



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT

Inspection Request: 1-916-808-7622

DEVELOPMENT SERVICES
DEPARTMENT
300 RICHARDS BOULEVARD
3rd FLOOR
SACRAMENTO, CA
95811-0218

Permit Number:
Z08-330

Planning Division - Zoning Administrator Development Project Routing Form

DATE: January 08, 2009

File Number: **Z08-330**

TO:

<input type="checkbox"/> Building Inspections	<input type="checkbox"/> Parks - Dana Allen #4725
<input checked="" type="checkbox"/> City Council District - 3 - Cohn	<input checked="" type="checkbox"/> PolicePlanReview
<input type="checkbox"/> Design Review	<input checked="" type="checkbox"/> Senior Planner - Stacia Cosgrove
<input checked="" type="checkbox"/> Development Engineering	<input checked="" type="checkbox"/> Utilities
<input checked="" type="checkbox"/> Fire - King Tunson #2528	<input type="checkbox"/> Geographic Senior - Stacia Cosgrove
<input checked="" type="checkbox"/> Other Environmental Planning	<input type="checkbox"/> Other _____

FROM: Kimberly Kaufmann-Brisby, Associate Planner
Phone#: (916) 808-5590

E-mail: kkbrisby@cityofsacramento.org
Fax#:

Assessor's Parcel Numbers: 00701730010000

Project Address: 2800 L ST

Project Location: Sutter Hospital Expansion - Womens' and Childrens' Center - 29th and L streets.

Applicant's Name: Pam Brink

Applicant's Phone #: (916) 453-5730

PLEASE RESPOND BY: **January 27, 2009**

PROJECT DESCRIPTION:

Applicant is requesting a variance to expand the hours of construction for the expansion of the Sutter Memorial Hospital Womens' and Childrens' Center to between the hours of 7 a.m. and 10 p.m., seven days a week. Original planning approval for the current expansion P03-090.

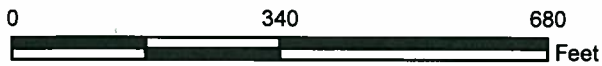
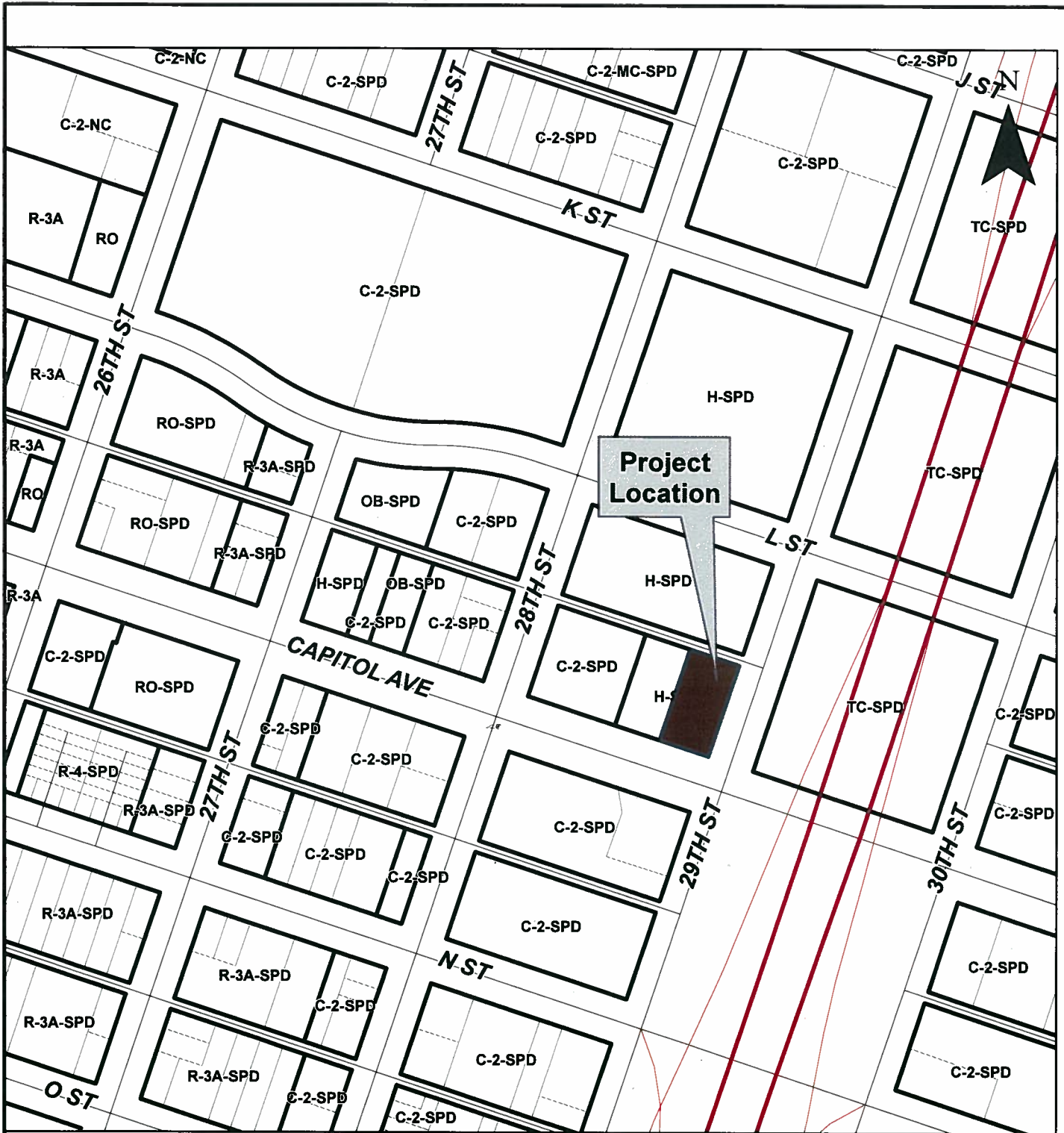
Entitlements:


- * Variance to expand the construction hours to between the hours of 7 a.m. and 10 p.m.

COMMENTS:

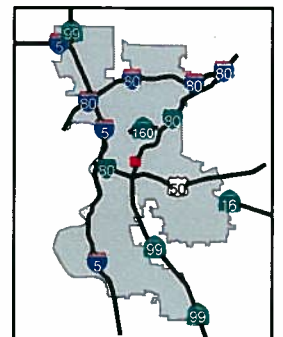
Reviewed by: _____

Date: _____




 Development Services
 Department
 Geographic
 Information
 System

Land Use and Zoning Sutter Noise Variance



Z08-330

Item XX

PLANNING DIVISION APPLICATION

The City of Sacramento Planning Division has designed this application in order to obtain important information about your proposed project that will help us in expediting the application process. Please complete all sections providing as much detail as possible regarding the scope of your proposal. Questions regarding the application can be directed to the Development Services Helpdesk from 7:30 a.m. - 3:30 p.m. weekdays at 916-808-5656 (option 3 for Planning) or you can visit either public counter at 915 I Street, 3rd Floor, New City Hall or 2101 Arena Blvd. Suite 200 to speak to a Planner-on-Duty. Visit our website at www.cityofsacramento.org/dsd

SUBJECT SITE INFORMATION

Site Address/
Location of Property: 29th Street between L Street and Capitol Avenue

Assessor's Parcel Number 007-0173-001; 007-0173-003; 007-0173-004

Total Property Size in acres (Gross/Net) _____
or square feet if less than 1 acre: 57,600

Lot Dimensions: 160' x 360'

APPLICANT INFORMATION

Contact Name: Pam Brink

Company Name: Sutter Medical Center, Sacramento

Mailing Address: 2801 Capitol Avenue, Suite 110

City: Sacramento State: CA Zip: 95816

Phone: (916) 453-5730 Ext: _____ Fax: (916) 503-3842

E-Mail brinkp@sutterhealth.org

STAFF USE ONLY

Dated Filed: 12/15/08 Received By: DBP

File Number(s): 208-330

Z08-330
112/15/2008

OWNER INFORMATION

Property Owner Name: Sutter Medical Center, Sacramento
 Mailing Address: 2801 Capitol Avenue, Suite 110
 City: Sacramento State: CA Zip: 95816
 Phone: (916) 454-6883 Ext: _____ Fax: (916) 456-4807
 E-Mail maasl@sutterhealth.org

ZONING INFORMATION

Zoning: Hospital H-SPD & C-2-SPD
 Overlay Zone: No
 Special Planning District: Alhambra Corridor
 Planned Unit Development : N/A
 Design Review District: Yes
 Preservation Area: No Landmark Structure: _____ Yes X No
 Community Plan Designation: GENERAL COMMERCIAL
 General Plan Designation: Public Quasi-Public Misc & Regional COMM OFFICES

ACECIA
 12-15-08


ZONING & EXISTING LAND USE ADJACENT TO THE PROJECT SITE:

PER JEANNE CORCORAN-WILL BE COMPLETED BY CITY

	Zone	Existing Land Use (i.e., residential, commercial, industrial)
North	<u>C-2-SPD</u>	<u>COMMERCIAL / OFFICES</u>
South	<u>C-2-SPD</u>	<u>COMMERCIAL / OFFICES</u>
East	<u>TC-SPD</u>	<u>FREEWAY / PARKING</u>
West	<u>C-2-SPD</u>	<u>SUTTERS FORT</u>

PROJECT INFORMATION

Sutter Medical Center, Sacramento Master Plan

Name of your Project: Women's & Children's Center

(Please enter a name you would like to give your project for future reference.)

PLANNING ENTITLEMENT TYPE

- | | | |
|--|--|---|
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Zoning Administrator | <input type="checkbox"/> Planning Director |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Preservation | |
| <input type="checkbox"/> Special Permit | <input type="checkbox"/> Tentative Map | <input type="checkbox"/> Preliminary Review |
| <input type="checkbox"/> Major Modification | <input type="checkbox"/> Subdivision Modification | <input type="checkbox"/> Rezone |
| <input type="checkbox"/> Minor Modification | | <input type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Plan Review | | <input type="checkbox"/> Community Plan Amendment |
| <input type="checkbox"/> Major Modification | <input type="checkbox"/> Time Extension | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Minor Modification | (file #) _____ | <input type="checkbox"/> Schematic Plan Amendment |
| <input checked="" type="checkbox"/> Variance per section 8.68.260 | <input type="checkbox"/> Special Permit | <input type="checkbox"/> Guidelines Amendment |
| <input type="checkbox"/> Design Review (Board) | <input type="checkbox"/> Plan Review | |
| <input type="checkbox"/> Design Review (Staff) | <input type="checkbox"/> Variance | |
| <input type="checkbox"/> Preservation (Board) | <input type="checkbox"/> Tentative Map | |
| <input type="checkbox"/> Preservation (Staff) | | |

* If you are unsure of the planning entitlement type you are applying for, please meet with a Planner-on Duty to review your project at one of our two public counters listed on the first page of this application.

PREVIOUS LAND USE

List existing and previous land use(s) of site for the last 10 years:

Parking lot for Sutter Cancer Center; Energy Center for campus; Old Tavern

parking structure-paved lot

Has the project or project site received previous planning entitlement? _____ No Yes

If yes, please identify the project number and date of approval:

P03-090; last date of approval December 2006

DR05-150 approved

10-19-08

STATEMENT OF INTENT

Your Statement of Intent will provide Planning staff with a clear vision of what you are proposing to do. Answer in complete sentences in the space below or on a separate attachment. The description of your project should include ALL the entitlements being requested for your project (i.e., Rezone, Tentative Map, Special Permit, Variance, Design Review, Preservation, etc.). Provide as much detail as possible regarding all the characteristics of your project. Explain the reasons why you are applying for this project.

We are requesting a variance to work outside of the hours noted in our EIR (Mondays through Saturdays 7:00 a.m. to 6:00 p.m. and Sundays 9:00 a.m. to 6:00 p.m.). We are constructing a portion of the Women's & Children's Center above an existing facility, the Radiation Oncology Center ("ROC") which utilizes sensitive equipment in the treatment of patients. The normal hours of service in the ROC are Monday through Friday, 6:30 a.m. to 5:30 p.m.

We are requesting that the more disruptive work that is immediately above or adjacent to the ROC be completed between the hours of 5:30 p.m. and 10:00 p.m. to minimize the disruption and to safely treat the patients getting treatment in the ROC. This work would include, but not be limited to, demolition, excavation, sawcutting, jackhammering, steel erection, and concrete pours. We have included a report from The Acoustics & Vibration Group, Inc., analyzing the noise impact of night time construction.

This request is for a permanent variance to adjust the allowable hours of construction for the Women's & Children's Center to Monday through Sunday 7:00 a.m. to 10:00 p.m. 2

Although the current completion date for construction of the Women's & Children's Center project is towards the end of 2011, the majority of the work that would need to be completed under this variance (after hours) should be complete by the end of 2010. 0

NEIGHBORHOOD CONTACT

Please describe contact with property owners and/or neighbors adjacent to the subject site:

Communications with The Chateau (27th and Capitol); Pioneer Church (27th and L);
RT (29th and Capitol); Randy Paragary (Paragary's-28th and N; Cafe Bernardo's-28th
and Capitol); email and flyers would be distributed within four block radius.

Please describe any contact you have had with Neighborhood Associations, Community Groups,
and/or Business Associates in the area surrounding your project site:

During the planning phase of the project, we worked very closely with our neighbors and
continue to communicate on a monthly basis regarding construction status and events.

SITE CHARACTERISTICS

Are there any structures on the project site? _____ No Yes.

If yes, how many? one currently (energy center); one proposed (hospital)

Proposed use of existing structure(s) energy center will be demolished for construction of
hospital

Are any structures to be demolished? _____ No Yes. If yes, the age ~20 years

Are there any trees on the project site? _____ No Yes.

Are trees to be removed? _____ No Yes.

Are there any easements crossing the site? _____ No Yes. If yes, please show on site plan.

RESIDENTIAL PROJECTS NOT APPLICABLE
PART 1

Fill in the next three sections if your project has residential use components.
 Complete both residential and non-residential sections if you are submitting a mixed-use project.

Total Number of Lots: _____ Gross Density/Acre: _____

Total Dwelling Units: _____ Total Acreage: _____

Acreage gross and/or net: _____ Square Feet per Unit: _____

Number of Single-family Units: _____

Number of 2-family/Duplex/Halfplex Units: _____

Number of Multi-family/Apartments/3+ Units: _____

Number of Condominium Units: _____

Are any of these proposed units to be subsidized? _____ No _____ Yes.

If yes, please describe the number of subsidized units, the type and source of the subsidy.

Has the required number of low-income units been provided? _____ No _____ Yes. Number _____

RESIDENTIAL PROJECTS NOT APPLICABLE
PART 2

Structure Size

Size of all existing structures. (Identify separately):

Residence Gross square footage _____

Garage Gross square footage _____

Other Gross square footage _____

Size of new structure(s) or building addition(s): Gross square footage _____

Total Sq. Ft. _____

Building Height

Existing Building Height

(Measured from Ground to Highest Point): _____ Ft. _____ Number of floors.

Proposed Building Height

(Measured from ground to Highest Point): _____ Ft. _____ Number of floors.

Lot Coverage

Building Coverage Area* (Sq. Ft.): _____ Project Site Lot Area (Sq. Ft.): _____

Total lot Coverage Percentage _____ %

Example: Building Area (2000')/Lot Area (5000') = 40% total lot coverage

*Include all covered structures (patios, porches, sheds, detached garage, etc.)

**RESIDENTIAL PROJECTS
 PART 3**

NOT APPLICABLE

Exterior Materials

Existing Exterior Building Materials: _____

Existing Roof Materials: _____

Proposed Exterior Building Materials: _____

Proposed Roof Materials: _____

Existing Exterior Building Colors: _____

Proposed Exterior Building Colors: _____

Parking Requirements

Total Number of Off-Street Parking Spaces: On site req. _____ Proposed _____

Total Number of Off-Site Parking: _____

(Include a Signed Lease Agreement or Letter of Agency)

Signage

Does this Proposal include signs? _____ No _____ Yes.

**NON-RESIDENTIAL PROJECTS
 PART 1**

Fill in the next three sections if your project has non-residential use components.
 Complete both residential and non-residential sections if you are submitting a mixed-use project.

Type of use(s) proposed: Women & Children's Center (hospital)

Last former use(s) in the building: new construction-existing energy center will be demolished

Hours of operation of proposed use: 7 days/week, 24 hours per day

If your project includes fixed seats, how many are there?: _____

Gross Square Footage of :

Warehouse Area: _____ Sales Area: _____

Office Area: _____ Medical Office Area: _____

Storage Area: _____ Church Area: _____

Restaurant/Bar Area: _____ Theater Area: _____

Other Area*: 385,400 hospital Other Area*: _____

*Describe use type of "other" areas

**NON-RESIDENTIAL PROJECTS
 PART 2**

Structure Size

Size of all existing structures. (Identify separately):

Commercial Gross square footage _____
 Other Gross square footage 18,490 (to be demolished)
 Other Gross square footage _____

Size of new structure(s) or building addition(s): Gross square footage 385,400
 Total Sq. Ft. _____

Building Height

Existing Building Height
 (Measured from Ground to Highest Point): _____ Ft. 3 Number of floors.

Proposed Building Height
 (Measured from ground to Highest Point): 167'6" Ft. 9 Number of floors.

Lot Coverage

Building Coverage Area* (Sq. Ft.): _____ Project Site Lot Area (Sq. Ft.): 57,600 Total lot Coverage Percentage _____%

Example: Building Area (2000')/Lot Area (5000') = 40% total lot coverage

*Include all covered structures (patios, carports, detached outbuildings, etc.)

**NON-RESIDENTIAL PROJECTS
 PART 3**

NOT APPLICABLE-
 PREVIOUSLY APPROVED
 BY DESIGN REVIEW,
 PLANNING AND CITY
 COUNCIL

Exterior Materials

Existing Exterior Building Materials: _____

Existing Roof Materials: _____

Proposed Exterior Building Materials: _____

Proposed Roof Materials: _____

Existing Exterior Building Colors: _____

Proposed Exterior Building Colors: _____

Parking Requirements

Total Number of Off-Street Parking Spaces: On-site required _____ Proposed _____

Total Number of Off-Site Parking: _____
 (Include a Signed Lease Agreement or Letter of Agency)

Signage

Does this Proposal include signs? _____ No _____ Yes.

**CITY OF SACRAMENTO
LETTER OF AGENCY**

**NOT APPLICABLE-OWN
PROPERTY**

If the applicant is not the owner of record of the subject site, a Letter of Agency from the owner or the owner's authorized representative must be submitted which grants the applicant permission to submit an application for the requested entitlement(s).

Date: _____

To: City of Sacramento
Development Services Department
1231 I St., Suite 200
Sacramento, CA 95814

Development Services Department:

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: _____ Phone: _____

Applicant's Address: _____

to apply for the following entitlement(s):

- | | | |
|--|---|---|
| <input type="checkbox"/> Special Permit | <input type="checkbox"/> Tentative Map | <input type="checkbox"/> Preliminary Review |
| <input type="checkbox"/> Major Modification | <input type="checkbox"/> Subdivision Modification | <input type="checkbox"/> Rezone |
| <input type="checkbox"/> Minor Modification | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Plan Review | <input type="checkbox"/> Parcel Merger | <input type="checkbox"/> Community Plan Amendment |
| <input type="checkbox"/> Major Modification | <input type="checkbox"/> Time Extension | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Minor Modification | (file #) _____ | <input type="checkbox"/> Schematic Plan Amendment |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Special Permit | <input type="checkbox"/> Guidelines Amendment |
| <input type="checkbox"/> Design Review (Board) | <input type="checkbox"/> Plan Review | |
| <input type="checkbox"/> Design Review (Staff) | <input type="checkbox"/> Variance | |
| <input type="checkbox"/> Preservation (Board) | <input type="checkbox"/> Tentative Map | |
| <input type="checkbox"/> Preservation (Staff) | | |

The subject property located at: _____

Assessor's Parcel Number: _____

Signature of owner of record: _____

(must be original signature)

Printed name of owner of record: _____

Address of owner of record: _____ Phone: _____

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112/15/2008**

ENVIRONMENTAL QUESTIONNAIRE

Providing the following information regarding the environmental setting with your application is one of the most effective ways to expedite your environmental review. If your site contains structures more than 49 years old, large trees, natural drainage ways, low lying areas where water pools during the rainy season, or wetland areas, supplemental information may be requested in order to conduct the environmental review of your project. If you are quite certain that your project includes the demolition of older structures, removal of trees or impact wetlands you may wish to provide the appropriate information with your original submittal.

You may contact Environmental Planning Services at (916) 801-9736 to obtain information on the types of reports that may be required in these situations.

ENVIRONMENTAL QUESTIONNAIRE PART 1

Describe the project site as it exists today, including information on topography, water features, soil stability, plants and animals and any cultural, historical or scenic aspects. Describe any existing structures on the site and the use of the structures. Attach photographs of the site.

The site currently has a paved parking lot on the north half of the alley, and an energy center, paved lot and dirt lot on the south half of the alley. Below the paved lot on the north half is a radiation oncology center that treats patients generally Monday through Friday from 6:30 a.m. to 5:30 p.m. The landscape plans have been reviewed with the City Arborist regarding any trees that will be removed and any replacements. The water table is at approximately 18' below grade and excavation will go down approximately 22' with dewatering occurring on site. Dewatering wells have been installed around the site.

**ENVIRONMENTAL QUESTIONNAIRE
PART 2**

Describe the surrounding properties, including information on plants and animals, water features and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one-family, apartment houses, shops, department stores, etc.) and scale of development (height, frontage, setback, rear yard, etc.). Attach photographs of the vicinity.

Adjacent to the site to the west on the north half is the Sutter Cancer Center which is a eight story (one below ground) commercial office building. One the south half to the west of the site is the historic Old Tavern Building which is a two to four story commercial office building and includes offices and Biba's Restaurant. To the east across 29th Street is a parking structure below the Business 80 freeway. This parking structure is used by Sutter employees. To the north of the site is Sutter General Hospital and to the south of the site is the Regional Transit maintenance facility.

CERTIFICATION

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability and that the facts, statements and information presented are true and correct to the best of my knowledge and belief.

DATE: 12-4-08

SIGNATURE: 

**Z08-330
112/15/2008**