

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN



JANUARY 2010



Prepared for:



1798 N. Garey Avenue, Pomona, CA 91767

Prepared by:



12301 Wilshire Boulevard, Suite 430, Los Angeles, CA 90025

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January 2010

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Chapter 1 INTRODUCTION

1.1 PURPOSE AND ORGANIZATION OF THE SPECIFIC PLAN

The purpose of the Pomona Valley Hospital Medical Center (PVHMC) Specific Plan (Plan) is to facilitate implementation of the Medical Center's 2030 Master Plan. The Plan provides a comprehensive framework for the long-term growth and development of PVHMC in a cohesive and integrated manner as it responds to the growing medical needs of the community and its requirement to comply with provisions of the *Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994* (SB 1953). Generally, SB 1953 standards require acute-care inpatient buildings to "resist, insofar as practical, the forces generated by earthquakes, gravity, and winds"¹ so that hospital facilities are reasonably capable of providing services to the public after a disaster. SB 1953 requires that both structural and non-structural elements of existing hospitals meet these new standards, either through retrofit or replacement.



PVHMC entrance water feature

The Plan incorporates a comprehensive plan, standards, and a set of design guidelines to provide for development of the medical campus in a manner that is aesthetically pleasing, cohesive, and well-integrated into its community setting. These standards and guidelines set forth appropriate uses for the Medical Center and describe the appearance, scale, and quality of that development to ensure its compatibility with surrounding neighborhoods. The Plan Development Standards and Design Guidelines apply only to the new, modified, or reconfigured buildings,

landscaping, and parking areas described and proposed in the Plan. The intent of the Plan is to apply Development Standards and Guidelines to new, modified and reconfigured elements within the Plan area, and not to create any obligation or requirement to change uses, buildings, setbacks, yards, landscaping or parking for areas that are not subject to change or modification under the Conceptual Development Plan. The Development Standards and Design Guidelines thus apply only to the new elements of the Plan and not to the existing elements that will remain unchanged.

The Plan includes an Introduction (Chapter 1); Summary of Existing Site Conditions (Chapter 2); Vision and Guiding Principles (Chapter 3); Conceptual Development Plan (Chapter 4); Development Standards (Chapter 5); Design Guidelines (Chapter 6); and an Implementation Plan (Chapter 7).

The Existing Site Conditions Chapter (Chapter 2) describes the Medical Center campus and surrounding land uses as they exist today, including a description of the existing circulation network.

The Vision and Guiding Principles Chapter (Chapter 3) describes the decision-making framework for the overall Specific Plan, including events leading up to the creation of the Specific Plan, and certain objectives that

¹ California Codes, *Health and Safety Code* Sections 129675–129680 and 130000–15097, 105.

will guide the development of the overall land use plan.

The Conceptual Development Plan Chapter (Chapter 4) describes the primary Medical Center operations and their locations on the campus upon completion of the Plan. Sections within this Chapter address Land Use, Circulation, Utilities, and Infrastructure and describe the services needed to support the campus as it develops over time.

The Development Standards Chapter (Chapter 5) and Design Guidelines Chapter (Chapter 6) provide the regulatory framework and establish the planning and design concepts that will guide future development of the Medical Center campus. The Standards and Guidelines are intended to supplement provisions of the *City of Pomona Zoning Ordinance (PZO)* and *Pomona City Code (PCC)*. Where provisions of the Plan's Standards and Guidelines differ from the PZO and PCC, the Standards and Guidelines contained herein shall govern. The Guidelines and Standards encourage appropriate design solutions while maintaining sufficient flexibility to accommodate construction practicalities and economic feasibility.

The Implementation Plan Chapter (Chapter 7) details the methods and procedures for the implementation and administration of the Plan. The Implementation Plan also sets forth the procedure for potential future modifications of the Plan.



PVHMC entry signage

1.2 LOCATION AND PROJECT DESCRIPTION

PVHMC operates on a site of approximately 40 acres and is generally located north of the San Bernardino Freeway (I-10) east of Garey Avenue in the City of Pomona, as shown on Exhibit 1-1 (Project Location). The Medical Center campus includes three general areas as described below:

- (1) **Medical Center Core Campus**—Located between Garey Avenue and Orange Grove Avenue and south of Tate and Aliso Streets.
- (2) **Family Health Center**—Located on the east side of Orange Grove Avenue between Ervilla Street and the I-10 Freeway.
- (3) **Cancer Center**—Located south of Vinton Street and west of Royalty Drive.

Exhibit 1-2 (Specific Plan Boundary) identifies the boundary of the Plan Area and shows the three general areas described above. Exhibit 1-3 (Parcel List Boundaries) and Exhibit 1-4 (Parcel List) identify the individual parcels (with corresponding parcel information) within the Plan Area. Regional access to the Medical Center is via the I-10 Freeway located immediately south of the site.

As prescribed in the Plan, the Medical Center will expand in three primary phases over a period of approximately 21 years. The expansion will include two new Outpatient Pavilions of approximately 56,000 and 54,000 square feet respectively and the addition of three new hospital wings which will house approximately 290 patient beds, most in private rooms. The hospital wing additions will ultimately increase the net number of patient beds at the hospital by 22, to a total of 475 beds. All proposed building construction will occur within the PVHMC core campus area. A new parking garage is planned for the area south of Artesia Street, within the core campus area. In addition, the Plan includes other site improvements, such as additional and reconfigured surface parking and upgrades to the site's sewer, water, and storm drain facilities. Each phase of the Plan is described in detail in Chapter 4 (Conceptual Development Plan) and Chapter 7 (Implementation Plan) of this Plan.

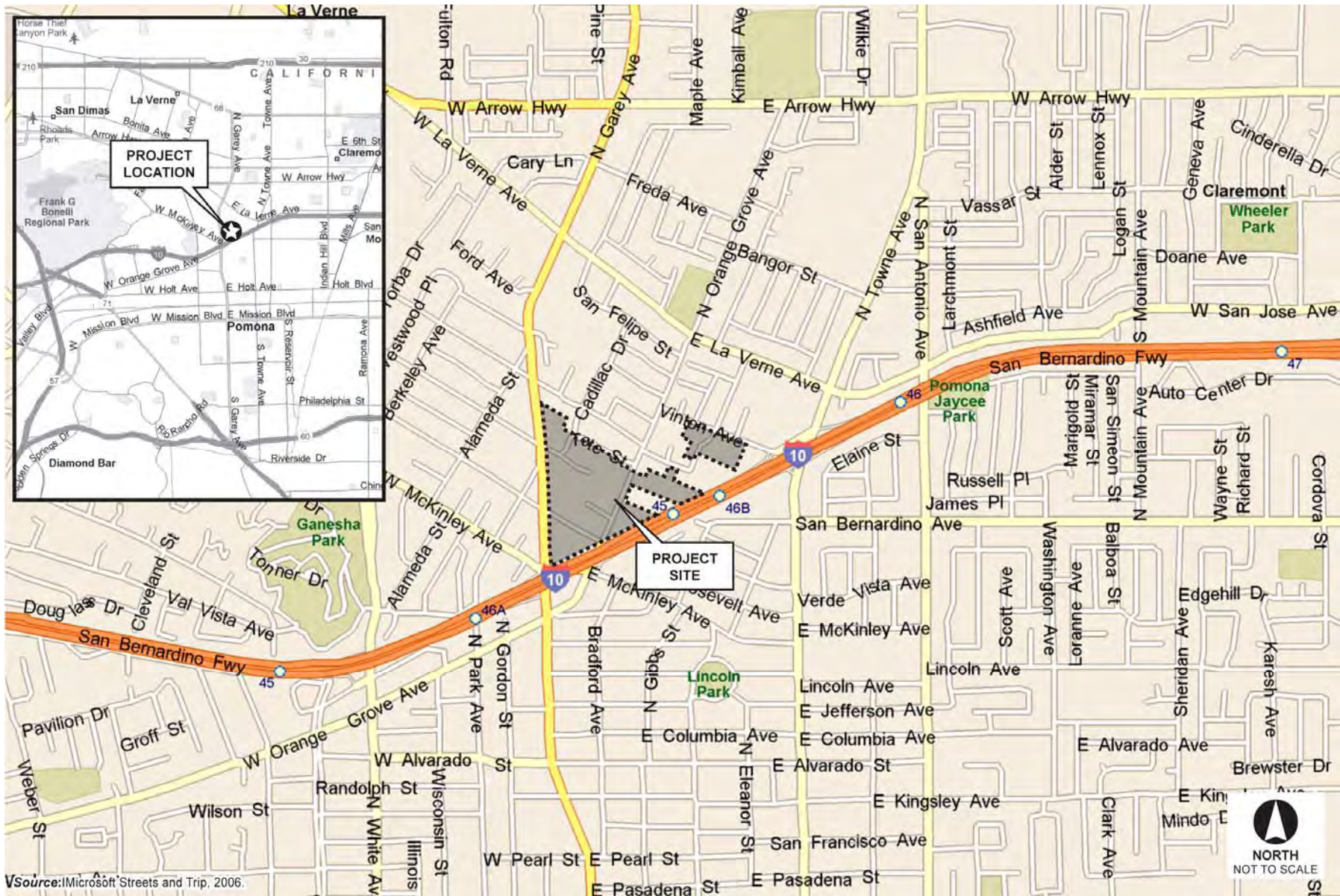


Exhibit 1-1 Location Map

SOURCE: Microsoft Streets and Trip 2006

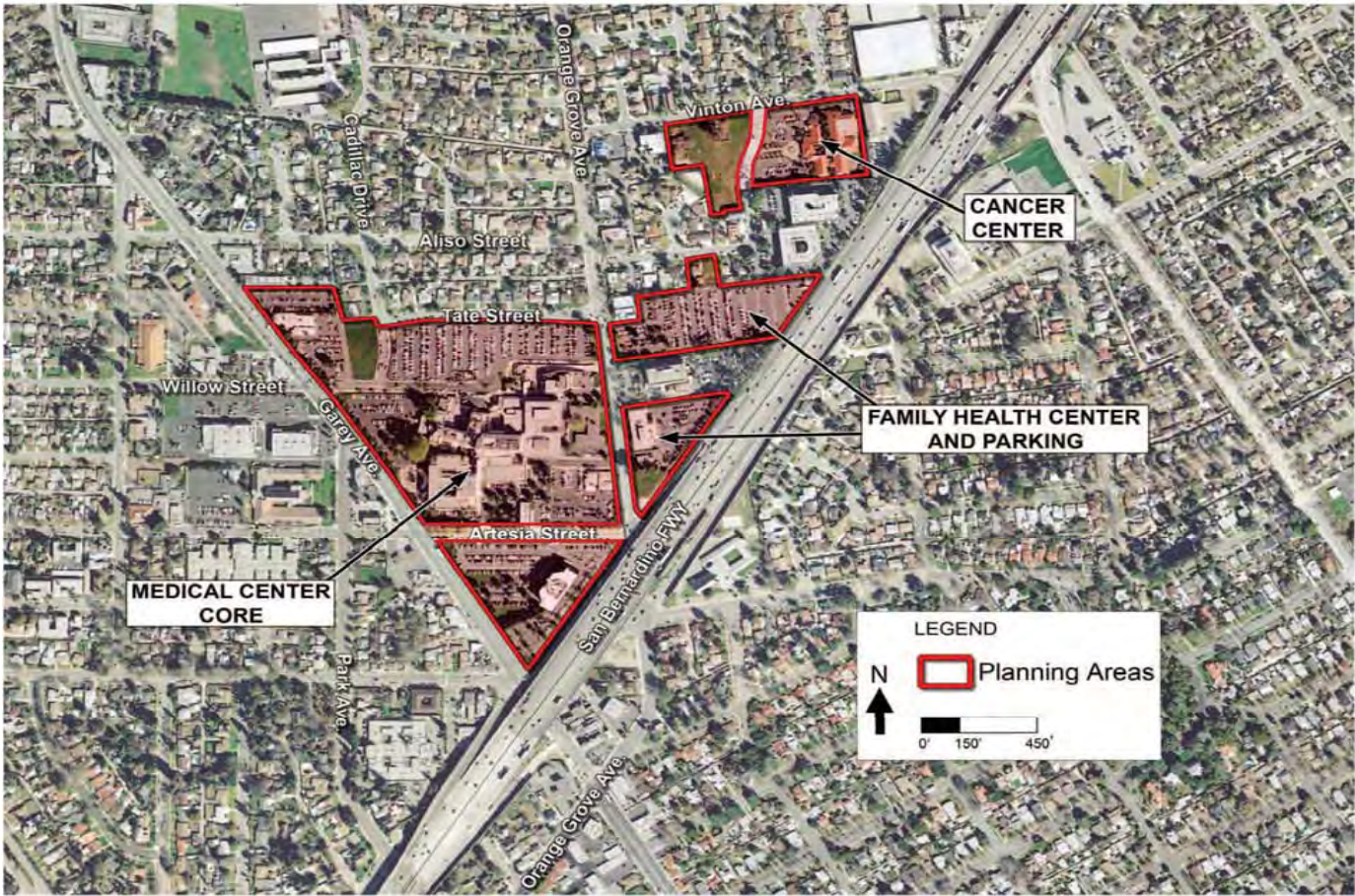
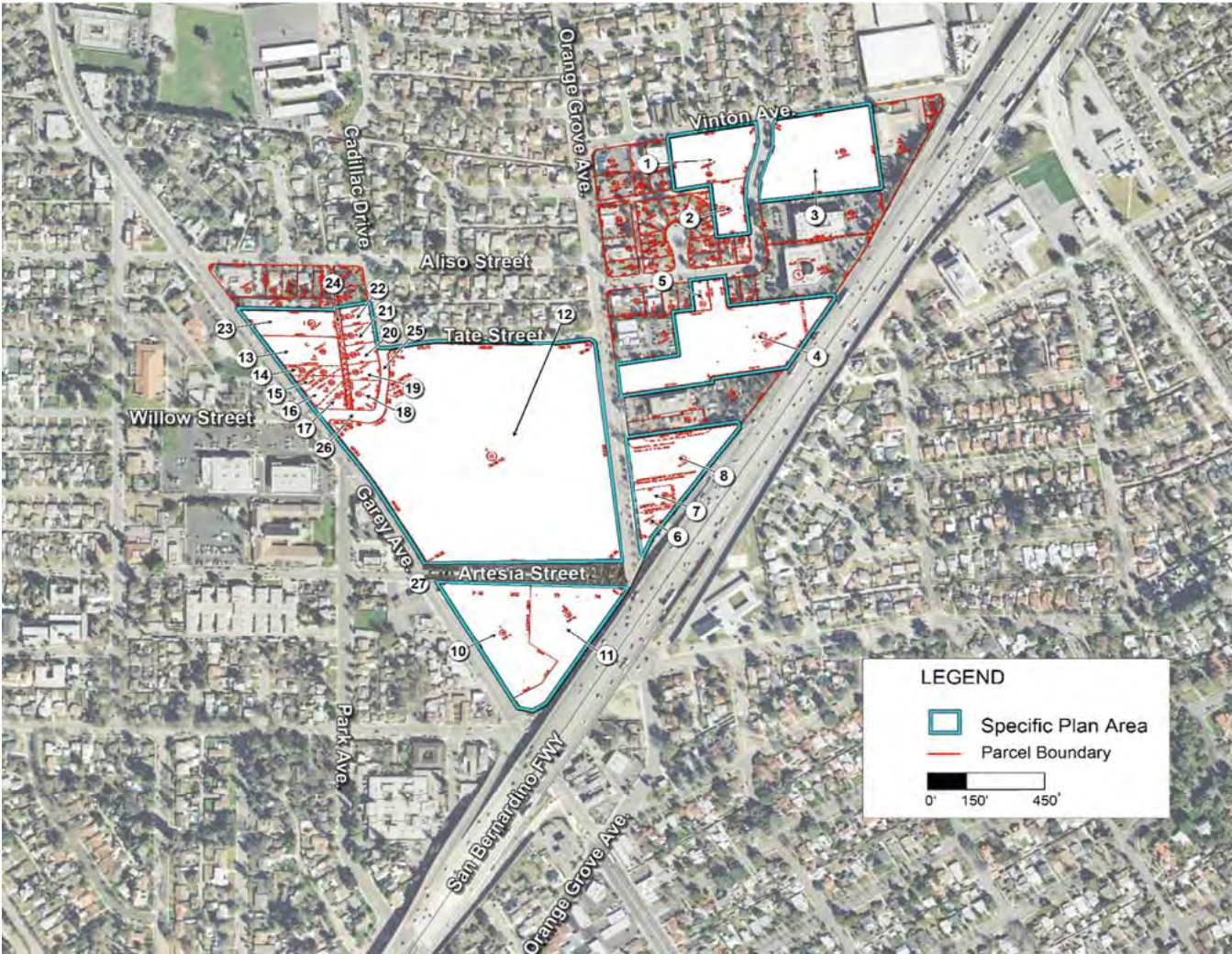


Exhibit 1-2 Specific Plan Boundary

SOURCE: City of Pomona 2008, December



Parcel List Boundaries

Exhibit 1-3 Parcel List Boundaries

SOURCE: gkkworks 2008, December

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN

Key	APN	Address	Owner	Lot Size (sf)	Lot Size (acres)	Existing Use	General Plan Designation	Zoning	Proposed Development
1	8362-007-039	360 E. Vinton	PVHMC	67,520		Parking Lot	Administrative Professional	AP	No change
2	8362-007-040	Approx 1911 N. Royalty	PVHMC	26,350		Parking Lot	Administrative Professional	AP	No change
3	8362-007-043	1910 N. Royalty	PVHMC	136,778 sf	3.14	Medical Building	Administrative Professional	AP	No change
4	8362-008-016	1770 N. Orange Grove	PVHMC	72,310 sf		Medical Building & Parking Lot	Administrative Professional	AP	No change
5	8362-008-027	368 E. Ervilla Street	PVHMC	7,200 sf		Vacant (residential building demolished)	Administrative Professional	AP	Parking Lot (no schedule specified)
6	8362-008-030	Approx 1700 N. Orange Grove	PVHMC	9,790 sf		Vacant	Administrative Professional	AP	No change
7	8362-008-031	Approx 1710 N. Orange Grove	PVHMC	2,810 sf		Driveway	Administrative Professional	AP	No change
8	8362-008-032	Approx 1720 N. Orange Grove	PVHMC	11,250 sf		Medical Building & Parking Lot	Administrative Professional	AP	No change
9	8362-008-037	1830 N. Orange Grove	PVHMC	174,240 sf	4.00	Parking Lot	Administrative Professional	AP	No change
10	8362-009-036	136 E Artesia	PVHMC	117,176 sf	2.69	Parking Lot	Administrative Professional	AP	Parking Structure, Multi-Level (Phase 3)
11	8362-009-038	160 E Artesia	PVHMC	107,593 sf	2.47	Medical Building & Parking Lot	Administrative Professional	AP	Parking Structure, Multi-Level (Phase 3) Medical Building to Remain
12	8362-011-017	1798 N. Garey	PVHMC	804,117 sf	18.46	Hospital & Parking Lots	Institutional	AP	New Building & Redesignated Parking Lot (Phase 1-A) New Buildings & Demolition (Phase 1-B) New Buildings (Phase 2) New Buildings & Demolition (Phase 3)
13	8362-012-052	1854 N. Garey	Pomona North Medical Building, Inc	30,350 sf		Medical building & Parking Lot	General Commercial	AP	Redesignated Parking Lot (Phase 1-A)
14	8362-012-053	1838 N. Garey	PVHMC	5100 sf		Parking Lot	General Commercial	AP	Redesignated Parking Lot (Phase 1-A)
15	8362-012-054	1822 N. Garey	PVHMC	7780 sf		Parking Lot	General Commercial	AP	Redesignated Parking Lot (Phase 1-A)
16	8362-012-055	Approx. 1810 N. Garey	PVHMC	8970 sf		Parking Lot	General Commercial	AP	Redesignated Parking Lot (Phase 1-A)
17	8362-012-056	109 E. Willow	PVHMC	7430 sf		Parking Lot	General Commercial	AP	Redesignated Parking Lot (Phase 1-A)
18	8362-012-057	1811 N. Cadillac	PVHMC	11,900 sf		Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
19	8362-012-058	1825 N. Cadillac	PVHMC	8370 sf		Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
20	8362-012-059	1837 N. Cadillac	PVHMC	9570 sf		Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
21	8362-012-060	1849 N. Cadillac	PVHMC	9350 sf		Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
22	8362-012-061	1863 N. Cadillac	PVHMC	9130 sf		Vacant (residential building demolished)	Single-Family Residential	R-1 7200	New Parking Lot (Phase 1-A)
23	8362-012-064	1860 N. Garey	PVHMC	33,106 sf		Parking Lot	General Commercial	AP	Redesignated Parking Lot (Phase 1-A)
	Alley (portion), north of Willow, east of Garey	60' x 700'	City	42,000		Public Alley			New Parking Lot (Phase 1-A)
	Cadillac, between Willow and Tate	60' x 260'	City	15,600		Public Street			New Parking Lot (Phase 1-A)
	Willow, between Garey and Cadillac	60' x 180'	City	10,800		Public Street			Convert to Private Driveway (Phase 1-A)
	Total			1,753,790 sf	40.26				

Exhibit 1-4 Parcel List (3/17/2008)

SOURCE: gkkworks 2008, December

1.3 AUTHORITY FOR THE SPECIFIC PLAN

The PVHMC Specific Plan is established under authority of *California Government Code* Title 7, Division 1, Chapter 3, Article 8, Sections 65450 through 65457 (Specific Plans), and provisions of the PZO and/or PCC. The *California Government Code* establishes the authority for a legislative body to adopt an ordinance or resolution requiring that a Specific Plan be prepared when it is in the public interest to do so. Pursuant to this authority a Specific Plan must contain the following elements:

- a. Text and diagrams that specify the following:
 1. The distribution, location, and extent of the uses of land, including open space within the area covered by the plan
 2. The proposed distribution, location and extent, and intensity of major components of public and private transportation, sewage, water, drainage, solid waste disposal, energy, and other essential facilities proposed to be located within the area covered by the plan and needed to support the land uses described in the plan
 3. Standards and criteria by which development will proceed and standards for the conservation, development, and utilization of natural resources, where applicable
 4. A program of implementation measures including regulations, programs, public works projects, and financing measures necessary to carry out paragraphs 1, 2, and 3
- b. A statement of its relationship to a General Plan

The relationship of this Plan to the City of Pomona's General Plan is further discussed in Section 1.6 (CEQA Compliance and Relationship to Pomona General Plan) below. As a legislative planning tool that serves as the zoning regulation for the property involved, all development plans and subdivision maps for the subject property must be consistent with the Plan and the City's General Plan. After its adoption, the Plan may be amended in accordance with the provisions in Chapter 7, which discusses the procedure for amendments and modifications.

1.4 HISTORY

1.4.1 Site History and Neighborhood Context

PVHMC began in 1903 out of a partnership of Pomona Valley residents who acknowledged the need for a local Medical Center and made the commitment toward ensuring the well-being of the local community.

Initially the Medical Center was located in a two-and-a-half story frame house built on Piedmont (now Kingsley) and Garey Avenues. A group of townspeople led by Eliza B. Bradbury (later formally organized as the Pomona Valley Hospital Association) opened the 12-bed Pomona Valley Hospital but the facility was soon overwhelmed by the medical needs of the area's rapidly growing population. In 1905 the hospital opened its Nurses Training School and, in 1912, broke ground for a new 40-bed facility at the Medical Center's current location on Garey Avenue. Shortly after groundbreaking in 1912, the original 1903 frame house burned down.



View of Main Hospital Building, circa 1915

In 1913, the new hospital opened. The facility was expanded in 1928 with the addition of a new hospital wing. That pattern of expansion continued over the decades of the hospital's existence. Although the hospital would confront many serious obstacles to its existence for several years—including the loss of its nursing school during the Great Depression—the hospital's loyal and generous cadre of community leaders and financial supporters invariably assured its survival.

In 1924, the hospital was reorganized from a stock company to a nonprofit corporation and was renamed Pomona Valley Community Hospital. Over the next several decades the hospital grew and flourished, adding additional wings, new buildings, new services, departments and state-of-the-art equipment until, in the 1980s, it emerged as a regional Medical Center.

Today, PVHMC continues to lead the way in the provision of medical services designed to meet the present and future health care needs of the community. During the past three decades, PVHMC has added major facilities and numerous services, including the Stead Heart Center (1986), Pomona Valley Medical Plaza (1989), the Women's Center (1992), and the Robert and Beverly Lewis Family Cancer Care Center (1993). Most recently PVHMC added a Family Practice Residency Program, which has positioned PVHMC as a teaching facility. PVHMC is expected to continue to expand and evolve in the twenty-first century, meeting the present and future health care needs of the Pomona community.

1.5 COMMUNITY SERVICE

Pomona Valley Hospital Medical Center is recognized both nationally and regionally for quality, cost-efficient healthcare services. Currently, more than 600 physicians, 3,000 employees, and nearly 1,000 volunteers are involved in the provision of the community-oriented comprehensive healthcare services. PVHMC is committed to providing the surrounding community with access to state-of-the-art technology, access to valuable wellness education programs, and also plays an active role in helping individuals maintain a healthy lifestyle. To this end, PVHMC offers numerous education programs and support groups to meet the diverse healthcare needs of patients and their families. As the only Medical Center in the City of Pomona with an emergency department and emergency room facilities, the Medical Center also plays a key role in the City's public safety planning and disaster response programs.

1.6 CEQA COMPLIANCE AND RELATIONSHIP TO POMONA GENERAL PLAN

Pursuant to Section 21080 of the *California Environmental Quality Act* (CEQA), an Environmental Impact Report (EIR) for the Specific Plan has been prepared. The EIR was required following completion of an Initial Study which identified potentially significant environmental impacts arising out of the proposed Specific Plan development. The EIR was prepared in accordance with CEQA (*Public Resources Code* Sections 21000 et seq.), the CEQA Guidelines (*California Code of Regulations*, Title 14, Sections 15000 et seq.), and the City's CEQA guidelines.

Pursuant to *California Government Code* Section 65454, a Specific Plan must be consistent with the City's General Plan. In order to implement the Specific Plan, a General Plan Amendment is required to reclassify the Medical Center land uses from the current multiple designations of Institutional, Administrative Professional, General Commercial, and Single-Family Residential to a single Medical Center Specific Plan designation in the Land Use Element of the City's General Plan.

The Plan is consistent with the City's current General Plan, adopted in 1976. The Plan implements a variety of goals and policies in the General Plan by providing an integrated and attractive Medical Center campus that forms a prominent gateway into the City of Pomona.

Chapter 2 EXISTING SITE CONDITIONS

2.1 SITE CONDITIONS AND LAND USE

The Pomona Valley Hospital Medical Center campus encompasses approximately 40 acres of land within three noncontiguous areas that contain the core Medical Center facilities, a Cancer Center, medical offices & specialized outpatient care facilities (Family Health and Sports Medicine Centers), administrative offices, and related Medical Center support facilities. The core Medical Center operations are located at 1798 North Garey Avenue. The Cancer Center and a remote parking lot are located north and east of the main Medical Center operations. The Family Health Center and Sports Medicine Centers and related parking are located on the east side of Orange Grove Avenue between I-10 and Ervilla Street. Exhibit 2-1 (Existing Development Site Plan) indicates existing development including the type, scale, size, and age of each structure on the campus. Exhibit 2-1a (Existing Setbacks) identifies existing building setbacks to the nearest property line and face of curb. Exhibit 2-2 (Existing Land Use Inventory) identifies land uses by category on-site and surrounding the Medical Center campus. The eleven structures on the site contain a total building area of approximately 745,015 square feet (sf) summarized by primary use and area as follows:

- Core Medical Center Facilities—621,470 sf
- Cancer Center—44,000 sf
- Medical Office—48,300 sf
- Administration Buildings—22,035 sf
- Miscellaneous Support Facilities—9,210 sf

PVHMC is located northeast and adjacent to the San Bernardino Freeway (I-10 Freeway), which provides regional access to the site. Primary access is provided via Garey Avenue, Orange Grove Avenue, Artesia Street, and Vinton Avenue. The existing circulation network is described in detail in Section 2.4 below.

The Medical Center campus site is relatively flat with minimal slope. Buildings range in height from one to six stories, with smaller scale buildings between one and three stories outside the core campus area. The range in building heights provides visual interest and composition to the PVHMC campus. The hospital building, located within the core campus, is centrally located on the site, and is surrounded largely by surface parking. Buildings step up in height from the

outer edges to the central and highest six-story wing (Wing E1).

Buildings within the core campus are largely characterized by a mid-century modern style featuring smooth, light colored stucco walls, asymmetrical facades, and ribbon windows. More modern buildings, such as Building P (Medical Office Building), and newer wings of the main Medical Center, such as Wing J (Women's Center) feature more modern materials and decorative detailing than older campus buildings.

2.1.1 Hours of Operation

The main hospital lobby is open to the public from 5:00 A.M. to 8:00 P.M. Monday through Friday, and from 7:00 A.M. to 8:00 P.M. on Saturday and Sunday. The Emergency Department (Wing G), Women's Center (Wing J), and the Security Department (Building N) are open 24/7. All other on-site buildings

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN

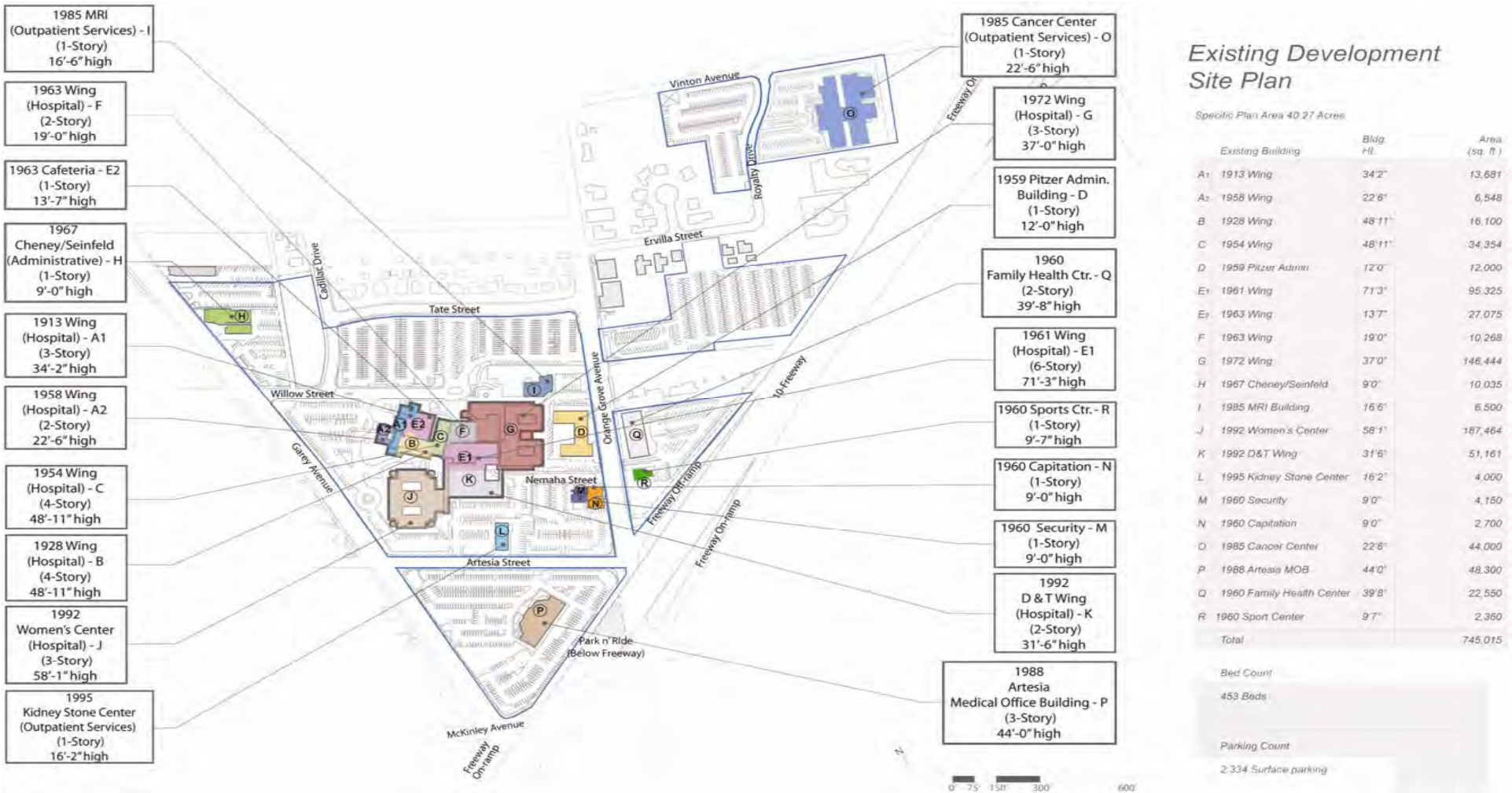


Exhibit 2-1 Existing Development Site Plan

SOURCE: gkkworks 2008, December



Exhibit 2-1a Existing Setbacks

SOURCE: gkkworks 2008, December

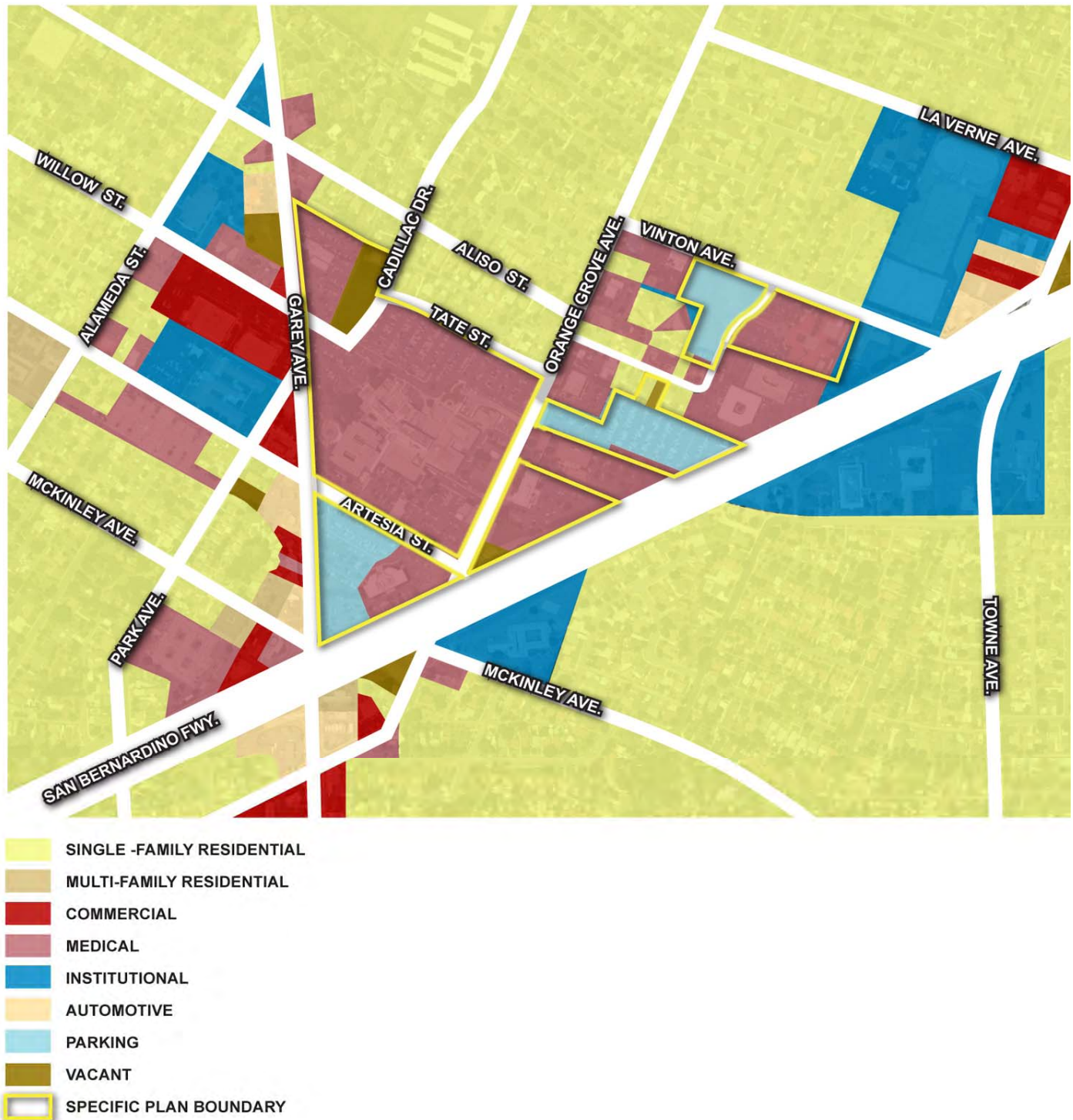


Exhibit 2-2 Existing Land Use Inventory

SOURCE: City of Pomona 2008

are open from 7:00 A.M. to 8:00 P.M. Regular Medical Center hours are from 10:00 A.M. to 8:00 P.M.



Wing J, Women's Center, 1992

2.2 GENERAL PLAN AND ZONING

The existing and proposed General Plan land uses and zoning for the Plan Area and surrounding properties are indicated in Exhibit 2-3 (Existing and Proposed Zoning), and Exhibit 2-4 (Existing and Proposed General Plan Land Uses). Following is a description of the General Plan and zoning designations for the three general areas of the Plan.

2.2.1 Medical Center Core

The General Plan designates the area south of Artesia in the Medical Center's core campus area as Administrative Professional, and the area north of Artesia, south of Willow and Tate Street, as Institutional. To the north of Willow Street, on the west side of Cadillac Drive, the area facing Cadillac is zoned as Single-Family residential (R-1-7200), while the area north of Willow with frontage along Garey Avenue is zoned General Commercial (GC).

2.2.2 Family Health Center and Cancer Center

The Family Health, Sport Medicine, and Cancer Care Center areas of the Plan are designated Administrative Professional in the General Plan.

As part of the approval process for the Plan, the Plan Area General Plan land use designation and zoning

will be amended to Medical Center Specific Plan, as shown in Exhibit 2-3 and Exhibit 2-4.

2.3 SURROUNDING LAND USES

Surrounding the PVHMC Plan Area is a mix of residential, commercial, and professional uses. Following is a description of the existing land uses, including the General Plan and zoning designations, surrounding the three general areas of the Plan, as illustrated in Exhibit 2-2 through Exhibit 2-4.

2.3.1 Medical Center Core

North—The area north of Tate and south of Aliso Streets, to the east and west of Cadillac Drive is primarily single-family residential. Both the General Plan and zoning designation for this area is Single-Family Residential.

East—Directly east of the Medical Center's core campus, on the east side of Orange Grove Avenue, are the Family Health Center, Sports Medicine Center and other medical office uses including associated parking areas. Portions of this area are part of the Plan project area. Both the General Plan and zoning designation for this area is Administrative Professional.

South—Directly south of the Medical Center core campus area is the I-10 Freeway. A park-and-ride lot is located under the freeway overpass. The General Plan designations south of the I-10 Freeway include General Commercial and Single-Family Residential. The area south of the I-10 Freeway is zoned for General Commercial, Administrative Professional, and Single-Family Residential land uses.

West—To the west of the Medical Center Core along Garey Avenue are various medical and retail uses, including a gasoline station, restaurant, and liquor store. The General Plan designates this corridor for General Commercial, while the zoning along Garey is Administrative Professional, with some areas zoned for General Commercial and Neighborhood Commercial.



- R-1-7200 - SINGLE-FAMILY RESIDENTIAL (MIN LOT SIZE 7200 SQ. FT.)
- R-1-6000 - SINGLE-FAMILY RESIDENTIAL (MIN LOT SIZE 6000 SQ. FT.)
- R-1-PD - LOW DENSITY SINGLE FAMILY/MULTI-FAMILY PD
- R-2 - LOW DENSITY MULTI-FAMILY RESIDENTIAL
- A-P - ADMINISTRATIVE PROFESSIONAL
- C-3 - GENERAL COMMERCIAL
- C-2 - NEIGHBORHOOD SHOPPING CENTER
- O - PUBLICLY OWNED LAND

Existing

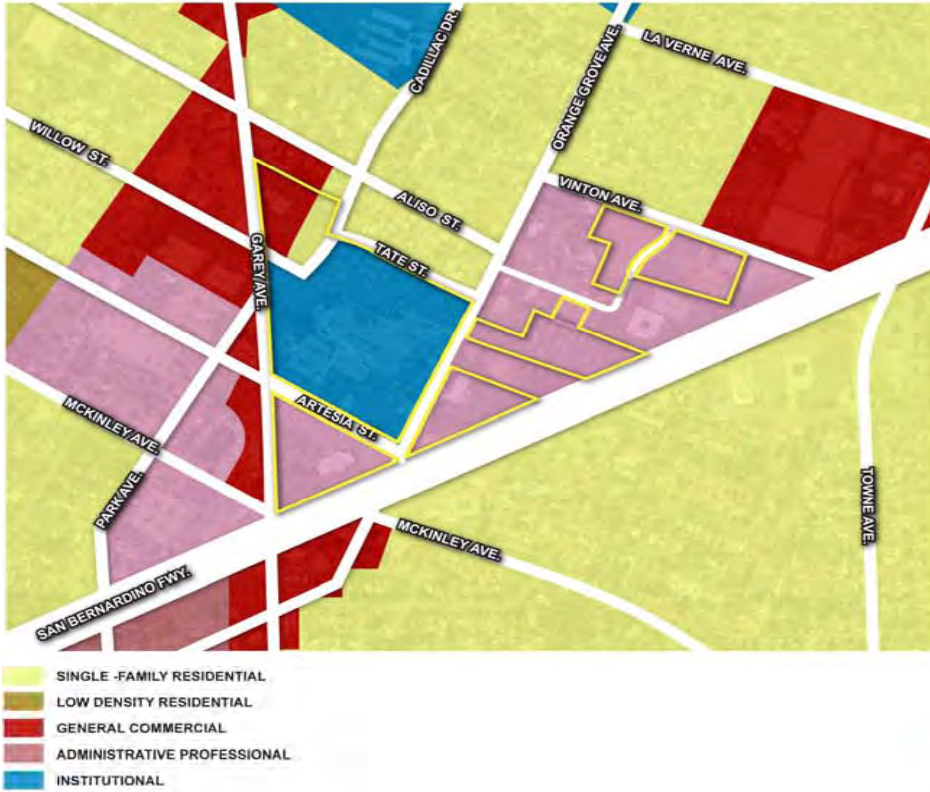
Exhibit 2-3 Existing and Proposed Zoning

SOURCE: City of Pomona, PBS&J 2008



- R-1-7200 - SINGLE-FAMILY RESIDENTIAL (MIN LOT SIZE 7200 SQ. FT.)
- R-1-6000 - SINGLE-FAMILY RESIDENTIAL (MIN LOT SIZE 6000 SQ. FT.)
- R-1-PD - LOW DENSITY SINGLE FAMILY/MULTI-FAMILY PD
- R-2 - LOW DENSITY MULTI-FAMILY RESIDENTIAL
- A-P - ADMINISTRATIVE PROFESSIONAL
- C-3 - GENERAL COMMERCIAL
- C-2 - NEIGHBORHOOD SHOPPING CENTER
- O - PUBLICLY OWNED LAND
- MEDICAL CENTER SPECIFIC PLAN

Proposed



Existing

Exhibit 2-4 Existing and Proposed General Plan Land Uses

SOURCE: City of Pomona, PBS&J 2008



Proposed

2.3.2 Family Health Center

North—North of the Family Health and Sports Medicine Center and parking area, land uses consist of a mix of single-family residential and medical office uses; however, the General Plan designation and zoning for this area is Administrative Professional.

East, South—Directly east and south of the Family Health Center is the I-10 Freeway. The General Plan designates the area south and east of the Freeway as Single-Family Residential. Zoning south and east of I-10 includes a mix of Administrative Professional and Single-Family Residential.

West—West of the Family Health Center is the PVHMC core campus area.

2.3.3 Cancer Care Center

North—The area north of the Cancer Care Center, (north of Vinton Avenue), is primarily single-family residential, with some commercial/retail to the north and east. Existing land uses correspond to the General Plan and zoning, which designate the area north of the Cancer Care Center for single-family residential and commercial uses.

East—The area east of the Cancer Care Center consists of institutional land uses. Both the General Plan and zoning designation for this area is Administrative Professional.

South—The area south of the Cancer Care Center contains a mix of single-family residential and medical office uses. Both the General Plan and zoning designation for this area is Administrative Professional.

West—West of the Cancer Care Center, land uses consist of a mix of medical, institutional, and single-family residential. Both the General Plan and zoning designation for this area is Administrative Professional.

2.4 VEHICULAR CIRCULATION AND ACCESS

Regional access to the PVHMC Specific Plan area is provided via the I-10 Freeway. Exhibit 2-5 (Existing Vehicle Access and Circulation) illustrates the vehicular circulation system for the Medical Center campus,

including interior and exterior circulation, emergency ambulance routes, major and secondary campus entrances, service entrances, building entrances, signalized and non-signalized intersections, and existing driveways.

PVHMC, including the hospital, its ancillary structures, Artesia Medical Office Building, Family Health Center, and Cancer Care Center, is well served by the existing street network. Primary access to the Plan area is provided from Garey Avenue and Orange Grove Avenue, both north/south arterials. Other key roadways providing access to the Plan Area include McKinley Avenue, Willow Street, Artesia Street, Towne Avenue, Royalty Drive, and La Verne Avenue.



Orange Grove Avenue

Entrances to the site lead to on-site parking lots for campus staff and the general public. Parking is described separately below under Section 2.5 (Parking). Following is a description of the primary circulation and access points for each of the three general areas.

2.4.1 PVHMC Core Campus

Primary vehicular access to the PVHMC core campus area is provided from Garey and Orange Grove Avenues in the north/south direction, and Willow and Artesia Streets in the east/west direction.

Visitor parking is accessed via multiple driveway entrances off of Garey Avenue north of Willow Street, Willow Street, Artesia Street, and Orange Grove Avenue.



Exhibit 2-5 Existing Vehicle Access and Circulation

SOURCE: gkkworks 2008, December

There is a restricted access employee parking lot in the core campus area that is accessed from Garey Avenue north of Willow Street. There are two restricted access physician parking lots accessed from Artesia Street and Nemaha Streets.

2.4.2 Family Health Center

Primary vehicular access to the Family Health and Sports Medicine Center is provided from Orange Grove Avenue. There is a visitor parking lot in this area that is accessed from Nemaha Street on the east side of Orange Grove Avenue. A second restricted access employee parking lot is accessed from Orange Grove Avenue between Tate Street and Nemaha Street.

2.4.3 Cancer Center

Primary vehicular access to the Cancer Care Center is provided from Vinton Avenue and Royalty Drive (not shown in Exhibit 2-5). There is a restricted access employee parking lot that is accessed from Vinton Avenue and Royalty Drive.

2.5 PARKING

On-site parking for employees, patients, and visitors is provided free of charge in several off-street lots surrounding the three areas of the Medical Center campus. Parking lot locations are shown in Exhibit 2-6 (Existing On- and Off-Street Parking) and an inventory of the existing number and type of parking spaces available in each lot is provided in Table 2-1 (Off-Street PVHMC Parking Supply). Currently, the PVHMC campus provides a total of 2,344 off-street parking spaces available in all of the lots within the Plan Area. Of the 2,344 total spaces, 48 are reserved for physician parking, 723 are designated for use by PVHMC staff and other on-site employees, 266 are used for the Medical Office Building (Bldg. P), 127 are for the Cancer Center (Building O), and the remaining 1,180 are for use by additional employees and other visitors to the Medical Center.

Some of the employee and physician lots have restricted access and require a key card for entry. These locations are noted in Exhibit 2-6 and Table 2-1. Additional employee parking is provided in lots that are accessible to visitors. PVHMC utilizes a colored

decal system to organize parking lot assignments to staff on the basis of seniority.



PVHMC Parking Lot (north of Willow Street)

The largest parking facility is the 1830 Lot with 423 spaces and the second largest facility is the Platinum/ East Gold Lot with 351 spaces. The remaining off-street parking lots range from 211 spaces in the Royalty Lot to 18 spaces in the Women's Center Doctor Lot.

In addition to the off-street parking lots, on-street parking is available on Garey Avenue, Willow Street, Cadillac Drive, and Tate Street surrounding the Medical Center campus. On-street parking locations are also shown in Exhibit 2-6 and the inventory is provided in Table 2-2 (On-Street Parking Supply). As shown in Table 2-2, there are a total of 130 on-street parking spaces, two of which are handicapped spaces.

2.5.1 Existing Parking Demand

2.5.1.1 Parking Demand Model for Operation

Based on the data and calculations contained in the parking study prepared for the Plan, the existing total demand for parking, including a peak parking demand contingency, at the Medical Center is 2,069 spaces or approximately 275 spaces less than the existing parking supply (2,344 spaces) available in the off-street lots.

The parking study prepared by Fehr & Peers (June 2009) concluded that the total existing parking supply is adequate to serve the current parking demand and any required contingency.



Exhibit 2-6 Existing On- and Off-Street Parking

SOURCE: Fehr & Peers 2008

Table 2-1 Off-Street PVHMC Campus Parking Supply

Lot Name	Visitor			Employee			Doctor	Medical Center Total	Notes
	Regular	Handicap	Total	Regular	Handicap	Total			
1860 Lot	0	0	0	72	0	72	0	72	Access Controlled
Chaney Lot	30	2	32	0	0	0	0	32	
N Lot A	151	0	151	0	0	0	0	151	
Platinum/East Gold	349	2	351	0	0	0	0	351	
Royalty Lot	0	0	0	208	3	211	0	211	Access Controlled, Shuttle Lot
1830 Lot	0	0	0	423	0	423	0	423	Access Controlled
1770 Lot	87	10	97	0	0	0	0	97	
ER Lot	37	11	48	0	0	0	0	48	
Nemaha Lot	0	0	0	15	2	17	0	17	
ER Doctor Lot	0	0	0	0	0	0	30	30	Access Controlled
Lot B/D	125	17	142	0	0	0	0	142	
WC Doctor Lot	0	0	0	0	0	0	18	18	Access Controlled
Lot C	40	7	47	0	0	0	0	47	
W Lot A	84	32	116	0	0	0	0	116	
Lot E	123	0	123	0	0	0	0	123	
Contractor Lot	63	0	63	0	0	0	0	63	Closed during data collection
Cancer Care Center Lot	119	8	0	0	0	0	0	127	Parking for Cancer Center
Medical Office Building Lot (MOB)	262	4	0	0	0	0	0	266	Parking reserved for MOB
Willow Street (To be Vacated)	0	10	10	0	0	0	0	10	East of Cadillac Drive
Total	1,470	103	1,573	718	5	723	48	2,344	

SOURCE: Field Survey of Existing PVHMC Parking, April 2008

Table 2-2 On-Street Parking Supply

Area	Regular	Handicap	Total	Notes
A	32	2	34	Garey Ave between Willow & Aliso
C	24	0	24	Cadillac Dr between Willow & Tate; 2-hour parking from 6:00 A.M. to 6:00 P.M.
D	52	0	52	Tate St between Cadillac & Orange Grove; 2-hour parking from 6:00 A.M. to 2:00 P.M.
E	20	0	20	Garey Ave between Artesia & Willow
Total	128	2	130	

SOURCE: Field Survey of Existing PVHMC Parking, April 2008

2.5.1.2 City of Pomona Parking Requirements

The City's parking regulations require three parking spaces for every 1.5 patient beds for Medical Center uses. In addition, the PCC calls for one parking space for every 200 square feet of floor space in medical office and ancillary service buildings that are detached from the main Medical Center building. Based on the current 453-bed count and the total existing square footage of free-standing medical office and ancillary service buildings (156,595 square feet) the PCC would require provision of 1,689 parking spaces to serve the entire Medical Center, less than the 2,344 currently provided.

2.6 PEDESTRIAN CIRCULATION

Pedestrian circulation in the PVHMC core campus area is illustrated in Exhibit 2-7 (Existing Pedestrian Circulation), and includes internal and external pedestrian pathways, building entrances, and the existing campus shuttle route. This Exhibit and accompanying text deal exclusively with the PVHMC core campus area as the development proposed in the Plan is limited to this area.

Sidewalks are essential parts of the transportation network because they facilitate pedestrian access to Medical Center, local businesses, parking facilities, and transit. Sidewalks are currently continuous throughout most of the Plan area. Most major intersections are signalized and have marked crosswalks.

Pedestrian travel to and from the Medical Center is typically oriented toward Willow and Artesia Streets, where the main parking lots are located. Artesia Street separates the hospital and its ancillary buildings from the medical office building located south of the street within an area designated the "Artesia Triangle." Pedestrians regularly cross Artesia at the signalized intersections of Garey Avenue/Artesia Street and Orange Grove Avenue/Artesia Street.

The main PVHMC parking lot is currently accessed from Willow Street, which is the primary entrance to the core campus, and a substantial number of pedestrians cross Willow Street at its intersection with Cadillac. A number of pedestrians travel along the alley parallel to Cadillac Drive to cut through the PVHMC north parking

lots either to access the core campus from on-street parking on Tate Street or to access Garey Avenue and its transit stops, local businesses and schools. There are no designated mid-block crosswalks, striping, or signals, only signage, on either Artesia Street or Willow Street. Exhibit 2-7 shows the primary pedestrian paths of travel.

There are no formal bicycle facilities serving the Plan area and there are no designated bicycle paths either off site or on site.



Pedestrian pathway

Patients and visitors to the Medical Center may utilize the Medical Center-operated shuttle-bus service to travel between the PVHMC core campus, the Cancer Care Center, and Family Health and Sports Medicine Centers, as shown in Exhibit 2-7. Two 24-passenger buses transport employees and patients between the main Medical Center and Cancer Center.

2.7 TRANSIT SERVICE

2.7.1 Bus Transit Service

2.7.1.1 Foothill Transit

Foothill Transit provides bus service within the Plan Area, as shown in Exhibit 2-8 (Existing Transit Service). The bus lines that have bus stops closest to the Medical Center campus include Foothill Transit Lines 291, 292, and 197.

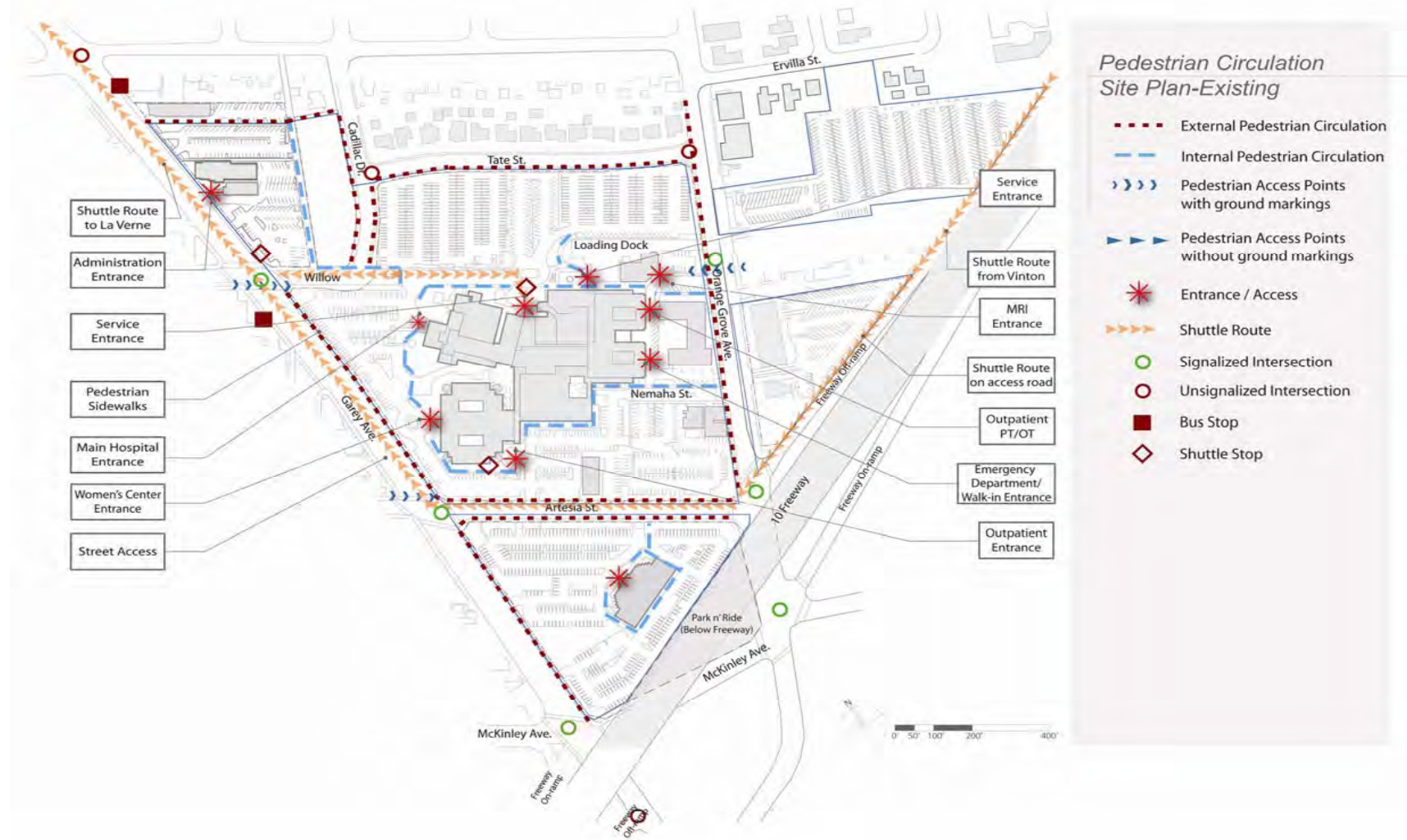


Exhibit 2-7 Existing Pedestrian Circulation

SOURCE: gkkworks 2008, December

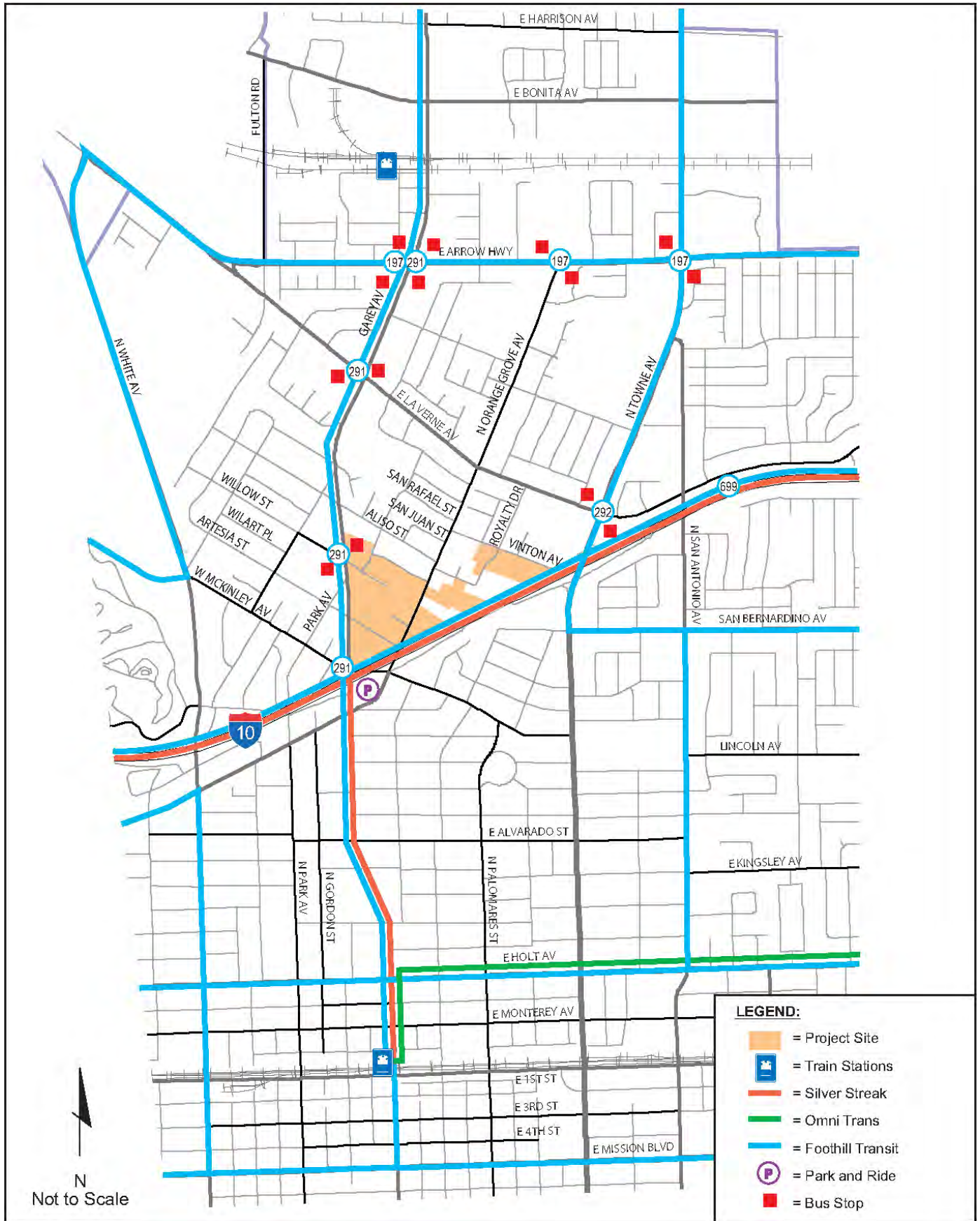


Exhibit 2-8 Existing Transit Service

SOURCE: Fehr & Peers 2008 May



Line 291 travels along Garey Avenue and has stops adjacent to Aliso Street, Willow Street, and McKinley Avenue. During weekdays, route 291 stops every 15 minutes from 5:00 A.M. until 9:00 P.M., then every half hour between 9:00 P.M. to 11:00 P.M. During weekends route 291 stops every half hour between the hours of approximately 6:00 A.M. to 7:00 P.M.

Line 292 travels along Towne Avenue and has stops adjacent to La Verne Avenue near the Cancer Center Building. During the weekday the bus frequency is every half hour between the hours of about 6:00 A.M. to 5:00 P.M. During weekends the bus frequency is once an hour from the hours of about 6:00 A.M. to 4:30 P.M.

Foothill Transit Lines 291 and 292 connect PVHMC and the Downtown Pomona station. The Riverside Line leaves from the Downtown Pomona station, 1.5 miles away from the Plan Area. The San Bernardino Line leaves from the North Pomona Station 1.3 miles away from the Medical Center campus. Foothill Transit bus stops 197 and 291 on the corner of Garey Avenue and Arrow Highway are 0.3 mile away from the station, but there are no direct bus lines serving the North Pomona Station.

2.7.1.2 Other Bus Transit Service

Access Paratransit—Provides regional paratransit services throughout Los Angeles County for all locations within $\frac{3}{4}$ mile of any active bus line. This includes the entire city of Pomona. To utilize this service, one must be an Americans with Disabilities Act (ADA)-eligible paratransit rider.

Dial-A-Ride—Provides personalized transit service to ADA-eligible paratransit riders within the City of Pomona. This service is administered by the Pomona Valley Transportation Authority.

Get About—Provides personalized transit service to registered senior citizens and disabled persons of any age. Transportation is provided anywhere within the four-city area of Pomona, La Verne, Claremont, and San Dimas.

2.8 FENCING, LANDSCAPE, AND HARDSCAPE

There are existing fences and walls at various places along the perimeters of the PVHMC core campus. Exhibit 2-9 (Existing Perimeter Fencing) shows the locations of each wall/fence with a description of their material. Table 2-3 (Existing Fence/Wall Legend) below corresponds to Exhibit 2-9 and provides the type, height, color, and distance to the nearest property line for each fencing segment. Fences and walls on site include wrought iron, concrete block, and chain link, and range in height from a low 2-foot concrete block wall to an 8-foot wrought iron fence at the southern end of the Medical Center core. The existing landscaping along the perimeters of the core campus is illustrated in a series of exhibits from Exhibit 2-10 (Key Map—Existing Landscaping Cross Sections) through Exhibit 2-15 (Section E8—Orange Grove Avenue). Cross sections are shown for each variation of planter area along Garey Avenue, Tate Street, and Orange Grove Avenue. As shown in these exhibits, planter areas surrounding the core campus vary in width and landscaping material.

There are groups of Date Palm (*Phoenix dactylifera*) (three palms per group) at the corners of various entrances to the Medical Center. These are important landmarks along the perimeters of the PVHMC core campus, and their locations are shown in Exhibit 2-16 (Existing Palm Groupings).

Aside from standard concrete and asphalt paving, colored concrete and concrete pavers are used throughout the Medical Center core, as illustrated by photographs of each type of paving surface.



Exhibit 2-9 Existing Perimeter Fencing

SOURCE: Cornerstone Studios, Inc. 2008, June

Table 2-3 Existing Fence/Wall Legend

<i>Key</i>	<i>Type</i>	<i>Height</i>	<i>Color</i>	<i>Distance to Property Line</i>
A1	Wrought Iron (W.I.) Sliding Gate	8'	Black	39' to 15'-6"
A2	Low Concrete Block Wall	1'-8"	Gray	0'
B	Low Concrete Block Wall	4'-6" to 5'-6"	Gray	0'
C	Chain Link Fence	8'	Gray	6"
D	Wrought Iron (W.I.) Sliding Gate	8'	Black	3'-6"
E	Low Concrete Block Wall	3'-6" to 4'-4"	Gray	6" to 1'-6"
F	Chain Link Fence	3'-6"	Gray	0'
G	Low Concrete Block Wall	2' to 4'-9"	Gray	Not applicable
H-1	Concrete Block Wall	4' to 4'-6"	Gray	0' to 7'-6"
H-2	Concrete Block Wall	4' to 4'-6"	Gray	0 to 5'-6"
I	Concrete Block Wall	4' to 4'-6"	Gray	2' to 25'
J	Concrete Block Wall	4' to 4'-6"	Gray	0' to 20'
K	Wrought Iron (W.I.) Swing Gate	8'	Brown	5'-6" to 7'
L	Low Concrete Block Wall	2' to 2'-6"	Gray	2'-6"
M	Wrought Iron (W.I.) Fence	8'	Peach	Along Garey: 5'-6" inside of Property Line Along 10 Freeway: 4' inside of Property Line At the corner of Garey and E. McKinley: 4' to 6' outside of Property Line
N	Concrete Block Wall	6' to 10'-2"	Gray	Not applicable

SOURCE: City of Pomona 2008

2.9 UTILITIES AND INFRASTRUCTURE

2.9.1 Existing Storm Drainage System

The Plan Area is relatively flat, sloping from north to south from an elevation of approximately 967 to 933 feet AMSL. The existing drainage system and hydrological areas are shown in Exhibit 2-18 (Existing Storm Drain Systems).

The core campus area is divided into five hydrologic areas. Four of these (identified in Exhibit 2-18 as Area 1A through Area 1D) are located north of Artesia Street; the fifth (Area 1E) is located south of Artesia Street.

Surface flows from Area 1A, which is approximately 14.3 acres in size, drain to an existing on-site storm drain via inlets located west of the Medical Center and catch basins located east of the Willow/Cadillac intersection. The flows are conveyed through the on-

site system to a public storm drain in Garey Avenue. Flows from Area 1B, which covers approximately 5.7 acres northwest of the main Medical Center, is currently intercepted by inlets and catch basins located north and east of the main Medical Center and is conveyed to a public storm drain located in Orange Grove Avenue. Surface runoff from Area 1C, which contains approximately 6.7 acres south of the PVHMC hospital, is currently intercepted by inlets that convey the flow to parkway drains located along Artesia Street and Garey Avenue. From here stormwater flows south along the street gutter to a catch basin at McKinley and Garey, which discharges into a public storm drain. Surface flow from Area 1D, which at 0.9 acre is the smallest hydrologic area in the core campus, is conveyed to Artesia Street. Area 1E is approximately 5.4 acres in size, is located south of Artesia, and drains to the Garey/McKinley catch basin.

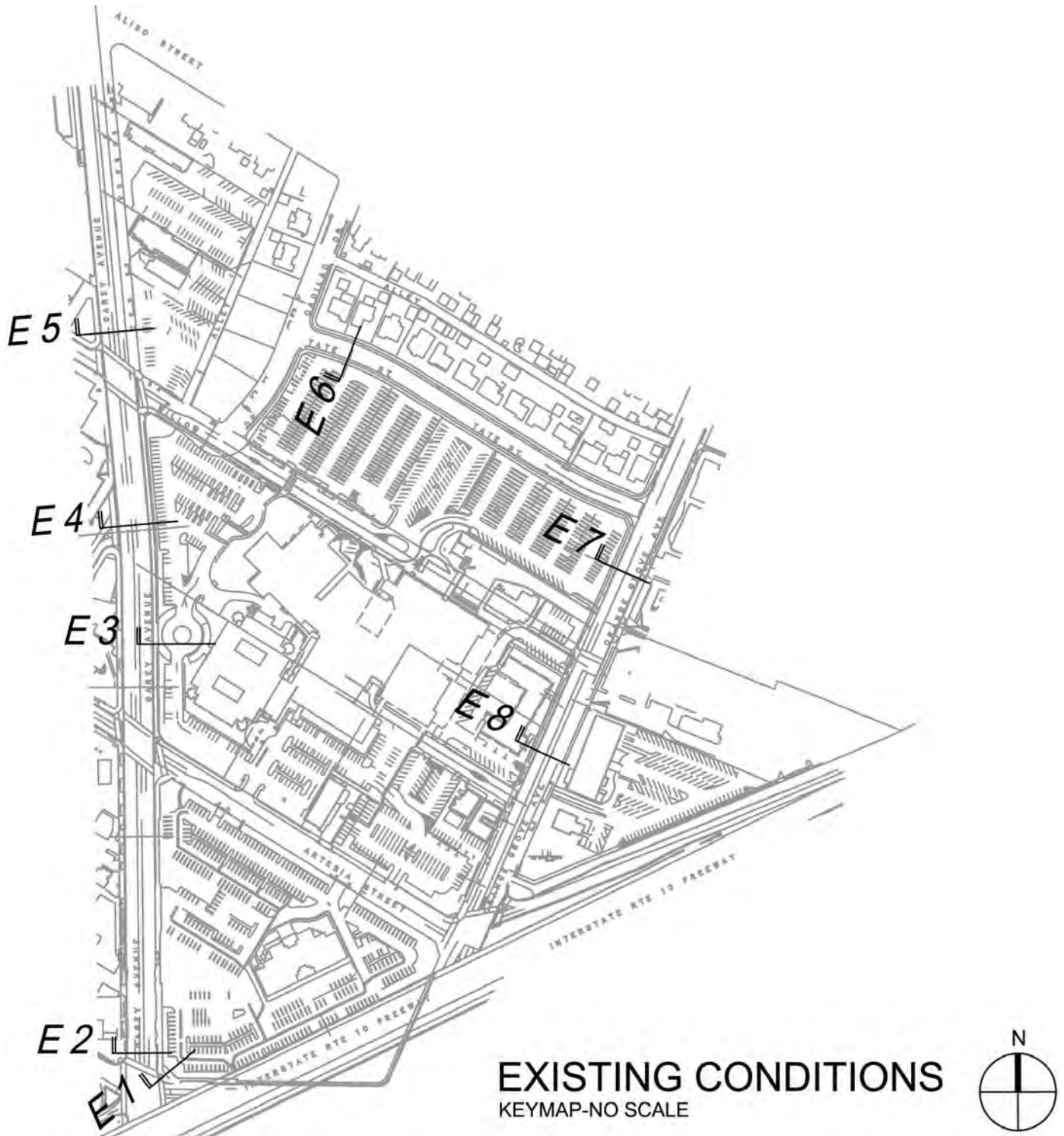
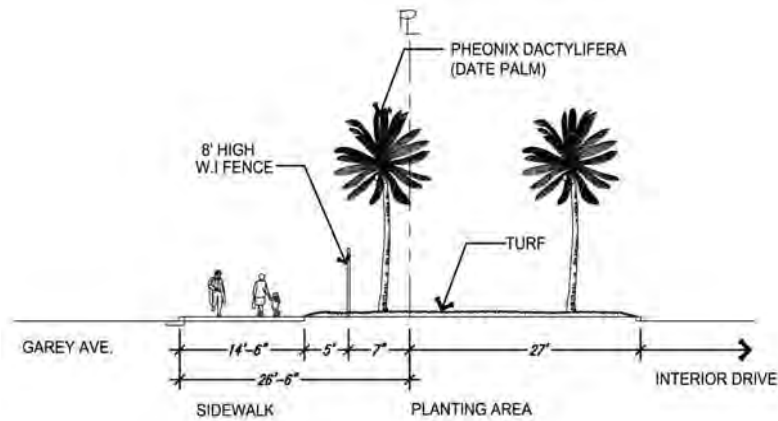


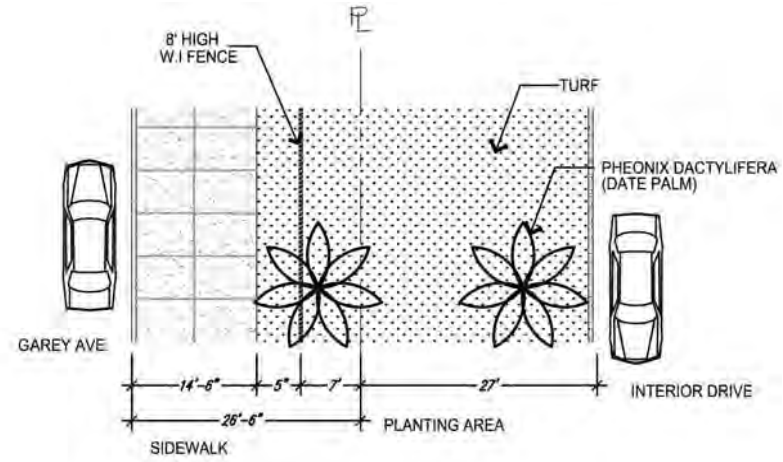
Exhibit 2-10 Key Map—Existing Landscaping Cross Sections

SOURCE: Cornerstone Studios, Inc. 2008, June

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN

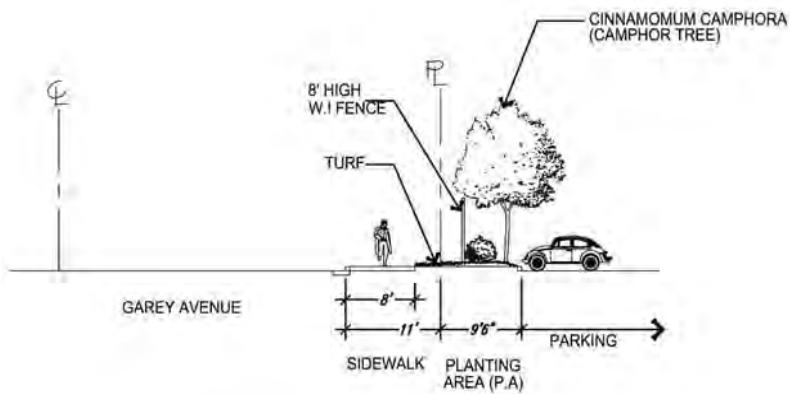


E 1 SECTION - SCALE: 1"=20'

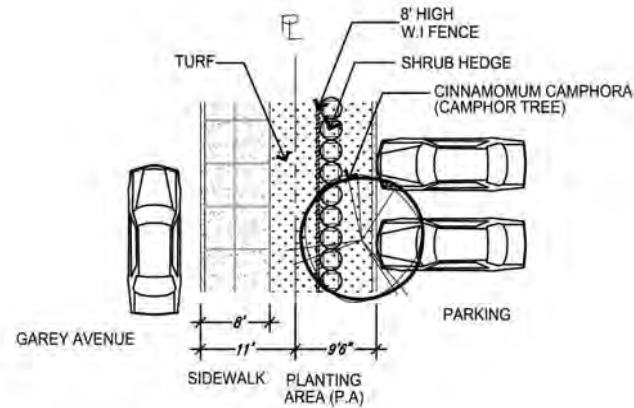


E 1 PLAN - SCALE: 1"=20'

GAREY AVENUE LOOKING NORTH



E 2 SECTION - SCALE: 1"=20'

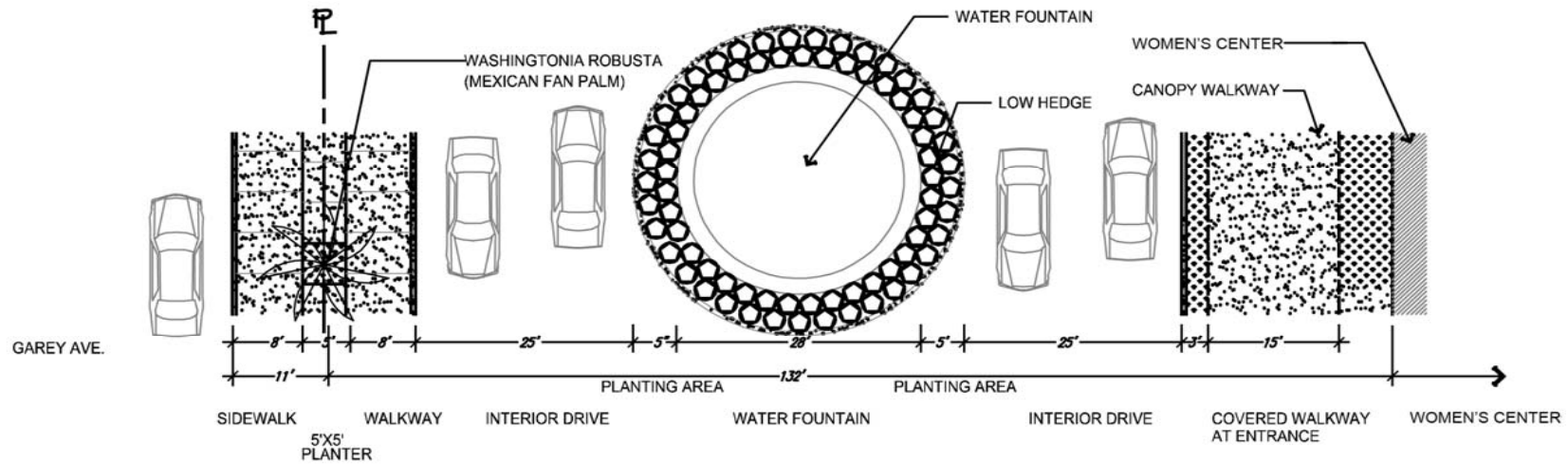


E 2 PLAN - SCALE: 1"=20'

GAREY AVENUE LOOKING NORTH

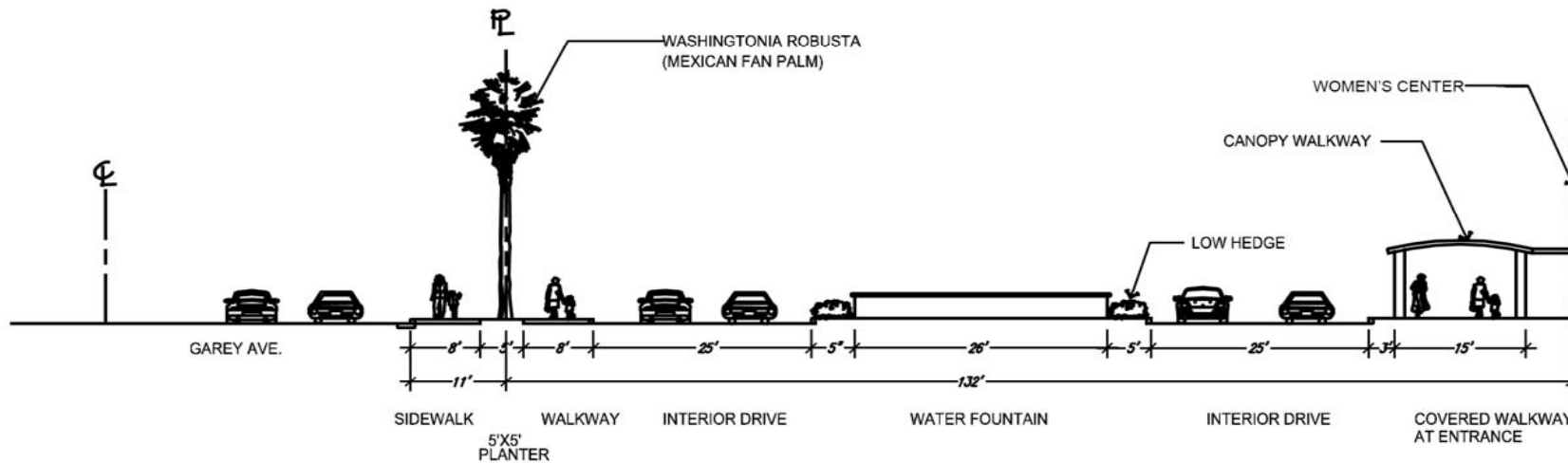
Exhibit 2-11 Sections E1 & E2—Garey Avenue

SOURCE: Cornerstone Studios, Inc. 2008, August



E 3 PLAN - SCALE: 1"=20'

GAREY AVENUE LOOKING NORTH

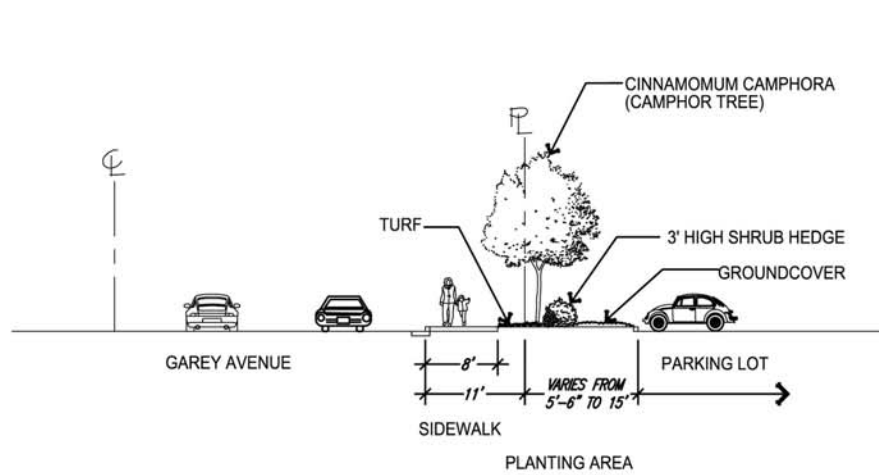


E 3 SECTION - SCALE: 1"=20'

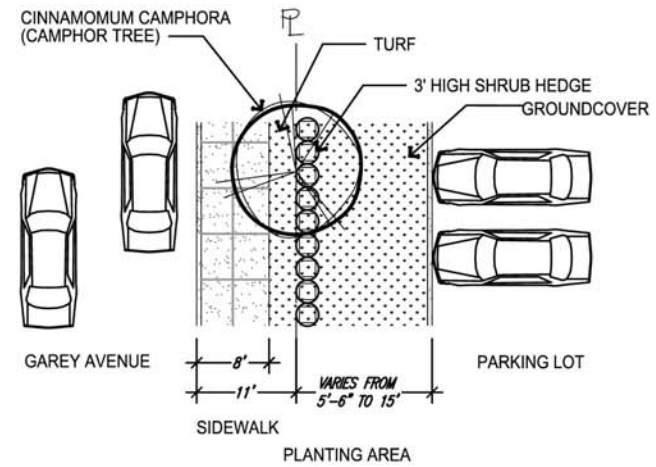
GAREY AVENUE LOOKING NORTH

Exhibit 2-12 Section E3—Garey Avenue

SOURCE: Cornerstone Studios, Inc. 2008, August

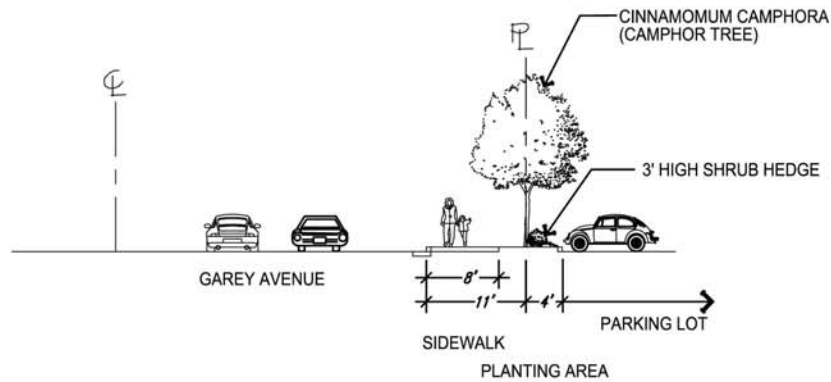


E 4 SECTION - SCALE: 1"=20'

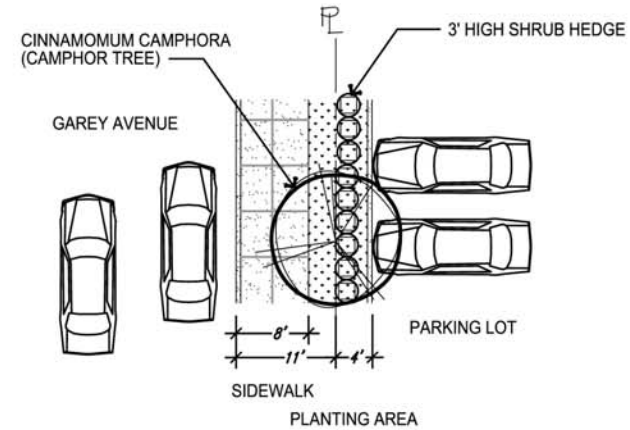


E 4 PLAN - SCALE: 1"=20'

GAREY AVENUE LOOKING NORTH



E 5 SECTION - SCALE: 1"=20'

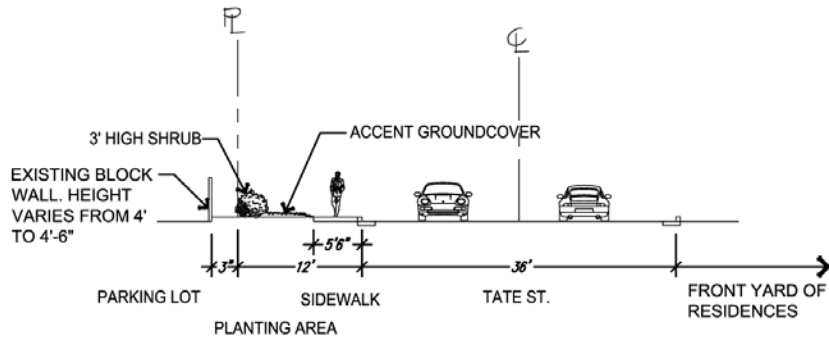


E 5 PLAN - SCALE: 1"=20'

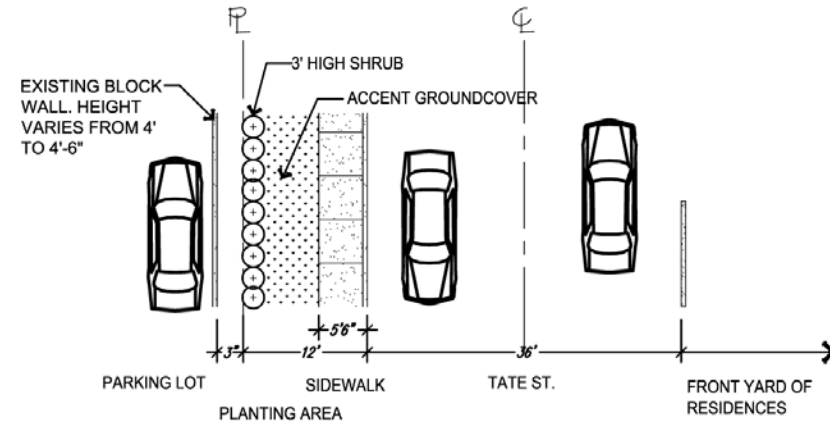
GAREY AVENUE LOOKING NORTH

Exhibit 2-13 Sections E4 & E5—Garey Avenue

SOURCE: Cornerstone Studios, Inc. 2008, August

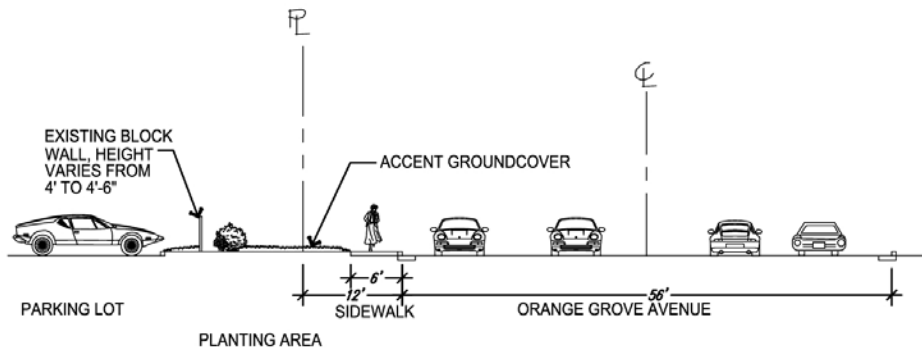


E 6 SECTION - SCALE: 1"=20'

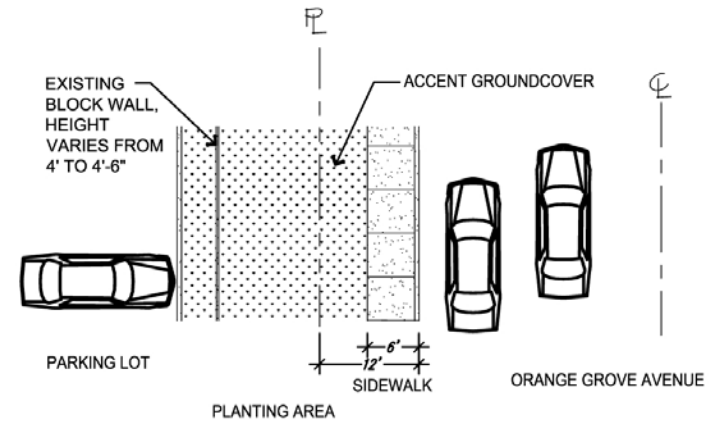


E 6 PLAN - SCALE: 1"=20'

TATE STREET LOOKING WEST



E 7 SECTION - SCALE: 1"=20'

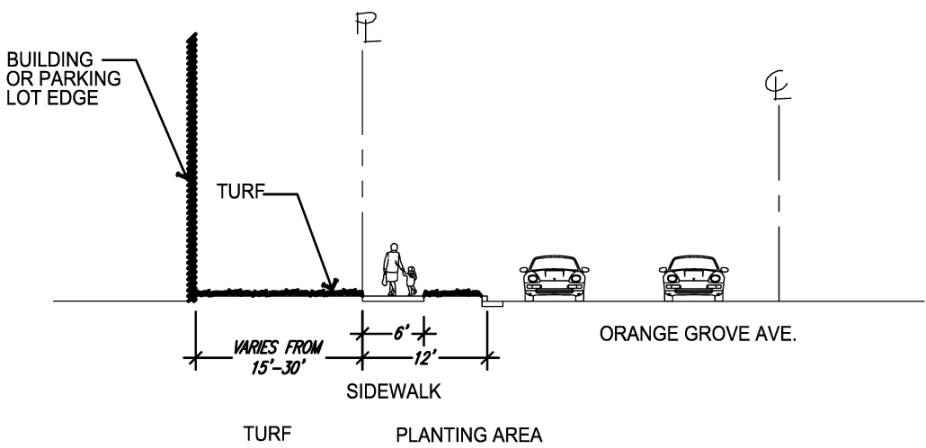


E 7 PLAN - SCALE: 1"=20'

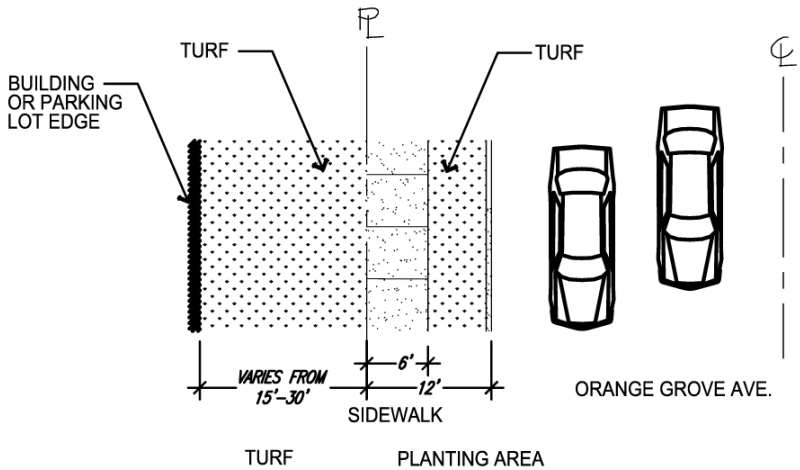
ORANGE GROVE AVENUE LOOKING NORTHEAST

Exhibit 2-14 Sections E6 & E7—Tate Street and Orange Grove Avenue

SOURCE: Cornerstone Studios, Inc. 2008, September 9



E 8 SECTION - SCALE: 1"=20'



E 8 PLAN- SCALE: 1"=20'

ORANGE GROVE AVENUE LOOKING NORTHEAST

Exhibit 2-15 Section E8—Orange Grove Avenue

SOURCE: Cornerstone Studios, Inc. 2008, September 9



Exhibit 2-16 Existing Palm Groupings

SOURCE: Cornerstone Studios, Inc. 2008, August

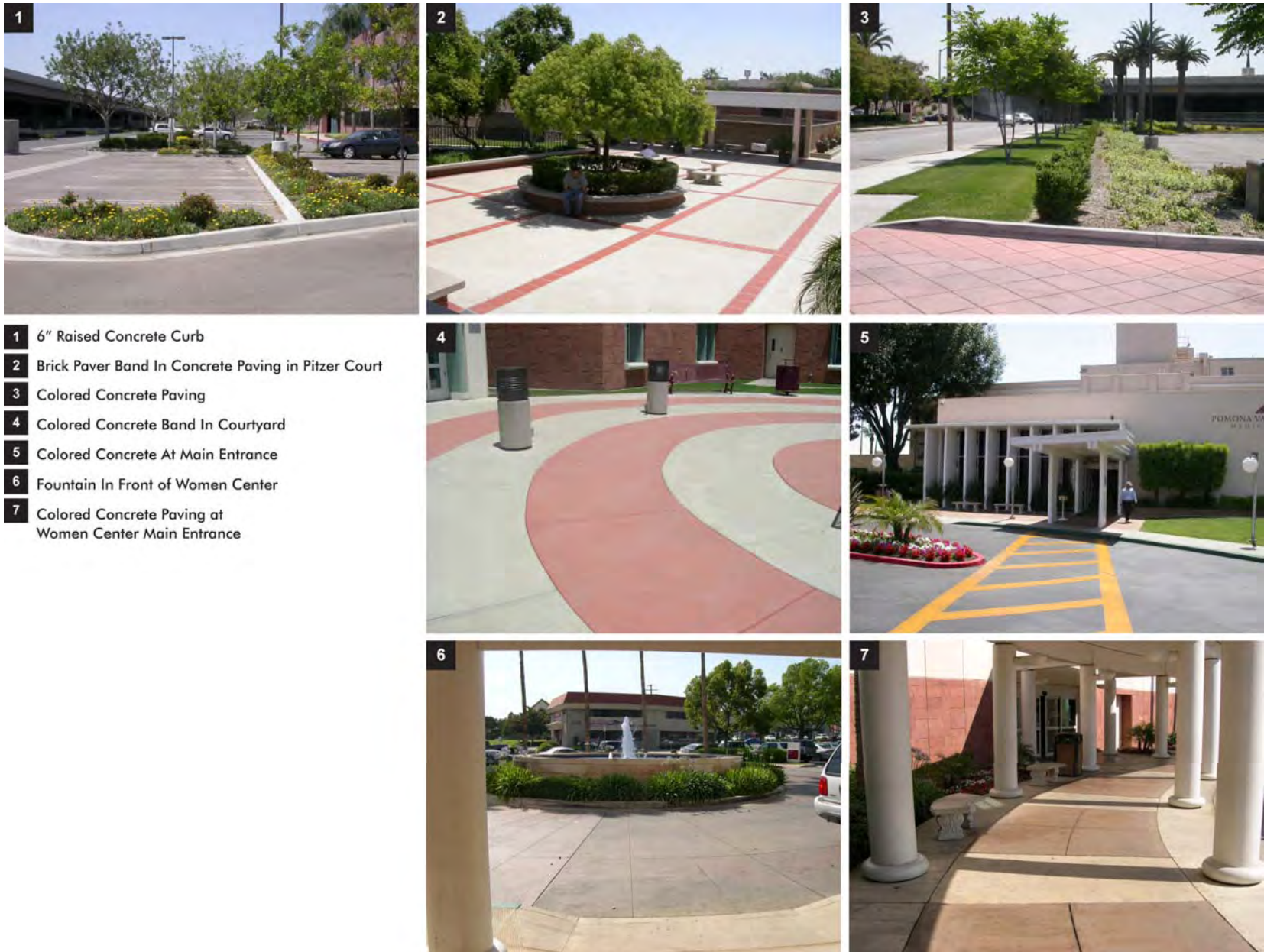


Exhibit 2-17 Existing Paving
SOURCE: Cornerstone Studios, Inc. 2008, June



Exhibit 2-18 Existing Storm Drain Systems

SOURCE: PSOMAS 2008, September

2.9.2 Existing Subsurface Conditions

The Medical Center sits above the Pomona Basin, which is a part of the Six Basins Groundwater Management Area. The site is also located within the historic boundaries of the Palomares Cienega. Prior to the development of the Pomona Valley, the Palomares Cienega was known as the site of numerous natural artesian springs, which conveyed groundwater from the Pomona Basin's confined aquifer, to the surface. These springs, created seasonally saturated ground and associated wetlands, called "cienegas" (the Spanish word for marsh). As the Pomona Valley developed, the various groundwater basins in the area were exploited to provide water for agriculture and later to support urban development throughout the region.

By the end of the nineteenth century natural artesian springs were no longer a characteristic of the area and wells were sunk into the aquifers to provide a reliable source of water. The City now operates a number of groundwater wells in the vicinity of the Plan area. Most of the older wells and related irrigation works, dating from Pomona's agricultural past, have been abandoned and buried. At least six of these old wells are located within the Plan area. Following periods of above normal precipitation, hydrostatic pressure can build within the confined aquifer creating an artesian condition sufficient to bring nuisance groundwater to the surface in both active and abandoned wells in the general area of the project site. The last documented occurrence of such artesian flows in the Plan area was in 1999 and 2001.

2.9.3 Water Infrastructure

The Medical Center is located within the City's water pressure Zone 2. Pressure Zone 2 has a hydraulic grade line of 1,202 feet based on the high water level of the storage reservoir feeding the zone. The Plan Area is located in the lower portion of Zone 2 resulting in high pressures along the public lines serving the Medical Center. Based on the City's Water and Recycled Water Master Plan (MWH, May 2005), pressures exceed 90 psi during peak hour demand conditions.

2.9.3.1 Existing Domestic Water System

Existing water systems are shown in Exhibit 2-19 (Existing Water Systems). The Medical Center facilities are primarily served by 12-inch water mains located in Orange Grove Avenue and Artesia Street and a 6-inch main in Garey Avenue. The laterals connecting to these mains to serve the Plan Area vary in size from 2 inches to 6 inches. There is a public 10-inch water main that crosses the southern portion of the Plan Area between Artesia Street and McKinley Avenue located within a 15-foot easement.

2.9.3.2 Existing Fire Protection System

Fire hydrants are located in parking lots and around the perimeter of buildings throughout the Plan area as well as along adjacent public streets.

Fire sprinkler systems were installed in the 1992 Women's Center wing and D and T wing of the hospital. The rest of the on-site structures lack fire sprinklers or only partially have sprinklers. There are three Fire Department connections with double-check valve assemblies on site, located in the vicinity of the Women's Center, the Pitzer Administration Building, and the medical office building south of Artesia Street. Three dry standpipes serve the main Medical Center core campus complex.

2.9.4 Existing Sewer System

The on-site sewer system consists of 4-inch, 6-inch, 8-inch and 12-inch vitrified clay pipes (VCP). There are four points of connection to the City sewer mains as shown in Exhibit 2-20 (Existing Sewer Systems). Sewage is conveyed through the on-site system to public sewers in Orange Grove Avenue, Garey Avenue, and Artesia Street. These mains eventually connect to the Los Angeles County Sanitation District (LACSD) trunk sewer at McKinley Avenue and Alameda Street. The City's Sewer Master Plan (May 2004) indicated that there is sufficient capacity in sewer trunk mains to convey projected build-out peak flows during both dry weather and wet weather conditions.

The City has an 8-inch VCP sewer main, in a 10-foot easement, that extends from Cadillac Drive

southwesterly through the Medical Center campus to Garey Avenue. Currently, this line is not serving any of the Medical Center buildings. In addition, there is an existing 8-inch VCP sewer main that was abandoned in place in 1972. It previously connected to the 8-inch sewer main in Cadillac Drive and served the residential dwellings south of Tate Street. It will be removed and replaced with a new 8-inch main to serve the Phase 1A Outpatient Pavilion.

Wastewater generated from the site is treated at the Pomona Water Reclamation Plant, which has a design capacity of 15 mgd and currently processes an average flow of approximately 8.8 mgd.

2.9.5 Natural Gas

The existing natural gas service is supplied from the Southern California Gas Company main located in Willow Street. Two gas meters are located to the north of the main Medical Center in the vicinity of wing F and one meter is located to the north of the Women's Center (Wing J).

The gas meters north of Wing F are located above grade with pressure regulators, and capped stub-outs for future gas meters. The multiple gas pressure systems drop below grade to the building. The gas meter north of Wing J is located above grade with pressure regulators and enters the building.

Gas shut-off valves are provided adjacent to each gas service entering the building.

2.9.6 Electrical Power

2.9.6.1 Existing Normal Power System

The campus is currently fed by a Southern California Edison substation located in the parking area north of Willow Street. The substation provides 1,200 amperes (amp) at 4,160 volts. The main service and distribution switchboard is located at the basement of the Women's Center (Wing J). The main service and distribution switchboard was installed in approximately 1992 and is back feeding the existing old electrical service located in the basement of Wing F.

Cross-Tie System: There is an existing cross-tie system in place for the Women's Center. The cross-tie system

provides generator backup to the emergency power system as well as the normal power system, with a load shedding scheme. The cross-tie system will be maintained throughout the campus.

The current power demand is about 2,815 kW or 3,311 kVA at 0.85 power factor (PF), or about 459 amps at 4,160 volts. The main service is 1,200 amps, so it has 60 percent spare capacity.

2.9.6.2 Existing Emergency Power System (Hospital and Ancillary Structures)

The emergency power system is located in the west side of the Women's Center basement and consists of two 1,200 kW, 4,160-volt generators serving the existing Women's Center and Building D and Wing T of the hospital. These generators are connected to an existing 1,200-amp, 4,160-volt switchboard. The two 1,200 kW generators were installed in the 1992 addition (Building K).

Additionally, there is a 1,000 kW generator that serves Wing G and the balance of the hospital.

2.10 HISTORIC SITE DEVELOPMENT

The buildings that make up the Pomona Valley Community Hospital Medical Center were constructed over several decades. Some structures were built specifically to serve the Medical Center and others were acquired by the Medical Center as it purchased properties to complete its campus and expand its services.

The PVHMC hospital building has likewise been constructed in stages over a period of nearly 80 years, beginning with the original 1913 structure (currently, Wing A). To accommodate expansion and changes in technology and services the original hospital building and the wings added to it over the years have undergone multiple alterations as described briefly below. Exhibit 2-1 shows the current Medical Center site plan and identifies the various free-standing Medical Center buildings and the various wings of the hospital with the date of their construction.



Exhibit 2-19 Existing Water Systems
SOURCE: PSOMAS 2008, September 9



Exhibit 2-20 Existing Sewer Systems

SOURCE: PSOMAS 2008, September 9



Photo of Original Hospital Building, 1903

2.10.1 Building History

The original Pomona Valley Community Hospital started in 1903 and occupied a two-and-a-half story frame house, as shown in the photograph below. The front façade was designed symmetrically and featured a two-story entry portico.

By 1910, the original hospital had reached capacity, and in 1912, ground was broken at the current site for a new, 40-bed hospital facility. Shortly after that groundbreaking, the original 1903 frame house burned down.

The new three-story Pomona Valley Community Hospital opened its doors in 1913. It was constructed of unreinforced concrete. A two-story entry portico was centered on the front façade, supported by square piers with a capital, as shown in the photograph below. The upper level was enclosed and featured two sets of narrow tripartite windows along the front. The hospital featured a flat roof with deep eave overhang, and a short parapet wall located above the overhang. Setback on the roof was a clerestory pop-up with windows.



View of Main Hospital Building, circa 1915

In 1924, the 1913 hospital building was reaching its capacity, and, in 1928, a new four-story "T" wing (Wing B) was added. The 1928 addition was four stories in height and included a basement. Also constructed of un-reinforced concrete, the new wing was simple in detail; a functional stucco clad structure, with a flat roof.

By 1938, the entry portico to Wing A1 had been remodeled and the structure was enclosed and increased in height. The use of strong vertical elements in the new portico, and the full enclosure of the penthouse, imparted an Art Deco style to the previously Craftsman-influenced elevation. The circa-1947 photograph below illustrates how the main building was heightened and expanded on both sides

In 1954 a four-story hospital wing addition (Wing C) was constructed, which housed new quarters for surgery, obstetrics, nursery, and laboratories. It was added to the east side of Wing B.



View of Main Hospital (Wing A and Wing B, enclosed portico, enclosed penthouse), circa 1947

Building D was originally called Pitzer Home South which was constructed in 1959 as an addition to the original Pitzer Home, which has been demolished. Building D was subsequently modified to house administrative offices and is currently named the Pitzer Administrative Building. Building D is a simple, functional, one-story building, "U" shape in plan and constructed of concrete material with a flat roof and deep overhang.

In 1958, the front façade of Wing A was again modified with the addition of a two-story lobby added to the front entry portico (A2). Executed in a mid-century modern style, this lobby, which remains in place, is asymmetrically balanced with a wall of vertical windows, as shown in the photograph below. With this addition the original 1913 hospital building was almost completely subsumed by additions.



View of Main Hospital (Building A) lobby, 2008

The hospital continued to grow during the 1950s and 1960s with additions to the rear of the altered and enlarged hospital building. The 1961 east/west wing (Wing E1/E2) took the hospital to new heights with its six stories, built to the east of Wing B and Wing C. Its architecture was simple and functional, an efficient response to the need for more space with limited construction funding.

Wing F was constructed circa 1963 and merges with Wing G, which was constructed in 1972. This addition includes a one-and-a-half-story brick-clad wing oriented into the hospital. Also in 1963, a new one-story cafeteria was built. The photograph below, taken in 2008 facing southwest, shows the six-story Wing E1 in the background, Wing G in the middle ground, and Building I in the foreground.



View of six-story Wing E1, 2008

Building H (Cheney/Seinfeld Administration Building), Building Q, (the two-story Family Health Center), and Building R, (the one-story Sports Center) were not built by PVHMC but were acquired later. These buildings were constructed in the 1960s.

Building M is the Security Building, constructed in 1960. It is a small stand-alone structure located to the southeast of the hospital building on Orange Grove, near the vacated Nemaha Street. The structure was originally constructed as an office and was acquired by PVHMC. The building is slightly “U”-shaped in plan and is brick-clad.

Building N is located to the west of Building M. Also constructed in 1960, it was oriented toward Nemaha Street and was not built by PVHMC. This one-story building is rectangular in plan with a very shallow, slightly gabled roof. The building is stucco-clad and simple in design.

Over the past almost 90 years, PVHMC grew to support new services and departments, house modern equipment, and ultimately emerged as a regional Medical Center. Buildings and hospital wings on the campus, constructed in the past 25 years, include Building I, the Magnetic Resonance Imaging Center (1985), Wing J, the Women’s Center (1992), Wing K, the D&T Wing (1992), Building L, the Kidney Stone Center (1995), and Building O, the Cancer Center (1985).

2.11 EXISTING ARCHITECTURAL STYLES

With respect to the main Medical Center building, as it was expanded, remodeled, and redeveloped over time, the original architectural styles of its various components have merged, and some areas of the Medical Center contain architectural features that reflect more than one architectural style. Existing architectural styles within the Plan include International, Modern, and Contemporary styles.



Aerial photos of the Medical Center core buildings

Chapter 3 VISION AND GUIDING PRINCIPLES

3.1 PLANNING FRAMEWORK

The PVHMC Specific Plan (Plan) was developed to facilitate the Medical Center's response to SB 1953, a law adopted by the California Legislature in 1994 following the Northridge earthquake.

SB 1953 requires all hospital buildings in the state to be operational following a major earthquake by 2030.

To meet SB 1953 requirements by 2030, the Plan includes a phased approach to project implementation. The City of Pomona, in conjunction with PVHMC management, determined that the Specific Plan is the most appropriate tool to achieve the Medical Center's long-term objectives while providing standards to assure a cohesively designed and well-planned community facility.



3.2 PROJECT OBJECTIVES

The Plan incorporates key planning and development components of the Master Plan, and meets the following project objectives:

- **Present and Future Healthcare Needs.** Meet the present and future health care needs of the Pomona community by expanding and evolving PVHMC, as it has expanded and evolved over the past 100 years.
- **Critical Facility during Hazard Event.** Maintain PVHMC as a viable, centrally located facility, critical to the health and welfare of the local population, which is particularly important during and after a hazard event.
- **Centralized Services for Easy Access.** Provide all the main Medical Center-provided services within one central, easily accessible location/master planned area so as to reduce adverse effects on traffic, air quality, and noise.
- **Visitor and Pedestrian Friendly.** Enhance the visitor experience by making PVHMC more visitor friendly, visually pleasing, and pedestrian friendly.
- **Unifying Landscape and Open Space Design.** Provide a campus-like environment with additional green space, utilizing landscaping and open spaces as a unifying theme throughout the campus.
- **Prominent City Gateway.** Provide an expansion of medical facilities at an important gateway into the City of Pomona.
- **Cost-Effective Development.** Aid in the cost effective development and renovation of the PVHMC by combining the targeted reuse/continued use of structurally compliant and technologically appropriate existing facilities with the addition of new, state-of-the-art inpatient and outpatient facilities.
- **Plan for Long-Term Growth.** Provide a comprehensive framework for the cohesive and

integrated long-term growth and development of PVHMC as it responds to the growing medical needs of the community and its requirement to meet the provisions set forth in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994 (SB 1953).

- **Valuable Community Resource.** Enhance and improve emergency services available, providing a valuable community resource easily accessible to the community, without which the community would have to travel miles for emergency care.
- **Improved Circulation and Parking.** Improve parking and internal circulation of vehicles and pedestrians within the boundaries of the Specific Plan.
- **Patient Care.** Improve conditions for the inpatient population of the hospital by emphasizing the provision of single-occupancy as opposed to double-occupancy rooms to provide patient care that meets the expectations of the regional community.
- **Operational Efficiency.** Improve the operational efficiency of the hospital by facilitating the movement of patients and staff between the main hospital and medical service units.
- **Sensitive to Neighboring Community.** Plan, stage, and construct the project in a manner that provides minimal disruption to the surrounding neighborhood.
- **Complements Surrounding Neighborhood.** Ensure that the redevelopment of PVHMC is conducted as part of a master planned medical complex that complements the surrounding neighborhood.
- **Supporting Infrastructure.** Provide the infrastructure necessary to meet project needs in an efficient and cost-effective manner.
- **Campus Synergy.** Integrate interrelated facilities in a single site to optimize operational synergy.
- **New and Improved Buildings and Systems.** Replace older buildings and wing additions on the site with newer, more efficient, lower maintenance, and environmentally sensitive systems.
- **Existing Campus Setting.** Construct new buildings within the framework of the existing campus setting with careful consideration of their location and functionality for the overall efficient operation of the campus.
- **Dedicated Emergency Entrance.** Create a dedicated entrance for Emergency vehicles and a walk-in entrance with parking.
- **New Medical Center Main Entrance.** Develop a new main entrance that creates a strong identity for

PVHMC and provides a connection to the community.

3.3 GUIDING PRINCIPLES

The key principles used to guide creation of the Plan, and the overall design concept for the campus, are listed below. These principles focus on the physical design of the campus including the arrangement and distribution of Medical Center and related facilities, pedestrian and vehicular access, sustainable design, and a balanced and aesthetic environment that fosters an atmosphere conducive to physical health and healing:

- **Integrated, Aesthetic and Functional.** Create a dynamic relationship between the existing and new Medical Center buildings within an aesthetic and functional campus setting.
- **Balanced Campus Environment.** Create a balanced campus environment between the inpatient zone in the south of the campus and the outpatient zone in the north side of the campus with dedicated parking and site access.
- **New and Improved Buildings and Systems.** Replace older buildings and wing additions on the site, with mechanical, electrical, and plumbing infrastructure that require a high degree of maintenance, with newer, more efficient, and environmentally sensitive systems.
- **Existing Campus Setting.** Construct new buildings within the framework of the existing campus setting with careful consideration of their location and functionality for the overall operation of the campus.
- **Cohesive Architectural and Landscape Theme.** Achieve a cohesive design theme through consistency in the architectural elements of the new and existing wings/buildings, including scale, rhythm, proportion, and orientation, and the use of landscaping and open spaces as a unifying theme throughout the campus.
- **Dedicated Emergency Entrance.** Create a dedicated entrance for the Emergency vehicle and a walk-in entrance with parking.
- **New Medical Center Main Entrance.** Develop a new main entrance that creates a strong identity for PVHMC and provides a connection to the community.
- **Sustainable Design.** Develop a new building organization and orientation that is based on

sustainable design elements and maximizes day lighting.

- **Pedestrian Access and Healing Environment.** Develop a hierarchy of pedestrian circulation and open spaces that create visual access to the campus and provide a healing environment.
- **Aesthetic Landscape Treatment.** Create a landscape design that will complement the building massing, pedestrian circulation, vehicular circulation, and parking and minimize water usage.

Chapter 4 CONCEPTUAL DEVELOPMENT PLAN

4.1 DEVELOPMENT PLAN OVERVIEW

The Development Plan is the program that guides physical development of the Plan for the Pomona Valley Hospital Medical Center campus. The Plan includes the following key components that describe and illustrate the ultimate development of PVHMC:

- Land Uses
- Illustrative Development Plan
- Circulation Plan
- Open Space Plan
- Landscaping
- Utilities and Infrastructure Improvements

4.2 LAND USE

4.2.1 Land Use Category

The Plan contains one land use category, Medical Center Specific Plan, and the typical uses allowed as described below:

- **Medical Center**—Uses serving acute care, outpatient and medical support functions, including, but not limited to, the following activities:
 - > Outpatient Care
 - > Inpatient Care
 - > Emergency Care
 - > Medical Office
 - > Parking

4.2.2 Illustrative Development Plan

Exhibit 4-1 (Overall Development Plan) depicts the ultimate development of PVHMC. Implementation of the Plan is divided into three primary phases in order to avoid any interruption in the delivery of medical services and to ease the transition from the existing to the proposed facilities. Development is anticipated to occur over an approximately 21-year planning horizon. Upon completion, the Plan anticipates the following:

- Two new outpatient buildings (not to exceed a total of 110,000 square feet [sf])
- Three new hospital wings (not to exceed 390,000 sf,) that house approximately 290 patient beds and an expanded Emergency Department.
- Demolition of approximately 232,701 sf of existing hospital facilities and related ancillary structures.
- Vacation of Cadillac Drive between Tate Street and Willow Street and Willow Street between Garey Avenue and Cadillac Drive
- Construction of a new 400-stall parking structure, and the provision of additional surface parking

Table 4-1 (Building Inventory by Phase) summarizes the net increases and decreases in building area and Medical Center beds for each phase of development.

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN

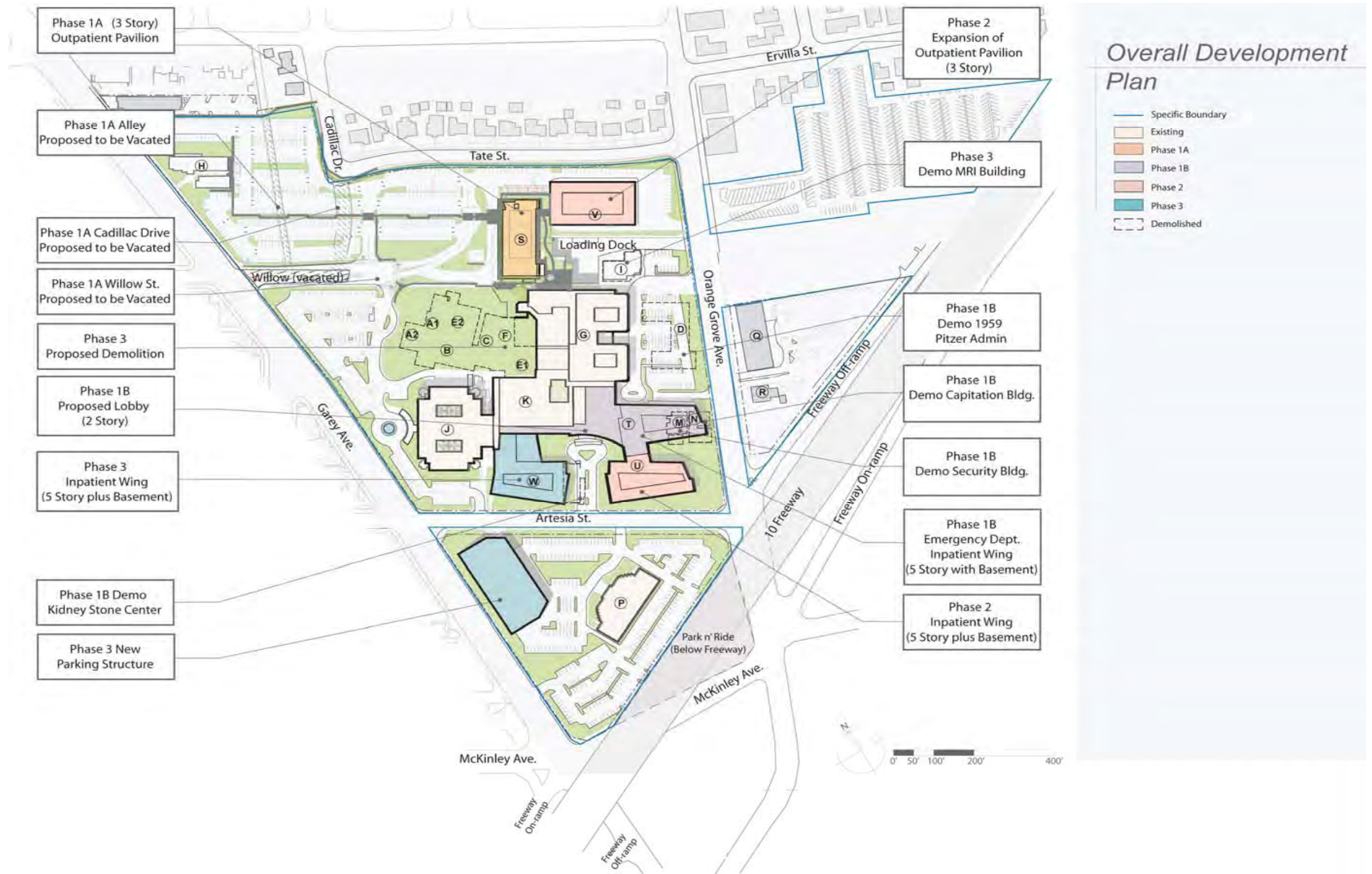


Exhibit 4-1 Overall Development Plan

SOURCE: gkkworks 2009, April 1

Table 4-1 Building Inventory by Phase

<i>Phase</i>	<i>Years</i>	<i>Start Building Area</i>	<i>Demo Building Areas</i>	<i>Existing Area to Remain</i>	<i>New Building Area</i>	<i>Net</i>	<i>Result Final Building Area</i>
Start	2009	745,015 sf (453 Beds)	—	—	—	—	—
1A	Complete in 2011	745,015 sf (453 Beds)	—	745,015 sf (453 Beds)	Outpatient Pavilion (Bldg. S) (56,000 sf)	+56,000 sf	801,015 sf (453 Beds)
1B	Complete in 2013	801,015 sf (453 Beds)	Total: 22,850 sf Bldg. D (12,000 sf) Bldg. L (4,000 sf) Bldg. M (4,150 sf) Bldg. N (2,700 sf) (Remove 34 Beds from Wing C) (Remove 22 Beds from Wing E1)	778,165 sf (397 Beds)	Inpatient Wing T (138,000 sf, 94 Beds) + 22 Beds in Wing J + 7 Beds in Wing E1	+115,150 sf (67 Beds)	916,165 sf (520 Beds)
2	Expected to start 2017 Complete after Phase 1B and prior to start of Phase 3	916,165 sf (520 Beds)	(Remove 55 Net Beds from 1961 Wing E1) (Remove 43 Net Beds from 1972 Wing G)	916,165 sf (422 Beds)	Total: 177,000 sf Inpatient Wing U (123,000 sf, 100 Beds) Outpatient Addition (Bldg. V) (54,000 sf)	+177,000 sf (+2 Beds)	1,093,165 sf (522 Beds)
3	Complete in 2030	1,093,165 sf (522 Beds)	Total: 209,851 Wing A1 (13,681 sf) Wing A2 (6,548 sf) Wing B (16,000 sf) Wing C (34,354 sf) Wing E1 (95,325 sf) Wing E2 (27,075 sf) Wing F (10,268 sf) Bldg. I (6,500 sf) (Remove 90 Beds from Wing E1) (Remove 15 Net Beds from Wing G) (Remove 38 Intensive care Beds)	883,314 sf (379 Beds)	Inpatient Wing W (129,000 sf, 96 Beds)	-80,851 sf (-47 Beds)	1,012,314 sf (475 Beds)
Total	2030	745,015 (453 Beds)	232,701 sf (five bldgs, seven wings) (Remove 297 Beds)	512,314 sf (156 Beds)	500,000 sf (319 Beds)	276,299 sf (+ 22 Beds)	1,012,314 sf (475 Beds)

Exhibit 4-2 (Overall Demolition Plan) indicates the free-standing buildings and Medical Center wings that will be demolished during each phase of overall development. The Exhibit also shows proposed street and alley vacations. The existing Plan contains 745,015 sf of floor area. Buildings D, M, N, L and A, B, C, E, F, and I are proposed to be demolished, reducing the floor area by 232,701 square feet. Approximately 390,000 sf of new hospital space, in three new wings, will be added to the hospital in three phases. In addition, 110,000 sf of new outpatient and administrative facilities will be added to the PVHMC core campus, together with new parking areas, and enhanced landscaping. At completion, the Plan will contain 1,012,314 sf of floor area, will house approximately 475 patient beds, primarily in private rooms, and will include a new central processing unit, kitchen, cafeteria and other supportive facilities, a much enlarged Emergency Department, and a new hospital entrance and lobby. At build-out, the proposed Plan improvements will result in a well-designed and integrated Medical Center campus environment.

Following is a description of each of the phases of the overall development plan as shown in a series of exhibits including Exhibit 4-3 (Master Plan Phase 1A) through Exhibit 4-6 (Master Plan Phase 3). The timing of project implementation and project phasing will be based upon available funding, and will be accomplished in accordance with approved permits and agreements. Nevertheless, Phase 1a is anticipated to be complete in 2011 and Phase 1b in 2013. Phase 2 construction is expected to commence in 2017 and Phase 3 is expected to be completed by 2030.

4.2.2.1 Phase 1

■ Phase 1A

Phase 1 of the Plan has two major components. The first, Phase 1A, involves the construction of a new three-story, 56,000 sf Outpatient Pavilion located north of the hospital in the northeastern portion of the core campus. The new Outpatient Pavilion is expected to house the following services:

- Outpatient Surgery
- Kidney Stone Center
- Physical Therapy/Cardiac Rehab
- Pre-Admission Testing

- Administration Suite
- Lobby and Food Service

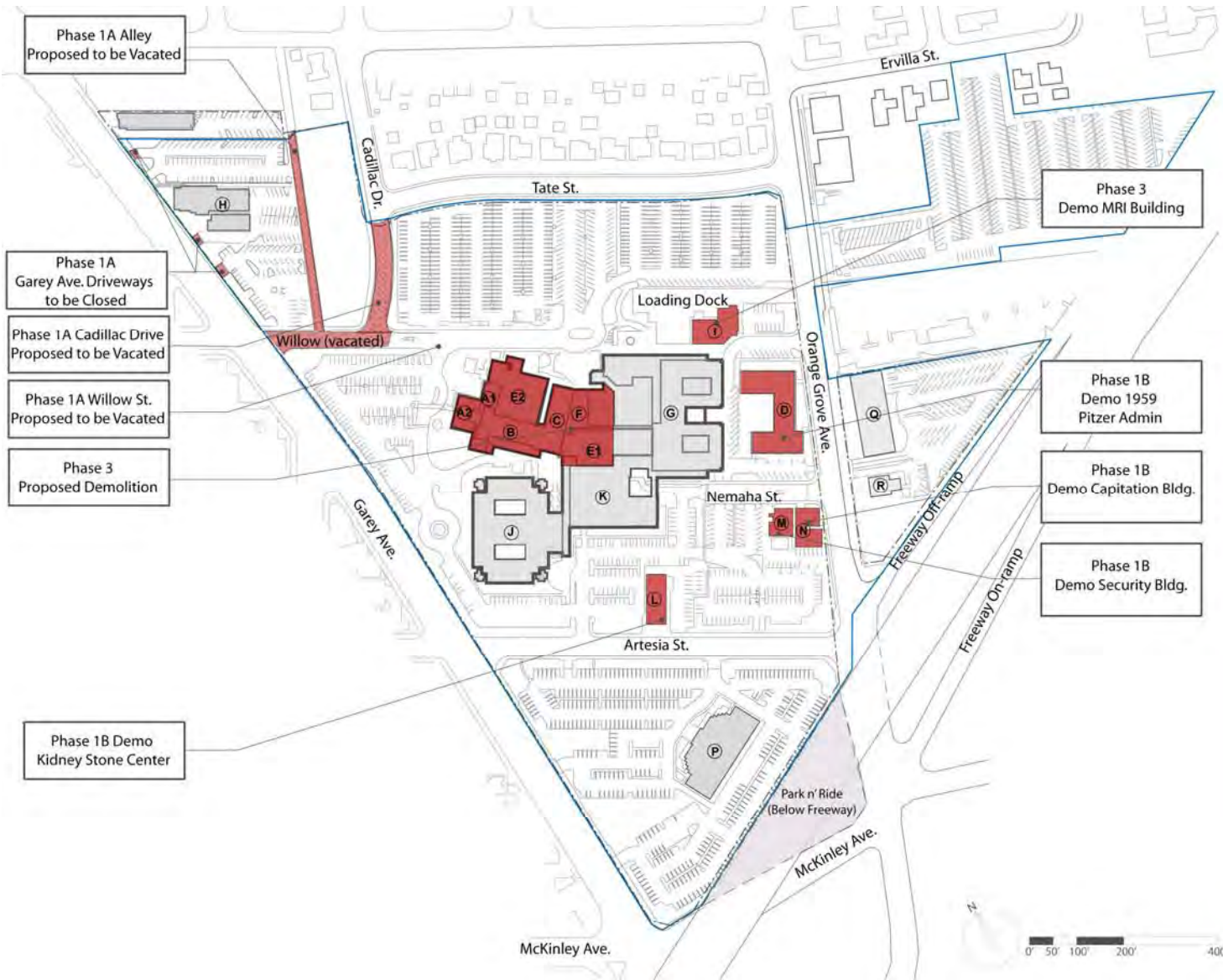
As part of Phase 1A, Cadillac Drive between Willow Street and Tate Street, Willow Street between Garey Avenue and Tate Street, and a portion of a public alley (approximately parallel to Cadillac Drive and Garey Avenue) between Willow Street and Aliso Street will be vacated and incorporated into the PVHMC core campus property. New surface parking, utility services upgrades and landscaping are also included as part of the Phase 1A scope of work. Construction of Phase 1A is expected to commence in 2009 and would be completed in 2011.

■ Phase 1B

The second component of Phase 1 is Phase 1B, which involves the construction of a 138,000 sf hospital wing located on the south side of the existing hospital building. The new wing will be five stories in height and will also include a basement level. The new wing is expected to house the following:

- Inpatient facilities with approximately 25 private beds on each of the upper four levels
- An enlarged Emergency Department on the ground floor
- A Central Processing Department
- A new main entrance and hospital lobby

Phase 1B also involves the demolition of Building D (Pitzer Administration building), Building L (Kidney Stone Center), and Building M and Building N (Security and Capitation buildings). Some existing cooling equipment would be relocated to better service the hospital as a whole. The new hospital wing will be mechanically self-contained, with cooling tower and air intake systems mounted on the roof of the building and screened from view. A backup generator will be installed in the basement of the new wing. In addition, existing surface parking will be reconfigured to accommodate the new wing. Direct pedestrian access from the parking garage to the new Medical Center entrance and lobby will be provided via a marked and signalized crosswalk. New landscaping and a new lobby will be incorporated into the site design. Construction of Phase 1B is expected to be completed in 2013.



Overall Development
Plan-Demo

Demolished Building	Area
D 1959 Pitzer Admin.	12,000
M 1960 Security	4,150
N 1960 Capitation	2,700
L 1995 Kidney Stone Center	4,000
Total	22,850

Demolished Building	Area
A 1913 Building	20,229
B 1928 Building	16,100
C 1954 Building	34,354
E 1961 Building	122,400
F 1963 Building	10,268
I 1985 MRI Building	6,500
Total	209,851

Exhibit 4-2 Overall Demolition Plan

SOURCE: gkkworks 2009, April 22



Exhibit 4-3 Master Plan Phase 1A

SOURCE: gkkworks 2009, March 30

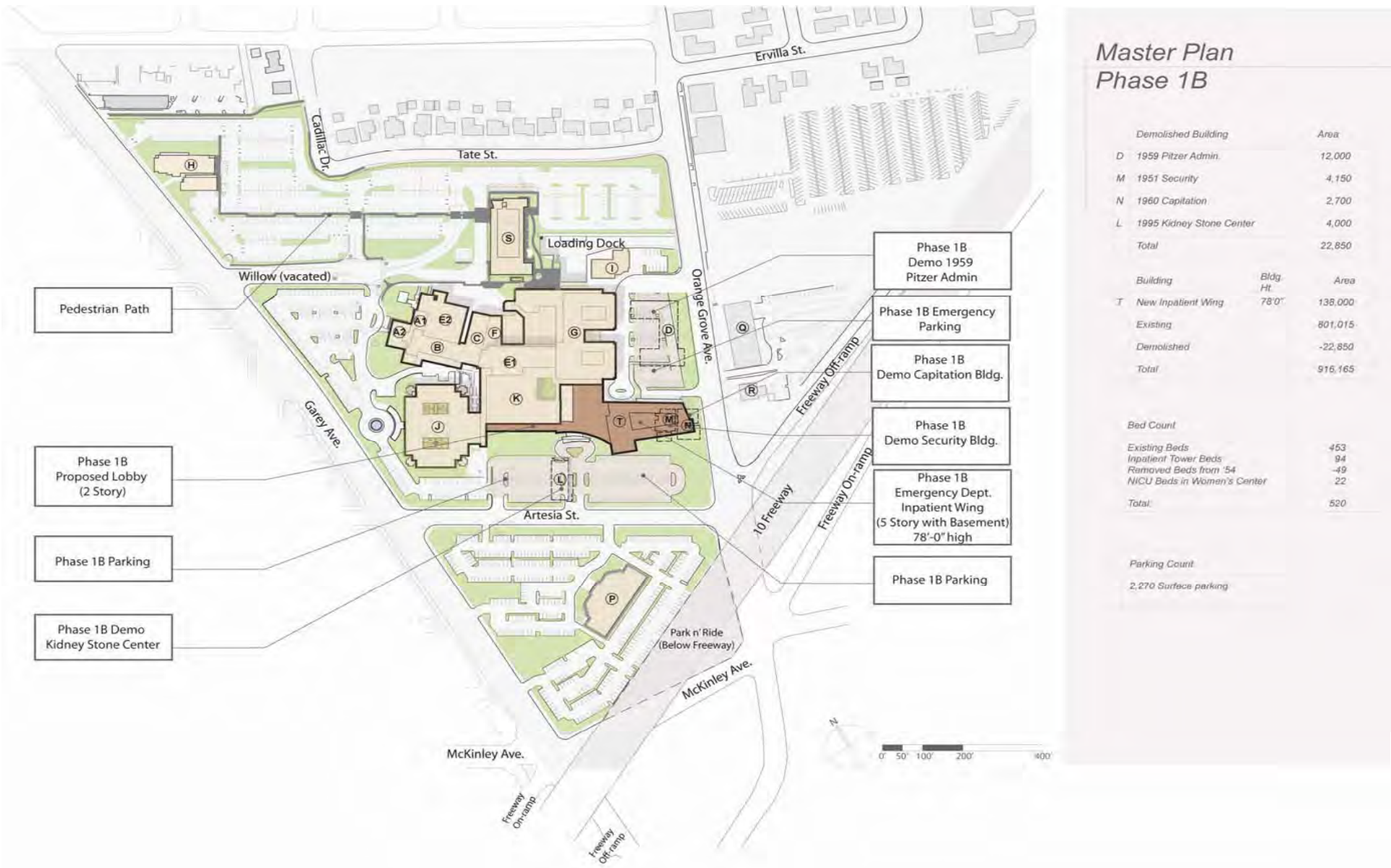


Exhibit 4-4 Master Plan Phase 1B

SOURCE: gkkworks 2009, March 30



Master Plan
Phase 2

Building	Blky. Ht.	Area
U New Inpatient Wing	78'0"	123,000
V Outpatient Pavilion	55'0"	54,000
Existing		916,165
Total		1,093,165

Bed Count

Existing Beds	520
Inpatient Tower Beds	100
Removed Beds from '61	-55
Removed Beds from '73	-43
Total:	522

Parking Count

2,263 Surface parking

Exhibit 4-5 Master Plan Phase 2

SOURCE: gkkworks 2009, April 1



Master Plan
Phase 3

Demolished Building	Area
A1 1913 Wing	13,681
A2 1958 Wing	6,548
B 1928 Wing	16,100
C 1954 Wing	34,354
E1 1961 Wing	95,325
E2 1963 Wing	27,075
F 1963 Wing	10,268
I 1985 MRI Building	6,500
Total	209,851

Building	Bldg. Ht.	Area
W New	78'0"	129,000
Existing		1,093,165
Demolished		-209,851
Total		1,012,314

Bed Count	
Existing Beds	522
Inpatient Tower Beds	96
Removed Beds from G	-103
Removed Bed from E1	-90
Transfer TCU from E1 to G	50
Total:	475

Parking Count	
2,338 Surface parking	

Exhibit 4-6 Master Plan Phase 3

SOURCE: gkkworks 2009, April 1

4.2.2.2 Phase 2

Development in Phase 2 involves the construction of a second three-story, 54,000 sf Outpatient Pavilion located adjacent to the eastern wall of the Phase 1 Outpatient Pavilion, north of the hospital building. The new Outpatient Pavilion is expected to provide space for the following:

- Additional Outpatient Services
- Lobby
- Outpatient Imaging
- Procedure Rooms
- Hospital Auditorium and In-house Conference Center

Phase 2 also includes the construction of a new five-story-plus-basement 123,000 sf hospital wing. The new wing is expected to house approximately 100 private beds, a new kitchen and cafeteria, plus storage and support services. Phase 2 also will involve reconfiguration of existing surface parking and the introduction of additional landscaping.

4.2.2.3 Phase 3

Phase 3 of the Plan involves the construction of a five-story-plus-basement 129,000 sf hospital wing to be located on the south side of the hospital building adjoining the southern wall of the hospital. The new hospital wing is expected to accommodate the following:

- 60 additional Medical Surgical Beds
- 36 new Critical Care Beds
- Surgery Expansion
- New Lobby and Gift Shop

As part of Phase 3, several existing wings of the main Medical Center building, and the free-standing MRI Building, totaling 209,851 sf, will be demolished, as illustrated by Exhibit 4-2. The proposed demolition is expected to include Wing A1 (1913), Wing A2 (1958), Wing B (1928), Wing C (1954), Wing E1 (1961), Wing E2 (1963), Wing F (1963), and Building I (1985 MRI building).

Phase 3 will also include the construction of a new parking structure located south of Artesia Street opposite the new hospital lobby. The parking structure will contain approximately 400 stalls. Phase 3 also will

involve the removal of existing surface parking and the addition of new landscaping.

4.3 CIRCULATION PLAN

The future circulation at build-out of the Plan will differ from the existing circulation and will change as each phase of the project is implemented.

In Phase 1B, a new hospital lobby, oriented to Artesia Street, will be constructed as part of the hospital wing addition. The new lobby will not immediately replace the existing hospital lobby facing Garey, but will provide supplemental access to the hospital. A new parking lot will be constructed in front of this new entrance, which will include area currently occupied by Building L. In addition, a new enhanced mid-block crosswalk on Artesia would be provided to facilitate pedestrian movement.

In the existing condition, Willow Street is the main point of access to the core campus from Garey Avenue. The construction of a new lobby as part of Phase 1B would likely result in an increase in the use of Artesia Street as a point of access to PVHMC. Traffic entering from Willow will be also be oriented to the Outpatient Pavilions and related parking north of the hospital.

The new Phase 1B Medical Center wing will also change the existing internal circulation loop by cutting off access from Artesia Street to the hospital's Emergency Department and points north on the east side of the core campus. Parking for the emergency department will be reoriented from the existing B/D lot, Nemaha Lot and ER Doctors lot, accessed from Artesia, to a new parking lot to be constructed where the Pitzer Administration Building (Building D) now stands, with access exclusively from Orange Grove Avenue.

The new Phase 3 parking structure planned for the area south of Artesia Street will provide additional parking in the southerly portion of the core campus.

The vacation of Cadillac Drive in Phase 1A and the resulting closure of vehicular access from Tate Street, will eliminate all currently existing vehicular access to PVHMC from the residential area to the north, and would also eliminate turning movements both into and out of the core campus at the current Cadillac Drive/Willow Street intersection.



Information Booth: Entrance at Willow Street

Parking, access, and internal circulation will also be impacted by construction activities. Interim parking and circulation plans will be required prior to the issuance of building permits for each phase of the Plan to ensure safe and adequate access, parking, and internal circulation patterns.

4.3.1 Vehicular and Bicycle Circulation and Access

Exhibit 4-7 (Vehicle Access and Circulation—Phase 1A) through Exhibit 4-10 (Vehicle Access and Circulation—Phase 3), illustrate the vehicular access and circulation plan for each phase of the Plan, including interior and exterior circulation, emergency ambulance routes, major and secondary campus entrances, service entrances, building entrances, signalized and unsignalized intersections, and existing, removed, and new driveways. Vehicular circulation for each phase of the Plan is described below.

4.3.1.1 Phase 1A

Exhibit 4-7 shows proposed vehicular circulation for Phase 1A of the Plan. During all phases, only the PVHMC core campus area will experience a change from existing circulation patterns.

During Phase 1A, Willow Street, Cadillac Drive, and the alley west of and parallel to Cadillac Drive through the Plan area will be vacated. Willow Street will remain in use as a driveway entrance to the PVHMC campus. Cadillac Drive and the vacated public alley will be incorporated into a new surface parking lot which would serve both the new outpatient facilities and existing hospital.

As a result of the vacated streets and reconfigured parking lots, several existing driveways along Garey Avenue north of Willow Street will no longer be used to access the north parking lots. One controlled access driveway will be provided from Garey Avenue north of Willow Street to provide secure staff parking for the administrative buildings located in the northwestern corner of the core campus. Access to visitor parking will still be available from Garey Avenue via the to-be-vacated Willow Street, from Artesia Street, and from Orange Grove Avenue.

The most important change in the area circulation pattern will occur as a result of the closure of Cadillac Drive between Tate and Willow Streets. The closure will eliminate all vehicular access to the core campus from the residential area north of Tate Street. The street closures will also eliminate direct vehicular access to the signalized Garey Avenue/Willow Street intersection for vehicles from the same residential area. These vehicles will be diverted south to Artesia via Orange Grove or north to Aliso Street. To address these impacts, PVHMC will install a traffic signal at the intersection of Aliso Street and Garey Avenue and will provide an ADA-compliant pedestrian path between Garey Avenue and Cadillac Drive.

4.3.1.2 Phase 1B

Exhibit 4-8 shows proposed vehicular circulation for Phase 1B of the Plan. During Phase 1B, Building D (Pitzer Administrative Building), along with the Capitation Building, Security Building, and Kidney Stone Center will be demolished and emergency vehicle access to the site from Orange Grove will be relocated to the north. The Building D site will be converted to a parking lot supporting the newly expanded emergency department and the existing internal circulation loop will be eliminated. In addition, two driveway entrances located along Orange Grove Avenue will be closed. Building L (Kidney Stone Center) will be replaced with parking, accessed from Artesia Street and oriented to the new hospital lobby area. Two driveway entrances on the north side of Artesia will be relocated. Artesia Street will begin to serve as a primary access to the hospital while former Willow Street access will provide access to the Chaney Administrative Building, the new outpatient building(s), and the hospital.

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN

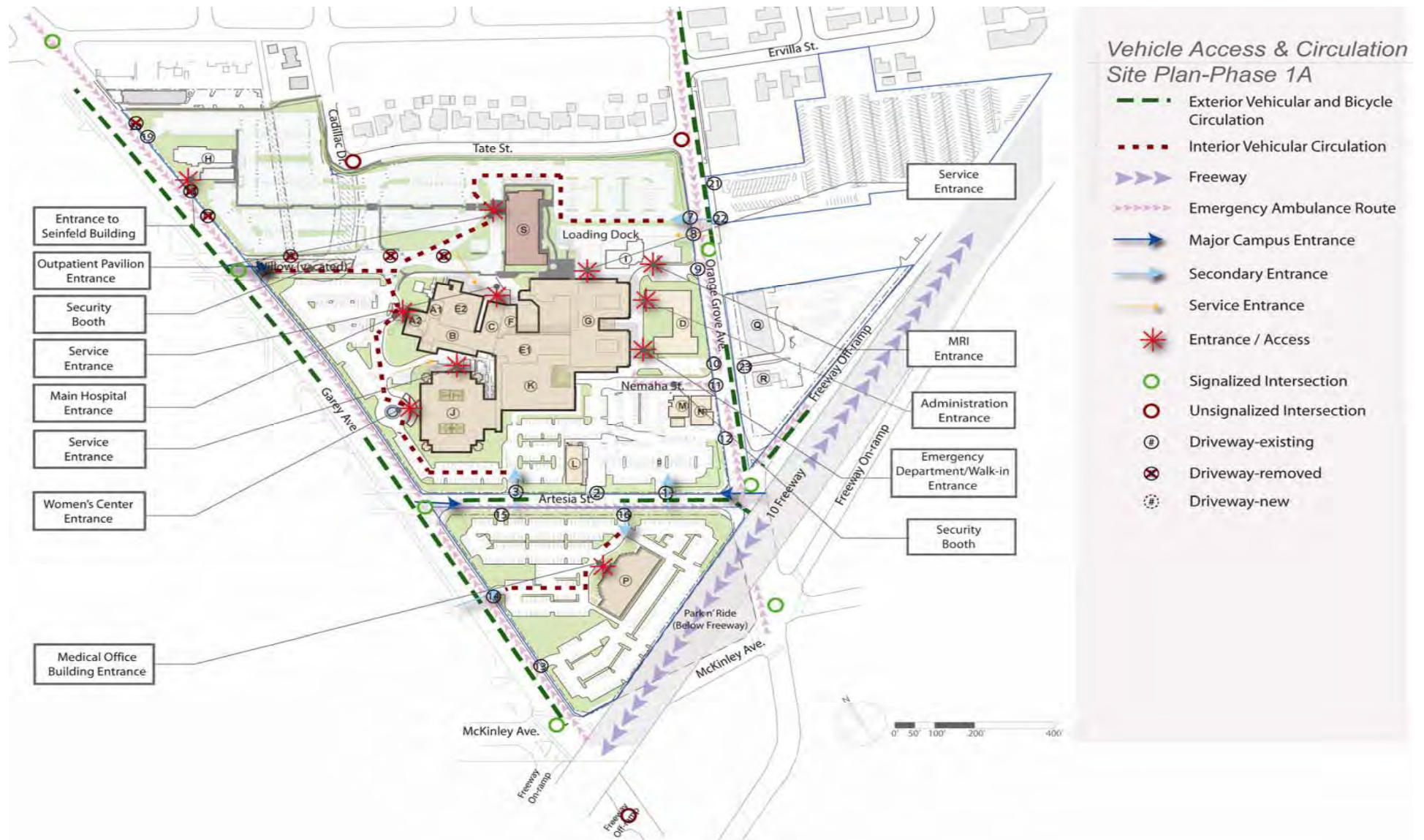


Exhibit 4-7 Vehicle Access and Circulation—Phase 1A

SOURCE: gkkworks 2009, March 30

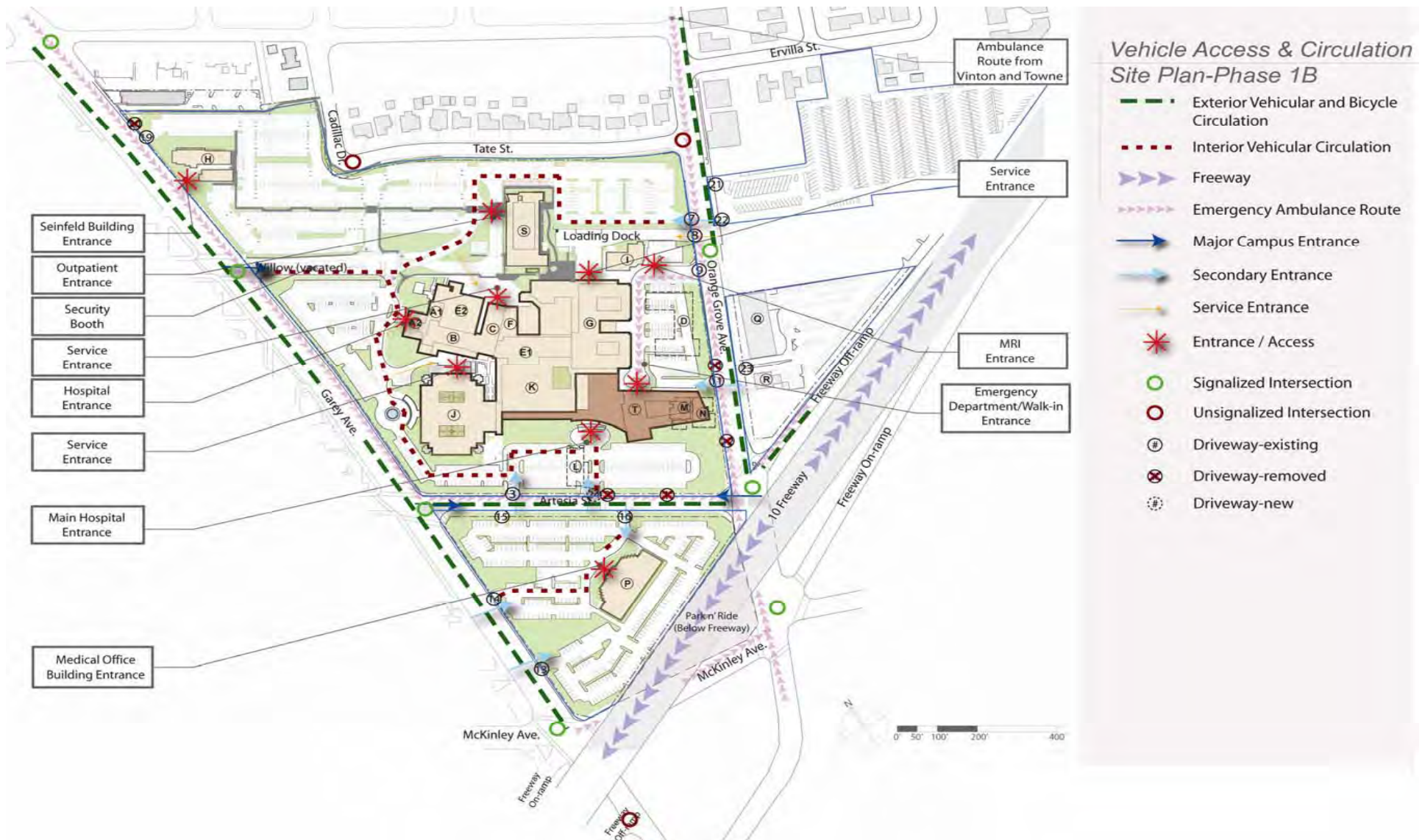


Exhibit 4-8 Vehicle Access and Circulation—Phase 1B

SOURCE: gkkworks 2009, March 30



Exhibit 4-9 Vehicle Access and Circulation—Phase 2

SOURCE: gkkworks 2009, April 1



Exhibit 4-10 Vehicle Access and Circulation—Phase 3

SOURCE: gkkworks 2009, April 1

4.3.1.3 Phase 2

Exhibit 4-9 shows proposed vehicular circulation for Phase 2 of the Plan. The addition of the new Outpatient Pavilion (Building V) and the new hospital wing (Wing U) will eliminate some existing on-site surface parking in front of the new hospital lobby; however, access points to the campus will remain unchanged.

4.3.1.4 Phase 3

Exhibit 4-10 shows proposed vehicular circulation for Phase 3, the build out phase of the Plan. During Phase 3, a third new hospital wing (Wing W) and parking structure will be built and alter existing on-site circulation. As shown in Exhibit 4-10, Medical Center parking north of Artesia in the vicinity of the new hospital lobby will be eliminated in its entirety. The new parking structure south of Artesia will provide parking oriented to the new primary hospital entrance and left turn and right turning movements to the south side of Artesia will increase. The Willow Street driveway will continue to serve the hospital's Women's Center entrance as well as the two Outpatient Pavilions.

4.3.2 Parking

4.3.2.1 Parking Demand Study

A parking study for PVHMC, prepared by Fehr & Peers, assessed the Medical Center's existing parking demand based on projections of the number of occupied inpatient hospital beds, emergency room visits, and the rate of staff and patient growth that can be expected as a result within the core campus.

The parking demand factors utilized for existing parking demand were applied to the future PVHMC activity levels to determine the total anticipated parking need for PVHMC per Phase completion. This analysis corresponds to the anticipated completion of each phase of the Plan. The parking demand is summarized in Table 4-2 (Future Parking Demand).

4.3.2.2 Specific Plan Parking Standard

Based on the parking demand study, the total number of parking spaces required for each phase would

exceed the PZO requirement with one exception, in Phase 2. With supplemental parking provided pursuant to off-site parking lots, valet, and or stacked parking, parking would exceed the PZO requirement. Table 4-2 shows the parking required for each phase within the Specific Plan area.

The parking standard for the Plan requires that parking will be provided for each phase of the Plan based on either the parking study demand or the parking standard in the PZO, whichever is greater. Parking requirements are further discussed in Chapter 5.



Parking area: north of Willow Street

4.3.2.3 Parking Supply Plan

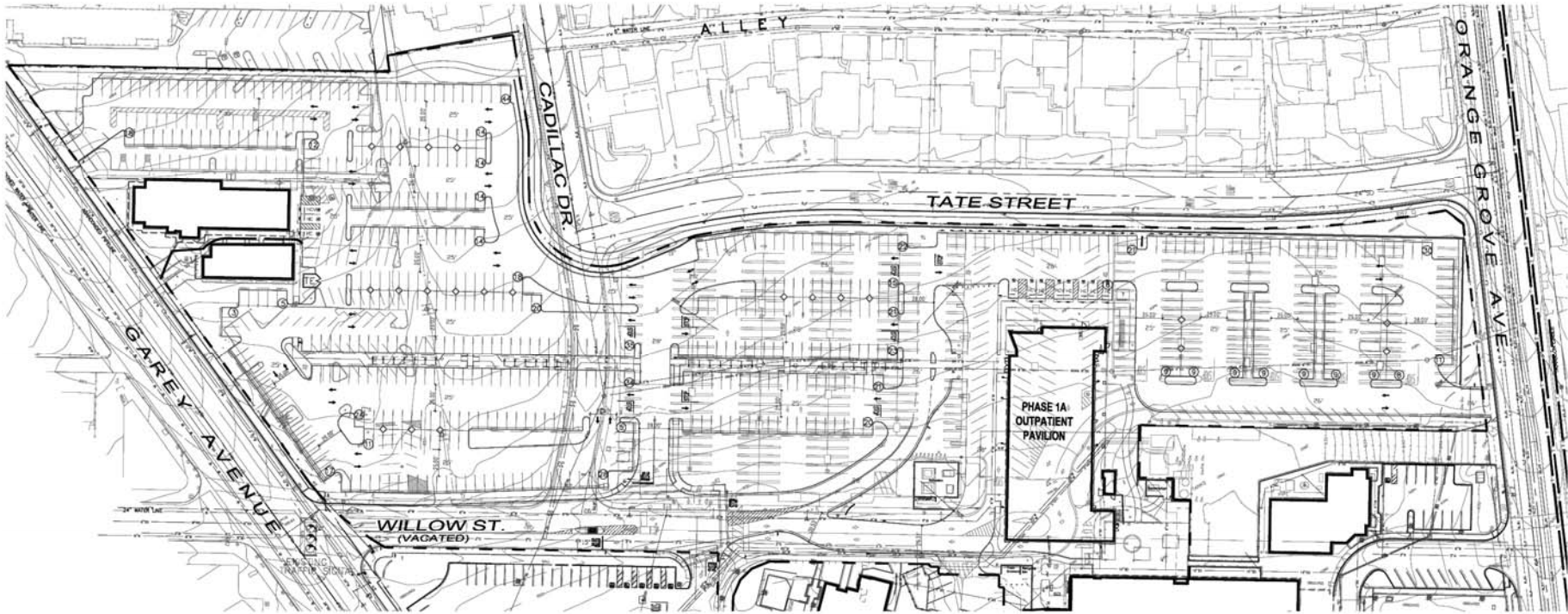
The following section provides a summary of parking supply for each of the proposed Plan phases. Exhibit 4-11 (Phase 1A Conceptual Parking Plan) through Exhibit 4-14 (Phase 3 Conceptual Parking Plan) identifies the conceptual parking supply for each phase of development.

■ Phase 1A

Currently, the PVHMC campus provides a total of 2,344 parking spaces within the Specific Plan area. At the end of Phase 1A, PVHMC would generate a parking demand of approximately 2,136 parking spaces (Table 4-2). Exhibit 4-11 illustrates adequate parking will be available.

■ Phase 1B

Exhibit 4-12 shows parking supply for Phase 1B. At the beginning of Phase 1B of the Medical Center would have 2,270 existing on-site parking spaces. Spaces lost with the construction of the first new hospital wing addition would be replaced by new parking spaces in new and/or reconfigured surface parking lots in the core campus area. Upon completion of Phase 1B PVHMC would generate a parking requirement of



LEGEND:

⑨ NUMBER OF PARKING SPACES

PHASE 1A PARKING SPACE SUMMARY:

TOTAL NUMBER OF EXISTING AVAILABLE PARKING SPACES (INCLUDING HANDICAPPED PARKING)	2,344
NUMBER OF EXISTING PARKING TO BE REMOVED	- 669
NUMBER OF ADDITIONAL PARKING SPACES (INCLUDING 11 HANDICAPPED PARKING)	+ 595
TOTAL NUMBER OF PHASE 1A PARKING SPACES AVAILABLE (INCLUDING HANDICAPPED PARKING)	2,270

PHASE 1A ADDITIONAL PARKING INFORMATION:

1. STANDARD PARKING SPACE	9 FEET BY 18 FEET
2. HANDICAPPED PARKING SPACE	9 FEET BY 18 FEET
3. ASSESSIBLE AISLE	5 FEET BY 18 FEET
4. VAN ASSESSIBLE AISLE	8 FEET BY 18 FEET
5. DRIVEWAY AISLE	25 FEET MIN

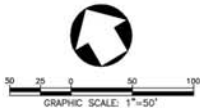
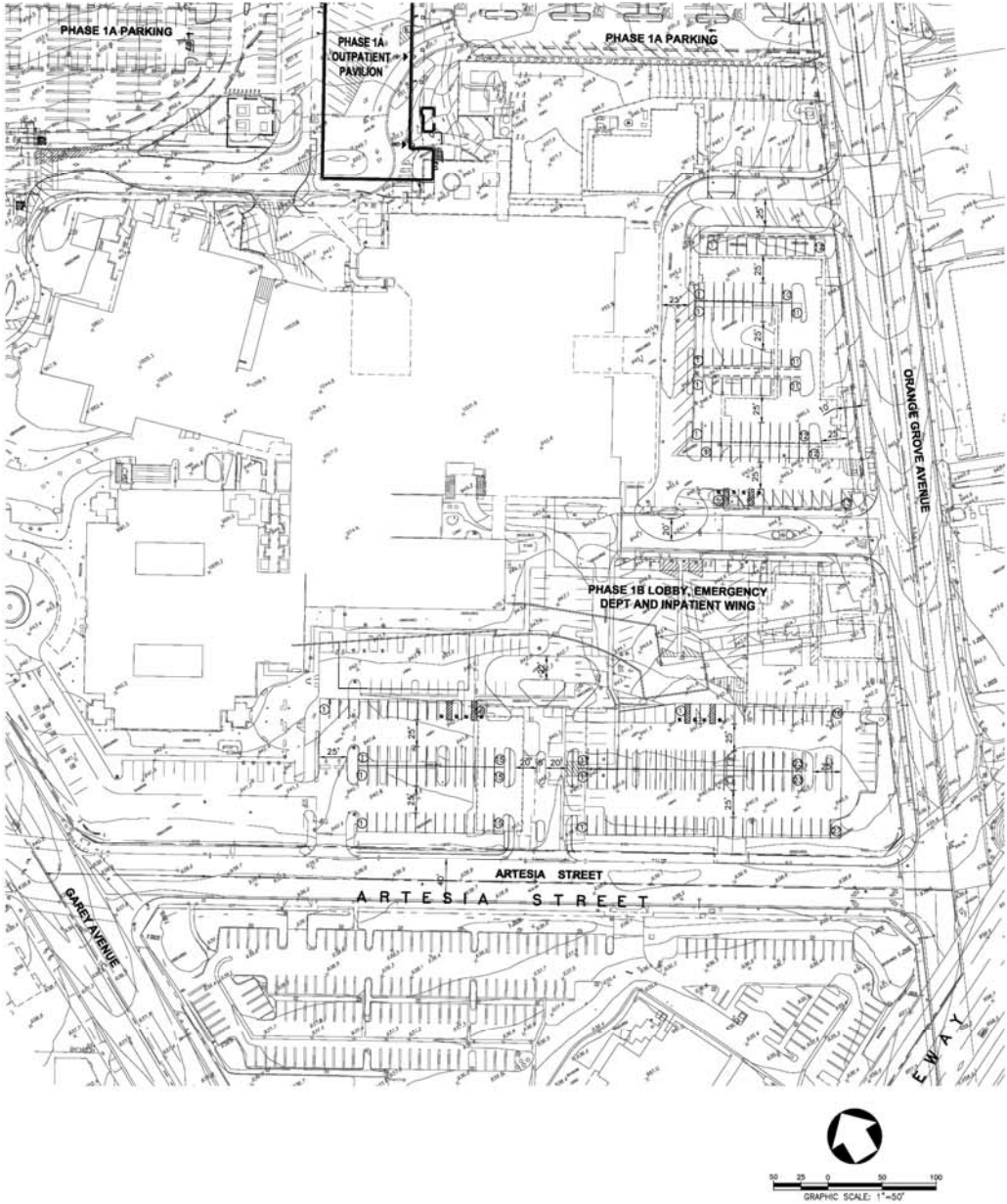


Exhibit 4-11 Phase 1A Conceptual Parking Plan

SOURCE: PSOMAS 2009, April 22

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN



LEGEND:

⑨ NUMBER OF PARKING SPACES

PHASE 1B PARKING SPACE SUMMARY:

TOTAL NUMBER OF PHASE 1A AVAILABLE PARKING SPACES (INCLUDING HANDICAPPED PARKING)	2,270
NUMBER OF EXISTING PARKING TO BE REMOVED	- 242
NUMBER OF ADDITIONAL PARKING SPACES (INCLUDING 12 HANDICAPPED PARKING)	+ 242
TOTAL NUMBER OF PHASE 1B PARKING SPACES AVAILABLE (INCLUDING HANDICAPPED PARKING)	2,270

PHASE 1B ADDITIONAL PARKING INFORMATION:

- | | |
|------------------------------|-------------------|
| 1. STANDARD PARKING SPACE | 9 FEET BY 18 FEET |
| 2. HANDICAPPED PARKING SPACE | 9 FEET BY 18 FEET |
| 3. ASSESSIBLE AISLE | 5 FEET BY 18 FEET |
| 4. DRIVEWAY AISLE | 25 FEET MIN |

Exhibit 4-12 Phase 1B Conceptual Parking Plan

SOURCE: PSOMAS 2009, April 22



LEGEND:

⑨ NUMBER OF PARKING SPACES

PHASE 2 PARKING SPACE SUMMARY:

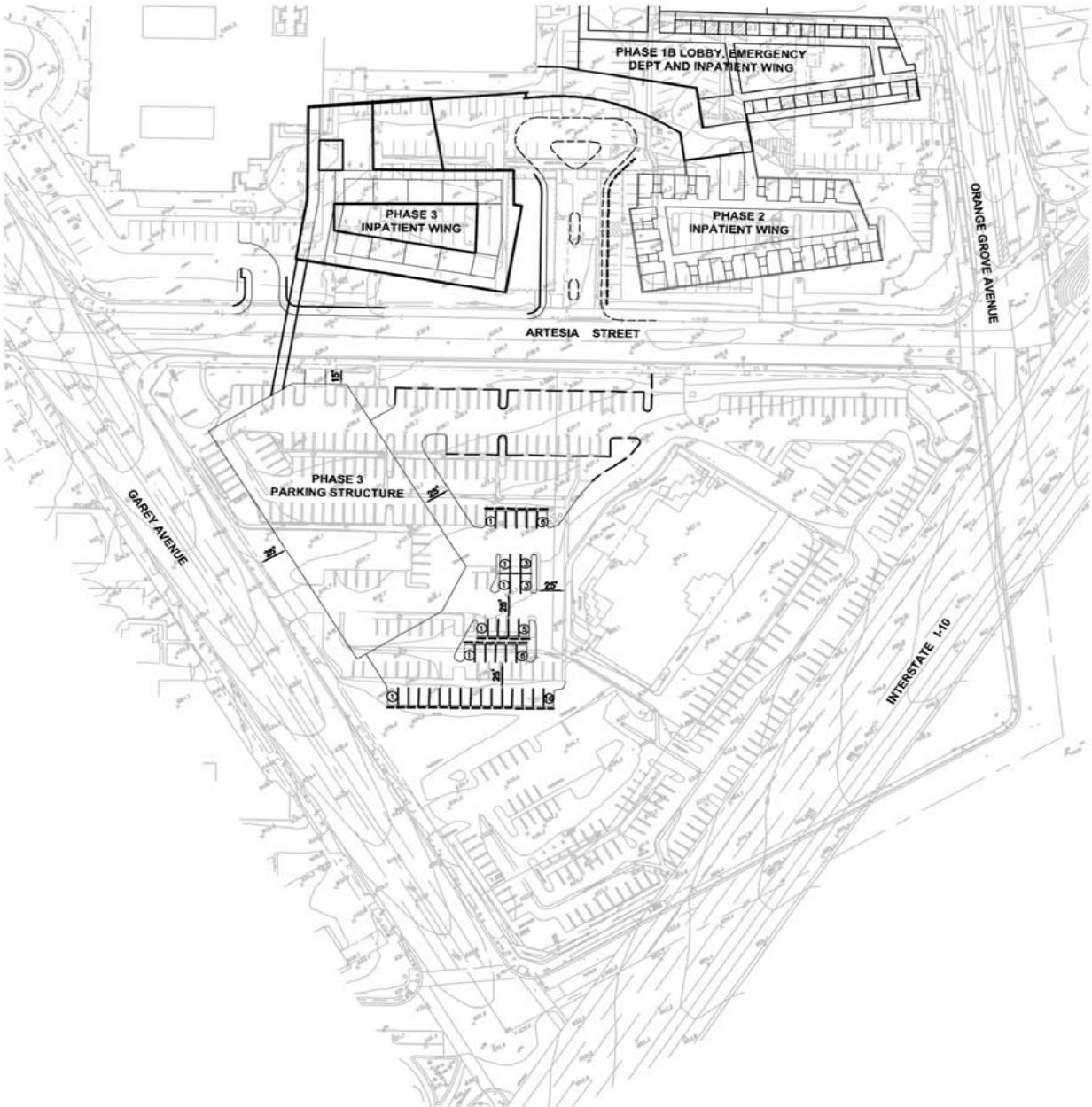
TOTAL NUMBER OF PHASE 1B AVAILABLE PARKING SPACES (INCLUDING HANDICAPPED PARKING)	2,270
NUMBER OF EXISTING PARKING TO BE REMOVED	- 168
NUMBER OF ADDITIONAL PARKING SPACES	+ 11
SUPPLEMENTAL PARKING	+ 160
TOTAL NUMBER OF PHASE 2 PARKING SPACES AVAILABLE (INCLUDING HANDICAPPED PARKING)	2,273

PHASE 2 ADDITIONAL PARKING SPACE INFORMATION:

1. STANDARD PARKING SPACE 9 FEET BY 18 FEET
2. DRIVEWAY AISLE 25 FEET MIN

Exhibit 4-13 Phase 2 Conceptual Parking Plan

SOURCE: PSOMAS 2009, April 22



LEGEND:

⑨ NUMBER OF PARKING SPACES

PHASE 3 PARKING SPACE SUMMARY:

TOTAL NUMBER OF PHASE 2 AVAILABLE PARKING SPACES (INCLUDING HANDICAPPED PARKING)	2,113
NUMBER OF EXISTING PARKING TO BE REMOVED	- 214
NUMBER OF ADDITIONAL SURFACE PARKING SPACES	+ 39
NUMBER OF PARKING STRUCTURE SPACES	+ 400
TOTAL NUMBER OF PHASE 3 PARKING SPACES AVAILABLE (INCLUDING HANDICAPPED PARKING)	2,338

PHASE 3 ADDITIONAL PARKING SPACE INFORMATION:

- | | |
|---------------------------|-------------------|
| 1. STANDARD PARKING SPACE | 9 FEET BY 18 FEET |
| 2. DRIVEWAY AISLE | 25 FEET MIN |

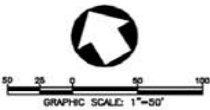


Exhibit 4-14 Phase 3 Conceptual Parking Plan

SOURCE: PSOMAS 2008, September 10

Table 4-2 Future Parking Supply & Demand Summary

<i>Phase</i>	<i>Beginning Parking Supply</i>	<i>Net Change in Parking^a</i>	<i>Supplemental Parking^b</i>	<i>Ending Parking Supply</i>	<i>Parking Demand Model</i>	<i>City Code Parking Requirement</i>	<i>Surplus or Deficit</i>
Phase 1A	2,344	-74		2,270	2,136	1,969	Surplus of 134 spaces compared to parking demand
Phase 1B	2,270	0		2,270	2,239	1,989	Surplus of 31 spaces compared to parking demand
Phase 2	2,270	-157	160	2,273	2,236	2,263	Surplus of approx. 10 spaces compared to City requirement if contracted lots are utilized
Phase 3	2,113	225		2,338	2,295	2,136	Surplus of 43 spaces compared to parking demand

SOURCE: Fehr & Peers, 2009

a. Net change in parking is based on conceptual drawings by PSOMAS, Sept. 2008

b. To meet the demand and requirement during Phase 2, the hospital must obtain additional parking. This table shows one option of 30 spaces in the Ervilla Street lot, 70 spaces in the Caltrans North lot, and 60 spaces in the Caltrans South lot. If the Caltrans lots are not available in Phase 2, these 130 spaces can be provided through other supplemental means such as stacked valet, re-striping, or other off-site contracted lots.

2,239 parking spaces (Table 4-2). This parking demand would be accommodated on-site, as demonstrated in Exhibit 4-12.

■ Phase 2

Exhibit 4-13 (Phase 2 Conceptual Parking Plan) shows parking supply for Phase 2. Phase 2 development reflects the following as related to the parking supply:

At the beginning of Phase 2, the Medical Center would have 2,270 on-site parking spaces. Approximately 168 total spaces would be lost following construction of the second Outpatient Pavilion (Building V) and second inpatient wing (Wing U). Reconfiguration of existing parking lots would add approximately 11 spaces bringing the net loss to 157 spaces, and reducing the total on-site parking supply to approximately 2,113 spaces.

According to the parking demand study, the Medical Center would need 2,236 spaces to accommodate all users once the Phase 2 improvements are completed and the City of Pomona parking requirement would be 2,263. Therefore, the parking shortfall from the PZO would be approximately 150 spaces. Because the shortfall is expected to be temporary, pending construction of the proposed Phase 3 parking structure, PVHMC will address the anticipated parking shortfall in a variety of ways. These may include the acquisition of additional off-site parking through a purchase or long term lease and/or the use of stacked parking and valet service in existing on-site surface parking lots. A

parking plan for Phase 2 will be prepared by PVHMC and reviewed and approved by the City prior to issuance of building permits for the Phase 2 construction.

■ Phase 3

The parking supply for Phase 3 is shown in Exhibit 4-14. At the beginning of Phase 3, the total number of on-site, surface parking spaces would be approximately 2,113. This number could be higher depending on the parking plan approved for Phase 2. The construction of the new parking garage and the development of Wing W would displace approximately 214 surface parking spaces. However, the parking structure would add 400 spaces, while an additional 39 new surface parking spaces would be created when the surface parking lot located south of Artesia is reconfigured. At the conclusion of the Phase 3 construction, the Medical Center would have approximately 2,338 on-site parking spaces to meet the parking demand requirement of 2,295 spaces, leaving a surplus of 43 spaces or more.

4.3.3 Pedestrian Circulation

Exhibit 4-15 (Pedestrian Circulation—Phase 1A) through Exhibit 4-18 (Pedestrian Circulation—Phase 3) show the pedestrian circulation plan for each phase, including public sidewalks and connections to the internal campus pathway system, pedestrian access points to the site, building entrances, and shuttle routes.

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN



Exhibit 4-15 Pedestrian Circulation—Phase 1A

SOURCE: gkkworks 2009, April 1



Exhibit 4-16 Pedestrian Circulation—Phase 1B

SOURCE: gkkworks 2009, March 30



Exhibit 4-17 Pedestrian Circulation—Phase 2

SOURCE: gkkworks 2009, April 1



Exhibit 4-18 Pedestrian Circulation—Phase 3

SOURCE: gkkworks 2009, April 1

At the present time, existing structures on the core campus are separated from the public right of way by large surface parking lots. Pedestrians and cyclists accessing the site from the public right-of-way must pass through those parking lots before reaching a building entrance. The Plan strives to enhance the pedestrian experience through a combination of landscape design elements, including the addition of landscape to the surface parking areas, together with pedestrian signage and lighting, and the provision of marked pathways to building entrances.

Chapter 5 (Development Standards) and Chapter 6 (Design Guidelines) contain standards and guidelines to direct the development of each phase of the Plan to achieve a campus environment that is welcoming to the pedestrian by creating direct pedestrian linkages between the main Medical Center entrance and the public street and by creating internal pathways that provide pedestrian linkages between buildings and uses, most notably between the hospital and the new Outpatient Pavilions.

The campus shuttle, which travels between the hospital, the Cancer Care Center and the Family and Sports Medicine Centers, provides visitors and patients a convenient means of accessing the Medical Center's various service centers safely, eliminating the need for long walks through parking areas.



PVHMC Shuttle

Following is a description of the pedestrian circulation for each phase of the Plan.

4.3.3.1 Phase 1A

The implementation of Phase 1A involves the vacation of existing public streets (Cadillac Drive, Willow Street and the alley between Cadillac and Garey). Pedestrians currently use Cadillac and Willow to pass between the adjacent residential area north of the core campus and Garey Avenue. The route is also used by pedestrians accessing the hospital from on-street

parking located along the south side of Tate Street. Exhibit 4-15 shows the pedestrian circulation system for Phase 1A.

The vacation of these roadways and the installation of fencing and walls along the Medical Center's north property line would not eliminate pedestrian travel through the core campus from the residential areas to the north because a new pedestrian path would replace the current route with an ADA compliant pedestrian path.

Internal pedestrian circulation would be similar to existing conditions; however, a new pedestrian pathway would be created to provide access to the new Outpatient Pavilion from Garey Avenue and from the hospital building.

4.3.3.2 Phase 1B

Implementation of Phase 1B begins the reorientation of the hospital's main entrance from Garey Avenue to Artesia Street (that reorientation will be completed during Phase 3) and would change the pedestrian access between the hospital's Emergency Department and parking lots and access points located to the south. Exhibit 4-16 shows the proposed pedestrian circulation system. The new driveway entrance from Artesia Street would facilitate pedestrian access directly to a new hospital entrance on the south side of Wing T with a new signalized crosswalk on Artesia at mid-block. The proposed new construction would also provide additional parking and a new pedestrian access for the expanded Emergency Department. The direct relationship between the new Emergency Department parking area and the walk-in pathway should facilitate pedestrian access to this critical hospital service.

All other pedestrian access points would remain unchanged.

The campus shuttle route would be changed to include a stop at the new hospital entrance.

4.3.3.3 Phase 2

The pedestrian circulation system in Phase 2 is shown in Exhibit 4-17. Development in Phase 2 involves the construction of a second Outpatient Pavilion at the north end of the core campus (Building V), and

construction of a new hospital wing adjacent and south of the Phase 1B addition (Wing U).

The development of these buildings will be accompanied by landscaping and the construction of pathways that will integrate into, and enhance, the existing internal pathway system. The location of the proposed new hospital wings will allow for development of a seamless landscaped edge along Orange Grove Avenue, which will connect on-site landscaping with the public right-of-way.

The addition of Wing U will also improve the internal pathway connection between Artesia Street and the hospital entrance, reducing the need to travel through a parking lot to reach the hospital. Use of PVHMC's surface parking lots south of Artesia is expected to increase as the re-orientation of the hospital's main entrance proceeds and the construction of two new wings on the south side of the existing hospital is completed.

4.3.3.4 Phase 3

Exhibit 4-18 shows the pedestrian circulation system for Phase 3 (or project build out). Phase 3 involves the addition of a new third hospital wing south of the Women's Center and D&T wing of the hospital (Building K), and the construction of a new parking structure to the south of Artesia Street.

The new parking structure would relocate a considerable amount of the parking serving the hospital to the area south of Artesia Street. Pedestrian access between the hospital and the parking structure will be provided at mid-block as previously noted, as well as at Artesia's intersections with Orange Grove Avenue and Garey Avenue.

Phase 3 will complete the reorientation of the hospital's main entrance to the Artesia frontage. The new hospital wing will include expansion and completion of the Phase 1B lobby area and will add a gift store to the area. Pedestrian access to the new hospital main entrance will be enhanced with sidewalks and landscaping.

4.3.3.5 Role of Transit

The role of existing transit services to PVHMC will not change through implementation of the Plan. All

existing bus lines and bus stops are expected to remain in their current locations.

4.4 OPEN SPACE PLAN

Open space is an essential component of the aesthetic and social fabric of the PVHMC. Open space includes areas between or adjacent to buildings or parts of buildings.

This Plan identifies seven types of open space, which together comprise the PVHMC open space system: Building Entrance, Building Frontage, Building Perimeter, Connector Space, Central Open Space, Garden Space, Street Perimeter/Landscape Buffer, Property Buffer, and Parking Lot.

The locations of these areas for each phase of the Plan are shown in Exhibit 4-19 (Conceptual Open Space Plan—Phase 1A) through Exhibit 4-22 (Conceptual Open Space Plan—Phase 3). An overall conceptual landscaping plan that includes all phases of development is shown in Exhibit 4-23 (Conceptual Open Space Plan—Overall). Further detail including a description of each type of open space is included in Chapter 5.

4.4.1 Main Building Entrance

The main building entrance is an area immediately in front of a building. The main entrance to any of the PVHMC buildings is the transitional space between the outdoors and the interior of the building and is characterized as the welcoming space. New main building entrances will be treated with enhanced paving such as colored concrete with special finishes, concrete pavers, or natural stone. Such areas will also include a special feature, such as a sculpture or groups of decorative potted plants and benches.

4.4.2 Building Frontage

The building frontage is the area on either side of the entrance, running the length of the building. Frontage areas will be landscaped and may include internal pedestrian walkways. New building frontages will be planted with accent trees, accent shrubs and colorful groundcovers or grasses. A detailed list of the plant material is included in the Master Tree and Shrub List

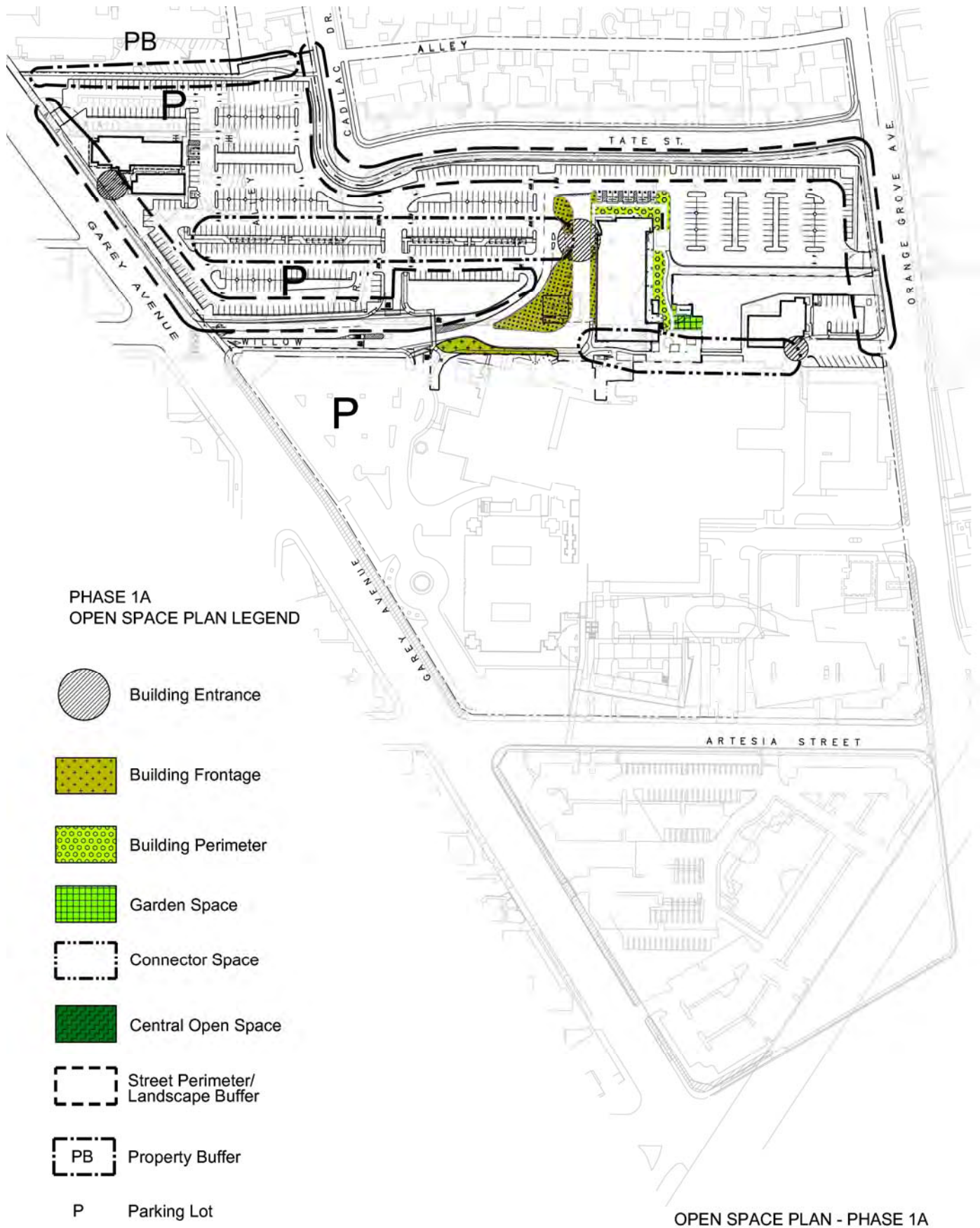


Exhibit 4-19 Conceptual Open Space Plan—Phase 1A

SOURCE: Cornerstone Studios, Inc. 2009, July

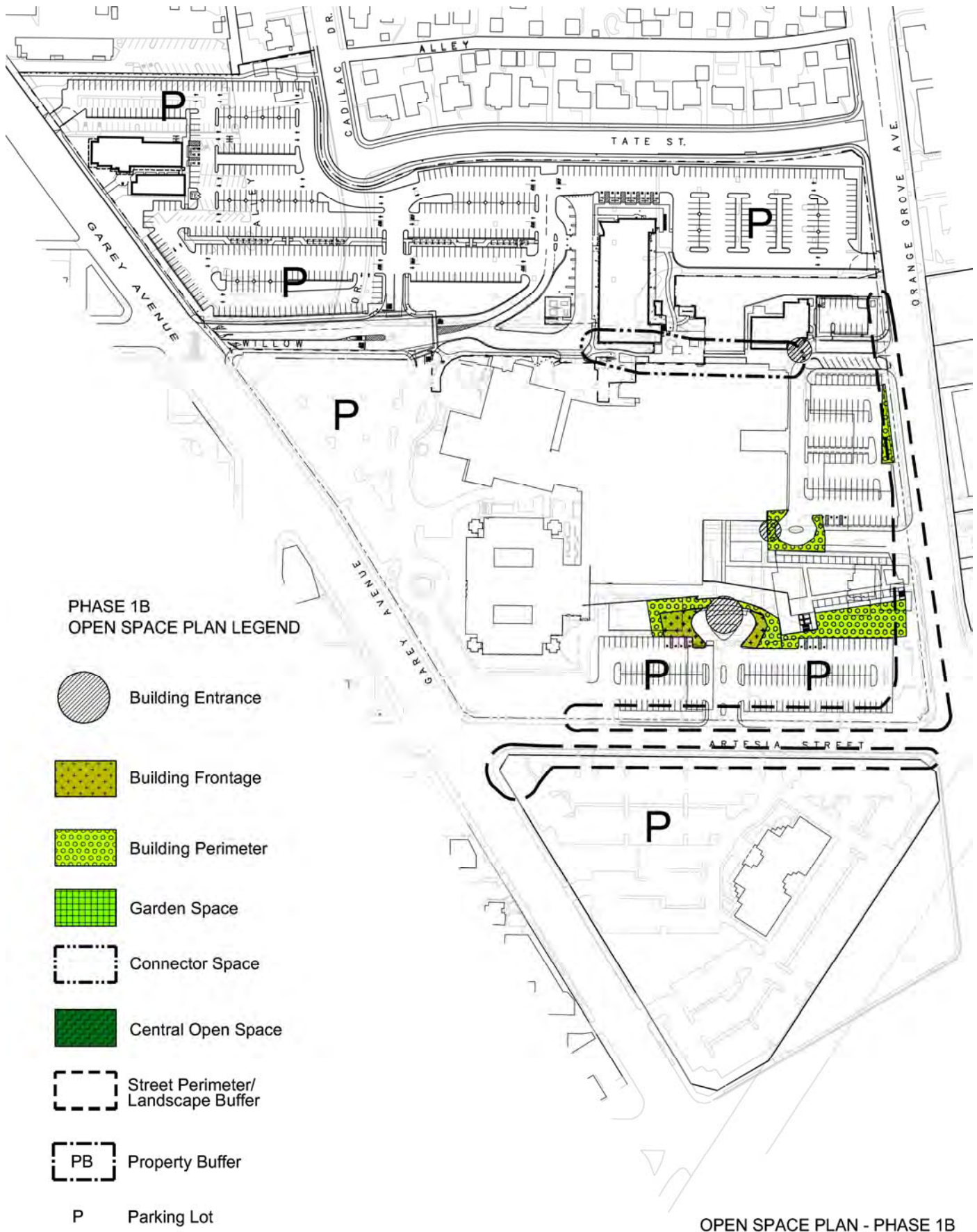


Exhibit 4-20 Conceptual Open Space Plan—Phase 1B

SOURCE: Cornerstone Studios, Inc. 2009, July

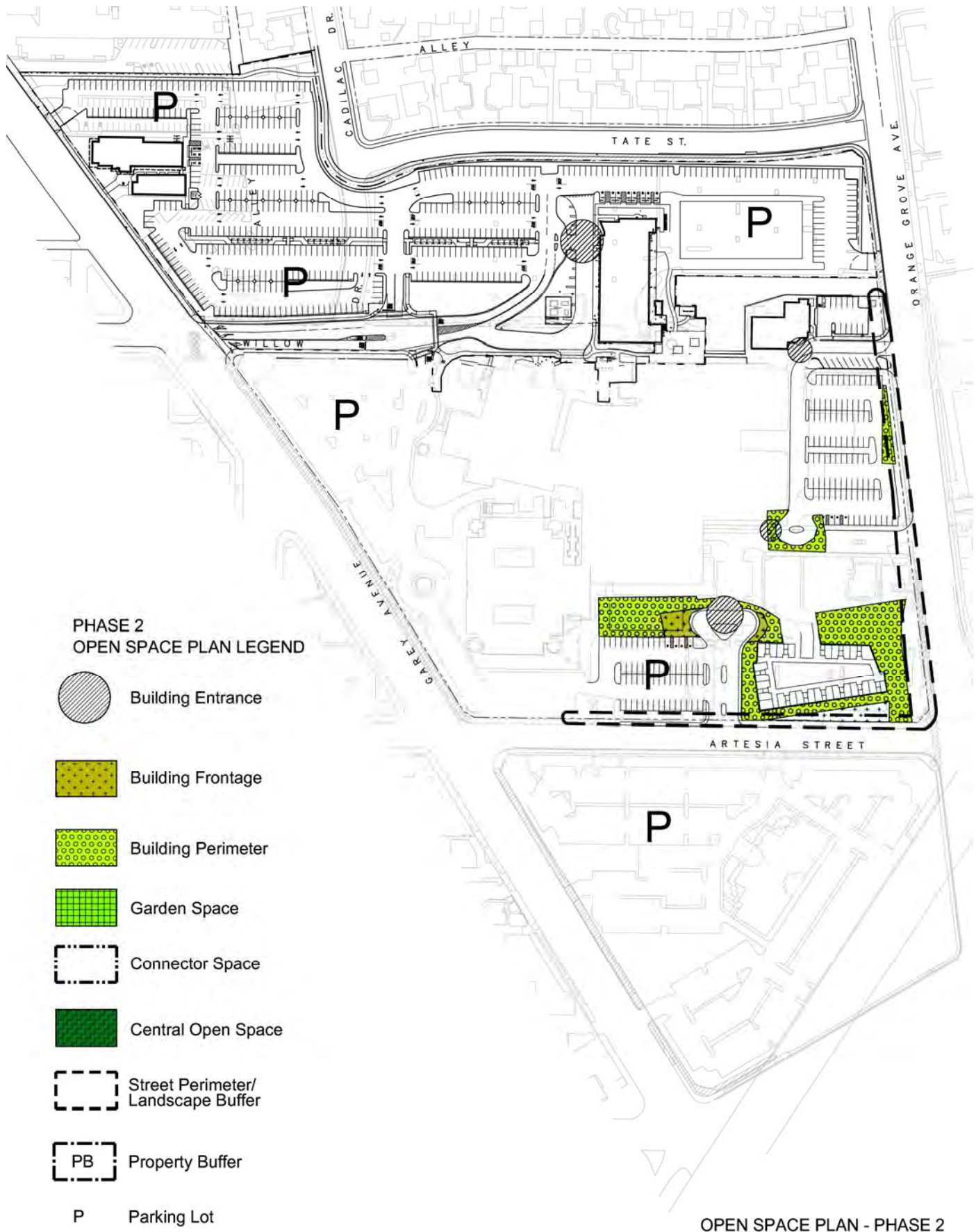


Exhibit 4-21 Conceptual Open Space Plan—Phase 2

SOURCE: Cornerstone Studios, Inc. 2009, July

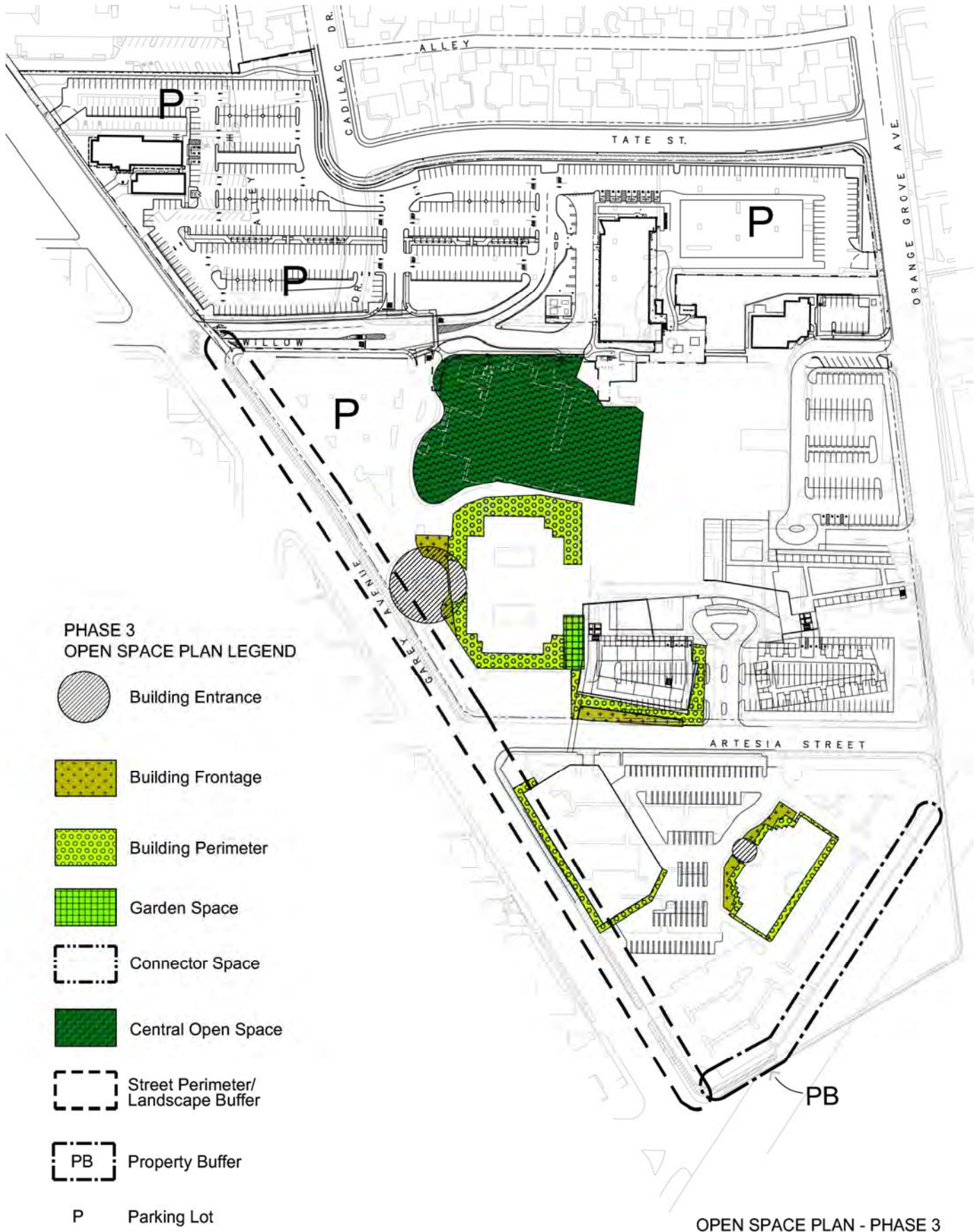


Exhibit 4-22 Conceptual Open Space Plan—Phase 3

SOURCE: Cornerstone Studios, Inc. 2009, July

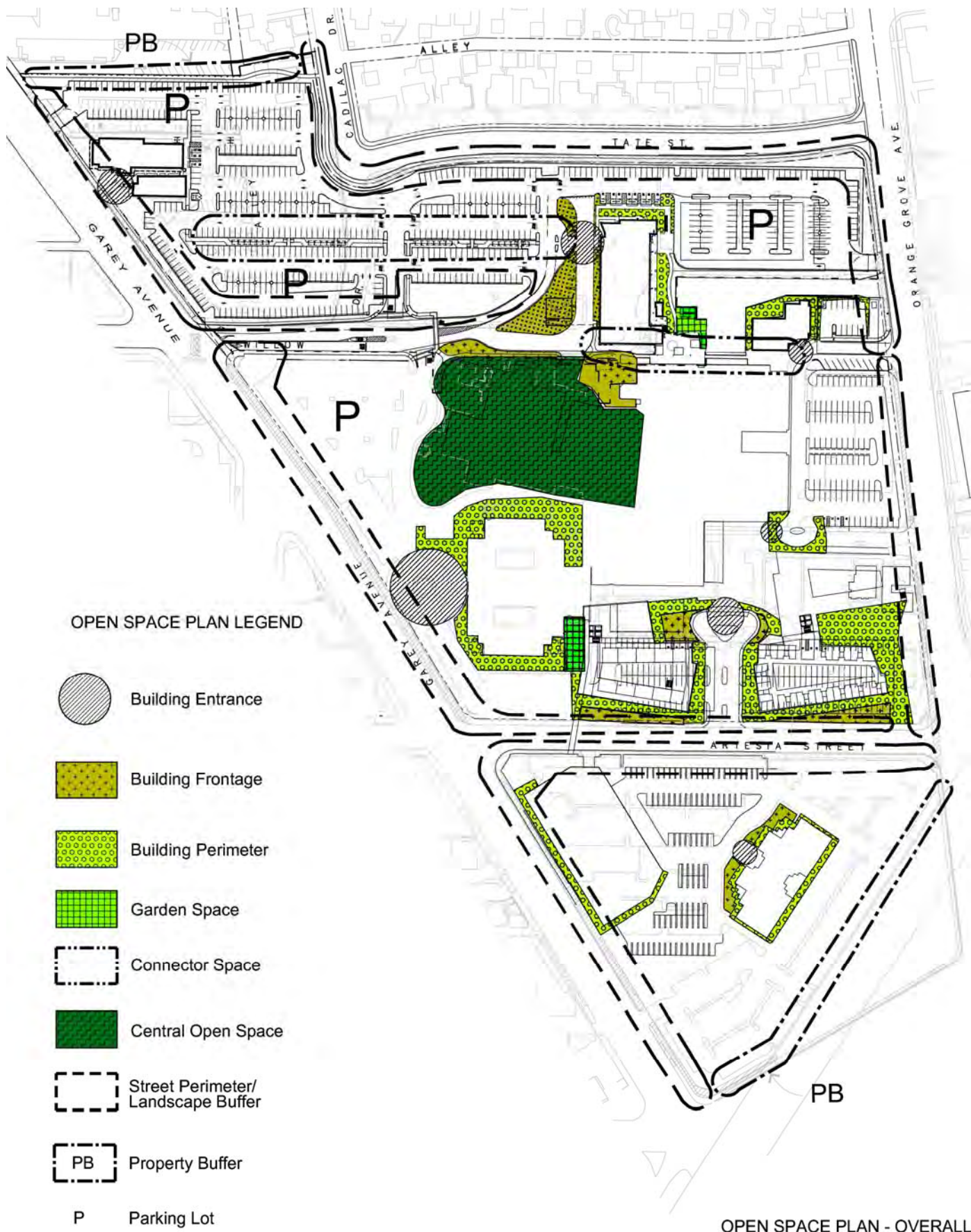


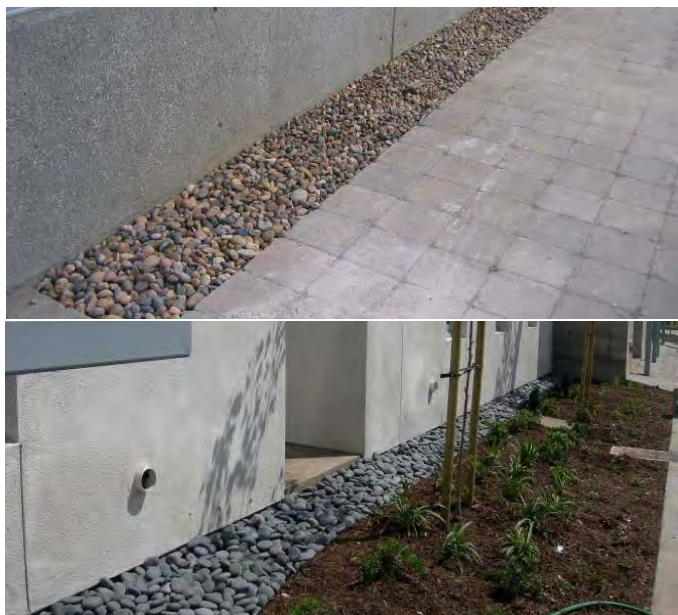
Exhibit 4-23 Conceptual Open Space Plan—Overall

SOURCE: Cornerstone Studios, Inc. 2009, July

and the landscape theme for each building is further described in Chapter 6.

4.4.3 Building Perimeter

The building perimeter is the area that is adjacent to a building. In most cases, the building perimeter will be landscaped, through in some areas the perimeter may be wide enough for a sidewalk. The building perimeter helps define and accent the building. All new building perimeters will feature a band of river rocks immediately adjacent to the building, designed to drain water away from the building and provide for ease of maintenance (see photos below). Plants for the building perimeter space will be selected from Table 6-1 (Master Plant List).



Band of river rocks

4.4.4 Connector Space

Connector space is a linear space that connects the entrances of several buildings to one another, such as the one shown in the Phase 1A Conceptual Open Space Plan in Exhibit 4-19, or a space that connects a large parking lot to a related building. Connector spaces will be treated with enhanced paving designed to handle heavy traffic and will feature accent planting on one or both sides in the form of a raised planter or planting area defined by a raised curb.

4.4.5 Central Open Space Area

The central open space area will replace the portions of the existing hospital building when they are demolished as part of Phase 3, as shown in Exhibit 4-1. This open space area will define the final physical organization of the PVHMC core campus and will serve as the central recreation and open space area for the entire Medical Center campus. As envisioned today, the central open space area will support gardens punctuated by small paved plazas. These landscaped spaces will support social activities for visitors and Medical Center employees and provide a healing environment for the patients. The central open space area is conceptually designed as shown in Exhibit 4-22.

4.4.6 Garden Space

The PVHMC open space plan includes small gardens within the campus, located among the various core campus buildings. These gardens will be designed for reading, contemplation, and small group meetings. Each garden space will be themed and designed with screening to provide a measure of privacy. Planting and hardscape areas will be designed to create intimate, personal spaces. Comfortable seating will be provided and special features may also be part of the design.

4.4.7 Street Perimeter/Landscape Buffer

Street perimeter landscape buffer areas are located between the public right-of-way and the privately owned Medical Center property. Perimeter landscape buffers are intended to give the campus an attractive external green edge and to create a relationship between the campus and the surrounding community. Perimeter landscape areas will be planted with trees, shrubs and accent shrubs, grasses, and groundcovers (refer to Master Tree and Shrub List). Guidelines for the landscape treatment of Landscape Buffer areas are included in Chapter 6.

4.4.8 Property Buffer

Property buffer landscape will be planted in areas where the Medical Center is separated from an

adjacent property by a wall. Plants will be selected from Campuswide Trees, Shrubs, and Groundcovers in Table 6-1 (Master Plant List).

4.4.9 Parking Lot

Parking lot areas will be enhanced with landscaped islands or raised planters as provided in Section 6.4.1 (General Landscape Guidelines, Parking Lots). Parking lots will be landscaped per the requirements of Section 5.5.4 (Landscaping of Surface Parking Lots) of this Plan and plants will be selected from the Parking Lot Trees list in Table 6-1 (Master Plant List).

4.5 LANDSCAPE

4.5.1 Objectives

Landscaping refers to the natural and paved materials that are located within open space areas. The proposed landscape plan is intended to:

- Unify the appearance of the PVHMC
- Unify, accentuate and focus attention on buildings and/or various features of the PVHMC
- Establish human scale in the pedestrian environment
- Minimize the visual and acoustic impacts of automobiles and parking areas
- Soften and/or screen undesirable features in the environment
- Create a diverse and attractive assemblage of trees
- Use trees to provide visual focal points in open space areas, to provide shade and, in general, provide a major source of outdoor beautification
- Provide landscape materials that consume a low to medium water usage (see landscape palette on Chapter 6 for allowed landscape materials)

In all phases of development, existing landscaping on site will be incorporated where possible to preserve the existing mature plantings and to enhance and preserve the existing aesthetic environment.

Landscape standards and guidelines that help accomplish these objectives are located in Chapter 5 and Chapter 6. In all cases, the proposed landscape plan will make extensive use of native, drought tolerant plant materials and will incorporate highly water-

efficient irrigation systems to reduce water consumption.

4.5.2 Conceptual Landscape Design

The conceptual landscape design for each development phase is discussed below and is reflective of the overall landscape objectives for the Medical Center as shown in a series of exhibits including Exhibit 4-24 (Landscape Design Key Map) through Exhibit 4-28 (Phase 3 Conceptual Landscape Design).

4.5.2.1 Phase 1A Conceptual Landscape Design

The landscape design for Phase 1A will focus on the new Outpatient Pavilion, as shown in Exhibit 4-25. As shown in the exhibit, *Pittosporum* trees are proposed for all adjacent parking lots and along the north property edge along Tate Street. *Crepe Myrtles* are recommended for the pedestrian walkways with underlying groundcover. Accent trees will also line the entry drive and enhance the perimeter of the Outpatient Pavilion.

4.5.2.2 Phase 1B Conceptual Landscape Design

The conceptual landscape design for Phase 1B will focus improvements on the new inpatient wing (Wing T) with its entrance and lobby. In addition, landscaping will be used to create a visual and pedestrian connection between the new lobby and the existing Women's Center (Wing J), as shown in Exhibit 4-26 (Phase 1B Conceptual Landscape Design). A concrete walkway will lead from the Women's Center courtyard to the new lobby. Shrubs will line the walkway on either side. The Artesia entrance to the hospital will be accented by trees and will include at least one special feature, such as a sculpture or groups of decorative potted plants (refer to Section 4.4.1). Accent shrubbery will provide a buffer between the new Emergency Room parking lot and Orange Grove Avenue, while trees will enhance the entry driveway and parking lot south of the new lobby.

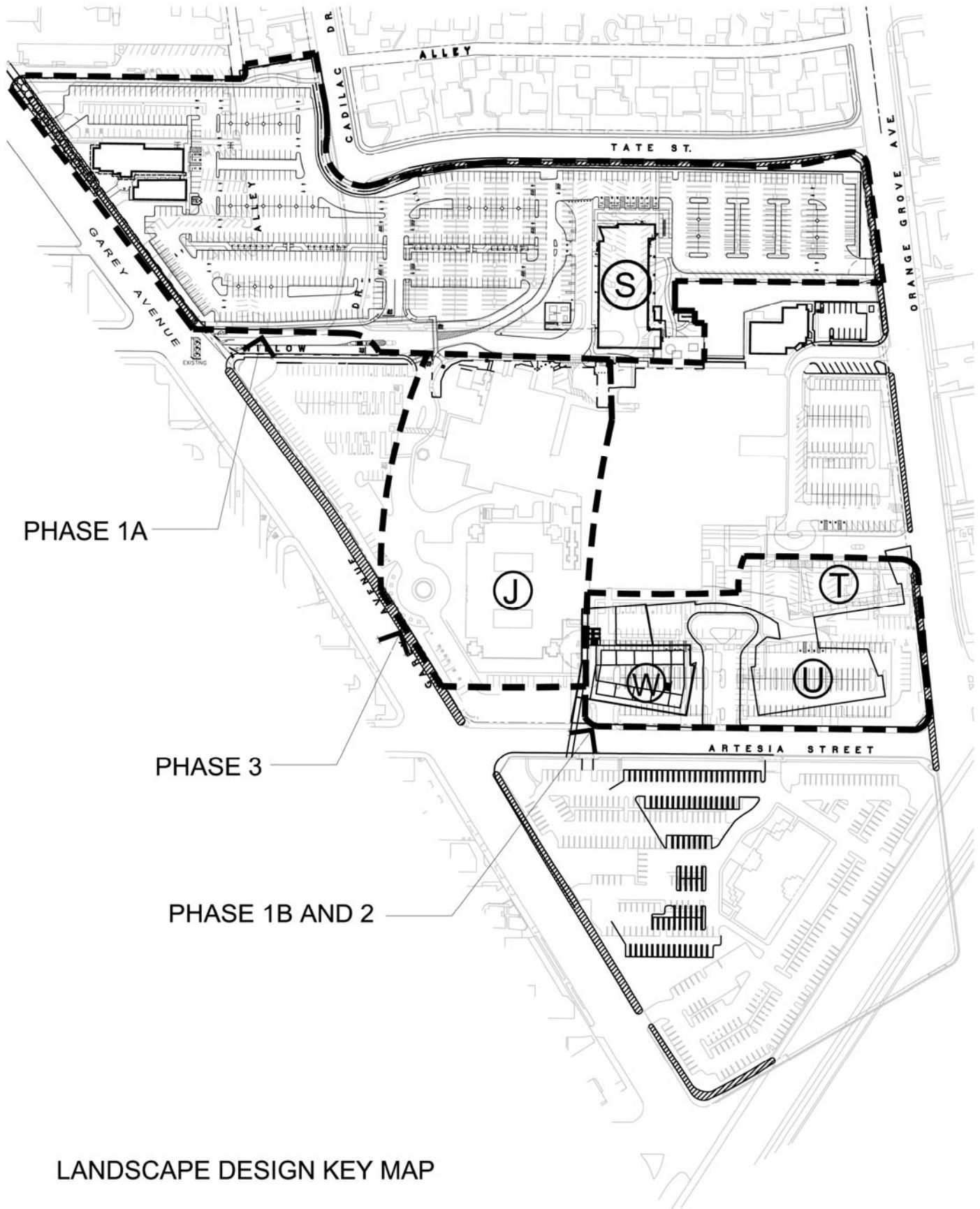


Exhibit 4-24 Landscape Design Key Map

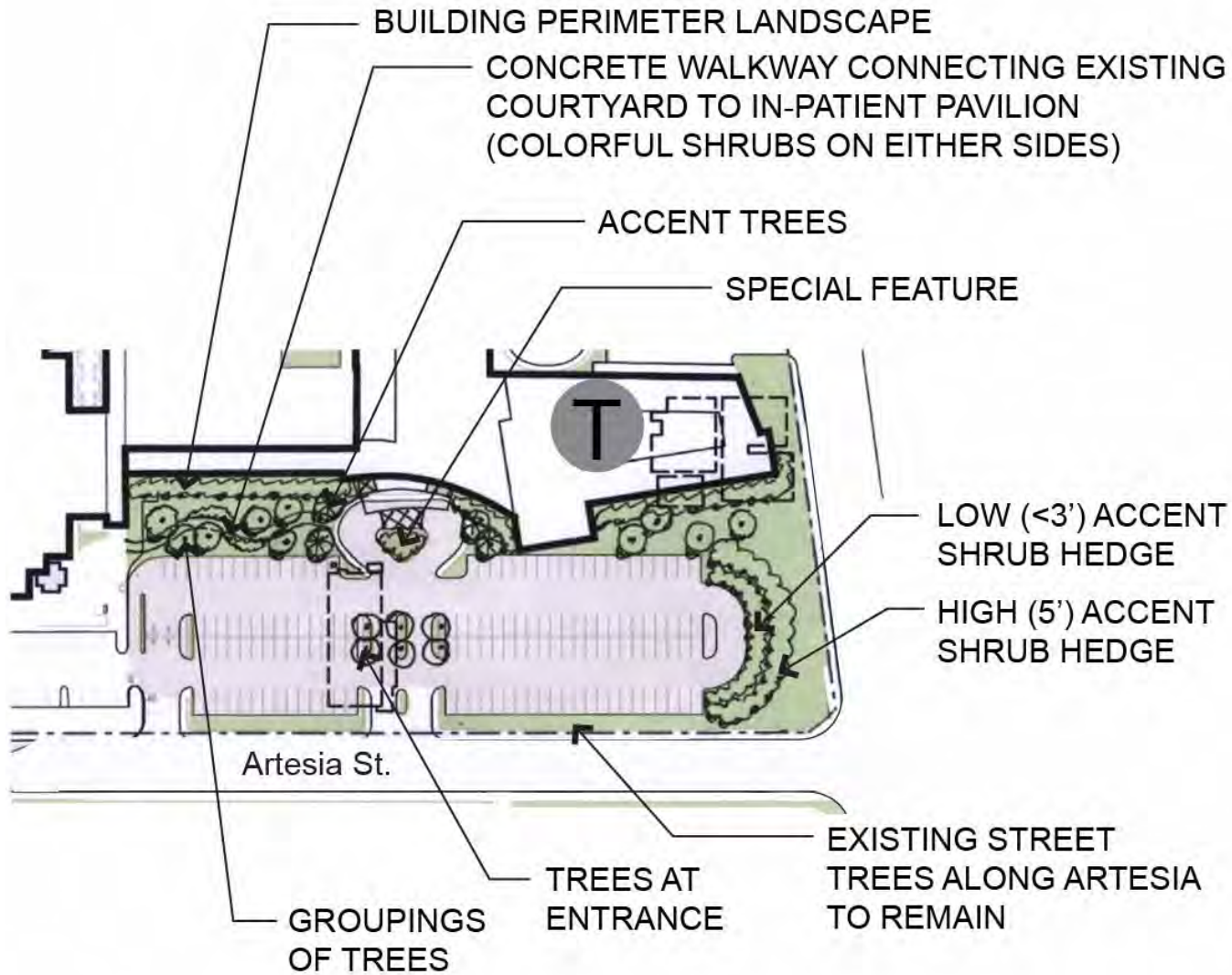
SOURCE: Cornerstone Studios, Inc. 2009, April 30

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN



Exhibit 4-25 Phase 1A Conceptual Landscape Design

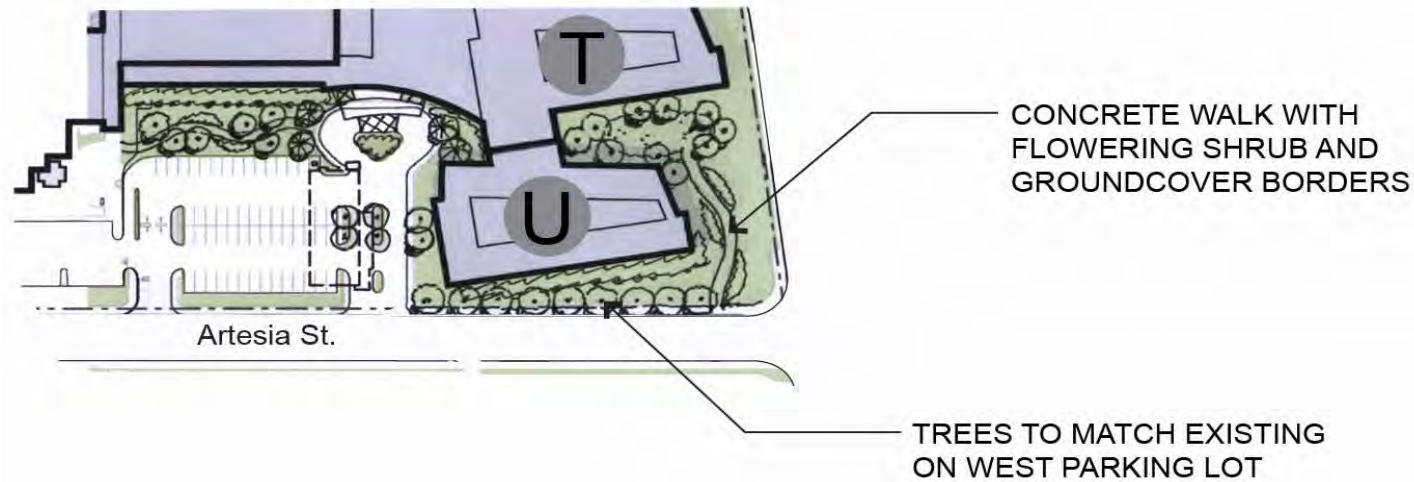
SOURCE: Cornerstone Studios, Inc. 2009, May 4



Landscape Theme - Phase 1B

Exhibit 4-26 Phase 1B Conceptual Landscape Design

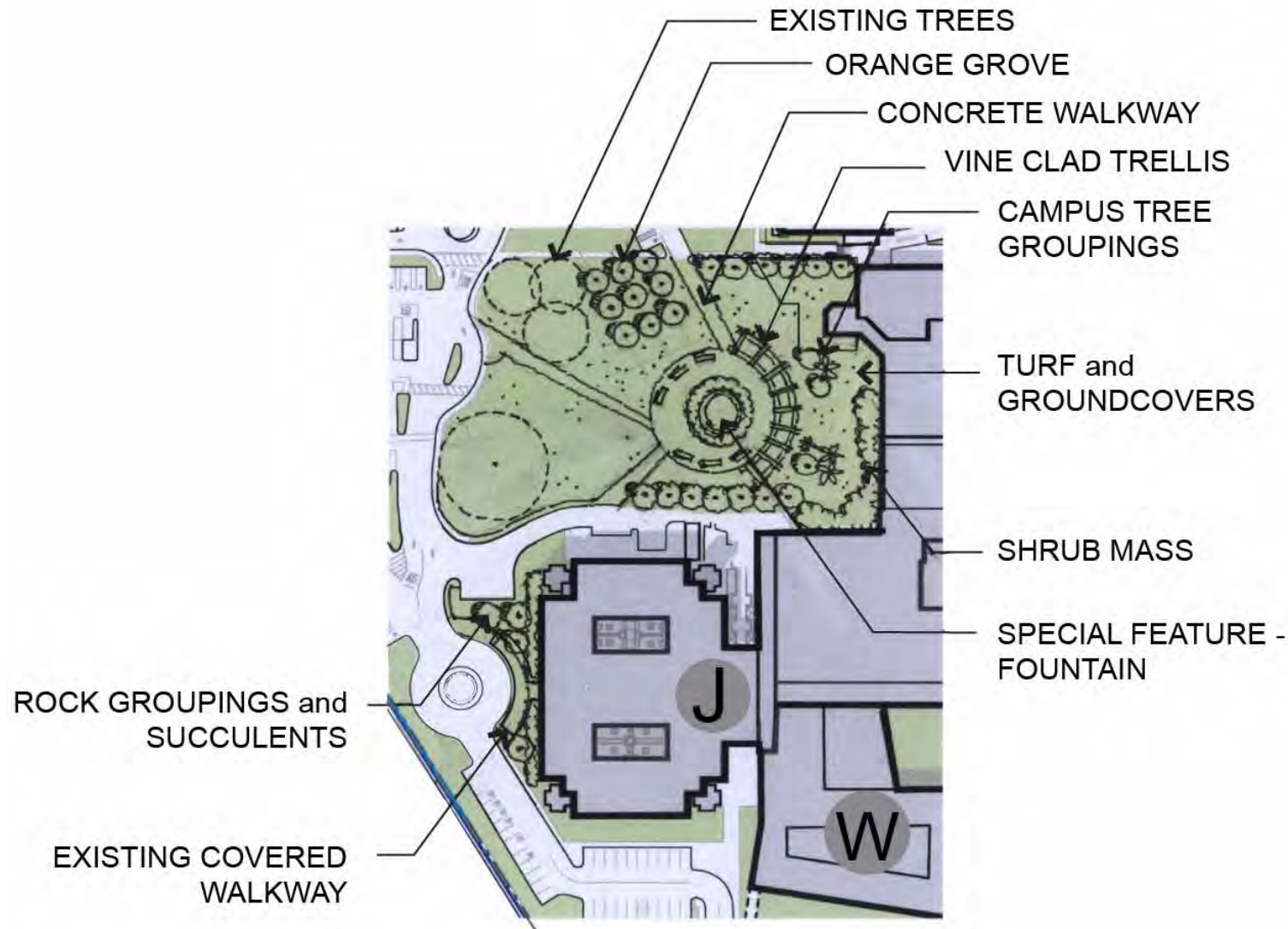
SOURCE: Cornerstone Studios, Inc. 2008, September 9



Landscape Theme - Phase 2

Exhibit 4-27 Phase 2 Conceptual Landscape Design

SOURCE: Cornerstone Studios, Inc. 2009, April 30



Landscape Theme - Phase 3

Exhibit 4-28 Phase 3 Conceptual Landscape Design

SOURCE: Cornerstone Studios, Inc. 2008, September 9

4.5.2.3 Phase 2 Conceptual Landscape Design

The conceptual landscape design for Phase 2 will define and enhance the perimeter of the second new hospital wing to the south of Wing T, as shown in Exhibit 4-27. A landscape area will soften the area between Wing T and Wing U and will connect to Artesia Street via a concrete pedestrian pathway with bordering flowers and groundcover. The trees lining the north edge of Artesia Street will be consistent along the entire length of the Plan boundary.

4.5.2.4 Phase 3 Conceptual Landscape Design

The conceptual landscape design for Phase 3 will focus on improvements that enhance the Women's Center and define the new central open space area, as shown in Exhibit 4-28 (Phase 3 Conceptual Landscape Design). Additionally, landscaping to the south of the third new inpatient wing (Wing W) will mirror the improvements of Wing U to foster a unified campus landscaping treatment. Existing trees will be preserved where possible and additional tree groupings, groundcover, and shrubbery will enliven the central core campus area. The central open space area will also feature a vine clad trellis or other special feature, and will be connected to the surrounding pathway system by concrete walkways.

4.6 FENCES AND WALLS

Perimeter fencing and walls surround many areas of the PVHMC campus. Much of this perimeter fencing will remain in place as the Plan is implemented, as shown in Exhibit 2-9 (Existing Perimeter Fencing).

Following the vacation of Cadillac Drive and the elimination of vehicular access between Tate Street and Willow Street in Phase 1A, a 4-foot concrete block wall will be added to meet the existing 4-foot block wall along Tate Street. The new wall will match the existing wall as closely as possible in design, materials, and colors.

At the corner of Garey Avenue and the Caltrans Park and Ride Lot, the 8-foot-high wrought-iron fence is located in the City's right-of-way (Exhibit 2-11 [Sections E1 & E2—Garey Avenue], Section E1).

PVHMC will relocate the fence to the PVHMC property line during Phase 3 construction.

4.7 UTILITIES AND INFRASTRUCTURE IMPROVEMENTS

The PVHMC Plan addresses the need to develop new and/or upgrade existing infrastructure to accommodate the planned growth and reconfiguration of PVHMC facilities. This Utilities and Infrastructure section examines the planned future development of drainage, water, fire protection, sewer, natural gas, electrical power, and major mechanical systems for the PVHMC Plan area. The proposed future system configurations are based upon the anticipated needed capacities for each system and assume the physical Plan layout as indicated on the Overall Development and Phasing Plans shown in Exhibit 4-1 and Exhibit 4-3 through Exhibit 4-6.

As the overall building development plan only affects the core campus, this section addresses only that area bounded by Tate Street on the north, Garey Avenue on the west, McKinley Street/I-10 on the south and Orange Grove Avenue on the east.

4.7.1 Proposed Storm Drainage System

The existing core campus is fully improved with the exception of a strip of vacant land, approximately one acre in size, located just west of Cadillac Drive. That area will be paved as a parking lot during Phase 1A. The Plan does not require upsizing of the existing on-site storm drain system. Exhibit 4-29 (Proposed Hydrology Plan) illustrates the proposed drainage plan. Incremental flows will be detained on-site through a system of landscaped swales and flow-through planters installed in the surface parking lots of the core campus. These facilities will also serve a water quality function.

The Plan shall comply with the City's Standard Urban Stormwater Mitigation Plan (SUSMP) requirements to address stormwater pollution. Structural or treatment BMPs will be required and implemented during both the construction and operational phases of the project to treat, filter, or infiltrate project generated stormwater runoff.

Detention and treatment of stormwater runoff from the roofs of the new outpatient buildings and Medical Center wings will be handled by channeling flows into flow-through planters located in the parking areas after being discharged via downspout outlets that convey the runoff to the parking areas through curb outlets. Perforated pipes will be installed at the bottom of the planters to allow some infiltration as flows are directed into the storm drain system. Engineered drawings of the stormwater filtration and storm drain system will be prepared by a licensed civil engineer for each phase of the proposed project and will be accompanied by an approved hydrology study to demonstrate the effectiveness and adequacy of the proposed system in light of the then current building codes and stormwater discharge regulations. The engineered drawings will be reviewed and approved by the City prior to issuance of building permits for any specific phase.

A portion of Cadillac Drive between Tate Street and Willow Street and a parallel alleyway will be vacated in Phase 1A and made a part of the proposed new parking lot in the northwest quadrant of the site. Stormwater from the residential area north of the core campus, which previously flowed down Cadillac Drive and Willow Street, will be collected by a catch basin located at the newly constructed knuckle at Tate Street and Cadillac Drive and carried through the project site to a point of discharge in Garey Avenue.

The core campus is divided into six drainage areas, which are identified in Exhibit 4-29 (Proposed Hydrology Systems) and described earlier in the Plan under “Existing Setting.” As the proposed Plan project is implemented, these drainage areas will be reconfigured to account for changes in flow lines resulting from the reconfiguration of the site and the construction of new, and demolition of existing, structures. Exhibit 4-29 (Proposed Hydrology Systems) illustrates the site’s drainage areas as they will appear following the construction of Phase 1A and Phase 1B. Hydrologic studies and design for the balance of the Plan phases would be completed prior to the implementation of the subsequent phases of development.

4.7.2 Proposed Water System

Proposed water systems are shown in Exhibit 4-30 (Proposed Water Systems). A new 12-inch water line

will be installed in Tate Street and connect to the existing 8-inch main in Cadillac Drive on the west and the existing 12-inch main in Orange Grove Avenue on the east. The proposed 12-inch water main is recommended to provide sufficient fire protection to the new Phase 1A and Phase 2 Outpatient Pavilions. Three new public fire hydrants will be installed in the south side of Tate Street to provide adequate coverage for the proposed Outpatient Pavilions.

This water system improvement will also complete a loop around the core campus and improve overall water system redundancy and reliability. A new 12-inch water line is also proposed to loop around the Phase 3 parking structure and will be fed by a new, 12-inch main to be installed in Artesia Street.

Existing fire hydrants in the core campus parking lots will be relocated to make way for the new buildings in Phase 2. New hydrants will be required to provide adequate coverage for the buildings and to meet the then-current Los Angeles County Fire Department requirements as regards spacing, number and water pressure.

All new buildings constructed pursuant to the Plan will have sprinklers as required by the *California Building Code* (CBC).

4.7.3 Proposed Sewer System

New sewer mains and existing sewers to be removed are shown in Exhibit 4-31 (Proposed Sewer Systems). All new sewer mains will be 8-inch VCP. A new 8-inch main serving Phase 1A will connect to the public sewer main in Cadillac Drive. A new 8-inch main serving Phase 2 Outpatient Pavilion will connect to the public sewer main in Orange Grove Avenue. Three new sewer mains serving the Phase 1B lobby and Emergency Department, Phase 2 inpatient wing, and Phase 3 inpatient wing will be constructed to connect to the public sewer main in Artesia Street. Some of the existing on-site sewer will be removed, either to make way for the new buildings as the result of the demolition of existing structures. The existing public sewer is sufficient in size to handle any increase in sewage discharge resulting from the implementation of the Plan project.

4.7.4 Natural Gas

The demand for natural gas will increase and then decrease as different phases of the Plan are implemented. The most substantial increase is likely to occur following implementation of Phase 2, when the main Medical Center reaches its largest size and the two new outpatient facilities are both in operation. Natural gas consumption is expected to decrease with the completion of Phase 3 and the demolition of the oldest parts of the hospital building. The new buildings will incorporate more efficient insulation and make use of energy saving appliances to help reduce natural gas consumption. New gas lines will be required to serve new buildings and the expansion of the PVHMC.

4.7.5 Electrical Power

PVHMC is served by a dedicated electrical substation located in the parking lot at the north side of Willow Street, approximately 400 feet southeast of Cadillac Drive. There are no plans to relocate or expand the substation. SCE has indicated that an adequate supply of electricity is currently available to serve the Plan area with the existing on-site substation (Lee 2009). Feeders and step down transformers will be installed as necessary.

There are two 1,200 kW, 4,160 V generators located in the basement of the Women's Center and one 1,000 kW 4,160 V generator located in the basement of the 1961 building. During Phase 2, the 1,000 kW generator will be removed and replaced with a 1,500 kW generator to be located in the basement of the Women's Center. At build-out of the Plan, all three generators then in use would be replaced by four 1,500 kW generators.

4.7.6 Major Mechanical Systems

Major existing mechanical cooling and heating systems will be modified and/or replaced to service new and newly remodeled portions of the hospital, while additional mechanical systems will be required to service the proposed new outpatient facilities. To provide for cooling and heating of the outpatient buildings proposed in Phase 1A and Phase 2, dedicated cooling and heating systems are planned. For existing buildings, i.e., the hospital wings, the central plant located in the present Women's Center

basement will be expanded and modified to accommodate the new chillers, boilers, along with associated pumps, piping, and other required equipment. To cover the Phase 3 requirements, mechanical equipment will be added on the basement level of the Women's Center.

Additionally, piping of various sizes shall be run underground for transfer of chilled water, steam, condensate, and cold water services between the existing central plant location and the various new buildings proposed to be constructed.

4.7.6.1 Facilities for Phase 1A

For the 56,000 sf Outpatient Pavilion, the mechanical systems necessary for operations, including air cooled chiller(s), shall be located on the Outpatient Pavilion rooftop. Domestic and heating water and the associated pumping, piping, and control system shall be supplied from the existing central plant.

At the present time the existing hospital is serviced by ground-mounted cooling towers located in the loading dock area adjacent to Wing G. Relocation and replacement of the cooling towers is not planned for this phase. The installation of mechanical equipment will comply with all applicable Codes and regulations.

4.7.6.2 Facilities for Phase 1B

A new, 138,000 sf inpatient wing will be added to the hospital. During this phase, new chiller(s), boiler(s), and pumping systems will be added to the existing central plant located in the basement of the Women's Center.

New lines for transfer of chilled water and steam/condensate return shall be constructed between the new hospital wing and the existing central plant. Ice storage in the Women's Center will be removed, as will the cogeneration plant, and the absorption chiller.

In addition to the above, the brine tank presently located at the existing cooling tower yard at the loading dock will be moved to the Women's Center Wing basement or another location within the Specific Plan area. Air cooled radiators shall be installed for the existing generators. Oxygen supply lines will be extended to meet requirements of the new inpatient



Exhibit 4-29 Proposed Hydrology Systems
SOURCE: PSOMAS 2009, July

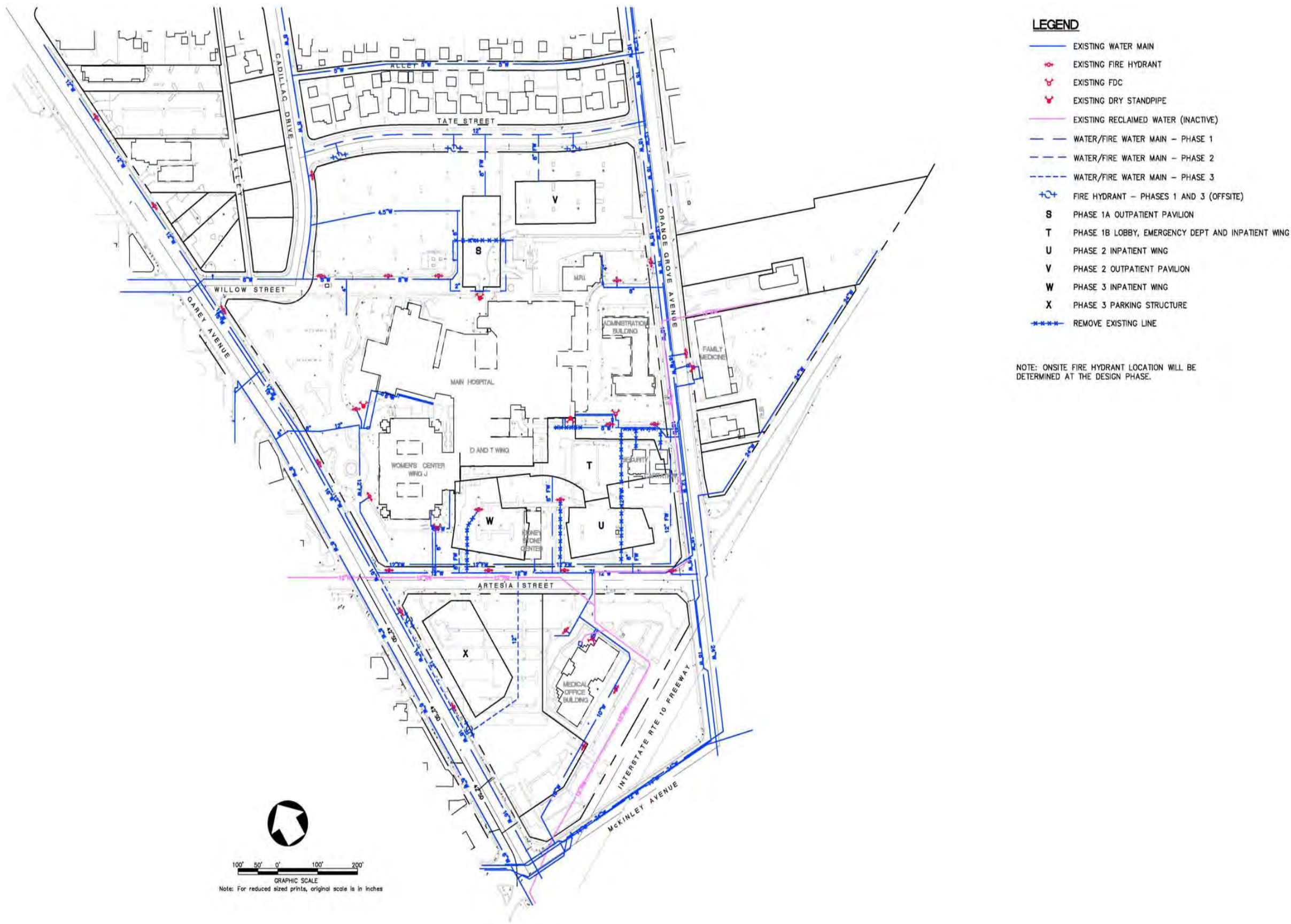


Exhibit 4-30 Proposed Water Systems

SOURCE: PSOMAS 2008, September 9



Exhibit 4-31 Proposed Sewer Systems
SOURCE: PSOMAS 2008, September 9

wing. Other lines required for this building will include construction of underground concrete ducts between the Women's Center basement and the new building to accommodate chilled water and steam lines. These lines will be sized to accommodate the Phase 2 addition as well. Air intake and cooling tower facilities for the new hospital wing will be installed at the roof level.

4.7.6.3 Facilities for Phase 2

As part of this phase, a 54,000 sf Outpatient Pavilion and a 123,000 sf hospital wing will be constructed.

To meet the mechanical services systems' demand, the central plant's chilled water and steam supply capacities will be increased. Each of the new hospital wings will be mechanically self-sufficient and new cooling towers and air filtration/air intake systems will be roof mounted on each building.

The Phase 2 Outpatient Pavilion will be served by a dedicated air cooled chiller in the north chiller yard and by gas-fired hot water boilers on the roof of the Phase 2 Outpatient Pavilion. Interconnecting lines for transfer of chilled and hot water between the chiller site and the two buildings will be installed inside the underground conduits. Cold water supply and return main lines to and from the cooling tower will have sufficient capacity to handle all of the proposed increased loads for Phase 2.

4.7.6.4 Facilities for Phase 3

The construction of the proposed 129,000 sf hospital wing will exhaust the capacity of the existing central plant. Therefore, additional mechanical services shall be in the new hospital wing.

4.8 SUSTAINABILITY AND ENERGY CONSERVATION

Medical Centers tend to be large facilities that are heavy users of energy and water and producers of large amounts of waste. Because Medical Centers place such demands on community resources they are natural candidates for sustainable design.

Like other buildings, Medical Centers must follow local, State, and/or federal building codes including any

Department of Energy (DOE) requirements for energy conservation.

For additional information and requirements for sustainable development, refer to Chapter 5 and Chapter 6.

4.9 DEVELOPMENT PHASING

The Plan is designed to be implemented in three general phases, as described herein (Conceptual Development Plan), over an approximate 21-year period, beginning in 2009 and ending in 2030. The exact timing of each phase, the sequence of construction may vary depending upon the availability of funding, advances in medical technology, changes in the preferred methods of service delivery, and changes in the regulatory environment. Nevertheless, development of Phase 1 is expected to be complete by 2013. Development of Phase 2 is expected to commence in 2017 and Phase 3 is expected to start after the completion of Phase 2, and all construction will be completed by 2030.

The following subsection describes conceptually the proposed phasing of Infrastructure improvements over the currently estimated 21-year implementation period.

4.9.1 Phasing of Water System Improvements

Major water system distribution improvements by phase include the following.

4.9.1.1 Phase 1

■ Phase 1A

- Install approximately 800 linear feet (LF) of new 12-inch main along Tate Street and connect to the existing 8-inch main in Cadillac Drive on the west and existing 12-inch main in Orange Grove Avenue on the east.
- Install three fire hydrants on the south side of Tate Street.
- Install 6-inch water line to the proposed Outpatient Pavilion.
- Install 8-inch fire water line to proposed Outpatient Pavilion.

- Re-route 2-inch water line to existing Cooling Towers.

■ Phase 1B

- Remove water services to existing Pitzer Administration Building, Kidney Stone Center, and Security and Capitation Buildings.
- Re-route approximate 300 LF of existing on-site 12-inch fire water line to make way for the proposed Lobby and Emergency Department.
- Relocate fire hydrants in parking lot to make way for the proposed Lobby and Emergency Department.
- Install a new 6-inch water line to the proposed Lobby and Emergency Department, and Inpatient Wing.
- Install a new 8-inch fire water line to proposed Lobby and Emergency Department, and Inpatient Wing.

4.9.1.2 Phase 2

- Install a new 6-inch water line to the proposed Outpatient Pavilion Addition.
- Install a new 8-inch fire water line to proposed Outpatient Pavilion Addition.
- Install a new 6-inch water line to the proposed Inpatient Wing Addition.
- Install a new 8-inch fire water line to proposed Inpatient Wing Addition.

4.9.1.3 Phase 3

- Install approximately 430 LF of new 12-inch main adjacent to the parking structure and connect to the existing 12-inch main in Garey Avenue and existing 12-inch main in Artesia Street.
- Install a new 6-inch water line to the proposed Inpatient Wing.
- Install a new 8-inch fire water line to proposed Inpatient Wing.
- Remove water service to existing MRI building.
- Install fire hydrants adjacent to proposed parking structure.

4.9.2 Phasing of Sewer System Improvements

Major sewer system improvements needed are described below as required by phase of proposed construction.

4.9.2.1 Phase 1

■ Phase 1A

- Remove approximately 480 LF of existing 8-inch pipe west of the proposed Outpatient Pavilion.
- Install approximately 380 LF of new 8-inch pipe from the proposed Outpatient Pavilion and connect to the existing 8-inch main in Cadillac Drive.

■ Phase 1B

- Remove approximately 230 LF of existing 4-inch pipe in old Nemaha Street and sewer laterals from existing Security and Capitation Buildings to make way for the proposed Lobby and Emergency Department.
- Remove and re-route sewer lateral from D and T Building to make way for the proposed Lobby and Emergency Department.
- Remove sewer laterals from Kidney Stone Center and Pitzer Administration Building.
- Install approximately 230 LF of new 8-inch pipe to service the proposed Lobby and Emergency Department and connect to the existing 15-inch main in Artesia Street.

4.9.2.2 Phase 2

- Remove approximately 300 LF of existing 8-inch pipe east of the proposed Outpatient Pavilion to make way for the new Outpatient Pavilion Addition.
- Install approximately 100 LF of new 8-inch lateral pipe from the proposed Inpatient Wing. Addition and connect to the existing 15-inch main in Artesia Street.
- Install approximately 160 LF of new 8-inch pipe from the proposed Outpatient Pavilion. Addition and connect to the existing 8-inch main in Orange Grove Avenue.

4.9.2.3 Phase 3

- Abandon approximately 350 LF of 6-inch pipe from the main Medical Center.
- Abandon approximate 300 LF of 4-inch pipe from MRI Building.
- Install approximately 100 LF of new 8-inch lateral pipe from the proposed Inpatient and Diagnostic Building and connect to the existing 15-inch main in Artesia Street.

4.9.3 Phasing of Drainage System Improvements

The major drainage system improvements needed are described below as required by phase of proposed construction:

4.9.3.1 Phase 1

■ Phase 1A

- Install catch basin and approximately 400 LF of new 24-inch pipe (Line A) from Tate Street/Cadillac Drive knuckle to existing 39-inch pipe in Garey Avenue.
- Install catch basin and approximately 50 LF of new 18-inch pipe (Line B) from Willow roundabout to existing on-site 18-inch pipe.

■ Phase 1B

- Install approximately 300 LF of new 24-inch pipe (Line C) to connect to existing 42-inch pipe in Garey Avenue.

4.9.3.2 Phases 2 and 3

Storm drain flows are not expected to increase within the Specific Plan area. If storm drain improvements are necessary in the future, construction of these improvements will comply with applicable laws and regulations.

Chapter 5 DEVELOPMENT STANDARDS

5.1 DEVELOPMENT STANDARDS OVERVIEW

This chapter contains the standards that will govern development of the principal physical components of the Pomona Valley Hospital Medical Center including new and existing buildings, circulation and parking facilities, landscaping, open space, and utility improvements within the Medical Center campus. These standards shall supersede the PCC and PZO, except as provided for in this Plan. Where provisions of the Plan are in conflict with the PCC and PZO, the Plan shall take precedence. Where the Plan is silent, and no conflict exists with the intent of the Plan, the provisions of the PCC and PZO shall govern. Further, as stated in Chapter 1, the intent of the Plan is to apply only to the new, modified or reconfigured buildings, landscaping, and parking areas described and proposed in the Plan and not to create any obligation or requirement to change uses, buildings, setbacks, yards, landscaping or parking for areas that are not subject to change or modification under the Conceptual Development Plan. The Development Standards and Design Guidelines thus apply only to the new elements of the Plan and not to the existing elements that will remain unchanged.

The development standards presented below are designed to implement the planning and design concepts of this Plan in a manner consistent with the Vision and Guiding Principles in Chapter 3 and the Design Guidelines in Chapter 6. These mandatory standards address the following areas:

- Land Uses
- Building Envelopes
- Open Space
- Landscape
- Fences and Walls
- Circulation and Parking
- Service and Mechanical Equipment Areas
- Lighting
- Signage
- Sustainability and Energy Conservation

There may be minor adjustments to the overall development plan as shown in the Overall Development Plan, Exhibit 4-1 and phasing plans

Exhibits 4-3 through Exhibit 4-6, to allow for changes in the precise layout of buildings, facilities, parking, roads, and open spaces and for the availability of funding to carry out the proposed project, subject to the procedures contained in Chapter 7 (Implementation Plan).

5.2 LAND USES

5.2.1 Land Use Designation

The Land use designation for the Plan is shown in Exhibit 5-1 (Land Use Designations) and includes the following:

- Medical Center Specific Plan
 - > Primary Uses
 - > Outpatient Care
 - > Inpatient Care
 - > Emergency Care



MC MEDICAL CENTER SPECIFIC PLAN

Exhibit 5-1 Land Use Designations

SOURCE: PBS&J 2008, June

- > Medical Office
- > Parking
- > Accessory Uses

5.2.2 Permitted Uses

The following defines the permitted primary land uses and accessory land uses within the Pomona Valley Hospital Medical Center (PVHMC) Plan Area.

5.2.2.1 Land Use Designation: Medical Center Specific Plan (MCSP)

■ Uses

Uses shall be limited to the following activities when operated by the Medical Center and when located within buildings or structures approved for such use through a Site Development Review, pursuant to the Implementation Plan in Chapter 7 (Implementation Plan):

- Outpatient facilities
- Inpatient facilities
- Emergency room facilities
- Central processing facilities*
- Physical therapy/cardiac rehabilitation facilities
- Pre-admission testing facilities
- Laboratory facilities*
- Medical offices
- Administrative staff offices*
- Lobby and waiting areas
- Auditoriums and multi-purpose event rooms*
- Chapel*
- Mechanical equipment areas
- Storage areas*
- Parking areas (surface and structure)*
- Maintenance yards and mechanical facilities*
- Sidewalks related to circulation facilities
- Loading areas
- Access driveways and internal campus streets
- Emergency vehicle access
- Other accessory buildings and uses customarily incident to the primary uses
- Retail uses designed for use by Medical Center customer and staff, such as a gift shop, flower shop, food/cafeteria, pharmacy, and similar uses, as determined by the Planning Manager
- Uses not operated by the Medical Center but, in the opinion of the Planning Manager, are similar to those listed and do not create parking demand beyond what would be required if the use were operated by the Medical Center
- Telecommunications, including wireless facilities so long as entitlements are received pursuant to the PZO

All uses marked with an asterisk (*) (central processing facilities, laboratory facilities, administrative staff offices, auditoriums and multi-purpose event rooms, chapel, storage areas, parking areas and maintenance yards and mechanical facilities) must be accessory to and related to a hospital/medical use.

5.3 BUILDING ENVELOPE

This subsection contains standards that together define the maximum allowable building area within the PVHMC Plan. The following standards govern the building enclosures, including building setbacks, building frontages, and building heights for all new buildings.

All setback requirements listed in this section establish minimum setback dimensions. The actual proposed setback areas for the PVHMC are shown in Exhibit 5-2 (Proposed Setback Envelope).

Additional development standards regarding building envelope and sustainability are included in Section 5.11.1 (Building Site Issues).

5.3.1 Building and Yard Setbacks

Building and yard setbacks are categorized as follows:

1. Setbacks/yards along lot lines
2. Setbacks/yards between buildings or portions of the same building

Two types of minimum setbacks will be regulated within each setback category as follows:

- Building setback is defined as the distance from the nearest lot line to the building face.

POMONA VALLEY HOSPITAL MEDICAL CENTER SPECIFIC PLAN



Exhibit 5-2 Proposed Setback Envelope

SOURCE: gkkworks 2009, April 22

- Yard setback is defined as the width of the planting area between lot lines and adjacent on-site paved surfaces and/or wall surfaces (free-standing or building), whichever is closer.

Nonconforming buildings, yards, and setbacks may continue where there is no reduction to the yard or setback.

■ Setbacks/Yards along Lot Lines

- The minimum building setback between a building face and its closest lot line shall be the following:
 - > Lot line along Orange Grove Avenue—15 feet
 - > Lot line along Garey Avenue—25 feet
 - > Lot line along Tate Street—50 feet
 - > Lot line along Cadillac Drive—50 feet
 - > Lot line along Ervilla Street—25 feet
 - > Lot line along I-10 Fwy ROW—50 feet
 - > All other lot line building setbacks abutting residential zones—50 feet
 - > All other lot line building setbacks not abutting residential zones—10 feet
- The minimum yard (planter widths) between lot lines and adjacent on-site paved surfaces and/or wall surfaces, whichever is closer, shall be the following:
 - > Yard along Orange Grove Avenue—10 feet
 - > Yard along Garey Avenue—10 feet
 - > Yard along Tate Street—0 feet
 - > Yard along Ervilla Street—0 feet
 - > Yard along Cadillac Drive—5 feet
 - > Yard along I-10 Fwy ROW—10 feet
 - > All other lot line yard setbacks for buildings and/or walls and fences abutting residential zones—10 feet
 - > All other lot line yard setbacks for buildings and/or walls and fences not abutting residential zones—10 feet

■ Setbacks/yards between Buildings or Portions of the Same Building

- The minimum new building side, rear-side, and rear setbacks from adjacent buildings or adjacent portions of the same building shall be at least 15 feet.
- Within the minimum 15-foot new building setback, a minimum of five (5) feet adjacent to the building wall shall be landscaped as yard setback areas.

- The minimum new building setback between buildings as measured from support columns of canopies to the nearest building shall be at least 10 feet.

5.3.2 Height Standards

■ Buildings

Building heights have been established to locate the tallest structures in the interior of the PVHMC and away from adjacent residential neighborhoods as follows:

- For areas within 150 feet of residential zones, the maximum height for buildings is limited to 60 feet (inclusive of roof-mounted mechanical equipment and/or penthouse).
- The height of all other buildings is limited to a maximum of 100 feet (inclusive of roof-mounted mechanical equipment and/or penthouse).
- Roof-mounted objects, such as antennae towers, flag-poles, accent towers, cupolas, steeples, penthouses, parapets, and other parts of the building; maximum height shall not exceed the allowed main building height as specified above.

■ Freestanding Structures

- Free-standing structures, such as flag poles: maximum height is limited to 40 feet and the structure's height cannot exceed the structure's distance from the nearest lot line.

5.4 OPEN SPACE STANDARDS

Open Space Areas shall be defined as the areas within the PVHMC boundaries which are completely open to the sky with the exceptions of street right-of-way, parking or driveway areas. As mentioned in Section 4.4 (Open Space Plan), this Plan identifies different types of open space, which together comprise the PVHMC open space system and they are as follows:

- Main Building Entrance
- Building Frontage
- Building Perimeter
- Connector Space
- Central Open Space
- Garden Space
- Street Perimeter/Landscape Buffer
- Property Buffer

The conceptual locations and descriptions of these areas for each phase of the Plan are included in Section 4.4 (Open Space Plan). Different landscaping treatments have also been designed in terms of the type of landscaping materials that will be used within Open Space Areas (refer to Section 6.4 [Open Space]).

Below are the applicable standards for each of the Open Space Areas.

■ **Main Building Entrance:**

- > While these areas may vary in size depending on the location and orientation of the building, they shall extend a minimum of 20 feet on either side of the main building entrances.
- > A minimum of 20 percent of the main building entrance area shall be covered with permeable surfaces and plant materials.
- > Outdoor furniture shall be provided at all main building entrances.
- > Outdoor furniture shall be made of permanent and weather resistant materials.

■ **Building Frontage:**

- > A minimum of 30 percent of the building frontage's surface shall be landscaped with permeable surfaces and plant materials.
- > A 5-foot-minimum-width sidewalk shall be provided along street-facing building frontages.

■ **Building Perimeter:**

- > For minimum yard areas, see Section 5.3.1.
- > Screening trees shall be used around buildings with large expanses of wall such as a parking structure or maintenance building.
- > If visibility is important, lower shrub masses, groundcovers, and/or grasses shall be used.
- > There shall be a minimum 12-inch band of river rocks separating the edge of the buildings from the perimeter planting.
- > A 5-foot-minimum-width sidewalk shall be provided along street facing building perimeters.

■ **Connector Space:**

- > Outdoor furniture shall be made of permanent and weather resistant materials.
- > For areas that are not connected by a street-front sidewalk, a 6-foot minimum width pedestrian path shall be provided to connect the following areas:
 - Main Building Entrances
 - Secondary/Service Building Entrances

- Central Open Space
- Garden Spaces
- Parking Areas

■ **Central Open Space:**

- > A minimum of 70 percent of this space will be reserved for permeable surfaces and plant materials.
- > The balance of this space may be used for paved walkways, outdoor furniture, a plaza, and/or features with an aesthetic character that would enhance the space.
- > Outdoor furniture shall be made of permanent and weather resistant materials.

■ **Garden Space:**

- > A minimum of 30 percent of all garden space areas shall be comprised of permeable surfaces and landscape materials.
- > Outdoor furniture shall be provided within all garden space areas.
- > Outdoor furniture shall be made of permanent and weather resistant materials.

■ **Street Perimeter/Landscape Buffer:**

- > Permeable landscaped surfaces shall be provided on 100 percent of the Street Perimeter/Landscape Buffer areas, with the exception of required walkways, driveways, and irrigation infrastructure.
- > Street Perimeter/Landscape Buffer areas shall include screening trees and lower shrub masses.
- > For Street Perimeter/Landscape Buffer Area width requirements, see Sections 4.4 & 5.3.1.

■ **Property Buffer:**

- > Permeable and landscaped surfaces shall be provided on 100 percent of the Property Buffer area, with the exception of required fencing and irrigation infrastructure.
- > Property Buffer areas shall include screening trees and lower shrub masses.
- > For Property Buffer Area width requirements, refer to Sections 4.4 & 5.3.1.

5.4.1 Hardscape Standards

- All portions of designated open space areas that are not covered by permeable surfaces and plant materials shall be defined as hardscape areas.

- At least 30 percent of the hardscape area surface shall be paved with at least two of the following decorative paving materials:
 - > Colored concrete, stained concrete, or stamped concrete
 - > Brick or natural stone paving materials
 - > Interlocking concrete pavers
 - > Tile
 - > Other decorative paving materials subject to approval by the City of Pomona Planning Manager
- The remainder of hardscape surface areas shall be paved with concrete in neutral concrete color.
- A range of permanent outdoor street furnishings including seating, trash receptacles, poster kiosks, and other elements of convenience shall be integrated into hardscape areas. Refer to Section 6.4.4 (Hardscape and Outdoor Furniture) for outdoor furniture guidelines.

5.5 LANDSCAPE STANDARDS

The following General Landscape Standards apply to all new open space areas where applicable. Different themes have been developed for the type of landscaping materials that will be used within open space areas (refer to Section 6.4).

5.5.1 General Standards

- Landscaped areas shall incorporate permeable surfaces.
- Permeable and landscaped surfaces shall be defined as surfaces that allow substantial water absorption on the surface area. Such surfaces may be covered with lawn, decorative rock materials, or other landscape materials. Trees, shrubs, and other landscape materials shall be planted in these areas or in separate planter pots.
- All landscape and irrigation plans shall be coordinated with and consistent with the Landscape Design Guidelines in Chapter 6.
- Where existing landscaping is retained, it shall be utilized as an integral element of the new landscape design so that there is a seamless visual and functional connection between new and existing landscaping.

- Minimum tree sizes:
 - > Central Open Space/Property Line Buffers: 24-inch box trees or 2- to 3-inch caliper measured from the base of the tree trunk.
 - > All other Open Space Areas/Public Edge Setbacks: 24-inch box trees or 2- to 3-inch caliper measured from the base of the tree trunk.

5.5.2 Landscape Planting Standards

- All raised planting areas shall be defined with a 6-inch concrete raised curb.
- Paved pedestrian walkways can be flush with planting area grade. All paved areas shall be sloped to drain at one (1) percent.
- Allow a minimum planting area of 4-by-4-foot for a 24-inch box tree at the time of planting.
- Planting areas shall be a minimum of 4 feet wide, with the exception that planting areas abutting the base of buildings may be a minimum of 18 inches wide.
- All lawn species shall be of a water-saving variety.
- At time of planting, all trees shall be a minimum 24-inch box or 2-inch caliper measured from the base of the trunk.
- At time of planting, 50 percent of all shrubs shall be a minimum of 5-gallons and 50 percent of all perennials and groundcovers shall be one 1-gallon.

5.5.3 Irrigation Standards

- The City of Pomona has adopted a landscaping ordinance (503-J of the PZO) that requires new landscapes to be designed to conserve water. The City has adopted an annual water budget, also known as Maximum Applied Water Allowance or MAWA, of 26 gallons per square-foot of landscaping per year. All landscape planting shall be designed to meet this requirement, at a minimum.
- The irrigation system shall be capable of operating automatically by incorporating an electric controller and low voltage electric remote control valves.
- The irrigation system shall be in compliance with the *Water Conservation Act*.

5.5.4 Landscaping of New or Reconfigured Surface Parking Lots

- Planting areas with a total of at least 6 percent of the total parking and driveway area shall be provided within the parking and driveway area, excluding any yard area or other planting provided to meet another standard.
- Surface parking areas shall be planted with shade trees at a ratio of a least one tree for every five permanent parking spaces.
- Trees shall be selected from the master landscaping palette provided in Table 6-1 (Master Plant List).
- Surface parking lot planters shall have a 6-inch raised concrete curb with openings to receive the run-off from the adjacent areas.

5.6 FENCES AND WALLS

- When adding to an existing fence or wall, the new fence or wall segment shall match the existing fence or wall in terms of style, height, colors, and materials.
- Chain link fencing shall not be permitted.

5.6.1 Site Perimeter

While new or replacement fences and walls around the site perimeter are not mandatory, the following standards apply in the event of new or replacement fences and walls around the PVHMC:

- New perimeter fences or walls shall consist of black wrought iron fence with pilasters at a minimum height of 5 feet and maximum of 8 feet. As indicated in Section 4.6, at the corner of Garey Avenue and the Caltrans Park and Ride Lot, the 8-foot-high wrought-iron fence is located in the City's right-of-way (Exhibit 2-11 [Sections E1 & E2—Garey Avenue], Section E1). PVHMC will relocate the fence to the PVHMC property line during Phase 3 construction.
- Fence pilasters shall be spaced a maximum of 30 feet on center and shall not be less than 24-by-24 inches.
- A landscaped buffer shall be incorporated behind the fence (PVHMC property side), as required in Section 5.3.1.
- As indicated in Section 4.6, following the vacation of Cadillac Drive and the elimination of vehicular access between Tate Street and Willow Street in

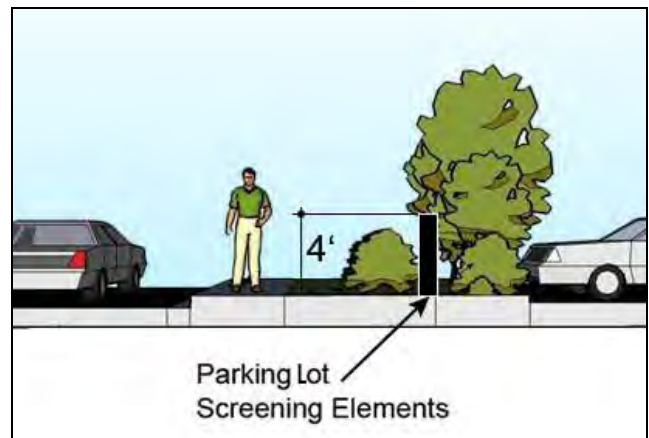
Phase 1A, a 4-foot concrete block wall will be added to meet the existing 4-foot block wall along Tate Street. The new wall will match the existing wall as closely as possible in design, materials, and colors.

5.6.2 Fencing Along Lot Lines Abutting Adjacent Residential Properties

- New fences or walls along lot lines abutting adjacent residential properties shall consist of solid masonry and be a minimum of 6 feet in height.

5.6.3 Fencing and Screening at Interior Site Locations

- All ground-level trash, storage, loading, service, maintenance and mechanical and electrical equipment areas in public view from within or outside the medical campus shall be screened by a solid masonry wall or decorative metal fence of a minimum height of 6 feet, and shall extend no more than 2 feet in height above the screened object.
- Except for necessary driveways, buildings or pedestrian paths, the north and south sides of the vacated Willow Street shall be screened by use of a 4-foot-tall decorative masonry wall and/or landscape elements as shown in the following image:



If the screening requirement of this Section 5.6.3 overlaps with either Section 5.6.1 or Section 5.6.2, this Section shall take precedence and no duplicative screening for an area shall be necessary.

5.7 CIRCULATION AND PARKING

5.7.1 Circulation

Exhibit 5-3 (Key Map to Street Cross Sections) shows the locations of all proposed street cross sections, which are shown in Exhibit 5-4 (Cross Sections of Garey Avenue) through Exhibit 5-7 (Cross Sections of Orange Grove Avenue). These exhibits include proposed minimum dimension standards for sidewalks, medians, and landscaping areas. The cross sections provided include the following streets:

- Garey Avenue (Exhibit 5-4)
- Willow Street (Exhibit 5-5, Cross Sections of Cadillac Drive and Willow Street)
- Tate Street, looking west (Exhibit 5-6 [Cross Sections of Tate Street and Orange Grove Avenue])
- Orange Grove Avenue, looking northeast (Exhibit 5-6 and Exhibit 5-7)

Additional circulation standards include the following:

- Minimum driveway widths shall be as follows:
 - > Willow Street driveway: 40 feet
 - > All other driveways/fire lane: 26 feet
 - > Parking drive aisle:
 - One-way: 20 feet
 - Two-way: 25 feet
 - > Service roads: 25 feet
- 10 percent maximum grade break for surface driveway ramps
- 15 percent maximum grade break for parking structure driveway ramps
- No dead-end aisles shall be allowed, except for service roads and alleys
- Acceptable road paving materials shall include the following (for recommendations on where to use decorative paving materials see Section 6.6 [Circulation and Parking]):
 - > Asphalt pavers
 - > Colored concrete, stained concrete, and stamped concrete
 - > Brick or natural stone paving materials
 - > Interlocking concrete pavers
 - > Tile
 - > Permeable pavers such as grasscrete and porous concrete

- > Other decorative paving materials subject to approval by the City of Pomona Planning Manager

5.7.2 Parking

The PVHMC shall use the following three types of parking facilities: surface parking in parking lots, parking within a parking structure, and parking on internal streets. No required parking for PVHMC may be located on a public street. The proposed locations of the parking structure and surface parking lots are shown in Exhibit 4-1 (Overall Development Plan). The required parking standards are as follows:

- Parking for PVHMC staff, patients, and visitors shall be provided within the Medical Center campus and/or in off-site facilities owned or leased by PVHMC. Spaces meeting requirements of this Plan may not be located on public streets.
- At a minimum, the Medical Center shall provide parking which meets the requirements of the PZO as follows:
 - > 3 parking spaces per 1.5 Medical Center beds
 - > 1 parking space per each 200 sf of gross floor area devoted to outpatient services and other uses not related to the inpatient services
 - > 1 parking space per each 200 sf of gross administrative/office floor areas
 - > 1 parking space per each 200 sf of gross retail/services areas
 - > 1 bicycle space per 10 automobile parking spaces
 - > Provide handicapped parking spaces as required by the PZO
 - > Parking requirement for other uses shall be provided as required by the PZO
- Required parking for each phase of the Plan shall be determined by the greater of parking required by the parking demand study or the PZO. Parking requirements pursuant to this standard are summarized in Table 5-1 (PVHMC Parking Requirement). The minimum number of parking spaces required for each phase of the Plan is as follows:
 - > Phase 1A: 2,136
 - > Phase 1B: 2,239
 - > Phase 2: 2,236
 - > Phase 3: 2,295

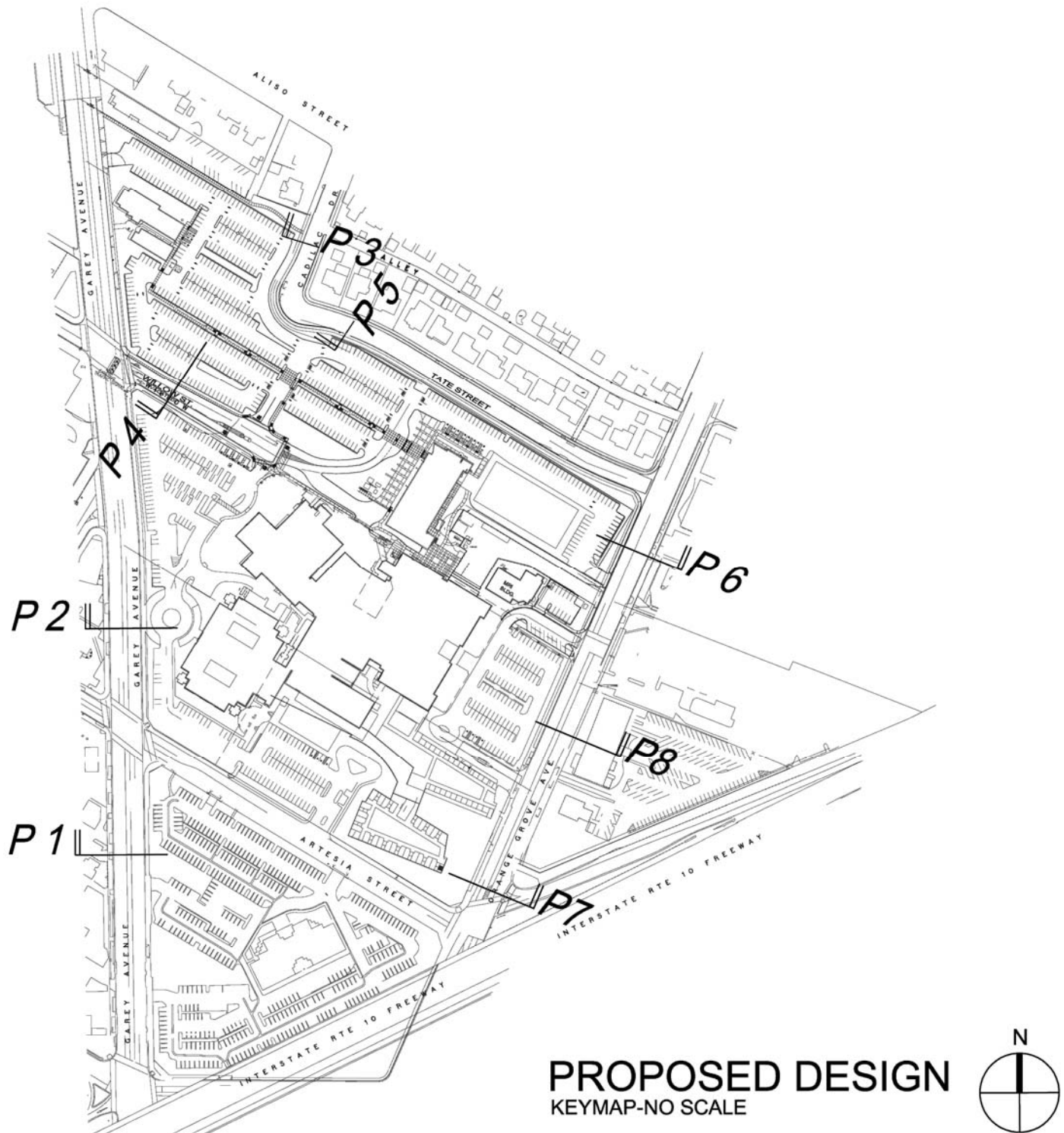
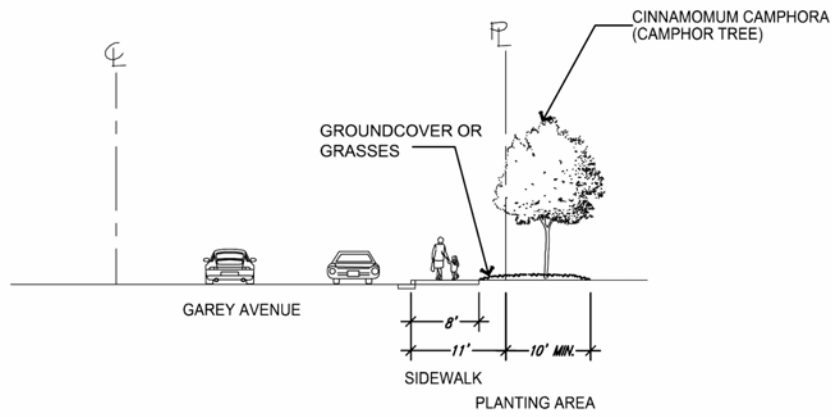
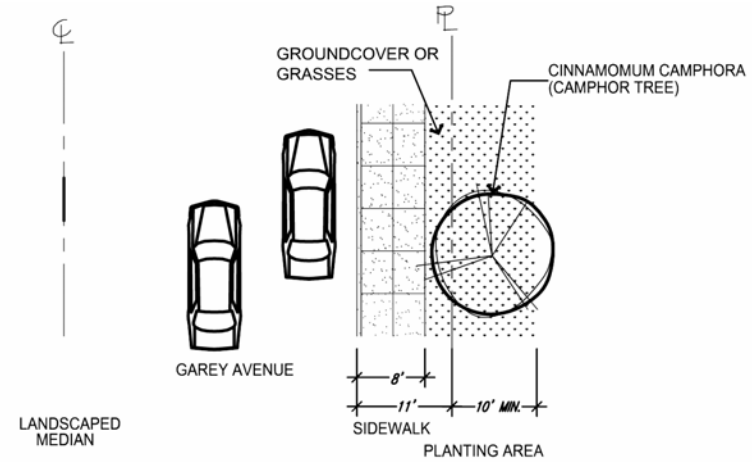


Exhibit 5-3 Key Map to Street Cross Sections

SOURCE: Cornerstone Studios, Inc. 2009, April 30

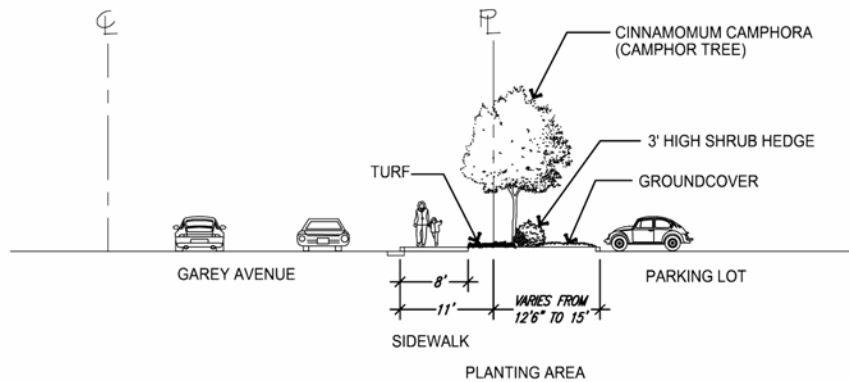


P 1 SECTION - SCALE: 1"=20'

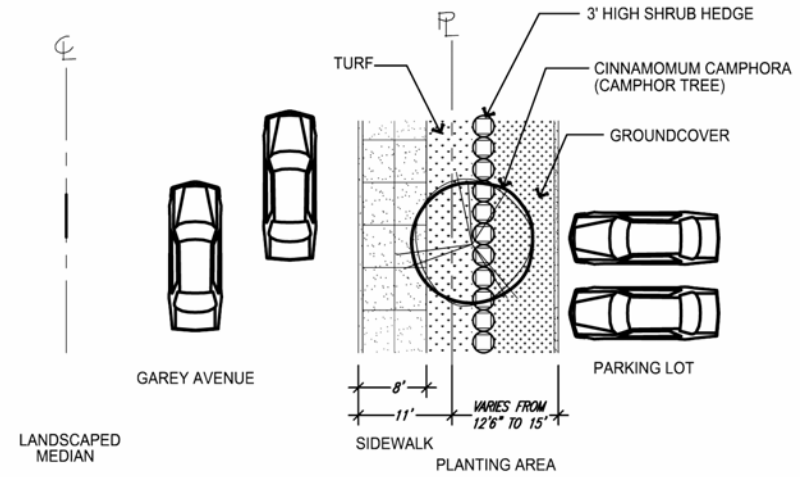


P 1 PLAN - SCALE: 1"=20'

GAREY AVENUE LOOKING NORTH



P 2 SECTION - SCALE: 1"=20'



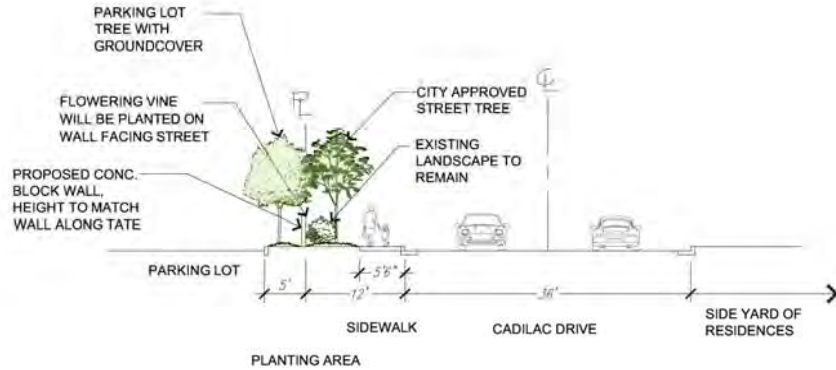
P 2 PLAN - SCALE: 1"=20'

GAREY AVENUE LOOKING NORTH

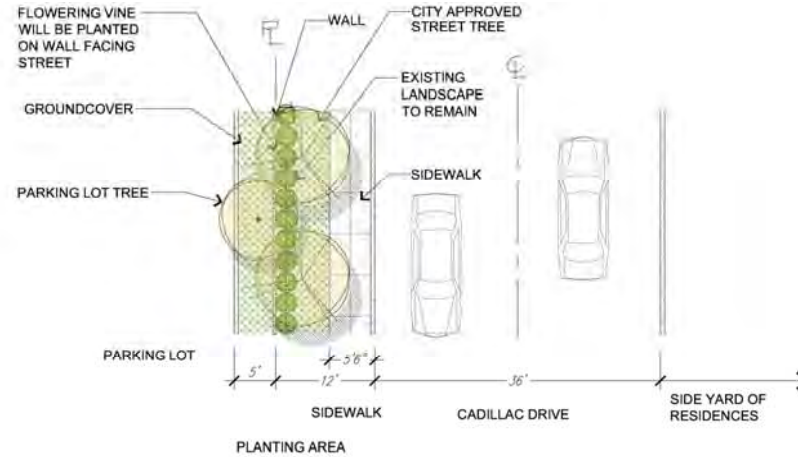
Exhibit 5-4 Cross Sections of Garey Avenue

SOURCE: Cornerstone Studios, Inc. 2008, August

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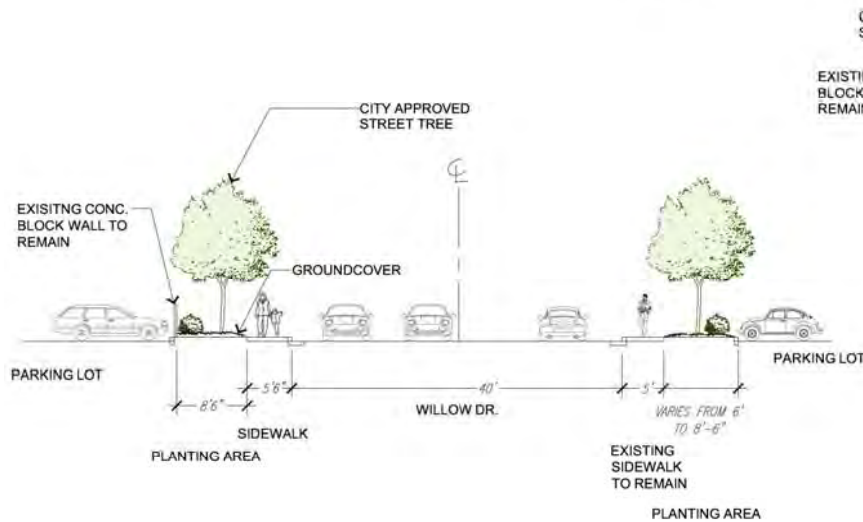


P 3 SECTION - SCALE: 1"=20'

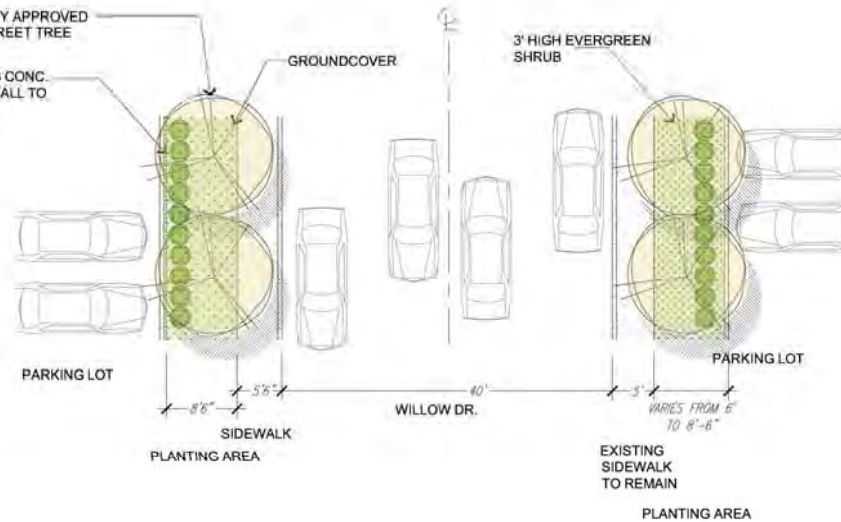


P 3 PLAN - SCALE: 1"=20'

CADILLAC DRIVE LOOKING NORTHEAST



P 4 SECTION - SCALE: 1"=20'



P 4 PLAN - SCALE: 1"=20'

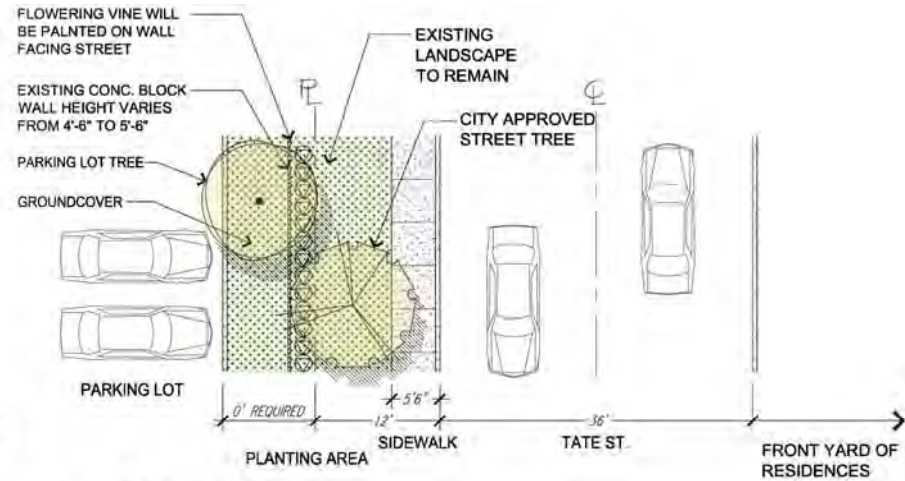
WILLOW DRIVE LOOKING WEST

Exhibit 5-5 Cross Sections of Cadillac Drive and Willow Drive

SOURCE: Cornerstone Studios, Inc. 2009, May 4

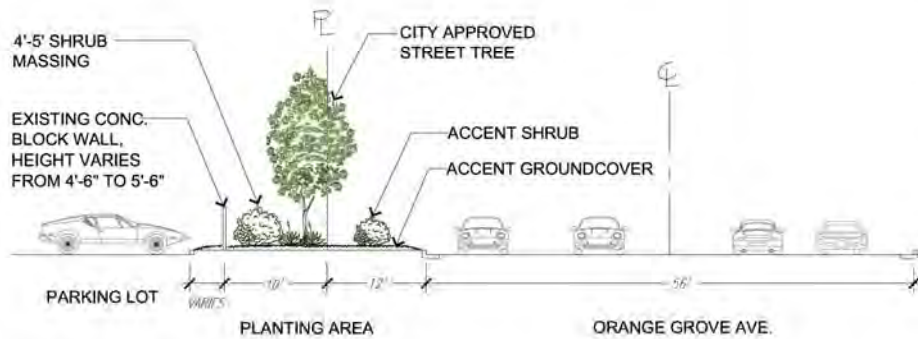


P 5 SECTION - SCALE: 1"=20'

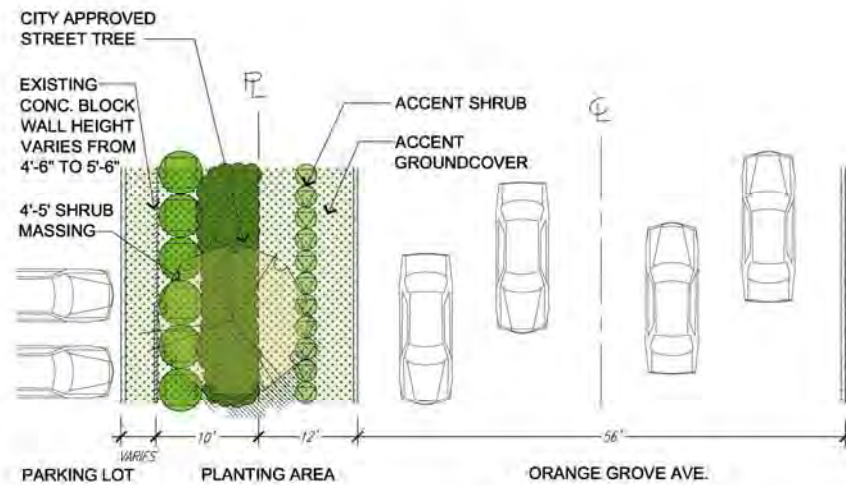


P 5 PLAN - SCALE: 1"=20'

TATE STREET LOOKING WEST



P 6 SECTION - SCALE: 1"=20'



P 6 PLAN - SCALE: 1"=20'

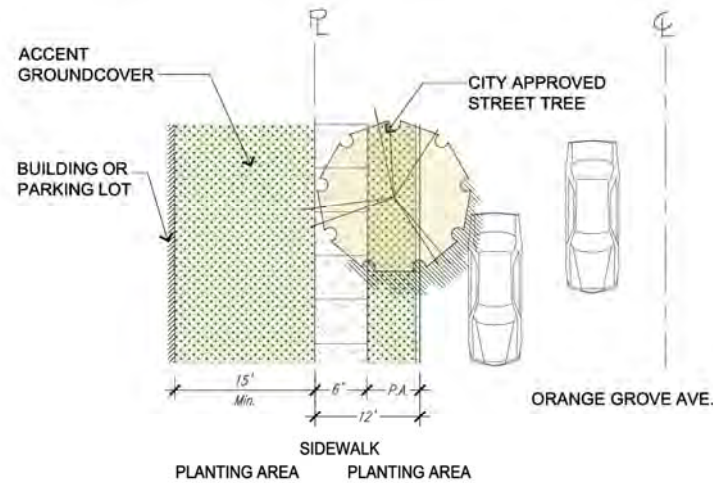
ORANGE GROVE AVENUE LOOKING NORTHEAST

Exhibit 5-6 Cross Sections of Tate Street and Orange Grove Avenue

SOURCE: Cornerstone Studios, Inc. 2009, May 4

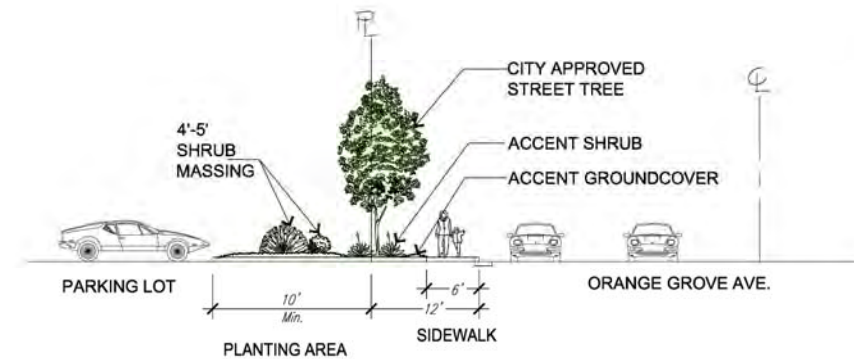


P 7 SECTION - SCALE: 1"=20'



P 7 PLAN - SCALE: 1"=20'

ORANGE GROVE AVENUE LOOKING NORTHEAST



P 8 SECTION - SCALE: 1"=20'



P 8 PLAN - SCALE: 1"=20'

ORANGE GROVE AVENUE LOOKING NORTHEAST

Exhibit 5-7 Cross Sections of Orange Grove Avenue

SOURCE: Cornerstone Studios, Inc. 2009, May 4

Table 5-1 PVHMC Parking Requirement

<i>Phase</i>	<i>Parking Demand Model</i>	<i>PCC Parking Standard</i>
Phase 1a	2,136	1,969
Phase 1b	2,239	1,989
Phase 2	2,236	2,263
Phase 3	2,295	2,136

SOURCE: Fehr & Peers, 2009

- Restricted access parking areas may be provided for Medical Center employees and doctors.
- The PVHMC shall not be required to provide funding for shared parking, nor will its property be used for a shared parking facility. The PVHMC shall have sole control over parking on its property so that it may adequately provide parking for its staff, visitors, and patients.
- Bicycle parking racks shall be installed to provide for the required number of bicycle parking spaces. Bicycle racks shall be located within 50 feet of a building entry.
- New or reconfigured surface parking lots shall be landscaped as required by Section 5.5.4.
- New surface parking lot paving materials shall include one or a combination of the following:
 - > Asphalt
 - > Concrete, colored concrete, stained concrete, and stamped concrete
 - > Other decorative paving materials subject to approval by the City of Pomona Planning Manager

5.8 SERVICE AND MECHANICAL EQUIPMENT AREAS

The proposed Overall Development Plan includes the following service and mechanical areas:

- Loading zones
- Roof-mounted/wall-mounted equipment
- Ground-mounted equipment
- Trash disposal
- Telecommunication Facilities

Development standards apply to new construction to new construction as follows:

- Loading zones:
 - > Designated loading areas shall be provided for service vehicles and Medical Center

patients/visitors serving new buildings. Loading areas must have the minimum dimensions specified in the PZO.

- > Service loading areas shall be clearly identified and located within 15 feet of designated service/access areas.

- Roof-mounted/wall-mounted equipment:

- > All new roof-mounted and wall-mounted equipment shall not be visible from ground level public view, except that roof-mounted ventilation equipment may be visible so long as it is setback from a roof edge so as to minimize its visibility. If screening features other than setbacks from roof edges are necessary, these screening features, such as walls, or other architectural elements, shall be at least 1 foot taller than the equipment and shall not exceed the maximum allowed building height.

- Ground-mounted equipment:

- > New ground-mounted equipment shall be fully screened from street-level view.
- > New cooling towers, wherever located, shall be treated as ground-mounted equipment and screened as such.
- > New ground-mounted equipment not within building or yard setbacks and not exceeding a height of 6 feet shall be permitted by right. Ground-mounted equipment either exceeding a height of 6 feet, or located within building or yard setbacks shall require a Minor Site Development Review, pursuant to Chapter 7.

- Trash disposal:

- > New trash disposal areas shall be fully screened from public view pursuant to the standards contained in Section 5.6.3.
- > New trash disposal areas shall be located within 15 feet of designated service loading zones and shall not be visible from main building entrances.
- > The minimum interior dimension for a trash enclosure shall be consistent with the PCC or PZO.

- Telecommunication facilities:

- > Telecommunication facilities must meet the minimum requirements established in the PZO.

5.9 LIGHTING

Implementing the following lighting standards will reduce light pollution and contribute to the safety throughout the PVHMC. The PVHMC shall prepare a

lighting plan for each phase of the proposed project and submit it for review and approval to the Pomona Police Department and the City's Planning Department, prior to the issuance of building permits. Outdoor lighting shall maintain a minimum required illumination for all parking and pedestrian areas, with safety as an important criterion. In addition, the plan must include details such as beam spreads and/or photometric calculation, location and type of fixtures, exterior colors, details on foundations, and arrangement of exterior lighting such that it does not create glare or hazardous interference on adjacent streets or properties. All lighting shall comply with the PCC and PZO.

The following describes lighting standards in the different outdoor lighting settings throughout the PVHMC.

5.9.1 Parking Lot and Security Lighting

All new parking lot and other security lighting shall be directed away from surrounding land uses and towards the specific location intended for illumination. State-of-the-art fixtures shall be used, and all lighting shall be shielded to minimize the production of glare and light spill onto surrounding uses. The shields shall be painted to match the surface to which they are attached.

- Light fixtures in new surface parking areas adjacent to Tate Street shall not exceed 20 feet in height.
- Light fixtures in other new surface parking areas shall not exceed 27 feet in height except that light fixtures immediately adjacent to residential areas shall be limited to 20 feet in height.

The parking structure shall be constructed with screening walls of sufficient height to block spill light from vehicle headlights pursuant to the City's lighting standards. Idle modes shall be implemented during off-peak hours to reduce light pollution and energy consumption. Light trespass from the parking aisles and entrances shall be contained.

5.9.2 Landscape Illumination and Exterior Signage

New landscape illumination and exterior sign lighting shall follow PCC guidelines and be accomplished with low-level unobtrusive fixtures.

New pedestrian lighting shall not exceed a 15-foot maximum height.

5.9.3 Building Lighting

Primary building entry, exterior emergency exit, service, and maintenance area lighting shall be designed to provide the necessary average illuminance levels required based on the specific task in accordance with industry standards to prevent unnecessary light spill and glare.

5.9.4 Temporary Lighting

Temporary holiday lighting shall be permitted.

5.10 SIGNAGE

Signage for each phase of development shall be included with a Sign Permit application. These types of signs are permitted, subject to the approval of a Sign Permit for signage within each phase of development:

- **Wall signs**, including building entrance signs, building identification signs, and service signs.
- **Vehicular Directory Signs**
- **Monument Entry Signs**
- **Pedestrian Directory Signs**
- Illuminated exterior signs are allowed; however, blinking, gyrating, rotating, or moving signs are prohibited.



5.11 SUSTAINABILITY AND ENERGY CONSERVATION

New construction at the PVHMC will be LEED-equivalent and new buildings will comply with Title 24 energy efficiency standards.

The following standards shall apply to new construction within the PVHMC during each phase. These standards shall also be applied in addition to any required existing local, state, and/or federal regulations regarding sustainability and energy conservation.

5.11.1 Building Site Issues

■ Trash & Recycling:

- > *Goal:* Recycling and salvaging transforms trash back into useable materials and products. This requires that trash be separated from recyclable materials for separate collection.
- > *Standard:* New facilities within the PVHMC shall provide adequate space for separate trash and recycling collection.

■ Landscape:

a. Minimize Disruption of Existing Plants, Especially Trees:

- > *Goal:* Existing mature trees and shrubs provide benefits and should be incorporated into new development.
- > *Standards:* The following practices shall be implemented prior to new construction:
 - The PVHMC shall perform an existing landscape survey.
 - The PVHMC shall not remove or destroy any oak tree and shall comply with the City's Oak Tree Ordinance.
 - Where trees and shrubs are to be boxed and relocated, they shall be stored in a protected, shaded location on soil and not on pavement, and shall be irrigated.

b. Conserve Water:

- > *Goal:* Water-wise landscaping and maintenance reduce the water used for irrigation by more than half.
- > *Standards:* The following standards shall be implemented:
 - PVHMC shall utilize plants that are drought-tolerant, including California natives and Mediterranean species (refer to Table 6-1

[Master Plant List] for recommended plant materials).

- PVHMC shall use perennial grasses or lawn-substitute groundcover capable of significantly reducing water use, wherever possible in landscaped areas.
- Plants shall be grouped by water needs and the irrigation system shall be designed by hydrozones. Thirstier plants shall be placed in relatively small, highly visible areas and in locations designed to collect runoff and stormwater. Drought tolerant plants shall be used in larger perimeter areas that are not as visible.
- Waste shall be minimized by installing high-efficiency irrigation systems, including drip irrigation for trees and shrubs and low-angle spray heads for groundcover and lawns, and by irrigating in the early morning.
- Moisture sensors shall be used in conjunction with each automatic controller to ensure that watering is done only on an "as needed" basis to prevent overwatering and to conserve water.

c. Protect Water Quality:

- > *Goal:* Reducing runoff, erosion, and pesticide use protects water quality during construction and operation.
- > *Standards:* The following standards shall be implemented:
 - Lawns shall be used selectively and the fertilizers and pesticides used to maintain lawns shall be applied so as to minimize potential effects on water quality.
 - PVHMC landscape shall include trees to intercept rainfall and reduce stormwater runoff.

d. Minimize Waste (and Increase Landfill Life):

- > *Goal:* Reduce the need to prune by selecting appropriate plants and using plant trimmings as mulch and compost and grasscycling.
- > *Standards:* Landscapes shall be designed and constructed to:
 - Incorporate trees and shrubs that can grow to their natural size in the space allotted to them, therefore, reducing the need for pruning.
 - Incorporate trees and shrubs whose natural form matches the design intent.

- Use trees with a single central leader that has not been broken by the grower, so they do not have to be pruned as much to establish good form.
- Replace sheared hedges with plants that can grow to their natural shape and size.
- Exclude invasive species that spread rapidly, out-compete other plants, and require ongoing removal.

5.11.2 Building Envelope

■ Building Enclosure—Glazing

- > *Goal:* The choice of glazing is critical to ensuring good day light while limiting heat gain.
- > *Standard:* All new buildings shall specify and install dual pane, high-performance low-emissivity glazing.

5.11.3 Resource Conservation— Water

■ Water Conservation—Low-Flow Fixtures

- > *Goal:* Reduce water usage as feasible.
- > *Standards:*
 - Toilets: Use low-flow toilets.
 - This standard does not apply to bathroom facilities that require special equipment for hospital patients.

5.11.4 Construction Management

■ Demolition and Construction Waste Recycling

- > *Goal:* Reduce the impact of construction on landfills by diverting as much reusable materials as possible into salvage and/or recycling sites.
- > *Standard:* Comply with PCC Section 62-873 regarding construction waste diversion.

Chapter 6 DESIGN GUIDELINES

6.1 DESIGN GUIDELINES OVERVIEW

In association with the Development Standards, these Guidelines will assure that the design of future buildings, grounds, landscape and infrastructure projects will achieve the PVHMC's goals of a campus with design that reflects and enhances its mission of excellence in health care delivery. The following Design Guidelines are intended as recommendations that should be considered by the architect/developer team and other decision-makers. These guidelines are consistent with and implement the Vision and Guiding Principles defined in Chapter 3. They are based on the Development Plan in Chapter 4, and are to be used in conjunction with the Development Standards in Chapter 5. These Design Guidelines are for new buildings and newly created parking and landscape areas.

The Design Guidelines address the following issue areas:

- Site Planning
- Building Envelope
- Open Space
- Landscape Themes and Guidelines
- Circulation and Parking
- Service and Mechanical Equipment
- Lighting
- Signage
- Sustainability and Energy Conservation

The purpose of the Design Guidelines presented in this chapter is to provide additional guidance and to meet or exceed the existing Zoning Code, except as noted herein.

6.2 SITE PLANNING

Modern and state-of-the-art medical campuses provide green, clean, peaceful, and safe environments. To achieve this balance harmoniously, a variety of site planning factors must be considered. Among these factors are building setbacks and orientation; building entries; and service areas.

6.2.1 Building Setback and Orientation

- Buildings should be oriented toward the primary street frontage or main open common areas.



Building oriented to main open areas

- Provide open space areas that balance building and landscape massing.
- Pedestrian circulation should be considered, especially in conjunction with the relationship to major building entrances.
- Safe and convenient areas for parking bikes should be located in close proximity to the entrance of buildings, and pedestrian paths.

6.2.2 Building Entries

- The landscape and site design should help define the major building entrance(s) and enhance their functionality.
- Weather protection from rain, sun, and wind should be provided by the building and landscaping elements.



Example of weather protection and clearly identifiable building entry

- The building entrance(s) should be welcoming and clearly identifiable from a considerable distance to assist way-finding.
- The entry design should be reinforced with building massing and form.
- The entry should be protected by a canopy for patient drop-off and pick-up.



Proposed Hospital Building Main Entry Area

- Seating and gathering opportunities located next to main entrances should be provided.

6.3 BUILDING ENVELOPE

The building design and form of new structures are intended to create harmony with the existing campus

buildings which will remain in use following completion of the Specific Plan project.

6.3.1 Proposed Architectural Theme: Contemporary C

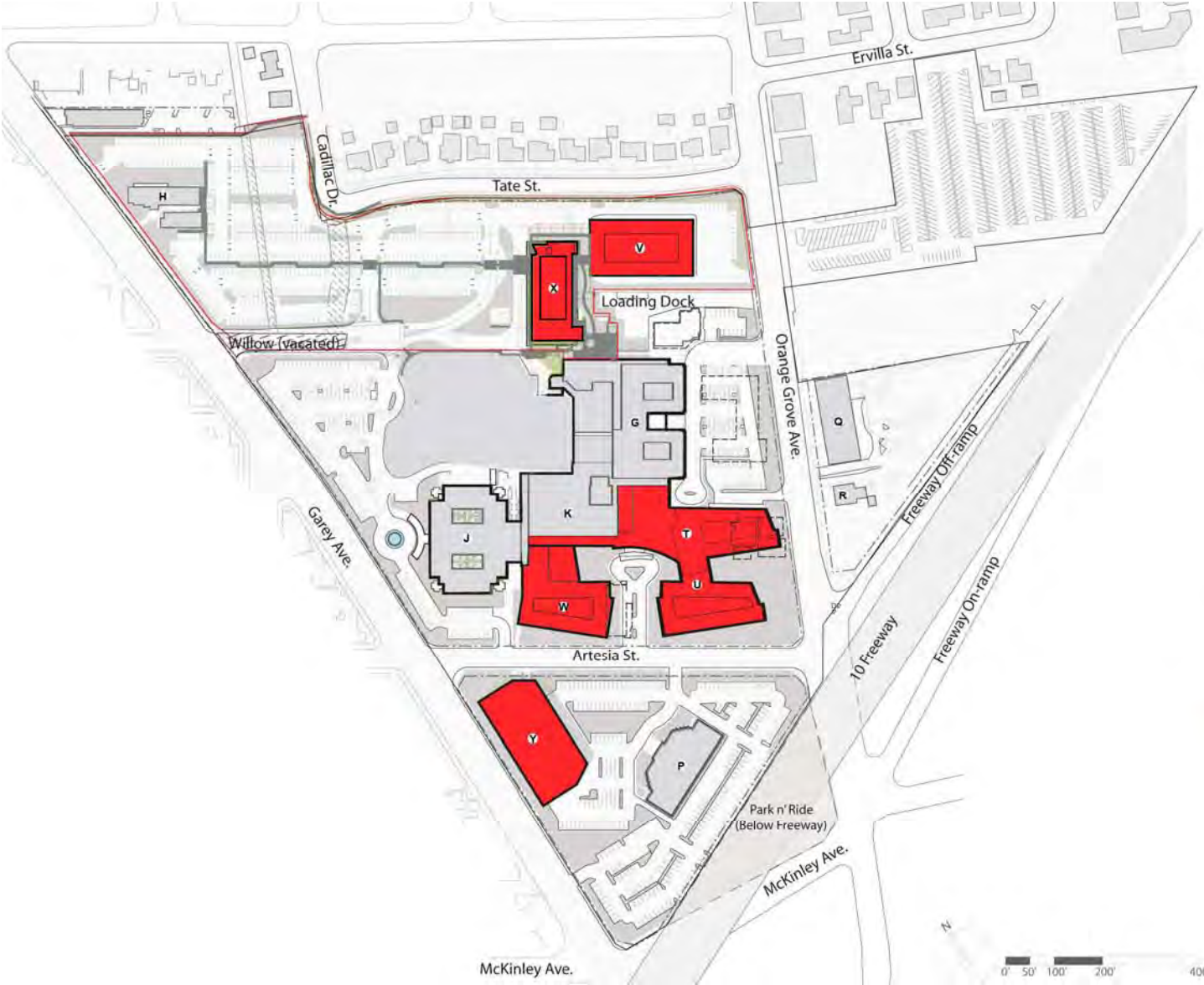
All new proposed buildings within the PVHMC campus will be designed following a contemporary architecture theme or style (identified as Contemporary C to distinguish from the existing Contemporary A and Contemporary B buildings on site), as identified in Exhibit 6-1 (Proposed Architectural Theme) and Exhibit 6-2 (Conceptual Building Facades). The new structures will integrate elements from the existing campus styles to create a cohesive and compatible contemporary design language throughout the campus.

The Contemporary C theme or style will take the existing Women's Center Facility (Wing J) as the baseline for the design of the new inpatient wings and outpatient pavilions.



Existing Women's Center Wing

At buildout of the Specific Plan, the new inpatient Wing T, Wing U, and Wing W, including the new hospital main entrance, will similarly define the character and identity of the Medical Center and be a prominent gateway when approached from the southern end of the site off of Artesia Street, adjacent to the Women's Center. For this reason, the selection of building materials and colors and accompanying landscaping will be integrated with the design theme of the Women's Center as much as possible to establish a sense of unity among buildings and open space areas.



Proposed Architectural Themes

Building	Building Description	Style
G	1972 Building	International A
H	1976 Cheney/Seinfeld Building	International B
J	1992 Women's Center Building	Contemporary B
K	1992 D&T Building	Contemporary B
P	1988 Medical office Building	Modern
Q	1960 Family Health Center	International B
R	1960 Sports Center	International B

Building	Building Description	Style
T	Inpatient Wing	Contemporary C
U	Inpatient Wing	Contemporary C
V	Outpatient Pavilion	Contemporary C
W	Inpatient Wing	Contemporary C
X	Outpatient Pavilion	Contemporary C
Y	Parking Structure	Contemporary C

- Preserved Existing Structures (International, Modern, and Contemporary Themed)
- Proposed New Contemporary Themed Structures

Exhibit 6-1 Proposed Architectural Theme

SOURCE: gkkworks 2009, April 22

At the north end of campus, the new outpatient pavilions will incorporate architectural elements similar in style to the hospital wings. The central open space area and enhanced landscaping and pedestrian pathways will further help to integrate the existing buildings (Wing G, Wing K, and Wing J) with the new additions.

Building massing, materials, and colors will be carefully considered for all new buildings in order to accomplish the desired contemporary theme or style as follows:

6.3.1.1 Building Massing

- To provide sensitivity in scale, articulation, and consistency with the existing Women's Center wing, it is recommended that sections of the building's massing be divided into three zones: building base, building mid section and building top, as shown in Exhibit 6-2 and further described in Section 6.3.1.2 (Materials and Colors).
- New structures should have articulated forms.
- The use of trim at the cornice level or various belt line heights will additionally serve to break up the wall area.
- Building forms should be articulated by varying roof heights, wall planes, and/or material/color variation. Long unarticulated walls (400 feet and greater) and roof planes are not recommended.



Example of an articulated building façade using varying roof heights and wall planes

- The use of exterior space within buildings such as interior/side yards and/or terraces should be considered important as a means to break and articulate building mass.

6.3.1.2 Materials and Colors

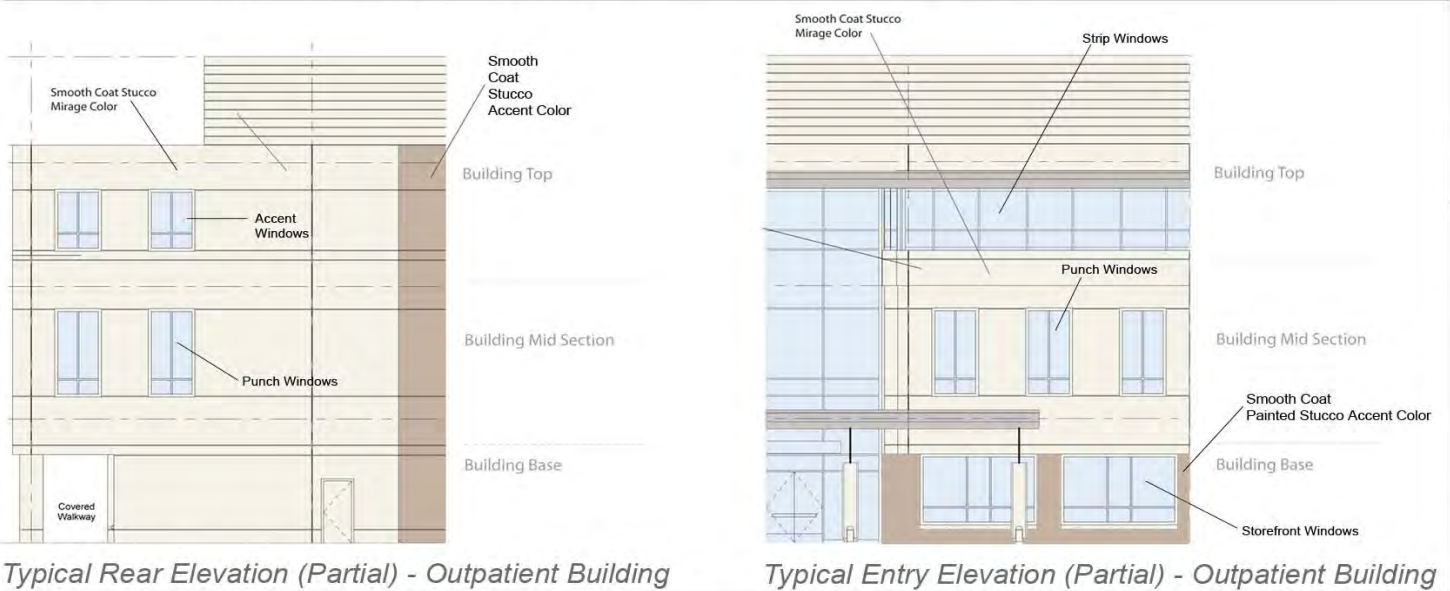
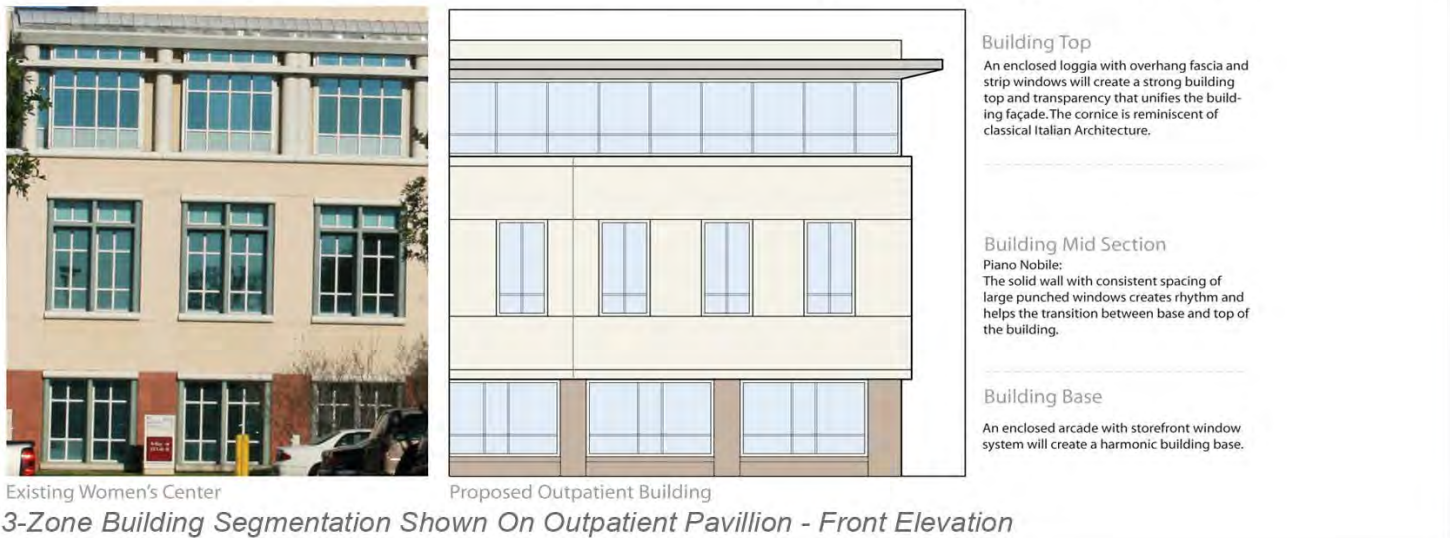
New buildings should use materials with textures that complement the building scale and form while creating harmony with the existing buildings.

- Materials and/or colors should be applied to each of the three building zones as follows:
 - > Building Base: accent material and/or color (darker, brighter materials or colors). Primary materials may include stucco, stone, or brick. Accent materials may include trespas, metal, and aluminum. The building base may also feature storefront window systems.
 - > Mid-Section: primary materials and/or colors. Primary materials may include stucco. Accent materials may include trespas, metal, and aluminum. The mid section should feature punch windows with consistent spacing and rhythm.
- Building Top: primary materials and/or colors, including painted stucco with accent trims, strip windows or accent windows, and accent architectural volumes. Accent materials may include trespas, metal, and aluminum.
- The parking structure shall be architecturally compatible with the buildings it serves in terms of materials and colors (refer to Section 6.6.2 [Parking Structure] for additional parking structure guidelines).
- All new buildings should use materials and colors that are compatible with the existing Women's Center Wing while creating harmony with the surrounding architecture.
- To emulate the appearance of the existing concrete texture of the Women's Center, and to utilize sustainable materials, new buildings should use material with a higher recyclable content, as listed below:
 - > Stucco
 - > Glass
 - > Brick, trespas, tile, stone, metal or aluminum as accent materials

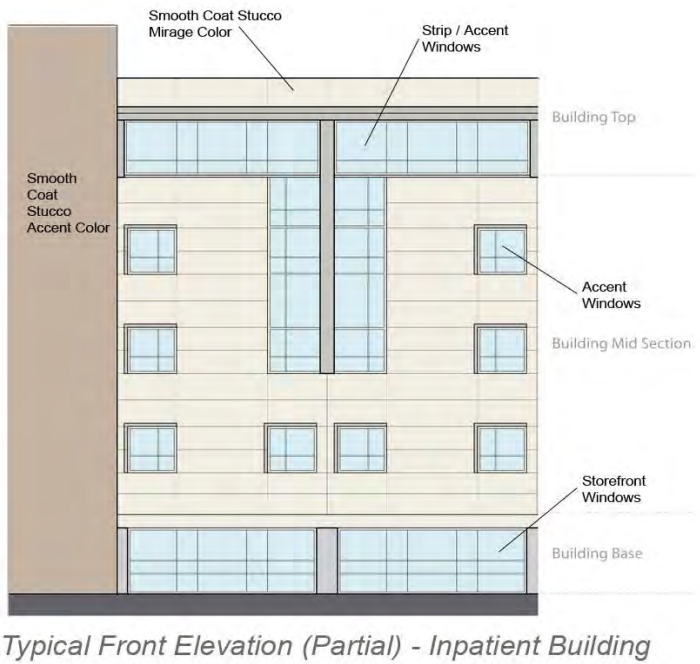


Existing building materials and colors

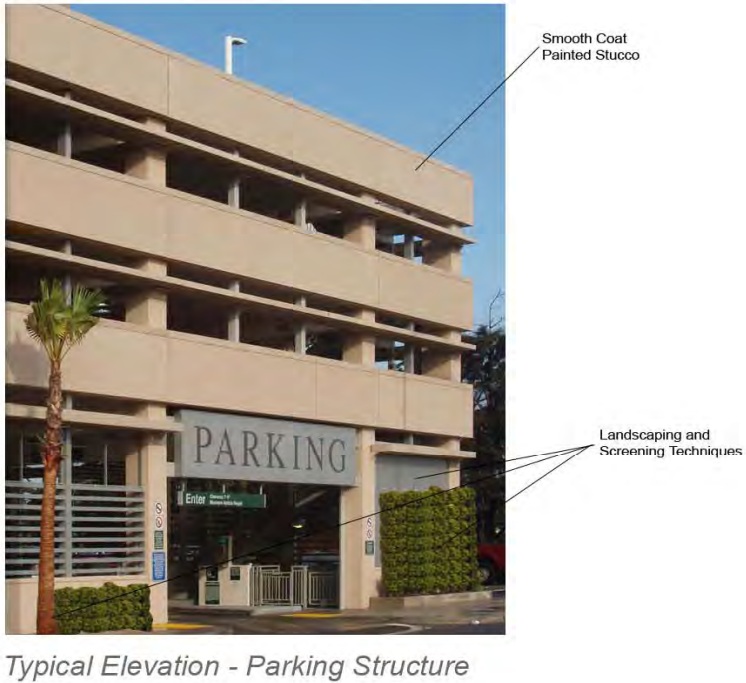
Outpatient Building and Pavillion Elements, Materials, and Colors:



Inpatient Building Elements, Materials, and Colors:



Parking Structure Elements, Materials, and Colors:



Architectural Themes
Facade Elements, Materials
and Colors

Figure 6-2 Conceptual Building Facades
SOURCE: gkkworks 2008, August

- The recommended exterior primary colors should be compatible with the existing Women's Center color palette, including hues consisting of beige, gray, bone white, and sand stone. These palettes may be combined with accent colors (darker or brighter) but not to exceed 15 percent of the total façade area.
- Accent materials with a richer/darker texture, such as stone, tile, and/or brick materials, will also be allowed to highlight entrances and/or architectural elements of new structures.



Example of the use of accent materials and colors highlighting entrances

- See color chart below for proposed RGB color codes for new Medical Center buildings:

Primary/Predominant Colors:		Secondary / Accent Colors:
		
R:252 G:233 B:177	R:251 G:244 B:214	R:141 G:129 B:101
		
R:251 G:233 B:214	R:228 G:212 B:210	R:148 G:92 B:85
		
R:215 G:204 B:202	R:230 G:216 B:166	R:103 G:73 B:65
		
R:189 G:177 B:162	R:221 G:201 B:152	R:148 G:130 B:111
		
R:170 G:162 B:150	R:234 G:232 B:223	R:133 G:125 B:110

Proposed color chart

6.3.2 Building Orientation and Frontage

PVHMC buildings have been sited to complement the existing built environment while recognizing the characteristics of the Specific Plan site. New building design should consider the following orientation factors:

- Views of the buildings and associated site from off site
- Views from the buildings and associated site to off site
- Pedestrian circulation, especially the relationship to major building entrances
- Relationships of the individual buildings to the PVHMC open space network
- On-site vehicle and bicycle parking and circulation

- Access for service/delivery, fire and emergency, departmental, disabled, and other vehicles
- Important existing features of the site, such as mature tree stands



Perspective view of proposed PVHMC facility

6.3.3 Fenestration

- Day lighting is an important element in a healing environment. The windows should maximize natural lighting for in-patients.
- Punch window configuration is preferred on second levels.
- See Exhibit 6-2 for proposed fenestration of new Medical Center buildings.

6.4 OPEN SPACE

The intent of the Open Space and Landscape Design Guidelines is to ensure that campus development is functional, attractive, and environmentally sensitive.

The following design guidelines apply to the Open Space Areas described in Section 5.4 (Open Space Standards). All the plant selections should be selected from the Master Plant List (Table 6-1). Exhibit 6-3A (Typical Landscape Treatments) through Exhibit 6-3D (Typical Landscape Treatments) portray the typical landscape treatments within these open space areas.

- **Main Building Entrance and Building Frontage Areas (refer to Exhibit 6-3A):**

Provide an inviting entry plaza/courtyard to the building. The courtyard will be paved with enhanced paving to match or to complement the interior floor finishes. Colorful plants and comfortable places to sit will be part of the design where possible and will help to make this an inviting place (refer to Section 6.4.4 (Hardscape and Outdoor Furniture) for outdoor furniture guidelines and Section 5.4.1 (Hardscape Standards) for required standards). The planter areas on either side of the entrance will be landscaped with shrub hedges adjacent to the building and colorful accent shrubs or grasses, and groundcover.

- **Building Perimeter Areas (refer to Exhibit 6-3A):**

The building perimeter planting will work with the function of the building. Trees will be used to screen buildings with large expanses of wall such as parking structures or maintenance buildings. Where visibility is important, lower shrub masses, groundcovers, and/or grasses will be used.

- **Parking Lot (refer to Exhibit 6-3B):**

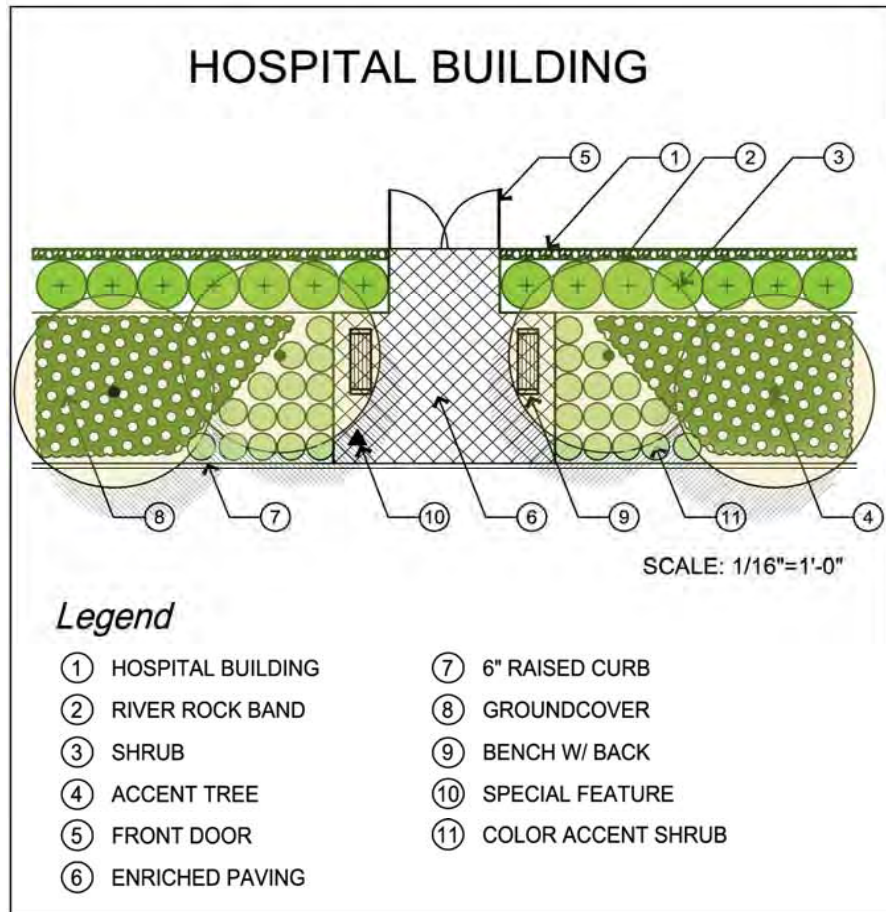
Tree, shrubs, and groundcover will be the landscape treatment in parking lot areas.

- **Connector Space (refer to Exhibit 6-3B):**

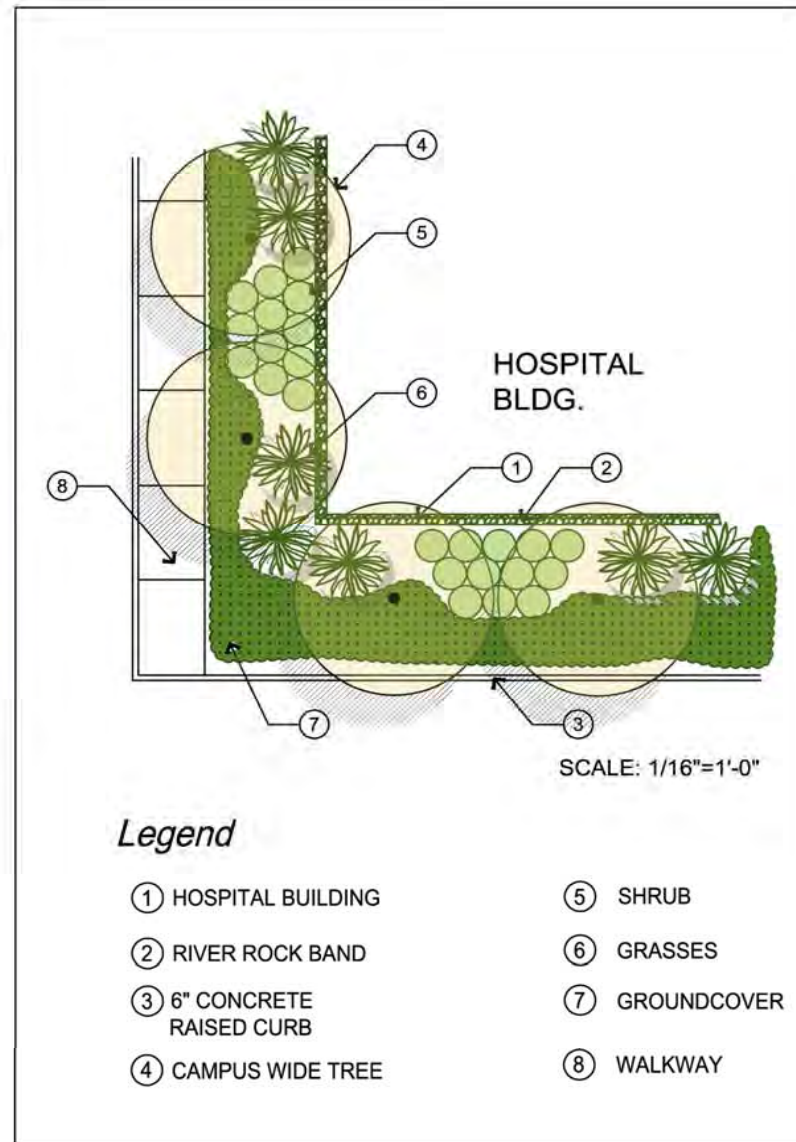
This space refers to a pedestrian walkway that provides a link between buildings and is flanked on one or both sides by landscaping. These walkways can be adjacent to a curb or weave through other open space areas. Walkways should be accented with colorful low plants on one or both sides. Curbed or raised planters and outdoor street furniture should be part of all connector spaces. Seating will be provided in selected areas adjacent to the walkway as resting areas for patients or visitors (refer to Section 6.4.4 for outdoor furniture guidelines and Section 5.4 for required standards).



Examples of Common Open Space Areas



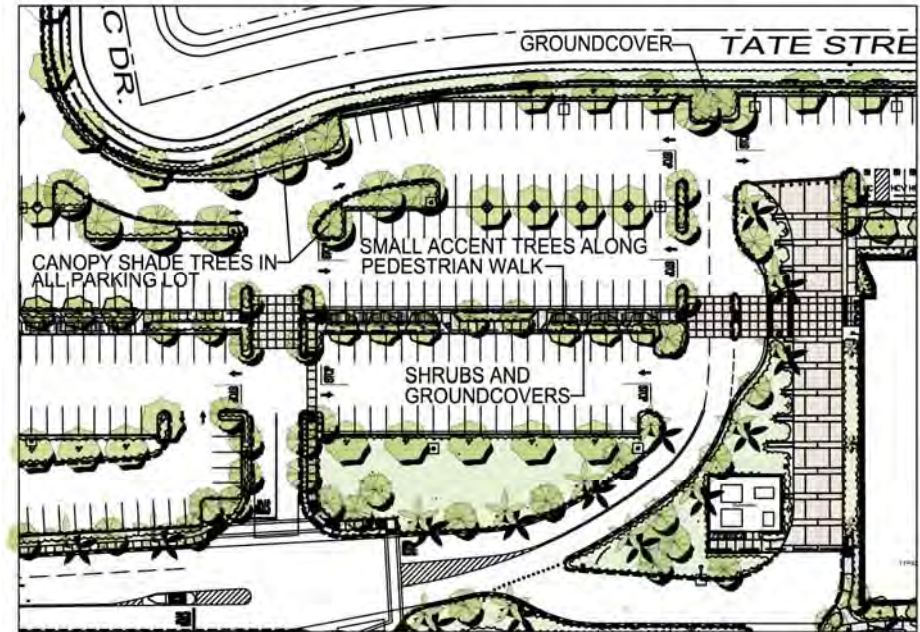
Building Entrance/Frontage



Building Perimeter

Exhibit 6-3A Typical Landscape Treatments

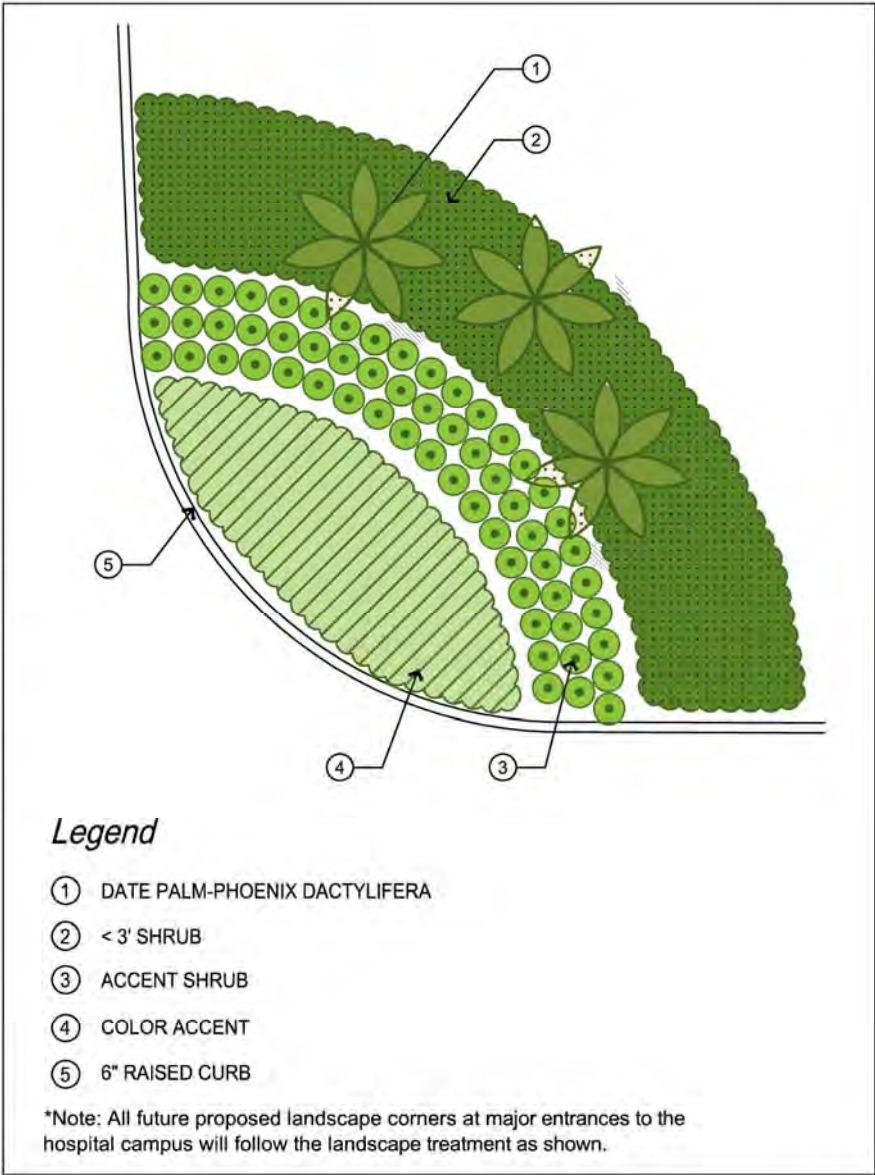
SOURCE: Cornerstone Studios, Inc. 2009, May 4



Parking Lots/Connector Space

Exhibit 6-3B Typical Landscape Treatments

SOURCE: Cornerstone Studios, Inc. 2009, May 4

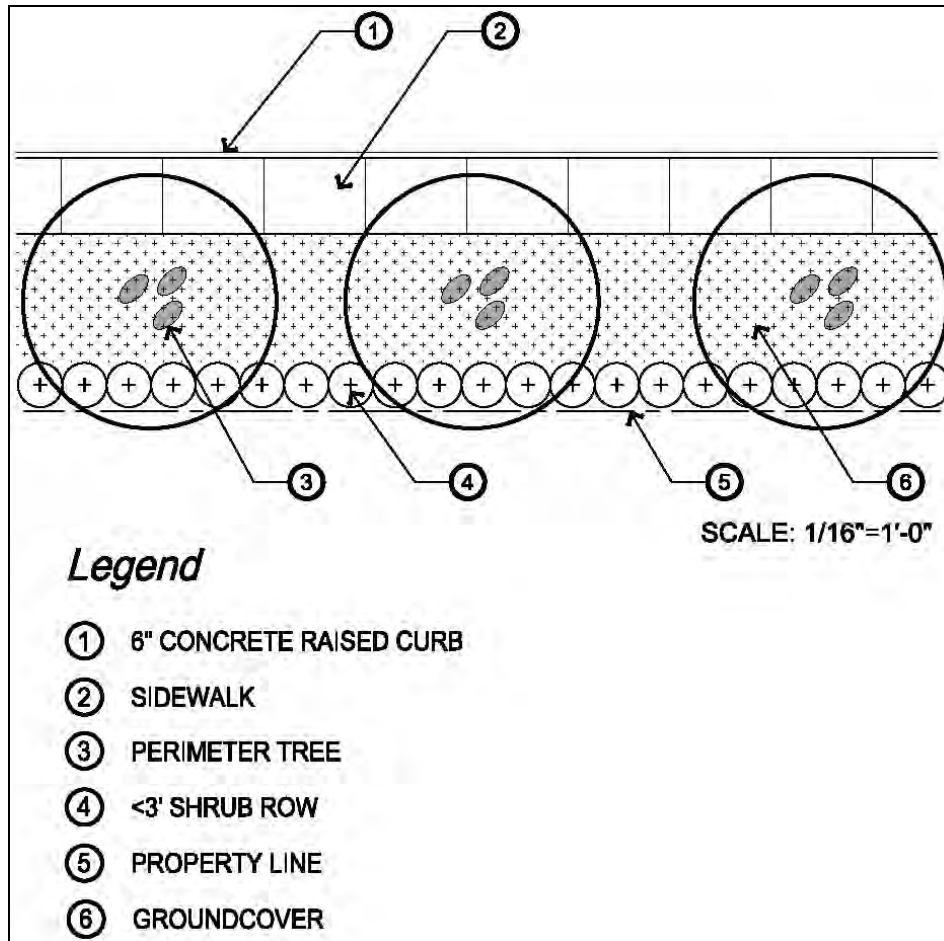


Legend

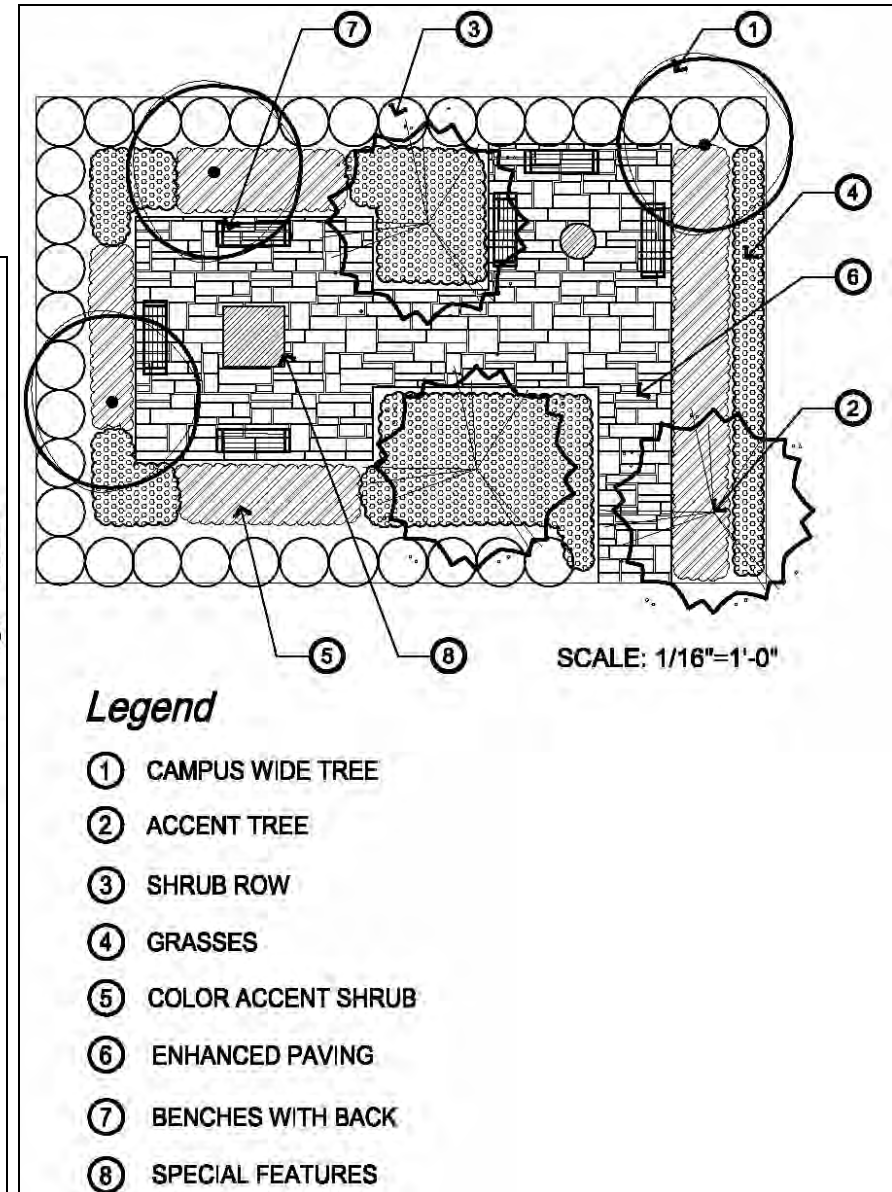
- ① DATE PALM-PHOENIX DACTYLIFERA
- ② < 3' SHRUB
- ③ ACCENT SHRUB
- ④ COLOR ACCENT
- ⑤ 6" RAISED CURB

*Note: All future proposed landscape corners at major entrances to the hospital campus will follow the landscape treatment as shown.

Corner Accent



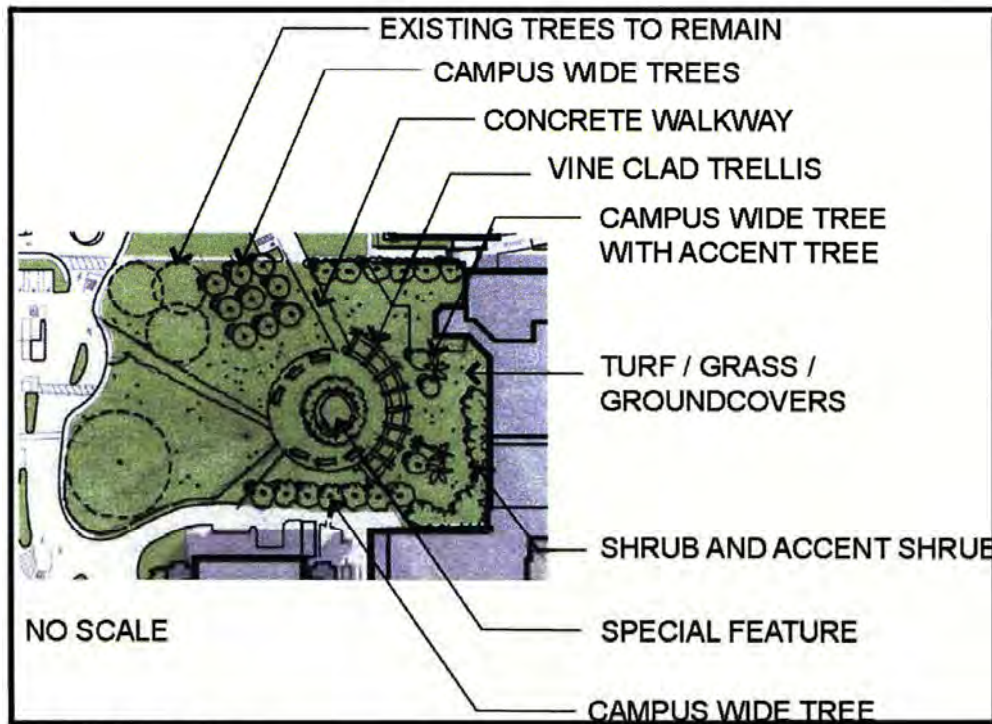
Street Perimeter/Landscape Buffer



Garden Space

Exhibit 6-3C Typical Landscape Treatments

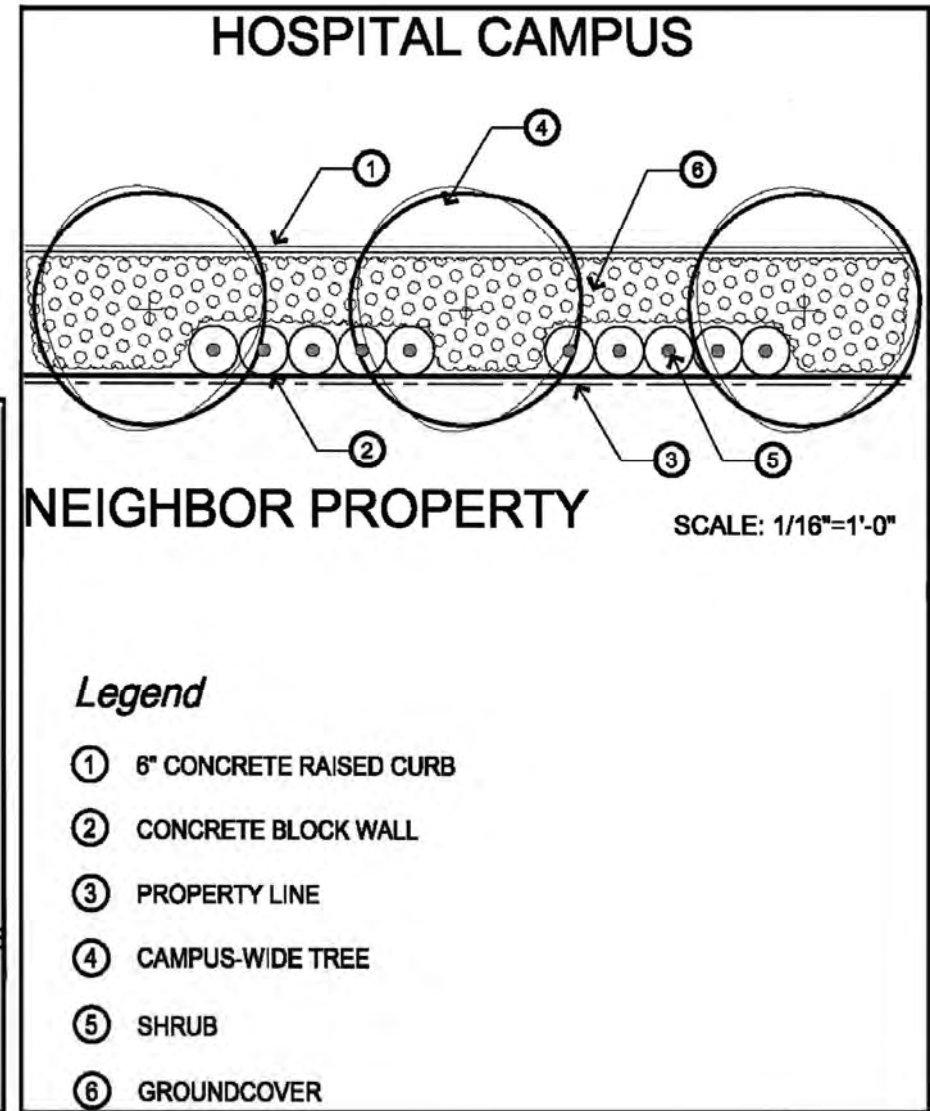
SOURCE: Cornerstone Studios, Inc. 2008, August



Central Open Space

Exhibit 6-3D Typical Landscape Treatments

SOURCE: Cornerstone Studios, Inc. 2009, April 30



Property Buffer

Table 6-1 Master Plant List

<i>Plant</i>	<i>Water Needs</i>	<i>Character</i>
Perimeter Trees		
<i>Brachychiton populneus</i> Bottle Tree	L	Evergreen—Moderate growth 30–50 feet tall, 30 feet wide. Used in low and intermediate deserts, also used as a shade tree and as a screen or high, wide windbreak.
<i>Cinnamomum camphora</i> Camphor Tree	M	Heavy trunk, with heavy upright spreading limbs. Grows to 50 feet high and 60 feet wide.
<i>Koelreuteria paniculata</i> Goldenrain Tree	L	Grows 20–35 feet tall, 25–40 feet wide. Open-branching giving slight shade. Very showy, yellow flower clusters in early to mid summer. Takes cold, heat, no irrigation, wind, alkaline soil. Valuable as street, lawn, or terrace tree in difficult soils and climates.
<i>Pinus canariensis</i> Canary Island Pine	M	Fast grower 50–80 feet tall and 20–35 feet wide.
<i>Pinus eldarica</i> Afghan Pine	L	Fast grower 30–80 feet tall and 15–25 feet wide.
<i>Pinus pinea</i> Italian Stone Pine	L	Moderate growth 40–80 feet tall, 40–60 feet wide. Used in large parking lot islands, wide tree lawns, medium-sized parking lot islands.
<i>Rhus lancea</i> African Sumac	L	Evergreen tree. Slow growth 20–30 feet tall and 20–35 feet wide. Dark green foliage.
Accent Trees and Campuswide Trees		
<i>Brahea edulis</i> Guadalupe Palm	L	Palm - slow grower, eventually reaches 30 feet tall, 15 feet wide. Leaves are light green, flowers less conspicuous. Will take beach as well as desert conditions.
<i>Cercidium 'Desert Museum'</i> Palo Verde	L	Clean, thornless tree blooms in spring.
<i>Cercis occidentalis</i> Western Redbud	L	Deciduous tree. Small tree, grows to 10–18 feet tall, and wide. Provides all year interest. Magenta flowers bloom in spring with handsome blue-green leaves.
<i>Chilopsis linearis</i> Desert Willow	L	Deciduous tree. Grows 15–30 feet tall, 10–20 feet wide. With age, develops shaggy bark and twisting trunks. Spring to fall, produces fragrant trumpet-shaped blossoms with crimped lobes.
<i>Jacaranda mimosifolia</i> Jacaranda	M	Open, irregular, oval-headed habit.
<i>Leptospermum laevigatum</i> Australian Tea Tree	L	Evergreen large shrub or small tree, grows 10–30 feet tall and wide, with teardrop-shaped, dull green leaves. Blooms in Spring, bearing white flowers. Can be used as windbreak, screen or clipped hedge.
<i>Magnolia grandiflora</i> Southern Magnolia	M	Its form and age of bloom can be unpredictable. Can grow as a multi-trunked tree. Leaves are leathery and glossy.
<i>Phoenix dactylifera</i> Date Palm	L	Slender-trunked tree. Gray-green, waxy leaves have stiff, sharp-pointed leaflets. Natural habit is a clump of several trunks. Bears dates of commerce.
<i>Phoenix roebelenii</i> Pygmy Date Palm	M	Small, slow-growing single-trunked palm to 6–10 feet high.
<i>Pistacia chinensis</i> Chinese Pistache	M	Deciduous tree with slow to moderate growth 30–60 feet height and width. Foliage turns red, orange, and sometimes yellow.
<i>Pittosporum phillyreoides</i> (H) Willow Pittosporum	L	Slow grower. Weeping plant with trailing branches and dark green, very narrow leaves. Blooms in late winter and early spring bearing very fragrant yellow flowers.

Table 6-1 Master Plant List

<i>Plant</i>	<i>Water Needs</i>	<i>Character</i>
<i>Platanus racemosa</i> California Sycamore	M	Smooth branches are often gracefully twisted and contorted. Attractive, patchy bark in brown, gray, white. Deeply lobed leaves turn dusty brown early in autumn.
<i>Schinus molle</i> California Pepper Tree	L	Evergreen tree. Fast growth to 25–40 feet tall and wide. Heavy limbs; light, gracefully drooping branchlets. Bright green leaves with many narrow leaflets. Clusters of tiny yellowish white summer flowers; rosy berries in fall, winter.
<i>Tipuana tipu</i> Tipu Tree	M	Broad, flattened crown and blooms in late spring or early summer.
Parking Lot Trees		
<i>Geijera parvifolia</i> Australian Willow	M	Graceful, fine-textured tree from Australia. Leaves are narrow and drooping giving a weeping willow effect.
<i>Lagerstroemia indica</i> Crepe Myrtle	M	Can be a tree or a shrub and can grow to 25 feet tall and wide. Trunk can be gray or light brown.
<i>Olea europaea</i> ‘Wilsonii’ Fruitless Olive Tree	L	Evergreen tree—bears no fruit. Willow-like foliage is a soft gray-green that goes good with most colors. Slow growing, typically to 25-30 feet high and as wide.
<i>Prosopis glandulosa</i> ‘Maverick’ Honey Mesquite	L	Deciduous tree. Thornless. Often multi-trunked. Bright green leaves and drooping branchlets give this tree something of the look of California Pepper tree.
<i>Rhus lancea</i> African Sumac	L	Evergreen tree. Slow growth 20–30 feet tall and 20–35 feet wide. Dark green foliage.
Shrubs		
<i>Alyogyne huegelii</i> Blue Hibiscus	L	Evergreen shrub. Grows upright to 5–8 feet tall and wide, with deeply cut, rough-textured dark green foliage. Glossy-petaled flowers, lilac blue to deep purple bloom off and on all year long.
<i>Baccharis species</i> (H)	L	Densely foliated evergreen shrub. Male and female flowers are born on separate plants.
<i>Callistemon</i> ‘Little John’ Dwarf Bottlebrush	L	Evergreen shrub. Superior dwarf variety. Fast growing to 3 feet tall and wide, with dense growth pattern and blood red flowers in fall, winter, and spring. Attractive to hummingbirds.
<i>Ceanothus species</i> Wild Lilac	L	Evergreen shrub typically blooms in spring. Flower color varies from white to pale blue to deep violet blue.
<i>Cistus species</i> Rockrose	L	Evergreen shrub. Carefree, bearing profusion of showy flowers from spring into early summer. Sun loving, fast growing. Good erosion-control cover for dry banks. Useful in rock gardens, rough areas along drives and in wild plantings.
<i>Escallonia species</i> (H)	M	Evergreen shrub with glossy leaves. Clusters of flowers bloom in summer and fall.
<i>Galvezia speciosa</i> ‘Firecracker’ Island Bush Snapdragon	L	Evergreen shrub. Compact form that grows from 2–3 feet high and 3 feet wide with bright flowers. Blooms heaviest in mid spring but intermittent throughout year.
<i>Grevillea</i> ‘Noellii’ Grevillea	L	Evergreen shrub. Grows to 4 feet tall, 4–5 feet wide. Densely clad with narrow, glossy green leaves. Clusters of pink-and-white flowers bloom in spring.
<i>Lavatera assurgentiflora</i> Tree Mallow	L	Evergreen shrub with erect growth to 12 feet tall with maple-like leaves. Rosy lavender, white striped flowers bloom heaviest in mid-spring to late summer.
<i>Leucophyllum species</i> Texas Ranger Sage	L	Evergreen shrub, slow-growing, highly useful, and attractive in desert gardens. Most have silvery foliage and a good show of flowers with an open bell shape. Used as informal or clipped hedges, massed as tall ground cover.

Table 6-1 Master Plant List

<i>Plant</i>	<i>Water Needs</i>	<i>Character</i>
<i>Pittosporum species</i>	M	Can be a shrub or tree. Has dense foliage and has small clusters of bell shaped flowers. Evergreen.
<i>Plumbago capensis</i> <i>Cape Plumbago</i>	M	Evergreen or semi-evergreen. Makes a mounding shrub or vine if support is provided. Light to medium green leaves. In seedling plants, blossom color varies.
<i>Rhus ovata</i> <i>Sugar Bush</i>	L	Evergreen with upright or spreading habit. Typically grows 4–10 feet high and wide. Glossy, leathery leaves, somewhat troughed shaped, pointed tips. Dense clusters of white or pinkish spring flowers followed by small, reddish, hairy fruit coated with a sugary secretion.
<i>Rosmarinus officinalis</i> 'Tuscan Blue' <i>Rosemary</i>	L	Evergreen with upright habit. Grows 6–7 feet tall and 1.5–2 feet wide. Has relatively broad leaves and deep violet-blue flowers.
<i>Salvia greggii</i> <i>Autumn Sage</i>	L	Evergreen, rounded plant, branching from base; typically grows 1–4 feet high and wide. Slender, hairy stems have glossy green leaves. Blooms throughout summer and fall, bearing flowers in a variety of colors.
<i>Salvia Leucophyllum</i> <i>Purple Sage</i>	L	Evergreen, graceful plant. Grows 3–5 feet high with equal or greater width with arching branches. Wrinkled, oblong leaves are apple green, turn whiter. In spring, stems carry whorls of pinkish purple flowers. Good used as bank cover.
<i>Senna artemisioides</i> <i>Feathery Cassia</i>	L	Evergreen. Grows to 3–5 feet tall and wide, with attractive, light, airy structure. Gray leaves with yellow flowers in clusters, bloom in winter and spring.
Accent Shrubs		
<i>Aeonium species</i>	L	Succulent perennials. Among the most useful succulents for decorative effects, in pots or in the ground. Blooms in spring and summer.
<i>Agave attenuate & species</i> <i>Agave</i>	L	Succulent perennials. Long, soft green or gray green, fleshy, somewhat translucent, without spines.
<i>Aloe species</i>	L	Succulent trees, shrubs, and perennials. All form clumps of fleshy, pointed leaves and bear branched or unbranched clusters of orange, yellow, cream or red flowers.
<i>Anigozanthos flavidus</i> <i>Kangaroo Paw</i>	L	Evergreen perennial. Foliage clump is 2–3 feet wide. Branching stems to 5 feet tall bear yellow-green flowers tinged with red. Flowers attract hummingbirds.
<i>Bougainvillea species</i>	L	Evergreen shrubby vines. Fast, vigorous growers, reaching 15–30 feet depending on variety. Long, needlelike thorns on stiff stems that are moderately to densely clothed in medium green, heart-shaped leaves. Superb on walls, sturdy fences, trellises, arbors.
<i>Bulbine frutescens</i>	L	Succulent shrubby perennial. Clumps 1 foot high, 2–3 feet wide. Leaves are fleshy, bright green, and shaped like slender, pointed pencils. Produces spike-like clusters of tubular bright yellow flowers.
<i>Dasyliirion species</i>	L	Evergreen shrub. Clumps of narrow, grassy leaves spring from a woody base that can, with age, grow into a treelike trunk. Tiny flowers are tightly clustered.
<i>Hesperaloe parviflora</i> <i>Red Yucca</i>	L	Clumps of narrow evergreen leaves with threadlike fringe along edges give rise to tall, branching inflorescences set with many tubular flowers. Foliage resembles yucca or coarse grass.
<i>Heuchera species</i> <i>Coral Bells</i>	M	Compact evergreen clumps of roundish leaves with lobed or scalloped edges. Grown for their colorful foliage. Bloom time varies by type from early spring to late summer, sometimes fall.

Table 6-1 Master Plant List

<i>Plant</i>	<i>Water Needs</i>	<i>Character</i>
<i>Kniphofia uvaria</i> Red Hot Poker	L	Perennial. Dense clumps of grass-like, finely toothed foliage produce bare stems topped by tubular flowers in tight, overlapping clusters. Leaves to 1 inch wide, 2 feet long. Oblong flower heads on stems 3–3.5 feet tall. Coral red buds open to orange or deep yellow blossoms in summer.
<i>Nandina species</i> Heavenly Bamboo	M	Lightly branched, cane-like stems and delicate, fine-textured, lacy-looking foliage. Leaves are divided into many leaflets shaped like pointed ovals. Foliage emerges pinkish and bronzy red, then turns to soft light green.
<i>Phormium species</i> New Zealand Flax	M	Dramatic plants with many sword-like evergreen leaves that grow in a fan pattern. Cool weather intensifies foliage colors.
<i>Sedum species</i> Stonecrop	L	Succulent perennials that are either tiny and trailing or much larger and upright. Fleshy leaves are evergreen (unless otherwise noted) but vary greatly in size, shape, and color.
Grasses		
<i>Festuca species</i> Fescue	M	Perennial grasses. Some are used for ornamental purposes others are used for lawns, erosion control, or pasture.
<i>Helictotrichon sempervirens</i> Blue Oat Grass	M	Bright blue-gray, narrow leaves in fountain-like clump, 2–3 feet high. Resembles giant clump of fescue.
<i>Liriope species</i> Lily Turf	M	Form tufts of evergreen grass-like leaves and bear summer flowers in spikelike or branched clusters. Blossoms come in white and various shades of violet.
<i>Muhlenbergia capillaries</i> ‘Regal Mist’ Pink Muhly	M	Perennial. Dark green foliage forms a mound 3 feet tall, 6 feet wide; airy plumes of feathery deep, rosy pink flowers rise an additional 2.5 feet tall.
Vines		
<i>Bougainvillea species</i>	L	Evergreen shrubby vines. Fast, vigorous growers, reaching 15–30 feet depending on variety. Long, needlelike thorns on stiff stems that are moderately to densely clothed in medium green, heart-shaped leaves. Superb on walls, sturdy fences, trellises, arbors.
<i>Distictis species</i> Trumpet Vines	M	Evergreen. Spectacular for milder climates, reaching heights of 20–30 feet. Glossy leaves with central tendril used for climbing. Bears long-lasting, trumpet-shaped flowers.
<i>Macfadyena unguis-cati</i> Cat’s Claw	L	Vigorous climber to 25–40 feet and fast by hooked, claw-like, forked tendrils. Blooms in early springs, bearing lobed yellow trumpets. Can climb any surface that isn’t slick, including stone, wood, chain link fences, tree trunks. Can be used as ground cover, good choice for erosion control on slopes.
<i>Parthenocissus tricuspidata</i> Boston Ivy	M	Leaves are glossy and variable in shape usually three lobed. Autumn color varies from orange to wine red.
<i>Rosa</i> Climbing Rose	M	Deciduous, semi-evergreen, or evergreen rose bushes that produce long, strong canes. Colors vary and can also be thornless or not.
Color Accents		
<i>Agapanthus species</i> Lily-of-the-Nile	M	Fountain-like clumps of strap-shaped leaves that are evergreen in some species and varieties. In summer, clumps rise to bare stems ending in spherical clusters of funnel-shaped flowers in blue or white.
<i>Hemerocallis species</i> Daylily	M	Perennials from tuberous roots. Leaves are sword shaped. Clusters of flowers like lilies appear at the ends of generally leafless stems that stand well above foliage. Grows 2.5–4 feet tall and 2–3 feet wide.
<i>Lantana species</i>	M	Fast-growing tropical American natives with tiny flowers in tight clusters. Profuse show of color over long season.

Table 6-1 Master Plant List

<i>Plant</i>	<i>Water Needs</i>	<i>Character</i>
<i>Rosa flower carpet</i> Rose Ground Cover	M	Low-growing plants 2 feet tall and at least 3.5 feet wide. Vigorous, disease resistant and bloom from late spring until frost. Come in various colors.
Groundcovers		
<i>Dalea greggii</i> Trailing Indio Bush	L	Evergreen shrub has mounding habit to 1.5 feet high and spreading to 6 feet wide. Pearl gray foliage and clusters of lavender to purple flowers in spring and early summer. Good desert ground cover.
<i>Fescue species</i>	M	Perennial grasses. Used for ornamental purposes, lawns, erosion control, or pasture.
<i>Lonicera species</i> Honeysuckle	M-L	Blossoms are tubular in form. Flowers are clustered or paired and often fragrant. Flowers attract hummingbirds. Moderate to regular water.
<i>Myoporum parvifolium</i> 'Prostratum' Myoporum	L	Evergreen ground cover grows to 3–6 inches high, 9 feet wide, with dense covering of light green leaves. Tiny white summer flowers are followed by purple fruits. Good on banks, slopes. Will not tolerate foot traffic.
<i>Rosmarinus officinalis 'Irene'</i> Rosemary	L	Evergreen ground cover. Vigorous spreader that covers 2–3 feet per year, evenly mounding to 1–1.5 feet high. Deep lavender-blue flowers.
<i>Trachelospermum jasminoides</i> Star Jasmine	M	Evergreen twining vine or groundcover without support. Bears pleasantly fragrant, pinwheel-shaped blossoms in spring or early summer. Attractive to bees.
Detention Basin Plants		
<i>Aneomopsis californica</i> Yerba Mansa		Perennial that has large, waxy, dull gray-green leaves that lay flat and forms mats. Greenish to white flowers in summer. Grows 12–18 inches tall.
<i>Baccharis emoryi</i> Emory's Baccharis	L	Evergreen. Grows 3–12 feet tall. Used for areas near streams, washes or salt marshes.
<i>Deschampsia caespitosa</i> Tufted Hair Grass	L	Perennial that forms graceful clumps of arching dark green foliage and airy clouds of flowers, 1–2 feet tall, 2 feet wide. Used in underplanting and also in mass plantings.
<i>Distichlis spicata</i> Salt Grass	L	Perennial. Slow growth rate from 4 to 16 inches and spreading. Leaves are spaced along the entire length of stem. It remains green until Fall. It occupies primarily extremely salty and alkaline soils.
<i>Heliotropium curassavicum</i> Seaside Heliotrope	L	Annual/Perennial shrub. A fleshy bluish-green, smooth plant with leafy stems mostly lying or creeping on the ground. Grows up to 24 inches tall. Used in rock gardens, rocky hillside desert landscape.
<i>Hordeum brachyantherum</i> California Meadow Barley	L	Perennial grass, low in stature, growing approx 2 feet high. It is used in revegetation because its seedlings are vigorous and provide good initial plant cover. Distinctive tufts remain most of the winter.
<i>Malacothamnus fasciculatus</i> Chaparral Mallow	L	Evergreen shrub, common throughout chaparral and coastal sage scrub on dry slopes. Grows 4–6 feet high. Great for bird and butterfly garden. Also good as hedge plant for fences or patios.
<i>Melica californica</i> California Melic Grass	L	Evergreen, tough and handsome bunchgrass. Bright green blades grow about 1 foot tall. Flower spikes of papery bracts grow to around 2 feet tall. Use in moist rock gardens or shade gardens. Small and non-significant but it can add balance and finish to a native garden.
<i>Melica imperfecta</i> Coast Range Melic Grass	L	Delicate perennial grass that grows 1–2 feet tall in flower. The narrow flowers provide a delicate effect, starting out cream and aging to beige. Useful for lightly shaded meadow plantings and stabilizing slopes.
<i>Nassella pulchra</i> Purple Needlegrass	VL	Semi-deciduous grass. California's best known native bunchgrass. Grows to 1.5 feet high, with graceful flowering stalks to 2 feet; 2–3 wide. An excellent choice for naturalistic settings, native plantings, meadows, or dry slopes in full sun.

Table 6-1 Master Plant List

<i>Plant</i>	<i>Water Needs</i>	<i>Character</i>
<i>Oenothera speciosa</i> Mexican Evening Primrose	L	Perennial shrub that grows to 1 foot high, 3 feet or more wide. Useful in rock gardens, wildflower meadows, and naturalistic borders and along edges of roads and trails. Flowers attract bees, moths, and hummingbirds.
<i>Trifolium wildenovii</i> Tomcat Clover		Perennial ground cover that grows from 4 to 16 inches tall. An attractive but small clover. It is erect to spreading along the ground. Requires regular water, moist soil.

a. The species marked with (H) are suitable for use as hedges.

■ **Corner Accent (refer to Exhibit 6-3B):**

All future proposed landscape corners at major entrances to the Medical Center core campus will match the existing corner treatments as shown in Chapter 2 (Existing Site Conditions). Plants will include a group of three date palms (*Phoenix dactylifera*), shrubs under 3 feet tall, and colorful accent groundcover.

■ **Street Perimeter/Landscape Buffer (refer to Exhibit 6-3C):**

The street perimeter/landscape buffer areas will be treated with perimeter trees, shrubs under 3 feet tall, and groundcover between the side walk and property line.

■ **Garden Space (refer to Exhibit 6-3C):**

Garden spaces will be created in the green spaces between buildings and at least one area should be dedicated as a healing garden. The healing garden will promote privacy, provide necessary shading, and be enhanced by the placement and the selection of outdoor furniture and plants (refer to Section 6.4.4 (Hardscape and Outdoor Furniture) for outdoor furniture guidelines and Section 5.5.2 (Landscape Planting Standards) for required standards).

■ **Central Open Space (refer to Exhibit 6-3D):**

This area will be the central green space within the Medical Center campus and should be designed to accommodate a small paved courtyard with a vine clad trellis and a special feature. The existing old Ash trees will remain and anchor this area. Campus wide trees, accent trees, shrubs, accent shrubs, color accent shrubs, grasses, groundcover, and turf will make up the landscape treatment in this space.

■ **Property Buffer (refer to Exhibit 6-3D):**

A fence or wall at the property line, subject to the requirements of Section 5.6 (Fences & Walls) may separate the PVHMC core campus from neighboring property. The yard setback will be landscaped with campus trees or parking lot trees if

the area is a parking lot. Shrubs and groundcover will also be added for aesthetics.

6.4.1 General Landscape Guidelines

All plant materials that are not clearly specified in the following guidelines should be selected from the suggested Plant List in Table 6-1 (Master Plant List). Wherever possible, drought tolerant plant materials are proposed as a means to conserve water.

■ **Parking Lots:**

Surface parking lot trees are recommended to be planted in planting islands, raised linear planting areas, or in 4-by-4-foot raised planters.

■ **Campus Entry Planting Treatment:**

There are existing groups of Canary Island Palms at the southwest corner of Willow and Garey, southeast corner of Artesia and Garey, southwest corner of Tate and Orange Grove and southwest corner of Artesia and Orange Grove. These palm groupings will remain and serve to identify the entrances and the perimeters of the Medical Center core campus.

■ **Garey Avenue (refer to Exhibit 5-4):**

Much of existing streetscape along the east side of Garey Avenue is lined with mature Camphor Trees located within the core campus property. Much of this existing landscape will remain. In addition, segments of the Garey Avenue frontage that will be affected by the Medical Center expansion will be brought into conformance to the extent possible with the rest of the Garey Avenue streetscape. The turf panel adjacent to the sidewalk will be replaced with drought tolerant grasses and/or groundcovers from the suggested plant list.

■ **Orange Grove Avenue (refer to Exhibit 5-6):**

Rhus Lancea (African Sumac) will be used as the street tree along Orange Grove Avenue. It will be planted at 30 feet on center inside the public right-of-way.

■ Tate Street and Cadillac Drive (refer to Exhibit 5-5 and Exhibit 5-6):

These streets are shared by the Medical Center and single-family residences. Cadillac Drive will be vacated and incorporated into the Medical Center parking lot. There is an existing concrete block wall extending the full length of the Medical Center core campus north property line along Tate Street. This existing wall will remain. Flowering vines will be planted on the wall. *Prosopis glandulos* “Maverick” (Honey Mesquite) will be the street tree in the public right-of-way with drought tolerant groundcover.

■ Willow Street (refer to Exhibit 5-5):

Upon vacation of Willow Street, the entry drive will be lined with alternating *Phoenix dactylifera* (Date Palm) and *Chilopsis linearis* (Desert Willow) in order to create a visual guide to draw vehicular and pedestrian traffic into the campus. Date Palms and Desert Willows will have an understory planting of drought tolerant shrubs, ground covers, and decorative rock.

■ Artesia Street:

This public street will become the entry drive to the future new hospital wings and new building lobby. The existing Chinese Flame Trees lining both sides of the street shall remain.

- New pedestrian pathways are encouraged to be aesthetically integrated into the campus context. Landscaping should be utilized to enhance the appearance of paths for both users and persons viewing these facilities.



Clearly identified pedestrian paths that are integrated into open space areas

6.4.2 Master Plant List

Three categories of trees will be used in various open space areas as proposed by the Plant List included in Table 6-1. The categories are perimeter trees, campus-wide and accent trees, and parking lot trees.

The purpose of limiting the tree list is to ensure that new landscape will contribute to the creation of visual unity within the campus and that the landscape palate for the site is characterized by the use of drought tolerant species.

The list of plant materials defined in the Plant List will be utilized for all new landscaping. Exceptions can be made on a case-by-case basis for conditions, including specialty gardens, areas where other trees may be used to reinforce a certain theme.

- Pedestrian safety should be an important design consideration. The sense of personal safety should be considered in the following:

- > Layout of and views from pedestrian pathways, and views from pathways to the surrounding area
- > Pathway relationships to landscaping, buildings, and street furniture, and other features
- > Provision of surveillance opportunities of paths from the neighboring areas, streets, and walkways
- > Integration of lighting design into the pathway design (refer to Section 5.9 [Lighting] and Section 6.8 [Lighting])

6.4.3 Pedestrian Paths

- New pedestrian walkways should be designed with a continuous path of travel; broken segments should be avoided whenever possible.

6.4.4 Hardscape and Outdoor Furniture

Hardscape materials for the Medical Center campus will be predominantly used as paving for pedestrian

walkways, entry plazas, gardens, and service areas. The predominant material for all hardscape areas will be concrete mixed with special paving materials as required in Section 5.5.1 (General Standards).

The following guidelines apply to the selection and use of hardscape materials within the Medical Center campus.

- The use of a greater amount of enhanced or special paving material is recommended for major entries into the new buildings and hospital wings.
- A standard paving material and paving design shall be established for each new paving condition including all major open space areas, and pedestrian / vehicular entries into the campus.
- New enhanced paving materials shall meet *Americans with Disabilities Act* (ADA) surface friction safety standards.
- A comprehensive system of visually coordinated and comfortable outdoor furniture is encouraged as follows:
 - > A range of street furnishings including seating, trash receptacles, poster kiosks, and other elements of convenience should be integrated and compatible with the overall campus design in terms of color, materials, and scale. Following are photos of existing furniture on campus that would be an acceptable furnishing theme.



Shuttle Stop on Willow Street



Outdoor seating in front of Women's Center



Trash Receptacle and bench in front of Women's Center

- > New components should be designed as a visually coordinated system that would work with other elements like signage and paving to enhance the identity of the campus.
- > Furnishings should also be comfortable, located where they will be used, and be shaded by trees or other overhangs where possible.
- > Furnishings should be weather resistant

6.4.5 Irrigation

- New irrigation for all planting shall be designed for water conservation and shall be adequate for the maintenance and establishment of all plant materials.

6.5 FENCES AND WALLS

6.5.1 Site Perimeter

- While new or replacement fences and walls around the site perimeter are not mandatory, any new fences or walls along the perimeter shall be consistent with Section 5.6.1 (Site Perimeter) and

Section 5.6.2 (Fencing along Lot Lines Abutting Residential Property).

6.5.2 Fencing and Screening at Interior Site Locations

- All new interior fences and walls within public view from within or outside the PVHMC should be designed to be visually compatible with surrounding site improvements.
- New fences adjacent to buildings should be compatible with the scale, material, and color of the adjacent building and open space landscaping.
- New retaining walls located on the interior of the medical campus should be compatible with adjacent buildings in terms of colors and materials.
- New screening walls for surface parking lots throughout the interior of the PVHMC should be compatible with the adjacent buildings' architecture in terms of colors and materials.

6.6 CIRCULATION AND PARKING

Full build-out under the Specific Plan would generate an increase in the number of people and vehicles accessing the Specific Plan area. To facilitate efficient pedestrian and vehicle circulation to, from, and within the Specific Plan area, the following general guidelines are established:

- Aesthetically integrate the circulation systems throughout the Medical Center campus, including roadways, parking areas, and pedestrian pathways.
- Create a pedestrian friendly environment, so that trips within the Specific Plan area can be made on foot.
- Create a bicycle-friendly environment, so that trips within the Specific Plan area can be made by bicycle.

6.6.1 General Site Design Circulation Paths and Surface Parking

- Design of interfaces between different travel modes—pedestrian, transit, and automobile—is very important. The preferred general site design should include the following:
 - > Separate travel ways and/or grade separations for each mode, where feasible, especially where volumes and relative speeds merit.

- > Carefully delineate and design new intersections to avoid modal conflicts and accidents.



Delineation of roads and pedestrian paths

- New roads, paths, and parking areas are encouraged to be aesthetically integrated into the campus context. New landscaping should be utilized to enhance the appearance of paths and parking areas for both users and persons viewing these facilities.
- Security of persons and their vehicles (bicycles, mopeds, motorcycles, autos) should be an important design consideration. Pedestrian and motorist security and sense of personal safety should be considered in the following:
 - > Layout of and visibility from paths and parking areas, and visibility from paths and parking areas to the surrounding area.
 - > Pathway and parking area relationships to landscaping, buildings, and street furniture, and other features.
 - > Provision of surveillance opportunities of paths and parking areas from the neighboring areas, streets, and walkways.
 - > Integration of lighting design into the street, walkway, bikeway, and auto and bicycle parking design (refer to Section 5.9 [Lighting] and Section 6.8 [Lighting]).
- The Medical Center shall create a bicycle path along Artesia Street between Garey Avenue and Orange Grove Avenue, including pavement markings and signage.
- Entry Driveways/Drop-Off Areas:
 - > The use of special road paving, including colored, stained, stamped, or patterned concrete, that complement existing on site paving materials, is encouraged at all new vehicular entrances and drop-off areas on site to create a clear sense of arrival and provide an attractive street appeal at campus entry points.

- > New circulation entry driveways and drop-off areas should also utilize landscaping and signage to create orientation for visitors.



Colored concrete used at the main entry roundabout fronting the Women's Center (Wing J)



Stamped concrete used at the main entrance to Medical Center at Artesia Street

■ Vehicular Intersections:

- > New pedestrian crosswalks should be compatible throughout the Medical Center's core campus, such as the one portrayed below in front of the hospital lobby.
- > The use of colored crosswalks is encouraged at main vehicular intersections and from parking areas to building entrances as shown below. Special paving of crosswalks may include colored, stained concrete, or stamped concrete.



Colored concrete striping used for crosswalks on PVHMC campus

6.6.2 Parking Structure

- The exterior of the above-grade parking structure within public view shall avoid a utilitarian appearance and shall be integrated with the architectural design of the phase of development in terms of scale, materials, and appearance.
- Design should minimize the visual appearance of automobiles in the parking structure as seen from public view.
- Specific design elements will be used to integrate the parking structure with the campus. These elements may include intensive planting of screening trees and/or plants at the exterior of the structure, use of exterior cladding and patterns similar to that of adjacent buildings, creation of areas of accent and architectural focus such as entry and vertical circulation area points, or articulation of the façade.
- The portion of the parking structure to be built adjacent to a public street shall incorporate design elements and treatments along that frontage that break the structure into smaller, human-scaled façades. The parking structure should include landscaping improvements that enhance the overall appearance.
- The following images show examples of proposed screening techniques for parking structures:



Screening techniques for parking structures

6.7 SERVICE AREAS AND MECHANICAL EQUIPMENT AREAS

- Service areas (including service entrances, loading docks, trash enclosures, etc.) should not be directly visible to the public.
- Service areas should be screened by a fence or wall, designed to be visually compatible with other site improvements as described in Section 5.6 (Fences and Walls).
- Service areas should be located to minimize negative impacts (noise, visual, vibration, dust, etc.) upon adjacent uses.
- Trash enclosures should be located in the service areas.
- Service and maintenance facilities are encouraged to be integrated with the architectural design of the campus in terms of scale, materials, and appearance.



Screening techniques for parking structures

6.8 LIGHTING

Lighting, like signage, landscape, and hardscape, is a component of the PVHMC's physical development that contributes to identity, safety, and enhances the campus ambiance. The PVHMC's guidelines for lighting needs within all public areas should recognize the following:

6.8.1 General Lighting Guidelines

- The types of lighting fixtures will include but not be limited to the lighting types listed below and shown in Exhibit 6-4A (Recommended Lighting Fixtures) and Exhibit 6-44B (Recommended Lighting Fixtures):
 - > Pedestrian path lighting
 - > Accent lighting
 - > Building lighting
 - > Lighting at perimeter streets
 - > Surface parking lighting
 - > Medical Center entry lighting
 - > Internal road lighting
- New standard lighting fixtures for all types of lighting should be chosen not only for satisfying lighting requirements at particular locations (as required in Section 5.9 [Lighting]), but also for incorporating common features with other fixture types, so as to create a “family” as much as possible of lighting fixtures to unify the campus. These features may include color, finish, style (e.g., modern, historic), and basic form and shape (e.g., rounded or square supports, light heads, brackets).
- Similar or identical lighting fixtures should be used on the buildings, signage, parking areas, internal roads, and pathways that are new throughout the PVHMC in order to unify the campus.
- Lighting on new buildings should focus on entrances and design elements, as well as landscape features.

6.8.2 Lighting in Landscaped Areas

- Landscape areas within and at the perimeter of the campus should include appropriate lighting to identify campus entries, to accent special features, and to provide safe pedestrian passage.

6.8.3 Parking and Illumination

- Lighting for parking lots and parking structures should be chosen with safety as an important criterion.
- Fixtures should complement and be compatible with the lighting fixtures used in other areas of the campus.

6.8.4 Entry and Vehicular Lighting

- Vehicular entry areas will be marked by campus identity/entry markers. These entry areas should be illuminated with appropriate flood/accent lighting to

make entry markers visible, and with overhead lighting to provide safe vehicle entry and pedestrian activity.

- Vehicle circulation routes within the campus should be illuminated with overhead lighting that complies with the PCC and PZO, and is consistent with Section 5.9 (Lighting).

6.8.5 Pedestrian Pathway and Open Space Lighting

Illumination in pedestrian and open space areas provides safety and creates ambience during evening hours.

- When exterior lighting fixtures are chosen for new buildings, they should complement or be similar to those used at new pedestrian and open space areas.
- Pedestrian zones and pathways will be lighted to provide way finding and pedestrian safety with appropriately-scaled pole lighting and lighted bollards at the ground level.
- Lighting at building entries and campus directories will support pedestrian activity during evening hours.

6.8.6 Perimeter Lighting

- Perimeter areas should be well-illuminated and provide accent lighting for campus identity markers.
- Perimeter lighting should not interfere with drivers’ visual perception.
- Perimeter lighting should serve to illuminate and enhance the perimeter landscape, and to support pedestrian activity entering and leaving the PVHMC.

6.9 SIGNAGE

6.9.1 Signage Types

The PVHMC signage plan primarily consists of the following sign types that form a hierarchy of way finding markers at important points within the medical campus:

- Wall Signs
- Vehicular Directory Signs
- Monument Entry Signs

LIGHTING

The following lighting fixtures have been selected to provide uniformity in the design of lighting throughout the hospital campus. While the specific design and series of the recommended luminaire may change over time by the manufacturer, lighting fixtures should be chosen for new buildings and areas to match the appearance as shown in the photographs provided, to the extent possible, to maintain compatibility throughout the campus.

A. Pedestrian Path Lighting
Kim Lighting
Vandal-Resistant Round Bollards
Single- and Dual-Function Luminaires Series VRB

Single Function: Designed for lighting walkways, architectural entrances, courtyards, and landscaped areas where architectural fixtures are viewable from all directions.

Dual Function: Designed for lighting walkways where adjacent building facades, walls, or landscaping may be enhanced by a vertical wash of light.

B. Accent and Hospital Entry Lighting
Kim Lighting
Low-Level Floodlight
LLF Series

Used outdoors or indoors, accent floodlighting is engineered to light pedestrian pathways, with ramps, and pedestrian pathways with permanence and glare control. Low-level floodlighting is ideal for installation in concrete or brick walls, planters, columns and pedestals.



Exhibit 6-4A Recommended Lighting Fixtures

SOURCE: PBS&J 2008

C. Building Lighting

Kim Lighting

1. Wall Commander Series

The Wall Commander Series is an effective and attractive solution for lighting ground surfaces, canopies, ceilings, columns, and other architectural features in both uplight and downlight applications.



2. Wall Director Series

The Wall Director Series is also designed to light ground surfaces, canopies, ceilings, and architectural features from a wall-mounted luminaire and has been selected to add variation but be compatible with the Wall Commander Series.



Exhibit 6-4B Recommended Lighting Fixtures

SOURCE: PBS&J 2008

D. Perimeter and Internal Road Lighting/Surface Parking Street Lighting

Kim Lighting

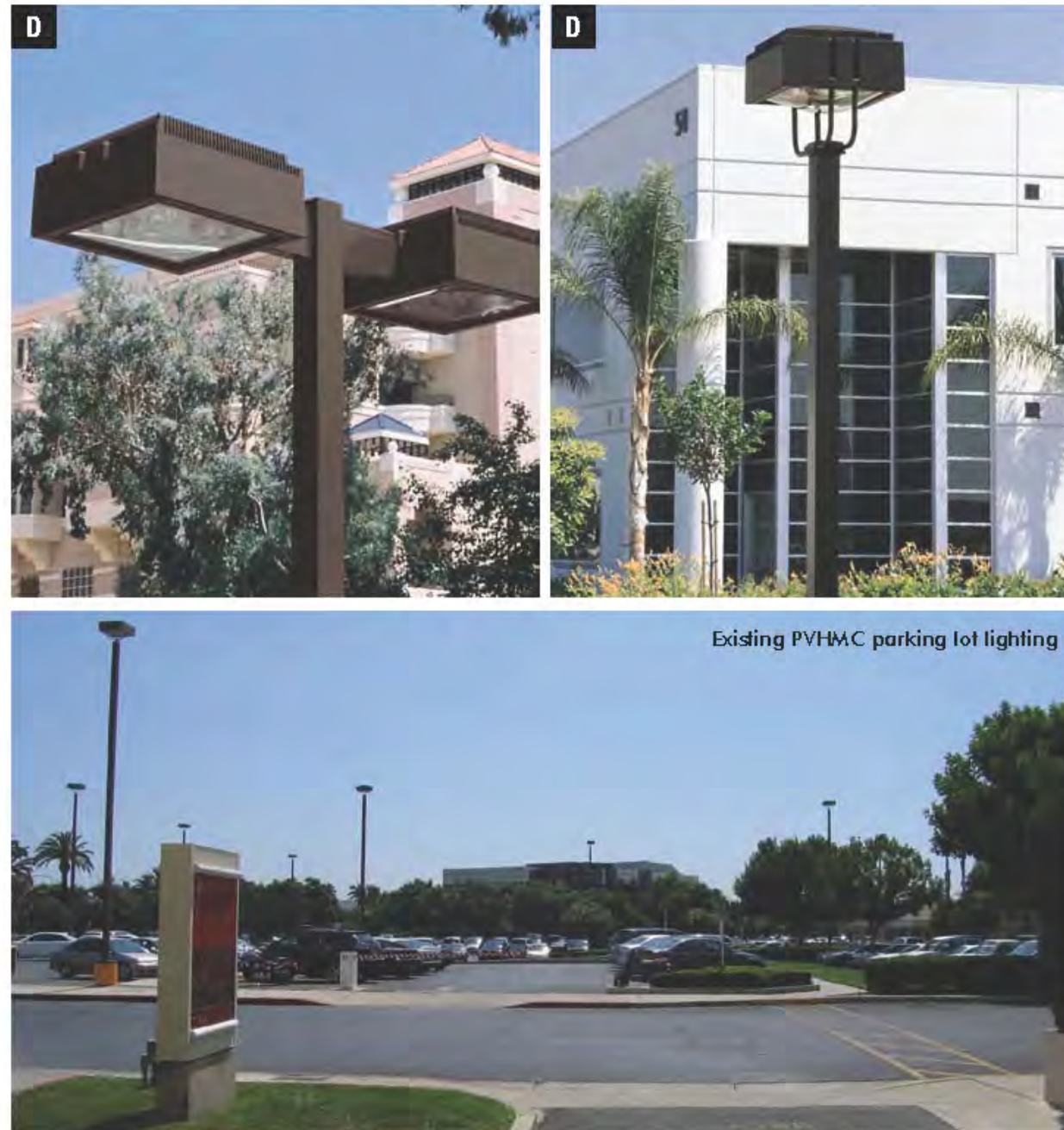
Square-Body Luminaire

The Matrix Series

Parking Lots—Arm Mounting and Post-Top Mounting

Perimeter and Internal Road Lighting: Post-Top Mounting

These lights are designed for illuminating parking lots, site perimeters, and internal roads. Consistent with Section 5.9 (Lighting), light fixtures in surface parking areas shall not exceed 27 feet in height except that light fixtures immediately adjacent to residential areas shall be limited to 20 feet in height. Outside of parking lots, poles should decrease in scale, and can have more decorative features to be appreciated at the pedestrian level.



■ Pedestrian Directory Signs



Existing PVHMC Freestanding Sign

The design of new signage visible from public streets shall ensure that all new signage is compatible with existing Medical Center signage design in terms of font style, colors, logos, scale, materials, and illumination methods.



Existing PVHMC Monument Entry Sign

6.9.2 Signage Locations

- **Wall Signs:** Building identification signs may be located on building walls, particularly on building entrances or exits. These signs are to be secondary communication devices in the overall campus environment in visual balance with building and landscape colors and materials.

- **Vehicular Directory Signs:** These signs should be located adjacent to the street or pedestrian pathways and should identify building locations to drivers and/or pedestrians. Existing signs will be retained and augmented by new signs to be constructed in support of new PVHMC facilities.
- **Monument Entry Signs:** These signs indicate gateway entry points to the PVHMC.
- **Pedestrian Directory Signs:** Campus directories shall be located at key pedestrian entries and/or decision points on campus pathways. Other important locations for campus directories would be at the key pathways leading from major surface parking and/or parking structures. Electronic kiosks may also be used as campus directories and electronic information centers.

6.10 SUSTAINABILITY AND ENERGY CONSERVATION

The Sustainability and Energy Conservation design guidelines have been designed with a sustainability goal in mind. As a result, new development under the Plan will adhere to the United States Green Building Council (USGBC) Leadership in Energy and Environmental Design (LEED™) equivalency and California Code of Regulations Title 24.

LEED™ is the nationally accepted benchmark for the design, construction, and operation of high performance green buildings. It gives building owners and operators the tools needed to have an immediate and measurable impact on their buildings' performance. LEED™ promotes a whole-building approach to sustainability by recognizing performance in five key areas of human and environmental health: sustainable site development, water savings, energy efficiency, materials selection, and indoor environmental quality.

Title 24 requires new buildings to comply with energy conservation standards and regulates energy consumed for heating, cooling, ventilation, water heating and lighting.

The adherence to these measures will further the sustainability goal, help create a green environment and ensure energy efficiency.

Chapter 7 IMPLEMENTATION PLAN

7.1 ADMINISTRATION

This chapter includes methods and procedures for the implementation and administration of the Specific Plan (Plan). The City of Pomona is the public agency responsible for the administration, implementation, and enforcement of this Plan including site development review, modifications, amendments, and compliance with the *California Environmental Quality Act* (CEQA), including mitigation monitoring. The Plan shall be implemented through the Site Development Review process administered by the Planning Division, as defined in Section 7.2, Site Development Review. This review process is required prior to the issuance of any building permit to ensure consistency and compliance with the development standards and design guidelines established in this Plan.

7.1.1 Office of Statewide Health Planning and Development (OSHDP)

OSHDP is responsible for the review and approval of architectural, structural, and mechanical plans and the conduct of building construction inspections of acute care Medical Center facilities as defined in the Facilities Design Review and Construction Division of the California Health and Safety Code. Buildings subject to the jurisdiction of OSHDP for plan check and building permits shall be required to undergo Site Development Review and approval by the City of Pomona pursuant to the provisions of this chapter to the extent that such provisions do not conflict with, or are superseded by, permitting procedures and requirements administered by OSHDP.

7.1.2 Relationship to the City of Pomona City Code (PCC) and Pomona Zoning Ordinance (PZO)

The Plan serves both a planning function and regulatory function. It is the means by which the City of Pomona General Plan is implemented on the Medical

Center campus. The provisions in this section are set forth to properly relate the Plan with the PCC and PZO.

Where provisions of the Plan are in conflict with the PCC and PZO, the Plan shall take precedence. Where the Plan is silent, the provisions of the PCC and PZO shall govern. When any condition occurs that is not provided for by these regulations, those provisions provided for by the PCC and PZO that are most applicable for the most similar condition, and that do not conflict with the provisions of the Plan, as determined by the Planning Manager, shall apply.

7.2 SITE DEVELOPMENT REVIEW

7.2.1.1 Purpose and Procedure

The purpose of the Site Development Review Process is to assure that future development within the PVHMC Plan is consistent with the Plan's purpose and guiding principles and in compliance with the provisions of the Plan. The Site Development Review process shall also provide a mechanism to ensure that mitigation measures and performance standards adopted as part of the environmental review process are implemented.

7.2.1.2 Development Standards and Design Guidelines

The Development Standards contained in Chapter 5 and the Design Guidelines in Chapter 6 of this Plan shall implement the development of the Plan. The strongest level of design intent is specified by the use of terms such as “must,” “shall” and “prohibited.” Preferred design items are designated as a condition which is “encouraged,” “preferred,” “recommended,” “appropriate”, or as one that “should” be included. Preferred design items are considered “voluntary” and need not be included in a proposed project. Items that include one or more criteria or elements that are qualified with “not recommended” or “should not” be included, are acceptable, if the approving body finds the proposed design is consistent with the overall design and intent of these Development Standards and the Plan.

7.2.1.3 Responsibility for Site Development Review

■ Major Site Development Review

The Planning Commission shall approve, approve with conditions, or disapprove Major Site Development Review permit applications, in compliance with Table 7-1 (Thresholds for Site Development Review). The Commission may impose conditions deemed reasonable and necessary to ensure the project will not adversely affect adjacent property; to preserve the public health, safety, and welfare; and make the findings required.

■ Minor Site Development Review

- a. The Planning Manager shall approve, approve with conditions, or disapprove Minor Site Development Review permit applications, in compliance with Table 7-1. The Planning Manager may impose conditions deemed reasonable and necessary to ensure the project will not adversely affect adjacent property; to preserve the public health, safety, and welfare; and to make the findings required for approval.
- b. The Planning Manager may, at his or her discretion, defer action on a Minor Site Development Review application and refer the application to the Commission for review and decision at a scheduled public hearing.

7.2.1.4 Applicability

Any development project that requires exterior renovation to or demolition of an existing structure, or construction or erection of a new structure will require Major Site Development Review or Minor Site Development Review in compliance with Table 7-1.

Application Filing, Processing, and Review

1. **Filing.** An application for Major Site Development Review or Minor Site Development Review shall be filed with the Planning Division in compliance with City requirements.
2. **Contents.** The application shall be accompanied by the information identified in the Planning Division handout for Major Site Development Review or Minor Site Development Review applications.

Table 7-1 Thresholds for Site Development Review

<i>Threshold Categories</i>	<i>Decided by Planning Manager</i>	<i>Decided by Planning Commission</i>
<ul style="list-style-type: none"> ■ New buildings or new floor area, but not including tenant improvements ■ New parking lot/paved areas ■ Exterior façade changes (with additional square footage) 		Major Site Development Review
<ul style="list-style-type: none"> ■ Exterior façade changes (no additional square footage) ■ Redesign of existing parking lot 	Minor Site Development Review	
<ul style="list-style-type: none"> ■ Conversion of building space from an approved use to another use (e.g., from cafeteria to accessory retail use) ■ Minor modifications to development standards which are determined by the Planning Manager to be consistent with the vision and guiding principles of the Specific Plan ■ See Section 7.3.1.1 (Substantial Conformance) for the list of Substantial Conformance processes/purposes. 	Substantial Conformance	

7.2.1.5 Factors to Be Considered

1. The review authority shall consider the location, design, site plan configuration, and overall effect of the proposed project upon surrounding properties and the City in general.
2. Review shall be conducted by applying the criteria outlined in Chapter 5 (Development Standards) and Chapter 6 (Design Guidelines), and determining that the project meets the overall goals and intent of the Plan as outlined in Chapter 3 (Vision and Guiding Principles)
3. Where the Plan is silent, review shall be governed by the provisions contained in the PCC or PZO.
4. Review shall ensure that all applicable mitigation measures and performance standards adopted as part of the environmental review process for the Plan are implemented.

7.2.1.6 Notice and Hearings

1. **Scheduling of Hearing.** An application for a Major Site Development Review shall be scheduled for a public hearing once the Planning Division has determined the application is complete. The Planning Division shall inform the applicant in writing within 30 business days of receipt of an application of its determination either that the application is complete or that it is deficient. The notice shall specify what additional information or documentation is necessary.
2. **Noticing of Hearing.** Noticing of the public hearing shall be given in compliance with City requirements.
3. **Hearing for Minor Site Development Not Required.** An application for a Minor Site Development Review shall not require a public hearing.

7.2.1.7 Findings for Approval

The reviewing body shall grant approval of a Major or Minor Site Development Review application, with or without conditions, if all of the following findings are made:

- The development project substantially complies with the Specific Plan.
- The development project will not adversely affect the health, safety, and welfare of the public.
- The development project will not adversely affect adjacent property.

7.2.1.8 Post-Approval Procedures

Procedures under the PCC and PZO relating to appeals, changes, issuance of a Building Permit, performance guarantee, and revocation shall apply following the approval of a Site Development Review or Minor Site Development Review.

7.3 ADMINISTRATIVE PROCEDURES

7.3.1 Interpretation and Enforcement

The Planning Manager shall be the City's designee responsible for enforcing the regulations, site development standards and procedures in this Specific Plan, and shall have the administrative authority for interpretation of the provisions of this Plan.

Although every effort has been made to include provisions in this Specific Plan that are clear, the necessity of interpreting such provisions in light of unanticipated unusual circumstances will occur from time to time. When such circumstances occur and interpretations are necessary, the Planning Manager shall be responsible for interpreting the provisions of the Plan. However, the Planning Manager may refer such interpretations to the Planning Commission or City Council.

7.3.1.1 Substantial Conformance

a. Purpose. The purpose of the Substantial Conformance process is to determine whether the proposed development or use substantially complies with the standards, regulations, and guidelines of the Specific Plan and to maintain a degree of flexibility with respect to the details of the development approved within the Specific Plan area. Use of the Substantial Conformance process includes, but is not limited to the following purposes:

1. Determinations regarding issues, conditions, or situations that arise that are not addressed by the Specific Plan.
2. Determinations as to whether a use not listed in the Specific Plan is similar to the uses listed in Chapter 5.2.2, Permitted Uses.

3. Approvals of modifications to the Development Standards outlined in Chapter 5 and the Design Guidelines in Chapter 6 of this Specific Plan.
 4. Approval of signs in Substantial Conformance with the Signage provisions described in Section 6.9 of this Specific Plan.
 5. Additions, deletions, and changes to the Specific Plan exhibits or text.
 6. Modifications to the Development Plan, as described in Chapter 4 (Conceptual Development Plan).
- b. Authority. The Planning Manager shall review a request for a determination of Substantial Conformance and have the discretion to approve, with or without conditions; deny or refer the request to the Planning Commission and/or City Council for action in a noticed public hearing. Additional environmental review and/or analysis will be conducted to determine the potential impact of the request, if necessary under the *California Environmental Quality Act* (CEQA). Determinations of Substantial Conformance shall be provided to the applicant in writing and be based on findings that the request:
1. Substantially complies with the Specific Plan.
 2. Will not adversely affect public health and Safety.
 3. Will not adversely affect adjacent properties.
- c. Application. Requests for a determination of Substantial Conformance shall be submitted on forms and with information as required by the Planning Manager.

7.3.2 Appeals

The applicant or members of the City Council may appeal decisions of the Planning Manager, or his or her designee, regarding Substantial Conformance to the Planning Commission within 15 working days of receipt of the Planning Manager's, or his or her designee's written decision. Decisions of the Planning Commission may be appealed within 15 working days of receipt of the Planning Commission's written decision to the City Council and payment of a fee consistent with the current fee resolution of the City Council.

7.4 REQUIRED APPROVALS AND ACTIONS

Table 7-2 (Approvals and Actions) lists the actions and implementation approvals required for each of the physical improvements within each phase of the Plan. Table 7-2 also identifies the agency/department that will be responsible for approving the actions required to implement each phase. Within each phase, the projects are not listed in the order of construction.

7.4.1 Demolition of Structures

7.4.1.1 All Plan Buildings

All proposed demolitions of buildings within the Plan Area are required to receive a permit from the City of Pomona Building Division. Applications and forms for demolition are provided by the Building Division.

7.4.1.2 Pre-1945 Buildings/Wings

Prior to the demolition of a building or portion of a building that was built prior to 1945, a Certificate of Appropriateness from the City Historic Preservation Commission shall be obtained.

The application process for a Certificate of Appropriateness is found in the Pomona Historic Ordinance, Section 5809-13 of the PZO.

7.4.2 Street Vacations

All proposed street and alley vacations will be required to apply for a street vacation permit through the Pomona Public Works Department, and receive approval from the City Council. Applications and forms are provided by the Public Works Department.

7.4.3 Lot Mergers

Phase 1A proposes the consolidation of parcels, as shown in Exhibit 7-1 (Parcel Merger-Phase 1A). All parcel mergers are required to apply for a lot merger through the Pomona Public Works Department. Applications and forms are provided by the Pomona Public Works Department.

Table 7-2 Actions and Approvals

<i>Phase</i>	<i>Summary of Physical Improvements</i>	<i>Implementation Actions</i>	<i>Responsible Pomona Agency/Department</i>
1A	New Outpatient Pavilion (56,000 sf)	Plan Check	Pomona Building Division, Office of Statewide Health Planning and Development (OSHDP) ^a
	Landscaping Improvements		
	New Parking	Major Site Development Review	Planning Commission ^b
	Lot Consolidation and Street/Alley vacation, per Exhibit 7-1 of the Specific Plan	Tentative Parcel Map	Planning Commission
		Final Tentative Parcel Map	City Council
	Water and Sewer Improvements	Building Permit	Pomona Building Division, Fire Department
1B	New Inpatient Wing and Lobby (138,000 sf)	Plan Check	Pomona Building Division, OSHPD
	Curb Alignment		
	New Parking	Major Site Development Review	Planning Commission
	Remove Existing Cooling Equipment		
	Demolition of Buildings D, M, N, and L	Demolition Permit	Pomona Building Division
2	New Inpatient Wing (123,000 sf)	Plan Check	OSHPD, Pomona Building Division
	New Outpatient Building (54,000 sf)		
	New Landscaping	Major Site Development Review	Planning Commission
	Parking Restriping		
	Water and Sewer Improvements	Building Permit	Pomona Building Division, Fire Department
3	New Inpatient Wing (129,000 sf)	Plan Check	OSHPD, Pomona Building Division
	New Parking Structure	Major Site Development Review	Planning Commission
	Demolition of Wings A1, A2, B, C, and E, and Buildings F and I	Demolition Permit	Pomona Building Division
		Certificate of Appropriateness for demolition of buildings built prior to 1945	Historic Preservation Commission
	Water and Sewer Improvements	Building Permit	Pomona Building Division, Fire Department

SOURCE: PBS&J 2009

a. OSHPD performs plan check of all inpatient/outpatient structures

b. Planning Commission performs all Major Site Development Reviews

7.4.4 CEQA Review

The Environmental Impact Report (EIR) prepared for the PVHMC Plan serves as the environmental assessment for future development within the Plan boundaries. The EIR contains two different types of analysis. The first analysis evaluates the potential environmental effects of the proposed project-specific development of Phase 1A and Phase 1B. The second analysis evaluates, at a programmatic level, the potential

environmental effects of implementing Phase 2 and Phase 3.

All phases will require discretionary approval by OSHPD, and Phase 2 and Phase 3 will require additional approvals. Accordingly, development applications for subsequent phases of the Plan project will be reviewed and a determination shall be made as to the need for subsequent environmental documentation and study.

7.4.5 Mitigation Monitoring

The EIR prepared for the Pomona Plan identifies the environmental impacts expected to occur from implementation of this Plan, and includes mitigation measures, project requirements, actions required to implement these measures and reporting requirements, and the timing of the implementation. Projects proposed under this Plan shall be required to show compliance with applicable mitigation measures pursuant to the requirements of the EIR prior to obtaining a building permit. The Site Development Review process, through the Mitigation Monitoring Reporting Program, shall provide the mechanism to ensure that mitigation measures and performance standards adopted as part of the EIR are implemented.

7.5 SPECIFIC PLAN AMENDMENTS

Amendments to this Specific Plan may be necessary or desired during the life of the project. Significant changes to the Plan shall be considered amendments to this Specific Plan. Interpretations and Substantial Conformance determinations pursuant to Section 7.3.1 and Section 7.3.1.1, respectively, shall not be considered amendments to this Specific Plan.

7.5.1 Amendments

Any amendment to the Plan shall be processed pursuant to the California Government Code and be subject to a public hearing by the Planning Commission and City Council.

7.6 SEVERABILITY

If any provision of this Specific Plan or its application to any person or circumstance is held to be unconstitutional or otherwise invalid by any court of competent jurisdiction, the invalidity shall not affect other Specific Plan provisions, clauses or applications which can be implemented without the invalid provision, clause or application, and to this end the provisions and clauses of this Specific Plan are declared to be severable.



Exhibit 7-1 Parcel Merger—Phase 1A

SOURCE: PSOMAS 2008, May

