000
4. Upgrade of St. Luke's campus perimeter fencing. Remove existing and install decorative iron fencing.	4	$130,000
5. Pedestrian bulb-out at 27th & Guerrero (southeast & northeast corners) as described within Improvement A-6.2.14 in the Mission Streetscape Plan FMND.	1	$140,000
6. Median extension/thumbnail at Guerrero between 27th and Duncan Street as described within Improvement A-6.2.14 in the Mission Streetscape Plan FMND.	1	$70,000
7. Median extension/thumbnail at Guerrero between Duncan and 28th Street as described within Improvement A-6.2.14 in the Mission Streetscape Plan FMND.	1	$43,000
8. Pedestrian lighting on sidewalk along Duncan between Valencia and San Jose. Install conduit and 10' tall pedestrian lighting at approximately 30' O.C.	4	$132,000
9. Pedestrian lighting on sidewalk along San Jose between Cesar Chavez and Duncan. Install conduit and 10' tall pedestrian lighting at approximately 30' O.C.	4	$112,000
10. Pedestrian lighting on sidewalk along 27th between Guerrero and San Jose. Install conduit and 10' tall pedestrian lighting at approximately 30' O.C.	4	$82,000
11. Repair retaining wall and 1912 Building stairs and related landscape area upgrade.	4	$286,000
12. Pocket Park at Valencia, Duncan Streets and Tiffany Avenue. Approximately 900sf landscaped median, with irrigation and lighting. A portion of Improvement A-6.2.4 in the Mission Streetscape Plan FMND.	4	$218,000

St. Luke's Area Public Improvements	Phase	Public Improvements Estimates
13. Pedestrian lighting along Cesar Chavez between Valencia and Guerrero. Install conduit and 10' tall pedestrian lighting at approximately 30' O.C.	1	$233,000
Total – All Public Improvements:		**$3,300,000**

Phasing:

Phase 1: Upon Completion of Construction of the St. Luke's Campus Hospital and plaza: Projected 2020

Phase 2: Demolition of existing tower, and interim use on existing hospital site (1970 Building): Projected 2021(N/A)

Phase 3: Completion of Construction Medical Office Building: Projected 2024 but in no event later than 5 years following the Opening of the St. Luke's Campus Hospital.

Phase 4: Upon Completion of Construction of upgrades to 1912 Building plazas and Valencia Street stairs: Projected 2024 but in no event later than 7 years following the Opening of the St. Luke's Campus Hospital.

III. Davies Campus Area – Public Improvements

	Davies Campus Area Public Improvements	Public Improvements Estimates
1.	Crosswalk and stop line striping; Noe / Duboce intersection.	$4,000
2.	Pedestrian walkway improvements at Duboce Street near intersection with Noe, south side (1 location) includes: 301f new painted steel fencing, 2 signs, striping, 2 new light fixtures and new electrical service.	$76,000
3.	Tree island improvements, maintenance and replacement. Includes, at 2 locations, demolition of existing curb, 170 lf of new curb, asphalt patch, protection and reuse of existing mature trees, new grates and/or permeable ground cover.	$78,000
4.	Additional street trees and other tree work; east side of Noe Street. Includes: 6 new street trees, sawcut basins, new tree grates, $20K allowance for maintenance of existing mature trees and repair of existing sidewalk damage.	$125,000
5.	Pedestrian walkway improvements at 14th Street near intersection with Noe, north side (1 location). Includes: 301f new painted steel fencing, 2 signs, striping, 2 new light fixtures and new electrical service.	$76,000
6.	Sidewalk flare-downs at 14th / Noe intersection (3 locations; not including NW corner which is included in MOB project). Includes: sawcut & demo, new ADA-compliant flare-downs, curb & gutter.	$35,000
7.	General improvements: replacement of perimeter fence; add pedestrian scale lighting at all entrances.	$56,000
	Total – All Public improvements:	**$450,000**
	Contribution	**Amount:**
1.	Duboce Park Grant: Payment to defer City's costs of construction Youth Play Area in Duboce Park.	**$25,000**
	TOTAL:	**$475,000**

EXHIBIT I-1

Davies Campus Community Visioning Plan

This Exhibit I-1 describes the community visioning plan for the Long-Term Project at the Davies Campus. The text in Sections 1 and 2 is provided for context only. It summarizes the primary activities that CPMC is currently contemplating at the Davies Campus. All initially capitalized terms have the meaning given in the Definitions section of the Agreement unless otherwise defined in this Exhibit I-1.

1. Planning Context.

The Davies Campus has housed medical facilities since the 1890s, with the present day hospital reconstructed on the site in 1968. CPMC's Near-Term Projects include demolition of the existing 75-space surface parking lot and removal of associated vehicular access, and construction of the Neuroscience Institute building, an approximately 46,006 gsf, four-story building which 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, and a pedestrian drop-off area.

2. Long-Term Project

The following is the Long-Term Project that CPMC is contemplating on the Davies Campus and may undertake depending on medical need and other factors. In approximately 2018, CPMC proposes to demolish the existing 283-space parking garage at 14th and Castro Streets to accommodate construction of the Castro Street/14th Street MOB, an approximately 80,900 gsf, three-story medical office building, including but not limited to retail, diagnostic and treatment uses, and approximately 184,000 sf of parking use in four below grade levels totaling approximately 490 parking spaces (replacement of the existing 283 spaces in the 14th and Castro Streets garage plus construction of approximately 207 new parking spaces).

Attachment 1 is a concept plan, attached for informational purposes only and prepared with input from interested community members, depicting anticipated general building location, streetscape improvements and pedestrian and vehicular circulation associated with the current plans for the Long-Term Project.

3. Davies Campus Community Advisory Group.

To facilitate community input regarding planning for the Long-Term Project at the Davies Campus, CPMC will establish a Davies Campus Community Advisory Group ("Davies CAG") as set forth below.

Purpose and Functions. The Davies CAG is the community advisory body charged with providing input and feedback to CPMC regarding Long-Term Project design and planning

activities related to the established program and uses at the Davies Campus, with particular attention to the following:

a. The public realm and streetscape design
b. Height, bulk, and architectural design of new buildings
c. Construction-phase planning
d. Vehicle and pedestrian circulation
e. Parking

Davies CAG Members; Term. Within six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted, CPMC will appoint the Davies CAG. It shall consist of up to eleven (11) members representing diverse interests such as resident homeowners, local merchants, established neighborhood groups and health care professionals. Membership is subject to considerations such as interest of the parties and covering a diversity of interests, and is expected to change over time. Current groups from which membership is expected to be drawn include, but are not limited to:

a. Buena Vista Neighborhood Association
b. Castro/Upper Market Community Benefit District
c. Duboce Triangle Neighborhood Association
d. Eureka Valley Neighborhood Association
e. First Christian Church
f. Friends of Duboce Park
g. Harvey Milk Rec Center
h. Lower Haight Merchant and Neighborhood Association
i. McKinley Elementary School
j. Merchants of Upper Market and Castro
k San Francisco LGBT Community Center

One member will be selected from each of the above groups or successor groups that may be designated from time to time. Where several individuals represent one group, that group must identify one member to represent it on the Davies CAG. Each selected member shall represent only the group for which such member is designated, regardless of whether he or she is also affiliated with other groups. All members must live, work, own property or own a business in San Francisco.

Meetings. Once the Davies CAG is established, CPMC and Davies CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The Davies CAG may also conduct special meetings as needed. All meetings will be open to the public. The agendas for meetings will be set jointly by CPMC and Davies CAG leadership. CPMC will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

4. CPMC/Davies CAG Visioning Process.

CPMC and the Davies CAG will implement the following or another similar process to address major (i) master planning/Campus-wide, (ii) Campus sub-area, or (iii) building-specific planning issues that may arise from time to time regarding the Long-Term Project. At all phases, CPMC and/or the Davies CAG may invite City representatives to participate in the meetings. The Planning Department may assign staff members to participate in Davies CAG meetings as appropriate, however, the participation of Planning Department staff shall not take the place of or supersede the City's obligation to review and critique CPMC's Long-Term Project at the Davies Campus and to conduct meetings and notifications in accordance with the Planning Code and CEQA.

Phase I: Context, Constraints and Opportunities (information provided by CPMC and its consultants regarding existing conditions, fixed program elements and other constraints as well as systemwide healthcare delivery goals and areas of opportunity for public input and joint planning activities).

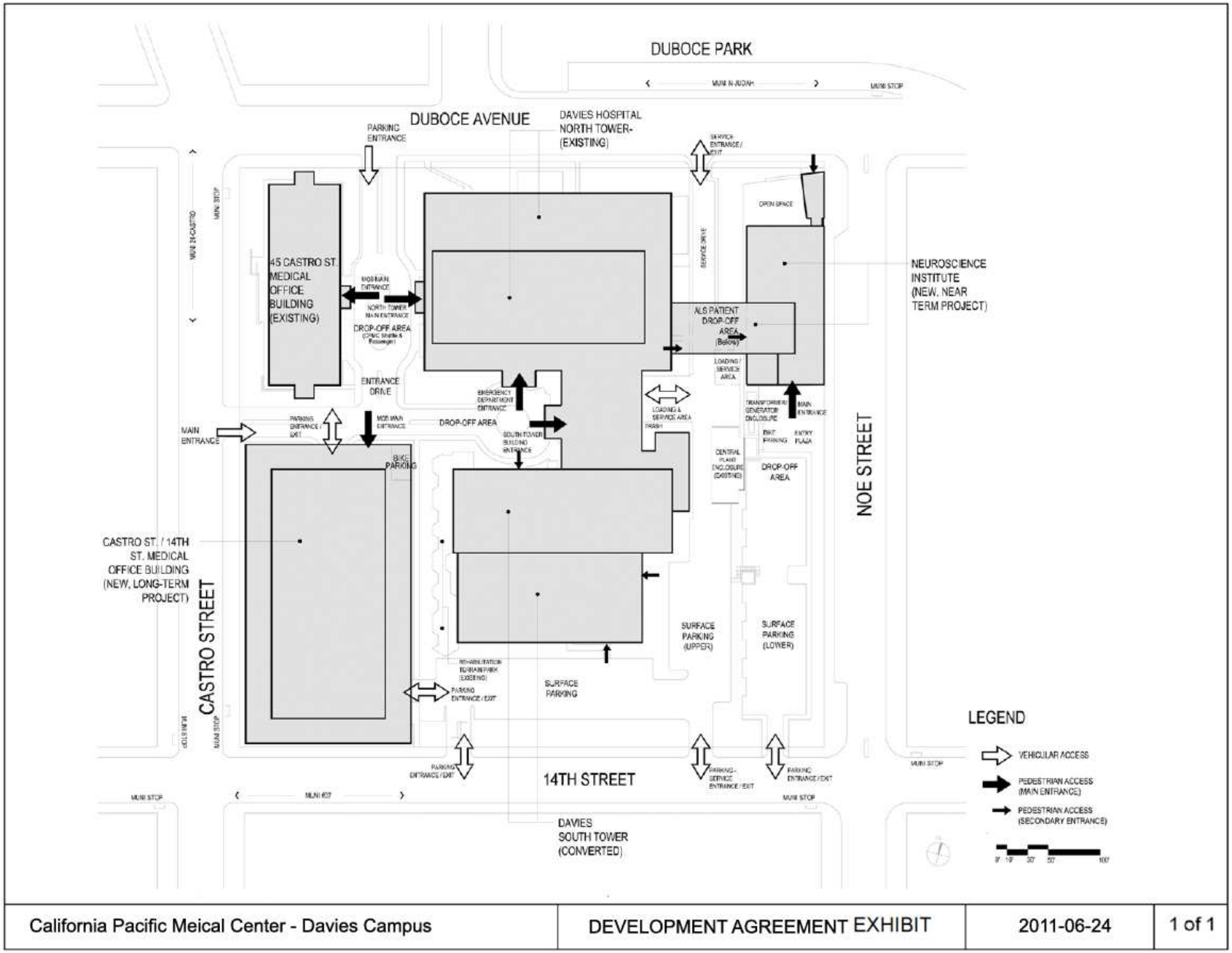
Phase II: Public Visioning Process (Davies CAG input, site analysis and review of key planning documents, CPMC preparation of additional materials as needed to begin community dialogue on design preferences and priorities).

Phase III: Design Framework (Design charrettes and meetings regarding opportunity areas and design framework; CPMC preparation of additional materials as needed, including summary of emerging design strategies and preliminary design framework materials).

Phase IV: Final Recommendation: Preparation of a final report including a description of the process and findings and recommendations of the Davies CAG (Finalize design framework documents, prepare final materials reflecting recommendations from Davies CAG).

5. Term.

This Exhibit I-1 shall remain in effect until the earlier of (i) the expiration of the Term of the Agreement, or (ii) issuance of the first construction document for the Long-Term Project on the Davies Campus.



California Pacific Meical Center - Davies Campus	DEVELOPMENT AGREEMENT EXHIBIT	2011-06-24	1 of 1

EXHIBIT I-2

Pacific Campus Community Visioning Plan

This Exhibit I-2 describes the community visioning plan for the Long-Term Projects at the Pacific Campus. The text in Sections 1 and 2 is provided for context only and summarizes the primary activities that CPMC is currently contemplating at the Pacific Campus. All initially capitalized terms have the meaning given in the Definitions section of the Agreement unless otherwise defined in this Exhibit I-2.

1. Planning Context.

The Pacific Campus, original home to Stanford Hospital and then Pacific Presbyterian, has housed medical facilities since 1858, and a hospital since 1895. CPMC's Near-Term Projects include construction of two state-of-the-art acute care hospitals, one at the St. Luke's Campus and the other at the new Cathedral Hill Campus, and a major renovation at the Davies Campus. As part of the Near-Term Project implementation, after completion of the proposed Cathedral Hill Campus Hospital in approximately the end of 2017, all of the inpatient acute-care and Emergency Department functions at the existing 2333 Buchanan Street Hospital will be transferred to the Cathedral Hill Campus Hospital. This transfer will permit the renovation and reuse of the 2333 Buchanan Street Hospital as the Ambulatory Care Center (ACC). In approximately 2019, when the ACC is expected to be substantially complete, CPMC will relocate other uses on the Pacific and California Campuses to the ACC. The ACC uses could include, by way of example only, outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services, hospital administration and a cafeteria.

2. Long-Term Projects

After uses have been transferred to the ACC, the Stanford Building and the 2324 Sacramento Clinic are proposed to be demolished to accommodate the proposed Webster Street/Sacramento Street Underground Parking Garage and ACC Addition. The Underground Parking Garage will be constructed first, and then in approximately 2020, CPMC will commence construction of the ACC Addition on the central portion of the campus, immediately west of the ACC building. ACC Addition uses could include, by way of example only, educational and conference space, outpatient space, support space, diagnostic and treatment space, medical offices and outpatient care.

In a similar timeframe as the ACC Addition, CPMC proposes to demolish the Annex MOB and Gerbode Research Building and the Clay Street Tunnel, and begin construction of the North-of-Clay Aboveground Parking Garage. The vacant building at 2018 Webster Street is proposed to be used as administrative offices.

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. Detailed streetscape and landscape plans will be developed as the design for the buildings advances.

Attachment 1 is a concept plan, attached for informational purposes only and prepared with input from interested community members, depicting anticipated general building location, streetscape improvements and pedestrian and vehicular circulation associated with the current plans for the Long-Term Projects.

3. Pacific Campus Community Advisory Group.

To facilitate community input regarding planning for the Long-Term Projects at the Pacific Campus, CPMC will establish a Pacific Campus Community Advisory Group ("Pac CAG") as set forth below.

Purpose and Functions. The Pac CAG is the community advisory body charged with providing input and feedback to CPMC regarding Long-Term Project design and planning activities related to the established program and uses at the Pacific Campus, with particular attention to the following:

a. The public realm and streetscape design
b. Height, bulk, and architectural design of new buildings
c. Construction-phase planning
d. Vehicle and pedestrian circulation
e. Parking

Pac CAG Members; Term. Within six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted, CPMC will convene an initial meeting of parties who have previously expressed interest in the planning process for the Pacific Campus to discuss interest in and the composition of the Pac CAG. Promptly thereafter, CPMC shall appoint the Pac CAG. It shall consist of up to eleven members representing diverse interests such as resident homeowners, local merchants, established neighborhood groups and health care professionals, with priority given to representatives that serve interests located most proximate to the Pacific Campus. Membership is subject to considerations such as interest of the parties and covering a diversity of interests, and is expected to change over time. Current groups from which membership is expected to be drawn include, but are not limited to:

a. Representative from each of the 6 abutting blocks
b. Pacific Heights Residents Association
c. Pacific Professional Building Association
d. Arthur A. Dugoni School of Dentistry
e. Congregation Sherith Israel
f. Fillmore Merchants
g. Cavalry Presbyterian Church
h. Friends of Alta Plaza
i. Friends of Lafayette Park
j. Japantown Merchants / Japantown Task Force

The list is generally ordered from those groups most physically proximate to the campus to those least proximate. One member will be selected from each of the above groups or successor groups that may be designated from time to time until the 11 spots have been filled. Where several individuals represent one group, that group must identify one member to represent it on the Pac CAG. All members must live, work, own property or own a business in San Francisco.

Meetings. Once the Pac CAG is established, CPMC and Pac CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The Pac CAG may also conduct special meetings as needed. All meetings will be open to the public. The agendas for meetings will be set jointly by CPMC and Pac CAG leadership. CPMC will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

4. CPMC/Pac CAG Visioning Process.

CPMC and the Pac CAG will implement the following or another similar process to address major (i) master planning/Campus-wide, (ii) Campus sub-area, or (iii) building-specific planning issues that may arise from time to time regarding the Long-Term Projects. At all phases, CPMC and/or the CAG may invite City representatives to participate in the meetings. The Planning Department may assign staff members to participate in Pac CAG meetings as appropriate, however, the participation of Planning Department staff shall not take the place of or supersede the City's obligation to review and critique CPMC's Long-Term Projects at the Pacific Campus and to conduct meetings and notifications in accordance with the Planning Code and CEQA.

Phase I: Context, Constraints and Opportunities (information provided by CPMC and its consultants regarding existing conditions, fixed program elements and other constraints as well as systemwide healthcare delivery goals and areas of opportunity for public input and joint planning activities).

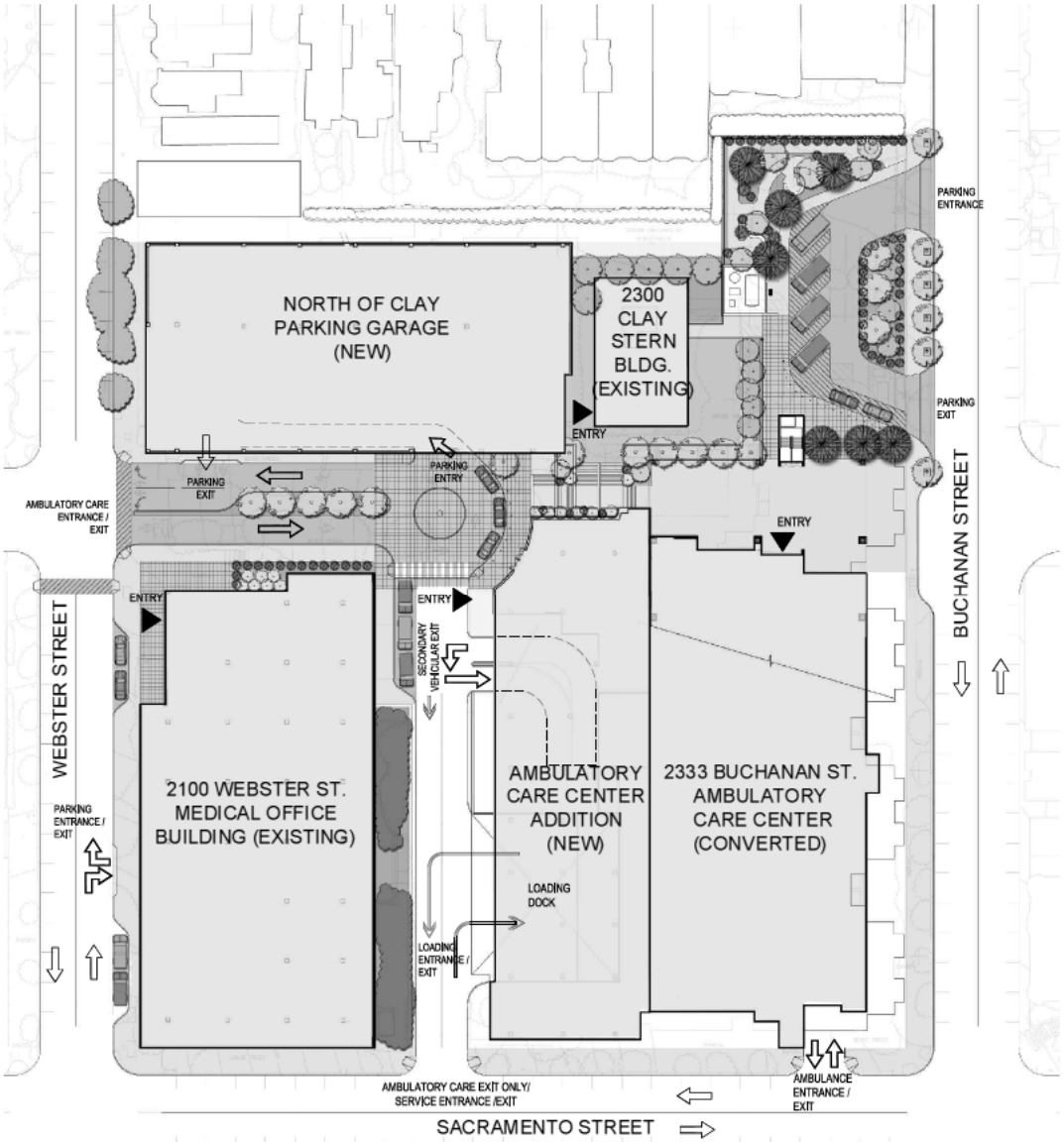
Phase II: Public Visioning Process (Pac CAG input, site analysis and review of key planning documents, CPMC preparation of additional materials as needed to begin community dialogue on design preferences and priorities).

Phase III: Design Framework (Design charrettes and meetings regarding opportunity areas and design framework; CPMC preparation of additional materials as needed, including summary of emerging design strategies and preliminary design framework materials).

Phase IV: Final Recommendation: Preparation of a final report including a description of the process and findings and recommendations of the Pac CAG (Finalize design framework documents, prepare final materials reflecting recommendations from Pac CAG).

5. Term.

This Exhibit I-2 shall remain in effect until the earlier of (i) the expiration of Term of the Agreement, or (ii) issuance of the first construction document for the Long-Term Projects on the Pacific Campus.



PACIFIC CAMPUS PROJECT GOALS

Demolish 2351 Clay St. (Stanford Building), 2324 Sacramento St., 2200 Webster St. (Gerbode Research Building) and 2340/2360 Clay St. (Annex Building MOB).

Construct two-story/248-space Webster St./Sacramento St. Underground Parking Garage and six-story/440-space North-of-Clay St. Parking Garage. Construct nine-story 205,000 sf Ambulatory Care Center, connected to converted 2333 Buchanan St. Ambulatory Care Center. Renovate 2018 Webster St. Residential/Commercial building.

Internalize traffic operations, including parking, passenger drop-off and loading, by providing vehicular cueing lanes, short-term parking and parking entry/exits within the campus garage and street network. Relocate dialysis patient van parking from Buchanan St., to an off-street drop-off plaza adjacent to the north entry of the converted 2333 Buchanan St. ACC.

Reestablish the physical and visual connection of the neighborhood blocks to the east and west of campus, by relocating the existing Clay St. loading dock to Campus Dr., and replacing it with a wide landscaped corridor and terraced plaza that connects Webster St. to Buchanan St.

Open up the campus to the surrounding community, by inviting pedestrians to circulate within and through it, along landscaped plazas and widened sidewalks.

California Pacific Medical Center - Pacific Campus	DEVELOPMENT AGREEMENT EXHIBIT	2011-03-03	1 of 1

EXHIBIT I-3

California Campus Community Visioning Plan

This Exhibit I-3 describes the community visioning plan for the California Campus. The text in Section 1 is provided for context only and summarizes the primary activities that CPMC is currently contemplating at the California Campus. All initially capitalized terms have the meaning given in the Definitions section of the Agreement unless otherwise defined in this Exhibit I-3.

1. Planning Context.

The 4.9 acre California Campus borders the Presidio Heights, Laurel Heights and Jordan Park neighborhoods. Medical services have been provided at this location for over 120 years. There are nine buildings on the California Campus, with the most prominent being the six-story 3700 California Street Hospital. CPMC's Near-Term Projects include construction of two state-of-the-art acute care hospitals, one at the St. Luke's Campus and the other at Van Ness and Geary Streets (Cathedral Hill Campus), and a major renovation at the Davies Campus. The California Campus will play an important role during the transition phase by allowing medical services to continue while other facilities are built and renovated. Once work on the Near-Term Projects is complete at approximately the end of 2017, acute care services from the 3700 California Street building will be transferred to the Cathedral Hill Campus. In early 2019, as part of the Near-Term Project implementation activities, CPMC plans to transfer other current California Campus services to that building, including but not limited to Alzheimer's residential care and medical support services such as pre-and post-ambulatory surgery, outpatient laboratory services, and physical and occupational therapy.

As part of the Long-Term Projects in approximately 2019, CPMC will begin construction of the ACC Addition on the Pacific Campus. In approximately 2021, when the ACC Addition is complete, CPMC plans to transfer substantially all of its remaining current California Campus functions, which could include but are not limited to, the Breast Health Center, MRI, imaging services and pathology and additional laboratory space, to the Pacific Campus.

2. California Campus Visioning Advisory Committee.

Future uses are currently unknown. Community members, including neighbors and businesses from the surrounding area, have expressed interest in being part of the planning process for the transition and reuse of the California Campus, and ensuring that it includes uses that are compatible with the neighborhood. To facilitate early community input, CPMC will establish a California Campus Visioning Advisory Committee ("Cal VAC") as described below.

a. Purpose and Functions. The Cal VAC is the community advisory group that will assist CPMC with community outreach, information dissemination and public education efforts regarding the visioning process for eventual reuse of the California Campus. CPMC is beginning a series of early educational meetings and presentations with California Campus

neighborhood and merchant groups to explain the Near-Term and Long-Term Projects and provide a foundation for the Cal VAC's activities.

b. Cal VAC Members; Term. On the date that is the later of (i) six (6) months after Approvals and any Subsequent Approvals for CPMC's Near-Term Projects have been Finally Granted; and (ii) completion of the Phase II work described in Section 3b-Research and Stakeholder Interviews, CPMC will appoint the Cal VAC. It is anticipated that the Cal VAC will consist of representatives from various established surrounding neighborhood and merchant groups listed below, or successor groups that may be appointed from time to time. They will be invited to nominate one representative each to participate in the Cal VAC, with the number of participants not to exceed nine (9).

a. Jordan Park Improvement Association
b. Lake Street Residents Association
c. Laurel Village Improvement Association
d. Laurel Village Merchants Association
e. Neighborhood Association of Presidio Planning
f. Pacific Heights Residents Association
g. Presidio Heights Association of Neighbors
h. Sacramento Street Merchants
i. Supervisor, District 2

Where several individuals represent one group, that group must identify one member to represent it on the Cal VAC. Other individuals can be alternates. All members must live, work, own property or own a business in San Francisco. The Cal VAC will continue until the earlier of the date of termination of the Development Agreement or completion of the initial entitlements process for redevelopment of the California Campus.

c. Meetings. Once the Cal VAC is established, CPMC and Cal VAC members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly through the completion of the Community Visioning Process described in Section 3. Thereafter, CPMC and Cal VAC will agree to a meeting schedule that is appropriate for the scope of the issues that are before the Cal VAC for consideration. The Cal VAC may also conduct special meetings as needed. All meetings will be open to the public. The agendas for meetings will be set jointly by CPMC and Cal VAC leadership. CPMC will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

3. Community Visioning Process.

CPMC and the Cal VAC will implement the following or another similar process to address planning for the reuse of the California Campus. At all phases, CPMC and/or the Cal VAC may invite City representatives to participate in the meetings. The Planning Department may assign staff members to participate in Cal VAC meetings as appropriate in a non-voting capacity; however, the participation of Planning Department staff shall not take the place of or supersede

the City's obligation to review and critique future proposals for the California Campus and to conduct meetings and notifications in accordance with the Planning Code and CEQA.

a. Phase I: Early Education, Engagement and Presentations (initiated in early 2011; ongoing through approximately early 2012). CPMC will conduct community outreach to interested individuals and groups in and around the California Campus neighborhoods, explain the Near-Term and Long-Term Projects, and communicate general goals and opportunities for the visioning process.

b. Phase II: Research and Stakeholder Interviews (approximately early 2012 through late 2012). CPMC will retain a third party consultant to develop survey questions and conduct interviews with up to fifty community stakeholders (such as but not limited to merchants, neighbors, local faith leaders, neighborhood schools and educators in the site's relative proximity and others from neighboring institutions, City representatives and others with relevant subject matter expertise such as urban planning, architecture and/or transportation) to seek input regarding the California Campus' future reuse. CPMC will use the information obtained from the interviews to develop a more detailed Phases III-IV scope of work (described generally below). CPMC will consult with the district Supervisor as part of this process.

c. Phase III: Cal VAC Formation and Activation (timing consistent with Section 2b, anticipated mid-late 2012). CPMC will form the Cal VAC in accordance with Section 2b. CPMC and the Cal VAC will discuss the goals and purposes of the Cal VAC, review the results of the third party interviews and undertake comprehensive outreach and notice for the charrette/vision workshop process described below.

d. Phase IV: Vision Workshops (approximately early 2013-late 2013). CPMC, in consultation with the Cal VAC and the District Supervisor, will retain a third party consultant to facilitate a series of charrettes/vision workshops with the community as follows:

- Workshop 1: Evening community meeting to discuss visioning goals and meet participants and the District Supervisor. Consultant provides overview of existing zoning (RM-2/RH-2), neighborhood context and planning opportunities and constraints.

- Workshop 2: Working in small groups, participants from the community will identify common themes and goals for reuse of the California Campus. Each group displays the ideas and presents back to the larger group.

- Workshop 3: CPMC and the consultant synthesize community ideas and identify common themes. Following the workshop, CPMC and the consultant begin a series of conversations with the Cal VAC and others as necessary to seek additional input, leading to preparation of several alternative concept plans.

- Workshop 4: CPMC and the consultant host an open house to review results of the visioning process. The Cal VAC assists with outreach and notice. Participants recommend the community's preferred California Campus reuse vision (California Campus Community Plan) for CPMC's consideration.

e. Phase V: Community Open House. Based on the results of the charrette/visioning workshops, CPMC and the consultant will refine the California Campus Community Plan and hold a follow-up community meeting/open house to display the results.

4. California Campus Community Plan.

Following the charrette/community visioning process, the Cal VAC will meet and provide CPMC with additional feedback and recommendations regarding the community process and the California Campus Community Plan. Although the Cal VAC's input, including the California Campus Community Plan, is solely advisory, CPMC will consider the Cal VAC's recommendations as it undertakes ongoing planning activities for the California Campus.

In addition to the foregoing, any proposal to change the underlying zoning district for some of all of the California Campus, or, any proposed development project that would otherwise require neighborhood notification from the Planning Department (for Section 311 or conditional use), shall be subject to the following additional public process:

a. Required Pre-Application, according to the Planning Department's Pre-Application procedures, but with an expanded notification radius of 500' from the California Campus boundaries, prior to any development proposal submittal to the Planning Department, and

b. One required informational hearing at the Planning Commission, in addition to any other required public hearings, for receipt of public comment only, prior to any decision being rendered by the Planning Department or Commission.

5. Term.

This Exhibit I-3 shall remain in effect until the earlier of (i) the expiration of the Term of the Agreement, or (ii) issuance of the first construction document for redevelopment of the California Campus.

EXHIBIT J

List of Approvals

I. PROJECT-WIDE

A. Environmental Impact Report

1. Planning Commission

a. Certification of an Environmental Impact Report for the Project (Motion No. 18588, adopted April 26, 2012).

b. Adoption of CEQA Findings (including a Statement of Overriding Considerations and a Mitigation Monitoring and Reporting Program) (Motion No. _____, adopted May 23, 2013).

2. Board of Supervisors

a. Affirming the Certification of an Environmental Impact Report for the Project (Motion No. M13-042, adopted March 12, 2013).

B. Development Agreement

1. Planning Commission

Approval and Recommendation to Board Regarding Development Agreement, Including Modifications to Administrative Code Chapter 56 (Resolution No. _____, adopted May 23, 2013).

2. Board of Supervisors

Approval of Development Agreement, Including Modifications to Administrative Code Chapter 56 (Ordinance No.___, adopted _____, 2013).

3. Municipal Transportation Agency Board

Approval and Authorization of Executive Director to Execute Consent to Development Agreement (Resolution No. _____, adopted _____, 2013).

C. Other

1. Planning Commission

Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1 for the Project (Motion No. _____, adopted May 23, 2013).

2. Board of Supervisors

Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1 for the Project (Motion No. _____, adopted _____, 2013).

II. ST. LUKE'S CAMPUS

A. Planning Commission

1. Recommending Approval of Amendment to General Plan Urban Design Element Height and Bulk Maps (Resolution No. _____, adopted May 23, 2013).

2. Recommending Approval of Amendments to Planning Code Text to establish a new Special Use District ("SUD") for the St. Luke's Campus and making a conforming revision to Section 124 to allow a floor area ratio of up to 2.6:1 in the new SUD (Resolution No. _____, adopted May 23, 2013).

3. Recommending Approval of Amendments to Planning Code Height and Bulk District Map and Planning Code SUD Map (Resolution No. _____, adopted May 23, 2013).

4. Approval of Conditional Use/Planned Unit Development for the St. Luke's Campus (Motion No. _____, adopted May 23, 2013).

5. Allocation of Office Space for the St. Luke's Campus MOB under Planning Code Sections 321 and 322 (Motion No. _____, adopted May 23, 2013).

6. Approval of General Plan Referral for sale, Street Vacation, and change of use of a Portion of San Jose Avenue Between 27th Street and Cesar Chavez Street, Sidewalk-Widening Legislation (Motion No. _____, adopted May 23, 2013).

B. Department of Public Works

1. Findings and Recommendation of Order of Street Vacation for a Portion of San Jose Avenue between 27th Street and Cesar Chavez Street (Order No. 180254, dated May 11, 2012).

2. Endorsement and Recommendation of Approval of Sidewalk Widening Legislation (Order No. 180164, dated April 16, 2012).

3. Approval of a Lot Line Adjustment Merging Vacated San Jose Avenue Parcel and Existing St. Luke's Campus Parcels (Order No.____, dated_____, 2013).

4. Approval of Street Tree Removal Permit (Order No. ____, dated _____, 2013).

C. Municipal Transportation Agency Board

1. Approval of removal of and changes to street parking, including bus stop relocations (Resolution No. _____, adopted _____, 2013).

D. Board of Supervisors

1. Ordering the Vacation for a Portion of San Jose Avenue between 27th Street and Cesar Chavez Street (Ordinance No.____, adopted _____, 2013).

2. Approving San Jose Avenue Transfer Agreement for a Portion of San Jose Avenue between 27th Street and Cesar Chavez Street (Resolution No. _____, adopted _____, 2013).

3. Amendment of General Plan Urban Design Element Height and Bulk Maps (Ordinance No.____, adopted _____, 2013).

4. Amendment of Planning Code Text (Ordinance No.____, adopted _____, 2013).

5. Amendment of Planning Code Height and Bulk District Map and Planning Code SUD Map (Ordinance No. ____, adopted _____, 2013).

6. Approval of Sidewalk-Widening Legislation (Ordinance No. _____, adopted _____, 2013).

III. CATHEDRAL HILL CAMPUS

A. Planning Commission

1. Recommending Approval of Amendments to General Plan Urban Design Element Bulk Map and Van Ness Area Plan Maps (Resolution No. _____, adopted May 23, 2013).

2. Recommending Approval of Amendments to General Plan Van Ness Area Plan Text (Resolution No. _____, adopted May 23, 2013).

3. Recommending Approval of Amendments to Planning Code Height and Bulk District Map and Planning Code SUD Map (Resolution No. _____, adopted May 23, 2013).

4. Recommending Approval of Amendment to Planning Code Text (Resolution No. _____, adopted May 23, 2013).

5. Approval of a Conditional Use Authorization for the Cathedral Hill Campus (Motion No. _____, adopted May 23, 2013).

6. Allocation of Office Space for the Cathedral Hill Campus MOB under Planning Code Sections 321 and 322 (Motion No. _____, adopted May 23, 2013).

7. Approval of General Plan Referral for Major Encroachment Permit (Construction of Underground Tunnel, Underground Fuel Tanks, Cedar Street Improvements) and Sidewalk-Widening Legislation (Motion No. _____, adopted May 23, 2013).

B. Department of Public Works

1. Approval of Lot Line Adjustment Merging Two Parcels Under the Cathedral Hill Campus Hospital (Order No.____, approved _____, 2013).

2. Approval of Parcel Map merging Seven Parcels under the Cathedral Hill Campus MOB (Order No.____, approved _____, 2013).

3. Endorsement and Recommendation of Approval of Sidewalk-Widening Legislation (Order No. 180165, approved April 16, 2012).

4. Endorsement and Recommendation of Approval of Major Encroachment Permit (Construction of Underground Tunnel, Underground Fuel Tank, Cedar Street Improvements) (Order No. 180262, approved May 15, 2012).

5. Approval of Street Tree Removal Permit (Order No. _____, approved _____, 2013).

C. Municipal Transportation Agency Board

1. Approval of Cedar Street Conversion West of Cathedral Hill Campus MOB Entrance from One-Way to Two-Way (Resolution No. _____, adopted _____, 2013).

2. Approval of removal of and changes to street parking, including bus stop relocations (Resolution No. _____, adopted _____, 2013).

D. Department of Building Inspection

1. Permit to Convert residential hotel units (approved _____, 2013).

E. Board of Supervisors

1. Amendment of General Plan Van Ness Area Plan Text (Ordinance No.___, adopted _____, 2013).

2. Amendment of General Plan Urban Design Element Bulk Map and Van Ness Area Plan Maps (Ordinance No.___, adopted _____, 2013).

3. Amendment of Planning Code Text (Ordinance No. _____, adopted _____, 2013).

4. Amendment of Planning Code Height and Bulk District Map and Planning Code SUD Map (Ordinance No. _____, adopted _____, 2013).

5. Approval of Major Encroachment Permit (Construction of Underground Tunnel, Underground Fuel Tanks, Cedar Street Improvements) (Resolution No._____, approved _____, 2013).

6. Approval of Sidewalk-Widening Legislation (Ordinance No. _____, adopted _____, 2013).

IV. DAVIES CAMPUS

A. Planning Commission

1. Approval of Conditional Use/Planned Unit Development for the Davies Campus (Motion No. _____, adopted May 23, 2013).

EXHIBIT K

Transportation Program

The Transportation Program includes payments to the San Francisco Municipal Transportation Agency ("**SFMTA**") to: (1) contribute to the cost of construction of the Proposed Van Ness and Geary Bus Rapid Transit improvements; (2) to address transit delay impacts on MUNI of the new Cathedral Hill campus; and (3) support SFMTA's bicycle circulation studies, as described below. All initially capitalized terms have the meaning given in the Definitions section of the Agreement unless otherwise defined in this Exhibit K.

1. BRT Contribution

a. CPMC will pay Five Million Dollars ($5,000,000) to SFMTA to contribute to the cost of construction of the proposed Van Ness Avenue Bus Rapid Transit and the Geary Corridor Bus Rapid Transit improvements to be located adjacent to the New Cathedral Hill Campus (collectively, the "**BRT**"). The Five Million Dollar ($5,000,000) BRT contribution will be paid in accordance with Exhibit N (Payment Schedule).

b. SFMTA shall use the BRT contributions for hard or soft costs of planning, administration and construction associated with the BRT improvements to be constructed or installed in the Geary/Van Ness public rights of ways adjacent to the Cathedral Hill Campus. CPMC shall have no obligation for BRT costs above the BRT contribution set forth above. The City shall be responsible for all costs associated with the BRT improvements undertaken by the City that exceed this contribution, provided that City shall have no obligation to construct any specific BRT improvements or to spend any City funds thereon beyond the BRT contributions made by CPMC.

c. SFMTA shall have the right, in its sole discretion, to determine how and where to apply the BRT contribution, with the only restriction being that SFMTA must use the funds for BRT purposes as set forth above. CPMC shall have no right to challenge the appropriateness or the amount of any expenditure, so long as it is used for BRT purposes as set forth above.

2. SFMTA Fee

a. CPMC will pay a fee to the SFMTA (the "**SFMTA Fee**") as set forth in this section, in addition to any parking fees, charges, taxes or assessments levied on vehicles or their owners parking in the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB garages that CPMC will be required to collect on behalf of the City. The SFMTA Fee will be Fifty Cents ($0.50) for each vehicle entry and each vehicle exit during off-peak hours, and Seventy-Five Cents ($0.75) for each vehicle entry and each vehicle exit during peak hours. The SFMTA Fee, whether or not passed on by CPMC to vehicle operators, will not be considered

"rent" under Section 601 of the San Francisco Business and Tax Revenue Code, and shall not be subject to tax. Peak hours shall be weekdays between 7:00 am and 9:00 am and between 4:00 pm and 6:00 pm. The SFMTA Fee program shall be effective for each new garage at the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB on the date of opening of that garage for public use and operations and continue for 10 years thereafter. Accordingly, the 10-year expiration date shall be different for each garage (assuming that they each open on different dates). The SFMTA Fee shall not apply to deliveries and short term drop-offs, turn-arounds and others provided with a short courtesy entry and exit, but it shall apply to any free parking offered to CPMC employees, contractors or agents.

b. The SFMTA Fee (per vehicle entry and exit) shall increase by six percent (6%) on the second anniversary of the opening of each respective garage for public use and operations, and again by six percent (6%) on each second anniversary thereafter, for so long as the SFMTA Fee is payable.

c. Within fifteen (15) days following the end of each calendar month in which the SFMTA Fee applies, CPMC shall send to SFMTA a statement (the "**Parking Fee Statement**") of the total number of cars entering and exiting the garages, the times of entry and exit (expressed as a total number of vehicles each day that entered and exited during peak hours and off-peak hours), and the total SFMTA Fee for the preceding calendar month, together with payment of the applicable SFMTA Fee payment. The Parking Fee Statement and SFMTA Fee payments shall go to: Director of Finance, San Francisco Municipal Transportation Agency, One South Van Ness Avenue, 8th Floor, San Francisco, California 94103.

d. SFMTA shall have the right to use the SFMTA Fee for any purpose consistent with SFMTA's enterprise.

e. The parties agree to meet and confer, and to cooperate and act in good faith to implement the SFMTA Fee program as described above and to ensure that the appropriate fee amounts are being collected at all times and paid to SFMTA. If necessary, as part of such implementation, SFMTA may require additional reasonable procedures to monitor the collection and payment of the correct fee amounts. CPMC shall require any third party garage operator to maintain appropriate records with respect to the same.

f. CPMC shall maintain books and records for the SFMTA Fee in an accurate manner according to generally accepted accounting principles consistently applied, to allow a proper determination of SFMTA Fee due from CPMC each month. CPMC shall maintain all such books and records for a period of not less than 4 years from the end of each calendar year.

g. CPMC agrees to make its parking garage operation books and records available to City, or to any auditor or representative designated by City, upon no less than ten

(10) days prior written notice to CPMC, for the purpose of examining the books and records to determine the accuracy of CPMC's reporting of the SFMTA Fee. CPMC shall cooperate with the City's auditor during the course of any audit. Any such audit may be conducted, at City's cost, by the City Controller or his or her designee or by an independent accounting firm selected by City. During any such audit, the City and its auditor shall not disrupt CPMC's operations in the garages.

3. Transit Fee

For the Near Term Projects, CPMC will pay a transit impact fee to SFMTA in the total amount of Six Million Five Hundred Thousand Dollars ($6,500,000) ("**Transit Fee**"). The Transit Fee shall be paid in accordance with Exhibit N (Payment Schedule).

For the Long Term Projects, to the extent CPMC is subject to and not otherwise exempt from transit-related Impact Fees and Exactions in effect at the time of assessment, any grandfathering exemption arising because of an earlier filed application for environmental evaluation or preliminary project assessment shall not be considered to apply to a Long Term Project. CPMC shall pay all such transit-related Impact Fees and Exactions.

The Transit Fee is intended to compensate the SFMTA for the cost of providing services needed to mitigate transit delay impacts on MUNI buses associated with the demand generated by the Project as identified in the FEIR. The Transit Fee, and any transit-related Impact Fee and Exaction, are not tied to any particular service or improvement, and CPMC shall have no right to assert or insist upon their use by SFMTA in any particular manner.

4. Bicycle Studies

CPMC shall pay to SFMTA the total sum of Four Hundred Thousand Dollars ($400,000) within thirty (30) days after the Effective Date (the "**Bicycle Studies Contribution**").

SFMTA shall use the Bicycle Studies Contribution, in its discretion, to:

a. Develop preferred bicycle routes between the CPMC campuses, recommend improvements, and to the extent possible improve the quality of existing bicycle facilities;

b. Develop design alternatives for improved bicycle facilities on Polk Street, in the vicinity of the new Cathedral Hill Campus;

c. Develop traffic calming proposals along the 'Wiggle' (i.e., the approximately one-mile zig-zagging bicycle route from Market Street to Golden Gate Park that minimizes hilly inclines) to encourage the safe co-existence of people walking and riding bicycles; and

d. Design traffic calming improvements along 26th Street between Valencia Street and Potrero Avenue to discourage spillover traffic from Cesar Chavez Street and

to provide an alternative to Cesar Chavez Street for people walking and riding bicycles.

5. **Annual Transportation Surveys**. CPMC shall implement the Transportation Demand Management Plans dated March 24, 2011, as amended dated April 1, 2013 (each a "**TDMP**") for each of the St. Luke's, Cathedral Hill, Pacific and Davies Campuses, respectively. CPMC shall conduct, or shall have conducted, at no cost to the City, annual employee surveys and tri-annual surveys for employees/patients/visitors, each as described in the TDMP, to assess the implementation of each TDMP. The survey shall commence within one (1) year following: the Opening of the St. Luke's Campus Hospital for the St. Luke's Campus; the Opening of the Cathedral Hill Campus Hospital for the Cathedral Hill and Pacific Campus; and the opening of the Neurosciences Institute Building for the Davies Campus, respectively. Once started, the surveys shall continue for a total of 10 years. As part of the Compliance Statement submitted by CPMC, CPMC shall provide the results of each survey most recently completed prior to the submission of the Compliance Statement. Each survey shall be completed within ninety (90) days following the end of the applicable one (1) year period. CPMC will share the results of these surveys with the Planning Department and SFMTA promptly following completion.

If any two (2) consecutive surveys show that an applicable target single occupancy vehicle percentage (the "**SOV Percentage**") is not being attained, CPMC shall consult with Planning Director and the SFMTA Director of Transportation to identify feasible measures that can reasonably be implemented by CPMC to reduce the SOV Percentage. The applicable target reduction of single occupancy vehicles is 15 percent in the aggregate system-wide as described in the TDMP.

6. **Additional Transportation Studies for Cathedral Hill**. CPMC shall fund the cost of additional transportation studies up to $40,000 (in FY 2013 dollars adjusted by the Consumer Price Index for Urban Wage Earners for the San Francisco-Oakland-San Jose area published by the United States Department of Labor, Bureau of Labor Statistics, "**CPI**") (the "**Cost Cap**"), for the operation of the intersections and for operational characteristics of the Cathedral Hill Campus in its immediate vicinity as determined by the SFMTA to assist the City in monitoring future congestion and effects of CPMC's Cathedral Hill projects on the City's transportation network. The SFMTA may request such funding up to 3 times, each subject to the Cost Cap, provided it shall not first request such funding until at least 3 years after the new hospital at Cathedral Hill is opened and not more frequently than every 3 years thereafter. If it is determined that area congestion exceeds currently projected levels or that the transportation-related operational characteristics (e.g., freight loading, parking garage access, passenger loading, etc.) of the Cathedral Hill Campus adversely affect the network, CPMC will consult with the SFMTA to determine if there are additional feasible transportation demand management measures or other measures that might reasonably be implemented by CPMC, at no cost to the City, to reduce its contribution to transportation congestion in the area.

7. **Additional Funds for Transportation Demand Management at Cathedral Hill**. If any of the scheduled transportation surveys for Cathedral Hill employees, patients and visitors show in the aggregate that the Drive Alone mode split percentages for daily use exceed those shown in Table 30 of the CPMC LRDP Transportation Impact Study (June 2010), then CPMC shall pay to SFMTA $75,000 (in FY 2013 dollars adjusted by CPI) within 60 days following the completion of the survey. These funds will be used by SFMTA solely for transportation demand management or transportation improvements related to the Cathedral Hill Campus traffic area as determined by SFMTA, which uses may include, but are not limited to, additional employer and visitor social marketing or any parking management program.

8. **Clipper Cards.**

a. CPMC shall set up a master account for all employees with the Clipper Card Program or similar/successor electronic debit and transfer mechanism.

b. CPMC shall encourage all employees (new and existing) to enroll and purchase a Clipper Card as a part of its Transportation Demand Management (TDM) plan. As part of its normal TDM activities, CPMC shall promote the use of the subsidy described in Section 8.c below by (1) including this subsidy information in new hire packets and orientation, in transportation services newsletters, on a TDM communication board in each Campus cafeteria, and on the TDM page on CPMC's intranet, (2) promoting the subsidy at the annual transportation fairs held at each Campus, and (3) undertaking additional outreach as necessary to drive up adoption and achieve the SOV reduction goals.

c. CPMC shall share the cost equally between employer and employee of a monthly Fast Pass or Clipper Card (or any successor transit card issued or approved by SFMTA) that an employee buys through CPMC's automatic payroll deduction program, up to the value of an adult Fast Pass (currently $64), as such amount changes from time to time. CPMC shall have no responsibility to contribute to or to share the costs of a Clipper Card (or other successor transit card) to the extent such costs exceed the value of a Fast Pass.

d. CPMC shall make good faith efforts to include an "opt-out" provision for Clipper Cards in future labor contracts.

9. **Cathedral Hill Campus Garages**. CPMC's Cathedral Hill Campus garages shall be available only to visitors, employees and staff of the Campus after 7 p.m.

10. **Board Authorization and Appropriation.**

By approving the Agreement, including this Exhibit, the Board of Supervisors authorizes SFMTA to accept the funds paid by CPMC as set forth in this Exhibit, to maintain separate interest bearing accounts or subaccounts as contemplated in this Exhibit, and to appropriate the funds, including interest and earnings, for purposes described in this Exhibit for the term of the Agreement. Any interest earned on the accounts or

subaccounts created under the terms of this Exhibit shall remain in the designated accounts or subaccounts for use consistent with the identified purpose and shall not be transferred to the City's General Fund for other purposes.

EXHIBIT L

Notice of Completion of Public Benefits

RECORDING REQUESTED BY AND WHEN RECORDED RETURN TO: _____ [California Pacific Medical Center] [address]_____ _____ _____ Attn: _____	
	(Space above this line reserved for Recorder's use only)

THIS NOTICE OF COMPLETION OF PUBLIC BENEFITS (this "Notice") dated for reference purposes only as of this _____ day of _____, 20__, is made by and between the CITY AND COUNTY OF SAN FRANCISCO, a political subdivision and municipal corporation of the State of California (the "City"), acting by and through its Planning Department, and [SUTTER WEST BAY HOSPITALS, a California nonprofit public benefit corporation doing business as California Pacific Medical Center ("CPMC")][*substitute party, if needed*].

1. The City and CPMC entered into that certain Development Agreement relating to the Construction of Healthcare Facilities in furtherance of the California Pacific Medical Center Long Range Development Plan dated as of _____, and recorded in the Official Records of the City And County of San Francisco on _____, 2012, as Document Number _____ (Book No. ___, Reel No. _____) (the "Development Agreement"). Capitalized terms used in this Notice that are not defined shall have meaning given to such terms in the Development Agreement.

2. Under the Development Agreement, the Parties agreed to record a notice of completion of public benefits when all of the required Public Benefits have been completed as to a portion of the Project Site.

3. The City hereby confirms that all of the required Public Benefits have been completed as to the portion of the Project Site known as the _____Campus, as more particularly described in the attached Exhibit A (the "Affected Property"). All parties with an interest in the Affected Property have the right to rely on this Notice.

CITY:

CITY AND COUNTY OF SAN FRANCISCO, a municipal corporation

By:_____
Director of Planning

Approved as to form:

[DENNIS J. HERRERA], City Attorney

By:_____
Deputy City Attorney

Consent:

By: _____
City Administrator

By: _____
Director of Public Works

By: _____
Director of Public Health

Exhibit A

[*attach legal description of Affected Property*]

Exhibit M

Form of Assignment and Assumption Agreement

RECORDING REQUESTED BY
CLERK OF THE BOARD OF SUPERVISORS
OF THE CITY AND COUNTY OF SAN FRANCISCO

(Exempt from Recording Fees
Pursuant to Government Code
Section 27383)

AND WHEN RECORDED MAIL TO:

[_____]
Clerk of the Board of Supervisors
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

ASSIGNMENT AND ASSUMPTION AGREEMENT
RELATIVE TO
DEVELOPMENT AGREEMENT
RELATING TO THE CONSTRUCTION AND RECONSTRUCTION
OF HEALTHCARE FACILITIES IN FURTHERANCE OF THE CALIFORNIA
PACIFIC MEDICAL CENTER LONG RANGE DEVELOPMENT PLAN

THIS ASSIGNMENT AND ASSUMPTION AGREEMENT (hereinafter, the "**Assignment**") is entered into this ____ day of _____, 20__, by and between SUTTER WEST BAY HOSPITALS, a California nonprofit public benefit corporation doing business as California Pacific Medical Center ("CPMC") ("**Assignor**"), and _____, a _____ ("**Assignee**").

RECITALS

A. On _____, _____, Assignor and the City and County of San Francisco, a political subdivision and municipal corporation of the State of California (the "**City**"), entered into that certain Development Agreement Relating to the Construction and Reconstruction of Healthcare Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan (the "**Development Agreement**") with respect to certain real property owned by Assignor, as such property is more particularly described in the Development Agreement (the "**Project Sites**"). The Development Agreement was recorded in the Official Records of the City and County of San Francisco on _____ as Document No. _____.

B. Assignor intends to convey certain real property as more particularly identified and described on Exhibit A attached hereto (hereafter the "**Transferred Property**") to Assignee. The Transferred Property is subject to the Development Agreement.

C. Assignor desires to assign and Assignee desires to assume Assignor's right, title, interest, burdens and obligations under the Development Agreement with respect to and as related to the Transferred Property, as more particularly described below.

ASSIGNMENT AND ASSUMPTION

NOW, THEREFORE, Assignor and Assignee hereby agree as follows:

1. Defined Terms. Initially capitalized terms used herein and not otherwise defined shall have the meaning ascribed to them in the Development Agreement.

2. Assignment of Development Agreement. Assignor hereby assigns to Assignee, effective as of Assignor's conveyance of the Transferred Property to Assignee, all of the rights, title, interest, burdens and obligations of Assignor under the Development Agreement with respect to the Transferred Property, including the following obligations:

(a) [_____]; and

(b) [_____].

Assignor retains all the rights, title, interest, burdens and obligations under the Development Agreement with respect to all other portions of the Subject Property owned by Assignor.

3. Assumption of Development Agreement. Assignee hereby assumes, effective as of Assignor's conveyance of the Transferred Property to Assignee, all of the rights, title, interest, burdens and obligations of Assignor under the Development Agreement with respect to the Transferred Property and agrees to observe and fully perform all the duties and obligations of Assignor under the Development Agreement with respect to the Transferred Property (including but not limited to those set forth in Paragraph 2 above), and to be subject to all the terms and conditions thereof with respect to the Transferred Property. The parties intend that, upon the execution of this Assignment and conveyance of the Transferred Property to Assignee, Assignee shall become substituted for Assignor as "CPMC" under the Development Agreement with respect to the Transferred Property. Without limiting the foregoing, Assignee understands and agrees to the provisions in Section 11.1 and Section 11.7 of the Development Agreement that identify specified obligations and remedies that run with specified property.

4. Reaffirmation of Indemnifications; Survival of Public Benefits. Assignee hereby consents to and expressly reaffirms any and all indemnifications of the City set forth in the Development Agreement including without limitation Section 4.9 of the Development Agreement. Assignee understands and agrees that certain Public Benefits shall survive the expiration or termination of the Development Agreement and remain in effect in accordance with Section 10.4 of the Development Agreement.

5. Assignee's Covenants. Assignee hereby covenants and agrees that:

(a) Assignee shall not challenge the enforceability of any provision or requirement of the Development Agreement, including but not limited to the liquidated damages as set forth in Section 9.4.4 of the Development Agreement;

(b) Assignee shall not sue the City in connection with (i) any and all disputes between Assignor and Assignee arising from this Assignment or the Development Agreement, or (ii) any failure to complete all or any part of the Project by any party, or (iii) the City's exercise of rights and remedies permitted under the Development Agreement, notwithstanding any separation of ownership of affected properties; and

(c) Assignee shall indemnify, defend, reimburse and hold the City and its officers, agents and employees harmless from, and if requested, shall defend them against any and all Losses resulting directly or indirectly from any dispute between Assignor and Assignee arising from this Assignment or the Development Agreement.

6. Binding on Successors. All of the covenants, terms and conditions set forth herein shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, successors and assigns.

7. Notices. The notice address for Assignee under Section 13.11 of the Development Agreement shall be:

_____
_____
_____
Attn: _____

With copy to:
_____
_____
_____
Attn: _____

8. Counterparts. This Assignment may be executed in as many counterparts as may be deemed necessary and convenient, and by the different parties hereto on separate counterparts, each of which, when so executed, shall be deemed an original, but all such counterparts shall constitute one and the same instrument.

9. Governing Law. This Assignment and the legal relations of the parties hereto shall be governed by and construed and enforced in accordance with the laws of the State of California, without regard to its principles of conflicts of law.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK;
SIGNATURE PAGE FOLLOWS]

IN WITNESS HEREOF, the parties hereto have executed this Assignment as of the day and year first above written.

ASSIGNOR:

SUTTER WEST BAY HOSPITALS,
a California nonprofit public benefit corporation
doing business as California Pacific Medical Center

By: _____
Its: _____

ASSIGNEE:

_____,
a _____

By: _____
Its: _____

[All Signatures must be Acknowledged]

STATE OF CALIFORNIA)
) ss
COUNTY OF _____)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____ (Seal)
Notary Public

STATE OF CALIFORNIA)
) ss
COUNTY OF _____)

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

_____ (Seal)
Notary Public

EXHIBIT N

Payment Schedule

[attached]

PAYMENT SCHEDULE[1]

	Agency	Effective Date + 30 days	First Installment[2]	Second Installment	Third Installment	Fourth Installment	Fifth Installment	TOTAL
Affordable Housing Payment[3]	MOH	2,400,000	6,700,000	7,000,000	8,825,000	8,100,000	3,475,000	36,500,000
Healthcare Innovation Fund[4]	DPH/SF Foundation	2,000,000	1,500,000	1,125,000	1,125,000	1,725,000	1,125,000	8,600,000
Bus Rapid Transit (BRT) contribution[5]	MTA		2,100,000	2,900,000				5,000,000
Transit Fee[5]	MTA				1,500,000	2,500,000	2,500,000	6,500,000
Bicycle Studies Contribution[5]	MTA	400,000						400,000
Workforce training payment[6]	OEWD	1,000,000	2,000,000	1,000,000				4,000,000
Tenderloin sidewalk widening and pedestrian lighting improvements[7]	DPW/PUC	400,000	1,200,000	1,275,000	1,275,000	100,000		4,250,000
Tenderloin Safe Passage Grant[7]	OEWD	200,000						200,000
Transit and safety improvements in neighborhoods around the Cathedral Hill Campus[7]	MTA	200,000	200,000		575,000	575,000		1,550,000
Enforcement & traffic safety measures around Pacific & California Campuses[7]	MTA	300,000	300,000	700,000	700,000	1,000,000		3,000,000
Total		6,900,000	14,000,000	14,000,000	14,000,000	14,000,000	7,100,000	70,000,000

1 All initially capitalized terms are as defined in the Agreement, unless otherwise defined herein.

2 First Installment is due thirty (30) days after the earlier of the date the Approvals are Finally Granted or the date the Cathedral Hill Campus Hospital Commences Construction, and each following Installment is due on each anniversary thereafter.

3 As set forth in Exhibit G.

4 The "Innovation Fund" is defined in Exhibit F.

5 As set forth in Exhibit K.

6 As set forth in Exhibit E.

7 As set forth in Exhibit H.

EMERIC-GOODMAN ASSOCIATES LLC
1109-1121 Geary Blvd. San Francisco, CA 94109
Mail to: P.O.B. 2210, San Francisco, CA 94126
Management Offices: 415.512.7242 or 510.482.3677
Fax: 415.292.6594 - e-mail : emgoodman@mindspring.com

May 6, 2013

RODNEY FONG , Commission President
San Francisco Planning Department
1650 Mission Street, Suite 400
San Francisco, CA 94103-2414

Re: Parking Issue @ proposed CPMC Hospital @ Geary & Van Ness
Planning Commission Case No. 2012.0403W – Hearing of May 23, 2013
San Francisco Boards of Supervisors Legislation nos. 120458-120460 and 120357-120366

Dear President Fong and Members of the Planning Commission,

The San Francisco Board of Supervisors Resolution No. 77-13 of March 12, 2013
http://www.sfbos.org/ftp/uploadedfiles/bdsupvrs/resolutions13/r0077-13.pdf

approving the terms of the proposed CPMC hospital at Geary and Van Ness

http://www.sfbos.org/ftp/uploadedfiles/bdsupvrs/bosagendas/materials/bag031213_130232.pdf

contains a provision relative to parking on page 10 that is detrimental to neighborhood residents, organizations and businesses, to wit:

"Cathedral Hill Garage Opening Hours
CPMC's Cathedral Hill Campus garages shall only be available to visitors, employees and staff of the Campus after 7 p.m."

DISCUSSION:

For more than 50 years the hotel at the site has provided parking to neighbors and this is especially important now that it is increasingly dangerous to park on the street at night with broken windows and burglaries a constant problem. The CPMC garage should be open at all times to neighborhood residents, organizations and businesses.

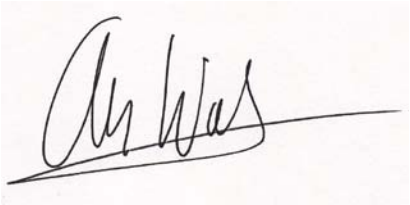
The 1000+ parking places would be an asset to the neighborhood and provide night time parking for neighborhood residents, organizations and businesses when there will be little need by the hospital. The proposed parking restriction would be a poor policy decision and detrimental to the residents of the older neighborhood buildings who have relied on the garage in the former hotel for night time parking

It is not too late to ask the Mayor and Board of Supervisors to adjust this language relative to parking so it makes sense for the neighborhood, as follows:

Proposed Change to the Board of Supervisors Term sheet:

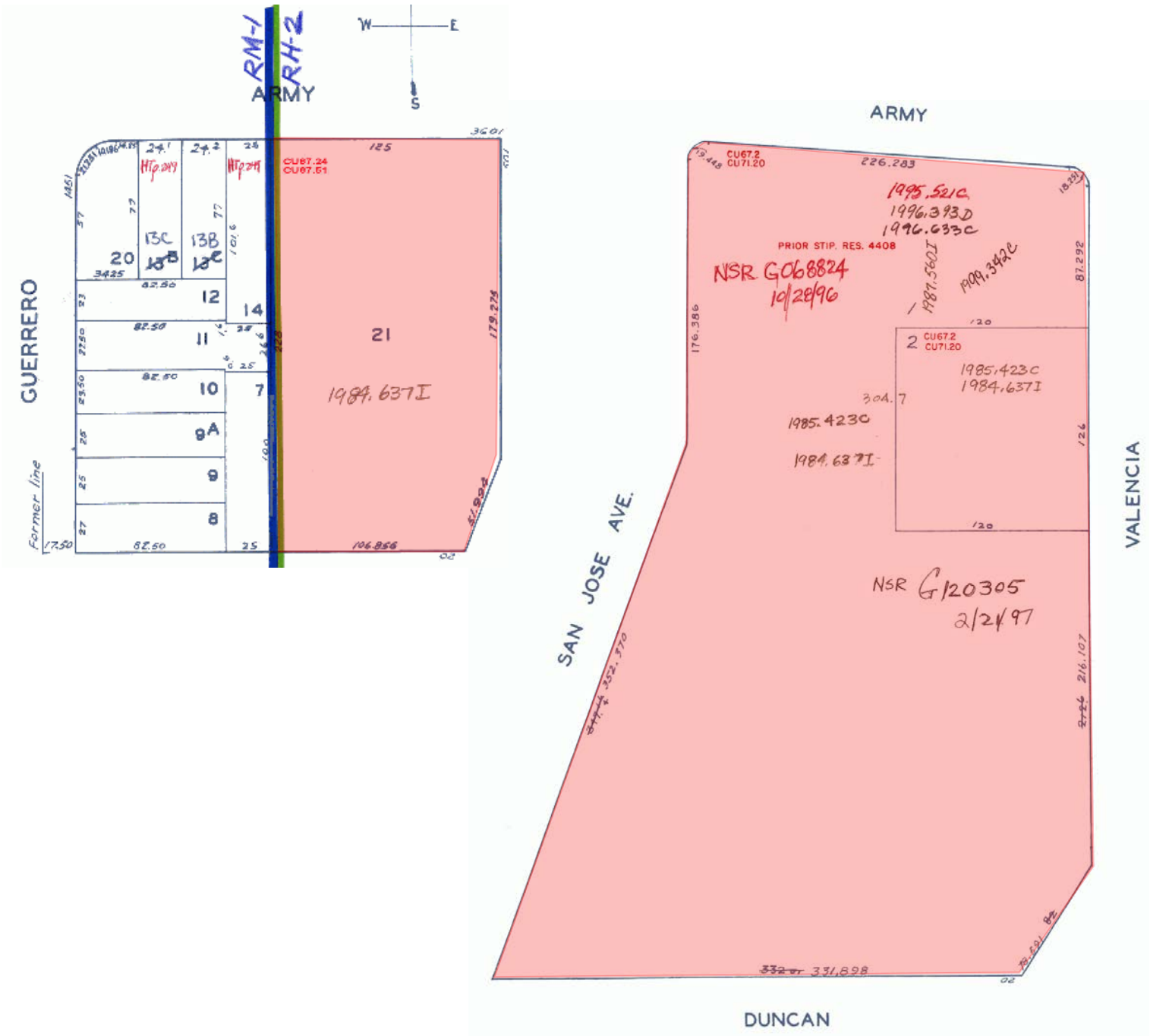
"Cathedral Hill Garage Opening Hours
CPMC's Cathedral Hill Campus garages shall only be available to visitors, employees, staff and neighbors of the Campus after 7 p.m."

Yours sincerely,



Alan Wofsy
CEO

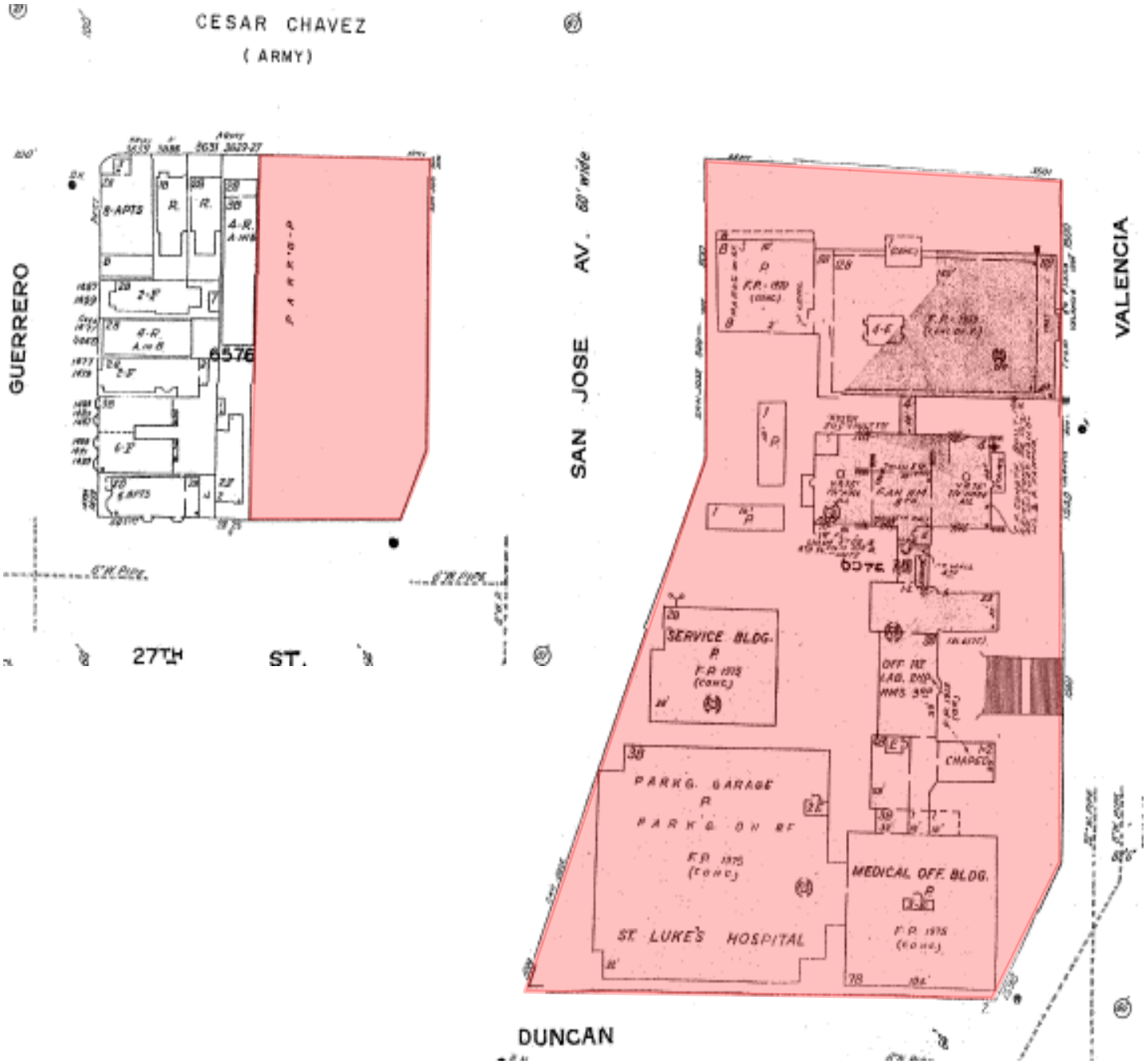
Parcel Map



CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

SAN FRANCISCO
PLANNING DEPARTMENT

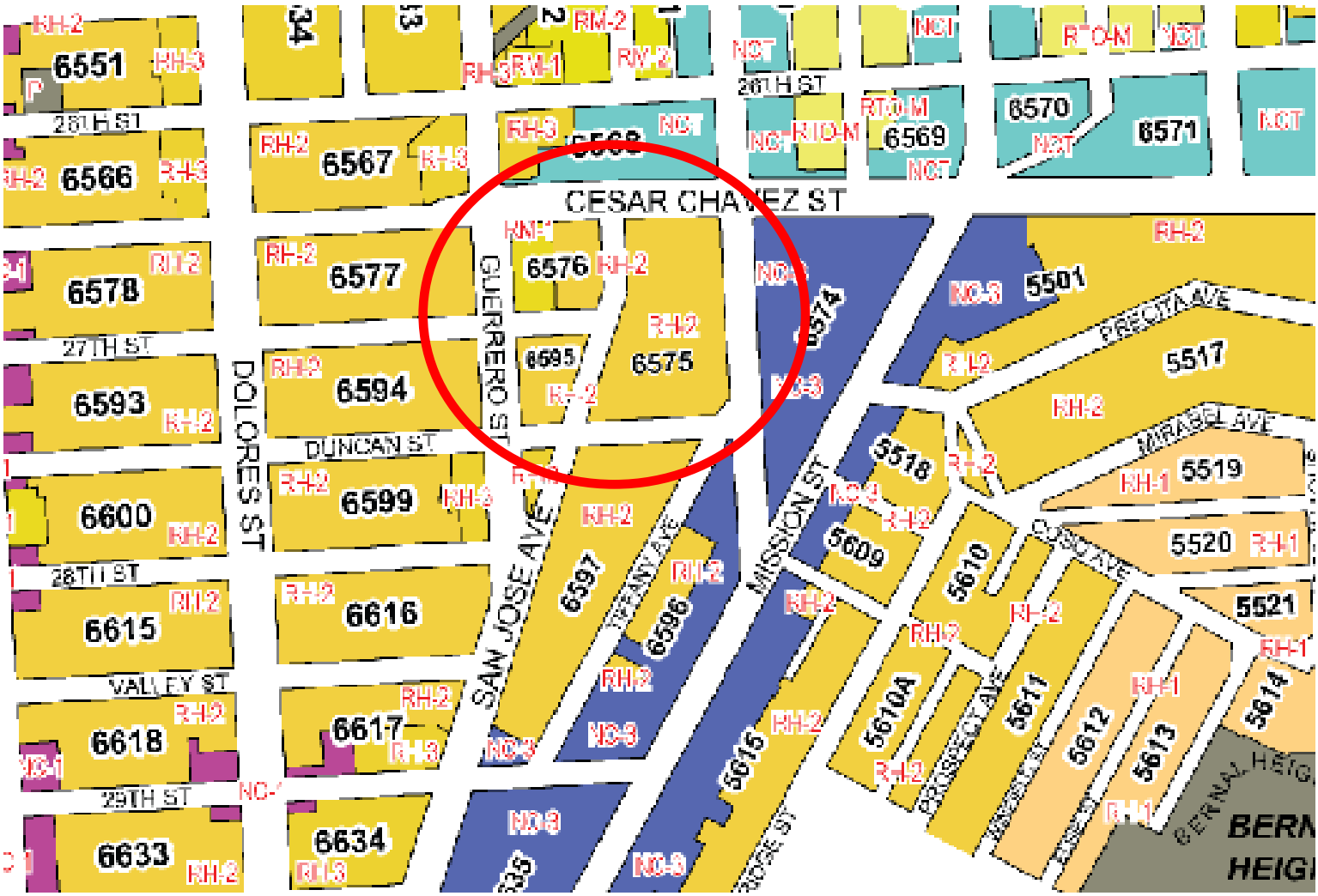
Sanborn Map*



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

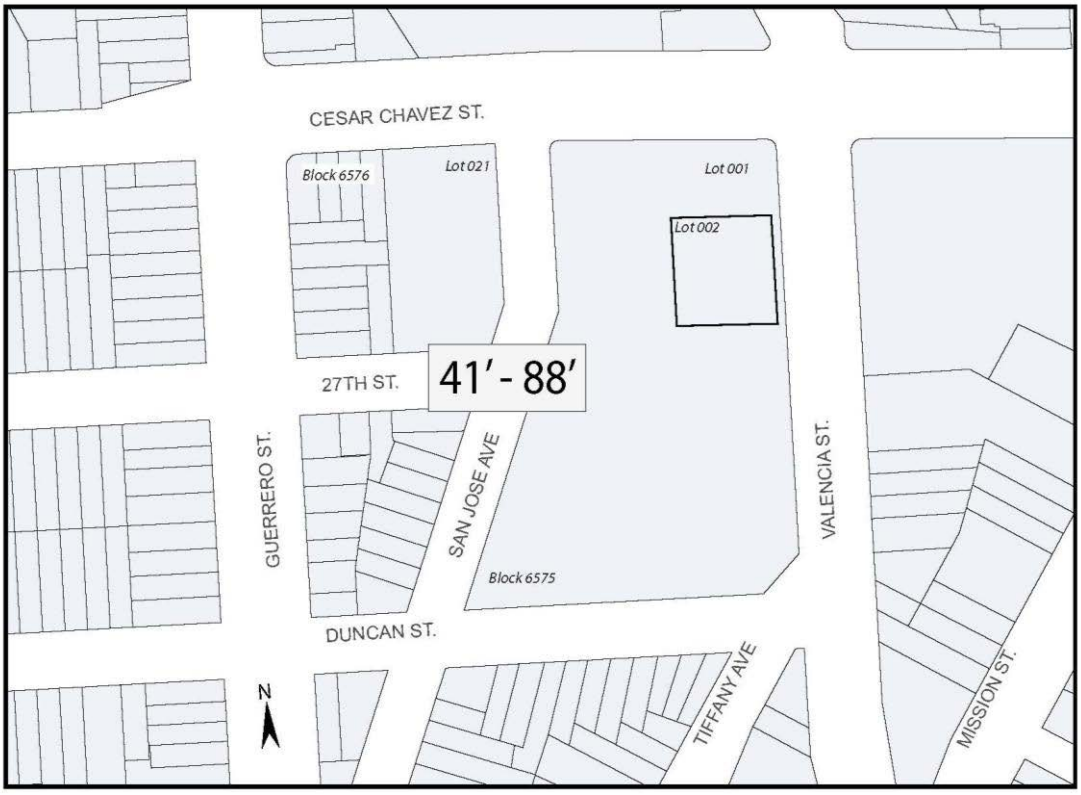
Zoning Map



CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

SAN FRANCISCO
PLANNING DEPARTMENT

General Plan Urban Design Element Map 4



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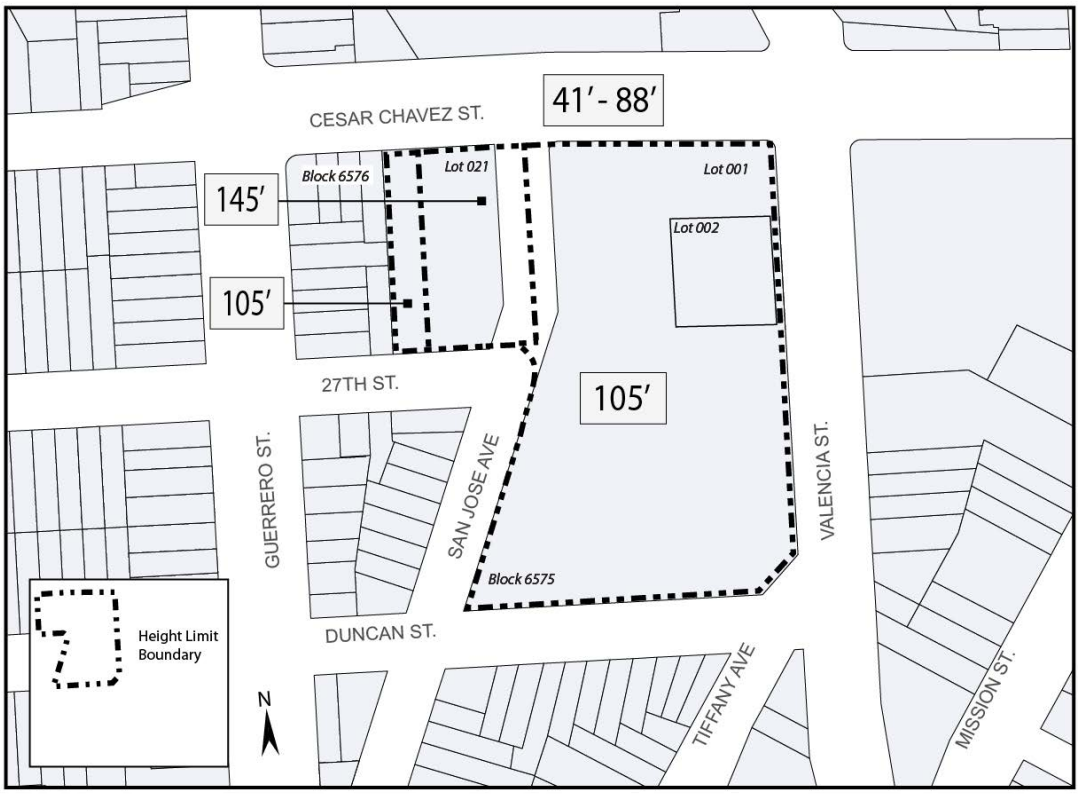
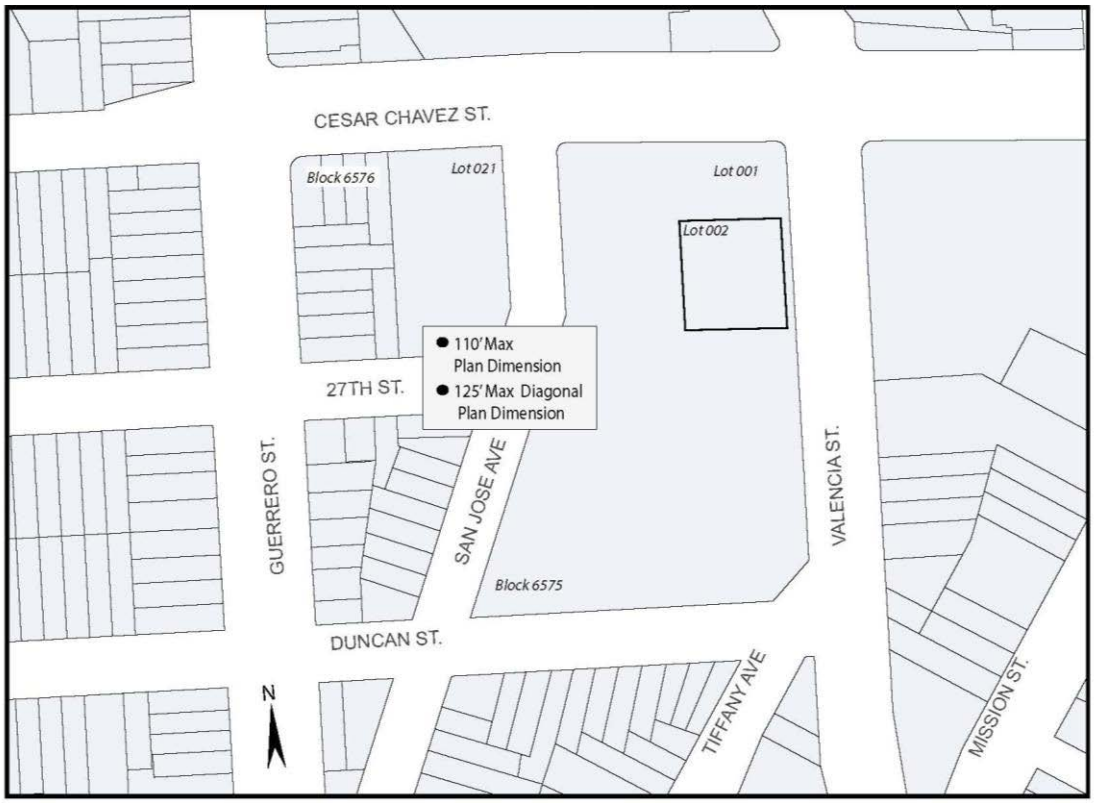


PROPOSED

CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

SAN FRANCISCO
PLANNING DEPARTMENT

General Plan Urban Design Element Map 5



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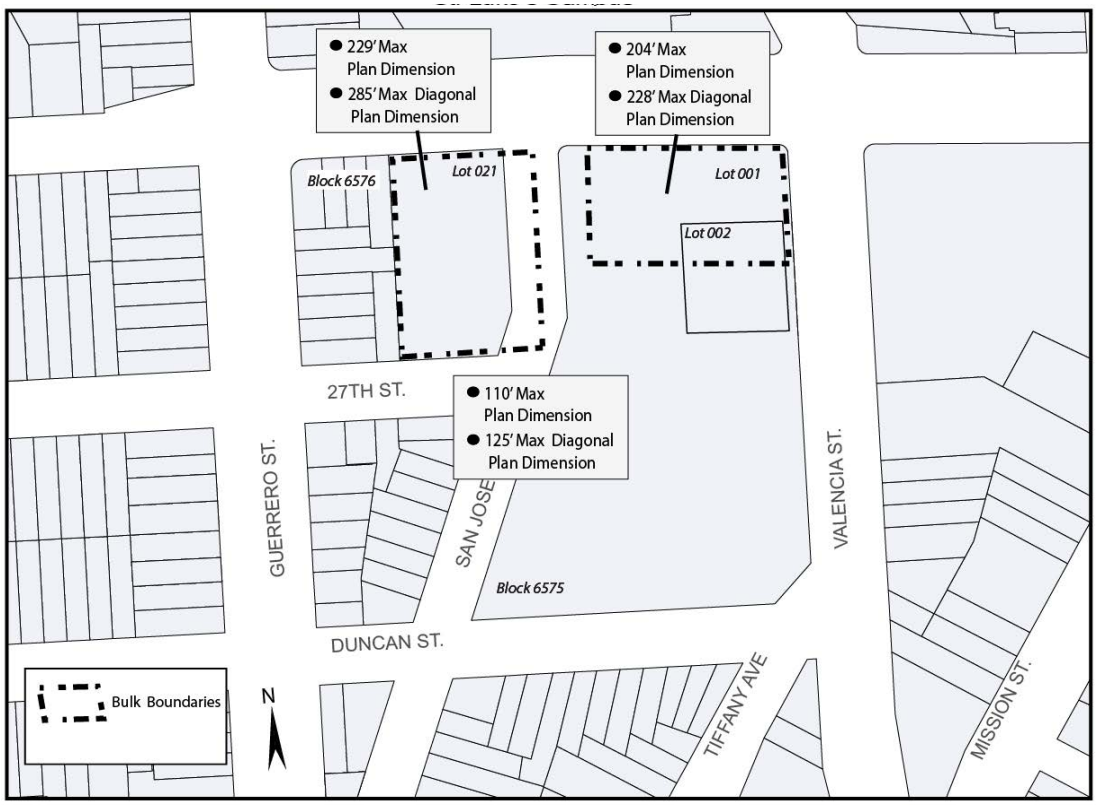
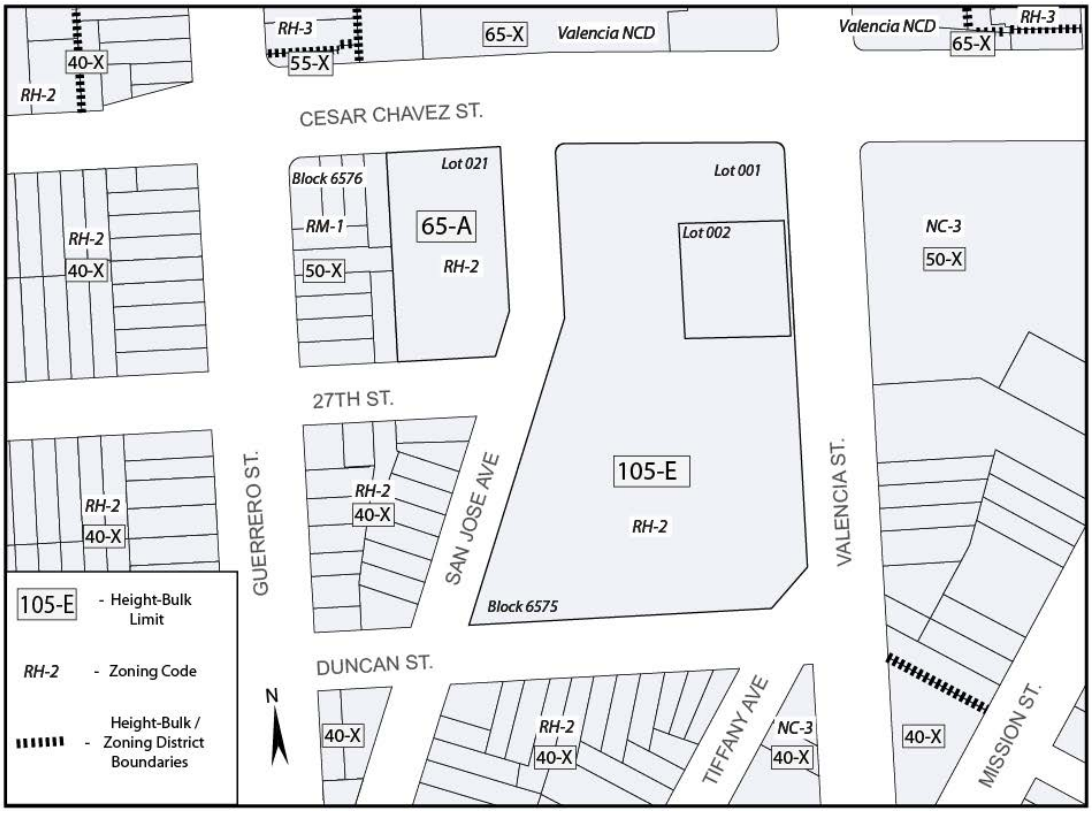


PROPOSED

CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Code Zoning Map Sheet HT07



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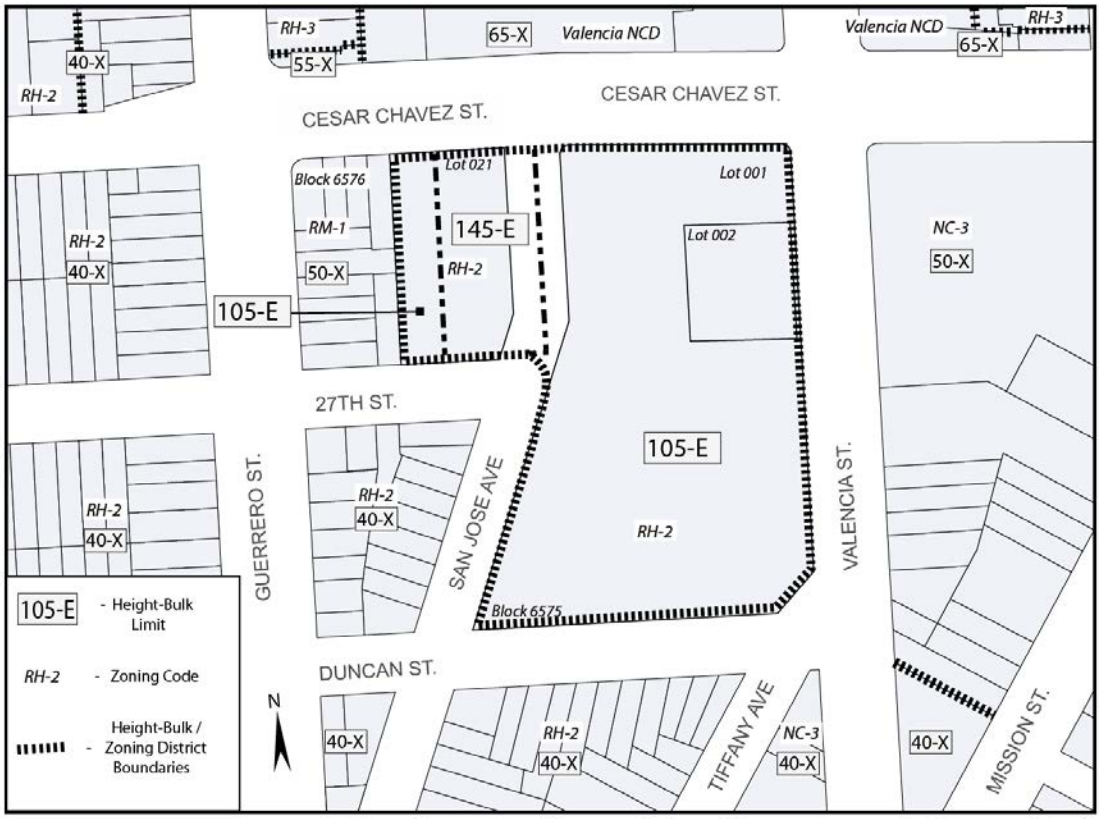
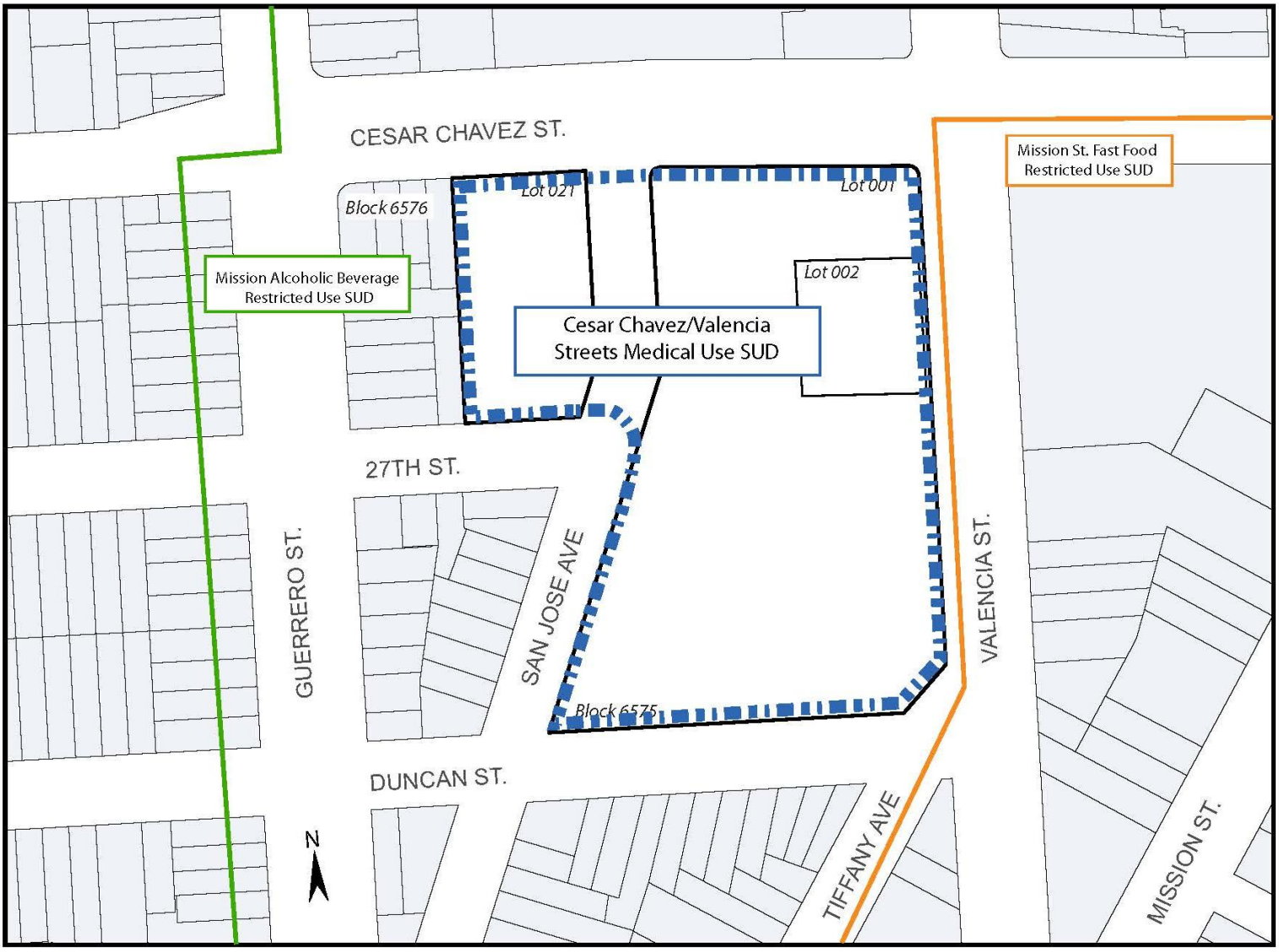


PROPOSED

CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

SAN FRANCISCO
PLANNING DEPARTMENT

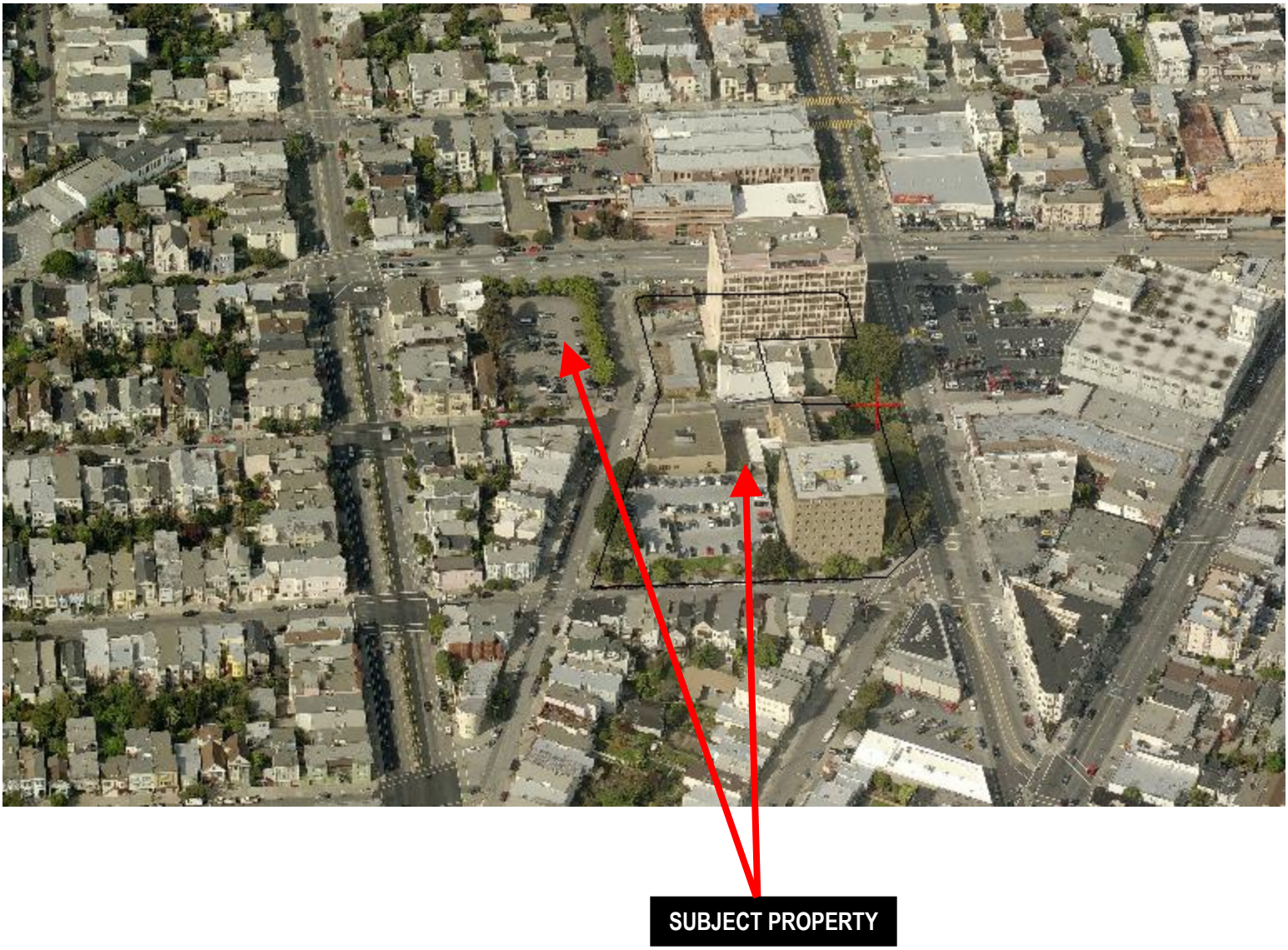
Planning Code Zoning Map Sheet SU07



CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

SAN FRANCISCO
PLANNING DEPARTMENT

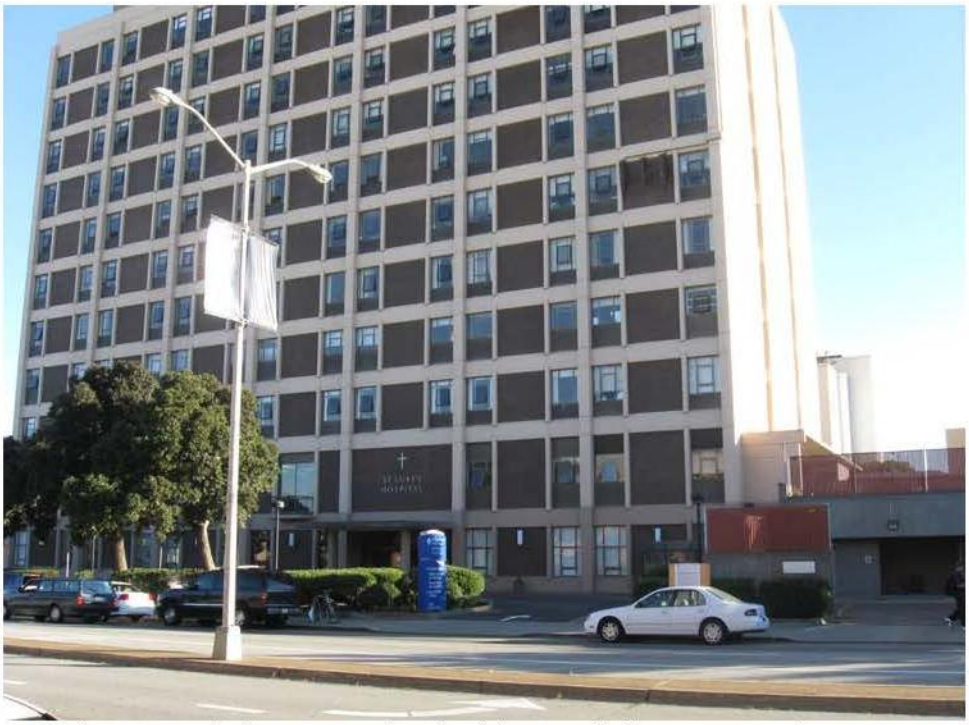
Aerial Photo



CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

SAN FRANCISCO
PLANNING DEPARTMENT

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

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

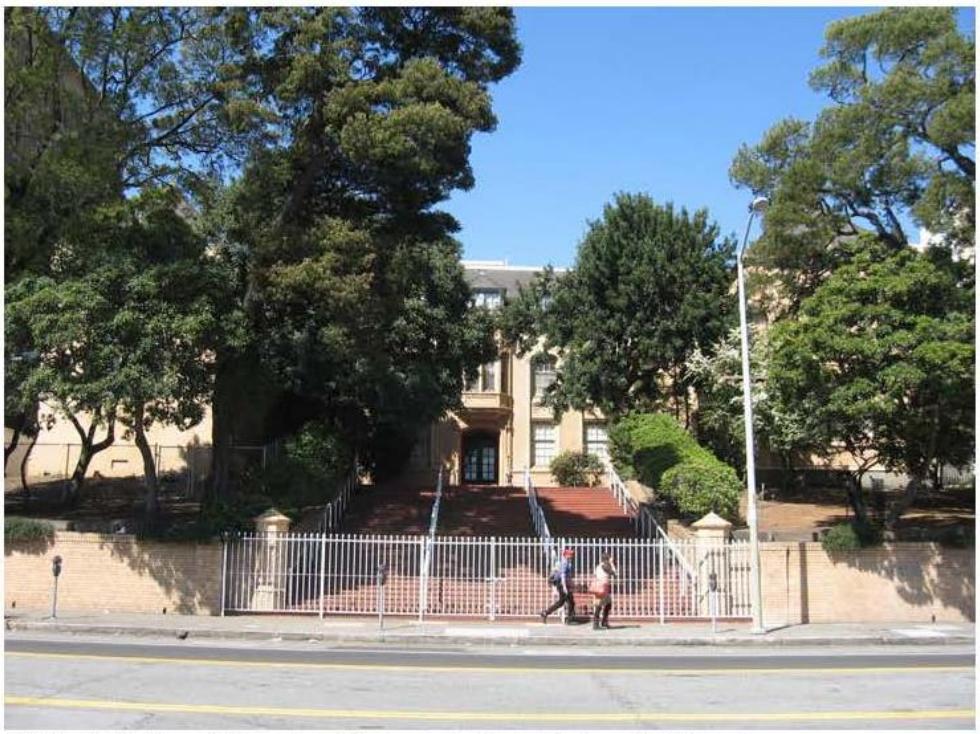
St. Luke's Hospital Tower: View looking southwest from Cesar Chavez Street

Monteagle 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 fr



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

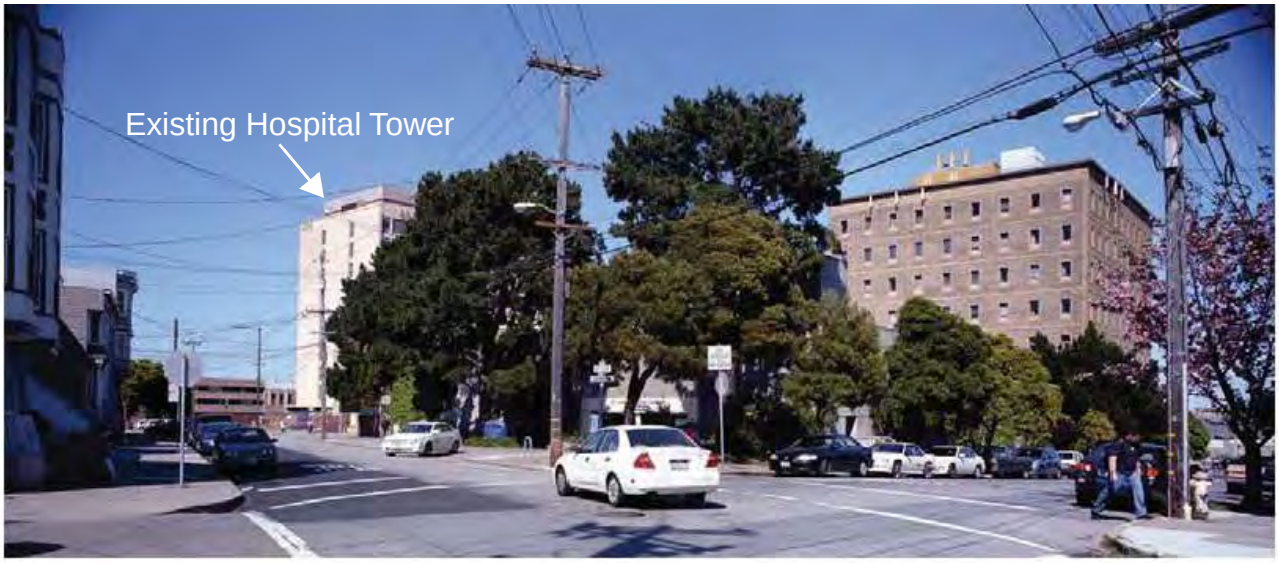
CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

Existing Site Photos

St. Luke's Hospital Tower: View looking east from San Jose Avenue

Site Photos

View Looking NE along San Jose Avenue from Duncan Street



EXISTING

PROPOSED

CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

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 25th and 26th Streets

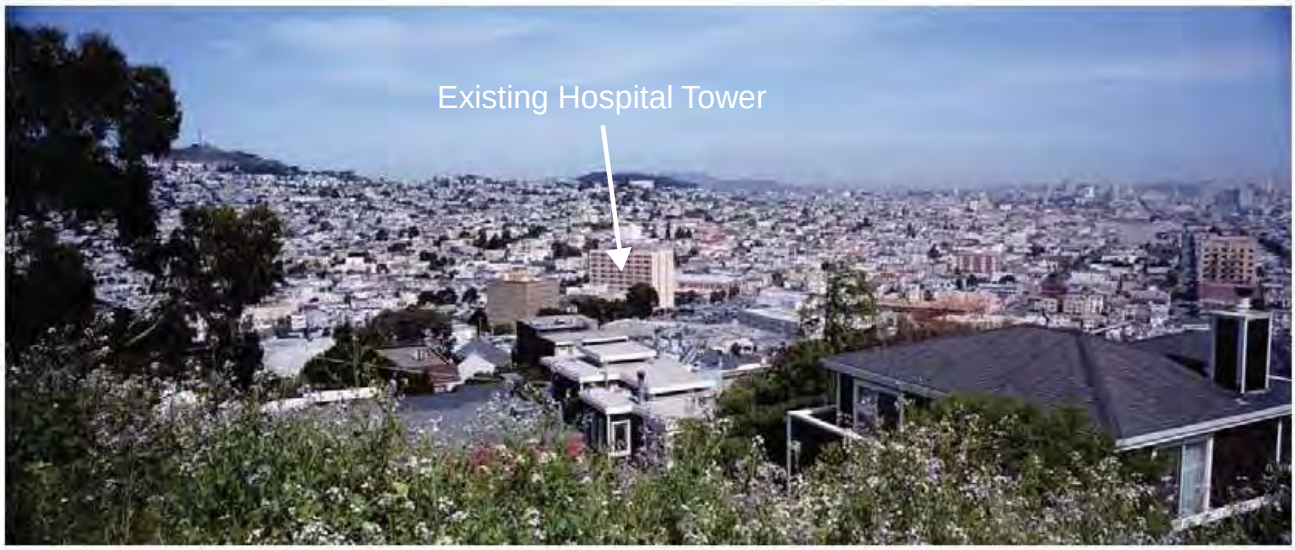
EXISTING

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

CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

Site Photos

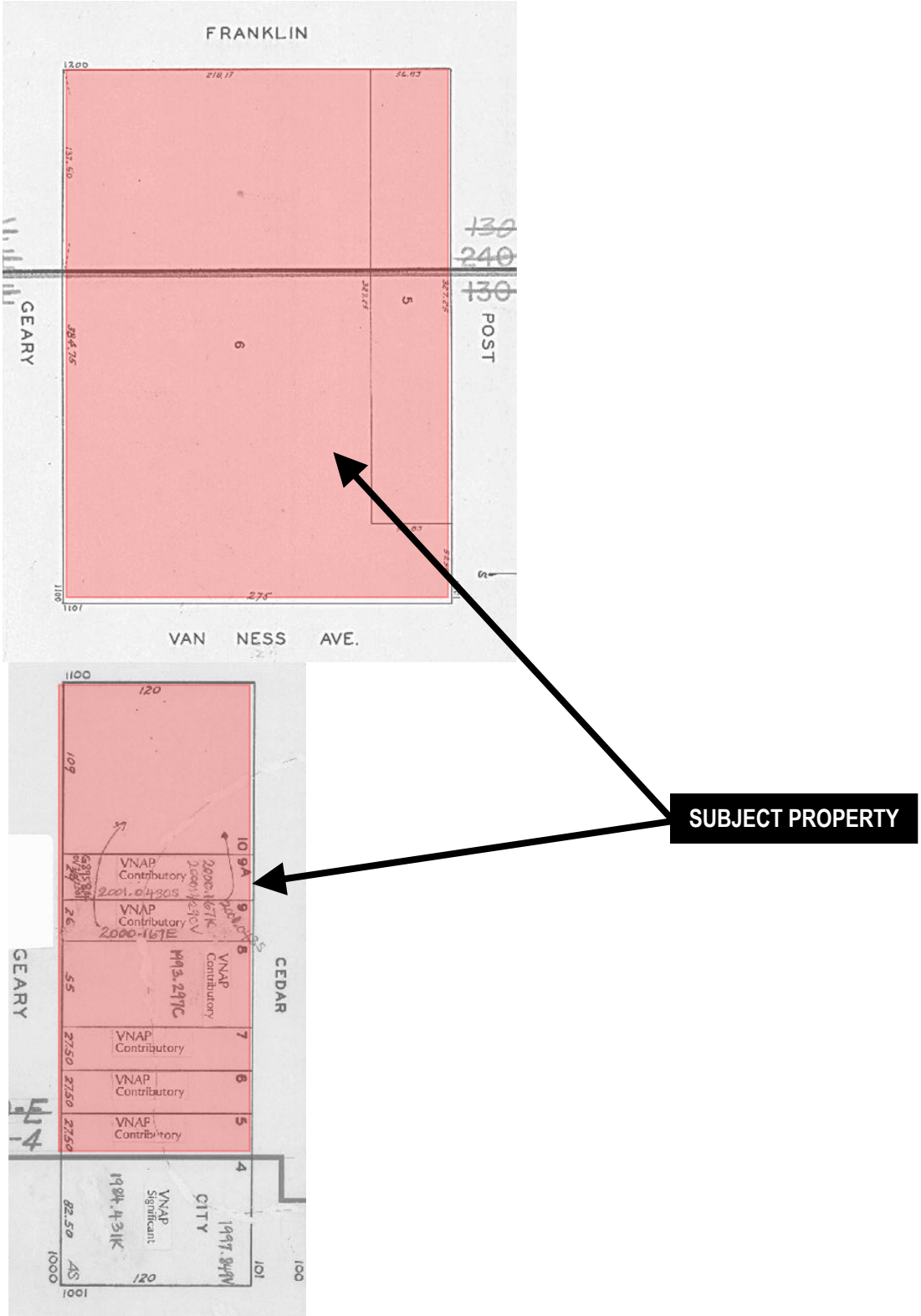
View Looking West on Cesar Chavez Street at Capp Street

EXISTING

PROPOSED

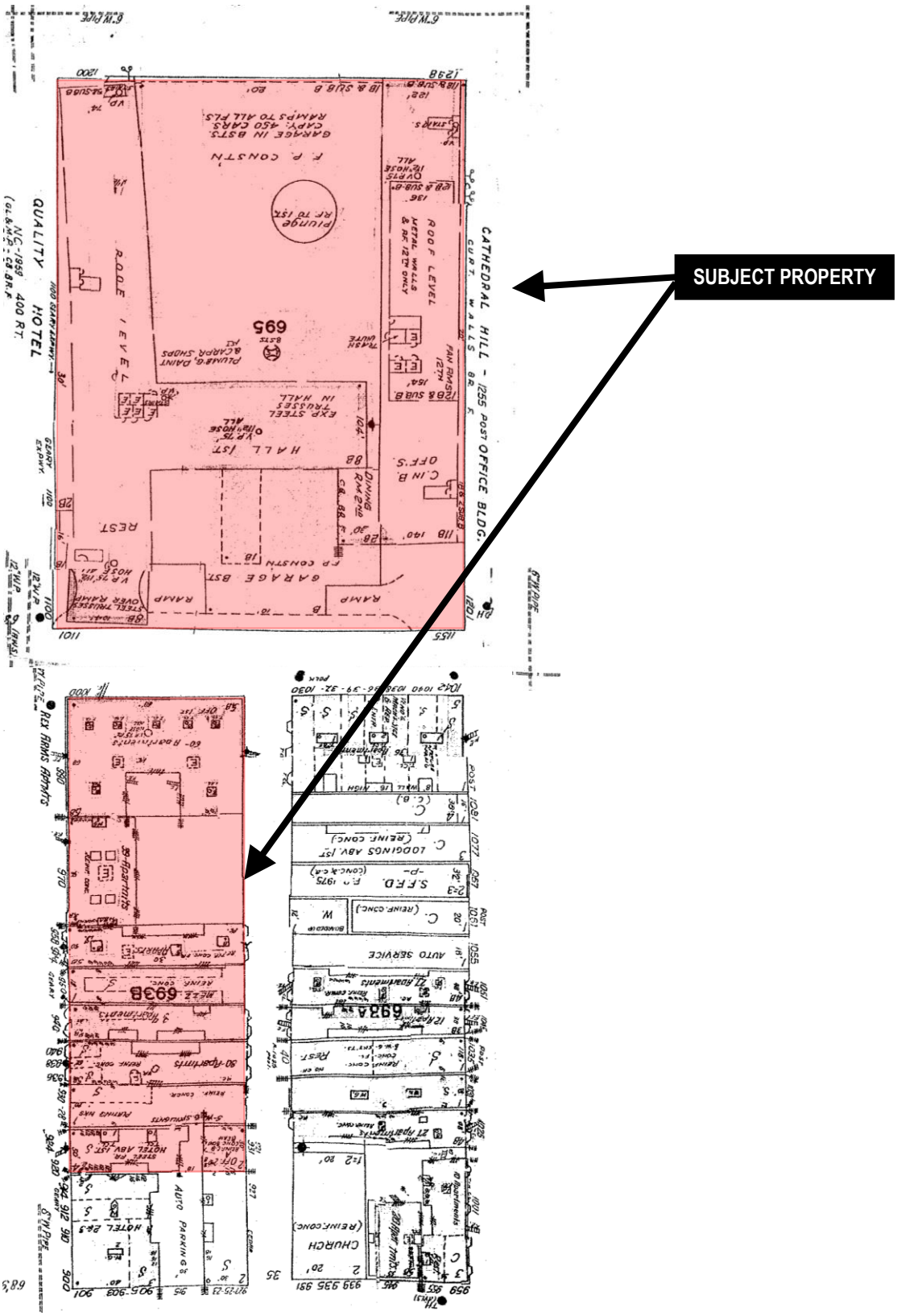
CPMC – St. Luke's Campus
Case Numbers 2009.0886; 2012.0403
3555 Cesar Chavez Street

Parcel Map



CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

Sanborn Map*

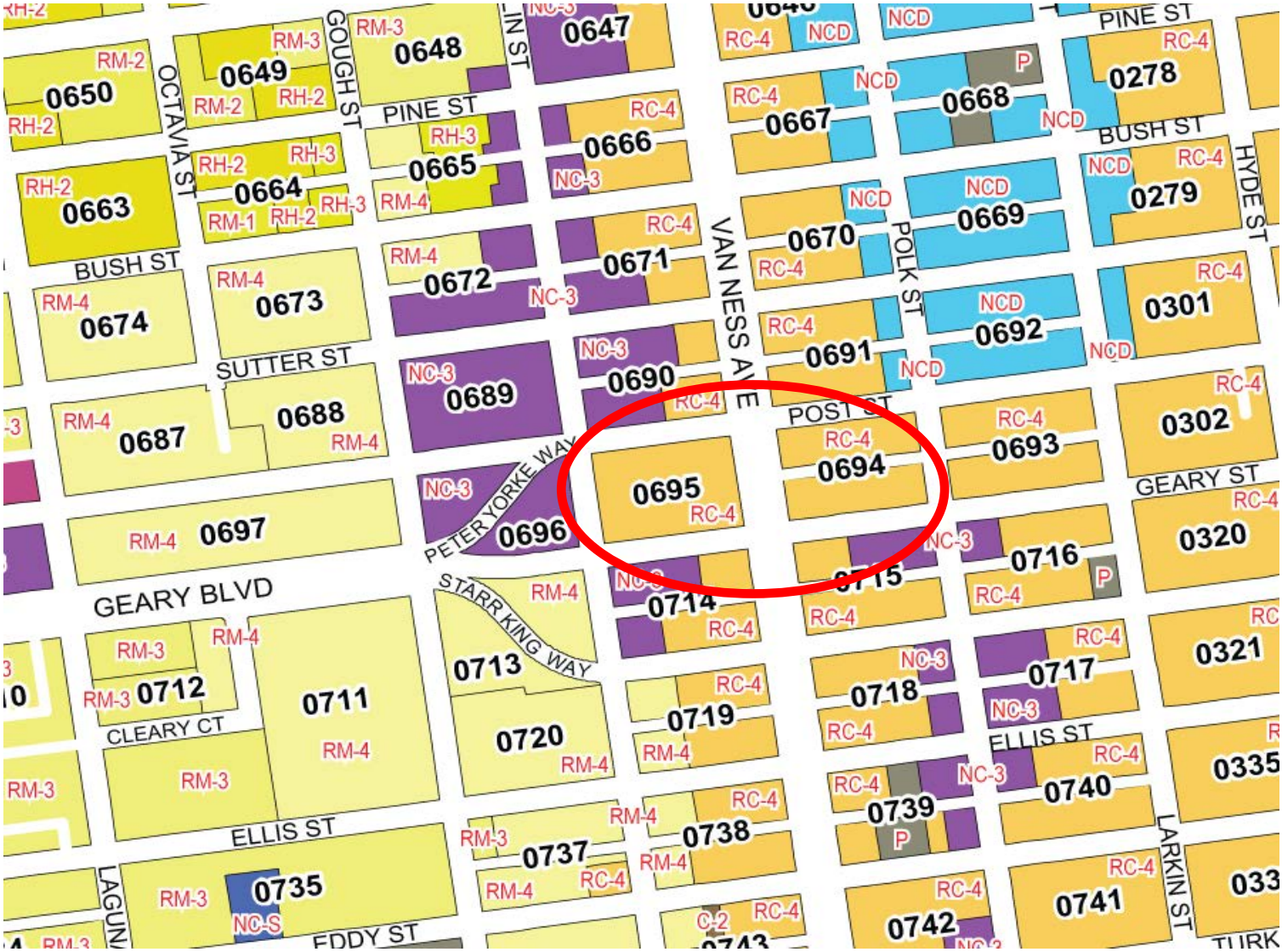


*The Sanborn Maps in San Francisco have not been updated since 1998, and this map may not accurately reflect existing conditions.

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

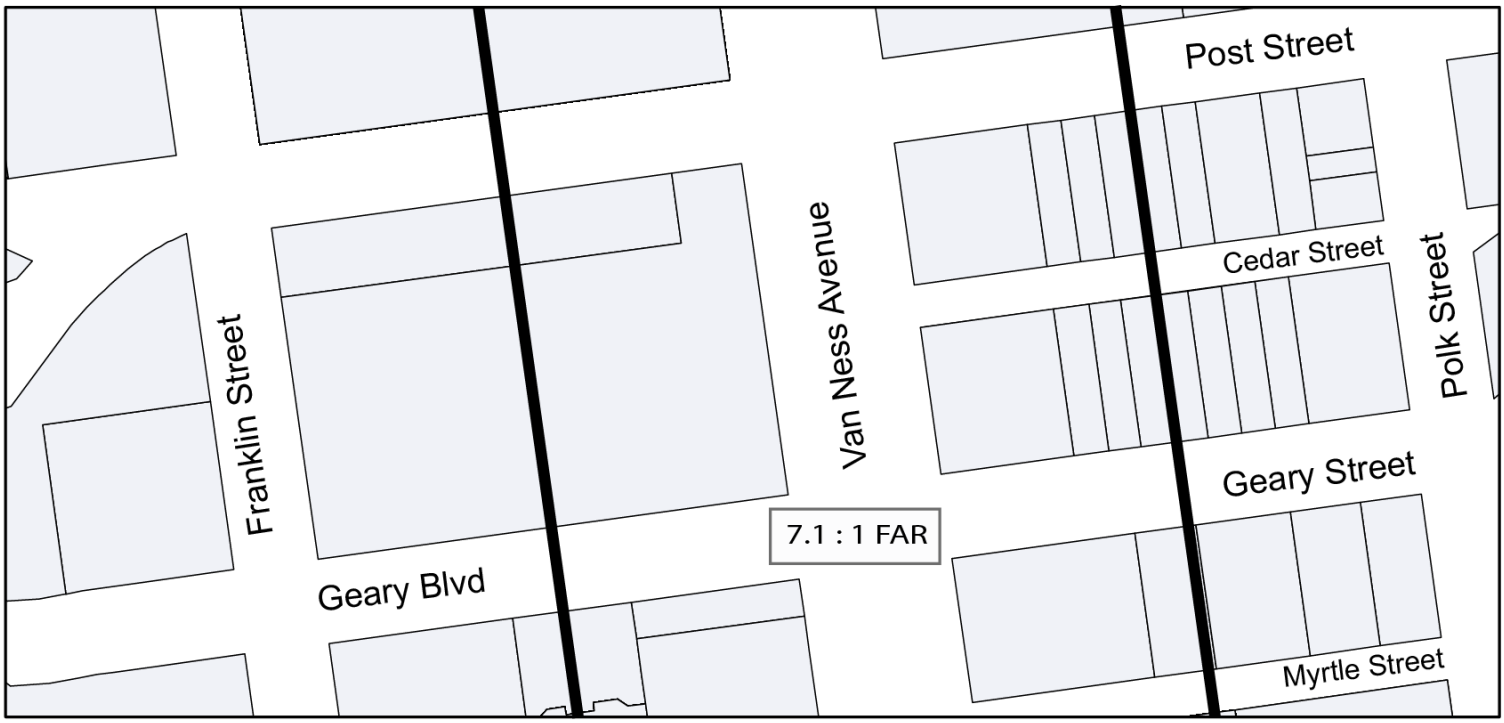
Zoning Map



CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

General Plan Van Ness Area Plan Map 1



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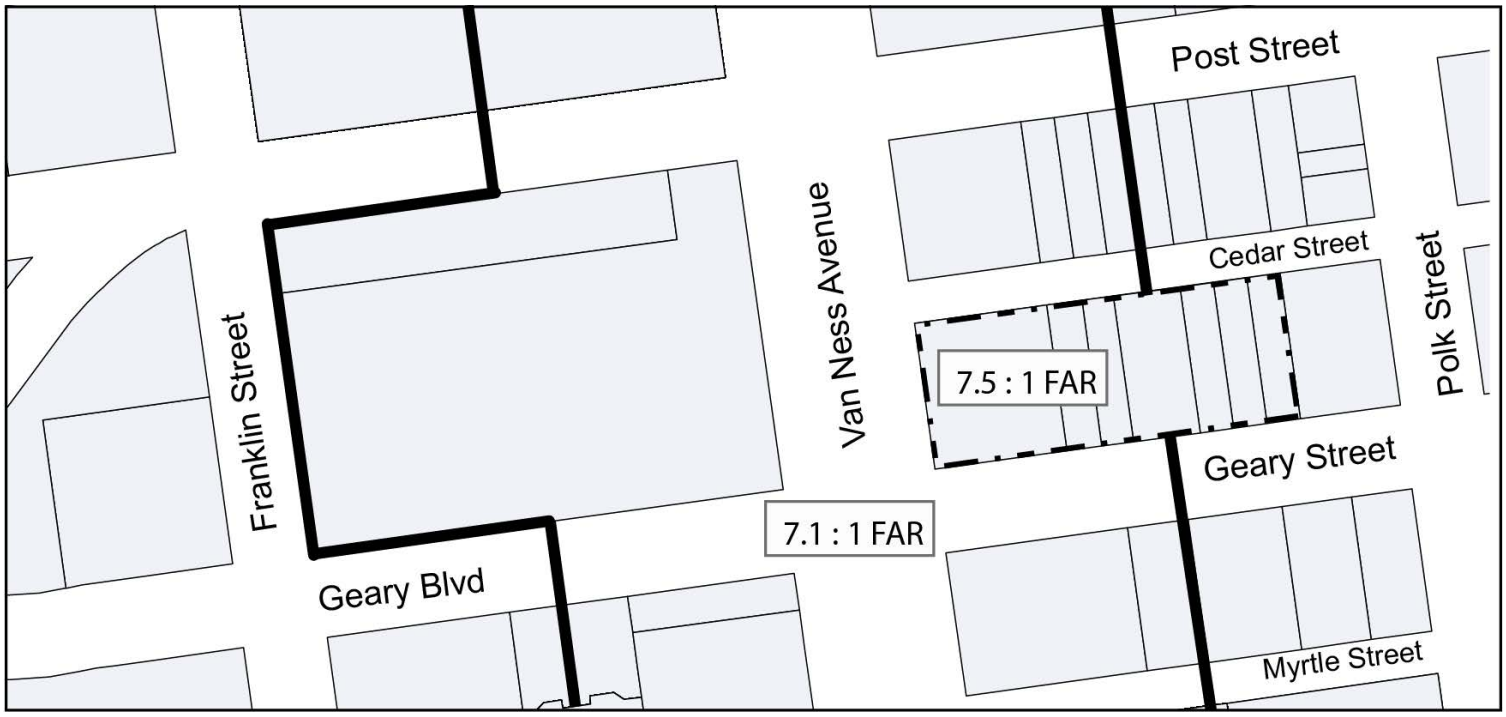
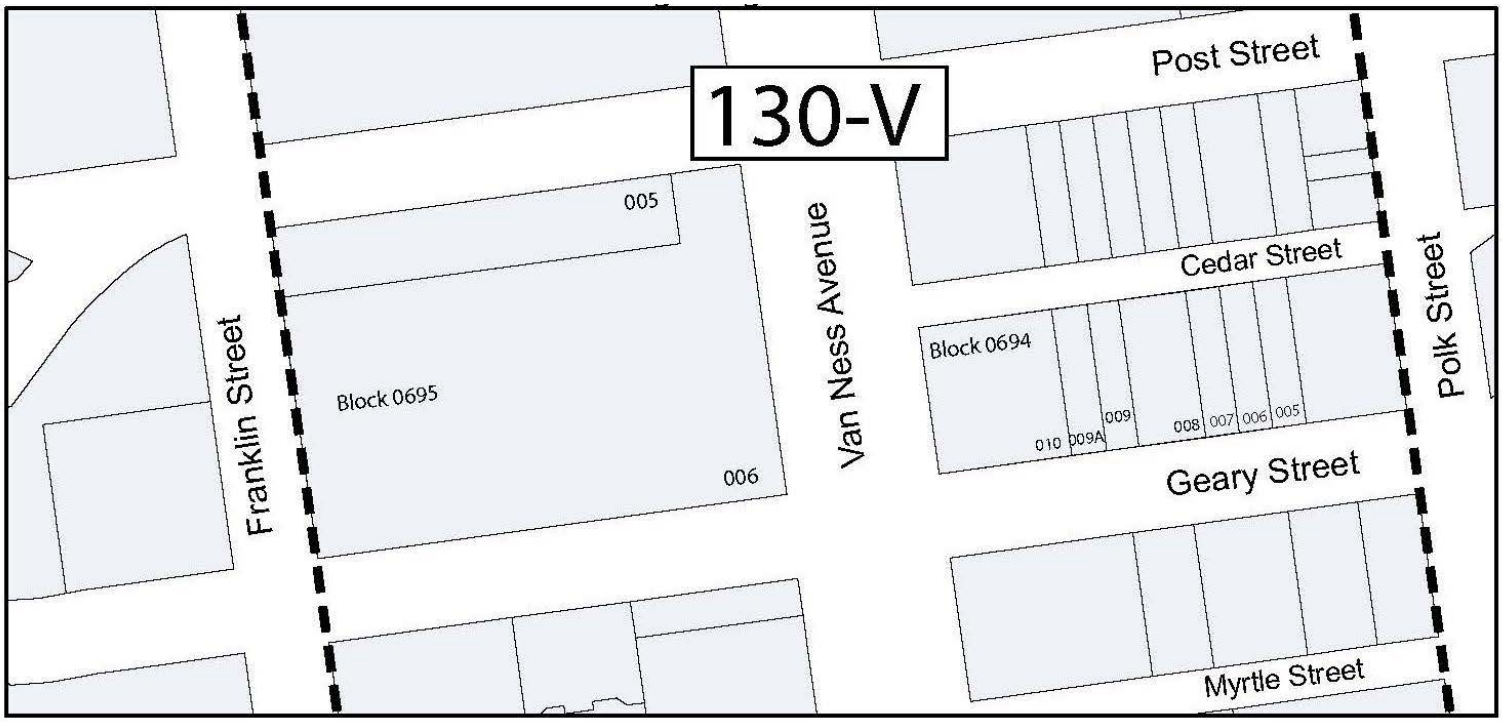


PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

General Plan Van Ness Area Plan Map 2



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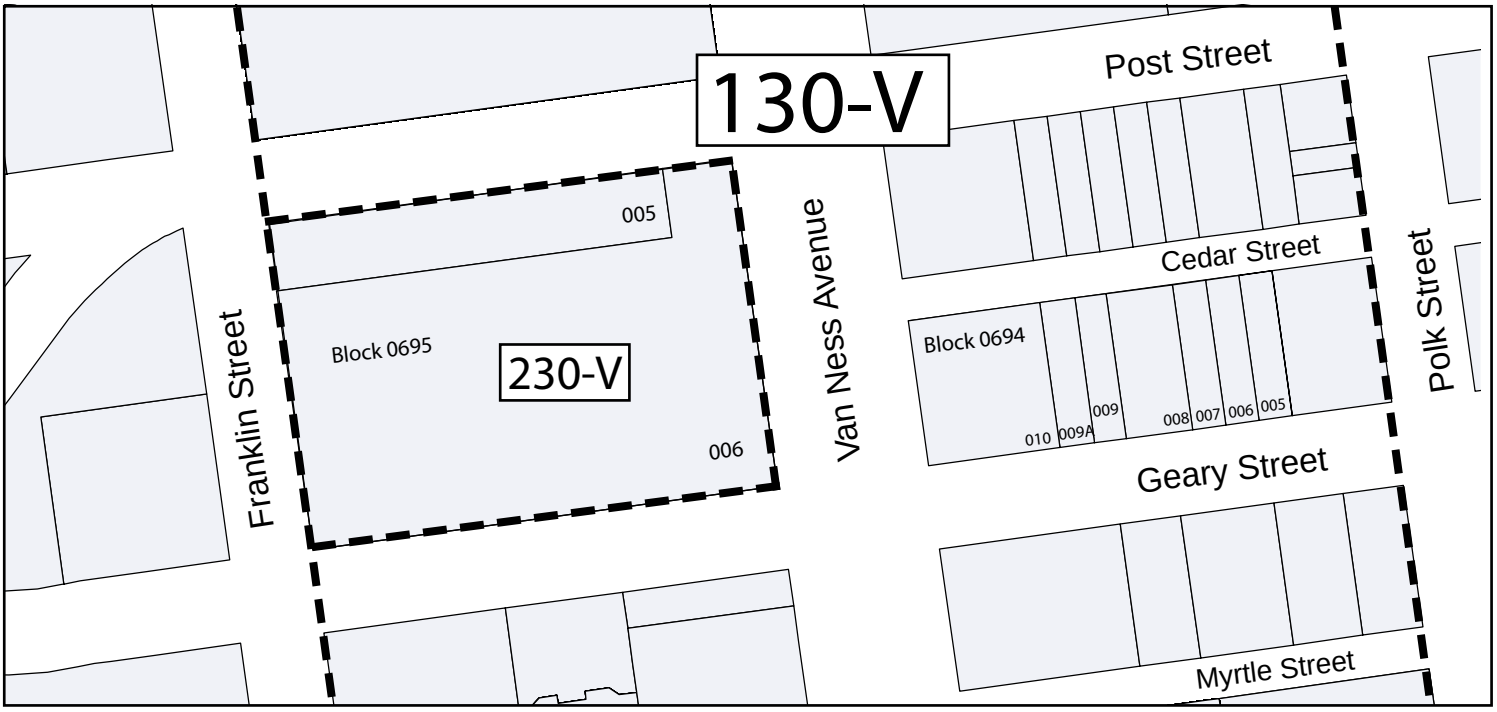
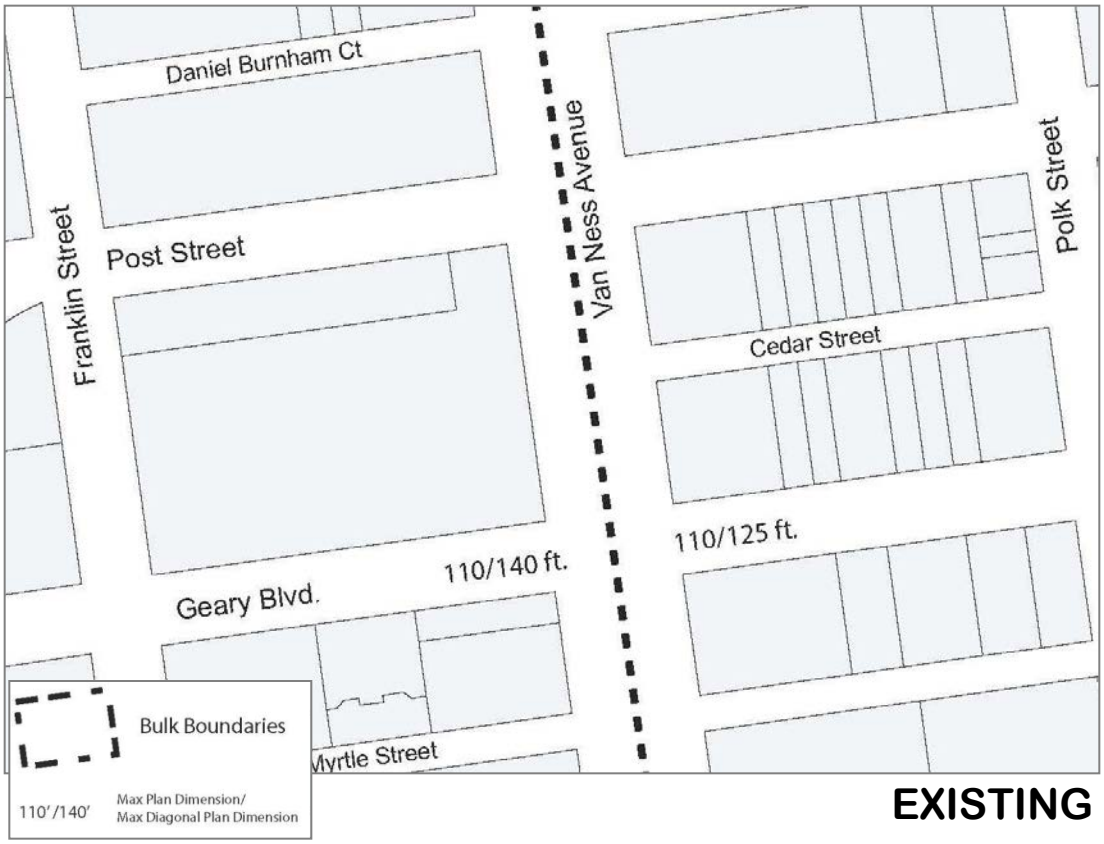


PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

General Plan Urban Design Element Map 5



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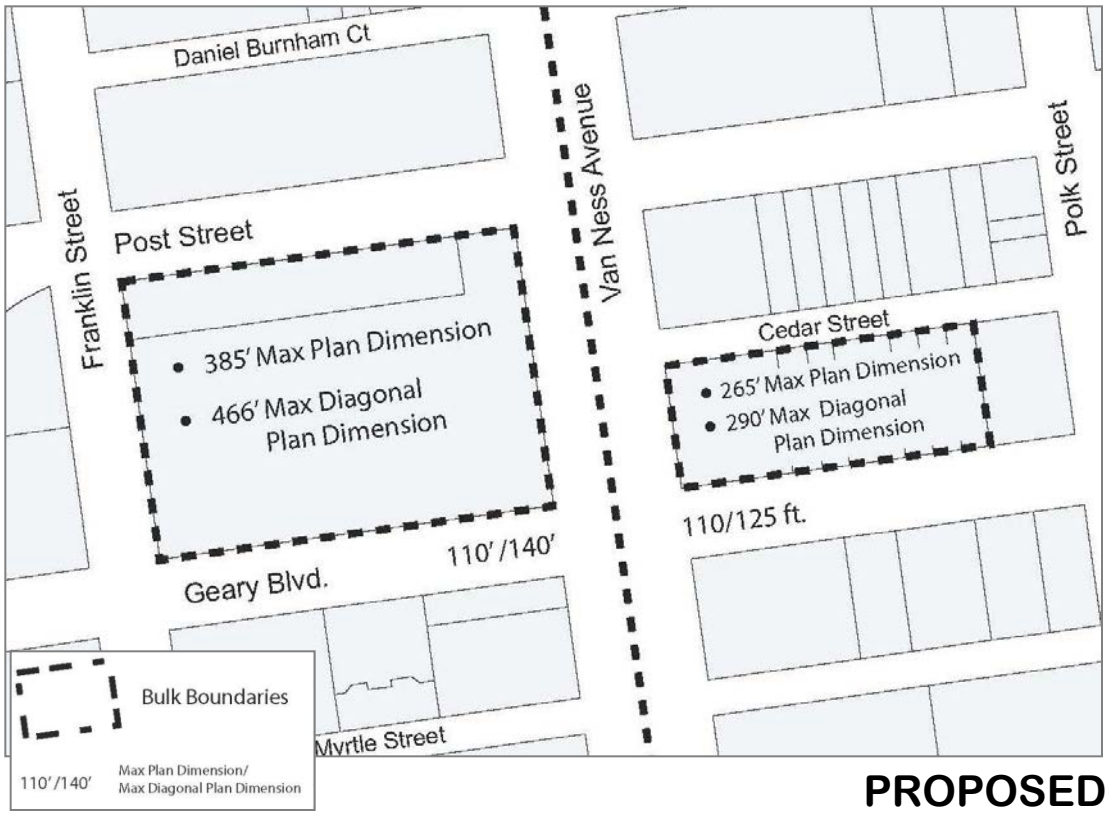
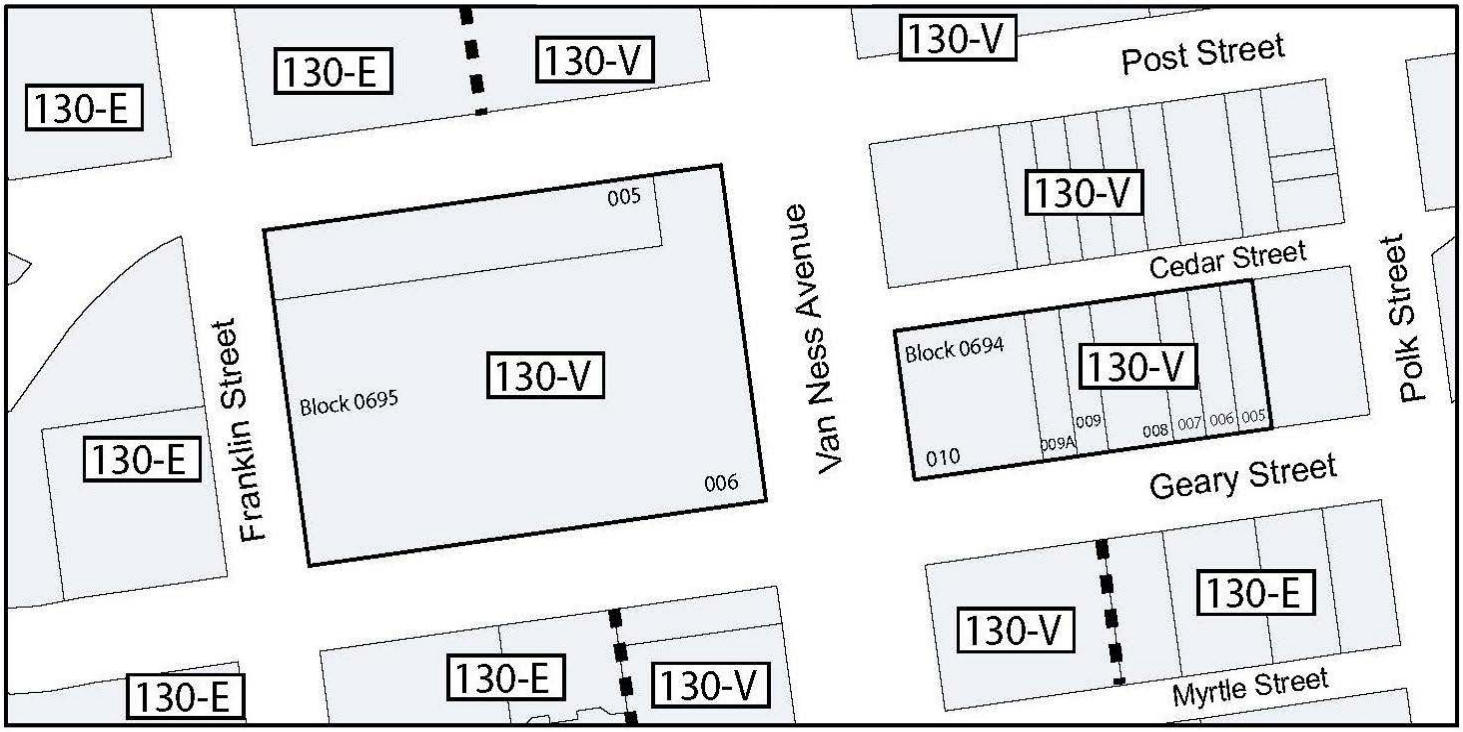


PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

Planning Code Zoning Map Sheet HT02



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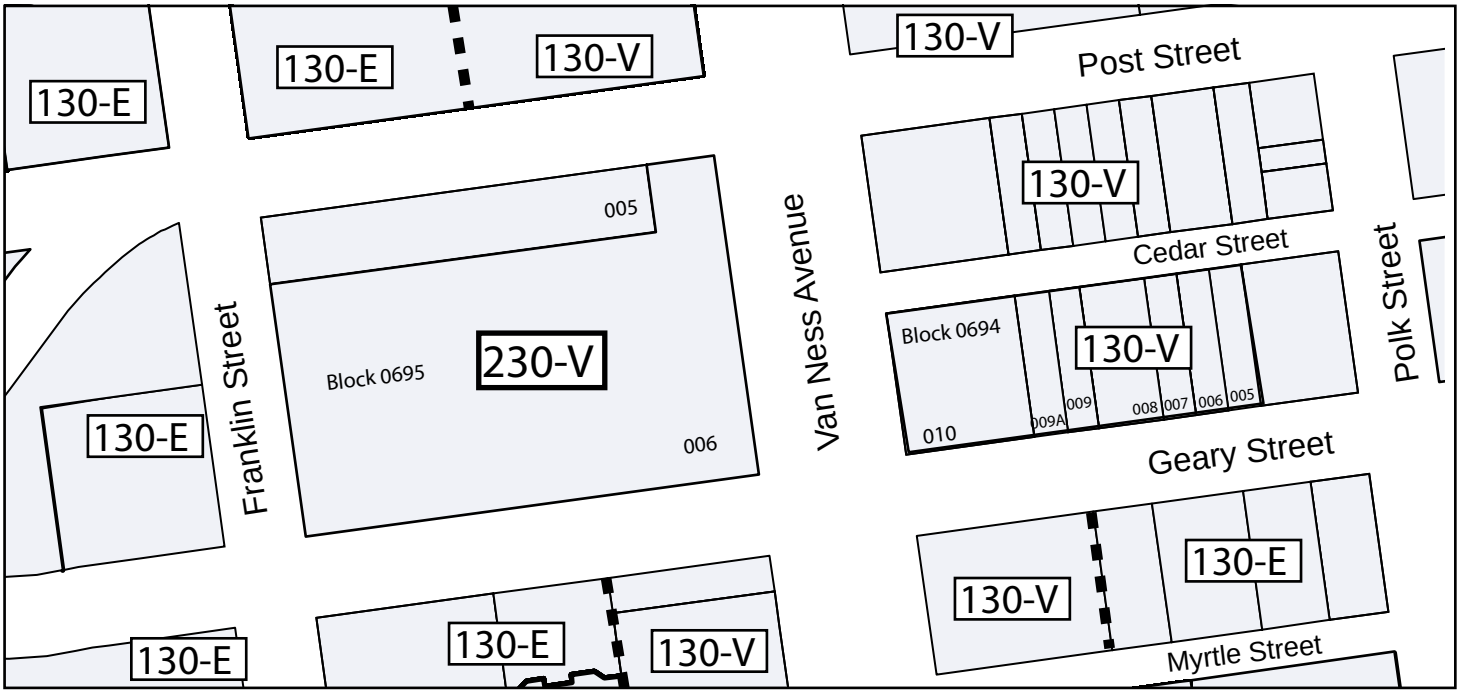


PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

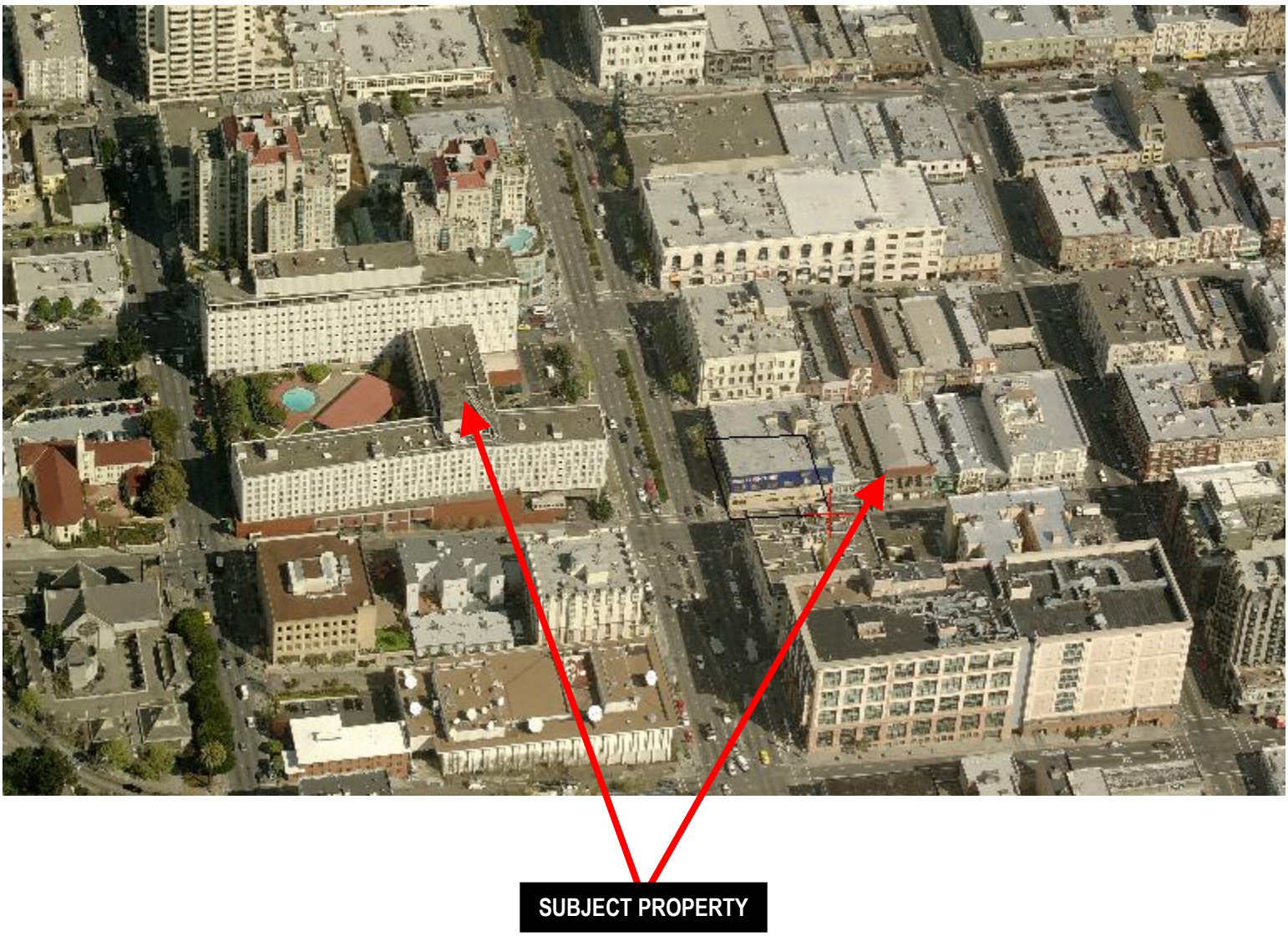
SAN FRANCISCO
PLANNING DEPARTMENT

Planning Code Zoning Map Sheet SU02

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

Aerial Photo



CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

Existing Site Photos

View looking west from Van Ness Avenue

View looking southwest from Van Ness Avenue

Existing Site Photos

View looking east from Cedar Street

View looking west from Cedar Street

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

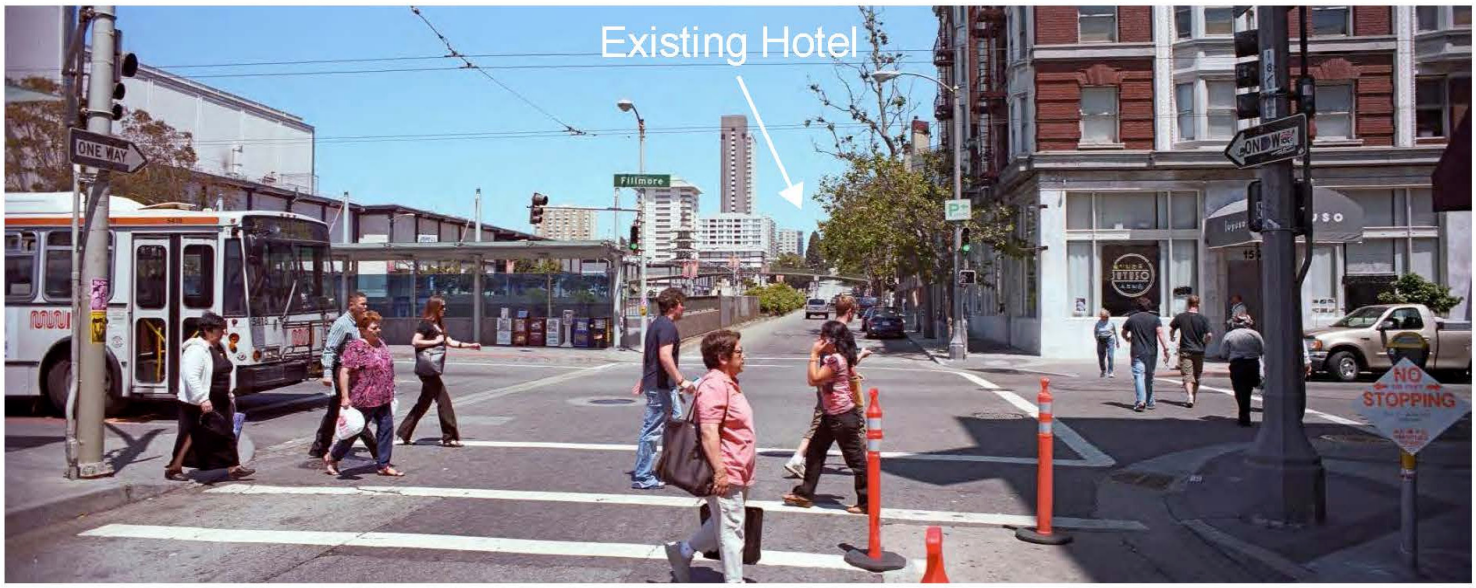
Existing Site Photos

View looking north from Geary Street

View looking north from Geary Street

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

SAN FRANCISCO
PLANNING DEPARTMENT

Site Photos

View from Alta Plaza Park

EXISTING

PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

Site Photos

View from Alamo Square

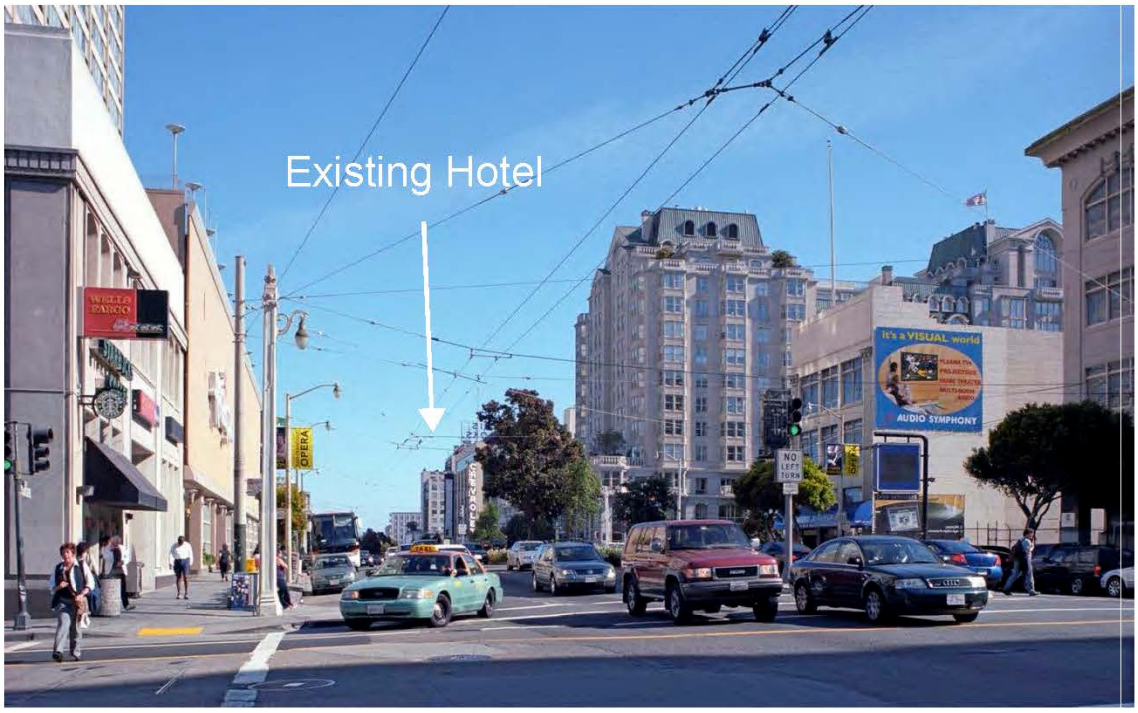
EXISTING

PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

Site Photos

View from Van Ness Avenue at California Street



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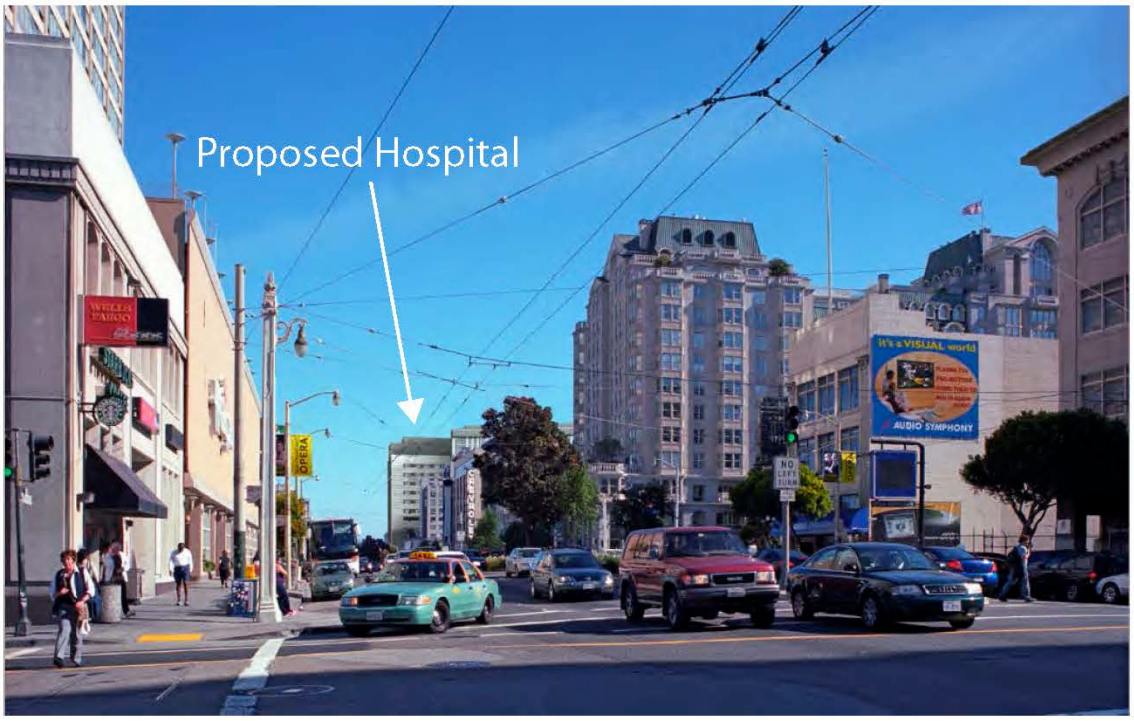


PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

Site Photos

View Geary Boulevard at Gough Street

EXISTING

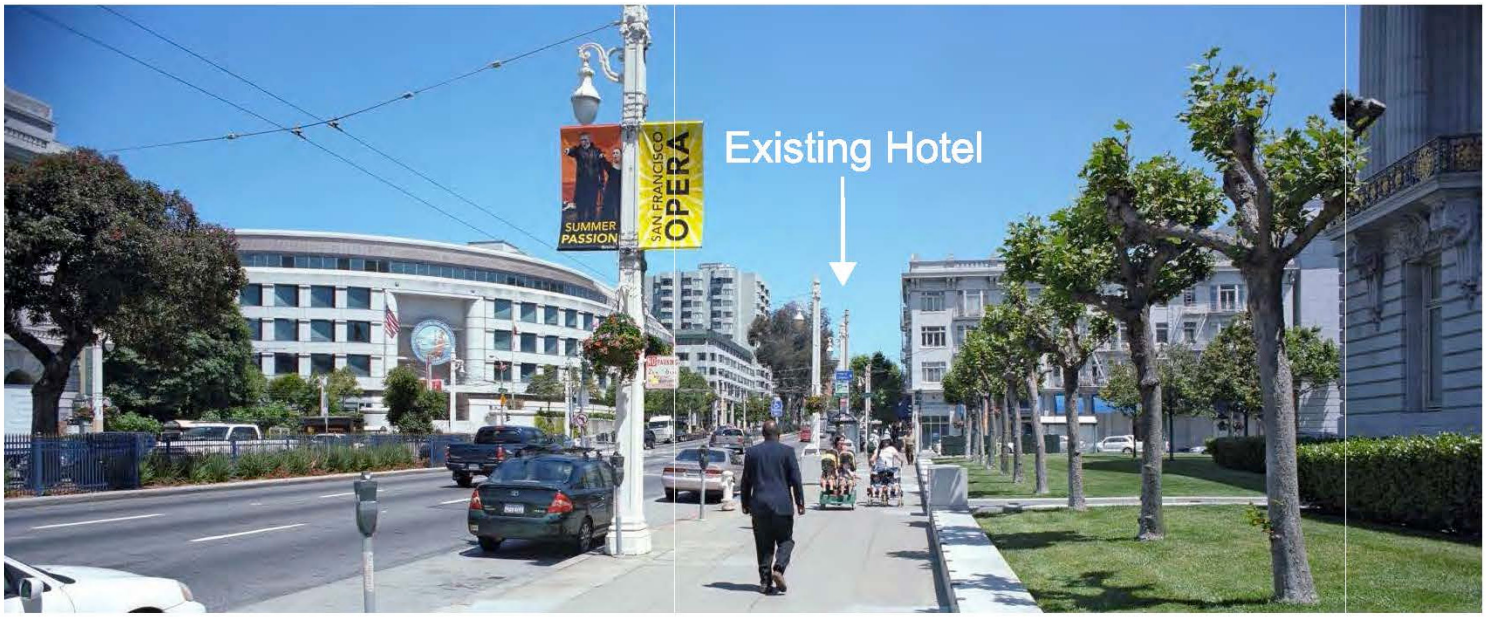
PROPOSED

CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

Site Photos

Van Ness Avenue at City Hall

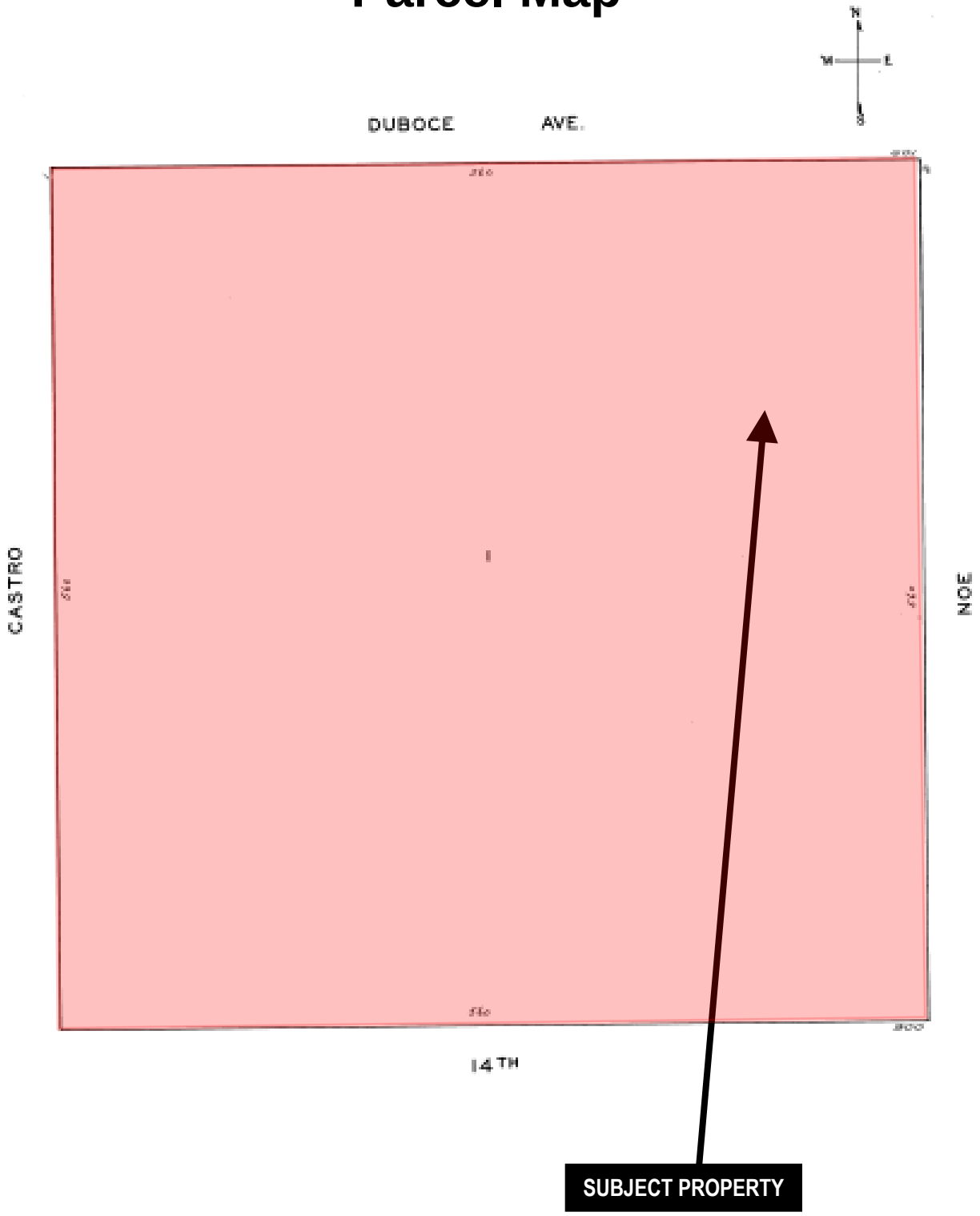


EXISTING

PROPOSED

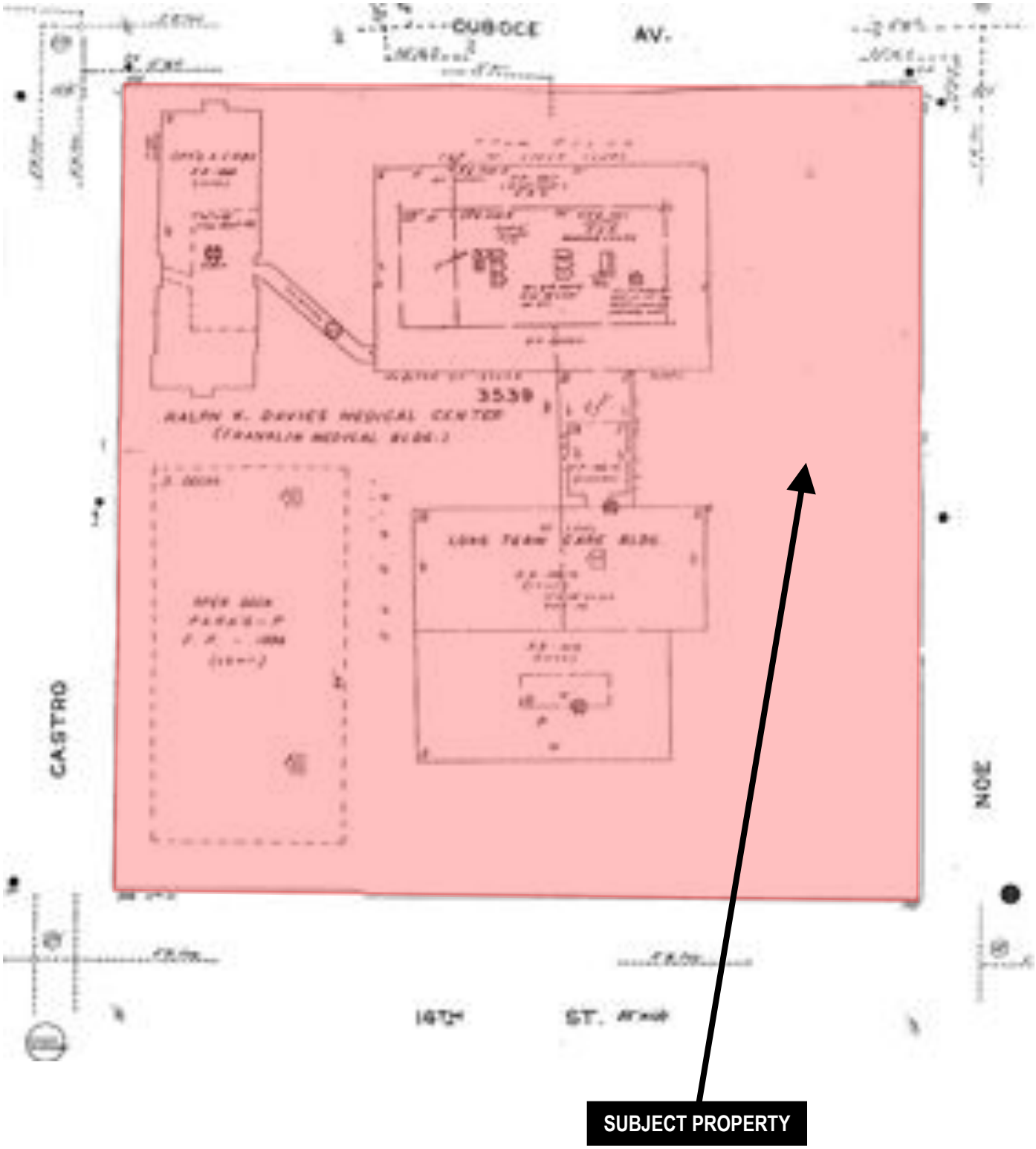
CPMC – Cathedral Hill Campus
Case Numbers 2009.0885; 2012.0403
1100-1101 Van Ness Avenue

Parcel Map



CPMC – Davies Campus
Case Numbers 2004.0603; 2012.0403
601 Duboce Avenue

Sanborn Map*

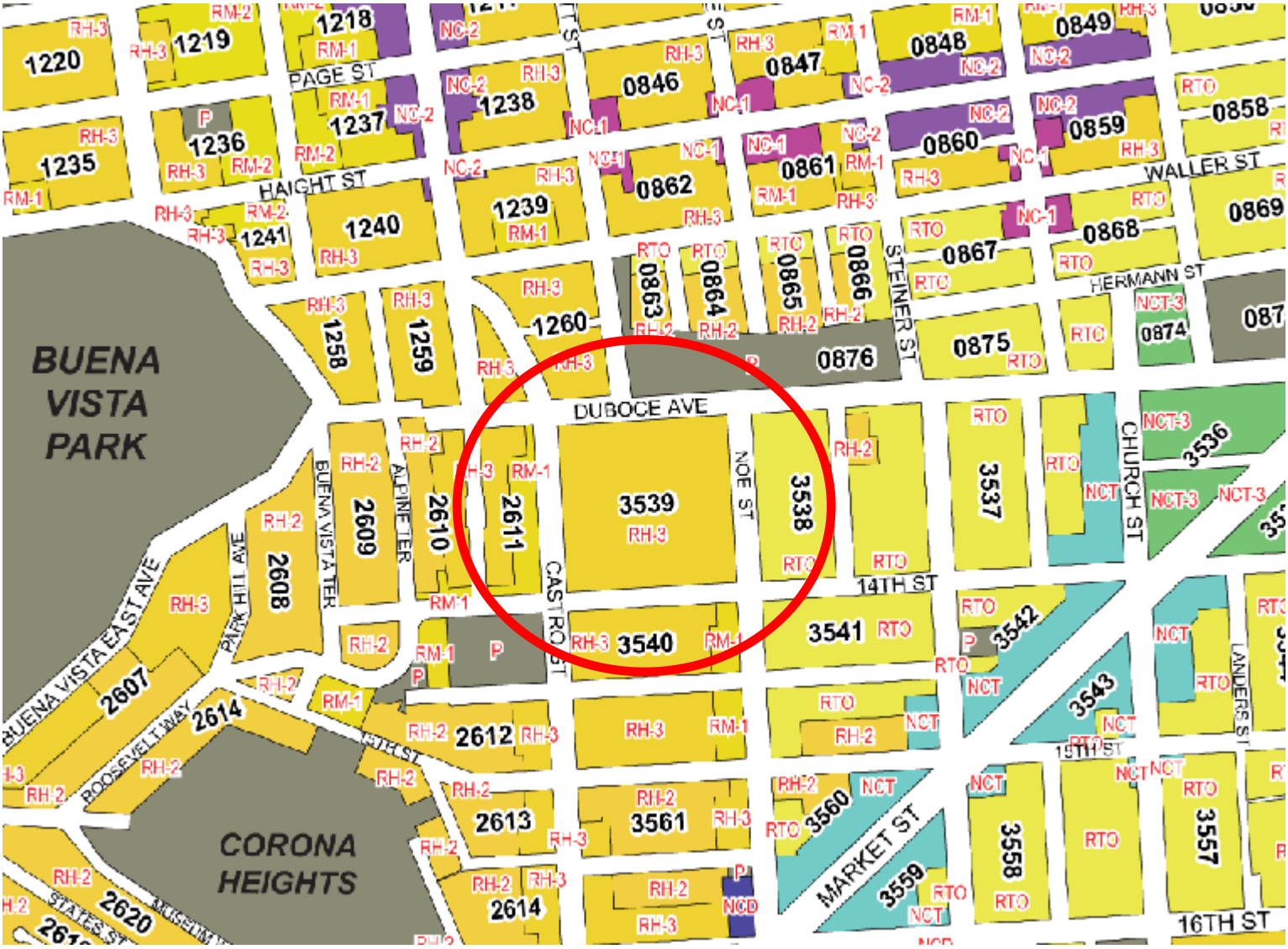


The Sanborn Maps in San Francisco have not been updated since 1998, and this map may not accurately reflect existing conditions.

CPMC – Davies Campus
Case Numbers 2004.0603; 2012.0403
601 Duboce Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

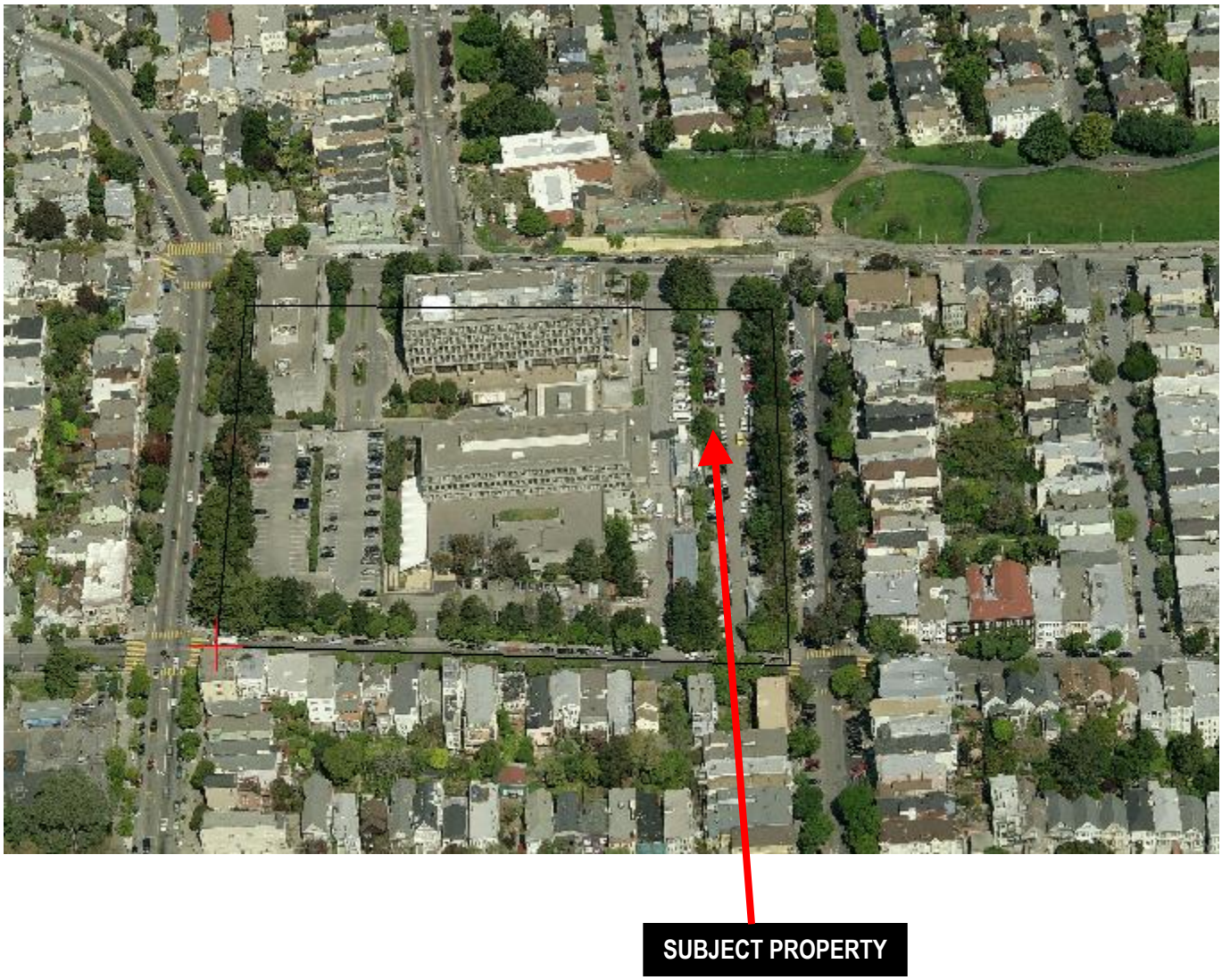
Zoning Map



CPMC – Davies Campus
Case Numbers 2004.0603; 2012.0403
601 Duboce Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

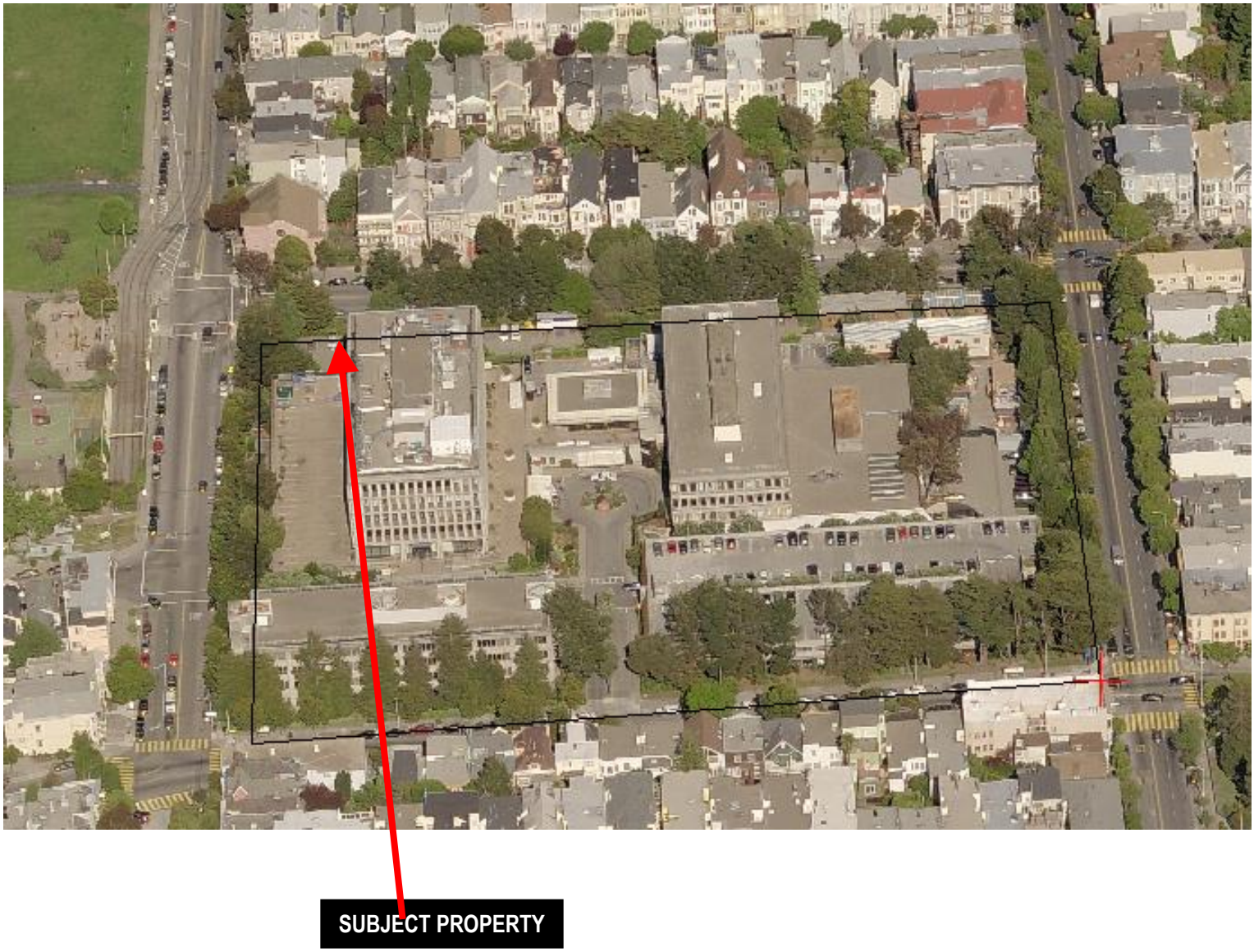
Aerial Photo



CPMC – Davies Campus
Case Numbers 2004.0603; 2012.0403
601 Duboce Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

Aerial Photo



CPMC – Davies Campus
Case Numbers 2004.0603; 2012.0403
601 Duboce Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

Aerial Photo

CPMC – Davies Campus
Case Numbers 2004.0603; 2012.0403
601 Duboce Avenue

SAN FRANCISCO
PLANNING DEPARTMENT

Existing Site Photos

View south along Noe Street sidewalk from Duboce Avenue

View along Noe street form Duboce Avenue

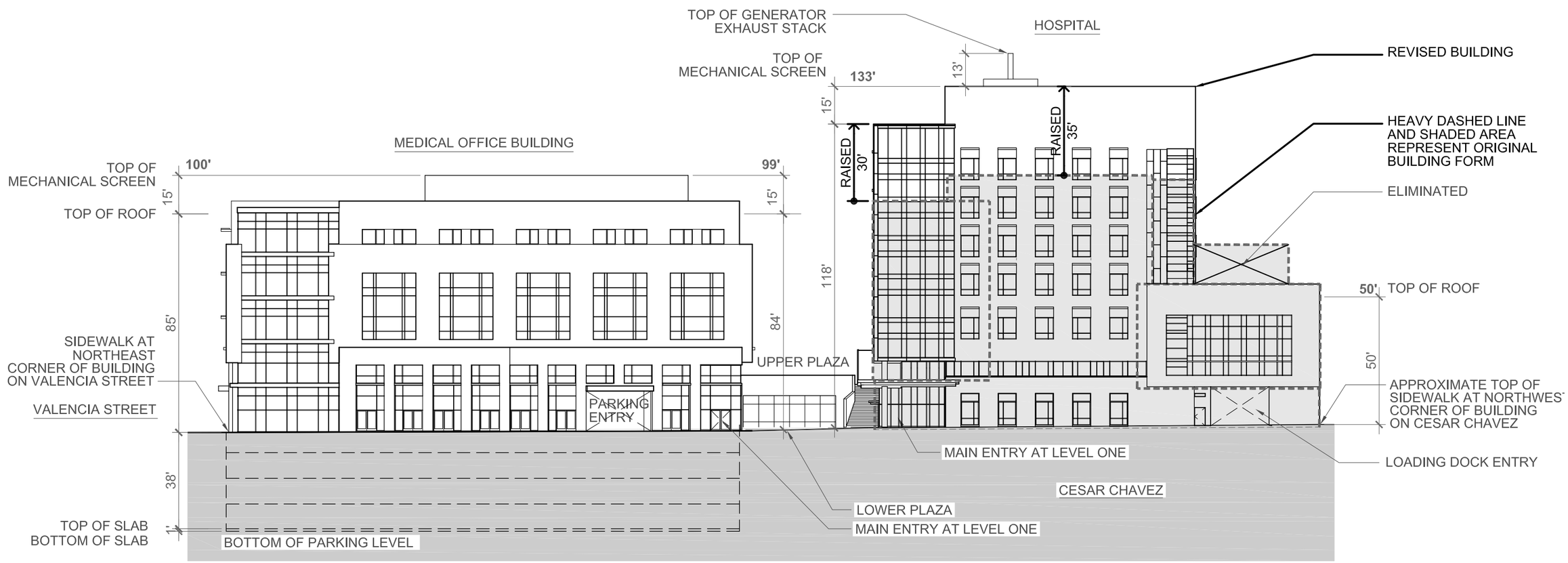
CPMC – Davies Campus
Case Numbers 2004.0603; 2012.0403
601 Duboce Avenue

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



NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

APPROXIMATE SCALE

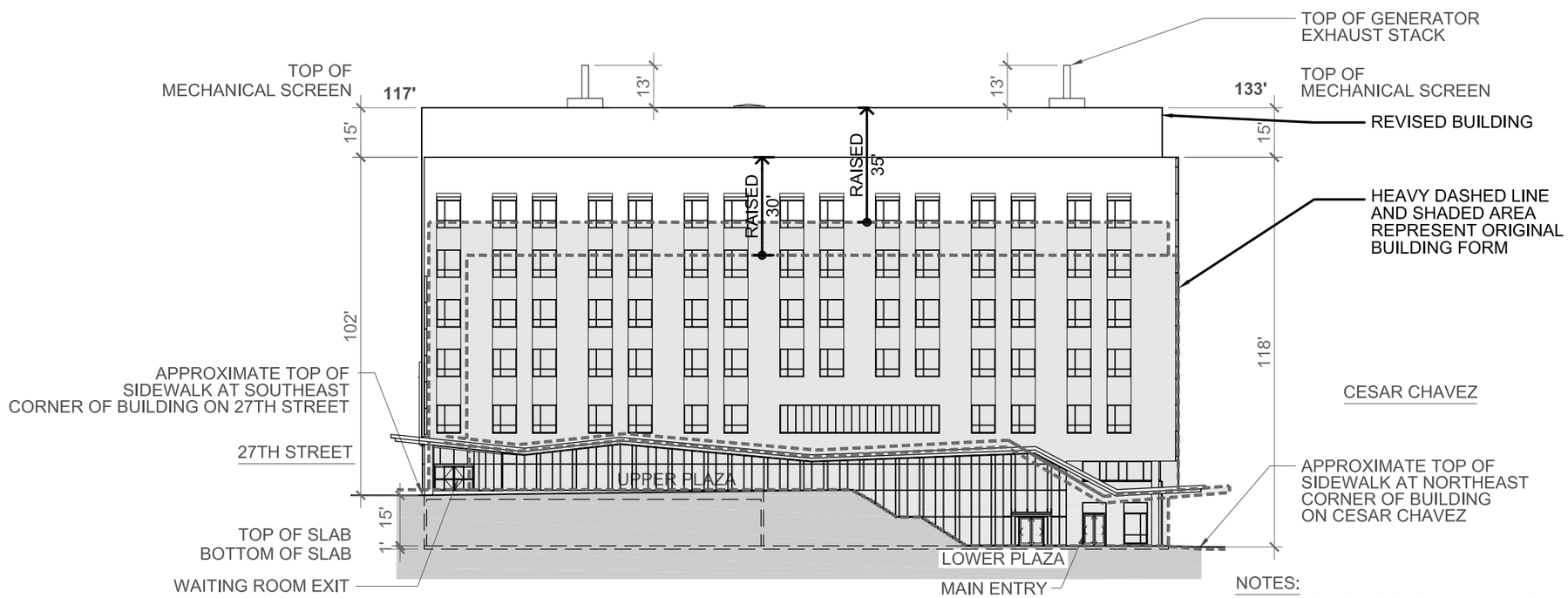
0 5' 10' 20' 40'

CPMC Sutter Health

Height Change Diagram - North Elevation

ST. LUKE'S CAMUPS

5/6/2013



NOTES:

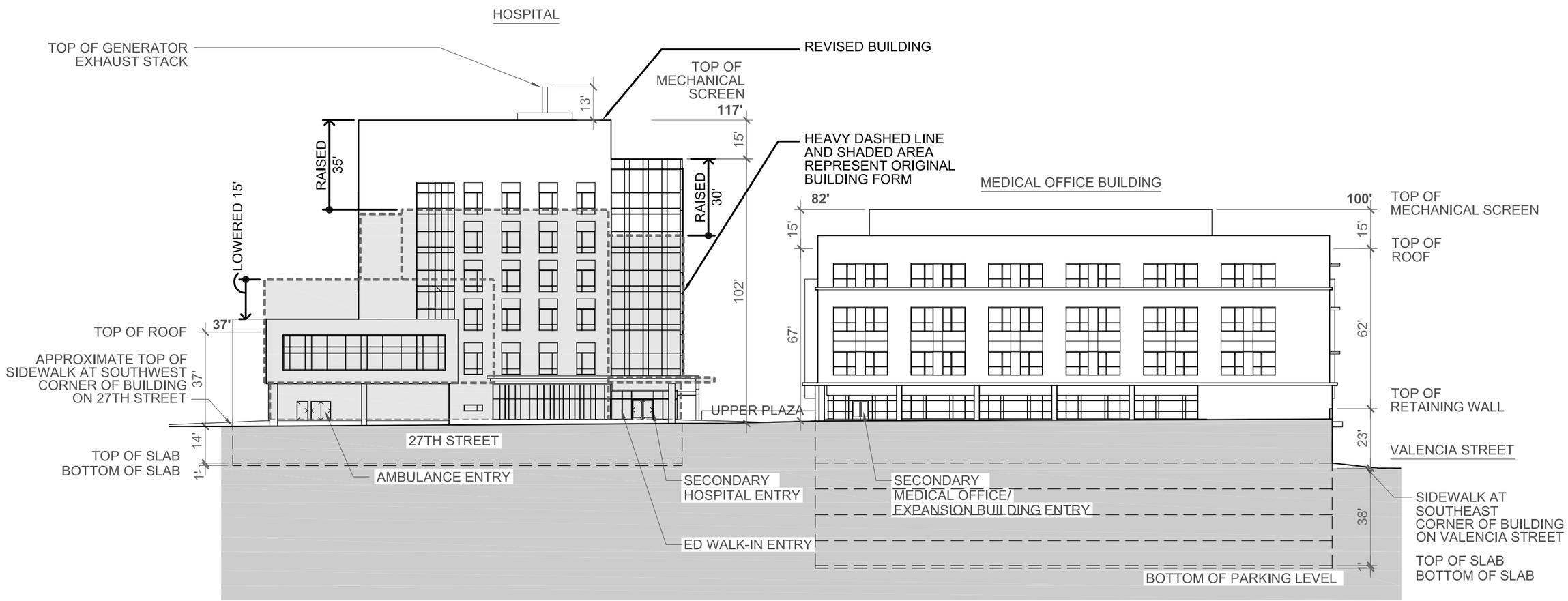
1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

CPMC Sutter Health

Height Change Diagram - East Elevation

ST. LUKE'S CAMUPS

5/6/2013



NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

APPROXIMATE SCALE

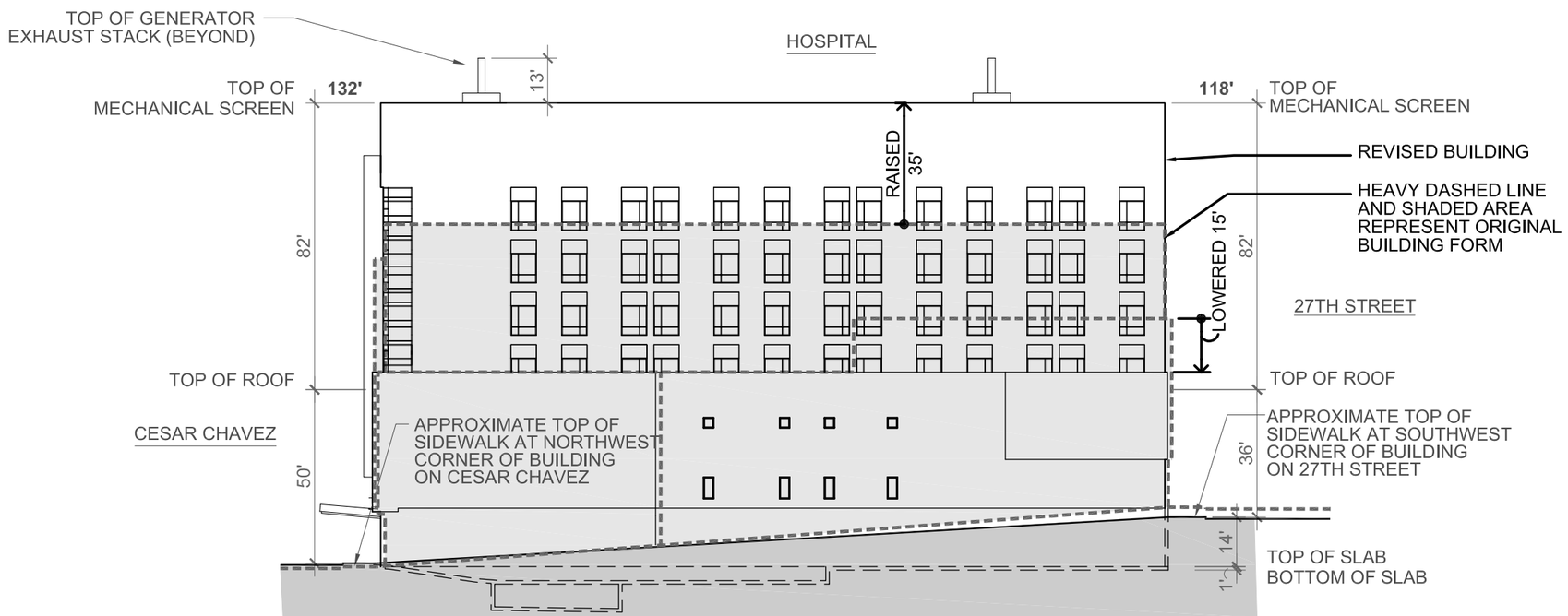
0 5' 10' 20' 40'

CPMC Sutter Health

Height Change Diagram - SouthElevation

ST. LUKE'S CAMUPS

5/6/2013

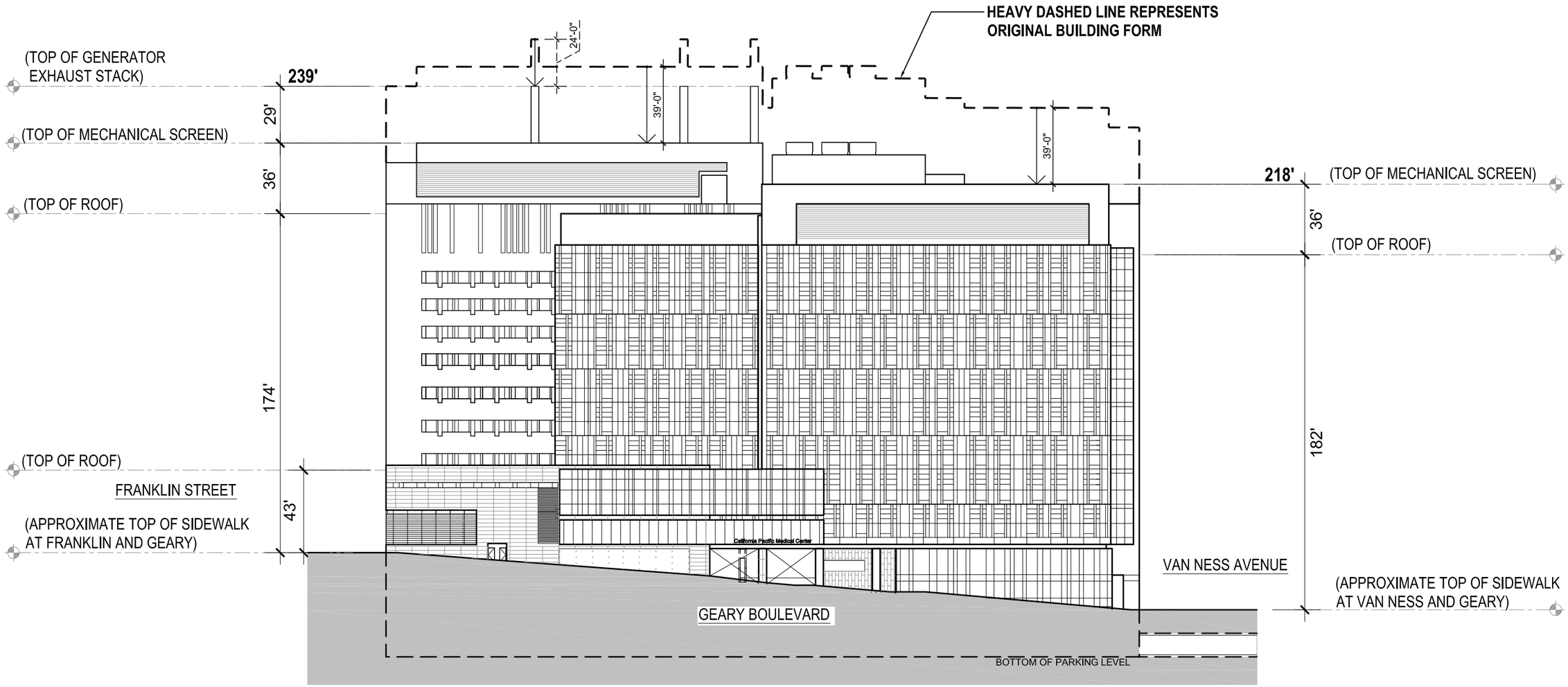


CPMC Sutter Health

Height Change Diagram - West Elevation

ST. LUKE'S CAMUPS

5/6/2013



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

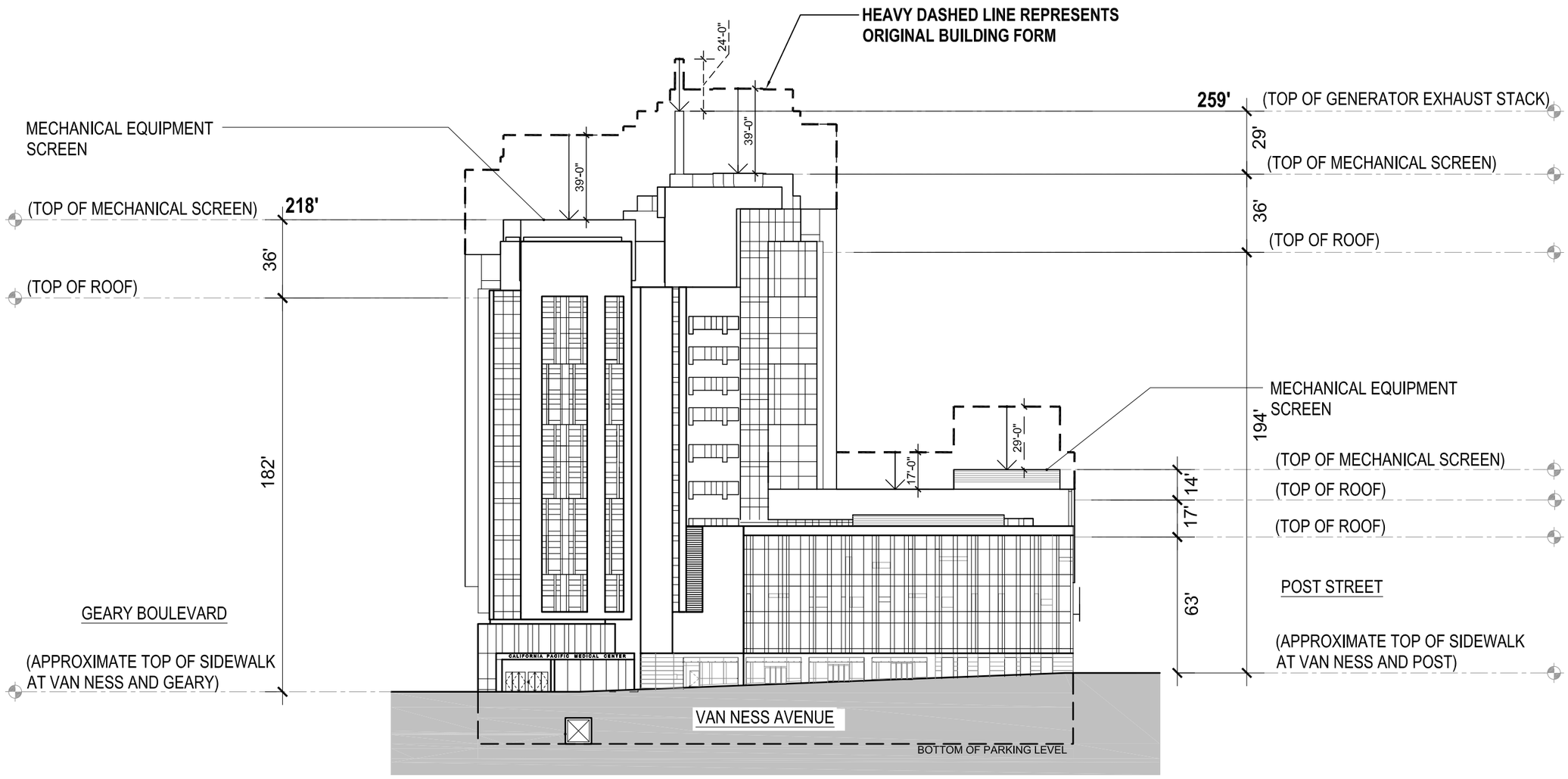
APPROXIMATE SCALE 0' 10' 20' 50'

CPMC Sutter Health

Height Change Diagram - South Elevation

CATHEDRAL HILL CAMPUS

5/6/2013



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

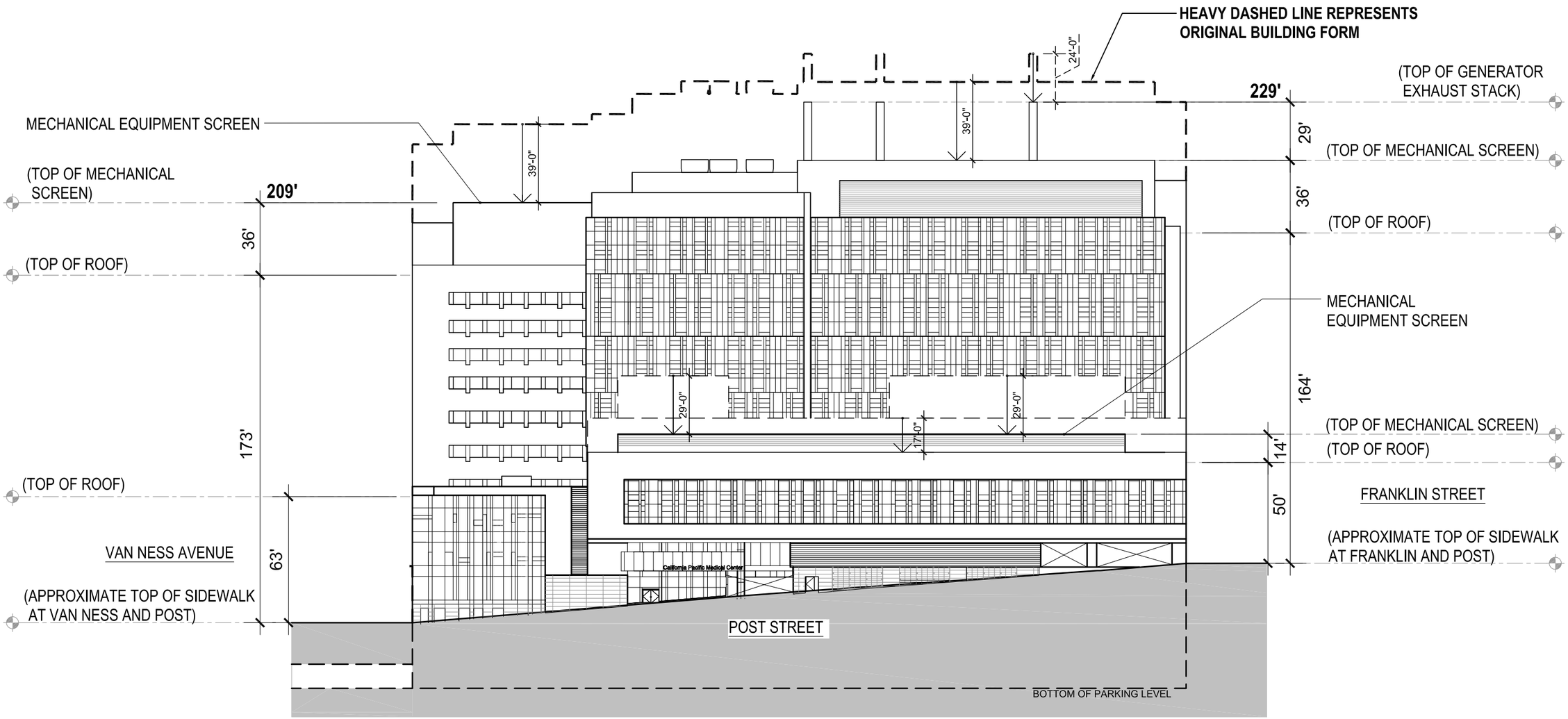
APPROXIMATE SCALE 0' 10' 20' 50'

CPMC™ Sutter Health

Height Change Diagram - East Elevation

CATHEDRAL HILL CAMPUS

5/6/2013



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

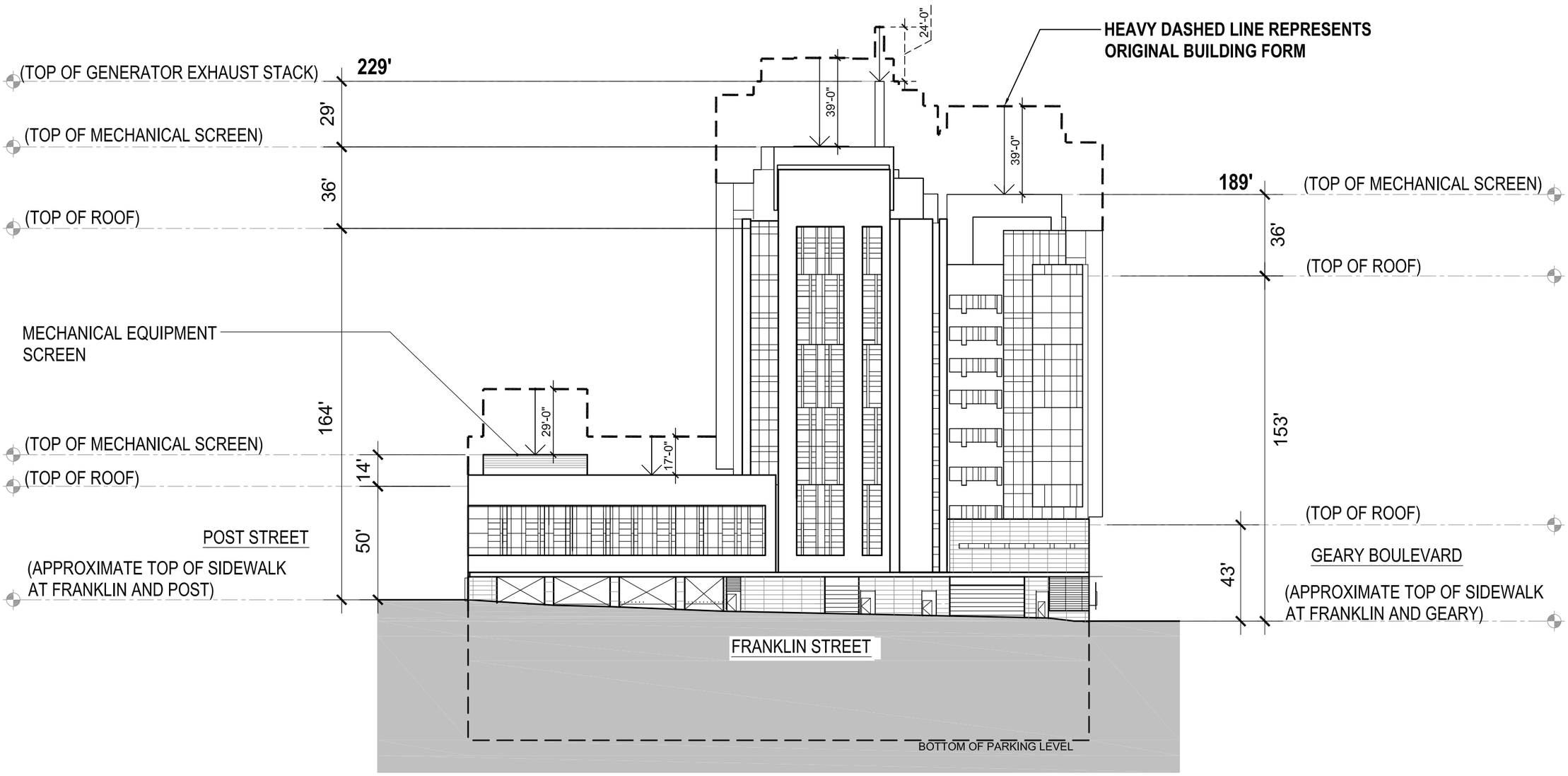
APPROXIMATE SCALE 0' 10' 20' 50'

CPMC™ Sutter Health

Height Change Diagram - North Elevation

CATHEDRAL HILL CAMPUS

5/6/2013



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 0' 10' 20' 50'

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Height Change Diagram - West Elevation

CATHEDRAL HILL CAMPUS

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View of Hospital entry from Cesar Chavez St.

ST. LUKE'S CAMPUS

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View from Valencia and Cesar Chavez Streets.

ST. LUKE'S CAMPUS

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View from Cesar Chavez St.

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View from Cesar Chavez St.

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Hospital - View from Cesar Chavez and Guerrero Streets

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View of 27th st. entrance and plaza

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5/6/2013

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View of 27th st. entrance and plaza

ST. LUKE'S CAMPUS

10/06/2011

California Pacific Medical Center
St Luke's Hospital
Conditional Use Permit Application Update 2

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PROJECT DESCRIPTION

Construction of the St. Luke's Replacement Hospital, a 214,061 sq. ft. seven-story hospital, providing approximately 120 acute care beds. The St. Luke's Replacement Hospital may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, post-partum care, an emergency epartment,cafeteria, loading area, and central utility plant space.

Primary pedestrian entrance and passenger drop-off is at Level 1, building entrance on Cesar Chavez. The hospital's secondary access and the emergency department drop-off is on Level 2 from San Jose Ave. The loading area entry is on Cesar Chavez.

TREE PROTECTION PLAN

All existing trees to remain are to be protected per the Tree Survey and Protection Plan prepared by Consulting Arborist, Roy C Leggitt with Tree Management Experts, dated October 28, 2011. Recommendations include but are not limited to the following:

Pre-Construction Requirements:

Nesting Survey Requirement: The Federal Migratory Bird Treaty Act of 1g1a prohibits the laking or destroying of any bird, part, nest or eggs. To comply with this law, tree pruning and removal activities should not occur during bird nesting season. As noted in the Presidio of San Francisco Vegetation Management Plan of 2001, most bird species breed and nest between February and August 15. A qualified biologist must evaluate the site prior to tree work during this timeframe
to determine the presence of active or inactive nests, and give recommendations.

Clearance Pruning: It is preferable to remove branches using clean cuts rather than to break them with equipment. The survey indicates which trees should be pruned to a street clearance height of 14 feet. Where minimal pruning is indicated, prune as little as possible, tying branches out of the way as an alternative to making excess cuts. Untie branches when work is complete in that immediate area.

A qualified ISA-Certified Ariborist must carry out all pruning in accordance with ANSI A300 Pruning Standards and must comply with City of San Francisco Pruning Standards, available from the San Francisco Department of the Environment at http://www.sfenvironment.org/our_programs/ Complete clearance pruning before any construction activities beneath the tree commence. Monterey Pines (Pinus radiata) should be pruned only from November through February when bark beetles are least active.

Tree Removals: Remove all trees recommended and approved for removal before construction begins. If trees cannot be removed before the start of the project, they must be protected and alternate means of construction will be required. Working around trees without taking the protection measures indicated in this report may create hazard trees and decrease the safety of this project. Monterey Pines (Pinus radiata) should be removed during November through February and the stumps ground out to minimize bark beetle activity that will harm trees of the same species that remain.

Establishment of Tree Protection Zones (TPZs): Establishing and fencing off the TPZ is vital to tree preservation. Protecting the TPZ prevents damage to roots, branches and trunk, and protects soil from compaction. The optimal TPZ is a round area with a radius equivalent to 10 or 12 times the trunk diameter, depending on the tree species, root confinement and soil type. A TPZ of this size is best to preserve both health and structure of the tree.

Install TPZ fencing in a particular area before work commences. Work within the TPZ is possible, but must be done differently than work outside the TPZ. Do not operate equipment, store materials or park vehicles within the TPZ. Have the Project Arborist on site for any work within the TPZ. Remove TPZ fencing only for the necessary work and replace it immediately thereafter. Keep TPZ fencing up until construction activities in that area are complete. Because the project is multi-phased, TPZ fencing may be removed when one phase is complete and re-installed at a later date. The exact timeline for installing and removing TPZ fencing for each tree must be established as part of the timing for construction.

To enclose trees in the landscape, use 6-foot high chain link fencing, supported by 1-1/2 or 2-inch iron pipe, spaced no more than 10 feet apart. Drive the fence posts atleast 24 inches into the ground. On the St. Luke's campus, it is not possible to fence off the optimal TPZ for each tree. Follow the recommendations for TPZ fencing in the section titled "Tree Protection by Area."

To protect street trees, the existing pavement forms an effective root buffer, so TPZ fencing is not necessary. Instead, wrap the trunk to prevent injury and cover the tree wells with plywood covers to prevent soil compaction and toxic runoff from getting into the soil. For the trunk protection, wrap the trunk a minimum of 3 times with orange plastic snow fencing. Place 2 x 4 planks edge-to-edge with the wide side against the trunk so that the trunk is covered. Wrap the planks a minimum of 3 times with the snow fencing and secure. Cover the tree wells with 3/4-inch plywood. Covers should form a square or rectangle that is a few inches larger than the tree well on all 4 sides, with a circle cut out of the middle for the trunk. The open area for the trunk should be a minimum 1 inch away from the trunk, and a maximum of 3 inches. Attach the plywood to the sidewalk so that it cannot be removed or casually moved.

Preservation Requirements during Construction

Project Arborist Requirement: Successful tree preservation depends on Project Arborist involvement throughout the project, including the landscaping phase. Trees are living things, and they react to the changes around them. The Project Ariborist provides the following vital services:

- To be on site whenever there is work within the TPZ radius of a protected tree or within
  TPZ fencing. We will advise contractors or subcontractors to minimize impacts to trees, and will either perform or supervise root pruning.
- Review plan changes or additional plans not included in this report for additional recommendations.
- Provide monthly inspections of protected trees, especially the Landmark Tree, and to monitor for any changes and make additional recommendations for preservation.
- Inspect protected trees at 6 months and 12 months after the project is completed and make recommendations for their ongoing care.

Air/Water Excavation: The TME Ariborist Report of May 17, 2010, excerpted in Section 4, Appendix D, compares the various excavation options in more detail. To summarize:

> Excavating trenches with equipment destroys roots. Hand excavation is slow and can also damage roots. Directional boring can damage unseen roots. Excavating the trench using air or water tools preserves roots, moves soil quickly, and allows the ariborist to see the roots and make the best decision. Use air or water excavation for utility work on Duncan Street, around the Landmark Tree on Valencia, on San Jose Avenue, and north of Cesar Chavez.

Selective Root Pruning: Once roots are exposed using air or water excavation, the Project Ariborist will inspect roots and determine which roots should remain and bridge the trench and which can be removed. Root pruning must be done cleanly with a sharp tool, under the direction of or by the Project Arborist.

Existing Pavement as a Root Buffer: The existing paved areas are protecting roots from damage and soil compaction. When existing pavement is removed, the exposed area within the TPZ radius should be fenced off and protected as described in this report. Staging: Stage materials on paved areas and outside of TPZ fencing. Irrigation: Protected trees should be maintained on their normal irrigation schedule throughout the project. Certain trees that sustain root losses may benefit from increased inrigation, as recommended by the
Project Ariborist.

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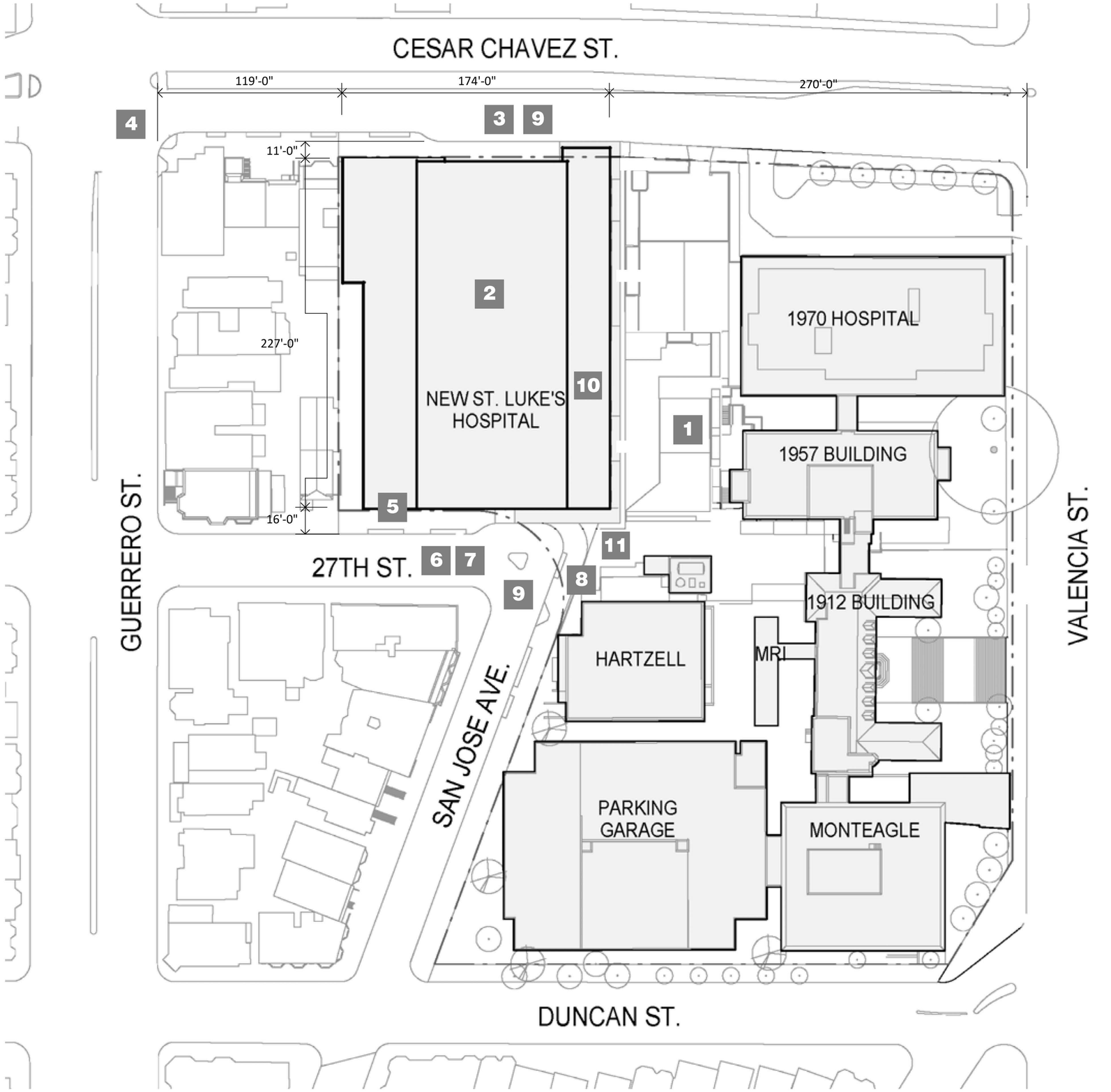

CAMPUS SITE PLAN

N

0 10' 30' 50' 100'

St. Luke's Replacement Hospital

1 Demolition of the Redwood Administration Building and improvements on existing surface parking lot at 3615 Cesar Chavez Street.

2 Construction of the St. Luke's Replacement Hospital, a 325,690 sq. ft. seven-story hospital providing approximately 120 acute care beds. The St. Luke's Replacement Hospital may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, post-partum care, an expanded emergency department, cafeteria, loading area, and central utility plant space. Refer to sheets A2.1 through A4.1.

Street Improvements

3 Cesar Chavez Street sidewalk replacement and widening (south side between Guerrero Street and the eastern edge of the St. Luke's Replacement Hospital). Refer to sheets C3.0 & C4.0.

4 Pedestrian bulbouts on Cesar Chavez Street at Guerrero Street and Valencia Street. Refer to sheets C3.0 & C4.0.

5 27th Street sidewalk replacement (north side from western property line of the St. Luke's Campus to its terminus at San Jose Avenue). Refer to sheets C3.0 & C4.1.

6 27th Street/San Jose Avenue terminus street repaving (grind and overlay). Refer to sheets C3.0 & C4.1.

7 27th Street/San Jose Avenue catch basin and manhole additions/replacements. Refer to sheet C5.0

8 San Jose Avenue sidewalk replacement (east side from 27th Street to the south facade of the Hartzell building) and including a curb ramp connector. Refer to sheets C3.0 & C4.1

9 Tree planting, landscape, hardscape and other streetscape improvements along portions of Cesar Chavez Street, 27th Street and San Jose Avenue!. Refer to sheets L1.00 & L1.01

Additional Improvements

10 Realign utilities currently located beneath San Jose Avenue between 27th Street and Cesar Chavez Street, including existing storm sewer, water main, and electrical and gas lines; Refer to sheet C5.0.

11 Install underground (hospital emergency generator) fuel storage tanks adjacent to hospital

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KEY PLAN HOSPITAL

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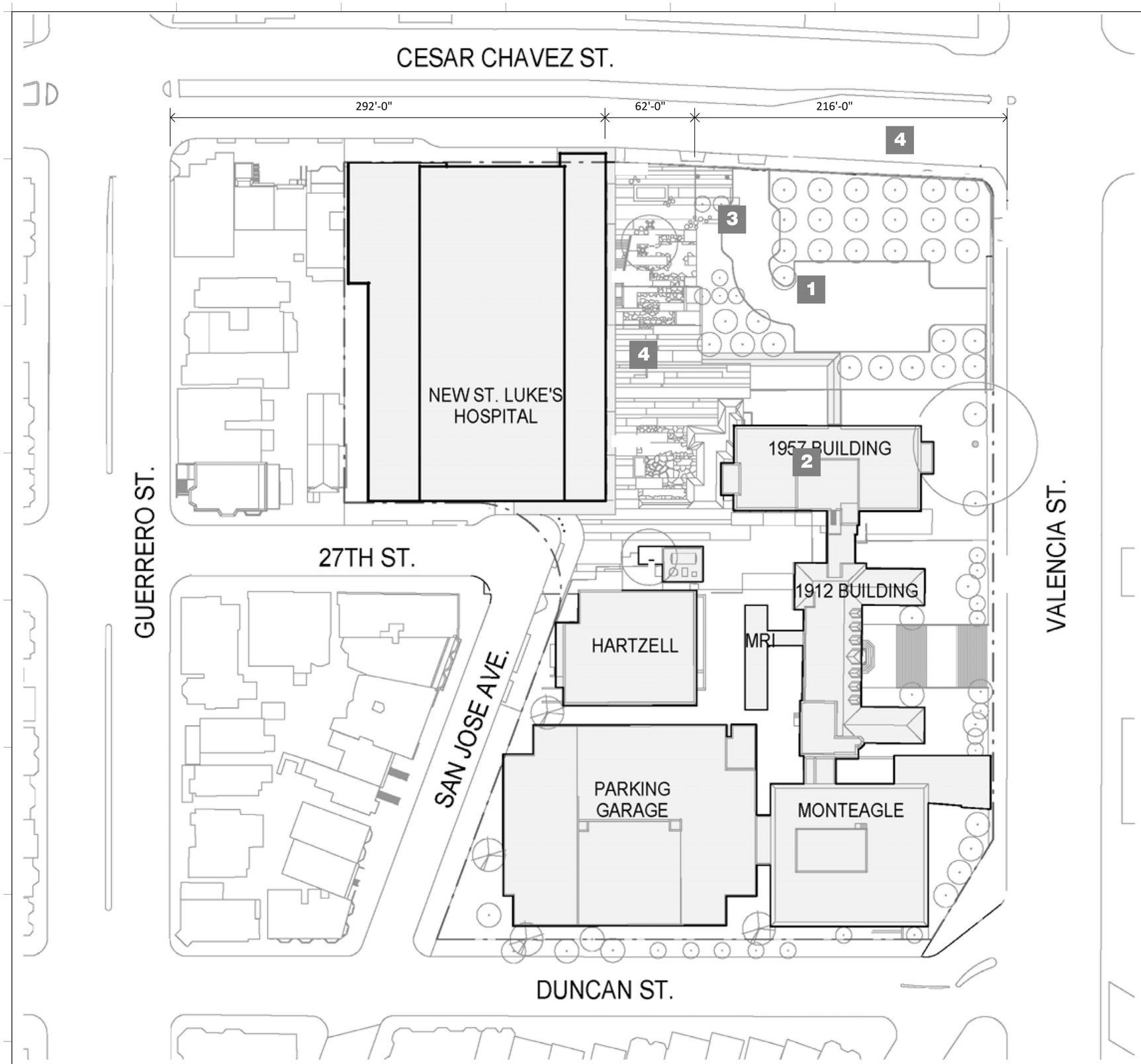

CAMPUS SITE PLAN

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St. Luke's Replacement Hospital

1 Demolition of existing St Luke's Hospital tower.

2 Renovation and reuse of the approximately 31,700 sq. ft. 1957 Building as administrative office, storage and conference space.

Medical Office building (MOB)

3 Temporary drop-off and tree farm.

4 Street improvements include construction of entry plaza and courtyard and public pedestrian pathway in the former San Jose Avenue right-of-way between Cesar Chavez Street and 27th Street, Cesar Chavez sidewalk replacement and widening (southside between eastern edge of the St Luke's replacement Hospital and the bulbout at Valencia Street) and associated tree planting, landscape, hardscape and other improvements.

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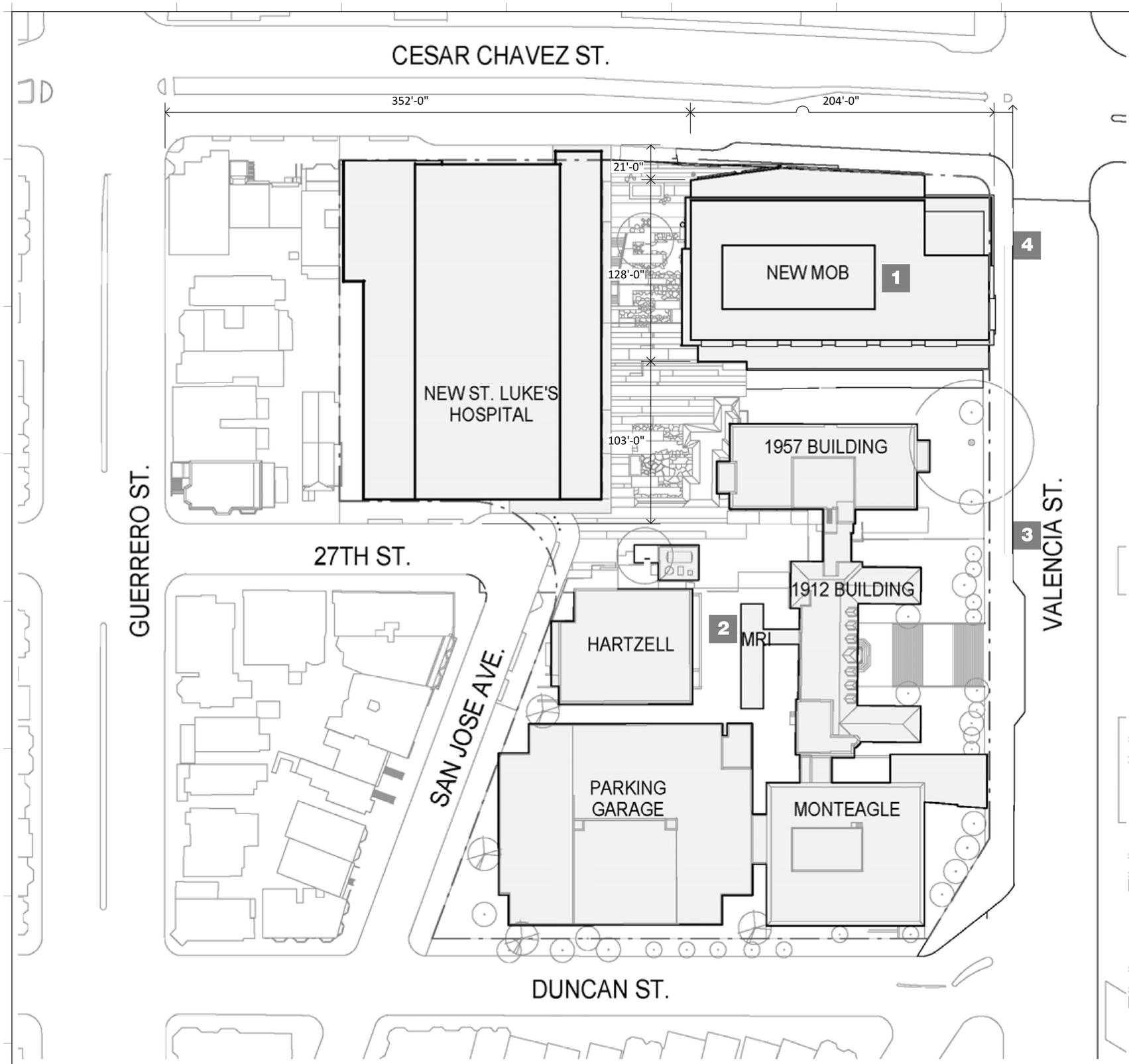

CAMPUS SITE PLAN

Medical Office Building (MOB)

1 Construction on the former St. Luke's Hospital Tower site of an approximately 201,000 sq. ft. five-story building including medical office space, retail and education/conference space, and parking on four below-ground levels including approximately 220 parking spaces, with vehicular access to the underground parking garage from Cesar Chavez and Valencia Streets. Refer to separate MOB Sheets A2.6 through A4.3.

2 Removal of MRI Trailer and passageway to 1912 Building and closure of the 1912 Building's exterior wall that connects to the MRI Trailer.
Street Improvements, including sidewalk widening along the west side of Valencia Street between Cesar Chavez Street and Duncan/Tiffany Street Streets. Refer to separate Street Improvement Permit Set, C1.4.

3 Relocate bus stop for the 36-Teresita line. Refer to separate Street Improvement Permit Set, sheets C3.0 and C4.1.

NEIGHBORHOOD SITE PLAN

N

0 10' 30' 50' 100'

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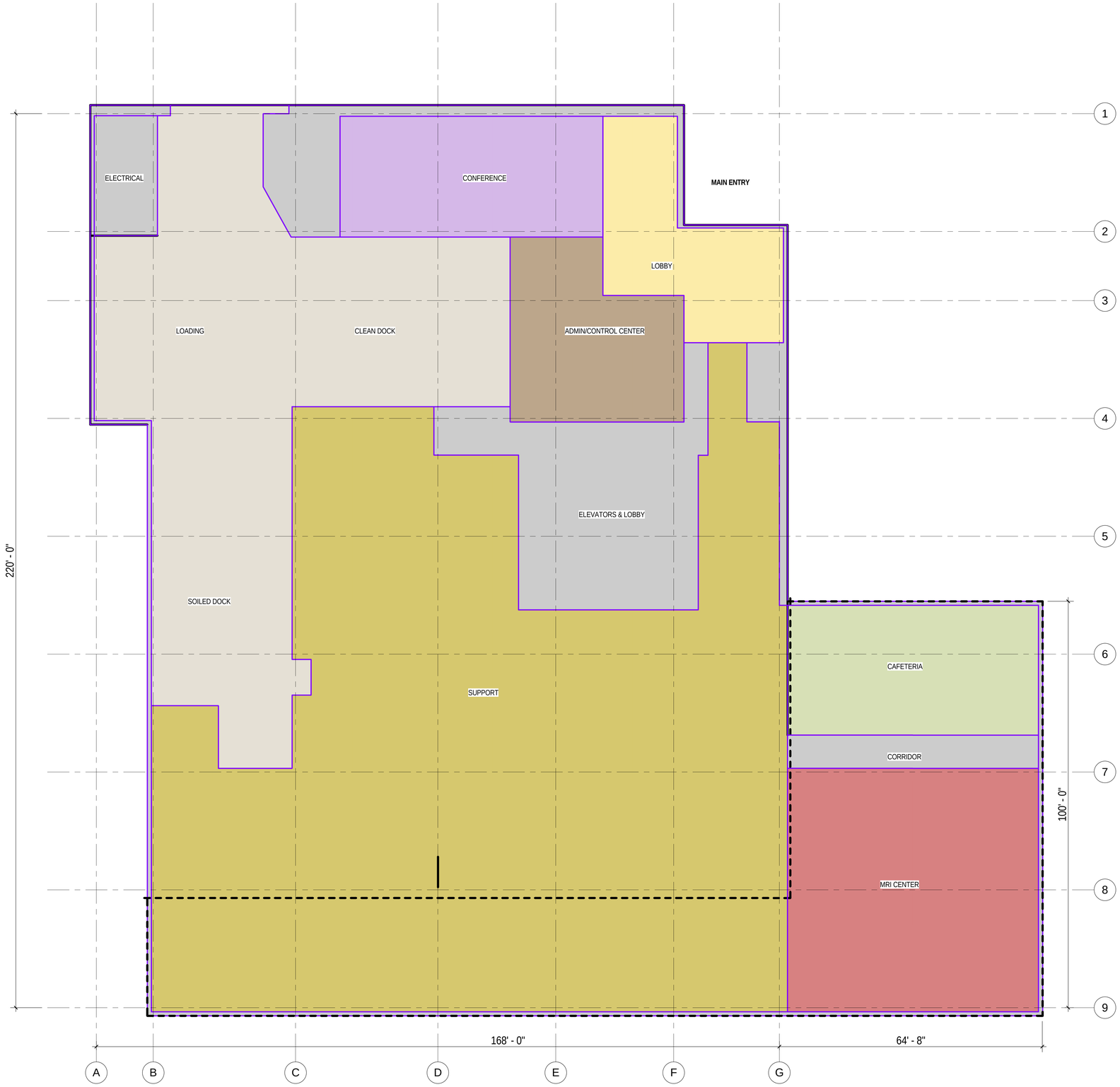

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HOSPITAL LEVEL 1 PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER **A2.1**

1 LEVEL 2 - AREA PLAN
SCALE: 3/32" = 1'-0"

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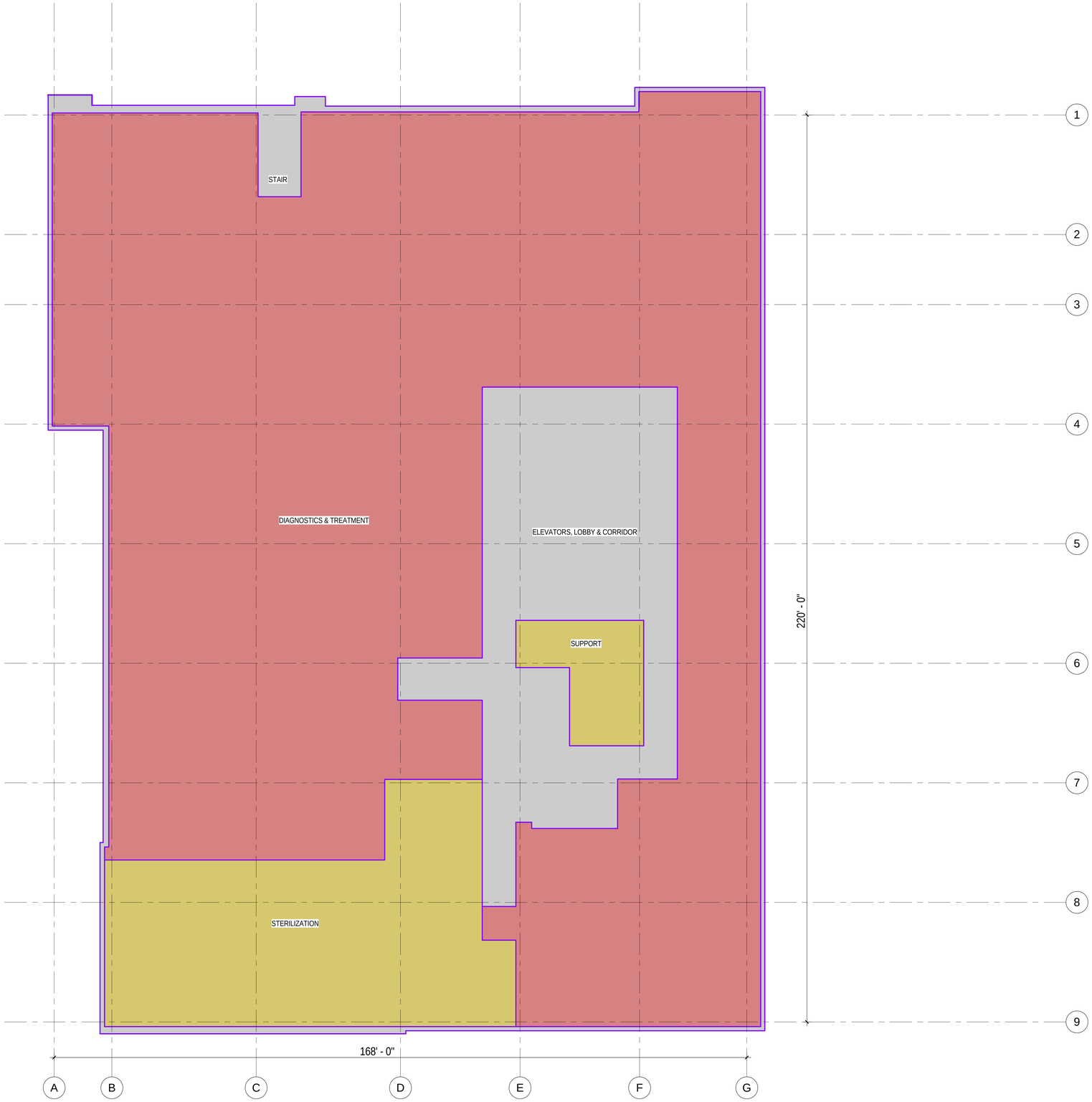
HOSPITAL LEVEL 2 PLAN

SCALE 3/32" = 1'-0"
PROJECT NUMBER 38412.000
DRAWING NUMBER **A2.2**



1 LEVEL 3 - AREA PLAN
SCALE: 3/32" = 1'-0"

5/3/2013 10:55:19 AM

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SEALS AND SIGNATURES

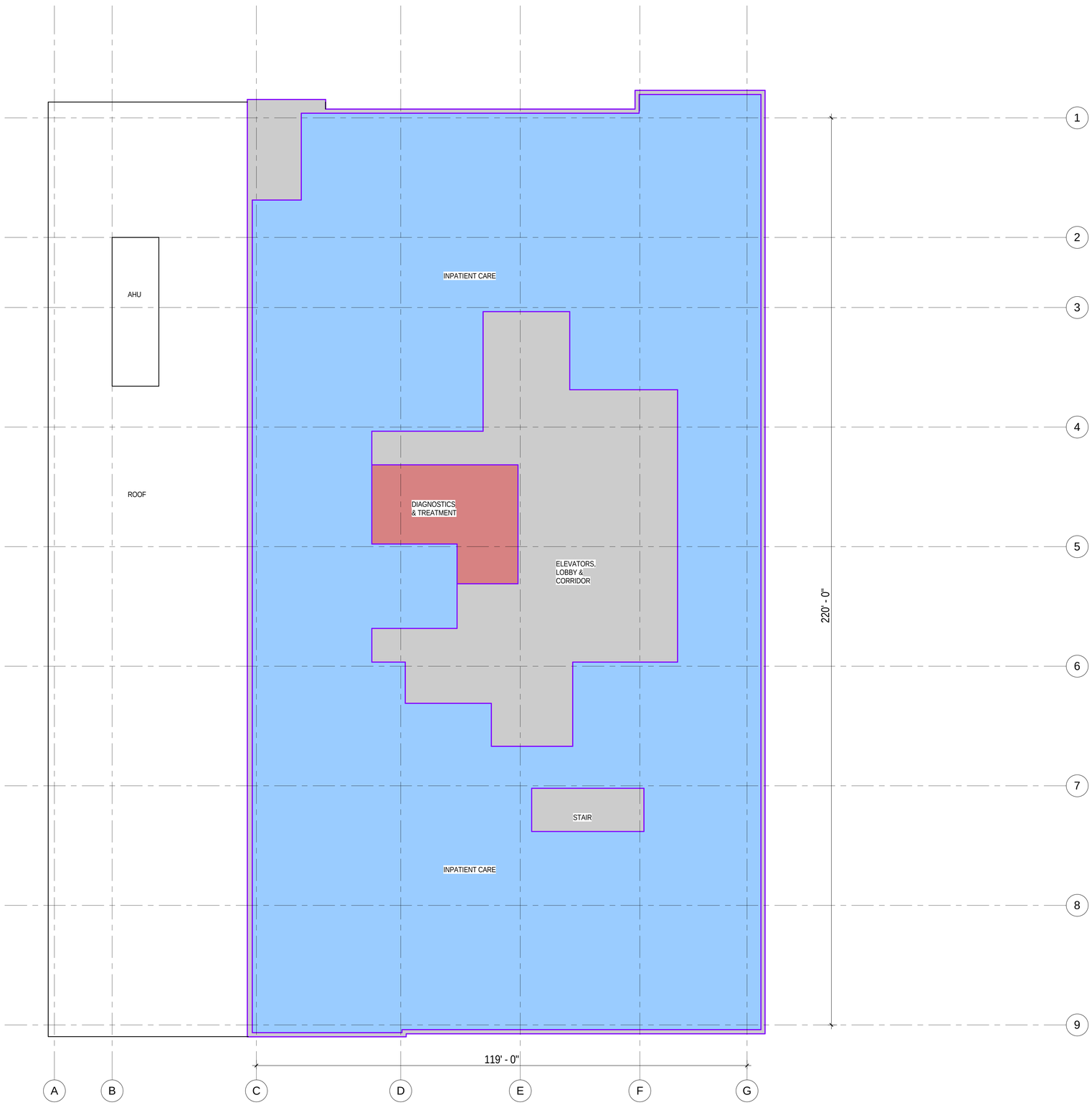
ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE
HOSPITAL LEVEL 3 PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER **A2.3**



1 LEVEL 4 - AREA PLAN
SCALE: 3/32" = 1'-0"

5/3/2013 10:55:23 AM

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SEALS AND SIGNATURES

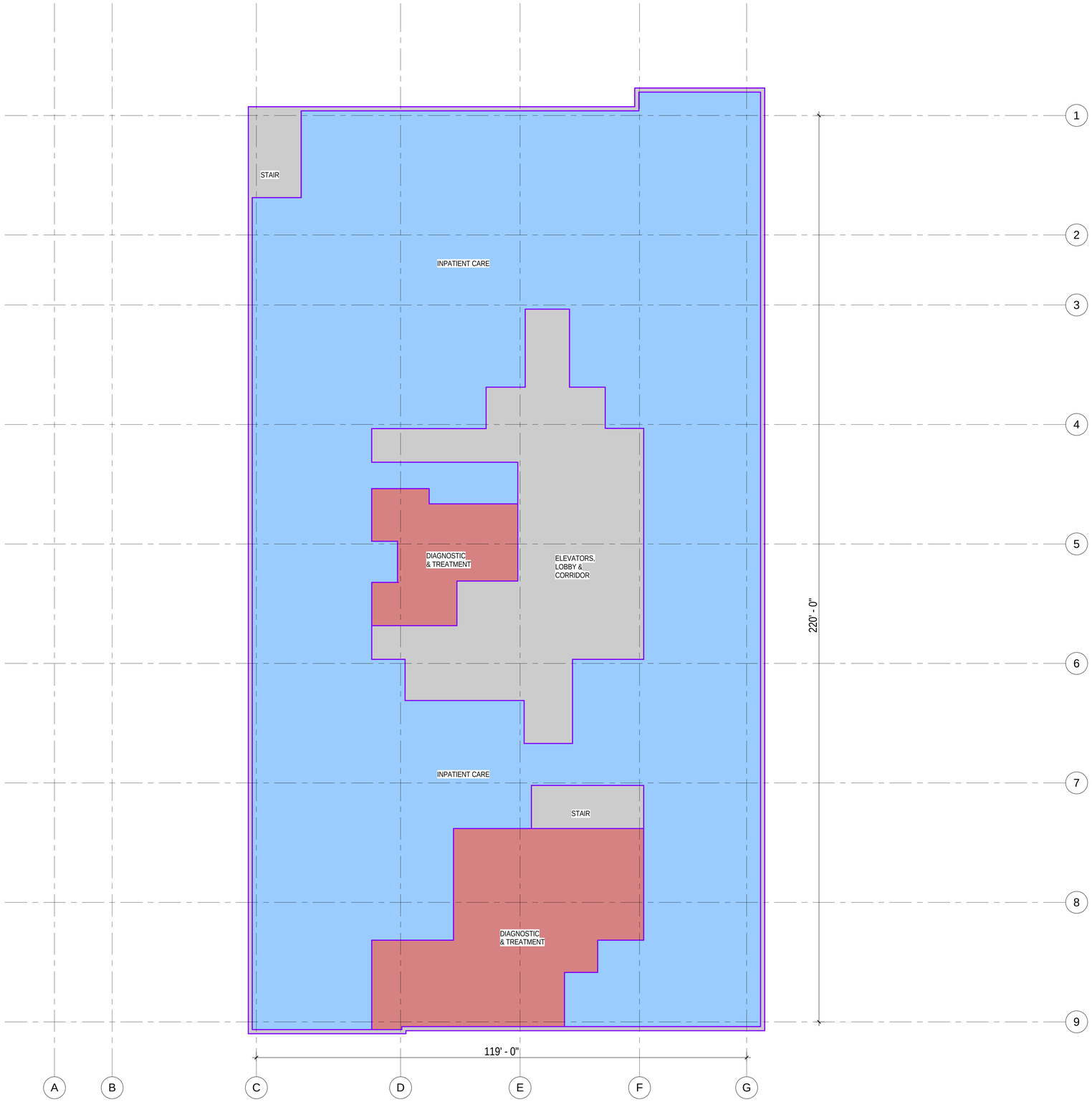
ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE
HOSPITAL LEVEL 4 PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER
A2.4



1 LEVEL 5 - AREA PLAN
SCALE: 3/32" = 1'-0"

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SEALS AND SIGNATURES

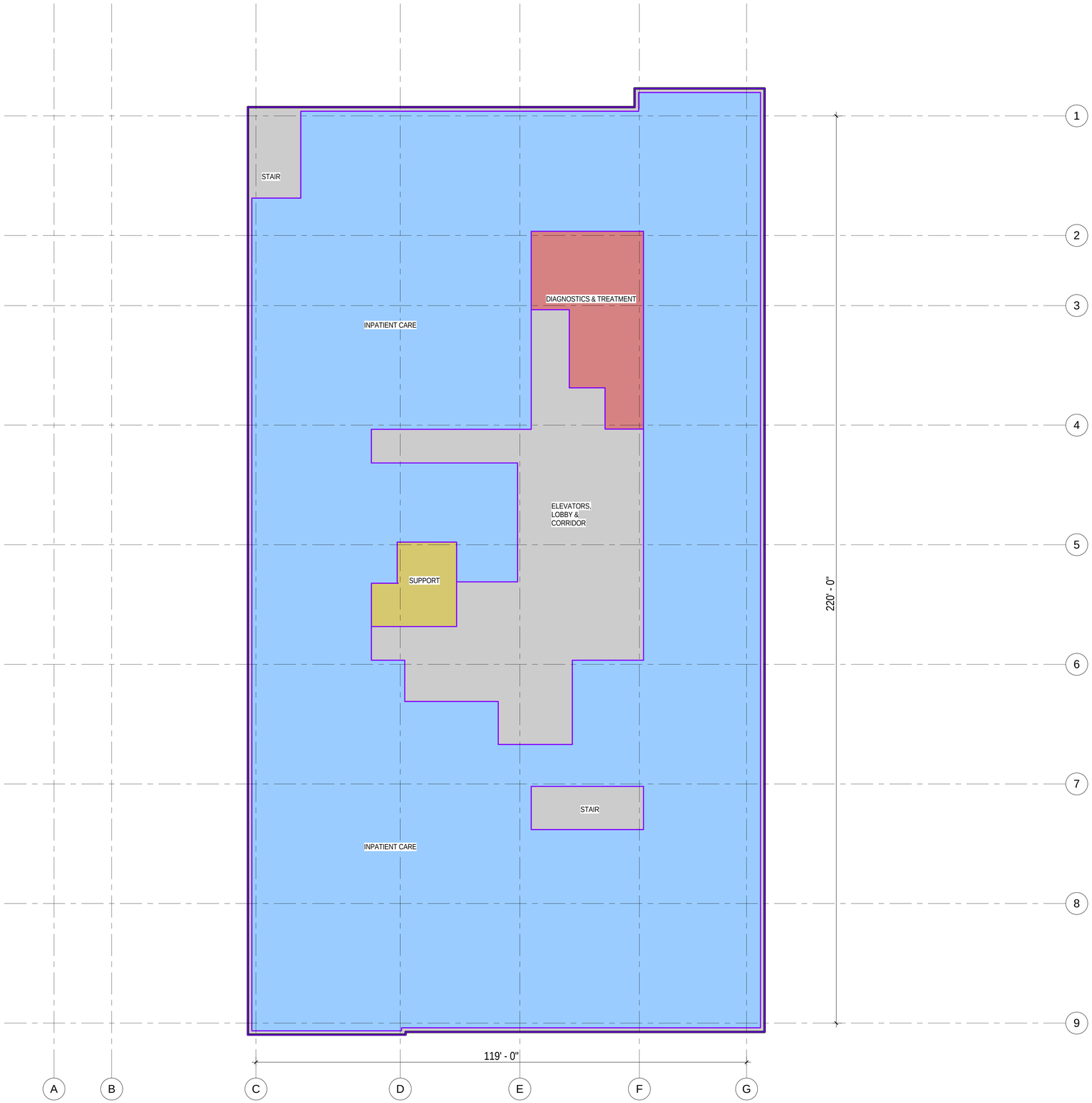
ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE
HOSPITAL LEVEL 5 PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER
A2.5



1 LEVEL 6 - AREA PLAN
SCALE: 3/32" = 1'-0"

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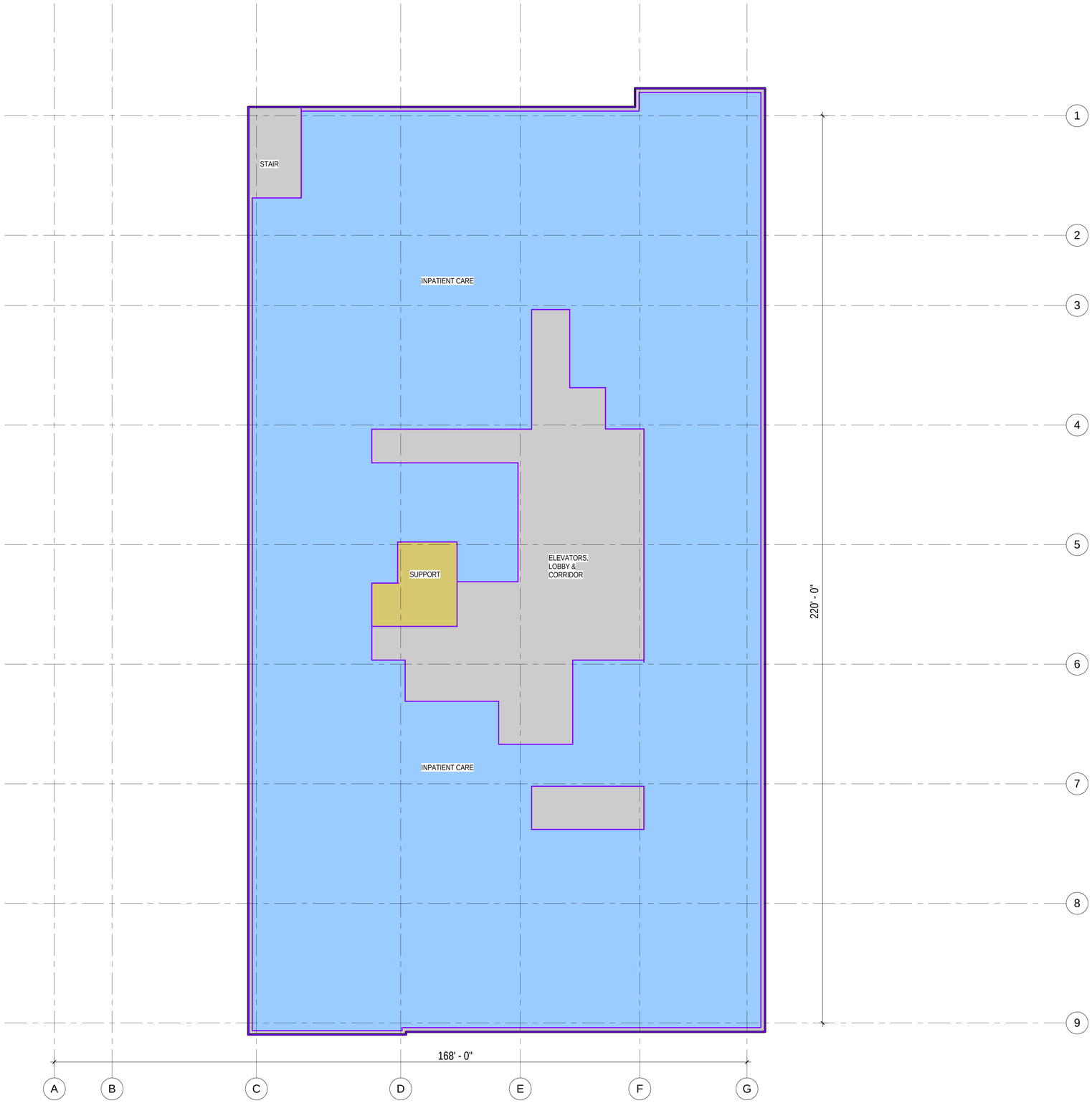
SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE
HOSPITAL LEVEL 6 PLAN

SCALE 3/32" = 1'-0"
PROJECT NUMBER 38412.000
DRAWING NUMBER **A2.6**



1 LEVEL 7 - AREA PLAN
SCALE: 3/32" = 1'-0"

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
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DRAWING TITLE
HOSPITAL LEVEL 7 PLAN

SCALE 3/32" = 1'-0"
PROJECT NUMBER 38412.000
DRAWING NUMBER **A2.7**

1 TOP OF ROOF - AREA PLAN
SCALE: 3/32" = 1'-0"

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
PUC CUP RESUBMITTAL 2		2013 05 06

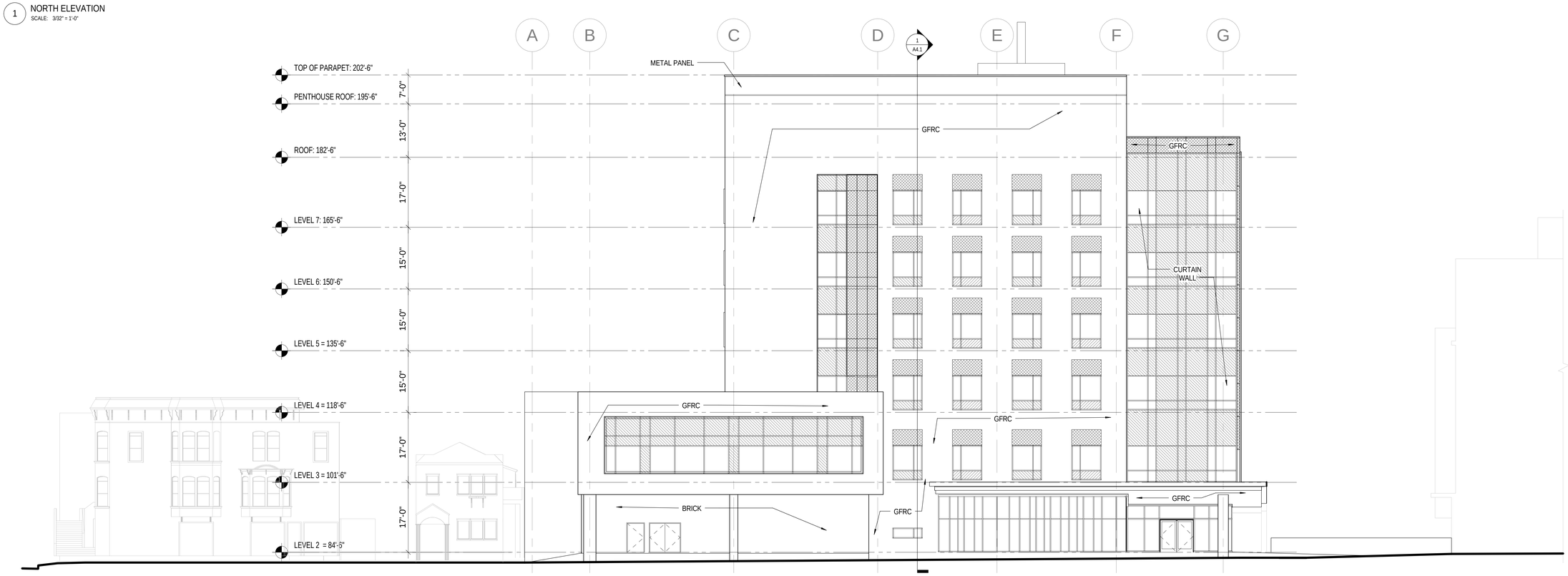
DRAWING TITLE
HOSPITALPENTHOUSE LEVEL PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER
A2.8

1 NORTH ELEVATION
SCALE: 3/32" = 1'-0"



2 SOUTH ELEVATION
SCALE: 3/32" = 1'-0"

5/3/2013 10:56:01 AM

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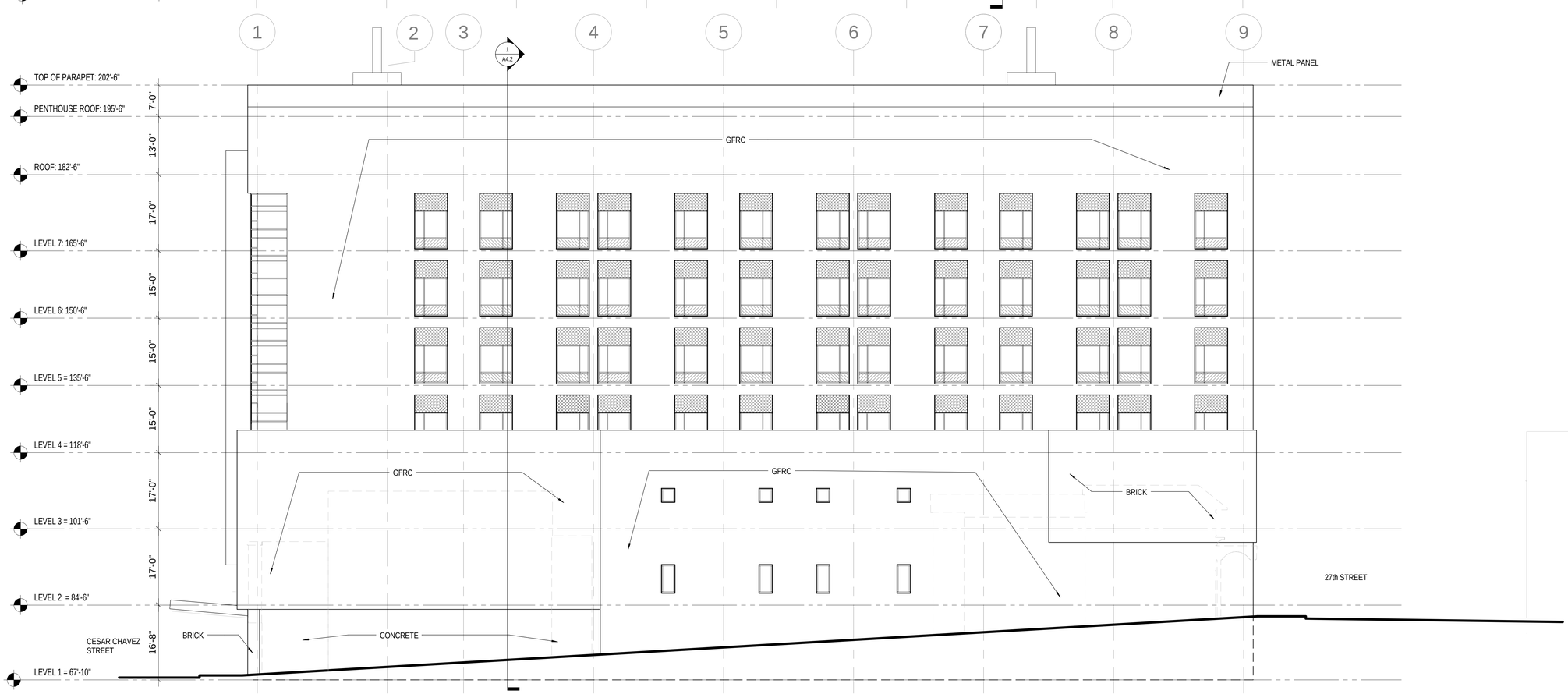
SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE
HOSPITAL ELEVATIONS

SCALE 3/32" = 1'-0"
PROJECT NUMBER 38412.000
DRAWING NUMBER **A3.1**

1 EAST ELEVATION
SCALE: 3/32" = 1'-0"



2 WEST ELEVATION
SCALE: 3/32" = 1'-0"

5/3/2013 10:56:09 AM

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SEALS AND SIGNATURES

ISSUE	REV	DATE
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PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE

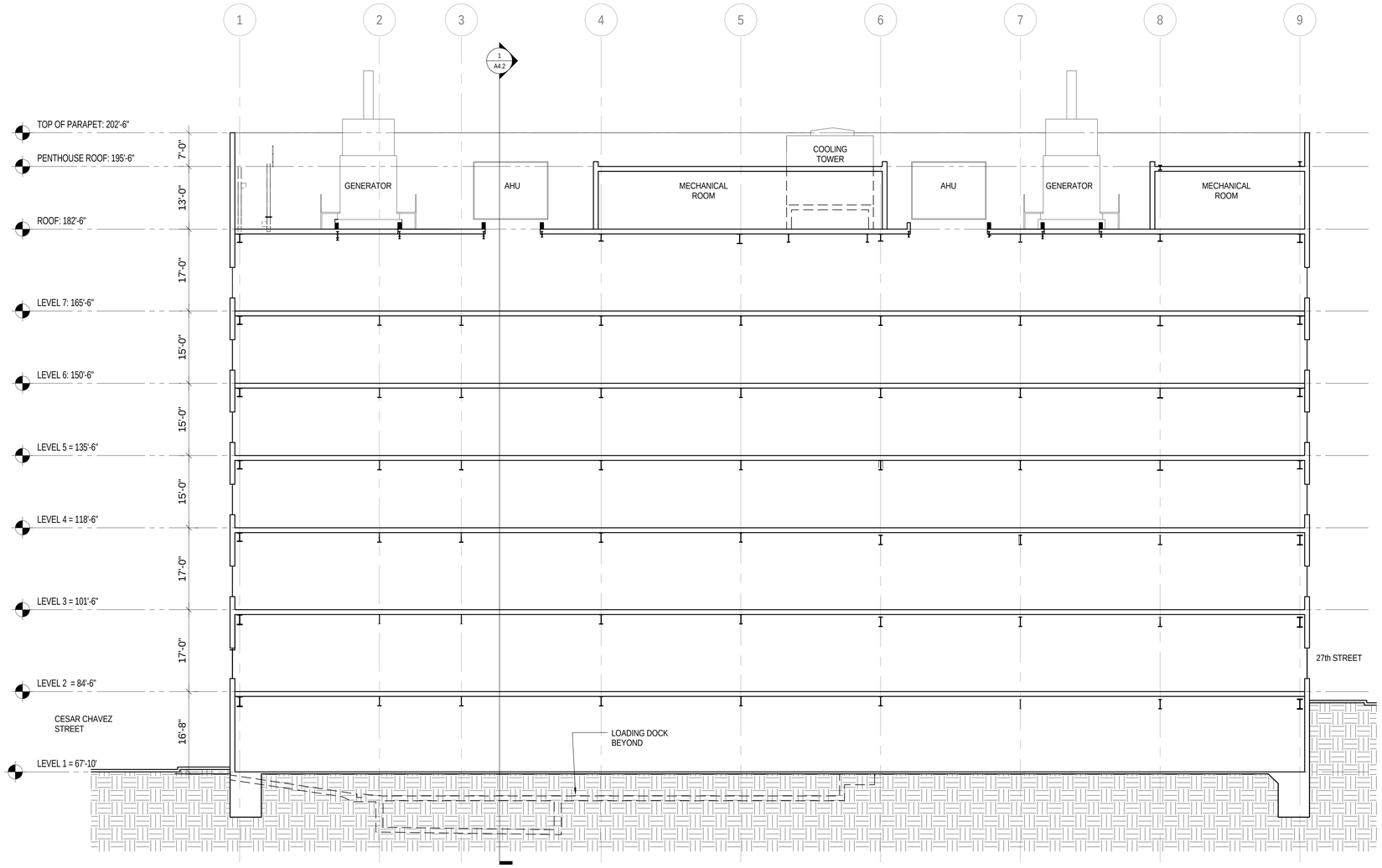
HOSPITAL ELEVATIONS

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER

A3.2



1 LONGITUDINAL SECTION
SCALE: 3/32" = 1'-0"

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SEALS AND SIGNATURES

ISSUE	REV	DATE
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DRAWING TITLE

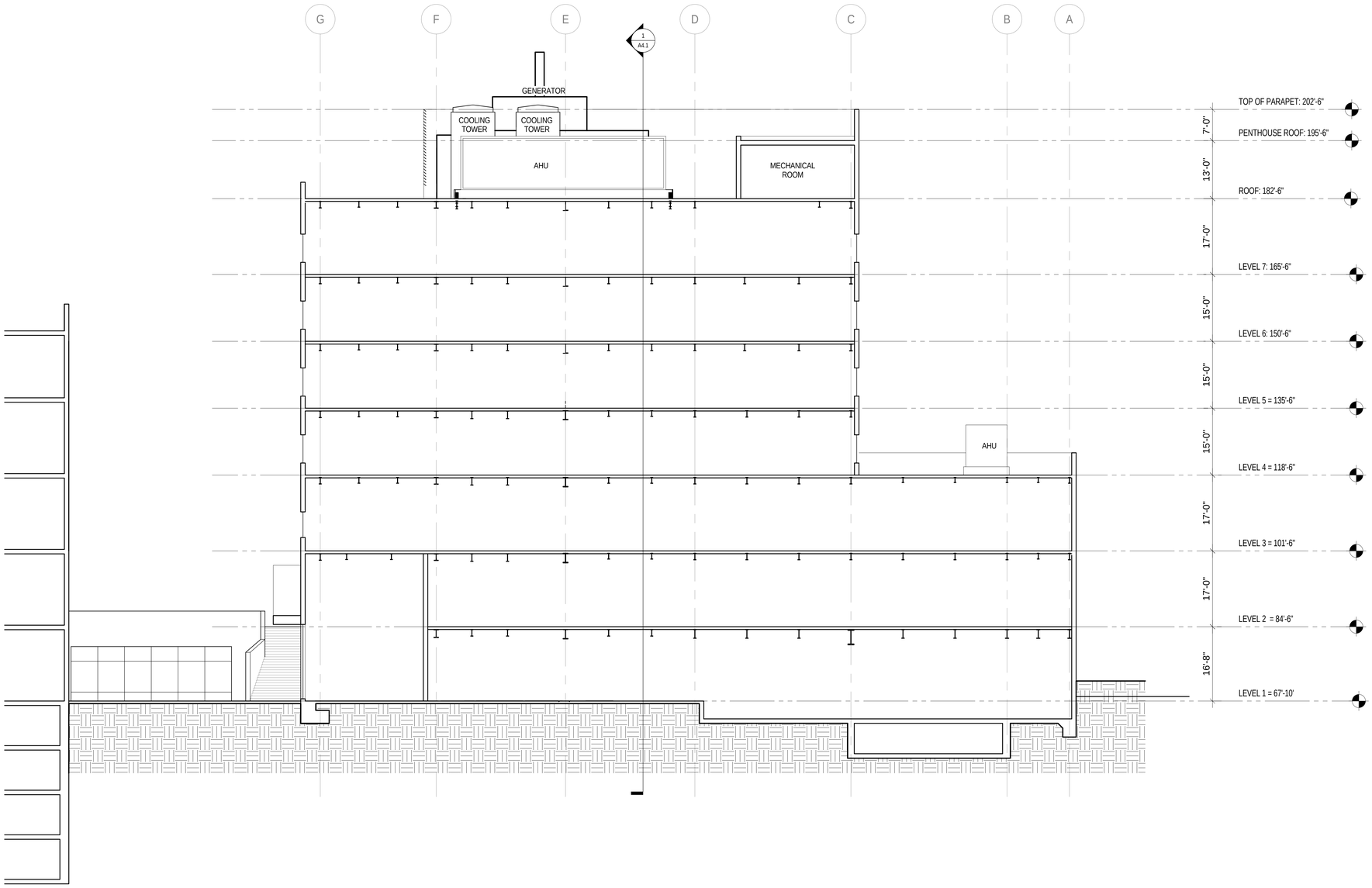
HOSPITAL SECTION

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER

A4.1



1 TRANSVERSE SECTION
SCALE: 3/32" = 1'-0"

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27
PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE

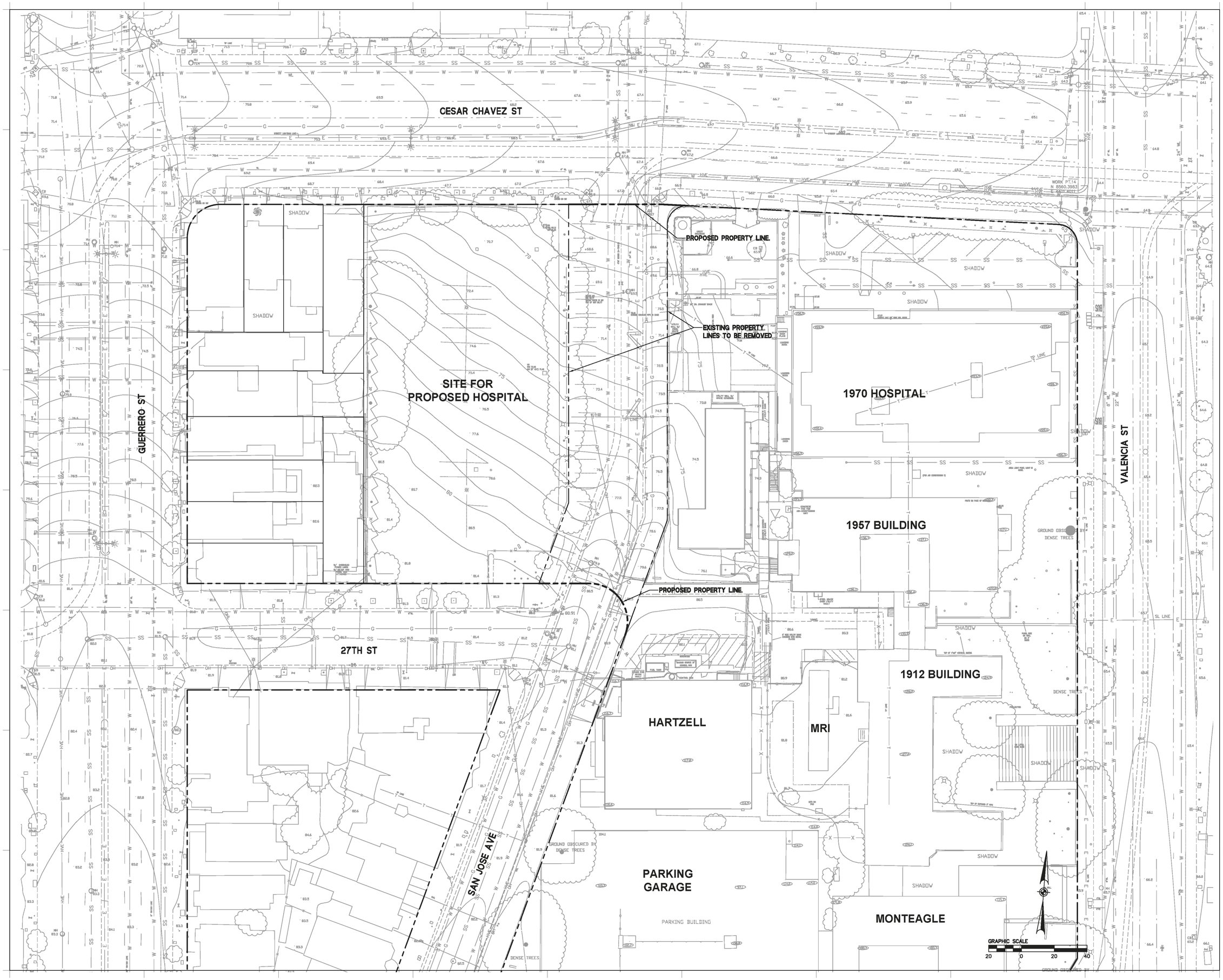
HOSPITAL SECTION

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER

A4.2



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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL 2		2013 05 06

DRAWING TITLE

SITE PLAN - EXISTING CONDITIONS

SCALE

PROJECT NUMBER 38412.000

DRAWING NUMBER

C1.0

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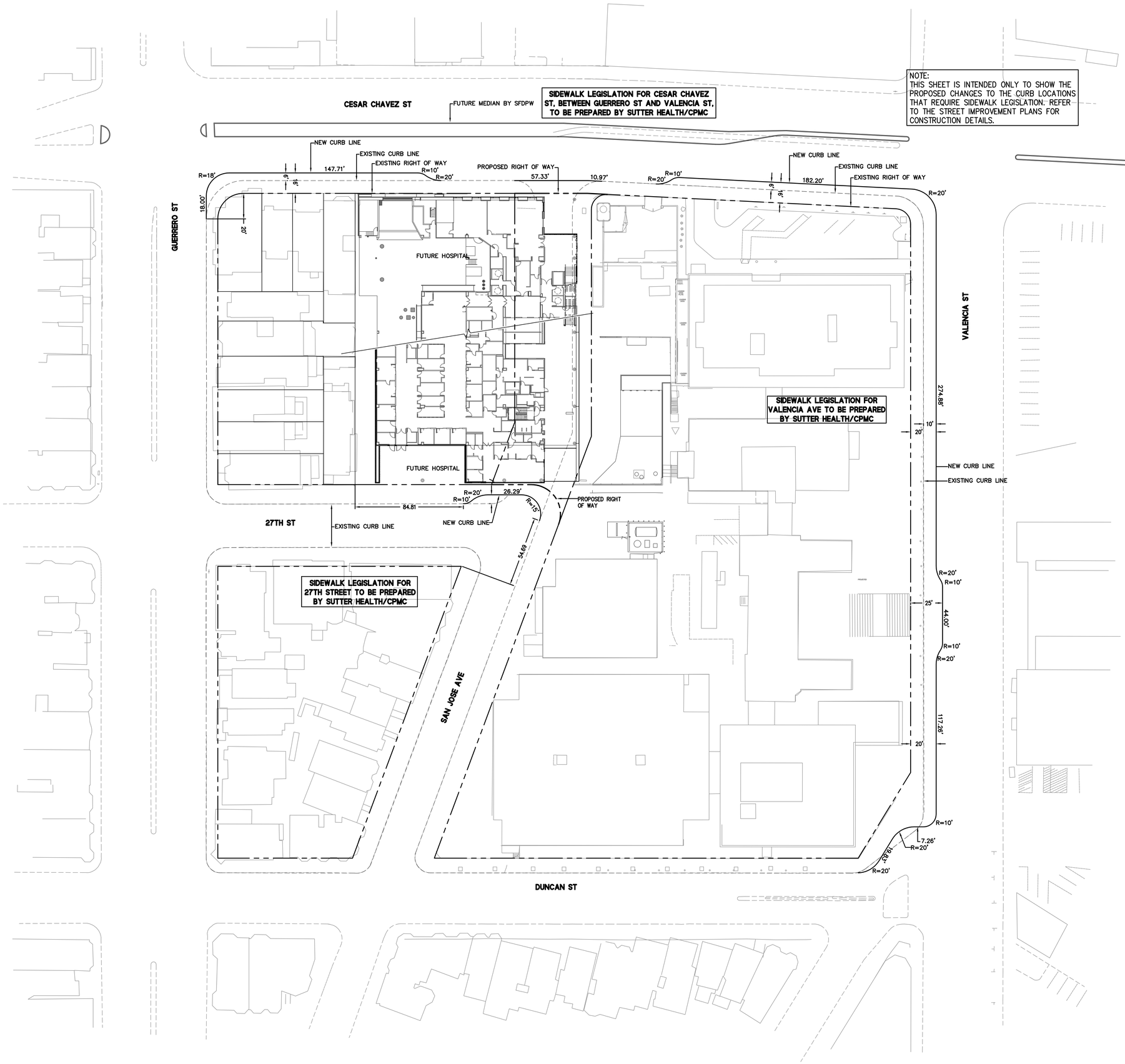

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STREET IMPROVEMENT PLANS
SIDEWALK LEGISLATION PLAN

SAN FRANCISCO COUNTY

CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 2-23-12
Scale: 1"=30'
Design: BS
Drawn: BS
Approved: BS
Job No: 20080176

Drawing Number:

C1.1

FOR REVIEW 2-23-12

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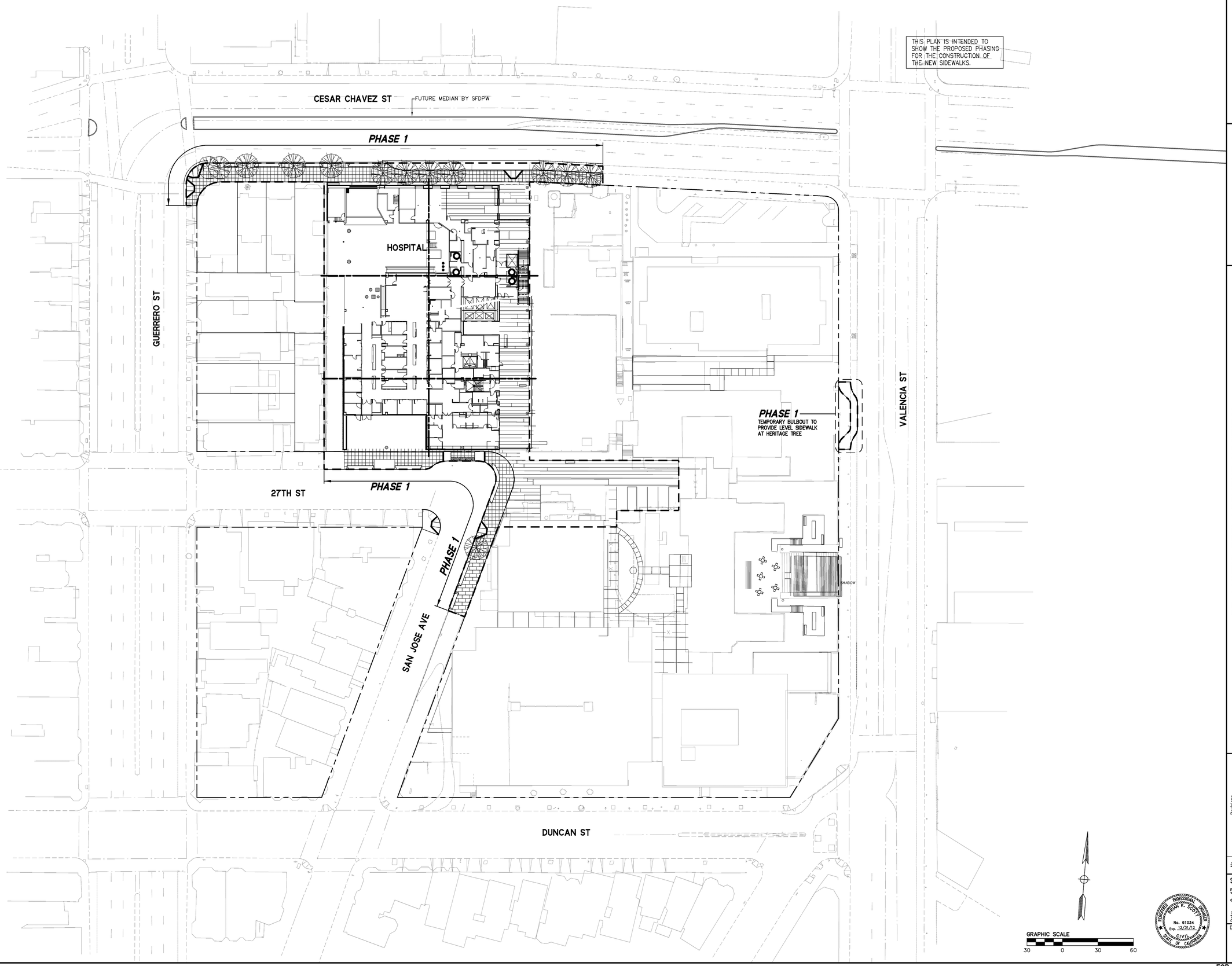

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ST. LUKE'S REPLACEMENT HOSPITAL
STREET IMPROVEMENT PLANS
SIDEWALK CONSTRUCTION PHASING PLAN – PHASE 1

SAN FRANCISCO COUNTY CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date:	2-17-12
Scale:	1"=30'
Designs:	BS
Drawn:	BS
Approved:	BS
Job No:	20060176

Drawing Number:

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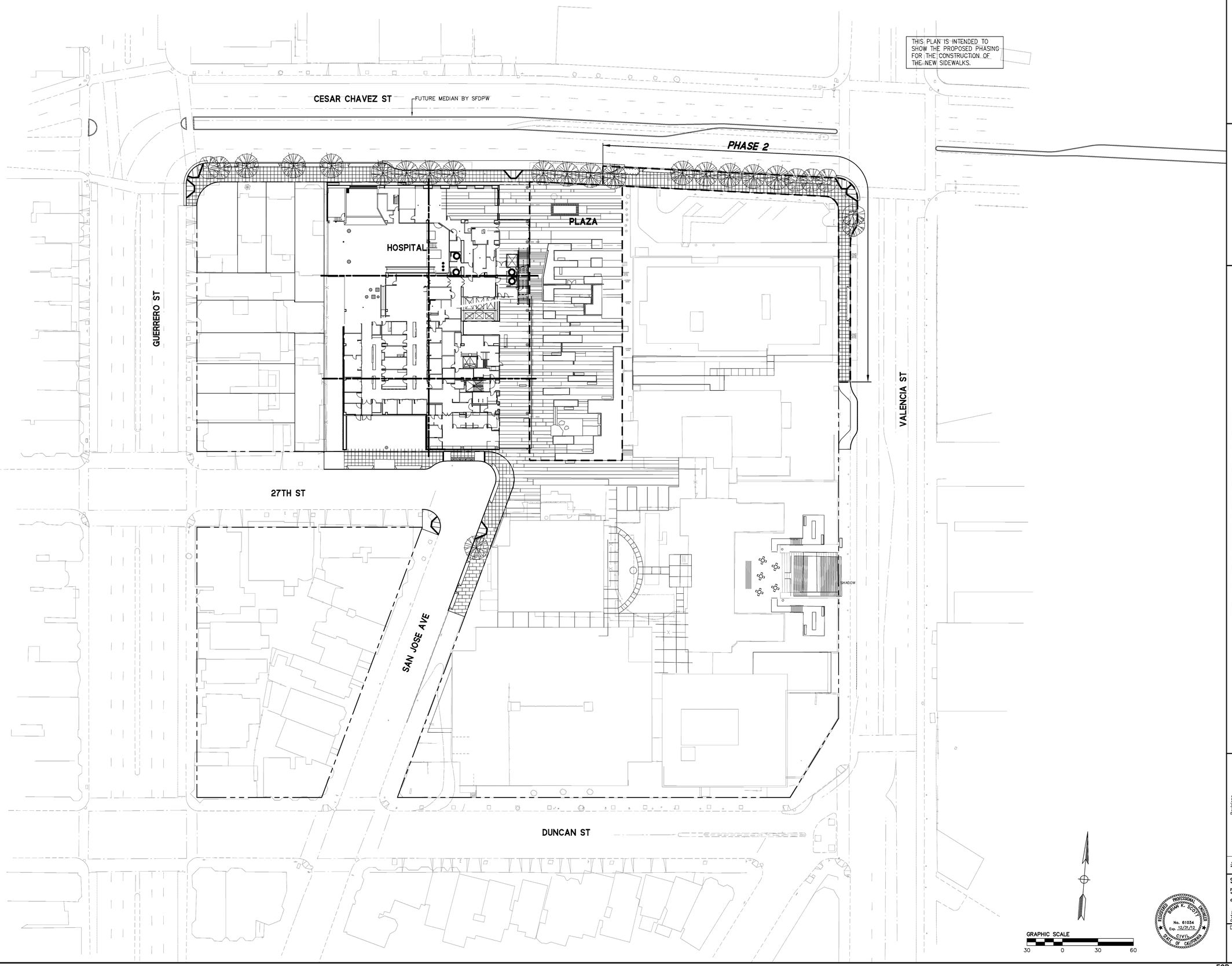

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SAN FRANCISCO COUNTY CALIFORNIA

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No.	Revisions

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Drawn:	BS
Approved:	BS
Job No:	20080176

Drawing Number:

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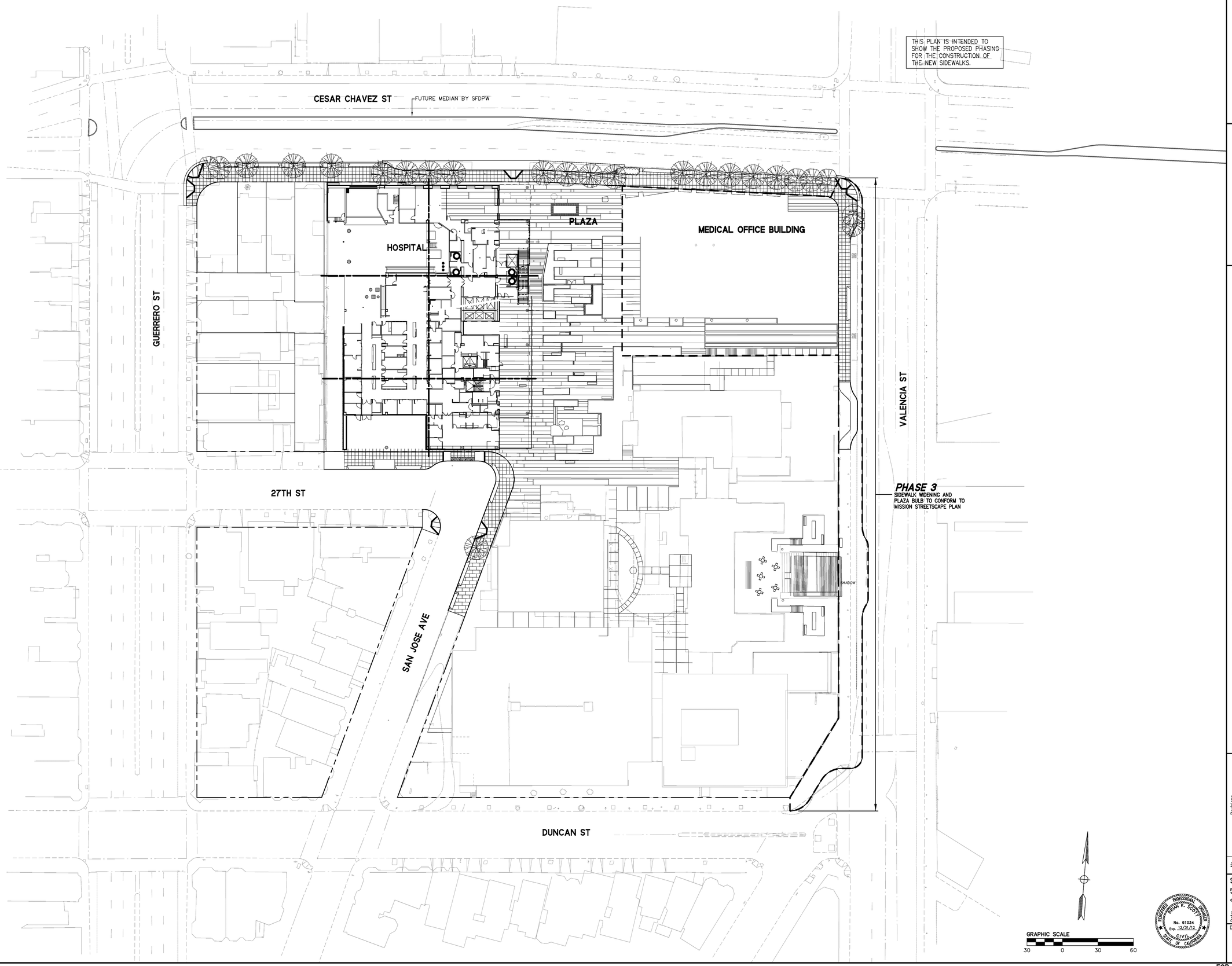

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ST. LUKE'S REPLACEMENT HOSPITAL
STREET IMPROVEMENT PLANS
SIDEWALK CONSTRUCTION PHASING PLAN – PHASE 3

SAN FRANCISCO COUNTY CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date:	2-17-12
Scale:	1"=30'
Designs:	BS
Drawn:	BS
Approved:	BS
Job No:	20060176

Drawing Number:

C1.4

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FOR REVIEW 2-17-12

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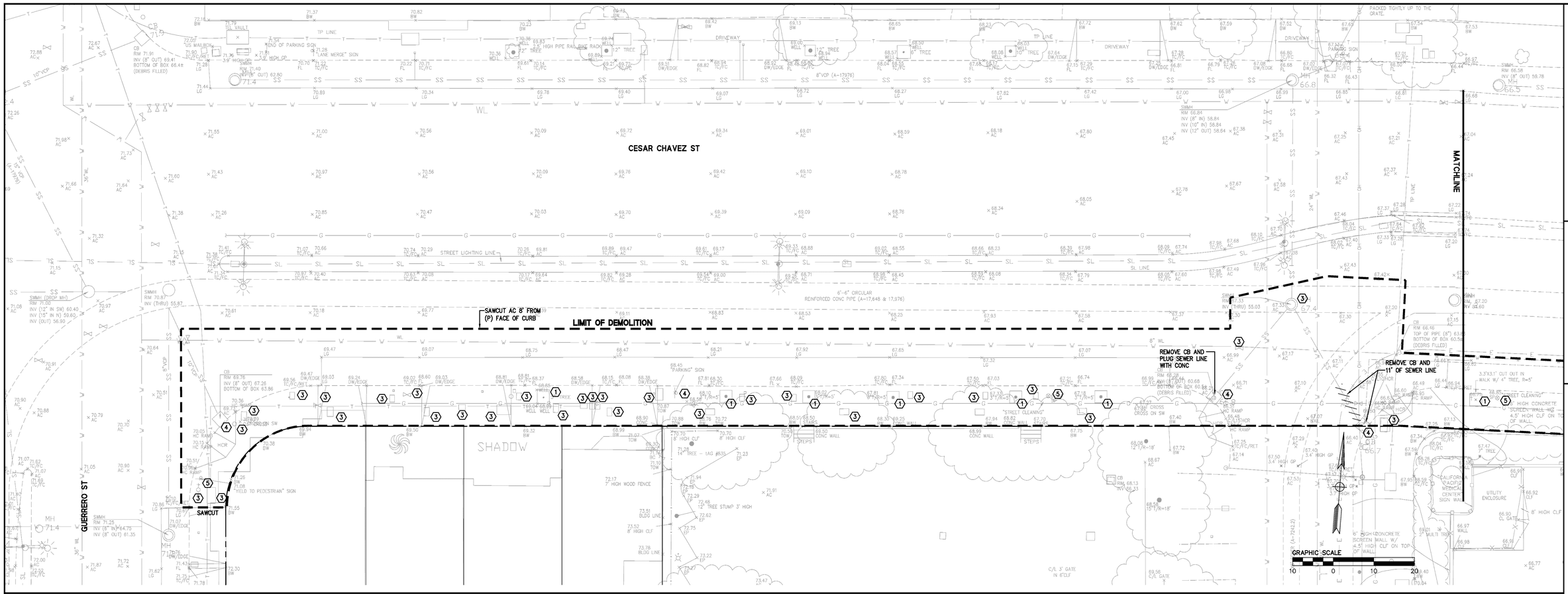

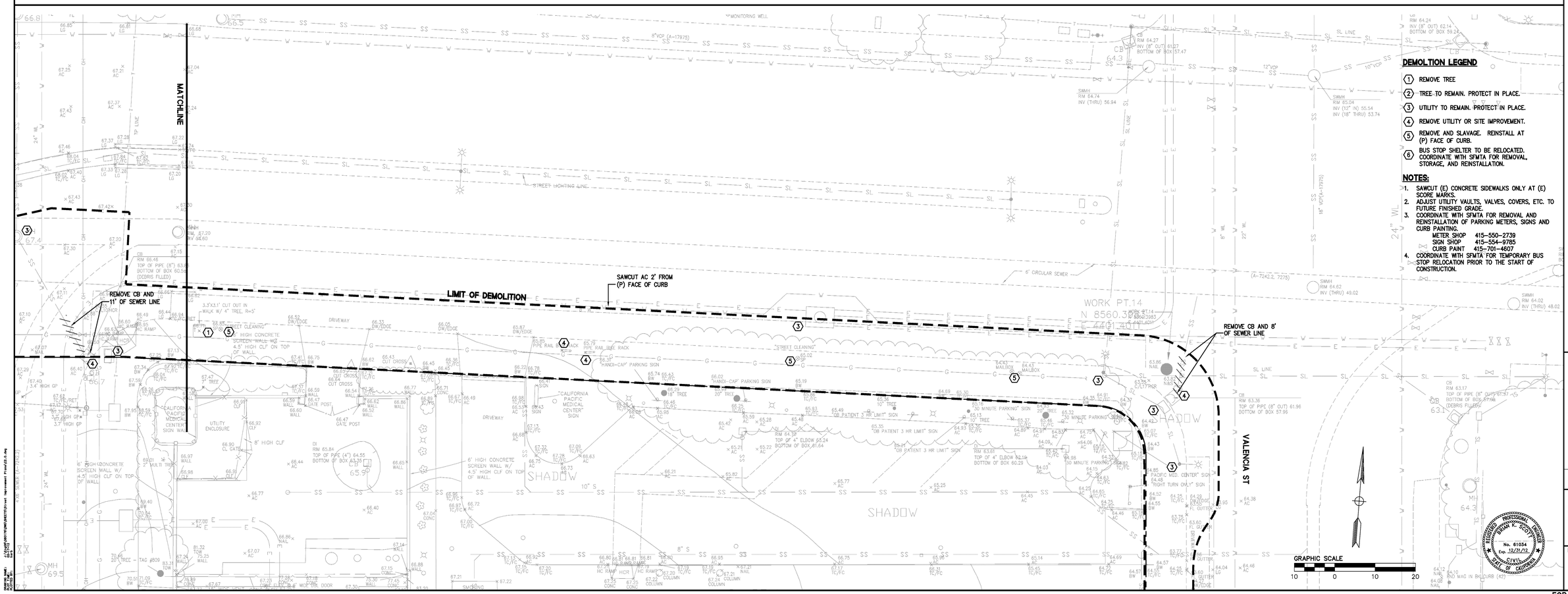

DEMOLTION LEGEND

1. REMOVE TREE
2. TREE TO REMAIN. PROTECT IN PLACE.
3. UTILITY TO REMAIN. PROTECT IN PLACE.
4. REMOVE UTILITY OR SITE IMPROVEMENT.
5. REMOVE AND SLAVAGE. REINSTALL AT (P) FACE OF CURB.
6. BUS STOP SHELTER TO BE RELOCATED. COORDINATE WITH SFMTA FOR REMOVAL, STORAGE, AND REINSTALLATION.

NOTES:

1. SAWCUT (E) CONCRETE SIDEWALKS ONLY AT (E) SCORE MARKS.
2. ADJUST UTILITY VAULTS, VALVES, COVERS, ETC. TO FUTURE FINISHED GRADE.
3. COORDINATE WITH SFMTA FOR REMOVAL AND REINSTALLATION OF PARKING METERS, SIGNS AND CURB PAINTING.
   METER SHOP 415-550-2739
   SIGN SHOP 415-554-9785
   CURB PAINT 415-701-4607
4. COORDINATE WITH SFMTA FOR TEMPORARY BUS STOP RELOCATION PRIOR TO THE START OF CONSTRUCTION.

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STREET IMPROVEMENT PLANS
EXISTING CONDITIONS AND DEMOLITION PLAN

SAN FRANCISCO COUNTY CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 2-17-12
Scale: 1"=10'
Design: BS
Drawn: BS
Approved: BS
Job No: 20080176

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Drawing Number:

C2.0

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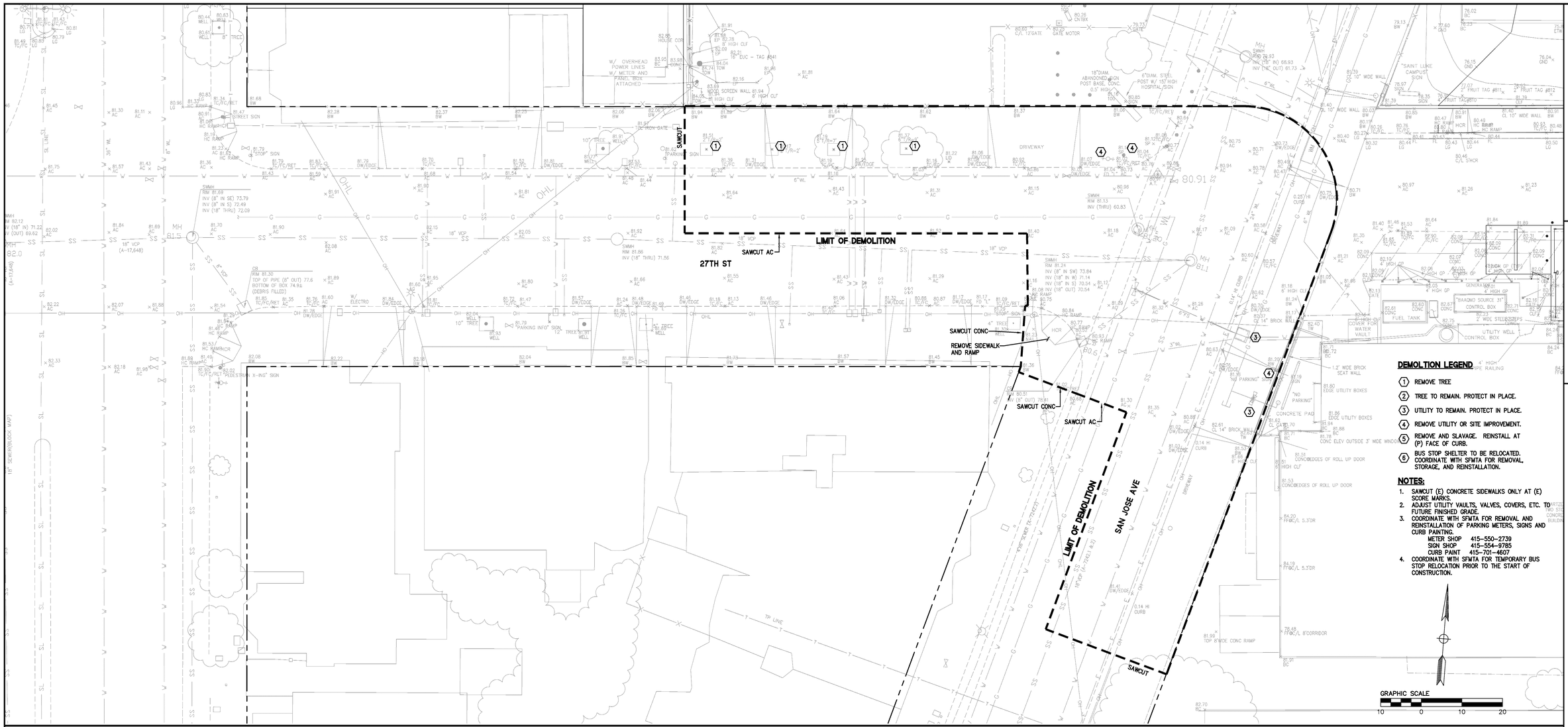
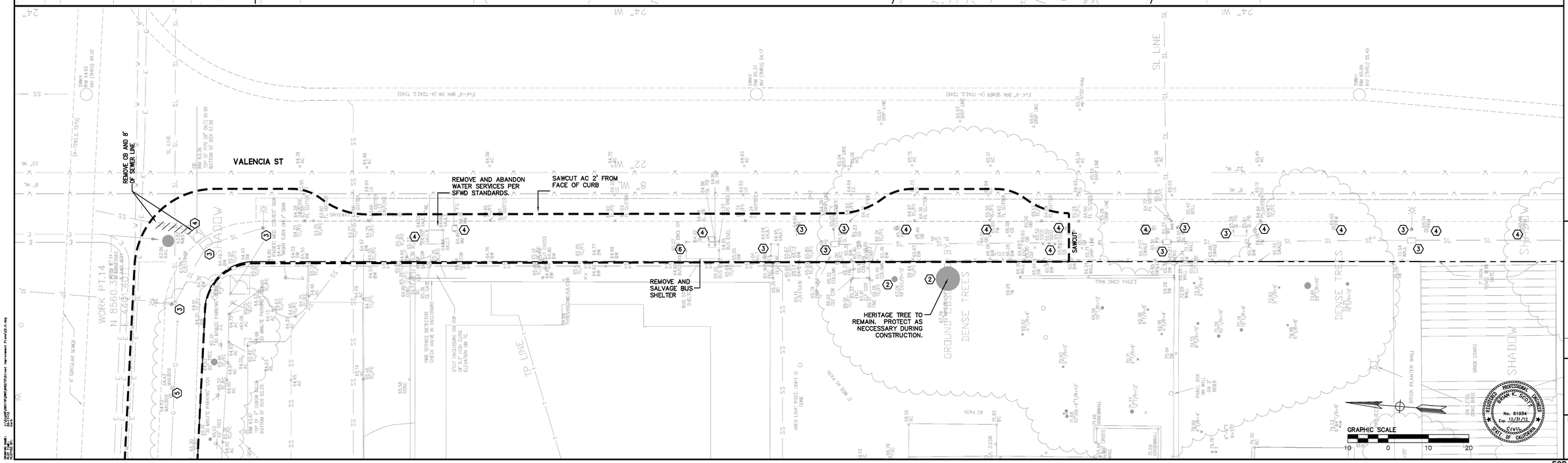


DEMOLTION LEGEND

1. REMOVE TREE
2. TREE TO REMAIN. PROTECT IN PLACE.
3. UTILITY TO REMAIN. PROTECT IN PLACE.
4. REMOVE UTILITY OR SITE IMPROVEMENT.
5. REMOVE AND SLAVAGE. REINSTALL AT (P) FACE OF CURB.
6. BUS STOP SHELTER TO BE RELOCATED. COORDINATE WITH SFMTA FOR REMOVAL, STORAGE, AND REINSTALLATION.

NOTES:

1. SAWCUT (E) CONCRETE SIDEWALKS ONLY AT (E) SCORE MARKS.
2. ADJUST UTILITY VAULTS, VALVES, COVERS, ETC. TO FUTURE FINISHED GRADE.
3. COORDINATE WITH SFMTA FOR REMOVAL AND REINSTALLATION OF PARKING METERS, SIGNS AND CURB PAINTING.
   METER SHOP 415-550-2739
   SIGN SHOP 415-554-9785
   CURB PAINT 415-701-4607
4. COORDINATE WITH SFMTA FOR TEMPORARY BUS STOP RELOCATION PRIOR TO THE START OF CONSTRUCTION.



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STREET IMPROVEMENT PLANS
EXISTING CONDITIONS AND DEMOLITION PLAN

SAN FRANCISCO COUNTY CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 2-17-12
Scale: 1"=10'
Designs: BS
Drawn: BS
Approved: BS
Job No: 20080176

Drawing Number:
C2.1

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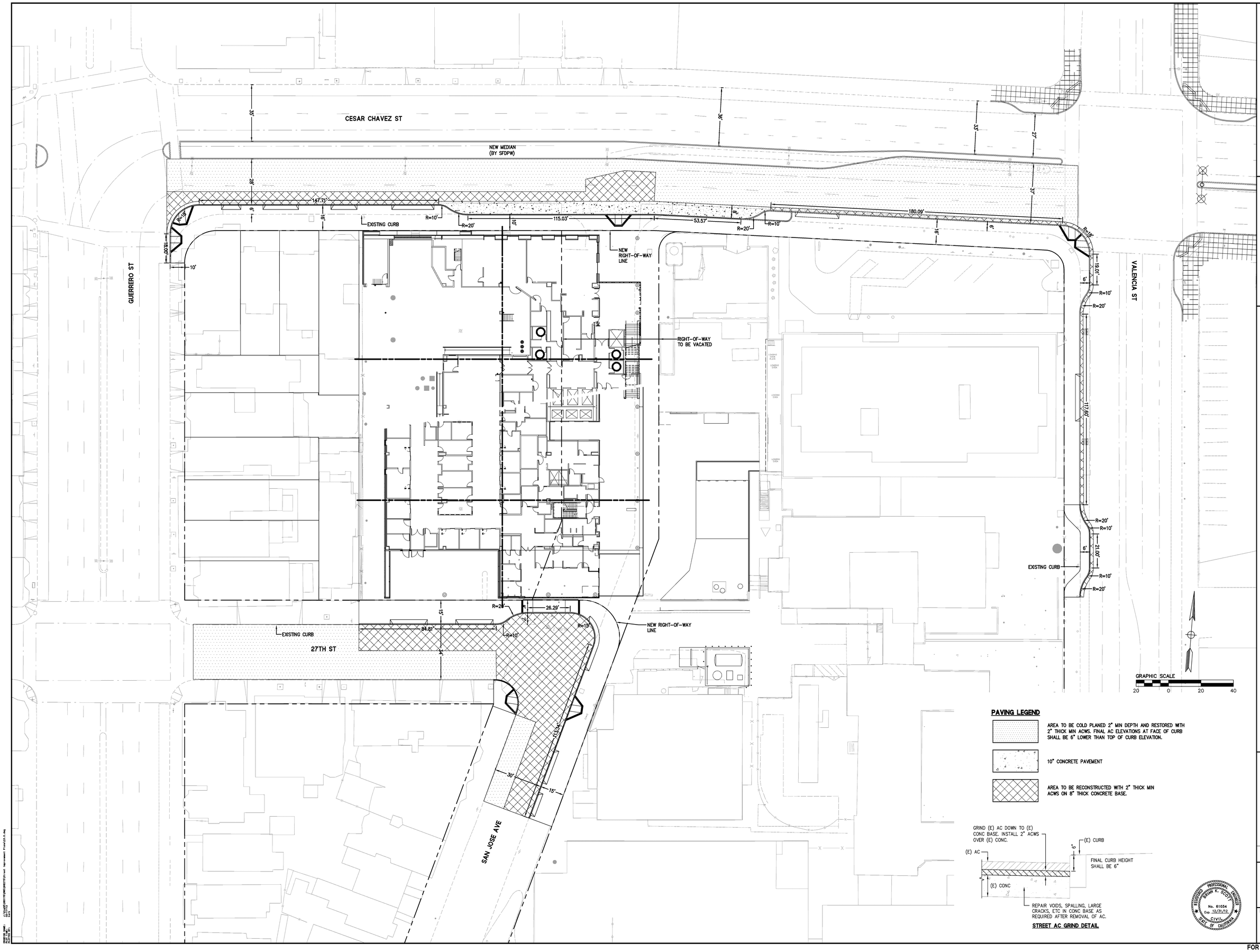

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STREET IMPROVEMENT PLANS
LAYOUT AND PAVEMENT PLAN

SAN FRANCISCO COUNTY

SAN FRANCISCO CALIFORNIA

No.	Revisions

Date:	2-17-12
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Design:	BS
Drawn:	BS
Approved:	BS
Job No:	20080176

Drawing Number:

C3.0

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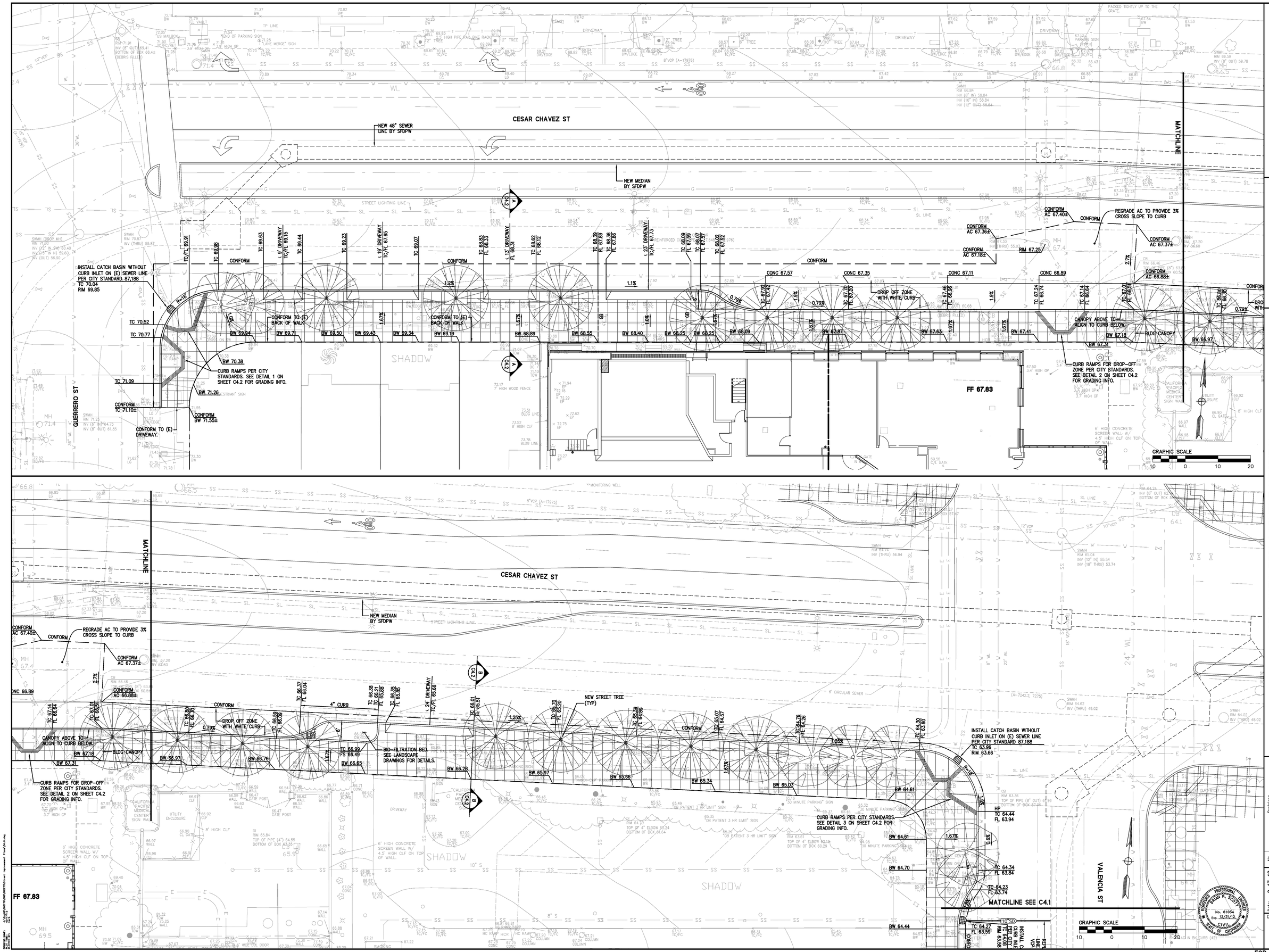

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STREET IMPROVEMENT PLANS
GRADING AND DRAINAGE PLAN

SAN FRANCISCO COUNTY, CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date:	2-17-12
Scale:	1"=10'
Design:	BS
Drawn:	BS
Approved:	BS
Job No:	20080176

Drawing Number:

C4.0

FOR REVIEW 2-17-12

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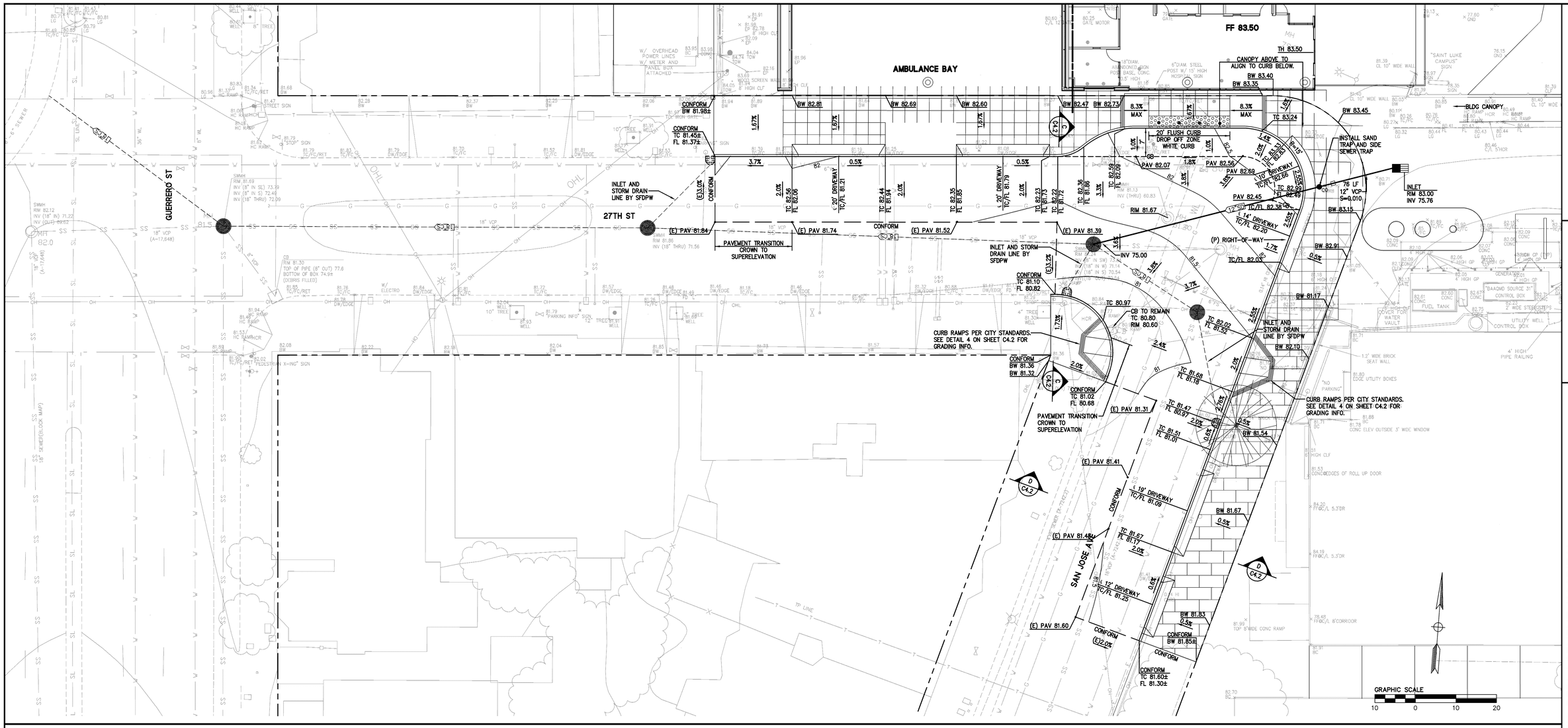

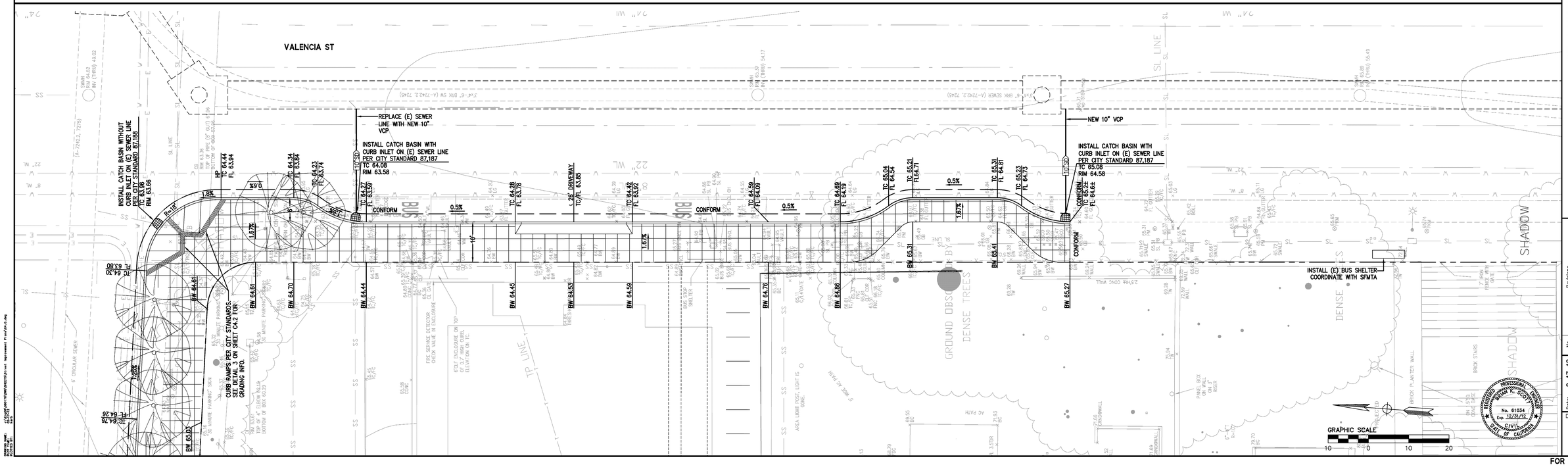

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STREET IMPROVEMENT PLANS
GRADING AND DRAINAGE PLAN

SAN FRANCISCO COUNTY CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 2-17-12
Scale: 1"=10'
Design: BS
Drawn: BS
Approved: BS
Job No: 20080176

Drawing Number:

C4.1

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FOR REVIEW 2-17-12

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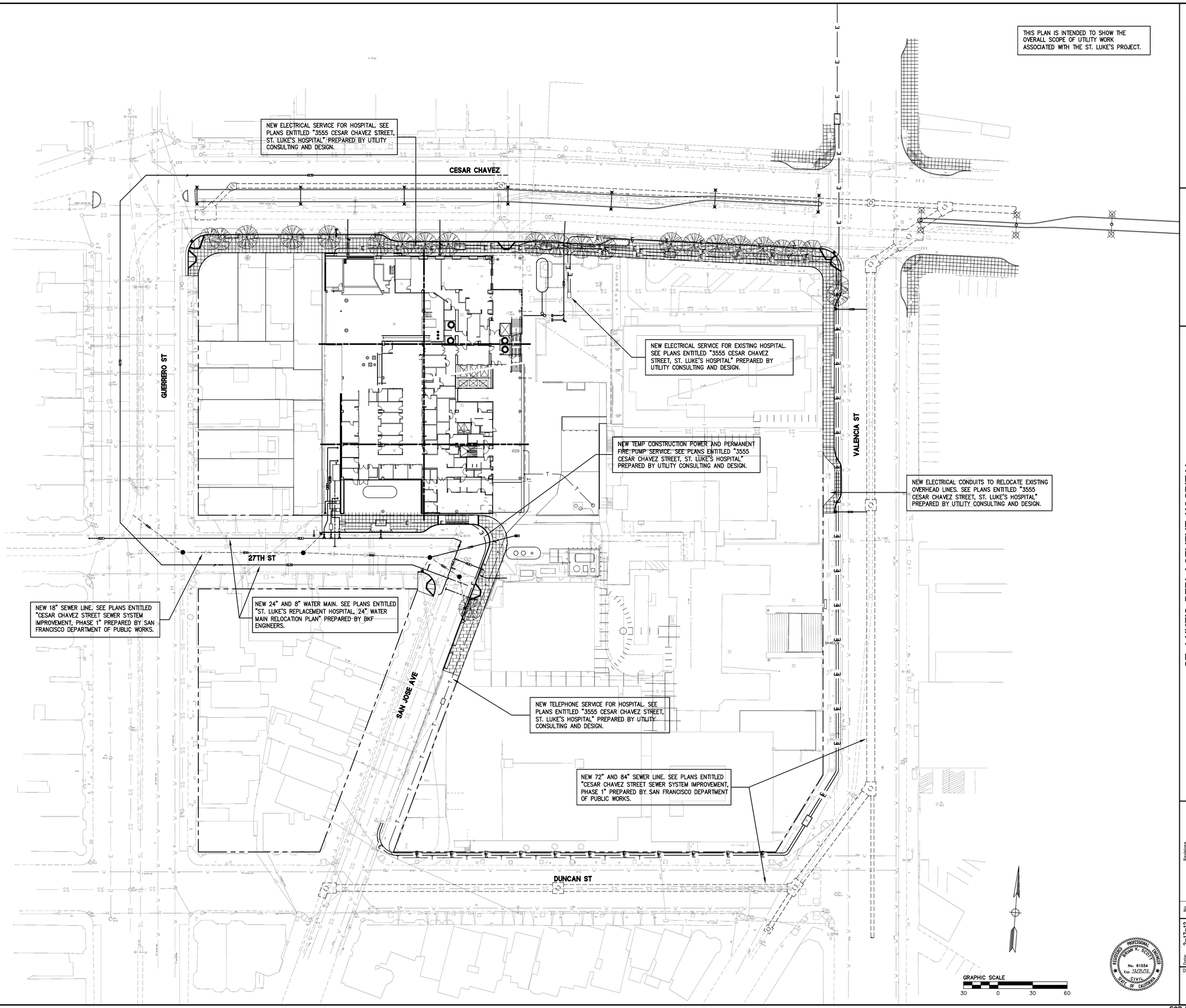

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STREET IMPROVEMENT PLANS
UTILITY OVERVIEW

SAN FRANCISCO COUNTY

CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 2-17-12
Scale: 1"=30'
Design: BS
Drawn: BS
Approved: BS
Job No: 20080176

Drawing Number:

C5.0

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FOR REVIEW 2-17-12

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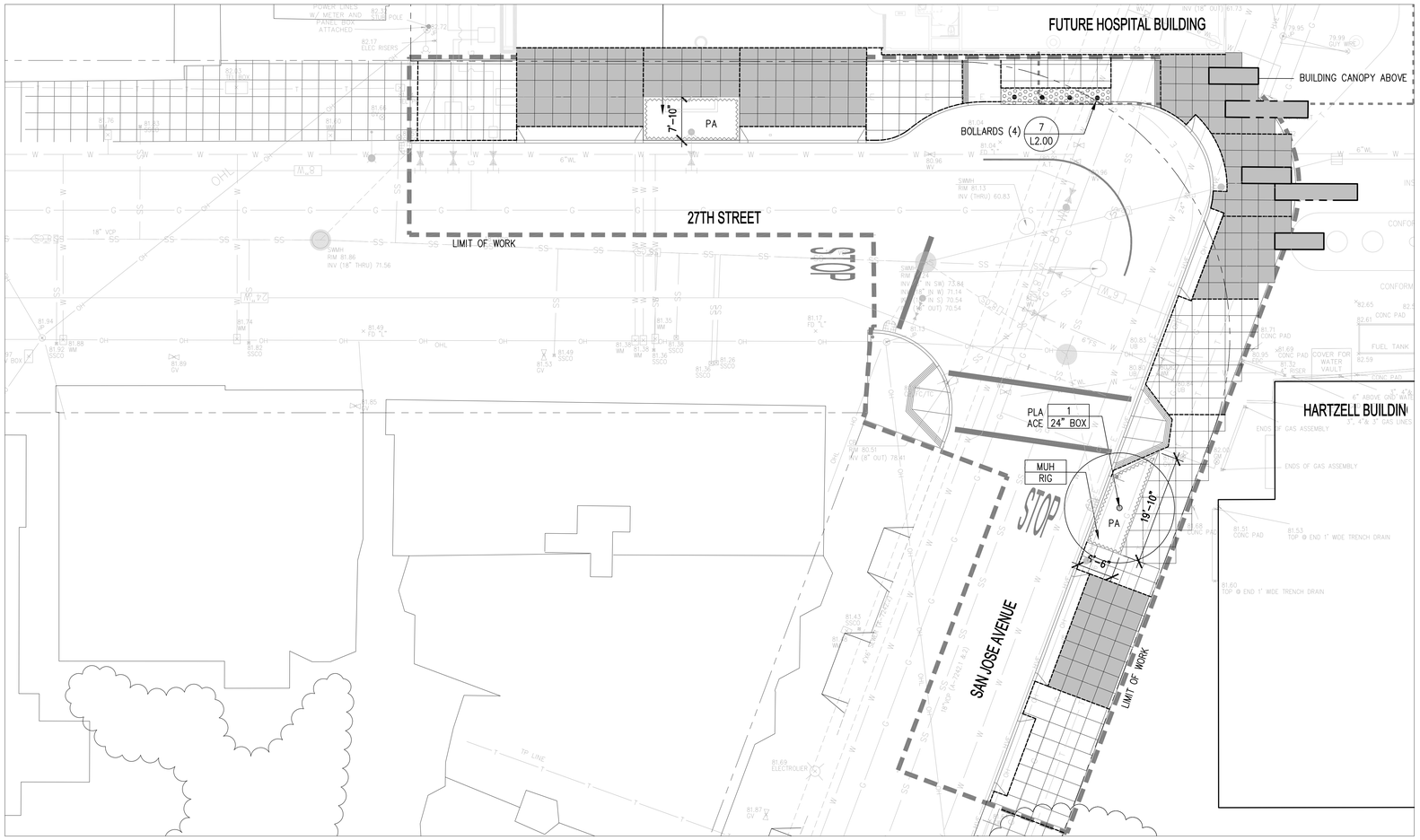

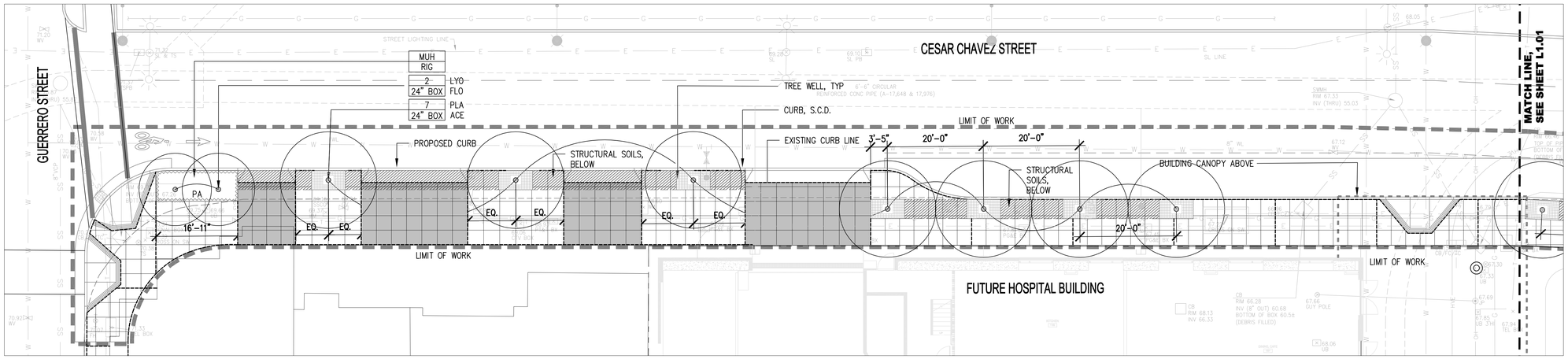

LEGEND

- EXP. JOINT
- 1 / L.3.00 — CITY STANDARD INTEGRAL COLOR CONCRETE PAVING
- TOOL JOINT
- 1 / L.3.00 — POUR IN PLACE COLOR CONCRETE (3' MODULE), OR PRECAST CONCRETE PAVERS
- 1 or 3 / L.3.00 — VEHICULAR PAVING
- 5 / L.3.00 — TRUNCATED DOME PAVERS
- STRUCTURAL SOILS, BELOW
- 7 / L.3.00 — BOLLARD
- 10 / L.3.00 — TREE WELL
- PA — 11,12 / L.3.00 — UNDERSTORY PLANTING
- STREET TREE
- X / 24" BOX — XXXXXX — NUMBER OF TREES / TREE SPECIE / TREE SIZE
- PROPERTY LINE
- LIMIT OF WORK

S.C.D. SEE CIVIL DRAWINGS

PLANT LIST

TREES (8,9 / L.3.00)

KEY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	HYDROZONE	COMMENTS
LYO / FLO	LYONOTHAMUS FLORIBUNDUS	CATALINA IRONWOOD	24"BOX	PER PLAN	L	
PLA / ACE	PLATANUS X ACERIFOLIA	LONDON PLANE TREE	24"BOX	PER PLAN	M	

SHRUBS/GRASSES (11,12 / L.3.00)

KEY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	HYDROZONE	COMMENTS
EPI / CAN	EPILOBIUM CANUM SP. CANUM	CALIFORNIA FUCHSIA	1 GAL	20" O.C.	L	
EPI / CAN	MUHLENBERGIA RIGENS	DEER GRASS	1 GAL	18" O.C.	L	

N

GRAPHIC SCALE
10 0 10 20

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2200 BRIDGEWAY BOULEVARD
SAUSALITO CA 94966-5904
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ST. LUKE'S REPLACEMENT HOSPITAL
STREET IMPROVEMENT PLANS
LANDSCAPE LAYOUT & PLANTING PLAN

SAN FRANCISCO COUNTY, CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 02/17/12
Scale: 1"=10'
Design:
Drawn:
Approved:
Job No: SAT1001

Drawing Number:
L1.00

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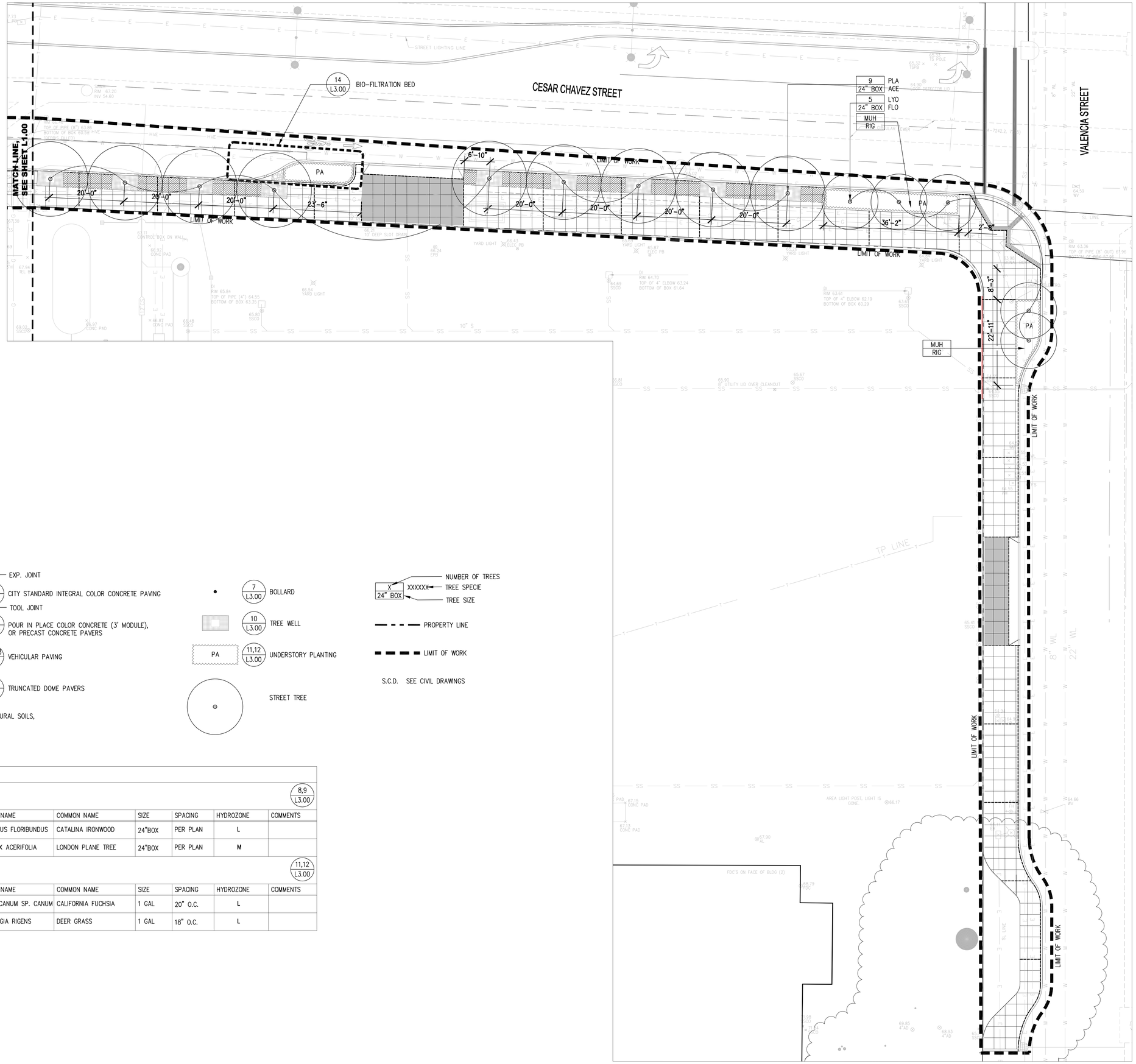

LEGEND

- EXP. JOINT
- 1 / L3.00 — CITY STANDARD INTEGRAL COLOR CONCRETE PAVING
- TOOL JOINT
- 1 / L3.00 — POUR IN PLACE COLOR CONCRETE (3' MODULE), OR PRECAST CONCRETE PAVERS
- 1 or 3 / L3.00 — VEHICULAR PAVING
- 5 / L3.00 — TRUNCATED DOME PAVERS
- STRUCTURAL SOILS, BELOW
- 7 / L3.00 — BOLLARD
- 10 / L3.00 — TREE WELL
- PA — 11,12 / L3.00 — UNDERSTORY PLANTING
- STREET TREE
- X / 24" BOX — NUMBER OF TREES; XXXXXX — TREE SPECIE; TREE SIZE
- PROPERTY LINE
- LIMIT OF WORK
- S.C.D. SEE CIVIL DRAWINGS

PLANT LIST

TREES (8,9 / L3.00)

KEY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	HYDROZONE	COMMENTS
LYO / FLO	LYONOTHAMUS FLORIBUNDUS	CATALINA IRONWOOD	24"BOX	PER PLAN	L	
PLA / ACE	PLATANUS X ACERIFOLIA	LONDON PLANE TREE	24"BOX	PER PLAN	M	

SHRUBS/GRASSES (11,12 / L3.00)

KEY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	HYDROZONE	COMMENTS
EPI / CAN	EPILOBIUM CANUM SP. CANUM	CALIFORNIA FUCHSIA	1 GAL	20" O.C.	L	
EPI / CAN	MUHLENBERGIA RIGENS	DEER GRASS	1 GAL	18" O.C.	L	

GRAPHIC SCALE 10 0 10 20

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STREET IMPROVEMENT PLANS
LANDSCAPE LAYOUT & PLANTING PLAN

SAN FRANCISCO COUNTY, CALIFORNIA

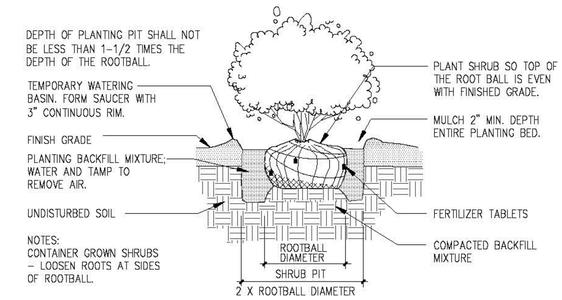
SAN FRANCISCO

Revisions | No.

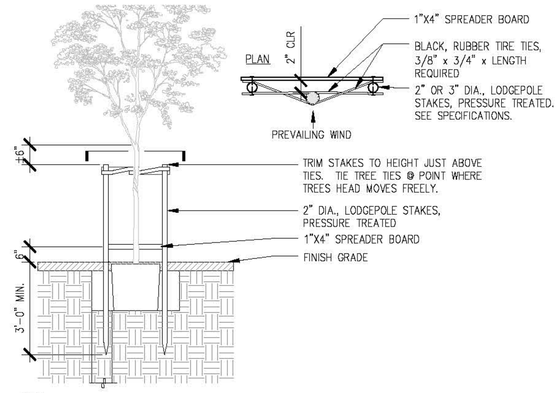
Date: 02/17/12
Scale: 1"=10'
Design: CG
Drawn: SL/YS
Approved: CG
Job No: 34184001

Drawing Number: L1.01

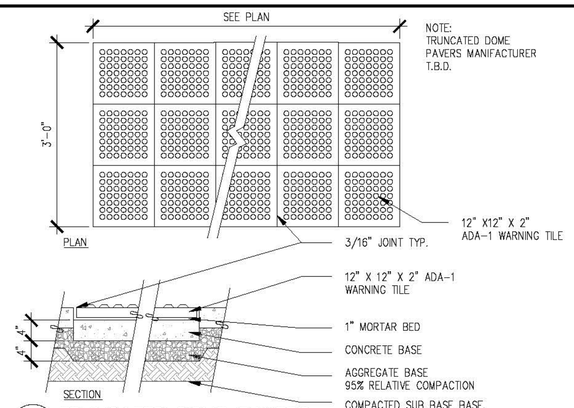
DRAWING NAME: L:\SWA\34001 Street Improvement Permit\X-Drawings\Civil\Xrefs\CD\Sheets\L1.01 LANDSCAPE PLAN(1).dwg
PLOT DATE: 2/17/12
PLOTTED BY: Yim



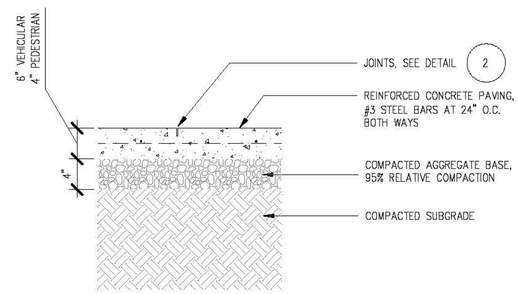
12 SHRUB PLANTING
1/2" = 1'-0"



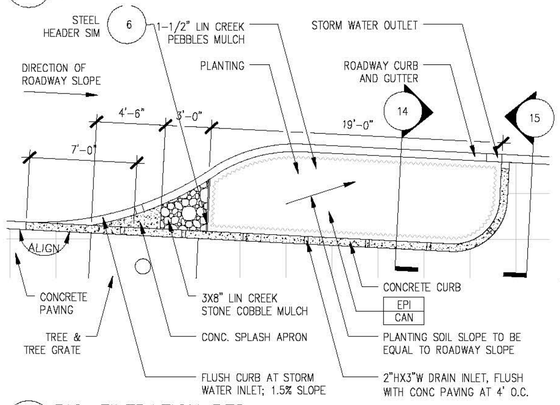
9 TREE STAKING
1/2"=1'-0"



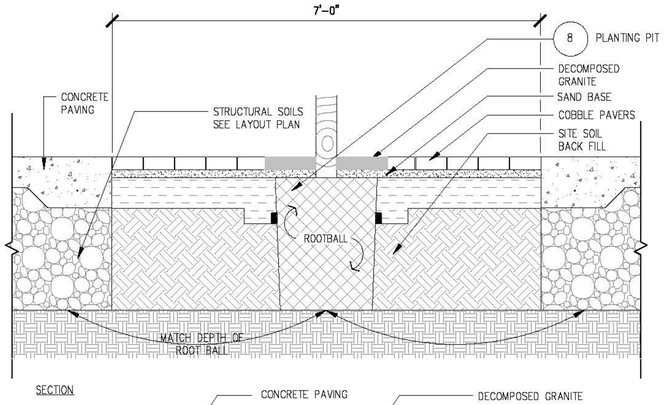
5 TRUNCATED DOME PAVERS
1" = 1'-0"

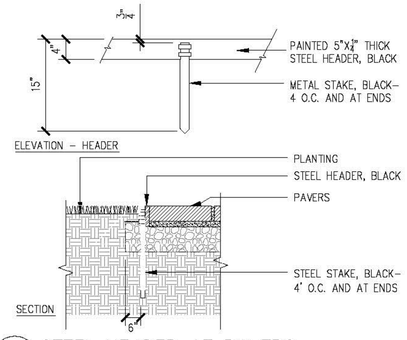


1 CONCRETE PAVING
1"=1'

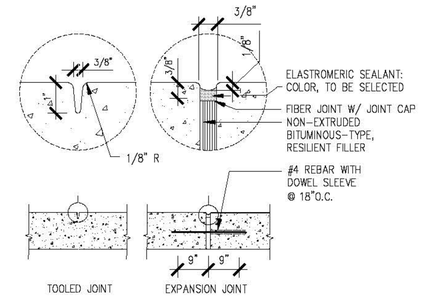


13 BIO-FILTRATION BED
1/4"=1'-0"

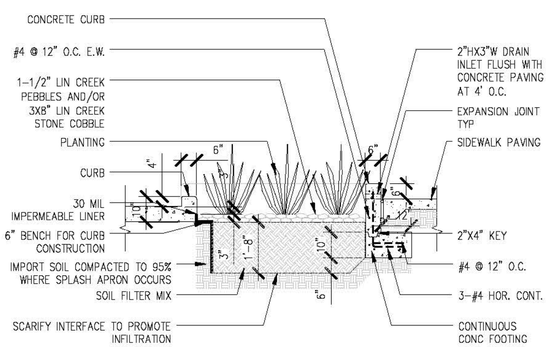




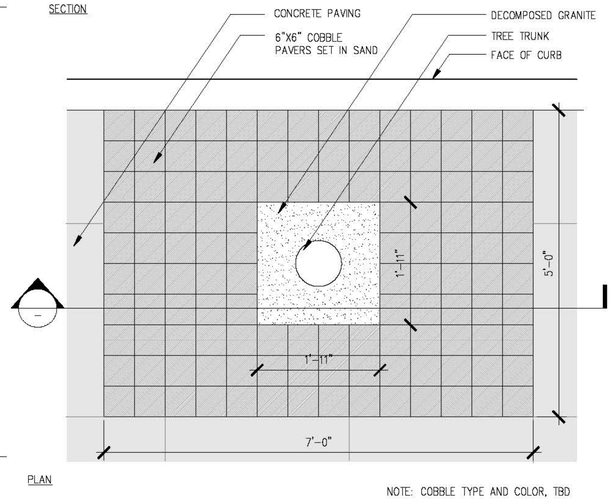
6 STEEL HEADER AT PAVERS
1"=1'-0"



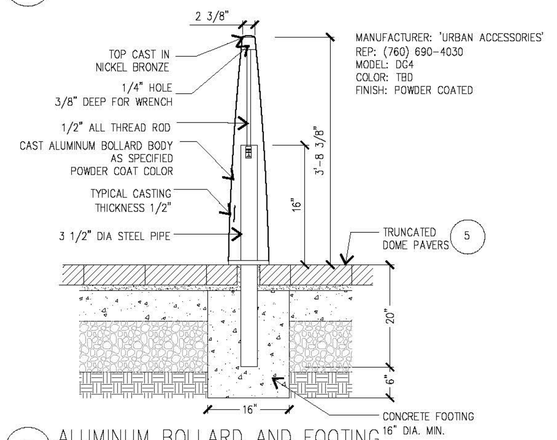
2 CONCRETE JOINTS
1 1/2"=1'-0"



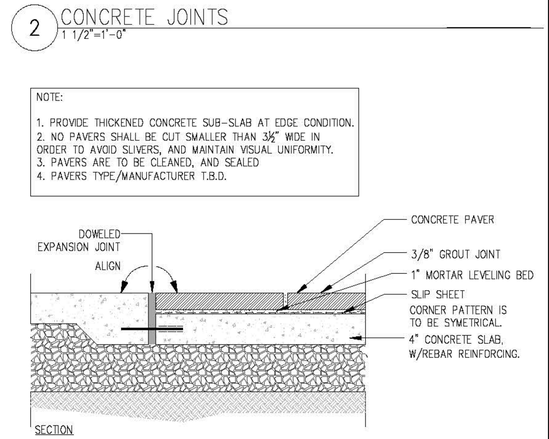
14 TYPICAL SECTION AT BIO FILTRATION BED
1/2"=1'-0"



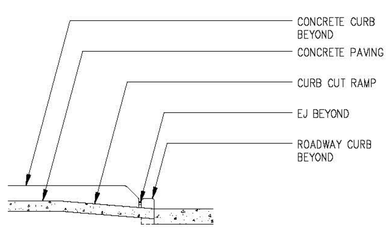
10 TREE WELL
1"=1'-0"



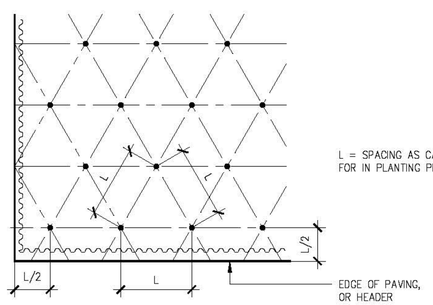
7 ALUMINUM BOLLARD AND FOOTING
1"=1'-0"



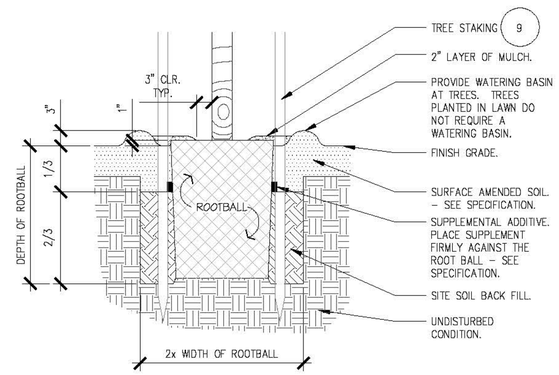
3 CONCRETE PAVERS – VEHICULAR
1 1/2"=1'-0"



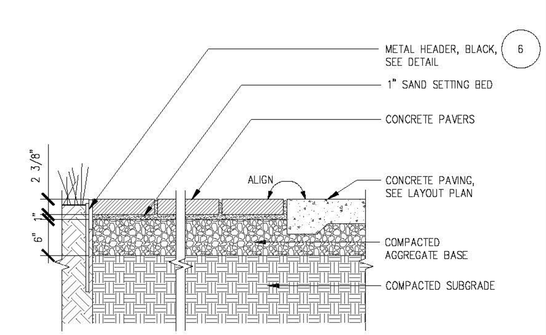
15 SECTION AT BIO FILTRATION BED
1/2"=1'-0"



11 PLANTING LAYOUT – TRIANGLE SPACING
N.T.S.



8 PLANTING PIT
SCALE: 1" = 1'-0"



4 CONCRETE PAVERS – PEDESTRIAN
1"=1'-0"

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ST. LUKE'S REPLACEMENT HOSPITAL STREET IMPROVEMENT PLANS
LANDSCAPE DETAILS
SAN FRANCISCO COUNTY
SAN FRANCISCO CALIFORNIA

No.	Revisions

Date: 02/17/12
Scale: 1"=10'
Design:
Drawn:
Approved:
Job No: SWT-001

Drawing Number:
L3.00

California Pacific Medical Center
St Luke's Medical Office Building
Conditional Use Permit Application

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PROJECT DESCRIPTION

The proposed St Luke's Medical Office Building is an approximately 201,000-sq.-ft., five-story building, including medical office space, retail and education/conference space, and parking on four below-ground levels including approximately 220 parking spaces, with vehicular access to the underground parking garage from Cesar Chavez and Valencia Streets.

The primary pedestrian access is Cesar Chavez and the vehicular drop off is on the first floor inside the garage. The MOB is connected to the adjacent hospital through the conference spaces under the central plaza.

TREE PROTECTION PLAN

All existing trees to remain are to be protected per the Tree Survey and Protection Plan prepared by Consulting Arborist, Roy C Leggitt with Tree Management Experts, dated October 28, 2011. Recommendations include but are not limited to the following:

Pre-Construction Requirements:

Nesting Survey Requirement: The Federal Migratory Bird Treaty Act of 1918 prohibits the taking or destroying of any bird, part, nest or eggs. To comply with this law, tree pruning and removal activities should not occur during bird nesting season. As noted in the Presidio of San Francisco Vegetation Management Plan of 2001, most bird species breed and nest between February and August 15. A qualified biologist must evaluate the site prior to tree work during this timeframe to determine the presence of active or inactive nests, and give recommendations.

Clearance Pruning: It is preferable to remove branches using clean cuts rather than to break them with equipment. The survey indicates which trees should be pruned to a street clearance height of 14 feet. Where minimal pruning is indicated, prune as little as possible, tying branches out of the way as an alternative to making excess cuts. Untie branches when work is complete in that immediate area.
A qualified ISA-Certified Arborist must carry out all pruning in accordance with ANSI A300 Pruning Standards and must comply with City of San Francisco Pruning Standards, available from the San Francisco Department of the Environment at http://www.sfenvironment.org/our_programs/ Complete clearance pruning before any construction activities beneath the tree commence. Monterey Pines (Pinus radiata) should be pruned only from November through February when bark beetles are least active.

Tree Removals: Remove all trees recommended and approved for removal before construction begins. If trees cannot be removed before the start of the project, they must be protected and alternate means of construction will be required. Working around trees without taking the protection measures indicated in this report may create hazard trees and decrease the safety of this project. Monterey Pines (Pinus radiata) should be removed during November through February and the stumps ground out to minimize bark beetle activity that will harm trees of the same species that remain.

Establishment of Tree Protection Zones (TPZs): Establishing and fencing off the TPZ is vital to tree preservation. Protecting the TPZ prevents damage to roots, branches and trunk, and protects soil from compaction. The optimal TPZ is a round area with a radius equivalent to 10 or 12 times the trunk diameter, depending on the tree species, root confinement and soil type. A TPZ of this size is best to preserve both health and structure of the tree.

Install TPZ fencing in a particular area before work commences. Work within the TPZ is possible, but must be done differently than work outside the TPZ. Do not operate equipment, store materials or park vehicles within the TPZ. Have the Project Arborist on site for any work within the TPZ. Remove TPZ fencing only for the necessary work and replace it immediately thereafter. Keep TPZ fencing up until construction activities in that area are complete. Because the project is multi-phased, TPZ fencing may be removed when one phase is complete and re-installed at a later date. The exact timeline for installing and removing TPZ fencing for each tree must be established as part of the timing for construction.

To enclose trees in the landscape, use 6-foot high chain link fencing, supported by 1-1/2 or 2-inch iron pipe, spaced no more than 10 feet apart. Drive the fence posts at least 24 inches into the ground. On the St. Luke's campus, it is not possible to fence off the optimal TPZ for each tree. Follow the recommendations for TPZ fencing in the section titled "Tree Protection by Area."

To protect street trees, the existing pavement forms an effective root buffer, so TPZ fencing is not necessary. Instead, wrap the trunk to prevent injury and cover the tree wells with plywood covers to prevent soil compaction and toxic runoff from getting into the soil. For the trunk protection, wrap the trunk a minimum of 3 times with orange plastic snow fencing. Place 2 x 4 planks edge-to-edge with the wide side against the trunk so that the trunk is covered. Wrap the planks a minimum of 3 times with the snow fencing and secure. Cover the tree wells with 3/4-inch plywood. Covers should form a square or rectangle that is a few inches larger than the tree well on all 4 sides, with a circle cut out of the middle for the trunk. The open area for the trunk should be a minimum 1 inch away from the trunk, and a maximum of 3 inches. Attach the plywood to the sidewalk so that it cannot be removed or casually moved.

Preservation Requirements during Construction

Project Arborist Requirement: Successful tree preservation depends on Project Arborist involvement throughout the project, including the landscaping phase. Trees are living things, and they react to the changes around them. The Project Arborist provides the following vital services:

- To be on site whenever there is work within the TPZ radius of a protected tree or within TPZ fencing. We will advise contractors or subcontractors to minimize Impacts to trees, and will either perform or supervise root pruning.
- Review plan changes or additional plans not included in this report for additional recommendations.
- Provide monthly inspections of protected trees, especially the Landmark Tree, and to monitor for any changes and make additional recommendations for preservation.
- Inspect protected trees at 6 months and 12 months after the project is completed and make recommendations for their ongoing care.

Air/Water Excavation: The TME Arborist Report of May 17, 2010, excerpted in Section 4, Appendix D, compares the various excavation options in more detail. To summarize:

Excavating trenches with equipment destroys roots. Hand excavation is slow and can also damage roots. Directional boring can damage unseen roots. Excavating the trench using air or water tools preserves roots, moves soil quickly, and allows the arborist to see the roots and make the best decision. Use air or water excavation for utility work on Duncan Street, around the Landmark Tree on Valencia, on San Jose Avenue, and north of Cesar Chavez.

Selective Root Pruning: Once roots are exposed using air or water excavation, the Project Arborist will inspect roots and determine which roots should remain and bridge the trench and which can be removed. Root pruning must be done cleanly with a sharp tool, under the direction of or by the Project Arborist.

Existing Pavement as a Root Buffer: The existing paved areas are protecting roots from damage and soil compaction. When existing pavement is removed, the exposed area within the TPZ radius should be fenced off and protected as described in this report. Staging: Stage materials on paved areas and outside of TPZ fencing. Irrigation: Protected trees should be maintained on their normal irrigation schedule throughout the project. Certain trees that sustain root losses may benefit from increased irrigation, as recommended by the Project Arborist.

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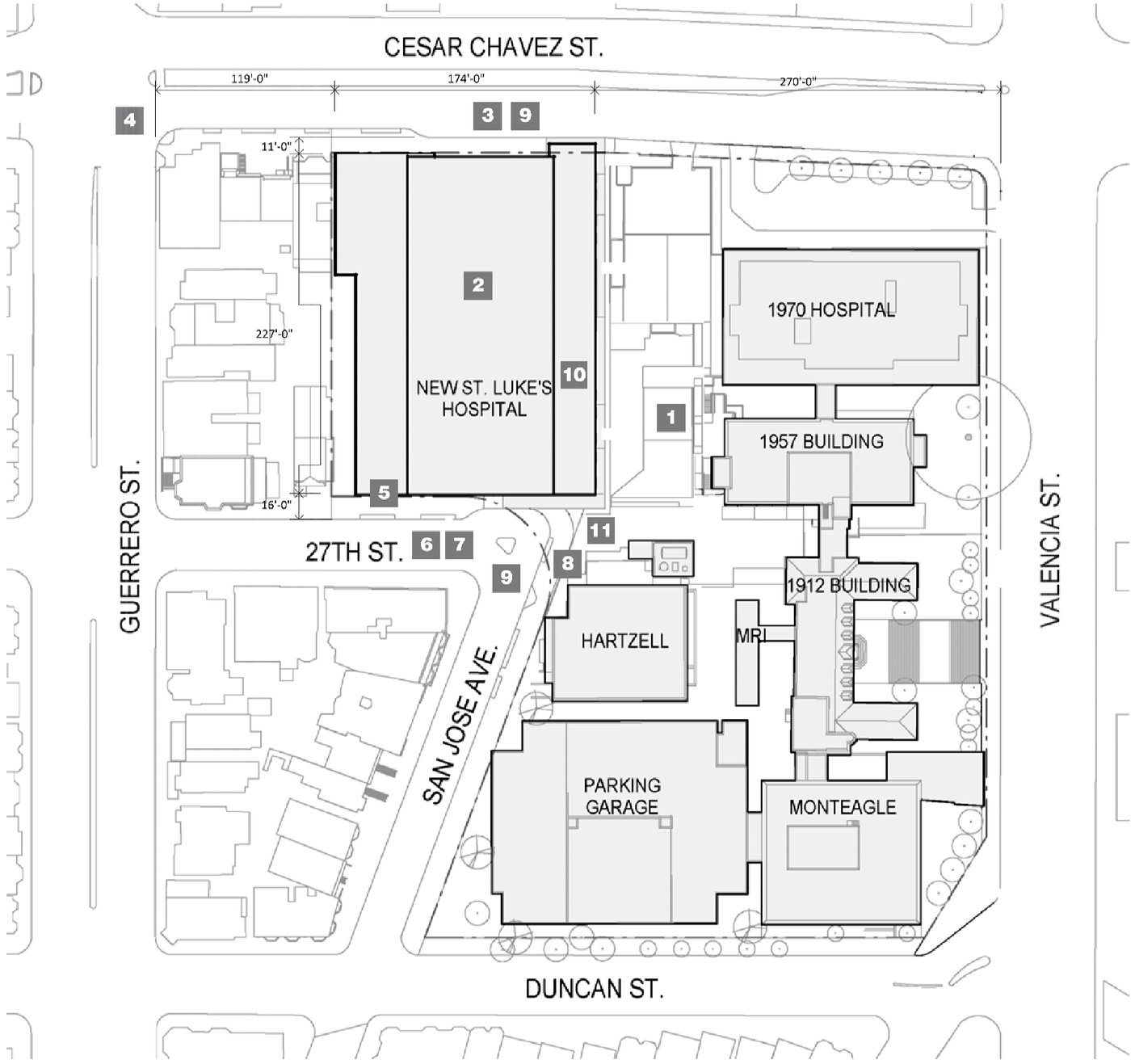

CAMPUS SITE PLAN

N

0 10' 30' 50' 100'

St. Luke's Replacement Hospital

1 Demolition of the Redwood Administration Building and improvements on existing surface parking lot at 3615 Cesar Chavez Street.

2 Construction of the St. Luke's Replacement Hospital, a 157,000 sq.-ft. five-story hospital, providing approximately 80 acute care beds. The St. Luke's Replacement Hospital may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, post-partum care, an expanded emergency department, cafeteria, loading area, and central utility plant space. Refer to Hospital sheets A2.1 through A4.1.

Street Improvements

3 Cesar Chavez Street sidewalk replacement and widening (south side between Guerrero Street and the eastern edge of the St. Luke's Replacement Hospital). Refer to sheets C3.0 & C4.0.

4 Pedestrian bulbouts on Cesar Chavez Street at Guerrero Street and Valencia Street. Refer to sheets C3.0 & C4.0.

5 27th Street sidewalk replacement(north side from western property line of the St. Luke's Campus to its terminus at San Jose Avenue). Refer to sheets C3.0 & C4.1.

6 27th Street/San Jose Avenue terminus street re-paving (grind and overlay). Refer to sheets C3.0 & C4.1.

7 27th Street/San Jose Avenue catch basin and manhole additions/replacements. Refer to sheet C5.0.

8 San Jose Avenue sidewalk replacement (east side from 27th Street to the south façade of the Hartzell Building), and including a curb ramp connector. Refer to sheets C3.0 & C4.1

9 Tree planting, landscape, hardscape and other streetscape improvements along portions of Cesar Chavez Street, 27th Street and San Jose Avenue. Refer to sheets L1.00 & L1.01.

Additional Improvements

10 Realign utilities currently located beneath San Jose Avenue between 27th Street and Cesar Chavez Street, including existing storm sewer, water main, and electrical and gas lines; Refer to sheet C5.0.

11 Install underground (hospital emergency generator) storage tanks adjacent to hospital.

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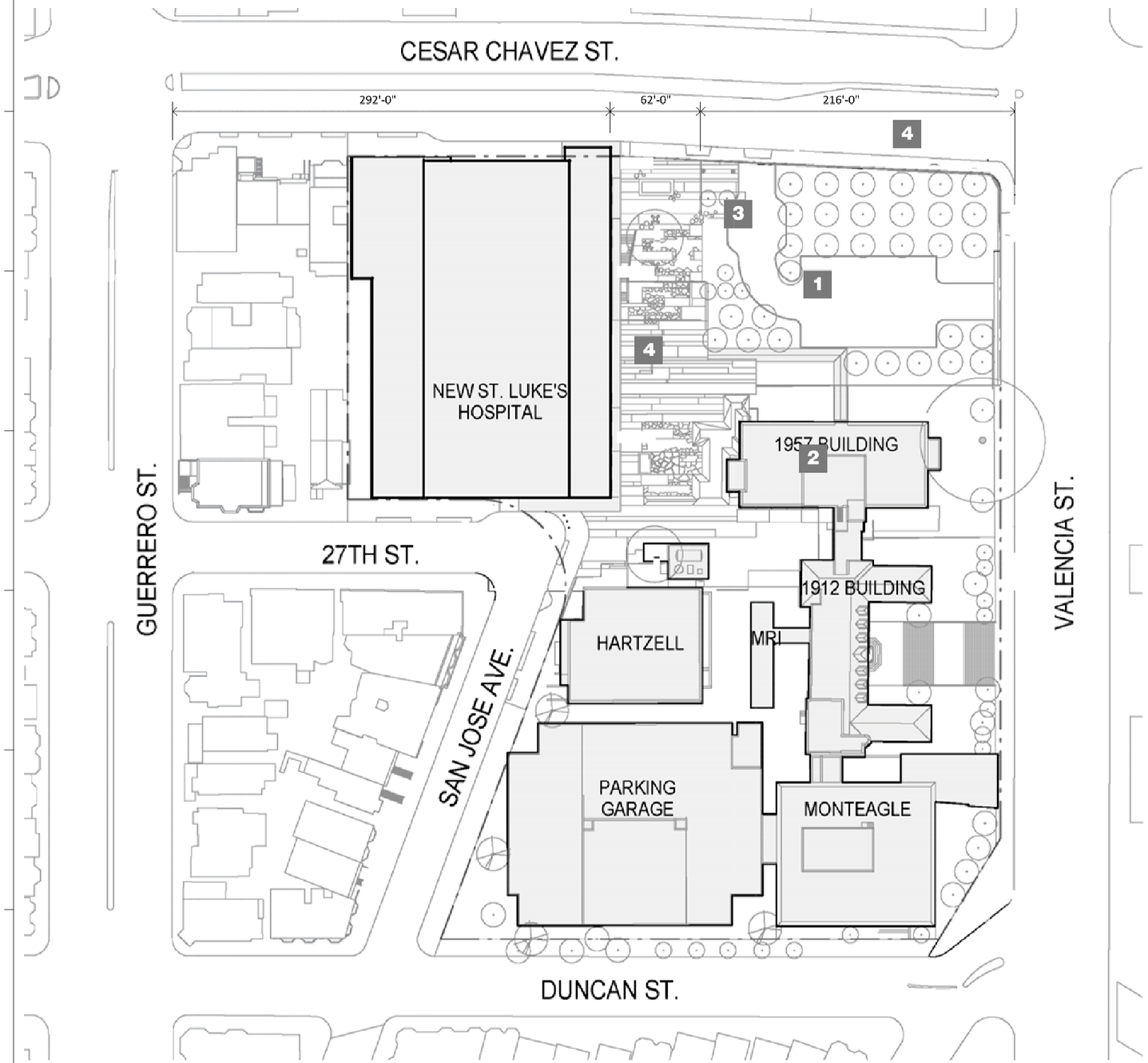
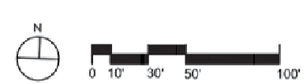


CAMPUS SITE PLAN



St. Luke's Replacement Hospital

1 Demolition of St. Luke's Hospital Tower

2 Renovation and reuse of the approximately 31,700-sq.-ft. 1957 Building as administrative office, storage, and conference space.

Medical Office Building (MOB)

3 *Temporary drop-off and tree farm*

4 Street improvements include construction of entry plaza and courtyard and public pedestrian pathway in the former San Jose Avenue right-of-way between Cesar Chavez Street and 27th Street, Cesar Chavez sidewalk replacement and widening (south side between eastern edge of the St. Luke's Replacement Hospital and bulbout at Valencia Street) and associated tree planting, landscape, hardscape and other streetscape improvements.

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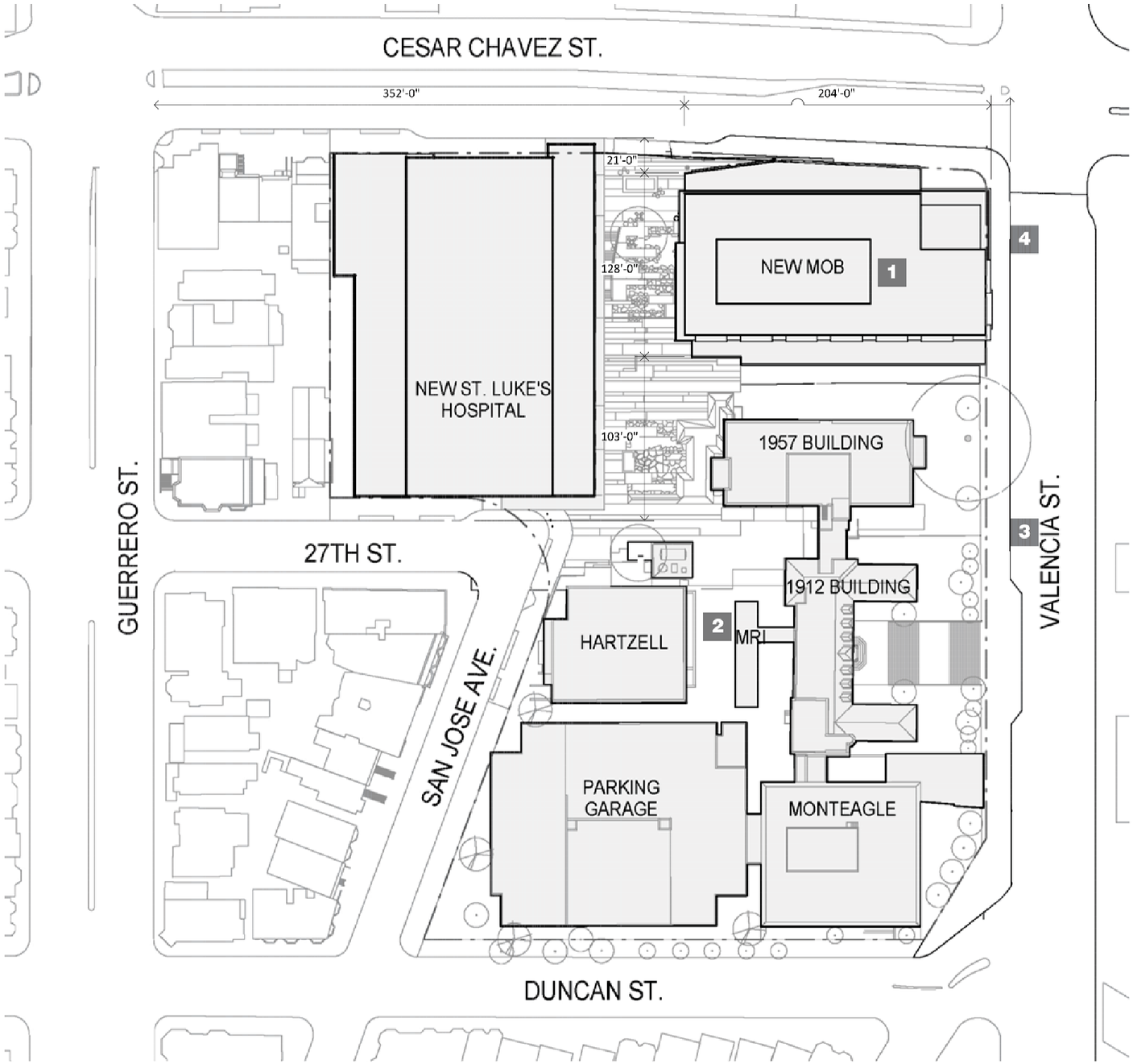


CAMPUS SITE PLAN

N

0 10' 30' 50' 100'

Medical Office Building (MOB)

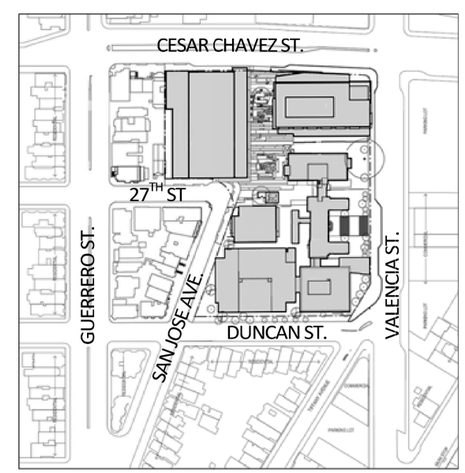
1 Construction on the former St. Luke's Hospital Tower site of an approximately 201,000-sq.-ft., five-story building, including medical office space, retail and education/conference space, and parking on four below-ground levels including approximately 220 parking spaces, with vehicular access to the underground parking garage from Cesar Chavez and Valencia Streets. Refer to MOB Sheets A2.6 through A4.3

2 Removal of MRI Trailer and passageway to 1912 Building and closure of the 1912 Building's exterior wall that connects to the MRI Trailer.

3 Street improvements, including sidewalk widening along the west side of Valencia Street between Cesar Chavez Street and Duncan/ Tiffany Streets. Refer to sheet C1.4.

4 Relocate bus stop for the 36-Teresita line. Refer to sheets C3.0 & C4.1.

NEIGHBORHOOD SITE PLAN



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MOB

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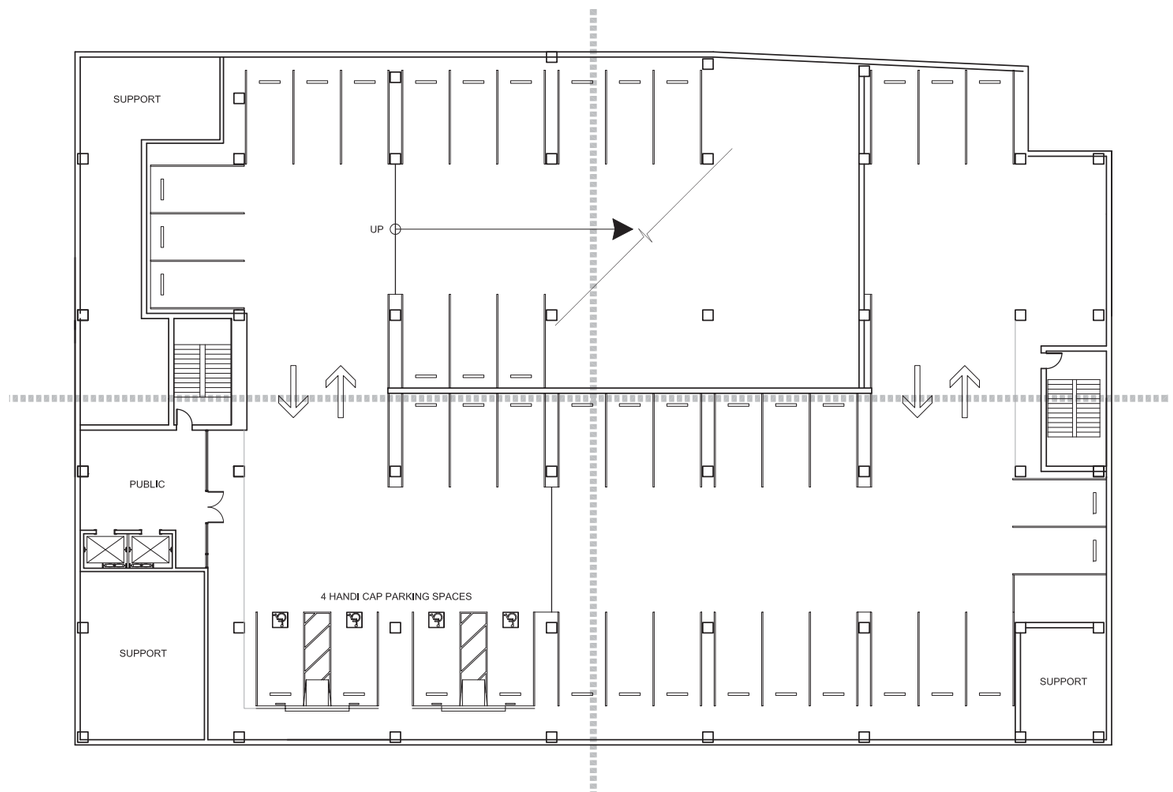

1 PARKING FLOOR PLAN LEVEL P4

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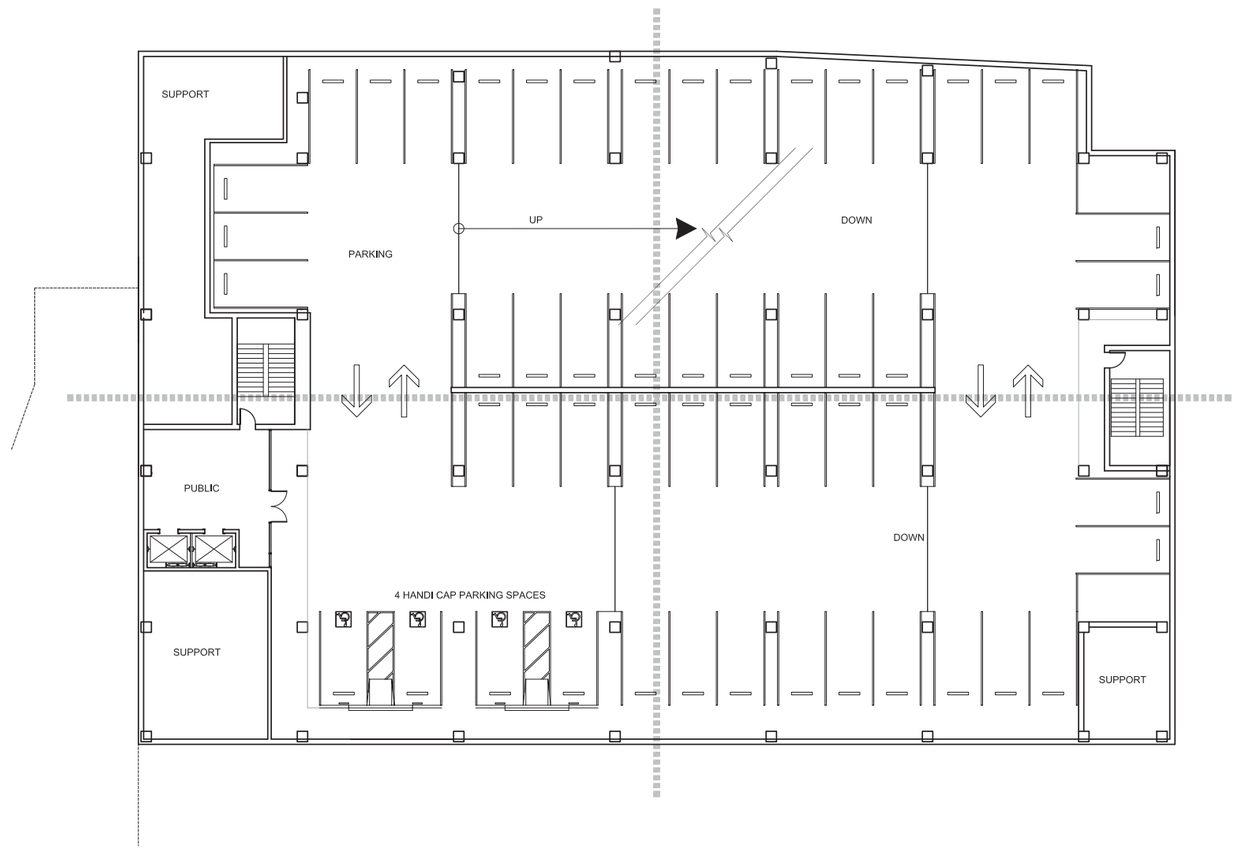

1 PARKING FLOOR PLAN LEVELS P1-P3
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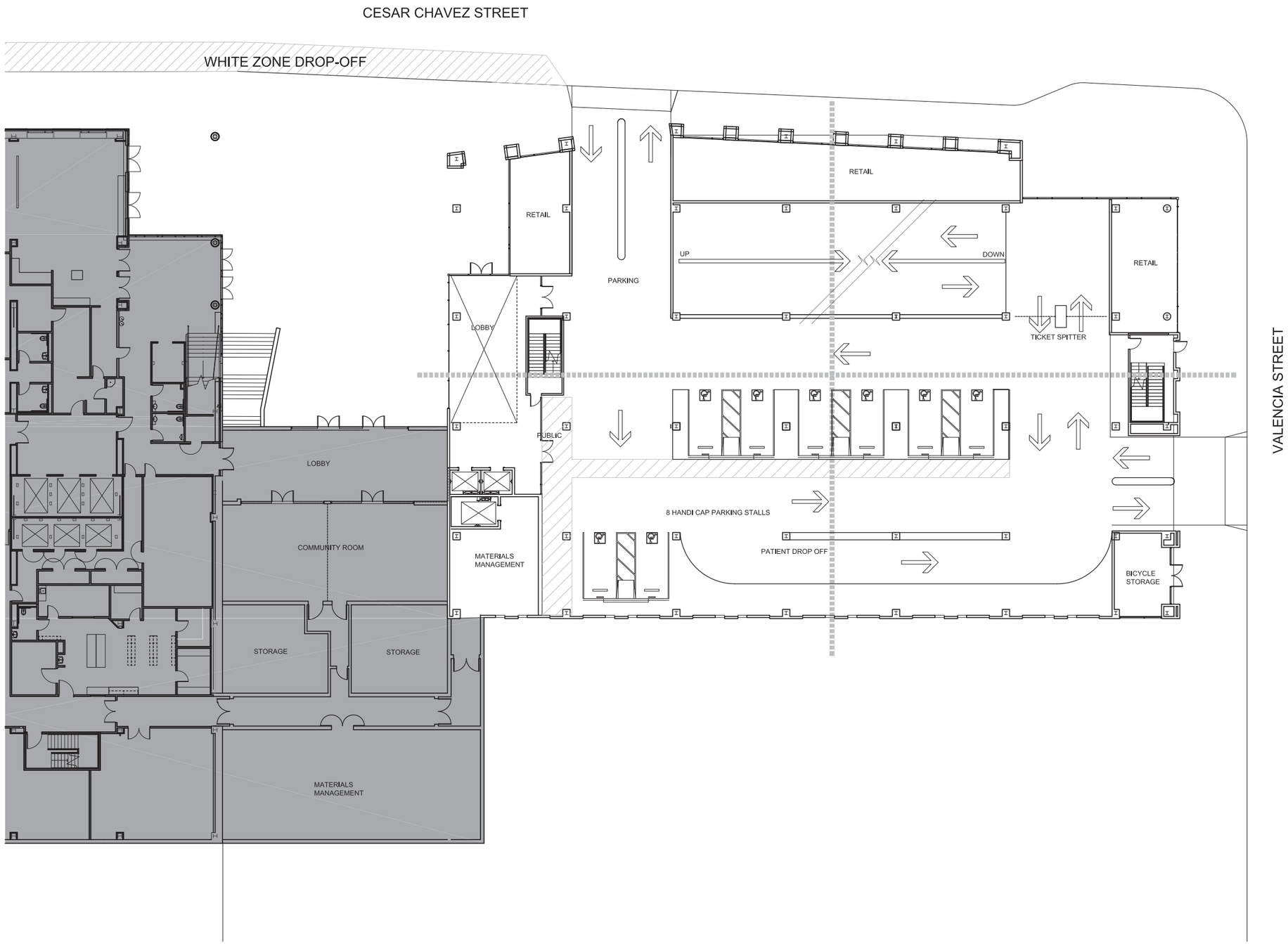

1 PARKING FLOOR PLAN LEVEL 1
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A2.8

LEVEL 2 PLAN

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27

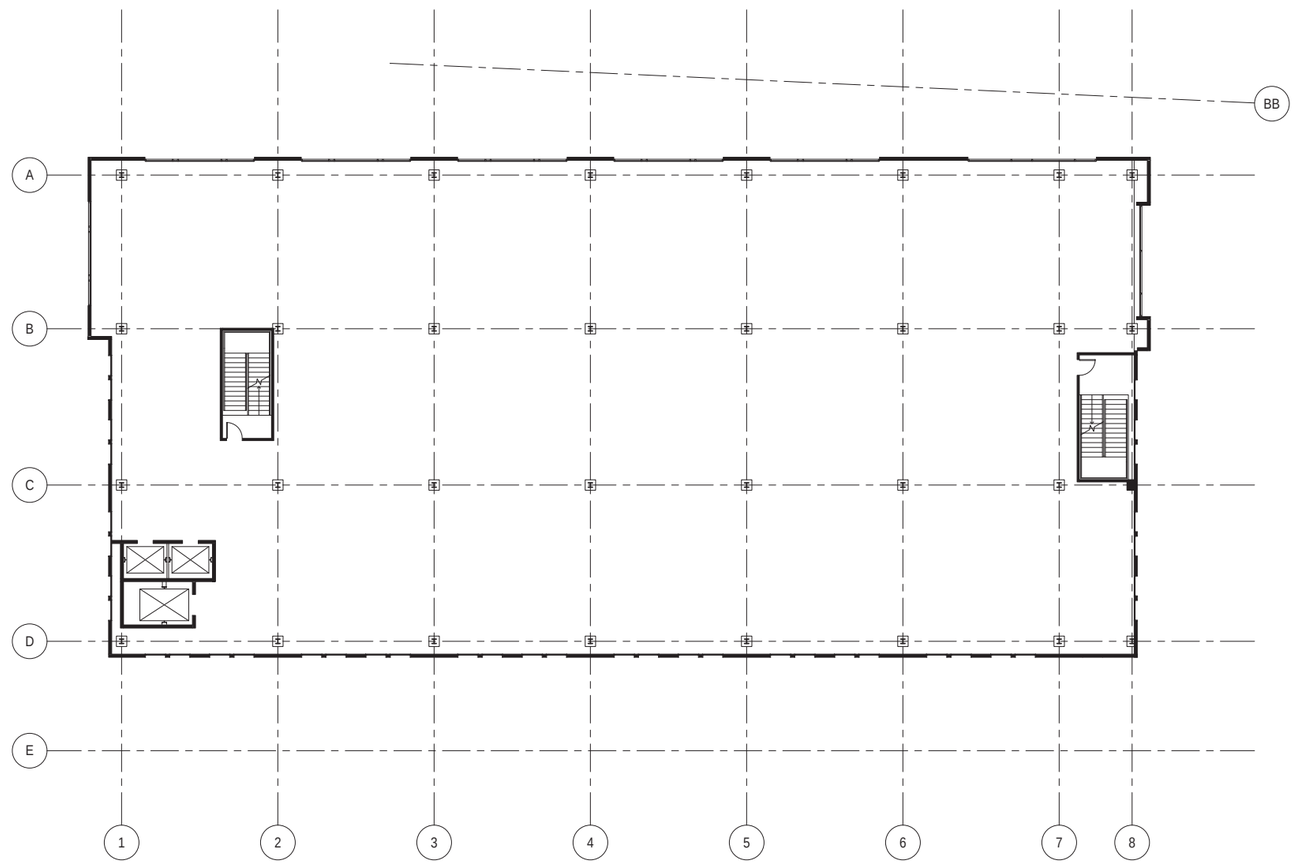
DRAWING TITLE

MOB LEVEL 2 FLOOR PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER A2.9



LEVEL 3 PLAN

5/18/2011 6:04:30 PM

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27

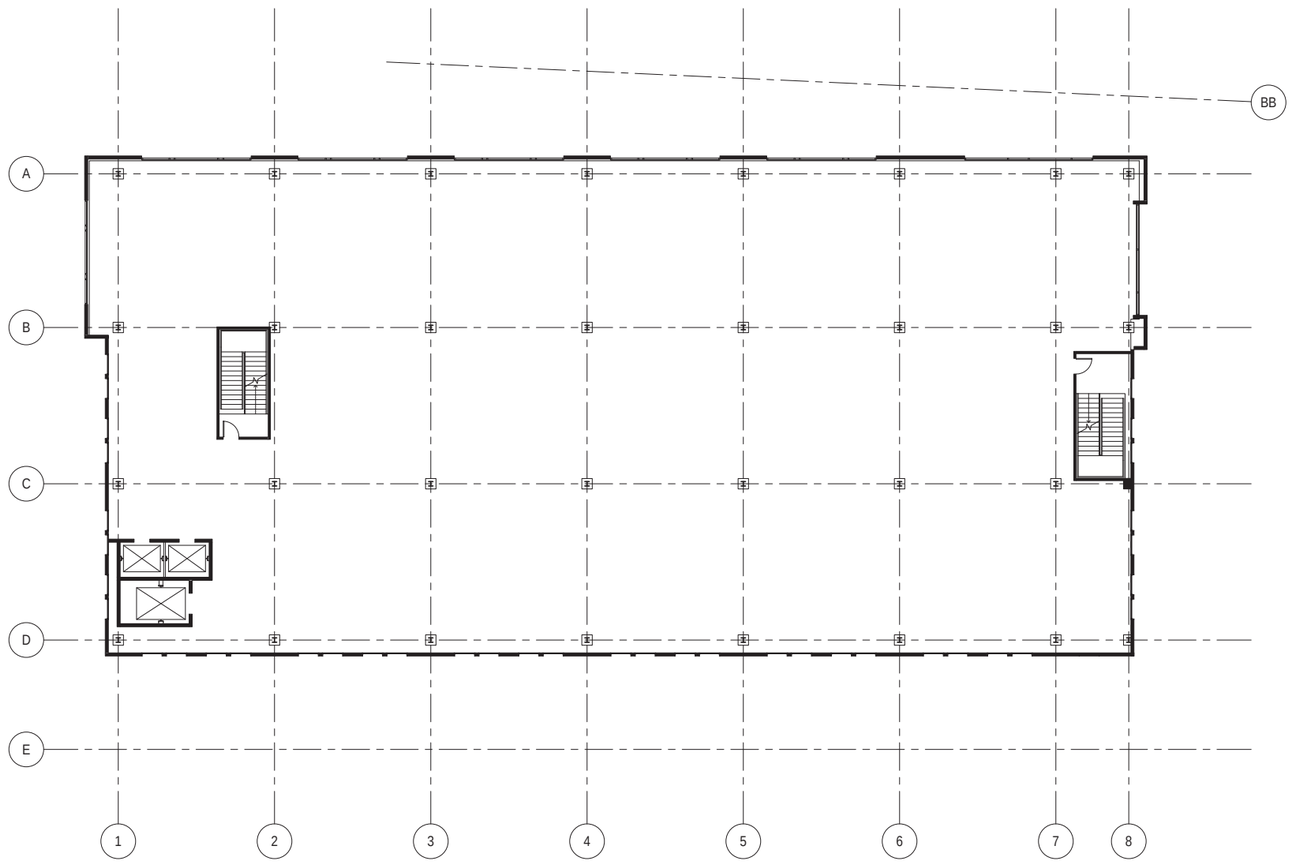
DRAWING TITLE

MOB LEVEL 3 FLOOR PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER A2.10



LEVEL 4 PLAN

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27

DRAWING TITLE

MOB LEVEL 4 FLOOR PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER A2.11

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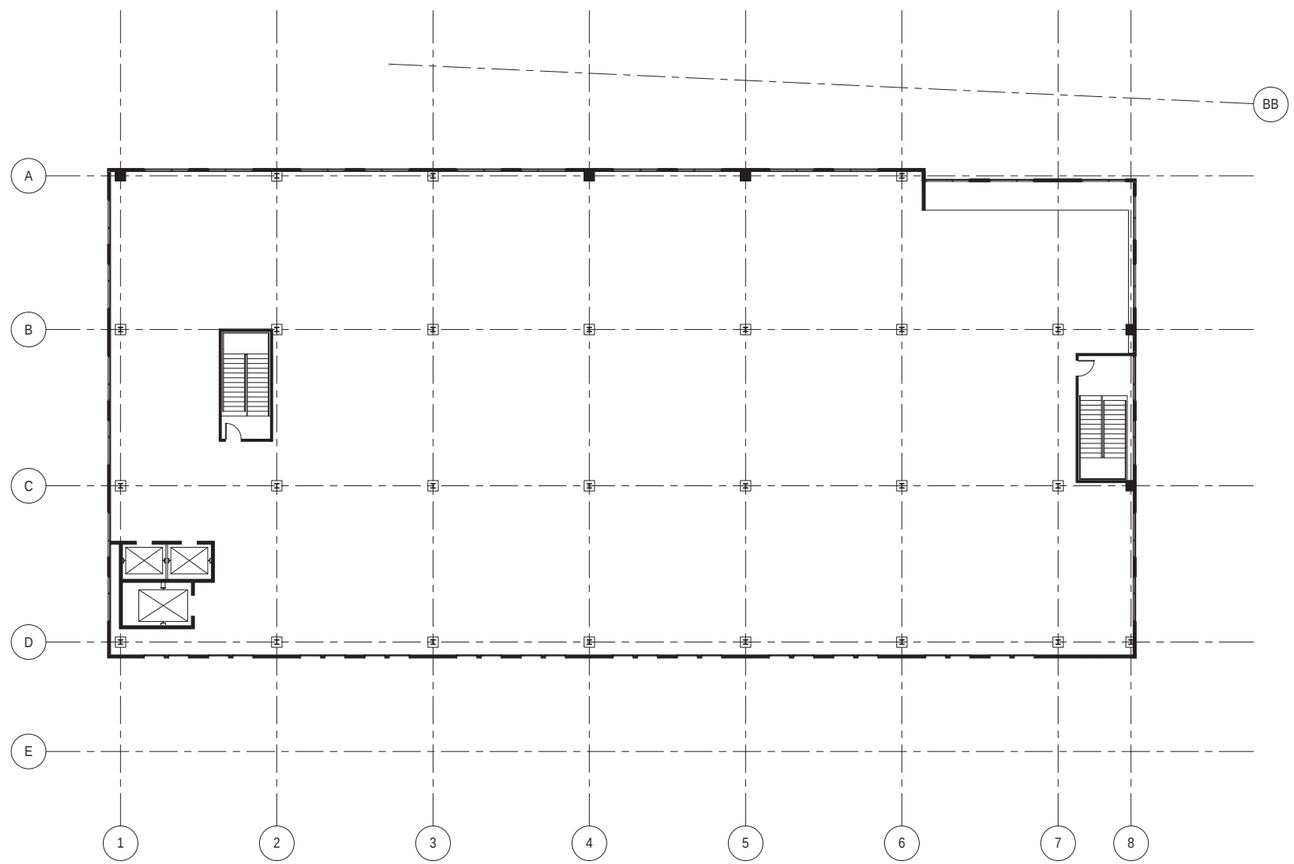

LEVEL 5 PLAN

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27

DRAWING TITLE

MOB LEVEL 5 FLOOR PLAN

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER A2.12

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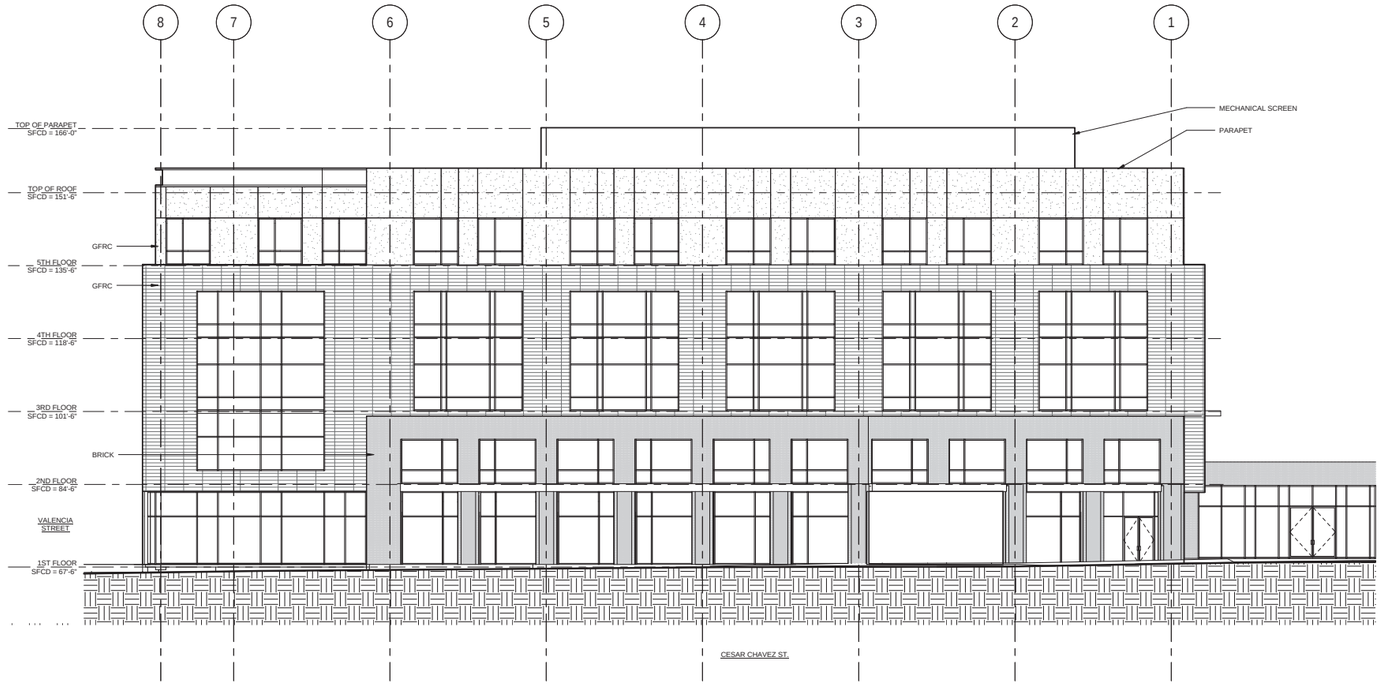
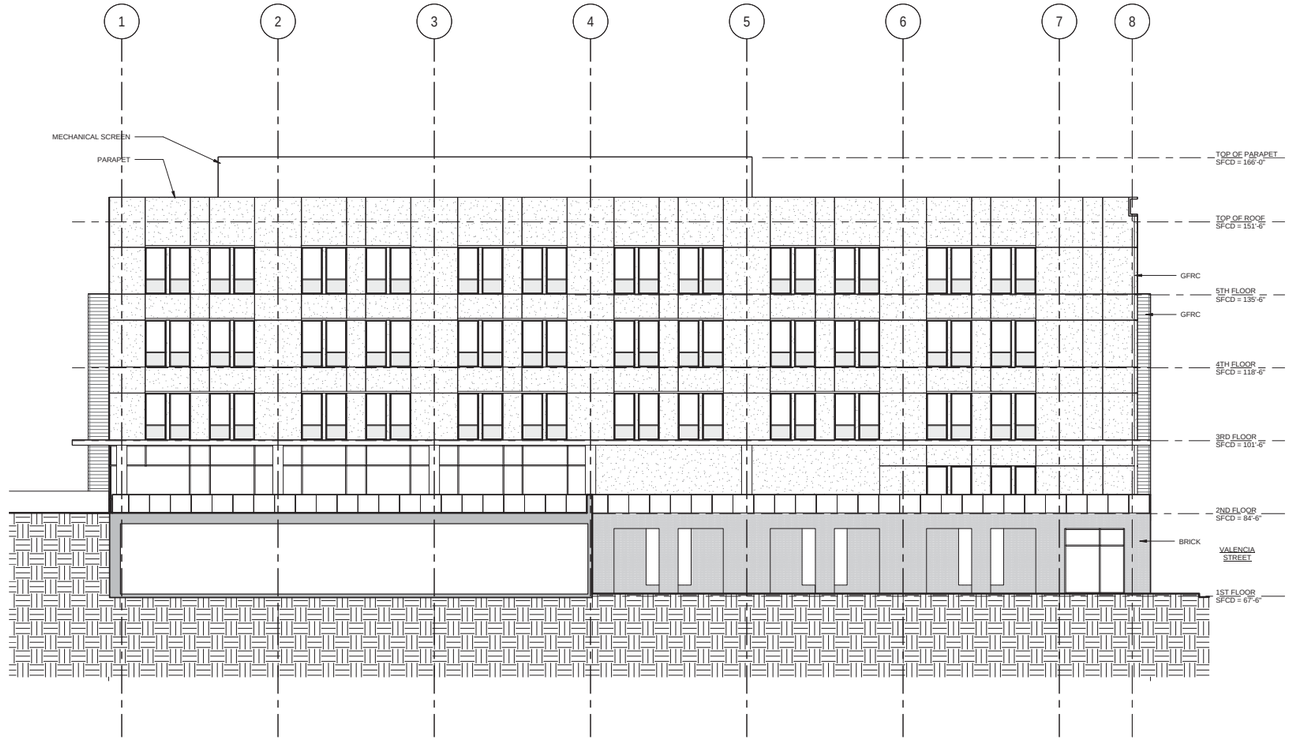


NORTH ELEVATION - MOB - 30x42



SOUTH ELEVATION - MOB - 30x42

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SEALS AND SIGNATURES

ISSUE	REV	DATE
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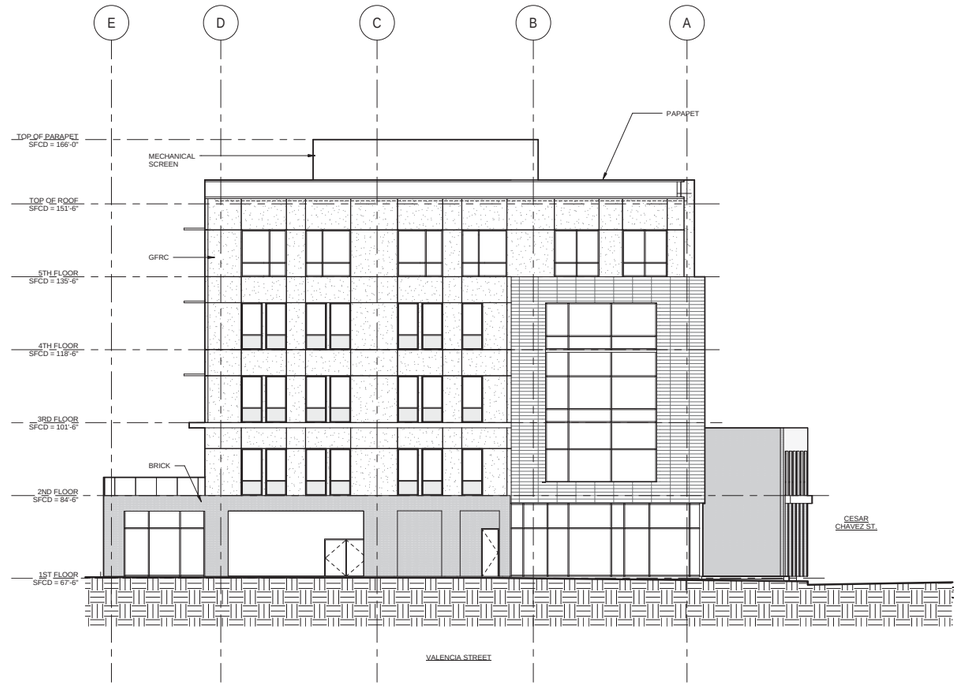
DRAWING TITLE

MOB ELEVATIONS

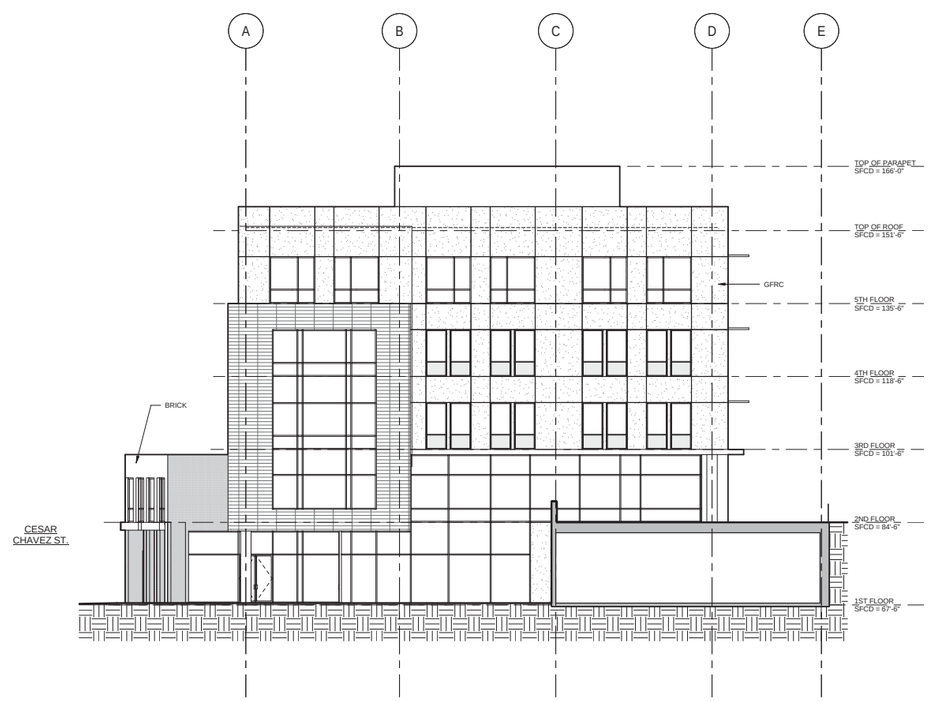
SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER A3.3



EAST ELEVATION - MOB - 30x42



WEST ELEVATION - MOB - 30x42

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SEALS AND SIGNATURES

ISSUE	REV	DATE
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DRAWING TITLE

MOB ELEVATIONS

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER A3.4

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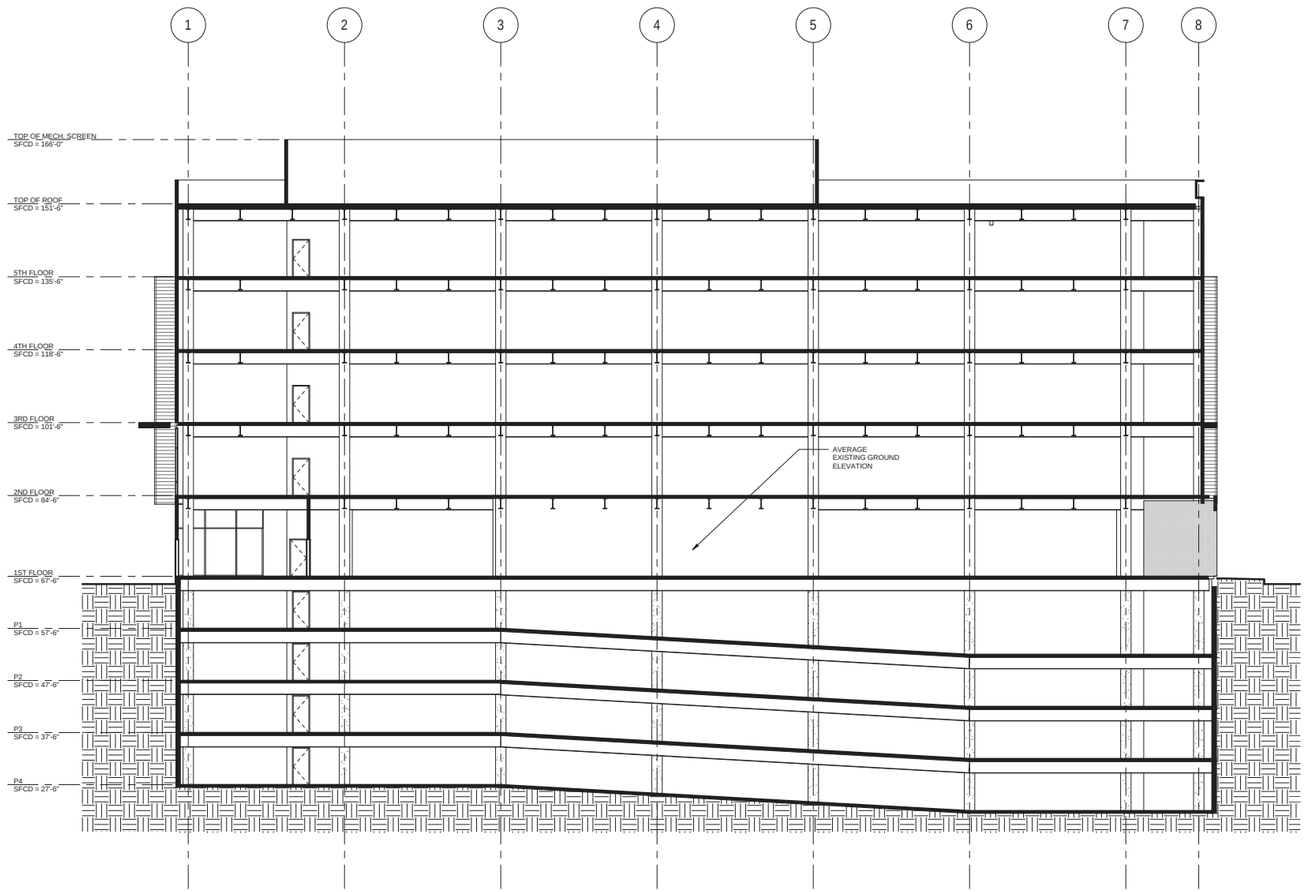

SECTION - E-W - MOB - 30x42

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SEALS AND SIGNATURES

ISSUE	REV	DATE
PUC CUP RESUBMITTAL		2011 05 27

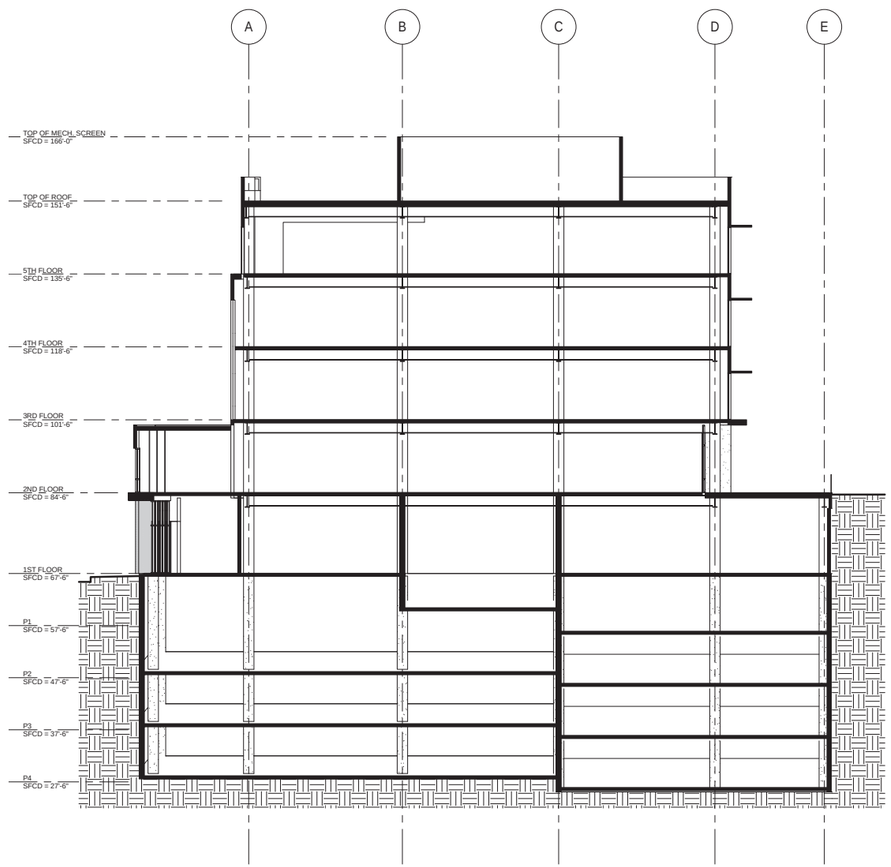
DRAWING TITLE

MOB SECTIONS

SCALE 3/32" = 1'-0"

PROJECT NUMBER 38412.000

DRAWING NUMBER A4.2



SECTION - N-S - MOB - 30x42

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DRAWING TITLE

MOB SECTIONS

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DRAWING NUMBER A4.3

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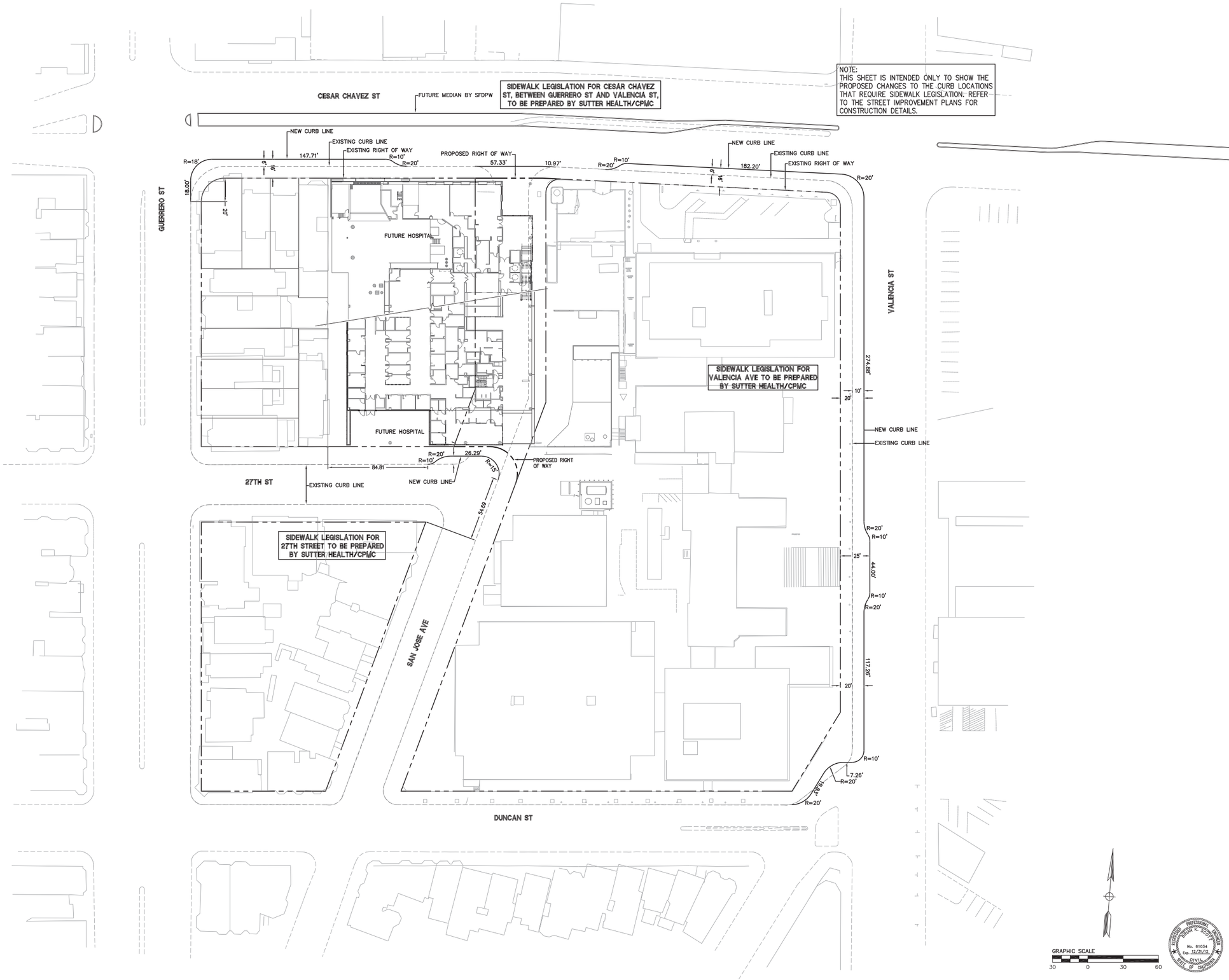

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STREET IMPROVEMENT PLANS
SIDEWALK LEGISLATION PLAN

SAN FRANCISCO COUNTY

SAN FRANCISCO CALIFORNIA

No.	Revisions

Date:	2-23-12
Scale:	1"=30'
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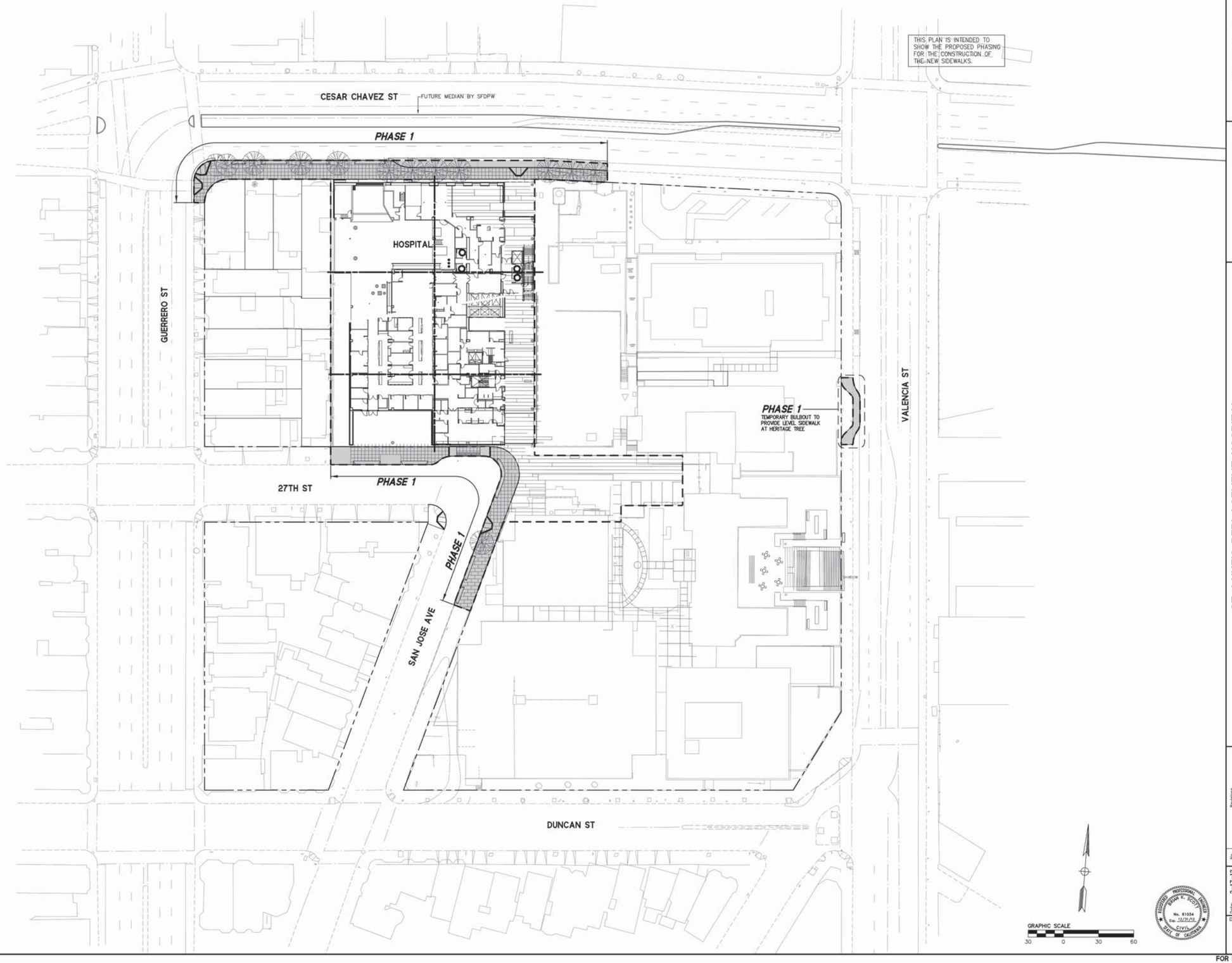

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STREET IMPROVEMENT PLANS
SIDEWALK CONSTRUCTION PHASING PLAN – PHASE 1

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No.	Revisions

Date: 2-17-12
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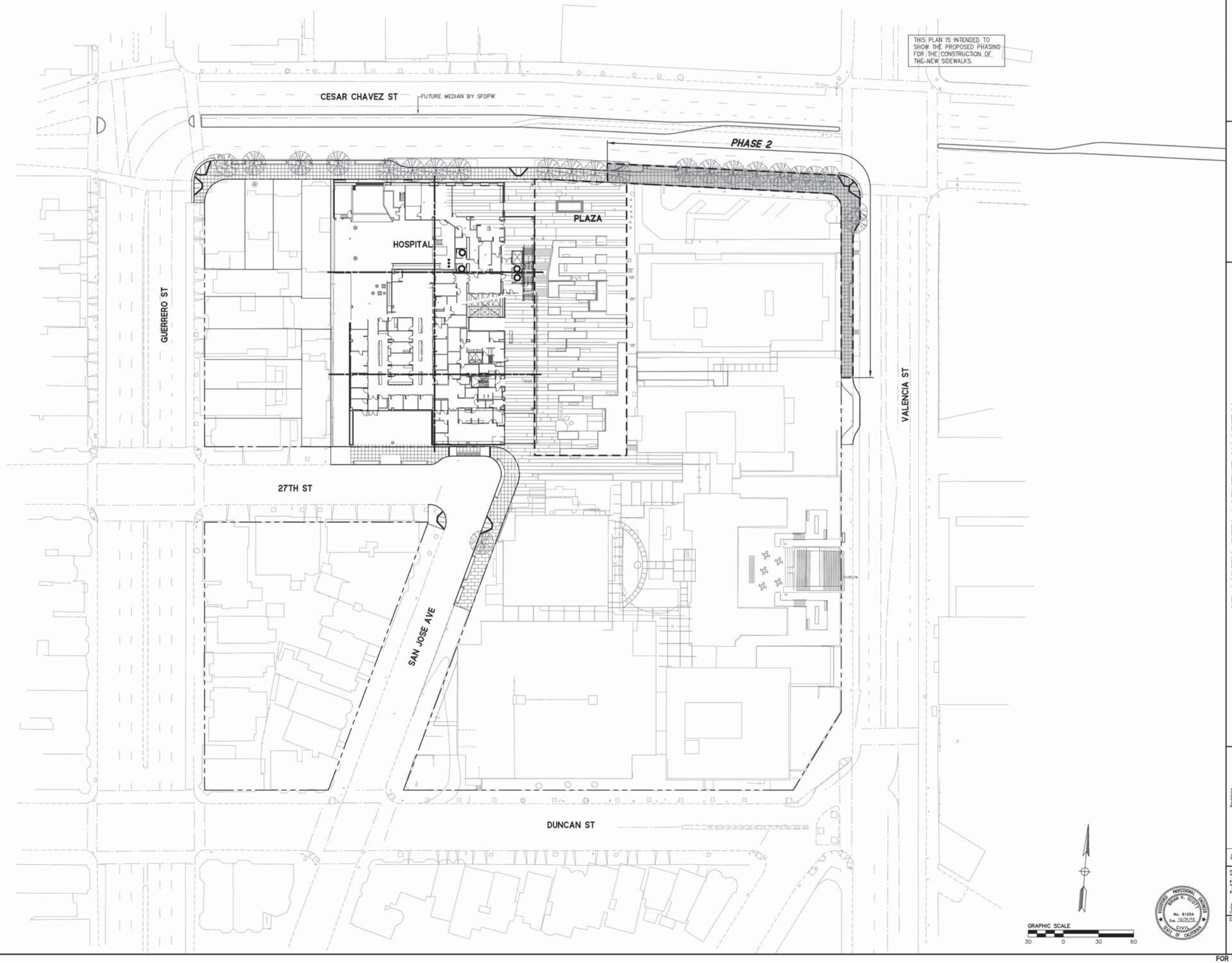

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SIDEWALK CONSTRUCTION PHASING PLAN – PHASE 2

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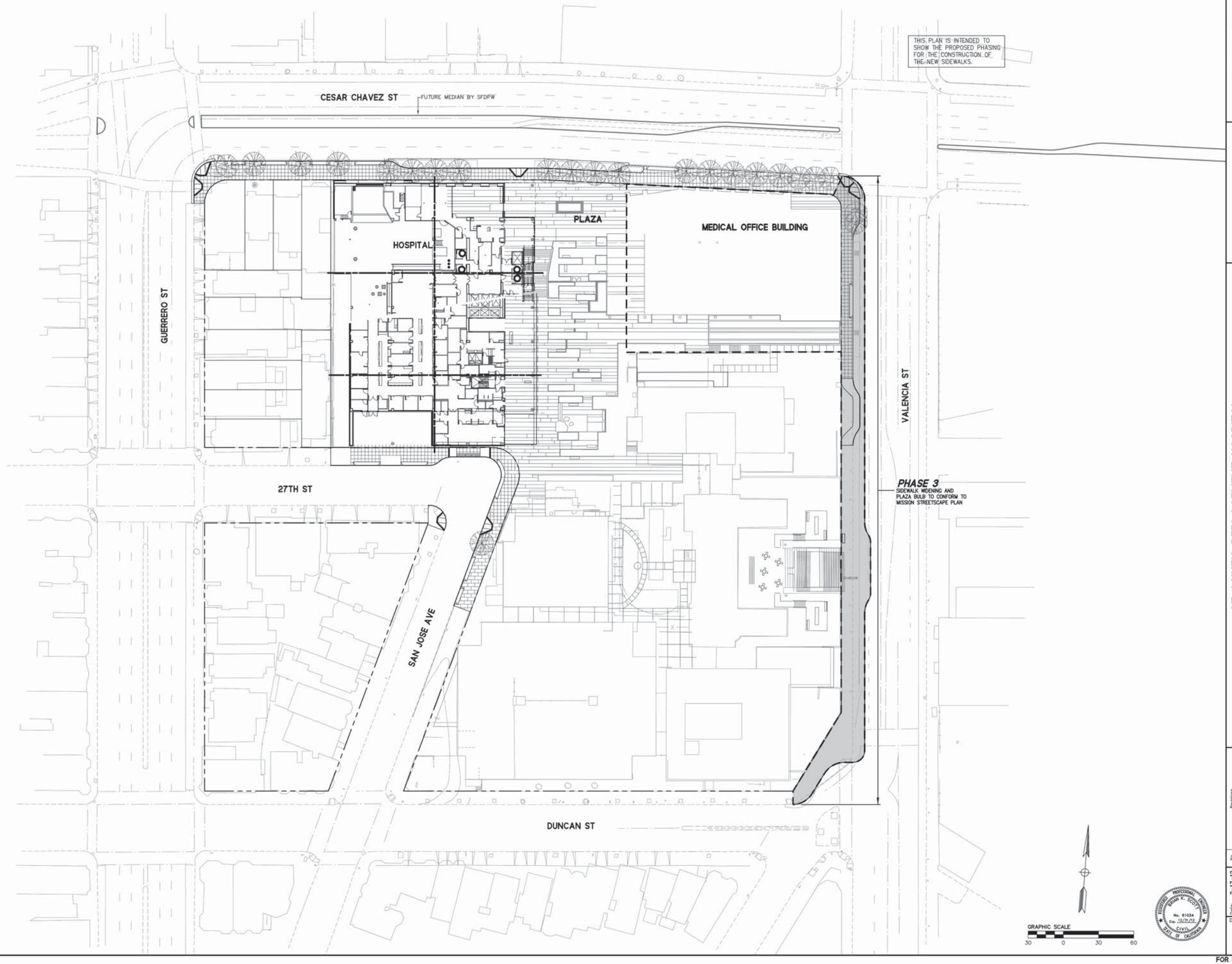

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SIDEWALK CONSTRUCTION PHASING PLAN – PHASE 3

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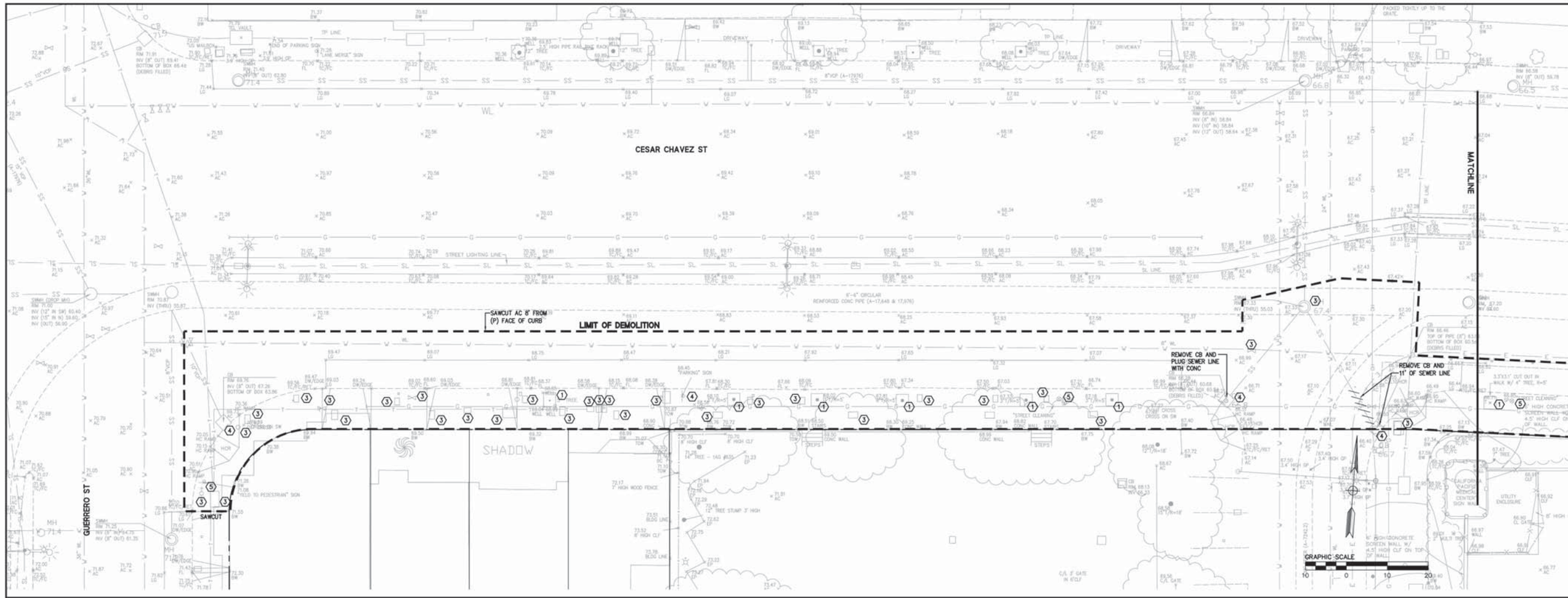

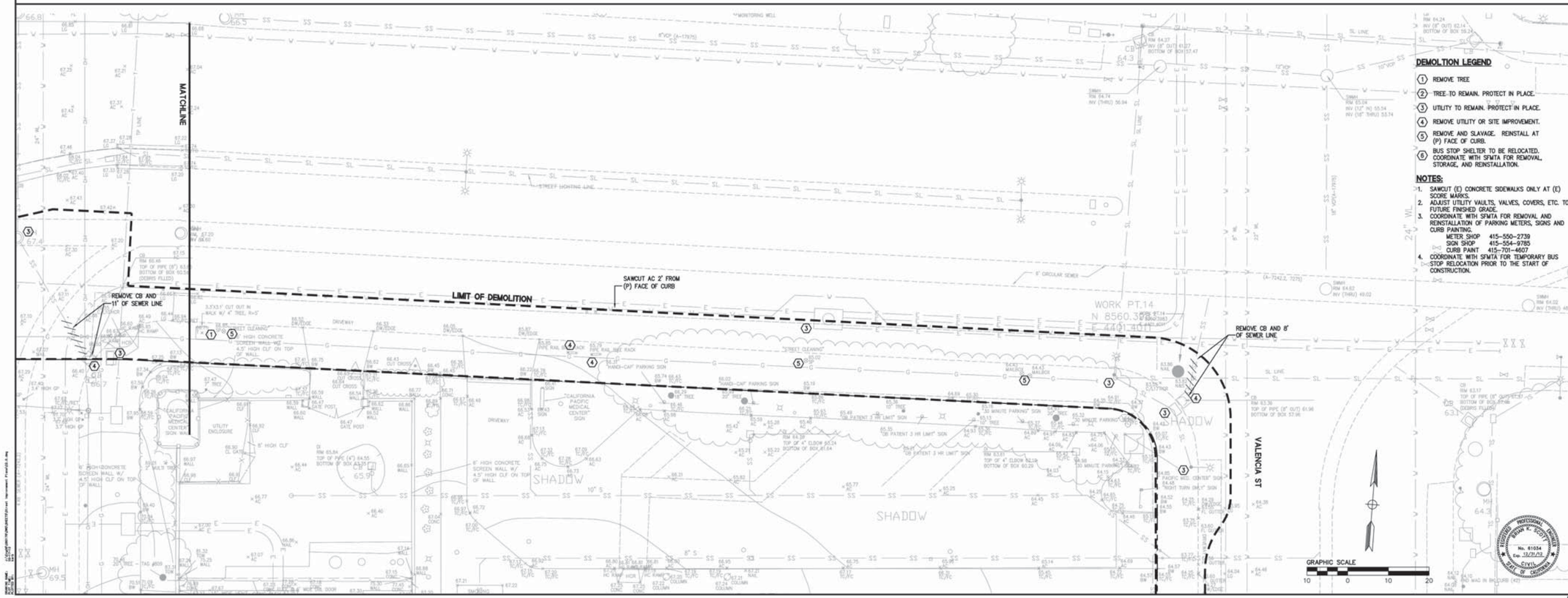

DEMOLTION LEGEND

1. REMOVE TREE
2. TREE TO REMAIN. PROTECT IN PLACE.
3. UTILITY TO REMAIN. PROTECT IN PLACE.
4. REMOVE UTILITY OR SITE IMPROVEMENT.
5. REMOVE AND SLAVAGE. REINSTALL AT (P) FACE OF CURB.
6. BUS STOP SHELTER TO BE RELOCATED. COORDINATE WITH SFMTA FOR REMOVAL, STORAGE, AND REINSTALLATION.

NOTES:

1. SAWCUT (E) CONCRETE SIDEWALKS ONLY AT (E) SCORE MARKS.
2. ADJUST UTILITY VAULTS, VALVES, COVERS, ETC. TO FUTURE FINISHED GRADE.
3. COORDINATE WITH SFMTA FOR REMOVAL AND REINSTALLATION OF PARKING METERS, SIGNS AND CURB PAINTING.
   METER SHOP 415-550-2739
   SIGN SHOP 415-554-9785
   CURB PAINT 415-701-4607
4. COORDINATE WITH SFMTA FOR TEMPORARY BUS STOP RELOCATION PRIOR TO THE START OF CONSTRUCTION.

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STREET IMPROVEMENT PLANS
EXISTING CONDITIONS AND DEMOLITION PLAN

SAN FRANCISCO COUNTY CALIFORNIA

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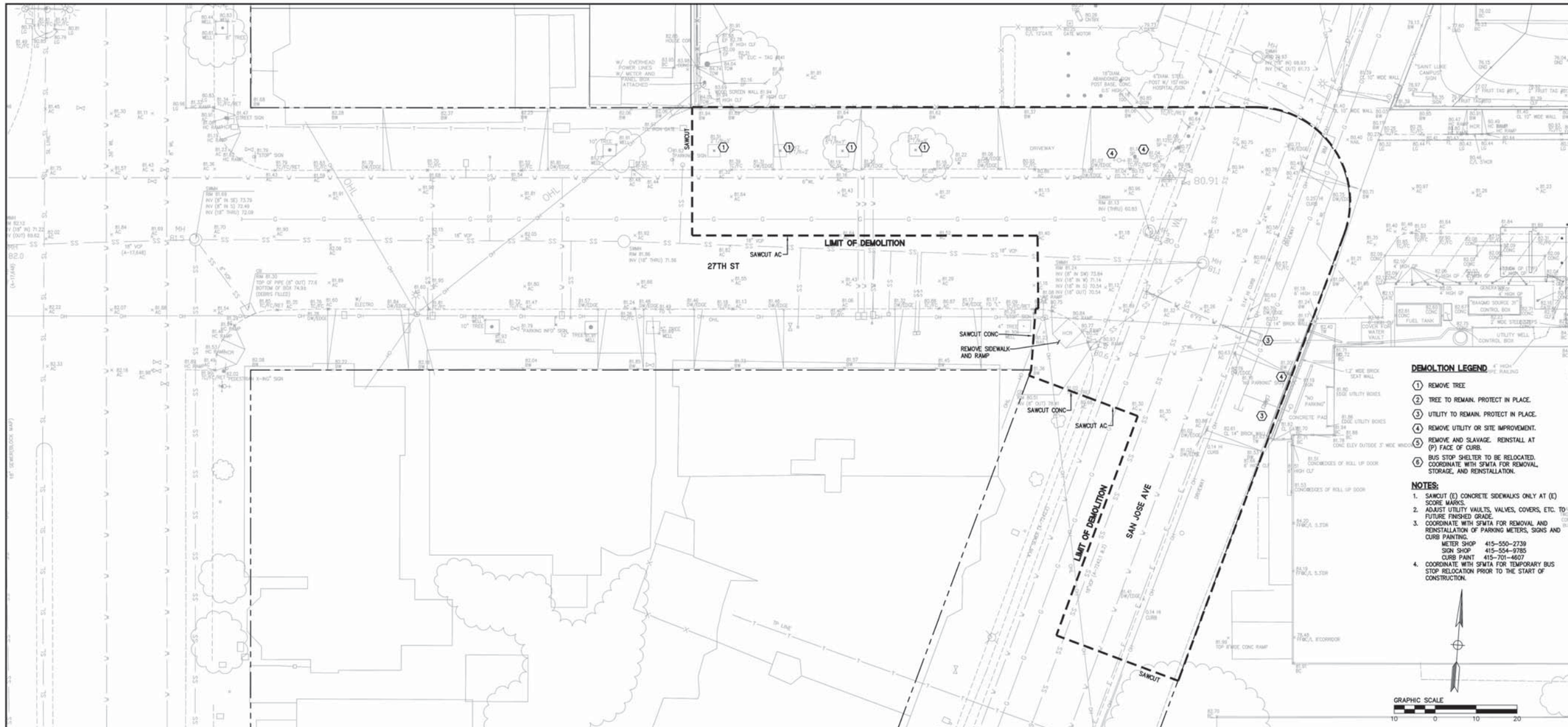

DEMOLTION LEGEND

1. REMOVE TREE
2. TREE TO REMAIN. PROTECT IN PLACE.
3. UTILITY TO REMAIN. PROTECT IN PLACE.
4. REMOVE UTILITY OR SITE IMPROVEMENT.
5. REMOVE AND SLAVAGE. REINSTALL AT (P) FACE OF CURB.
6. BUS STOP SHELTER TO BE RELOCATED. COORDINATE WITH SFMTA FOR REMOVAL, STORAGE, AND REINSTALLATION.

NOTES:

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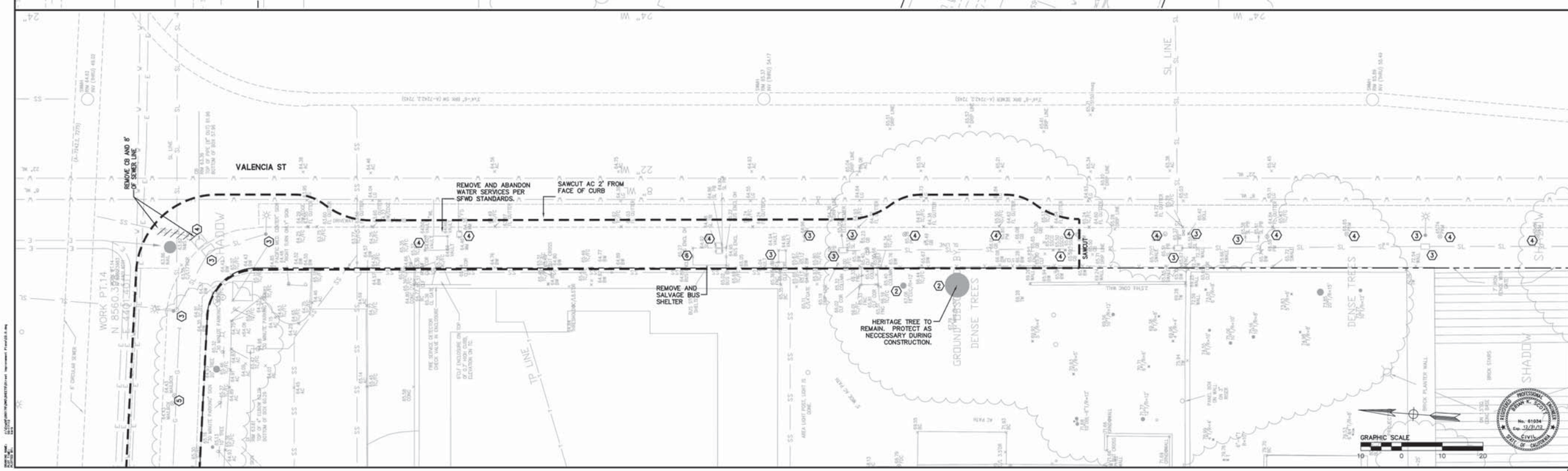
   SIGN SHOP 415-554-9785
   CURB PAINT 415-701-4607
4. COORDINATE WITH SFMTA FOR TEMPORARY BUS STOP RELOCATION PRIOR TO THE START OF CONSTRUCTION.



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EXISTING CONDITIONS AND DEMOLITION PLAN

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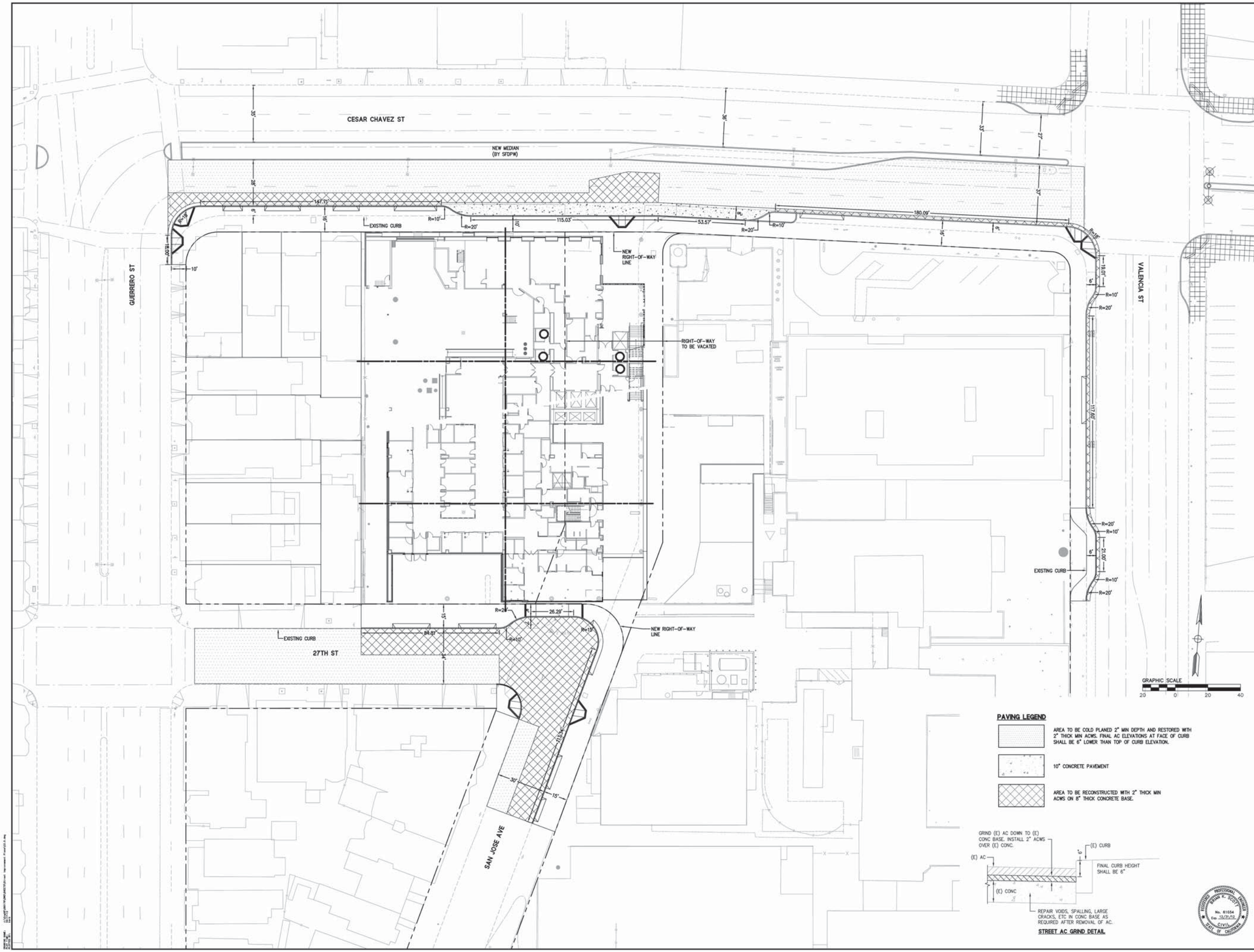

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SAN FRANCISCO COUNTY, CALIFORNIA

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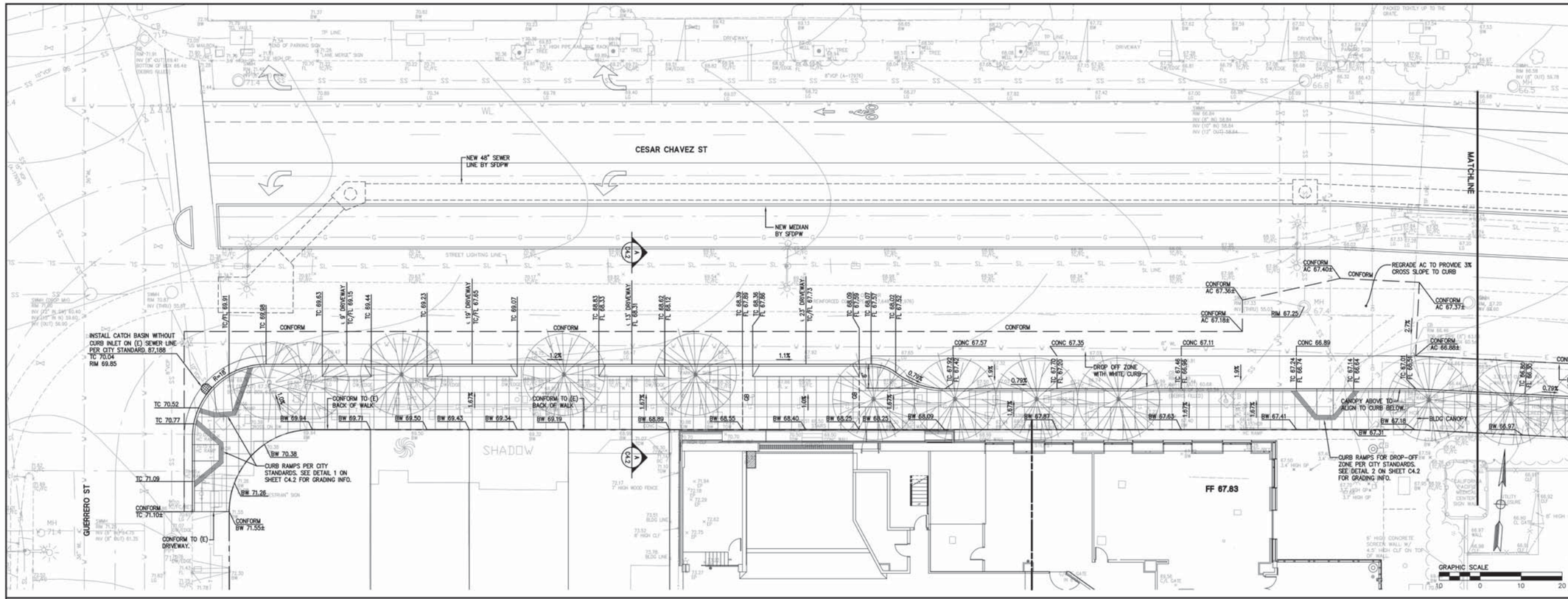

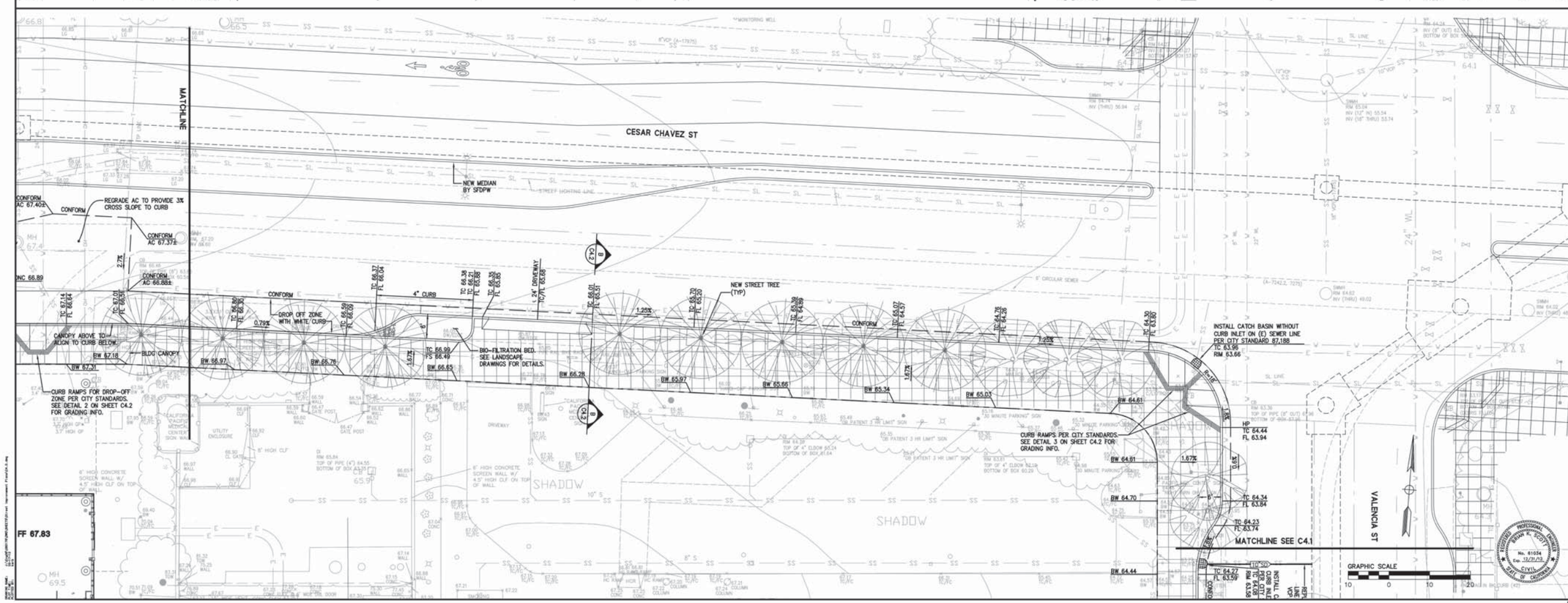

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STREET IMPROVEMENT PLANS
GRADING AND DRAINAGE PLAN

SAN FRANCISCO COUNTY, CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 2-17-12
Scale: 1"=10'
Design: BS
Drawn: BS
Approved: BS
Job No: 20080176

Drawing Number:
C4.0

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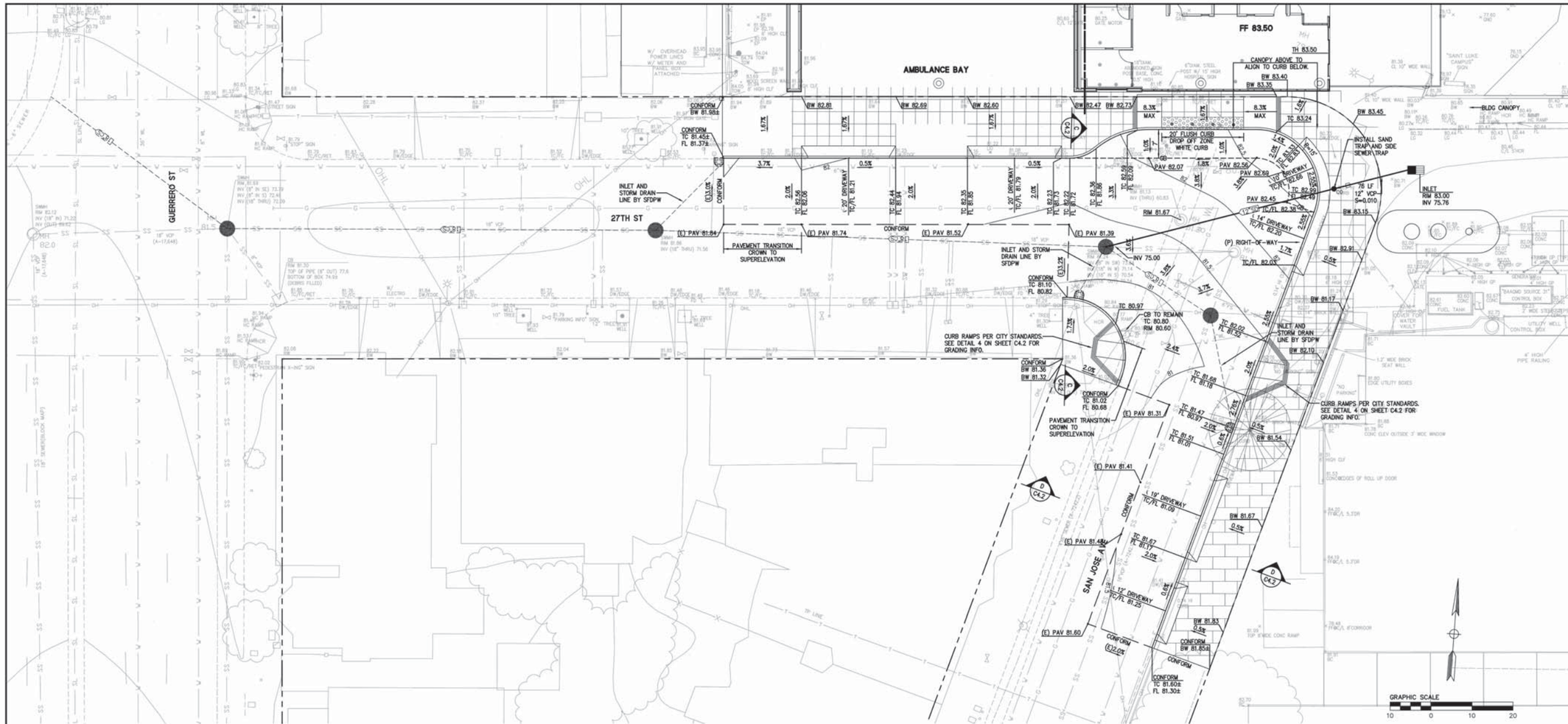

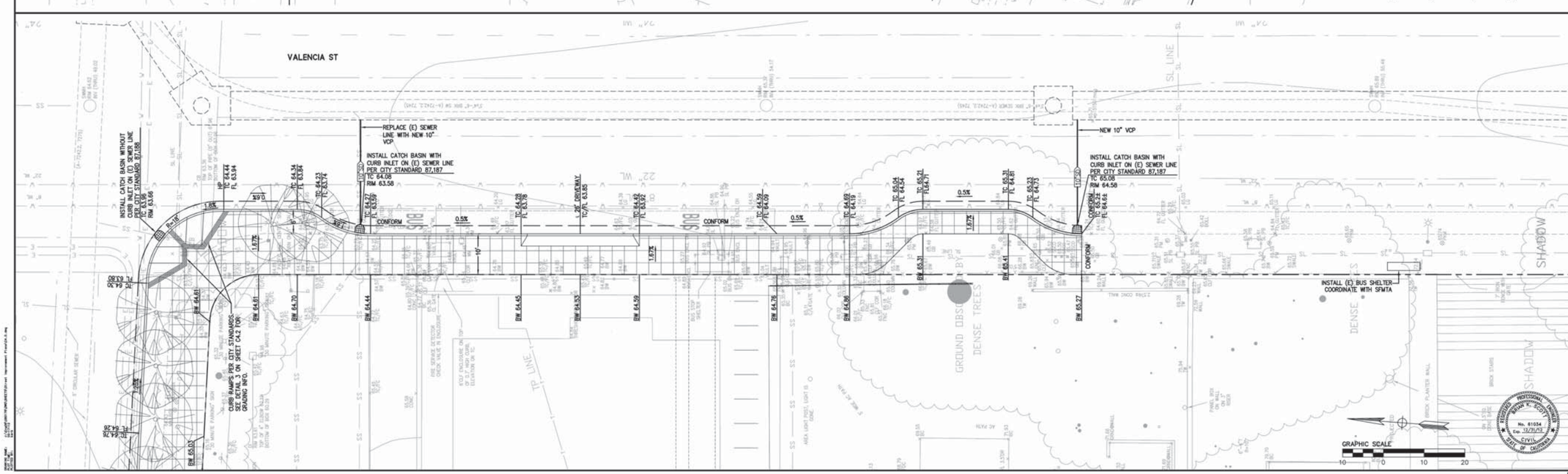

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CALIFORNIA

SAN FRANCISCO

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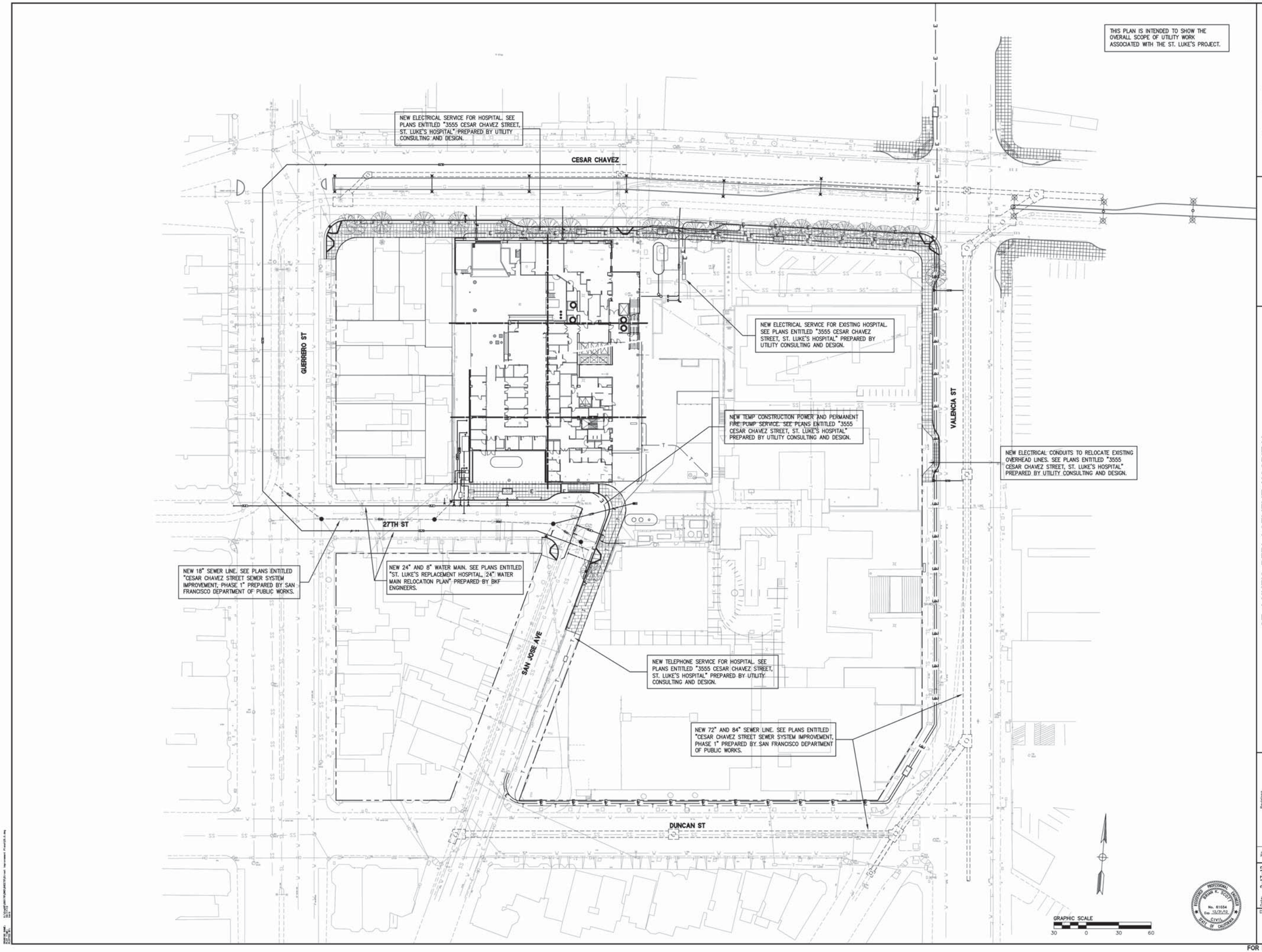

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UTILITY OVERVIEW
SAN FRANCISCO COUNTY

SAN FRANCISCO

No.	Revisions

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Approved: BS
Job No: 20080176

Drawing Number:
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FOR REVIEW 2-17-12

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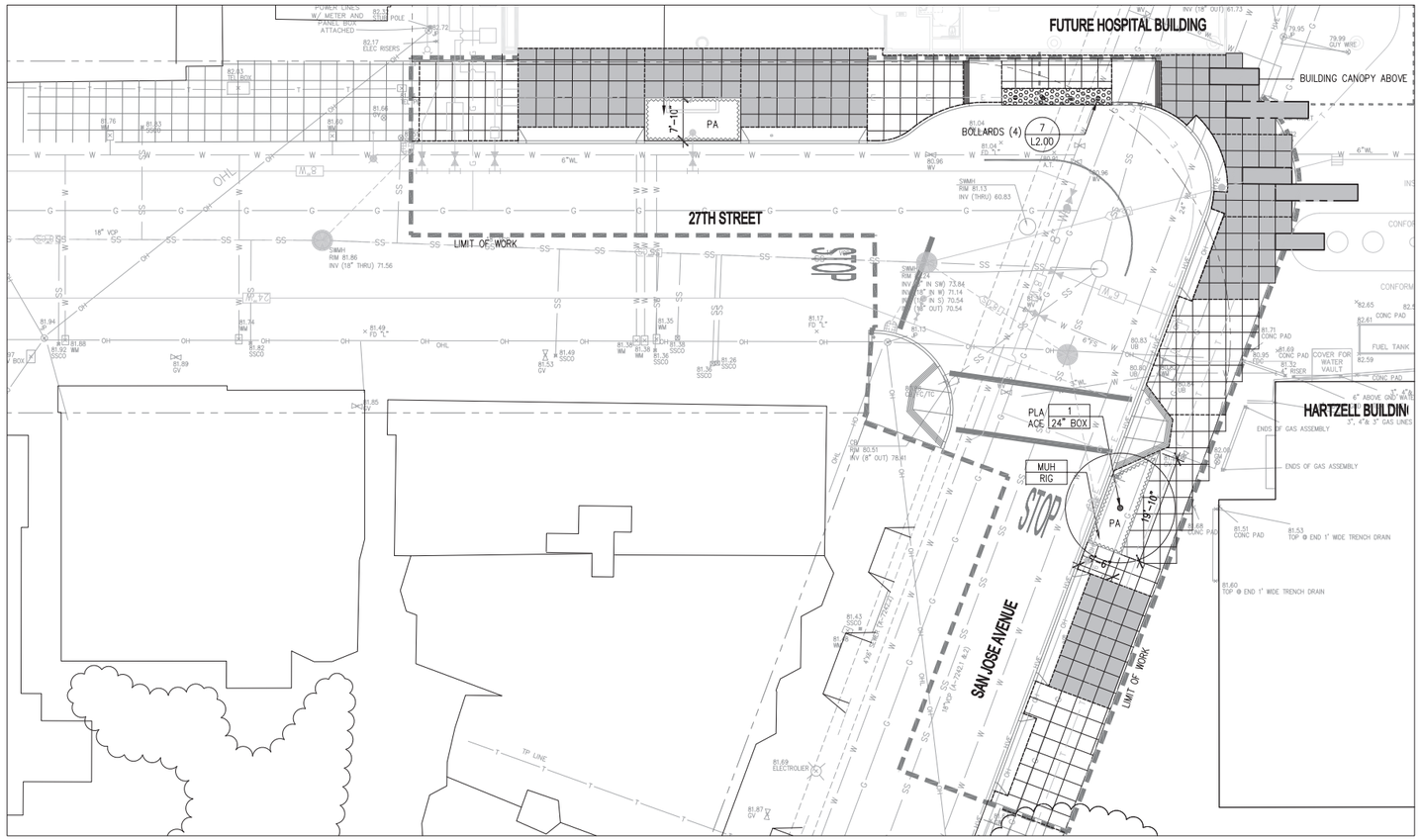

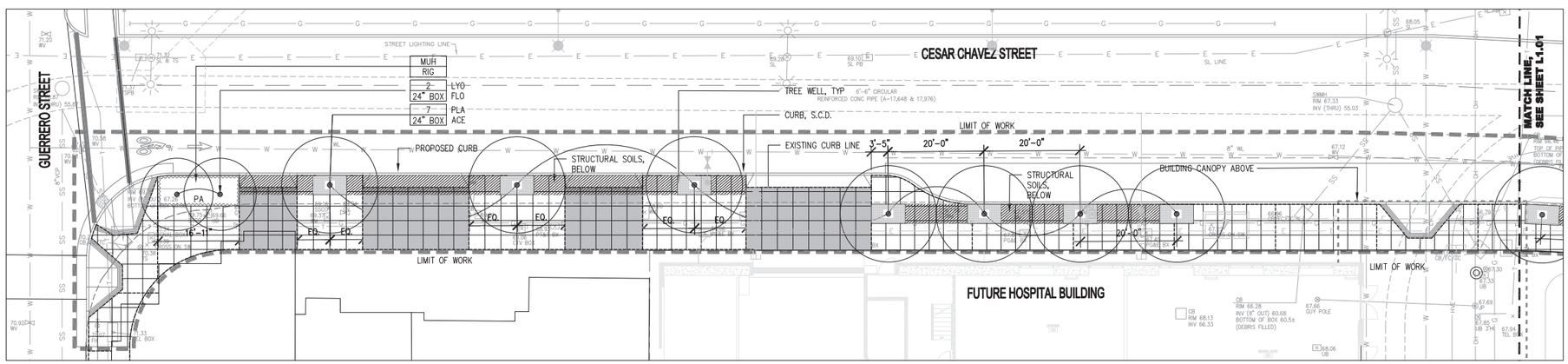

LEGEND

- EXP. JOINT
- TOOL JOINT
- 1 / L3.00 — CITY STANDARD INTEGRAL COLOR CONCRETE PAVING
- 1 / L3.00 — POUR IN PLACE COLOR CONCRETE (3' MODULE), OR PRECAST CONCRETE PAVERS
- 1 or 3 / L3.00 — VEHICULAR PAVING
- 5 / L3.00 — TRUNCATED DOME PAVERS
- STRUCTURAL SOILS, BELOW
- 7 / L3.00 — BOLLARD
- 10 / L3.00 — TREE WELL
- PA — 11,12 / L3.00 — UNDERSTORY PLANTING
- STREET TREE
- X / 24" BOX — NUMBER OF TREES; XXXXXX — TREE SPECIE; TREE SIZE
- PROPERTY LINE
- LIMIT OF WORK

S.C.D. SEE CIVIL DRAWINGS

PLANT LIST

TREES (8,9 / L3.00)

KEY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	HYDROZONE	COMMENTS
LYO / FLO	LYONOTHAMUS FLORIBUNDUS	CATALINA IRONWOOD	24"BOX	PER PLAN	L	
PLA / ACE	PLATANUS X ACERIFOLIA	LONDON PLANE TREE	24"BOX	PER PLAN	M	

SHRUBS/GRASSES (11,12 / L3.00)

KEY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	HYDROZONE	COMMENTS
EPI / CAN	EPILOBIUM CANUM SP. CANUM	CALIFORNIA FUCHSIA	1 GAL	20" O.C.	L	
EPI / CAN	MUHLENBERGIA RIGENS	DEER GRASS	1 GAL	18" O.C.	L	

N

GRAPHIC SCALE
10 0 10 20

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SAUSALITO CA 94966-5904
415.332.5100
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STREET IMPROVEMENT PLANS
LANDSCAPE LAYOUT & PLANTING PLAN

SAN FRANCISCO COUNTY CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 02/17/12
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Approved:
Job No: SM1001

Drawing Number:
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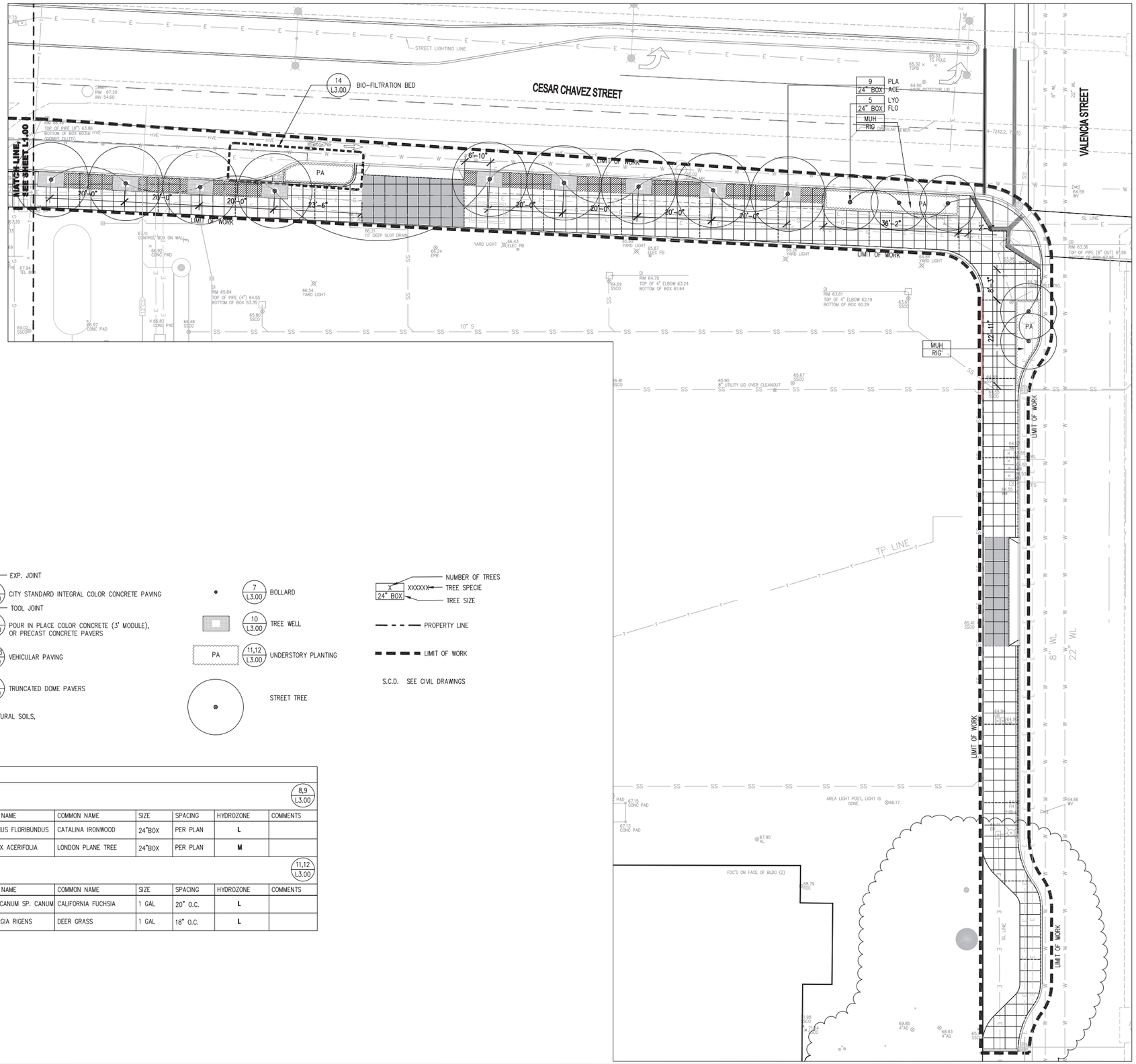

LEGEND

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- 1 / L3.00 — CITY STANDARD INTEGRAL COLOR CONCRETE PAVING
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- STREET TREE
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- PROPERTY LINE
- LIMIT OF WORK
- S.C.D. SEE CIVIL DRAWINGS

PLANT LIST

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PLA ACE	PLATANUS X ACERIFOLIA	LONDON PLANE TREE	24"BOX	PER PLAN	M	

SHRUBS/GRASSES (11,12 / L3.00)

KEY	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	HYDROZONE	COMMENTS
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EPI CAN	MUHLENBERGIA RIGENS	DEER GRASS	1 GAL	18" O.C.	L	

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STREET IMPROVEMENT PLANS
LANDSCAPE LAYOUT & PLANTING PLAN

SAN FRANCISCO COUNTY CALIFORNIA

SAN FRANCISCO

No.	Revisions

Date: 02/17/12
Scale: 1"=10'
Design: CG
Drawn: SL/YS
Approved: CG
Job No: SM15001

Drawing Number: L1.01

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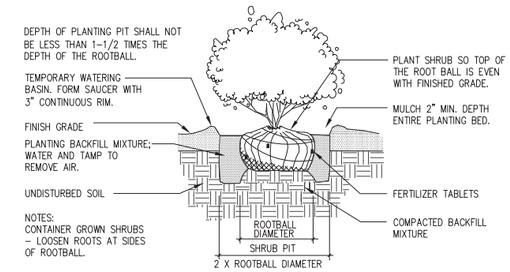
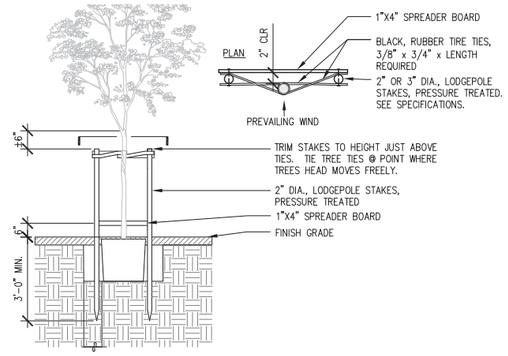
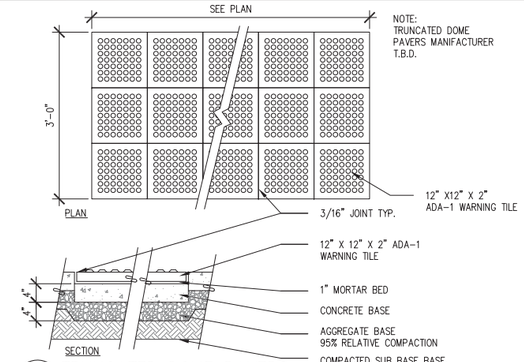


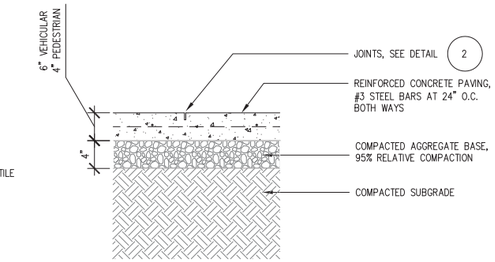
12 SHRUB PLANTING
1/2" = 1'-0"



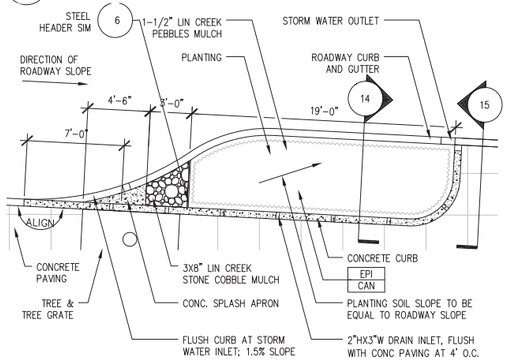
9 TREE STAKING
1/2"=1'-0"



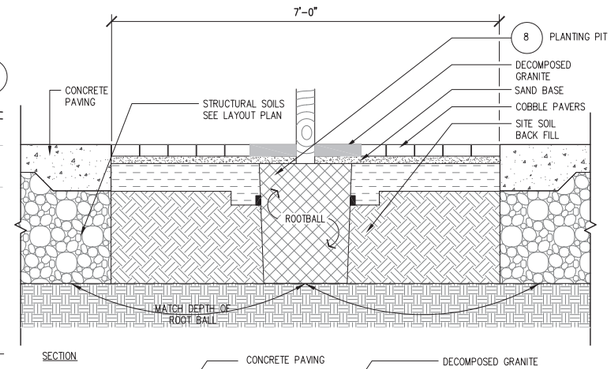
5 TRUNCATED DOME PAVERS
1" = 1'-0"

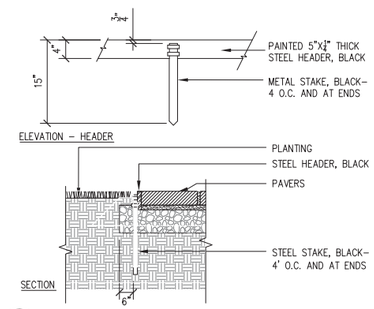


1 CONCRETE PAVING
1"=1'

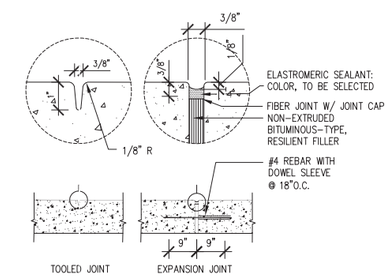


13 BIO-FILTRATION BED
1/4"=1'-0"

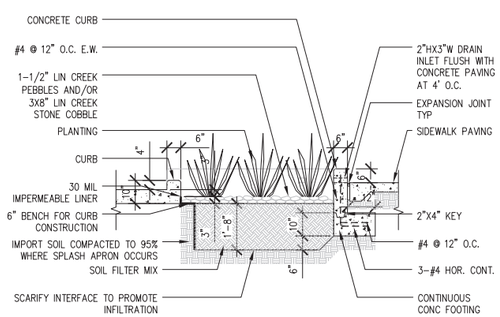




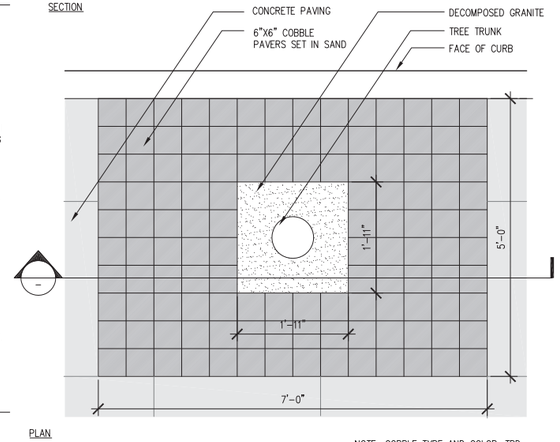
6 STEEL HEADER AT PAVERS
1"=1'-0"



2 CONCRETE JOINTS
1 1/2"=1'-0"

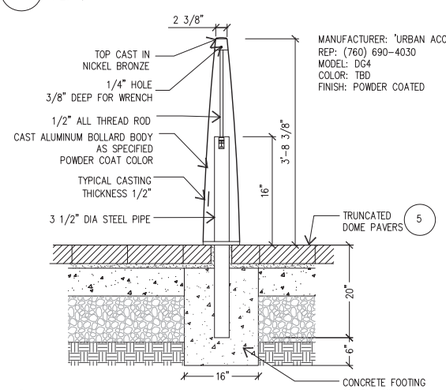


14 TYPICAL SECTION AT BIO FILTRATION BED
1/2"=1'-0"



NOTE: COBBLE TYPE AND COLOR, TBD

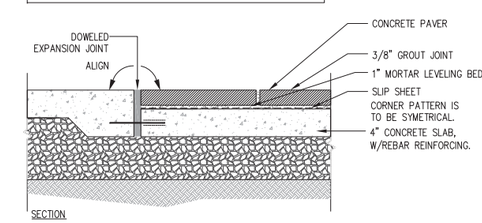
10 TREE WELL
1"=1'-0"



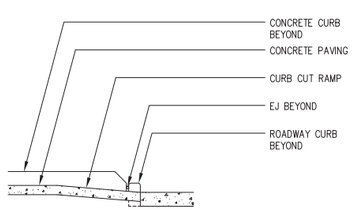
7 ALUMINUM BOLLARD AND FOOTING
1"=1'-0"

NOTE:

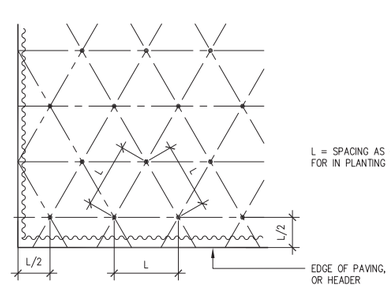
1. PROVIDE THICKENED CONCRETE SUB-SLAB AT EDGE CONDITION.
2. NO PAVERS SHALL BE CUT SMALLER THAN 3½" WIDE IN ORDER TO AVOID SLIVERS, AND MAINTAIN VISUAL UNIFORMITY.
3. PAVERS ARE TO BE CLEANED, AND SEALED
4. PAVERS TYPE/MANUFACTURER T.B.D.



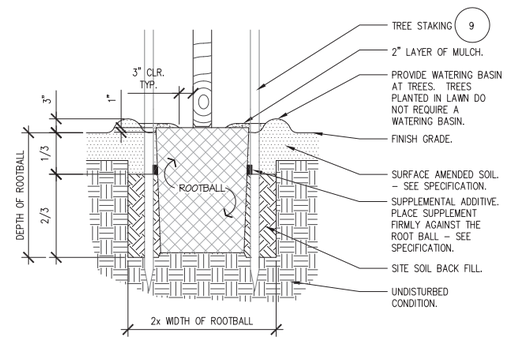
3 CONCRETE PAVERS – VEHICULAR
1 1/2"=1'-0"



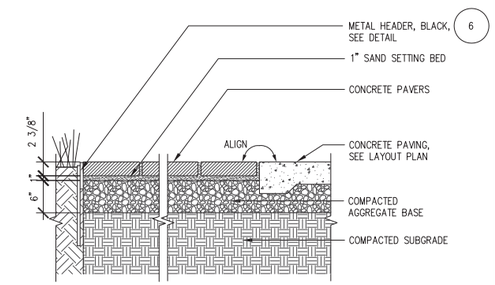
15 SECTION AT BIO FILTRATION BED
1/2"=1'-0"



11 PLANTING LAYOUT – TRIANGLE SPACING
N.T.S.



8 PLANTING PIT
SCALE: 1" = 1'-0"



4 CONCRETE PAVERS – PEDESTRIAN
1"=1'-0"

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STREET IMPROVEMENT PLANS
LANDSCAPE DETAILS

SAN FRANCISCO COUNTY, CALIFORNIA

SAN FRANCISCO

No.	Revisions

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Scale: 1"=10'
Design:
Drawn:
Approved:
Job No: 3M1001

Drawing Number:
L3.00

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View looking north on Van Ness Ave. at Geary St.

CATHEDRAL HILL CAMPUS

10/06/2011

CPMC™ Sutter Health

View from Geary and Polk Streets

CATHEDRAL HILL CAMPUS

5/6/2013

CPMC Sutter Health

Medical Office Building - View from Geary St. looking west

CATHEDRAL HILL CAMPUS

10/06/2011

CPMC™
Sutter Health

Medical Office Building - Retail at Geary St.

CATHEDRAL HILL CAMPUS

10/06/2011

CPMC™ Sutter Health

Medical Office Building - View from Van Ness Ave. and Geary Blvd.

CATHEDRAL HILL CAMPUS

01/26/2012

CPMC™ Sutter Health

Medical Office Building - View of Cedar St. from Van Ness Ave.

CATHEDRAL HILL CAMPUS

10/06/2011

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View looking south on Van Ness Ave.

CATHEDRAL HILL CAMPUS

10/06/2011

CPMC™ Sutter Health

Hospital - Main entrance at Van Ness Ave. and Geary Blvd.

CATHEDRAL HILL CAMPUS

10/06/2011

CPMC™ Sutter Health

Hospital - View from Franklin and Post Streets.

CATHEDRAL HILL CAMPUS

5/6/2013

CPMC™ Sutter Health

Hospital - View from Van Ness Ave. and Post St.

CATHEDRAL HILL CAMPUS

5/6/2013

CPMC™ Sutter Health

View looking west down Cedar St.

CATHEDRAL HILL CAMPUS

5/6/2013

CPMC Sutter Health

Hospital - Retail at Van Ness Ave.

CATHEDRAL HILL CAMPUS

10/06/2011

California Pacific Medical Center
Cathedral Hill Hospital
Acute Care and Women & Children's Hospital

Conditional Use Permit Application Update 4

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G2.0 KEY PLAN - STREETSCAPE PLAN

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A2.P2 LEVEL P2 OVERALL PLAN
A2.01 LEVEL 1/P1 OVERALL PLAN
A2.02 LEVEL 2 OVERALL PLAN
A2.03 LEVEL 3 OVERALL PLAN
A2.04 LEVEL 4 OVERALL PLAN
A2.05 LEVEL 5 OVERALL PLAN
A2.06 LEVEL 6 OVERALL PLAN
A2.07 LEVEL 7 OVERALL PLAN
A2.08 LEVEL 8 OVERALL PLAN
A2.09 LEVEL 9 OVERALL PLAN
A2.10 LEVEL 10 OVERALL PLAN
A2.11 LEVEL 11 OVERALL PLAN
A2.12 LEVEL 12 OVERALL PLAN
A2.13 LEVEL 13 ROOF PLAN

A4.1.01 NORTH ELEVATION
A4.1.02 EAST ELEVATION
A4.1.03 SOUTH ELEVATION
A4.1.04 WEST ELEVATION

A4.2.01 BUILDING SECTION
A4.2.02 BUILDING SECTION

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C1.0 EXISTING CONDITIONS
C3.0 LAYOUT PLAN SITE
C4.0 PAVING PLAN
C8.0 STREETLIGHT PLAN
C9.0 SIGNAGE & STRIPING PLAN
C11.0 PEDESTRIAN TUNNEL AND LONGITUDINAL SECTION

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L1.1 LAYOUT PLAN
L1.2 PAVING & FURNISHING DETAILS
L2.0 PLANTING PLAN & DETAILS

INDEX - VAN NESS AVENUE SITE INFORMATION (CALTRANS PERMIT SET DATED 02/17/2012)

EP-1 EXISTING & PROPOSED OVERVIEW PLAN
LP-1 LAYOUT & PAVING PLAN
ST-1 STRIPING PLAN
L1.0 LAYOUT PLAN
L1.1 PAVING & FURNISHING DETAILS
L2.0 PLANTING PLAN
L2.1 PLANTING DETAILS

PROJECT DESCRIPTION

The proposed Cathedral Hill Hospital is an approximate 730,888-sq.-ft, 12-story hospital providing 304 licensed beds, and includes inpatient medical care, labor and delivery, post partum care, an emergency department and other specialized programs. Retail, a cafeteria, education space, a private outdoor courtyard, and parking for approximately 276 vehicles is also included.

Primary pedestrian access is at a Level 1 building entrance lobby on Van Ness. The hospital's main vehicular access and passenger drop-off zone would be located on Level 2, in a vehicular drive-through-drop-off connecting Geary Boulevard with Post Street Secondary access and the emergency department drop-off is on Level 3, from Franklin Street.

California Pacific Medical Center
A Sutter Health Affiliate

California Pacific Medical Center
P.O. Box 7999
San Francisco, CA 94120

CATHEDRAL HILL HOSPITAL
OSHPD # IS-080885-38

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Oakland, CA 94612
510.272.9040

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Oakland, CA 94612
510.763.4880

ELECTRICAL ENGINEER
Silverman & Light
1201 Park Avenue, Suite 100
Emeryville, CA 94608
510.655.1200

SEALS AND SIGNATURES

ISSUE	REV	DATE
OSHPD REVIEW	ORIGINAL	09/01/08
CU APPLICATION		11/16/2009
CU APPLICATION UPDATE		06/03/2010
CU APPLICATION UPDATE 2		05/27/2011
CU APPLICATION UPDATE 3		02/22/2012
CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE
COVER SHEET & SHEET INDEX

SCALE

PROJECT NUMBER 31891.000

DRAWING NUMBER **G0.01**

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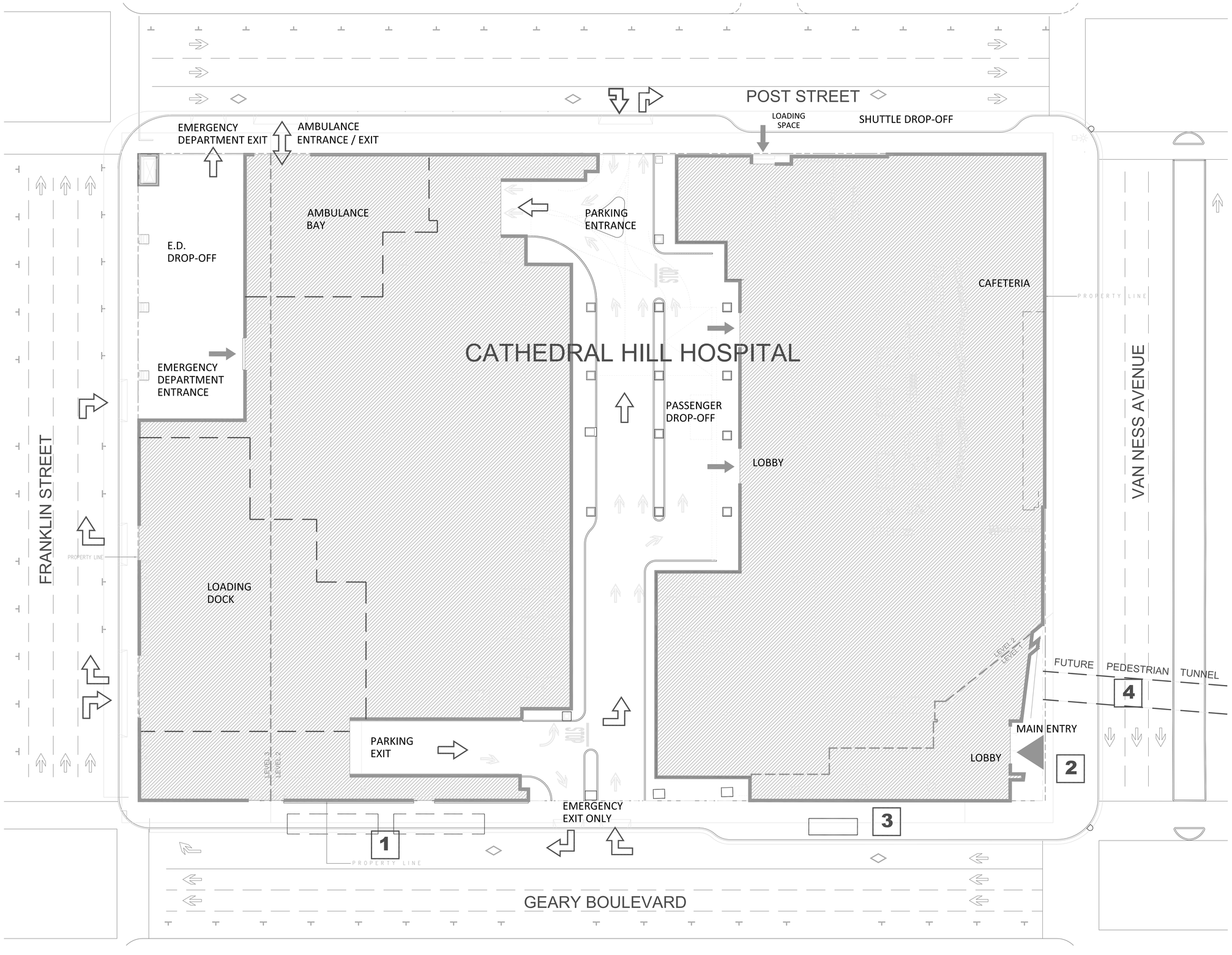

SITE PLAN NOTES

1. Underground emergency generator fuel storage tanks beneath Geary Boulevard and sidewalk right of way.
2. Entry plaza at the Van Ness Avenue and Geary Boulevard entrance. Reference Sheet L1.1 from the Street Improvement Permit set, for details.
3. Relocation of existing 38/38L Geary Line bus stop and construction of new bus and shuttle stop benches. Reference Sheet L1.1 from the Street Improvement Permit set, for details.
4. Proposed Pedestrian Tunnel. Reference Sheet C11.0.

NOTES:

1. Refer to drawing C3.0 for dimensions
2. Refer to drawing C9.0 for Signage and Striping Plan
3. Refer to CalTrans dwg. EP-1 for Van Ness Ave. Exisiting & Proposed Overview plan
4. Refer to CalTrans dwg. ST-1 for Striping Plan

LEGEND

- VEHICULAR ACCESS
- PEDESTRIAN ACCESS (MAIN ENTRANCE)
- PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

0' 10' 20' 50'

N

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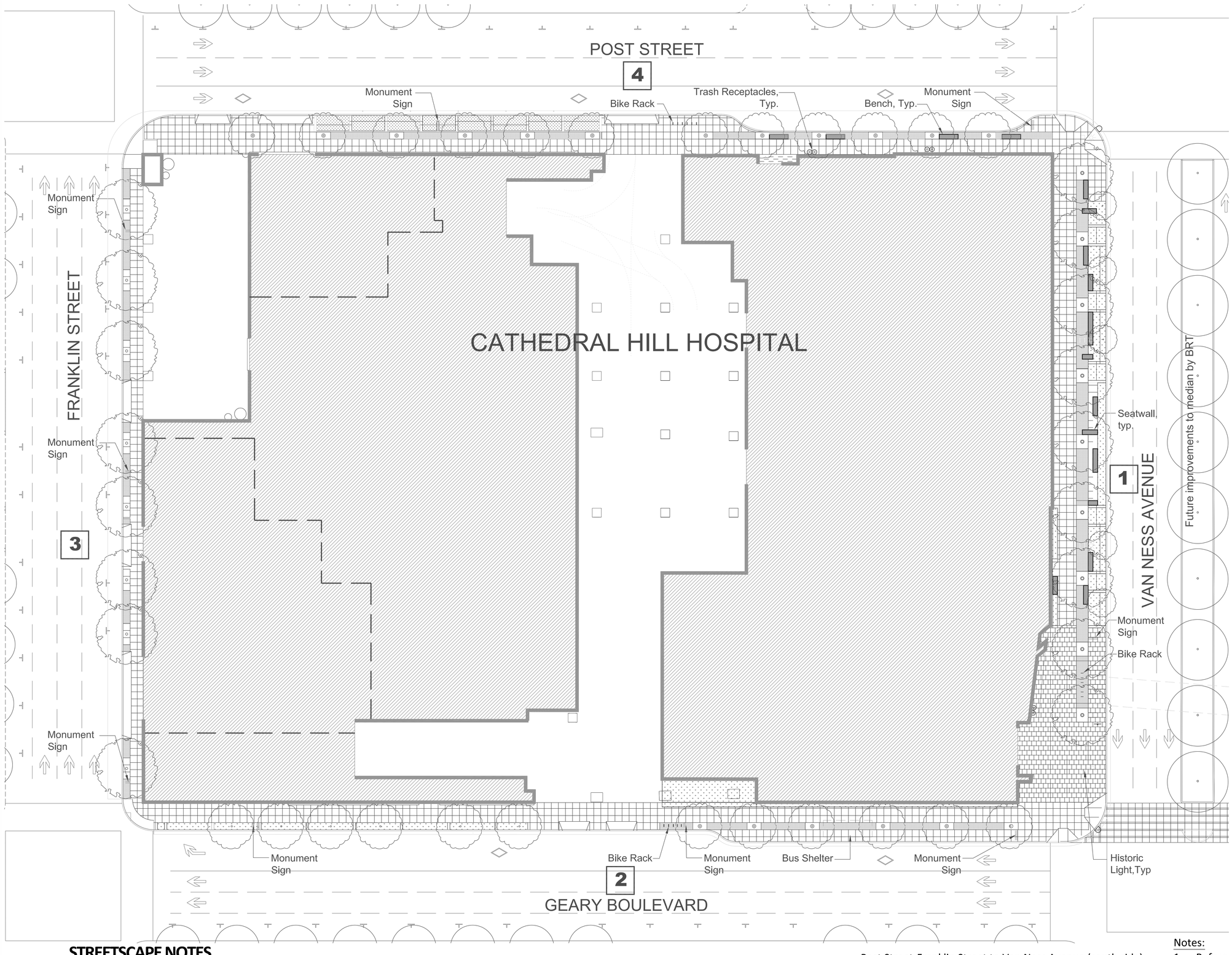
DRAWING TITLE
KEY PLAN
SITE

SCALE	1/16"=1'-0"
PROJECT NUMBER	31891.000
DRAWING NUMBER	G1.0



LEGEND

- Existing trees
- Proposed trees
- Tree Grates
- Rain Garden
- Permeable Paving
- Bicycle Racks
- Monument Sign
- Trash Receptacles
- Seatwall / Benches

0' 10' 20' 50'

N

STREETSCAPE NOTES

1 Van Ness Avenue-Post Street to Geary Boulevard (west side):
Improvements include: widened sidewalk, new street trees, new paving along entire sidewalk, special paving at art-glass at corner of Van Ness and Post, permeable paving along 5'-wide tree planting zone, seating area at retail kiosks, seatwalls incorporated into planting area, and new streetlights per the City's standard for Van Ness Ave.

2 Geary Blvd.-Van Ness Avenue to Franklin Street (north side):
Improvements include: new street trees, new paving along entire sidewalk, permeable paving along 3'-wide planting area on west-half of block, 2' wide planting area along east-half of block, bicycle racks, and a 5'-wide bulb out for bus stop at Van Ness corner.

3 Franklin Street-Geary Blvd. to Post Street (east side)
Improvements include new street trees, new paving along entire sidewalk, and permeable paving along 3'-wide tree planting zone.

4 Post Street-Franklin Street to Van Ness Avenue (south side)
Improvements include: widened sidewalk, new street trees, new paving along entire sidewalk, permeable paving along 7'-wide tree planting zone (except at van-shuttle loading), seating walls at shuttle loading area, bulb-out at corner of Post Street and Van Ness, special paving at art-glass at corner of Van Ness and Post, bicycle racks, and trash/recycling receptacles at building entries.

Notes:

1. Reference Street Improvement Permit Set for: C4.0 for paving plan; C8.0 for Streetlight plan; and, L1.1 and L2.0 for landscape layout and planting plans.
2. Reference CalTrans sheets for Van Ness Information: LP-1 for paving, and L1.0 for landscape layout and L.2.0 for planting plans.

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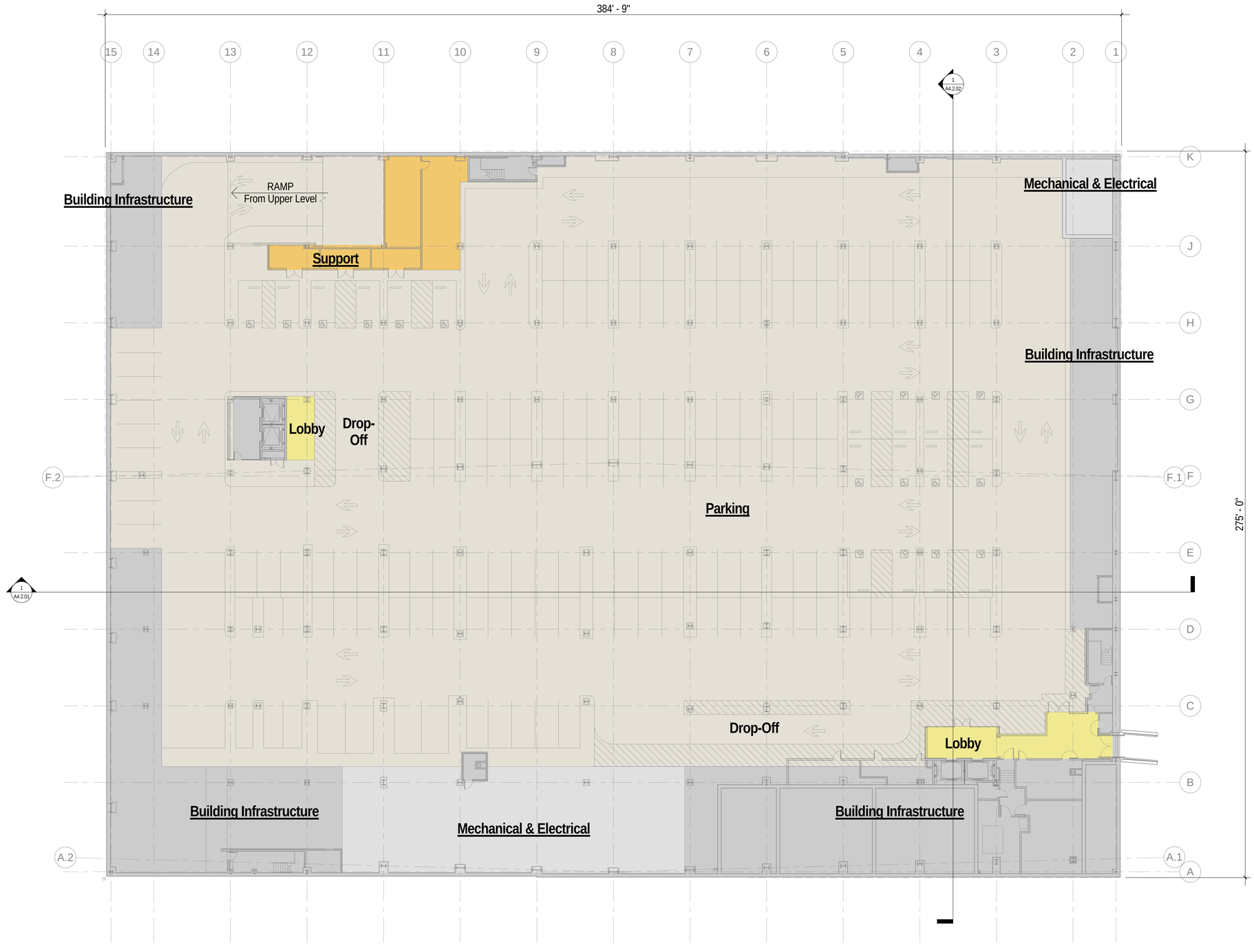
DRAWING TITLE
KEY PLAN
STREETSCAPE

SCALE	1/16"=1'-0"
PROJECT NUMBER	31891.000
DRAWING NUMBER	G2.0



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DRAWING TITLE

LEVEL P3 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.P3**

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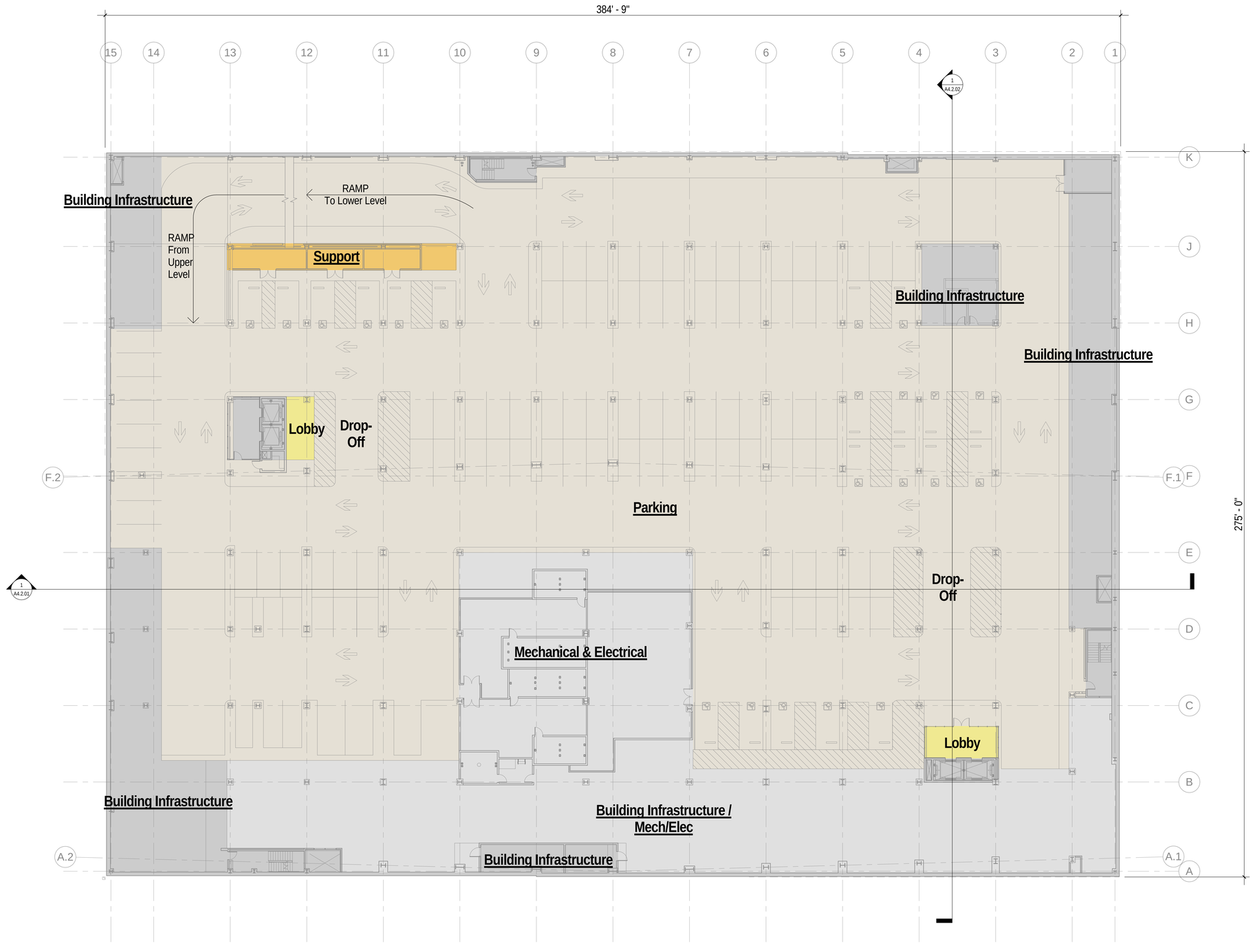

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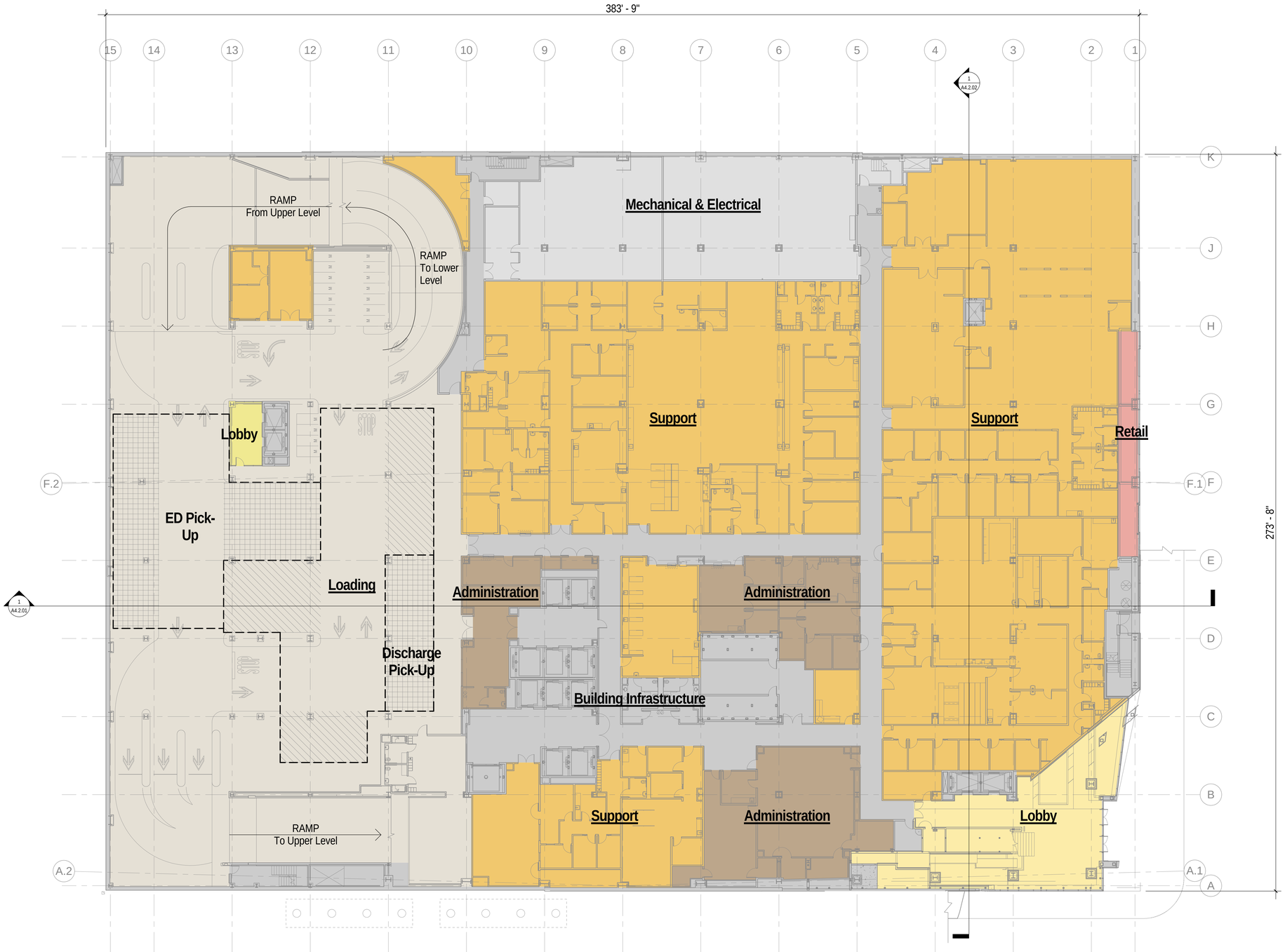
DRAWING TITLE

LEVEL P2 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.P2**



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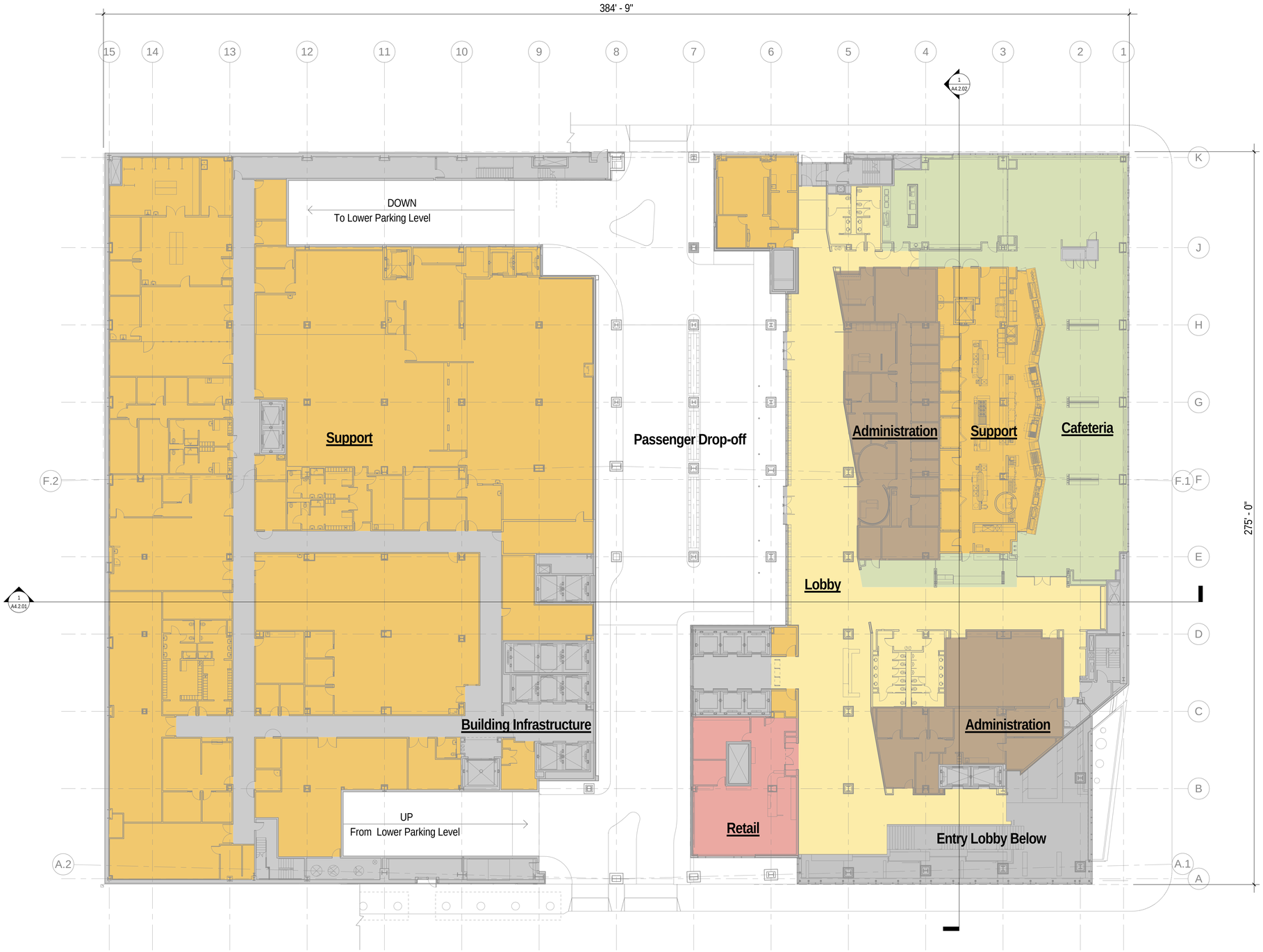
DRAWING TITLE

LEVEL 1 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.01**



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DRAWING TITLE

LEVEL 2 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.02**

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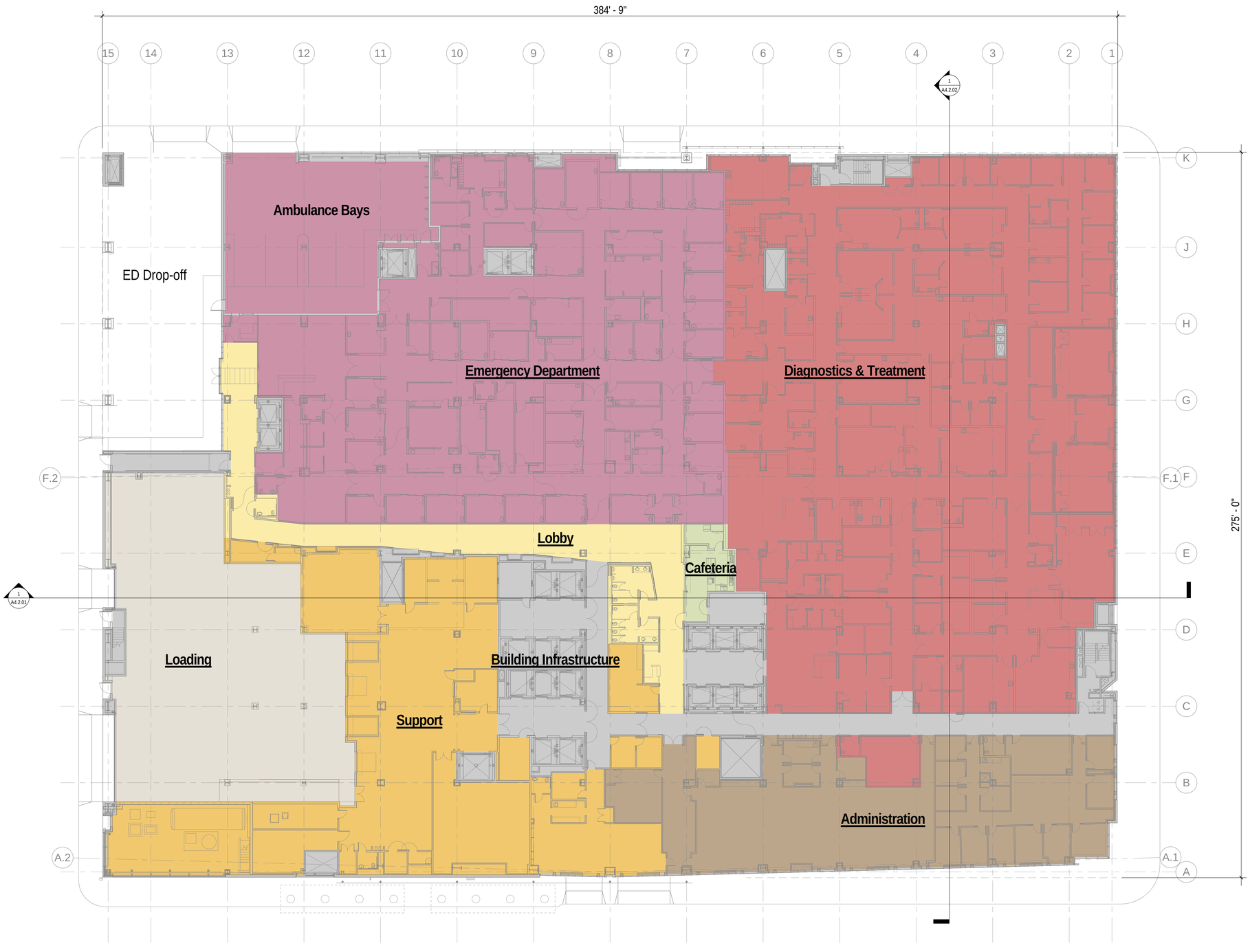

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DRAWING TITLE

LEVEL 3 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

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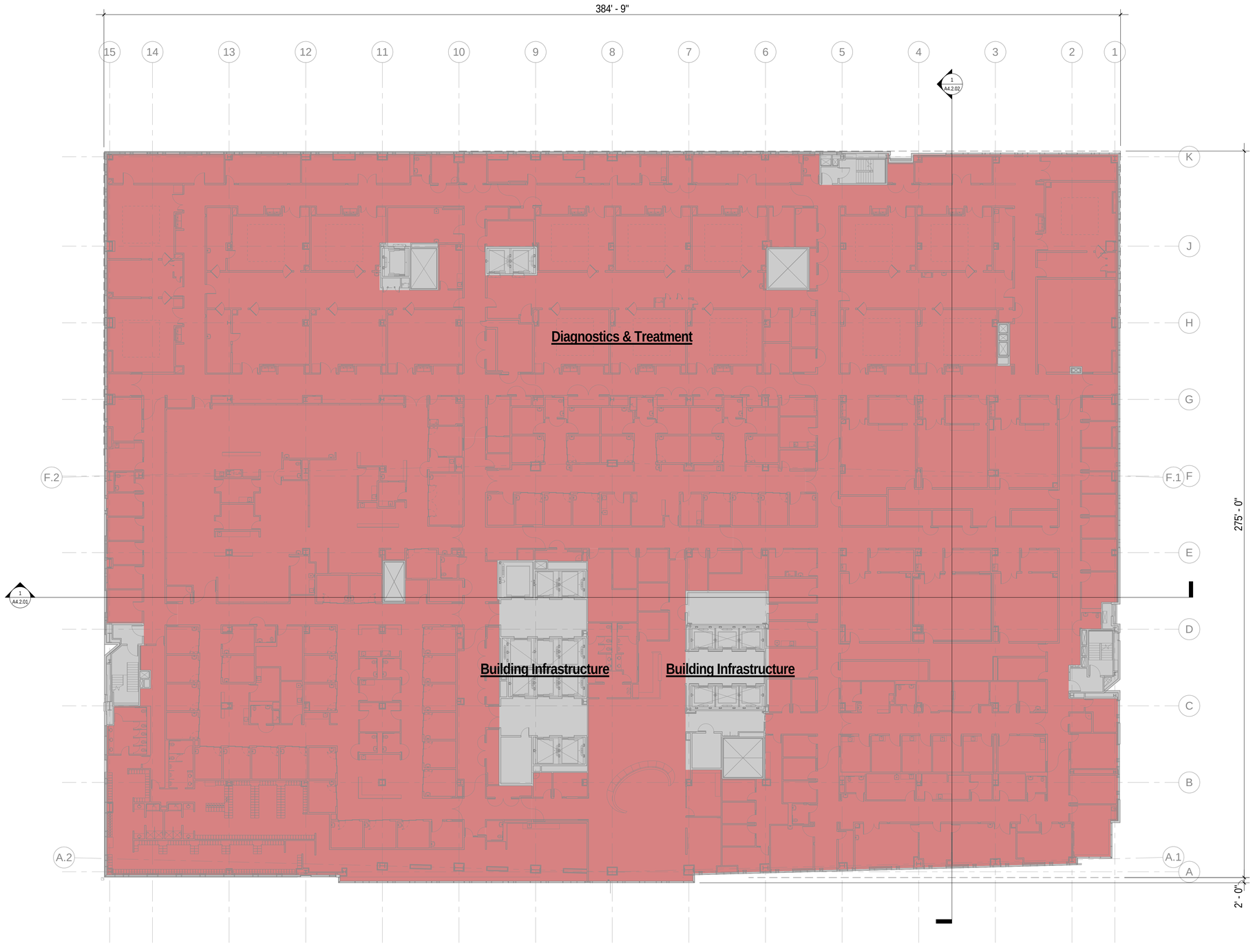

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DRAWING TITLE

LEVEL 4 OVERALL PLAN

SCALE	1/16" = 1'-0"
PROJECT NUMBER	31891.000
DRAWING NUMBER	**A2.04**

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DRAWING TITLE

LEVEL 5 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

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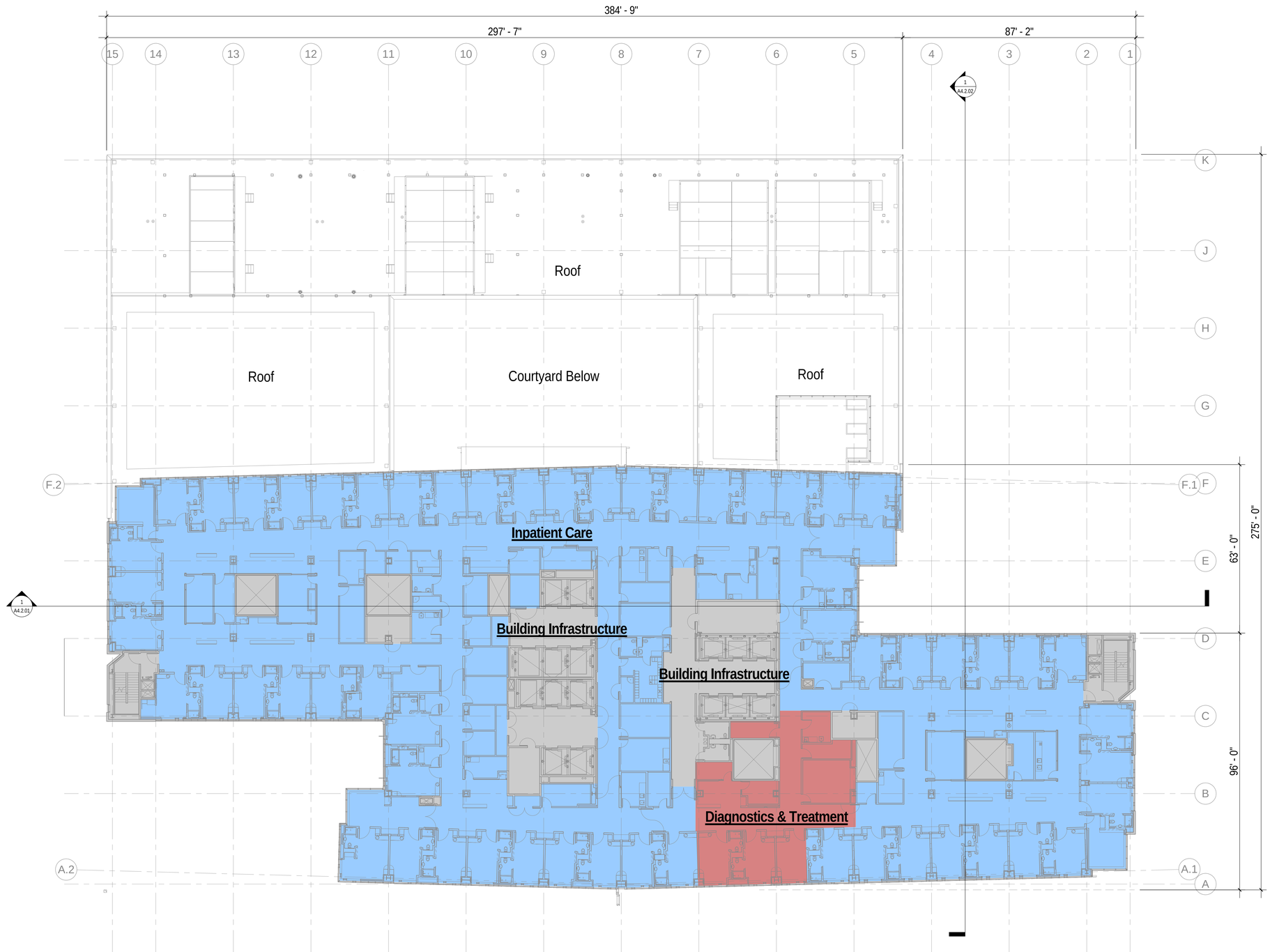

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DRAWING TITLE

LEVEL 6 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

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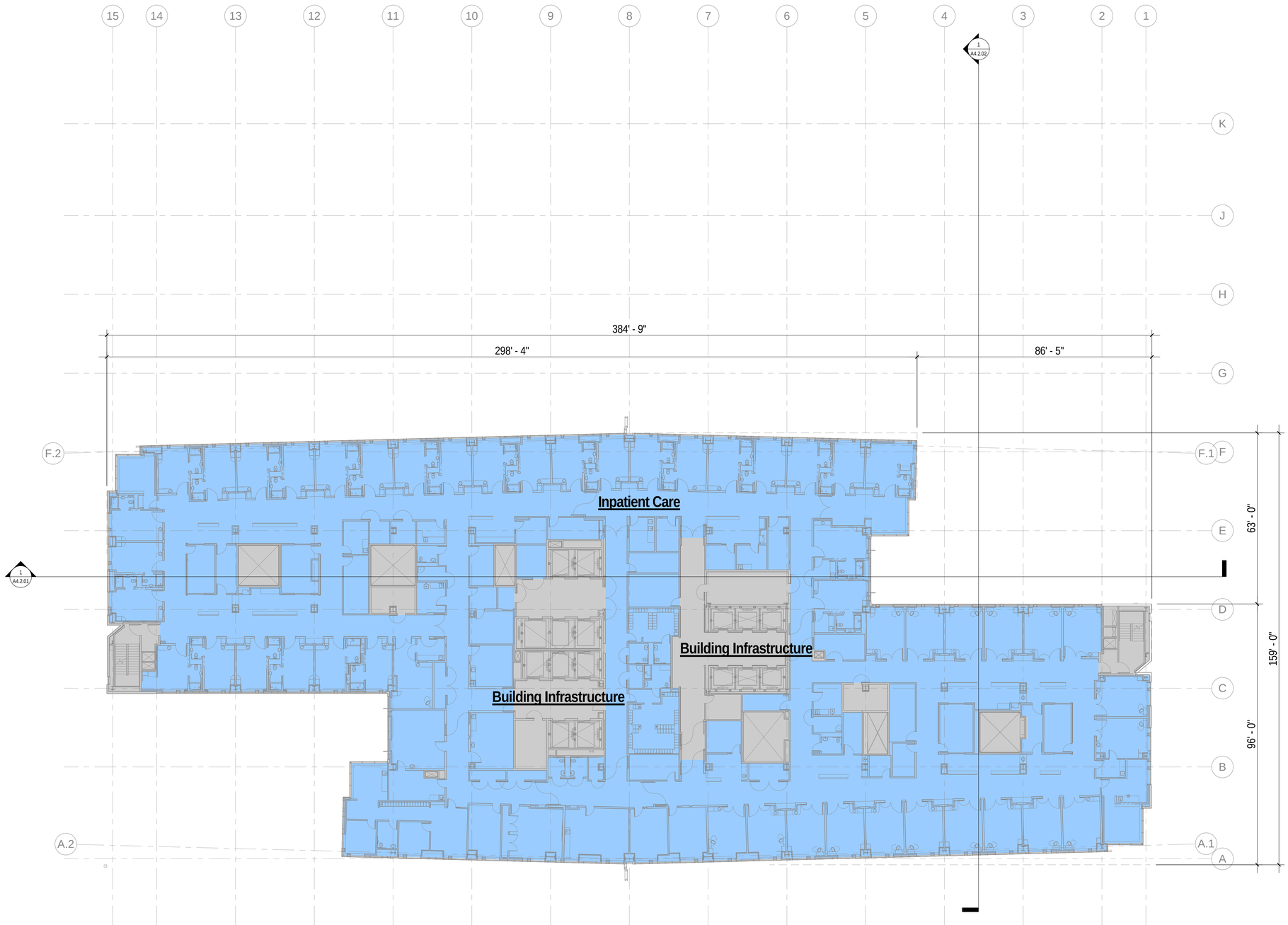

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DRAWING TITLE

LEVEL 7 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

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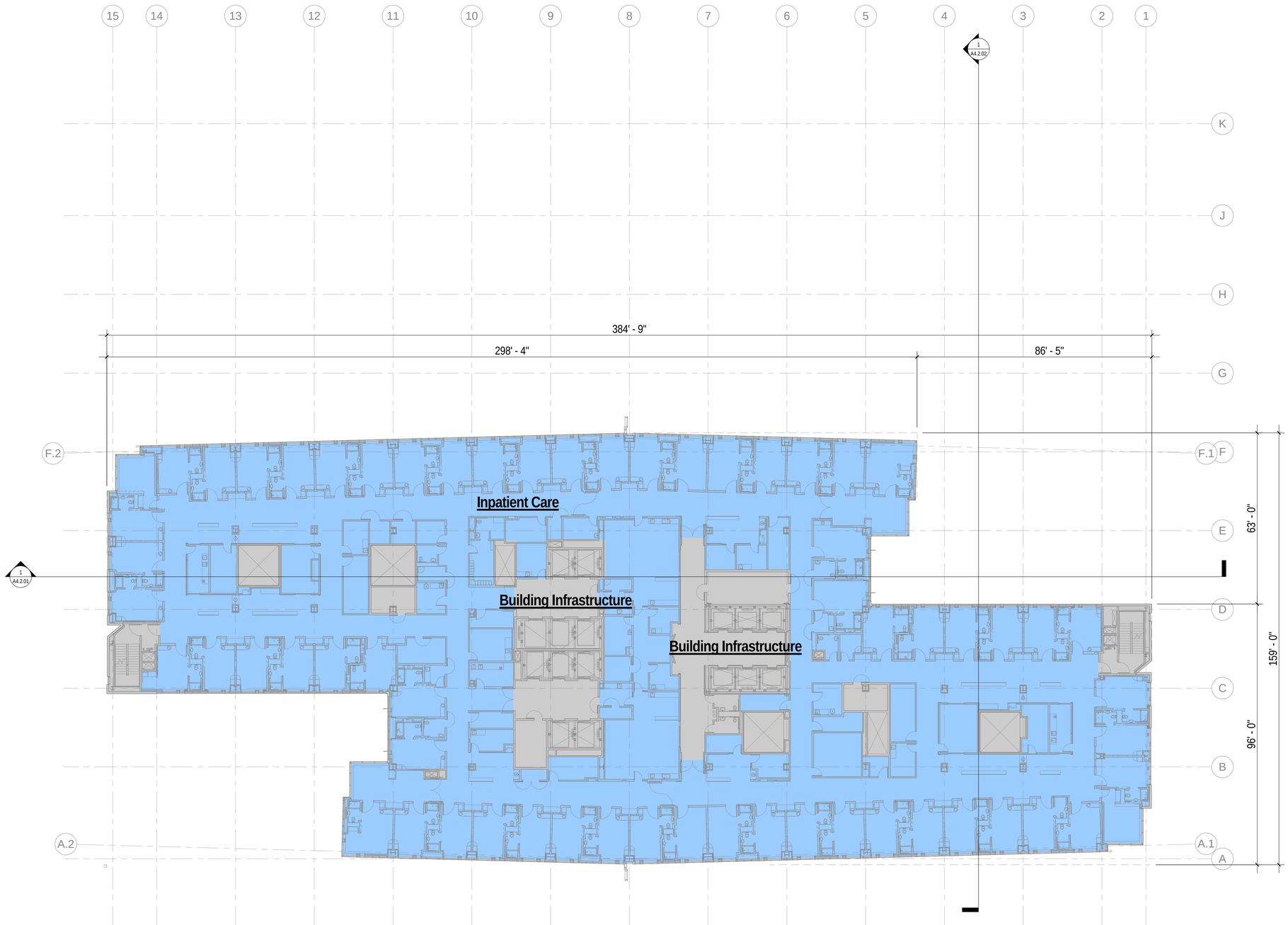

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DRAWING TITLE

LEVEL 8 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

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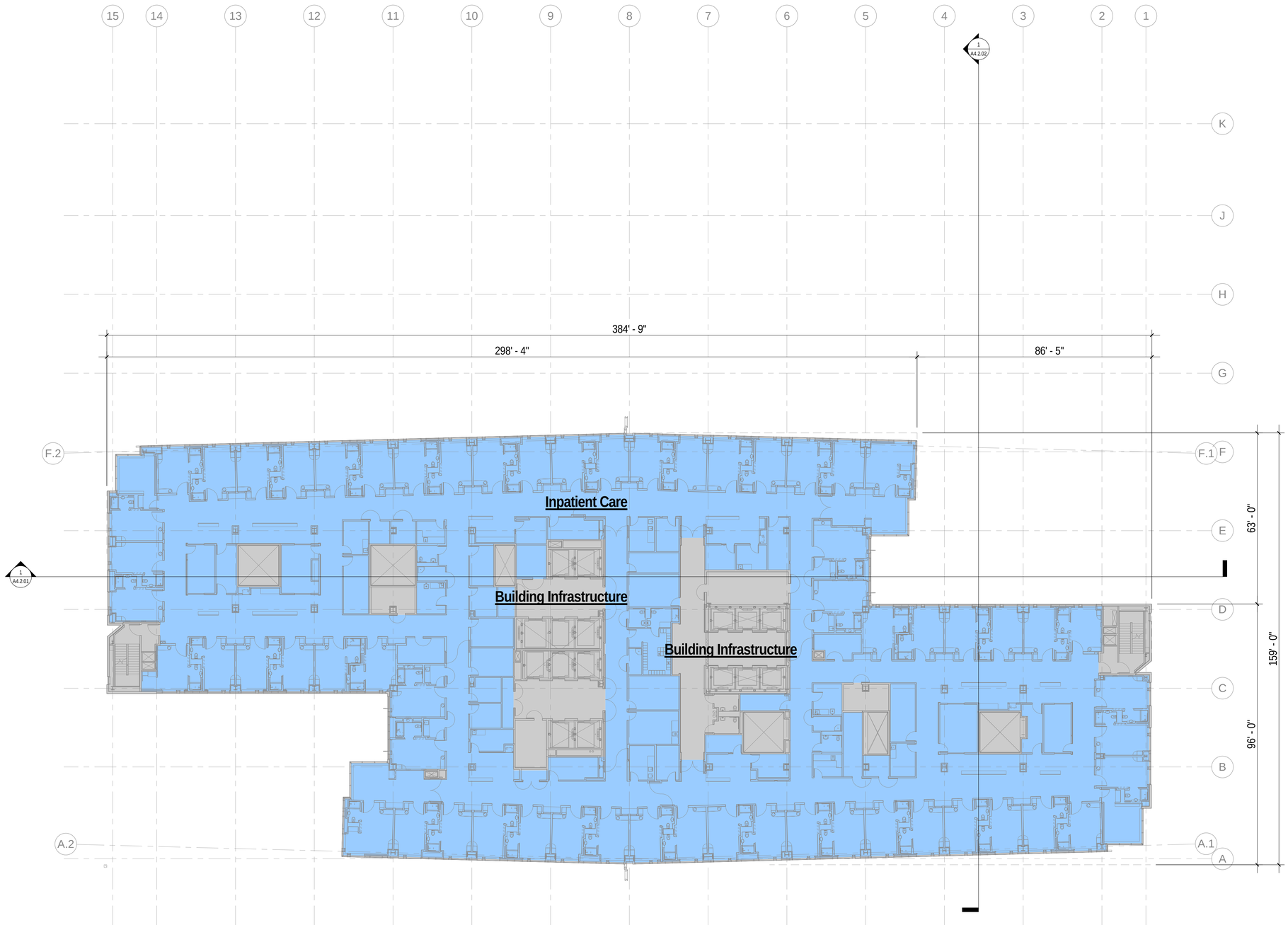

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DRAWING TITLE

LEVEL 9 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.09**

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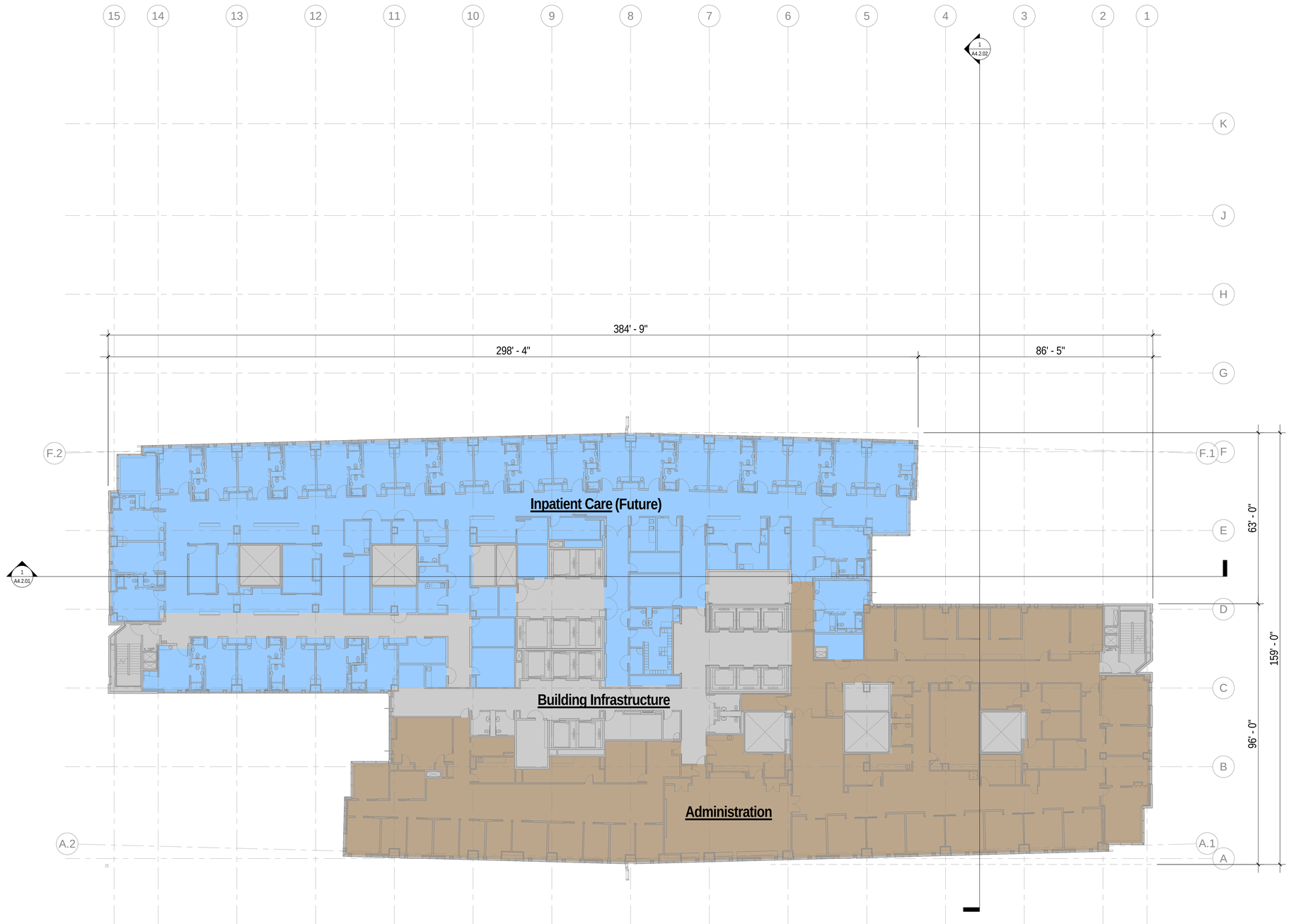

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CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE

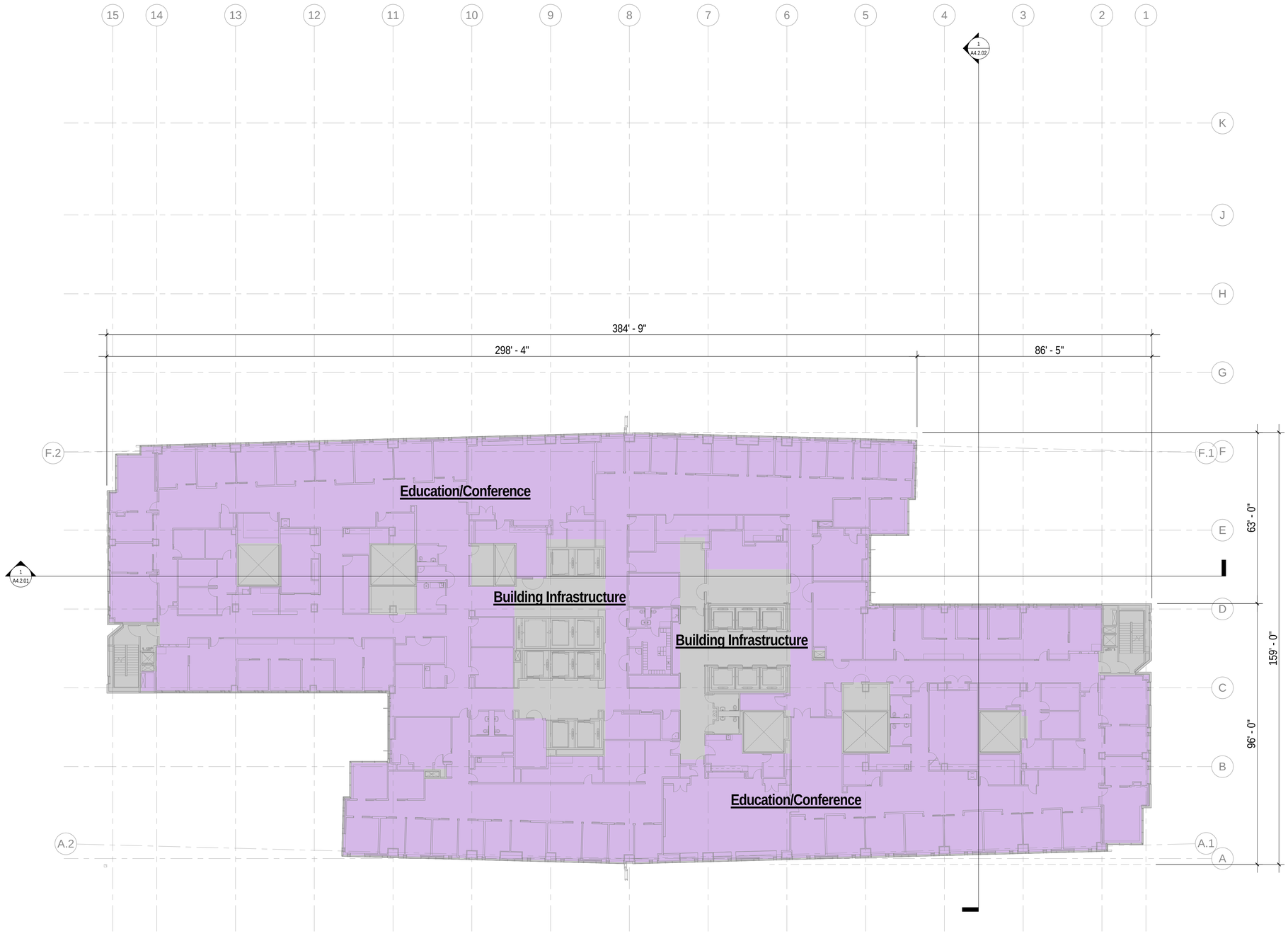
LEVEL 10 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.10**

5/1/2013 2:43:08 PM



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SEALS AND SIGNATURES

ISSUE	REV	DATE
OSHPD REVIEW	ORIGINAL	09/01/08
CU APPLICATION		11/16/2009
CU APPLICATION UPDATE		06/03/2010
CU APPLICATION UPDATE 2		05/27/2011
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CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE

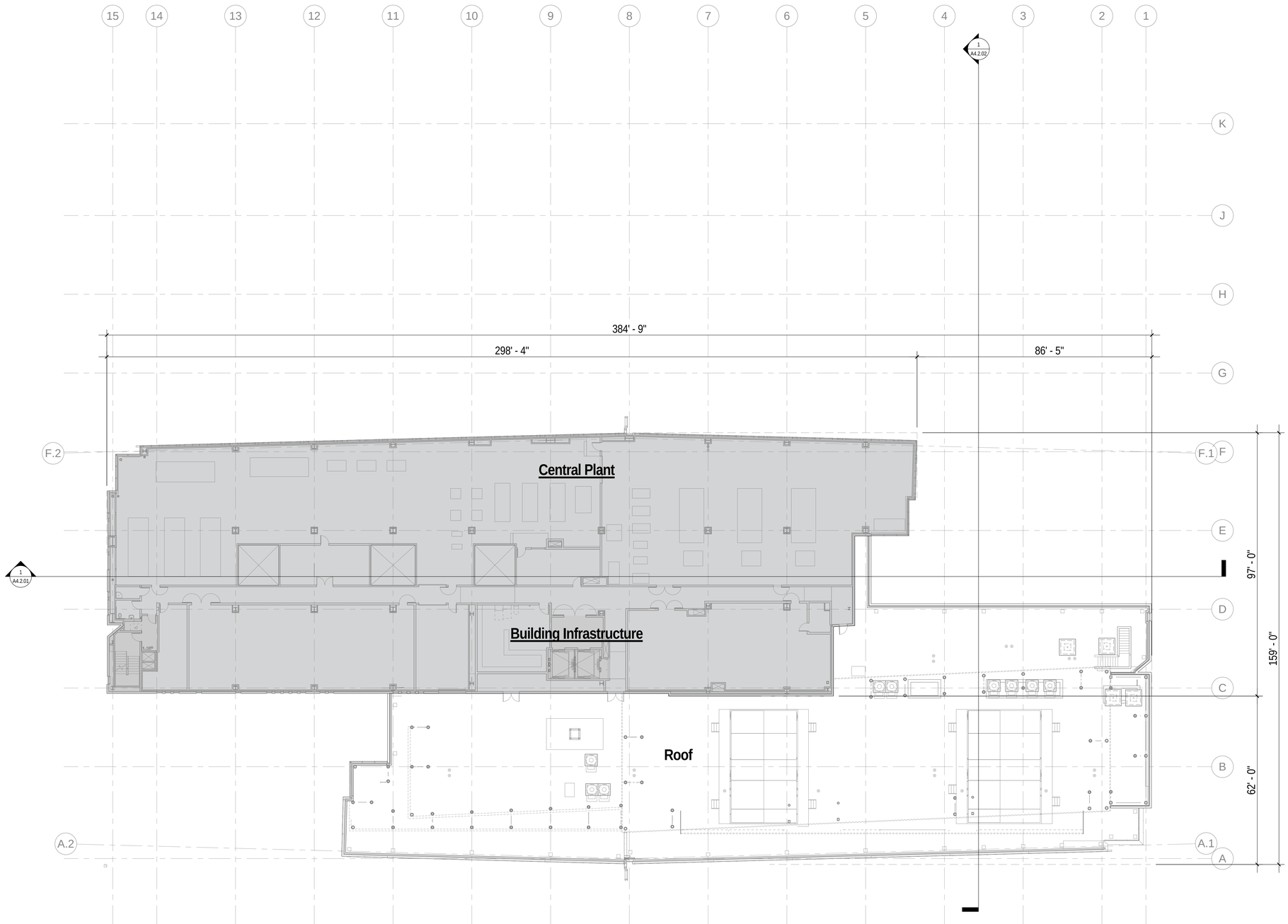
LEVEL 11 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.11**

5/1/2013 2:43:14 PM



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CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE

LEVEL 12 OVERALL PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.12**

5/1/2013 2:43:20 PM

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CU APPLICATION UPDATE 3		02/22/2012
CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE

LEVEL 13 ROOF PLAN

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A2.13**

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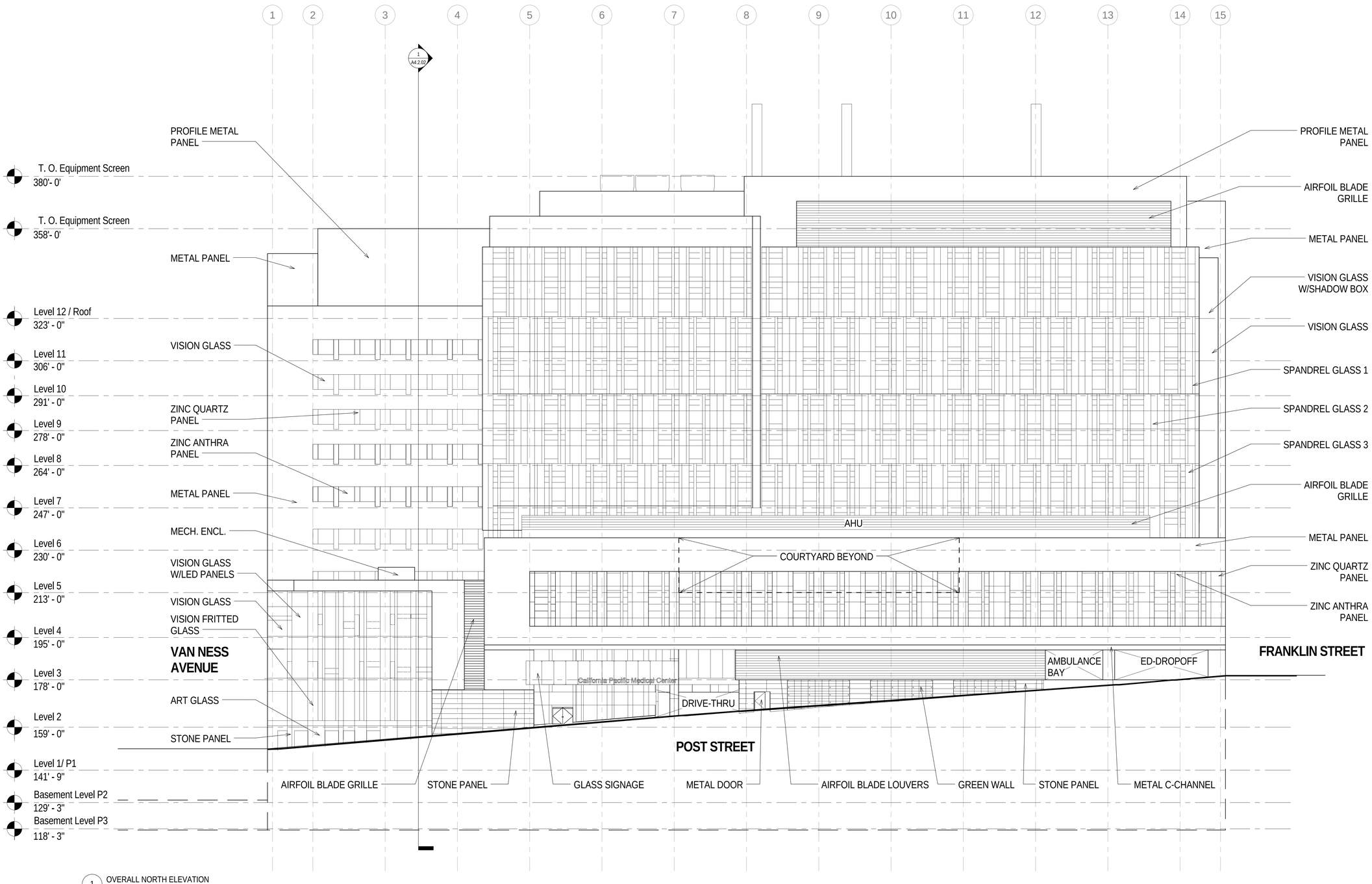

1 OVERALL NORTH ELEVATION
SCALE: 1/16" = 1'-0"

5/1/2013 2:43:52 PM

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CU APPLICATION		11/16/2009
CU APPLICATION UPDATE		06/03/2010
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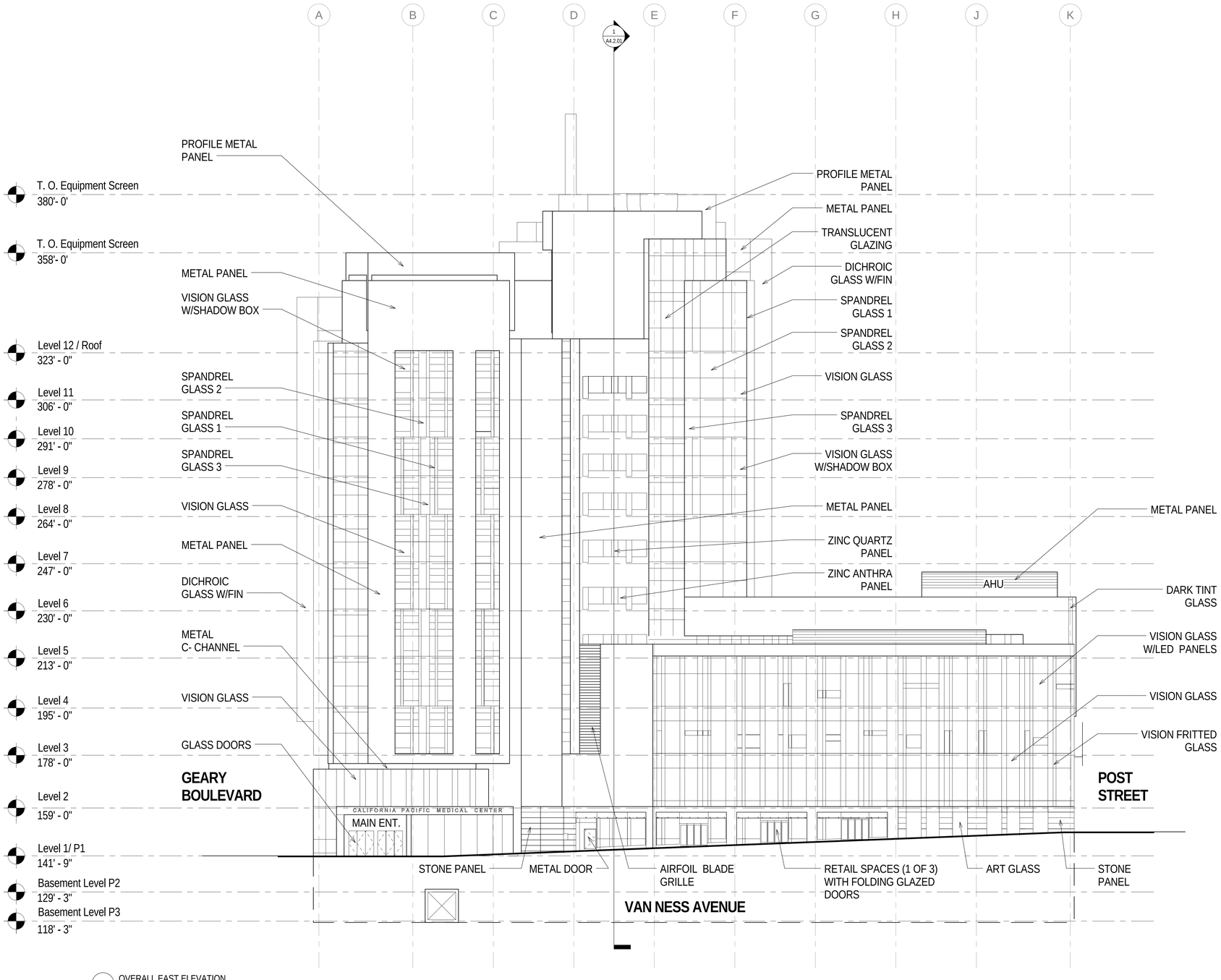
CU APPLICATION UPDATE 3		02/22/2012
CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE
NORTH ELEVATION

SCALE 1/16" = 1'-0"
PROJECT NUMBER 31891.000
DRAWING NUMBER **A4.1.01**



1 OVERALL EAST ELEVATION
SCALE: 1/16" = 1'-0"

5/1/2013 2:43:56 PM

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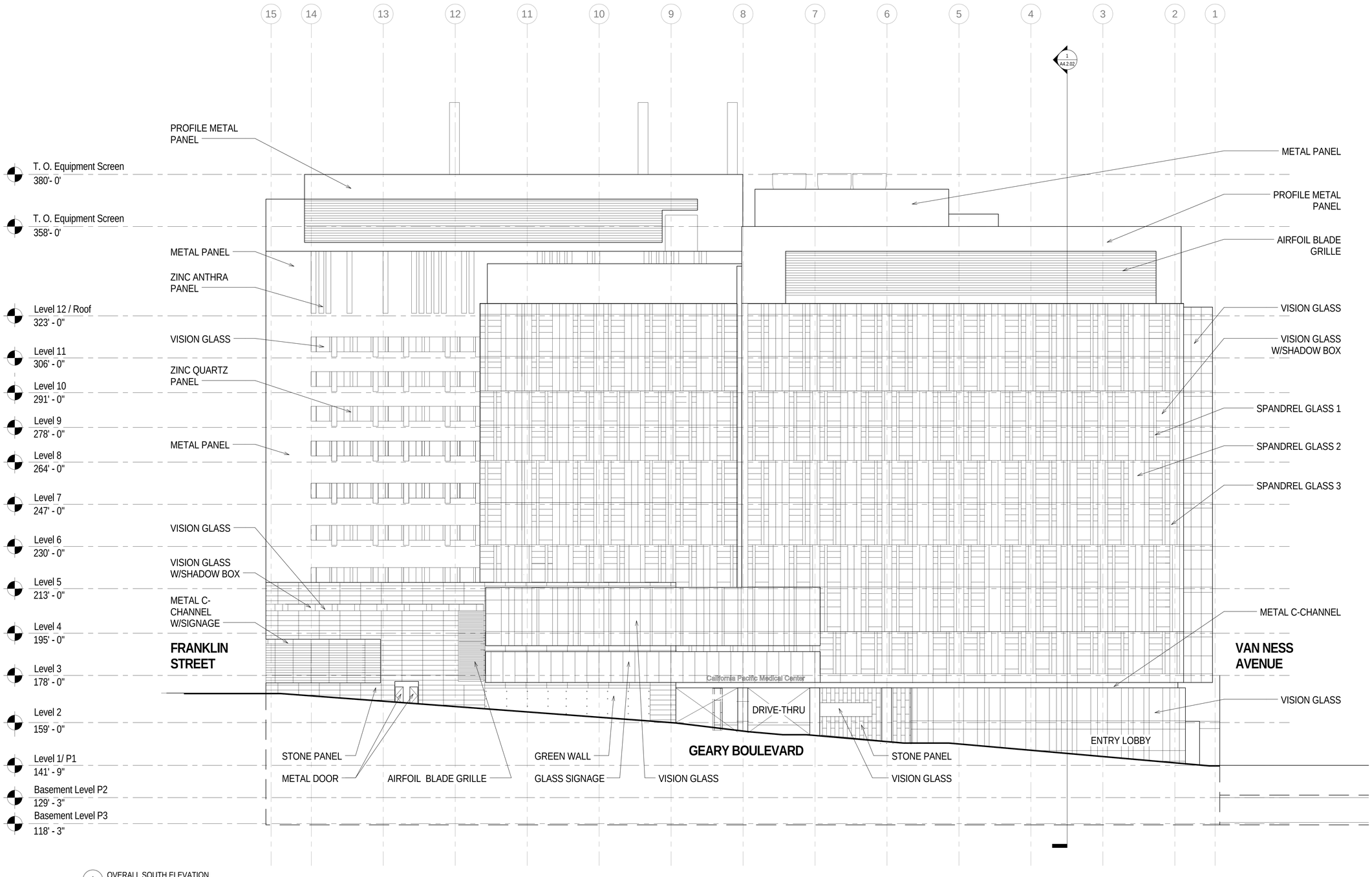
CU APPLICATION UPDATE 3		02/22/2012
CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE
EAST ELEVATION

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A4.1.02**



1 OVERALL SOUTH ELEVATION
SCALE: 1/16" = 1'-0"

5/1/2013 2:44:02 PM

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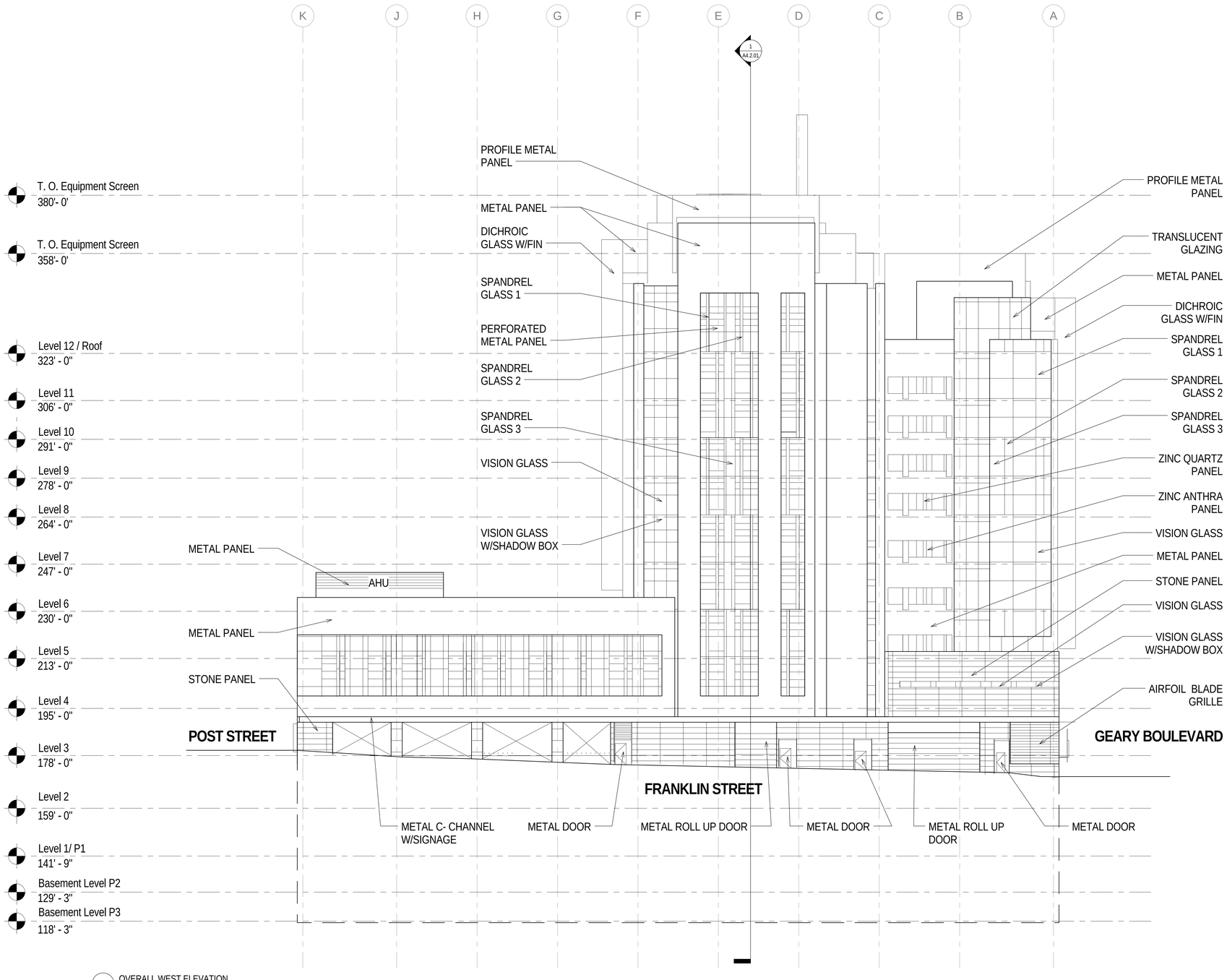
DRAWING TITLE
SOUTH ELEVATION

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A4.1.03**



1 OVERALL WEST ELEVATION
SCALE: 1/16" = 1'-0"

5/1/2013 2:44:06 PM

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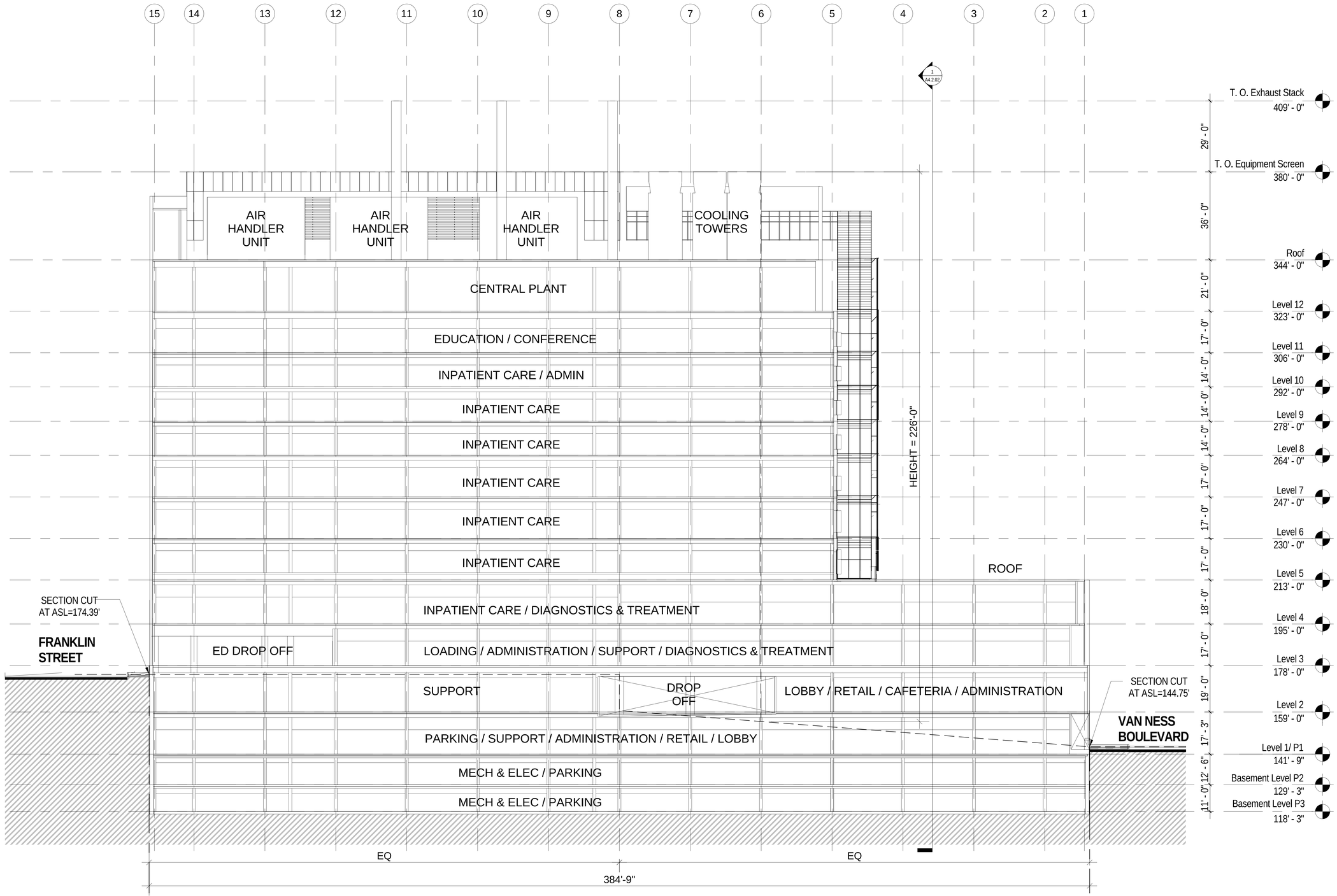
CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE
WEST ELEVATION

SCALE 1/16" = 1'-0"

PROJECT NUMBER 31891.000

DRAWING NUMBER **A4.1.04**



1 BUILDING SECTION AA
SCALE: 1/16" = 1'-0"

5/1/2013 2:44:11 PM

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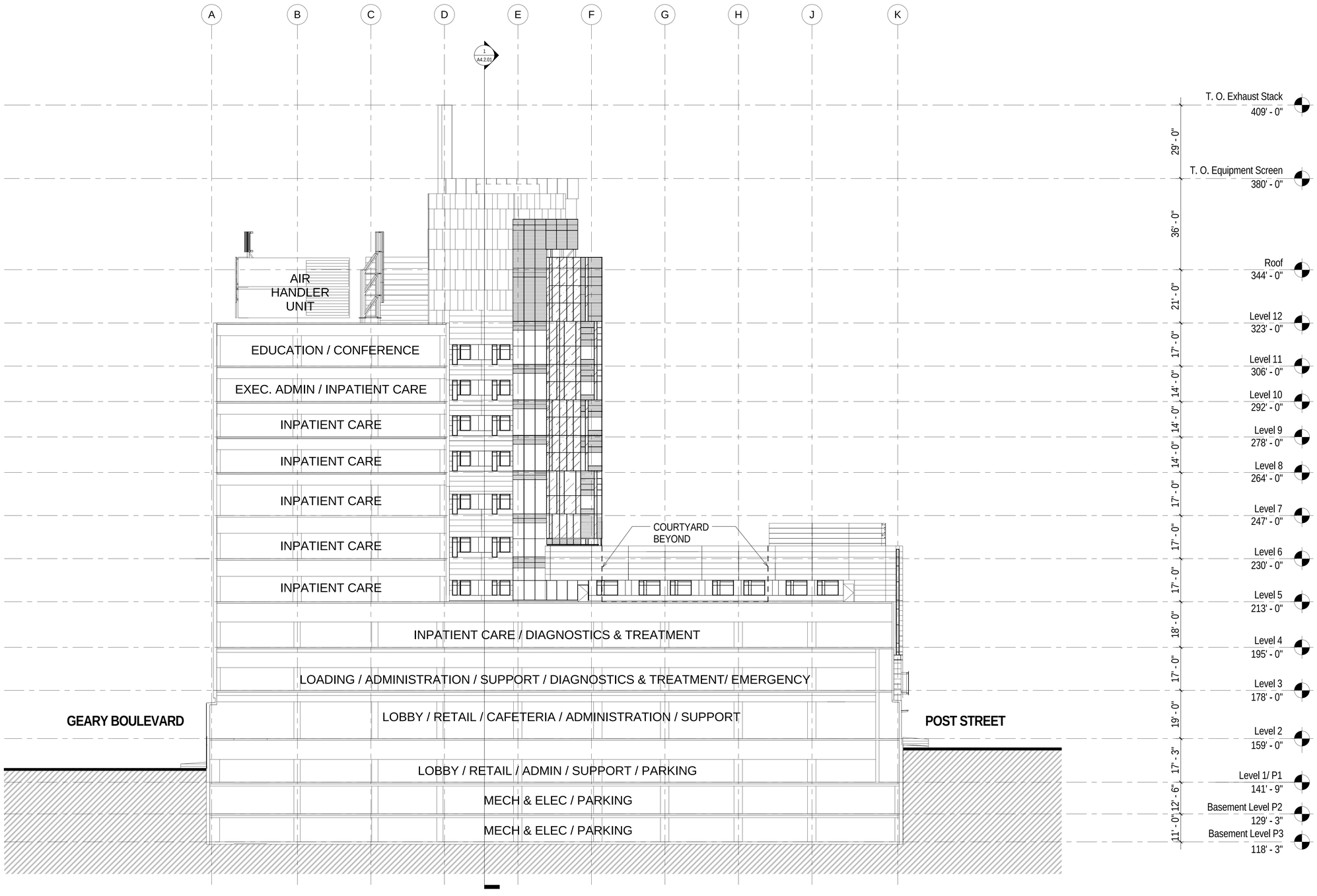
DRAWING TITLE
BUILDING SECTION

SCALE 1/16" = 1'-0"
PROJECT NUMBER 31891.000
DRAWING NUMBER **A4.2.01**



1 BUILDING SECTION BB
SCALE: 1/16" = 1'-0"

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CU APPLICATION UPDATE 4		05/06/2013

DRAWING TITLE
BUILDING SECTION

SCALE 1/16" = 1'-0"
PROJECT NUMBER 31891.000
DRAWING NUMBER **A4.2.02**

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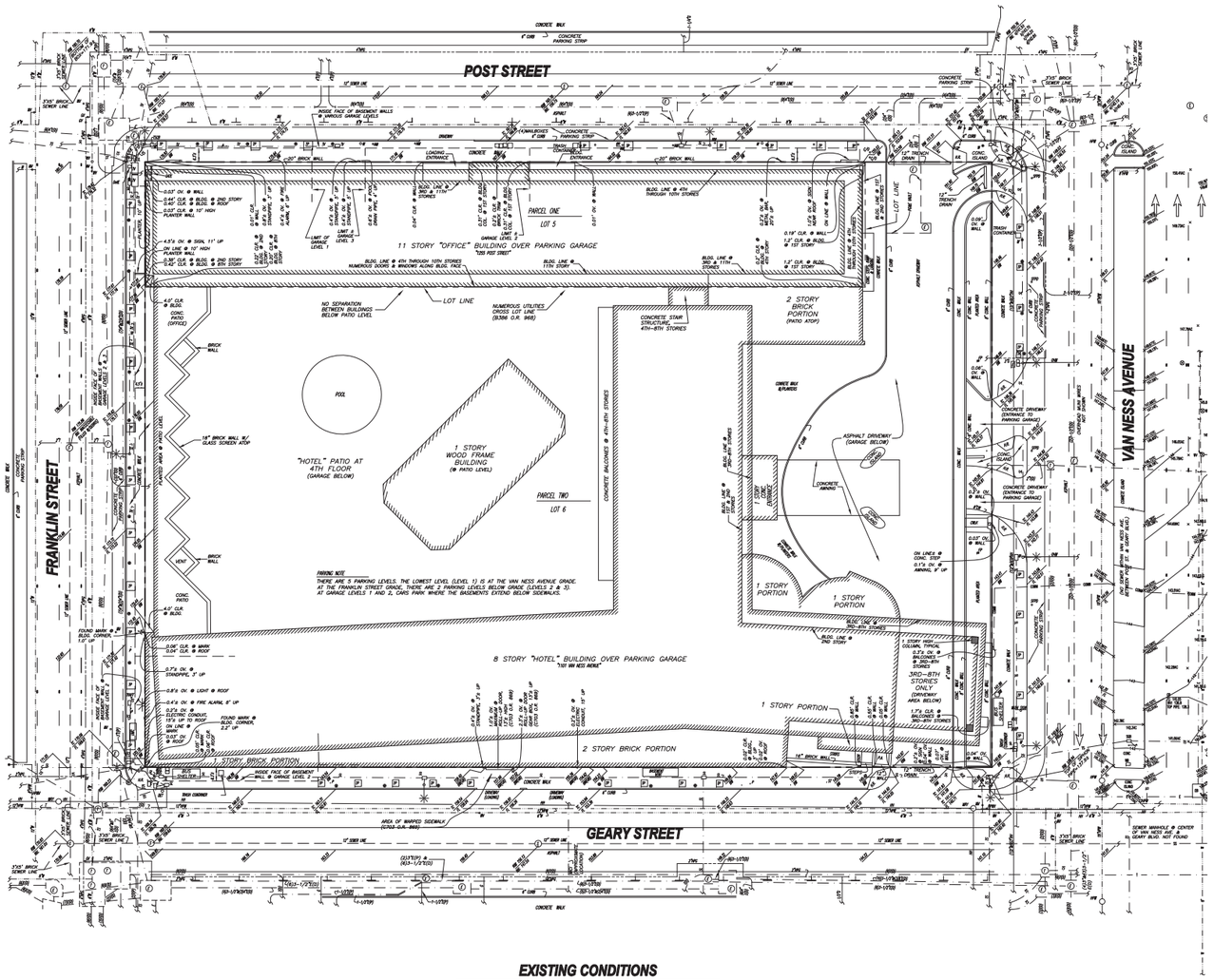

EXISTING CONDITIONS

SCALE 1":20'

LEGEND

CLR.	CLEAR	HPW	HIGH PRESSURE WATER VALVE	E	ELECTRIC PULLBOX
OV.	OVER		ELECTROLIER W/ TRAFFIC SIGNAL	TRAFF	TRAFFIC CAMERA ON POLE
R/W	RIGHT OF WAY	TS	TRAFFIC SIGNAL PULLBOX	TS	TRAFFIC SIGNAL PULLBOX
BLDG.	BUILDING	M	MUNI POLE	DET	DETECTOR COVER
CONC.	CONCRETE		FIRE HYDRANT	TV	TELEVISION PULLBOX
CS	CONCRETE STEPS		HIGH PRESSURE FIRE HYDRANT	DOE	DEPT. OF ELECTRICITY PULLBOX
P.A.	PLANTED AREA	GP	GUARD POST	C/O	CLEANOUT
CWLK	CONCRETE WALK	MRY	HETCH HETCHY MUNI MANHOLE	E	ELECTRIC LINE
CW	CONCRETE WALL	SFPD	"SFPD" COVER	G	GAS LINE
H.R.	HANDICAP RAMP	T	TELEPHONE MANHOLE	HPG	HIGH PRESSURE GAS LINE
TC	TOP OF CURB	UMC	UNKNOWN METAL COVER	MCI	MCI LINE
FL	FLOW LINE	HPW	HIGH PRESSURE WATER MANHOLE	HH	HETCH HETCHY MUNI LINE
BW	BACK OF WALK		ELECTROLIER/ MUNI GUY POLE	S	SEWER LINE
GB	GRADE BREAK		TRAFFIC SIGNAL	SL	STREET LIGHT LINE
INV.	INVERT	BUS	BUS SHELTER PULLBOX	T	TELEPHONE LINE
	SIGN	M	MUNI POLE	TV	TELEVISION LINE
FP	FLAG POLE ON BASE	TS	TRAFFIC SIGNAL PULLBOX	TS	TRAFFIC SIGNAL LINE
	SIGN		ELECTROLIER	W	WATER LINE
TR	TRAFFIC SIGN	SL	STREET LIGHT PULLBOX	HPW	HIGH PRESSURE WATER LINE
P	PARKING SIGN	OHM	OVERHEAD MUNI WIRES	(D)	DUCT
ST	STREET SIGN			(P)	PIPE
	PARKING METER				
NM	PARKING METER POST (NO METER)				
	TRAFFIC SIGNAL CONTROL BOX, 6' HIGH				
TSCB					
BUS	BUS SIGN				
	BIKE RACK				
S	SEWER MANHOLE				
	CATCH BASIN				
WV	WATER VALVE				
GV	GAS VALVE				
E	ELECTRIC MANHOLE				

LEGAL DESCRIPTION

ALL THAT REAL PROPERTY SITUATED IN THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA, DESCRIBED AS FOLLOWS:

PARCEL ONE:

COMMENCING AT A POINT ON THE SOUTHERLY LINE OF POST STREET, DISTANT THEREON 57.50 FEET WESTERLY OF THE WESTERLY LINE OF VAN NESS AVENUE; RUNNING THENCE AT A RIGHT ANGLE SOUTHERLY, PARALLEL WITH SAID LINE OF VAN NESS AVENUE, 56.83 FEET; THENCE AT A RIGHT ANGLE WESTERLY, PARALLEL WITH SAID LINE OF POST STREET, 327.25 FEET TO THE EASTERLY LINE OF FRANKLIN STREET; THENCE AT A RIGHT ANGLE NORTHERLY, ALONG SAID LINE OF FRANKLIN STREET, 56.83 FEET TO SAID SOUTHERLY LINE OF POST STREET; THENCE AT A RIGHT ANGLE EASTERLY, ALONG SAID LINE OF POST STREET, 327.25 FEET TO THE POINT OF COMMENCEMENT.

BEING A PORTION OF WESTERN ADDITION BLOCK NO. 83.

LOT 005, BLOCK 0695

PARCEL TWO:

BEGINNING AT THE INTERSECTION OF THE WESTERLY LINE OF VAN NESS AVENUE AND THE NORTHERLY LINE OF GEARY STREET; RUNNING THENCE WESTERLY ALONG THE SAID LINE OF GEARY STREET, 384 FEET 9 INCHES TO THE POINT OF INTERSECTION OF THE NORTHERLY LINE OF GEARY STREET AND THE EASTERLY LINE OF FRANKLIN STREET; THENCE NORTHERLY ALONG THE SAID EASTERLY LINE OF FRANKLIN STREET, 275 FEET TO THE INTERSECTION OF THE EASTERLY LINE OF FRANKLIN STREET AND THE SOUTHERLY LINE OF POST STREET; THENCE AT A RIGHT ANGLE EASTERLY, ALONG THE SAID SOUTHERLY LINE OF POST STREET 384 FEET 9 INCHES TO THE INTERSECTION OF THE SOUTHERLY LINE OF POST STREET AND THE WESTERLY LINE OF VAN NESS AVENUE; THENCE AT A RIGHT ANGLE SOUTHERLY, ALONG THE WESTERLY LINE OF VAN NESS AVENUE, 275 FEET TO THE NORTHERLY LINE OF GEARY STREET AND THE POINT OF COMMENCEMENT.

EXCEPTING THEREFROM, THE FOLLOWING DESCRIBED PROPERTY:

COMMENCING AT A POINT ON THE SOUTHERLY LINE OF POST STREET, DISTANT THEREON 57.50 FEET WESTERLY OF THE WESTERLY LINE OF VAN NESS AVENUE; RUNNING THENCE AT A RIGHT ANGLE SOUTHERLY, PARALLEL WITH SAID LINE OF VAN NESS AVENUE, 56.83 FEET; THENCE AT A RIGHT ANGLE WESTERLY, PARALLEL WITH SAID LINE OF POST STREET 327.25 FEET TO THE EASTERLY LINE OF FRANKLIN STREET; THENCE AT A RIGHT ANGLE NORTHERLY, ALONG SAID LINE OF FRANKLIN STREET, 56.83 FEET TO SAID SOUTHERLY LINE OF POST STREET; THENCE AT A RIGHT ANGLE EASTERLY, ALONG SAID LINE OF POST STREET, 327.25 FEET TO THE POINT OF COMMENCEMENT.

BEING A PORTION OF WESTERN ADDITION BLOCK NO. 83.

LOT 006, BLOCK 0695

SURVEY REFERENCE

CHICAGO TITLE COMPANY PRELIMINARY REPORT NO. 705817 DATED SEPTEMBER 8, 2003.

THE FOLLOWING ARE EXCEPTIONS TO TITLE WITHIN THE ABOVE REFERENCED PRELIMINARY REPORT:

1. THE SUBJECT PROPERTY LIES WITHIN THE EXTERIOR BOUNDARIES OF THE WESTERN ADDITION APPROVED REDEVELOPMENT PROJECT AREA A-2 AND IS SUBJECT TO THE MASTER PLAN FOR THE REDEVELOPMENT OF SAID PROJECT SET FORTH IN "THE REDEVELOPMENT PLAN" FILED JULY 21, 1966, SERIES NO. P03935, OFFICIAL RECORDS AND ALL SUBSEQUENT AMENDMENTS.

2. COVENANTS, CONDITIONS AND RESTRICTIONS IN THE DECLARATION OF RESTRICTIONS RECORDED DECEMBER 13, 1966, IN BOOK B103, PAGE 216, OFFICIAL RECORDS.

3. TERMS AND CONDITIONS AS CONTAINED IN THAT CERTAIN GRANT DEED RECORDED DECEMBER 9, 1969, IN BOOK B386, PAGE 961, OFFICIAL RECORDS.

4. "GRANT OF EASEMENT AND ACCEPTANCE OF COVENANTS" RECORDED DECEMBER 9, 1969, IN BOOK B386, PAGE 968, OFFICIAL RECORDS. EASEMENT IN FAVOR OF LOT 6 FOR USE OF UTILITIES AND STRUCTURES LOCATED ON LOT 5 ESSENTIAL TO THE SERVICING AND OPERATION OF THE IMPROVEMENTS ON LOT 6. EXACT LOCATIONS UNKNOWN.

5. CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC WORKS ORDER NO. 113,753 RECORDED JANUARY 2, 1979, IN BOOK C703, PAGE 869, OFFICIAL RECORDS. SAID INSTRUMENT GRANTS REVOCABLE PERMISSION TO OCCUPY A PORTION OF THE SIDEWALK AREA WITH A ROLLUP DOOR INSTALLATION AND TO CONSTRUCT A WARPED DRIVEWAY RAMP AT GEARY STREET FRONTAGE.

BASIS OF SURVEY

CITY OF SAN FRANCISCO MONUMENT MAP NO. 16 ON FILE IN THE OFFICE OF THE CITY ENGINEER.

GENERAL NOTES

1. DETAILS NEAR PROPERTY LINES ARE NOT TO SCALE.
2. ALL ANGLES ARE 90 DEGREES UNLESS NOTED OTHERWISE.
3. THIS SURVEY WAS CONDUCTED BY MARTIN M RON ASSOCIATES.

UTILITY NOTE

THE UTILITIES EXISTING ON THE SURFACE AND SHOWN ON THIS DRAWING HAVE BEEN LOCATED BY FIELD SURVEY. ALL UNDERGROUND UTILITIES SHOWN ON THIS DRAWING ARE FROM RECORDS OF THE VARIOUS UTILITY COMPANIES AND THE SURVEYOR DOES NOT ASSUME RESPONSIBILITY FOR THEIR COMPLETENESS, INDICATED LOCATION OR SIZE. RECORD UTILITY LOCATION SHOULD BE CONFIRMED BY EXPOSING THE UTILITY. DUE TO THE PROLIFERATION OF TELECOMMUNICATION COMPANIES, NOT ALL UNDERGROUND RECORDS ARE AVAILABLE. THEREFORE, THERE MAY BE TELECOMMUNICATION *LINES NOT SHOWN HEREON.*

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

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415.575.4722

SEALS AND SIGNATURES

REGISTERED PROFESSIONAL ENGINEER
Robert C. Stone
No. C 058660
Exp. 12.31.2012
CIVIL
STATE OF CALIFORNIA

STREET IMPROVEMENT PERMIT SUBMITTAL

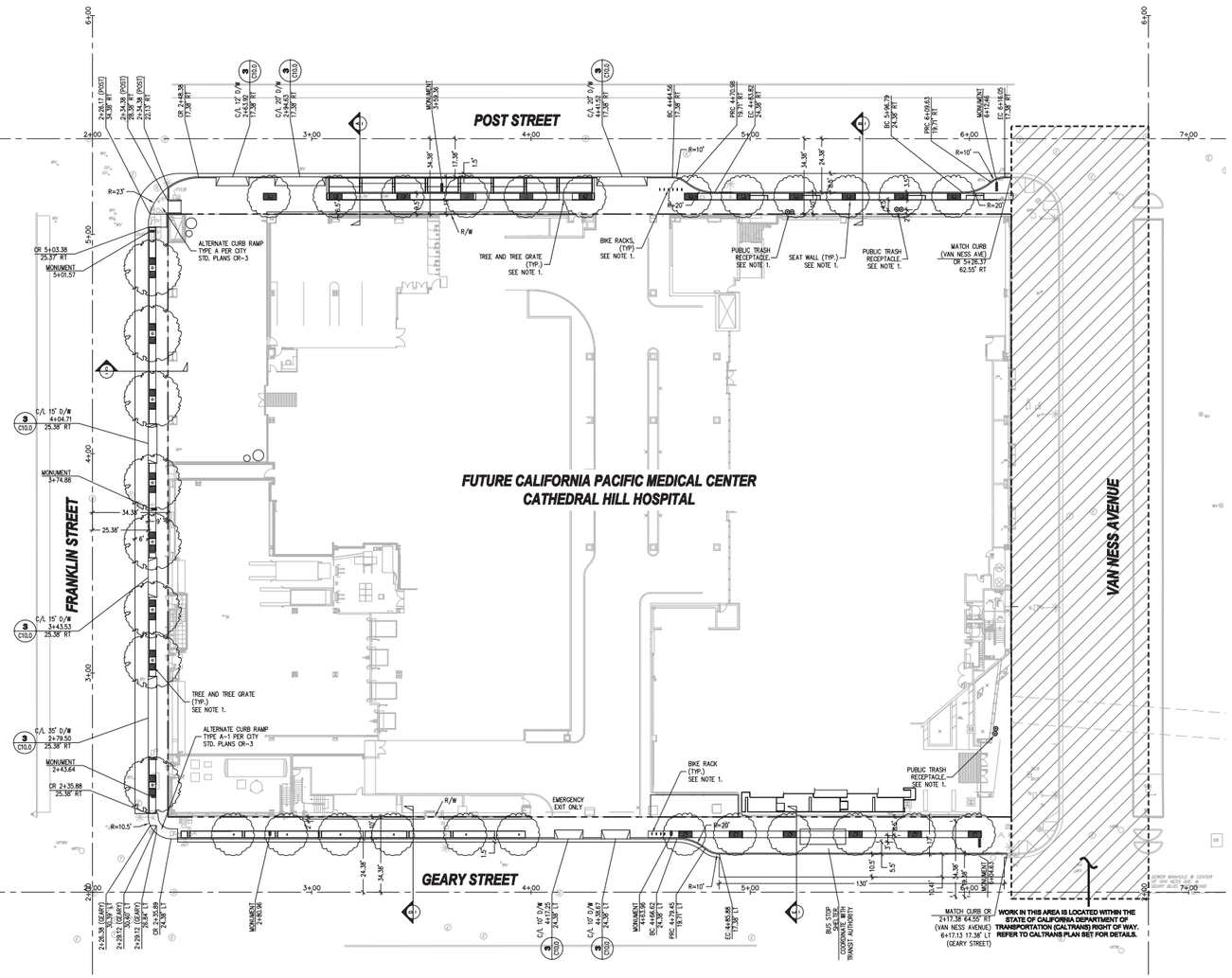
ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	01/03/2012
PERMIT SET	2	02/17/2012

FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE

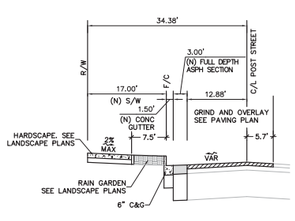
EXISTING CONDITIONS

SCALE	AS SHOWN
PROJECT NUMBER	31891.000
DRAWING NUMBER	C1.0



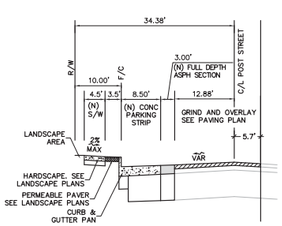
LAYOUT PLAN

SCALE 1":20'



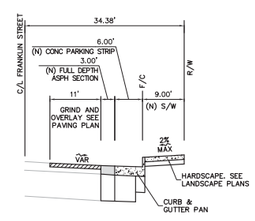
SECTION A - POST STREET

1":10'



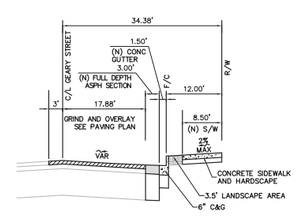
SECTION B - POST STREET

1":10'



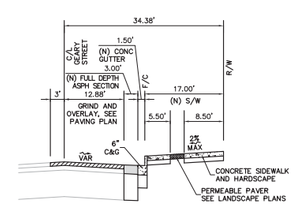
SECTION C - FRANKLIN STREET

1":10'



SECTION D - GEARY STREET

1":10'



SECTION E - GEARY STREET

1":10'

GRAPHIC SCALE

(IN FEET)
1 inch = 80 ft.

NOTE

1. REFER TO LANDSCAPE PLANS FOR FOR PAVEMENT FINISH, PAVER INFORMATION, JOINT AND SCORE PATTERNS, TREE AND TREE GRATES, FURNISHING, AND OTHER SITE ELEMENT DETAILS.
2. CONTRACTOR SHALL ADHERE TO STANDARDS LISTED IN REGULATIONS FOR WORKING IN SAN FRANCISCO STREETS (THE BLUE BOOK), 8TH EDITION, AT ALL TIMES DURING DEMOLITION AND CONSTRUCTION.

ABBREVIATIONS

AC	ASPHALT CONCRETE
BC	BEGINNING OF CURVE
CB	CATCH BASIN
C/L	CENTERLINE
CR	CURB RETURN
DW	DRIVEWAY
(E)	EXISTING
EC	END OF CURVE
F/C	FACE OF CURB
L / L	LEFT OFFSET
MIN	MINIMUM
(N)	NEW
NIC	NOT IN CONTRACT
PRC	POINT OF REVERSE CURVATURE
R	RADIUS
RT	RIGHT OFFSET
R/W	RIGHT OF WAY LINE
SFPW	SAN FRANCISCO PUBLIC WORKS
TYP.	TYPICAL
VAR.	VARIES

LEGEND

- BICYCLE RACKS SEE LANDSCAPE PLANS
- MONUMENT SEE LANDSCAPE PLANS
- PUBLIC TRASH RECEPTACLES SEE LANDSCAPE PLANS
- CURB RAMP PER SFPW STANDARD DETAILS. SEE ALSO SHEET C7.0 FOR CURB RETURN PROFILES.
- CONCRETE DRIVEWAY PER SFPW STANDARD DETAILS. 3/C10.0
- NEW STREET TREE & TREE GRATE. SEE LANDSCAPE PLANS FOR DETAILS.

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SEALS AND SIGNATURES

REGISTERED PROFESSIONAL ENGINEER
BRENT C. RIDDLE
No. C 058660
Exp. 12.31.2012
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STATE OF CALIFORNIA

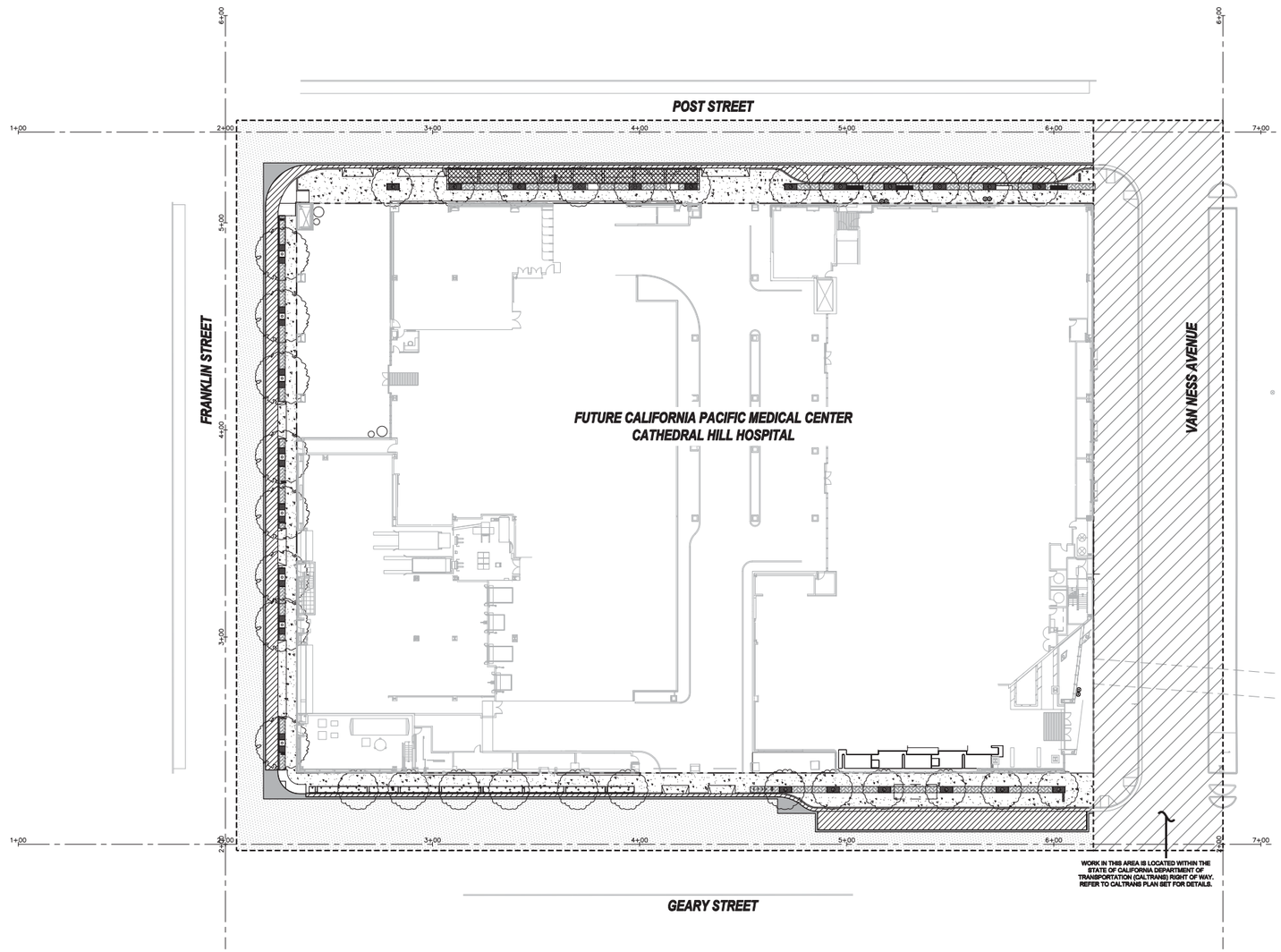
STREET IMPROVEMENT PERMIT SUBMITTAL

ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	01/03/2012
PERMIT SET	2	02/17/2012

FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE
LAYOUT PLAN

SCALE	AS SHOWN
PROJECT NUMBER	31891.000
DRAWING NUMBER	C3.0



PAVING PLAN

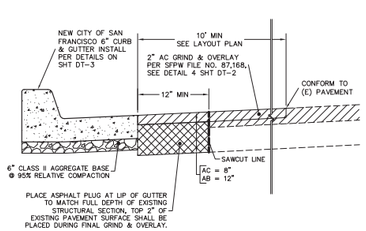
SCALE 1":20'

NOTE

1. REFER TO LANDSCAPE PLANS FOR TREE AND TREE GRATES, FURNISHING, AND OTHER SITE ELEMENTS DETAILS.
2. REFER TO LANDSCAPE PLANS FOR PAVEMENT FINISH, PAVER INFORMATION, AND SCORE PATTERN.
3. ALL UTILITIES WITHIN LIMIT OF WORK SHALL BE ADJUSTED TO NEW GRADE UNLESS OTHERWISE NOTED.

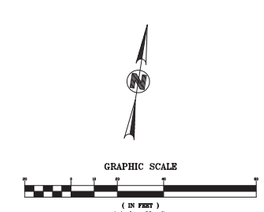
LEGEND

- PCC PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- STANDARD COMBINED CURB AND PARKING STRIP OR GUTTER PER SFPW STANDARD DETAIL FILE NO. 87,170
- AC PLUG. CONTRACTOR TO MATCH FULL DEPTH OF EXISTING STREET (1)
- GRIND AND OVERLAY (2" MIN) TO LIMIT OF WORK PER SFPW STANDARD DETAIL FILE NO. 87,168
- RAIN GARDEN TREATMENT AREA. SEE LANDSCAPE PLANS FOR DETAILS
- PERMEABLE PAVERS. SEE LANDSCAPE PLANS FOR DETAILS.
- LANDSCAPE AREA. SEE LANDSCAPE PLANS FOR DETAILS.
- SEAT WALL. SEE LANDSCAPE PLANS FOR DETAILS.
- LIMIT OF WORK



(1) **AC PLUG**

NOT TO SCALE



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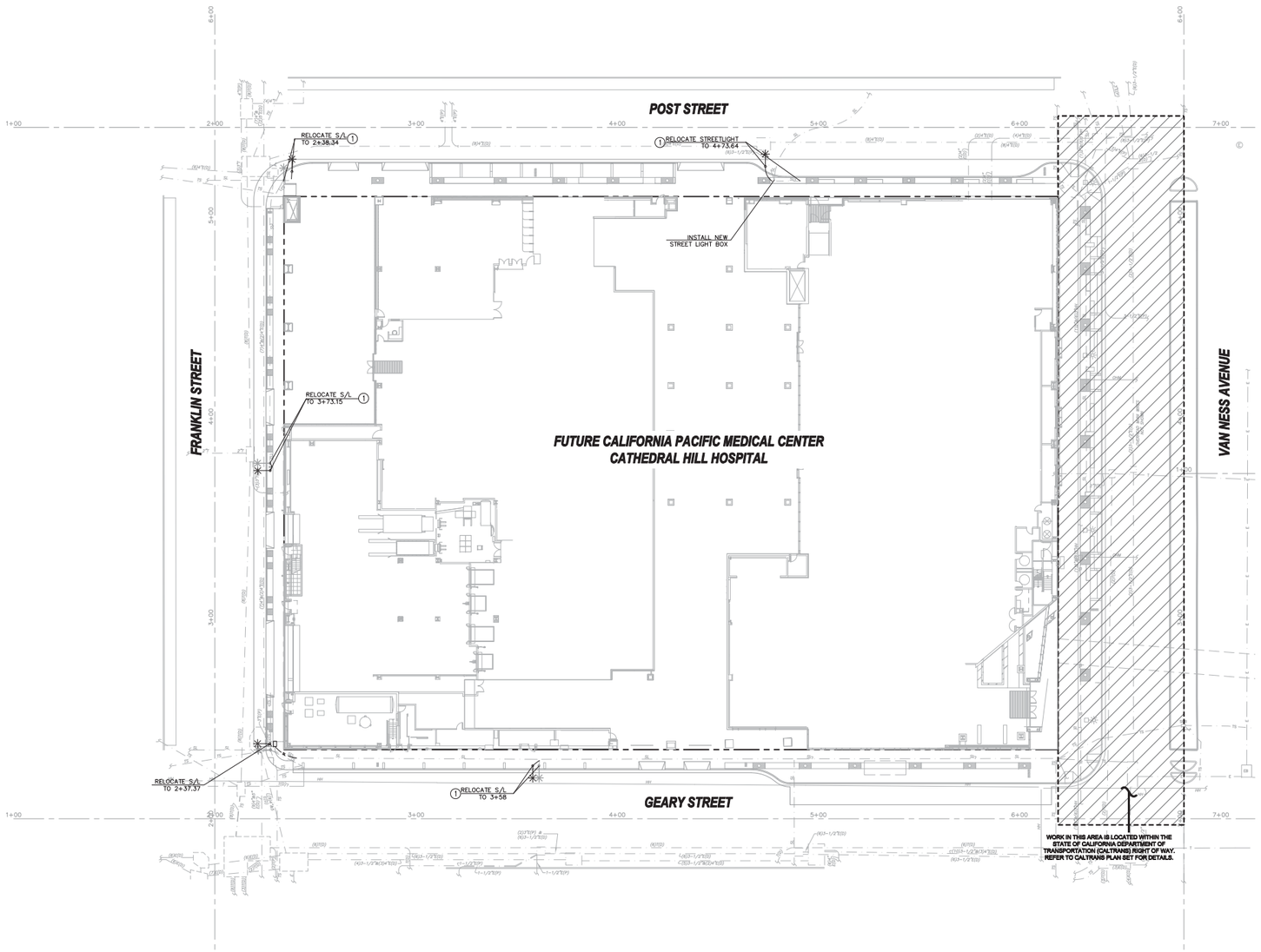
DRAWING TITLE
PAVING PLAN

SCALE	AS SHOWN
PROJECT NUMBER	31891.000
DRAWING NUMBER	C4.0



STREETLIGHT PLAN

SCALE 1"=20'

LEGEND:

- SL — (E) STREETLIGHT ELECTRICAL CONDUIT
- STREET LIGHT PULL BOX
- RELOCATED STREETLIGHT
- SL — (N) 2" PVC OR GRS STREETLIGHT CONDUIT (SEE NOTE 1)

KEYNOTES:

1. RELOCATE EXISTING STREET LIGHT PER SFPW STANDARD PLANS. INSTALL NEW 2" CONDUIT AND CONDUCTORS TO CONNECT TO EXISTING SYSTEM.

NOTES:

1. CONTRACTOR TO COORDINATE RELOCATION OF STREETLIGHTS AND CONDUIT WITH OWNER. STREETLIGHTS LOCATED ON GEARY BLVD ARE OWNED BY PG&E. STREETLIGHTS LOCATED ON FRANKLIN AND POST STREETS ARE OWNED BY SFPUC

ABBREVIATIONS:

(E)	EXISTING
GRS	GALVANIZED RIGID STEEL
(N)	NEW
PG&E	PACIFIC GAS AND ELECTRIC COMPANY
PVC	POLYVINYL CHLORIDE
SFPUC	SAN FRANCISCO PUBLIC UTILITY COMMISION
SFPW	SAN FRANCISCO PUBLIC WORKS

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

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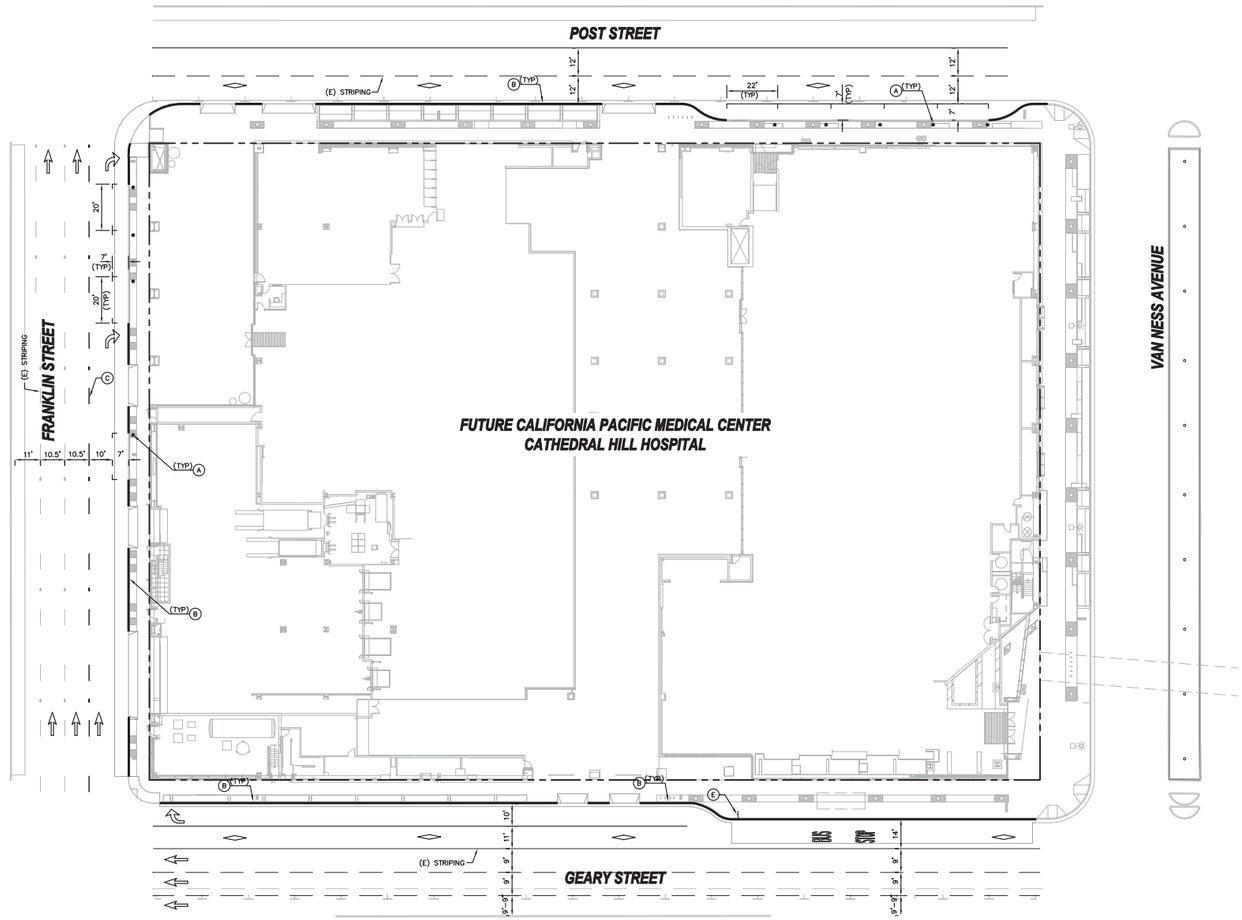
DRAWING TITLE
STREETLIGHT PLAN

SCALE	AS SHOWN
PROJECT NUMBER	31891.000
DRAWING NUMBER	C8.0



SIGNAGE AND STRIPING PLAN

SCALE 1":20'

LEGEND:

- (A) INSTALL PARKING METER 2' AWAY FROM FACE OF CURB.
- (B) PAINT RED CURB
- (C) 4" WHITE THERMOPLASTIC STRIPING PER DETAIL 2 OF PAVEMENT MARKERS AND TRAFFIC LINES TYPICAL DETAILS FILE NUMBER 46012 (CITY AND COUNTY OF SAN FRANCISCO STANDARDS)
- (D) 12" WHITE THERMOPLASTIC STRIPE PER 2006 STANDARD CALTRANS PLAN A24E CROSSWALK DETAIL.
- (E) INSTALL BUS STOP SIGN PER LOCAL TRANSIT AUTHORITY STANDARDS

PARKING STRIPING

TYPE I (18'-0") ARROW PER CALTRANS STD PLAN A24A

TYPE IV (R) ARROW PER CALTRANS STD PLAN A24A

PAVEMENT MARKING WORDS PER CALTRANS STD PLAN A24D

NOTES:

1. UNLESS OTHERWISE NOTED ALL PARKING STALLS SHALL BE 20'x7' PER STANDARD PARKING STALL MARKING DETAIL FILE NUMBER STR-2706.1 (CITY AND COUNTY OF SAN FRANCISCO STANDARDS)

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

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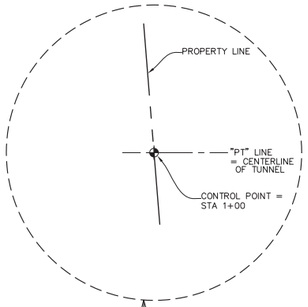
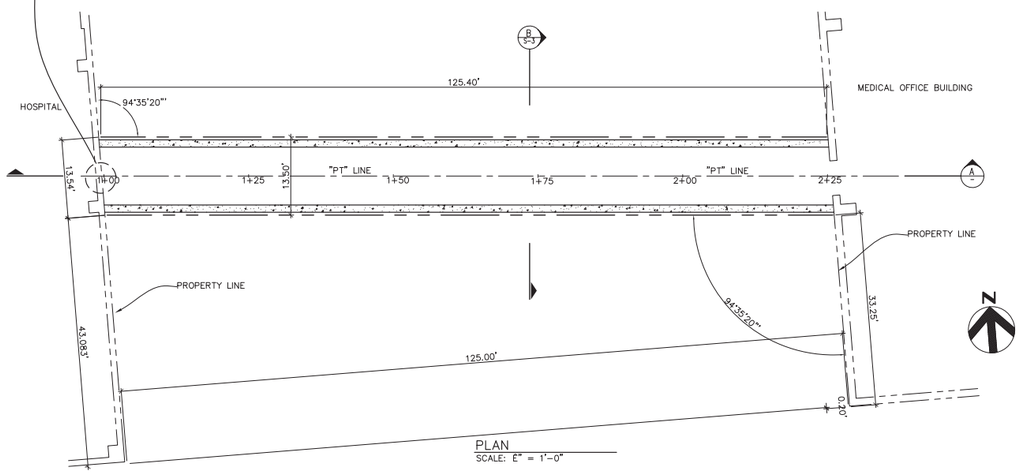
DRAWING TITLE

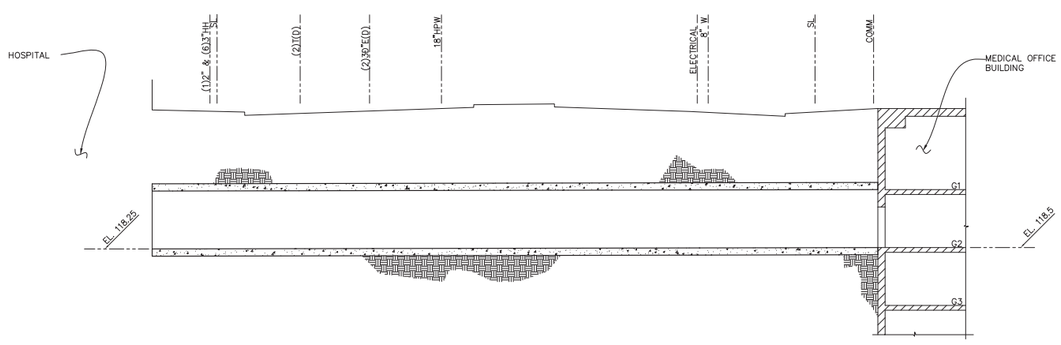
SIGNAGE AND STRIPING PLAN

SCALE	AS SHOWN
PROJECT NUMBER	31891.000
DRAWING NUMBER	C9.0

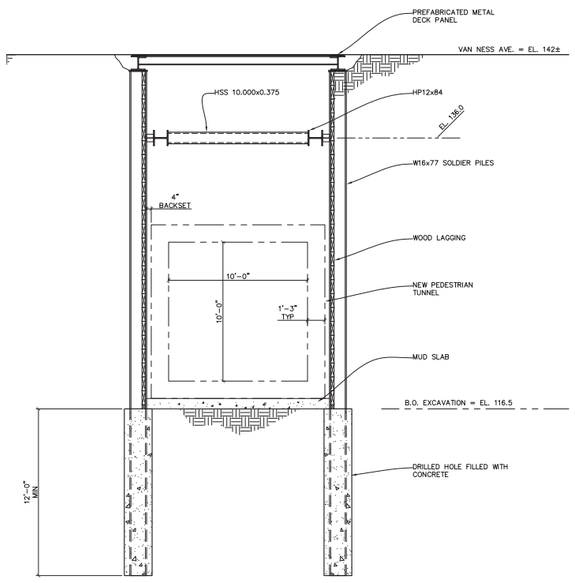




PLAN
SCALE: 1" = 1'-0"



A LONGITUDINAL SECTION LOOKING NORTH
SCALE: 1" = 1'-0"



SECTION
SCALE: 1" = 1'-0"

FOR REFERENCE ONLY

WORK DONE AS PART OF THE CPMC MEDICAL OFFICE BUILDING TUNNEL CONSTRUCTION. SEE CPMC MEDICAL OFFICE BUILDING PEDESTRIAN TUNNEL CONSTRUCTION DOCUMENTS FOR DETAILS.

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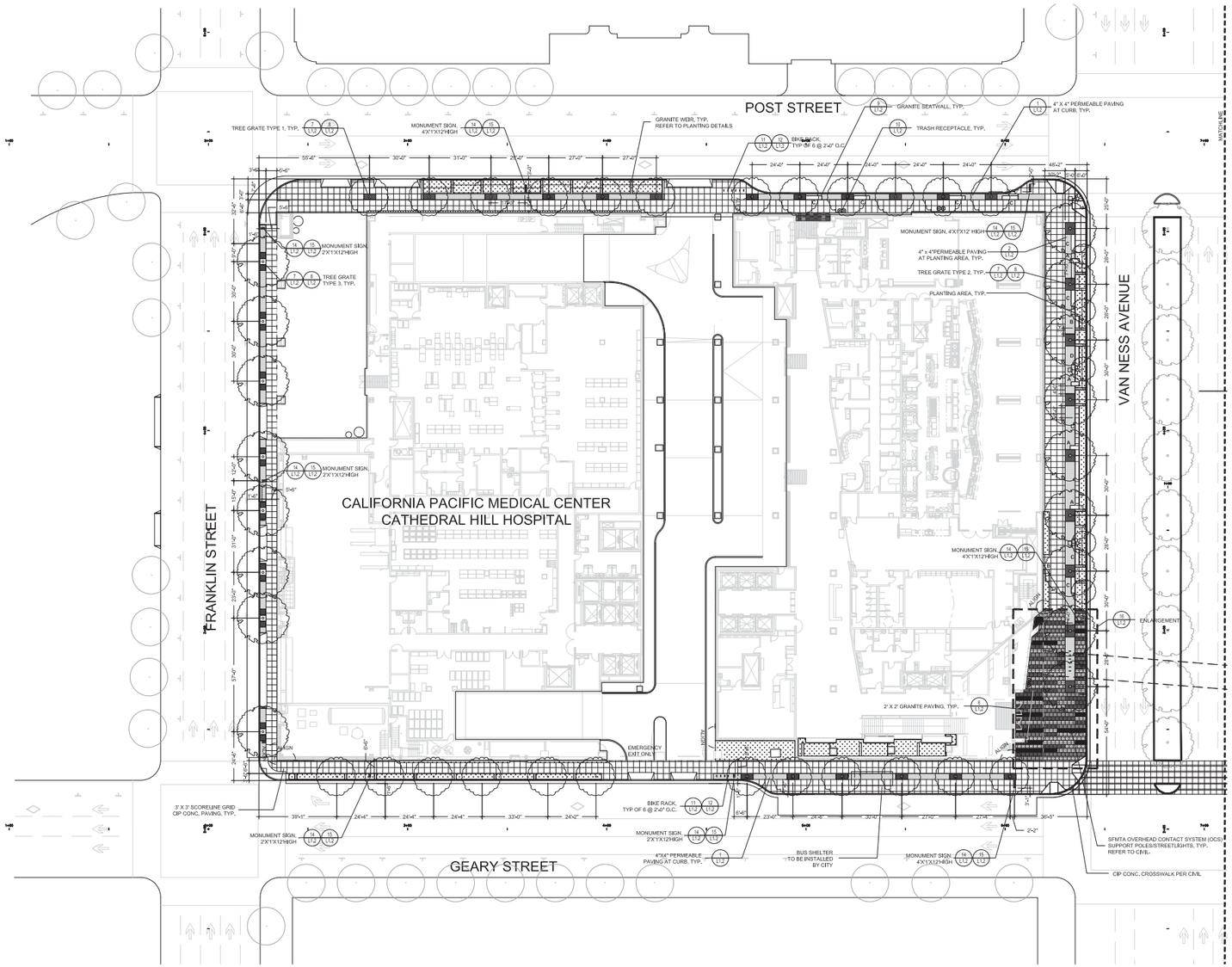
DRAWING TITLE
PEDESTRIAN TUNNEL AND LONGITUDINAL SECTION

SCALE

PROJECT NUMBER 31891.000

DRAWING NUMBER **C11.0**



LAYOUT NOTES

1. LOCATE EXPANSION JOINTS IN SIDEWALK AT INTERVAL CLOSEST TO 30' BUT NO MORE THAN 30 FEET APART. PLACE EXPANSION JOINTS AT THOSE INTERVALS IN LIEU OF SCORE LINES SHOWN ON PLAN.

2. ELIMINATE SCORE LINES THAT WOULD OCCUR TWO INCHES OR LESS FROM AN EXISTING WALL OR THE LIMIT OF WORK.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE VERIFICATION OF THE LOCATIONS OF ALL UTILITIES IN THE FIELD. LOCATIONS SHOWN ON THE PLAN ARE APPROXIMATE AND FOR GENERAL INFORMATION ONLY. THE CONTRACTOR SHALL NOTIFY UTILITY SERVICES AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION ON THIS PROJECT.

4. ALL "LAYOUT" WORK SHALL BE APPROVED BY THE ENGINEER PRIOR TO THE START OF ANY EXCAVATION.

5. CONTRACTOR SHALL REPAIR AT HIS/HER OWN EXPENSE ANY DAMAGE, WHETHER INSIDE OR OUTSIDE OR OUTSIDE OF THE LIMIT OF WORK LINE, TO UTILITY SYSTEMS, SURFACE PAVEMENTS, FIXTURES OR STRUCTURES THAT ARE NOT SPECIFICALLY INDICATED TO BE REMOVED OR RELOCATED AS PART OF THE PROJECT CONSTRUCTION.

6. ALL DIMENSIONS AND ELEVATIONS ON THE DRAWINGS ARE IN FEET UNLESS OTHERWISE STATED.

7. THE CONTRACTOR SHALL EXERCISE PARTICULAR CARE WHILE WORKING IN THE VICINITY OF ACTIVE UTILITY AND DRAINAGE STRUCTURES. IN THE EVENT THAT ANY EXISTING STRUCTURES OR UTILITIES ARE DAMAGED AND THE SERVICES DISRUPTED, THE LINES SHALL BE IMMEDIATELY REPAIRED AND THE SERVICES RESTORED AS DIRECTED BY THE ENGINEER AT NO COST TO THE OWNER.

FURNISHING AND SITE ELEMENTS

SYMBOL	DESCRIPTION
	TREE GRATE TYPE 1 (3'x6')
	TREE GRATE TYPE 2 (5'x6')
	TREE GRATE TYPE 3 (2@ 3'x3')
	BIKE RACK
	GRANITE SEATWALL (DIMENSION VARIES)
	NEW VAN NESS STREETLIGHT/OCS PER BRT STANDARD
	TRASH RECEPTACLE
	SIGNAGE

PAVEMENT SCHEDULE

SYMBOL	MATERIAL & THICKNESS	DESCRIPTION	FINISH	FRICTION COEFFICIENT
	GRANITE PAVING, TYPE 1	ENTRANCE PLAZA VAN NESS CORRIDOR SIDEWALK & VEHICULAR ACESS AREA	FLAME	0.70 - 0.80
	GRANITE PAVING, TYPE 2	ENTRANCE PLAZA VAN NESS CORRIDOR VEHICULAR ACCESS AREA	SANDBLAST	0.70 - 0.80
	GRANITE PAVING, TYPE 3	ENTRANCE PLAZA VAN NESS CORRIDOR	HYDRO	0.70 - 0.80
	PERMEABLE PAVING	SIDEWALK	LIGHT SANDBLAST	0.84
	3' X 3' SCORELINE GRID CIP CONC. PAVING	SIDEWALK	LIGHT SANDBLAST	0.84

GRANITE SEATWALL LENGTH SCHEDULE

SYMBOL	LENGTH
A	4'-0"
B	6'-0"
C	8'-0"
D	10'-0"

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

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SEALS AND SIGNATURES

REGISTERED LANDSCAPE ARCHITECT
MARK A. STYLES
4251
SIGNATURE
DATE
STATE OF CALIFORNIA

STREET IMPROVEMENT PERMIT SUBMITTAL

ISSUE	REV	DATE
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PERMIT SET		07/15/2011
PERMIT SET	1	01/11/2012
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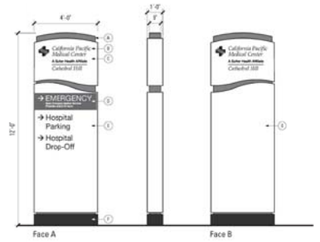
DRAWING TITLE

LAYOUT PLAN

SCALE AS SHOWN

PROJECT NUMBER 31891.000

DRAWING NUMBER **L1.1**



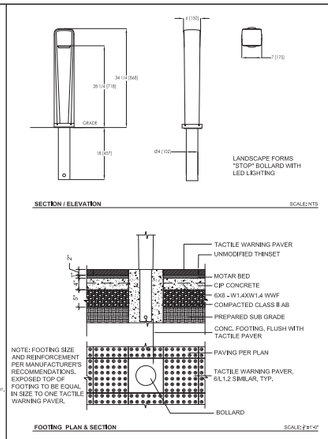
Van Ness Avenue Hospital Monument Sign Sign Type ID202.3-CUS

A. SIGN CORE: PAINTED TO MATCH COLOR P3 (SUTTER GRAY ,4PMS COOL GRAY 10).
B. SIGN FACE: PERIOPHALLIC 1/8" THICK ALUMINUM FACE ROUTED OUT FOR GRAPHICS, PAINTED TO MATCH COLOR PP1 (PMS 540, 20% GLOSS).
C. SIGN FACE: PERIOPHALLIC 1/8" THICK ALUMINUM FACE ROUTED OUT FOR GRAPHICS AND WINDOWS REPORTED THROUGH ACRYLIC, PAINTED TO MATCH COLOR A2 (SUTTER WHITE ACRYLIC - 7328 MLM WHITE), TYPEFACE: HELVETICA NEUE ROMAN 55, 70 AP HEIGHT.
D. EMERGENCY PANEL: ACRYLIC PANEL (MOUT INTO REMOVABLE MESSAGE PANEL, WITH OVERLAID STROKE, CUT VINYL TO MATCH COLOR V1 (SUTTER RED - 3630 MLM RED), TYPEFACE: HELVETICA NEUE ROMAN 55, 70 AP HEIGHT, 1/8" THICK ALUMINUM FACE ROUTED OUT FOR GRAPHICS.
E. MESSAGE PANEL: PERIOPHALLIC 1/8" THICK ALUMINUM PANEL, FACE ROUTED OUT FOR GRAPHICS AND WINDOWS REPORTED THROUGH ACRYLIC, LETTERS PROTRUDING 1/8" FROM SIGN FACE TO MATCH COLOR A2, PANEL PAINTED TO MATCH COLOR PP1, 20% GLOSS, TYPEFACE: HELVETICA NEUE ROMAN 55, 4" CAP HEIGHT.
F. SIGN BASE: 12" DIA. CONCRETE COLUMN, 12" DIA. FLARED BASE W/ PLACE CONCRETE FOUNDATION.
G. TRIM PANEL: INTERCHANGEABLE LIGHT BLANK.
H. INTERNAL ILLUMINATION TO BE LED LIGHTSOURCE WITH 110/220 VOLT POWER SOURCE.

NOTE: REFER TO DETAIL 15/L1.2 FOR FOOTING SCHEMATIC. CONCRETE FOOTING DESIGN AND ENGINEERING CALCULATIONS TO BE PROVIDED BY CONTRACTOR IN SHOP DRAWINGS TO WITHSTAND SPECIFIED LOADS.

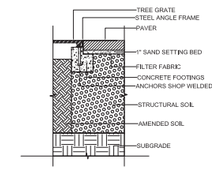
15 DIRECTIONAL MONUMENT SIGN

ELEVATION



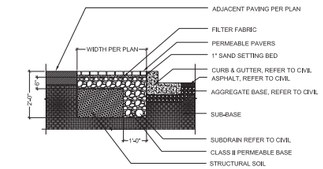
11 BOLLARD - EMBEDMENT MOUNT

SECTION & PLAN
NTS



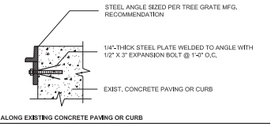
7 TREE GRATE AT PERMEABLE PAVING

SECTION
1"=1'-0"

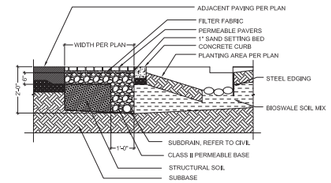


1 PERMEABLE PAVING AT CURB

SECTION
1/2"=1'-0"

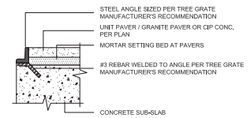


FRAME ALONG EXISTING CONCRETE PAVING OR CURB



2 PERMEABLE PAVING AT PLANTING AREA

SECTION
2"=1'-0"

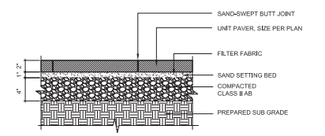


FRAME ALONG UNIT PAVER

NOTE:
COORDINATE EXACT FRAME ATTACHMENT WITH MANUFACTURER

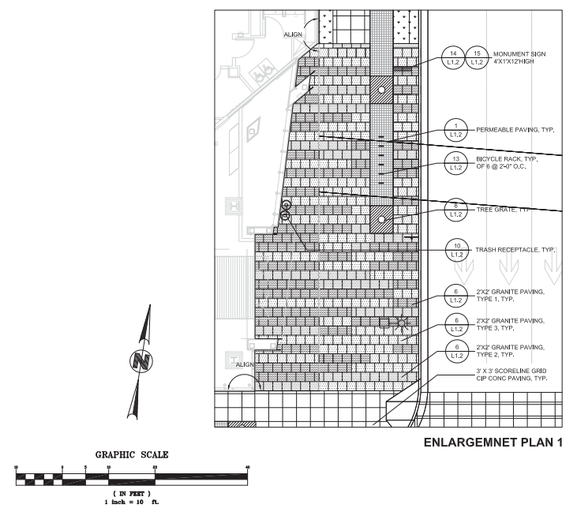
8 TREE GRATE FRAME INSTALLATION

SECTION
N.T.S.



3 UNIT PAVER AT SIDEWALK

SECTION
1/8"=1'-0"

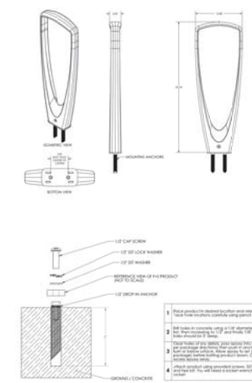


ENLARGEMNET PLAN 1

PAVEMENT SCHEDULE				
SYMBOL	MATERIAL & THICKNESS	DESCRIPTION	FINISH	FRICTION COEFFICIENT
	GRANITE PAVING, TYPE 1	ENTRANCE PLAZA VAN NESS CORRIDOR SIDEWALK & VEHICULAR ACESS AREA	FLAME	0.70 - 0.80
	GRANITE PAVING, TYPE 2	ENTRANCE PLAZA VAN NESS CORRIDOR VEHICULAR ACCESS AREA	SANDBLAST	0.70 - 0.80
	GRANITE PAVING, TYPE 3	ENTRANCE PLAZA VAN NESS CORRIDOR	HYDRO	0.70 - 0.80
	PERMEABLE PAVING	SIDEWALK	LIGHT SANDBLAST	0.84
	3' X 3' SCORELINE GRID CIP CONC PAVING	SIDEWALK	LIGHT SANDBLAST	0.84

16 ENLARGEMNET PLAN

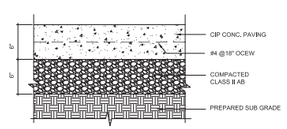
PLAN
1"=10'-0"



TRIO BIKE RACK
(FORMS+SURFACES)

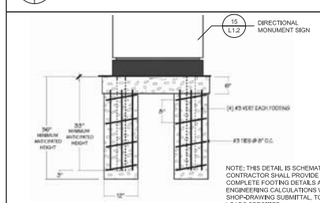
12 BIKE RACK

PLAN & SECTION
1 1/2"=1'-0"



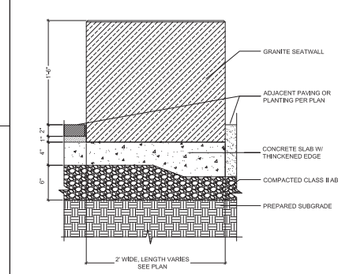
13 CIP CONC. CROSSWALK

SECTION
1/8"=1'-0"



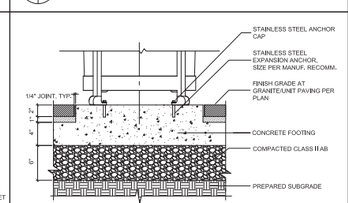
14 DIRECTIONAL MONUMENT SIGN FOOTING

SECTION



9 GRANITE SEATWALL

PLAN & SECTION
1 1/2"=1'-0"



10 TRASH RECEPTACLE SURFACE MOUNT

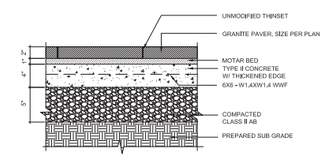
SECTION
1/2"=1'-0"

LEFT BLANK INTENTIONALLY

4

LEFT BLANK INTENTIONALLY

5



NOTE: INSTALL TACTILE WARNING PAVERS SAME AS GRANITE PAVERS

6 GRANITE PAVER

SECTION
1/8"=1'-0"

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SEALS AND SIGNATURES

REGISTERED LANDSCAPE ARCHITECT
JOHN K. STITCHER
4251
SIGNATURE
EXPIRES 12/31/2012
STATE OF CALIFORNIA

STREET IMPROVEMENT PERMIT SUBMITTAL

ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	01/11/2012
PERMIT SET	2	02/17/2012

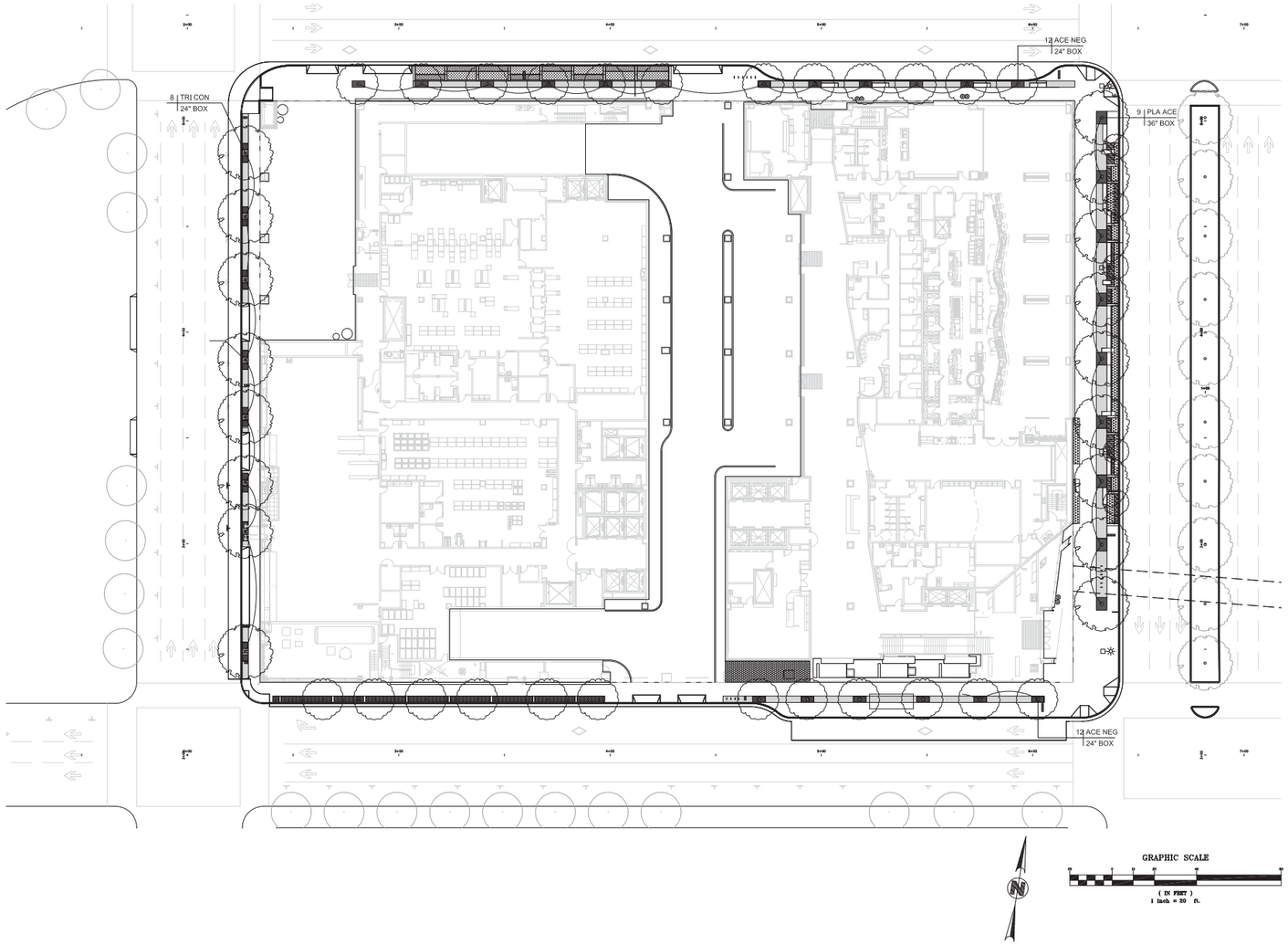
FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE
PAVING & FURNISHING DETAILS

SCALE

PROJECT NUMBER 31891.000

DRAWING NUMBER **L1.2**



PLANTING NOTES

1. CONTRACTOR SHALL BE RESPONSIBLE FOR MAKING HIMHER SELF FAMILIAR WITH ALL UNDERGROUND UTILITIES, PIPES AND STRUCTURES. CONTRACTOR SHALL TAKE SOLE RESPONSIBILITY FOR ANY COST INCURRED DUE TO DAMAGE OF SAID UTILITIES.

2. CONTRACTOR SHALL NOT WILFULLY PROCEED WITH CONSTRUCTION AS DESIGNED WHEN IT IS OBVIOUS THAT UNKNOWN OBSTRUCTIONS AND/OR GRADE DIFFERENCES EXIST THAT MAY NOT HAVE BEEN KNOWN DURING DESIGN. SUCH CONDITIONS SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE AUTHORIZED CITY ENGINEER. THE CONTRACTOR SHALL ASSUME FULL RESPONSIBILITY FOR ALL NECESSARY REVISIONS DUE TO FAILURE TO GIVE SUCH NOTIFICATION.

3. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY COORDINATION WITH SUBCONTRACTORS AS REQUIRED TO ACCOMPLISH PLANTING OPERATIONS.

4. SEE SPECIFICATIONS FOR PLANTING REQUIREMENTS, MATERIALS, EXECUTION, AND MAINTENANCE.

5. SEE DETAILS AND SPECIFICATIONS FOR PLANTING STAKING METHOD AND BACKFILL REQUIREMENTS.

6. IF CONFLICTS ARISE BETWEEN SIZE OF AREAS AND PLANS, CONTRACTOR SHALL CONTACT CITY ENGINEER FOR RESOLUTION. FAILURE TO MAKE SUCH CONFLICTS KNOWN WILL RESULT IN CONTRACTOR'S LIABILITY FOR MATERIALS RELOCATION.

7. GROUNDCOVERS SHALL BE SPACED PER DETAILS.

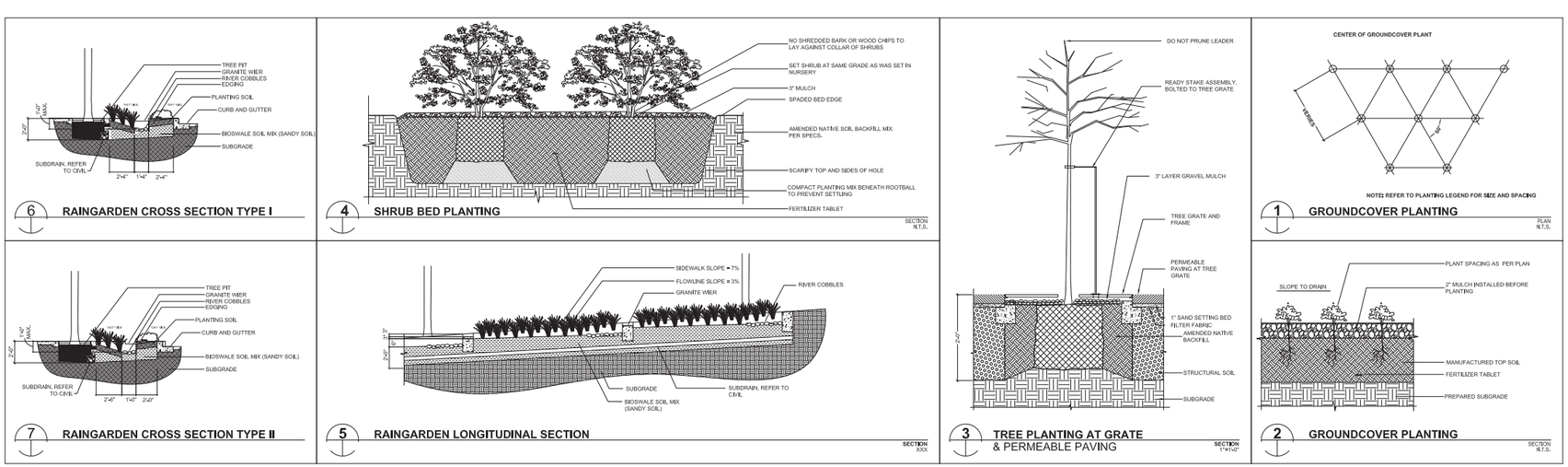
8. ALL WORK TO BE PERFORMED BY LICENSED (C27) CONTRACTORS AND EXPERIENCED WORKERS, BY CONSTRUCTION MANAGER PRIOR TO PLANTING.

9. THE CONTRACTOR IS RESPONSIBLE FOR THE PROTECITON OF ALL EXISTING TREES AND LANDSCAPING THAT IS DESIGNATED TO REMAIN. THE CONTRACTOR SHALL PROVIDE TEMPORARY FENCING, BARRICADES OR OTHER SUITABLE GUARDS OUTSIDE DRIP LINE (OUTER PERIMETER OF BRANCHES) TO PROTECT FROM DAMAGE TREES AND OTHER PLANTS THAT ARE TO REMAIN. DO NOT STORE CONSTRUCTION MATERIALS WITHIN DRIP LINES OF TREES TO REMAIN. DO NOT PERMIT VEHICLES WITHIN DRIP LINE. RESTRICT FOOT TRAFFIC WITHIN DRIP LINE TO AVOID EXCESSIVE SOIL COMPACTION.
ALL BARRICADES AND PROTECTIVE FENCING SHALL BE PUT IN PLACE PRIOR TO COMMENCEMENT OF ANY OTHER CONSTRUCTION ACTIVITY.

10. INDICATES PLANT SPECIES
INDICATES PLANT QUANTITY ——— 18 ACE NEG
INDICATES SIZE OR SQUARE FOOTAGE/ SIZE ——— 24" BOX

PLANTS LEGEND

SYMBOL	BOTANICAL NAME	COMMON NAME	SIZE / SPACING
TREE			
ACE NEG	ACER NEGUNDO	BOX ELDER	AS NOTED
TRI CON	TRISTANIA CONFERTA	BRISBANE BOX	AS NOTED
PLA ACE	PLATANUS ACERIFOLIA 'COLOMBIA'	LONDON PLANE TREE	AS NOTED
CER CAN	CERSIS CANADENSIS	EASTERN REDBUD	AS NOTED
SHRUBS AND GROUNDCOVERS			
DRY SHADY	BERBERIS THUNBERGII ATROPURPUREA NANA MAHONIA REPENS SYMPHORICARPOS ALBUS	JAPANESE BARBERRY CREEPING MAHONIA COMMON SNOWBERRY	5 GAL / 24" O.C. 5 GAL / 24" O.C. 1 GAL / 18" O.C.
WET SHADY	JUNCUS EFFUSUS LEYMUS ARENARIUS 'GLAUCUS' POLYSTICHUM MUNITUM TRADESCANTIA VIRGINIANA	COMMON RUSH BLUE WILD RYE SWORD FERN VIRGINIA SPIERWORT	1 GAL / 18" O.C. 1 GAL / 12" O.C. 1 GAL / 30" O.C. 1 GAL / 30" O.C.
DRY / SEASONAL GARDEN	ACHILEA 'SUMMERVINE' CEANOTHUS GRISEUS VAR. HORIZONTALIS 'YANKEE POINT' IRIS 'COPPER' EUPHORBIA DULCIS 'CHAMELEON' WESTRINGIA FRUTICOSA 'SMOKEY' LOROPETALUM 'PURPLE PIXIE' LAVANDULA X INERMEDIA CV. PHORMIUM 'CREAM DELIGHT'	YARROW CARAMEL CEANOTHUS PACIFIC COAST IRIS EUPHORBIA COAST ROSEMARY LOROPETALUM WHITE GROSSO LAVENDER NEW ZEALAND FLAX	1 GAL / 18" O.C. 5 GAL / 24" O.C. 1 GAL / 24" O.C. 1 GAL / 18" O.C. 5 GAL / 24" O.C. 1 GAL / 18" O.C. 5 GAL / 24" O.C. 1 GAL / 30" O.C.
WET / SEASONAL GARDEN	CAREX MORROWLI 'SILVER SCEPTER' LEYMUS ARENARIUS 'GLAUCUS' MISCANTHUS SCIENSIS 'ADAGIO'	SILVER SCEPTER BLUE WILD EYE ADAGIO MAIDERN GRASS	1 GAL / 18" O.C. 1 GAL / 12" O.C. 1 GAL /24" O.C.
WET SUNNY	CAREX PARAEGRACILIS IRIS DOUGLASIANA MISCANTHUS SINENSIS 'ADAGIO' TRADESCANTIA VIRGINIANA	CLUSTERED FIELD SEDGE DOUGLAS IRIS SWORD FERN VIRGINIA SPIERWORT	1 GAL / 12" O.C. 1 GAL / 24" O.C. 1 GAL / 30" O.C. 1 GAL / 24" O.C.
DRY SUNNY	AEONIUM ARBOREUM AGAVE ATTENUATA AGAVE VICTORIAE-REGINAE ANIGOZANTHOS 'ORANGE CROSS' EUPHORBIA X MARTINII SANTOLINA CHAMAECYPARISSUS	ARBOREUM FOX TAIL AGAVE QUEEN VICTORIA AVAGE KANGAROO PAW EUPHORBIA 'MARTINII' LEVENDER COTTON	1 GAL / 12" O.C. 1 GAL / 30" O.C. 1 GAL / 30" O.C. 1 GAL / 24" O.C. 1 GAL / 24" O.C. 1 GAL / 18" O.C.
WINDY	ACORUS GRANIENEUS 'OGON'	SWEET FLAG	1 GAL / 6" O.C.



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SEALS AND SIGNATURES

REGISTERED LANDSCAPE ARCHITECT
PAUL K. ETTELBRICK
4251
SIGNATURE
DATE
STATE OF CALIFORNIA

STREET IMPROVEMENT PERMIT SUBMITTAL

ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	01/11/2012
PERMIT SET	2	02/17/2012

FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE
PLANTING PLAN & DETAILS

SCALE	AS SHOWN
PROJECT NUMBER	31891.000
DRAWING NUMBER	L2.0

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6	3	27

REGISTERED CIVIL ENGINEER DATE

PLANS APPROVAL DATE

REGISTERED PROFESSIONAL ENGINEER ROBERT C. STEVENS No. C 058660 Exp. 12.31.2012 CIVIL STATE OF CALIFORNIA

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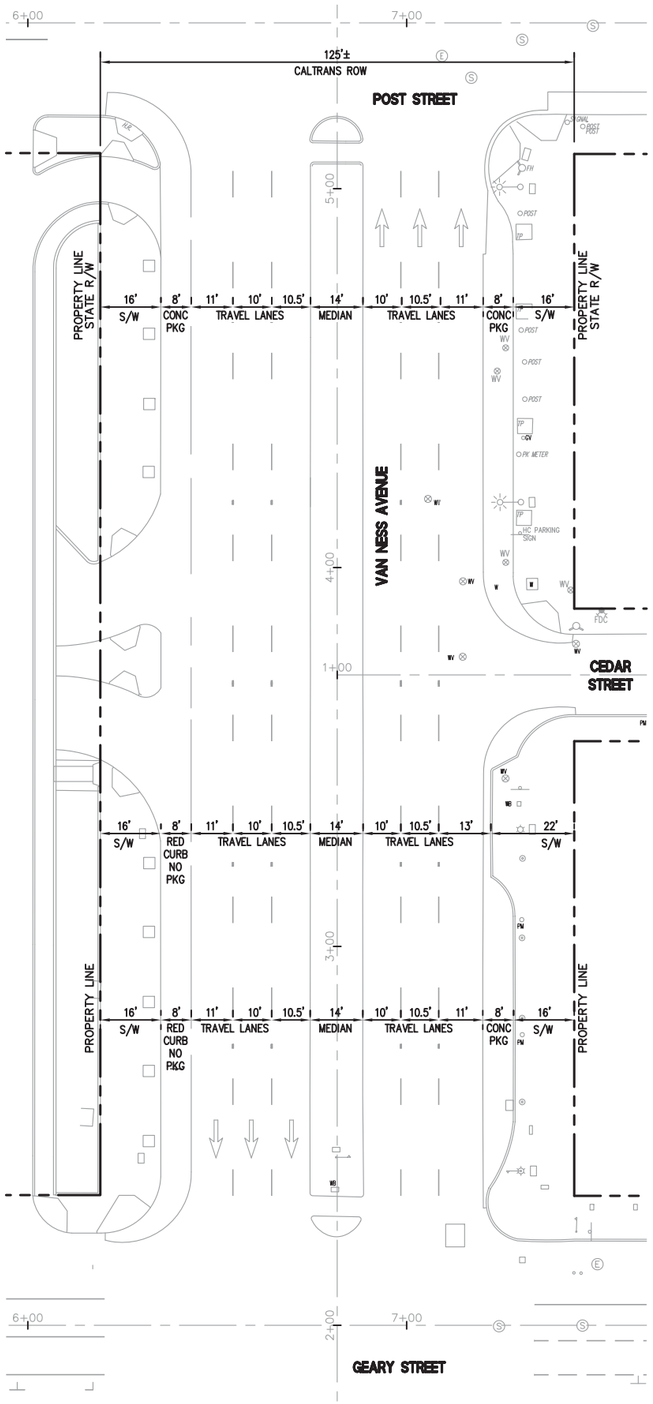
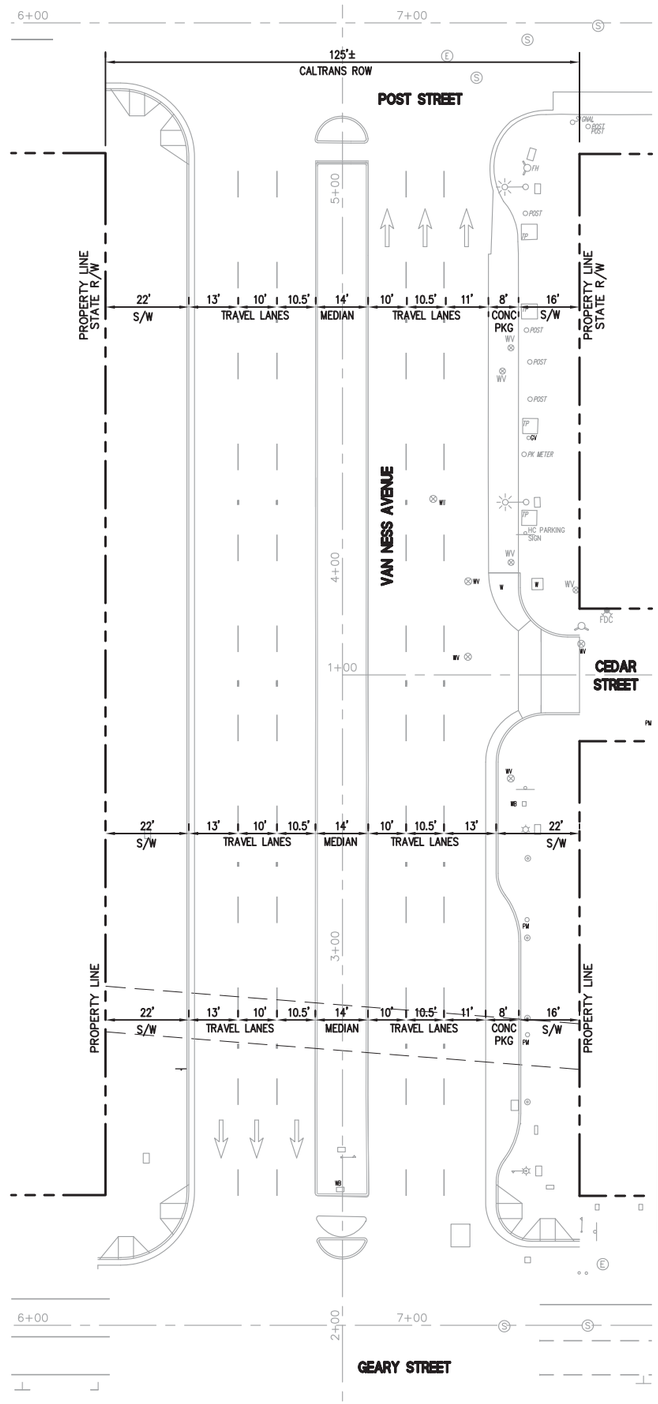
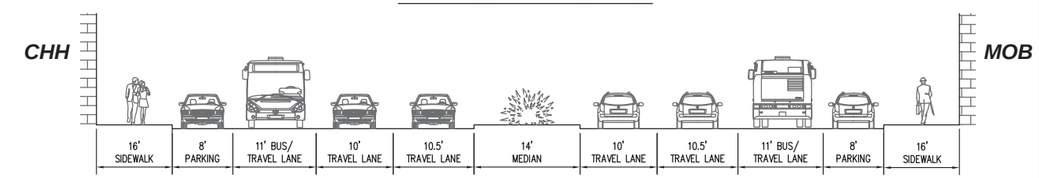


EXISTING CONDITIONS

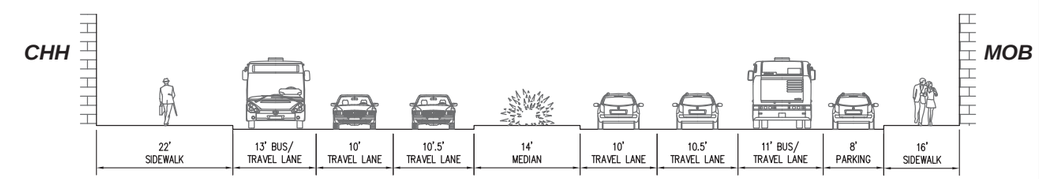


PROPOSED PLAN

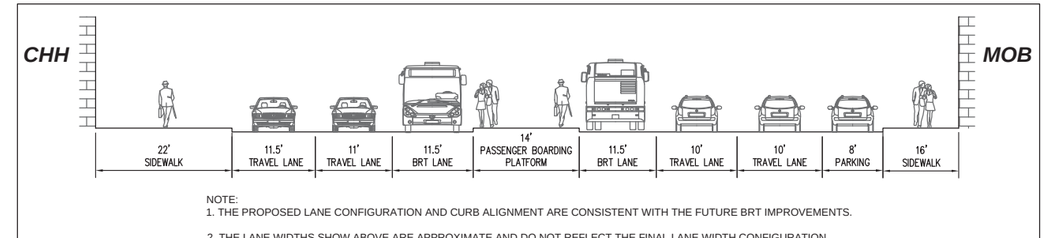
VAN NESS AVENUE



EXISTING (LOOKING NORTH)



PROPOSED (LOOKING NORTH)



NOTE:
1. THE PROPOSED LANE CONFIGURATION AND CURB ALIGNMENT ARE CONSISTENT WITH THE FUTURE BRT IMPROVEMENTS.

2. THE LANE WIDTHS SHOW ABOVE ARE APPROXIMATE AND DO NOT REFLECT THE FINAL LANE WIDTH CONFIGURATION.

PROPOSED BRT ALTERNATIVE 5: CENTER-CENTER (LOOKING NORTH)

GRAPHIC SCALE
20 0 10 20 40 80
(IN FEET)
1 inch = 20 ft.

EXISTING & PROPOSED OVERVIEW PLAN

SCALE 1"=20'

EP-1

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION

Caltrans

CONSULTANT FUNCTIONAL SUPERVISOR: ROBERT C. STEVENS

CALCULATED-DESIGNED BY: MM

CHECKED BY: DJ

REVISED BY

DATE REVISED

LAST REVISION 12-01-11

DATE PLOTTED => Feb 24 2012

TIME PLOTTED => 9:50 am

BORDER LAST REVISED 4/11/2008

RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3

USERNAME => $USER
DGN FILE => $REQUEST

CU

EA 102318

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6	5	27

REGISTERED CIVIL ENGINEER DATE

PLANS APPROVAL DATE

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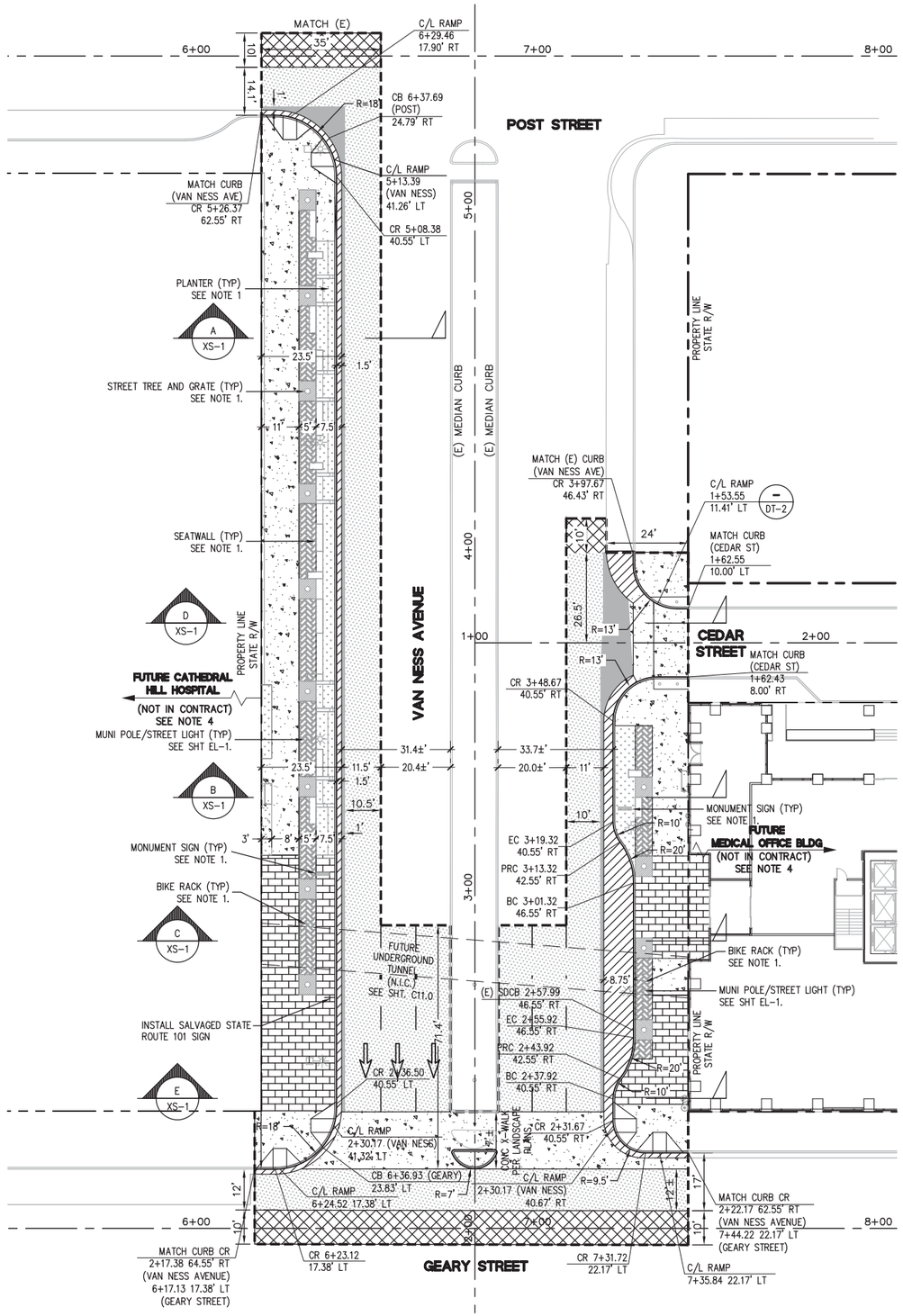


LAYOUT PLAN

LAYOUT PLAN LEGEND

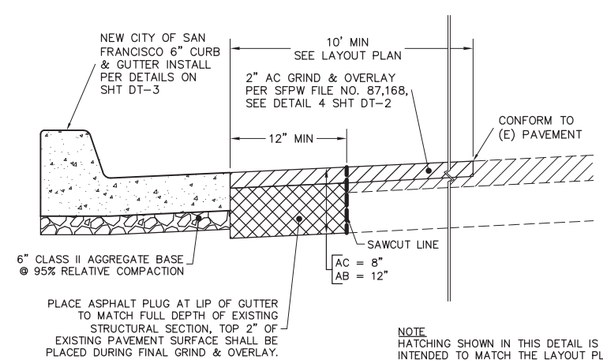
- PCC PAVING. 4" PCC/4" AB. SEE NOTE 2
- GRANITE PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- STANDARD CURB AND GUTTER PER SFPW STANDARD DETAIL SEE DETAIL 1 SHT DT-3
- AC PLUG. CONTRACTOR TO MATCH FULL DEPTH OF EXISTING STREET (1 / -)
- GRIND AND OVERLAY (2" MIN) TO LIMIT OF WORK PER SFPW STANDARD DETAIL
- WEDGE SHAPE COLD PLANNING CONFORM PER SFPW STANDARD DETAIL, SEE DETAIL 4 SHT DT-2
- PERMEABLE PAVERS. REFER TO LANDSCAPE PLANS FOR DETAILS.
- UNIT PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- LANDSCAPE. REFER TO LANDSCAPE PLANS FOR DETAILS.
- CURB & GUTTER, PER SFPW STANDARD DETAILS, SEE DETAILS ON SHT DT-3
- LIMIT OF WORK
- (N) MUNI POLE/STREET LIGHT SEE SHT EL-1
- CURB RAMP PER SFPW STANDARD DETAILS, SEE DETAILS ON SHT DT-2. ALSO, SEE SHT CR-1 FOR ADDITIONAL GRADING INFORMATION

NOTE

1. REFER TO LANDSCAPE PLANS FOR TREE, SITE FURNISHINGS, AND OTHER SITE ELEMENTS DETAILS.
2. REFER TO LANDSCAPE PLANS FOR PAVEMENT FINISH, PAVER INFORMATION, AND SCORE PATTERN.
3. ALL UTILITIES WITHIN LIMIT OF WORK SHALL BE ADJUSTED TO NEW GRADE UNLESS OTHERWISE NOTED.
4. MEDICAL OFFICE BUILDING AND CATHEDRAL HILL HOSPITAL WILL BE CONSTRUCTED AS PART OF THE FUTURE IMPROVEMENT PROJECTS.

ABBREVIATIONS

AB	AGGREGATE BASE
AC	ASPHALT CONCRETE
BC	BEGINNING OF CURVE
CB	CATCH BASIN
C/L	CENTER LINE
CR	CURB RETURN
DT	DETAIL
(E)	EXISTING
EC	END OF CURVE
LT	LEFT
MIN	MINIMUM
NIC	NOT IN CONTRACT
PCC	PORTLAND CEMENT CONCRETE
PRC	POINT OF REVERSE CURVATURE
R	RADIUS
RT	RIGHT
SFPW	SAN FRANCISCO PUBLIC WORKS
SHT	SHEET
TYP	TYPICAL



NOTE
HATCHING SHOWN IN THIS DETAIL IS NOT INTENDED TO MATCH THE LAYOUT PLAN LEGEND (THIS SHT).

1 / - **AC PLUG**
NOT TO SCALE

GRAPHIC SCALE
20 0 10 20 40 80
(IN FEET)
1 inch = 20 ft.

LAYOUT AND PAVING PLAN

SCALE 1"=20'

LP-1

REVISED BY	DATE REVISED
MM	DJ

CALCULATED-DESIGNED BY | CHECKED BY

CONSULTANT FUNCTIONAL SUPERVISOR: ROBERT C. STEVENS

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

Caltrans

LAST REVISION 12-01-11 | DATE PLOTTED => Feb 24 2012 | TIME PLOTTED => 9:51 am

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6	10	27

REGISTERED CIVIL ENGINEER DATE

PLANS APPROVAL DATE

REGISTERED PROFESSIONAL ENGINEER ROBERT C. STEVENS No. C 058660 Exp. 12.31.2012 CIVIL STATE OF CALIFORNIA

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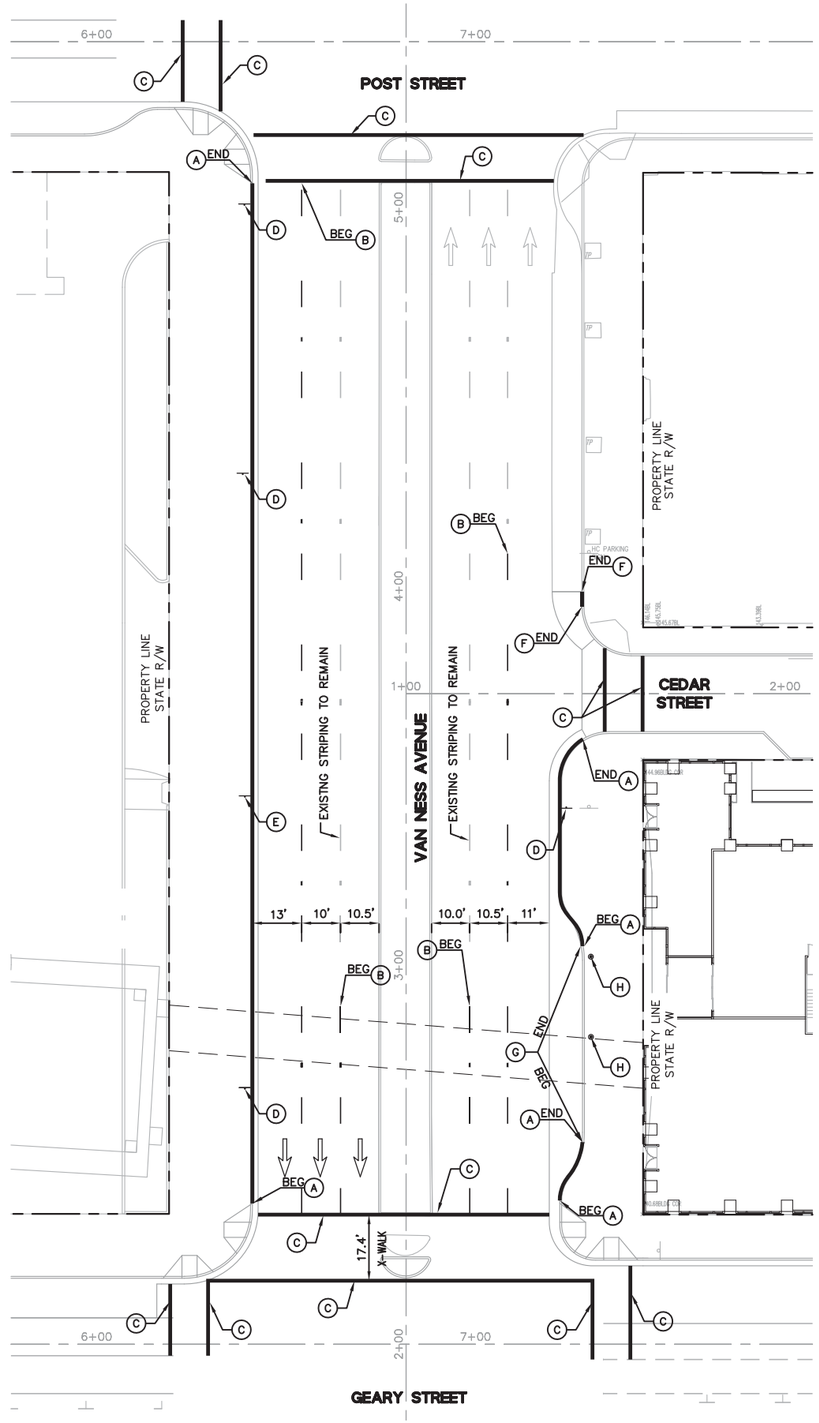

STRIPING AND SIGNAGE LEGEND

- (A) PAINT RED CURB
- (B) 4" WHITE THERMOPLASTIC STRIPE PER 2006 STANDARD CALTRANS PLAN A20A DETAIL 9.
- (C) 12" WHITE THERMOPLASTIC STRIPE PER 2006 STANDARD CALTRANS PLAN A24E CROSSWALK DETAIL.
- (D) INSTALL "NO PARKING" SIGN PER (CA)MUTCD STANDARDS & CITY OF SAN FRANCISCO STANDARDS, COORDINATE WITH CITY OF SAN FRANCISCO MTA
- (E) INSTALL STATE ROUTE 101 SIGN, COORDINATE WITH CALTRANS
- (F) PAINT BLUE CURB
- (G) PAINT YELLOW CURB
- (H) INSTALL PARKING METER 2' AWAY FROM FACE OF CURB
- ⇦ ROADWAY STRIPING TYPE I ARROW (18'-0") PER CALTRANS STANDARD PLAN A24A

STRIPING AND SIGNAGE NOTES

1. INSTALL NEW STRIPING IN KIND WITH EXISTING STRIPING AND MAINTAIN SPACING AND PATTERN REQUIREMENTS PER CALTRANS STANDARD PLANS, MAY 2006.

GRAPHIC SCALE

20 0 10 20 40 80

(IN FEET)
1 inch = 20 ft.

STRIPING PLAN

SCALE 1"=20'

ST-1

REVISED BY	DATE REVISED
MM	DJ

CALCULATED-DESIGNED BY
CHECKED BY

CONSULTANT FUNCTIONAL SUPERVISOR
ROBERT C. STEVENS

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION
Caltrans

LAST REVISION 12-01-11
DATE PLOTTED => Feb 24 2012
TIME PLOTTED => 9:53

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6		27

REGISTERED LANDSCAPE ARCHITECT DATE

PLANS APPROVAL DATE

REGISTERED LANDSCAPE ARCHITECT JAMES K. STICKLEY 4251 SIGNATURE DATE EXP. 11-30-13 STATE OF CALIFORNIA

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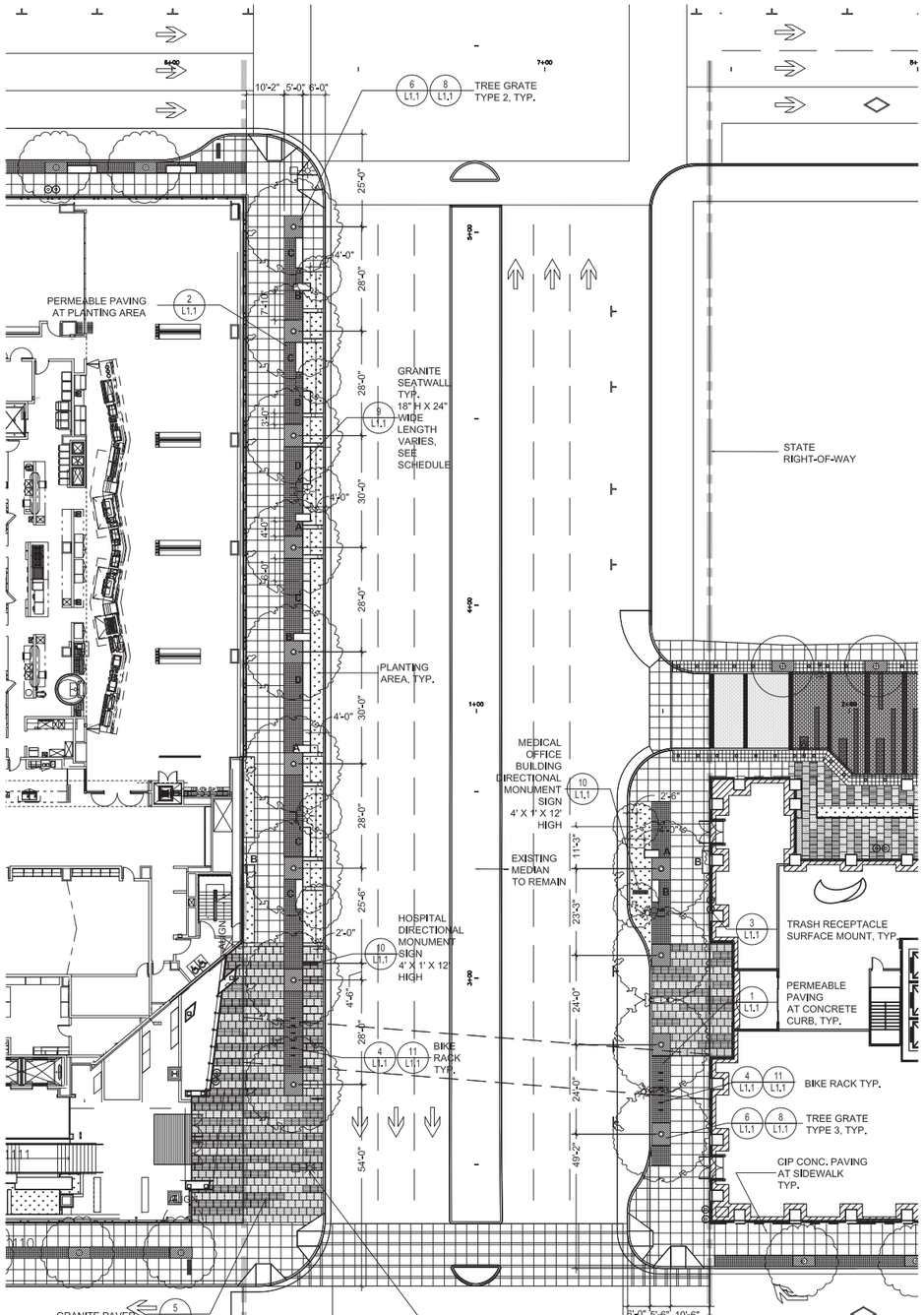
BKF ENGINEERS
1646 N.CALIFORNIA BLVD, STE 400
WALNUT CREEK, CA. 94596

CALIFORNIA PACIFIC MEDICAL CENTER
P.O. BOX 7999
SAN FRANCISCO, CA. 94120



LAYOUT NOTES

1. LOCATE EXPANSION JOINTS IN SIDEWALK AT INTERVAL CLOSEST TO 30' BUT NO MORE THAN 30 FEET APART. PLACE EXPANSION JOINTS AT THOSE INTERVALS IN LIEU OF SCORE LINES SHOWN ON PLAN.

2. ELIMINATE SCORE LINES THAT WOULD OCCUR TWO INCHES OR LESS FROM AN EXISTING WALL OR THE LIMIT OF WORK.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE VERIFICATION OF THE LOCATIONS OF ALL UTILITIES IN THE FIELD. LOCATIONS SHOWN ON THE PLAN ARE APPROXIMATE AND FOR GENERAL INFORMATION ONLY. THE CONTRACTOR SHALL NOTIFY UTILITY SERVICES AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION ON THIS PROJECT.

4. ALL "LAYOUT" WORK SHALL BE APPROVED BY THE ENGINEER PRIOR TO THE START OF ANY EXCAVATION.

5. CONTRACTOR SHALL REPAIR AT HIS/HER OWN EXPENSE ANY DAMAGE, WHETHER INSIDE OR OUTSIDE OR OUTSIDE OF THE LIMIT OF WORK LINE, TO UTILITY SYSTEMS, SURFACE PAVEMENTS, FIXTURES OR STRUCTURES THAT ARE NOT SPECIFICALLY INDICATED TO BE REMOVED OR RELOCATED AS PART OF THE PROJECT CONSTRUCTION.

6. ALL DIMENSIONS AND ELEVATIONS ON THE DRAWINGS ARE IN FEET UNLESS OTHERWISE STATED.

7. THE CONTRACTOR SHALL EXERCISE PARTICULAR CARE WHILE WORKING IN THE VICINITY OF ACTIVE UTILITY AND DRAINAGE STRUCTURES. IN THE EVENT THAT ANY EXISTING STRUCTURES OR UTILITIES ARE DAMAGED AND THE SERVICES DISRUPTED, THE LINES SHALL BE IMMEDIATELY REPAIRED AND THE SERVICES RESTORED AS DIRECTED BY THE ENGINEER AT NO COST TO THE OWNER.

PAVEMENT SCHEDULE (OVERALL PLAN SHEET L1.0)

SYMBOL	MATERIAL	FINISH	FRICTION COEFFICIENT
	GRANITE PAVING, TYPE 1	FLAME	0.70-0.80
	GRANITE PAVING, TYPE 2	SANDBLAST	0.70-0.80
	GRANITE PAVING, TYPE 3	HYDRO	0.70-0.80
	PERMEABLE PAVING	LIGHT SANDBLAST	0.84
	CIP CONC. PAVING WITH SCORELINES AT 3' X 3'	LIGHT SANDBLAST	

GRANITE SEATWALL LENGTHS SCHEDULE

SYMBOL	LENGTH
A	4'-0"
B	6-0"
C	8'-0"
D	10'-0"

GRAPHIC SCALE

20 0 10 20 40 80

(IN FEET)
1 inch = 20 ft.

LAYOUT PLAN
L1.0

REVISED BY	DATE REVISED
	11/30/11

CALCULATED-DESIGNED BY MM
CHECKED BY DJ

CONSULTANT FUNCTIONAL SUPERVISOR
ROBERT C. STEVENS

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION
Caltrans

LAST REVISION 12-01-11
DATE PLOTTED => Feb 23 2012
TIME PLOTTED => 8:01 pm

BORDER LAST REVISED 4/11/2008

RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3

USERNAME => $USER
DGN FILE => $REQUEST

CU

EA 102318

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REGISTERED LANDSCAPE ARCHITECT — DATE

PLANS APPROVAL DATE

REGISTERED LANDSCAPE ARCHITECT — JAMES K. STICKLEY — 4251 — SIGNATURE — DATE — EXP. 11-30-12 — STATE OF CALIFORNIA

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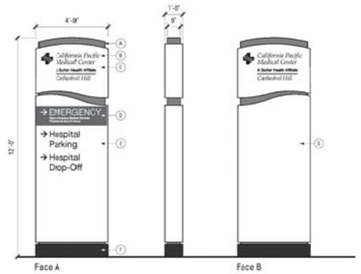
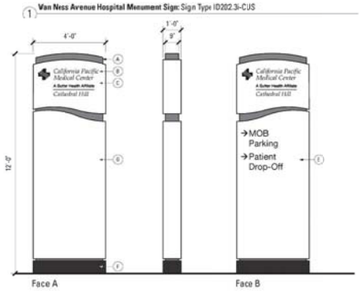


1 Van Ness Avenue Hospital Monument Sign: Sign Type ID202.3i-CUS



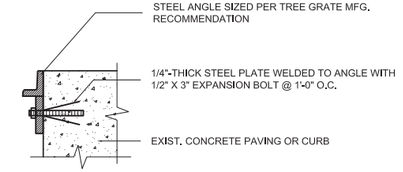
2 Van Ness Avenue Medical Office Building Monument Sign: Sign Type ID202.3i-CUS

A. SIGN CORE: PAINTED TO MATCH COLOR P3 (SUTTER GRAY – PMS COOL GRAY 10).
B. SIGN FACE: REMOVABLE 1/8" THICK ALUMINUM FACE ROUTED OUT FOR GRAPHICS. PAINTED TO MATCH COLOR PP1 (PMS 540). 20% GLOSS.
C. SUTTER LOGO/AFFILIATE NAME AND CAMPUS DESCRIPTOR/RULE LINE: PUSH THROUGH ACRYLIC TO PROTRUDE 1/8" FROM SIGN FACE TO MATCH COLOR A2 (SUTTER WHITE ACRYLIC – 7328 MILK WHITE). TYPEFACE: PALATINO ITALIC AND HELVETICA NEUE ROMAN 55. 3"CAP HEIGHT.
D. EMERGENCY PANEL: ACRYLIC PANEL INSET INTO REMOVABLE MESSAGE PANEL. WITH OVERLAID STENCIL CUT VINYL TO MATCH COLOR V9 (SUTTER RED TRANSLUSCENT – 3M 230-73). COPY TO SHOW THROUGH TO MATCH COLOR A2. TYPEFACE: HELVETICA NEUE ROMAN 55. 4"CAP HEIGHT.
E. MESSAGE PANEL: REMOVABLE 1/8" THICK ALUMINUM PANEL. FACE ROUTED OUT FOR GRAPHICS AND ARROWS WITH PUSH THROUGH ACRYLIC LETTERS PROTRUDING 1/8" FROM SIGN FACE TO MATCH COLOR A2. PANEL PAINTED TO MATCH COLOR PP1. 20% GLOSS. TYPEFACE: HELVETICA NEUE ROMAN 55. 4"CAP HEIGHT.
F. FABRICATED STONE CLAD BASE OVER POURED IN PLACE CONCRETE FOUNDATION.
G. THIS PANEL INTENTIONALLY LEFT BLANK.
H. INTERNAL ILLUMINATION TO BE LED LIGHTSOURCE WITH 110/220 VOLT POWER SOURCE.

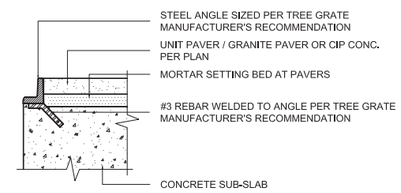
NOTE: REFER TO DETAIL 7/L1.1 FOR FOOTING SCHEMATIC. CONCRETE FOOTING DESIGN AND ENGINEERING CALCULATIONS TO BE PROVIDED BY CONTRACTOR IN SHOP DRAWINGS TO WITHSTAND SPECIFIED LOADS.

10 DIRECTIONAL MONUMENT SIGN

ELEVATION



FRAME ALONG EXISTING CONCRETE PAVING OR CURB

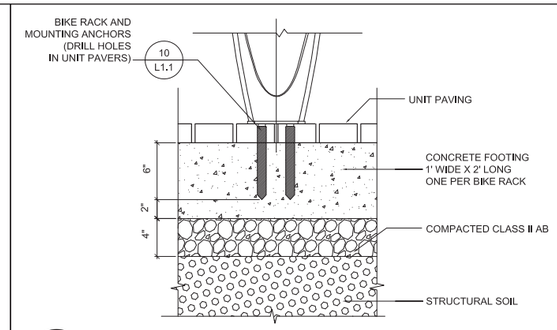


FRAME ALONG UNIT PAVER

NOTE:
COORDINATE EXACT FRAME ATTACHMENT WITH MANUFACTURER

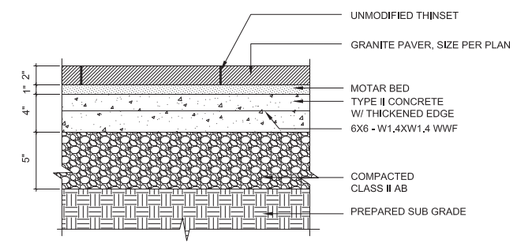
8 TREE GRATE FRAME INSTALLATION

SECTION
N.T.S.



4 BIKE RACK SURFACE MOUNT

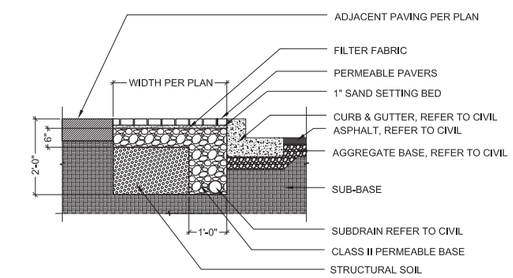
SECTION
1/8"=1'-0"



5 GRANITE PAVER

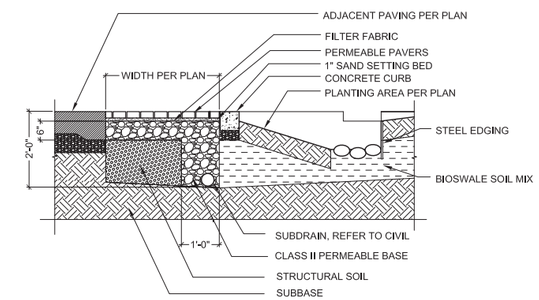
NOTE: INSTALL TACTILE WARNING PAVERS SAME AS GRANITE PAVERS

SECTION
1/8"=1'-0"



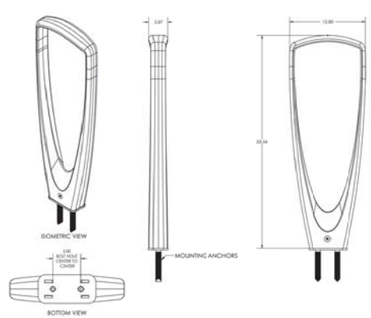
1 PERMEABLE PAVING AT CURB

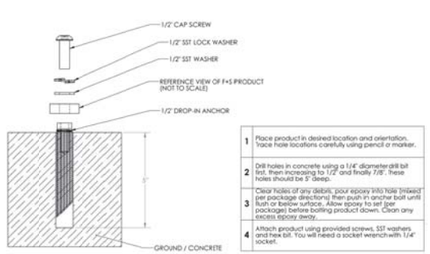
SECTION
1/2"=1'-0"



2 PERMEABLE PAVING AT PLANTING AREA

SECTION
2"=1'-0"



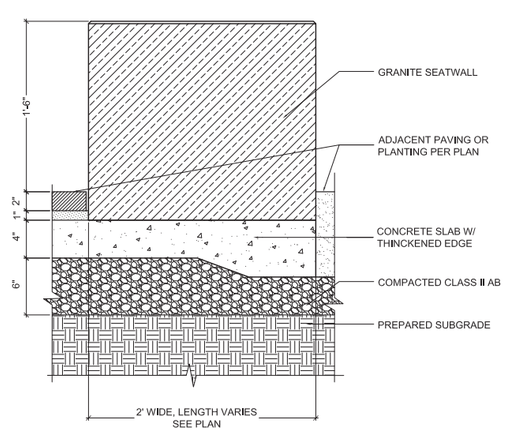


1	Place product in desired location and orientation. Trace hole locations carefully using pencil or marker.
2	Drill holes in concrete using a 1/4" diameter drill bit first, then increasing to 1/2" and finally 7/8". These holes should be 5" deep.
3	Clear holes of any debris, pour epoxy into hole (mixed per package directions) then push in anchor bolt until flush or below surface. Allow epoxy to set (per package) before bolting product down. Clean any excess epoxy away.
4	Attach product using provided screws, SST washers and hex bit. You will need a socket wrench with 1/4" socket.

TRIO BIKE RACK
(FORMS+SURFACES)

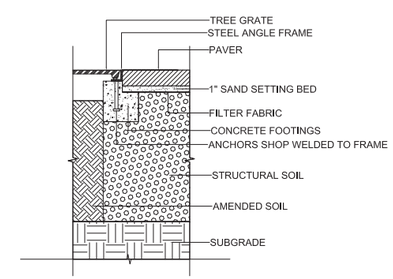
11 BIKE RACK

PLAN & SECTION
1 1/2"=1'-0"



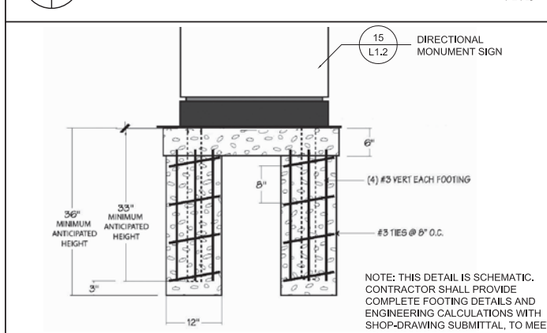
9 GRANITE SEATWALL

PLAN & SECTION
1 1/2"=1'-0"



6 TREE GRATE AT PERMEABLE PAVING

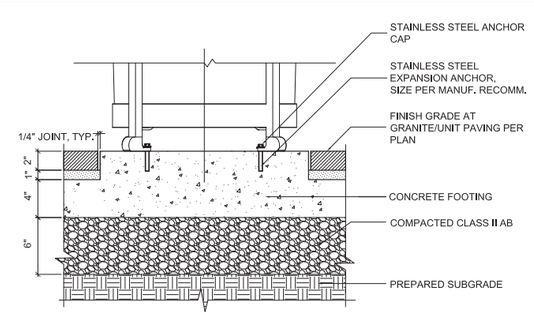
SECTION
1"=1'-0"



NOTE: THIS DETAIL IS SCHEMATIC. CONTRACTOR SHALL PROVIDE COMPLETE FOOTING DETAILS AND ENGINEERING CALCULATIONS WITH SHOP-DRAWING SUBMITTAL, TO MEET LOADS SPECIFIED.

7 DIRECTIONAL MONUMENT SIGN FOOTING

SECTION



3 TRASH RECEPTACLE SURFACE MOUNT

SECTION
1/8"=1'-0"

PAVING & FURNISHING DETAILS

L1.1

		11/30/11	
		DATE REVISED	REVISED BY
DJ	MM		
CHECKED BY	CALCULATED-DESIGNED BY		

CONSULTANT FUNCTIONAL SUPERVISOR
ROBERT C. STEVENS

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION
Caltrans

LAST REVISION — DATE PLOTTED => Feb 17 2012

BORDER LAST REVISED 4/11/2008

RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3

USERNAME => $USER
DGN FILE => $REQUEST

CU

EA 102318

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
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REGISTERED LANDSCAPE ARCHITECT DATE

PLANS APPROVAL DATE

REGISTERED LANDSCAPE ARCHITECT JAMES K. STICKLEY 4251 SIGNATURE DATE EXP. 11-30-12 STATE OF CALIFORNIA

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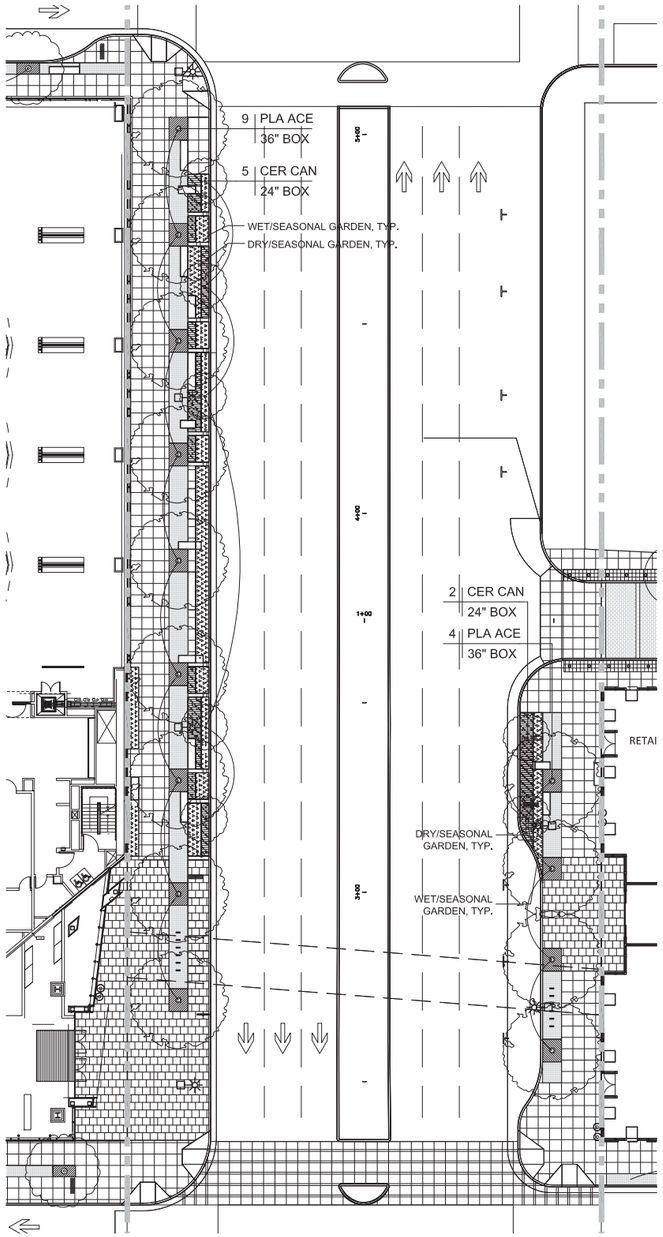

PLANTING NOTES

1. CONTRACTOR SHALL BE RESPONSIBLE FOR MAKING HIM/HER SELF FAMILIAR WITH ALL UNDERGROUND UTILITIES, PIPES AND STRUCTURES. CONTRACTOR SHALL TAKE SOLE RESPONSIBILITY FOR ANY COST INCURRED DUE TO DAMAGE OF SAID UTILITIES.

2. CONTRACTOR SHALL NOT WILLFULLY PROCEED WITH CONSTRUCTION AS DESIGNED WHEN IT IS OBVIOUS THAT UNKNOWN OBSTRUCTIONS AND/OR GRADE DIFFERENCES EXIST THAT MAY NOT HAVE BEEN KNOWN DURING DESIGN. SUCH CONDITIONS SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE AUTHORIZED CITY ENGINEER. THE CONTRACTOR SHALL ASSUME FULL RESPONSIBILITY FOR ALL NECESSARY REVISIONS DUE TO FAILURE TO GIVE SUCH NOTIFICATION.

3. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY COORDINATION WITH SUBCONTRACTORS AS REQUIRED TO ACCOMPLISH PLANTING OPERATIONS.

4. SEE SPECIFICATIONS FOR PLANTING REQUIREMENTS, MATERIALS, EXECUTION, AND MAINTENANCE.

5. SEE DETAILS AND SPECIFICATIONS FOR PLANTING STAKING METHOD AND BACKFILL REQUIREMENTS.

6. IF CONFLICTS ARISE BETWEEN SIZE OF AREAS AND PLANS, CONTRACTOR SHALL CONTACT ENGINEER FOR RESOLUTION. FAILURE TO MAKE SUCH CONFLICTS KNOWN WILL RESULT IN CONTRACTOR'S LIABILITY FOR MATERIALS RELOCATION.

7. GROUNDCOVERS SHALL BE SPACED PER DETAILS.

8. ALL WORK TO BE PERFORMED BY LICENSED (C27) CONTRACTORS AND EXPERIENCED WORKERS. BY CONSTRUCTION MANAGER PRIOR TO PLANTING.

9. THE CONTRACTOR IS RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING TREES AND LANDSCAPING THAT IS DESIGNATED TO REMAIN. THE CONTRACTOR SHALL PROVIDE TEMPORARY FENCING, BARRICADES OR OTHER SUITABLE GUARDS OUTSIDE DRIP LINE (OUTER PERIMETER OF BRANCHES) TO PROTECT FROM DAMAGE TREES AND OTHER PLANTS THAT ARE TO REMAIN. DO NOT STORE CONSTRUCTION MATERIALS WITHIN DRIP LINES OF TREES TO REMAIN. DO NOT PERMIT VEHICLES WITHIN DRIP LINE. RESTRICT FOOT TRAFFIC WITHIN DRIP LINE TO AVOID EXCESSIVE SOIL COMPACTION.
ALL BARRICADES AND PROTECTIVE FENCING SHALL BE PUT IN PLACE PRIOR TO COMMENCEMENT OF ANY OTHER CONSTRUCTION ACTIVITY.

10. INDICATES PLANT SPECIES — 10 ACE NEG
INDICATES PLANT QUANTITY
INDICATES SIZE OR SQUARE FOOTAGE/ SIZE — 24" BOX

PLANTS LEGEND

SYMBOL	BOTANICAL NAME	COMMON NAME	SIZE / REMARKS
TREE			
PLA ACE	PLATANUS ACERIFOLIA 'COLOMBIA'	LONDON PLANE TREE	AS NOTED
CER CAN	CERSIS CANADENSIS	EASTERN REDBUD	AS NOTED
SHRUBS AND GROUNDCOVERS			
DRY / SEASONAL GARDEN	ACHILEA 'SUMMERVINE' CEANOTHUS GRISEUS VAR. HORIZONTALIS 'YANKEE POINT' IRIS 'COPPER' EUPHORBIA DULCIS 'CHAMELEON' WESTRINGIA FRUTICOSA 'SMOKEY' LOROPETALUM 'PURPLE PIXIE' LAVANDULA X INERMEDIA CV. PHORMIUM 'CREAM DELIGHT'	YARRROW CARAMEL CEANOTHUS PACIFIC COAST IRIS EUPHORBIA COASE ROSEMARY LOROPETALUM WHITE GROSSO LAVENDER NEW ZEALAND FLAX	SHRUBS: 5 GAL. GROUNDCOVERS & GRASSES: 1GAL
WET / SEASONAL GARDEN	CARES MORROWLL 'SILVER SCEPTER' LEYMUS ARENARIUS 'GLAUCUS' MISCANTHUS SCIENSIS 'ADAGIO'	SILVER SCEPTER BLUE WILD EYE ADAGIO MAIDERN GRASS	

PLANTING PLAN
L2.0

REVISED BY	DATE REVISED
MM	11/30/11

CALCULATED-DESIGNED BY: DJ
CHECKED BY:

CONSULTANT FUNCTIONAL SUPERVISOR: ROBERT C. STEVENS

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION

Caltrans

LAST REVISION 12-01-11
DATE PLOTTED => Feb. 23 2012
TIME PLOTTED => 8:10 hrs

BORDER LAST REVISED 4/11/2008

RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3

USERNAME => $USER
DGN FILE => $REQUIRST

CU

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REGISTERED LANDSCAPE ARCHITECT — DATE

PLANS APPROVAL DATE

REGISTERED LANDSCAPE ARCHITECT — JAMES K. STICKLEY — 4251 — SIGNATURE — DATE — EXP. 11-30-12 — STATE OF CALIFORNIA

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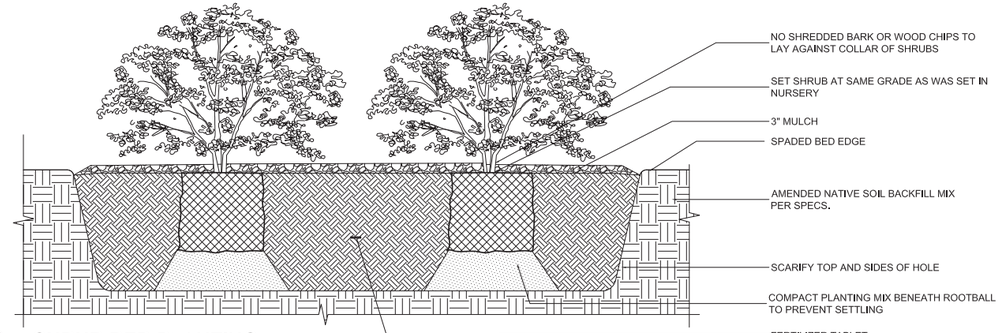
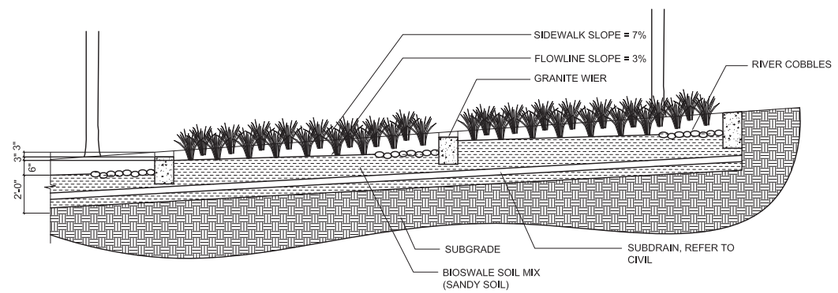


4 SHRUB BED PLANTING

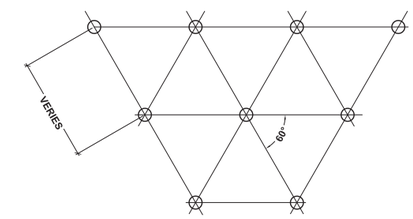
SECTION
N.T.S.



5 RAINGARDEN LONGITUDINAL SECTION

SECTION
XXX

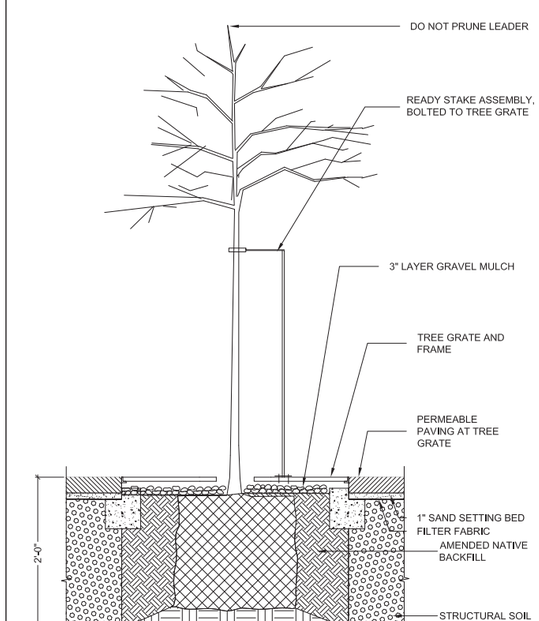
CENTER OF GROUNDCOVER PLANT



NOTE: REFER TO PLANTING LEGEND FOR SIZE AND SPACING

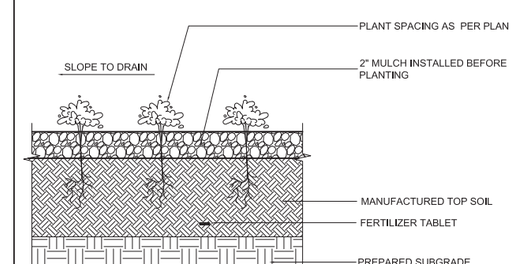
1 GROUNDCOVER PLANTING

PLAN
N.T.S.



3 TREE PLANTING AT GRATE & PERMEABLE PAVING

SECTION
1"=1'-0"



2 GROUNDCOVER PLANTING

SECTION
N.T.S.

PLANTING DETAILS

L2.1

REVISED BY	DATE REVISED
MM	11/30/11

CALCULATED-DESIGNED BY: DJ
CHECKED BY:

CONSULTANT FUNCTIONAL SUPERVISOR: ROBERT C. STEVENS

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION

LAST REVISION: 12-01-11
DATE PLOTTED => Feb 17 2012
TIME PLOTTED => 8:30 am

BORDER LAST REVISED 4/11/2008

RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3

USERNAME => $USER
DGN FILE => $PROJECT

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EA 102318

California Pacific Medical Center
Van Ness Medical Office Building

Conditional Use Permit Application

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G2.0 KEY PLAN STREETSCAPE

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L1.0 LAYOUT PLAN
L2.0 PLANTING PLAN

PROJECT DESCRIPTION

The proposed Van Ness Medical Office Building is an approximate 496,104 gsq.-ft, 9-story office building with retail spaces at street level and 542 underground parking spaces.

Primary pedestrian access is on Van Ness Ave and a vehicular drop off is provided on Cedar St. There is an enrtry to the garage on Cedar St and Geary St. The retail spaces are accesed from the sidewalks along Van Ness Ave and Geary St.

California Pacific Medical Center
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SEALS AND SIGNATURES

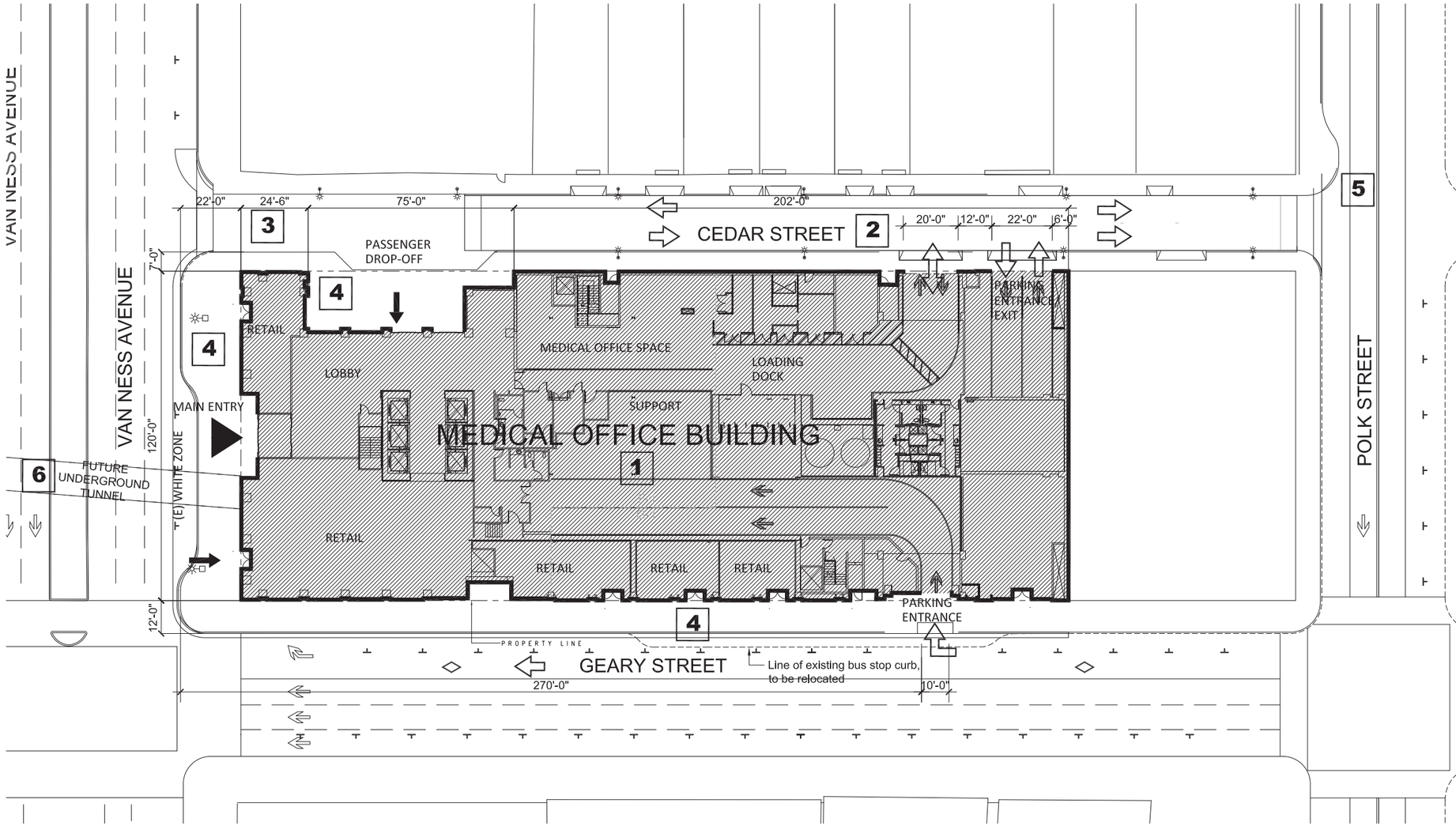
ISSUE	REV	DATE
CUP APPLICATION		09-04-09
CUP APPLICATION	1	02-22-12

DRAWING TITLE
COVER SHEET & SHEET INDEX

SCALE

PROJECT NUMBER 081540.000

DRAWING NUMBER **A0.1**



SITE PLAN NOTES

1 Cathedral Hill Medical Office Building construction includes nine-stories of medical offices, retail space at street level and seven stories of underground parking. Refer to sheet A0.1 in the Site Permit Submittal for project data including square footage, number of parking spaces, and building code information Reference sheet A2.1-F1 through A2.1-F9 for floor plans, sheet A2.1-G1 & A2.1-F1 for retail plans and sheet A2.1-G7 through A2.1-G1for garage plans. Reference sheets A3.1 through A4.2 for Building Elevations and Sections.

2 Cedar Street conversion to two-way west of the MOB garage ramp. Reference Sheet C9.0 in Street Improvement Permit.

3 Cedar Street entry plaza with raised crosswalk and vehicular passenger drop-off. Reference Sheet L1.2 in Street Improvement Permit and sheet CR-1 in Caltrans Permit Set.

4 Sidewalk widening, pedestrian bulbouts, pavement finishes, and other landscape and streetscape improvements along portions of Van Ness Avenue, Cedar Street and Geary Street. Reference Sheet L1.1, L1.2 & L2.0 in Street Improvement Permit and sheet LP_1, L1.0 & L2.0 in Caltrans Permit Set.

5 Proposed curb bulb-out at Polk Street & raised crosswalk at Cedar Street. Reference Sheet C7.0 in Street Improvement Permit.

6 Pedestrian Tunnel connection to Hospital under Van Ness. Reference sheet C11.0 in Street Improvement Permit.

LEGEND

- VEHICULAR ACCESS
- PEDESTRIAN ACCESS (MAIN ENTRANCE)
- PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

0' 10' 20' 50'

Note: All dimensions are approximate.

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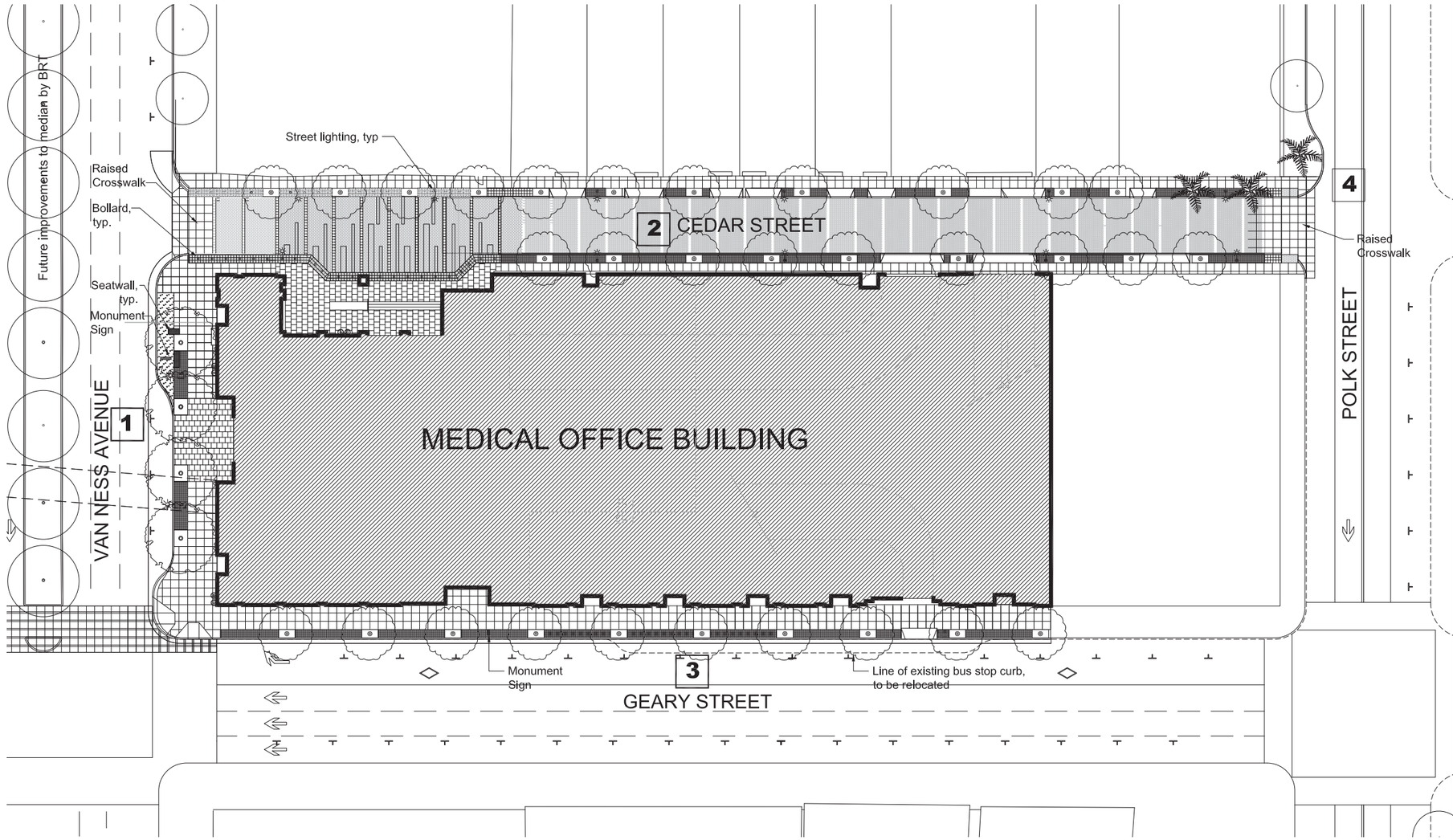
CUP APPLICATION	1	02-22-12

DRAWING TITLE
KEY PLAN
SITE

SCALE

PROJECT NUMBER 081540.000

DRAWING NUMBER **G1.0**



STREETSCAPE NOTES

1 Van Ness Ave. from Geary to Cedar Streets
Sidewalks widened, new plaza at entry lobby, new paving along entire sidewalk and permeable paving in tree planting zone. New streetlights per City standard for Van Ness Avenuetrees , seatwalls, bicycle racks and trash/recycling receptacles near MOB entrance. Reference Sheet L sheet LP-1, L1.0 &L2.0 in Caltrans Permit Set..

2 Cedar Street from Van Ness to Polk Street
Sidewalks widened, new entry plaza with curbless drop-off, permeable paving in tree planting zones, new decorative paving along entire street, drop off and side walk. New street trees and streetlights on both sides of street and trash/recycling receptacles near MOB entrance. Reference Sheet L1.1, L1.2 & L2.0 in Street Improvement Permit.

3 Geary Street from Van Ness to Polk Street (north side)
New paving along entire sidewalk and permeable paving in tree planting zone. New street trees along entire sidewalk. Reference Sheet L1.1 & L2.0 in Street Improvement Permit.

4 Polk Street
Proposed curb bulb-out at Cedar Street corner. Reference Sheet C7.0 in Street Improvement Permit.

0' 10' 20' 50'

N

LEGEND

- Existing trees
- Proposed trees
- Tree Grates
- Rain Garden
- Permeable Paving
- Bicycle Racks
- Monument Sign
- Trash Receptacles
- Seatwall / Benches

Note: All dimensions are approximate.

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CUP APPLICATION	1	02-22-12

DRAWING TITLE
KEY PLAN
STREETSCAPE

SCALE

PROJECT NUMBER 081540.000

DRAWING NUMBER **G2.0**

LEGEND - PARKING SYMBOLS

SYMBOL	DESCRIPTION
C	COMPACT VEHICHLE PARKING SYMBOL
LEFE	LOW FUEL VEHICHLE PARKING SYMBOL
●	BOLLARD
	WHEEL STOP
	PAINTED STRIPE

NOTES - PLAN

1. DIMENSIONS ARE TO FACE OF INTERIOR GYPSUM BOARD OR TILE BACKER BOARD, FACE OF EXTERIOR SHEATHING, FACE OF CONCRETE, GRIDLINES AND CENTERLINES WHERE INDICATED.
2. UNLESS DIMENSIONED, DOORS ARE TO BE LOCATED 4" FROM NEAREST ADJACENT PERPENDICULAR WALL TO FACE OF JAMB. SEE DOOR DETAILS.
3. PROVIDE 6" WIDE 18 GA. STEEL WALL REINFORCING FOR ALL WALL-MOUNTED EQUIPMENT, ACCESSORIES, WALL CABINETS, ETC.
4. ROOFS NOT OCCUPIED

LEGEND - WALL TYPES

- PROPERTY LINE
- FUTURE PARTITION
- NON-RATED PARTITION
- SOUND PARTITION
- SOUND PARTITION @ MECHANICAL
- 1 HOUR RATED FIRE PARTITION
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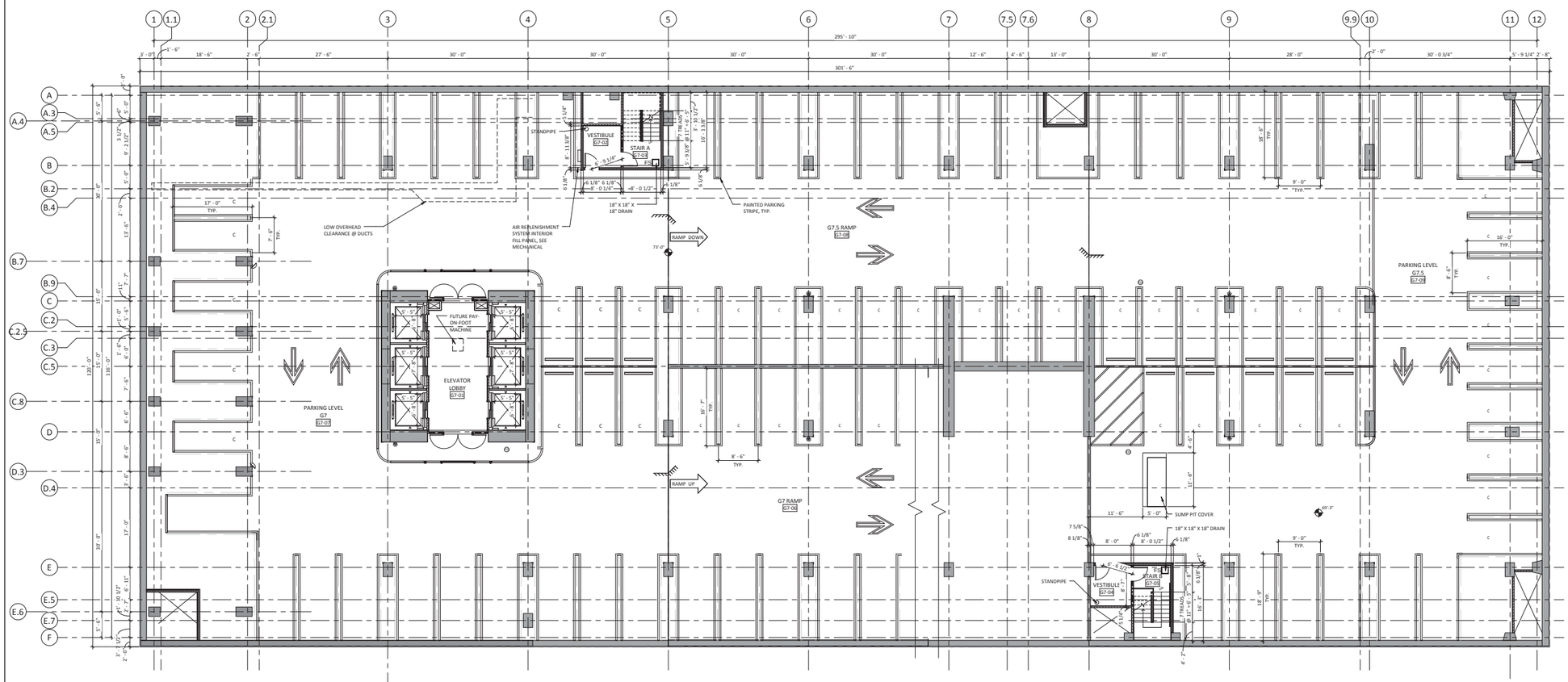
- RATED C.M.U. PARTITION REF. TO TAG FOR 1 HOUR, 2 HOUR, 3 HOUR
- NON-RATED INTERIOR CONCRETE WALL PER STRUCTURAL



1 OVERALL GARAGE LEVEL 7 FLOOR PLAN
A3.1 | A2.1-G7 1/8" = 1'-0"

PROJECT NUMBER
081540.06

DRAWN BY
J. Claflin

DATE
NOVEMBER 21, 2011

REVISIONS

California Pacific Medical Center
A Sutter Health Affiliate
The Medical Office Building At Van Ness & Geary
INTEGRATED PROJECT TEAM
Boulder Associates Architects | Perkins+

PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
OVERALL GARAGE LEVEL 7 FLOOR PLAN

SHEET NUMBER
A2.1-G7

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LEGEND - PARKING SYMBOLS

SYMBOL	DESCRIPTION
C	COMPACT VEHICLE PARKING SYMBOL
LEFE	LOW FUEL VEHICLE PARKING SYMBOL
●	BOLLARD
	WHEEL STOP
	PAINTED STRIPE

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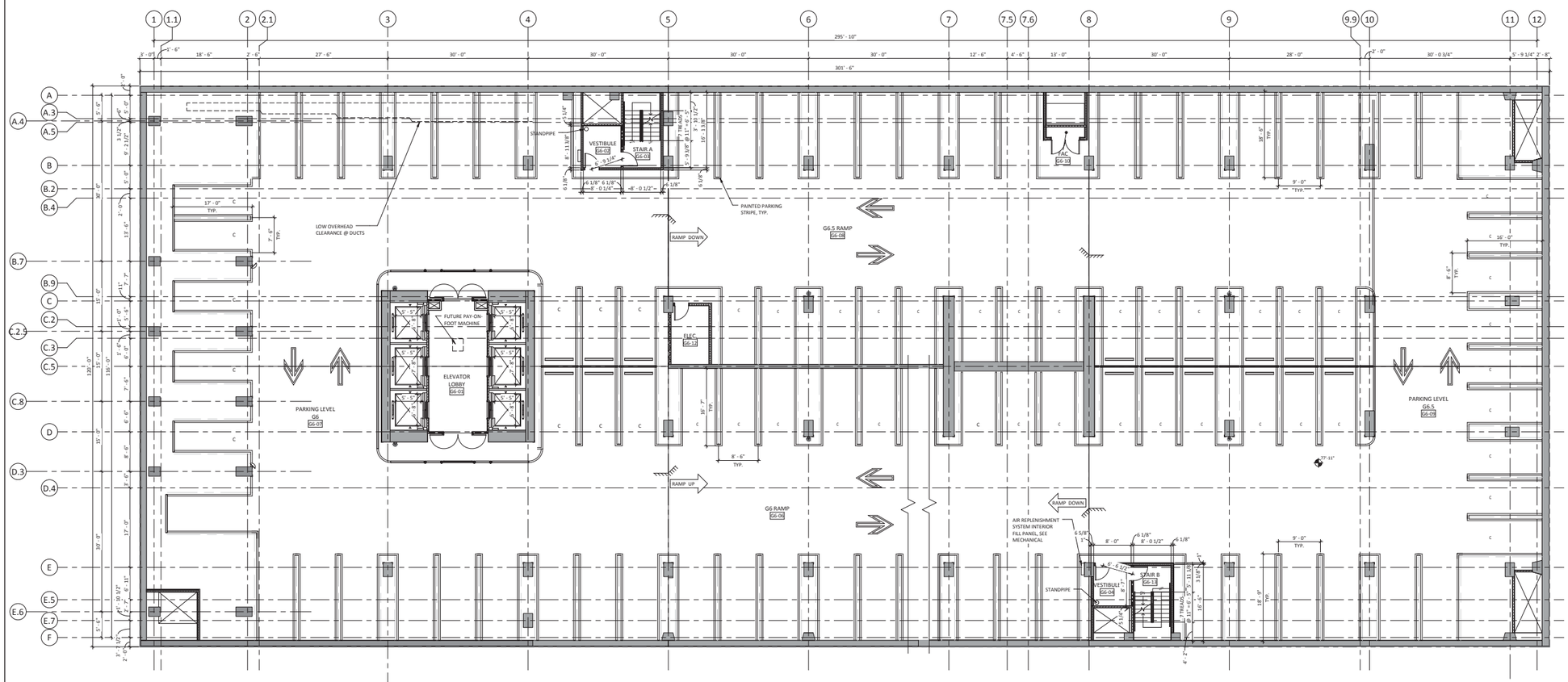

1 OVERALL GARAGE LEVEL 6 FLOOR PLAN
A3.1 | A2.1-G6 1/8" = 1'-0"

PROJECT NUMBER
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SHEET TITLE
OVERALL GARAGE LEVEL 6 FLOOR PLAN

SHEET NUMBER
A2.1-G6

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LEGEND - PARKING SYMBOLS

SYMBOL	DESCRIPTION
C	COMPACT VEHICLE PARKING SYMBOL
LEFE	LOW FUEL VEHICLE PARKING SYMBOL
●	BOLLARD
	WHEEL STOP
	PAINTED STRIPE

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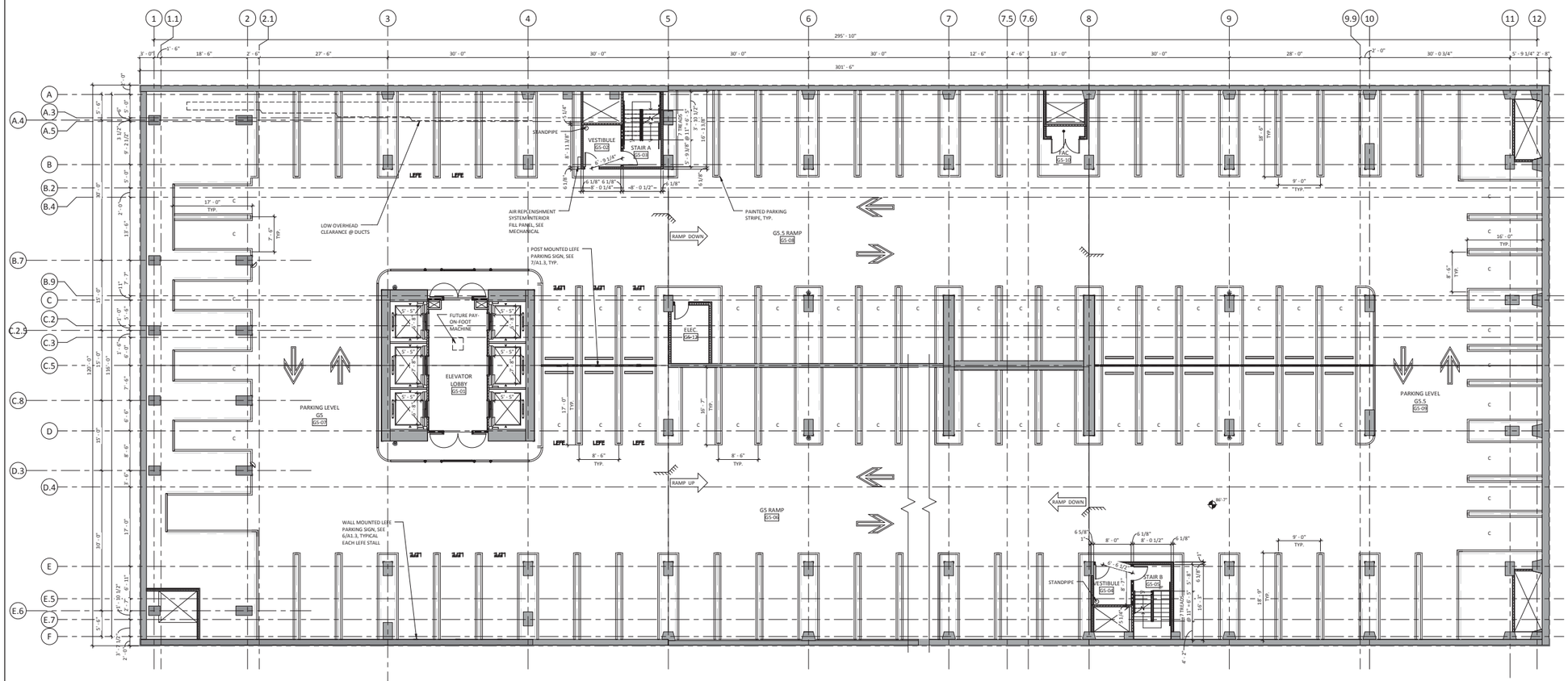

1 OVERALL GARAGE LEVEL 5 FLOOR PLAN
A1.1 | A2.1-G5 1/8" = 1'-0"

PROJECT NUMBER
081540.06

DRAWN BY
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DATE
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CPMC VAN NESS MEDICAL OFFICE BUILDING

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SHEET TITLE
OVERALL GARAGE LEVEL 5 FLOOR PLAN

SHEET NUMBER
A2.1-G5

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LEGEND - PARKING SYMBOLS

SYMBOL	DESCRIPTION
C	COMPACT VEHICLE PARKING SYMBOL
LEFE	LOW FUEL VEHICLE PARKING SYMBOL
●	BOLLARD
	WHEEL STOP
	PAINTED STRIPE

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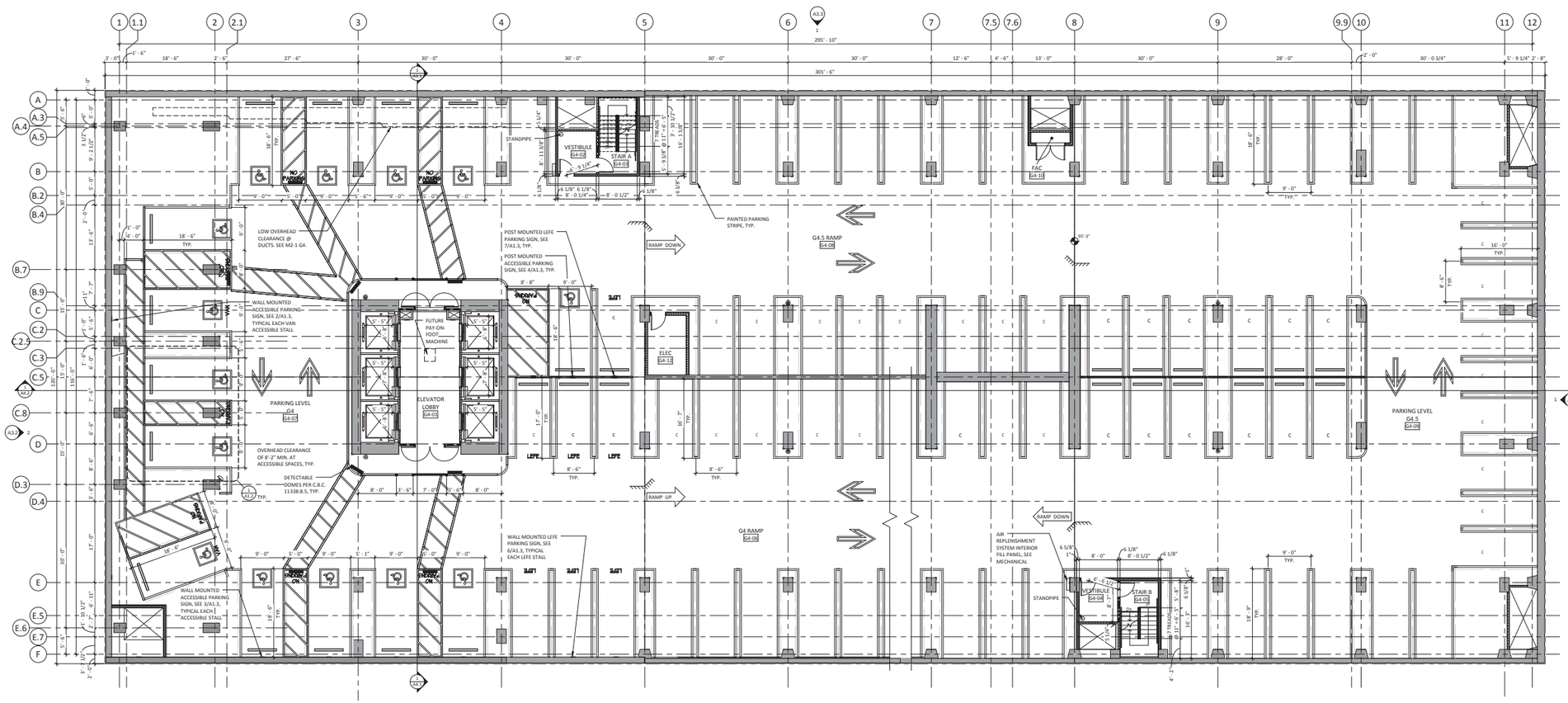

1 OVERALL GARAGE LEVEL 4 FLOOR PLAN
A3.1 | A2.1-G4 1/8" = 1'-0"

NORTH

PROJECT NUMBER
081540.06

DRAWN BY
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REVISIONS

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SHEET NUMBER
A2.1-G4

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LEGEND - PARKING SYMBOLS

SYMBOL	DESCRIPTION
C	COMPACT VEHICLE PARKING SYMBOL
LEFE	LOW FUEL VEHICLE PARKING SYMBOL
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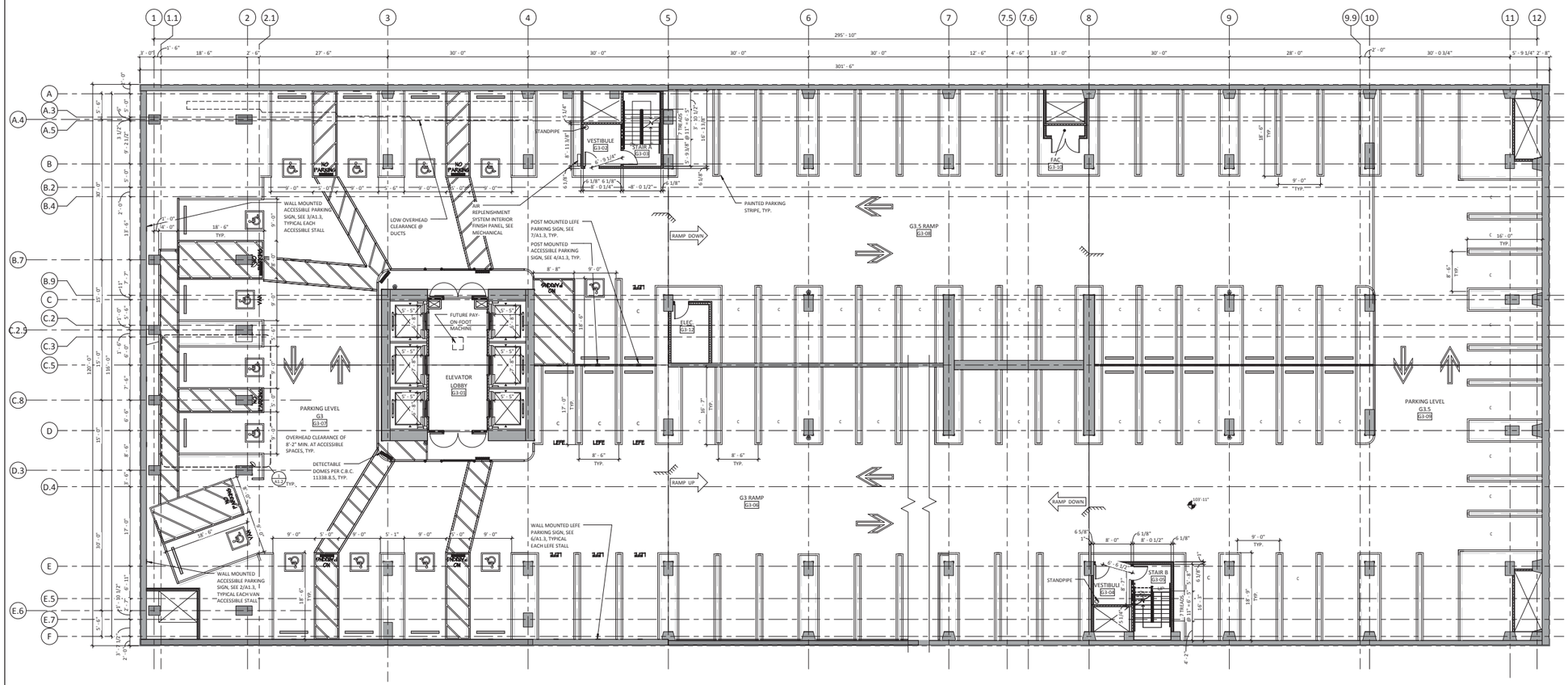

1 OVERALL GARAGE LEVEL 3 FLOOR PLAN
A3.1 | A2.1-G3 1/8" = 1'-0"

NORTH

PROJECT NUMBER
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SHEET TITLE
OVERALL GARAGE LEVEL 3 FLOOR PLAN

SHEET NUMBER
A2.1-G3

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LEGEND - PARKING SYMBOLS

SYMBOL	DESCRIPTION
C	COMPACT VEHICLE PARKING SYMBOL
LEFE	LOW FUEL VEHICLE PARKING SYMBOL
●	BOLLARD
	WHEEL STOP
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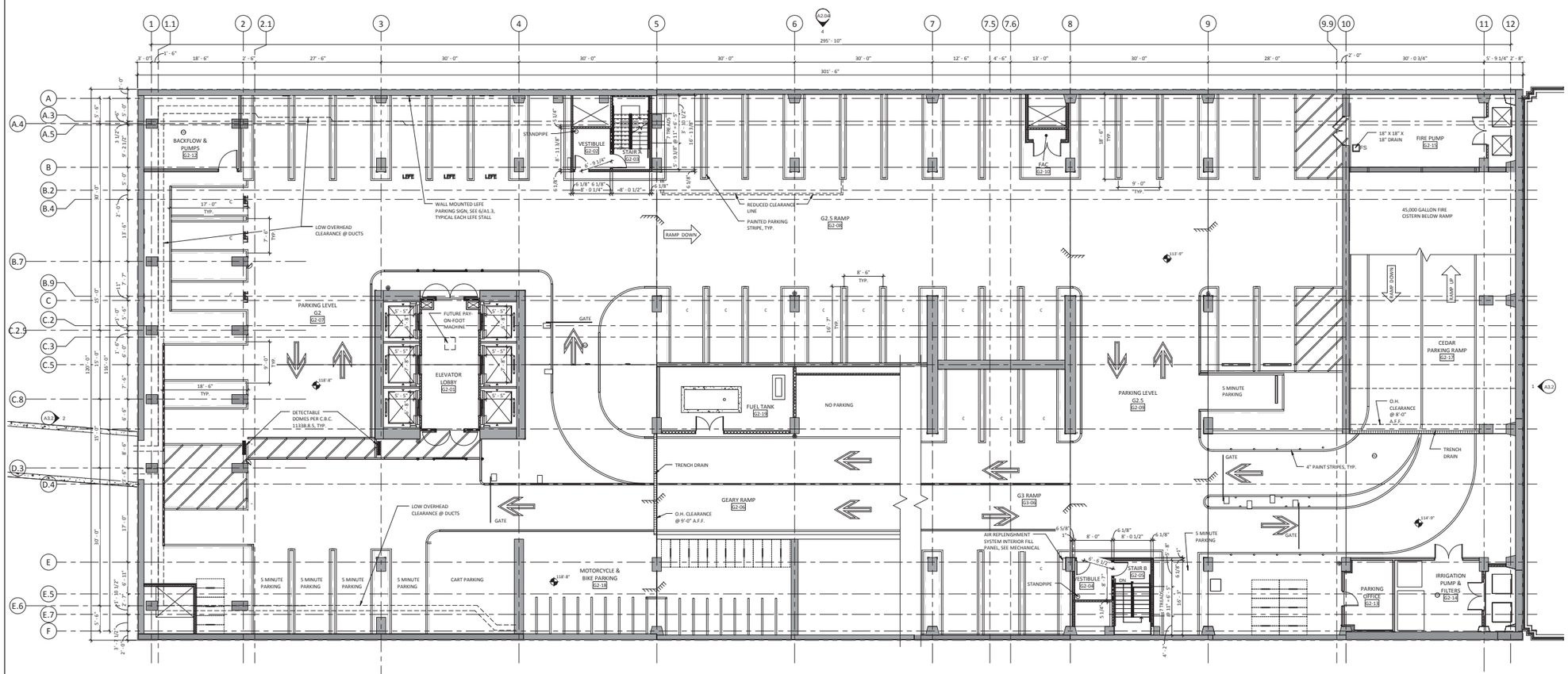

1 OVERALL GARAGE LEVEL 2 FLOOR PLAN
A3.1 | A2.1-G2 1/8" = 1'-0"

PROJECT NUMBER
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California Pacific Medical Center
A Sutter Health Affiliate
The Medical Office Building At Van Ness & Geary
INTEGRATED PROJECT TEAM
Boulder Associates Architects | Perkins+

PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
OVERALL GARAGE LEVEL 2 FLOOR PLAN

SHEET NUMBER
A2.1-G2

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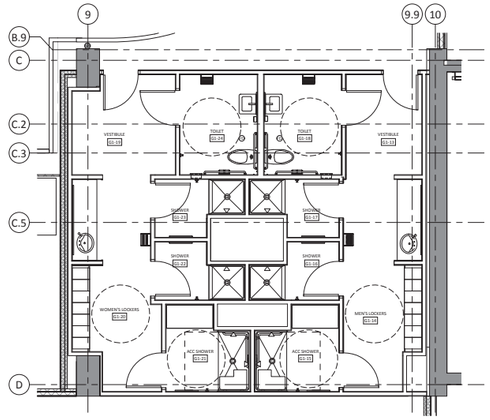

2 ENLARGED PLAN - LOCKER ROOM (G1)
A2.1-G1 | A2.1-G1 1/4" = 1'-0"

NORTH

LEGEND - PARKING SYMBOLS

SYMBOL	DESCRIPTION
C	COMPACT VEHICLE PARKING SYMBOL
LEFE	LOW FUEL VEHICLE PARKING SYMBOL
●	BOLLARD
	WHEEL STOP
	PAINTED STRIPE

NOTES - PLAN

1. DIMENSIONS ARE TO FACE OF INTERIOR GYPSUM BOARD OR TILE BACKER BOARD, FACE OF EXTERIOR SHEATHING, FACE OF CONCRETE, GRIDLINES AND CENTERLINES WHERE INDICATED.
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3. PROVIDE 6" WIDE 18 GA. STEEL WALL REINFORCING FOR ALL WALL-MOUNTED EQUIPMENT, ACCESSORIES, WALL CABINETS, ETC.
4. ROOFS NOT OCCUPIED

LEGEND - WALL TYPES

- PROPERTY LINE
- FUTURE PARTITION
- NON-RATED PARTITION
- SOUND PARTITION
- SOUND PARTITION @ MECHANICAL
- 1 HOUR RATED FIRE PARTITION
- 2 HOUR RATED FIRE PARTITION
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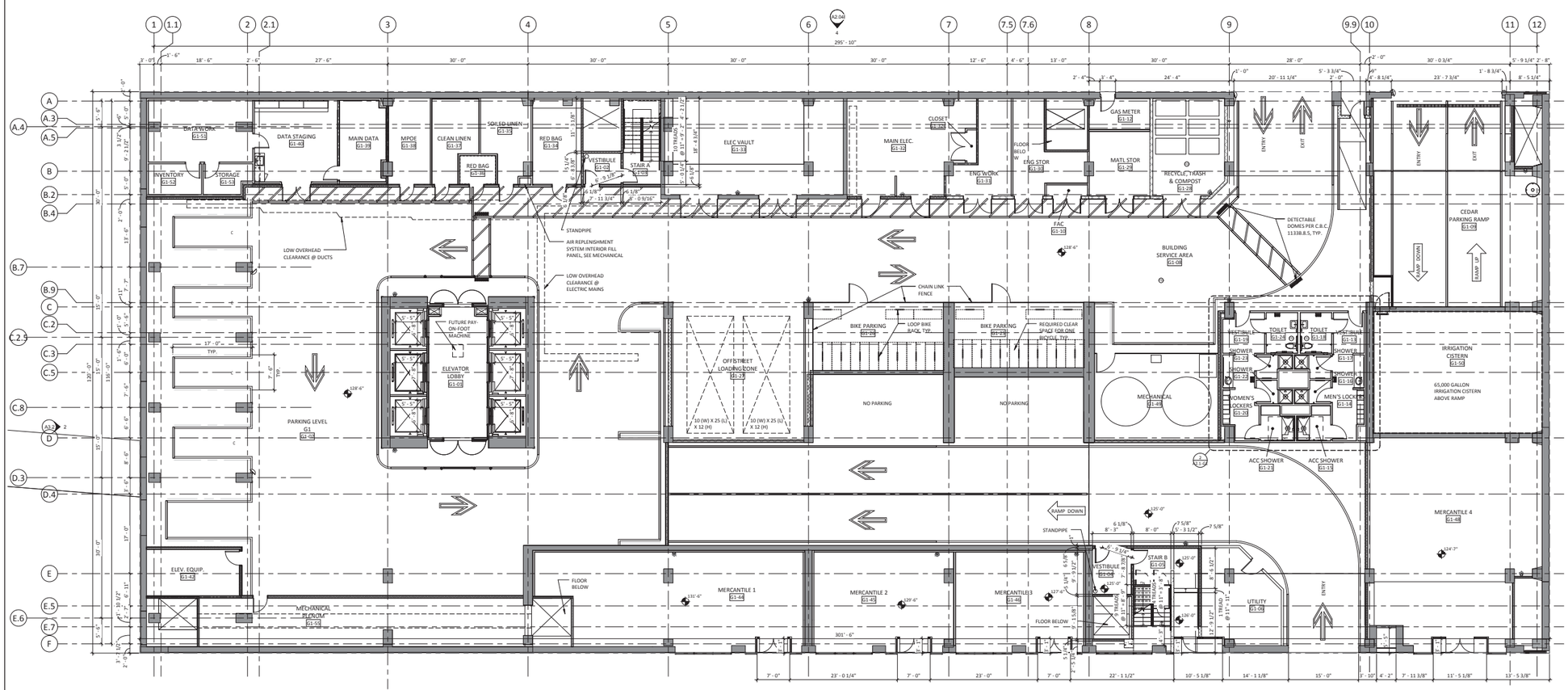
- RATED C.M.U. PARTITION REF. TO TAG FOR 1 HOUR, 2 HOUR, 3 HOUR
- NON-RATED INTERIOR CONCRETE WALL PER STRUCTURAL



1 OVERALL GARAGE LEVEL 1 FLOOR PLAN
A3.1 | A2.1-G1 1/8" = 1'-0"

NORTH

PROJECT NUMBER
081540.06

DRAWN BY
J. Claflin

DATE
NOVEMBER 21, 2011

REVISIONS

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OVERALL GARAGE LEVEL 1 FLOOR PLAN

SHEET NUMBER
A2.1-G1

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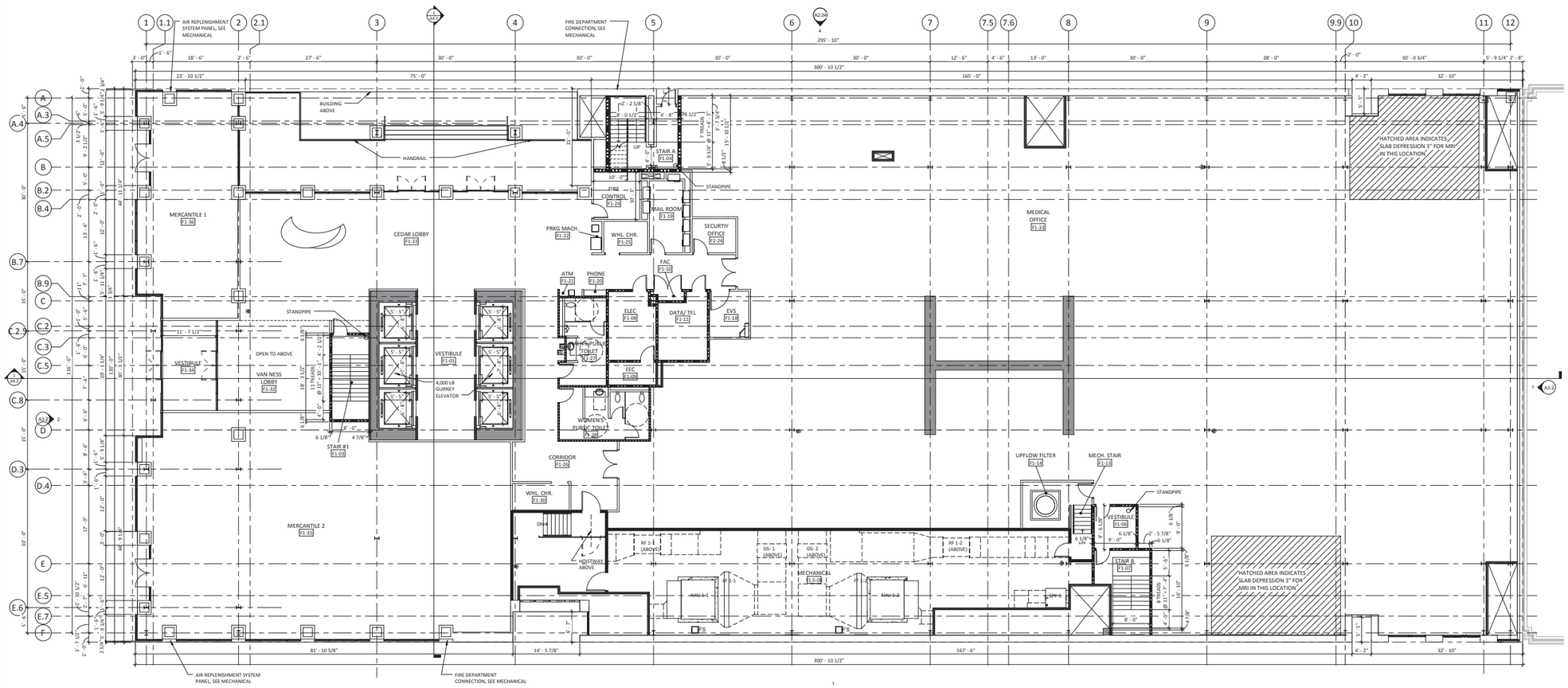

1 OVERALL FIRST FLOOR PLAN
A3.1 | A2.1-F1 1/8" = 1'-0"

NORTH

PROJECT NUMBER
081540.06

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SHEET NUMBER
A2.1-F1

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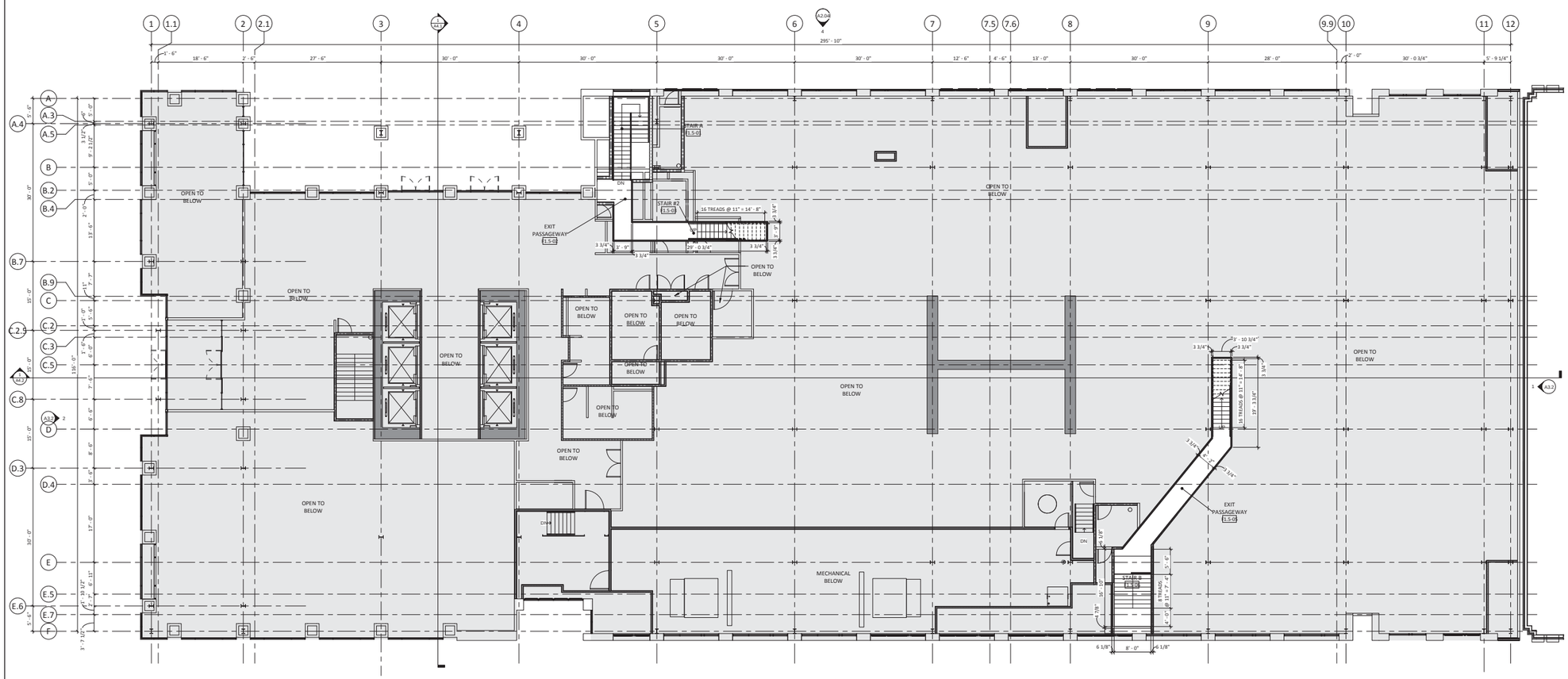

1 OVERALL CATWALK FLOOR PLAN
A3.1 | A2.1-F1C 1/8" = 1'-0"

NORTH

PROJECT NUMBER
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SHEET TITLE
OVERALL CATWALK FLOOR PLAN

SHEET NUMBER
A2.1-F1C

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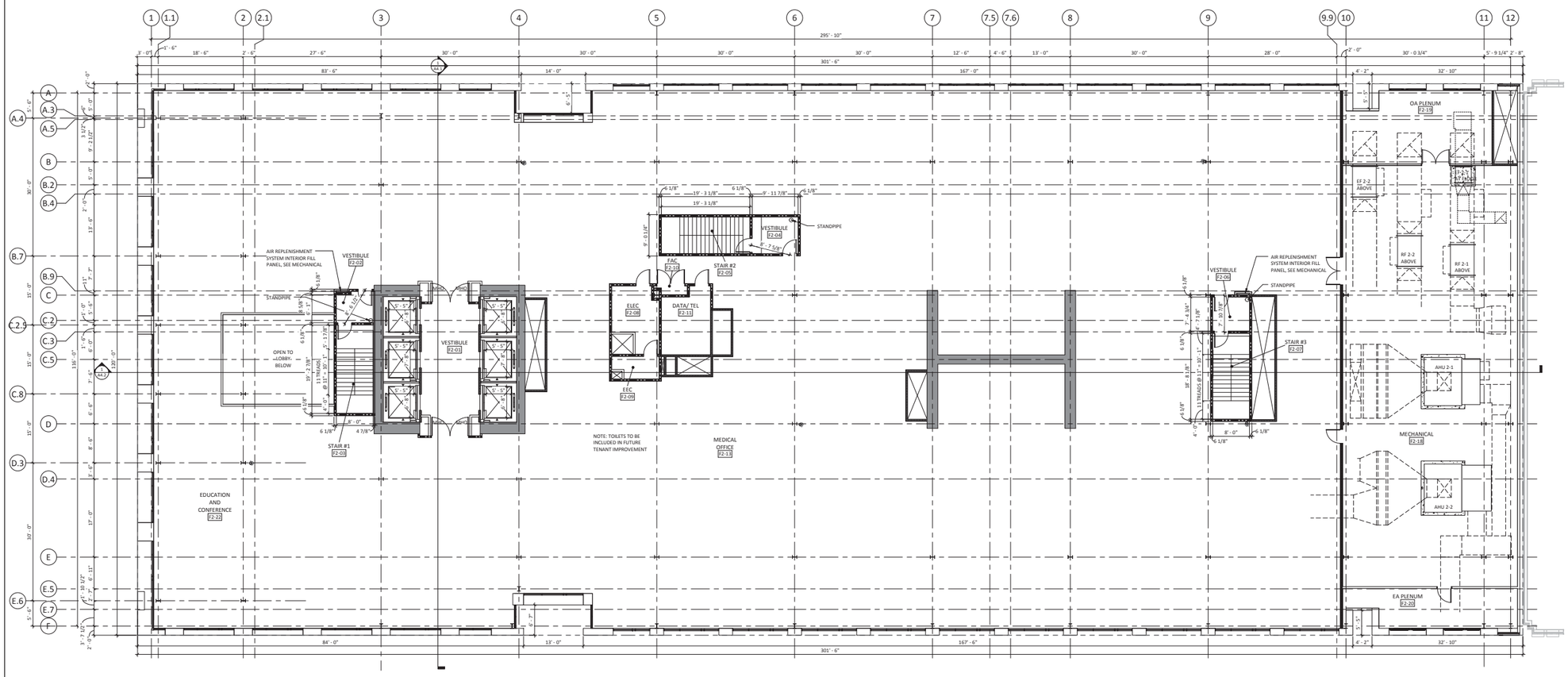

1 OVERALL SECOND FLOOR PLAN
A3.1 | A2.1-F2 1/8"=1'-0"

NORTH

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SHEET TITLE
OVERALL SECOND FLOOR PLAN

SHEET NUMBER
A2.1-F2

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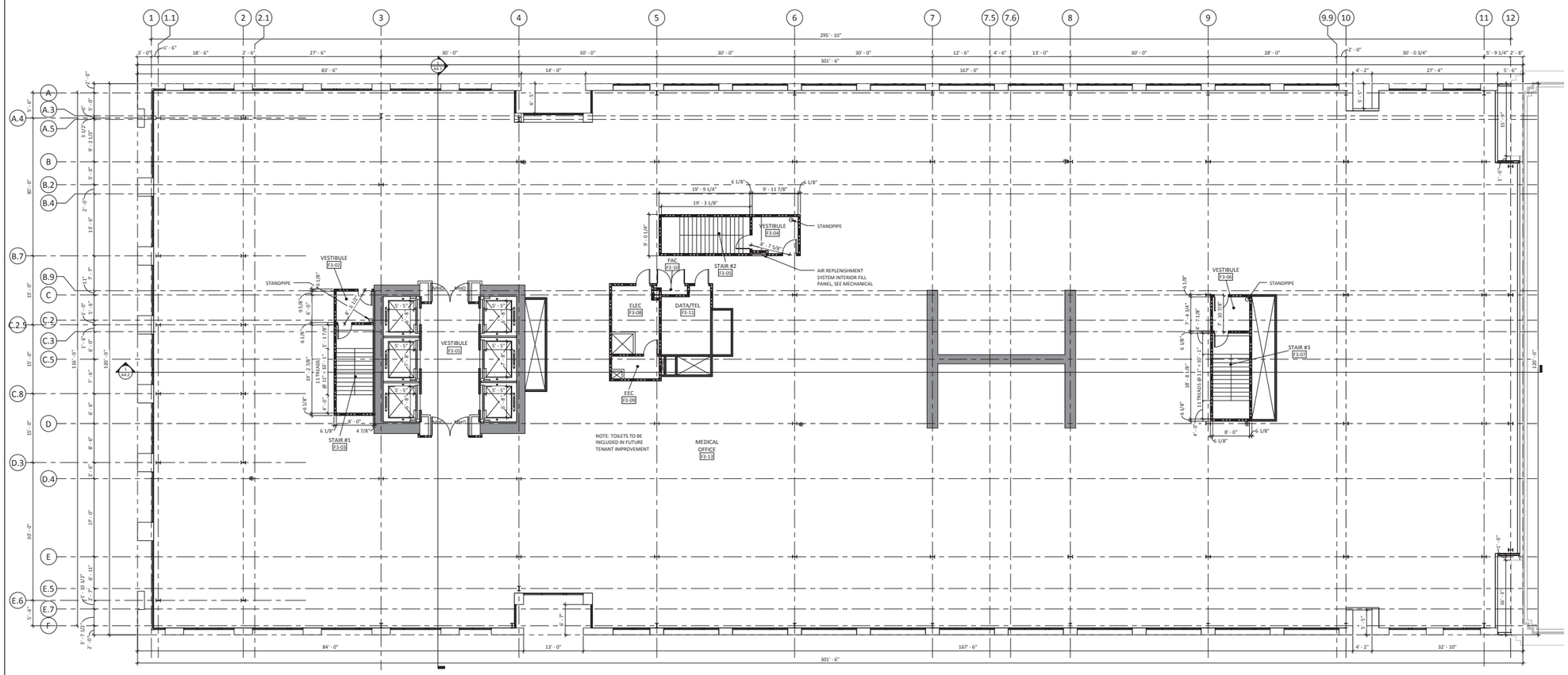

1 OVERALL THIRD FLOOR PLAN
A3.1 | A2.1-F3 1/8" = 1'-0"

NORTH

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SHEET TITLE
OVERALL THIRD FLOOR PLAN

SHEET NUMBER
A2.1-F3

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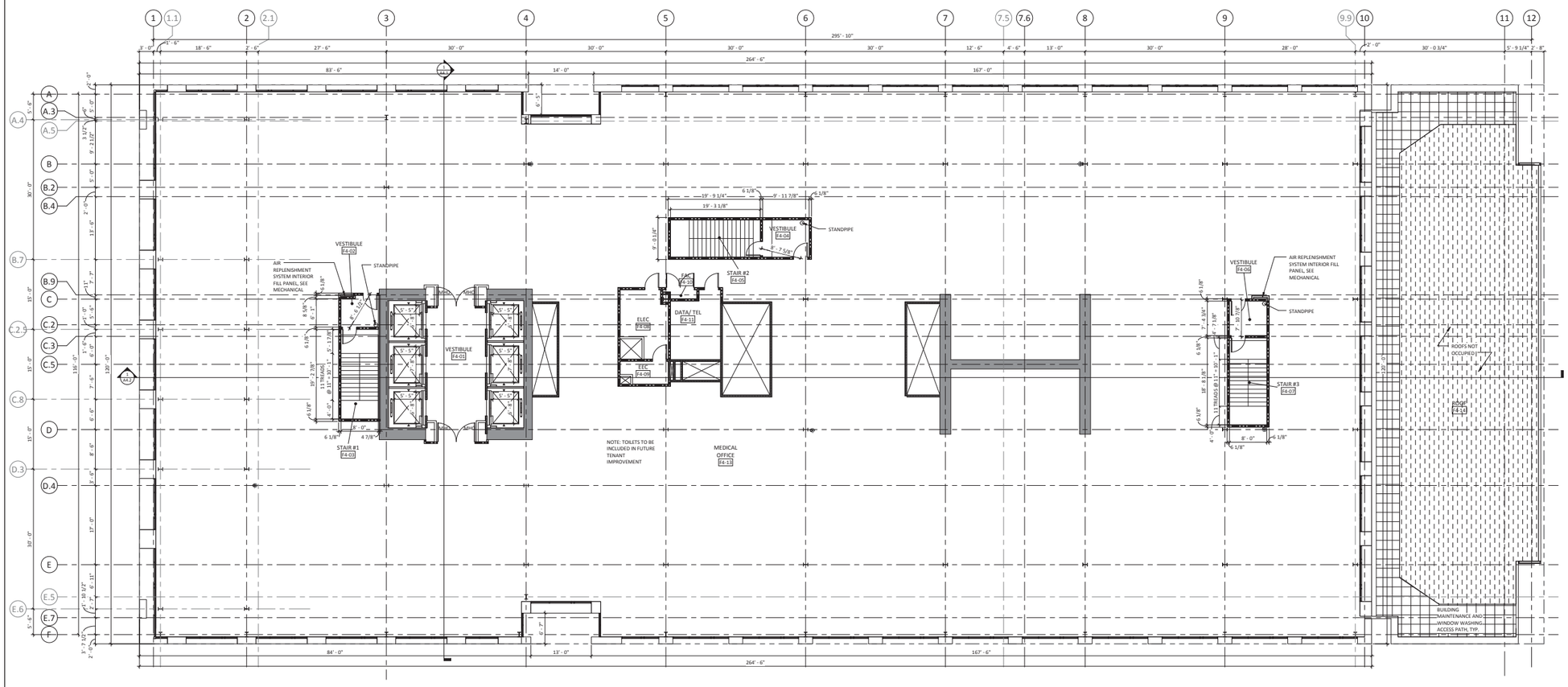

1 OVERALL FOURTH FLOOR PLAN
A3.1 | A2.1-F4 1/8" = 1'-0"

NORTH

PROJECT NUMBER
081540.06

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SHEET TITLE
OVERALL FOURTH FLOOR PLAN

SHEET NUMBER
A2.1-F4

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NOTES - PLAN

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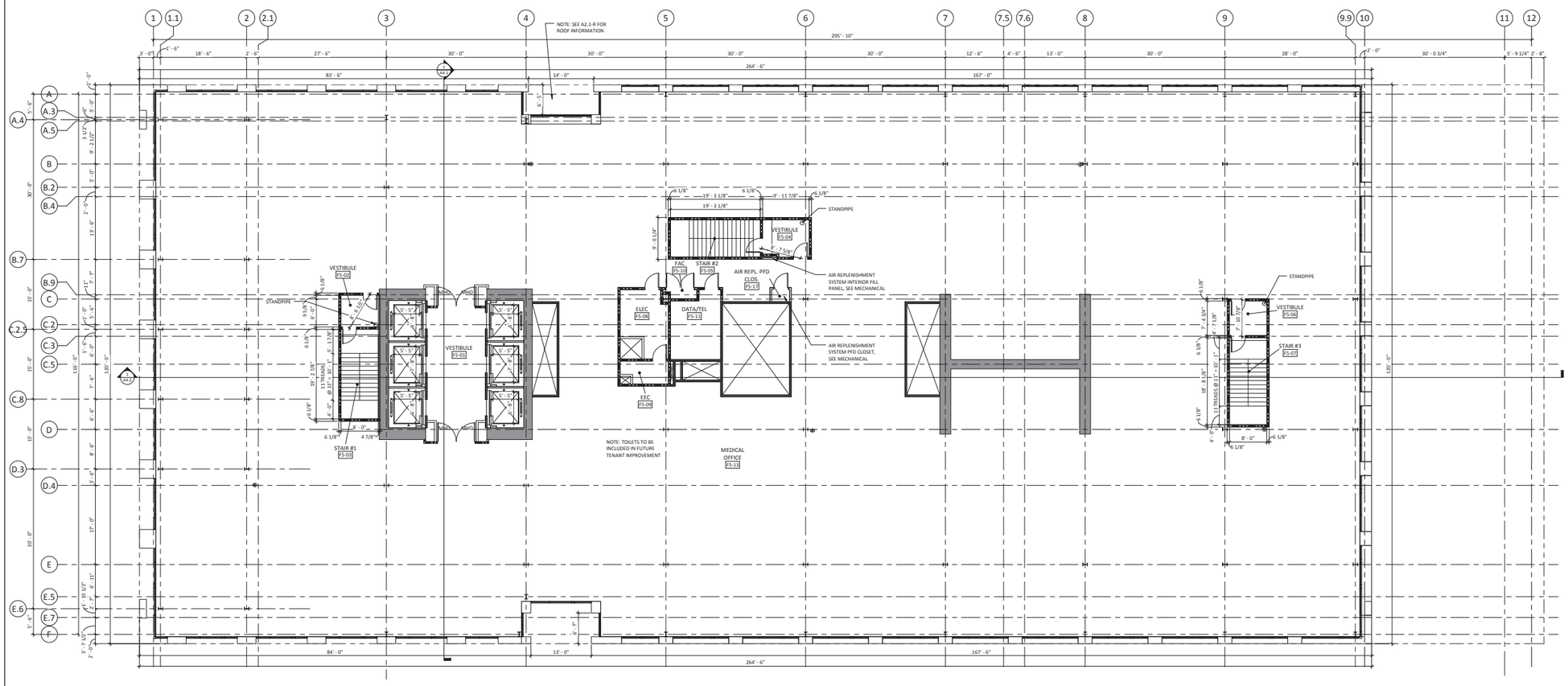

1 OVERALL FIFTH FLOOR PLAN
A3.1 | A2.1-F5 1/8" = 1'-0"

PROJECT NUMBER
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OVERALL FIFTH FLOOR PLAN

SHEET NUMBER
A2.1-F5

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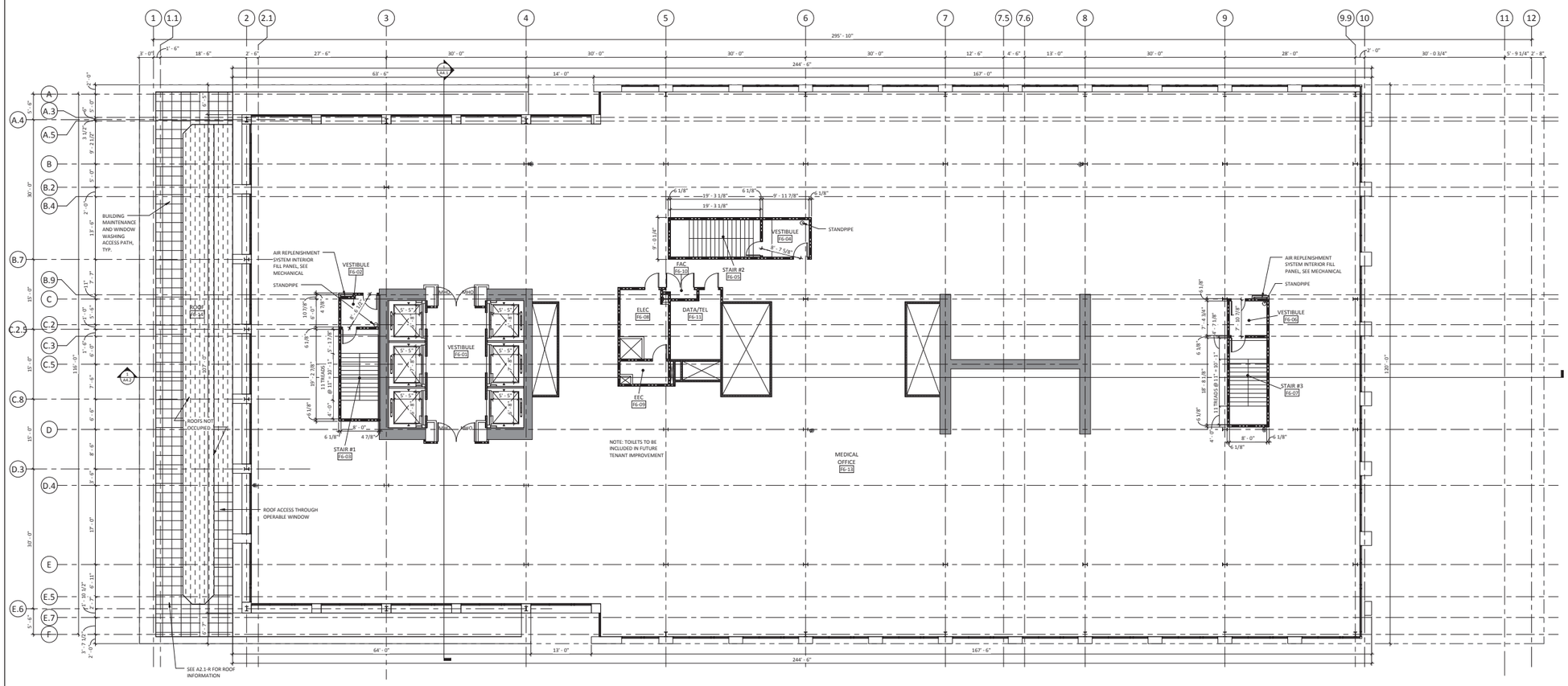

1 OVERALL SIXTH FLOOR PLAN
A3.1 | A2.1-F6 1/8" = 1'-0"

NORTH

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SHEET NUMBER
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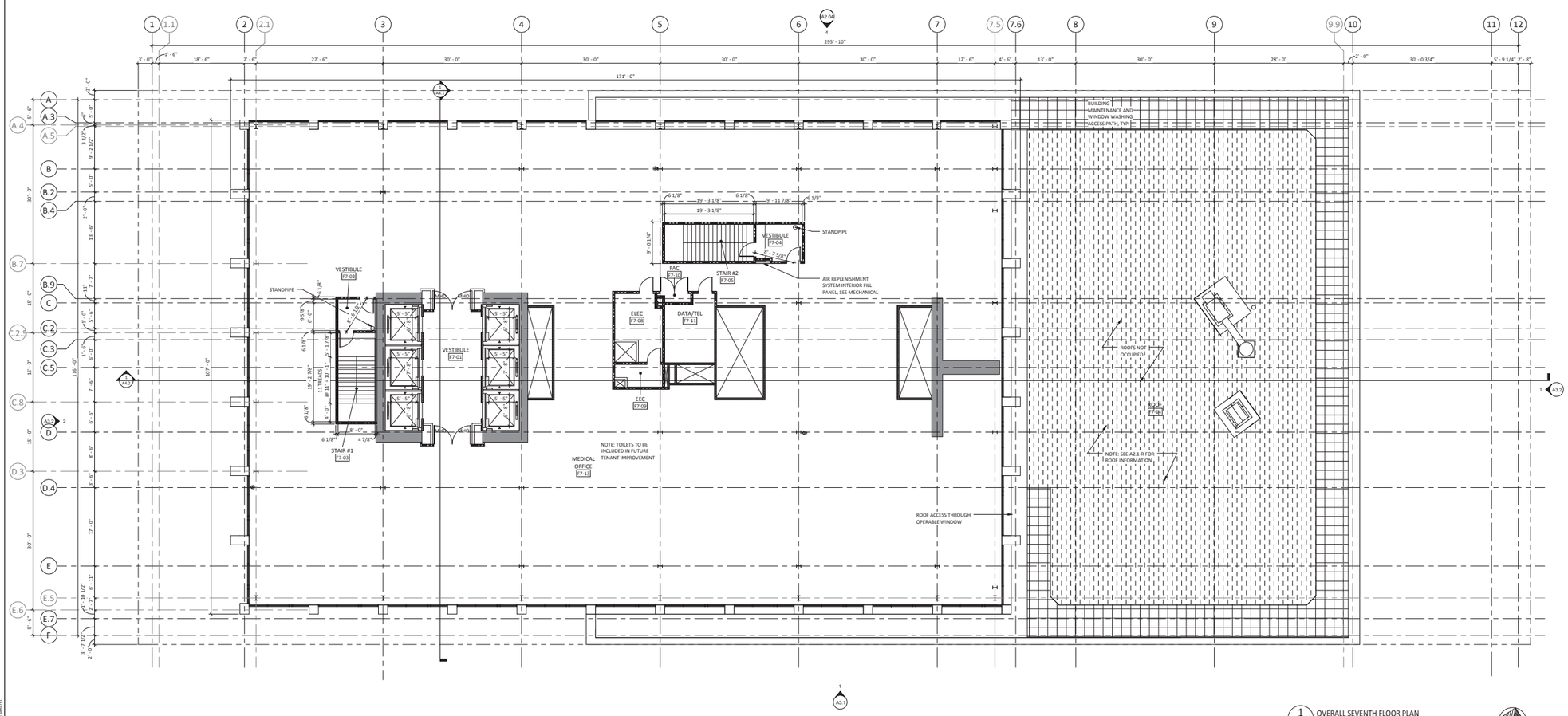

1 OVERALL SEVENTH FLOOR PLAN
A3.1 | A2.1-F7 1/8" = 1'-0"

PROJECT NUMBER
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SHEET NUMBER
A2.1-F7

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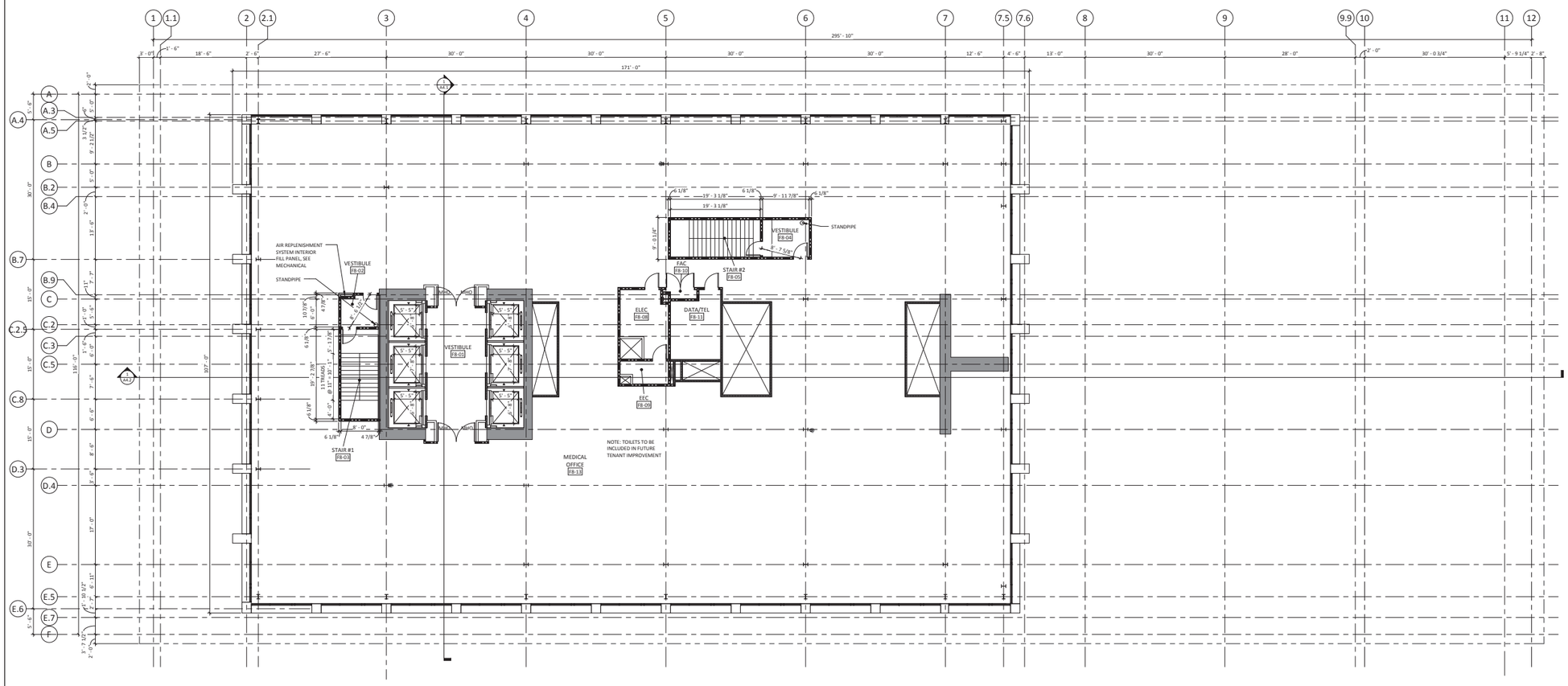
- RATED C.M.U. PARTITION REF. TO TAG FOR 1 HOUR, 2 HOUR, 3 HOUR
- NON-RATED INTERIOR CONCRETE WALL PER STRUCTURAL



1 OVERALL EIGHTH FLOOR PLAN
A3.1 | A2.1-F8 1/8" = 1'-0"

NORTH

PROJECT NUMBER
081540.06

DRAWN BY
J. Claflin

DATE
NOVEMBER 21, 2011

REVISIONS

California Pacific Medical Center
A Sutter Health Affiliate
The Medical Office Building At Van Ness & Geary
INTEGRATED PROJECT TEAM
Boulder Associates Architects | Parkview

PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
OVERALL EIGHTH FLOOR PLAN

SHEET NUMBER
A2.1-F8

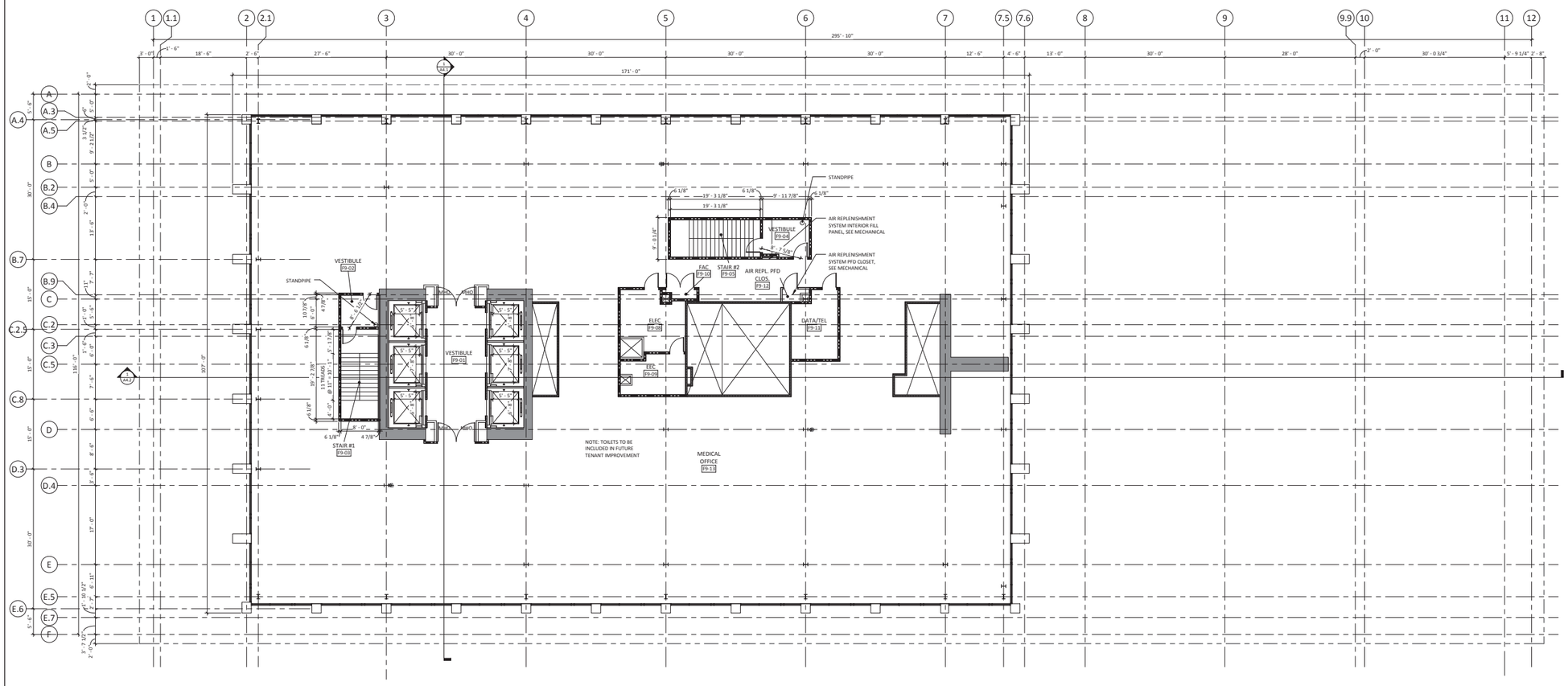
C:\Users\Local Files\{B15A0-A1120195A0-A12_models\a1.rvt
2/22/2012 5:33:58 PM

NOTES - PLAN

1. DIMENSIONS ARE TO FACE OF INTERIOR GYPSUM BOARD OR TILE BACKER BOARD, FACE OF EXTERIOR SHEATHING, FACE OF CONCRETE, GRIDLINES AND CENTERLINES WHERE INDICATED.
2. UNLESS DIMENSIONED, DOORS ARE TO BE LOCATED 4" FROM NEAREST ADJACENT PERPENDICULAR WALL TO FACE OF JAMB. SEE DOOR DETAILS.
3. PROVIDE 6" WIDE 18 GA. STEEL WALL REINFORCING FOR ALL WALL-MOUNTED EQUIPMENT, ACCESSORIES, WALL CABINETS, ETC.
4. ROOFS NOT OCCUPIED

LEGEND - WALL TYPES

- PROPERTY LINE
- FUTURE PARTITION
- NON-RATED PARTITION
- SOUND PARTITION
- SOUND PARTITION @ MECHANICAL
- 1 HOUR RATED FIRE PARTITION
- 2 HOUR RATED FIRE PARTITION
- 1 HOUR RATED FIRE PARTITION ON 1 HOUR RATED C.M.U. PARTITION
- 2 HOUR RATED FIRE PARTITION ON 2 HOUR RATED C.M.U. PARTITION
- 2 HOUR RATED SHAFT WALL ON 2 HOUR RATED C.M.U. PARTITION
- 2 HOUR RATED SHAFT WALL
- NON-RATED C.M.U. PARTITION
- RATED C.M.U. PARTITION REF. TO TAG FOR 1 HOUR, 2 HOUR, 3 HOUR
- NON-RATED INTERIOR CONCRETE WALL PER STRUCTURAL



1 OVERALL NINTH FLOOR PLAN
A3.1 | A2.1-F9 1/8" = 1'-0"

NORTH

PROJECT NUMBER
081540.06

DRAWN BY
J. Claflin

DATE
NOVEMBER 21, 2011

REVISIONS

California Pacific Medical Center
A Sutter Health Affiliate
The Medical Office Building At Van Ness & Geary
INTEGRATED PROJECT TEAM
Boulder Associates Architects | Pankow

PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
OVERALL NINTH FLOOR PLAN

SHEET NUMBER
A2.1-F9

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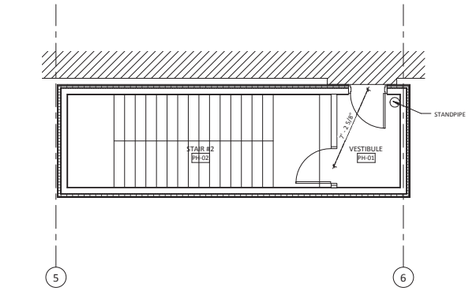


2 ENLARGED PLAN OF ROOF STAIR
A2.1-R | A2.1-R 1/4" = 1'-0"

NORTH

LEGEND - ROOFING

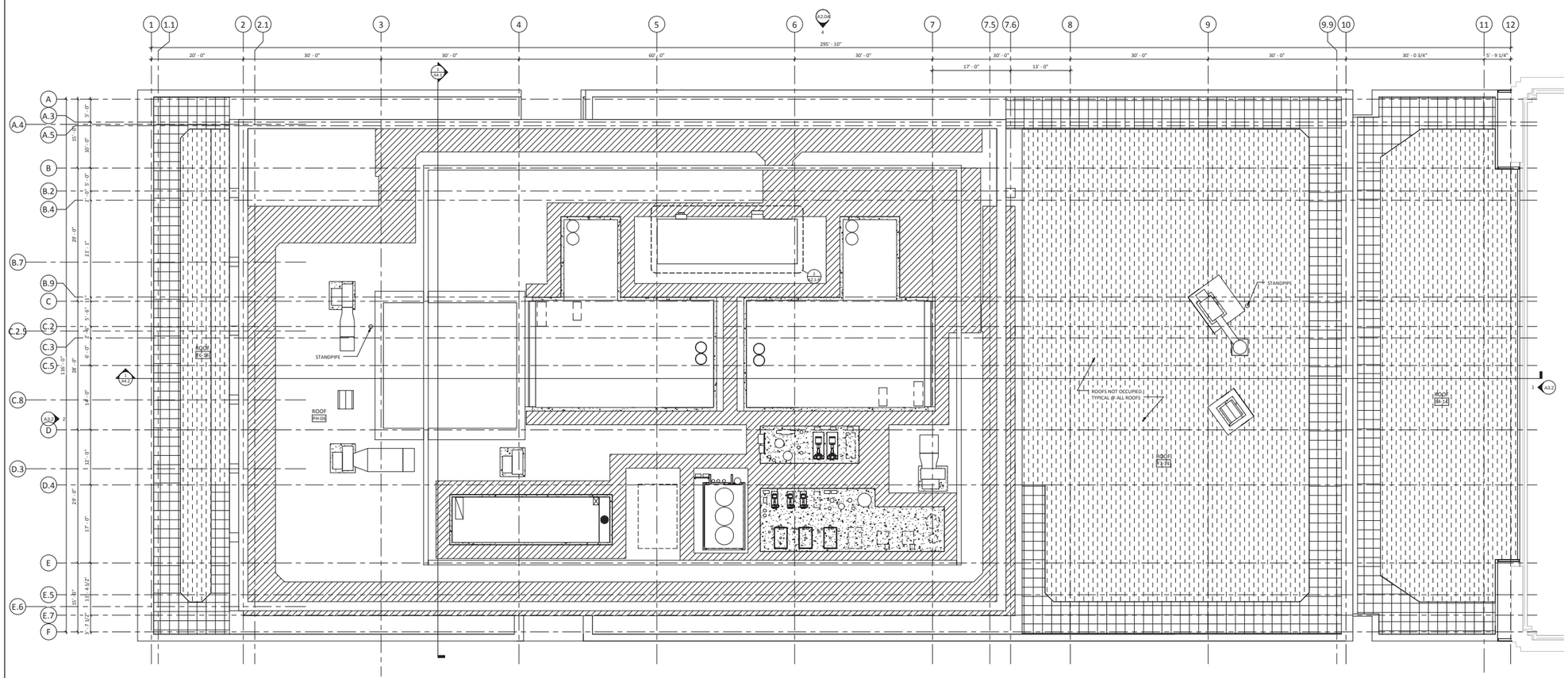
- GREEN ROOF OVER FULLY ADHERED ROOF SYSTEM OVER CELLULAR INSULATING CONCRETE ROOF DECK SYSTEM
- FULLY ADHERED ROOF SYSTEM OVER CELLULAR INSULATING CONCRETE ROOF DECK SYSTEM
- PAVERS
- WALK PAD

NOTES - PLAN

1. DIMENSIONS ARE TO FACE OF INTERIOR GYPSUM BOARD OR TILE BACKER BOARD, FACE OF EXTERIOR SHEATHING, FACE OF CONCRETE, GRIDLINES AND CENTERLINES WHERE INDICATED.
2. UNLESS DIMENSIONED, DOORS ARE TO BE LOCATED 4" FROM NEAREST ADJACENT PERPENDICULAR WALL TO FACE OF JAMB. SEE DOOR DETAILS.
3. PROVIDE 6" WIDE 18 GA. STEEL WALL REINFORCING FOR ALL WALL-MOUNTED EQUIPMENT, ACCESSORIES, WALL CABINETS, ETC.
4. ROOFS NOT OCCUPIED

LEGEND - WALL TYPES

- PROPERTY LINE
- FUTURE PARTITION
- NON-RATED PARTITION
- SOUND PARTITION
- SOUND PARTITION @ MECHANICAL
- 1 HOUR RATED FIRE PARTITION
- 2 HOUR RATED FIRE PARTITION
- 1 HOUR RATED FIRE PARTITION ON 1 HOUR RATED C.M.U. PARTITION
- 2 HOUR RATED FIRE PARTITION ON 2 HOUR RATED C.M.U. PARTITION
- 2 HOUR RATED SHAFT WALL ON 2 HOUR RATED C.M.U. PARTITION
- 2 HOUR RATED SHAFT WALL
- NON-RATED C.M.U. PARTITION
- RATED C.M.U. PARTITION REF. TO TAG FOR 1 HOUR, 2 HOUR, 3 HOUR
- NON-RATED INTERIOR CONCRETE WALL PER STRUCTURAL



1 OVERALL ROOF PLAN
A3.1 | A2.1-R 1/8" = 1'-0"

NORTH

PROJECT NUMBER
081540.06

DRAWN BY
J. Claflin

DATE
NOVEMBER 21, 2011

REVISIONS

California Pacific Medical Center
A Sutter Health Affiliate

The Medical Office Building At Van Ness & Geary
INTEGRATED PROJECT TEAM
Boulder Associates Architects | Parkow

PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
OVERALL ROOF PLAN

SHEET NUMBER
A2.1-R

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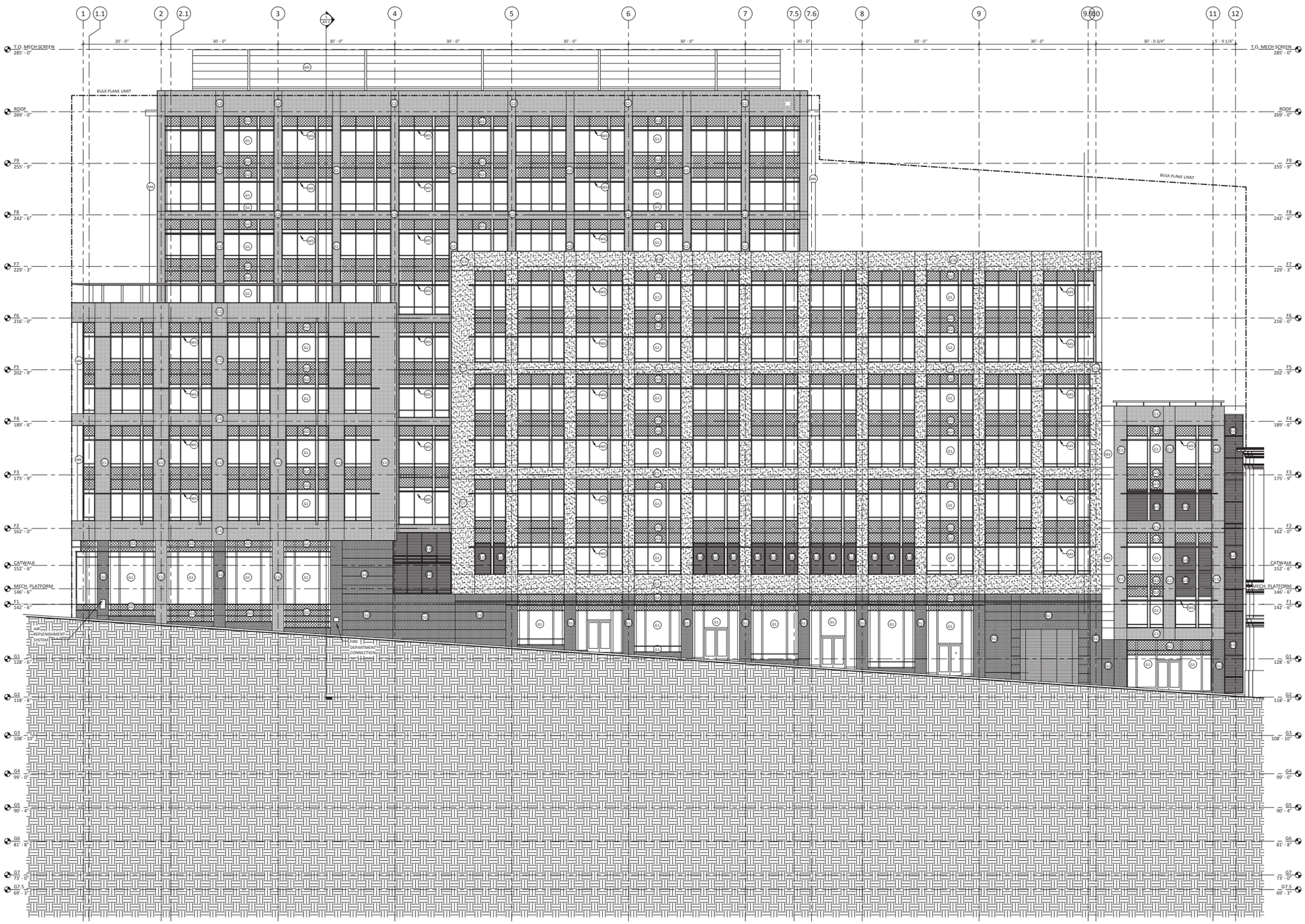
LEGEND - EXTERIOR MATERIALS

C1	CONCRETE 1, GLASS FIBER REINFORCED CONCRETE BEIGE
C2	CONCRETE 2, GLASS FIBER REINFORCED CONCRETE MEDIUM GRAY
C3	CONCRETE 3, GLASS FIBER REINFORCED CONCRETE LIGHT GRAY
C4	CONCRETE 3, CONCRETE MASONRY UNITS TBD
M1	COMPOSITE METAL PANEL 1 - CANOPIES ONLY, TO MATCH ALCAN COMPOSITES, SUNRISE SILVER
M2	COMPOSITE METAL PANEL 2, TO MATCH ALCAN COMPOSITES, CADET GRAY
M3	METAL 3 - HORIZONTAL SUNSHADES
M4	METAL 4 - VERTICAL SUNSHADES
M5	METAL 5 - MECHANCIAL SCREEN
G1	VISION GLAZING, CLEAR
G2	SPANDREL GLAZING, FROSTED
L1	LOUVERS
GW	GREEN WALL
S1	STONE 1 POLISHED GRANITE, BEIGE



1 SOUTH ELEVATION
A21-F1 | A1.1 1/8" = 1'-0"

PROJECT NUMBER
081540.06

DRAWN BY
M. Zabritski

DATE
NOVEMBER 21, 2011

REVISIONS

California Pacific Medical Center
A Sutter Health Affiliate
The Medical Office Building At Van Ness & Geary
INTEGRATED PROJECT TEAM
Boulder Associates Architects | Perkins+

PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

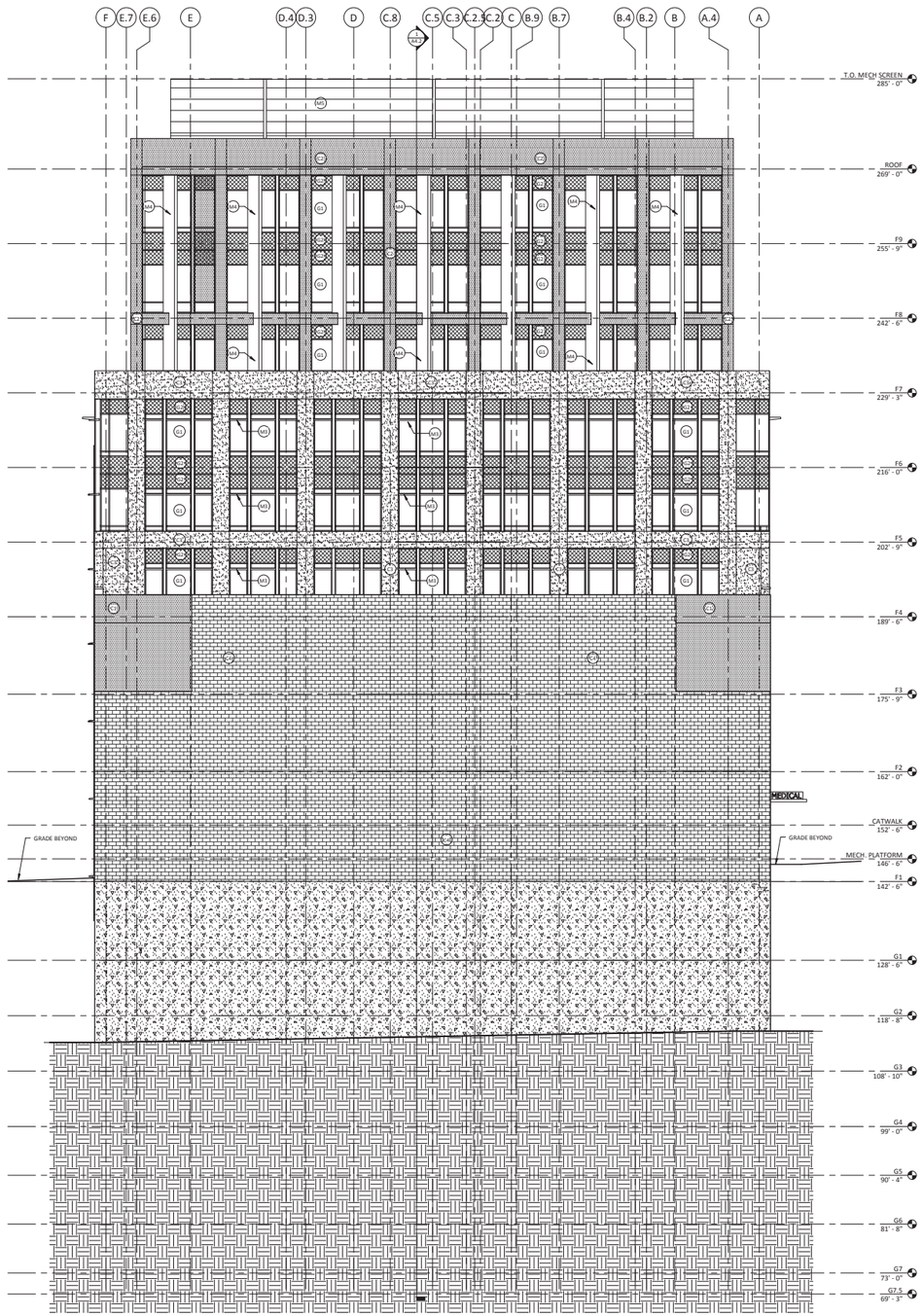
SHEET TITLE
SOUTH ELEVATION

SHEET NUMBER
A3.1

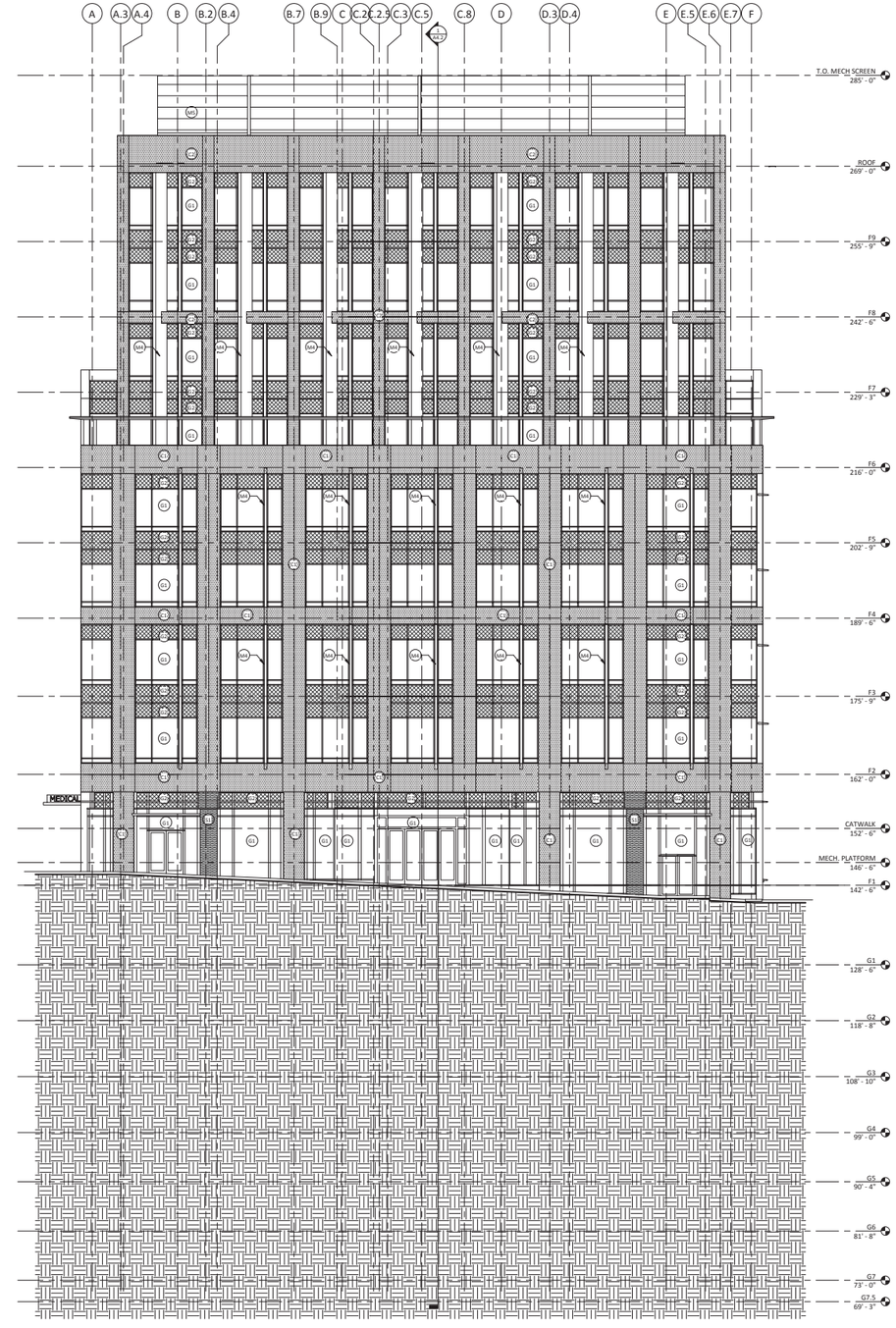
11/21/2011 2:06:01 PM C:\Revit Local Files\081540-A120081540-A12_enabrdbk.rvt

LEGEND - EXTERIOR MATERIALS

C1	CONCRETE 1, GLASS FIBER REINFORCED CONCRETE BEIGE	M1	COMPOSITE METAL PANEL 1 - CANOPIES ONLY, TO MATCH ALCAN COMPOSITES, SUNRISE SILVER	G1	VISION GLAZING, CLEAR
C2	CONCRETE 2, GLASS FIBER REINFORCED CONCRETE MEDIUM GRAY	M2	COMPOSITE METAL PANEL 2, TO MATCH ALCAN COMPOSITES, CADET GRAY	G2	SPANDREL GLAZING, FROSTED
C3	CONCRETE 3, GLASS FIBER REINFORCED CONCRETE LIGHT GRAY	M3	METAL 3 - HORIZONTAL SUNSHADES	L1	LOUVERS
C4	CONCRETE 3, CONCRETE MASONRY UNITS TBD	M4	METAL 4 - VERTICAL SUNSHADES	GW	GREEN WALL
		M5	METAL 5 - MECHANCIAL SCREEN	S1	STONE 1 POLISHED GRANITE, BEIGE



1 EAST ELEVATION
A2.1-F1 | A3.2 1/8" = 1'-0"



2 WEST ELEVATION
A2.1-F1 | A3.2 1/8" = 1'-0"

PROJECT NUMBER
081540.06

DRAWN BY
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Boulder Associates Architects | Parkow

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San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
EAST & WEST ELEVATIONS

SHEET NUMBER
A3.2

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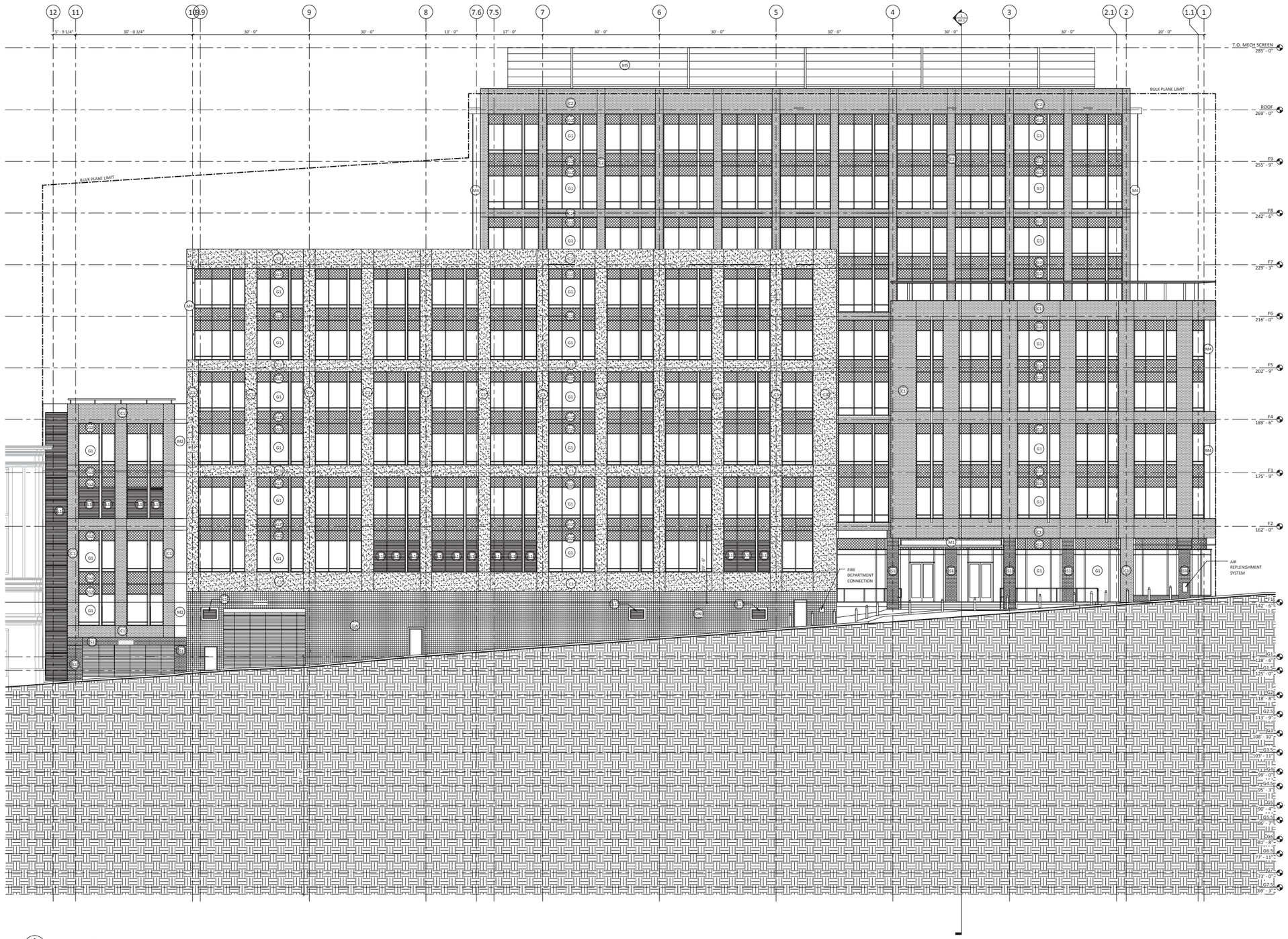
LEGEND - EXTERIOR MATERIALS

C1	CONCRETE 1, GLASS FIBER REINFORCED CONCRETE BEIGE	M1	COMPOSITE METAL PANEL 1 - CANOPIES ONLY, TO MATCH ALCAN COMPOSITES, SUNRISE SILVER	G1	VISION GLAZING, CLEAR
C2	CONCRETE 2, GLASS FIBER REINFORCED CONCRETE MEDIUM GRAY	M2	COMPOSITE METAL PANEL 2, TO MATCH ALCAN COMPOSITES, CADET GRAY	G2	SPANDREL GLAZING, FROSTED
C3	CONCRETE 3, GLASS FIBER REINFORCED CONCRETE LIGHT GRAY	M3	METAL 3 - HORIZONTAL SUNSHADES	L1	LOUVERS
C4	CONCRETE 3, CONCRETE MASONRY UNITS TBD	M4	METAL 4 - VERTICAL SUNSHADES	GW	GREEN WALL
		M5	METAL 5 - MECHANCIAL SCREEN	S1	STONE 1 POLISHED GRANITE, BEIGE



1 NORTH ELEVATION
A2.1-F1 | A3.3 1/8" = 1'-0"

PROJECT NUMBER
081540.06

DRAWN BY
M. Zabritski

DATE
NOVEMBER 21, 2011

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Boulder Associates Architects | Perkins+

PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
NORTH ELEVATION

SHEET NUMBER
A3.3

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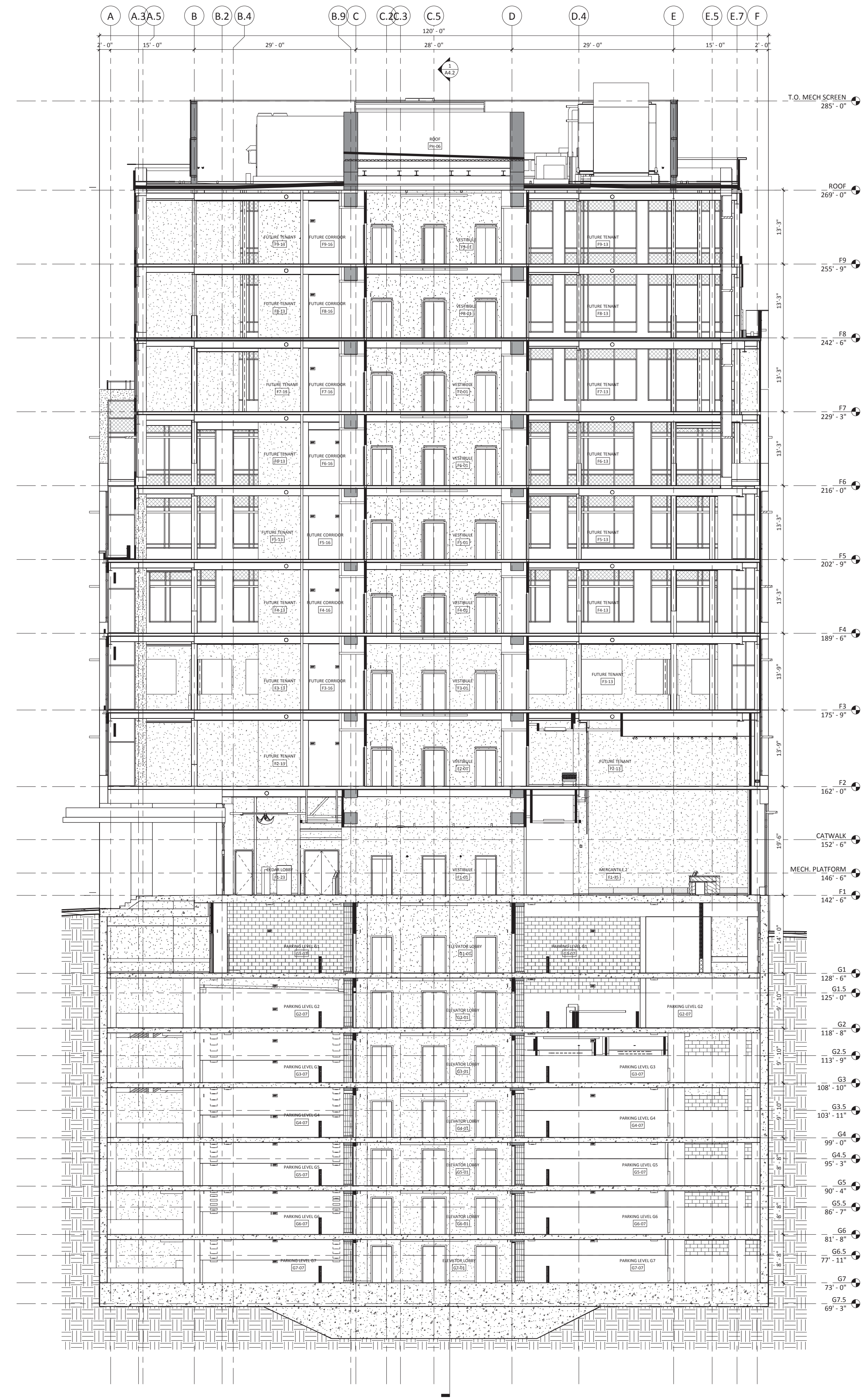

1 BUILDING SECTION (TRANSVERSE) 1

A2.1-F1 | A4.1 1/8" = 1'-0"

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PROJECT NUMBER
081540.06

DRAWN BY
M. Zabritski

DATE
NOVEMBER 21, 2011

REVISIONS

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The Medical Office Building At Van Ness & Geary
INTEGRATED PROJECT TEAM
Boulder Associates Architects | Pankow

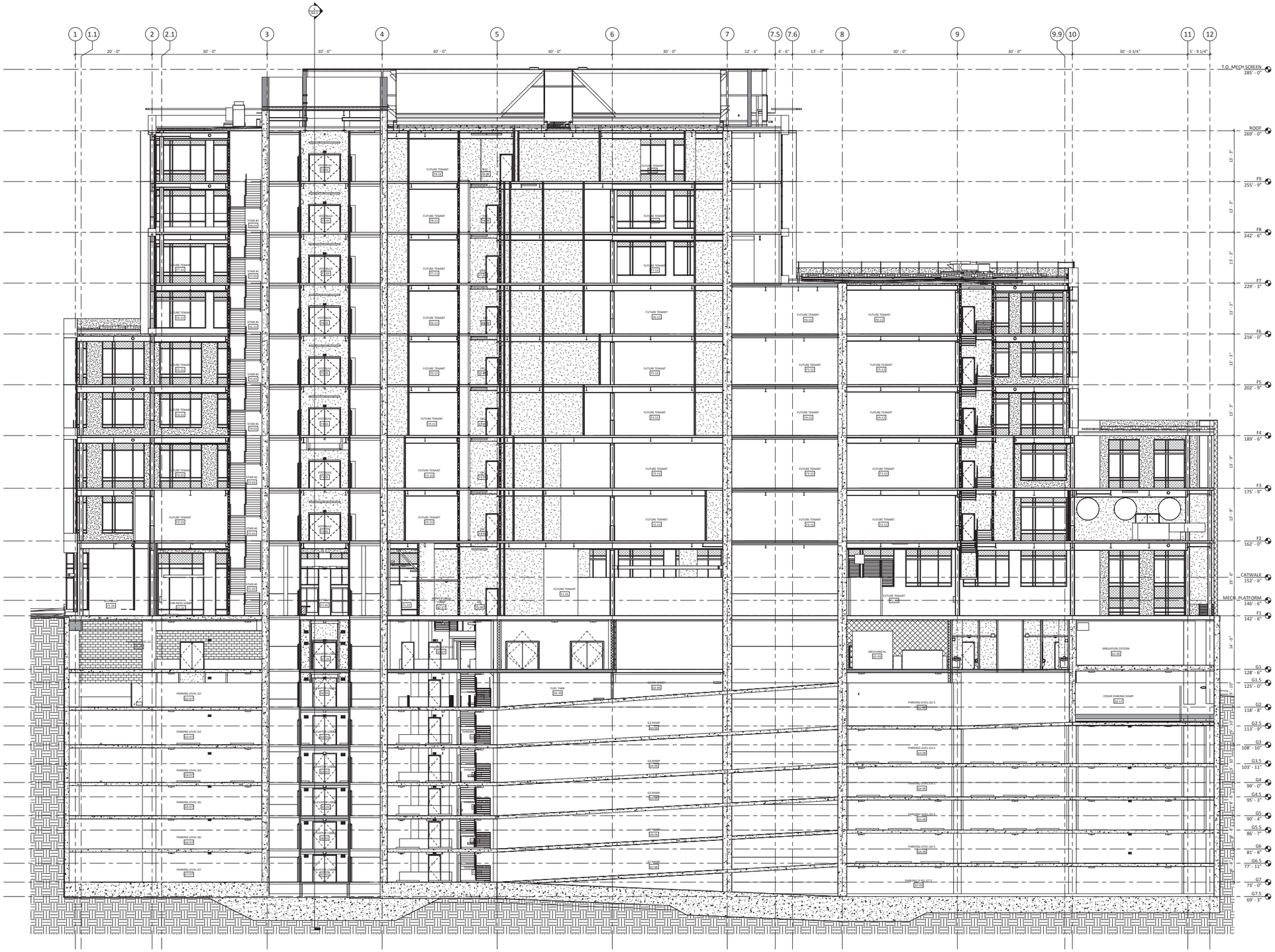
PROJECT
CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY NOT FOR CONSTRUCTION

SHEET TITLE
BUILDING SECTIONS

SHEET NUMBER
A4.1



1 BUILDING SECTION (LONGITUDINAL) A

A2.1-F1 | A4.2 1/8" = 1'-0"

PROJECT NUMBER
081540.06

DRAWN BY
M. Zabritski

DATE
NOVEMBER 21, 2011

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Boulder Associates Architects | Parkow

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CPMC VAN NESS MEDICAL OFFICE BUILDING

1100 Van Ness Ave.
San Francisco, CA 94109

PRELIMINARY
NOT FOR CONSTRUCTION

SHEET TITLE
BUILDING SECTIONS

SHEET NUMBER
A4.2

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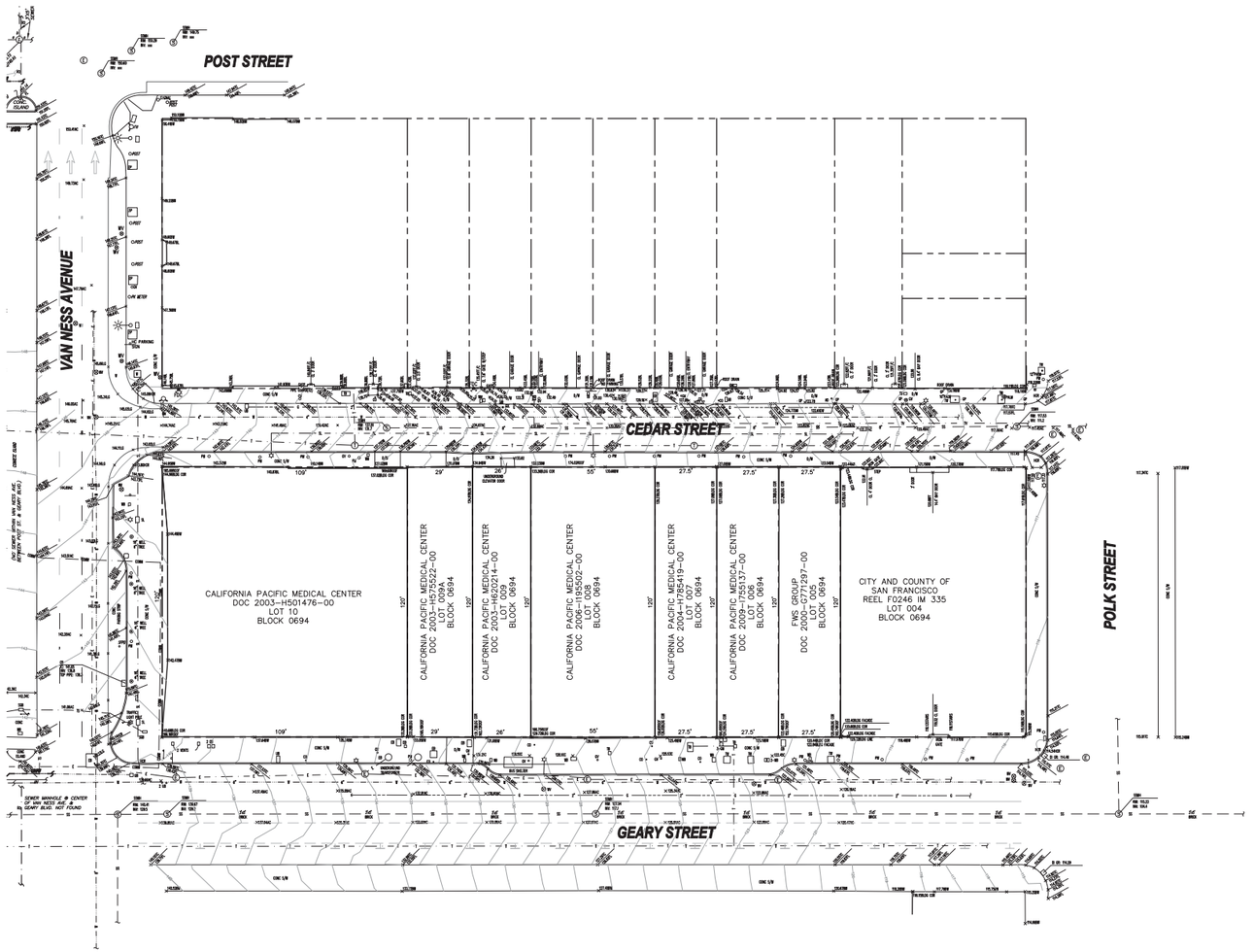


EXISTING CONDITIONS

SCALE 1"=20'

LEGEND & ABBREVIATIONS

	SUBJECT BOUNDARY LINE
	LOT LINE
COMM	COMMUNICATION (MCI) LINE
E	ELECTRIC LINE
G	GAS LINE
SL	STREET LIGHT LINE
SS	SANITARY SEWER LINE
T	TELEPHONE LINE
TS	TRAFFIC SIGNAL LINE
TV	CABLE TELEVISION LINE
W	WATER LINE
E	ELECTRIC MANHOLE
	ELECTROLIER
	FIRE HYDRANT
S	SANITARY SEWER MANHOLE
	SIGN
T	TELEPHONE MANHOLE
	TRAFFIC SIGNAL
	VALVE
AC	ASPHALT CONCRETE
BL OR BLDG	BUILDING
BW	BACK OF WALK
CB	CATCH BASIN
CL	CENTER LINE
CO	CLEANOUT
C OR CONC	CONCRETE
DI	DROP INLET
DW OR D/W	DRIVEWAY
EB	ELECTRIC BOX
EV	ELECTRIC VAULT
FL	FLOWLINE
GM	GAS METER
GP	GUARD POST
GR:	GRATE ELEVATION
GV	GAS VALVE
HCR	HANDICAP RAMP
INV:	INVERT ELEVATION
LG	LIP OF GUTTER
PM	PARKING METER
RIM:	RIM ELEVATION
SGB	TRAFFIC SIGNAL BOX
SL	STREET LIGHT BOX
SSMH	SANITARY SEWER MANHOLE
S/W	SIDEWALK
TB	TELEPHONE BOX
TC	TOP OF CONCRETE CURB
TVB	CABLE TELEVISION BOX
TW	TREE WELL
UB	UTILITY BOX
WB	WATER BOX
WM	WATER METER
WV	WATER VALVE

TOPOGRAPHY NOTES:

TOPOGRAPHY WAS PERFORMED BY BKF ENGINEERS.

1. THE UTILITY LINES AND STRUCTURES SHOWN ON THIS SURVEY ARE DERIVED FROM RECORD DATA AND ARE APPROXIMATE ONLY. ACTUAL LOCATION AND SIZE, TOGETHER WITH THE PRESENCE OF ANY ADDITIONAL UTILITY LINES NOT SHOWN ON THIS SURVEY SHALL BE VERIFIED IN THE FIELD BY THE CONTRACTOR PRIOR TO CONSTRUCTION.
2. UTILITIES AND TOPOGRAPHY ON THE WEST SIDE OF THE VAN NESS AVENUE MEDIAN WERE PROVIDED BY OTHERS.
3. DATE OF FIELD SURVEY: OCTOBER 9, AND 15, 2004, JANUARY 16, 2009 AND JULY 29, 2009.

BENCHMARK:

SAN FRANCISCO CITY BENCH MARK 1150, X CUT AT END OF CENTER ISLAND, INTERSECTION OF SOUTH PROPERTY LINE OF GEARY BOULEVARD AND CENTERLINE OF VAN NESS AVENUE TAKEN AS 141.267 FEET, NGVD 88 DATUM.

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

California Pacific Medical Center
A Sutter Health Affiliate

California Pacific Medical Center
P.O. Box 7999
San Francisco, CA 94120

MEDICAL OFFICE BUILDING

ARCHITECT

BOULDER ASSOCIATES, INC.
1426 PEARL STREET, SUITE 300
BOULDER, COLORADO 80302
303.499.7795
www.boulderassociates.com

CIVIL ENGINEER

BKF
ENGINEERS / SURVEYORS / PLANNERS
1646 N. California Blvd., Suite 400
Walnut Creek, CA 94596
925.940.2200

LANDSCAPE ARCHITECT

WRT
487 Bryant Street, First Floor
San Francisco, CA 94107
415.575.4722

SEALS AND SIGNATURES

REGISTERED PROFESSIONAL ENGINEER
ROBERT C. STONE
No. C 058660
Exp. 12.31.2012
CIVIL
STATE OF CALIFORNIA

STREET IMPROVEMENT SUBMITTAL PERMIT

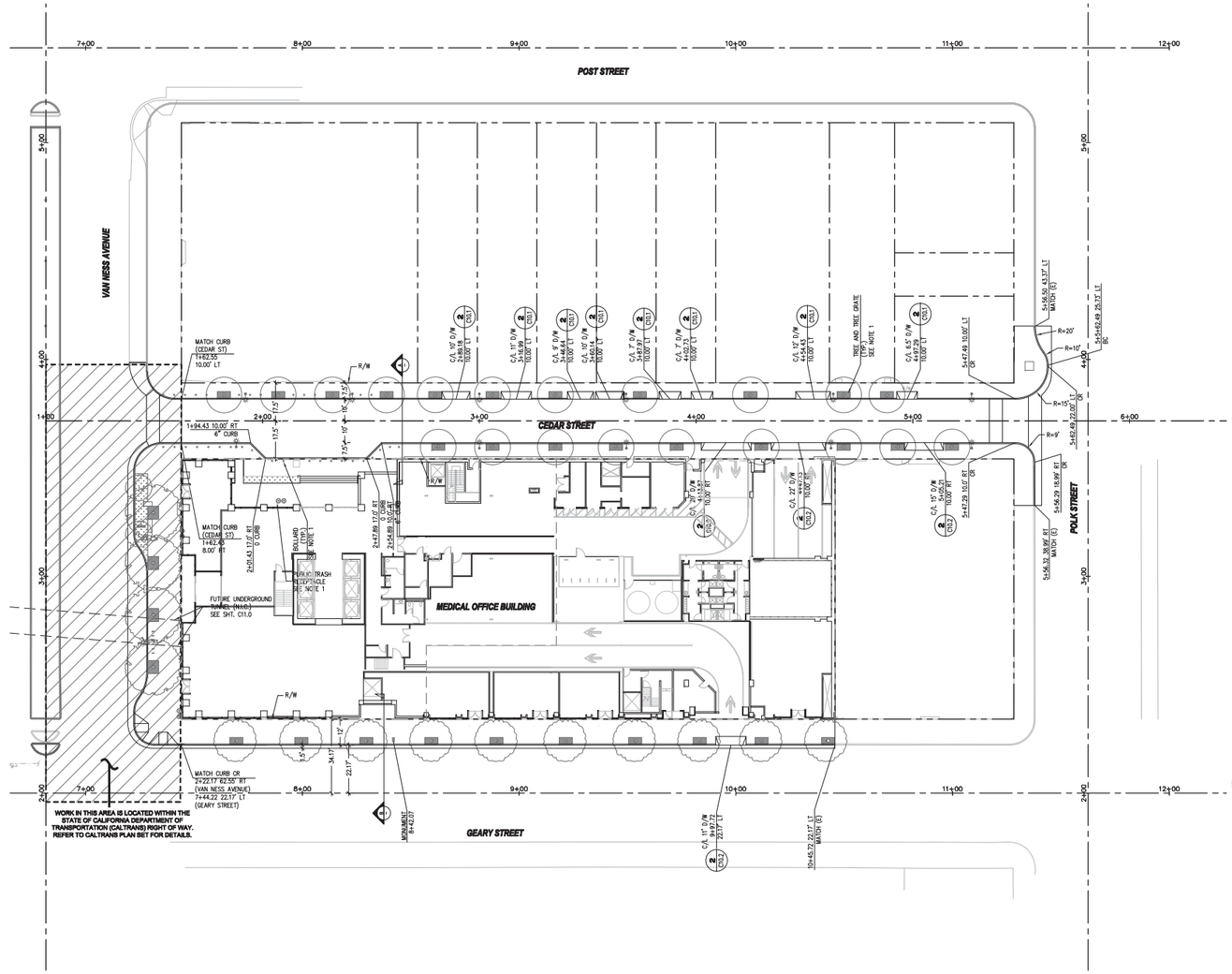
ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	12/02/2011
PERMIT SET	2	02/17/2012

FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE

EXISTING CONDITIONS

SCALE	AS SHOWN
PROJECT NUMBER	081540.03
DRAWING NUMBER	C1.0



LAYOUT PLAN

SCALE 1":20'

NOTE

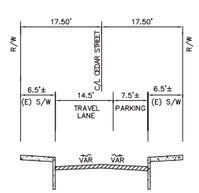
1. REFER TO LANDSCAPE PLANS FOR FOR PAVEMENT FINISH, PAVER INFORMATION, JOINT AND SCORE PATTERNS, TREE AND TREE GRATES, FURNISHING, AND OTHER SITE ELEMENT DETAILS.
2. CONTRACTOR SHALL ADHERE TO STANDARDS LISTED IN REGULATIONS FOR WORKING IN SAN FRANCISCO STREETS (THE BLUE BOOK), 8TH EDITION, AT ALL TIMES DURING DEMOLITION AND CONSTRUCTION.

ABBREVIATIONS

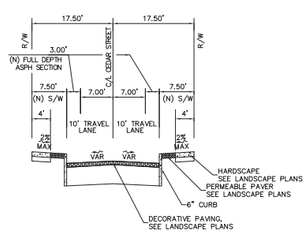
AC	ASPHALT CONCRETE
BC	BEGINNING OF CURVE
CB	CATCH BASIN
C/L	CENTERLINE
CR	CURB RETURN
DW	DRIVEWAY
(E)	EXISTING
EC	END OF CURVE
F/C	FACE OF CURB
LT	LEFT OFFSET
MIN	MINIMUM
(N)	NEW
NIC	NOT IN CONTRACT
PRC	POINT OF REVERSE CURVATURE
R	RADIUS
RT	RIGHT OFFSET
R/W	RIGHT OF WAY LINE
SFPW	SAN FRANCISCO PUBLIC WORKS
TYP.	TYPICAL
VAR.	VARIES

LEGEND

- BICYCLE RACKS SEE LANDSCAPE PLANS
- MONUMENT SEE LANDSCAPE PLANS
- PUBLIC TRASH RECEPTACLES SEE LANDSCAPE PLANS
- SEATWALL SEE LANDSCAPE PLANS
- (N) POULSEN STREETLIGHT AND POLE. SEE STREETLIGHT PLANS
- (E) STREETLIGHT POLE TO BE RELOCATED. SEE STREETLIGHT PLANS
- CURB RAMP PER SFPW STANDARD DETAILS. SEE ALSO SHEET C7.0 FOR CURB RETURN PROFILES.
- CONCRETE DRIVEWAY PER SFPW STANDARD DETAILS. (C10.1)
- NEW STREET TREE & TREE GRATE. SEE LANDSCAPE PLANS FOR DETAILS.

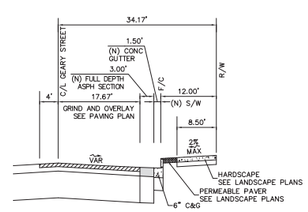


TYPICAL SECTION - CEDAR STREET EXISTING - LOOK ING EAST



SECTION A - CEDAR STREET

1":10'



SECTION B - GEARY STREET

1":10'

GRAPHIC SCALE

(IN FEET)
1 inch = 80 ft.

California Pacific Medical Center
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SEALS AND SIGNATURES

REGISTERED PROFESSIONAL ENGINEER — BRIAN C. STONE — No. C 058660 Exp. 12.31.2012 — CIVIL — STATE OF CALIFORNIA

STREET IMPROVEMENT SUBMITTAL PERMIT

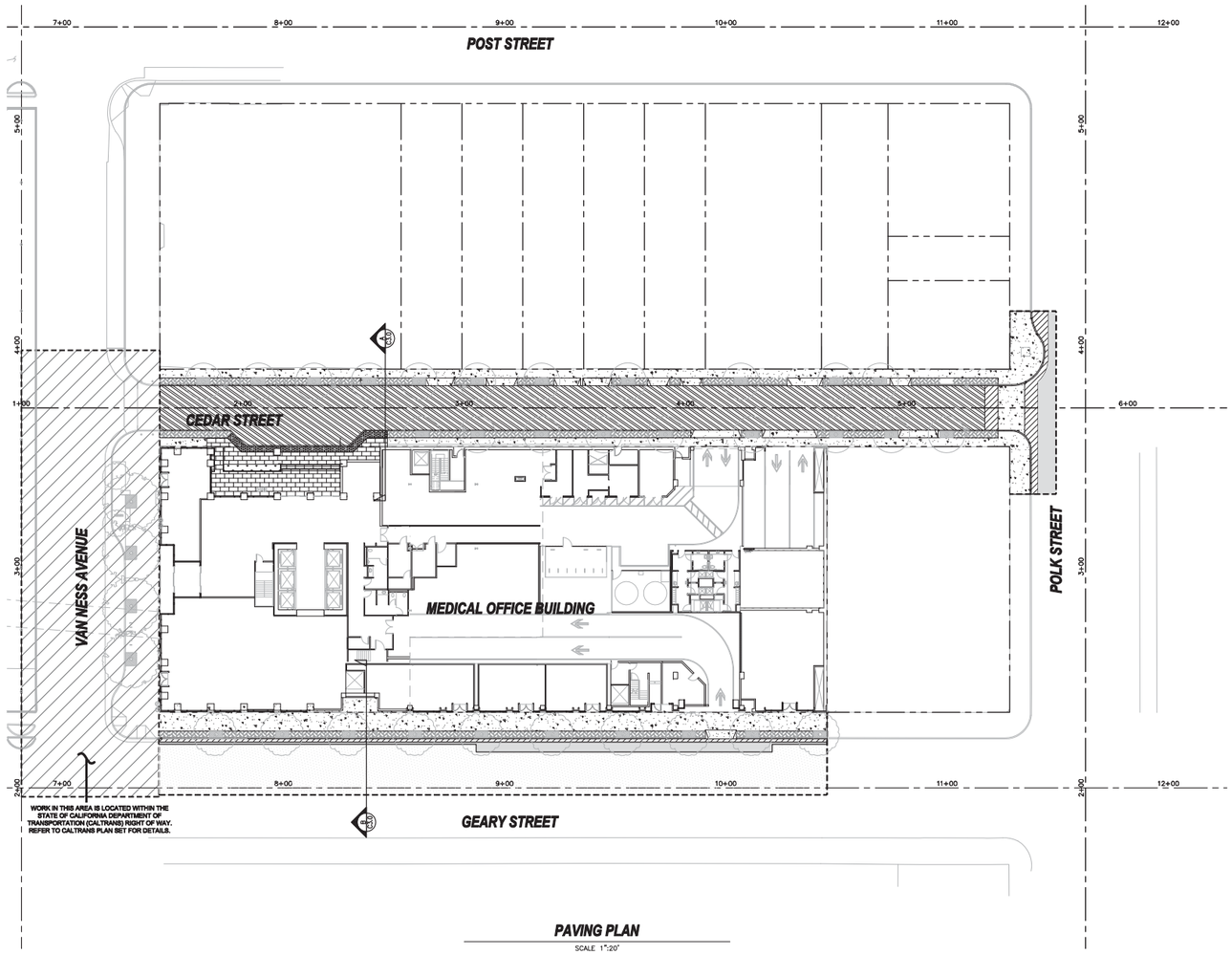
ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	12/02/2011
PERMIT SET	2	02/17/2012

FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE

LAYOUT PLAN

SCALE	AS SHOWN
PROJECT NUMBER	081540.03
DRAWING NUMBER	C3.0



PAVING PLAN

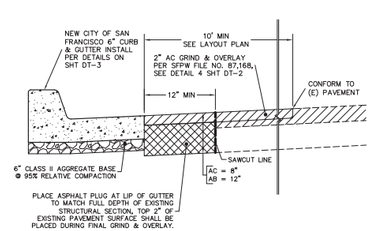
SCALE 1":20'

NOTE:

1. REFER TO LANDSCAPE PLANS FOR TREE AND TREE GRATES, FURNISHING, AND OTHER SITE ELEMENTS DETAILS.
2. REFER TO LANDSCAPE PLANS FOR PAVEMENT FINISH, PAVER INFORMATION, AND SCORE PATTERN.
3. ALL UTILITIES WITHIN LIMIT OF WORK SHALL BE ADJUSTED TO NEW GRADE UNLESS OTHERWISE NOTED.

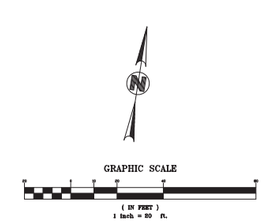
LEGEND

- PCC PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- STANDARD COMBINED CURB AND PARKING STRIP OR GUTTER PER SFPW STANDARD DETAIL FILE NO. 87,170
- AC PLUG. CONTRACTOR TO MATCH FULL DEPTH OF EXISTING STREET (1/–)
- ASPHALT OVERLAY (2" MIN) TO LIMIT OF WORK PER SFPW STANDARD DETAIL FILE NO. 87,168
- GRANITE PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- DETECTABLE WARNING PAVERS. REFER TO LANDSCAPE PLANS FOR DETAILS.
- PERMEABLE PAVERS. REFER TO LANDSCAPE PLANS FOR DETAILS.
- UNIT PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- LANDSCAPE AREA. REFER TO LANDSCAPE PLANS FOR DETAILS.
- LIMIT OF WORK



1/– **AC PLUG**

NOT TO SCALE



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SEALS AND SIGNATURES

REGISTERED PROFESSIONAL ENGINEER
ROBERT C. STEVENS
No. C 058660
Exp. 12.31.2012
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STREET IMPROVEMENT SUBMITTAL PERMIT

ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	12/02/2011
PERMIT SET	2	02/17/2012

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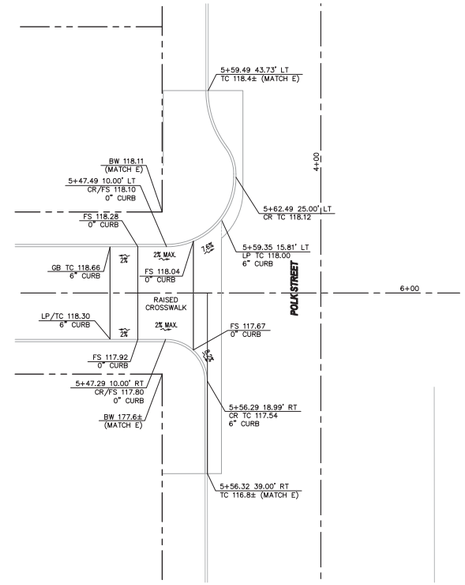
DRAWING TITLE

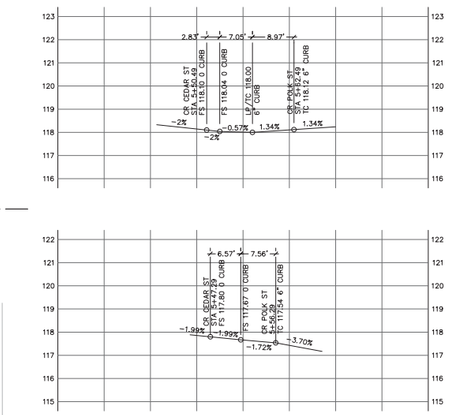
PAVING PLAN

SCALE	AS SHOWN
PROJECT NUMBER	081540.03
DRAWING NUMBER	C4.0



CEDAR STREET - POLK STREET

CURB RETURN PLAN
SCALE 1":10'



CEDAR STREET - POLK STREET

CURB RETURN PROFILE
HORIZONTAL SCALE 1":10'
VERTICAL SCALE 1":2'

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

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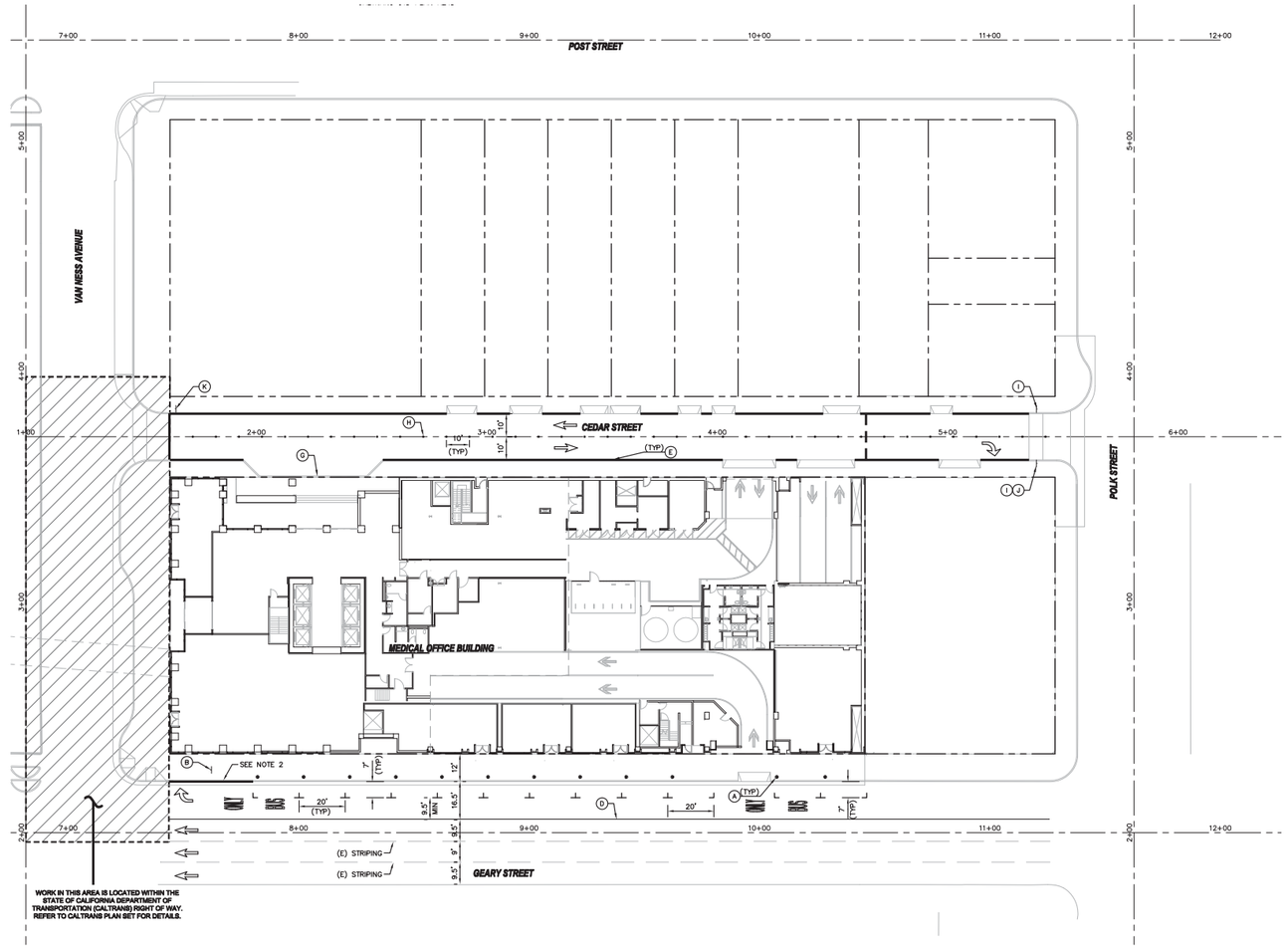
DRAWING TITLE

INTERSECTION & CURB RETURN PROFILES

SCALE AS SHOWN

PROJECT NUMBER 081540.03

DRAWING NUMBER **C7.0**



SIGNAGE AND STRIPING PLAN

SCALE 1":20'

LEGEND

- (A) INSTALL STANDARD CITY OF SAN FRANCISCO PARKING METER 2' AWAY FROM FACE OF CURB.
- (B) INSTALL TAXI DROP OFF AREA SIGN
- (C) 4" WHITE THERMOPLASTIC STRIPING PER DETAIL 2 OF PAVEMENT MARKERS AND TRAFFIC LINES TYPICAL DETAILS FILE NUMBER 46012 (CITY AND COUNTY OF SAN FRANCISCO STANDARDS)
- (D) 4" YELLOW THERMOPLASTIC STRIPING
- (E) PAINT RED CURB
- (G) TEMPORARY PARKING DROP-OFF / PICK-UP AREA
- (H) INSTALL TWO-WAY YELLOW RETROFLECTIVE MARKERS
- (I) INSTALL "STOP" SIGN WITH "ONE WAY ONLY" SIGN PER MUTCD.
- (J) INSTALL "RIGHT TURN ONLY" SIGN PER MUTCD
- (K) INSTALL "STOP" SIGN SIGN PER MUTCD.

PARKING STRIPING

TYPE I (18'-0") ARROW PER CALTRANS STD PLAN A24A

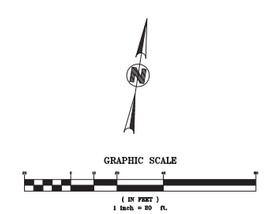
TYPE IV (R)/(L) ARROW PER CALTRANS STD PLAN A24A. SEE PLAN FOR LAYOUT

PAVEMENT MARKING WORDS PER CALTRANS STD PLAN A24D

NOTES

1) UNLESS OTHERWISE NOTED ALL PARKING STALLS SHALL BE 20'x7' PER STANDARD PARKING STALL MARKING DETAIL FILE NUMBER STR-2706.1 (CITY AND COUNTY OF SAN FRANCISCO STANDARDS)

2) NO PARKING AREA (RED CURB) TO BE 30' MINIMUM FROM INTERSECTION.



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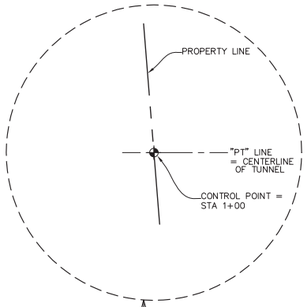
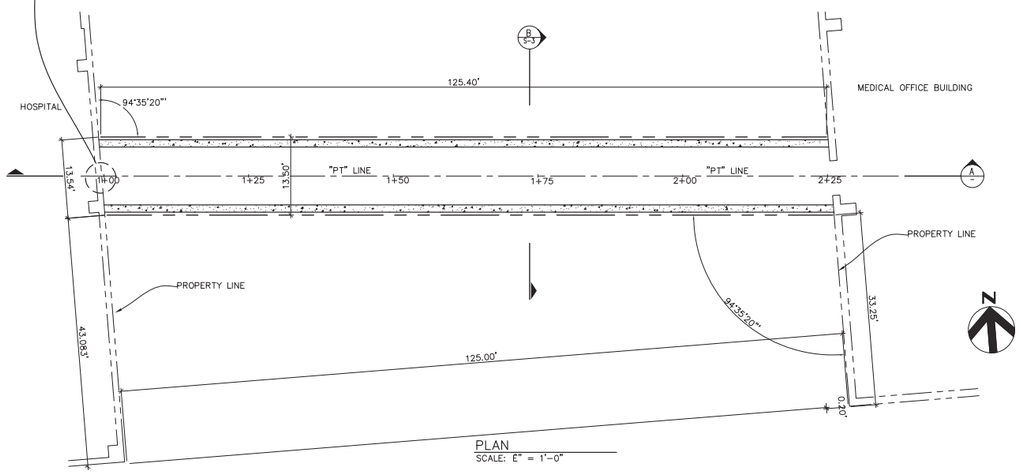
DRAWING TITLE

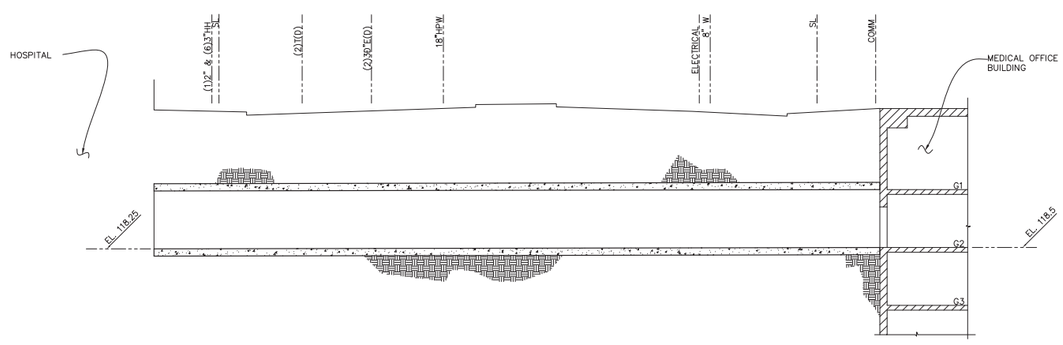
SIGNAGE AND STRIPING PLAN

SCALE	AS SHOWN
PROJECT NUMBER	081540.03
DRAWING NUMBER	C9.0

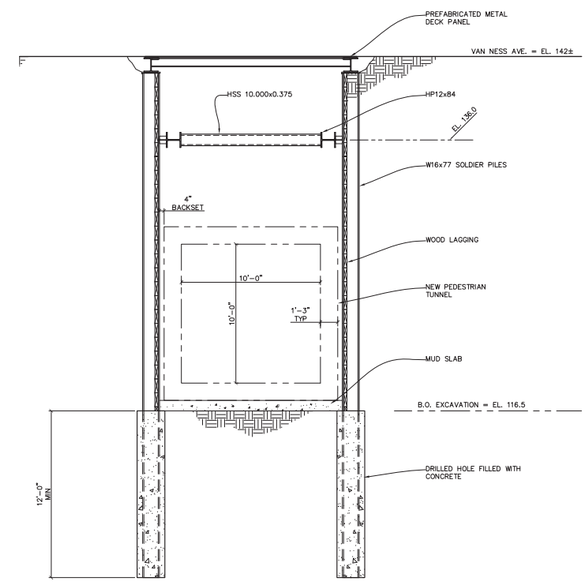




PLAN
SCALE: 1" = 1'-0"



LONGITUDINAL SECTION LOOKING NORTH
SCALE: 1" = 1'-0"



SECTION
SCALE: 1" = 1'-0"

FOR REFERENCE ONLY

WORK DONE AS PART OF CPMC MEDICAL OFFICE BUILDING PEDESTRIAN TUNNEL CONSTRUCTION (N.I.C.). SEE CPMC MEDICAL OFFICE BUILDING PEDESTRIAN TUNNEL CONSTRUCTION DOCUMENTS FOR DETAILS.

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STATE OF CALIFORNIA

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PERMIT SET	2	02/17/2012

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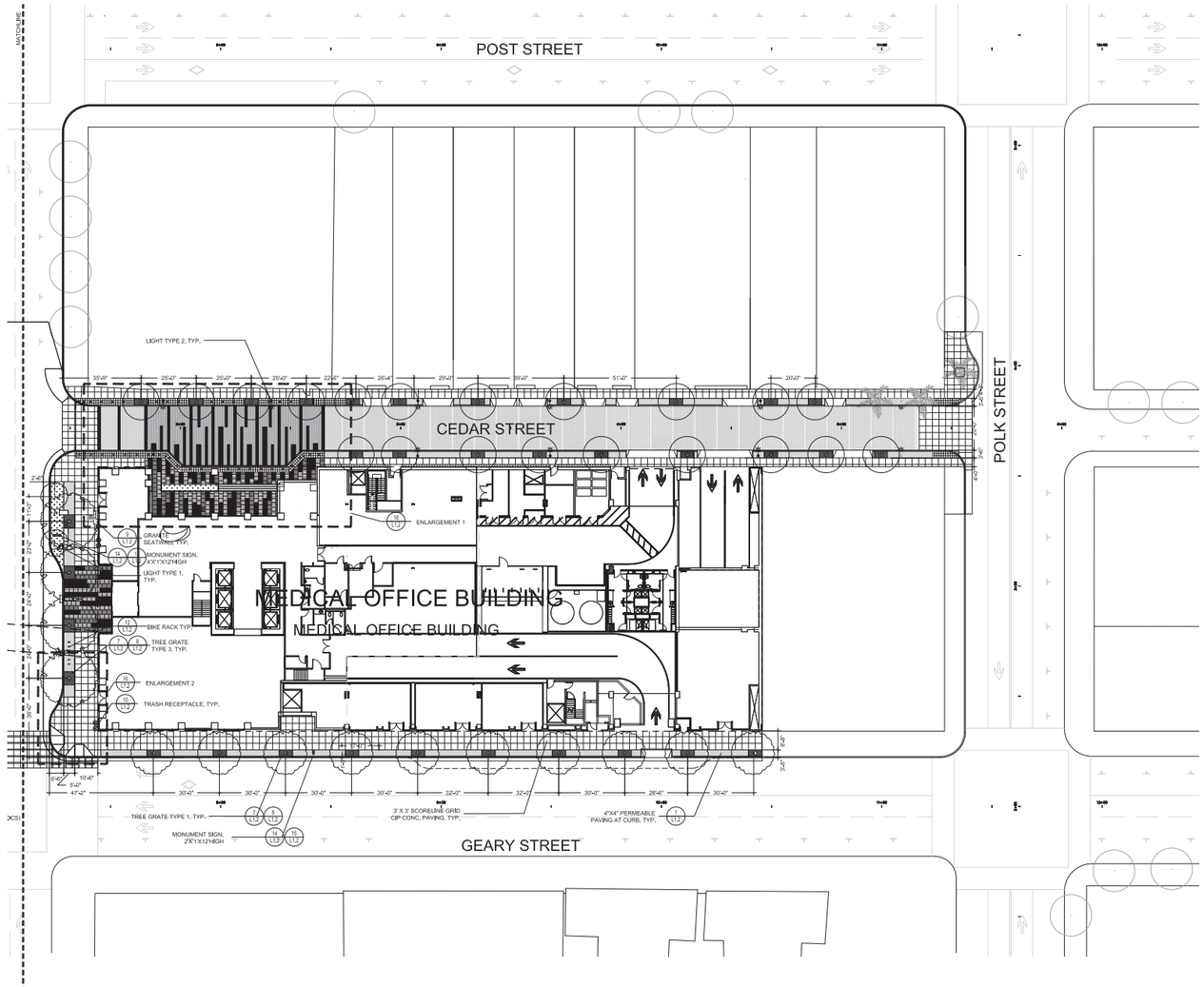
DRAWING TITLE
PEDESTRIAN TUNNEL AND LONGITUDINAL SECTION

SCALE

PROJECT NUMBER 081540.03

DRAWING NUMBER **C11.0**



LAYOUT NOTES

1. LOCATE EXPANSION JOINTS IN SIDEWALK AT INTERVAL CLOSEST TO 30' BUT NO MORE THAN 30 FEET APART. PLACE EXPANSION JOINTS AT THOSE INTERVALS IN LIEU OF SCORE LINES SHOWN ON PLAN.

2. ELIMINATE SCORE LINES THAT WOULD OCCUR TWO INCHES OR LESS FROM AN EXISTING WALL OR THE LIMIT OF WORK.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE VERIFICATION OF THE LOCATIONS OF ALL UTILITIES IN THE FIELD. LOCATIONS SHOWN ON THE PLAN ARE APPROXIMATE AND FOR GENERAL INFORMATION ONLY. THE CONTRACTOR SHALL NOTIFY UTILITY SERVICES AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION ON THIS PROJECT.

4. ALL "LAYOUT" WORK SHALL BE APPROVED BY THE ENGINEER PRIOR TO THE START OF ANY EXCAVATION.

5. CONTRACTOR SHALL REPAIR AT HIS/HER OWN EXPENSE ANY DAMAGE, WHETHER INSIDE OR OUTSIDE OR OUTSIDE OF THE LIMIT OF WORK LINE, TO UTILITY SYSTEMS, SURFACE PAVEMENTS, FIXTURES OR STRUCTURES THAT ARE NOT SPECIFICALLY INDICATED TO BE REMOVED OR RELOCATED AS PART OF THE PROJECT CONSTRUCTION.

6. ALL DIMENSIONS AND ELEVATIONS ON THE DRAWINGS ARE IN FEET UNLESS OTHERWISE STATED.

7. THE CONTRACTOR SHALL EXERCISE PARTICULAR CARE WHILE WORKING IN THE VICINITY OF ACTIVE UTILITY AND DRAINAGE STRUCTURES. IN THE EVENT THAT ANY EXISTING STRUCTURES OR UTILITIES ARE DAMAGED AND THE SERVICES DISRUPTED, THE LINES SHALL BE IMMEDIATELY REPAIRED AND THE SERVICES RESTORED AS DIRECTED BY THE ENGINEER AT NO COST TO THE OWNER.

FURNISHING AND SITE ELEMENTS

SYMBOL	DESCRIPTION
	BOLLARD
	TREE GRATE TYPE 1 (2'x6')
	TREE GRATE TYPE 2 (5'x6')
	BIKE RACK
	CUSTOMIZED SEATWALL (DIMENSION VARIES)
	NEW VAN NESS STREETLIGHT/OCS PER BRT STANDARD
	LIGHT TYPE 2
	TRASH RECEPTACLE
	SIGNAGE

PAVEMENT SCHEDULE

SYMBOL	MATERIAL & THICKNESS	DESCRIPTION	FINISH	FRICTION COEFFICIENT
	GRANITE PAVING, TYPE 1	ENTRANCE PLAZA VAN NESS CORRIDOR SIDEWALK & VEHICULAR ACESS AREA	FLAME	0.70 - 0.80
	GRANITE PAVING, TYPE 2	ENTRANCE PLAZA VAN NESS CORRIDOR VEHICULAR ACCESS AREA	SANDBLAST	0.70 - 0.80
	GRANITE PAVING, TYPE 3	ENTRANCE PLAZA VAN NESS CORRIDOR	HYDRO	0.70 - 0.80
	PERMEABLE PAVING	SIDEWALK	LIGHT SANDBLAST	0.84
	3' X 3' SCORELINE GRID CIP CONC, PAVING	SIDEWALK	LIGHT SANDBLAST	0.84
	UNIT PAVING REFER TO DETAIL 16/L1.2	VEHICULAR PAVING AT CEDAR ST.	LIGHT SANDBLAST	0.84

GRANITE SEATWALL LENGTH SCHEDULE

SYMBOL	LENGTH
A	4'-0"
B	6'-0"
C	8'-0"
D	10'-0"

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

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SEALS AND SIGNATURES

REGISTERED LANDSCAPE ARCHITECT
JAMES R. CRAWFORD
4251
SIGNATURE
DATE
STATE OF CALIFORNIA

STREET IMPROVEMENT SUBMITTAL PERMIT

ISSUE	REV	DATE
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PERMIT SET		07/15/2011
PERMIT SET	1	11/30/2011
PERMIT SET	2	02/17/2012

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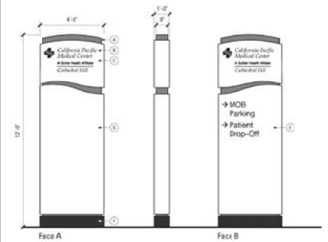
DRAWING TITLE

LAYOUT PLAN

SCALE AS SHOWN

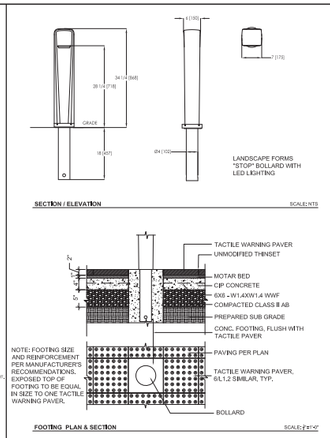
PROJECT NUMBER 081540.03

DRAWING NUMBER **L1.1**

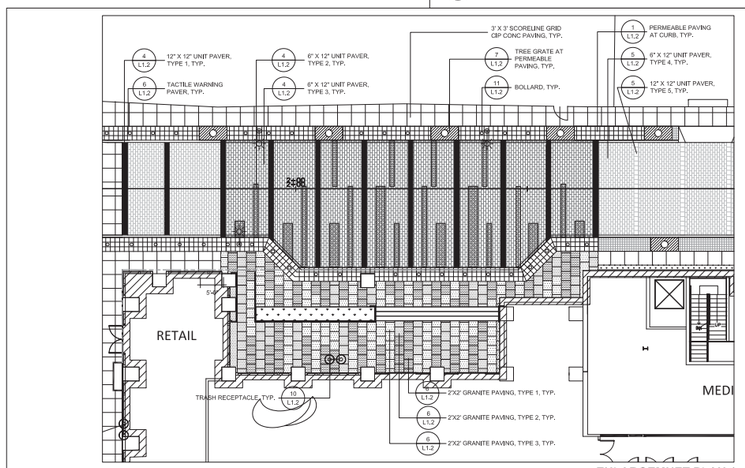


2 Van Ness Avenue Medical Office Building Monument Sign: Sign Type ID202.3-CUS

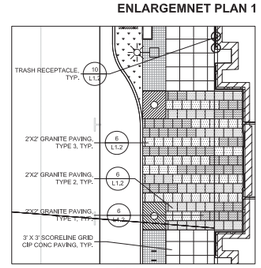
15 DIRECTIONAL MONUMENT SIGN — ELEVATION



11 BOLLARD - EMBEDMENT MOUNT — SECTION & PLAN NTS



ENLARGEMNET PLAN 1



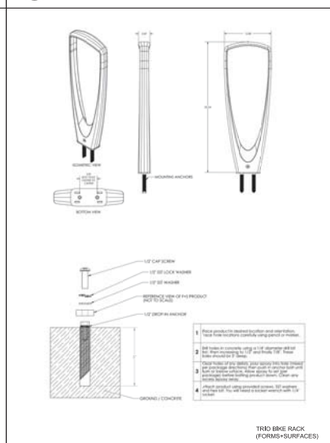
ENLARGEMNET PLAN 2

PAVEMENT SCHEDULE

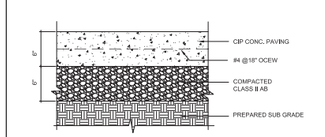
SYMBOL	MATERIAL & THICKNESS	DESCRIPTION	FINISH	FRICTION COEFFICIENT
	GRANITE PAVING, TYPE 1	ENTRANCE PLAZA VAN NESS CORRIDOR SIDEWALK & VEHICULAR ACESS AREA	FLAME	0.70 - 0.80
	GRANITE PAVING, TYPE 2	ENTRANCE PLAZA VAN NESS CORRIDOR VEHICULAR ACCESS AREA	SANDBLAST	0.70 - 0.80
	GRANITE PAVING, TYPE 3	ENTRANCE PLAZA VAN NESS CORRIDOR	HYDRO	0.70 - 0.80
	PERMEABLE PAVING	SIDEWALK	LIGHT SANDBLAST	0.84
	3' X 3' SCORELINE GRID CIP CONC PAVING	SIDEWALK	LIGHT SANDBLAST	0.84
	12" X 12" UNIT PAVING, TYPE 1	VEHICULAR ACCESS AREA	LIGHT SANDBLAST	0.84
	6" X 12" UNIT PAVING, TYPE 2	VEHICULAR ACCESS AREA	LIGHT SANDBLAST	0.84
	6" X 12" UNIT PAVING, TYPE 3	VEHICULAR ACCESS AREA	LIGHT SANDBLAST	0.84
	6" X 12" UNIT PAVING, TYPE 4	VEHICULAR ACCESS AREA	LIGHT SANDBLAST	0.84
	12" X 12" UNIT PAVING, TYPE 5	VEHICULAR ACCESS AREA	LIGHT SANDBLAST	0.84

GRAPHIC SCALE
(IN FEET)
1 inch = 10 ft.

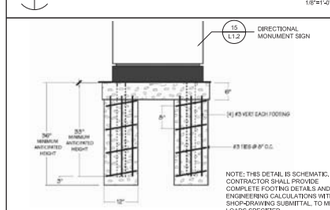
16 ENLARGEMNET PLAN — PLAN 1"=10'-0"



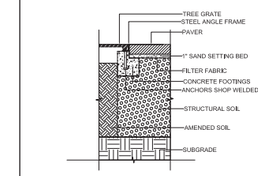
12 BIKE RACK — PLAN & SECTION 1 1/2"=1'-0"



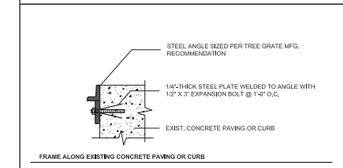
13 CIP CONC. CROSSWALK — SECTION 1/8"=1'-0"

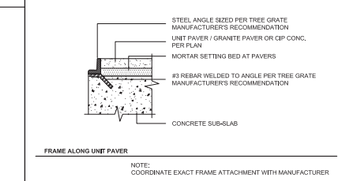


14 DIRECTIONAL MONUMENT SIGN FOOTING — SECTION

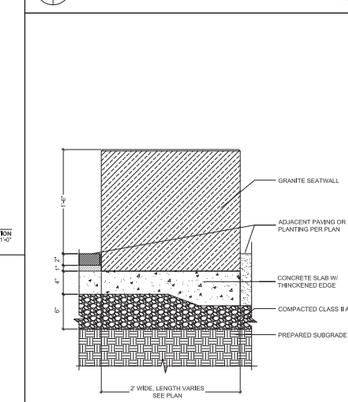


7 TREE GRATE AT PERMEABLE PAVING — SECTION 1"=1'-0"

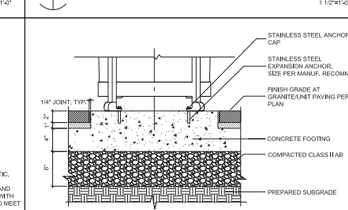




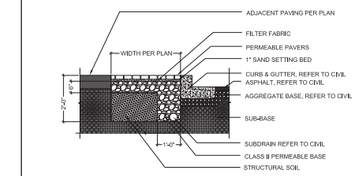
8 TREE GRATE FRAME INSTALLATION — SECTION N.T.S.



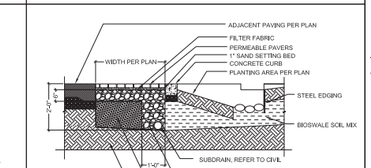
9 GRANITE SEATWALL — PLAN & SECTION 1 1/2"=1'-0"



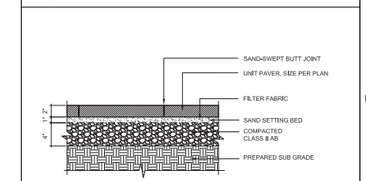
10 TRASH RECEPTACLE SURFACE MOUNT — SECTION 1/8"=1'-0"



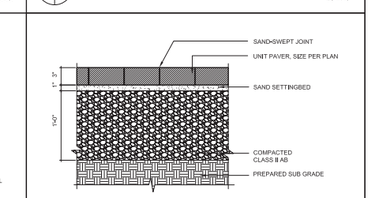
1 PERMEABLE PAVING AT CURB — SECTION 1/2"=1'-0"



2 PERMEABLE PAVING AT PLANTING AREA — SECTION 2"=1'-0"



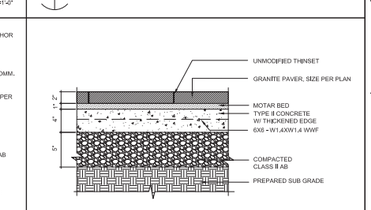
3 UNIT PAVER AT SIDEWALK — SECTION 1/8"=1'-0"



4 UNIT PAVER AT VEHICULAR AREA — SECTION 1/8"=1'-0"

LEFT BLANK INTENTIONALLY

5



6 GRANITE PAVER — NOTE: INSTALL TACTILE WARNING PAVERS SAME AS GRANITE PAVERS — SECTION 1/8"=1'-0"

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1426 PEARL STREET, SUITE 300
BOULDER, COLORADO 80302
303.499.7795
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Walnut Creek, CA 94596
925.940.2200

LANDSCAPE ARCHITECT
Wallace Roberts & Todd, Inc.
444 Townsend Street, Suite 4
San Francisco, CA 94107
415.575.4722

SEALS AND SIGNATURES

REGISTERED LANDSCAPE ARCHITECT — JAMES A. BOTTS — 4251 — SIGNATURE — DATE — STATE OF CALIFORNIA

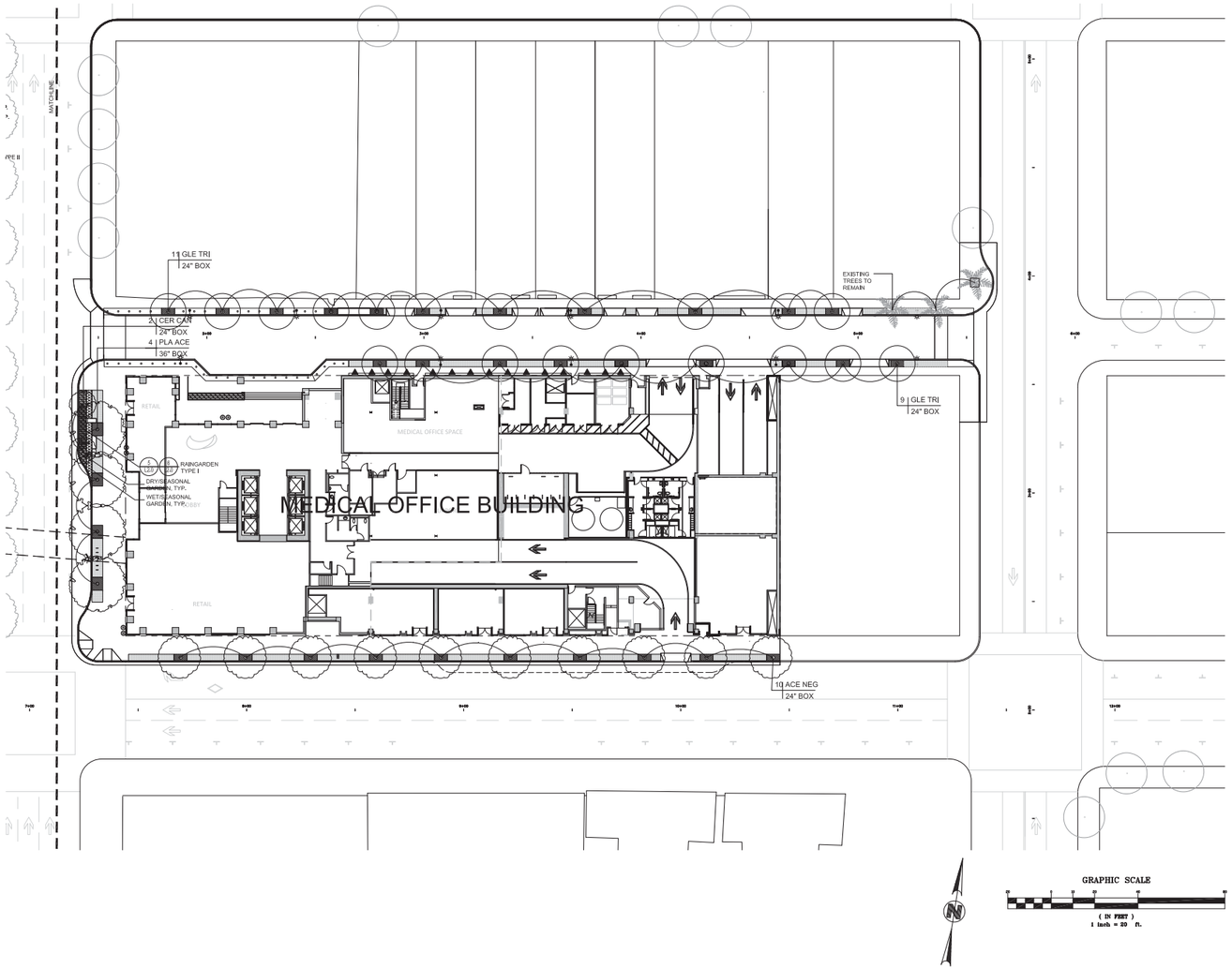
STREET IMPROVEMENT SUBMITTAL PERMIT

ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	11/30/2011
PERMIT SET	2	02/17/2012

FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE
PAVING & FURNISHING DETAILS

SCALE: AS SHOWN
PROJECT NUMBER: 081540.03
DRAWING NUMBER: L1.2



PLANTING NOTES

1. CONTRACTOR SHALL BE RESPONSIBLE FOR MAKING HIMHER SELF FAMILIAR WITH ALL UNDERGROUND UTILITIES, PIPES AND STRUCTURES. CONTRACTOR SHALL TAKE SOLE RESPONSIBILITY FOR ANY COST INCURRED DUE TO DAMAGE OF SAID UTILITIES.

2. CONTRACTOR SHALL NOT WILLFULLY PROCEED WITH CONSTRUCTION AS DESIGNED WHEN IT IS OBVIOUS THAT UNKNOWN OBSTRUCTIONS AND/OR GRADE DIFFERENCES EXIST THAT MAY NOT HAVE BEEN KNOWN DURING DESIGN. SUCH CONDITIONS SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE AUTHORIZED CITY ENGINEER. THE CONTRACTOR SHALL ASSUME FULL RESPONSIBILITY FOR ALL NECESSARY REVISIONS DUE TO FAILURE TO GIVE SUCH NOTIFICATION.

3. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY COORDINATION WITH SUBCONTRACTORS AS REQUIRED TO ACCOMPLISH PLANTING OPERATIONS.

4. SEE SPECIFICATIONS FOR PLANTING REQUIREMENTS, MATERIALS, EXECUTION, AND MAINTENANCE.

5. SEE DETAILS AND SPECIFICATIONS FOR PLANTING STAKING METHOD AND BACKFILL REQUIREMENTS.

6. IF CONFLICTS ARISE BETWEEN SIZE OF AREAS AND PLANS, CONTRACTOR SHALL CONTACT CITY ENGINEER FOR RESOLUTION. FAILURE TO MAKE SUCH CONFLICTS KNOWN WILL RESULT IN CONTRACTOR'S LIABILITY FOR MATERIALS RELOCATION.

7. GROUNDCOVERS SHALL BE SPACED PER DETAILS.

8. TREE LOCATIONS MAY BE ADJUSTED IN THE FIELD TO SUIT SPECIFIC SITE REQUIREMENTS AS DIRECTED BY CITY ENGINEER. STAKE ALL TREE PLANTING LOCATIONS FOR APPROVAL PER SPECIFICATION.

9. ALL WORK TO BE PERFORMED BY LICENSED (C27) CONTRACTORS AND EXPERIENCED WORKERS. BY CONSTRUCTION MANAGER PRIOR TO PLANTING.

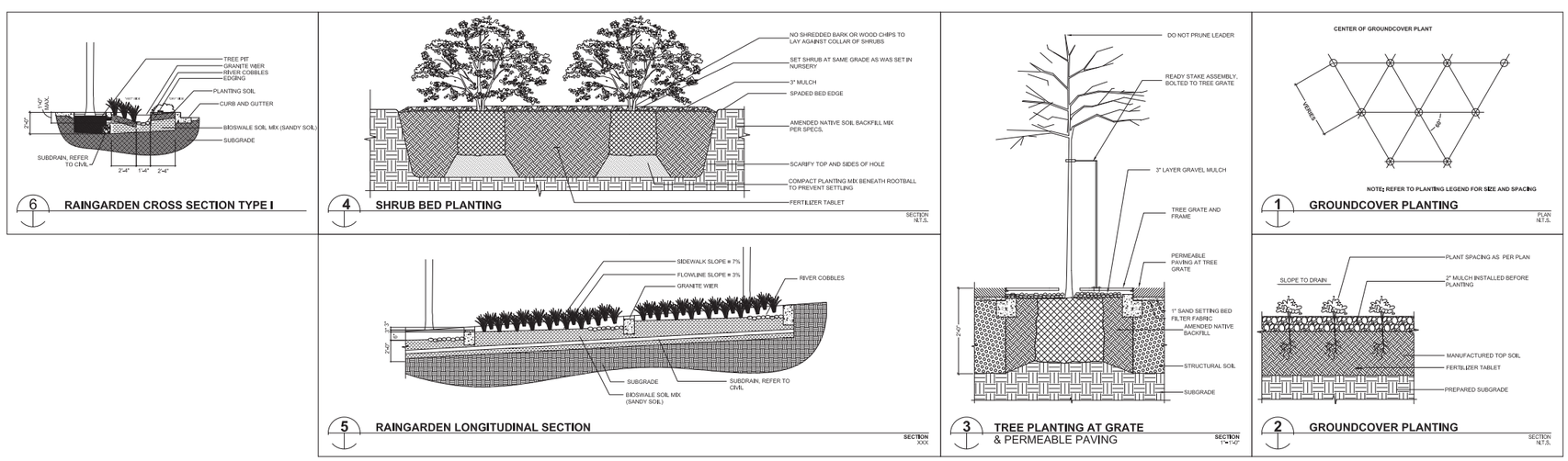
10. THE CONTRACTOR IS RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING TREES AND LANDSCAPING THAT IS DESIGNATED TO REMAIN PER SPECIFICATION. THE CONTRACTOR SHALL PROVIDE TEMPORARY FENCING, BARRICADES OR OTHER SUITABLE GUARDS OUTSIDE DRIP LINE (OUTER PERIMETER OF BRANCHES) TO PROTECT FROM DAMAGE TREES AND OTHER PLANTS THAT ARE TO REMAIN. DO NOT STORE CONSTRUCTION MATERIALS WITHIN DRIP LINES OF TREES TO REMAIN. DO NOT PERMIT VEHICLES WITHIN DRIP LINE. RESTRICT FOOT TRAFFIC WITHIN DRIP LINE TO AVOID EXCESSIVE SOIL COMPACTION. ALL BARRICADES AND PROTECTIVE FENCING SHALL BE PUT IN PLACE PRIOR TO COMMENCEMENT OF ANY OTHER CONSTRUCTION ACTIVITY.

11. REFER TO SPECIFICATIONS FOR ADDITIONAL INFORMATION.

12. INDICATES PLANT SPECIES — 10 ACE NEG
INDICATES PLANT QUANTITY
INDICATES SIZE OR SQUARE FOOTAGE/ SIZE — 24" BOX

PLANTS LEGEND

SYMBOL	BOTANICAL NAME	COMMON NAME	SIZE / SPACING
TREE			
ACE NEG	ACER NEGUNDO	BOX ELDER	AS NOTED
GLE TRI	GLEDITSIA TRIACANTHOS	HONEY LOCUST	AS NOTED
PLA ACE	PLATANUS ACERIFOLIA 'COLOMBIA'	LONDON PLANE TREE	AS NOTED
CER CAN	CERSIS CANADENSIS	EASTERN REDBUD	AS NOTED
SHRUBS AND GROUNDCOVERS			
DRY / SEASONAL GARDEN	ACHILEA 'SUMMERVINE'	YARROW	1 GAL / 18" O.C.
	CEANOTHUS GRISEUS VAR. HORIZONTALIS 'YANKEE POINT'	CARAMEL CEANOTHUS	5 GAL / 24" O.C.
	IRIS 'COPPER'	PACIFIC COAST IRIS	1 GAL / 24" O.C.
	EUPHORBIA DULCIS 'CHAMELEON'	EUPHORBIA	1 GAL / 18" O.C.
	WESTRINGIA FRUTICOSA 'SMOKEY'	COAST ROSEMARY	5 GAL / 24" O.C.
	LOROPETALUM 'PURPLE PIXIE'	LOROPETALUM	1 GAL / 18" O.C.
	LAVANDULA X INIERMEDIA CV.	WHITE GROSSO LAVENDER	5 GAL / 24" O.C.
	PHORMIUM 'CREAM DELIGHT'	NEW ZEALAND FLAX	1 GAL / 30" O.C.
WET / SEASONAL GARDEN	CAREX MORROWLL 'SILVER SCEPTER'	SILVER SCEPTER	1 GAL / 18" O.C.
	LEYMUS ARENARIUS 'GLAUCUS'	BLUE WILD EYE	1 GAL / 12" O.C.
	MISCANTHUS SCENSIS 'ADAGIO'	ADAGIO MAIDERN GRASS	1 GAL /24" O.C.
VINES			
▲	FICUS PUMILA	CREEPING FIG	1 GAL



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415.575.4722

SEALS AND SIGNATURES

REGISTERED LANDSCAPE ARCHITECT
JACK R. BETCHER
4251
SIGNATURE
DATE
STATE OF CALIFORNIA

STREET IMPROVEMENT SUBMITTAL PERMIT

ISSUE	REV	DATE
100% DD		08/23/2010
PERMIT SET		07/15/2011
PERMIT SET	1	11/30/2011
PERMIT SET	2	02/17/2012

FOR PERMIT APPROVAL
NOT FOR CONSTRUCTION

DRAWING TITLE

PLANTING PLAN & DETAILS

SCALE	AS SHOWN
PROJECT NUMBER	081540.03
DRAWING NUMBER	**L2.0**

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6	5	27

REGISTERED CIVIL ENGINEER DATE

PLANS APPROVAL DATE

REGISTERED PROFESSIONAL ENGINEER ROBERT C. STEVENS No. C 058660 Exp. 12.31.2012 CIVIL STATE OF CALIFORNIA

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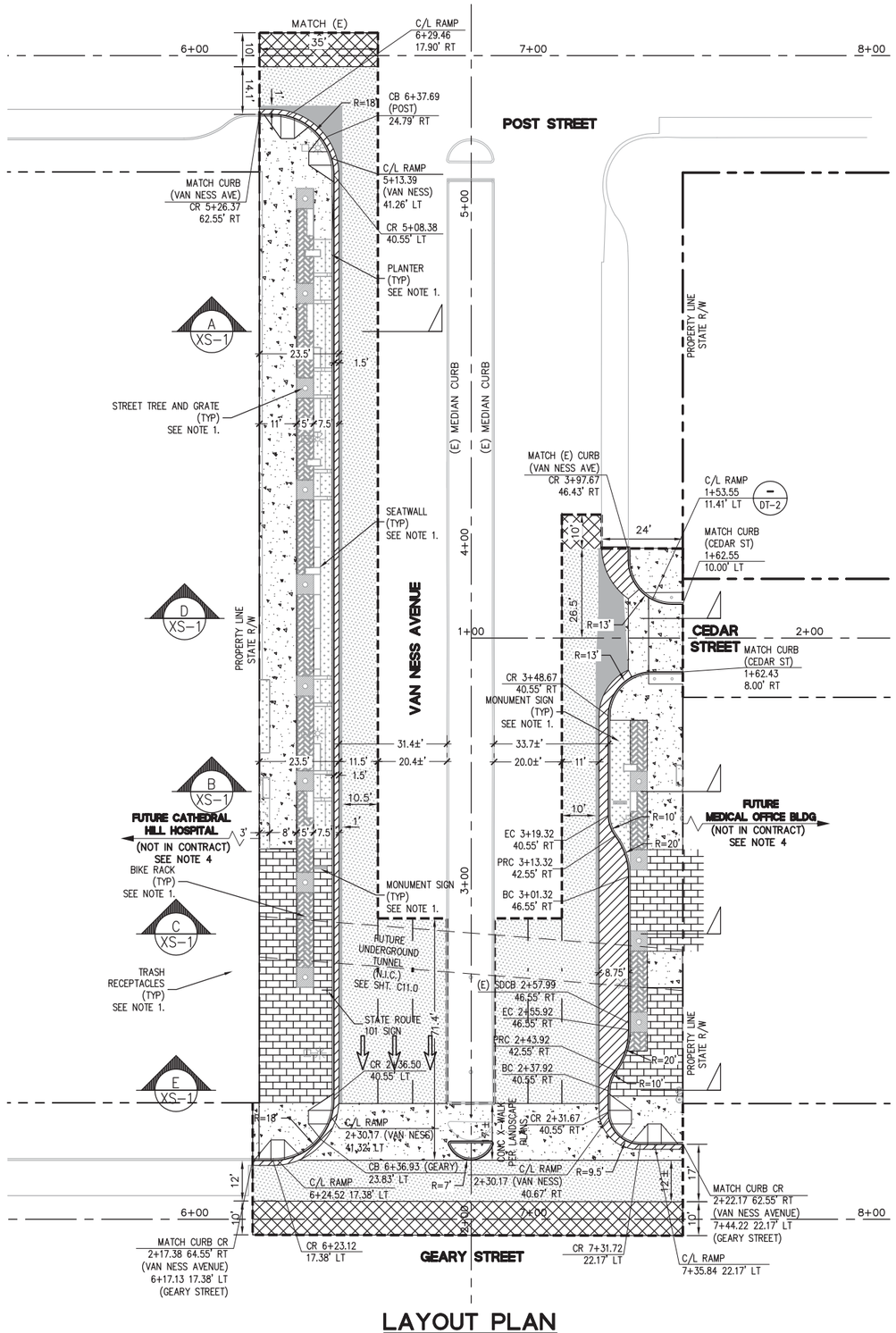


LAYOUT PLAN

LAYOUT PLAN LEGEND

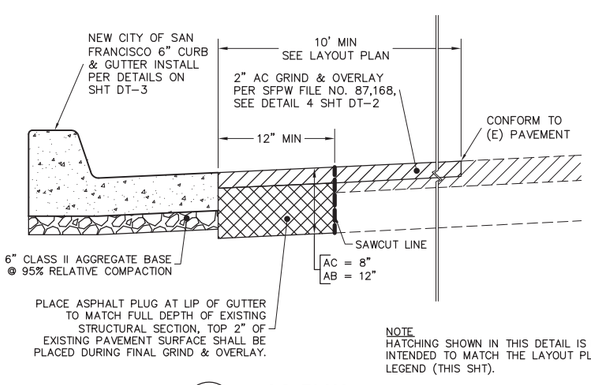
- PCC PAVING. 4" PCC/4" AB. SEE NOTE 2
- GRANITE PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- STANDARD CURB AND GUTTER PER SFPW STANDARD DETAIL SEE DETAIL 1 SHT DT-3
- AC PLUG. CONTRACTOR TO MATCH FULL DEPTH OF EXISTING STREET (1 / -)
- GRIND AND OVERLAY (2" MIN) TO LIMIT OF WORK PER SFPW STANDARD DETAIL
- WEDGE SHAPE COLD PLANNING CONFORM PER SFPW STANDARD DETAIL, SEE DETAIL 4 SHT DT-2
- PERMEABLE PAVERS. REFER TO LANDSCAPE PLANS FOR DETAILS.
- UNIT PAVING. REFER TO LANDSCAPE PLANS FOR DETAILS.
- LANDSCAPE. REFER TO LANDSCAPE PLANS FOR DETAILS.
- CURB & GUTTER, PER SFPW STANDARD DETAILS, SEE DETAILS ON SHT DT-3
- LIMIT OF WORK
- CURB RAMP PER SFPW STANDARD DETAILS, SEE DETAILS ON SHT DT-2. ALSO, SEE SHT CR-1 FOR ADDITIONAL GRADING INFORMATION

NOTE

1. REFER TO LANDSCAPE PLANS FOR TREE, SITE FURNISHINGS, AND OTHER SITE ELEMENTS DETAILS.
2. REFER TO LANDSCAPE PLANS FOR PAVEMENT FINISH, PAVER INFORMATION, AND SCORE PATTERN.
3. ALL UTILITIES WITHIN LIMIT OF WORK SHALL BE ADJUSTED TO NEW GRADE UNLESS OTHERWISE NOTED.
4. MEDICAL OFFICE BUILDING AND CATHEDRAL HILL HOSPITAL WILL BE CONSTRUCTED AS PART OF THE FUTURE IMPROVEMENT PROJECTS.

ABBREVIATIONS

AB	AGGREGATE BASE
AC	ASPHALT CONCRETE
BC	BEGINNING OF CURVE
CB	CATCH BASIN
C/L	CENTER LINE
CR	CURB RETURN
DT	DETAIL
(E)	EXISTING
EC	END OF CURVE
LT	LEFT
MIN	MINIMUM
NIC	NOT IN CONTRACT
PCC	PORTLAND CEMENT CONCRETE
PRC	POINT OF REVERSE CURVATURE
R	RADIUS
RT	RIGHT
SFPW	SAN FRANCISCO PUBLIC WORKS
SHT	SHEET
TYP	TYPICAL



NOTE
HATCHING SHOWN IN THIS DETAIL IS NOT INTENDED TO MATCH THE LAYOUT PLAN LEGEND (THIS SHT).

1 / - **AC PLUG**
NOT TO SCALE

GRAPHIC SCALE
(IN FEET)
1 inch = 20 ft.

LAYOUT AND PAVING PLAN

SCALE 1"=20'

LP-1

REVISED BY	DATE REVISED
MM	DJ

CALCULATED-DESIGNED BY / CHECKED BY

CONSULTANT FUNCTIONAL SUPERVISOR: ROBERT C. STEVENS

STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

Caltrans

LAST REVISION 12-01-11 | DATE PLOTTED => Feb 17 2012 | TIME PLOTTED => 6:19 pm

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6	7	27

REGISTERED CIVIL ENGINEER DATE

PLANS APPROVAL DATE

REGISTERED PROFESSIONAL ENGINEER ROBERT C. STEVENS No. C 058660 Exp. 12.31.2012 CIVIL STATE OF CALIFORNIA

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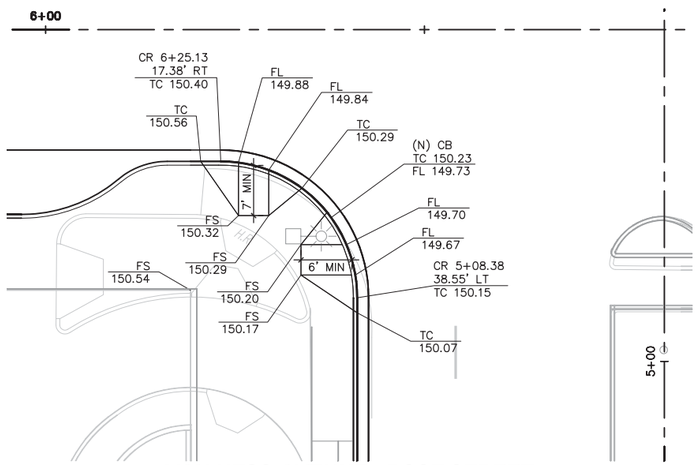
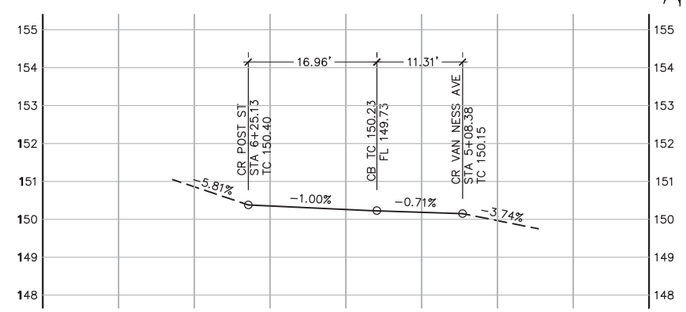
GRAPHIC SCALE

(IN FEET)
1 inch = 10 ft.



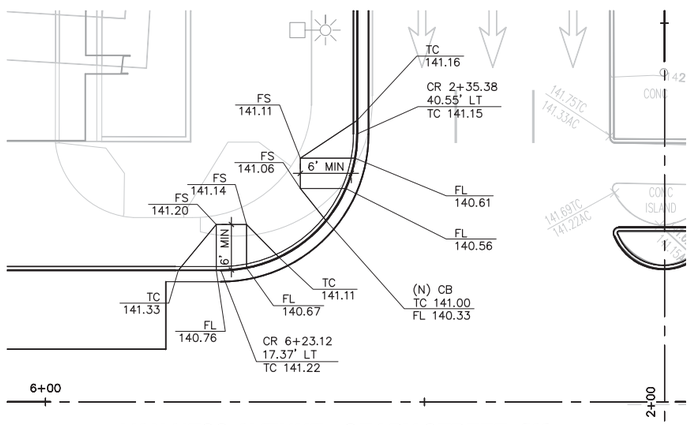
VAN NESS AVENUE - POST STREET

CURB RETURN PLAN
SCALE 1":10'



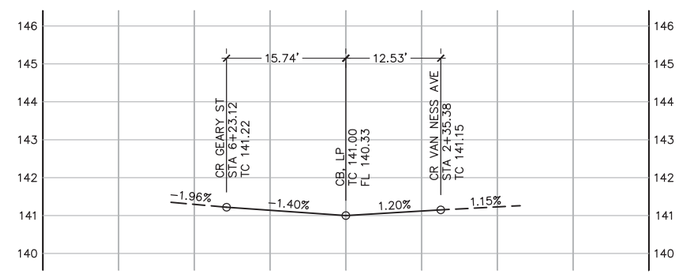
VAN NESS AVENUE - POST STREET

CURB RETURN PROFILE
HORIZONTAL SCALE 1":10'
VERTICAL SCALE 1":2'



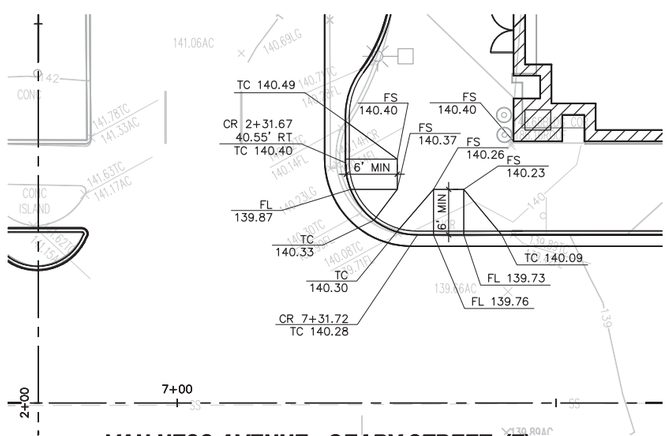
VAN NESS AVENUE - GEARY STREET (W)

CURB RETURN PLAN
SCALE 1":10'



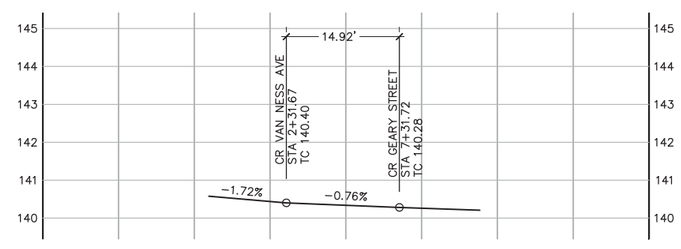
VAN NESS AVENUE - GEARY STREET (W)

CURB RETURN PROFILE
HORIZONTAL SCALE 1":10'
VERTICAL SCALE 1":2'



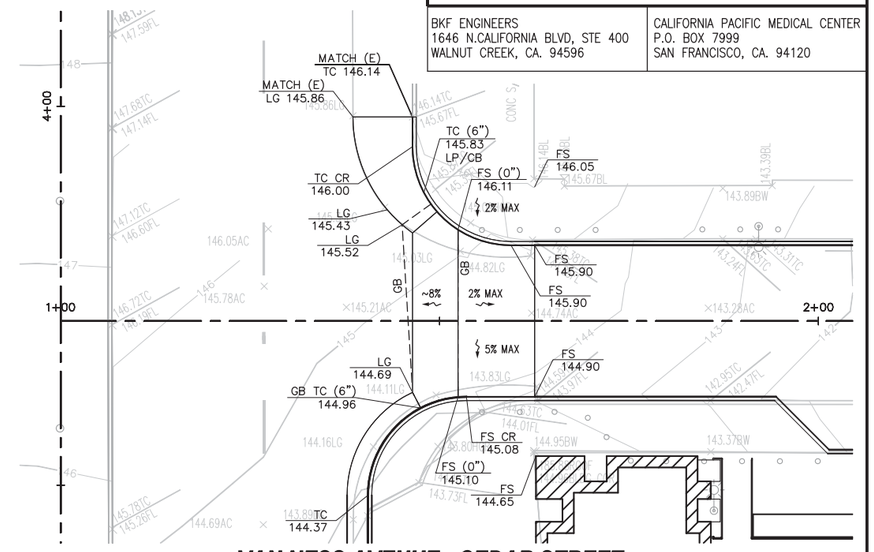
VAN NESS AVENUE - GEARY STREET (E)

CURB RETURN PLAN
SCALE 1":10'



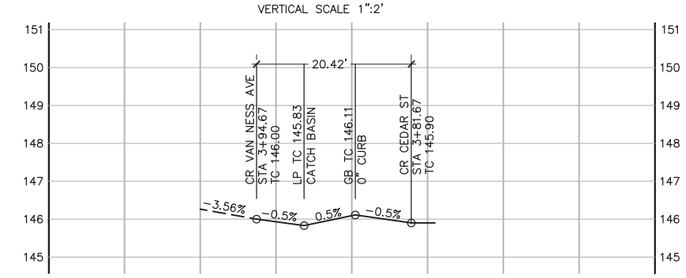
VAN NESS AVENUE - GEARY STREET (E)

CURB RETURN PROFILE
HORIZONTAL SCALE 1":10'
VERTICAL SCALE 1":2'



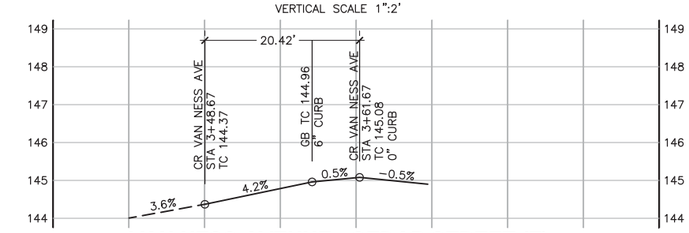
VAN NESS AVENUE - CEDAR STREET

CURB RETURN PROFILE
HORIZONTAL SCALE 1":10'
VERTICAL SCALE 1":2'



VAN NESS AVENUE - CEDAR STREET (E)

CURB RETURN PROFILE
HORIZONTAL SCALE 1":10'
VERTICAL SCALE 1":2'



VAN NESS AVENUE - CEDAR STREET (E)

CURB RETURN PROFILE
HORIZONTAL SCALE 1":10'
VERTICAL SCALE 1":2'

CURB RETURN PROFILES

SCALE 1"=10'

CR-1

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION

Caltrans

CONSULTANT FUNCTIONAL SUPERVISOR: ROBERT C. STEVENS

CALCULATED-DESIGNED BY: MM | CHECKED BY: DJ

REVISED BY | DATE REVISED

LAST REVISION 12-01-11 | DATE PLOTTED => Feb 19 2012 | TIME PLOTTED => 4:16 pm

BORDER LAST REVISED 4/11/2008 | RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3 | USERNAME =>$USER | DGN FILE => $PROJFILE | CU | EA 102318

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6		27

REGISTERED LANDSCAPE ARCHITECT DATE

PLANS APPROVAL DATE

REGISTERED LANDSCAPE ARCHITECT JAMES K. STICKLEY 4251 SIGNATURE DATE EXP. 11-30-13 STATE OF CALIFORNIA

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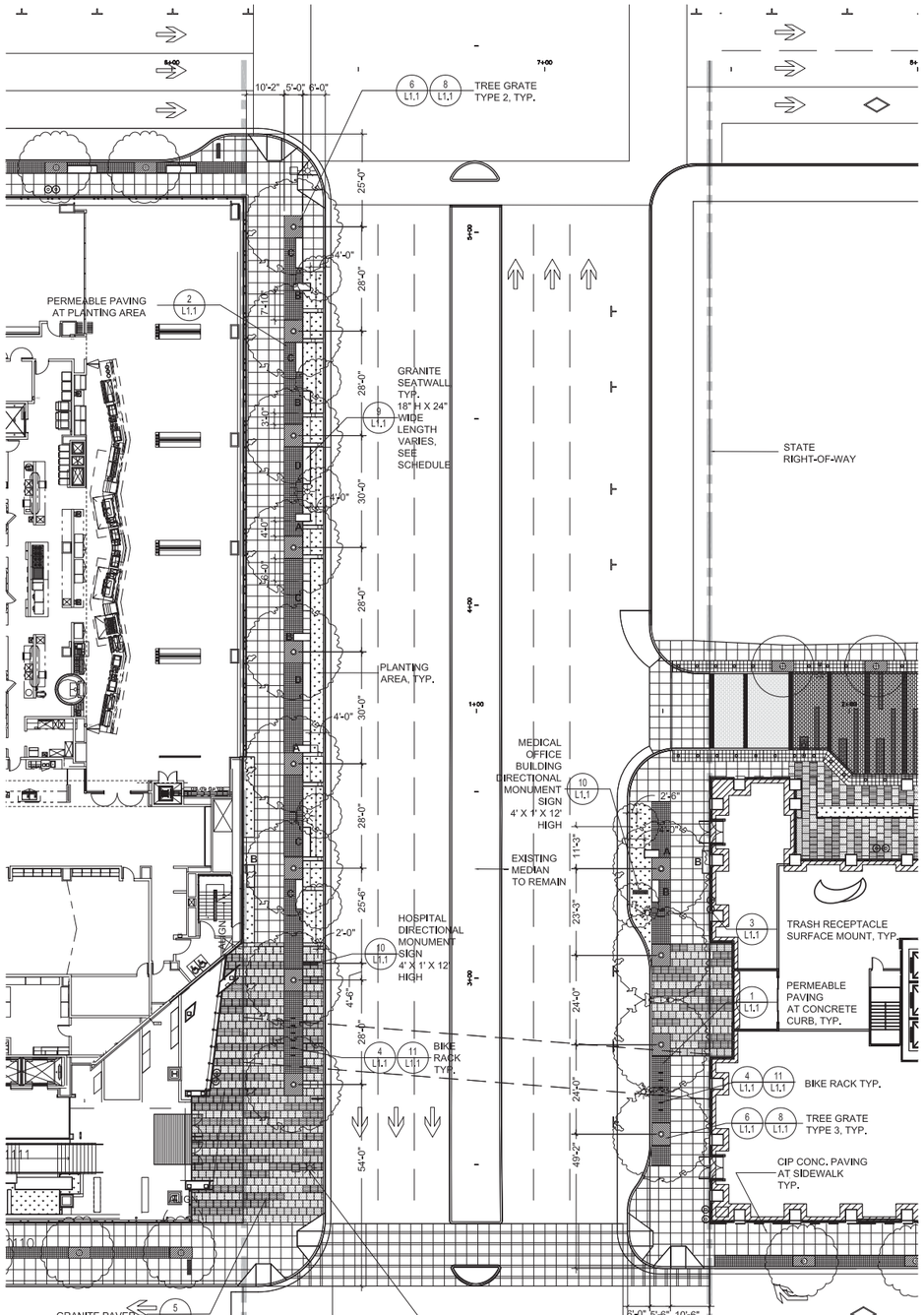

LAYOUT NOTES

1. LOCATE EXPANSION JOINTS IN SIDEWALK AT INTERVAL CLOSEST TO 30' BUT NO MORE THAN 30 FEET APART. PLACE EXPANSION JOINTS AT THOSE INTERVALS IN LIEU OF SCORE LINES SHOWN ON PLAN.

2. ELIMINATE SCORE LINES THAT WOULD OCCUR TWO INCHES OR LESS FROM AN EXISTING WALL OR THE LIMIT OF WORK.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE VERIFICATION OF THE LOCATIONS OF ALL UTILITIES IN THE FIELD. LOCATIONS SHOWN ON THE PLAN ARE APPROXIMATE AND FOR GENERAL INFORMATION ONLY. THE CONTRACTOR SHALL NOTIFY UTILITY SERVICES AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION ON THIS PROJECT.

4. ALL "LAYOUT" WORK SHALL BE APPROVED BY THE ENGINEER PRIOR TO THE START OF ANY EXCAVATION.

5. CONTRACTOR SHALL REPAIR AT HIS/HER OWN EXPENSE ANY DAMAGE, WHETHER INSIDE OR OUTSIDE OR OUTSIDE OF THE LIMIT OF WORK LINE, TO UTILITY SYSTEMS, SURFACE PAVEMENTS, FIXTURES OR STRUCTURES THAT ARE NOT SPECIFICALLY INDICATED TO BE REMOVED OR RELOCATED AS PART OF THE PROJECT CONSTRUCTION.

6. ALL DIMENSIONS AND ELEVATIONS ON THE DRAWINGS ARE IN FEET UNLESS OTHERWISE STATED.

7. THE CONTRACTOR SHALL EXERCISE PARTICULAR CARE WHILE WORKING IN THE VICINITY OF ACTIVE UTILITY AND DRAINAGE STRUCTURES. IN THE EVENT THAT ANY EXISTING STRUCTURES OR UTILITIES ARE DAMAGED AND THE SERVICES DISRUPTED, THE LINES SHALL BE IMMEDIATELY REPAIRED AND THE SERVICES RESTORED AS DIRECTED BY THE ENGINEER AT NO COST TO THE OWNER.

PAVEMENT SCHEDULE (OVERALL PLAN SHEET L1.0)

SYMBOL	MATERIAL	FINISH	FRICTION COEFFICIENT
	GRANITE PAVING, TYPE 1	FLAME	0.70-0.80
	GRANITE PAVING, TYPE 2	SANDBLAST	0.70-0.80
	GRANITE PAVING, TYPE 3	HYDRO	0.70-0.80
	PERMEABLE PAVING	LIGHT SANDBLAST	0.84
	CIP CONC. PAVING WITH SCORELINES AT 3' X 3'	LIGHT SANDBLAST	

GRANITE SEATWALL LENGTHS SCHEDULE

SYMBOL	LENGTH
A	4'-0"
B	6-0"
C	8'-0"
D	10'-0"

GRAPHIC SCALE

20 0 10 20 40 80

(IN FEET)
1 inch = 20 ft.

LAYOUT PLAN
L1.0

REVISED BY	DATE REVISED
	11/30/11

CALCULATED-DESIGNED BY MM
CHECKED BY DJ

CONSULTANT FUNCTIONAL SUPERVISOR
ROBERT C. STEVENS

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION
Caltrans

LAST REVISION 12-01-11
DATE PLOTTED => Feb 23 2012
TIME PLOTTED => 8:01 pm

BORDER LAST REVISED 4/11/2008

RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3

USERNAME => $USER
DGN FILE => $REQUEST

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EA 102318

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS
04	SFO	101	5.6		27

REGISTERED LANDSCAPE ARCHITECT DATE

PLANS APPROVAL DATE

REGISTERED LANDSCAPE ARCHITECT JAMES K. STICKLEY 4251 SIGNATURE DATE EXP. 11-30-12 STATE OF CALIFORNIA

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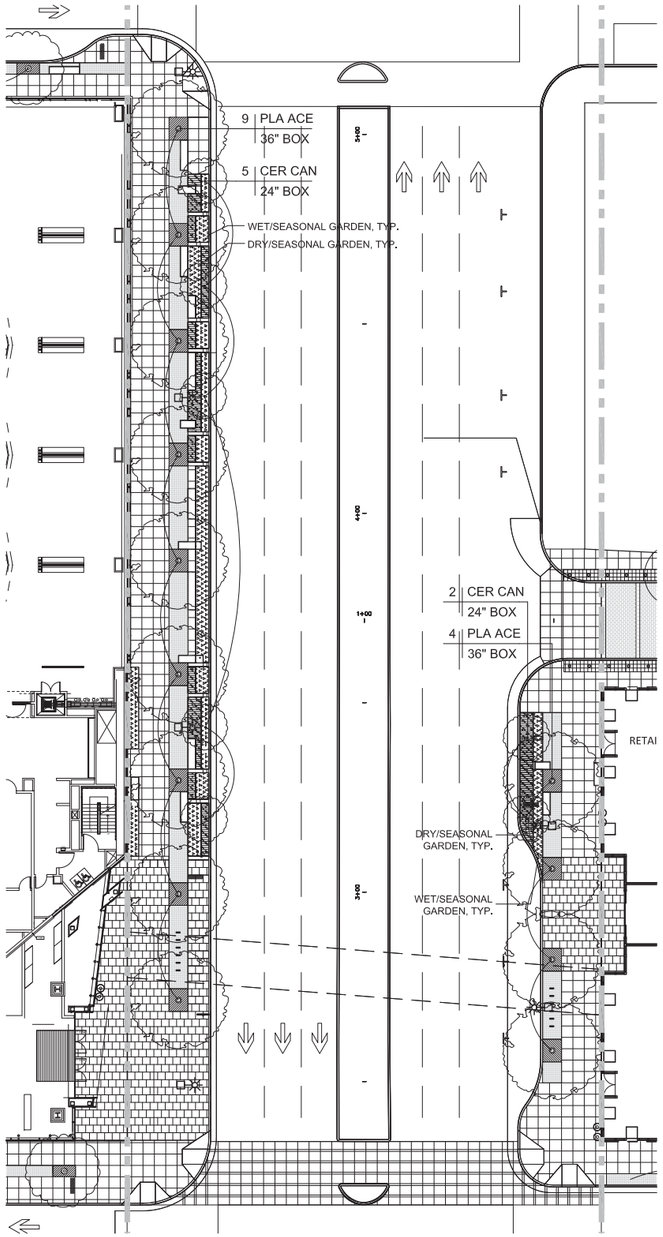

PLANTING NOTES

1. CONTRACTOR SHALL BE RESPONSIBLE FOR MAKING HIM/HER SELF FAMILIAR WITH ALL UNDERGROUND UTILITIES, PIPES AND STRUCTURES. CONTRACTOR SHALL TAKE SOLE RESPONSIBILITY FOR ANY COST INCURRED DUE TO DAMAGE OF SAID UTILITIES.

2. CONTRACTOR SHALL NOT WILLFULLY PROCEED WITH CONSTRUCTION AS DESIGNED WHEN IT IS OBVIOUS THAT UNKNOWN OBSTRUCTIONS AND/OR GRADE DIFFERENCES EXIST THAT MAY NOT HAVE BEEN KNOWN DURING DESIGN. SUCH CONDITIONS SHALL BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE AUTHORIZED CITY ENGINEER. THE CONTRACTOR SHALL ASSUME FULL RESPONSIBILITY FOR ALL NECESSARY REVISIONS DUE TO FAILURE TO GIVE SUCH NOTIFICATION.

3. CONTRACTOR SHALL BE RESPONSIBLE FOR ANY COORDINATION WITH SUBCONTRACTORS AS REQUIRED TO ACCOMPLISH PLANTING OPERATIONS.

4. SEE SPECIFICATIONS FOR PLANTING REQUIREMENTS, MATERIALS, EXECUTION, AND MAINTENANCE.

5. SEE DETAILS AND SPECIFICATIONS FOR PLANTING STAKING METHOD AND BACKFILL REQUIREMENTS.

6. IF CONFLICTS ARISE BETWEEN SIZE OF AREAS AND PLANS, CONTRACTOR SHALL CONTACT ENGINEER FOR RESOLUTION. FAILURE TO MAKE SUCH CONFLICTS KNOWN WILL RESULT IN CONTRACTOR'S LIABILITY FOR MATERIALS RELOCATION.

7. GROUNDCOVERS SHALL BE SPACED PER DETAILS.

8. ALL WORK TO BE PERFORMED BY LICENSED (C27) CONTRACTORS AND EXPERIENCED WORKERS. BY CONSTRUCTION MANAGER PRIOR TO PLANTING.

9. THE CONTRACTOR IS RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING TREES AND LANDSCAPING THAT IS DESIGNATED TO REMAIN. THE CONTRACTOR SHALL PROVIDE TEMPORARY FENCING, BARRICADES OR OTHER SUITABLE GUARDS OUTSIDE DRIP LINE (OUTER PERIMETER OF BRANCHES) TO PROTECT FROM DAMAGE TREES AND OTHER PLANTS THAT ARE TO REMAIN. DO NOT STORE CONSTRUCTION MATERIALS WITHIN DRIP LINES OF TREES TO REMAIN. DO NOT PERMIT VEHICLES WITHIN DRIP LINE. RESTRICT FOOT TRAFFIC WITHIN DRIP LINE TO AVOID EXCESSIVE SOIL COMPACTION.
ALL BARRICADES AND PROTECTIVE FENCING SHALL BE PUT IN PLACE PRIOR TO COMMENCEMENT OF ANY OTHER CONSTRUCTION ACTIVITY.

10. INDICATES PLANT SPECIES — 10 ACE NEG
INDICATES PLANT QUANTITY
INDICATES SIZE OR SQUARE FOOTAGE/ SIZE — 24" BOX

PLANTS LEGEND

SYMBOL	BOTANICAL NAME	COMMON NAME	SIZE / REMARKS
TREE			
PLA ACE	PLATANUS ACERIFOLIA 'COLOMBIA'	LONDON PLANE TREE	AS NOTED
CER CAN	CERSIS CANADENSIS	EASTERN REDBUD	AS NOTED
SHRUBS AND GROUNDCOVERS			
DRY / SEASONAL GARDEN	ACHILEA 'SUMMERVINE' CEANOTHUS GRISEUS VAR. HORIZONTALIS 'YANKEE POINT' IRIS 'COPPER' EUPHORBIA DULCIS 'CHAMELEON' WESTRINGIA FRUTICOSA 'SMOKEY' LOROPETALUM 'PURPLE PIXIE' LAVANDULA X INERMEDIA CV. PHORMIUM 'CREAM DELIGHT'	YARRROW CARAMEL CEANOTHUS PACIFIC COAST IRIS EUPHORBIA COASE ROSEMARY LOROPETALUM WHITE GROSSO LAVENDER NEW ZEALAND FLAX	SHRUBS: 5 GAL. GROUNDCOVERS & GRASSES: 1GAL
WET / SEASONAL GARDEN	CARES MORROWLL 'SILVER SCEPTER' LEYMUS ARENARIUS 'GLAUCUS' MISCANTHUS SCIENSIS 'ADAGIO'	SILVER SCEPTER BLUE WILD EYE ADAGIO MAIDERN GRASS	

PLANTING PLAN
L2.0

REVISED BY	DATE REVISED
MM	11/30/11

CALCULATED-DESIGNED BY: DJ
CHECKED BY:

CONSULTANT FUNCTIONAL SUPERVISOR: ROBERT C. STEVENS

STATE OF CALIFORNIA – DEPARTMENT OF TRANSPORTATION

Caltrans

LAST REVISION 12-01-11
DATE PLOTTED => Feb. 23 2012
TIME PLOTTED => 8:10 hrs

BORDER LAST REVISED 4/11/2008

RELATIVE BORDER SCALE IS IN INCHES 0 1 2 3

USERNAME => $USER
DGN FILE => $REQUIRST

CU

EA 102318

SOURCE : SMITHGROUP / SOM
A Joint Venture

CPMC Sutter Health

View from Duboce Park south to Noe St.

DAVIES NEUROSCIENCES INSTITUTE

10/06/2011

SOURCE : SMITHGROUP / SOM
A Joint Venture

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View of entry plaza from Noe St.

DAVIES NEUROSCIENCES INSTITUTE

10/06/2011

SOURCE : SMITHGROUP / SOM
A Joint Venture

CPMC™
Sutter Health

View of lobby from Noe St. at Duboce Ave.

DAVIES NEUROSCIENCES INSTITUTE

10/06/2011

California Pacific Medical Center

DAVIES CAMPUS

NOE STREET MEDICAL OFFICE BUILDING

CONDITIONAL USE PERMIT APPLICATION
REVISION 3

SHEET INDEX

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G2.0 KEY PLAN - TREE PLAN
G3.0 KEY PLAN - STREETSCAPE PLAN

INDEX - CIVIL

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L2.2 LANDSCAPE LAYOUT PLAN NORTH
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A1.2 SITE PLAN
A2.1 LEVEL 1 FLOOR PLAN
A2.2 LEVEL 2 FLOOR PLAN (LEASABLE MEDICAL OFFICE)
A2.3 LEVEL 3 FLOOR PLAN (ALS CLINIC)
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A4.3 BUILDING SECTIONS
A4.4 BUILDING SECTIONS

A4.10 ENLARGED WALL SECTIONS AND ELEVATIONS
A4.11 ENLARGED WALL SECTIONS AND ELEVATIONS
A4.13 ENLARGED WALL SECTIONS AND ELEVATIONS

A5.3 EXTERIOR DETAILS

PROJECT DESCRIPTION

The proposed Davies Neurosciences Institute is a 50,100 gross square feet, 4-story building, containing medical office, clinic and support spaces. The building will occupy the north portion of the existing surface parking lot at Noe Street and Duboce Avenue. The 4th floor will span across the Service Drive to the west, and connect to the existing North Tower of the Hospital. Exterior materials are primarily wood cladding and glass. The project includes a landscaped main entry plaza at the south side of the building, and a landscaped open courtyard at the north side adjacent to a secondary entry and waiting lobby for the MUNI stop located across Duboce Avenue. Additionally, new street trees and landscaping are proposed along Noe Street and Duboce Avenue.

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Seals and Signatures

LICENSED ARCHITECT
STEVEN G. PEPPER
No. C 10625
10-05-06
STATE OF CALIFORNIA

Issued for

	Rev	Date
CONDITIONAL USE - REV3	6	FEB 22, 2012
CONDITIONAL USE - REV2	5	MAY 27, 2011
CONDITIONAL USE - REV1	4	MAY 23, 2007
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan

Davies Campus
Noe Street Medical Office Building

Drawing Title

COVER SHEET
& INDEX SHEET

Scale

Drawing Number

G0.0

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

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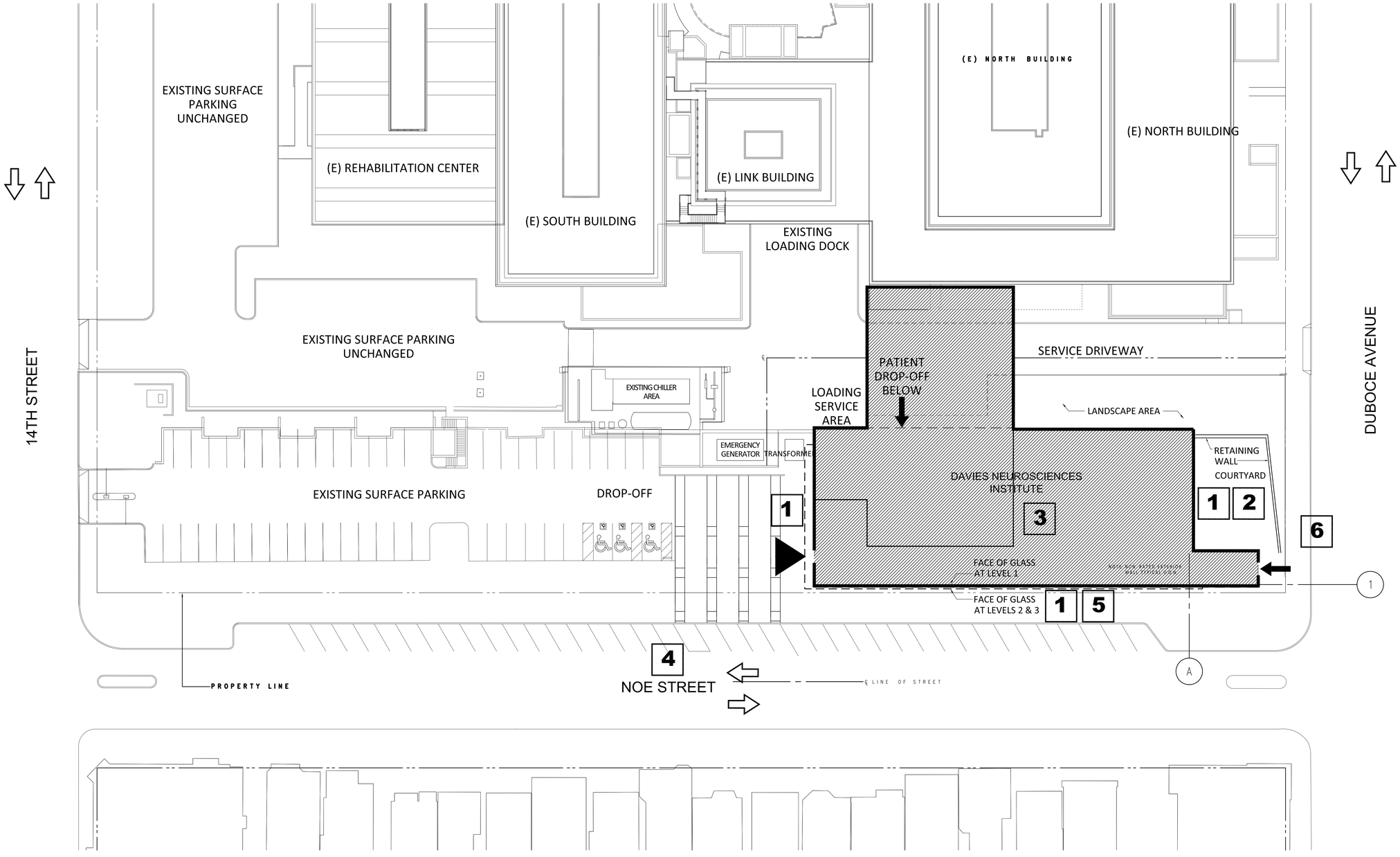

SITE PLAN NOTES

1 The Ground and 4th floors facades are composed primarily of glass, incorporating fritting or other surface patterning. The 2nd and 3rd floors facades are primarily clad in wood, with windows set back up to 15" from facade surface. Wood blinds are located behind glass at floors 2-4. See Building Elevations, sheets A4.1 and A4.2, for details.

2 Courtyard to remain substantially open to view from Duboce and Noe Streets; walls kept at or below 5'-0" from grade. Reference Building Sections, sheet A4.3.

3 No visible mechanical equipment on the third or fourth floor rooftops. Drains, hatches, vents not to exceed height of roof curb.

4 No permanent curb cuts on Noe Street.

5 No direct pedestrian entrance/egress along the eastern (Noe Street) façade.

6 1-2 space loading zone.

Note: Refer to drawing A1.2 for dimensions

0' 10' 20' 40' 80'

N

LEGEND

VEHICULAR ACCESS

PEDESTRIAN ACCESS (MAIN ENTRANCE)

PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

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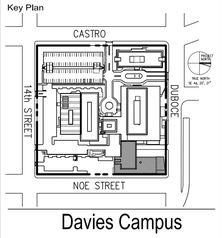
CONDITIONAL USE - REV3 1 FEB. 22, 2012

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

KEY PLAN
SITE

Scale 1/20" = 1'-0"

Drawing Number G1.0

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

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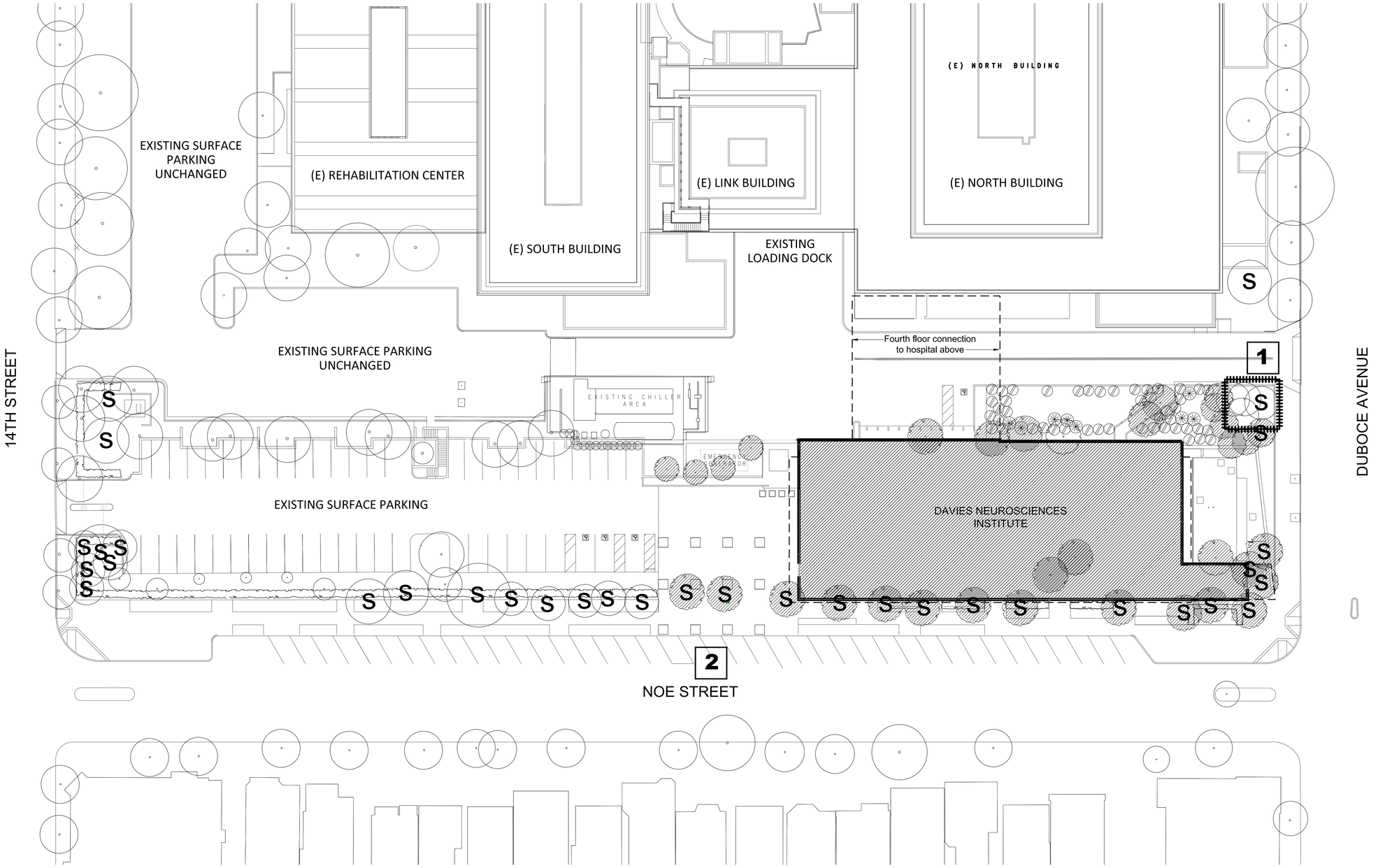

TREE PLAN NOTES

1 The Project Sponsor shall specifically retain trees 199 (Redwood), 200 (Redwood), 201 (Monterey Pine) and 202 (Redwood) as numbered in the submitted Tree Survey Map attached to the Final Tree Report, dated August 2006, (constituting the 'Redwood Grove') and shall make all reasonable efforts to maintain the health of these trees.

2 Trees within and adjacent to the Project area indicated as to be retained in the submitted Tree Report, generally consisting of the creation of "tree protection zones" within which construction activities are limited or prohibited.

All existing trees to remain are to be protected, per the Tree Preservation Guidelines outlined by James R. Clark, Ph.D. (Registered Consulting Arborist #357) of HortScience, Inc, in the August 2006 Final Tree Report. Recommendations include:

Design Recommendations

1. **A Tree Protection Zone** shall be established around each tree to be preserved. For design purposes the TPZ shall be defined as the dripline, i.e., the edge of the tree canopy. No grading, excavation, construction or storage of materials shall occur within that zone.
2. No underground services including utilities, sub-drains, water or sewer shall be placed in the **Tree Protection Zone.**
3. Any herbicides placed under paving materials must be safe for use around trees and labeled for that use.
4. Irrigation systems must be designed so that no trenching would occur within the **Tree Protection Zone.**

Pre-construction treatments and recommendations

1. The construction superintendent shall meet with the Consulting Arborist before beginning work to discuss work procedures and tree protection.
2. Fence all trees to be retained to completely enclose the Tree Protection Zone prior to demolition, grubbing or grading. Fences shall be chain link, orange plastic or equivalent as approved by consulting arborist. Fences are to remain until all grading and construction is completed.
3. Prune trees to be preserved to provide adequate clearance and correct any existing defects in structure. All pruning shall be completed by a Certified Arborist or Tree Worker and adhere to latest edition of the ANSI Z133 and A300 standards as well as the *Best Management Practices -Tree Pruning* published by the International Society of Arboriculture. Pines shall be pruned during the winter months only.

Recommendations for tree pruning during construction

1. No grading, construction, demolition or other work shall occur within the **Tree Protection Zone**. Any modifications must be approved and monitored by the Consulting Arborist.
2. Any root pruning required for construction purposes shall receive the prior approval of, and be supervised by, the Consulting Arborist.
3. Supplemental irrigation would be required for trees to be preserved and shall be applied at a rate determined by the Consulting Arborist.
4. If injury should occur to any tree during construction, it should be evaluated as soon as possible by the Consulting Arborist so that appropriate treatments may be applied.
5. No excess soil, chemicals, debris, equipment or other materials shall be dumped or stored within the **Tree Protection Zone**.
6. Any additional tree pruning needed for clearance during construction must be performed by a Certified Arborist and not by construction personnel.

0' 10' 20' 40' 80'

N

LEGEND

Existing tree to be removed

Existing tree to remain

S Significant trees (ref. Public Works Code - Sec.810A)

Special tree protection zone

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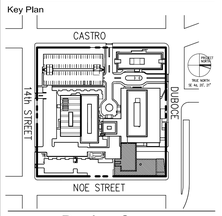
STEPHEN G. PEPPER
No. C 10625
10-05-06
STATE OF CALIFORNIA

Issued for Rev Date

CONDITIONAL USE - REV3 1 FEB. 22, 2012

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

KEY PLAN
TREE

Scale 1/20" = 1'-0"

Drawing Number G2.0

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

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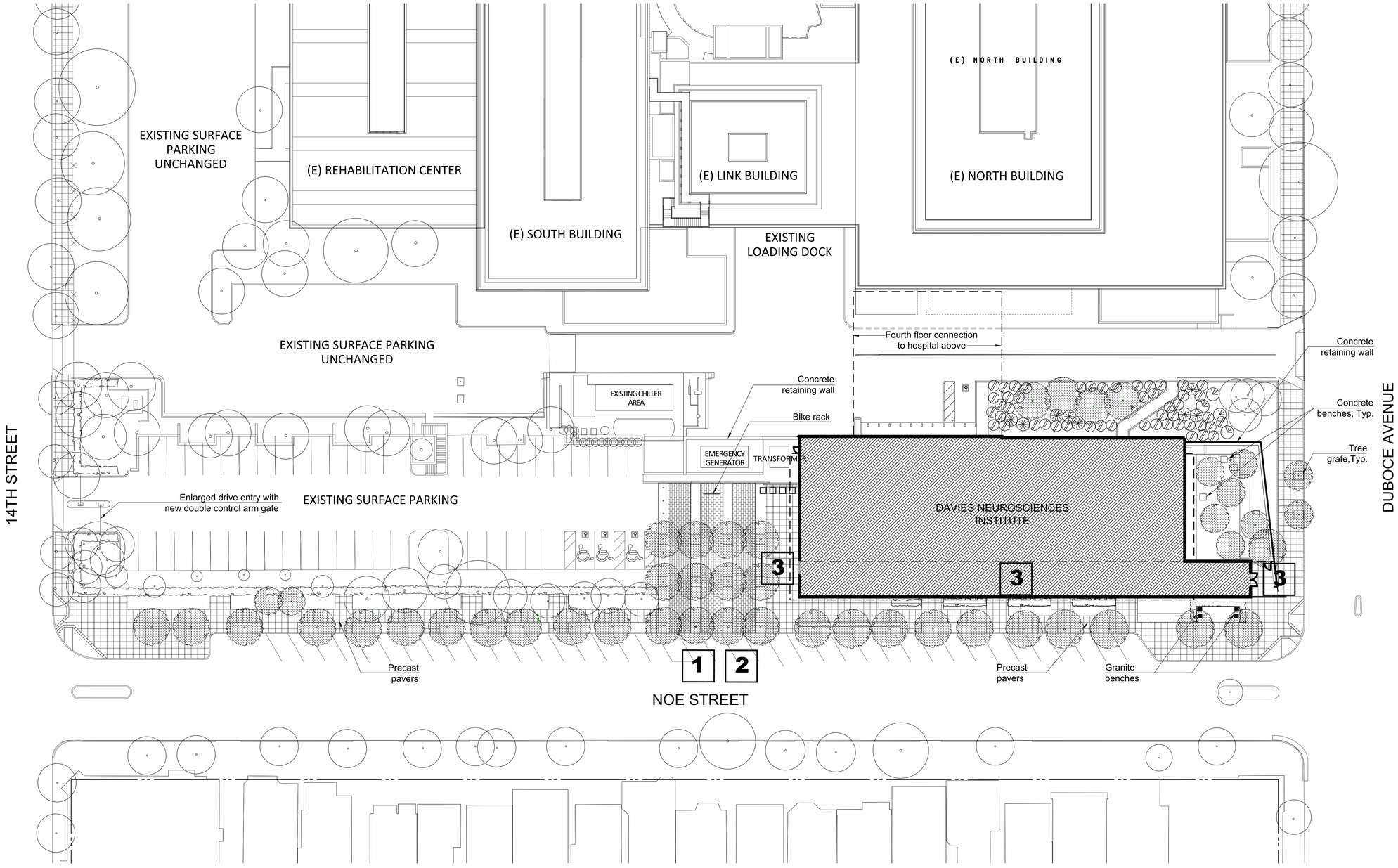

STREETSCAPE PLAN NOTES

1 For landscaping and right-of-way (sidewalk and street) improvements and materials, including tree and plant types and size, see L-Series sheets.

2 Lighting in landscape areas at ground floor sufficient to illuminate public sidewalk to minimum safety levels while minimizing glare on neighboring properties. All lighting to be oriented downward to reduce upward light scatter.

3 Plants complementing the exterior landscape shall be installed in the ground floor public corridor, subject to operational requirements such as minimum corridor width and ADA compliance.

0' 10' 20' 40' 80'

N

LEGEND

- Existing trees
- Proposed trees
- Tree Grates

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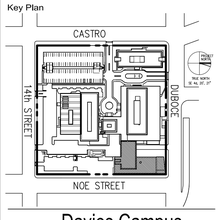
CONDITIONAL USE - REV3 1 FEB. 22, 2012

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

KEY PLAN
STREETSCAPE

Scale
1/20" = 1'-0"

Drawing Number
G3.0

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

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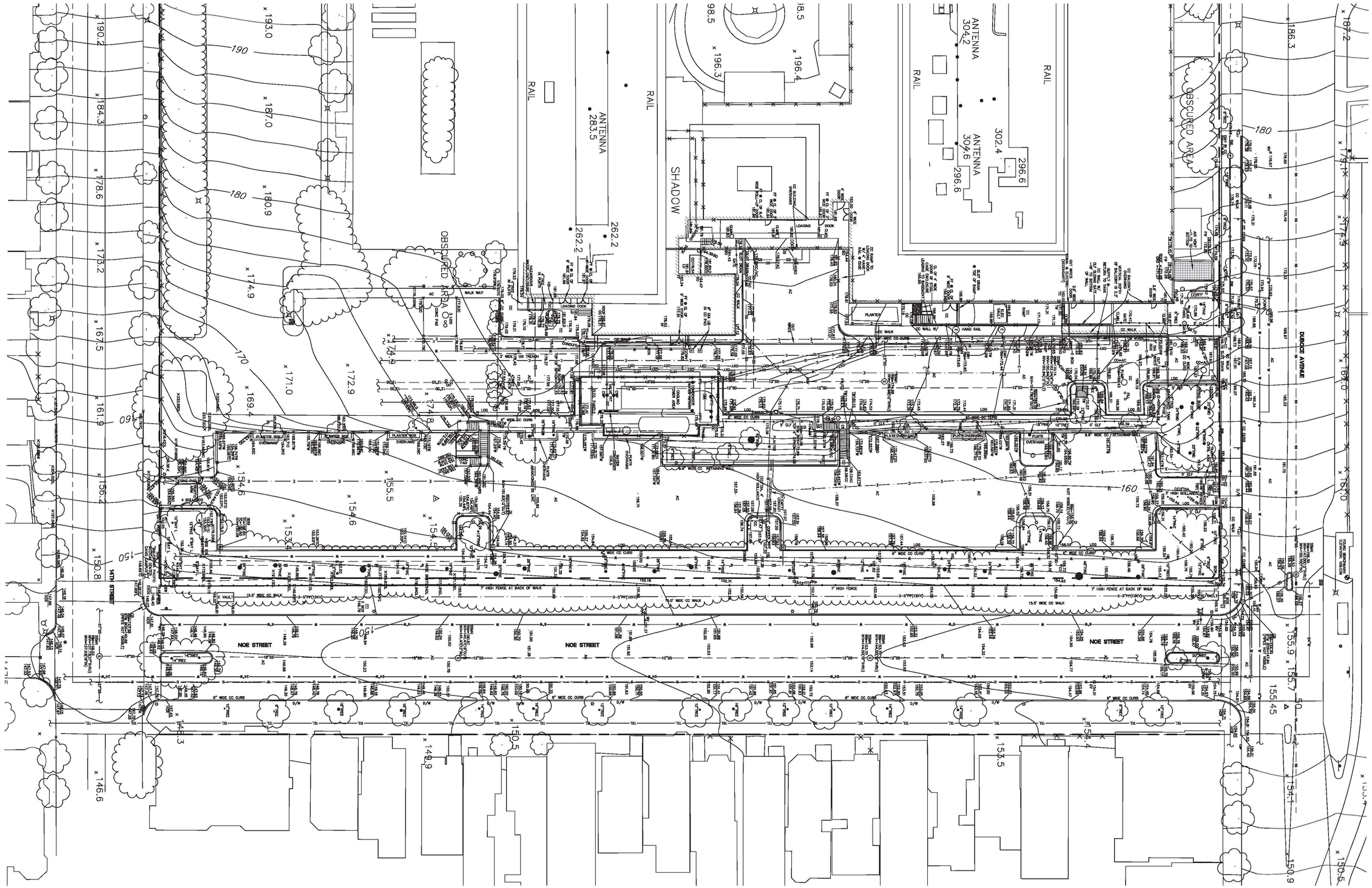

EXISTING CONDITIONS NOTES:

1. THE UTILITY LINES SHOWN ON THIS PLAN ARE DERIVED FROM RECORD DATA AND/OR SURFACE OBSERVATION AND ARE APPROXIMATE ONLY. ACTUAL LOCATION AND SIZE, TOGETHER WITH THE PRESENCE OF ANY ADDITIONAL UTILITY LINES NOT SHOWN ON THIS PLAN, SHALL BE VERIFIED IN THE FIELD BY THE CONTRACTOR DURING CONSTRUCTION. CONTRACTOR SHALL NOTIFY THE ENGINEER IMMEDIATELY UPON DISCOVERY OF ANY DISCREPANCIES BETWEEN EXISTING CONDITIONS IN THE FIELD AND INFORMATION SHOWN ON THESE PLANS.

2. EXISTING CURB AND SIDEWALK WITHIN THE PROJECT LIMITS THAT ARE DAMAGED OR DISPLACED, EVEN THOUGH THEY WERE NOT TO BE REMOVED, SHALL BE REPAIRED OR REPLACED BY THE CONTRACTOR, EVEN IF DAMAGE OR DISPLACEMENT OCCURRED PRIOR TO ANY WORK PERFORMED BY THE CONTRACTOR.

ABBREVIATIONS

AC	ASPHALTIC CONCRETE
BAY L	BAY LAUREL
BO	BOTTOM OF OVERHANG
BW	BACK OF WALK
CB	CATCH BASIN
CC	CONCRETE
CL	CENTERLINE
CLMN	COLUMN
CNTRL	CONTROL
CO	CLEANOUT
DI	DRAIN INLET
DIA	DIAMETER
D/W	DRIVEWAY
E	ELECTRICAL
EXH	EXHAUST
FDC	FIRE DEPARTMENT CONNECTION
FF	FINISH FLOOR
FW	FOOT OF WALL
GM	GAS METER
GV	GAS VALVE
HB	HOSE BIB
HCR	HANDICAP RAMP
LD	LOADING DOCK
LOG	LIP OF GUTTER
PLNTR	PLANTER
RWD	REDWOOD TREE
SSMH	SANITARY SEWER MANHOLE
SDMH	STORM DRAIN MANHOLE
TO	TOP OF OVERHANG
TRFL	TRAFFIC LOOP
TW	TOP OF WALL
UB	UTILITY BOX
UG	UNDERGROUND
UTMH	UTILITY MANHOLE
W/	WITH
WV	WATER VALVE

LEGEND

- BENCHMARK
- ELECTROLIER
- FIRE HYDRANT
- JOINT POLE
- CHAIN LINK FENCE AS NOTED
- OVERHANG BUILDING WALL
- BUILDING WALL
- 160.30 = TOP FACE OF CURB
- 6" CC CURB 160.00 = BOTTOM FACE OF CURB AT FLOWLINE AT CC OR AC
- C — C — CUT WIRE LINE AND COMMUNICATION LINE
- E — 3-5"PP(12KV) — ELECTRICAL LINE
- G — GAS LINE
- HPG — HPG — HIGH PRESSURE GAS LINE
- HVE — HVE — HIGH VOLTAGE ELECTRIC
- OXY — OXYGEN GAS LINE
- RIGHT OF WAY BOUNDARY LINE
- SS — 18"SS — SANITARY SEWER LINE
- SD — SD — STORM DRAIN
- W — 6"W — WATER LINE

GRAPHIC SCALE

(IN FEET)
1 inch = 20 ft.

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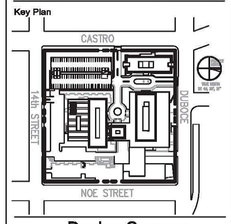
T 650-573-7698
F 650-573-5631

Seals and Signatures

REGISTERED PROFESSIONAL ENGINEER
DANIEL G. SCHAEFER
No. 51158
EXP. 09/30/07
CIVIL
STATE OF CALIFORNIA

Issued for	Rev	Date
CONDITIONAL USE - REV3	4	FEB 22, 2012
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

EXISTING CONDITIONS

Scale 1"=20'

Drawing Number C0.1

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

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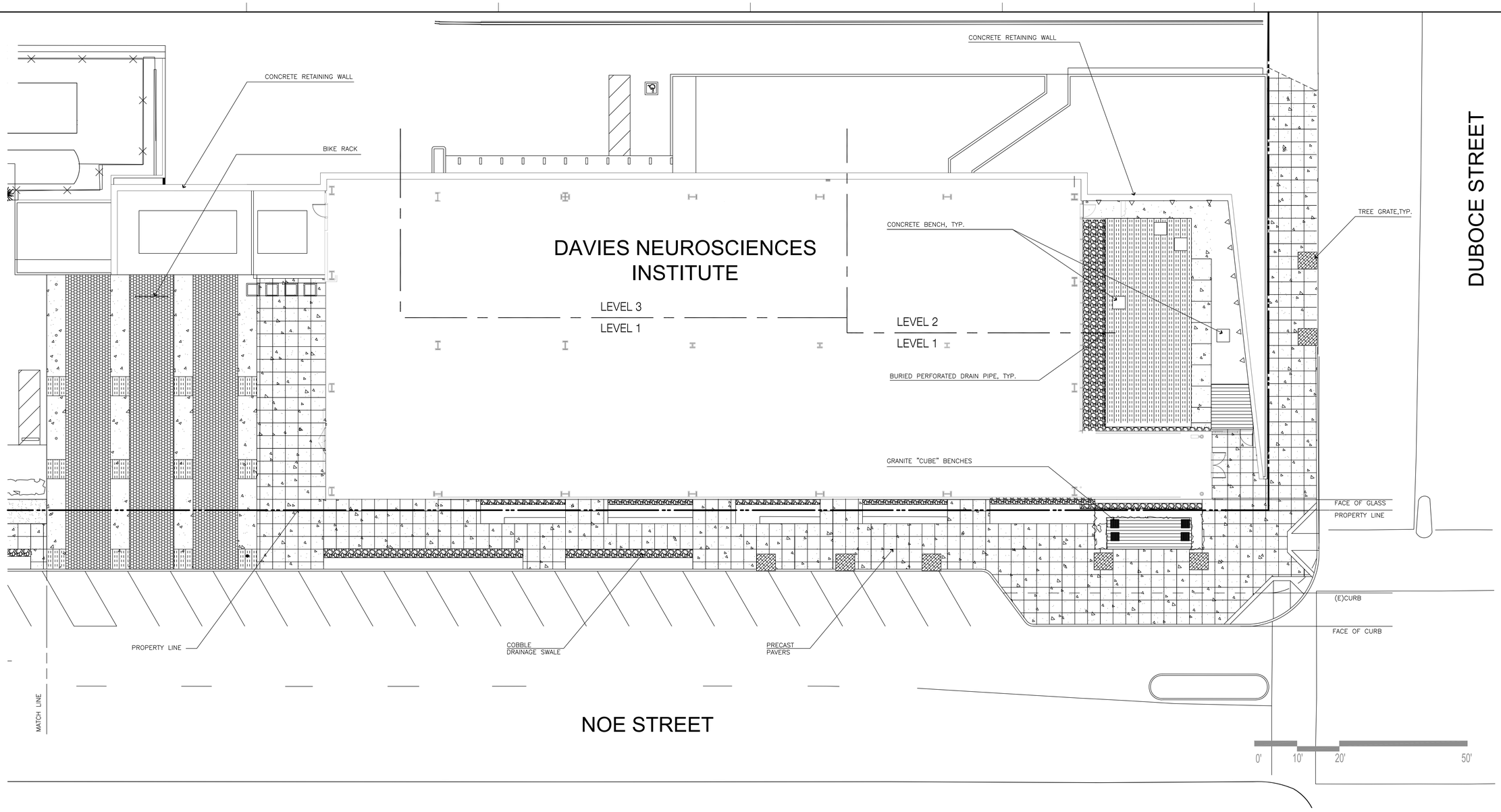

LAYOUT PLAN NOTES

1. THE CONTRACTOR SHALL BE RESPONSIBLE TO VERIFY THE LOCATIONS OF ALL UTILITIES IN THE FIELD. LOCATIONS SHOWN ON THE PLAN ARE APPROXIMATE AND FOR GENERAL INFORMATION ONLY. THE CONTRACTOR SHALL NOTIFY UNDERGROUND SERVICE ALERT (U.S.A.) AT LEAST 48 HOURS PRIOR TO AN EXCAVATION ON THIS PROJECT (PHONE: 800–XXX–XXX).

2. ALL "LAYOUT" WORK SHALL BE APPROVED BY THE ARCHITECT PRIOR TO THE START OF ANY EXCAVATION.

3. THE CONTRACTOR SHALL BE RESPONSIBLE TO CONSTRUCT ALL CONCRETE WORK USING FORM LUMBER AND STAKES STRONG ENOUGH AND AT INTERVALS TO ASSURE A SMOOTH CURVE. ALL FORM WORK MUST BE APPROVED BY THE ARCHITECT PRIOR TO POURING OF ANY CONCRETE.

4. IN AREAS WHERE NEW CONCRETE IS JOINED WITH (E) CONCRETE, THE CONNECTION SHALL BE MADE AT THE NEAREST SCORE LINE OR EXPANSION JOINT.

5. ALL CONCRETE SURFACES TO HAVE SPECIAL FINISHES AND COLOR. TO BE APPROVED BY THE ENGINEER.

6. ALL (E) UTILITY BOXES, VAULTS, VALVE COVERS, AND MANHOLES WITHIN THE AREA TO BE IMPROVED SHALL BE ADJUSTED TO THE NEW FINISH GRADE.

7. INSTALL EXPANSION JOINTS IN CONCRETE AT A TYPICAL 15'–0" OC AND A MAXIMUM 20'–0" OC, AS SHOWN ON PLAN. INSTALL SCOREMARKS AT AN EVEN SPACING. INSTALL EXPANSION JOINT WITH SEALANT AT ALL BUILDING WALLS, EDGE OF STRUCTURAL, TOP AND BOTTOM OF STAIRS, AND AROUND COLUMNS. AT ALL CONCRETE WALL AND HEADERS, INSTALL SCORE JOINTS AT A MAXIMUM 5'–0" OC AND EXPANSION JOINTS AT A MAXIMUM 15'–0" OC.

8. STAKE LOCATIONS OF ALL LANDSCAPE ELEMENTS, INCLUDING PAVING, BOLLARDS, BENCHES, WALLS, SEATWALLS, UNIT PAVER BANDS, TREE GRATES, AND LITTER UNITS FOR APPROVAL BY ARCHITECT PRIOR TO CONSTRUCTION.

LEGEND

SYMBOL	DESCRIPTION
	CONCRETE PAVING
	BRICK PAVERS
	CONCRETE PAVING UNITS
	COBBLE PAVING
	TREE GRATES
	SCORE JOINT/EXPANSION JOINT, SEE NOTES.
	CRUSHED GRAVEL PAVING
	GRANITE "CUBE" BENCHES, 18" SQUARE
	BIKE RACK, CycLoops MODEL #2170–11–P–C

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A Sutter Health Affiliate

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A Joint Venture, and SMWM
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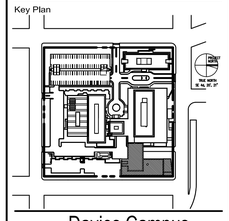
CONDITIONAL USE - REV2	5	MAY 27, 2011
CONDITIONAL USE - REV1	4	MAY 23, 2007
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

LANDSCAPE LAYOUT PLAN NORTH

Scale 1/10" = 1'-0"

Drawing Number L2.1

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

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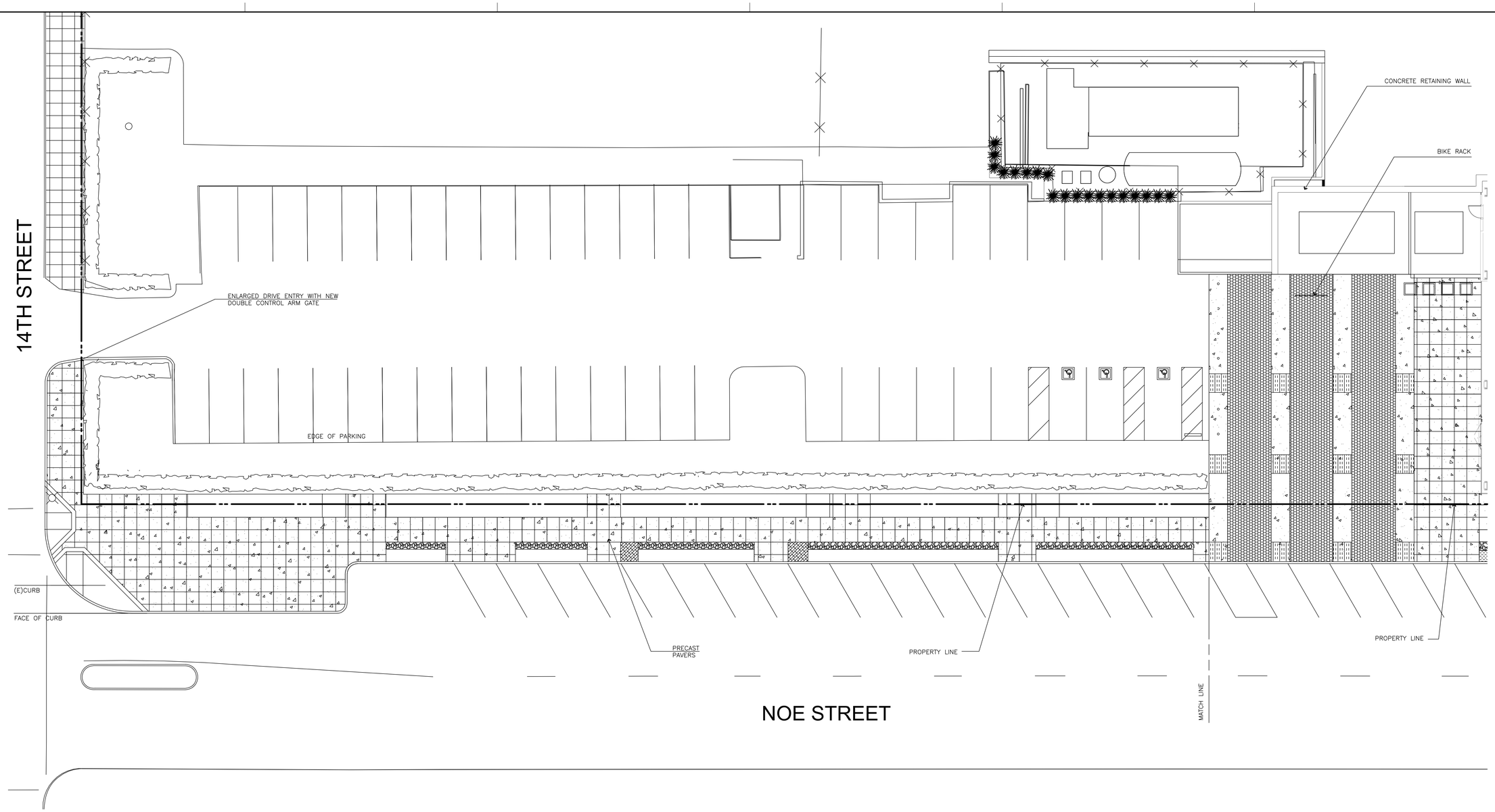

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	CONCRETE PAVING UNITS
	COBBLE PAVING
	TREE GRATES
	SCORE JOINT/EXPANSION JOINT, SEE NOTES.
	CRUSHED GRAVEL PAVING
	GRANITE "CUBE" BENCHES, 18" SQUARE
	BIKE RACK, CycLoops MODEL #2170–11–P–C

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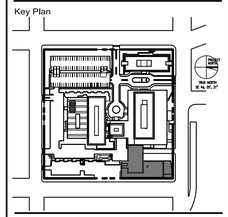
Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

LANDSCAPE LAYOUT PLAN SOUTH

Scale
1/10" = 1'-0"

Drawing Number
L2.2

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

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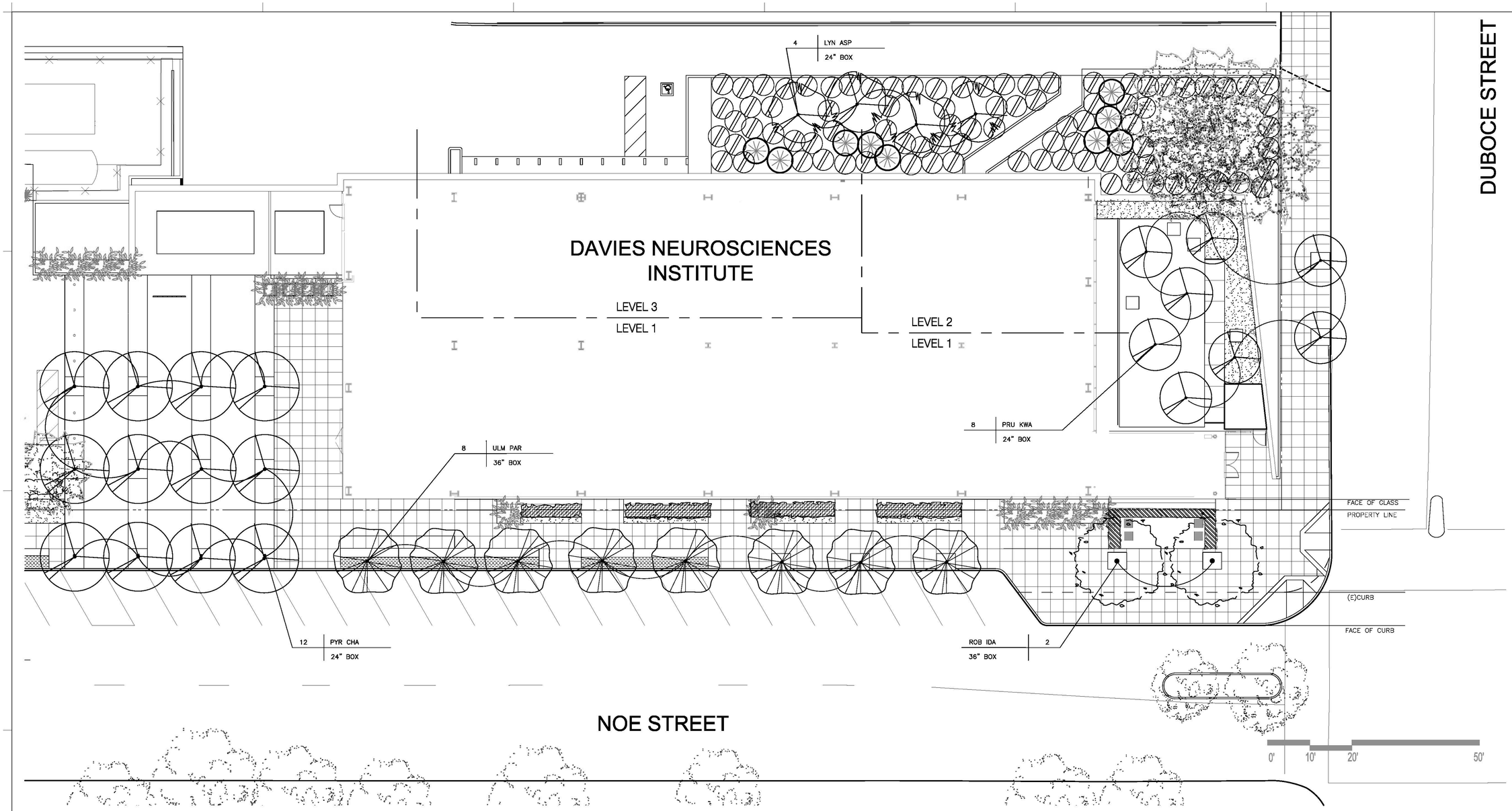

PLANT MATERIAL LIST

TREES – SIZES AND QUANTITIES PER PLAN

KEY	BOTANICAL NAME	SIZE	COUNT
ROB IDA	ROBINIA X AMBIGUA 'IDAHOENSIS'		
LYN ASP	LYONOTHAMNUS F. ASPLENIFOLIUS		
PRU KWA	PRUNUS SERRULATA 'KWANZAN'		
PYR CHA	PYRUS CALLERYANA 'CHANTICLEER'		
ULM PAR	ULMUS PARVIFOLIA		
EXISTING TREES TO REMAIN			

SHRUBS

BUXUS MICROPHYLLA JAPONICA 'GREEN BEAUTY'	5 GAL
NANDINA DOMESTICA	5 GAL
(E) HEDGE TO REMAIN	
BAMBOO SPECIES	15/25 GAL
JUNIPERUS 'SKYROCKET'	15 GAL
CEANOTHUS GRISEUS 'YANKEE POINT'	1 GAL
RHUS INTEGRIFOLIA	5 GAL

GROUNDCOVERS

IRIS DOUGLASIANA	1 GAL
LIRIOPE MUSCARI 'SILVERY SUNPROOF'	1 GAL
OPHIOPOGON JAPONICUS	F.G. 10" O.C.

GRASSES

CALAMAGROSTIS FOLIOSA	1 GAL
CHONDROPETALUM TECTORUM	1 GAL
JUNCUS PATENS	1 GAL

VINES

PARTHENOCISSUS TRICUSPIDATA	1 GAL

PLANTING HOLE SCHEDULE– ON GRADE

TREES	WIDTH
24" BOX	4'–0" SQUARE
36" BOX	6'–0" SQUARE
SHRUBS	
1 GALLON	1'–6" ROUND
5 GALLON	2'–0" ROUND

PLANTING NOTES

1. ALL UNDERGROUND UTILITIES SHALL BE LOCATED BEFORE START OF WORK.

2. ALL GRADES SHALL BE APPROVED BY THE ARCHITECT PRIOR TO PLANTING OF ANY PLANT MATERIALS.

3. CONTRACTOR SHALL LAYOUT TREES AS SHOWN ON THE PLAN. LAYOUT OF PLANT MATERIAL, WHILE STILL IN CONTAINERS, SHALL BE APPROVED BY THE ARCHITECT PRIOR TO INSTALLATION OF ANY PLANT.

4. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE REPAIR AND REPLACEMENT OF ANY DAMAGE OR DESTRUCTION TO EXISTING PLANT MATERIALS AND TO RESTORE THE SAME SPECIES TO IT'S ORIGINAL CONDITION TO THE SATISFACTION OF THE ARCHITECT.

5. REFER TO SPECIFICATIONS FOR SOIL AMENDMENTS, FERTILIZER AND PLANTING INFORMATION.

6. TREE PLANTINGS AND SOD AREAS SHALL RECEIVE WEED CONTROL TREATMENT AS SPECIFIED IN SECTION 02900 OF THE ACCOMPANYING SPECIFICATIONS.

7. UPON RECEIPT OF "NOTICE TO PROCEED", THE CONTRACTOR SHALL ORDER PLANT MATERIAL TO INSURE ADEQUATE QUANTITY AND SIZES OF PLANT MATERIAL WILL BE AVAILABLE. A COPY OF THE NURSERY INVOICE SHALL BE SUBMITTED TO THE PROJECT ARCHITECT.

8. ALL PLANTS SHALL BE OF THE GENUS, SPECIES, VARIETY, CULTIVAR, AND SIZES AS SHOWN ON THE PLANS. UNDER NO CONDITION WILL THERE BE ANY SUBSTITUTION OF PLANTS OR SIZES FOR THOSE LISTED ON THE PLANS, EXCEPT WITH THE EXPRESS WRITTEN CONSENT OF THE PROJECT ARCHITECT.

9. ALL PLANTS SHALL BE TRUE TO NAME, AND SHALL BE TAGGED WITH THE NAME AND SIZE OF THE PLANT, IN ACCORDANCE WITH THE STANDARDS OF PRACTICE RECOMMENDED BY THE AMERICAN ASSOCIATION OF NURSERYMEN.

10. IMPORT TOPSOIL SHALL CONFORM TO THE CITY OF SAN FRANCISCO STANDARD SPECIFICATIONS. A SAMPLE OF IMPORT TOPSOIL, ALONG WITH A COMPLETE SOIL ANALYSIS REPORT AS SPECIFIED, SHALL BE APPROVED BY THE PROJECT ARCHITECT PRIOR TO DELIVERY OF IMPORT TOPSOIL TO THE SITE.

11. ALL EXISTING TREES TO REMAIN SHALL RECEIVE SUPPLEMENTAL FERTILIZING AND SHALL BE PRUNED AND CANOPIES RAISED PER SPECIFICATION SECTION 02900. ALL PROPOSED TREES SHALL BE PRUNED FOR STRUCTURAL SOUNDNESS AND THINNED TO REDUCE WIND SAIL AT THE DIRECTION OF THE ARCHITECT.

12. CALIPER OF TREES SHALL BE MEASURED 6" ABOVE FINISH GRADE.

13. CONTRACTOR TO MAINTAIN ENTIRE AREA WITHIN LIMIT OF WORK LINE INCLUDING MANUAL WATERING OF EXISTING PLANT MATERIAL AS SPECIFIED.

14. PROVIDE 2" MULCH OVER ALL NEW SHRUB AND GROUNDCOVER AREAS.

15. ALL 15 GALLON AND 24" BOX SIZE TREES SHALL BE DOUBLE STAKED, ALL MULTI–TRUNK TREES SHALL BE TRIPLE STAKED.

16. ALL SHRUBS AND GROUNDCOVERS SHALL BE SET 1/2 THE DIMENSION OF THE SPACING FROM ADJACENT WALKS, CURBS AND WALLS UNLESS OTHERWISE SHOWN. ALL SHRUB AND GROUNDCOVER SPACING SHALL BE TRIANGULAR UNLESS DRAWN OTHERWISE.

17. PLANT TREES A MINIMUM OF 4'–0" FROM EDGE OF PAVING, BUILDING, AND WALLS UNLESS OTHERWISE NOTED.

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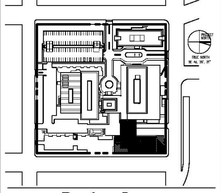

Davies Campus
Noe Street Medical Office Building

Drawing Title

LANDSCAPE PLANTING PLAN NORTH

Scale 1/10" = 1'-0"

Drawing Number L4.1

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename:
XREF Filename List:
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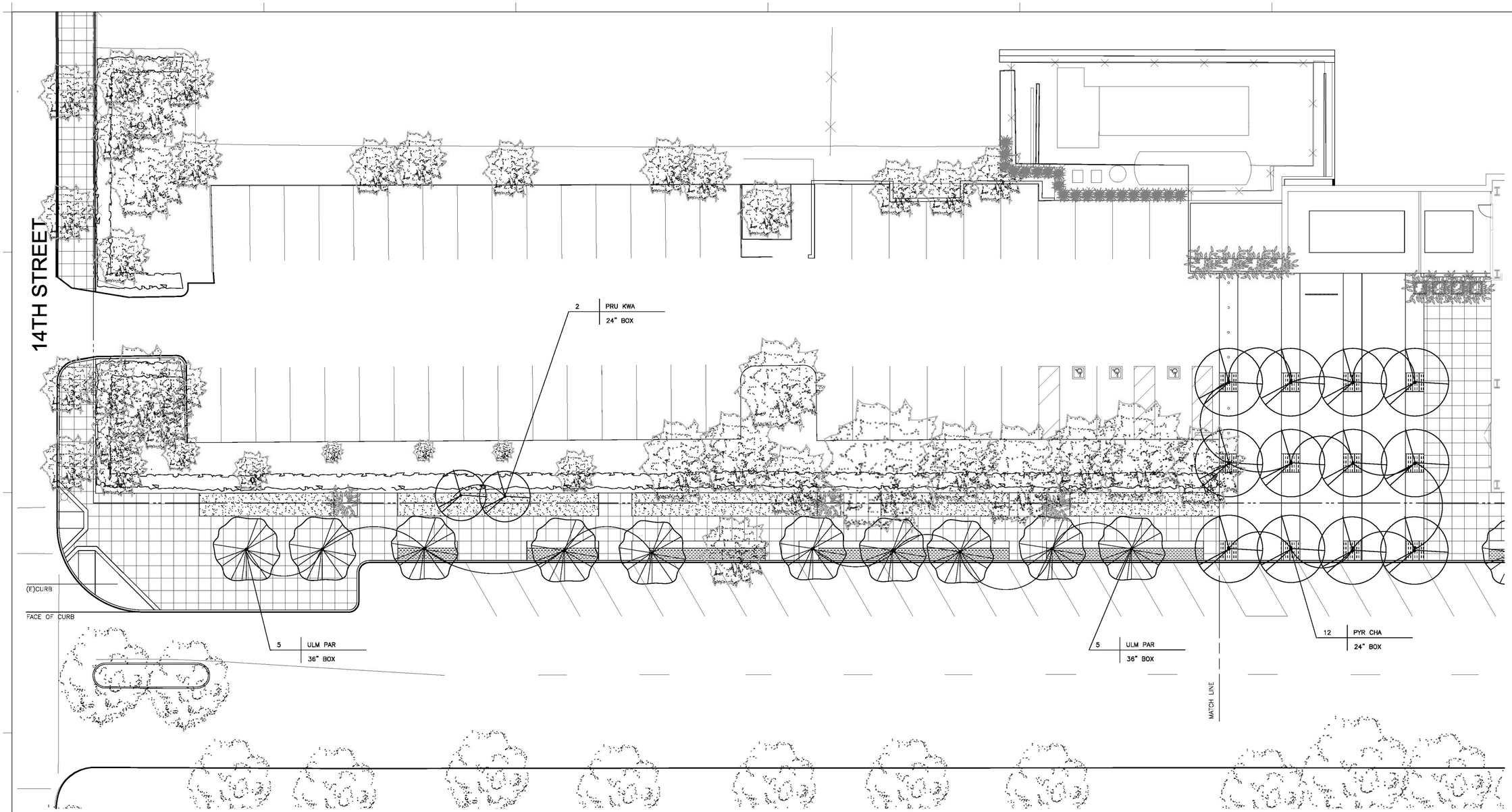

PLANT MATERIAL LIST

TREES – SIZES AND QUANTITIES PER PLAN

KEY	BOTANICAL NAME	SIZE	COUNT
FRA EXC	FRAXINUS EXCELCIOR	36" BOX	2
		36" BOX	3
LYN ASP	LYONOTHAMNUS F. ASPLENIFOLIUS	15 GAL	4
PRU KWA	PRUNUS SERRULATA 'KWANZAN'	24" BOX	13
PYR CHA	PYRUS CALLERYANA 'CHANTICLEER'	24" BOX	16
ULM PAR	ULMUS PARVIFOLIA	36" BOX	2
		24" BOX	6
EXISTING TREES TO REMAIN		36" BOX	6

SHRUBS

BUXUS MICROPHYLLA JAPONICA 'GREEN BEAUTY'	5 GAL
NANDINA DOMESTICA	5 GAL
(E) HEDGE TO REMAIN	
BAMBOO SPECIES	15/25 GAL
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PARTHENOCISSUS TRICUSPIDATA	1 GAL

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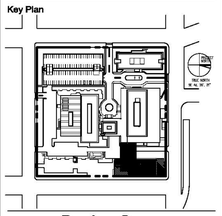
Seals and Signatures

Issued for

	Rev	Date
CONDITIONAL USE - REV3	5	FEB 22, 2012
CONDITIONAL USE - REV1	4	MAY 23, 2007
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

LANDSCAPE
PLANTING PLAN
SOUTH

Scale
1/10" = 1'-0"

Drawing Number
L4.2

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\38891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\L2.1, L2.2, L4.1, L4.2- Landscape, planting.dwg
XREF Filename List:
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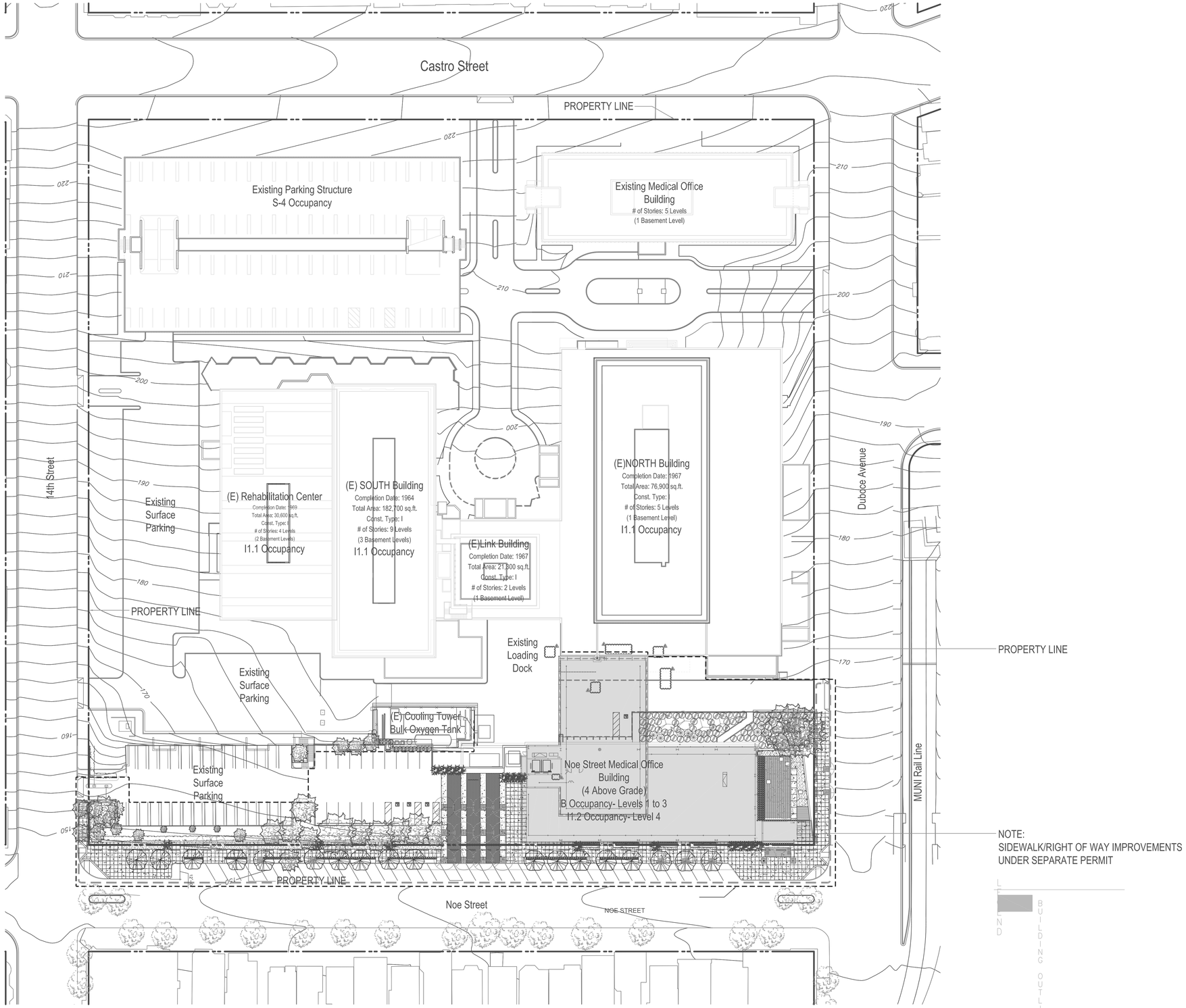
Plot Layout:
Plot Date: Mo 02/23/2012 [Thu 4:55pm]



PROPERTY LINE

NOTE:
SIDEWALK/RIGHT OF WAY IMPROVEMENTS
UNDER SEPARATE PERMIT

LEGEND

BUILDING OUTLINE

California Pacific Medical Center
A Sutter Health Affiliate

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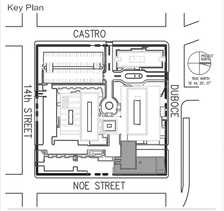
Seals and Signatures

Issued for	Rev	Date
CONDITIONAL USE - REV3	5	FEB 22, 2012
CONDITIONAL USE - REV1	4	MAY 23, 2007
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title
CAMPUS SITE PLAN

Scale
1/32" = 1'-0"

Drawing Number
A1.1

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A101 REVISED 2012-02-08.dwg
hko 02/23/2012 [Thu 5:06pm]
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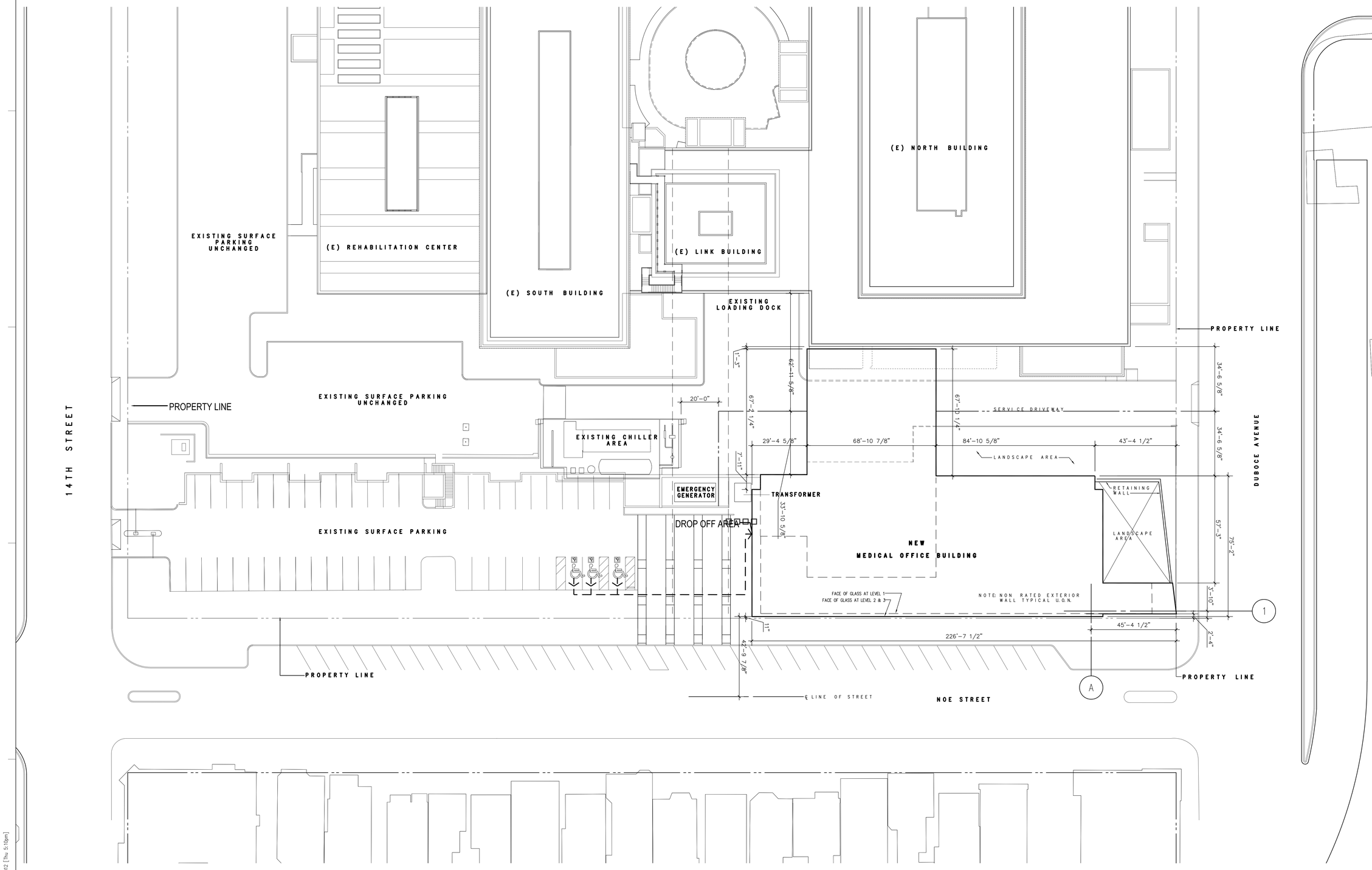
Named Page Setup:
Plot Layout:
Plot Date:



NOTE : DIMENSIONS ARE APPROXIMATE

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Seals and Signatures

LICENSED ARCHITECT
STEPHEN G. PEPPLER
No. C 10625
10-05-06
STATE OF CALIFORNIA

Issued for	Rev	Date
CONDITIONAL USE - REV2	5	MAY 27, 2011
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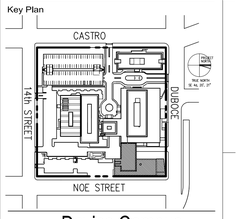
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus

Noe Street Medical Office Building

Drawing Title

SITE PLAN

Scale

1/20" = 1'-0"

Drawing Number

A1.2

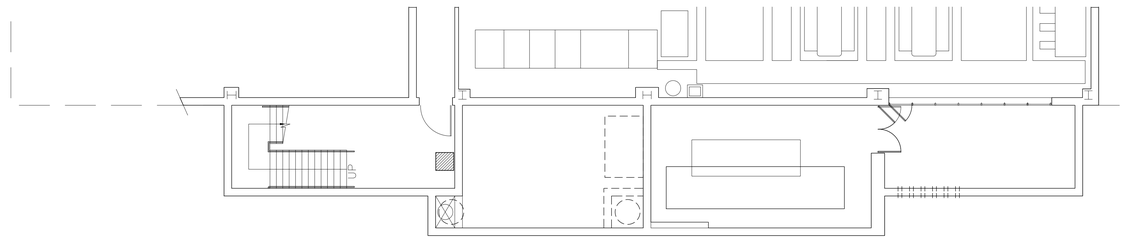
Project Number

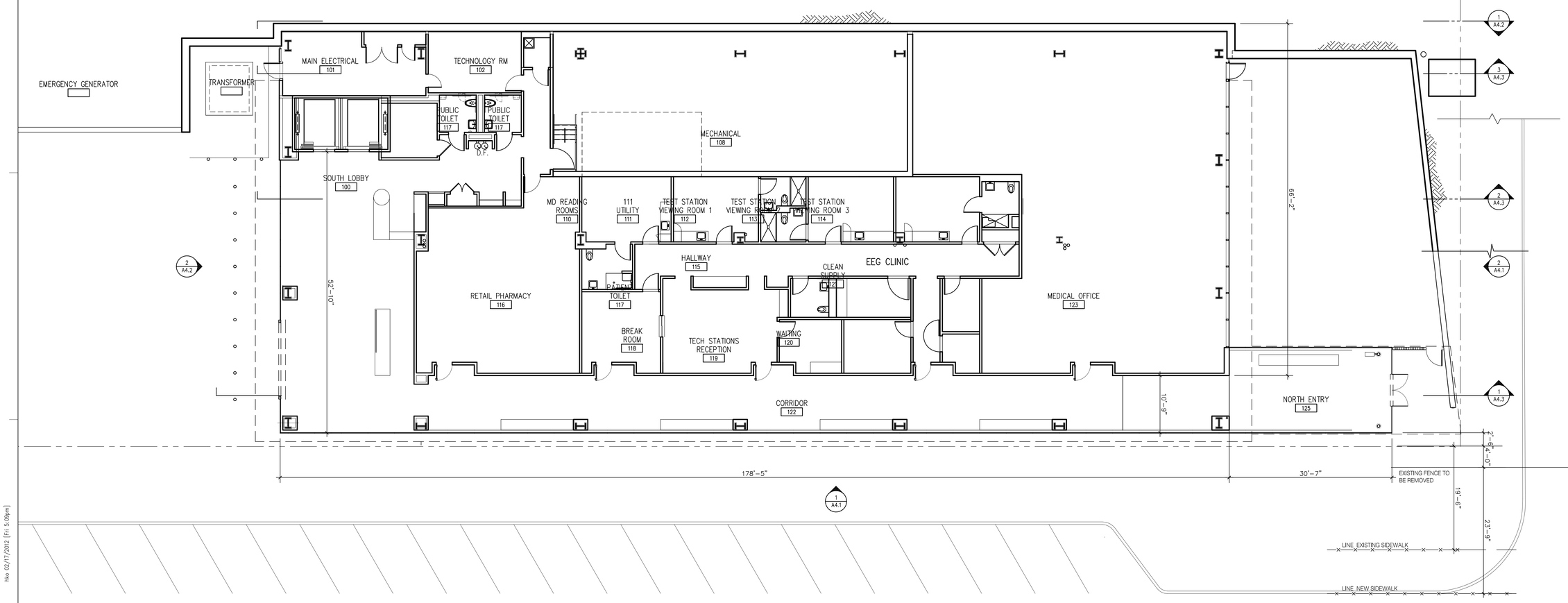
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set- May 27th 2011\A102-SITE PLAN.dwg
XREF Filename List:
Named Page Setup:
Plot Layout:
Plot Date: hko 02/23/2012 [Thu 5:10pm]

SHEET NOTES

1. STOREFRONT GLAZING DIMENSIONS ARE TO OUTSIDE FACE OF GLAZING U.O.N.
2. REFER TO CIVIL DRAWINGS FOR GRADE ELEVATIONS AND UTILITY CONNECTIONS.
3. REFER TO LANDSCAPE DRAWINGS FOR EXTERIOR GRADE FINISHES.





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Seals and Signatures

LICENSED ARCHITECT
STEPHEN D. KEPPLER
No. C 10625
10-05-06
STATE OF CALIFORNIA

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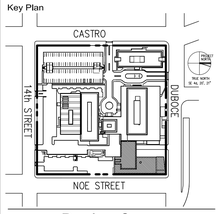
CONDITIONAL USE - REV3	6	FEB.22, 2012
CONDITIONAL USE - REV2	5	MAY 27, 2011
CONDITIONAL USE - REV1	4	MAY 23, 2007
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

LEVEL 1 FLOOR PLAN

Scale
1/8" = 1'-0"

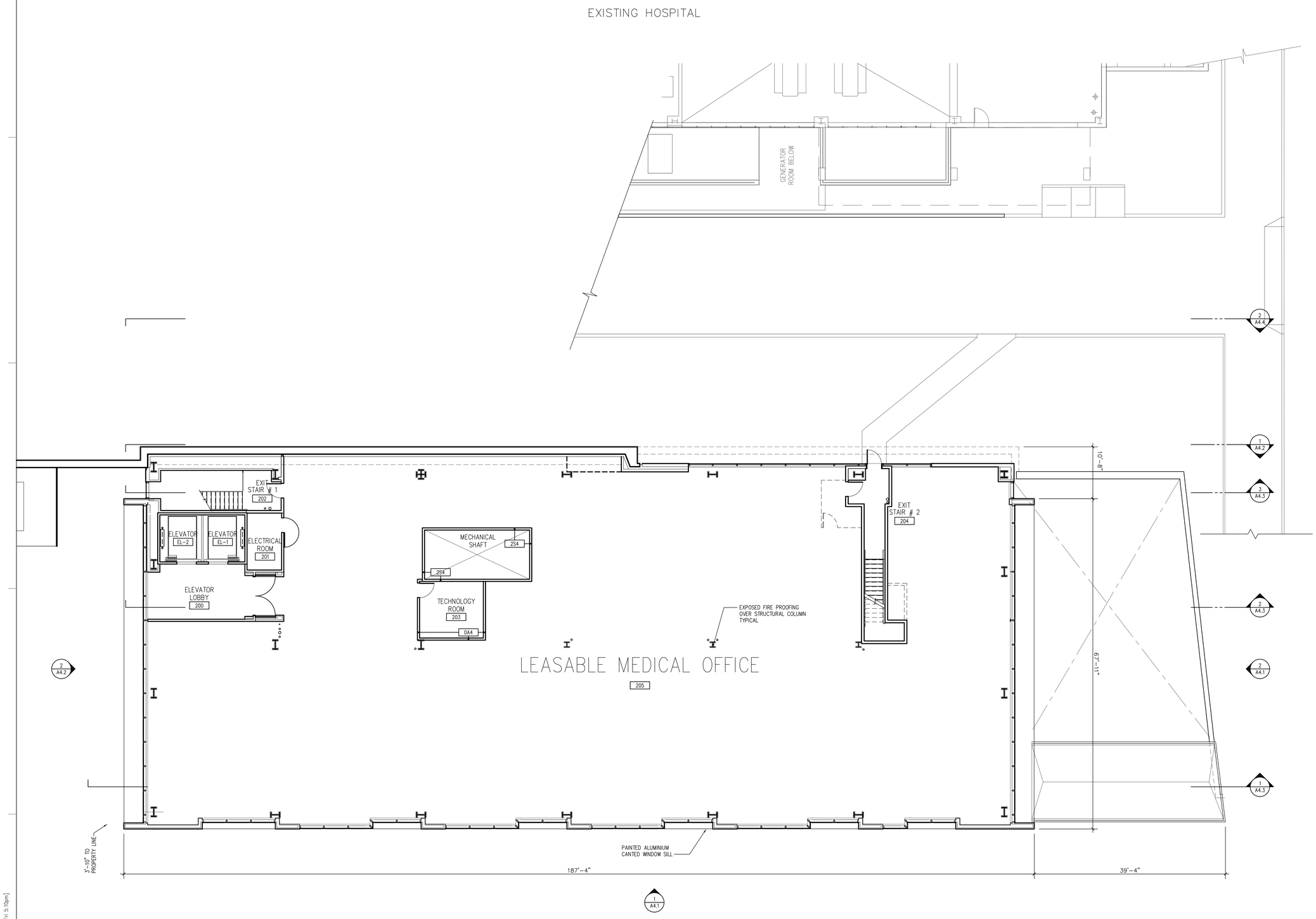
Drawing Number
A2.1

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A201-LEVEL 1 FLOOR PLAN.dwg
XREF Filename List:
Named Plot Style Setup:
Plot Layout:
Plot Date: hko 02/17/2012 [Fri 5:09pm]

SHEET NOTES

1. DIMENSIONS FOR WINDOW WALLS ARE FROM EXTERIOR FACE OF GLASS TO GRID LINE. TYPICAL U.O.N.
2. REFER TO DRAWING A2.1 FOR ADDITIONAL NOTES.



California Pacific Medical Center

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Seals and Signatures

LICENSED ARCHITECT
STEPHEN G. FERRITER
No. C 10625
10-05-06
STATE OF CALIFORNIA

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	Rev	Date
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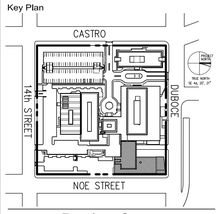
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus

Noe Street Medical Office Building

Drawing Title

LEVEL 2 FLOOR PLAN, (Leasable Medical Office)

Scale
1/8" = 1'-0"

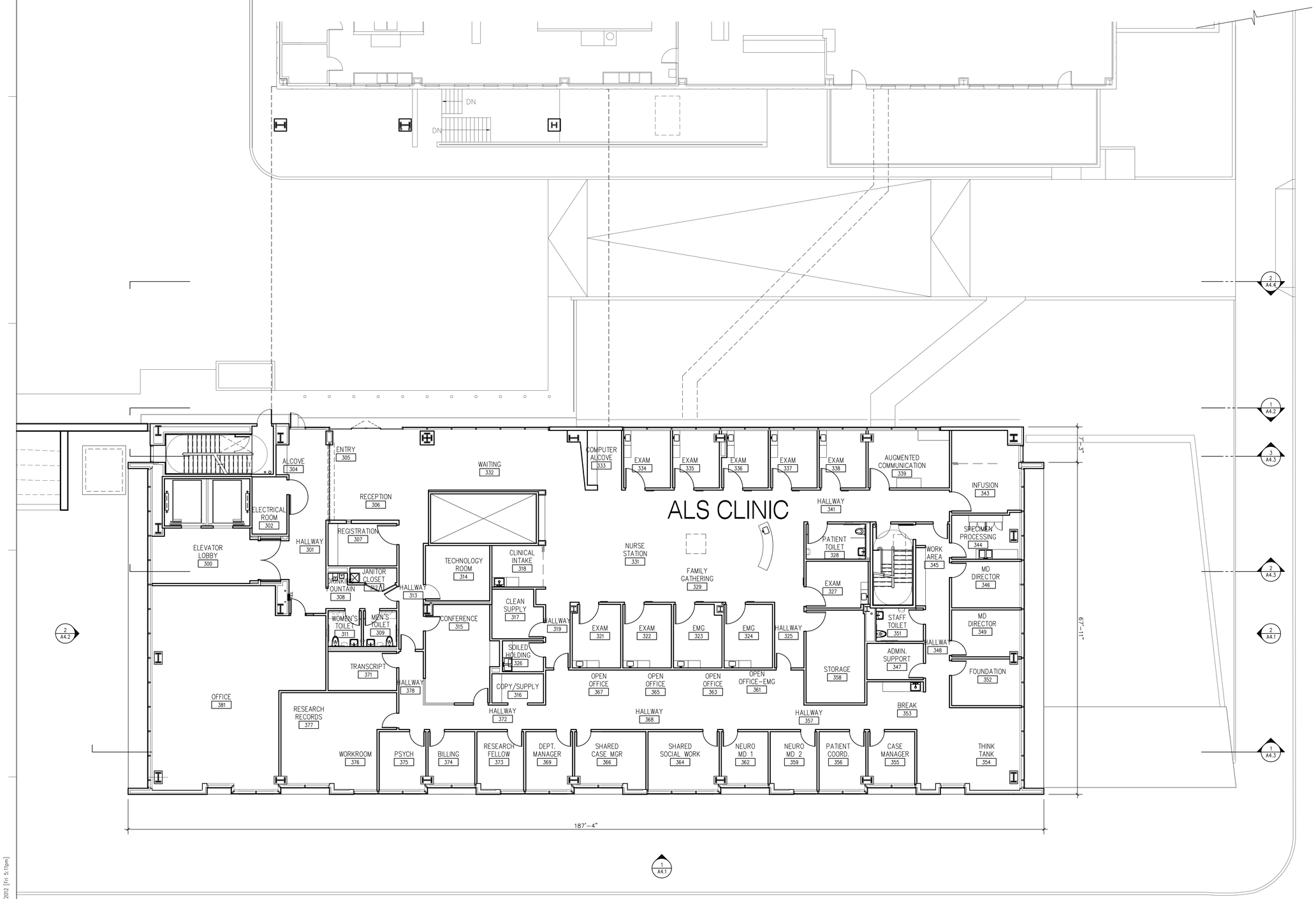
Drawing Number
A2.2

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A202-LEVEL 2 FLOOR PLAN.dwg
XREF Filename List:
Name of Plot Style Setup:
Plot Layout:
Plot Date: hko 02/17/2012 [Fri 5:10pm]

SHEET NOTES

1. REFER TO DRAWING A2.1 & A2.2 FOR ADDITIONAL NOTES.



California Pacific Medical Center
A Sutter Health Affiliate

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Seals and Signatures

LICENSED ARCHITECT
STEPHEN D. FOSTER
No. C 10625
10-05-06
STATE OF CALIFORNIA

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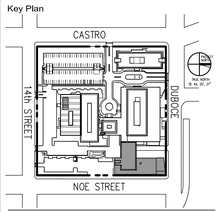
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

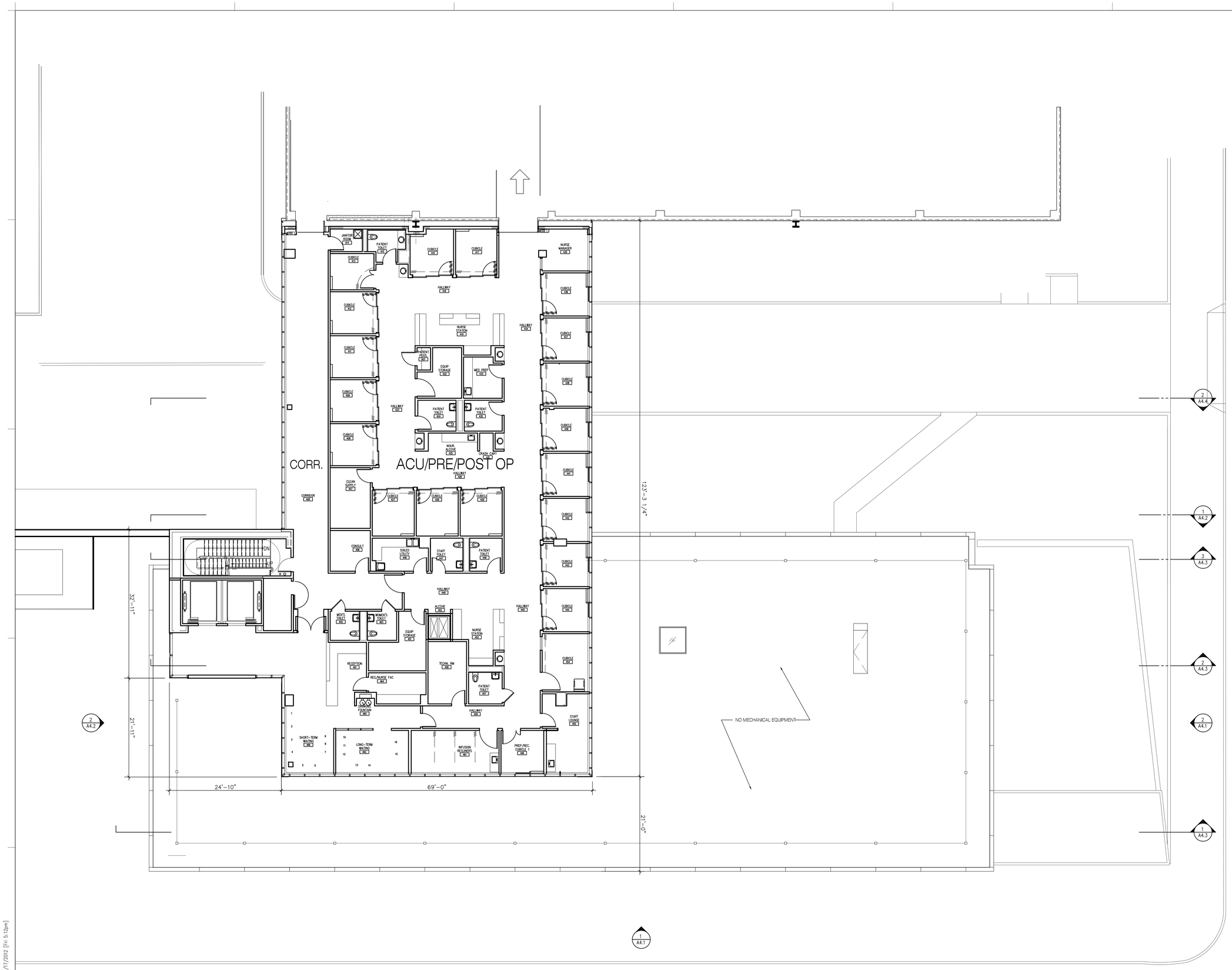
Drawing Title
LEVEL 3 FLOOR PLAN
(ALS CLINIC)

Scale
1/8" = 1'-0"

Drawing Number
A2.3

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A203-LEVEL 3 FLOOR PLAN.dwg
XREF Filename List:
Name of Page Setup:
Plot Layout:
Plot Date: hko 02/17/2012 [Fri 5:11pm]



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LICENSED ARCHITECT
STEPHEN G. FERRIER
No. C 10625
10-05-06
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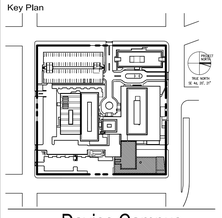
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

LEVEL 4 FLOOR PLAN
(ACU/PRE/POST OP)

Scale
1/8" = 1'-0"

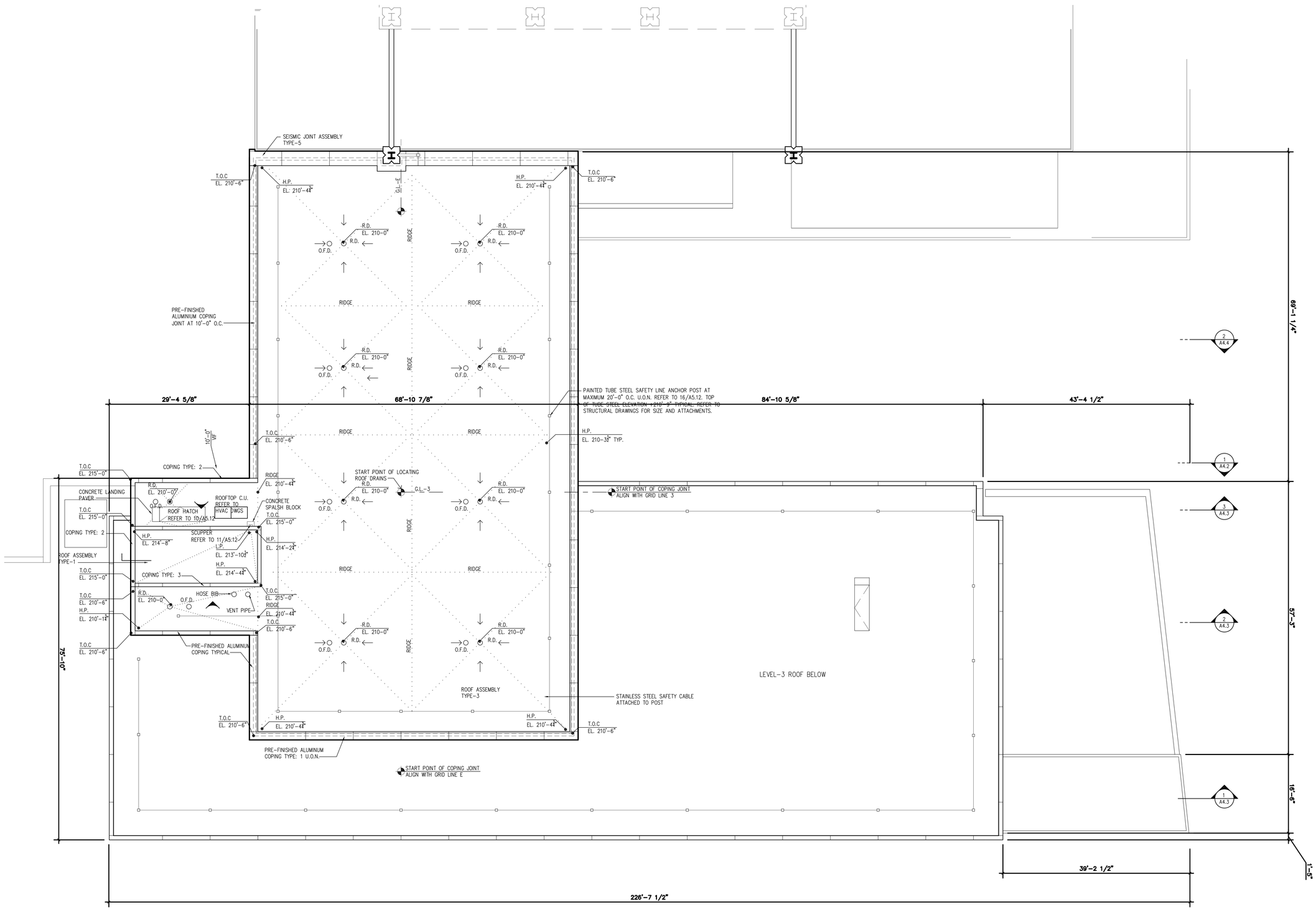
Drawing Number
A2.5

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A205 - LEVEL 4 FLOOR PLAN.dwg
XREF Filename List:
Xref and Page Setup:
Plot Layout:
Plot Date: hko 02/17/2012 [Fri 5:12pm]

SHEET NOTES

1. REFER TO DRAWINGS A2.1&A2.2 FOR ADDITIONAL NOTES



Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A206 - HIGH ROOF PLAN.dwg
XREF Filename List:
Named Page Setup:
Plot Layout:
Plot Date: hko 02/17/2012 [Fri 5:13pm]

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Issued for	Rev	Date
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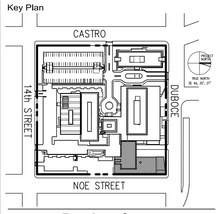
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus

Noe Street Medical Office Building

Drawing Title

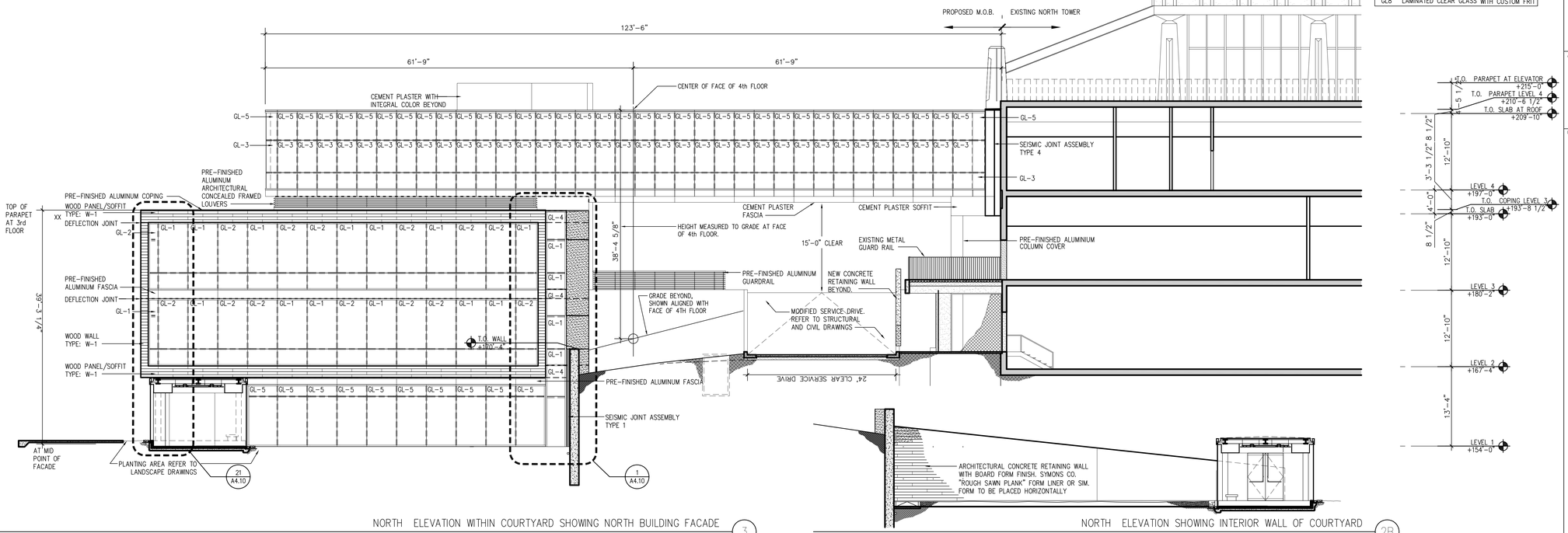
HIGH ROOF PLAN

Scale
1/8" = 1'-0"

Drawing Number
A2.6

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

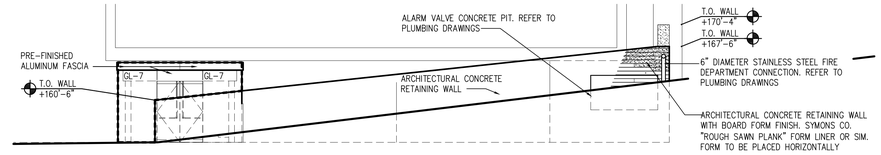
GLASS TYPES REFER TO SPECIFICATIONS FOR FULL DESCRIPTION	
GL1	INSULATED CLEAR GLASS
GL2	INSULATED CLEAR ETCHED GLASS
GL3	INSULATED CLEAR GLASS WITH CUSTOM FRIT
GL4	INSULATED CLEAR GLASS
GL5	CLEAR FLOAT GLASS WITH CUSTOM FRIT
GL6	CLEAR TEMPERED GLASS
GL7	LAMINATED CLEAR GLASS WITH CUSTOM FRIT
GL8	LAMINATED CLEAR GLASS WITH CUSTOM FRIT



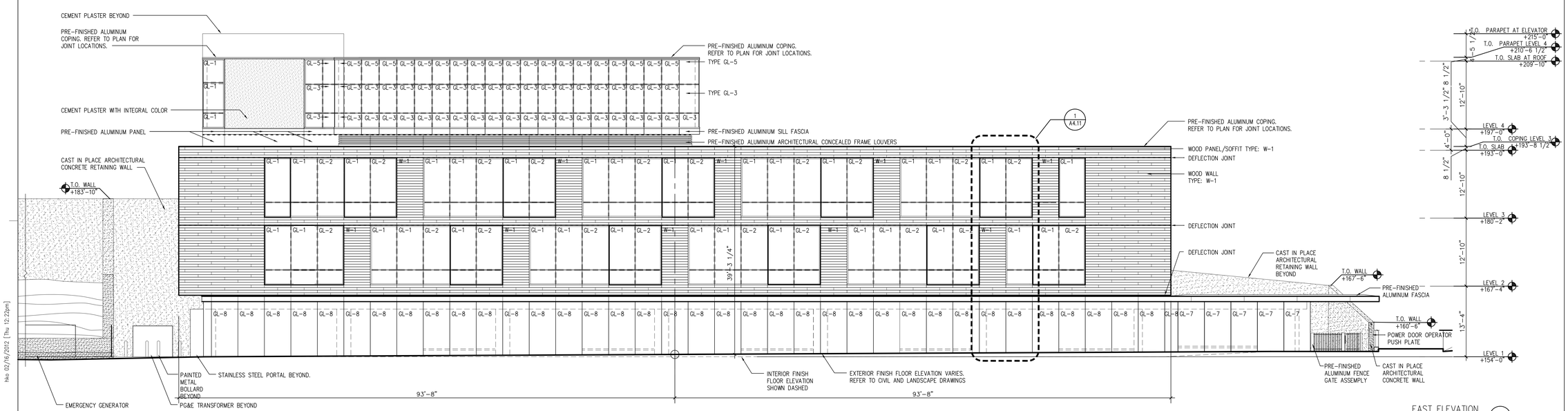
NORTH ELEVATION WITHIN COURTYARD SHOWING NORTH BUILDING FACADE (3)

REFER TO DRAWING 1 FOR ADDITIONAL NOTES.

NORTH ELEVATION SHOWING INTERIOR WALL OF COURTYARD (2B)



NORTH ELEVATION SHOWING EXTERIOR WALL OF COURTYARD (2A)



EAST ELEVATION (1)

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A Sutter Health Affiliate

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Seals and Signatures

LICENSED ARCHITECT
B. GIRON G. FEFFER
No. C 10625
10-05-06
STATE OF CALIFORNIA

Issued for

	Rev	Date
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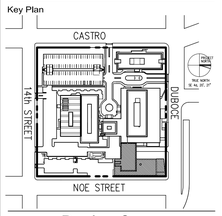
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title
BUILDING ELEVATIONS EAST AND NORTH

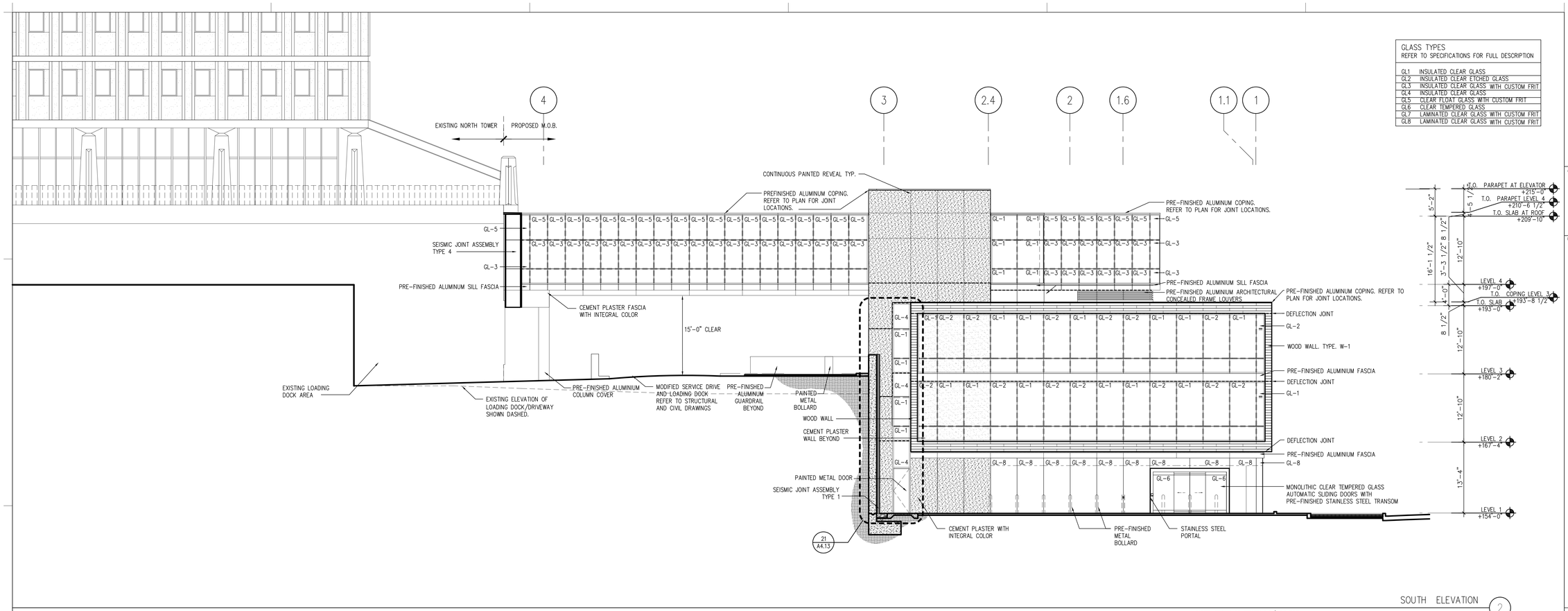
Scale
1/8" = 1'-0"

Drawing Number
A4.1

Project Number
SmithGroup/SOM 38140.016
FPD 341.460.20

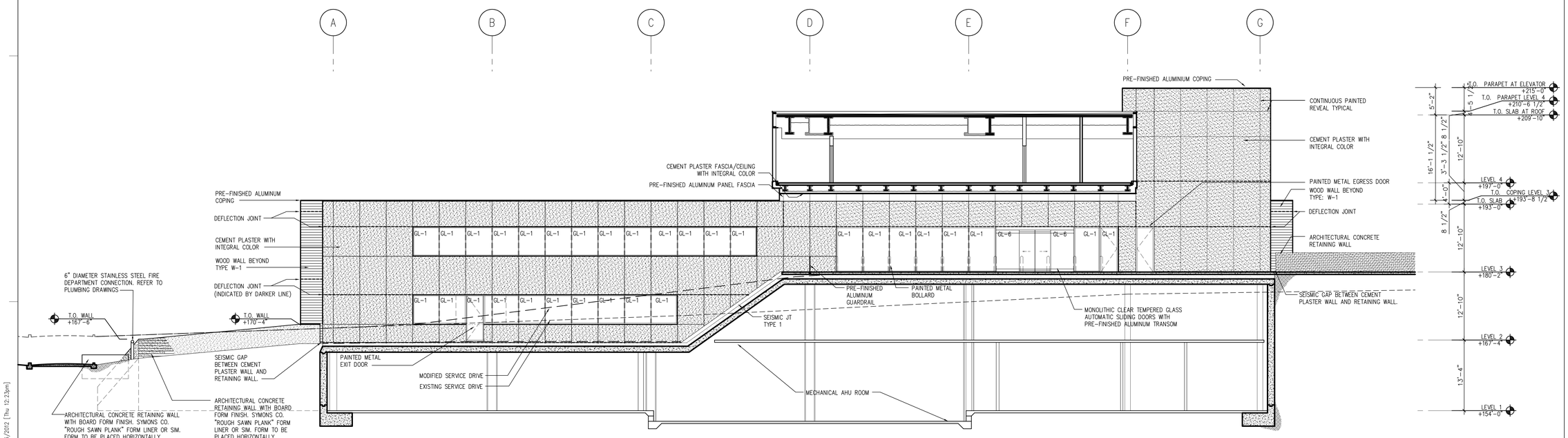
Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A4.1-BUILDING ELEVATIONS EAST AND NORTH 2012-02-08.dwg
XREF Filename List:
Named Page Setup:
Plot Layout:
Plot Date: hko 02/16/2012 [Thu 12:22pm]

GLASS TYPES REFER TO SPECIFICATIONS FOR FULL DESCRIPTION	
GL1	INSULATED CLEAR GLASS
GL2	INSULATED CLEAR ETCHED GLASS
GL3	INSULATED CLEAR GLASS WITH CUSTOM FRIT
GL4	INSULATED CLEAR GLASS
GL5	CLEAR FLOAT GLASS WITH CUSTOM FRIT
GL6	CLEAR TEMPERED GLASS
GL7	LAMINATED CLEAR GLASS WITH CUSTOM FRIT
GL8	LAMINATED CLEAR GLASS WITH CUSTOM FRIT



SOUTH ELEVATION 2

NOTE : REFER TO DRAWING 1/A4.1 FOR ADDITIONAL NOTES.



WEST ELEVATION 1

NOTE : REFER TO DRAWING 1/A4.1 FOR ADDITIONAL NOTES.

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LICENSED ARCHITECT STEPHEN G. FERRIER No. C 10625 10-05-06 STATE OF CALIFORNIA

Issued for	Rev	Date
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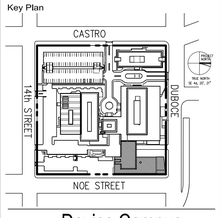
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title
BUILDING ELEVATIONS WEST AND SOUTH

Scale 1/8" = 1'-0"

Drawing Number
A4.2

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A4.2-BUILDING ELEVATIONS WEST AND SOUTH 2012-02-08.dwg
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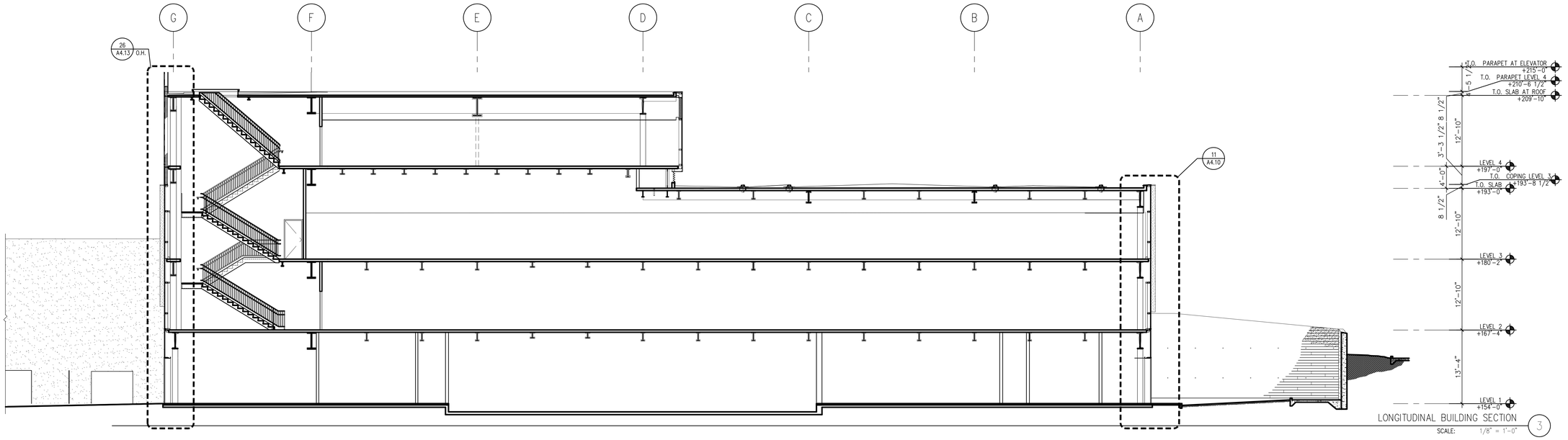
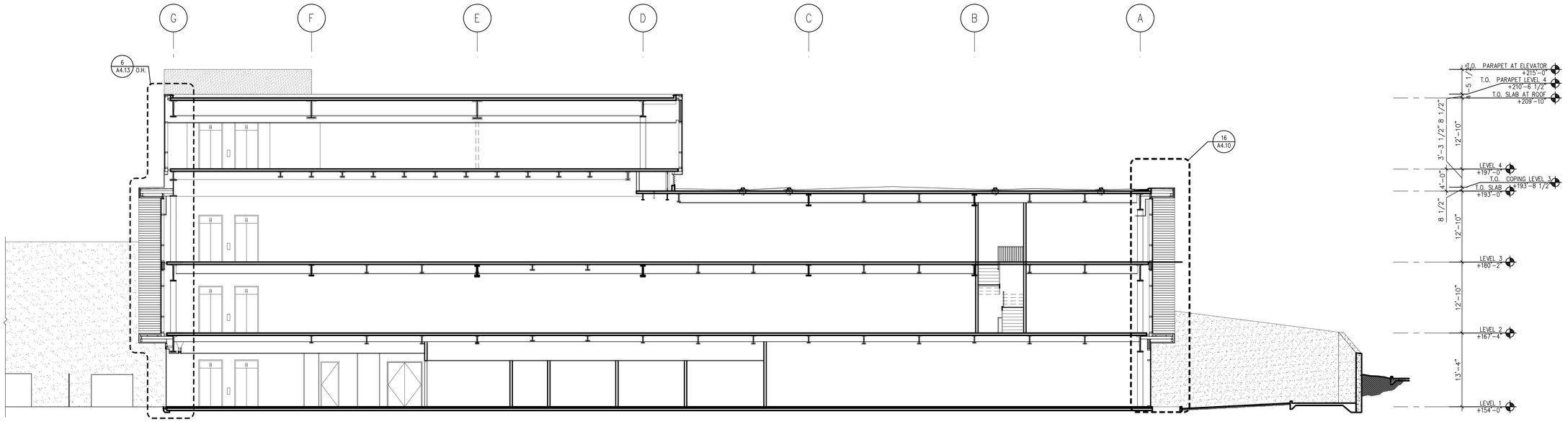
Plot Layout:
Plot Date: hko 02/16/2012 [Thu 12:23pm]



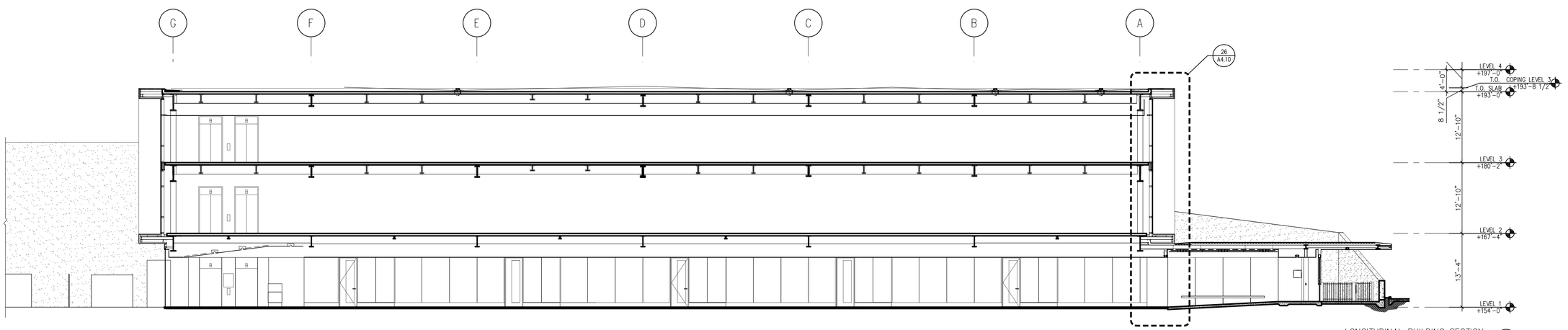
LONGITUDINAL BUILDING SECTION 3

SCALE: 1/8" = 1'-0"



LONGITUDINAL BUILDING SECTION 2

SCALE: 1/8" = 1'-0"



LONGITUDINAL BUILDING SECTION 1

SCALE: 1/8" = 1'-0"

P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set- May 27th, 2011\A403-building sections.dwg

hko 02/23/2012 [Thu, 5:13pm]

Plot Sheet Filename:
XREF Filename List:
Named Plot Style Setup:
Plot Layout:
Plot Date:

California Pacific Medical Center

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STEPHEN D. FOSTER
No. C 10625
10-05-06
STATE OF CALIFORNIA

Issued for

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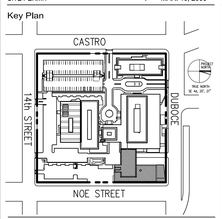
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus

Noe Street Medical Office Building

Drawing Title

BUILDING SECTIONS

Scale

1/8" = 1'-0"

Drawing Number

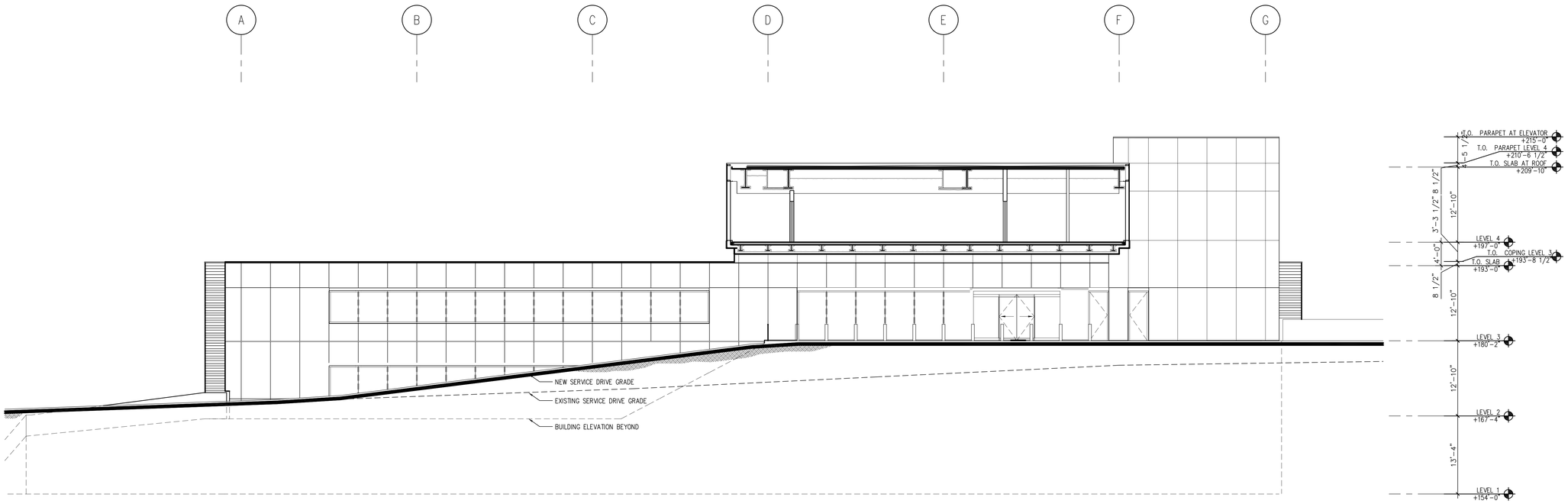
A4.3

Project Number
SmithGroup/SOM 38140.016

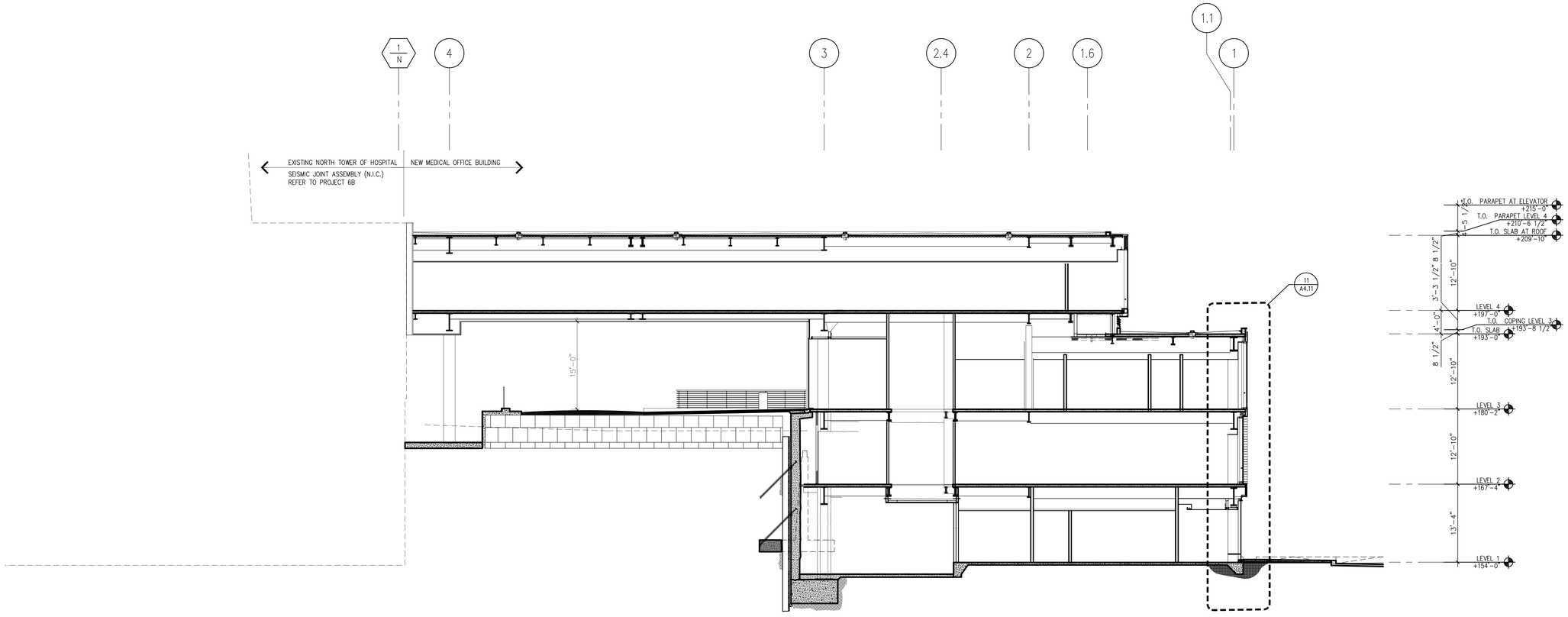
FPD 341.460.20

SHEET NOTES

1. REFER TO DRAWING G0.1 FOR GENERAL NOTES.



LONGITUDINAL SECTION THROUGH SERVICE DRIVE 2



TRANSVERSE BUILDING SECTION 1

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A Sutter Health Affiliate

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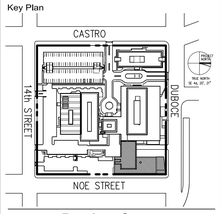
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus

Noe Street Medical Office Building

Drawing Title

BUILDING SECTION

Scale 1/8" = 1'-0"

Drawing Number

A4.4

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\May 23-2007\A404.dwg
XREF Filename List:
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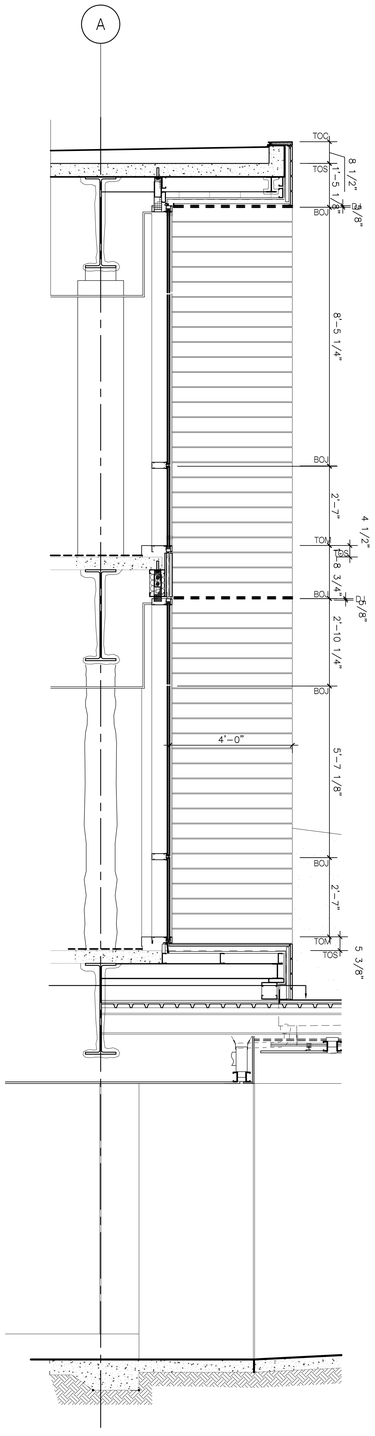
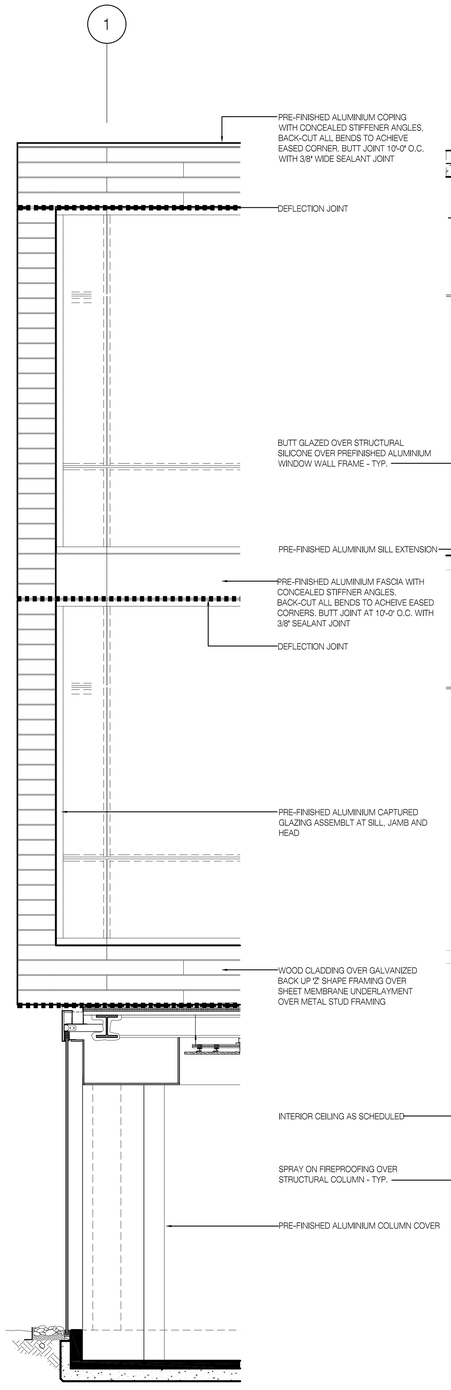
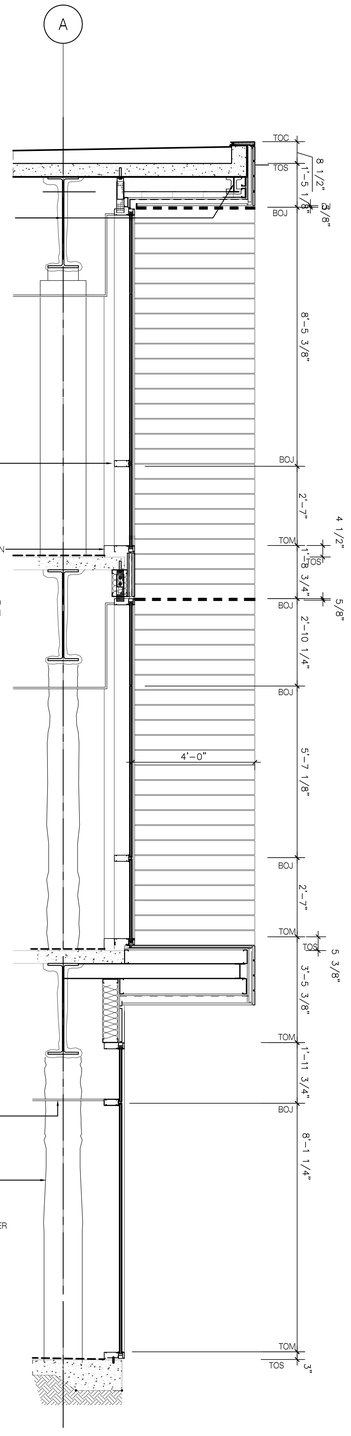


ENLARGED ELEVATION (26)
SCALE: 1/2" = 1'-0"



ENLARGED ELEVATION (21)
SCALE: 1/2" = 1'-0"



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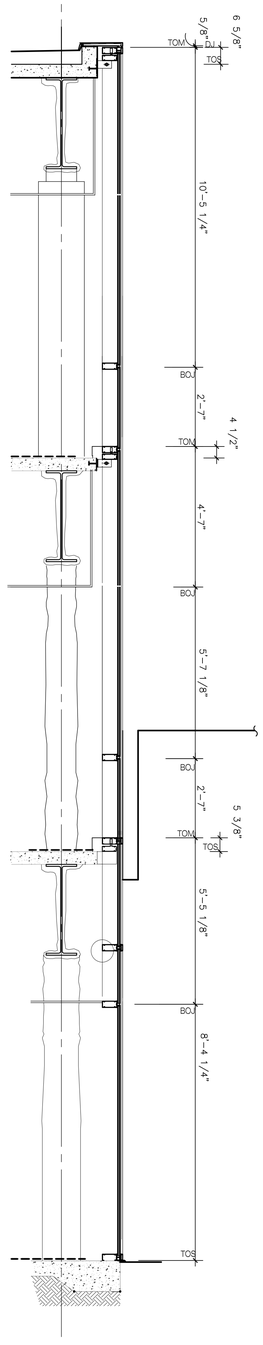
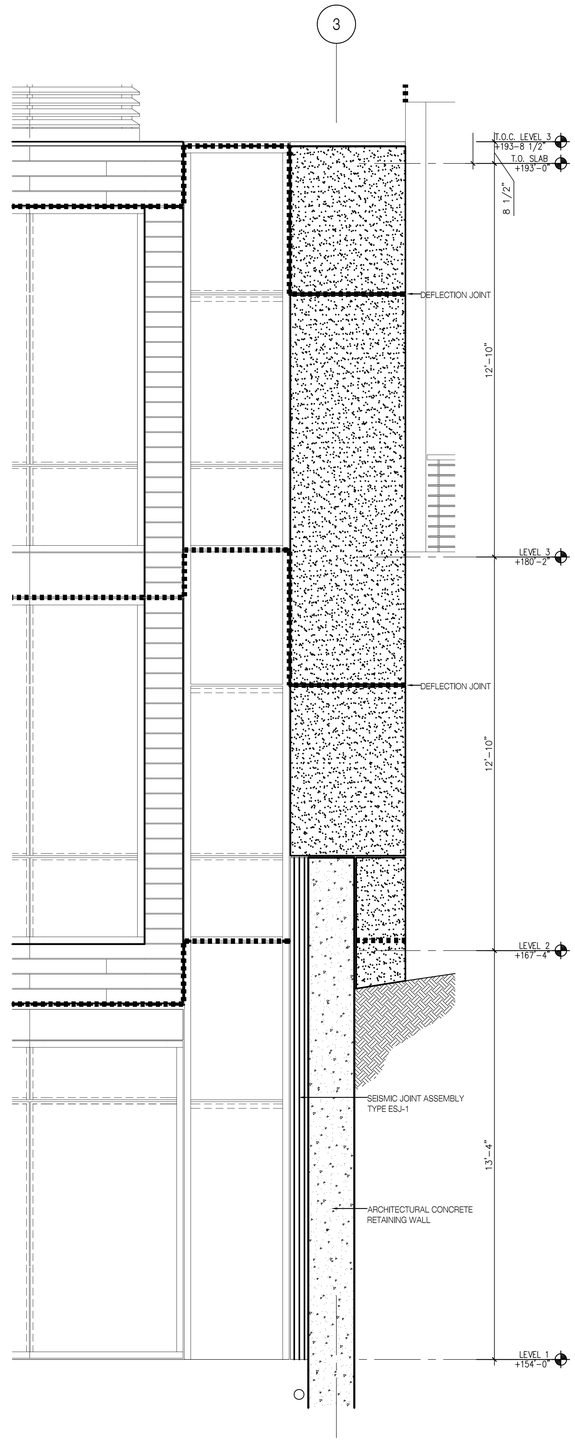
SCALE: 1/2" = 1'-0"



ENLARGED SECTION (11)
SCALE: 1/2" = 1'-0"



ENLARGED ELEVATION (1)
SCALE: 1/2" = 1'-0"

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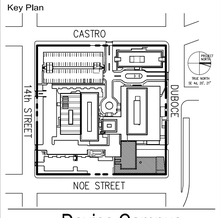
Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title
ENLARGED WALL SECTIONS AND ELEVATIONS

Scale
1/2" = 1'-0"

Drawing Number
A4.10

Project Number
SmithGroup/SOM 38140.016
FPD 341.460.20

Plot Sheet Filename: P:\38891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A4.10 ENLARGED WALL SECTIONS AND ELEVATIONS 2012-02-08.dwg
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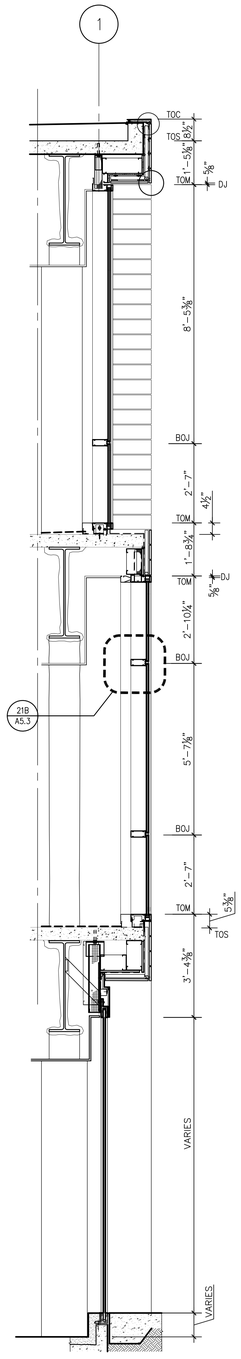
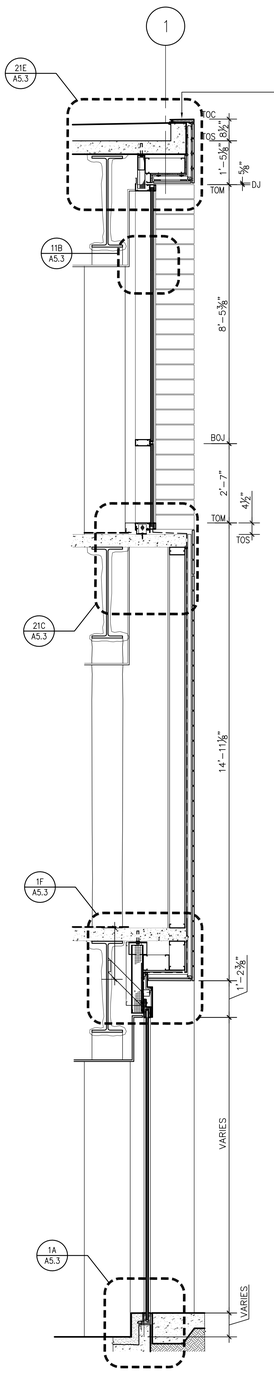


ENLAGRED SECTION 21
SCALE: 1/24" -= 1'-0"



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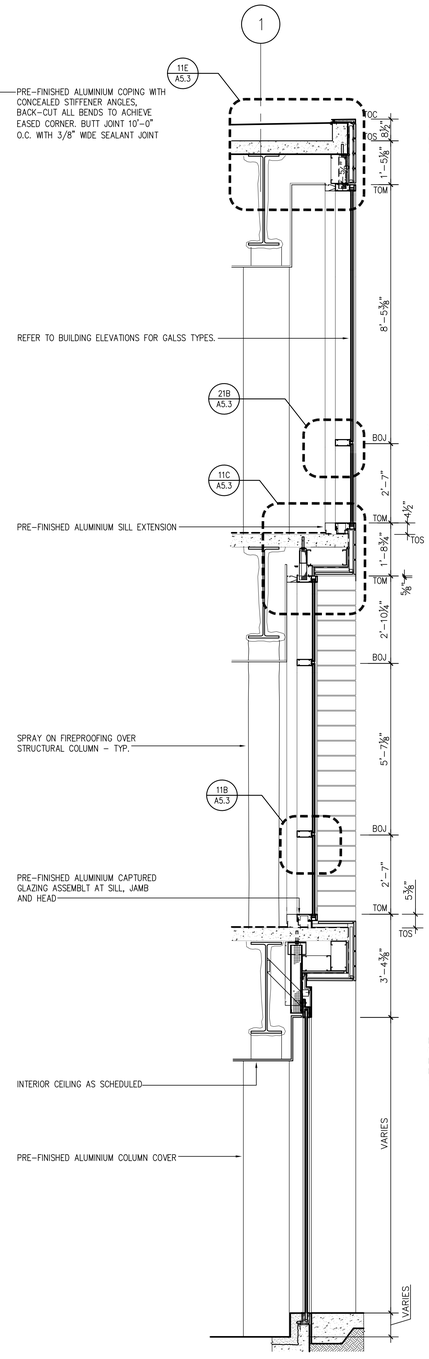
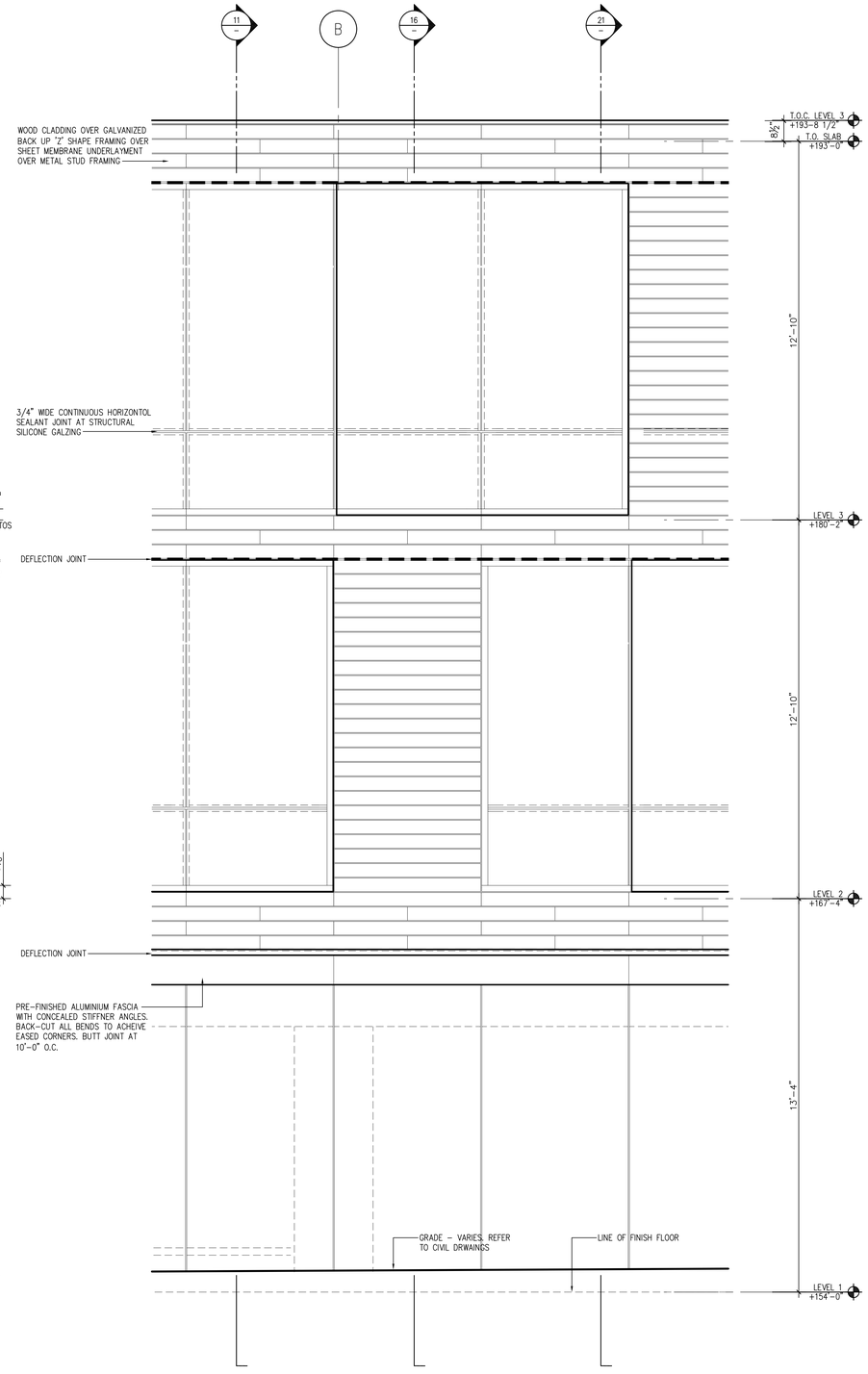
SCALE: 1/24" -= 1'-0"



ENLAGRED SECTION 11
SCALE: 1/24" -= 1'-0"



ENLARED EAST ELEVATION 1
SCALE: 1/24" -= 1'-0"

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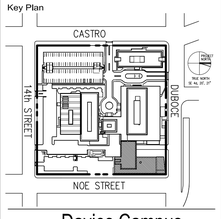
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title
ENLARGED
WALL SECTIONS
AND ELEVATIONS

Scale
1/2" = 1'-0"

Drawing Number
A4.11

Project Number
SmithGroup/SOM 38140.016
FPD 341.460.20

Plot Sheet Filename: P:\13891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\May 23-2007\A411.dwg
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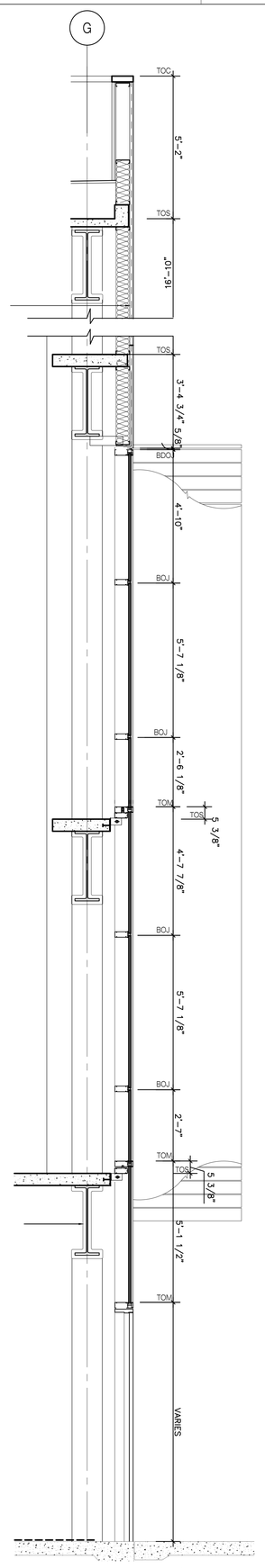
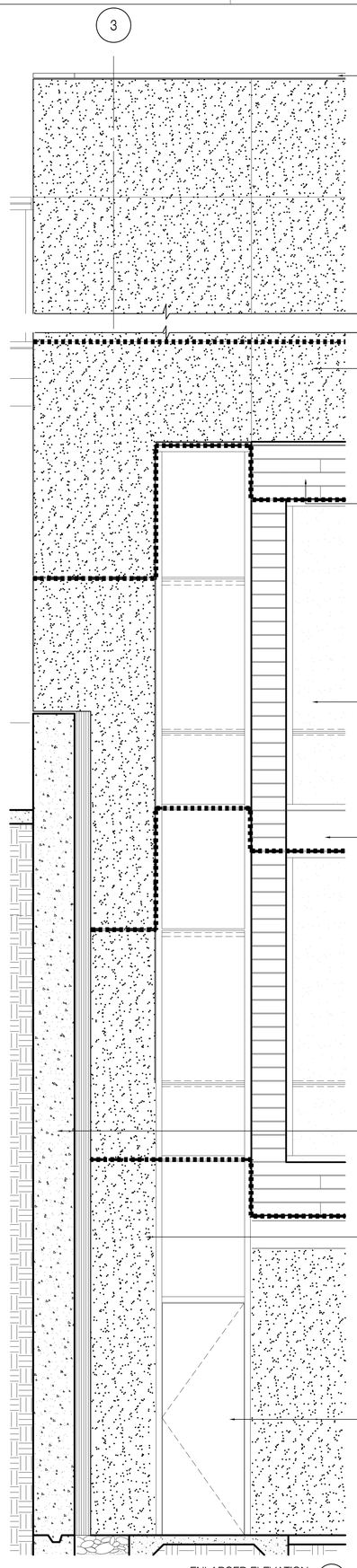
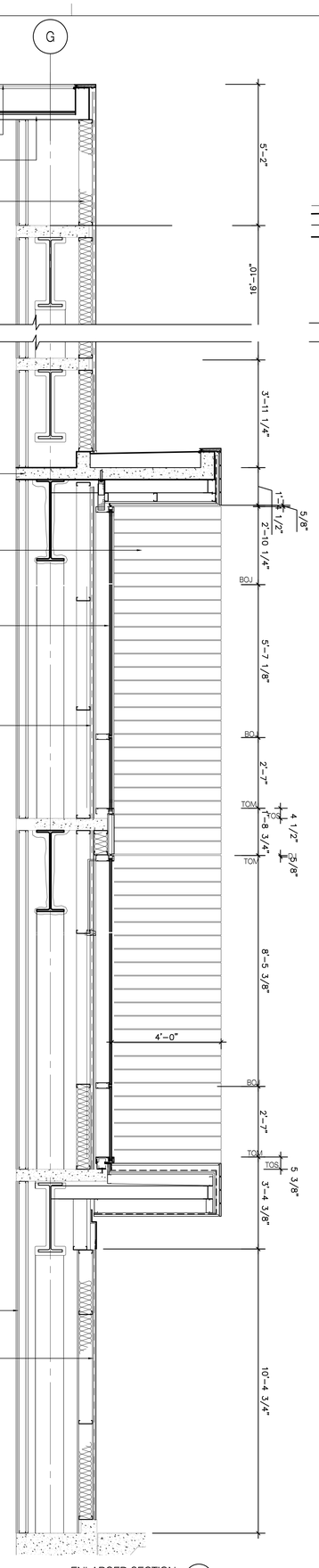


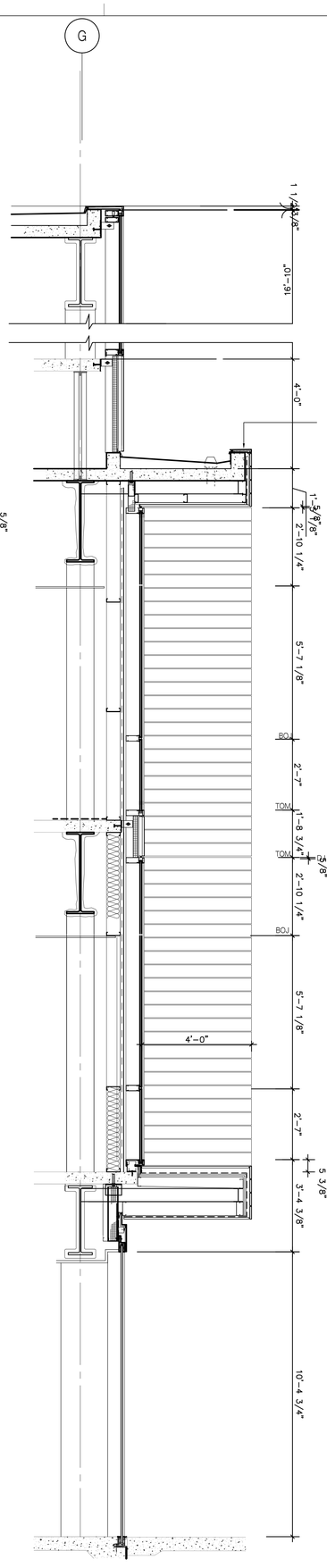
ENLARGED SECTION (26)
SCALE: 1/2" = 1'-0"



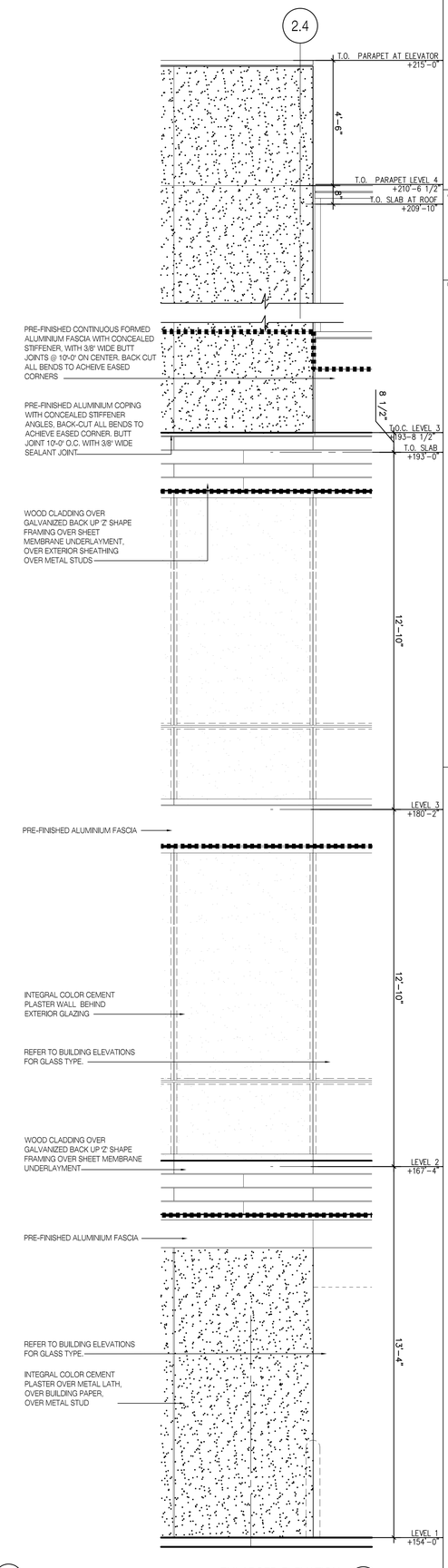
ENLARGED ELEVATION (21)
SCALE: 1/2" = 1'-0"



ENLARGED SECTION (16)
SCALE: 1/2" = 1'-0"



ENLARGED ELEVATION (6)
SCALE: 1/2" = 1'-0"



ENLARGED ELEVATION (1)
SCALE: 1/2" = 1'-0"

California Pacific Medical Center
A Sutter Health Affiliate

California Pacific Medical Center
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A Joint Venture, and SMWM
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T 415-227-0100
F 415-908-0862

Consultants:
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BKF Engineers/Surveyors/Planners
2737 North Main Street,Suite 200
Walnut Creek, CA 94597
T 925-940-2200
F 925-940-2299

Landscape Architect
MPA Design
414 Mason Street, #700
San Francisco, CA 94102
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Structural Engineer
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Oakland, CA 94612
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F 415-863-5758

Specification
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324 Pompano Circle
Foster City, CA 94404
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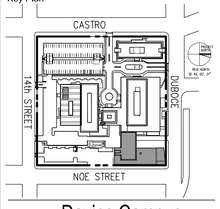
Seals and Signatures

LICENSED ARCHITECT
STEPHEN G. KEPPLER
No. C 10625
10-05-06
STATE OF CALIFORNIA

Issued for	Rev	Date
CONDITIONAL USE - REV3	5	FEB 22, 2012
CONDITIONAL USE - REV1	4	MAY 23, 2007
CONDITIONAL USE	3	NOV 08, 2006
REVISION ONE	2	OCT. 05, 2006
SITE PERMIT	1	MAR. 10, 2006

Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title
ENLARGED WALL SECTIONS AND ELEVATIONS

Scale 1/2" = 1'-0"

Drawing Number
A4.13

Project Number
SmithGroup/SOM 38140.016 FPD 341.460.20

Plot Sheet Filename:
XREF Filename List:
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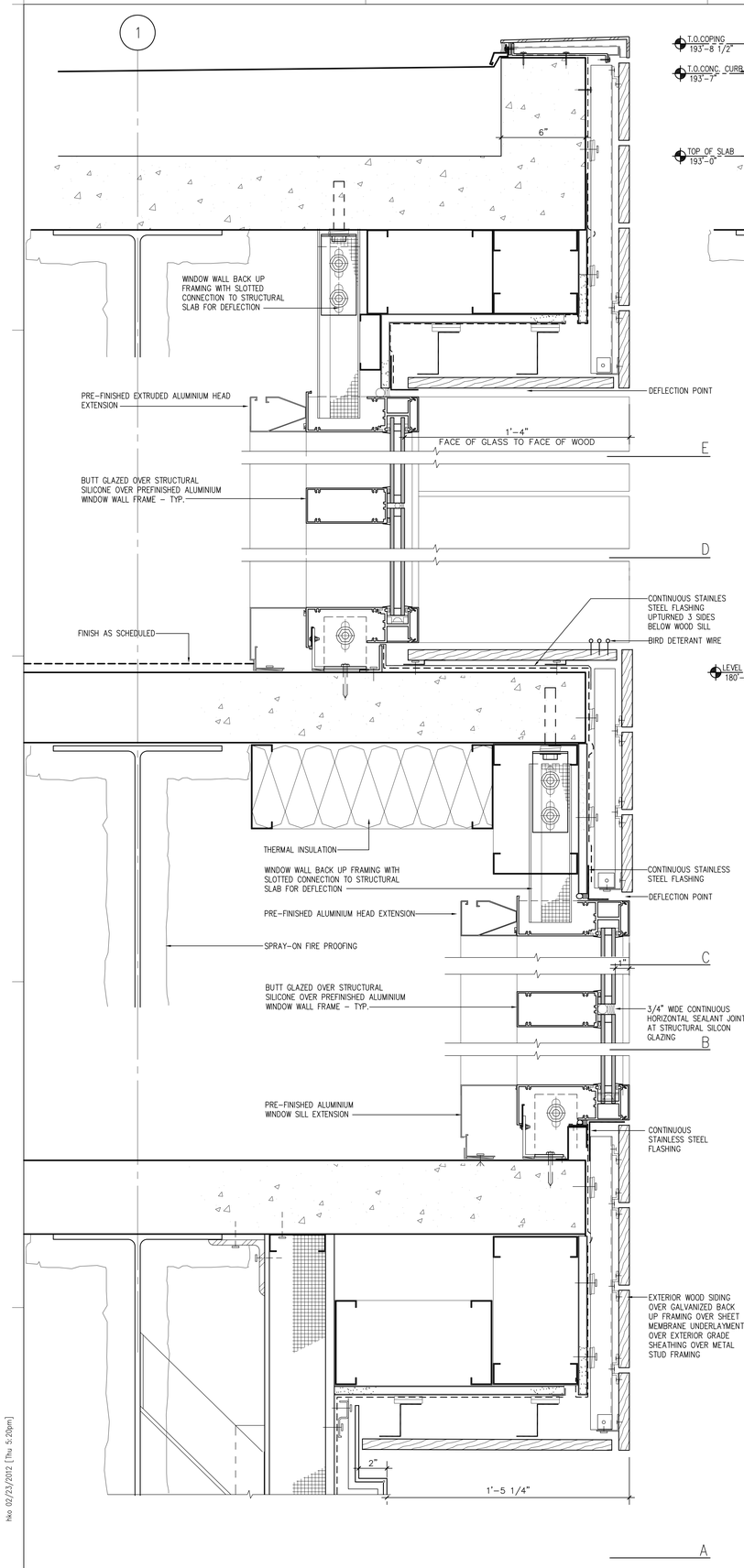
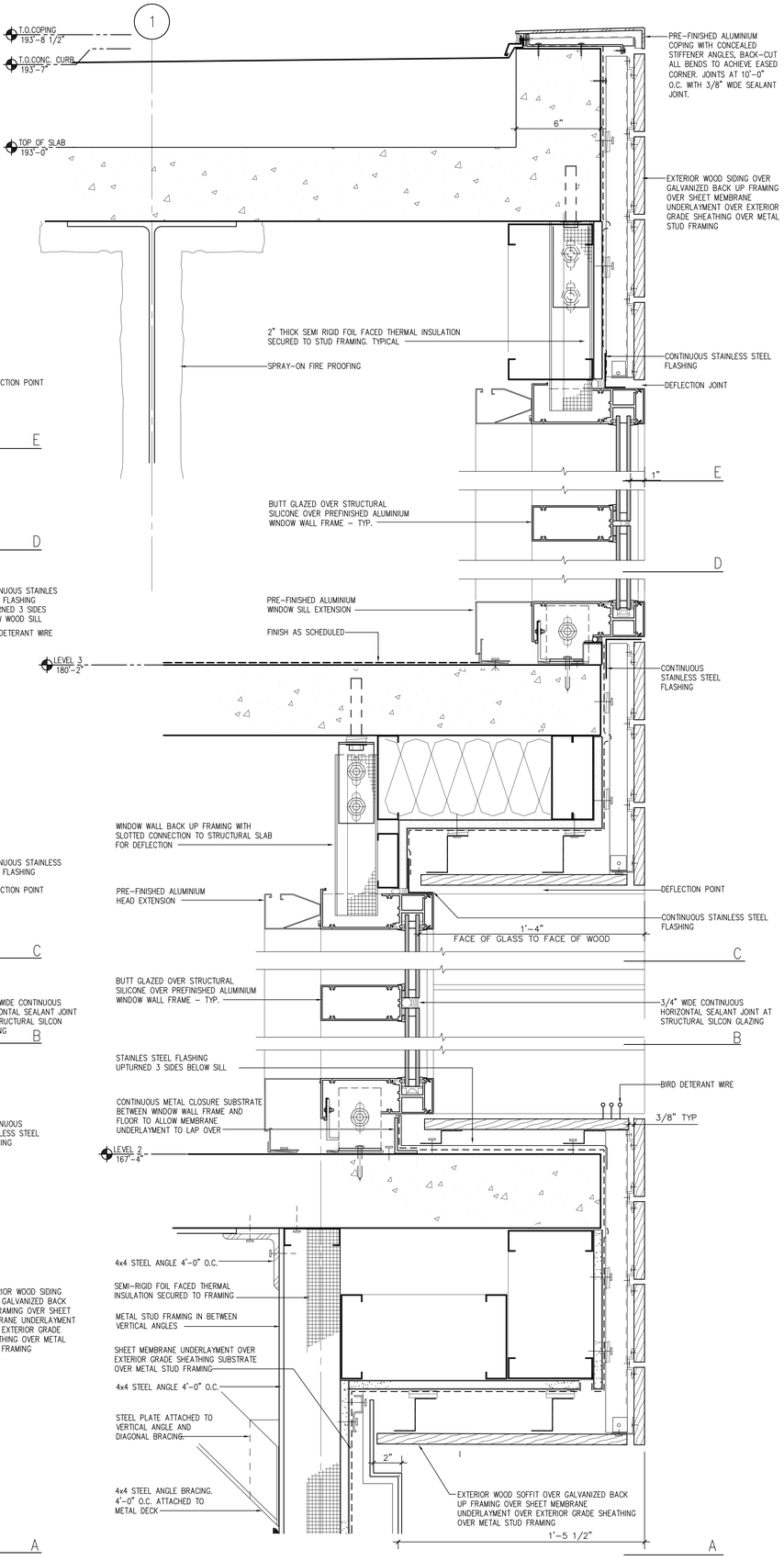
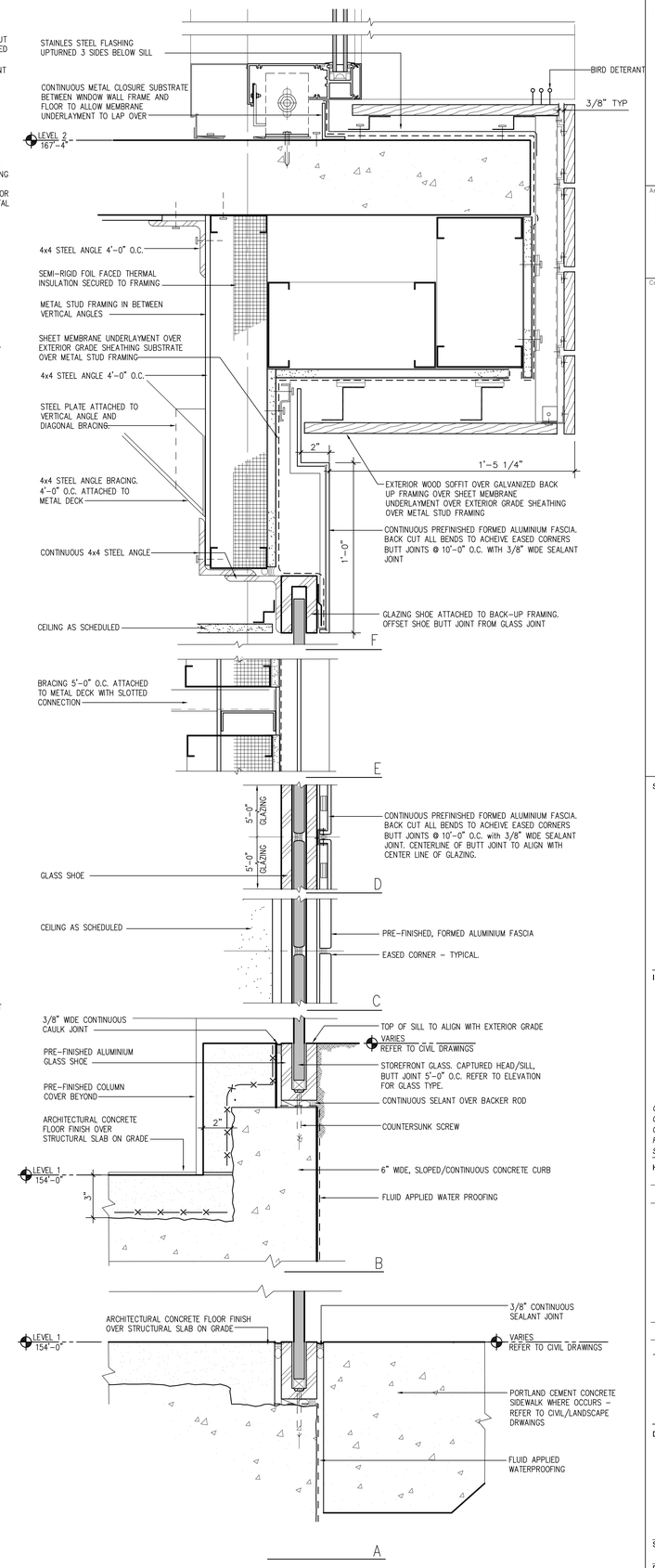


WALL SECTION @ EAST FACADE 21
SCALE: 3" = 1'-0"



WALL SECTION @ EAST FACADE 11
SCALE: 3" = 1'-0"



WALL SECTION @ EAST FACADE 1
SCALE: 3" = 1'-0"

California Pacific Medical Center
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LICENSED ARCHITECT STEPHEN G. PEPPER No. C 10625 10-05-06 STATE OF CALIFORNIA

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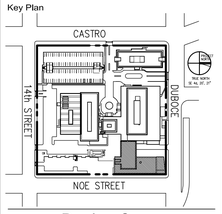
Key Plan



Davies Campus
Noe Street Medical Office Building

Drawing Title

EXTERIOR DETAILS

Scale
AS NOTED

Drawing Number
A5.3

Project Number
SmithGroup/SOM 38140.016
FPD 341.460.20

Plot Sheet Filename: P:\31891.000\Entitlements\CPMC Davies MOB Conditional Use Permit-Original\Davies Full size set -Feb 8 2012\A5.3 - BUILDING SECTIONS - 2012-02-08.dwg
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