

PLANNING BOARD REPORT #06-05

RECOMMENDATION TO CITY COUNCIL

CONDITIONAL REZONING

CHARLES STREET ADDITION

MAINE MEDICAL CENTER, APPLICANT

Submitted to:

Portland Planning Board
Portland, Maine
February 1, 2005

Submitted by:
Rick Seeley

Planning Consultant GPCOG
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I. INTRODUCTION

Maine Medical Center has requested a public hearing with the Planning Board to present their plans for the "Charles Street Addition" to their Bramhall Campus.

The development parcels are currently zoned R-6 Residential and B-2 Business. In order to proceed with the development proposal, the applicant has requested a conditional rezoning.

The development will consist of four principal elements that expand the present Bramhall campus, including a proposed new 512-car parking garage, a four-story obstetrical-gynecological wing (Charles Street addition), a new central utility plant and a helipad for emergency medical services. In addition the proposed conditional rezoning anticipates the potential future expansion of the proposed central utility plant, the new parking garage, the new Charles Street addition and the existing L. L. Bean wing that would increase their presently proposed and existing building heights.

Charles Street Addition. The proposed four-story Charles Street addition would occupy the site across Charles Street from the existing hospital that is now occupied by the vacant former New England Rehabilitation Hospital. In conjunction with this element of the project, Maine Medical Center proposes to ask the City to discontinue Charles Street and realign portions of Brackett, Ellsworth and Wescott Streets, to allow the addition to become part of and joined to the existing hospital. Conditional rezoning needs for this element of the project are relaxation of existing height limitations and minimum setbacks in the R-6 Residential zone.

New Parking Garage. The proposed 512-car parking garage would consist of six levels. It would be located on Congress Street, adjacent to the east end of the existing MMC parking garage. Linking the two garages would be a proposed elevator tower. The elevator tower would serve the new garage and the proposed helipad on top of the existing garage. The proposed garage would have a Congress Street entrance at the lowest level and a Crescent Street entrance at the fifth level. Maine Medical Center's intent is that this garage will help redirect much of the vehicular traffic that presently accesses the hospital from Bramhall Street down to Congress Street. The existing visitors' parking lot, referred to herein as the Vaughan Street parking lot, will remain open and its landscaping and fencing improved. Conditional rezoning needs for this element of the project are relaxation of existing height limitations and minimum setbacks in the R-6 Residential zone.

Helipad. MMC proposes a helipad to serve its trauma center to be located on top of the existing parking garage. Emergency medical helicopter transport currently uses the Portland Jetport, from which patients are transferred into an ambulance and driven to MMC. The proposed helipad would allow for emergency medical helicopter transport directly to Maine Medical Center. From the helipad, the proposed elevator tower would allow patients to be brought down to an enclosed corridor bridge over the loop road within the campus to the operating rooms or the emergency room. The helipad would be located within a proposed Helistop Overlay Zone (HOZ). The proposed HOZ would be centered on the helipad and include the adjacent elevator tower, almost entirely within the proposed conditional zone, as shown on the map of the conditional zone and in Exhibit A within the proposed conditional zone agreement. The helipad proposal does not need to seek relief from existing zoning district standards. However, it does need to include the proposed Helistop Overlay Zone, and because the helipad is proposed to be located on top of an existing structure, relief from the setback and fencing requirements of the HOZ are also part of

this application for conditional rezoning. In addition, section 14-409 of the City's Land Use Code contains requirement for heliports that were adopted in the 1960s and based on FAA standards that were current at that time and have long since become outdated. MMC is seeking relief from these outdated standards and proposes to comply with current FAA standards as well as the HOZ except setbacks and fencing requirements as noted above.

Central Utility Plant. MMC proposes to consolidate existing heating, cooling and gas management systems now dispersed among the several individual buildings of the campus into one building. The proposed central utility plant would be located on Gilman Street, directly opposite the intersection of A Street with Gilman Street. The limited space available and the internal space requirements for this function lead the applicant to seek relief from height limitations for the proposed central utility plant building. In addition, in responding to neighborhood and City staff concerns about the visual impact from the proposed structure's original façade design, the applicant is proposing to apply a brick façade that would necessitate 5 feet of relief from the minimum setback requirement in the R-6 Residential Zone.

In replacing sidewalks that are part of the site plan for all of the above expansion plan elements where the City's brick sidewalk replacement policy is in effect, MMC is also seeking exemption from the requirement for brick sidewalks, in locations to be determined at the time of site plan review and shown on the sidewalk. MMC is concerned that the requirement for brick sidewalks presents the unusually high proportion people with infirmities that limit their pedestrian mobility in the population that uses and visits the hospital with an unwarranted degree of safety hazard when compared with a policy that would allow concrete, but not bituminous, sidewalks.

II. FINDINGS

Current Zoning:	R-6; B-2; ROS
Proposed Zoning:	R-6 with reduced minimum setback requirements and increased maximum height limitations for the proposed Charles Street Addition, proposed Parking Garage, proposed Central Utility Plant, plus future relief from the increased maximum height limitations to enable vertical expansion of these three structures and the existing L.L. Bean wing; B-2; and HOZ, with relief from setback and fencing requirements of 14-327, as well as the outdated heliport performance standards of 14-409; ROS.
Existing Use:	Institutional; residential
Proposed Use:	Institutional
Land Uses in the Vicinity:	Residential; commercial; City parkland

III. PROPOSED CONDITIONAL ZONE

Included within the submission notebook, is applicant's proposed draft language for the conditional rezoning.

Under Section 14-264, the City has the authority to approve a contract zone under certain circumstances:

Sec. 14-264. Contract or conditional zoning.

A conditional or contract rezoning shall only be approved if, after public hearing and opportunity for public comment, the reviewing body finds that the applicant has carried the burden of proof to show that the proposed development meets the following standards:

(a) The proposed development is consistent with the comprehensive plan.

(b) The proposed development is consistent with the purposes of this zone.

(c) The proposed development is designed and operated so that it will prevent undue adverse environmental impacts, substantial diminution of the value or utility of neighboring structures, or significant hazards to the health or safety of neighboring residents by controlling noise levels, emissions, traffic, lighting, odors, and any other potential negative impacts of the proposal.

(d) All plans must include complete information of processes, materials or methods of storage to be used by the development and shall specify how hazardous impacts to neighboring properties will be prevented.

Additionally, by State statute:

30-A M.R.S.A Section 4352. Zoning ordinances

8...Conditional and Contract rezoning. A zoning ordinance may include provisions for conditional or contract zoning. All rezoning under this subsection must:

- A. Be consistent with the local growth management program adopted under this chapter;*
- B. Establish rezoned areas that are consistent with the existing and permitted uses within the original zones; and*
- C. Only include conditions and restrictions that relate to the physical development or operation of the property.*

IV. CONDITIONAL REZONING TEXT

The Conditional Rezoning text is included in Attachment 1. In summary, the conditions state the following:

1. Consistency of the proposal with the City's Comprehensive Plan. See Section V of this report, below. Also see Attachment 3, a memo from MMC's Paul Gray, Vice President of Planning, which includes his narrative of how MMC sees its proposal to be consistent with and advancing the policies of the City's Comprehensive Plan.

2. Housing Replacement. The construction of the new parking garage will require the demolition and removal of two residential structures, at 33 and 37 Crescent Street, presently owned by MMC. These structures contain a total of 7 dwelling units and 2 rooming units (listed as "single-room occupancies" in

the Agreement). Pursuant to the requirements of Section 14-483 of the City Land Use Code, the City's Housing Replacement Ordinance, MMC proposes pay \$315,580.00 to the City's Housing Development Fund, to meet its requirements for replacing 5 of the dwelling units and the 2 single-room occupancies. MMC will also return some of its administrative offices, originally converted from residential uses, at 325-329 Brackett Street, back into 2 dwelling units.

3. Relocation of the sewer connection serving 31 Crescent Street. After the discontinuance of Charles Street, and the construction of the Charles Street Addition, the Charles Street sewer line will be in accessible and will be discontinued. After the removal of 33 and 37 Crescent Street, only 31 Crescent would remain connected to that sewer line, so this one structure will need a new connection, which MMC will provide, to a Congress Street sewer line. MMC will also 2 off-street parking spaces for the tenants of 31 Crescent Street.

4. Divestiture of Several Surrounding Properties. After MMC converts 325-329 Brackett Street back to residential use, MMC is required to divest itself of the property prior to issuance of an occupancy permit for the Charles Street Addition. Within 12 months after the issuance of the Charles Street Addition's certificate of occupancy, MMC is required to divest itself of 15 and 25 Crescent Street, 25 and 32 Ellsworth Street, and 20 Hill Street. Also, no later than January 1, 2015, MMC must divest itself of additional properties located at 19, 23, 25 and 31 Bramhall Street

5. Helipad Noise Mitigation. To predict the noise impacts of the helipad operations on MMC and the surrounding neighborhood, MMC retained a noise consultant to prepare a helicopter noise modeling study and a proposed noise mitigation strategy. The City retained an independent aircraft noise consultant to review them both and report to the Planning Board and staff. In September 2004, MMC and the City arranged to conduct a helicopter noise test, notifying abutting property owners and the public in advance of the test and providing a telephone and email public comment line. At the appointed time, a helicopter was flown in to the roof of the existing parking garage via one of MMC's preferred route where it hovered for a time equivalent to that required for offloading a patient and then left via another of MMC's preferred routes. The proposed Agreement reflects MMC's modified noise mitigation strategy based on comments from the neighbors and the City's noise consultant, including modifications of the preferred flight routes.

Summarily, the noise mitigation measures now proposed in the Agreement include the use of flight paths with minimum noise impact, the use of the newest, least noisy helicopters, establishment of a process for replacing windows in buildings near the helipad along Congress Street, and establishment of a testing period and an ongoing process for recording deviations from preferred flight paths and recording and responding to complaints from affected citizens about helicopter noise, up to and including possible amendment of the Conditional Zoning Agreement noise mitigation provisions by the City and MMC.

- Flight Routes. MMC, Life Flight of Maine and the City's noise consultant have agreed upon preferred flight routes chosen to minimize noise impacts on MMC and the surrounding neighborhoods, that are to be used except when weather and safety conditions dictate otherwise in the opinion of the Pilot-In-Command, or deviations deemed, in the judgment of medical personnel, to be needed for patient safety. These preferred flight routes are shown in Exhibit D of the proposed Conditional Zone Agreement.

- Helicopters Specified. MMC will require emergency medical air transport providers using the helipad, (with the exception of US military or government aircraft) to use helicopters that relatively new, turbine-powered aircraft meeting federal specifications identified in the proposed Agreement. Lifeflight of Maine, the principal provider to be using the helipad, has just recently purchased helicopters meeting this specification.
- Noise Mitigation Improvements to Existing Buildings on Congress Street. For a period beginning no earlier than 6 months after and ending no later than 18 months after commencement of the helipad operations, the owners of properties on Congress Street most affected by the helipad noise impacts will be able to request from the City assistance with noise mitigation improvements to residential units, to be paid for out of a fund provided to the City by MMC, and administered by the Housing and Community Development Division. The City will subsequently refund any unused funds to MMC. Eligible noise mitigation improvements are described in Exhibit D, except that alternatives to central air conditioning may be considered where appropriate where determined by the City. Nearly all noise mitigation measures are anticipated to involve window replacement.
- Monitoring, Reporting and Potential Adjustments. MMC must instruct all helicopter emergency medical service provider that whenever a pilot deviates from a preferred flight route, that pilot must file an exception report with the Air Medical Provider Administration of Lifeflight of Maine. In addition, MMC must establish a protocol for handling complaints, which shall be publicized within the neighborhood. Complaints received must be reviewed at least quarterly by the Maine Medical Center Neighborhood Council (described more fully in paragraph 7, below).

After one year of operations, the Planning Authority shall review the operation of the preferred flight routes, and may initiate proceedings to amend the map of preferred flight routes. The City may retain an independent consultant for the purpose, in which case it shall be reimbursed by MMC, as long as MMC has the opportunity beforehand to comment on the scope of services.

Any proposed amendment to the flight routes may include proposed amendments to the provisions governing noise mitigation through improvements to existing buildings only if an independent consultant recommends such measures.

If the Planning Authority and MMC are unable to reach agreement on any proposed amendments to the preferred flight routes and/or noise mitigation provision amendments, whether proposed by MMC or the Planning Authority, the proposed change(s) will be referred to the City Council for a decision.

6. Helipad Operations. Some provisions of the proposed Agreement govern how the helipad shall be used, the qualifications organizations to be allowed to use it, and protocols pilots should follow while using it and traveling to and from it.
 - Accreditation. The principal provider of air medical transport to MMC shall be accredited by the Committee on Accreditation of Medical Transport Systems. Other providers shall also be accredited by the same Committee, unless special circumstances warrant a non-accredited provider (e.g. Air National Guard or Coast Guard).

- Fly Neighborly Guide. MMC will require the air medical transport provider to operate in compliance with the "Fly Neighborly Guide". This set of protocols is the current industry standard and was prepared by the Helicopter Association International Fly Neighborly Committee. The complaint process set up for deviations from flight routes and complaints about noise also shall extend to collection of complaints about any other aspect of operation of helicopters or the helipad. See Attachment 2, Tab 7c for a copy of the Guide.
- Helipad Operating Guidelines. MMC will instruct all providers using the helipad that at all times the Pilot in Command (PIC) will determine safety of operations as a first consideration. Take offs, landings and standing by shall be conducted according to the Operating Guidelines in Exhibit E of the proposed Agreement, and always subject to the PIC's judgment concerning helicopter safety and emergency medical personnel's judgment concerning patient health.

7. Maine Medical Center Neighborhood Council. An important element of the proposed Agreement is the institution of regular communications between the hospital and the surrounding neighborhoods. The Agreement directs MMC and the Maine Medical Center Neighborhood Council to meet at least quarterly to keep the neighborhood representatives advised of MMC's future development plans and to keep MMC advised of any neighborhood concerns related to the operation of the MMC campus.

The proposed Agreement is, in many respects reflective of a dialogue between representatives of the Parkside Neighborhood Association, the Western Promenade Neighborhood Association and the Gilman/Valley Street neighborhood. Within the past year, the Neighborhoods and the MMC began a series of discussions to make each other aware of their needs and plans. This included several discussions professionally facilitated by Pam Plumb, sometimes attended and observed by City planning staff who received minutes and facilitator-recorded outcomes of the meetings and provided these as attachments to staff memos to the Planning Board at its workshops on this application. Further discussions between the Neighborhood representatives and the MMC Board and President, again sometimes monitored by City planning staff, followed the facilitated discussions with high level MMC staff engaged in the planning of the project, during the summer and fall.

The proposed Agreement would institute continuing and ongoing communication between the hospital and the neighborhoods. At this writing there are two alternate paragraphs for achieving this. The first establishes that the Neighborhood Associations will name the neighborhood representatives to the MMC Neighborhood Council. The second does not specify that neighborhoods be represented by the Neighborhood Associations, and gives the City Manager the authority to resolve any disagreements over neighborhood representation on the MMC Neighborhood Council through designation of who will serve.

8. Vaughan Street Parking Lot and Pocket Park. The proposed Agreement would require that MMC make improvements to the existing Visitors Parking Lot that is bounded by Vaughan, Brackett, Bramhall and Chadwick Streets. These would include landscaping and replacement of the existing fence around the lot. These improvements would need to be completed within one year of the effective date of the Agreement. They are shown in Exhibit G of the proposed Agreement.

There is also a small area of open space on lots owned by MMC that are now opposite the Richards Wing and front on Charles and Ellsworth Street. These lots will be cut through by the realigned Ellsworth Street, when the Charles Street Addition is constructed. MMC has proposed a landscaped "pocket park" on the remainder of these parcels not occupied by the new street alignment and adjacent new sidewalk.

The proposed improvements are considered part of the site plan for the project and are shown in Exhibit B of the proposed Agreement.

9. Impacts on Congress Street, Gilman/Valley Street. MMC has modified its original site plan submission in several respects in response to concerns of neighbors and City staff to improve its impact on Congress Street and the Gilman Street/A Street/Valley Street neighborhood.

- Crescent to Congress stairway (seasonal, if possible at all). Exhibit B 11. of the Agreement shows a plan for a pedestrian connection between Crescent and Congress Streets that, if feasible, would use portions of an existing right of way that is presently only partly owned by MMC. The proposed Agreement requires that MMC utilize its best efforts to obtain necessary consents/releases from property owners abutting the 20-foot passageway. If successful, MMC is to construct the stairway/landscaped walkway, and dedicate it to the City. The City would maintain it and open it for public use seasonally, keeping it closed in winter.
- New parking garage pedestrian access way (year round). A second measure to increase pedestrian access between the Bramhall campus, adjacent residential areas and Congress Street is the establishment of a pedestrian access way open to the public that would use the new parking garage east end and stairway, from the Crescent Street garage entrance to the Congress Street garage entrance. Appropriate security measures would be applied.
- Parking Garage façade. The present proposed façade of the new parking garage has undergone several changes from the original proposal in response to concerns from the neighborhood and City staff to make it less imposing and improve its visual and aesthetic impact on the neighborhood. The proposed Agreement explicitly reserves the right of the Planning Board to request further changes at the time of site plan review following adoption of the Agreement by the City Council. Design improvements to date include the addition of brick veneer, some limited fenestration to the corner stairway and the elevator tower and architectural caps to the vertical design elements, including the elevator tower. Street lighting design in front of the garage is still to be determined. See Exhibit B-12 through B-14 for rendered elevation plans of the new garage.
- Central Utility Plant façade. Originally this façade was a proposed colored metal design that made no effort to conceal the utility plant nature of the building's function. In response to the comments from City staff and from the neighborhood, the present design includes a brick façade with gray stone elements that continues the design theme established by the Charles Street addition's façade. Although there are no windows, the vents in the façade will be outlined in a way that gives the illusion of windows. Landscaping will be applied in front of the Central Utility Plant as well, continuing the line of spruce trees that currently exists along Gilman Street's MMC side. See Exhibit B-15 for a rendered elevation view of the proposed façade and landscaping. Landscaping will be fuller than shown even at that size. Rendering minimizes it to show both landscaping and façade design.
- Gilman Street landscaping. Currently the MMC side of Gilman Street, uphill of the Central Utility Plant includes a row of tall mature spruce trees. The understory is "bamboo", thickly overgrown in the summer, but insubstantial in fall and winter. In amongst it is a cyclone fence that is not in very good condition and is not visually appealing. Curbing is minimal or non-existent. A small stone retaining wall near the top of the street where it curves sharply to the cul-de-sac on the inside of the

curve is crumbling. Exhibit B-8 shows proposed landscaping improvements that have been reviewed and approved by the City Arborist at the request of the Planning Board.

10. Vacant former Eagles Club Building. Within a year from its effective date of the proposed Agreement directs MMC to demolish the former Eagles Club, now vacant, boarded up, owned by MMC, and located at the corner of A Street and Valley Street. It also requires MMC to loam and seed the site following demolition until the site is developed pursuant to an approved site plan.

11. Site Plan Review for Future Expansions listed in the Agreement. Paragraph 6 of the Agreement spells out the proposed height limitations for both the current proposal (Phase I) and for a future proposal (Phase II). The Phase designations come from the Master Plan submitted by MMC as requested by the Planning Board, that is not referred to or contained in the Agreement, but can be viewed in Attachment 4. The existing maximum height permitted in the R-6 Residential zone is 45 Feet. Here are the limits from the proposed Agreement.

	Charles St Add.	Parking Garage	Cent Util. Plant	LL Bean Wing
<u>Phase I Height Limits</u>	95 feet	70 feet	45 feet	111' (existing)
<u>Phase II Height Limits</u>	130 feet	95 feet	70 feet	145 feet

The proposed elevator tower of the portion of the new parking garage and the helipad are not structures that can be occupied for habitation or work purposes and are therefore exempted for the maximum height requirement under the City's existing requirements.

12. Improved Site Access by City Emergency Services. Though not described verbally in the proposed Agreement, MMC's site plan (Exhibit B of the Agreement) for the project includes improvements to the intersection of the loop road crossing through the Bramhall campus from Crescent Street to the top of Gilman Street. Included are improvements to the top of Gilman Street that widen and smooth out the slope of the turn at the top of Gilman so as to allow City fire apparatus to enter and exit the MMC campus from the Gilman Street side. At present this is impossible because of the grade of the turn and insufficient width of the Gilman Street right of way. However, the site plan shows that with a transfer of a narrow sliver of City land from the Western Prom to the Gilman Street right of way, the proposed improvements, carefully designed to the specifications of the City's fire apparatus at the Fire Chief's request, will allow the City's vehicles to pass through the turn safely. This will improve the safety of MMC's campus in the event of fire or other emergency involving City vehicles by establishing a second point of access to and egress from the hospital from the Gilman Street side to supplement the approach from the Crescent Street side.

13. MMC will contribute \$300,000 to the City for public improvements in the vicinity of the project. During the fall of 2004, Planning staff and staff from Public Works and Parks and Recreation walked the neighborhood at the request of the Planning Board to inventory public improvement needs in the neighborhood. The list is not incorporated in the text of the Agreement, which does not specify what improvements MMC agrees to contribute to or pay for, but leaves it to the City to decide which improvements it will select and does not specify how the City will select the improvements it will use MMC's contribution to fund. However, it is one source of information about public improvement needs that the Planning Board may consider at the time of site plan review. The public improvement needs inventory list and a corresponding map are included in Attachment 5 to this report. Public Works staff has made it clear to all parties that they reserve the right to request additional public improvements from MMC at the time of site plan review.

MMC has said it expects to receive a federal grant of about \$1 million to be used for public improvements in the vicinity of the hospital expansion. It is MMC's intent that the funds will be used for the public improvements such as sidewalks and curbing adjacent to the site that will be shown on the site plan. MMC has agreed in any case that it will contribute \$300,000 to public improvements in the neighborhood that are in the vicinity of the hospital as a condition of the contract.

14. Alternative Transportation. To help reduce traffic volumes and parking demand in the MMC neighborhood, the proposed Agreement states that MMC will "encourage its employees to use public transportation and other alternatives to automobiles for commuting to and from their jobs." This is to include a program of subsidies by MMC to employees who purchase monthly bus passes.

NOTE: The advertised contract included two choices for the Planning Board to consider concerning the boundaries of the Conditional Zone, and two choices for language governing the appointment of neighborhood representatives to the Maine Medical Center Neighborhood Council. In addition, Planning Board member John Anton has provided alternate language regarding paragraph 16 of the proposed Agreement for the Planning Board to consider at its February 1, 2005 public hearing. His proposed language is contained in Attachment 6.

V. MAINE MEDICAL CENTER PROPOSAL AND THE COMPREHENSIVE PLAN

The Planning Board and City Council will make a determination as to whether the proposed conditional rezoning proposal is consistent with the City's Comprehensive Plan. Some Comprehensive Plan elements that are especially relevant to this proposal and its location and neighborhood are listed below:

Portland Comprehensive Plan's Vision for the Future (Bold type below in original)

The Portland Comprehensive Plan's Vision for the Future characterizes Portland as the "center for many **regional service institutions**, which offer high quality medical care, an extensive range of social services for those in need, and numerous higher education opportunities". This characteristic is one of several that the vision places under the heading of "Distinctive Features of Portland to Value and Build Upon" and the subheading, "A city that provides for people". The Vision also recognizes the importance of neighborhoods under the same heading and the subheading, "A city that is a good place to live".

Under the heading, "Future Directions for Portland" and the subheading, "Serve the people", the Vision says "**Provide compassionate services** for the City's vulnerable citizens, while leading regional approaches to share the responsibility of caring for citizens in need" and "**Foster expanded opportunities, innovative solutions, and exemplary services** from Portland's institutions of higher learning, health care, and community services." The Vision also says "Support and encourage the creation and preservation of an **adequate supply of quality housing** for all." And under the subheading of "Build a Vibrant Small City" the Vision says, "Support a **dynamic downtown** that embraces an intertwining of uses, including residential, business, retail, institutional, service, and arts and cultural uses." Under the subheading, "Provide High Quality Leadership", the Vision says, "Create a **sustainable community** with vital neighborhoods, high quality infrastructure, a strong economy, and a healthy environment, while keeping municipal taxes affordable" and "**Incorporate environmental, economic and neighborhood considerations** in municipal decision-making." Under the subheading "Protect Our Community Attributes" the Vision says, "**Preserve and enhance the park system** with its trails, active recreation facilities and

natural areas.”

Comprehensive Plan Description of Maine Medical Center

Pages P-11 and P-12 of the Public Facilities and Services section of the Comprehensive Plan provides the following description of Maine Medical Center:

“Maine Medical Center is located at 22 Bramhall Street in Portland. It is the largest hospital in Maine with 598 beds. MMC is a fully accredited, community oriented teaching hospital serving Portland, and a referral center for the entire State and much of northern New England. MMC is widely known for its expanding cardiac diagnostic and open-heart surgery programs, renal dialysis and kidney transplant, oncology, nuclear medicine, physical medicine and rehabilitation. It maintains a graduate medical education program, has residency-training programs in major specialties and is a teaching affiliate of the University of Vermont College of Medicine. There are 35 separate outpatient clinics and a highly regarded research department, programs in community medicine, and a Community Mental Health Center. MMC has a substantial diagnostic facility, which provides space for the Pathology and Radiology departments. It is the home of the Barbara Bush Children’s Hospital as well as the Southern Maine Radiation Therapy Institute, a cancer-treating consortium of 17 Maine hospitals. MMC operates seven facilities throughout the region, including Spring Harbor Hospital (the former Jackson Brook Institute) in Scarborough, Maine’s only private psychiatric hospital. MMC supports a staff of approximately 4,571 employees.”

Comprehensive Plan Housing Policies

There are several especially housing policies and related objectives and strategies in the Housing Component of the Comprehensive Plan, adopted November 18, 2002. They are circled in the excerpts from this section of the Comprehensive Plan, in an attachment. They pertain to and are within plan sections addressing Ensuring an Adequate and Diverse Supply of Housing for All, Preserve a Quality Housing Stock, Neighborhood Stability and Integrity, and Sustainable Development.

Here are some additional especially relevant excerpts from the Comprehensive Plan Goals and Policies

STATE GOAL D. To encourage and promote affordable, decent housing opportunities for all Maine citizens:

I. Housing: Sustaining Portland’s Future- November 18, 2002

Goal

- Maintain, rehabilitate, and restore the existing housing stock as a safe and important physical, economic and architectural resource for the community.

Policies

- Assist with the restoration and rehabilitation of architecturally significant residential properties within and outside of Portland’s historic districts.
- Foster safe and high quality housing through appropriate building codes and financial assistance.

- Target vacant buildings for maintenance, rehabilitation and reuse.
- Improve the safety of Portland's housing stock by eliminating public health hazards from single and multi-family residential properties.
- Establish a standard of "no net loss of housing" for all proposed development.

Goal

- Maintain and enhance the livability of Portland's neighborhoods as the City grows and evolves through careful land use regulation, design and public participation that respects neighborhood integrity.

Policies

- While accommodating needed services and facilities, protect the stability of Portland residential neighborhoods from excessive encroachment by inappropriately scaled and obtrusive commercial, institutional, governmental, and other non-residential uses.
- Support Portland's livable neighborhoods by encouraging a mix of uses that provide goods and services needed and are within walking distance of most residents.
- Encourage innovative new housing development, which is designed to be compatible with the scale, character, and traditional development patterns of each individual residential neighborhood.
- Encourage new housing development in proximity to neighborhood assets such as open space, schools, community services and public transportation.

IV. Downtown Vision: Overall Goals - March 11, 1991

Goal

- Preserve and enhance the quality and vitality of neighborhoods within and adjacent to the Downtown.

Downtown Vision: Neighborhood Policies

- Continue to offer, expand, and promote programs, which maintain and upgrade housing in the neighborhoods within and immediately surrounding the Downtown.
- Continue support for improving access and re-use of upper stories, with more emphasis on upper-story residential uses between Congress and Longfellow Square and within the Congress Street to Cumberland Avenue area. Actively market this upper-story space.
- Implement zoning and development ordinances, which require the relocation of tenants displaced by new development, in locations within or adjacent to the Downtown. Where demolition is necessary to facilitate new growth consistent with the plan for the downtown,

relocation of existing residential tenants must be carefully addressed.

- Initiate long-term development programs for the Bayside, Gorham's Corner and India Street perimeter areas with an objective of establishing and re-establishing residential components with a mix of income levels and types of housing within a context of mixed commercial and residential uses.

V. Regulation of Institutional Uses in Residential Zones - 1983

(Planning Board Report #46-83)

Goals

- Institutional uses, where they are to be allowed in residential zones, should be designated conditional uses with review before the Planning Board.
- Any new institutional use should be required to have a lot size of sufficient area to accommodate all activities, including parking and to absorb impacts and growth needs of the institution.
- Reasonable expansion of existing institutions should be accommodated, but effective use of existing lot area should be required.
- For both new development and expansion of existing institutions, the displacement or conversion of existing dwellings should be avoided, and that an institutional development proposal that causes significant residential displacement should be cause for denial of conditional use approval.

Comprehensive Plan Economic Development Policies

Here are some especially relevant downtown development policies

STATE GOAL C To promote an economic climate which increases job opportunities and overall economic well-being;

III. Downtown Vision- March 1991

Retail Economy Goals

- Strengthen and enhance the Downtown retail sector to meet the diverse consumer needs of Downtown workers, Downtown and citywide residents, and visitors.
- Revitalize Congress Street, Portland's main street, by establishing and promoting the Congress Street Cultural Corridor with additional cultural facilities and related retail uses.
- Pursue infill retail development within established retail areas and expand retail areas while complementing and supporting what already exists.

Downtown Vision: Retail Economy Policy

- Assure street-level retail or other pedestrian-oriented uses through appropriate zoning requirements.

Downtown Vision: Tourism and Hospitality Goal

- Develop appropriate attractions and improvements Downtown that complement and enhance the role of the tourism and hospitality industry.

Comprehensive Plan Transportation Policies

Here are some especially relevant transportation policies from the Comprehensive Plan

V. PORTLAND DOWNTOWN TRAFFIC AND STREETScape STUDY – 1999

Goals

Downtown Traffic & Streetscape Policies

- Investigate and analyze traffic access into and within the Downtown;
- Develop more on-street parking;
- Minimize conflicts between pedestrians and vehicular traffic;
- Develop a pedestrian-friendly streetscape in the Congress Street corridor; and
- Create stronger pedestrian linkages between the Old Port and the Congress Street corridor.

Comprehensive Plan Open Space Policies

VIII. GREEN SPACE, BLUE EDGES: AN OPEN SPACE AND RECREATION PLAN FOR THE CITY OF PORTLAND, 1995, updated 2001

Open Spaces and Recreation Policies: Management of Open Space and Recreation

- Integrate the principles and recommendations of Green Spaces, Blue Edges into all public programs and improvement projects.
- Review the legal status of land that we consider to be parkland and once that status is established, protect as such.

Comprehensive Plan Downtown Policies

IX. DOWNTOWN VISION - March 1991

Downtown Vision: Overall

- Accommodate ingress to and egress from the Downtown with a maximum efficiency and minimum of vehicular congestion, while maintaining a favorable pedestrian environment.
- Manage traffic and parking to diminish and decentralize the concentration of private automobiles in the heart of the Downtown through a creative combination of on-street, on-site, central garage, and peripheral parking, and alternative transportation mode solutions.

Downtown Vision: Moving About Goals

- Achieve convenient, safe, and uncongested access and circulation to and within the Downtown area to serve the commuting work force, residents, shoppers, visitors, and other users.
- Maintain the Downtown as a comfortable and enjoyable walking environment.
- Expand the role of mass transportation to gain popular acceptance by the commuting workforce, residents, and shoppers, vehicle maintaining service for transportation disadvantaged groups
- Provide sufficient parking availability and traffic capacity for existing and new development Downtown.

Downtown Vision: Moving About Policies

- Work in the long term to wean the Downtown workforce from over-reliance on on-site parking for single occupant commuter vehicles. Promote a pedestrian oriented Downtown center, with a higher proportion of commuters relying on transit, shuttle lots, van pools, ride share, walking, bicycling, and other alternatives to private automobile use in the heart of the city.
- As the Downtown grows, make necessary infrastructure and traffic management improvements to accommodate vehicular peak traffic with a minimum of congestion. Emphasize management and modest infrastructure improvements rather than large scale roadway improvements that would substantially alter the face of the city. Recognize pedestrian safety and comfort in the heart of the Downtown as a top priority.

VI. ASPECTS OF SITE DEVELOPMENT

Overview of the City's Review Process

For this project to be built, it will require several types of City review and approval, listed below:

- Draft Contract Zoning Agreement negotiation by Applicant and the Planning Board
- Final Contract Zoning Agreement approval by the City Council
- Conditional Use approval for a hospital expansion by the Planning Board
- Site Plan approval by the Planning Board
- Site Location of Development approval by the Planning Board
- Housing Replacement plan approval by the Planning Board
- Street Discontinuance and Street Relocation recommendation by the Planning Board
- Street Discontinuance and Street Relocation authorization by the City Council

Overview of Proposed Site Improvements

Briefly summarized, Maine Medical Center proposes a contract zone to include the following improvements to their West End hospital campus:

- A new four-story, 192,000 square-foot building addition for obstetrics and newborn services, referred to herein as the Charles Street addition, including improvements to the Richards Wing and admitting lobby. The latter improvements include proposed reconfiguration of the hospital main entrances and lobbies.
- A new helicopter landing pad to be constructed on the top level of the existing parking garage on Congress Street, served by an elevator and new corridor connections to the operating rooms and the emergency room.
- A new 512-space parking garage for patients and visitors, to be located immediately east of, and to be connected to, the existing parking garage, that will also include a new entrance on Congress Street.
- A new central utility plant, located on Gilman Street, to provide a central heating and cooling facility for the hospital campus.

In order to accommodate these proposed improvements, some redevelopment will be necessary. The redevelopment elements of the plan will depend on:

- Discontinuance by the City of portions of Charles, Crescent, and Ellsworth Streets
- Relocation of portions of Charles and Wescott Streets
- Demolition and replacement of housing units located at 35 and 37 Crescent Street.

A portion of the Charles Street addition is proposed to occupy the property on which the New England Rehabilitation Hospital was until recently operating. All private properties to be redeveloped are already owned by Maine Medical Center.

Improved Access for City Emergency Vehicles

In response to a request from the Fire Department during staff level review of this project, Maine Medical Center will make improvements to the existing intersection of its interior access road and Gilman Street. This intersection is adjacent to the Western Promenade in the rear of the hospital campus. The improvement has been requested in order to allow for emergency vehicles to enter or exit the Maine Medical Center campus from the rear. This would provide improved and alternate means of access to more parts of the campus. And it is important to note that it would address what the Fire Department considers present deficiencies in emergency access options needed to adequately serve the existing campus as well as the proposed improvements.

In order to improve the topography of the sharp curve linking Gilman Street and the access road adjacent to the Western Prom, City staff and the applicant, after a joint site visit, anticipate that the applicant will find it necessary, due to the extreme existing grade, the needed turning radius and the needed street width, to seek a widened street right-of-way. Accordingly, Maine Medical Center will likely request that the City convert a very narrow strip of City park land within the Western Promenade, adjacent to the existing curve at the head of Gilman Street to a portion of the Gilman Street right-of-way in order to accommodate the proposed intersection improvements. Plans showing these improvements and the related land transfer request have not yet been completed.

The applicant has now provided a proposed plan for revisions to the street grading and ROW width for the intersection of Gilman Street and the loop road through the campus. As anticipated, this plan also shows the proposed sliver of land that is currently part of the Western Promenade Park and is proposed for transfer to the Gilman Street ROW, including new landscaping on a 1-to-1 slope on the new curve embankment, and a

relocated existing footpath at the top of the new curve embankment.

The new plan for Gilman Street is designed to meet specific measurements of the fire apparatus that would possibly use the new curve as an alternate rear access to and egress from the Gilman Street side of the MMC campus. It has been reviewed and found acceptable by Lt. Gaylen McDougal of the Fire Department and by the City Engineer, Eric Labelle, and City Arborist Jeff Tarling.

In the course of reviewing the new ROW plan for the Gilman Street-Loop road connection, the Public Works Department and the applicant's consultant discovered that a portion of the present cul-de-sac of Gilman Street is owned by Maine Medical Center. This portion is a remnant of land that reverted to Maine Medical Center many years ago, when the City discontinued Arsenal Street, which ran parallel to Bramhall through the present Gilman cul-de-sac location. For some unknown reason it was not included in the Gilman St. ROW when that became public, and half the width of the old Arsenal Street was not included in the Gilman St ROW. The site plan review provides an opportunity to correct this oversight and transfer this odd piece of land in the middle of the cul-de-sac to the City.

Traffic and Parking

The City's consulting traffic engineer, Tom Errico, has reviewed the applicant's traffic and parking studies, prepared by the engineering firm of Gorrill-Palmer. Tom Errico says his concerns have been addressed, but is also recommending that the City require MMC to replace the aging traffic signals at Bramhall, Congress and Deering Avenue.

The City's Parking Manager, John Peverada has also reviewed the parking study. He has made several recommendations regarding conditions of approval for the site plan that are contained in Attachment 7.

Housing Replacement

The applicants have submitted and City staff has reviewed a housing replacement plan that is summarized in the Conditional Zone Agreement. Recommended conditions of the Housing Replacement Plan approval from Wendy Cherubini are contained in Attachment 8.

Landscaping

The several landscaping elements to the proposed improvements, including the landscape plans for Gilman Street, the Central Utility Plant, the Vaughan Street parking lot, the pocket park, and the Charles Street addition have been reviewed and approved by the City Arborist.

VII. NEIGHBORHOOD MEETINGS

Maine Medical Center has held the required neighborhood meetings for purposes of developing a proposed conditional zone agreement. However, they have also gone above and beyond that requirement as briefly described above in Section IV of this report, with an ongoing series of meetings with neighborhood representatives, including a series of facilitated discussions held last spring and summer. Minutes and agendas from neighborhood meetings held to date are contained in Attachment 9.

VIII. MOTIONS FOR THE BOARD TO CONSIDER

On the basis of plans and materials included in Planning Report #06-05, the information provided at the public hearing, and on the basis of information submitted by the applicant, the Planning Board finds:

That the proposed conditional zoning agreement for the Maine Medical Center **[is/is not]** consistent with the City's Comprehensive Plan.; and

As required under 30-A M.R.S.A Section 4352, that the proposed conditional rezoning

- Is consistent with the local growth management program adopted under this chapter;
- Establishes rezoned areas that are consistent with the existing and permitted uses within the original zones; and
- Only includes conditions and restrictions that relate to the physical development or operation of the property.

The Planning Board therefore **[recommends/does not recommend]** the Maine Medical Center Conditional Rezoning to the City Council.

Attachments:

1. Conditional Zone Agreement Maine Medical Center, with Exhibits A-G.
2. Maine Medical Center Bramhall Campus Application for Zoning Amendment (Notebook w/Tabs 1-17.
3. Memo from Paul Gray, responding to Rick Seeley's memo of August 25, 2004, dated Dec. 22, 2004.
4. Maine Medical Center Master Plan.
5. Table of Public Improvement Needs Within 1/4 Mile of Maine Medical Center's Bramhall Campus.
6. Proposed Substitute Paragraph 16, email from John Anton, January 27, 2005.
7. Parking Plan review and recommended conditions of approval, email from John Peverada.
8. Housing Replacement Plan review and recommended conditions of approval, Wendy Cherubini.
9. Maine Medical Center Neighborhood Council meeting minutes and agendas.

Att. 1

DRAFT

CONDITIONAL ZONE AGREEMENT

MAINE MEDICAL CENTER

AGREEMENT made this ____ day of _____, 2005, by **MAINE MEDICAL CENTER**, a Maine corporation with a principal place of business located in the City of Portland, County of Cumberland and State of Maine, its successors and assigns (“**MMC**”).

WITNESSETH:

WHEREAS, **MMC** is the owner of land and buildings located in Portland at Map 53, Block D, Lots 1, 2 and 7; Map 53, Block E, Lots 1, 2, 10 and 13; Map 53, Block G, Lots 1 and 13; Map 54, Block H, Lot 1; and Map 64, Block C, Lots 1 and 2 (the “**PROPERTY**”); and

WHEREAS, **MMC** is the largest provider of obstetrical services in Maine and provides the only statewide fulltime maternal fetal medicine service serving women and newborns at high risk and **MMC** has the only Level III neonatal intensive care unit in Maine; and

WHEREAS, in order to respond to the changing professional and clinical standards for the care of sick infants within the neonatal intensive care unit and to meet the spatial requirements of today’s routine and high risk obstetrical and newborn care, **MMC** must build an addition comprised of 192,000 square feet (the “**Charles Street Addition**”); and

WHEREAS, **MMC** proposes to construct the Charles Street Addition by expanding vertically, on the site of an existing medical building bounded generally by Charles Street, Wescott Street, Ellsworth Street and Crescent Street; and

WHEREAS, in order to avoid a substantial expansion of the footprint of the buildings at MMC and, instead, to construct the Charles Street Addition by vertical expansion, it is necessary to modify the otherwise applicable height requirement in the R-6 Zone; and

WHEREAS, in order to accommodate the needs of the Charles Street Addition and to improve parking and traffic circulation on the MMC campus, MMC proposes to construct a new 512 car capacity parking garage along Congress Street (the “New Parking Garage”); and

WHEREAS, in order to achieve the requisite parking capacity within the available space, MMC needs to build the New Parking Garage at a height taller than the currently applicable height limit in the R-6 Zone and also to locate the New Parking Garage closer to Congress Street than the currently applicable setback requirement in the R-6 zone; and

WHEREAS, in order reduce transport time for critical patients coming to MMC’s emergency department, MMC proposes to construct a helicopter landing pad on top of the existing parking garage which fronts on Congress Street (the “Helicopter Landing Pad” also occasionally referred to as “Heliport or Helistop”); and

WHEREAS, in order to replace currently fragmented heating and cooling systems throughout its campus, MMC intends to construct a central utility plant, built into the hillside between the hospital and Gilman Street (the “Central Utility Plant”); and

WHEREAS, the Central Utility Plant will be built at a proposed height of 45 feet but is also designed to accommodate a future vertical expansion of two additional floors, with a maximum future height of 70 feet; and

WHEREAS, MMC currently has operating rooms, intensive care beds, and adult and pediatric beds in an existing building constructed in 1985 (expanded in 1998) and referred to as the “L. L. Bean Wing;” and

WHEREAS, MMC has no current construction plans for the L. L. Bean Wing, but anticipates that the L. L. Bean Wing will need to be expanded vertically at some time within the next decade; and

WHEREAS, the L. L. Bean Wing was designed structurally to accommodate such vertical expansion by an additional two stories; and

WHEREAS, MMC desires to provide for such eventual vertical expansion within this Agreement; and

WHEREAS, by expanding vertically for the Charles Street Addition rather than horizontally, MMC will need to remove only two residential buildings, and will do so in full compliance with the housing replacement requirements of section 14-483 of the Portland Code of Ordinances; and

WHEREAS, in addition to such required replacement, MMC will divest itself of ownership of nine other buildings (two on Crescent Street, two on Ellsworth Street, one on Hill Street and four on Bramhall Street), enabling others to return them to residential use; and

WHEREAS, MMC has requested a rezoning of the **PROPERTY** in order to permit the above-described improvements; and

WHEREAS, the **CITY** by and through its Planning Board, pursuant to 30-A M.R.S.A. §4352(8) and Portland City Code §14-60, *et seq.*, and §14-315.3, after notice and hearing and due deliberation thereon, recommended the rezoning of the **PROPERTY** as aforesaid, subject, however, to certain conditions more specifically set forth below; and

WHEREAS, the **CITY** has determined that because of the unique circumstances of the location of an urban medical center campus in close proximity to historic and densely populated neighborhoods within the R-6 Zone, and in order to balance the interests of MMC and its

residential neighbors, it is necessary and appropriate to impose the following conditions and restrictions in order to ensure that the rezoning is consistent with the City's Comprehensive Plan; and

WHEREAS, on _____, 2004, the **CITY** authorized the amendment to its Zoning Map based upon the terms and conditions contained within this Agreement, which terms and conditions become part of the zoning requirements for the **PROPERTY**;

NOW THEREFORE, in consideration of the rezoning, **MMC** covenants and agrees as follows:

1. The following exhibits are incorporated into and made a part of this Agreement:

Exhibit A: Helistop Overlay Zone Map

Exhibit B: Site Plan

1. Sheet C050: Campus Plan, Revision date: 9/16/04
2. Sheet C100: Site Plan, Revision date: 9/16/04
3. Sheet C101: Site Plan, Revision date: 9/16/04
4. Sheet C102: Site Plan, Revision date: 9/16/04
5. Sheet C103: Site Plan, Revision date: 9/16/04
6. Sheet C400: Landscape Plan, Revision date: 9/16/04
7. Sheet C401: Landscape Plan, Revision date: 9/16/04
8. Sheet C402: Landscape Plan, Revision date: 9/16/04
9. Sheet C403: Landscape Plan, Revision date: 9/16/04
10. Landscape Plan at Existing Garage, See sheets 401 & 402
11. Pedestrian Connection to Congress Street, 4/14/04
12. Parking Garage Rendered Elevation, North, 1/27/05
13. Parking Garage Rendered Elevation, South, 1/27/05
14. Parking Garage Rendered Elevation, East, 1/27/05
15. Central Utility Plant Rendered Elevation, 1/27/05
16. Charles Street Addition Rendered Elevation, South 1/27/05
17. Charles Street Addition Rendered Elevation, East 1/27/05
18. Charles Street Addition Rendered Elevation, North 1/27/05
19. Charles Street Material Board 1/27/05
20. Public Access Route through Parking Garage 1/27/05

Exhibit C. Future Expansions Conceptual Drawings

1. Charles Street Addition 1/27/05

2. New Parking Garage 1/27/05
3. Central Utility Plant 1/27/05
4. L.L.Bean Wing 1/27/05

Exhibit D: **Miller Memo 01/06/05 and MMC Helipad** Flight Paths, Harris Miller Miller & Hanson Inc., 9/16/04

Exhibit E: **Helipad** Operating Guidelines (2 pages); source, Lifeflight of Maine

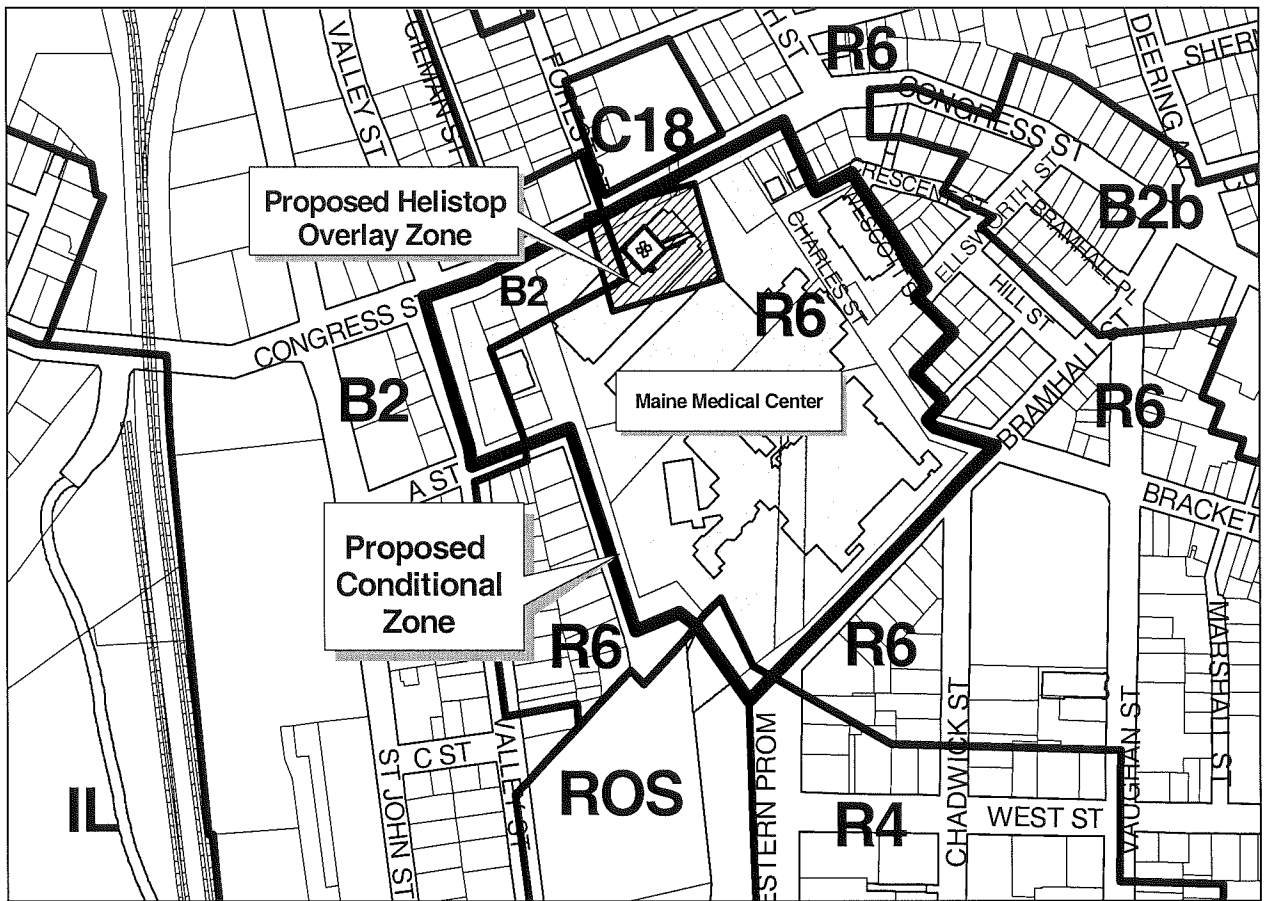
Exhibit F: **Helipad** Plans

1. **Heliport** Plan, 1/27/05
2. Heliport Elevation, 1/27/05
3. Heliport Perspective, 1/27/05

Exhibit G: Vaughan Street Parking Lot Landscaping Plan

1. Landscape Plan, 7/8/04
2. Wall Treatment
3. Fence Detail
4. Landscape Section

2. The **CITY** shall amend the Zoning Map of the City of Portland, dated December 2000, as amended from time to time and on file in the Department of Planning and Urban Development, and incorporated by reference into the Zoning Ordinance by Portland City Code §14-49, by adopting the map change amendment below, which map change includes a Helistop Overlay Zone as more particularly depicted on Exhibit A.



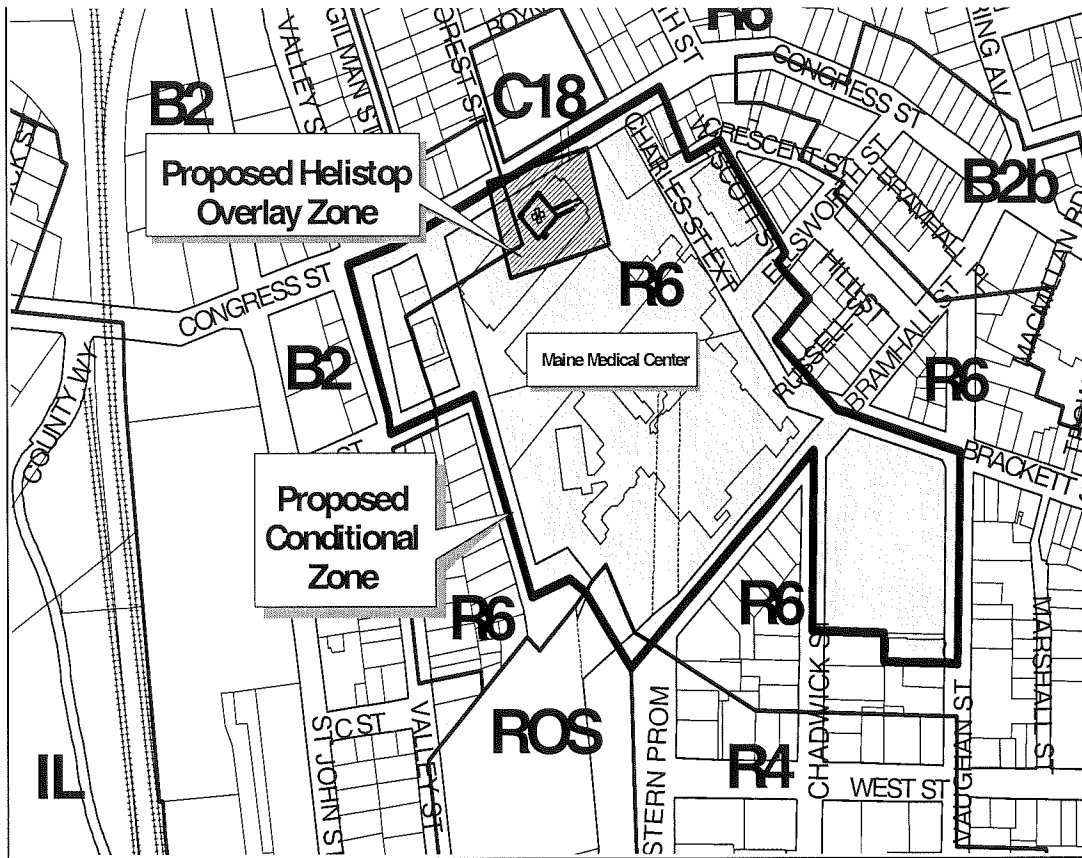
**Proposed Rezoning for Maine Medical Center
from R6 & B2 to Conditional
with Helistop Overlay Zone**

January 2005

100 0 100 200 Feet

Map prepared by the City of Portland's Department of Planning & Development and the GIS Workgroup

OR



**Proposed Rezoning for Maine Medical Center
from R6 & B2 to Conditional
with Helistop Overlay Zone**

January 2005
100 0 100 200 Feet

Map prepared by the City of Portland's Department of Planning & Development and the GIS Workgroup

3. The **PROPERTY** and site improvements shall be developed and operated substantially in accordance with the site plan shown on Exhibit B (the "Site Plan"), which Site Plan includes but is not limited to street layouts, landscaping, and building elevation drawings for initial construction, subject to the approval of the Site Plan by the City's Planning Board in compliance with the requirements of Chapter 14, Article V. The architectural treatment of the façade of the New Parking Garage may be revised during site plan review.

Amendments to the Site Plan for the purpose of constructing any of the future expansions described in section 6(b) of this Agreement and within the height limits specified in section 6(b) may be approved by the Planning Board under Chapter 14, Article V, without the need for amendment of this Agreement or further approval by the City Council. Minor revisions to the Site Plan in the nature of field adjustments may be approved by the Planning Authority, without the need for amendment of this Agreement or further approval by the City Council.

4. No building permits shall be issued unless and until **MMC** receives conditional use approval pursuant to section 14-474 (Expansion of Institutional Use) and section 14-483 (Housing Replacement), site plan approval pursuant to section 14-483(e) of the City Code, approval under the Site Location of Development Act and an MDOT traffic movement permit, if

required. No occupancy of the newly constructed buildings shall be permitted unless and until all site plan conditions of approval have been satisfied and the City Council has taken final action on the street discontinuances and street acceptances required for the realignment of certain streets, as shown on the Site Plan (Exhibit B).

5. **MMC** shall provide to the **CITY** a performance guarantee covering all required site improvements under section 14-525(j) of the City Code and the two replacement dwelling units provided under paragraph 6(d) of this Agreement.

6. The **PROPERTY** shall be governed by the zoning provisions, as such may be amended from time to time, applicable in the zoning districts underlying the Conditional Zone except as follows:

(a) Height Limits – Initial Construction. The maximum structure height (measured according to the definition of “building, height of” in section 14-47) shall be:

- 95 feet for the Charles Street Addition, as depicted on the Site Plan
- 70 feet for the New Parking Garage, as depicted on the Site Plan
- 45 feet for the Central Utility Plant, as depicted on the Site Plan
- 111 feet for the L. L. Bean Wing, as already constructed.

(b) Height Limits – Future Expansions. After initial construction described in subparagraph (a) above, the maximum structure height (measured according to the definition of “building, height of” in section 14-47) for any expansion of those buildings described in subparagraph (a) shall be:

- 130 feet for the Charles Street Addition
- 95 feet for the New Parking Garage
- 70 feet for the Central Utility Plant
- 145 feet for the L. L. Bean Wing

provided application for any such expansion is made no earlier than three years and no later than ten years from the effective date of this Agreement, and that the expansion is approved by the Planning Board under the site plan review provisions of Chapter 14, Article V and complies with all other applicable ordinance provisions. Conceptual drawings of such future expansions are attached as Exhibit C.

(c) Setbacks.

- The minimum setback of the New Parking Garage shall be zero (0) feet from the right of way line of Congress Street.
- The minimum setback of the southeast corner of the Charles Street Addition shall be five (5) feet from the relocated right of way line of Ellsworth Street, as depicted on Exhibit B.
- The minimum setback of the Central Utility Plant shall be 5 feet from Gilman Street.

(d) Replacement Housing. The replacement of the two existing residential structures at 33 Crescent Street (identified as Map 53, Block E, Lot 2) and 37 Crescent Street (identified as Map 53, Block E, Lots 1, 10 and 13) containing a total of seven dwelling units and two single-room occupancies by a portion of the New Parking Garage shall be deemed to meet the requirements of section 14-137(c), provided that MMC shall comply fully with the requirements of section 14-483 (Preservation and Replacement of Housing Units). Specifically, MMC shall comply with section 14-483 by (i) converting the building at 325-329 Brackett Street identified as Map 54, Block D, Lot 7 (the last approved use of which was office space) into two dwelling units prior to the issuance of a certificate of occupancy for the New Parking Garage and then divesting itself of ownership of the building prior to the issuance of a certificate of occupancy for the Charles Street Addition and (ii) paying Three Hundred Fifteen Thousand Five Hundred Eighty dollars (\$315,580.00) into the CITY's Housing Development Fund (representing five dwelling units and two single-room occupancies) upon approval of the Site Plan by the CITY's Planning Board. The deadline for divestiture may be extended by the Planning Authority if MMC demonstrates that reasonable good faith efforts to market the property instituted at least 6 months prior to the deadline have failed to produce a bona fide offer at or above fair market value and on commercially reasonable terms.

(e) Sidewalks. MMC shall comply with the CITY's Brick District Policy Plan, except that, at the time of final site plan review, the Planning Board may approve the use of sidewalk materials other than brick (but not bituminous) in locations where, because of the particular needs or requirements of the hospital use, the use of materials other than brick is appropriate.

7. The Helicopter Landing Pad shall not be subject to the provisions of section 14-409 (Heliports), but shall be governed by the provisions of the Helistop Overlay Zone, sections 14-325 through 14-327), except as follows:

(a) Setbacks. Because it is to be located on the roof of an existing structure, the landing pad shall not be required to meet the setback requirements of Section 14-327(3) or the fencing requirements of Section 14-327(4).

(b) Flight routes. MMC shall identify preferred flight routes, to be approved by the CITY, designed to minimize noise impact of helicopter flights on surrounding residential areas, shall notify all flight providers likely to use the Helicopter Landing Pad of such preferred routes, and shall take the following measures to ensure that such preferred routes are utilized whenever weather conditions, safety considerations and the best interests of the patient being transported permit, with the expectation that this will be the usual case. MMC will instruct all providers which regularly use the Helicopter Landing Pad that pilots must file an exception report with the Air Medical Provider Administration of Lifeflight of Maine or its successor entity for operations modified for safety considerations or at the direct request of Approach Control at the Portland International Jetport. Logs of these exception reports will be made available to MMC and to the CITY upon request. When and if the Portland Jetport has the capacity to maintain and preserve data which specifically identifies flight routes actually taken by aircraft using the Helicopter Landing Pad, the CITY may consult such data to review compliance with this paragraph, and MMC, upon request of the CITY, will be responsible for the CITY's reasonable costs of translating such data into useable form, but not for the costs of the flight monitoring. Initially, such preferred flight routes shall be as shown on the map attached to this Agreement as Exhibit D. At the initiative of either the CITY or MMC, the map of preferred flight routes may be amended from time to time by agreement between MMC and the Planning Authority. The Planning Authority may consult with the Portland International Jetport and may convene a neighborhood meeting to obtain input from residents of any affected residential areas before agreeing to any such amendment. In the event MMC and the Planning Authority are unable to agree on a change proposed by either, the proposed change shall be referred to the City Council for decision. An agreement between the parties to change preferred flight routes under this paragraph may include noise mitigation measures in addition to those described in paragraph 7(g) below. In the event the parties are unable to reach agreement, a decision by the City Council to change preferred flight routes under this paragraph may include a condition requiring noise mitigation measures in addition to those described in paragraph 7(g) below only if such noise mitigation measures are recommended by an independent consultant engaged as described in this paragraph. In addition, after one full year of operation of the Helicopter Landing Pad (measured from the date of the first patient transport flight to use the Helicopter Landing Pad), the Planning Authority shall review the operation of the preferred flight routes and may initiate amendments to the map of preferred flight routes, following the procedures specified above. In connection with review or amendment of flight routes under this paragraph, the CITY may engage the services of an independent consultant and MMC will reimburse the CITY for its reasonable costs of obtaining such consulting services provided that the CITY, in advance of engaging the consultant, affords MMC an opportunity to comment on the scope of the consultant's engagement.

(c) Fly Neighborly. In negotiating any contract or agreement with any provider of emergency medical transport by helicopter, MMC will require the provider to operate in compliance with the "Fly Neighborly Guide" revised February 1993, prepared by the Helicopter Association International Fly Neighborly Committee and published by the Helicopter Association International. MMC shall establish a complaint number and a protocol for handling complaints, which shall be publicized within the neighborhood, and the complaints will be reviewed no less than quarterly by the Maine Medical Center Neighborhood Council, noted below.

(d) Helipad operating guidelines. The following standard practices will be incorporated as general policy for operations in and out of the Maine Medical Center Helipad and shall be communicated by **MMC** to providers. At all times, the Pilot in Command (PIC) will determine safety of operations as a first consideration. Under normal operating circumstances, take-offs, landings and standing-by on the Helicopter Landing Pad shall be conducted according to the Operating Guidelines, attached hereto as Exhibit E, subject at all times to the judgment of the helicopter pilot concerning safety and to the judgment of the emergency medical personnel concerning the health of the patient.

(e) Equipment. In generating any specifications in connection with the negotiation of any contract or agreement with any provider of emergency medical transport by helicopter, **MMC** will specify that helicopters utilizing the Helicopter Landing Pad (with the exception of U.S. military or government aircraft) are relatively new turbine powered aircraft meeting requirements under ICAO Annex 16 Chapter 8 for in-flight noise levels and complying with FAA airworthiness standards, 14 CFR part 36.11 and 14 CFR 21 Sub-part D, or any amended or successor requirements or standards.

(f) Design and construction. The Helicopter Landing Pad shall be constructed as shown on Exhibit A.

(g) Mitigation. **MMC** will pay for the installation costs associated with the full installation of soundproofing improvements contained within Exhibit D, except that alternatives to central air conditioning may be considered where appropriate as determined by the **CITY**. The **CITY** shall contract for such work and **MMC** shall be responsible for the costs associated therewith in an amount not to exceed \$_____, plus a 10% administrative fee to be paid to the **CITY**. The properties to be included under this provision are as follows: 897 Congress Street (Map ____, Block ____, Lot ____), 921 Congress Street (Map ____, Block ____, Lot ____), 925 Congress Street (Map ____, Block ____, Lot ____), and 929 Congress Street (Map ____, Block ____, Lot ____). Such funds shall only be expended if the owners of such buildings request such improvements no earlier than six months and no later than eighteen months after commencement of the operation of the Helicopter Landing Pad. Any funds not so used by the **CITY** at the end of the eighteen months after commencement of the Helicopter Landing Pad shall be refunded by the **CITY** to **MMC**.

OR

(g) Mitigation. **MMC** will pay for the installation of acoustically-designed windows having a Sound Transmission Class of 35 or greater in dwelling units located within the buildings described below. **MMC** will also pay for the installation of ventilation improvements to one or more rooms within each such dwelling unit if the City determines that such improvements are reasonably necessary to allow the residents of the dwelling unit to realize the noise reduction benefits of the windows. The **CITY** shall contract for such work and **MMC** shall be responsible for the costs associated therewith in an amount not to exceed \$_____, plus a 10% administrative fee to be paid to the **CITY**. The properties to be included under this provision are as follows: 897 Congress Street (Map ____, Block ____, Lot ____), 921 Congress Street (Map

____, Block ____, Lot ____), 925 Congress Street (Map ____, Block ____, Lot ____) and 929 Congress Street (Map ____, Block ____, Lot ____). Such funds shall only be expended if the owners of such buildings request such improvements no earlier than six months and no later than eighteen months after commencement of the operation of the Helicopter Landing Pad. Any funds not so used by the **CITY** at the end of the eighteen months after commencement of the Helicopter Landing Pad shall be refunded by the **CITY** to **MMC**.

(h) Accreditation. The principal provider of air medical transport to MMC shall be accredited by the Committee on Accreditation of Medical Transport Systems or its successor agency. Providers using the helicopter landing pad shall be accredited by the Committee on Accreditation of Medical Transport Systems or its successor agency, unless special circumstances warrant a non accredited provider such as the Air National Guard, the U.S. Coast Guard or other users.

8. Signage shall comply with the requirements of sections 14-336 through 14-372.5 of the City Code, except as otherwise approved by the Planning Board under Chapter 14, Article V.

9. For the purpose of keeping surrounding residential areas apprised of its future development plans, and to address any neighborhood issues related to the operations of the **MMC** campus (including but not limited to complaints or operating issues with respect to the helipad and future planning and development programs associated with **MMC**), **MMC** shall, no less than quarterly, invite representatives of the Maine Medical Center Neighborhood Council to meet with designated representatives of **MMC**. For purposes of this requirement, the Maine Medical Center Neighborhood Council shall consist of two representatives named by the Parkside Neighborhood Association, two representatives named by the Western Promenade Neighborhood Association and two representatives of the Gilman/Valley Streets neighborhood.

OR

For the purpose of keeping surrounding residential areas apprised of its future development plans, and to address any neighborhood issues related to the operations of the **MMC** campus (including but not limited to complaints or operating issues with respect to the helipad and future planning and development programs associated with **MMC**), **MMC** shall, no less than quarterly, invite representatives of the Maine Medical Center Neighborhood Council to meet with designated representatives of **MMC**. For purposes of this requirement, the Maine Medical Center Neighborhood Council shall consist of two representatives of the Parkside neighborhood, two representatives of the West End neighborhood and two representatives of the Gilman/Valley Streets neighborhood. In the event of any disagreement as to the persons to constitute the representatives of those neighborhoods, the City Manager may designate the persons who shall serve on the Maine Medical Center Neighborhood Council.

10. **MMC**, prior to occupancy of the Charles Street Addition, shall relocate the sewer serving 31 Crescent Street, as depicted on the Site Plan (Exhibit B). In addition, **MMC** shall

provide two off-street parking spaces for use by the tenants of 31 Crescent Street for so long as 31 Crescent Street serves as a residential structure.

11. **MMC** agrees to divest itself of ownership of the following existing structures owned by **MMC** according to the following schedule:

Within 12 months after the issuance of a certificate of occupancy for the Charles Street Addition:

15 Crescent Street (Map 53, Block F, Lot 6)
25 Crescent Street (Map 53, Block E, Lot 5)
25 Ellsworth Street (Map 53, Block H, Lot 2)
32 Ellsworth Street (Map 54, Block C, Lot 5)
20 Hill Street (Map 54, Block C, Lot 1)

No later than January 1, 2015 or the issuance of a certificate of occupancy for any of the future expansions described in Section 6(b) above, whichever is earlier:

19 Bramhall Street (Map 63, Block A, Lot 4)
23 Bramhall Street (Map 63, Block A, Lot 3)
25 Bramhall Street (Map 63, Block A, Lot 2)
31 Bramhall Street (Map 63, Block A, Lot 1)

The deadline for divestiture of any of such property may be extended by the Planning Authority if **MMC** demonstrates that reasonable good faith efforts to market the property instituted at least 6 months prior to the deadline have failed to produce a bona fide offer at or above fair market value and on commercially reasonable terms.

12. **MMC** agrees that it will remove the existing building located at 261-269 Valley Street (formerly the “Eagles Club”) within 12 months after the effective date of this Agreement and that the site of the removed building will be loamed and seeded unless and until otherwise developed pursuant to an approved site plan.

13. **MMC** shall provide landscaping of the area surrounding its Vaughn Street parking lot as shown on the landscaping plan attached hereto as Exhibit G and shall construct, maintain and continue to own the “pocket park” located at Ellsworth and Charles Streets as shown on the Site Plan (Exhibit B). The improvements to the Vaughn Street parking lot shall be completed within 12 months of the effective date of this Agreement.

14. **MMC** will utilize its best efforts to obtain necessary consents/releases from property owners abutting the 20-foot wide passageway shown on Map 53, between Blocks E and F as leading from Crescent Street to Congress Street, bounded by Map 53, Block F, Lots 6 and 1, and Block E, Lots 7 and 8. If **MMC** or the **CITY** is able to obtain such necessary consents/releases, **MMC** will construct a stairway/landscaped walkway within the 20-foot wide passageway connecting Crescent Street to Congress Street, provided that, prior to such construction, the **CITY** agrees to accept such improvements as a public passageway when they

are complete and provided **MMC** shall have no responsibility for maintenance of such improvements and no liability arising out of the use of such improvements by the public. In addition, **MMC** agrees to allow public pedestrian access between its campus and Congress Street through the New Parking Garage, as depicted on Exhibit B.

15. **MMC** shall contribute \$300,000.00 to the **CITY** to use for public improvements in the general vicinity of Maine Medical Center.

16. **MMC** agrees that it will encourage its employees to use public transportation and other alternatives to private automobiles for commuting to and from their jobs. Within one year of the effective date of this Agreement, **MMC** will institute a program to provide subsidies to employees who purchase monthly bus passes.

17. The above restrictions, provisions and conditions are an essential part of the rezoning, shall run with the **PROPERTY**, shall bind and benefit **MMC**, its successors and assigns, and any party in possession or occupancy of the **PROPERTY** or any part thereof, and shall inure to the benefit of and be enforceable by the **CITY**, by and through its duly authorized representatives. Within 30 days of approval of this Agreement by the City Council, **MMC** shall record a copy of this Agreement in the Cumberland County Registry of Deeds, along with a reference to the book and page of the deeds to the property underlying said **PROPERTY**. Unless otherwise stated within this Agreement, this Agreement governs only the **PROPERTY** and applies only within the boundaries of the rezoned area as shown on the map. Nothing in this Agreement shall have any effect on or be construed as having any bearing on the use or development of any other properties owned by **MMC** or its affiliates, all of which shall continue to be governed by the applicable provisions of the Portland Land Use Code, without regard to this Agreement.

18. If any restriction, provision, condition, or portion thereof, set forth herein is for any reason held invalid or unconstitutional by any court of competent jurisdiction, such portion shall be deemed as a separate, distinct and independent provision and such determination and shall not affect the validity of the remaining portions hereof.

19. Except as expressly modified herein, the development, use, and occupancy of the **PROPERTY** shall be governed by and comply with the provisions of the Land Use Code of the City of Portland and any applicable amendments thereto or replacement thereof.

20. This conditional rezoning agreement shall be enforced pursuant to the land use enforcement provisions of state law (including 30-A MRS 4452) and **CITY** Ordinance. No alleged violation of this rezoning Agreement may be prosecuted, however, until the **CITY** has delivered written notice of the alleged violation(s) to the owner or operator of the **PROPERTY** and given the owner or operator an opportunity to cure the violation(s) within thirty (30) days of receipt of the notice. Following any determination of a zoning violation by the Court, and in addition to any penalties authorized by law and imposed by the Court, either the Portland Planning Board on its own initiative, or at the request of the Planning Authority, may make a recommendation to the City Council that the Conditional Rezoning be modified or the **PROPERTY** rezoned.

21. In the case of any issue related to the **PROPERTY** which is specifically addressed by this Agreement, neither **MMC** nor their successors may seek relief which might otherwise be available to them from Portland's Board of Appeals by means of a variance, practical difficulty variance, interpretation appeal, miscellaneous appeal or any other relief which the Board would have jurisdiction to grant, if the effect of such relief would be to alter the terms of this Agreement. In cases that fall outside of the above parameters (i.e., alleged violations of any provisions of Portland's Land Use Code, including, but not limited to, the Site Plan Ordinance, which were neither modified nor superceded by this Agreement), the enforcement provisions of the Land Use Code, including, but not limited to, the right to appeal orders of the Planning Authority, Building Authority and Zoning Administrator shall apply. Nothing herein, however, shall bar the issuance of stop work orders.

WITNESS

MAINE MEDICAL CENTER

By:
Its:

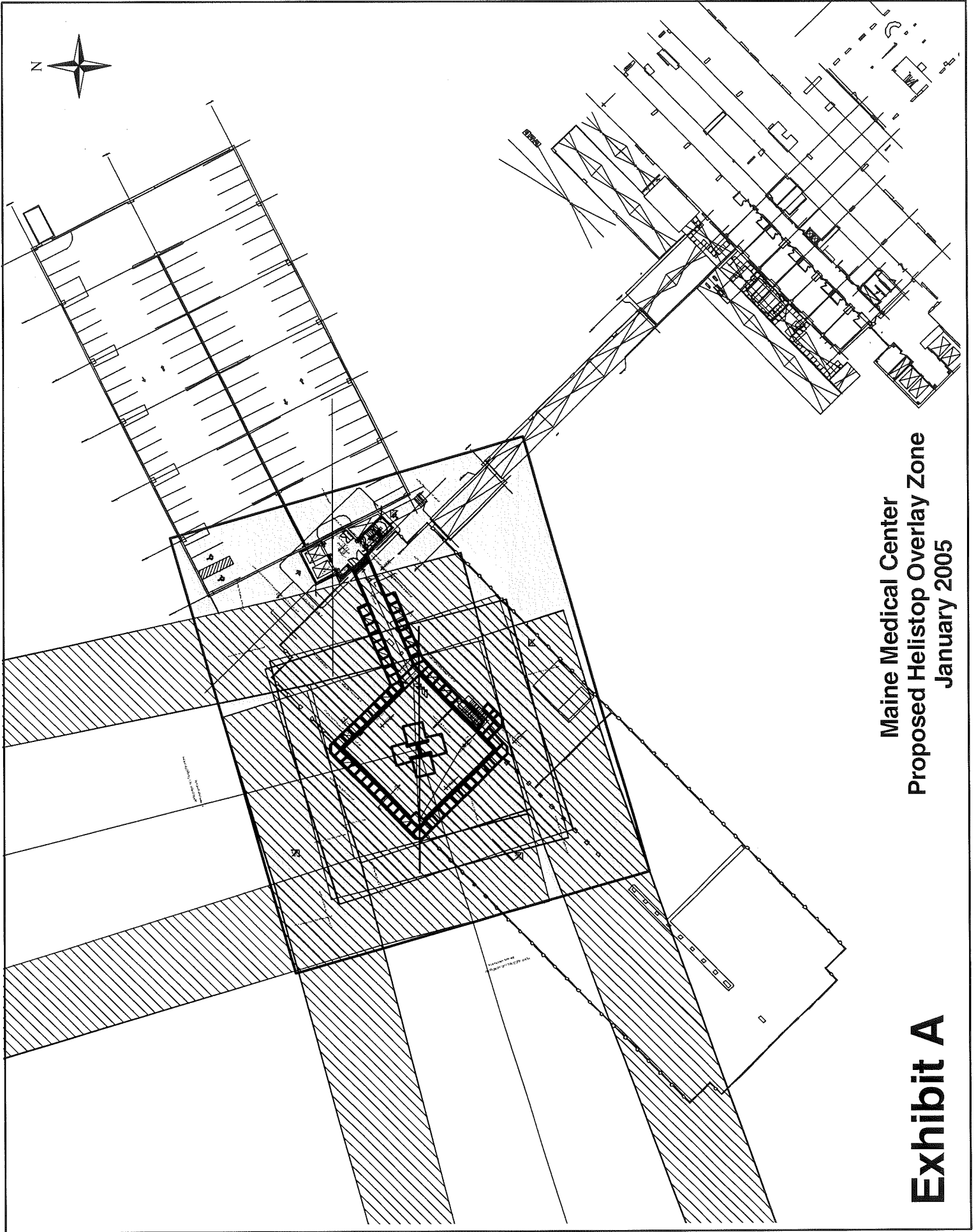
STATE OF MAINE
CUMBERLAND, ss.

Date: _____, 2005

Personally appeared before me the above-named _____, in his capacity as _____ of Maine Medical Center, and acknowledged the foregoing instrument to be his free act and deed in his said capacities and the free act and deed of Maine Medical Center.

Before me,

Notary Public/Attorney at Law



Maine Medical Center
Proposed Helistop Overlay Zone
January 2005

Exhibit A

EXHIBIT E

HELIPAD OPERATING GUIDELINES LIFEFLIGHT OF MAINE

Use of Helipad

The MMC Helipad will be used only when transport by air is medically appropriate in the judgment of the emergency medical personnel responsible for the patient being transported.

Routes and Airspeeds

Fly at the highest practical altitude when approaching Portland metropolitan areas and maintain a cruise speed less than 130 knots, and reduce rpm to the minimum allowed by the flight manual of the helicopter.

After general descent at checkpoints pilots will maintain minimum of 300' AGL elevation at Elevation Points (16—Thompson Point, 17 Back Cove and 46 Hadlock Field prior to final descent into helipad at MMC. (NOTE: Elevation designations on map are elevation above sea level.)

Approach and Landing

Pilots will follow pre-selected routes to approach checkpoints. Pilots will notify Approach Control at designated check points with "LifeGuard" status designation into MMC Helipad.

After general descent at checkpoints pilots will maintain minimum of 300' AGL elevation at Elevation Points (16—Thompson Point, 17 Back Cove and 46 Hadlock Field prior to final descent into helipad at MMC. (NOTE: Elevation designations on map are elevation above sea level.)

Predominant approach is from North landing into wind with aircraft tail rotor towards hospital. To extent possible keep noise-sensitive areas on the left side of the helicopter.

When commencing approach, begin descent at a rate of at least 200 fpm before reducing airspeed.

Then reduce airspeed while increasing the rate of descent to about 800 fpm.

The speed of approach should be approximately 60 knots throughout the descent, until just before landing.

Use a steeper than normal approach—an angle of approximately 12-15 degrees. This is almost the angle used for autorotation.

Do not increase the power until within 100 feet of the ground. Then flare and increase the power as for a normal landing. Reduce the airspeed to below 50 knots before decreasing the rate of descent.

Execute a normal flare and landing, decreasing the rate of descent and airspeed appropriately.

Keep tail rotor on building side of helipad.

Shut down engines while waiting for patient transfer in to MMC.

Departure

Predominant exit will be into wind towards Thompson Point.

Use high rate of climb and making a smooth transition to forward flight.

Maneuvers

Avoid rapid, high *g* turns, as a general rule. When the flight operation requires turns, perform them smoothly. Be smooth in all other maneuvers, also.

Exceptions to Normal Operations:

Pilots will file an exception report with the Air Medical Provider Administration of Lifeflight of Maine or its successor entity for operations modified for safety considerations or at direct request from Approach Control. Logs of these exception reports will be made available to Maine Medical Center and to the City of Portland on request.

A.H.3



MEMORANDUM

TO: Alex Jaegerman

FROM: Paul D. Gray

DATE: December 22, 2004

RE: Follow-up Items from August 10, 2004 Planning Board Workshop

This memorandum includes the information Maine Medical Center was requested to provide in follow-up to the August 10, 2004 Planning Board Workshop. The specific requests from the memo are presented in italics followed by our responses.

Helipad

Revised mitigation plan for horizontal barrier... Paul Gray to continue work on alternative plan for review with City staff and Bob Miller... Rick Seeley to convene meeting of Paul Gray, MMC structural engineers, RSE, Bob Miller, City staff to review

Contract zone draft language for flight paths and physical barriers... City staff, Bob Miller and Chris Vaniotis to develop draft based on work above

Contract language regarding adoption of noise mitigation technology as it changes... City staff/Chris Vaniotis to check language in the contract zone

The revised mitigation plan for the horizontal barrier was developed in September and provided to the City and Mr. Miller for review. A meeting of City staff, Mr. Miller and MMC staff and consultants was held in October 2004 to review the revised physical mitigation plan, the costs of the plan and the expected benefits in terms of noise reduction. To date, no final report from Mr. Miller has been received.

Revised flight paths were also reviewed at the October 2004 meeting based on the experience gained from the September 2004 test flyover. The September 2004 flight test used the same approach and departure flight paths as the September 2003 test, with the exception of a maneuver recommended by Bob Miller, the City's sound consultant. Mr. Miller suggested that an approach from the north and east could be made by traveling from the Rte 295 interchange at Congress Street, and then eastward up Congress Street to approach the helipad location rather than coming in over the Expo and football field directly to the helipad. It was observed by Life Flight of Maine and others at the September 2004 test that the "Miller approach" prolonged the period of low level helicopter positioning, creating a longer period of low altitude maneuvering than the more direct original pathway over the Expo. Hence, the "Miller approach" may reduce the peak noise in a few neighborhoods while extending the exposure to high noise levels for a longer period of time for a number of neighborhoods.

In reality, actual flight paths will vary across the sector of approach and departure paths depending on safety issues such as wind direction and simple variability of pilot approach. However, Life Flight of Maine recommends that the originally proposed flight paths be maintained with the "Miller approach" available as an additional option which may be a value in certain circumstances.

The primary flight paths as shown on the attached diagram will be:

- In from 295 to the North over the MMC medical office building on Congress Street and out to the West (as well as the converse: in from the West and out to the North).

The secondary flight paths as shown on the attached diagram will be:

- In and/or out using the Northwest loop.

Sections 6(b) and (c) of the conditional zone agreement address the process for monitoring the flights and revising them, the commitment to the "Fly Neighborly Guide" from the Helicopter Association International and the commitment by MMC to establish a complaint number and protocol for handling complaints. Exhibit B to the conditional zone agreement presents the initial preferred routes. Section 6(d) and Exhibit C address the helipad operating guidelines regarding routes, air speeds, approaches and landings, departures, maneuvers and exceptions to normal operations. Section 6(e) addresses advances in noise mitigation technology resulting from equipment advances.

Analyze last two years flights to Jetport regarding medical necessity/potential to land at Jetport; discuss feasibility of "split" transport protocols; benchmarks; how done elsewhere

The scope of work for the clinical consultant, Dr. Stephen Thomas, included review of 100 consecutive transports to MMC and addressed the "split" transport issue.

Safety of helicopter transports; conditions leading to crashes... Paul Gray/LifeFlight to supply report to City staff

"A Safety Review and Risk Assessment in Air Medical Transport" Air Medical Physician Association was provided to City staff in September 2004.

Options for siting of helipad... Paul Gray to provide study previously prepared and discussed

Maine Medical Center (MMC) has studied the question of where best to place a helipad at its Bramhall Campus on at least two occasions in the last six years. In 1998, MMC engaged two consultants to advise us on the range of alternative potential helipad sites, evaluate those alternatives and estimate their costs. These consultants identified six potential locations: two ground level sites, three atop existing buildings and one atop the existing parking garage. After considering a number of factors including aeronautical safety, environmental and noise impact, patient access on the ground, security and construction costs these sites were ranked with the site atop the existing parking garage as the preferred location.

Subsequently, in 2003, as the reality of the need for an on-site pad became clearer, MMC considered three potential locations for a helipad in conjunction with the planned Charles Street project. Those three locations were atop the existing garage, atop the newly proposed garage and atop the newly proposed Charles Street Building. Each of these sites was evaluated in further detail taking into account community impact of sound and proximity to residences, hospital impact of sound on patient care units and potential for odors being propagated into hospital air intakes, setback requirements and other regulatory issues, time to completion and availability for use, flight safety considerations, aesthetics and costs. The preferred site, after analyzing these three alternatives against the identified criteria, was atop the existing garage, the same site which was identified as the preferred site five years earlier.

Conditional Zone Agreement

MMC provided to the City staff and legal counsel a revised conditional zone agreement on December 17, 2004 incorporating all changes discussed since the original draft agreement was presented to the Planning Board in June 2004.

Narrative case statement making the hospital's case for conformance of contract zone with City Comprehensive Plan

As part of our comprehensive submission on our project submitted to the Planning Board in May 2004, we included under Tab 2 our assessment of the conformance of our project with the City of Portland's Comprehensive Plan (attached). We believe this assessment demonstrates our compliance with the Comprehensive Plan. We would cite:

- Our role as a regional economic and service center serving as the tertiary medical services referral center for Maine and as the City's largest employer with an annual payroll over \$215 million;
- Development of new buildings that respect the scale and character of traditional development by continuing the architectural character established in 1868 with the MaineGeneral Hospital;
- Providing compassionate services to the city's vulnerable citizens by our commitment to providing care regardless of ability to pay and our multiple programs, e.g., community mental health, AIDS service, poison center, international clinic, Munjoy Hill Family Practice Center;
- Complying with guidelines for institutional uses in residential zones, compliance with housing replacement requirements and returning properties used for administrative purposes to residential use;
- Actively involving MMC neighbors in the development of its project;

Alternatives for contract zone boundaries and language regarding use inside and outside, i.e., narrow and broad... Narrow = main campus; Broad = main campus, Gilman block, Vaughn Street lot, McGeachey Hall, and Congress Street Medical Office Building (previously done by contract zone)... principle is to permit activity in the zone (not covered in the proposed buildings in the project) to be controlled by the underlying zoning...

While the Planning Board has not reached consensus on the boundary, MMC has agreed (if the Planning Board requests) to include:

- Main hospital campus, including the new building and parking garage;
- Vaughn Street Parking Lot
- McGeachey Hall on Vaughn Street
- Gilman Block
- By reference the contract zone for the Congress Street Medical Office building

Proposal for language regarding divesting of property outside contract zone boundary...

The conditional zone agreement addresses the divestiture of residential properties as follows:

Sections 5(d) and 10 of the conditional zone agreement set forth the properties to be divested:

- 325-327 Brackett – prior to the issuance of the certificate of occupancy of the Charles Street addition
- 15 and 25 Crescent, 25 and 32 Ellsworth and 20 Hill – within 12 months after the certificate of occupancy of the Charles Street addition
- 19, 23, 25 and 31 Bramhall – no later than January 1, 2015

Review of correspondence on parking and traffic studies in Attachments 9 and 10 to Rick Seeley's August 6th Planning Board memo, between Tom Errico, John Peverada and Paul Gray for potential contract language on conditions related to these two topics...

- *MMC's offer to shift snow ban parking from MOB garage to the new Crescent Street garage (amendments to MOB Contract Zone Agreement?).*
- *Upgrade of Congress/Bramhall traffic signal*
- *If MMC exceeds use of 490 beds, an updated traffic study will be required and method of monitor compliance*
- *Any MMC parking supply changes must be approved by the City beforehand, e.g. if lease of St. John St. lot discontinued or changed.*

We would respectfully suggest that these issues are more appropriately addressed as conditions of the site plan approval rather than conditional zone agreement provisions. With regard to prior approval by the City of MMC parking supply changes, specificity is needed in terms of how significant a change and timeframes within which prior approval is required.

Housing and Community Development Program Manager, Wendy Cherubini's recommended conditions of approval for the housing replacement plan portion of the contract zone agreement (See attached 14 to Rick Seeley's August 6th Planning Board memo).

Ms. Cherubini's memorandum concludes that "MMC's replacement plan meets the standards of the Preservation and Replacement of Housing Ordinance" provided that:

1. MMC provides a performance guarantee
2. Units are available prior to occupancy of the new garage and that MMC agrees to maintain them as a 2 unit residential structure for 30 years or carry condition forward to a subsequent owner
3. Units will be available within 18 months from date Planning Authority's approval was granted with an extension of up to 24 months.

MMC has accepted these conditions.

Addition of setback relief along Gilman Street sufficient to accommodate the brick façade on the Central Utility Plant.

The setback relief (5 feet) is included in Section 5 (c) of the conditional zone agreement.

Other

List of benefits/negatives of project

Benefits of MMC Project:

- State of the art clinical facilities for care of routine and high risk obstetrical and newborn patients
- More timely and safer access to services for critically ill and injured patients by direct transport via helicopter to MMC
- Addition of a 500 car parking garage to address long standing parking needs
- Improved access by widening and regarding the Gilman Street entrance for City fire and emergency vehicles
- Upgraded landscaping and general appearance of campus as a whole and Vaughn Street parking lot in particular
- Architectural designs and finishes for Charles Street addition, garage and utility plant that are consistent with the existing campus and are of high quality
- Improved traffic flow around the upper campus by directing visitors to enter new garage on Congress Street reducing traffic on hill
- Processes for monitoring with neighbors and the City helipad operations in order to respond on a timely basis and for continued planning and communications with neighbors
- Returns to private ownership 10 properties around the Medical Center
- Demolition of an unuseable structure on Gilman Street
- Creation of an additional pedestrian pathway from the campus to Congress Street via the new parking garage

- Significant economic stimulation to greater Portland with a \$110 million construction project (both direct and multiplier effects)

Negatives

- Disruption during the construction period
- Noise, albeit less than one flight per day, from the helicopter
- Additional building mass on the campus, but within the existing campus boundaries

MMC approach to alternative transportation

MMC has in the past publicized regional programs stressing alternative transportation and will continue to do so. We are a major stop on the City of Portland bus routes and must maintain that connection. We will renew contacts with the GPCOG to discuss how we might encourage employees to use alternative methods of transportation.

Parking garage plans need update to reflect pedestrian walkway through garage and related security measures proposed by City staff

Review of existing pedestrian pathways between the Western Prom and Congress Street in the vicinity of MMC shows that the hospital is bracketed by two pathways. The first is the paved pathway through the Western Promenade to the Gilman Street side walk which connects to Congress Street. The second is the Charles Street sidewalk to the Ellsworth sidewalk to Congress Street. These pathways are currently used by Maine Medical Center employees and the public as well as going through the existing Parking Garage.

In meetings with City Staff, the concept of a pathway through the new parking garage was suggested. Two alternatives were analyzed:

- Using the new elevator tower to connect the upper campus to Congress Street
- Entering the vehicle entrance to the garage near Crescent Street, walking along the eastern end of the garage to the stair tower on the north east corner of the garage and exiting the stair tower on to Congress Street.

The second alternative is proposed. A map has been developed showing this route which will be forwarded to the City staff.



TAB #2

MEMORANDUM

TO: Planning Board

FROM: Paul D. Gray
Vice President of Planning

DATE: May 14, 2004

RE: **Conformance of MMC Project with City of Portland's Comprehensive Plan**

In preparing this analysis, we reviewed:

- Portland's Community Vision for the Future
- Portland's Goals and Policies for the Future
- Inventory and Analysis
 - Housing and Population
 - Public Facilities and Services
- Portland's Implementation Plan

The exhibit below compares selected City goals, policies and priorities with MMC's proposed project and our mission, goals and programs. On the basis of that analysis, we respectfully suggest that our proposed project is consistent with the City of Portland's Comprehensive Plan.

Community Vision for Portland
Features to Value, Preserve and Build Upon

	City of Portland	Maine Medical Center
I.	A City That Provides for People	
	<ul style="list-style-type: none"> • "economic service center for the region" • "regional service institutions which offer high quality medical care" 	<ul style="list-style-type: none"> • MMC is the tertiary health care referral center for Maine and its largest employer with an annual payroll exceeding \$215 million. This project significantly upgrades our ability to care for high risk obstetrical patients and sick newborns, trauma patients and adult patients requiring intensive care

**Community Vision for Portland
Future Directions for Portland**

	City of Portland	Maine Medical Center
I.	Build a Vibrant Small City	
	<ul style="list-style-type: none"> • “develop new buildings that respect the scale and character of traditional development patterns” 	<ul style="list-style-type: none"> • The Charles Street Building for mothers and babies continues the architectural character established in 1868 with the MaineGeneral Hospital’s red brick and limestone. Its design and foot print pull back from the existing structure that will be removed. Landscaping around the campus will be upgraded.
II.	Serve the People	
	<ul style="list-style-type: none"> • “provide compassionate services for the city’s vulnerable citizens, while leading regional approaches to share the responsibility of caring for citizens in need” • “expand opportunities, innovative solutions and exemplary services from health care institutions” 	<ul style="list-style-type: none"> • See the inside front cover for “A Health Place Like No Place in Maine” and “Maine Medical Center and Its Community... Mutual Support, Mutual Benefit” • Major community initiatives include: <ul style="list-style-type: none"> • High risk obstetrics and sick babies • Family Practice Center on Munjoy Hill • Community Mental Health Center • Spring Harbor Psychiatric Hospital • School Health Centers at Portland High Schools • International Clinic • AIDS Consultation Service • Poison Center

Portland's Goals and Policies for the Future

	City of Portland	Maine Medical Center
	Time of Change: Portland Transportation Plan	
	Design Aesthetic (p. 23) <ul style="list-style-type: none"> • "Build visually attractive and durable infrastructure such as road ways, pathways and bridges" 	<ul style="list-style-type: none"> • Project will significantly improve the Gilman Street entrance to the campus for access by fire department vehicles and create a pedestrian connection between Crescent Street and Congress Street
	Structural System (p. 30) <ul style="list-style-type: none"> • "Create a neighborhood street system which minimizes through traffic in residential neighborhoods" 	<ul style="list-style-type: none"> • New parking garage's primary entrance on Congress Street will significantly reduce traffic coming up the hill to the Vaughn Street Lot (cars exiting this lot feed into the Western Prom neighborhood)
	Performance Targets and Physical Plan (p. 31) <ul style="list-style-type: none"> • "promote interconnection of neighborhood streets and pathways" 	<ul style="list-style-type: none"> • Pedestrian connection between Crescent and Congress Streets
	Portland Industry and Commerce Plan Strengthen and Diversify the Economic Base (p. 37) <ul style="list-style-type: none"> • "create a variety of jobs for full spectrum of the labor pool" 	<ul style="list-style-type: none"> • MMC is Portland's largest employer with an annual payroll exceeding \$215 million. This three year construction project exceeds \$100 million and will provide job opportunities for all skill levels
	Housing: Sustaining Portland's Future Policy (p. 45) <ul style="list-style-type: none"> • "While accommodating needed services and facilities, protect the stability of Portland's residential neighborhoods from excessive encroachment by inappropriately scaled and obtrusive commercial, institutional, governmental and other non residential uses" 	<ul style="list-style-type: none"> • Charles Street Building does not encroach into the neighborhood; rather it pulls back from the existing building footprint. Long term development focuses on vertical expansion of existing buildings and new buildings on the current campus • New parking garage sited into the side of the hill on otherwise unusable property eliminates the need to find a site which encroaches excessively into the neighborhood. Does require removal of two houses (currently in very bad condition) which will be replaced.

Portland's Goals and Policies for the Future

<p>Regulation of Institutional Uses in Residential Zones Goals (p. 48)</p> <ul style="list-style-type: none"> • "Institutional uses in residential zones should be designated conditional uses" • "any new institutional use should be required to have a lot size of sufficient area to accommodate all activities including parking" • "reasonable expansion of existing institutions should be accommodated, but effective use of existing lot area should be required" • "for new development and expansion of existing institutions, the displacement or conversion of existing dwellings should be avoided and that an institutional development proposal that causes significant residential displacement should be cause for denial of conditional use" 	<ul style="list-style-type: none"> • Planning Board is conducting a full and complete review of this project • By closing Charles Street, the height of the Charles Street Building is reduced significantly. The Central Utility Plan eliminates the need to build at least one additional floor on the Charles Street Building • Housing removed will be replaced • Overall the project makes effective use of existing site (Charles Street lot and sides of hills for Parking Garage and Central Utility Plant) • Long term development focus on vertical expansion of existing buildings and on new structures on the main campus
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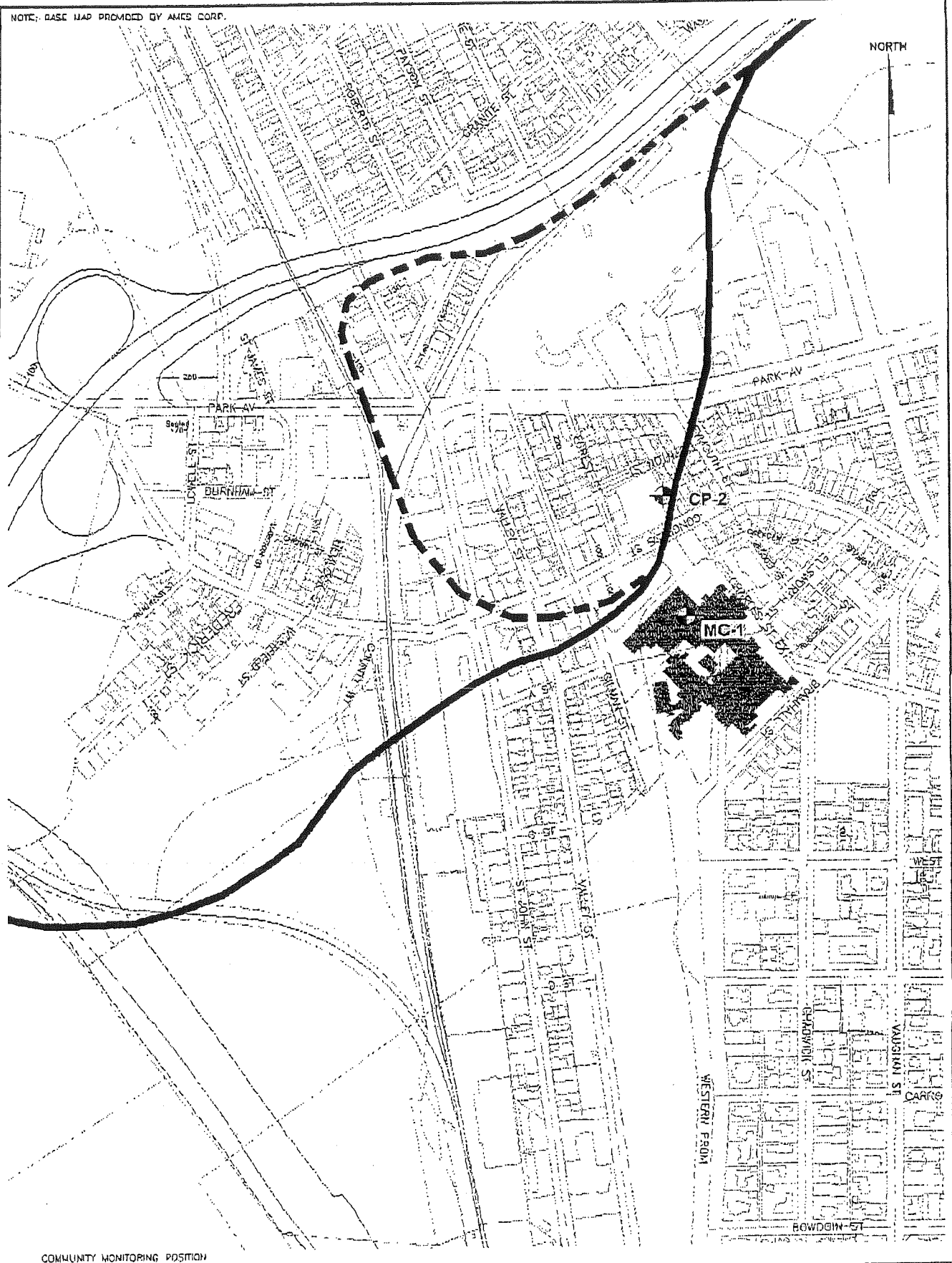
Housing Population Inventory and Analysis

	City of Portland	Maine Medical Center
	Build a Vibrant Small City	
	<ul style="list-style-type: none"> • "The City will continue to work on balancing neighborhood stability with the needs of institutions to expand and provide required services" (H-11) 	<ul style="list-style-type: none"> • Project represents a balance of these interests

Portland's Implementation Plan – Major Land Use Initiatives

	City of Portland	Maine Medical Center
	Neighborhood Based Planning Program (p.7)	
	<ul style="list-style-type: none"> • "Encourage neighborhood with an interest and ability to participate in a planning process and to include a broad cross-section of the community 	<ul style="list-style-type: none"> • MMC has been actively involved in a planning process with its neighbors from the Western Prom, Parkside and Valley/Gilman; guiding principles regarding the development of the MMC Bramhall campus are in the final steps of development

NOTE: BASE MAP PROVIDED BY AMCS CORP.



COMMUNITY MONITORING POSITION



Resource
Systems
Engineering

35 Church Rd.
P. O. Box K
Brunswick, Maine
(207) 725-7886

MAINE MEDICAL CENTER
PORTLAND, MAINE

FIGURE 1
MMC HELIPAD FLIGHT PATHS

LEGEND

-  PRIMARY FLIGHT PATH
-  SECONDARY FLIGHT PATH

TAB #1

Maine Medical Center

Bramhall Campus Master Facility Plan

May 2004

Maine Medical Center Mission

The Maine Medical Center is dedicated to maintaining and improving the health of the communities it serves by:

- caring for the community by providing high quality, caring, cost effective health services;
- educating tomorrow's care givers; and
- researching new ways to provide care

Maine Medical Center Bramhall Campus Overview

- Licensed for 606 acute care beds and 42 newborn bassinets
- Operate and staff 580 beds and 16 newborn bassinets
- 29,400 inpatient admissions; average daily census of 415 patients
- 53,000 emergency room visits; 10,200 inpatient and 7,200 outpatient surgeries; 2,300 deliveries
- Major inpatient services... adult and pediatric intensive care; adult and pediatric routine medical/ surgical care; high risk and routine obstetrics and newborn care; adult psychiatric care
- Full range of diagnostic and treatment services
- Outpatient clinics (medicine, surgery, pediatrics and obstetrics) staffed by MMC faculty physicians, medical students and residents
- Outpatient mental health center

Maine Medical Center Major Roles

- MMC serves as the tertiary referral center for Maine and the principal provider of hospital services for the residents of greater Portland
- 20% of all admissions to Maine Hospitals are to Maine Medical Center; over 50% of Cumberland County residents' admissions to hospitals are to MMC
- Major specialty services include cardiac, oncology, obstetrics and newborns, trauma, pediatrics, neurosurgery, digestive disorders and respiratory system disorders

Maine Medical Center Vision for the Bramhall Campus

- Inpatient beds... routine, intermediate and intensive care
- Emergency services and trauma
- Diagnostic and treatment services necessary to support state of the art inpatient services and emergency/trauma services
- Selected ambulatory services supporting MMC's education and training programs
- Medical offices for physicians whose practices are focused on the care of patients at the Bramhall Campus
- Sufficient parking to support patients, visitors and staff

Maine Medical Center Visions for the Scarborough, Brighton and Falmouth Campuses

- Scarborough... outpatient diagnostic and treatment services, ambulatory surgery, physicians' offices and research
- Brighton... inpatient and outpatient rehabilitation, urgent care and selected outpatient diagnostic and treatment services
- Falmouth... physicians' offices and selected outpatient diagnostic services

MMC Bramhall Campus Major Buildings and Sites

<u>Building (Date of Construction)</u>	<u>Current Uses</u>
• Maine General Building (1870)	• support services
• McGeachey Hall (1920)	• outpatient mental health
• Pavilion A (1929)	• support services
• Pavilions C&D (1956)	• ambulatory, inpatient beds, support services
• Richards Building (1967)	• inpatient beds, diagnostic and treatment, emergency services
• Charles Street Building (1970)	• support services
• Diagnostic Center (1972)	• radiology, lab, pharmacy
• Engineering Services Building (1979)	• support services

MMC Bramhall Campus Major Buildings and Sites

<u>Building (Date of Construction)</u>	<u>Current Uses</u>
• Gilman Street Buildings (1970's)	• ambulatory, radiology, support services
• Dana Center (1984)	• education classrooms and meeting rooms
• Congress Street Medical Office Building (1997)	• physicians' offices and parking garage
• Bean Building (1985/1998)	• inpatient beds, intensive care, neonatal unit, labor/delivery, operating rooms, support services
• Congress Street Garage	• employee and medical staff parking
• Vaughn Street Lot	• visitor parking

Planning for Hospital Facilities General Considerations

- Development occurs on an incremental basis... either through re-use of existing facilities or discrete expansion
- Extraordinarily complex and expensive
- Must respond to the rapidly changing health care environment, i.e., advances in medical science and technology
- Requires flexibility and options for development...the world will change again

Planning for the Bramhall Campus Special Considerations

- Campus topography
- Significant portions of our existing Bramhall facilities are aging and must be replaced
- During the 1990's, MMC development focused on its other campuses... Brighton, Scarborough and Falmouth
- Challenge is to identify short, intermediate and long term needs and proceed with the orderly replacement of facilities

MMC Bramhall Campus Major Needs

Short Term (3-5 Years)

- Replace labor/delivery and expand obstetrical beds;
- Replace and expand neonatal intensive care beds
- Expand operating room capacity
- Expand number of pediatric and adult intensive care beds
- Expand emergency department capacity
- Upgrade trauma services and add a helipad
- Expand on-site parking

MMC Bramhall Campus Major Needs

Intermediate Term (5-10 Years)

- Relocate beds from Pavilions C&D to other Bramhall buildings
- Begin decompression of adult routine medical/surgical units in Richards Building
- Respond to advances in medical science and technology

MMC Bramhall Campus Major Needs

Long Term (10-15 Years)

- Replace the Richards Building inpatient bed capacity
- Respond to advances in medical science and technology
- Major renovation/replacement of Congress Street Parking garage

MMC Bramhall Campus Master Plan Approach

- Three phases... to address short, intermediate and long term needs
- Phase One... identifies specific projects to meet short term (3-5 year) needs
- Phase Two... identifies specific options to begin decompression of the Richards Building medical/ surgical beds
- Phase Three... identifies specific sites to be evaluated in order to proceed with the orderly replacement of the Richards Building inpatient capacity

MMC Bramhall Campus Master Plan Phase One Specific Projects (3-5 Year Horizon)

- Charles Street Building for obstetrics and newborns
- Parking Garage adjacent to existing garage with pedestrian connectors to the Bean, Richards and Charles Street Buildings
- Helipad on the existing garage
- Central Utility Plant to serve the Charles Street Building and replace boilers chillers supporting existing buildings
- Reconfigure main entrances to the hospital
- Widen Gilman Street entrance to the campus to improve access for fire department vehicles
- Re-use Bean 2/Richards 2 vacated by the Charles Street addition
- Expand Emergency Department into basement of Charles Street Building
- Develop an Ambulatory Surgery Center on the Scarborough Campus

MMC Bramhall Campus Master Plan Phase Two Specific Options (5-10 Year Horizon)

- Add two floors to the Bean Building for inpatient beds; and/or
- Add two floors to the Charles Street Building for inpatient beds
- Initiate planning for parking garage major renovation/ replacement

MMC Bramhall Campus Master Plan Phase Three Specific Sites (10-15 Year Horizon)

- Not likely that Richards Building can be closed, demolished and replaced, i.e., will need to continue to use while replacement is build; same will be true of replacement of Diagnostic Center radiology/imaging
- With what we know today, most likely sites for Richards Building and Diagnostic Center replacement would be:
 - current site of Pavilions C&D
 - current sites of MaineGeneral Building Annexes and Engineering Services Building

MMC Bramhall Campus Master Plan Other Considerations

In terms of completeness and in response to frequently asked questions about long term development, the Bramhall Campus Master Plan must also address:

- the Vaughan Street parking lot
- the Gilman Street block
- MMC property holdings on the periphery of the Bramhall campus
- neighborhood involvement in MMC planning and development

MMC Bramhall Campus Master Plan Vaughn Street Parking Lot

- Historically, “mixed” community messages regarding development
- Phase One parking garage will not be operational until 2006; will need at least 3-5 years beyond that (2009) to determine the impact of the new garage on campus parking
- Change in use would eliminate 329 spaces
- As a result, we do not anticipate any change in use of the Vaughn Street Lot

MMC Bramhall Campus Master Plan Gilman Street Block

- Currently site has three relatively small buildings
- Analysis of alternatives for use of that site have been constrained by the inability to provide parking economically on the site and its location down the hill from the campus
- Expansion of campus parking capacity might make the site more attractive for development... but that is, again a 5-7 year out consideration
- As a result, we do not anticipate any change in use of the Gilman Street Block

MMC Bramhall Campus Master Plan Property Holdings on the Periphery of the Campus

- MMC owns several properties along Bramhall, Westcott, Brackett and Crescent Streets immediately across the street from the Bramhall Campus; some are used for hospital offices; others remain residential
- During the past 20 years, only two properties (325-327 Brackett Street and the Forest Street Apartments) have been converted to hospital use or demolished... in both circumstances City of Portland Planning Board/Zoning Board approval was obtained; two additional properties will be demolished in the Phase One Project
- We believe it is important for MMC to control these properties on the periphery as a buffer and protection for the campus
- We believe we have demonstrated we are a responsible landlord
- We share the neighborhoods and City's concerns that properties currently used for hospital offices be returned to residential use and will continue to evaluate opportunities to return them to residential use

MMC Bramhall Campus Master Plan Neighborhood Involvement in MMC Planning and Development

- For the past 5 months, MMC has been involved in an intensive planning effort with representatives of the Western Prom, Parkside and Gilman/Valley neighborhoods
- That effort, supported by a facilitator, has focused on:
 - providing the neighbors with detailed information on the Phase One project and the concepts included in the Master Plan
 - developing a process for ongoing involvement of the neighborhoods in MMC's future planning and development
- A set of "Guiding Principles for Development of the MMC Bramhall Campus" are in the final stages of review. The objective is to ensure neighborhood involvement in the pre-design stages of development

MMC Bramhall Campus Master Plan Summary Comments

- MMC is committed to the orderly renewal of the Bramhall Campus so that it can achieve the vision for the campus, i.e., the focal point for MMC's inpatient, trauma and emergency services
- Phase One begins that renewal process and addresses some specific needs (parking and trauma/helipad)
- Phase Two focuses on vertical expansion of existing buildings
- Phase Three identifies the preferred sites for major replacement of inpatient and diagnostic/treatment services... these are the preferred sites because of their proximity to existing facilities
- We anticipate no major changes in the use of the Vaughn Street Lot and the Gilman Street Block for 5 to 7 years
- We are developing an ongoing process to ensure neighborhood involvement in the continued refinement and implementation of the MMC Bramhall Campus Master Plan

Att. 5

Public Improvement Needs Within 1/4 Mile of Maine Medical Center's Bramhall Campus Sep-04		Map ID No.	Project Name	Location	Description	Probable Cost
		1	Stairway to A Street	Western Promenade Park	Rebuild stairs to A Street from Western Prom Park	
		2	Path to top of Stairway to A Street	Western Promenade down to top of Western Promenade Stairway to A Street	Reconstruct path to stairs from Western Prom to include slope reduction using broad hairpin turns	
		3	Sidewalk and Apron Replacement	Chadwick St west side, between West St and Pine St.	Brick sidewalk and driveway apron replacement in front of maintenance building.	
		4	Sidewalk Replacement	Russell St, northwest side, Hill St to Brackett St	Brick sidewalk replacement.	
		5	Sidewalk Replacement	Ellsworth St, Congress to Crescent St., northwest side	Brick sidewalk replacement.	
		6	New sidewalk and curbing	Chadwick St, along east side, north of parking lot entrance/exit to existing curbs at Chadwick and Bramhall Sts.	New brick sidewalk with granite curb (See applicant's Landscape Plan for the Vaughan Street lot, which is attachment 15 to Rick Seeley's Planning Board memo of August 6, 2004, for context detail).	
		7	Sidewalk Replacement	Chadwick Street, west side, from Bramhall to opposite the parking lot entrance	Brick sidewalk replacement. (Present esplanade is bare earth).	
		8	Sidewalk Replacement	North side of Crescent St from Ellsworth to the new parking garage	Brick sidewalk replacement.	
		9	Sidewalk Replacement	Congress St. from new parking garage to proposed stairway in ROW from Crescent to Congress, or beyond if necessary in order to connect with recently rebuilt section of sidewalk on Congress west of Ellsworth.	Brick sidewalk replacement. See sheet C101 for extent of sidewalk applicant proposes already along Congress past end of new garage).	
		10	Sidewalk Replacement	Along Vaughan Street adjacent to new Vaughan St. Landscape Plan	Brick sidewalk replacement. (See applicant's Landscape Plan for the Vaughan Street lot, which is attachment 15 to Rick Seeley's Planning Board memo of August 6, 2004, for context detail).	
		11	Sidewalk Replacement	Along Bramhall Street adjacent to new Vaughan St. Landscape Plan	Brick sidewalk replacement. (See applicant's Landscape Plan for the Vaughan Street lot, which is attachment 15 to Rick Seeley's Planning Board memo of August 6, 2004, for context detail).	
		12	Sidewalk Replacement	Along Brackett Street adjacent to new Vaughan St. Landscape Plan	Brick sidewalk replacement. (See applicant's Landscape Plan for the Vaughan Street lot, which is attachment 15 to Rick Seeley's Planning Board memo of August 6, 2004, for context detail).	
		13	Sidewalk Replacement	Along Brackett Street from Vaughan Street to Marshall Street, and from Marshall St to Neal Street.	Brick sidewalk replacement.	
		14	Streetscape Improvements	Along upper Gilman St, east side, uphill of the new central utility plant	New granite curbing and landscaping detail, including repair/replacement of deteriorating retaining wall (See sheet no. C402 of the site plan for what applicant presently proposes).	
		15	Path Construction	Pedestrian accessway from the MMC Dana Center/Maine General parking lot to the top of Gilman St from top of A St stairs to top of Gilman St	Create new footpath to serve 'desire line' worn into the hill from the parking lot to the cul-de-sac.	
		16	Path Improvements		Rebuild path, providing lighting for safety.	



AHL

Thanks John.
We will get this in the packet.

Alex.

>>> "John Anton" <janton@housinginvestmentfund.org> 01/27/2005 9:08:28 PM >>>

Hi - I plan to propose at least one amendment to the draft MMC contract zone at the Feb 1 public hearing. A draft of the amendment follows. Could you please include it in the package for the hearing? Thanks, John

=20

The amendment proposes to replace the current paragraph 16 with the following text:

=20

16. MMC agrees that it will encourage its employees and visitors to use alternatives to single-occupant automobiles when traveling to and from the PROPERTY. In its application under the Site Plan Ordinance, MMC agrees to include among its written statements an Alternative Transportation Plan. The Alternative Transportation Plan will propose strategies to reduce single-occupant automobile trips to the PROPERTY. Such strategies shall include, but not be limited to, subsidies and other incentives for employees and visitors to use local and regional mass transportation, share rides (carpools and vanpools), ride bicycles and walk. The Planning Board will include the Alternative Transportation Plan in its consideration of sections 14-526(a)(1) and (2) of the City Code.

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Message containing double extensions/CLSID exploit.
This message contained attachments that have been blocked by Guinevere. Please see your system administrator for more details

Att. 7

From: "Rick Seeley" <rseeley@gpcog.org>
To: "Jennifer Dorr (E-mail)" <JMY@portlandmaine.gov>
Date: 01/28/2005 4:21:24 PM
Subject: FW: FW: Maine Medical Center Parking and Traffic Issues

-----Original Message-----

From: John Peverada [mailto:JBP@portlandmaine.gov]
 Sent: Friday, August 06, 2004 3:49 PM
 To: Rick Seeley; GRAYP@mmc.org
 Cc: DUNNH@mmc.org; RYANM@mmc.org; AQJ@portlandmaine.gov;
 SH@portlandmaine.gov; terrico@wilbursmith.com
 Subject: Re: FW: Maine Medical Center Parking and Traffic Issues

I agree that having the new garage available for snow ban parking should help both the Parkside and Western Prom neighborhoods. However, if my memory serves me correctly, there is a Planning Board condition of approval on the Congress Street Medical Office Building Garage that requires that facility to provide snow ban parking, and I don't know if could be transferred to the new garage ??-

Vendor Parking

The City cannot randomly decide not to issue on street occupancy permits to certain companies in certain areas. However based on conversations that I have had with subcontractors working for MMC, I have been told that they can only park one vehicle on MMC property, therefore they are forced to park additional vehicles on street and purchase on street occupancy permits. Obviously if the hospital allowed their subs to park ALL of their necessary service vehicles on site (MMC garages and lots, lots for high vehicles), the contractors would not need nor want on street occupancy permits.

>>> "Paul Gray" <GRAYP@mmc.org> 8/6/2004 1:22:49 PM >>>

Rick

Our additional responses to John P's concerns are presented below:

Snow Ban Parking

We would suggest we shift the snow ban parking from the Congress Street Medical Office Building garage to the new garage. That garage would provide access for Parkside and Western Prom area residents

Vendor Stickers

The vendor sticker program is controlled by the City, not MMC and I assume provides the City with revenue. If the City wants to discontinue the Vendor Sticker program around the hospital, that would address John's concern about them taking up spaces. With the new garage we will have the ability to provide additional parking for hospital vendors...we do not limit them to one space now...if vendors do not have the opportunity to access sticker parking, that will help us and the City get them off the streets

Paul

>>> "Rick Seeley" <rseeley@gpcog.org> 08/06/04 09:25AM >>>

Hi Paul,

Yesterday I passed on your message that you had responded to John Peverada's concerns in the 2nd memo under Tab 6. Below is John's response to me. I'll forward his May 25th email, referred to below, momentarily. If you have more to add to your previous response, please try to do so by noon today in order for it to be included in the packet. If you need to reach John directly, his email is below and his phone number is 874-8443.

Rick

-----Original Message-----

From: John Peverada [mailto:JBP@portlandmaine.gov]

Sent: Friday, August 06, 2004 9:17 AM
To: Rick Seeley; terrico@wilbursmith.com
Cc: ldu@ci.portland.me.us; AQJ@portlandmaine.gov; SH@portlandmaine.gov
Subject: Re: Maine Medical Center Parking and Traffic Issues

Rick, as I indicated in my May 25th e-mail, I did see both of Mr. Gray's May 20th memos included under Tab 6, and my concerns remain the same.

1. SNOW BAN Parking

The May 20th memo in Tab 6 states that the hospital would like to continue to use the Congress Street Medical Office Building Garage for snow ban parking rather than the new garage. The City and the neighborhood appreciate the fact that the hospital makes the Congress Street Medical Office Building Garage (at the corner of Forest St.) available for snow ban parking, however there is a need for a more convenient snow ban parking facility for the residents in the Vaughan St./Bramhall St. neighborhood. Councilor Geraghty has received many complaints on this issue. The fact remains to satisfy the needs of the neighborhood both garages must provide snow ban parking. Can you imagine a resident of Vaughan St. walking home from Congress St. in a blinding snow storm ?

2. PARKING for VENDORS

Vendors/ sub contractors who are performing ongoing regular maintenance at the facility (unrelated to new construction) are presently told that they can only park one vehicle in the MMC lots/garage.

The May 20th memo in Tab 6 states "We do not anticipate allowing vendors/contractors to purchase on street occupancy permits for any extended period of time."

My concern is that the hospital did not directly answer the original question which was "Will the hospital agree to provide off street parking for all of their vendors/sub contractors, alleviating the need for them to purchase on street occupancy permits and tying up valuable on street parking spaces needed by residents and for turnover parking " ?

>>> "Rick Seeley" <rseeley@gpcog.org> 8/5/2004 2:35:01 PM >>>
John,

I just had a call from Paul Gray who indicated to me that he did supply a memo addressing your two remaining questions, which is included as the 2nd item under Tab 6 in the MMC notebook that the Planning Board members have been using and reusing in the meetings since early June. I did not get a copy of it myself, but I will ask Jennifer Dorr to provide you with a copy.

Tom,

Paul says he wrote a memo in response to your questions, and he recalls the meeting at which you and he discussed them, but he thinks perhaps he did not send the memo, so he will check and email you a copy.

Rick

CC: "Alex Jaegerman (E-mail)" <AQJ@portlandmaine.gov>, "Sarah Hopkins (E-mail)" <SH@portlandmaine.gov>



Tab 6
Additional Information
Request 5/20/04

MEMORANDUM

TO: Rick Seeley
FROM: Paul D. Gray, Vice President of Planning
DATE: May 20, 2004
RE: John Pevarada's Parking Questions

In response to Mr. Pevarada's questions, we would provide the following information.

"Has the hospital verified that every employee has an off street parking space?"

MMC has over 5,000 full and part-time employees distributed over several campuses (e.g., Bramhall, Brighton, Scarborough, Falmouth, Munjoy Hill Family Practice Center, Bath) and on some campuses covering multiple shifts 24 hours per day. With the addition of the new garage, MMC will have 2,658 spaces for use by the Bramhall campus employees, medical staff and visitors. Not all employees drive to work and some do car pool. Our estimates are that 1,500 – 1,600 employees work "day shifts" on the Bramhall campus. Between the main garage (1,225 spaces), Congress Street Medical Office Building (207 spaces) and St. John Street surface lot (283 spaces), we have 1,715 spaces regularly available for employees.

"What is the hospital going to do to encourage their employees not to park on the street? One suggestion may be to stagger the start and stop times of the shifts, so employees can exit the garage quicker."

MMC charges a very nominal sum for employee parking (\$3:00 per week) and encourages, but can not require employees to only use our parking spaces when legal spaces are available on the street. Our morning shifts begin between 5:30 a.m. and 7:30 a.m. As we have said many times, we fully support strict enforcement of parking regulations in the neighborhoods surrounding all its campuses and the continued expansion of the metered parking program.

**Tab 6
Additional Information
Request 5/20/04
Page 2**

“Will the hospital allow snow ban parking in the new garage at reasonable rates from 7:00 p.m. to 7:00 a.m.?”

Historically, we have made the Congress Street Medical Office Building Garage available for snow ban parking and Sea Dogs evening games and would expect to continue to do so. We would prefer to continue using that garage for these purposes rather than the new garage.

“Will the garage be available to residents nights and weekends?”

Historically, we have not made the garages available for those purposes. Our morning shifts begin between 5:30 a.m. and 7:30 a.m. and we must have spaces available for our arriving employees. All night use by the community would require staffing and security expenses we can not justify at this time.

**“During construction, will all subcontractors be required to park off site?”
“Will the hospital agree to provide off street parking for all of their vendors/sub contractors, alleviating the need for them to purchase on street occupancy permits and tying up valuable on street parking spaces needed by residents and for turnover parking.”**

The 13 Charles Street Site will serve as contractor parking and storage for the initial phases of the work. As soon as the garage is complete, it will be used for contractor parking and storage for the remainder of the project to avoid contractors parking on the street. There may be a period of 4 months where the construction personnel may need to be shuttled from an off site location to maintain schedule.

“Is the hospital going to continue to run a shuttle from the St. John St. Lot, and will they be required to verify that they have a long term lease for this lot and any other lot that they do not own?”

We will continue to use this off-site lot as long as necessary. We will re-evaluate our parking demands after the project has been completed and we have at least a full year's experience with the new garage.

“Finally, the proposed way finding signage illustrated in Tab 16 looks good, however it did not should valet parking for the emergency room.”

We will continue valet parking in the Emergency Department with appropriate signage.



TAB 6
Additional Information
Request #2, 5/20/04

MEMORANDUM

TO: Rick Seeley
FROM: Paul D. Gray, Vice President of Planning
DATE: May 20, 2004
RE: Addendum to Memo Re: John Pevarada's Parking Questions

"My first concern was for the hospital to verify that every employee has an off street parking space. At this time, I am only interested in the number of employees working at the Bramhall Campus, and being assured that each of them will have an off street parking space available to them for their assigned shift, that does not conflict with shift change/overlap."

As we described in our memo the day shifts begin between 5:30 a.m. and 7:30 a.m. and we have 1,500-1,600 employees arriving during that time period. We have available 1,715 spaces in the two garages (Congress Street and Congress Street MOB) and the St. John Street Lot. We do not anticipate the number of employees increasing significantly. It is our sense that the relationship of day shift employees to spaces does and will continue to work. In the past, we have increased the number of St. John Street spaces as necessary to maintain the balance.

"I strongly believe that the hospital should be required to make snow ban parking available to the neighborhood residents, at rates and hours similar to City operated garages (6:00PM to 8:00AM \$3.00 per car) in both the new garage and the Bramhall/Vaughan St. Lot."

Overnight parking in the Vaughan Street Lot for snow ban parking is not practical for us. Overnight parking would make snow removal very difficult.

Finally, I think it was just an oversight, but the following comment was not addressed. "Will the hospital agree to provide off street parking for all of their vendors/sub contractors, alleviating the need for them to purchase on street occupancy permits and tying up valuable on street parking spaces needed by residents and for turnover parking."

We do not anticipate allowing vendors/contractors to purchase on street occupancy permits for any extended period of time.

Att. 8

Department of Planning & Development
Lee D. Urban, Director



Division Directors
Mark B. Adelson
Housing & Neighborhood Services

Alexander Q. Jaegerman, AICP
Planning

John N. Lufkin
Economic Development

DATE: July 5, 2004
TO: Rick Seeley, Senior Planner GPCOG
FROM: Wendy Cherubini, HCD Program Mgr.
RE: Maine Medical Center Development Compliance with Housing Replacement Ordinance

Maine Medical Center (MMC) is proposing to demolish two residential structures located at 33 and 37 Crescent Street. According to Marge Schmuckel, Zoning Administrator 33 Crescent Street's legal use is 2 dwelling units and 2 rooming units. 37 Crescent Street's legal use is 5 dwelling units. The total units to be demolished is 9; 7 dwelling units and 2 rooming units. MMC is requesting a contract zone to construct a parking structure and proposes replacing two of the 7 dwelling units with new units and contributing to the Housing Development Fund for the remaining 5 dwelling units and 2 rooming units.

Section 14-483. Preservation and Replacement of Housing Units

f) Approval

f)(1) MMC has filed an application cover letter dated 6/3/04.

f)(2) Tenant List – Not applicable, all units are vacant

f)(3) Not applicable

g) Not applicable

h) Housing Replacement by the Creation of New Units

h)(1) MMC is proposing to convert a formerly residential building located at 325-327 Brackett Street into 2 two bedroom dwelling units.

h)(2) None of the replacement units have previously been on the market as of date of application.

h)(3) 325-327 Brackett Street currently a non-residential building with MMC offices, the property has not been a candidate for site plan approval as of the date of application.

h)(4) 325-327 Brackett Street was previously a two unit building. The units are side to side and in fact the building may at one time have been two separate structures. MMC is proposing to go back to the previous configuration – a unit on each side, each with two floors of living space.

MMC is proposing that each unit will have two bedrooms although one may be converted to three bedrooms because of its size. Once the building is rehabilitated the two replacement units will have better amenities than the units being demolished and at least one will be larger and have two bathrooms.

h)(5) 325-327 Brackett Street is located on the corner of Brackett and Bramhall Streets. This is a corner location with high visibility and creates an entrance to the neighborhood. The structure defines the boundary between MMC and the West End. Built around 1900, the building has some beautiful features. While not located within the Historic District, it is near the West End Historic District which defines the character of the neighborhood's residential buildings. Conversion plans could be subject to historic preservation standards via an administrative review.

h)(6) Development meets requirement under 6)b – conversion of nonresidential building to residential use. While the new units will each have 2-3 bedrooms and be somewhat larger than the units being demolished, the building does not lend itself to being divided into a larger number of smaller apartments. These 2-3 bedroom rental units will meet an existing need in Portland for family housing.

i) Availability of Replacement Housing Units

i(1) Once the plan for the replacement units has been approved, MMC shall provide a performance guarantee in the form of a Letter of Credit which comports with the requirements of sub-section (m) has been posted for the replacement units with the City.

i(2) The two replacement units at 325-327 Brackett Street shall be available for occupancy prior to a certificate of occupancy being issued for the new MMC garage on Crescent Street. In order to ensure that these units remain as housing units, as a condition of the contract zone, MMC shall agree to maintain 325-327 Brackett Street as an occupied 2 unit residential structure for 30 years from the date the Certificate of Occupancy is issued. Should MMC opt to sell the building this condition will carry forward to the subsequent owner.

i(3) The replacement housing shall be ready for occupancy within 18 months from the date on which the Planning Authority's approval was granted. An extension of up to a total of 24 months may be granted provided the replacement units are at least 30% complete.

i(4) In the event the units at 325-327 Brackett Street are not completed within 24 months or the applicant wishes to obtain a certificate of occupancy for the original site prior to the availability of the replacement housing units, the applicant can request that the City draw on the Letter of Credit, pursuant to sub-section (1), to complete the replacement units or deposit such funds in the City's Housing Development Fund.

(j) Housing Replacement by Contribution to the City's Housing Development Fund

j(1)&(2) An applicant may meet the requirements of this section by contributing \$50,000 per dwelling unit and \$30,000 per rooming unit adjusted annually beginning 1/1/04 as per the Consumer Price Index for Urban Wage Earners and Clerical Workers "CPI-W" to the City's Housing Development Fund. For 2004 the multiplier is 1.018 ($180.9/177.7 = 1.018$) or \$50,900 per dwelling unit and \$30,540 per rooming unit.

After accounting for the two new units at 325-327 Brackett Street, MMC intends to demolish 5 dwelling units and 2 rooming units. To meet the requirements of this section MMC is proposing to

contribute a total of \$315,580 to the Housing Development Fund; (5 x \$50,900) + (2 x \$30,540). This will meet the requirements of this section.

MMC's replacement plan meets the standards of the Preservation and Replacement of Housing Ordinance provided that prior to a building permit being issued for the new development:

- A change of use permit is obtained for the conversion of 325-327 Brackett Street to 2 residential units;
- A check in the amount of \$315,580 has been received by the City and deposited in the Housing Development Fund; and
- Conditions stipulated in i(1), (2), and (3) as noted above are met.

Also Recommended

- Historic Preservation staff complete an administrative review of the planned conversion;

**Maine Medical Center
Community Meeting, January 24, 2005
7:00pm, Classroom #7 Dana Center
MMC Bramhall Campus**

Att. 9

Mr. Gray, MMC Vice President of Planning, opened the meeting by thanking everyone for attending. This meeting was originally scheduled for January 12, 2005, but was rescheduled due to weather.

The meeting is required by the City of Portland ordinance governing Planning Board review of projects. An attendance sheet was passed around for those who wished to record their attendance (attached). Mr. Gray stated that minutes of the meeting will be prepared and will be included in material that will be sent to the Planning Board for its February 1, 2005 Public Hearing (6:30pm, City Hall). Also in attendance from MMC were Mr. Mike Ryan and Mr. Hank Dunn.

Project Description

Using visual aids, Mr. Gray provided an overview of the five major components of the project:

- four story, 192,000 square foot addition on Charles Street for obstetrical and newborn services
- 512 car parking garage on Congress Street adjacent to the existing garage
- enclosed connector between new parking garage and the main buildings on the campus
- a central heating and cooling plan on Gilman Street
- a helipad on the top of the existing parking garage so that 200-300 flights per year can come directly to MMC rather than to the Jetport

Mr. Gray also commented briefly on improvements to the Vaughan Street parking lot, general landscaping, widening the Gilman Street entrance to the campus for Fire Department vehicles and the replacement of housing removed to construct the parking garage.

Summary of Comments and Questions

Presented below are the comments and questions. MMC's responses are presented in italics in parentheses.

1.) Parking Garage

- location (*best use of site with limited use potential*)
- design, i.e., why can't it look like something else? (*limited alternatives due to ventilation requirements; alternatives being explored*)
- impact on traffic (*overall impact is minimal; will keep traffic from campus by having cars enter the garage on Congress Street*)
- the two garages should be connected (*garages are connected at the ground level*)
- why do you need another garage? (*demand for spaces exceeds supply*)
- height of garage (*70 feet*)
- why not put on one additional floor and put retail on the street level? (*suggestion noted*)
- are there entrances on Congress Street and Crescent? (*yes*)
- existing garage design is not attractive (*comment noted*)
- visual effect of two parking garages and the "gateway to the City" (*comment noted*)
- change in traffic circulation on to Ellsworth/Wescott instead of Charles Street (*preferred route by City EMS and Fire Department*)

2.) Central Utility Plan location (*best use of a site with minimal other uses*)

- 3.) Helipad
 - location, i.e., not on one of the other buildings? *(best location among options)*
 - flight route, i.e., were other routes tested in the fly-over? *(yes, i.e., over Hadlock Field and MMC medical office building)*
- 4.) Plans for Crescent Street vacant houses? *(sell, along with 8 others to private owners)*
- 5.) Relationship of MMC project to Mercy Hospital project
 - has Mercy received its State approvals? *(no)*
 - why can't the MMC project be built on the Mercy site? *(Mercy does not provide these services, i.e., neonatal intensive care)*
- 6.) Impact of new buildings and re-use of buildings on staffing, traffic and parking *(minimal impact, patient volume at MMC not expected to grow substantially; some additional staff with re-use of building)*
- 7.) Tax impact of the project *(net add of \$27,000 in taxes)*
- 8.) Were shadow studies conducted? *(yes, existing buildings create shadows; new buildings do not add to that)*
- 9.) Involvement of the community in planning *(12 meetings with representatives of Parkside, Western Prom and Valley/Gilman neighborhoods)*
 - had not heard about this before...seems late in the process
 - notices of prior meetings
- 10.) Does MMC have its State certificate of need approval for the project? *(yes)*

Written comments submitted at the meeting by Raina Rippel are attached.

Respectfully Submitted,

Paul D. Gray
Vice President of Planning
Maine Medical Center

MAINE MEDICAL CENTER
 COMMUNITY MEETING
 JANUARY 24, 2005
 7 PM, DANA CENTER #7
 BRAM HALL CAMPUS

NAME

ADDRESS

Joni Beal	114 Noyes St Portland
Chris Busby	11 Cushman St. Portland
Catherine Whittemore	211 Vaughan St #5
FREDERICK AMET	199 VAUGHAN #5, PORTLAND
Marie Gray	263 State St. Portland
Iwani Atwari	34 Gilman St.
Ian Santarelli	282 Spring St, Portland
DAVE GARRITY	174 Danforth St
EDWARD HOBLER	174 DANFORTH ST.
Chris Hirsch	6 Houlton St
Rebecca Schaffner	184 Clark St.
Kaina Rippel	24 Forest Street
CURTIS Sloan	217 Marshall Ave.
Hank Dunn	MHC
Robert C. Hains	250 Holm Ave. (Property Taylor + May Streets)
PAUL STEVENS	21 THOMAS ST.
Pete Murray	89 West St
Debby Murray	89 West St.
DOCK STEVENS	21 THOMAS ST
PAULA MAINS MONAGHAN	47 MITTON ST
Jo Coyne	36 Salem St.

MMC Comments 1/24/05
Raina Rippel, resident, 24 Forest Street

I want to clarify that I am not speaking tonight on behalf of the Neighborhood Advisory Council, but rather as a neighbor of MMC. I was invited by the Parkside Neighborhood Association to be a representative of the Assoc. on the Neighborhood Advisory Council to this project. In that role, I did not feel entirely free to share my own opinion, either professionally or personally. I'd like to take five minutes to do that tonight, focusing primarily on the proposed parking garage.

I often feel like Cassandra in seeing the plans put forth both locally and nationally, and in this case, I am particularly concerned about this construction. Traffic problems I think have been **seriously** underestimated. I understand that anecdotal evidence will almost certainly be discounted, and I've seen this happen already in the process of these meetings. However, my anecdotal evidence comes from that of a frequent bicyclist and pedestrian year-round in this neighborhood, and as such I have spent much time observing traffic flow in particular on Congress Street.

I am not in a position to have numbers to back me up, but I think inevitably the addition of parking garage entry and exit traffic onto this stretch of Congress Street will create a bottleneck. People trying to get into the garage will significantly impede the flow of traffic up the hill, and people exiting the garage I think will find it very difficult on many occasions to easily do so.

Knowing that people **will** illegally turn left from the garage exit, I would anticipate that accidents may very well take place here as well, given the speed and the curve present at this point in the street. I would strongly encourage MMC to take into account the distinct possibility that another exit from the garage might be necessary and preferable.

On an emotional level, I am sad to see this happen to our neighborhood, as I think, regardless of any concessions MMC may make on the parking garage design or neighborhood trails, this can only be a detraction from the general feel of this area, given the overwhelming presence of a veritable tunnel of parking garage structures.

I sense that only cosmetic dressing will be offered to the neighborhood, and I would again encourage MMC to fully understand and compensate this neighborhood, especially the local businesses and residents, for the negative impact that will happen. A creative and helpful attitude would go a long way towards mitigating MMC's negative presence in the area.

Or, better yet, put the parking garage somewhere else!

Living in the shadow of MMC, it's easy to feel like David vs. Goliath. Our neighborhood council meetings have primarily been concerned with the problems associated with the helipad. I can't say that I was ever vehemently against the helipad, although I know what a burden it will be on our location in particular, but I have to express myself more clearly on the parking garage. I think MMC should clearly understand that the neighborhood directly in their shadow is perhaps more sympathetic to their needs in this case, but we are bound to be less vocal than other

neighborhoods given our make-up of working class, renters and lower income residents. However many home owners do live in this area, and whether renting or more permanently settled, I know many of us take pride in living here.

Professionally, I just have one last thing to add. Although I'm not speaking tonight on behalf of PSR/Maine, my job as director of the Maine Chapter of Physicians for Social Responsibility puts me in the unique position of seeing health care from a broader perspective than is often taken by medical establishments such as MMC. It concerns me greatly that, given our poor air quality, the onset of climate change, and the asthma and obesity epidemic facing Maine, MMC would choose to dedicate their health care resources to the building of a large parking garage, decreasing the possibility that people will get fresh air and exercise in association with their visit to the hospital. **We too often believe that the car is the only answer to transportation needs, and this is particularly detrimental to public health on a variety of levels.** MMC can perhaps be expected not to view this project in terms of long-term public health concerns, but I am not sure they can be excused for such short-sightedness.

In conclusion, although I recognize the perceived necessity for this construction project, I would not endorse the parking garage in particular, and as a neighbor, I am sorry to see this go forward. Thank you.

Alex Jaegerman - Maine Medical Center Parking Garage

From: Kevin Donoghue <kjdonoghue@yahoo.com>
To: <editor@theforecaster.net>, <cbusby@theforecaster.net>
Date: 01/28/2005 11:41 AM
Subject: Maine Medical Center Parking Garage
CC: <aqj@portlandmaine.gov>, <jduson@portlandmaine.gov>, <kgeraghty@portlandmaine.gov>, <phefler@gpmetrobus.com>, <pcavanaugh@gpmetrobus.com>, <scsmedia@cs.com>, Ed King <thewestendnews@cs.com>, Stephen Spring <mikacody@hotmail.com>, <etrice2@hotmail.com>, <slinnell@gpcog.org>

To the Editor:

Thanks to Chris Busby and the Forecaster for covering the planned expansion and proposed contract zone by Maine Medical Center and the required neighborhood meeting January 24. Indeed, it was quite encouraging to read that those able to attend the meeting voiced the most concern over the proposed parking garage, an aspect over which I, too, must voice concern.

Superficially, my opposition is aesthetic, but more seriously, that aesthetic is significant, first, to our neighborhood sidewalks and, second, to our regional transportation planning priorities.

The proposed 500-car garage is to be built alongside the current 700-car garage on Congress Street, a street which is remarkable for its pedestrian orientation and its vibrant mix of uses. The hospital campus already presents the greatest of institutional dead spaces on Congress Street, dead spaces of the sort that have earlier sapped the vitality from parts of both Spring Street and Cumberland Avenue. Congress Street can, however, still salvage another future.

Fairweather pedestrians can be forgiven for believing that downtown ends at Longfellow Square; after all, crossing westward over the square demands a certain level of militancy and the row of suburban-style kwik-e-marts thereafter tend not to inspire a wish-you-were-here postcard. However, moving westward, we can welcome urban-style housing developments like Walker Terrace, pedestrian-oriented neighborhood businesses like the Bike Cycle and Youngo's Cafe at Bramhall Square, and still more vestiges of the urban environment down below the hospital: Pizza Villa, the Inn at St. John, the Dogfish Cafe, and a transit station we can *actually walk* to. Preserving and enhancing this pedestrian connectivity should be a priority for this walking city, but as the hospital has resisted and no planner has insisted, there will be no mixed-uses here.

What, then, are our priorities? Parking, it would seem. Parking structures may well make efficient use of vertical space, but it is of linear space, of the roads, we should be thinking. Increasing the supply of parking accelerates the demand for roadway and eventual congestion.

Maine Medical Center may well have compelling reasons for its own parking supply increases, but what is the hospital or, moreover, the city doing to curb the demand for it? Not much yet. We can start doing something about this by asking questions and by seeking new solutions:

Must the garage be built at all, or are there other solutions? If current reliance on automobiles is held constant, then it is of no surprise that more hospital capacity demand more parking. If, however, we invest in housing development and mass transit, we may very well be surprised. We may also find that such monuments to automobile dependency can help such investment, either by making annual contributing to public transportation or using their visibility to market it.

If the garage must be built, must it be built on Congress Street? If the garage were located, say, near the county jail, perhaps, then, there would result sufficient pedestrian demand to create humane passage over St. John Street and Valley Street *and* to Union Station Plaza.

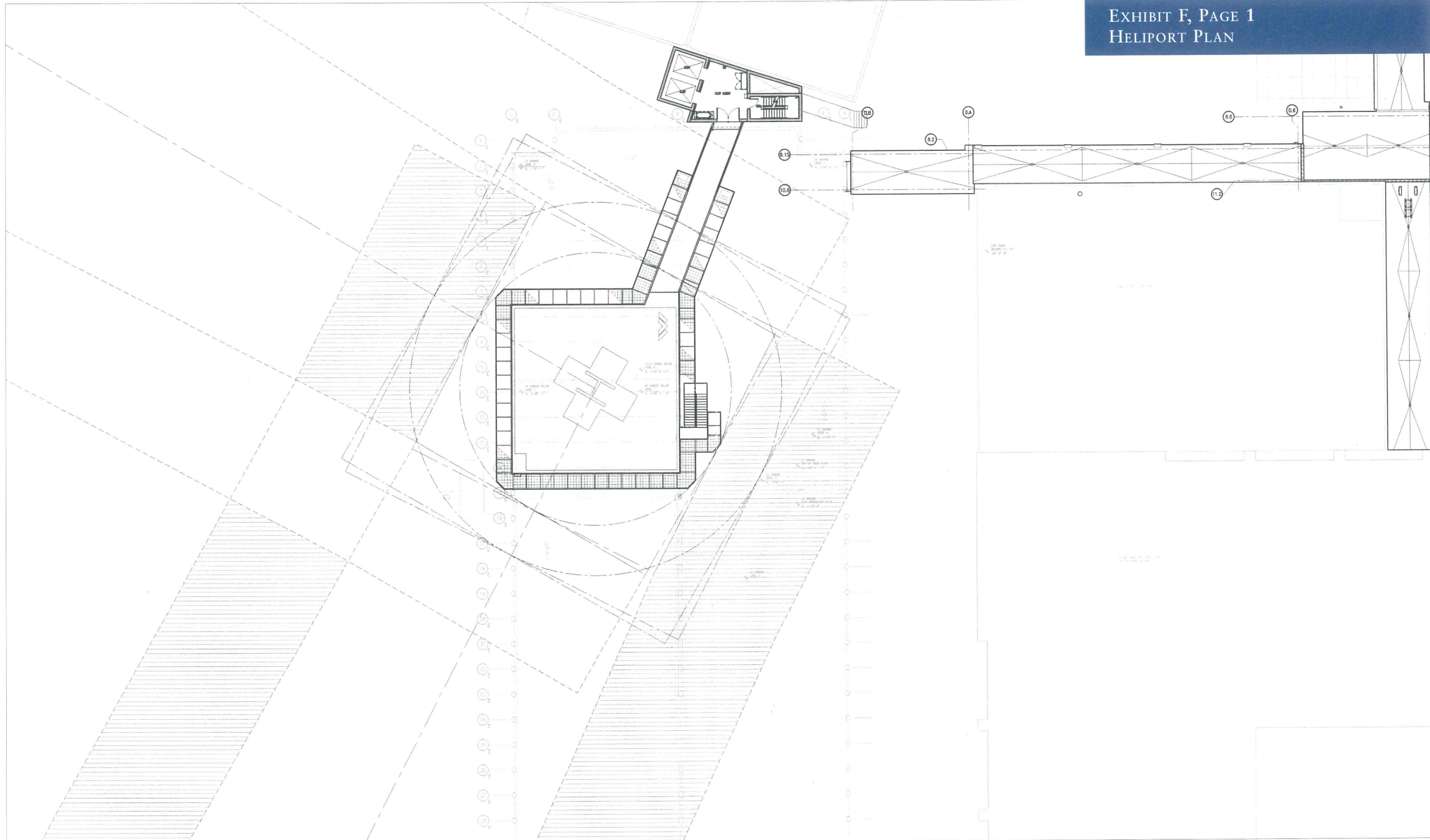
If the garage must be built on Congress Street, can it not accommodate mixed uses? If the garage, planned to have no setback whatever, included retail on the ground floor, it might, if done well, actually *enhance* pedestrian connectivity along this eminantly walkable street.

Without asking such questions, we are unlikely to find many satisfactory answers and without reforming our transportation priorities, our sidewalks and roadways may lead nowhere quickly.

Kevin Donoghue
Portland

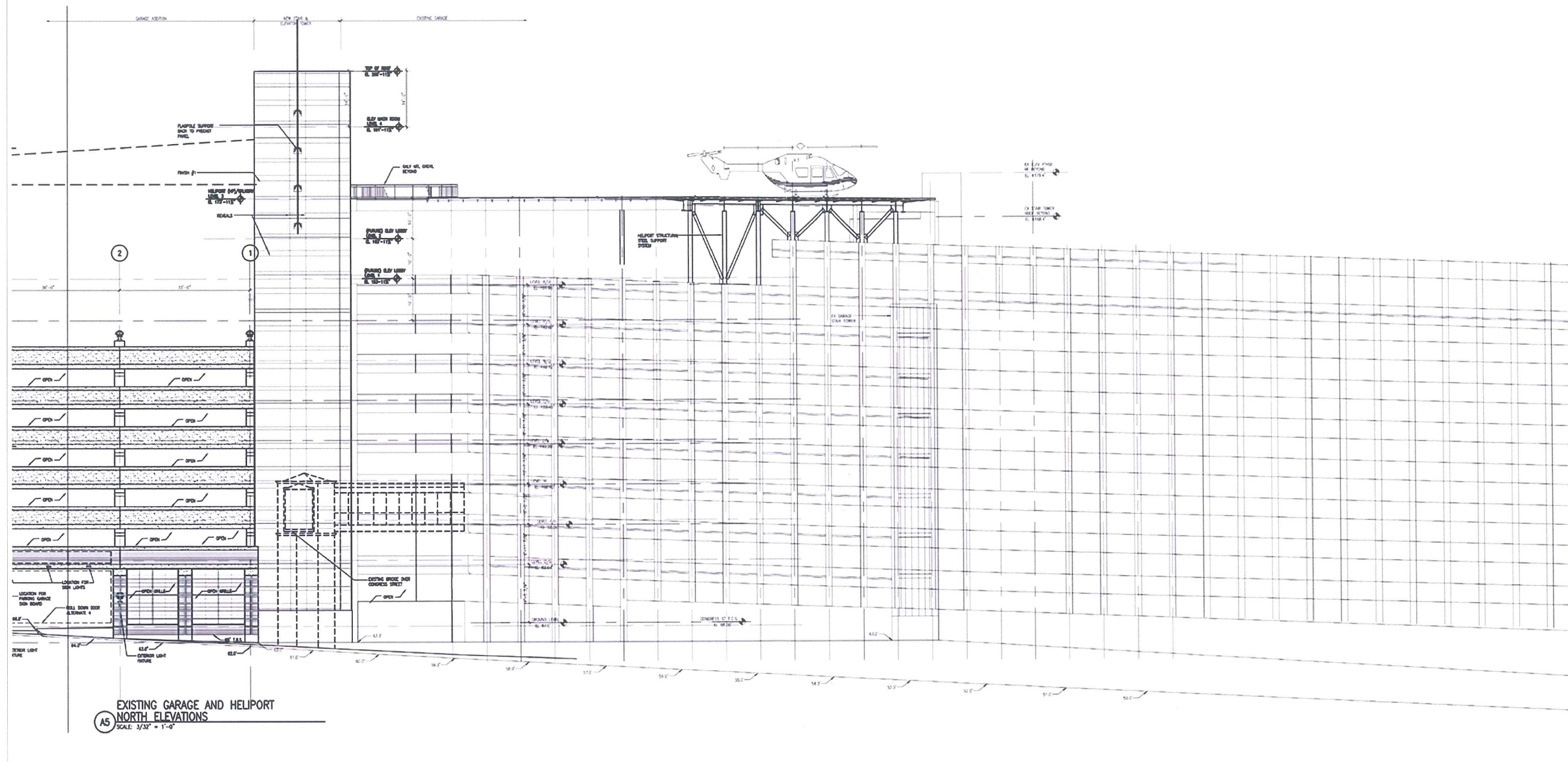
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EXHIBIT F, PAGE 1
HELIPORT PLAN



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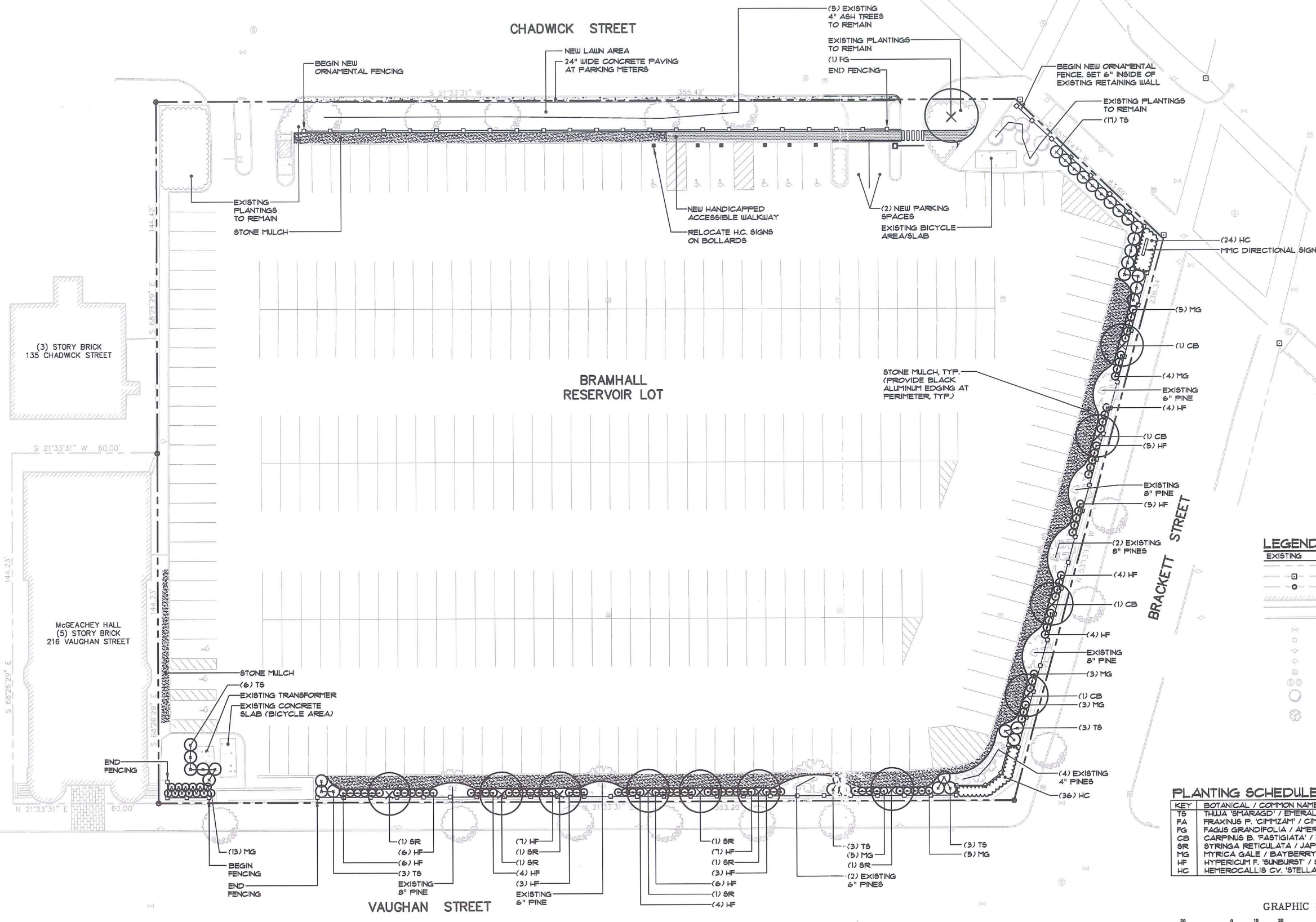
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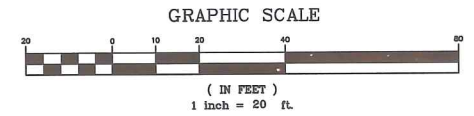


LEGEND

EXISTING	DESCRIPTION	PROPOSED
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□	MONUMENT	□
○	IRON PIPE/ROD	○
▭	BUILDING	▭
▨	EDGE PAVEMENT	▨
—	CURLINE	—
⊕	GATE VALVE	⊕
⊙	LIGHT POLE	⊙
⊚	UTILITY POLE	⊚
⊛	HYDRANT	⊛
⊜	CATCH BASIN	⊜
⊝	MANHOLE	⊝
○	DECIDUOUS TREE	○
⊗	CONIFEROUS TREE	⊗

PLANTING SCHEDULE

KEY	BOTANICAL / COMMON NAME	SIZE / COMMENTS
TS	THUJA 'SMARAGD' / EMERALD GREEN ARBORVITAE	4 FT.-5 FT.
FA	FRAXINUS P. 'CINNAM' / CINNAMON ASH	2 1/2" CAL.
FG	FAGUS GRANDIFOLIA / AMERICAN BEECH	2 1/2" CAL.
CB	CARPINUS B. 'FASTIGIATA' / EUROPEAN HORNBEAM	2 1/2" CAL.
SR	STRYNGA RETICULATA / JAPANESE TREE LILAC	2 1/2" CAL.
MG	MYRICA GALE / BAYBERRY	18"-24"
HF	HYPERICUM F. 'SUNBURST' / ST. JOHNSWORT	18"-24"
HC	HEMEROCALLIS CV. 'STELLA D'ORO' / DAYLILLY	NO. 1



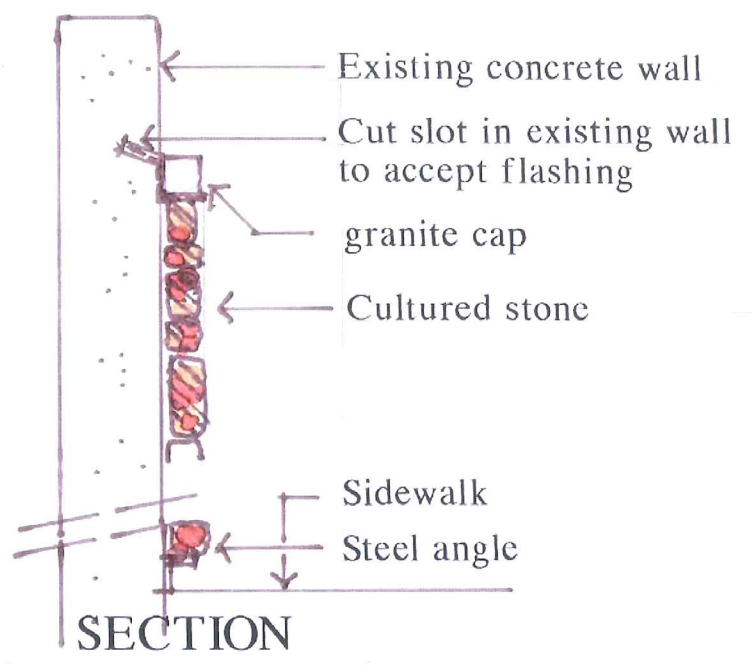
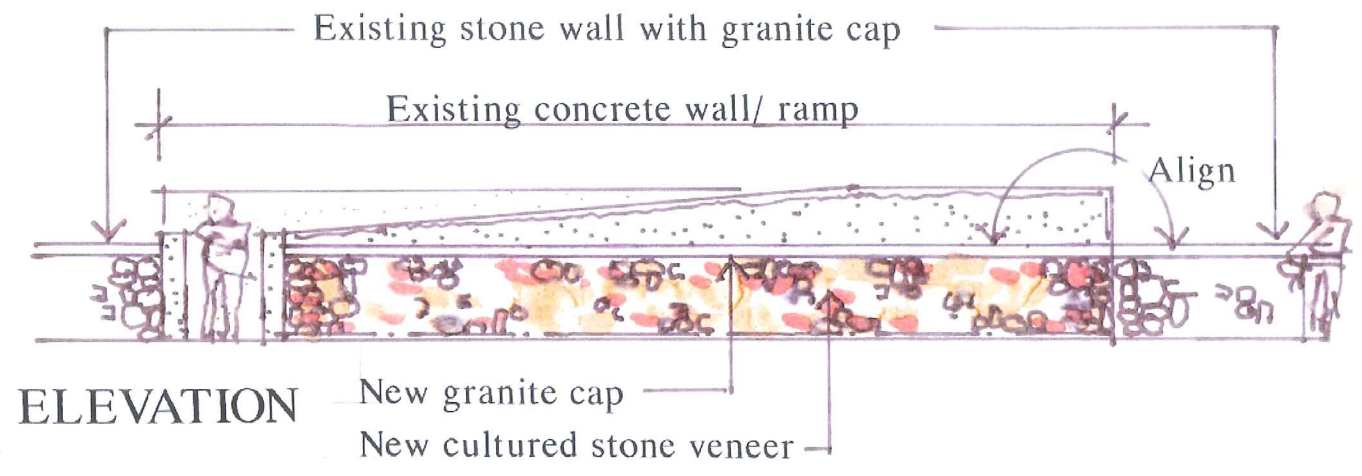
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LANDSCAPE PLAN
OF:
MAINE MEDICAL CENTER
BRAMHALL PARKING LOT
PORTLAND, MAINE
FOR:
MAINE MEDICAL CENTER
22 BRYANT STREET
PORTLAND, MAINE 04102

DATE: 7-8-04
SCALE: 1"=20'
SHEET 1 OF 1

01046L3

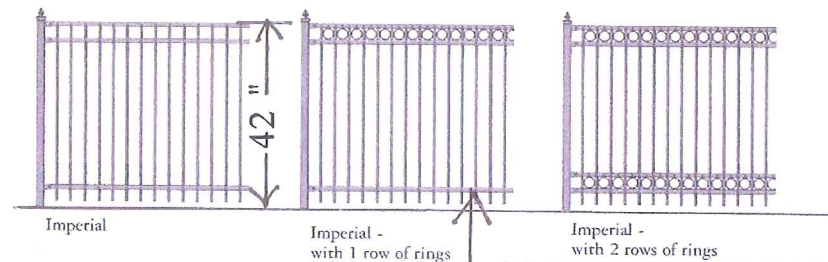


Maine Medical Center
VAUGHN STREET
WALL TREATMENT

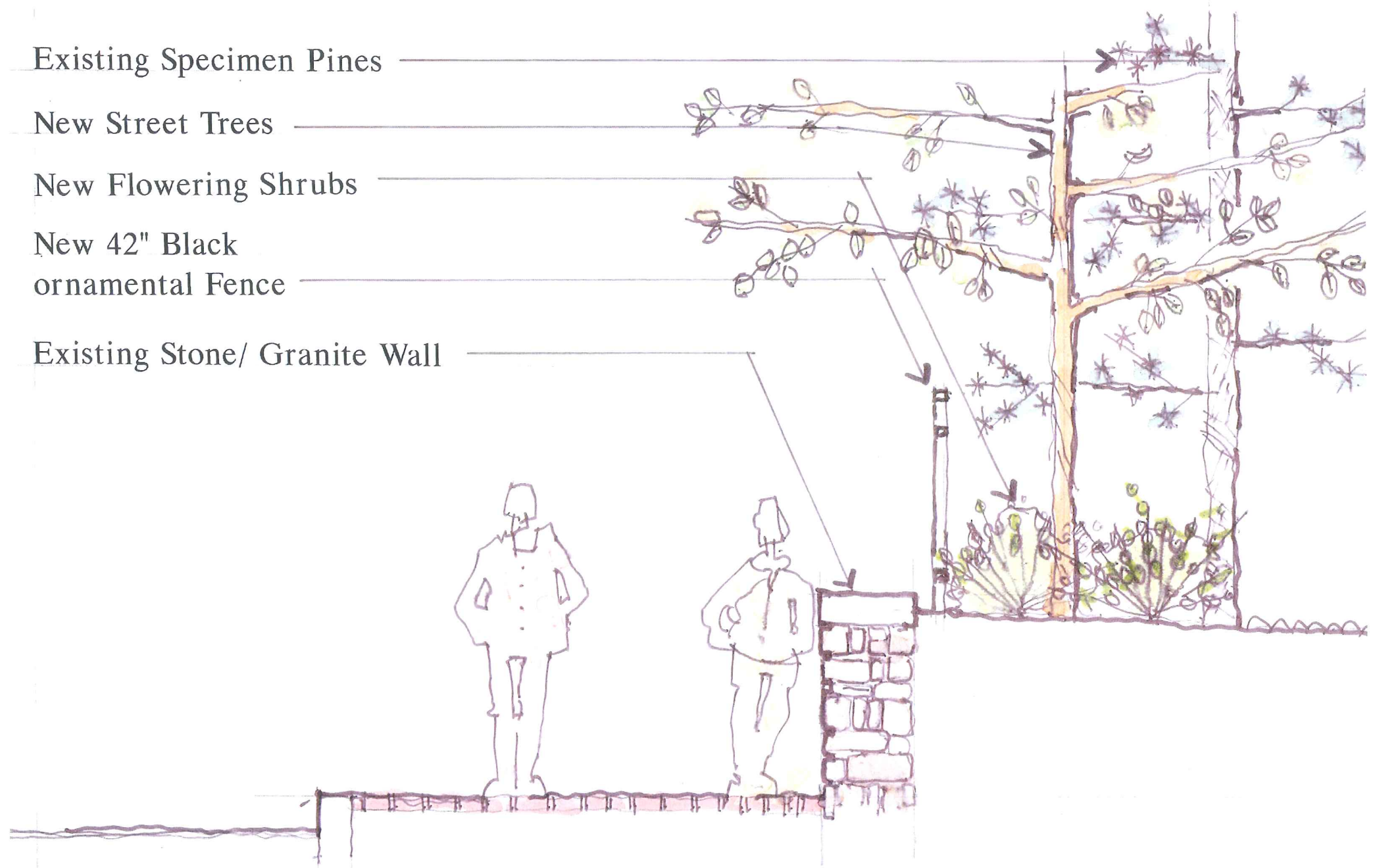
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MAINE MEDICAL CENTER/ VAUGHN STREET LOT - BLACK COLOR



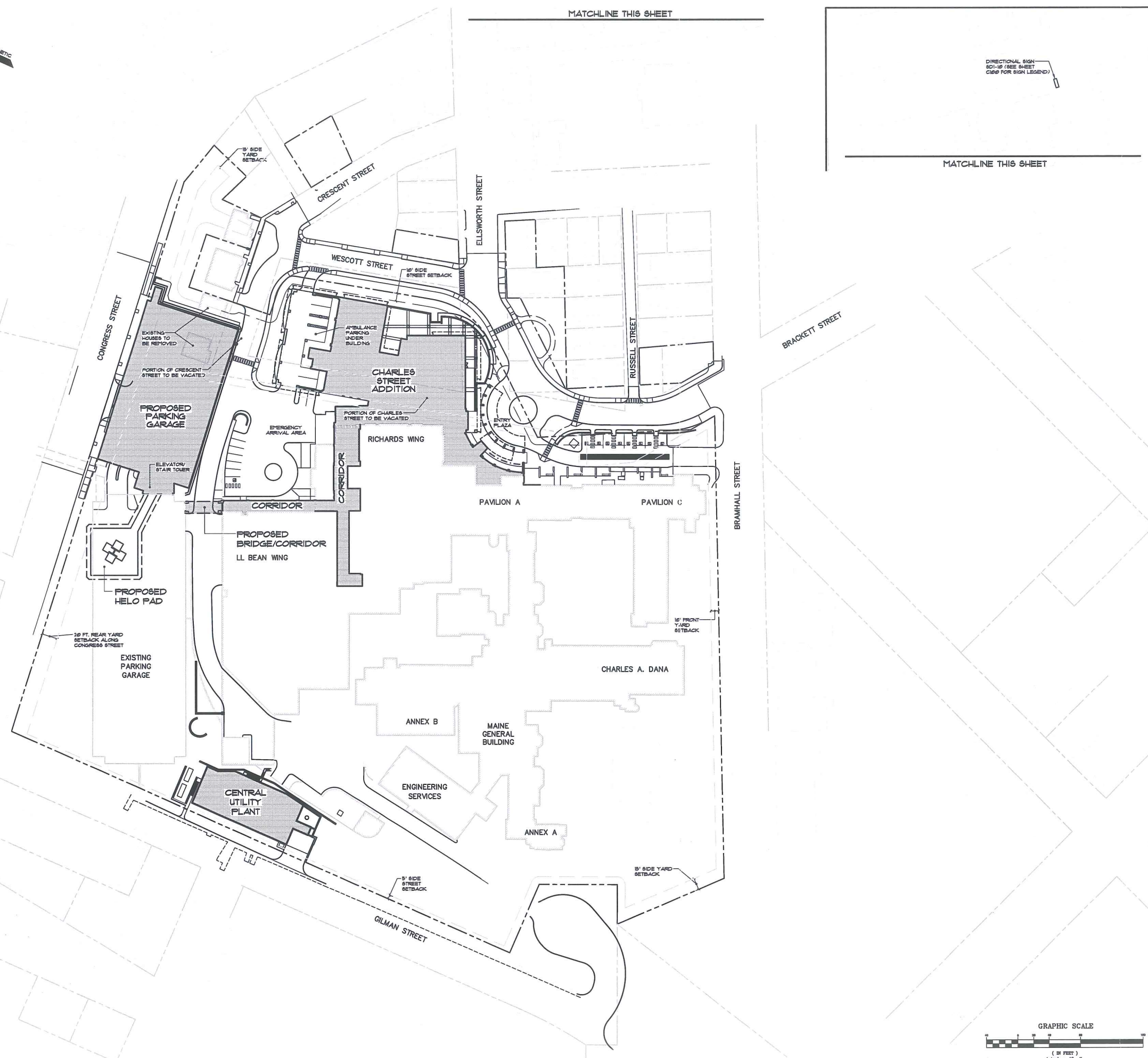
Maine Medical Center
VAUGHN STREET LOT / LANDSCAPE SECTION



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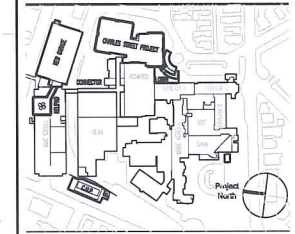
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801-10 (SEE SHEET
C050 FOR SIGN LEGEND)

MATCHLINE THIS SHEET



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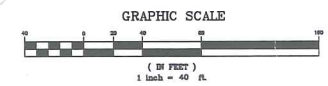
MARK	ISSUE DATE	DESCRIPTION



Key Plan

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Maine Medical Center
Pkg C - Site Utilities
Portland, Maine MMC Project No. 21846
Drawing Title
CAMPUS PLAN



Commission No.	4677	Date Issued	08/31/04
Scale	1"=40'	Sheet Number	PKG-C
Drawn By	WAL		
Approved By	WTD		
Filename	01046CAMPUS		

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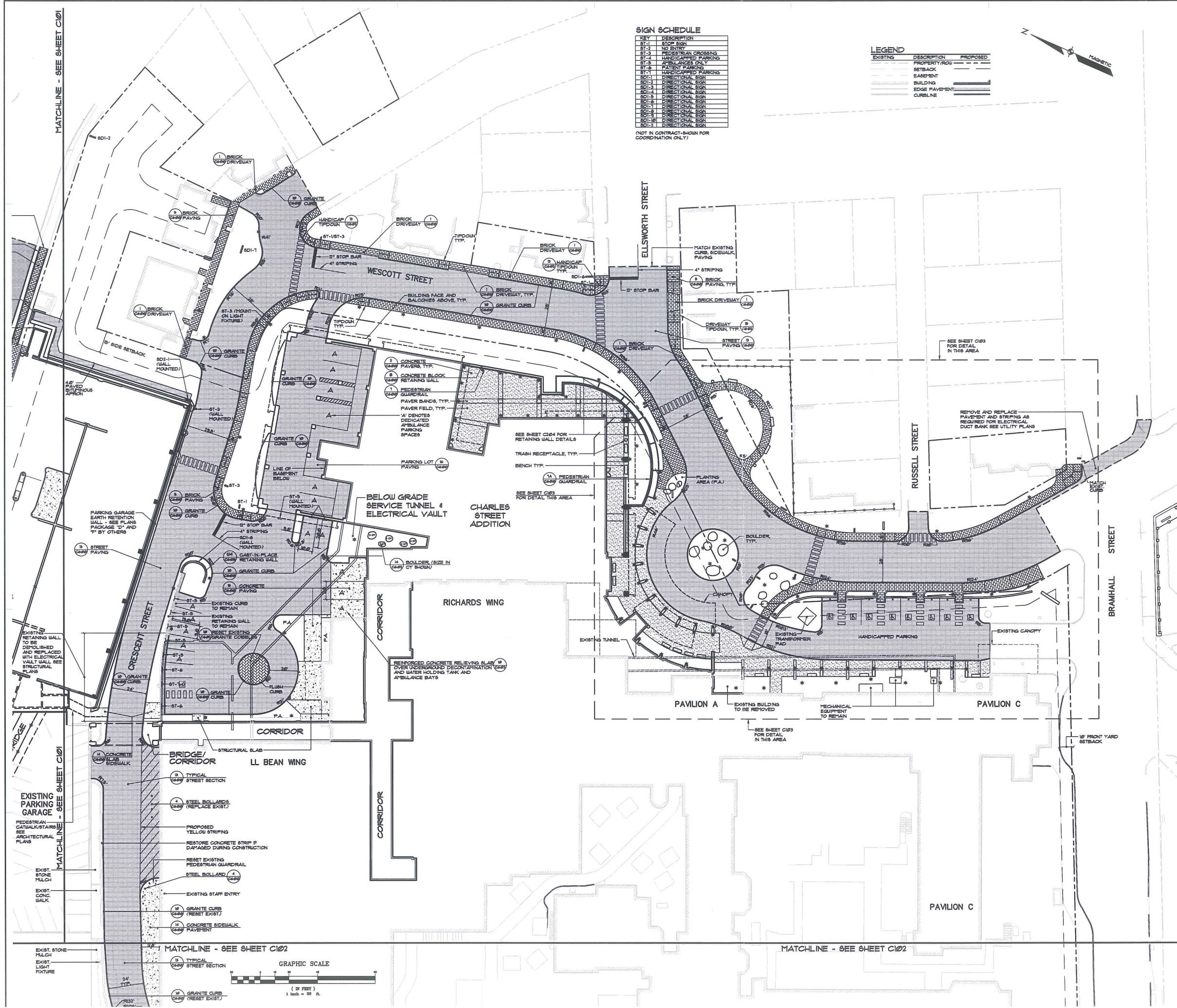
SIGN SCHEDULE

KEY	DESCRIPTION
ST-1	STOP SIGN
ST-2	NO ENTRY
ST-3	PEDESTRIAN CROSSING
ST-4	HANDICAPPED PARKING
ST-5	AMBULANCES ONLY
ST-6	PATIENT PARKING
ST-7	HANDICAPPED PARKING
ST-8	DIRECTIONAL SIGN
ST-9	DIRECTIONAL SIGN
ST-10	DIRECTIONAL SIGN
ST-11	DIRECTIONAL SIGN
ST-12	DIRECTIONAL SIGN
ST-13	DIRECTIONAL SIGN
ST-14	DIRECTIONAL SIGN
ST-15	DIRECTIONAL SIGN
ST-16	DIRECTIONAL SIGN
ST-17	DIRECTIONAL SIGN
ST-18	DIRECTIONAL SIGN
ST-19	DIRECTIONAL SIGN
ST-20	DIRECTIONAL SIGN

NOT IN CONTRACT-SHOW FOR COORDINATION ONLY

LEGEND

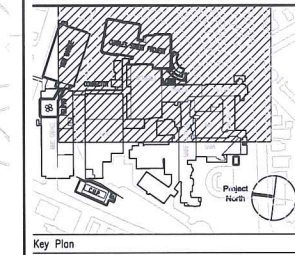
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---	SETBACK	---
---	EASEMENT	---
---	BUILDING	---
---	EDGE PAVEMENT	---
---	CURBLINE	---



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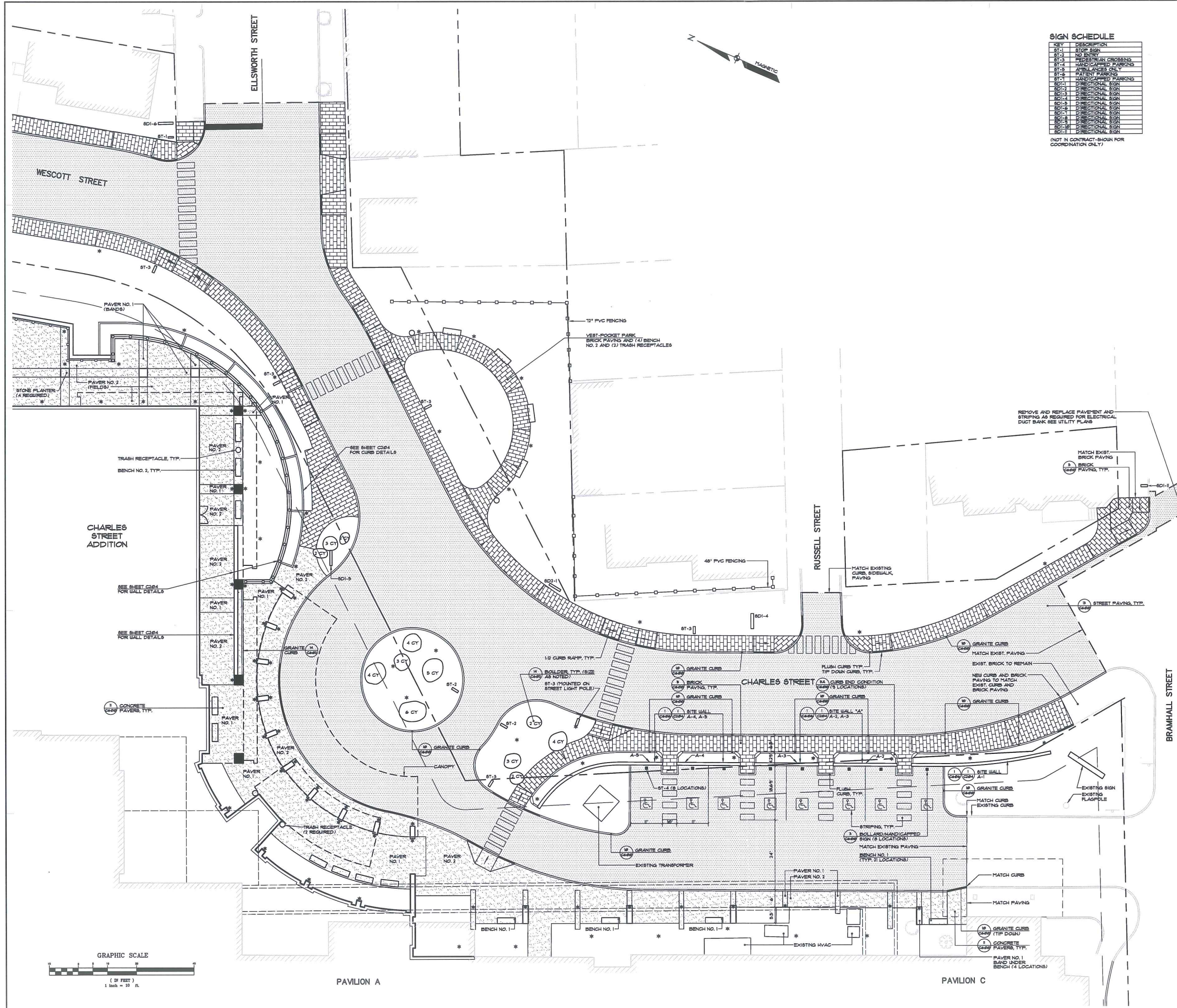
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Drawing Title
SITE PLAN

1 inch = 20 ft.

Commission No.	4677	Date Issued	08/21/04
Scale	1"=20'	Sheet Number	PKG-C
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Approved By	WTC		

C100



SIGN SCHEDULE

KEY	DESCRIPTION
ST-1	STOP SIGN
ST-2	NO ENTRY
ST-3	PEDESTRIAN CROSSING
ST-4	HANDICAPPED PARKING
ST-5	Ambulances Only
ST-6	PATIENT PARKING
ST-7	HANDICAPPED PARKING
SD-1	DIRECTIONAL SIGN
SD-2	DIRECTIONAL SIGN
SD-3	DIRECTIONAL SIGN
SD-4	DIRECTIONAL SIGN
SD-5	DIRECTIONAL SIGN
SD-6	DIRECTIONAL SIGN
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SD-11	DIRECTIONAL SIGN

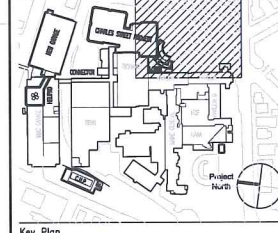
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 3. BASE DIMENSIONS AND DETAILS WITH ARCHITECTURAL PLANS BY OTHERS.

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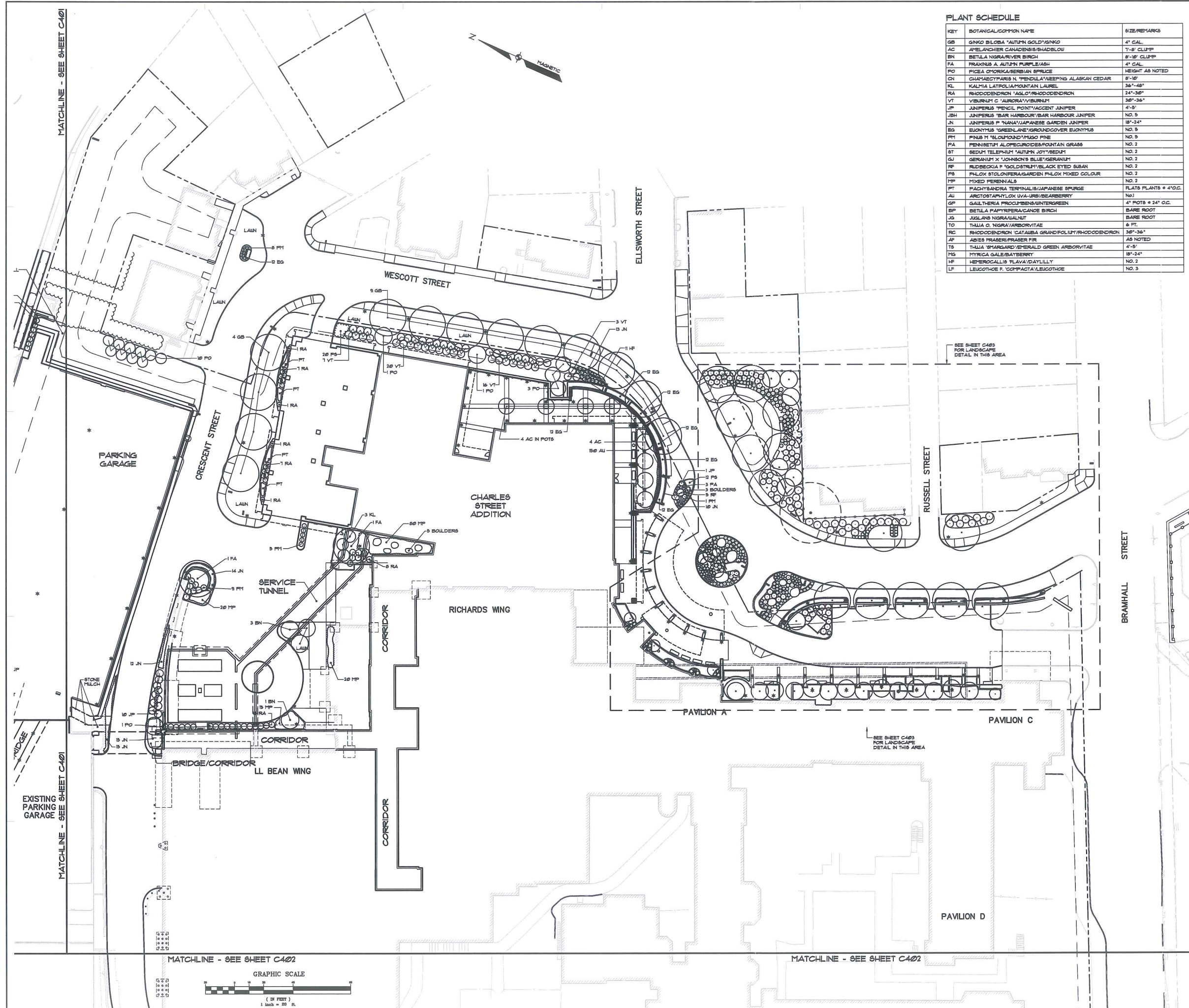
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SITE PLAN

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Approved By	WTC		

C103



PLANT SCHEDULE

KEY	BOTANICAL/COMMON NAME	SIZE/REMARKS
GB	GINKGO BILOBA 'AUTUMN GOLD'/GINKGO	4" CAL.
AC	'AELANCHIER CANADENSIS/SHADBLOW	7'-8" CLUMP
BN	BETULA NIGRA/RIVER BIRCH	8'-10" CLUMP
FA	FRAXINUS A. AUTUMN PURPLE/ASH	4" CAL.
PO	PICEA CHOROKA/SERBIAN SPRUCE	HEIGHT AS NOTED
CN	CHAMAECYPARIS N. 'PENDULA'/SLEEPING ALASKAN CEDAR	8'-10"
KL	KALMIA LATIFOLIA/MOUNTAIN LAUREL	36"-48"
RA	RHOODODENDRON 'AGLO'/RHODODENDRON	24"-36"
VT	VIBURNUM O. LAUREOLA/VIBURNET	36"-36"
JP	JUNIPERUS 'FENCIL POINT'/ACCENT JUNIPER	4'-8"
JSH	JUNIPERUS 'BAR HARBOUR'/BAR HARBOUR JUNIPER	NO. 5
JN	JUNIPERUS P. 'NANA'/JAPANESE GARDEN JUNIPER	18"-24"
EG	EUCHYNUS 'GREENLANE'/GROUNDCOVER EUCHYNUS	NO. 5
PT	PINUS M. 'BLOUMOND'/MUGO PINE	NO. 5
PA	PENISSETUM ALOPECUROIDES/PONTAIN GRASS	NO. 2
ST	SEDUM TELEPHUM 'AUTUMN JOY'/SEDUM	NO. 2
GJ	GERANIUM X 'JOHNSON'S BLUE'/GERANIUM	NO. 2
RF	RUDBECKIA F. 'SCOLDSTRIM'/BLACK EYED SUSAN	NO. 2
PS	PHLOX STOLONIFERA/GARDEN PHLOX MIXED COLOUR	NO. 2
HP	MIXED PERENNIALS	NO. 2
PT	PACHYRANDRA TERMINALIS/JAPANESE SPURGE	FLATS PLANTS # 4/O.C.
AU	ARCTOSTAPHYLOS UVA-URSI/BEARBERRY	NO.1
GP	GALLTHERIA PROCUMBENS/ANTERGREEN	4" POTS # 24" O.C.
BP	BETULA PAPPYRIFERA/CANOE BIRCH	BARE ROOT
JG	JUGLANS NIGRA/WALNUT	BARE ROOT
TO	TALIA G. NIGRA/ARBORVITAE	8 FT.
RC	RHOODODENDRON CATALPA/ GRANDFOLIUM/RHOODODENDRON	36"-36"
AF	ABIES FRASERI/FRASER FIR	AS NOTED
TS	TALIA 'SHARGARD'/EMERALD GREEN ARBORVITAE	4'-5"
MS	MYRICA GALE/BAYBERRY	18"-24"
HF	HEPEROCALLIS FLAVA/DAYLILLY	NO. 2
LF	LEUCOTOE F. 'COMPACTA'/LEUCOTOE	NO. 3

General Notes:

MARK	ISSUE DATE	DESCRIPTION

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Key Plan

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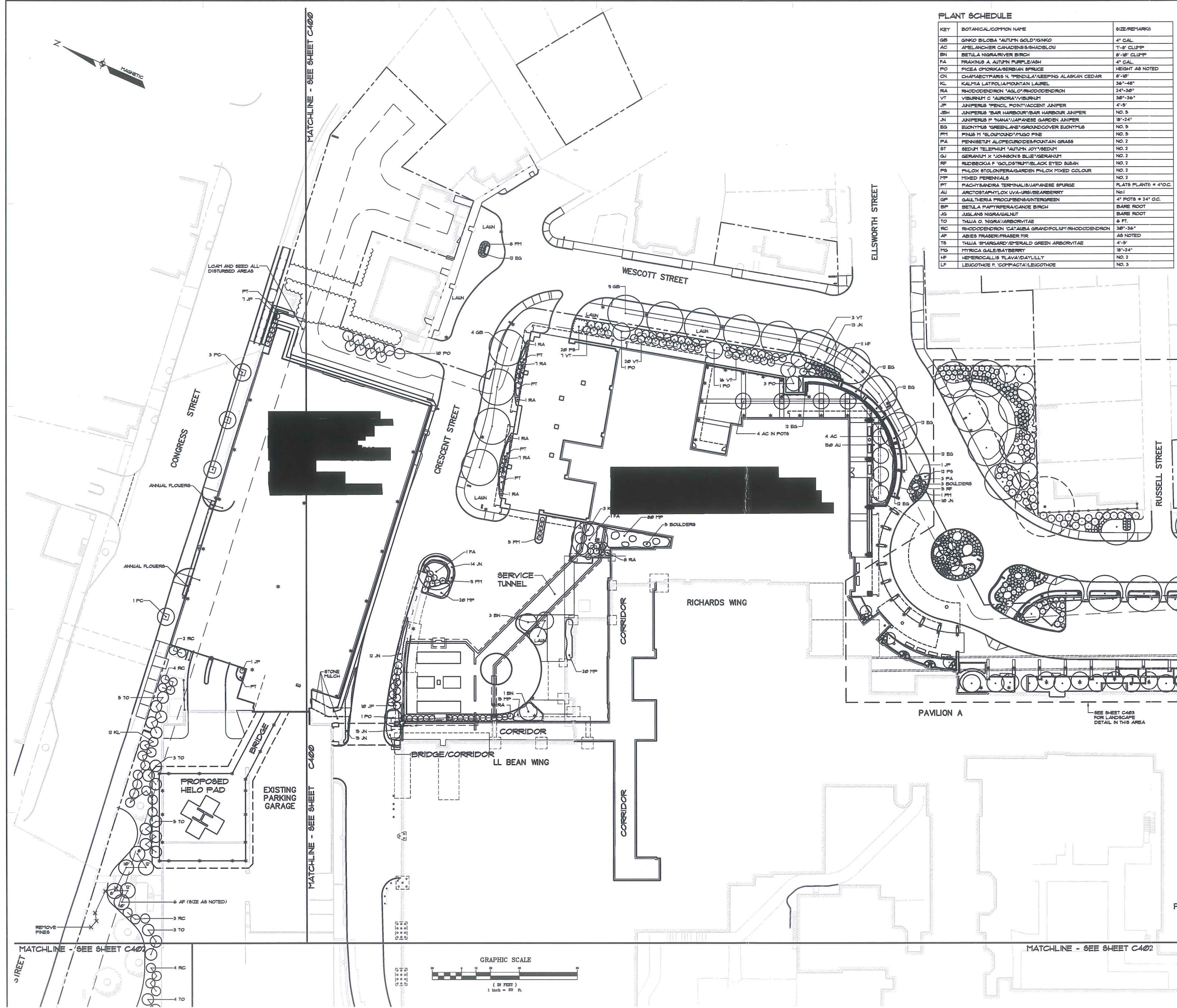
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Drawing Title
LANDSCAPE PLAN



Commission No.	4677	Date Issued	08/21/04
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Drawn By	ML		
Approved By	WIC		

C400



KEY	BOTANICAL/COMMON NAME	SIZE/REMARKS
GB	GINKGO BILOBA 'AUTUMN GOLD'/GINKGO	4" CAL
AC	AMELANCHIER CANADENSIS/SHADBLOW	1'-8" CLUMP
BN	BETULA NIGRA/RYE BIRCH	8'-10" CLUMP
FA	FRAXINUS A. ALUTIN PURPLE/ASH	4" CAL
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JN	JUNIPERUS P. 'NANA'/JAPANESE GARDEN JUNIPER	18"-24"
EG	EVONYMUS 'GREENLAND'/GROUND COVER EVONYMUS	NO. 5
PI	PINUS M. 'BOLTONIUM'/LUGO PINE	NO. 5
PA	PENNISETUM ALOPECUROIDES/MOUNTAIN GRASS	NO. 2
ST	SEDUM TELEPHIUM 'AUTUMN JOY'/SEDUM	NO. 2
GJ	GERANIUM X 'JONSON'S BLUE'/GERANIUM	NO. 2
RP	RUDIBECKIA P. 'GOLDTRUMP'/BLACK EYED SUSAN	NO. 2
FB	PHLOX STOLONIFERA/GARDEN PHLOX MIXED COLOUR	NO. 2
MP	MIXED PERENNIALS	NO. 2
PT	PACHYSTANDRA TERMINALIS/JAPANESE SPURGE	FLATS PLANTS * 4" O.C.
AJ	ARCTOSTAPHYLOX LIVA-URS/BEARBERRY	NO. 1
GP	GALLTHERIA PROCUMBENS/WINTERGREEN	4" POTS * 24" O.C.
BP	BETULA PAPPYRIFERA/GALANGEE BIRCH	BARE ROOT
JS	JUGLANS NIGRA/WALNUT	BARE ROOT
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LF	LEUCOTHOE F. 'COMPACTA'/LEUCOTHOE	NO. 3

General Notes:

MARK	ISSUE DATE	DESCRIPTION

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Issue Log

Key Plan

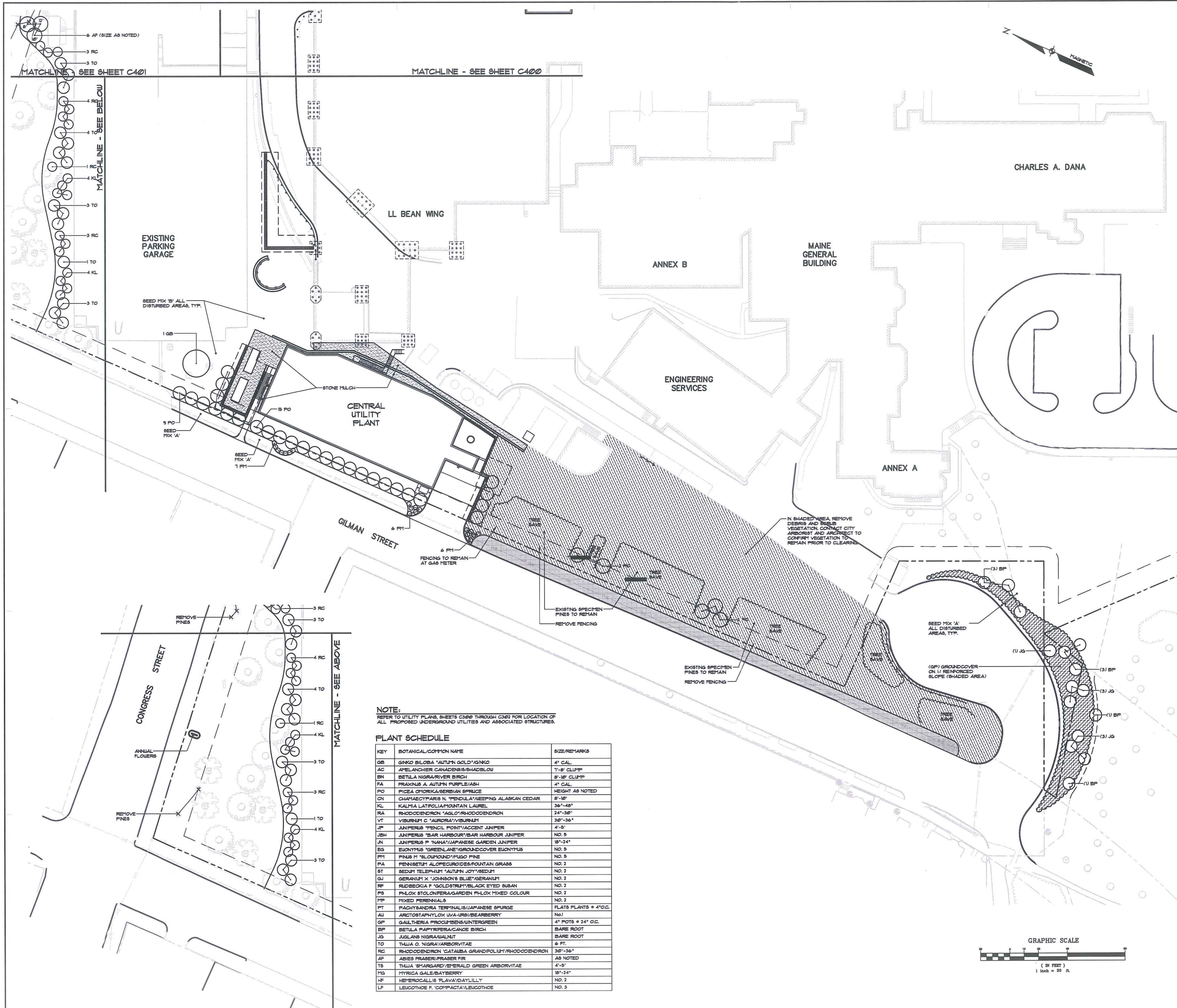
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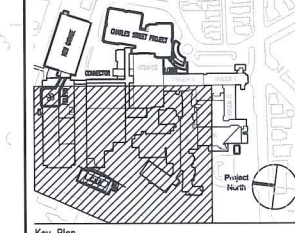
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General Notes:

MARK	ISSUE DATE	DESCRIPTION

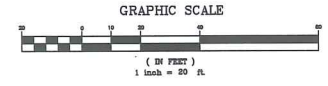
PERMIT	ISSUE DATE	PERMIT SET



TRO
ARCHITECTURE
PLANNING
ENGINEERING
INTERIOR DESIGN
The Ritchie Organization
80 Bridge Street
Newton, MA 02458-1134
617-555-9400

NOTE:
REFER TO UTILITY PLANS, SHEETS C300 THROUGH C307 FOR LOCATION OF ALL PROPOSED UNDERGROUND UTILITIES AND ASSOCIATED STRUCTURES.

KEY	BOTANICAL/COMMON NAME	SIZE/REMARKS
GB	GINKGO BILOBA 'AUTUMN GOLD'/GINKGO	4" CAL.
AC	APTELACHNER CANADENSIS/SHADBLOW	1"-8" CLUMP
BN	BETULA NIGRA/RED BIRCH	8"-18" CLUMP
PA	FRAXINUS A. AUTUMN PURPLE/ASH	4" CAL.
PO	PICEA OMORICA/SERBIAN SPRUCE	HEIGHT AS NOTED
GN	CHAEMECYPARIS N. 'PENDULA'/WEeping ALASKAN CEDAR	8'-10'
KL	KALMIA LATIFOLIA/MOUNTAIN LAUREL	36"-48"
RA	RHODODENDRON 'AGLO'/RHODODENDRON	24"-36"
VT	VIBURNUM C. 'AUREORA'/VIBURNUM	36"-36"
JP	JUNIPERUS 'PENCIL POINT'/ACCENT JUNIPER	4"-5"
JSH	JUNIPERUS 'BAR HARBOR'/BAR HARBOR JUNIPER	NO. 5
JN	JUNIPERUS P. 'NANA'/JAPANESE GARDEN JUNIPER	18"-24"
EG	ELGONTHUS 'GREEN LANE'/GROUND COVER ELGONTHUS	NO. 5
PM	PINUS M. 'BLOUINSON'/PILO PINE	NO. 5
PA	PENNISETUM ALOPECUROIDES/FOUNTAIN GRASS	NO. 2
ST	SEDUM TELEPHUM 'AUTUMN JOY'/SEDUM	NO. 2
GJ	GERANIUM X 'JOHNSON'S BLUE'/GERANIUM	NO. 2
RF	RUDEBECKIA F. 'GOLDSTRUM'/BLACK EYED SUSAN	NO. 2
PS	PHLOX STOLONIFERA/GARDEN PHLOX MIXED COLOUR	NO. 2
PT	MIXED PERENNIALS	NO. 2
PT	PACHYANDRA TERMINALIS/JAPANESE SPURGE	FLATS PLANTS @ 4" O.C.
AJ	ARCTOSTAPHYLOS UVA-URSI/BEARBERRY	NO. 1
GP	GALTHERIA PROCUMBENS/INTERGREEN	4" POT @ 24" O.C.
BP	BETULA PAPPYRIFERA/CANOE BIRCH	BARE ROOT
JG	JUGLANS NIGRA/WALNUT	BARE ROOT
TO	THUJA X NIGRA/ARBORVITAE	6 FT.
RC	RHODODENDRON CATALPA GRANDIFOLIUM/RHODODENDRON	36"-36"
AF	ABIES FRASERI/FRASER FIR	AS NOTED
TS	THUJA 'SPANGARD'/EMERALD GREEN ARBORVITAE	4"-5"
TS	HYDRICIA GALE/SWAMP BERRY	18"-24"
HE	HEBERCALLIS 'FLAVY'/DAYLILLY	NO. 2
LF	LEUCOTHOE F. COMPACTA/LEUCOTHOE	NO. 3

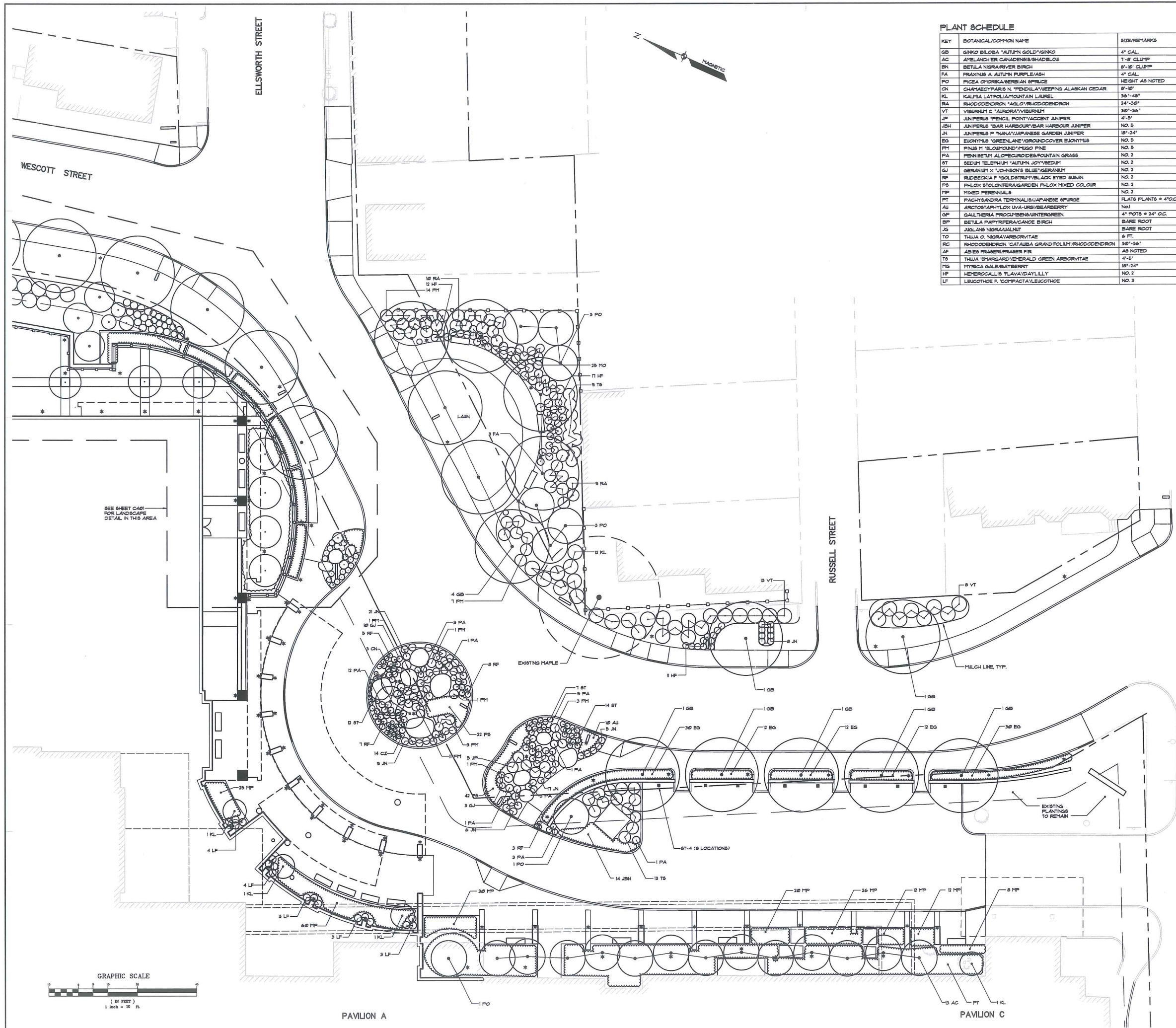


Maine Medical Center
Pkg C - Site Utilities
Portland, Maine MMC Project No. 21846

Drawing Title
LANDSCAPE PLAN

Committer No.	4677	Date Issued	08/31/04
Scale	1"=20'	Sheet Number	PKG-C
Drawn By	ML		
Approved By	WTC		

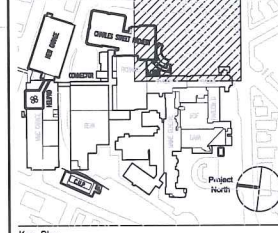
C402



KEY	BOTANICAL/COMMON NAME	SIZE/REMARKS
GB	GINKGO BILOBA 'AUTUMN GOLD'/GINKGO	4" CAL.
AC	AMELANCHIER CANADENSIS/SHADBLAU	1'-8" CLUMP
BN	BETULA NIGRA/RIVER BIRCH	8'-10" CLUMP
FA	FRAXINUS A. AUTUMN PURPLE/ASH	4" CAL.
PO	PICEA CHOROKA/SERBIAN SPRUCE	HEIGHT AS NOTED
CH	CHAMAECYPARIS N. 'PENDULA'/WEeping ALASKAN CEDAR	8'-10"
KL	KALMIA LATIFOLIA/MOUNTAIN LAUREL	36"-48"
RA	RHODODENDRON 'AGLO'/RHODODENDRON	24"-36"
VT	VIBURNUM C. 'AUBURNA'/VIBURNUM	36"-36"
JF	JUNIPERUS 'PENCIL POINT'/ACCENT JUNIPER	4'-8"
JBH	JUNIPERUS 'BAIN HARBOR'/BAIN HARBOR JUNIPER	NO. 5
JN	JUNIPERUS P. 'NANA'/JAPANESE GARDEN JUNIPER	18"-24"
EG	EUONYMUS 'GREENLANE'/GROUND COVER EUONYMUS	NO. 5
FM	FINIS H. 'SLOUMOND'/MUGO PINE	NO. 5
PA	PENNISETUM ALOPECUROIDES/POUNCE GRASS	NO. 2
ST	SEDUM TELEPHUM 'AUTUMN JOY'/SEDUM	NO. 2
GU	GERANIUM X 'JOHNSON'S BLUE'/GERANIUM	NO. 2
RF	RUDEBECKIA F. 'GOLDBRITZ'/BLACK EYED SUSAN	NO. 2
FB	PHLOX STOLONIFERA/GARDEN PHLOX MIXED COLOUR	NO. 2
MP	MIXED PERENNIALS	NO. 2
PT	PACHYANDRA TERMINALIS/JAPANESE SPURGE	FLATS PLANTS @ 4" O.C.
AU	ARCTOSTAPHYLOS UVA-URS/BEARBERRY	NO.1
GP	GALLTHERIA PROCUMBENS/WINTERGREEN	4" POTS @ 24" O.C.
BP	BETULA PAPYRIFERA/CANOE BIRCH	BARE ROOT
JG	JUGLANS NIGRA/WALNUT	BARE ROOT
TO	THALIA G. NIGRA/ARBOVITAE	6 FT.
RC	RHODODENDRON 'CATALPA GRANDIFOLIUM'/RHODODENDRON	36"-36"
AF	ABIES FRASERI/FRASER FIR	AS NOTED
TS	THALIA 'SHARGARD'/EMERALD GREEN ARBOVITAE	4'-5'
MG	MYRICA GALE/BAWBERRY	18"-24"
HF	HEMEROCALLIS FLAVA/DAYLILLY	NO. 2
LP	LEUCOTHOE F. COMPACTA/LEUCOTHOE	NO. 3

General Notes:

MARK	ISSUE DATE	DESCRIPTION

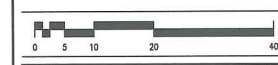


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The Ritchie Organization
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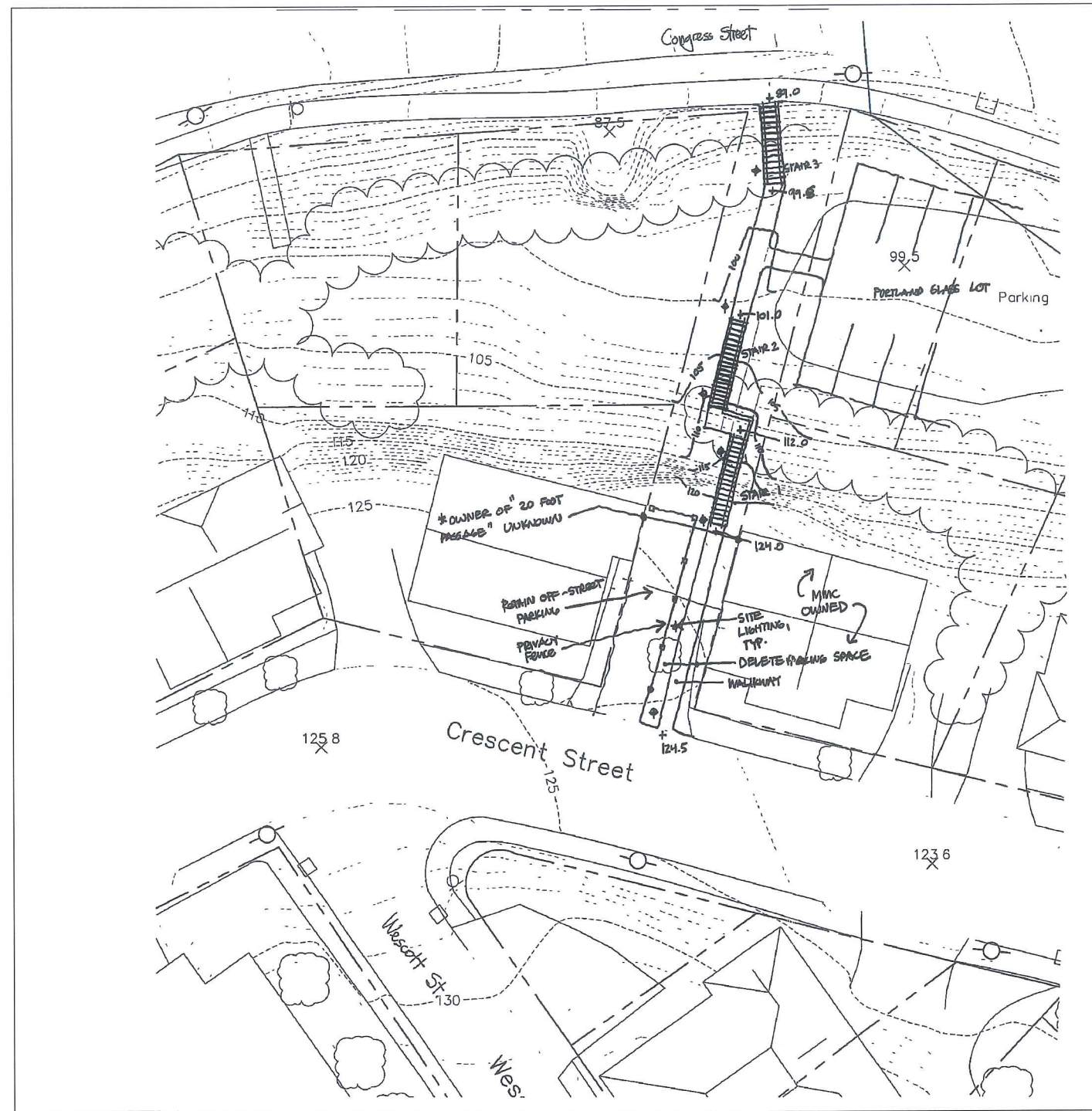
Maine Medical Center
Pkg C - Site Utilities
Portland, Maine MMC Project No. 21846

Drawing Title
LANDSCAPE PLAN



Commission No.	4677	Date Issued	08/21/04
Scale	1"=10'	Sheet Number	PKG-C
Drawn By	MM	Checked By	WTC
Approved By	WTC	Project No.	C403

**Landscape Plan at Existing Garage
See Sheets 401 & 402 (Exhibits B7 & B8)**

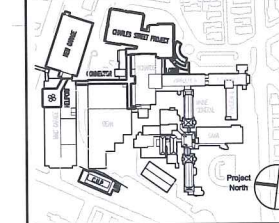


General Notes:

CITY REVIEW

MARK	ISSUE DATE	DESCRIPTION

Issue Log
4-14-04 CITY REVIEW

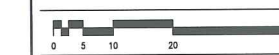


Key Plan

TRO
ARCHITECTURE
PLANNING
ENGINEERING
INTERIOR DESIGN
The Ritchie Organization
60 Bridge Street
Newton, MA 02458-1134
617-559-9400

Maine Medical Center
Bramhall Street Campus
Portland, Maine

Drawing Title
**PEDESTRIAN CONNECTION
TO CONGRESS STREET**



Commission No.	-	Date Issued	4-14-04
Scale	1"=10'	Sheet Number	-
Drawn By	WTC		
Approved By	WTC		



File Name: 4673Contract_Zone-050106.gxd

January 27, 2005

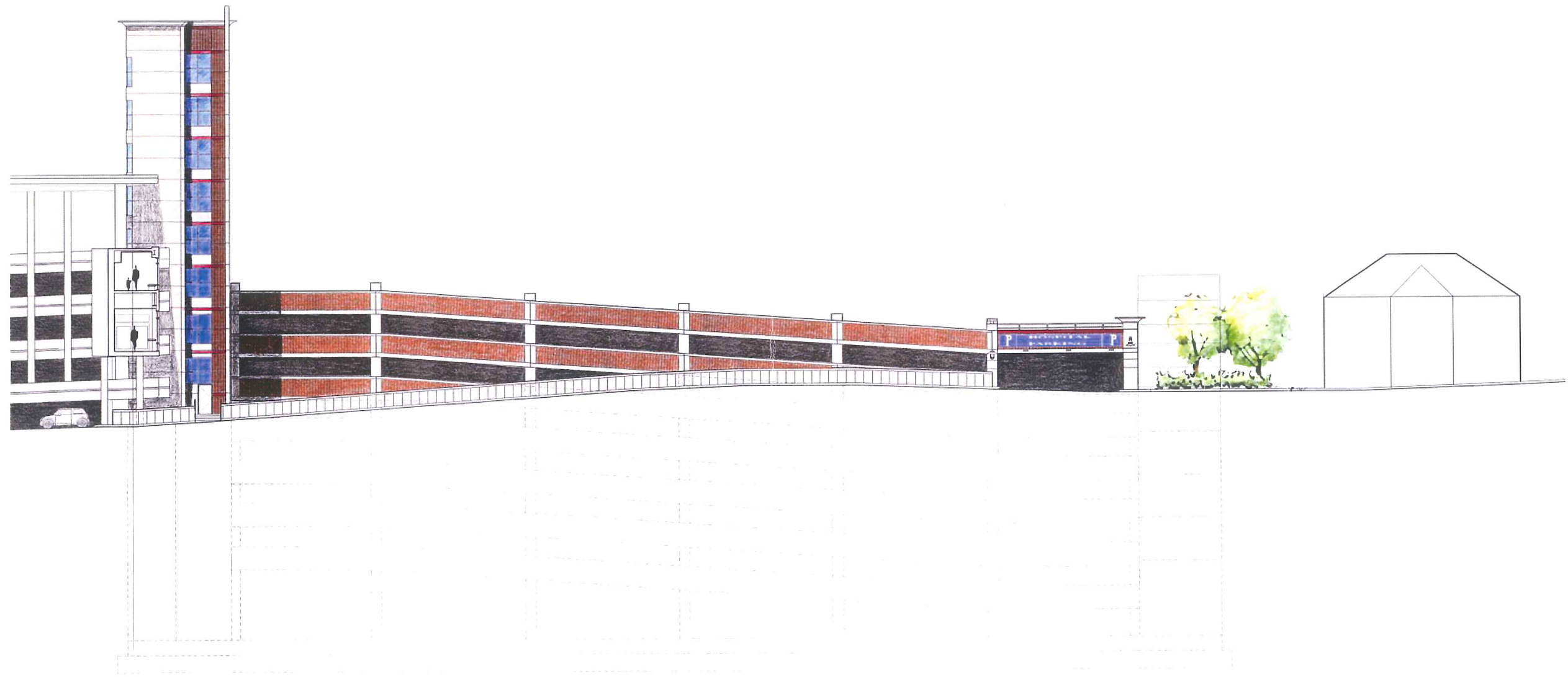
MAINE MEDICAL CENTER

Portland, Maine

TRO

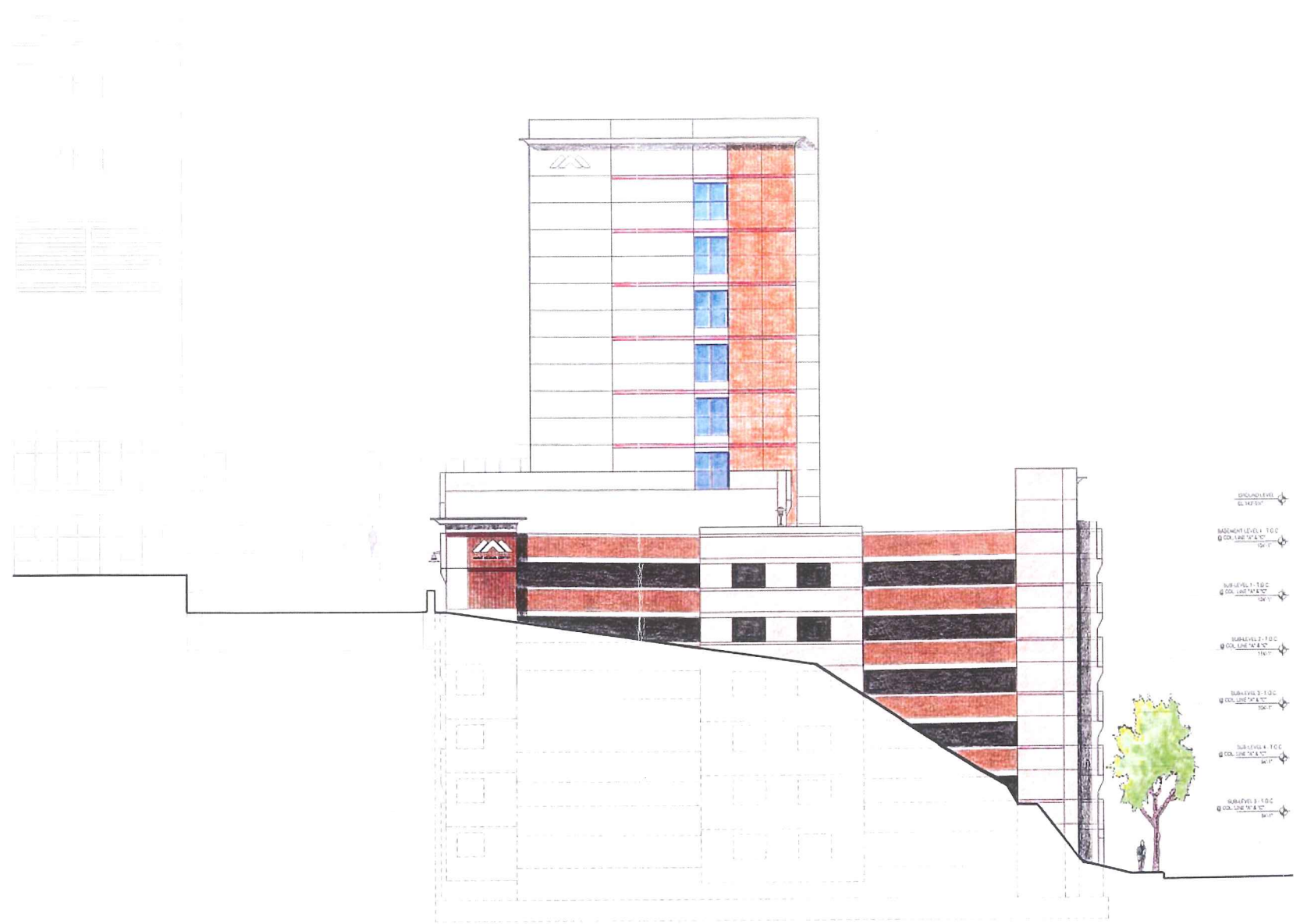
Architecture
 Interior Design

Planning
 Engineering

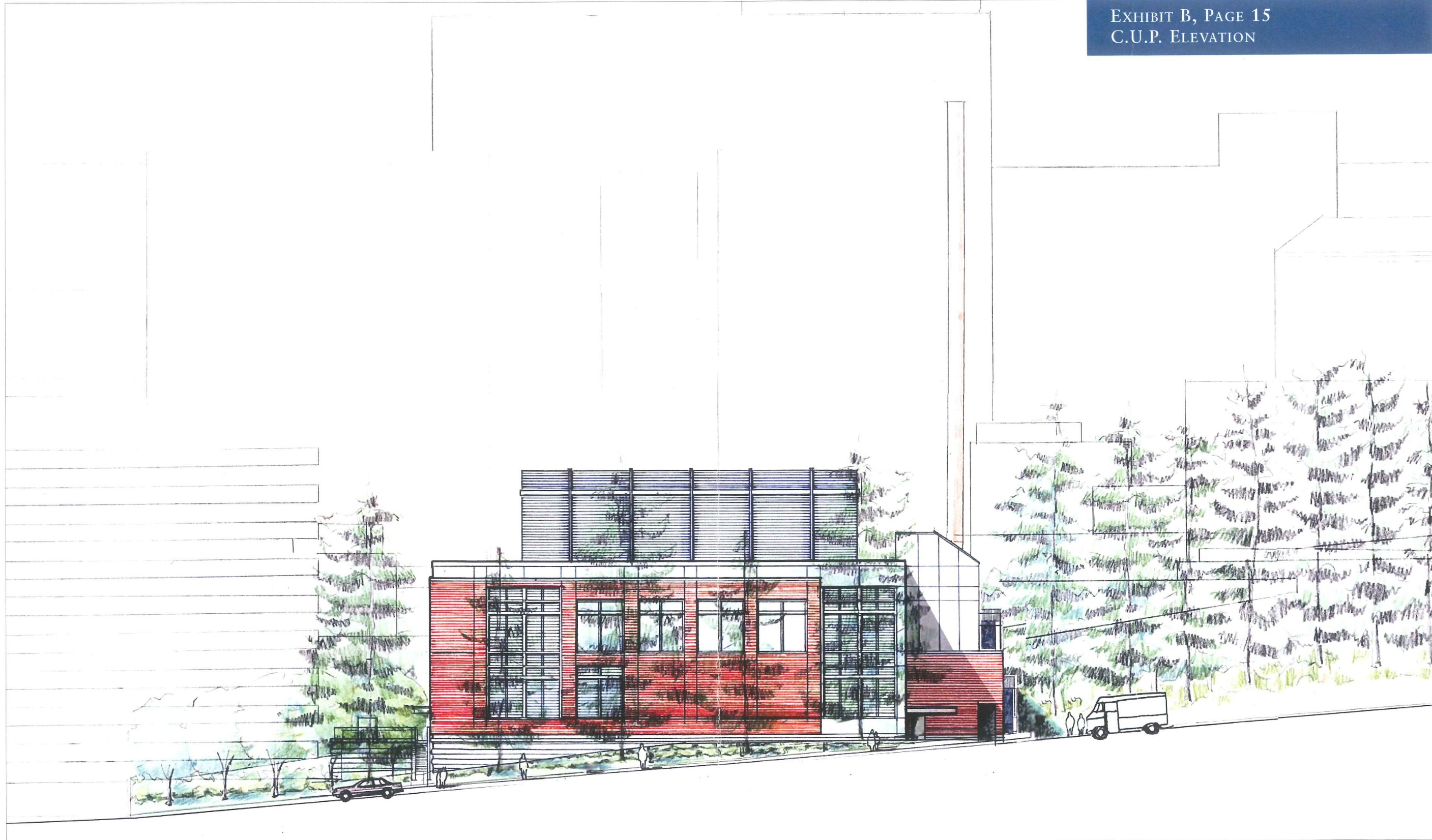


File Name: 4673Contract_Zone-050106.pxd

January 27, 2005



- GROUND FLOOR
- BASEMENT LEVEL 1 T.C.C.
- SUB LEVEL 1 T.C.C.
- SUB LEVEL 2 T.C.C.
- SUB LEVEL 3 T.C.C.
- SUB LEVEL 4 T.C.C.
- SUB LEVEL 5 T.C.C.



File Name: 4673Contract_Zone-050106.gxd

January 27, 2005

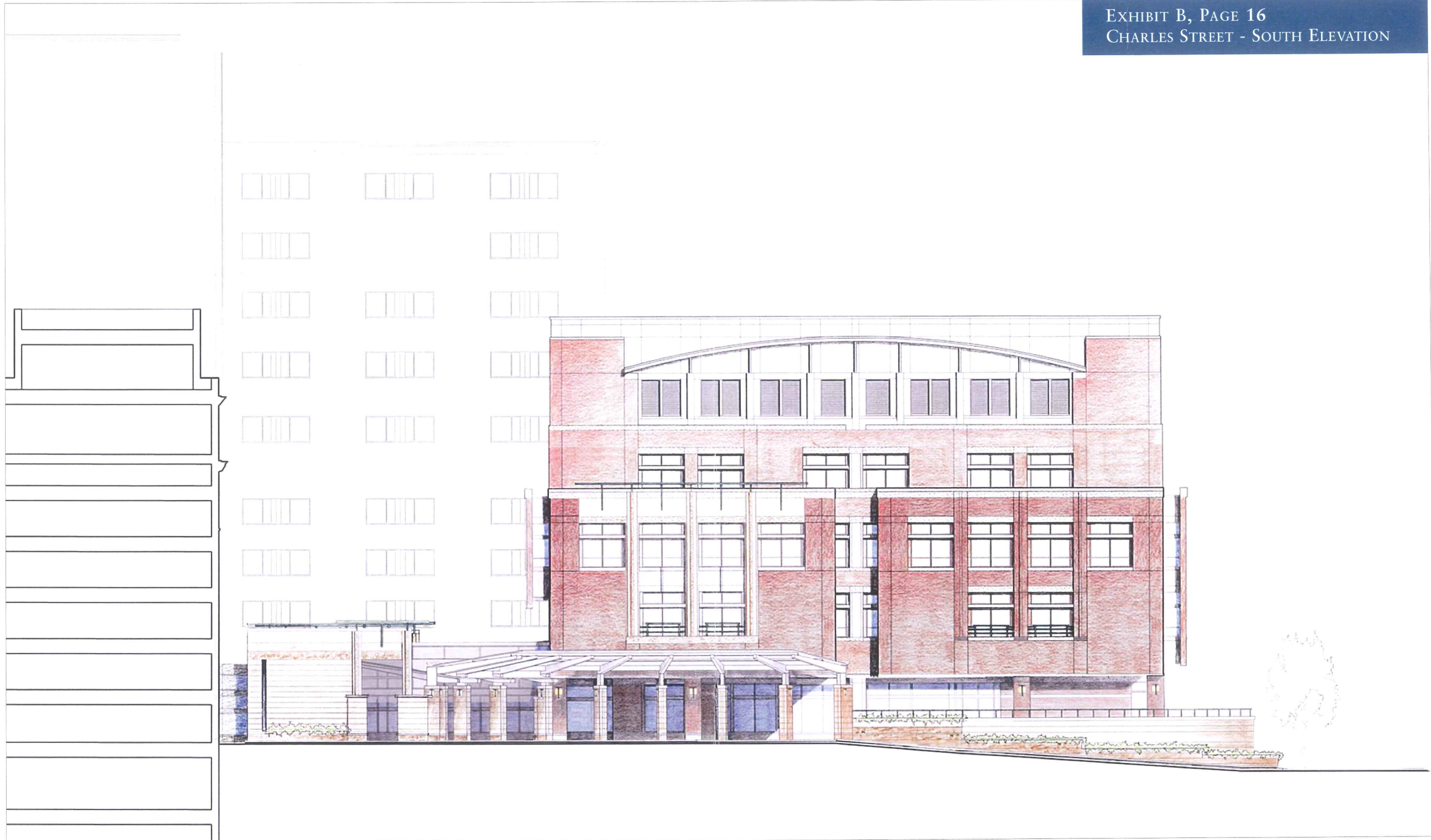
MAINE MEDICAL CENTER

Portland, Maine

TRO

Architecture
Interior Design

Planning
Engineering



File Name: 4673Contract_Zone-050106.apd

January 27, 2005



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January 27, 2005

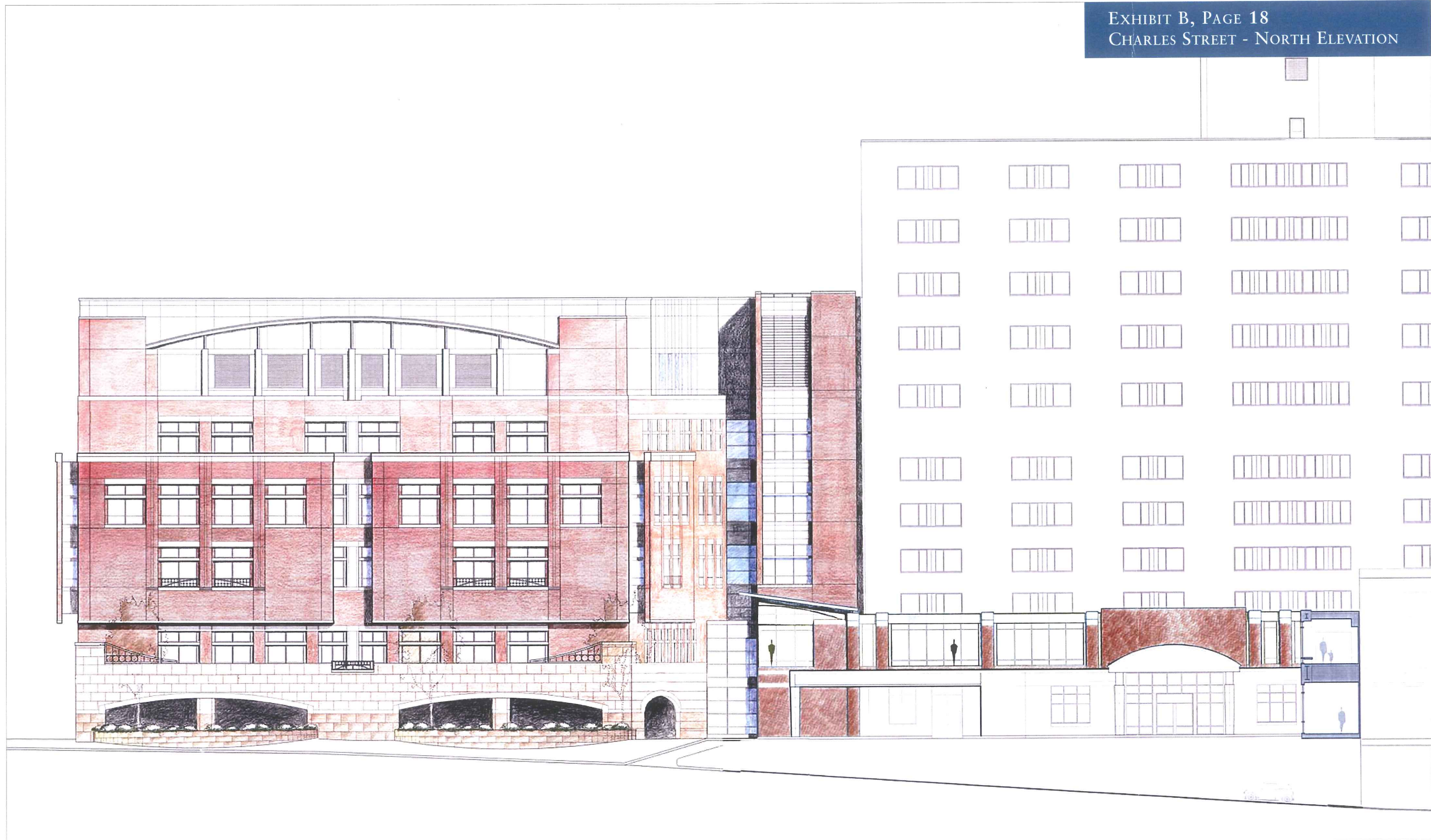
MAINE MEDICAL CENTER

Portland, Maine

TRO

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Interior Design

Planning
Engineering

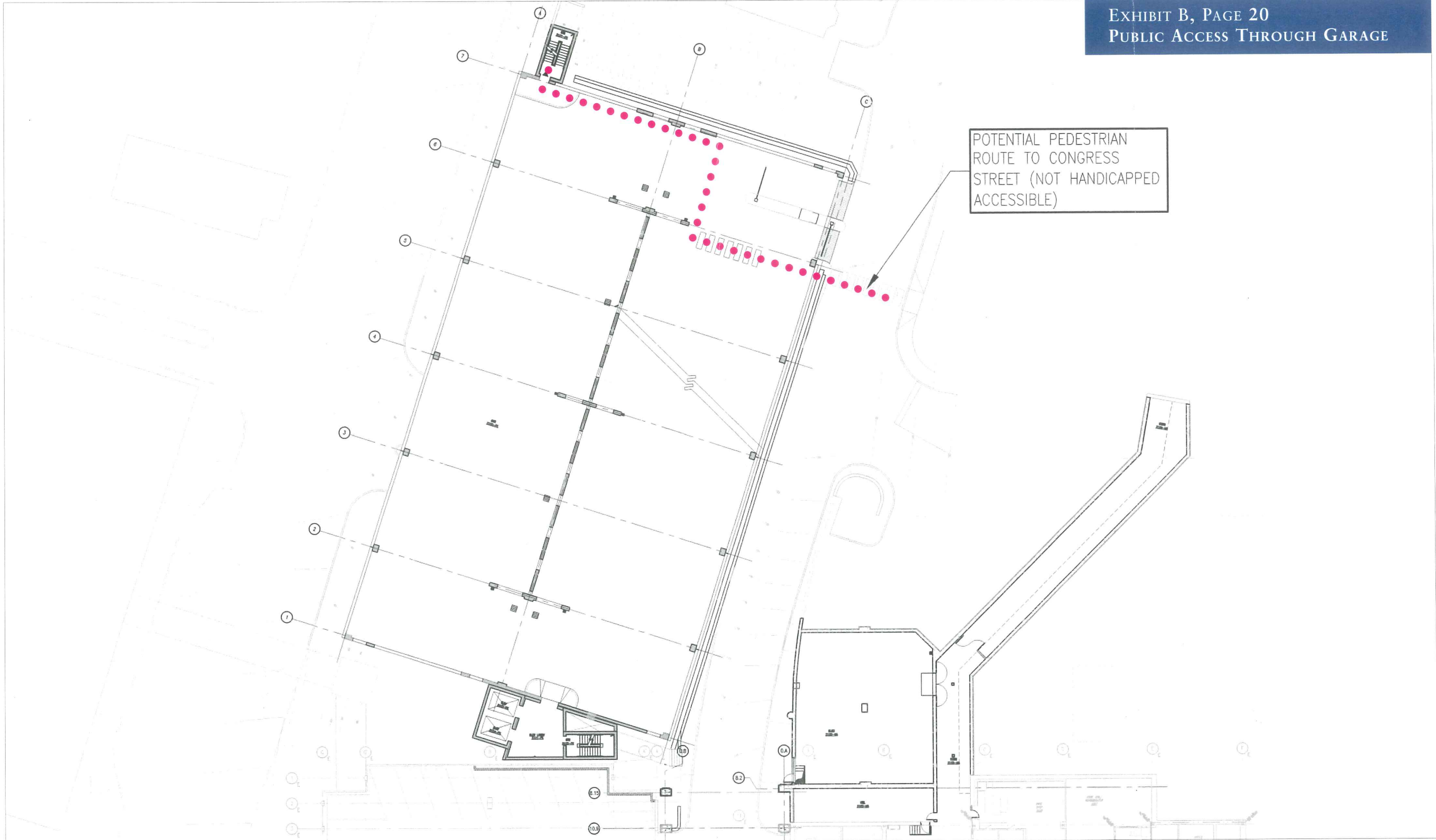


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January 27, 2005



POTENTIAL PEDESTRIAN
ROUTE TO CONGRESS
STREET (NOT HANDICAPPED
ACCESSIBLE)



File Name: 4673Contract_Zone-050106.gxd

January 27, 2005



File Name: 4673City_Review-050121.qxd

January 27, 2005

MAINE MEDICAL CENTER

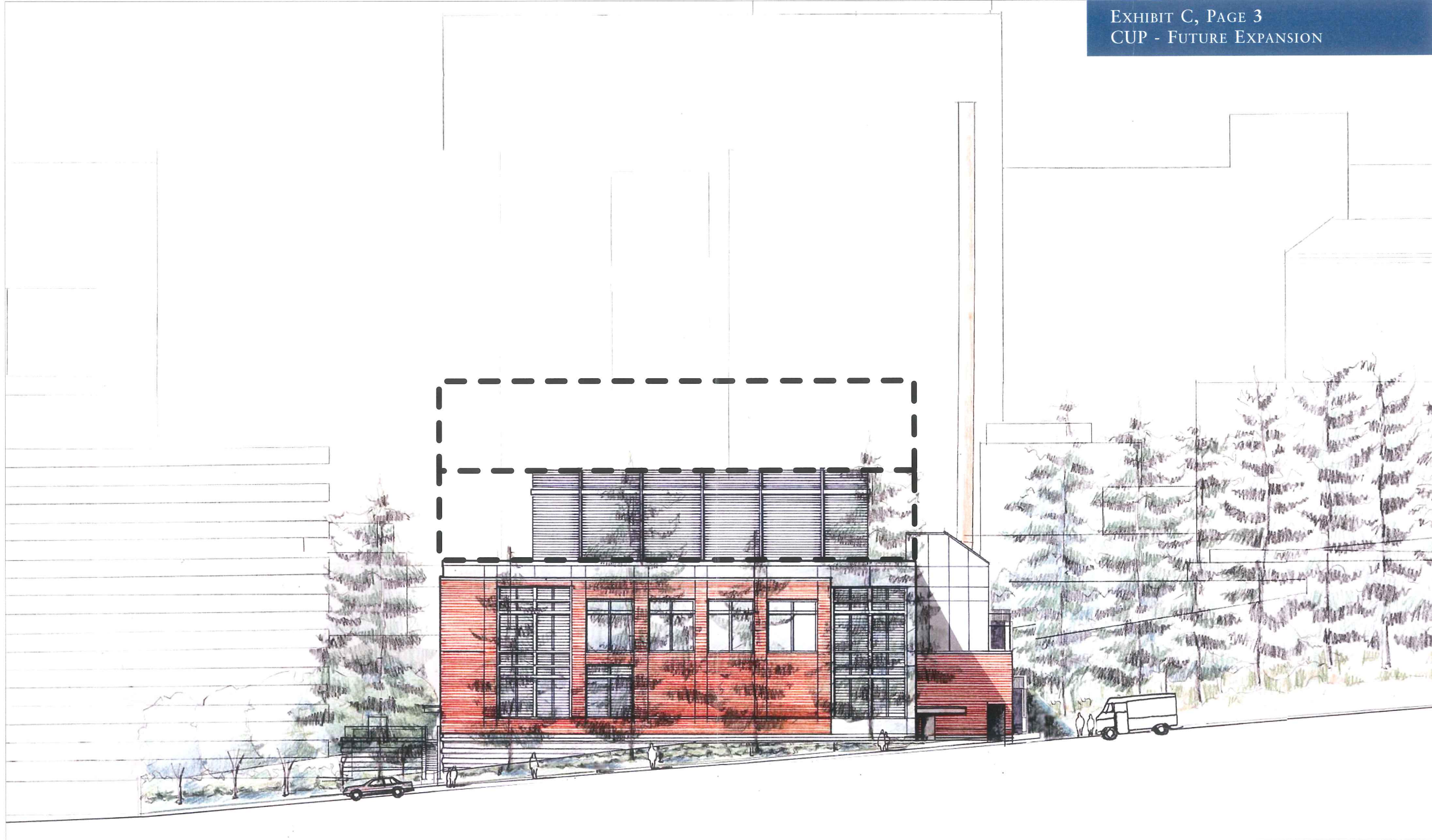
Portland, Maine

TRO Architecture Planning
Interior Design Engineering



File Name: 4673City_Review-050121.dgn

January 27, 2005



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January 27, 2005

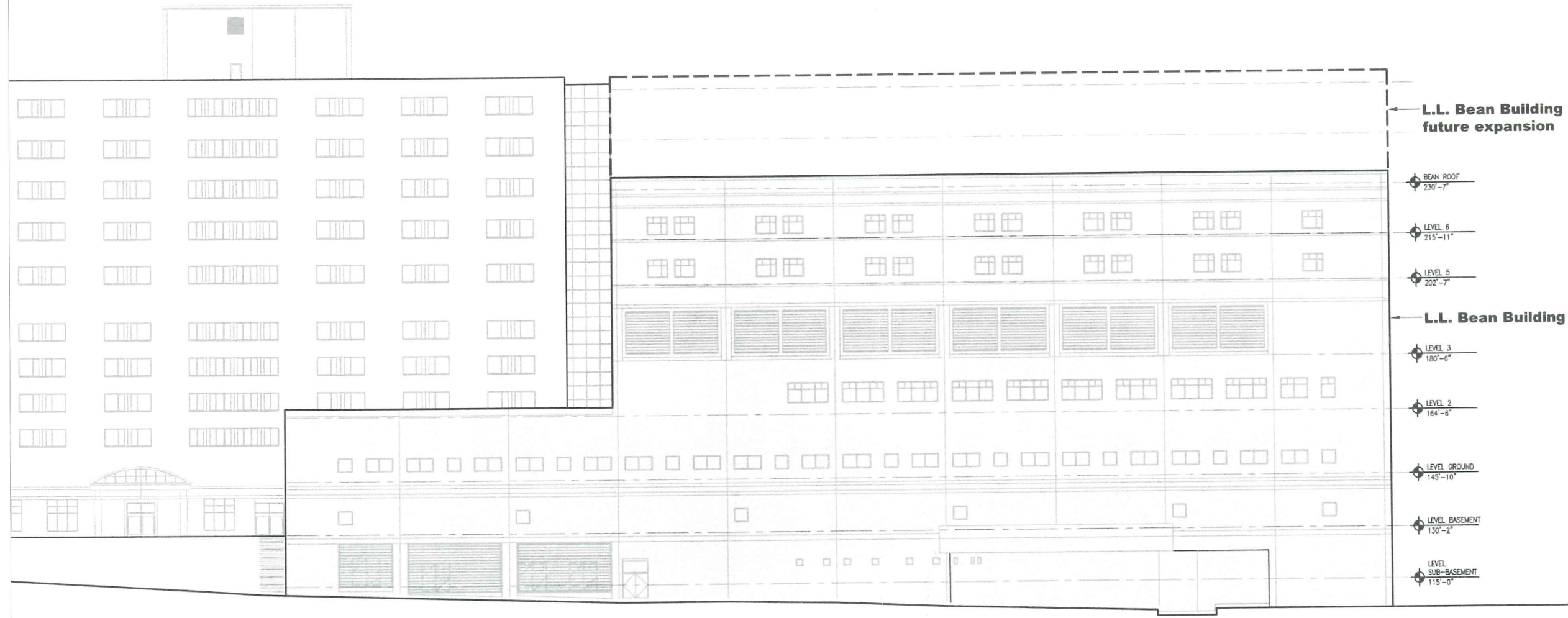
MAINE MEDICAL CENTER

Portland, Maine

TRO

Architecture
Interior Design

Planning
Engineering



January 27, 2005

File Name: 4673 City_Review-050121.qxd

