

**Council Meeting: December 9, 2008****SUBJECT: 2008-0487 Parking Requirements for Medical Office Buildings (Study Issue)****REPORT IN BRIEF**

In 2007 staff presented findings for residential and commercial parking needs in Sunnyvale. The study did not include a review of the parking needs of offices, specifically medical offices. During that study, a concern was brought forward by a resident that a neighborhood was experiencing spill-over parking on public streets from the adjacent medical uses. In January 2008, Council initiated this study to review the current parking requirements for medical office buildings (see Attachment A).

Staff has reviewed the parking requirements of several communities and completed field studies at medical office complexes in Sunnyvale. In addition, staff has reviewed studies that provide additional insight on medical office parking needs. The City's parking requirement for medical office buildings is consistent with other cities and the anticipated parking demand as presented in nationally recognized parking studies.

A greater concern was found that, although a facility may have adequate parking on the site, employees and clients may choose to park on neighboring streets. This practice is not a violation of zoning codes, or parking requirements, but does represent a concern for the neighborhood. The best solution for a situation like this is to work with the businesses, property owners and residents to use all parking on the site and not rely on street parking that may conflict with nearby residential neighborhoods.

Staff does not recommend a change to the current requirement, except to add a new definition and a different review requirement for "medical clinic". The definition of a medical clinic assumes other uses on the site than just outpatient care, which may include pharmacies, classes, or retail areas (i.e. the sale of glasses and other medical devices).

On November 24, 2008, the Planning Commission considered this study and voted unanimously to recommend that the Council adopt the staff recommendations, but to require a Use Permit for all new medical clinics in all zones where medical offices are currently permitted by right or are conditionally permitted.

Based on the Planning Commission's discussion, staff has modified the original recommendation for a staff-level discretionary review process (Miscellaneous Plan Permit) for medical clinics where medical offices are currently permitted

by right, and a Use Permit where required for medical offices to determine if different parking requirements and/or demand management are required. Staff is now recommending the above procedures with notification of the Miscellaneous Plan Permit action.

A Use Permit for zones where medical offices are currently permitted by right may not be necessary, since additional parking requirements and parking management plans could be required with the Miscellaneous Plan Permit. Staff recommends a compromise approach in processing these types of applications: rather than require a Use Permit for all medical clinics, maintain the proposed process of a Miscellaneous Plan Permit for the majority of uses, but add a requirement of the Miscellaneous Plan Permit to notify neighbors within 300 feet. Also, require any Use Permit for a medical clinic to notify neighbors within 300 feet of the subject site.

BACKGROUND

This study was suggested to the City Council by a resident whose neighborhood was experiencing higher rates of on-street parking from nearby medical offices and other non-residential uses. Speculations arose that the cause may have been a medical office that replaced another medical provider and expanded the services to also include an optician service where patients could purchase and order prescription eyewear.

In 1988, a comprehensive study of parking requirements, which resulted in numerous zoning code amendments, was completed. The parking code was again reviewed in 1992. Several parking requirements (including those for medical offices) were modified as part of the 1988 comprehensive parking study and were not evaluated in the subsequent 1992 study because sufficient time had not passed to test the adequacy of the newer regulations.

Prior to 1988, the parking ratio for medical offices was six spaces per doctor. The 1988 study concluded that this requirement should be based on gross floor area and not on the number of doctors. From field visits performed during that study, it appeared as if medical office sites had ample parking and that parking on the street was more of a personal preference, rather than a lack of on-site parking. However, basing the requirement on the number of doctors was difficult to monitor and enforce. The requirement was also ambiguous in the definition of "doctor," where applicants would contend that the parking rate should apply only to full-time doctors and not include part-time doctors and associates (i.e. dental hygienists), although such professionals generate additional patients.

The adopted parking ratio of one space per 200 square feet of gross floor area (1:200 gfa) was determined to be the most common and average requirement

from a survey of other cities in the area. The ratio of 1:200 gfa typically yielded a higher parking requirement than the previous rate of six spaces per doctor.

EXISTING POLICY

LAND USE AND TRANSPORTATION ELEMENT

Goal C1 Preserve and enhance an attractive community, with a positive image and a sense of place, that consists of distinctive neighborhoods, pockets of interest, and human-scale development.

Policy C1.1 Recognize that the City is composed of residential, industrial and commercial neighborhoods, each with its own individual character; and allow change consistent with reinforcing positive neighborhood values.

Action Statements

C1.1.1 Prepare and update land use and transportation policies, design guidelines, regulations and engineering specifications to reflect community and neighborhood values.

C1.1.2 Promote and achieve compliance with land use and transportation standards.

Policy C4.2 Balance land use and transportation system carrying capacity necessary to support a vital and robust local economy.

Action Statement

C4.2.3 Develop incentive programs to reduce parking demand, support alternative transportation, and reduce peak period traffic.

ZONING CODE

Chapter 19.12 Definitions

19.12.060 “E”

(1) (a) “Education—Recreation and Enrichment” means a facility which is used primarily for teaching learned skills to children or adults for purposes of recreation, amusement or enrichment. It includes uses such as karate studios, music and dance studios, arts and crafts studios, and tutoring centers. It does not include licensed day care centers and pre-schools, facilities for primary and high school education, and institutions of higher learning. It also does not include retail uses such as music stores, and recreational and athletic facilities such as fitness centers, bowling alleys, and ice skating rinks, where scheduled classes may be offered, but such classes are ancillary to the primary use.

19.12.150 “O”

(2) “Office.”

(a) “Administrative office” means offices and service facilities performing headquarters, regional or other level management and administrative services for firms and institutions.

(c) “Medical office” means offices of doctors, dentists, chiropractors, physical therapists, athletic trainers, acupuncturists, optometrists and other similar health related occupations, where patients visit on a daily basis.

(d) “Professional office” means a use providing professional or consulting services in fields such as law, architecture, design, engineering, accounting and similar professions and does not include medical or dental offices.

19.12.190 “R”

(14) “Retail sales businesses” means a business engaged solely in the retail sales of consumer products.

A list of the parking and permit requirements for medical offices by zoning district is provided in Attachment B.

DISCUSSION

Overview of Issue

This study seeks to determine whether the current city-wide parking requirements for medical office uses are adequate. Sunnyvale has approximately 19 sites that contain mostly medical services (including internal medicine, optometry, dental, chiropractic, acupuncture, counseling and many other medical and health care professions and specialties). The sites range from a single provider (under 1,000 sq. ft.) to medium sized multi-tenant office buildings (up to 23,000 sq. ft.) to large multi-building complexes (over 75,000 sq. ft.). There is a pending application for a 150,000-sq. ft. medical office/clinic on Old San Francisco Road (Palo Alto Medical Foundation).

Sunnyvale’s parking requirement of 1:200 gfa treats all medical offices similarly, so the exact nature or type of medical service does not affect the required parking. Although health care providers are increasingly expanding services to include retail areas (i.e. pharmacies and optician services), labs or classes (i.e. nutrition, child birth, etc.), the parking requirement of 1:200 is still used for those ancillary medical uses. Medical offices with ancillary services are more commonly known as medical clinics.

Study Methodology and Findings

To determine whether the City's current parking requirements for medical offices are adequate, staff performed the following: researched other cities' parking requirements, reviewed published studies on parking generation rates and conducted field surveys during peak use hours of the 19 medical office sites throughout the City.

Other Cities' Medical Office/Clinic Parking Requirements

Staff reviewed several sources of parking studies and requirements. An American Planning Association publication "Parking Standards" (2002) studied a full range of land uses throughout the country, including parking requirements for medical offices for about 10 communities. The rates are typically based on the square footage of the facility or the number of health care providers (or exam rooms). Rates range from 1:100 gfa to 1:400 gfa. Rates based on the number of health care professionals range from two spaces per one exam/treatment room plus one space per employee in a shift, to six spaces per doctor.

A survey of neighboring cities' parking rates was also completed (Attachment C). Sunnyvale's requirement for medical offices is higher than most of the neighboring cities' rates. Of the seven cities that were surveyed, Sunnyvale's requirements are higher except for Cupertino (1:175 gfa) and Mountain View's 1:150 gfa for clinics, offices and labs under 20,000 sq. ft. Some communities have a separate definition for "medical clinic" as distinguished from medical office; however, the rates were fairly similar. None of the communities appear to differentiate required parking between various medical specialties.

Staff also reviewed the parking requirements for over 200 cities throughout the state. About 35% of the cities have the same requirement as Sunnyvale: 1:200 gfa. About 30% require fewer spaces (1:250 and 1:300 being the most common); and about 20% required more spaces (1:175 being the most common). Less than 7% express their requirement by number of doctors or employees, and about 8% have graduated requirements based on the size of the building or other complex formulas that do not easily compare with Sunnyvale's rate. Staff notes that most of the cities with more stringent requirements were smaller cities, and of these many were in more rural settings.

Review of Published Literature

Staff reviewed published literature on parking requirements, namely parking generation rates reported by the Institute of Transportation Engineers (ITE) and the Urban Land Institute (ULI).

The ITE publishes their findings of nationwide parking demand. Included in the 2004 publication are both medical-dental office and medical clinic parking

demand studies. Medical clinics generally show a higher demand for parking than medical offices. This demand rate is due to clinics offering a wider range of services (i.e. labs, pharmacies, classes) which result in patients staying longer at the site.

A summary of the findings of ITE and ULI, as well as the definitions for medical-dental office and medical clinic are found in Attachment C. Sunnyvale's parking requirement for medical offices are higher than the nationwide average and average peak period parking demand contained in the ITE parking manual. The ULI studies also indicate that parking demand is about $\frac{1}{3}$ employees and $\frac{2}{3}$ visitors (patients, deliveries, etc).

Field Surveys

Staff visited 19 sites within the City that are primarily medical offices. Attachment D shows the address, the number of on-site parking spaces, required parking under the current code, the occupancy rate for the peak hours (10 a.m. – noon and 2 p.m. – 5 p.m.) and year built.

Staff calculated two occupancy rates: one based on the current code requirements and the other based on the actual spaces provided on the site. The highest occupancy rate based on actual spaces provided was 78% at 860 E. Remington Drive. The survey results suggest that the medical office facilities meet parking demand during peak hours, and may even provide more parking than the demand needed for their site. It is also important to note that those sites approved prior to the code change in 1988 provide less parking than is required by the current requirement of 1:200 gfa, and yet each site appears to meet peak parking demand.

There were occupancy rates based on the required spaces that were 100% or more (112% in the morning and 126% in the afternoon for 401 Old San Francisco Road, and 100% in the morning for 860 E. Remington Drive). At first sight, this data could be interpreted to suggest that these sites are generating more demand than what the current code requires. However, both sites have shared parking agreements with adjacent/neighborhood sites. After factoring the shared parking arrangements, these medical facilities have more parking than needed for the demand for the combined facilities.

Almost all of the sites surveyed were at full tenancy. There was also no clear correlation between occupancy rates and type of medical specialty. Most sites offered a range of medical services and not just one specific specialty.

Zoning Review for Medical Uses

Permit requirements for new medical office uses are listed by zoning district in Attachment B. All medical offices require a business license, and medical

offices are permitted by right in most zoning districts. A Use Permit is required in all residential zones and in the Public Facilities (PF) zone.

If a business were to replace a similar use that has been approved for the site, and no modifications are being made to the exterior of the building, no additional planning permits would be required. The applicant would only be required to obtain a business license with the City.

When an application for a new business license comes in, the Planning Division reviews the use. If the location has been previously approved for the same use being applied for, then the business license would be approved. The Planning Division reviews all business license renewals and change of business site addresses. If the business description is still consistent with the approved use for the site, the business license renewal will be approved. If the new address has been approved for the proposed use, the change of business site address request will be approved. If the business is not consistent with a previously approved use, the applicant would be required to obtain the necessary land use permit before the business license could be issued.

A review of parking requirements and other development standards for existing uses is performed only if significant modifications are made to the site, prior to issuance of a building permit. Interior tenant improvements do not require a planning permit prior to issuance of a building permit; however, a building permit will not be issued before Planning Division staff checks the plans for zoning compliance.

Wright Avenue and Astoria Drive

During field surveys of medical sites, staff also observed significant on-street parking in the Fremont/Wright Avenue area. The most staff counted was 27 cars on Wright Avenue between W. Fremont Avenue and Astoria Drive, and 29 cars on Astoria Drive between Drysdale Drive and Wright Avenue during the afternoon peak hours. This area has a unique mix of uses, including two nursing homes (under same ownership), two medical office complexes, a public park with no on-site parking and a private school (see map in Attachment E). During the field survey, staff noticed that on-street parking was used by employees and visitors of the nursing home and medical office complexes. Both medical office complexes had plenty of on-site parking available during these visits. Parking on the public street appears to be more of a personal preference, or to ensure parking is available for patients/patrons, rather than a lack of on-site parking.

The medical complexes in this area were built before the parking standards were changed in 1988. The two buildings of the nursing home were built in 1956 and in 1963. These sites do not meet current parking requirements and are legal non-conforming. No significant improvements have been made to

those properties, so the sites have not been required to meet current parking requirements. The City cannot compel existing uses to provide more off-street parking.

The adjacent neighborhood has speculated that the increase in parking on public streets may have been caused by the expansion of services offered by the current medical tenant at 1010 W. Fremont Avenue. The tenant offers a range of eye care services including optometry, ophthalmology and optical services where glasses, contact lenses and other items can be purchased at retail.

Although the additional retail services this business provides may account for a greater parking demand, staff did not find a parking problem on that site during the field surveys. The availability of parking spaces on the site may be due to employees parking on the street to ensure parking is available on the site for visitors. It was also observed that the other medical complex in the area (Wrightmont Professional Center at 990 W. Fremont Avenue) and the nursing home (Idlywood Care Center) have employees and/or visitors that park on Wright Avenue and Astoria Drive. In addition, parking on the street is exacerbated by the public park with no on-site parking and the private school that would have occasional events.

The City has worked with the neighborhood residents, property owners and business owners to alleviate the citizens' concerns regarding spill-over parking from the non-residential uses in the area. The following measures have been taken:

- Parking advisory signs that read "Resident Parking Only" have been installed in the neighborhood.
- Unnecessary red zones have been eliminated to free up more parking on public streets.
- Business owners and property owners have cleaned up their sites to free up more parking spaces that have been blocked by shipping equipment and other junk and debris, and have been encouraged to continue to manage on-site parking.

Since the improvements, the City has received positive feedback from both residents and business owners.

Options for Addressing Parking for Medical Uses

The following information is pertinent in the review of parking for medical uses:

- The current code treats all medical offices similarly, so the exact nature of the medical services does not affect the required parking.
- Sunnyvale's current parking requirement of 1:200 gfa is consistent with neighboring cities and nation-wide averages.
- Field surveys show that the current parking requirement may be adequate.
- An expansion of medical services to include ancillary uses such as retail and education may increase parking demand.
- Many medical sites are legal but non-conforming to current parking standards.
- Mismanagement of on-site parking may lead to spill-over parking on public streets.
- One neighborhood with a concentration of medical uses and other non-residential uses is experiencing a large amount of cars parking on public streets.

Staff has identified the following options to address these issues:

- **Increase the amount of parking required for medical offices, across the board.**

Pros

- More parking will be provided on the site to meet parking demand.
- Spill-over parking on public streets may be prevented by having more on-site parking available.
- Increased parking on the site could capture any increase in demand caused by an expansion of medical services to include ancillary uses such as retail and education.
- Having one standard rate would be easier to administer.

Cons

- More parking may not be necessary as field surveys have shown. Many of the surveyed medical sites are non-conforming to the current parking requirements, and yet these sites were not at full occupancy during peak hours. Most sites also do not have on-street parking availability.
- Sunnyvale's current rate of 1:200 is within the range of requirements of local communities, and is higher than the nation-wide average and average peak period parking demand that ITE's studies have revealed.
- One standard rate may not be appropriate for the variety of services offered by the medical use and may result in less or more parking spaces necessary.
- More parking may not meet community values of sustainability by encouraging more auto trips.

- **Add a definition for medical clinic to include retail or other ancillary services. Create a parking requirement for medical clinic separate from medical office.**

Pros

- More parking will be provided on clinic sites to meet parking demand.
- A separate parking requirement for those medical providers offering ancillary services would capture any increase in parking demand caused by the more intensive use. Spill-over parking on public streets may be prevented by having more on-site parking available.
- Requiring parking by applying the appropriate rate for the ancillary uses offered (1:180 gfa for retail areas, etc.) in addition to the medical office rate could proportionally capture the parking demand generated by each type of use on the site.

Cons

- This may not be necessary as Sunnyvale's current rate of 1:200 is within the range of requirements of local communities and is already higher than the nation-wide average and average peak period parking demand for both medical offices and medical clinics identified by ITE.
- More parking may not meet community values of sustainability by encouraging more auto trips.
- Uses may change over time without triggering zoning review and yield different parking requirements.

- **Require a Use Permit with a public hearing for new medical offices and medical clinics in all zones that currently allow medical uses.**

Pros

- The public (i.e. surrounding residents) will have a formal outlet to provide input on the proposal to assure parking standards are met.
- Parking requirements and other development standards will be reviewed.
- Parking management plans can be required as a condition of approval to address issues that create parking problems.

Cons

- Additional staff resources will be expended for the review process.
- This may not be necessary as Use Permits are currently required of all new offices in residential and public facility zones.
- Review of parking requirements for new medical clinics could be performed with a discretionary staff-level permit and parking management plans can also be required as a condition of approval.

- **Require a Miscellaneous Plan Permit when existing medical providers (legal non-conforming) who apply for a business license renewal so that current parking requirements could be applied.**

Pros

- Existing non-conforming sites may be brought up to current parking standards.

Cons

- The process will be legally and financially burdensome for the City and business and property owners.
 - There are many legal non-conforming medical sites throughout the City, which may not have the capacity to provide additional parking.
 - Existing businesses may be forced out of their sites because of the inability to provide the required parking.
 - There is minimal evidence to suggest most sites need more parking.
- **Require a Parking Management Plan as a condition of approval for new medical uses which may include:**
 - Designation of employee and visitor parking (as suggested by ULI, employee parking constitutes $\frac{1}{3}$ of peak parking demand).
 - Tools to encourage employees and visitors to park on the site instead of the public street.
 - Oversight and control of parking spaces and circulation.
 - Management of activities (i.e. scheduling classes during non-peak hours).
 - Confirmation that the property owner is to enforce the provisions of the parking management plan.

Pros

- Effective parking management can encourage employees and visitors to park on the site instead of public streets.
- Utilization of parking lots could be more efficient.
- Plans can be tailored to site-specific needs to manage parking.

Cons

- Property owners or other responsible party may be reluctant to enforce parking rules.
- Increased staff resources for review of parking management plans and enforcement.

- **Create a preferential parking zone on residential streets adjacent to medical uses in which zone vehicles displaying a permit or other authorized display may be exempt from parking prohibitions or restrictions.**

Pros

- The establishment of the zone would benefit adjacent residents and clear parking congestion on public streets caused by employees and visitors of medical uses.

Cons

- The process is lengthy and involves intensive review in order to make the required findings.
 - A preferential parking zone may be more restrictive to residents and their guests. The request for permits may be a burden to residents and guests.
 - The list of required findings may be difficult to make.
 - On-street parking may increase in neighboring areas and create more problems outside the designated zone.
 - A great deal of staff time and resources would be required to process the request for the zone and subsequent requests for a permit if the zone is adopted. More staff resources would also be required for enforcement.
 - There are other measures staff is able to do more quickly and easily such as installing parking advisory signs and assisting property and business owners in managing their sites more efficiently.
 - The City is aware of only one neighborhood that is experiencing excessive parking on public streets from medical uses.
 - Most medical sites already do not have on-street parking availability.
 - There are currently no preferential parking zones in the City.
- **Continue to work with adjacent neighborhoods, property owners and business owners whenever parking congestion issues arise.**

Pros

- Conversations between all affected parties could lead to solutions that would satisfy all of those involved. Business and property owners of non-residential uses may gain a better understanding of their residential neighbors.
- The most appropriate solution to a specific problem for a specific area could be determined, as opposed to requiring a standard prescription that may not work in every situation.

Cons

- Increased staff resources may be required.
- Affected parties may not be willing to cooperate.

FISCAL IMPACT

If the City Council selects an option that requires a planning permit for medical offices and clinics (Use Permit or Miscellaneous Plan Permit), additional staff hours would be required; however, a high number of applications annually for new medical offices or medical clinics is not anticipated. It is likely that fewer than 100 hours would be required for an estimated two permits a year. Due to the relatively small number of hours and the unknown number of applications, staff believes the additional hours needed for this option could be absorbed within the existing appropriation of the Land Use Planning program. Additionally, planning applications require the payment of a fee, which helps offset the costs to process the applications. A fee study on development services (building, planning, and engineering) is currently being conducted. The study will address whether current planning fees cover the costs of services.

If the City Council selects an option that requires a more comprehensive review of medical office and medical clinic sites then a modification to the Land Use Planning program budget would be required. Such options could include Miscellaneous Plan Permits whenever a new business license is requested for all medical office and medical clinic uses. Last year approximately 77 business licenses were issued for new medical providers on existing medical office sites. Staff estimates an additional 400-1200 hours could be required (depending on the type of permit and issues associated with a site) to process the applications.

If the Council would like a more proactive approach to working with neighborhoods near medical office buildings on preferential parking, both the Transportation and Traffic Services program of Public Works and the parking enforcement program of Public Safety would be involved. Current budgets for this type of work could only accommodate one to two additional preferential parking areas. If the number of areas increases, or consistent parking violations occur, it may be necessary to return to the Council to adjust the budgets for these programs.

The General Plan Long-term Financial Plan is fully balanced to the twentieth year, so any increase in costs will require a corresponding revenue increase or service level decrease in another area. If Council chooses any option that requires additional budgetary resources, Council will need to select one of the following options:

1. Establish a priority ranking for the new service and use the Priority Ranking Tool to select a service to cut to maintain a balanced long-term financial plan. Hold a public hearing on the recommended change once the service level reduction is determined.

2. Establish a priority ranking for the new service and direct staff to establish a fee to recover the cost of the new service as part of the City's Fee Schedule.
3. Establish a priority ranking for the new service. Direct the City Manager to incorporate the new service and a corresponding service level reduction into the FY 2009/2010 Recommended Budget.

PUBLIC CONTACT

Staff held an outreach meeting on October 30, 2008, and over 15 people attended. The majority of people came to discuss the Palo Alto Medical Foundation site on Old San Francisco Road, including past parking issues and the pending application for a new facility. Others were from the Wright and Fremont neighborhood. A common concern was how to ensure medical businesses make use of on-site parking, rather than park in nearby residential neighborhoods. The attendees generally agreed that the City's current parking requirement for medical offices is adequate.

Public contact was made by posting the Planning Commission and City Council agenda on the City's official-notice bulletin board outside City Hall, in the Council Chambers lobby, in the Office of the City Clerk, at the Library, Senior Center, Community Center and Department of Public Safety; posting the agenda and report on the City's Web site; and making the report available at the Library and the Office of the City Clerk.

Property owners of medical office buildings and medical professionals who hold a business license with the City were sent notices of the outreach meeting and the Planning Commission and City Council hearings. Neighborhood Associations, commercial real estate brokers and the resident who suggested the study were also notified of the outreach meeting and hearings.

Staff received comments from the public after drafting the staff report for the Planning Commission. These comments are provided in Attachment G.

On November 24, 2008, the Planning Commission considered the study and voted unanimously to recommend the Council adopt staff's recommendation, but that a Use Permit be required for all new medical clinics (Alternative B). One member of the public spoke and supported staff's recommendation of a parking management plan requirement, but suggested that a higher parking ratio be required for medical clinics in residential areas. The speaker also suggested that in reviewing new development applications, particular attention should be paid to site design to assure that parking spaces are used efficiently. The minutes of the Planning Commission hearing are provided in Attachment H.

ALTERNATIVES

- A. Introduce an ordinance (Attachment C) to amend the zoning code to:
1. Add a definition for medical clinics to include ancillary services such as retail, classes, etc.;
 2. Require a Miscellaneous Plan Permit for new medical clinics in zones where medical offices are currently permitted by right;
 3. Require a Use Permit with public hearing for new medical clinics in zones where a Use Permit is currently required for medical offices;
 4. Establish a parking requirement for medical clinics the same as medical office (1:200 gfa);
 5. Require a parking management plan as a condition of approval for new medical clinics.
- B. Same as Alternative A except require a Use Permit for all new medical clinics.
- C. Same as Alternative A except require a courtesy notice of the Miscellaneous Plan Permit or a notice of the Use Permit to properties within 300 feet of a new medical clinic.
- D. Make no changes to the zoning code.

RECOMMENDATION

Staff recommends Alternative C, to amend the zoning code in accordance with the attached ordinance and to require 300-foot public noticing of Miscellaneous Plan Permit and Use Permit applications for new medical clinics.

Staff's initial recommendation was Alternative A. The code does not require public noticing of Miscellaneous Plan Permit applications, and requires adjacent properties be notified of minor Use Permit applications (300 feet for major Use Permits). Use Permit applications are also reviewed at a public hearing. The main concern of the Planning Commission appeared to be that neighboring properties would not be notified of a new medical clinic if only a Miscellaneous Plan Permit is required.

To meet the Planning Commission's concerns, staff recommends requiring a courtesy notice for medical clinic Miscellaneous Plan Permit applications and a notice for Use Permit applications be sent to properties within 300 feet of the subject property. This would result in more neighbors notified of an application than the typical Miscellaneous Plan Permit or minor Use Permit process.

The change of use of property to a medical clinic is a relatively infrequent change, so staff is not recommending any changes to the current 20 year budget. In addition, it is not expected that the recommendation will create a fiscal impact, except to require additional applications for the review of parking

management plans, where the costs would be offset by the application fees. Additional staff time and resources will be required for additional noticing, but less time would be required for a Miscellaneous Plan Permit than to process a Use Permit.

Staff's research shows that the City's current parking requirement for medical offices appears to be adequate and should remain unchanged. The required ratio of 1:200 gfa is similar to the requirements of neighboring communities, and is higher than the rates suggested by ITE.

Although the City's current requirements for medical offices appears to be adequate for medical clinics, staff recommends separating the definition of a medical office from a medical clinic. A different review requirement for clinics could capture any potential issues in parking usage when additional services are offered. Parking management plans tailored to site-specific needs could be required to assure parking demands are met. Staff could also determine, on a case-by-case basis, whether other parking ratios (i.e. 1:180 gfa for retail areas, etc.) should be applied depending on the other uses on a site and the type and size of services offered by the clinic.

The concern regarding the adequacy of the medical parking requirements appear to be an isolated issue. There is a unique concentration of non-residential uses adjacent to the single-family neighborhood in the W. Fremont Avenue and Wright Avenue area. A survey of the medical office sites in this area revealed that there is ample on-site parking available during peak hours. Parking on public streets appears to be more of a personal preference. Since the emergence of the complaint, City staff has been working with the neighborhood, the property owners and business owners on the nonresidential sites to alleviate the impacts of the increase of parking along the public street. Business owners and property owners have been encouraged to continue to manage parking on the site so that employees and visitors are more likely to park on the site. Only positive feedback has been received from residents of this area so far.

Staff recognizes that the recommendations listed in this report will affect future projects, and are not easily useful for existing projects. Several existing uses that experience parking problems would not be affected by the changes unless they propose future changes to their facility, at which time the requirements could be implemented on the property.

Reviewed by:

Hanson Hom Director, Community Development
Reviewed by: Trudi Ryan
Prepared by: Rosemarie Zulueta

Approved by:

Gary Luebbers
City Manager

Attachments

- A. Study Issue Summary paper
- B. Permit Requirements for Medical Offices
- C. Other Cities' Requirements and Findings of Published Studies
- D. Map of Field Survey Locations and Survey Data
- E. Map of Wright Avenue and Astoria Drive Area
- F. Draft ordinance amending Title 19 Zoning pertaining to medical offices, medical clinics and parking.
- G. Letters from the Public
- H. Minutes of Planning Commission Hearing on November 24, 2008

Proposed New Council Study Issue

Number CDD-48

Status Pending

Calendar Year 2008

New or Previous New

Title Parking Requirements for Medical Office Buildings

Lead Department Community Development

Element or SubElement

1. What are the key elements of the issue? What precipitated it?

The City's Zoning Code currently classifies medical offices as one land use category, so the parking standards for all medical office uses are similar. This study issue would examine if different medical office uses generate different parking needs for employees and visitors, and if parking standards should correspondingly be adjusted to reflect these differences, including if requirements should be based on employees instead of square footage. The study would also examine if additional zoning review should be required when a medical office changes to a more intensive use.

This study issue was suggested due to an increased parking demand at a medical office site near a residential neighborhood. The occupants of the medical offices changed resulting in a higher volume of vehicles (staff and customers) to the site. A nearby resident contacted staff during the preparation of the study issue on Parking Requirements for Residential and Commercial Developments hoping that this issue could be addressed. The study was too far along to also include analysis of medical office uses. This additional study would be of a similar format and examine appropriate parking requirements through literature searches, field reviews and comparison with nearby communities. Concerns brought out by the resident are that medical offices differ in their needs based on number of employees and patients and should not be based on the square footage reserved for the use. Staff is not aware of any complaints for other medical offices that comply with the current parking requirements.

2. How does this relate to the General Plan or existing City Policy?**LAND USE AND TRANSPORTATION ELEMENT**

Policy N1.4: Preserve and enhance the high quality character of residential neighborhoods.

Action Statement C1.1.2.: Promote and achieve compliance with land use and transportation standards.

3. Origin of issue

Council Member(s) Swegles, Whittum

General Plan

City Staff

Public
Board or Commission none

4. Multiple Year Project? Yes Planned Completion Year

5. Expected participation involved in the study issue process?

Does Council need to approve a work plan? Yes
Does this issue require review by a Board/Commission? Yes
If so, which?
Planning Commission
Is a Council Study Session anticipated? Yes
What is the public participation process?
Outreach to medical office businesses and residential neighborhood associations plus other interested parties in addition to legal noticing for Planning Commission and City Council.

6. Cost of Study

Operating Budget Program covering costs
242 – Land Use Planning
Project Budget covering costs
Budget modification \$ amount needed for study
Explain below what the additional funding will be used for

7. Potential fiscal impact to implement recommendations in the Study approved by Council

Capital expenditure range None
Operating expenditure range None
New revenues/savings range None
Explain impact briefly

8. Staff Recommendation

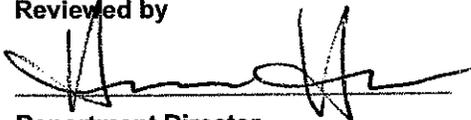
Staff Recommendation None
If 'For Study' or 'Against Study', explain

9. Estimated consultant hours for completion of the study issue

Managers	Role	Manager	Hours
	Lead	Ryan, Trudi	Mgr CY1: 10 Mgr CY2: 0
			Staff CY1: 120 Staff CY2: 0
	Total Hours CY1:		130
	Total Hours CY2:		0

Note: If staff's recommendation is 'For Study' or 'Against Study', the Director should note the relative importance of this Study to other major projects that the Department is currently working on or that are soon to begin, and the impact on existing services/priorities.

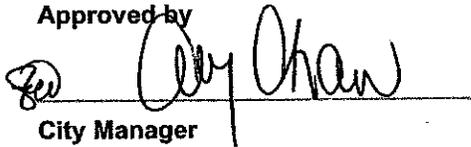
Reviewed by



Department Director

1/9/08
Date

Approved by



City Manager

1/14/08
Date

Addendum

A. Board / Commission Recommendation

Issue Created Too Late for B/C Ranking

Board or Commission	Rank	Rank
	Rank 1 year ago	Rank 2 years ago
Arts Commission		
Bicycle and Pedestrian Advisory Committee		
Board of Building Code Appeals		
Board of Library Trustees		
Child Care Advisory Board		
Heritage Preservation Commission		
Housing and Human Services Commission		
Parks and Recreation Commission		
Personnel Board		
Planning Commission		
Board or Commission ranking comments		

B. Council

Council Rank (no rank yet)
Work Plan Review Date (blank)
Study Session Date (blank)
RTC Date (blank)
Actual Complete Date (blank)
Staff Contact

SUNNYVALE ZONING CODE
PERMIT REQUIREMENTS FOR MEDICAL OFFICES

In the tables, the letters and symbols are defined as follows:

- P** = Permitted use
- MPP** = Miscellaneous plan permit required
- UP** = Use permit required
- N** = Not permitted, prohibited
- FAR** = Floor area ratio restrictions

COMMERCIAL ZONES	C-1	C-2	C-3	C-4
7. Office				
A. Ground floor dependent office less than 1,000 square feet	P	P	P	MPP
B. Ground floor dependent office greater than 1,000 square feet	MPP	MPP	MPP	UP
C. Office not located on the ground floor	P	P	P	P
D. Financial institutions	MPP	UP	MPP	UP
E. Research and development office	N	N	N	N

RESIDENTIAL ZONES	R-0/R-1	R-1.5	R-1.7/PD	R-2	R-3	R-4	R-5	R-MH
A. Administrative, professional and medical offices	UP	UP	UP	UP	UP	UP	UP	N

OFFICE AND PUBLIC FACILITIES ZONES	O	P-F
A. Administrative, professional, medical, and research and development offices	P	UP

INDUSTRIAL ZONES	M-S Districts	M-S/POA Districts	M-S Districts FAR³	M-3 Districts	M-3 Districts FAR³
A. Administrative, professional, medical and research and development offices	P	P	To 35% FAR	P	To 35% FAR
	UP	UP	> 35% FAR	UP	> 35% FAR

³ 5% FAR bonus for green buildings may apply. See Section 19.32.075.

DSP MIXED USE, COMMERCIAL AND OFFICE BLOCKS	1	1a	2	3	7	13	18	20
H. Office: administrative, professional, medical and R&D (except ground floor)	P	P	P	SDP	P	SDP	P	P
I. Office: ground floor administrative, professional and medical (ground floor dependent; not to exceed 1000 square feet per shopping center)	P	P	P	SDP	P	SDP	P	P
J. Office: ground floor administrative, professional medical and R&D (not ground floor dependent or in excess of 1000 square feet per shopping center)	P	P	MPP¹	SDP¹	MPP¹	SDP¹	P	P

1. Any lease for office use entered into prior to June 1, 2001 and any subsequent renewals of such existing leases, shall not be subject to the permit requirements set forth in this section. New office leases entered into with new or different tenants on or after June 1, 2001 shall be subject to the provisions of this section.

DSP RESIDENTIAL BLOCKS	4, 5, 14, 15, 16	6, 10a	8, 9, 10, 11, 12 and 17	8a	8b, 9a
A. Office: administrative, professional and medical	N	N	SDP	SDP¹	N

1. Within an existing building.

MOFFETT PARK		Specific Plan Subdistrict		
		MP-TOD	MP-I	MP-C
C.	Medical offices and clinics	SDP	SDP	SDP

1. CURRENT CITY OF SUNNYVALE MEDICAL OFFICE PARKING REQUIREMENT:

Definition:

“Medical office” means offices of doctors, dentists, chiropractors, physical therapists, athletic trainers, acupuncturists, optometrists and other similar health related occupations, where patients visit on a daily basis.” (Section 19.12.160)

Parking Requirement:

1 space per 200 sq. ft. (Table 19.46.050)

2. NEIGHBORING CITIES:

CITY	USE	SPACE REQUIREMENT	NOTES
Sunnyvale	Medical office	1 space/ 200 sq. ft.	
San Jose	Medical, dental, and health practitioner	1 space/ 250 sq. ft. of floor area	1.5/doctor in Downtown for Medical or Dental Clinic/Out-patient facility
Santa Clara	Medical and Dental Offices	5 spaces / 1 doctor; minimum 1 space/300 sq. ft. GFA	
Mountain View	Medical services — clinics and laboratories	Clinic, offices, labs, under 20,000 sq. ft.: 1 space/ 150 sq. ft. of gross floor area. Clinics, offices, labs, greater than 20,000 sq. ft.: 1 space/ 225 sq. ft. of gross floor area.	
Palo Alto	Medical, professional, and general business offices	1 space/ 250 sq. ft. GFA	Research Park and Research Office and Limited Mfg Districts: 1 per 300 sq. ft of GFA California Ave District: 1 per 310 sq. ft.
Milpitas	Medical and dental Clinic and Office	1 space/ 225 sq. ft. GFA for each floor	Since 2007, a Parking Task Force has been evaluating parking requirements including a use analysis. The most recent draft of code amendments did not indicate

CITY	USE	SPACE REQUIREMENT	NOTES
			changes to the 1 per 225 SF requirement.
Cupertino	Medical and Dental Office	1 space/ 175 sq. ft. GFA	
Fremont	Medical and dental offices and clinics	1 space/ 200 sq. ft. GFA	

3. PUBLISHED LITERATURE

Source: ITE, 2004

<p align="center">MEDICAL-DENTAL OFFICE BUILDING</p> <p>A medical-dental office is a facility that provides diagnoses and outpatient care on a routine basis, but is unable to provide prolonged in-house medical and surgical care. One or more private physicians or dentists generally operate this type of facility.</p>	<p>NATION-WIDE AVERAGE NUMBER OF PARKING SPACES REQUIRED:</p> <p>1 space/256 sq. ft. (.78 space/ 200 sq. ft.)</p>
	<p>AVERAGE PEAK PERIOD PARKING DEMAND:</p> <p>1 space/283 sq. ft. (.71 space/200 sq. ft.)</p>
<p align="center">CLINIC</p> <p>A clinic is any facility that provides limited diagnostic and outpatient care, but is unable to provide prolonged in-house medical and surgical care. Clinics commonly have lab facilities, supporting pharmacies and a wide range of services (as compared to a medical office, which may only have specialized or individual physicians).</p>	<p>NATION-WIDE AVERAGE NUMBER OF PARKING SPACES REQUIRED:</p> <p>1 space/182 sq. ft. (1.1 space/ 200 sq. ft.)</p>
	<p>AVERAGE PEAK PERIOD PARKING DEMAND:</p> <p>1 space/226 sq. ft. (.89 space/200 sq. ft.)</p>

Source: ULI, 2005

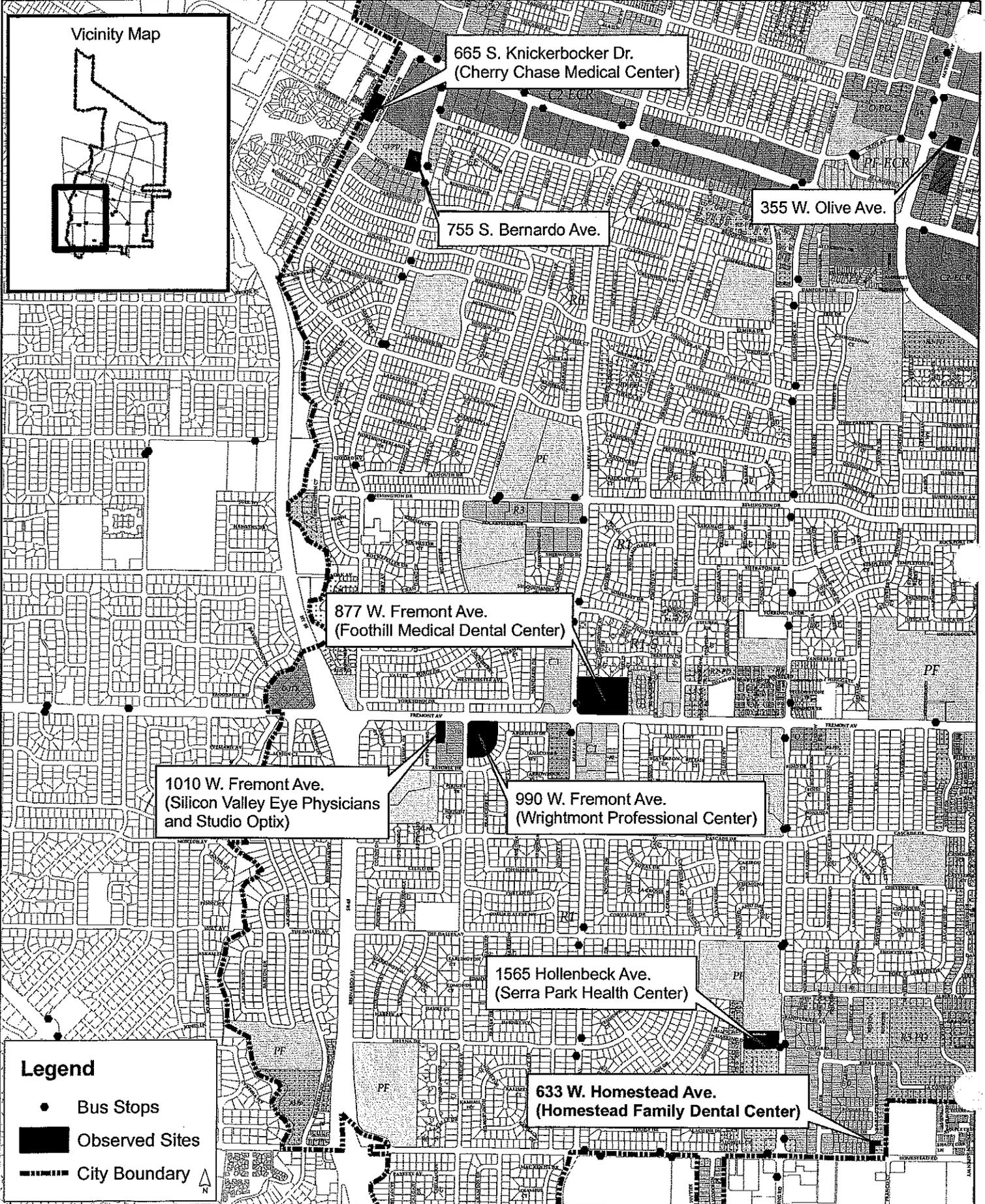
MEDICAL/DENTAL OFFICE:	NUMBER OF PARKING SPACES REQUIRED:
Total	0.9 spaces/ 200 sq. ft.
Weekday & Weekend Visitor	0.6 space/ 200 sq. ft.
Weekday & Weekend Employee	0.3 spaces/ 200 sq. ft.

FIELD SURVEY DATA

Address	Street	Building Sq.Ft.	Required Parking 1/200	Total Spaces Existing	Occupancy (based on required spaces)		Occupancy (based on existing spaces)		Year Built
					Morning Occupancy	Afternoon Occupancy	Morning Occupancy	Afternoon Occupancy	
633	W Homestead Ave	4000	20	18	30%	10%	33%	11%	1968
1301	Sunnyvale Saratoga Rd	4192	21	22	43%	29%	41%	27%	1985
895	E Fremont Ave	5600	28	27	43%	50%	44%	52%	1962
1555	Sunnyvale Saratoga Rd	5600	28	30	79%	64%	73%	60%	1997
755	S Bernardo Ave	6795	34	52	38%	21%	25%	13%	1979
1010	W Fremont Ave	6925	35	30	38%	64%	43%	73%	1980
1698	S Wolfe Rd	8230	41	41	61%	68%	61%	68%	1998
860	E Remington Dr	8608	43	55	100%	51%	78%	40%	1969
425	E Remington Dr	9874	49	52	26%	30%	25%	29%	1973
665	S Knickerbocker Dr	11192	56	49	29%	21%	33%	24%	1956
355	W Olive Ave	13392	67	45	40%	39%	60%	58%	1960
516	W Remington Dr	13551	68	67	71%	58%	72%	58%	1968
201	Old San Francisco Rd	14374	72	76	57%	51%	54%	49%	1986
401	Old San Francisco Rd	16195	81	195	112%	126%	47%	52%	1993
689-697	E Remington Dr	18000	90	68	46%	43%	60%	57%	1976
1565	Hollenbeck Ave	25950	130	118	62%	52%	69%	58%	1989
990	W Fremont Ave	30550	153	148	62%	60%	64%	62%	1962
500	E Remington Dr	34175	171	137	51%	40%	64%	50%	1975
877	W Fremont Ave	75250	376	244	34%	27%	53%	41%	1963
Average Occupancy:					39%	35%	53%	47%	
*Highest Occupancy rates							Have shared parking agreement with adjacent sites		

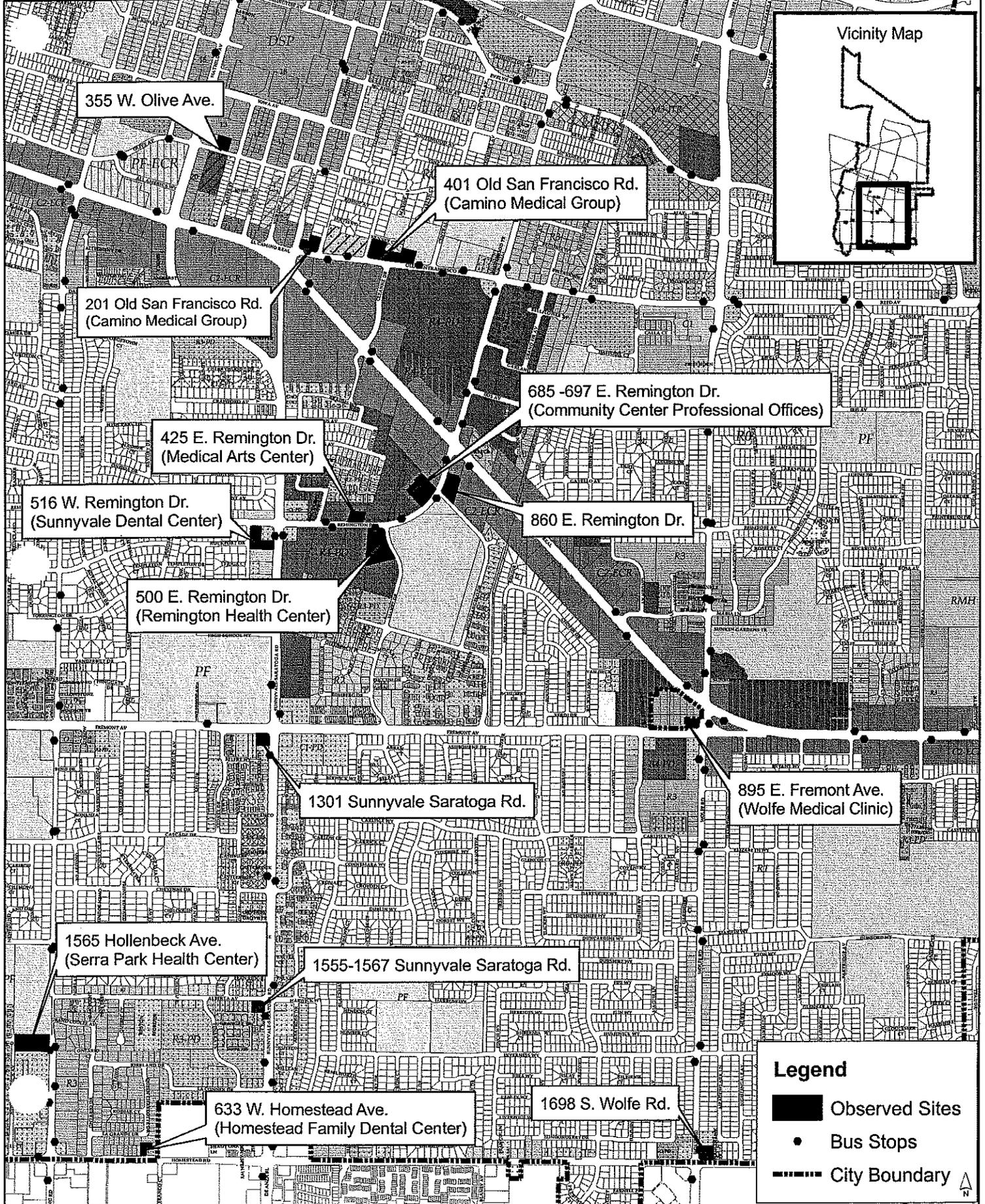


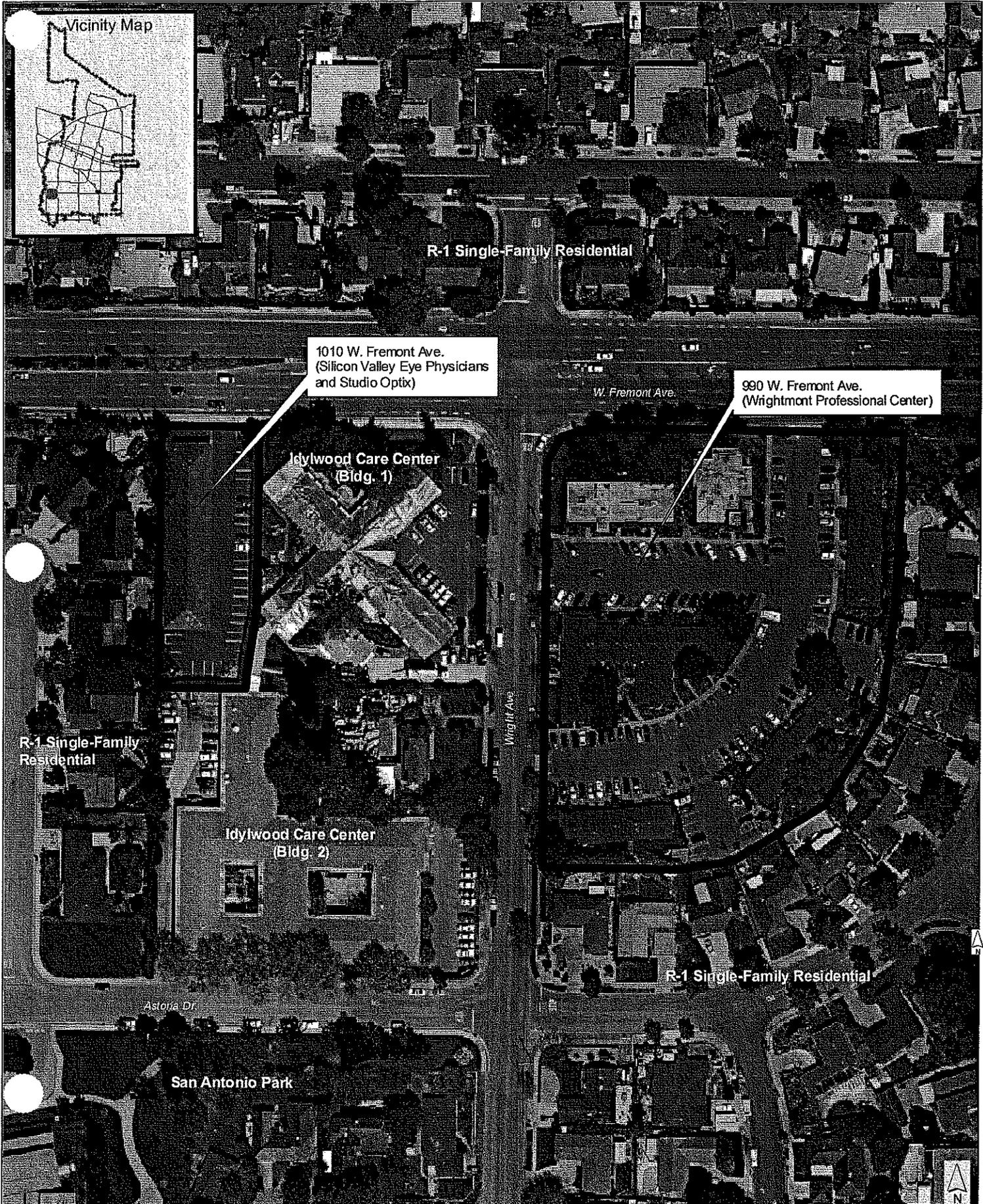
CITY OF SUNNYVALE
Study Issue: Parking Requirements for Medical Office Buildings
Parking Survey Locations - West of Hollenbeck Avenue





CITY OF SUNNYVALE
 Study Issue: Parking Requirements for Medical Office Buildings
 Parking Survey Locations - East of Hollenbeck Avenue





ORDINANCE NO. _____

AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF SUNNYVALE AMENDING CERTAIN SECTIONS AND TABLES OF CHAPTERS 19.12 (DEFINITIONS); 19.18 (RESIDENTIAL ZONING DISTRICTS); 19.20 (COMMERCIAL ZONING DISTRICTS); 19.22 (INDUSTRIAL ZONING DISTRICTS); 19.24 (OFFICE, PUBLIC FACILITIES AND CIVIC CENTER ZONING DISTRICTS); 19.28 (DOWNTOWN SPECIFIC PLAN DISTRICT); 19.46 (OFF-STREET PARKING AND LOADING); 19.82 (MISCELLANEOUS PLAN PERMIT); AND 19.98 (GENERAL PROCEDURES) OF TITLE 19 (ZONING) OF THE SUNNYVALE MUNICIPAL CODE RELATED TO PARKING STANDARDS FOR MEDICAL CLINICS

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF SUNNYVALE DOES ORDAIN AS FOLLOWS:

SECTION 1. SECTION 19.12.140 AMENDED. Section 19.12.140 of Chapter 19.12 (Definitions) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read as follows:

19.12.140. "M"

(1) "Major tenant" means a business or use occupying ten thousand or more square feet of floor area.

(2) "Medical Clinic" is a medical office with ancillary uses, such as laboratories, pharmacies, medical retail or education. A medical clinic is distinct from a medical office. See 19.12.160 (2)(c) "Medical office."

(3) "Mobile home" means a structure designed for human habitation and for being moved on a street or highway under permit pursuant to Vehicle Code Section 35790, a mobile home, as defined in Section 18008 of the Health and Safety Code, or a manufactured home, as defined in Health and Safety Code Section 18007. A mobile home does not include a recreational vehicle as defined in Civil Code Section 799.24 and Health and Safety Code Section 18010, a commercial coach, or factory-built housing as defined in Health and Safety Code Section 19971, or successor section.

(a) - (e) [Text unchanged.]

(34) "Mobile living unit" means any type of portable or mobile unit without a foundation, capable of human occupancy and usually consisting of sleeping, cooking and bathroom facilities including, but not limited to, mobile homes, travel trailers, portable offices, motor homes, recreational vehicles and guard shacks.

(45) "Monopole" means a single pole support structure greater than fifteen feet in height, erected on the ground or on a structure which may support antennas, connecting appurtenances or other facilities not associated with telecommunication facilities (e.g., a light pole on which antennas may also be installed).

(56) "Multi-tenant" means multiple businesses or franchises on a lot, including separate service businesses that are not dependent on the sale of goods from other businesses on-site.

SECTION 2. SECTION 19.12.160 AMENDED. Section 19.12.160 of Chapter 19.12 (Definitions) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read as follows:

19.12.160. "O"

(1) "Obnoxious, offensive or nuisance uses" means a use which creates a nuisance to the occupants or visitors of a building or adjacent buildings or premises by reason of the emission of dust, fumes, glare, heat, liquids, noise, odor, smoke, steam, vibrations or similar disturbances.

(2) "Office."

(a) "Administrative office" means offices and service facilities performing headquarters, regional or other level management and administrative services for firms and institutions.

(b) "Ground floor dependent office" means an office use where the requirement for ground floor visibility in commercial districts is essential to serve patrons on an unannounced or drop-in basis, and to rely upon a product or service display in the store frontage. Examples of such offices uses include, but are not limited to, travel agencies, insurance agencies, income tax preparers, real estate agencies, notary publics and other uses as determined by the director of community development to be consistent with the character of the underlying retail district.

(c) "Medical office" means offices of doctors, dentists, chiropractors, physical therapists, athletic trainers, acupuncturists, optometrists and other similar health related occupations, where patients visit on a daily basis. A medical office is distinct from a medical clinic. See 19.12.140 (2).

(d) "Professional office" means a use providing professional or consulting services in fields such as law, architecture, design, engineering, accounting and similar professions and does not include medical or dental offices.

(e) "Research and development office" means office space associated with a use engaged in study, testing, design, analysis and experimental development of products, processes or services, including incidental manufacturing of products or provisions of services to others.

(3) – (8) [Text unchanged.]

SECTION 3. TABLE 19.18.030 AMENDED. Table 19.18.030 of Chapter 19.18 (Residential Zoning Districts) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read as follows:

**TABLE 19.18.030
Permitted, Conditionally Permitted and Prohibited Uses in Residential Zones**

In the table, the letters and symbols are defined as follows:

P = Permitted use
MPP = Miscellaneous Plan Permit required
UP = Use Permit required
SDP = Special Development Permit required
N = Not permitted, prohibited

RESIDENTIAL ZONES	R-0/R-1	R-1.5	R-1.7/PD	R-2	R-3	R-4	R-5	R-MH
Nos. 1-6 [Text unchanged]								
7. Other Uses								
A. Administrative, professional and medical offices, and medical clinics	UP	UP	UP	UP	UP	UP	UP	N
B. Adult business establishments	N	N	N	N	N	N	N	N
C. Electric distribution substations	UP	UP	SDP	UP	UP	UP	UP	UP
D. Electric transmission substations	N	N	N	N	N	N	N	N
E. Massage establishments	N	N	N	N	N	N	N	N
F. Public service buildings and accessory uses	UP	UP	SDP	UP	UP	UP	UP	UP
G. Public utility buildings and service facilities	UP	UP	SDP	UP	UP	UP	UP	UP
H. Recycling centers	N	N	N	N	N	N	UP	N
I. Storage of materials, supplies or equipment used for nonresidential purposes	N	N	N	N	N	N	N	N
J. Storage of materials or equipment between the face of the main building and a street-unless fully screened from view⁵	N	N	N	N	N	N	N	N
K. Any use which is obnoxious, offensive or creates a nuisance	N	N	N	N	N	N	N	N
L. Automobile/vehicle repair⁷	N	N	N	N	N	N	N	N

Footnotes

1. For use by owner and/or operator only.
2. For use by mobile home park occupants only.
3. Maximum of two dwelling units per parcel.
4. Processing requirements vary, see Chapter 19.40.
5. Does not apply to vehicles which are currently licensed and operable. Screening must meet requirements of Chapter 19.46.
6. Required to comply with setback, height, and lot coverage requirements of underlying zone.
7. Automobile/vehicle repair may only be allowed pursuant to Section 19.18.050

SECTION 4. TABLE 19.20.030 AMENDED. Table 19.20.030 of Chapter 19.20 (Commercial Zoning Districts) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read as follows:

**TABLE 19.20.030
Permitted, Conditionally Permitted and Prohibited Uses in Commercial Zones**

In the table, the letters and symbols are defined as follows:

- P** = Permitted use
- UP** = Use permit required
- MPP** = Miscellaneous plan permit
- N** = Not permitted, prohibited

COMMERCIAL ZONES	C-1	C-2	C-3	C-4
Nos. 1-6 [Text unchanged]				
7. Office				
A. Ground floor dependent office less than 1,000 square feet	P	P	P	MPP
B. Ground floor dependent office greater than 1,000 square feet	MPP	MPP	MPP	UP
C. Office not located on the ground floor	P	P	P	P
D. Financial institutions	MPP	UP	MPP	UP
E. Research and development office	N	N	N	N
F. Medical Clinics	MPP	MPP	MPP	UP
Nos. 8-10 [Text unchanged]				

- 1 Uses which are greater than 10,000 square feet, propose significant changes to the exterior of an existing building, or include construction of a new building require a Use Permit.
- 2 Donation centers shall have a minimum separation of 1.5 miles.
- 3 Subject to provisions of Chapter 9.41.
- 4 Except that daytime and overnight parking of up to five commercial motor vehicles (of a type that are less than 10,000 pounds in gross vehicle weight with not more than two axles) that are owned or operated by the person(s), company or business which conducts the primary use is permitted, provided the vehicles are used for purposes of delivery, pick up or service to patrons of the primary use only, do not utilize on-site required parking and are not utilized for purposes of advertising.
- 5 Educational and recreational uses and places of assembly shall not be located in retail centers in a manner that disrupts the flow of pedestrians between retail establishments.
- 6 Except caretaker residence ancillary to a permitted use.
- 7 Automobile service stations with sale of groceries, beer and wine, or both, require findings as set forth in 19.98.020(i) and/or (j), as applicable.
- 8 In the C-4 zoning district, wholesale storage or warehousing is permitted up to 35% FAR, and requires a use permit for >35% FAR

SECTION 5. TABLE 19.22.030 AMENDED. Table 19.22.030 of Chapter 19.22 (Industrial Zoning Districts) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby deleted and replaced in its entirety to allow re-organization of the columns and amended to read as follows:

**TABLE 19.22.030
Permitted, Conditional Permitted and Prohibited Uses in Industrial Zones**

In the table, the letters and symbols are defined as follows:

P = Permitted use
MPP = Miscellaneous plan permit required
UP = Use permit required
N = Not permitted, prohibited
FAR = Floor area ratio restrictions
> = Greater than
N/A = FAR does not apply

Use Regulations by Zoning District USE	M-S Districts FAR ³	M-S Districts	M-S/POA Districts	M-3 Districts FAR ³	M-3 Districts
1. Manufacturing					
A. – J. [Text unchanged.]					
2. Office, Research and Development					
A. Administrative, professional, medical and research and development offices	To 35% > 35%	P UP	P UP	To 35% > 35%	P UP
B. <u>Medical Clinics</u>	<u>To 35%</u> <u>≥ 35%</u>	<u>MPP</u> <u>UP</u>	<u>MPP</u> <u>UP</u>	<u>To 35%</u> <u>≥ 35%</u>	<u>MPP</u> <u>UP</u>
C. Financial institutions, banks, and savings and loan associations without drive-through facilities	To 35% > 35%	UP UP	UP UP	To 35% > 35%	UP UP
CD. Explosive or propellant research and development related manufacturing, processing, assembly and storage	N/A	UP	UP	N/A	UP
3. – 6. [Text unchanged.]					

¹ Subject to provisions of Chapter 19.60.

² Subject to provisions of Chapter 9.41.

³ 5% FAR bonus for green buildings may apply. See Section 19.32.075.

⁴ Automobile service stations with sale of groceries, beer and wine, or both, require findings as set forth in 19.98.020(i) and/or (j), as applicable.

SECTION 6. TABLE 19.24.030 AMENDED. Table 19.24.030 of Chapter 19.24 (Office, Public Facilities and Civic Center Districts) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended, as follows:

TABLE 19.24.030
Permitted, Conditionally Permitted and
Prohibited Uses in Office Public Facilities Zones

In the table, the letters and symbols are defined as follows:

P = Permitted use
UP = Use permitted required
MPP = Miscellaneous plan permit required
N = Not permitted, prohibited

OFFICE AND PUBLIC FACILITIES ZONES	O	P-F
<i>1. Office/Care Facilities</i>		
A. Administrative, professional, medical, and research and development offices	P	UP
B. Financial institutions such as banks and savings and loan associations Medical Clinics	OMPP	PFUP
OFFICE AND PUBLIC FACILITIES ZONES	Ø	P-F
<i>1. Office/Care Facilities</i>	-	-
C. Financial institutions such as banks and savings and loan associations	UP	N
C. D. Hospitals	N	UP
D-E. Rest homes and convalescent hospitals	UP	UP
Remainder of Table [Text unchanged]		

Footnotes

¹ Subject to provisions of Chapter 9.41.

² Recycling centers must be located in convenience zones, (the area within a one-half mile radius of a supermarket) as defined in Public Resources Code Section 14509.4.

SECTION 7. TABLE 19.28.070 AMENDED. Table 19.28.070 (“Permitted, Conditionally Permitted and Prohibited Uses in Mixed Use, Commercial and Office DSP Blocks”) of Section 19.28.070 (Permitted, Conditionally Permitted and Prohibited Uses in Mixed Use, Commercial and Office DSP Blocks) of Chapter 19.28 (Downtown Specific Plan District) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read as follows:

**TABLE 19.28.070
Permitted, Conditionally Permitted and Prohibited
Uses in Mixed Use, Commercial and Office DSP Blocks**

In the table, the letters and symbols are defined as follows:

- P = Permitted use
- SDP = Special development permit required
- MPP = Miscellaneous plan permit required
- N = Not permitted, prohibited

DSP MIXED USE, COMMERCIAL AND OFFICE BLOCKS	1	1a	2	3	7	13	18	20
Nos. 1-2 [Text unchanged]								

3. Commercial Uses								
A. Assembly, compounding, manufacture or processing of merchandise or products, except such as are customarily incidental or essential to permitted retail commercial and service uses	N	N	N	N	N	N	N	N
B. Automobile service stations	N	N	N	N	N	N	N	N
C. Automobile vehicle-related parts sales, rentals, sales, repair or service uses	N	N	N	N	N	N	N	N
D. Childcare center	SDP	SDP	SDP	SDP	SDP	SDP	SDP	SDP
E. Drive-through businesses	N	N	N	N	N	N	N	N
F. Financial institutions such as banks and savings and loans	MPP	MPP	MPP	MPP	MPP	MPP	MPP	MPP
G. Hotels and Motels	SDP	SDP	N	SDP	SDP	SDP	SDP	N
H. <u>Medical clinic</u>	<u>MPP</u>	<u>MPP</u>	<u>MPP</u>	<u>SDP</u>	<u>MPP</u>	<u>SDP</u>	<u>MPP</u>	<u>MPP</u>
I. Office: administrative, professional, medical and R&D (except ground floor)	P	P	P	SDP	P	SDP	P	P
IJ. Office: ground floor administrative, professional and medical (ground floor dependent; not to exceed 1000 square feet per shopping center)	P	P	P	SDP	P	SDP	P	P
JK. Office: ground floor administrative, professional medical and R&D (not ground floor dependent or in excess of 1000 square feet per shopping center)	P	P <u>MPP¹</u>	MPP ¹	SDP ¹	MPP ¹	SDP ¹	P	P
K. – R. [Renumber L.– S., consecutively; text unchanged.]								
[Remainder of Table text unchanged]								

Footnotes:

1. Any lease for office use entered into prior to June 1, 2001 and any subsequent renewals of such existing leases, shall not be subject to the permit requirements set forth in this section. New office leases entered into with new or different tenants on or after June 1, 2001 shall be subject to the provisions of this section.

2. Subject to provisions of Chapter 9.41.
3. Except that daytime and overnight parking of up to five commercial motor vehicles (of a type that are less than 10,000 pounds in gross vehicle weight with not more than two axles) that are owned or operated by the person(s), company or business which conducts the primary use is permitted, provided the vehicles are used for purposes of delivery, pick up or service to patrons of the primary use only, do not utilize on-site required parking and are not utilized for purposes of advertising.

SECTION 8. TABLE 19.28.080 AMENDED. Table 19.28.080 (“Permitted, Conditionally Permitted and Prohibited Uses in Residential DSP Blocks”) of Section 19.28.080 (Permitted, Conditionally Permitted and Prohibited Uses in Residential DSP Blocks) of Chapter 19.28 (Downtown Specific Plan District) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read, as follows:

**TABLE 19.28.080
Permitted, Conditionally Permitted and
Prohibited Uses in Residential DSP Blocks**

In the table, the letters and symbols are defined as follows:

- P** = Permitted use
- SDP** = Special development permit required
- MPP** = Miscellaneous plan permit required
- N** = Not permitted, prohibited

DSP RESIDENTIAL BLOCKS	4, 5, 14, 15, 16	6, 10a	8, 9, 10, 11, 12 and 17	8a	8b, 9a
Nos. 1-5 [Text unchanged]					
6. Other Uses					
A. Office: administrative, professional and medical	N	N	SDP	SDP ¹	N
B. Adult entertainment establishments, as defined in this code	N	N	N	N	N
C. Electric transmission substations	N	N	N	N	N
D. Massage establishments²	P	P	P	P	P
E. <u>Medical Clinic</u>	<u>N</u>	<u>N</u>	<u>SDP</u>	<u>SDP¹</u>	<u>N</u>
F. <u>Public service buildings and accessory uses</u>	SDP	SDP	SDP	SDP	SDP
F. – K. [Renumber G.– L., consecutively; text unchanged.]					

Footnotes:

1. Within an existing building.
2. Subject to provisions of Chapter 9.41.
3. Subject to provisions of Section 19.18.050

SECTION 9. TABLE 19.28.140 AMENDED. Table 19.28.140 ("Parking Requirements") of Section 19.28.140 (Parking Requirement) of Chapter 19.28 (Downtown Specific Plan District) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read, as follows:

**Table 19.28.140
Parking Requirements**

Land Use	Number of Parking Spaces Required	Maximum Percentage of Compact Spaces Allowed
Single-Family Residential	1 covered + 1 uncovered	None
Single-Family Residential with Accessory Living Unit	1 covered + 2 uncovered	None
Multiple-family Residential Studio or 1 bdrm	1 assigned and covered/unit + 0.75 unassigned/unit ¹	35% of uncovered, unassigned spaces in lots with more than 10 spaces
Multiple-family Residential 2-bdrm or more	1 assigned and covered/unit + 1 unassigned/unit ¹	35% of uncovered, unassigned spaces in lots with more than 10 spaces
Office/Retail	1/250 sq. ft.	10% ²
Medical clinic	1/200 sq. ft.	10% ²
Restaurant without Bar	1/110 sq. ft.	10% ²
Restaurant with Bar	1/75 sq. ft.	10% ²
Bar only	1/50 sq. ft.	10% ²
Restaurants with 100% fixed seating and no bar	1/2 fixed seats + 1/400 sq. ft. of area not devoted to seating	10% ²
Assembly/Theater	1/3 seats	10% ²
Any use within the parking district	Parking requirements consistent with zoning code unless special circumstances arise	Not applicable

1 If more than one space is assigned per unit, additional parking may be required.

2 50% of compact spaces must be along the periphery and as employee parking. The remaining 50% may be interspersed throughout the lot.

SECTION 10. SECTION 19.46.045 AMENDED. Section 19.46.045 is hereby added to Chapter 19.46 (Off-Street Parking and Loading) of Title 19 (Zoning) of the Sunnyvale Municipal Code to read as follows:

19.46.045. Parking management plans—when required.

Applicants shall provide to the director of community development a parking management plan for all new mixed uses, multi-family residential, new commercial or shopping center uses, medical clinics and places of assembly uses, or as otherwise required by use permit or miscellaneous plan permit.

SECTION 11. TABLE 19.46.050 AMENDED. Table 19.46.050 ("Parking Requirements") of Section 19.46.050 (Parking standards) of Chapter 19.46 (Off-Street Parking and Loading) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read, as follows:

19.46.050. Parking standards.

The number of parking spaces and related standards required for various uses are set forth in Table 19.46.050. The table does not apply to parcels located within downtown specific plan.

**Table 19.46.050
Parking Requirements**

LAND USE	NUMBER OF PARKING SPACES REQUIRED			MAX. PERCENTAGE OF COMPACT SPACES ALLOWED
RESIDENTIAL USES				
Single-Family and Duplex:	2 covered spaces per unit, plus 2 uncovered spaces on driveway (minimum dimensions 17 ft. x 20 ft.). For projects located on streets with limited or no on-street parking, projects shall provide an additional 0.4 unassigned parking spaces per unit. The two driveway spaces shall not be counted as unassigned spaces.			N/A
Multifamily, Townhouses, Condos and Apartments:	Specific ratios based on the type of parking facilities provided are noted below. See also Notes 1 and 2.			
	Carports, Underground and Open Parking Lot	One Fully-Enclosed Garage Space and Open Parking Lot	Two or More Fully-Enclosed Garage Spaces	
Studio, efficiency, or 1 bedroom units	1 covered space per unit, plus 0.5 unassigned space per unit.	1 covered space per unit, plus 0.8 unassigned space per unit.	2 covered spaces per unit, plus 0.25 unassigned and guest parking spaces per unit.	10% of uncovered and unassigned spaces in parking lots with more than 10 spaces.
2 bedroom units	1 covered space per unit, plus 1 unassigned space per unit.	1 covered space per unit, plus 1.33 unassigned spaces per unit.	2 covered spaces per unit, plus 0.4 unassigned and guest parking spaces per unit.	10% of uncovered and unassigned spaces in parking lots with more than 10 spaces.

3 bedroom units	1 covered space per unit, plus 1 unassigned space per unit.	1 covered space per unit, plus 1.4 unassigned spaces per unit.	2 covered spaces per unit, plus 0.5 unassigned and guest parking spaces per unit.	10% of uncovered and unassigned spaces in parking lots with more than 10 spaces.
4 or more bedroom units	Add 0.15 unassigned spaces per bedroom per unit to the 3 bedroom requirement.	Add 0.15 unassigned spaces per bedroom per unit to the 3 bedroom requirement.	Add 0.15 unassigned spaces per bedroom per unit to the 3 bedroom requirement.	10% of uncovered and unassigned spaces in parking lots with more than 10 spaces.
Single Room Occupancy and Residential Hotels with units:	Specific ratios based on the size of units noted below.			
Less than 200 sq. ft.	0.25 spaces per unit.			<u>N/A 10% of uncovered and unassigned spaces in parking lots with more than 10 spaces.</u>
200 to 250 sq. ft.	0.5 spaces per unit.			<u>N/A 10% of uncovered and unassigned spaces in parking lots with more than 10 spaces.</u>
Greater than 250 sq. ft.	1 space per unit.			<u>N/A 10% of uncovered and unassigned spaces in parking lots with more than 10 spaces.</u>
Mobile Home Park:	2 spaces per unit, plus 1 space per employee living off-site, plus 1 space per special purpose vehicle. Tandem parking is permitted.			N/A
Mixed Use	Parking ratios shall be based on accepted guidelines such as ITE or ULI subject to the approval of the director of community development			

Note 1: Multifamily residential developments of five or more units shall have secured bicycle parking at a ratio of one secured bicycle parking space for every four units, but no fewer than four spaces.

Note 2: Projects with limited street parking may be required to provide on-site parking beyond minimum requirements adequate to satisfy all parking demands for the project.

LAND USE	NUMBER OF PARKING SPACES REQUIRED	MAX. PERCENTAGE OF COMPACT SPACES ALLOWED
NONRESIDENTIAL USES (cont.)	Parking Ratios reference Gross Floor Area Except as otherwise noted.	
Retail:	Specific ratios based on the type of retail noted below.	
General Retail and Personal Service Shops not in Shopping Centers	1 space per 180 sq. ft.	10% of required spaces. (50% along periphery and as employee parking. 50% interspersed)
Furniture and Appliances Stores	1 space per 400 sq. ft.	10% of required spaces (50% along periphery and as employee parking. 50% interspersed)
Shopping Centers with Retail less than 20,000 sq. ft. of gross floor area	1 space per 180 sq. ft.	10% of required spaces (50% along periphery and as employee parking. 50% interspersed)
Shopping Centers with Retail in 20,000 to 50,000 sq. ft. of gross floor area	1 space per 200 sq. ft.	10% of required spaces (50% along periphery and as employee parking. 50% interspersed)
Shopping Centers with Retail greater than 50,000 sq. ft. of gross floor area	1 space per 225 sq. ft.	10% of required spaces (50% along periphery and as employee parking. 50% interspersed)
Restaurants:	Specific ratios based on proposed seating/service noted below.	
Restaurants with 100% fixed seating and typically with 10 seats or less	1 space per every 2 fixed seats, plus 1 space per 400 sq. ft. of other area. In no case may restaurants provide less parking than would be required if the space was a retail use/shopping center use in which it is located.	10% of required spaces. (50% along periphery)
Restaurants with bars and Fast Food Restaurants	1 space per 75 sq. ft.	10% of required spaces. (50% along periphery)

LAND USE	NUMBER OF PARKING SPACES REQUIRED	MAX. PERCENTAGE OF COMPACT SPACES ALLOWED
Restaurants without fixed seating or bars	1 space per 110 sq. ft.	10% of required spaces. (50% along periphery)
Nightclubs and Bars not incorporated into Restaurants	1 space per 50 sq. ft.	10% of required spaces. (50% along periphery)
Office:	Specific ratios based on type and intensity of uses noted below.	
General Office Uses (free standing)	1 space per 225 sq. ft.	50% of required spaces.
General Office Uses (in a shopping center)	1 space per 180 sq. ft.	10% of required spaces. (50% along periphery)
Medical and Dental Office Uses	1 space per 200 sq. ft.	<u>N/A</u> None.
<u>Medical Clinics</u>	<u>1 space per 200 sq. ft.</u>	<u>None.</u>
Research and Development, General Industrial, or Corporation Office Uses:	1 space per 500 sq. ft. minimum with a maximum of 1 space per 250 sq. ft. The maximum number of spaces allowed shall not be exceeded unless specifically allowed by use permit or special development permit.	50% of required spaces.
Industrial Warehouses:	1 space per 900 sq. ft. minimum with a maximum of 1 space per 600 sq. ft. The maximum number of spaces shall not be exceeded unless specifically allowed by use permit or special development permit.	50% of required spaces.
Commercial Storage and Self-Storage Uses:	1 space per 2,500 sq. ft. of floor area, plus 1 space per 225 sq. ft. of office space, plus 1 space per Live-in manager/employee, plus loading zone spaces as required in Note 23.	50% of required spaces.
Recycling Centers:	1 space per employee.	<u>N/A</u> 10% of required spaces (50% along periphery)
Vehicle Repair Garages:	1 space per 180 sq. ft. (including repair bays or covered stalls).	10% of required spaces. (50% along periphery)
Hospitals:	1 space per bed.	10% of required spaces. (50% along periphery)
Sanitariums and Rest Homes:	1 space per 2.25 beds.	10% of required spaces. (50% along periphery)

LAND USE	NUMBER OF PARKING SPACES REQUIRED	MAX. PERCENTAGE OF COMPACT SPACES ALLOWED
Financial Institutions:	1 space per 180 sq. ft.	10% of required spaces. (50% along periphery)
Lodging and Board Uses: Lodging and Boarding Houses, Motels, and Hotels	1 space per living or guest unit, plus 1 space per employee living off-site, plus additional parking required for other on-site uses.	30% of required spaces.
Fraternities and Sororities:	1 space per bed or 0.75 members, whichever is greater, plus 1 space per employee living off-site.	35% of the required spaces, if the spaces are uncovered, unassigned, and the parking lot exceeds 10 spaces.
Libraries:	1 space per every 4 seats, plus 1 space per employee.	10% of required spaces. (50% along periphery)
Places of Assembly: Business-Serving and Community Serving	1 space per every 3 fixed seats, plus 1 space per 21 sq. ft. of open area or seating space, plus 1 space per 400 sq. ft. of additional floor area, plus 1 space per employee, plus 1 space per special purpose vehicle. A parking management plan may be required for highly-attended events.	10% of required spaces, if the spaces are uncovered and unassigned.
Recreational and Athletic Facilities:	1 space per every 3 fixed seats, plus 1 space per 21 sq. ft. of open area useable for seating, plus 1 space per 400 sq. ft. of additional floor area.	10% of required spaces. (50% along periphery)
Bowling Alleys:	1 space per lane, plus 1 space per employee, plus additional parking required for other on-site uses.	10% of required spaces. (50% along periphery)
Education—Recreation and Enrichment	1 space per 4 students, plus 1 space per employee, or 1 space per 250 sq. ft. of gross floor area, whichever is most restrictive	10% of required spaces. (50% along periphery)
Education—Child Care Uses and Primary, High School and Institutions of Higher Learning	Specific ratios based on proposed facilities and activities noted below.	
Pre-Schools, Child Care or Day Care	1 space per employee during maximum shift, plus 1 space per every 14 children/students.	35% of require spaces, if the spaces are unassigned

LAND USE	NUMBER OF PARKING SPACES REQUIRED	MAX. PERCENTAGE OF COMPACT SPACES ALLOWED
Grades K-8	3 spaces per classroom.	35% of required spaces, if the spaces are unassigned
Grades 9-12	1 space per every 4 students.	35% of required spaces, if the spaces are unassigned
Grades over 12	1 space per every 3 fixed seats, plus 1 space per 21 sq. ft. of open area or seating space, plus 1 space per employee, plus 1 space per special purpose vehicle.	35% of required spaces, if the spaces are uncovered and unassigned
School Offices	1 space per 225 sq. ft.	50% of required spaces, if the spaces unassigned
School Gyms and Other Facilities	1 space per every 3 fixed seats, plus 1 space per 21 sq. ft. of open area useable for seating, plus 1 space per 400 sq. ft. of additional floor area.	35% of required spaces, if the spaces are unassigned
Mixed Use:	Parking ratios shall be based on accepted guidelines such as ITE or ULI, subject to the approval of the director of community development.	
Uses Not Enumerated	Parking ratios shall be based on accepted guidelines such as ITE or ULI, subject to the approval of the director of community development.	10% of required spaces

Note 3: Loading zone spaces (minimum 10 feet x 50 feet) are required for storage facilities. One (1) loading zone space is required for facilities with 10,000 to 39,999 sq. ft. of gross floor area. Two (2) loading zone spaces are required for facilities with 40,000 to 100,000 sq. ft. of gross floor area. Facilities in excess of 100,000 sq. ft. shall provide 2 loading zones plus one additional loading zone for each 100,000 sq. ft. or portion thereof.

SECTION 12. SECTION 19.82.020 AMENDED. Section 19.82.010 of Chapter 19.82 (Miscellaneous Plan Permit) of Title 19 (Zoning) of the Sunnyvale Municipal Code, is hereby amended to read, as follows:

19.82.020. When required.

(a) General Reviews:

(1) – (12) [Text unchanged.]

(13) Medical clinics;

(13)–(16) [Renummer consecutively (14)–(17); text unchanged.]

(~~17~~18) Parking management plans;

(19) Recycling and trash enclosures. In making a determination, the director of community development shall be advised by the solid waste program manager on the size, number and type of enclosures, and by the

department of public safety on fire safety and hazardous materials containment requirements.

(19)–(28) [Renumber consecutively (20)–(29); text unchanged.]

SECTION 13. SECTION 19.98.040 AMENDED. Section 19.98.040 of Chapter 19.98 (General Procedures) of Title 19 (Zoning) of the Sunnyvale Municipal Code is hereby amended to read as follows:

19.98.040. Notice requirements.

(a) For design review, miscellaneous plan permits and tree removal permits, the director of community development may take an action without public notice or hearing (except as provided in (f) below).

(b) – (e) [Text unchanged.]

(f) With regard to any application for a medical clinic, notice of the pending application for a miscellaneous plan permit or notice of the time and place of any public hearing for a use permit or special development permit, shall be sent to all property owners and tenants within 300 feet of the subject site.

(g) For amendments to the general plan and precise zoning plan, notice of the time and place of each public hearing by the planning commission and city council required as a condition precedent to the consideration of the approval or revocation shall be given at least ten calendar days prior to the day of the hearing in the following manner:

(1) By publishing at least once in a newspaper of general circulation in the city a copy of the notice;

(2) Published notice of an amendment to the precise zoning plan shall include a map showing the subject property, surrounding properties and the nearest street intersection.

(g) – (l) [Renumber (h)–(m), consecutively; text unchanged.]

SECTION 14. CEQA EXEMPTION. The City Council finds, pursuant to Title 14 of the California Code of Regulations, Section 15061(b)(3), that this ordinance is exempt from the requirements of the California Environmental Quality Act (CEQA) in that it is not a Project which has the potential for causing a significant effect on the environment. The Council therefore directs that the Planning Division may file a Notice of Exemption with the Santa Clara County Clerk in accordance with the Sunnyvale Guidelines for the implementation of CEQA adopted by Resolution No. 118-04.

SECTION 15. SEVERABILITY. If any section, subsection, sentence, clause or phrase of this ordinance is for any reason held to be invalid, such decision or decisions shall not affect the validity of the remaining portions of this ordinance. The City Council hereby declares that it would have passed this ordinance, and each section, subsection, sentence, clause and phrase thereof irrespective of the fact that any one or more sections, subsections, sentences, clauses or phrases be declared invalid.

SECTION 16. EFFECTIVE DATE. This ordinance shall be in full force and effect thirty (30) days from and after the date of its adoption.

SECTION 17. POSTING AND PUBLICATION. The City Clerk is directed to cause copies of this ordinance to be posted in three (3) prominent places in the City of Sunnyvale and to cause publication once in *The Sun*, the official newspaper for publication of legal notices of the City of Sunnyvale, of a notice setting forth the date of adoption, the title of this ordinance, and a list of places where copies of this ordinance are posted, within fifteen (15) days after adoption of this ordinance.

Introduced at a regular meeting of the City Council held on _____, 2008, and adopted as an ordinance of the City of Sunnyvale at a regular meeting of the City Council held on _____, 2008, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST:

APPROVED:

City Clerk

Mayor

Date of Attestation: _____
SEAL

APPROVED AS TO FORM AND LEGALITY:

David E. Kahn, City Attorney

Rosemarie Zulueta - Planning Project: 2008-048: Parking Requirements, Medical Bldgs

From: "Connie L Portele" <[REDACTED]>
To: <rzulueta@ci.sunnyvale.ca.us>
Date: 11/6/2008 11:43 AM
Subject: Planning Project: 2008-048: Parking Requirements, Medical Bldgs

ATTACHMENT G
Page 1 of 3

Hi, Rosemarie,

Thank you very much for your time, thoroughness and patience in helping me catch up with progress on this issue.

I can't believe I dropped the ball re. my input after working for a year to get some neighborhood preservation action on this issue. Had something do with my exhaustive action to get this considered, its place on the agenda changing and my travel schedule. Oh well, how do I recover?

- 1) I did go online on Monday a.m. looking for some place to start and called you when I was unable to find appropriate there.
- 2) Your return call yesterday after substantively completing your report, leaves me with adding input via this e-mail.
- 3) Was there any other content, additional handout at the meeting or city staff speakers' notes in addition to the quote below from the flyer to which I could orient my input for optimum value?
- 2) I'll take off from the 10/30 Public outreach session topic: "This study issue would examine if different medical office uses generate different parking needs for employees and visitors, and if parking standards should be adjusted to reflect these differences. The City's Zoning Code currently classifies medical offices as one category, so there is only one parking standard used for all types of medical office uses (medical, dental, chiropractic, acupuncture, lab, etc.)."

Topics include:

- What is the purpose of the study? What generated the study?

I hope the purpose of this study was to respond to neighbor's concerns about the encroachment of non-provided for medical facility parking into Residentially Zoned neighborhoods significantly reducing the intended peace and safety of these Residentially zoned areas.

- What are your concerns?

- 1) that Any biz be it, medical, consulting or other commercial be required to provide sufficient parking on its premises or on 'commercial'ly zone frontage streets for:
 - a. It's own staff
 - b. It's clientele

That the peace and safety of neighborhoods zoned Residential be Preserved and not be allowed to be irresponsibly ignored or significantly reduced by any enterprise not providing for its own parking.

- What options are available to address the issues?

YES there all options available which should be used to address these issues:

- 1) Thank You to the City of Sunnyvale for working with us, neighbors of the Silicon Valley Eye Physicians Clinic (SVEPC) and Idlywood Care Center, over the last 1.5 years to free up previously red-zoned spaces on the commercially zoned section of Wright Ave from Fremont Ave to Astoria Dr. This seems to have provided up to 10 more parking spaces for the nearby Idlywood Nursing Home, Eye Physician's Clinic and Wrightmont medical center. Though the last use was not intended, I understand it can't be restricted.

Yes, there has been some improvement but I've been traveling and working heavily around that travel so as not to be able to monitor this situation and in my block.

- 2) **Permitted Use should be based on maximum # of 'permitted business personnel'— who would require parking/day 80% of the 'typical workdays, defined Monday thru Friday-holidays,/yr Plus maximum # of patients seen/'typical workday'**
- a. Earnestly projected over the next 10 years or such time agreed upon by the enterprise and administering City Staff, at which time Parking Requirements and Land Use Rights should be reviewed and only continued if Parking Requirements can be accommodated.
 - b. Sq Footage of the Bldg should also be considered so as not to negatively impact the purpose of a)
 - c. No other means should be required so that would put cost of parking accommodation onto the neighborhoods who did not cause the parking problem except in situations where the current enterprise generating the parking was on said site prior to the sale of neighborhood units.
- 3) If there's no way to update the current requirements of the SVEPC, to 1 Parking Space/200sf of Bldg: It should be noted that the SVEPC is reported to be occupying a bldg of 6,925sf (RoseMarie pls confirm) which when divided by 200 = 35 SPACES when subtracting 2 ADA spaces should still allow for 32 parking spaces, provided 2 ADA spaces don't take more than 4 required parking spaces...SVEPC now has 30 spaces...

Then, the previous requirement of 6 spaces per Dr. using the site should be Revisited and considered to be reinstated for Any **Person** generating clients on more than 80% of 'typical workdays'/yr

[Rosemarie, I think I've written that clearly but will be glad to answer Any questions or make any clarification needed to provide another viable option to prevent future difficulties as experienced in our neighborhood.]

ATTACHMENT G
Page 3 of 3

From: Paul & Peter Griffith <[REDACTED]>
To: Rosemarie Zulueta <RZulueta@ci.sunnyvale.ca.us>
Date: 11/25/2008 9:15 AM
Subject: Re: 2008-0487 Study Issue: Parking Requirements for Medical Office Buildings

Thank you for keeping me in the loop. Just as a note the reverse is true at my building. The neighborhood does not have enough street parking and many times they use our lot over night. Also being next to Serra Park on weekends especially in the summer, our lot gets used by people since there is inadequate street and parking lots. I feel for the neighbors but parking is a two way street sometimes (pun intended!). I think leaving it as is is a good solution. Tailoring it to specific areas on a site by site inspection is better. Thanks again and have a happy Thanks Giving.
Paul Griffith

Griffith Family Dental
1565 Hollenbeck Ave. #116
408 736-6132

--- On Fri, 11/21/08, Rosemarie Zulueta <RZulueta@ci.sunnyvale.ca.us> wrote:

> From: Rosemarie Zulueta <RZulueta@ci.sunnyvale.ca.us>
> Subject: 2008-0487 Study Issue: Parking Requirements for Medical Office Buildings
> To: "Rosemarie Zulueta" <RZulueta@ci.sunnyvale.ca.us>
> Date: Friday, November 21, 2008, 3:12 PM
> Hello,
>
> You are receiving this email because you have expressed
> interest in this study issue. Attached is the Planning
> Commission public hearing agenda and staff report for Study
> Issue 2008-0487 Parking Requirements for Medical Office
> Buildings. This item will be reviewed by the Planning
> Commission this Monday, November 24, 2008 at 8 p.m. for a
> recommendation to the City Council. The item will be
> reviewed by the City Council for final action on December 9,
> 2008 at 7 p.m.
>
> If you have any specific questions regarding the content of
> the report, you may contact me at 408-730-7437 or
> rzulueta@ci.sunnyvale.ca.us. For general questions regarding
> the public hearing process or accommodations, please contact
> the Planning Division answer point at 408-730-7440. Thank
> you for your participation.
>
> Rosemarie Zulueta, Assistant Planner
> Community Development Department
> City of Sunnyvale
> Phone: (408) 730-7437
> Fax: (408) 328-0710
> rzulueta@ci.sunnyvale.ca.us

PLANNING COMMISSION MINUTES OF NOVEMBER 24, 2008**2008-0487 - Parking Requirements for Medical Office Buildings (Study Issue)
RZ**

Rosemarie Zulueta, Assistant Planner, presented the staff report. She said staff recommends that an ordinance be introduced to amend the zoning code including that the current parking requirement of one space per 200 (1:200) square feet for medical uses remains unchanged, that a new definition be added, and a slightly different permitting review be required for medical clinics. She said the recommended changes include defining a medical clinic to be a medical office with ancillary services, i.e. retail, classes. Ms. Zulueta said the resident who requested this study has suggested recommendations which were received after the completion of the report. She said these recommendations have been provided to the Commission on the dais this evening.

Comm. Klein referred to Attachment F and asked staff about the ordinance stating that he was surprised that there was no size-relation to the definition of a "Medical Clinic" and that a small medical office, with any retail added, would become a clinic. He asked staff if that was according to the current code. **Trudi Ryan**, Planning Officer, answered that the current code has no distinction, or category defining a "Medical Clinic". She said the particular medical offices that triggered this study are in an Office zoned district and were just seen as ancillary services to the medical office, not distinguished as a clinic. She said this study allowed staff to distinguish and examine the types of uses to see if the use would affect any of the on-site requirements, which might be parking. She said if parking were the issue then a Parking Management Plan could be required. Comm. Klein and staff discussed that with the staff recommendation that whenever retail is added and it is part of a medical office then a Parking Management Plan would be required. Ms. Ryan said the type of zoning district could affect the requirement. Comm. Klein discussed the 1:200 parking ratio and said if the medical office converted more to retail that the site would not be meeting the retail ratio which requires more parking spaces. Comm. Klein and staff discussed that if a site is deemed a clinic then a Parking Management Plan would assure that adequate parking for patrons is made available. Ms. Ryan said on several of the sites that are having parking issues, the staff was not parking on the facility site, and with the recommendations in this report staff is wanting to make sure that employee parking is not becoming a nuisance in the neighborhood.

Chair Rowe referred to the document provided on the dais this evening containing recommendations from a resident. Chair Rowe referred to a

suggestion regarding revisiting parking standards of existing sites with Ms. Ryan stating that traditionally staff would not require any retroactive zoning standard. Ms. Ryan said that generally if the parking standards are changed that the changes would apply to new construction only. Chair Rowe said she was not sure what the resident was referring to regarding the requirement of "6 spaces per Dr. using the site". Ms. Zulueta said that prior to 1988 the City's parking requirement was 6 spaces per doctor based on occupancy. She said later the parking requirement was changed to be based on square footage. Ms. Zulueta said that the 1:200 square feet was typical in neighboring cities, and also yielded a higher parking space requirement than the 6 spaces per doctor requirement. **Andy Miner**, Principal Planner, added that he is not sure what the resident meant, but possibly she meant the previous requirement should be reinstated for any "person" rather than just doctors generating clients on more than 80% of typical workdays per year.

Chair Rowe opened the public hearing.

Jeff Jones, a Sunnyvale resident, said he feels staff did a good job putting the report together. He said he participated in the October 2008 outreach meeting. He discussed the recommendations by staff and said he does not really follow why there is no recommendation to change the parking ratio. He said he is currently embroiled in a project referred to in the report, the Palo Alto Medical Facility on Old San Francisco Road, which is currently being developed at the 1:200 parking ratio. He said that the field survey indicates the current facility does not meet that ratio, further discussing the parking situation in this area. He recommended that the Commission request staff return to this area and reconsider the parking. He suggested that possibly the parking ratio be changed to a 1:175 gross floor area (gfa) near residential areas to lessen the impact of the medical facilities to residential areas. He said he can see how the 1:200 gfa may be applicable in shopping centers. He referred to policy C1.1 on page 2 of the report and said that through this policy that the City is trying to reinforce "positive neighborhood values". He commented on the alternatives suggested by staff commenting that he strongly agrees with the requirement for a Parking Management Plan as a condition of approval for new medical clinics. He said in addition he thinks that as the Planning Commission and staff review sites that he would like to see staff come up with something to put teeth into making parking areas more useable. He said parking may be provided on a site and if the parking is difficult on-site, patrons or employees park off-site often in residential areas.

Chair Rowe closed the public hearing.

Comm. McKenna commented that the medical centers that cause parking problems to neighborhoods are where parking is allowed on residential streets. Comm. McKenna discussed with staff the Parking Management Plan which could include designations for where employees and patrons should park, and any other items that the Commission would like to recommend be included. Ms. Ryan said it is a bit difficult for the City to impose where employees park especially when City street parking is available. Comm. McKenna commented about the parking problems on residential streets near Wright Avenue, Astoria, and Fremont Avenue, and said that she knows staff was working with neighbors in this area to improve the parking. She said she thought staff was working with the medical clinics to have their employees park in the lots and she has not seen much improvement. She said she would like to know the results of staff's efforts in this area and asked if anything else has been considered to discourage people from parking on the street. Ms. Ryan said the residents have said the problems of on-street parking and driveway blockage, have been improving. Ms. Ryan said staff can continue to work with the residents, and could provide the Commission with progress reports. Comm. McKenna confirmed with staff that the passage of this ordinance would not preclude the Commission from recommending that action be taken, i.e. signage, permit parking. Ms. Ryan added that the ordinance will not change the parking requirements for facilities that are already in operation.

Comm. McKenna moved for **Alternative A. 1 through 5**, which is to introduce an ordinance to amend the zoning code to: add a definition for medical clinics to include ancillary services such as retail, classes, etc.; require a Miscellaneous Plan Permit for new medical clinics in zones where medical offices are currently permitted by right; require a Use Permit with public hearing for new medical clinics in zones where a Use Permit is currently required for medical offices; establish a parking requirement for medical clinics the same as medical office (1:200 gfa); require a parking management plan as a condition of approval for new medical clinics.

Comm. Klein asked about staff parking and if it would be included under a Parking Management Plan. Ms. Ryan reviewed the recently adopted definition for a Parking Management Plan. She said the speaker in the public hearing was also concerned about patrons parking off-site and the Parking Management Plan could also address how to keep patrons parking on site. Comm. Klein asked about Alternative B and why staff does not recommend requiring a Use Permit for all new medical clinics. Ms. Ryan said that in a zone that already requires a Use Permit for medical office that staff would also require a Use Permit for a medical clinic. She said staff is suggesting that where a medical office is permitted as a matter of right, that one more step be taken, which would be to require a Miscellaneous Plan Permit (MPP). She said through the MPP that staff can assess whether the ancillary use triggers the need for more parking and Parking

Management Plan. She said if the Commission thinks that any application for a clinic should require a public hearing that the Commission include that in the recommendation. Comm. Klein further discussed medical clinics and medical offices and situations that would require a MPP which could be appealed to the Planning Commission. **Comm. Klein seconded the motion.**

Chair Rowe said that she is a patron of the Palo Alto Medical Foundation and feels that their parking is sufficient, asking staff if the same parking ratio was used for their parking as we are using in Sunnyvale. Ms. Ryan said that she thinks that both the Palo Alto and Mountain View offices do not have as high of a parking ratio as what Sunnyvale is requiring.

Comm. McKenna commented that she asked the same question in the Planning Commission Study Session, and said that she does not think the Palo Alto Medical Foundation parking was sufficient. Comm. McKenna said that the developer for the Sunnyvale site assured the Commission that the Sunnyvale parking would be more generous than Palo Alto's parking.

Comm. Klein offered a Friendly Amendment and asked if the maker of the motion would agree to require a Use Permit for all new medical clinics. The Friendly Amendment was acceptable to the maker of the motion.

Comm. McKenna commented that she feels staff's study of the issue seems to have resulted in a good recommendation which is why she made the motion. She said she agrees with the Friendly Amendment that all new facilities should require a Use Permit. She said that she is comfortable with this recommendation as it does not preclude that in the future if the area around Wright and Astoria continues to be a problem that there are other alternatives that can be dealt with in the neighborhood.

Comm. Klein said that he would be supporting the motion, that the staff report definitely covers an issue where the community has had problems and staff has been working to try to alleviate the issues. He said one of the issues the public brought up is medical clinics in residential areas. He said with Alternative A.5 the requirement of an addition of a Parking Management Plan helps alleviate and clarify the issue. He said requiring that all new medical clinics have to go through a Use Permit process will give the appropriate noticing to the community and will allow public input. He said he is hoping that these changes will provide opportunity for community input and prevent problems before they occur.

ACTION: Comm. McKenna made a motion on 2008-0487 to recommend to City Council to introduce an ordinance to amend the zoning code to: add a definition for medical clinics to include ancillary services such as retail, classes, etc.; require a Use Permit for new medical clinics; establish a parking requirement for medical clinics the same as medical office (1:200 gross floor area); and require a parking management plan as a condition of approval for new medical clinics. Comm. Klein seconded. Motion carried unanimously, 7-0.

APPEAL OPTIONS: This recommendation will be forwarded to City Council for consideration at the December 9, 2008 City Council meeting.