CHNA Questions
Regarding Proposed Ruskin Street Parking Garage Development
Provided to The Ottawa Hospital on August 24, 2013

TRAFFIC QUESTIONS

REFERENCE: CastleGlenn Traffic & Transportation Overview

1. **Reference page ES-1, para 2**: It is stated that *"(t)his traffic and transportation overview document that addresses the proposed Ruskin Parking facility is intended to complement, and be read in conjunction with, the Traffic Impact Assessment (TIA) for the proposed University of Ottawa Heart Institute (UOHI) Expansion project."*
    a) **Please provide a copy of the referenced TIA.**

A) A EARLY RELEASE of the DRAFT document has been forwarded on August 21st, 2013.

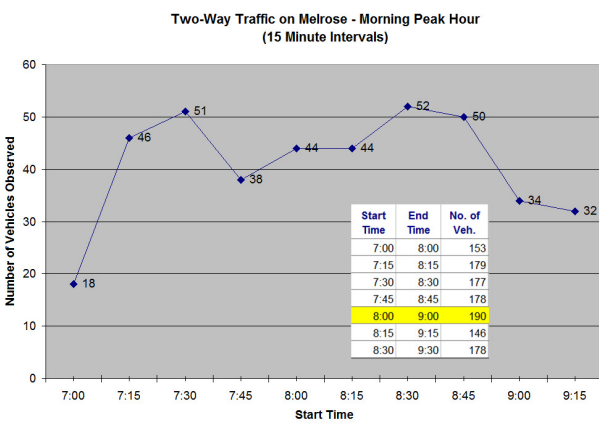
2. **Reference page 5.** Traffic was measured on Melrose between 7-9:30 am and 3-6 pm. Similar, although not identical, intervals were used for other streets/intersections, presumably on the assumption that these times covered the peak hour. Casual observation suggests that on some streets, eg. Melrose, the peak hour may fall outside of those intervals given the pattern of hospital visits, appointments and commercial business day traffic.
    a) **What street-specific data, if any, supports the assumption that the peak hour falls within these intervals? How were the peaks identified?**

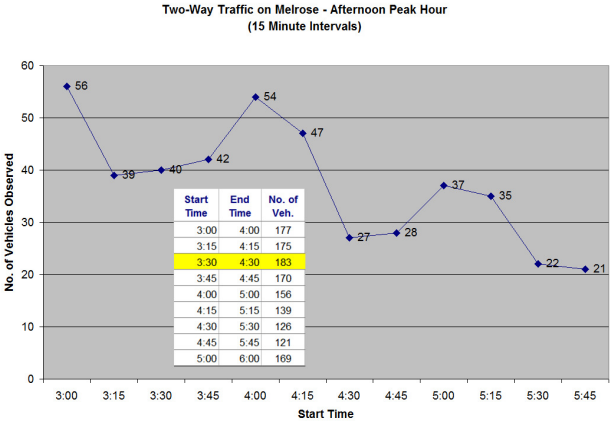
A) When ALL urban roadways are considered within the City, the above peak periods are generally recognized to include the peak hour of travel demand. However, in some particular instances some exceptions do exist; (such as retail centers which peak generally on weekends sometime in the noon hour.)

When traffic counts are undertaken they are generally summed in 15 minute intervals and then cumulative totals are then determined for each hour over the entire period. The maximum resulting hourly total is then identified to determine the timing of the occurrence of the "peak" hour.

For example, the following graphs depict the morning and afternoon peak period counts for each 15 minute interval along Melrose that were undertaken on Dec. 5th, 2012. As well, inset tables are provided within the graphs that indicate the two-way hourly traffic totals (that sum each of the 15 minute totals over 4 consecutive periods) that were observed to occur over the entire time surveyed.

Since the resulting maximum hourly totals occurred between the points of the start and end points of the survey period we remain confident that the peak hour occurred within the peak period surveyed.





With regard to other data that may be available to support the occurrence of the peak hour;

- Traffic using adjacent parking lots is used (in that the sum of the entry's and exits) were found to coincide with the peak hour of travel demand;
- The City of Ottawa traffic counts at adjacent traffic signal controlled intersections generally include an 8 hour and off-peak (noon hour) counts as well which are used for comparison purposes. Adjacent City of Ottawa traffic counts at traffic signal controlled intersections support the occurrence of the peak hour of travel demand.

3. **Reference Figures 24-26 of the Planning Rationale.** The illustrations provided indicate that, under the proposal, a two-way stop will be introduced on Ruskin at the pedestrian crossing between the new garage and the UOHI. The traffic study produced by CastleGlenn appears to make no mention of this new two-way stop. Presumably, this has the potential to alter, by backing traffic up, the peak hour clearance/usage of traffic on the Melrose Roundabout, on Melrose itself and on the section of Ruskin east of the proposed Macfarlane four-way stop**.**

    a) **Why was this not reflected in the traffic study?**

"Mid-block STOP"s appear to be a divisive issue within a lot of Ontario municipalities between traffic and planning professionals. As a quick summary,

- the Highway Traffic Act basically indicates that a municipality cannot provide by way of signage or pavement markings any indication that would encourage a pedestrian crossing area without assuring that all opposing vehicle traffic must come to a full stop before pedestrians enter the intersection. In short, a municipality can't indicate to a pedestrian its safe to cross when vehicle traffic has the right-of-way. Encouraging pedestrian traffic without Stopping vehicle traffic becomes a liability concern for the municipality.
- The problem arises when either:
    - mid-block crossings are located where a municipality doesn't want to encourage pedestrians to cross if another location at an adjacent

intersection is a short distance away (this despite the fact that numerous numbers of pedestrians will likely cross the road with or without a designated pathway);

- pedestrians crossings occur during one-or-two specific periods throughout the day and the municipality does not want to force all vehicle traffic to come to a full stop when pedestrians are not present and inconvenience motorists unnecessarily and enforcing a STOPing regulation when it serves little purpose; or
- creating a separate STOP conditions results in vehicle progression concerns, queues and spilling back into adjacent intersections.

In these cases, municipal traffic staffs have difficulties authorizing mid-block STOP controls and must weigh the costs and benefits.

- There used to be Pedestrian "X"ings, (You may remember the white "X"s and being told as a kid to cross with your hand extended and the vehicle traffic would stop), however, the City of Ottawa has removed all of these and made the conscious decision to use pedestrian actuated traffic signals instead. These too may present traffic progression concerns.
- All this being said, there are numerous mid-block crossing points not on municipal property such as at Airports, University campuses etc. which continue to provide and operate in a satisfactory manner.
- As well, we have been made aware of potential changes to the Highway Traffic Act that could be forthcoming that may address this municipal liability concern regarding mid-block crossings.
- In short, the issue of traffic control at the mid-block crossing point will require the TOH to continue to work with City staff to develop a mutually agreeable solution that would satisfy pedestrian requirements as the application proceeds.

4. **Reference Page 5, 23, 24.** The report states that computer modeling indicates future traffic loads on Parkdale will be within acceptable levels. As per page 5, traffic volumes on Parkdale are expected to increase 15% over 9 years. Today, Parkdale is already failing at certain times of day**.**

    a) **What is the acceptable level of Parkdale traffic (at peak) and how does that compare to the projections on page 23/24?**

Many of Ottawa's main roadways have capacity and traffic operational concerns associated with them. It has been argued by some at the City that there is a trade-off between the negative aspects associated with queues, congestion and delays to motorists, and the positive aspects of discouraging automobile use, slower speeds on area roadways and accepting the benefits of development and intensification despite the inconvenience aspects. This can be evidenced by such

conscious municipal actions as reducing Main Street down to two operation lanes (between Springhurst and Riverdale).

As way of providing a specific answer to the question, the *Traffic Impact Assessment (TIA) for the proposed University of Ottawa Heart Institute (UOHI) Expansion project* that was forwarded only a short time ago, provides some elaboration. On page 16 the existing peak hour traffic operations at numerous intersections are indicated. On page 24 the forecast peak hour traffic operations are indicated both with and without the Ruskin facility in place.

LOCATION QUESTIONS

REFERENCE: CastleGlenn Traffic & Transportation Overview

5. **Reference page ES-2, para 2:** It is stated that *"(t)he alternative locations fronting Carling Avenue would involve the use of the only remaining lands on the Civic Campus site that can accommodate future growth in medical services and new facilities."*

   a) Why is it necessary to retain the ability to build on the existing campus when plans are being made to move the campus?

   Master planning for the expansion of the TOH and its affiliated institutions involve many levels of government and approvals. Discussions have taken place over numerous years involving several governments but there appears to be little in the way of commitment, formal agreements or secured funding for "moving the campus". The only certainty appears to be the challenge and mandate of meeting the numerous needs of our growing population with the resources that remain available. A scenario could well develop where "moving the campus" is not realized and as such the flexibility to build further on the existing campus must be retained.

   b) Why is it not likely that retaining the ability on the existing campus to "accommodate future growth in medical services and new facilities" will simply result in further delays in moving the campus by making it easy to continue to defer the "hard decision"?

   It would be inappropriate for the TOH's mandate of providing care and clinical services to the community to be curtailed so as to force "the hard decisions" to be made. It is recognized that each investment on the existing lands serves to potentially "delay" a "move". On the other hand such services must be provided despite the absence of a decision.

   c) At page 51 of the Lloyd Philips Planning Rationale Study, it was stated that: *"The original Civic Hospital structure and its entrance front Carling Avenue. The development of a parking facility would obscure this setting and detract from the identity and appearance of the hospital from Carling Avenue. The*

prominence of this building in relation to Carling Avenue should remain to encourage an attractive community where buildings, open space and transportation work well together." **In other words, two conflicting rationales for not placing a parking garage at the front of the campus have been given. The traffic study says in effect that "we can't build at the front because we may need to build medical services buildings there." But the rationale given in the Planning Rationale would preclude any sort of building at the front no matter what its purpose. Which of the two rationales is really TOH's position?**

The two rationales do not conflict nor does TOH's position:

- TOH's position is to continue to provide clinical services to the growing and aging community in the most cost effective and efficient manner possible. Long terms master planning initiatives have been undertaken to determine what solutions are most attractive and effective which do include a "move". Various levels of government have been contacted to form partnerships, to further the planning process and to assist in meeting the long term requirements of TOH.
- Protecting the open space area in front of the existing Civic Campus remains a desired objective, however, weighed against the competing objective of satisfying the TOH's mandate of providing clinical care and services needed by the community, the open space objective may, with much regret, have to be sacrificed. The open space may become the only remaining space available where services can be expanded without having to demolish existing infrastructure. If forced into the position of having to expand on the existing Civic campus, it remains prudent to assure that the existing campus can indeed "*accommodate the future growth in clinical services and new facilities"* as indicated in the transportation study, while assuring that care is taken to not "*obscure this setting and detract from the identity and appearance of the hospital from Carling Avenue"* as indicated in the planning rationale.

6. **Reference page 1, para 2 & Appendix C, pages 2-4:** It is indicated that the proposed Ruskin garage would result in a net addition of **466 spots** at that location. In Appendix C, page 3 (under paragraph numbered 2 and following bullet points), however, it is indicated that the **UOHI expansion would generate the requirement for 75-95 new parking spots** [i.e., (60 to 70) + (10 to 15) + (5 to 10)] **for public use**. In addition, in Appendix C at page 2, it is indicated that 25 spots accessible to those with handicapped parking permits would be lost due to the UOHI expansion alone. **The total requirement for additional public spots caused by the UOHI expansion is therefore 100-120 spots.**

   To clarify, a 2022 forecast of demand identified the following parking stall requirements :

- Additional TOH Clinic Visits: 20-to-25 stalls
- UOHI Expanded Facilities: 60-to-70 stalls
- Additional Visitors: 10-to-15 stalls
- Additional Public Business Visits: 5-to-10 stalls

Which adds up to approximately 95-to-130 stalls in total.

However, what is missing is the latent demand or shortage which currently exists which has been estimated to be in the order of 220 stalls. Appendix "C", Page C-3, Section C-1 in the study dealing with the garage serves to provide elaboration on this aspect. As a very brief summary, there is an existing problem on the Civic Campus where motorists cannot find parking in their desired location and begin circulating around both the campus and city roadways searching for a stall. The shortage is felt greatest at the P1 garage which the "lot FULL" sign is displayed and directs motorist to go elsewhere to find parking. The only problem is that there is no other place resulting in late appointments and illegally parked vehicles and numerous complaints to municipal officials.

a) At the June 24th public meeting and on pages 4 and 16 of the Planning Rationale, we have been told that the proposed new Ruskin parking lot is justified due to an increased need for public parking in close proximity to the UOHI. **For example, at page 16 of the Planning Rationale, it is stated that "(t)he overall intent of the new Ruskin parking facility is to provide more convenient and accessible patient and visitor access to the Hospital Civic Campus for the public." As the UOHI expansion creates a requirement only for an additional 100-120 spots in close proximity to UOHI, why are you building a facility with 466 additional spots near the UOHI?**

While the catalyst for the need for parking is the existing shortage and the UOHI requirements both during construction (when the existing on-site under-ground parking facility (125 stalls) and Courtyard (50) stalls must be closed) and after construction wards (when an additional 95-to-130 stalls will be required over and above the existing supply), the TOH is attempting to address the issue of parking as a whole for the campus. Initiatives have taken place to expand the Champagne lot by 100 stalls completed at the end of July and develop another small (20 stall) surface lot next to the Parkdale clinic.

Appendix "C" indicates that the forecast future parking demand is in the order of 530-to-590 stalls with 325-to-350 representing public parking and 205-to-240 representing employee demand. The existing overall strategy which includes the losses to the on-street parking supply associated with the concept would only provide 277 new stalls to meet the public demand and 215 stalls to meet employee demand. Despite

the assumption of the entire new facility being allocated to the public, the 466 stall facility will not be enough to accommodate the demand for public parking.

b) The city Bylaw Section 101 states that the minimum parking rates for a development in City area "B", public or hospital use (not within 600 meters of rapid transit) require 1.4 parking spots per 100m2 of gross floor. **How many additional parking spots are required by the City as a condition of approving the UOHI expansion?**

Section 8 of The *Traffic Impact Assessment (TIA) for the proposed University of Ottawa Heart Institute (UOHI) Expansion project* highlights that two approaches were used to assess parking requirements.

- A functional-operational review of requirements: This approach determined that 90-to-120 parking stalls would be required. (Excluding additional public business visits).; and
- A review in accordance with the City of Ottawa's By-law indicated that only 87 stalls would be required (based on a net area of 66,911 SF (or 6,216 SM) Section 2 of the study highlights the calculation of net area.)

c) **Please indicate whether the provisioning of underground parking beneath the UOHI expansion was considered. If not, explain why not. If yes, provide the reasons for its rejection, including any related studies or analysis**.

The floor plate of the proposed UOHI expansion is quite small (only approximately 26,000 SF). Developing a worthwhile size facility beneath this small template would require excavating (through rock) several (Note: If the 467 stalls provided by the Ruskin Facility were to be provided in this location, the depth of the facility would be approx. 7 floors.) stories beneath the surface requiring larger shear walls, greater shoring and major underpinnings while putting existing adjacent buildings in harms way. In addition, this location would have passenger vehicles compete with the heavy vehicle traffic circulating around the loading dock access. Ultimately, this option resulted in a smaller, much more expensive facility that was not preferred.

7. **The potential for expansion of the P6 and P7 lots was discussed at pages 9, 10 and 12.** These options were rejected based on the assumptions that the existing footprints of P6 and P7 and accesses/exits would be maintained as is. However, inspection of aerial photography of the campus suggests that the footprints could be expanded, if needed to efficiently build parking garages, by at least one-third in the case of P7 and at least 50% in the case of P6. This would bring the combined footprint for P6 and P7 to approximately 51 000 sq ft. [= (12K for P6)*1.5 + (25K for

P7)*1.33] In addition, it is also probable that the accesses to any new garages could moved from their present location to address concerns regarding vehicle "storage" and emergency access.

a) Indicate whether TOH has considered such an option. If not, explain why not.

All Issues regarding permitted setback distances and permitted structure heights fall within the purview of the City of Ottawa.

The P7 garage structure that we assessed was restricted by existing municipal set-backs and height restrictions. The 4 storey concept that was developed accounted for these existing restrictions and was found to yield 175 additional stalls.

The concept developed for the P6 garage expansion, that would yield an additional 85 stalls, is based on constructing an additional level on top of the existing 2 level structure and constructing a new 3 level structure directly to the south where a surface lot is currently located. The expansion is limited by the capacity of the existing structure to support an additional floor and also height constraint due to the proximity of the adjacent residential high-rise which has windows at ground level that would look directly into the P6 garage structure. It should be emphasized that the TOH had approached the City of Ottawa to expand its surface lot in the vicinity of the existing residence building only to experience opposition and reluctance due to the impact to the existing mature trees. As well, the impact of having parking located within immediate proximity to the residence (within meters) presented issues of noise, vibration and lights for the residents immediately abutting the property.

In addition, the developable area is constrained by the municipal requirements to protect for a landscape setback across the entire hospital site separating Carling from any development which includes parking facilities. [We believe that the existing site requirements specify that the first 7.5m from the property line must remain clear as a landscaped buffer and that only 2 stories (8.8m height) can be build on the next 4.4m northward (Note 5.2m is the depth of a parking stall). It is only after the first 12m beyond the property line that a 3-or-4 story structure can be developed.]

8. **Reference Page 10, para 1, : It appears that CastleGlenn is interpreting the City's Private Approach By-law (http://ottawa.ca/en/residents/laws-licenses-and-permits/laws/private-approach-law-no-2003-447) as if it applies to intersections entirely on private property.** For instance, at page 10, CastleGlenn states with regard to P6 that *"this location would not be able to comply with the City's Private Approach By-law which requires a minimum of 45m to the nearest intersection which is the TOH's internal E-W roadway."* **That is not the CHNA's interpretation**. The by-law states, at paragraph 25 (l), that "the distance between **the nearest limit of a**

private approach and the nearest intersecting street line or its extension is less than the distance set out in Column 3 of the said table, or so that the distance between **the nearest limit of a private approach intended for two-way vehicular traffic and any other private approach to the same property** is less than the distance set out in Column 4 of the said table and **all distances so referred to shall be measured at the street line**". In other words, in our interpretation, the two distances of relevance are a) the distance between MacFarlane Ave (a private approach) and Parkdale measured along Carling, and b) the distance between the MacFarlane Ave private approach and the main TOH Carling access (also a private approach), again measured along Carling.

a) **Does TOH agree with our interpretation? If not, explain why not.**

Ultimately, it is up to the City of Ottawa to render an interpretation of the application of its By-law and not the TOH. The TOH's opinion on this matter is irrelevant.

CastleGlenn has indeed applied the municipal by-law requirements to the accesses on TOH "private" property to address the same concerns that the City has with vehicles stacking back into the stream of traffic on "public" roadways. The TOH's experience with regard to deficient storage lengths is not positive. For example there is only 15m of storage between the (270 stall) Ruskin lot parking ticket dispenser and Ruskin Street. Vehicle traffic often stacks back onto Ruskin Street and disrupts traffic flow.

Independent of the By-Law considerations, adequate throat length between an access (the entryway/exit to a parking facility) and the connecting streets must be provided to assure that vehicles do not queue back into adjacent intersections.

b) **Explain how it is possible to build at 45 Ruskin an even bigger garage than those discussed in the traffic study for P6 and P7 with a much shorter distance from the private approach (i.e., the entry/exit off MacFarlane) and Ruskin without violating either the letter or spirit of the Private Approach By-law.**

The proposed Ruskin Parking Facility is characterzed by:

- A 130m separation between Parkdale and the MacFarlane entrance;
- A 180m separation between the MacFarlane entrance and the Melrose roundabout; and
- A 50m access storage (entry/exit ramps) between the two ticket dispensing lanes and Ruskin Street.

The theoretical P6/P7 solution is characterized by:

- A 90m separation between Parkdale and the (MacFarlane entrance) to the facility along Carling Avenue.
- An 80m separation between the (MacFarlane entrance) to the facility and the Main TOH Inglewood Entrance along Carling Avenue.
- A median along the length of Carling Avenue fronting Melrose which would restrict all access from Carling to Right-In-Right-Out only. Hence, all traffic from Hwy 417 and Carling WB access would be forced to use the EB-LT approach into the Inglewood Main Access to the Hospital. (There is no SB-LT permitted from Parkdale into the TOH.) This would compete with emergency access and circulation.
- As the theoretical P6/P7 garage could not be integrated (See Question 9a below) sepatate entrance and exits would be required.
  - It was assumed that the entrance/exit to P6 would be right-in-right-out-only and connect directly onto MacFarlane. According to the Bylaw a garage of between 100-to-199 stalls (P6 would be 125 stalls) requires a distance of 45m (4-to-5 car/truck lengths) from Carling Avenue and 45m from the Inglewood intersection. Unfortunately the available storage distance is only 70m.
  - P7 was assumed to provide 292 stalls and according to the Bylaw a separation of 60m is required between the access and the intersections on either side. Unfortunately the total available storage distance between the MacFarlane and Inglewood Place entrance along Inglewood fronting the TOH is only 85m.

Hence, access to a theoretical P6/P7 facility was found to remain a real concern as regards the potential spill-back onto Carling and the internal roadways serving the TOH which serve as part of the emergency access route.

The TAC Geometric Design Guides for Canadian Road (Part 2) S 3.2.9.10 Table 3.2.9.3 indicates the Minimum Clear throat lengths for Major Driveways. In general, the requirements are 1.5 to 2.0 times greater for accesses abutting "Arterials" (Carling Avenue) than Collectors. This is likely attributed to the potential of traffic backing up onto a major street.

In general, the Carling Avenue sites for a parking facility were found to be less desirable from a traffic operations standpoint.

9. **The evaluation provided assumes that each individual lot (P1, P4, P6 and P7) would need to provide all the 466 additional stalls required. There is no mention of an evaluation of shared expansion among existing lots.** Could they not be combined in such a way as to allow a through pass from Carling at the ground level and joined stories above? This would provide the same net 466 net "gain" as per Ruskin.

a) Why has shared expansion been ruled out?

Nothing was ruled out in our overall analysis of parking options

The review that was undertaken did indeed consider shared P6/P7 lot that presented significant challenges in joining the stories above grade. The P6/P7 combined concept was found to generate a total of about only 260 additional stalls (Actually 300 were achieved however the 40 employees who currently use P6 would have to be relocated.) for an overall total of 417 stalls (or 377 stalls excluding the employees that would have to be relocated.)

It was determined that it would be more likely that the additional parking above the roadway surface (most likely 40 stalls in total assuming 2 levels above the thru roadway) would likely not see the two garages being interconnected. Hence, the 417 stalls would be comprised of a P6 that would have 125 stalls and P7 would have 292 stalls. This would still result in the need for two separate entrances and exits for P6 and P7.

The P6/P7 concept from a constructability standpoint had to account for the following:

- The distances between parking structures;
- A multi-story garage cannot be developed immediately adjacent to the east side of the existing residence building without a significant setback given that the bottom floor unit windows of the residence would have a direct view of the garage facility;
- Different floor levels and floor-to-floor heights would be developed in each building;
- Different types of construction would be necessary at P6 and P7;
- OBC structural and life safety requirements effect the concept;
- Servicing and geotechnical aspects (underground impacts) would remain to be addressed.

In general, the concept was found to present

- traffic and circulation concerns internal to the campus caused by the close proximity of accesses and lack of circulation space;
- hospital operational concerns in that the effects of localized congestion upon emergency service accessibility was perceived as a serious operational constraint;
- planning concerns in that the City of Ottawa has its own concerns regarding parking garages fronting major arterials as the current planning preference is to have buildings face the street with garages in the rear;

- The concept of providing public parking would adversely effect good patient care in that patients destined to the UOHI and ambulatory care clinics primarily in the north-east portion of the campus would have to walk across the entire campus from the south-west;
- future concerns already documented within Question 5

10. **Reference page 12. It is indicated in Table 7-1** that the proposed Ruskin garage is the "(l)owest [cost] compared to the alternative options evaluated**".**
    a) **Provide a comprehensive list of reasons for this conclusion, including any studies, reports, etc., detailing the costs of different parking options.**

    Construction cost comparisons were provided on slides presented at the recent community group meeting. The expansion of the P1 facility was determined to be in the order of $25.4M. The concept of developing a Ruskin underground facility was found to be $28.5M. The proposed Ruskin facility is estimated at $12.2M.

    b) **Provide a detailed description of how the implicit contribution to the cost of constructing the Ruskin lot provided by the City of Ottawa under the new lease agreement entered into TOH's analysis of the relative costs for all parking options.**

    Comparative costing of those options which were deemed viable was evaluated taking into account the resources made available to the TOH from the Ministry and what is currently affordable. The lease option that is presently being negotiated with the City of Ottawa was deemed the preferred alternative given the ability to defer costs over time.

11. **Reference page 7, 8.** The report states that if the P1 parking lot if torn down and rebuilt into 8.5 stories with 2.5 underground it is too expensive, but otherwise suited to the needs for traffic requirements. P1 could then accommodate 700 additional parking spaces; far more than development at 45 Ruskin and more than the 530-590 spaces the TOH has determined it needs. **If TOH did not build underground for the new P1 parking lot to save time and money and only went 6 above ground stories the lot would still accommodate 494 additional parking spaces. This is more than the 455 additional spots created on Ruskin without the corresponding loss of 56 handicapped parking and street parking spaces on Ruskin, Melrose and McFarlane which will net Ruskin only 399 new overall spaces (725 new – 270 current – 56 loss of existing = 399.)**
    a) **Indicate whether TOH has considered such an option. If not, explain why not.**

    The P1 concept did not involve tearing down the existing P1 garage in its entirety; rather it was assumed that only the north-west portion of the structure and the

existing Clinical Studies building fronting Ruskin would be involved with expanding the capacity of the existing P1 Garage. The P1 expansion project would be dependent upon an initial demolition and relocation of the Clinical Studies Building.

The Clinical studies building houses a main electrical vault feeding several buildings in this area of the campus. Before the demolition can proceed a new electrical vault would have to be constructed and all these buildings re-serviced at substantial costs and delays. A service tunnel supplying heating, cooling and electrical to the existing Loeb research building, directly the West, would also have to be relocated. Following these preliminary relocation projects the clinical studies building could then be decommissioned followed by a major asbestos abatement project. Following the abatement, the demolition of the clinical studies building can proceed allowing the construction of the P1 expansion. These successive projects would delay the start of the P1 garage expansion by approximately 18 months and adds substantial costs to this option regardless of the size of the expansion.

The Clinical Studies Building is currently occupied. As capacity is scarce at the TOH, displacing this group, would likely require the TOH to procure alternative space (whether purchased or leased) off-site adding further to the projects timeline

The analysis included several options; all of which had to integrate with the existing P1 garage. This integration was found to be significant and proved too lengthy in terms of construction time given the required demolition, relocation and the complexity of integration; delays would have to be anticipated within the design process, as well accessibility within the garage itself was found ultimately to be circuitous and complex resulting in delays and confusion for motorist unfamiliar with the structure. P1 construction costs given the required retro-fit expansion were determined to be considerable.

12. **Reference ES-2. The Traffic Study notes that the currently proposed Ruskin lot expansion will not be sufficient to cover anticipated staff/public parking requirements beyond the next few years.** This Study also indicates that substantial expansion of any of the Hospital's other on-site lots is not possible or practical.

    a) **Other than looking for space on the other side of Carling Avenue, what other arrangements or possibilities is the Hospital considering to meet your future, intermediate-term, parking space shortfall?**

    Planning remains a process that is on-going and being addressed as part of the TOH's Civic Campus Master Planning exercises. The TOH's parking constraints are compounded recognizing that the temporary off-site lot arrangement that are currently in place do not represent a permanent solution. The hospital remains open to considering any options that would address these constraints.

b) Can the neighbourhood be assured that, down the road, the Hospital will not ask for any additional expansion of the Ruskin lot facility beyond the current proposal?

Just as a Government cannot promise what any future Government will or will not consider; the TOH cannot likewise guarantee what other future TOH Boards or for that matter the Ontario Ministry of Health and Long Term Care or Infrastructure Ontario will or will not consider.

LOCATION QUESTIONS CONTINUED

REFERENCE: Lloyd Phillips Planning Rationale Application for Zoning By-Law Amendment Proposed Ruskin Street Parking Facility 45 Ruskin Street.

13. The rezoning request is to change to I2 – Major Institutional Zone

a. **Why this zoning?** I2 zoning allows the building of a parking garage, but also buildings. If down the road the intent is to return the land to usage a park, why are you requesting a rezoning to I2 rather than an expanded exception to the existing zoning?

b. **The I2 zoning is for large scale, high traffic generating institutions and requires they are put on large parcels of land with direct "arterial" road access but there is no direct access to Parkdale or Carling from the lot. Please explain.**

The requested I2 zoning is the most representative and appropriate zoning for the parking facility to serve TOH and enables them to maintain the entire property over the 16-year lease period. This zoning designation does not preclude the Site to return to a park designation after the 16-year lease period, if the City, TOH and community feel it is desirable.

c. **Please confirm table 1.1 provides exceptions being requested to the i2 Zoning for this property.**

Table 1.1 outlines the site specific exceptions to the proposed I2 Zone.

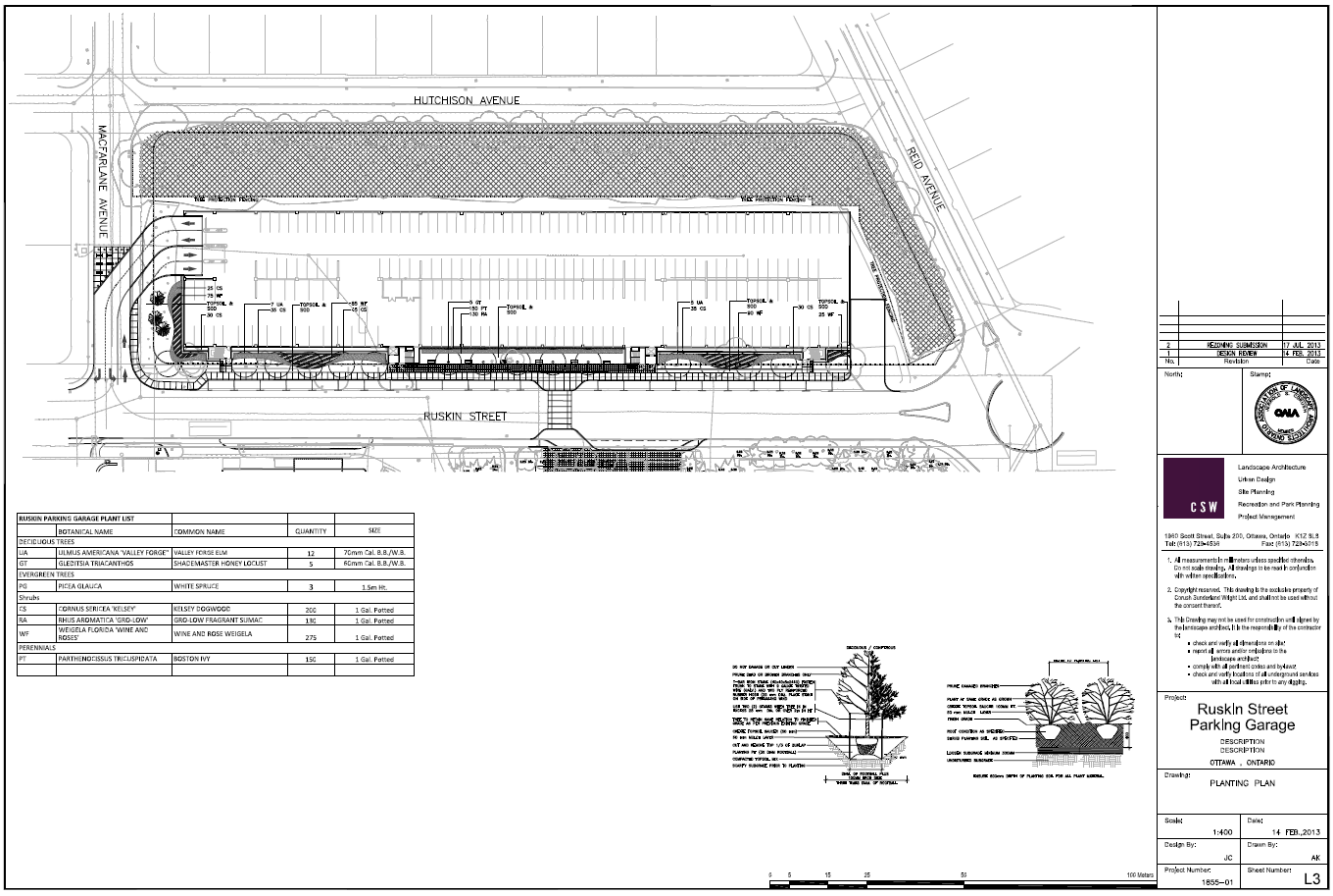
d. Please provide or explain the missing information (denoted as XXXX) on page 40.

[XXXX] represents a schedule number that is to be provided by the City of Ottawa if the proposed zoning and schedule are approved.

14. Reference Page 40. The berm size provided in the proposed exception appears to be reduced from the existing berm.

a. **Can you confirm that the berm size outlined on Page 40 in the Planning Document ensures that all trees are kept and the berm is actually increased as per our understanding from the TOH presentation to the residents on June 24th?**

The existing vegetated berm will be maintained on the northern and eastern edges on the property as the proposed Ruskin Parking Facility has the same footprint as the existing surface lot. A small section of the berm will be removed along the western edge of the property to permit an access point into the parking facility from MacFarlane Ave. The berm will not be increasing in size. This may have been a misunderstanding. Please see the following Planting Plan as a reference.



15. Reference page 15/16. "*The redevelopment of the Ruskin site is part of an overall program of initiatives at the Civic Campus. In October 2007, the UOHI submitted a Master Program/Plan to the Ministry of Health & Long Term Care recommending the need to expand in order to address the projected increase in patient volumes. In August 2011, the Province of Ontario endorsed the funding for the Project. …..It is expected that the expansion of facilities at the Civic Campus will generate additional demand for parking. TOH must provide additional parking to fulfill the additional*

requirements associated planned expansions such as those illustrated in Figure 14 as part of the ongoing effort to provide solutions associated with the continued growing demand for health services by the City's increasing and aging population."

b. **Please provide a copy of the Master Program Plan submitted *to the Ministry of Health & Long Term Care.***

   The TOH and UOHI will be seeking permission from the Ministry of Health to release this document.