

## 3.0 PROJECT DESCRIPTION

This section of the EIR provides a description of the proposed project and the discretionary actions necessary to carry out construction of the project. The analysis of project impacts in Chapters 5 through 16 of this EIR is based upon the description of the proposed project provided in this section.

The Project Applicant, Santa Barbara Cottage Hospital (SBCH), has submitted an application requesting City of Santa Barbara (City) approval of the proposed SBCH Seismic Compliance and Modernization Plan (proposed project), including the following components: demolition of approximately 270,000 square feet of existing hospital structures, construction of approximately 472,450 square feet of new hospital structure housing acute care ambulatory and ancillary support services, construction of a helipad, two parking structures, a three-structure children's day-care complex, and the closure of Castillo Street between Pueblo and Junipero Streets. The City has prepared this EIR to evaluate the potential environmental impacts of implementing the proposed project.

### 3.1 PROJECT HISTORY/SEISMIC REQUIREMENTS

This section provides background information regarding SBCH, its history, the services it currently provides, and the number of patients it serves. A discussion of current seismic requirements for hospitals is also provided because these guidelines have made the SBCH Seismic Compliance and Modernization Plan necessary.

#### ➤ **Project History**

SBCH began serving the City and the South Coast region in 1888 as a single three-story structure bounded by De la Vina, Bath, Pueblo, and Junipero Streets. The hospital has evolved over the years, with buildings being periodically demolished and constructed. The existing main hospital building was built in approximately 1929, with new wings added between 1965 and 1991. The existing main hospital building totals approximately 465,900 square feet consisting of varying heights, with a six-story portion facing Bath Street that has a maximum height of approximately 79 feet. SBCH is currently a primary acute care medical facility that provides a full scope of inpatient, surgical, outpatient, and emergency services. SBCH also provides childcare programs for hospital employees, including a preschool program and an infant/toddler care program that accommodates 24 children each. The health care services currently provided by SBCH are listed in Table 3.A.

The nearest medical facilities providing all of the specialized medical services identified in Table 3.A are located in the Los Angeles and San Francisco Bay areas. Some of these services are also provided in Bakersfield and Fresno.

As a Level 2 Trauma Center, SBCH is the only local hospital providing full services to treat trauma patients (e.g., the Goleta Valley Cottage Hospital is a Level 4 Trauma Center and does not have the capability to perform complicated neurological or open heart surgeries). A trauma center implements all activities of trauma patient care, prevention, and control. There

**TABLE 3.A: EXISTING SERVICES PROVIDED BY SANTA BARBARA COTTAGE HOSPITAL**

Inpatient Services	<p>Adult services:</p> <ul style="list-style-type: none"> <li>• general medical and surgical services</li> <li>• intensive care</li> <li>• coronary care</li> <li>• orthopedics</li> <li>• oncology</li> <li>• neurology/neurosurgery</li> </ul>
	<p>Women and children's services:</p> <ul style="list-style-type: none"> <li>• mother and infant care</li> <li>• pediatrics</li> <li>• pediatric oncology</li> <li>• pediatric intensive care</li> <li>• high-risk obstetrics</li> <li>• neonatal intensive care</li> </ul>
Ancillary Services	Surgical services
	Laboratory
	Cardiology
	Respiratory therapy
	Imaging services
	Physical/Occupational/Speech Therapy
	Pharmacy
Outpatient Services	Emergency Services with a Level 2 Trauma Center
	<p>Surgical services:</p> <ul style="list-style-type: none"> <li>• ambulatory surgery</li> <li>• eye center</li> <li>• endoscopy</li> </ul>
	Imaging services
	Laboratory
	Therapy Services

are four classification levels for trauma centers, with a Level 1 Trauma Center providing the greatest scope of patient services. A Level 2 Trauma Center is defined as a hospital capable of providing definitive care almost similar to Level 1, but not able to provide as intricate treatment as Level 1.

### ➤ Existing and Proposed Patient Volumes and Services

As shown in Table 3.A, SBCH provides both inpatient and outpatient healthcare services on its campus. SBCH is currently licensed by the Department of Health Services (DHS) for 456 licensed beds. According to SBCH records, hospitalizations have increased over the past five years by one or two patients per day. However, because of shorter lengths of stay, the average number of patients in the hospital has trended downward by approximately 10 patients per day. In July 2003, the closure of the St. Francis Medical Center, located at 601 East Micheltorena Street, shifted patient volume to SBCH, providing a change in patient load from an average daily census of 213 to 226. Current projected inpatient volumes are approximately 226 patients per day, including continuation of the increased volumes due to the closure of St. Francis.

Outpatient volumes are projected to continue increasing, with a continued growth rate of two percent per year. These increases are a national trend, particularly for emergency room services. This increase would add approximately 22,000 patient visits annually, or 60 patient visits per day. If the hospital were not rebuilt, it could not treat acute care patients past 2013 in the existing buildings. The hospital would have to accommodate increased outpatient volumes by reconfiguring or adding square footage and increasing the number of treatment rooms.

The current number of Full Time Equivalent (FTE) employees is 1,666. Outpatient volumes (FTE employees<sup>1</sup>) are projected to increase by 28 by 2013.

For both inpatient and outpatient services, current and future patient volume is not contingent on the seismic rebuild. While the existing hospital facility has the capacity to accommodate current and future patient demand, the proposed facility would be larger because it would meet new State seismic standards and all current State building codes for hospitals calling for more square footage per patient room. Proposed changes in hospital operations are planned to accommodate new surgical procedures and the use of imaging techniques in diagnosis. The facility's services and clinical programs offered are expected to remain the same, although the increased facility size would allow for improved efficiency and intensity of use and expanded outpatient services to accommodate estimated future volumes of patients.

### ➤ Office of Statewide Hospital Planning and Development Requirements

The project is governed by the California Building Standards Code (CBSC), which is also known as California Code of Regulations (CCR), Title 24. The CBSC has 11 parts. Part 2 is the 2001 California Building Code. The proposed project is governed by all parts of the CBSC.

**Senate Bill 1953.** California's original seismic safety law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act (HSSA), was passed in 1973. In 1994, the State passed Senate Bill (SB) 1953, intended to ensure that all licensed acute care hospitals are compliant with the

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<sup>1</sup> Based on a fiscal year of 2,080 work hours.

HSSA by January 1, 2030, in order to be reasonably capable of providing services to the public after a major seismic event. The intent of SB 1953 is threefold: (1) to ensure that the expected earthquake performance of hospital buildings is disclosed to public agencies that have a need to know; (2) to encourage structural retrofit or replacement of hospital buildings that have the potential for collapse in an earthquake; and (3) to encourage retrofit and enhancement of nonstructural systems. The CBC and CAC have been developed in accordance with the HSSA. OSHPD is the State permitting authority that ensures compliance with the HSSA pursuant to Senate Bill 1953.

Compliance with SB 1953 is evaluated based on performance criteria with a Structural Performance Category (SPC) rating system. The ratings range from SPC-1, where a building poses a significant risk of collapse and danger to the public after a strong earthquake, to a rating of SPC-5, where the building is in compliance with the structural provisions of the HSSA and is reasonably capable of providing services to the public following strong ground motion. SB 1953 also evaluates the nonstructural (communications, emergency power supplies, bulk medical gas, fire alarms, and emergency lighting) performance with a similar rating system. The Nonstructural Performance Category (NPC) ratings range from NPC-1 where the basic systems essential to life safety and patient care are inadequately anchored to resist earthquake forces to NPC-5, where the hospital building should be able to function and provide all services for 72 hours following a major earthquake. SB 1953 requires all acute care hospital buildings to meet, at a minimum, the structural requirements of SPC-2 and NPC-3 or discontinue provision of acute care services by January 1, 2008.

***SBCH Seismic Safety Compliance.*** A Summary of Hospital Seismic Performance Ratings published by OSHPD in April 2001 indicated that 7 out of 11 SBCH buildings did not meet the minimum structural requirements of SPC-2, and none of the buildings met the minimum non-structural requirements of NPC-3.

SB 1953 would require the retrofit, replacement, or change to non-acute care of the nonconforming buildings by January 1, 2008. SBCH chose to comply with the new standards by demolishing and rebuilding the existing main medical building and converting other noncompliant buildings to non-acute care. SBCH requested an extension for compliance until January 1, 2013 on the basis that the original deadline would create diminished health care capacity which could not be provided by other acute care hospitals within a reasonable proximity. On December 5, 2003, OSHPD granted the request for extension of compliance until January 1, 2013.

The SBCH seismic compliance and modernization plan proposes to demolish approximately 233,170 square feet of the existing main medical facility and construct new hospital buildings according to performance criteria for SB 1953 (SPC 5 and NPC 4 or NPC 5). The South Wing, East Wing, and Buildings H (attached to East Wing) and K (Cancer Center) will be converted to non-acute care facilities except for an existing psychiatric in-patient unit on the 5th floor of the East Wing. According to the Building Standards Administrative Code, each of the buildings providing only non-acute care services would no longer be classified as hospital buildings and would be classified as outpatient clinical hospital service buildings.

The SBCH Board of Directors selected the demolish and rebuild alternative based on several factors including the duration of construction, relative disruption of service, total cost, and compliance with the January 1, 2013 deadline.

***Non-Seismic Compliance Requirements.*** OSHPD also reviews facilities subject to its jurisdiction for compliance the Americans with Disabilities Act (ADA) and State Fire Marshall life safety issues.

### **3.2 PROJECT OBJECTIVES**

Pursuant to Section 15124 of the CEQA Guidelines, the description of the proposed project shall contain a statement of its objectives. The objectives for the SBCH Seismic Compliance and Modernization Plan project are as follows:

1. Improved seismic performance and post-disaster conditions of the SBCH's acute care hospital facilities so that its services would continue to be available to provide needed medical care following an earthquake
2. Provide improved hospital facilities that meet OSHPD design requirements for seismic upgrade that are adequate in size and type to meet the long-term health service needs of the South Coast community (Goleta to Carpenteria) and that reflect current and foreseeable trends in the health care industry
3. Upgraded hospital facility that meets OSHPD design regulations and is consistent with City policy and design provisions, while locating all required departments and functions with a floor plan to facilitate operational efficiency and internal circulation
4. Efficient expansion of hospital facilities to meet the future demand for both inpatient and outpatient facilities
5. Hospital redevelopment within the timeframe mandated by State legislation for required seismic safety upgrades (SB 1953 and Alquist Hospital Seismic Safety Act)
6. Redeveloped hospital at a location that is close to existing medical offices and services to facilitate multiuse medical efficiency and is within relatively close proximity to a major freeway or other circulation corridor
7. Hospital project design and operations that are compatible with the surrounding neighborhood to the extent possible
8. Phased project development phases in a manner that minimizes lengthy construction-related effects on the neighborhood and environment to the extent feasible
9. Project development in a manner that limits disruption to existing inpatient and outpatient services
10. Continued operation as a major employer within the City, providing a range of employment opportunities for citizens within the community
11. Needed facility improvements at the lowest feasible cost so that costs passed on to hospital patients are as low as possible
12. Project design in a manner that efficiently utilizes SBCH's available funding

### 3.3 PROJECT LOCATION/EXISTING SETTING

#### ➤ **Project Location**

The project site is located in the City of Santa Barbara in southern Santa Barbara County. Regional access to the project site is provided by U.S. 101, as shown in Figure 3.1, Project Location. The project involves several individual but adjacent parcels that collectively are defined as the project site. The project site is located several blocks north of U.S. 101, as shown in Figure 3.2, Local Vicinity Map. Local access to the facility is currently provided from Oak Park Lane and Bath, Pueblo, and Castillo Streets. The project site totals approximately 14.54 acres and is located in the Oak Park neighborhood, generally bounded by Oak Park Lane, Los Olivos Street, Bath Street, and Junipero Street. The Oak Park neighborhood consists of older homes that have experienced a conversion to multifamily units or medical uses and other offices, clinics, and laboratories that benefit from their proximity to the SBCH complex. The existing hospital occupies two entire blocks totaling approximately 406,000 square feet and includes institutional and office structures, paved circulation and parking areas, and landscaping. An illustration of the existing project site is shown in Figure 3.3.

The project site is currently divided into three separate land use areas (Figure 3.4). A description of the existing facilities located on each land use area is provided below.

**Land Use Area A.** The easterly block of Land Use Area A contains the main hospital building, which is approximately 465,900 square feet within a 4.67-acre site bounded by Bath, Junipero, Castillo, and Pueblo Streets. The main entrance and valet parking/drop off area is located on Bath Street, with other entrances on Pueblo and Castillo Streets. The 7,370-square-foot Eye Center is located at the southeastern corner of Junipero and Bath Streets. The hospital emergency room and a small parking area are located west of the Eye Center. The main hospital is a combination of interconnected wings, each of which is modern in design or has been subject to recent modernization. The building varies in height from two to six stories. Constructed in 1962, the Eye Center Building is also modern in design.

The westerly block of Land Use Area A is located west of the main hospital building and is bound by Oak Park Lane, and Junipero, Castillo, and Pueblo Streets. This area contains a number of support facilities, including various Spanish style medical office buildings, a hospital parking structure, surface parking lots, Bungalow style child and infant care facilities, and the Central Services Plant. SBCH owns all of the properties located within this area. In addition, this area contains three California Bungalow styled single-story residences that have been converted to medical uses.

**Land Use Area B.** Land Use Area B is a separate parcel located northeast of the main hospital building and contains the Knapp Building and the Computer Service Building and associated surface parking lot at 2400 Bath Street. These are the only structures within this area generally bounded by Bath Street, Nogales Avenue, De la Vina Street, and Quinto Street that are considered part of the project site. These buildings are currently being occupied by administrative office uses. Both of these buildings are constructed in the Spanish style. The Knapp Building is listed on the City's Potential Historic Structures/Sites list and has been found eligible for listing on the California Register of Historical Resources.

**Land Use Area C.** Land Use Area C is bounded by Oak Park Lane, Castillo, Pueblo, and Los Olivos Streets. Existing uses within this area include medical offices and surface parking lots.

Properties owned by SBCH within this area include all properties fronting Pueblo Street and two surface parking lots fronting Castillo Street. With the exception of the MRI Center (at the southwest corner of Pueblo and Castillo Streets), the medical buildings within this area are all modern buildings with some Spanish elements. The MRI Center was designed to emulate the style of Frank Lloyd Wright.

### ➤ **Surrounding Land Uses**

The area surrounding the hospital is urbanized, with adjacent uses including medical offices, other small commercial establishments (hotels and restaurants), a mix of residential densities, and a neighborhood park (Oak Park). The surrounding land uses are shown in the aerial photograph in Figure 3.2. The City's General Plan designates the area around the hospital (the C-O zone and some R-3 areas adjacent to the C-O zone) as Major Public and Institutional.

Immediately surrounding, and supporting the hospital are medical offices, often Spanish in style, or featuring Spanish elements. Medical uses occupy between half a City block to a full City block in every direction surrounding the hospital. One of the more major medical facilities includes the Sansum Clinic, located at 317 West Pueblo Street, just south of the hospital. This area is zoned C-O (Medical Office).

Two or three blocks from the hospital, land use becomes dominated by both single-family and multi-family residential uses. Zoning is a mixture of R-3 (Multiple-Residential Unit) and R-4 (Hotel/Motel/Multiple Residential Unit). The single-family dwellings in the surrounding area are predominately single-story California Bungalows while the multi-family residences are generally two-story and modern in design.

Interspersed among the medical and residential uses are small commercial buildings. These buildings are generally isolated with the exception of the area near the Jesmary Lane/Encinal Avenue intersection (approximately one-half block west of the hospital). At this location, a cluster of commercial buildings exists.

Oak Park is located on the west side of West Alamar Avenue, about two blocks west of the existing hospital, one block west of the proposed hospital. This park contains tennis courts, a playground, horseshoe pits, and a wading pool. It also hosts cultural events such as French, Chinese, and Greek Festivals.

## **3.4 PROJECT DESCRIPTION AND DISCRETIONARY ACTIONS**

The proposed project includes several components that coincide with the seismic rebuild of SBCH. The primary project characteristics are listed in Table 3.B. The completed project is intended to provide the City with a modern, state of the art, seismically compliant hospital in accordance with State requirements. Each component and discretionary approval is described in further detail below.

**TABLE 3.B: SUMMARY OF PROJECT CHARACTERISTICS**

<b>Feature</b>	<b>Existing Facility</b>	<b>Proposed Project</b>
Project Site Area	13.92 acres	14.54 acres (includes Castillo Street right-of-way)
Proposed Reconstruction Phases		
Main Hospital Building	465,900 square feet	712,550 total square feet
Eye Center	7,370 square feet	
Licensed Hospital Beds	456	337
Parking	Surface parking: 488 spaces	Surface parking: 61 spaces
	Parking structures: 475 spaces	Parking structures: 1,191 spaces
	Total: 963 spaces <sup>1</sup>	Total: 1,252 spaces
Building Heights	Hospital structures: up to six stories (maximum 79 feet due to change in ground elevation)	Hospital structures: maximum of three stories (up to 60 feet); elevator tower 96 feet
	Parking structures: parapet 25 feet; elevator tower 35.5 feet	Parking structures: 31.5-foot maximum structure height above grade
	Daycare Center: one story	Childcare Center: one story
Grading and Excavation	N/A	143,600 cubic yards cut 60,500 cubic yards fill 83,100 cubic yards net cut/fill
Landscape Area	126,950 square feet (green space)	206,134 square feet (green space)
	422 existing trees in the project area	Removal of 324 trees Replacement of 398 trees Relocation of 10 existing trees Net gain of 95 trees
Construction Phasing	N/A	Four phases over an estimated period of 9 years
Potential Future Reconstruction Phase		
Additional Acute Care Facilities (no plans currently proposed)	Potentially to replace space in Buildings D, E, G, K, or I.	Assumed future reconstruction of approximately 158,000 square feet of facilities within 5 years after proposed project completion

<sup>1</sup> 888 spaces designated for use by SBCH and 75 spaces designated for surrounding uses.

### ➤ **Specific Plan**

The proposed project is considered consistent with the intent of both the existing General Plan for land use and zoning designation on the project site. The project applicant is, however, proposing the approval of a Specific Plan Zone (SP-8) intended to provide a hospital-oriented zone district for the rebuilding of existing facilities in compliance with the HSSA. The proposed zone would facilitate the re-construction of the existing facilities described in Table 3.B and would also facilitate possible future reconstruction of portions of the existing facilities that are not currently slated for replacement in the proposed project.

The Specific Plan Zone is proposed to replace the existing CO-Medical Office zoning on the project site and would establish allowable land uses, development intensity, and development standards within the new SP-8 Zone as well as project review and approval processes, construction phasing, and mitigation monitoring requirements. Any development within the Specific Plan Zone would be subject to the development standards outlined in Table 3.C related to parking, transportation and circulation improvements, public improvements, and landscaping requirements. Future build out pursuant to the approved SP-8 Zone would be conditioned to protect a desirable living environment by protecting surrounding residential land uses in terms of light, air, and existing visual amenities.

As shown in Figure 3.4, the Specific Plan Zone is proposed to be broken down into three Specific Plan Land Use Areas. Land Use Area A is bound by Oak Park Lane and Pueblo, Bath, and Junipero Streets and includes the proposed main hospital facility and those uses associated with a general acute care hospital. Land Use Area B is located northeast of Land Use Area A and includes parking for the main hospital facility and the existing Knapp and Computer Services Buildings. Land Use Area C includes portions of the block bound by Pueblo Street, Castillo Street, Oak Park Lane, and Los Olivos Street and includes parking for the main hospital facility and childcare facilities. Table 3.C outlines the permitted uses within each of the land use areas.

**Potential Future Phases.** The portions of the existing hospital building proposed to be remodeled but not demolished and reconstructed as part of the proposed project (South, East, and Centennial Wings and Buildings G and K) would house only non-acute functions and therefore are not subject to the Alquist Hospital Seismic Safety Act seismic and code upgrade requirements. SBCH anticipates that in the years beyond the completion of the proposed reconstruction, there may be the need for additional acute care space in the City and it would be possible that these retained portions of the existing hospital could be demolished and reconstructed pursuant to the Alquist Act standards or subsequent State standards that may be in effect at that time and the requirements of SP-8 Zone. In this way, the entire two-block hospital area could be integrated both functionally and architecturally.

No definitive plans for a future phase of re-construction exist at this time, however. In order to address this potential future activity which would be permitted by the proposed SP-8 Zone, this EIR has assumed for purposes of analysis that future re-construction would: a) be located within the physical envelope of the existing main hospital buildings to remain (internally remodeled) as part of the proposed project (Buildings D, E, G, K and I), b) not exceed the combined square footage of existing buildings to remain with the current project, (approximately 240,100 square feet), c) include a use such as an additional nursing pavilion of 100 beds, and d) be developed within an estimated timeframe of 5 additional years. The

**TABLE 3.C: SPECIFIC PLAN DEVELOPMENT STANDARDS**

Land Use Area	Permitted Uses	Development Standards
Area A	Uses and facilities associated with a general acute care hospital facility Emergency room/clinical care for outpatient treatment and diagnosis Pharmacies, gift stores, ATM facilities, restaurants, retail/personal service shops Daycare centers Chapels and places of worship Auditoriums Offices for private physicians Overnight accommodations for patients' families Communication facilities Employee services Helicopter land site	Front and interior yard requirements: not less than 10 feet for all parking areas Open space/landscaping: not less than 20 percent of the gross area shall be a combination of landscaped areas, patios, walkways, open space, and passive recreational areas Building height 60 feet
Area B	Multistory parking structure Medical office building Uses associated with medical office building (labs, pharmacies, etc.) Office uses CO zone uses Landscape and open space areas R-3 zone residential uses	Front and interior yard requirements: not less than 10 feet for all parking areas Open space/landscaping: not less than 20 percent of the gross area shall be a combination of landscaped areas, patios, walkways, open space, and passive recreational areas Building height 45 feet
Area C	Childcare center Multistory parking structure Surface parking lots Landscape and open space areas R-3 zone residential uses CO zone uses	Front and interior yard requirements: not less than 10 feet for all parking areas Open space/landscaping: not less than 20 percent of the gross area shall be a combination of landscaped areas, patios, walkways, open space, and passive recreational areas Setback for portion of parking structure (south elevation: not less than 4'11") Building height 45 feet
All Areas	Roads Sidewalks On-street parking areas Landscape and open space areas	Building height: three stories not to exceed 60 feet for acute care hospital building and 45 feet for any non-hospital building (including parking structures) Parking structures not to exceed 45 feet Front and interior yard requirements: not less than 10 feet for all buildings, except portion of south elevation of Pueblo parking garage Off-street parking: to be evaluated on a project-specific site and use basis Street closure: City Council may abandon a portion of Castillo Street between Junipero and Pueblo Streets and permit critical care hospital development within the abandoned public road easement Sign usage: signs shall be permitted as provided in the Sign Ordinance

Source: SBCH Compliance and Modernization Plan, July 2003.

assumed timeframe is used for the purposes of the analyses conducted in this EIR as a means to quantify potential impacts. Such future development would have to comply with all adopted development standards for Specific Plan Land Use Area A, as listed in Table 3.C, and would be subject to subsequent review under CEQA. If future re-construction were to exceed this level of development or diverge from approved standards, an amendment to the Hospital Master Plan and the SP-8 zone would be required.

### ➤ **Development Plan**

While the proposed project would result in a substantial net increase in hospital space as compared to the current hospital, the increase is in response to current State building codes (California Building Code, Chapter 4) requiring additional space to accommodate existing functions, including larger patient rooms, additional support space, additional space for infectious disease control, and wider corridors. Additionally, space for larger and new types of medical equipment, new types of procedures, seismic bracing, and modern mechanical systems create demands for additional floor area. Modern hospital design standards call for separation of public and patient corridors and no ramps or elevation changes on any floor to facilitate movement of patients and supplies. When OSHPD standards are coupled with numerous other building code and infrastructure mandates in the Alquist Seismic Safety Act, hospitals require more overall square footage today than in the past to provide acceptable levels of service.

SBCH is proposing to replace most of the existing patient rooms, now consisting of one to three beds per room, with predominantly private rooms (a single patient per room). It is not possible for all beds in a multi-bed room to be fully occupied due to limitations on mixing of genders, types of treatment, and the need for patient isolation. Of the proposed 310 patient rooms, 283 rooms would be private and 27 rooms would be semiprivate, allowing either single or double occupancy. This flexibility would allow SBCH to respond more efficiently to changing census needs. Shifting to all private rooms allows a higher rate of room occupancy while reducing the number of available beds. Bed occupancy currently averages 226 beds, which is approximately 50 percent of the 456 licensed beds. With implementation of the project, average bed occupancy is projected to be 226 beds, which is approximately 67 percent of the proposed 337 licensed beds.<sup>1</sup>

The new hospital buildings would be separated visually and would appear as separate “cottages” in keeping with the theme of the original hospital and to meet the requirement that each patient must have a window. All buildings would be connected to a series of three central elevator and stairway lobbies. Through the center of the hospital would be a new open and landscaped plaza that would include water features and formal and informal areas. Table 3.D identifies each of the major project components.

A new main entry to the hospital would be created at Pueblo and Castillo Streets. The new main entry would provide the public with a new landscaped public open space. The existing Moreton Bay fig tree (at the northeast corner of Castillo and Pueblo Streets) would be preserved at this location to provide a focal point for the main entry (see the Peer Review included in Appendix C).

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<sup>1</sup> This projection accounts for the closure of the St. Francis Medical Center and assumes that all St. Francis patients would come to SBCH.

**TABLE 3.D: DEVELOPMENT PLAN STATISTICAL SUMMARY**

Project Component	Acreage				Square Footage			
	Area A	Area B	Area C	Total	Area A	Area B	Area C	Total
<b>Hospital Facilities</b>								
Inpatient (Nursing Pavilions)	1.78	--	--	1.78	77,385	--	--	77,385
Outpatient (D&T Building)	1.74	--	--	1.74	75,780	--	--	75,780
Central Plant	0.26	--	--	0.26	11,210	--	--	11,210
Remodel Inpatient Buildings I and G	0.33	--	--	0.33	14,580	--	--	14,580
Remodel Outpatient Buildings D, E, H, and K	1.00	--	--	1.00	43,475	--	--	43,475
<b>Child Care Facilities</b>	--	--	0.27	0.27	--	--	11,813	11,813
<b>Parking</b>								
Pueblo Parking Structure	--	--	1.34	1.34	--	--	58,280	58,280
Knapp Parking Structure	--	0.77	--	0.77	--	33,722	--	33,722
Existing Surface Lots	0.12	--	--	0.12	5,200	--	--	5,200
Knapp Surface Lot	--	0.77	--	0.77	--	33,553	--	33,553
New Emergency Surface Lots on Junipero Street	1.04	--	--	1.04	45,300	--	--	45,300
New Service Yard Surface Lot	0.39	--	--	0.39	17,000	--	--	17,000
<b>Landscaping (Hardscape and Softscape)</b>								
	Acres				Square Footage			
Public—Hospital Site	2.14	--	--	2.14	93,314	--	--	93,314
Public—Pueblo Garage Site	--	--	0.24	0.24	--	--	10,532	10,532
Public—Knapp Garage Site	--	0.64	--	0.64	--	27,975	--	27,975
Private—Main Hospital Site	1.14	--	--	1.14	49,738	--	--	49,738
Private—Pueblo Garage Site	--	--	0.56	0.56	--	--	24,575	24,575
Subtotal Landscaping	3.28	0.64	0.8	4.73	143,052	27,975	35,107	206,134
<b>Total Acreage</b>	<b>9.94</b>	<b>2.18</b>	<b>2.41</b>	<b>14.54</b>	<b>432,982</b>	<b>95,250</b>	<b>105,200</b>	<b>633,432</b>

➤ **Hospital Facilities**

The proposed hospital facility would span two blocks when complete (see Figure 3.4, Proposed Site Plan), fully occupying Land Use Area A. All existing development located in the westerly portion of Area A would be removed to accommodate the construction of the new hospital structures. The reconstructed hospital would consist of 687,750 square feet in addition to the 24,800-square-foot Central Plant. The overall hospital complex would total 712,550 square feet (not including the proposed day care center and parking structures described subsequently in this section).

Table 3.E identifies the existing and proposed building square footages on the SBCH campus. The proposed project would construct 472,450 square feet of new structures, including a new medical facility (447,650 square feet) and Central Plant (24,800 square feet) at the southwest corner of Bath and Junipero Streets. As shown on Figure 3.4 (Conceptual Site Plan), the existing South Wing, East Wing, Centennial Wing, and Buildings G and K would remain as part of the hospital complex. The project would increase the size of the medical campus by approximately 39 percent to 712,550 square feet and increase the size of the campus by 0.62 acre due to the closure of Castillo Street. The number of licensed beds would be reduced from 456 to 337 beds. One additional operating room is planned (for a total of 15 suites) to accommodate new surgical procedures that have been developed in recent years. The number of imaging suites would increase by 4 to 17 to accommodate increases in physician orders for x-rays, CTs, and MRI studies for hospitalized beds.

**TABLE 3.E: HOSPITAL BUILDING AREAS**

<b>Building</b>	<b>Existing (net square feet [nsf])</b>	<b>Demolish (nsf)</b>	<b>Construct New (nsf)</b>	<b>Total Building (nsf)</b>
Main Hospital Building	465,900	225,800	447,650	687,750
Other Medical Bldgs <sup>1</sup>	16,080	16,080	0	
Central Services Plant	21,480	21,480	24,800	24,800
Eye Center	7,370	7,370	0	0
Total	510,830	270,730	472,450	712,550

Two parking structures, a childcare center, and a helipad are proposed. In order to accommodate the proposed expanded hospital facilities, the project proposes the permanent closure of Castillo Street between Pueblo and Junipero Streets and the phased demolition and construction of the hospital facilities in order to remain operational at all times (described further below). The proposed hospital buildings would be three stories and would not exceed 60 feet in height. However, portions of the existing hospital that would remain are five and six stories and have a calculated maximum height of 76 feet. The buildings to remain are shown later in the section on Figure 3.11. The architectural style of the proposed hospital

<sup>1</sup> Other medical buildings include the Neurological Association Building, the Oak Park Medical Building, the Infant Toddler Center, a Private Residence, the Administrative Research Building, and a Children’s Center.

facilities would be Spanish, with the exception of the childcare facility, which would be California Bungalow.

**Central Plant.** The proposed new Central Plant would total approximately 24,800 square feet and would be located on the site of the existing Eye Center at the southwest corner of Bath and Junipero Streets.

**Hospital Basement.** A 47,300-square-foot basement would be added to the existing 14,200-square-foot basement of the main hospital building. The basement expansion would provide material and supply storage area in order to eliminate the need for an off-site storage facility. The addition would also provide a path of travel across the hospital, allowing separation of movement of material and supplies, patients, and visitors. This addition would improve internal hospital circulation at the basement level that would allow material management functions to be taken off of the main hospital floors, minimizing conflicts with patients and visitors.

**Licensed Beds.** The proposed project would reduce the number of licensed beds at the hospital from 456 to 337 (317 acute care beds and 20 psychiatric beds). Nearly all of the beds are proposed as private rooms and all rooms are proposed to be larger, in compliance with new hospital codes. The proposed number of beds has been determined adequate to serve the community for the foreseeable future and accounts for the loss of beds at the St. Francis Medical Center. There has been a trend toward declining numbers of overnight stays and increasing numbers of outpatients.

**Employees.** The number of employees responsible for inpatient care is not expected to change as a result of the proposed project or based on projected inpatients in the foreseeable future. Outpatient volumes are projected by SBCH to grow at a rate of 2 percent per year, resulting in a total of 1,694 FTEs. The scope of services provided at the hospital would remain the same. The number of full-time equivalent employees (FTEs) is projected to increase by 28 by the year 2013.

**Helipad and Elevator Tower.** The proposed project would incorporate a helipad on the roof of the proposed new Diagnostic and Treatment Building (Figure 3.4), where patients could be taken from the helipad into an elevator and directly down into a trauma or surgery unit.

The proposed helipad is approximately 59 feet in height at an elevation of 201.5 feet above mean sea level. An average of two flights per week are projected by the hospital. However, this amount may vary. Under normal hospital conditions, the helicopter would follow a flight path along U.S. 101 and make a direct approach toward the hospital after turning near the intersection of U.S. 101 and Pueblo Street. Departures would follow the same path as approaches. Under windy conditions, after turning toward the hospital, the helicopter would approach the helipad by making a gradual loop to the east prior to turning west for final approach and touchdown into the prevailing west wind. Departures in windy conditions could require direct climb and vertical takeoff over the helipad and then departure directly toward the freeway. Figure 3.5 identifies the proposed helicopter flight paths.

The elevator tower to serve the helipad represents the tallest feature of the proposed project at approximately 96 feet, or 238 feet above mean sea level.

**MRI Trailer.** The MRI trailer currently located next to the Eye Center would be relocated to allow for the demolition of the Eye Center in Phase 1 and construction of the proposed new Central Plant in Phase 3. Although the new hospital would have an MRI center within the

facility, the mobile MRI trailer is needed until the hospital is completed. The trailer would move to a location off Pueblo Street. It would be located at the east side of the hospital, adjacent to the Cancer Center drop-off area.

The MRI trailer is equivalent in size to a standard 16-wheel semi trailer. Related improvements to provide adequate area for the relocated MRI trailer at the Cancer drop-off area include reducing the size of the existing vehicular drop-off area by removing a curb cut and constructing a new curb cut, constructing a small retaining wall and a concrete slab to support the trailer.

### ➤ **Parking Lots/Structures**

The proposed project includes two new parking structures and surface parking lots intended to meet parking demand within the project site. There are currently 963 parking spaces (888 designated for SBCH and 75 spaces for surrounding uses) within the project site, and the project proposes 1,252 parking spaces within the project site. Of these spaces, 1,191 would be within the two proposed parking structures.

**Surface Parking.** Thirty-four at-grade parking spaces would be provided adjacent to the Emergency Department along Junipero Street, five would serve the service yard at Oak Park Lane and Junipero Street, 12 would be located at the Fletcher Building at Junipero Street and Fletcher Street, and 10 would be adjacent to the outpatient drop-off at Bath and Pueblo Streets.

**Knapp Parking Structure.** The proposed Knapp Parking Structure (see Figure 3.4) would provide 556 parking spaces (56 of which are surface spaces) at the current surface parking lot east of the Knapp Building at 2400 Bath Street. The structure would have two stories above grade (with three parking levels) and one and one-half story below grade. The structure would have a maximum height of 31.5 feet above grade with the exception of the elevator tower, which would have a maximum height of 38.5 feet. The Knapp Parking Structure would be Spanish in style but would be simplified to not compete with the plain facades of the rear of the Knapp Building. Through an existing parking agreement, the hospital would dedicate 44 of the new spaces in this structure to the Rehabilitation Institute, located at 2415 De la Vina Street. The parking structure would also provide 84 spaces to serve the Knapp Building, which currently provides office space for approximately 100 hospital employees. When demolition of the medical office buildings on Pueblo Street commences, the displaced uses would relocate to the Knapp Building. The Knapp Parking Structure is intended to accommodate physicians and employees within the hospital complex, as well as the Eye Center.

**Pueblo Parking Structure.** The proposed Pueblo Parking Structure (see Figure 3.4) would provide 635 parking spaces and would be located at the northeast corner of Pueblo and Castillo Streets. This structure would also include two stories above grade (with three parking levels) and one level below grade. The structure is proposed to be 27 feet in height with the exception of the stair towers and elevator tower, which would have a maximum height of 37 feet. The Pueblo Parking Structure would be Spanish in style, consistent with the style of the Knapp Parking Structure. This structure is intended to accommodate hospital visitors and patients. A bicycle parking facility is included as part of the Pueblo Parking Structure on the north elevation along Pueblo Street. The proposed structure contains parking for approximately 59 bicycles and provides storage lockers, showers, and restrooms. The Pueblo

Parking Structure would also contain a 992-square-foot commercial component (such as a coffee shop or newsstand) along Pueblo Street. The closest multi-family dwelling is located approximately 44 feet from the proposed parking structure location and the closest single-family residence is approximately 76.2 feet from the parking structure. All other residential uses are setback by more than 100 feet.

### ➤ **Child Care Center**

The proposed childcare center located adjacent to the proposed Pueblo Parking Structure would replace the surface parking lot located at the corner of Castillo and Los Olivos Streets (see Figure 3.4). Existing childcare programs would be combined, expanded, and relocated to Castillo Street adjacent to the south side of the new Pueblo Parking Structure. The proposed center would total 11,813 square feet, designed to accommodate a combined total of 96 children (48 preschool and 48 infant/toddlers). The center would include the following three structures: (1) a 3,310-square-foot one-story preschool building at the corner of Los Olivos and Castillo Streets, (2) a 5,610-square-foot infant center adjacent to the Pueblo Parking Structure, and (3) a 2,893-square-foot toddler building located southwest of the infant center. The childcare center would include an estimated seven adults for infants and toddlers and six teachers for the preschoolers, in excess of State requirements.<sup>1</sup> The child care center hours of operation are proposed to be from 6:30 a.m. to 5:30 p.m. The maximum height of the facility is the small conical tower at the administration building, which is 20 feet at its peak. The highest regular roof is on the preschool building, which is 18 feet at its ridge. The State of California Department of Social Services would ultimately approve a final capacity for the childcare facility upon completion of construction.

### ➤ **Infrastructure Improvements**

The existing hospital site receives service from all local utilities as well as water and sanitary sewer service from the City of Santa Barbara. The closure of Castillo Street would require some utilities to be rerouted. Additional changes in infrastructure generated by the proposed project would include the removal and relocation of gas, sewer, and water lines within the project area. The utility relocations would require cutting and capping the existing sewer lateral at the sewer main, terminating existing water services, and removing the existing gas line. Existing electrical, telephone, and cable television lines are proposed for underground relocation, requiring the installation of pull boxes. The proposed project would require the removal and/or relocation of the following utilities:

**Domestic Water.** Removal of 12" domestic water line, removal of 6" and replacement with 8" domestic water line, removal of 6" and replacement with 12" domestic water line.

**Wastewater.** Construction of an 8" sewer main extension to connect to the existing sewer manhole.

**Storm Drain.** Construction of storm drain pipes and curb outlet drains around the hospital building site.

**Storm Drain.** Construction of storm drain filter/clarifier, sump pump, and curb outlet drains on the building site.

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<sup>1</sup> The State staffing requirements are one adult per four infants, one adult per four toddlers, and one teacher per twelve preschoolers.

***Storm Drain.*** Construction of 10' x 10' box culvert from the intersection of Junipero and Castillo to Mission Creek via Junipero and Oak Park Lane.

***Bus.*** Construction of a new concrete bus stop pad, 8' sidewalks with 4' brick parkways with tree wells, fire hydrant, and a Type A streetlight.

***Electrical, Telephone, and Cable Television.*** Undergrounding of existing overhead facilities on Junipero, Castillo, and Pueblo Streets and construction of pull boxes.

### ➤ **Signage**

A signage and “way-finding” program would be implemented as part of the proposed project. The proposed signage would be designed to compliment the architecture and interior design of the hospital using the Santa Barbara/California Mission style. Signs would be placed strategically at key decision points throughout the project site. The design is intended to be consistent with the City of Santa Barbara standards as well as the proposed architecture and interior design palettes.

***Exterior Signage.*** Hospital identification and vehicular directional signs on Bath Street are proposed to be designed and located to work in harmony with the landscape elements and be a visual anchor to the project site. Directional messages to the main entrance and emergency room would also be provided. Hospital identification at the main entrance would consist of letters carved into the retaining wall. Due to potential floodplain issues, the signs along Oak Park Lane would be post and panel construction and would be designed to collapse in the event of a flood. Post and panel elements would be derived from exterior architectural details. The pedestrian directional signs would be located along pathways at key decision points. These small monument signs would be similar to the identification and directional signs in terms of color, materials, and details.

***Interior Signage.*** Typography and materials for interior signage would be consistent with both California codes and Federal ADA requirements for signage. The proposed design follows the interior design concept in terms of colors, materials, and detailing. Signs would be integrated with interior elements and architecture wherever possible. The sign panels feature a background pattern derived from traditional wrought-iron scrollwork found throughout the project site.

### ➤ **Landscaping**

The proposed project would substantially increase the amount of open space and landscaping within the project site. The project proposes an increase of approximately 79,184 square feet of landscaping throughout the project site, resulting in a total landscaped area of 206,134 square feet. Trees, shrubs, ground cover, patios, water features, and open spaces are proposed as part of the project. The project would result in the removal of approximately 324 trees and the protection of 109 existing trees. The preliminary landscape plan provides for 398 new trees to be planted over the course of the phased implementation of the project and relocation of 10 existing trees. The Preliminary Landscape Plan includes 517 trees, resulting in a net gain of 95 trees. Principal features of the proposed landscape plan are shown in Figure 3.6 followed by the Conceptual Landscape Plan Plant Palette (Table 3.H).

Additional features of the plan include surface parking landscaping, third floor terraces, street trees, and parking structures landscaping. Details related to the plant palettes within each element are provided in the Preliminary Landscape Plan, available on request at the City.

The primary features of the plan include a garden at the corner of Pueblo Street and Oak Park Lane, five patient pavilion courtyards, central and western courtyards, and Main Entry landscaping. The garden at Pueblo Street and Oak Park Lane would be designed as an informal garden to accommodate ambulatory patients and visitors. The patient pavilion courtyards would be landscaped for the enjoyment of patients, visitors, and hospital staff, providing pleasant views from patient rooms and patient access to the outdoors. The central and western courtyards would feature a "River of Life" theme. The focus of the design would be a stream of water running the length of each courtyard space, giving the impression that the stream runs under the buildings themselves. The new main entry (at the corner of Pueblo and Castillo Streets) would be designed to accommodate automobile and pedestrian access to the complex. The Moreton Bay fig tree would be preserved to provide a focal point for the new main entry, and a cascading fountain would be added between the Castillo Street sidewalk and the interior loop of the driveway.

### ➤ **Lighting Plan**

The Conceptual Lighting Plan for the main hospital building is shown in Figure 3.7 and described below.

**Landscape Lighting.** Landscape lighting would be designed to provide for human safety and to highlight significant landscape elements at night. Safety lighting would consist of approximately 36 path lights, 39 bollard-style lights, and 19 post-mounted fixtures. In addition to the safety lighting, there would be accent lights in the landscaped areas. These would highlight significant landscape elements (primarily trees), and would be kept nearer the interior areas of the site.

**Exterior Building Lighting.** Lighting for exterior building facades would be used sparingly to emphasize building elements. Fixtures would be located inside towers, creating a lighted lantern effect and signature icons for the hospital. Public entrances would have lighting integrated with trellis structures to highlight the structure, defining primary points of entry to serve as a way-finding device. Lighting would also be detailed to light walkways for safety at entries.

**Parking Structure Lighting.** Lighting for the proposed parking structures would be designed to comply with the City's Outdoor Lighting Ordinance and Design Guidelines. The lighting would be designed to be compatible with the ambient lighting of the surrounding neighborhood and would be shielded pursuant to the Lighting Ordinance. The Conceptual Lighting Plan for the proposed parking structures is shown in Figure 3.8. The City's Outdoor Lighting Ordinance contains guidelines for security lighting (refer to a more detailed discussion of security lighting in Chapter 14.0, Visual Aesthetics).

**Helipad Lighting.** The proposed helipad lighting plan is shown in Figure 3.9. The helipad would include several types of lighting, including eight perimeter lights with yellow lenses, red obstruction lighting on the elevator penthouse, area lighting to illuminate the gurney walkway for transporting patients, a three-color (green, yellow, and white) beacon, and a windcone to provide pilots with wind direction and speed information. The helipad lights would be activated only by hospital security or a pilot. The lights would normally be on while

the helicopter is on the helipad, and a helicopter may be on the pad for up to one-half hour. Helipad lighting is only needed during nighttime helicopter transports. For landings that occur during the daylight hours, lights would be activated manually from inside the hospital or remotely by incoming pilots. Lights would be turned off after the helicopter's departure.

### ➤ **Construction/Demolition**

The proposed project includes the demolition of 283,263 square feet of existing hospital structures, including 233,170 square feet of the existing main hospital building and Eye Center and 37,535 square feet of structures located on the adjacent block bounded by Oak Park Lane and Junipero, Castillo, and Pueblo Streets. Construction of the proposed project is expected to take approximately nine years, during which the hospital must remain fully operational (Table 3.F).

Due to the comprehensive nature of the project, demolition, reconstruction, and remodeling would be implemented in a series of phases over an approximate nine-year period through the year 2013. The hospital would remain operational during the entire construction duration in order to maintain existing hospital services and minimize disruption to patient care. SBCH proposes construction hours of 7 a.m. to 6 p.m., Monday through Friday, and 7 a.m. to 5 p.m. on Saturdays. Night utility work is proposed on a limited number of occasions. Anticipated project phases are described in Table 3.F and are graphically illustrated in Figure 3.10. The project applicant has designed eight phases of work; however, for purposes of EIR analysis, the phases have been condensed to four construction phases, as appropriate. Buildings to be demolished and constructed are shown in Figure 3.11.

In addition to equipment and material storage, the designated staging areas may have additional activities taking place within them, including deliveries, breakdown and storage of materials, assembly of materials that have been shipped to the site, and equipment set-up for short-term usage. The staging area for the Pueblo Parking Structure would be located in the space designated for the future childcare site. In order to provide the maximum amount of parking during the construction, process phasing provides for the childcare structure to be built as soon as possible in order for construction of the parking structure to begin.

Preliminary earthwork quantities for the proposed project are shown in Table 3.G below, including 143,600 cubic yards of cut and 60,500 cubic yards of fill. Table 3.G shows the cut and fill quantities broken down by project component.

**Construction Management Plan.** To minimize inconvenience and negative impacts to the neighboring residents and businesses, SBCH proposes communication with its neighbors before and throughout the construction process. The comprehensive Construction Management Program would include the following elements:

- Advance notice to neighbors about activities (24-hour hotline, website, periodic direct mail)
- Periodic neighborhood update meetings
- Off-site construction parking and worker shuttles
- Traffic control measures to minimize circulation impacts

**TABLE 3.F: CONSTRUCTION PHASING**

<b>Phases for EIR Analysis</b>	<b>Phase</b>	<b>Estimated Duration</b>	<b>Description</b>	<b>Transfer of Services</b>	<b>Construction Personnel Parking<sup>1</sup></b>	<b>Staging Areas</b>
I	1A	1 month	Demolish existing Eye Center at Junipero and Bath Streets. Construction activities include demolition, site clearing, and utility relocation.		Construction employee parking would be located on and off site. A shuttle bus would be provided to transport workers to and from the job site.	The staging area would be located adjacent to and east of the existing Eye Center. Storage within the staging area would include debris from demolition operation.
	1B	1.5 months	Demolish structures within the footprint of the proposed Pueblo Parking Structure and Childcare Center. Construction activities include demolition, site clearing, utility relocation, foundations, concrete, masonry, roofing, waterproofing, plaster, painting, elevators, mechanical, electrical, and plumbing.		Construction employee parking would be located on site and off site. A shuttle bus would be provided to transport workers to and from the job site.	The staging area would be located adjacent to and west of the existing Childcare Center. Storage within the staging area would include construction deliveries, reinforcing steel, masonry, roofing, plaster, elevators, MEP equipment, assembling components, and equipment set up for short-term use.

<sup>1</sup> No parking within surrounding residential areas would be permitted.

Phases for EIR Analysis	Phase	Estimated Duration	Description	Transfer of Services	Construction Personnel Parking <sup>1</sup>	Staging Areas
	2A	30 months <sup>2</sup>	Construct new parking structures and Childcare Center. Construction activities include utilities, foundations, concrete, masonry, roofing, waterproofing, plaster, painting, elevators, mechanical, electrical, and plumbing.		Construction employee parking would be located on site and off site. A shuttle bus would be provided to transport workers to and from the job site.	The staging areas would be located adjacent to and west of the proposed Knapp Parking Structure. Storage within the staging area would include construction deliveries, reinforcing steel, masonry, roofing, plaster, elevators, MEP equipment, assembling components, and equipment set-up for short-term use.

<sup>2</sup> 14 months to construct the Knapp Parking Structure, 16 months to construct the Pueblo Parking Structure and childcare center.

Phases for EIR Analysis	Phase	Estimated Duration	Description	Transfer of Services	Construction Personnel Parking <sup>1</sup>	Staging Areas
	2B	17 months	Construct new Central Services Plant. Construction activities include utilities, foundations, concrete, masonry, structural steel metal deck, roofing, and waterproofing. Soil management practices would be implemented during construction of the Central Plant. Other construction measures related to the Central Plant include a health and safety plan for construction workers, dust control, soil transportation and disposal measures, stormwater runoff control, and contingencies if unexpected conditions are encountered.		Construction employee parking would be located on and off site. A shuttle bus would be provided to transport workers to and from the job site.	The staging area would be located adjacent to and directly west of the proposed Central Plant. Storage within the staging area would include reinforcing steel, structural steel, metal deck, masonry, stone, fireproofing, roofing, glass and glazing, plaster, elevators, MEP equipment, assembling components, and equipment set-up for short-term use.
II	3	10 months	Demolish existing parking structure and Central Services Plant; abandon utilities and demolish Castillo Street. Construction activities include demolition, site clearing, and utility relocation.		Construction employee parking shall be on site.	The staging area would be located adjacent to and east of the existing parking structure and Central Services Plant. Storage within the staging area would include debris from demolition operation.

Phases for EIR Analysis	Phase	Estimated Duration	Description	Transfer of Services	Construction Personnel Parking <sup>1</sup>	Staging Areas
	4	37 months	Construct nursing pavilions, Diagnostic and Treatment Building, and helipad; remodel portions of Centennial and East Wings; transfer acute and intensive care to new nursing pavilions; and construct new plaza and hospital entry. Construction activities include utilities, foundations, concrete, masonry, structural steel, metal deck, roofing, waterproofing, glass and glazing, plaster, painting, elevators, mechanical, electrical, and plumbing.	New Diagnostic and Treatment Building would house the surgery, radiology, women's services, nutrition, and materials management. Transfer acute and intensive care patient beds to the new nursing pavilions facing Pueblo Street.	Construction employee parking would be located on site and off site. A shuttle bus would be provided to transport workers to and from the job site.	The staging area would be located at the southeast corner of Junipero Street and Oak Park Lane and the northwest corner of Pueblo Street and Castillo Street. Storage within the staging area would include reinforcing steel, structural steel, metal deck, masonry, stone, fireproofing, roofing, glass and glazing, plaster, elevators, MEP equipment, assembling components, and equipment set-up for short-term use.
III	5A & 5B	13.5 months	Partially remodel the South, East, and Centennial Wings and demolish the West Wing, Central Wing, Reeves Wing and North Wing. Construction activities include demolition, site clearing, utility relocation, roofing, waterproofing, glass and glazing, plaster, painting, elevators, mechanical, electrical, and plumbing.	Transfer uses and functions in the West Wing, Central Wing, Reeves Wing, and North Wing into the new nursing pavilions.	Construction employee parking would be located on site and off site. A shuttle bus would be provided to transport workers to and from the job site.	A staging area would be located adjacent to the Moreton Bay fig tree and another directly north of the North Wing. Storage within the staging area would include debris from demolition materials.
	6	20 months	Construct nursing pavilion on Pueblo Street and complete the Diagnostic and Treatment Building. Construction activities include utilities, foundation, concrete, masonry, structural steel, metal deck, roofing, waterproofing, glass and glazing, plaster, painting, elevators, mechanical, electrical, and plumbing.		Construction employee parking would be located on and off site, so a shuttle bus would be provided to transport workers to and from the job site.	Construction staging areas would be located northeast of the Centennial Building and between Building D and the Patient Pavilion.

<b>Phases for EIR Analysis</b>	<b>Phase</b>	<b>Estimated Duration</b>	<b>Description</b>	<b>Transfer of Services</b>	<b>Construction Personnel Parking<sup>1</sup></b>	<b>Staging Areas</b>
IV	8	12 months	Remodel East and South Wings and Buildings G and K. Construction activities include utilities, concrete, masonry, miscellaneous metal, roofing, waterproofing, glass and glazing, drywall, plaster, painting, elevators, mechanical, electrical, and plumbing.	East and South Wings and Buildings G and K would house hospital administrative and other non-acute care hospital functions.	Construction employee parking would be located on and off site, so a shuttle bus would be provided to transport workers to and from the job site.	The construction staging area would be located at the southwest corner of Bath Street and Pueblo Street. Storage within the staging area would include miscellaneous metal, masonry, stone, fireproofing, roofing, glass and glazing, drywall, plaster, MEP equipment, assembling components, and equipment set-up for short-term use.

**TABLE 3.G: EARTHWORK QUANTITIES**

<b>Project Component</b>	<b>Cut (cubic yards)</b>	<b>Fill (cubic yards)</b>	<b>Net Cut/Fill</b>
Central Plant	14,100	700	13,400
Main Hospital Building	86,500	57,500	29,000
Knapp Parking Structure	21,000	1,500	19,500
Pueblo Parking Structure	22,000	800	21,200
<b>Total</b>	<b>143,600</b>	<b>60,500</b>	<b>83,100</b>

- Implementation of all City project-specific and standard project conditions, including:
  - Inspection by an independent Project Environmental Coordinator and mitigation monitoring reporting to the City
  - Noise-generating activities permitted on weekdays only from 7:00 a.m. to 6:00 p.m. and Saturdays from 7:00 a.m. to 5:00 p.m.
  - Dust control measures during site preparation and grading

Additional measures as determined upon completion of project and environmental review.

➤ **Abandonment of Castillo Street**

The proposed project includes the permanent closure of Castillo Street between Pueblo and Junipero Streets to allow for construction of the proposed new hospital and main entry. Upon the abandonment of this segment of Castillo Street, the existing owner (SBCH) would recapture its existing fee-owned land underlying the right-of-way for their project. Existing public utilities (gas, sewer, and storm drain lines) within this segment of Castillo Street would be relocated as discussed in Chapter 12.0 of this EIR. Pursuant to California Streets and Highways Code (8300 et seq.), the abandonment of Castillo Street must be approved by the Santa Barbara City Council.

➤ **Allocation of Economic Development Square Footage**

In 1989, City of Santa Barbara voters passed Measure E, a ballot initiative that limits the amount of new non-residential development within the City to three million square feet until the year 2010. The three million square feet is divided into categories available to different types of projects, including: Approved Projects, Pending Projects, Vacant Property, Small Additions, Community Priority, and Economic Development. On May 20, 2003, the City designated the proposed project as both a Community Priority and an Economic Development project. The City Council also granted the proposed project a preliminary allocation of 140,000 square feet of Measure E square footage. As part of project approval, the City Council would need to make a final allocation of Economic Development square footage.

➤ **Development Agreement**

SBCH has requested that the City enter into a Development Agreement to ensure that, once approved under the applicable planning and zoning regulations, SBCH can proceed with the proposed project over the entire phasing term in accordance with land development policies and rules and regulations in effect at the time of project approval. The Agreement is also intended to provide for periodic review of the project and applicable conditions and allow for modifications, if necessary.

➤ **Design Review**

The Architectural Board of Review (ABR) would be required to approve the design of the proposed development plan and associated design standards.

### ➤ **Tentative Parcel Map**

As part of the proposed project, a voluntary merger is proposed to create a single parcel within Specific Plan Area A and a single parcel within Specific Plan Area C. Because Specific Plan Area B is currently a single parcel, no parcel merger is necessary for this area. The mechanism for consolidation of the parcels is a Tentative Parcel Map to be approved by the City Council as part of the project approval. The westerly portion of Land Use Area A contains 22 separate parcels and the easterly portion of Land Use Area A contains four separate parcels. Merger of the multiple lots is required because development of the proposed hospital would entail placement of a number of buildings crossing many existing parcel lines plus a portion of Castillo Street. There are also multiple legal parcels within the footprint of the Pueblo Parking Structure. The tentative parcel map is shown in Figure 3.12.













**TABLE 3.H: CONCEPTUAL LANDSCAPE PLAN PLANT PALETTE**

<b>Scientific Name</b>	<b>Common Name</b>
<i>Acacia melanoxylon</i>	blackwood acacia
<i>Acacia stenophylla</i>	shoestring acacia
<i>Archontophoenix cunninghamiana</i>	king palm
<i>Bauhinia forficata</i>	Brazilian butterfly tree
<i>Bischofia javanica</i>	bischofia
<i>Callistemon viminalis</i>	weeping bottlebrush
<i>Carya illinoensis</i>	pecan
<i>Cedrus deodara</i>	deodar cedar
<i>Cercis occidentalis</i>	western redbud
<i>Cupressus sempervirens</i>	Italian cypress
<i>Eriobotrya deflexa</i>	bronze loquat
<i>Eucalyptus citriodora</i>	lemon gum
<i>Eucalyptus deglupta</i>	Minanao gum
<i>Ficus macrophylla</i>	Moreton Bay fig
<i>Hymenoporum flavum</i>	sweetshade
<i>Jacaranda mimosifolia</i>	jacaranda
<i>Livistonia australis</i>	Australian fountain palm
<i>Melaleuca styphelioides</i>	black tea tree
<i>Michelia champaca</i>	michelia
<i>Michelia doltsopa</i>	michelia
<i>Myrtus Communis "compacta"</i>	dwarf myrtle
<i>Persea Americana</i>	avocado
<i>Phoenix roebelenii</i>	Pygmy date palm
<i>Pinus canariensis</i>	Canary Island pine
<i>Platanus racemosa</i>	California sycamore
<i>Podocarpus gracilior</i>	yew pine
<i>Punica G. "wonderful"</i>	pomegranate
<i>Pyrus kawakamii</i>	evergreen pear
<i>Quercus agrifolia</i>	coast live oak
<i>Quercus ilex</i>	holly oak
<i>Salix b. "crsipa"</i>	weeping willow
<i>Schefflera pueckleri</i>	Queensland umbrella tree
<i>Sequoia sempervirens</i>	redwood
<i>Stenocarpus sinuatis</i>	firewheel tree
<i>Strelitzia nicholai</i>	giant bird of paradise
<i>Tabebuia avellanadae</i>	pink tabebuia
<i>Washingtonia robusta</i>	Mexican fan palm











