

Minutes - Goshen Plan Commission
Tuesday, October 16, 2018 - 4:00 pm
Council Chambers, 111 E. Jefferson Street
Goshen, Indiana

I. The meeting was called to order with the following members present: Connie Garber, Jim McKee, Leslie Biek, Aracelia Manriquez, Joe McCorkel, Tom Holtzinger and Rolando Ortiz. Also present were City Planner Rhonda Yoder and Assistant City Attorney James Kolbus. Absent: Jim Wellington and John King. Ms. Yoder noted for the record that John King recused himself from the hospital hearing.

II. Approval of minutes of 9/18/18 – Holtzinger/McKee 7-0

III. The Zoning/Subdivision Ordinances and Official Staff Reports were unanimously filed into record: Holtzinger/Manriquez, 7-0

IV. Postponements/Withdrawals

Ms. Yoder reported the vacation request for Oakridge Cemetery, 18-03V, was withdrawn at the Petitioner's request. She advised that the request occurred in time for Staff to accept the withdrawal, and that notification was given to all necessary parties and that no action is needed on this item.

V. **Vacation** (public hearing) – *Withdrawn at the Petitioner's Request*

18-03V – City of Goshen requests a vacation of right of way for the 66'-wide north/south right of way lying between Outlot 5 and Outlot 6 in Fellow's & Dennison Addition, excluding that portion that lies between property owned by Norfolk Southern Railway Company, generally located north of River Avenue, within Oakridge Cemetery, extending north of railroad property.

VI. **Vacation, Rezoning, PUD Major Change & PUD Preliminary Site Plan Approval** (public hearings)

18-04V & 18-05V, 18-07R & 18-04MA - Goshen Hospital Association, Inc., requests:

- Vacation of the remainder of Lawndale Place, a 40'-wide north/south right of way extending south from the south right of way line of Gra Roy Drive;
- Vacation of J Street, a 30'-wide north/south right of way extending approximately 160' south from the south right of way line of Westwood Road;
- Rezoning of 11 parcels from Residential R-1 to Commercial B-3PUD (Planned Unit Development), subject to the use limitations and design criteria of the Hospital PUD;
- PUD major change to combine the existing Main Campus PUD and High Park PUD, and to add the 11 rezoned parcels and vacated right of way to the combined Hospital PUD; and
- PUD preliminary site plan approval for a multi-phase, multi-year project that includes
 - Four story private patient room hospital addition (replacing the 1954 addition) with relocated High Park Avenue entrance;
 - Relocating the Care House with on-site parking to 401 Marilyn Avenue;
 - Retaining the residential entrance at Gra Roy Drive and Main Street;
 - Using residential structures for non-patient offices or hospital staff/student housing at 1701 S Main Street, 102 Gra Roy Drive, 200 Westwood Road and 1713 Woodward Place; and
 - Adding surface parking on the north side of High Park Avenue and on the south side of Westwood Road, with demolition of 1721 S Main Street, 1700 Lawndale Place, and 112, 114 & 202 Westwood Road.

The subject property is generally located as follows:

- 200 High Park Avenue, Main Campus PUD, bounded by High Park Avenue on the north, Main Street on the east, Westwood Road on the south, and Mayflower Place on the west, zoned Commercial B-3PUD;
- 1721 S Main Street with adjacent parking areas, High Park PUD, zoned Commercial B-3PUD; and
- 1701 S Main Street, 102 Gra Roy Drive, 1700 Lawndale Place, 1701 Lawndale Place, 1713 Woodward Place, 401 Marilyn Avenue, 112 Westwood Road, 114 Westwood Road, 200 Westwood Road, and 202 Westwood Road with the adjacent vacant parcel immediately west, zoned Residential R-1.

Connie Garber explained the process, which will be petitioner first and then public comment. The public comment will be those in favor and then those opposed.

Staff Report

Ms. Yoder explained for the record that two written comments were received in the Planning Office from Leonard Gross and Anita Hoffman Yoder, and the comments were received after packets were distributed. Copies of the written comments were distributed at the meeting today to Plan Commission members, the petitioner, and the media.

Ms. Yoder explained there are two main components of the application. First are two right of way vacations and second is rezoning, PUD major change, and PUD preliminary site plan. All of these items go to Council so Plan Commission is making a recommendation to Council. The right of way vacations are for J Street and Lawndale Place as described. There are utilities in the areas to be vacated so a general utility easement will remain over the entire vacated area. Both proposed locations are bounded completely by property owned by the hospital, and they are both dead end streets and they don't provide any access to non-hospital properties. The proposed vacations will have no impact on any other properties. The vacations should not be contingent on approval of the rezoning and PUD major change because they can happen independently and it is best to keep these two separate. Traffic Commission will be reviewing the proposed vacations later this week. The Plan Commission recommendation should be contingent on a favorable recommendation from Traffic Commission. Staff recommends a favorable recommendation to Council for the vacations, with the standard vacation conditions listed.

Ms. Yoder explained the second component of the application is rezoning, PUD major change, and PUD preliminary site plan approval. The first hospital PUD was established in 1996 on the north side of High Park, and the main campus PUD was established in 1999. Prior to this, it appears approvals were by special use permits. Ms. Yoder provided an overview on Planned Unit Developments, how they are established and how changes are reviewed. Ms. Yoder said the Staff Report contains a summary of the hospital PUD development and existing PUD conditions.

Ms. Yoder explained the current request includes the rezoning of 11 parcels from Residential R-1 to Commercial B-3PUD, and even though the zoning is "commercial" the hospital PUD is for hospital related uses only.

Ms. Yoder referred to the first site layout in the packet, which gives an overview of the project, and she provided an explanation of the proposed use for each parcel to be rezoned, with photos of each property in the Staff Report. Ms. Yoder outlined the suggested new and revised PUD conditions, which include maintaining the residential entrance at Gra Roy, with residential structures required at 1701 S Main and 102 Gra Roy, no direct vehicular access to Main Street or Gra Roy, except one residential access on Gra Roy, specific requirements for non-patient offices/residential structures, surface parking lot minimum setbacks of 20' for all property lines (outside the main campus), and following this approval no new or expanded surface parking within the Hospital PUD.

Ms. Yoder also explained that existing PUD conditions will continue, including retaining existing trees to the greatest extent possible, landscaping required to screen parking lots, along with streetside and parking lot landscaping, lighting shielded with light source not visible off site, sidewalks adjacent to all public street, and main campus 15' minimum parking lot setback along Mayflower. Ms. Yoder explained the PUD major change would combine the existing Main Campus and High Park PUDs, add the rezoned parcels and vacated right of way to the combined Hospital PUD, continue existing PUD conditions and incorporate new and revised PUD conditions.

Ms. Yoder explained that PUD preliminary site plan approval is requested for a multi-phase, multi-year project, which will be explained in detail by the petitioner. PUD preliminary site plan approval is a conceptual site plan approval, with PUD final site plan review, including landscaping and lighting plans, required for each phase of development. Final plans are reviewed as part of Technical Review, the city's administrative site plan review process, and may be reviewed by Staff on behalf of Plan Commission.

Ms. Yoder said Staff recommends the Plan Commission forward a favorable recommendation to Council, with the suggested new conditions and continuing existing conditions, and that approval is based on the proposed development being consistent with existing hospital development, maintaining existing developmental standards adjacent to residential land use, and preserving the neighborhood residential entrance at Gra Roy and Main Street. The proposed development is

consistent with the Comprehensive Plan, including prioritizing the reuse of existing land and structures, supporting high quality healthcare for all residents, and directing growth toward existing development and away from undeveloped spaces.

Petitioner Presentation

Gordon Lord, Yoder, Ainlay, Ulmer & Buckingham, 130 N Main Street, said he has represented the hospital for many years. Mr. Lord introduced his partner David Swihart, along with Randy Christophel, hospital CEO, Rob Myers, hospital COO, and Mark Podgorski, hospital engineer in charge of the project.

Mr. Lord gave a brief history of the hospital, and said the City placed the hospital at the current location. In 1947 the land was first purchased by the City of Goshen. In 1954 the City leased the land to Goshen Hospital Association, Inc., and in 1963 the City deeded the five acres to Goshen Hospital Association, Inc., the current owner.

Mr. Lord thanked the Historic Racemere Peninsula Neighborhood Association (HRPNA) and neighbors for their input, and said they have spent a lot of time meeting with hospital representatives.

Rob Myers, 200 High Park Avenue, Chief Operating Officer, shared the hospital mission, which "is to improve the health of our communities by providing innovative, outstanding care and services, through exceptional people doing exceptional work."

Mark Podgorski, 200 High Park Avenue, Vice President of Operations and engineer in charge, went through a PowerPoint presentation, with slide handouts provided to Plan Commission members, providing the following information.

Mr. Myers explained the why behind the current project, which includes that bed use cannot be optimized with semi-private rooms, and that private rooms are today's standard of care. Private rooms help address infection prevention, patient safety, privacy, dignity, and noise, and will update an outdated facility that will help with colleague retention and competition with other facilities. Mr. Myers said it is hard to draw the talent to work in an outdated facility. The current project includes larger, private rooms with dedicated family space in each room. There will be wireless capabilities in each room, and more modern amenities will be included. Mr. Myers said the bottom line is more space, patient/family friendly rooms, and more employee friendly design with a better work flow.

Mr. Podgorski explained the design for collaboration stations, which replaces the term nurses stations, because there are a number of caregivers that deliver the care that is necessary for the patients. Mr. Podgorski showed a video rendering of the exterior of the proposed four story tower, and explained the first floor is administrative office space and cafeteria, and floors 2, 3 and 4 are patient floors. Mr. Podgorski said the new private patient rooms are caregiver-designed space, which was completed by hospital colleagues in the summer of 2017 using full-scale room models, a cardboard city. Staff designed the space, then built it to full scale, worked through scenarios and made modifications to the design. Mr. Podgorski said they feel very confident that they have a very well designed facility.

Mr. Podgorski reviewed the existing, demolition, renovation and new construction plan for each floor. The oldest part of the hospital will be demolished with new construction in its place. Patient floors will have race track design, with all rooms along the perimeter and corridors and support services in the middle. There will also be renovations to other areas of the hospital.

Mr. Podgorski explained the proposed site plan which includes the new private room patient tower, relocated loading dock, north and south properties improvement, relocated Care House, and a residence to be used temporarily as offices during the construction project.

Mr. Podgorski said that in order to start the tower in September 2019, there is a lot to do between now and then, including completing the loading dock relocation (which is underway), relocating the Care House to 401 Marilyn, and renovating or rebuilding 102 Gra Roy, 1701 S Main and 200 Westwood. The proposed medical student housing will be at 102 Gra Roy, which is currently housed where the Care House is proposed to be moved. The house at 200 Westwood will be renovated for physician on-call space. The south and north parking lot improvements would happen concurrently, including relocating the High Park building staff off campus, which includes support services, accounting, outpatient, and education services. This will relieve parking needs. The house at 1713 Woodward will be used as offices during construction and then return to residential use.

Mr. Podgorski said the north parking lot design is a new layout, and is not in the packet, as changes have been made as a result of neighborhood input. The changes include a 30' parking lot setback along Gra Roy, which would offer a better buffer and maintain the residential feel of Gra Roy Drive. The other change is the addition of a residential looking Craftsman style building facing Gra Roy with a garage entrance from the parking lot that the hospital could use for facility maintenance. Mr. Podgorski said another option for this area would be a park.

Along with the new north parking lot layout, Mr. Podgorski said they are asking for an internally illuminated sign for 1701 S Main Street.

Mr. Podgorski explained the neighborhood meetings that have been held since December 2017, and said the hospital and neighborhood are still talking and the hospital is listening and intends to stay at the table. He said today's plan has significant changes and is not where they started. He said they are trying to develop a common vision between hospital and neighborhood. Mr. Podgorski said the hospital will do a better job of occupying and maintaining the homes the hospital currently owns in the neighborhood.

Mr. Podgorski said this plan addresses the need for enhanced parking, and colleague parking safety is a concern because many now have to park across Main Street. The hospital has evaluated a parking garage and it's an expensive proposition with a lot of maintenance costs. He said they have focused development towards Main Street, keeping the residential appearance along Gra Roy.

Mr. Podgorski briefly explained the parking rationale, and said their evaluation shows a need for 1,158 spaces to accommodate the activities at the hospital campus, including staff, hospital beds, out-patient services and community events. The site plan layout originally showed 1,164 spaces.

Mr. Lord said the hospital association is three organizations, all non-profit, with facilities in four counties and 30 locations, with the core facility still in Goshen. Board members are from this community. Much of what has been acquired around the hospital were previous medical offices. Mr. Lord said the hospital cannot utilize eminent domain, and all property has been acquired through voluntary sales.

Mr. Lord reviewed the last two pages of the slide handout, which summarizes the requested action by the Plan Commission, which is a favorable recommendation for the vacation of J Street and Lawndale Place, consistent with Staff recommendations, and a favorable recommendation for the rezoning, PUD major change, and PUD preliminary site plan approval consistent with Staff recommendations, except permitting an illuminated freestanding sign at 1701 S Main Street, and adding the revised North Parking Detail with the new layout presented today in place of the previous layout.

Mr. Lord introduced Chuck Lehman, Lehman & Lehman, who is also present to answer any questions.

Audience Comments

Marshall King, President of the HRPNA, 605 Gra Roy, provided copies of a letter and Resolution of the HRPNA (both of which he read), and said he has lived in the neighborhood since 2010, and his wife has worked at the hospital since 2013. The hospital and more than 100 homes are part of the neighborhood. The relationship with the hospital has been historically contentious. Many residents feel sad, some angry, because it feels like another encroachment. Mr. King said the neighborhood wants the hospital to offer great care, but we also love our neighborhood. To many this proposal feels rushed and that creative parking solutions have not been fully explored. Many would like to see a parking garage as a long term solution and continue to ask for deeper exploration of that, and that any proposal in the future would include that. The hospital has invited neighborhood representatives to the table to work through issues around this proposed expansion and there has been productive dialogue between parties. Because of these conversations, the hospital has agreed to some changes in the plan. The HRPNA held a meeting Sunday night and 55 people attended and had about two hours of discussion. In the end, 49 people raised their hands saying they could support the statement that says the association as an entity would not oppose the proposed expansion if some conditions can be met. No one raised a hand in opposition and several people abstained.

Mr. King read the six points of the HRPNA resolution, which includes: 1) the hospital must address deed restrictions before proceeding; 2) HRPNA would not oppose the expansion in their current, revised version, understanding there will

"tinkering" with some details, and individuals remain free to voice opposition or support for the plans; 3) the hospital agrees to sell 310 Gra Roy (and possibly 405 Marilyn); 4) the hospital agrees to establish an open, transparent process regarding future development plans; 5) 1713 Woodward deed restriction be addressed; and 6) these provisions would be codified, such as a written agreement between the hospital and HRPNA or part of official action by City Council. Mr. King said HRPNA would like to have a written agreement between HRPNA and the hospital prior to a City Council vote.

Connie Garber asked why the neighborhood would want a parking garage. Mr. King said people feel a parking garage would stop the taking of more property. Mr. King said HRPNA is hoping to see long term creative solutions, including public transportation at some point.

Connie Garber asked whether it is legal for HRPNA to be involved in the hospital's private property transactions, and Mr. King said no, but HRPNA wants to be aware of what is happening. He said the hospital has said they have turned down offers, and HRPNA appreciates that.

Tom Holtzinger asked what the deed restrictions are, and Mr. King said they are restrictions for residential use only, and HRPNA wants to clarify if they are legally binding before the hospital proceeds on a property believed to have a deed restriction.

Joe McCorkel asked who is willing to sell, and are these the residents impacted by the project, and Mr. King said HRPNA is not sure who has approached the hospital or how those instances occurred.

Leonard Gross, 405 Gra Roy, said this time around, as well 11 years ago, it can be a win/win for hospital and for HRPNA. Gra Roy stayed residential then and he would like to see it stay R-1 on both sides. In 2004 a book was written about the homes on Gra Roy Drive, which is a unique, maybe oldest, neighborhood in the city with some cohesion since the 1920's. There are seven homes with deed restrictions. They are 102 Gra Roy Drive, 1700 Lawndale Place, 1713 Woodward Place, and 112, 114, 200 and 202 Westwood Road. Anita Hoffman Yoder has copies of the deed restrictions here today. Elkhart built a parking garage and liked their first one so much they built a second. They have a current PUD that is smaller than Goshen's and if the land east of Main is added Goshen's hospital land is twice the size of Elkhart's. Not considering a garage is a loss to the neighborhood. He said his hope is the restrictions will be taken seriously.

Connie Garber asked if he would rather see a garage over what is proposed now, and Mr. Gross said more recent garages are more attractive than Elkhart's. He said he has heard that Elkhart employees love the proximity of going straight from garage into hospital. There is space in Goshen for a garage on the southeast side.

Anita Hoffman Yoder, 1715 Mayflower Place, provided copies of the deed restrictions. She said in 1954-55 the hospital moved into the already established neighborhood, and many of the neighborhood subdivisions had strong residential restrictions from the beginning. Restrictions were put on properties to protect this neighborhood from commercial intrusion and destruction. Since 1955, the hospital has destroyed 20 houses and hundreds of trees, mostly to build parking lots. The hospital has purchased 13 more houses, and Randal Christophel said the hospital is using three of the 13 homes to house personnel. The other ten are vacant with utilities disconnected. A total of 33 houses, one by one, have been removed from the tax rolls over 60 years. The unmaintained vacant houses are impacting taxable value of adjacent houses. The ten vacant homes should be returned to private ownership. Now the hospital wants to destroy five of the 13 houses for more parking lots. All four houses carry residential restrictions making it illegal to use the land for parking lots. What they're requesting is illegal zoning. The houses with residential deed restrictions are 112, 114, 200 & 202 Westwood Road, 1713 Woodward Place, 1700 Lawndale Place, and 102 Gra Roy Drive. Over the years, this neighborhood has seen too much destruction of houses and trees for surface parking lots. The hospital needs to build a parking garage.

Eber Rice-Smucker, 1703 Woodward Place, said he is adjacent to 1713 Woodward, and the Pestow's worked hard to get the residential restriction on 1713 Woodward Place, and he doesn't want to see it changed. He asked that the alley not be blocked and that if temporary use is allowed it has a sunset clause so its use is time limited and then returns to R-1.

Bud Wulliman, 308 River Vista, said he is making a statement on behalf of Kathy Oyer, a lifelong resident who lives at 401 Gra Roy Drive. He said he won't read it word for word, but the current Goshen hospital campus is 24 acres and the Elkhart hospital campus is 11.5 acres. She is opposed to the expansion.

Carl Weaver, 416 Marilyn Avenue, said he would like to note that when two entities are competing for the same space, there won't be an agreement on everything. He said deed restrictions should be reviewed prior to proceeding. He said it was stated there are ten unoccupied homes owned by the hospital and that they are not being maintained, but he said he lives across from some of these properties, and there are not ten unoccupied properties, and they are well maintained. He said a parking garage should be a strong consideration in the future.

Allan Kauffman, 305 Gra Roy Drive, said a previous Planning recommendation was for the hospital to create a long range plan and that has not been provided. He said the most angst is about parking, and not all possibilities have been explored. Maybe a parking deck could be an option instead of a garage. He said many people live here and walk to work, and there are more solutions that could be creative. While there have been lots of conversations recently and the hospital is making accommodations, the neighborhood does want deed restrictions addressed. Randy Christophel said at a recent meeting that deed restrictions should be respected. He said they are looking for some assurances from Plan Commission and Council that deed restrictions will be evaluated. We don't want to see the sprawl expand further, and are hoping to see protections for the future.

Richard Aguirre, 409 Gra Roy, said this is my neighborhood and my hospital, and the hospital has taken great care of myself and my family, and I want it to be a good place and a responsible neighbor. He said he supports much of what the hospital is proposing, but opposes three elements of the proposal. First, the proposed parking adjacent to the main campus is excessive. Second, the plan will spoil the only residential entrance to the neighborhood, and the hospital should sell the houses at 1701 S Main, 102 Gra Roy and 1700 Lawndale. Third, the continual hospital expansion has caused anxiety and fear, and houses not part of the final project should be sold and future purchases limited. Mr. Aguirre said his main objection is to the massive parking increase, as the hospital has hundreds of parking spaces available to the south and east of the main campus, which is not too far away, and Main Street is not unsafe to cross. Mr. Aguirre said the city should be promoting alternatives to increased parking, and preserving trees and open space. Mr. Aguirre said the neighborhood is being given a limited time to comment and the decision should be delayed with another meeting scheduled before this goes to Council.

Connie Garber noted that people will have the opportunity to speak at Council.

Wendel Landes, 103 Gra Roy Drive, said he supports improving the quality of care but objects to increased parking, especially for special events. He said he lives across from the Lawndale property slated for demolition, and has lived there for three years. He said he has concerns about property values to neighborhood properties, and said encroachment is a major concern. He said the neighborhood is a powerless entity and can't afford lawyers. We're fighting on our own and hoping the city will advocate for us all in this situation.

Petitioner Response

Mr. Lord asked Jim Kolbus to comment on the deed restrictions. Mr. Kolbus said that based on case law, zoning law and private restrictions don't affect each other and are independent of each other. He said the Plan Commission doesn't uphold private covenants. The Plan Commission may consider the deed restrictions, but they can't be the sole basis of a decision. He said rights exist both publicly and privately. He said if Council approves this, private citizens can still try to enforce the private restrictive covenants. He said restrictive covenants do not prevent a zoning change.

Mr. Lord said 102 Gra Roy will continue the same type of use as it has for many years. The B-3 zoning is subject to PUD conditions. For 1700 Lawndale, the restrictions from the 1930's were cancelled and have expired. For 1713 Woodward Place, the restriction was from grantor to grantee, and there are defects in the documentation and was not properly put in place. Mr. Lord said if this plan is approved, the property at 1713 Woodward will go back to residential use after temporary offices. The PUD would list it as residential. Mr. Lord said the Gunden's subdivision restrictions are a bit more problematic and they are reviewing. The AEP easement is over these properties. Older restrictions don't have remedies or enforcement specifics about who can enforce. New covenants name who may enforce, but the City may not enforce.

Mr. Lord said hospital growth is always an issue and is on-going and perpetual within a growing community. This is an \$85 million dollar project that builds the quality of care that people want. Mr. Lord said we have to reach a consensus that is fair and reasonable. This is still a viable attractive neighborhood and Gra Roy will still be residential in appearance.

Related to the question of whether the hospital can be required to sell properties back, Mr. Lord asked whether this would be asked of Lippert or Forest River. Mr. Kolbus said the Plan Commission has no authority to require the buying or selling of properties.

Mr. Lord reviewed the request again and stated they are comfortable with the Staff Report except for the requested exceptions for an illuminated sign at 1701 S Main Street and the revised north parking layout. If approved as requested, 1713 Woodward Place will go back to residential use after temporary offices, and 310 Gra Roy will be put on the market and sold as residential.

Tom Holtzinger asked what criteria the hospital would use to determine whether a parking garage would be built, and Mr. Lord said a parking garage works best when attached to the main structure so there is direct access from the garage to the hospital. Mr. Podgorski stated they looked at three locations for a possible parking garage, and how to not hinder views and future growth, along with cost, maintenance and permanence. A parking garage limits expansion opportunities. A goal is to keep the view from Main Street pleasant, and for other locations it isn't close enough to the hospital. Mr. Podgorski said that for the three locations that were vetted the cost, maintenance and permanency didn't make sense. He said they feel this is the best option for now, but it can be reevaluated in the future.

Connie Garber asked if the Care House is old, and Mr. Lord said no, it was built in the late 1990's and is a newer, high quality residential style structure.

Close Public Hearing

Jim McKee stated that he appreciates the willingness to work together and the hospital is committing to continuing that beyond today and that says a lot.

Action:

A motion was made and seconded, McKee/Holtzinger, to forward a favorable recommendation to the Goshen Common Council for 18-04V & 18-05V, 18-07R & 18-04MA, based on the Staff Analysis and with the listed conditions, including the petitioner's two requests made at today's meeting. The motion passed by a vote of 6-1 (McCorkel no).

VII. *Audience Items - None*

VIII. *Staff/Board Items - None*

IX. *Adjournment – 5:56 pm*

Respectfully Submitted:

/s/ Tracee Norton
Tracee Norton, Recording Secretary

Approved By:

/s/ Connie Garber
Connie Garber, President

/s/ Tom Holtzinger
Tom Holtzinger, Secretary