

ZONING ADJUSTMENTS BOARD RESOLUTION NO. 02-06

ADOPTING FINDINGS RE: IMPACTS, MITIGATION MEASURES, ALTERNATIVES, AND OTHER MATTERS; AND APPROVING USE PERMIT FOR THE ALTA BATES MEDICAL CENTER ASHBY CAMPUS MASTER PLAN AND ASSOCIATED ENTITLEMENTS

The Zoning Adjustments Board of the City of Berkeley hereby finds as follows:

1. Background

1.1 On April 15, 1997, the City of Berkeley (“City”) and Alta Bates Medical Center (“ABMC”) entered into a Settlement Agreement in Alameda County Superior Court in City of Berkeley v. Alta Bates Medical Center (Case No. 779444-7).

1.2 Paragraph 6 of the Judgment entered pursuant to the settlement agreement provided in part:

ABMC shall file with the City no later than July 1, 1997 an application seeking a Master Use Permit, Development Agreement or other entitlements (collectively “Master Plan Permit”) that shall provide ABMC with flexibility in developing and modifying its facilities... This Master Plan Permit shall establish a compliance standard that is not based on past or future specific floor plans, layouts, configurations, certificates of need or uses, but instead is based on pre-determined aggregate impact levels (including those of the Emergencies Facilities), performance standards and mitigation measures (which, of course, may require changes in floor plans and uses). However the Master Plan Permit may include physical standards relating to building location, envelopes size and site design.

1.3 ABMC timely filed an application for a development agreement on June 30, 1997, but subsequently withdrew it and replaced it with an application for a Use Permit, on March 17, 1999. This application was revised and became complete in November 2000.

1.4 The current application includes both proposed short-term and contemplated long-term physical expansion at ABMCAC, along with on-site circulation and access improvements, parking improvements, and conceptual architectural design in order to accommodate changes in the delivery of health care brought about by new technologies, treatments, and regulations and to avoid adverse impacts on adjacent residents (the “Project”).

1.5 The proposed project includes three primary development components:

- Expansion/renovation of the Emergency Department and relocation of the Radiology Department. The Project would include all necessary discretionary approvals to construct this development.
- Application for Initial Review or “AIR” Projects, which are largely complete and which are permitted under the Judgment, but which are subject to mitigation in the anticipated use permit which is the subject of this resolution.
- Possible future projects, as follows, which ABMC may or may not ever construct. The Project does not include any discretionary entitlements to construct these developments.
 - construction of a six-story, 114,200- square-foot East Building;
 - demolition of a portion of the existing Emergency Department and enclosing a part of the existing west courtyard to create an additional 3,300 square feet of atrium lobby/internal circulation area;
 - creation of a 10,000-square-foot underground space along the Ashby Avenue frontage for administrative use; and
 - demolition of the existing five-level parking garage and construction of a six-level (one basement level) parking garage for about 795 cars within the new footprint.

1.6 The Project which is being approved by this resolution includes approval to construct the Emergency Department expansion and Radiology Department relocation. The other components are conceptual and may or may not ever be constructed. Nevertheless, the Master Plan and entitlement instrument are intended to identify conceptually the anticipated future development of the Ashby Campus. Future projects and approvals will be subject to focused environmental review and will be evaluated against the significance thresholds established in the EIR and the aggregate impacts levels established by the Use Permit. The EIR describes performance standards for reducing environmental and neighborhood impacts and design guidelines for architecture, landscaping, building scale, and mass. Subsequent City approval of the later conceptual projects (e.g., the East Building) would include use permits, possibly variances, design review, and further design review.

1.7 In addition, both ABMC and the City considered the applications for the Project to include a request to the City to establish aggregate impacts levels (“AILs”) consistent with paragraph 6 of the Judgment. Accordingly the Project will supersede the existing entitlements under which ABMCAC currently operates.

2. Environmental Review

2.1 The City distributed a Notice of Preparation on August 20, 1998, announcing its intent to prepare and distribute an Environmental Impact Report (EIR).

2.1 On July 19, 2001, the City released for public review and comment a draft Environmental Impact Report (EIR), SCH No. 1998082066 on the Project.

2.3 The draft EIR was circulated for a 60-day public comment period (July 20, 2001 to September 18, 2001), during which time two public hearings were held to receive comments on the draft EIR.

2.4 The City received comments on the draft EIR and has prepared responses to those comments as required by law and on December 10, 2001 released a “responses to comments” document.

2.5 The draft EIR and responses to comments document together constitute the final EIR on the Project.

2.6 The Zoning Adjustments Board held public hearings on August 9, 2001, September 13, 2001 to accept public testimony on the draft EIR.

3. Certification of EIR

3.1 The ZAB considered the final EIR for the project and on February 28, 2002 adopted Resolution No. 02-04 certifying the adequacy of the final EIR, which resolution included the following findings and determinations:

3.2 Each member of the ZAB was provided a complete copy of the final EIR for the Project. The ZAB has independently reviewed and analyzed the final EIR prior to taking any final action with respect to the Project, and the final EIR reflects its independent judgment and found it adequate and sufficient in all respects.

3.3 On February 28, 2002, the ZAB voted to certify the final EIR as adequate and sufficient with respect to the Project, and in compliance with the California Environmental Quality Act and Guidelines adopted pursuant thereto..

3.4 All documents constituting the record of this proceeding will be retained by the City of Berkeley Department of Planning and Development, 2118 Milvia, First Floor, Berkeley, California.

4. Adoption of Findings and Mitigation Monitoring Program

4.1 The final EIR identifies various potential significant adverse environmental impacts that would result from the Project.

4.2 The California Environmental Quality Act and Guidelines adopted pursuant thereto require the ZAB to make certain findings when an EIR identifies one or more significant adverse environmental impacts which would result from development of a project.

4.3 The ZAB hereby adopts the findings concerning impacts, mitigation measures, alternatives and overriding considerations that are attached hereto as Exhibit A.

4.4 Pursuant to CEQA (Public Resources Code § 21081.6, the City of Berkeley is also adopting a Mitigation Monitoring and Reporting Program (MMRP). The MMRP defines a program to ensure that adopted mitigation measures are implemented through the use of specified monitoring and reporting procedures.

4.5 The ZAB hereby adopts the MMRP set forth in Exhibit B hereto.

5. Approval of Project

5.1 All mitigation measures recited herein and in the MMRP are hereby made part of the Project, by adoption of this resolution.

5.2 After considering the final EIR and the staff's analysis and recommendations concerning the Project, the ZAB has determined to approve the Project subject to various conditions as set forth herein and in the accompanying Use Permit.

5.3 The request for the operation of Alta Bates Medical Center-Ashby Campus (ABMCAC) as a hospital, subject to performance standards for external impacts; the establishment of thresholds as standards of impact generated by the Alta Bates Medical Center -Ashby Campus and the exterior alterations related to the Emergency/Radiology Departments. is hereby approved.

5.4 The ZAB's decision to approve the Project is based on the findings set forth in Exhibit C hereto, and is subject to the conditions of approval set forth in Exhibit F hereto.

EXHIBIT A

FINDINGS RE: IMPACTS, MITIGATION MEASURES, ALTERNATIVES, AND OTHER MATTERS

I. SIGNIFICANT AND POTENTIALLY SIGNIFICANT IMPACTS AND MITIGATION MEASURES

A. Significant and Unavoidable Effects

There are no potentially significant impacts associated with this project that cannot be reduced to a less than significant level and as such there are no significant unavoidable impacts.

B. Findings Regarding Potentially Significant Impacts Mitigated to Insignificance

For the following effects, mitigation measures included in the final EIR will mitigate the effects of the Project to insignificance.

1. Transportation and Parking

1.1 Peak Parking Demand

Potentially Significant Impact

The remaining AIR projects and Emergency Department expansion would increase the peak parking demand for on-street spaces in the 14-block study area of the residential neighborhood surrounding the ABMC, which is already at or above 75 percent occupancy for at least 2 hours between 10:00 AM and 4:00 PM during the day.

Mitigation Measures

a. Alta Bates shall manage its parking generation so that there is no net new on-street parking demand beyond current parking demand, which consists of parking demand as measured in January of 1998 plus parking from the AIR projects. This can be achieved through an aggressive TDM program that includes preferential parking for carpools and vanpools, carpool matching service, bicycle lockers and showers. In addition, Alta Bates shall include establishing more convenient remote parking locations in Oakland, increasing shuttle service to the remote lots at Milvia and Oakland, and providing transit subsidies to encourage employees to use BART and AC Transit.

b. Alta Bates shall fund increased parking enforcement within the core and fringe study area so that patrols are made once per hour between 10 AM and 4 PM Monday to Friday.

c. Alta Bates shall develop a pricing structure for its garage that would attract users that would otherwise park on the street.

d. If the above measures are insufficient to achieve the no net new on-street parking demand, or in addition to the efforts listed above, Alta Bates shall shift some of the activities at its Ashby Campus facility to other facilities (known as “decanting”). The parking demand associated with these activities would then be shifted to the relocated facilities.

Finding

The mitigation measures set forth above, which are hereby adopted and have been required in, or incorporated into, the Project, will reduce the potential impact on peak parking demand to a less-than-significant level.

Facts in Support of Finding

The remaining AIR projects would generate a peak demand of three or four on-street spaces. Parking generated by the Emergency Department expansion is expected to add cars to the parking garage rather than on-street. Within the core area, a subarea of 14 residential blocks was identified around the ABMC as the peak impact assessment area. (Fourteen blocks is the minimum size area for which the City will create a Residential Permit Parking [RPP] area.) As the area already has an RPP, implementing a permit program would not represent a means of keeping occupancies below 75 percent. Therefore, a demand that brings the area’s total occupancy to 75 percent would be considered a significant impact. The 14-block, 75 percent parking occupancy criterion is a stringent test of parking supply adequacy, but a reasonable one given that: 1) within the 14-block area, blocks closest to the hospital will be more heavily occupied than the 75-percent area-wide average, and 2) the occupancy level occurs on a daily basis, rather than brief surges in occupancy that occur in neighborhoods surrounding special-event venues.

The two highest existing occupancy percentages during a 1-hour period between the hours of 10:00 am and 4:00 pm in the 14-block radius were 71 percent and 74 percent in 1998, but aggregate surveys conducted since 1998 suggest that they have increased to 75 percent or above by 2001. The additional three or four on-street parking spaces potentially generated by the remaining AIR projects and Emergency Department expansion are not available during the highest peak hour of parking before the parking occupancy level reaches the 75 percent threshold.

In combination, the mitigation measures set forth above will reduce excess parking demand by encouraging and facilitating non-automobile means of transportation to and from ABMCAC, penalizing drivers who park in the RPP area (by increasing enforcement), and encouraging them (through garage pricing adjustments) to park in the existing garage. Ultimately, if these measures are unsuccessful, ABMCAC will be required to reduce the intensity of its operations in order to maintain parking demand at the 1998 level.

1.2 Vehicle and Pedestrian Circulation

Potentially Significant Impact

Safe and efficient on-site circulation of vehicles and pedestrians may be jeopardized if not properly designed due to the concentration of activity (ambulance access, patient drop-off, valet parking, shuttle bus stop, and pedestrians crossing to and from the garage) at the main entrance to the hospital at the intersection of Colby Street and Webster Street.

Mitigation Measures

- a. The following access design guidelines shall be followed in the design phase of the Emergency Department improvements.
 1. The designated areas for ambulances, shuttle drop-off and pick-up, valet parking areas, and the patient drop-off shall be clearly marked and identified both on the project site as well as on approach streets (Ashby and Telegraph) so that drivers will be able to access the entrance area with minimal conflicts.
 2. A pedestrian crosswalk shall be marked to direct pedestrians between the parking garage and the hospital entrance.
 3. Reservoir areas for valet parking queues and ambulances shall be large enough to keep vehicles from stacking on Colby or Webster Streets.

- b. The following considerations shall be taken into account in reviewing the final plans to assure that circulation impacts at the Emergency Department entrance are less than significant. Resolution of these items shall be incorporated by ABMC to the City's satisfaction during final design. These design features will need to be approved by City engineers during design review and plan checking.
 1. Placement of Emergency Department auto exit and ambulance entrance relative to Colby Medical Office parking lot entrance/exit.
 2. Narrowing of west side of Colby Street immediately north of existing cul-de-sac.
 3. Consideration of replacement of displaced on-street parking spaces on Colby Street. Loss of on-street parking on Colby Street, and whether the number of lost spaces would be offset by replacement parking areas.
 4. Potential for wrong-way traffic movements in cul-de-sac bulb.
 5. Potential for wrong-way traffic movements on Colby immediately south of Webster entering emergency auto drop-off.
 6. Turn radius for autos and ambulances exiting emergency drop-off zones attempting to turn northbound onto Colby.
 7. Reducing driveway throat widths to reduce pedestrian crossing distances.
 8. Sidewalk width sufficiency in drop-off zones, accounting for vehicle door-swung requirements and maneuvering room by wheel chairs and gurneys.

9. Placement of stop signs at emergency entry and exit driveways, and sight lines to pedestrians on Colby sidewalks as well as to traffic on Colby.
10. Filing requirements for construction-period traffic and pedestrian management plans, and monitoring program for construction traffic management practices.

Finding

The mitigation measures set forth above, which are hereby adopted and have been required in, or incorporated into, the Project, will reduce this potential impact on vehicle and pedestrian circulation to a less-than-significant level.

Facts in Support of Finding

There are several types of vehicles that would be accessing the hospital along Colby Street, including ambulances, shuttle buses and cars dropping off patients or using the valet parking service. Specific details on the proposed circulation system, the provisions for avoiding potential conflicts, and the lane configurations and traffic controls are still being designed. Given the concentration of activity and users at ABMCAC, potential vehicular and vehicular-passenger accidents may occur. Such accidents are considered a potentially significant impact.

Reconfiguration of the pedestrian circulation and drop-off/pick-up areas envisioned as part of the Emergency Department expansion would change traffic flow patterns, remove on-street parking, and lengthen crosswalks along Colby Street south of Webster. The proposed modifications would increase the number and width of driveways on Colby, creating separate drop-off zones for ambulances and general emergency arrivals. The modifications result in an off-street ambulance drop-off area near the south end of the modified Emergency Department and an off-street general drop-off immediately north of the ambulance drop-off. Together, they increase the number and width of driveways on Colby. The increased number of Emergency Department visits is expected to increase the number of ambulances and the amount of traffic accessing the drop-off zones. Pedestrians would encounter additional ambulance traffic and general automobile exposure at the Colby/ Webster intersection and at driveway crossings along Colby. Traffic entering and exiting the existing Colby Medical Office parking on the west side of Colby opposite the Emergency Department would also encounter additional conflicts from the additional traffic and driveways on the west side of Colby.

1.3 Off-site Vehicle Circulation

Potentially Significant Impact

The Project would not be expected to contribute net new peak-hour trips on the local streets, because ABMC will be required to implement appropriate measures to assure this performance standard. The Draft EIR identified this impact as “less than significant” based on its assumption that the project as proposed by ABMC was to limit the new traffic generated by the Project to existing levels through various strategies, such as TDM,

decanting, etc. These measures have, in fact, been incorporated into the Project, through the MMRP and the Use Permit. Thus, for purposes of clarity and consistency, these findings address this impact as if it were a “potentially significant impact” that is being mitigated to a level of “less than significant”.

Mitigation Measures

a. Alta Bates shall maintain its trip generation at a level that results in no net new peak-hour trip or daily generation beyond the number of such trips measured in January 1998, plus AIR trips. This can be achieved through an aggressive Transportation Demand Management (“TDM”) program. The TDM program shall include preferential parking for carpools and vanpools, carpool matching service, bicycle lockers, and showers, in order to encourage non-automobile trips.

b. Alta Bates shall shift some of the activities at its Ashby Campus to other facilities (known as “decanting”). The trip generation associated with these activities would then be shifted to the relocated facilities.

Finding

The mitigation measures set forth above, which are hereby adopted and have been required in, or incorporated into, the Project, will reduce the potential impact on peak parking demand to a less-than-significant level.

Facts in Support of Finding

Based on quarterly monitoring since 1997, the final EIR concluded that current trip generation from ABMCAC was not resulting in significant adverse impacts on off-site vehicle circulation. The mitigation measures would prevent ABMCAC from adding any new trips to this non-significant level of impact, thereby avoiding any significant impact.

2. Noise

2.1 Noise from New Mechanical Equipment

Potentially Significant Impact

New mechanical equipment associated with the Emergency Department may not meet the noise limits in the City of Berkeley’s Noise Ordinance and could result in potentially significant impacts.

Mitigation Measure

For any new mechanical equipment associated with the Emergency Department Project, the ABMC shall retain an acoustical engineer to demonstrate that the equipment would meet the City's Noise Ordinance requirement of no more than 45 dBA at the nearest residential property to correspond to indoor noise levels of 30 dBA or less. If initial investigations reveal that the selected equipment might exceed these thresholds, the acoustical engineer will recommend measures, such as baffles, sound-absorptive barriers, and solid screens, that will comply with the standards, and Alta Bates will be required to implement the measure or combination of measures to satisfy the noise limits. Compliance with this mitigation measure shall be required by the City of Berkeley prior to building occupancy.

Finding

The mitigation measure set forth above, which is hereby adopted and has been required in, or incorporated into, the Project, will reduce this potential impact on loading to a less-than-significant level.

Facts in Support of Finding

All mechanical equipment associated with future building operations would need to meet the limits of the City of Berkeley Noise Ordinance of 45 dBA or less at the nearest residential property line, between 10:00 PM and 7:00 AM. In the past, ABMCAC has met this requirement by contracting an acoustical engineer to review the design and operation of the mechanical equipment.

2.2. Construction Noise

Potentially Significant Impact

Construction of the Emergency Department would generate noise levels that would exceed the limits set forth in the City of Berkeley's Noise Ordinance for construction and demolition noise.

Mitigation Measures

The project sponsor shall require contractors to implement the following measures to reduce construction noise:

- a. Limit noise-generating construction activities to daytime weekday (Monday through Friday) non-holiday hours (7:00 AM to 7:00 PM) and weekend and holiday hours (9:00 AM and 8:00 PM).
- b. Require use of mufflers and muffler maintenance on construction vehicles.
- c. Require placement of stationary construction equipment, such as compressors, concrete pumpers, etc., as far as possible from existing residential areas and require use of acoustic shielding with such equipment when feasible. Such equipment can be shielded by

interposing a truck, other piece of equipment, or a temporary sound barrier when it is being used close to a residential property boundary.

d. Select truck haul routes that avoid noise sensitive receptors as much as possible, in consultation with the City.

e. Designate a disturbance coordinator who will be responsible for responding to complaints about noise during construction. The telephone number shall be conspicuously posted at the construction site.

Finding

The mitigation measures set forth above, which are hereby adopted and have been required in, or incorporated into, the Project, will reduce the potential impact on construction noise to a less-than-significant level.

Facts in Support of Finding

Much of the construction associated with the Project will be within the existing hospital structure. Nevertheless, modification to the ED entrance, ED entrance exterior design (e.g., the canopy), the ambulance entryway, and the drop off area will occur outside and would be within 125 feet of the residences south along Colby Street and within 175 feet of the residences west along Webster Street. The nearest homes along Colby and Webster Streets would be subject to construction noise but mitigation would reduce the intensity and duration of noise impacts.

3. Air Quality

Potentially Significant Impact

Construction and demolition-related emissions from ABMCAC construction projects could result in fugitive dust and equipment exhaust emissions that would cause a nuisance. Unless reduced by implementation of feasible control measures, impacts due to construction emissions would be potentially significant.

Mitigation Measures

The project sponsor and contractor shall implement the following recommended control measures based on the BAAQMD guidelines:

- a. Cover all trucks hauling construction and demolition debris from the site;
- b. During the dry season (May-October), provide equipment and staffing for watering of all exposed or disturbed soil surfaces at least twice daily;
- c. Pave, apply water three times daily, or apply (non-toxic) soil stabilizers on all unpaved parking areas and staging areas;
- d. Sweep daily (with water sweepers) all paved parking areas and staging areas;
- e. Provide daily clean-up of mud and dirt carried onto paved streets from the site;

- f. Install wind breaks at windward sides of construction areas;
- g. Suspend dust producing activities during periods of high winds (greater than 15 miles per hour) when dust control measures are unable to avoid visible dust plumes;
- h. Whenever possible, use dust-proof chutes for loading construction and demolition debris onto trucks;
- i. Use watering to control dust generation during demolition of structures or break-up of pavement;
- j. Water or cover stockpiles of debris, soil, sand, or other materials that can be blown by the wind; and
- k. Water all inactive portions of the site with an appropriate dust suppressant, and cover or seed these areas.

Finding

The mitigation measures set forth above, which are hereby adopted and have been required in, or incorporated into, the Project, will reduce this potential impact on air quality during construction to a less-than-significant level.

Facts in Support of Finding

Operation of heavy construction equipment could create fugitive dust and emit NO_x, CO, SO₂, hydrocarbons, and particulate matter as a result of diesel fuel combustion. The primary pollutant of concern in fugitive dust would be PM₁₀. The schedule for construction of the Project covers a 2- 3 year period. Throughout this period, construction and demolition-related emissions would be expected to occur but would vary widely depending on the specific phase or combination of phases in progress at any given time. When considered in the context of long-term project operations, construction and demolition-related emissions would be considered to be short-term and temporary, but these activities could still cause potentially significant effects on local air quality.

The BAAQMD has developed an analytical approach that obviates the need to quantitatively estimate fugitive dust and equipment exhaust emissions (*BAAQMD CEQA Guidelines, Assessing the Air Quality Impacts of Projects and Plans*, April 1966.) The BAAQMD has included equipment exhaust emissions of carbon monoxide and ozone precursors in the emission inventory that is the basis for regional air quality planning and does not consider these emissions to impede attainment or maintenance of CO or ozone standards. To reduce emissions of fugitive dust, the BAAQMD has identified a set of feasible PM₁₀ control measures for construction activities. Because the construction and demolition activities would not involve disturbing land areas less than 4 acres, Basic Control Measure included in a, b, c, d, and e above would be applicable to the Project because of the proximity of the nearby residences. Implementation of the mitigation measures above, as appropriate, would reduce construction and demolition-related air quality impacts to a less-than-significant level.

4. Hazardous Materials

Potentially Significant Impact

Project-related demolition or renovation could disturb hazardous materials in existing building components and thereby cause adverse health or safety.

Environmental Assessor or similarly qualified individual) to inspect existing building areas subject to new demolition or substantial renovation for the presence of as yet unidentified asbestos, PCBs, mercury, lead, or other hazardous materials. If found at levels that require special handling, ABMC shall manage these materials as required by law and according to federal and state regulations and guidelines, including those of the California Department of Toxic Substances Control, the Bay Area Air Quality Management District, the California Division of Occupational Safety and Health, the City of Berkeley Toxics Management Division, and any other agency with jurisdiction over these hazardous materials.

Finding

The mitigation measure set forth above, which is hereby adopted and has been required in, or incorporated into, the Project, will reduce this potential impact of disturbing hazardous materials to a less-than-significant level.

Facts in Support of Finding

The Project calls for relocations and department expansions within the 1954 Building, 1986 Building, and the 1985 Southwest Building. Building components in older buildings could contain hazardous materials, such as asbestos, polychlorinated biphenyls (PCBs), lead, and mercury.

Asbestos poses health hazards only when inhaled; therefore, friable (easily crumbled) asbestos is potentially hazardous if not encapsulated. Non-friable asbestos or encapsulated asbestos does not pose substantial health risks. Upon building renovation or demolition at ABMCAC, asbestos fibers (if any are present) could be released unless proper precautions are taken. Government regulations limit asbestos emissions from asbestos-related demolition or construction activities, and specify precautions and safe work practices that must be followed to minimize the potential release of asbestos fibers.

Building components containing PCBs, lead, or mercury could also be found in areas to be demolished or renovated. PCBs are regulated under the federal Toxic Substances Control Act of 1976. In sufficient concentrations, lead and mercury are regulated as hazardous wastes. The U.S. Department of Housing and Urban Development has prepared *Guidelines for Evaluation and Control of Lead-Based Paint Hazards*. Applicable health and safety requirements would minimize any risks from handling these materials, unless they fail to be identified adequately prior to demolition or renovation.

If any unidentified hazardous materials were to remain in the 1954 Building, 1986 Building, and 1985 Southwest Building when demolition or renovation occurred, these hazardous materials could create worker health hazards or result in environmental release (or inappropriate disposal) of these hazardous materials. This exposure could constitute a potentially significant impact.

C. Insignificant Impacts

The City considered the following potential impacts and determined in the Final EIR that they would not be significant. Accordingly, the following impacts are not significant.

- Develop land uses substantially incompatible with surrounding existing land uses
- Increase in ridership on BART or AC Transit that would cause a lowering of accepted service standards or reduce transit access for employees or visitors
- Change in the overall development pattern, intensity, and visual character of the area
- Project appear out of character with the prevailing development pattern
- Substantial increase in demand for community services and utilities
- Impact known cultural or historic resources
- Impact sensitive biological species or significant wildlife habitat
- Impact existing geological conditions
- Alter existing landforms or topography
- Expose buildings to potentially damaging seismically induced groundshaking
- Create unstable soil conditions at the site
- Alter or increase runoff rates or volumes into the City storm drainage system
- Result in substantial on-site or downstream flooding
- Result in substantial degradation or depletion of groundwater resources
- Grading and construction resulting short-term increases in erosion
- Result in local drawdown that could resulting from dewatering associated with excavation and foundation construction
- Exceed BAAQMD's significance thresholds for regional air emissions
- Result in violation of the CO air quality standard as a result of traffic at local intersections
- Expose the public to objectionable odors or toxic air contaminants
- Result in levels of vibration that would cause structural damage
- Result in traffic that could cause a noticeable increase in the noise levels on nearby streets
- Increase in hazardous waste generation leading to substantial increase in risks of environmental exposure

II. FINDINGS REGARDING ALTERNATIVES

As required by CEQA, discussion of possible alternatives to Project, including a No Action Alternative, was contained in the Draft EIR. With the adoption of the Project, the operation of Alta Bates Medical Center Ashby Campus as a hospital, establishment of thresholds as standards of impact, and exterior alterations related to the Emergency/Radiology Departments, the City of Berkeley makes the following findings regarding the rejection of the other alternatives in favor of the Project.

1. No Development Alternative

Description

CEQA Guidelines Section 15126.6(e)(2) states that, “(T)he no project” analysis shall discuss the existing conditions at the time the notice of preparation is published “...as well as what would be reasonably expected to occur in the foreseeable future if the project were not approved, based on current plans and consistent with available infrastructure and community services.” This alternative is essentially a “no-build” alternative. The only changes to the ABMCAC are those underway or projected, including completion of the Application for Initial Review (AIR) projects, compliance with state requirements for seismic upgrade of the facility and the Central Plant, and the expected increase in Emergency Department patient visits to 45,000 visits annually that is largely independent of the Emergency Department’s physical size.

Under this No Project Alternative, none of the proposed project’s components would be developed: the East Building, the expansion of the parking structure, the Ashby underground space (administrative space), the improvement of the atrium/lobby area, or the expansion of the Emergency Department.

Finding

The City of Berkeley hereby finds that this alternative is not “feasible” as defined in Section 15364 of the State CEQA Guidelines for the following reasons:

- The No Development Alternative would not satisfy the project goal of maintaining and enhancing the quality of health care at ABMCAC, the overcrowded and inefficient conditions described by ABMC would continue.
- The No Development Alternative would not satisfy the project objective of optimizing the efficiency and economic feasibility of providing health care services by locating clinical functions at ABMCAC in mutually close proximity consistent with modern medical practices.
- The No Development Alternative would not satisfy the project objective to provide maximum flexibility for responding at the Ashby Campus to evolving demands in hospital space and facilities required by changes in industry regulations, medical technology, and patient needs.

- The No Development Alternative would not satisfy the project objective to provide an efficient site plan, building design, interior layout, and circulation system, as well as an optimum amount of floor area for hospital activities and ancillary functions to meet the needs of existing and future patients, physicians, staff, visitors and the general community.
- The No Development Alternative would not offer any increase in medical benefits to the adjacent community through increased efficiency or master planning.

2. **No Project Alternative (1983 Use Permit Alternative)**

Description

Under this alternative, ABMC would develop the project site based on entitlements contained in the 1983 Use Permit issued by the City of Berkeley. Existing entitlements allow only the construction of the basement and first two floors of the East Building. Other features of the proposed project would not be constructed under this alternative, e.g., the internal expansion of the Emergency Department, the reconfiguration and the expansion of the lobby, the construction of an underground administrative space, and the construction of new parking. Changes expected at ABMCAC in the future with or without this alternative include (1) completion of the AIR projects, (2) compliance with state SB 1953 requirements for seismic upgrade of the facility and the Central Plant, and (3) the expected increase in Emergency Department patient visits from 41,325 patients per year (1998) to 45,000 patients per year.

Construction of a smaller East Building (basement and floors 1 and 2 of 18,800 square feet each, totaling 56,400 square feet, compared to the 114,200 square feet under the proposed project) is included under this alternative. ABMC would probably use the space as presently programmed under the proposed project, for diagnostic treatment services.

Finding

The City of Berkeley hereby finds that this alternative is not “feasible” as defined in Section 15364 of the State CEQA Guidelines for the following reasons:

- The No Project Alternative would not satisfy the project goal of maintaining and enhancing the quality of health care at ABMCAC as fully as the proposed Project, the overcrowded and inefficient conditions described by ABMC would continue but to a lesser degree than under the No Development Alternative.
- The No Project Alternative would not satisfy the project objective of optimizing the efficiency and economic feasibility of providing health care services by locating clinical functions at ABMCAC in mutually close proximity consistent with modern medical practices as fully as the proposed Project. Compliance with the seismic requirements of SB 1953 using the smaller East Building would interfere with service delivery to some degree and would not allow ABMC to expand and improve the range of services anticipated for the proposed project.
- The No Project Alternative would not satisfy the project objective to provide maximum flexibility for responding at the Ashby Campus to evolving demands in

- hospital space and facilities required by changes in industry regulations, medical technology, and patient needs as fully as the proposed Project.
- The No Project Alternative would not satisfy the project objective to provide an efficient site plan, building design, interior layout, and circulation system, as well as an optimum amount of floor area for hospital activities and ancillary functions to meet the needs of existing and future patients, physicians, staff, visitors and the general community as fully as the proposed Project.
 - The No Project Alternative would not satisfy the project objective to minimize disruption of existing medical services during construction related to seismic upgrades required by state law.

3. Reduced Project Alternative

Description

This alternative would develop some, but not all, of the proposed project's features. Under this alternative, only the first two floors and the basement of the East Building (56,400 gsf) would be constructed, the same as for the No Project Alternative (1983 Use Permit). This alternative would retain all the other proposed project elements *except* the basement space under the Ashby Strip. The alternative would include the internal expansion of the Emergency Department, expansion/remodeling of the lobby area, and expansion of the parking structure. Changes expected in the future with or without this alternative would include (1) completion of the AIR projects, (2) compliance with state SB 1953 requirements for seismic upgrade of the facility and the Central Plant, and (3) the expected increase in Emergency Department patient visits from 41,325 patients per year (1998) to 45,000 patients per year.

The East Building under this alternative would be 51 percent smaller than under the proposed project. ABMC would probably use the space as presently programmed under the proposed project, for diagnostic treatment services.

Finding

The analysis of the feasibility of this alternative as defined in Section 15364 of the State CEQA Guidelines is not applicable at this time. Entitlement for the components of the conceptual development program are not being sought at this time and therefore findings on the feasibility of an alternative that proposes modifications to those conceptual elements is not relevant.

III. STATEMENT OF OVERRIDING CONSIDERATIONS

The expansion of the Emergency Department and associated physical and operational changes will not have any remaining significant impacts on the environment. Similarly, the establishment of Aggregate Impact Levels (“AIL’s”) for the continued operation of ABMCAC, in place of regulating the use of specific square footage in each building, will not result in any significant impact on the environment because the AIL’s that will be established are designed to prevent any impact that would rise above the level of insignificance used in the final EIR. Finally, the Use Permit does not include any entitlement for any further physical expansion of the ABMCAC. Accordingly, direct and cumulative impacts associated with further expansion will not result from this Use Permit. For these reasons, no statement of overriding considerations is required for this aspect of the Project.

However, the Zoning Adjustment Board finds that even if all of the impacts addressed herein as potentially significant were in fact significant and unavoidable, the benefits of permitting the continued operation of ABMCAC and the expansion of the Emergency Department would outweigh those impacts. The primary reason for this is that the presence of an acute care hospital and the associated Emergency Department in Berkeley provide a vital and direct benefit to the residents of Berkeley and nearby areas. Moreover, the presence of ABMCAC results in the presence of numerous associated health care providers, at least some of which would not be present if ABMCAC did not exist. These health care providers also provide a vital and direct benefit to the residents of Berkeley and nearby areas.

**Alta Bates Medical Center Ashby Campus –Emergency Department Project
Mitigation Monitoring and Reporting Plan
Exhibit B**

1. Transportation

The ED Project would not be expected to contribute net new peak-hour trips on the local streets, because ABMC will be required to implement appropriate measures to assure this performance standard.

Impacts and Mitigation Measures

Either of the following measures individually or in combination would maintain the peak hour traffic impact at a less-than-significant level.

1.1 Transportation Demand Management. Alta Bates shall reduce its trip generation, so that there is no net new peak-hour trip generation. This can be achieved through an aggressive TDM program. The TDM program shall include measures such as remote parking for employees, expanded shuttle service, preferential parking for carpools and vanpools, carpool matching service, bicycle lockers, and showers, in order to encourage non-automobile trips.

1.2 Decanting. Alta Bates shall shift some of the activities at its Ashby Campus to other facilities (known as “decanting”). The trip generation associated with these activities would then be shifted to the relocated facilities.

Monitoring Actions

Unless otherwise noted the following monitoring program will apply both the TDM and Decanting mitigation measures. An annual monitoring program, funded by ABMC, will observe and report on peak hour traffic generated by ABMCAC. Monitoring will measure all automobile traffic generated by ABMCAC employees, physicians and visitors (including patients) that enter and leave the Ashby campus area during peak traffic hours on a typical weekday, approximately 7:00 to 8:00 am, 3:00 to 4:00 pm, and 5:00 to 6:00 pm., as well as all-day

The new annual monitoring program will supersede quarterly monitoring currently being conducted in connection with the AIR. In addition to the impact categories included in AIR monitoring, the new program will monitor morning, afternoon and evening peak hour traffic generated by ABMCAC. Specific activities to be monitored and reported include:

- a. Door counts of the total number of, and category of, people entering and leaving the hospital via all primary and secondary doors, by all-day, am peak hour, afternoon peak hour, and pm peak hour;
- b. Door counts of the total number of, and category of, people entering and leaving the Emergency Department entrance on Colby Street;
- c. Current-month employee and contractor census;
- d. Shuttle bus activity and ridership logs; and
- e. Garage counts of arriving and departing doctors
- f. Garage counts of arriving and departing employees

- g. Questionnaire administered to Alta Bates employees and visitors to discern average daily attendance, mode use, vehicle occupancy, parking location, and other travel behavior.

Monitoring will also be conducted during construction of the ED Project to determine whether the construction traffic management plan is properly implemented and maintained. Alta Bates will be required to submit a construction traffic management plan. To avoid impacts that exceed those described in the EIR, the management plan will need to demonstrate that, except for temporarily, there will be:

- a. No increase in the number of vehicle trips generated from the Alta Bates Ashby Campus between 7:00 and 8:00 am, 3:00 and 4:00 pm, and 5:00 and 6:00 pm.
- b. Maintenance of the approach routes to the ED entrances, as well as entrances to all other Alta Bates and neighboring uses with sufficient width and directness to avoid making access more hazardous or time consuming.

If decanting is used to reduce peak hour traffic, Alta Bates Medical Center will disclose the location to which the activity is being decanted. If that location within the City of Berkeley, the following additional information will also be required:

- 1. a brief description of the activity (use), ie. office, surgery, etc.
- 2. anticipated hours of operation
- 3. projected employee count
- 4. Statement clarifying whether the decanted activity will be replacing an existing activity at the new location or in addition to the existing activities at the new location.

Mitigation Timing

Initial monitoring to commence January 2003 (surveys will be conducted during the last 2 weeks in January), and annually thereafter.

Mitigation Responsibility

PDD will review annual status reports to verify compliance with performance standard of no net new peak-hour trips. City Departments of Public Works and Planning will verify that a construction traffic management plan has been submitted and will accomplish the intended objectives.

2. The AIR projects and the Emergency Department expansion would increase the peak parking demand for on-street spaces in the 14-block study area of the residential neighborhood surrounding the ABMCAC, which is already at or above 75 percent occupancy level for at least 2 hours between 10:00 AM and 4:00 PM during the day.

Impacts and Mitigation Measures

Either of the following measures individually or in combination would reduce the on-street parking impact to a less-than-significant level.

2.1 Transportation Demand Management. Alta Bates shall reduce its parking generation, so that there is no net new on-street parking demand. This can be achieved through an aggressive TDM program. The TDM program shall include measures such as:

preferential parking for carpools and vanpools, carpool matching service, bicycle lockers, and showers. In addition, Alta Bates shall establish more convenient remote parking locations in Oakland, increasing shuttle service to the remote lots at Milvia and Oakland, and providing transit subsidies to encourage employees to use BART and AC Transit.

2.2 Decanting. Alta Bates shall shift some of the activities at its Ashby Campus facility to other facilities (known as “decanting”). The parking demand associated with these activities would then be shifted to the relocated facilities

2.3 Pricing Strategy at Alta Bates Garage. Alta Bates shall develop a pricing structure for their garage that would attract users that would otherwise park on the street.

2.4 Increased Parking Enforcement. Increased parking enforcement in the core and fringe areas so that patrols are made once per hour.

Monitoring Actions

An annual monitoring program, funded by ABMC, will report the amount of neighborhood parking generated by ABMCAC. Monitoring will measure all automobile traffic generated by ABMCAC employees, visitors and patients parking in the surrounding neighborhood on a typical weekday. The new annual monitoring program will supersede quarterly monitoring currently being conducted in connection with the AIR, and will be more comprehensive than any single AIR monitoring event. In addition to the impact categories included in AIR monitoring, the new program will monitor peak hour traffic generated by ABMCAC, truck and loading dock activity, and ambulance accumulation and any related ED backups onto Colby Street.

Specific data to be reported on with respect to on-street neighborhood parking utilization include:

- a. Questionnaire administered to Alta Bates employees to discern average daily attendance, mode use, vehicle occupancy, parking location, and other travel behavior;
- b. Observation of parking and arrival modes of emergency room patients;
- c. Surveys of parking occupancy in surrounding core neighborhood by Alta Bates employees and visitors; and
- d. Survey of Alta Bates employee parking in remote lots used by Alta Bates.

Monitoring will also be conducted during construction of the ED project to determine whether the construction traffic management plan is properly implemented and maintained. Alta Bates will be required to submit a construction traffic management plan. To avoid impacts that exceed those described in this EIR, the management plan will need to demonstrate that, except for temporarily, there will be sufficient additional off-street parking on Alta Bates premises or leased within immediate vicinity of the construction site to accommodate all construction vehicles without spillover onto neighborhood streets.

A parking control officer shall patrol on-street parking and enforce Permit Parking limits within the 14-block parking study and residential neighborhoods surrounding ABMCAC, the loading zone along Regent Street, and the hospital entrance along Colby Street. Start-up costs

shall be paid by Alta Bates Medical Center. In addition, if the parking enforcement officer position ever fails to pay for its expenses in a fiscal year, Alta Bates shall pay for the shortfall.

Mitigation Timing

Annually from January 2003 (surveys will be conducted during the last 2 weeks in January), and annually thereafter.

Increased enforcement to commence as soon as possible

Mitigation Responsibility

PDD will review annual status reports to verify compliance with performance standard of no net new on-street parking demand.

PDD will coordinate funding structure with police and review annually thereafter.

3. Safe and efficient onsite circulation of vehicles and pedestrians may be jeopardized if not properly designed due to the concentration of activity (ambulance access, patient drop-off, valet parking, shuttle bus stop, and pedestrians crossing to and from the garage) at the main entrance to the hospital at the intersection of Colby Street and Webster Street.

Impacts and Mitigation Measures

3.1 Access Design Guidelines. The following guidelines shall be followed:

- a. The designated areas for ambulances, shuttle drop-off and pick-up, valet parking areas, and the patient drop-off shall be clearly marked and identified both on the project site as well as on approach streets (Ashby and Telegraph) so that drivers will be able to access the entrance area with minimal conflicts.
- b. A pedestrian crosswalk shall be marked to direct pedestrians between the parking garage and the hospital entrance.
- c. Reservoir areas for valet parking queues and ambulances shall be large enough to keep vehicles from stacking on Colby or Webster Streets.

3.2 Emergency Department Project Design Guidelines. The following considerations shall be taken into account in reviewing the final plans to assure that circulation impacts at the ED entrance are less than significant:

- a. Placement of Emergency Department auto exit and ambulance entrance relative to Colby Medical Office parking lot entrance/exit.
- b. Narrowing of west side of Colby Street to immediately north of existing cul-de-sac.
- c. Replacement of displaced on-street parking spaces on Colby Street. Loss of on-street parking on Colby Street, and whether the number of lost spaces would be offset by replacement parking areas.
- d. Potential for wrong-way traffic movements in cul-de-sac bulb.
- e. Potential for wrong-way traffic movements on Colby immediately south of Webster entering emergency auto drop-off.
- f. Turn radius for autos and ambulances exiting emergency drop-off zones attempting to turn northbound onto Colby.
- g. Reducing driveway throat widths to reduce pedestrian crossing distances.

- h. Sidewalk width sufficiency in drop-off zones, accounting for vehicle door-swing requirements and maneuvering room by wheel chairs and gurneys.
- i. Placement of stop signs at emergency entry and exit driveways, and sight lines to pedestrians on Colby sidewalks as well as to traffic on Colby.
- j. Filing requirements for construction-period traffic and pedestrian management plans, and monitoring program for construction traffic management practices.

Monitoring Actions

Verify that these access design guidelines have been incorporated into the final design drawings by Alta Bates and are included in the construction bid documents.

Verify that these considerations have been addressed in the final design drawings by Alta Bates and are included in the construction bid documents.

Monitor emergency room drop-off area activities using surveillance cameras, with images readable by remote auditors, and recorded for unannounced monitoring intervals.

To ensure that emergency department drop-off operations comply with this mitigation, Alta Bates shall fund a full-time traffic and parking control officer to patrol the hospital and emergency entrance and parking along Colby Street, and enforce City regulations concerning blockages of sidewalks and travel lanes.

Mitigation Timing

Prior to issuance of building permit.

Prior to issuance of building permit.

Mitigation Responsibility

Public Works Traffic Division will review the final drawings and construction bid documents.

Public Works Traffic Division will review the final drawings and construction bid documents.

4. Air Quality

Construction and demolition-related emissions from ABMCAC construction projects could result in fugitive dust and equipment exhaust emissions that would cause a nuisance. Unless reduced by implementation of feasible control measures, impacts due to construction emissions would be potentially significant.

Impacts and Mitigation Measures

4.1 Control of Construction and Demolition-related Air Emissions. The project sponsor and contractor shall implement the following recommended control measures based on the BAAQMD guidelines:

- a. Cover all trucks hauling construction and demolition debris from the site;
- b. During the dry season (May-October), provide equipment and staffing for watering of all exposed or disturbed soil surfaces at least twice daily;

- c. Pave, apply water three times daily, or apply (non-toxic) soil stabilizers on all unpaved parking areas and staging areas;
- d. Sweep daily (with water sweepers) all paved parking areas and staging areas;
- e. Provide daily clean-up of mud and dirt carried onto paved streets from the site;
- f. Install wind breaks at windward sides of construction areas;
- g. Suspend dust producing activities during periods of high winds (greater than 15 miles per hour) when dust control measures are unable to avoid visible dust plumes;
- h. Whenever possible, use dust-proof chutes for loading construction and demolition debris onto trucks;
- i. Use watering to control dust generation during demolition of structures or break-up of pavement;
- j. Water or cover stockpiles of debris, soil, sand, or other materials that can be blown by the wind; and

Water all inactive portions of the site with an appropriate dust suppressant, and cover or seed these areas.

Monitoring Actions

Verify that the air quality control measures are incorporated into the construction bid documents.

Mitigation Timing

During construction.

Mitigation Responsibility

PDD will review the final drawings and construction bid documents

5. Noise

Construction of the Emergency Department would generate noise levels that would exceed the limits set forth in the City of Berkeley's Noise Ordinance for construction and demolition noise.

Impacts and Mitigation Measures

5.1 Construction-Related Noise. The project sponsor shall require contractors to implement the following measures to reduce construction noise:

- a. Limit noise-generating construction activities to daytime weekday (Monday through Friday) non-holiday hours (7:00 AM to 7:00 PM) and weekend and holiday hours (9:00 AM and 8:00 PM).
- b. Require use of mufflers and muffler maintenance on construction vehicles.
- c. Require placement of stationary construction equipment, such as compressors, concrete pumpers, etc., as far as possible from existing residential areas and require use of acoustic shielding with such equipment when feasible. Such equipment can be shielded by interposing a truck, other piece of equipment, or a temporary sound barrier when it is being used close to a residential property boundary.
- d. Select truck haul routes that avoid noise sensitive receptors as much as possible, in consultation with the City.

- e. Designate a disturbance coordinator who will be responsible for responding to complaints about noise during construction. The telephone number shall be conspicuously posted at the construction site.

Monitoring Actions

Verify that the air quality control measures are incorporated into the construction bid documents.

Mitigation Timing

During construction.

Mitigation Responsibility

PDD will review the final drawings and construction bid documents.

6. New mechanical equipment associated with the Emergency Department project may not meet the noise limits in the City of Berkeley's Noise Ordinance and could result in potentially significant impacts.

Impacts and Mitigation Measures

6.1 Mechanical Equipment Noise. For any new mechanical equipment associated with hospital operations, the ABMC shall demonstrate that the equipment would meet the City's Noise Ordinance requirement of no more than 45 dBA at the nearest residential property to correspond to indoor noise levels of 30 dBA or less.

Monitoring Actions

Retain an acoustical engineer to demonstrate that new mechanical equipment will meet City's Noise Ordinance. If initial investigations reveal that the selected equipment might exceed these thresholds, the acoustical engineer will recommend measures, such as baffles, sound-absorptive barriers, and solid screens, that will comply with the standards, and Alta Bates will be required to implement the measure or combination of measures to satisfy the noise limits.

Mitigation Timing

Prior to building occupancy

Mitigation Responsibility

PDD will review the final drawings and construction bid documents.

7. Hazardous Materials

Project-related demolition or renovation could disturb hazardous materials in existing building components and thereby cause adverse health or safety effects.

Impacts and Mitigation Measures

7.1 Pre-construction Hazardous Materials Surveys. ABMC shall retain a qualified environmental specialist to inspect existing building areas subject to new demolition or substantial renovation for the presence of as yet unidentified asbestos, PCBs, mercury, lead, or other hazardous materials. If found at levels that require special handling, ABMC shall

manage these materials as required by law and according to federal and state regulations and guidelines, including those of the California Department of Toxic Substances Control, the Bay Area Air Quality Management District, the California Division of Occupational Safety and Health, the City of Berkeley Toxics Management Division, and any other agency with jurisdiction over these hazardous materials.

Monitoring Actions

Verify that a qualified professional (e.g. a Registered Environmental Assessor or similarly qualified individual) has been retained to inspect building areas subject to renovation or demolition and that recommendations have been incorporated into the construction bid documents.

Mitigation Timing

Prior to issuance of a building permit

Mitigation Responsibility

City Toxics Management Division to verify qualifications of the professional retained by ABMC and inclusion of recommendations into the construction bid documents.

EXHIBIT C

FINDINGS OF USE PERMIT

G E N E R A L N O N - D E T R I M E N T
F I N D I N G

- A. Pursuant to and in compliance with BMC Section 23B.32.040, the Zoning Adjustments Board finds that the request for the operation of Alta Bates Medical Center-Ashby Campus (ABMCAC) as a hospital, subject to performance standards for external impacts; the establishment of thresholds as standards of impact generated by the Alta Bates Medical Center -Ashby Campus and the exterior alterations related to the Emergency/Radiology Departments, under the circumstances of this particular case, existing at the time at which the application is granted, will not be detrimental to the health, safety, peace, morals, comfort, or general welfare of persons residing or working in the area or neighborhood of such proposed use, or be detrimental or injurious to property and improvements of the adjacent properties, the surrounding area or neighborhood, or to the general welfare of the City because:

It is consistent with the applicable purposes of the R-3 district, including

1. *Protect adjacent properties from unreasonable obstruction of light and air;*

The proposed Use Permit for the operation of Alta Bates Medical Center-Ashby Campus (ABMCAC) as a hospital, subject to performance standards for external impacts; the establishment of thresholds as standards of impact generated by the Alta Bates Medical Center -Ashby Campus and the exterior alterations related to the Emergency/Radiology Departments does not add any new buildings to the Alta Bates

Medical Center Ashby Campus. Therefore, no obstruction to light or air is being created.

2. *Permit the construction of specialized care and treatment facilities such as Senior Congregate Housing, Nursing Homes and Hospitals when such will not be detrimental to the immediate neighborhood.*

As limited in the MMRP and conditions of approval, this permit will allow the for the continued operation of Alta Bates Medical Center-Ashby Campus (ABMCAC) as a hospital, subject to performance standards for external impacts; the establishment of thresholds as standards of impact generated by the Alta Bates Medical Center -Ashby Campus and the exterior alterations related to the Emergency/Radiology Departments

Although the proposed Emergency Department project may increase traffic and parking effects in the project vicinity (see Section 3.3, Transportation), mitigation measures would reduce all impacts to less than significant levels (Policies 1.04, 1.14, and 1.2). The proposed project would not substantially expand the medical uses east of Telegraph Avenue, disrupt adjacent residential areas, or substantially increase conflicts with local vehicular or pedestrian circulation after mitigation (Policies 1.17, 1.53, 2.11, and 2.35, respectively). The proposed project would not significantly increase non-residential parking in the project vicinity (Policies 1.04, 2.50, and 2.55) because of mitigation measures requiring on-going TDM measures and a full time parking enforcement officer. The EIR also contains mitigation measures that would require on-going monitoring. The proposed project would not substantially increase exposure to seismic and other natural hazards (Policies 5.00 and 5.01) due to expected compliance with SB 1953 and current building codes applicable to new development.

**AGGREGATE IMPACT LEVELS AND REQUIRED MITIGATION MEASURES
FOR ALTA BATES EMERGENCY DEPARTMENT IMPACTS**

Exhibit E

Impact Category	Aggregate Impact Level (AIL)	Mitigations Required to Maintain AIL or an Exceedence Occurs
<p>1. PM Peak Hour Traffic (highest hour between 4 and 6 pm), derived from Hospital door counts and surveys of mode use and occupancy.</p>	<p>318 vehicle trips (sum of inbound and outbound) generated by hospital doctors, staff, patients and visitors*</p>	<p><i>1.1 Transportation Demand Management.</i> Alta Bates shall reduce its trip generation through an aggressive TDM program. The TDM program shall include measures such as remote parking for employees, expanded shuttle service, preferential parking for carpools and vanpools, carpool matching service, bicycle lockers, and showers, in order to encourage non-automobile trips; and/or</p> <p><i>1.2 Decanting.</i> Alta Bates shall shift some of the activities at its Ashby Campus to other facilities (known as “decanting”). The trip generation associated with these activities would then be shifted to the relocated facilities.</p> <p>If decanting is used to reduce peak hour traffic, Alta Bates Medical Center will disclose the location to which the activity is being decanted. If that location is within the City of Berkeley, the following additional information will also be required:</p> <ol style="list-style-type: none"> 1. a brief description of the activity (use), ie. office, surgery, etc. 2. anticipated hours of operation 3. projected employee count 4. Statement clarifying whether the decanted activity will be replacing an existing activity at the new location or in addition to the existing activities at the new location. 5. City staff will be allowed to visit the proposed new location for inspection. <p><i>1.3 Census of Office Buildings in the Core Area</i> ABMC shall fund a one-time census of all office building uses (staff and visitors) located in the core area. The result of this study shall be public information and submitted to the Planning and Development Department.</p>

		<p><i>1.4 Decanting that May Cause Intensification in the Core Area.</i> If a program/service/greater than 5 staff are decanted to an office building in the core parking area intensifying the potential for impact, an Administrative Use Permit will be required to determine if the intensification will cause detriment. The emphasis of this permit will be reviewing the potential for this intensification to create detriment in terms of traffic and parking. The Zoning Officer may require the applicant of the AUP to supply a parking and traffic study to determine the issue of detriment.</p> <p><i>1.5 Employee Vehicle Identification Stickers</i> ABMC shall issue Alta Bates Medical Center Employee stickers by December 31, 2002 and request employees to attach same to their vehicle. The City of Berkeley acknowledges that compliance by the employee is voluntary.</p>
<p>2. AM Peak Hour Traffic (highest hour between 7 and 9 am), derived from Hospital door counts and surveys of mode use and occupancy.</p>	<p>381 vehicle trips (sum of inbound and outbound) generated by hospital doctors, staff, patients and visitors*</p>	<p>Same as above (Mitigation #1.1 through Mitigation #1.5)</p>
<p>3. Midday Peak Traffic (highest hour between 2 and 4 pm), derived from Hospital door counts and surveys of mode use and occupancy.</p>	<p>522 vehicle trips (sum of inbound and outbound) generated by hospital doctors, staff, patients and visitors*</p>	<p>Same as above (Mitigation #1.1 through Mitigation #1.5)</p>
<p>4. Daily Traffic Generation (sum of hours between 8 am and 9 pm)</p>	<p>2049 primary vehicle round-trips generated by hospital doctors, staff, patients and visitors*</p>	<p>Same as above (Mitigation #1.1 through Mitigation #1.5)</p>
<p>5. Daily Parking in Neighborhood (Cumulative total</p>	<p>519 vehicles related to hospital staff, patients and</p>	<p><i>5.1 Transportation Demand Management.</i> Alta Bates shall reduce its parking generation through an aggressive TDM program. The TDM program shall include measures such</p>

<p>between 8 am and 9 pm in core and fringe areas)</p>	<p>visitors*</p>	<p>as: preferential parking for carpools and vanpools, carpool matching service, bicycle lockers, and showers. In addition, Alta Bates shall establish more convenient remote parking locations in Oakland, increasing shuttle service to the remote lots at Milvia and Oakland, and providing transit subsidies to encourage employees to use BART and AC Transit; and/or</p> <p>5.2 <i>Decanting.</i> Alta Bates shall shift some of the activities at its Ashby Campus to other facilities (known as “decanting”). The trip generation associated with these activities would then be shifted to the relocated facilities.</p> <p>nting is used to reduce peak hour traffic, Alta Bates Medical Center will disclose the location to which the activity is being decanted. If that location is within the City of Berkeley, the following additional information will also be required:</p> <ol style="list-style-type: none"> 1. a brief description of the activity (use), ie. office, surgery, etc. 2. anticipated hours of operation 3. projected employee count 4. Statement clarifying whether the decanted activity will be replacing an existing activity at the new location or in addition to the existing activities at the new location. 5. City staff will be allowed to visit the proposed new location for inspection. <p>5.3 <i>Census of Office Buildings in the Core Area</i> ABMC shall fund a one-time census of all office building uses (staff and visitors) located in the core area. The result of this study shall be public information and submitted to the Planning and Development Department.</p> <p>5.4 <i>Decanting that May Cause Intensification in the Core Area.</i> If a program/service/greater than 5 staff are decanted to an office building in the core parking area intensifying the potential for impact, an Administrative Use Permit will be required to determine if the intensification will cause detriment. The emphasis of this permit will be reviewing the potential for this intensification to create detriment in terms of traffic and parking. The Zoning Officer may require the applicant of the AUP to supply a parking and traffic study to determine the issue of detriment.</p>
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		<p><i>5.5 Employee Vehicle Identification Stickers</i> ABMC shall issue Alta Bates Medical Center Employee stickers by December 31, 2002 and request employees to attach same to their vehicle. The City of Berkeley acknowledges that compliance by the employee is voluntary. and/or</p> <p><i>5.6 Pricing Strategy at Alta Bates Garage.</i> Alta Bates shall develop a pricing structure for their garage that would attract users that would otherwise park on the street; in addition to</p> <p><i>5.7 A parking enforcement officer</i> shall patrol the core and fringe areas once per hour. Start-up costs shall be paid by Alta Bates Medical Center. In addition, if the parking enforcement officer position ever fails to pay for its expenses in a fiscal year, ABMCAC shall pay for the shortfall.</p>
<p>6. Ambulance Blockage of Colby Vehicular or Pedestrian Circulation</p>	<p>Regular blockage of a sidewalk and/or a traffic lane on Colby Street (more than 5% of random monitoring periods)</p>	<p><i>6.1</i> Alta Bates shall install and maintain video cameras in the emergency department area to provide an on-going video surveillance. Alta Bates shall keep time and date stamped videotapes from the surveillance, which could be used to verify neighborhood residents' complaints of queuing from the loading area onto the street</p> <p><i>6.2 Access Design Guidelines.</i> These guidelines shall be followed:</p> <ul style="list-style-type: none"> b. The designated areas for ambulances, shuttle drop-off and pick-up, valet parking areas, and the patient drop-off shall be clearly marked and identified both on the project site as well as on approach streets (Ashby and Telegraph) so that drivers will be able to access the entrance area with minimal conflicts. b. A pedestrian crosswalk shall be marked to direct pedestrians between the parking garage and the hospital entrance. d. Reservoir areas for valet parking queues and ambulances shall be large enough to keep vehicles from stacking on Colby or Webster Streets; and <p><i>6.2 Emergency Department Project Design Guidelines.</i> The following considerations shall be taken into account in reviewing the final plans to assure that circulation impacts</p>

		<p>at the ED entrance are less than significant:</p> <ul style="list-style-type: none"> k. Placement of Emergency Department auto exit and ambulance entrance relative to Colby Medical Office parking lot entrance/exit. l. Narrowing of west side of Colby Street to immediately north of existing cul-de-sac. m. Replacement of displaced on-street parking spaces on Colby Street. Loss of on-street parking on Colby Street, and whether the number of lost spaces would be offset by replacement parking areas. n. Potential for wrong-way traffic movements in cul-de-sac bulb. o. Potential for wrong-way traffic movements on Colby immediately south of Webster entering emergency auto drop-off. p. Turn radius for autos and ambulances exiting emergency drop-off zones attempting to turn northbound onto Colby. q. Reducing driveway throat widths to reduce pedestrian crossing distances. r. Sidewalk width sufficiency in drop-off zones, accounting for vehicle door-swing requirements and maneuvering room by wheel chairs and gurneys. s. Placement of stop signs at emergency entry and exit driveways, and sight lines to pedestrians on Colby sidewalks as well as to traffic on Colby. t. Filing requirements for construction-period traffic and pedestrian management plans, and monitoring program for construction traffic management practices.
<p>7. Truck Spillover onto Regent Street or Arriving Outside of Permitted Hours.</p>	<p>Regular double-parking by trucks, or use of curb spaces on Regent Street (more than 5% of random monitoring periods)</p>	<p>7.1 Alta Bates shall install and maintain video cameras in the loading dock area to provide an on-going video surveillance. Alta Bates shall keep time and date stamped videotapes from the surveillance, which could be used to verify neighborhood residents' complaints of queuing from the loading area onto the street.</p> <p>7.2 To ensure that loading dock operations comply with this mitigation, the loading zone along Regent Street and the hospital entrance along Colby Street shall be patrolled by a parking enforcement officer. Start-up costs shall be paid by Alta Bates Medical Center. In addition, if the parking enforcement officer position ever fails to pay for its</p>

		<p>expenses in a fiscal year, ABMCAC shall pay for the shortfall</p> <p>7.3 The hours of operation for the loading zone on Regent Street is 7 am to 7 pm. To facilitate education of this condition, appropriate, enforceable signage shall be added to the loading zone by the applicant to instruct persons making deliveries as to the appropriate hours of service. A gate will also be installed and closed every evening at 7 pm and opened at 7am to assist with compliance.</p>
<p>8. Construction Impacts on traffic and parking</p>	<p>Net vehicle trips generated during peak hours, parking containment, maintenance of drop-off efficiency and safety.</p>	<p>8.1 Traffic management plan. The Traffic Engineer shall review and approve, prior to the issuance of a building permit, a parking and access plan for all construction vehicles to ensure traffic safety and minimize parking impacts on adjacent neighbors. The management plan will need to demonstrate that, except for temporarily, there will be sufficient additional off-street parking on Alta Bates premises or leased within immediate vicinity of the construction site to accommodate all construction vehicles without spillover onto neighborhood streets.</p>
<p>9. Air Quality Impacts: Construction and demolition-related emissions</p>	<p>Nuisance caused by construction and demolition-related fugitive dust and exhaust emissions .</p>	<p>9.1 <i>Control of Construction and Demolition-related Air Emissions.</i> The project sponsor and contractor shall implement the following recommended control measures based on the BAAQMD guidelines:</p> <ul style="list-style-type: none"> k. Cover all trucks hauling construction and demolition debris from the site; l. During the dry season (May-October), provide equipment and staffing for watering of all exposed or disturbed soil surfaces at least twice daily; m. Pave, apply water three times daily, or apply (non-toxic) soil stabilizers on all unpaved parking areas and staging areas; n. Sweep daily (with water sweepers) all paved parking areas and staging areas; o. Provide daily clean-up of mud and dirt carried onto paved streets from the site; p. Install wind breaks at windward sides of construction areas; q. Suspend dust producing activities during periods of high winds (greater than 15 miles per hour) when dust control measures are unable to avoid visible dust plumes; r. Whenever possible, use dust-proof chutes for loading construction and

		<p>demolition debris onto trucks;</p> <ul style="list-style-type: none"> s. Use watering to control dust generation during demolition of structures or break-up of pavement; t. Water or cover stockpiles of debris, soil, sand, or other materials that can be blown by the wind; and u. Water all inactive portions of the site with an appropriate dust suppressant, and cover or seed these areas.
<p>10. Noise Impacts: Construction and demolition-related noise</p>	<p>Exceed the limits in City Noise Ordinance during construction</p>	<p><i>10. Construction-Related Noise.</i> The project sponsor shall require contractors to implement the following measures to reduce construction noise:</p> <ul style="list-style-type: none"> a. Limit noise-generating construction activities to daytime weekday (Monday through Friday) non-holiday hours (7:00 AM to 7:00 PM) and weekend and holiday hours (9:00 AM and 8:00 PM). b. Require use of mufflers and muffler maintenance on construction vehicles. c. Require placement of stationary construction equipment, such as compressors, concrete pumpers, etc., as far as possible from existing residential areas and require use of acoustic shielding with such equipment when feasible. Such equipment can be shielded by interposing a truck, other piece of equipment, or a temporary sound barrier when it is being used close to a residential property boundary. d. Select truck haul routes that avoid noise sensitive receptors as much as possible, in consultation with the City. e. Designate a disturbance coordinator who will be responsible for responding to complaints about noise during construction. The telephone number shall be conspicuously posted at the construction site.
<p>11. Noise Impacts: Noise generated by new mechanical equipment</p>	<p>Exceed limits in City Noise Ordinance by new mechanical equipment</p>	<p><i>11.1 Mechanical Equipment Noise.</i> For any new mechanical equipment associated with hospital operations, the ABMC shall demonstrate that the equipment would meet the City's Noise Ordinance requirement of no more than 45 dBA at the nearest residential property to correspond to indoor noise levels of 30 dBA or less.</p>

<p>12. Hazardous Materials: Disturbance of hazardous materials during demolition and construction</p>	<p>Health and safety impacts caused by disturbance of hazardous materials in existing building components</p>	<p><i>12.1 Pre-construction Hazardous Materials Surveys.</i> ABMC shall retain a qualified environmental specialist to inspect existing building areas subject to new demolition or substantial renovation for the presence of as yet unidentified asbestos, PCBs, mercury, lead, or other hazardous materials. If found at levels that require special handling, ABMC shall manage these materials as required by law and according to federal and state regulations and guidelines, including those of the California Department of Toxic Substances Control, the Bay Area Air Quality Management District, the California Division of Occupational Safety and Health, the City of Berkeley Toxics Management Division, and any other agency with jurisdiction over these hazardous materials.</p>
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Note: A detailed explanation of impacts and mitigation measures is contained in the Alta Bates Medical Center Ashby Campus Master Plan EIR as well as the MMRP prepared for this project.

*Equals January 1998 baseline level plus estimated trips generated by remaining AIR projects.
Source: Table 3.3-9 of DEIR for "Existing" traffic and 3.3-11 for the AIR impacts.

EXHIBIT F

PROJECT TERMS AND CONDITIONS

The following conditions apply to this Permit:

1. Uses Approved Deemed to Exclude Other Uses (Section 23B.56.010)

- A. This Permit authorizes only those uses and activities actually proposed in the application and exclude other uses and activities.
- B. Except as expressly specified herein, this Permit terminates all other uses at the location subject to it.

2. Modification of Permits (Section 23B.56.020)

No change in the use for which this Permit is approved is permitted unless the Permit is modified by the Zoning Officer or Zoning Adjustments Board, in conformance with Section 23B.56.020.A.

Changes in the plans for the construction of a building or structure may be modified prior to the completion of construction, in accordance with Section 23B.56.030.D. The Zoning Officer may approve changes to plans approved by the Board, consistent with the Board's policy adopted on May 24, 1978, which reduce the size of the project. The Zoning Officer may also approve a maximum two-foot variation to Board approved plans, provided, that such variation does not increase a structure's height, reduce the minimum distance to any property line, and/or does not conflict with any special objective sought by the Board.

3. Plans and Representations Become Conditions (Section 23B.56.030)

Except as expressly specified herein, the site plan, floor plans, building elevations and any additional information or representations submitted by the applicant during the Staff review and public hearing process leading to the approval of this Permit, whether oral or written, which indicated the proposed structure or manner of operation are deemed conditions of approval.

4. Subject to all City and Other Regulations (Section 23B.56.040)

The approved use and/or construction are subject to, and shall comply with, all applicable City Ordinances and laws and regulations of other governmental agencies.

5. Exercised Permit for Use Survives Vacancy of Property (Section 23B.56.080)

Once a Permit for a use is exercised and the use is established, that use is legally recognized, even if the property becomes vacant, except as set forth in Standard Condition #6 below.

6. Exercise and Lapse of Permits (Section 23B.56.100)

- A. A permit for the use of a building or a property is exercised when, if required, a valid City business license has been issued, and the permitted use has commenced on the property.
- B. A permit for the construction of a building or structure is deemed exercised when a valid City building permit, if required, is issued, and construction has lawfully commenced.
- C. A permit may be declared lapsed and of no further force and effect if it is not exercised within one year of its issuance, except that permits for construction or alteration of structures or buildings may not be declared lapsed if the permittee has (1) applied for a building permit or (2) made substantial good faith efforts to obtain a building permit and begin construction, even if a building permit has not been issued and/or construction has not begun.

7. Use Permit for Operation of ABMCAC

This Use Permit authorizes the continued operation of ABMCAC within its buildings and square footage, consistent with the Judgment filed in City of Berkeley v. Alta Bates Medical Center, Alameda County Superior Court Action No. 779444-7, entered April 17, 1997, subject to the Aggregate Impact Levels (“AILs”) and other conditions herein.

8. AIR Projects

This Use Permit also includes the approvals to construct and operate the ten (10) projects identified in Exhibits A and B to the Judgment filed in City of Berkeley v. Alta Bates Medical Center, Alameda County Superior Court Action No. 779444-7, entered April 17, 1997, (the “AIR Projects”) which were subject to the Application for Initial Review and approved by the City.

9. Emergency Department Renovation and Radiology Department Relocation

This Use Permit specifically approves and allows the renovation and reconstruction of the Emergency Department and the relocation and reconstruction of the Radiology Department, as shown on the site plan and other drawings submitted as a part of this Use Permit application and attached hereto as Exhibit 1.

10. Prior Entitlements and Relinquishment of Rights

- A. This Use Permit incorporates and supercedes all prior entitlements, subject to the relinquishment of rights set out below. Specifically, this Use Permit incorporates the provisions, conditions, rights and obligations of (1) Use Permit No. 6775 approved by the City on April 27, 1971, as amended by the City on April 20, 1982 and March 7, 1983; (2) Use Permit No. 10679 approved by the City on March 7, 1983; and (3) all variances, administrative approvals and other entitlements approved therewith. The Use Permits No. 6775 and 10679 shall be referred to herein as the “Prior Use Permits”.
- B. The Prior Use Permits allowed ABMC the right to construct and operate certain improvements at the ABMC Ashby Campus consisting of a six-story East Building. By acceptance of this Use Permit, ABMC hereby waives, releases and relinquishes any claims to “vested rights” or other entitlements to construct the East Building unless and until a separate application for a modification to this Use Permit is submitted and approved by the City with all requisite compliance with the California Environmental Quality Act.

11. Exterior alterations

This Use Permit does not allow any significant modifications to the exterior of the hospital facilities at ABMCAC, including any component of the programmatic-level plans listed in the EIR. Any such modifications shall be subject to further environmental and zoning review.

12. Aggregate Impact Levels

ABMC’s entitlement under this Use Permit to maintain, operate, repair and replace all of the existing hospital facilities at ABMCAC is subject to the Aggregate Impact Levels (“AILs”) established by this Use Permit and attached hereto as Exhibit E. The AILs will be used to review any modifications, additions or alterations to the interior of the ABMC facilities at ABMCAC.

13. Annual Monitoring of Compliance with AILs

- A. Construction Impacts. The City will monitor AILs related to construction activities related to modification of the emergency department (nos. 8-12) during construction of the emergency department, as needed and as described in the MMRP. This monitoring as well will be at ABMC’s expense.
- B. The City will monitor and enforce compliance with the AILs related to parking and traffic (AILs nos. 1-7) by performing appropriate traffic and parking counts in late January, to capture the peak combination traffic and parking resulting from ABMC and ambient conditions. These counts will be performed at ABMC’s expense according to the provisions of the MMRP and the procedures set forth herein.

1. If annual monitoring indicates that an AIL(s) is exceeded by less than five percent, the City will promptly notify ABMC of the exceedance and ABMC and the City shall meet to determine what mitigation measures shall be implemented. Based on this meeting, ABMC shall be required to submit to the City a remediation plan that includes one or more of the mitigation measures specified in the MMRP. The mitigation measures should be specifically designed to reduce the particular impact(s) (e.g., PM peak hour traffic) to a level not exceeding that established by the AIL for that impact. If staff believes that the remediation plan can feasibly be implemented and can realistically achieve the desired result, no further monitoring will be required except for a quarterly progress report that documents ABMC's efforts to implement the mitigation measures.
2. If an AIL(s) is exceeded by more than five percent, during the annual monitoring in January, ABMC shall be required to meet with the City and propose additional mitigation measures. In addition, the City shall conduct additional monitoring at ABMC's expense approximately three months from the January monitoring period to determine the effectiveness of the remediation.
3. If, the additional monitoring indicates that an AIL(s) is still being exceeded by more than five percent, ABMC shall be required to meet again with the City and propose additional mitigation measures.
4. If the next annual monitoring indicates that an AIL(s) is still being exceeded by more than five percent, the Use Permit will be brought back before the Zoning Adjustments Board. Staff will identify specific additional mitigations that are expected to be more successful in attaining compliance with the AILs that were exceeded. The Board will hold a public hearing to consider the staff recommendations and may then mandate any and all mitigations that it determines are necessary in order to attain compliance.

14. Interior Alterations

- A. In order to provide additional certainty that future changes within the existing hospital buildings that are permitted by this Use Permit will not exceed the AILs, ABMC shall notify the City in writing at least 60 days prior to commencement of any interior modifications to ABMCAC facilities involving more than 500 square feet.

- B. ABMC will be required to provide an analysis of the projected impacts of each such interior modification to determine whether it will exceed the AILs established in this Use Permit and, if so, a list of mitigations specifically designed to reduce the impacts to a level within the AILs and agreed to by ABMC.
- C. The Zoning Officer shall determine whether the analysis is adequate and whether the proposed mitigation measures are sufficient to reduce the impacts to a level within the AILs, and shall notify ABMC prior to the end of the 60 day period.
- D. If the Zoning Officer determines that the proposed interior modifications, including the agreed-upon mitigations, are likely to result in non-compliance with the AILs, he or she shall require monitoring to determine whether the project results in an exceedance of the AILs. The cost of such monitoring shall be borne by ABMC.

15. EIR Mitigations

All mitigations contained in the Mitigation Monitoring and Reporting Program (MMRP, attached as Exhibit B) are hereby incorporated as conditions of this use permit.

16 Census of Office Buildings in the Core Area

ABMC shall fund a single census of all office building uses (staff and visitors) located in the core area. The result of this study shall be public information and submitted to the Planning and Development Department.

17. Decanting that May Cause Intensification in the Core Area.

If a program/service/greater than 5 staff are decanted to an office building in the core parking area intensifying the potential for impact, an Administrative Use Permit will be required to determine if the intensification will cause detriment. The emphasis of this permit will be reviewing the potential for this intensification to create detriment in terms of traffic and parking. The Zoning Officer may require the applicant of the AUP to supply a parking and traffic study to determine the issue of detriment.

18. Employee Vehicle Identification Stickers

ABMC shall issue Alta Bates Medical Center Employee stickers by December 31, 2002 and request employees to attach same to their vehicle. The City of Berkeley acknowledges that compliance by the employee is voluntary.

19. Loading Zone Hours of Operation and Monitoring

- A. The hours of operation for the loading zone on Regent Street is 7 am to 7 pm. To facilitate education of this condition, appropriate, enforceable signage shall be added

to the loading zone by the applicant to instruct persons making deliveries as to the appropriate hours of service. A gate will also be installed and closed every evening at 7 pm and opened at 7am to assist with compliance.

- B. Alta Bates shall install video cameras in the loading dock area to provide an on-going video surveillance. Alta Bates shall keep time and date stamped videotapes from the surveillance, which could be used to verify neighborhood residents' complaints of queuing from the loading area onto the street.
- C. To ensure that loading dock operations comply with this mitigation, the loading zone along Regent Street and the hospital entrance along Colby Street shall be patrolled by a parking enforcement officer. Start-up costs shall be paid by Alta Bates Medical Center. In addition, if the parking enforcement officer position ever fails to pay for its expenses in a fiscal year, ABMCAC shall pay for the shortfall

20. Emergency Department Monitoring.

Alta Bates shall install and maintain video cameras in the emergency department area to provide an on-going video surveillance. Alta Bates shall keep time and date stamped videotapes from the surveillance, which could be used to verify neighborhood residents' complaints of queuing from the loading area onto the street.

Conditions added by the Zoning Adjustments Board at the hearing of the matter held on April 25, 2002.

- 21. Operation of trucks and construction equipment shall be restricted to the following hours at the Alta Bates Medical Center campus:

Interior Construction: 7 am to 7 pm Monday through Friday, 9 am to 8pm on weekends and holidays. Exterior Construction. 8 am to 6 pm Monday through Friday, 9 am until noon on Saturday, no construction may occur on Sunday or holidays.

Prior to the start of construction the applicant or its agents shall provide the Current Planning Division with the name and telephone number of an individual who is empowered by the applicant to take corrective measures to address noise complaints. The name and telephone number of the individual shall be posted at the property for the duration of the construction activities in a location where it can be easily read by the public, indicating the individual's responsibility and availability to receive noise complaints. The individual shall provide weekly reports to the Current Planning Division of all noise complaints received and all actions taken to prevent any reoccurrences.

- 22. The Board approved the modified site plan dated 4/17/02. This plan included a possible U-turn option and one emergency drop-off space in front of the proposed entrance.

23. Additional signage shall be added to the Colby Street cul-de-sac informing all vehicles that it is illegal to stop, stand or park in the cul-de-sac. Informational signs will direct vehicles to the appropriate parking garage/areas.

A recommendation added by the Board during the consideration of the project on April 25, 2002 to the City Council for consideration during the pending street vacation process.

The Board recommended, in accordance with the Alta Bates Medical Center correspondence of April 22, 2002, that the applicant work together with the neighborhood and the city to determine the most appropriate buffer to be added to the existing cul-de-sac configuration, as a part of the pending street vacation process. Further, the Board urged that the stand of trees on the southwest edge of the cul-de-sac be preserved or another buffer that is as equally pleasant as the trees be proposed in that process.