

Planning Commission Staff Report



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Subject: Intermountain Health Care hospital
 Master Planned Development
Date: May 23, 2007
Type of Item: Administrative – MPD

Summary Recommendations:

Staff recommends the Planning Commission re-open the public hearing for the Master Planned Development (MPD) for the Intermountain Health Care hospital. Staff has prepared findings of fact, conclusions of law and conditions of approval for the Commission's consideration.

Topic:

Applicant: IHC Hospitals, Inc.
Location: 900 Round Valley Drive (Quinn's Junction near the Park City Recreation and Ice Complex)
Zoning: Community Transition (CT)
Adjacent Land Uses: Park City Recreation Complex, proposed USSA training facility, US 40, open space
Reason for Review: Master Planned Developments require Planning Commission review and approval.

Background:

The IHC MPD/CUP is part of an annexation that included the IHC Hospital, USSA (United States Ski and Snow Board Association) training complex, a possible affordable housing site, additional recreational land adjacent to the Park City Recreation Complex at Quinn's Junction, and open space. The annexation plat was approved by the Council on December 7, 2006, with an effective date of January 1, 2007. A subdivision plat was approved by the Council and recorded at Summit County on January 11, 2007. The entire annexation area is 157.243 acres and is subdivided into five lots. Lots 1 and 2 are owned by Intermountain Healthcare (IHC Hospitals, Inc) and includes 132.2 acres. The Annexation Agreement and proposed Master Planned Development for IHC includes a Intermountain Healthcare Hospital of 300,000 square feet (180 Unit Equivalents) and Support Medical Office space of 150,000 square feet (150 Unit Equivalents).

The City agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City also agreed that up to 50,000 square feet may be utilized for public/quasi-public and other institutional uses reasonably related to the Support Medical Office area, including without limitation: athletic national governing body offices, non-profit community

wellness facilities, and/or education uses.

Access to the site is from Highway 248 through the Park City Recreation Complex. A preliminary roadway layout within the subdivision was identified at the time of subdivision plat. An amended subdivision plat is concurrently being processed but is pending approval once the final road and utility layout is completed with UDOT and the City.

On February 28, 2007, the Planning Commission reviewed a preliminary introduction to this proposal at a work session. The Commission allowed for public input although did not receive any. The Commission found, without a formal vote, that the proposed hospital met the General Plan and is a Conditional Use within the Community Transition (CT) zone. The general layout, design and requests for exceptions were presented. The applicant is requesting an increase in Building Height pursuant to 15-6-5(F) in the CT zone.

Analysis:

The **Community Transition Zone** requirements are:

15-2.23-3. LOT AND SITE REQUIREMENTS.

Except as may otherwise be provided in this Code, no Building Permit will be issued for a Lot unless such Lot has the Area, width and depth as required, and frontage on a Street shown as a private or Public Street on the Streets Master Plan, or on private easement connecting the Lot to a Street shown on the Streets Master Plan. All Development must comply with the following:

(A) **LOT SIZE.** There is no minimum Lot size in the CT District.

Complies. *The lot is 132 acres in size.*

(B) **FRONT, REAR AND SIDE YARDS.** Unless otherwise further restricted by Frontage Protection Overlay standards and/or Master Planned Development conditions of approval, all Structures must be no less than twenty-five feet (25') from the boundary line of the Lot, district or public Right-of-Way.

Complies. *Structures are hundreds of feet from the property lines.*

(C) **CLEAR VIEW OF INTERSECTION.** No visual obstruction in excess of two feet (2') in height above Road Grade shall be placed on any Corner Lot within the Site Distance Triangle. A reasonable number of trees may be allowed, if pruned high enough to permit automobile drivers an unobstructed view. This provision must not require changes in the Natural Grade on the Site.

Complies. *A landscape plan is required with the Conditional Use Permit. Such plan will be reviewed for compliance with this requirement.*

15-2.23-4. DENSITY.

The base Density of the CT District is one (1) unit per twenty (20) acres.

(A) DENSITY BONUS - ONE (1) UNIT/ACRE. The base Density of the CT District may

increase up to one (1) unit per acre provided the following standards are incorporated through a Master Planned Development.

The annexation allowed for density at 2.64 units per acre utilizing the density bonus. The MPD must meet the criteria in (B) below in addition to the following eight criteria:

- (1) OPEN SPACE. The Master Planned Development shall provide seventy percent (70%) transfer of open space on the project Site.

Complies. See discussion on (B)(1) below.

- (2) FRONTAGE PROTECTION ZONE NO-BUILD SETBACK. The Master Planned Development shall include a two hundred foot (200') Frontage Protection Zone no-build Setback measured from the closest edge of the highway Right-of-Way.

Complies. See discussion on (B)(2) below.

- (3) PARKING. Parking for the Master Planned Development is subject to the requirements set forth in Section 15-3. A minimum of forty percent (40%) of the Master Planned Development's required project parking shall be in structured/tiered parking so as to limit the visibility of Parking Areas and parking lot lighting. The Planning Commission may consider reducing the forty percent (40%) minimum structured/tiered parking requirement based on existing Site topography in locating exterior surface parking to achieve maximum screening of parking from entry corridor Areas and/or to achieve optimum Site circulation and/or shared parking.

Complies. See discussion on (B)(3) below.

- (4) PUBLIC TRANSIT FACILITIES. The Master Planned Development shall include the Development of a public transit hub facility within the Development Area. The Planning Commission may consider waiving this requirement if a Developer/Applicant contributes funding for an existing or proposed transit hub that is located within a close walking distance from a proposed Development.

Complies. Two transit stops will be provided on the property; one near the USSA intersection and a second close to the hospital. A sidewalk will link the transit stop to the nearby building.

- (5) ENHANCED PUBLIC BENEFIT DEDICATION. The Master Planned Development shall provide the inclusion of public recreation facilities and/or land for public and/or quasi-public institutional Uses reasonably related to the General Plan goals for the Area, and impacts of the Development activity.

Complies. See discussion on (B)(4) below.

- (6) PUBLIC TRAILS AND PEDESTRIAN IMPROVEMENTS. The Master Planned Development shall provide public dedicated pedestrian improvements and enhanced trail connections to adjacent open space and/or public ways.

Complies. Dedication and construction of public trails is a requirement of the Annexation Agreement. The dedication of the trails will occur with the amended subdivision concurrently being reviewed by the City. Construction and paving of the public trail between IHC and the Recreation Complex will occur with the first phase

of hospital construction. Staff recommends that the second phase trail be constructed with the resolution of the development (construction or Open space/trails) of the adjacent Property Reserve Inc. (PRI) property to the north.

- (7) SENSITIVE LANDS OVERLAY STANDARDS. The Master Planned Development shall comply with all requirements set forth in Section 15-2.21 Sensitive Lands Overlay.

Complies. The access road crosses two areas of wetlands that will be mitigated in conformance with the Army Corp of Engineers permit. No sensitive slopes or ridgelines are identified.

- (8) AFFORDABLE HOUSING. The Master Planned Development shall provide an additional five percent (5%) Affordable Housing commitment beyond that required by the City's Affordable Housing Resolution in effect at the time of Application. The Planning Commission may consider alternative housing Uses for the additional five percent (5%) Affordable Housing commitment.

Complies. See discussion on (B)(5) below.

(B) DENSITY BONUS - THREE (3) UNITS/ACRE. The base Density of the CT District may increase up to three (3) units per acre provided that all Density bonus requirements set forth in Section 15-2.23(A) Density Bonus - One (1) Unit/Acre are met and the following additional standards are incorporated into the Master Planned Development.

- (1) OPEN SPACE. The Master Planned Development shall provide eighty percent (80%) open space on the project site.

Complies. *Open space for the Annexation area is in excess of 80%*

- (2) FRONTAGE PROTECTION ZONE NO-BUILD SETBACK. The Master Planned Development shall include a three hundred foot (300') Frontage Protection Zone no-build Setback measured from the closest edge of the highway Right-of-Way. The Planning Commission may consider allowing encroachments into the three hundred foot (300') Frontage Protection Zone requirement based on existing Site topography in locating roads and other infrastructure in order to achieve optimum Site circulation.

Complies. *The Hospital is nearly 2,000 feet from the Frontage Protection zone. Only the access road is within the 300 foot requirement.*

- (3) PARKING. Parking for the Master Planned Development is subject to the requirements set forth in Section 15-3. A minimum of sixty percent (60%) of the Master Planned Development's required project parking shall be in structured/tiered parking so as to limit the visibility of Parking Areas and parking lot lighting. The Planning Commission may consider reducing the sixty percent (60%) minimum structured/tiered parking requirement based on existing Site topography in locating exterior surface parking to achieve maximum screening of parking from entry corridor Areas and/or to achieve optimum Site circulation and/or shared parking.

Complies. *A parking structure is proposed in the rear of the hospital and the applicant is requesting a phased approach for compliance at full build-out. The initial phase is for 92 structured spaces and 327 surface spaces (419 total). The 92 structured is only 22 percent of the total in the first phase. The Planning Commission discussed the phase request at the March 28 meeting and found the phasing plan acceptable.*

- (4) **ADDITIONAL ENHANCED PUBLIC BENEFIT DEDICATION.** The Master Planned Development shall provide the inclusion of public recreation facilities and/or land for public and/or quasi-public institutional Uses reasonably related to the General Plan goals for the Area, and impacts of the Development beyond that provided to achieve a project Density of up to one (1) unit per acre by a factor reasonably related to the Density increase sought.

Complies. *The Annexation and initial subdivision created a lot that is dedicated to the City for additional recreation adjacent to the existing Recreation Complex. One of the Medical Support buildings (25,000 square feet) is proposed for community benefit; for the Peoples Health Clinic and/or a Summit County health facility.*

- (5) **AFFORDABLE HOUSING.** The Master Planned Development shall provide an additional five percent (5%) Affordable Housing commitment beyond that required by the City's Affordable Housing Resolution in effect at the time of Application. This is in addition to that provided in Section 15-2.23(A)(8).

Complies. *The Annexation Agreement provides for the total requirement of the Affordable Housing.*

15-2.23-5. MAXIMUM BUILDING HEIGHT.

The maximum zone Building height is twenty eight feet (28') from Existing Grade.

Complies. *Please refer to MPD discussion below (15-6-5 (F)).*

All **Master Planned Developments** shall contain the following minimum requirements in accordance with Section 15-6-5 of the Land Management Code.

(A) **DENSITY.** *The type of Development, number of units and Density permitted on a given Site will be determined as a result of a Site Suitability Analysis and shall not exceed the maximum Density in the zone, except as otherwise provided in this section. The Site shall be looked at in its entirety and the Density located in the most appropriate locations.*

Complies. The Annexation Agreement set the density for the IHC at 300,000 square feet with an additional 150,000 square feet of Support Medical Offices, of which up to 50,000 square feet could be part of the hospital building. The applicant is proposing a phased construction of both the hospital and support medical space.

(B) MAXIMUM ALLOWED BUILDING FOOTPRINT FOR MASTER PLANNED DEVELOPMENTS WITHIN THE HR-1 DISTRICT. (Not applicable)

(C) SETBACKS. *The minimum Setback around the exterior boundary of an MPD shall be twenty five feet (25') for Parcels greater than one (1) acre in size.*

Complies. The hospital is over 200 feet at its closest point to the property lines.

(D) OPEN SPACE.

All Master Planned Developments shall contain a minimum of sixty percent (60%) open space.

Complies. The annexation identified over 80% of the entire 157 acres as open space.

(E) OFF-STREET PARKING.

(1) The number of Off-Street Parking Spaces in each Master Planned Development shall not be less than the requirements of this Code, except that the Planning Commission may increase or decrease the required number of Off-Street Parking Spaces based upon a parking analysis submitted by the Applicant at the time of MPD submittal.

Complies. The CT zoning district requires a minimum of 40% of the parking to be provided in a structured or tiered parking configuration. For density in excess of the base one unit per 20 acres, up to 3 units per acres, as with this application, 60% of the parking must be structured or tiered. The Planning Commission may consider waiving this requirement based on existing Site topography and location of exterior surface parking in such a way as to achieve maximum screening of parking from the entry corridor and/or to achieve optimum Site circulation and/or shared parking. The first phase of the construction will include structured parking to the rear of the hospital for staff. Additions to the structured parking structure will occur during successive phases. The 60% requirement will not be met in the first phase but will be met at final build-out. The applicant is requesting a phased approach for compliance at full build-out. The initial phase is for 92 structured spaces and 327 surface spaces (419 total). The 92 structured is only 22 percent of the total in the first phase.

(F) BUILDING HEIGHT. *The height requirements of the Zoning Districts in which an MPD is located shall apply except that the Planning Commission may consider an increase in height based upon a Site specific analysis and determination. The Applicant will be required to request a Site specific determination and shall bear the burden of proof to the Planning Commission that the necessary findings can be made. In order to grant Building height in addition to that which is allowed in the underlying zone, the Planning Commission is required to make the following findings:*

(1) The increase in Building Height does not result in increased square footage or Building volume over what would be allowed under the zone required Building Height and Density, including requirements for facade variation and design, but rather provides desired architectural variation;

Complies. Additional Building Height is being requested by the applicant. The main entry/clerestory is proposed at 15'-4" over the zone height with a chimney at 19'-9" over height. No floor area is increased by these architectural elements. A lobby clerestory (+10'-3") and pitched mechanical screening roof (+16'-7") also are not adding floor area. The two wings that house inpatient care and medical offices are 12'-9" and 10'-3", respectively, over zone height at the highest point. The building could meet zone height if spread out further on the site. Because of the need in a hospital for exceptional mechanical systems, particularly air handling, the floor to floor height is 14 feet, as compared to a usual 9-10 feet floor to floor construction in residential and commercial construction.

Additional changes to the building have brought the proposed facades into conformance with the façade length variations. The result provides desired architectural variation by incorporating architectural enhancements such as clerestory elements while addressing the challenges of unique medical requirements.

(2) Buildings have been positioned to minimize visual impacts on adjacent Structures. Potential problems on neighboring Properties caused by shadows, loss of solar Access, and loss or air circulation have been mitigated to the extent possible as defined by the Planning Commission;

Complies. There are no adjacent structures that will have potential problems due to the extra height of the building. The neighboring properties (USSA, Rec Complex, and National Abilities Center) are hundreds of feet away to the south and would not be affected by shadows, solar access or air circulation.

(3) There is adequate landscaping and buffering from adjacent Properties and Uses. Increased Setbacks and separations from adjacent projects are being proposed;

Complies. The hospital will be several hundred feet from the nearest building, far in excess of the CT zone setbacks. Although the site is currently vegetated with sagebrush and other shorter plants, the preliminary landscape plan proposes a number of native and appropriate trees for the site.

(4) The additional Building Height has resulted in more than the minimum open space required and has resulted in the open space being more usable;

Complies. The additional height is more a function of the floor-to-floor height necessary in a hospital, as previously discussed. Keeping the same floor-to-floor heights but spreading the building out would decrease the amount of usable open space available. The annexation identified 80% open space, greater than the 60% required under base zoning, but equal to the requirements for the density bonus. A trail system on the property will connect with the existing network from the Recreation Complex and Round Valley systems.

(5) MPD's which include the additional height shall be designed in a manner so as to provide a transition in roof elements in compliance with Chapter 9 Architectural Guidelines or Historic District Design Guidelines if within the Historic District; and

Complies. The applicant has provided conceptual renderings and detailed plans for the hospital. Each of the components of the building (office, patient wing, lobby) are at different elevations from each other and provide for transitions between each component.

(6) Structures within the HR-1 District which meets the standards of development on Steep Slopes, may petition the Commission for additional height per criteria found in Section 15-2.2-6.

This section is not applicable.

If and when the Planning Commission grants additional height due to a Site specific analysis and determination, that additional height shall only apply to the specific plans being reviewed and approved at the time. Additional Building Height for a specific project will not necessarily be considered for a different, or modified, project on the same Site.

(G) SITE PLANNING. *An MPD shall be designed to take into consideration the characteristics of the Site upon which it is proposed to be placed. The project should be designed to fit the Site, not the Site modified to fit the project. The following shall be addressed in the Site planning for an MPD:*

(1) Units should be clustered on the most developable and least visually sensitive portions of the Site with common open space separating the clusters. The open space corridors should be designed so that existing Significant Vegetation can be maintained on the Site.

Complies. The hospital is set into the toe of the low hill on the property, hundreds of feet from SR 248. The hill itself provides a backdrop to the building so it does not break the skyline.

(2) Projects shall be designed to minimize Grading and the need for large retaining Structures.

Complies. The proposed plan does not include or need large retaining structures. The natural grade is not steep (less than 30%) and grading is minimal.

(3) Roads, utility lines, and Buildings should be designed to work with the Existing Grade. Cuts and fills should be minimized.

Complies. The proposed hospital has minimal permanent cut and fill and grading immediately surrounding it. However, the access road has fills of ten to fifteen feet in places to keep the road slope fairly consistent and to avoid hauling away too much soil material.

(4) Existing trails should be incorporated into the open space elements of the project and should be maintained in their existing location whenever possible. Trail easements for existing trails may be required. Construction of new trails will be required consistent with the Park City Trails Master Plan.

Complies. A public trail through the property will connect with the Round Valley and Recreation Complex trails. A public trail easement will be placed on the subdivision plat. Dedication and construction of trails is a requirement of the Annexation Agreement. The dedication of the trails will occur with the amended subdivision concurrently being reviewed by the City. Construction and paving of the trail between IHC and the Recreation Complex will occur with the first phase of hospital construction. Staff recommends that the second phase trail be constructed with the resolution of the development potential (construction or Open space/trails) of the adjacent PRI property to the north.

(5) Adequate internal vehicular and pedestrian/bicycle circulation should be provided. Pedestrian/ bicycle circulations shall be separated from vehicular circulation and may serve to provide residents the opportunity to travel safely from an individual unit to another unit and to the boundaries of the Property or public trail system. Private internal Streets may be considered for Condominium projects if they meet the minimum emergency and safety requirements.

Complies. The hospital will have significant surface parking lots with sidewalks on the ends of the parking islands connecting to the entrances to the hospital. No separate bicycle paths (except the off-road trail) will be created. A sidewalk will be provided on one side of the access road. Public transit is also contemplated with several bus stops within the annexation area.

(6) The Site plan shall include adequate Areas for snow removal and snow storage. The landscape plan shall allow for snow storage Areas. Structures shall be set back from any hard surfaces so as to provide adequate Areas to remove and store snow. The assumption is that snow should be able to be stored on Site and not removed to an Off-Site location.

Complies. There are sufficient areas adjacent to the surface parking lots to store snow. Staff recommends that the applicant comply with internal and perimeter landscaping requirements for parking lots (section 15-3-3 (D)) although the CT zone, as created with the Annexation, is not specifically identified in this chapter as currently written. The applicant stipulates to this recommendation.

(7) It is important to plan for refuse storage and collection and recycling facilities. The Site plan shall include adequate Areas for dumpsters and recycling containers. These facilities shall be Screened or enclosed. Pedestrian Access shall be provided to the refuse/recycling facilities from within the MPD for the convenience of residents and guests.

Complies. The site plan includes a screened refuse area.

(8) The Site planning for an MPD should include transportation amenities including drop-off Areas for van and shuttle service, and a bus stop, if applicable.

Complies. A bus stop is proposed on the site at the main entrance. A second bus stop will be provided at the Medical Support Buildings.

(9) Service and delivery Access and loading/unloading Areas must be included in the Site plan. The service and delivery should be kept separate from pedestrian Areas.

Complies. Service and delivery are located to the rear of the hospital and away from the public areas.

*(H) **LANDSCAPE AND STREETScape.** To the extent possible, existing Significant Vegetation shall be maintained on Site and protected during construction. Where landscaping does occur, it should consist primarily of appropriate drought tolerant species. Lawn or turf will be limited to a maximum of fifty percent (50%) of the Area not covered by Buildings and other hard surfaces and no more than seventy-five percent (75%) of the above Area may be irrigated. Landscape and Streetscape will use native rock and boulders. Lighting must meet the requirements of LMC Chapter 15-5, Architectural Review.*

Complies. Outside of the immediate area around the hospital and parking areas the existing vegetation will be undisturbed. A preliminary landscape plan includes native and drought tolerant plant materials and re-vegetation with appropriate plant materials. Parking lot lighting will be required to meet the City lighting standards. As stated above, Staff recommends that the applicant comply with internal and perimeter landscaping requirements for parking lots (section 15-3-3 (D)) although the CT zone, as created with the Annexation, is not specifically identified in this chapter as currently written.

*(I) **SENSITIVE LANDS COMPLIANCE.** All MPD Applications containing any Area within the Sensitive Areas Overlay Zone will be required to conduct a Sensitive Lands Analysis and conforms to the Sensitive Lands Provisions, as described in LMC Section 15-2.21.*

Complies. The access road crosses two areas of wetlands that are proposed to be mitigated in conformance with the Army Corp of Engineers permit. No sensitive slopes or ridgelines are identified.

*(J) **EMPLOYEE/AFFORDABLE HOUSING.** MPD Applications shall include a housing mitigation plan which must address employee Affordable Housing as required by the adopted housing resolution in effect at the time of Application.*

Complies. The annexation requires affordable housing that will be provided within the annexation area, or alternatively and with the consent of the City, at a location nearby. One lot of the subdivision is dedicated to the City for affordable housing.

*(K) **CHILD CARE.** A Site designated and planned for a Child Care Center may be required for all new single and multi-family housing projects if the Planning Commission determines that the project will create additional demands for Child Care.*

Complies. Staff does not recommend that a Child Care Center be provided on-site. Limited permanent Child Care demands will be generated by a hospital. The hospital may provide on-site service for its employees as it sees fit.

Department Review:

The project has been reviewed by the Planning, Building, Engineering and Legal departments as well as the utility providers. Issues raised during the review process have been adequately mitigated in the proposed plans or by conditions of approval.

Public Notice:

The property was posted and notice was mailed to property owners within 300 feet. Legal notice was also published in the Park Record. The item was been legally continued from previous Planning Commission hearings.

Alternatives:

- The Planning Commission may approve the MPD for the Intermountain Healthcare facility as conditioned and/or amended; or
- The Planning Commission may deny the MPD and direct staff to make findings of fact to support this decision; or
- The Planning Commission may continue the discussion and request additional information on specific items.

Recommendation:

Staff recommends the Planning Commission re-open the public hearing for the Master Planned Development (MPD) for the Intermountain Health Care hospital. Staff has prepared findings of fact, conclusions of law and conditions of approval for the Commission's consideration.

Findings of Fact:

1. The Intermountain Healthcare Master Planned Development is located on Lots 1 and 2 of the Subdivision Plat for the Intermountain Healthcare Park City Medical Campus / USSA Headquarters and Training Facility and includes 132.2 acres. The amended Subdivision Plat currently proposes lot area of 107.5 acres for the two lots.
2. The Annexation Agreement and proposed Master Planned Development for IHC includes a Intermountain Healthcare Hospital of 300,000 square feet (180 Unit Equivalents) and Support Medical Office space of 150,000 square feet (150 Unit Equivalents).
3. The City agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City also agreed that up to 50,000 square feet may be utilized for public/quasi-public and other institutional uses reasonably related to the Support Medical Office area.
4. The property is located in the Community Transition (CT) zoning district.
5. The MPD is being processed concurrent with a Conditional Use Permit. No additional conditional use permits are required prior to issuance of building permits for the proposed uses. A change of use, from that described by this application may require a separate conditional use permit.
6. This property is subject to the IHC/USSA/Burbidge Annexation plat approved by the Park City Council on December 7, 2006, with an effective date of January 1, 2007. An Annexation Agreement for this property was recorded on January 23, 2007.
7. The Annexation Agreement sets forth maximum building floor areas, development location, and conditions related to developer-provided amenities on the various lots of the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility amended subdivision plat, such as roads, utilities, and trails.
8. A final subdivision plat known as the Subdivision Plat (Amended) for the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility is currently being reviewed by the Planning Commission and City Council. The Master Planned Development and Conditional Use Permit were submitted for concurrent review and approval.
9. The maximum Building Height in the CT District is 28 feet (33 feet with a pitched roof).
10. The main entry/clerestory is proposed at 15'-4" over the zone height with a chimney at 19'-9" over height. No floor area is increased by these architectural elements. A lobby clerestory (+10'-3") and pitched mechanical screening roof (+16'-7") also are not adding floor area. The two wings that house inpatient care and medical offices are 12'-9" and 10'-3", respectively, over zone height at the highest point.
11. Additional building height, as reviewed by the Planning Commission on May 23, 2007, complies with the criteria for additional building height per LMC Section 15-6-5 (F).
12. The Planning Commission reviewed a visual analysis and discussed the additional building height and finds the proposed building is in compliance with the LMC criteria in Chapter 6 regarding additional height that can be granted for a Master Planned

Development, specifically, the façade shifts and building articulation, materials, and details create architectural interest and break the building into areas of varying height and mass. Landscaping and setbacks provide mitigation of visual impacts from adjacent properties.

13. The CT zoning district requires a minimum of 60% of the parking for an MPD to be provided in a structured or tiered parking configuration. A parking structure is proposed in the rear of the hospital and the applicant is requesting a phased approach for compliance at full build-out. The initial phase is for 92 structured spaces and 327 surface spaces (419 total). The 92 structured is only 22 percent of the total in the first phase. The Planning Commission discussed the phase request at the March 28 meeting and found the phasing plan acceptable.
14. The setbacks within the CT zone are twenty five feet (25') in the front, rear, and sides. The building complies with these setback requirements.
15. Final approval of the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility amended subdivision plat is a condition precedent to issuance of a full building permit for this MPD.
16. Trails and linkages to trails shown on the City's Master Trail Plan shall be constructed in accordance with the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility amended plat and conditions of the Annexation Agreement.
17. A redundant water system is necessary for the health, safety and welfare of the development.
18. A signalized intersection with location and associated improvements to State Route 248 approved by the Utah Department of Transportation will be finalized with the amended subdivision plat. Other traffic mitigation measures and costs associated with those measures must be approved by agreement between parties in accordance with the annexation agreement.
19. The **Analysis** section of this staff report is incorporated herein.

Conclusions of Law:

1. The MPD, as conditioned, complies with all the requirements of the Land Management Code.
2. The MPD, as conditioned, meets the minimum requirements of Section 15-6-5 of this Code.
3. The MPD, as conditioned, is consistent with the Park City General Plan.
4. The MPD, as conditioned, provides the highest value of open space, as determined by the Planning Commission.
5. The MPD, as conditioned, strengthens and enhances the resort character of Park City.
6. The MPD, as conditioned, compliments the natural features on the Site and preserves significant features or vegetation to the extent possible.
7. The MPD, as conditioned, is Compatible in Use, scale and mass with adjacent Properties, and promotes neighborhood Compatibility.
8. The MPD provides amenities to the community so that there is no net loss of community amenities.
9. The MPD, as conditioned, is consistent with the employee Affordable Housing

- requirements as adopted by the City Council at the time the Application was filed.
10. The MPD, as conditioned, meets the provisions of the Sensitive Lands provisions of the Land Management Code. The project has been designed to place Development on the most Developable Land and least visually obtrusive portions of the Site.
 11. The MPD, as conditioned, promotes the Use of non-vehicular forms of transportation through design and by providing trail connections.
 12. The MPD has been noticed and public hearing held in accordance with this Code.

Conditions of Approval:

1. All standard conditions of approval apply to this MPD.
2. All applicable conditions of approval of the IHC/USSA Annexation shall apply to this MPD.
3. All applicable conditions of approval of the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility amended subdivision plat shall apply.
4. A final water efficient landscape and irrigation plan that indicates snow storage areas is required prior to building permit issuance.
5. All exterior lights must conform to the City lighting ordinance and shall be in substantial conformance with the plans reviewed by the Commission on May 23, 2007. Parking lot lighting shall be on a timing system to allow for minimal lighting when the facility is not open. The timing system and building security lighting shall be approved by staff prior to issuance of a certificate of occupancy.
6. All exterior signs require a separate sign permit. Application for a sign permit shall be made to the Planning Department prior to installation of any temporary or permanent signs.
7. Exterior building materials and colors and final design details must be in substantial compliance with the elevations, color and material details exhibits and photos reviewed by the Planning Commission on May 23, 2007, and shall be approved by staff prior to building permit issuance.
8. The final building plans, parking lot details and landscaping, and construction details for the project shall meet substantial compliance with the drawings reviewed by the Planning Commission on May 23, 2007.
9. Utility and grading plans, including all public improvements and trails, must be approved by the City Engineer prior to Building Permit issuance. A guarantee for all public improvements, including trails and required landscaping, is required prior to issuance of a full building permit and/or prior to recordation of the final subdivision plat.
10. The Construction Mitigation Plan must be approved by staff as a condition precedent to issuance of any building permits. The Plan shall be consistent with the plan reviewed by the Planning Commission on May 23, 2007.
11. A storm water run-off and drainage plan shall be submitted with the building plans and approved prior to issuance of any building permits, to mitigate impacts on adjacent wetlands. The plan shall follow Park City's Storm Water Management Plan and the project shall implement storm water Best Management Practices.
12. Approval of a fire protection plan for the building shall have been made by the Building Official prior to any full building permit being issued. The fire protection

component of the plan shall ensure that Park City's ISO rating is not negatively affected by construction of the building.

13. A detailed review against the Uniform Building and Fire Codes in use at the time of building permit submittal is a condition precedent to issuance of full building permit.
14. The trail connections to the Park City Recreation Complex as required by the Annexation Agreement and conditions of approval of the final subdivision plat shall be constructed prior to issuance of a final certificate of occupancy for the building. The public dedication of the trails will occur with the amended subdivision concurrently being reviewed by the City. Construction and paving of the trail between IHC and the Recreation Complex will occur with the first phase of hospital construction. The second phase trail will be constructed with the resolution of the development potential (construction or Open space/trails) of the adjacent PRI property to the north.
15. IHC will pay \$16,000 per ERU to the City for water within 10 business days of this MPD approval in accordance with Section 8 of the Annexation Agreement. In addition, IHC will contribute \$800,000 for development of a second, redundant, source of water as provided in the amended water agreement pursuant to Section 8 of the Annexation Agreement.
16. IHC will bear the cost of traffic mitigation measures as provided in the Annexation Agreement in an amount to be agreed prior to the approval of the amended subdivision plat.
17. The following items are agreed to by the applicant as mitigation for the loss of the use of a planned ballfield at the Park City Recreation Complex:
 - IHC will pay Park City Municipal Corporation \$50,000 to compensate the city for actual costs the city incurred to prepare the ground for the future ball field.
 - IHC will pay Park City Municipal Corporation the actual costs incurred by the city for a way finding sign at the junction of Round Valley Drive and the road leading to the recreation complex and the National Ability Center (F. Gillmor Drive).
 - IHC will pay for and construct an 8' wide paved trail connection on the recreation complex property. This trail connection will connect: the paved trail at the south west corner of the recreation complex with the paved trail to be built by Intermountain on our property, adjacent to both USSA and the hospital
 - IHC will enter into a shared parking agreement with Park City. The hospital will share up to 300 parking spaces at full build-out on weekends for park and ride lots for city events. IHC and the City will work together to establish a Parking Management and Phasing Plan to manage the use of these 300 spaces and establish a phasing plan for use of fewer spaces prior to full build-out. Intermountain would have the ability to reduce this number through the Management Plan or if both parties agree in writing based on lack of availability through normal use or ultimate build out of the

Medical Campus. The Plan would include anticipate use schedule to allow notification of employees when certain lots would not be available for employee use on weekends.

- IHC will replace the stormwater detention basin that will be removed through the construction of the road.
- IHC will construct a temporary, paved driveway from SR 248 to existing Gillmor Drive, as it runs east to west at the south west corner of the recreation parcel, just south of the proposed signalized intersection. This will facilitate temporary access for the NAC and recreation complex while the road improvements and infrastructure are being built. Exact location and design are subject to UDOT and Park City approvals.
- It is likely that due to the new road alignment, the City will have to modify the Recreation Subdivision to locate the new Round Valley Drive road within a platted right-of-way. Should this be necessary, the City will coordinate necessary drawings and approvals, but Intermountain will be responsible for the cost of all necessary submittal documents and plats. The amended subdivision, if necessary, would be required prior to issuance of full permits for either USSA or the Hospital.
- IHC will design and construct 30 trailhead parking spaces to the reasonable satisfaction of the City Engineer on the Park City Recreation Complex. The exact location will be determined by Park City, but will be in the general vicinity of the approved plan, adjacent to the new road.

Exhibits:

A – A packet of materials was previously passed out to the Commissioners.

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**INTERMOUNTAIN HEALTH CARE
MEDICAL CAMPUS
PHASING PLAN**

MARCH 20, 2007

Overall Plan Intermountain Healthcare's plans for the medical campus are to tie the development of the facilities to the demand for medical and hospital services as the population of Park City and Summit County grows over time. Therefore, the medical campus will be developed in phases.

The initial phase would start construction in 2007.

The 1st addition would be built within the first 5 years of operation.

The 2nd addition would be built between the 5th year and the 15th year of operations

The full build out is anticipated to be completed after 2025.

Coordination of phasing with Park City Intermountain Healthcare intends to work with the city on the timing of the additions. During the task force process the city indicate a strong desire to have input into the need and timing of the future phases.

Intermountain Healthcare proposes that when the local hospital board determines that a future phase is needed due to the volumes at the hospital, the hospital will request a work session with the Planning Commission to present the volume data and proposed scope of the additions and receive input from the Planning Commission. After receiving that input the local hospital board will make recommendations to Intermountain Healthcare on any potential future expansions.

Initial Development

Hospital – 122,000 square foot building (13,000 square feet shelled)

Medical Offices - 18,000 square feet in hospital building

Medical Support - One 25,000 square foot building (For community benefit)

One 25,000 square foot building for medical offices, owned by physicians

Parking - 327 surface parking spaces

92 structured/screened parking spaces

The planning of the medical support buildings has not been completed at this time. Generally, medical office buildings have 3 parking spaces per 1,000 square feet

Trails - All trails deeded

Trail paved to hospital

<i>Affordable Housing</i> -	Units Required for Hospital	12.7
	Units Required for Medical Offices	4.8
	Units Provided	45.0

Units Required for Medical Offices owned by physicians as part of the Medical Support area of the campus. These units will be the responsibility of the owner of the building.

1st Addition

<i>Hospital –</i>	Complete 13,000 square feet of shelled space
<i>Medical Offices -</i>	
<i>Medical Support -</i>	One 25,000 square foot building for medical offices

Parking - 83 surface parking spaces

The planning of the medical support buildings has not been completed at this time. Generally, medical office buildings have 3 parking spaces per 1,000 square feet

Trails - No changes

<i>Affordable Housing</i> -	Units Required for Hospital	2.9
	Units Required for Medical Offices	
	Units Provided	With the initial phase

Units Required for Medical Support
These units will be the responsibility of the owner of the building

2nd Addition

<i>Hospital –</i>	93,000 square foot addition to the building
<i>Medical Offices -</i>	32,000 square foot addition to the hospital building for medical offices

Medical Support - None

Parking - 703 structured/screened parking spaces

Trails - No changes

<i>Affordable Housing</i> -	Units Required for Hospital	15.6
	Units Required for Medical Offices	8.7

Units Provided	13 additional UEs
Units Required for Medical Support	None

Full Build Out

<i>Hospital</i> –	85,000 square foot building
<i>Medical Offices</i> -	None
<i>Medical Support</i> -	One 25,000 square foot building

<i>Parking</i> -	120 surface parking spaces
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<i>Trails</i> -	Trail paved to north edge of hospital campus
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<i>Affordable Housing</i> -	Units Required for Hospital	13.7
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Units Provided	None
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Units Required for Medical Support
 These units will be the responsibility of the owner of the building

Planning Commission Meeting
 Minutes of May 23, 2007
 Page 30

16. Per the Annexation agreement and subject to any such deed restrictions, the City shall have the right of first refusal to purchase the USSA property and facilities in the event that, as an authorized assignee of the Petition, USSA sells and/or relocates from such property.
17. The Planning Commission approval of the MPD/CUP shall be put into the form of a Development agreement prior to issuance of a full building permit.
18. The amended Subdivision plat must be approved prior to full building permit.
19. Any change in sue to a non-community-based nonprofit organization may require that the deferred Employee/Affordable Housing requirements be met by the owner of the USSA Property as contemplated under the Affordable Housing Guidelines and Standards Resolution 10-06.
20. Trash enclosures will be provided for all trash receptacles and adequately screened. Materials will be architecturally compatible with the building.
21. The pedestrian walkway between the bus stop and the parking lot as shown on the site plan will be provided prior to the issuance of a final certificate of occupancy.
22. IHC Conditional Use Permit and Master Planned Development

Commissioner Pettit recused herself from this item.

Planner Robinson requested that the Planning Commission review the CUP and the MPD separately and take two separate actions. He suggested that they begin with the MPD application.

Planner Robinson reported on changes to the findings of facts and conditions of approval. Finding of Fact #15 was modified to read, "The amended subdivision plat must be approved prior to full building permit. Excavation and footings and foundation may proceed prior to approval of the amended subdivision plat."

Planner Robinson noted that the applicant submitted amended building elevations after previous direction from the Planning Commission. Planner Robinson stated that IHC owns lots one and two of the current subdivision plat, which currently includes 132.2 acres. That size will be slightly reduced with the amended subdivision plat.

The Staff report provided detail on the MPD criteria for the Community Transition Zone, and outlined their findings for compliance. He believed this answered some of the questions raised during the USSA discussion. He commented on the original road layout

with a signalized intersection at Highway 248, as required by the annexation agreement. The annexation agreement required the details to be addressed with the MPD; however, the City Attorney has agreed to postpone that to the subdivision. Planner Robinson stated that the subdivision originally scheduled for this evening will be continued. He noted that one of the fields at the complex would be lost with the realignment of the intersection and the road improvements.

Planner Robinson commented on a letter from IHC that is memorialized in Condition of Approval #17, outlining mitigation for the loss of the planned ballfield at the Recreation Complex, as well as other mitigation requirements from the annexation agreement, particularly redundancy water for the hospital. Planner Robinson stated that the City will be putting in that water line with a contribution from IHC. He noted that a hard surface trail will be constructed on site by IHC with a contribution from USSA. The annexation agreement called for construction of the trail and dedication to the City as a public trail.

Planner Robinson modified Condition of Approval #9 by striking "...issuance of a full building permit and/or prior to..." from the last sentence. The revised sentence would read, "A guarantee for all public improvements, including trails and required landscaping, is required prior to recordation of the final subdivision plat."

Morgan Bush, representing the applicant, stated that the City had asked IHC to put together a site plan that includes the annexation area to be developed, as well as the recreation complex. They felt it was beneficial to have a master plan that takes in the entire Quinn's area and not just one particular piece. Mr. Bush remarked that they tried to address all the issues related to the USSA, the impacts on the fields complex, and the IHC MPD.

Mr. Bush reviewed the site plan and the intersection that UDOT has approved. He outlined the direction Round Valley Drive would take to enter into the IHC campus and access the USSA facility. He indicated the area behind the Ice Sheet that would be dedicated as City streets. Mr. Bush identified the two planned bus stops with shelters and the facilities they would serve. He commented on the trails and pointed out the proposed trail on IHC property. Mr. Bush stated that there will be paved trails from the furthest north point on the campus to the existing Rail Trail system in the City. He noted that they are still working with City Staff on the exact trail location.

Commissioner Sletten asked if the trails were memorialized in the conditions of approval. Planner Robinson replied that they were addressed as a bullet point under Condition of Approval #17.

Mr. Bush commented on the shared parking. He noted that IHC had proposed to share 110 spaces based on the initial discussion. The City wanted 310 spaces based on the full

build out. They still need to work out the agreements but their concept is to make two lots available to the City on weekends.

Commissioner Wintzer asked if the parking issue was based on final build out. Mr. Bush replied that the 300 spaces would be at final build out. He explained that they only have 397 total spaces and they intend to work out the exact numbers for phasing with the City. Mr. Bush believed it was in the best interest of everyone to maximize the appropriate use of that resource.

Chair Pro Tem Barth re-opened the public hearing.

Carol Potter, representing Mountain Trails Foundation, stated that she spoke with Michael Barille at the County about connecting trails from IHC to Trail Side. She wanted the Planning Commission to know that the County supports this idea.

Chair Pro Tem Barth asked Ms. Potter if Mountain Trails could work with the trails system as proposed. Ms. Potter answered yes. Planner Robinson remarked that a second trail, which is memorialized in Condition of Approval #14, goes from IHC to the north to the PRI church owned property. Once a development resolution is reached for that property and a plan is submitted to the County, the second phase trail will be constructed following that resolution.

Chair Pro Tem Barth closed the public hearing.

Commissioner Russack asked about a bus stop to service the fields and the ice sheet. Planner Robinson stated that currently there is no bus service to the fields, except for on demand service. He expected that transit service will be started to that area once everything is built out. City Engineer, Eric DeHaan, noted that the parking lot next to the ice sheet is designed to accommodate bus circulation and drop off at the door of the ice sheet. It takes the critical mass to justify bus service and he did not anticipate that would happen until the other facilities are on line.

Commissioner Russack asked if the existing entrance is eliminated with the new road scheme. Mr. DeHaan replied that the current entrance would be eliminated. Commissioner Russack asked Mr. Bush if zone lighting would be considered for the parking lots at IHC; similar to what was suggested for USSA. Mr. Bush replied that a condition of approval requires a parking plan that includes timing of lighting to be approved by City Staff.

Commissioner Wintzer remarked that this project has been a pleasant process and he has enjoyed working with the applicants. They always responded to the Planning

Commissions' comments and concerns and came back every time with the right information. Commissioner Sletten concurred.

MOTION: Commissioner Sletten moved to APPROVE the Intermountain Healthcare Hospital master planned development, based on the Findings of Fact, Conclusions of Law, and Conditions of Approval contained in the Staff report and amended as follows: Finding of Fact #15, "The amended subdivision plat must be approved prior to full building permit. Excavation and footings and foundation may proceed prior to approval of the amended subdivision plat." Condition of Approval #9, the last sentence is modified to read, "A guarantee for all public improvements, including trails and required landscaping, is required prior to recordation of the final subdivision plat." Commissioner Wintzer seconded the motion.

VOTE: The motion passed unanimously. Commissioner Pettit was recused.
Findings of Fact- IHC MPD

1. The Intermountain Healthcare Master Planned Development is located on Lots 1 and 2 of the Subdivision Plat for the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility and includes 132.2 acres. The amended Subdivision Plat currently proposes lot area of 107.5 acres for the two lots.
2. The Annexation Agreement and proposed Master Planned Development for IHC includes an Intermountain Healthcare Hospital of 300,000 square feet (180 Unit Equivalents) and Support Medical Office space of 150,000 square feet (150 unit equivalents).
3. The City agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City also agreed that up to 50,000 square feet may be utilized for public/quasi public and other institutional uses reasonably related to the Support Medical Office area.
4. The property is located in the Community Transition (CT) zoning district.
5. The MPD is being processed concurrent with a Conditional Use Permit. No additional conditional use permit are required prior to issuance of building permits for the proposed uses. A change of use, from that described by this application may require a separate conditional use permit.
6. This property is subject to the IHC/USSA/Burbidge Annexation plat approved by the Park City Council on December 7, 2006, with an effective date of January 1, 2007. An Annexation Agreement for this property was recorded on January 23, 2007.

7. The Annexation Agreement sets forth maximum building floor areas, development location, and conditions related to developer-provided amenities on the various lots of the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility amended subdivision plat, such as roads, utilities, and trails.
8. A final subdivision plat known as the Subdivision Plat (Amended) for the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility is currently being reviewed by the Planning Commission and City Council. The Master Planned Development and Conditional Use Permit were submitted for concurrent review and approval.
9. The maximum building height in the CT District is 28 feet (33 feet with a pitched roof).
10. The main entry/clerestory is proposed at 15'-4" over the zone height with a chimney at 19'-9" over height. No floor area is increased by these architectural elements. A lobby clerestory (+10'-3") and pitched mechanical screening roof (+16'-7") also are not adding floor area. The two wings that house inpatient care and medical offices are 12'-9" and 10'-3", respectively, over zone height at the highest point.
11. Additional building height, as reviewed by the Planning Commission on May 23, 2007, complies with the criteria for additional building height per LMC Section 15-6-5(F).
12. The Planning Commission reviewed a visual analysis and discussed the additional building height and finds the proposed building is in compliance with the LMC Criteria in Chapter 6 regarding additional height that can be granted for a Master Planned Development, specifically, the facade shifts and building articulation, materials, and details create architectural interest and break the building into areas of varying height and mass. Landscaping and setbacks provide mitigation of visual impacts from adjacent properties.
13. The CT zoning district requires a minimum of 60% of the parking for an MPD to be provided in a structured or tiered parking configuration. A parking structure is proposed in the rear of the hospital and the applicant is requesting a phased approach for compliance at full build-out. The initial phase is for 92 structured spaces and 327 surface spaces (419 total). The 92 structured is only 22 percent of the total in the first phase. The Planning Commission discussed the phase request at the March 28 meeting and found the phasing plan acceptable.
14. The setbacks within the CT zone are twenty five feet (25') in the front, rear, and sides. The building complies with these setback requirements.

15. The amended subdivision plat must be approved prior to full building permit. Excavation and footings and foundation may proceed prior to approval of the amended subdivision plat.
16. Trails and linkages to trails shown on the City's Master Trail Plan shall be constructed in accordance with the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility amended plat and conditions of the Annexation Agreement.
17. A redundance water system is necessary for the health, safety and welfare of the development.
18. A signalized intersection with location and associated improvements to State Route 248 approved by the Utah Department of Transportation will be finalized with the amended subdivision plat. Other traffic mitigation measures and costs associated with those measures must be approved by agreement between parties in accordance with the annexation agreement.
19. The **Analysis** section of this staff report is incorporated herein.

Conclusions of Law - IHC MPD

1. The MPD, as conditioned, complies with all the requirements of the Land Management Code.
2. Th MPD, as conditioned, meets the minimum requirements of Section 15-6-5 of this Code.
3. The MPD, as conditioned, is consistent with the Park City General Plan.
4. The MPD, as conditioned, provides the highest value of open space, as determined by the Planning Commission.
5. The MPD, as conditioned, strengthens and enhances the resort character of Park City.
6. The MPD, as conditioned, compliments the natural features on the site and preserves significant features or vegetation to the extent possible.
7. Th MPD, as conditioned, is compatible in use, scale, and mass with adjacent properties, and promotes neighborhood compatibility.

8. The MPD provides amenities to the community so that there is no net loss of community amenities.
9. The MPD, as conditioned, is consistent with the employee Affordable Housing requirements as adopted by the City Council at the time the application was filed.
10. The MPD, as conditioned, meets the provisions of the Sensitive Lands provision of the Land Management Code. The project has been designed to place Development on the most Developable Land and least visually obtrusive portions of the site.
11. The MPD, as conditioned, promotes the use of non-vehicular forms of transportation through design and by providing trail connections.
12. The MPD has been noticed and public hearing held in accordance with this Code.

Conditions of Approval - IHC MPD

1. All standard conditions of approval apply to this MPD.
2. All applicable conditions of approval of the IHC/USSA Annexation shall apply to this MPD.
3. All applicable conditions of approval of the Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility amended subdivision plat shall apply.
4. A final water efficient landscape and irrigation plan that indicates snow storage areas is required prior to building permit issuance.
5. All exterior lights must conform to the City lighting ordinance and shall be in substantial conformance with the plans reviewed by the Commission on May 23, 2007. Parking lot lighting shall be on a timing system to allow for minimal lighting when the facility is not open. The timing system and building security lighting shall be approved by Staff prior to issuance of a certificate of occupancy.
6. All exterior signs require a separate sign permit. Application for a sign permit shall be made to the Planning Department prior to installation of any temporary or permanent signs.

7. Exterior building materials and colors and final design details must be in substantial compliance with the elevations, color, and material details exhibits and photos reviewed by the Planning Commission on May 23, 2007.
8. The final building plans, parking lot details and landscaping, and construction details for the project shall meet substantial compliance with the drawings reviewed by the Planning Commission on May 23, 2007.
9. Utility and grading plans, including all public improvements and trails, must be approved by the City Engineer prior to Building Permit issuance. A guarantee for all public improvements, including trails and required landscaping, is required prior to recordation of the final subdivision plat.
10. The Construction Mitigation Plan must be approved by Staff as a condition precedent to issuance of any building permits. The plan shall be consistent with the plan reviewed by the Planning Commission on May 23, 2007.
11. A storm water run-off and drainage plan shall be submitted with the building plans and approved prior to issuance of any building permits, to mitigate impacts on adjacent wetlands. The plan shall follow Park City's Storm Water Management Plan and the project shall implement storm water Best Management Practices.
12. Approval of a fire protection plan for the building shall have been made by the Building Official prior to any full building permit being issued. The fire protection component of the plan shall ensure that Park City's ISO rating is not negatively affected by construction of the building.
13. A detailed review against the Uniform Building and Fire Codes in use at the time of building permit submittal is a condition precedent to issuance of full building permit.
14. The trail connections to the Park City Recreation Complex as required by the Annexation Agreement and conditions of approval of the final subdivision plat shall be constructed prior to issuance of a final certificate of occupancy for the building. The public dedication of the trails will occur with the amended subdivision concurrently being reviewed by the City. Construction and paving of the trail between IHC and the Recreation Complex will occur with the first phase of hospital construction. The second phase trail will be constructed with the resolution of the development potential (construction or open space/trails) of the adjacent PRI property to the north.
15. IHC will pay \$16,000 per ERU to the City for water within 10 business days of this MPD approval in accordance with Section 8 of the Annexation Agreement. In

addition, IHC will contribute \$899,000 for development of a second, redundant, source of water as provided in the amended water agreement pursuant to Section 8 of the Annexation Agreement.

16. IHC will bear the cost of traffic mitigation measures as provided in the Annexation Agreement in an amount to be agreed prior to the approval of the amended subdivision plat.
17. The following items are agreed to by the applicant as mitigation for the loss of the use of a planned ballfield at the Park City Recreation Complex:
 - IHC will pay Park City Municipal Corporation \$50,000 to compensate the City for actual costs the City incurred to prepare the ground for the future ball field.
 - IHC will pay Park City Municipal Corporation the actual costs incurred by the city for a way finding sign at the Junction of Round Valley Drive and the road leading to the recreation complex and the National Ability Center (F. Gillmor Drive).
 - IHC will pay for and construct an 8' wide paved trail connection on the recreation complex property. This trail connection will connect: the paved trail at the southwest corner of the recreation complex with the paved trail to be built by Intermountain on our property, adjacent to both USSA and the hospital.
 - IHC will enter into a shared parking agreement with Park City. The hospital will share up to 300 parking spaces at full build-out on weekends for park and ride lots for city events. IHC and the City will work together to establish a Parking Management and Phasing Plan to manage the use of these 300 spaces and establish a phasing plan for use of fewer spaces prior to full build-out. Intermountain would have the ability to reduce this number through the Management Plan or if both parties agree in writing based on lack of availability through normal use or ultimate build out of the Medical Campus. The Plan would include anticipate use schedule to allow notification of employees when certain lots would not be available for employee use on weekends.
 - IHC will replace the storm water detention basin that will be removed through the construction of the road.
 - IHC will construct a temporary, paved driveway from SR248 to existing Gillmor Drive, as it runs east to west at the south west corner of the recreation parcel, just south of the proposed signalized intersection. This will facilitate temporary access for the NAC and recreation complex while the road improvements and infrastructure

are being built. Exact location and design are subject to UDOT and Park City approvals.

- It is likely that due to the new road alignment, the City will have to modify the Recreation Subdivision to locate the new Round Valley Drive road within a platted right-of-way. Should this be necessary, the City will coordinate necessary drawings and approvals, but Intermountain will be responsible for the cost of all necessary submittal documents and plats. The amended subdivision, if necessary, would be required prior to issuance of full permits for either USSA or the Hospital.

- IHC will design and construct 30 trailhead parking spaces to the reasonable satisfaction of the City Engineer on the Park City Recreation Complex. The exact location will be determined by Park City, but will be in the general vicinity of the approved plan, adjacent to the new road.

6. IHC - Conditional Use Permit

Commissioner Pettit recused herself from this item.

Planner Robinson commented on additional findings and conditions related to Phase 1 of the building, its size and use, and the parking. He indicated one change in Condition of Approval #9 to specifically name the roads. The first sentence was modified to read, "The applicant, at its expense, will install a signalized intersection on SR 248 and improvements to SR 248, Round Valley Drive, and Florence Gilmore Way as reasonably required by the City Engineer". The remainder of Condition #9 stayed as written.

Chair Pro Tem Barth re-opened the public hearing.

There was no comments.

Chair Pro Tem Barth closed the public hearing.

MOTION: Commissioner Sletten moved to APPROVE the Intermountain Healthcare Hospital conditional use permit based on the Findings of Fact, Conclusions of Law, and Conditions of Approval contained in the Staff report with the amendment to Condition #9 as stated by Planner Robinson. Commissioner Wintzer seconded the motion.

VOTE: The motion passed unanimously. Commissioner Pettit was recused.

Findings of Fact - IHC - CUP

1. The Conditional Use Permit is for Phase 1 of the IHC Hospital and Medical campus in the CT-MPD zoning district.
2. The annexation plat was approved by the City Council on December 7, 2006, with an effective date of January 1, 2007.
3. A subdivision plat was approved by the Council and recorded at Summit County on January 11, 2007.
4. The entire annexation area is 157.243 acres and is currently subdivided into five lots. Lots 1 and 2 are owned by Intermountain Healthcare (IHC Hospitals, Inc.) And includes 132.22 acres.
5. The Annexation Agreement and proposed Master Planned Development for IHC includes a Intermountain Healthcare Hospital of 300,000 square feet (180 Unit Equivalentents).
6. The City agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City also agreed that up to 50,000 square feet may be utilized for public/quasi-public and other institutional uses reasonably related to the Support Medical Office area, including without limitation: athletic national governing body offices, non-profit community wellness facilities, and/or education uses.
7. Access to the site is from Highway 248 through the Park City Recreation Complex. A preliminary roadway layout within the subdivision was identified at the time of subdivision plat. An amended subdivision plat will be required once the final road and utility layout is completed.
8. The proposed first phase of the hospital includes a 122,000 square foot hospital building with 50,000 square feet of medical offices (41,000 square feet finished). A separate 25,000 square foot medical support building is proposed in the initial phase of development. This building will be a community benefit and may include the People's Health Center and/or the Summit County Health office. This building is required to have its own CUP submitted and reviewed.
9. The proposed Conditional Use Permit is consistent with the approved Master Planned Development for IHC.
10. The Maximum Building Height in the CT District is 28 feet (33 feet with a pitched roof). Additional Building Height is being requested by the applicant. The main entry/clerestory is proposed at 15'-4" over the zone height with a chimney at 19'-9"

over height. No floor area is increased by these architectural elements. A lobby clerestory (+10'-3") and pitched mechanical screening roof (+16'-7") also are not adding floor area. The two wings that house inpatient care and medical officers are 12'-9" and 10'-3", respectively, over zone height at the highest point. The building could meet zone height if spread out further on the site. Because of the need in a hospital for exceptional mechanical systems, particularly air handling, the floor to floor height is 14 feet, as compared to a usual 9-10 feet floor to floor construction in residential and commercial construction. The proposed building complies with the granted height exception.

11. The Planning Commission finds the proposed building in compliance with the volumetrics approved in the MPD; specifically, the facade shifts and roof shifts create architectural interest and break the building into smaller components.
12. The setbacks within the CT zone are twenty-five (25') on all property lines. Setbacks are the minimum distance between the closest of the following: property line, platted street, or existing curb or edge of street. The building complies with these setback requirements.
13. The **Analysis** section of this staff report is incorporated herein.

Conclusions of Law - IHC - CUP

1. The CUP, as conditioned, is consistent with the IHC Master Planned Development and the Park City Land Management Code.
2. The CUP, as conditioned, is consistent with the Park City General Plan.
3. The proposed use will be compatible with the surrounding structures in use, scale, mass and circulation.
4. The effects of any differences in use or scale have been mitigated through careful planning.

Conditions of Approval - IHC- CUP

1. All standard conditions of approval apply to this Conditional Use Permit.
2. A water efficient landscape and irrigation plan that indicates snow storage areas and meets the defensible space requirement is required prior to building permit issuance.
3. All exterior lights must conform to the City lighting ordinance.

4. All exterior signs require a sign permit.
5. Materials color samples and final design details must be in substantial compliance with the samples reviewed by the Planning Commission and approved by Staff prior to building permit issuance.
6. The final building plans and construction details for the project shall meet substantial compliance with the drawings as reviewed by the Planning Commission.
7. Utility and grading plans must be approved by the City Engineer prior to building permit issuance.
8. The amended Subdivision Plat must be approved prior to full building permit. Excavation and Footings and Foundation may proceed prior to approval of the amended subdivision plat.
9. The applicant, at its expense, will install a signalized intersection on SR 248 and improvements to SR 248, Round Valley Drive, and Florence Gilmore Way as reasonably required by the City Engineer. A temporary paved road connection between SR 248 and F.J. Gilmore Drive, subject to approval by UDOT and Park City, shall be installed. Directional signs and way finding signs shall be part of the road improvements. During construction of the road improvements, access to the National Ability Center and the Recreation Complex shall not be interrupted. Trail and sidewalk connections as required in the Annexation Agreement and Master Planned Development approval are required.
10. All conditions of the Master Planned Development continue to apply.
7. 300 Deer Valley Loop, Roundabout Subdivision

The Planning Commission discussed this item during work session.

Planner Katie Cattan reported that the applicant is proposing two lots of record on a metes and bounds parcel. Each lot would be approximately 12,000 square feet. The applicant is proposing a duplex on each lot. Planner Cattan noted that the proposal decreases density from what could be approved on these lots. The proposal also adds a bus pull off area that is supported by the Park City Municipal Transportation Department.

The Staff recommended that the Planning Commission forward a positive recommendation to the City Council for this subdivision, according to the findings of fact, conclusions of law, and conditions of approval contained in the Staff report. Planner Cattan noted that

**PARK CITY PLANNING COMMISSION
WORK SESSION MINUTES
JUNE 12, 2013**

PRESENT: Nann Worel, Brooke Hontz, Stewart Gross, Adam Strachan, Jack Thomas, Charlie Wintzer, Thomas Eddington, Francisco Astorga, Polly Samuels McLean

Commissioners Savage was excused.

WORK SESSION ITEMS

Chair Worel disclosed that she works with the People Health Clinic, which is one of the buildings in the original agreement plan with Intermountain Healthcare; however it would not affect her ability to discuss the requested Amendment to the MPD for the Intermountain Healthcare Hospital scheduled for work session this evening.

Commissioner Wintzer disclosed that his daughter works at the Hospital but it would not affect his ability to discuss the work session item.

900 Round Valley Drive, Intermountain Healthcare Hospital – Amendment to Master Planned Development (Application PL-13-01392)

Morgan Bush, the Operations Officer for Intermountain Healthcare Rural Regional, stated that he was also the project manager for the initial development of the hospital. Since he had worked with the City Council and the Planning Commission throughout the annexation agreement, the CT zone and the initial MPD, he was asked to work with the hospital administration to try to figure out the options the Hospital has now and to make sure they are consistent with the Annexation Agreement and the original MPD.

Mr. Bush stated that as part of the MPD process in 2007 they made a commitment that before they expanded the hospital they would bring their ideas or concepts back to the Planning Commission for input before the Hospital would make its decision on what they would recommend to Intermountain Healthcare. Mr. Bush remarked that Intermountain Healthcare was starting its budgeting process; therefore, the Hospital would have to submit a recommendation within the next few weeks. They applied for the MPD amendment process in an effort to have the conversation with the Planning Commission.

Mr. Bush reported that the Hospital Administration was considering three potential options. He would try to explain the implications with the CT zone and work with Staff and the Planning Commission to have a good understanding of what they need to do if they elect to pursue any of the three options proposed. Mr. Bush clarified that the purpose of the work session was to present the options and hear feedback on the design concepts. They were not requesting any approvals.

Mr. Bush stated that the hospital has been more successful in the first five years than originally forecast. The areas of greater growth are in surgery, the emergency department, imaging, and physical therapy, and the in-patient nursing floor. It all includes all of the physician office space in the Annexation Agreement, which includes the Hospital's attached MOB as well as the Physician Holding Building. That space is all used with the exception of one 1100 square foot shelf space in the Physician Holding Building. The Administration currently has requests from eight different

physicians asking for space on the Campus. Mr. Bush noted that this was one of the drivers that caused the Hospital Administration to relook at the phasing and propose adding additional office space and other support space to the Hospital.

Mr. Bush commented on three options being considered. Kennard Kingston, the project Architect, reviewed a site plan included in the Staff report to orient the Commissioners to the area of the proposed addition. Commissioner Hontz asked if the identified area was currently parking. Mr. Bush replied that it was the parking lot for the Physician Offices. The new building would be built in that parking lot and new parking would be built to the east.

Mr. Bush stated that Option A has two components. One is a three-story, 82,000 square foot addition that would be built next to the existing MOB. All three options include building out over the top of the existing physical therapy and filling in a shell area on top of physical therapy for a procedure center. Mr. Bush explained that there are two procedure rooms in the current OR. If they can move the minor cases into this area, they would be able to create an additional OR without having to expand the hospital without having to do the main surgery addition that was contemplated in Phase 2 of the phasing plan.

Mr. Bush remarked that the ground floor has two components, which would be a 15,000 square foot education center, along with a Live-Well Health Promotion and Wellness clinic and center. He noted that the wellness and the education center were not part of the original phasing plan. However, with health care reform and the need to move more towards health promotion, wellness and prevention of illnesses, the hospital needs to provide facilities and resources that were not envisioned as part of the original phasing plan. Therefore, the Hospital proposes to take some of the medical support density that was conditioned for future medical offices, and use it for these functions at this time.

Commissioner Strachan wanted to know what type of facility was needed for wellness. Mr. Bush replied that it is a physician clinic to allow health promotion and wellness testing, stress testing, body fat assessments, respiratory assessments, etc. Part of it would be like a physician office but oriented towards testing as opposed to treating sick people. Another part is an education component for people to take classes, and a gym where people are taught to do exercises properly.

These were the types of services envisioned as part of Live-Well. They believed the Hospital needs to be more pro-active in providing these services, particularly in this community. Commissioner Thomas asked if this would be similar to the facility in the USAA building where they test athletes. Mr. Bush replied that it was a similar concept but more for the general public. He noted that there is a small Live-Well center in the current MOB, but it is not adequate for future needs.

Mr. Bush stated that the second story of the new addition allows for an expansion of the current orthopedic clinic located in the hospital. They are interested in bringing in additional partners as their practice continues to grow. The concept also provides clinic space for some of the new physicians who have an expressed interest in locating on campus but there is currently no space.

Mr. Bush remarked that the third floor of the proposed new addition allows for the expansion of the Intermountain Medical Group Clinic as they bring on additional physicians to expand their practice, as well as to provide some additional future medical office space. The Hospital Administration area

would also be relocated from the third floor of the existing hospital over to the new space. The current Administration area would be remodeled and converted into patient beds for the hospital.

Mr. Bush stated that Option A would add 82,000 square feet of medical support. Currently, the Physician Holding building is basically 25,000 square feet and is built out. The People's Health and Summit Public Health Building is built out at 25,000. In the existing hospital, 18,000 of the total square footage is medical support. Mr. Bush pointed out that they were approved to build out up to 50,000 square feet for medical support attached to the hospital. The current proposal would take the additional 50,000 square feet of density that was originally scheduled for Lot 6 and 8 on the campus, and shift it to the hospital as part of this project. Mr. Bush understood that the density shift was the component that required an amendment to Annexation Agreement and the MPD.

Planner Astorga replied that Mr. Bush was correct. The MPD would need to be amended because the original MPD only allowed up to 50,000 square feet at the hospital site, and this proposal would add additional density at the hospital. Currently, the Hospital Administration does not foresee using all the density. Mr. Bush clarified that the Hospital would come back at some point in the future with a proposal to use that density as the hospital continues to grow. He noted that originally the initial development was proposed in three phases to reach full build-out. They still envision reaching full build-out, but they were proposing to change the phasing plan to build more of the medical support now as part of the first addition, and postpone most of the hospital addition until they actually need that space.

Planner Astorga noted that the proposal would definitely require a change to the MPD with either option. However, the Staff needed to consult with the Legal Department on whether or not it would require amending the Annexation Agreement.

Commissioner Strachan understood that they would only be changing the designation of use. The 150,000 square feet allocated as hospital space would remain the same, but a portion would be transferred and used for medical offices. Planner Astorga reviewed the breakdown of the square footage between the hospital, medical support and off-site facilities.

Mr. Bush clarified that Option A proposes to change the location of the density in the subdivision. They were not proposing a change in the total square footage. Commissioner Wintzer understood that Mr. Bush was talking about transferring density from the campus to the Hospital. He also understood that there were two remaining building pads of 25,000 square feet each. Mr. Bush replied that this was correct. He explained that Option A proposes to take that density from those two lots, move it off of the campus for this project and leave the two lots as open space.

Commissioner Gross asked Mr. Bush if Option A was the priority option. Mr. Bush stated that Option A is the most expensive option and the Hospital Administration does not know if Intermountain Healthcare is willing to fund it. They will want to know the implications of all the options. Mr. Bush noted that once an option is chosen, they would come back with a full proposal and go through the formal approval process.

Commissioner Thomas stated that from a massing point of view, the visual impact of Option A would be greater as they remove the two small pads, create the open space and make a bigger footprint on the hospital building, which will continue to grow. Mr. Kingston stated that his firm was the

architect on the original project and even though it is a 150,000 square foot building on the campus, it does not read that way. He pointed out that a new lower level steps down from the building, and the same thing would occur as it expands to the south. Mr. Kingston stated that the intent over time is to maintain the feeling that this is a rural hospital and not a large urban medical center. The idea is to make the additions work step and work with the same rules regarding building height, setbacks and offsets. He believed it was achievable.

Commissioner Hontz encouraged the Commissioner to pull out pages 133, 137 and 141 and look at the site plan and the parking plan and the size and location of the proposed addition. She stated that Option A would move the two building pads to the east location and keeps them as open space. She asked if that would occur with Options B and C. Mr. Bush stated that Option B would move the density from one of those pads, but it would leave 25,000 square feet unbuilt, and in a future phase the Hospital could build one additional building. One of the lots would be designated as open space. Option C would be building the density on the hospital campus and building the education center on one of the lots. Option C would stay closer to the original MPD in terms of the allocation of square footages.

Commissioner Hontz asked about the parking shown in each option. Mr. Bush stated that the model was adding three parking spaces per 1,000 square feet. When they originally modeled the hospital, the parking was reduced from what was originally proposed based on the concern of too much surface parking. Commissioner Hontz believed there was always surplus parking. Mr. Bush agreed that there is always parking. Therefore, they were proposing the minimum amount. Commissioner Hontz understood that Option A also included adding on to the parking garage. Mr. Bush remarked that Option A adds additional surface parking pushing out to the north. It would also have the biggest impact in terms of building on to the future location of the structured parking that is part of the MPD in Phase 2 of the phasing plan.

Commissioner Wintzer recalled that Phase 2 required structured parking and Phase 1 was to berm around the parking.

Mr. Kingston pointed out that the footprint of the building would be bigger but the perceived density of the campus would be lower with the pads as open space. He remarked that there is an upside and a downside and he believed they could manage the footprint issue. The question was whether the benefit of having a lower perceived density on campus worth the change.

Commissioner Thomas suggested that the Planning Commission visit the site to understand the visual impact. Chair Worel stated that she had walked the site and with all the berming she did not believe the parking would be visual from Highway 40.

Commissioner Strachan asked if all the parking and the expansion would be east of the Silver Quinn's Trail and that the trail would not be disturbed. Mr. Bush replied that all the construction would be contained within the existing loop road at the Hospital. It would not go into any of the open space. Mr. Bush stated that the trails and the open space are part of what makes the hospital work.

Commissioner Hontz remarked that the original project turned out better than what she expected in terms of the massing of the building, how it sits on the site and the location of the parking. However,

she believed they overdid the night lighting and it is still too much. In addition, it is not pedestrian friendly to walk down to the end of the drive stall. Wherever the parking is located, she would encourage a better way to gather people and get them to a safer point instead of walking through the drive aisle.

Commissioner Thomas noted that the Planning Commission had requested the trails diagrams on the initial drawings and he would like to see those put back in the site plan. Commissioner Strachan indicated a trail that makes it easy to bike to a doctor or hospital appointments. It is in the area of the expansion and he suggested that tying a trail from Silver Quinn's down to the hospital would be a great amenity and a good selling point.

Commissioner Hontz understood Commissioner Thomas' concern about how the massing would read on the building. However, she supported the concept of moving the density from the two pads and finding a way to make the massing read better on the building. Commissioner Thomas thought Option A appeared to be the obvious solution and he questioned whether a site visit would be necessary. Commissioner Strachan suggested that the Commissioners do their own individual site visit if they felt it would be helpful.

Commissioner Wintzer assumed the expansion would have the same or similar materials. Mr. Bush answered yes. Commissioner Hontz asked if the expansion of the facility would push it into a different type of operation that no longer classifies it as rural, which could affect individual insurance policies. Mr. Bush clarified that the expansion would not change the number of beds or add new services with the exception of the Wellness and Live-Well, which does not affect the Hospital's licensure category. There would be no change in term of the community's ability to access services at the hospital. Commissioner Hontz felt that was an important issue. Mr. Bush remarked that it is up to the individual insurance companies to decide whether or not they want to contract with the Hospital.

Mr. Bush asked if the Planning Commission had a preferred option. Commissioner Strachan believed the policy direction was that the Planning Commission would support any option that moves the density from the two building pads. Commissioner Wintzer agreed.

Commissioner Wintzer stated that Intermountain Healthcare has been a great neighbor to the community. As both a Planning Commissioner and a Board member of the People's Health Clinic, he believed this was the biggest "get" for the City. They ended up with a free clinic for People's Health and a partnership with the whole community. Commissioner Wintzer remarked that it has been very successful and he wants to make sure that it stays successful. He noted that Intermountain Healthcare gave the City everything it asked for and when the project was finished, it looked better than the rendering.

Mr. Bush requested discussion on the affordable housing element since it was a major issue with the original approval. He noted that with any of the options proposed, the affordable housing with the new square footage is still under the 45 unit total. Intermountain Healthcare provided a five acre lot and the Burbidge's put up a bond to provide the 45 units that were part of the Park City Heights development. He noted that with any of the options proposed, the affordable housing obligation with the new square footage is still under the original 45 units. Additional affordable housing would be triggered by the next expansion. Mr. Bush asked for direction on the affordable housing component

to make sure he was reading the agreements correctly.

Commissioner Strachan thought affordable housing question would be a Planning Staff and Legal Department determination. Director Eddington stated that the Staff would be working with Intermountain Healthcare on the analysis and the numbers.

Commissioner Strachan thought the affordable housing question was a Planning Staff and Legal Department determination. Director Eddington stated that the Staff would be working with Intermountain Healthcare on the analysis and numbers.

Commissioner Wintzer asked for an update on the affordable housing and asked if the project was still on hold. Director Eddington stated that the project was on hold and the City was trying to work with the developer to see if they could help move it forward. Director Eddington was unsure whether that would be this year or next year.

Director Eddington clarified that the Planning Commission was most comfortable with Option A, incorporating density into the building and preserving the two pads as open space and screening the parking. Commissioner Hontz requested that they also reduce the parking and the lighting as much as possible. Commissioner Gross requested that they keep the connectivity with the trails. The Commissioners concurred.

The Work Session was adjourned.

PARK CITY MUNICIPAL CORPORATION
PLANNING COMMISSION MEETING MINUTES
COUNCIL CHAMBERS
MARSAC MUNICIPAL BUILDING
AUGUST 27, 2014

COMMISSIONERS IN ATTENDANCE:

Chair Nann Worel, Preston Campbell, Stewart Gross, Steve Joyce, John Phillips, Adam Strachan, Clay Stuard

EX OFFICIO:

Planning Director, Thomas Eddington; Kirsten Whetstone, Planner; Christy Alexander, Planner; Anya Grahn, Planner; Polly Samuels McLean, Assistant City Attorney

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REGULAR MEETING

ROLL CALL

Chair Worel called the meeting to order at 5:35 p.m. and noted that all Commissioners were present.

ADOPTION OF MINUTES

August 13, 2014

MOTION: Commissioner Phillips moved to APPROVE the minutes of August 13, 2014 as written. Commissioner Campbell seconded the motion.

VOTE: The motion passed. Commissioners Strachan and Joyce abstained since they were absent from the August 13th meeting.

PUBLIC INPUT

Mary Wintzer, a resident at 320 McHenry stated that she is part owner of the Iron Horse District, one of the two largest stakeholders in the BoPa area. Ms. Wintzer noted that she had to leave town after the special meeting on August 6th and this was the first opportunity she had to publicly thank the Planning Commission for the thoughtful questions they asked regarding the Bonanza Park Plan. She has been asking those same questions for three years. Ms. Wintzer believed much of the process has been lacking. She called her partners, the Wolf Family, who own the Sports Authority building, and they said they have never received notification about Bonanza. Ms. Wintzer remarked that by typing in Bonanza Park Redevelopment on YouTube you can see the very first presentation that

900 Round Valley Drive Park City Medical Center/IHC MPD Amendment and Conditional Use Permit for Phase two (2)

Chair Worel disclosed that her office is located within the People's Health Clinic on the IHC campus. She did not believe it would affect her decision if she needed to vote this evening.

Morgan Bush stated that he was the original project manager when the hospital was built in Park City. He was still part of the project team for Phase 2. Mr. Bush introduced Cy Hut, the Hospital Administrator at Park City Medical Center; Dan Kohler, the Director of Facilities for Intermountain Health Care; and Steve Kelly, the project manager for Phase 2.

Planner Whetstone noted that the Staff report contained the Staff analysis and questions for discussion. She stated that it was always anticipated that the hospital would have several phases. This was the second phase and the applicants were proposing to change how they approach the phasing. The proposed change would impact some of the parking phasing, the affordable housing and the uses.

Planner Whetstone reported that the application for the conditional use permit was for an addition to the hospital building for 82,000 square feet of medical support. The second phase was originally going to be more hospital and the support was going to be in the next phase on Lots 6 and 8 of the subdivision plat. The applicants had prepared a presentation that would go into more detail on what they were requesting. Planner Whetstone noted that there would be additional square footage for hospital uses, but Phase 2 would be medical support.

Planner Whetstone outlined two amendments to the MPD. The first is to shift the density allocated on Lots 6 and 8 of the plat to Lot 1, which is the hospital, as shown on Exhibit K in the Staff report. Planner Whetstone noted that the Planning Commission looked at three options in February. The applicant eventually chose Option A, which was an option supported by the Planning Commission. Option A was slightly modified after they worked more with the details. Planner Whetstone reviewed the site plan. She indicated Lot 3, which was the USSA Center for Excellence; Lot 10, the People's Health Clinic and Summit County Health Department Building; and Lot 8, which is currently vacant and has a density of 25,000 square feet of medical support. Lot 7 was the Physicians Holding medical office building. Lot 6 was the other vacant lot that had 25,000 square feet of medical support. Lot 1 was the hospital.

Planner Whetstone stated that the second request related to what would be built in the Second Phase.

Planner Whetstone reviewed the issues for discussion on page 69 of the Staff report.

Mr. Bush stated that the MPD amendment requests moving the density, accelerating the density that would be shifted from Lot 8 and moving up the timing of that density, getting clarification on the affordable housing and the timing of that, parking, and the building height exception. Mr. Bush commented on another request that was omitted from the Staff report. He explained that the architect had identified an opportunity to do additional excavation for storage. The question was whether or not that would be permitted and if it would have to be incorporated within the density allocation. Mr. Bush stated that the intent this evening was to get clarification on the questions raised by the Staff before coming forward with the final proposal for consideration and action by the Planning Commission.

Mr. Bush stated that there was an additional item of information on the affordable housing, but he felt it would be better to address it when they discuss that question. Mr. Bush stated that when they did the ground lease with Summit County, the County assumed the affordable housing obligation for Lot 10. In talking about IHC's future density, the 5.83 unit equivalents were no longer part of their long term obligation. Commissioner Strachan asked where the County intended to put the affordable housing units. Mr. Bush replied that IHC has been in discussions with Summit County and the Peace House about potentially doing something on the IHC site. The discussions are very preliminary but it may be part of what IHC and the County chooses to do to help address affordable housing. There was nothing definitive at this point.

Commissioner Strachan stated that if hypothetically the County decided to put the units right next to the hospital, he wanted to know if that would change the analysis of where the units being discussed this evening should go. Mr. Bush stated that their desire, and he believed the desire of the City Council, has always been that an institutional type affordable housing solution would make sense on this campus. The problem is that the campus is not good for residential per se, which is why the hospital's affordable housing obligation was incorporated into the Park City Heights subdivision. Mr. Bush remarked that IHC's preference would be to stay consistent with that principle. They were open to affordable housing that is more institutional in nature and would tie with the campus, but they did not envision individual family homes being appropriate on the campus.

Commissioner Strachan understood that one of the issues in the proposal being discussed this evening was whether or not to put that affordable housing on the campus. Mr. Bush explained that when the hospital was originally built, as part of the annexation agreement the Burbidge's, who sold them the property, developed a plan with the City to provide 44.78 units of affordable housing to cover the hospital's affordable housing obligation at full build-out. At the time the medical support was not part of that plan. However, they decided that

as long as the hospital is not fully built out, the excess affordable housing from the hospital covers the medical support until the total exceeds 44.78. Mr. Bush calculated that this project when built, in combination with the amount of hospital that is built out, would be 44.1 unit equivalents; slightly under 44.78.

Mr. Bush stated that the question raised by Staff was, as they amend the MPD is it appropriate for both Intermountain Health Care and the City to document how and when the next affordable housing needs to be done before any more construction can occur. Commissioner Strachan believed the how was also part of the where. Mr. Bush replied that it was all open for discussion. He remarked that the intent is to amend the MPD so they all have a clear understanding of how to proceed going forward.

Planner Whetstone suggested that they use the phasing plan that was part of the MPD approved in 2007 as the guiding document because it talks about parking and affordable housing. It would show the changes proposed with the requested amendment. Planner Whetstone noted that the MPD always allowed 300,000 for hospital uses and an additional 50,000 square feet of support of the total 150,000 square feet of support for this MPD. The MPD said that 50,000 square feet of that could be on the hospital and they have completed 18,000 square feet. Planner Whetstone remarked that 25,000 square feet and another 25,000 square feet were built with the MOB and the Public Health. There are still two vacant lots for the remainder of the 50,000 and they would like to put that on the hospital. She pointed out that the acceleration would change the phasing. Planner Whetstone stated that the Staff would like to see a new phasing plan showing how they were bringing in hospital support.

Planner Whetstone outlined the calculated affordable housing units. She would prepare a clear diagram of the affordable housing for the next meeting. She was looking for direction from the Planning Commission on whether the 44.78 affordable housing units would cover the next phase, even though the phasing plan specified that it was for building the 300,000 square foot hospital.

Commissioner Strachan clarified that the question in the Staff report was whether affordable housing should go on Lots 6 and 8. He stated that "where" is always the key question with affordable housing.

Commissioner Joyce stated that institutional or not, in his opinion it would be a terrible place to live. He had visited the site and tried to imagine what it would like living next to a hospital, office buildings and sports parks, without any conveniences or services or the feel of living in a neighborhood.

Commissioner Campbell thought it might be appropriate for Peace House or something similar where people would live there for a few weeks or months. Commissioner Campbell stated that affordable housing is always talked about but it never seems to materialize. If there are affordable housing requirements for this phase he would like it to be on a strict timetable.

Commissioner Stuard stated that if the density is transferred from Lots 6 and 8 on to Lot 1, and there will be no affordable housing on Lots 6 and 8, he wanted to know what the proposed use would be for Lots 6 and 8 in the future. Mr. Bush replied that currently the lots would be left vacant. He explained that the CT zone allows up to three units of density per acre. In the future they could potentially request a separate amendment to have up to 50,000 square feet of medical support go back on to those sites. Mr. Bush stated that the intention is to keep the campus medical, health, health education, wellness and like uses. To qualify they must keep 80% of the site open. The only viable option he could see would be to put the same density back on Lots 6 and 8.

Commissioner Stuard thought it would be better to request an amendment to add 50,000 square feet to Lot 1 now and leave Lots 6 and 8 as is. Mr. Bush replied that medical offices attached to hospitals tend to be more patient friendly. Assumptions were done when they did the original campus, but they are now finding that more physicians would rather be housed in buildings that are physically attached to the hospital. There may be a need in the future for an additional 50,000 square feet of medical support, but that is not for sure. Rather than trying to guess for the future, they preferred to work with the density they know they need now and follow the same process if additional density becomes necessary.

Planner Whetstone asked what Mr. Bush anticipated as a future timeline. Mr. Bush was hesitant to predict a timeline because the growth to date has been faster than what was originally anticipated, which is why they were requesting this amendment.

Commissioner Phillips agreed with the comments made by Commissioner Joyce. He also liked the clustering of the buildings and making it convenient for the patients.

Commissioner Strachan asked if there was enough capacity in Park City Heights for the remaining affordable housing units. Planner Whetstone stated that the City was constructing affordable housing units in Park City Heights but she was unsure of the details. Commissioner Strachan remarked that the balance between affordable housing and non-affordable housing in Park City Heights was argued and debated for years. The intent was to strike the appropriate balance so it would not be exclusively an affordable housing development. He was concerned that if they put more of the affordable housing allocated to this campus into Park City Heights it would disrupt the balance. Commissioner

Strachan agreed with Commissioner Joyce but he was unsure how they could keep that balance in place and at the same time tell IHC that space needs to be set aside for affordable housing. He concurred with Commissioner Campbell that the Planning Commissioner needed to tell the applicant where affordable housing should go and specify a timeline. Commissioner Strachan believed the Planning Commission needed to revisit the balances in Park City Heights to make sure that the additional units from Lots 6 and 8 would not disrupt the balance. If the units can go in Park City Heights then the problem is solved. If not, then it becomes a bigger problem and they would need to look for alternative places. If there are no alternatives, the question is what affordable uses the applicant would be comfortable with on Lots 6 and 8.

Mr. Bush stated that from the applicant's standpoint, they have enough affordable housing to cover the current proposal. What they need is to agree on a direction for affordable housing in the MPD amendment. Mr. Bush felt it was less critical to have all the answers and more critical to have some direction.

Commissioner Strachan stated that the applicant needed to work with the Staff on how to divide up the 48 units. Once they determine where to put the units, the Planning Commission could give direction on how to phase them.

Commissioner Campbell requested informal consensus on whether or not the Commissioners could support the density transfer. He thought they needed to be sensitive to the expense incurred by the applicant. He personally supported the shift from Lots 6 and 8 into Lot 1. The hospital is a good neighbor and he thought they should be supported.

Commissioner Strachan was comfortable moving the density to Lot 1.

Mr. Bush stated that after receiving the same direction from the Planning Commission last year, IHC hired their architect VCBO to design the 82,000 square foot building that would be attached to the hospital. The intent was to create a building consistent with the campus.

Commissioner Strachan asked if the building height discussion was incorporated in the presentation this evening. Mr. Bush explained that when the CT zone was created, the height restriction in the CT did not work for the hospital. Exceptions were necessary because for various reasons the ceiling to floor height for a hospital is different than a traditional building. They were requesting that the same exception be granted for this addition. Mr. Bush clarified that the intent was not to build a taller building with more stories above grade. The purpose was to make it look like it was part of the same building. Commissioner Strachan understood that they were not asking for any additional height

beyond the height of the current hospital building. Mr. Bush replied that this was correct.

Tanya Davis and Dan Simpson, the project architects, gave a power point presentation. Ms. Davis indicated the three stories of the hospital and the three stories of the proposed addition. Currently there are three levels above grade. The applicants were proposing two levels above grade and one level below grade. It would still be a three-story building and it would not exceed the height on the site. However, it allows them to line up the floor plates for the first and second floor, and bring in an education center that has a ground level entry. She pointed out that the site slopes away at that point approximately 16-feet, which allows them to build into the natural curve of the slope and get an extra story without increasing the height.

Chair Worel asked for the location of the storage area that was referenced earlier. Ms. Davis reviewed a slide showing the basement plan of the education center. She indicated a large room that could be divided into three components. She noted that the floor plan was shown in black and white. The gray color identified the unexcavated area around the building. The yellow color was a proposed possibility that could be used for storage. It would have no egress and it would never be occupied. The storage area would be completely under finished grade. Mr. Kohler, Facilities Director for IHC, noted that the level shown was one level below the main level of the current hospital.

Ms. Davis reviewed the site plan and noted that the light red color was the existing hospital. The new proposed addition was shown in darker red. She indicated the proposed parking around the site to support that addition and how it relates to the ring road and the area of disturbance outlined by the MPD amendment. Mr. Simpson pointed out that the building would not look any different regardless of whether or not the storage space was built. Ms. Davis noted that the new addition has two entry points.

Ms. Davis reviewed the parking plan showing the different parking areas for specific uses, as well as overflow and staff parking. She clarified that the parking needs for the proposed addition was patient parking driven. Planner Whetstone suggested that the applicants provide a site plan detailing the access from the parking lots to the buildings.

Ms. Davis commented on screening. The applicant would like to put a berm around the edge of the parking on the back side to help screen the parking along that side. Careful attention was given to that side of the building because that view is seen from the entire transportation corridor. Planner Whetstone asked about the location of the future structured parking. Ms. Davis stated that when the actual hospital expansion occurs in the future, increased staff needs would drive the need for increased parking and a parking structure would be appropriate at that point.

Commissioner Joyce stated that in looking at the notes and minutes from the original MPD, there was significant discussion regarding the parking and visibility. From his reading there was a push to consolidate parking to avoid the look of asphalt paved parking everywhere on the site. In the end it was decided that 63% of the parking spaces was supposed to be structured. Commissioner Joyce felt this parking plan clearly builds out the rest of the unstructured parking. He noted that a lot of thought and discussion went into the parking issue as part of the MPD process, but they appeared to be deviating in the second phase by dropping the percentage of structured parking to 14% and building more surface parking. Even with the proposed berm, parking around the side of the new addition and around the back side is very visible from everywhere and there is no way to hide it. Commissioner Joyce believed there would be a lot more visible parking than what was envisioned when the MPD was approved.

Mr. Bush stated that when the original phasing was done, the intention was for the parking structure to be a single major project and tie it with the hospital expansion. As this project is still medical support, they wanted to keep the surface parking. They were seeing more surface parking because the parking from Lots 6 and 8 was being moved to Lot 1. Mr. Bush remarked that the phasing plan has always been to delay the structured parking and build it with the bigger hospital expansion.

Commissioner Joyce stated that the fundamental concept with the agreement of the MPD was to build structured parking to keep from having sprawling parking lots. In his opinion that concept still made sense independent of what uses go on Lots 6 and 8. Commissioner Joyce believed that the more they start consolidating into one spot the more they have to put parking lots further and further away from the buildings. He remarked that the goal was to have 60% structure parking. They are reaching the point where 86% is unstructured and 14% is structured, which tells him that the parking is way out of whack from the 60% envisioned in the original MPD.

Commissioner Stuard thought it was the ring road and the quality around the ring road that ultimately defines this campus. Whether there is surface parking or structured parking between the ring road and the building would not make much difference. If the parking structure is located within the ring road, it might be more visible from the freeway than surface parking. Commissioner Stuard was more concerned about the quality of the landscape buffer along the ring road in terms of screening whatever type of parking ends up being there.

Commissioner Campbell had hoped they would not get into this kind of detail this evening. Secondly, he agreed with Commissioner Joyce about the level of detail that the previous Planning Commissions went through in the original MPD process. He was not opposed to changing what was done, but there needs to be good reason to do it.

Commissioner Strachan concurred. He also thought there should be more of a pronounced entrance off the back because of the amount of parking in that location. Commissioner Strachan suggested that the applicants look at the concept of a dual entrance.

Commissioner Phillips thought the lower parking in the front ties in with what already exists, and it is a better location for the new area. He could understand why that was being built now. Commissioner Phillips agreed with Commissioner Strachan regarding the entrance.

Commissioner Strachan commented on the parking ratio. He is always open to re-visiting the ratio of four spaces per 1,000 feet, but that is often business driven and it depends on the kind of business. He asked if the applicants believed they would need more or less parking.

Mr. Kohler replied that they typically use four spaces per 1,000 as a guideline for their facilities. Some of their facilities are able to accommodate less parking. They do not see a need for obtaining more. Mr. Kohler stated that especially in this case, if parking is an issue they would obviously entertain less of a requirement per 1,000 to reduce some of the parking, particularly on the back side. Commissioner Strachan thought it was better to mitigate the impact of the surface parking.

Commissioner Joyce had driven by the hospital around 3:00 p.m. and the lot was approximately 70% full. Commissioner Strachan stated that he has seen the lot full, but the back structured parking is always empty. There is ample parking but people do not always know where to find it.

Chair Worel asked for the percentage of usage as currently built. Mr. Bush stated that it depends on the time of year. During the winter and in July and August it could be 80% to 90% full during the daytime hours. Chair Worel clarified that it was not way overbuilt. Mr. Bush replied that it was not way overbuilt for peak times. However, during the slow times of the year the lot might only be 40% full.

Planner Whetstone understood that the parking for this next phase was necessary for what was being proposed. However, if there was an area where parking could be reduced until there was a demand, she wanted to know how they would phase that. Mr. Kohler identified an area they would look at to reduce the parking. If they could cut that and still accommodate the parking requirements it would lessen the impact and visibility because the other parking is tiered and can be landscaped. Mr. Kohler pointed out that as it extends out over the crown of the hill it becomes more and more visible, which is why they

were proposing to screen it with berming. If they could remove 40 stalls from that location and still satisfy the City's requirements, it would also satisfy the hospital's needs.

Planner Whetstone thought it would be helpful to have that analysis. The Commissioners concurred. Commissioner Strachan suggested a happy medium where some of the structured parking and some of the surface parking was built in an early phase. Commissioner Stuard suggested that they make sure the existing structured parking is being used thoroughly before they build more surface parking.

On the building height issue, the Commissioners concurred that the addition should have the same height as the existing building. The Commissioners were comfortable with the subgrade storage as proposed. All the Commissioners supported moving the 50,000 square feet of medical support offices from Lots 6 and 8 to Lot 1.

Regarding trails, Planner Whetstone commented on the community trail that goes out to the Silver Summit area. The trail is paved. Mr. Bush stated that there is a continuous trail from the north end of the campus all the way to the south and connecting into the trails system on the rec property. Chair Worel asked if the trail connects over to the NAC. Commissioner Strachan stated that it did not connect to the NAC but it should.

Mr. Bush explained that IHC had originally agreed to put the trail all the way through. However, when the trail was paved from the rec property up to the hospital, it had a dirt trail the rest of the way. They eventually partnered with the City to pave the rest of the trail so it was all connected. As they developed the site the idea was to have their campus link with the recreation campus and the trails system. It was also consistent with the Wellness approach at the hospital. Planner Whetstone would speak with the trails people to see what was planned in the trails master plan in terms of providing additional connections to this property. She would provide a better exhibit and prepare an analysis for the next meeting.

Mr. Bush recalled from the MPD discussions that the bigger concern was walking on the campus from the parking to the building rather than to the trail per se. He believed it goes back to the site plan discussion that the architect needed to have for the next meeting.

REGULAR AGENDA – Discussion, public hearing, action.

1. **St. Regis Club Conditional Use Permit – One (1) Year Review**
(Application PL-11-01189)

When recorded, please return to:

PARK CITY MUNICIPAL CORPORATION
 City Recorder
 P O Box 1480
 Park City UT 84060

and to:

Guy P. Kroesche, Esq.
 STOEL RIVES LLP
 201 South Main Street, Suite 1100
 Salt Lake City, Utah 84111

and to:

Charles R. Brown, Esq.
 CLYDE SNOW SESSIONS & SWENSON
 201 South Main Street, Suite 1300
 Salt Lake City, Utah 84111

and to:

Ira B. Rubinfeld, Esq.
 RAY QUINNEY & NEBEKER
 36 South State Street, Suite 1400
 Salt Lake City, Utah 84145

ENTRY NO. 00802747

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ALAN SPRIGGS, SUMMIT COUNTY RECORDER

FEE \$ 0.00 BY PARK CITY MUNICIPAL CORPORATION

**ANNEXATION AGREEMENT**

This ANNEXATION AGREEMENT (this "Annexation Agreement") is made by and between Park City Municipal Corporation (hereinafter, the "City") and Burbs, L.L.C., a Utah limited liability company (hereafter, the "Petitioner") to set forth the terms and conditions under which the City will annex certain land owned by the Petitioner, consisting of approximately 157 acres and located in unincorporated Summit County, Utah, at the northwest corner of State Road 248 and Highway 40 (as further defined below, the "Property"), into the corporate limits of the City and extend municipal services to the Property. This Annexation Agreement is made under authority of §§ 10-2-401 et. seq. of the Utah Code, Annotated 1953, as amended, and shall serve as a supplemental annexation policy declaration when executed by all parties.

WHEREAS, the Petitioner entered into that certain Real Estate Acquisition Agreement, dated as of October 21, 2004, as amended by that certain Amendment to Real Estate Acquisition Agreement, dated as of October 21, 2005, as further amended by that certain Second Amendment to Real Estate Acquisition Agreement, dated as of October 27, 2005, as amended by that certain Third Amendment to Real Estate Acquisition Agreement, dated as of April 27, 2006, as amended by that certain Fourth Amendment to Real Estate Acquisition Agreement, dated as of August 11, 2006, as amended by that certain Fifth Amendment to Real Estate Acquisition Agreement, dated as of August 25, 2006, as amended by that certain Sixth Amendment to Real Estate Acquisition Agreement, dated as of September 27, 2006, as amended by that certain Seventh Amendment to Real Estate Acquisition Agreement, dated as of October 27, 2006, and as amended by that certain Eighth Amendment to Real Estate Acquisition Agreement, dated as of November 30, 2006, (collectively, the "Real Estate Acquisition Agreement"), for the sale of a portion of the Property (the "Intermountain Healthcare Property") to IHC Health Services, Inc., a Utah nonprofit corporation ("Intermountain Healthcare");

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WHEREAS, the Petitioner has previously notified to the United States Ski and Snowboard Association, a Utah nonprofit organization (the "USSA"), that the Petitioner desires to donate five (5) acres of the Property (the "USSA Property") to USSA, and USSA is willing to accept such donation;

WHEREAS, in furtherance of the foregoing, the Petitioner desires to annex the Property into the corporate limits of the City and, to that end, an annexation petition (the "Annexation Petition") for the Property was filed with the City on November 3, 2004, and accepted by the City on November 18, 2004;

WHEREAS, in connection with any such annexation (the "Annexation"), the Property is proposed to be zoned Community Transition District - Master Planned Development ("CT-MPD"), a new City zoning district that allows for a community hospital/medical facility, support medical offices, public/quasi-public institutional uses, United States Ski and Snowboard headquarters and a sports training complex, public recreation uses, affordable/employee housing, and open space land uses on the Property;

WHEREAS, to these ends, the City has issued certain Findings and Conditions with respect to the Property, which are attached as Exhibit "A" (the "Findings and Conditions");

WHEREAS, the parties understand, acknowledge and agree that the Annexation of the Property is conditioned upon, among other matters, the satisfaction of the terms and conditions set forth in the Findings and Conditions and this Annexation Agreement, as well as the completion of the master plan development for the Intermountain Healthcare Property or the USSA Property, as the case may be (in either case an "MPD") and subdivision (the "Subdivision") of the Property, all to the satisfaction, in their respective discretion, of the Petitioner, Intermountain Healthcare, USSA, and the City, as applicable, and as evidenced by the Subdivision plat for the Property (as accepted by the City and filed in the official real estate records of Summit County, Utah, the "Subdivision Plat"); and

WHEREAS, except as otherwise defined herein, capitalized terms shall be as defined in the Findings and Conditions;

NOW, THEREFORE, in furtherance of the Annexation Petition, in consideration of the City's agreement to annex the Property and in consideration of the mutual promises contained herein, as well as the mutual benefits to be derived herefrom, the parties agree that the terms and conditions of Annexation shall be as follows:

1. **Property.** The Property to be annexed is approximately 157 acres in size, as depicted on the annexation plat attached as Exhibit "B" (the "Annexation Plat") and as more fully described in the legal description attached as Exhibit "C."
2. **Zoning.** Upon Annexation, the Property will be zoned CT-MPD, as shown on Exhibit "B."
3. **Master Plan Approval; Phasing.** Pursuant to Land Management Code Section 15-8-3 (D), an application for a Master Planned Development of the Property (as submitted, the "MPD"), a copy of which is attached as Exhibit "D," was filed with the City on November 3, 2004, and accepted by the City on November 18, 2004. This Annexation Agreement does not represent approval or vesting of the MPD. Rather, the MPD and the use and development of the Intermountain Healthcare Property and the USSA Property shall be governed by the zoning designations provided herein and, consistent with this Annexation Agreement and the Findings and Conditions, shall be finalized (and, as necessary, amended) as soon as reasonably practicable following completion of the Annexation pursuant to Utah Code Annotated § 10-2-425(5) (as applicable to the Intermountain Healthcare Property, the USSA Property or the remainder of the Property, the "Final MPD").

Any substantive amendments to the MPD or this Annexation Agreement shall be processed in accordance with the Park City Land Management Code. Further, as part of the MPD review and approval process, again consistent with this Annexation Agreement and the Findings and Conditions, the phasing of the development of the Intermountain Healthcare Property or the USSA Property, as the case may be, shall be determined, to ensure the adequacy of public facilities that may be required to support any such development.

4. **Trails.** A condition precedent to the Annexation and the Final MPD for the Intermountain Healthcare Property or the USSA Property, as the case may be, is the grant to the City of public easements (collectively, the "Trail Easements") for the construction of non-vehicular pedestrian trails (collectively, the "Trails"), the location, width and use of which shall be determined during the MPD review and approval process, and which shall be documented in one or more development agreements for the Intermountain Healthcare Property the USSA Property, as the case may be, or any portions thereof (in any case, a "Development Agreement"). The Trail Easements shall include, but are not limited to, those easements necessary to extend and/or relocate certain of the existing non-vehicular pedestrian trails to connect to other public trail easements existing on adjacent properties. Any obligations with respect to the construction of any such trails shall be governed by the terms and conditions of the Development Agreement for the USSA Property, the Intermountain Healthcare Property or any other part of the Property, as the case may be, and, further, unless otherwise provided in any such Development Agreement, shall be the responsibility of the owner of the USSA Property, the Intermountain Healthcare Property, or any other part of the Property, as the case may be.

5. **Fire Prevention Measures.** Because of significant wild land interface issues on the Property, the Petitioner (or, as specified in connection with any such assignment, its assigns) agrees to implement a fire protection and emergency access plan, to be submitted prior to the issuance of any building permits, and to be reviewed and approved by the Fire Marshall and Chief Building Official for compliance with applicable building and fire codes.

6. **Roads, Road Design and Access.** All streets and roads within the Property shall be designed according to the City's road design standards and, as soon as reasonably practicable following the construction thereof (to the extent, as determined during the MPD review and approval process, to be dedicated to the City), shall be dedicated to the City for purposes of public thoroughfares and, upon acceptance thereof by the City, the maintenance and repair thereof by the City. Until such time as any such streets and roads shall be dedicated to, and accepted by, the City pursuant to the City's applicable ordinances governing any such dedication, maintenance and repair of all such streets and roads shall remain with the Petitioner (or, as specified in connection with any such assignment, its assigns). All roads and streets within the Property shall be not less than thirty feet (30') wide, back of curb to back of curb, unless, consistent with this Annexation Agreement, applicable City ordinances and the Findings and Conditions, otherwise reduced by the City for pedestrian traffic calming or other public purposes. The terms and conditions of grading and constructing access roads and streets across any City property shall be agreed to as part of the MPD review and approval process.

Notwithstanding any other term or condition of this Annexation Agreement and as and to the extent reasonably necessary or appropriate for, consistent with this Annexation Agreement and the Findings and Conditions, use of the Intermountain Healthcare Property, the City, without additional consideration therefor, agrees to (a) by means of (i) a publicly-dedicated roadway and/or (ii) a nonexclusive, perpetual easement and right of way for the benefit of the Intermountain Healthcare Property, provide access to and from the Intermountain Healthcare Property to State Road 248 in Summit County, Utah (all as shown on attached Exhibit "E" road design plan, prepared by Horrocks Engineers on November 6, 2005, and approved by the City Engineer), for main and primary vehicular and pedestrian access (the "Main Access Roadway"), and (b) by means of a nonexclusive, perpetual easement and right of way for the benefit of the Intermountain Healthcare Property, provide access to and from the Intermountain Healthcare Property for emergency and secondary vehicular and pedestrian access (the "Secondary Access

Easement”). The Main Access Roadway and the Secondary Access Easement each shall be not less than thirty feet (30’) wide, back of curb to back of curb, exclusive of any sidewalks or other improvements and, further, shall be in such locations as shall be mutually acceptable to the City and Intermountain Healthcare. Except as and to the extent consistent with the use of the Intermountain Healthcare Property (and as, to the extent practicable, confirmed in connection with the sale and acquisition of the Intermountain Healthcare Property), neither the Main Access Roadway nor the Secondary Access Easement shall be subject to any use restrictions, conditions, limitations, or encumbrances (other than, to the extent the Secondary Access Easement shall not be on the City’s property, general property taxes or assessments not yet due and payable) and, in addition, shall provide insurable access to and from the Intermountain Healthcare Property; provided, however, that, as specified during the MPD review and approval process, a locked gate may restrict use of the Secondary Access Easement to emergency and fire use only.

The Petitioner (or, except as otherwise may be agreed in writing in connection with any such assignment, its assigns) shall not have any obligation or liability for the Main Access Roadway or the Secondary Access Easement until review and approval by the City of the Final MPD. The City further agrees that roadway and street construction costs and expenses incurred by the Petitioner (or its assigns) shall be credited against any other impact or other development fees and costs for which the Petitioner (or its assigns) may be liable by reason of this Annexation Agreement or, consistent with the Findings and Conditions, otherwise with respect to the Intermountain Healthcare Property, the improvement of State Road 248, or the USSA Property, including without limitation any costs or expenses incurred in connection with the obligations under Section 17, below. The Petitioner (or, as specified in connection with any such assignment, its assigns) may require other or third parties to enter into a latecomer’s agreement to reimburse the Petitioner for a portion of its costs in extending roads, traffic infrastructure and access to the Property.

7. **Sanitary Sewer, Line Extensions and Related Matters.** Construction and alignment of the sanitary sewer shall be determined as part of the MPD review and approval process. The preferred alignment of the sanitary sewer shall be that which results in the least visual impact and site disturbance while meeting the site design and construction requirements of the Snyderville Basin Water Reclamation District. Further, as part of a Development Agreement, the Petitioner (or, as specified in connection with any such assignment, its assigns) shall enter into a latecomer’s agreement to reimburse the City for a portion of its costs in extending sewer facilities adjacent to the Intermountain Healthcare Property or the USSA Property, as the case may be.

8. **Water Rights and Water Source Capacity.** The Petitioner (or, as specified in connection with any such assignment, its assigns) hereby agrees to purchase culinary water and, as appropriate, irrigation water from the City, subject to the provisions of this Section 8. The City shall and hereby agrees, upon payment therefor as specified in and contemplated under this Section 8, to provide such culinary water and, as appropriate, irrigation water, as shall be sufficient to meet the projected peak daily water demand for (a) the Intermountain Healthcare Property, which the parties understand, acknowledge and agree is 101,528 gallons per day at full build-out (the “Intermountain Healthcare Peak Water Demand”) and (b) the USSA Property, which the parties understand, acknowledge and agree is 8,759 gallons per day at full build-out (the “USSA Peak Water Demand”). The Petitioner (or, as specified in connection with any such assignment, its assigns) agrees to pay the City for such water in the amount of SIXTEEN THOUSAND AND NO/100 DOLLARS (\$16,000) per Equivalent Residential Unit (“ERU”), inclusive of (i) a proportionate share of any capital costs incurred by the City through the Snyderville Importation Project, (ii) any water share acquisition costs for water from the Weber Basin Water Conservancy District, (iii) a proportionate share of any water treatment costs based on the Intermountain Healthcare Peak Water Demand and the USSA Peak Water Demand, (iv) any City water impact fees therefor, and (v) any City water connection impact fees (collectively, the “Water Cost”).¹ Such Water Cost, respectively, shall be paid to the City within ten (10) business days following the Final MPD. Based

¹ The Water Cost was calculated by the City, as shown on attached Exhibit “G.”

upon the peak water demand figures submitted to the City by Intermountain Healthcare and the USSA, at the City's request, the City calculated and hereby confirms that, the number of ERUs respectively, is equivalent to 63.455 ERUs and 5.47 ERUs.

The City shall not be obligated to provide any water in excess of (A) the Intermountain Healthcare Peak Water Demand for the Intermountain Healthcare Property and (B) the USSA Peak Water Demand for the USSA Property and, notwithstanding any other term or condition hereof, the Petitioner (or, as specified in connection with any such assignment, its assigns) shall not be obligated to pay any amounts in excess of SIXTEEN THOUSAND AND NO/100 DOLLARS (\$16,000) per ERU. Further, the Petitioner (or, except as otherwise may be agreed in writing in connection with any such assignment, its assigns) and the City agree to enter into a separate agreement, mutually acceptable to the parties thereto, which shall document and provide for the implementation of the material terms of Sections 8, 9, and 10 of this Annexation Agreement, before the Final MPD; provided, however, that the Petitioner (or its assigns) shall not have any obligation or liability to purchase any water from the City until after the Final MPD. The Petitioner (or, as specified in connection with any such assignment, its assigns) is separately responsible for any redundant water rights, source capacity and/or systems as may be required in connection with the use and development of the Intermountain Healthcare Property or the USSA Property, as the case may be, and as required by applicable laws, rules or regulations relating thereto.

In conjunction with the construction of the Units by Petitioner on the City Donated Parcel or the Alternative Affordable Housing Location, as further described in Section 11, the City agrees that it will provide culinary water and, as appropriate, irrigation water, as shall be sufficient to meet the projected peak daily water demand for the Units, as ultimately determined by Petitioner and the City and approved for construction by the City. Petitioner agrees to pay to the City normal and customary charges for such water, which Water Cost shall not be in excess of the Water Cost to be paid the City for water to the Intermountain Healthcare Property and USSA Property, as set forth above in this Section 8.

9. **Water Impact Fees and Credits.** The City confirms that the total water impact fee was calculated by the City in the same manner and in the same comparative amount as with other developments within municipal boundaries. Any applicable credits that the Petitioner (or its assigns) may be eligible for will be determined by the City in the same manner and in the same comparative amount as with other developments within the City.

10. **Other Water Facilities, Infrastructure and Systems Costs.** As a condition precedent to the effectiveness of this Annexation Agreement, certain water facilities and systems, including an upgrade to the Fairway Hills pump station, shall be required to be constructed to service the Intermountain Healthcare Property and the USSA Property, and, to the extent to be dedicated to the City, easements therefor granted to the City, all of which shall be determined, and agreed to, by the affected parties and the City during the MPD review and approval process (the "Water Facilities and Systems"). Any and all such Water Facilities and Systems shall be constructed in accordance with specifications reasonably required by the City Engineer. Notwithstanding any term or condition of this Annexation Agreement, the City shall be responsible for the cost of any over-sizing of any Water Facilities and Systems, and, as and to the extent the Petitioner (or its assigns) shall pay or be liable for any such costs, the Petitioner (or, as applicable, Intermountain Healthcare or USSA) shall receive an appropriate credit or contribution from the City (as determined during the MPD review and approval process) for any over-sized Water Facilities and Systems designed, constructed or configured for the benefit of or to accommodate the needs of the City or any other person or entity.

In connection with the MPD and the Subdivision² review and approval processes, on-site storm runoff detention facilities, or approved alternatives, as approved by the City Engineer, may be required. The timing for the construction of such storm run-off improvements shall be determined during the MPD review and approval process (the "Storm Detention Facilities"). The City shall be responsible for the cost of any over-sized on-site Storm Detention Facilities required as determined as part of the MPD (as sized and located to the reasonable satisfaction of Intermountain Healthcare and USSA), and, as and to the extent the Petitioner (or its assigns) shall pay or be liable for any such costs, the Petitioner (or, as applicable, Intermountain Healthcare or USSA) shall receive an appropriate credit or contribution from the City (as determined by the Petitioner and the City during the MPD review and approval process) for any such facilities designed, constructed or configured for the benefit of or to accommodate the needs of the City or any other person or entity.

As part of the MPD review and approval process, the Petitioner (or, as specified in connection with any such assignment, its assigns), the City and the affected parties shall determine and agree on the proportionate costs and/or appropriate credits or contributions from the City for the installation, construction, repair, and maintenance of any excess length, size or capacity storm sewer and/or sanitary sewer lines, power, sewer, and other utility line extensions and related facilities (including without limitation the Storm Retention Facilities and the Water Facilities and Systems, the "Sewer and Related Facilities"), which may be required for the use and development of the Property, or any part thereof, and the provision of municipal services related thereto (with the understanding that the Petitioner (or, as applicable, the respective owners of the Intermountain Healthcare Property or the USSA Property) shall receive an appropriate credit or contribution from the City for the cost of any Sewer and Related Facilities designed, constructed or configured for the benefit of or to accommodate the needs of the City or any other person or entity. The extent to which such Sewer and Related Facilities shall be dedicated to the City, and the required granting of easements therefor, shall also be determined, and agreed to, by the Petitioner (or, as specified in connection with any such assignment, its assigns), the affected parties and the City during the MPD review and approval process.

11. **Affordable Housing Requirement.** Affordable/employee housing shall be provided in a manner consistent with the Findings and Conditions (the "Employee/Affordable Housing"), with the understanding and agreement of the parties that:

a. The Employee/Affordable Housing requirement for development associated with the Intermountain Healthcare hospital (300,000 square feet) is 44.78 "Affordable Unit Equivalents" (as defined in the City's Land Management Code) (the "Units"). Petitioner previously notified the City that it desires to and will donate five (5) acres of the Property (the "City Donated Parcel") to the City. Intermountain Healthcare, the City and the Petitioner have agreed that the foregoing Employee/Affordable Housing requirement shall be satisfied by the Petitioner's donation of the City Donated Parcel to the City as previously committed to by Petitioner, and the other terms and conditions of this Section 11. Within twelve (12) months of the effective date of this Agreement, the City shall determine if the Units are to be located on the City Donated Parcel or at some alternate location within the City, as agreed to by Petitioner (or its assignees), which agreement shall not be unreasonably withheld, conditioned or delayed, (an "Alternate Affordable Housing Location"); provided that, in the event of an Alternate Affordable Housing Location, the Petitioner (and any assignee thereof) shall not have any obligation, cost or otherwise, for the acquisition of any such Alternate Affordable Housing Location; and provided that, in the event the Units are located on any Alternate Affordable Housing Location, the Petitioner (or any assignee thereof) shall not

² The Subdivision review and approval process will be a two-part process. The first part of the Subdivision review and approval process will establish the lot lines of the Intermountain Healthcare Property, the USSA Property, the City Donated Parcel, and the City Recreation/Open Space Parcel and, in that connection, allow for the recording of the Subdivision Plat in the official real estate records of Summit County, Utah. The second part of the Subdivision review and approval process will include an amendment to the Subdivision Plat, which will be processed during the MPD review and approval process and, to the extent appropriate, will incorporate any necessary requirements of this Section 10.

incur, or be obligated for, any costs or expenses in excess of those that would be incurred if the Units were located and constructed on the City Donated Parcel. Subject to the foregoing, within twenty-four (24) months of the effective date of this Agreement, the Petitioner (or any assignee thereof) shall either (i) begin construction of the Units on the City Donated Parcel or at the Alternate Affordable Housing Location or (ii) post a financial guarantee in favor of the City in a form, on terms and in the amount set forth in attached Exhibit "F" (the "Financial Guarantee").³

The City shall not issue building permits for development of the Intermountain Healthcare hospital in excess of 149,000 square feet until (A) the commencement of construction of the Units on the City Donated Parcel or an Alternate Affordable Housing Location within twenty-four (24) months following the Annexation, (B) a decision is made to locate the Units on property other than the City Donated Parcel, (C) the satisfaction of the Employee/Affordable Housing requirement for development associated with the Intermountain Healthcare hospital by financing or some other arrangement, or (D) the delivery by Petitioner (or its assigns) and acceptance by the City of the Financial Guarantee.⁴ Any such Units constructed shall be sold or rented by the Petitioner (or any assignee thereof) at deed restricted prices or otherwise financed consistent with the City affordable housing guidelines.

b. The Employee/Affordable Housing requirement for development associated with the a proposed United States Ski and Snowboard Association, a Utah nonprofit organization ("USSA") facility (85,000 square feet) is 10.71 Affordable Unit Equivalents. The Petitioner previously notified USSA that it desires to and will donate the USSA Property, upon which USSA intends to construct its facilities, to USSA. A total deferral of the required 10.71 Affordable Unit Equivalents will be granted by the City upon, and in exchange for, the donation of the USSA Property by the Petitioner to USSA as previously committed to by Petitioner. The deferral is contingent upon continued ownership and occupancy by the facility by USSA or another community-based nonprofit organization. Any change in use to a non-community-based nonprofit organization may require that the deferred Employee/Affordable Housing requirements be met by the owner of the USSA Property as contemplated under the Affordable Housing Guidelines and Standards Resolution 10-06.

c. The Employee/Affordable Housing requirement for development associated with the Support Medical Office area (150,000 square feet) is 34.98 Affordable Unit Equivalents. This requirement shall be satisfied with either on-site or off-site units as determined in connection with the development of the Property to which such area relates and, in any case, shall not reduce the square footage available for the Support Medical Office area. The units shall be sold or rented at deed restricted prices or otherwise financed consistent with the City's affordable housing guidelines. Construction of the affordable units may be phased with the construction of the Support Medical Office area; provided that no certificate of occupancy for the Support Medical Office area in excess of 25,000 square feet shall be issued unless construction has commenced on the required Affordable Unit Equivalents hereunder or a financial guarantee (see footnote no. 2, above) has been posted therefor in a form and in an amount acceptable to the City.

³ The form and amount of any bond or other financial assurance required by the City hereunder shall be determined by reasonably estimating the City's administrative costs (which are estimated to be ten percent (10%) of the total cost of construction of the Units), if the City were required to proceed with construction of the Units or any other affordable housing units/equivalents hereunder, and no more.

⁴ By the execution hereof, the City hereby acknowledges and confirms, as of the Effective Date, the delivery by the Petitioner and the acceptance by the City of the Financial Guarantee for the Units, which is in the form, on terms and in an amount required by the City. With the Financial Guarantee, the Employee/Affordable Housing requirement for development associated with the Intermountain Healthcare hospital has been satisfied in its entirety and, as such, is not a condition precedent to the issuance of building permits for development of the Intermountain Healthcare hospital in excess of 149,000 square feet.

d. If the "Units" (as defined in subsection 11(a), above), in fact, are located on the City Donated Parcel, the "Units" will be situated, designed and constructed on the City Donated Parcel in a manner approved, in writing and in advance, by Intermountain Healthcare, in Intermountain Healthcare's reasonable discretion. Any proceeds from the sale or lease of the "Units" on the City Donated Parcel or any Alternate Affordable Housing Location, following their design and construction, shall be retained by and constitute the exclusive property of the entity which constructs the "Units," being either the Petitioner, or any assignee thereof, as the case may be. All utilities shall be stubbed to the City Donated Parcel or any Alternate Affordable Housing Location, on which the Units may be constructed, at no cost to Petitioner (or its assigns) or any other party hereto. Further, neither the Petitioner (and its assigns) nor any other party hereto shall have any obligation, cost or otherwise, for any water rights or interests, nor for any other public fees, except for standard planning review and building permit fees necessary for construction of the Units on the City Donated Parcel (or any Alternate Affordable Housing Location).

12. **Planning Review Fees.** Except as otherwise agreed by the City, otherwise specified in a Development Agreement or in this Annexation Agreement, or as part of the MPD review and approval process (including without limitation any applicable credits and/or "in lieu of tax payments"), the Petitioner (or its assigns) shall be responsible for all standard and customary, and generally-applicable planning, building, subdivision and construction inspection fees imposed by the City from time to time.

13. **Impact and Building Fees.** Except as otherwise agreed by the City, otherwise specified in a Development Agreement or in Sections 8, 9 and 10 of this Annexation Agreement, or as part of the MPD review and approval process (including any applicable credits and/or "in lieu of tax payments"), the Petitioner (or its assigns) shall be responsible for all standard and customary, and generally-applicable, fees, such as development, impact, park and recreation land acquisition, building permit and plan check fees due and payable for construction on the Intermountain Healthcare Property, the USSA Property or the remainder of the Property at the time of application for any building permits.

14. **Acceptance of Public Improvements.** Subject to fulfillment of all the conditions of the applicable City ordinances and, further, the City's final approval of the construction of any such public improvements, those roads, streets, water facilities, utilities, and easements as may be agreed by the City, Intermountain Healthcare and/or USSA in connection with the MPD review and approval process (the "Public Improvements"), shall be conveyed and dedicated to the City, for public purposes. Following any such dedication, the City shall be responsible for the maintenance, repair and replacement of any and all such Public Improvements.

15. **Snow Removal and Storage.** Other than as the City may determine necessary or appropriate for the Trails, the City shall not be obligated to remove snow from roads, streets or similar improvements within the Property, until acceptance of the dedication thereof pursuant to the applicable City ordinances or this Annexation Agreement.

16. **Fiscal Impact Analysis.** The fiscal impact analysis prepared by the City Budget, Debt and Grants Department was reviewed, accepted and approved by the City Planning Commission on November 10, 2005. The analysis includes revenue and cost assumptions related to the Annexation and development of the Property and it is hereby accepted and approved by the City as part of this Annexation Agreement.

17. **Traffic Mitigation.** A comprehensive traffic review and analysis of the surrounding properties and jurisdictions was performed by a traffic consultant, Horrocks Engineers, and additional analysis was performed by the City's consultant, Rosenthal and Associates (together referred to herein as the "Traffic Studies"). Any such mitigation measures (inclusive of the "Roadway Access Costs" (as defined below and contemplated under the Findings and Conditions, the "Traffic Mitigation Measures")) shall be implemented in a manner consistent with the Findings and Conditions; provided that any costs or expenses shall be proportionately allocated among all affected persons and entities, including without limitation the City; and provided that neither the Petitioner nor its assigns shall be obligated to take or

cause to be taken any such measures until such time as they shall be satisfied that the measures shall have been adequately specified, the costs (and the allocation) thereof determined, the persons and entities participating therein identified, and the payment of any such costs assured to the reasonable satisfaction of the City and the Petitioner (and, as specified in connection with any such assignment, its assigns). Subject to the Findings and Conditions, the parties anticipate that the Petitioner (or, as specified in connection with any such assignment, its assigns) shall incur the financial costs, except land acquisition costs, for the construction of a signalized intersection on State Road 248 and the connection of that intersection with a roadway to the Property, all as shown in the analysis of Horrocks Engineers. The total cost of any and all Traffic Mitigation Measures shall not exceed TEN MILLION AND NO/100 DOLLARS (\$10,000,000), and the Petitioner's (or, as specified in connection with any such assignment, its assigns') proportionate share of the Traffic Mitigation Measures shall be between eleven percent (11%) and twenty-one percent (21%) and, further, shall be determined and documented as part of the MPD review and approval process.

18. **Effective Date.** This Annexation Agreement is effective as of the date the City Council adopts a resolution authorizing the execution of this Annexation Agreement and, further, the City provides notice of the adoption of such resolution to the parties to this Annexation Agreement.

19. **Governing Law; Jurisdiction and Venue.** The laws of the State of Utah shall govern this Annexation Agreement. Jurisdiction and venue are proper in Summit County.

20. **Real Covenant, Equitable Servitude.** This Annexation Agreement constitutes a real covenant and an equitable servitude on the Property. The terms of this Annexation Agreement touch and concern and both benefit and burden the Property. The benefits and burdens of this Annexation Agreement run with the land, and are intended to bind all successors in interest to any portion of the Property. This Annexation Agreement, a certified copy of the ordinance approving the Annexation (the "Annexation Ordinance"), and the Annexation Plat shall be recorded in the official real estate records of Summit County, Utah.

21. **Assignment.** Neither this Annexation Agreement nor any of the provisions, terms or conditions hereof may be assigned to any other party, individual or entity without assigning the rights as well as the responsibilities under this Annexation Agreement and without the prior written consent of the City, which consent shall not be unreasonably withheld, conditioned or delayed. Any such request for assignment may be made by letter addressed to the City and the prior written consent of the City may also be evidenced by letter from the City to the Petitioner or its successors or assigns; provided that, notwithstanding the foregoing, the City hereby consents to the assignment of the rights and responsibilities, and the benefits, of this Annexation Agreement, in whole or in part, to Intermountain Healthcare (or any affiliate thereof) or to USSA, upon written notice to the City; and provided that, in connection with and to the extent specified in any such assignment, the Petitioner shall not have any further rights or responsibilities under this Annexation Agreement as and to the extent accruing from and after the date of any such assignment.

22. **Compliance with the City Code.** Notwithstanding Section 18 of this Annexation Agreement, from the time of the City Council (the "City Council") approves of this Annexation Agreement and upon completion of the Annexation, the Property shall be subject to compliance with any and all of the City's Codes and Regulations pertaining to the Property.

23. **Full Agreement.** This Annexation Agreement, together with the recitals and exhibits attached to this Annexation Agreement (which are incorporated in and made a part of this Annexation Agreement by this reference), contains the full and complete agreement of the City and the Petitioner regarding the Annexation of the Property into the City. Only a written instrument signed by all parties hereto, or their successors or assigns, may amend this Annexation Agreement.

24. **No Joint Venture, Partnership or Third Party Rights.** This Annexation Agreement does not create any joint venture, partnership, undertaking or business arrangement between the parties hereto. Except as otherwise specified herein, this Annexation Agreement, the rights and benefits under this Annexation Agreement, and the terms or conditions hereof, shall not inure to the benefit of any third party.

25. **Vested Rights.** Subject to the provisions of this Annexation Agreement, the Petitioner (or its assigns) shall have the right to use and develop the Intermountain Healthcare Property, the USSA Property or the remainder of the Property, as the case may be, in accordance with the uses, densities, intensities, and general configuration of development approved by these Findings and Conditions and, subject to the Findings and Conditions unless otherwise agreed by any affected parties, the Final MPD, subject to and in compliance with other applicable ordinances and regulations of the City.

26. **Reserved Legislative Powers.** The Petitioner acknowledges that the City is restricted in its authority to limit its police power by contract and that the limitations, reservations and exceptions set forth herein are intended to reserve to the City all of its police power that cannot be so limited, and the Petitioner shall ensure that each of its assigns is aware of such restriction in connection with any assignment of any rights or obligations hereunder. Notwithstanding the retained power of the City to enact such legislation under the police powers, such legislation shall only be applied to modify the Land Management Code and zoning Map of the City, as in existence on the date hereof, copies of which have been provided or otherwise made available by the City to the Petitioner, Intermountain Healthcare and USSA on or before the date hereof, and which are applicable to the Property under the terms of this Annexation Agreement based upon policies, facts and circumstances meeting the compelling, countervailing public interest exception to the vested rights doctrine in the State of Utah. Any such proposed legislative changes affecting the Property and terms and conditions of this Annexation Agreement applicable to the Property shall be of general application to all development activity in the City; and, unless the City declares an emergency, the Petitioner, Intermountain Healthcare and USSA (and their respective assigns) shall be entitled to the required notice and an opportunity to be heard with respect to the proposed change and its applicability to the Property under the compelling, countervailing public interest exception to the vested rights doctrine.

27. **Severability.** If any part or provision of this Annexation Agreement shall be determined to be unconstitutional, invalid or unenforceable by a court of competent jurisdiction, then such a decision shall not affect any other part or provision of this Annexation Agreement except that specific provision determined to be unconstitutional, invalid or unenforceable. If any condition, covenant or other provision of this Annexation Agreement shall be deemed invalid due its scope or breadth, such provision shall be deemed valid to the extent of the scope or breadth permitted by law. Notwithstanding the foregoing, given the interdependence of many of the provisions of this Annexation Agreement, this Section 26 shall only be applied to the extent the purpose and intent of this Annexation Agreement is not frustrated.

28. **Quinn's Junction Area Study.** The City hereby confirms that the Property is located within the Quinn's Junction Area Study ("QJAS") and the findings and conclusions of the QJAS are consistent with the provisions of this Annexation Agreement and the Findings and Conditions.

1st IN WITNESS WHEREOF, the parties hereto have executed this Annexation Agreement as of the day of JANUARY, 2006. 7

[signature pages follow]

PARK CITY MUNICIPAL CORPORATION

By: Dana Williams
Dana Williams, Mayor

DATED this 1st day of January, 2007.

ATTEST: City Clerk

By: Janet Scott
Janet Scott, City Recorder

DATED this 1st day of January, 2007.

APPROVED AS TO FORM:

Mark Harrington
Mark Harrington, City Attorney

DATED this 1st day of January, 2007.

PETITIONER:

Burbs, L.L.C., a Utah limited liability company

Vaughn Burbidge
By: Vaughn Burbidge
Title: Manager

DATED this 1 day of January, 2007.

David Burbidge
By: David Burbidge
Title: Manager

DATED this 1 day of January, 2007.



ACKNOWLEDGEMENT AND CONSENT TO AGREEMENT

By the execution hereof and as of the 27 day of November, 2006, the undersigned, hereby acknowledges and consents to the terms of this Annexation Agreement, with the understanding and agreement of the City, USSA and the Petitioner that (a) Intermountain Healthcare shall have the right to review and approve, in advance, any matters which affect any part or all of the Intermountain Healthcare Property and any adjacent property to be owned, used and/or developed by the undersigned, (b) Intermountain Healthcare shall not have any liability or obligation of any kind or nature under this Annexation Agreement except as and to the extent specified and agreed by Intermountain Healthcare in a partial assignment from the Petitioner of the Annexation Agreement (the "Assignment"), and (c) Intermountain Healthcare shall not have any obligation under the Assignment until the terms and conditions thereof shall have been agreed to by Intermountain Healthcare, the Petitioner and USSA.

IHC HEALTH SERVICES, INC. a Utah nonprofit corporation

By: [Signature]
Name: Jan D. Hoopes
Title: Regional Vice President

DATED this 27 day of November 2006

ACKNOWLEDGEMENT, CONSENT AND JOINDER TO AGREEMENT

By the execution hereof and as of the ___ day of _____, 2006, the undersigned, hereby acknowledges, consents to and joins in the terms of this Annexation Agreement, with the understanding and agreement of the City, USSA and the Petitioner that (a) USSA shall have the right to review and approve, in advance, any matters which affect any part or all of the USSA Property, (b) USSA shall not have any liability or obligation of any kind or nature under this Annexation Agreement except as and to the extent specified and agreed by USSA in a partial assignment from the Petitioner of the Annexation Agreement (the "Assignment"), and (c) USSA shall not have any obligation under the Assignment until the terms and conditions thereof shall have been agreed to by Intermountain Healthcare, the Petitioner and USSA.

UNITED STATES SKI AND SNOWBOARD ASSOCIATION, a Utah nonprofit organization

By: _____
Name: _____
Title: _____

DATED this ___ day of _____, 2006

Exhibits:

- A) Findings and Conditions
- B) Annexation Plat
- C) Legal Descriptions
- D) Copy of MPD Application
- E) Road Design Plans
- F) Form, Terms and Amount of Financial Guarantee

ACKNOWLEDGEMENT AND CONSENT TO AGREEMENT

By the execution hereof and as of the ___ day of _____, 2006, the undersigned, hereby acknowledges and consents to the terms of this Annexation Agreement, with the understanding and agreement of the City, USSA and the Petitioner that (a) Intermountain Healthcare shall have the right to review and approve, in advance, any matters which affect any part or all of the Intermountain Healthcare Property and any adjacent property to be owned, used and/or developed by the undersigned, (b) Intermountain Healthcare shall not have any liability or obligation of any kind or nature under this Annexation Agreement except as and to the extent specified and agreed by Intermountain Healthcare in a partial assignment from the Petitioner of the Annexation Agreement (the "Assignment"), and (c) Intermountain Healthcare shall not have any obligation under the Assignment until the terms and conditions thereof shall have been agreed to by Intermountain Healthcare, the Petitioner and USSA.

IHC HEALTH SERVICES, INC., a Utah nonprofit corporation

By: _____
Name: _____
Title: _____

DATED this ___ day of _____, 2006

ACKNOWLEDGEMENT, CONSENT AND JOINDER TO AGREEMENT

By the execution hereof and as of the ___ day of _____, 2006, the undersigned, hereby acknowledges, consents to and joins in the terms of this Annexation Agreement, with the understanding and agreement of the City, USSA and the Petitioner that (a) USSA shall have the right to review and approve, in advance, any matters which affect any part or all of the USSA Property, (b) USSA shall not have any liability or obligation of any kind or nature under this Annexation Agreement except as and to the extent specified and agreed by USSA in a partial assignment from the Petitioner of the Annexation Agreement (the "Assignment"), and (c) USSA shall not have any obligation under the Assignment until the terms and conditions thereof shall have been agreed to by Intermountain Healthcare, the Petitioner and USSA.

UNITED STATES SKI AND SNOWBOARD ASSOCIATION, a Utah nonprofit organization

By: William C. Marolt
Name: William C. Marolt
Title: President CEO

DATED this 22 day of November, 2006

Exhibits:

- A) Findings and Conditions
- B) Annexation Plat
- C) Legal Descriptions
- D) Copy of MPD Application
- E) Road Design Plans
- F) Form, Terms and Amount of Financial Guarantee

Exhibit A
(Findings and Conditions)

Intermountain Healthcare/USSA/Burbs Annexation Agreement

Findings/Annexation Agreement Points⁴

1. Burbs, L.L.C. (the "Petitioner"), IHC Health Services, Inc. ("Intermountain Healthcare"), and the United States Ski and Snowboard Association ("USSA") filed an Annexation Petition on November 3, 2004.
2. The City Council of Park City Municipal Corporation (the "City Council") accepted the Annexation Petition on November 18, 2004.
3. The City Council established the Intermountain Healthcare/USSA/Petitioner Annexation Task Force on July 14, 2005 (Resolution No. 21-05) for purposes of formulating specific recommendations relating to the annexation's proposed zoning, land uses, affordable housing, transportation, and community economics/fiscal impacts.
4. On October 27, 2005, the Task Force forwarded a unanimous positive recommendation to the Planning Commission on a new zoning district to apply to the annexation area, the Community Transition District - Master Planned Development ("CT-MPD"), which includes specific provisions addressing affordable housing.
5. On November 10, 2005, the Task Force forwarded a unanimous positive recommendation to the Planning Commission on the economic impact/fiscal analysis relating to the Annexation.
6. On December 8, 2005, the Task Force forwarded a unanimous positive recommendation to the Planning Commission on traffic and transportation impacts and mitigation.
7. The Property subject to the Annexation Petition (the "Annexation Property") is currently vacant, 157 acres in size, and located in unincorporated Summit County, Utah, at the northwest corner of the State Road 248/Highway 40 interchange.
8. The Annexation Property currently is zoned in Summit County Developable Lands (DL), with a base density of 1 unit/20 acres and 1 unit/40 acres (depending on the extent of any environmentally sensitive lands, which need to be managed or preserved in compliance with any applicable laws, rules and regulations, including without limitation the City's Sensitive Lands Overlay code.
9. The Annexation Property is to be zoned, as shown on the attached Annexation Plat, Community Transition District-Master Planned Development ("CT-MPD"). The CT-MPD has a base density of 1 unit/20 acres. The Community Transition District permits density bonuses up to a maximum of 3 units/acre provided specific standards are met relating to open space, Frontage Protection Zone (FPZ) setbacks, parking, affordable housing, and public land/facilities.
10. The land uses proposed on the Annexation Property include a community hospital/medical facility; support medical offices; public/quasi-public and institutional uses; United States Ski and Snowboard (USSA) headquarters and sports training complex; public recreation uses; affordable/employee housing; and open space.
11. The MPD shall substantially comply with the Annexation Plat. The proposed total density at build-out for the Annexation area is 535,000 square feet (gross), equates to 2.64 units/acre and consists of the following:

<u>Intermountain Healthcare Hospital:</u>	<u>300,000 square feet (180 Unit Equivalents)</u>
---	---

⁴ Except as otherwise defined herein, capitalized terms shall be as defined in the Annexation Agreement.

United States Ski and Snowboard Offices
and Training Center:

85,000 square feet (85 Unit Equivalents)

Support Medical Office:

150,000 square feet (150 Unit Equivalents)

12. The City has agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City identified a public policy preference that up to 50,000 square feet of the Support Medical Office area should primarily be utilized for public/quasi-public and other institutional uses reasonably related to the Support Medical Office area, including without limitation, athletic national governing body offices, non-profit community wellness facilities, and/or education uses. A specific allocation of such uses shall be determined and agreed to by the Petitioner (or its assigns) and the City as part of the MPD review and approval process.

13. The Petitioner has previously notified the United States Ski and Snowboard Association (USSA) that the Petitioner desires to donate five (5) acres of the Property (the "USSA Property") to USSA for the purposes of developing an 85,000 square foot athletic national governing body (NGB) and training complex. Land uses within the USSA Property are limited to USSA administrative, athlete training, and/or other national governing body uses, with deed restrictions to that effect to be recorded against such property. Subject to any such deed restrictions, the City shall have the right of first refusal to purchase the USSA Property and facilities in the event that, as an authorized assignee of the Petitioner, USSA sells and/or relocates from such property. In addition to the deed restrictions, any change of use will require approval of an amended Master Planned Development and Conditional Use Permit. Further, any uses other than athletic national governing body office/training facilities, public/quasi-public, institutional, and/or recreation uses will require employee/affordable housing mitigation conforming to the Affordable Housing Guidelines and Standards Resolution in effect at the time of application.

14. The Property is subject to the Employee/Affordable Housing requirements of the Affordable Housing Guidelines and Standards Resolution 17-99, as amended. The base employee/affordable housing requirement for development associated with the Intermountain Healthcare hospital (300,000 square feet) is 44.78 Affordable Unit Equivalents. The base employee/affordable housing requirement for development associated with USSA (85,000 square feet) is 10.71 Affordable Unit Equivalents. The base employee/affordable housing requirement for development associated with the Support Medical Office (150,000 square feet) is 34.98 Affordable Unit Equivalents. The total Affordable Unit Equivalents required for the Property is 90.47. Intermountain Healthcare, as an authorized assignee of the Petitioner, shall be entitled to, and has received, a reduction of 27.49 Affordable Unit Equivalents for the hospital portion of the development of the Intermountain Healthcare Property, in recognition of the non-commercial, non-residential nature of the hospital portion of the development. One Affordable Unit Equivalent equals 800 square feet.

15. The City agrees that a deferral of the required 10.71 Affordable Unit Equivalents of employee/affordable housing for the USSA Property will be granted to USSA in consideration of, as previously agreed to by the Petitioner, the donation by the Petitioner of five (5) acres of the Property to USSA, as a community-based nonprofit organization, upon which USSA intends to construct its facilities. This deferral is contingent upon the continued ownership and occupancy of the facility by USSA or another community-based nonprofit organization approved by the City. Any change in use to a non-community-based nonprofit organization may require USSA to meet the deferred employee/affordable housing requirements. In addition, any change in use or redevelopment of the USSA Property that creates additional presumed "employee generation" on the USSA Property (as contemplated under the Affordable Housing Guidelines and Resolution 10-06) may require an employee/affordable housing contribution to address that increment of presumed employee generation.

16. The City agrees that the 44.78 Affordable Unit Equivalent requirement associated with the Intermountain Healthcare hospital (300,000 square feet) shall be satisfied by, as previously agreed to by the Petitioner, the donation by the Petitioner of a five (5) acre parcel of the Property to the City and the other terms and conditions of Section 11 of the Annexation Agreement, in any case, shall conform to the Affordable Housing Guidelines and Standards Resolution 17-99, as amended. Further, with the City's approval, as part of the MPD review process or otherwise, additional Affordable Unit Equivalents may be included in the five (5) acre parcel and shall be applied toward the 34.98 Affordable Unit Equivalents associated with the Support Medical Office.

17. In addition to the five (5) acre donation referenced in Section 11 of the Annexation Agreement and Section 16 herein above, the Petitioner has previously notified the City that the Petitioner desires to and will donate a separate, additional fifteen (15) acres of the Annexation Property to the City for public recreation and open spaces purposes (the "City Recreation/Open Space Parcel").

18. On December 8, 2005, the Task Force forwarded a unanimous recommendation to the Planning Commission on traffic and transportation mitigation. The Task Force recommendation is based, in part, on an access study provided by the Petitioner's traffic consultants--Horrocks Engineers (dated November 6, 2005) and additional analysis prepared by the City consultant, Rosenthal and Associates (dated November 7, 2005). It was the Task Force recommendation that it is reasonable for all developers within the City Annexation boundary to pay for or otherwise offset their share of costs (to the City) of all roadway and other necessary traffic mitigation improvements. The Task Force determined that the proposed medical campus, offices, and athletic training complex require access to SR248 intersection improvements. The current design and anticipated traffic generation from the City recreation and ice rink complex does not warrant a signalized intersection.

19. Except as otherwise specified in the Annexation Agreement, the Petitioner (or, as specified in connection with any such assignment, its assigns) will be responsible for providing all necessary access to the property from SR 248 and all necessary intersection improvements including, but not limited to, one (1) signalized intersection at SR 248. The Petitioner (or, as specified in connection with any such assignment, its assigns) will be responsible for all coordination and costs associated with providing access to the Property, other than land acquisition costs for the Main Access Roadway and Secondary Access Easement (the "Roadway Access Costs"), as required in the Subdivision Chapter of the LMC Sections 15-7.2 & 15-7.3, including the Traffic Mitigation Measures, all of which shall be determined and agreed to as part of the MPD review and approval process. The total cost of the Traffic Mitigation Measures shall not exceed TEN MILLION AND NO/100 DOLLARS (\$10,000,000) and the Petitioner's (or, as specified in connection with any such assignment, its assigns) proportionate share shall be between eleven percent (11%) and twenty-one percent (21%). To the extent the Property is adjacent to a frontage road to Silver Summit, the Petitioner (or, as specified in connection with any such assignment, its assigns) shall cooperate with the City in the dedication of a nonexclusive right-of-way over and across the Property to access such frontage road.

20. The Petitioner (or, as specified in connection with any such assignment, its assigns) will proportionally share in the cost for future necessary road improvements to SR 248, as and to the extent specified and agreed by the Petitioner or any affected parties from time to time. In addition to the cost of any Traffic Mitigation Measures, the City agrees to apply the costs associated with installing the traffic signal at the future Annexation Property access/SR 248 intersection towards the proportional share of future overall SR 248 improvements.

21. The Petitioner (or, as specified in connection with any such assignment, its assigns), in addition to the other reimbursement, credit or contribution rights, reserves the right to develop a latecomers agreement or take or cause to be taken such other actions as may be necessary or appropriate to recover and/or ensure reimbursement for any costs incurred by in connection with the Traffic Mitigation Measures, the Main Access Roadway, the Secondary Access Easement, the Roadway Access Costs, as well as the cost of any

water impact fees and any water connection fees, and, further (as confirmed by the City's execution of the Annexation Agreement), any obligation of the Petitioner (or, as specified in connection with any such assignment, its assigns) in this regard shall be subject thereto.

22. The City has agreed to consider other potential cost-sharing traffic and transportation mitigation strategies which may include, but are not limited to the development of additional employee/affordable housing linked to the community transit system; physical improvements such as, but not limited to a transit hub, park and ride lot, and van/shuttle programs; and/or employee traffic/transit programs, adjusted shift times and ridesharing incentives, without any obligation, cost or otherwise, to the Petitioner (or its assigns).

23. The Petitioner, Intermountain Healthcare, USSA, and the City have agreed that, as contemplated hereunder, final approval of detailed traffic and transportation mitigation and any cost sharing for road/highway improvements shall be agreed to by the affected parties and approved through a technical report approved by the Planning Commission and the City Council as a part of the MPD review and approval process.

24. The Planning Commission held a public hearing on the Annexation Agreement on May 10, 2006.

25. The City, the Petitioner and any affected parties, including Intermountain Healthcare and USSA, shall and hereby acknowledge and agree that, except as may be otherwise specified in the Annexation Agreement with respect to the Annexation, the vested uses, densities, intensities, and general configuration of development approved in the Annexation, the Annexation Agreement and these Findings and Conditions, the Water Rights, the Main Access Roadway and the Secondary Access Easement, the Annexation, the Annexation Agreement and the obligations of the Petitioner (and its successors or assigns) hereunder are subject to, all as acceptable to the parties in their respective, reasonable discretion, confirmation, determination and agreement of the parties with respect to the Final MPD and Subdivision Plat; any necessary Development Agreements for each parcel of the Property; Construction Mitigation; Landscaping Plans; Lighting; and Related Access, Development and Use Matters.

Exhibit B
(Copy of Annexation Plat)

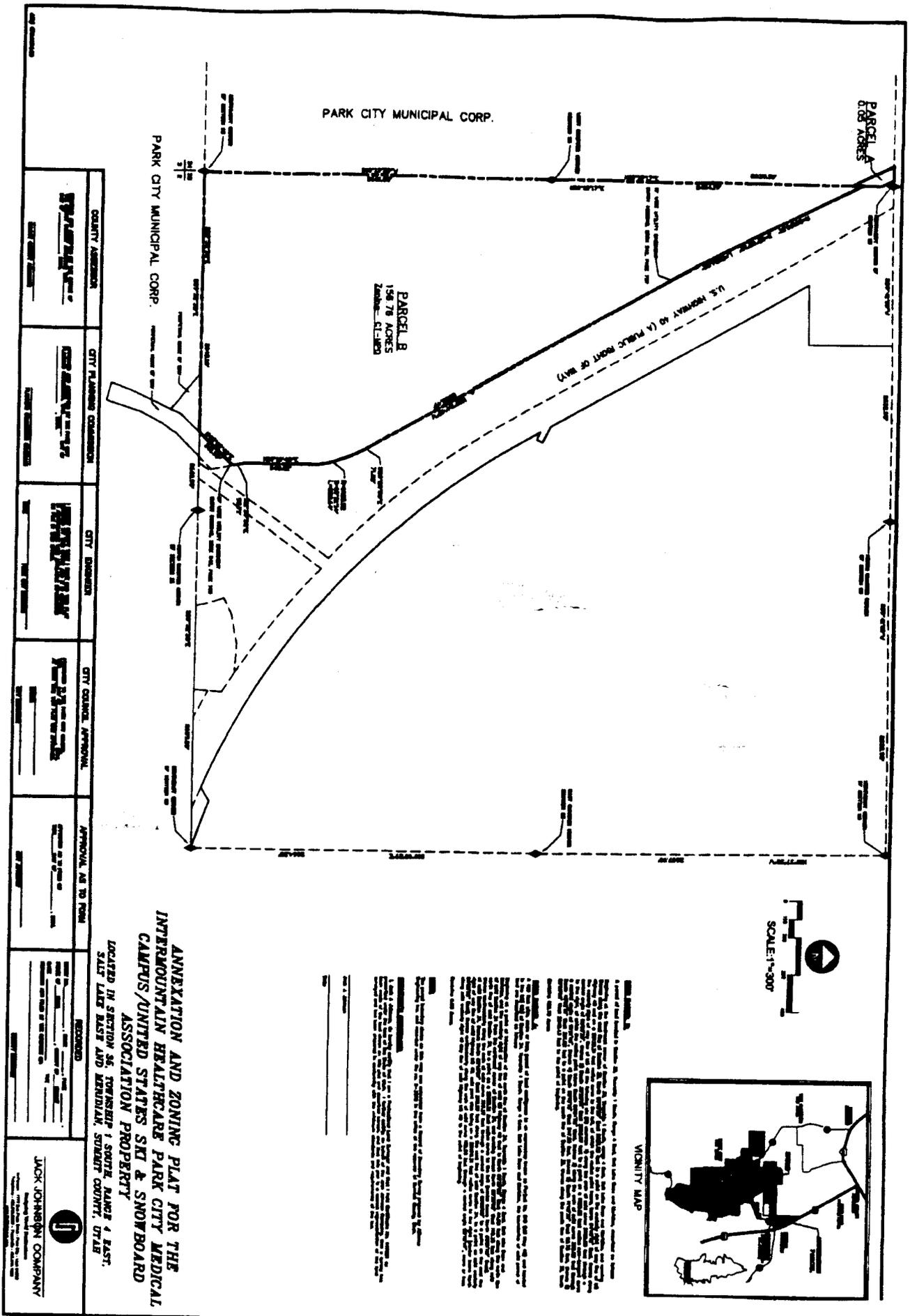


Exhibit B - Annexation Map

C

Exhibit C

(Legal Description of the Property)

Property located in Summit County, Utah, particularly described as follows:

PARCEL NO. 1:

A parcel of land located in Section 35, Township 1 South, Range 4 East, Salt Lake Base and Meridian, described as follows:

BEGINNING at the Southwest Corner of Section 35, Township 1 South, Range 4 East, Salt Lake Base and Meridian, and running thence along the West line of Section 35 North $00^{\circ}13'59''$ East 5086.08 feet to a point on the Westerly Right of Way line of US Highway 40 and on a 23138.31 foot radius curve to the left, of which the radius point bears North $64^{\circ}40'12''$ East; thence along the Westerly Right of Way line of US 40 the following six (6) courses: 1) along the arc of said curve 2055.08 feet through a central angle of $05^{\circ}05'20''$; thence 2) South $30^{\circ}25'08''$ East 2393.67 feet to a point on a 1025.92 foot radius non-tangent curve to the right, of which the radius point bears South $63^{\circ}24'52''$ West; thence 3) along the arc of said curve 328.80 feet through a central angle of $18^{\circ}21'46''$; thence 4) South $00^{\circ}10'18''$ West 547.99 feet; thence 5) South $11^{\circ}42'39''$ East 93.75 feet; thence 6) South $45^{\circ}02'16''$ West 361.62 feet to a point on the South line of Section 35; thence along the South line of Section 35 North $89^{\circ}53'00''$ West 2048.43 feet to the point of beginning.

PARCEL NO. 2:

PARCEL A:

A 100 foot wide, more or less, parcel of land contiguous to an expressway known as Project No. 019 (U.S. Hwy-40) and located in the NE1/4NE1/4 of Section 34, Township 1 South, Range 4 East, Salt Lake Base and Meridian. The boundaries of said parcel of land are described as follows:

BEGINNING at a point of intersection of the North line of Section 34, Township 1 South, Range 4 East, Salt Lake Base and Meridian, and the Westerly Right of Way line of said Highway U.S. 40 that is North $89^{\circ}39'00''$ West 44.88 feet along the North line of said Section 34 from the Northeast Corner of said Section 34; and running thence North $89^{\circ}39'00''$ West 110.38 feet along said North line of said Section 34 to a point on a 23178.31 foot radius curve to the left (center bears North $65^{\circ}21'40''$ East); thence Southeasterly along the arc of said curve 363.27 feet through a central angle of $00^{\circ}53'53''$ to a point on the East line of said Section 34; thence North $00^{\circ}13'57''$ East 232.20 feet along said East line of said Section 34 to point on said Westerly Right of Way line of said Highway U.S. 40, said point also being on a 23078.31 foot radius curve to the right (center bears North $64^{\circ}58'56''$ East); thence Northwesterly along the arc of said curve 105.96 feet through a central angle $00^{\circ}15'47''$, more or less, along said Westerly Right of Way line of said Highway U.S. 40 to point of beginning.

Tax Parcel No. SS-65-A-4

PARCEL B:

A perpetual Easement and Right of Way being described as follows:

BEGINNING at a point of intersection of the North line of Section 2, Township 2 South, Range 4 East, Salt Lake Base and Meridian, and the Northwesterly Right of Way line of Highway U 248 and running thence South 45°02'17" West 202.91 feet, more or less; thence South 25°41'05" West 82.60 feet, more or less; thence North 53°00'00" West 361.94 feet, more or less, to a point on said North line of Section 2; thence East 468.43 feet, more or less, along said North line to the point of beginning.

Tax Parcel No. SS-65-A-4

PARCEL C:

A perpetual Easement and Right of Way being described as follows:

BEGINNING in the North line of said Section 2 at a point 2048.43 feet South 89°53'00" East from the Northwest Corner of said Section 2; thence South 45°02'17" West 202.91 feet to a point 80 feet radially distant Northwesterly from the center line of said access road known as "H" Line at Engineer Station 34+55.84; thence South 25°41'05" West 382.42 feet; thence South 21°43'39" West 203.44 feet; thence South 75°00'00" East 146.13 feet; thence North 17°42'46" East 274.91 feet; thence North 28°04'06" East 200 feet; thence North 37°37'06" East 115.81 feet; thence North 42°52'13" East 57.93 feet; thence North 46°13'24" East 205.10 feet to said North line; thence West (North 89°53'00" West Highway bearing) 192.46 feet along said North line to the point of beginning.

Tax Parcel No. SS-65-A-4

D

Exhibit D
(Copy of MPD Application)

SaltLake-289043.6 0033566-00189

21

PARK CITY Park City Municipal Corporation
 445 Marsac Avenue • PO Box 1488 • Park City UT 84060 • (435) 615-5060 • (435) 615-4906-fax • www.parkcity.org

MASTER PLANNED DEVELOPMENT

PLANNING COMMISSION
 Approved _____
 Denied _____

APPLICATION # _____
 RECEIPT # _____
 DATE RECEIVED _____

I. PROJECT INFORMATION

Name: IHC Summit Community Medical Campus

Address/Location: Quinn's Junction, Northwest Corner of the Intersection of State Highway 248 and US 40

Legal Description: Tax ID Please see Sheets S1 & S2/SS-65-A-4
 Subdivision & Lot #, or Survey, Lot & Block #

II. APPLICANT

Please check one of the following: owner optionee buyer agent other

Name: IHC Hospitals, Inc.

Mailing Address: 36 South State Street
Salt Lake City, UT 84111

Phone #: (435)657-4370 Fax #: (435)654-2576 E-mail hvrprobs@ihc.com

If you have any questions regarding the requirements on this application please contact a member of the Park City Planning staff (435) 615-5060.

III. SUBMITTAL REQUIREMENTS:

1. Completed and signed application form
2. Review fees – see **Fee Schedule** in Planning Department
3. Two (2) complete sets of all plans including an area map, with the project location, existing vegetation, service providers identified and a slope analysis.
4. One (1) set of reduced plans (8½" x 11")
5. Current Title Report (not older than 30 days)
6. Copies of any previous agreements between the City and the property owners or between the property owners and a third party.
7. *The applicant should be aware that there may be a request to provide presentation material for Planning Commission meetings. The presentation material may, or may not, include the following:*
 - 20" x 30" presentation boards
 - elevations and/or perspectives
 - location map
 - 8½" x 11" overheads of materials outlined above
 - view analysis
 - massing models
 - photographs/graphic illustrations
8. Stamped, addressed envelopes for property owners within 300 feet.
 - a. Envelopes (addressed to property owners as described above) with mailing labels and stamps affixed (we do not accept metered envelopes). Please do not include a return address on the envelope.
 - b. List of property owners, names and addresses as described above. The distance is measured from the property line, not the location of the request. Please provide the Summit County Assessor's Parcel Number for each property owner if possible

Sample Envelope

No return address	##
JOHN DOE PO BOX 2002 PARK CITY UT 84060	

IV. MASTER PLANNED DEVELOPMENT FACT SHEET

PROJECT DESCRIPTION

1. On a separate sheet of paper, give a general description of the proposal and attach it to the application. Provide a written statement describing the request and any other information pertaining to the proposed project.
2. Existing Zoning DL in Summit County; CC/MPD when annexed into City
3. Is project within Sensitive Lands Overlay Zone? yes no
4. Current use of property: Vacant Land
5. Total project area: acres 52 square feet 2,265,120
6. Number of unit equivalents: allowed 450 proposed 450 (inclusive of common areas)
(See Title 15, LMC; Master Planned Development, Chapter 6)
7. Number and configuration of residential units
Existing 0 Proposed 0
8. Commercial area: 450,000 (gross floor area)
Unknown at this time (net leasable area)
9. Type(s) of business activity: Hospital, General; Medical Clinic; Support Commercial
10. Number of parking spaces required: proposed (to be determined)
(see Title 15 LMC, Off-Street Parking, Chapter 3)
11. Project accessed by (check one)
 public road private road private driveway
12. Ownership type (check one)
 owner occupied lease nightly rental
13. Water service availability: (check one)
 existing requires extension of city service
14. Is this project part of an existing approval (MPD, subdivision, etc.)?
 yes no
15. Are there any previous agreements between the City and property owners or between the property owners and a third party?
 yes no Burbs, LLC with HMC Hospitals, Inc.

V. ACKNOWLEDGMENT OF RESPONSIBILITY

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name and I am a party whom the City should contact regarding any matter pertaining to this application.

I have read and understood the instructions supplied by Park City for processing this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until a Project Planner has reviewed the application and has notified me that it has been deemed complete.

I will keep myself informed of the deadlines for submission of material and the progress of this application. I understand that a staff report will be made available for my review the week prior to any public hearings or public meetings. This report will be on file and available at the Planning Department in the Marsac Building.

I further understand that additional fees may be charged for the City's review of the proposal. Any additional analysis required would be processed through the City's consultants with an estimate of time/expense provided prior to an authorization with the study.

Signature of Applicant: *John H. Hines*
 Name of Applicant (please print) LHC Hospitals, Inc.
 Mailing Address 36 South State Street, SLC, UT 84111
 Phone (435) 657-4370 Fax (435) 654-2576
 E-mail lhv@probs@lhc.com
 Type of Application Master Planned Development

AFFIRMATION OF SUFFICIENT INTEREST

I hereby affirm that I am the fee title owner of the below described property or that I have written authorization from the owner to pursue the described action.

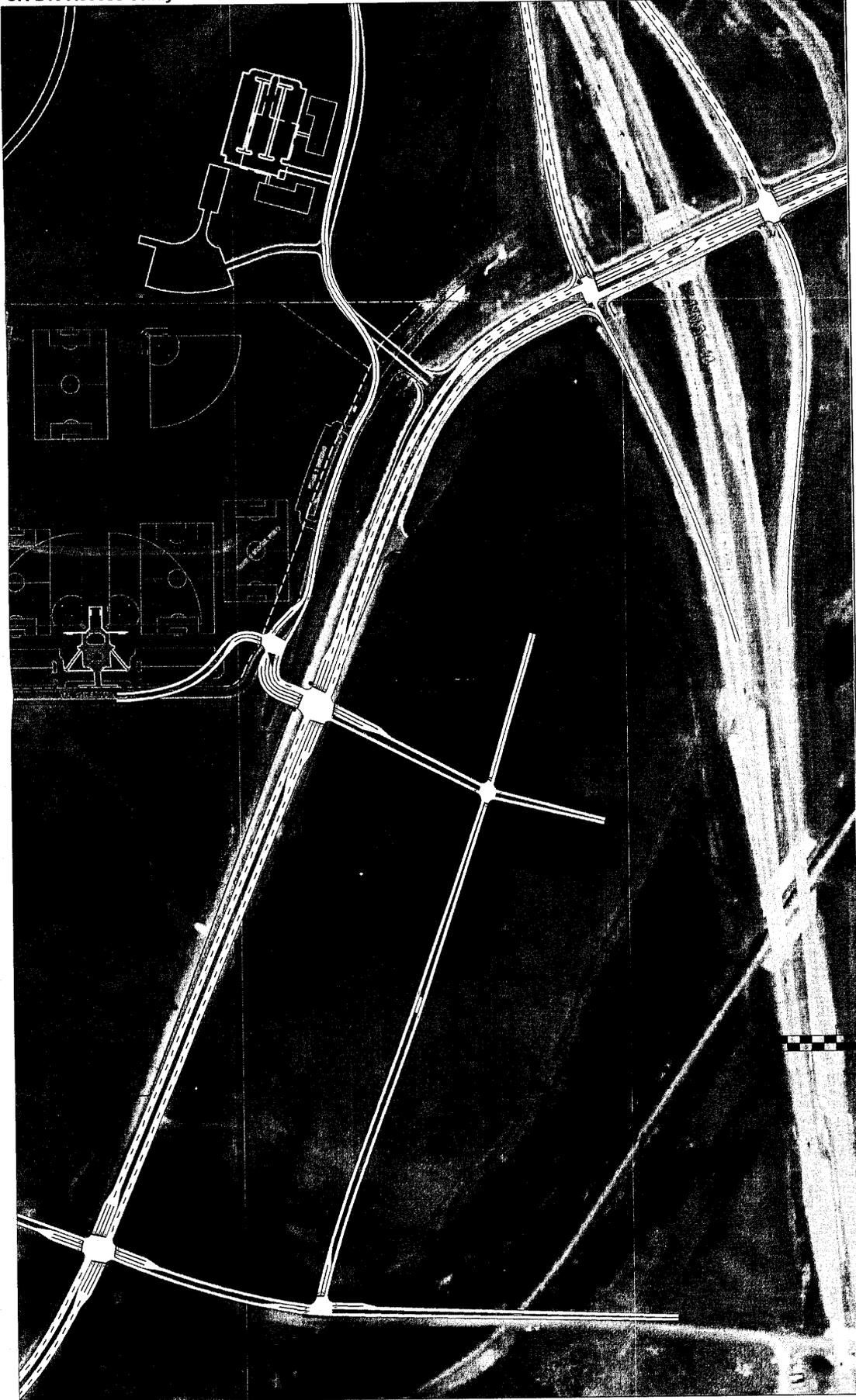
Name of Applicant (please print) BURBS LLC
 Mailing Address P. O. Box 65571, SLC, UT 84165
 Street Address/Legal Description of Subject Property:
See Sheets S1 & S2

Signature *[Signature]* Date November 1, 2004

1. If you are not the fee owner, attach another copy of this form that has been completed by the fee owner, or a copy of your authorization to pursue this action.
 2. If a corporation is the fee holder, attach copy of the resolution of the Board of Directors authorizing this action.
 3. If a joint venture or partnership is the fee owner, attach a copy of agreement authorizing this action on behalf of the joint venture or partnership.
- Please Note: This affirmation is not submitted in lieu of sufficient title evidence. You will be required to submit a title opinion, certificate of title, or title insurance policy showing your interest in the property prior to final action.

E

Exhibit E
(Road Design Plans)



F

Exhibit F
(Form, Terms and Amount of Financial Guarantee)

IVORY HOMES

978 East Woodoak Lane, Salt Lake City, Utah 84117; phone (801) 747-7000; fax (801) 747-7090

November 27, 2006

Via First Class Mail

Park City Municipal Corporation
P.O. Box 1480
Park City, UT 84060

RE: Park City Affordable Housing Bond

To Whom It May Concern:

Ivory Homes, Ltd. will cause a performance bond to be issued for the affordable housing requirement under the Annexation Agreement in the amount of \$626,920.00 by Wells Fargo Bank. The performance bond will be issued in conjunction with the Annexation Agreement becoming affective and not later than the closing of the Real Estate Acquisition Agreement between Petitioner and IHC Health Services, Inc.

Sincerely,



Glenn Girsberger

cc: David Burbidge
Richard Burbidge
Vaughn Burbidge
Chris Gamvroulas
Clark Ivory
Dave Wolfgramm

G

Exhibit G
(Water Cost Calculations)

October 12, 2006 IHC Water Cost Calculation

The idea is that PCMC would agree to provide culinary water to IHC from PCMC's existing sources. PCMC would charge a total water impact fee based on PCMC's cost to replace that water with Weber Basin Water Conservancy District (WBWCD) water to be delivered through the Snyderville Importation Project and treated by PCMC.

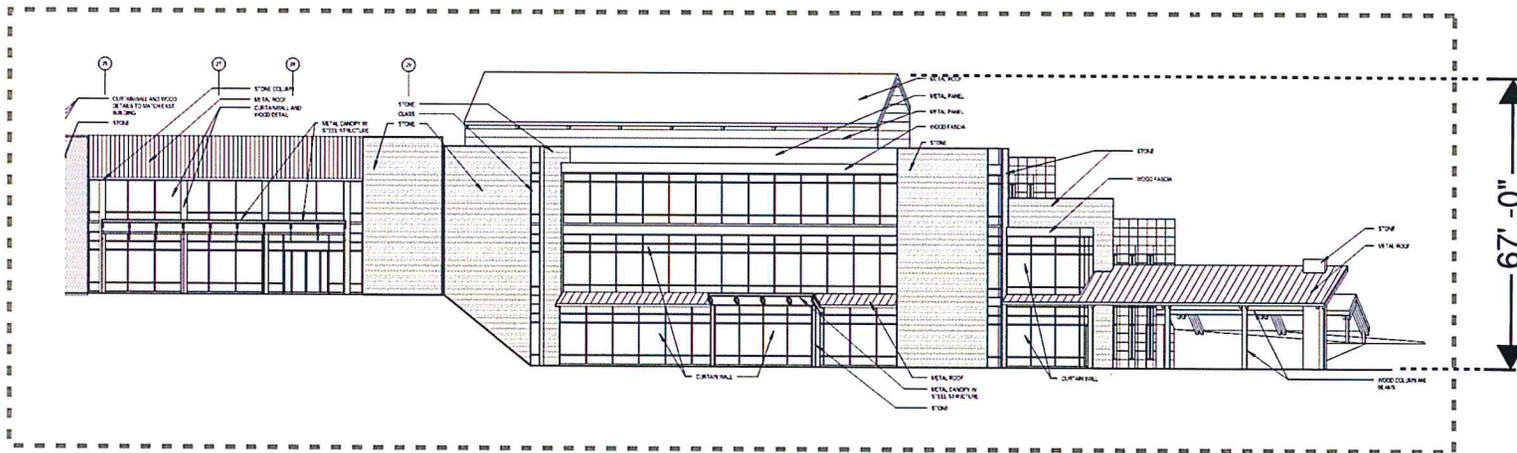
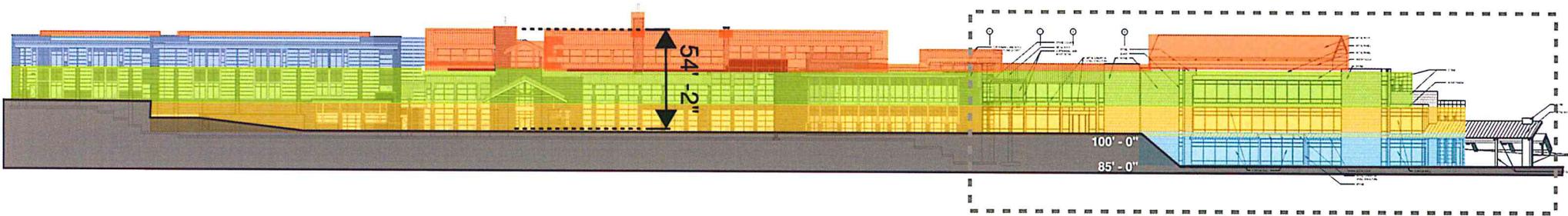
The total water impact fee would be \$16,000 per ERU, calculated as follows (numbers are based on engineer's estimates and rounded up):

Total Capital Costs for the pipeline project:	\$14,743,000
<u>59 acre feet IHC Demand</u> 2,500 acre feet total project	2.36% of total project size
2.36% X Total Capital Cost of \$14,743,000	\$347,935
WBWCD Share Cost (assumes \$150/share X 59 ac ft X 3% annual increase over 50 year project life)	\$227,708
Added to IHC's capital cost contribution of \$347,935	\$575,643
Water Treatment Cost (Assuming 3,000 gpm (4.3M gpd) capacity; and excluding land acquisition costs)	\$8,000,000
<u>IHC Peak Day Demand of 101,528 gpd</u> Total Treatment Capacity of 4.3M gpd	2.36%
2.36% X Water Treatment Cost	\$188,800
Added to IHC's capital cost contribution and WBWCD Share Cost	\$764,443
<u>\$764,443</u>	
IHC's Demand of 63.455 ERU's*** (Equals the Water Development Impact Fee)	\$12,049
Add Water Connection Impact Fee	\$3834
Total Water Impact Fee per ERU	\$15,883

*** ERU's were determined by dividing IHC's Peak Day Demand of 101,528 gpd by 1,600 gpd, which is the amount of water provided per ERU.

**INTERMOUNTAIN PKMC HOSPITAL EXPANSION
MASTER PLAN AMENDMENT - HEIGHT EXCEPTION**

EXHIBIT J

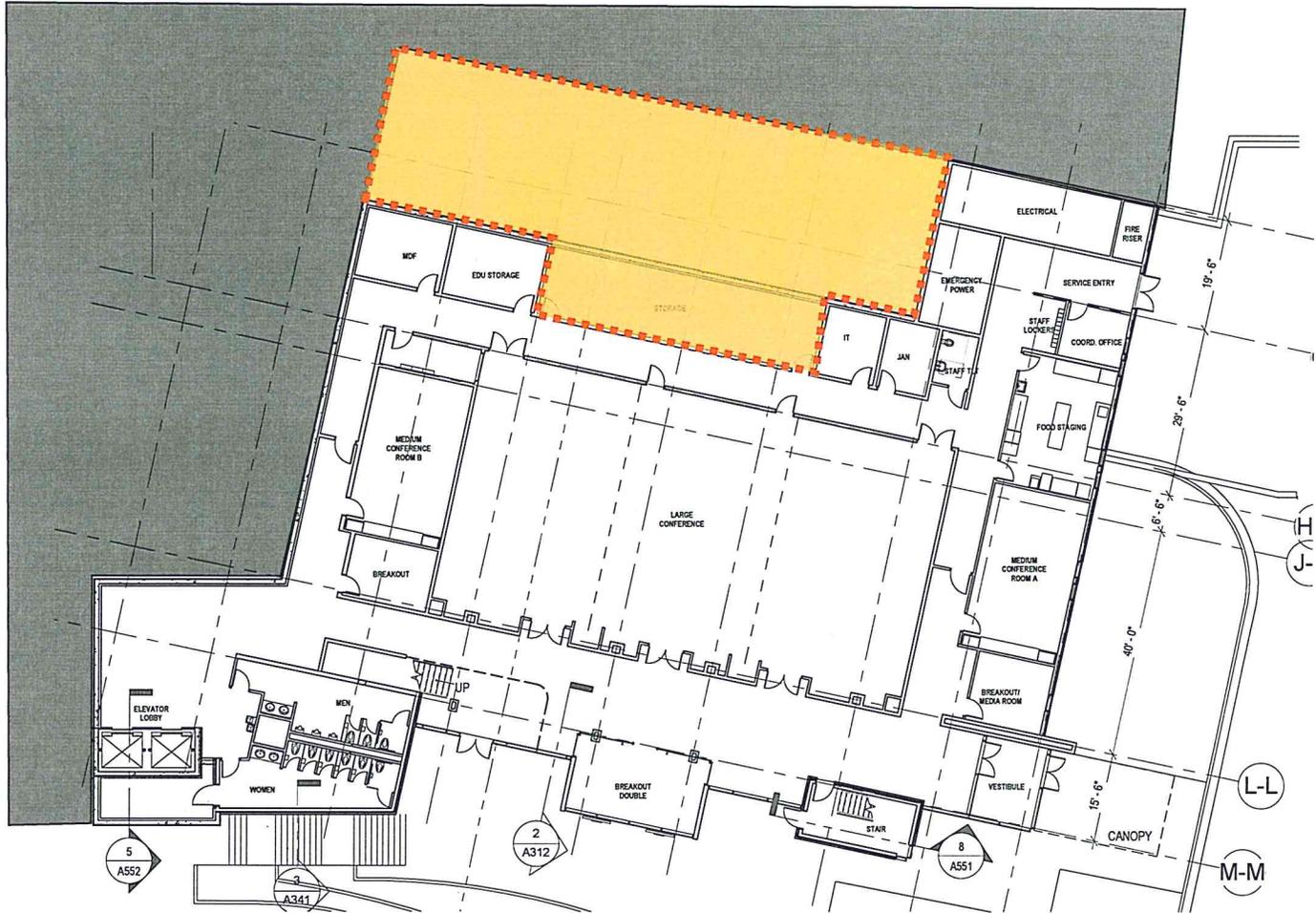


The existing Hospital height was granted an exception in the original Master Plan Development agreement to accommodate the increased floor-to-floor heights required for an institutional facility by code, and to allow for increased chimney heights. Maximum height of the existing facility, measured from the 100' - 0" or existing ground level, to the tallest chimney is 54' - 2".

The proposed new facility has a maximum height of 67' - 0" when measured at the height of the rooftop mechanical penthouse, from the **new** proposed grade line of 85' - 0". When compared to the existing facility, the new proposed facility is actually 2' - 2" shorter than existing maximum height.

- Current & Proposed Roof Heights
- Existing Third Floor
- Existing & Proposed 2nd Floor
- Existing & Proposed 1st Floor
- Proposed Ground Floor

**INTERMOUNTAIN PKMC HOSPITAL EXPANSION
MASTER PLAN AMENDMENT - SUB-GRADE EXCEPTION**



-  Potential Sub-Grade Storage
-  Sub-Grade/Unexcavated Ground Level



Currently, long term storage needs are met by utilizing shell space within the existing facility. This is a short-term solution that will eventually evaporate as those shell spaces are filled with their intended program areas. The architects have recommended exploring sub-grade storage to address long term storage needs in lieu of eventual free-standing storage buildings on site.

The current project budget does NOT allow for any additional sub-grade expansion for storage. However, if Intermountain is able to fund additional storage, they would need P&Z approval to allow this unoccupied space to not count against the 82,000 sqft cap. While approximately 3200 sqft of potential storage is shown as possible, it is likely that actual square footage would be a lesser number and would be dependent upon contractor-provided costs per square foot as well as Intermountain budget approval.

Planning Commission Staff Report



Application #s: PL-14-02424
Subject: Park City Medical Center Phase 2
Author: Kirsten Whetstone, Sr. Planner
Date: October 8, 2014
Type of Item: Administrative –Conditional Use Permit

Summary Recommendations

Staff recommends the Planning Commission conduct a public hearing for the Conditional Use Permit (CUP) for Phase 2 of the Park City Medical Center (Intermountain Health Care MPD). Staff has prepared findings of fact, conclusions of law and conditions of approval for the Commission's consideration.

Staff reports reflect the professional recommendation of the planning department. The Planning Commission, as an independent body, may consider the recommendation but should make its decisions independently.

Description

Applicant: IHC Hospital, Inc. represented by Morgan D. Busch
Location: 900 Round Valley Drive
Zoning District: Community Transition (CT)
Adjacent Land Uses: Park City Recreation Complex, USSA training facility, US 40, open space
Reason for Review: Conditional Use Permits require Planning Commission review. Final action on these items is made by the Planning Commission following a public hearing.

Summary of Proposal

This application is a request for a Conditional Use Permit for an addition to the Park City Medical Center consisting of 82,000 square feet of new building for medical support, physician offices, an education center, an expanded wellness center, administrative space for the hospital, and shell space for future short term needs. In addition, 3,800 square feet of new hospital space for a procedure center is proposed (1,000 square feet of new construction and 2,800 sf of existing shell space that will be finished). The CUP is located on Lots 1 and 2 of the Second Amended Intermountain Health Care Medical Campus/USSA Headquarters and Training Facility. Lots 1 and 2 have a combined lot area of 107.55 acres (Exhibits A- E).

Based on input received at the June 12, 2013 Planning Commission meeting and with direction from the IHC Board, the applicant, IHC Hospital, Inc., submitted an application to amend the IHC Master Planned Development to amend the phasing plan and to shift density allocated to Lots 6 and 8 to Lot 1 to be incorporated into the expanded hospital building. The MPD Amendments are scheduled for a public hearing and review at this meeting, prior to the Conditional Use Permit hearing.

Staff requests discussion on the following items (further described in the report):

Parking - Staff requests discussion regarding the amount of parking required and the phasing of parking in terms screened versus structured parking.

Staff recommends a condition of approval that construction of the furthest east, and lowest tier of parking on the north side of the entrance drive (approximately 58 spaces) shall be delayed until results of a professional Parking Study clearly indicate that existing parking is insufficient and that screened and structured parking in the rear is well utilized.

Staff also recommends a condition of approval that prior to approval of the parking and landscape plans submitted with the Building Permit application, additional pedestrian circulation and sidewalks shall be provided to enhance connectivity between the parking lots and the building entrances.

Affordable Housing- No changes are proposed to the overall affordable housing obligations for the MPD however the change in phasing impacts phasing of the affordable units as further described in the MPD report. In order to ensure that actual affordable units are constructed prior to occupancy of this phase of the hospital staff requests a condition of approval regarding this issue.

Staff recommends a condition of approval that prior to issuance of a final certificate of occupancy for construction related to this Conditional Use Permit (Phase 2 of the IHC MPD), all certificates of occupancy shall have been issued for all required affordable housing units, consistent with requirements of the Affordable Housing Plan for the IHC MPD.

Background

On May 23, 2007, the Planning Commission approved a Master Planned Development (MPD) for the Park City Medical Center (aka IHC MPD). A Conditional Use Permit (CUP) for Phase I of the IHC MPD was also approved on May 23, 2007. The Phase 1 CUP included a 122,000 square foot hospital building (with an additional 13,000 square feet of constructed, unfinished shell space) with 50,000 square feet of medical offices (18,000 square feet are constructed). See Exhibit G- May 23, 2007 CUP approval and meeting minutes.

The IHC MPD and subsequent CUPs are subject to the Annexation Agreement, recorded at Summit County on January 23, 2007, the IHC Master Planned Development, and the Second Amended Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility subdivision plat, recorded at Summit

County on November 25, 2008. The Annexation Agreement pertains to the entire 157.24 acres that coincides with the Second Amended plat.

The Master Planned Development for IHC occurs on Lots 1, 2, 6, 7, 8, and 10 of the Second Amended Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility subdivision plat. Lot 2 of the subdivision plat is dedicated as open space as part of the MPD. Lot 3 is the location of the USSA Headquarters and Training Center and is not part of the IHC MPD. Lot 4 is open space as the affordable housing was transferred to the Park City Heights MPD. Lot 5 was transferred to the City for future recreation uses, Lot 9 contains a small Questar gas regulating facility, and Lot 11 is the one acre lot around Lot 9, owned by IHC and not designated as to use or density. Lot 10 was developed by Summit County for the Summit County Health Department and People's Health Clinic and Lot 7 was developed by Physician's Holding for private medical support offices (aka MOB).

The IHC MPD includes an Intermountain Healthcare Hospital with a total of 300,000 square feet (180 Unit Equivalents [UEs]) for hospital uses on Lot 1 and a total of 150,000 square feet (150 UEs) of Support Medical Office space on the remaining development lots- Lots 6, 7, 8, and 10 with Lot 2 reserved as Open Space. The Agreement stipulates that up to 50,000 sf of the total Support Medical Office area may be developed within and in addition to the 300,000 sf hospital uses on Lot 1. The applicant has requested with an amendment to the MPD that an additional 50,000 sf (from Lots 6 and 8) be transferred to Lot 1 as Support Medical Office spaces.

On May 29, 2013, the Planning Department received a pre-Master Planned Development (MPD) application. On June 12, 2013, the Planning Commission reviewed a pre-MPD application for three options IHC was considering, as well as changes to future phasing in terms of uses. The Commission discussed the three options and provided direction that they were comfortable with Option A, incorporating density into the hospital building on Lot 1 from Lots 6 and 8, leaving the two pads as open space and screening the parking behind the building .

On June 30, 2014, applications for an MPD amendment and this Conditional Use Permit for the second phase of development at the Park City Medical Center were submitted. The applications were deemed complete on July 10, 2014, upon receipt of a current title report.

On August 27, 2014, staff presented the proposed MPD amendment and CUP applications to the Planning Commission at a work session. The purpose of the work session was to provide an update as to the status of the next phase of construction at the Park City Medical Center IHC MPD, to review the background, and to discuss the applications and get Planning Commission feedback regarding the density and use transfer to Lot 1, parking phasing and location, building height exception, underground storage area, and affordable housing. No new hospital or medical support square footage can be constructed without approval of a CUP for the next phase (tenant improvements within the previously constructed shell space and associated parking are

currently under construction). See Exhibit H- Planning Commission meeting minutes of August 27, 2014.

This CUP for the Phase 2 relies on the MPD Amendments to be able to construct the additional medical support uses within the hospital building as proposed.

Analysis

The City shall not issue a Conditional Use permit unless the Planning Commission concludes that:

- (1) the Application complies with all requirements of this LMC;
- (2) the Use will be Compatible with surrounding Structures in Use, scale, mass and circulation;
- (3) the Use is consistent with the Park City General Plan, as amended; and
- (4) the effects of any differences in Use or scale have been mitigated through careful planning.

The Planning Department and/or Planning Commission must review each of the following items when considering whether or not the proposed Conditional Use Permit application, as conditioned, mitigates impacts of and addresses the following items:

(1) size and location of the Site;

No unmitigated impacts.

Lots 1 and 2 of the IHC/USSA subdivision are 107.551 acres total. The site is located near and accessed from State Route 248, near its intersection with US 40. The Conditional Use Permit for Phase 2 of the IHC hospital includes an addition to the existing hospital building consisting of 82,000 square feet of new construction for medical offices, and 1,000 square feet of new construction for hospital uses.

(2) traffic considerations including capacity of the existing Streets in the Area;

No unmitigated impacts.

The site is served by State Route 248 and a public road through the Park City Recreation Complex. The Annexation Agreement identified a limit of the total cost of Traffic Mitigation Measures at \$10 Million. The applicant constructed road improvements to SR 248, the City streets (F. Gillmor Way and Round Valley Drive) and the signalized intersection with SR 248. Two bus shelters were also constructed on site. Traffic mitigation required with the Annexation Agreement and satisfied prior to Phase 1, anticipated the proposed CUP uses and density.

(3) utility capacity;

No unmitigated impacts.

Adequate utility capacity exists to serve the project. The applicant has paid for water to serve the project and to contribute to the cost to ensure redundant water for the project.

(4) emergency vehicle Access;

No unmitigated impacts.

The site is served by State Route 248 and City streets.

(5) location and amount of off-Street parking;

Staff requests discussion.

The initial off-street parking construction included 327 surface parking spaces and 92 structured spaces. The final first phase stalls are currently under construction to provide parking for completion of the shell space and to replace parking displaced by the second phase. This CUP proposes to add 328 surface parking spaces (4 per 1,000 sq ft). Future additions are planned to add approximately 296 surface spaces and 703 structured spaces. The CT zone requires 60% of the parking to be in a structure, which will be case at full build-out. **Staff requests discussion and confirmation from the Planning Commission that this phasing of the structured parking is acceptable as conditioned.**

(6) internal vehicular and pedestrian circulation system;

Discussion requested.

A public road (Round Valley Drive) provides access from SR 248 was constructed as part of the first phase to serves the hospital and other uses constructed per the MPD. Sidewalks and paved public trails exist to connect the Park City Recreation Complex, the bus shelters, and the parking lots to the hospital. Round Valley Drive loops through the site with a second emergency access point connecting near the Ice Rink. **Staff suggests discussion regarding the pedestrian experience within the site and recommends a condition of approval that prior to approval of the parking and landscape plans, additional pedestrian circulation and sidewalks shall be provided to enhance connectivity between the parking lots and the building entrances. Staff recommends a condition related to mitigation of impacts of the surface parking on pedestrian circulation.**

(7) fencing, Screening, and landscaping to separate the Use from adjoining Uses;

No unmitigated impacts.

Existing vegetation is mostly sage brush and grass. Proposed landscaping will minimize the use of turf grass and use appropriate, drought tolerant plant materials. A water efficient irrigation system is required as a Condition of Approval. The conceptual landscape plan has significant landscaping within parking lot islands and along the perimeter of parking lots. The rear surface lots are screened from the US40 view corridor by berming and additional native shrubs.

(8) Building mass, bulk, and orientation, and the location of Buildings on the Site; including orientation to Buildings on adjoining Lots;

No unmitigated impacts.

The hospital will be 300,000 square feet at full build-out with 100,000 square feet of medical office uses within the building. This CUP proposes an additional 82,000 square feet of Medical Offices uses and 1,000 square feet of hospital space as a second phase.

Additional Building Height is being requested by the applicant, consistent with the height exception granted for the MPD (and amended MPD) for the first phase. The main entry/clerestory is proposed at 15'-4" over the zone height with a chimney at 19'-9" over height. No floor area is increased by these architectural elements. A clerestory (+10'-3") element and pitched mechanical screening roof (+16'-7") also are not adding floor area. The two wings that house inpatient care and medical offices are 12'-9" and 10'-3", respectively, over zone height at the highest point and the applicant is requesting similar height exceptions for the addition.

The building could meet zone height if spread out further on the site. Because of the need in a hospital for exceptional mechanical systems, particularly air handling, the floor to floor height is 14 feet, as compared to a usual 9-10 feet floor to floor construction in residential and commercial construction. The nearest property line is hundreds of feet away and future buildings setback a minimum of 25 feet additionally from those property lines.

(9) usable Open Space;

No unmitigated impacts.

The annexation identified over 80% of the entire 157 acres (annexation area) as open space. Most of the open space will be left in native vegetation or restored with native materials; however, trails are being provided through the site to adjoin with existing neighboring trails. The MPD currently has more than 70% open space (Lots 1, 2, 6, 7, 8, and 10). The proposed CUP does not decrease required open space within the MPD area as construction is proposed within the anticipated development areas, within the loop road and behind the buildings.

(10) signs and lighting;

No unmitigated impacts.

Signs and lighting will meet the Park City Land Management Code. Staff has discussed directional, building and free-standing signs with the applicant. A separate sign application will be required for any exterior sign. Parking lot lighting is proposed that meets the standards of the lighting section of the Off-Street Parking chapter of the Land Management Code (15-3-3(C)). Final compliance with the City's Lighting Ordinance will be verified at the time of building permit plan review and prior to issuance of a certificate of occupancy.

(11) physical design and Compatibility with surrounding Structures in mass, scale, style, design, and architectural detailing;

No unmitigated impacts.

The existing NAC buildings, the Park City Ice Rink and the proposed USSA building are relatively large buildings, generally two to three stories in elevation. They are a variety of styles from timber to tilt-up concrete to stucco. The hospital, although significantly larger in floor area, is similar in height and compatible in style. The use of stone, timbers, and metal wall panels are well articulated. The mass of the building is separated from its neighbors by hundreds of feet, giving it a sense of scale in proportion to the surrounding backdrop of hills.

(12) noise, vibration, odors, steam, or other mechanical factors that might affect people and Property Off-Site;

No unmitigated impacts.

No disturbing mechanical factors are anticipated after construction is complete. With the size of the property, any exhaust fans or other mechanical factors will not generate noise that will be heard off-site.

(13) control of delivery and service vehicles, loading and unloading zones, and Screening of trash pickup Areas;

No unmitigated impacts.

Delivery and service vehicles will access the building around the back of the hospital, away from the public entrances. Passenger pick-up and drop-off can occur at the front entry porte cochere. The emergency entrance is separated from the main entrance and from the entrance for the medical offices, clinics, and the wellness center. The trash dumpsters are located in a screened loading area at the rear of the site.

(14) expected Ownership and management of the project as primary residences, Condominiums, time interval Ownership, Nightly Rental, or commercial tenancies, how the form of Ownership affects taxing entities; and

No unmitigated impacts.

Intermountain Healthcare will own the hospital. Future medical support buildings may be owned by the physicians that occupy the buildings.

(15) within and adjoining the Site, impacts on Environmentally Sensitive Lands, Slope retention, and appropriateness of the proposed Structure to the topography of the Site.

No unmitigated impacts.

There are no Environmentally Sensitive slopes or ridge lands. The access road crosses wetlands that were subject to an Army Corp of Engineers permit for mitigation.

Issues for Discussion

Parking - Staff requests discussion regarding the amount of parking required and the phasing of parking in terms screened versus structured parking. The required parking ratio is 4 spaces per 1,000 sf of Medical office floor area. the proposed ratio of 4 spaces per 1,000 sf of support office uses, which includes clinical uses that have a higher demand for parking in close proximity to the medical offices, and parking lot lighting standards. According to the applicant's original phasing plan (Exhibit C) the MPD phased in structured parking so that at full build out 60% of the parking will be structured and/or screened. Parking is proposed at 4 spaces per 1,000 to support the 82,000 sf of additional support medical office uses. Location of parking for these out patient, wellness center uses is situated around the building with additional staff parking located to the west, behind the building.

Staff recommends a condition of approval that construction of the furthest east, and lowest tier of parking on the north side of the entrance drive (approximately 58 spaces)

shall be delayed until results of a professional Parking Study clearly indicate that existing parking is insufficient and that screened and structured parking in the rear is well utilized.

Staff also recommends a condition of approval that prior to approval of the parking and landscape plans submitted with the Building Permit application, additional pedestrian circulation and sidewalks shall be provided to enhance connectivity between the parking lots and the building entrances.

Affordable Housing- No changes are proposed to the overall affordable housing obligations for the MPD however the change in phasing impacts phasing of the affordable units as further described in the MPD report. The base employee/affordable housing for the hospital and support medical offices is 79.76 affordable unit equivalents (AUE) based on the 300,000 sf of IHC hospital uses and 150,000 sf of support medical uses. The first and second phases of development on Lot 1 require a total of 44.78 AUE to be satisfied with the 28 Town house units as part of the Park City Heights MPD. The Physicians Holding support medical offices have an obligation of 4.99 AUE which are being addressed by the City's Housing Manager. The remaining 29.99 AUE will be required to be satisfied prior to the next phase of construction.

Staff recommends a condition of approval reiterating that affordable housing for this phase of construction shall be satisfied per requirements and stipulations of the IHC Annexation Agreement.

Department Review

The project has been reviewed by the Planning, Building, Engineering and Legal departments as well as the utility providers. Issues raised during the review process have been adequately mitigated in the proposed plans or by conditions of approval.

Notice

On September 24, 2014, the property was posted and notice was mailed to property owners within 300 feet. Legal notice was published in the Park Record on the same date.

Public Input

No public input has been received by the time of this report.

Alternatives

- The Planning Commission may approve the CUP application for Phase 2 of the Park City Medical Center (IHC MPD) as conditioned and/or amended; or
- The Planning Commission may deny the CUP application and direct staff to make findings of fact to support this decision; or
- The Planning Commission may continue the discussion and request additional information on specific items.

Future Process

Approval of this application constitutes Final Action that may be appealed to the City Council following appeal procedures found in LMC § 15-1-18. Approval of a Conditional Use Permit required prior to construction of any future phase is reviewed as a separate application by the Planning Commission.

Summary Recommendations

Staff recommends the Planning Commission conduct a public hearing for the Conditional Use Permit (CUP) for Phase 2 of the Park City Medical Center (Intermountain Health Care MPD). Staff has prepared findings of fact, conclusions of law and conditions of approval for the Commission's consideration.

Findings of Fact:

1. The Conditional Use Permit is for Phase 2 of the IHC Hospital and Medical campus in the CT-MPD zoning district.
2. The Conditional Use Permit requests an addition to the Park City Medical Center consisting of 82,000 square feet of new building for medical support, physician offices, an education center, an expanded wellness center, administrative space for the hospital, and shell space for future short term needs. In addition, 3,800 square feet of new hospital space for a procedure center is proposed (1,000 square feet of new construction and 2,800 sf of existing shell space that will be finished).
3. The annexation plat was approved by the Council on December 7, 2006, with an effective date of January 1, 2007.
4. The second amended Intermountain Healthcare Park City Medical Campus/USSA Headquarters and Training Facility subdivision plat was approved by the Council and recorded at Summit County on November 25, 2008. The CUP is proposed to be located on Lot 1 that includes a total lot area of approximately 99 acres. Lot 2 is 8.5 acres and is designated as open space for the MPD
5. The entire annexation area is 157.243 acres and is subject to an Annexation Agreement.
6. The Annexation Agreement and proposed Master Planned Development for IHC includes an Intermountain Healthcare Hospital of 300,000 square feet (180 Unit Equivalents) and Support Medical Office space of 150,000 square feet (150 Unit Equivalents).
7. The City agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City also agreed that up to 50,000 square feet may be utilized for public/quasi-public and other institutional uses reasonably related to the Support Medical Office area, including without limitation: athletic national governing body offices, non-profit community wellness facilities, and/or education uses.
8. Access to the site is from Highway 248 through the Park City Recreation Complex.
9. The proposed first phase of the hospital included a 122,000 square foot hospital building with 50,000 square feet of medical offices (41,000 square feet finished). A separate 25,000 square foot medical support building was constructed on Lot 7 and a separate 25,000 square foot building was constructed on Lot 10 as a community benefit to house the People's Health Center and the Summit County Health

Department offices and clinics. Both individual buildings were approved with separate CUPs.

10. The proposed Conditional Use Permit is consistent with the approved Master Planned Development for IHC.
11. The maximum Building Height in the CT District is 28 feet (33 feet with a pitched roof). Additional Building Height is being requested by the applicant. The main entry/clerestory is approximately 15'-4" over the zone height with a chimney at 19'-9" over height, similar to the Height of the first building. No floor area is increased by these architectural elements. Clerestory (+10'-3") areas and pitched mechanical screening roof (+16'-7") also are not adding floor area and provide architectural articulation and break up the facades. The two wings that house existing inpatient care and medical offices are 12'-9" and 10'-3", respectively, over zone height at the highest point. The applicant requests similar height exceptions for this CUP. The addition could meet zone height if spread out further on the site. Because of the need in a hospital for exceptional mechanical systems, particularly air handling, the floor to floor height is 14 feet, as compared to a usual 9-10 feet floor to floor construction in residential and commercial construction. The proposed building complies with the granted height exception as stated in the MPD approval.
12. The proposed building complies with the volumetric approved in the MPD; specifically, the façade shifts and roof shifts create architectural interest and break the building into smaller components.
13. The setbacks within the CT zone are twenty-five feet (25') on all property lines. Setbacks are the minimum distance between the closest of the following: property lines, platted streets, or existing curb or edge of street. The building complies with all setback requirements.
14. The **Analysis** section of this staff report is incorporated herein.

Conclusions of Law:

1. The CUP, as conditioned, is consistent with the IHC Master Planned Development and the Park City Land Management Code.
2. The CUP, as conditioned, is consistent with the Park City General Plan.
3. The proposed use will be compatible with the surrounding structures in use, scale, mass and circulation.
4. The effects of any differences in use or scale have been mitigated through careful planning.

Conditions of Approval:

1. All standard conditions of approval apply to this Conditional Use Permit.
2. The Planning Department shall review and approve the final Landscape Plan prior to issuance of a building permit. The plan shall include water efficient landscaping, an irrigation plan, snow storage areas, defensible space requirements, screening of parking as viewed from the access street and US 40 corridor, and adequate pedestrian circulation elements.
3. All exterior lights must conform to the City lighting ordinance. Final compliance with the City's Lighting Ordinance will be verified at the time of building permit plan

review and prior to issuance of a certificate of occupancy.

All exterior signs require a sign permit.

4. Materials color samples and final design details must be consistent with the existing building and in substantial compliance with the elevations reviewed by the Planning Commission on October 8, 2014 and approved by staff prior to building permit issuance.
5. The final building plans and construction details for the project shall meet substantial compliance with the drawings as reviewed by the Planning Commission on October 8, 2014.
6. Utility and grading plans must be approved by the City Engineer prior to Building Permit issuance.
7. All conditions of the Master Planned Development, as amended continue to apply.
8. Affordable housing for this phase of construction shall be satisfied per requirements and stipulations of the IHC Annexation Agreement.
9. Construction of the furthest east, and lowest tier of parking on the north side of the entrance drive (approximately 58 spaces) shall be delayed until results of a professional Parking Study clearly indicate that existing parking is insufficient and that screened and structured parking in the rear is well utilized.
10. Prior to approval of the parking and landscape plans, additional pedestrian circulation and sidewalks shall be provided to enhance connectivity between the parking lots and the building entrances.

Exhibits

Exhibit A- Applicants Letter

Exhibit B- Proposed CUP plans

Exhibit C- Proposed phasing plan

Exhibit D- Proposed parking phasing plan

Exhibit E- Proposed below grade storage plan

Exhibit F- Proposed Height Exception plan

Exhibit G- May 23, 2007 Phase I CUP approval and meeting minutes

Exhibit H- August 27, 2014 Planning Commission minutes

Note- see IHC MPD Staff Report in this packet for additional related Exhibits.

**PARK CITY MEDICAL CENTER
MEDICAL CAMPUS**

NORTH BUILDING PROPOSAL

**MASTER PLAN DEVELOPMENT CHANGES
PARK CITY PLANNING COMMISSION**

JUNE 30, 2014

Background

Park City Medical Center has been more successful in its first five years than was forecast by Intermountain Healthcare. The areas of the hospital that are experiencing higher growth are surgery and endoscopy, pain services, physical therapy, imaging, emergency, and medical/surgical nursing. The available physician office space on campus is fully built out.

Nationally, healthcare has changed significantly since the hospital opened. Healthcare reform places more emphasis on education and wellness.

Proposed Project

Park City Medical Center is proposing an addition to the existing building. This addition would provide for a procedure center (to expand surgical capacity), physician offices, an education center, an expanded wellness center, and administrative space for the hospital (to permit bed expansion within the hospital).

The project would build an 82,000 square foot addition of medical support space attached to the hospital for medical offices, education, wellness, administrative services, and shelled space for future medical offices. In addition, the project would build 3,800 square feet of hospital space (1,000 new and completing 2,800 of existing shelled space) for a procedure center.

Master Plan Changes

The proposed project would require changes to the approved master plan for the Intermountain Healthcare hospital.

Density – The project would not change the total approved density on the Intermountain Healthcare hospital campus. The project would make two changes in location and timing of density on the campus.

1. The project would move 50,000 square feet of medical support density from lots 6 and 8 of the subdivision to lot 1 of the subdivision (the actual hospital site).

2. The proposed phasing plan had 57,000 square feet of medical support added to the campus by this time frame. This project will build 82,000 square feet of medical support, or adding the final 25,000 square feet of medical support to this phase of the MPD.

These changes allow the hospital to meet the growth of health care in Park City, yet delay a major hospital addition (74,000 square feet) projected in this part of the phasing plan.

Existing Structures on Campus

	Hospital Square Feet	Medical Support Square Feet	Total Square Feet
Approved per Annexation Agreement and MPD	300,000	150,000	450,000
Hospital	135,458	18,000	153,458
Medical Office Building		24,730	24,730
Summit County Building		24,424	24,424
Proposed Project	3,800	82,000	85,800
Total Built after Project	139,258	150,000	289,258

	Hospital Unit Eq	Medical Support Unit Eq	Total Unit Eq
Approved per Annexation Agreement and MPD	180	150	330
Hospital	81.3	18	99.3
Medical Office Building		24.7	24.7
Summit County Building		24.4	24.4
Proposed Project	2.3	82	84.3
Total Built after Project	83.6	149.1	232.7

Parking – Intermountain is proposing to adding 328 parking spaces (4 per 1,000 square feet) to support this addition. These spaces would be added surface parking. Intermountain’s proposed site plan will provide screening for 248 of the new parking spaces. The new screened parking spaces represent 63% of the new 393 parking spaces provided by the project (328 added spaces plus 62 existing spaces that are taken out by the new building). Intermountain and the architect believe that the screened surface parking will be less visual obtrusive than additional structured parking.

Height – The hospital was granted exceptions to the height restrictions of the CT zone since the hospital has functional requirements for floor to floor heights significantly greater than residential or commercial buildings and some design elements such as the main entry/clerestory and the pitched mechanical screening roof which exceeded the height requirements, yet did not add floor area to the hospital and provide a better visual impact to the building. The distance of the building from the entry corridors was also considered as an additional mitigating factor justifying the exception. The proposed project is being designed to be integrated into the existing structure and will need the same type of height exceptions.

Affordable Housing – Intermountain estimates that the current hospital services require 25.7 affordable housing units. The annexation agreement provided 44.8 units of affordable housing through a donation of land to the city and a guarantee from the Burbidges. The project would generate an additional affordable housing requirement of 12.9 units. This could still be covered by the original affordable housing.

Basement Storage – The architect has recommended that Intermountain consider adding basement storage next to the education center, rather than add future freestanding storage buildings behind the hospital. Intermountain requests that the Planning Commission consider allowing this storage, which would be completely buried under the new construction.

REV	DATE	DESCRIPTION

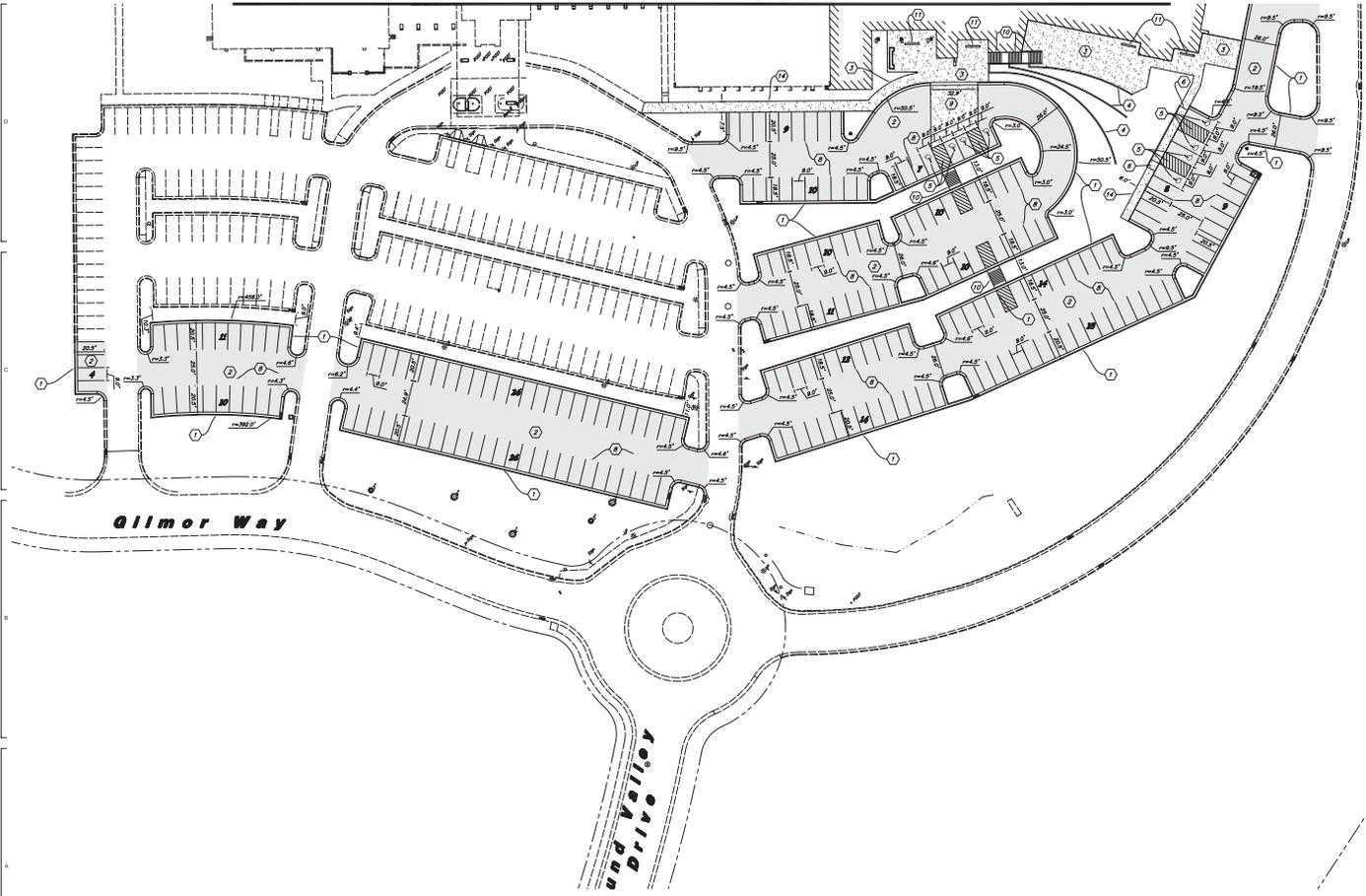
DCO NUMBER: 1303
 CLIENT NUMBER: 1427SP
 DATE: 07-14-2014

PARK CITY MEDICAL CENTER
 INTERMOUNTAIN HEALTHCARE
 900 ROUND VALLEY DR., PARK CITY, UT 84060
 DESIGN DEVELOPMENT - PROGRESS SET



Scale 1" = 40'

MATCH LINE SEE SHEET CL3



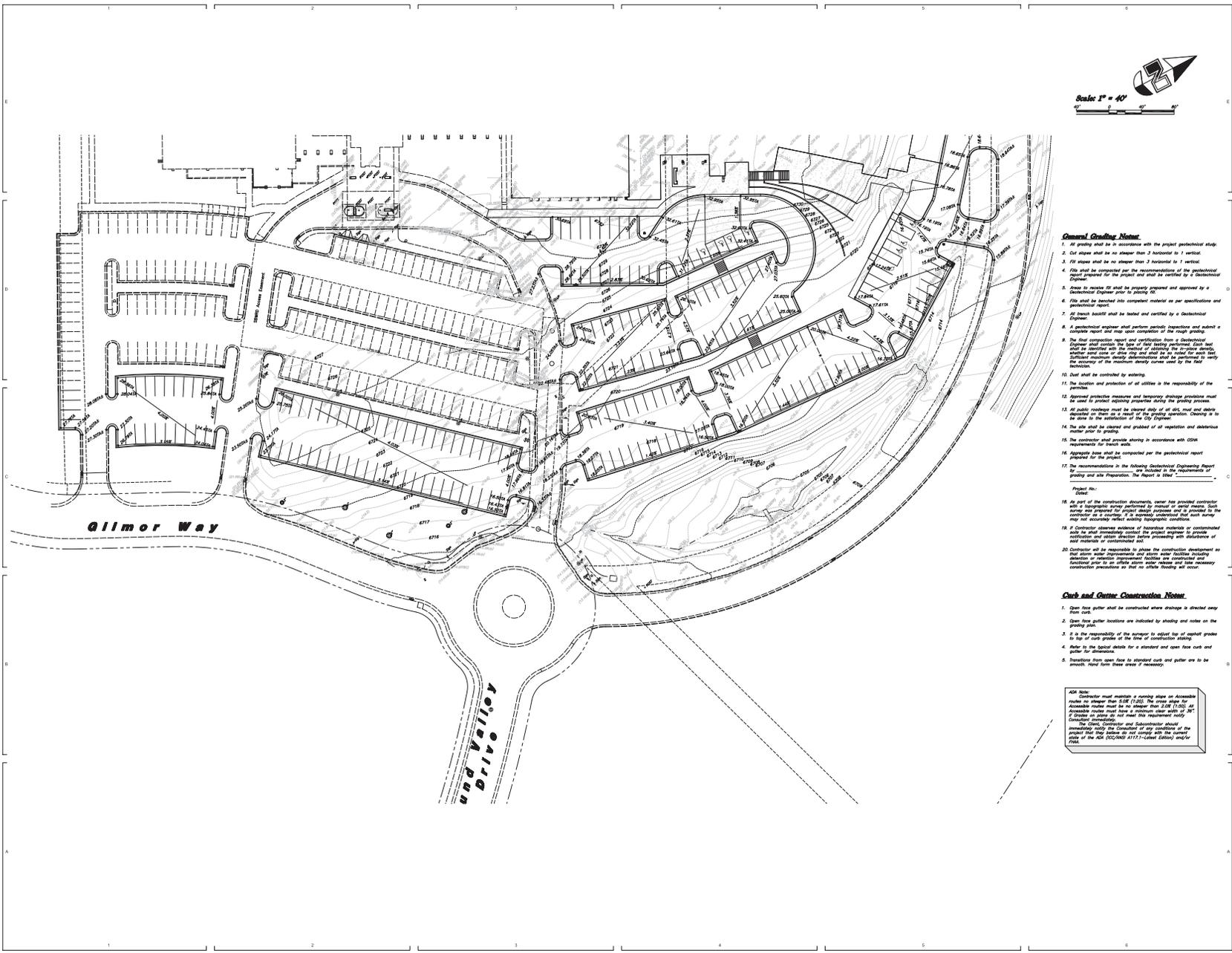
- General Site Notes:**
1. Slopes designated as Accessible will require a painted Accessible symbol and sign. (See Detail)
 2. The new mounting and signs to be installed as directed by the Sheriff's Office.
 3. All new mounting directional signs and stop bars will be painted at each driveway as shown on the plans.
 4. All alterations are to back of curb unless otherwise noted.
 5. Construct curb extension at all points where curb abuts driveway, see detail.

- Site Construction Notes:**
1. Construct 24" Curb & Gutter (1/24)
 2. Construct Asphalt Parking (2/24)
 3. Construct Conc. Sidewalk (2/24)
 4. Construct Conc. Retaining Wall (2/24)
 5. Construct ADA Accessible Staging per MUTCD (2/27)
 6. Construct ADA Accessible Ramp per ICC/IBC 411.7 (Latter Edition) (2/27)
 7. Construct ADA Accessible Sign per MUTCD (2/27)
 8. ICC/IBC 411.7.7 (Latter Edition) (2/27)
 9. Construct 4" White Vinyl Stages (2/27)
 10. Construct Conc. Paving (2/27)
 11. Construct Conc. Slabs as indicated on both sides (2/27)
 12. Construct Blue Plastic (capacity 10 Miles) (2/27)
 13. Construct Screen Wall (2/27)
 14. Construct Solid Gates (2/27)
 15. Construct Thickened Edge Sidewalk (2/27)

ADA Sign:
 Contractor must maintain a constant slope on Accessible ramps or curbs less than 2:12 (17.5%). The cross slope for Accessible ramps must be no steeper than 2:100 (1.0%). All wheelchair ramps must have a minimum width of 60" (1525 mm) and must meet the requirements of 2010 ADA Standards for Accessible Design.

PRIVATE ENGINEER'S NOTICE TO CONTRACTORS:
 The Contractor agrees that he shall assume sole and exclusive responsibility for the safe construction, safety, and security of the project, including the use of workers and property. The Contractor shall be responsible for all construction and shall be liable for normal working hours, and shall be responsible for obtaining necessary permits, and shall be responsible for obtaining necessary permits, and shall be responsible for obtaining necessary permits, and shall be responsible for obtaining necessary permits.

Survey Control Note:
 The contractor or surveyor shall be responsible for following the National Standard of Professional Surveying (NSPS) and shall be responsible for obtaining necessary permits, and shall be responsible for obtaining necessary permits, and shall be responsible for obtaining necessary permits, and shall be responsible for obtaining necessary permits.



Scale 1" = 40'

- General Grading Notes:**
1. All grading shall be in accordance with the project geotechnical study.
 2. Cut slopes shall be no steeper than 3 horizontal to 1 vertical.
 3. Fill slopes shall be no steeper than 3 horizontal to 1 vertical.
 4. Fill shall be compacted per the recommendations of the geotechnical report prepared for the project and shall be certified by a Geotechnical Engineer.
 5. Areas to be excavated shall be properly prepared and approved by a Geotechnical Engineer prior to placing fill.
 6. All fill shall be removed into compacted material as per specifications and geotechnical report.
 7. All trench backfill shall be tested and certified by a Geotechnical Engineer.
 8. A geotechnical engineer shall perform periodic inspection and submit a complete report and map upon completion of the rough grading.
 9. The final construction report and certification from a Geotechnical Engineer shall contain the type of soil testing performed. Cut and fill shall be recorded with the method of drainage the machine used, whether any soil cure or other soil shall be in place for each test. Geotechnical engineer weekly information shall be performed to verify the accuracy of the maximum density curves used by the field technicians.
 10. Dust shall be controlled by watering.
 11. The location and protection of all utilities is the responsibility of the contractor.
 12. Approved protective measures and necessary shoring provisions must be used to protect existing structures during the grading process.
 13. All public roadways must be cleared daily of all dirt, mud and debris deposited on them and cleared at the project completion. Cleaning is to be done to the satisfaction of the City Engineer.
 14. The site shall be cleaned and graded of all vegetation and debris prior to grading.
 15. The contractor shall provide shoring in accordance with OSHA requirements for trench work.
 16. All shoring shall be in accordance with the geotechnical report prepared for the project.
 17. The recommendations in the attached Geotechnical Engineering Report are based on the requirements of existing site preparation. The report is final.

- Proposed Note:**
16. At the time of construction documents, owner has provided contractor with a geotechnical study performed by several geotechnical firms. Some of the information in the report may be outdated and is provided for the contractor as a courtesy. It is expressly understood that such reports may not accurately reflect existing geotechnical conditions.
 18. If Contractor observes evidence of hazardous materials or contaminants on the site, immediately contact the project engineer to provide information on their presence before proceeding with disturbance of soil materials or contaminated soil.
 20. Contractor will be responsible to provide the construction development on site and to provide necessary storm water facilities including detention or retention treatment facilities and treatment and functional prior to an effluent water release and take necessary construction precautions as well as obtain funding and permit.

- Curb and Gutter Construction Notes:**
1. Open area gutter shall be constructed where drainage is directed away from curb.
 2. Open area gutter locations are indicated by shading and notes on the grading plan.
 3. It is the responsibility of the contractor to adjust top of adjacent grades to top of curb grades at the line of construction change.
 4. Refer to the typical details for a standard and open face curb and gutter for dimensions.
 5. Transverse from curb face to adjacent curb and gutter are to be smooth, hand form these areas if necessary.

ASR Note:
 Contractor must maintain a running slope on Accessible routes no steeper than 1:50 (2.0%). The cross slope for Accessible routes must be no steeper than 1:50 (2.0%) at all points. The contractor shall maintain a minimum clear width of 36" minimum. The contractor shall maintain a minimum clear width of 36" minimum. The contractor shall maintain a minimum clear width of 36" minimum.

VCBO ARCHITECTURAL
 1000 WEST 1000 SOUTH
 SALT LAKE CITY, UT 84119

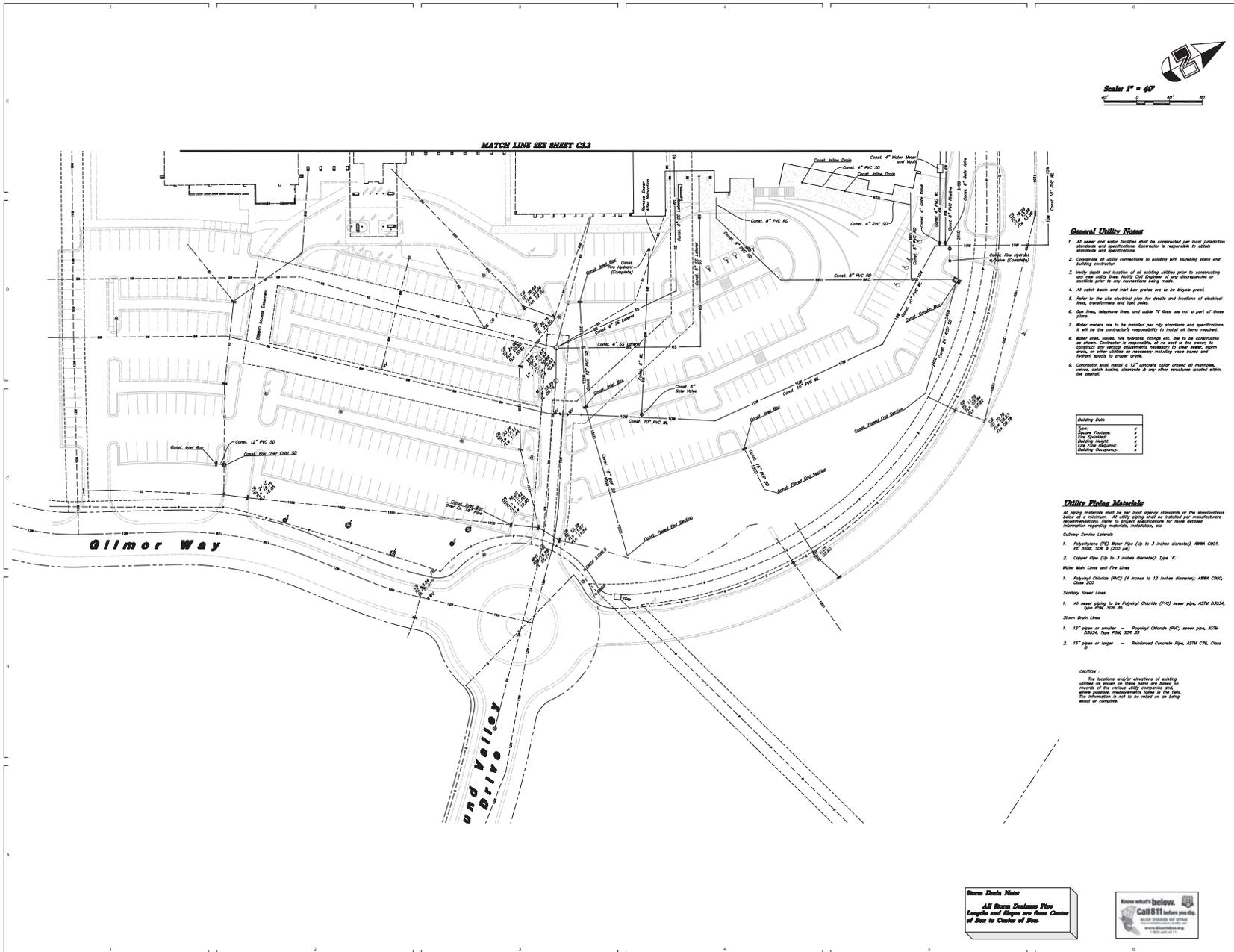
ZGF
 1000 WEST 1000 SOUTH
 SALT LAKE CITY, UT 84119

ANA
 ANASTASIOUS ASSOCIATES
 1000 WEST 1000 SOUTH
 SALT LAKE CITY, UT 84119

REV	DATE	DESCRIPTION

VCBO NUMBER: 13000
 CLIENT NUMBER: 0000
 DATE: 07/14/2014

PARK CITY MEDICAL CENTER
 INTERMOUNTAIN HEALTHCARE
 900 ROUND VALLEY DR, PARK CITY, UT 84303
 DESIGN DEVELOPMENT - PROGRESS SET



- General Utility Notes**
- All water and sewer lines shall be constructed per local jurisdiction standards and specifications. Contractor is responsible to obtain permits and specifications.
 - Coordinate all utility connections to building with planning plans and building contractor.
 - Verify depth and location of all existing utilities prior to constructing any new utility lines. Notify City Engineer of any discrepancies or conflicts prior to any construction being made.
 - All utility lines and their locs shall be in the layout plan.
 - Refer to the site electrical plan for details and location of electrical lines, transformers and light poles.
 - Gas lines, telephone lines, and cable TV lines are not a part of these plans.
 - Some meters are to be installed per city standards and specifications. It will be the contractor's responsibility to install all items required.
 - Water lines, where they intersect, shall be installed in the center of the street. Contractor is responsible, at no cost to the owner, to conduct any vertical adjustments necessary to their sewer, storm drain, or other utilities to necessary building water lines and horizontal space to project grade.
 - Contractor shall install a 12" concrete curb around all manholes, valves, catch basins, cleanouts at any other structures located within the project.

Building Code	Year
City of Park City	2014
Utah State	2014
International Building Code	2012
International Fire Code	2012
International Mechanical Code	2012
International Plumbing Code	2012
International Electrical Code	2011

- Utility Notes**
- All utility materials shall be per local agency standards or the specifications and standards of the utility agency. Contractor shall coordinate with utility agencies for any special considerations. Refer to utility specifications for more detailed information regarding materials, installation, etc.
- Culinary Service Lateral**
- Polyethylene (PE) Water Pipe (Up to 3 inches diameter), AWWA C901, 4" MIN. WALL & C900 JGJ
 - Clay Pipe (Up to 3 inches diameter), Type K
- Water Main Lines and Fire Lines**
- Polyethylene (PE) (4 inches to 12 inches diameter), AWWA C901, Class 200
- Sanitary Sewer Lines**
- All sewer piping to be Polyethylene (PE) sewer pipe, ASTM D3034, 4" MIN. WALL & C900 JGJ
- Storm Drain Lines**
- 12" Pipes or smaller - Polyethylene (PE) sewer pipe, ASTM D3034, Type F40, C900 JGJ
 - 15" Pipes or larger - Reinforced Concrete Pipe, ASTM C76, Class 200

NOTICE

The location and/or elevations of existing utilities are shown on these plans as they are known to the utility companies and are shown as they appear on the utility company records. The information is not to be relied on as being accurate or complete.

Storm Drain Note

All Storm Drainage Pipe Lengths and Slopes are from Center of Box to Center of Box.

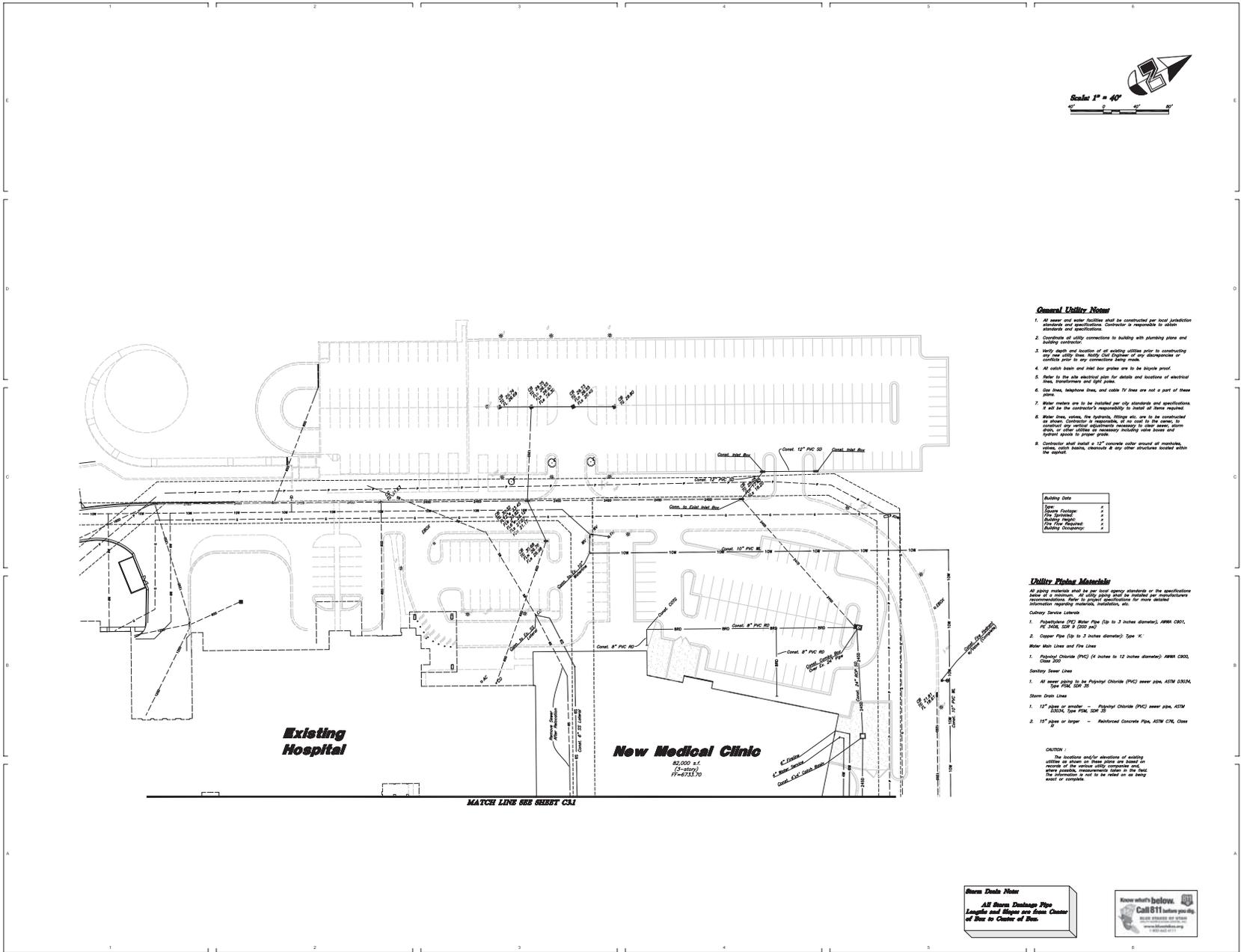


REV	DATE	DESCRIPTION

VCBO NUMBER: 13030
 CLIENT NUMBER: 1441021
 DATE: 07/01/2014

PARK CITY MEDICAL CENTER
 INTERMOUNTAIN HEALTHCARE
 900 ROUND VALLEY DR. PARK CITY, UT 84060
 DESIGN DEVELOPMENT - PROGRESS SET

C31



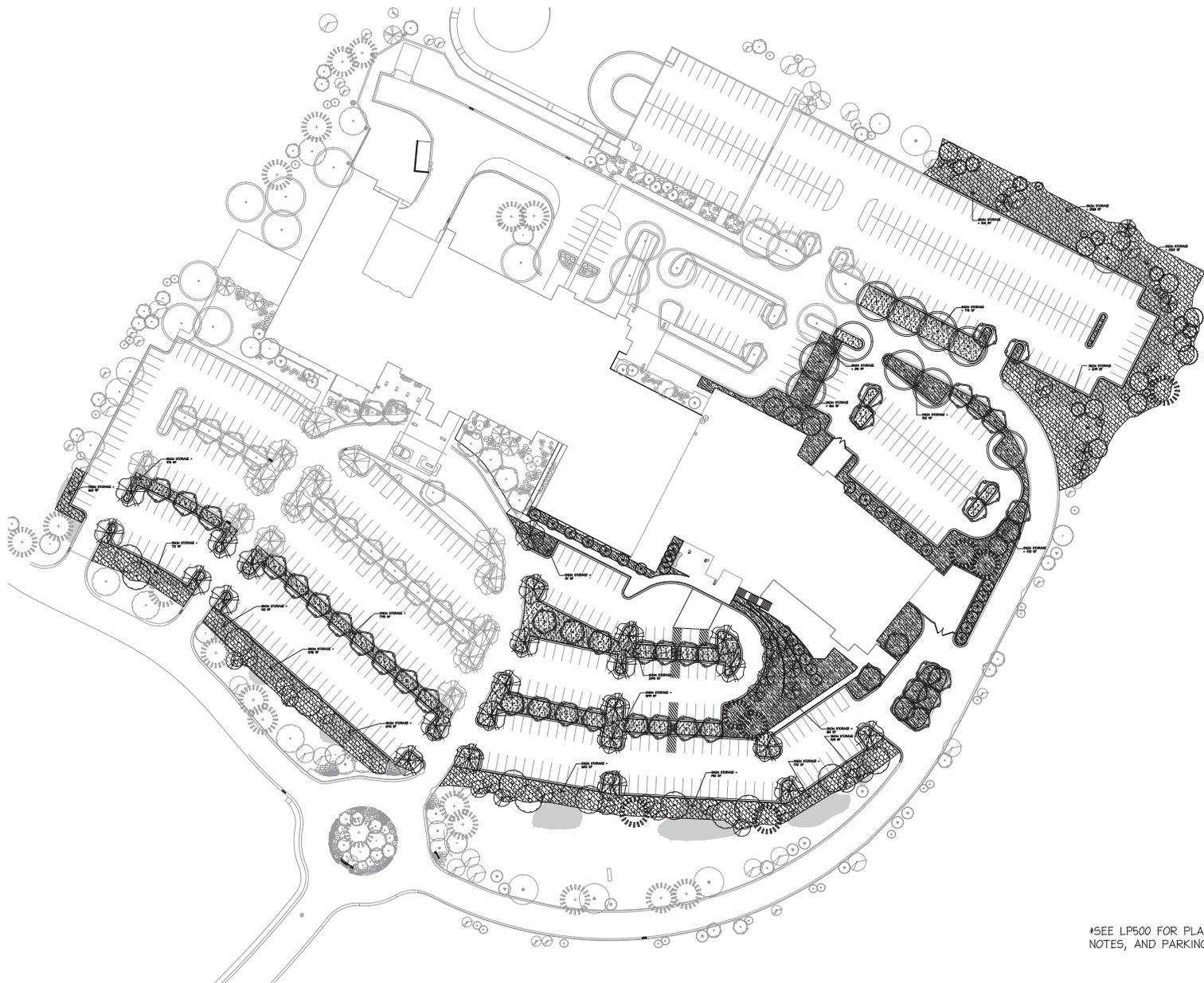
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 CLIENT NUMBER: 0000
 DATE: 07-02-2014

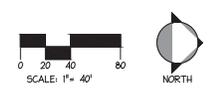
PARK CITY MEDICAL CENTER
 INTERMOUNTAIN HEALTHCARE
 500 ROUND VALLEY DR, PARK CITY, UT 84660
 DESIGN DEVELOPMENT - PROGRESS SET

UTILITY PLAN

C3.2



*SEE LP500 FOR PLANTING SCHEDULES,
NOTES, AND PARKING AREA CALCS



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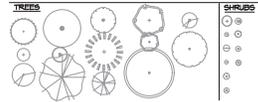
VCBO NUMBER: 13630
CLIENT NUMBER: 00000
DATE: 07-01-2014

NOTE: PLANT VARIETIES ARE SUBJECT TO CHANGE BASED UPON PARK CITY AND IIG REVIEW

PLANT SCHEDULE

TREES	CODE	BOTANICAL NAME	COMMON NAME	SIZE	QTY	
	ACE GRA	ACER GRANDIDENTATUM 'ROCKY MOUNTAIN GLOW'	BISTOOTH MAPLE	10' CLUMP	24	
	AME GRA	AMELANCHIER GRANDIFLORA 'AUTUMN BRILLIANCE'	'AUTUMN BRILLIANCE' SERVICEBERRY	10' CLUMP	24	
	CEL OGG	CELTIS OCCIDENTALIS	COMMON HACKBERRY	2' GAL	2	
	MAL BAG	MALUS BACCATA	SIBERIAN GRABAPPLE	2' GAL	48	
	FIG 6LA	FIGEA 6LAUCA 'DENBATA'	BLACK HILLS SPRUCE	10' TALL	15	
	FIG FUN	FIGEA FUNENS	GREEN COLORADO SPRUCE	12' TALL	7	
	PRU VIR	PRUNUS VIRGINIANA 'CANADA RED'	CANADA RED CHERRY	2' GAL	12	
	QUE GAM	QUERCUS GAMBELII	GAMBEL OAK	10 GAL	8	
	QUE MAC	QUERCUS MACROCARPA	BURR OAK	2' GAL	10	
	RHU TRI	RHUS TRILOBATA	SHUNKBUH SUMAC	10 GAL	8	
	ROB ROE	ROBINIA PSEUDACACIA 'PURPLE ROBE'	PURPLE ROBE LOCUST	2' GAL	12	
	TIL AME	TILIA AMERICANA 'REDMOND'	REDMOND AMERICAN LINDEN	2' GAL	14	
SHRUBS	CODE	BOTANICAL NAME	COMMON NAME	SIZE	QTY	
	CER LED	CERCOCARPUS LEDIFOLIUS	GURLEAF MOUNTAIN MAHOGANY	5 GAL	8	
SHRUB AREAS	CODE	BOTANICAL NAME	COMMON NAME	GOVT	SPACING	QTY
	SHR AR2	PLANT BED (SHRUBS & GROUNDCOVER)		VARIABLES		21866 SF
SOD/SEED	CODE	BOTANICAL NAME	COMMON NAME	SIZE	SPACING	QTY
	MIX A	SEED MIX A		SEED		42848 SF
	TUR SOD	TURF SOD	KENTUCKY BLUEGRASS	SOD		20754 SF

EXISTING VEGETATION TO REMAIN



PLANTING NOTES

- ANY ALTERATIONS TO THESE DRAWINGS DURING CONSTRUCTION SHALL BE REPORTED TO THE LANDSCAPE ARCHITECT AND RECORDED ON "AS BUILT" DRAWINGS BY THE CONTRACTOR.
- ALL PLANT MATERIAL SHALL CONFORM TO THE MINIMUM GUIDELINES ESTABLISHED BY THE AMERICAN STANDARD FOR NURSERY STOCK PUBLISHED BY THE AMERICAN NURSERY ASSOCIATION, INC.
- ALL PLANTS TO BE BALLED AND BURLAPPED OR CONTAINER GROWN, UNLESS OTHERWISE NOTED ON THE PLANT LIST.
- ANY PROPOSED SUBSTITUTIONS OF PLANT SPECIES SHALL BE MADE WITH PLANTS OF EQUIVALENT OVERALL FORM, HEIGHT, BRANCHING HABIT, FLOWER, LEAF, COLOR, FRUIT AND CULTURE ONLY AS APPROVED BY THE LANDSCAPE ARCHITECT.
- ALL PLANTS SHALL BE TAGGED AND APPROVED BY THE LANDSCAPE ARCHITECT AT THE NURSERY PRIOR TO DIGGING OR DELIVERY TO SITE.
- THE CONTRACTOR SHALL LOCATE AND VERIFY ALL EXISTING UTILITY LINES PRIOR TO PLANTING AND SHALL REPORT ANY CONFLICTS TO THE LANDSCAPE ARCHITECT.
- STAKE LOCATION OF ALL PROPOSED PLANTING FOR APPROVAL BY THE LANDSCAPE ARCHITECT PRIOR TO THE COMMENCEMENT OF PLANTING.
- ALL TURF AREAS TO RECEIVE SIX INCHES (6") AND ALL PLANT BEDS TO RECEIVE 12" OF PLANTING SOIL. ALL AREAS WITHIN THE LIMIT OF DISTURBANCE LINE TO BE SEEDED SHALL RECEIVE FOUR INCHES (4") OF TOPSOIL PRIOR TO SEEDING. SEE SPECIFICATION SECTION 3226-FINE GRADING & SOIL PREPARATION.
- FRAGARIA X 'LIPSTICK' AND HEDERA HELIX GROUNDCOVER AREAS SHALL RECEIVE TWO INCHES (2") OF FINE TEXTURED SOIL AND/SOIL PEP. ALL OTHER PLANT BEDS TO RECEIVE THREE INCHES (3") OF BARK MULCH PER SPECIFICATION.
- PRUNE TREES IN ACCORDANCE WITH SPECIFICATIONS.
- LIMIT OF DISTURBANCE IS APPROXIMATE ONLY. LANDSCAPE CONTRACTOR IS RESPONSIBLE TO SEED AND PROVIDE IRRIGATION IN ALL DISTURBED AREAS.

Park City Medical Center Expansion
Parking Area/Landscape Square Footage
Prepared by: G. Brown Design, Inc.
Updated: 06/27/2014



Parking Lots & 90 Parking Spaces	
New Parking Square Footage (SF)	142,540
Interior Parking Landscape Required (20%)	28,508
Total Interior Parking Landscape Provide	43,500 @ 10%

Breakdown by Parking Area	
South East Parking Lot	Square Feet
New Parking Square Footage (SF)	77,927
Reserved Interior Landscape (20%)	4,785
Interior Parking Landscape Provide	4,785 @ 10%

North West Parking Lots	
New Parking Square Footage (SF) - Joint North	24,760
New Parking Square Footage (SF) - Lower Lot	17,737
Reserved Interior Landscape (20%)	3,547
Interior Parking Landscape Provide	6,284 @ 10%

New Lots East of Building Expansion	
New Parking Square Footage (SF) - Upper Lot	28,444
New Parking Square Footage (SF) - Lower Lot	33,117
Reserved Interior Landscape (20%)	12,126
Interior Parking Landscape Provide	22,897 @ 10%

Park City Medical Center
Snow Storage Expansion
Prepared by: G. Brown Design, Inc.
Updated: 06/27/2014



South East Parking Lot	
New Parking Square Footage (SF)	Square Feet
New Snow Storage Area Required by Expansion (15%)	11,689
Snow Storage Area Provided by Expansion	11,689
Reserved Snow Storage Area Lot # New Required	11,689
Total Snow Storage Area Provided	11,689 Exceeds by 82 SF

North Parking Lots	
New Parking Square Footage (SF) - Joint North of Building	Square Feet
New Parking Square Footage (SF) - Addition to Parking Areas Along Street	17,737
New Snow Storage Area Required by Expansion (15%)	2,660
Snow Storage Area Provided by Expansion	2,660
Reserved Snow Storage Area Lot # New Required	2,660
Total Snow Storage Area Provided	2,660 Exceeds by 31 SF

New Lots East of Building Expansion	
New Parking Square Footage (SF) - Upper Lot	Square Feet
New Parking Square Footage (SF) - Lower Lot	33,117
New Snow Storage Area Required by Expansion (15%)	4,967
Snow Storage Area Provided by Expansion	4,967
Reserved Snow Storage Area Lot # New Required	4,967
Total Snow Storage Area Provided	4,967 Exceeds by 2145 SF

Totals	
New Parking Square Footage (SF)	Square Feet
New Snow Storage Area Required by Expansion (15%)	19,362
Snow Storage Area Provided by Expansion	19,362
Reserved Snow Storage Area Lot # New Required	19,362
Total Snow Storage Area Provided	19,362 Exceeds by 1387 SF

VCBO ARCHITECTURE
1221 SOUTH 200 WEST
SALT LAKE CITY, UT 84115
ZGF
JAMES GUNDA TRAVEL ARCHITECTS LP
G.B.D.
G. BROWN DESIGN INC.
1410 SOUTH 200 WEST
SALT LAKE CITY, UT 84115

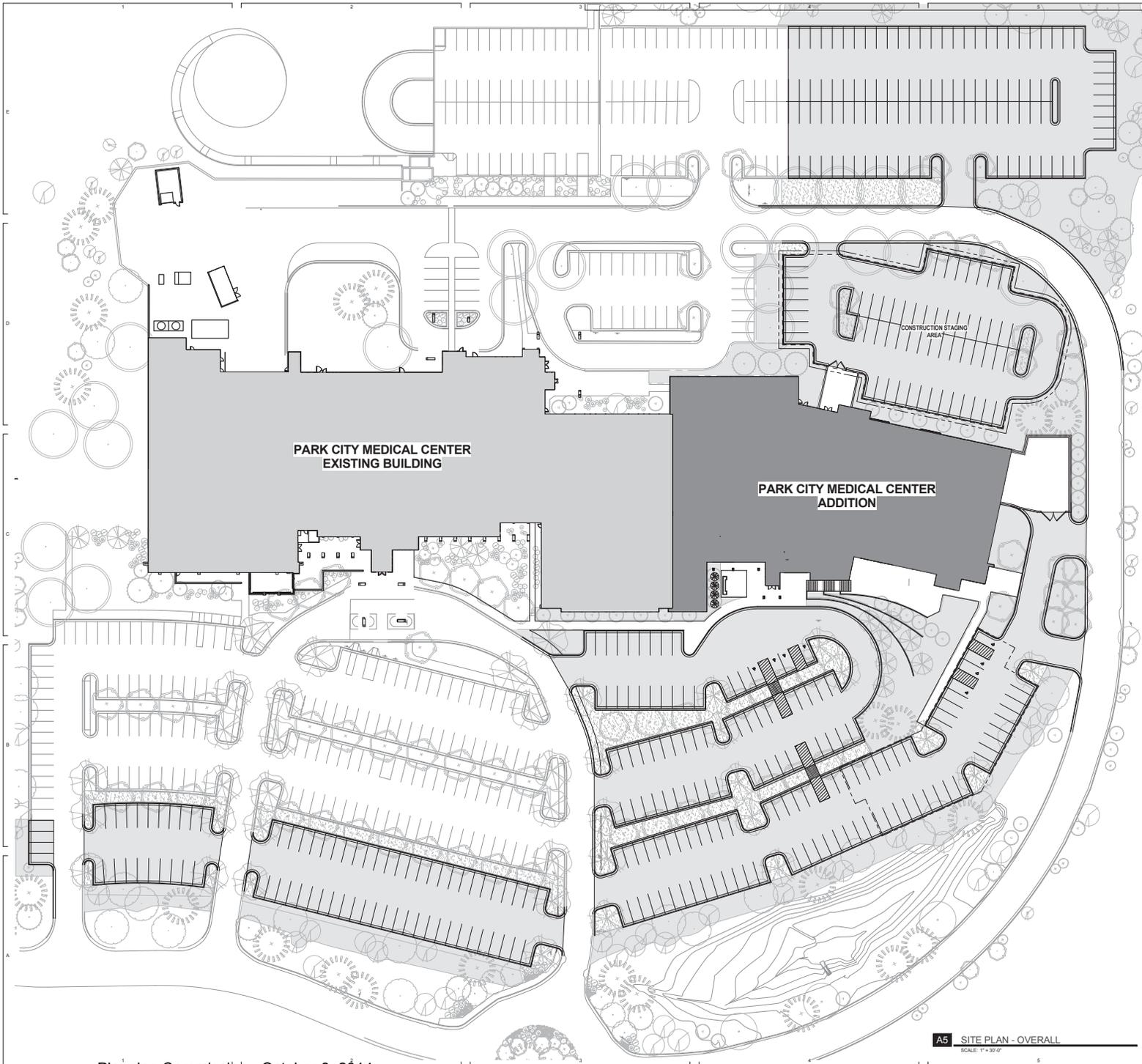
REV DATE DESCRIPTION

VCBO NUMBER: 13630
CLIENT NUMBER: 00000
DATE: 07-01-2014

PARK CITY MEDICAL CENTER
INTERMOUNTAIN HEALTHCARE
900 ROUND VALLEY DR., PARK CITY, UT 84406
DESIGN DEVELOPMENT - PROGRESS SET

Planting Schedules & Notes

LP500



PARK CITY MEDICAL CENTER
EXISTING BUILDING

PARK CITY MEDICAL CENTER
ADDITION

A6 SITE PLAN - OVERALL
SCALE: 1" = 30'

GENERAL SITE PLAN NOTES

1. GRADING AT THE BUILDING SHALL HAVE A 5% MINIMUM SLOPE AWAY FROM THE BUILDING FOR A MINIMUM OF 10' FROM BLDG. CONCRETE SHALL BE SLOPED 2% AWAY FROM BUILDING. (BC 2012 SECTION 1804.)
2. ALL CONNECTIONS FROM CITY STREETS TO THE BUILDING ARE TO BE PROVIDED UNDER THIS CONTRACT. CONTRACTOR TO VERIFY CITY STANDARDS FOR ROAD, CURB, UTILITY AND SIGNAGE REQUIREMENTS.
3. ALL EXTERIOR SIDEWALKS, STAIRS AND LANDINGS TO HAVE POSITIVE DRAINAGE BUT NO MORE THAN A MAXIMUM OF 1/4" SLOPE PER FOOT TO DRAIN TOWARD THE DRAINAGE. ALL STAIRS AND HANDS TO BE A MINIMUM OF 6" INCHES LONG AT THE TOP AND BOTTOM WITH A MAXIMUM SLOPE OF 1/4" PER FOOT. ALL REBAR IN EXTERIOR APPLICATIONS TO BE EPOXY COATED.
4. ALL HARDSCAPE TO BE A MINIMUM OF 4" THICK AIR ENTRAINED CONCRETE. OVER IF ROAD BASE, UNLESS ALL SIDEWALKS SHALL BE NO LESS THAN 4" WIDE.
5. FINISH GRADE OF SOFTSCAPE SHALL BE 2" UNIFORMLY BELOW PAVING SURFACE UNLESS NOTED OTHERWISE.
6. FINISH GRADE OF SOFTSCAPE SHALL BE 2" UNIFORMLY BELOW PAVING SURFACE UNLESS NOTED OTHERWISE.
7. 12" X 4" X CONTIGUOUS MINIMUM CONCRETE MONO STRIP TO BE PROVIDED AROUND ENTIRE BUILDING EXCEPT WHERE CONCRETE SIDEWALKS OR PLANTERS OCCUR. TYP. SEE DETAIL AREA 02.
8. LIGHT POLE BASE IN ALL LANDSCAPE LOCATIONS TO BE 8" ABOVE FINISHED GRADE. BE LOCATED AT LEAST 36" FROM FACE OF POLE BASE TO BACK OF CURB AND HAVE A CONCRETE MONO STRIP PER DETAIL AREA 02. VERIFY LOCATION ON SITE WITH ARCHITECT PRIOR TO ANY INSTALLATION.
9. LIGHT POLE BASE IN ALL PAVED LOCATIONS TO BE 36" ABOVE FINISHED GRADE. VERIFY LOCATION ON SITE WITH ARCHITECT PRIOR TO ANY INSTALLATION.
10. COORDINATE ORIENTATION OF FREE HYDRANT OUTLETS WITH THE FIRE MARSHAL'S OFFICE PRIOR TO THE FINAL INSTALLATION OF THE HYDRANT ASSEMBLY.

TREE PRESERVATION GUIDELINES AND NOTES

1. FENCES WILL BE ERRECTED TO PROTECT TREES TO BE PRESERVED. FENCES DEFINE A SPECIFIC PROTECTION ZONE FOR EACH TREE OR GROUP OF TREES. FENCE TO BE AT A MINIMUM OF 20' FROM TRUNK OR AT DRIP LINE OF TREE. FENCE OR ORATOR. FENCES MAY NOT BE RELOCATED OR REMOVED WITHOUT THE WRITTEN PERMISSION OF THE CONSULTING ARBORIST OR THE ARCHITECT.
2. INSIDE ALL PROTECTED TREE FENCE AREAS, CONTRACTOR TO PROVIDE WOOD CHIPS, MINIMUM 4" DEEP.
3. CONSTRUCTION TRAILERS AND TRAFFIC AND STORAGE AREAS MUST REMAIN OUTSIDE FENCED AREAS AT ALL TIMES.
4. ALL UNDERGROUND UTILITIES AND DRAIN OR IRRIGATION LINES SHALL BE ROUTED OUTSIDE THE TREE PROTECTION ZONE. IF LINES MUST TRANSVERSE THE PROTECTION AREA, THEY SHALL BE TUNNELED OR BORED UNDER THE TREES.
5. NO MATERIALS, EQUIPMENT, SPILL OR WASTE OR WASHOUT WATER MAY BE DEPOSITED, STORED OR PARKED WITHIN THE TREE PROTECTION ZONE (FENCED AREA).
6. ADDITIONAL TREE PRUNING REQUIRED FOR CLEARANCE OR TREE HEALTH DURING CONSTRUCTION MUST BE PERFORMED BY A QUALIFIED ARBORIST AND NOT BY CONTRACTOR PERSONNEL.
7. ANY HERBICIDES PLACED UNDER PAVING MATERIALS MUST BE SAFE FOR USE AROUND TREES AND LABELED FOR THAT USE. ANY PESTICIDES USED ON SITE MUST BE TREE-SAFE, AND NOT EASILY WASHED OFF SITE, CAUSING POLLUTION.
8. IF INQUIRY SHOULD OCCUR TO ANY TREE DURING CONSTRUCTION IT SHOULD BE EVALUATED AS SOON AS POSSIBLE BY THE CONSULTING ARBORIST OR LANDSCAPE ARCHITECT SO THAT APPROPRIATE TREATMENTS CAN BE APPLIED.
9. ANY GRADING, CONSTRUCTION, DEMOLITION, OR OTHER WORK THAT IS EXPECTED TO EXCAVATE TREE ROOTS MUST BE MONITORED BY THE CONSULTING ARBORIST/LANDSCAPE ARCHITECT. ALL TREES NOT BEING REMOVED AS INDICATED ON LANDSCAPE DEMOLITION PLAN SHALL BE PROTECTED/MONITORED.
10. IRRIGATION WATER TO THE TREES AND SHRUBS TO REMAIN SHOULD BE AT LEAST 1 INCH A WEEK DURING GROWING SEASON UNTIL PROJECT COMPLETION (MAY - OCT). THIS WILL BE APPLIED WITH SPRINKLERS EVENLY OVER THE WHOLE ROOT SYSTEM, TWICE A WEEK TWO DAYS APART WITH 1/2 INCH OF WATER DELIVERED EACH WATERING CYCLE. NEWLY PLANTED PLANTS THAT HAVE NOT RECEIVED ESTABLISHED 1" PER WEEK IRRIGATION WILL ALSO NEED IRRIGATION TO ENSURE TREE SURVIVAL. IT IS RECOMMENDED THAT A TEMPORARY IRRIGATION SYSTEM BE DESIGNED ACCORDING TO THE VOLUME AND FLOW OF THE WATER SOURCE TO WATER THE PLANT MATERIAL.
11. EROSION CONTROL DEVICES SUCH AS SILT FENCING, DEBRIS BASINS, AND WATER DIVERSION STRUCTURES SHALL BE INSTALLED TO PREVENT SILTATION AND/OR EROSION WITHIN THE TREE PROTECTION ZONE.
12. ANY ROOTS DAMAGED DURING GRADING, TRENCHING OR CONSTRUCTION SHALL BE REPAIRED TO GROWING TISSUE AND CUT CLEAN WITH A SAW. CONTRACTOR SHALL HAVE A QUALIFIED ARBORIST OR LANDSCAPE ARCHITECT OBSERVE THIS WORK.
13. IF TEMPORARY HAUL OR ACCESS ROADS MUST PASS OVER THE ROOT AREA OF TREES TO BE RETAINED, A ROWEDGE OF 6 INCHES OF COURSE WOOD CHIP MULCH SHALL BE CREATED TO PROTECT THE IKES AND ROOTS. THE ROOTS BED MATERIAL SHALL BE REPLENISHED AS NECESSARY TO MAINTAIN A 6 INCH DEPTH. UNDER NO CIRCUMSTANCES SHALL SUCH ACCESS ROADS BE USED ON A FREQUENT BASIS.
14. SPILL OR SUBSIDAL FROM TRENCHES, BASEMENTS, OR OTHER EXCAVATIONS SHALL NOT BE PLACED WITHIN THE TREE PROTECTION ZONE, EITHER TEMPORARILY OR PERMANENTLY.
15. MONITORING ONCE A MONTH SHALL OCCUR NOW AND FOR AT LEAST ONE YEAR AFTER CONSTRUCTION IS COMPLETED. CONTRACTOR SHALL HAVE A QUALIFIED ARBORIST PERFORM THIS TASK.

SITE PLAN LEGEND

- NEW PAVING AREA
- NON SCREEN AREA
- CONSTRUCTION STAGING AREA

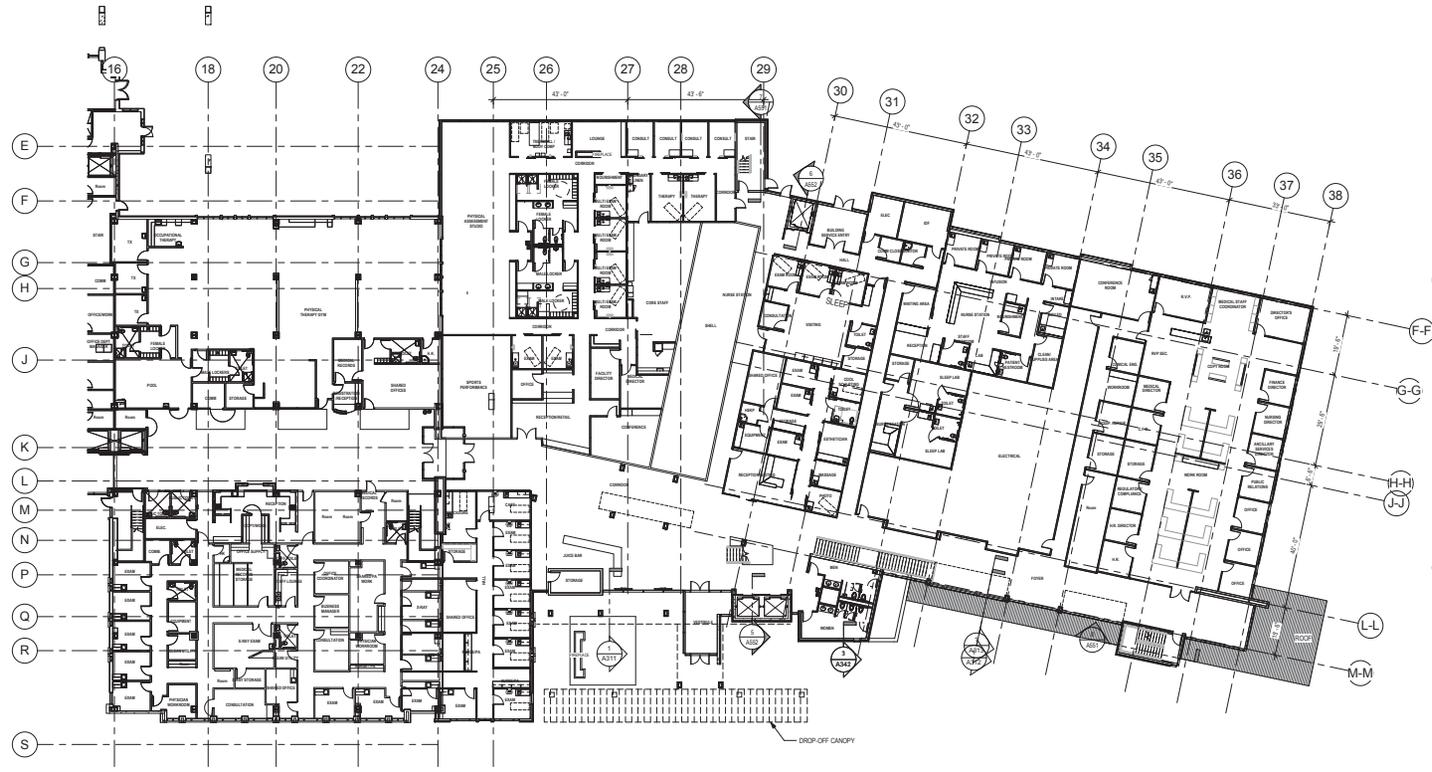


REV	DATE	DESCRIPTION

VCBO NUMBER: 13630
CLIENT NUMBER: 00002
DATE: 07-01-2014

PARK CITY MEDICAL CENTER
INTERMOUNTAIN HEALTHCARE
900 ROUND VALLEY DR., PARK CITY, UT 84060
DESIGN DEVELOPMENT - PROGRESS SET





B2 OVERALL PLAN - LEVEL 1
SCALE: 1/8" = 1'-0"



REV	DATE	DESCRIPTION

VCBO NUMBER: 13630
CLIENT NUMBER: 00000
DATE: 07.31.2014



A2 PLAN, FLOOR - OVERALL LEVEL 2
SCALE: 1/8" = 1'-0"

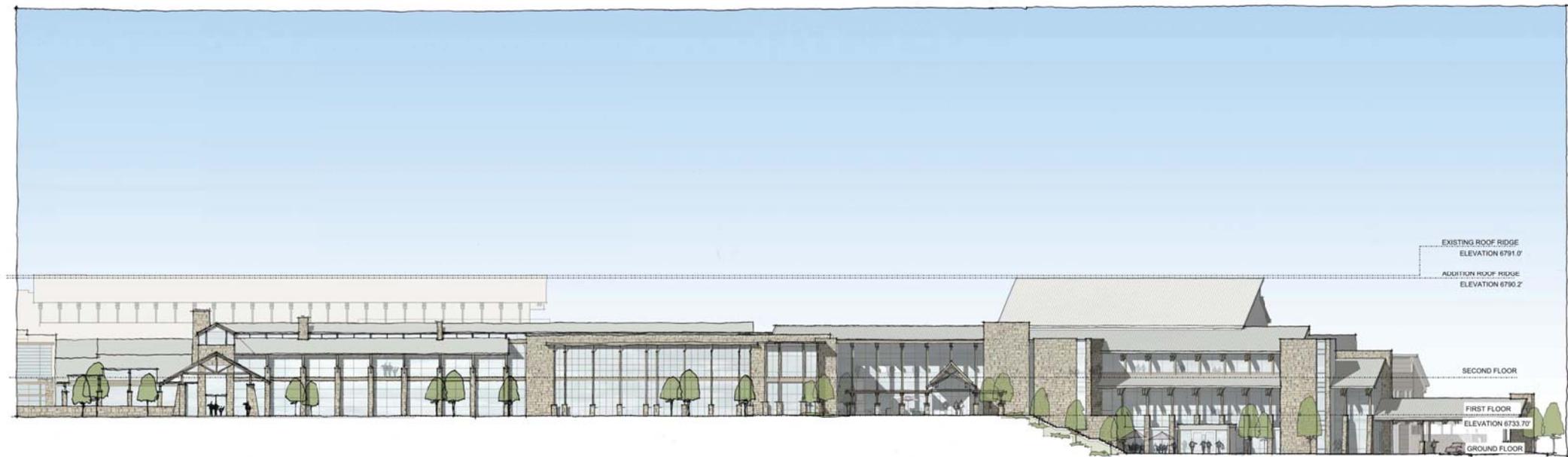


REV	DATE	DESCRIPTION

VCBO NUMBER: 13630
CLIENT NUMBER: 00000
DATE: 07-01-2014

PARK CITY MEDICAL CENTER
INTERMOUNTAIN HEALTHCARE
900 ROUND VALLEY DR., PARK CITY, UT 84060
DESIGN DEVELOPMENT - PROGRESS SET

OVERALL PLAN - LEVEL 2
A020.1



EXTERIOR ELEVATIONS
PARK CITY MEDICAL CENTER

VCBO | ZGF



**INTERMOUNTAIN HEALTH CARE
MEDICAL CAMPUS
AMENDED PHASING PLAN**

SEPTEMBER, 2014

Overall Plan Intermountain Healthcare's plans for the medical campus are to tie the development of the facilities to the demand for medical and hospital services as the population of Park City and Summit County grows over time. Therefore, the medical campus will be developed in phases.

The initial phase started construction in 2007.

Parts of the 1st addition were built between 2009 and 2014.

The 2nd addition was proposed to be built between 2014 and 2024

The full build out was anticipated to be completed after 2025.

Coordination of phasing with Park City Intermountain Healthcare has worked with the city on the timing of the additions. During the task force process the city indicated a strong desire to have input into the need and timing of the future phases.

When the local hospital board determined that a new project was needed due to the volumes at the hospital, the hospital requested a work session with the Planning Commission in 2013 to present the volume data and proposed scope of the additions and receive input from the Planning Commission. After receiving that input the local hospital board made recommendations to Intermountain Healthcare on the proposed project.

During a work session with the Planning Commission in August 2014, the Planning Commission requested that Intermountain update the phasing plan for the MPD so the parking and affordable housing components of the MPD are clear and the changes shown.

Original Phasing Plan - Initial Development

Hospital – 122,000 square foot building (13,000 square feet shelled)
Medical Offices - 18,000 square feet in hospital building

Medical Support - One 25,000 square foot building (For community benefit)
One 25,000 square foot building for medical offices, owned by physicians

Parking - 327 surface parking spaces
92 structured/screened parking spaces

The planning of the medical support buildings has not been completed at this time. Generally, medical office buildings have 3 parking spaces per 1,000 square feet

<i>Trails -</i>	All trails deeded Trail paved to hospital	
<i>Affordable Housing -</i>	Units Required for Hospital	12.7
	Units Required for Medical Offices	4.8
	Units Provided	45.0
	Units Required for Medical Offices owned by physicians as part of the Medical Support area of the campus. These units will be the responsibility of the owner of the building.	

Original Phasing Plan - 1st Addition

<i>Hospital – Medical Offices - Medical Support -</i>	Complete 13,000 square feet of shelled space One 25,000 square foot building for medical offices	
<i>Parking -</i>	83 surface parking spaces	
	The planning of the medical support buildings has not been completed at this time. Generally, medical office buildings have 3 parking spaces per 1,000 square feet	
<i>Trails -</i>	No changes	
<i>Affordable Housing -</i>	Units Required for Hospital	2.9
	Units Required for Medical Offices	
	Units Provided	With the initial phase
	Units Required for Medical Support These units will be the responsibility of the owner of the building	

Currently Built

<i>Hospital – Medical Offices -</i>	135,458 square foot building 18,000 square feet in hospital building
<i>Medical Support -</i>	One 24,424 square foot building (Summit County Public Health and People’s Health Building) One 24,730 square foot building for medical offices (Physicians Holdings Building)
<i>Parking -</i>	327 surface parking spaces at hospital 92 structured/screened parking spaces at hospital

172 spaces for medical support on campus

Trails - All trails deeded
All trails paved

<i>Affordable Housing -</i>	Units Required for Hospital	20.2
	Units Required for Intermountain Medical Support Space	4.8
	Units Required for Physician Holdings	5.0
	Units Required for Summit County (lease)	5.8 (Per ground lease)
	Units Provided at Park City Heights	44.78

The units required for the Summit County building were part of the ground lease and assumed by Summit County. The units required by Physician Holdings are being incorporated into Park City Heights by Physician Holdings.

Changes from Original Phasing Plan

1. A third 25,000 square foot medical support building on Lot 6 has not been built
2. The 83 additional surface parking spaces at the hospital have not been built
3. The paving of the trail to the north edge of campus was moved from the full build out phase to 2012 to coincide with the city's paving of trail to Silver Summit

Original Phasing Plan - 2nd Addition

<i>Hospital –</i>	93,000 square foot addition to the building
<i>Medical Offices -</i>	32,000 square foot addition to the hospital building for medical offices

Medical Support - None

Parking - 703 structured/screened parking spaces

Trails - No changes

<i>Affordable Housing -</i>	Units Required for Hospital	15.6
	Units Required for Medical Offices	8.7
	Units Provided	13 additional UEs
	Units Required for Medical Support	None

Current Proposed Medical Support Project

<i>Hospital –</i>	1,000 square foot addition to existing building	
<i>Medical Offices -</i>	82,000 square feet addition to existing building	
<i>Medical Support -</i>	None	
<i>Parking -</i>	79 existing surface parking spaces behind the hospital to be screened by new building and new berm 133 new surface parking spaces to be built behind the new building and screened by new building and new berm 219 new surface parking added in front of hospital, minimal visual impact from entry corridor	
<i>Trails -</i>	No changes to trail system	
<i>Affordable Housing -</i>	Units Required for Hospital	20.4
	Units Required for Intermountain Medical Support Space	23.3
	Units Required for Physician Holdings	5.0
	Units Required for Summit County (lease)	5.8 (Per ground lease)
	Units Provided at Park City Heights	44.78

The units required for the Summit County building were part of the ground lease and assumed by Summit County. The units required by Physician Holdings are being incorporated into Park City Heights by Physician Holdings.

Changes from Original Phasing Plan

1. The density for the 25,000 square foot medical support building on Lot 6 and the density for the 25,000 square foot medical support building on Lot 8 is proposed to be shifted to Lot 1 and attached to the hospital.
2. The timing of the 25,000 square foot medical support building on Lot 8 has been moved from the full build out addition to the present.
3. The timing of the larger hospital additions has been delayed to later in this phase.
4. The remaining surface parking in front of the hospital is included in this project. The surface parking behind the hospital will become screened by the project and the additional surface parking to be built behind the building will be screened. The percentage of existing structured and the screened surface parking will move the percentage of structure and screened parking at the hospital to 43%.
5. The timing of additional structured parking is delayed to coincide with the hospital addition.

Future Proposed Hospital Additions for this Phase

<i>Timing -</i>	The best estimates by the hospital are that the next hospital additions will be built between 2019 and 2025.	
<i>Hospital –</i>	Up to 65,000 square feet to be added in one or two additions to existing building	
<i>Medical Offices -</i>	None	
<i>Medical Support -</i>	None	
<i>Parking -</i>	51 existing screened surface parking spaces behind the hospital would be replaced by a new parking structure 156 stall new parking structure to be built behind the new building	
<i>Trails -</i>	No changes to trail system	
<i>Affordable Housing -</i>	Units Required for Hospital	30.1
	Units Required for Intermountain Medical Support Space	23.3
	Units Required for Physician Holdings	5.0
	Units Required for Summit County (lease)	5.8 (Per ground lease)
	Units Provided at Park City Heights	44.78
	New units to be provided by Intermountain	9.5

The new units to be provided by Intermountain could be part of an institutional affordable housing project located on Lot 8, such as Peace House or patient family housing (ie Ronald McDonald House). If an appropriate institutional affordable housing project is not found, then Intermountain will need to partner with another affordable housing project in the community to meet its requirement.

Changes from Original Phasing Plan

1. The scope of hospital additions associated with this phase is reduced from 93,000 square feet to 65,000 square feet.
2. The structured parking associated with these projects is reduced to the estimated number of new parking stalls needed to be added to the hospital site. With the screened parking to be built during the current project the percentage of structured and the screened surface parking will increase to 51%.
3. Intermountain will need to provide at least 9.5 units of affordable housing as part of these projects.

Original Phasing Plan - Full Build Out

<i>Hospital</i> –	85,000 square foot building	
<i>Medical Offices</i> -	None	
<i>Medical Support</i> -	One 25,000 square foot building	
<i>Parking</i> -	120 surface parking spaces	
<i>Trails</i> -	Trail paved to north edge of hospital campus	
<i>Affordable Housing</i> -	Units Required for Hospital	13.7
	Units Provided	None
	Units Required for Medical Support	
	These units will be the responsibility of the owner of the building	

Amended Phasing Plan – Full Build Out Phase

<i>Timing</i> -	The best estimates by the hospital are that the hospital additions for full build out will be built after 2025.	
<i>Hospital</i> –	Up to 98,000 square feet to be added in one or more additions to existing building or a new separate hospital building on Lot 1	
<i>Medical Offices</i> -	None	
<i>Medical Support</i> -	None	
<i>Parking</i> -	An additional 73 existing screened surface parking spaces behind the hospital could be replaced by a new parking structure 160 stall new parking structure could be built behind the new building (unless the additional needed parking has better visibility and lighting impact with screened surface parking) Another 235 parking stall structure to be built near the new hospital addition or new hospital building (unless the additional needed parking has better visibility and lighting impact with screened surface parking)	
<i>Trails</i> -	No changes to trail system	
<i>Affordable Housing</i> -	Units Required for Hospital	44.8
	Units Required for Intermountain Medical Support Space	23.3
	Units Required for Physician Holdings	5.0
	Units Required for Summit County (Per ground lease)	5.8

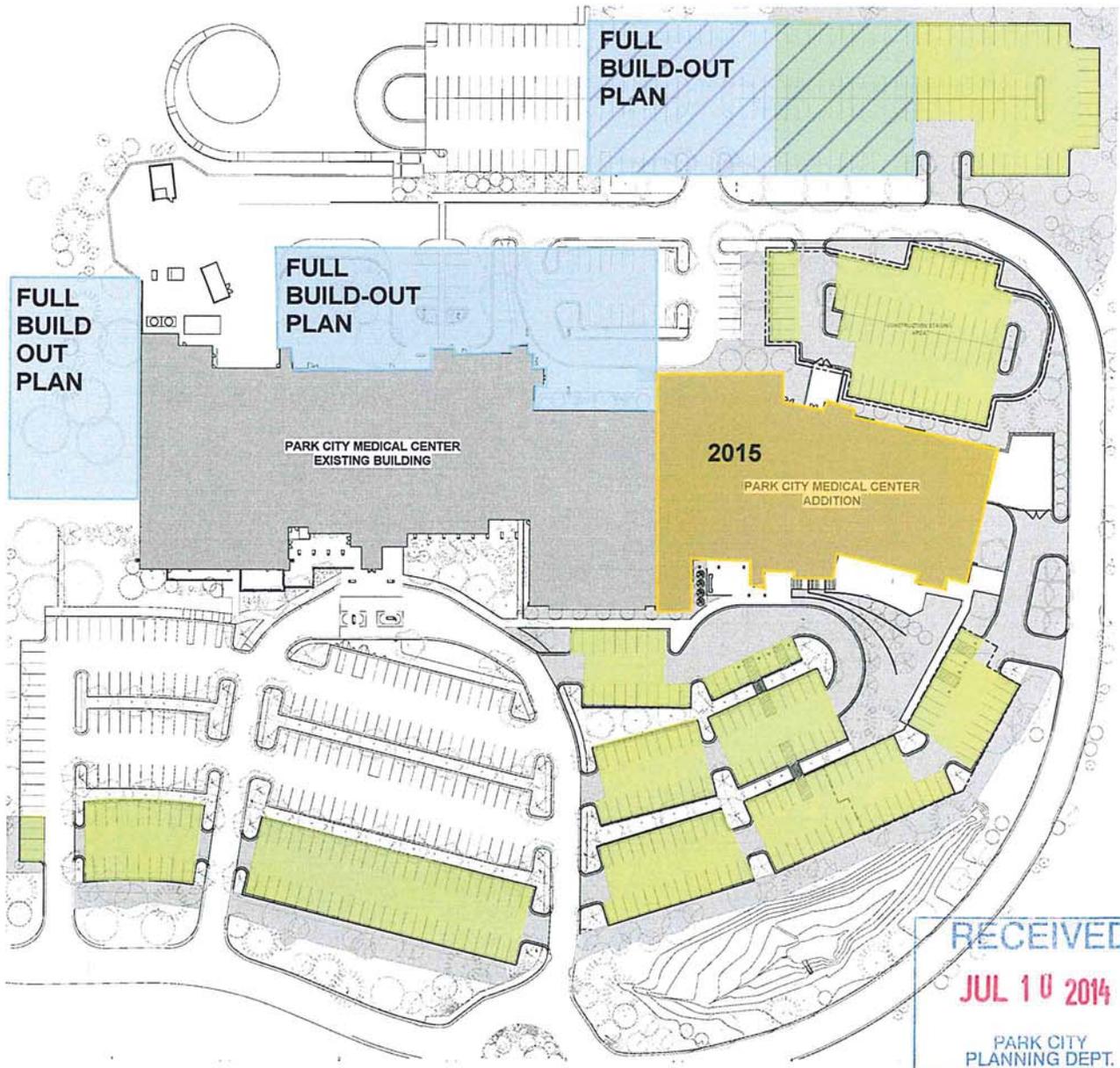
Units Provided at Park City Heights	44.78
Units provide during 2 nd addition	9.5
New units to be provided by Intermountain	13.8

The new units to be provided by Intermountain could be part of an institutional affordable housing project located on Lot 8, such as Peace House or patient family housing (ie Ronald McDonald House). If an appropriate institutional affordable housing project is not found, then Intermountain will need to partner with another affordable housing project in the community to meet its requirement.

Changes from Original Phasing Plan

1. The scope of hospital additions associated with this phase is increased to 98,000 square feet.
2. The structured parking that could be associated with these projects is proposed to be provided in two sites, so it is located nearer the buildings the parking is associated with. Some structured parking could be replaced by additional screened parking that has better visibility and lighting impacts.
3. Intermountain will need to provide the remaining 13.8 units of affordable housing as part of these projects.
4. The paving of the trail associated with the original phasing plan is already completed.

**INTERMOUNTAIN PKMC HOSPITAL EXPANSION
MASTER PLAN AMENDMENT - PARKING EXCEPTION**

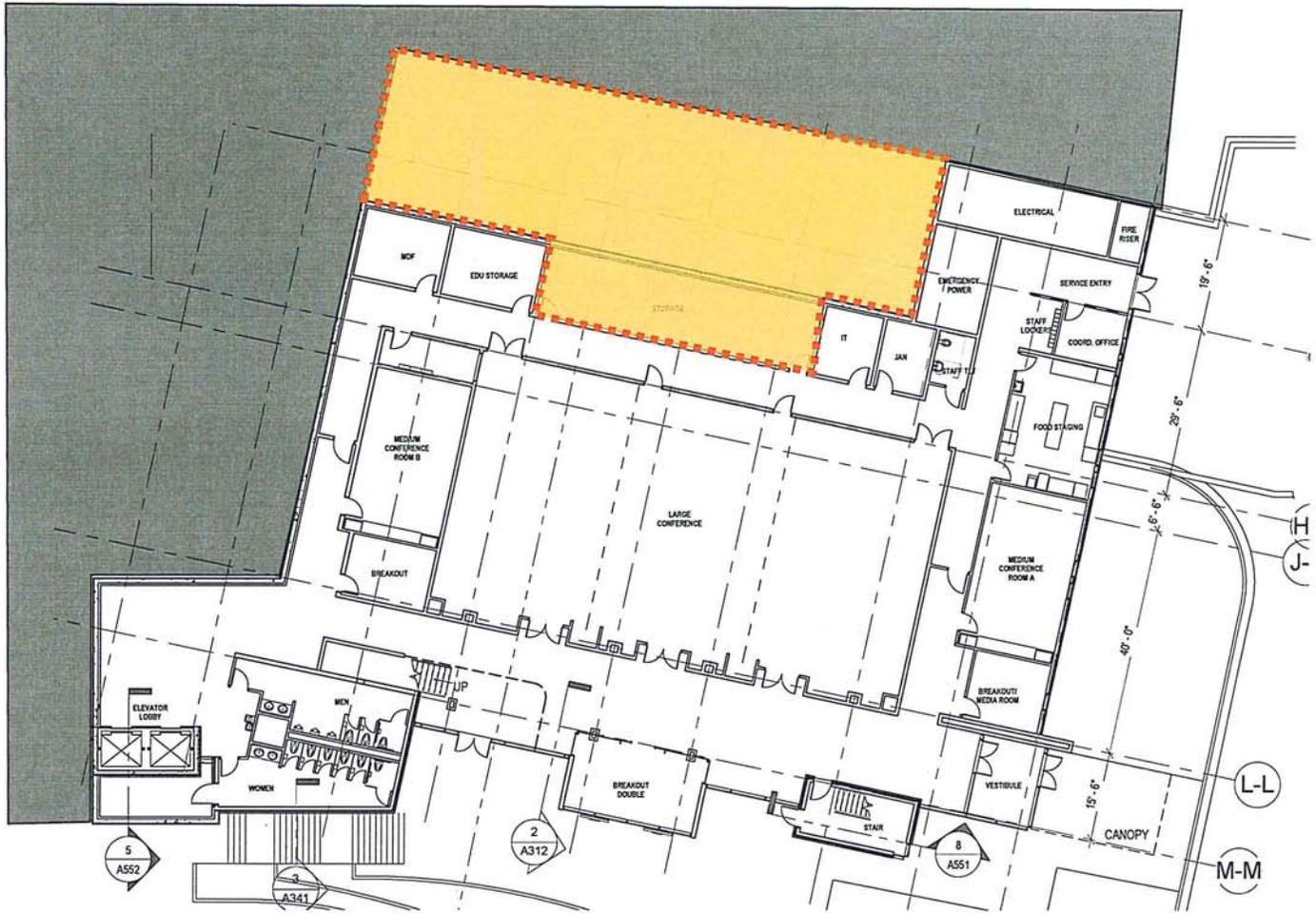


- Current MOB Expansion
- Proposed Parking (mostly patient driven)
- Full Build-Out Future Hospital Expansion
- Future Structured Parking (to support Staff needs in the Full Build-Out Plan)

Intermountain is proposing adding 328 new parking stalls (4 stalls per 1,000 sqft), plus an additional 62 spaces to replace those lost by the building addition; for a total of 390 spaces. Of those 390 spaces, 63% (246 spaces) are considered screened by landscape measures, site grading or a combination of both.

The vast majority of the new medical support addition is clinical in nature, requiring a high number of patient parking spaces. These bulk of these spaces need to be located near the front entry of the new clinic building.

**INTERMOUNTAIN PKMC HOSPITAL EXPANSION
MASTER PLAN AMENDMENT - SUB-GRADE EXCEPTION**



-  Potential Sub-Grade Storage
-  Sub-Grade/Unexcavated Ground Level

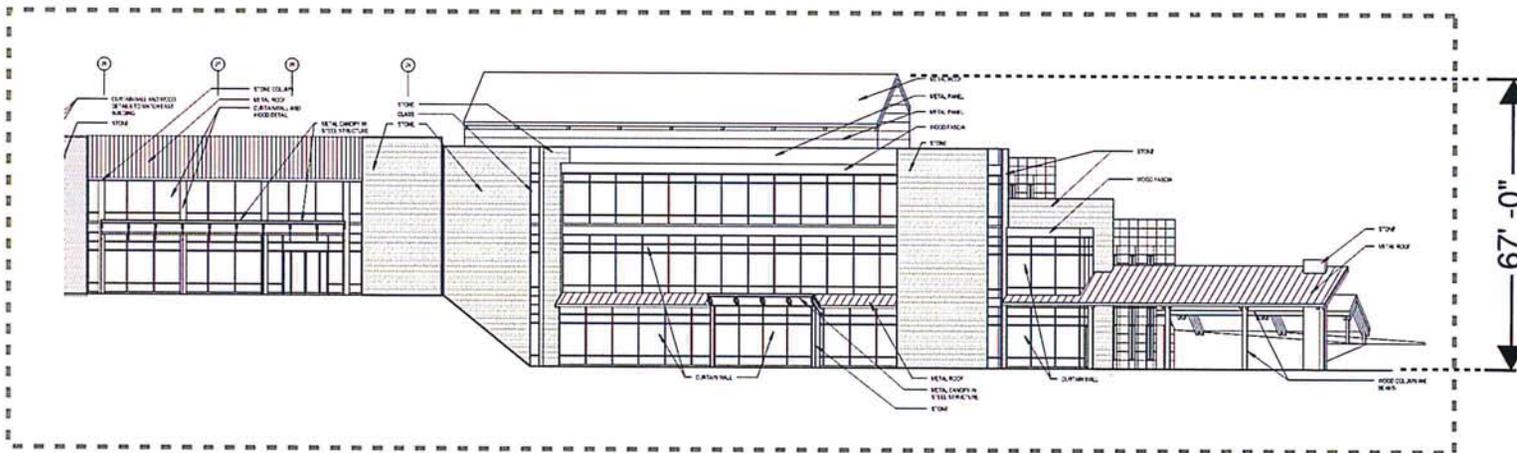
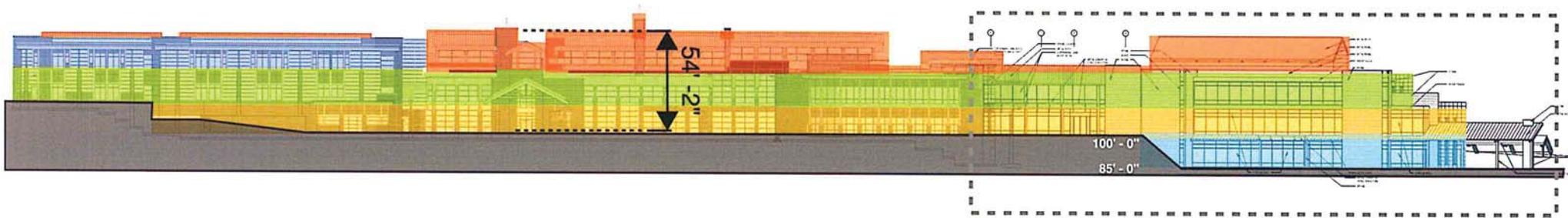


Currently, long term storage needs are met by utilizing shell space within the existing facility. This is a short-term solution that will eventually evaporate as those shell spaces are filled with their intended program areas. The architects have recommended exploring sub-grade storage to address long term storage needs in lieu of eventual free-standing storage buildings on site.

The current project budget does NOT allow for any additional sub-grade expansion for storage. However, if Intermountain is able to fund additional storage, they would need P&Z approval to allow this unoccupied space to not count against the 82,000 sqft cap. While approximately 3200 sqft of potential storage is shown as possible, it is likely that actual square footage would be a lesser number and would be dependent upon contractor-provided costs per square foot as well as Intermountain budget approval.

INTERMOUNTAIN PKMC HOSPITAL EXPANSION
MASTER PLAN AMENDMENT - HEIGHT EXCEPTION

EXHIBIT F



The existing Hospital height was granted an exception in the original Master Plan Development agreement to accommodate the increased floor-to-floor heights required for an institutional facility by code, and to allow for increased chimney heights. Maximum height of the existing facility, measured from the 100' - 0" or existing ground level, to the tallest chimney is 54' - 2".

The proposed new facility has a maximum height of 67' - 0" when measured at the height of the rooftop mechanical penthouse, from the **new** proposed grade line of 85' - 0". When compared to the existing facility, the new proposed facility is actually 2' - 2" shorter than existing maximum height.

- Current & Proposed Roof Heights
- Existing Third Floor
- Existing & Proposed 2nd Floor
- Existing & Proposed 1st Floor
- Proposed Ground Floor

Planning Commission Staff Report



Author: Brooks T. Robinson
Subject: Intermountain Health Care hospital
 Conditional Use Permit
Date: May 23, 2007
Type of Item: Administrative – CUP

Summary Recommendations:

Staff recommends the Planning Commission re-open the public hearing for the Conditional Use Permit (CUP) for the Intermountain Health Care hospital. Staff has prepared findings of fact, conclusions of law and conditions of approval for the Commission's consideration.

Topic:

Applicant: IHC Hospitals, Inc.
Location: 900 Round Valley Drive (Quinn's Junction near the Park City Recreation and Ice Complex)
Zoning: Community Transition (CT)
Adjacent Land Uses: Park City Recreation Complex, proposed USSA training facility, US 40, open space
Reason for Review: Conditional Use Permits require Planning Commission review and approval.

Background:

The IHC MPD/CUP is part of an annexation that included the IHC Hospital, USSA (United States Ski and Snow Board Association) training complex, a possible affordable housing site, additional recreational land adjacent to the Park City Recreation Complex at Quinn's Junction, and open space. The annexation plat was approved by the Council on December 7, 2006, with an effective date of January 1, 2007. A subdivision plat was approved by the Council and recorded at Summit County on January 11, 2007. The entire annexation area is 157.243 acres and is subdivided into five lots. Lots 1 and 2 are owned by Intermountain Healthcare (IHC Hospitals, Inc) and includes 132.2 acres. The Annexation Agreement and proposed Master Planned Development for IHC includes a Intermountain Healthcare Hospital of 300,000 square feet (180 Unit Equivalents) and Support Medical Office space of 150,000 square feet (150 Unit Equivalents).

The City agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City also agreed that up to 50,000 square feet may be utilized for public/quasi-public and other institutional uses reasonably related to the Support Medical Office area, including without limitation: athletic national governing body offices, non-profit community

wellness facilities, and/or education uses.

Access to the site is from Highway 248 through the Park City Recreation Complex. A preliminary roadway layout within the subdivision was identified at the time of subdivision plat. An amended subdivision plat will be required once the final road and utility layout is completed.

On February 28, 2007, the Planning Commission reviewed a preliminary introduction to this proposal at a work session. The Commission allowed for public input although did not receive any. The Commission held public hearings on March 28 and April 11 on the Master Planned Development and the Conditional Use Permit. At the March 28th meeting the Commission provided direction on the parking phasing plan, building height, materials, and façade variations. The applicant provided changes responding to the Commission direction on April 11th. The discussion has been CONTINUED at subsequent meetings to specific dates.

Analysis

The City shall not issue a Conditional Use permit unless the Planning Commission concludes that:

- (1) the Application complies with all requirements of this LMC;
- (2) the Use will be Compatible with surrounding Structures in Use, scale, mass and circulation;
- (3) the Use is consistent with the Park City General Plan, as amended; and
- (4) the effects of any differences in Use or scale have been mitigated through careful planning.

The Planning Department and/or Planning Commission must review each of the following items when considering whether or not the proposed Conditional Use, as conditioned, mitigates impacts of and addresses the following items:

(1) size and location of the Site;

No unmitigated impacts.

Lots 1 and 2 of the IHC/USSA subdivision are 132 acres total. This acreage will decrease a small amount with the amended subdivision that is in process. The site is located near and accessed from State Route 248, near its intersection with US 40.

The Conditional Use Permit for Phase I of the IHC hospital includes a 122,000 building with 50,000 square feet of medical offices (41,000 square feet finished) included. A separate 25,000 square foot medical support building is proposed in the initial phase of development. This building will be a community benefit and may include the People's Health Center and/or the Summit County Health office. This building will be required to have its own CUP submitted and reviewed.

(2) traffic considerations including capacity of the existing Streets in the Area;

No unmitigated impacts.

The site is served by State Route 248 and a public road through the Park City

Recreation Complex. The Annexation Agreement limits the total cost of Traffic Mitigation Measures at \$10 Million. The applicant is required to construct road improvements to SR 248, the City streets (F. Gillmor Way and Round Valley Drive) and the signalized intersection with SR 248. Two bus shelters will be constructed on site.

(3) utility capacity;

No unmitigated impacts.

Adequate utility capacity exists to serve the project. The applicant has agreed to pay for water to serve the project and to contribute to the cost to ensure redundant water for the project.

(4) emergency vehicle Access;

No unmitigated impacts.

The site is served by State Route 248 and City streets.

(5) location and amount of off-Street parking;

No unmitigated impacts.

The initial parking construction will consist of 327 surface parking spaces and 92 structured spaces. Future additions will add 203 surface spaces and 703 structured spaces. The CT zone requires 60% of the parking to be in a structure, which will be case at full build-out. The Planning Commission has discussed and provided direction that the phasing of the structured parking is acceptable.

(6) internal vehicular and pedestrian circulation system;

No unmitigated impacts.

A public road (Round Valley Drive) from SR 248 will serve the hospital. Sidewalks and paved public trails will connect the Park City Recreation Complex, the bus shelters, and the parking lots to the hospital. Round Valley Drive will loop through the site with a second access point connecting near the Ice Rink.

(7) fencing, Screening, and landscaping to separate the Use from adjoining Uses;

No unmitigated impacts.

The existing vegetation is mostly sage brush and grass. Proposed landscaping will minimize the use of turf grass and use appropriate, drought tolerant plant materials. A water efficient irrigation system is required as a Condition of Approval. The conceptual landscape plan has significant landscaping between the buildings.

(8) Building mass, bulk, and orientation, and the location of Buildings on the Site; including orientation to Buildings on adjoining Lots;

No unmitigated impacts.

The hospital will be 300,000 square feet at full build-out with 50,000 square feet in addition to and within the building. The initial construction is 122,000 square feet with 50,000 square feet of medical offices (41,000 square feet finished) in a single building. Additional Building Height is being requested by the applicant. The main entry/clerestory is proposed at 15'-4" over the zone height with a chimney at 19'-9" over height. No floor area is increased by these architectural elements. A lobby clerestory (+10'-3") and

pitched mechanical screening roof (+16'-7") also are not adding floor area. The two wings that house inpatient care and medical offices are 12'-9" and 10'-3", respectively, over zone height at the highest point. The building could meet zone height if spread out further on the site. Because of the need in a hospital for exceptional mechanical systems, particularly air handling, the floor to floor height is 14 feet, as compared to a usual 9-10 feet floor to floor construction in residential and commercial construction. The nearest property line is hundreds of feet away and future buildings setback a minimum of 25 feet additionally from those property lines.

(9) usable Open Space;

No unmitigated impacts.

The annexation identified over 80% of the entire 157 acres as open space. Most of the open space will be native vegetation; however, trails are being provided through the site to adjoin with existing neighboring trails.

(10) signs and lighting;

No unmitigated impacts.

Signs and lighting will meet the Park City Land Management Code. Staff has discussed directional, building and free-standing signs with the applicant. A separate sign application will be required for any exterior sign. Parking lot lighting is proposed that meets the standards of the lighting section of the Off-Street Parking chapter of the Land Management Code (15-3-3(C)).

(11) physical design and Compatibility with surrounding Structures in mass, scale, style, design, and architectural detailing;

No unmitigated impacts.

The existing NAC buildings, the Park City Ice Rink and the proposed USSA building are relatively large buildings, generally two to three stories in elevation. They are a variety of styles from timber to tilt-up concrete to stucco. The hospital, although significantly larger in floor area, is similar in height and compatible in style. The use of stone, timbers, and metal wall panels are well articulated. The mass of the building is separated from its neighbors by hundreds of feet, giving it a sense of scale in proportion to the surrounding backdrop of hills.

(12) noise, vibration, odors, steam, or other mechanical factors that might affect people and Property Off-Site;

No unmitigated impacts.

No disturbing mechanical factors are anticipated after construction is complete. With the size of the property, any exhaust fans or other mechanical factors will not generate noise that will be heard off-site.

(13) control of delivery and service vehicles, loading and unloading zones, and Screening of trash pickup Areas;

No unmitigated impacts.

Delivery and service vehicles will access the building around the back of the hospital, away from the public entrances. Passenger pick-up and drop-off can occur at the front

entry porte cochere. The emergency entrance is separated from the main entrance and the entrance for the medical offices. The trash dumpsters are located in a screened loading area.

(14) expected Ownership and management of the project as primary residences, Condominiums, time interval Ownership, Nightly Rental, or commercial tenancies, how the form of Ownership affects taxing entities; and

No unmitigated impacts.

Intermountain Healthcare will own the hospital. Future medical support buildings may be owned by the physicians that occupy the buildings.

(15) within and adjoining the Site, impacts on Environmentally Sensitive Lands, Slope retention, and appropriateness of the proposed Structure to the topography of the Site.

No unmitigated impacts.

There are no Environmentally Sensitive slopes or ridglands. The access road crosses wetlands that are subject to an Army Corp of Engineers permit for mitigation.

Recommendation

Staff recommends the Planning Commission re-open the public hearing for the Conditional Use Permit (CUP) for the Intermountain Health Care hospital. Staff has prepared findings of fact, conclusions of law and conditions of approval for the Commission's consideration.

Findings of Fact:

1. The Conditional Use Permit is for Phase I of the IHC Hospital and Medical campus in the CT-MPD zoning district.
2. The annexation plat was approved by the Council on December 7, 2006, with an effective date of January 1, 2007.
3. A subdivision plat was approved by the Council and recorded at Summit County on January 11, 2007.
4. The entire annexation area is 157.243 acres and is currently subdivided into five lots. Lots 1 and 2 are owned by Intermountain Healthcare (IHC Hospitals, Inc) and includes 132.2 acres.
5. The Annexation Agreement and proposed Master Planned Development for IHC includes a Intermountain Healthcare Hospital of 300,000 square feet (180 Unit Equivalents) and Support Medical Office space of 150,000 square feet (150 Unit Equivalents).
6. The City agreed that up to 50,000 square feet of the total Support Medical Office area may be developed within, and in addition to, the 300,000 square foot hospital. The City also agreed that up to 50,000 square feet may be utilized for public/quasi-public and other institutional uses reasonably related to the Support Medical Office area, including without limitation: athletic national governing body offices, non-profit community wellness facilities, and/or education uses.
7. Access to the site is from Highway 248 through the Park City Recreation Complex. A preliminary roadway layout within the subdivision was identified at the time of

subdivision plat. An amended subdivision plat will be required once the final road and utility layout is completed.

8. The proposed first phase of the hospital includes a 122,000 square foot hospital building with 50,000 square feet of medical offices (41,000 square feet finished). A separate 25,000 square foot medical support building is proposed in the initial phase of development. This building will be a community benefit and may include the People's Health Center and/or the Summit County Health office. This building is required to have its own CUP submitted and reviewed.
9. The proposed Conditional Use Permit is consistent with the approved Master Planned Development for IHC.
10. The maximum Building Height in the CT District is 28 feet (33 feet with a pitched roof). Additional Building Height is being requested by the applicant. The main entry/clerestory is proposed at 15'-4" over the zone height with a chimney at 19'-9" over height. No floor area is increased by these architectural elements. A lobby clerestory (+10'-3") and pitched mechanical screening roof (+16'-7") also are not adding floor area. The two wings that house inpatient care and medical offices are 12'-9" and 10'-3", respectively, over zone height at the highest point. The building could meet zone height if spread out further on the site. Because of the need in a hospital for exceptional mechanical systems, particularly air handling, the floor to floor height is 14 feet, as compared to a usual 9-10 feet floor to floor construction in residential and commercial construction. The proposed building complies with the granted height exception.
11. The Planning Commission finds the proposed building in compliance with the volumetrics approved in the MPD; specifically, the façade shifts and roof shifts create architectural interest and break the building into smaller components.
12. The setbacks within the CT zone are twenty-five feet (25') on all property lines. Setbacks are the minimum distance between the closest of the following: property line, platted street, or existing curb or edge of street. The building complies with these setback requirements.
13. The **Analysis** section of this staff report is incorporated herein.

Conclusions of Law:

1. The CUP, as conditioned, is consistent with the IHC Master Planned Development and the Park City Land Management Code.
2. The CUP, as conditioned, is consistent with the Park City General Plan.
3. The proposed use will be compatible with the surrounding structures in use, scale, mass and circulation.
4. The effects of any differences in use or scale have been mitigated through careful planning.

Conditions of Approval:

1. All standard conditions of approval apply to this Conditional Use Permit.
2. A water efficient landscape and irrigation plan that indicates snow storage areas and meets the defensible space requirement is required prior to building permit issuance.
3. All exterior lights must conform to the City lighting ordinance.
4. All exterior signs require a sign permit.

5. Materials color samples and final design details must be in substantial compliance with the samples reviewed by the Planning Commission and approved by staff prior to building permit issuance.
6. The final building plans and construction details for the project shall meet substantial compliance with the drawings as reviewed by the Planning Commission.
7. Utility and grading plans must be approved by the City Engineer prior to Building Permit issuance.
8. The amended Subdivision Plat must be approved prior to full building permit. Excavation and Footings and Foundation may proceed prior to approval of the amended subdivision plat.
9. The applicant, at its expense, will install a signalized intersection on S.R. 248 and improvements to frontage roads and connecting roads as reasonably required by the City Engineer. A temporary paved road connection road between S.R. 248 and F. J. Gillmor Drive, subject to approval by UDOT and Park City, shall be installed. Directional signs and wayfinding signs shall be part of the road improvements. During construction of the road improvements, access to the National Ability Center and the Recreation Complex shall not be interrupted. Trail and sidewalk connections as required in the Annexation Agreement and Master Planned Development approval are required.
10. All conditions of the Master Planned Development continue to apply.

Exhibits

A – A packet of materials was previously passed out to the Commissioners.

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PARK CITY MUNICIPAL CORPORATION
PLANNING COMMISSION MEETING MINUTES
COUNCIL CHAMBERS
MARSAC MUNICIPAL BUILDING
AUGUST 27, 2014

COMMISSIONERS IN ATTENDANCE:

Chair Nann Worel, Preston Campbell, Stewart Gross, Steve Joyce, John Phillips, Adam Strachan, Clay Stuard

EX OFFICIO:

Planning Director, Thomas Eddington; Kirsten Whetstone, Planner; Christy Alexander, Planner; Anya Grahn, Planner; Polly Samuels McLean, Assistant City Attorney

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REGULAR MEETING

ROLL CALL

Chair Worel called the meeting to order at 5:35 p.m. and noted that all Commissioners were present.

ADOPTION OF MINUTES

August 13, 2014

MOTION: Commissioner Phillips moved to APPROVE the minutes of August 13, 2014 as written. Commissioner Campbell seconded the motion.

VOTE: The motion passed. Commissioners Strachan and Joyce abstained since they were absent from the August 13th meeting.

PUBLIC INPUT

Mary Wintzer, a resident at 320 McHenry stated that she is part owner of the Iron Horse District, one of the two largest stakeholders in the BoPa area. Ms. Wintzer noted that she had to leave town after the special meeting on August 6th and this was the first opportunity she had to publicly thank the Planning Commission for the thoughtful questions they asked regarding the Bonanza Park Plan. She has been asking those same questions for three years. Ms. Wintzer believed much of the process has been lacking. She called her partners, the Wolf Family, who own the Sports Authority building, and they said they have never received notification about Bonanza. Ms. Wintzer remarked that by typing in Bonanza Park Redevelopment on YouTube you can see the very first presentation that

900 Round Valley Drive Park City Medical Center/IHC MPD Amendment and Conditional Use Permit for Phase two (2)

Chair Worel disclosed that her office is located within the People's Health Clinic on the IHC campus. She did not believe it would affect her decision if she needed to vote this evening.

Morgan Bush stated that he was the original project manager when the hospital was built in Park City. He was still part of the project team for Phase 2. Mr. Bush introduced Cy Hut, the Hospital Administrator at Park City Medical Center; Dan Kohler, the Director of Facilities for Intermountain Health Care; and Steve Kelly, the project manager for Phase 2.

Planner Whetstone noted that the Staff report contained the Staff analysis and questions for discussion. She stated that it was always anticipated that the hospital would have several phases. This was the second phase and the applicants were proposing to change how they approach the phasing. The proposed change would impact some of the parking phasing, the affordable housing and the uses.

Planner Whetstone reported that the application for the conditional use permit was for an addition to the hospital building for 82,000 square feet of medical support. The second phase was originally going to be more hospital and the support was going to be in the next phase on Lots 6 and 8 of the subdivision plat. The applicants had prepared a presentation that would go into more detail on what they were requesting. Planner Whetstone noted that there would be additional square footage for hospital uses, but Phase 2 would be medical support.

Planner Whetstone outlined two amendments to the MPD. The first is to shift the density allocated on Lots 6 and 8 of the plat to Lot 1, which is the hospital, as shown on Exhibit K in the Staff report. Planner Whetstone noted that the Planning Commission looked at three options in February. The applicant eventually chose Option A, which was an option supported by the Planning Commission. Option A was slightly modified after they worked more with the details. Planner Whetstone reviewed the site plan. She indicated Lot 3, which was the USSA Center for Excellence; Lot 10, the People's Health Clinic and Summit County Health Department Building; and Lot 8, which is currently vacant and has a density of 25,000 square feet of medical support. Lot 7 was the Physicians Holding medical office building. Lot 6 was the other vacant lot that had 25,000 square feet of medical support. Lot 1 was the hospital.

Planner Whetstone stated that the second request related to what would be built in the Second Phase.

Planner Whetstone reviewed the issues for discussion on page 69 of the Staff report.

Mr. Bush stated that the MPD amendment requests moving the density, accelerating the density that would be shifted from Lot 8 and moving up the timing of that density, getting clarification on the affordable housing and the timing of that, parking, and the building height exception. Mr. Bush commented on another request that was omitted from the Staff report. He explained that the architect had identified an opportunity to do additional excavation for storage. The question was whether or not that would be permitted and if it would have to be incorporated within the density allocation. Mr. Bush stated that the intent this evening was to get clarification on the questions raised by the Staff before coming forward with the final proposal for consideration and action by the Planning Commission.

Mr. Bush stated that there was an additional item of information on the affordable housing, but he felt it would be better to address it when they discuss that question. Mr. Bush stated that when they did the ground lease with Summit County, the County assumed the affordable housing obligation for Lot 10. In talking about IHC's future density, the 5.83 unit equivalents were no longer part of their long term obligation. Commissioner Strachan asked where the County intended to put the affordable housing units. Mr. Bush replied that IHC has been in discussions with Summit County and the Peace House about potentially doing something on the IHC site. The discussions are very preliminary but it may be part of what IHC and the County chooses to do to help address affordable housing. There was nothing definitive at this point.

Commissioner Strachan stated that if hypothetically the County decided to put the units right next to the hospital, he wanted to know if that would change the analysis of where the units being discussed this evening should go. Mr. Bush stated that their desire, and he believed the desire of the City Council, has always been that an institutional type affordable housing solution would make sense on this campus. The problem is that the campus is not good for residential per se, which is why the hospital's affordable housing obligation was incorporated into the Park City Heights subdivision. Mr. Bush remarked that IHC's preference would be to stay consistent with that principle. They were open to affordable housing that is more institutional in nature and would tie with the campus, but they did not envision individual family homes being appropriate on the campus.

Commissioner Strachan understood that one of the issues in the proposal being discussed this evening was whether or not to put that affordable housing on the campus. Mr. Bush explained that when the hospital was originally built, as part of the annexation agreement the Burbidge's, who sold them the property, developed a plan with the City to provide 44.78 units of affordable housing to cover the hospital's affordable housing obligation at full build-out. At the time the medical support was not part of that plan. However, they decided that

as long as the hospital is not fully built out, the excess affordable housing from the hospital covers the medical support until the total exceeds 44.78. Mr. Bush calculated that this project when built, in combination with the amount of hospital that is built out, would be 44.1 unit equivalents; slightly under 44.78.

Mr. Bush stated that the question raised by Staff was, as they amend the MPD is it appropriate for both Intermountain Health Care and the City to document how and when the next affordable housing needs to be done before any more construction can occur. Commissioner Strachan believed the how was also part of the where. Mr. Bush replied that it was all open for discussion. He remarked that the intent is to amend the MPD so they all have a clear understanding of how to proceed going forward.

Planner Whetstone suggested that they use the phasing plan that was part of the MPD approved in 2007 as the guiding document because it talks about parking and affordable housing. It would show the changes proposed with the requested amendment. Planner Whetstone noted that the MPD always allowed 300,000 for hospital uses and an additional 50,000 square feet of support of the total 150,000 square feet of support for this MPD. The MPD said that 50,000 square feet of that could be on the hospital and they have completed 18,000 square feet. Planner Whetstone remarked that 25,000 square feet and another 25,000 square feet were built with the MOB and the Public Health. There are still two vacant lots for the remainder of the 50,000 and they would like to put that on the hospital. She pointed out that the acceleration would change the phasing. Planner Whetstone stated that the Staff would like to see a new phasing plan showing how they were bringing in hospital support.

Planner Whetstone outlined the calculated affordable housing units. She would prepare a clear diagram of the affordable housing for the next meeting. She was looking for direction from the Planning Commission on whether the 44.78 affordable housing units would cover the next phase, even though the phasing plan specified that it was for building the 300,000 square foot hospital.

Commissioner Strachan clarified that the question in the Staff report was whether affordable housing should go on Lots 6 and 8. He stated that "where" is always the key question with affordable housing.

Commissioner Joyce stated that institutional or not, in his opinion it would be a terrible place to live. He had visited the site and tried to imagine what it would like living next to a hospital, office buildings and sports parks, without any conveniences or services or the feel of living in a neighborhood.

Commissioner Campbell thought it might be appropriate for Peace House or something similar where people would live there for a few weeks or months. Commissioner Campbell stated that affordable housing is always talked about but it never seems to materialize. If there are affordable housing requirements for this phase he would like it to be on a strict timetable.

Commissioner Stuard stated that if the density is transferred from Lots 6 and 8 on to Lot 1, and there will be no affordable housing on Lots 6 and 8, he wanted to know what the proposed use would be for Lots 6 and 8 in the future. Mr. Bush replied that currently the lots would be left vacant. He explained that the CT zone allows up to three units of density per acre. In the future they could potentially request a separate amendment to have up to 50,000 square feet of medical support go back on to those sites. Mr. Bush stated that the intention is to keep the campus medical, health, health education, wellness and like uses. To qualify they must keep 80% of the site open. The only viable option he could see would be to put the same density back on Lots 6 and 8.

Commissioner Stuard thought it would be better to request an amendment to add 50,000 square feet to Lot 1 now and leave Lots 6 and 8 as is. Mr. Bush replied that medical offices attached to hospitals tend to be more patient friendly. Assumptions were done when they did the original campus, but they are now finding that more physicians would rather be housed in buildings that are physically attached to the hospital. There may be a need in the future for an additional 50,000 square feet of medical support, but that is not for sure. Rather than trying to guess for the future, they preferred to work with the density they know they need now and follow the same process if additional density becomes necessary.

Planner Whetstone asked what Mr. Bush anticipated as a future timeline. Mr. Bush was hesitant to predict a timeline because the growth to date has been faster than what was originally anticipated, which is why they were requesting this amendment.

Commissioner Phillips agreed with the comments made by Commissioner Joyce. He also liked the clustering of the buildings and making it convenient for the patients.

Commissioner Strachan asked if there was enough capacity in Park City Heights for the remaining affordable housing units. Planner Whetstone stated that the City was constructing affordable housing units in Park City Heights but she was unsure of the details. Commissioner Strachan remarked that the balance between affordable housing and non-affordable housing in Park City Heights was argued and debated for years. The intent was to strike the appropriate balance so it would not be exclusively an affordable housing development. He was concerned that if they put more of the affordable housing allocated to this campus into Park City Heights it would disrupt the balance. Commissioner

Strachan agreed with Commissioner Joyce but he was unsure how they could keep that balance in place and at the same time tell IHC that space needs to be set aside for affordable housing. He concurred with Commissioner Campbell that the Planning Commissioner needed to tell the applicant where affordable housing should go and specify a timeline. Commissioner Strachan believed the Planning Commission needed to revisit the balances in Park City Heights to make sure that the additional units from Lots 6 and 8 would not disrupt the balance. If the units can go in Park City Heights then the problem is solved. If not, then it becomes a bigger problem and they would need to look for alternative places. If there are no alternatives, the question is what affordable uses the applicant would be comfortable with on Lots 6 and 8.

Mr. Bush stated that from the applicant's standpoint, they have enough affordable housing to cover the current proposal. What they need is to agree on a direction for affordable housing in the MPD amendment. Mr. Bush felt it was less critical to have all the answers and more critical to have some direction.

Commissioner Strachan stated that the applicant needed to work with the Staff on how to divide up the 48 units. Once they determine where to put the units, the Planning Commission could give direction on how to phase them.

Commissioner Campbell requested informal consensus on whether or not the Commissioners could support the density transfer. He thought they needed to be sensitive to the expense incurred by the applicant. He personally supported the shift from Lots 6 and 8 into Lot 1. The hospital is a good neighbor and he thought they should be supported.

Commissioner Strachan was comfortable moving the density to Lot 1.

Mr. Bush stated that after receiving the same direction from the Planning Commission last year, IHC hired their architect VCBO to design the 82,000 square foot building that would be attached to the hospital. The intent was to create a building consistent with the campus.

Commissioner Strachan asked if the building height discussion was incorporated in the presentation this evening. Mr. Bush explained that when the CT zone was created, the height restriction in the CT did not work for the hospital. Exceptions were necessary because for various reasons the ceiling to floor height for a hospital is different than a traditional building. They were requesting that the same exception be granted for this addition. Mr. Bush clarified that the intent was not to build a taller building with more stories above grade. The purpose was to make it look like it was part of the same building. Commissioner Strachan understood that they were not asking for any additional height

beyond the height of the current hospital building. Mr. Bush replied that this was correct.

Tanya Davis and Dan Simpson, the project architects, gave a power point presentation. Ms. Davis indicated the three stories of the hospital and the three stories of the proposed addition. Currently there are three levels above grade. The applicants were proposing two levels above grade and one level below grade. It would still be a three-story building and it would not exceed the height on the site. However, it allows them to line up the floor plates for the first and second floor, and bring in an education center that has a ground level entry. She pointed out that the site slopes away at that point approximately 16-feet, which allows them to build into the natural curve of the slope and get an extra story without increasing the height.

Chair Worel asked for the location of the storage area that was referenced earlier. Ms. Davis reviewed a slide showing the basement plan of the education center. She indicated a large room that could be divided into three components. She noted that the floor plan was shown in black and white. The gray color identified the unexcavated area around the building. The yellow color was a proposed possibility that could be used for storage. It would have no egress and it would never be occupied. The storage area would be completely under finished grade. Mr. Kohler, Facilities Director for IHC, noted that the level shown was one level below the main level of the current hospital.

Ms. Davis reviewed the site plan and noted that the light red color was the existing hospital. The new proposed addition was shown in darker red. She indicated the proposed parking around the site to support that addition and how it relates to the ring road and the area of disturbance outlined by the MPD amendment. Mr. Simpson pointed out that the building would not look any different regardless of whether or not the storage space was built. Ms. Davis noted that the new addition has two entry points.

Ms. Davis reviewed the parking plan showing the different parking areas for specific uses, as well as overflow and staff parking. She clarified that the parking needs for the proposed addition was patient parking driven. Planner Whetstone suggested that the applicants provide a site plan detailing the access from the parking lots to the buildings.

Ms. Davis commented on screening. The applicant would like to put a berm around the edge of the parking on the back side to help screen the parking along that side. Careful attention was given to that side of the building because that view is seen from the entire transportation corridor. Planner Whetstone asked about the location of the future structured parking. Ms. Davis stated that when the actual hospital expansion occurs in the future, increased staff needs would drive the need for increased parking and a parking structure would be appropriate at that point.

Commissioner Joyce stated that in looking at the notes and minutes from the original MPD, there was significant discussion regarding the parking and visibility. From his reading there was a push to consolidate parking to avoid the look of asphalt paved parking everywhere on the site. In the end it was decided that 63% of the parking spaces was supposed to be structured. Commissioner Joyce felt this parking plan clearly builds out the rest of the unstructured parking. He noted that a lot of thought and discussion went into the parking issue as part of the MPD process, but they appeared to be deviating in the second phase by dropping the percentage of structured parking to 14% and building more surface parking. Even with the proposed berm, parking around the side of the new addition and around the back side is very visible from everywhere and there is no way to hide it. Commissioner Joyce believed there would be a lot more visible parking than what was envisioned when the MPD was approved.

Mr. Bush stated that when the original phasing was done, the intention was for the parking structure to be a single major project and tie it with the hospital expansion. As this project is still medical support, they wanted to keep the surface parking. They were seeing more surface parking because the parking from Lots 6 and 8 was being moved to Lot 1. Mr. Bush remarked that the phasing plan has always been to delay the structured parking and build it with the bigger hospital expansion.

Commissioner Joyce stated that the fundamental concept with the agreement of the MPD was to build structured parking to keep from having sprawling parking lots. In his opinion that concept still made sense independent of what uses go on Lots 6 and 8. Commissioner Joyce believed that the more they start consolidating into one spot the more they have to put parking lots further and further away from the buildings. He remarked that the goal was to have 60% structure parking. They are reaching the point where 86% is unstructured and 14% is structured, which tells him that the parking is way out of whack from the 60% envisioned in the original MPD.

Commissioner Stuard thought it was the ring road and the quality around the ring road that ultimately defines this campus. Whether there is surface parking or structured parking between the ring road and the building would not make much difference. If the parking structure is located within the ring road, it might be more visible from the freeway than surface parking. Commissioner Stuard was more concerned about the quality of the landscape buffer along the ring road in terms of screening whatever type of parking ends up being there.

Commissioner Campbell had hoped they would not get into this kind of detail this evening. Secondly, he agreed with Commissioner Joyce about the level of detail that the previous Planning Commissions went through in the original MPD process. He was not opposed to changing what was done, but there needs to be good reason to do it.

Commissioner Strachan concurred. He also thought there should be more of a pronounced entrance off the back because of the amount of parking in that location. Commissioner Strachan suggested that the applicants look at the concept of a dual entrance.

Commissioner Phillips thought the lower parking in the front ties in with what already exists, and it is a better location for the new area. He could understand why that was being built now. Commissioner Phillips agreed with Commissioner Strachan regarding the entrance.

Commissioner Strachan commented on the parking ratio. He is always open to re-visiting the ratio of four spaces per 1,000 feet, but that is often business driven and it depends on the kind of business. He asked if the applicants believed they would need more or less parking.

Mr. Kohler replied that they typically use four spaces per 1,000 as a guideline for their facilities. Some of their facilities are able to accommodate less parking. They do not see a need for obtaining more. Mr. Kohler stated that especially in this case, if parking is an issue they would obviously entertain less of a requirement per 1,000 to reduce some of the parking, particularly on the back side. Commissioner Strachan thought it was better to mitigate the impact of the surface parking.

Commissioner Joyce had driven by the hospital around 3:00 p.m. and the lot was approximately 70% full. Commissioner Strachan stated that he has seen the lot full, but the back structured parking is always empty. There is ample parking but people do not always know where to find it.

Chair Worel asked for the percentage of usage as currently built. Mr. Bush stated that it depends on the time of year. During the winter and in July and August it could be 80% to 90% full during the daytime hours. Chair Worel clarified that it was not way overbuilt. Mr. Bush replied that it was not way overbuilt for peak times. However, during the slow times of the year the lot might only be 40% full.

Planner Whetstone understood that the parking for this next phase was necessary for what was being proposed. However, if there was an area where parking could be reduced until there was a demand, she wanted to know how they would phase that. Mr. Kohler identified an area they would look at to reduce the parking. If they could cut that and still accommodate the parking requirements it would lessen the impact and visibility because the other parking is tiered and can be landscaped. Mr. Kohler pointed out that as it extends out over the crown of the hill it becomes more and more visible, which is why they

were proposing to screen it with berming. If they could remove 40 stalls from that location and still satisfy the City's requirements, it would also satisfy the hospital's needs.

Planner Whetstone thought it would be helpful to have that analysis. The Commissioners concurred. Commissioner Strachan suggested a happy medium where some of the structured parking and some of the surface parking was built in an early phase. Commissioner Stuard suggested that they make sure the existing structured parking is being used thoroughly before they build more surface parking.

On the building height issue, the Commissioners concurred that the addition should have the same height as the existing building. The Commissioners were comfortable with the subgrade storage as proposed. All the Commissioners supported moving the 50,000 square feet of medical support offices from Lots 6 and 8 to Lot 1.

Regarding trails, Planner Whetstone commented on the community trail that goes out to the Silver Summit area. The trail is paved. Mr. Bush stated that there is a continuous trail from the north end of the campus all the way to the south and connecting into the trails system on the rec property. Chair Worel asked if the trail connects over to the NAC. Commissioner Strachan stated that it did not connect to the NAC but it should.

Mr. Bush explained that IHC had originally agreed to put the trail all the way through. However, when the trail was paved from the rec property up to the hospital, it had a dirt trail the rest of the way. They eventually partnered with the City to pave the rest of the trail so it was all connected. As they developed the site the idea was to have their campus link with the recreation campus and the trails system. It was also consistent with the Wellness approach at the hospital. Planner Whetstone would speak with the trails people to see what was planned in the trails master plan in terms of providing additional connections to this property. She would provide a better exhibit and prepare an analysis for the next meeting.

Mr. Bush recalled from the MPD discussions that the bigger concern was walking on the campus from the parking to the building rather than to the trail per se. He believed it goes back to the site plan discussion that the architect needed to have for the next meeting.

REGULAR AGENDA – Discussion, public hearing, action.

1. **St. Regis Club Conditional Use Permit – One (1) Year Review**
(Application PL-11-01189)

Planning Commission Staff Report



Subject: Draft Form-Based Code for
Bonanza Park
Author: Christy Alexander, Planner II
Thomas Eddington, Planning Director
Date: October 8, 2014
Type of Item: Legislative - LMC Amendments

Proposal

The purpose of this meeting is for Staff to convey current policy direction from previous City Council and Planning Commission meetings as well as to request direction on specific issues that impact the proposed draft Form-Based Code (FBC) amendments to the Land Management Code (LMC) for the Bonanza Park (BoPa) (Exhibit A).

Background

The Park City Planning Department has been working closely with the Planning Commission and City Council since the completion of the City's 2009 Community Visioning. This endeavor to proactively plan Bonanza Park began with the presentation of a conceptual plan and recommendations for an improved zoning designation that would not only allow but facilitate the vision for this mixed-use neighborhood. This 2010 concept was the predecessor for the current plan that maintains much of the original connectivity and neighborhood ideals. The ideals for the draft Bonanza Park Area Plan center on mixed use development, increased connectivity, the provision of affordable housing, and improved design standards.

The Form Based Code (FBC) is an implementation tool for the BOPA Area Plan. The FBC will be the zoning ordinance regulating future development in the BoPa District. The BoPa-FBC will guide redevelopment projects to incorporate mixed-use, authentic building forms and materials, and a desirable public realm. The draft FBC was included in the September 16th packet for reference.

The BoPa-FBC will supersede the present General Commercial, Industrial, and Estate Zoning Districts within the BOPA District and will be part of the official zoning map of Park City.

Analysis

At the Planning Commission meeting on September 16, 2014, the Commission asked Staff to come back with discussion points regarding existing policy direction as well as areas where Staff would like input. The following ten (10) items address those issues as well as policy questions that arose at the September 16th meeting:

1. Parking Requirements

Parking is regulated by an FBC in the same manner as it is by a conventional zoning ordinance. Minimum parking standards are established according to different land use types – just as they are with conventional zoning. The primary difference in the approach to parking is the promotion of surface parking to the rear or side of buildings rather than in lots in front - between the building and the street. Because FBCs tend to promote more walkable, higher-density mixed-use development coupled with on-street parking and transit, the parking standards are often lower than those associated with conventional zoning. Minimum and maximum parking standards may also be placed in the development standards as well as landscaping standards to mitigate large surface lots being seen from the street.

Staff has looked at the existing parking requirements within the Land Management Code (LMC) to determine what may be appropriate for the BOPA neighborhood as development occurs and transit patterns change. With those in mind, the parking ratios found Table 5.1 dictate minimum vehicular and bicycle parking required for the different character zones and by uses. It is also important to know that in an FBC district, uses may change over time while the building stays the same and incorporating shared parking and a higher amount of on-street parking into the calculations is considered as proper ratios are determined. The standards for placement of parking and landscaping buffers shall be per the Character Zone specific building form standards found in Section 5.2- 5.8. Staff would like direction whether the Commission is in agreement with these standards as found in the draft FBC in Table 5.1 (noted below)?

Table 5-1 Parking Ratios

Character Zone	Mixed Use Center & Resort Gateway	Civic Use Center & Utility Service	BoPa Residential Hillside Residential	Additional Criteria
Min. Off-Street Vehicular Parking Requirement				
All Non-Residential uses and ground floor Commercial Ready spaces	1.0 space per 400sq.ft. of building area	1 space per 400 sq.ft. of building area	1 space per 400 sq.ft. of building area	<ol style="list-style-type: none"> 1. The design of off-site parking shall meet the standards in Section 15-3 of the LMC. 2. Landscaping within surface parking lots shall meet standards in Section 15-3 of the LMC. 3. A shared parking plan or alternative parking plan may be approved by the Director as a Minor Modification (See Section 3.0) 4. On-street parking located along any public street shall not count towards the required off street parking unless approved as part of a shared parking plan. 5. For all uses, parking requirements can be reduced with proximity to any bus or transit stop within 400 feet, a reduction of 15% of the required off-street parking. 6. When a use requires more than 20 spaces, it is not permitted to provide greater than 10% over the minimum parking requirement in a surface parking lot. This requirement shall not apply for a parking structure.
Residential uses	1.0 space per each dwelling unit	1.0 space per each dwelling unit	1.0 space per each dwelling unit	
Lodging uses (hotels and motels)	.75 space per guest room; all other areas shall be parked at the non-residential rate above	.75 spaces per guest room; all other areas shall be parked at the non-residential rate above	.75 spaces per guest room; all other areas shall be parked at the non-residential rate above	

Discussions have also arisen regarding whether parking should be reduced for those properties that are closer in proximity to a possible future transit hub on the City property. Due to the fact that no decisions or firm commitments have been made whether there will be a future transit hub in Bonanza Park, Staff recommends that the Commission leave this out of the draft FBC at this time. Does the Commission concur with Staff on this? If this should be decided at a later time, the Code could always be amended to include proximity ratios.

2. Massing Model

The Commission has asked that Staff create a massing model or 3D version of BOPA as it might appear at build-out if the draft FBC were to be adopted. Staff is currently receiving bids from a few firms and will have them begin work on the model as soon as possible. The model will show what could be the potential build-out maximums under the FBC as well as what is allowed now under the existing General Commercial zoning heights and allowable heights with MPDs. By comparing the two models side by side, the Commission and public will then be able to better understand the density and height standards.

3. Mine Tailings

There has been some discussion regarding mine tailings within Bonanza Park. The entire Bonanza Park neighborhood is located within the Soils District Boundary, meaning any disturbance or removal of soil must meet the Park City Municipal Code Section 11-15-1. This ordinance will remain in effect regardless of the zoning for Bonanza Park. The Ordinance is included on the following page.



FACT SHEET
Park City Landscaping and Maintenance of Soil
Cover
"THE SOIL ORDINANCE"

Certain areas in Park City are impacted by the presence of historic mill tailings in the soil, which may have high levels of metals, especially arsenic and lead. To help protect the health of our residents from certain risks associated with exposure to mine waste soils, Park City enacted "The Soil Ordinance." Park City Municipal Code 11-15-1. The Soil Ordinance applies only in a specified area of Park City—the Soil Ordinance Boundary.



Park City Soils Ordinance Boundary

See: <http://www.parkcity.org/index.aspx?page=1082>
Failure to comply with the Soil Ordinance is a Class B misdemeanor.

The Soil Ordinance requires property owners within the Soil Ordinance Boundary to:

Obtain a Certificate of Compliance

- Obtain a Certificate of Compliance from the City. This involves the City sampling the property to determine if soils are above an action level, typically 200 mg/Kg total lead. If soils above this level are found they must be capped by "Approved topsoil" or by weed barrier fabric and 6 inches of bark or rock. "Approved topsoil" contains less than 200 mg/Kg total lead. Once capped, the City will resample the property for compliance with the Soils Ordinance and if compliant issue a Certificate of Compliance.

Maintain the Cap

- Maintain the approved topsoil or maintain the weed barrier fabric and 6 inches of bark or rock.
- If the cap is disturbed please contact the City for testing to verify the cap remains.
- Park vehicles only on paved surfaces.

Exercise Care When Gardening and Landscaping

- In planting beds at grade, use 24 inches of "approved topsoil" and extend the 24 inches of topsoil at least 12 inches beyond the edge of the planting bed.
- In planting beds above grade, extend the bed 16 inches above the grade of the 6 inch "approved topsoil" cover.
- When planting shrubs, use approved topsoil in an area three times bigger than the root ball and at least 6 inches below the lowest root of the shrub at planting.
- When planting trees, use approved topsoil in an area 18 inches around the root ball and at least 12 inches below the lowest root of the tree at planting.
- Control dust during construction and before vegetative or other form of cover is in place.

Reintroduce Disturbed Soils at the Property or Dispose of Appropriately

- Ensure any tilled, dug or otherwise disturbed soils are reintroduced on the property and capped with 6 inches of approved topsoil.
- If excavated or disturbed soils cannot be reintroduced on their property, property owners must sample the soil and send it to a State certified laboratory for a Toxicity Characteristic Leaching Procedure (TCLP) test. Soils that fail the TCLP test must be managed as a hazardous waste and disposed at a Utah Department of Environmental Quality permitted facility. Soils that do not fail the TCLP test may be disposed at a municipal landfill, so long as the owner obtains a "Disposal Acceptance Letter" from the landfill.

For Further Information, Contact Jim Blankenau, Environmental Regulatory Program Manager, (435) 615-5155

4. Building Height and Incentive Options

The purpose of this section is to implement the Enhanced Option recommendations of the Bonanza Park Area Plan street grid in a streamlined and predictable manner in conjunction with the City's Affordable Housing and View Shed & Open Space policies. In addition, Tier 3 addresses the incorporation of the City's Transfer of Development Rights (TDR) program.

At the May 13, 2014 joint work session and August 6, 2014 Planning Commission meeting, the issue of allowed height was discussed extensively. The Council members and Commissioners had varying views as to what to allow for maximum heights. The current General Commercial zoning in the area allows for three (3) stories and a 35 feet height standard (40 feet for pitched roofs). Table 7.3 within the draft FBC spells out the general standards and incentive options for receiving additional height above the three (3) stories and 40 feet height standard.

The three options available are to provide workforce or affordable/attainable housing, provision and dedication of required or recommended open/civic space and/or view sheds, and the utilization of TDR credits. To be eligible for Tier 1 or 2 Enhanced Options, applicants have to meet the Applicability requirements as listed in Section 7.2 in the draft FBC. For utilization of one or both of the Tier 1 and 2 enhanced options, maximum building height shall not exceed 5 floors or 55 feet. On the 4th floor (maximum 45 feet) the building area shall be limited to 75% of the ground floor building area (footprint) and on the 5th floor the building area shall be limited to 25% of the ground floor building area (footprint) unless otherwise specified in the draft FBC.

Does the Planning Commission concur with the proposed heights as noted in the draft Form Based Code?

The Bonus Tier (Tier 3) option, adding TDR density to Tier 1 or 2 developments, would allow the 4th and 5th floor to be developed up to 100% of the ground floor area of the building. Staff has concerns with this option and recommends that TDRs could be utilized for a development (BOPA is currently a receiving zone for TDRs) not as a bonus onto Tier 1 and Tier 2, but rather using the same percentages as noted for affordable/attainable housing and open space/view sheds – up to 75% of the building footprint of the 4th floor and up to 25% of the building footprint for the 5th floor. Does the Planning Commission agree with this recommendation? Or is the additional TDR density an added bonus that is worth considering given that it removes density from locations in the City where density is not desired (e.g. Treasure Hill, Old Town, etc.)?

5. Affordable Housing

There have been a few different versions regarding affordable housing within the new Bonanza Park Form Based Code. Staff is recommending that all proposed development within BOPA continue to adhere to the City's Municipal Code regarding Affordable Housing (Resolution 25-12) as required for Master Planned Developments and Annexations (LMC §15-6-5 and 15-8). Given that Master Planned Developments are not proposed as part of the Form Based Code, staff is recommending a change to the language in Affordable Housing Resolution 25-12 to specifically state that the Affordable Housing requirements are a requirement for Master Planned Developments (MPD) and/or developments that meet the following criteria (these are the same criteria for MPDs, just spelled out in detail to ensure that these types of developments built in BOPA [without an MPD] would have to meet the City's Affordable Housing Resolution):

- (1) *Any Residential project with ten (10) or more Lots or with ten (10) or more Residential Unit Equivalents.*
- (2) *All Hotel and lodging projects with more than fifteen (15) Residential Unit Equivalents.*
- (3) *All new Commercial, Retail, Office, Public, Quasi-public, or Industrial projects with more than 10,000 square feet of Gross Floor Area.*
- (4) *All projects utilizing Transfer of Development Rights Development Credits.*

The proposed Enhanced Options Matrix in the Form Based Code (Section 7) is recommended as an option only once the required Affordable Housing as noted above has been satisfied. As noted currently, the Tier 1 Standards for Affordable/Attainable Housing allow for a 4th floor (at a maximum 75% of the building's overall footprint) and a 5th floor (at a maximum 25% of the building's overall footprint) providing the equivalent of this added square feet is dedicated to deed-restricted affordable/attainable housing. This affordable/attainable housing does not have to be located on the 4th and 5th floors; but may be located on lower floors providing the square feet for this housing is exactly equivalent to the total square feet on the 4th and 5th floors.

Does the Planning Commission concur with this recommendation that 100% of the added square feet on the 4th and 5th floors shall be dedicated to affordable/attainable housing? Or does the Planning Commission believe this is too onerous and the percent should be 75% or 50% of the added square feet shall be dedicated for affordable/attainable housing? Staff wants to ensure that the tool (Enhanced Options Matrix) is financially viable and utilized to create these affordable/attainable housing options for future residents.

The current affordable/attainable housing matrix is as noted below. Staff has made recommended changes to the proposed distribution of the units – the percentage of units in various income classifications. Legal review against state code will be required prior to any affordable housing recommendation. Staff notes the importance of addressing the lower tiers for affordable housing:

Table 7.4 Bonanza Park Affordable/Attainable Housing Options					
Tier	Target Workforce Wage	Maximum Workforce Wage	Distribution of Units within Project (min.)		Targeted Income Range in 2012
1	100%	125%	20%	-10%	\$55,714 - \$69,643
2	125%	150%	20%	-20%	\$69,643 - \$83,571
3	150%	175%	30%	-40%	\$83,571 - \$97,500
4	175%	225%	15%	-15%	\$97,500 - \$125,357
5	225%	328%	15%	-15%	\$125,357 - \$182,742

Note – Workforce Wage is the median wage earned by employees in Park City and Summit County and is based on a three (3) person household size. The Workforce Wage is updated annually for Summit County and Park City. Staff will update the 2014 Workforce Wage income valuations.

6. Nightly Rentals

This has been an issue of concern in Old Town recently (per the General Plan discussions) and discussion has arisen whether to include or exclude nightly rental opportunities within Bonanza Park. In the initial draft of the FBC, nightly rentals are noted as permitted uses in all character zones except for the Utility Service zone; however, it also clearly states that nightly rentals are not to exceed 20% of the total units (including lockouts and accessory dwelling units) within each residential property. This would be regulated through the Planning Department as an application is submitted for a project, as well as on a yearly basis as the properties apply for their license in the Finance Department. The Finance Department has a list of every unit that has obtained a license.

Given that BOPA is intended to be a neighborhood for locals, with residents living there year round, Staff initially anticipated some of the units selling as second homes and some remaining vacant for parts of the year. For this reason Staff initially recommended 20% of the units be allowed as nightly rentals - in order to keep these potential vacant units occupied and the liveliness of the neighborhood thriving throughout the year.

Staff has recently had discussions with the City's Affordable Housing Specialist about whether nightly rentals function well in areas intermixed with affordable housing. The Housing Specialist noted that many affordable housing projects fail when intermixed or directly adjacent to nightly rental properties – primarily an issue with financing. Given the “commercial” character of the nightly rental pool, many folks trying to obtain a mortgage for affordable housing have to provide 20% down. Ultimately this takes the most vulnerable households out of the market as they cannot qualify for the financing for the affordable housing units. For this reason, Staff now recommends that nightly rentals be limited solely to the Resort Gateway character zone only to limit these problems from arising in the future. The Resort Gateway character zone has the highest allowance of hotel type uses allowed in the draft FBC and Staff feels that, of any character zone in BoPa, this would be the ideal location to allow for nightly rental units. Staff would like to get direction from the Planning Commission whether this is a revision the Commission would like to see within the draft FBC? Or does the Planning Commission believe that nightly rentals do not belong anywhere in this “locals” neighborhood?

7. Non-Complying Structures and Non-Conforming Uses

Section 3.5 of the draft FBC defines and explains what non-conforming structures and uses are and how they are affected by the implementation of the FBC. Section 3.5 of the draft FBC contains the same language as the current LMC (15-9-6) as noted below.

Many of the property owners within BOPA have asked if they can repair or maintain or even enlarge their existing buildings with the adoption of the FBC. Staff wants to clarify that, yes, a property owner can repair and maintain their building with the FBC in place. The same language as the current LMC applies (Chapter 9 of the LMC). Regarding “uses,” the FBC allows for the same uses as the General Commercial zone (and then some). Regarding increasing non-complying structures (e.g. changing the building form, not use), Staff is recommending that property owners be permitted to increase their non-complying structures as long as they don't increase the degree of non-compliance. That is what the LMC currently states and that is what is proposed for the FBC. The proposed addition would need to meet the architectural requirements of the FBC (the same situation as if a property owner increased their building under the current General Commercial zoning, they would have to meet the architectural requirements of the LMC).

The proposed FBC language is noted on the following page:

3.5 Non-conforming Uses and Non-complying Structures:

- (a) Non-conforming Uses: Any non-conforming use that does not conform to the provisions of this code must comply with the regulations per Title 15 Chapter 9 of the Land Management Code. A Non-Conforming Use may not be moved, enlarged, altered, or occupy additional land, except as provided in this Title 15 Chapter 9 of the Land Management Code.
- (b) Non-complying Structure: No non-complying structure may be moved, enlarged, or altered, except in the manner provided in this Section or unless required by law. Change of use or sale of an existing non-conforming structure shall not invalidate the provisions of this section.
 - i. Repair, Maintenance, Alteration, and Enlargement: Any Non-Complying Structure may be repaired, maintained, altered, or enlarged, provided that such repair, maintenance, alteration, or enlargement shall neither create any new non-compliance nor shall increase the degree of the existing non-compliance of all or any part of such Structure.
 - ii. Moving: A Non-Complying Structure shall not be moved in whole or in part, for any distance whatsoever, to any other location on the same or any other lot unless the entire Structure shall thereafter conform to the regulations of the zone in which it will be located..
 - iii. Damage or Destruction of Non-Complying Structure: If a Non-Complying Structure is allowed to deteriorate to a condition that the Structure is rendered uninhabitable and is not repaired or restored within six (6) months after written notice to the Property Owner that the Structure is uninhabitable and that the Non-Complying Structure or the Building that houses a Non-Complying Structure, is voluntarily razed or is required by law to be razed, the Structure shall not be restored unless it is restored to comply with the regulations of the zone in which it is located. If a Non-Complying Structure is involuntarily destroyed in whole or in part due to fire or other calamity and the Structure or Use has not been abandoned, the Structure may be restored to its original condition, provided such work is started within six months of such calamity, completed within eighteen (18) months of work commencement, and the intensity of Use is not increased.
- (c) Ordinary Repair and maintenance and structural safety. The owner may complete normal maintenance and incidental repair on a complying Structure that contains a Non-Conforming Use or on a Non-Complying Structure. This Section shall not be construed to authorize any violations of law nor to prevent the strengthening or restoration to a safe condition of a Structure in accordance with an order of the Building Official who declares a Structure to be unsafe and orders its restoration to a safe condition.

Staff would like the Commission to decide if they agree with the proposed language for the issues of existing non-conforming uses and non-complying structures.

Next Steps

The Planning Commission will continue to meet and discuss the draft Form Based Code. Staff anticipates a joint City Council / Planning Commission meeting in December or January to discuss policy direction and clarifications and then the Planning Commission will continue to meet as a follow up to discuss/revise the draft FBC and ultimately have a final joint meeting with the City Council in which it is anticipated the Commission will forward a recommendation to the City Council.