

UPDATED AMENDED AGENDA - VICTORIA CITY COUNCIL MEETING OF NOVEMBER 12, 2015 AT 7:00 P.M. Council Chambers, City Hall, 1 Centennial Square

A. APPROVAL OF AGENDA

B. POETRY READING

1. Poetry Reading by Zoe Duhaime, Youth Poet Laureate

C. ADOPTION OF MINUTES

- 1. Minutes from the Special Meeting held October 8, 2015
- 2. Minutes from the Regular Meeting held October 29, 2015

D. PROCLAMATION

1. "Louis Riel Day" - November 16, 2015

E. HEARING

1. Island Health Royal Jubilee Master Campus Plan

Council is to consider public input with respect to the approval of the future planning and development of the Royal Jubilee Hospital site.

1. Island Health Royal Jubilee Hospital Master Campus Plan

- After allowing an opportunity for public comment in an open Council meeting, with notice being posted on site, advertised in the newspaper, sent to all adjoining neighbours and sent to all of the partners in the Royal Jubilee Hospital Good Neighbour Agreement, that Council consider the following motion:
 - 1. That Council approves Island Health's Royal Jubilee Hospital Master Campus Plan as the principle guiding document for the planning and development of the Royal Jubilee Hospital site; and
 - 2. That Council direct staff to work with Island Health to investigate a process for allowing the City to review future development proposals against the Design Guidelines outlined in Master Plan and that this work take place concurrently with the submission of a Rezoning Application by Island Health for the Royal Jubilee Hospital site.

Late Item: Correspondence

2. <u>Approval</u>

To consider final approval of the Royal Jubilee Hospital Master Campus Plan, a motion is in order:

1. That Council approves Island Health's Royal Jubilee Hospital Master Campus Plan as the principle guiding document for the planning and development of the Royal Jubilee Hospital site; and

2. That Council direct staff to work with Island Health to investigate a process for allowing the City to review future development proposals against the Design Guidelines outlined in Master Plan and that this work take place concurrently with the submission of a Rezoning Application by Island Health for the Royal Jubilee Hospital site.

F. HERITAGE ALTERATION PERMIT APPLICATIONS

1. 222 Dallas Road

Council is considering an application to permit the reuse of two existing heritage-registered houses from Michigan Street after they have been relocated to Dallas Road.

- 1. <u>Hearing Heritage Alteration with Variances Permit:</u>
- The City of Victoria will be considering the issuance of a Heritage Alteration Permit with variances for the land known as 222 Dallas Road and varying the Zoning Regulation Bylaw namely:

• Reducing the required minimum setback distance from the building to the front (Dallas Road) and side yard (Dock Street and interior side yards) setbacks

• Increasing the maximum building height from 7.6m to 9.9m and increasing the number of storeys from 2 to 2.5

Late Item: Correspondence

2. Application Approval:

To approve the Heritage Alteration Permit with Variances, the following motion is in order:

That Council authorize the issuance of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

1. Revised plans date stamped August 18, 2015.

2. The provision of:

a. Plan, elevation and section details for the front porch;

b. A post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows;

c. Rehabilitation details confirming the scope of work arising from the condition of the historic fabric;

d. An exterior door and window rehabilitation schedule.

3. Development meeting all Zoning Regulation Bylaw requirements, except for the following variances:

a. Section 1.2.4.a - Height relaxed from 7.6m to 9.9m and number of storeys from 2 to 2.5;

b. Section 1.2.5.a - Front setback relaxed from 7.5m to 6.45m for main building, from 5.9m to 4.94m for porch, from 5.0m to 3.91m for stairs;

c. Section 1.2.5.c - Side yard setback (east) relaxed from 1.5m to 1.36m;

d. Section 1.2.5.d - Combined side yard setbacks relaxed from 4.5m to 2.68m; and

e. Section 1.2.5.e - Flanking street (Dock) setback relaxed from 3.5m to 1.32m.

4. The Heritage Alteration Permit lapsing two years from the date of this resolution.

5. Final plans to be generally in accordance with plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development.

2. 226 Dallas Road

Council is considering an application to permit the reuse of two existing heritage-registered houses from Michigan Street after they have been relocated to Dallas Road.

1. Hearing - Heritage Alteration with Variances Permit

The City of Victoria will be considering the issuance of a Heritage Alteration Permit with variances for the land known as 226 Dallas Road and varying the Zoning Regulation Bylaw, namely:

- Reducing the required minimum setback distance from the building to the front (Dallas Road) and side yard (interior side yard) setbacks
- Increasing the maximum building height from 7.6m to 8.8m

2. Application Approval:

To approve the Heritage Alteration Permit with Variances for the application, the following motion is in order:

That Council authorize the issuance of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

1. Revised plans date stamped August 18, 2015.

- 2. The provision of:
- a. Plan, elevation and section details for the front porch;

b. A post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows;

c. Rehabilitation details confirming the scope of work arising from the condition of the historic fabric; and

d. An exterior door and window rehabilitation schedule.

3. Development meeting all Zoning Regulation Bylaw requirements, except for the following variances:

a. Section 1.2.4.a - Height relaxed from 7.6m to 8.8m;

b. Section 1.2.5.a - Front setback relaxed from 7.5m to 6.15m for main building, from 5.0m to 4.83m for stairs;

c. Section 1.2.5.c - Side yard setback (east) relaxed from 3.0m to 1.20m and side yard setback (west) relaxed from 1.5m to 1.04m; and

d. Section 1.2.5.d - Combined side yard setbacks relaxed from 4.5m to 2.24m.

4. The Heritage Alteration Permit lapsing two years from the date of this resolution.

5. Final plans to be generally in accordance with the plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development.

G. HEARINGS - REQUESTS TO ADDRESS COUNCIL

- Amanda Evans, Volunteer Engagement in Victoria Parks with Greater Victoria Green
 Team DEFERRED
- 2. Sean Murray, Contract Administration for Bridge

3. Late Item:

Mike Downey, Potbelly Pigs should not lie under the Animal Agriculture Act DEFERRED

4. Late Late Item:

Taylor Mason, Bylaw Amendment re: Rickshaws Addition of PowerPoint

5. Late Item:

Ashley Mollison, Importance of reviewing the Parks Regulation Bylaw

H. UNFINISHED BUSINESS

1. List of Unfinished Business for the meeting of November 12, 2015

I. REPORTS OF THE COMMITTEES

1. Governance and Priorities Committee

1. Late Item:

Report from the November 5, 2015 meeting

2. Planning and Land Use Committee

1. Late Item:

Report from the November 12, 2015 meeting

J. MOTIONS

1. To Set Public Hearings for the Council Meeting of November 26, 2015:

- 1. Rezoning Application No. 00482 for 2542 Fernwood Road
- 2. Rezoning Application No. 00484 for 1510 Clawthorpe Avenue
- 3. Development Variance Permit Application No. 00160 for 1581 Hillside Avenue

(Sign Variance)

- 4. Development Permit with Variances No. 000437 for 755 Caledonia Avenue
- 5. Development Permit with Variances No. 000438 for 2918 Hipwood Lane

K. BYLAWS

1. First Reading

- 1. Zoning Regulation Bylaw, Amendment Bylaw (No. 1052) The purpose of this bylaw is to rezone the land known as 2542 Fernwood Road to change the Two Family Dwelling District to a Multiple Dwelling District
- 2. Zoning Regulation Bylaw, Amendment Bylaw (No. 1054) The purpose of this bylaw is to rezone the land known as 1510 Clawthorpe Avenue from Single Family Dwelling District to Single Family Dwelling District with Garden Suite

2. Second Reading

- 1. Zoning Regulation Bylaw, Amendment Bylaw (No. 1052)
- 2. Zoning Regulation Bylaw, Amendment Bylaw (No. 1054)

3. Third Reading

4. Adoption

L. QUESTION PERIOD

M. NEW BUSINESS

- 1. Motion Climate Leadership in Building Sector
- A Late Item: Revised Motion

N. CLOSED MEETING

That Council convene a closed meeting that excludes the public under Section 12(6) of the Council Bylaw for the reason that the following agenda items deals with matters specified in Sections 12(3) and/or (4) of the Council Bylaw; namely:

<u>Section 12(3)(a)</u> - Personal information about an identifiable individual who holds or is being considered for a position as an officer, employee or agent of the City or another position appointed by the City.

<u>Section 12(3)(c)</u> - Labour relations or employee relations.

<u>Section 12(3)(e)</u> - The acquisition, disposition or expropriation of land or improvements, if the Council considers that disclosure might reasonably be expected to harm the interests of the City;

<u>Section 12(3)(f)</u> - Law enforcement, if the Council considers that disclosure might reasonably be expected to harm the conduct of an investigation under or enforcement of an Act, regulation or bylaw.

Section 12(3)(g) - Litigation or potential litigation affecting the City.

Section 12)3)(i) - The receipt of advice that is subject to solicitor-client privilege, including

communications necessary for that purpose.

1. ADOPTION OF CLOSED MINUTES

- 1. From the Special Meeting held October 8, 2015
- 2. Minutes from the Regular Closed Meeting held October 15, 2015

2. **REPORTS OF THE COMMITTEE**

1. Late Item: Closed Report from the meeting of November 5, 2015

O. NEW BUSINESS

- 1. Legal Advice Power of Attorney Fire Equipment
- 2. Potential Litigation Legal Advice Parks Regulation Bylaw Enforcement
- 3. Land Lease 812 Wharf Street DEFERRED
- 4. Employee Relations DEFERRED
- 5. <u>Late Item</u>: Legal Advice
- 1. CONSIDERATION TO RISE & REPORT
- P. ADJOURNMENT

"LOUIS RIEL DAY"

- *WHEREAS* The Métis People are recognized as one of Canada's aboriginal peoples pursuant to section 35 of the Constitution Act of 1982; and
- **WHEREAS** the Metis culture, rich in spiritual beliefs and colourful traditions, is an integral part of British Columbia's multicultural character; and
- *WHEREAS* throughout history, Metis citizens have made significant contributions to the development and success of our province; and
- *WHEREAS* Louis Riel has made an enormous contribution towards the development of this country; and
- **WHEREAS** British Columbia recognizes "Louis Riel Day", November 16th, 1993, as a national Metis holiday in commemoration of the 108th anniversary of the death of Louis Riel.
- NOW, THEREFORE I do hereby proclaim the day of November 16th, 2015 as "LOUIS RIEL DAY" in the CITY OF VICTORIA, CAPITAL CITY of the PROVINCE of BRITISH COLUMBIA, the TRADITIONAL TERRITORIES of the ESQUIMALT AND SONGHEES FIRST NATIONS.
- *IN WITNESS WHEREOF*, I hereunto set my hand this 12th day of November, Two Thousand and Fifteen.

LISA HELPS MAYOR CITY OF VICTORIA BRITISH COLUMBIA Sponsored By: Keith Henry President, British Columbia Metis Federation

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MOTIONS

 <u>To Set Public Hearings for the Council Meeting of Thursday, November 12, 2015 for</u>: It was moved by Councillor Coleman, seconded by Councillor Alto, that the following Hearings be held in Council Chambers, City Hall, on **THURSDAY, NOVEMBER 12, 2015, at 7 p.m.**: 1. Island Health Royal Jubilee Hospital Master Campus Plan

REPORTS OF THE COMMITTEES

2. Planning and Land Use Committee – October 15, 2015

15. <u>Royal Jubilee Hospital Master Campus Plan</u>

It was moved by Councillor Coleman, seconded by Councillor Alto, that after allowing an opportunity for public comment in an open Council meeting, with notice being posted on site, advertised in the newspaper, sent to all adjoining neighbours and sent to all of the partners in the Royal Jubilee Hospital Good Neighbour Agreement, that Council consider the following motion:

- 1. That Council approves Island Health's *Royal Jubilee Hospital Master Campus Plan* as the principle guiding document for the planning and development of the Royal Jubilee Hospital site; and
- 2. That Council direct staff to work with Island Health to investigate a process for allowing the City to review future development proposals against the Design Guidelines outlined in Master Plan and that this work take place concurrently with the submission of a Rezoning Application by Island Health for the Royal Jubilee Hospital site.

Carried Unanimously

11.6 Royal Jubilee Hospital Master Campus Plan

Committee received a report regarding the Royal Jubilee Hospital Master Plan. The Master Plan identifies future development and addresses issues such as use, density, parking and site planning.

- Action: It was moved by Councillor Madoff, seconded by Councillor Coleman, that Committee recommends that after allowing an opportunity for public comment in an open Council meeting, with notice being posted on site, advertised in the newspaper, sent to all adjoining neighbours and sent to all of the partners in the Royal Jubilee Hospital Good Neighbour Agreement, that Council consider the following motion:
 - 1. That Council approves Island Health's *Royal Jubilee Hospital Master Campus Plan* as the principle guiding document for the planning and development of the Royal Jubilee Hospital site; and
 - 2. That Council direct staff to work with Island Health to investigate a process for allowing the City to review future development proposals against the Design Guidelines outlined in Master Plan and that this work take place concurrently with the submission of a Rezoning Application by Island Health for the Royal Jubilee Hospital site.

Committee discussed:

- Neighbours' concerns regarding noise, parking on residential streets, how and where to pick up and drop off patients and the overall lack of parking.
- The importance of the hospital remaining a significant part of the City as an employer and a public amenity of great value to the community. The Jubilee is competing for services with other facilities and Council should not constrain development.

CARRIED UNANIMOUSLY 15/PLUC240

Action: It was moved by Mayor Helps, seconded by Councillor Thornton-Joe, that Committee recommends that Council refer any accessibility concerns regarding future development of the Royal Jubilee Campus to the Accessibility Working Group.

CARRIED UNANIMOUSLY 15/PLUC241



Planning and Land Use Committee Report For the Meeting of October 15, 2015

To:Planning and Land Use CommitteeDate:October 1, 2015

From: Jonathan Tinney, Director, Sustainable Planning and Community Development

Subject: Royal Jubilee Hospital Master Campus Plan

RECOMMENDATION

Staff recommend that Committee forward this report to Council and that after allowing an opportunity for public comment in an open Council meeting, with notice being posted on site, advertised in the newspaper, sent to all adjoining neighbours and sent to all of the partners in the Royal Jubilee Hospital Good Neighbour Agreement, that Council consider the following motion:

- "1. That Council approves Island Health's *Royal Jubilee Hospital Master Campus Plan* as the principle guiding document for the planning and development of the Royal Jubilee Hospital site; and
- 2. That Council direct staff to work with Island Health to investigate a process for allowing the City to review future development proposals against the Design Guidelines outlined in Master Plan and that this work take place concurrently with the submission of a Rezoning Application by Island Health for the Royal Jubilee Hospital site."

EXECUTIVE SUMMARY

The purpose of this report is to present Council with information, analysis and recommendations with respect to the Island Health Royal Jubilee Hospital Master Campus Plan ("Master Plan"). The Master Plan will be presented to Council by representatives from Island Health and includes a number of components including a proposed development scenario which is intended to inform a future Rezoning Application. Council approval of the Master Plan would allow the City to use the document as a Policy tool to assess such a Rezoning Application.

The following key points were considered when assessing the Master Plan:

• The Master Plan identifies a future Development Scenario that is consistent with the Official Community Plan (OCP) policy.

- The future Development Scenario is based on a projected requirement for 200 additional beds at the hospital by 2035. The additional beds would result in approximately 22,825m² of additional floor space.
- All new development would be situated toward the centre of the site in a way that maintains the open space at the corner of Richmond Road and Fort Street. The additional floor space required to provide 200 beds would result in an increase in density from 0.94 FSR to 1.19 FSR. This proposed increase in density would require a Rezoning Application.
- A Parking and Transportation Study has been undertaken by Boulevard Transportation. The study concludes that an appropriate parking ratio for the hospital site would be 1 stall per 80m² of floor area. Based on the proposed Development Scenario, on-site parking could be provided to meet anticipated parking demand. A copy of this Study is attached
- A set of Design Guidelines for future Campus development is included in the Master Plan.

BACKGROUND

Master Development Agreement

In January 2008, Council approved a comprehensive Rezoning Application creating the CD-11 Zone, RJH District, and, in conjunction with the rezoning process, Island Health entered into a Master Development Agreement (MDA) with the City. Section 16 of the MDA requires that Island Health undertake the development of a comprehensive Master Plan for the Royal Jubilee Hospital Campus, at their sole cost, and present that Master Plan to the City by June 29, 2011. The MDA requires that the comprehensive Master Plan address, but not be limited to, the following issues:

- use and density
- site planning
- building massing
- landscaping
- site open space
- tree protection
- Bowker Creek
- parking
- Transportation Demand Management (TDM)
- access to and from the land
- site servicing
- storm water management
- heritage issues.

Under the terms of the MDA, Island Health agreed that they would undertake no further development at the Royal Jubilee Hospital, other than the Patient Care Centre and associated facilities until City Council has approved the comprehensive Master Plan and considered the Plan for inclusion in the City's OCP or other City policies and regulations.

On February 19, 2015, Council approved proposed amendments to the MDA that included an extended deadline for submission of the Master Plan until June 30, 2015, and the document was subsequently submitted before this date.

Community Consultation

In 2008, Island Health committed to a Good Neighbourhood Agreement with the City of Victoria and the following partners:

- North Jubilee Neighbourhood Association
- South Jubilee neighbourhood Association
- Camosun Community Association
- Friends of Bowker Creek Society
- District of Saanich.

Representatives of the above groups make up the Royal Jubilee Hospital (RJH) Neighbourhood Committee.

Section 1.4 of the Master Plan outlines the public consultation that has been undertaken to date, which includes seeking regular advice and guidance from the RJH Neighbourhood Committee. Appendix B of the Master Plan identifies "Public Consultation Outcomes" outlining how public input has informed the final document.

Staff recommend that, in addition to the public consultation that has been undertaken to date, Council consider allowing an opportunity for public comment in an open Council meeting, with notice being posted on site, advertised in the newspaper, sent to all adjoining neighbours and sent to all of the partners in the aforementioned Good Neighbour Agreement, before considering whether to approve the Master Plan.

ANALYSIS

Official Community Plan

The existing CD-11 Zone, RJH District, divides the site into three separate Development Areas. These are as follows:

- DA-1: The Patient Care Centre
- DA-2: The Hospital Campus (excluding the Patient Care Centre)
- DA-3: Green open space on the corner of Richmond Road and Fort Street.

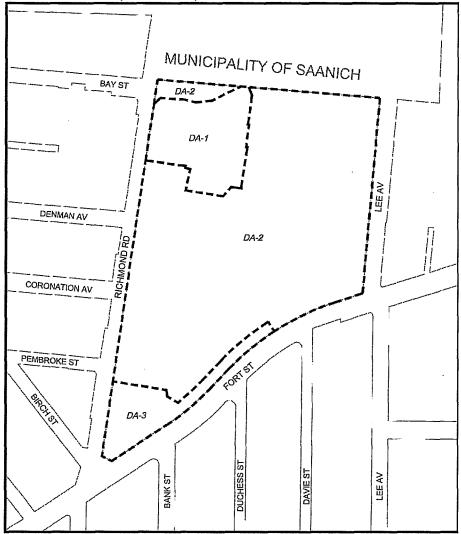
The location of the aforementioned Development Areas is illustrated in the map overleaf.

The lands comprising DA-1 and DA-2 are identified in the General Employment Urban Place Designation as outlined the OCP. Health services and commercial uses are considered appropriate within this designation with a Floor Space Ratio (FSR) of up to approximately 2:1. Furthermore, buildings up to nine or ten storeys may be considered acceptable in select interior locations within the hospital campus.

The proposed Development Scenario outlined in the Master Plan is consistent with the Urban Place Designation as follows:

- new buildings would be used for health care services or accessory uses
- the proposed combined FSR for DA-1 and DA-2 is 1.52:1
- tall buildings (up to nine storeys) would only be located within interior campus locations.

The land comprising DA-3 is identified in the Public Facilities, Institutions, Parks and Open Space Urban Place Designation. The existing CD-11 Zone requires that this space be retained as open space. The Master Plan states that this area will continue to be retained entirely as open green space which is consistent with both the *Zoning Regulation Bylaw* and the Urban Place Designation policy outlined in the OCP.



Map of Development Areas, CD-11 Zone

Design Guidelines

The proposed Master Plan includes a set of Design Guidelines for future campus development. However, most of the future anticipated development would constitute an institutional use and, in accordance with the *Local Government Act*, buildings used for such purposes are exempt from Development Permit requirements. Therefore, it is recommended that Council consider directing staff to work with Island Health to investigate a process for allowing the City to review the proposed development against the Design Guidelines outlined in Master Plan. It is recommended that this work take place concurrently with the submission of a Rezoning Application by Island Health for the Royal Jubilee Hospital site.

Conclusion

The proposed Master Plan identifies a Development Scenario that addresses anticipated demand for extra beds at the Hospital Campus and is consistent with the OCP. The proposed Scenario would require a Rezoning Application to increase the allowable maximum density in DA-2 of the CD-11 Zone. Council approval of the Master Plan would allow the City to use the document as a Policy tool to assess a Rezoning Application which would be submitted by Island health at a later date.

Respectfully submitted,

Jim Handy Senior Planner – Development Agreements Development Services Division

Jonathan Tinney, Director Sustainable Planning and Community Development Department

Report accepted and recommended by the City Manager:

Date:

October 8,7015

Attachments

- Letter from Island Health dated June 19, 2015
- Royal Jubilee Master Campus Plan 2015-2035
- RJH Parking and Transportation Study, August 2015.

Excellent health and care, for everyone, everywhere, every time.

Victoria City Council - 12 Nov 2015

island health

June 19, 2015

Ref# 16809

Attention: Mr. Jim Handy, MCIP The City of Victoria Development Services 1 Centennial Square Victoria BC V8W 1P6

Dear Mr. Handy:

Re: Royal Jubilee Hospital Master Campus Plan - Submission for Council

We are pleased to submit our Master Campus Plan (MCP) for the Royal Jubilee Hospital (RJH) for your review and submission to Council. The MCP provides a planning framework that offers clear and concise design guidelines for the physical and operational development and character of the campus including its buildings, landscape, circulation, public realm, and infrastructure for the next 20 years. It also provides approving authorities, surrounding communities and Island Health itself with as much certainty as possible in developing the character and form of the campus amidst uncertain economic and healthcare delivery challenges.

The MCP has evolved over the past few years based on feedback from the City, from the community, and from new information presented in updated studies, including the 2015 RJH Parking and Transportation Study. The outcomes of this study informed many of the revisions to the development density scenario and to the site plan layouts in the MCP to ensure that we are meeting the expected demand for parking on the campus. Island Health is appreciative of the guidance and support from the City in developing the methodology for the study.

This document represents the vision and objectives of Island Health, as well as our community partners who have contributed a significant amount of effort towards this plan over the past few years. We believe that the MCP provides the necessary level of detail for both Council and staff to review our approach and design guidelines for the Royal Jubilee Hospital. We feel this sufficiently meets the requirements of our Master Development Agreement.

We would be happy to meet with you during the next few weeks to go over the Plan and we look forward to presenting this document to Council for approval in the near future.

Yours truly,

Joe Murphy, Vice President Operations & Support Services

Attachment

www.viha.ca



ROYAE JUBILEE HOSPITAL • MASTER CAMPUS PLAN 2015 - 2035





N 2015 - 2035 JUNE 2015





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Victoria City Council - 12 Nov 2015

Island Health Royal Jubilee Hospital | Master Campus Plan | June 2015

1.0 INTRODUCTION AND PLANNING CONTEXT

PREAMBLE 11

Island Health's department of Planning and Community Engagement has prepared the Royal Jubilee Hospital (RJH) Master Campus Plan (MCP or "the Plan") in consultation with other departments within the Health Authority, under the direction and guidance of Island Health Executive Leadership. The MCP has been a combined effort involving the local community, the City of Victoria, and the District of Sagnich

1.2 PURPOSE OF THE MASTER CAMPUS PLAN

The purpose of this MCP is:

- To fulfill the terms of a Master Development Agreement (MDA) between Island Health and the City of Victoria. This Agreement requires the preparation of an MCP that is approved by the City of Victoria Council prior to the construction of any new buildings on the RJH campus:
- To provide a planning framework that offers clear and concise design guidelines for the physical and operational development and character of the campus including its buildings, landscape, circulation, public realm, and infrastructure; and,
- To provide approving authorities, surrounding communities, and Island Health itself with as much certainty as possible in developing the character and form of the campus during economic uncertainty and healthcare delivery challenges. This document is shaped by Island Health's commitment to providing excellent prevention, care, and recovery services in

a safe, health-oriented, and sustainable environment.

1.3 OVERVIEW

Founded in 1890, the Royal Jubilee Hospital has been an integral part of the surrounding community over the past 120 years. In addition to being a major employment centre, the facility provides specialized services and emergency care, as well as outpatient and inpatient services for the residents of Victoria and Vancouver Island, the Gulf and Discovery Islands, and part of the mainland opposite northern Vancouver Island.

Island Health engaged Stantec Architecture Ltd. (Stantec) to prepare an MCP for the RJH Campus lands which are under the jurisdiction of the District of Saanich and the City of Victoria. Stantec has managed a stakeholder engagement process, assessed the condition of the existing buildings and infrastructure, and, using existing documentation, created an MCP for 2015 to 2035.

Key to the development of the RJH MCP is the significant participation and contribution of the members of the RIH Neighbourhood Association. Many hours of volunteer time were invested by neighbours from the surrounding community associations and the Bowker Creek Society to attend public consultation sessions, open houses and focused meetings to develop the Plan. The community members provided valuable feedback and worked with Island Health to develop a collective vision, as well as principles, and goals and objectives for the Plan, which in turn set the foundation for the design guidelines.

Continually evolving demands for healthcare services have presented challenges for Island Health and the consultant team in providing a development and functional program for the campus that would enable a concrete plan to take shape. To address this challenge, Island Health conducted long term projections to estimate healthcare needs and economic demands that are expected to affect the region over the coming years. Understanding these factors

In summary, RIH will continue to be a vital asset to the enabled the consulting team and Island Health to plan for development that reasonably addresses these future needs. community as a: Another key challenge is the lack of expansion space for

new development and therefore, Island Health must look to increasing density on the existing RJH site for its future requirements. With this in mind, Island Health and the consulting team have made a significant effort to carefully plan the spatial and functional development of the campus that respects and integrates with surrounding residential communities, the sensitive environmental assets, and the future growth plans of the Jubilee Neighbourhood Urban Village described in the 2012 City of Victoria Official Community Plan.

The planning of the MCP has been informed by best practices in healthcare campus design which focus on, amongst other things, contributing to the surrounding neighbourhood context, through a balance between open space and buildings, and encouraging animated spaces, safe movement and wayfinding. More fundamentally, campus spaces in the Plan provide supportive and healing environments for patients, staff, and families alike.

With the opening of the Patient Care Centre in 2011, approximately 450 total beds are in operation at RIH. The MCP provides a framework that will guide the development of the RIH campus from 2015 to 2035. By the end of that period, it is estimated that between 600 to 650 total beds will be needed to address increasing demands brought about by the region's growing and aging population. Based on this projection, and on other comparable projects in BC and Canada, the consultant team formulated a rational assessment of required gross development area in square metres, a floor space ratio (FSR) to accommodate growth and density, and a development implementation strategy for the site.

The development of the RIH MCP followed two paths: technical research and analysis, and public consultation. Any development on the RJH campus affects neighbouring residents, businesses, community organizations and other stakeholders. To ensure that these people and groups had opportunities to understand the issues, raise concerns and contribute ideas during the development of the MCP, the consultant team created a Public Consultation Plan.

As required by the MDA, this Consultation Plan was submitted to the City of Victoria Planning Department for approval, and guided the team in their interactions with stakeholders, including municipalities and residents of surrounding neighbourhoods.

- key urban healthcare facility;
- major employment centre;
- significant contributor to the local economy; and,
- research and educational hub linking with major educational institutions such as the University of Victoria, and the University of British Columbia.

In the final analysis, healthcare needs will always be the primary planning consideration for the RIH site. There may be occasions when functional and operational needs of the campus make this a challenge. Island Health is committed to negotiating reasonable solutions with its community partners through the RJH Good Neighbour Agreement. The MCP anticipates potential growth patterns and needs for the next 20 years. During that time, it will serve as a planning framework to guide the execution and evaluation of major development projects on the RIH campus.

1.4 PUBLIC CONSULTATION PROCESS

Public Consultation Background





Public Consultation Goals and Objectives

Goals

All neighbouring residents, community organizations and stakeholders will have opportunities to contribute their concerns and ideas during the development of the RJH MCP.

Objectives

- Provide opportunities for internal and external stakeholders to have input into the MCP.
- Seek advice and guidance from the RJH Neighbourhood Liaison Committee at key points in the development of the Plan.
- Engage a broad cross section of the community in the development of the Plan, to ensure that it reflects community perspectives and values.

Consultation Process

During the public consultation process, the team provided stakeholders with an analysis of existing site conditions and draft planning principles and design guidelines. All stakeholders had an opportunity to review these and provide comments and suggestions. The team used stakeholder feedback to amend the document and develop site planning options. Additionally, stakeholders had the opportunity to take part in a site tour, where they were able to contribute observations and ideas about how existing features and conditions may impact the planning process in the future.

The consultant team, in coordination with Island Health:

- Clarified project scope and gathered information;
- Reviewed existing documentation and prepared a facility analysis report;
- Met with Island Health management and staff;
- Developed a Public Consultation Plan;
- Met with the RJH Neighbourhood Liaison Committee;
- Met with City of Victoria and District of Saanich planning staff;
- Conducted a site analysis of the RJH campus;
- Researched precedent MCP documents;

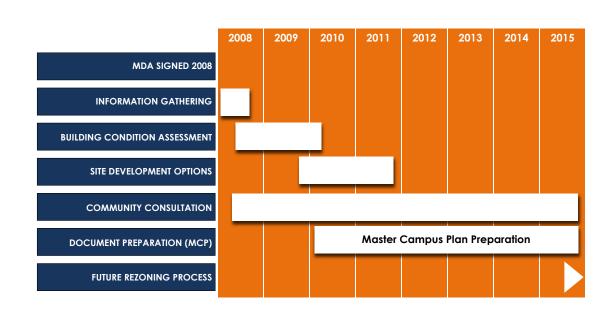
- Prepared for and facilitated public open houses and workshops;
- Prepared for and facilitated Island Health staff open houses:
- Prepared draft design guidelines, site planning options, and recommended a planning option;
- Developed illustrative massing; and,
- Prepared the final Draft MCP document.

The team also sought input from the City of Victoria, District of Saanich, and the RJH Neighbourhood Committee, and revised the final draft in response to their input.

Community Feedback

Feedback from the public consultation process expressed the core values and concerns of the participating stakeholders. Island Health and the consultants heard many concerns and suggestions about the future development of the RJH campus. The consultant team has summarized and categorized these concerns into several themes.

The outcomes from the Public Consultation session can be found in Appendix A.





1.5 PLANNING AND PROJECT CONTEXT

Jurisdictions and Neighbourhoods

The borders of the Hospital campus site are: Bowker Creek on the northeast corner, Adanac Street to the north, Fort Street and Richmond Road to the south and west, and Trent Street to the east (See map on page 3).

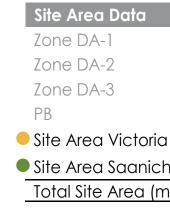
The respective zoning bylaws of the City of Victoria and the District of Saanich, Official Community Plans, and local Neighbourhood Plans guide development on this site. The City of Victoria currently zones three development areas within the campus as well as a Public Buildings District, stipulating site areas and boundaries, building heights, floor area, setbacks and other requirements. The surrounding neighbourhoods include a mix of single-family residential housing, multi-family apartments, health services support office buildings, local retail shops, and small businesses. The District of Saanich zones their lands in the Hospital campus as a Personal Care Zone, and regulates buildings and structures, density and permitted uses. It also has goals and objectives for open spaces and parks to be included in Bowker Creek multi-use trail and greenway. See Table 1 for a summary of the current zoning on the RJH campus.

RJH Campus | MCP TIMELINE

2

RJH Campus | CURRENT ZONING MAP FOR RJH





RJH Campus | TABLE 1 Current Site Areas Per Zone

	Area M ²
	10,400.00
	67,100.00
	6,600.00
	13,024.00
1 (m²)	97,124.00
n (m²)	48,300.00
1 ²)	145,424.00

1. D3 (6600 m²) subtracted from total site area used as open space only

Victoria City Council - 12 Nov 2015



2.0 CAMPUS VISION, **GOALS AND OBJECTIVES**

The following MCP Vision, Goals and Objectives, and Principles were collaboratively developed by Island Health and its community partners through a series of engagement, including open houses, consultation working sessions, and community association meetings. They reflect the core values and desires of the surrounding community and are intended to guide future development on the campus.

2.1 VISION

A flexible, dynamic, and environmentally sustainable hospital campus that contributes to the health and well-being of patients, staff, physicians, visitors, neighbours, and the region as a whole.

GOALS AND OBJECTIVES 2.2

Goal 1: Demonstrate Environmental Stewardship

OBIECTIVE 1.1 CHAMPION ENVIRONMENTAL SUSTAINABILITY

- Strive for leading-edge practices in sustainable design and operation of buildings, landscape, and service systems and work to minimize the environmental impacts of new hospital developments. Mandate future new construction and renovations of existing campus buildings to achieve a minimum standard of LEED® Gold (or equivalent).
- Achieve a balance between ecological and human needs, and model sustainable practices in future development initiatives.

OBIECTIVE 1.2 RESPECT THE NATURAL ENVIRONMENT

- Protect and enhance open spaces and natural areas to provide places of respite and beauty for patients, staff, physicians, visitors, and neighbours, promote a feeling of interconnection with nature, and a healing environment
- Support the vision, goals and objectives of the Bowker Creek Watershed Management Plan and the Bowker Creek Blueprint as part of Island Heath's commitment to monitor and maintain public health, clean water, and healthy communities. Commit to continued consultation with local government and community groups such as the Friends of Bowker Creek and the Bowker Creek Initiative.
- Protect and preserve mature landscapes and Garry Oak stands (management may include ongoing pest control, pruning, inter-planting, or other horticultural best practices).

OBJECTIVE 1.3 LEVERAGE THE NATURAL LANDSCAPE

• Design the campus to incorporate natural site characteristics that enhance the sense of respite and well-being, and ensure that the built environment and landscape work together to enhance the site's overall form and function.

Goal 2: Create a Safe and Healthy Campus

OBJECTIVE 2.1 ENHANCE CAMPUS SAFETY AND ACCESSIBILITY

- Design a safe and secure campus environment for the people who use it. Attention to enhanced safety in the design and planning of buildings, open spaces, and circulation is vital to all future development.
- Consider the unique needs of all hospital users, including seniors, and ensure universal accessibility in

all future developments.

OBJECTIVE 2.2 MAINTAIN A SMOKE-FREE ENVIRONMENT

 Uphold Island Health's policy that prohibits on-site smoking (Smoke-Free Premises Policy) in health facilities, including the whole RIH campus, while also continuing to be a Good Neighbour and investigating ways to discourage smokers from going into the surrounding community and disturbing the neighbourhood.

OBJECTIVE 2.3 PROVIDE OPPORTUNITIES FOR ACTIVE LIVING AND HEALTH PROMOTION ON CAMPUS

- Promote health and wellness on the campus by providing active living opportunities for walkability, mobility and open spaces.
- Design the campus and facilities to contribute to improved staff, physician, patient, and visitor health and safety.

Goal 3: Integrate/Harmonize the Hospital Campus with the Built and Natural Environment, **Both Locally and Regionally**

OBJECTIVE 3.1 INTEGRATE RJH WITH THE SURROUNDING NEIGHBOURHOOD

- Ensure that the composition, massing scale, colour, materials, texture, and articulation of potential Hospital buildings are appropriate and connected to the surrounding neighbourhood urban context, as well as to the existing buildings on campus.
- Integrate buildings with safe, easily navigated, coherent, pedestrian circulation and public open spaces, and ensure that there are pedestrian links between the Hospital campus and the surrounding community.



OBJECTIVE 3.2 PROVIDE AND ENCOURAGE OPTIONS FOR TRANSPORTATION AND CONTINUE TO REDUCE THE DEMAND FOR PARKING ON THE CAMPUS

• Continue to implement strategies to reduce parking demand on the site and in surrounding neighbourhoods by providing additional incentives for site users to choose alternative modes of transportation such as transit, carpooling, cycling, and walking.

Goal 4: Be a Connected Leader of **Health and Care Services**

OBJECTIVE 4.1 PART OF AN INTEGRATED NETWORK OF HOSPITALS

• Continue to be a significant contributor to regional healthcare by providing a unique set of programs and services that, together with other facilities, create an essential continuum of healthcare services.

OBJECTIVE 4.2 BECOME A "CENTRE OF EXCELLENCE FOR HEALTH"

 Contribute to excellence in health service and user experience by providing highly specialized services at RJH that are not provided anywhere else on Vancouver Island, and ensuring continued quality and service improvement, as well as a greater collaboration between patients and their healthcare providers.

• Continue to shift the culture of health care from being disease-centred and provider-focused to being patientcentred with the objective of improving the overall patient experience, including at Island Health care facilities such as RIH.

OBJECTIVE 4.3 ATTRACT AND RETAIN HEALTHCARE PROFESSIONALS

• Create a dynamic and supportive work environment, as well as a built campus that brings together quality, safety, and excellence for patients, clients, and families. This will also improve the experience of providing care and therefore, is attractive to skilled healthcare professionals.

2.3 PRINCIPLES FOR OVERALL CAMPUS DEVELOPMENT

1. Preserve History and Built Heritage

The Hospital campus contains several heritage buildings that have both historical and cultural value to the community and municipalities. The campus also contains significant mature landscape areas including Garry Oak stands.

The MCP acknowledges the importance of protecting the heritage value of existing buildings on the campus, and this has been an important consideration in its development. The Government of Canada, City of Victoria, and the District of Saanich all prescribe a specific process and requirements that must be followed when any changes, additions or alterations are considered for registered or designated sites or buildings. On the Hospital campus, heritage designated buildings include the Pemberton Operating Theatre, Pemberton Chapel, Adanac Services, and the Memorial Pavilion. It should be noted that Begbie Hall is designated as a National Historic Site of Canada, and a Heritage Registered site in the City of Victoria.

To protect and celebrate the history and heritage of the Royal Jubilee Hospital, Island Health will follow and adhere to all municipal and national requirements when considering the future of heritage buildings, as well as work to ensure that urban design, architecture and landscape, and the cultural and architectural resources of the site reflect the history of the Royal Jubilee Hospital.

2. Use Best Practices in Urban Design

Island Health will use best practice urban design principles to strengthen the sense of place and character of RJH through a cohesive campus environment. The campus will reflect both its geographic context and the special characteristics of the site, responding to the existing topography, landscapes, views in and out of the site, and urban setting. Development of the Royal Jubilee Hospital will be informed by design guidelines that maximize adaptability while maintaining a connection with existing buildings and the natural environment.

3. Provide a Safe, Universally Accessible Campus

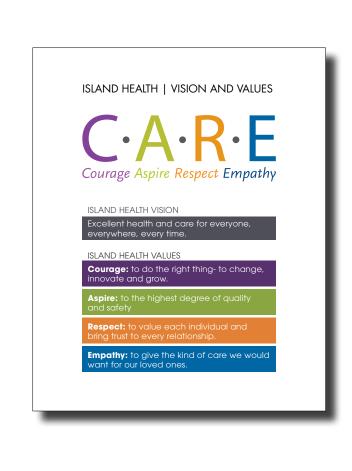
Providing a safe, universally accessible environment for all users is an important component of planning for the future of the RJH campus. All development on this site will consider the unique needs of seniors, offer enhanced integration of services for high-needs populations, and be universally accessible.

The site will refer to the principles of Universal Design developed by the Centre for Universal Design at the North Carolina State University, including:

- Equitable use;
- Flexibility in use;
- Simple and intuitive use;
- Perceptible information;
- Tolerance for error;
- Low physical effort; and,
- Size and space for approach and use.

4. Preserve Existing Utilities and Servicing Right-of-ways

To minimize development costs, Island Health will plan around existing utility systems. The Health Authority will also utilize best practices in the preparation and execution of utility and services design and construction projects. Comply with all current provincial and municipal codes and standards.





5



3.0 PROPOSED DEVELOPMENT SCENARIO

3.1 PROPOSED DEVELOPMENT SCENARIO

The proposed development scenario is based on analysis of the site, as well as on various conceptual options that were presented to stakeholders during the consultation process. Difficulty in anticipating the precise way healthcare needs and services will develop over the coming years makes it challenging to create a definitive architectural program for the site. Instead the consultant team has followed a "model" development approach that aligns with the goals and objectives of the site, and with the planning and land use context of the Royal Jubilee Hospital. The core issues that will influence growth of the campus include:

- Demographic changes;
- Changing models of care and technologies; and,
- Improvements in efficiency and productivity.

This development scenario assumes that the RJH campus will host approximately 600 to 650 total beds by 2035. This would be an increase of 200 beds from the current supply. This number is based on forecasting conducted by Island Health's department of Operations Research and Advanced Analytics to project future healthcare trends and economic demands that are expected to impact the region over the next 20 years.

In order to help the City of Victoria and the District of Saanich make a well-informed assessment of this MCP, and address rezoning applications for the property, the proposed development scenario illustrates maximum growth on the RJH site from 2015 to 2035. The proposed distribution of buildings and open space is based on the following core



development principles:

- Taller buildings and structures will be located toward the centre of the campus and adjacent to existing critical care and supporting services;
- The location and uses of future buildings will generally follow the current distribution of functions and activities on the site;
- Proposed open spaces located in the south portion of the campus will be integrated with future Fort Street Streetscape plans and Jubilee Village initiatives; and,
- A balance between open space and buildings will be maintained to ensure a campus-like feel and character on the Hospital grounds.

3.1.1 DEVELOPMENT ASSUMPTIONS AND RATIONALE

As noted, detailed spatial programming of future uses has not been conducted to determine a definite area requirement, and therefore these projections are based on best practice requirements for contemporary hospitals. The projected space demand for 200 additional beds would require, conservatively, (factoring in ancillary, service, outpatient clinical support, circulation and storage space), 140 m² in Total Floor Area (TFA) per bed. This results in an additional TFA of 28,000 m² by 2035.

A review of available, developable land on the campus demonstrated that the area zoned DA-2 provides the best opportunity for expansion, especially with the demolition of the "old town" buildings (South, East and Central Blocks) freeing up site area. Currently, the DA-2 Zone is limited to a 22 m maximum height allowance and a Floor Space Ratio (FSR) of 0.97:1. This means:

The total floor area permitted in this zone is 65,087 m². The current total floor area in DA-2 is estimated at 63,005 m² which brings the current FSR to 0.94:1 (63,005 m²/67,100 m²); and,

• Based on the current allowable FSR of 0.97:1, the remaining available TFA is approximately 2,082 m².

3.1.2 PROPOSED DEVELOPMENT

In determining the appropriate amount of development for the campus, several factors were considered in the allocation of the future development space.

- Achieving a balance between open space and buildings to maintain the campus-like feeling of the site.
- Removal of Wilson Block, Rixford Services and Food Services Buildings (providing 6,207 m²).
- Meeting on-site parking requirements based on a ratio of one stall per 80 m² floor area.
- Logical placement of new development for ease of access and adjacency to current uses.
- Align development with the healthcare strategies of Island Health.

Taking these factors into account, the proposed development scenario is as follows:

- 63,005 m² (existing) 6,207 m² (demolished buildings)
 = 56,798 m²
- Total new floor area: 22,808 m²
- Total new development area for DA-2 Zone: 56,798 m² + 22,808 m² = 79,606 m²
- Proposed new FSR for the DA-2 Zone is 1.19:1 (79,606 m²/67,100 m²)

A summary of FSR for the property broken down by zone is provided in Tables 3 and 4 (page 7). These tables outline the current estimated statistics for the site area, TFA, and FSR for the entire RJH site. The proposed development scenario is provided on page 9.

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RJH Campus | TABLE 2 Development Summary for DA-2 Zone

Current Development Area m² (TFA)	Future Development Area m² (TFA)	Proposed FSR
63,005.00	79,606.00	1.19:1

3.1.3 DEVELOPMENT IMPLEMENTATION

It should be emphasized that the proposed build-out requirements can be achieved through a combination of development tactics which can include (in order of impact) the following:

- Renovations of existing vacant space;
- Additions to existing buildings;
- Construction of standalone buildings on campus; and,
- Relocation of services to other Island Health sites.

Building on this assumption, the consultant team developed a scenario that would:

- Align with current building heights across the site;
- Develop building massing and forms to complement the existing urban context and take advantage of orientation and site permeability;
- Work with existing landscape components such as open space areas and protected tree stands;
- Work with existing utility right-of-ways;
- Provide efficient circulation and orientation for vehicles, bicycles, and pedestrians;
- Provide opportunities for public space and connectivity to Fort Street; and,
- Provide opportunities for phasing of projects to minimize disruption to the Hospital operations.

3.1.4 SUMMARY OF PROPOSED DEVELOPMENT

Summary plans and supporting statistics are provided below on pages 9 and 10. These illustrate existing and proposed developments respectively.

3.1.5 PARKING

An important component of the MCP is ensuring there is an appropriate parking supply associated with future campus growth. In order to determine the expected demand, a Parking and Transportation study was conducted for RJH. The study reviewed on and off-site parking conditions, off-site traffic conditions, and transportation demand management (TDM) practices. A previous transportation study was conducted at RJH in 2010; however, an updated study was required as the Patient Care Centre was not occupied and South, East, and Centre blocks had not yet been demolished.

The proposed MCP provides a parking strategy that is based upon the parking demand ratio recommended in the 2015 RJH Parking and Transportation Study of 1 space per 80 m² TFA. This ratio is based on a study of the current parking demand from all user groups, the off-site demand of vehicles parking in the surrounding neighbourhood, information gathered in the 2015 RJH Travel Survey, a peer hospital review of similar hospital campuses, and in consideration of the existing TDM program.

This forms the basis of the parking summary calculations in Table 7 on Page 11.

The proposed site plan will result in a reduction of surface parking in the south end of the campus, and will include one new parkade located to the east of EMP off of Trent Street, with integrated parking in the new Central and Fort Street buildings. There will still be some surface parking remaining in the southern portion of the campus; however, it will be better connected to the campus buildings. The parking supply will meet or exceed the expected demand ratio of 1 space per 80 m².

3.1.6 TRANSPORTATION DEMAND MANAGEMENT AT RIH

Transportation Demand Management (TDM) is a series of infrastructure and program initiatives or strategies that influence transportation behaviour to achieve specific objectives. TDM initiatives typically aim to reduce single occupant vehicle (SOV) trips and encourage alternative travel options such as cycling, walking, public transit and shared rides. Collective transportation mode choice is a product of the options made available. If the most attractive option is driving, then people tend to drive, which raises demand for parking. Successful TDM results in reduced parking demand and fewer vehicle trips and associated for shifts in travel behaviour without negatively impacting benefits of reduced greenhouse gas emissions, improved personal health and well-being, reduced traffic congestion, and lower infrastructure costs. Since 1999, Island Health has been committed to promoting and supporting TDM for all of its sites, including RJH. An effort to reduce the demand for parking and decrease SOV travel to and from the campus resulted in a strategy to identify and support alternative modes of transportation for site users. A comprehensive TDM Strategy was developed for the RJH campus in 2007 as part of the development process for the Patient Care Centre, and as a requirement in the MDA. The strategy was targeted at Island Health employees and regular site users where there is a captive audience to shift travel habits. The strategy included a number of recommendations to reduce the volume of SOV traffic, as well as to reduce the demand on parking.

Since the strategy was developed, Island Health has endeavoured to continually support those tools that have been most effective in helping to reduce SOV traffic. Regular monitoring and course corrections are important to the success of this program and are therefore conducted on a regular basis. Island Health has prepared bi-annual reports for the City of Victoria identifying progress toward mode split objectives and uptake/utilization of the various TDM initiatives. Overall, daily SOV trips by staff have been reduced from 72% in 2007 to 57% in 2015. The subsidized ProPass program at RJH has had significant uptake with 132 staff in the program in 2007 to 354 staff on a ProPass in 2014. Cycling and walking mode shares have also seen an increase since the program's inception from 5% each in 2007 to 10% each in 2015.

3.1.7 FUTURE TRANSPORTATION DEMAND MANAGEMENT

TDM strategies for the Hospital will continue to be implemented and monitored in support of reducing vehicle trips and on-site parking, and providing complementary infrastructure for alternative modes. Island Health is committed to providing adequate parking for all of its new buildings at a ratio of 1 space per 80 m²; however, the

Health Authority recognizes the importance of TDM in ensuring that the demand is managed and that there is a more efficient parking and transportation system for those who use it. Access to health care is an important priority for Island Health and therefore, the TDM program will continue to focus on those user groups with the greatest potential patient care.

RJH Campus TABLE 3 Existing Zoning Floor S		RJH Campus TABLE Existing Zoning with I	4 Revised Floor Space Ratio (FSR)
Floor Space I	Ratio	Floor Space Rat	io
Existing Development	2015 Baseline	Development Scenario Fo to 2035	ull Build Out
Saanich FSR (P3) Victoria FSR OVERALL Zone DA-1 Zone DA-2 Zone DA-3 PB Site wide FSR	0.52 1.19 3.70 0.94 - 1.07 1.01	Saanich FSR (P3) Victoria FSR OVERALL Zone DA-1 Zone DA-2 Zone DA-3 PB Site wide FSR	0.52 1.36 3.70 1.19 - 1.07 1.08
Site Area Data Zone DA-1 Zone DA-2 Zone DA-3 PB Site Area Victoria (m ²) Site Area Saanich (m ²)	Area M ² 10,400.00 67,100.00 6,600.00 13,024.00 97,124.00 48,300.00		
Total Site Area (m ²)	145,424.00		

1. D3 (6600 m²) subtracted from total site area used as open space only

The 2015 RIH Parking and Transportation Study did a comprehensive review of Island Health's existing TDM programs at RJH and identified strategies to further enhance the TDM program and make effective use of resources committed to TDM. New development will also bring opportunities for new alternative transportation facilities, as well as advancement in technologies such as automated parking systems that will result in improved efficiency of the resources available. See Appendix B for a summary of the recommended TDM strategies for RJH that Island Health will strive to implement over the next 20 years.

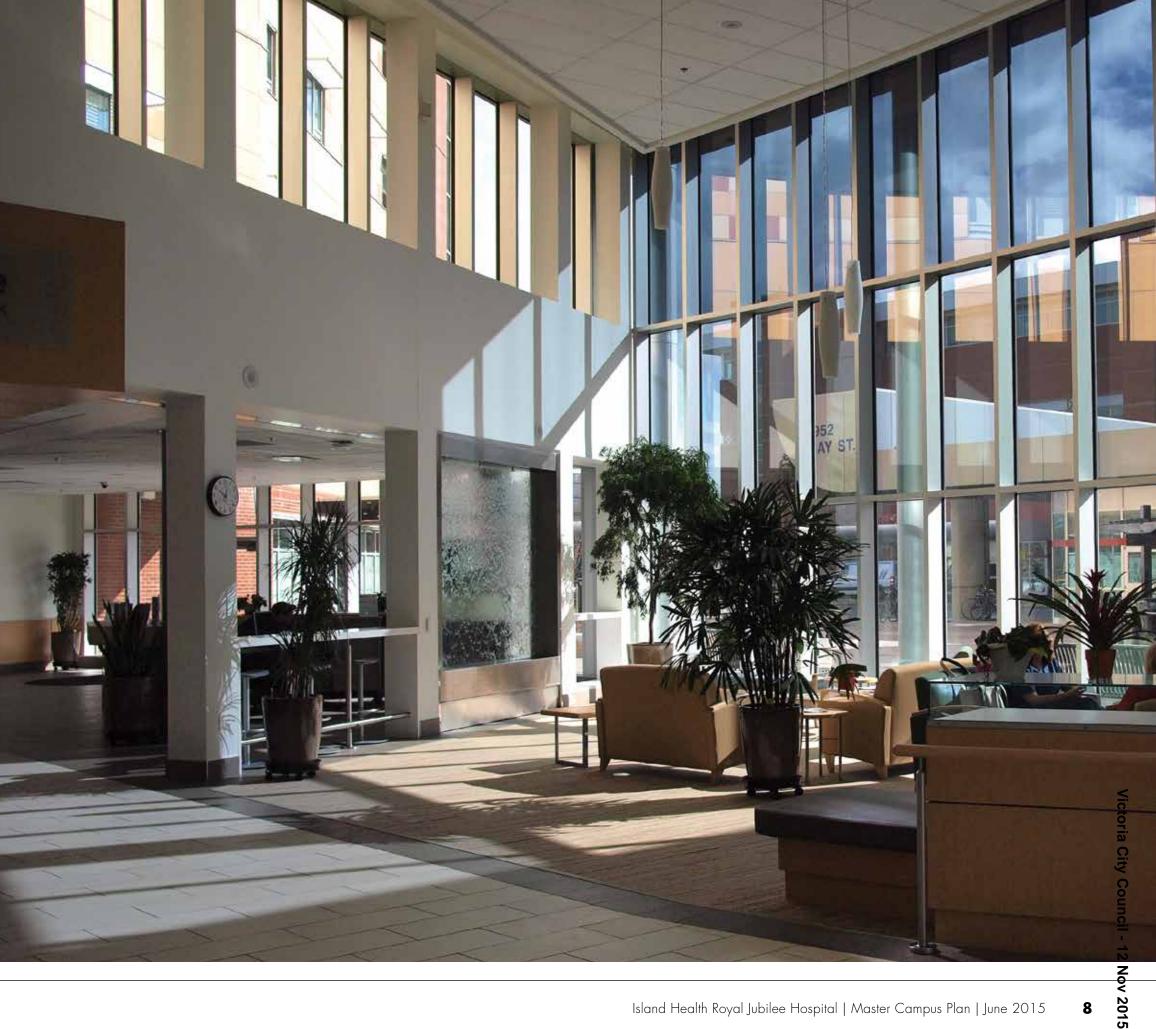
7



3.2 IMPLEMENTATION OF THE PLAN

Upon approval of this MCP, in accordance with the terms of the MDA, Island Health will, in due course, proceed with a rezoning application to provide for the proposed density and development scenario outlined in this summary. Implementation timelines of potential projects will not be established until funding and strategic planning for Island Health regional services and facilities is completed. However, emerging demand for an Energy Centre to replace aging campus infrastructure, as well as the potential for an additional parkade structure to ensure that the parking supply is meeting the demand will likely be a priority in the foreseeable future.

The MCP will be used as a foundational plan to guide ongoing campus development, the procurement of development and construction services (such as architects, construction companies, landscape architects, etc.), as well as an ongoing reference and basis for Rezoning and Development Permit application.











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RJH Campus | TABLE 5 Existing Development Baseline 2015

Existing Development Baseline 2015				
Roy	Zoning and Areas Summary Statistics Royal Jubilee Hospital (All Jurisdictions combined)			
Plan ID	Jurisdiction + Zoning Building Name	Total Floor Area (m²)		
	District of Saanich			
Zoning	P3			
А	Adanac Services	524.50		
В	Cancer Centre	10,273.00		
С	D&T	2,886.50		
D	Flammables Storage	99.00		
F	Security Offices/Parkade	390.00		
Е	Memorial Pavillion	10,984.00		
	Estimated Current Total	25,157.00		
	City of Victoria			
Zoning	DA1			
L	PCC	38,341.00		
М	Pemberton Theatre	87.00		
	Estimated Current Total	38,428.00		
Zoning	DA2			
G	Begbie Hall	5,296.00		
Н	Chapel	210.00		
I	Coronation Annex	3,164.00		
J	D&T Vic.	26,393.00		
K	Food Services	3,764.00		
N	Power House/Boiler House	1,070.00		
0	Renal Building	2,303.00		
Р	Richmond Pavilion	4,870.00		
Q	Rixford Services	1,596.00		
R	Royal Block + Annex	8,270.00		
S	West Block	5,222.00		
Т	Wilson Block	847.00		

RJH Campus | TABLE 6 Potential Development Scenario 2035

1 Olenine	a Development Scenario 2035				
	Potential Development Scenario 2035				
	Zoning and Areas Summary Statisitcs Royal Jubilee Hospital (All Jurisdictions combined)				
Plan ID	Jurisdiction + Zoning Building Name	Total Floor Area (m²)			
D	istrict of Saanich				
Zoning	P3				
А	Adanac Services	524.50			
В	Cancer Centre	10,273.00			
С	D&T	2,886.50			
D	Flammables Storage	99.00			
F	Security Offices/Parkade	390.00			
E	Memorial Pavillion	10,984.00			
	Estimated Current Total	25,157.00			
	City of Victoria				
Zoning	DA1				
L	PCC	38,341.00			
М	Pemberton Theatre	87.00			
	Estimated Current Total	38,428.00			
Zoning	DA2				
G	Begbie Hall	5,296.00			
Н	Chapel	210.00			
I .	Coronation Annex	3,164.00			
J		26,393.00			
N	Food Services (To be demolished)	1 070 00			
N	Power House/Boiler House	1,070.00			
O P	Renal Building Richmond Pavilion	2,303.00 4,870.00			
Г	Rixford Services (To be demolished)	4,070.00			
R	Royal Block + Annex	8,270.00			
S	West Block	5,222.00			
5	Wilson Block (To be demolished)	5,222.00			
1	Energy Centre	983.00			
2	Central Block	15,000.00			
-		-			
3	Fort Building East	4,500.00			
-		-			
4	Renal Infill	2,100.00			
5	Patient Link (EMP+D&T)	225.00			
	Total	79,606.00			
		77,000.00			
Zoning	DA 3				
	Open Space Only	·			
7	Estimated Current Total	-			
Zoning	PB				
U	Eric Martin Pavilion (w/o basement)	14,000.00			
	Estimated Current Total	14,000.00			
	Total Proposed Total Floor Area of All Zones All Jurisdictions m ²	157,191.00			

	Total	63,005.00
Zoning	DA 3	
	Open Space Only	-
	Estimated Current Total	•
Zoning	РВ	
U	Eric Martin Pavilion (w/o basement)	14,000.00
	Estimated Current Total	14,000.00
	Total Current Total Floor Area of All Zones All Jurisdictions m ²	140,590.00



RJH Campus | TABLE 7 Parking Summary

Parking Summary						
Existing Conditions Future Conditions						
Adanac Services Lot	15	Α	Adanac Services Lot	15		
Memorial Pavilion, Side Lot	30	В	Memorial Pavilion, Side Lot	30		
Memorial Pavilion, Front Lot	8	С	Memorial Pavilion, Front Lot	8		
Memorial Pavilion, Rear Lot	23	D	Memorial Pavilion, Rear Lot	23		
Vancouver Island Cancer Centre, Rear Lot	15	Ε	Vancouver Island Cancer Centre, Rear Lot	15		
Vancouver Island Cancer Centre, Side Lot	38	F	Vancouver Island Cancer Centre, Side Lot	38		
Parkade	368	G	Parkade	368		
Vancouver Island Cancer Centre, Patient Lot	78	н	Vancouver Island Cancer Centre, Patient Lot	78		
Lee Ave Staff Lot	93	I	Lee Ave Staff Lot	93		
Vancouver Island Cancer Centre, Front Lot	7	J	Vancouver Island Cancer Centre, Front Lot	7		
Main Entrance / Emergency Lot	48	Κ	Main Entrance / Emergency Lot (upgraded)	50		
Carpool / Rideshare Lot	17	L	Carpool / Rideshare Lot	27		
Old Admitting Lot	51	Μ	Renal Infill	24		
Hospice Lot	20	Ν	Central Block U/G Parkade	320		
SEC Lot	191	0	Fort Street East U/G Parkade	235		
Begbie, Front Lot	7	Ρ	Trent Street Parkade	380		
Begbie, Rear Lot	89	Q	Coronation Ave. Onstreet Parking	3		
Main Staff Lot	443	R	Coronation Ave. Onstreet Parking	3		
Eric Martin Pavilion Lot	179	S	Central Block Drop Off	7		
		T	Coronation Ave. Onstreet Parking	4		
		U	Coronation Ave. Onstreet Parking	4		
		۷	Old Admitting Lot	81		
		Х	Reconfigured Begbie/Staff Lot	151		
		Y	Begbie Front Lot	7		
Tota	I 1720		Total	1971		

Parking Assumptions		
Total Projected Development Area (TFA) m ² (2035)	157,191	
Total Parking Stalls Required based on 1 stall per 80m ² TFA		
Total Parking Projected for 2035	1971	
Surplus	6	



Note: The parking summary utilizes the 1 space per **80 m²** Total Floor Area (TFA) ratio to calculate parking demand to 2035.





4.0 THE RJH MASTER **CAMPUS PLAN** 2015-2035

RIH MASTER CAMPUS PLAN 4.1

This MCP is not based on architectural functional programming of spaces, due to the evolving demands of healthcare services and funding on a regional level. Rather, the RIH MCP is intended to act as a framework for Island Health and key stakeholders to evaluate and guide future development opportunities. Its purpose is to enable the Health Authority to make informed and consistent decisions with respect to growth impacts on the campus for the next 20 years, and work closely with the municipalities in future zoning and development applications. The MCP is built upon the development scenario rationale in Section 3 and provides a "model" campus layout that incorporates the key goals and principles set out in the planning and consultation process. Key features of the Plan are illustrated on the following pages.

The objective of the MCP is to strengthen the sense of place and campus character of RIH. This Plan strives to improve the cohesiveness of buildings and landscapes, and to ensure the campus reflects the quality and stature of a major urban healthcare facility. The Design Guidelines located in Section 5 have been developed to guide, coordinate, and regulate project design throughout the campus, and to deliver those character improvements over the next 20 years.

The guidelines are grounded in an understanding of existing campus design opportunities and constraints, as well as balancing healthcare needs projected for the catchment area. A key feature of the MCP is the use of open space to reinforce the existing nodes of gardens and landscape that define the character of RIH within a strong sense of community and history in the area. To this end, buildings and structures are not only placed to logically connect into existing facilities, but also articulate and define outdoor

oriented campus, this contributes to the overall urban design campus overall. quality.

The MCP proposes a campus that will accommodate a total of 600 to 650 beds by 2035. The majority of new development projects will be located in the current DA-2 Zone within the City of Victoria. The current landscape open-space system, comprised of the heritage and patient gardens and other dedicated landscape nodes, will be expanded by the inclusion of a new public plaza area to the south. This will provide connections to Fort Street and integrate with existing south perimeter open spaces and landscape areas. The open space area located on the southwest corner of the campus, south of Begbie Hall, will remain.

Where feasible, small landscape improvements to existing areas will be contemplated as the campus evolves. Opportunities to enhance or add landscape screening around the perimeter of the campus will be encouraged along with better definition of entry features into the site. A north and south gateway feature is proposed to complement the existing entries at Bay Street and Coronation Avenue along Richmond Road.

An outcome of the planning process is a recommended change to the existing Fort Street Setback of 52 metres to approximately 13 metres aligned with the current Open Space Zone (DA-3). This will allow the construction of a building to accommodate a range of uses, including parking. This will be subject to municipal approval.

Improvements to pedestrian access on the north side of the campus will be developed from Adanac Street on both sides of the Memorial Pavilion. Materials, landscaping, wayfinding, planting and site furniture will enhance the pedestrian and campus experience of the property.

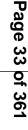
Although Lee Avenue is the primary service road for RJH, improvements to the overall streetscape and pedestrian

spaces. Combined with a preference for a pedestrian experience will greatly enhance the look and feel of the

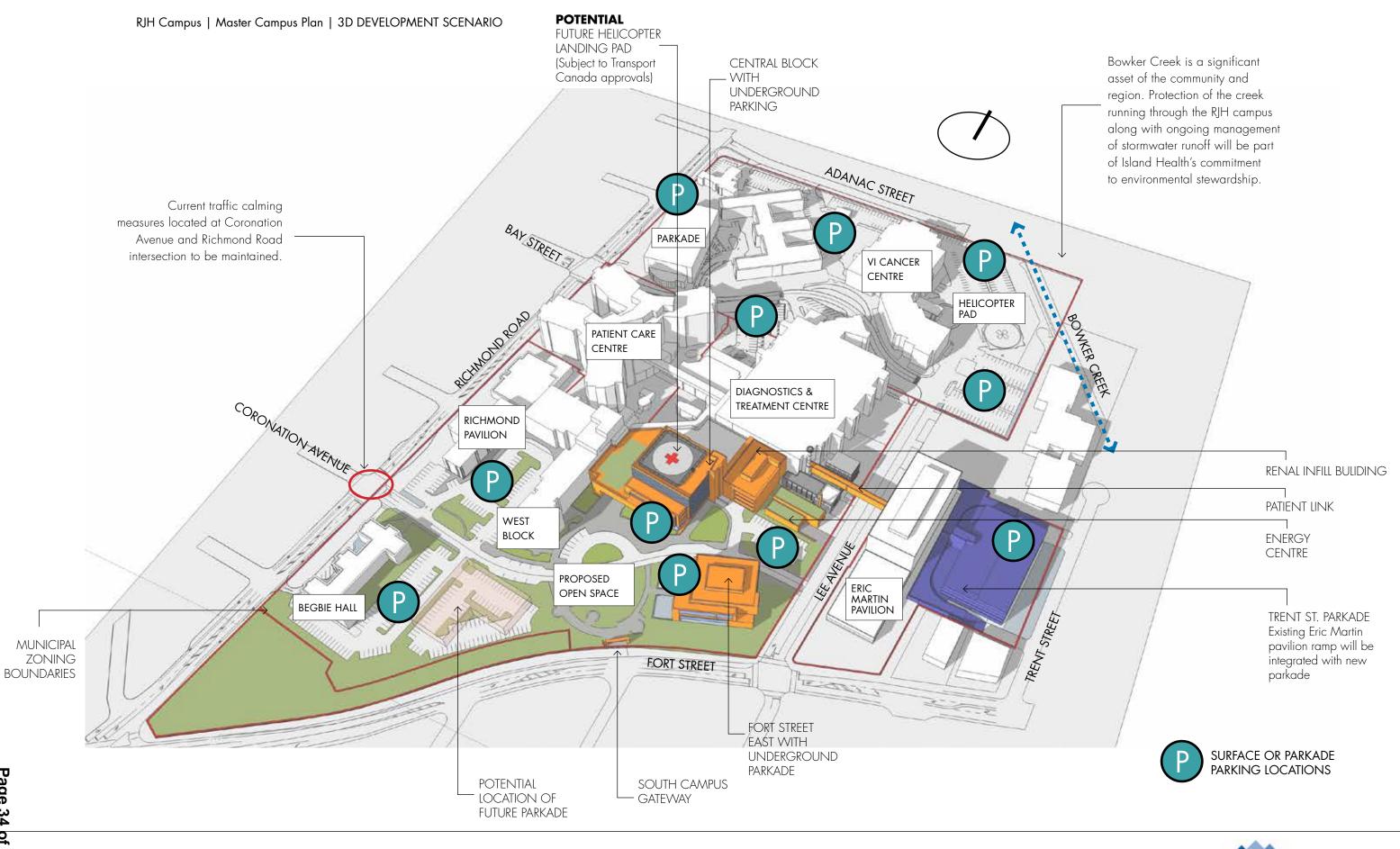
4.2 PROPOSED MCP KEY FEATURES

The following are some of the key features of the proposed MCP and provide a general idea of the major planning and design approaches for the campus:

- Building heights of new development are set to meet existing building height limitations, or are located towards the centre of campus if increased heights are needed to achieve density. This is intended to minimize building footprint coverage, and avoid placing taller buildings on the campus boundary.
- Building form and massing is as compact as possible. Articulation and transitions of building facades will be implemented to maintain pedestrian scale and architectural definition. Where feasible, future parkades are integrated within buildings and screened by other building uses or landscape screening.
- A south campus formal open space provides a strong focal point for surrounding building entries and a connection to Fort Street, as well as provides outdoor seating and greenspace.



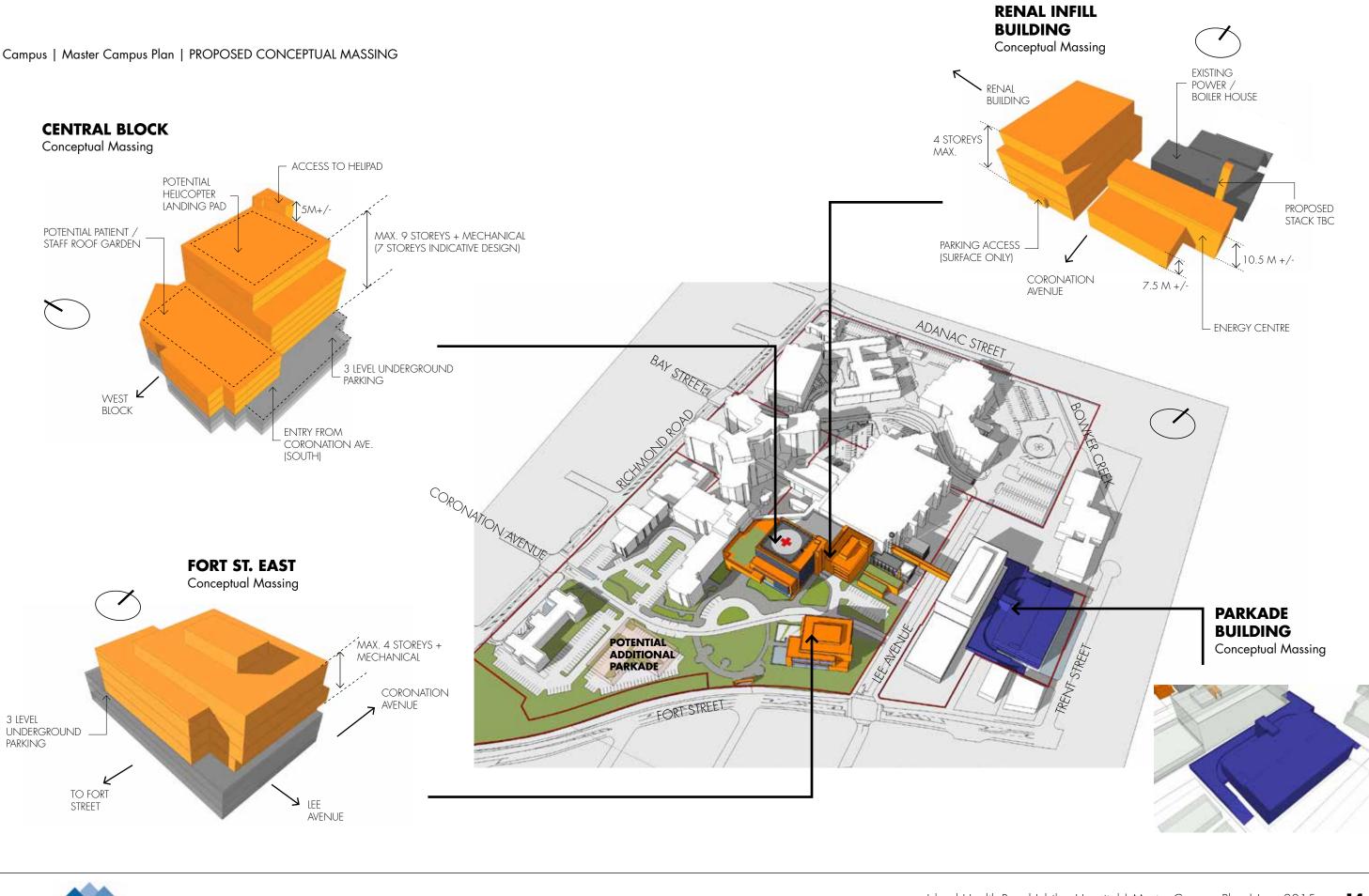




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island health

RJH Campus | Master Campus Plan | PROPOSED CONCEPTUAL MASSING





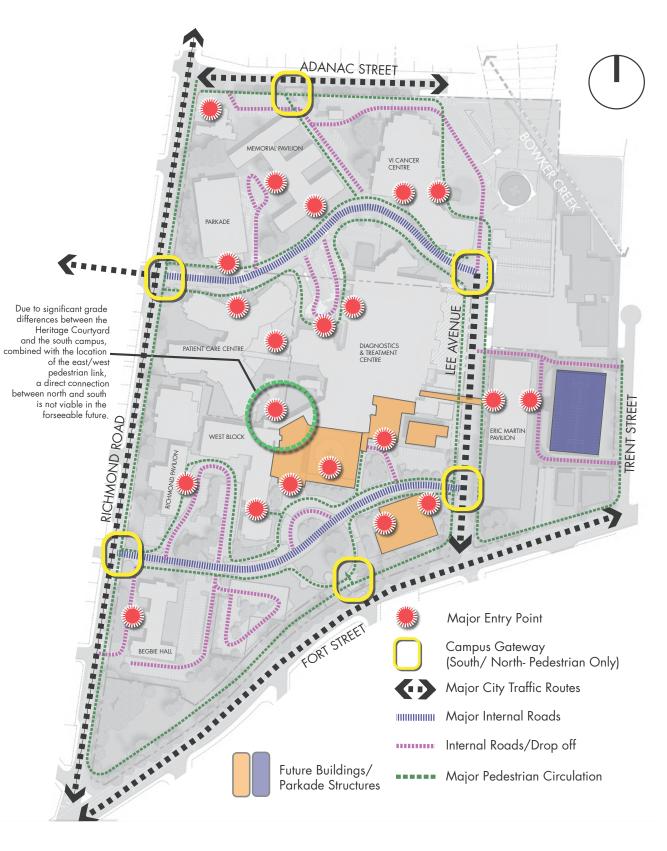
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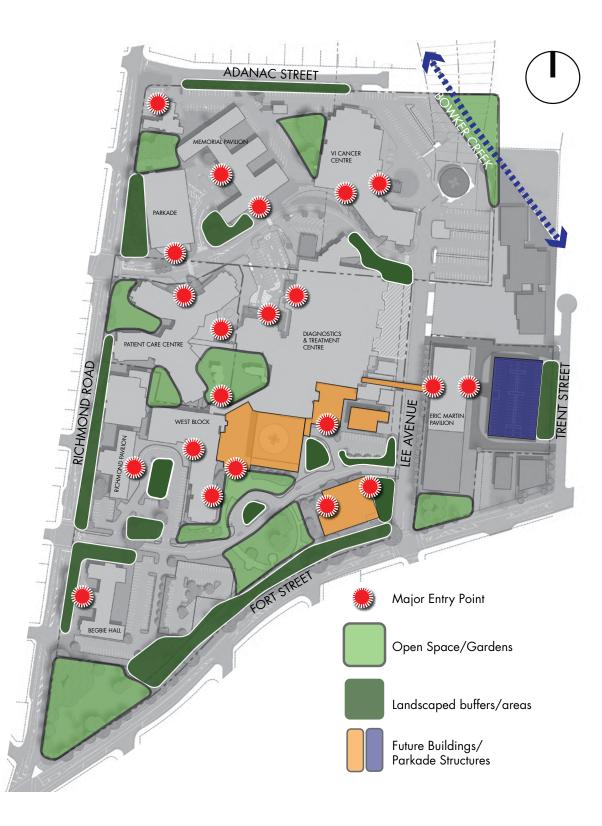






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CONCEPTUAL SKETCH VIEWS



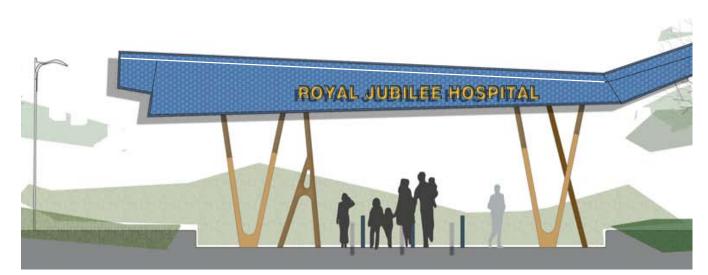
RJH Campus | Master Campus Plan | Conceptual View towards Central Block Main Entry



RJH Campus | Master Campus Plan | Interior view towards South Gate, from Central Block



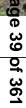
RJH Campus | Master Campus Plan | Pedestrian South Gate Concept from Fort Street



RJH Campus | Master Campus Plan | North Campus Gateway Concept



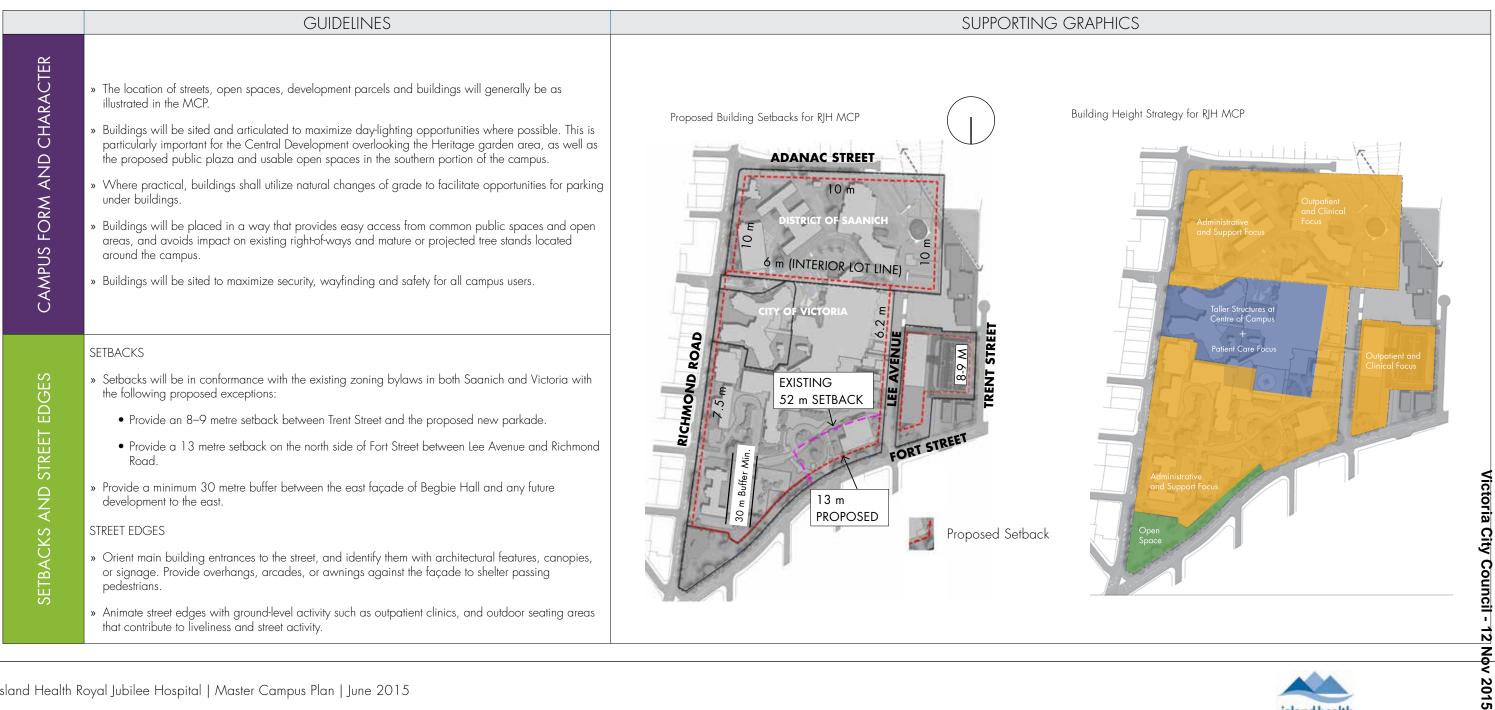






DESIGN GUIDELINES 5.0

The goal of the Design Guidelines is to create a more cohesive campus environment and improve the overall character of the site. The physical character of the campus has evolved over the past 120 years with a variety of buildings that reflect the architectural styles of their time. The following Design Guidelines will be used to create a campus that reflects the appropriate scale, integration, and functionality of buildings and open spaces.



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- Any rehabilitation or addition to heritage buildings or features will follow municipal requirements and will be respectful of original materials, colour palettes, and heritage standards.
- » Promote creative, contemporary design that respects the historic context of the campus. New additions will be compatible in character, but readily recognized as contemporary architectural connections.
- » Preserve and protect existing heritage landscapes such as Garry Oak groupings and mature planting.
- » New development will be designed to enhance the Heritage Courtyard as a public space that will be used for both celebration and as a gathering place in the heart of the campus.





SITING AND ORIENTATION

- » Integrate with the existing and future Fort Street streetscape and the future large urban village proposed for the area. Maintain the character and scale of the Richmond Road streetscape, respecting pedestrian and vehicle movement along this major artery.
- » Continue to enhance the Adanac Street residential streetscape through additional planting and landscape screening of Hospital buildings, and ensure that future buildings acknowledge and complement the residential scale and form along the street.
- » Primary loading and service areas for the campus will be oriented on Lee Avenue.

HEIGHT AND MASSING

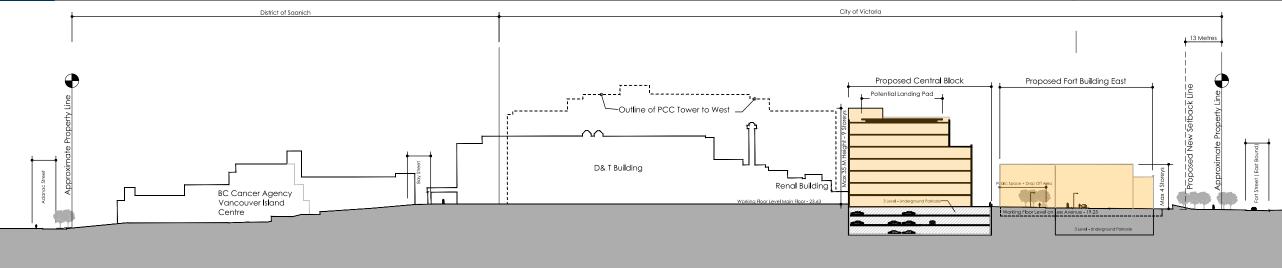
- » Maintain taller structures such as the PCC and proposed Central Block within the centre of the campus.
- » New buildings at the centre of campus will not exceed 9 storeys (35 metres). Floors will range between 4 6 metres in height depending on the use.
- » New buildings on the edge of campus will not exceed 5 storeys (19.5 metres).
- » To maintain an appropriate scale at the pedestrian level, use terracing on taller buildings.
- » Respect the variety of building heights and transition the heights of new buildings to complement the existing scale and massing.

MATERIALS AND ARTICULATION

- » Buildings will employ the following materials to ensure contemporary design, and detailing:
 - Primary Materials Cladding material or 'field' for façades is to be light to mid-range coloured such as the following: prefinished metal panels, glass, terra cotta, porcelain, enamel, and brick.
 - Secondary Materials Accent materials to be selected from the following: clear anodized aluminum or zinc, cast-in-place concrete, wood, brick, gray granite (honed, polished, flamed, or cleft-cut), prefinished metal, glass panels, and patterned glass (ceramic frit, silk screened, etc.)
- » Use glazing, canopies, shading systems and structural elements to articulate buildings and define pedestrian scale and comfort at grade.

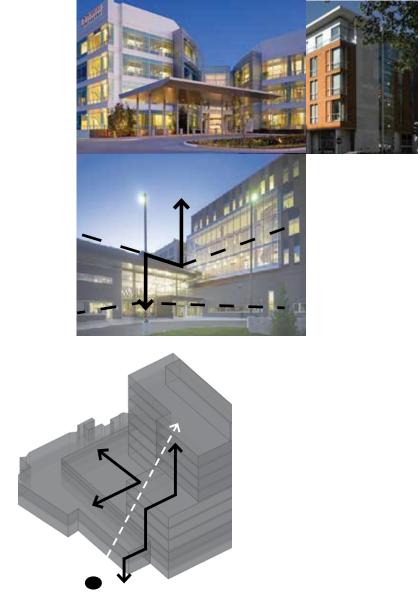
ROOFS

- » Integrate rooftop mechanical systems, elevator penthouses and other appurtenances into the form and architecture of the building.
- » Incorporate green roof technologies and accessible outdoor spaces throughout the site where possible.
- » Roof areas of lower buildings will be attractive when viewed from above, and will consider views to the site from the surrounding neighbourhoods.



RJH Campus | Master Campus Plan | SITE CROSS SECTION - NORTH-SOUTH - GENERAL PROPOSED AND EXISTING BUILDING HEIGHTS

SUPPORTING GRAPHICS



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OPEN SPACES

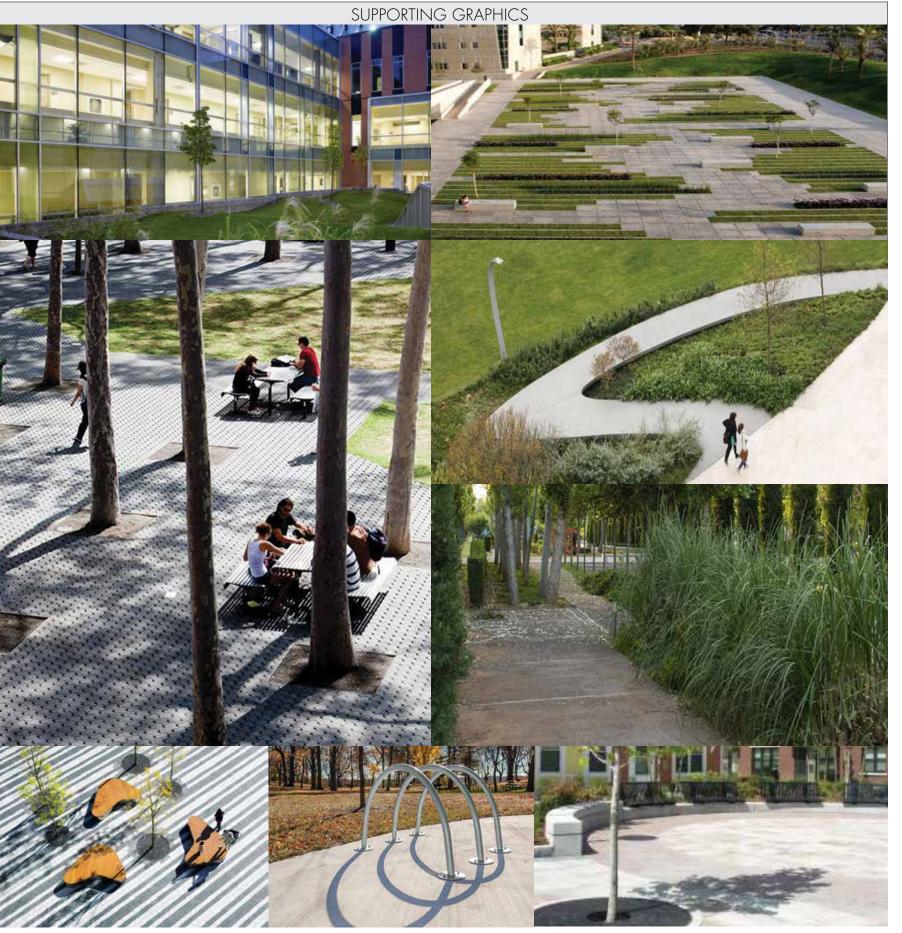
- » Explore ways to celebrate the campus history through sculpture and other forms of public art and landscape design, integrating the story of the Hospital and the local community with open spaces and architecture.
- » Develop key gateways and entrances for pedestrians at the north and south ends of the site.
- » Provide landscape screening and a buffer between Trent Street and the proposed Eric Martin Pavilion Parkade.
- » Preserve the existing open space at the corner of Fort Street and Richmond Road.
- » Preserve and protect Bowker Creek and its watershed following the principles established in the Bowker Creek Blueprint.
- » Where possible, orient outdoor areas for optimum sun and light exposure.

LANDSCAPES

- » Manage existing mature landscape. This may include ongoing pest control, pruning, inter-planting, or other horticultural best practices.
- » Permeable paving materials and grass paver blocks will be used to reduce stormwater runoff from hard surfaced areas.
- » Durable paving materials such as concrete or concrete unit pavers, stone and masonry will be used for pedestrian and wheeled use.
- » Soften the campus edges and provide a buffer between Hospital buildings and surrounding neighbourhoods with native landscape planting.
- » Utilize native, low maintenance planting as appropriate. Allow for seasonal colour and limit non-native plantings in key entry and patient outdoor areas.

SITE FURNISHINGS

- » Site furnishing will be a visually coordinated system that works well with other elements like signage and hard surfaces to enhance the character of the campus.
- » Furnishings will be comfortable, durable and attractive under low maintenance conditions.





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- » Identify main building entries clearly in ways that are visible, and accessible from the street.
- » Provide building connections above grade, to allow greater pedestrian access to landscaped areas at ground level.
- » East-west and north-south pedestrian corridors will connect the edges of the site to key public spaces such as the Heritage Courtyard, parking areas and building entrances to allow ease of access through the campus.

WAYFINDING

- » A coordinated and standardized signage system will be developed to provide necessary information about the location and direction of all buildings and important components on the campus (signage design will be consistent with current campus signage standards).
- » Campus directories will be located at key points of the campus, and they will be both prominent and legible.
- » The names of buildings, as well as their central functions and activities, will be clearly presented. Campus streets, primary walkways, and major open spaces will also be identified.

ACCESSIBILITY

PEDESTRIAN

- » Generally, the primary pedestrian paths, public open spaces, and principal entrances to all buildings will be accessible to the physically challenged.
- » Appropriate signage or markers will be used to indicate accessible routes for the physically challenged.
- » The campus will be universally accessible and adhere to the principles of Universal Design.

LIGHTING

- » Use light strategically to ensure public safety and reduce vandalism, including appropriate lighting on walkways, paths and adjacent areas, building entrances, transit stops, and bicycle lock-up facilities.
- » All pedestrian lighting along internal roadways will be designed with sharp cut off to avoid light spillage.
- » Lighting design will adhere to the standards set by the Royal Astronomical Society of Canada Light Pollution Abatement program in order to minimize off-site light spill and maximize dark sky.







PARKING STRUCTURES

- » Crime Prevention Through Environmental Design (CPTED) principles will be incorporated into the design of all new structured parking on campus.
- » Parking will be conveniently located, accessible, and secure for hospital users.
- » Parking structures will be screened from view by wrapping or integrating other building functions or design elements around their exterior façades.

SURFACE PARKING

- » Break up large surface parking areas visually using landscaping features and pedestrian pathways. Trees also help provide shade to vehicles and parking surfaces to minimize the heat-island effect of large areas of paving.
- » Incorporate engineered bioswales, permeable paving surfaces, and other developing 'green' technologies into the design of surface parking areas to mitigate stormwater run-off.
- » Provide clear pathways and crossings through surface parking lots. Pedestrian crossings through parking areas are to be well-lit and employ high-contrast paving materials where appropriate.
- » Screen all surface parking lots with landscape and berming where practical and appropriate.



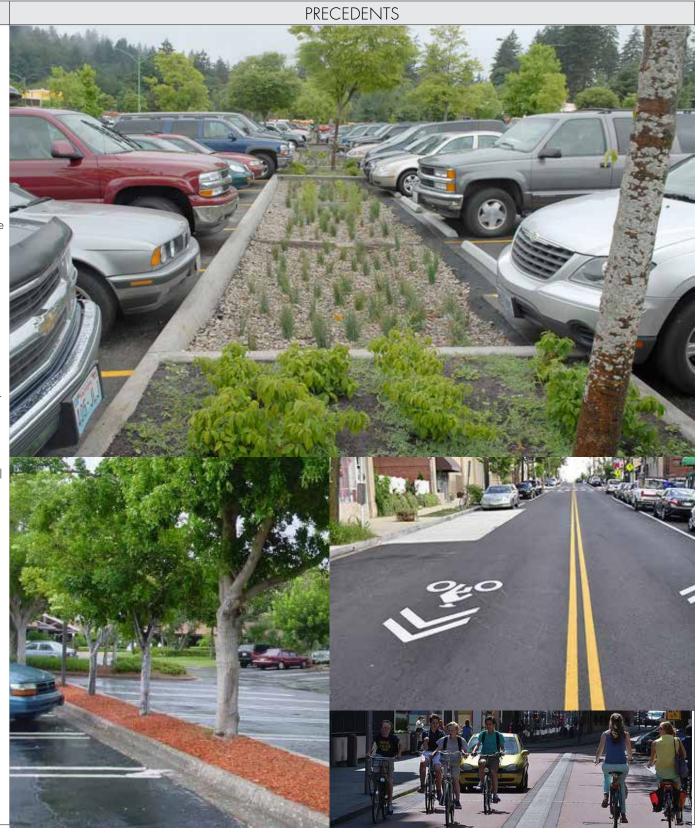


ACCESS AND USE

- » Primary servicing access for delivery vehicles will be maintained on Lee Avenue to the rear of the D&T Centre as well as the proposed Energy Centre.
- » Lee Avenue is owned and maintained by the City of Victoria. Any improvements on the RJH property along the Lee Avenue streetscape will be coordinated with the City of Victoria to ensure consistent design and standards for the street appearance. The current streetscape is wide due to truck access requirements and major underground services. This street would benefit from increased landscape screening, well-defined pedestrian areas and crossings, improved lighting, and signage. Material changes (e.g., coloured concrete and unit paving) at pedestrian crossings along the road would break up the visual impact of the road. All paving materials must be rated for heavy vehicle use.
- » Provide a new south internal roadway running from east to west across the south campus, connecting Lee Ave. and Richmond Rd. across from the existing Coronation Avenue intersection. Note: There are no plans to change the existing intersection at Coronation Avenue and Richmond Road, and traffic control measures will remain in place at this intersection.
- » The south internal road will be a shared roadway for vehicles and cyclists. Adequate sightlines for traffic and pedestrian safety will be required. In addition, the road will provide accessibility for emergency vehicles.
- » A drop-off area will be provided at the mid-point of the south internal road length for access to the Central Block and other buildings. The drop-offs will be located as close as possible to entries for individuals with mobility challenges. This area will be connected with the proposed gateway and the south end of the site at Fort Street.

ROADWAYS

- » Use alternate paving materials as appropriate to reduce large areas of asphalt throughout the campus area.
- » Planting islands along roadways will be sufficient in size to maintain healthy trees.
- » Design will minimize the area devoted to vehicular circulation, optimizing efficient traffic flow, and access to campus parking areas.
- » Enhance and simplify wayfinding for vehicles as they approach the Hospital from the surrounding communities, and within the Hospital campus.





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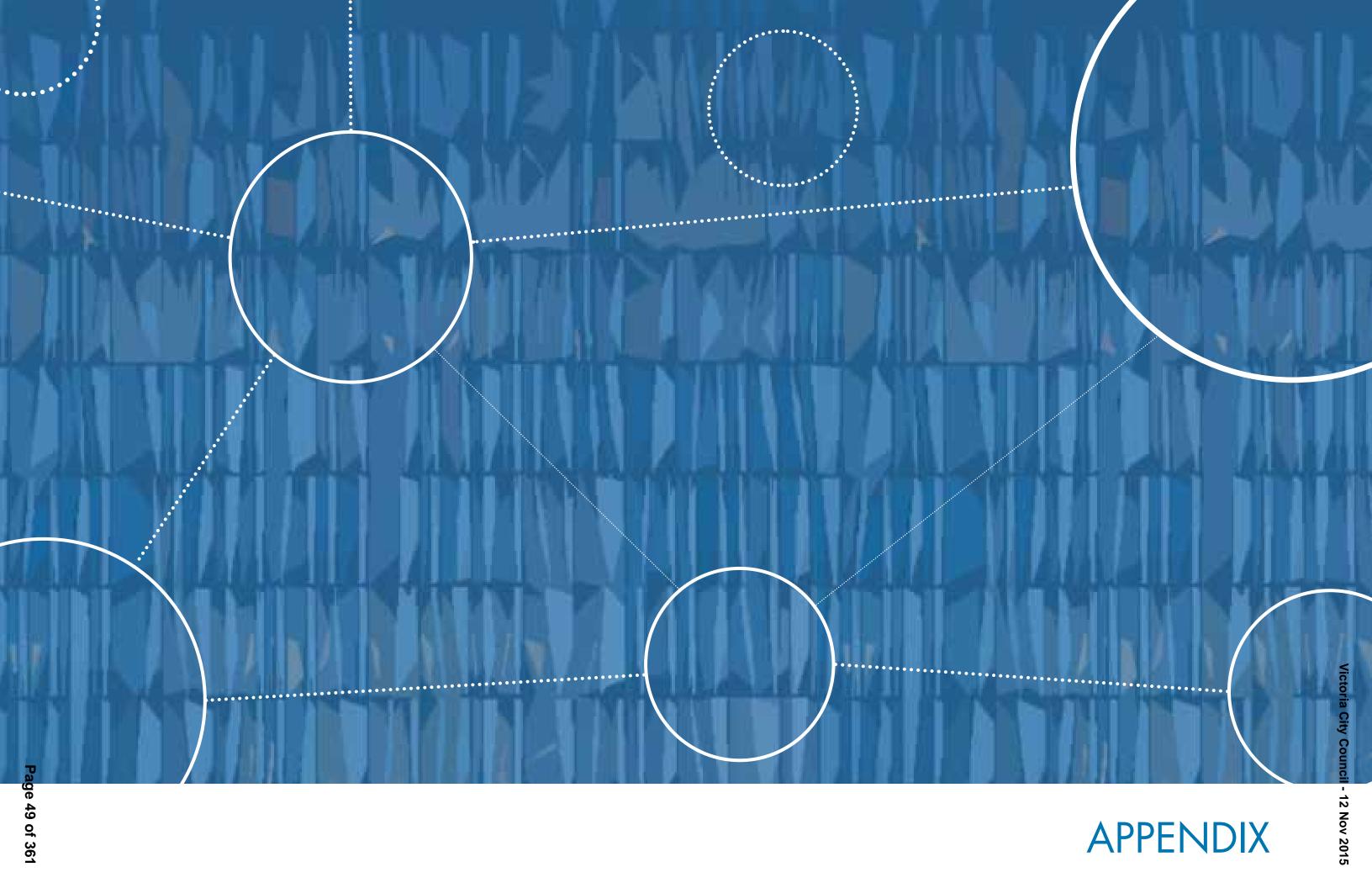
CYCLING	 Provide clear and consistent signage for cyclists, indicating bicycle routes, parking and amenities. Integrate an on-site "Bicycle Centre" in the proposed Central block building or in a central location near key end-points. This bike centre will include a variety of bike parking options (racks, lockers, cages), bicycle repair tools and personal lockers, lighting and surveillance, and charge facilities for electric bicycles. For more details on cycling facilities on campus, please refer to the TDM recommendations in Appendix B. 	
TRANSIT	 » Provide well-lit, fully accessible pedestrian routes from transit stops to building entrances or other key destinations on campus. » Provide well-lit, weather protected waiting areas for transit users, including associated amenities such as seating. » Provide clear and consistent signage and wayfinding indicating pedestrian routes and schedules for transit users. » For more details on transit, please refer to the TDM recommendations in Appendix B. 	
HELICOPTER LANDING PAD	 » The current helicopter landing pad will remain in position for the foreseeable future; however, opportunities to relocate it away from its current location will be considered as new development projects occur. » When considering changes to helicopter landing, Island Health will: Abide by Federal Regulatory requirements; Consider ease of access to critical facilities, economic viability, noise, and vibration; and, Consult with stakeholders and communities that may be affected by a change in the flight path. 	





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A. PUBLIC	COMMUNITY FEEDBACK ON	COMMUNITY FEEDBACK	COMMUNITY FEEDBACK ON	COMMUNITY FEEDBACK ON
	OVERALL CAMPUS DEVELOPMENT	ON BUILDINGS	LANDSCAPE & OPEN SPACE	ROADWAYS AND PARKING
<section-header></section-header>	 » If additional density is required, encourage density and height in the centre of the site rather than on its edges. » Provide green spaces around increased density. » Protect green spaces, enhance them, and link them to green spaces outside the campus. » Set back of the sidewalks along the perimeter of site should be accommodated where possible. Use Fort Street as a precedent. On Richmond Avenue, move sidewalks off the curb and create landscape buffer between curb and relocated sidewalks. » Establish a 'build-to' line on Fort Street at the edge of the landscape strip along the road. On Richmond Road, use the current setback of Begbie Hall, and on Adanac Street, use a setback similar to the Richmond Road set back. » Explore mixed use and residential development if there is market demand and spare capacity on-site. » Reserve space for a future BC Ambulance Service depot. 	 » Acknowledge the existing form and character of buildings on the site during development. » Graduate the scale of buildings down to human scale at the street level, using established heights of Richmond Pavilion and Begbie Hall as precedents. » Because Hospital floors are taller than standard floors, unit measurements should be used as well as storey measurements when referring to building heights. 	 Protect the site's natural ecology and environmental sustainability. The campus should comprise a network of connected open spaces, with buildings sited to enhance that network. Nature and open space to be considered the "backbone" of the Plan. Preserve and enhance green space as far as possible, preserving parks at Richmond and Fort, enhancing green space at Begbie, expanding the tree canopy and exploring the use of green roofs across campus. Explore how paths and green space could better respond to existing topography and site drainage patterns. Recognize Garry Oaks by preserving and enhancing their presence on the site. 	 » Reduce the number of parking lots and consolidate parking into parkades. » Conduct a parking study to review requirements. » Create a valet parking service for visitors (electric car specific). » Continue to monitor and implement required transportation demand measures.

COMMUNITY FEEDBACK	COMMUNITY FEEDBACK	COMMUNITY FEEDBACK ON	COMMUNITY FEEDBACK ON	COMMUNITY FEEDBACK
ON TRANSPORTATION	ON ACCESSIBILITY	HISTORY AND HERITAGE	THE PLANNING PROCESS	ON OTHER ISSUES
 » Increase public transit to the site. » Provide more public transit stops near the Hospital campus, and realign bus stops so they are closer to the site. » Create a transportation hub (exchange) on the campus. » Include Transportation Demand Management principles in the MCP. 	 Acknowledge existing 'desire lines' (informal pathways that develop over time through continued use) and integrate into future planning of circulation and accessibility. Improve wayfinding and signage. Ensure that the MCP shows solid connections to and through the Heritage courtyard. Provide a flashing pedestrian light when crossing Richmond Road at Denman. Create pedestrian crossings on Fort Street at Duchess and Davie Street intersections. Ensure physical accessibility needs are addressed for all users (curbs, slopes, etc.). 	 Preserve heritage resources. Enhance access and green space around historic buildings, particularly the Pemberton Operating Theatre and Chapel. 	 Continue dialogue with the community. Island Health and community stakeholders together will identify timelines, meeting locations, and contacts for continued engagement. Provide opportunities for interested people to be involved in small design changes that occur on site that do not require a public hearing. For example, the community would like to be involved in decisions about paving and bench locations. The community understands the constraints, and accepted the design response, but would like the option to be considered for future opportunities. 	 Currently, smoking is not allowed anywhere on the Hospital campus due to existing bylaws and Island Health policy. Some community members observed smoking being pushed into the neighbourhoods. There was a request for discrete areas for smokers on campus, such as a public square or space with appropriate setbacks - 6 m from any vent or air intakes. NOTE: Island Health has a Smoke-Free Premises Policy and therefore, is unable to formally sanction smoking on the Hospital campus. Within the context of Transport Canada regulations, consider ways to minimize the impact of helicopter operations on the surrounding communities.



B. FUTURE TRANSPORTATION DEMAND MANAGEMENT STRATEGIES AT RJH

The following table is a summary of the TDM Strategies that Island Health is committed to implementing or investigating over the next 20 years. All of these strategies will require executive discussion and approval prior to implementation. For more details on the background of TDM at RJH, as well as on each of these strategies, please see the full 2015 RJH Parking and Transportation Study conducted by Boulevard Transportation, A Division of Watt Consulting Group (www.blvdgroup.ca).

TDM STRATEGY	DESCRIPTION
nvestigate Increasing the Cost of Staff Annual Parking Permit by 25% by 2025	Studies of parking "elasticity" suggest that a 10% increase in parking cost will decrease vehicle trips by 1-3% and a 50% increase in cost will reduce trips by 5-15%. Island Health will investigate the opportunity to increase staff annual parking permit costs by 25% by 2025 to \$877.50, and another 25% by 2035 to \$1053.00. Island Health could achieve this through incremental increases or larger cost increases over a multi-year period. Any increase to annual parking permits will ideally be tied to the construction of a new parkade, as an increase in parking fees will be more tolerable if there is an adequate supply available.
Work Towards Permit Cap mplementation on Annual Staff Parking Permits and Work Towards Phasing out Annual Staff Parking	Once staff purchase an annual permit they have little financial incentive to use alternative modes of transportation. The elimination of annual permit passes will force commuters each day to consider how they will travel to the campus.
ermits	Island Health will work towards implementing a permit cap on the annual staff parking permits by 2025, with the long-term plan to eliminate altogether (by 2035). This will require a great deal of work within the organization, and will need to coincide with increased technology in the proposed new parkades, which will allow for an integrated system.
evelop an Integrated Parking System	Moving to an automated parking management system will afford a range of options to enhance parking service provision, better manage parking demand, and implement new TDM programs. An integrated system will work well with the development of the proposed parkades on campus.
	The following options will be pursued as part of or subsequent to implementing automated parking systems: » Alert system: An "alert system" to provide real-time travel information communicated via
	 website and/or mobile application – this will allow for travel planning by site users. » Smart card: System that allows staff to pre-pay for transportation and parking services, track progress, and integrate with other administrative and security access. Can be used for parking, cycling, shuttle and transit.
Continue to Increase Transit ProPass Subsidy	Island Health has nearly tripled the Transit ProPASS subsidy since 2009, from \$5.54 per pay period in 2009 to \$16.17 in 2014. ProPASS enrollment has increased each year since the program was introduced, with an average of 32 new participants each year at RJH. No other health authority in British Columbia is known to offer a subsidized transit pass to staff.
	Island Health will continue to increase the ProPASS subsidy to reduce the cost to staff and encourage more staff to enroll. A target cost to staff of \$15.57 per pay period by 2025 will bring the annual cost of the ProPASS to approximately 45% the cost of annual staff parking, providing a significant financial incentive to use transit. By 2035, the target cost to staff per pay period will be \$14.68.

DESCRIPTION

ed to permanent Island Health staff only and not to casual sland Health payroll system does not allow deductions to occur dequate hours for a certain pay period (the system cannot

BC Transit to alter the criteria to accommodate casual staff ance Department to work out if General Accepted Accounting his type of transaction that is tied to a contract with an outside would be the same from BC Transit; however, the subsidy may staff could be using the transit pass for more trips that are not

sit's Transit Future Plan as part of the "Frequent Transit Network", will be 15 minutes or better between 7:00am and 10:00pm be provided at select locations to include level door boarding, customer information and bike storage.

- ity of Victoria and BC Transit to ensure that bus stops are site, as follows:
- inimize walking distance to the site;
- an routes from bus stops to key buildings / destinations on site;

g of Fort Street from the south side bus stop.

ing to accommodate real-time bus schedule / arrival e (e.g., PCC courtyard, D+T entrance, proposed new Central ne operational once the BC Transit real-time information system

ne travel survey that the VGH / RJH shuttle bus frequency needs ore attractive, particularly during AM and PM peak periods. e from 7:00am-7:00pm and 8:00am-4:00pm (plus or minus

fy the shuttle schedule to better accommodate peak periods he existing shuttle vehicles. The schedule will begin earlier to GH for their shift start/end times.



TDM STRATEGY	DESCRIPTION	TDM STRATEGY	
Create Shuttle Transfer Point	The shuttle operates on a direct route between VGH and RJH. The current routing accommodates trips between hospital sites, as well as VGH staff living nearby RJH and RJH staff living nearby VGH. To better accommodate staff living elsewhere, Island Health will consider adding transfer points along the route. A transfer point could be added along the route in the vicinity of Uptown Mall/Saanich Rd., to facilitate transfer between the shuttle and numerous bus routes nearby, as well as cycling connections on the Galloping Goose and Lochside trails. The liabilities of providing a planned stop along the route will need to be investigated prior to implementation.	Investigate Modified Clinic Service Hours to Off-Peak Periods	As part of the overall strateg emphasis is being placed of and family perspective, hav hours may be desirable. Is potentially contribute to exc provide additional benefits peak demand period.
Install Bike Racks on Shuttle Vehicles	Staff indicated a desire in the travel survey for shuttle vehicles to accommodate bicycles so they may use the shuttle for the morning or afternoon portion of their commute and bicycle for the other, or accommodate staff seeking to bicycle to/from VGH and shuttle to RJH (particularly applicable for staff residing in View Royal and the Western Communities). By 2020, Island Health will install bike racks on existing shuttle vehicles. Bike racks can be placed on the rear hitch of the vehicle and may have the ability to accommodate four bicycles at one time while still having the ability to access the trunk.		This will require a great dea however, Island Health is co patient and family experien offer some services outside service providers. This will n Health and will take time to staff, and other healthcare p strategy.
Relocate Carpool Parking Spaces	The primary carpool and rideshare parking supply is located adjacent to the Food Services Building on Lee Avenue. This is not a central location and remote from key staff destinations (PCC, D & T, Royal Block). By 2017, Island Health will relocate the carpool/rideshare spaces to a more convenient location with improved pedestrian access to key staff building entrances to make them more desirable to potential carpoolers.	Investigate Staggered Staff Shifts	Staggering staff shifts involv at the site at once, reducing conditions for vehicles enter above, Island Health is also healthcare providers, having circumstance or lifestyle. Isl providers prior to implement
Increase Bicycle Parking throughout the Campus and Create a Bicycle Centre	The RJH site includes a total of 712 bicycle parking spaces (616 bike racks and 96 bike lockers). Bicycle storage has increased by 85% since 2003. Island Health will continue to increase bike parking spaces on campus to accommodate future demand. These will be located at building entrances and, where possible, will be protected from the elements.		In circumstances where stag benefit of reducing traffic/p term strategy as it will also Authority and will require su
	New development on campus will present opportunities for integrated bicycle parking facilities at the centre of campus. Island Health will create an on-site "Bicycle Centre" that provides a variety of bicycle parking options (racks, lockers, cages), bicycle repair tools and/or service, personal lockers, lighting and surveillance, and charge facilities for electric bicycles. Consideration will be given in future buildings as to where this facility will be accommodated, ensuring the location is easily accessed by bicycle and centrally located near key end-points. The proposed Central Block development would likely be the preferred candidate for this centre.		



DESCRIPTION

ategic direction of the provincial health system, an increasing ed on both patient and provider experience. From a patient having access to some clinics and services during non-peak . Island Health will continue exploring those initiatives which excellent patient and family experience. Those changes may efits in terms of reducing the need for parking during the current

deal of discussion at different levels of the Health Authority; is committed to exploring many improvements to the overall rience including potentially modifying clinic service hours to ide peak periods. This may not be feasible for certain clinics/ vill represent a significant change in philosophy for Island e to be fully explored and supported by administration, unions, are providers; therefore, it should be considered as a long term

volves altering shift schedules so that not all staff arrive cing intersection capacity needed to provide acceptable entering/exiting the site at that time. Similar to the strategy also pursuing improvements to the staff experience. For some aving different shift patterns may by beneficial for their personal . Island Health will continue to explore these options with its menting any changes to current shift patterns.

staggered shifts may work for staff, it will provide the additional ic/parking demand during peak periods. This will be a long Iso require a great deal of discussion at all levels of the Health e support from Island Health administration.

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APPENDIX A

Average Daily Volumes by Hospital User Group





Royal Jubilee Hospital: Parking and Transportation Study Average Daily Volumes of Hospital User Groups March 10, 1015

Our Vision: Excellent care - for everyone, everywhere, every time

RJH STAFF EMPLOYESS	Total Notes	Source
General Staff	1569 avg M-Th (day time staff, night shift not included)	Gael Forster (Consultant, Performance Monitoring and Reporting)
Food Service	55 avg M-Th	Jennifer Phillips (Director, Patient Food Services)
Acciona	120 Regular basis	Sylvie Chenier (Operations Manager - Patient Care Centre / Royal Jubilee Hospital)
		, , , , , , , , , , , , , , , , , , , ,
A design of the second s	TOTAL 1744	
A design of the second s		, , , , , , , , , , , , , , , , , , ,
Т		Source
T RJH PATIENTS	TOTAL 1744	
A design of the second s	TOTAL 1744 Total Notes	Source

RJH PHYSICIANS	Total Notes	Source
General Physicians	39 Avg daily, w/ inpatient intervention Mon-Fri: 2014 calendar year (includes hospitalists)	Will Collishaw: Discharge Abstract Database
Anaesthetists	14 Avg daily, w/ inpatient anaesthesia intervention Mon-Fri: 2014 calendar year	Will Collishaw: Discharge Abstract Database
Emergency Department	8 Avg number ED physicians who saw patients 8am and 4pm RJH: 2014 calendar year	Will Collishaw: Emergency Fact Table
	TOTAL 61	

RJH Students & Educators	Total Notes	Source
UH/VGH Students	40 4 classes of 32 students each, but only 40 would use the sites on any given day	Anne Beaton (Island Medical Program RJH Receptionist)
IBC Student	1 from other UBC distributed medical sites across BC	
ost Grad Residents	12	
echnicians	2 assist with simulation lab (not paid by VIHA)	
Ivic Faculty/Staff	5 attending meetings from UVic to RJH/VGH	
nstructors	6	
olunteers	4	

RJH Volunteers	Total Notes	Source	THE REAL PROPERTY.
Hospital Volunteers	30 avg M-Th, email confirmation	Ciara Stewart (Manager, Volunteer Services)	
And a second second second	TOTAL 30		

	Total Notes		Source	
bital Volunteers	30 avg M-Th, email confirmation		Ciara Stewart (Manager, Volunteer Services)	
TOTAL	30		Ti -	
Cancer Centre	Total Notes	a constant of the second of the second of the second of the	Source	
loyees (students/ staff/ volunteers)	325 Average 300-350 per day		Kelly, Nystedt, Regional Director, BC Cancer Agency	
licians	40 Average daily			
patients	325 Average 300-350 per day			
TOTAL	690			
GRAND TOTAL	4434			
		Page 1		Last updated: March 10,
	10 N			
	10) 10)			
	15			

APPENDIX B On-Site Parking Observations



Parking Occupancy Summary, by lot

		Wed, Mar	ch 4 10:00am	Wed, Mar	ch 4 2:00pm	Thurs, Mar	ch 5 10:00am	Thurs, Mar	ch 5 12:00pm	Thurs, Ma	rch 5 2:00pm
	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
A. Adanac Services Lot	15	10	67%	11	73%	9	60%	8	53%	12	80%
B. Memorial Pavilion, Side Lot	30	28	93%	27	90%	28	93%	28	93%	30	100%
C. Memorial Pavilion, Front Lot	8	8	100%	7	88%	8	100%	7	88%	8	100%
D. Memorial Pavilion, Rear Lot	23	23	100%	19	83%	18	78%	20	87%	23	100%
E. Vancouver Island Cancer Centre, Rear Lot	15	15	100%	15	100%	15	100%	15	100%	12	80%
F. Vancouver Island Cancer Centre, Side Lot	38	38	100%	37	97%	38	100%	37	97%	38	100%
G. Parkade	368	353	96%	341	93%	359	98%	357	97%	354	96%
H. Vancouver Island Cancer Centre, Patient Lot	78	73	94%	65	83%	57	73%	67	86%	67	86%
I. Lee Ave Staff Lot	93	93	100%	88	95%	93	100%	92	99%	88	95%
J. Vancouver Island Cancer Centre, Front Lot	7	6	86%	5	71%	6	86%	5	71%	5	71%
K. Main Entrance / Emergency Lot	48	44	92%	47	98%	48	100%	45	94%	48	100%
L. Carpool / Rideshare Lot	17	17	100%	17	100%	17	100%	17	100%	17	100%
M. Old Admitting Lot	51	44	86%	33	65%	41	80%	44	86%	39	76%
N. Hospice Lot	20	20	100%	19	95%	20	100%	20	100%	17	85%
O. SEC Lot	191	183	96%	180	94%	187	98%	185	97%	170	89%
P. Begbie, Front Lot	7	5	71%	4	57%	7	100%	7	100%	6	86%
Q. Begbie, Rear Lot	89	71	80%	67	75%	64	72%	82	92%	62	70%
R. Main Staff Lot	443	420	95%	415	94%	443	100%	443	100%	432	98%
S. Eric Martin Pavilion Lot	179	172	96%	164	92%	169	94%	156	87%	156	87%
TOTALS	1,720	1,623	94%	1,561	91%	1,627	95%	1,635	95%	1,584	92%
								DEAK OF	PERMATION.	200 - C.	

PEAK OBSERVATION

Parking Occupancy Summary, by type of space

ALL SPACE TYPES			lay March 4 00am			Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Staff Parking	918	886	97%	866	94%	910	99%	908	99%	883	96%
Physician Parking	118	121	103%	113	96%	111	94%	113	96%	106	90%
Visitor Parking	322	305	95%	297	92%	320	99%	305	95%	303	94%
Patient Parking	164	149	91%	133	81%	127	77%	140	85%	139	85%
Reserved Parking	129	106	82%	100	78%	100	78%	113	88%	97	75%
Carpool / Rideshare Parking	19	19	100%	19	100%	19	100%	19	100%	19	100%
Misc. Parking	50	38	76%	33	66%	41	82%	37	74%	37	74%
TOTAL	1,720	1,624	94%	1,561	91%	1,628	95%	1,635	95%	1,584	92%
								PEAK OB	SERVATION		

STAFF PARKING				ay March 4 00am		lay March 4)0pm		ay March 5 00am		y March 5 00pm		y March 5 00pm
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Employee Parking	S	109	109	100%	107	98%	109	100%	108	99%	106	97%
VIHA Staff Parking	F, I, O, R	661	638	97%	624	94%	660	100%	660	100%	639	97%
Staff Permit Parking	Q	7	7	100%	7	100%	7	100%	7	100%	7	100%
Staff Parking (parkade)	G	141	132	94%	128	91%	134	95%	133	94%	131	93%
TOTAL		918	886	97%	866	94%	910	99%	908	99%	883	96%

PHYSICIAN PARKING				ay March 4 00am	and the second second second	lay March 4)0pm	the second s	ay March 5 00am		y March 5 00pm		iy March 5 I0pm
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Physician Parking	E, F, O, S	87	87	100%	84	97%	85	98%	84	97%	79	91%
Annual Doctor Permit	E	7	7	100%	7	100%	7	100%	7	100%	5	71%
Physician 90 Minute Max.	0	5	5	100%	5	100%	5	100%	4	80%	5	100%
Physician Emergency Call Back	к	9	9	100%	8	89%	9	100%	8	89%	9	100%
Physician Parking (parkade) ¹	G	10	13	130%	9	90%	5	50%	10	100%	8	80%
TOTAL		118	121	103%	113	96%	111	94%	113	96%	106	90%

Parking Occupancy Summary, by type of space

VISITOR PARKING				lay March 4 00am	the state of the state of the state	lay March 4 00pm		ny March 5 00am		y March 5 00pm		y March 5 00pm
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Visitors (parkade) ¹	G	207	200	97%	196	95%	212	102%	206	100%	207	100%
Visitors	C, K, M, P, S	73	65	89%	63	86%	67	92%	59	81%	56	77%
Visitor + Outpatient (Staff 5pm-8am)	B, N	42	40	95%	38	90%	41	98%	40	95%	40	95%
TOTAL		322	305	95%	297	92%	320	99%	305	95%	303	94%

PATIENT PARKING				lay March 4 00am	1. ATRADOVING STORES	lay March 4 00pm		iy March 5 00am		y March 5 00pm		y March 5 I0pm
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Outpatient	A, D, M	27	24	89%	23	85%	21	78%	22	81%	26	96%
VICC Patient	н	69	66	96%	60	87%	54	78%	62	90%	65	94%
VICC Client Pay Parking	н	6	6	100%	3	50%	3	50%	4	67%	0	0%
Emergency Patient Parking	к	7	5	71%	7	100%	7	100%	7	100%	7	100%
Patient	M	25	25	100%	17	68%	17	68%	25	100%	20	80%
HDP Restricted (Mon-Fri)	M	6	6	100%	4	67%	4	67%	1	17%	4	67%
Hemodialysis Patient	0	14	10	71%	11	79%	12	86%	13	93%	8	57%
Patient Transfer	M	1	0	0%	0	0%	1	100%	0	0%	1	100%
TB Clinic	0	9	7	78%	8	89%	8	89%	6	67%	8	89%
TOTAL		164	149	91%	133	81%	127	77%	140	85%	139	85%

RESERVED PARKING				lay March 4 00am		day March 4 00pm		ay March 5 :00am	and the second second second	ny March 5 00pm	Sector States	y March 5 00pm
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved	D, F, P, Q	104	85	82%	79	76%	79	76%	95	91%	76	73%
TTR/VIC Reserved	н	2	1	50%	1	50%	0	0%	0	0%	1	50%
Reserved MHAS Only	S	6	5	83%	5	83%	6	100%	3	50%	6	100%
Reserved Hospice Permit	N	7	7	100%	7	100%	7	100%	7	100%	6	86%
Reserved (parkade)	G	10	8	80%	8	80%	8	80%	8	80%	8	80%
TOTAL		129	106	82%	100	78%	100	78%	113	88%	97	75%

Parking Occupancy Summary, by type of space

CARPOOL / RIDESHARE PARKIN	IG			lay March 4 00am		ay March 4 Opm	and the second second	iy March 5 00am		ny March 5 00pm	11101100110001000000000	y March 5 00pm
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
VIHA Carpool Permit (7-10am)	D	1	1	100%	1	100%	1	100%	1	100%	1	100%
Carpool Space	H, L	8	8	100%	8	100%	8	100%	8	100%	8	100%
Rideshare only	L	10	10	100%	10	100%	10	100%	10	100%	10	100%
TOTAL		19	19	100%	19	100%	19	100%	19	100%	19	100%

MISC. PARKING				ay March 4 00am		lay March 4 00pm		ay March 5 00am		ny March 5 00pm		y March 5 IOpm
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Handicap	A,B,C,D,J,K,M,O,P,S	38	32	84%	28	74%	32	84%	30	79%	32	84%
Taxi	к	2	2	100%	2	100%	2	100%	2	100%	2	100%
Shuttle	J, K	3	3	100%	2	67%	2	67%	0	0%	2	67%
HandyDART	M, O	4	0	0%	0	0%	4	100%	3	75%	0	0%
30 min. Pick-up/Drop-off	A	2	0	0%	0	0%	0	0%	1	50%	0	0%
Commercial Parking	к	1	1	100%	1	100%	1	100%	1	100%	1	100%
TOTAL	Contraction of the second	50	38	76%	33	66%	41	82%	37	74%	37	74%

Notes: 1.217 combined Visitor and Physician vehicles permitted in parkade, supply assumed to be 207 Visitor and 10 Physician for purposes of this study (allocation may vary by day)

Parking Occupancy A. Adanac Services Lot

		and the second s	lay March 4 00am		ay March 4 0pm		y March 5 00am		y March 5 00pm		ay March 5 00pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
30 min. Pick-up/Drop-off	2	0	0%	0	0%	0	0%	1	50%	0	0%
Physio Outpatient	11	9	82%	10	91%	9	82%	6	55%	11	100%
Handicap	2	1	50%	1	50%	0	0%	1	50%	1	50%
	15	10	67%	11	73%	9	60%	8	53%	12	80%

Parking Occupancy B. Memorial Pavilion, Side Lot

			ay March 4 00am		ay March 4 Opm		y March 5 00am		y March 5 00pm		y March 5 I0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Handicap	1	1	100%	1	100%	0	0%	1	100%	1	100%
Visitor and Outpatient (Staff Parking 17:00-8:00)	29	27	93%	26	90%	28	97%	27	93%	29	100%
	30	28	93%	27	90%	28	93%	28	93%	30	100%

Parking Occupancy D. Memorial Pavilion, Rear Lot

	1		ay March 4 IOam		ay March 4 Opm	a contraction	y March 5 00am		y March 5 00pm	and the second second	y March 5 Opm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved 24 Hour Tow Away	8	8	100%	8	100%	8	100%	7	88%	8	100%
VIHA Carpool, 7am-10am	1	the the second	100%	1	100%	1	100%	530 9 3	100%	13,25	100%
Outpatient	12	12	100%	10	83%	8	67%	12	100%	12	100%
Handicap (Outpatient)	2	2	100%	0	0%	1	50%	0	0%	2	100%
A DR I	23	23	100%	19	83%	18	78%	20	87%	23	100%

E. Vancouver Island Cancer Centre, Rear Lot

	100	The second second	lay March 4 00am		ay March 4 Opm		y March 5 I0am	C C C C C C C C C C C C C C C C C C C	y March 5 00pm		y March 5 Opm
estrictions	No. Spaces	Vehicles	% Occupted	Vehicles	Soccupied	Venicles	*• Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Annual Doctor Permit	7	7	100%	7	100%	7	100%	7	100%	5	71%
hysician	8	8	100%	8	100%	8	100%	8	100%	7	88%
1 million (1 million (15	15	100%-	15	100%	15	100%	15	100%	12	80%

The start as the property of the second

Parking Occupancy F. Vancouver Island Cancer Centre, Side Lot

	10		lay March 4 00am		ay March 4 0pm	A STATE OF STATE	y March 5 00am		y March 5 00pm	100000000000000000000000000000000000000	y March 5 0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupted	Vehicles	% Occupied	Vehicles	% Occupied
Reserved Permit	10	10	100%	9	90%	10	100%	9	90%	10	100%
VIHA Staff	20	20	100%	20	100%	20	100%	20	100%	20	100%
Physician	8	8	100%	8	100%	8	100%	8	100%	8	100%
	38	38	100%	37	97%	38	100%	37	97%	38	100%

Parking Occupancy G. Parkade¹

			lay March 4 00am		ay March 4		rsday March 5 Thursday March 5 10:00am 12:00pm		Thursday March 5 2:00pm		
Restrictions	No. Spaces	Vetwcles	% Occupied	Vehicles	% Occupied	Véhicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Visitor ² Physician ²	217	200 13	98%	196 9	94%	212 5	100%	206 10	100%	207 8	99%
Staff	141	132	94%	128	91%	134	95%	133	94%	131	93%
Reserved ³	10	8	80%	8	80%	8	80%	8	80%	8	80%
Sec. 1	368	353	96%	341	93"	359	98%	357	97%	354	96%

Notes: 1. Occupancy based on automated parkade data provided by Robbins Parking (not observations) 2. 217 total Visitor and Physician vehicles permitted in parkade (primarily Visitors) 3. Assumed 8 of 10 Reserved spaces occupied (data provided does not differentiate between Physician and Reserved vehicles)

Parking Occupancy H. Vancouver Island Cancer Centre, Patient Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No Spaces		% Occupied	Vetuctes	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
VICC Patient	69	66	96%	60	87%	54	78%	62	90%	65	94%
TTR/VIC permit	2	1	50%	A State of	50%	0	0%	0	0%	AN ARTIN	50%
VICC Patient Street Meters	6	6	100%	3	50%	. 3	50%	4	67%	0	0%
Carpool	1	1	100%	2011	100%	1	100%	1	100%	1.1.1	100%
a south site	7,8	73	94%	65	83%	57	73%	67	86%	67	86%

Parking Occupancy I. Lee Ave Staff Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	- Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
VIHA Staff	93	93	100%	88	95%	93	100%	92	99%	88	95%
	93	.93	100%	88	95%	93	100%	92	99%	88	95%

The second se

Parking Occupancy J. Vancouver Island Cancer Centre, Front Lot

	1	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupted	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Handicap (Patient)	6	5	83%	5	83%	6	100%	5	83%	5	83%
Vancouver Island Lodge Shuttle Van	1	1	100%	O	0%	0	0%	0	0%	0	0%
1	7	6	86*	5	71%	6	86%	5	71%	5	71%

Parking Occupancy K. Main Entrance / Emergency Lot

		Wednesda 10:0	y March 4 0am	A CONTRACTOR OF A CONTRACTOR O	ay March 4 Opm		y March 5 0am		y March 5 Opm		y March 5 Opm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	S Occupied
Taxi	2	2	100%	2	100%	2	100%	2	100%	2	100%
VIHA Shuttle	2	2	100%	2	100%	2	100%	0	0%	2	100%
Public Short Term Meter	6	6	100%	6	100%	6	100%	6	100%	6	100%
Public Street Meter	9	7	78%	9	100%	9	100%	9	100%	9	100%
Handicap (Street Meter)	10	10	100%	10	100%	10	100%	10	100%	10	100%
Emergency Patient	7	5	71%	7	100%	7	100%	7	100%	7	100%
Physician Call Back	9	9	100%	8	89%	9	100%	8	89%	9	100%
Public Street Meter	2	2	100%	2	100%	2	100%	2	100%	2	100%
Commercial Parking	1	1	100%	Cast -	100%	1.	100%	1	100%	1	100%
	48	44	921	47	98%	43	100%	45	94%	48	100%

The state of the second of the second s

Parking Occupancy L. Carpool / Rideshare Lot

	52	a state of the second se	lay March 4 00am		lay March 4 00pm		y March 5 D0am		ay March 5 00pm		y March 5 Opm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Carpool	7	7	100%	7	100%	7	100%	7	100%	7	100%
Rideshare	10	10	100%	10	100%	10	100%	10	100%	10	100%
	17	17	100%	17	100%	17	100%	17	100%	17	100%

Notes: 1. Carpool and Rideshare spaces are reserved from 7:00am to 10:00am, then available for staff parking.

2. Observations on Tuesday, March 17 determined that 8 vehicles occupied Carpool/Rideshare spaces at 9:45am, suggesting that approximately 9 staff vehicles occupy these spaces after 10:00am.

Parking Occupancy M. Old Admitting Lot

		The second second second second	ay March 4 I0am		ay March 4 Opm		y March 5 D0am		y March 5 Jopm		y March 5 0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	S Occupied
HDP Restricted (Mon-Fri) Street Meter	6	6	100%	4	67%	4	67%	1	17%	4	67%
Handicap (Patient)	5	3	60%	3	60%	5	100%	5	100%	3	60%
Lab Outpatient Street Meter	4	3	75%	3	75%	4	100%	4	100%	3	75%
Public Street Meter	6	6	100%	4	67%	6	100%	6	100%	6	100%
Patient	25	25	100%	17	68%	17	68%	25	100%	20	80%
handyDART	2	0	0%	0	0%	2	100%	1	50%	0	0%
Patient Transfer	1	0	0%	0	0%	1	100%	0	0%	1 .	100%
Handicap	2	and Island	50%	2	100%	2	100%	2	100%	2	100%
1	51	44	86%	33	65	41	80%	44	86%	39	76%

Parking Occupancy N. Hospice Lot

	13		lay March 4 00am	Wednesda 2:00			y March 5 10am		March 5 Opm		y March 5 0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	S Occupied	Vehicles	% Occupied	Vehicles	S Occupied	Vehicles	To Occupied
Reserved Hospice Permit Only	7	7	100%	7	100%	7	100%	7	100%	6	86%
Outpatient/Family	13	13	100%	12	92%	13	100%	13	100%	11	85%
	20	20	100%	19	95%	20	100%	20	100%	17	85%

Parking Occupancy O. SEC Lot

		and the second se	ay March 4 00am	and the second se	ay March 4 Opm		y March 5 00am		y March 5 Jopm	the treats of the line of	y March 5 0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	N Occupied		% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Physician	54	54	100%	54	100%	54	100%	53	98%	49	91%
Physician 90 Minute Max.	5	5	100%	5	100%	5	100%	4	80%	5	100%
VIHA Staff	105	105	100%	101	96%	104	99%	105	100%	99	94%
Handicap	2	2	100%	1	50%	2	100%	2	100%	19 19 19	50%
handyDART	2	0	0%	0	0%	2	100%	2	100%	0	0%
TB Clinic (7:00 to Noon)	9	7	78%	- 8	89%	8	89%	6	67%	8	89%
Hemodialysis Patient	14	10	71%	11	79%	12	86%	13	93%	8	57%
	191	183	96%	180	94%	187	98%	185	97%	170	89%

Parking Occupancy P. Begbie, Front Lot

			ay March 4 D0am		ay March 4 0pm	A CHESCHICK STREET, ST	March 5	A CONTRACTOR OF A CONTRACTOR O	/ March 5 0pm	The second second	y March 5 0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	- Occupied
Reserved Permit	4	3	75%	2	50%	4	100%	4	100%	3	75%
Handicap (Street Meter)	1	1	100%	1	100%	1	100%	1	100%	CPC 1	100%
Public Street Meter	2	1	50%	1	50%	2	100%	2	100%	2	100%
	7	5	71%	4	57%	7	100%	7	100%	6	86%

Parking Occupancy

Q. Begbie, Rear Lot

11			lay March 4 00am		ay March 4		y March 5 00am		y March 5 00pm		y March 5 0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupted	Vehicles	% Occupied	Vehicles	* Occupied
Reserved Permit	82	64	78%	60	73%	57	70%	75	91%	55	67%
Staff Permit	7	7	100%	7	100%	7	100%	T	100%	7	100%
	- 89	71	80%	67	75%	64	72%	82	92%	62	70%

Parking Occupancy R. Main Staff Lot

			day March 4 :00am		ay March 4		y March 5 00am		y March 5 00pm		y March 5 0pm
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	Coupled		% Occupied	Vehicles	% Occupied	Vehicles	S Occupied
VIHA Staff	430	407	95%	402	93%	430	100%	430	100%	420	98%
VIHA Staff (one-way lane)	13	13	100%	13	100%	13	100%	13	100%	12	92%
M	443	420	95%	415	941		100%	443	100%	432	98%

and a sale of a property of the second second

Parking Occupancy S. Eric Martin Pavilion Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved MHAS Only	6	5	83%	5	83%	6	100%	3	50%	6	100%
Public	25	25	100%	25	100%	25	100%	25	100%	22	88%
Physician Only	17	17	100%	14	82%	15	88%	15	88%	15	88%
Public Street Meter	19	14	74%	12	63%	13	68%	5	26%	5	26%
Handicap (Street Meter)	3	2	67%	1	33%	1	33%	0	0%	2	67%
Employee Only	109	109	100%	107	98%	109	100%	108	99%	106	97%
	179	172	96%	164	92%	169	94%	156	87%	156	87%

APPENDIX C Neighbourhood Parking Observations



Neighbourhood Parking Observations Summary

Road Segment	Side	Vehicles Attributed
	N	to RJH (assumed)
Begbie Street, Belmont Ave to Fern St	s	6
	E	1
Belmont Avenue, Pembroke St to Gladstone Ave	w	0
	E	1
Belmont Avenue, Gladstone Ave to Vining St	w	
		0
Belmont Avenue, Vining St to Grant St	E	0
	W	2
Vining Street, Belmont Ave to Begbie St	N	1
	S	1
Gladstone Avenue, Belmont Ave to Shakespeare St	N	3
Semicir Ave to Shakespeare St	S	2
Denman Street,	Ν	5
Victor St to Forbes St	S	6
Forbes Street, Pembroke St to Denman St	E	7
Belmont Avenue,	E	o
Pembroke St to Denman St	W	o
Belmont Avenue,	E	2
Denman St to Bay St	w	2
Haultain Street,	Ν	2
Forbes St to Victor St	S	6
Haultain Street,	N	2
Victor St to Shakespeare St	S	3
Bay Street, Victor St to Shakespeare St	S	5
Kings Road,	N	2
Wooton Cres to Foul Bay Rd	S	0
Fair Street,	N	o
Fair Street, Eastdowne Rd to Epworth St	S	1
Eastdowne Road,	E	0
Fair St to Haultain St	w	2
	Total Vehicles	63

APPENDIX D Neighbourhood Parking Violations



Neighbourhood Parking Violations

Total violations issued in areas surrounding Royal Jubilee Hospital from Jul 1st to Dec 31st 2014

					Parking	Violations
	Side	Adjacent Land Use	Parking Restriction ¹	No. Spaces	Total ²	Ratio ³
VEST:						
	Ν	SF Residential	RPO	41		
Carrick St, west of Richmond (1700 block)	s	SF Residential	RPO	38	9	0.11
	0	Commercial	2 hour, 8am-6pm, Mon-Fri	3		
Haultain St. Shalkauma ta Diakmand (4700 klask)	N	SF Residential	RPO	46		
Haultain St, Shelbourne to Richmond (1700 block)	s	SF Residential	RPO	36	6	0.07
Adapas St. wast of Dishmand (1700 black)	Ν	SF Residential	RPO	36		
Adanac St, west of Richmond (1700 block)	S	SF Residential	RPO	33	1	0.01
	N	SF Residential	RPO	46		
Emerson St, west of Richmond (1700 block)	s	Commercial	1 hour, 8am-6pm, Mon-Sat	4	86	0.99
	8	SF Residential	RPO	37		
Bay St, Shelbourne to Richmond (1700 block)	N	SF Residential	RPO	18		
say st, shelbourne to Richmond (1700 block)	S	SF Residential	RPO	15	41	1.24
	N	SF Residential	RPO	9		
Albert Ave, east of Shelbourne (1700 block)	s	SF Residential	RPO	12	0	0.00
	N	SF Residential	RPO	29		
Denman St, Shelbourne to Richmond (1700 block)	s	SF Residential	RPO	38	2	0.03
Desman St. west of Shelberran (1600 black)	N	SF Residential	RPO	20	2	
Denman St, west of Shelbourne (1600 block)	s	SF Residential	RPO	22	0	0.00
	N	Commercial	2 hour, 8am-6pm, Mon-Fri	4		
Coronation Ave, Shelbourne to Richmond (1700 block)		SF Residential	RPO	22	1	0.02
	s	SF Residential	RPO	31		
Pembroke St, Shelbourne to Richmond (1700 block)	N	SF Residential	RPO	18	0	0.00
embroke st, shelbourne to Richmond (1700 block)	s	SF Res, Commercial	1 hour at all times	6	U	0.00
Shelbourne St, Kings to Haultain (2500 block)	E	SF Residential	RPO	16	0	0.00
sheibburne St, Kings to nautain (2500 block)	w	SF, MF Residential	RPO	12	U	0.00
Shelbourne St, Haultain to Bay (2300 block)	E	SF Residential	RPO	14	o	0.00
noiseane er, naurain to bay (2000 block)	w	SF Residential	RPO	14	U	0.00
loward St. Ray to Denman (2300 block)	E	SF Residential	RPO	19		0.00
Howard St, Bay to Denman (2300 block)	w	SF Residential	RPO	18	1	0.03
udia St. Donman to Dombroka (2200 block)	E	SF Residential	RPO	25		0.00
Lydia St, Denman to Pembroke (2200 block)	w	SF Residential	RPO	19	0	0.00

Neighbourhood Parking Violations

Total violations issued in areas surrounding Royal Jubilee Hospital from Jul 1st to Dec 31st 2014

					Parking	Violations
	Side	Adjacent Land Use	Parking Restriction ¹	No. Spaces	Total ²	Ratio ³
SOUTHWEST:						
Birch St, Begbie to Fort (1900 block)	E	SF Residential Commercial	RPO 1 hour at all times	4 6	138	7.26
	w	Commercial, MF Res	1 hour at all times	9		
Ashgrove St, Begbie to Fort (1900 block)	Е	SF, MF Residential	RPO	21	20	0.49
Asigiove St, begule to Foit (1900 block)	w	SF, MF Residential	RPO	20	20	0.49
Chestnut St, Begbie to Fort (1800 block)	E	SF Residential	RPO	29	0	0.00
chestrat of, begue to rolt (1000 block)	w	SF, MF Residential	RPO	28	U	0.00
	E	SF Residential	RPO	28		
Fern St, Begbie to Fort (1800 block)	w	SF Residential	RPO	5	17	0.37
		MF Residential	2 hour, 8am-6pm, Mon-Sat	13		
OUTH:						
	E	SF Residential	RPO	22		
Bank St, Fort to Leighton (1700 block)	w	SF Residential	RPO	10	22	0.48
		Commercial	1 hour, 8am-6pm, Mon-Sat	14		
Duchess St, Fort to Leighton (1700-1900 block)	E	SF Residential	RPO	48	4	0.04
Duchess of, For to Leighton (1700-1800 block)	w	SF Residential	RPO	50	4	0.04
Davie St, Fort to Leighton (1700-1900 block)	E	SF Residential	RPO	52	4	0.08
	w		No Parking		4	0.00
Lee Ave, Fort to Leighton (1700-1900 block)	E	SF Residential	RPO	36	4	0.04
	w	SF, MF Residential	RPO	56	-	0.04
				1,096	356	0.32

Notes:

1. RPO = Residential Parking Only

2. Total number of violations received by City of Victoria, Parking Services for six month period (July 01 to December 31 2014)

3. Violations per parking space

APPENDIX E Travel Survey Results



Royal Jubilee Hospital Parking and Transportation Study Summary of Survey Results

A travel survey was conducted from March 17-April 7, 2015 at Royal Jubilee Hospital (RJH) and Victoria General Hospital (VGH). The purpose of the survey is to understand staff, physician, volunteer, patient and visitor travel. The survey was available in hardcopy at each hospital, and online via Fluid Survey. There were a total of 1,511 surveys received.

1. What is your primary role at RJH or VGH?	Number of	Percentage of
	Responses	Responses
Employee	1131	75%
Visitor	120	8%
Student	30	2%
Physician/Resident	32	2%
Patient	84	6%
Volunteer/Auxillary	59	4%
Service Provider	20	1%
Other	28	2%
Total	1504	100%
Did not respond	7	

2. Please indicate the Municipality where you live	Number of Responses	Percentage of Responses
Saanich	335	23%
Victoria	296	20%
Oak Bay	242	16%
Esquimalt	131	9%
Central Saanich	115	8%
Metchosin	63	4%
Sidney	59	4%
Chemainus	51	3%
Sooke	44	3%
North Saanich	41	3%
Duncan	31	2%
Langford	11	1%
View Royal	9	1%
Lower Mainland	3	0%
Rest of Vancouver Island	33	2%
Rest of BC	18	1%
Outside of BC	6	0%
	Total 1488	100%
Did not res	oond 23	

3a. How frequently do you typically travel to RJH?	Number of	Percentage of
	Responses	Responses
1 day a week	85	6%
2 days a week	75	5%
3 days a week	106	7%
4 days a week	148	10%
5 days a week	628	43%
6 days a week	29	2%
7 days a week	31	2%
Less than once a week	156	11%
Never	201	14%
Total	1459	100%
Did not respond	52	

3b. Approximately how many hours per day do you	Number of	Percentage of
typically spend at RJH?	Responses	Responses
Less than 1 hour	36	2%
1-2 hours	71	5%
2-4 hours	108	7%
4-6 hours	85	6%
6-8 hours	358	25%
8-10 hours	428	29%
10 hours or more	135	9%
Not Applicable	237	16%
Total	1458	100%
Did not respond	53	

Total	1458	100%
Not Applicable	263	18%
7:00pm-6:00am	15	1%
6:00-7:00pm	10	1%
5:00-6:00pm	2	0%
4:00-5:00pm	6	0%
3:00-4:00pm	16	1%
2:00-3:00pm	31	2%
1:00-2:00pm	44	3%
12:00-1:00pm	44	3%
11:00am-12:00pm	28	2%
10:00-11:00am	52	4%
9:00-10:00am	67	5%
8:00-9:00am	246	17%
7:00-8:00am	426	29%
6:00-7:00am	208	14%
3c. When do you typically arrive at RJH?	Responses	Responses
a second seco	Number of	Percentage of

3d. How do you typically travel to RJ	H?	Number of	Percentage of
sa now do you typically fravel to his		Responses	Responses
Private Vehicle, alone		757	52%
Private Vehicle, with others		66	5%
Transit		120	8%
Bicycle		119	8%
Walk		105	7%
Motorcycle/Scooter		11	1%
Volunteer Shuttle (patients)		2	0%
RJH/VGH Staff Shuttle		20	1%
Dropped off		34	2%
Not Applicable		183	13%
Other		40	3%
	Total	1457	100%
	Did not respond	54	

Did not res	Total	1438 73	100%
Never		851	59%
Less than once a week		210	15%
7 days a week		10	1%
6 days a week		8	1%
5 days a week		137	10%
4 days a week		73	5%
3 days a week		45	3%
2 days a week		48	3%
1 day a week		56	4%
4a. How frequently do you typically travel to VGH	2	Number of Responses	Percentage of Responses

Did not respond	73	
Total	1438	100%
Not Applicable	894	62%
10 hours or more	106	7%
8-10 hours	98	7%
6-8 hours	138	10%
4-6 hours	45	3%
2-4 hours	58	4%
1-2 hours	57	4%
Less than 1 hour	42	3%
4b. Approximately how many hours per day do you typically spend at VGH?	Number of Responses	Percentage of Responses

4c. When do you typically arrive at VGH?	Number of Responses	Percentage of Responses
6:00-7:00am	94	7%
7:00-8:00am	172	12%
8:00-9:00am	83	6%
9:00-10:00am	35	2%
10:00-11:00am	19	1%
11:00am-12:00pm	4	0%
12:00-1:00pm	12	1%
1:00-2:00pm	21	1%
2:00-3:00pm	18	1%
3:00-4:00pm	9	1%
4:00-5:00pm	2	0%
5:00-6:00pm	2	0%
6:00-7:00pm	5	0%
7:00pm-6:00am	8	1%
Not Applicable	954	66%
To	tal 1438	100%
Did not respo	nd 73	

4d. How do you typically travel to VGH?	Number of Responses	Percentage of Responses
Private Vehicle, alone	432	30%
Private Vehicle, with others	33	2%
Transit	36	3%
Bicycle	38	3%
Walk	10	1%
Motorcycle/Scooter	7	0%
Volunteer Shuttle (patients)	1	0%
RJH/VGH Staff Shuttle	14	1%
Dropped off	9	1%
Not Applicable	836	58%
Other	23	2%
Total	1439	100%
Did not respond	72	

5. If you work at RJH or VGH and drive a vehicle (alone) to the site, why do you choose not to travel via an	Number of	Percentage of
alternative mode (carpool, bus, bike, walk, etc.)?	Responses	Responses
Please select all that apply		
It is inconvenient	416	15%
Takes too much time	330	12%
Road safety concerns	62	2%
Bad weather	115	4%
Rushed in the morning	173	6%
Awareness/access to facilities (e.g., change rooms, lockers)	25	1%
Family responsibilities	250	9%
Need a vehicle for work	99	4%
Too far away (e.g., distance)	229	8%
It is unreliable	119	4%
Need to run errands	211	7%
Not Applicable	572	20%
Other	215	8%
Total	2816	100%

Did not respond	81	
Total	1430	100%
Unsure/Not Applicable	325	23%
Not Challenging	134	9%
Somewhat Challenging	238	17%
Challenging	733	51%
available parking at RJH?	Responses	Responses
6. How would you describe your experience finding	Number of	Percentage of

Did not respond	81	
Total	1430	100%
Unsure/Not Applicable	729	51%
Not Challenging	531	37%
Somewhat Challenging	118	8%
Challenging	52	4%
available parking at VGH?	Responses	Responses
7. How would you describe your experience finding	Number of	Percentage of

Did not respond	81	
Total	1430	100%
Not Applicable	312	22%
No	514	36%
Yes, infrequently	319	22%
Yes, often	285	20%
8. In the past year have you parked in neighbourhoods surrounding RJH and walked to the site?	Number of Responses	Percentage of Responses

9. Which statements describe why you park off-site?	Number of	Percentage of
Select all that apply	Responses	Responses
I know I will not find parking on-site, so I choose to park off-site	157	21%
I park off-site only when I cannot find parking on-site	324	44%
On-site parking is expensive and I prefer free parking off-site	199	27%
Other	58	8%
Total	738	100%
Did not respond	773	

10. When parking in surrounding neighbourhoods, where do you most commonly park?	Number of Responses	Percentage of Responses
North (Camosun, Richmond Road)	173	29%
East (Fort Street, Foul Bay Road)	126	21%
South (Jubilee neighbourhood, Oak Bay Avenue)	109	18%
West (Fernwood)	125	21%
Other	59	10%
Total	592	100%
Did not respond	919	

Total	50 594	8% 100%
Other	50	8%
Other		
Off-street in a nearby business parking lot	74	12%
Off-street in a resident's driveway or property	20	3%
On-street in "Resident Parking Only" areas	67	11%
On-street in unrestricted areas	383	64%
11. When parking in surrounding neighbourhoods, what kind of parking do you most commonly utilize?	Number of Responses	Percentage of Responses

Open-Ended Question Summary

Respondents were asked to provide additional comments related to travel and parking at RJH or VGH. There were approximately 850 comments in total; a summary is provided below of the most frequent comments

Cannot find parking between 8am and 315pm. It is not fair when you are paying for the pass and are not able to find a parking space.

Parking is too expensive

Shift work makes it hard to carpool

Shuttle bus needs more frequency during the AM and PM peaks.

Why are transit passes only available to permanent employees? Non-contract should be allowed to use it.

Need more covered bike parking, and lockers for day use. There should be more signage from RJH to VGH via Gallooping Goose.

Bike rack on shuittle bus - sometimes it is only usable one way due to times.

Many staff who cannot find parking will park in visitor, patient parking which displaces these people.

Students should not be allowed to use staff parking

Need on or near-site daycare

APPENDIX F Summary of Existing TDM Programs





VANCOUVER ISLAND HEALTH AUTHORITY

2014 ANNUAL TDM SUMMARY

EXECUTIVE SUMMARY:

The Vancouver Island Health Authority (VIHA) has been committed to reducing the Single Occupant Vehicle (SOV) trips to the Royal Jubilee Hospital (RJH) site with the original goal as set out in the Master Development Agreement (MDA) to be a 10% reduction in SOV by 2010 from a benchmark that was set in 2007. This process has involved formal reports to the City of Victoria (CoV) every two years which started in 2010 and followed by 2012, detailing the progress of the various TDM strategies. VIHA conducted Travel-TDM Surveys at the RJH and Victoria General Hospital (VGH) along with vehicle counts to identify groups of vehicles entering the campus. The surveys were completed to assess the challenges and opportunities users face when travelling to and from the hospital sites. The survey was part of VIHA's ongoing commitment to renew and encourage its TDM program and promote the use of alternative transportation methods.

Table A below illustrates that the TDM program has had a tremendous impact on the reduction of single private car trips to the RJH campus since the origin of the 2007 baseline. Even though survey results indicate a 12.5% reduction in SOV to the RJH campus since 2007, the 2007 RJH Trip Reduction baseline has not been met. Results indicate that VIHA is short of its daily SOV target goal by 109 daily trips. Since 2007, VIHA has reduced its Daily SOV daily trip vehicle count by 5.9% and that does not meet the forecasted 10% reduction.

TDM SURVEY SUMMARIES:

Mode	2007 Survey		2010 Survey		2012 Survey	
Wode	VGH	RJH	VGH	RJH	VGH	RJH
Private Car (Alone)	80.8%	70.0%	75.2%	60.0%	65.1%	57.5%
Private Care (With Others)	5.8%	11.0%	10.3%	6.0%	9.8%	7.2%
Transit	3.8%	4.5%	4.1%	13.7%	10.6%	10.6%
Bicycle	4.7%	5.0%	4.8%	7.9%	5.9%	11.2%
Walk	1.5%	5.0%	1.4%	7.7%	3.4%	7.5%
Drop Off	1.7%	2.5%	3.4%	2.5%	2.7%	2.9%
Other	1.70%	2.00%	0.70%	2.30%	2.50%	3.10%

Table A: Modal Split of Individuals Travelling to Victoria General Hospital (VGH) and Royal Jubilee Hospital (RJH) over 3 days per week*

*Only those individuals travelling to the site 3 days or more were included.

Table B: Modal Split of Individuals Travelling to Victoria General Hospital (VGH) and Royal Jubilee Hospital (RJH) 1 or more days per week

Mode	2007 Survey		2010 Survey		2012 Survey	
Wode	VGH	RJH	VGH	RJH	VGH	RJH
Private Car (Alone)	74.6%	67.4%	73.9%	57.8%	65.1%	56.9%
Private Care (With Others)	9.7%	13.2%	10.4%	9.0%	9.8%	9.3%
Transit	3.4%	4.3%	5.9%	13.5%	10.6%	11.1%
Bicycle	5.2%	5.3%	3.2%	7.1%	5.9%	10.0%
Walk	3.1%	5.2%	2.3%	7.1%	3.4%	6.9%
Drop Off	2.0%	2.3%	3.6%	3.3%	2.7%	2.9%
Other	2.0%	2.3%	0.9%	2.1%	2.5%	2.8%

VIHA TDM PROGRAM (Historical Account):

Since 1999, the Vancouver Island Health Authority (VIHA) has been committed to promoting and supporting Transportation Demand Management (TDM) for all of its sites, including the Royal Jubilee Hospital (RJH). An effort to reduce the demand for parking and decrease single occupant vehicle travel to and from the campus resulted in a strategy to identify and support alternative modes of transportation for site users. With the development of the Patient Care Centre in 2008, alternative transportation modes to the traditional vehicle mode seemed obvious and necessary as the demand for parking increased with new development taking place on the site. VIHA Parking Services (PS) has identified elements that supported bicycling (increased bicycle storage capacity), Formal & Informal Carpools, Rideshare, Employer-subsidized Transit, internal orientation of employees, bicycling programs, and increased parking rates. All of these measures support a healthy alternative for employees to arrive at VIHA hospitals. VIHA's commitment has demonstrated a strong support for the reduction of Single Occupant Vehicles (SOV) and an ability to achieve objectives during periods of campus growth and redevelopment for the long term. The overall objective of this plan is for shifting the modal split towards fewer single occupant vehicles (SOV). A key component of this plan is to enhance existing strategies and review for effectiveness to support potential strategies. VIHA has endeavored to continually support those tools that have been most effective in helping to reduce SOV with the understanding that there may be a number of tools available with some being more successful than others. Regular monitoring and "course corrections" are important to the success of this program.

Included is a historical demonstration of the commitment to the reduction of SOV to our campuses while supporting those employees that participate in alternative methods of transportation. The historical account of these TDM initiatives are in no particular order of results:

1. BC Transit Route 10

Transit route 10 started December 28, 2009. Substantial uptake of arriving patients, employees.

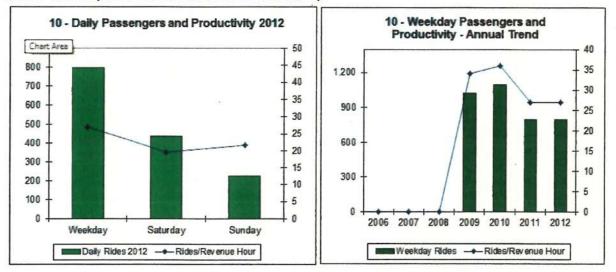


Table C: Summary of BC Transit Route #10 Annual Ridership:

2. VIHA Enhanced Shuttle

- Expanded Shuttle Service started on a trial basis from March 17, 2008 to April 28, 2008
- VIHA Parking Services enhanced the morning and evening run of the shuttle to support an uptake
 of employees that are arriving to the RJH and VGH for shifts that start before 08:00 and after
 16:00.
- Original requests for the service were by Microbiology Lab that had moved from RJH to VGH. They completed an internal survey for ridership and proved sufficient uptake to start a trial.
- Service had positive uptake.
- Shuttle service started full time in May 2008 and as of July 2014 averages 27.0 participants ridership per day.

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3. BC Transit Employee ProPASS Program:

- VIHA provides permanent full time employees a subsidized annual bus pass through the BC Transit ProPASS program. Table C below details the number of employees using the program since 2005 as well as the subsidy rate and the cost to the employee per pay period.
- The bus pass is paid through payroll deductions at a <u>54% annual savings</u> compared to an RJH employee general parking permit (see Table D below which compares the cost of an employee ProPass to the cost of an employee parking permit at RJH).

			VIHA ProP	ASS Program	
YEAR	# of Employees	BC Transit ProPASS Cost (\$)	VIHA ProPASS Subsidy Rate	New Cost to Employee (per PP)	Notes
2005	73	\$23.77	\$5.54	\$18.23	
2006	122	\$23.77	\$5.54	\$18.23	No ProPASS increase from BC
2007	132	\$29.02	\$5.54	\$23.48	Transit
2008	148	\$29.02	\$5.54	\$23.48	-
2009	210	\$29.02	\$5.54	\$22.36	05-Mar-09
2010	215	\$31.69	\$13.00	\$18.69	Subsidy increased Sept 17, 2010
2011	221	\$32.68	\$14.00	\$18.68	Subsidy increased April 1, 2011
2012	257	\$33.67	\$15.00	\$18.67	Subsidy increased April 1, 2012
2013	305	\$33.67	\$15.00	\$18.67	Under review for increase to subsidy.
2014	354	\$33.67	\$16.17	\$17.50	Subsidy increased April 11, 2014

Table D: Summary of VIHA ProPASS Program:

Table E: Annual Employee ProPASS Cost vs. Employee Payroll Deductions (RJH Rate)

		RJH Payroll Deduction Permit				
Year	ProPASS Subsidy Rate (\$)	Bi-weekly cost to Employee (\$)	Bi-Weekly Rate	Annual Cost to Employee	Bi-Weekly Rate	Annual Cost to Employee
2005	5.54	18.23	23.77	\$473.98	\$18.23	\$474.05
2006	5.54	20.21	25.75 .	\$525.46	\$18.23	\$474.05
2007	5.54	23.48	29.02	\$610.48	\$18.78	\$488.28
2008	5.54	23.48	29.02	\$610.48	\$19.35	\$503.10
2009	5.54	22.36	29.02	\$581.36	\$20.32	\$528.26
2010	13.00	18.69	\$31.69	\$485.94	\$27.00	\$702.00
2011	14.00	18.68	\$32.68	\$485.68	\$27.00	\$702.00
2012	15.00	18.67	\$33.67	\$485.42	\$27.00	\$702.00
2013	15.00	18.67	33.67	\$485.42	\$27.00	\$702.00
2014	16.17	17.50	33.67	\$455.00	\$27.00	\$702.00

4. NEW VIHA Employee Orientation

- Since 2007, Parking Services has included a TDM Package in all new employee orientation to
 promote and increase awareness of VIHA Supported Commuting Options. Orientations are also
 directed to separate orientation sessions to arriving students and Intern/Residents in 1 to 4 year
 programs at RJH.
- Since 2007, approximately 18 sessions per year have been completed and between 60 70 TDM Packages given to new employees totaling 1080 new employees.

5. VIHA Rideshare Parking

- Parking stalls are open to participants in either the organized Jack Bell Rideshare Vanpools or simply employees that wish to share a car to get to work.
- The end goal is saving for the employees in sharing the cost of the commuting, as well as the overall goal to reduce the number of SOV trips to the RJH site.

6. VIHA Formal Carpool Program

- The carpool program on the South Island offers preferred parking stalls and reduced parking fees for the shared group, plus a guaranteed ride home in case of emergencies.
- The criteria requires two (2) or more permanent staff members traveling together in the same vehicle from different addresses to the same site for 80% of the time or more.

CARPOOLL BENEFITS:

- ✓ The annual cost of a VIHA carpool permit (minimum 2 people) is \$455.00. An actual comparison for a dedicated stall (one person) is \$227.50 compared to a Reserved parking permit which costs \$1035.45; this equates to a 78% savings in parking cost.
- Reserved parking spaces adjacent to building entrances allow for priority parking.

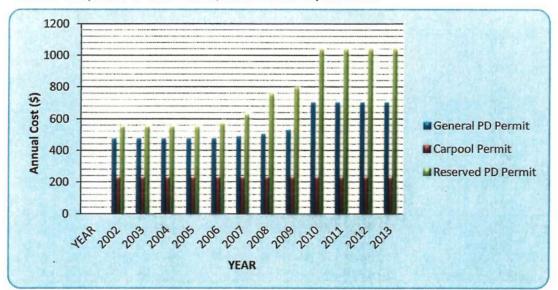
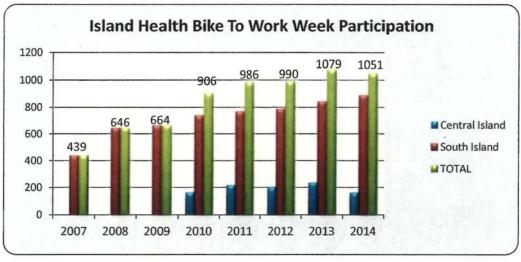


Table F: Comparison of VIHA General, Reserved and Carpool Permits

Annual cost savings for a carpool permit is based on one employee participating in program.

- 7. Bike To Work Week
 - Once a year VIHA Employees register and participate in the week long activities promoted through the Greater Victoria Bike to Work Week (BTWW) Society.
 - VIHA as an employer has a significant role in employee participation in BTWW.
 - Annually VIHA engages its employees that participate in BTWW and host Celebration Stations at both RJH and NRGH. As well, the BTWW Society hosts a station beside VGH on the Galloping Goose Trail.
 - The celebration stations include free food and refreshments, free VIHA bike registration and engraving, and a free bicycle tune up from a local mechanic.
 - BTWW participation is a strong reason why VIHA employees now bicycle year round to our facilities.
 VIHA Employee participation since 2007 has increased 59.4%.
 - ✓ BTWW 2008 Was the first year that VIHA had a dedicated Celebration Station arranged with BTWW society. The location was in Old Town and was promoted through BTWW Society and drew not only VIHA employees but also the public participants in BTWW. VIHA annually continues to support a Celebration Station at RJH.
 - ✓ Since 2010 VIHA has supported a Celebration Station at NRGH.
 - Every year VIHA supports BTWW Society by placing a increasing its financial support by raising its sponsorship level from a Bronze to Silver Level.

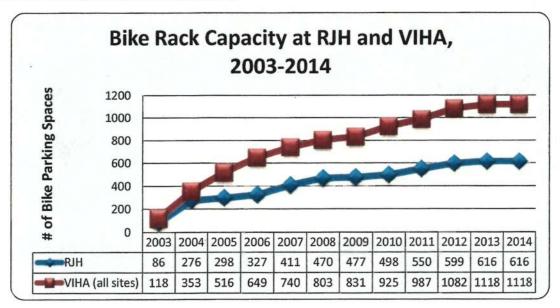
Table G: Summary of BTWW Program Participation:



8. Bicycling Storage Facilities

- VIHA Parking Services has made a commitment to increase storage capacity by expanding bicycle racks, lockers and secured bicycle compounds.
- Bicycle storage capacity (VIHA SI and NRGH Pay Parking Facilities). Since 2003 bicycle storage has increased approximately 85%.
- 1995 (77 bicycles) were installed in the RJH Foods Service secured bicycle compound.
- 2008 (57 bicycles) plus 2 electrical outlets for electric bicycles were installed in the RJH PES secured bicycle compound.
- 2010 (32 bicycles) + 2 electrical outlets for electric bicycles were installed in the VGH secured bicycle compound
- Installed 2005 (96 lockers) bicycle lockers at RJH.
- Installed 2011 (30 lockers) bicycle lockers at the RJH Patient Care Centre.

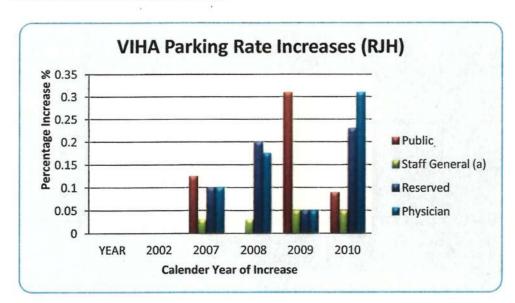
Table H: Summary of Bicycle Storage Capacity:



9. VIHA Parking Rate Increases:

- VIHA reviews annually the Public and Employee parking rates as a comparison to current market rates surrounding in the city. Incremental increases of these parking rates have aligned more closely to the current market value.
- Current employee parking rates are more expensive than a Carpool Permit or BC Transit Employee ProPASS.
- Certain restrictions to Collective Bargaining Agreements (HEU) limit parking rate increases.

Table I: VIHA Parking Rate Increase (RJH Specific):



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ROYAL JUBILEE HOSPITAL . MASTER CAMPUS PLAN 2015 - 2035





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1.0 INTRODUCTION AND PLANNING CONTEXT

1.1 PREAMBLE

Island Health's department of Planning and Community Engagement has prepared the Royal Jubilee Hospital (RJH) Master Campus Plan (MCP or "the Plan") in consultation with other departments within the Health Authority, under the direction and guidance of Island Health Executive Leadership. The MCP has been a combined effort involving the local community, the City of Victoria, and the District of Saanich.

1.2 PURPOSE OF THE MASTER CAMPUS PLAN

The purpose of this MCP is:

- To fulfill the terms of a Master Development Agreement (MDA) between Island Health and the City of Victoria. This Agreement requires the preparation of an MCP that is approved by the City of Victoria Council prior to the construction of any new buildings on the RJH campus;
- To provide a planning framework that offers clear and concise design guidelines for the physical and operational development and character of the campus including its buildings, landscape, circulation, public realm, and infrastructure; and,
- To provide approving authorities, surrounding communities, and Island Health itself with as much certainty as possible in developing the character and form of the campus during economic uncertainty and healthcare delivery challenges. This document is shaped by Island Health's commitment to providing excellent prevention, care, and recovery services in

a safe, health-oriented, and sustainable environment.

1.3 OVERVIEW

Founded in 1890, the Royal Jubilee Hospital has been an integral part of the surrounding community over the past 120 years. In addition to being a major employment centre, the facility provides specialized services and emergency care, as well as outpatient and inpatient services for the residents of Victoria and Vancouver Island, the Gulf and Discovery Islands, and part of the mainland opposite northern Vancouver Island.

Island Health engaged Stantec Architecture Itd. [Stantec) to prepare an MCP for the RJH Compus lands which are under the jurisdiction of the District of Saanich and the City of Victoria. Stantec has managed a stakeholder engagement process, assessed the condition of the existing buildings and infrastructure, and, using existing documentation, created an MCP for 2015 to 2035.

Key to the development of the RJH MCP is the significant participation and contribution of the members of the RJH Neighbourhood Association. Many hours of volunteer time were invested by neighbours from the surrounding community associations and the Bowker Creek Society to attend public consultation sessions, open houses and focused meetings to develop the Plan. The community members provided valuable feedback and worked with Island Health to develop a collective vision, as well as principles, and goals and objectives for the Plan, which in turn set the foundation for the design guidelines.

Continually evolving demands for healthcare services have presented challenges for Island Health and the consultant team in providing a development and functional program for the campus that would enable a concrete plan to take shape. To address this challenge, Island Health conducted long term projections to estimate healthcare needs and economic demands that are expected to affect the region over the coming years. Understanding these factors

enabled the consulting team and Island Health to plan for development that reasonably addresses these future needs. Another key challenge is the lack of expansion space for new development and therefore, Island Health must look to increasing density on the existing RIH site for its future requirements. With this in mind, Island Health and the consulting team have made a significant effort to carefully plan the spatial and functional development of the campus that respects and integrates with surrounding residential communities, the sensitive environmentol assets, and the future growth plans of the Jubilee Neighbourhood Urban Village described in the 2012 City of Victoria Official Community Plan.

The planning of the MCP has been informed by best practices in healthcare campus design which focus on, amongst other things, contributing to the surrounding neighbourhood context, through a balance between open space and buildings, and encouraging animated spaces, safe movement and wayfinding. More fundamentally, campus spaces in the Plan provide supportive and healing environments for patients, staff, and families alike.

With the opening of the Patient Care Centre in 2011, approximately 450 total beds are in operation at RJH. The MCP provides a framework that will guide the development of the RJH campus from 2015 to 2035. By the end of that period, it is estimated that between 600 to 650 total beds will be needed to address increasing demands brought about by the region's growing and aging population. Based on this projection, and on other comparable projects in BC and Canada, the consultant team formulated a rational assessment of required gross development area in square metres, a floor space ratio (FSR) to accommodate growth and density, and a development implementation strategy for the site.

enabled the consulting team and Island Health to plan for In summary, RJH will continue to be a vital asset to the development that reasonably addresses these future needs.

- key urban healthcare facility;
- major employment centre;
- significant contributor to the local economy; and,
- research and educational hub linking with major educational institutions such as the University of Victoria, and the University of British Columbia.

In the final analysis, healthcare needs will always be the primary planning consideration for the RJH site. There may be occasions when functional and operational needs of the campus make this a challenge. Island Health is committed to negotiating reasonable solutions with its community partners through the RJH Good Neighbour Agreement. The MCP anticipates potential growth potterns and needs for the next 20 years. During that time, it will serve as a planning framework to guide the execution and evaluation of major development projects on the RJH campus.

1.4 PUBLIC CONSULTATION PROCESS

Public Consultation Background

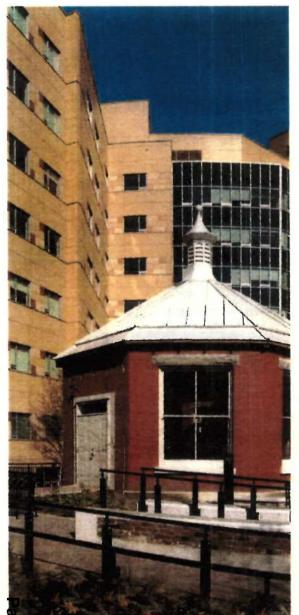
The development of the RJH MCP followed two paths: technical research and analysis, and public consultation.

Any development on the RJH campus affects neighbouring residents, businesses, community organizations and other stakeholders. To ensure that these people and groups had opportunities to understand the issues, raise concerns and contribute ideas during the development of the MCP, the consultant team created a Public Consultation Plan.

As required by the MDA, this Consultation Plan was submitted to the City of Victoria Planning Department for approval, and guided the team in their interactions with, stakeholders, including municipalities and residents of surrounding neighbourhoods.



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All neighbouring residents, community organizations and stakeholders will have opportunities to contribute their concerns and ideas during the development of the RJH MCP.

Objectives

- Provide opportunities for internal and external stakeholders to have input into the MCP.
- Seek advice and guidance from the RJH Neighbourhood liaison Committee at key points in the development of the Plan.
- Engage a broad cross section of the community in the development of the Plan, to ensure that it reflects community perspectives and values.

Consultation Process

During the public consultation process, the team provided stakeholders with an analysis of existing site conditions and draft planning principles and design guidelines. All stakeholders had an opportunity to review these and provide comments and suggestions. The team used stakeholder feedback to amend the document and develop site planning options. Additionally, stakeholders had the opportunity to take part in a site tour, where they were able to contribute observations and ideas about how existing features and conditions may impact the planning process in the future.

The consultant learn, in coordination with Island Health:

- Clarified project scope and gathered information;
- Reviewed existing documentation and prepared a facility analysis report;
- Met with Island Health management and staff;
- Developed a Public Consultation Plan;
- Met with the RJH Neighbourhood Liaison Committee;
- Met with City of Victoria and District of Saanich planning staff;
- Conducted a site analysis of the RIH campus;
- Researched precedent MCP documents;

- Prepared for and facilitated public open houses and workshops;
- Prepared for and facilitated Island Health staff open houses;
- Prepared draft design guidelines, site planning options, and recommended a planning option;
- Developed illustrative massing; and,
- · Prepared the final Draft MCP document.

The team also sought input from the City of Victoria, District of Saanich, and the RIH Neighbourhood Committee, and revised the final draft in response to their input.

Community Feedback

Feedback from the public consultation process expressed the core values and concerns of the participating stakeholders. Island Health and the consultants heard many concerns and suggestions about the future development of the RJH campus. The consultant team has summarized and categorized these concerns into several themes.

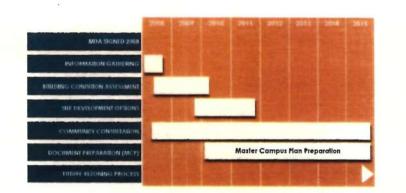
The outcomes from the Public Consultation session can be found in Appendix A.

1.5 PLANNING AND PROJECT CONTEXT

Jurisdictions and Neighbourhoods

The borders of the Hospital campus site are: Bowker Creek on the northeast corner, Adanac Street to the north, Fort Street and Richmond Road to the south and west, and Trent Street to the east (See map on page 3).

The respective zoning bylaws of the City of Victoria and the District of Saanich, Official Community Plans, and local Neighbourhood Plans guide development on this site. The City of Victoria currently zones three development areas within the campus as well as a Public Buildings District, stipulating sile areas and boundaries, building heights, floor area, setbacks and other requirements. The surrounding neighbourhoods include a mix of single-family residential housing, multi-family apartments, health services support office buildings, local retail shops, and small businesses. The District of Saanich zones their lands in the Hospital campus as a Personal Care Zone, and regulates buildings and structures, density and permitted uses. It also has goals and objectives for open spaces and parks to be included in Bowker Creek multi-use trail and greenway. See Table 1 for a summary of the current zoning on the RJH campus.



RJH Campus | MCP TIMELINE

2

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RJH Campus | CURRENT ZONING MAP FOR RJH

RJH Campus TABLE 1 Current Site Areas Per Zone

Site Area Data	Area Mª
15.034	10.400 00
1.1 4 1 4 7	67,100.00
a and the second	6 307 00
5 <u>9</u>	13 074.00
Site Area Victoria (m²)	97,124.00
Site Area Saanich (m²)	48,300.00
Total Site Area (m ²)	145,424.00

1. D3 (6600 m²) subtracted from total site area used as open space only





2.0 CAMPUS VISION, GOALS AND OBJECTIVES

The following MCP Vision, Goals and Objectives, and Principles were collaboratively developed by Island Health and its community partners through a series of engagement, including open houses, consultation working sessions, and community association meetings. They reflect the core values and desires of the surrounding community and are intended to guide future development on the campus.

2.1 VISION

A flexible, dynamic, and environmentally sustainable hospital campus that contributes to the health and well-being of patients, staff, physicians, visitors, neighbours, and the region as a whole.

2.2 GOALS AND OBJECTIVES

Goal 1: Demonstrate Environmental Stewardship

- OBJECTIVE 1.1 CHAMPION ENVIRONMENTAL SUSTAINABILITY
- Strive for leading-edge practices in sustainable design and operation of buildings, landscape, and service systems and work to minimize the environmental impacts of new hospital developments. Mondote future new construction and renovations of existing campus buildings to achieve a minimum standard of LEED® Gold (or equivalent).
- Achieve a balance between ecological and human needs, and model sustainable practices in future development initiatives.

OBJECTIVE 1.2 RESPECT THE NATURAL ENVIRONMENT

- Protect and enhance open spaces and natural areas to provide places of respite and beauty for patients, staff, physicians, visitors, and neighbours, promote a feeling of interconnection with nature, and a healing environment.
- Support the vision, goals and objectives of the Bowker Creek Watershed Management Plan and the Bowker Creek Blueprint as part of Island Heath's commitment to monitor and maintain public health, clean water, and healthy communities. Commit to continued consultation with local government and community groups such as the Friends of Bowker Creek and the Bowker Creek Initiative.
- Protect and preserve mature landscapes and Garry Oak stands (management may include angoing pest control, pruning, inter-planting, or other horticultural best practices).

OBJECTIVE 1.3 LEVERAGE THE NATURAL LANDSCAPE

 Design the campus to incorporate natural site characteristics that enhance the sense of respite and well-being, and ensure that the built environment and landscape work together to enhance the site's overall form and function.

Goal 2: Create a Safe and Healthy Campus

- OBJECTIVE 2.1 ENHANCE CAMPUS SAFETY AND ACCESSIBILITY
- Design a safe and secure campus environment for the people who use it. Attention to enhanced safety in the design and planning of buildings, open spaces, and circulation is vital to all future development.
- Consider the unique needs of all hospital users, including seniors, and ensure universal accessibility in

all future developments.

OBJECTIVE 2.2 MAINTAIN A SMOKE-FREE ENVIRONMENT

 Uphold Island Health's policy that prohibits on-site smoking (Smoke-Free Premises Policy) in health facilities, including the whole RJH campus, while also continuing to be a Good Neighbour and investigating ways to discourage smokers from going into the surrounding community and disturbing the neighbourhood.

OBJECTIVE 2.3 PROVIDE OPPORTUNITIES FOR ACTIVE LIVING AND HEALTH PROMOTION ON CAMPUS

- Promote health and wellness on the campus by providing active living opportunities for wolkability, mobility and open spaces.
- Design the campus and facilities to contribute to improved staff, physician, patient, and visitor health and safety.

Goal 3: Integrate/Harmonize the Hospital Campus with the Built and Natural Environment, Both Locally and Regionally

OBJECTIVE 3.1 INTEGRATE RJH WITH THE SURROUNDING NEIGHBOURHOOD

- Ensure that the composition, massing scale, colour, materials, texture, and articulation of potential Hospital buildings are appropriate and connected to the surrounding neighbourhood urban context, as well as to the existing buildings on campus.
- Integrate buildings with safe, easily navigated, coherent, pedestrian circulation and public open spaces, and ensure that there are pedestrian links between the Hospital campus and the surrounding community.

OBJECTIVE 3.2 PROVIDE AND ENCOURAGE OPTIONS FOR TRANSPORTATION AND CONTINUE TO REDUCE THE DEMAND FOR PARKING ON THE CAMPUS

 Continue to implement strategies to reduce parking demand on the site and in surrounding neighbourhoods by providing additional incentives for site users to choose alternative modes of transportation such as transit, carpooling, cycling, and walking.

Goal 4: Be a Connected Leader of Health and Care Services

OBJECTIVE 4.1 PART OF AN INTEGRATED NETWORK OF HOSPITALS

 Continue to be a significant contributor to regional healthcare by providing a unique set of programs and services that, together with other facilities, create an essential continuum of healthcare services.

OBJECTIVE 4.2 BECOME A "CENTRE OF EXCELLENCE FOR HEALTH"

- Contribute to excellence in health service and user experience by providing highly specialized services at RJH that are not provided anywhere else an Vancouver Island, and ensuring continued quality and service improvement, as well as a greater collaboration between patients and their healthcare providers.
- Continue to shift the culture of health care from being disease-centred and provider-focused to being patientcentred with the objective of improving the overall patient experience, including at Island Health care facilities such as RJH.

Victoria City Council - 12 Nov 2015



OBJECTIVE 4.3 ATTRACT AND RETAIN HEALTHCARE PROFESSIONALS

· Create a dynamic and supportive work environment, as well as a built campus that brings together quality, safety, and excellence for patients, clients, and families. This will also improve the experience of providing care and therefore, is attractive to skilled healthcare professionals.

2.3 PRINCIPLES FOR OVERALL CAMPUS DEVELOPMENT

1. **Preserve History and Built** Heritage

The Hospital campus contains several heritage buildings that have both historical and cultural value to the community and municipalities. The campus also contains significant mature landscape areas including Garry Oak stands.

The MCP acknowledges the importance of protecting the heritage value of existing buildings on the campus, and this has been an important consideration in its development. The Government of Canada, City of Victoria, and the District of Saanich all prescribe a specific process and requirements that must be followed when any changes, additions or alterations are considered for registered or designated sites or buildings. On the Hospital campus, heritage designated buildings include the Pemberton Operating Theatre, Pemberton Chapel, Adanac Services, and the Memorial Pavilion. It should be noted that Begbie Hall is designated as a National Historic Site of Canada, and a Heritage Registered site in the City of Victoria.

To protect and celebrate the history and heritage of the Royal Jubilee Hospital, Island Health will follow and adhere to all municipal and national requirements when considering the future of heritage buildings, as well as work to ensure that urban design, architecture and landscape, and the cultural and architectural resources of the site reflect the history of the Royal Jubilee Hospital.

Use Best Practices in 2. **Urban Design**

Island Health will use best practice urban design principles to strengthen the sense of place and character of RIH through a cohesive campus environment. The campus will reflect

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both its geographic context and the special characteristics of the site, responding to the existing topography, landscapes, views in and out of the site, and urban setting. Development of the Royal Jubilee Hospital will be informed by design guidelines that maximize adaptability while maintaining a connection with existing buildings and the natural environment.

3. Provide a Safe, Universally Accessible Campus

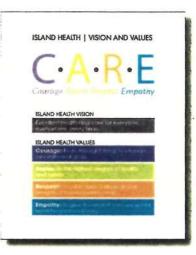
Providing a safe, universally accessible environment for all users is an important component of planning for the future of the RJH campus. All development on this site will consider the unique needs of seniors, offer enhanced integration of services for high-needs populations, and be universally accessible.

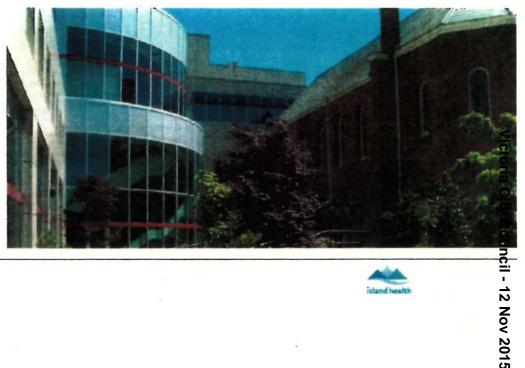
The site will refer to the principles of Universal Design developed by the Centre for Universal Design at the North Carolina State University, including:

- · Equitable use:
- · Flexibility in use;
- Simple and intuitive use;
- Perceptible information:
- Tolerance for error;
- · Low physical effort; and,
- · Size and space for approach and use.

4. **Preserve Existing Utilities** and Servicing Right-of-ways

To minimize development costs, Island Health will plan around existing utility systems. The Health Authority will also utilize best practices in the preparation and execution of utility and services design and construction projects. Comply with all current provincial and municipal codes and standards.









3.0 PROPOSED DEVELOPMENT SCENARIO

3.1 PROPOSED DEVELOPMENT SCENARIO

The proposed development scenario is based on analysis of the site, as well as on various conceptual options that were presented to stakeholders during the consultation process. Difficulty in anticipating the precise way healthcare needs and services will develop over the coming years makes it challenging to create a definitive architectural program for the site. Instead the consultant team has followed a "model" development approach that aligns with the goals and objectives of the site, and with the planning and land use context of the Rayal Jubilee Hospital. The core issues that will influence growth of the campus include:

- Demographic changes;
- · Changing models of care and technologies; and,
- · Improvements in efficiency and productivity.

This development scenario assumes that the RJH campus will host approximately 600 to 650 total beds by 2035. This would be an increase of 200 beds from the current supply. This number is based on forecasting conducted by Island Health's department of Operations Research and Advanced Analytics to project future healthcare trends and economic demands that are expected to impact the region over the next 20 years.

In order to help the City of Victoria and the District of Saanich make a well-informed assessment of this MCP, and address rezaning applications for the property, the proposed development scenario illustrates maximum growth on the RJH site from 2015 to 2035. The proposed distribution of buildings and open space is based on the following core



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development principles:

- Taller buildings and structures will be located toward the centre of the campus and adjacent to existing critical care and supporting services;
- The location and uses of future buildings will generally follow the current distribution of functions and activilies on the site;
- Proposed open spaces located in the south portion of the campus will be integrated with future Fort Street Streetscape plans and Jubilee Village initiatives; and,
- A balance between open space and buildings will be maintained to ensure a campus-like feel and character on the Hospital arounds.

3.1.1 DEVELOPMENT ASSUMPTIONS AND RATIONALE

As noted, detailed spatial programming of future uses has not been conducted to determine a definite area requirement, and therefore these projections are based on best practice requirements for contemporary hospitals. The projected space demand for 200 additional beds would require, conservatively, [factoring in ancillary, service, outpotient clinical support, circulation and storage space), 140 m² in Total Floor Area (TFA) per bed. This results in an additional TFA of 28,000 m² by 2035.

A review of available, developable land on the campus demonstrated that the area zoned DA-2 provides the best opportunity for expansion, especially with the demolition of the "old town" buildings [South, East and Central Blocks] freeing up site area. Currently, the DA-2 Zone is limited to a 22 m maximum height allowance and a Floor Space Ratio [FSR] of 0.97:1. This means:

• The total floor area permitted in this zone is 65,087 m². The current total floor area in DA-2 is estimated at 63,005 m² which brings the current FSR to 0.94:1 (63,005 m²/67,100 m²); and,

 Based on the current allowable FSR of 0.97:1, the remaining available TFA is approximately 2,082 m².

3.1.2 PROPOSED DEVELOPMENT

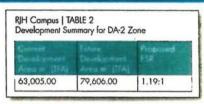
In determining the appropriate amount of development for the campus, several factors were considered in the allocation of the future development space.

- Achieving a balance between open space and buildings to maintain the campus-like feeling of the site.
- Removal of Wilson Black, Rixford Services and Food Services Buildings (providing 6,207 m²).
- Meeting on-site parking requirements based on a ratio of one stall per 80 m² floor area.
- Logical placement of new development for ease of access and adjacency to current uses.
- Align development with the healthcare strategies of Island Health.

Taking these factors into account, the proposed development scenario is as follows:

- 63,005 m² (existing) 6,207 m² (demolished buildings)
 = 56,798 m²
- Total new floor area: 22,808 m²
- Total new development area for DA-2 Zone: 56,798 m² + 22,808 m² = 79,606 m²
- Proposed new FSR for the DA-2 Zone is 1.19:1 (79,606 m²/67,100 m²)

A summary of FSR for the property broken down by zone is provided in Tables 3 and 4 (page 7). These tables outline the current estimated statistics for the site area, TFA, and FSR for the entire RJH site. The proposed development scenario is provided on page 9.



3.1.3 DEVELOPMENT IMPLEMENTATION

It should be emphasized that the proposed build-out requirements can be achieved through a combination of development tactics which can include (in order of Impact) the following:

- · Renovations of existing vacant space;
- · Additions to existing buildings;
- · Construction of standalone buildings on campus; and,
- Relocation of services to other Island Health sites.

Building on this assumption, the consultant team developed a scenario that would:

- Align with current building heights across the site;
- Develop building massing and forms to complement the existing urban context and take advantage of orientation and site permeability;
- Work with existing londscape components such as open space areas and protected tree stands;
- Work with existing utility right-of-ways;
- Provide efficient circulation and orientation for vehicles, bicycles, and pedestrians;
- Provide opportunities for public space and connectivity to Fort Street; and,
- Provide opportunities for phosing of projects to minimize disruption to the Hospital operations.

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3.1.4 SUMMARY OF PROPOSED DEVELOPMENT

Summary plans and supporting statistics are provided below on pages 9 and 10. These illustrate existing and proposed developments respectively.

3.1.5 PARKING

An important component of the MCP is ensuring there is an appropriate parking supply associated with future campus growth. In order to determine the expected demand, a Parking and Transportation study was conducted for RJH. The study reviewed on and off-site parking conditions, off-site traffic conditions, and transportation demand management (TDM) practices. A previous transportation study was conducted at RJH in 2010; however, an updated study was required as the Patient Care Centre was not occupied and South, East, and Centre blocks had not yet been demolished.

The proposed MCP provides a parking strategy that is based upon the parking demand ratio recommended in the 2015 RJH Parking and Transportation Study of 1 space per 80 m² TFA. This ratio is based on a study of the current parking demand from all user groups, the offsite demand of vehicles parking in the surrounding neighbourhood, information gathered in the 2015 RJH Travel Survey, a peer hospital review of similar hospital campuses, and in consideration of the existing TDM program.

This forms the basis of the parking summary calculations in Table 7 on Page 11.

The proposed site plan will result in a reduction of surface parking in the south end of the campus, and will include one new parkade located to the east of EMP off of Trent Street, with integrated parking in the new Central and Fort Street buildings. There will still be some surface parking remaining in the southern portion of the campus; however, it will be better connected to the campus buildings. The parking supply will meet or exceed the expected demand ratio of 1 space per 80 m².

3.1.6 TRANSPORTATION DEMAND MANAGEMENT AT RJH

Transportation Demand Management (TDM) is a series of infrastructure and program initiatives or strategies that influence transportation behaviour to achieve specific objectives. TDM initiatives typically aim to reduce single

occupant vehicle (SOV) trips and encourage alternative travel options such as cycling, walking, public transit and shared rides. Collective transportation mode choice is a product of the options made available. If the most attractive option is driving, then people tend to drive, which raises demand for parking. Successful TDM results in reduced parking demand and fewer vehicle trips and associated benefits of reduced greenhouse gas emissions, improved personal health and well-being, reduced traffic congestion. and lower infrastructure costs. Since 1999, Island Health has been committed to promoting and supporting TDM for all of its sites, including RIH. An effort to reduce the demand for parking and decrease SOV travel to and from the campus resulted in a strategy to identify and support alternative modes of transportation for site users. A comprehensive TDM Strategy was developed for the RIH campus in 2007 as part of the development process for the Patient Care Centre, and as a requirement in the MDA. The strategy was targeted at Island Health employees and regular site users where there is a captive audience to shift travel habits. The strategy included a number of recommendations to reduce the volume of SOV traffic, as well as to reduce the demand on parking.

Since the strategy was developed, Island Health has endeavaured to continually support those tools that have been most effective in helping to reduce SOV traffic. Regular monitoring and course corrections are important to the success of this program and are therefore conducted on a regular basis. Island Health has prepared bi-annual reports for the City of Victoria identifying progress toward mode split objectives and uptake/utilization of the various TDM initiatives. Overall, daily SOV trips by staff have been reduced from 72% in 2007 to 57% in 2015. The subsidized ProPass program at RJH has had significant uptake with 132 staff in the program in 2007 to 354 staff on a ProPass in 2014. Cycling and walking mode shares have also seen an increase since the program's inception from 5% each in 2007 to 10% each in 2015.

3.1.7 FUTURE TRANSPORTATION DEMAND MANAGEMENT

TDM strategies for the Hospital will continue to be implemented and monitored in support of reducing vehicle trips and an-site parking, and providing complementary infrastructure for alternative modes. Island Health is committed to providing adequate parking for all of its new buildings at a ratio of 1 space per 80 m²; however, the

Health Authority recognizes the importance of TDM in ensuring that the demand is managed and that there is a more efficient parking and transportation system for those who use it. Access to health care is an important priority for Island Health and therefore, the TDM program will continue to focus on those user groups with the greatest potential for shifts in travel behaviour without negatively impacting patient care.

fleer spane &	ala ola	Hoor Space Ratio	
Tending Development 2	115 Baselers	Development Insends 14	National Code
Soanich FSR (P3) Victorio FSR OVERALL Zone DA-1 Zone DA-2 Zone DA-3 P8	0.52 1.19 3.70 0.74 - 1.07 1.01	Soonich FSR (P3) Victoria FSR OVERALL Zone DA-1 Zone DA-2 Zone DA-3 P8	0.52 1.34 3.70 1.17 1.07 1.08
	10 405,01		
	6. 649-444 6.4. 725-64		
,	t with free		
	2 034 60		
Site Area Victoria (m-)	\$7,124.00		
Sile Area Soanich (m ⁻)	48,300.00		

The 2015 RJH Parking and Transportation Study did a comprehensive review of Island Health's existing TDM programs at RJH and identified strategies to further enhance the TDM program and make effective use of resources committed to TDM. New development will also bring opportunities for new alternative transportation facilities, as well as advancement in technologies such as automated parking systems that will result in improved efficiency of the resources available. See Appendix B for a summary of the recommended TDM strategies for RJH that Island Health will strive to implement over the next 20 years.



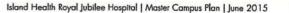
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3.2 IMPLEMENTATION OF THE PLAN

Upon approval of this MCP, in accordance with the terms of the MDA, Island Health will, in due course, proceed with a rezoning application to provide for the proposed density and development scenario autlined in this summary. Implementation timelines of potential projects will not be established until funding and strategic planning for Island Health regional services and facilities is completed. However, emerging demand for an Energy Centre to replace aging campus infrastructure, as well as the potential for an additional parkade structure to ensure that the parking supply is meeting the demand will likely be a priority in the foreseeable future.

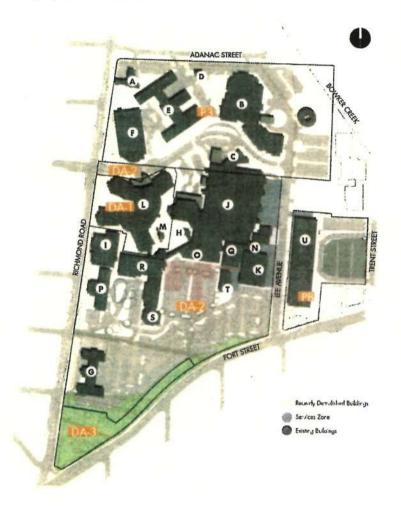
The MCP will be used as a foundational plan to guide ongoing campus development, the procurement of development and construction services (such as architects, construction companies, landscape architects, etc.), as well as an ongoing reference and basis for Rezoning and Development Permit application.











RJH Campus | PROPOSED DEVELOPMENT SCENARIO TO 2035



Note: See Table 6 on page 10 for a reference of building names on campus.



sland

9 Island Health Royal Jubilee Hospital | Master Campus Plan | June 2015

RJH Campus | TABLE 5 Existing Development Baseline 2015

Zoning and Areas Summary Statistics Royal Jubilee Hospital All Inductions compared				
Plan ID	Jurisdiction + Zoning Building Name	Total Floor Area (m²		
Zoning	Plant of Suspects			
A	Adanac Services	524.50		
в	Concer Centre	10,273.00		
C	D&T	2.886.50		
D	Flammables Storage	99.00		
F	Security Offices/Parkade	390.00		
E	Memorial Pavillion	10,984.00		
-	City of Victoria			
Zoning	QA1			
L	PCC	38.341.00		
м	Pemberton Theatre	87.0		
Carlo an	Estimated Current Total	38.428.0		
Zoning	DAD			
G	Begbie Hall	5.296.0		
н	Chapel	210.0		
5	Coronation Annex D&I Vic.	3.164.0		
ĸ	Food Services	3.764.0		
N	Power House/Boiler House	1.070.0		
Ö	Renal Building	2.303.0		
P	Richmond Pavilion	4.870.0		
	Rixford Services	4,870.0		
0	VOICIO 26IVIC62	1,576.0		
Q	Revel Black + Annou	0 070 0		
Q R S	Royal Block + Annex West Block	8,270.0		

	Zoning and Areas Summary Statisites Royal Jubilee Hospital (All Junich from com	tined)
Plan ID	Jurisdiction + Zoning Building Name	Total Floor Area (m²)
	and of Second Second Second Second Second Second	
Zoning	12	
A	Adanac Services	524.50
B	Concer Centre	10,273.00
С	D&T	2,886.50
D	Flammables Storage	99.00
F	Security Offices/Parkade	390.00
E	Memorial Pavillion	10,984.00
1000	Talenabed C. source Rologi	26.167.0
-	City of Victoria	Contraction of Street States
Zoning	DAI	
L	PCC	38,341.00
м	Pemberton Theatre	87.00
	Estimated Conent Total	38,426.0
Zoning	RAD	
G	Begbie Hall	5,296.00
н	Chapel	210.00
5	Coronation Annex D&T Vic.	3,164.00
1	Food Services (To be demolished)	26,393.0
N	Power House/Boiler House	1,070.0
0	and the second	The second se
P	Renal Building	2,303.0
		4,870.0
0	Rixford Services (To be demolished)	-
R	Royal Block + Annex West Block	8,270.0
2		5,222.0
1	Wilson Block (To be demolished)	-
_	Energy Centre	983.0
2	Central Block	15,000.0
3	Fort Building East	4,500.0
4	Renal Infill	2,100.0
5	Patient Link (EMP+D&T)	225.0
3		the second se
	Total	79.606.0
Zoning	OA 5	
	Open Space Only	
	Estimated Current Total	in the second
Zoning	11	
U	Eric Martin Pavilion (w/o basement)	14,000.0
0	Elic Mohin Pavilion (w/o basement)	14,000.0
	Estimated Current Total	14.000.0
	Total Proposed Total Floor Area of All Zones All Jurisdictions m ²	157,191.00

RJH Campus | TABLE 6 Potential Development Scenario 2035

	Total	63 005 00
Zoning	SA 3	
0499370450	Open Space Only	
	Estimated Current Total	
Zoning	Fric Martin Pavilion (w/o	
U	basement)	14,000.00
	Estimated Current Total	14,000.00
	Total Current Total Floor Area of All Zones All Jurisdictions m ²	140,590.00

island health

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RJH Compus | KEY PLAN PARKING LAYOUT TO 2035

ADANAC STREET

RJH Campus | TABLE 7 Parking Summary

	arking	Sum	mary	-
Existing Conditions			Future Conditions	
Adanac Services Lot	15	A	Adanac Services Lot	1
Memorial Pavilion, Side Lot	30	в	Memorial Pavilion, Side Lot	3
Memorial Pavilion, Front Lot	8	с	Memorial Pavilion, Front Lot	
Memorial Pavilion, Rear Lot	23	D	Memorial Pavilion, Rear Lot	2
Vancouver Island Cancer Centre, Rear Lot	15	E	Vancouver Island Cancer Centre, Rear Lot	1
Vancouver Island Cancer Centre, Side Lot	38	F	Vancouver Island Cancer Centre, Side Lot	3
Parkade	368	G	Parkade	36
Vancouver Island Cancer Centre, Palient Lot	78	н	Vancouver Island Cancer Centre, Patient Lot	7
Lee Ave Staff Lot	93	1	Lee Ave Staff Lot	9
Vancouver Island Cancer Centre, Front Lot	7	J	Vancouver Island Cancer Centre, Front Lot	
Main Entrance / Emergency Lot	48	ĸ	Main Entrance / Emergency Lot (upgraded)	1
Carpool / Rideshare Lot	17	L	Carpool / Rideshare Lot	1
Old Admitting Lot	51	M	Renal Infili	1
Hospice Lot	20	N	Central Block U/G Parkade	32
SEC Lot	191	0	Fort Street East U/G Parkade	23
Begbie, Front Lot	7	P	Trent Street Parkade	38
Begbie, Rear Lot	89	Q	Coronation Ave. Onstreet Parking	
Main Staff Lot	443	R	Coronation Ave. Onstreet Parking	
Eric Martin Pavilion Lot	179	S	Central Block Drop Off	
		т	Coronation Ave. Onstreet Parking	
		U	Coronation Ave. Onstreet Parking	
		v	Old Admitting Lot	1
		х	Reconfigured Begble/Staff Lot	15
		Y	Begbie Front Lot	
Tota	I 1720		Total	197

Parking Assumptions	
Total Projected Development Area (TFA) m ² (2035)	157,191
Total Parking Stalls Required based on 1 stall per 80m ² TFA	1965
Total Parking Projected for 2035	
Surplus	6





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Victoria City Council - 12 Nov 2015

THE RJH MASTER 4.0 **CAMPUS PLAN** 2015-2035

RIH MASTER CAMPUS PLAN 41

This MCP is not based on architectural functional programming of spaces, due to the evolving demands of healthcare services and funding on a regional level. Rather, the RIH MCP is intended to act as a framework for Island Health and key stakeholders to evaluate and guide future development opportunities. Its purpose is to enable the Health Authority to make informed and consistent decisions with respect to growth impacts on the compus for the next 20 years, and work closely with the municipalities in future zoning and development applications. The MCP is built upon the development scenario rationale in Section 3 and provides a "model" campus layout that incorporates the key goals and principles set out in the planning and consultation process. Key features of the Plan are illustrated on the following pages.

The objective of the MCP is to strengthen the sense of place and campus character of RIH. This Plan strives to improve the cohesiveness of buildings and landscapes, and to ensure the campus reflects the quality and stature of a major urban healthcare facility. The Design Guidelines located in Section 5 have been developed to guide, coordinate, and regulate project design throughout the campus, and to deliver those character improvements over the next 20 years.

The guidelines are grounded in an understanding of existing campus design opportunities and constraints, as well as balancing healthcare needs projected for the catchment area. A key feature of the MCP is the use of open space to reinforce the existing nodes of gardens and landscape that define the character of RIH within a strong sense of community and history in the area. To this end, buildings and structures are not only placed to logically connect into existing facilities, but also articulate and define outdoor

oriented campus, this contributes to the overall urban design quality.

The MCP proposes a campus that will accommodate a total of 600 to 650 beds by 2035. The majority of new development projects will be located in the current DA-2 Zone within the City of Victoria. The current landscape open-space system, comprised of the heritage and patient aardens and other dedicated landscape nodes, will be expanded by the inclusion of a new public plaza area to the south. This will provide connections to Fort Street and integrate with existing south perimeter open spaces and landscape areas. The open space area located on the southwest corner of the campus, south of Begbie Hall, will remain.

Where feasible, small landscape improvements to existing areas will be contemplated as the campus evolves. Opportunities to enhance or add landscape screening around the perimeter of the campus will be encouraged along with better definition of entry features into the site. A north and south gateway feature is proposed to complement the existing entries at Bay Street and Coronation Avenue along Richmond Road.

An outcome of the planning process is a recommended change to the existing Fort Street Setback of 52 metres to approximately 13 metres alianed with the current Open Space Zone (DA-3). This will allow the construction of a building to accommodate a range of uses, including parking. This will be subject to municipal approval.

Improvements to pedestrian access on the north side of the campus will be developed from Adanac Street on both sides of the Memorial Pavilion. Materials, landscaping, wayfinding, planting and site furniture will enhance the pedestrian and campus experience of the property.

Although Lee Avenue is the primary service road for RIH. improvements to the overall streetscape and pedestrian

spaces. Combined with a preference for a pedestrian experience will greatly enhance the look and feel of the campus overall.

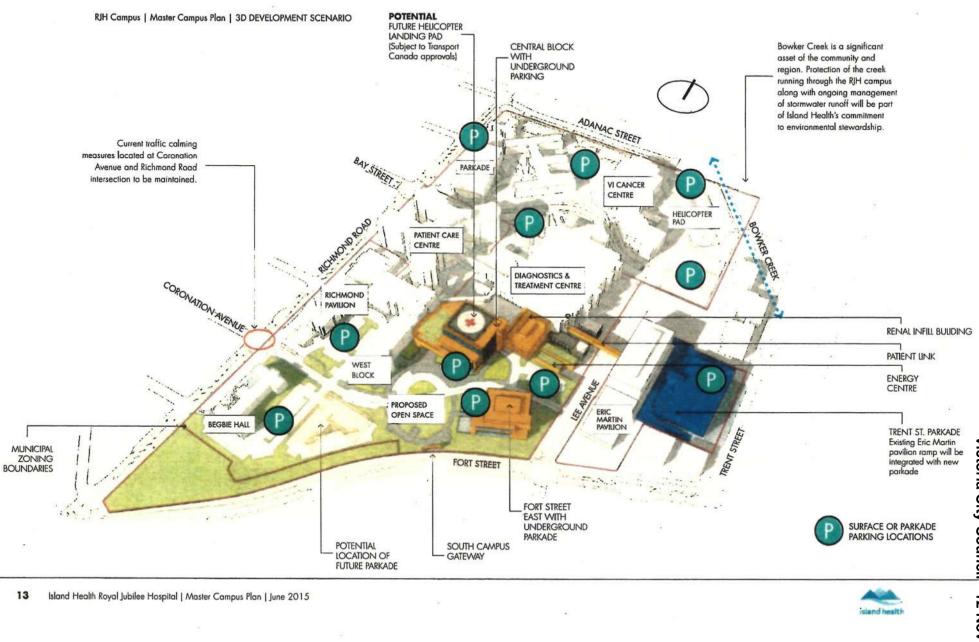
4.2 PROPOSED MCP KEY FEATURES

The following are some of the key features of the proposed MCP and provide a general idea of the major planning and design approaches for the campus:

- · Building heights of new development are set to meet existing building height limitations, or are located towards the centre of campus if increased heights are needed to achieve density. This is intended to minimize building footprint coverage, and avoid placing taller buildings on the campus boundary.
- Building form and massing is as compact as possible. Articulation and transitions of building facades will be implemented to maintain pedestrian scale and architectural definition. Where feasible, future parkades are integrated within buildings and screened by other building uses or landscape screening.
- · A south campus formal open space provides a strong focal point for surrounding building entries and a connection to Fort Street, as well as provides outdoor sealing and greenspace.

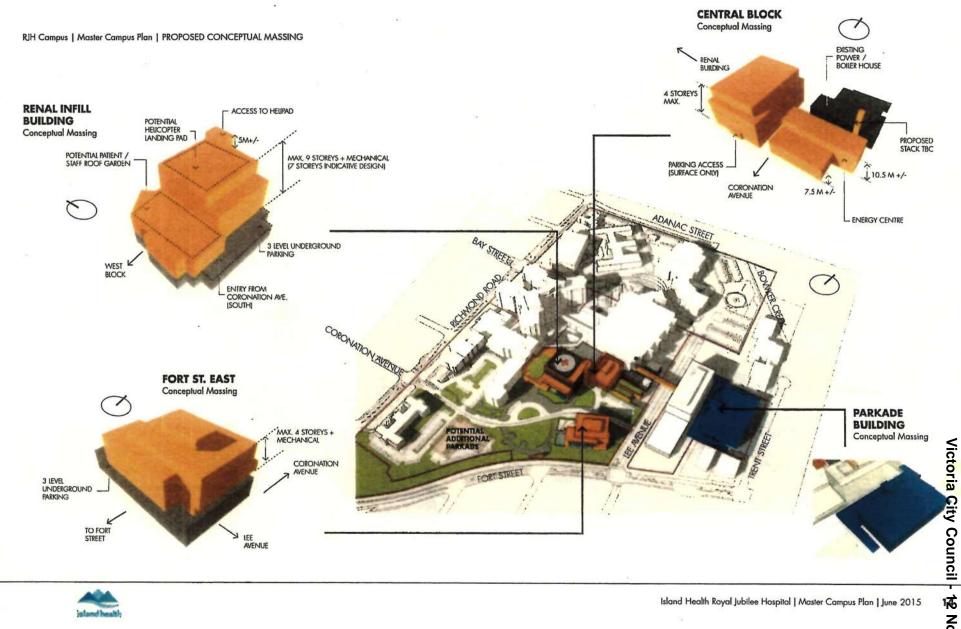
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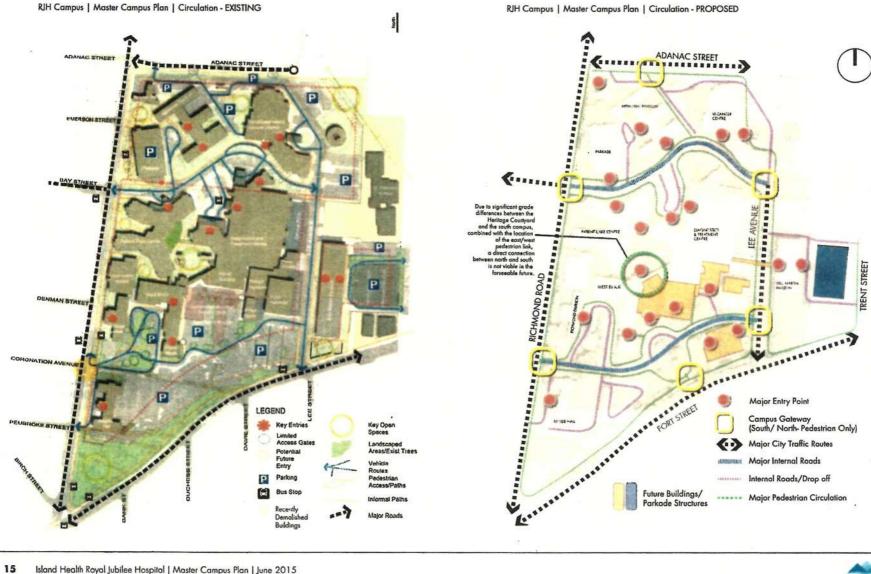
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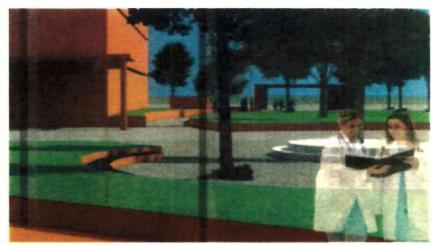


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CONCEPTUAL SKETCH VIEWS



RJH Campus | Master Campus Plan | Conceptual View towards Central Block Main Entry



RJH Campus | Master Campus Plan | Interior view towards South Gate, from Central Block



RJH Campus | Master Campus Plan | Pedestrian South Gate Concept from Fort Street



RJH Campus | Master Campus Plan | North Campus Gateway Concept





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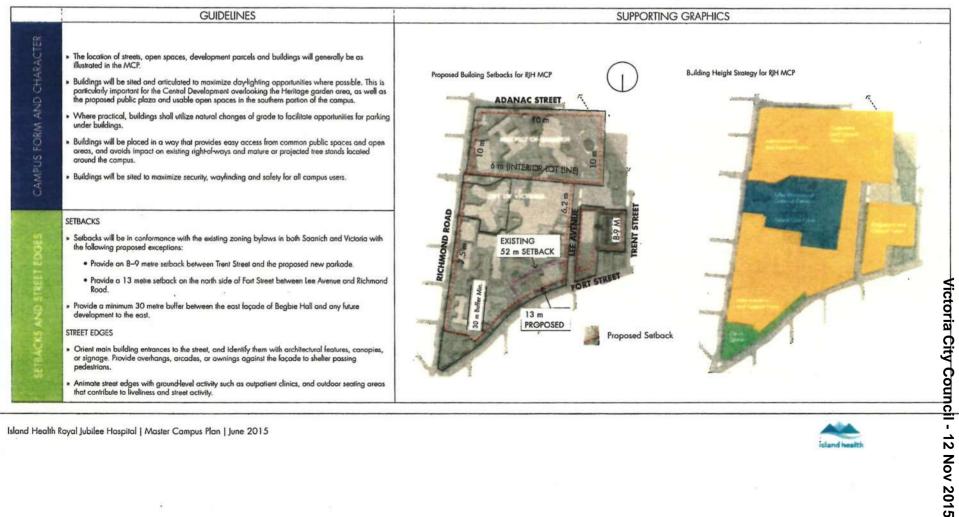


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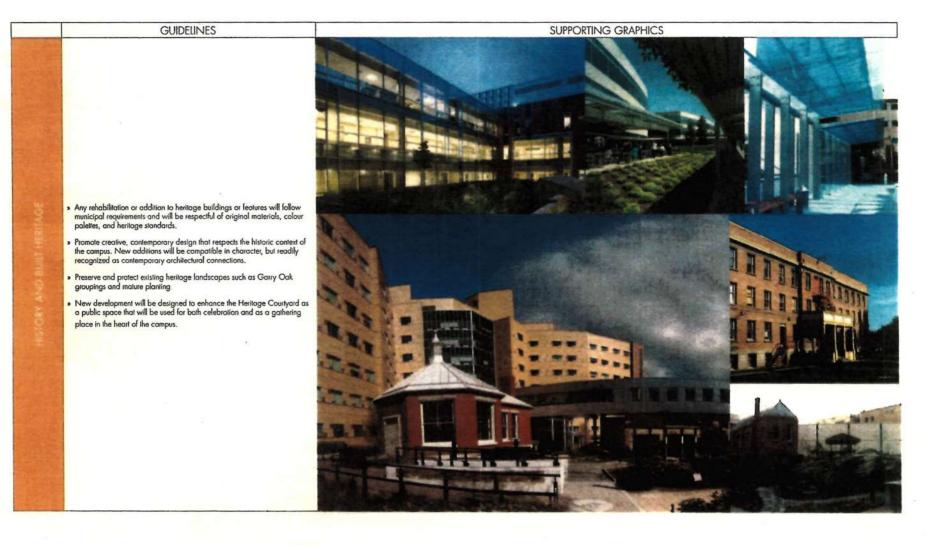
5.0 DESIGN GUIDELINES

The goal of the Design Guidelines is to create a more cohesive campus environment and improve the overall character of the site. The physical character of the campus has evolved over the past 120 years with a variety of buildings that reflect the architectural styles of their time. The following Design Guidelines will be used to create a campus that reflects the appropriate scale, integration, and functionality of buildings and open spaces.



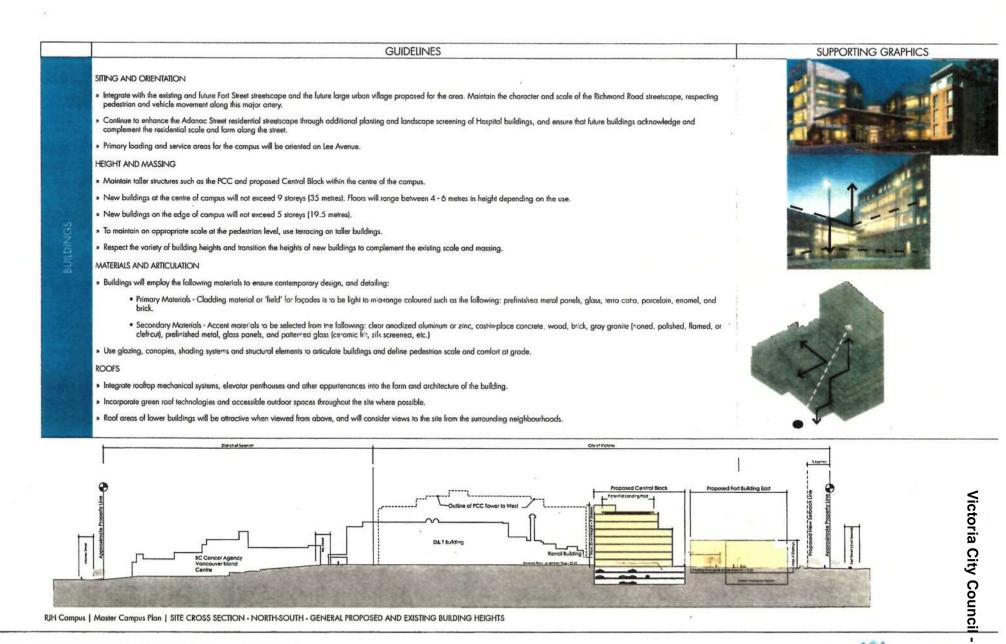
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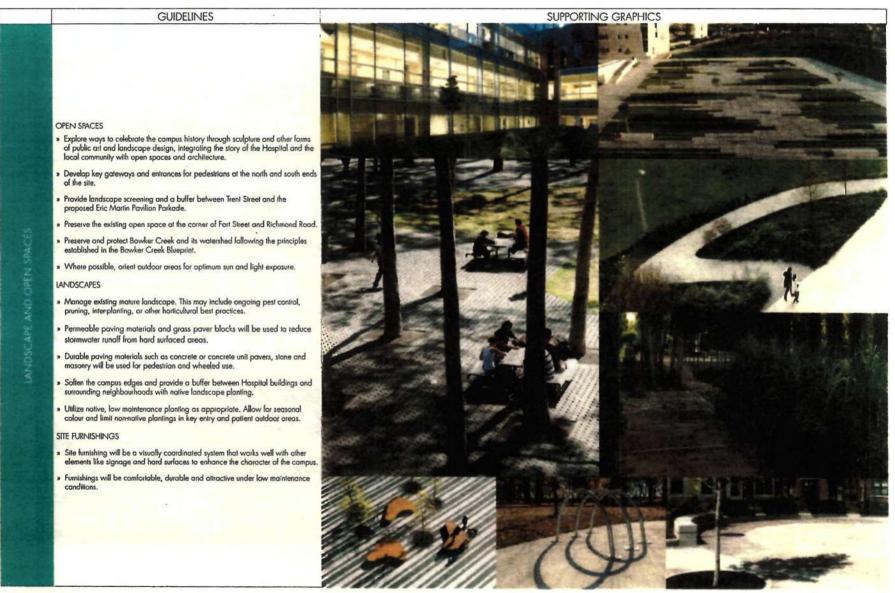
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RJH Campus | Master Campus Plan | SITE CROSS SECTION - NORTH-SOUTH - GENERAL PROPOSED AND EXISTING BUILDING HEIGHTS



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Excellent health and care, for everyone, everywhere, every time.

island health

June 19, 2015

Ref# 16809

Attention: Mr. Jim Handy, MCIP The City of Victoria Development Services 1 Centennial Square Victoria BC V8W 1P6

Dear Mr. Handy:

Re: Royal Jubilee Hospital Master Campus Plan - Submission for Council

We are pleased to submit our Master Campus Plan (MCP) for the Royal Jubilee Hospital (RJH) for your review and submission to Council. The MCP provides a planning framework that offers clear and concise design guidelines for the physical and operational development and character of the campus including its buildings, landscape, circulation, public realm, and infrastructure for the next 20 years. It also provides approving authorities, surrounding communities and Island Health itself with as much certainty as possible in developing the character and form of the campus amidst uncertain economic and healthcare delivery challenges.

The MCP has evolved over the past few years based on feedback from the City, from the community, and from new information presented in updated studies, including the 2015 RJH Parking and Transportation Study. The outcomes of this study informed many of the revisions to the development density scenario and to the site plan layouts in the MCP to ensure that we are meeting the expected demand for parking on the campus. Island Health is appreciative of the guidance and support from the City in developing the methodology for the study.

This document represents the vision and objectives of Island Health, as well as our community partners who have contributed a significant amount of effort towards this plan over the past few years. We believe that the MCP provides the necessary level of detail for both Council and staff to review our approach and design guidelines for the Royal Jubilee Hospital. We feel this sufficiently meets the requirements of our Master Development Agreement.

We would be happy to meet with you during the next few weeks to go over the Plan and we look forward to presenting this document to Council for approval in the near future.

Yours truly,

Joe Murphy, Vice President Operations & Support Services

Attachment





Royal Jubilee Hospital PARKING + TRANSPORTATION STUDY

Prepared for:Island HealthPrepared by:Boulevard Transportation, a division of Watt Consulting GroupOur File:1812Date:August 28 2015



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Appendix B: Site Parking Observations

Appendix C: Neighbourhood Parking Observations

Appendix D: Neighbourhood Parking Violations

Appendix E: Travel Survey Results

Appendix F: Summary of Existing TDM Programs



1.0 Overview

1.1 Introduction

Boulevard Transportation, a division of Watt Consulting Group, was retained by the Vancouver Island Health Authority ("Island Health") to complete the Royal Jubilee Hospital ("RJH") Parking + Transportation Study. This study considers on-site parking conditions, off-site traffic conditions, and transportation demand management ("TDM") practices.

Island Health is working toward completing a Master Campus Plan ("MCP") for the RJH site to both fulfill the terms of a Master Development Agreement ("MDA") between Island Health and the City of Victoria, and to provide approving authorities, neighbouring municipalities and Island Health with certainty regarding anticipated campus growth, future building sites and associated transportation and open space provisions. An important element of the MCP is ensuring appropriate parking supply associated with future campus growth, accounting for traffic impacts to the adjacent road network and continued pursuit of TDM. A transportation study was prepared in 2013, however the City requested that a new study is completed based on information gathered after the Patient Care Centre ("PCC") opened and demolition of the Central, East and South Block buildings.

Consistent with it's mandate to provide "excellent health and care for everyone, everywhere, every time", Island Health is seeking to influence travel choices to reduce traffic and parking demand while retaining access to health services. Implicit in this study and associated recommended actions is a focus on retaining reasonable patient/visitor and physician access, while targeting "non-essential" staff with strategies to reduce single-occupant vehicle ("SOV") trips.



1.2 Document Organization

This document is organized as follows:

Site Characteristics, Section 2

Description of the site context and transportation infrastructure, site floor area by building, day-to-day hospital population, and the proposed 2035 Master Campus Plan build-out.

Parking Assessment, Section 3

Overview of existing parking inventory, 2015 parking demand, parking demand rate (by floor area and user group), occupancy rates and average duration, and recommended parking supply rate for future site development.

Traffic Impact Assessment, Section 4

Review of traffic conditions for surrounding road network and analysis of future traffic conditions associated with the Master Campus Plan and parking redistribution.

Transportation Demand Management (TDM) Strategy, Section 5

Review of historic and current travel characteristics, existing TDM program, and recommended new TDM strategies.

Implementation Strategy, Section 6

Itemized parking, road network and TDM action items with recommended phasing according to proposed MCP build-out.



2.0 Site Characteristics

2.1 Location

The RJH site is divided between the City of Victoria and District of Saanich. The portion south of Bay Street, representing approximately two-thirds of the site, is in Victoria and the portion north of Bay Street is in Saanich. The City's eastern boundary is shared with the District of Oak Bay on Foul Bay Road approximately 150m east of RJH. See **Figure 1**.

The RJH site is bound by Fort Street to the south, Adanac Street to the north, Richmond Road to the west, and Trent Street to the east.

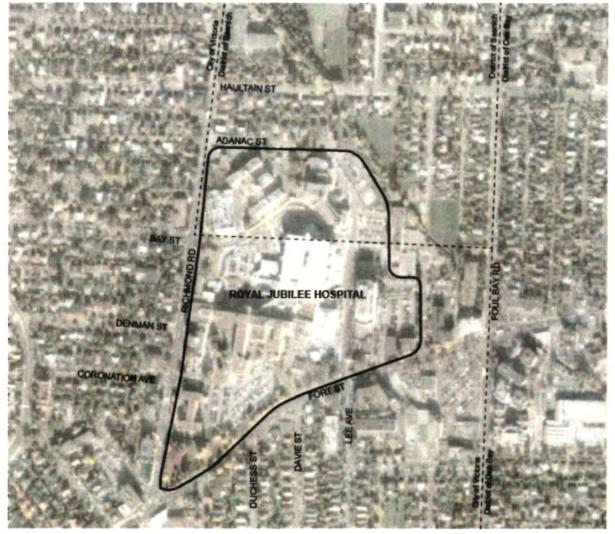


FIGURE 1. ROYAL JUBILEE HOSPITAL LOCATION



2.2 Transportation Context

2.2.1 Road Network

Fort Street is oriented east-west along the south of the site and is the primary link between the site and downtown Victoria. Richmond Road is oriented north-south along the west of the site. Both are classified as Arterials. Bay Street is an east-west Secondary Arterial that terminates at the site at its eastern end. Both Shelbourne Street (Secondary Arterial) and Foul Bay Road (Collector) are north-south routes within close proximity to the site.

The site is accessed at five locations - Trent Street, Lee Avenue, Coronation Avenue, Bay Street, Adanac Street.

2.2.2 Public Transit

BC Transit serves the area with multiple bus routes with service to main destinations including downtown, Victoria West, Victoria General Hospital, Camosun College and University of Victoria. These routes include no. 10, 14, 33, 11, 15. Route no.14 offers highest frequency service – 5-minute frequency during peak periods.

Route no.10 has a bus stop on campus adjacent the Patient Care Centre ("PCC") and Diagnostics & Treatment ("D&T") Building. All other bus stops are on Fort Street and Richmond Road.

Both Fort Street and Bay Street are identified by the City and BC Transit as corridors for future high frequency service¹.

2.2.3 Walking / Cycling

The majority of roads in the vicinity of the site are built to an urban standard and include sidewalks on both sides. Lee Avenue and Haultain Street are designated as "People Priority Greenways" in the Official Community Plan ("OCP"), suggesting vehicular traffic will be mitigated along these routes to enhance walking and cycling conditions.

Key cycling routes include Richmond Road (bike lanes), Fort Street (bike lanes) and Bay Street (bike lanes, incomplete). Further, an "All Ages and Abilities" network² was defined in the 2014 *Bicycle Master Plan* and will include Haultain Street, Lee Avenue and Coronation Avenue.

¹ BC Transit will be completing a corridor planning study for Fort Street in 2015

² All Ages and Abilities ("AAA") routes are designed to feel comfortable for a range of riders and offer a low-streets, high quality cycling experience. Depending on the route, AAA routes may include traffic calmed local streets, off-street pathways and separated bike lanes on major streets.

2.3 Floor Area

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The site contains a total of 140,590 m² floor area, approximately 82% is located in the City of Victoria. See **Table 1**. The site's three largest buildings are located in Victoria – Patient Care Centre (27%), Diagnostics & Treatment (19%), Eric Martin Pavilion (10%).

TABLE 1. SUMMARY OF BUILDING FLOOR AREA³

Building Name	Total Floor Area (m²)
A. Adanac Services	524.50
B. Cancer Centre	10,273.00
C. Diagnostics & Treatment ("D&T"), Saanich section	2,886.50
D. Flammables Storage	99.00
E. Memorial Pavilion	10,984.00
F. Security Offices / Parkade	390.00
Sub-Total, Saanich	25,157.00
G. Begbie Hall	5,296.00
H. Chapel	210.00
I. Coronation Annex	3,164.00
J. Diagnostics & Treatment ("D&T"), Victoria section	26,393.00
K. Food Services	3,764.00
L. Patient Care Centre ("PCC")	38,341.00
M. Pemberton Theatre	87.00
N. Power House	1,070.00
N. Power House O. Renal Building	2,303.00
P. Richmond Pavilion	4,870.00
Q. Rixford Services	1,596.00
R. Royal Block + Annex	8,270.00
S. West Block	5,222.00
T. Wilson Block	847.00
U. Eric Martin Pavilion (w/o basement)	14,000.00
Sub-Total, Victoria	115,433.00
Site Total	140,590.00

³ Based on Master Campus Plan, 2015



2.4 Population

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Site population is considered as average daily volumes by hospital user group and will be used to determine parking supply and demand rates for each hospital user group. See **Table 2**. A detailed breakdown of hospital users is included in **Appendix A**. Approximately 4,400 individuals visit RJH site on an average day. Patients (1,839, 41%) and staff (1,744, 39%) account for the majority of daily hospital users. Cancer Clinic staff, physicians and outpatients are external to Island Health and user volumes are considered separately, representing approximately 16% of site volume.

TABLE 2. SUMMARY OF AVERAGE DAILY USER GROUP VOLUMES⁴

User Group		Volume
Staff	General, Food services, Acciona, etc.	1,744 (39%)
Patients	Outpatient, Inpatient, Emergency department	1,839 (41%)
Physicians	General, Anaesthetists, Emergency department	61 (1%)
Students + Educators	Students, Post-grad residents, Technicians, Instructors	70 (2%)
Volunteers		30 (1%)
V.I. Cancer Centre	Staff, Physicians, Outpatients	690 (16%)
Total		4,434

2.5 Future Site Expansion

The Master Campus Plan ("MCP") provides a framework for site development to 2035, identifying possible future buildings and parking facilities. A net increase of approximately 17,000m² floor area is anticipated by 2035 through demolition, expansion and new buildings. Three new parking structures are proposed on existing lots, representing a net increase of approximately 251 parking spaces. A summary of the MCP proposed 2035 land use and parking supply is included in **Table 3**.

The MCP was draft at the time of this study and subject to change⁵. Since the completion of the Parking + Transportation Study; the MCP has been revised to a reduced density to reflect the findings of this study. The MCP development timeline represents a desired build-out scenario, but is dependent on public funding that cannot be guaranteed or planned in future.

TABLE 3. SUMMARY OF PROPOSED MCP DEVELOPMENT SCENARIO⁶

		Floor Area	Parking Supply
Existing (2013)		140,590.00 m ²	1,720
Future (2035)		157,191.00 m ²	1,971
	Change	+ 16,601.00 m ² (+12%)	+251 (+15%)

⁴ Provided by Island Health, Planning + Community Engagement department staff, March 10 2015

⁵ Draft Master Campus Plan, October 2013

⁶ Based on revised Master Campus Plan



3.0 Parking Assessment

3.1 Existing Parking Supply

An inventory of parking supply at RJH was conducted on March 4, 2015. The RJH site consists of a total of 1,720 parking spaces⁷ arranged in 19 different parking lots. See **Table 4**. Parking lot locations are identified in **Figure 2**.

TABLE 4. SUMMARY OF PARKING SUPPLY, BY LOT

Parking Lot	Parking Supply
A. Adanac Services Lot	15
B. Memorial Pavilion, Side Lot	. 30
C. Memorial Pavilion, Front Lot	8
D. Memorial Pavilion, Rear Lot	23
E. Vancouver Island Cancer Centre, Rear Lot	15
F. Vancouver Island Cancer Centre, Side Lot	38
G. Parkade	368
H. Vancouver Island Cancer Centre, Patient Lot	78
I. Lee Ave Staff Lot	93
J. Vancouver Island Cancer Centre, Front Lot	7
K. Main Entrance / Emergency Lot	48
L. Carpool / Rideshare Lot	17
M. Old Admitting Lot	51
N. Hospice Lot	20
O. SEC Lot	191
P. Begbie, Front Lot	7
Q. Begbie, Rear Lot	89
R. Main Staff Lot	443
S. Eric Martin Pavilion Lot	179
Total	1,720

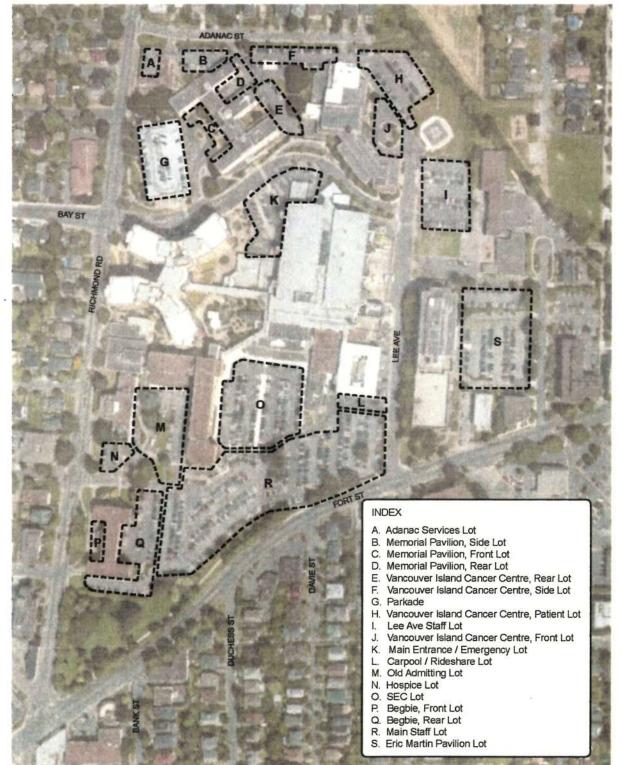
7 Excludes parking for bicycles, motorcycles, delivery, contractors and any temporary parking

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FIGURE 2. PARKING LOCATIONS



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Staff parking represents the largest portion of on-site parking, approximately 53%. Parking is also assigned for visitors (19%), patients (10%), physicians (7%), and a variety of reserved and miscellaneous user groups. See Table 5.

TABLE 5. SUMMARY OF PARKING SUPPLY, BY SPACE TYPE

Space Type	Quantity
Staff	918 (53%)
Physician	118 (7%)
Patient	164 (10%)
Visitor	322 (19%)
Reserved	129 (7%)
Carpool / Rideshare	19 (1%)
Miscellaneous (HC, taxi, shuttle, etc)	50 (3%)
Total	1,720

A total of 1,688 annual staff permits were issued in 2015, approximately 75% more permits than staff parking spaces (as of March 2015)8. Some staff also use the daily "scratch pass" system. A large number of permits are issued to volunteers, physicians, and specialty reserved vehicles. See Table 6.

TABLE 6. SUMMARY OF RJH SITE PARKING PERMITS⁹

Permit Type	Quantity
Staff General ⁹	1,688
Physician ⁹	460
Volunteer	549
Reserved ⁹	134
Auxiliary	39
Carpool	10
Board	39
Renal	125
Pastoral Care ¹⁰	344
Total	3,388

⁸ Although there are 1,688 permits issues, it is unlikely all staff would be on site at one time

⁹ Information provided by Vancouver Island Health Authority, Parking Services ¹⁰ These parking permits allow for parking at Royal Jubilee Hospital and other sites



3.2 Existing Parking Conditions

Data collection and observations were undertaken to assess current parking conditions. For a summary of results see **Appendix B**. The results of the parking assessment are described in the following section. A similar data collection exercise was undertaken in October 2010 as part of the previous study and is referred to throughout this document.

3.2.1 Parking Demand, On-Site

Peak on-site parking demand was experienced at noon during the Thursday observation, when 1,635 of 1,720 parking spaces were observed occupied (95% occupancy). See **Table 7**. Occupancy was highest during the 10:00am and noon observations (both days), and 3-4% lower during the 2:00pm observations (both days).

TABLE 7. SUMMARY OF PARKING OCCUPANCY, BY OBSERVATION PERIOD

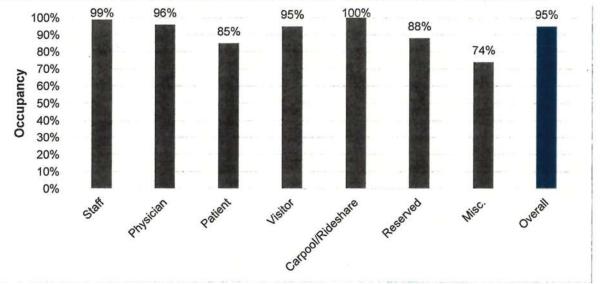
Observation Period	Supply	Vehicles Observed	Total Occupancy	Variation from Peak Period
Wednesday March 4th, 10:00am		1,624	94.4%	-0.67%
Wednesday March 4th, 2:00pm		1,561	90.7%	-4.53%
Thursday March 5 th , 10:00am	1,720	1,628	94.7%	-0.57%
Thursday March 5 th , 12:00pm		1,635	95.1%	
Thursday March 5 th , 2:00pm		1,584	92.1%	-3.12%

On-site parking occupancy is considered for each space type (i.e. staff, physician, visitor, etc.) to understand availability and demand generation associated with each user group. Results suggest that while the peak demand experienced at the site (as a whole) is 1,635 vehicles, the cumulative peaks of each user group is 1,673 vehicles. See **Table 8** and **Figure 3**.

Space Type	Supply	Peak Period (Thursday, 12:00pm)		Cumulative Peak (Cumulative, by Space Type)	
		Vehicles	Occupancy	Vehicles	Occupancy
Staff	918	908	98.9%	910	99.1%
Physician	118	113	95.8%	121	102.5%
Patient	164	140	85.4%	149	90.9%
Visitor	322	305	94.7%	320	99.4%
Carpool / Rideshare ¹¹	19	19	100%	19	100%
Reserved	129	113	87.6%	113	87.6%
Miscellaneous	50	37	74.0%	41	82.0%
Total	1,720	1,635	95.1%	1,673	97.3%

TABLE 8. SUMMARY OF PARKING OCCUPANCY, BY SPACE TYPE

FIGURE 3. SUMMARY OF PEAK PERIOD PARKING OCCUPANCY, BY SPACE TYPE



Results from the travel survey suggest that staff have the most challenging experience finding available parking, as over 70% of staff indicated they find their experience to be "challenging". See **Figure 4**. Less than 50% of physicians, patients, and visitors suggested it was "challenging" finding available parking.

¹¹ Half Carpool / Rideshare spaces are assumed to be occupied by staff vehicles



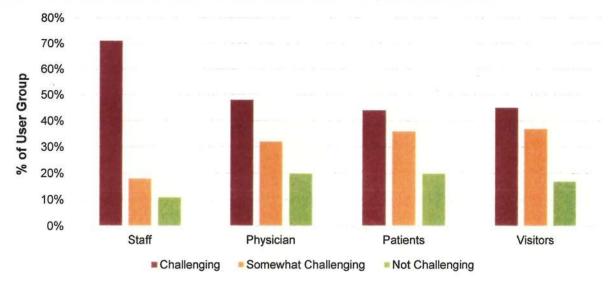


FIGURE 4. EXPERIENCE FINDING AVAILBLE PARKING, BY USER GROUP¹²

3.2.2 Parking Demand Adjustments

A number of "adjustment factors" have been added to observed parking conditions so that they reflect the true parking demand associated with the site and each user group. Adjustment factors are summarized in **Table 9** and described in detail in the following sections.

TABLE 9. SUMMARY OF PARKING DEAMND ADJUSTMENT FACTORS

Condition		Demand Adjustments		
1.	Staff parking in Carpool / Rideshare parking spaces	+11 Staff, -11 Rideshare/Carpool		
2.	Staff parking as Visitors in the Parkade	+28 Staff, -28 Visitors		
3.	Staff parking off-site in the neighbourhood	+90 Staff		
4.	Visitors and Patients parking off-site	+15 Visitor, +7 Patient		

¹² Based on results of Travel Survey, Question 6



Adjustment no.1: Staff Parking in Carpool / Rideshare Spaces

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Carpool and rideshare parking spaces were observed at 100% occupancy (19 of 19 spaces occupied); however vehicles with a staff permit are allowed to park in carpool / rideshare spaces after 10:00am suggesting observations included non-carpool vehicles. Subsequent observations were completed the following week¹³ and determined that eight carpool or rideshare vehicles occupy these spaces and the remaining 11 spaces are occupied by staff vehicles.

Adjustment no.2: Staff Parking as Visitors in the Parkade

Discussions with Island Health staff and results from the travel survey (see **Appendix E**) suggest that a certain number of staff with annual permits are unable to find available staff parking and instead pay the visitor parking rate to park in the Bay Street Parkade. Observations suggest that 28 staff vehicles will be in the Parkade having paid as visitors¹⁴. The overall parking demand (ie. site total) remains unchanged.

Adjustment no.3: Staff Parking in the Neighbourhood

Observations were conducted of on-street parking areas closest to RJH that are unrestricted and may accommodate RJH staff vehicles (or others). Observations focused in the Fernwood / Haultain area west of RJH and a small number of streets in Oak Bay northeast of RJH. See **Figure 5**. All nearby roads in Saanich are restricted (time restricted or resident only) and were not observed. Vehicles observed during the 9:30-10:30am and 2:45-3:45pm observations but not observed at 6:30-7:30am or 4:45-5:45pm were assumed to be non-residents. All nonresident vehicles are assumed to be RJH staff for purposes of this study, although some may be associated with other employment on Fort Street or in the Fernwood neighbourhood.

A total of <u>63 vehicles</u> assumed to be RJH staff were observed parked in the adjacent neighbourhoods. Results are summarized block-by-block in **Appendix C**.

¹³ Observations occurred on Tuesday March 17 at 7:45am, 8:30am, and 9:30am

¹⁴ Observations conducted by Robbins Parking - May 19 to May 26



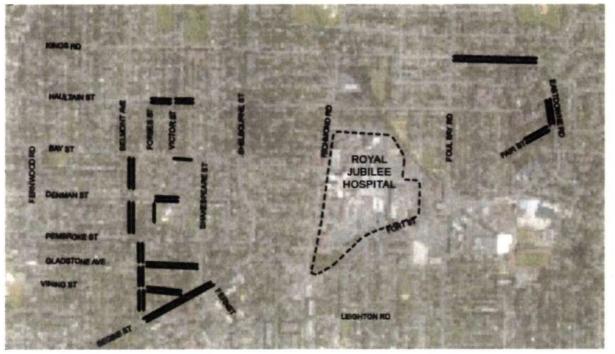


FIGURE 5. NEIGHBOURHOOD PARKING STUDY AREA

The travel survey included questions to support neighbourhood observations. Over half of staff respondents indicated they have parked in neighbourhoods surrounding RJH either often (27%) or infrequently (30%). Of RJH staff who indicated they park in surrounding neighbourhoods often or infrequently, 70% suggested they most commonly utilize unrestricted parking areas (i.e. those streets that were observed). This suggests that the 63 observed vehicles represent 70% of all staff vehicles parked off-site and that a total of <u>approximately 90 staff vehicles</u> are parked in the neighbourhoods. The additional 27 vehicles are assumed to park in restricted areas, business parking lots, or on residential properties (i.e. family, friends). The single-occupant vehicle and multi-occupant vehicle mode shares applied to the average staff volumes (i.e. number of staff on site on an average day, per **Table 2**) suggest that staff parking demand is 1,029 vehicles. This figure is consistent with adjusted staff parking demand.

Further, anecdotal observations were conducted at the Bay Street / Richmond Road, Coronation Avenue / Richmond Road, and Lee Avenue / Fort Street intersections on a weekday¹⁵ morning (7:45 - 8:15am) and afternoon (4:00 – 4:30pm) to estimate the magnitude of RJH staff walking to/from vehicles parked in surrounding neighbourhoods. A small number of pedestrians were observed travelling towards RJH, although most were assumed to be pedestrian trips originating from home or a nearby transit stop. Results do not reflect the magnitude of neighbourhood parking by staff and are not considered further.

¹⁵ Observations conducted Tuesday, March 31 2015

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Adjustment no.4: Visitor + Patients Parking Off-Site

Results from the travel survey indicate that a certain number of visitors and patients are parking off-site. In the absence of a definitive measure, visitor and patient parking demand accommodated off-site during peak periods is estimated at 5% of on-site demand - a total of <u>22</u> <u>vehicles¹⁶</u>.

Utilization data for the Bay Street Parkade (Lot G) indicated that visitor parking is at capacity from approximately 10:00am to 2:00pm on the busiest day of the week (Thursday). Other, smaller visitor parking locations (Lots B, N, S) are also at or near capacity. This suggests that a portion of visitor and patient parking demand is not met on-site during high demand periods.

City of Victoria parking violations were summarized in the restricted areas surrounding RJH for a six month period¹⁷ to determine locations where visitor and patient parking concentrate¹⁸. A large number of violations were issued in Residential Permit Only ("RPO") areas on Bay Street and Emerson Street (and Haultain St and Carrick St to a lesser extent) immediately west of RJH, assumed to be RJH visitors and patients who cannot access available parking in the Bay Street Parkade (Lot G) and instead park on nearby streets. A detailed summary is included in **Appendix D**.

3.2.3 Summary of Parking Demand

Existing parking demand is estimated to be <u>1,747 vehicles</u>, consisting of 1,635 vehicles observed on-site and an additional 112 vehicles estimated to park off-site. See **Table 10**.

This results in a parking demand rate of approximately <u>one vehicle per 80m²</u> floor area, per existing floor area figures presented in **Table 1**.

¹⁶ Assumed to be two-thirds visitors and one-third patients consistent with the number of each user group vehicles observed on-site

¹⁷ Violations summarized for July 1st to December 31st 2014

¹⁸ Information provided by City of Victoria, Parking Services, by email March 19 2015



	On-Site (Observed)	Adjustments	Total
Staff	908	+129	1,037
Physician	113	-	113
Patient	140	+7	147
Visitor	305	-13	292
Carpool / Rideshare	19	-11	8
Reserved	113		113
Miscellaneous	37		37
Total	1,635	+112	1,747

TABLE 10. SUMMARY OF EXISTING PARKING DEMAND, BY USER GROUP

3.2.4 Average Duration

Average duration was determined for each major user group based on a "snap shot" of conditions in select parking areas over the course of one day¹⁹. See **Table 11**. Results suggest that patient and visitor parking average length of stay is approximately two hours, while staff and physician vehicles are parked for an average of six hours. Detailed results are presented in **Appendix B**.

TABLE 11. SUMMARY OF AVERAGE DURATION, BY USER GROUP

User Group	Total Vehicles	Total Hours	Average Duration (hours)
Staff	170	940	5.5
Physician	99	642.5	6.5
Patient	341	543.5	1.6
Visitor	131	507.5	2.5
Reserved	25	97.5	3.9
Total	766	2,731	3.6

¹⁹ Average duration based on observations on Wednesday, March 04 2015 of Lots A, B, G, H, N, O, S



SURVEY FINDINGS

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In addition to quantifying the neighbourhood parking spillover, the travel survey provided interesting conclusions relative to RJH site parking, as follows:

- A significantly larger number of staff indicated they park off-site as compared to physicians, patients, and visitors.
- Nearly half (47%) of staff that indicated they park off-site do so only when they cannot find available parking on-site.
- Approximately 20% of those that park off-site use nearby business parking lots or resident driveways.
- 71% of staff indicated their experience finding available parking "challenging", while less than 50% of physicians, patients, and staff indicated their experience to be "challenging".
- Numerous staff noted frustration over buying an annual parking pass but being unable to find available parking on-site.

3.3 Future Parking Supply

3.3.1 Parking Requirement

The City of Victoria's parking requirement is one space per four beds, plus one space per three staff, plus one space per doctor. The total requirement for the site was not calculated as the quantity of staff and physicians varies significantly from day-to-day and more accurate method of understanding parking demand is being developed through this study.

Required parking was reviewed for peer communities. See **Table 12**. Required supply rates vary from one space per 25m² to 100m² in municipalities where the requirement is based on floor area. The average rate is approximately <u>one space per 71m²</u> among municipalities surveyed. If applied to the floor area proposed in the MCP, the site requirement would be 2,214 parking spaces.

Communities with a composite requirement similar to the City of Victoria's (Burnaby, Courtenay, Langley, Saskatoon) are generally consistent or lower than the City's requirement.

Municipality	Required Supply Rate
Burnaby	1 space / 2 doctors, plus 1 space / 4 staff, plus 1 space / 5 beds
Coquitlam	0.3 spaces / bed
Courtenay	1 space / 2 staff, plus 1 space / 5 beds
Edmonton	1 space / 91m ²
Kamloops	2 spaces / patient room, plus 0.2 spaces / 100m ²
Kelowna	4 spaces / 100m ²
Langley (City)	1 space / 4 beds, plus 1 space / doctor, plus 1 space / 3 staff
Nanaimo	1 space / 56m ²
New Westminster	1 space / 93m ²
Penticton	1 space / 4 beds
Prince George	1.1 spaces / 100m ²
Regina	1.1 spaces / 100m ²
Richmond	1 space / bed
Saanich	1 space / 50m ²
Saskatoon	1 space / 3 beds, plus 1 space / 4 staff
Surrey	1 space / 100 m ²
Vancouver	1 space / 93m ²
Vernon	5 spaces / 100m ²
Victoria	1 space / 4 beds, plus 1 space / 3 staff, plus 1 space / doctor

TABLE 12. SUMMARY OF PARKING REQUIREMENTS IN OTHER MUNICIPALITIES

3.3.2 Expected Parking Demand

The existing parking demand rate (1 vehicle per 80m²) provides a strong indication of future parking demand. Applied to the MCP land use scenario of 157,191 m² floor area by 2035²⁰, the expected parking demand is <u>1,965 vehicles</u>. If parking is supplied to meet peak demand, but not exceed it, this represents an approximately 14% increase from existing parking supply and six less parking spaces than indicated in the final MCP.

²⁰ As indicated in the revised Master Campus Plan



4.0 Traffic Assessment

4.1 Land Use Scenario

The traffic assessment is based on the land use and parking scenario presented in the draft MCP from October 2013. This includes an increase in floor area to 175,628 m² (25% increase) and 1,814 parking spaces (5% increase). Parking is proposed to be redistributed around the site altering trip distribution around the site. See **Figure 6**.

The draft MCP land use scenarios were used to conduct the traffic analysis, however; the land use scenarios have been revised in the MCP to a lower density. Therefore, the traffic analysis reflects a worst case scenario.



FIGURE 6. SUMMARY OF PARKING REDISTRIBUTION, PER DRAFT MCP

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4.2 Study Area

The traffic assessment addresses the following intersections:

- 1. Richmond Road / Adanac Street
- 2. Richmond Road / Bay Street
- 3. Richmond Road / Coronation Avenue
- 4. Fort Street / Lee Avenue
- 5. Fort Street / Trent Street
- 6. Bay Street / Lee Avenue

4.3 Traffic Data

Traffic data information was gathered from the City of Victoria and Island Health. The City of Victoria data was provided in the form of a Synchro files for the AM, PM and off-peak periods and indicated a horizon year of 2014. Island Health provided 2012 traffic count data with three-hour AM and three-hour PM data collected over a two-day period.

The City's model was utilized as the base point for determining existing traffic volumes as the data is more current (2014) and provided in Synchro format, which was used for the analysis. The City's model was missing volumes for the Fort Street / Trent Street, Bay Street / Lee Avenue, and Richmond Road / Adanac Street intersection and Island Health data was used for these locations.

The City's Synchro model was also reviewed and updated for pedestrian volumes, bicycle volumes, heavy truck percentages, and peak hour factors based on the Island Health traffic counts (the City's model used typical heavy truck percentages of 2% and peak hour factors of 0.95 for all movements). Lane configuration was updated at the intersection of Richmond Road / Coronation Avenue to eliminate the eastbound left/through movements, westbound through, and northbound left turn movement that do not exist. The lane configuration on Fort Street was also modified to correctly reflect the sections with one lane and two lanes per direction.

4.4 Existing Traffic Conditions

4.4.1 AM Peak Hour

The AM peak around the RJH site occurs from 7:45am to 9:00am. **Table 13** provides a summary of traffic operations at each intersection based on the updates to the lane configurations and peak hour factors





TABLE 13. EXISTING AM PEAK HOUR TRAFFIC CONDITIONS

Intersection	Worst Movements
Richmond Road / Adanac Street	LOS C: Side Street - Eastbound / Westbound
Richmond Road / Bay Street	LOS C: Eastbound Through, Westbound, Southbound Through/Right
Richmond Road / Coronation Avenue	LOS C: Westbound Left
Fort Street / Lee Avenue	LOS C: Southbound Left/Through
Fort Street / Trent Street	LOS C: Side Street - Southbound
Bay Street / Lee Avenue	LOS B: Eastbound

All intersections providing access to the RJH site operate at an acceptable level of service in the AM peak hour.

4.4.2 PM Peak Hour

The PM peak hour surrounding the RJH site occurs at 3:30pm to 4:30pm. Operations at several intersections are different than the City's base Synchro model with the adjustments in peak hour factor and lane configuration. **Table 14** shows the existing PM peak hour traffic operations.

TABLE 14. EXISTING PM PEAK HOUR TRAFFIC CONDITIONS

Intersection	Worst Movements
Richmond Road / Adanac Street	LOS D: Westbound; LOS E: Eastbound
Richmond Road / Bay Street	LOS E: Eastbound Left; LOS F: Westbound Through/Right
Richmond Road / Coronation Avenue	LOS D: Westbound Left
Fort Street / Lee Avenue	LOS D: Southbound Left/Through
Fort Street / Trent Street	LOS D: Side Street - Southbound
Bay Street / Lee Avenue	LOS A

The intersections with movements at a LOS D are operating at borderline conditions, although acceptable during peak hours as increased delays are expected. Several movements at the Richmond Road / Bay Street intersection operate at a poor level of service, resulting from several high volume movements competing with each other for signal "green time".

Since 1983



Future traffic conditions have been assessed based on the draft 2013 MCP land use and parking scenario. As noted above, the MCP land use has been revised to a reduced density. Therefore, this analysis represents a worst case scenario.

4.5.1 Trip Generation

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Trip generation rates were reviewed using the Institute of Transportation Engineers *Trip Generation Manual* (9th Edition) and existing traffic entering / exiting the site. See **Table 15**. Existing entering / exiting trips and site floor area was used to develop a site-specific trip generation rate for the AM and PM peak hours.

TABLE 15. EXISTING PEAK HOUR TRIPS ENTERING / EXITING RJH

Peak Hour	Trips In	Trips Out	Total ²¹
AM	916	275	1,191
PM	441	867	1,308

AM and PM trip generation rates have been developed that reflect the existing peak hour trips and total site floor area (1,511,530 sqft / 140,423 m²)²². See **Table 16**.

TABLE 16. RJH SITE SPECIFIC TRIP GENERATION RATES

Peak Hour	Trip Rate	% In	% Out
AM	0.79	77%	23%
PM	0.87	34%	66%

 Table 17 and Table 18 identify the number of additional trips that would be added to the site based on the MCP land use scenario.

TABLE 17. TRIP GENERATION BASED ON ITE TRIP GENERATION RATE²³

Additional Floor Area	Trip Rate	Total	In	Out
35,204.50 m ²	0.95 (AM)	360	227	133
55,204.50 m	0.93 (PM)	352	134	218

²¹ Existing trips include all entering/exiting trips on Trent Street

²² Total floor area as identified in the draft MCP; this number has been revised in the MCP

²³ Based on ITE land use no.610



TABLE 18. TRIP GENERATION BASED ON OBSERVED TRIP GENERATION RATE

Additional Floor Area	Trip Rate	Total	In	Out
25 204 502	0.79 (AM)	299	231	69
35,204.50 m ²	0.87 (PM)	330	112	218

4.5.2 Trip Assignment

Future trips have been assigned to reflect the reallocation of parking around the site, as summarized in Figure 6 (see above).

AM Peak Hour:

In the AM peak hour, existing traffic enters and exits the RJH site relatively similar to the existing distribution of parking on-site. Therefore existing traffic was reassigned based on **Figure 6**. For example 16% of the existing traffic using Coronation Avenue and Lee Avenue entering the site was removed and 2% of the entering traffic was added to Bay Street and 14% was added to Trent Street.

The proposed development traffic, due to the 2013 MCP, was assigned based on the proposed allocation of parking on-site which is 44% in the Bay Area, 32% in the Coronation/Lee area, and 24% in the Trent area.

PM Peak Hour:

In the PM peak hour, existing traffic enters and exits the RJH site with a higher preference for the Bay area than the Coronation/Lee area relative to the existing distribution of parking on-site. It was assumed that future traffic will continue to maintain the preference for the Bay area in the PM even with the change in the parking areas. The preference for the Bay area in PM peak hour is assumed to be due to higher visitor and non-staff use during this time of day. Since the existing preference for parking will be maintained the existing traffic was still adjusted based on the change in parking allocation from existing to future. The future trips were assigned based on the proposed parking allocation.



4.5.3 Future Traffic Conditions

AM Peak Hour:

Table 19 outlines the AM peak hour traffic conditions with traffic from the draft MCP.

TABLE 19. POST DEVELOPMENT AM PEAK HOUR TRAFFIC CONDITIONS

Intersection	Worst Movements
Richmond Road / Adanac Street	LOS D: Side Street - Eastbound
Richmond Road / Bay Street	LOS C: Eastbound Through, Westbound, Northbound Left, Southbound Through/Right
Richmond Road / Coronation Avenue	LOS C: Westbound Left
Fort Street / Lee Avenue	LOS C: Northbound, Southbound Left/Through
Fort Street / Trent Street	LOS C: Side Street - Southbound
Bay Street / Lee Avenue	LOS B: Eastbound

All movements remain at good condition with the exception of the low volume eastbound movement at Richmond Road / Adanac Street, which drops to LOS D. The LOS D is an acceptable conditions during the peak hour; especially since the volume of traffic is below 25 vehicles per hour.

PM Peak Hour:

Table 20 outlines the PM Peak hour traffic conditions with the traffic from the 2013 MCP.

TABLE 20. EXISTING PM PEAK HOUR TRAFFIC CONDITIONS

Intersection	Worst Movements
Richmond Road / Adanac Street	LOS E: Westbound; LOS F: Eastbound
Richmond Road / Bay Street	LOS D: Eastbound Through; LOS E: Eastbound Left; LOS F: Westbound Through/Right
Richmond Road / Coronation Avenue	LOS D: Westbound Left
Fort Street / Lee Avenue	LOS D: Southbound Left/Through
Fort Street / Trent Street	LOS F: Side Street – Southbound
Bay Street / Lee Avenue	LOS A



The Richmond Road / Adanac Street intersection is operating at a failing condition for the side streets with the development traffic; however, the volume of left turning traffic from the side street is relatively low (less than 35 vph total) and a traffic signal at this intersection is not recommended.

The Richmond Road / Bay Street intersection will continue to operate with the same poor movements as existing conditions; however, delays will increase slightly consistent with the small increase in traffic expected.

The Richmond Road / Coronation Avenue and Fort Street / Lee Avenue intersections remain at the same LOS as existing conditions; however, have slightly reduced delays due to the reduced traffic entering / exiting RJH from these access points.

The Fort Street / Trent Street intersection will operate at a failing LOS with the addition of the parkade on the Eric Martin Pavilion ("EMP") site. A signal is not recommended due to its close proximity to Foul Bay Road and Lee Avenue (both signalized) and the offset nature of the driveway on the opposing side of Fort Street. Rather, it is recommended that an exit from the proposed parkade onto Lee Avenue is provided as the new facility is constructed to allow exiting vehicles to access the signal at Fort Street / Lee Avenue (or even the signal at Richmond Road / Bay Street). See **Figure 7**. This will serve to better balance exiting vehicles to make use of available intersection capacity and cause the intersection of Fort Street / Trent Street to improve to a LOS D and the intersection of Fort Street / Lee Avenue to remain at a LOS D or better.



FIGURE 7. RECOMMENDED PARKADE CONNECTION

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5.0 Transportation Demand Management

Transportation demand management ("TDM") refers to policies, programs and services that influence whether, why, when, where and how people travel²⁴. TDM initiatives typically aim to reduce single-occupant vehicle ("SOV") trips and encourage alternative travel options such as walking, cycling, public transit and shared rides. Successful TDM results in reduced parking demand and fewer vehicle trips – the two primary objectives at RJH - and associated benefits of decreased greenhouse gas ("GHG") emissions, improved personal health and well-being, reduced traffic congestion and lower infrastructure costs.

Since 1999, Island Health has pursued TDM initiatives at RJH with the goal of reducing parking demand and SOV trips to/from the site. The 2007 Master Development Agreement ("MDA") set out a discrete target to reduce 2007 SOV trips by 10% by 2010 and, although that target was not met, Island Health has realized progress in reducing SOV travel. The MDA states:

"VIHA covenants and agrees to develop and implement a Transportation Demand Management Program, so that by the end of the year 2010, the total daily SOV trips of all full-time, part-time and casual Royal Jubilee Hospital employees are reduced to no more than 2,413 trips (a reduction of at least 10% of the Baseline) and therefore do not increase."

As of 2014²⁵, daily SOV trips have been reduced by approximately 6% from 2007 rates despite an increase in floor area and patients at RJH. The proportion of RJH staff travelling in SOVs has also decreased by 15%, as demonstrated in *Section 5.1*. Further, Island Health has prepared reports to the City of Victoria in 2010, 2012 and 2014 identifying progress toward mode split objectives and uptake / utilization of the various TDM initiatives, which has provided an opportunity to monitor progress and intervene with "course corrections" where warranted (this study presents another opportunity for course correction). The challenge with the MDA commitment is that it is based on a baseline of total SOV trips (rather than a proportion of total trips), which fails to acknowledge growth of the site and the need to constantly expand to meet the growing demand for health care in the Capital Region.

²⁴ Definition based on Transport Canada, TDM for Canadian Communities, March 2011

²⁵ Vancouver Island Health Authority, 2014 Annual TDM Summary, August 19 2014



5.1 Travel Characteristics

A travel survey was conducted to update the RJH mode split for 2015 and to assess progress relative to measures in 2007, 2010, and 2012. The mode share accounts for all individuals who travel to the site three days or more, consistent with previous surveys.

Most notable trends from 2015 mode split include a significant decrease in shared rides / carpool, increase in walking, and an increase in "other" trips. See **Table 21** and **Figure 8**.

Mode	2007	2010	2012	2015
Private Car (Alone)	70.0%	60.0%	57.5%	58.5%
Private Car (With Others)	11.0%	6.0%	7.2%	4.3%
Transit	4.5%	13.7%	10.6%	9.5%
Bicycle	5.0%	7.9%	11.2%	10.0%
Walk	5.0%	7.7%	7.5%	9.5%
Drop Off	2.5%	2.5%	2.9%	2.7%
Other	2.0%	2.3%	3.1%	5.4%

TABLE 21. SUMMARY OF MODE SPLIT, 2007 - 201526

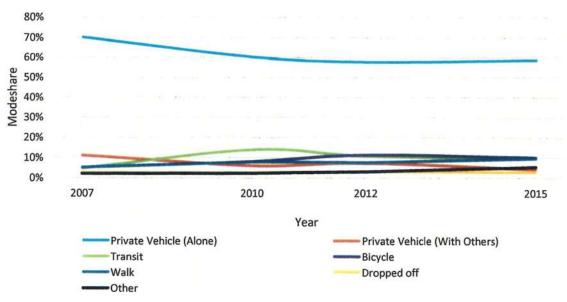


FIGURE 8. SUMMARY OF MODE SPLIT, 2007 - 201527

²⁶ Mode split for individuals travelling to RJH three days per week or more, all user groups

27 Ibid.



Staff exhibit a relatively low SOV mode share (57%) and high transit (10%), walking (10%), and cycling (10%) mode shares relative to the other site user groups. See **Figure 9**. Visitors have the highest rate of SOV travel (71%), while patients exhibit low SOV rates and high transit and "other" usage (assumed to be ambulance, shuttle and other supported services). Physicians exhibit the highest rates of walking and cycling, but low shared ride and transit usage.

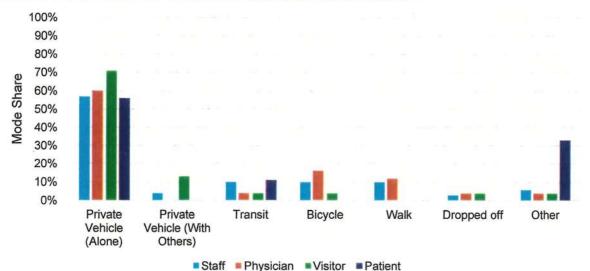


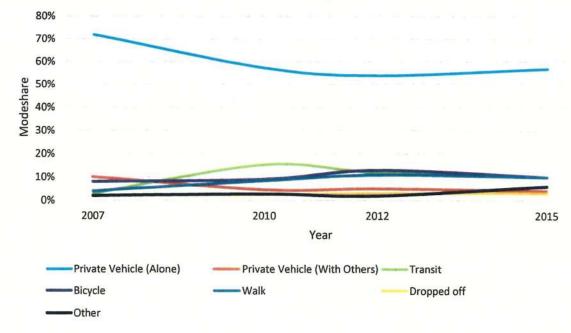
FIGURE 9. SUMMARY OF RJH MODE SPLIT, BY USER GROUP28

Staff mode split between 2007 and 2015 has generally reflected the desired shift away from SOV trips, which is indicative of the site as a whole. See **Figure 10**. Staff SOV mode share has decreased from 72% in 2007 to 57% in 2015, although increased slightly between 2012 and 2015. Staff walking and cycling mode shares have both increased since 2007 to 10%. Transit mode share has increased from 4.5% in 2007 to 10% in 2015, but has decreased from its peak 15% share in 2010 (resulting from significant investment in ProPASS). Ridesharing has decreased over time, from 10% in 2007 to 4% in 2015. Staff represent one of the largest site user groups (39%, per *Table 2*) and the group most effectively targeted with TDM.

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Survey respondents were asked to indicate the barriers to travel via walking, cycling, public transit, or other SOV alternatives. The following barriers were identified:

- Inconvenience (various reasons stated)
- It takes more time to travel
- · Family responsibilities (school, daycare pickup) that require a vehicle
- · Home is too far away to take transit, bike or walk
- Pre- or post-work responsibilities require a vehicles

Understanding these barriers is important when considering potential new TDM initiatives aimed at shifting travel choice, particularly among staff.

5.1.1 Travel Distance

The survey concluded, as expected, that SOV mode share increases as trip distance increases. See **Figure 11**. Walking has a higher mode share (37%) than SOVs (29%) for trips 2-km or less. The transit mode share is highest (19%) for trips 2 to 5-km.

Consulting Group Since 1983



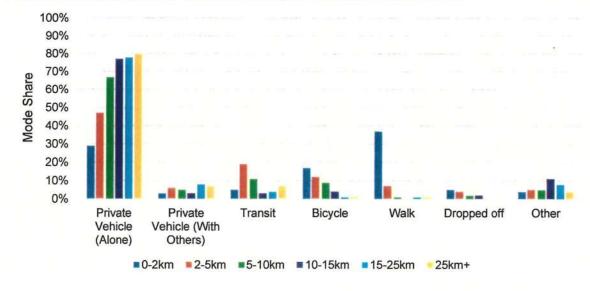


FIGURE 11. SUMMARY OF MODE SHARE, BY COMMUTE DISTANCE

Staff and physician travel distance varies. See **Figure 12**. Patients generally travel 10-km or less to RJH, while a large proportion of visitors travel 10-km or further. Average travel distance among staff is 11-kilometres.

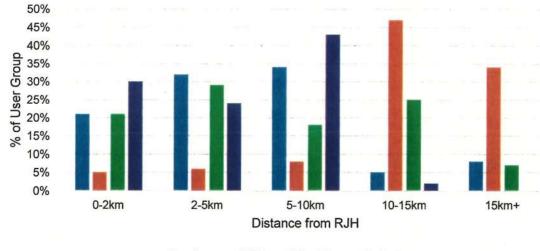


FIGURE 12. SUMMARY OF TRAVEL DISTANCE TO RJH, BY USER GROUP

Employee Visitor Physician Patient



5.2 Existing TDM Program

Existing TDM initiatives are described in the following section to understand programs currently available and level of uptake / utilization. The existing TDM program and mode split information (see *Section 5.1*) are used to consider new, recommended TDM approaches (see *Section 5.3*).

Additional information on existing TDM Programs is provided in Appendix F.

5.2.1 Parking Management

Staff

The primary staff parking option is an annual permit that allows parking in designated staff parking spaces. The permit cost is \$702.00 per year and is automatically charged via payroll deduction (\$27 per pay period). See **Table 22**. There are currently 1,688 general staff permits issued²⁹.

Year	Daily ³⁰ (S)	Pay Period	Monthly (S)	Annual (\$)
2007	1.88	18.78	37.56	488.28
2008	1.94	19.35	38.70	503.10
2009	2.03	20.32	40.64	528.26
2010	2.70	27.00	54.00	702.00
2011	2.70	. 27.00	54.00	702.00
2012	2.70	27.00	54.00	702.00
2013	2.70	27.00	54.00	702.00
2014	2.70	27.00	54.00	702.00
2015	2.70	27.00	54.00	702.00

TABLE 22. SUMMARY OF STAFF PARKING PERMIT COSTS, 2007-2015

Staff also have the option to purchase booklets of five scratch passes. Each scratch pass allows parking in general staff parking spaces for up to 12 hours on the day indicated on the pass. Scratch pass booklets cost \$21.00 (\$4.20 per day). The scratch passes generally appeal to part-time staff and full-time staff that do not regularly drive.

²⁹ Vancouver Island Health Authority, RJH Permit Count, February 12, 2015

³⁰ Daily cost based on 260 working days per year.



Carpool permits are available to staff travelling with at least one other person in their vehicle 80% of the time and originating from a different address. Carpool permits cost \$455.00 per year, 54% less than an annual staff permit, and allow vehicles to park in designated carpool spaces. There are currently six carpool parking permits issued.

Rideshare parking spaces are located on site on Lot L. This is an informal program used by staff who purchase a yearly parking permit, but drive with others.

Visitor

The primary visitor parking supply is in the Bay Street Parkade. Visitor rates are \$2.25 for the first hour and \$1.25 for each additional hour, to a maximum daily cost of \$16.00. Smaller visitor parking supplies are also provided throughout the site at rates of \$0.25 for ten minutes and \$2.75 for two hours. Parking for the Vancouver Island Cancer Centre (VICC) is \$1.50 per hour.

Patient

Patient parking costs vary throughout the site. Parking at the VICC is \$1.50 per hour. Renal dialysis patients are not charged for parking. All other parking is the same as visitor parking.

Consistent with Island Health's vision and mandate, they will continue to accommodate and prioritize patient parking to enhance access to health care.

Physician

Physicians have access to a physician parking permit for \$1,024.08 annually. Physicians park in the dedicated physician parking only parking spaces (parkade and surface parking).

5.2.2 Transit

Transit Passes

Permanent Island Health staff are eligible for a subsidized transit pass ("ProPASS") at a cost of \$17.50 per pay period. The monthly cost of the ProPASS is \$38.00, which is less than half the cost of an adult monthly pass (\$85). The ProPASS works out to be \$455 per year, approximately 54% less than the cost of an annual staff parking permit. 354 staff were enrolled in the ProPASS program as of August 19, 2014³¹. BC Transit's bi-weekly cost for the program has increased marginally from 2007, while Island Health has increased its subsidy from \$5.54 in 2007 to \$16.17 in 2014. See **Table 23**. The result has been a decrease in the bi-weekly cost to staff from \$23.48 in 2007 to \$17.50 in 2014 and a 250% increase in enrollment. See **Figure 13**.

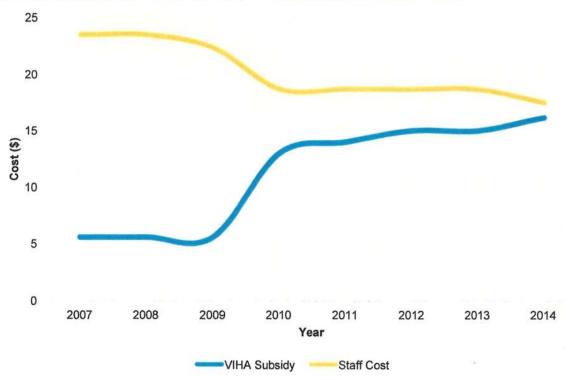
³¹ Vancouver Island Health Authority, 2014 Annual TDM Summary, August 19 2014



	Enrollment	Cost (\$)	VIHA Subsidy (\$)	Cost to Staff (\$, per pay period)
2007	132	29.02	5.54	23.48
2008	148	29.02	5.54	23.48
2009	210	29.02	5.54	22.36
2010	215	31.69	13.00	18.69
2011	221	32.68	14.00	18.68
2012	257	33.67	15.00	18.67
2013	305	33.67	15.00	18.67
2014	354	33.67	16.17	17.50

TABLE 23. SUMMARY OF PROPASS PROGRAM, 2007-2014

FIGURE 13. PROPASS COST TO STAFF + SUBSIDY RATE, 2007 - 2014



The Government of Canada offers an income tax credit for monthly transit pass holders³². Staff are encouraged to submit their ProPASS when filing their income tax return.

³² More information available at: <u>www.cra-arc.gc.ca/transitpass</u>

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Service Improvements

The no.10 – Royal Jubilee / Songhees bus route was added in 2009 to improve service to RJH, with direct service between RJH and Vic West along Bay Street.

5.2.3 Shuttle Bus

A free shuttle service is available to staff between RJH and Victoria General Hospital ("VGH"). The service operates 20 trips per day between 6:30am and 8:15pm, with capacity for up to ten passengers per trip. Ridership is high during peak morning and afternoon periods, and lower during the middle of the day. Average ridership is 22.4 participants daily³³.

5.2.4 Carpool / Rideshare

Observations occurred on Tuesday March 17 at Lot L at 7:45 am, 8:30am, and 9:30 am. Occupancy ranged from 24%-47% (in total) with at least 9 spaces still available. Carpool parking spaces had a higher occupancy than rideshare parking spaces (averaged approximately 71% vs 30%), although it is unclear whether any ineligible vehicles were observed (i.e. general staff without carpool permits). Occupancy increased to 100% at 10:00am when the spaces become available to general staff.

Rideshare parking spaces are for those staff who purchase an annual staff parking permit but carpool with others (essentially sharing the cost of the permit). This is an informal program and Island Health is essentially "trusting" staff to only use these spaces when driving with others. This accommodates those staff who are unable to carpool 80% of the time (a requirement to obtain a carpool parking permit).

5.2.5 Cycling

Bike Parking

The RJH site includes a total of 712 bicycle parking spaces (616 bike racks and 96 bike lockers). Bicycle storage has increased by 85% since 2003³⁴. See **Figure 14**.

- Approximately 616 bike rack spaces are located at building entrances. Island Health has been active in adding shelters to protect racks from weather.
- There are a total of 96 bicycle lockers on the site. Lockers are rented at a cost of \$2.15 every two weeks or \$55.90 annually. There are currently 10 staff³⁵ on the waitlist to obtain access to a bike locker.

³³ Information received from Island Health

³⁴ Vancouver Island Health Authority, 2014 Annual TDM Summary, August 19 2014

³⁵ Email correspondence with parking services, May 4, 2015

Victoria City Council - 12 Nov 2015

Further, "bicycle compounds" are provided at the bottom of the Diagnostics & Treatment Building and underneath the Foods Building, each accessed from Lee Avenue. The compounds have capacity for approximately 134 bicycles (Diagnostics and Treatment has 57 spaces and the Foods Building has 77 spaces) and is only accessible to staff. Both compounds are in convenient locations to provide easy access to showers/change facilities.

Bicycle parking occupancy was observed for selected visible bike parking (i.e. bike racks) on Wednesday, March 04 2015. Occupancy was observed at approximately 27% overall. It should be noted this does not represent all bike parking and does not account for heightened bicycle ridership in summer months.

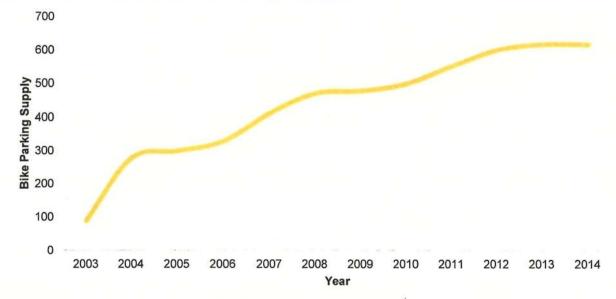


FIGURE 14. RJH BIKE RACK CAPACITY, 2003 - 2014

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The bicycle compound beneath the D & T Building

Royal Jubilee Hospital Parking + Transportation Study ISLAND HEALTH



5.2.6 Bike to Work Week

Island Health is an active participant in Bike to Work Week (BTWW) in late-May each year. Island Health supports a community partnership with the Greater Victoria Bike to Work Society and annually increases its sponsorship level from the Bronze minimum level to an official silver level sponsor. This includes a \$2,000 payment in exchange for extensive branded marketing, logos and messaging to promote BTWW to Island Health employees. Messaging includes a valuable profile (at the Gold Level) of an Island Health employee on a countdown poster distributed to all city team leaders and social media. Further, Island Health has a profile at a celebration station at RJH to support and promote cycling activity along the local community bike corridor. Island Health further supports the BTWW event by purchasing t-shirts provided free of charge to all registered Island Health employees. These t-shirts promote Island Health cycling participation and increased awareness as the shirts can be seen throughout the campus. RJH staff participation in Bike to Work Week has increased by approximately 60% since 2007³⁶.

5.2.7 Staff Orientation

At orientation, new Island Health staff and resident physicians are given TDM information including parking options, public transit, preferred cycling routes and bike parking at RJH. This information is distributed at approximately 18 sessions per year and has been offered since 2008.

³⁶ Vancouver Island Health Authority, 2014 Annual TDM Summary, August 19 2014



5.3 Recommended TDM Strategy

Island Health's organizational vision is to provide "excellent health and care for everyone, everywhere, every time". Implicit in this vision is efficient patient access to health care and maintaining reasonable access for patient support - health care providers (physicians, staff), and visitors. Island Health is seeking to create a TDM program for RJH to decrease SOV trips by focusing on those user groups with the greatest potential for shift in travel behavior without negatively impacting patient care.

The recommended TDM program is identified in the following section that introduces new approaches to make effective use of resources committed to TDM.

5.3.1 Parking

Strategy 1.1 Increase Cost of Staff Annual Parking Permit

Annual staff parking permit costs increased approximately 45% between 2007 and 2010 (from \$488.28 to \$702.00). The increased parking rates is one of the factors that coincided with a reduction in the staff SOV mode share from 72% in 2007 to 57% in 2010. Since 2010, annual staff permit costs have remained at \$702.00 due to restrictions to Collective Bargaining Agreements (HEU) that limit rate increases. The staff SOV mode share has increased slightly, from 54% in 2012 to 57% in 2015.

Staff parking costs were reviewed for nine representative hospitals in BC. See **Table 24**. Results suggest that Royal Jubilee Hospital's staff parking costs are considerably higher than other sites. It should also be noted that annual parking permits are not available at approximately half the hospitals that were reviewed.



		Relative Costs			
Hospital	Cost	Daily (\$)	Weekly (\$)	Monthly (\$)	Annual (\$)
Abbotsford Regional Hospital + Cancer Centre	\$20.32 monthly	1.02	5.08	20.32	264.16
Burnaby Hospital	\$26.03 bi-weekly	2.40	13.02	52.06	676.78
Chilliwack General Hospital	\$5.00 bi-weekly	0.50	2.50	10.00	130.00
Kelowna General Hospital	\$15.10 per pay period \$392.64 annually	1.51	7.55	30.20	392.60
Langley Memorial Hospital	\$11.57 bi-weekly	1.16	5.79	23.14	300.82
Penticton Regional Hospital	\$13.11 per pay period \$340.84 annually	1.31	6.56	26.22	340.86
Royal Inland Hospital	\$18.39 per pay period \$478.22 annually	1.84	9.20	36.78	478.14
Royal Jubilee Hospital	\$27.00 bi-weekly	2.70	13.50	58.50	702.00
Surrey Memorial Hospital	\$22.03 bi-weekly	2.20	11.02	44.06	572.78
Vernon Jubilee Hospital	\$13.11 per pay period \$340.84 annually	1.31	6.56	26.22	340.86
Average ³⁷		1.47	7.48	29.89	388.56

TABLE 24. STAFF PARKING PERMIT COSTS AT REPRESENTATIVE HOSPITALS

Parking costs were also reviewed relative to daily parking costs in other locations in the Capital Region with pay parking. See **Table 25**. Results suggest that costs at RJH are approximately 70% more than the average from other sites.

TABLE 25. DAILY STAFF PARKING COSTS AT OTHER SITES IN THE CAPITAL REGION

Site	Daily Parking Cost		
Camosun College	Free		
Royal Jubilee Hospital – annual permit (daily cost)	\$2.70		
Royal Roads University	\$0.47		
University of Victoria (General)	\$3.11		
Average	\$1.57		

Studies of parking "elasticity" suggest that a 10% increase in parking cost will decrease vehicle trips by 1-3% and a 50% increase in cost will reduce trips by 5-15%.³⁸ Island Health may consider increasing annual staff parking permit costs by 50% by 2035 to approximately \$1,050 to achieve a 5% reduction in staff parking demand (approximately 45 vehicles). In order to achieve this increase, costs may be incrementally increased each year to be 25% higher in

³⁸ Todd Litman, Transportation Elasticity's, VTPI, May 2010, available at http://vtpi.org/tdm/tdm11.htm#_Toc161022578

³⁷ Average excludes RJH

2025 (approximately \$880) and 35% higher in 2030 (approximately \$960); the major horizon years.

Two significant challenges are currently presented to increasing staff permit rates that will ultimately need to be addressed before significant progress is made, as follows:

- The current provincially negotiated Collective Agreement will need to change in order to increase parking rates above actual costs of employee parking spaces. Island Health should increase the rates for employees who are not bound by the collective agreement, and investigate ways to increase all employee rates once the collective agreements are re-negotiated at the Provincial level; and
- 2. The current Island Health funding/budget structure allocates a portion of parking revenues to general funds, and not necessarily used to fund parking- or transportation-related expenditures. Part of the rationale behind increasing staff rates is to generate revenue to fund TDM initiatives that support alternative travel modes. Island Health should explore options to commit a portion of new parking revenues to fund ProPASS subsidy, new parking management systems, or other TDM initiatives to reduce SOV trips.



Strategy 1.2: Phase-Out Annual Parking Permit + Staff Scratch Parking Passes

Island Health should explore putting a permit cap on the annual parking permit and scratch passes with the long-term plan to eliminate altogether. This may only be conducted once the majority of staff parking spaces are located in parkades, as indicated in the MCP.

Strategy 1.3:

Develop an Integrated Parking System

Phasing out the annual staff parking permit in favor of a pay-by-day approach (see previous section) requires moving away from scratch passes toward an automated system. There are a variety of systems / technologies that may be pursued, with further consideration given by Island Health at a later date. See **Table 26** for a summary of options.

TABLE 26. PARKING TECHNOLOGY OPTIONS

Name	Description
Pay-and-Display	Customer pays at a pay station in advance and places their receipt on their vehicle. The customer selects the amount of time and makes a payment. Enforcement officers audit by looking in vehicles for receipts.
Pay-by-Phone	Enables a customer to pay using a cell phone or mobile application. The service provider charges the parking fees and reimburses the parking operator. Enforcement officers audit by checking online databases for valid plates.
Pay-by-Plate	Customer pays at a pay station in advance. The customer enters license plate number and makes payment. Enforcement officers audit by checking the pay station or going online to view a list of license plates marked as paid
Pay-by-Space	Customer pays at a pay station in advance. The customer selects parking space locations (usually numbered) and makes payment. Enforcement officers audit by checking the pay station for a list of paid-for spaces.
Pay-on-Entry	Customer pays for parking when enters. Can be used as customers paying a deposit and receive some portion of that money back on exit, if there is more than one rate in effect at a given time.
Pay-on-Foot	Customer pays for parking at a pay station before exiting the facility. Customers insert their ticket into a machine and make payment, and the machine returns their ticket. Customers return to their vehicle and insert their ticket into the exit station.
Pay-on-Exit	Customer pays in-lane while exiting a facility. Payment may be made to a cashier or use credit card payment in the exit lane.

Moving to the automated parking management system will afford a range of options to enhance parking service provision, better manage parking demand, and implement new TDM programs.



The following options may be pursued as part of or subsequent to implementing automated parking systems.

Alert System

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An "alert system" may be implemented to provide real-time travel information communicated via website and/or mobile application. This may include the following:

- · Real-time mapping indicating where parking is available on-site
- Real-time payment updates to alert parkers when time is up, offering the option for remote payment via online payment and/or mobile payment machines
- Day-by-day travel tracking providing individuals with information on their travel characteristics (total distance, calories burned, etc) and Island Health with travel data for future planning purposes

Smart Card

Moving to an automated system also presents the opportunity to implement a transportation (or broader) SmartCard system that allows staff pre-pay for transportation and parking services, track progress, and integrate with other administrative and security access. The specific transportation functions of the SmartCard are as follows:

- <u>Parking</u>: Used to gain access and make payment to parking facilities through controlled access locations or centralized metres (which will occur through MCP buildout).
- <u>Cycling</u>: Used to gain access to secured bike parking facilities (bike centre, compound, bike lockers), as well as tracking staff cycling.
- <u>Shuttle</u>: Used to board the shuttle and would track staff shuttle use
- <u>Transit</u>: Used to verify enrollment in the ProPASS or make payment from a pre-paid transit fund (possibly with subsidization), as well as to track staff transit rides.

Strategy 1.4:

Vary Visitor Parking Costs by Time of Day

Peak visitor (and site-wide) parking demand is from 10:00am-2:00pm, and drops significantly outside of those times. To better distribute parking demand throughout the day, Island Health should explore varying parking rates by time-of-day with rates higher in peak periods than in off-peak periods. Variable rates will be more easily managed once visitor parking is managed via an automated system in new parkades.



CITY OF SEATTLE

Seattle has recently installed new smart parking stations which automatically change the price of parking depending on the time of day. From 8:00am-11:00am the cost is \$3.00/hour and from 11:00am to 6:00pm the cost is \$4.00/hour.

Public parking (visitor) at representative hospitals were reviewed. See **Table 27**. Results suggest that RJH hourly visitor parking prices are average compared to representative hospitals.

Hospital	Hourly Cost			
Abbotsford Regional Hospital + Cancer Centre	2.50			
Burnaby Hospital	4.25			
Chilliwack General Hospital	1.75			
Kelowna General Hospital	1.50			
Langley Memorial Hospital	3.50			
Lions Gate Hospital (North Vancouver)	1.75			
Nanaimo Regional General Hospital	2.25			
Penticton Regional Hospital	1.00			
Richmond Hospital	3.00			
Royal Inland Hospital (Kamloops)	1.50			
Royal Jubilee Hospital	2.25 ³⁹			
St. Joseph's General Hospital (Comox)	1.50			
St. Paul's Hospital (Vancouver)	n/a			
Surrey Memorial Hospital	3.88			
Vancouver General Hospital	6.00			
Vernon Jubilee Hospital	1.00			
Victoria General Hospital	1.38			
Average	2.29			

TABLE 27. VISITOR PARKING COSTS AT REPRESENTATIVE HOSPITALS

³⁹ For purposes of this comparison, the price for the first hour in the Bay Street Parkade was used



5.3.2 Transit

Strategy 2.1: Increase ProPASS Subsidy

Island Health has increased the ProPASS subsidy by nearly triple since 2009, from \$5.54 per pay period in 2009 to \$16.17 in 2014. The subsidy contribution was an estimated \$170,000 over the past two fiscal years (2013-2014, 2014-2015). ProPASS enrollment has increased each year since the program was introduced, with an average of 32 new participants each year. Coordination with Fraser Health Authority and Interior Health was conducted to determine their transit pass program. It was indicated that neither health authority provides a subsidized transit pass to staff, suggesting that Island Health is a leader in the province.

The University of Victoria is the only other campus-based employer in Greater Victoria offering a further subsidy on the ProPASS. The monthly cost is similar to the cost to RJH staff. Other campus-based employers are enrolled in the ProPASS program but do not provide a further subsidy. See **Table 28**.

Site	Monthly Transit Cost (\$)
Royal Jubilee Hospital	35.56
University of Victoria	38.50
Camosun College	73.00
Royal Roads University	73.00
Average	55.02

TABLE 28. COST OF STAFF TRANSIT PASS AT CAMPUS-BASED EMPLOYERS IN VICTORIA

Island Health should continue increasing the ProPASS subsidy to reduce the cost to staff and encourage more staff to enroll. A target reduction to staff of 20% per pay period by 2035 (approximately \$14.50 per pay period) should be considered to bring the annual cost of the ProPASS to approximately 35% the cost of annual staff parking, providing a significant financial incentive to use transit. In order to achieve this decrease, the cost may be decreased incrementally each year to be a 10% decrease in 2025 (approximately \$15.50 per pay period) and a 15% decrease in 2030 (approximately \$15.00). The cost to staff will largely be dependent on the actual cost of the ProPASS and the amount of subsidy Island Health provides.



<u>Strategy 2.2</u>: Provide ProPASS for Casual Staff

The staff ProPASS is currently offered to permanent Island Health staff only. Island Health should consider coordinating with BC Transit to alter criteria to accommodate casual staff. The cost of the ProPASS would be the same from BC Transit, however, Island Health could provide a subsidy that is 50% of the subsidy offered to permanent staff, as casual staff could be using the transit pass for more trips that are not related to their commute to RJH. A monthly pass from BC Transit currently costs \$85; suggesting casual staff will be saving approximately \$20 per month if the program starts in 2015. The existing limitation to implementation of this program is related to the accounting system.

Strategy 2.3:

Accommodate Proposed Frequent Transit Network

Fort Street is identified in BC Transit's *Transit Future Plan* as part of the "Frequent Transit Network", suggesting that service frequency will be 15 minutes or better between 7:00am and 10:00pm and that enhanced bus stops will be provided at select locations to include level door boarding, off-board fare payment, real time customer information and bike storage⁴⁰. RJH is a significant generator of transit trips and planning by Island Health and the City of Victoria should ensure that bus stops on Fort Street are appropriately integrated with the site, as follows:

- Work with the City of Victoria and BC Transit to select bus stop locations that minimize walking distance to the site (see Figure 15)
- Ensure the MCP provides for direct pedestrian routes from bus stops to key buildings / destinations on site
- Ensure convenient, safe crossing of Fort Street from the south side bus stop

Further, Island Health may give consideration to implement real-time bus schedule / arrival information in key locations on-site (i.e. PCC courtyard, D+T entrance). Such systems would become operational if the BC Transit real-time information system is established.

⁴⁰ Available online at: http://bctransit.com/servlet/documents/1403641054473





5.3.3 Shuttle Service

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Strategy 3.1: Modify Shuttle Schedule

Many people indicated through the travel survey that the shuttle bus frequency needs to increase to make the service more attractive, particularly during AM and PM peak periods. The majority of shifts at the site are from 7:00am-7:00pm and 8:00am-4:00pm (plus or minus 30 minutes).

A modified shuttle schedule is proposed to better accommodate peak periods with three added trips and the existing shuttle vehicles (i.e. no new vehicles needed). See **Table 29**. The following summarized key changes:

- The regular shuttle bus should begin earlier and leave RJH at 6:20am so staff can arrive at VGH for their 7:00am shift;
- The enhanced shuttle bus in the morning should begin 10 minutes earlier in order to get staff to their designated sites 15 minutes before shift change;
- The afternoon schedule is deemed appropriate for shifts ending around 4:00pm;
- Shuttles should be added to accommodate those shifts ending at 7:00pm. A shuttle should leave RJH at 7:10pm and arrive at VGH at 7:35 and drive back to RJH;
- The shuttle bus in the evening should leave 5 minutes later to give staff more time to get organized.



TABLE 29. PROPOSED SHUTTLE BUS SCHEDULE

EXISTING			PROPOSED				
Eastbound		Westbound		Eastbound		Westbound	
Depart VGH	Arrive RJH	Depart RJH	Arrive VGH	Depart VGH	Arrive RJH	Depart RJH	Arrive VGH
6:30am ·	6:55am	7:00am	7:25am	6:20am	6:45am	6:20am	6:45am
7:30am	8:00am	7:50am	8:20am	6:50am	7:15am	6:50am	7:15am
8:40am	9:20am	9:55am	10:25am	7:20am	7:45am	7:20am	7:45am
10:45am	11:10am	12:00pm	12:30pm	8:40am	9:20am	7:50am	8:20am
12:50pm	1:15pm	1:50pm	2:20pm	10:45am	11:10am	9:55am	10:25am
2:40pm	3:10pm	3:15pm	3:45pm	12:50pm	1:15pm	12:00pm	12:30pm
3:50pm	4:15pm	3:30pm	4:10pm	2:40pm	3:10pm	1:50pm	2:20pm
4:25pm	4:50pm	4:20pm	5:00pm	3:50pm	4:15pm	3:15pm	3:45pm
5:55pm	6:20pm	5:10pm	5:40pm	4:25pm	4:50pm	3:30pm	4:10pm
7:50pm	8:15pm	7:05pm	7:30pm	5:55pm	6:20pm	4:20pm	5:00pm
				7:40pm	8:15pm	5:10pm	5:40pm
						7:10pm	7:35pm

<u>Strategy 3.2</u>: Create Shuttle Transfer Point

The shuttle operates on a direct route between VGH and RJH. The current routing accommodates trips between hospital sites, as well as VGH staff living nearby RJH and RJH staff living nearby VGH.

To better accommodate staff living elsewhere, consideration should be given to adding transfer points along the route. A transfer in the vicinity of the Uptown Mall / Saanich Road area would facilitate transfer between the shuttle and numerous bus routes nearby (16x, 26, 30, 31, 50, 70, 71, 72, 75). See **Figure 16**. Further, cyclists could access the transfer point via the Lochside Regional Trail or Galloping Goose Regional Trail and use shuttle bike racks (see following section) and/or park their bike at the transfer point. Consideration should be given to a location that has existing bike parking or where new facilities could be provided.

Consulting Group Since 1983





FIGURE 16. PROPOSED SHUTTLE TRANSFER POINT

The following may also be considered in the future:

- Add additional transfer points at locations along the shuttle route (potentially at Tillicum Rd, Hillside Ave/Gorge Rd, Bay St/Douglas St);
- 2. Add a new route(s) with transfer points along them to appeal to staff residing elsewhere in the Capital Region (Gordon Head/UVic, Royal Oak/Saanich Penninsula); and
- 3. Establish Uptown transfer point as future BC Transit service along Douglas Street increases and planned exchange is developed immediately west of Uptown.



SURREY MEMORIAL HOSPITAL, SURREY BC

A shuttle service is offered between Surrey Memorial Hospital and the King George Skytrain station with monthly ridership of 3,400 passengers.

Strategy 3.3:

Install Bike Racks on Shuttle Vehicles

Staff indicated a desire in the travel survey for shuttle vehicles to accommodate bicycles so they may use the shuttle for the morning or afternoon portion of their commute and bicycle for the other, or accommodate staff seeking to bicycle to/from VGH and shuttle to RJH (particularly applicable for staff residing in View Royal and the Western Communities). Island Health should install bike racks on existing shuttle vehicles. Bike racks can be placed on the rear hitch of the vehicle and may have the ability to accommodate four bicycles at one time with having the ability to access the trunk. The rack will cost approximately \$1,000 depending on the model selected. Further research may be required to determine the exact bike rack and mounting system required.

5.3.4 Carpool

Strategy 4.1: Relocate Carpool Parking Spaces

The primary carpool and rideshare parking supply is located adjacent the Food Services Building on Lee Avenue. This is not a central location and remote from key staff destinations (PCC, D+T, Royal Block). It is recommended that the carpool / rideshare spaces are relocated to a more convenient location with improved pedestrian access to key staff building entrances to make them more desirable to potential carpoolers.

5.3.5 Cycling

<u>Strategy 5.1</u>: Create a Bicycle Centre

The existing bicycle parking compounds under the Diagnostics + Treatment Building and the Foods Services building provides secure bicycle parking and bicycle lockers. Consideration should be given to expand these facilities as cycling demand increases.

Further, a long-term plan should be established to create an on-site "Bicycle Centre" that provides a variety of bicycle parking options (racks, lockers, cages), bicycle repair tools and/or



service, personal lockers, lighting and surveillance, and charge facilities for electric bicycles. Consideration should be given in future buildings as to where this facility will be accommodated, ensuring the location is easily accessed by bicycle and centrally located near key end-points.

With the installation of the bike centre, continual increases in bike parking supply (bike racks) should occur in order to accommodate future demand.

UVIC CAMPUS BIKE CENTRE

The University of Victoria's "Campus Bike Centre" should be used as a model for a similar facility at RJH. The UVic Centre includes bike racks, bike lockers, tire pumps, repair tools, personal lockers, surveillance camers and the office for the "SPOKES" program that provides a part-time bike mechanic and bicycle loan service to students/staff requiring assistance.

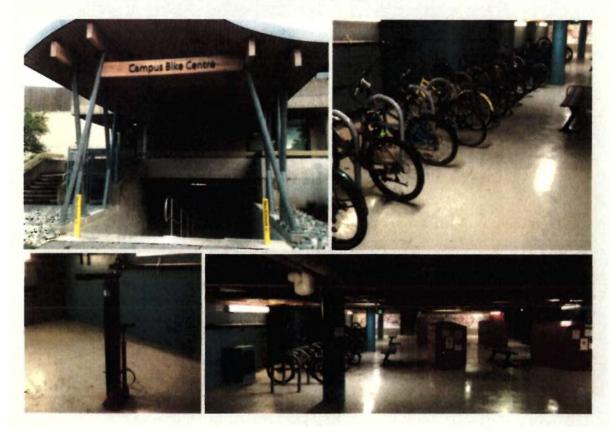


Table 30 provides a summary of cycling and electric vehicle resources at representative hospitals in the Fraser Health Authority. Results indicate that all hospitals provide short-term bike parking and shower/change facilities. All but on hospital provides long-term bike parking, and only select hospitals provide cycling workshops and electric vehicle charging stations.

Hospital	Short-term Bike Parking	Long-term Bike Parking	Shower/ Change Facilities	Cycling Workshops	EV Charging Station
Royal Jubilee Hospital	1	1	1	1	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Abbotsford Regional Hospital and Cancer Centre	1	~	~		1
Burnaby Hospital	✓	1	~	~	1
Chilliwack General Hospital	1	1	~		
Delta Hospital	✓		~		
Langley Memorial Hospital	~	~	~		
Surrey Memorial Hospital	~	~	~	1	1

TABLE 30. SUMMARY OF CYCLING/EV RESOURCES AT REPRESENTATIVE SITES

Strategy 5.2: Install Personal Lockers in New Buildings

Personal lockers should be installed in each new building to accommodate staff seeking a shower and change facility after cycling (or other active mode) to the site.

Strategy 5.3:

Ensure Adequate Bike Route Signage

The Capital Regional District (CRD) has developed Interim Cycling Destination Wayfinding Guidelines⁴¹ to create uniform cycling wayfinding signs through the Capital Region. With funding support from CRD, member municipalities have begun installing cycling wayfinding signs. Island Health should coordinate with the City of Victoria, District of Saanich, and District of Oak Bay to ensure that RJH is included as a destination on bicycle wayfinding signs.

Further, consideration should be given to installing on-site bicycle wayfinding signs to guide cyclists from adjacent cycling routes to the future Bicycle Centre (see above). On-site signs should be consistent with the CRD guidelines.

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⁴¹ Interim Cycling Destination Wayfinding Guidelines available at: www.crd.bc.ca/project/pedestrian-cycling-master-plan



5.3.6 Alternative Schedules

Strategy 6.1: Modify Clinic Service Hours to Off-Peak Periods

Currently, it is understood that the majority of clinic and outpatient medical services are offered during typical weekday business hours, and concentrated mid-week from 10:00am to 2:00pm (parking observations reflect this assumption). Parking capacity is created to address conditions during peak periods, but is then under-utilized during off-peak periods. Island Health could modify clinic service hours to offer treatments outside peak periods to shift parking demand (and traffic) away from peak periods to make use of available parking during off-peak times.

Of all potential TDM approaches, modifying clinic hours could have the largest impact on reducing peak period parking demand. This would represent a significant change in philosophy from Island Health and may take time to be supported by administration. This may not be feasible for certain clinics / service providers.

Strategy 6.2: Stagger Staff Shifts

Staggering staff shifts involves altering shift schedules so that not all staff arrive at the site at once, reducing intersection capacity needed to provide acceptable conditions for vehicles entering/exiting the site at that time. This will also require support from Island Health administration and may take some time before realized, and may not be appropriate for certain staff positions.

FRASER HEALTH AUTHORITY

The Fraser Health Authority provides the option for staff to participate in alternative schedules including teleworking, video/teleconferencing, working from home and flex time.

5.3.7 Promo

<u>Strategy 7.1</u>: Allocate Hours to Create a Transportation Promo Program

A promotional program should be created on site to further increase cycling, transit, walking and rideshare usage on site. It is imperative a program is created, as if staff are not told about their travel options, they would not know to take them. An existing position at Island Health should be modified to include the promo program as a key dute. A certain number of their hours shall be



allocated out of their regular role and given to implementing this program. The programs that will be implemented are up to the discretion of this dedicated staff member. However, it should include promotional materials and events throughout the year. An annual budget of \$10,000 should be used for promo programs.

5.3.8 Miscellaneous

Strategy 8.1: Provide a Chaperone

Protection Services are currently available on-site during the evening to chaperone staff to and from bus stops, cycling facilities or parking facilities far from building entrances. Further promotion should occur to increase uptake and awareness of this program.

Strategy 8.2:

Retain Pedestrian Access on Site

Retaining pedestrian access and routes throughout the site is important to encourage walking and to ensure connectivity between the different roads surrounding the site. The MCP outlines existing and future pedestrian routes surrounding the site.

TDM Options for Future Consideration

- Consider modifying transit routes to accommodate those locations which are currently not served by transit.
- 2. Consider modifying transit schedules to accommodate major shift changes
- Advocate for more cycling routes that connect major destination in the area with RJH. For example, staff who live in the western communities travel via the Gallooping Goose Trail but then there is a missing link from the trail to the site.
- 4. Develop a Guaranteed Ride Home program that provides a limited supply of taxi vouchers for staff who walk, bicycle or take transit and require an emergency ride.

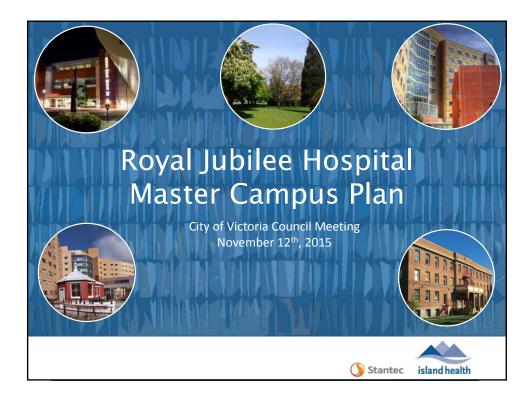


5.4 Summary of Recommended TDM Strategies

Table 31 provides a summary of all recommended TDM Strategies as outlined in Section 5.0.

Section	Recommended Strategy
Parking	 1.1 Increase Cost of Staff Annual Parking Permit 1.2 Phase-Out Annual Parking Permit and Scratch Staff Parking Passes 1.3 Develop an Integrated Parking System 1.4 Vary Visitor Parking Costs by Time of Day
Transit	2.1 Increase ProPASS Subsidy2.2 Provide ProPASS for Casual Staff2.3 Accommodate Proposed Frequent Transit Network
Shuttle Service	3.1 Modify Shuttle Schedule3.2 Create Shuttle Transfer Point3.3 Install Bike Racks on Shuttle Vehicles
Carpool	4.1 Relocate Carpool Parking Spaces
Cycling	5.1 Create a Bicycle Centre5.2 Install Personal Lockers in New Buildings5.3 Ensure Adequate Bike Route Signage
Alternative Schedules	6.1 Modify Clinic Service Hours to Off-Peak Periods 6.2 Stagger Staff Shifts
Promotional	8.1 Allocate Hours to Create a Transportation Promo Program
Miscellaneous	9.1 Provide a Chaperone9.3 Retain Pedestrian Access on Site

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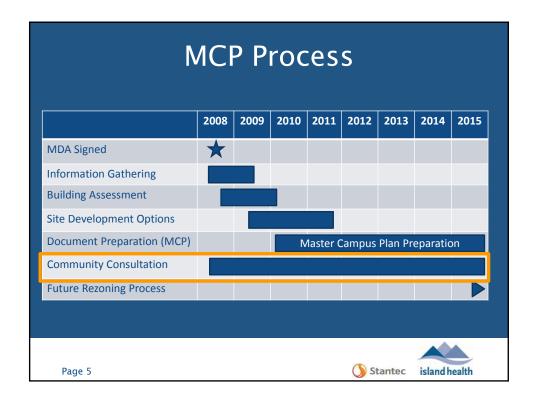


Overview

- 1. Background and Site Context
- 2. MCP Process
- 3. Proposed Development Scenario
- 4. Parking/Transportation
- 5. History and Heritage
- 6. Design Guidelines
- 7. Next steps











Development Considerations

- 600 to 650 total beds by 2035
- City of Victoria OCP initiatives
- Maintain a campus-like setting
- Enable functionality and accessibility
- Logical connection to existing buildings

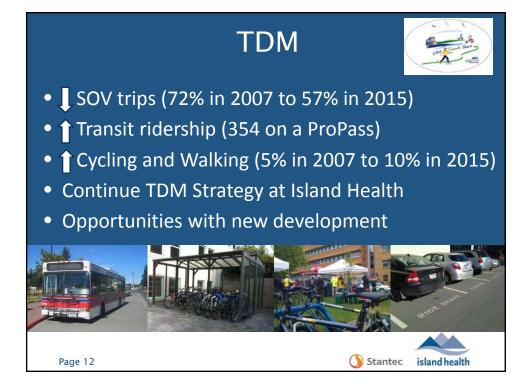
Existing Site Zoning

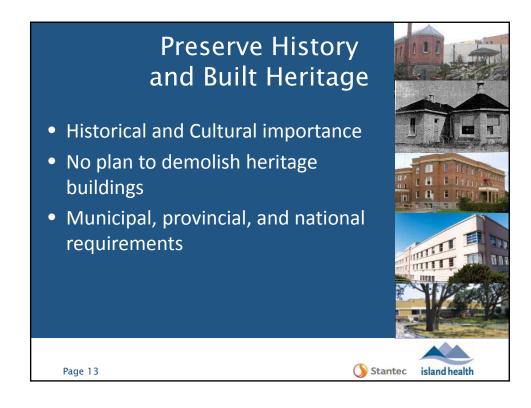
Zone	Area	Existing Floor Area	Existing FSR
Zone DA-1	10,400m²	38,428m²	3.70: 1
Zone DA-2	67,100m²	63,005m ²	0.94:1
Zone DA-3	6,600m²	-	-
PB	13,024m²	14,000m²	1.07:1
Site Area Victoria	97,124m²	115,433m ²	1.19:1
Page 8			

















Vancouver Island Health Authority Royal Jubilee Hospital Master Campus Plan Public/External Engagement Plan

January 2010

Background

One of the terms of the Master Development Agreement (MDA) with the City of Victoria for construction of the new Patient Care Centre on the Royal Jubilee Hospital (RJH) site is that Vancouver Island Health Authority (VIHA) complete a Master Campus Plan (MCP) for this site. The MDA further stipulates that no new building permits will be issued by the City of Victoria for the RJH site until the MCP has been completed. A further requirement is that the consultation plan for the MCP be signed off by the City of Victoria Planning Department. The Planning Department has indicated that an acceptable plan is one that has the support of the hospital's neighbours as represented by the North and South Jubilee Neighbourhood Associations.

Who are the Stakeholders?

The MCP process needs to engage both internal stakeholders (VIHA staff) and external stakeholders who include, but are not limited to, the North and South Jubilee Neighbourhood Associations, Camosun Community Association, nearby residents and businesses, Friends of Bowker Creek, residents of the Capital Region, the City of Victoria and the District of Saanich.

Objectives of the Engagement Plan

- Ensure that both internal and external stakeholders have the opportunity for input into the plan in areas where they have an interest.
- Provide opportunities for internal and external stakeholders to understand and discuss their shared and competing interests.
- Engage the RJH Neighbourhood Liaison Committee at key points in the development of the Plan to seek their advice and guidance.
- Engage a broad cross-section of the community in aspects of Plan development to ensure a plan that is reflective of community priorities while allowing for the growth and change required for excellence in health care delivery.

Methodology for External Engagement

The formal public launch of the MCP process took place at a Public Information Meeting for both internal stakeholders and the larger community on June 17, 2009. Feedback on the planning principles presented was provided through completion of a feedback form and discussions held at the open house. The planning principles presented will guide the MCP.

Three community events and three meetings with City staff are proposed and have been scheduled for the following dates:

- February 20, 2010 public open house and workshop;
- Week of March 1, 2010 meet with city staff to discuss feedback from open houses, next steps & key messages
- March 27, 2010 public workshop;
- Week of April 19, 2010 meet with city staff to discuss feedback from open houses, next steps & key messages;
- May 1, 2010 public open house; and
- Week of May 3, 2010 meet with city staff to discuss feedback from open houses, next steps.

Vancouver Island Health Authority

Royal Jubilee Hospital Master Campus Planning Process - Public/External Engagement Process

February 20, 2010

On February 20, 2010, the broader community will be invited to participate in an open house and workshop event to review and comment on the planning principles and to participate in a hands on planning exercise. See attached the agenda for the February open house and work shop. Participants would be requested to pre-register for the 2 hour Workshop and could attend both the open house and workshop or just the workshop. However, workshops will be able to accommodate participants who have not pre-registered but would still like to attend.

Display materials for the open house component would be the same materials provided at the June launch event. Open house attendees would be provided with the same comment form as at the June launch event (thereby providing an additional opportunity to have input into the planning principles, for those unable to attend the June event). Workshop materials will include precedents detailing how the proposed planning principles have been successfully implemented at other hospitals or institutional sites. Further examples of comparable hospital or institutional master plans will also be provided.

March 27, 2010

Following completion of the February open house / workshop, a second public workshop will be held on March 27, 2010, to review the planning options, comment on them and again, through a hands-on exercise, suggest modifications. See attached the agenda for the March 2010 workshop.

May 1, 2010

A public review of the preferred planning option will take place at an open house for both internal and external stakeholders on May 1, 2010, followed by a meeting of the RJH Neighbourhood Liaison Committee. See attached the agenda for the May 2010 open house.

Dissemination and Notice

Invitation to and advanced notice of these events will be provided through the following mechanisms:

Targeted flyer delivery: the residents in the areas comprising the North Jubilee Neighbourhood Association, South Jubilee Neighbourhood Association, and Camosun Community Association will receive a flyer that will describe the Master Campus Planning process, the upcoming events and indicate how they can register for those with a work shop component. Dates and locations will be clearly identified.

Media notices: for the broader general public and any other interested external stakeholders, advertisements will be placed in local newspapers. Public service announcements will be distributed to all local media, including cable television and radio.

Notice: in consultation with neighbourhood association representatives, it was agreed that materials and advertisements will be distributed and placed two weeks before each event, followed up with a reminder one week before the event.

Key messages for the materials to be distributed to the adjacent neighbourhood associations will be developed in collaboration with neighbourhood association representatives at a meeting on January 19, 2010.

All consultation materials and notice of public meetings will be available on a Campus Plan website hosted by VIHA and readily available to the public. Additionally, an e-mail list-serve will be established for stakeholders who wish to be notified of meetings and workshops via e-mail.

Vancouver Island Health Authority Royal Jubilee Hospital Master Campus Planning Process – Public/External Engagement Process

February 20, 2010 Open House and Workshop - Planning Principles

AGENDA

OPEN HOUSE drop in (duration, 2 hours) 11:00am to 1:00pm

Goal: Provide an overview of the design principles and guide lines.

- Stantec will display the June 17th open house material (poster boards) for participants to review.
- Participants will have opportunity to as questions and provide comments regarding open house material and campus issues to the VIHA and Stantec representatives present.

BREAK 1:00pm to 1:15pm

WORKSHOP pre-registered

(duration, 2 hours) 1:15pm to 3:15pm

Goal: For the community to provide their input on how they see the site being developed for future needs of the community and health care. Topics from the open house material will be reviewed and discussed in an open and interactive form. We propose that groups of people work in focus groups at a table with a large site plan of the campus where each group can sketch and provide their thoughts around 1 of the assigned topics.

1. The workshop will be launched with a summary presentation of the poster board material as a means of setting the context and focus areas of the workshop. It will also support people who were not able to participate in the open houses to develop a similar base understanding of the scope and purpose of the Master Campus Plan.

A Master Plan Process timeline diagram will be provided.

- VIHA will provide precedents detailing how the proposed planning principles have been successfully implemented at other hospitals or institutional sites. Further examples of comparable hospital or institutional master plans will also be provided.
- 2. Stantec will provide a quick overview of the Facility analysis and building life expectancy.
- 3. Question and comment session regarding work shop principles.
- 4. Topics for discussion are:
 - o Future building massing, form, locations and phasing;
 - o Street frontage;
 - o Areas for future expansion;
 - o Site circulation, vehicular and pedestrian flows through the site;
 - o Green space, Trees and Bowker Creek;
 - o Parking, public transit and traffic demand management.
- 5. Groups to provide a summary.
- 6. Question and comment session regarding work shop principles.

How will the workshop information get used: Stantec and VIHA will use the information and sketches received as information in developing planning options for the campus and to finalize the planning principles. These options will be presented at the March 27, 2010 community workshop.

March 27, 2010 Workshop - Planning Options Review

AGENDA

WORKSHOP pre-registered

(duration, 2 hours) 11:00am to 1:00pm

Goal: For the community to provide their feedback and further input on the planning options being presented. Each option presented will represent a VIABLE development plan for the site. We propose that groups of people work at a table with copies of the planning options for the campus where each person can sketch and provide their thoughts and recommendations.

In order to accommodate community concerns that were brought forward at the last open house, the format, process and issues discussed at this meeting may be refined

- 1. Introductions
- 2. Workshop session
- 3. Question and comment session regarding work shop principles.

How will the workshop information get used: Stantec and VIHA will use the information and sketches received as information in determining the preferred option, demonstrating how this input was incorporated. This option will be presented at the May 1, 2010 community open house.

Vancouver Island Health Authority Royal Jubilee Hospital Master Campus Planning Process – Public/External Engagement Process

May 1, 2010 Open House - Preferred Planning Option Review

AGENDA

OPEN HOUSE drop in

(duration, 2 hours) 11:00am to 1:00pm

Goal: For the community to provide their feedback and any further input on the preferred planning option for the Master Campus Plan. In order to accommodate community concerns that were brought forward at the last open house, the format, process and issues discussed at this meeting may be refined.

Open house session Feed back forms will be provided.

Stantec/VIHA will meet with the City prior to the open house to discuss the rationale underlying the emergent preferred option and explain how they have (or have not) responded to community feedback.

How will the open house comments get used: Stantec and VIHA will use the information received as a final review in determining how and to what extent the preferred option suits the needs of the community and the campus which will lead to a formal rezoning application.

Stantec/VIHA will meet with city following the open house to present the final plan and the results of the feedback from the community



EXECUTIVE OFFICE

VANCOUVER ISLAND HEALTH AUTH.

Planning & Development Department

#1 Centennial Square

Victoria

British Columbia

V8W 1P6

Tel (250) 361-0382 Fax (250) 361-0386 www.victoria.ca January 15, 2010

Vancouver Island Health Authority 1952 Bay Street Victoria BC V8R 1J8

Attention: Mr. Grant Hollett Director, Planning & Community Engagement

Dear Mr. Holllett:

Re: Royal Jubilee Hospital Campus Plan

I am writing with regard to the Royal Jubilee Hospital Master Campus Plan Public/External Engagement Plan on January 12, 2010.

Section 16.2 of the Royal Jubilee Hospital Master Development Agreement (MDA) requires the Vancouver Island Health Authority (VIHA) to "provide for a reasonable degree of consultation with the City and the residents of the surrounding neighbourhood to the satisfaction of the City's Director of Planning and Development."

This letter serves as confirmation that the *Public/External Engagement Plan* satisfies the requirements of section 16.2 of the MDA.

Sincerely,

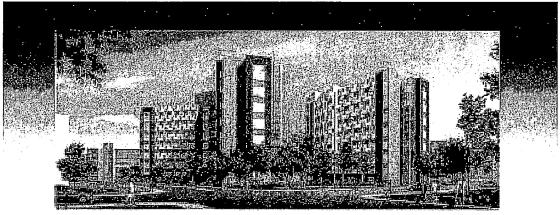
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MASTER CAMPUS PLAN PUBLIC OPEN HOUSE



Help Shape the Future of the Royal Jubilee Hospital

The Vancouver Island Health Authority has held two workshops (February 20 and March 27) to provide neighbours of Royal Jubilee Hospital and other interested community members an opportunity for input into the Master Campus Plan for the hospital site.

Please join us for the final Public Open House on May 1, 2010. We will present the preferred option for the Royal Jubilee Hospital Master Campus Plan that has been developed with input from participants in the two previous workshops. An opportunity for your feedback and comments will be provided.

You can visit our Website to review resources and materials from our previous open houses and workshops. The Website address is:

http://www.viha.ca/about_viha/community/rjh_campus/

Public Open House

Saturday, May 1, 2010

1:00 p.m.—3:00 p.m.



Location: Royal Jubilee Hospital, Woodward Room, Begbie Hall 2101 Richmond Ave

> Free parking in the Reserve Lot behind Begbie Hall (enter between Begbie Hall and Richmond Pavilion)

From: Sent: To: Subject: Christine Monday, November 09, 2015 9:25 PM Public Hearings; Pam Madoff (Councillor) CMP - parking lot expansion - impact statement

Dear Councillors:

I live in suite 204 at 2310 Trent St. Victoria. Last week I received a letter notifying me of a hearing concerning the Island Health Royal Jubilee Master Plan. This plan has proposed the expansion of the current parking lot to a multi-level parkade as part of the hospital development plans. I was shocked and dismayed to read the plan and realize that effect this would have on my home and the home of the other residents of this building, and especially those whose suite, like mine, face the parking lot in question.

Should this parkade be built, it would decrease the daylight to my home, while increasing the artificial light at night time. There would be increased noise and exhaust pollution from the vehicles as they arrive and depart. Not only would I suffer a loss of privacy, but my home would decrease in value and marketability due to this proposed structure.

I have lived here for twelve years and enjoyed the proximity to my work, shopping, parks and recreation. However, I have also tolerated the traffic and lights in the parking lot, traffic jams on Trent St., the leaf blower at 7 AM, snow removal equipment, the helicopter, and our neighbours in the Caribbean half-way house next door. These were all in place and I purchased my property knowing that I would have to live with them. This building is well-maintained with a healthy contingency fund. We have, during its 20 year history, remediated the building twice, involving the exterior and the foundation.

A multi level parkade next to my home is simply not acceptable, and I urge council most strongly to reject this proposed parkade and choose a different location. I understand that at one time, additional multi level parking was proposed in an alternate location, why did this change? The existing parking lots beside the hospital buildings, visible from Fort St. would seem ideal for a multi-level parkade, as they are not adjacent to residential homes.

Sincerely,

Christine O'Leary

From: Sent: To: Cc: Subject: Mugsy Monday, November 09, 2015 1:08 PM Public Hearings. Pam Madoff (Councillor) Island Health Royal Jubilee Master Campus Plan

Dear Ms. Madoff,

My name is Jan Ralph and I have lived at 403-2310 Trent St for the last 12 and ½ years. Along with all the owners here, I received a letter regarding the Notice of Hearing: Island Health Royal Jubilee Master Campus Plan dated October 30th and received on November 4th. Other than a brief mention on the local news, this was the first indication of the expansion plans for the Royal Jubilee Hospital. After discussion with a fellow owner, I looked at the online document noticed a parkade is planned to replace staff parking lot on the current Eric Martin Pavilion property. As this part of the project directly affects my property, I endeavoured to comprehend the impacts on the enjoyment of my home. Initially, it seemed parking capacity would be increased from 179 spots to 380 spots, which implied the possibility of a two storey structure. There was no mention of height or any other pertinent details. After a discussion with a neighbour who has done due diligence, it now seems this structure is to be 4 and ½ stories as well as many other details that I could not find. in the plan, all which will have a major detrimental impact on myself and other long term owners. All of us have had many issues for years with our location. These include the noise and pollution from staff parking at Eric Martin, the pickup and drop off of students at St. Patrick's school as well as the chronic homeless problem. The homeless issue has reached the point we have been required to spend a substantial amount to secure our building. These unfortunate people use various areas, both here and the medical building at Trent and Fort, for many things with some of them being unsanitary as well as uneasiness of safety. My concern is the addition of a 4 storey parkade will just escalate these problems.

As an owner of a condominium at 2310 Trent Street, I am concerned my quality of life is going to be affected by this parkade being built right next to my home. It is disappointing these plans were not discussed in advance by Island Health with the owners of our building. As a lifelong resident of Victoria, 60 years, I cannot think of another situation where the City has allowed the building of a parkade in such close proximity to a residential building. I am sure there are other options available according to the proposed plan that would not disrupt people's lives.

I hope all parties will take my concerns very seriously and reconsider the location of the parkade.

Thank you for taking the time to review my concerns with this proposed project.

Jan Ralph

403-2310 Trent St

Victoria, BC

V8R 1K3

From: Sent: To: Cc: Subject:

Helene Roy Monday, November 09, 2015 10:20 AM Public Hearings Pam Madoff (Councillor) Island Health Royal Jubilee Master Campus Plan

Dear Council Members,

I'm a owner and resident at 2310 Trent St, for which a parking structure is being proposed next door at the Eric-Martin Pavilion.

I would like to raise these points which are of concern to me and that will directly affect our homeowners:

- The disregard to consult with the residents of our building. It was indeed a surprise.

- I am a real estate agent and having a parking structure above-ground directly across from some of my neighbours will have a negative impact on the market value of their condominium, thus every other suite in our complex as well. This will be caused by loss of view, loss of privacy and increased noise, light and traffic pollution.

- Noise pollution: our complex is interestingly positioned next to a halfway house, a busy Fort St, a helicopter landing pad, and the rest being all commercial buildings. Yes we moved in this knowing these facts. So I will not complain about those. However, the thought of something as disturbing as an erected parkade structure, especially without consulting us, I will not agree with. I will defend our North facing residents.

- Light pollution: A constant light will be required to maintain the safety of such a structure, and also the lights of the 24/7 vehicles coming in and out.

- **Traffic Pollution**: Our little cul-de-sac street sees much traffic. Pedestrians and cars alike from a private school and medical buildings. It is a difficult intersection to get out of with no pedestrian crossing (though they cross from different access points constantly) and no traffic lights. Also, a vehicle going up a parkade structure, in my experience sounds louder than normal as the sound reverberates on the parkade's walls.

Proposed ideas:

- Underground parkade

- Built it not on Trent St, but on the NW corner of Lee and Fort where there are no residential complexes.

Regards,

Hélène Roy REALTOR®, BA ROY & ROY Real Estate Group/Groupe Immobilier Macdonald Realty Ltd 755 Humboldt St Victoria, BC

From: Sent: To: Cc: Subject: Roger Lundberg Monday, November 09, 2015 7:02 AM Pam Madoff (Councillor) Public Hearings inappropriate hospital parkade location

To Whom:

I wish to add my voice to the many that have expressed great concern regarding the location of the proposed parkade near Trent street.

I also live in the building at 2310 - Trent street, and it is my hope that you will consider a different location for the planned parking structure.

It seems that with the acres of parking space more to the southwest, that a better an less offensive location could be found. In addition, from the point of view of safety, both walking and driving, the Trent street location is a bad choice. Due to it close proximity to the school on Trent street, large parking structures can reduce visibility and become a "cover" for criminal activity, and this type of activity would be a threat to passing school children.

Please prevent this structure from being built on Trent street. Thank you for your consideration in this matter.

Roger Lundberg Clinical Audiologist and local resident

From:
Sent:
То:
Cc:
Subiect:

Annie Saturday, November 07, 2015 8:07 AM Public Hearings Pam Madoff (Councillor) Island Health Royal Jubilee Master Campus Plan

Dear Council Members,

My address is 404-2310 Trent St. My condo faces the EMP parking lot. I was shocked to learn this new plan includes building a parkade directly in front of our building. I became so angry when I read the part citing public consultation and input. We, who would be the most impacted were never consulted. Further investigating led me to the agreement between the North Jubilee Neighbourhood Association and Island Health (2008). Throughout this period of time neither one of these parties saw fit to contact anyone in our building about these proposed plans. All the surrounding streets, except ours are all being graced with green spaces and we are being graced with a parkade. This little dead end street is so busy with traffic already. We have lots of elderly people going to and from 1964 Fort for medical appointments; we have the parents dropping off and picking up the children from St.Patricks School and we have staff coming and going from the EMP parking lot. We put up with the helicopters coming and going at all hours; we put up with car alarms and radios blaring; we put up with leaf blowers and lawn mowers from 7.00 a.m. on ;we put up with Island Health's halfway house at the Caribbean on the west side of the building and when it snows we endure snow plows running all through the night clearing the parking lots around the hospital. We accept a lot of noise pollution already because our proximity to the hospital. How could Island Health put new" less glare" lights in EMP parking lot(apparently at the request of the Jubilee neighbourhood association) and yet consider replacing those with a parkade ????Nowhere in Victoria has a parkade ever been built directly in front of a residential condo building. The planners are saying it will be for staff- that will mean cars coming and going all hours of the night, more car alarms going off, constant activity- whereas now at least the car park is relatively quieter at night. We will basically be walled in with reduced light during the day and glaring nights shining directly in all night. It will be a constant borage of noise and light pollution far worse than we have put up with thus far. I have been told by the planners "there are no funds at the moment – this could take years to implement", my request to you is that if you approve this plan you make the amendment of removing the parkade from this proposed location. While it stays I will live in fear of it happening, plus if I sell I have to share the information which could, according to my realtor devalue my property by at least ten per cent. I am retired and do not plan to move but I have hardly slept since getting this news. I am willing to put up with certain things because I love our location and I love my views of Mt.Tolmie and Mt.Doug. Creating all this green space around the hospital is a lovely idea but people won't be enjoying it 24/7. If this parkade proposal goes forward It will be my worst nightmare 24/7! Living in darker days and enduring bright lights and constant noise at night. I am sick to my stomach about this and writing this at 3.00 a.m. since I cannot sleep. I am begging you on behalf of our building to stand up for our rights and not let Island Health make our lives miserable. Please have the potential plan for the parkade on Trent St removed before you approve this proposal. Sin cerely Ann

Jeffery

From:	Pam Madoff (Councillor)
Sent:	Saturday, Nov 7, 2015 11:10 PM
То:	Christine Havelka
Subject:	Fwd: Resident of 2310 Trent Street and proposed Jubilee expansion

Fyi, for the public hearing on RJH.

Pamela

Sent from my iPhone

Begin forwarded message:

From: Nancy McQuinn Date: November 6, 2015 at 5:38:45 PM PST To: "Pam Madoff (Councillor)" <<u>pmadoff@victoria.ca</u>> Subject: Re: Resident of 2310 Trent Street and proposed Jubilee expansion

Hi Pan,

One other concern to add - how would the traffic be addressed on this tiny dead end street? School, medical buildings, our condo turning left or right with no street light. There is a light on Lee and Foul Bay. This street is too small. Has a feasibility study been done? How many parking spaces are planned?

Thanks again, Nancy

On Friday, November 6, 2015, Pam Madoff (Councillor) <<u>pmadoff@victoria.ca</u>> wrote: Will do.

Pamela Madoff

On Nov 6, 2015, at 11:17 AM, Nancy McQuinn

> wrote:

Hi Pam,

Yes please include my letter in consideration for the hearing.

Thanks and have a nice day, Nancy McQuinn

On Friday, November 6, 2015, Pam Madoff (Councillor) <<u>pmadoff@victoria.ca</u><mailto:<u>pmadoff@victoria.ca</u>>> wrote: Hello, Nancy.

Thank you for forwarding your letter and expressing your specific concerns relating to the proposed RJH Master Plan.

My normal practice is to share correspondence with our planning staff and the proponent and ensure that it is included in the agenda for the public hearing. I just wanted to check with you to see if that would be agreeable to you.

The agenda will go out a little later today and it would be helpful to know if I might request staff to append your letter to the agenda.

Pamela Madoff

> On Nov 6, 2015, at 10:22 AM, Nancy McQuinn wrote:

javascript:;>>

>

> Hi Pam,

>

> I got your email address from our strata council president, Ann Jeffery. We have been discussing the proposed plans for the expansion of the Jubilee. I wanted to express my concerns to you and I will also be attending them meeting at city hall next week.

> For one, the residents of this building were never consulted in any way. We are one of the few residential buildings being affected by this proposed expansion, and it raises many concerns.

>

> So far, this process that the city has started, has shown a lack of consideration for the owners of this building. We are in a democratic society, are we not? We pay taxes, do we not? This is our home, our investment and to have an envelope arrive in the mail asking us to check out a website and shockingly see the diagram of a large parkade behind the building is unimaginable in the way it was presented.

>

> Yes, we would lose an amazing view, which we all enjoy and makes living on a busy street corner palatable. But more importantly, the construction of this parkade would block out light, and as many of us have our windows open, the exhaust fumes would be constant and possibly pose health problems. I have a son who is asthmatic and would never choose to live next to a parkade with cars coming and going throughout the day, spewing fumes into my living space. The Eric Martin Pavillion being set the way it is, amplifies the sound, so along with the exhaust fumes, lack of light, there is the noise consideration of cars driving through the levels of the parkade. This is very disturbing. Another matter to consider is that we have an influx of mentally ill and homeless who hang around the park beyond the St. Patrick's school, and this parkade, especially at night, I feel would be a hangout for them and a place to shoot up, drink and basically camp out in. As it is kind of "tucked away" it would be an open door for them. >

> There is a school in the area, and this is a very busy corner with medical offices and elderly people coming and going to their appointments. To have a constant flow of traffic coming down this little street is a dangerous proposition with potential catastrophic results.

> I am on board with my strata to fight this and try to find a solution that works for everybody. I am not against progress, I am not against trying to make the Jubilee a better place for the patients but we are residents, we live here all the time and this is not acceptable. The property values would be affected by this, in fact, they already are, as now we have to disclose this unsavoury bit of information if we are listing our units.

> I do hope common ground can be reached and that the expansion can go ahead, taking into consideration the residents who will be deeply affected by this change.

>

> Thank you for listening and see you next week.

>

> Nancy McQuinn

> Unit 303

>2

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From: Sent: To: Subject: Alix Causer-McBurney Wednesday, November 11, 2015 4:06 PM Public Hearings; Pam Madoff (Councillor) Regarding Royal Jubilee Campus Plan

To Whom It May Concern,

I am an owner of one of the condos at 2310 Trent Street. I have become aware of the fact that the Royal Jubilee Campus plan proposes to build a parkade on Trent Street. I am also aware that we, the owners at 2310 Trent Street, were never contacted regarding this proposal. This proposed parkade will impact our building hugely with even more light and noise pollution, and it will devalue our properties. Trent Street is already extremely busy as it is with St. Patrick's School and the Victoria Mental Health Centre Eric Martin Pavilion. Getting in and out of Trent Street, especially around the start and end of the school day through "rush hour" is near impossible. I feel we have not been properly notified of the plans, and have not been considered by those putting the plan together. We have a right to enjoy our homes, and the added light and noise pollution not to mention the addition of many more vehicles trying to get in and out of Trent Street will negatively impact our building and its residents.

I am not opposed to the overall Royal Jubilee Campus Plan, I would just like to see the parkade on Trent Street removed from the final plan.

Sincerely,

Alix Causer-McBurney

302-2310 Trent Street

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MOTIONS

 <u>To Set Public Hearings for the Council Meeting of Thursday, November 12, 2015 for</u>: It was moved by Councillor Coleman, seconded by Councillor Alto, that the following Hearings be held in Council Chambers, City Hall, on **THURSDAY, NOVEMBER 12, 2015, at 7 p.m.**:
 Heritage Alteration Permit No. 00206 with Variances for 222 Dallas Road

REPORTS OF THE COMMITTEES

2. Planning and Land Use Committee – October 1, 2015

- 5. <u>Heritage Alteration Permit with Variances Application No. 00206 for 222 Dallas Road</u> It was moved by Councillor Coleman, seconded by Councillor Alto,
 - A. That Council advance Heritage Alteration Permit Application No. 00206 with Variances for 222 Dallas Road, for consideration at a Public Hearing."
 - B. Following consideration at the Public Hearing of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road, that Council consider the following motion.

"That Council authorize the issuance of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

- 1. Revised plans date stamped August 18, 2015.
- 2. The provision of:
 - a. Plan, elevation and section details for the front porch;
 - b. A post-relocation condition assessment of the existing wood siding/shingles, Woodwork, roof, exterior doors and windows;
 - c. Rehabilitation details confirming the scope of work arising from the condition of the historic fabric;
 - d. An exterior door and window rehabilitation schedule.
- 3. Development meeting all Zoning Regulation Bylaw requirements, except for the following variances:
 - a. Section 1.2.4.a Height relaxed from 7.6m to 9.9m and number of storeys from 2 to 2.5;
 - b. Section 1.2.5.a Front setback relaxed from 7.5m to 6.45m for main building, from 5.9m to 4.94m for porch, from 5.0m to 3.91m for stairs;
 - c. Section 1,2.5.c Side yard setback (east) relaxed from 1.5m to 1.36m;
 - d. Section 1,2.5.d Combined side yard setbacks relaxed from 4.5m to 2.68m; and
 - e. Section 1.2.5.e Flanking street (Dock) setback relaxed from 3.5m to 1.32m.
- 4. The Heritage Alteration Permit lapsing two years from the date of this resolution.
- 5. Final plans to be generally in accordance with plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

Carried Unanimously

Councillor Young returned to the meeting at 8:56 p.m.

222 Dallas Road

"That Council advance Heritage Alteration Permit Application No. 00206 with Variances for 222 Dallas Road, for consideration at a Public Hearing."

- A. Following consideration of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road:
- B. That Council authorize the issuance of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:
- 1. Revised plans date stamped August 18, 2015.
- 2. The provision of:
 - a. Plan, elevation and section details for the front porch;
 - b. A post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows;
 - c. Rehabilitation details confirming the scope of work arising from the condition of the historic fabric;
 - d. An exterior door and window rehabilitation schedule.
- 3. Development meeting all *Zoning Regulation Bylaw* requirements, except for the following variances:
 - Section 1.2.4.a Height relaxed from 7.6m to 9.9m and number of storeys from 2 to 2.5;
 - b. Section 1.2.5.a Front setback relaxed from 7.5m to 6.45m for main building, from 5.9m to 4.94m for porch, from 5.0m to 3.91m for stairs;
 - c. Section 1,2.5.c Side yard setback (east) relaxed from 1,5m to 1,36m;
 - d. Section 1,2.5.d Combined side yard setbacks relaxed from 4.5m to 2.68m; and
 - e. Section 1.2.5.e Flanking street (Dock) setback relaxed from 3.5m to 1.32m.
- 4. The Heritage Alteration Permit lapsing two years from the date of this resolution.
- 5. Final plans to be generally in accordance with plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

CARRIED UNANIMOUSLY 15/PLUC215



Planning and Land Use Committee Report For the Meeting of October 1, 2015

То:	Planning and Land Use Committee	Date:	September 17, 2015		
From:	Jonathan Tinney, Director, Sustainable Planning and Community Development				
Subject:	Heritage Alteration Permit Applications with Variances Nos. 00205 and 00206 for 226 Dallas Road and 222 Dallas Road				

RECOMMENDATION

That Committee forward this report to Council and that Council consider the following motions:

226 Dallas Road

"That Council advance Heritage Alteration Permit Application No. 00205 with Variances for 226 Dallas Road, for consideration at a Public Hearing."

Following consideration of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road:

"That Council authorize the issuance of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

- 1. Revised Plans date stamped August 18, 2015.
- 2. The provision of:
 - plan, elevation and section details for the front porch
 - a post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows
 - rehabilitation details confirming the scope of work arising from the condition of the historic fabric
 - an exterior door and window rehabilitation schedule.
- 3. Development meeting all *Zoning Regulation Bylaw* requirements, except for the following variances:
 - i. Section 1.2.4.a Height relaxed from 7.6m to 8.8m
 - ii. Section 1.2.5.a Front setback relaxed from 7.5m to 6.15m for main building, from 5.0m to 4.83m for stairs

- iii. Section 1.2.5.c Side yard setback (east) relaxed from 3.0m to 1.20m and side yard setback (west) relaxed from 1.5m to 1.04m
- iv. Section 1.2.5.d Combined side yard setbacks relaxed from 4.5m to 2.24m.
- 4. The Heritage Alteration Permit lapsing two years from the date of this resolution.
- 5. Final plans to be generally in accordance with the plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

222 Dallas Road

"That Council advance Heritage Alteration Permit Application No. 00206 with Variances for 222 Dallas Road, for consideration at a Public Hearing."

Following consideration of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road:

"That Council authorize the issuance of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

- 1. Revised Plans date stamped August 18, 2015.
- 2. The provision of:
 - plan, elevation and section details for the front porch
 - a post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows
 - rehabilitation details confirming the scope of work arising from the condition of the historic fabric
 - an exterior door and window rehabilitation schedule.
- 3. Development meeting all *Zoning Regulation Bylaw* requirements, except for the following variances:
 - i. Section 1.2.4.a Height relaxed from 7.6m to 9.9m and number of storeys from 2 to 2.5
 - ii. Section 1.2.5.a Front setback relaxed from 7.5m to 6.45m for main building, from 5.9m to 4.94m for porch, from 5.0m to 3.91m for stairs
 - iii. Section 1.2.5.c Side yard setback (east) relaxed from 1.5m to 1.36m
 - iv. Section 1.2.5.d Combined side yard setbacks relaxed from 4.5m to 2.68m
 - v. Section 1.2.5.e Flanking street (Dock) setback relaxed from 3.5m to 1.32m.
- 4. The Heritage Alteration Permit lapsing two years from the date of this resolution.
- 5. Final plans to be generally in accordance with plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

LEGISLATIVE AUTHORITY

In accordance with Sections 972 and 973 of the *Local Government Act*, Council may issue a Heritage Alteration Permit which may be subject to terms consistent with the purpose of the heritage protection of the property, including: (i) conditions respecting the sequencing and timing of construction, (ii) conditions respecting the character of the alteration or action to be authorized, including landscaping and the siting, form, exterior design and finish of buildings and structures and (iii) security. Council may refuse to issue a Heritage Alteration Permit for an action that, in the opinion of Council, would not be consistent with the purpose of the heritage protection of the property.

EXECUTIVE SUMMARY

The purpose of this report is to present Council with information, analysis and recommendations for two heritage alteration permit applications for the heritage-registered houses (presently located at 524 and 526 Michigan Street) to be relocated to 226 and 222 Dallas Road, respectively. The two houses are being relocated to facilitate the development of Capital Park. The proposal is to rehabilitate the houses after they have been relocated and designated at the receiver sites.

The following points were considered in assessing this application:

- consistency with OCP
- consistency with the James Bay Neighbourhood Plan
- consideration of impacts of variances to the Zoning Regulation Bylaw
- consistency with the Standards and Guidelines for the Conservation of Historic Places in Canada.

Staff recommend that Council advance Heritage Alteration Permit Application Nos. 00205 and 00206 with Variances for 226 Dallas Road and 222 Dallas Road, respectively, for consideration at a Public Hearing.

BACKGROUND

The Province and the City were parties to the *Victoria Accord - Legislative Precinct Master Development Agreement*, made June 6, 1994, respecting the subdivision and development of the lands within the Legislative Precinct. In relation to the five heritage-registered homes currently situated on the South Block, the extent of restoration of the heritage houses and a relocation plan were to be described in future development proposals.

On June 11, 2014, Council authorized the issuance of Heritage Alteration Permits Nos. 00188 and 00189 for 524 and 526 Michigan Street, regarding the relocation of the Prout House and the Beaven/Macabe Residence within James Bay, subject to conditions that included providing the City with a relocation plan and a letter irrevocably agreeing to the designation of the houses. The condition regarding heritage designation was satisfied by the applicant in August 2014.

On September 11, 2014, Council instructed staff to prepare the heritage designation bylaw that would designate the Prout House and Beaven/Macabe Residence upon receipt of owner's consent to the designations. Once the houses have been relocated to their new lots, the heritage designation bylaw that Council gave first and second reading will be advanced to a public hearing pursuant to Section 968 of the *Local Government Act*, and Council may then consider adopting the bylaw.

These applications address the second condition regarding the provision of a relocation plan and as a result, deal with the planning issues associated with relocating the two houses to specific lots within James Bay.

Description of Proposal

These applications propose to remove the existing 1950s house that straddles the two existing lots located at 222 and 226 Dallas Road and to relocate the heritage-registered Prout House and Beaven/Macabe Residence presently located at 524 and 526 Michigan Street, part of the South Block.

The proposal to rehabilitate the houses presently located at 524 and 526 Michigan Street will involve the construction of new concrete footings on the receiver site; construction of new storm windows that are compatible with the character of the place; undertaking of alterations to rear and side window/door openings in order to accommodate the new use; rehabilitation of the existing guardrails; construction of a new steel rear balcony to comply with the Building Code; and undertaking of repairs to the exterior wood siding/shingles.

The scope of the proposed work outlined in Heritage Alteration Permit Nos. 00205 and 00206 is more particularly described in the revised plans prepared by Keay Cecco Architecture Ltd., dated August 18, 2015, and in the applicant's letter, dated August 17, 2015.

Public Realm Improvements

No public realm improvements are proposed in association with these heritage alteration permit applications.

Community Consultation

Consistent with the *Community Association Land Use Committee (CALUC) Procedures for Processing Rezoning and Variances Applications*, the applications were sent to the James Bay Neighbourhood Association on August 25, 2015. Should staff receive comments from the James Bay CALUC, these will be forwarded to Council for consideration.

ANALYSIS

The following sections provide a summary of the applications' consistency with the relevant City policies and guidelines.

Official Community Plan

The proposed development outlined in the applications is consistent with the OCP because it contributes to the goal of protecting and celebrating Victoria's cultural and natural heritage resources. In addition, a key strategic direction of James Bay would be met by the proposed development where it enables the adaptation and renewal of existing building stock.

James Bay Neighbourhood Plan

The proposed development is consistent with the goals and objectives of the *James Bay Neighbourhood Plan* in relation to Housing, where it encourages the retention of significant buildings in the neighbourhood and in relation to Heritage Preservation, where it encourages the conservation and rehabilitation of buildings, lands and structures of heritage significance, which

contribute to the neighbourhood's attractive character and where the moving of heritage buildings is considered as a last resort to prevent their demolition.

Zoning Regulation Bylaw

The relocation of the heritage-registered Prout House and Beaven/Macabe Residence (presently located at 524 and 526 Michigan Street) triggers siting variances (height, front and side yard setbacks) as a result of the dimensions of the existing houses. The placement of the houses is generally compatible with the Dallas Road lot configuration, which are narrow in width and deep in length. The heights of nearby structures range from one to two storeys along Dallas Road and up to three-and-one-half storeys in relation to the apartment block across Dock Street to the north. Staff consider that the variances of heights and setbacks will have a minor impact on the overall character of the area and therefore recommend that Council consider the variances to the *Zoning Regulation Bylaw* to accommodate the proposed development.

Standards and Guidelines for the Conservation of Historic Places in Canada (As applicable to both buildings)

Exterior Walls

The proposal includes the alteration of openings on the north elevation; alterations to existing openings on the east elevation for code compliance; and the rehabilitation of the exterior wood shingles, siding and windows. The proposed interventions will conserve character-defining elements of the building's exterior and are therefore consistent with the Standards and Guidelines where it recommends modifying exterior walls to accommodate an expanded program, a new use, or applicable codes and regulations, in a manner that respects the building's heritage value.

Doors and Windows

The rehabilitation of existing wood windows and the construction of new storm windows that are compatible with the character of the place will significantly improve the thermal performance of the exterior envelope and is consistent with the Standards and Guidelines where it recommends designing and installing new windows, doors or storefronts required by a new use on non-character-defining elevations in a manner that is compatible with the building's style, era and character.

Roof

Undertaking repairs to the roofs as necessary is consistent with the Standards and Guidelines where it recommends repairing a roof assembly, including its functional and decorative elements, by using a minimal intervention approach.

Codes

Alterations to an existing front porch, east side openings, and the construction of a new upperlevel balcony at the rear in order to comply with the Building Code is consistent with the Standards and Guidelines where it recommends complying with health, safety and security requirements in a manner that conserves the heritage value of the exterior wall assembly and minimizes impact on its character-defining elements.

CONCLUSIONS

These applications to rehabilitate two heritage-registered houses form part of the sequence of applications associated with the Capital Park Development that will enable the relocation, designation and rehabilitation of the properties. The proposal is consistent with the Standards and Guidelines in relation to exterior walls, doors and windows, roof elements and the Building Code. The applicant has made revisions to reduce the potential effects that may result from the increased height and reduced setbacks (including the removal of existing openings to comply with codes) and has responded to community concerns within the constraints of the existing property and the dimensions of the heritage-registered houses. Staff consider that the potential impact of the variances requested have been mitigated and therefore recommend that Council consider supporting the applications subject to the conditions outlined in this report.

ALTERNATE MOTION

That Council decline Heritage Alteration Permit Application Nos. 00205 and 00206 for the properties located at 226 Dallas Road and 222 Dallas Road.

Respectfully submitted,

Murray G. Miller Senior Heritage Planner Community Planning

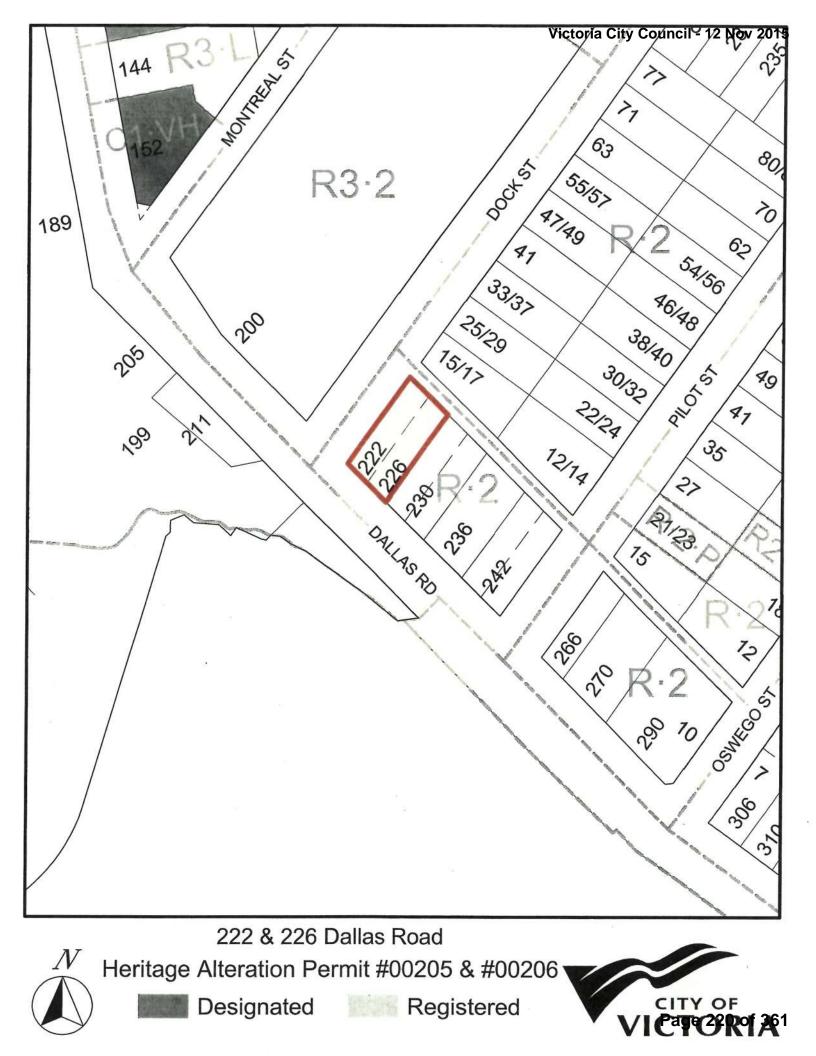
Jonathan Tinney Director Sustainable Planning and Community Development

Report accepted and recommended by the City Manager:

Date:

List of Attachments

- Subject map
- Aerial photograph
- Revised plans dated August 18, 2015
- Letters from applicant dated August 20, 2015.





222 & 226 Dallas Road Heritage Alteration Permit #00205 & #00206



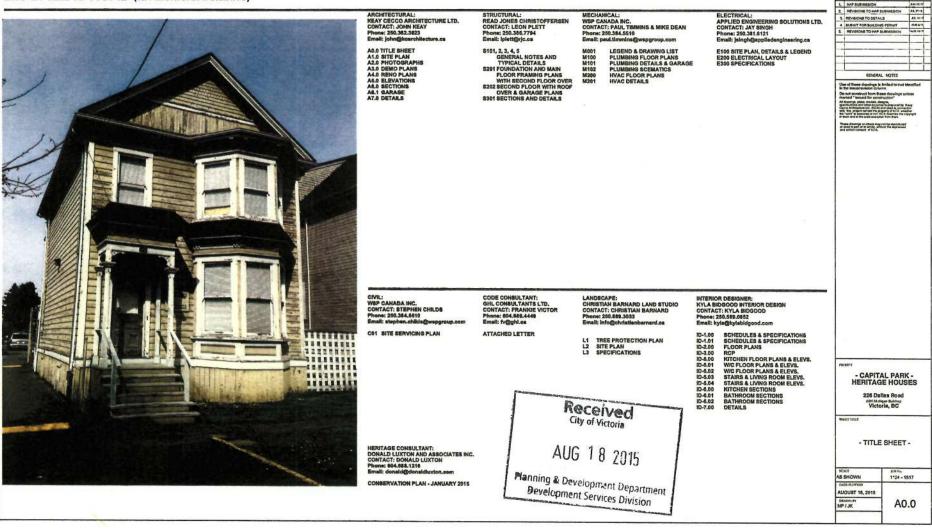
CAPITAL PARK - HERITAGE BUILDINGS

226 DALLAS ROAD (524 MICHIGAN BUILDING)

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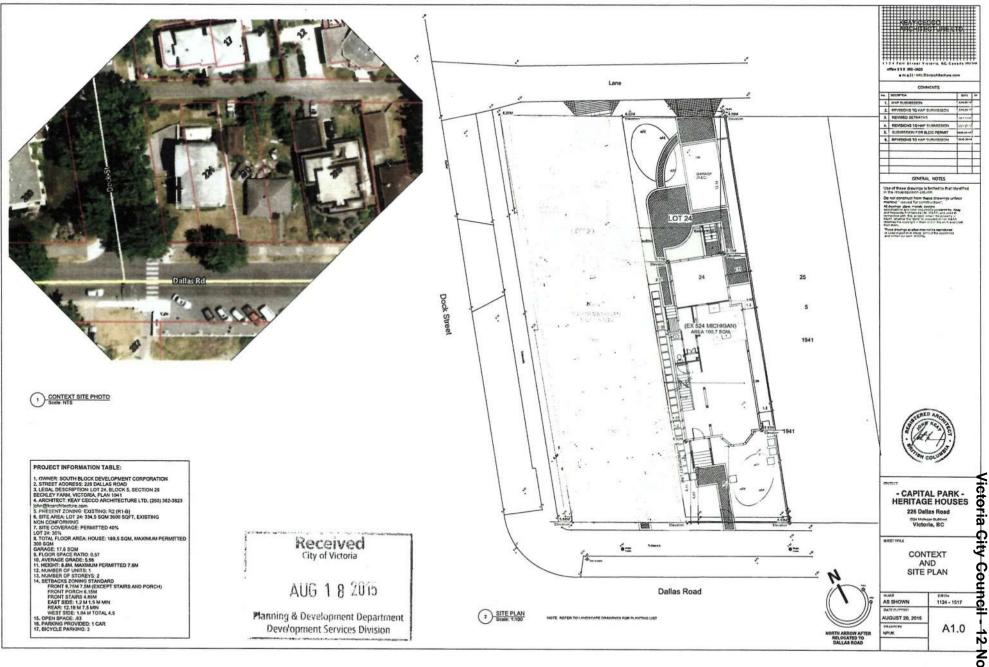
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COMMENTS

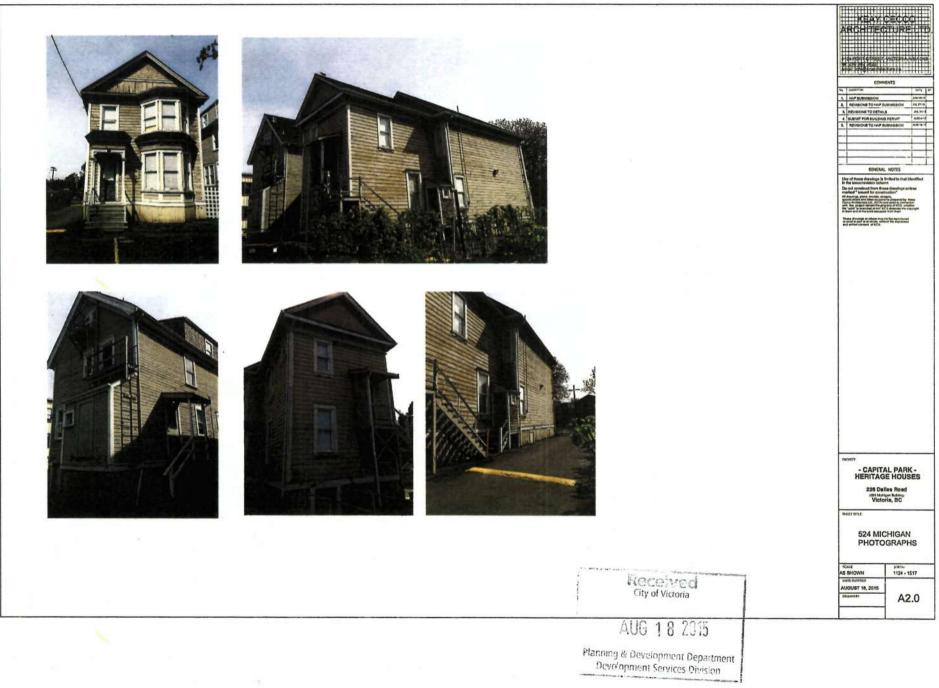


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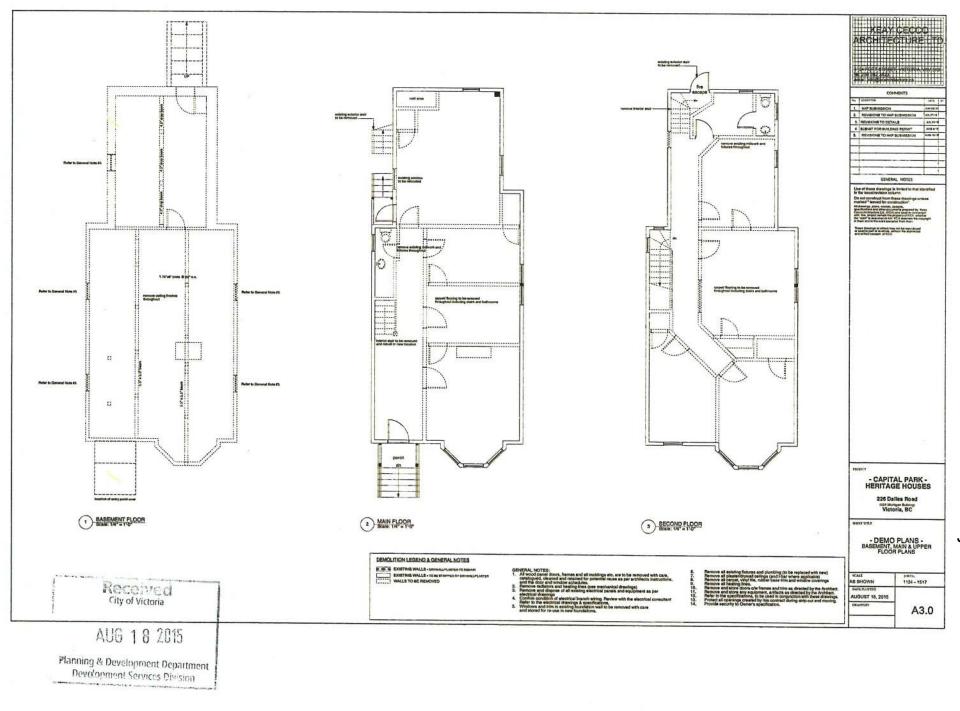
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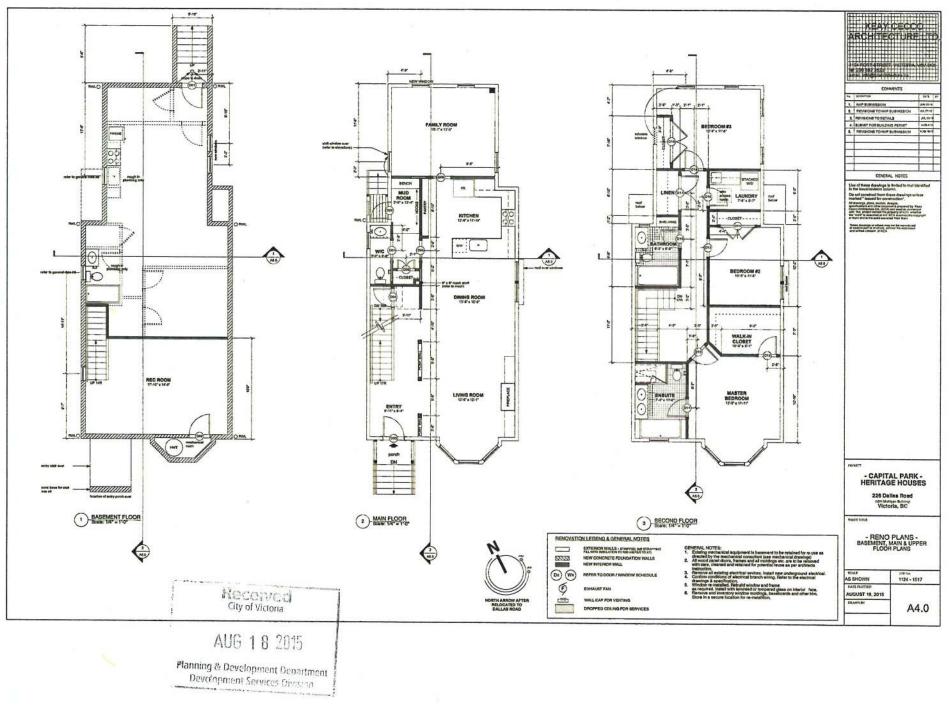
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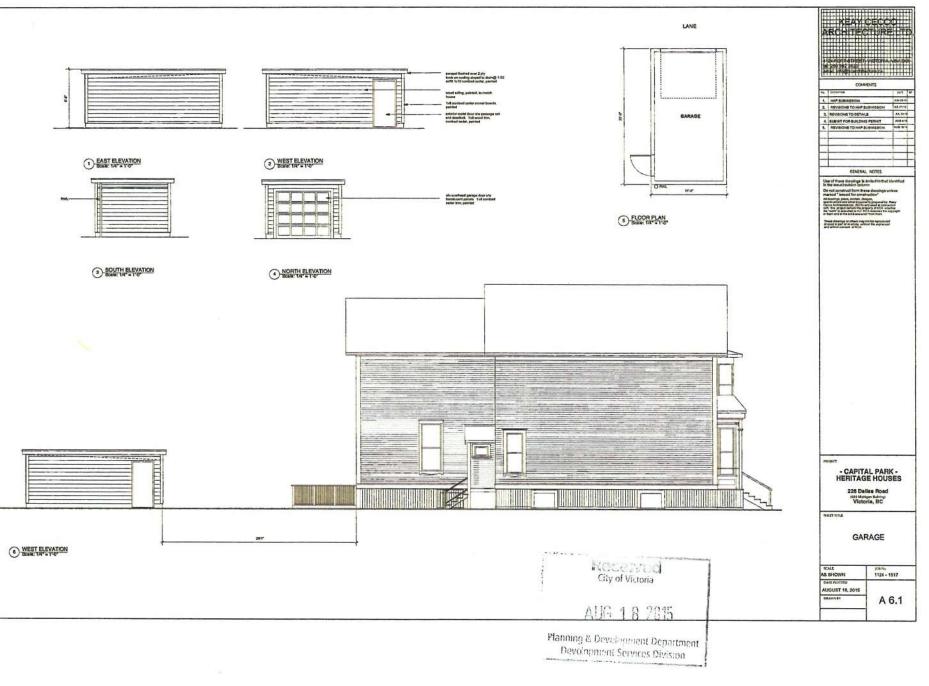
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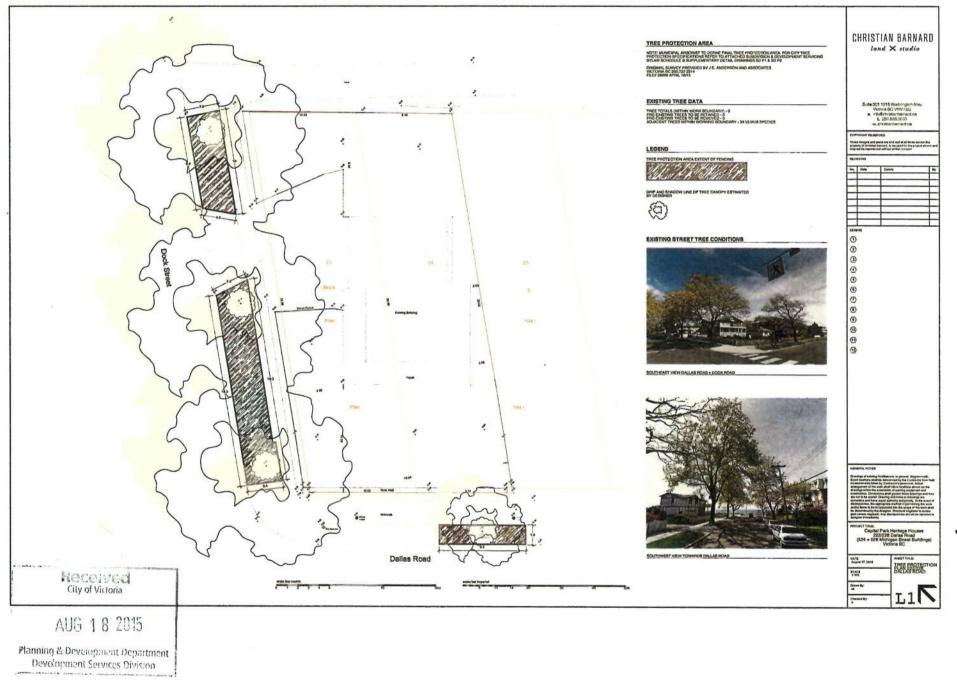
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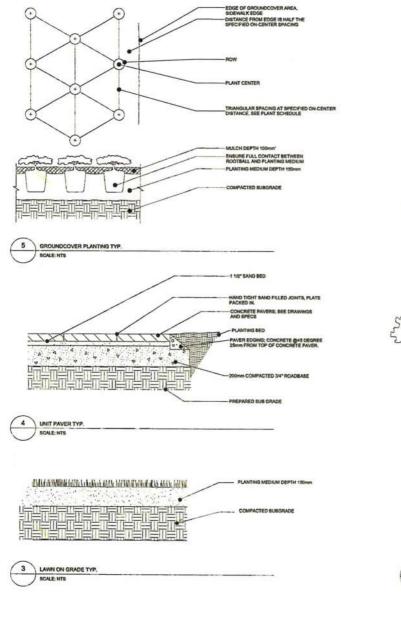


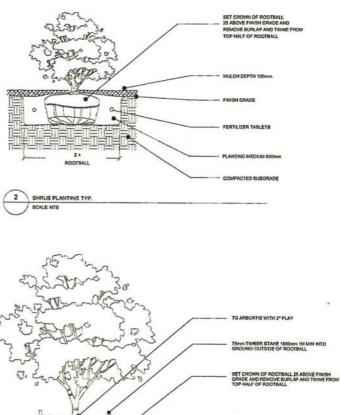
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TREE PLANTING ON GRADE

SCALE: NTS

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FINISH GRADE

MULCH - DEPTH 100mm

FERTILIZER TABLETS

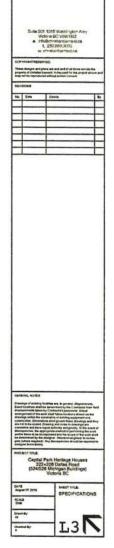
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City of Victoria

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Planning & Development Department Devolopment Services Division

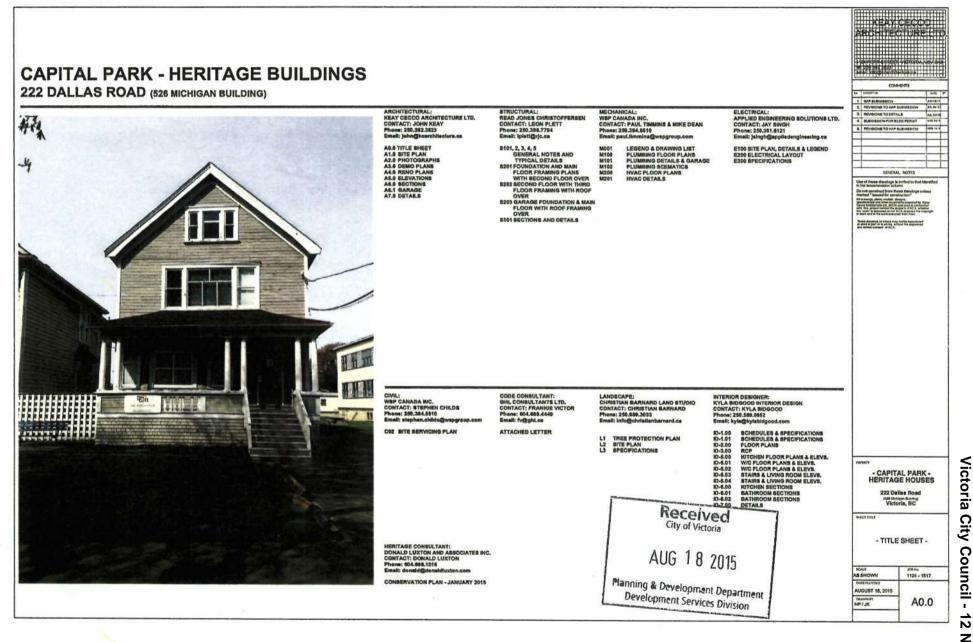
PLANTING MEDIUM DEPTH 1000ivis COMPACT UNDER ROOTBALL FOR FIRM STABLE BASE



CHRISTIAN BARNARD

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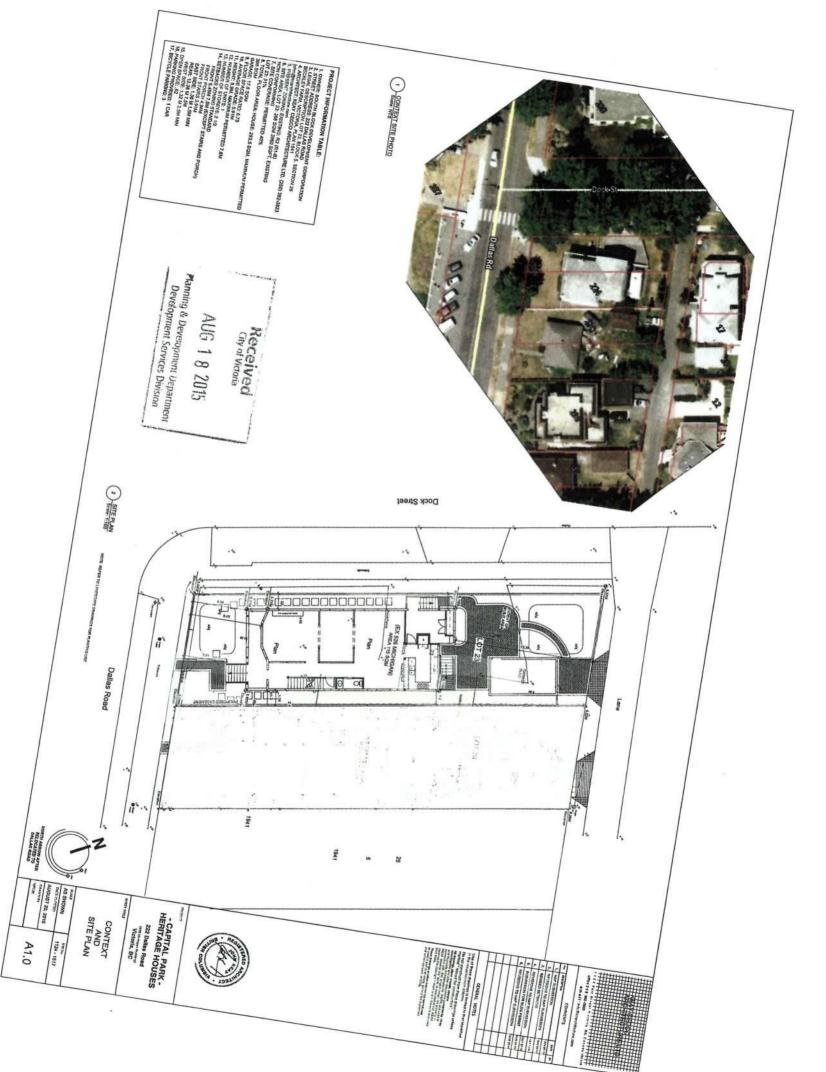


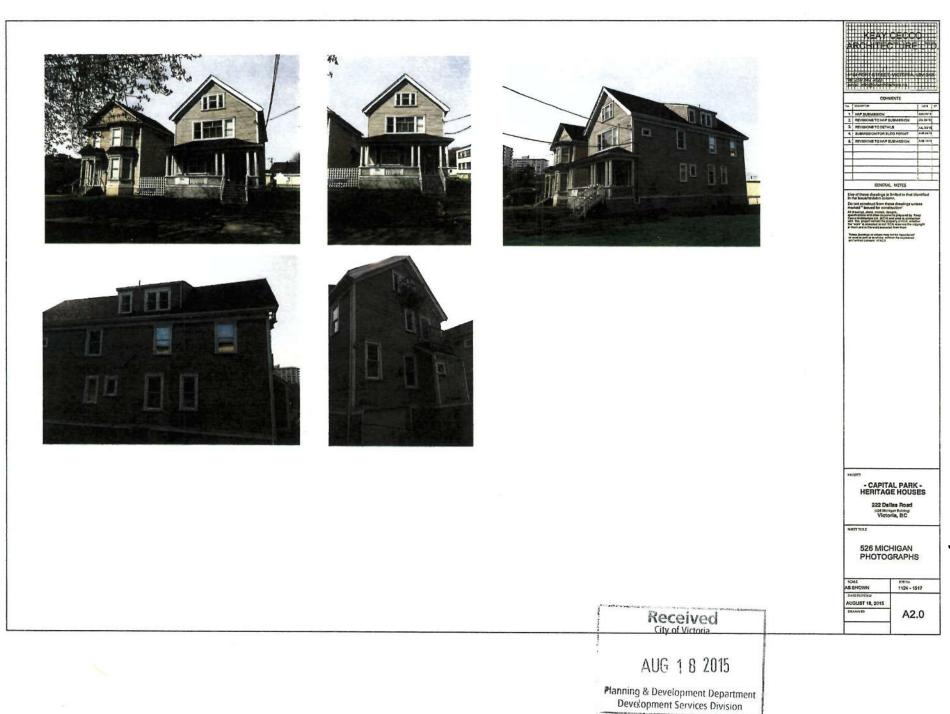
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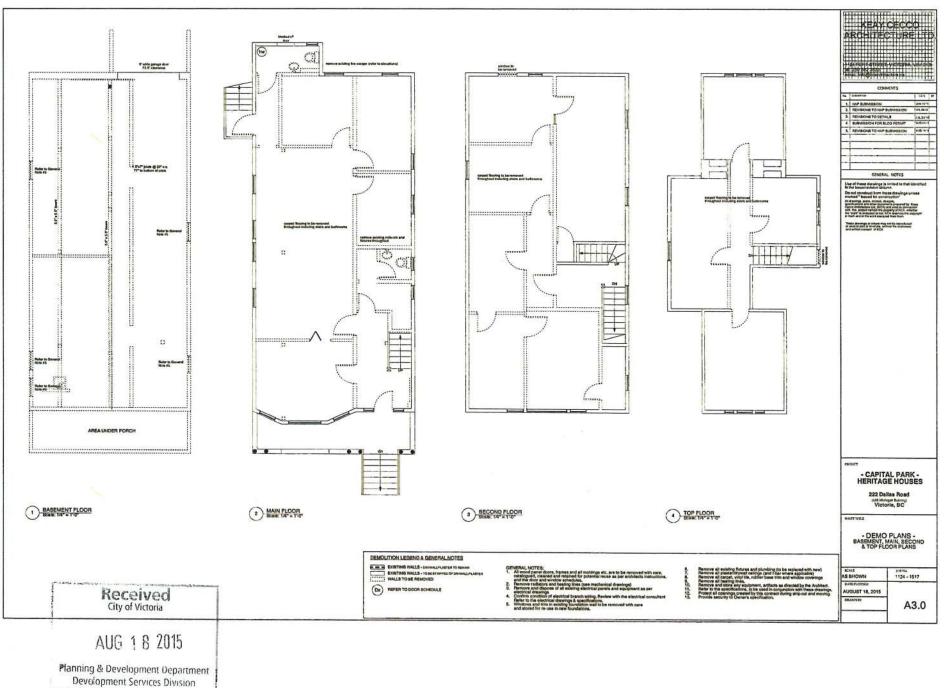
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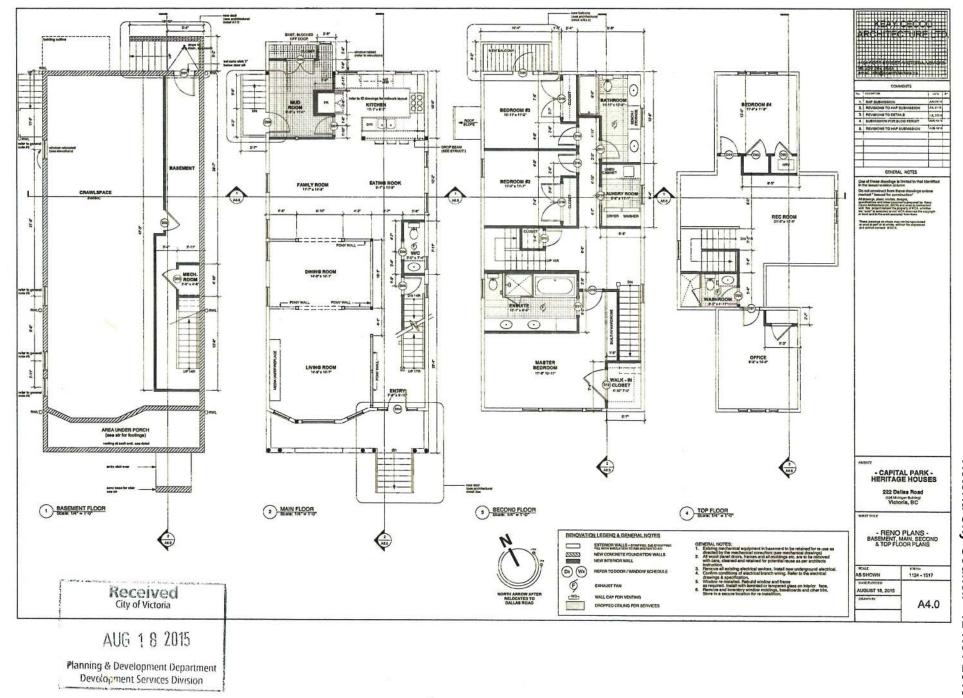
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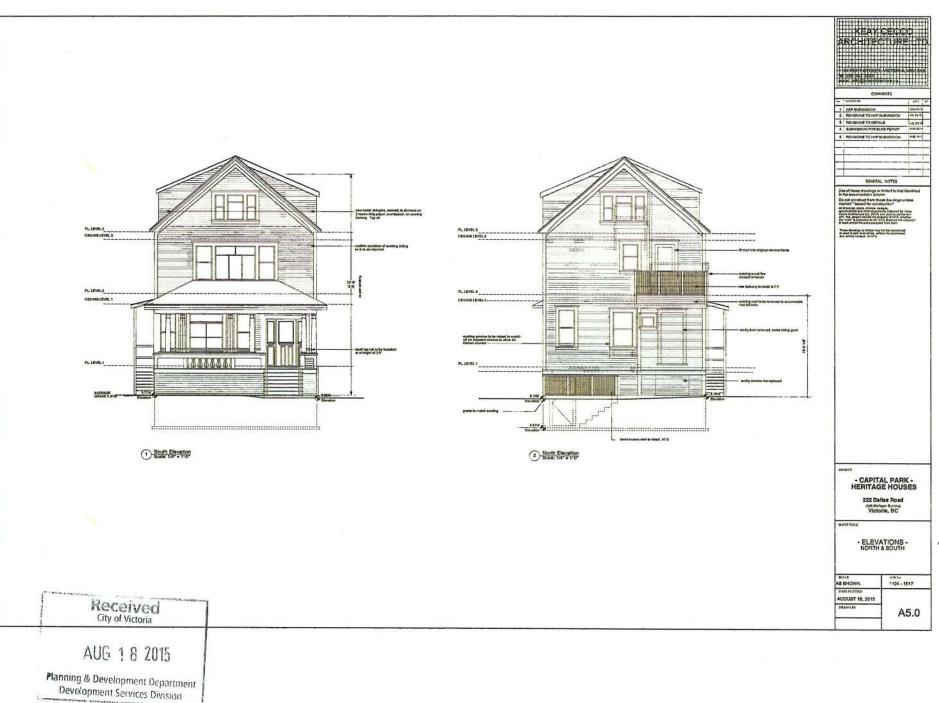
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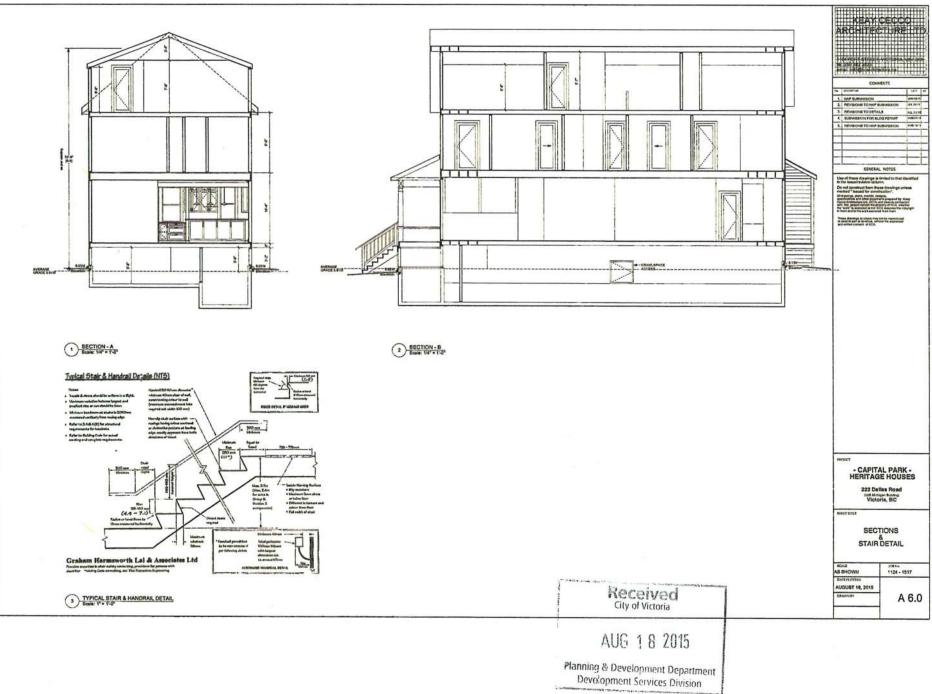
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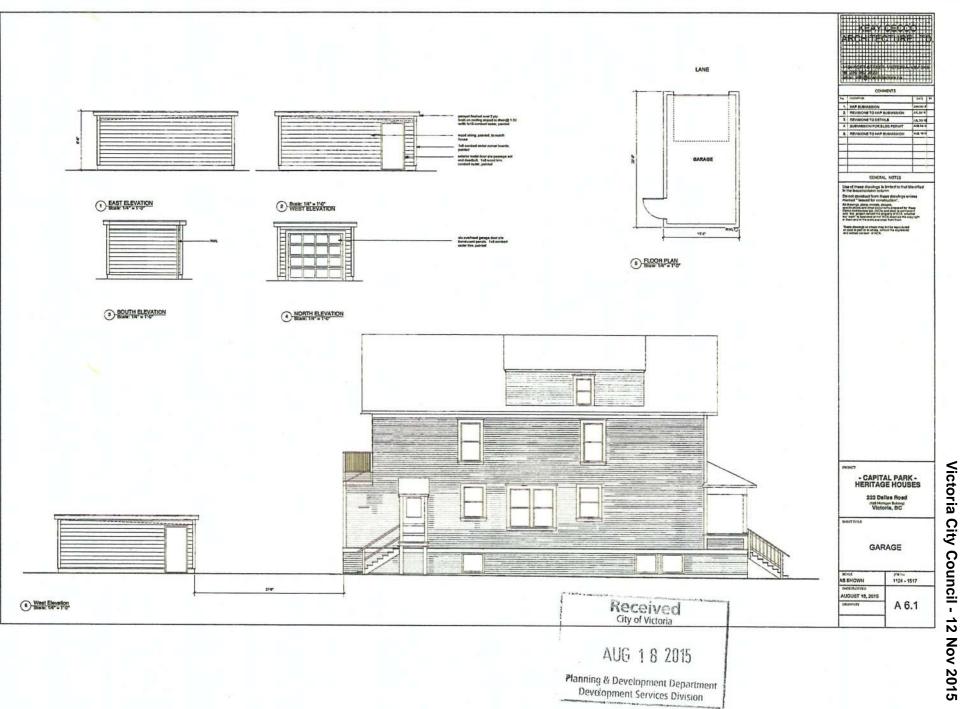
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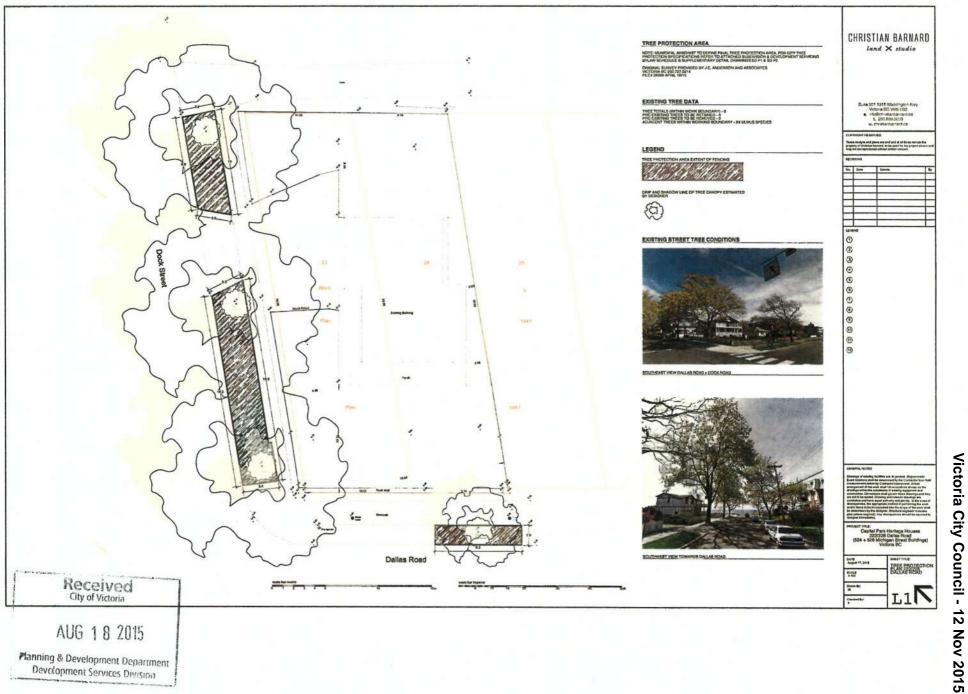
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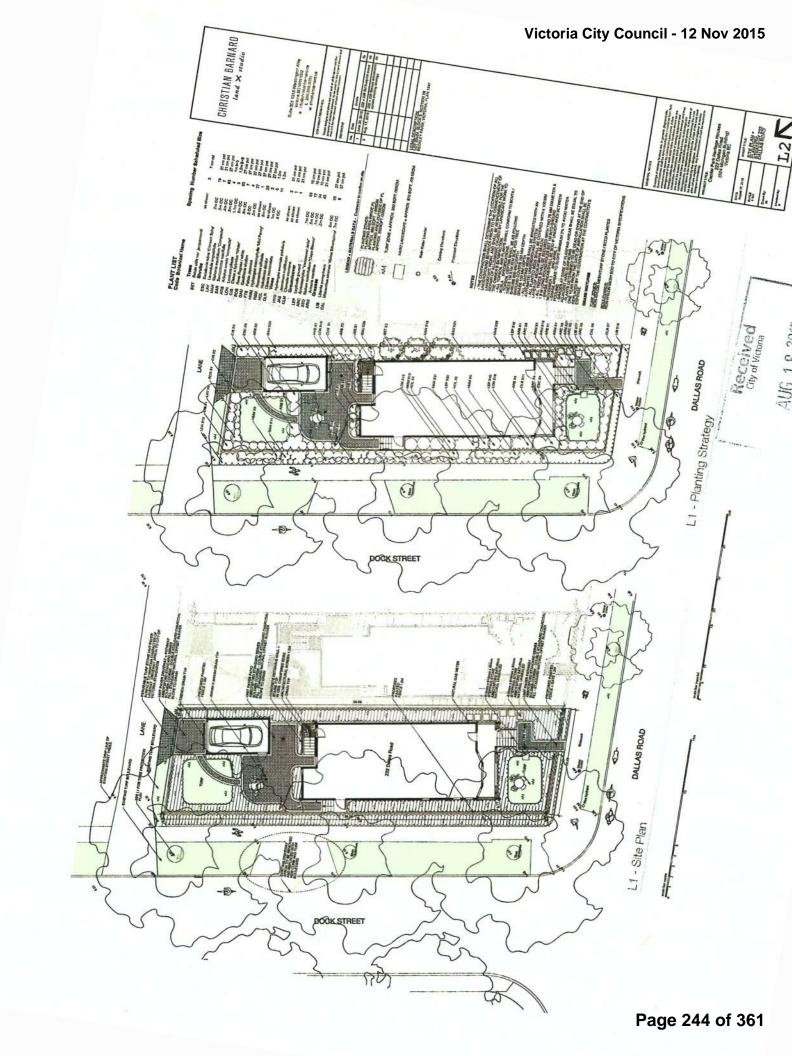
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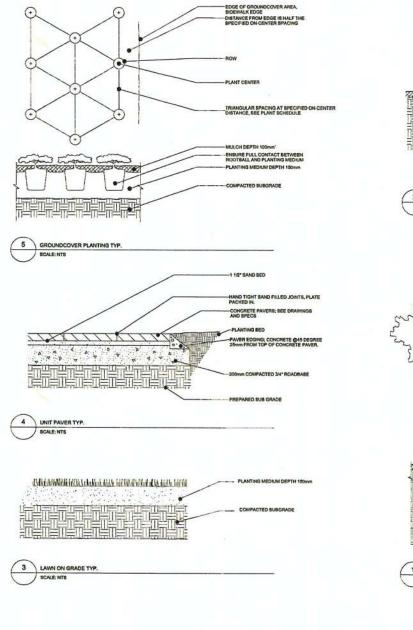
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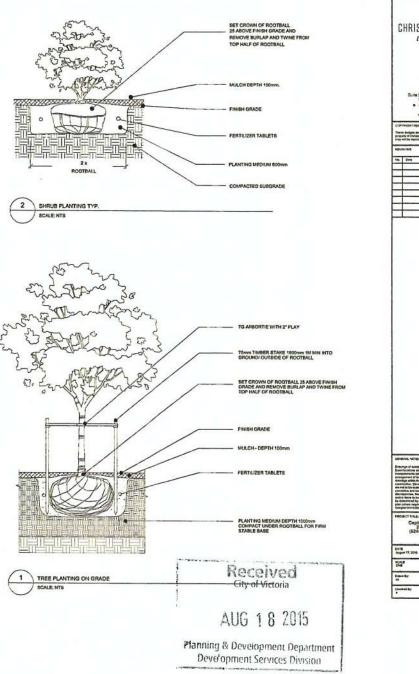


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CHRISTIAN BARNARD land X studio Buile 301 1315 Wattington Aley Votora BC VBW 052 s. inte@chratarbona.ct cs it. 250.569.5030 w. chratarbonard.ca Press Subgra and place are and and at all trues remain property of chalation frammed, in the grand for the project o man with a manufacture of all the second second second HEAN NOTES Capital Park Heritage Houses 222+226 Daltas Road (524/526 Michigan Buildinge) SPECIFICATIONS L3

Victoria City Council - 12 Nov 2015

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South Block Development Corporation

August 17, 2015

4

City of Victoria 1 Centennial Square Victoria, BC V8W 1P6

Attention: Mayor and Council

Re: Heritage Alteration Permit for 524 Michigan Street being relocated to 226 Dallas Road

Dear Mayor and Council,

Please accept this application for a heritage alteration permit for the heritage registered home currently located at 524 Michigan Street within the lands known as South Block in James Bay. This house, along with 526 Michigan Street is being relocated and rehabilitated as committed to as part of the Capital Park redevelopment. This house was the subject of a previous application HAP 00188 which approved in concept the rehabilitation plan and the relocation of this home to a suitable site within James Bay. This application is consistent with the principles outlined in the previous application.

Since acquiring the Capital Park lands in the spring of 2014, South Block Development Corporation has been actively seeking out a receiver site for 524 and 526 Michigan Street in James Bay. After discussions with several land owners in James Bay and consultation with the Senior Heritage Planner, South Block Development Corporation has entered into an agreement to acquire a site at 224 Dallas Road that we feel would be an excellent receiver site for the two homes.

224 Dallas Road consists of two legal lots, one for each heritage home. No changes to either legal parcel are contemplated. A house originally constructed in the 1950's and added on to in the 1980's and during several other renovations spans both lots. The house is not deemed to be architecturally significant or of high quality. The house would be removed to facilitate the redevelopment of the property with the two heritage houses. The existing house will be offered by Nickel Brothers to anyone wishing to pay for its moving costs in an effort to retain it. Failing this the house would be demolished and materials reused, recycled and disposed of as appropriate.

This application contemplates relocating the house currently located at 524 Michigan Street to what would become 226 Dallas Road. 524 Michigan Street is currently vacant and the interior has been significantly altered and most recently used as a post disaster training facility. The exterior, however, remains relatively unchanged with most decorative elements intact. The house is sound, although it has suffered from deferred maintenance. This application contemplates placing the house on a new foundation with a full height basement, fully rehabilitating the exterior in a historically sensitive manner as outlined in the enclosed Heritage Conservation Plan, upgrading thermal, seismic and structural performance, and completely renovating and rebuilding the interior to finish it as a custom single family home.

To facilitate the relocation and adaptive reuse some alterations will need to be made to the exterior heritage components of the house. The proposed alterations are shown in detail in the enclosed drawings. The intent of the proposed alterations is to minimize change to the home and to accurately replicate design elements where feasible and where information is available. Where changes are required, they have been located toward the rear of the building. The scope of the exterior alterations includes:

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Received City of Victoria

Planning & Development Department Development Services Division

- New concrete footings will be constructed at the receiver site that maintain the current relationship of the building to grade. Tongue and groove siding will be installed on the foundation as per the existing detail. There will be a new basement access point and two additional windows added on the east façade.
- 2. It is proposed that two windows will be relocated, two windows on the basement level will be removed, three windows will be added and one new window will be placed in an existing opening. Where new windows are added they will be replicas of the originals. The balance of the windows will be rebuilt with the original materials and storm windows added as appropriate.
- 3. The fire escape on the west side of the house will be removed.
- 4. The siding, trim and exterior finishes will be repaired and replaced with like materials as required and the houses will be painted using a historically appropriate colour palette.
- 5. Guard rails will be added to stairs and porches as required by Code.
- 6. Should the roof require replacement it will be done in line with what is suggested in the heritage conservation plan.

For further reference enclosed is the Heritage Conservation Plan prepared by Donald Luxton for this property which includes historical information on the home and the guidelines to be followed for its rehabilitation. This report was the subject of the previous Heritage Alteration Permit.

The constraints imposed by the existing physical massing of the heritage house and the dimensions of the receiver lot necessitate a number of variances as follows:

- 1. A height variance is requested to accommodate the height of the existing heritage structure and preserve the existing relationship to grade as is consistent with heritage conservation principles. The proposed height is 8.8 meters, compared to an allowable height of 7.6 meters. This height variance would be required to accommodate this heritage house in any residential lot in James Bay. Enclosed please find a Shadow Analysis at the solstices and equinoxes comparing the shadow impact of the existing condition on the site, what would be permitted on the site under the existing zoning and the proposed development.
- The east side yard setback is proposed at 1.2 meters compared to the 1.5 meter minimum contemplated in the zone. This is a larger setback than the current non-conforming 0.92 meter setback on the site.
- 3. The west side yard setback is proposed at 1.04 meters compared to the 1.5 meter minimum contemplated in the zone. The combined side yard setback is 2.24 meters compared to the 4.5 meter requirement. While the gap between the two heritage houses is narrow, this represents a new view corridor from 15/17 Dock Street as the house currently located on the site spans the interior lot line. The most significant impact of this variance is on the adjacent heritage house. This was done intentionally to minimize intrusions into the setbacks on the outer edges of the property which would have a greater impact on the existing neighbours. Please note an easement of 0.16 meters on the east side of 222 Dallas Road is proposed to provide 226 Dallas Road with the required 1.2 meter setback for code.
- 4. The front yard setback is proposed at 6.75 meters for the house, compared to 7.5 meters contemplated in the zone, 6.15 meters from the front porch compared to 5.9 meters contemplated in the zone and 4.83 meters for the front stairs compared to 5 meters contemplated in the zone. This will blend the setbacks between 222 Dallas Road and the neighbor at 230 Dallas Road.

Our application package also includes perspective drawings from Dallas Road, Dock Street and the existing laneway comparing the existing condition, a massing model of what would be permitted under the zoning as well as our proposal to illustrate the impact of the variances we are seeking.

In response to feedback received from neighbours and the community the landscape plan contemplates low height landscaping that will not block views from 15/17 Dock Street, the relocation plan contemplates loading the houses onto the site in a manner that permits the retention of existing boulevard trees, access off of the existing lane was designed with consideration given to providing safe access and visibility and dimensioning parking in a

way that discourages parking in a manner that intrudes on the laneway and discussions have also been had with the City about creating additional residential parking on Dock Street adjacent to 222 Dallas Road.

Please note a heritage designation application for this home has been submitted to the City of Victoria and subject to approval would be issued when the 524 Michigan Street is relocated to 226 Dallas Road.

Enclosed you will find a comprehensive package of materials prepared by the team of professionals we have engaged to oversee the rehabilitation of this special heritage resource. We recognize the value this house has to the community and look forward to seeing it revitalized to a condition that we can all be proud of. If you have any questions regarding this application or would like a tour of the house please feel free to contact the undersigned at (250) 414-4172 or karen.jawl@jawlproperties.com or the architect John Keay at (250) 382-2823 or john@kcarchitecture.ca.

Sincerely,

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South Block Development Corporation

Per: Karen Jawi

South Block Development Corporation

August 17, 2015

City of Victoria 1 Centennial Square Victoria, BC V8W 1P6

Attention: Mayor and Council

Heritage Alteration Permit for 526 Michigan Street being relocated to 222 Dallas Road Re:

Dear Mayor and Council,

Please accept this application for a heritage alteration permit for the heritage registered home currently located at 526 Michigan Street within the lands known as South Block in James Bay. This house, along with 524 Michigan Street is being relocated and rehabilitated as committed to as part of the Capital Park redevelopment. This house was the subject of a previous application HAP 00189 which approved in concept the rehabilitation plan and the relocation of this home to a suitable site within James Bay. This application is consistent with the principles outlined in the previous application.

Since acquiring the Capital Park lands in the spring of 2014, South Block Development Corporation has been actively seeking out a receiver site for 524 and 526 Michigan Street in James Bay. After discussions with several land owners in James Bay and consultation with the Senior Heritage Planner, South Block Development Corporation has entered into an agreement to acquire a site at 224 Dallas Road that we feel would be an excellent receiver site for the two homes.

224 Dallas Road consists of two legal lots, one for each heritage home. No changes to either legal parcel are contemplated. A house originally constructed in the 1950's and added on to in the 1980's and during several other renovations spans both lots. The house is not deemed to be architecturally significant or of high quality. The house would be removed to facilitate the redevelopment of the property with the two heritage houses. The existing house will be offered by Nickel Brothers to anyone wishing to pay for its moving costs in an effort to retain it. Failing this the house would be demolished and materials reused, recycled and disposed of as appropriate.

This application contemplates relocating the house currently located at 526 Michigan Street to what would become 222 Dallas Road. 526 Michigan Street is currently vacant and the interior has been significantly altered. The exterior, however, remains relatively unchanged with most decorative elements intact. The house is sound, although it has suffered from deferred maintenance. This application contemplates placing the house on a new foundation, fully rehabilitating the exterior in a historically sensitive manner as outlined in the enclosed Heritage Conservation Plan, upgrading thermal, seismic and structural performance, and completely renovating and rebuilding the interior to finish it as a custom single family home.

To facilitate the relocation and adaptive reuse some alterations will need to be made to the exterior heritage components of the house. The proposed alterations are shown in detail in the enclosed drawings. The intent of the proposed alterations is to minimize change to the home and to accurately replicate design elements where feasible and where information is available. Where changes are required, they have been located toward the rear of the building. The scope of the exterior alterations includes:

1. New concrete footings will be constructed at the receiver site that maintain the current relationship of the building to grade. Tongue groove siding will be installed on the foundation as per the existing detail. There will be a new basement access point.

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AUG 20 2015

- 2. It is proposed one new window at the rear of the house will be added with the sill to match the window adjacent to accommodate kitchen cabinets, one window will be relocated in the basement, two windows in the basement and one on the top floor will be removed and one window will be replaced with a door to provide exiting as required by code. Where new windows are added they will be replicas of the originals. The balance of the windows will be rebuilt with the original materials and storm windows added as appropriate.
- The existing door at the rear of the house will be removed and replaced with siding consistent with the balance of the house.
- 4. The siding, trim and exterior finishes will be repaired and replaced with like materials as required and the houses will be painted using a historically appropriate colour palette.
- 5. Guard rails will be added to stairs and porches as required by Code.
- Should the roof require replacement it will be done in line with what is suggested in the heritage conservation plan.
- 7. A new balcony will be added on the rear of the house as required by Code and will be designed in a historically sensitive manner.

For further reference enclosed is the Heritage Conservation Plan prepared by Donald Luxton for this property which includes historical information on the home and the guidelines to be followed for its rehabilitation. This report was the subject of the previous Heritage Alteration Permit.

The constraints imposed by the existing physical massing of the heritage house and the dimensions of the receiver lot necessitate a number of variances as follows:

- 1. A height variance is requested to accommodate the height of the existing heritage structure and preserve the existing relationship to grade as is consistent with heritage conservation principles. The proposed height is 9.9 meters, compared to an allowable height of 7.6 meters and 2.5 storeys, compared to the 2 storeys permitted. This height variance would be required to accommodate this heritage house in any residential lot in James Bay. Enclosed please find a Shadow Analysis at the solstices and equinoxes comparing the shadow impact of the existing condition on the site, what would be permitted on the site under the existing zoning, and the proposed development.
- 2. The west side yard setback is proposed at 1.32 meters compared to the 3.5 meter minimum contemplated in the zone. A consequence of this is the impact on the south west view corridor of the neighbor to the North at 15 Dock Street. The South/West view cone from 15 Dock Street is 5% smaller than would be permitted under the zoning. The north/south siting of this house was carefully studied to minimize the impact on this view cone.
- 3. The east side yard setback is proposed at 1.36 meters compared to the 1.5 meter minimum contemplated in the zone. The combined side yard setback is 2.68 meters compared to the 4.5 meter requirement. While the gap between the two heritage houses is narrow, this represents a new view corridor from 15/17 Dock Street as the house currently located on the site spans the interior lot line. The most significant impact of this variance is on the adjacent heritage house. This was done intentionally to minimize intrusions into the setbacks on the outer edges of the property which would have a greater impact on the existing neighbours. Please note an easement of 0.16 meters on the east side of 222 Dallas Road is proposed to provide 226 Dallas Road with the required 1.2 meter setback for code.
- 4. The front yard setback is proposed at 6.45 meters for the house, compared to 7.5 meters contemplated in the zone, 4.94 meters for the porch compared to 5.9 meters contemplated in the zone, and 3.91 meters for the front stairs compared to 5 meters contemplated in the zone. Siting the house further forward on the lot helps mitigate the impact on the view cone to the water from 15 Dock Street.

Our application package also includes perspective drawings from Dallas Road, Dock Street and the existing laneway comparing the existing condition, a massing model of what would be permitted under the zoning as well as our proposal to illustrate the impact of the variances we are seeking.

In response to feedback received from neighbours and the community the landscape plan contemplates low height landscaping that will not block views from 15/17 Dock Street, the relocation plan contemplates loading the houses onto the site in a manner that permits the retention of existing boulevard trees, access off of the existing lane was designed with consideration given to providing safe access and visibility and dimensioning parking in a way that discourages parking in a manner that intrudes on the laneway and discussions have also been had with the City about creating additional residential parking on Dock Street adjacent to 222 Dallas Road.

Please note a heritage designation application for this home has been submitted to the City of Victoria and subject to approval would be issued when the 526 Michigan Street is relocated to 222 Dallas Road.

Enclosed you will find a comprehensive package of materials prepared by the team of professionals we have engaged to oversee the rehabilitation of this special heritage resource. We recognize the value this house has to the community and look forward to seeing it revitalized to a condition that we can all be proud of. If you have any questions regarding this application or would like a tour of the house please feel free to contact the undersigned at (250) 414-4172 or <u>karen.jawl@jawlproperties.com</u> or the architect John Keay at (250) 382-2823 or john@kcarchitecture.ca.

Sincerely,

South Block Development Corporation

Per: Karen Jawi

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James Bay Neighbourhood Association

234 Menzies St Victoria, B.C. V8V 2G7 <u>www.jbna.org</u>

June 11, 2015

Mayor & Council City of Victoria

Re: Relocation of 524-526 Michigan Street Heritage Houses to Dallas Road

On Wednesday, June 10th, JBNA held its General Meeting at which the new sidewalk along Montreal Street, the relocation of the Michigan Street Heritage Houses and the proposed development for 701 Belleville (CALUC meeting). This letter is in response to the Heritage House discussion/feedback. A separate letter will be sent for the 701 Belleville CALUC review once Meeting Minutes have been completed.

By way of background when the siting of the heritage houses was being contemplated, considerations included finding a location that would provide a "fit" for the houses, both contextually and size, is difficult within Sites that would house both buildings are difficult to find.

The site being proposed has three directly adjacent neighbours. One to the east in a small single home, and two others to the north (back) in a front/back duplex and there is a lane way separating the Dallas property form the duplex. The owner of western part of the duplex has sent notes but is not a full-time resident and the property is normally rented.

Significant consultation has occurred with the eastern-most owners of the duplex. Tim VanAlstine and I have met with them on more than one occasion and convened a meeting with them and the developers (Karen Jawl and architect). Adjustments have been made, and discussions continue.

Attached for your consideration is a string of e-mails that detail the remaining issues.

There were 86 people in attendance at the JBNA meeting. Regarding the Capital Park development, there were general questions about the staging of various steps of the work with regards to the creation of the foundation of Capital Park and the relocation of the heritage houses to Dallas Road. Separating out the topics, comments regarding the heritage houses include questions or comments from four residents at the meeting and two written submissions were read out at the meeting and responded to by Karen Jawl. During the presentation, the rationale for the siting, and the adjustments made to resident considerations were described including front-back siting and revised side-yard setbacks.

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Q/A:

Q: Dock St resident: Likes look of the proposal, knows the people who are neighbours and wants them to be "happy". What is being done regarding site-lines and views.

A: In addition to the placement of the east house further back on the site, the high plantings will be removed and lower planting placed on the site. The issue of a second parking pad is still being looked at.

Q: What is the timing of the moving of the houses.

A: The Houses are likely to be relocated in September with work being done thereafter.

Q: 230 Dallas resident: This lot has been a single house lot. Did you look at 2 different lots for the houses leaving only one of the houses here? Concerned that heights and look will have impact on nearby properties when/if they are developed.

A: The site is historically approved for 2 separate houses. While some variances are needed to accommodate two intact heritage houses, the site density, shadowing, and sightlines will be less impacted by the 2 heritage houses than by a multi-family development that would likely be built if the heritage houses were not placed there.

Question: Marg read, for the public record, two letters from area residents regarding siting of the 2 heritage houses at 224 Dallas. The immediate neighbor behind the site (Westmost duplex) disagrees with the plan as it will reduce his view. A resident of Pilot Street is concerned that the houses are too large for the proposed site and suggested alternate sites (Kingston/Pendray), including the possibility or relocation outside James Bay.

A: As had already been described, careful attention has been paid to minimizing impact on sightlines and view cone. The reduction in view for the westmost owner, from what would be permitted without variance, is 4%.

A: Relocation of the 2 heritage houses within James Bay was a condition of the original project approval. As was described, numerous sites within James Bay were considered - some were too small another very good site was sold – in the end a list was reviewed with the City and, while not perfect, 224 Dallas was determined to be the best site available. The suggested location of Pendray and Kingston would not be suitable as the lot depth of 60ft is less than the depth of one of the houses at 62ft.

Comment: Most heritage houses in James Bay exceed current zoning limits and would require variances if constructed today. Site not perfect, but thanks for your extraordinary effort to achieve a good result.

Q: When do you expect the variance hearing be held for the heritage houses?A: August

President, JBNA

Cc: Councilor Lucas Murray Miller, Brian Sikstrom, Jim Handy, Planning Christine Johnston, Resident *E-mail string of June 11, 2015 re Michigan Heritage House relocation to Dallas:*

From: Karen Jawl <

Date: June 11, 2015 3:56:35 PM PDT

To: Christine Johnston

Cc: "Goff, Allan" XXXXXXX "Marg Gardiner, JBNA" <marg.jbna@shaw.ca>, Timothy VanAlstine Subject: RE: Updated Site Plans

>

Thanks for your email Christine.

Yes there have been a number of versions of the site plan as the various iterations progressed to respond to neighborhood feedback, the most recent of which was the May 11th one that was drawn up after the meeting at your home. In this version the eastern house was shifted back 1.24m to respond to the request that front windows of this house be no closer to Dallas Road than the front windows of the other house which I believe is what was illustrated on Marg's sketch from that meeting. The front windows of the Eastern house are 6.95 meters off the street compared to the 6.49 meters back to the front windows of the western house, so I believe we have achieved what was requested.

The City has not indicated the number of additional residential stalls that will be added on Dock Street as this idea just came up this week but it is likely they will be able to add 2. They have been very cooperative and willing to accommodate our request on Dock Street. As I see it there are two priorities, one is protecting the safety and enjoyment of the lane and the other is ensuring there is adequate parking to serve the homes so as not to have people parking illegally on the lane or placing a level of demand on the surrounding parking that is upsetting to other neighbours. As mentioned we will delete the parking pad for the western house given that there will be adjacent street parking, but would like to have the option of retaining the parking pad for the eastern home but I will commit to landscaping this area should the buyer of this home prefer a larger yard to parking. I suspect the likely buyer for these homes will be a families with children who will share the priority of keeping the lane a safe and enjoyable area for everyone.

Karen Jawl

From: Christine Johnston

Sent: June 11, 2015 2:57 PM

To: Karen Jawl

Cc: Goff, Allan; Marg Gardiner, JBNA; Timothy VanAlstine

Hi Karen,

Thank you for getting back to me so quickly. There seem to be various versions of the map. The first one you sent on April 20, then a revised one in May 11, and then the modified one sketched in that Marg Gardner suggested, of having the two front windows parallel with the eastern house but further back. The complication is that the Dallas Rd is NOT at right angles to Dock and the 224 Dallas properties; so the May 11 version makes only the western corner of the windows parallel but the eastern house front window still quite a bit south of what we had drawn in, which is not so good for our view.

The parking does concern me as this lane is actually more a WALKWAY used by most of the tenants of the big appartment block on Dock.

Cyclers also use it avoid busy Dallas. Children use it as a safe place it for playing when a hard surface needed. Most of the houses in the neighbourhood (except the one originally planned as a B and B) have very few cars on this lane. Several houses use it for their MAIN FRONT DOOR. Nearly all use Dock or Pilot for visitors. If anyone parks in the lane way proper we have the right to call police to remove it altho we are often tolerant if we know them well. Our visitors are expected to walk the few feet to Dock St. We occasionally use our grass for a visitor who does not want to walk to the street but that is rare.

The Dallas cross walk is some distance from any proposed Dock street parking if that parking (reserved for two residential spaces all day) starts half way up the edge of the property. There should be no problem at all and many of the crosswalks around town have only about 20 feet empty near them. So that reasoning does not seem logical.

I think the city has not looked carefully at all this so we shall speak to them if you fail to convince them. Let us know.

Sincerely, Christine and Mel Johnston

----- Original Message ----- **From:** <u>Karen Jawl</u> **To:** <u>Christine Johnston</u> **Sent:** Thursday, June 11, 2015 9:20 AM

Hi Christine,

Thanks for coming to the JBNA meeting last night. Further to your question the plans presented last night and submitted to the City reflect the changes we outlined below and in the attached that we sent after meeting with you at your home. The set back from Dallas Road of 226 Dallas is 6.95m which reflects the 1.24m increase from the previous version.

I did talk to the City about adding additional street parking so we could eliminate the parking pads. They will not add any street parking on Dallas due to the proximity to the cross walk but have agreed to add residential parking on Dock Street so we will be able to eliminate the parking pad on the western house. I will talk to our team about the parking pad on the eastern property. We don't want to create a situation where there is insufficient parking and owners end up parking in front of Linda's house or in areas where others are used to parking. If we are able to pre-sell the house and the owners just have one car it would be easy for us to just landscape this area instead. I understand it is concern of yours and we will keep it in mind to see how we can improve it.

Karen Jawl

From: Karen Jawl
Sent: Wednesday, May 13, 2015 9:42 AM
To: Christine Johnston; Allan Goff; Rutherfords K and L;
Cc: Timothy VanAlstine; Marg Gardener (marg.jbna@shaw.ca)

Hi All,

Thanks for the feedback and comments in the last few weeks. In response to your suggestions the following changes have been made in the attached drawings:

1. The most eastern house (next to Linda's property) has been moved west by .14 meters to provide a slightly bigger gap between Linda's and this house.

2. The most eastern house (next to Linda's property) has been shifted back 1.24 meters to better preserve Christine and Mel's view from their living area.

3. Both garages have shifted to the east and closer back to the lane to prevent someone from parking behind the garage and potentially having the back of their parked car sticking out onto the lane. The shift to the east was determined to not impact views.

4. The western house was already optimally located to minimize the SW view impact. The attached View Cone illustrates the following:

a. The black outline shows the current condition on site with Bruce's house. The black line shows the current view cone.

b.The yellow outline shows what could be built on the site fully compliant with the zoning. The yellow line shows what the view cone would be under this scenario. This represents an 8% reduction in the view cone from the current condition.

c. The blue outlines shows what it would be with the heritage houses on the site. The blue line shows what the view cone would be under this scenario. This represents a 12% reduction in the SW view cone from the current condition, or a 4% reduction in the view cone from what is permitted in the zoning.

5. We have engaged a landscape architect and I have given him the following direction:

a. Maintain a fence between Linda's house and the heritage house.

b. Remove the bigger bushes that are in the sight lines from 15/17 Dock Street.

c. New landscaping should be kept under the sight lines from 15/17 Dock Street.

Our next step will be further developing the interior plan and site plan, so the plans will continue to evolve but the siting of the houses is now firming up.

We are aiming to submit our package to the City around June 1 and are also scheduled at the JBNA meeting on June 10th. If you would like paper copies of the attached I can mail them to you. I will also keep you updated as our plans progress.

Karen Jawl Jawl Properties Ltd. 3350 Douglas St. - Suite 100 Victoria, BC, V8Z 3L1 Tel: (250) 414-4172 www.jawlproperties.com

Received City of Victoria

Planning &

Patricia S Wilson

12 Pilot St.

Victoria, BC, V8V 2A4

6 June 2015

с.,

Michigan houses relocation to 224 Dallas Road

It is come to my attention that 2 of the Michigan Street houses will be relocated to 224 Dallas Road.

I have been the James Bay resident since 2008. It is a delight to live in this neighborhood. I enjoy the eclectic architecture on my many walks through the neighborhood. I appreciate the work that has been done to maintain the community heritage. I applaud their ongoing efforts.

Equally, I am delighted to see new developments as is proposed for *Capital Park*. I am grateful to live in this community and for the Concert/Jawl development project.

I am happy to see relocation of the remaining 2 Michigan Ave. houses.

I was hoping that they would find a pleasing location in an area of significant Victorian, such as the empty lot on the Kingston/Pendray street corner.

The harbor area is more protected from the elements and would help maintain the wooden structure. The wind/driving rain elements along the Dallas Road/Juan de Fuca sure are not conducive to tall wooden structures, particularly those of the 1800s. They do much better in the protected harbor area.

For the safety of the structures, and more importantly its occupants; it would be best that they not be placed closely together because of the increased fire risk particularly in such tall structures. I know this may compromise its location at 224 Dallas Rd. because of the lot size restriction. However, there may be other historical neighborhoods in Victoria (Humbolt Valley) that could welcome these homes more safely -for personal and architectural security.

I also understand from a business point of view the developers interest in the view Dallas property.

It will be an expensive venture to move the Michigan Street structures. View lots tend to bring a higher real estate selling price.

However, from a real estate point of view - views will be limited with small window size needed for historical integrity. This may limit sale income potential.

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The forces that will relocate the Michigan Street houses to Dallas Road may already be in place

if that is the case,

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Please keep the Michigan houses in line with the other structures on Dallas Road

It would be sad to have the houses pushed forward (southward closer to the Dallas roadway) especially with the added height.

Please do not add any further structures such as a garage to impede visual integrity particularly in a historical house. Parking pad or protected Dock Street parking would be safest for the laneway.

I look forward to ongoing thoughtful, well integrated changes in the James Bay community to ensure its continued vibrancy.

Yours sincerely, p. Mim

Patricia S Wilsón

- 1. JAMES BAY NEIGHBOURHOOD ASSOCIATION 10 JUNE 2015 MEETING / jbna@vcn.bc.ca
- 2. JAWL PROPERTIES LTD #100 3350 Douglas Street, Victoria, BC, V8Z 3L1

3.) HERITAGE ADVISORY PANEL, City of Victoria

From: Sent: To: Cc: Subject: Lauren Martin Thursday, August 06, 2015 3:45 PM 'Dave Jarvis' Murray Miller RE: 222/226 Dallas Rd

Hello Dave:

A Public Hearing is not yet set for the applications for 222 and 226 Dallas Road. When a date is set, signage indicating the date will be posted on the property and a notice will also appear in the Times Colonist.

Lauren

Lauren Martin

Secretary, Heritage and Board of Variance Sustainable Planning and Community Development City of Victoria 1 Centennial Square, Victoria BC V8W 1P6

T 250,361.0382 F 250.361.0386

-----Original Message-----From: Dave Jarvis Sent: Thursday, August 06, 2015 3:23 PM To: Lauren Martin Subject: 222/226 Dallas Rd

Hi Lauren,

I live at 33 Dock St. and am a bit concerned about the heritage properties blocking the waterfront view.

Do you know when the date is for the Council Chamber hearing at Victoria City Hall?

Thank you, Dave Jarvis

Received City of Victoria			
AUG 0 6 2015			
Planning & Development Department Development Services Division			

From:	Murray Miller
Sent:	Thursday, July 09, 2015 12:11 PM
То:	
Subject:	222-226 Dallas Rd, Victoria (Heritage Alteration Permit with variance)

Dear Ms. Surridge,

Thank you for your voice message and for leaving an email address for reply.

I understand that you own property located at 25 Dock Street and that you have been informed about a development that is proposed for the property located at 222-226 Dallas Rd. In relation to notification, the City is required to notify owners and occupiers of <u>adjacent</u> properties of Public Hearings involving Heritage Alteration Permits that have a variance.

At the time of writing, no Public Hearing has been set for this application.

I trust that the above information is helpful.

Regards,

Murray

Murray G. Miller, MRAIC, CAHP, MCITP, MRTPI, IHBC, MCIP, RPP Senior Heritage Planner Sustainable Planning and Community Development City of Victoria 1 Centennial Square, Victoria BC V8W 1P6

T 250.361.0533 F 250.361.0557



The second se	Received City of Victoria			
	JUL 0 9 2015			
	Manning & Development Department Development Services Division			

From: Sent: To: Cc: Subject: Darla Abercrombie Friday, Jul 17, 2015 1:46 PM Murray Miller Lauren Martin 224 & 226 Dallas Road

Attention Mayor and Council:

My family and I live in the second building behind the proposed development. We have a unique roof-top deck that overlooks the property towards the ocean and Olympic mountain range.

The view from our top deck is the defining feature of our home, and is the reason why my husband chose this property. We felt assured that the city height restrictions would protect our panoramic view and the value of our home in the years to come.

By allowing the height variance, our view will be boxed in and significantly blocked from the ocean side.

Our concerns are not noted in the JBNEA meeting minutes, because we were not notified of the proposal or meeting in advance. I only found out, too late, from a neighbour when it sounded like the decision had already been made because they said that after consultation with the City, the developer had already purchased the property.

I contacted the developer and learned they are able to adjust placement but not existing heights. We took time to consider the impact on our view, because we like the developer and we like to support heritage houses.

However, sitting on our top deck, the impact is much bigger than pictures can outline. There is a sense of spaciousness and expanse towards Dallas Road and beyond that is precious to us. With the proposed height variance, we will be looking into the back of two houses.

Please do not move these two over-height houses to this ocean-front lot. They can be better preserved away from the damp, and have less impact where their height does not block our valuable view.

Thank you for your time,

Darla Abercrombie 29 Dock Street Victoria, BC

Received City of Victoria JUL 17 2015 Manning & Development Department **Development Services Division**

From: Sent: To: Cc: Subject: Murray Miller Monday, August 10, 2015 8:45 AM Marie Surridge Lauren Martin RE: Proposed changes on Dallas Road

Dear Ms. Surridge,

Thank you for your follow up enquiry.

The application that you have referred to is still undergoing amendments. The type of application that is being prepared requires notification to owners of adjacent properties (in terms of Land Use, this means abutting/adjoining/sharing a property boundary with the subject property) and includes those properties that are immediately across the street from the subject property.

I trust that this clarifies the City's practice in meeting this type of notification requirement.

Regards,

Murray

-----Original Message-----From: Marie Surridge Sent: Friday, August 07, 2015 11:54 AM To: Murray Miller Subject: Proposed changes on Dallas Road

Dear Mr Miller,

I contacted you several weeks ago to ask if you would provide me with information about proposed changes at 224 Dallas Road. My property at 25 Dock Street is adjacent, in the sense of the word as defined by the Oxford English Dictionary, to the subject property of these changes. I consider that I should have been notified of them from the time at which they were proposed. I am now again writing to ask for full information on this subject, and should appreciate your giving that information to as soon as you return to the office.

I wish to assess the effect the changes would have on my property. Obviously, I cannot do that without knowing what is being planned.

Yours sincerely, Marie Surridge

Sent from my iPhone

	Received City of Victoria	Contraction of the local division of the loc
•	AUG 1 0 2015	
	Planning & Development Department Development Services Division	

From: Sent: To: Subject: Murray Miller Wednesday, Jul 22, 2015 8:14 AM Lauren Martin FW: Dear Mr. Miller

For follow up once the PH date has been confirmed.

From: Catherine . Sent: Tuesday, Jul 14, 2015 5:47 PM To: Murray Miller Subject: Dear Mr. Miller

Attention:Mayor and Council

My name is Catherine Clark of 55 Dock Street. I understand two three storey heritage home are going to be placed on Dock and Dallas. I have been told by a neighbour that there will be a varience in height restrictions and set-backs.

Is there a public meeting scheduled for this undertaking? If so, when and where?

I will attend as I will lose some view and therefore property value.

Thank you, Catherine Clark

Received City of Victoria	
JUL 2 2 2015	
Planning & Development Department Development Services Division	

Christine Havelka

Subject:

FW: 222 Dallas Hearing

From: Mike Rodgers Sent: Thursday, November 12, 2015 1:02 AM To: Pam Madoff (Councillor); Jeremy Loveday (Councillor); Ben Isitt (Councillor) Cc: Subject: 222 Dallas Hearing

This is a copy of an email I sent earlier regarding the hearing tonight, which I hope you will be able to read beforehand if the City email is not received. This is being sent to you as I feel you may listen more!

Thanks.

Mike Rodgers

Public Hearing November 12 re 222 Dallas Rd

Unfortunately I am out of town for this hearing.

Overall I am in favour of this relocation but this is subject to my concerns being addressed below. These concerns are as follows:

1) Given the increased size of the house footprints, I am concerned about loss of parking - how is this being addressed

2) Given the comment above about the parking, I have concerns about the use of the houses for either commercial use (B&B etc) or split into multiple units, and therefore not retaining the original character of the houses (plus the effect this would have on parking).

3) I expect the overall height of the building to be the same or lower than the current structures, and no basements are added to increase the height, again keeping the original character - a strong argument put forward for movement of these structures to Dallas.

Given what has been accepted by the local residents, I would expect restrictions to be put in place on the housing (eg: no future conversions to multiple units) usage as a trade off for these variances to be accepted.

One quick question, why is the variance hearing being done so late in the process of this overall project, surely this should have been done when the overall plan for the Superior block was being done - is this not what the architects and planners are paid for. Being done so late in the process, it seems like a rubber stamping exercise.

Regards

Mike Rodgers 41 Dock Street

Christine Havelka

Subject:

FW: Public Hearing Nov 12/16 re 222 Dallas Rd

From: Patricia McGuire
Sent: Wednesday, November 11, 2015 5:03 PM
To: Patricia McGuire
Cc: Lisa Helps (Mayor); Chris Coleman (Councillor); Ben Isitt (Councillor); Jeremy Loveday (Councillor); Margaret Lucas (Councillor); Pam Madoff (Councillor); Charlayne Thornton-Joe (Councillor); Geoff Young (Councillor); Marianne Alto (Councillor)
Subject: Public Hearing Nov 12/16 re 222 Dallas Rd

Dear Mayor and Councillors:

Because I'm unable to attend the public hearing re 222 Dallas, I write re the relocation of two heritage houses due to the Victoria Accord redevelopment.

I am concerned about the PARKING. I understand there will be only **one** onsite parking spot allocated for each of the houses, with access via the laneway off Dock.

There is only Residential parking on the East side of Dock St, where the laneway exits. People regularly ignore or don't even notice this designation and park at will.

There are only houses on the East side of the street, and while most residences have onsite parking, naturally their visitors use the Residential parking spaces. The same will be true for the residents of the heritage houses.

An apartment occupies the West side of the street, with the White Eagle Hall at the north end. The West side of Dock is usually filled with cars all day, mostly belonging to the apartment dwellers. A number of government workers park at the north end, too.

Now that the Breakwater has become much busier, demand for parking has increased on the East side, all the way to the end of the block where I live.

Often, when events occur at the White Eagle Hall, despite its onsite parking lot, the Residential parking side is impacted.

Will suites be permitted in the full basements of these heritage homes? What is there to stop the owner/s from suiting their basements and renting? The result will more pressure for Residential parking on Dock.

What is there to stop the owner/s from running a B&B? The same pressure on Residential parking will be the result.

I don't have onsite parking, and am often impacted by all of the above scenarios.

What I'm looking for is Council to limit the Residential parking pressures on Dock Street, which the relocation of the heritage houses will contribute to. So I ask that you consider and comment on this concern at the Public Hearing.

Thank you.

Pat McGuire 71 Dock Street

.

Christine Havelka

From:
Subject:

Public Hearings FW: Public Hearing Nov 12/16 re 222 Dallas Rd

From: Terry Rodgers Date: November 11, 2015 at 10:03:14 PM PST To: Patricia McGuire Cc: <<u>mayor@victoria.ca</u>>, "Chris Coleman (Councillor)" <<u>ccoleman@victoria.ca</u>>, "Ben Isitt (Councillor)" <<u>bisitt@victoria.ca</u>>, <<u>jloveday@victoria.ca</u>>, <<u>mlucas@victoria.ca</u>>, "Pam Madoff ((Councillor))" <<u>pmadoff@victoria.ca</u>>, "Charlayne Thornton-Joe (Councillor)" <<u>cthornton-joe@victoria.ca</u>>, <<u>gyoung@victoria.ca</u>>, <<u>malto@victoria.ca</u>> Subject: Re: Public Hearing Nov 12/16 re 222 Dallas Rd

Dear Mayor and Councillors,

Please accept this letter as my agreement to what Pat McGuire has outlined regarding our concerns about the placement of the two heritage houses at 222 Dallas Road. We are concerned that the lot appears to be too small to accommodate both houses plus parking. I understand that a few days ago the lot was being measured by officials to determine if the heritage house would fit and to check set-backs, etc.

As I also am unable to attend the meeting tomorrow I would like some clarification on parking issues, and if there is a possibility of other uses for the property other than as a prime residence, a B&B, etc.

As Ms. McGuire mentioned, this area is becoming much busier with visits to the Breakwater and to attend other activities at Ogden Point and the parking spaces on Dock Street are often full, especially in the summer months with the cruise traffic.

Thank you for taking these matters into consideration at the Public meeting November 12.

Best regards, Terry Rodgers 41 Dock Street

On Nov 11, 2015, at 5:03 PM, Patricia McGuire

wrote:

Dear Mayor and Councillors:

Because I'm unable to attend the public hearing re 222 Dallas, I write re the relocation of two heritage houses due to the Victoria Accord redevelopment.

I am concerned about the PARKING. I understand there will be only **one** onsite parking spot allocated for each of the houses, with access via the laneway off Dock.

There is only Residential parking on the East side of Dock St, where the laneway exits. People regularly ignore or don't even notice this designation and park at will.

There are only houses on the East side of the street, and while most residences have onsite parking, naturally their visitors use the Residential parking spaces. The same will be true for the residents of the heritage houses.

An apartment occupies the West side of the street, with the White Eagle Hall at the north end. The West side of Dock is usually filled with cars all day, mostly belonging to the apartment dwellers. A number of government workers park at the north end, too.

Now that the Breakwater has become much busier, demand for parking has increased on the East side, all the way to the end of the block where I live.

Often, when events occur at the White Eagle Hall, despite its onsite parking lot, the Residential parking side is impacted.

Will suites be permitted in the full basements of these heritage homes? What is there to stop the owner/s from suiting their basements and renting? The result will more pressure for Residential parking on Dock.

What is there to stop the owner/s from running a B&B? The same pressure on Residential parking will be the result.

I don't have onsite parking, and am often impacted by all of the above scenarios.

What I'm looking for is Council to limit the Residential parking pressures on Dock Street, which the relocation of the heritage houses will contribute to. So I ask that you consider and comment on this concern at the Public Hearing.

Thank you. Pat McGuire 71 Dock Street City of Victoria

1Centennial Square

Victoria BC V8W 1P6

Dear Public Hearing .:

We are currently out of the area and unable to attend the public Hearing.

We are requesting that our letter be made public during this meeting and considered seriously during this process.

:We own the property at 15 Dock Street.

We believe that our property will be impacted the most by this proposed project.

We purchased this property in 2005 primarly for the wonderful view that has and does exist from our home towards the Sea Wall and Ogden Point

The proposed project will substantially impact our view cone (both vertical and horizontal) to the south west due to the proposed location of the house and garage adjacent to Dock Street. The proposed view cone will further impactThe existing view beyond what is permitted under current zoning. Why would this negative impact on

Our property and it's value be considered or approved. We have been advised by City officials that our Property tax is higher due to it's location and current sightline.

Therefore, based on the above facts, We are requesting that this project be denied as planned or modified in a reasonable manner so not to impact our property in a negative way.

Thank you.

Allan J. Goff cc.Legal S.

Patricia E. Goff

Nov. 11 2015

Christine Havelka

From: Sent:	Carol McLurg Carol McLurg > Tuesday, November 10, 2015 11:35 PM	Í
To: Subject:	Public Hearings Application #00206 222 Dallas Road	
,		

Dear sir or Madam

I have a concern regarding the property at 222 Dallas Rd I live across the street at the Seaview Apartments 200 Dallas Rd facing Dock Street I enjoy my view of the ocean from my living room, also my bedroom. I can see the ocean from my living room over top of the houses on Dallas Rd through the trees. When I get up in the morning and open my bedroom curtains I can see the ocean and what a nice start to my day.

If you proceed and build a house 10 meters high, we on the fourth floor of the Seaview Apartments will lose our view. I can't imagine a house filling the whole lot, close to Dallas Rd, close to Dock Street and close to the alley and two and a half stories tall. It will fill the whole corner and look out of place with the surrounding homes on Dallas Road and Dock Street. We on the third and fourth floors facing Dock Street will all lose our beautiful ocean view over the roof tops and through the trees.

Yes, we can go out on our balcony and look straight south and see the ocean but it will never be the same if this Application goes through.

Sent from my iPad

Christine Havelka

Subject:

FW: Public Hearing Nov 12 on 222 & 226 Dallas Rd

Importance: High

From: Darla Abercrombie [mailto:]
Sent: Thursday, Nov 12, 2015 11:35 AM
To: Darla Abercrombie
Cc: Lisa Helps (Mayor); Chris Coleman (Councillor); Ben Isitt (Councillor); Jeremy Loveday (Councillor); Margaret Lucas (Councillor); Pam Madoff (Councillor); Charlayne Thornton-Joe (Councillor); Geoff Young (Councillor); Marianne Alto (Councillor)
Subject: Public Hearing Nov 12 on 222 & 226 Dallas Rd
Importance: High

Dear Mayor and Councillors,

Apologies for the late notice, but I may not be able to make the public hearing tonight, and would like to provide brief comments below:

1. Height variance. Further to my earlier submission to the P&LUC, here is a photo to help show the negative impact on the view from our top deck. I request that the City relax the heritage requirement to have the exact same height as at their original location. The developer has been directed to keep the same historical relationship to grade, but that requirement is hurting our view and the value of our home.



Notes: We took the photo in June and the developer asked the architect to insert the houses for us. I cropped it to show our natural eye view. I understand the positioning has changed since then but the heights remain the same. Also, this photo is like a mirror where the houses loom larger in real life, and especially in winter and early spring when we will no longer be able to see over the breakwater and part of Ogden Point.

2. Parking. Dallas and Dock street parking have become crowded, so each house may need more than one parking spot each.

Thank you,

Darla Abercrombie 29 Dock Street (2nd house behind 222 & 226 Dallas)

MOTIONS

 <u>To Set Public Hearings for the Council Meeting of Thursday, November 12, 2015 for:</u> It was moved by Councillor Coleman, seconded by Councillor Alto, that the following Hearings be held in Council Chambers, City Hall, on THURSDAY, NOVEMBER 12, 2015, at 7 p.m.:
 Heritage Alteration Permit No. 00205 with Variances for 226 Dallas Road

REPORTS OF THE COMMITTEES

2. Planning and Land Use Committee – October 1, 2015

Councillor Young withdrew from Council Chambers at 8:54 p.m. due to due to a non-pecuniary conflict of interest as a member of his family owns a property within the notification area.

- 4. <u>Heritage Alteration Permit with Variances Application No. 00205 for 226 Dallas Road</u> It was moved by Councillor Coleman, seconded by Councillor Alto,
 - A. That Council advance Heritage Alteration Permit Application No. 00205 with Variances for 226 Dallas Road, for consideration at a Public Hearing."
 - B. Following consideration at the Public Hearing of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road, that Council consider the following motion:
 "That Council authorize the issuance of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:
 - 1. Revised plans date stamped August 18, 2015.
 - 2. The provision of:
 - a. Plan, elevation and section details for the front porch;
 - b. A post-relocation condition assessment of the existing wood siding/shingles;
 - c. Woodwork, roof, exterior doors and windows;
 - d. Rehabilitation details confirming the scope of work arising from the condition of the historic fabric; and
 - e. An exterior door and window rehabilitation schedule.
 - 3. Development meeting all Zoning Regulation Bylaw requirements, except for the following variances:
 - a. Section 1.2.4.a Height relaxed from 7.6m to 8.8m;
 - b. Section 1.2.5.a Front setback relaxed from 7.5m to 6.15m for main building, from 5.0m to 4.83m for stairs;
 - c. Section 1.2.5.c Side yard setback (east) relaxed from 3.0m to 1.20m and side yard setback (west) relaxed from 1.5m to 1.04m; and
 - d. Section 1,2.5.d Combined side yard setbacks relaxed from 4.5m to 2.24m.
 - 4. The Heritage Alteration Permit lapsing two years from the date of this resolution.
 - 5. Final plans to be generally in accordance with the plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

Carried Unanimously

4.3 Heritage Alteration Permit with Variances Application Nos. 00205 and 00206 for 226 Dallas Road and 222 Dallas Road

Committee received a report regarding an application for 226 and 222 Dallas Road. The application is to relocate and rehabilitate two houses currently located at 524 and 526 Michigan Street to 226 and 222 Dallas Road.

Committee discussed:

- If it there was consideration to forward the application to the Heritage Advisory Panel.
 - Council has delegated authority to staff to approve this type of application.
- <u>Action</u>: It was moved by Councillor Madoff, seconded by Councillor Coleman, that Committee recommends:
 - A. That Council advance Heritage Alteration Permit Application No. 00205 with Variances for 226 Dallas Road, for consideration at a Public Hearing.
 - B. Following consideration of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road:

"That Council authorize the issuance of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

- 1. Revised plans date stamped August 18, 2015.
- 2. The provision of:
 - a. Plan, elevation and section details for the front porch;
 - b. A post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows;
 - c. Rehabilitation details confirming the scope of work arising from the condition of the historic fabric; and
 - d. An exterior door and window rehabilitation schedule.
- 3. Development meeting all *Zoning Regulation Bylaw* requirements, except for the following variances:
 - a. Section 1.2.4.a Height relaxed from 7.6m to 8.8m;
 - b. Section 1.2.5.a Front setback relaxed from 7.5m to 6.15m for main building, from 5.0m to 4.83m for stairs;
 - c. Section 1.2.5.c Side yard setback (east) relaxed from 3.0m to 1.20m and side yard setback (west) relaxed from 1.5m to 1.04m; and
 - d. Section 1,2.5.d Combined side yard setbacks relaxed from 4.5m to 2.24m.
- 1. The Heritage Alteration Permit lapsing two years from the date of this resolution.
- 2. Final plans to be generally in accordance with the plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

CARRIED UNANIMOUSLY 15/PLUC214



Planning and Land Use Committee Report For the Meeting of October 1, 2015

То:	Planning and Land Use Committee	Date:	September 17, 2015
From:	Jonathan Tinney, Director, Sustainable Planning and Community Development		
Subject:	Heritage Alteration Permit Applications with Variances Nos. 00205 and 00206 for 226 Dallas Road and 222 Dallas Road		

RECOMMENDATION

That Committee forward this report to Council and that Council consider the following motions:

226 Dallas Road

"That Council advance Heritage Alteration Permit Application No. 00205 with Variances for 226 Dallas Road, for consideration at a Public Hearing."

Following consideration of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road:

"That Council authorize the issuance of Heritage Alteration Permit Application No. 00205 for 226 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

- 1. Revised Plans date stamped August 18, 2015.
- 2. The provision of:
 - plan, elevation and section details for the front porch
 - a post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows
 - rehabilitation details confirming the scope of work arising from the condition of the historic fabric
 - an exterior door and window rehabilitation schedule.
- 3. Development meeting all *Zoning Regulation Bylaw* requirements, except for the following variances:
 - i. Section 1.2.4.a Height relaxed from 7.6m to 8.8m
 - ii. Section 1.2.5.a Front setback relaxed from 7.5m to 6.15m for main building, from 5.0m to 4.83m for stairs

- iii. Section 1.2.5.c Side yard setback (east) relaxed from 3.0m to 1.20m and side yard setback (west) relaxed from 1.5m to 1.04m
- iv. Section 1.2.5.d Combined side yard setbacks relaxed from 4.5m to 2.24m.
- 4. The Heritage Alteration Permit lapsing two years from the date of this resolution.
- 5. Final plans to be generally in accordance with the plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

222 Dallas Road

"That Council advance Heritage Alteration Permit Application No. 00206 with Variances for 222 Dallas Road, for consideration at a Public Hearing."

Following consideration of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road:

"That Council authorize the issuance of Heritage Alteration Permit Application No. 00206 for 222 Dallas Road, subject to the completion of the following prior to the issuance of a Building Permit and in accordance with:

- 1. Revised Plans date stamped August 18, 2015.
- 2. The provision of:
 - plan, elevation and section details for the front porch
 - a post-relocation condition assessment of the existing wood siding/shingles, woodwork, roof, exterior doors and windows
 - rehabilitation details confirming the scope of work arising from the condition of the historic fabric
 - an exterior door and window rehabilitation schedule.
- 3. Development meeting all *Zoning Regulation Bylaw* requirements, except for the following variances:
 - i. Section 1.2.4.a Height relaxed from 7.6m to 9.9m and number of storeys from 2 to 2.5
 - ii. Section 1.2.5.a Front setback relaxed from 7.5m to 6.45m for main building, from 5.9m to 4.94m for porch, from 5.0m to 3.91m for stairs
 - iii. Section 1.2.5.c Side yard setback (east) relaxed from 1.5m to 1.36m
 - iv. Section 1.2.5.d Combined side yard setbacks relaxed from 4.5m to 2.68m
 - v. Section 1.2.5.e Flanking street (Dock) setback relaxed from 3.5m to 1.32m.
- 4. The Heritage Alteration Permit lapsing two years from the date of this resolution.
- 5. Final plans to be generally in accordance with plans identified above as amended to the satisfaction of the Director of Sustainable Planning and Community Development."

LEGISLATIVE AUTHORITY

In accordance with Sections 972 and 973 of the *Local Government Act*, Council may issue a Heritage Alteration Permit which may be subject to terms consistent with the purpose of the heritage protection of the property, including: (i) conditions respecting the sequencing and timing of construction, (ii) conditions respecting the character of the alteration or action to be authorized, including landscaping and the siting, form, exterior design and finish of buildings and structures and (iii) security. Council may refuse to issue a Heritage Alteration Permit for an action that, in the opinion of Council, would not be consistent with the purpose of the heritage protection of the property.

EXECUTIVE SUMMARY

The purpose of this report is to present Council with information, analysis and recommendations for two heritage alteration permit applications for the heritage-registered houses (presently located at 524 and 526 Michigan Street) to be relocated to 226 and 222 Dallas Road, respectively. The two houses are being relocated to facilitate the development of Capital Park. The proposal is to rehabilitate the houses after they have been relocated and designated at the receiver sites.

The following points were considered in assessing this application:

- consistency with OCP
- consistency with the James Bay Neighbourhood Plan
- consideration of impacts of variances to the Zoning Regulation Bylaw
- consistency with the Standards and Guidelines for the Conservation of Historic Places in Canada.

Staff recommend that Council advance Heritage Alteration Permit Application Nos. 00205 and 00206 with Variances for 226 Dallas Road and 222 Dallas Road, respectively, for consideration at a Public Hearing.

BACKGROUND

The Province and the City were parties to the *Victoria Accord - Legislative Precinct Master Development Agreement*, made June 6, 1994, respecting the subdivision and development of the lands within the Legislative Precinct. In relation to the five heritage-registered homes currently situated on the South Block, the extent of restoration of the heritage houses and a relocation plan were to be described in future development proposals.

On June 11, 2014, Council authorized the issuance of Heritage Alteration Permits Nos. 00188 and 00189 for 524 and 526 Michigan Street, regarding the relocation of the Prout House and the Beaven/Macabe Residence within James Bay, subject to conditions that included providing the City with a relocation plan and a letter irrevocably agreeing to the designation of the houses. The condition regarding heritage designation was satisfied by the applicant in August 2014.

On September 11, 2014, Council instructed staff to prepare the heritage designation bylaw that would designate the Prout House and Beaven/Macabe Residence upon receipt of owner's consent to the designations. Once the houses have been relocated to their new lots, the heritage designation bylaw that Council gave first and second reading will be advanced to a public hearing pursuant to Section 968 of the *Local Government Act*, and Council may then consider adopting the bylaw.

These applications address the second condition regarding the provision of a relocation plan and as a result, deal with the planning issues associated with relocating the two houses to specific lots within James Bay.

Description of Proposal

These applications propose to remove the existing 1950s house that straddles the two existing lots located at 222 and 226 Dallas Road and to relocate the heritage-registered Prout House and Beaven/Macabe Residence presently located at 524 and 526 Michigan Street, part of the South Block.

The proposal to rehabilitate the houses presently located at 524 and 526 Michigan Street will involve the construction of new concrete footings on the receiver site; construction of new storm windows that are compatible with the character of the place; undertaking of alterations to rear and side window/door openings in order to accommodate the new use; rehabilitation of the existing guardrails; construction of a new steel rear balcony to comply with the Building Code; and undertaking of repairs to the exterior wood siding/shingles.

The scope of the proposed work outlined in Heritage Alteration Permit Nos. 00205 and 00206 is more particularly described in the revised plans prepared by Keay Cecco Architecture Ltd., dated August 18, 2015, and in the applicant's letter, dated August 17, 2015.

Public Realm Improvements

No public realm improvements are proposed in association with these heritage alteration permit applications.

Community Consultation

Consistent with the *Community Association Land Use Committee (CALUC) Procedures for Processing Rezoning and Variances Applications*, the applications were sent to the James Bay Neighbourhood Association on August 25, 2015. Should staff receive comments from the James Bay CALUC, these will be forwarded to Council for consideration.

ANALYSIS

The following sections provide a summary of the applications' consistency with the relevant City policies and guidelines.

Official Community Plan

The proposed development outlined in the applications is consistent with the OCP because it contributes to the goal of protecting and celebrating Victoria's cultural and natural heritage resources. In addition, a key strategic direction of James Bay would be met by the proposed development where it enables the adaptation and renewal of existing building stock.

James Bay Neighbourhood Plan

The proposed development is consistent with the goals and objectives of the *James Bay Neighbourhood Plan* in relation to Housing, where it encourages the retention of significant buildings in the neighbourhood and in relation to Heritage Preservation, where it encourages the conservation and rehabilitation of buildings, lands and structures of heritage significance, which

contribute to the neighbourhood's attractive character and where the moving of heritage buildings is considered as a last resort to prevent their demolition.

Zoning Regulation Bylaw

The relocation of the heritage-registered Prout House and Beaven/Macabe Residence (presently located at 524 and 526 Michigan Street) triggers siting variances (height, front and side yard setbacks) as a result of the dimensions of the existing houses. The placement of the houses is generally compatible with the Dallas Road lot configuration, which are narrow in width and deep in length. The heights of nearby structures range from one to two storeys along Dallas Road and up to three-and-one-half storeys in relation to the apartment block across Dock Street to the north. Staff consider that the variances of heights and setbacks will have a minor impact on the overall character of the area and therefore recommend that Council consider the variances to the *Zoning Regulation Bylaw* to accommodate the proposed development.

Standards and Guidelines for the Conservation of Historic Places in Canada

(As applicable to both buildings)

Exterior Walls

The proposal includes the alteration of openings on the north elevation; alterations to existing openings on the east elevation for code compliance; and the rehabilitation of the exterior wood shingles, siding and windows. The proposed interventions will conserve character-defining elements of the building's exterior and are therefore consistent with the Standards and Guidelines where it recommends modifying exterior walls to accommodate an expanded program, a new use, or applicable codes and regulations, in a manner that respects the building's heritage value.

Doors and Windows

The rehabilitation of existing wood windows and the construction of new storm windows that are compatible with the character of the place will significantly improve the thermal performance of the exterior envelope and is consistent with the Standards and Guidelines where it recommends designing and installing new windows, doors or storefronts required by a new use on non-character-defining elevations in a manner that is compatible with the building's style, era and character.

Roof

Undertaking repairs to the roofs as necessary is consistent with the Standards and Guidelines where it recommends repairing a roof assembly, including its functional and decorative elements, by using a minimal intervention approach.

<u>Codes</u>

Alterations to an existing front porch, east side openings, and the construction of a new upperlevel balcony at the rear in order to comply with the Building Code is consistent with the Standards and Guidelines where it recommends complying with health, safety and security requirements in a manner that conserves the heritage value of the exterior wall assembly and minimizes impact on its character-defining elements.

CONCLUSIONS

These applications to rehabilitate two heritage-registered houses form part of the sequence of applications associated with the Capital Park Development that will enable the relocation, designation and rehabilitation of the properties. The proposal is consistent with the Standards and Guidelines in relation to exterior walls, doors and windows, roof elements and the Building Code. The applicant has made revisions to reduce the potential effects that may result from the increased height and reduced setbacks (including the removal of existing openings to comply with codes) and has responded to community concerns within the constraints of the existing property and the dimensions of the heritage-registered houses. Staff consider that the potential impact of the variances requested have been mitigated and therefore recommend that Council consider supporting the applications subject to the conditions outlined in this report.

ALTERNATE MOTION

That Council decline Heritage Alteration Permit Application Nos. 00205 and 00206 for the properties located at 226 Dallas Road and 222 Dallas Road.

Respectfully submitted,

Murray G. Miller Senior Heritage Planner Community Planning

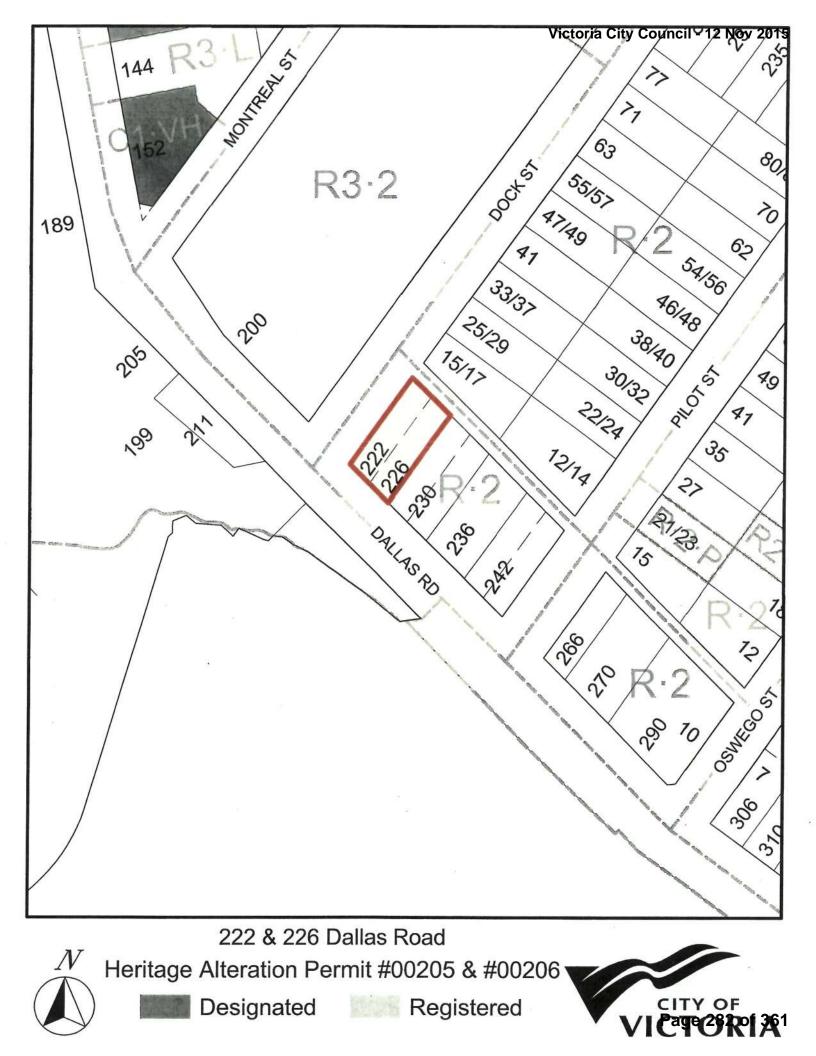
Jonathan Tinney Director Sustainable Planning and Community Development

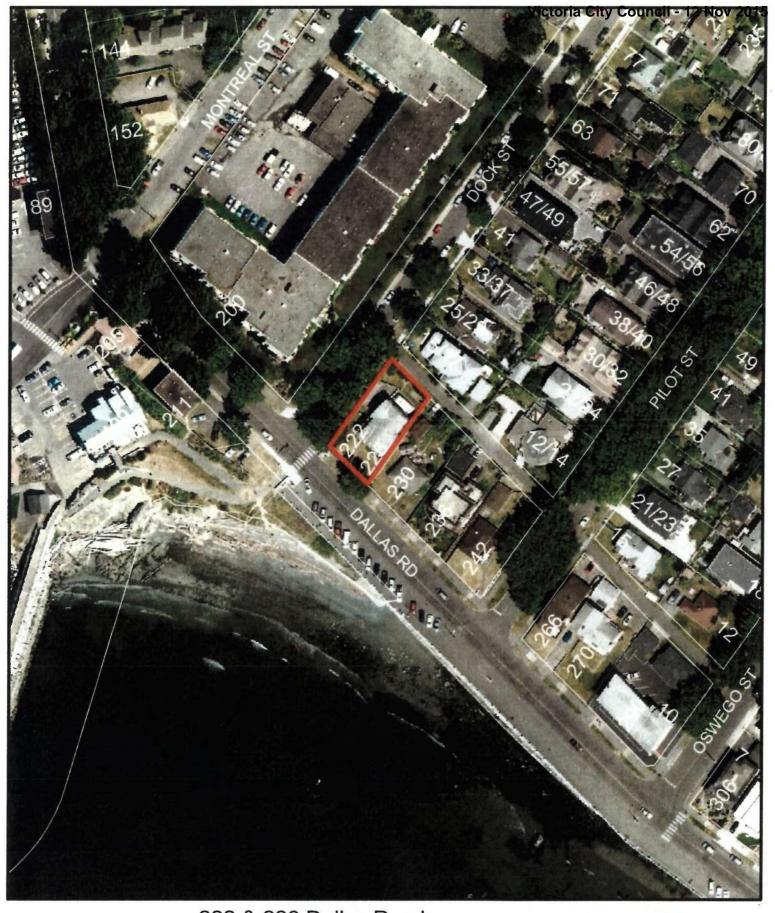
Report accepted and recommended by the City Manager:

Date:

List of Attachments

- Subject map
- Aerial photograph
- Revised plans dated August 18, 2015
- Letters from applicant dated August 20, 2015.





222 & 226 Dallas Road Heritage Alteration Permit #00205 & #00206



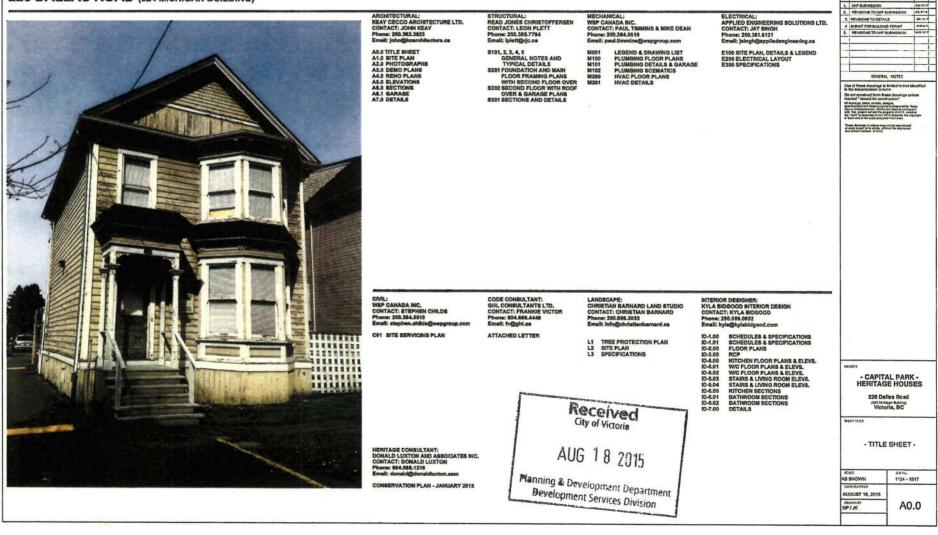


CAPITAL PARK - HERITAGE BUILDINGS

226 DALLAS ROAD (524 MICHIGAN BUILDING)

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City Council -12 Nov 2015

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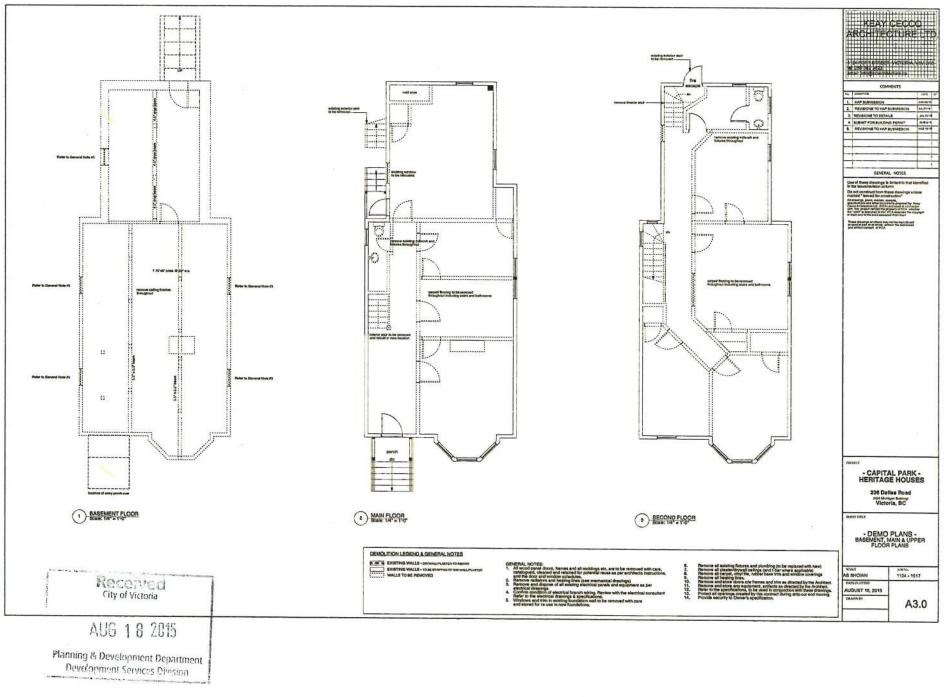




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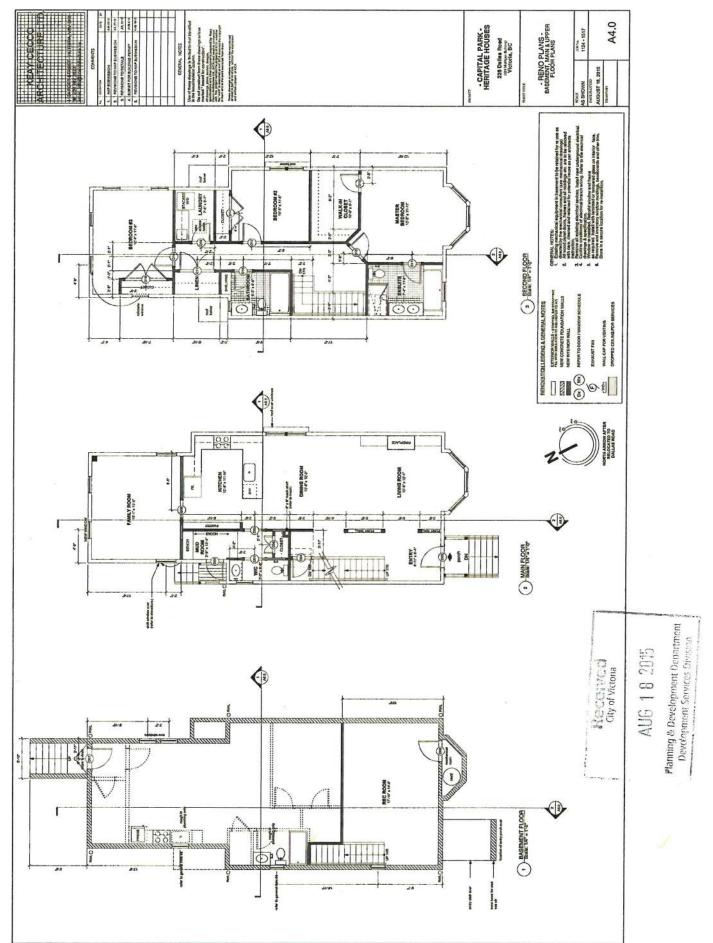
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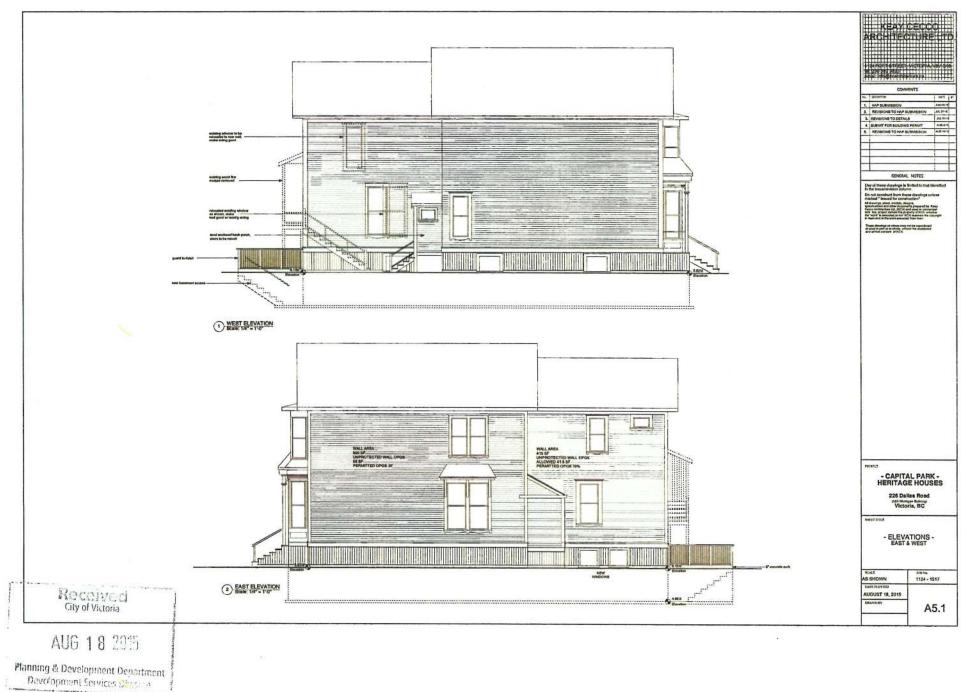
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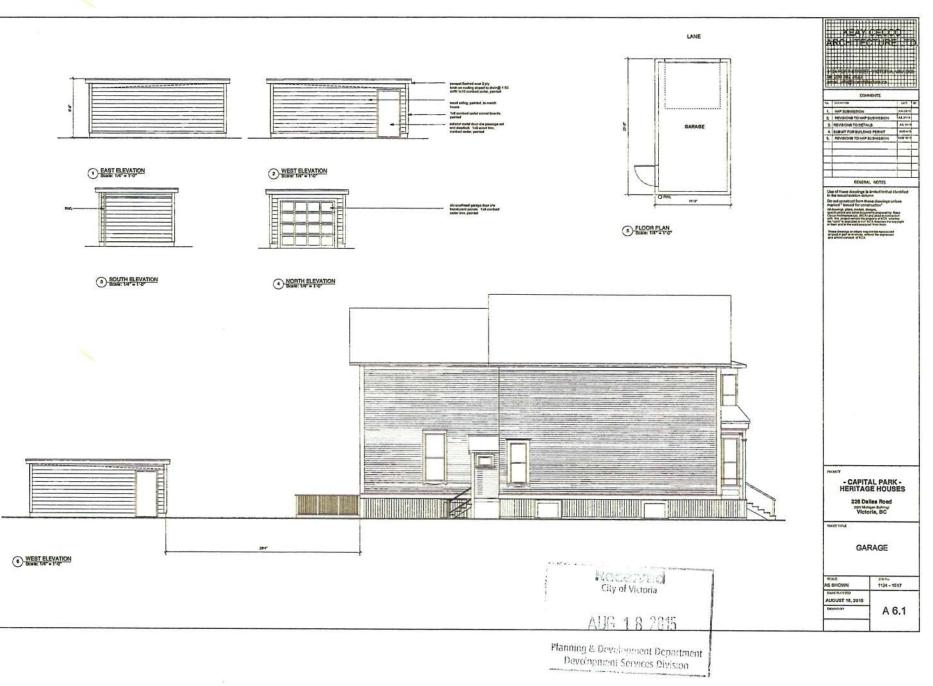
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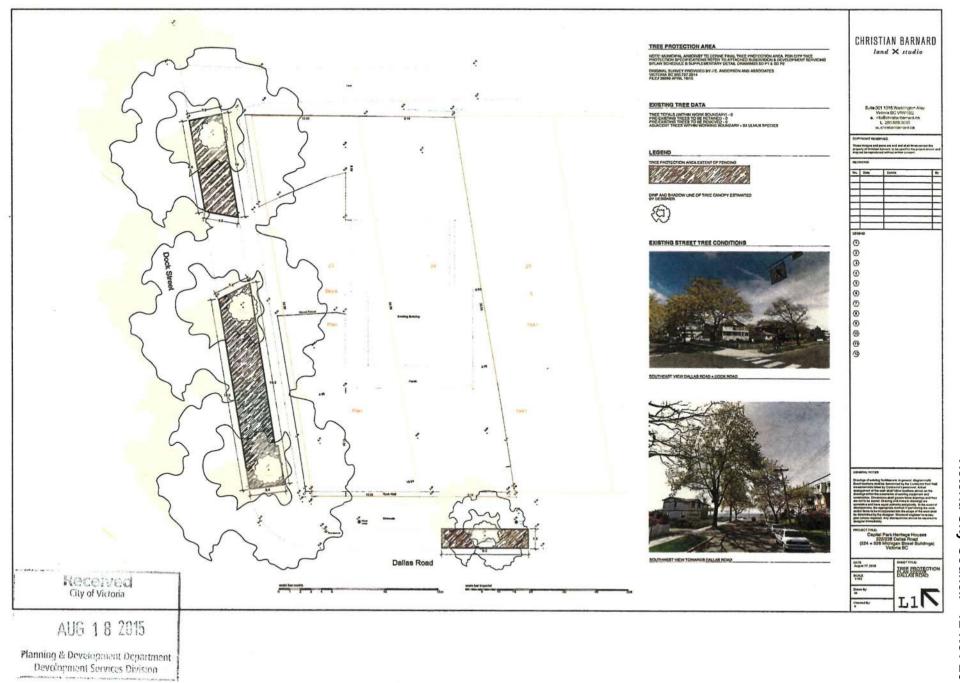
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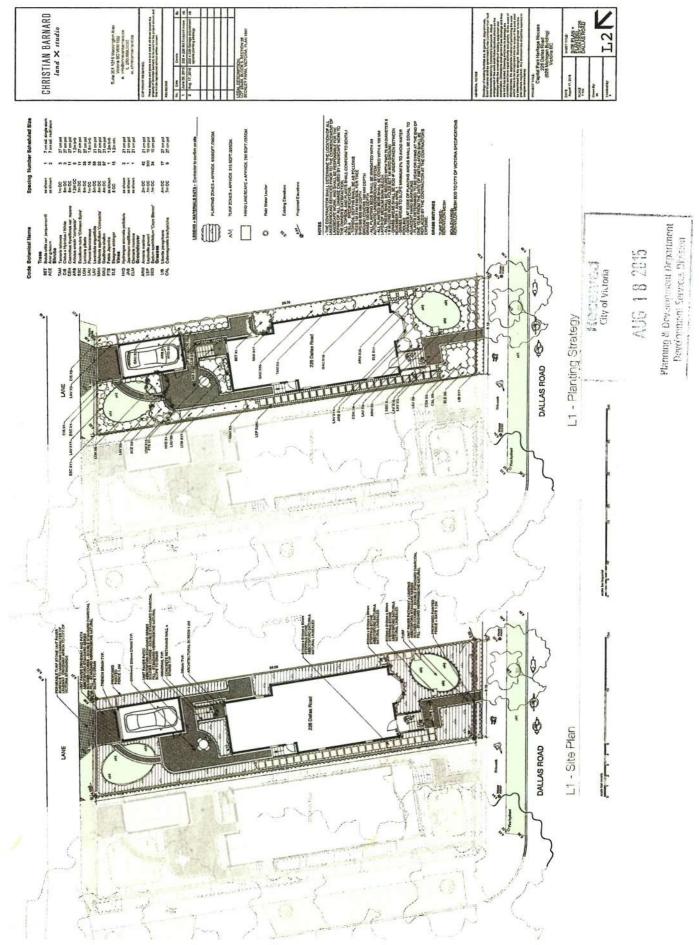
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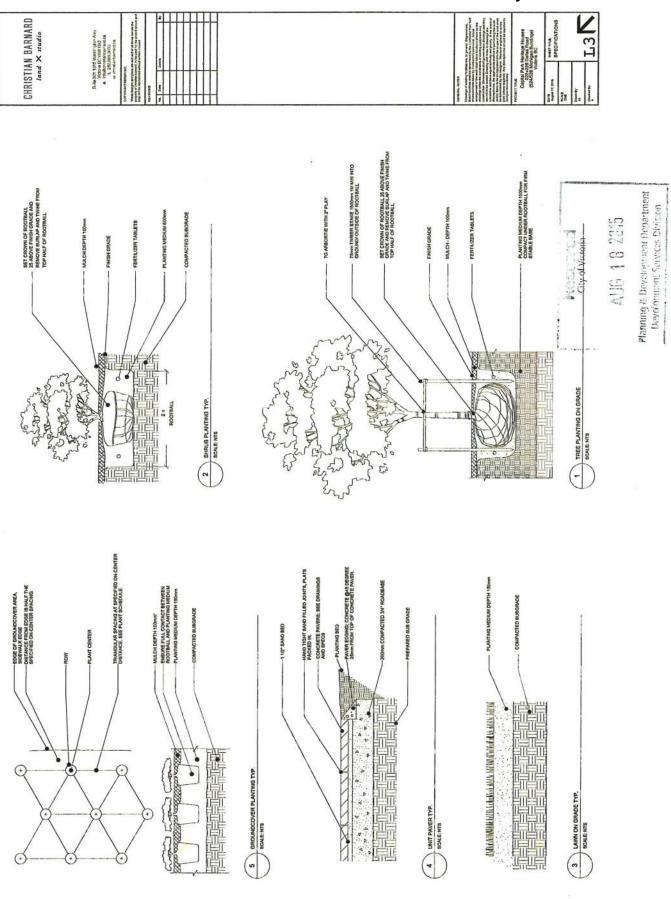
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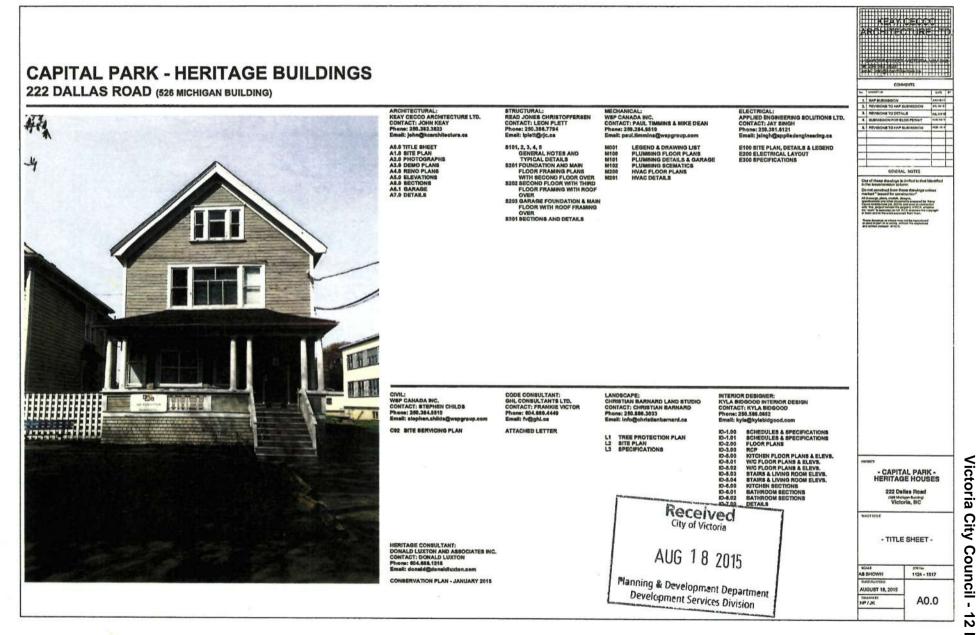


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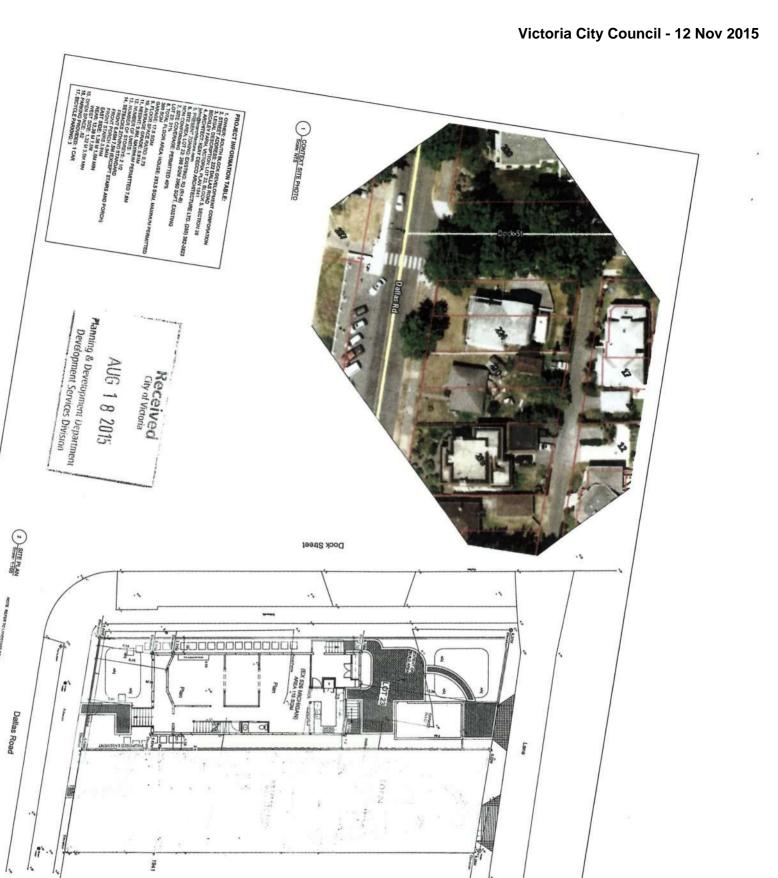


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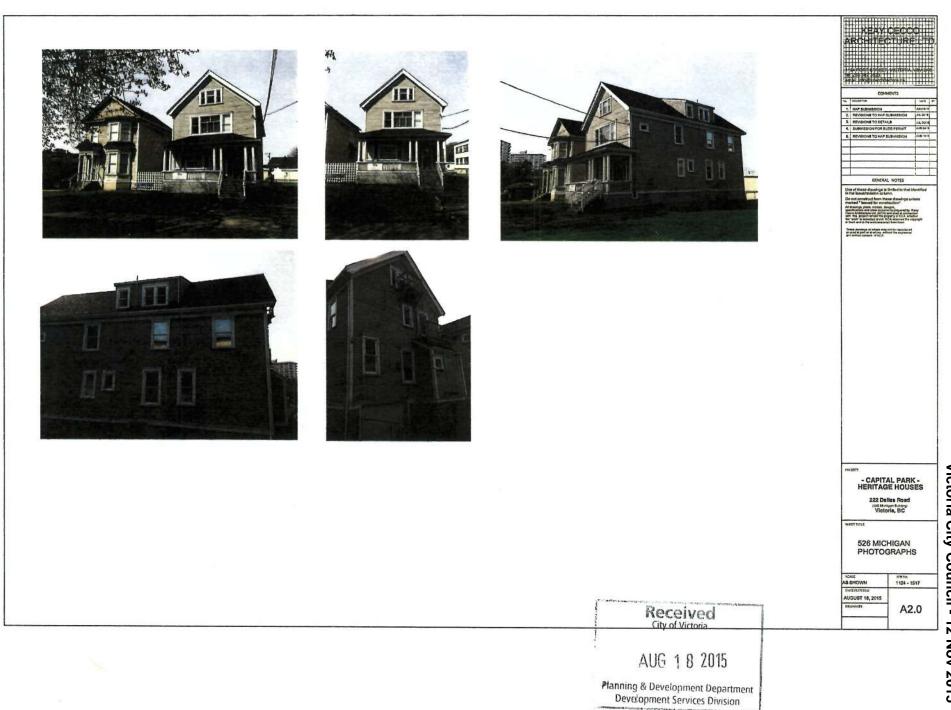
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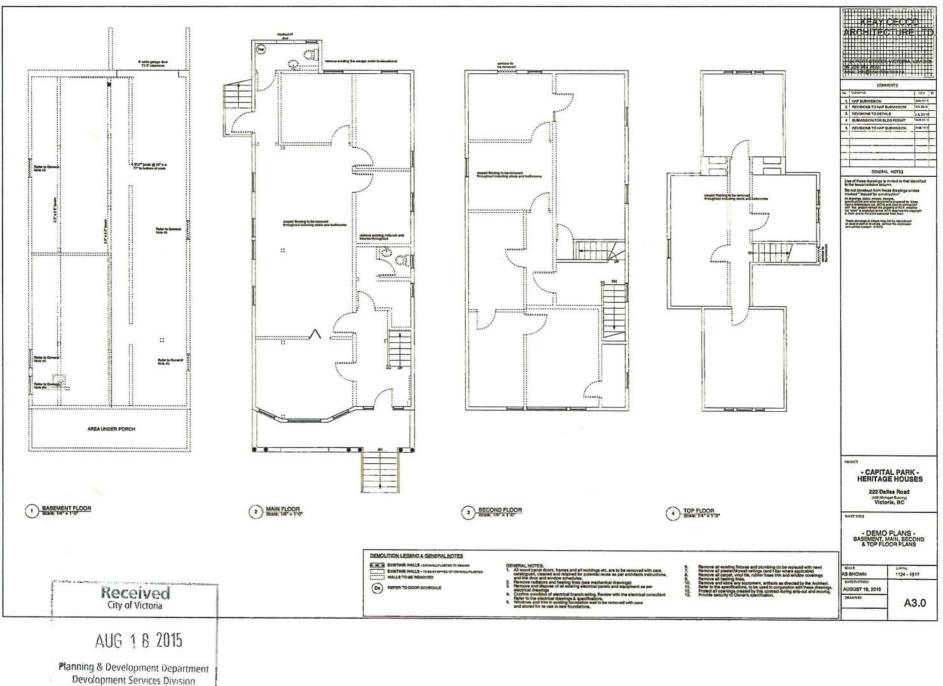
- CAPITAL PARK-HERITAGE HOUSES



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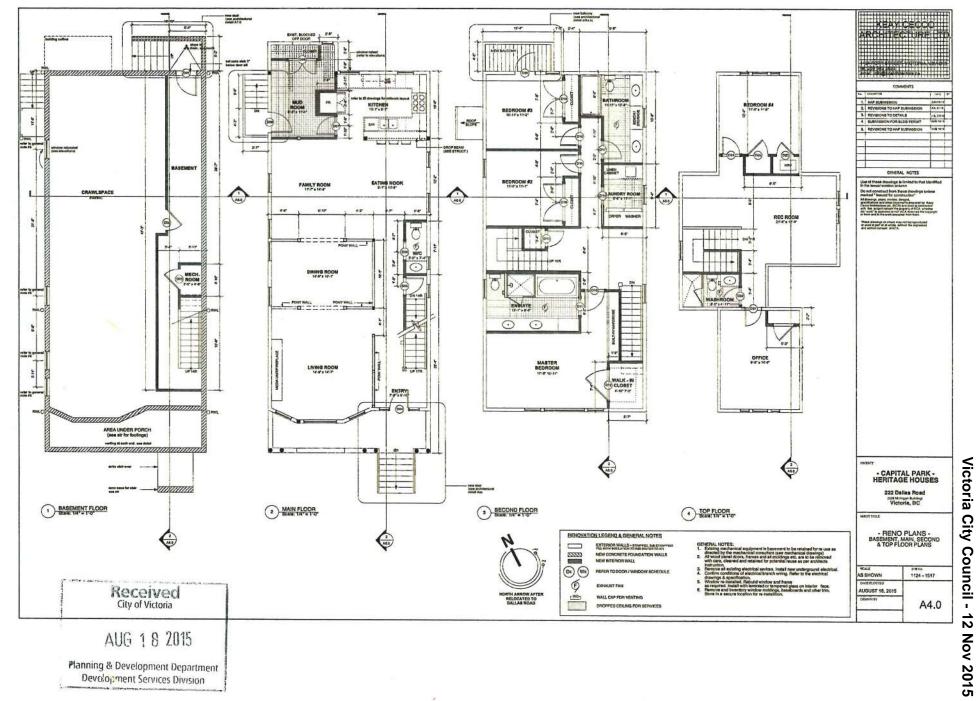
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Victoria City Council - 12 Nov 2015



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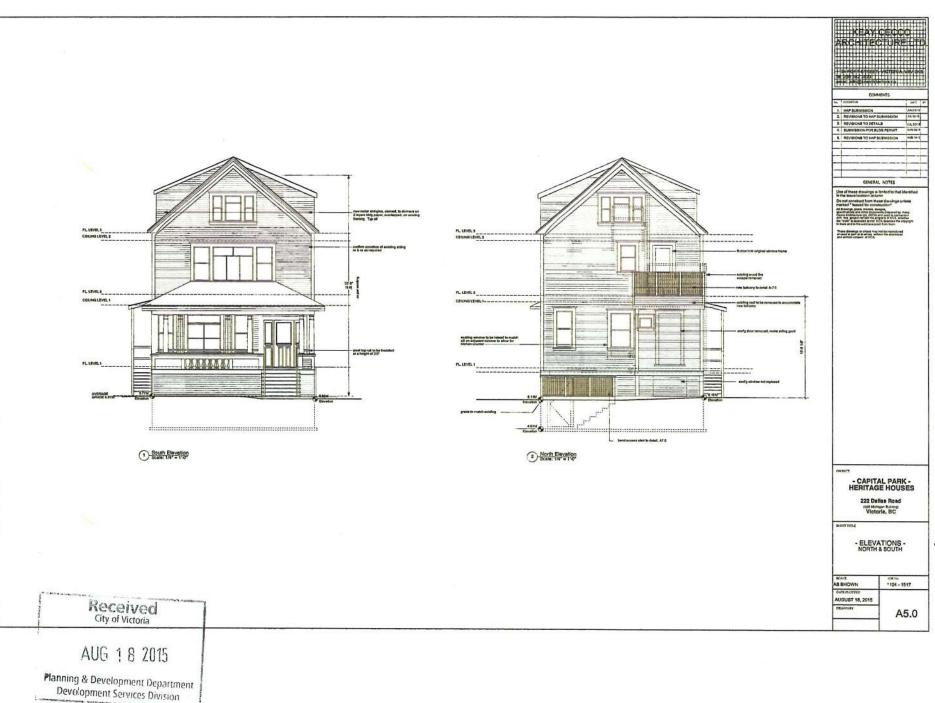
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Victoria City Council - 12 Nov 2015



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Planning & Development Department **Development Services Division**

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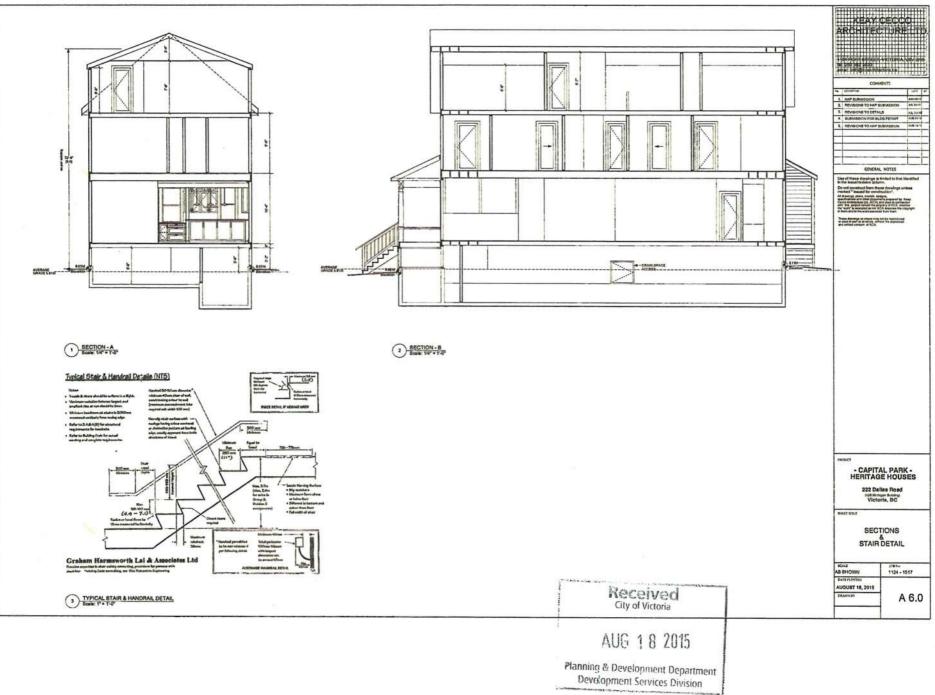
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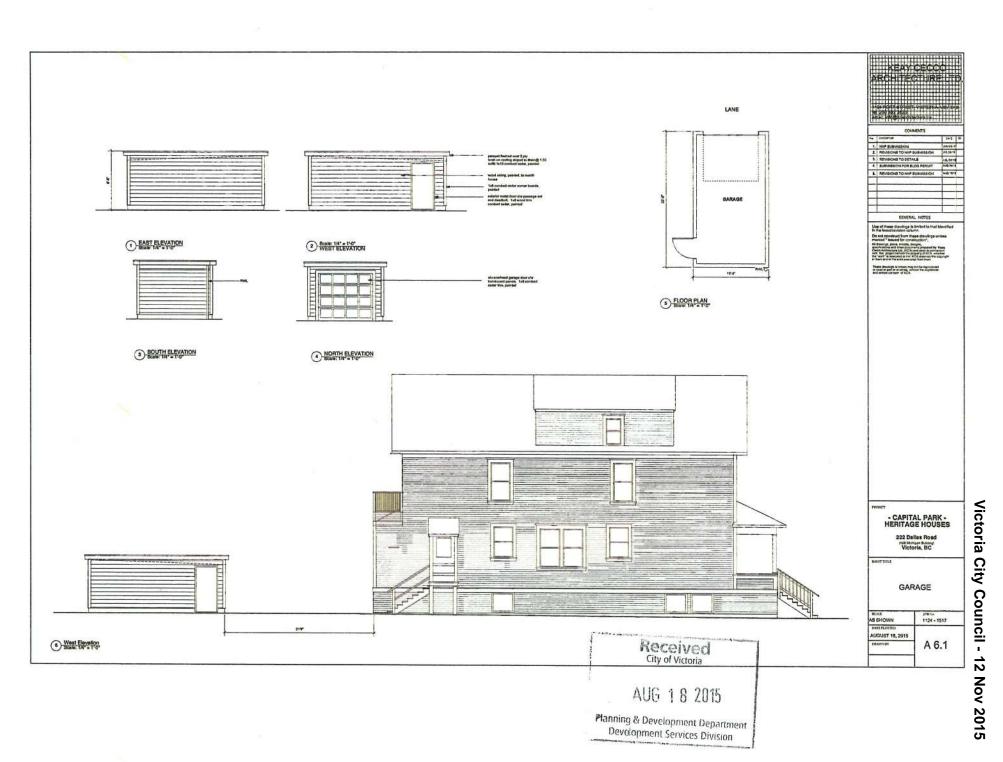
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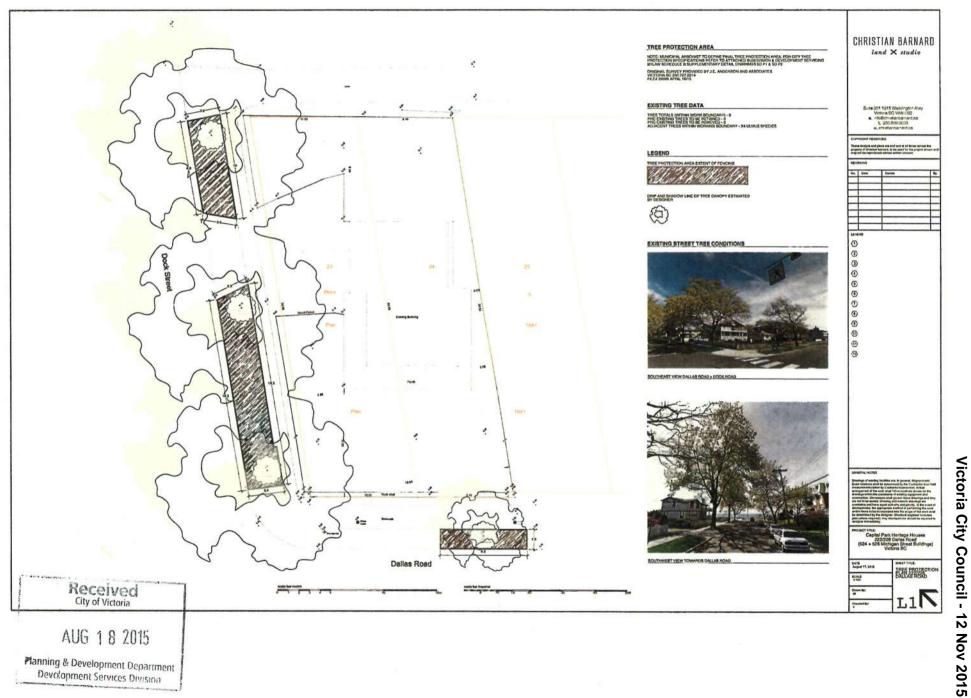
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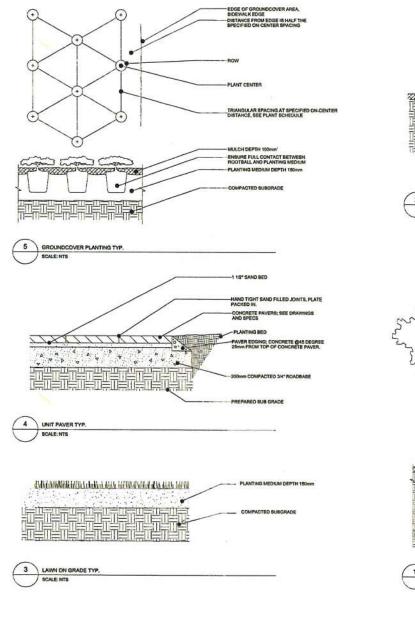
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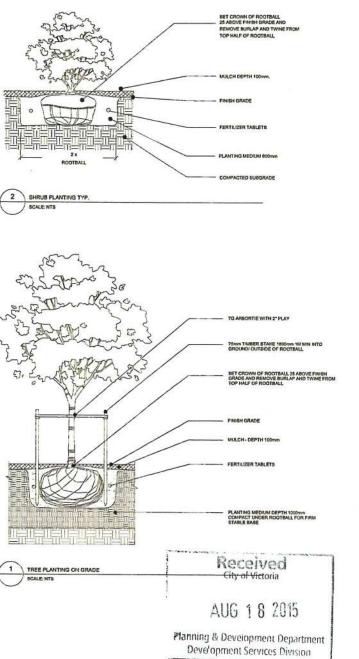


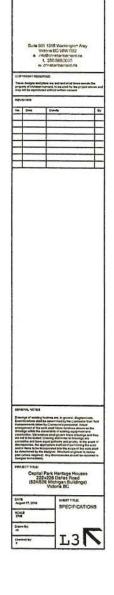


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Victoria City Council - 12 Nov 2015

CHRISTIAN BARNARD

land X studio

South Block Development Corporation

August 17, 2015

City of Victoria 1 Centennial Square Victoria, BC V8W 1P6

Attention: Mayor and Council

Re: Heritage Alteration Permit for 524 Michigan Street being relocated to 226 Dallas Road

Dear Mayor and Council,

Please accept this application for a heritage alteration permit for the heritage registered home currently located at 524 Michigan Street within the lands known as South Block in James Bay. This house, along with 526 Michigan Street is being relocated and rehabilitated as committed to as part of the Capital Park redevelopment. This house was the subject of a previous application HAP 00188 which approved in concept the rehabilitation plan and the relocation of this home to a suitable site within James Bay. This application is consistent with the principles outlined in the previous application.

Since acquiring the Capital Park lands in the spring of 2014, South Block Development Corporation has been actively seeking out a receiver site for 524 and 526 Michigan Street in James Bay. After discussions with several land owners in James Bay and consultation with the Senior Heritage Planner, South Block Development Corporation has entered into an agreement to acquire a site at 224 Dallas Road that we feel would be an excellent receiver site for the two homes.

224 Dallas Road consists of two legal lots, one for each heritage home. No changes to either legal parcel are contemplated. A house originally constructed in the 1950's and added on to in the 1980's and during several other renovations spans both lots. The house is not deemed to be architecturally significant or of high quality. The house would be removed to facilitate the redevelopment of the property with the two heritage houses. The existing house will be offered by Nickel Brothers to anyone wishing to pay for its moving costs in an effort to retain it. Failing this the house would be demolished and materials reused, recycled and disposed of as appropriate.

This application contemplates relocating the house currently located at 524 Michigan Street to what would become 226 Dallas Road. 524 Michigan Street is currently vacant and the interior has been significantly altered and most recently used as a post disaster training facility. The exterior, however, remains relatively unchanged with most decorative elements intact. The house is sound, although it has suffered from deferred maintenance. This application contemplates placing the house on a new foundation with a full height basement, fully rehabilitating the exterior in a historically sensitive manner as outlined in the enclosed Heritage Conservation Plan, upgrading thermal, seismic and structural performance, and completely renovating and rebuilding the interior to finish it as a custom single family home.

To facilitate the relocation and adaptive reuse some alterations will need to be made to the exterior heritage components of the house. The proposed alterations are shown in detail in the enclosed drawings. The intent of the proposed alterations is to minimize change to the home and to accurately replicate design elements where feasible and where information is available. Where changes are required, they have been located toward the rear of the building. The scope of the exterior alterations includes:

3350 Douglas St. - Suite 100 Victoria, BC V8Z 3L1 Phone: 250 475-0338 Fax: 250 475-0339



- New concrete footings will be constructed at the receiver site that maintain the current relationship of the building to grade. Tongue and groove siding will be installed on the foundation as per the existing detail. There will be a new basement access point and two additional windows added on the east façade.
- 2. It is proposed that two windows will be relocated, two windows on the basement level will be removed, three windows will be added and one new window will be placed in an existing opening. Where new windows are added they will be replicas of the originals. The balance of the windows will be rebuilt with the original materials and storm windows added as appropriate.
- 3. The fire escape on the west side of the house will be removed.
- 4. The siding, trim and exterior finishes will be repaired and replaced with like materials as required and the houses will be painted using a historically appropriate colour palette.
- 5. Guard rails will be added to stairs and porches as required by Code.
- 6. Should the roof require replacement it will be done in line with what is suggested in the heritage conservation plan.

For further reference enclosed is the Heritage Conservation Plan prepared by Donald Luxton for this property which includes historical information on the home and the guidelines to be followed for its rehabilitation. This report was the subject of the previous Heritage Alteration Permit.

The constraints imposed by the existing physical massing of the heritage house and the dimensions of the receiver lot necessitate a number of variances as follows:

- 1. A height variance is requested to accommodate the height of the existing heritage structure and preserve the existing relationship to grade as is consistent with heritage conservation principles. The proposed height is 8.8 meters, compared to an allowable height of 7.6 meters. This height variance would be required to accommodate this heritage house in any residential lot in James Bay. Enclosed please find a Shadow Analysis at the solstices and equinoxes comparing the shadow impact of the existing condition on the site, what would be permitted on the site under the existing zoning and the proposed development.
- The east side yard setback is proposed at 1.2 meters compared to the 1.5 meter minimum contemplated in the zone. This is a larger setback than the current non-conforming 0.92 meter setback on the site.
- 3. The west side yard setback is proposed at 1.04 meters compared to the 1.5 meter minimum contemplated in the zone. The combined side yard setback is 2.24 meters compared to the 4.5 meter requirement. While the gap between the two heritage houses is narrow, this represents a new view corridor from 15/17 Dock Street as the house currently located on the site spans the interior lot line. The most significant impact of this variance is on the adjacent heritage house. This was done intentionally to minimize intrusions into the setbacks on the outer edges of the property which would have a greater impact on the existing neighbours. Please note an easement of 0.16 meters on the east side of 222 Dallas Road is proposed to provide 226 Dallas Road with the required 1.2 meter setback for code.
- 4. The front yard setback is proposed at 6.75 meters for the house, compared to 7.5 meters contemplated in the zone, 6.15 meters from the front porch compared to 5.9 meters contemplated in the zone and 4.83 meters for the front stairs compared to 5 meters contemplated in the zone. This will blend the setbacks between 222 Dallas Road and the neighbor at 230 Dallas Road.

Our application package also includes perspective drawings from Dallas Road, Dock Street and the existing laneway comparing the existing condition, a massing model of what would be permitted under the zoning as well as our proposal to illustrate the impact of the variances we are seeking.

In response to feedback received from neighbours and the community the landscape plan contemplates low height landscaping that will not block views from 15/17 Dock Street, the relocation plan contemplates loading the houses onto the site in a manner that permits the retention of existing boulevard trees, access off of the existing lane was designed with consideration given to providing safe access and visibility and dimensioning parking in a

way that discourages parking in a manner that intrudes on the laneway and discussions have also been had with the City about creating additional residential parking on Dock Street adjacent to 222 Dallas Road.

Please note a heritage designation application for this home has been submitted to the City of Victoria and subject to approval would be issued when the 524 Michigan Street is relocated to 226 Dallas Road.

Enclosed you will find a comprehensive package of materials prepared by the team of professionals we have engaged to oversee the rehabilitation of this special heritage resource. We recognize the value this house has to the community and look forward to seeing it revitalized to a condition that we can all be proud of. If you have any questions regarding this application or would like a tour of the house please feel free to contact the undersigned at (250) 414-4172 or <u>karen.jawl@jawlproperties.com</u> or the architect John Keay at (250) 382-2823 or john@kcarchitecture.ca.

Sincerely,

•

South Block Development Corporation

Per: Karen Jawl

South Block Development Corporation

August 17, 2015

City of Victoria 1 Centennial Square Victoria, BC V8W 1P6

Attention: Mayor and Council

Heritage Alteration Permit for 526 Michigan Street being relocated to 222 Dallas Road Re:

Dear Mayor and Council,

Please accept this application for a heritage alteration permit for the heritage registered home currently located at 526 Michigan Street within the lands known as South Block in James Bay. This house, along with 524 Michigan Street is being relocated and rehabilitated as committed to as part of the Capital Park redevelopment. This house was the subject of a previous application HAP 00189 which approved in concept the rehabilitation plan and the relocation of this home to a suitable site within James Bay. This application is consistent with the principles outlined in the previous application.

Since acquiring the Capital Park lands in the spring of 2014, South Block Development Corporation has been actively seeking out a receiver site for 524 and 526 Michigan Street in James Bay. After discussions with several land owners in James Bay and consultation with the Senior Heritage Planner, South Block Development Corporation has entered into an agreement to acquire a site at 224 Dallas Road that we feel would be an excellent receiver site for the two homes.

224 Dallas Road consists of two legal lots, one for each heritage home. No changes to either legal parcel are contemplated. A house originally constructed in the 1950's and added on to in the 1980's and during several other renovations spans both lots. The house is not deemed to be architecturally significant or of high quality. The house would be removed to facilitate the redevelopment of the property with the two heritage houses. The existing house will be offered by Nickel Brothers to anyone wishing to pay for its moving costs in an effort to retain it. Failing this the house would be demolished and materials reused, recycled and disposed of as appropriate.

This application contemplates relocating the house currently located at 526 Michigan Street to what would become 222 Dallas Road. 526 Michigan Street is currently vacant and the interior has been significantly altered. The exterior, however, remains relatively unchanged with most decorative elements intact. The house is sound, although it has suffered from deferred maintenance. This application contemplates placing the house on a new foundation, fully rehabilitating the exterior in a historically sensitive manner as outlined in the enclosed Heritage Conservation Plan, upgrading thermal, seismic and structural performance, and completely renovating and rebuilding the interior to finish it as a custom single family home.

To facilitate the relocation and adaptive reuse some alterations will need to be made to the exterior heritage components of the house. The proposed alterations are shown in detail in the enclosed drawings. The intent of the proposed alterations is to minimize change to the home and to accurately replicate design elements where feasible and where information is available. Where changes are required, they have been located toward the rear of the building. The scope of the exterior alterations includes:

 New concrete footings will be constructed at the receiver site that maintain the current relationship of the building to grade. Tongue groove siding will be installed on the foundation as per the existing detail. There will be a new basement access point.

City of Victoria AUG 2 0 2015

Manning & Development Department **Development Services Division**

3350 Douglas St. - Suite 100 Victoria, BC V8Z 3L1 Phone: 250 475-0338 Fax: 250 475-0339 Received

- 2. It is proposed one new window at the rear of the house will be added with the sill to match the window adjacent to accommodate kitchen cabinets, one window will be relocated in the basement, two windows in the basement and one on the top floor will be removed and one window will be replaced with a door to provide exiting as required by code. Where new windows are added they will be replicas of the originals. The balance of the windows will be rebuilt with the original materials and storm windows added as appropriate.
- The existing door at the rear of the house will be removed and replaced with siding consistent with the balance of the house.
- 4. The siding, trim and exterior finishes will be repaired and replaced with like materials as required and the houses will be painted using a historically appropriate colour palette.
- 5. Guard rails will be added to stairs and porches as required by Code.
- Should the roof require replacement it will be done in line with what is suggested in the heritage conservation plan.
- 7. A new balcony will be added on the rear of the house as required by Code and will be designed in a historically sensitive manner.

For further reference enclosed is the Heritage Conservation Plan prepared by Donald Luxton for this property which includes historical information on the home and the guidelines to be followed for its rehabilitation. This report was the subject of the previous Heritage Alteration Permit.

The constraints imposed by the existing physical massing of the heritage house and the dimensions of the receiver lot necessitate a number of variances as follows:

- 1. A height variance is requested to accommodate the height of the existing heritage structure and preserve the existing relationship to grade as is consistent with heritage conservation principles. The proposed height is 9.9 meters, compared to an allowable height of 7.6 meters and 2.5 storeys, compared to the 2 storeys permitted. This height variance would be required to accommodate this heritage house in any residential lot in James Bay. Enclosed please find a Shadow Analysis at the solstices and equinoxes comparing the shadow impact of the existing condition on the site, what would be permitted on the site under the existing zoning, and the proposed development.
- 2. The west side yard setback is proposed at 1.32 meters compared to the 3.5 meter minimum contemplated in the zone. A consequence of this is the impact on the south west view corridor of the neighbor to the North at 15 Dock Street. The South/West view cone from 15 Dock Street is 5% smaller than would be permitted under the zoning. The north/south siting of this house was carefully studied to minimize the impact on this view cone.
- 3. The east side yard setback is proposed at 1.36 meters compared to the 1.5 meter minimum contemplated in the zone. The combined side yard setback is 2.68 meters compared to the 4.5 meter requirement. While the gap between the two heritage houses is narrow, this represents a new view corridor from 15/17 Dock Street as the house currently located on the site spans the interior lot line. The most significant impact of this variance is on the adjacent heritage house. This was done intentionally to minimize intrusions into the setbacks on the outer edges of the property which would have a greater impact on the existing neighbours. Please note an easement of 0.16 meters on the east side of 222 Dallas Road is proposed to provide 226 Dallas Road with the required 1.2 meter setback for code.
- 4. The front yard setback is proposed at 6.45 meters for the house, compared to 7.5 meters contemplated in the zone, 4.94 meters for the porch compared to 5.9 meters contemplated in the zone, and 3.91 meters for the front stairs compared to 5 meters contemplated in the zone. Siting the house further forward on the lot helps mitigate the impact on the view cone to the water from 15 Dock Street.

Our application package also includes perspective drawings from Dallas Road, Dock Street and the existing laneway comparing the existing condition, a massing model of what would be permitted under the zoning as well as our proposal to illustrate the impact of the variances we are seeking.

In response to feedback received from neighbours and the community the landscape plan contemplates low height landscaping that will not block views from 15/17 Dock Street, the relocation plan contemplates loading the houses onto the site in a manner that permits the retention of existing boulevard trees, access off of the existing lane was designed with consideration given to providing safe access and visibility and dimensioning parking in a way that discourages parking in a manner that intrudes on the laneway and discussions have also been had with the City about creating additional residential parking on Dock Street adjacent to 222 Dallas Road.

Please note a heritage designation application for this home has been submitted to the City of Victoria and subject to approval would be issued when the 526 Michigan Street is relocated to 222 Dallas Road.

Enclosed you will find a comprehensive package of materials prepared by the team of professionals we have engaged to oversee the rehabilitation of this special heritage resource. We recognize the value this house has to the community and look forward to seeing it revitalized to a condition that we can all be proud of. If you have any questions regarding this application or would like a tour of the house please feel free to contact the undersigned at (250) 414-4172 or <u>karen.jawl@jawlproperties.com</u> or the architect John Keay at (250) 382-2823 or john@kcarchitecture.ca.

Sincerely,

South Block Development Corporation

Per: Karen Jawi

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James Bay Neighbourhood Association

234 Menzies St Victoria, B.C. V8V 2G7 <u>www.jbna.org</u>

June 11, 2015

Mayor & Council City of Victoria

Re: Relocation of 524-526 Michigan Street Heritage Houses to Dallas Road

On Wednesday, June 10th, JBNA held its General Meeting at which the new sidewalk along Montreal Street, the relocation of the Michigan Street Heritage Houses and the proposed development for 701 Belleville (CALUC meeting). This letter is in response to the Heritage House discussion/feedback. A separate letter will be sent for the 701 Belleville CALUC review once Meeting Minutes have been completed.

By way of background when the siting of the heritage houses was being contemplated, considerations included finding a location that would provide a "fit" for the houses, both contextually and size, is difficult within Sites that would house both buildings are difficult to find.

The site being proposed has three directly adjacent neighbours. One to the east in a small single home, and two others to the north (back) in a front/back duplex and there is a lane way separating the Dallas property form the duplex. The owner of western part of the duplex has sent notes but is not a full-time resident and the property is normally rented.

Significant consultation has occurred with the eastern-most owners of the duplex. Tim VanAlstine and I have met with them on more than one occasion and convened a meeting with them and the developers (Karen Jawl and architect). Adjustments have been made, and discussions continue.

Attached for your consideration is a string of e-mails that detail the remaining issues.

There were 86 people in attendance at the JBNA meeting. Regarding the Capital Park development, there were general questions about the staging of various steps of the work with regards to the creation of the foundation of Capital Park and the relocation of the heritage houses to Dallas Road. Separating out the topics, comments regarding the heritage houses include questions or comments from four residents at the meeting and two written submissions were read out at the meeting and responded to by Karen Jawl. During the presentation, the rationale for the siting, and the adjustments made to resident considerations were described including front-back siting and revised side-yard setbacks.

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Q/A:

Q: Dock St resident: Likes look of the proposal, knows the people who are neighbours and wants them to be "happy". What is being done regarding site-lines and views.

A: In addition to the placement of the east house further back on the site, the high plantings will be removed and lower planting placed on the site. The issue of a second parking pad is still being looked at.

Q: What is the timing of the moving of the houses.

A: The Houses are likely to be relocated in September with work being done thereafter.

Q: 230 Dallas resident: This lot has been a single house lot. Did you look at 2 different lots for the houses leaving only one of the houses here? Concerned that heights and look will have impact on nearby properties when/if they are developed.

A: The site is historically approved for 2 separate houses. While some variances are needed to accommodate two intact heritage houses, the site density, shadowing, and sightlines will be less impacted by the 2 heritage houses than by a multi-family development that would likely be built if the heritage houses were not placed there.

Question: Marg read, for the public record, two letters from area residents regarding siting of the 2 heritage houses at 224 Dallas. The immediate neighbor behind the site (Westmost duplex) disagrees with the plan as it will reduce his view. A resident of Pilot Street is concerned that the houses are too large for the proposed site and suggested alternate sites (Kingston/Pendray), including the possibility or relocation outside James Bay.

A: As had already been described, careful attention has been paid to minimizing impact on sightlines and view cone. The reduction in view for the westmost owner, from what would be permitted without variance, is 4%.

A: Relocation of the 2 heritage houses within James Bay was a condition of the original project approval. As was described, numerous sites within James Bay were considered - some were too small another very good site was sold – in the end a list was reviewed with the City and, while not perfect, 224 Dallas was determined to be the best site available. The suggested location of Pendray and Kingston would not be suitable as the lot depth of 60ft is less than the depth of one of the houses at 62ft.

Comment: Most heritage houses in James Bay exceed current zoning limits and would require variances if constructed today. Site not perfect, but thanks for your extraordinary effort to achieve a good result.

Q: When do you expect the variance hearing be held for the heritage houses?A: August

President, JBNA

Cc: Councilor Lucas Murray Miller, Brian Sikstrom, Jim Handy, Planning Christine Johnston, Resident *E-mail string of June 11, 2015 re Michigan Heritage House relocation to Dallas:*

From: Karen Jawl <

Date: June 11, 2015 3:56:35 PM PDT

To: Christine Johnston

Cc: "Goff, Allan" XXXXXXX "Marg Gardiner, JBNA" <marg.jbna@shaw.ca>, Timothy VanAlstine Subject: RE: Updated Site Plans

>

Thanks for your email Christine.

Yes there have been a number of versions of the site plan as the various iterations progressed to respond to neighborhood feedback, the most recent of which was the May 11th one that was drawn up after the meeting at your home. In this version the eastern house was shifted back 1.24m to respond to the request that front windows of this house be no closer to Dallas Road than the front windows of the other house which I believe is what was illustrated on Marg's sketch from that meeting. The front windows of the Eastern house are 6.95 meters off the street compared to the 6.49 meters back to the front windows of the western house, so I believe we have achieved what was requested.

The City has not indicated the number of additional residential stalls that will be added on Dock Street as this idea just came up this week but it is likely they will be able to add 2. They have been very cooperative and willing to accommodate our request on Dock Street. As I see it there are two priorities, one is protecting the safety and enjoyment of the lane and the other is ensuring there is adequate parking to serve the homes so as not to have people parking illegally on the lane or placing a level of demand on the surrounding parking that is upsetting to other neighbours. As mentioned we will delete the parking pad for the western house given that there will be adjacent street parking, but would like to have the option of retaining the parking pad for the eastern home but I will commit to landscaping this area should the buyer of this home prefer a larger yard to parking. I suspect the likely buyer for these homes will be a families with children who will share the priority of keeping the lane a safe and enjoyable area for everyone.

Karen Jawl

From: Christine Johnston

Sent: June 11, 2015 2:57 PM

To: Karen Jawl

Cc: Goff, Allan; Marg Gardiner, JBNA; Timothy VanAlstine

Hi Karen,

Thank you for getting back to me so quickly. There seem to be various versions of the map. The first one you sent on April 20, then a revised one in May 11, and then the modified one sketched in that Marg Gardner suggested, of having the two front windows parallel with the eastern house but further back. The complication is that the Dallas Rd is NOT at right angles to Dock and the 224 Dallas properties; so the May 11 version makes only the western corner of the windows parallel but the eastern house front window still quite a bit south of what we had drawn in, which is not so good for our view.

The parking does concern me as this lane is actually more a WALKWAY used by most of the tenants of the big appartment block on Dock.

Cyclers also use it avoid busy Dallas. Children use it as a safe place it for playing when a hard surface needed. Most of the houses in the neighbourhood (except the one originally planned as a B and B) have very few cars on this lane. Several houses use it for their MAIN FRONT DOOR. Nearly all use Dock or Pilot for visitors. If anyone parks in the lane way proper we have the right to call police to remove it altho we are often tolerant if we know them well. Our visitors are expected to walk the few feet to Dock St. We occasionally use our grass for a visitor who does not want to walk to the street but that is rare.

The Dallas cross walk is some distance from any proposed Dock street parking if that parking (reserved for two residential spaces all day) starts half way up the edge of the property. There should be no problem at all and many of the crosswalks around town have only about 20 feet empty near them. So that reasoning does not seem logical.

I think the city has not looked carefully at all this so we shall speak to them if you fail to convince them. Let us know.

Sincerely, Christine and Mel Johnston

----- Original Message ----- **From:** <u>Karen Jawl</u> **To:** <u>Christine Johnston</u> **Sent:** Thursday, June 11, 2015 9:20 AM

Hi Christine,

Thanks for coming to the JBNA meeting last night. Further to your question the plans presented last night and submitted to the City reflect the changes we outlined below and in the attached that we sent after meeting with you at your home. The set back from Dallas Road of 226 Dallas is 6.95m which reflects the 1.24m increase from the previous version.

I did talk to the City about adding additional street parking so we could eliminate the parking pads. They will not add any street parking on Dallas due to the proximity to the cross walk but have agreed to add residential parking on Dock Street so we will be able to eliminate the parking pad on the western house. I will talk to our team about the parking pad on the eastern property. We don't want to create a situation where there is insufficient parking and owners end up parking in front of Linda's house or in areas where others are used to parking. If we are able to pre-sell the house and the owners just have one car it would be easy for us to just landscape this area instead. I understand it is concern of yours and we will keep it in mind to see how we can improve it.

Karen Jawl

From: Karen Jawl
Sent: Wednesday, May 13, 2015 9:42 AM
To: Christine Johnston; Allan Goff; Rutherfords K and L;
Cc: Timothy VanAlstine; Marg Gardener (marg.jbna@shaw.ca)

Hi All,

Thanks for the feedback and comments in the last few weeks. In response to your suggestions the following changes have been made in the attached drawings:

1. The most eastern house (next to Linda's property) has been moved west by .14 meters to provide a slightly bigger gap between Linda's and this house.

2. The most eastern house (next to Linda's property) has been shifted back 1.24 meters to better preserve Christine and Mel's view from their living area.

3. Both garages have shifted to the east and closer back to the lane to prevent someone from parking behind the garage and potentially having the back of their parked car sticking out onto the lane. The shift to the east was determined to not impact views.

4. The western house was already optimally located to minimize the SW view impact. The attached View Cone illustrates the following:

a. The black outline shows the current condition on site with Bruce's house. The black line shows the current view cone.

b.The yellow outline shows what could be built on the site fully compliant with the zoning. The yellow line shows what the view cone would be under this scenario. This represents an 8% reduction in the view cone from the current condition.

c. The blue outlines shows what it would be with the heritage houses on the site. The blue line shows what the view cone would be under this scenario. This represents a 12% reduction in the SW view cone from the current condition, or a 4% reduction in the view cone from what is permitted in the zoning.

5. We have engaged a landscape architect and I have given him the following direction:

a. Maintain a fence between Linda's house and the heritage house.

b. Remove the bigger bushes that are in the sight lines from 15/17 Dock Street.

c. New landscaping should be kept under the sight lines from 15/17 Dock Street.

Our next step will be further developing the interior plan and site plan, so the plans will continue to evolve but the siting of the houses is now firming up.

We are aiming to submit our package to the City around June 1 and are also scheduled at the JBNA meeting on June 10th. If you would like paper copies of the attached I can mail them to you. I will also keep you updated as our plans progress.

Karen Jawl Jawl Properties Ltd. 3350 Douglas St. - Suite 100 Victoria, BC, V8Z 3L1 Tel: (250) 414-4172 www.jawlproperties.com

Received City of Victoria

JUN 1 1 2015

Planning & Development Department

Community Planning Division

Patricia S Wilson

12 Pilot St.

Victoria, BC, V8V 2A4

6 June 2015

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Michigan houses relocation to 224 Dallas Road

It is come to my attention that 2 of the Michigan Street houses will be relocated to 224 Dallas Road.

I have been the James Bay resident since 2008. It is a delight to live in this neighborhood. I enjoy the eclectic architecture on my many walks through the neighborhood. I appreciate the work that has been done to maintain the community heritage. I applaud their ongoing efforts.

Equally, I am delighted to see new developments as is proposed for *Capital Park*. I am grateful to live in this community and for the Concert/Jawl development project.

I am happy to see relocation of the remaining 2 Michigan Ave. houses.

I was hoping that they would find a pleasing location in an area of significant Victorian, such as the empty lot on the Kingston/Pendray street corner.

The harbor area is more protected from the elements and would help maintain the wooden structure. The wind/driving rain elements along the Dallas Road/Juan de Fuca sure are not conducive to tall wooden structures, particularly those of the 1800s. They do much better in the protected harbor area.

For the safety of the structures, and more importantly its occupants; it would be best that they not be placed closely together because of the increased fire risk particularly in such tall structures. I know this may compromise its location at 224 Dallas Rd. because of the lot size restriction. However, there may be other historical neighborhoods in Victoria (Humbolt Valley) that could welcome these homes more safely -for personal and architectural security.

I also understand from a business point of view the developers interest in the view Dallas property.

It will be an expensive venture to move the Michigan Street structures. View lots tend to bring a higher real estate selling price.

However, from a real estate point of view - views will be limited with small window size needed for historical integrity. This may limit sale income potential.

The forces that will relocate the Michigan Street houses to Dallas Road may already be in place

if that is the case,

_ د

Please keep the Michigan houses in line with the other structures on Dallas Road

It would be sad to have the houses pushed forward (southward closer to the Dallas roadway) especially with the added height.

Please do not add any further structures such as a garage to impede visual integrity particularly in a historical house. Parking pad or protected Dock Street parking would be safest for the laneway.

I look forward to ongoing thoughtful, well integrated changes in the James Bay community to ensure its continued vibrancy.

Yours sincerely, p. Mim

Patricia S Wilsón

- 1. JAMES BAY NEIGHBOURHOOD ASSOCIATION 10 JUNE 2015 MEETING / jbna@vcn.bc.ca
- 2. JAWL PROPERTIES LTD #100 3350 Douglas Street, Victoria, BC, V8Z 3L1

3.) HERITAGE ADVISORY PANEL, City of Victoria

Lauren Martin

From: Sent: To: Cc: Subject: Lauren Martin Thursday, August 06, 2015 3:45 PM 'Dave Jarvis' Murray Miller RE: 222/226 Dallas Rd

Hello Dave:

A Public Hearing is not yet set for the applications for 222 and 226 Dallas Road. When a date is set, signage indicating the date will be posted on the property and a notice will also appear in the Times Colonist.

Lauren

Lauren Martin

Secretary, Heritage and Board of Variance Sustainable Planning and Community Development City of Victoria 1 Centennial Square, Victoria BC V8W 1P6

T 250,361.0382 F 250.361.0386

-----Original Message-----From: Dave Jarvis Sent: Thursday, August 06, 2015 3:23 PM To: Lauren Martin Subject: 222/226 Dallas Rd

Hi Lauren,

I live at 33 Dock St. and am a bit concerned about the heritage properties blocking the waterfront view.

Do you know when the date is for the Council Chamber hearing at Victoria City Hall?

Thank you, Dave Jarvis

Received City of Victoria	THE OWNER OF THE OWNER
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Planning & Development Department Development Services Division	

Lauren Martin

From:	Murray Miller
Sent:	Thursday, July 09, 2015 12:11 PM
То:	
Subject:	222-226 Dallas Rd, Victoria (Heritage Alteration Permit with variance)

Dear Ms. Surridge,

Thank you for your voice message and for leaving an email address for reply.

I understand that you own property located at 25 Dock Street and that you have been informed about a development that is proposed for the property located at 222-226 Dallas Rd. In relation to notification, the City is required to notify owners and occupiers of <u>adjacent</u> properties of Public Hearings involving Heritage Alteration Permits that have a variance.

At the time of writing, no Public Hearing has been set for this application.

I trust that the above information is helpful.

Regards,

Murray

Murray G. Miller, MRAIC, CAHP, MCITP, MRTPI, IHBC, MCIP, RPP Senior Heritage Planner Sustainable Planning and Community Development City of Victoria 1 Centennial Square, Victoria BC V8W 1P6

T 250.361.0533 F 250.361.0557



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	JUL 0 9 2015
	Manning & Development Department Development Services Division

Lauren Martin

From: Sent: To: Cc: Subject: Darla Abercrombie Friday, Jul 17, 2015 1:46 PM Murray Miller Lauren Martin 224 & 226 Dallas Road

Attention Mayor and Council:

My family and I live in the second building behind the proposed development. We have a unique roof-top deck that overlooks the property towards the ocean and Olympic mountain range.

The view from our top deck is the defining feature of our home, and is the reason why my husband chose this property. We felt assured that the city height restrictions would protect our panoramic view and the value of our home in the years to come.

By allowing the height variance, our view will be boxed in and significantly blocked from the ocean side.

Our concerns are not noted in the JBNEA meeting minutes, because we were not notified of the proposal or meeting in advance. I only found out, too late, from a neighbour when it sounded like the decision had already been made because they said that after consultation with the City, the developer had already purchased the property.

I contacted the developer and learned they are able to adjust placement but not existing heights. We took time to consider the impact on our view, because we like the developer and we like to support heritage houses.

However, sitting on our top deck, the impact is much bigger than pictures can outline. There is a sense of spaciousness and expanse towards Dallas Road and beyond that is precious to us. With the proposed height variance, we will be looking into the back of two houses.

Please do not move these two over-height houses to this ocean-front lot. They can be better preserved away from the damp, and have less impact where their height does not block our valuable view.

Thank you for your time,

Darla Abercrombie 29 Dock Street Victoria, BC

Received City of Victoria JUL 17 2015 Manning & Development Department **Development Services Division**

Lauren Martin

From: Sent: To: Cc: Subject: Murray Miller Monday, August 10, 2015 8:45 AM Marie Surridge Lauren Martin RE: Proposed changes on Dallas Road

Dear Ms. Surridge,

Thank you for your follow up enquiry.

The application that you have referred to is still undergoing amendments. The type of application that is being prepared requires notification to owners of adjacent properties (in terms of Land Use, this means abutting/adjoining/sharing a property boundary with the subject property) and includes those properties that are immediately across the street from the subject property.

I trust that this clarifies the City's practice in meeting this type of notification requirement.

Regards,

Murray

-----Original Message-----From: Marie Surridge Sent: Friday, August 07, 2015 11:54 AM To: Murray Miller Subject: Proposed changes on Dallas Road

Dear Mr Miller,

I contacted you several weeks ago to ask if you would provide me with information about proposed changes at 224 Dallas Road. My property at 25 Dock Street is adjacent, in the sense of the word as defined by the Oxford English Dictionary, to the subject property of these changes. I consider that I should have been notified of them from the time at which they were proposed. I am now again writing to ask for full information on this subject, and should appreciate your giving that information to as soon as you return to the office.

I wish to assess the effect the changes would have on my property. Obviously, I cannot do that without knowing what is being planned.

Yours sincerely, Marie Surridge

Sent from my iPhone

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•	AUG 1 0 2015	
	Planning & Development Department Development Services Division	

Lauren Martin

From: Sent: To: Subject: Murray Miller Wednesday, Jul 22, 2015 8:14 AM Lauren Martin FW: Dear Mr. Miller

For follow up once the PH date has been confirmed.

From: Catherine . Sent: Tuesday, Jul 14, 2015 5:47 PM To: Murray Miller Subject: Dear Mr. Miller

Attention:Mayor and Council

My name is Catherine Clark of 55 Dock Street. I understand two three storey heritage home are going to be placed on Dock and Dallas. I have been told by a neighbour that there will be a varience in height restrictions and set-backs.

Is there a public meeting scheduled for this undertaking? If so, when and where?

I will attend as I will lose some view and therefore property value.

Thank you, Catherine Clark

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JUL 2 2 2015	
Planning & Development Department Development Services Division	

Christine Havelka

Address:

From: Sent: To: Subject:	webforms@victoria.ca Friday, Oct 2, 2015 12:30 PM Council Secretary Thank you for your submission - Ci	ty of Victoria - Address Council Form
Name:	Amanda Evans	Date: October 02, 2015

I wish to appear at the following Council meeting: November 12, 2015

I represent: Greater Victoria Green Team

1123 Bay Street

Topic:Volunteer engagement in Victoria parks with the Greater Victoria Green
Team

Action you wish Council to take:

I am excited to share information about our fairly new environmental volunteer group who have been helping all municipalities (not yet including Victoria over the past year with volunteer engagement in parks, urban farms and beaches. I want to extend our program into Victoria as many of our volunteers are from Victoria and wish for Council to learn about the opportunities we have for the community of Victoria. I would like to hear from Council as to how to organize activities in Victoria's parks starting in 2016. Please check out what we have been up to on our site: http://www.meetup.com/Greater-Victoria-Green-Team/ I will email my short powerpoint presentation to the email listed below by October 15th if that is okay.

CONTACT INFO:

Contact Name: Contact Address: Contact Phone Number: Contact Email: Amanda Evans 1123 Bay Street



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MAKING A PRESENTATION TO VICTORIA CITY COUNCIL

Complete and submit your request to address Council to Legislative Services by 11:00 a.m. on the Wednesday the day before the scheduled meeting. To ensure the Council receives your submission with their full agenda package, please submit it by 4:30 p.m. on the Monday two weeks before the Council meeting. Requests received after this time will be added to the Amended Agenda produced the Wednesday immediately prior to the Council meeting.

Presentations are a maximum of five (5) minutes in duration.

Name: <u>Sean Murray</u>	Date: Nov. 6		
Address: #209-801 Darwin ave.			
I wish to appear at the following Council meeting:	Nov. 12 2015		
I represent: Self & Community	etion (foundiable)		
Name of organiz Topic: <u>Contract</u> Admin is tration			
Action you wish Council to take: <u>Hear me</u>	out & think about		
protecting our taxpayers			

Are you providing any supporting documentation (a letter or a PowerPoint presentation)?

Yes 0 10mb limit*

No

If you are providing supporting documentation the documentation <u>must</u> accompany this request or your letter. Placement on the agenda cannot be confirmed until supporting documentation has been received. Handouts will not be distributed at the meeting.

*If presentation is larger, please bring into the Council Secretary on a thumb drive to allow downloading.

Alternatively supporting documentation may be emailed to: <u>councilsecretary@victoria.ca</u>

Please note that all presentations are held at a public meeting, therefore, the first page of this form, along with the supporting documentation is added to the agenda, which is made available to the public and posted on the City of Victoria's website. The second page of this form, containing your contact information, does not form part of the agenda, but may be released pursuant to the provisions of the *Freedom of Information and Protection of Privacy Act*.

Please complete both sides of the form and submit to:

Council Secretary Legislative Services Department City of Victoria 1 Centennial Square Victoria, BC V8W 1P6 T 250.361.0571 F 250.361.0348 Email: <u>councilsecretary@victoria.ca</u>



MAKING A PRESENTATION TO VICTORIA CITY COUNCIL

By resolution of the Victoria City Council, any individual or delegation wishing to address Council is permitted to do so, only where previous written application for such hearing has been made. Each speaker is required to submit this form or provide a letter clearly outlining the subject matter to be discussed and the action being requested of Council. Complete and submit your request to address Council to Legislative Services by 11:00 a.m. on the Wednesday the day before the scheduled meeting. To ensure the Council receives your submission with their full agenda package, please submit it by 4:30 p.m. on the Monday two weeks before the Council meeting. Requests received after this time will be added to the Amended Agenda produced the Wednesday immediately prior to the Council meeting.

Speakers or delegations are limited to a maximum of five (5) minutes to present their material. Speakers may speak on more than one topic within the allotted five (5) minute period. Your request will be placed under the HEARINGS section of the Council meeting. Council must pass a resolution to permit you to address the meeting. On a majority vote of Council, you will be invited to make your presentation. Please come forward to the podium when your name is announced.

The Council bylaw states Council must not permit a delegation to address a meeting of the Council regarding:

- a bylaw or permit in respect to which a public hearing has been held or has been scheduled for a future date; or
- the promotion of commercial goods or services.

AUDIO-VISUAL PRESENTATION GUIDELINES

- The Council Chamber is equipped with a laptop which projects images onto the screens in Council Chambers. The laptop is equipped with Microsoft Windows 7 and Windows Media Player, as well as VLS Media Player.
- Presentations must be received when the Request is submitted to allow staff to ensure the presentation will work on the City's equipment.
- It is recommended that presentations should be a minimum of 24 point type, preferably in Arial font, to maximize ease of viewing.
- The front page should indicate the subject matter, presenter's name, title and date of presentation.
- AV presentations should summarize the information being presented by the speaker.

Contact Person: _	Sear	n Mu	irray		
Mailing Address:	#20	9-801	Darwin	are	
	Vic	B.C.	VBX	2 X 7	
Telephone Numbe	er(s):				
Email Address:	S.				

V:\WPDOCS\COUNCIL\Forms\Request to Address Council_2014.doc

Christine Havelka

From: Sent: To: Subject:	t: Sunday, November 08, 2015 7:27 PM Council Secretary	
Name:	Mike Downey	Date : November 08, 2015

Address:940 Fullerton AveI wish to appear at the following Council meeting: November 12, 2015

I represent: Warriors of Compassion

Topic: Potbelly pigs should not lie under the animal agriculture act.

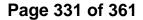
Action you wish Council to take:

Communication and guidance to enable a change that the city of Victoria can actually benefit from.

CONTACT INFO:

Contact Name:
Contact Address:
Contact Phone Number:
Contact Email:

Mike Downey 940 Fullerton Ave



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MAKING A PRESENTATION TO VICTORIA CITY COUNCIL

Complete and submit your request to address Council to Legislative Services by 11:00 a.m. on the Wednesday the day before the scheduled meeting. To ensure the Council receives your submission with their full agenda package, please submit it by 4:30 p.m. on the Monday two weeks before the Council meeting. Requests received after this time will be added to the Amended Agenda produced the Wednesday immediately prior to the Council meeting.

Presentations are a maximum of five (5) minutes in duration.

Name: Taylor Mason	Date: Now 9th, 2015
Address: Coza Avalon Rd. Vic	FORCI RC JEVINE
I wish to appear at the following Council meeting:	lov 12th, 2015
1 represent: Richtsband) RIAMMARS 1	lichaira
Topic: Amendment	, if applicable)
Action you wish Council to take: To allou	, ridestruis
as put of the city's be	
	eendations.
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Are you providing any supporting documentation (a letter or a PowerPoint presentation)? Yes 010mb limit* No

If you are providing supporting documentation the documentation <u>must</u> accompany this request or your letter. Placement on the agenda cannot be confirmed until supporting documentation has been received. Handouts will not be distributed at the meeting.

*If presentation is larger, please bring into the Council Secretary on a thumb drive to allow downloading.

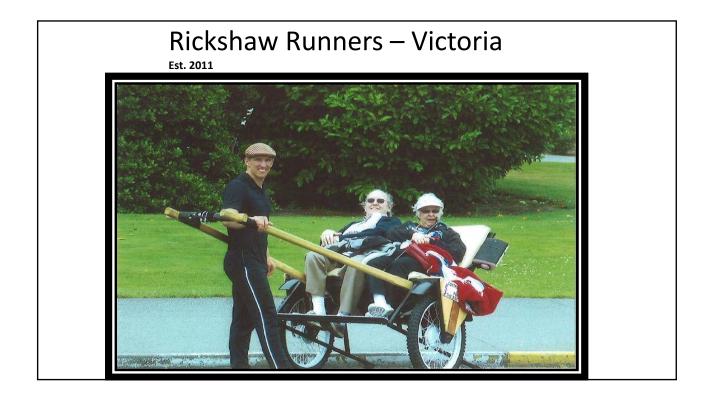
Alternatively supporting documentation may be emailed to: <u>councilsecretary@victoria.ca</u>

Please note that all presentations are held at a public meeting, therefore, the first page of this form, along with the supporting documentation is added to the agenda, which is made available to the public and posted on the City of Victoria's website. The second page of this form, containing your contact information, does not form part of the agenda, but may be released pursuant to the provisions of the *Freedom of Information and Protection of Privacy Act.*

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Council Secretary Legislative Services Department City of Victoria 1 Centennial Square Victoria, BC V8W 1P6 T 250.361.0571 F 250.361.0348 Email: <u>councilsecretary@victoria.ca</u>

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- Started to rickshaw in 2010
- Started Rickshaw Runners – Victoria in 2011 with Two Rickshaws
- Returned to Victoria in 2015 to continue running



Pat and Jill Loupin, Idaho USA, June 2015

- 3 Years of incident free operations
- Safely designed rickshaws
- Excellent way to address and entertain Victoria's tourists



Canada Day 2015

Fans from the Facebook Page

Taylor is the greatest kabuki lad of all time! - Hamish Stace, USA

We had absolute great time! Fantastic, highly recommend -Bill & Tracey-Ann Burnett, Australia



Christine Havelka

From: Sent: To: Subject: Attachments: Taylor Mason Wednesday, November 11, 2015 8:10 PM Council Secretary Rickshaw Runners - Victoria (for Christine H.) Rickshaw.pptx

Hi Christine,

My letter to Mr. Woodland was a physical one. I should have a copy on file at my office and I will have that to you tomorrow first thing. I'd like to outline in this email the basics of my request to the council:

- For rickshaws be introduced and included in the vehicle for hire by-law with a finite number of licenses available to be given. I propose the number of licenses should be 6. I would like to speak for all 6 of these licenses.
- If the council agrees I would like them to voice their concerns and discuss any restrictions they may require of me and Rickshaw Runners Victoria
- To be guaranteed the right to renew these licenses year after year
- To come to an agreement of the fee structure if the council chooses to regulate them

See you tomorrow,

Taylor Mason

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Christine Havelka

From: Sent:	webforms@victoria.ca Wednesday, November 11, 2015 9:40 AM
То:	Council Secretary
Subject:	Thank you for your submission - City of Victoria - Address Council Form

Name:	Ashley Mollison	Date: November 11, 2015
Address:	PO Box 1700 STN CSC Victoria British Columbia V8W 2Y2 Canada	,

I wish to appear at the following Council meeting: November 12, 2015

I

self represent:

Topic: Importance of reviewing the Parks Regulation Bylaw

Action you wish Council to take:

Support the recommendation from the committee to have staff review the Parks Regulation Bylaw in light of the Abbotsford Supreme Court decision

CONTACT INFO:

Contact Ashley Mollison Name:

Contact

c/o Centre on Aging PO Box 1700 STN CSC Victoria British Columbia V8W 2Y2 Canada Address: Contact

Contact	
Phone	
Number:	
Contact	
Email:	

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UNFINISHED BUSINESS

For the Council meeting of November 12, 2015

1. ZONING REGULATION BYLAW AMENDMENTS

ZONING AMENDMENT No.	INTRODUCTION DATE	PROPERTY ADDRESS	REZONING APPLICATION No.	BYLAW No.
707	707October 28, 2004Adaptable Housing Regulations Awaiting Staff Report for UpdateCity660September 30, 2004Railway Corridor DistrictCity		City	04-77
660			City	04-89
	The above bylaw was proposed to rezone the E&N Rail line when rail service ceased. Currently, segments of the rail line are within various zones that correspond with contiguous properties with development potential. This bylaw would prevent private development that could compromise the corridor from being utilized as light rail or other form of public transportation mode in future. The bylaw was held pending community consultation.			
805	805 October 11, 2007 Ms-I Zone, Douglas-Blanshard 00140 Industrial District		07-033	
806	806 October 11, 2007 M3-G Zone, Government Heavy Industrial District			07-037
	The above bylaws were proposed to amend these particular zones to remove noxious industrial uses. The OCP, 2012 identifies the Rock Bay district as a "priority 1" project for future local area planning, during which time land use and other planning matters would be considered during community consultation			
991	991 Tabled 1303 Dallas Road 00430 April 10, 2014		14-033	

2. OFFICIAL COMMUNITY PLAN BYLAW AMENDMENTS

OCP INTRODUCTION	PROPERTY ADDRESS	REZONING	BYLAW
AMENDMENT # DATE		APPLICATION #	#

3.	HERITAGE DESIGNATION BYLAWS	
	Heritage Designation (1964 Fairfield Road), Amendment Bylaw (No. 1)	13-101
	Received two readings December 20, 2013	

4. <u>HOUSING EMERGENCY BYLAW (No. 6)</u> Received three readings October 23, 2008

08-095

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GOVERNANCE & PRIORITIES COMMITTEE REPORT FROM THE MEETING HELD NOVEMBER 5, 2015

For the Council Meeting of November 12, 2015, the Committee recommends the following:

1. <u>Balfour Avenue Playlot – New Lease</u>

That Council authorizes the Mayor and Corporate Administrator to execute a lease with the United Church of Canada, in a form satisfactory to staff, for the children's playlot on Balfour Avenue commencing March 1, 2015 and ending February 28, 2018.

2. Third Quarter Report, July 1 – September 30, 2015 That Council receive this report for information

That Council receive this report for information.

3. VicPD Quarterly Report

That Council receive this report for information.

4. <u>Potential Amendment to the 2015 - 2018 Strategic Priorities: Motion - Asbestos</u> <u>Control</u>

That Council refer the following items to staff to report back within no more than two Governance and Priorities Committee Meetings on the implications of adding this:

- 1. Requests that the Mayor write to the Prime Minister of Canada endorsing the establishment of National Registries of public buildings and public maritime vessels containing asbestos products and requesting a federal ban on the importation of asbestos and building products containing asbestos into Canada;
- 2. Requests that the Mayor write to the Premier of British Columbia, the Minister Responsible for Housing and the Minister of Advanced Education, (1) requesting cooperation with the Federal and Municipal governments in the establishment of National Registries of public buildings and public maritime vessels containing asbestos and building products containing asbestos; (2) proposing more rigorous training in asbestos safety, mitigation and removal within the provincial trades training, apprenticeship and accreditation system; and (3) recommending improvements to the BC Building Code to increase protections for workers from the health and safety risks of asbestos;
- 3. Refers the following motion for consideration during the next quarterly Strategic Priorities review:

THAT Council direct staff to report on options for increasing protections for workers in the building trades through the prohibition of the use of asbestos and building products containing asbestos in construction activities authorized by building permit in the City of Victoria;

AND THAT this report include advice from the Fire Chief on the advisability of prohibiting the use of asbestos and building products containing asbestos in construction activities in the City of Victoria;

AND THAT this report include advice on the resource implications and advisability of including municipal buildings, facilities and maritime vessels in National Registries of public buildings and public maritime vessels containing asbestos and building products containing asbestos.

5. <u>Motion – Increasing Opportunities for Pedicab Entrepreneurs in Victoria</u>

- That staff be directed report back within 2 GPC meetings on the resource implications of bringing forward for Council consideration an amendment to the Vehicles for Hire Bylaw that would (a) increase the total number of pedicab licences from 28 to 35, and (b) introduce selection criteria to ensure that licenseholders have sufficient experience and expertise to ensure a safe and reliable service, and (c) cap the number of licenses held by any one operator.
- 2. Once staff return to Council with draft bylaw amendments, that Council consider those amendments, and if approved, that Council
 - (a) Introduce and give second reading to the proposed amendments to the Vehicles for Hire Bylaw, and
 - (b) direct staff to mail a notice to all pedicab businesses in the city to advise of Council's intention to adopt this bylaw and the opportunity to make representation to Council via written (and/or oral) submissions prior to adoption of the bylaw.

6. <u>Motion - Stewarding Water Systems Responsibly through Eliminating the Use of</u> <u>Single-Use Plastic Bags</u>

That Council refer the report to staff for staff to report back within two GPC meetings at the most on the implications of adding the proposed action to the strategic plan and operation plan as action items.

AND THAT Council consider directing staff to prepare a bylaw for First Reading upon receipt of the preliminary staff report on resource implications.

7. <u>2015 Third Quarter Budget Status Report</u>

That Council receive this report for information.

8. <u>Regulations for Medical Marijuana-Related Business</u>

That Council receive this report for information.

9. Update on the Stormwater Utility Implementation & Proposed Bylaw Amendments for the Stormwater Utility & Rainwater Rewards Program

That Council:

- 1. Direct staff to bring forward amendments to the *Sanitary Sewer and Stormwater Utilities Bylaw* to regulate all businesses who operate under Schedule 'E' in the Stormwater Codes of Practice pollution prevention program for protection of the environment.
- 2. Direct staff to bring forward an updated *Sanitary Sewer and Stormwater Utilities Bylaw* Stormwater Fee to charge "Low Density Residential" properties the 'Local' frontage rate for all frontage lengths, and an update to the Street/Sidewalk Cleaning Factor rate for 'Local' frontages.
- 3. Direct staff to bring forward an amendment to the *Sanitary Sewer and Stormwater Utilities Bylaw* Rainwater Management Credit Table for Multi-Family Residential, Civic Institutional and Commercial/Industrial properties to:
 - a. Treat roof impervious area and surface impervious area equally.
 - b. Lower minimum size of treated area to 10%, and adjust size increments to 5%.
- 4. Direct staff to investigate options to eliminate permit fees for projects completed under the Rainwater Rewards program.
- 5. Direct staff to bring forward minor housekeeping updates to the *Sanitary Sewer* and *Stormwater Utilities Bylaw* as outlined in this report.

10. Parking Services Budget

That Council:

- 1. Receive this report for information and consideration.
- 2. Direct staff to report back with an update in January, 2016.

11. <u>Aerial Apparatus Purchase</u>

That Council receive this report for information relating to the replacement of Victoria Fire Department Ladder 2, 1990 Emergency One 95' Aerial Platform.

12. Motion – Regulating Cannabis in Victoria

That Victoria City Council write to the new Prime Minister asking for clarification on whether and when the new federal government intends to implement the legalization and regulation of cannabis in Canada, and proposing that the federal/provincial/territorial task force described in federal Liberal policy include a representative of the Federation of Canadian Municipalities, to reflect the concerns and interests of municipalities.

13. Motion – Regulating Cannabis in Victoria

That Council postpone consideration of the following proposed motion for two weeks: Further, that Victoria City Council postpone consideration of any local regulatory regime until a response to that letter to the Prime Minister is received, or at February 19, 2016, whichever comes first.

14. <u>Motion – Consistency of Parks Regulation Bylaw and Canadian Charter of</u> <u>Rights and Freedoms</u>

THAT Council direct staff to review City of Victoria Parks Regulation Bylaw 07-059 in light of the recent BC Supreme Court decision in *Abbotsford (City) v. Shantz*, 2015 BCSC 1909, and recommend any amendments deemed advisable to ensure the City bylaw is constitutional and does not unreasonably infringe on the rights of people who are homeless.

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PLANNING & LAND USE COMMITTEE REPORT FROM THE MEETING HELD NOVEMBER 12, 2015

For the Council Meeting of November 12, 2015, the Committee recommends the following:

- 1. <u>R1-A Zone, Rockland Single Family Dwelling Bylaw Housekeeping Amendment</u>: That Council consider giving first and second reading to the *Zoning Regulation Bylaw* amendment proposed to the R1-A Zone, Rockland Single Family Dwelling District, and that a Public Hearing date be set.
- 2. <u>Sidewalk Café Bylaw Progress Report</u>: That Council direct staff:
 - 1. To bring forward an updated *Sidewalk Café Bylaw* (No. 02-75) based on the following approach:
 - a. That the type of sidewalk cafés distinguish between whether objects are fixed in place of not.
 - b. That fully enclosed sidewalk cafés are no longer permitted.
 - c. That only fixtures that are easily removable are permitted.
 - d. That clearances from the curb be updated for safety and clarity.
 - e. That heater regulations be updated for safety and clarity.
 - f. That the fees be updated to simplify the process and for consistency with City policy.
 - g. That the adjacent parallel parking stall be an option for sidewalk café use in some circumstances.
 - h. That the Bylaw language be improved for clarity.
 - 2. To prepare design guidelines to provide guidance for sidewalk café design and application review.
 - 3. To proceed with public consultation, focused on providing information on the bylaw and process changes to stakeholders for feedback.
 - 4. To refer this item to the Accessibility Working Group for feedback.
 - 5. To incorporate refinements into the draft *Sidewalk Café Bylaw* in response to the input received from the public consultation and report back to Council with the proposed Bylaw by February 2016.
- 3. <u>Development Permit Application No. 000430 for 1029 View Street</u>: "That Council authorize the issuance of Development Permit Application No. 000430 for 1029 Fort Street in accordance with:
 - 1. Plans dated September 18, 2015.
 - 2. Development meeting all Zoning Regulation Bylaw requirements.
 - 3. Provision of an arborist report to demonstrate the mitigation measures needed to reduce the impacts on the retained street trees along View Street or an alternate plan to replace the street trees to the satisfaction of City staff.
 - 4. Provision of additional detail related to the functionality of the two-tier bicycle parking to the satisfaction of City staff.
 - 5. That Council authorize City of Victoria staff to execute an Encroachment Agreement for a fee of \$750 plus \$25 per m² of exposed shored face during construction, in a form satisfactory to City staff. This is to accommodate shoring for construction of the underground parking structure at the property line.
 - 6. Final plans to be generally in accordance with the plans identified above to the satisfaction of City staff.
 - 7. The Development Permit lapsing two years from the date of this resolution."

- 4. <u>Heritage Application Permit No. 00208 for 700 Government Street</u>: That Council authorize the issuance of Heritage Alteration Permit No. 00208 for the property at 700 Government Street, in accordance with:
 - 1. Plans date stamped September 17, 2015.
 - 2. Development Meeting all Zoning Regulation Bylaw requirements.
 - 3. Final plans to be generally in accordance with the plans identified above to the satisfaction of the Director, Sustainable Planning and Community Development.
- 5. <u>Liquor Licence Amendment The Local Bar and Grill</u>: That Council, after conducting a review with respect to noise and community impacts regarding the application to add a Patron Participation Endorsement for the Food Primary Liquor licenve of The Local Bar and Grill, Liquor Licence No. 302531, located at 1205 Wharf Street, supports:
 - 1. The application of The Local Bar and Grill to amend its Food Primary Liquor Licence to add a Patron Participation Endorsement.
 - 2. That Council provides the following comments on the prescribed considerations:
 - a. The location is in the historic commercial district which authorizes restaurants, hotels, retail stores, tourist services and associated uses. The Food Primary Liquor licensed business is compatible with the neighbouring land uses. The business is located within the Old Town District and is within the Intermediate Noise District, which allows for a higher noise threshold.
 - b. This change is expected to have minimal impact on the neighbourhood due to the configuration, use and size of the licenced premises. The restaurant has had no complaints of noise or nuisance since April 2007. There is some concern that this change could increase the likelihood of the business being operated contrary to its primary purpose.
 - c. The views of the residents were solicited via a mailed notice to neighbouring property owners and occupiers within 50 metres of the restaurant and a notice posted at the property. Three written responses were received by the City, two opposed and one in support of the application.
- 6. <u>Liquor Licence Amendment The Strathcona Hotel</u>: That Council, after conducting a review with respect to noise and community impacts regarding the application to amend the hours of liquor service for the Liquor Primary Licence of the Strathcona Hotel, Liquor Licence No. 136243, located at 919 Douglas Street, supports:
 - 1. The application of the Strathcona Hotel to amend its Liquor Primary Licence to allow a change in operating hours to include 10:00 AM to 2:00 AM liquor service seven days per week.
 - 2. That Council provides the following comments on the prescribed considerations:
 - a. The location is within the Core Business Place designation in the in the Official Community Plan area which authorizes commercial, including office, retail, visitor accommodation, multi-unit residential and mixed use.
 - b. The Food Primary liquor licenced business is compatible with the neighbouring land uses. The business is located within the Central Business District and is within the Intermediate Noise District, which allows for a higher noise threshold.
 - c. The views of the residents were solicited via a mailed notice to neighbouring property owners and occupiers within 50 metres of the Hotel and a notice posted at the property. Two written responses were received from residents opposed to the application.

- 7. <u>The Strathcona Hotel</u>: That Council request that the applicant provide information on what practises are used to address neighbourhood concerns.
- 8. <u>Heritage Advisory Panel Referrals</u>: That Council approve the following referrals to the Heritage Advisory Panel for consideration, comments and / or recommendations on:
 - 1. Possible further losses of the 1860's houses in Victoria.
 - 2. The Heritage Significance of the 1889 Courthouse in Bastion Square.

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NO. 15-080

A BYLAW OF THE CITY OF VICTORIA

The purposes of this Bylaw are to amend the Zoning Regulation Bylaw by creating the RK-28 Zone, Fernwood Multiple Dwelling District, and to rezone land known as 2542 Fernwood Road from the R-2 Zone, Two Family Dwelling District to the RK-28 Zone, Fernwood Multiple Dwelling District.

The Council of The Corporation of the City of Victoria enacts the following provisions:

- 1 This Bylaw may be cited as the "ZONING REGULATION BYLAW, AMENDMENT BYLAW (NO. 1052)".
- 2 Bylaw No. 80-159, the Zoning Regulation Bylaw, is amended in the Table of Contents of Schedule "B" under the caption <u>PART 2 – ATTACHED DWELLING ZONES</u> by adding the following words:

"2.140 RK-28, Fernwood Multiple Dwelling District".

- 3 The Zoning Regulation Bylaw is also amended by adding to Schedule B after Part 2.139 the provisions contained in Schedule 1 of this Bylaw.
- 4 The land known as 2542 Fernwood Road, legally described as Lot 1, Block 12, Section 48, Victoria District, Plan 858 and shown hatched on the attached map, is removed from the R-2 Zone, Two Family Dwelling District, and placed in the RK-28 Zone, Fernwood Multiple Dwelling District.

READ A FIRST TIME the	day of	2015
READ A SECOND TIME the	day of	2015
Public hearing held on the	day of	2015
READ A THIRD TIME the	day of	2015
ADOPTED on the	day of	2015

ACTING CORPORATE ADMINISTRATOR

MAYOR

2.140.1 Permitted Uses in this Zone

The following uses are the only uses permitted in this Zone:

- a. All of the uses permitted under Part 1.2 for the R1-B Zone, Single Family Dwelling District, subject to the regulations applicable in that zone;
- b. All of the uses permitted under Part 2.1 for the R-2 Zone, Two Family Dwelling District, subject to the regulations applicable in that zone;
- c. Ground-oriented multiple dwelling

In this Part, "ground-oriented multiple dwelling" means a building containing three or more <u>self-contained dwelling units</u>, at least two thirds of which have individual and direct access to the ground.

2.140.2 Lot Area, Lot Width		
a. <u>Lot area</u> (minimum)	599m ²	
b. <u>Lot</u> width (minimum)	15m	
2.140.3 Floor Space Ratio		
Floor space ratio (maximum)	0.6:1	
2.140.4 Height, Storeys		
a. Principal building height (maximum)	8.50m	
b. <u>Storeys</u> (maximum)	2	
2.140.5 Setbacks, Projections		
a. Front yard setback (minimum)	8.80m	
Except for the following maximum projections into the setback:		
Steps less than 1.8m in height	2.55m	
• porch	0.60m	
b. Rear yard setback (minimum)	5.30m	
c. Side yard setback from interior lot lines (minimum)	2.00m	
 <u>Side yard setback</u> on a flanking street for a <u>corner lot</u> (minimum) 	2.55m	
Except for the following maximum projections into the setback:		
Steps less than 0.60m in <u>height</u>	1.50m	
Porch	0.85m	

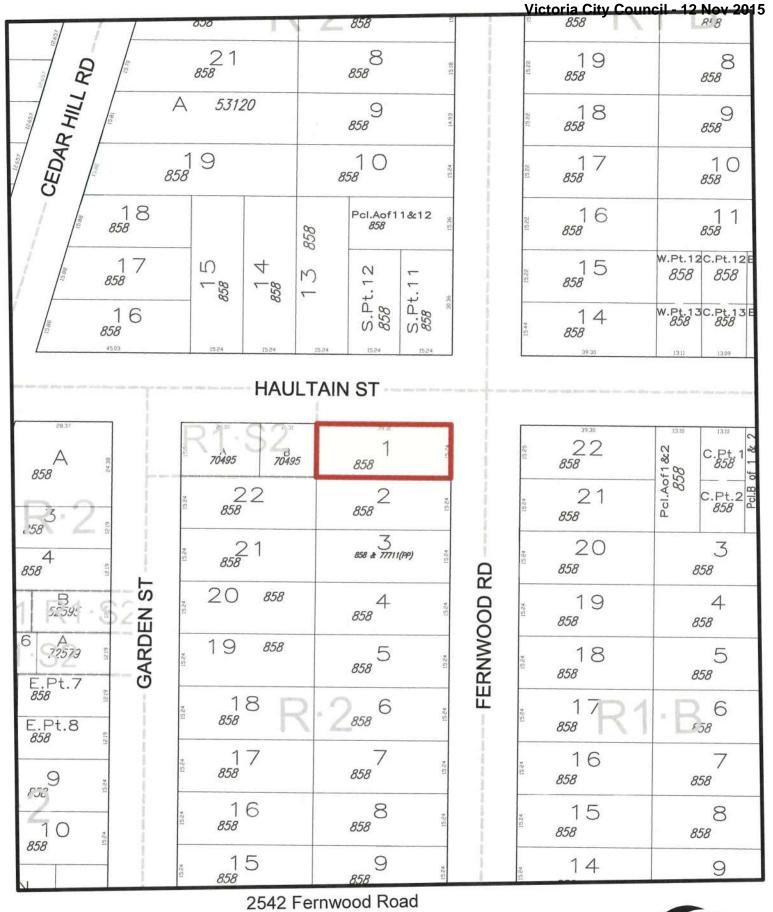
Words that are <u>underlined</u> see definitions in Schedule "A" of the Zoning Regulation Bylaw

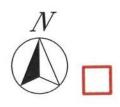
Schedule 1 PART 2.140 – RK-28 ZONE, FERNWOOD MULTIPLE DWELLING DISTRICT

2.140.6 Site Coverage, Open Site Space			
a.	Site Coverage (maximum)	38%	
b.	Open site space (minimum)	50%	
2.140.7 Vehicle and Bicycle Parking			
a.	Parking is subject to the regulations in Schedule "C", except as otherwise specified by the regulations in this Part 2.140		
b.	vehicle parking for ground-oriented multiple dwelling containing not more than three self-contained dwelling	2 parking spaces	

<u>units</u>

Words that are underlined see definitions in Schedule "A" of the Zoning Regulation Bylaw





Rezoning No. 00482 Bylaw No. 15-080 Rezone from R-2 Zone, Two Family Dwelling District to RK-28 Zone, Fernwood Multiple Dwelling District



NO. 15-083

A BYLAW OF THE CITY OF VICTORIA

The purposes of this Bylaw are to amend the Zoning Regulation Bylaw by creating the R1-B-GS5 Zone, Single Family Dwelling with Garden Suite (Clawthorpe Avenue) District, and to rezone the land known as 1510 Clawthorpe Avenue from the R1-B Zone, Single Family Dwelling District to the R1-B-GS5 Zone, Single Family Dwelling with Garden Suite (Clawthorpe Avenue) District.

The Council of The Corporation of the City of Victoria enacts the following provisions:

- 1 This Bylaw may be cited as the "ZONING REGULATION BYLAW, AMENDMENT BYLAW (NO. 1054)".
- 2 Bylaw No. 80-159, the Zoning Regulation Bylaw, is amended in the Table of Contents of Schedule "B" under the caption <u>PART 1 – DETACHED DWELLING ZONES</u> by adding the following words:
 - "1.129 R1-B-GS5, Single Family Dwelling with Garden Suite (Clawthorpe Avenue)".
- 3 The Zoning Regulation Bylaw is also amended by adding to Schedule B after Part 1.128 the provisions contained in Schedule 1 of this Bylaw.
- 4 The land known as 1510 Clawthorpe Avenue, legally described as Lot 3, Sections 29 and 30, Victoria District, Plan 7139 and shown hatched on the attached map, is removed from the R1-B Zone, Single Family Dwelling District, and placed in the R1-B-GS5 Zone, Single Family Dwelling with Garden Suite (Clawthorpe Avenue) District.

READ A FIRST TIME the	day of	2015
READ A SECOND TIME the	day of	2015
Public hearing held on the	day of	2015
READ A THIRD TIME the	day of	2015
ADOPTED on the	day of	2015

Schedule 1

(CLAWTHORPE AVENUE) DISTRICT

1.129.1 Permitted Uses in this Zone

- a. <u>Single family dwelling subject to the regulations in Part 1.2</u>
- b. Garden suite
- c. <u>Home occupation</u> contained within the <u>single family dwelling</u> subject to the regulations in Schedule "D"
- d. Garage sales limited to no more than 2 in any year
- e. Accessory buildings subject to the regulations in Schedule "F"

1.129.2 Location of Garden Suite

- a. Garden suite must be sited in the rear yard
- b. No more than one garden suite is permitted per lot

1.129.3 Garden Suite Floor Area and Site Area

- a. Floor <u>area</u>, of all floor levels combined (maximum)
- b. A garden suite may not be erected, used or maintained on a lot having a site area less than 557 m²

1.129.4 Garden Suite Height, Storeys, Roof Decks

a.	Building height (maximum)	5.5m in <u>height</u>
b.	<u>Storeys</u> (maximum)	One and a <u>half storey</u>
c.	Roof deck	Not permitted

68m²

1.129.5 Garden Suite Setbacks

a.	Rear yard setback (minimum)	0.6m
b.	Side yard setback from interior lot line (minimum)	0.6m
C.	<u>Side yard setback</u> on a flanking <u>street</u> for a <u>corner lot</u> (minimum)	3.5m or the minimum <u>front yard</u> <u>setback</u> of the adjoining lots whichever is the greater, when the adjoining lot shares a common <u>lot line</u> other than a <u>rear lot line</u>
d.	Separation space between a <u>garden suite</u> and a <u>single</u> <u>family dwelling</u> (minimum)	2.4m

Words that are underlined see definitions in Schedule "A" of the Zoning Regulation Bylaw

Schedule 1 Victoria City Council - 12 Nov 2015 PART 1.129 – R1-B-GS5 ZONE, SINGLE FAMILY DWELLING WITH GARDEN SUITE (CLAWTHORPE AVENUE) DISTRICT

1.129.6 Site Coverage

Rear yard site coverage for all buildings (maximum)

25%

1.129.7 Garden Suite Parking

No off-street parking is required for the garden suite

Words that are <u>underlined</u> see definitions in Schedule "A" of the Zoning Regulation Bylaw





1510 Clawthorpe Avenue Rezoning No. 00484 Bylaw No. 15-083 Rezone from R1-B Zone, Single Family Dwelling District to R1-B-GS5 Zone, Single Family Dwelling with Garden Suite (Clawthorpe Avenue) District





Council Member Motion For the Council Meeting of November 12, 2015

Date: November 10, 2015

From: Councillor Isitt, Mayor Helps, Councillor Alto and Councillor Loveday

Subject: Climate Leadership in Building Sector

Background:

With the approach of the United Nations Conference on Climate Change, and in the context of British Columbia's ongoing commitment to climate action, a consortium of organizations is advocating for leadership in the development of British Columbia's new Climate Plan, with specific emphasis on energy efficiency in the building sector.

The consortium consists of the BC Advanced Conservation and Efficiency Alliance, the Royal Architectural Institute of Canada BC and Yukon Chapter, the Urban Development Institute Pacific Region and the Pembina Institute. The consortium is working alongside a broader coalition of British Columbia power producers, industry associations, and non-governmental organizations – the Energy Forum – which has issued a Call for Action on Energy and Climate (attached).

It is therefore proposed that the City of Victoria endorse the following resolution as well as the Energy Forum's Call for Action on Energy and Climate.

Motion:

THAT the City of Victoria endorses the following resolution and the Energy Forum's attached Call for Action on Energy and Climate:

"We support the B.C. government's commitment to implement a new Climate Plan.

We expect the plan will include ambitious new actions that lead to:

- a strong economy with opportunities for all British Columbians;
- a province powered by clean energy;
- a more equitable society;
- cleaner air and water supporting healthy communities and ecosystems;
- protection from a changing climate.

We can't afford to delay. Now is the time to lead the transition to a clean energy economy. In this transition, the built environment offers unique opportunities for carbon reductions and economic growth.

As energy and building professionals, trades and businesses, we provide world class products and services to meet customer needs, satisfy regulations and compete in the global marketplace. We are employers, taxpayers, community partners, and leaders in our field.

As local governments, we are committed to the sustainability of our communities. We engage

our citizens and staff to reduce emissions, we foster local economic development, and we prepare for a changing climate.

Together, we are ready to transition to a resilient and efficient building sector. We call on the B.C. government to:

- Set a clear target for the end performance goal for new buildings for example, for new buildings to be net-zero energy ready by 2030 and work with stakeholders to develop, within six months of the release of the Plan, a roadmap clarifying the timeline and approach to meet this goal;
- Lead by example by requiring that all new planned public buildings meet this goal starting in 2016, and by setting up an aggressive renovation program for existing public buildings to reduce their carbon emissions by half in the next decade;
- Launch a multi-year incentive program to accelerate market transformation for high performance new construction and deep retrofits, prioritizing affordable housing and high visibility projects;
- Develop financing mechanisms to redistribute incremental costs, e.g. financing through property taxes or utility bills, or loans to strata;
- Ensure the construction and real estate industry, the government and the public have access to energy performance data to monitor progress and provide feedback on policies and behaviour;
- Support integrated land use and transportation planning to encourage location efficient development;
- Strengthen the price signal for efficiency and conservation through rates and carbon pricing;
- Support local governments and resource the Building Safety and Standards Branch to facilitate code changes, streamline approval of innovative solutions through variances or alternative solutions, decrease permitting times and increase code compliance.

By pursuing these opportunities, we can reduce our carbon footprint while saving money, creating local jobs, and opening export markets for B.C.-made components and designs. We can also ensure all British Columbians live and work in buildings that improve community health, happiness, and productivity."

Respectfully submitted,

2Helps

Councillor Loveday

Councillor Isitt

Mayor Helps

Councillor Alto

Attachment: Energy Forum Call for Action on Energy and Climate



Nov 2, 2015

Call for Action on Energy and Climate

The Energy Forum today released a statement calling for bold action on energy and climate by the British Columbia Government:

We support the B.C. government's commitment to implement a new Climate Plan. We expect the plan will include ambitious new actions that lead to:

- A strong economy, with opportunities for all British Columbians;
- A province powered by clean energy;
- A more equitable society;
- Cleaner air and water, supporting healthy communities and nature; and
- Protection from a changing climate.

We can't afford to delay. Now is the time to lead the transition to a clean energy economy.

The Energy Forum is seeking formal endorsement of this statement from individuals and organizations. A final version of the Call for Action with a list of all supporters will be delivered to Premier Clark prior to the release of British Columbia's draft *Climate Leadership Plan*, expected in late November 2015.

The Energy Forum is a collaboration of British Columbian power producers, industry associations, and non-government organizations that are working together to address the challenges and opportunities presented by the nexus of energy, climate and ecosystems. Our organizations share an interest in promoting environmental stewardship of healthy rivers and abundant salmon as an important means of enhancing social license and overall support for sustainable clean energy development in our Province. The ambitious new actions that the Energy Forum has recommended for inclusion in the Climate Leadership Plan are available at <u>energyforum.ca</u>

For more information on how to lend your support to the Call for Action, please contact: <u>coordinator@energyforum.ca</u>

Alterra Power Corp - BlueEarth Renewables - Boralex - CANWEA - Clean Energy BC - Chinook Power Corp. Clean Energy Canada - David Suzuki Foundation - Ecofish Research Ltd - Ecotrust Canada - Finavera Wind Energy Innergex Renewable Energy Inc. - MK Ince & Associates - Pembina Institute – Sea Breeze Poleager 361 of 361 Watershed Watch Salmon Society - West Coast Environmental Law - WWF Canada